HEALTH TRANSFORMATION PLAN

Ministry of health & Medical Education

Deputy of Curative Affairs

Dr. Ali Maher
Vice Deputy of Curative Affairs
Ministry of Health & Medical Education
## Health Care Facilities

<table>
<thead>
<tr>
<th>Type of Hospital</th>
<th>Number of Hospitals</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of health</td>
<td>577</td>
<td>83415</td>
</tr>
<tr>
<td>Social security org.</td>
<td>73</td>
<td>10669</td>
</tr>
<tr>
<td>private</td>
<td>158</td>
<td>14771</td>
</tr>
<tr>
<td>Other org.</td>
<td>127</td>
<td>13086</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>935</strong></td>
<td><strong>121941</strong></td>
</tr>
</tbody>
</table>

### Number of Beds by Hospital Type

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical University</th>
<th>SSO</th>
<th>Private</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
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<tr>
<td>2013</td>
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<tr>
<td>2014</td>
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</tr>
<tr>
<td>2015</td>
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<td></td>
</tr>
<tr>
<td>Indicators</td>
<td>Value</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>----------------------------------------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Of Nurses</td>
<td>101069</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers</td>
<td>23154</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Per Bed</td>
<td>1.21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed Index</td>
<td>1.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay in hospital</td>
<td>2.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td>6126</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td>22316</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed occupancy rate</td>
<td>77%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of inpatient Administration/year</td>
<td>9,142,305</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Visits in public Clinics</td>
<td>40,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Surgery</td>
<td>6,082,740</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
2. Summary of health system challenges (prior HTP)

- Uncompleted insurance coverage (populations, services, costs);
- High share of out of pocket payment;
- Unreal medical tariffs;
- Inadequate or no access to health services especially in the remote area;
- Low quality of health care and health facilities;
- Inadequate health workforces, infrastructures and financial resources.
Share of total health expenditure as gross domestic product

<table>
<thead>
<tr>
<th>Year</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>5.3</td>
</tr>
<tr>
<td>2003</td>
<td>5.6</td>
</tr>
<tr>
<td>2004</td>
<td>5.5</td>
</tr>
<tr>
<td>2005</td>
<td>5.6</td>
</tr>
<tr>
<td>2006</td>
<td>5.5</td>
</tr>
<tr>
<td>2007</td>
<td>5.4</td>
</tr>
<tr>
<td>2008</td>
<td>5.7</td>
</tr>
<tr>
<td>2009</td>
<td>7.0</td>
</tr>
<tr>
<td>2010</td>
<td>7.3</td>
</tr>
<tr>
<td>2011</td>
<td>6.9</td>
</tr>
<tr>
<td>2012</td>
<td>6.9</td>
</tr>
<tr>
<td>2013</td>
<td>6.6</td>
</tr>
<tr>
<td>2014</td>
<td>7.5</td>
</tr>
</tbody>
</table>
HTP – design and components (Goal and Objectives)

Goal of HTP

Achieving Universal Health Coverage

Objectives of HTP

• Improving financial risk protection for health expenditure;
• Increasing fair access to good quality health care;
• Upgrading the performance of health networks/facilities;
## HTP Interventions

<table>
<thead>
<tr>
<th>Quality of Services</th>
<th>Equity of Access</th>
<th>Fairness in Financial Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Out-of-pocket payment reduction for in-patient and out-patient services in ministry of health. affiliated hospitals;</td>
<td>2. Insuring the people without basic health insurance</td>
<td></td>
</tr>
<tr>
<td>3. Quality improvement for public hospital hoteling services</td>
<td>4. Promoting normal delivery</td>
<td></td>
</tr>
<tr>
<td>5. Availability of physicians (specialist) in deprived areas</td>
<td>6. Quality improvement for outpatient specialist visits</td>
<td></td>
</tr>
<tr>
<td>7. Availability of specialists in 24 hours in public hospitals</td>
<td>8. Developing pre-hospital emergency services in type of marine and helicopters</td>
<td></td>
</tr>
</tbody>
</table>
Programs implemented in line with the goals of health transform plan

<table>
<thead>
<tr>
<th>Quality of Services</th>
<th>Equity of Access</th>
<th>Fairness in Financial Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of specialists in 24 hours in public hospitals</td>
<td>Out-of-pocket payment reduction for in-patient and out-patient services in MOHME affiliated hospitals; Availability of physicians (specialist) in deprived areas Availability of specialists in 24 hours in public hospitals Quality improvement for outpatient specialist visits Developing pre-hospital emergency services in type of marine and helicopters</td>
<td>Out-of-pocket payment reduction for in-patient and out-patient services in MOHME affiliated hospitals; Insuring the people without basic health insurance Availability of physicians (specialist) in deprived areas Quality improvement for outpatient specialist visits Promoting normal delivery The relative value of health services</td>
</tr>
</tbody>
</table>
Outcomes

- Out-of-pocket payment reduction for in-patient and out-patient services in MOHME affiliated hospitals; Insuring the people without basic health insurance

- Covering patients hospitalized: 28,000,000

- Reducing the share of the cost of hospitalization from 37% to 8.5%
  - 8.5%

- 42% price reduction in medical equipment
  - 42%

- Reducing refer people to buy medicine and medical equipment to out of hospital from 100% to 3%
  - 3%

