

Methods

A brief review of literature related to patient safety and provider experience was conducted to address potential gaps in experience and provision of care indicators. Resources for this review were identified in 4 ways.

1) Relevant guidance documents

- Relevant guidance documents on patient safety and provider experience were compiled from a targeted web search of UN agencies and leading international medical associations such as FIGO

2) Systematic review of literature on patient safety

- The search strategy was modeled after the systematic review conducted for experience of care. Since the experience of care search strategy captured a comprehensive list of experience of care indicators, we narrowed down the search terms and added specific terms related to patient safety. The search was conducted using Pubmed and the search period was January 1, 2019 to April 1, 2022.
- Relevant articles were extracted from the sources identified in the search that had been published in the last decade

(maternal health[tiab] OR maternal service*[tiab] OR maternity care[tiab] OR maternal care[tiab] OR maternity service*[tiab] OR Maternal Health[mesh] OR Maternal Health Services[mesh] OR newborn health[tiab] OR newborn service*[tiab] OR newborn care[tiab] OR infant, newborn[mesh] OR Newborn Health Services[tiab] OR infant health[tiab] or infant service*[tiab] OR infant care[tiab] OR infant service*[tiab] OR infant health services[tiab] OR neonate health[tiab] OR neonatal health[tiab] OR neonatal service*[tiab] OR neonatal care[tiab] OR neonate care[tiab] OR neonat* service*[tiab] OR neonat* health service*[tiab] AND (discrimination[tiab] OR disrespect[tiab] OR abuse[tiab] OR mistreatment[tiab] OR safety[tiab] OR harmful[tiab])

3) Systematic review of literature on provider experience

- The search strategy for provider experience was modeled in the same way as the search strategy for patient safety. Search terms from the experience of care search were narrowed down and specific terms related to provider experience were added. The search was conducted using Pubmed and the search period was January 1, 2019 to April 1, 2022.
- Relevant articles were extracted from the sources identified in the search that had been published in the last decade

(maternal health[tiab] OR maternal service*[tiab] OR maternity care[tiab] OR maternal care[tiab] OR maternity service*[tiab] OR "Maternal Health"[mesh] OR "Maternal Health Services"[mesh] OR newborn health[tiab] OR newborn service*[tiab] OR newborn care[tiab] OR "infant, newborn"[mesh] OR "Newborn Health Services"[tiab] OR infant health[tiab] or infant service*[tiab] OR infant care[tiab] OR infant service*[tiab] OR infant health services[tiab] OR

neonate health[tiab] OR neonatal health[tiab] OR neonatal service*[tiab] OR neonatal care[tiab] OR neonate care[tiab] OR neonat* service*[tiab] OR neonat* health service*[tiab] AND (Experience [tiab] OR “Provider Experience”[tiab])

4) Existing Indicators

- Existing indicators, categorized under WHO quality statements, related to patient safety and provider experience were extracted from the experience and provision of care reviews and included in the analysis

Results

Patient Safety

There are no additional indicators to be added to address patient safety. The WHO quality statements¹ 1.9 and 5.2 appropriately capture these measures for safety indicators. Most research surrounding patient safety relates to disrespect and abuse. Other measures include maltreatment, mistreatment, disrespect, quality of care, respectful care, unnecessary and harmful practices, and violence. Patient safety might also include human resources and infrastructure (i.e., minimum staff requirements, WASH, and electricity). These related measures will be explored further under the readiness review of the literature.

Provider Experience

Global consensus documents do not provide a specific scale for measuring provider experience. However, there are scales measuring provider stress and burnout^{2,3}. Existing provider experience indicators within our review fall under WHO quality statement 4.2⁴. Although, there remains a gap area in the lack of consensus surrounding a comprehensive provider experience scale. It is important that this gap is addressed to better capture the experience of providers within the EmONC context.

¹ World Health Organization. Sexual and reproductive health. Standards for improving quality of maternal and newborn care in health facilities. 2016. http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/improving-mnh-health-facilities/en/

² Shirom, A. (1989). Burnout in work organizations. In C. L. Cooper & I. T. Robertson (Eds.), *International review of industrial and organizational psychology 1989* (pp. 25–48). John Wiley & Sons.

³ Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual*. Palo Alto, Calif. 577 College Ave., Palo Alto 94306: Consulting Psychologists Press.

⁴ World Health Organization, 47.