SOME OPERATIONAL GUIDELINES FOR THE MANAGEMENT OF PHC CLINICS

Introduction

The Government of Georgia wants to introduce the PHC reform as a decisive move forward for improving the living conditions of the population. This State Ambulatory Programme is a step in such direction.

The new PHC should be customer-driven and participatory in nature. Also, and contrary to previous periods in which the main emphasis was put JUST on inputs (money, staff, etc) and legislation, the GoG wants to put the emphasis on achieving results and on a culture of performance improvement.

As indicated in the section on Programme Evaluation, PHC doctors, nurses and managers will now be expected to do their best to achieve specific pre-set results (see definitions in the Programme Evaluation section) in selected key areas such as:

- access to services,
- utilization,
- quality and continuity of care,
- acceptability of service (patient satisfaction), and
- efficiency.

The reformed PHC will be based on the promotion of good medical and nursing clinical practices, on one hand, and sound management practices, on the other.

To that end, the MoLHSA will publish a number of operational and clinical guidelines indicating best practices ("how things should be done") in the new PHC.

Those documents, to be produced in the course of the following months, will be of three types:

1. Clinical guidelines
2. Clinical protocols
3. Operational guidelines

Clinical guidelines and protocols will be developed with broad participation of the medical and nursing professions.

Operational guidelines for PHC will intend to rationalise operations in PHC and good process management as a way to achieve the best possible results for the benefit of Georgian citizens. A number of routine/ ordinary processes in PHC will be standardized. Some of them will be those *operational* processes that are directly related with the production and delivery of services to the customers while others will be *general management* processes.

What follows is just a sample of the main topics that will be included. Only the most prominent areas have been covered and they will be reviewed and improved in coming months.

The "Manual of Procedures for PHC in Georgia" will include a methodology for implementing the above mentioned approach. It will translate into understandable terminology the mechanism and

approaches recommended to develop PHC work in practice. The future document will include practical proposals to achieve the expected PHC objectives in terms of access, utilisation, quality and continuity of care, acceptability and efficiency. It is expected that doctors, nurses and managers in the reformed ambulatory clinics will thus work along standardised procedures in a homogeneous way.

The concepts, terms, symbols and other tools proposed should lead to a common language for discussion while allowing everyone to know his/her functions and improving teamwork.

Data needed for documenting and analyzing the processes are a critical element in building performance indicators and will receive the necessary attention.

The initial contents of these operational guidelines include the following :

Patient Consultation
Home Visit
Emergency Care
Patient Referral
Antenatal care

The Patient Consultation

The Concept:

The patient consultation IS a comprehensive episode of care involving a professional interaction between a patient and a skilled Georgian FM practitioner. It incorporates (i) interviewing and history taking, (ii) physical examination, (iii) patient management and problem solving, (iv) anticipatory care and advice, (v) record keeping and (vi) an awareness of how this consultation process affects the patient's health seeking behaviour. A patient consultation therefore is NOT a loose interaction with patients that may entail only some elements of the above.

The consultation process will 'normally' take place in a face to face situation at the PHC clinic, but it may in particular circumstance take place in the patients home (see home visits below). In extreme emergency situations, conversations over the telephone could also include many of the essential elements of a consultation.

The Pre-Consultation Stage

Consultations cannot take place properly unless a number of steps have been taken earlier enabling the consultation to take place in an organised manner. These include having procedures in place for:

- the opening times and availability of staff at the PHC centre which will be notified and clearly advertised in the local community
- patient enrolment or registration and the opening of a patient record at the clinic.
- organising staff time and appointments
- relevant forms, letter templates and files for referral, testing, patient records etc available
- health management information for monitoring activity, governance and health needs

Precise operational guidelines for the above will be developed in coming months

Operational Guidelines for the Consultation

These include the following steps:

