Integrated NCD Chronic Care Health Facility Evaluation Tool

Step 1: Discuss program evaluation structure and tool

Brief overview of quality improvement (QI)[1]

Quality is at the centre of the health facility clinical team's role. Investing in quality improvement is one of the few steps that your team can take that yields better outcomes for patients, a better work environment for staff, and reduced costs for the patients. Good managers improve quality to get the best out of their staff and do the most for their patients.

Although quality improvement is often targeted at specific types of care, such as HIV, maternal, newborn or child care, the basic concepts and systems are applicable across all care delivered by the health facility. There are three crucial stages of the quality improvement process:

1. Identifying barriers to high-quality care;
2. Implementing a continuous improvement system;
3. Using data to benchmark progress

About Process evaluations[2]

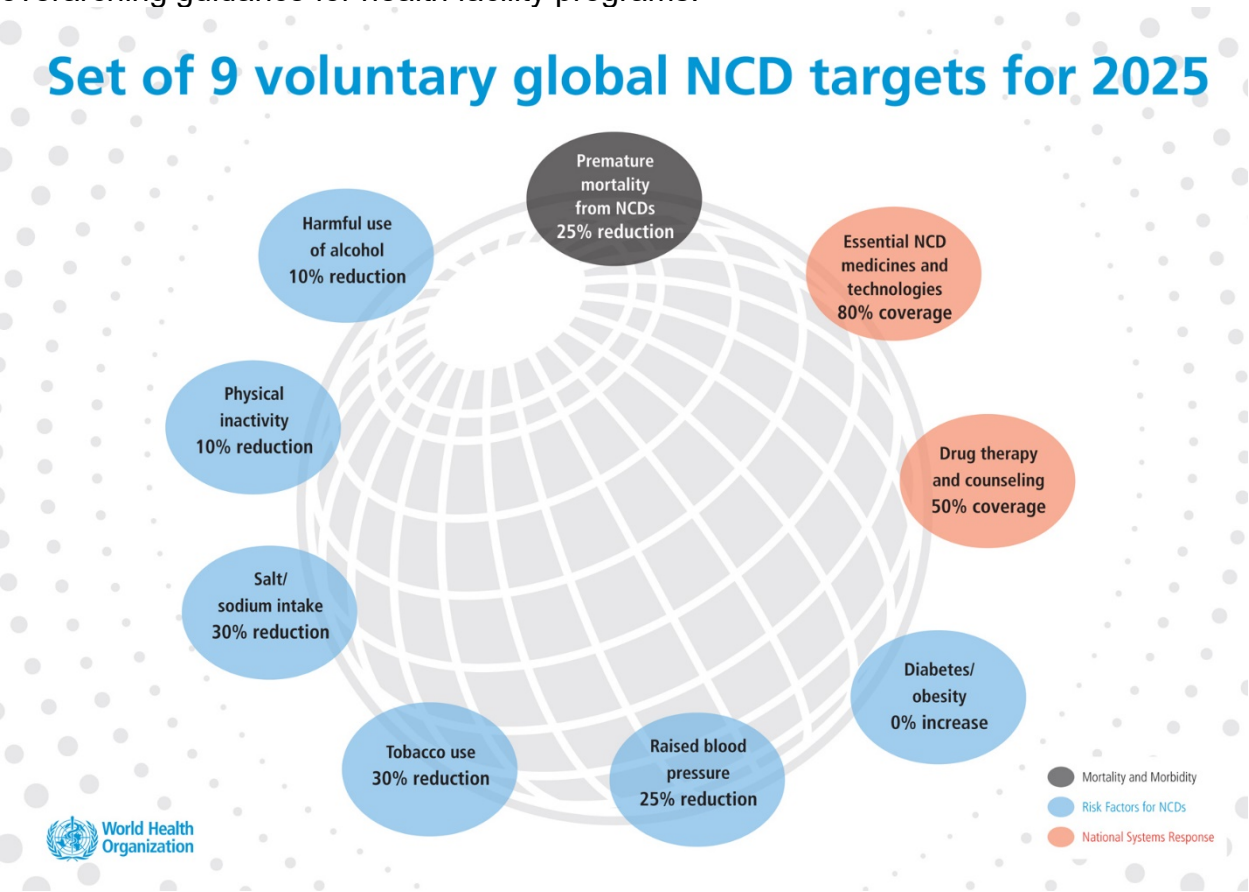
Process evaluation involves the collection of information to describe what a program includes and how it functions over time. Process evaluation is most effected when implemented together with outcome evaluation. Process evaluation allows for an analysis of what actually occurred during program implementation resulting in certain outcomes.

