

# Kvalita zdravotníckej starostlivosti na Sv Lucii

Autor: prof. MUDr. Martin Rusnák, CSc

rusnakm@truni.sk



Financed by the  
European Union

21.3.17

Implemented by:



1





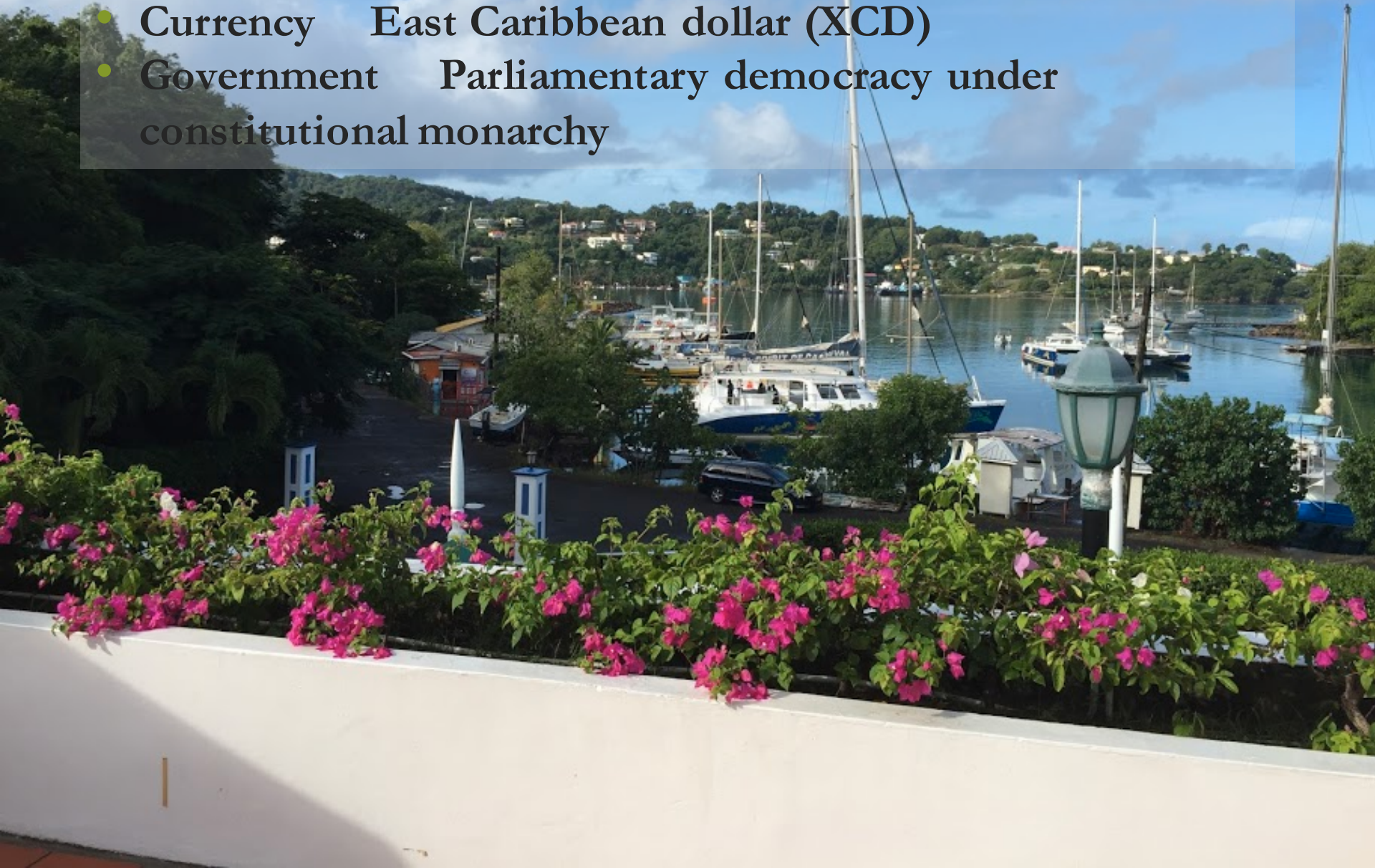


# Niekol'ko faktov (wikipedia)

- Capital and largest city: Castries
- Official languages: English
- Vernacular languages: Saint Lucian Creole French
- Ethnic groups:
  - 85.3% Black
  - 10.9% Mixed
  - 2.2% Indian
  - 1.6% other
  - 0.1% unspecified



- Population 2015: 184,999
- GDP (PPP) Per capita \$11,970
- Currency East Caribbean dollar (XCD)
- Government Parliamentary democracy under constitutional monarchy





