**Healthcare Delivery & Management**

*Working Group Terms of Reference (TOR)*

# Working Group Membership

Group Lead: Nobhojit Roy

Commissioners: Shenaaz El-Halabi, Paul Farmer, Rowan Gillies, Edna Adan Ismail, Ganbold Lundeg, Edgar Rodas

Facilitator: Rowan Gillies

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# Terms of Reference Outline Overview

1. Practical aspects of Healthcare Delivery
2. Management of Surgical Health Systems and Surgical Care Delivery
3. Metrics
4. Policy Changes

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# Introduction

The Healthcare Delivery & Management (HDM) Working Group will explore practical aspects of surgical care delivery and management in the low-and-middle income country setting, delineate different components of delivery and management and highlight areas that need additional attention based on knowledge gaps in consensus and the literature.

Where appropriate, HDM should define minimum standards that the global health community can aspire to in all settings for the sake of tracking progress and accountability, while acknowledging that each setting is different. HDM should clearly outline stepwise strategies for key stakeholders to systematically contribute to the strength of provided surgical services.

# Aims

The Healthcare Delivery & Management (HDM) Working Group will:

1. Delineate *actionable* components of delivery and management in LMICs
2. Prioritize components based on costs and ability to implement, producing stepwise recommendations for improvement
3. Identify priority components that require illumination through further research or a case-study
4. Identify three to five Key Messages to stakeholders that will be reflected in specific recommendations

# Outputs

*1, Written*. By Monday 10th May 2014, the working group will submit a 4000-5000 word output document encapsulating the terms of reference within the framework of current state, barriers to implementation and solutions. The working group output documents will be the basis of the final commission report, and will include:

* 1. At least 2 tables and 2 figures to be used in the commission report.
	2. Focused, stepwise recommendations to key stakeholders

*2, Presentation.* During the second commissioners meeting, each working group will present on their topic to the larger commission group. This will be a 15-minute presentation with an hour for commentary and review.

3. *Metrics Focus*. Provide areas of metrics focus the Information Working Group

# Key Stakeholders

1. Governments (Ministries of Health & Finance in LMICs)
2. World Health Organization
3. Multilateral/Bilateral Organizations (World Bank, USAID)
4. Foundations
5. Educational, Academic & Professional Entities
6. Industry

Timeline

|  |  |
| --- | --- |
|  |   |
| *Jan 8* | Background documents received by CommissionersDistribution of Terms of Reference to Commissioners  |
| *Jan 17-18* | First working group session during the January Commission meeting in Boston. By the end of the meeting, the working groups will have determined: * + Content: The body of the work which needs to be done
	+ Process: The work plan for the coming months
 |
| *Jan 19 – May 10* | Area of Metrics focus communicated with Information Working GroupEach working group will (e-)meet several additional times between January and May |
| *May 10* | Each working group will submit their Output Document, including tables, figures, and recommendations to be distributed to the commissioners for review |
| *May 23-24* | Each working group will present their findings to the whole commission group during the second Commission meeting in Sierra Leone |

Due to the broad nature of the issues encompassed within this working group, it would be useful to choose a framework within which the topics can be discussed. The ‘value chain’ framework, as outlined in the article by Farmer, Kim and Porter (sent to all commissioners) may be a useful starting point for our discussions.

Below is a list of topics that we could consider addressing

1. Practical aspects of Healthcare Delivery
	1. Surgery within Health Systems
	2. Care Delivery Models
		1. Horizontal Systems – improving reliability, reproducibility, affordability
		2. Role of Vertical System
		3. Incentivizing NGOs for diagonal approach
	3. Physical Infrastructure (buildings, electricity, water, gas)
	4. Supply Chain
		1. Reliability
		2. Information Needs and Management
		3. Integration of Donated Supplies
	5. Referral systems
		1. Case detection
			* 1. Primary health centers
				2. Community health workers
		2. Transfer to district hospital
			* 1. Case detection (appropriate criteria)
				2. Logistics of transfer (communication with DH, timeliness, reliability)
	6. Technologies & Techniques
		1. Intraoperative techniques (e.g. hernia repair with mesh, mosquito net, non-mesh)
		2. Support for difficult cases (Telesurgery?)
		3. Adapted Instruments (universal anesthesia machine)
	7. Support Structures
		1. Supply Priorities
			* 1. Drugs (antibiotics, pain, anesthetics)
				2. Equipment: durables (autoclave), reusable (OR instruments) and consumables (suture)
		2. Equipment Maintenance – Investment in Biotech Engineering
		3. Ancillary Services
			* 1. Blood bank
				2. Pathology
				3. Laboratory
				4. Imaging
	8. Access (Commission Working Group on Finance to cover financial access)
		1. Improving operative efficiency as means to improve access
		2. Lowering costs for patients – ‘one-stop’ shop
	9. Quality and Safety (overlap with Commission Working Group on Information)
		1. Staff safety, waste disposal
		2. Patient Safety and Quality Improvement
		3. Use of Information (morbidity and mortality)
	10. Post-operative Care
		1. Post-anesthetic and post-op ward care
		2. Protocol driven care
	11. Follow-up Care
		1. Necessity vs. luxury
		2. Alternative follow-up strategies (phone, PHC)
2. Management of Surgical Health Systems and Surgical Care Delivery
	1. Leadership & Governance
		1. Interface with Ministry of Health
		2. Integration of surgery into existing health policies
		3. Scale-up and Implementation
		4. Navigating and establishing regulatory mechanisms
		5. Reforming MOH structures/governance to improve delivery
	2. Operations Management
		1. District Hospital Management
		2. Human Resources
			* 1. Essential requirements
				2. Prioritization of staff hiring decisions
		3. Incentives & Payment (much will be done by Commission Working Groups on Finance and Workforce, Education & Training) -- Manage private practice commitments of ‘full-time’ providers
	3. Decision-making/Prioritization
		1. Criteria for choosing services: epidemiologic, political, and financial
		2. ‘Essential’ vs. ‘Implementable’
3. Metrics
	1. Hospital level
	2. National/Country/International level
4. Policy Changes
	1. National and international
	2. Key advocacy points

# White Papers thus far

1. Supply Chains – Nakul Raykar
2. Management Guides – Hampus Holmer
3. Blood Transfusions & Products – Shilpa Murthy & Nakul Raykar

# OUTPUTS

# Teaching Cases

1. Vertical Delivery Systems (Operation Smile)
2. Systems Strengthening (Human Resources for Health)

# Basic Case Studies

To be determined

#  Primary Research Papers

To be determined

# Key Messages/Figure and tables

To be determined