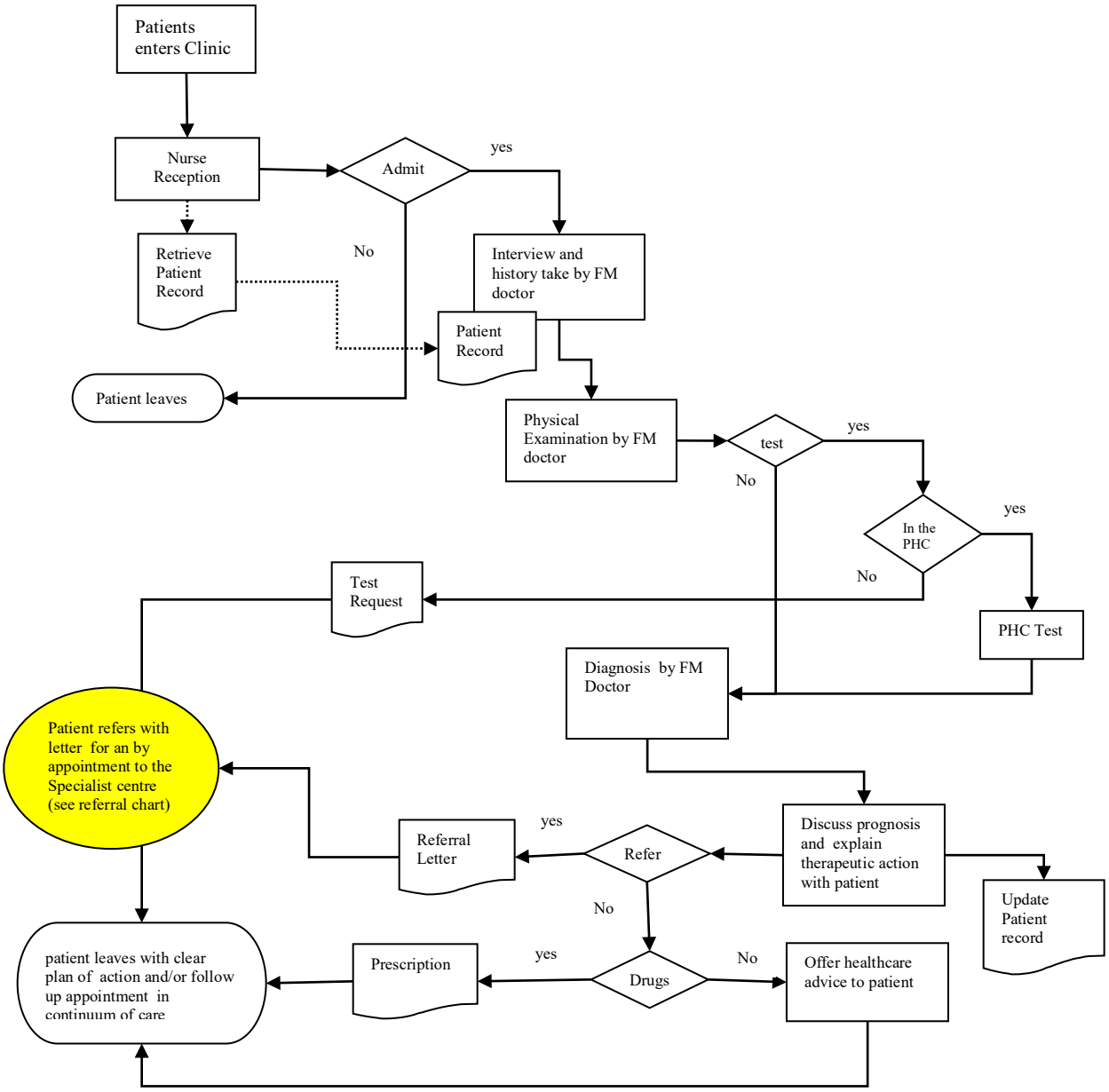
1. Patient Admission
2. Interviewing and history taking
3. Physical examination
4. Problem-solving (diagnosis).
5. Patient management and prognosis
6. Continuity of Care
7. Record-keeping

