



To support COVID-19 training of PHC providers in Georgia

Financed by WHO

WHO Registration 2020/1063661-0

Purchase Order 202601279

MIDTERM REPORT

October-November

Submitted to WHO Country Office, Georgia

November 23, 2020

1. Introduction

On 31 December 2019, after the first cases of infection had emerged in the city of Wuhan, Hubei province, in China, COVID-19 – the disease caused by a new SARS-CoV-2 virus – started spreading rapidly across the world.

On 6 January 2020, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs reported to the Government of Georgia the outbreak of a still unknown epidemic in China. The Georgian Government responded by developing immediate and specific measures, as well as by initiating the investigation and continuous monitoring of relevant international practice.

From the very early days of the pandemic, the Georgian authorities directed their efforts in two directions, aiming to save both the health and lives of the people, as well as the national economy. Therefore, all the steps taken by the government have been determined by the obligation assumed by the government to protect the health and lives of the people and the motivation to save the economy.

The infection curve peaks or flattens periodically as has been the case in various countries.

Based on the recommendations issued and the experience available so far, countries began implementing a number of **non-pharmaceutical measures** in response to the spread of COVID-19, such as: closing educational institutions and transitioning the educational process to a remote mode of operation, banning mass and public gatherings, restricting individual economic activities, physical distancing, and declaring a state of emergency throughout the country, which included the implementation of strict quarantine measures and a curfew.

The country initiated the fight against the pandemic, which aimed at **slowing the spread of the virus** via the implementation of active measures and tightening epidemiological oversight in order to avoid overloading of the healthcare system and causing it to collapse and the government started preparing for **the maximum spread and large-scale epidemic scenario**.

The analysis of the events taking place across the world clearly demonstrated that even the healthcare systems of developed countries faced major challenges during the pandemic. Therefore, **preparing the Georgian healthcare system and avoiding its possible collapse due to the system being overloaded** was identified as a priority of critical importance by the government at an early stage. In order to achieve the aforementioned, it became necessary to transition the healthcare system to **a mode of operation that targeted the pandemic**.

At an early stage, the healthcare system, hospital sector, the availability of hospital beds, and other important parameters were evaluated. In addition, COVID-19-related protocols, recommendations, and methodical instructions were elaborated and updated depending on the epidemiological situation.

Primary health care has the potential to play a vital role both in slowing the spread of the virus and managing the people with mild or moderate cases of COVID-19 and, ultimately, reducing the risk of saturation and eventual collapse of the health care infrastructure, particularly hospitals. But today's primary health care services were not designed to cope with a pandemic such as that caused by COVID-19.

Alongside preparing the hospital sector, to prevent overusing ambulance services with feverish patients, and to ensure the effective engagement of the primary healthcare network in COVID-19 management, a service was established for redirecting 112 calls from feverish patients or those with respiratory symptoms to general practitioners. This model was experienced during the 2018 flu outbreak and the number of flu cases in 2019-2020. 25 primary healthcare facilities joined the program in Tbilisi and the regions to cover the country's population in full.

To respond to COVID-19, the Ministry of Health, from February to April, carried out training programs for medical personnel in priority areas such as infection prevention and control, online consultations for fever cases, advance and critical COVID-19 case management, and sampling techniques for expanding testing capabilities. 75% of the rural physicians (974 rural physicians) and 90% of the urban physicians, a total more of 2,500 doctors, were trained in early COVID-19 diagnostics/management of suspected cases and infection control.

Starting from summer 2020 MoH together with other stakeholders were working on preparing plan for expanding PHC involvement in response to COVID-19 outbreak.

After the second wave, currently number of online clinics involved in "112" system increased from 25 to 60 and Private Insurance Companies also become the participants of this system to deal successfully with the increased number of the patients.

The main principles of working in new conditions are:

- Identifying potential Covid-cases as soon as possible;
- Preventing transmission of infection between patients and staff;
- Avoid direct physical contact with the patient, including face to face examination.
- Despite of this difficult unusual situation PHC providers didn't stopped regular medical services:
 - o monitoring of chronic diseases
 - o Immunization
 - o other preventive activities (e.g. child surveillance, etc.),
 - o management of other non-COVID acute problems
 - o antenatal care
 - o management of mental health problems were delivered continuously.
 - o patient's referral to the specialized care continued regularly based on preliminary triage of the patients.
- Etc.

