

KWPF 10th Anniversary Conference

Toward a
New Decade
of Inspiration

KWPF: Partnership for Excellence

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The Government of Saint Vincent and the Grenadines
**Ministry of Health, Wellness
and the Environment**



Capacity to Manage NCDs



Rate of NCD'S in SVG Alarming

- **Critical public health sector assessment**
 - ✓ Facility assessment
 - ✓ Practice assessment
 - ✓ System outcome
- September 2022

Provision of key recommendations

Some for immediate action

| # | Recommendation | Effort | Impact | Timeline |
|----|---|--------|--------|-----------|
| 1a | Officially approve clinical practice guidelines for HTN, DM and disseminate widely | + | +++ | 3 months |
| 1b | Introduce decision support tools (algorithms, protocols, pathways, treatment guides, ++ standard order sets | | ++++ | 1 year |
| 2a | Introduce flowsheets for documentation | + | +++++ | 6 months |
| 2b | Establish quality indicator list | + | +++ | 6 months |
| 2c | Establish either a temporary electronic registry or a manual audit process, and provide feedback to providers | +++ | +++++ | 1 year |
| 2d | Implement full electronic medical record | +++++ | +++ | 3 years |
| 3a | Implement patient recall process | ++ | ++++ | 1 year |
| 3b | Implement protocol for intensive management of high-risk patients | +++ | ++++ | 2 years |
| 3c | Introduce local venipuncture service and/or point-of-care testing | ++ | ++ | 1 year |
| 3d | Introduce mobile retinal screening | ++ | ++ | 1 year |
| 3e | Telehealth remote monitoring program | +++ | +++ | 2-3 years |
| 3f | Promote appointment scheduling system | +++ | +++ | 1-2 years |
| 4a | Expand patient self-management support program | +++ | +++ | 1-2 years |
| 5b | Develop continuing education program | ++++ | ++++ | 1-3 years |
| 5a | Create quality improvement training program; creation of quality officers | ++++ | ++++ | 1-3 years |
| 6a | Establish cardiac catheterization / PCI lab | +++++ | ++++ | 1-3 years |
| 6b | Establish cancer radiotherapy | +++++ | ++++ | 1-3 years |
| 6c | Nuclear medicine and PACS | +++ | +++ | 1-2 years |

Key Actionable Recommendations

- Adopt national clinical care guidelines DM and HTN and develop provider decision making tools
- Training for HCW on guidelines and FS
 - ✓ Improve quality
 - ✓ Reduce inefficiencies
 - ✓ Remove variations in practice
- Currently working on temporary electronic registry on diabetes and hypertension care

Flow Sheet

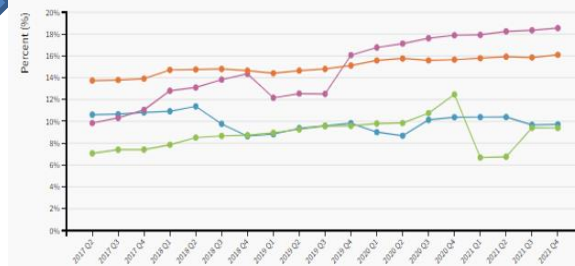
| HYPERTENSION FLOWSHEET | | | | | | | | | | | | |
|------------------------------|---------------------------------|-------------------------------|------------------------------------|-----------------------------------|--|--|--|--|---------------------------------|--|---|--------------------------------|
| Family name: _____ | | First name: _____ | | Patronymic: _____ | | Gender: _____ | | Date of birth (day, month, year): ____/____/____ | | | | |
| Cardiovascular Risk | | | Other Conditions | | | | Allergies? | | | | | |
| <input type="checkbox"/> Low | <input type="checkbox"/> Medium | <input type="checkbox"/> High | <input type="checkbox"/> Very High | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Coronary heart disease or past heart attack | <input type="checkbox"/> Prior stroke or TIA | <input type="checkbox"/> Chronic heart failure | <input type="checkbox"/> COPD or asthma | <input type="checkbox"/> Other | <input type="checkbox"/> Diuretics | <input type="checkbox"/> ACEIs | <input type="checkbox"/> AMRIs |
| Target BP: ____/____ | | | Target LDL: ____ | | | | <input type="checkbox"/> CCR | <input type="checkbox"/> ASA | <input type="checkbox"/> Statin | <input type="checkbox"/> Other: | | |
| Visit date | BP | Weight | BP control? (Target BP achieved) | Medication review | ACEI/ARB | Diuretic | CCB | Other BP drug | Other remedies? | Latest self management goal (diet & salt intake, exercise, smoking, alcohol) | Notes (general status, med changes, other issues) | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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Electronic Registry