The operational process of a standard consultation is as follows:

- The Customer/patient enters the clinic and is received by the appropriately trained nurse. Unless it is an emergency, the patient will be treated upon arrival within the framework of an established administrative procedure for reception, as indicated.
- The customer patient is invited into the FM doctors consultation room (to respect patient rights and confidentiality this will be a separate room from the reception area)
- the customer is put at ease and asked to explain his/her symptoms
- The FM doctor undertakes an appropriate physical examination of the person and correctly elicits physical signs through the use of appropriate instruments and tests as per good clinical practice (within the doctor level of competence)
- If necessary and adequate in terms of available equipment and competences, the doctor may perform a test to the customer/patient
- The FM doctor makes an appropriate working diagnosis or identifies problems by correctly interpreting and applying information obtained from patient records, history, physical examination and tests/investigations.
- A management plan to deal with the diagnosis of the person's problem is devised including an appropriate therapeutic course of action (which may include advice on personal healthcare and prescribing of drugs).
- If the diagnosis indicates actions beyond their level of competence of FM doctors the patient will be referred to a specialist (see referral section below).
- The customer/patient leaves the clinic
- The patient's record is updated with details of the consultation findings, planned actions including drugs prescribed and follow up and referral arrangements

Flow Diagram for Patient Consultation Process

The graphical representation of the above process is as follows:



Home Visits

Concept:

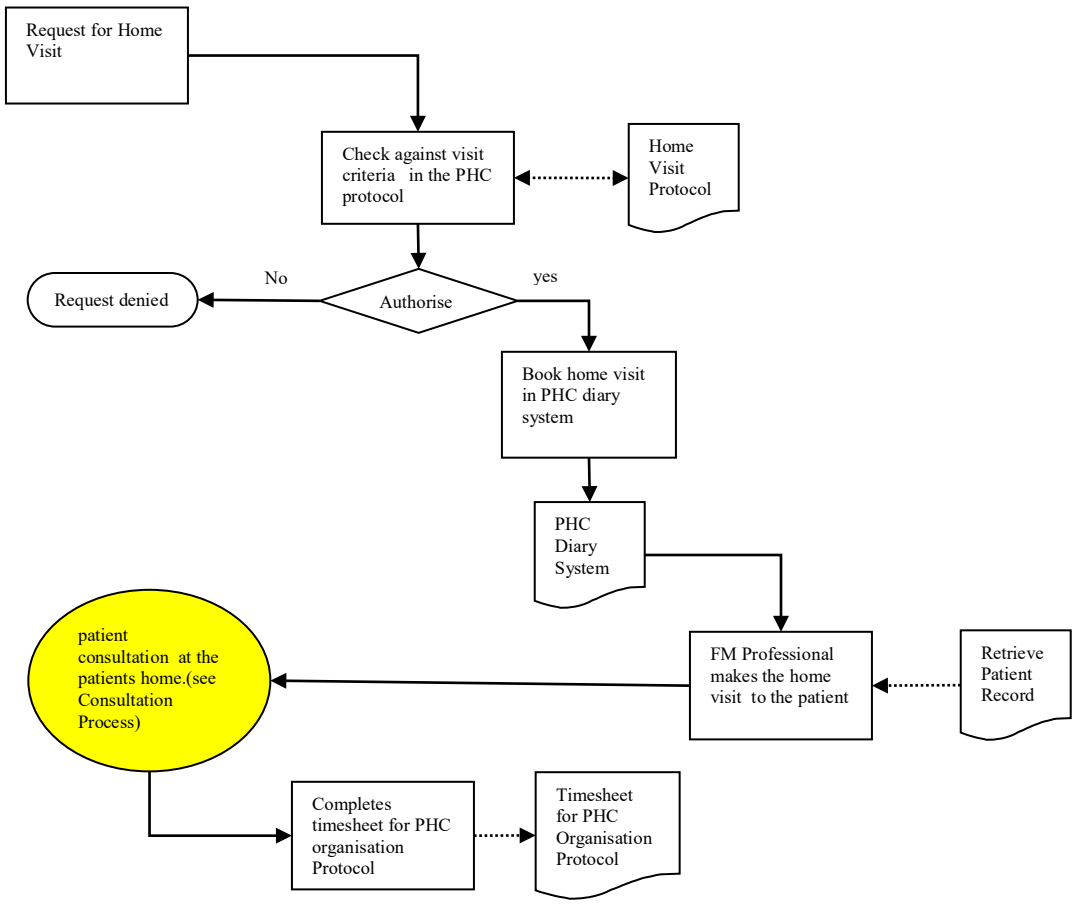
A home visit involves a professional interaction between the patient and the skilled Georgian FM practitioner at the patient's home. It involves the FM practitioner travelling from their PHC centres to the patients home to undertake a patient consultation, patient monitoring or therapeutic intervention in circumstances where the patient is unable to visit the PHC centre. The specific criteria governing the circumstances for home visits in a Georgian context will be laid down in the clinical protocols to be developed with the appropriate professional stakeholders.