To adapt the roles and responsibilities of primary health care to better respond to COVID-19, donor assistance was critical. Presented Project activities (funded by WHO) were determined by the Ministry of IDPs from the Occupied Territories, Labor, Health and Social Affairs of Georgia.

Currently around 65% of active cases are treated in home setting by online PHC clinics and Post Acute Covid-19 cases are managed by PHC teams under UHC program.

To prepare family doctors and PHC personnel for working in terms of the COVID-19 outbreak, different protocols are developed/renewed (based on accumulated new scientific evidence after the start of the pandemic) and approved by the MoH.

MoH has organized trainings of PHC providers:

- To avoid overload of hospital beds
- Establish home based care safely provided for patients and their families
- Maintain access to essential services

Trust in between communities and their district/family doctors help to avoid unnecessary anxiety and COVID related fear.

2. Program highlight

Project goal:

Enhancing management of COVID-19 cases at PHC level of Georgia

The Project objectives are as follows:

- Update the existing clinical protocol (approved by the MoH of Georgia, in July 2020) on home management of mild cases of COVID-19 and Develop new clinical protocol for management of post-acute COVID-19 patients and post-discharge period by PHC physicians;
- Training of Primary Care physicians and trainaers in implementation of updated and newly developed protocols and creating strong resource for providing continuous medical education on sites;
- Support strengthening personal and organizational capacity of PHC service providers and develop networking to promote future enhancement of PHC; Introduce facility level monitoring and evaluation/quality assurance tools as part of the quality improvement system at local facilities to improve quality of remote consultations at PHC level.

The target population of the Project

The target population of the Project are Primary Healthcare Providers of Tbilisi and Western Georgia.

3. Achievements

Activity 1

Update the existing clinical protocol (approved by the MoIDPLHSA of Georgia in July 2020) on home management of mild cases of COVID-19 by PHC physicians.

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Develop new clinical protocol for outpatient management of post-acute COVID-19 patients and post-discharge period by PHC physicians.

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Activity 2

Design training curriculum based on updated and new protocols; Training of trainers and creating strong resource for providing continuous medical education on sites

Training curriculum has been developed based on updated and newly developed protocols and conducted training of trainers/clinical leaders who will conduct similar trainings in their local medical facilities and assist the facility management in introducing national standards on site.

These trainings have been conducted by 5 Master Trainers. Total number of trained clinical leaders presented below (among them 10 professors from medical universities who will train **500 medical students** to assist primary care physicians in triage and home management of COVID-19 cases):

Region	Number of trained Clinical Leaders
Adjara	21
Imereti	17
Samegrelo	12
Tbilisi	59
Tbilisi/ Medical Universities Professors	10
Total	119

Training of Primary Care physicians in implementation of updated and newly developed protocols

Starting from the October 2020, have been conducted online and face-to-face trainings of PHC physicians.

Form of training delivery:

- Distance, e-learning (by using computer and Internet technologies for the trainers and trainees for learning purposes).
- On-site trainings (face to face visits to the Primary Care facilities)

Technical requirements for the listeners in distance training:

computer/ smartphone, internet, e-mail. The platform for the online trainings was presented by the Ministry of IDPs from the Occupied Territories, Labor, Health and Social Affairs of Georgia by Webex meeting links:

<https://mohge.webex.com/mohge/j.php?MTID=medc0d1597530773b8e979c2bbce0b522>

<https://mohge.webex.com/mohge/j.php?MTID=m10610a751296011aec2504310ba0f554>

<https://mohge.webex.com/mohge/j.php?MTID=me9a16c72a2b9db59b159b6b2a22491ef>

Methodology:

The course compose theoretical and practical parts, including case studies, group discussions.

Course material:

Presentations, protocols and other related documents issued and approved by the Ministry of Health.

Training Assessment Methods:

Due to time and technical constraints, the course is not accompanied by a pre- and post-test assessment. During the training were assessed the students' reaction during the session, answers to different practical questions, ability and attitude to apply the knowledge gained after the training in practice. This was done through an interactive discussion, a review of clinical cases, an oral presentation and evaluation of a case management plan by a particular listener.