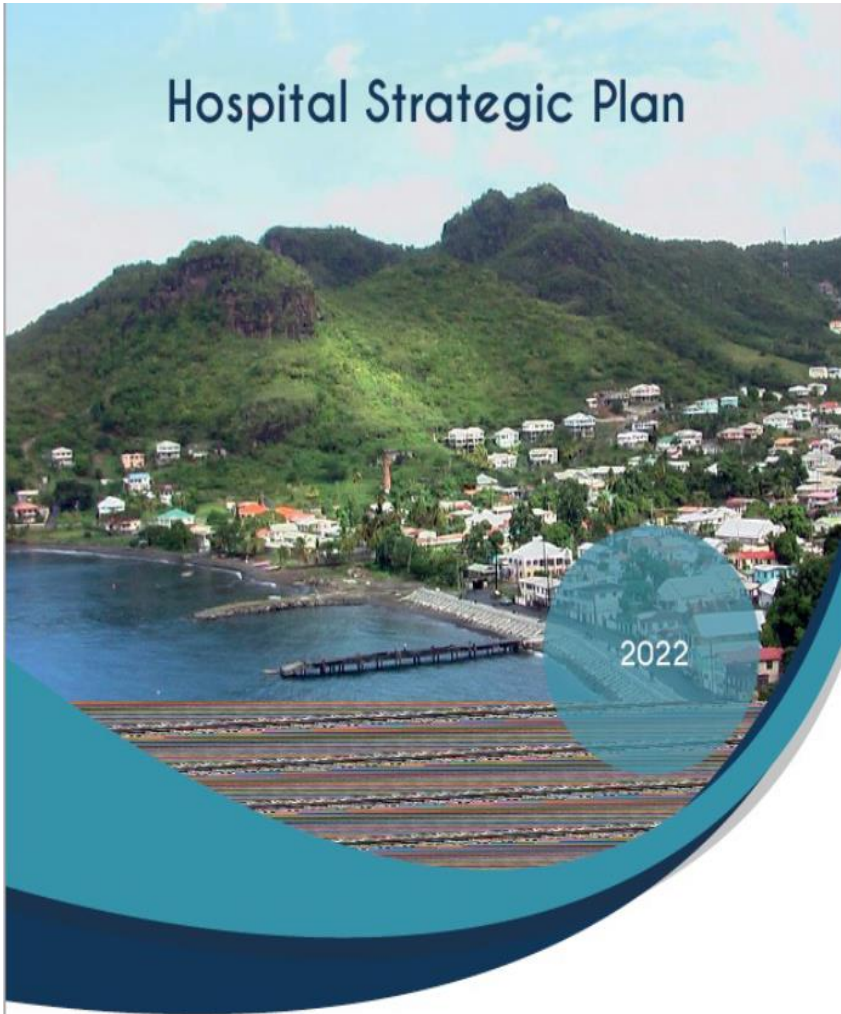


Quality Indicator List & Monitoring

- % BP < 140/90
- % A1c < 7
- % LDL < 2
- % with recent 3 month follow-up
- % eye exam in last 12 months



Hospital Strategic Plan



Saint Vincent and The Grenadines
World Bank Group



AVACH Hospital Strategic Plan



WORLD BANK GROUP

AVACH moving forward

To support the GOSVG, the World Bank is financing the **Strengthening Health System and Resilience Project** for SVG, which includes the construction of a new acute care referral hospital.

With support through the KWPF and the WB, the Government has developed a **Hospital Strategic Plan for the AVACH**, a **high-quality and high-level hospital** that cares for the people of SVG and that will act as an **agent of change for both the country and the country's health system**.



Review of
government
documents



Literature search



On-site visits



Conversations
with
stakeholders



Review of
international
standards



Experts review



Analysis and
recommendations

AVACH moving forward

HSP aims to ensure sustainable and high-quality hospital operation and a smooth transition.

- *5-chapter Hospital Strategic Plan* (Version 1)
 1. General assessment of the Health care system,
 2. Market Analysis
 3. Technical Assessment
 4. Financial Analysis
 5. Innovations (e.g., PHC / Quality of Care /Telemedicine)
- Next Steps
 - Hospital Transition Plan & Action Plan.
 - Hospital Performance Benchmarking

Project Management Structure, Definition of Committees

Dynamic hospital management system = greater hospital autonomy and more effective operation of services.

Generating change for the entire health system.

Re-organization of Delivery Model

| Second and third level of care in a single teaching hospital in two facilities | | | | |
|---|----------------|--|---------------------|------------------|
| Re-purposed MCMH | | AVACH (134 beds) | | |
| Woman, maternal and child health (OB/GYN, Paediatrics) | | Adult population (current population and surgical needs) | | |
| <ul style="list-style-type: none"> • Improvement culture to achieve high standards of quality and care. • Oriented on risk-management for high standards of safe medical care • Multidisciplinary and highly specialized human resources. • Infrastructure that promotes well-being for patients and families | | | | |
| Quality | Patient safety | Patient-Centred Care | Information systems | Support services |

The hospital profile is based on high-complexity and high-quality enabling the hospital to perform as a key actor of change through two complementary facilities.

Operative processes

| Milton Cato | Central Processes | | | AVACH |
|---------------------------|--------------------------------------|-----------------------------|-----------------|----------------------|
| | Clinical | Logistics | Administrative | |
| Profile | Laboratory and Pathology | Procurement | Human Resources | Profile |
| | | Assets | | |
| Service Portfolio | Diagnostic Imaging | Maintenance and Engineering | Financial | Service Portfolio |
| | | Laundry | | |
| Installed Capacities | Physical Medicine and Rehabilitation | Food | Legal | Installed Capacities |
| | | Security | | |
| Government and Management | | | | |
| Quality and Safety | | | | |
| Education | | | | |



Thank you

