USAID Health Care Improvement Project

CTO Quarterly Review Meeting

Wednesday, May 9, 2012

GEORGIA

What Are We Trying to Accomplish and at What Scale?

Key activities	What are we trying to accomplish?	How will we know?	Geographic scale
Improve Quality, consistency and continuity of medical care	• Improve timeliness, continuity, effectiveness, efficiency , patient-centeredness of provided services and their consistency with clinical guidelines through improvement collaborative approach • Strengthen capacity of medical providers to provide safe, timely, continuous, effective and efficient medical care; • Strengthen capacity of local partners (medical associations, training centers, teaching hospitals and medical schools) to deliver continuous learning opportunities; • Improve awareness on quality improvement experiences countrywide; • Strengthen HIS to support development of evidence-based decisions on improvement quality of medical care; • Ensure equitable access to priority "best-buy" high impact medical services *in IC regions;*	• Number and % of identified QI gaps addressed through improvement collaborative; • Number and % of health care facilities covered with QI activities through ICs in selected region(s); • Indicators of timeliness, continuity, effectiveness, efficiency and patient centeredness of priority "best-buy" high impact medical services; • Indicators of consistency of priority best-buy" high impact services with evidence-based clinical guidelines; • # of learning sessions conducted with support of HCI team in IC region(s), stratified by provider cadre, facility type and geographic location • # of case studies and other improvement experiences posted on MedPortal with support of HCI team; • # of meetings (including IC meetings) and online discussions held to share QI experiences; • # of quality indicators developed to measure progress of QI interventions; • The set of quality indicators is routinely reported by health care facilities, involved in ICs; • Utilization of priority "best-buy" high impact medical services, stratified by self-reported wealth quintiles *in IC regions*;	Dissemination of evidence for priority conditions to all physicians countrywide, Demonstration of QI intervention (CI) to improve quality, consistency and continuity of care in one region A city (Kutaisi) and district (Samtredia) in Imereti (1 out of 12 Regions of Goergia) (This region has 699 890 population) (Exact number and names of the facilities from preselected list (see table 1 below) of facilities are being finalized and will be agreed with USAID)
Improve access and use of evidence based medical information by Georgian physicians and enhanced availability of modern evidence based treatments.	• Improve access to evidence-based medical literature (guidelines, manuals, pathways, protocols) of Georgian Physicians; • Enhance the use of evidence-based clinical guidelines, protocols and pathways in clinical practice; • Strengthen capacity of	• #/% of medical providers having access to evidence based medical information; • # of evidence based medical literature developed/adapted with close support of HCI team; • # of clinical guidelines disseminated through various communication channels; • # of national and regional IC meetings, learning sessions and supportive supervision visits at	Dissemination of evidence for priority conditions to all physicians countrywide, Demonstration of QI intervention (CI) to improve quality, consistency and continuity of care in one region

	professional associations in developing and adapting international guidelines and evidence-based literature to Georgian context; • Provide technical assistance to hospital and insurance company executives on planning and introduction of new essential medical technologies;	selected IC sites held to support implementation of approved clinical guidelines; • Indicators, measuring compliance of provided priority "best buy" high impact services with screening and treatment guidelines ; • Document with recommendations on essential inputs (equipment, laboratory capacity, medicines) to provide priority "best-buy" high impact evidence-based services is developed and shared to ambulatory, hospital executives and insurance companies, that own medical facilities;	