Operational Guidelines for Home Visits

- A notification is made to the PHC centre for a home visit either by patient or by the FM professional (doctor or nurse)
- The request is assessed in terms of the visit criteria
- If the visit is indicated, a written "authorisation" is produced and kept at the clinic (obviously, in the context of a 1 doctor/ 1 nurse facility such will be a "self-authorisation", but keeping the record will be important for accountability purposes)
- A planned appointment time is arranged within the framework of the clinic organisational procedures and entered on a visit timesheet by reference to the appropriate authorisation.
- Travel arrangements are organised and the FM professional makes the visit taking with him/her the relevant patient notes, instruments or drugs.
- The note on the consultation is produced as per the standard form (timesheet to be produced, probably including travel time and length of consultation time)
- A written record is made in the patients notes (see patient consultation)

Flow Diagram for Home Visit Process

The graphical representation of the above process is as follows



Emergency Care

Concept:

Emergency care is primarily but not exclusively the domain of the Georgian Ambulance service which was introduced in May 2005. It involves the intervention by a professional clinician to a person who has suffered an acute medical condition that requires immediate attention If such an event occurs during "normal hours" (and an ambulance is not available) it will be regarded as a normal consultation or home visit (see above).

Specific criteria governing the circumstances for "emergency care" outside normal hours in a Georgian context will be laid down in the clinical protocols to be developed with the appropriate professional stakeholders

Operational Guidelines for "Out of Hours" Emergencies

- An emergency request is made to the PHC centre and this is relayed to the relevant "on call" professional who responds by attending the patient.
- FM professional responds by attending the patient and carries out relevant diagnostic and therapeutic interventions within their level of competence as governed by the appropriate clinical protocols.
- A record is made of the specific action taken by the FM professional and where appropriate the patient is transported safely to a hospital with a copy of the recorded action (this may involve in certain cases the FM professional accompanying the patient to the hospital)
- The note on the emergency consultation is produced as per the standard form (timesheet to be produced, probably including performed action, length of consultation time and travel time if applicable)
- If the patient is enrolled with the PHC centre the patient record will be updated accordingly by the FM doctor

The Patient Referral

Concept:

A patient may need to be referred to another location for a continuation of his/her treatment. When this only includes the performance of a test, the patient will return to the FM clinic after the test is done (see flow chart above) and the FM physician will consider this as a continuation of the consultation. Although such request for a test should be done following certain technical procedures, it is usually not considered a referral per se.

