

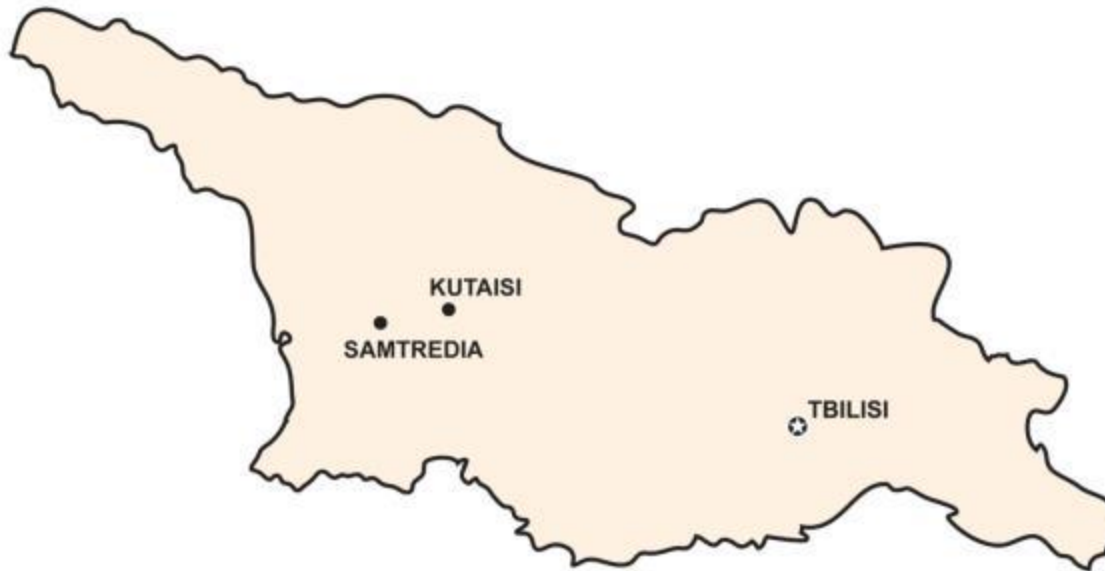


USAID
FROM THE AMERICAN PEOPLE

HEALTH CARE
IMPROVEMENT
PROJECT

Georgia

Tamar Chitashvili



Georgia: What are we trying to accomplish and at what scale?

Improve quality, consistency and continuity of medical care in demonstration region:

- Clinical focus areas (ambulatory, hospital & referral linkages):
 - Adult: Cardiovascular disease & risk factors; COPD/asthma & risk factors
 - Child: Pneumonia & asthma
- Geographic region: Kutaisi city and Samtredia district
- Service delivery sites: 13 village doctors, 4 polyclinics, 4 hospitals

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

Project key activities & results:



Cost-effectiveness study

- Protocol and total 18 different tools developed (manager, input, provider and patient questionnaires, chart review per each clinical condition and level of care)
- Data collection at intervention sites completed. At control sites in progress (1186 tools filled), data entry in progress (40%)



Formation & support of facility QI teams

- Final intervention packages and indicators for all clinical focus areas/levels of care
- Intensive trainings in QI and clinical content areas
- 4 chart standardization tools; 9 job-aids
- Adapted standard site-level documentation, Excel databases for routine data collection



Infrastructure and service organization improvement:

- In one medical corporation: Essential asthma, COPD and pediatric pneumonia diagnostic and treatment inputs: purchased
- Timeliness of Acute Coronary Syndrome (ACS) initial treatment in one hospital
- Involvement of nurses in CVD risk-factor screening in all Collaborative Improvement ambulatories

Project Results: inputs to improve CVD risk-factor screening & management practices

Framingham cardiac score for calculating 10-year risk of CVD event



კარდიოვასკულური რისკების 10 წლიანი რისკის გამოთვლა ფრამინგემის კარდის მიხედვით

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Chronic disease summary page: diagnosis, history, medications, screening tests

date	
weight	
BMI	
Status	<input type="checkbox"/> under, <input type="checkbox"/> normal <input type="checkbox"/> over <input type="checkbox"/> obesity ___ grade
Counseling	

Fragments of *CVD risk-factors screening & modification sheet*: tobacco, diet, physical activity, BMI, blood pressure, lipids, 10 year risk