The topics discussed during the trainings listed below:

- Practical aspects of patients' telephone triage and problems revealed during the implementation of remote consultation principles in Primary Healthcare
- Patient's response to family doctors' remote medical services;
- Interesting and problematic cases in which doctors need expert assistance;
- Non-standard situations, which may include the initial management of patients at home who meet the hospitalization criteria but are unable to be admitted to a hospital for a number of reasons.
- Common problems after hospital discharge of patients hospitalized with acute COVID-19;
- So called "Long COVID" and management options in Primary Healthcare.

Number of trained personnel presented below:

Distance trainings	
Region	Number of trained personnel
Tbilisi Corporate Medical Insurance Clinics	104
Adjara Region	41
Imereti Region	20
Total	165
10 Trained trainers of Universities	500 students

Total	665 trainees
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On-site trainings	
Region	Number of trained personnel
Tbilisi Central Online Clinic	180
Tbilisi New Online Clinics	59
Tbilisi Medical Universities	10
Imereti/Racha-lechkhumi/Qvemo Svaneti Region	117
Adjara Region	89
Guria Region	11
Samegrelo/Zemo Svaneti Region	40
Total	506

Activity 3

Support strengthening personal and organizational capacity of PHC service providers and develop networking to promote future enhancement of PHC; Introduce facility level monitoring and evaluation/quality assurance tools as part of the quality improvement system at local facilities to improve quality of remote consultations at PHC level.

To evaluate the initial level of quality of telephone consultations, has been developed remote consultation's external control tool. For this purpose have been used two methods:

- (a) a mystery patient;
- (b) Patient satisfaction questionnaire.

The aim for this tool is to determine initial level of remote consultations according to agreed criteria, share assessment results with the Primary Care facilities involved in the management of COVID-19 and prepare recommendations for the Ministry of Health.

At the same time several activities have been started for decentralization of COVID-19 management process and encourage Primary Healthcare facilities to improve their response to COVID-19 pandemic. These activities include:

- Cooperation with the Ministry of IDPs from the Occupied Territories, Labor, Health and Social Affairs of Georgia to develop reporting system for Primary Healthcare facilities and introduce performance measurement tools on sites that help local management to ensure high quality medical service in response of pandemic;
- Cooperation with the 112 service to simplify so called "monitoring outcomes forms" that will help to improve patient oriented care in the face of less formal procedures;

- Working on clinical audit and reporting forms to support creating the system that enables the quality of care delivered for the management of COVID-19 to be reviewed objectively within an approach which is supportive, developmental and focused on improvement.
- Working with the management of Medical Insurance Companies to develop optimal system for the privately insured patients for receiving high quality care in terms of COVID-19 pandemic.

Analysis of Program results

As a result of the training program, it became clear that despite the spring training on COVID-19 suspicious case triage, it was critical for family physicians to provide them with updated recommendations regarding home care of COVID-19 cases.

The current epidemiological situation, which is characterized by the rapid spread of the virus in Georgia, has posed various challenges to Primary Healthcare professionals.

In particular, if at the initial stage of COVID-19 cases in Georgia, they practically had only occasional cases of such patients, and all confirmed cases were treated at hospital, now all family doctors have to manage the significant number of such patients, which often faces some difficulties.

These difficulties include different problems, such as, for example, 112 network overload, limited testing resources, problem of timely hospitalization, and more.

COVID-19 presents many of Family Doctors with decision-making challenges due to the level of uncertainty. This requires high levels of competence in risk communication in the absence of little - and often changing evidence. These problems show us a continued need both for good-quality evidence and also education programs for Primary Care physicians to be up-to-date with current scientific knowledge and high standard clinical practice.

There is also need for decentralization of Covid-19 management activities and delegating more responsibilities on particular PHC clinics (including private insurance medical clinics) to ensure effective management of cases and avoid unnecessary hospital admissions.

Frequently asked questions during the training

Frequently asked questions during the training presented below:

1. When should PCR testing be performed for COVID-19 for maximum reliability?
2. What are the criteria for completing isolation for different categories of patients: asymptomatic, with mild symptoms, severe, critically ill, immunosuppressed?
3. What are the requirements and duration of contacts' quarantine?
4. Who is regularly tested for COVID-19?
5. What should a Family Doctor do if his/her patient has suspicious symptoms of COVID-19, meets hospitalization criteria and had no confirmatory test?
6. Is it obligatory for COVID-19 suspicious patients to be supervised by both their Family doctor (e.g. private insurance medical clinic) and the online clinic Family doctor?
7. Is it possible to vaccinate against influenza in a pandemic if we do not know the patient's COVID-19 status?