- Making Financial protection against catastrophic costs in government hospitals for 77.4% of the population
  - 77.4%

- Reduce out of pocket in the total health market from 53% to 40%
  - 40%

- having the prospectus health insurance: 10,677,000
Outcomes

- Developing pre-hospital emergency services in type of marine and helicopters
- Operating air emergency site: 33
- Transport of 7351 sick and injured with 4860 sorties: 7351

Promoting normal delivery

- Decreased 6.5% of cesarean section: 6.5%
- Doing free natural delivery: 1,703,019

Free education for 540,000 pregnant women: 540,000
Goal of HTP: Achieving Universal Health Coverage by 2025

Objectives of HTP

- Improving financial risk protection;
- Increasing fair access to good quality health care;
- Upgrading the performance of health networks/facilities
Challenges In quality

- Medical error measurement system is not efficient
- Lack of adverse event reporting system
- Inadequate of physician engagement in Quality & patient safety programs
- Shortage of resources for Quality Initiatives
- Quality improvement is not i1st priority for Policy Makers
- Health care accreditation program under development
Policy Interventions to Improve Quality

Clinical governance

Accreditation

Improving Quality

Patient Safety
Starting biennial cooperation with the World Health Organization regarding the Patient Safety


Capacity Building:
- First PSFHI Workshop Tehran EMRO_MOHME
- Provide access to resources & documents: PS concept,

Intro the CG (Linking the PSFHI to Risk Management Pillar of CG)

Launching PSFHI Standards in IR of IRAN

Launching Clinical Governance Model as Q I

2008 - 2009

2010

2011 - 2012

Establishing Patient Safety Teams in hospitals: A nurse, A Physician and one from administration Office

Training Assessors National Workshops/ Second PSFHI workshop Shiraz-Tehran EMRO_MOHME
Expansion the PSFHI to more than 113 hospitals

2013-2014

• Embedding the Critical Standards of PSFHI in Accreditation Standards
• Patient Safety Curriculum Translation

2015

Embedding the Critical Standards of PSFHI in Health Tourism Requirements
PSFHI Piloted Hospitals Self Assessment

Maintaining status quo of Patient Safety

Journey of patient safety and quality programs

National Workshops and Seminars
National Clinical Governance Festival
MOH_ME
Revival the Patient Safety

2016

- Embedding the Critical Standards of PSFHI in Accreditation Standards.
- Embedding the Core Standards of PSFHI in Accreditation Standards.

Establishment the National Steering Committee under the Supervision of Deputy for Curative Affairs

Develop Action Plan on Patient Safety by different MOH deputies:
- Deputy for Curative Affairs: Strengthening the organizational chart of the patient safety team. Review of laws and regulations of medical errors.
- Deputy for Education: To integrate patient safety in pre graduation curricula.
- Deputy for Food & Drug: Medication Safety: high Alert Medication & LASA.
- Deputy for Research: Applied research in PS.

Journey of patient safety and quality programs
Hospital Accreditation

HOSPITAL ACCREDITATION

... A tool for quality improvement
### History of Accreditation in Iranian Hospitals

<table>
<thead>
<tr>
<th>Year</th>
<th>Iranian hospital accreditation system and its changes</th>
</tr>
</thead>
</table>
| 2007   | - Reviewing the accreditation systems in different countries and translation of their standards into Farsi  
         - Conducting several expert consultation meetings  
         - Development of preliminary version of Iranian national standard **(Departmental Based system)**  
         - Piloting accreditation standards in ten selected hospitals in different provinces |
| 2010   | - Final release of the Iranian national standard after its pilot run in selected hospitals and communication of “Hospital accreditation standards in Iran” to hospitals  
         - Training of surveyors by MOHME |
| 2012   | - Replacing the previous hospital evaluation system with a new accreditation system and criteria in new books |
| 2014 & 2015 | - Implementation of second version of hospital accreditation system in Iranian hospitals **(Departmental Based system)**  
         - Conducting several meetings to identify challenges and issues during implementation phase |
| 2016   | - Revise and preparation of the third version of Iranian accreditation standards **(Mostly functional based system)** with reduced number of standards |
2016: MOH developed and implemented the third edition of Iranian Hospital Accreditation standards

- the health system reform plan
- in response to the existing patient safety and quality improvement challenges

enhance the quality and safety of healthcare and optimize management
Expected outcomes of accreditation

• Lower Cost
• Higher quality
• safe Services
• Employees Motivation and involvement
• More Patient satisfaction
Challenges of accreditation

- Lack of physician involvement in accreditation process
- Hospital management instability
- Inadequate financial resources
- Inadequate political and managerial commitment
- High workload pressure on staff
- Lack of knowledge and skills of surveyors
- Inadequate number of professional surveyors
3-5 years accreditation vision

- Creating a deep belief in managers and executives about improving quality and safety
- Capacity building for hospital managers
- Getting ISQUA approval
- Transnational presence in the region and international arena
- Adopt accreditation score with real hospital performance

Post-Accreditation: Continued Progress
THANKS