Contributing to Attaining the Millennium Development Goals and Indicators

MDG / Indicators	HCI Activities that contribute to the attainment of the MDG
MDG 3 – Promote gender equality and empower women 3.1: Ratios of girls to boys in primary, secondary and tertiary education 3.2: Share of women in wage employment in the non-agricultural sector	• Support development of evidence-based gender-sensitive interventions through generating, collecting and analyzing the project specific and improvement collaborative (IC) data, stratified by gender; • Develop recommendations to decision makers to incorporate quality of medical care indicators, stratified by gender, in National Surveillance and Routine Reporting Systems • Analyze, develop and deliver Gender-sensitive strategies through the provider learning sessions in target IC region(s) to support treatment compliance;
MDG 4 – Reduce child mortality rates 4.1: Under-five mortality rate 4.2: Infant mortality rate 4.3: Proportion of 1 year-old children immunized against measles	• Through complex analysis of country-specific mortality, morbidity and disease burden statistics, strengths of evidence and cost-effectiveness of the intervention, identify set of "best-buy" high impact pediatric services; • Address the quality of priority "best-buy" high impact pediatric services through project IC interventions, including ensure access to and use of evidence-based clinical guidelines, protocols and pathways, related to priority best-buy" high impact pediatric services; • Develop the set of key facility inputs (supplies, medicines, laboratory capacity, equipment) that are essential to deliver priority high impact "best buy" pediatric services in the medical facilities

Key Results and Program Status during January-March 2012

Project Start-up activities:

Georgia HCI project was officially launched on February 10th by USAID mission director in Georgia Mr. Stephen M. Heykin, USAID Health Care Improvement Project (HCI) Director Dr. M. Rashad Massoud and CoP of USAID Georgia Health Improvement Project, Dr. Tamar Chitashvili. The objective of the project launch was to inform key national stakeholders about the new initiative of USAID to support quality improvement of health service delivery in Georgia and introduce USAID Georgia Healthcare Improvement Project. The event was well attended by officials from the Ministry of Labour, Health and Social Affairs (MoLHSA) and several of its agencies, including the National Center for Disease Control (NCDC) and the Agency for Social Subsidies (ASS), as well as representatives from professional medical associations, donors and partner organizations, academic institutions, insurance companies, health care facilities, NGOs and consulting agencies.

HCI Georgia officially launched on February 10, 2012.

During his visit in Georgia, Senior Vice President of URC and Director of USAID Health Care Improvement Project, Dr Rashad M. Massoud also conducted meetings with the First Lady of Georgia, USAID/Georgia field mission representatives, NCDC to find the ways of collaboration and integrate efforts to improve quality of medical care in Georgia. Meeting of Dr. Massoud and URC country director, Dr. Chitashvili with the first lady was translated at national TV channel in the "special reporting" highlighting one day of the First Lady of the country.

Component 1: Improve Quality, consistency and continuity of medical care in demonstration region

During the January March 2012 HCI Georgia team was focused on finalizing project design and defining key quality improvement intervention packages in Collaborative Improvement (CI) facilities based on the identified needs and complex review of high impact evidence-based practices. USAID E&E Bureau supported four-country Assessment of Non-Communicable Disease Prevention, Screening and Care Best Practices for Women of Reproductive Age conducted last year in Georgia as well as results of preliminary assessment conducted in December 2011 under Georgia HCI project gave as deep understanding of quality of health services at ambulatory level. To understand key quality gaps and data availability in hospitals, rapid assessment of quality of medical services in four collaborative facilities (snapshot assessment) was planned and conducted in the first quarter of 2012. Provider, manager questionnaires and chart review tools for 4 project priority clinical conditions were developed and used during the assessment. Table 1 below gives detailed information about the hospitals assessed, number and type of personnel interviewed and number of medical charts per each priority clinical condition reviewed during the snapshot assessment.

Main findings of the snapshot assessment

<u>Organization of Service Delivery</u>

- Among outpatient departments of 4 hospitals 2 open outpatient charts at every visit of patient;
- No exchange of documentation between Emergency Medical Service (EMS) and facility in one out of four facilities;
- None of facilities have standard triage procedure (including protocol and job descriptions for designated staff). All vital signs (blood pressure, heart rate, respiratory rate, and temp.) measured only in 35% of charts;
- Discharge planning and communication between different levels of care is not established.