# Health

## MORTALITY INDICATORS IN SAINT LUCIA COMPARED WITH LATIN AMERICA & CARIBBEAN (LAC) REGIONAL AVERAGE

Health System Indicator	Source of Data	Saint Lucia	Year of Data	LAC Average	Year of Data
Life expectancy at birth, total (years)	WDI-2011	72.74	2005	73.59	2009
Mortality rate, infant (per 1,000 live births)	WDI-2011	18.8	2009	18.92	2009
Mortality rate under five (per 1,000 births)	WDI-2011	19.8	2009	22.55	2009
Maternal mortality ratio (per 100,000 live births)	IHME-2010 WDI-2011	46.8	2008	103.46	2008

Source: World Bank World Development Indicators (WDI) 2011 and the World Health Organization (WHO), Global Health Observatory 2011; Health Systems Database, <http://healthsystemsdatabase.org>, Institute for Health Metrics and Evaluation (IHME) 2010.



## TOP CAUSES OF MORTALITY IN SAINT LUCIA, 2005

PRINCIPAL CAUSE OF DEATH	2005	
	Rank	Total
Diabetes	1	93
Hypertensive iseases	2	86
Heart failure & complication, ill-defined heart diseases	3	80
Cerebrovascular diseases	4	79
Ischemic heart diseases	5	75
Influenza and Pneumonia	6	43
Ill-defined and unknown	7	36
Chronic lower respiratory diseases	8	35
Malignant neoplasm of the digestive organs	9	30
Malignant neoplasm of the prostate	10	30

Source: Ministry of Health, Epidemiology Unit: Health Situation and Trends – 2005.





rusnakm@truni.sk

21.3.17

7



## PRIORITY HEALTH AREAS IDENTIFIED IN THE NHSP

### Health Priorities

1. **Communicable diseases** (includes Dengue, Leptospirosis, TB, and HIV/AIDS/STIs)
2. **Noncommunicable diseases** (includes cancer, diabetes, and hypertension)
3. **Sexual and reproductive health**
4. **Child and adolescent health**
5. **Environmental health**
6. **Oral health**
7. **Emergency medical services**
8. **Mental health and substance abuse**
9. **Food and nutrition**
10. **Violence and injury**
11. **Eye health and disabilities**
12. **Social protection**

Source: National Strategic Plan for Health 2006-2011



# Health care

- State-run health system provides cca 50% of the primary care and 90% of the secondary care services for the resident population and visitors.
- Secondary hospital care is provided by
  - Victoria Hospital (government-funded facility with 160 beds) in Castries
  - St Jude Hospital (semi government-funded facility with 70 beds),
  - Tapion Hospital (a privately funded facility with 30 beds). The New National Hospital, a US\$189 million dollar facility, will be completed in 2016.
  - Health services in Saint Lucia are funded from four main sources – the Consolidated Fund (part of the government budget), donor contributions, out-of-pocket payments, and private insurance

**The global objective:** to establish an effective quality assurance and quality improvement system that meets internationally recognized best practices and accreditation health standards adopted by Saint Lucia

---

- **Specific objectives:**
  - Develop a National Quality Policy for the health sector taking into consideration the vision, mission, values, principles and objectives established in the national model of care and national quality framework;
  - Develop national standard operating procedures for safety and licensing of medical, nursing, allied health and social care facilities.
  - Develop national safety and quality standards for licensing of medical, nursing, allied health and social care providers.
  - Develop relevant guidelines and protocols across the continuum of care as part of the National Integrated Governance System.
  - Develop and deliver a Train-the Trainers programmes for compliance inspectors and for core competencies in quality for all categories of staff in the healthcare system.
  - Develop Guidelines for Compliance and non-compliance to approved standards within the QMS.