8. How should a family doctor guess deterioration of a patient's condition during a remote consultation without the possibility of conducting examination and tests?
9. Are there any plans from the State Healthcare to provide free laboratory/instrumental investigations for patients with COVID-19 staying at home in case of indication?
10. What should a Family doctor do when a patient meets hospitalization criteria on the basis of an assessment, and hospitalization is not possible for some reasons (categorical refusal of the patient, overload of the hospital sector etc.)?
11. Is it possible to use antibiotics empirically for the treatment of COVID-19 pneumonia?
12. How can be increased patient awareness to avoid face-to-face visits to Primary Healthcare practice without urgent need?
13. What are the recommendations for anticoagulant prophylactic treatment after hospitalization?
14. Does the family doctor have the right to prescribe dexamethasone and anticoagulant at home in case of inability to hospitalize a severely ill patient with COVID-19?
15. Who is responsible for the patient's deteriorating condition if he or she is unable to be hospitalized due to limited resources, 112 or the Family doctor?
16. What should a Family doctor do if a patient meets PCR testing criteria based on his or her symptoms and medical history, but the test is unavailable due to limited resources?
17. Before the approving flexible procedure for issuing a sick leave certificate, is it possible for family doctors to issue a certificate to a patient with COVID-19 at their own discretion after completing home isolation?
18. What kind of notice should Family doctor give to patient for COVID-19 testing, which clinic, and how should they refer the patient, whether the patients walk themselves or there is available service at home? Is this information spelled out specifically somewhere formally?
19. It is not possible to receive new calls from 112 and simultaneously fill second or third "outcome forms" on one computer. Sometimes there are so many calls, that responding is not possible and filling in the previous day's results is impossible and technically difficult. Is there possibility to simplify this process by accessing several computers at once?
20. Is it possible to advice self-isolation to mild respiratory patient who does not prove contact with confirmed COVID-19?

4. Constraints and solutions

Identified problems and recommendations for solutions:

As a result of the trainings, several important problems were identified. Below are suggestions for solving them

Recommendation 1:

Technical support of remote medical consultations

- Equip family doctors with all the necessary tools for remote services (Android phone, computer, unlimited talk time, Internet resource) to be able to effectively provide this service;
- All digital communication with patients must be compliant with the country's and organization's data protection and telehealth regulations. Administrative and physical security considerations are matters of organizational implementation, and to ensure these terms it is recommended to have protocols and guidelines for adopting phone/video consultations on sites.
- Simplifying medical forms which are obligatory to fill for online clinics involved in the 112 system will improve patient-oriented care and decrease patient's discontent.

Recommendation 2:

Decentralization of COVID-19 management and capacity building of local PHC facilities

- Delegating management of COVID-19 suspicious and confirmed cases to their family doctors and not only to online-clinics, and giving them the opportunity to test;
- if antigen-fast tests are given to PHC centers to diagnose symptomatic patients (which is simpler, it just takes only 15-30 minutes), it may no longer be necessary to test all people (which if not done now, the patient is trying to achieve this by all means), and as a consequence, calmed patient will no longer panic when they encounter problems in the Healthcare system.
- In order to achieve and maintain an acceptable standard of patient remote medical care, it is essential:
 - a) Regular supervision of family doctors performance;
 - b) Develop Clinical Audit and performance measurement system that should be implemented on sites and regularly updated by the local management based on results and needs revealed during assessment;
 - c) It is critical to establish structured reporting system that will help the Ministry of Health thoroughly assess the situation at the primary health care level, identify problems and solutions in a timely manner.

Recommendation 3:

Ensuring Continuous medical education for primary care providers by strengthening of local capacity of clinical leaders/trainers

- Timely provision of up-to-date scientific information (trainings, online training courses, etc.) to family physicians is important; this will help improve the quality of provided medical care and increase patient satisfaction.
- At the same time it is important to strengthen local capacity of continuous medical education by preparing clinical leaders who will be responsible for these activities.