<u>Acute Coronary Syndrome (ACS) management</u>

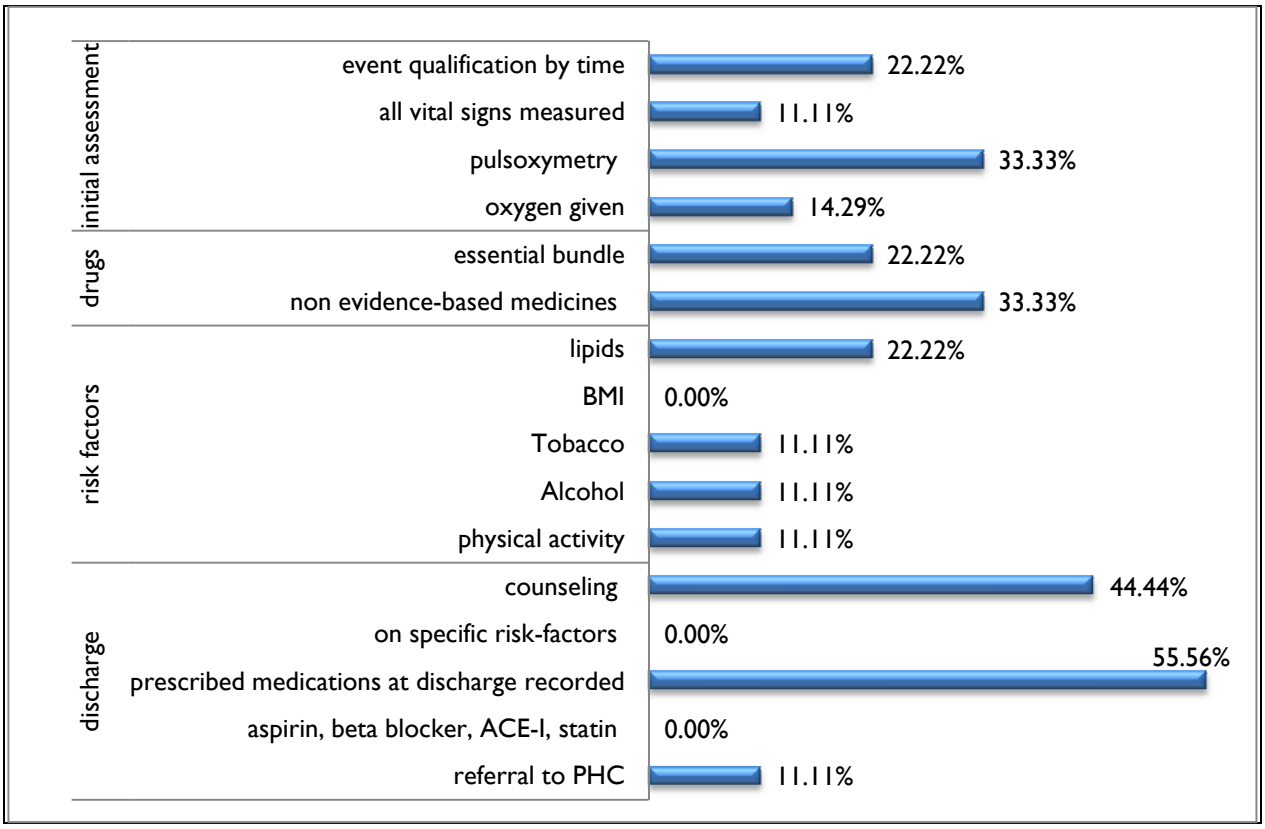
- Severity status (essential for making clinical decisions) not recorded in 55% charts, in the rest of the charts standard criteria for assessment were not indicated;
- Average length of stay for myocardial infarction (MI) is 2-4 days;

Table 1: Number of Assessed facilities, interviewed hospital personnel and reviewed medical charts

Facilities assessed in the selected region				Interviews/persons contacted								Medical charts reviewed				
				manager	heads of admission dep	heads of Intensive care Units (ICU)	cardiologist	internist	pediatrician	statistician	registration	Asthma adult	Chronic Obstructive Pulmonary Disease (COPD)	Acute Coronary Syndrome (ACS)	Pediatric asthma (outpatient)	Pediatric pneumonia
West Georgian National Center of Intervention Medicine Kutaisi	Kutaisi Clinical Hospital of Internal Medicine	Kutaisi Hospital of Mother and Children	Samtredia Geo-Hospital	4	4	4	3	3	2	4	4	4	4	9	2	6
Total				**28**								**23 (inpatient)**				

Figure 1 below shows selected current management practices of priority clinical conditions in assessed CI hospitals.

