

# National Clinical Protocols: tools for Primary Health Care quality improvement

*Vignette – Republic of Moldova*



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# Quality Improvement?

- systematic work
- a paradigm shift away from a major concern
- continuous positive change in performance
- continuous need for change in attitudes
- efficiency and productivity
- improve skills
- deliver services as expected
- user/client/patient satisfaction

# Primary Health Care priorities in 90's:

- ✓ elaboration of normative acts for PHC;
- ✓ creation of academic base for family medicine education;
- ✓ retraining family doctors and nurses;
- ✓ implementation of FM in all regions;
- ✓ supplying offices/clinics with more equipments



# Implementation so far:

- The Primary Health Care rapid changes
- Changes in:
  - structure,
  - organisation,
  - variation of care providers,
  - insurance,
  - markets,
  - social structures.



# Clinical National Protocols delivered:

- “Arterial Hypertension in adults”
- “Hypertension urgency in adults”
- “Sudden cardiac death in adults”
- “Community-Acquired Pneumonia in adults”
- “Bronchial asthma in adults and in children”
- “Uncomplicated Diabetes Mellitus”
- “Influenza in children”
- “Viral Hepatitis in Children and Adults”
- “Acute Otitis Media in Children”
- “Chronic Tonsillitis in Children”
- “Iron-Deficiency Anemia in adults” and other



# Resources:

*Protocol comprises a schematic of how the activities to be executed ...*

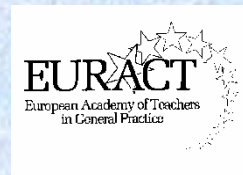
Support from the US Government's Millennium Challenge Corporation's (MCC) Threshold Country Program (TCP) for Moldova.

Multidisciplinary specialist groups, established for the purpose to develop Clinical National Protocols.



# Process

- Annual lists of priority diseases approval.
- The evidence-based international guidelines on diagnosis and treatment serve as basis for the development of NCPs.
- Developing multidisciplinary groups of specialists within 2 or 3 months.



# Stakeholders (review the draft)

- ✓ Ministry of Health;
- ✓ National Health Insurance Company;
- ✓ National Council for Health Evaluation and Accreditation;
- ✓ Profiled medical associations;
- ✓ Representatives of primary, secondary and tertiary health care facilities, and
- ✓ Other health system stakeholders..

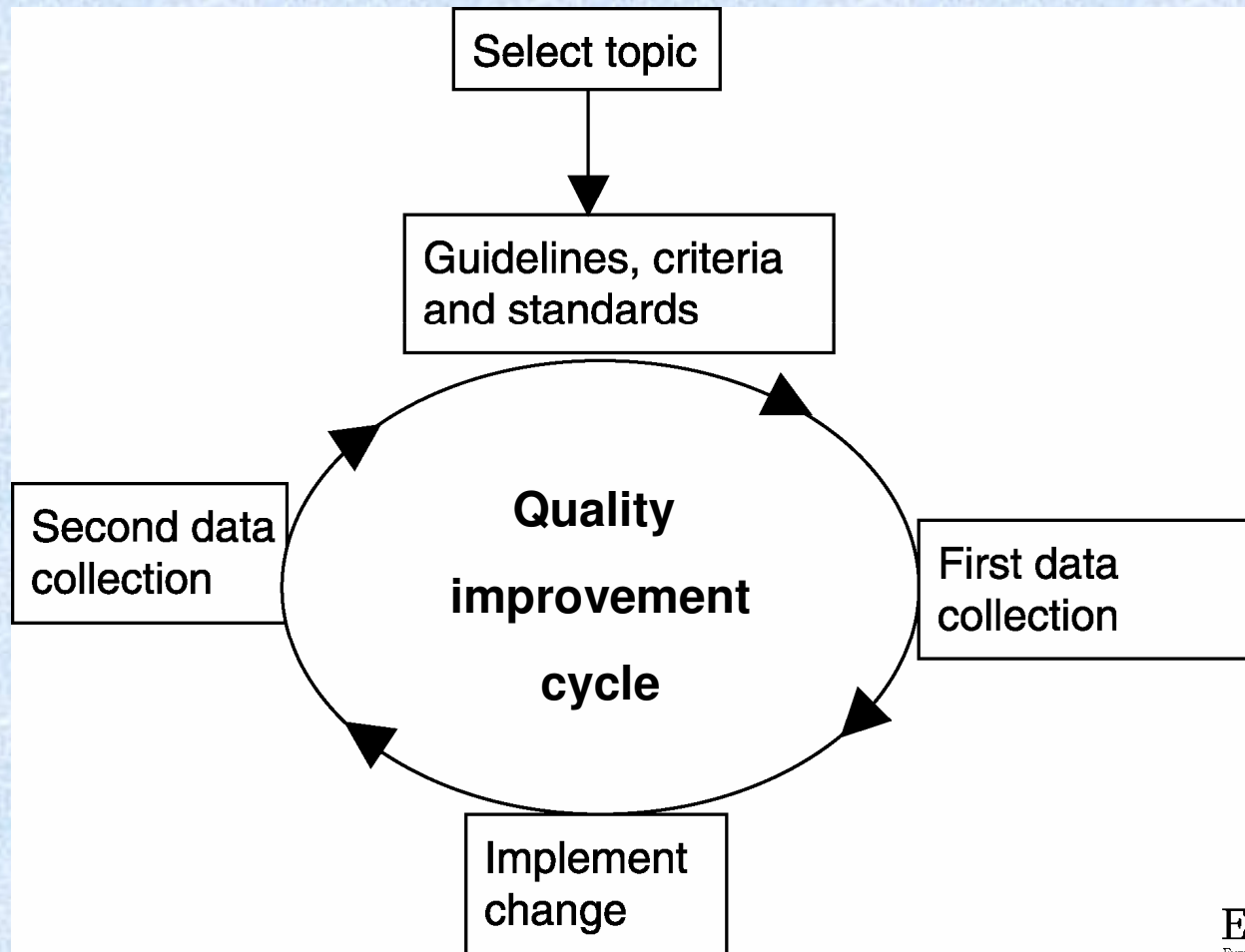




# Implementation

- Review the proposals and introduce the changes and counter-sign the final version of the NCP for the Ministry of Health for approval.
- Distribute NCP to health care facilities for implementation and development of facility-level clinical protocols.
- Upload & update the NCP at Ministry's website.

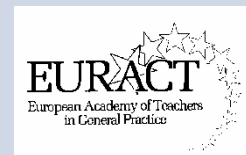
# Evaluation



# Follow up

## The approved NCP shall:

- serve as basis for the development of facility-level clinical protocols by each health care facility;
- be accompanied by:
  - proposals for the training;
  - recommendations on methods of development.



# Challenges:

- To create a special national agency to provide systemic approach of quality improvement.
- To cover as many medical areas as possible.
- To introduce new technologies and services.
- To make economical calculations.
- To revise protocol reports each three years.
- To involve patients to participate in quality improvement process.



# Recommendations

Family doctors must acquire some authority over quality and standards, and then to recognize that the authority should be shared with planners and patients.

**Baker et al. 2006**



# Future actions

- Facility-level clinical protocols to be developed.
- Work place protocols for family doctors and nurses based on CNP.
- Continuous Medical Education should be oriented on CNP.
- Peer review groups should be created to provide sustainability.



Thank you for attention