For the integrated NCD chronic care program, it will be important to review results of process evaluation with information collected from the patient monitoring reports and discuss together with the quality improvement team during the quarterly meetings.

The purpose of process evaluation includes:
-program monitoring
-program improvement
-building effective program models
-program accountability

[1] Walimu-IMAI Alliance. NCD Quality Improvement Module for Health Facility Staff. Draft. December 2016
[2] CDC. Introduction to process evaluation in tobacco use prevention and control. February 2008. Available at https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/process_evaluation/index.htm

Targets for program improvement can be developed based on these evaluations. Review the WHO voluntary global NCD targets for 2025.[3] This can help provide an overarching guidance for health facility programs.



Step 2: Identify QI champion at each facility

A champion who can spearhead quality improvement at your facility is an essential first step. Studies have shown that facilities with quality champions tend to perform better.[4]

The quality improvement champion should be hard-working, reliable, well-respected among the staff, and enthusiastic about improving quality. In order to be successful, the quality champion needs real power within the health facility. Consider giving them a public mandate with the staff. Staff engagement is critical to the success of the quality improvement system. Quality improvement often means more work or changes in work, particularly at the beginning of system implementation. In the long-run, quality

[3] Available at https://www.who.int/nmh/global_monitoring_framework/gmf1_large.jpg?ua=1

[4] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3401398/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3535479/

improvement can reduce staff workload and improve the working environment, but often that means increased work in the short-term. Early in the process, convene a meeting with the staff to explain the quality improvement system and why it is crucial. Provide a regular, monthly forum for staff to provide feedback, and actually incorporate that feedback into quality improvement activities. If staff have a voice in how the system is run, they are much more likely to support it.

Build the right team around the champion
The champion cannot act alone, but also be cautious of the dangers of a committee. Too many voices can lead to confusion and delay and too much distributed responsibility can lead to apathy and little accomplished.

A good strategy for building a quality improvement team is to ensure that each member has a specific, well-defined function within the team. Some members could have responsibility over a particular physical area of the facility, some could be in charge of problem identification and feedback from staff, others in charge of implementing changes, and others in charge of tracking data.

Step 3: QI champion uses NCD evaluation tool to review the facility program
Ideally, there is a QI champion at each facility to review chronic NCD case management at the facilities. If one is not available, a program may choose to identify a local clinician to support several facilities. The facility evaluations should be done monthly and quarterly. The monthly facility assessments are to track NCD commodities at the sites to ensure that essential medicines and supplies are available for quality patient care, and if not, to work with the district and national teams to come up with solutions to ensure availability. A clinician evaluator is not needed for the monthly assessments. The quarterly facility evaluation tool is to delve into NCD chronic care case management and patient monitoring. The tool will provide information on clinical care of patients at the facility based on patient medical charts, review of patient monitoring at the facility based on the longitudinal patient monitoring system, and discussion with staff/patients in order to inform steps to work with the health facility team to identify barriers/problems to quality patient care/monitoring and lead to action plans to improve overall care of the patients that come to the health facility.