Figure 1: Current practice of management of Acute Coronary Syndrome in CI facilities (N=9 Medical Charts)



Note: *Essential bundle* = aspirin, Beta blocker, clopidogrel, nitrate, Opoid; *Non-evidence-based medicines* =vitamins, "metabolics", antihistamins, dexametazon

Asthma/COPD management

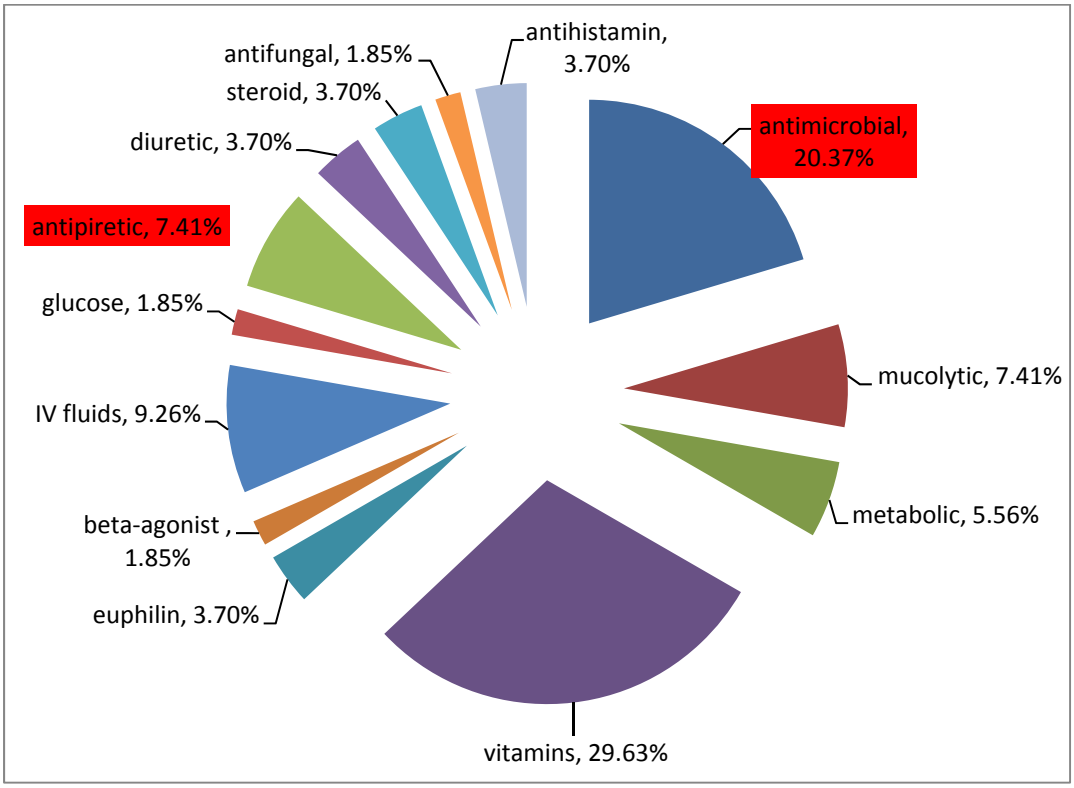
- Despite having nebulizers, administration of nebulized bronchodilator is not recorded in the charts and not reported by providers;
- Spirometer available only in one hospital, but this facility does not admit Asthma/COPD patients and refers them to another hospital;
- Non-evidence based treatment (euphillin, 0.9% NaCl infusion with potassium medication, was recorded in 100% of reviewed charts of Asthma/COPD patients);
- None of the facilities use modern asthma classification (severity assessment and control status) essential for determining treatment strategy