In more specific terms, a referral involves the patient being sent to another location for him/her to be examined, diagnosed and /or treated by a specialist. This forms part of the comprehensive episode of care and it involves a professional interaction between the patient, the skilled Georgian FM practitioner and an appropriate medical specialist. In other words the FM doctor consults the appropriate specialist (when the patient's condition requires their expertise) for advice and/or action in a continuum of service for the patient. A proper referral involves the specialist and FM doctor planning the future management of the patient's condition together (it does not therefore mean that the FM doctor merely passes the responsibility for the patients care to another level of service).

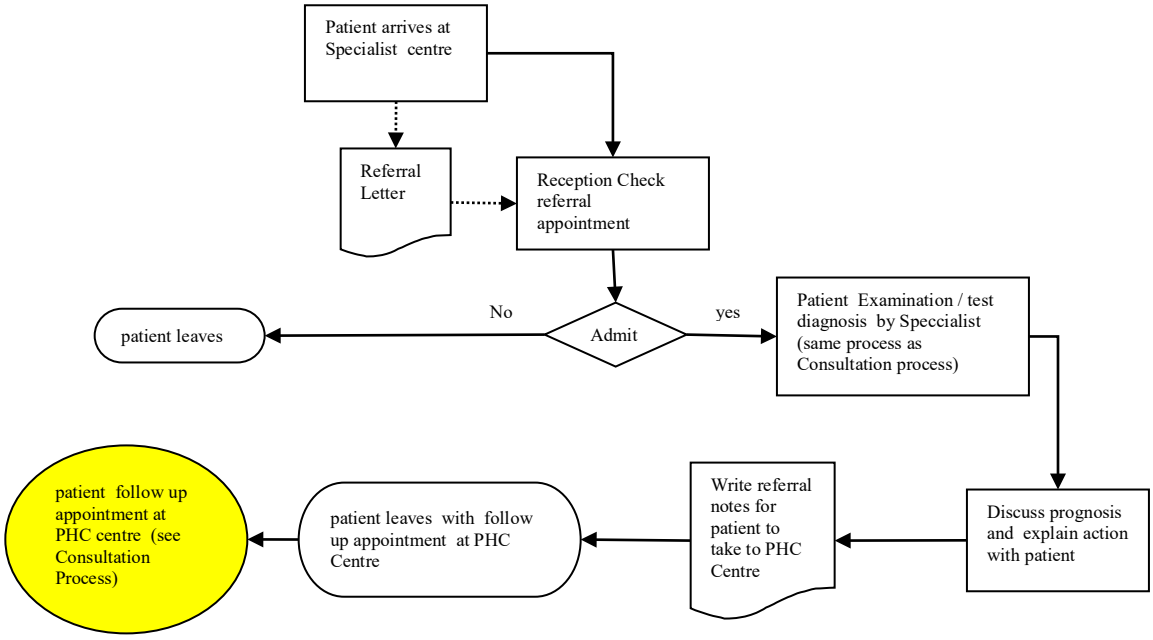
Operational Guidelines for Referral

- Where the FM doctor believes that the complexity of the case cannot be discerned within his/her level of competence or that the initial diagnosis indicate a course of action that is outside his/her level of competence, the FM doctor will seek to refer the patient to an appropriate specialist service.
- The outpatient clinic (or hospital) will be contacted to ensure availability of the appropriate specialist and an appointment made in collaboration with the patient.
- A referral letter will be written by the FM doctor explaining the initial findings of the FM consultation as a means of access to the specialist and to inform them of initial/ "suspect" diagnosis.
- Where necessary arrangements will be made to transfer the patient to the specialist in a safe manner for the specialist consultation
- Following this consultation the specialist, in collaboration with FM doctor and the patient will plan the appropriate therapeutic action proposed for the patient.
- A referral letter will be sent back to the FM centre outline the specialists advice and a follow up appointment at the PHC centre will then take forward this proposed action

In the context of the PHC reform, efforts will be made to bring specialists on to the PHC clinic for joint sessions and support to the PHC physicians (see also below, "Operational Guidelines for Prenatal Care". These joint sessions will provide opportunities for refining the procedures for referral as the PHC team develops their skills.

