

Research Question: What ACERS interventions are effectively increasing quality of care and how can the integration of existing tools for quality of care evaluation be improved?

BACKGROUND

ACERS seeks to address gaps in the delivery of high-quality Emergency Obstetric and Neonatal Care (EmONC) in Ghana's Northern and Oti regions with the goal of increasing maternal and neonatal health outcomes. The ACERS project employs a variety of interventions with the aim of increasing community demand generation for care, strengthening dispatch and timely referral, and improving quality of care.

DESCRIPTION OF ORGANIZATION

sidHARTe – Strengthening Emergency Systems program focuses on promoting locally-driven solutions to provide timely, evidence-based, affordable, and high-quality care for resource-limited populations to improve health outcomes. sidHARTe partners with governments, universities, and local organizations to integrate complex adaptive health emergency care systems with robust primary health care systems to reduce morbidity and mortality in countries that are managing the triple burden of disease. This is accomplished by increasing system inputs and expanding clinical acumen for frontline health workers through implementation science.

TABLES

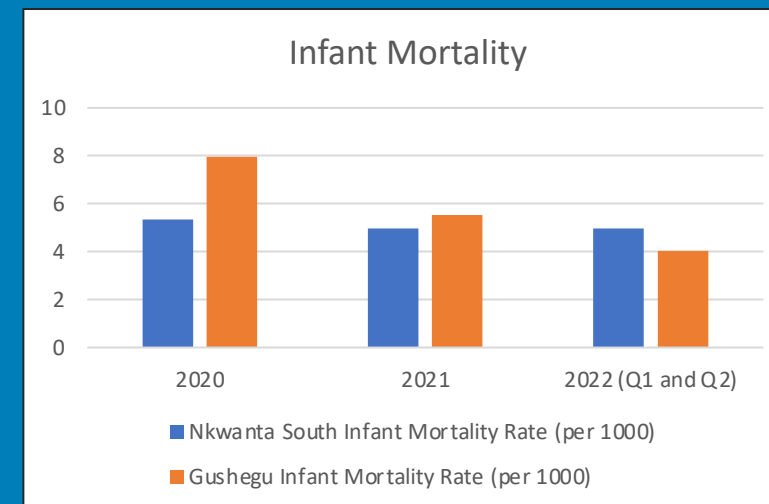


Figure 1. Infant mortality in ACERS intervention municipalities

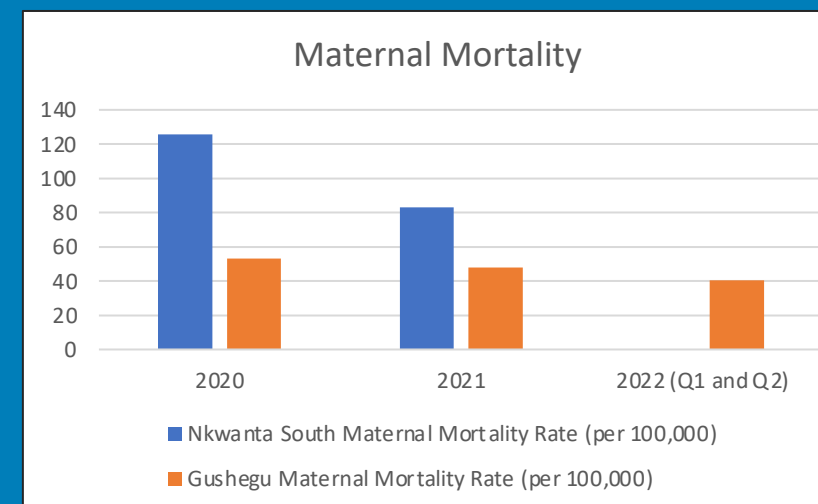


Figure 2. Maternal mortality in ACERS intervention municipalities



Figure 3. Delivery beds in a CHPS facility

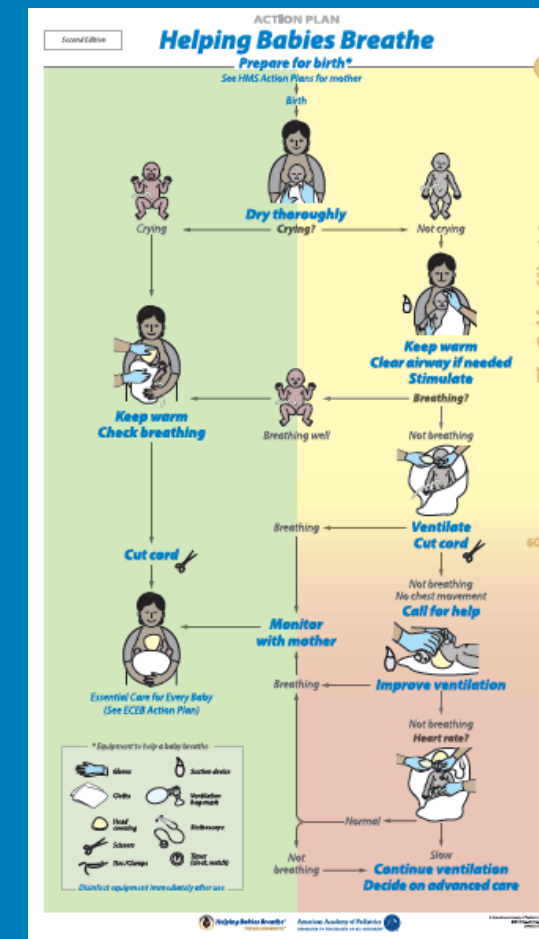


Figure 4. Helping Babies Breathe (HBB) algorithm poster¹

METHODS

Qualitative data on the effectiveness of Helping Mothers Survive (HMS) and Helping Babies Breathe (HBB) trainings was obtained through appraisals at Community-based Health Planning and Services (CHPS) facilities and semi-structured interviews with health workers. Status of the community scorecard and ACERS performance indicators in the District Health Information Management System (DHIMS2) were obtained from district Ghana Health Service officials in Nkwanta South and Gushegu. Infant and maternal mortality rates were calculated using DHIMS2 ACERS performance indicators data.

