

## Open Board meeting, January 28, 17-19 on Quality and patient centred-care

### Notes from the debate

**Question: How, and to what extent, can we center our medical action around patients and communities?**

- **'Inclusive care'**: include psychosocial factors, caretakers, structures, resources: 'We should not only see the wound but also our patient'.
  - o Not only 'medical quality' but also how to work patient-centered – psychosocial factor/background.
  - o Organizational, governance: structural and resource-based improvements: availability of adequate equipment, drugs, know-how.
  - o Caretaker inclusion.
- **Recruitment**: Focus on cultural aspects already in course of recruitment: quality needs to be a factor during recruitment; need of adequate (cultural) training.
- Decision on **adequate approach**: population-centered and/or people centered approach? (inclusion of cultural, ethnical, social, religious...values).
  - o -> Population vs Patient-centeredness – how to differentiate?
- Def.: Patient Centered: Quality Assurance of Product and Processes in all lifecycles.
- MSF is a medical organization with emergency character. Maintain focus on emergency activities?
- Always apply a certain level of quality no matter what emergency we find.

**Question: What level and quality of care should we aim to offer our patients?**

- Process quality: efficient & integrative process quality.
- Quality assurance in all stages of healthcare
- Leverage from existing structures and approaches (WHO etc.)
- Personnel: start with quality/qualifications of recruitment, trainings
- Evidence based and realistic approach!
- Aim at and maintain the highest available and possible standard quality standards (->UN, WHO guidelines).
- High staff turn-over = negative impact on level of care: quality of team-structures!
- DILEMMAS: what about quality deterioration when MSF leaves? Should we adapt quality upfront? (no)

**Question: How can we foster our accountability towards our patients and communities?**

- Accountability in MSF needs to be improved. Lessons learned/Project Management – EVALUATE-measure-correct-implement-measure.
- Are there evaluations/structure-based approach to assess eg remote projects?
- Search feedback from population.
- Project planning must include cultural needs.
- WHAT SHOULD CHANGE/IMPROVE:
  - o Cultural assessment as part of the routine
  - o Accountability only internal? Evaluations as part of practical MSF work with structured approach – plus external research/evaluator. Shared data-base of evaluations!
  - o Recap of development of project direction. Consult established 'local council'.
  - o Work on 'patients- right'? Nail patient-charta documents!