

Botswana Ministry of Health

IMCI (Incorporating ETAT) Programme-Specific Standards

SE 1

Introduction and Background to the Botswana National Health Quality IMCI Programme Standards

The new Botswana National Health Quality Programme Standards are the latest in a series of standards that have been implemented to improve the health outcomes and overall standards of healthcare delivery in the country. The Programme Standards are supplementary to the existing Hospital and Clinic standards as well as the “Essential Health Service package” (EHSP).

The **Botswana Standards for Quality and Safety in the Delivery of Healthcare** and the evaluation of organisational performance based on these standards have already been introduced in Botswana and healthcare organisations use these standards to guide how they administer care and continuously improve performance. Over and above the Botswana standards it is also possible for a healthcare organisation to be externally accredited. **Accreditation** can be earned by an entire healthcare facility, for example, hospitals, clinics, hospices and private practices.

The new Botswana Programme standards are part of a Certification process which is not awarded to a specific facility, but to a **Health District** for programmes or services that may be rendered across the 5 levels of care defined within the Health District and/or associated with a private healthcare organisation. These programmes will be assessed within all the healthcare facilities as well as across the continuum of care in the community.

Both accreditation and certification require an evaluation against accredited standards. The evaluation covers compliance with the standards and other requirements and verifies improvement activities. After earning accreditation or certification, healthcare organisations and/or programmes receive a certificate.

Organisations that participate in a certification or accreditation programme will have to work continually to provide the highest quality services. They will be periodically evaluated by the Health Inspectorate and/or internationally recognised accreditation bodies for compliance with the standards and other requirements and are provided with advice and education from experts about quality improvement. Because they provide more opportunities for developing skills and knowledge, these organisations should be able to attract qualified staff.

The new **Service-Specific Care Certification Programme Standards** in Botswana will be launched in 2016 and are designed to improve and evaluate care coordination and service quality for clinical programmes across the continuum of care.

Successful implementation of the programmes will depend on implementation of three main, interlinking factors: leadership and management, resources and end-user related factors.

Poorly coordinated care puts patients at risk for preventable events such as medication errors, lack of necessary follow-up care and diagnostic delays and errors. These errors and delays, as well as care gaps, can lead to repeat testing and procedures, a dissatisfying care experience and preventable patient harm, including unnecessary hospital readmissions and mortality.

Healthcare personnel in all healthcare settings have to recognise their shared responsibility to facilitate seamless patient transitions along the continuum of care.

In addition to clinical care requirements, the Botswana programme-specific certification standards focus on the important need for ensuring that both healthcare providers as well as support service providers at all levels of care work together as a team and communicate with each other about the patients' care.

Standards include the care coordination issues that affect patients throughout the continuum of care and include such issues as medication reconciliation, discharge planning, care transitions, patient engagement and education, environmental and equipment issues, data, supervision and support, staff qualifications, policies and procedures and communication.

The standards have been developed with input from healthcare professionals, providers, subject matter experts, Botswana Ministry of Health agency representatives and employers. Standards relate to current scientific literature and expert consensus from organisations such as the WHO, CDC, USAID and are aligned with country specific laws and regulations as well as the latest existing national healthcare policies and guidelines. Standards will assist with identifying gaps in the system at all levels, including required additional human resources and policies and guidelines to be implemented. Compliance with the standards should demonstrate and achieve a positive impact on patient safety and health outcomes and will enable the implementation of an accurate measurement and evaluation system.

To address this, the standards have been developed to include three main Service Elements (SEs):

SE 1: Strategic Programme Governance, Management and Leadership

SE 2: Operational Programme Governance, Management and Leadership (District Health Management Teams and National and District Programme Coordinators)

SE 3: Programme Service Management and Delivery (Healthcare Facility level)

Organisations may seek certification initially for IMCI and EmONC programme services, with many others to follow in time.

Overview of the ETAT (Emergency Triage Assessment and Treatment) and IMCI (Integrated Management of Childhood Illness) Programmes:

WHO/UNICEF have developed **ETAT** guidelines as part of an effort to improve paediatric referrals within the **IMCI** programme. This is based on evidence that there are significant deficiencies in paediatric Triage and Emergency Care. **ETAT** guidelines are an amended version of existing emergency guidelines which were modified by taking into consideration resource limitations and significant differences in the epidemiology of severe paediatric illness and preventable deaths in developing countries with raised infant and child mortality rates.