Integrated NCD Chronic Care Health Facility NCD Commodities Tracking Assessment-Monthly [5,6]

Evaluator/Title:_____

Health Facility/Address_____

Name of Health Facility In Charge_____
Name of pharmacy staff (write in role if different)_____

Date of Evaluation_____

Indicators	Results	Notes
INPUTS Directions- Interview pharmacy or health worker in charge of provision of medicines and supplies on site.		
Essential supplies		
1. # functioning BP monitors for use in screening in OPD/triage?		
2. # functioning BP monitors for use in NCD chronic care		
3. # functioning height boards for use in OPD/triage		
4. # functioning height boards for use in NCD chronic care		
5. # functioning weighing scales for use in OPD/triage		
6. # functioning weighing scales for use in NCD chronic care		
7. # functioning glucometers for use in OPD/triage		
8. # functioning glucometers for use in NCD chronic care		
9. Has there been an adequate supply of glucose strips in the last month? If not, note the #boxes ordered.	☐Yes ☐No	

[5] Walimu-IMAI Alliance. NCD Quality Improvement Module for Health Facility Staff. Draft. 2017
[6] Adapted from WHO HEARTS technical package for cardiovascular disease management in primary health care: Systems for monitoring. 2018. Available at: https://www.who.int/cardiovascular_diseases/hearts/en/

10. Has there been an adequate supply of urine protein/ketone strips in the last month? If not, note the #boxes ordered.	□Yes □No	
11. # functioning pulse oximeters for use in OPD/triage		
12. # functioning pulse oximeters for use in NCD chronic care		
13. # days of stock outs in the last 30 days for thiazide or thiazide-like diuretic e.g. bendroflumethiazide or hydrochlorthiazide		
14. # days of stock outs in the last 30 days for calcium channel blocker e.g. amlodipine or nifedipine		
15. # days of stock outs in the last 30 days for angiotensin converting enzyme inhibitors e.g. enalapril, captopril, or ramipril		
16. # days of stock outs in the last 30 days for angiotensin receptor blocker (ARB) e.g. losartan, telmisartan		
17. # days of stock outs in the last 30 days for statins e.g. atorvastatin or simvastatin		
18. # days of stock outs in the last 30 days for aspirin		
19. # days of stock outs in the last 30 days for insulin		
20. # days of stock outs in the last 30 days for aspirin		
21. # days of stock outs in the last 30 days for sulfonylurea e.g. glimepiride or gliclazide		
22. # days of stock outs in the last 30 days for metformin		
23. # days of stock outs in the last 30 days for salbutamol inhaler		
24. # days of stock outs in the last 30 days for beclomethasone inhaler		

Integrated NCD Chronic Care Health Facility Quarterly Evaluation Tool[7],[8]

Evaluator/Title:_____

Health Facility/Address_____

Name of Health Facility In Charge_____
Name of MO/CO/NO in charge of NCD chronic care (if different)_____

Date_____**Circle Evaluation Quarter Q1 Q2 Q3 Q4**

Indicators	Results	Notes
INPUTS		
1. Is there a QI champion at the facility (If yes, write who in "notes")?		
2. Number of staff providing chronic NCD care in the facility?		
3. Number of staff trained in integrated NCD chronic care?		
4. Adequate number of staff on site for program?	☐Yes ☐No	
5. Is there a staff assigned for patient counselling?	☐Yes ☐No	
6. Is there at least one functioning BP instrument in the facility today?	☐Yes ☐No	
7. Is there a functioning glucometer and adequate number of glucose test strips today? If not, was lab referral able to be made?-Write in "notes."	☐Yes ☐No	
8. Adequate number of other essential medical equipment today e.g. scale, height board? Write missing items in "notes."	☐Yes ☐No	
9. Number of "stock outs" of core NCD medicines in the past quarter. Write in "Notes" missing medicines.		
10. Are patient counselling tools/materials available?	☐Yes ☐No	