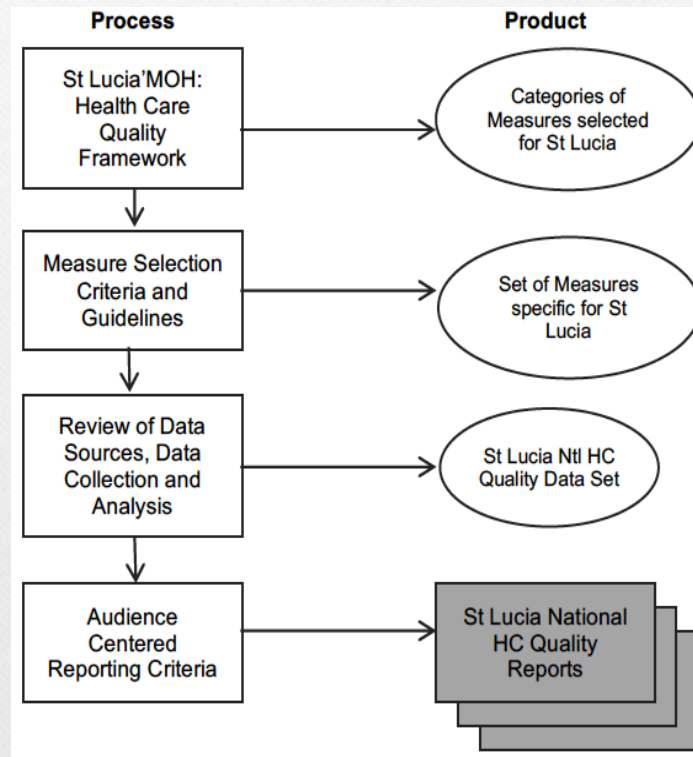


# National Health Care Quality Policy

---

- The NHQP set the national direction and guidance to:
  - Ensure the safety and welfare of the users of health and social services;
  - Standardise the quality of care in all health and social care facilities;
  - Be able to monitor the quality of care nationwide against national indicators and standards of care.