ETAT Principles:

It is important to address emergency management of the following:

- Diarrhoea with severe dehydration
- Severe malaria
- Severe malnutrition
- Severe bacterial pneumonia
- Meningitis
- Special attention to sick young infants age less than 2 months (for example neonatal sepsis)

Some common problems at referral level have been:

- Poor triage practices
- Inadequate knowledge and skills on assessment and treatment interventions
- Non conformity with standard guidelines
- Poor documentation of signs
- Poor monitoring of patients

Through ETAT, care can be improved and mortality reduced.

The WHO/UNICEF guidelines for **IMCI** offer simple and effective methods to prevent and manage the leading causes of serious illness and mortality in young children. The clinical guidelines promote evidence-based assessment and treatment, using a syndromic approach that supports the rational, effective and affordable use of drugs.

The guidelines include methods for checking a child's immunization and nutrition status, teaching parents how to give treatments at home, assessing a child's feeding and counselling to solve feeding problems and advising parents about when to return to a health facility. The approach is designed for use in outpatient clinical settings with limited diagnostic tools, limited medications and limited opportunities to practice complicated clinical procedures.

Assessment, classification and treatment of illness are divided into two distinct categories:

- The Sick Young Infant Age Birth Up to 2 Months
- The Sick Child Age 2 Months Up to 5 Years

SE 1: Strategic Programme Governance, Management and Leadership

Overview

Providing excellent patient care requires effective management and leadership at all levels in a country's healthcare service. Those who provide governance, management and/or leadership have authority and are collectively and individually responsible for meeting the responsibility of the patient population served.

The standards of SE1 are focused on the programme-specific strategic functions of the Ministry of Health through National Programme Coordinators and the required communication with the District Health Management Teams (DHMT), referral and private hospital boards and CEOs.

At the governance level, the Ministry of Health (MOH) is ultimately responsible for strategic planning and is accountable for providing quality healthcare services to their catchment population.

The Ministry of Health (MOH), through the Health Inspectorate division, promotes and drives programmes aimed at improving the quality and safety of healthcare in Botswana through inspections and regulatory mechanisms to ensure conformity by healthcare facilities, institutions and personnel.

Extensive international research has demonstrated that the problem of insufficient implementation of health interventions could generally be attributed to three main interlinking factors i.e. leadership and management, resources and end-user related factors. The leadership and management related factors identified included insufficient commitment of politicians and other key actors which led to insufficient funding of health systems; underutilisation of available resources; lack of enabling policies for healthcare; poor management; misplacement of priorities and lack of credibility, loyalty to the assignments, innovativeness and leadership skills.

Ministerial responsibilities through a team of identified individuals (National and District Programme Coordinators) relevant to a specific health programme (for example IMCI, TB prevention and cure, EmONC) include:

- Providing strategic direction for health delivery services
- Formulating and providing programme-specific health policy, standards and direction for all stakeholders in a health programme
- Mobilisation and allocation of resources to all providers in a health programme's delivery services
- Providing relevant and adequate information for co-ordination and management of health services within a programme
- Providing a regulatory framework for all providers of health services within a programme
- Coordination of activities of the agencies, providers and partners in the health sector
- Monitoring and evaluation of the programme-specific health service delivery by the public health facilities, teaching hospitals, other agencies, development partners and the private sector
- Providing a framework for the development and management of the human resources required for implementing health programmes
- Providing a framework for the effective and efficient procurement, distribution, management, maintenance and use of health sector supplies, works and services

Standards

Level I - MOH

1.1 Governance of the programme (Ministry Level)

Overview

This Performance Indicator addresses the standards that are applicable to the most senior level of health management in the Ministry.

The governance structure (MOH) is responsible for directing the operation of the programmes and accountable for providing quality services to its catchment population. The programme leadership roles must be defined, the members of the programme leadership teams identified and the responsibilities

and accountabilities of this entity should be described in a document that shows how these duties are to be carried out. The responsibilities and accountabilities at the different levels of the governance structure should be known to those responsible for a specific programme's management within the country's healthcare facilities (MOH, National Programme Coordinator, District Health Management Team Head, District Programme Coordinator, Private sector boards/CEOs, Facility Manager, Programme Focal Person).