Pediatric pneumonia management

- Providers in all CI hospitals admitting pediatric patients (two hospitals), reported broad spectrum of antibiotics (cephalosporins of 3-rd generation) as the first choice antimicrobial agent to treat pediatric pneumonia;
- On average, 10 medications were given to pediatric patients with pneumonia. Among prescribed medications, 80-90% were non-evidence based (intravenous (!) vitamins B1, B6, C, euphilin, cough medication in children under age 2 and etc).
- In 1/3 of medical charts, 3- 4 broad spectrum antimicrobial agents were administered at the same time (for example: III generation cephalosporins, aminoglycosids, antiprotosoal agents).
- In all 6 reviewed charts of children with pneumonia, pulsoxymetry was not measured and oxygen was not administered;
- Average length of stay of pediatric patients with pneumonia in hospitals was 7-10 days.

Figure 2 below shows proportion of administered medications in children with pneumonia by groups. Evidence-based medications (EBM) are highlighted in red.

Figure 2: The share of administered different medication groups in children with pneumonia in total number of administered medications



The results of snapshot assessment clearly indicate that current management practices of priority clinical conditions at hospital level are not frequently based on evidence. Rational use of evidence-based pharmaceuticals especially during pneumonia and asthma management would not only improve clinical outcomes but also has potential to significantly decrease the cost of the treatment for provider facilities and payers.

Snapshot assessment results have been used to review/finalize change packages for CI facilities in project priority clinical areas, their measurable elements and define proper organizational structure of facility QI teams.

The first Learning Session

On March 26-27, 2012 USAID Georgia HCI Project conducted first learning session in Imereti region. More than 60 participants attended the event (managers, family physicians, cardiologist, allergologists and nurses of CI facilities, quality team members of medical corporations that own some CI facilities, representative of Georgian Hypertension and Respiratory associations, USAID field mission representative, clinical and quality improvement experts from URC headquarters and Europe and Eurasia regional office).

The main objectives of the Learning Session were to explain the overall goal of the Collaborative Improvement, understand the key activities in which CI facilities and their improvement teams will participate over next 1 ½ years, including specific support from USAID Georgia HCI project that they will receive to carry out this work. The Learning Session also aimed to introduce modern quality improvement theories, concepts and practical approaches and evidence-based management of priority clinical diseases. Specially designed case studies were designed to support participants to begin understanding of key quality gaps in prevention and management of priority clinical conditions and start using collaborative improvement model to improve care practices in participating health care facilities. Participants were offered to choose one of the 6 groups according to their interest and work with facilitator from the project on 4 case studies to identify key quality gaps, proposed changes and their measurement criteria.

Program status: First regional learning session held March 26-27, 2012

- Presentations on modern QI concepts, methods and practical approaches; evidence-based management of priority clinical conditions; project objectives, activities, background and next steps

- Distributed job aids, standard site-level documentation tools, intervention packages, and draft indicators for project clinical areas

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USAID HEALTH CARE IMPROVEMENT PROJECT

Component II. Improve access and use of evidence based medical information by Georgian physicians and enhanced availability of modern evidence based treatments:

Project team reviewed national guidelines of prevention and management of priority clinical conditions in terms of their relevance with current best practices and developed recommendations for the MoLHSA to adopt and/or conduct focused review of national guidelines. As the member of hospitals voluntary accreditation/certification working group under the MoLHSA, Georgia HCI team also developed essential elements and measures for hospital management of acute myocardial infarction, adult asthma/COPD, child asthma and pneumonia. By the end of March project organized two meetings with national experts (cardiologists, pulmonologists, allergologists, pediatricians, primary care physicians, nurses, infectious disease specialists and internists) on which developed essential care best practices have been reviewed (in light with national guidelines and international best practices). All experts gave high evaluation of the quality of essential hospital care elements and their measures proposed by the project team.

Essential hospital care elements and their measures have been also reviewed by Georgian medical Diaspora in the US.