Recommendation 4:

Ensuring COVID-19 testing availability for PHC doctors when this is indicated based on patients symptoms and clinical assessment

In case of need specific testing for COVID-19, it is recommended that PHC doctors have clear directives to ensure that testing is conducted smoothly in communication with the smear-taking clinic, or consider rapid point-of-care testing, that requires training of PHC personnel in sampling techniques. In this case PHC clinics should be supplied with rapid antigen tests as well as appropriate personal protective equipment.

Recommendation 5:

Ensuring initial set of laboratory investigations for patients cared at home to support Family doctors in decision making when the situation is unclear or deteriorated and hospitalization is not possible

In cases where a patient with COVID-19 is eligible for hospitalization (due to disease severity or risk factors) but hospitalization is not possible due to limited hospital resources or patient's categorical refusal, it is recommended that initial set of some laboratory investigations (e.g. pulsoximetry, D-dimer, FBC, PCT) are available for PHC physicians to facilitate decision making and first aid.

Recommendation 6:

Effective Coordination between PHC providers, Hospital network and Rehabilitation services to manage acute and post-acute COVID-19 and home discharged patients.

In order to effectively manage the acute, post-acute COVID-19 and home discharged patients after hospitalization, it is important to ensure continuous communication between the hospital sector and PHC providers, as well as the establishment of special rehabilitation services to assist family doctors in effective management of the problems of such patients.

The Ministry makes decisions in a rapidly changing environment, which often leads to uncertainty at the level of the providers and disruption of coordination.

The abovementioned problems and recommendations were fully communicated to the Ministry. The Ministry is actively studying the problems and responding them.

Existing recommendations such as the possibility of access of different investigations for outpatient patients, extend number of facilities for the management of Covid-19 cases, even after the end of the acute period and discharge from the hospital, the implementation of rapid antigen testing at PHC settings, etc. It is carried out step by step.

Covid-19 cases management should be decentralized and Data collection, information management and monitoring systems need to be strengthened at the national level.

Patient flow needs better management in Hospitals, as well, etc.

No other constraints to the implementation were observed during the reporting period.

5. Description of the strategic events in COVID-19 going in the country

An order was issued recently to improve access to additional investigation (CT, blood test, etc.) and to improve home care of Covid-19 positive patients.

It is planned to supply PHC providers with fast tests.

Forms to be filled in 112 have been simplified.

A portal has been launched where the patient can easily find his/her family doctor.

Step by step all family physicians will be involved in the processes of Covid-19 case management.

Etc.

6. ANNEXES

Photos and other evidence of performed activities is sent to you electronically.

Training schedule based on on-site or on-line (distance) by regions and clinics, see in Annex 1

List of participants - On-site trainings – Annex 2

List of participants - On-line (Distance) trainings – Annex 3

Monitoring primary health care training in response to COVID-19 and the concept of quality assurance of medical services – Annex 4

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The need for Project activities was determined by the Ministry of IDPs from the Occupied Territories, Labor, Health and Social Affairs of Georgia.

Project highlights:

Project goal:

Enhancing management of COVID-19 cases at PHC level of Georgia

The Project objectives are as follows:

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- Training of Primary Care physicians and trainers in implementation of updated and newly developed protocols and creating strong resource for providing continuous medical education on sites;
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The target population of the Project

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Achievements

Activity 1 - Update the existing clinical protocol (approved by the MoIDPLHSA of Georgia in July 2020) on home management of mild cases of COVID-19 by PHC physicians.

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Activity 2 - Training of trainers and creating strong resource for providing continuous medical education on sites

Region	Number of trained Clinical Leaders	
	Planned	Trained
Ajara - Guria	19	21
Imereti	16	16
Samegrelo	16	12
Tbilisi (including corporate insurance)	42	59
Tbilisi/ Medical Universities Professors	-	10
Total	93	118

On-site + distance trainings		
Region	Number of trained personnel	
	Planned	Trained
Tbilisi	100	353
Imereti/Racha-Lechkhumi/Kvemo Svaneti Region	120	137
Ajara Region	70	130
Guria Region	20	11
Samegrelo/Zemo Svaneti Region	90	40
Total	400	671
Tbilisi Medical University students	-	500
Total		1171

<https://www.youtube.com/watch?v=iIRJ6SQI1Jg>

Activity 3 - Support strengthening personal and organizational capacity of PHC service providers and develop networking to promote future enhancement of PHC; introduce facility level monitoring and evaluation/quality assurance tools as part of the quality improvement system at local facilities to improve quality of remote consultations at PHC level.