It is important that the programme has clear leadership, operates efficiently and ensures that quality healthcare services are provided. The lines of communication to achieve this should be presented in an organisational chart or other document. The identification of individuals in a single organisational chart does not in itself ensure good communication and cooperation between those who govern and those who manage the programme and healthcare facilities. This is particularly true when the governance structure is separate from the healthcare facility such as a distant owner in the private sector or national or district health authority. The process for communication and cooperation with the governance structure should therefore be made known to the healthcare facility managers and Focal Persons and used by them.

Responsibilities of the governance structure (MOH) lie primarily in approving plans and documents submitted by the coordinators of the health programmes within the ministry. Those elements of management requiring approval by the governance structure should be documented. The relationship of the programmes' management with the various governance structures and the district management teams, referral hospitals as well as private healthcare facilities' management should be described in written documents.

1.1.1 Governance responsibilities and accountabilities are described in legislation, policies and procedures or similar documents that show how these duties are to be carried out.

1.1.1 Criteria

1.1.1.1 The health programme governance structure (MOH level) is described in written documents and is known to the personnel of the district health management teams and healthcare facilities.

Guideline Statement:

This governance structure refers to the authority(ies) above the level of the healthcare facility managers and includes National and District Programme Coordinators in the public sector or corporate structures in the private sector including structures such as head office, district office, programme-specific committees and any other structures that may exist.

Documented evidence is required of a process through which the personnel of the healthcare facility are informed of the responsibilities of the programme's governance structure, for example during orientation and induction programmes, personnel meetings, information leaflets, memos, etc.

A mere organogram does not render this criterion compliant unless there is a concise description/listing of the key functions of the relevant structures as reflected in this criterion.

Also take note that some of this information may be contained in Acts, Regulations or Directives. In the private sector this information may also be published as a corporate document or on the organisation's website.

1.1.1.2 There is an organisational chart or document that describes the lines of authority and accountability between the national programme governance structure and the districts' health management teams.

Guideline Statement:

This criterion requires an organisational chart of both the governance structure and the programme itself. These documents should also illustrate the relationship between the National and District Programme Coordinators and the next level of governance above him/her.

The phrase “lines of authority and accountability” requires more than merely a list of available posts or services rendered; it should be formulated in such a manner that it indicates to each member of staff who his/her direct supervisor is as well as his/her span of responsibility. The names of individuals do not need to be shown. As with any other official document, the organogram should be duly authorised (dated and signed).

The titles/post designations of those responsible for governing will automatically be displayed on the organogram provided it is drawn up correctly. This information can also form part of the documentation referred to in 1.1.1.1. Detail about healthcare Programme Coordinators may also be offered in other documents such as position descriptions, delegations, performance agreements, etc.

1.1.1.3 Those responsible for governance (MOH level) approve and make public the programme’s mission statement.

Guideline Statement:

This section (1.1.1.3 to 1.1.1.11) requires documented evidence of the involvement of the governance structure in the stated activities.

There should be a standardised way in which all the different programmes carry out these functions. Therefore, the official documents in 1.1.1.1, 1.1.1.2 and 1.1.1.4 should guide the assessment of systems and processes in relation to the manner in which these responsibilities are carried out. The public display of the mission statement, for example on the health department’s website or printed information leaflets, will ensure that it is known to personnel and patients alike.

1.1.1.4 Those responsible for governance set the goals for improving the health of all people living in the country through specific programme objectives.

Guideline Statement:

Evidence of this may include the National Strategic Plan and related M&E (Monitoring and Evaluation) Framework as well as the programme’s mission and scope of service.

1.1.1.5 Those responsible for governance (MOH level) ensure approval of strategic policies and strategic plans to operate a healthcare programme.

Guideline Statement:

Those responsible for governance are responsible to formulate the legislation, regulation and standards applicable to the programmes’ services offered by healthcare facilities. Evidence of this may include policies and plans or minutes of meetings where these documents are approved.

1.1.1.6 Those responsible for governance (MOH level) approve the budget and allocate resources required to meet the programmes’ mission.

Guideline Statement:

An approved budget should be available in the management documentation. There should be evidence of the allocation of resources in accordance with the approved budget. The requirements and inputs from all levels of the programme, including facility level, are considered when the budget is drafted.