# Development of indicators for the National Quality Framework and the National Quality Reporting

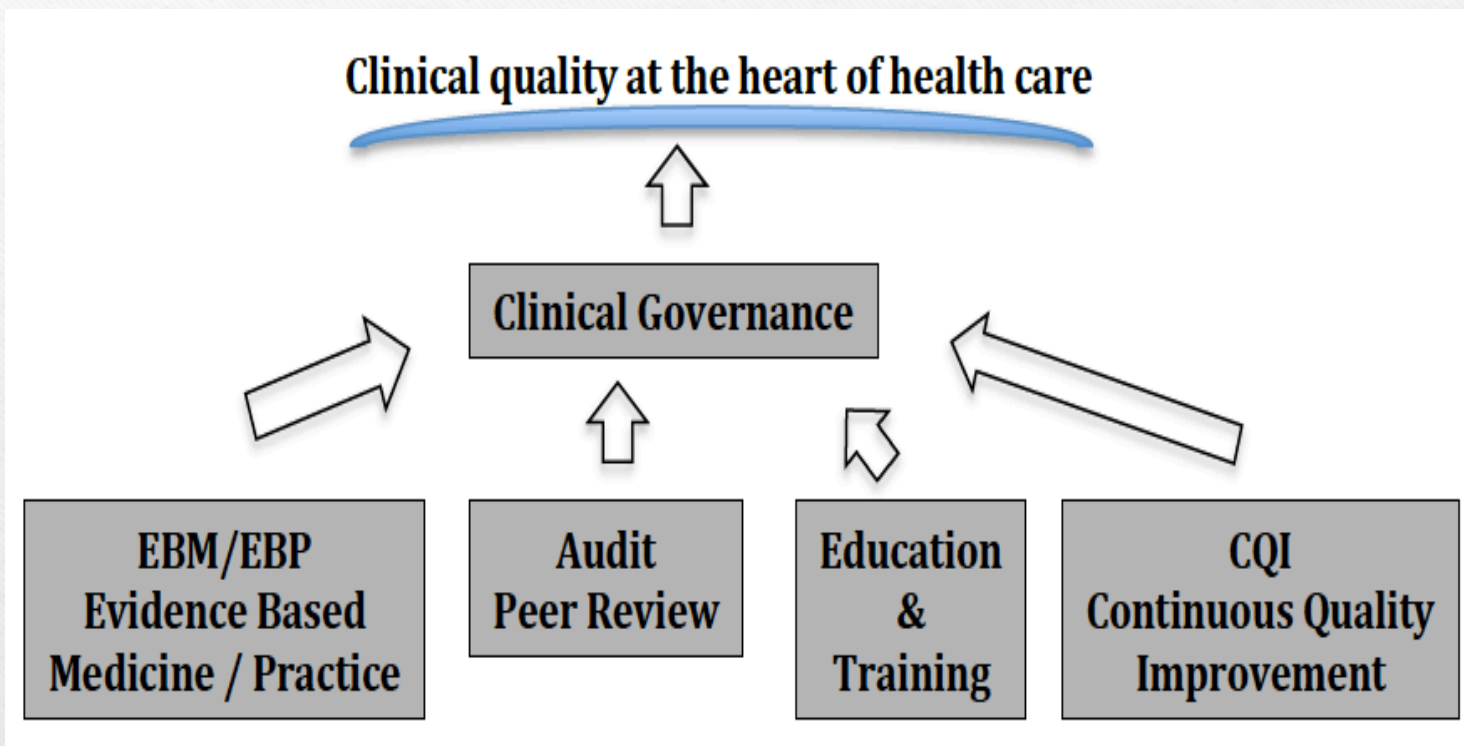




# Examples of Q. indicators

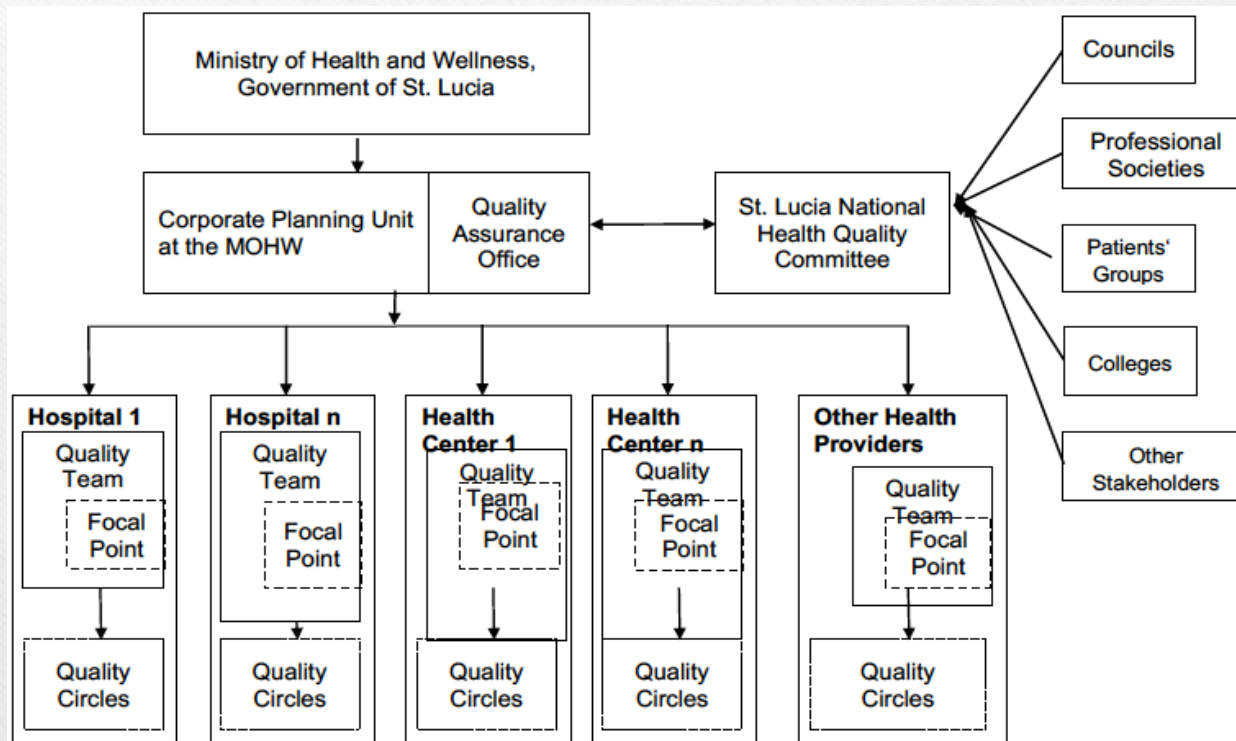
Category of Measure	Indicators/Counts from the St. Lucia Key Indicators List	Indicator Suggested
Safety of the environment	#280 Number of Hospital Acquired Antimicrobial Resistant Infections	Hospital Acquired Antimicrobial Resistant Infections Numerator: #280 Number of Hospital Acquired Antimicrobial Resistant Infections Denominator: #72 Total number of bed days provided
	Not Available	Postoperative sepsis (source (OECD 2013)) Numerator: Discharges among cases defined in the denominator with ICD code for sepsis in a secondary diagnosis field during the surgical episode and in any diagnosis field during readmissions within 30 days of the surgery. If the date of surgery is not available, then 30 days from the admission date (first surgical episode). Denominator: All surgical procedures.

# Model of Clinical Governance advised for St Lucia





# Implementation of Quality Activities



## Conclusions - Záver

- If it is implemented in St Lucia, why not in Slovakia?
- Ked' sa to podarilo urobiť na Sv Lucii, prečo sa to nedarí na Slovensku?