To utilize the knowledge and experiences of Georgian physicians live in the US, HCI project team, through close collaboration with MoLHSA, sent introductory letter on collaboration and proposed SOW to the Georgian physicians in the US and has already received several replies. In addition to technical support, several representatives of Georgian Medical Diaspora in the US planning to attend learning sessions in Imereti Region this year and support twinning of medical facilities in the US and in Georgia.

To spread evidence-based practices, Georgia HCI team also conducted 3 presentations on evidence based management of Cardiovascular disease, Asthma/COPD and pediatric pneumonia management during the Learning Session; The handouts and electronic versions of these presentations along with a) clinical pathway of hospital management of acute coronary syndrome, b) asthma classification, control and treatment table, c) asthma exacerbation severity assessment tool have been distributed among participants.

Cross-cutting Activities

Documentation/Knowledge Management

Project opened project webpage on URC portal, started project facebook page and developed concept and SOW for project website. Presentation on HCI learning standards and reporting requirements was given at the first Learning Session and translated version of standard site level documentation was distributed (handouts and electronic versions) among participants. All of them were encouraged to start filling proposed indicators until intensive couching/intervention starts.

Research and Evaluation

Snap-shot assessment (described above) has been conducted in CI facilities. Preparation for baseline assessment and first phase of quantitative study to assess the effectiveness (cost-effectiveness, efficiency) of the quality improvement intervention in ambulatory and hospital facilities is in progress. Detailed protocol for cost-effectiveness study and baseline assessment is being finalized. Edward Broughton, the director of headquarters research and evaluation team, visited Georgia to meet health financing experts and corporate medical facility managers to understand cost structure of health care facilities, payment/reimbursement mechanisms of medical facilities, providers and managers under different funding arrangements and to finalize study design.

Human Resources

The project hired QI advisor and Policy and System strengthening consultants. Georgia HCI team also announced vacancy for Regional Coordinator.

Institutionalization

Corporate health facility managers and quality team members are closely involved in Georgia HCI project CI activities. They expressed willingness to spread best QI practices from CI facilities to other medical facilities owned by the corporation. The Quality Assurance director and the manager of ambulatory division of Geo-hospitals (Private Corporation that owns one third of ambulatory and hospital facilities in Georgia in different regions, including Samtredia Branch) and several quality assurance team members of My Family Clinic (Private Corporation that owns multiple ambulatory and hospital facilities in Georgia in different regions, including all three hospitals in Kutaisi) participated in the first learning session. All of them expressed that the session was extremely helpful and asked to send electronic versions of learning system materials distributed during the Learning Session.

Coordination with Other Implementing Partners and Agencies

HCI continued regular (weekly) meetings with representatives of other USAID funded projects (SUSTAIN and HSSP) and Georgian Hospital Association (GHA) to discuss Hospital Accreditation/ Certification system in Georgia.

As part of the Europe and Eurasia NCD Activities, CoP of the project Dr. Chitashvili has been approached by Dr. Ksenia Koon _ the Director of the Breast Cancer Education and Outreach Program of Washington University. She was asked to contact key Georgia counterparts and explore the possibility of conducting Eastern Europe/Central Asia Breast Cancer Education, Outreach and Advocacy Conference in Georgia in 2013. CoP of Georgia HCI project, Dr. Chitashvili together with the Washington University and country representatives had meetings with Minister of Health and US Ambassador in Georgia to support decision on conducting the Biennial Regional Conference on Breast Cancer Advocacy in Georgia, in 2013.

Planned Activities for April-June 2012

- Finalize Intervention package and input/process/outcome indicators for Acute Coronary Syndrome, Asthma/COPD, CVD risk-factor prevention and pediatric pneumonia.
- Finalize set of tools for cost effectiveness study and baseline assessment and implement baseline assessment and first phase of cost effectiveness study in ambulatory and hospital facilities in Georgia (intervention and control sites);
- Support facility QI teams to start implementing QI interventions/change packages;
- Conduct integrated clinical, QI and other needs based training and coaching of providers at CI facilities;
- Improve access and use of evidence-based information by translating/adapting and distributing evidence among medical providers.