1.1.1.7 Those responsible for governance (MOH level) appoint the national programmes’ senior coordinator(s).

Guideline Statement:

The appointment letter or equivalent for the senior coordinator will provide the evidence for this requirement.

1.1.1.8 Those responsible for national programme governance receive and act upon reports (measurement and evaluation data) of the programme, at least quarterly.

Guideline Statement:

This refers to the quality performance requirements included in the strategic plan.

- 1.1.1.9 Those responsible for national programme governance receive and act upon reports on the programmes' risk management data at least quarterly.**

Guideline Statement:

This refers to the risk management requirements included in the National and Programme strategic plan and should consider the following risks as a minimum:

- Stakeholder risk
- Reputational risk
- Compliance risk in relation to legislation
- Ethics risk
- Sustainability issues
- Activities with regard to corporate social investment
- Human and financial capital to sustain its activities

- 1.1.1.10 Those responsible for national programme governance evaluate the performance of the programmes' senior coordinators at least annually.**

Guideline Statement:

Documented evidence of this process should be made available to confirm compliance.

- 1.1.1.11 Communication and cooperation between the national programme's governance structure, health district programme management, referral and private hospital boards/management and the catchment population is established.**

Guideline Statement:

Evidence of this communication and cooperation will include minutes of meetings with Health District Programme Coordinators, referral hospital management teams, private sector representatives or evidence of other communication such as letters received and considered at meetings and information brochures printed for the general public.

- 1.1.1.12 The effectiveness and performance of the national programme governance structure is evaluated at least annually.**

Guideline Statement:

This should be achieved through the programme's M&E framework. The indicators for evaluation of the performance of the programme's governance structure should be included in the documentation in 1.1.1.4. Documented evidence of such evaluations should be made available.

Level II – National IMCI Programme Coordination

- 1.2 Management of the health programme (National Programme Coordinator level)**

- 1.2.1 A Programme Coordinator is responsible for operating the national programme within applicable laws and regulations.**

Overview and Standard Intent

This Performance Indicator addresses the standards that are applicable to the *National Programme Coordinator's* management structure.

A National Programme Coordinator is appointed by the governance structure (MOH) to be responsible for the overall national strategic operation of the programme. These responsibilities should be documented and known to the personnel of the programme at all levels. The individual appointed to carry out these functions should have the education and experience to do so.

The National Programme Coordinator is assigned the responsibility of ensuring that the policies approved at governance level are implemented in the health districts as well as public and private healthcare facilities that render programme-specific services.

In addition, this level of leadership is responsible for ensuring that systems of administration and organisation are in place to support the provision of excellent patient care within the individual health districts. This includes the appointment of designated Health District Programme Coordinators for the priority programmes, data support teams and availability of clinical support systems in each district.

The criteria for this standard are scored according to the survey findings throughout the health districts. The volume and severity of identified deficiencies in related service elements will determine whether the criteria are penalised and to what extent.

1.2.1 Criteria

1.2.1.1 The National Programme Coordinator for the programme has the education and experience to match the requirements in the position description.

Guideline Statement:

Compliance is to be assessed against the requirements set out in the position description. Evidence could be found in a copy of the advertisement, interviewing notes or the corporate guideline on the filling of this position.

1.2.1.2 The National Programme Coordinator manages the strategic operation of the programme, including those responsibilities described in the position description.

Guideline Statement:

This criterion is assessed based on the evidence of effective programme management found throughout the districts during the survey. This criterion is automatically scored PC in situations where the position has been filled temporarily (acting capacity) for longer than six months.

1.2.1.3 The National Programme Coordinator coordinates the development and distribution of policies for programme management and implementation functions.

Guideline Statement:

Policies and procedures are formulated at different levels of authority, for example national acts and regulations, national health and labour departmental policies, programme-specific policies and hospital policies.