[7] Walimu-IMAI Alliance. NCD Quality Improvement Module for Health Facility Staff. Draft. 2017
[8] Adapted from WHO HEARTS technical package for cardiovascular disease management in primary health care: Systems for monitoring. 2018. Available at: https://www.who.int/cardiovascular_diseases/hearts/en/

11. Are there sufficient patient cards/registers for next three months?	□Yes □No	
12. Is the patient register available?	□Yes □No	
13. Is there a place to arrange/store patient cards and registers?	□Yes □No	
14. Are the cards organized by serial number or other system so easily retrievable?	□Yes □No	
15. Is there a system for counselling patients individually or as a group?	□Yes □No	
16. Is there a system for tracking initial defaulters?	□Yes □No	
17. Is there a functional system for patient reminder and follow-up?	□Yes □No	
ACTIVITIES		
Is opportunistic BP screening done for all adults?	□Yes □No	
Observe delivery of care for 5 patients and validate-Circle number of positive responses		
18. Was BP measured at every visit?	0 1 2 3 4 5	
19. For how many patients was BP measured correctly?	0 1 2 3 4 5	
20. If diabetic, was blood glucose tested or patient referred to laboratory for testing?	0 1 2 3 4 5	
21. Did the patient receive all prescribed medicines at this visit?	0 1 2 3 4 5	
22. Did the patient ever have to pay for medicines in the past?	0 1 2 3 4 5	
23. Did the patient ever have to pay for laboratory testing in the past?	0 1 2 3 4 5	
24. Does the patient have correct understanding of how to take medicines?	0 1 2 3 4 5	
25. Does the patient know his/her BP reading at this visit?	0 1 2 3 4 5	
26. Does the patient know the target BP?	0 1 2 3 4 5	
Review a random sample of 10 patient cards		
27. % of patient cards that are completed on new visits (A=Number of completed cards; B=Total of new patient visits in past quarter in sample; %patients with completed new patient cards= A/B X100		
28. % of patient cards that are updated/completed on follow-up visits (A=Number of completed cards; B=Total of follow-up visits in past quarter in sample; %patients with completed patient cards= A/B X100		
29. Tobacco use recorded in last three visits? Write in percentage of patient cards “yes.”	□Yes □No	
30. Alcohol use recorded in last three visits?	□Yes □No	

Write in percentage of patient cards “yes.”		
31. BP recorded at every visit for last three visits? Write in percentage of patient cards “yes.”	□Yes □No	
32. BMI calculated and recorded in last visit? Write in percentage of patient cards “yes.”	□Yes □No	
33. Physical activity recorded in last three visits? Write in percentage of patient cards “yes.”	□Yes □No	
34. For diabetics, blood glucose readings recorded on patient card for every visit for the last three visits? Write in percentage of patient cards “yes.”	□Yes □No	
35. Treatment plan recorded in last three visits? Write in percentage of patient cards “yes.”	□Yes □No	
Other Activities		
36. % of patient registers that are completed on new visits (A=Number of completed registers; B=Total of new visits in past quarter in sample; %patients with completed new patient registers= A/B X100		
37. % of patient registers that are updated/completed on 6 month visits (A=Number of completed registers; B=Total of 6 month visits in past quarter in sample; %patients with completed patient registers= A/B X100		
OUTPUTS		
38. Number of monthly clinical team meetings in this quarter		
39. Number of persons screened in the health facility in this past quarter		
40. Health facility patient reports completed on time?	□Yes □No	
41. Health facility reports reviewed?	□Yes □No	
42. Evaluation summary with initial problems identified and recommendations for targets	□Yes □No	

Evaluation Visit Summary

Problems identified	Recommendations for targets

Step 4: QI champion meet quarterly with health team to review program.

Problems identified	Targets developed based on review of health facility patient reports and program evaluation

Step 5: Share at twice yearly best practice meeting

Targets identified in quarterly meetings	Recommendations for program improvement- what worked and what did not work