Flow Diagram for Patient Referral Process

The graphical representation of the above process is as follows



Antenatal Care

Rationale:

Maternal and reproductive health is everywhere a cause for societal concern because it involves the health of the future mother and baby. By all existing evidence, in the last 10 years there has been a significant deterioration in the key health status indicators of infant and maternal mortality in Georgia. The summary message from statistics is that urgent action needs to be taken in the field of maternal and child care. Thus the SAP for reformed PHC centres defines maternal and reproductive health as a priority area.

Low utilization rates for maternal health services in Georgia are understood to be an important factor regarding the above. The current practice of ante-natal care shows that the budget for this population group is usually not fully absorbed since pregnant women fail to attend the "obligatory" number of visits. Low utilization is caused by a range of factors:

- Costs, including the under table payments to providers as well as the cost of transportation, drugs and supplies;
- Multiple demands on women's time;
- Distance from health services;
- Women's lack of information;
- Poor quality of services may also make some women reluctant to use services.

Maternal and Reproductive Health in PHC

Since the actual delivery usually occurs in a hospital, Maternal and Reproductive Health activities at the PHC level consist of:

- Antenatal care;
- Postpartum care;
- Family planning.

Antenatal care is a concept that extends from pre-pregnancy to postpartum; it is a potentially important way to connect a woman with the health system, which, if functioning, will be critical for saving her life and/or the life of the baby in the event of a complication.

The postpartum period begins immediately after delivery and lasts until reproductive organs return to their pre-pregnancy state, usually five to seven weeks later. The delivery of quality health care during and immediately after the critical period of labour is another important intervention for preventing maternal and newborn mortality and morbidity.

Family planning, finally, plays an important role in reducing maternal mortality and safeguarding women's health during their reproductive years through the delivery of information and services.

Alone, none of the components of maternal and reproductive health care interventions address by themselves all causes of maternal deaths and only a combination of those activities has significant impact on maternal mortality.

Changes in antenatal care delivery in Georgia after the opening of the reformed PHC centres

In Georgia, Maternal and Reproductive Health outside the hospitals is at present completely in the hands of the Rayon Women Consultation Centre, populated by specialists in obstetrics and gynaecology. They are responsible for

- Monitoring the health status of the mother and fetus;
- Identifying those patients who may develop problem;
- Initiating the plan for continuing care during pregnancy.

As a matter of contrast Reproductive Health services are delivered, in most Western countries by GPs and GPNs with highly efficient and effective results. The SAP for PHC Reform 2006 will make an effort to bring services related to normal physiological pregnancy as close as possible to the consumer and ideally, put them in the hands of a competent FM team.

Thus there will be 2 different providers of outpatient antenatal care services in Georgia:

- the FM team from the reformed PHC centre,
- the team composed by obstetrician/gynecologist and nurse from the Rayon Women Consultation Centre;

The distribution of functions between FM provider and ob/gyn from women consultation centre will be made according to the circumstances (skills and competences) of each PHC centre, along the guidelines and protocols that will be designed and under the functional supervision of the PHC System Development Manager. The ideal target of such distribution would be as follows:

FM team in the reformed PHC centre

- the FM team will be the first contact level for pregnant women;
- an effort will be made to ensure 100% coverage of pregnant women in the catchment area;
- the pregnant woman will be given the chance to visit the FM team for as many consultations as necessary, free of charge;
- Each visit to FM team will be treated as normal "PHC consultation" (see above Operational guidelines for consultation process),