In general, the policies or procedures should identify:

- *Quality assurance considerations for relevant support services (laboratory, radiology, CSSD, equipment maintenance, supply chain management)*
- *Occupational Health and Safety (for example radiation protection and safety, post exposure prophylaxis)*
- *Medication management and safety*
- *Hotel services standards*
- *Infection prevention and control policies*

Policies relevant to the individual clinical programme in general should identify:

- *Special consent considerations*
- *Programme-specific monitoring and evaluation requirements*
- *Programme-specific pain management and assessment*
- *Special qualifications or skills of personnel involved in the care process*
- *Availability and use of resuscitation equipment and medication*
- *How planning for programme operations will occur (staff planning, service continuity)*
- *The documentation required, for example professional clinical guidelines and legislation, order forms, communication forms, etc. for the care team to work effectively*
- *Programme-specific admission, transfer, discharge requirements*

This criterion is assessed on all the policies required for implementing and achieving the programme goals and includes corporate, national and district matters. This criterion is not scored down for deficiencies that derive from the level of individual departments. However, the final rating of this criterion should be in line with the overall level of availability of the policies and procedures at district and facility levels.

Policies unique to a specific programme, for example training requirements are further detailed in SE 2 and 3.

1.2.1.4 The National Programme Coordinator monitors compliance with applicable laws, regulations and programme-specific policies.

Guideline Statement:

This criterion will be scored in line with the evidence of implementation and compliance as per the data reported within the M&E framework.

1.2.1.5 The National Programme Coordinator oversees, coordinates and performs programme inspections within districts and healthcare facilities.

Critical Criterion:

Guideline Statement:

This requires documented evidence for whatever inspections may have been conducted and depends on programme-specific requirements.

1.2.2 The National Programme Coordinator implements processes to manage and control the programme.

Overview and Standard intent

The role of the National Programme Coordinator is to provide administrative leadership and clinical guidance for the programme's service coordination and improvement initiatives. He/she coordinates mobilisation of the many stakeholders who contribute to the efforts and provides the necessary resources and staff to support the initiatives.

Referral and private hospitals are not part of the District Health Management Teams' responsibilities with regard to resources and staff, but must be included in the communication strategy and should be held accountable for clinical protocol implementation, audit and submission of relevant data.

He/ she should consider the business case for care coordination initiatives (i.e., quantify the cost savings from specific risk mitigation strategies).

The criteria for this standard are scored according to the survey findings throughout the national health districts. The volume and severity of identified deficiencies in related district and facility level service elements will determine whether the criteria are penalised and to what extent.

1.2.2 Criteria

1.2.2.1 The National Programme Coordinator guides the District Health Management Teams in meeting the programme's mission, goals, and objectives.

Guideline Statement:

Evidence can be in the form of reports and/or minutes of meetings between the National Programme Coordinator, Health District Programme Coordinators and referral and private hospital representatives.

1.2.2.2 The National Programme Coordinator determines the programme related care, treatment, and services it provides at different levels of care.

Guideline Statement:

There has to be a generic plan that describes the type of programme-specific services that are provided/available at each level of care from health post through to referral and private hospital level.

- 1.2.2.3 The National Programme Coordinator implements processes to manage and control human, financial and other resources required to deliver programme-specific services.**

Guideline Statement:

This is assessed against the District Health Management policy framework and evidence of implementation thereof. The criterion score is derived from the final assessment of criteria dealing with adequate supply and effective management of resources required for programme service delivery (medication, consumables, support services, etc.).

- 1.2.2.4 The National Programme Coordinator ensures that the required physical facilities, installations and equipment are available to provide the specified programme services.**

Guideline Statement:

Please note that the term equipment refers to all non-medical as well as medical equipment.

- 1.2.2.5 There is a documented procedure to guide the delegation of authorities within the programme.**

Guideline Statement:

The procedure should state the minimum experience and/or training requirements to perform the delegated task, for example the function of the programme Focal Persons.

- 1.2.2.6 The National Programme Coordinator ensures the implementation of risk management processes and activities.**

Critical Criterion:

Guideline Statement:

This will be assessed based on the level of implementation and effectiveness of the risk management processes, i.e. analysis of programme-specific M&E framework data collected with appropriate actions to rectify identified deficiencies throughout the healthcare districts.

- 1.2.2.7 The National Programme Coordinator ensures implementation of processes for programme-specific quality management and improvement.**

Guideline Statement:

This will be assessed based on the level of implementation and effectiveness of the quality management activities i.e. analysis of data collected with appropriate actions to rectify identified deficiencies in all districts health services.

- 1.2.2.8 The National Programme Coordinator implements processes to monitor the quality of programme-specific clinical services.**

Guideline Statement:

This criterion's score should be derived from documented actions taken to address findings from aggregated scores obtained from collated and analysed M&E data as well as clinical audit reports from all health districts and healthcare facilities.