

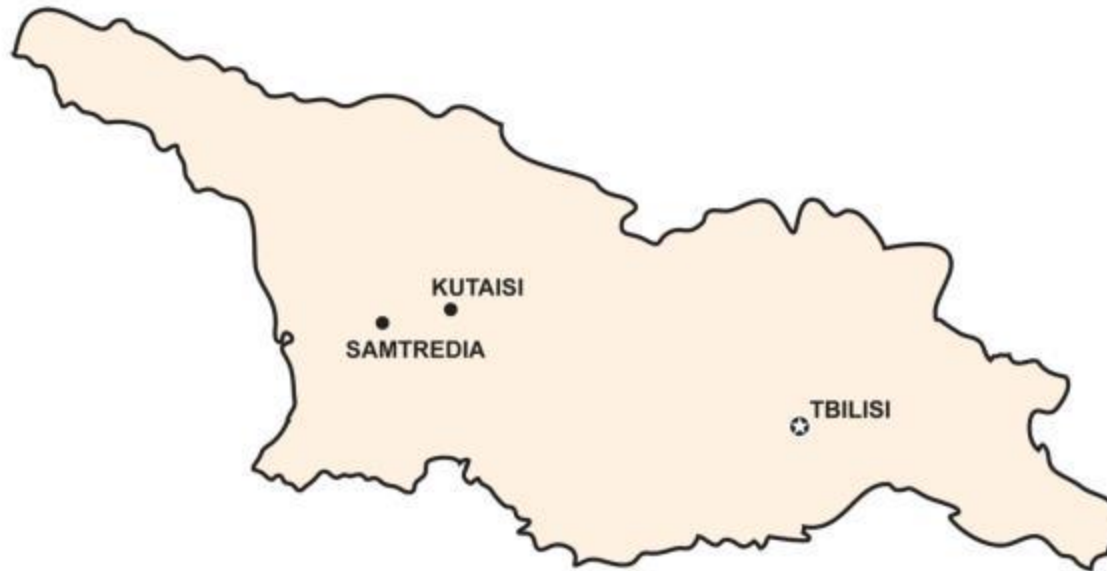


**USAID**  
FROM THE AMERICAN PEOPLE

HEALTH CARE  
IMPROVEMENT  
PROJECT

# Georgia

Tamar Chitashvili



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

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- **Improve quality, consistency and continuity of medical care in Imereti 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 poly-clinics, 4 hospitals
- **Improve access and use of evidence based medical information by Georgian physicians and enhanced availability of modern evidence based treatments**
  - Improve access to and use of evidence-based medical information by Georgian physicians
  - Increase availability of modern evidence-based treatments

# Key results

- Official launch of the project 10.02.2012
- Collaboration with US Georgian medical Diaspora representatives to review project deliverables and participate in project activities
- As member of national hospital accreditation working group (USAID implementing partners, MoLHSA and Georgian Hospital Association), developed essential elements and their measurement criteria for hospital management of Acute Coronary Syndrome, Asthma/COPD, pediatric pneumonia
- Proposed Standards discussed with and approved by Technical Advisory Group of national experts and US Georgian medical Diaspora



Meeting with the First Lady of Georgia



Speakers at Official launch of the project

# Key results: snapshot assessment in CI hospitals

## Organization of Service Delivery

- Among outpatient departments of 4 hospitals 2 open outpatient charts at every visit
- No exchange of documentation between Emergency Medical Service (EMS) and facility in 1 out of four facilities
- None of facilities have standard triage procedure (including protocol, job descriptions for designated staff); All vital signs (blood pressure, heart rate, respiratory rate, temp.) measured in 1 out of 9 Acute Coronary Syndrome chart.
- Discharge planning and communication between different levels of care not established

## Acute Coronary Syndrome management

- Lack of use of high impact evidence based interventions: aspirin given in 33% (any time in hospital), troponins measured in 33%, beta-blockers in 22%, pulsoxymetry measured 33%, oxygen given in 14%
- Average length of stay for MI 2-4 days

## Asthma/COPD management

- Despite having nebulizers nebulized bronchodilator treatment not recorded in the charts or reported by providers
- Spirometer available in only one facility, but it does not admit Asthma/COPD patients and refers to another facility
- Non-evidence based treatment: euphillin (0.9% NaCl infusion with panangin) was recorded in 100% of charts with Asthma/COPD
- No facility uses modern asthma classification (severity assessment and control status) essential for determining treatment strategy

## Pediatric pneumonia management

- On average 10 medications given — 80-90% non-evidence based: intravenous (!) vitamins B1, B6, C, euphillin, cough medication in children under 2.
- In 33% of chart 3-4 antibiotics (broad spectrum : III generation cephalosporins, aminoglycosids, antiprotosoal)
- Average length of stay 7-10 days

# Key Results: The First Regional Learning Session

**Participated: 60 stakeholders:** managers, doctors, nurses from CI facilities, managers and quality team members of medical corporations, members of professional association, clinical and quality improvement experts from URC headquarters and regional office.

**Given: 10 presentations:** 4 on modern quality improvement concepts, methods and practical approaches; 3 on evidence based management of priority clinical conditions; 3 project objectives, activities, background and next steps

**Discussed: 4 case studies with 3 phases** key quality gaps, proposed changes and their measurement in 6 groups

**Distributed:** 4 job-aids, standard site-level documentation, intervention packages and draft indicators in 3 project priority clinical areas.



# Program status and next steps:

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- Intervention package defined and input/process/outcome indicators being finalized for Acute Coronary Syndrome, Asthma/COPD, CVD risk-factor prevention, pediatric pneumonia.
- Protocol for operational research of cost effectiveness study and baseline assessment and set of tools are in process of development;
- Support establishment of facility QI teams;
- Conduct integrated clinical, QI and other needs based training and coaching of providers at CI facilities
- Developed Project Facebook page, concept and scope of work for project webpage being finalized