



Kenya: Patient Safety Impact Evaluation

The World Bank Group's Competitiveness Policy Evaluation Lab is conducting a study to determine if increased inspections of health care facilities in Kenya can improve patient safety. Measuring patient safety remains a challenge, but the little data that does exist show that critical improvements are required.

Kenya has standardized national figures on health outcomes, high levels of medical knowledge among providers, and importantly, stakeholders who are committed to this effort.

Context

Systems to report and diagnose constraints to patient safety are underdeveloped even in high income countries. Regions such as Africa lag further behind with only a few countries reporting national policies on safe healthcare practices and corresponding monitoring systems (WHO, 2014).

Measuring patient safety remains a challenge, but the little data that does exist show that critical improvements are required. In Kenya (one of a few low-income countries with a national survey on patient safety), two percent of health facilities in 2012 were compliant with minimum protocols and systems to assure patient safety (IFC and WHO, 2012). Further, there are few trials that can guide policymakers to improve patient safety in such settings: frequent calls for more inspections and greater regulation, for instance, are not backed by evidence of the impact of such policies.

Interventions

Three levels of inspection intensity will act as interventions:

1. high-intensity inspections with enforcement of warnings and sanctions for non-compliant facilities



Photo: Noor Khamis/Department for International (UK)

2. high-intensity inspections with enforcement of warnings and sanctions for non-compliant facilities coupled with public disclosure of inspection results
3. "business-as-usual" low-probability inspections (the control group).

Impact Evaluation Design

Evaluation Outline

Using clusters of co-located health facilities as the unit of intervention, the trial will experimentally allocate all 1,251 private and public health facilities in three Kenyan counties—Kakamega, Kilifi, and Meru—to one of three interventions.

The hypothesis is that these components of the intervention will lead to improved inspection systems that incentivize compliance, resulting in higher levels of compliance and consequent improvements in the quality of health care in the short term, and improvements in the health outcomes of the population served by these facilities in the long term.

The focus of the evaluation is short- to medium- term outcomes, so while compliance with minimum patient safety standards and quality of health care will be measured, changes in health outcomes will not. Data

will be collected on compliance, prices, and quantity of health delivered at health care facilities using a combination of data sources including patient safety surveys, standardized patient cases, and surveys on prices and quantities.

Policy Relevance

Patient safety standards and the quality of health care in low-income countries are areas of integral importance to policy debate. Inspections and other forms of accountability mechanisms are increasingly salient as a monitoring mechanism and punitive tool for governments to achieve better delivery of public services, increased compliance with regulatory standards and decrease administrative costs of compliance. Given the increasing importance placed on inspections, it is problematic that there are no systematic evaluations of how inspections can achieve better outcomes such as improved patient safety standards. This study aims to fill that gap.

Current Status

Following intensive piloting, four innovative instruments were developed to measure patient safety and quality of care:

1. the refined and easily deployable Joint Health Inspections Checklist (JHIC) that is focused on the fundamentals of patient safety;
2. a scoring system that allows facilities to be categorized according to the level of risk presented to patients;
3. scores that trigger warnings and sanctions to be enforced according to a facility's level of risk; and
4. a Toolkit of Instruments to Measure Patient Safety in Multiple Domains: Patient safety and quality of care are inherently multidimensional.

Currently, the research team is analyzing the data for the final report/paper. A baseline survey was conducted between March and August 2015. The implementation took place between November 2016 and December 2017. The follow up survey was conducted between March and August 2018.

Materials

[Methodology Note](#)

Measurement instruments ([paper 1](#)) ([paper 2](#)) ([paper 3](#))
[Study Brief](#)

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Research Funding Partners

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