1. Provided 30 remote assistance consultations to support decision-making in triage and management of acute cases (report are submitted).
2. Conducted 30 Peer Review sessions to evaluate quality of remote consultations in 9 clinics (report are submitted).
3. Conducted 50 online consultations using Mystery Patients to monitor capacity building and site improvement in 7 site (report are submitted).
4. Conducted 20 audits (10 clinics twice a month) to monitor quality improvement and achieve and maintain standards (results are presented).

Region	PHC Clinic
Tbilisi	National Family Medicine Training Center
	Krol Medical Corporation Vake
	Krol Medical Corporation Nadzaladevi
	Holding 23 Gldani
	Mixed Polyclinic №24
	Mixed Polyclinic №14
Mtskheta	Mtskheta Primary Healthcare Regional Center
Imereti	Nazarishvili Family Medicine Training Center Kutaisi
Ajara	Batumi Family Medicine Regional Centre
	Tamar Township Family Medicine Centre

Activity 4 - Ongoing follow-up support and consultations

Follow-up support date	Participating clinic
04.12.2020	Mtskheta Primary Healthcare Regional Center
07.12.2020	Nazarishvili Family Medicine Training Center Kutaisi
09.12.2020	Krol Medical Corporation Nadzaladevi, Krol Medical Corporation Vake,
09.12.2020	Mixed Polyclinic №24, Mixed Polyclinic №14
09.12.2020	Mtskheta Primary Healthcare Regional Center
10.12.2020	Batumi Family Medicine Regional Centre, Tamar Township Family Medicine Centre
10.12.2020	Holding 23 Gldani
23.12.2020	National Family Medicine Training Center Krol Medical Corporation Vake Krol Medical Corporation Nadzaladevi Holding 23 Gldani Mixed Polyclinic №24 Mixed Polyclinic №14 Mtskheta Primary Healthcare Regional Center Nazarishvili Family Medicine Training Center Kutaisi Batumi Family Medicine Regional Centre Tamar Township Family Medicine Centre

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Activity 3 - Support strengthening personal and organizational capacity of PHC service providers and develop networking to promote future enhancement of PHC; introduce facility level monitoring and evaluation/quality assurance tools as part of the quality improvement system at local facilities to improve quality of remote consultations at PHC level.

1. Provided 30 remote assistance consultations to support decision-making in triage and management of acute cases (report are submitted).
2. Conducted 30 Peer Review sessions to evaluate quality of remote consultations in 9 clinics (report are submitted).
3. Conducted 50 online consultations using Mystery Patients to monitor capacity building and site improvement in 7 site (report are submitted).
4. Conducted 20 audits (10 clinics twice a month) to monitor quality improvement and achieve and maintain standards (results are presented).

Region	PHC Clinic
Tbilisi	National Family Medicine Training Center
	Krol Medical Corporation Vake
	Krol Medical Corporation Nadzaladevi
	Holding 23 Gldani
	Mixed Polyclinic №24
	Mixed Polyclinic №14
Mtskheta	Mtskheta Primary Healthcare Regional Center
Imereti	Nazarishvili Family Medicine Training Center Kutaisi
Ajara	Batumi Family Medicine Regional Centre
	Tamar Township Family Medicine Centre

Activity 4 - Ongoing follow-up support and consultations

Follow-up support date	Participating clinic
04.12.2020	Mtskheta Primary Healthcare Regional Center
07.12.2020	Nazarishvili Family Medicine Training Center Kutaisi
09.12.2020	Krol Medical Corporation Nadzaladevi, Krol Medical Corporation Vake,
09.12.2020	Mixed Polyclinic №24, Mixed Polyclinic №14
09.12.2020	Mtskheta Primary Healthcare Regional Center
10.12.2020	Batumi Family Medicine Regional Centre, Tamar Township Family Medicine Centre
10.12.2020	Holding 23 Gldani
23.12.2020	National Family Medicine Training Center Krol Medical Corporation Vake Krol Medical Corporation Nadzaladevi Holding 23 Gldani Mixed Polyclinic №24 Mixed Polyclinic №14 Mtskheta Primary Healthcare Regional Center Nazarishvili Family Medicine Training Center Kutaisi Batumi Family Medicine Regional Centre Tamar Township Family Medicine Centre

Photos and other evidence of performed activities is attached to Full text.