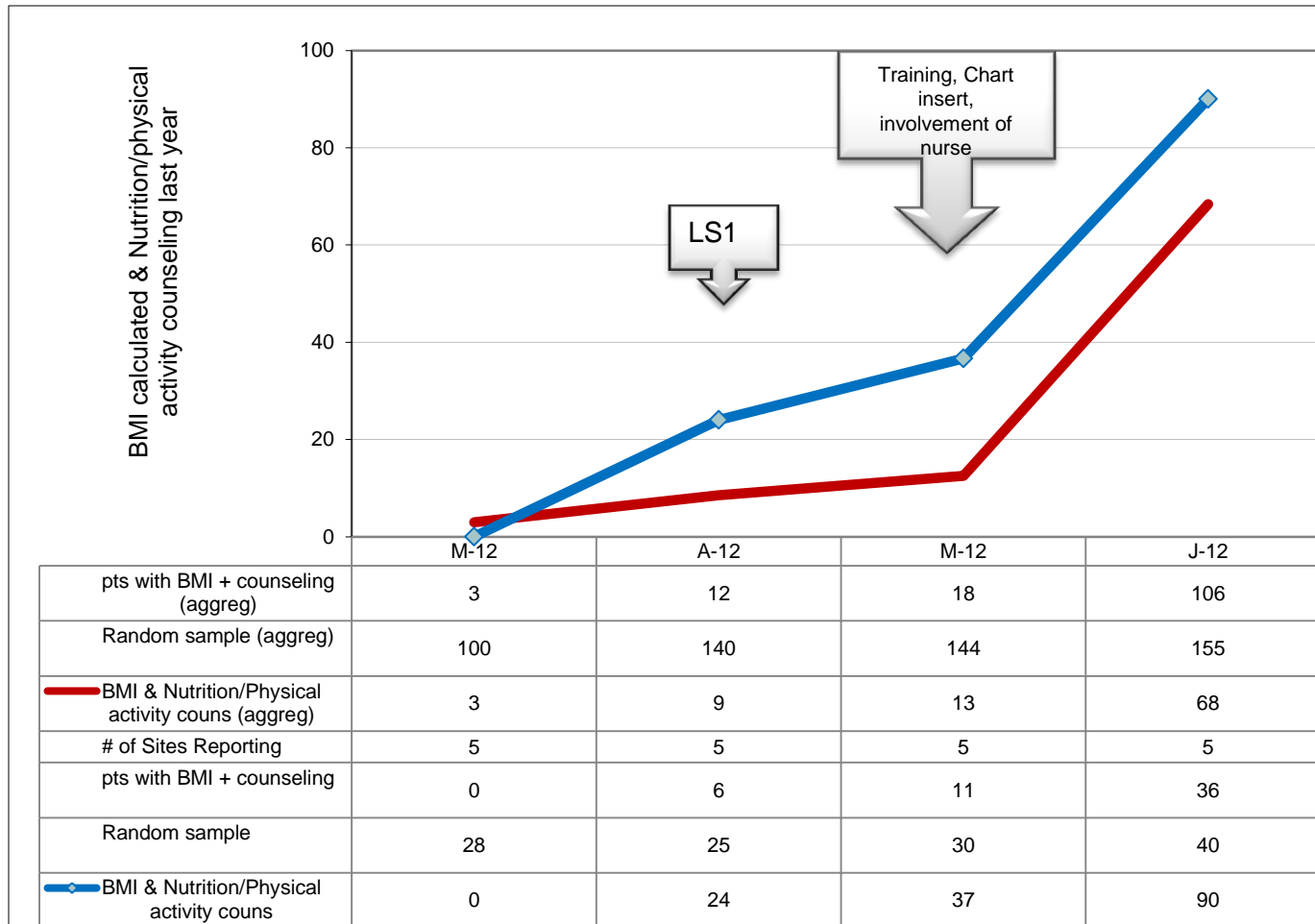
Date	
status	Fruit _____ cup Vegetable _____ cup Pastry/sweets: no, rarely, moderately, often Saturated oil: no, rarely, moderately, often Salt: No, little, moderate, much Alcohol ____ drinks per day Walking ____ min. per day Exercise ____ min per day Sedentary: yes, no Counseling:
	targets defined

Medical Problems				Past Medical History:					
Allergies:				Hospitalizations:					
Medications (chronic only)	Date	Date	Date	Date	Date	Date	Date	Date	
Specific Screening tests (indicate diagnosis)	Date	measure	next test planned	Date	measure	next test planned	Date	measure	next test planned
e.g Blood glucose (HTN)									
Creatinine(THN)									
Spirometry (Asthma)									

date	Tobacco Status
	Counseling Smoker? yes # cig. day _____, FT _____ score, will to quit quit date _____ follow-up _____ No from when _____

Project results: improved screening and counseling on CVD risk-factors

BMI calculated & Nutrition/physical activity counseling last year in Village PHC Practices, Geo-Hospitals and Regional CI in Imereti, March-June, 2012



Population survey (STEPS 2010) :
Overweight –56%,
Obesity – 26%

E&E supported NCD assessment (2010):
any note on weight classification (e.g.BMI) – 9%

Project results: Institutionalization and spread of best practices

Institutionalization at national level:

- Revision of List of essential medications under State Health Programmes;
- Adaptation and translation of WHO Package of Essential NCD i(PEN) interventions for PHC;
- Initiation of Regulatory changes in use of modern asthma classification for granting disability status by Social Expertise Bureau
- Development of Hospital certification/accreditation standards and their measurable elements in project priority clinical conditions

Spread:

- Signed 2 MoU with private health care organization & corporation outside the collaborative
- Involvement of central management & Quality team of medical corporations in CI activities

Diaspora

Communication

