GROUP WORK PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM IN COMMUNITY HEALTH SYSTEMS

TUESDAY, 23 July 2019

System Component: QUALITY OF CARE

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QUALITY OF CARE

The best changes are synergistic, each is a piece of the greater whole, aimed at integrated client and patient centered care

CHALLENGES IDENTIFIED IN DISCUSSIONS – LINKED WITH QUALITY OF CARE

- Gaps in skills - CHWs incompetency and poor compliance to standard care protocols

- Patient harm and medicine wastage

- Challenges with referral of severely sick children

- Patient experience of care and client satisfaction

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

<mark>System component –</mark> CHWs incompetency and poor compliance to standard care protocols

Challenges:

- Poor competencies, coverage, timeliness
- Capability – lack of knowledge, skills to provide client centered care including availability of standardized CHWs training package
- Poor compliance – to standard guidelines and protocols

System enablers

- Health system approach – linking of CHWs to a functional and supportive health system
- Quality of training – simplified, appropriately designed and effective training package and methods covering all dimensions
- Niger – use of quality improvement models – regular coordinated peer group meetings with CHWs meeting to review and analyze data to identify gaps and solve problems based on local solutions and experiences to improve QoC. Also used to give medicines/incentives – cash (3 months)
- Tools to support quality implementation – use of simplified standard care check lists and digital applications (mobile phones with care algorithms)
- Use of peer networks - supportive/learning

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

<mark>System component –</mark> Patient harm and medicine wastage

Challenges:
- Reduction of patient harm
- Gaps in age appropriate packaging of medicines
- Wastage of drugs

System enablers
- Use of standard colour coded age appropriate packaging of Amoxicillin, ORS and Zinc medicines.
- Regular supportive supervision

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

System component - Problems with referral of severely sick children

Challenges

- Recognition of serious illness and decision to refer appropriately
- Lack of transport
- Readiness of HF to receive
- Lack of communication

System enablers

- Pre-determination and linkage to available assisted referral mechanisms within the health system and resources within the community as part of training and through engagement of the community.
- Burkina Faso - Availability of algorithm that is reinforced during supervision/mentoring
- Niger – using service data regularly to identify gaps and addressing these during coordination meetings
- Malawi - Digital decision making tools
- Emergency transport scheme established by communities or Govt
- Mozambique - Communication between CHW and referral HF

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

System component –Patient experience of care and client satisfaction

Challenges:
- Gaps in skills to support patient centered care
- Gaps in assessing client/patient experience of care and satisfaction

System enablers
- Build CHWs communication and counseling skills
- Formalize mechanism of assessing experience of care

GROUP WORK PART B: DEFINING GUIDING PRINCIPLES AND BENCHMARKS FOR ICCM

WEDNESDAY, 24 July 2019

System Component: QUALITY OF CARE

Members: Wilson Were, Dyness Kasungami, Teshome Desta, Peter Olumese, Akpaka Kalu, James Ssekitooleko, Kathryn Malhotra, Maiga Djamila, Sanjana Bhardwaj, Naibu Mkongwa, Binyam Hailu, Wegan Shiferaw

FOCUS ----QUALITY OF CARE

- Gaps in skills - CHWs incompetency and poor compliance to standard care protocols

- Patient harm and medicine wastage

- Challenges with referral of severely sick children

- Patient experience of care and client satisfaction

CHWs incompetency and lack of adherence to standard protocols

Acquiring competencies/skills - Initial training

Sustaining competencies/skills – refresher training; supervision; mentoring

- How to sustain quality of skills, training, mentoring, supervision
- Is the problem of methodology of training, trainer skills
- Is it the problem of lack of practice? Reviews? Use of data?

- Selection criteria – the 'right' CHW, the 'right' trainer, the 'right supervisor'
- Systems approach needed – career pathways (contextualise)
- Follow up immediately after training at the field (6 weeks) (certificate linked)

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- Case load – not available for skills building
- Systematic supervision and mentoring
- Regular reviews feeding back into the supervision and refresher training
- Mentoring programs linked to HF to sustain and improve skills
- Targeted training

- Innovative resources – digital, videos, focus on practical training (real life context); peer to peer networks (whats app groups etc)
- Develop community standards of care

Referral: compliance with standards of referral

Standards for referral of care

- Community level
- Health facility level

Adhering to standards for referral of care

- Availability of protocols
- Adhering to protocols
- Appropriateness of protocols
- Action on the use of protocols

- Clear protocols available and enforced (2 way protocols) and rewarded
- Engagement and sharing information with communities
- Addressing issues of enablers like transport (other group)

Patient harm and waste reduction

Mis diagnosis

Mis treatment

Challenges with packaging

Quality of medicines

- Using outdated guidelines
- Linked to competencies and skills
- Storage, packaging of commodities
- Surveillance/reporting of drug side effects
- Lack of appropriate communication – instructions to parents/caregivers
- Lack of appropriate tools, gloves

- Community pharmaco vigilance and surveillance to be part of the overall pharmaco vigilance of the country
- Appropriate tools for community level (diagnosis, surveillance)
- Consistent supply and availability
- Storage – Niger – 2 boxes (wooden/metal) and a bag. Appropriate storage facilities provided – secure, safe + carrier needed for mobility
- Waste disposal component to be addressed
- Appropriate age specific colour coded packaging with visual clear instructions eg. Malaria, Uganda – Amoxicillin

Client/Patient experience of care and client satisfaction

Lack of focus of experience of care/patient centered care in the training/competency building

Poor involvement of parents/caregivers in the decision making process for care

Lack of mechanisms for assessment of experience of care

- **Experience of care not on the agenda – focus on the provision of care**
- **Training packages are not designed to build skills for communication, counseling for client centered care**
- **Monitoring/supervision tools not available for assessing experience of care**

- Training package to address inter personal communication and patient centered care
- Monitoring tools and mechanisms to be developed and available

RECOMMENDATIONS – TAKE AWAY

- Focus on acquiring and sustaining competencies and skills

    - training of CHWs is not complete until demonstration of defined competencies

    - Targeted training, supervision and mentoring based on data and using digital resources

- Referral

  - two way referral protocols that are enforced and rewarded.

- Patient harm and waste reduction

  - consistent availability of diagnostic and treatment tools and medicines/commodities that are

      age appropriate, colour coded.

- Client/Patient experience of care and satisfaction

  - build capacities of interpersonal communication and patient centered care

Overarching Statement

Attaining the highest level of quality of care at community level is dependent on competent community health workers built through training, mentoring; consistent supplies of tools and commodities (diagnostics and medicines) with supervision and motivation as part of the functional national health system.