This study presents a quality improvement approach titled “Picture-Understanding-Action” used in Ireland to enhance the role of healthcare boards in the oversight of healthcare quality and its improvement. This novel and practical approach was implemented using the Model for Improvement to iteratively introduce changes across three quality improvement projects. This approach matured over three quality improvement projects. This is a quality improvement (QI) project aimed to enhance its own processes. It addresses a gap in research by outlining actions that boards can take to improve their oversight of quality of care.

The WHO Guideline on Health Policy and System Support to Optimize Community Health Worker (CHW) Programs reveals important gaps in the evidentiary certainty about which health system design practices lead to quality care. Routine data collection across countries represents an important opportunity for exploratory data analysis and comparative implementation science. However, epidemiological indicators must be harmonized. This article outlines the rationale and methods used to establish a data harmonization and pooling Collaborative, early findings, lessons learned, and directions for future research.

The 9 indicators chosen for community health data harmonization and pooling:

1. Integrated community case management (ICCM) speed
2. Pregnancy Speed
3. Postnatal Care (PNC) Speed
4. Proactive Coverage
5. U5 Coverage
6. Contraceptive Coverage
7. Deliveries Coverage
8. Treatment Quality
9. Referrals Quality
Digital Health Promotion and Prevention in Settings: Scoping Review

This scoping review aims to provide an overview of research targeting digital health promotion and primary prevention in settings. It assesses the range of scientific literature regarding outcomes such as applied technology, targeted setting, and area of health promotion or prevention, as well as identifies research gaps. The research field of digital health promotion and prevention in settings is heterogeneous. This article identified research gaps regarding the absence of valid definitions of relevant terms (e.g., digital settings) and the lack of literature on structural health promotion and prevention in settings.


Healthcare stakeholders' perspective on barriers to integrated care in Switzerland: Results from the open-ended question of a nationwide survey

This study aimed to identify the main barriers to integrated care (IC) as reported by healthcare stakeholders from various linguistic regions and health system specificities, according to their reality of practice. It underlines the importance of implementing innovative funding strategies and reimbursement schemes, as well as political willingness to move towards IC. The alignment between federal policies and cantonal specificities also appears as necessary to achieve involvement of professionals, promote integration of services and coordination of professionals for continuous and efficient care.


Main barriers to integrated care (IC) as reported by healthcare stakeholders

- Threat to the financial interests of stakeholders (17.8%)
- Sharing patient information (9.6%)
- Constant tension between quality and costs (9.6%)
- Lack of recognition and compensation for professionals (14.0%)
- Lack of support and training for professionals (19.2%)
- Fragmented functioning of the health care system (11.8%)
- Federalism limitations at the political level (18.0%)