Scope of clinical activities of FM team in pregnancy

- Pregnancy detection (1st antenatal visit)
- Life history taking (1st antenatal visit)
    - Menstrual history;
    - History of any medical problems e.g. Asthma, Diabetes;
    - History of contraceptive usage;
    - History of health habits (smoking/consumption of alcohol, etc);
    - History of all medications;
    - Outcome of previous pregnancies e.g. any abortion or still birth
- Physical examination
    - Estimation of weeks of gestation;
    - Estimation of height and weight;

    - Examination of the breasts;
    - General body check up;
    - Blood pressure monitoring;
    - Pelvis size measuring;
    - Monitoring of fetal growth
- Education, consultation on
    - Diet;
    - Relaxation, sleep and recreation;
    - Sexual intercourse;
    - Bowel habits, bathing and clothing;
    - Smoking and alcohol;
    - Exercises;
    - Expected date of delivery
- Provision of routine tests physically available at the centre
    - Hemoglobin estimation: to rule out anemia;
    - Urine test: to rule out urinary infection;
    - Screening for diabetes.
- Referral for lab. tests and examinations to the women consultation centre following the pregnancy detection (see below).
- Risk assessment and referral plan to hospital level specialist if situation warrants, based on clinical guidelines and protocols for antenatal care;
- Plan for transferring the pregnant to the rayon women consultation centre at the agreed stage (e.g. 28-30th week of gestation).

Scope of clinical activities of FM team in Family planning and postpartum care (these components of maternal and reproductive health care have never been delivered in an organized way by the existing PHC centres in Georgia)

- Counseling on FP and breastfeeding;
- Examination of physical and mental condition of the new mother
- Detection (and treatment if applicable) of anemia and STD
- Supervision and monitoring of the woman

Obstetrician/gynecologist and nurse from the Rayon women consultation centre

- Perform the lab. tests and examinations following the pregnancy detection upon referral from the FM Team:
    - Rh and group;
    - Screening for syphilis;
    - Screening for HIV;
    - Vaginal smear bacterioscopy.
- Follow up of treatment and supervision at agreed stage (e.g. 28-30th week of gestation);
- Perfom in that context (at least) 2 visits at specific dates (e.g. 28-30th and 36-38th weeks of gestation) free of charge;
- Refer the pregnant woman to the hospital as necessary.

Scope of clinical activities of obs/gyn from the rayon Women Consultation Centre

Visits			Women consultation centre	Staff involved		
	Visit 28-30 week	Visit 36-38 week		Obs/gyn.	Nurse	Lab. doctor
Estimated weeks of gestation	X	X	X	X		
Physical examination	X	X	X	X		
Breast examination	X	X	X	X		
Mother's weight	X	X	X		X	
Urine analysis	X	X	X			X
Diagnosis of anemia (Hb)	X	X				X
Screening for diabetes	X					X
Ultrasound investigation	X					X
Blood pressure monitoring	X	X	X		X	
Monitoring of fetal growth	X	X	X	X		
Measure pelvis size	X	X	X	X		
Education, consultation	X	X	X	X	X	
Risk assessment	X	X	X	X		
Prepare referral plan	X	X	X	X		

Managing the transition

Understanding that GPs and GPNs are rather new in Georgia, and as indicated above, it is proposed to shift ob/gyn responsibilities to FM team only gradually and with sufficient guarantees. Specific measures will be introduced to ensure that the newly trained PHC doctors and nurses are competent in handling these activities. In particular,

- the reformed centers will establish special clinics for pregnant women and ensure provision of ante-natal care services jointly by FM team and a contracted obstetrician/gynecologist. The number of sessions per month will obviously depend on the number of pregnant women in the catchment area of each centre. An effort will be made to ensure at least 2 joint sessions per pregnant woman before she is referred to the Women Consultation Centre for follow up (as indicated, at an agreed date, e.g. 28 weeks of gestation)
- joint clinical sessions with the corresponding obstetrician/gynecologist could be organised for coaching the transition for as long as necessary.

In principle there will be no changes introduced in 2006 in the administration of the finances allocated by the State for each pregnant woman.