Clinical training programs have increased health worker capacity to perform EmONC signal functions and improve quality of care, yet gaps are evident in the diffusion of skills to other health workers. Quality of care is not being consistently evaluated due to poor utilization of the community scorecard.

DISCUSSION

Gaps in diffusion of skills can be addressed by providing more HMS and HBB training opportunities so that all health workers can benefit from direct training. Displaying HMS and HBB posters in labor rooms and MMAs allows for easy referencing of proper protocols. Procurement of necessary medical equipment will help health workers to provide optimal care. The Adapted Community Scorecard should be adopted and communities need to be committed to completing it on a consistent quarterly basis.

REFERENCES

- American Academy of Pediatrics, H. B. B. (2016). *Helping Babies Breathe Action Plan*. Helping Babies Breathe 2nd Edition Action Plan. Healthy Newborn Network. Retrieved from <https://www.healthynewbornnetwork.org/resource/helping-babies-breathe-2nd-edition-action-plan/>.

INDICATOR	DEFINITION	DISCUSSION POINTS	SCORING
INDICATOR 10: Availability of Appropriate Community Emergency Transport System (CETS)	<ul style="list-style-type: none"> Is there emergency transport for 24 hours for this health facility? Is the emergency transport well equipped to safely transfer patients from this health facility to another? 	<ul style="list-style-type: none"> Participants reflect on access and availability to emergency transport services within 24 hours. Does the transport service have communication equipment? Are community members able to afford? 	After 5-10 minutes discussion put the issue to a consensus vote and record a majority score on a scale of 1-3

Figure 5. Additional indicator to be used for Adapted Community Scorecard