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Developing Acute Care and Emergency Referral Systems Project in Ghana



A COMPREHENSIVE EMERGENCY CARE HEALTH SYSTEM CAN REDUCE MATERNAL AND INFANT MORTALITY:

Ghana continues to experience high maternal and neonatal mortality rates despite a well-organized, decentralized system of health care. In 2016, more than half of pregnant women in the Volta Region in western Ghana gave birth without a skilled health provider. Additionally, the country lacks policies and guidelines for providing comprehensive emergency referral and care. The absence of such policies and guidelines have resulted in a fragmented system of health care for emergency care, lack of unified communication, and unknown efficacy and impact.

To respond to these issues, the Acute Care and Emergency Referral (ACERS) Project will use a systems approach to assemble innovative interventions into a robust and comprehensive program of care that is not only integrated into Ghana Health Service's Community Health and Planning Services (CHPS), but also designed to scale-up acute care and emergency referral strengthening approaches.

ACERS' goal is to contribute to the improvement of maternal and newborn health survival. The purpose of the project is to increase pregnant women's use of caregivers and improve caregivers' provision of quality emergency obstetric and newborn care (EmONC) services.

The ACERS project will study how health systems development activities can be undertaken to improve district maternal and neonatal health and survival services. ACERS will address the organization, provision and awareness of emergency services for obstetric and neonatal care. Project interventions will use an integrated approach to improve maternal and newborn care service delivery through integrated interventions that contribute to preventable maternal and newborn morbidities and mortalities:

ACERS Quick Facts

Location: Ghana - Nkwanta South, Oti Region and Gushegu Municipality, Northern Region

Duration: 2018-2021

Goal: Contribute to the improvement of maternal and newborn health survival

Objectives:

1. GHS EmONC programming is informed by the evidence generated from ACERS implementation research.
2. Pregnant women/neonates seek timely, affordable, high-quality EmONC.
3. Pregnant women/neonates receive, and caregivers provide high-quality, accessible emergency referral services informed by clinical and operational data.
4. Pregnant women/neonates receive, and caregivers provide a positive user experience and high-quality, timely, definitive EmONC services.

Partners:

- ▶ Catholic Relief Services
- ▶ Ghana Health Service
- ▶ Columbia University
- ▶ Regional Institute for Population Studies
- ▶ National Ambulance Services

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- ▶ **Community Demand Generation for EmONC:** ACERS will address community demand generation for EmONC through interventions that build on existing Ghana Health Service (GHS) primary health care services that focus on demand generation.
- ▶ **Strengthen informed referral and dispatch coordination:** This will include strengthening GHS's community emergency transport systems (CETS) and the introduction of an emergency dispatch center (EDC) which will be integrated with the National Ambulance Service (NAS).
- ▶ **Improve high quality, timely and definitive EmONC:** Strengthening quality improvement through coaching and simulations to improve clinical acumen of staff as well as equip health facilities with the required tools and supplies for service delivery

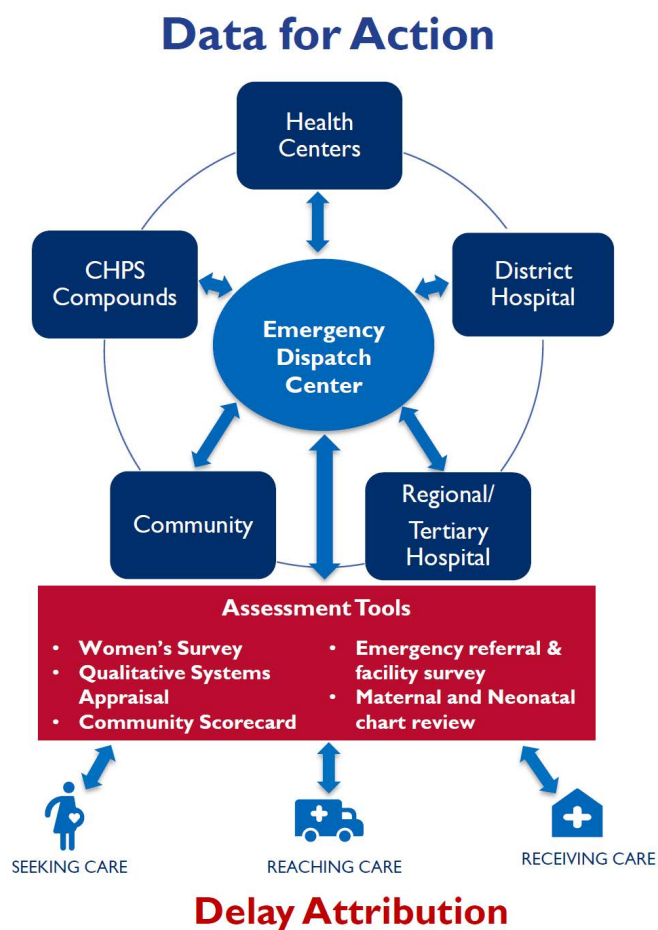


KEY OBJECTIVES

ACERS will work both at the clinical care level as well as at the policy level to improve the overall health system response to obstetric emergency care. The Project is designed to achieve four results.

1. **How is CHPS addressing care: engage stakeholders around data and information.** Using an implementation research approach, ACERS plans to improve clinical and programmatic aspects of EmONC in real time in the target districts.
2. **Improve the demand for informed care-seeking among pregnant women.** ACERS plans to improve community maternal, newborn and child health education and introduce emergency care in community-based health education schools.
3. **Improve the provision of high-quality emergency care to pregnant women and neonates.** ACERS will work on a number of levels to improve clinical capacity development through trainings to include newborn life-saving skills, obstetric and newborn training and triage protocols, as well as introducing systems for supportive supervision. ACERS will introduce clinical telemedicine and telemonitoring systems in remote areas. The introduction of district emergency dispatch centers and better transport and communication systems at a number of district levels.
4. **Improve patient satisfaction among women who receive emergency obstetric care.** ACERS will build on the objective of improving patient experience during emergencies by ensuring clinical support during patient transport and decreasing the delay in receiving service at points of care.

Figure 1. Data for Action





EMBEDDING IMPLEMENTATION RESEARCH IN GHANA'S CHPS TO INFORM POLICY AND PROGRAM IMPROVEMENTS

The ACERS project will assemble key community and facility based innovations into a robust and comprehensive program of care that is integrated into Ghana Health Service's CHPS. With the introduction of Emergency Dispatch Center strategy, care seeking and referral issues at the community and lower level facilities will be linked in real time to the district and other sub national facilities for attention and action. It also provides for ongoing assessments and qualitative system appraisals to iteratively inform project design and implementation at the three stages of seeking care, reaching the point of care and receiving care (See Figure 1). Additionally, ACERS is designed to scale-up acute care and emergency referral strengthening approaches, strategies and policies as an integral part of the national health care delivery system.

ACERS Project Lead Catholic Relief Services designed the project together with the Ghana Health Service, the institutional partner, as well as research partners Columbia University and the Regional Institute for Population Studies. Each partner brought their strengths and understanding around the issues as well as a commitment to the overall goal. Together the partners have identified a systems-based approach to learn how to scale-up these approaches as the program is implemented.

HOW ACERS WILL COLLABORATE AND LEARN TO IMPROVE PATIENT OUTCOMES

ACERS will utilize an implementation research methodology to learn about the four objective areas in two regions of the country: Nkwanta South in the Oti Region, and Gushegu Municipality in the Northern Region.

Research partners Columbia University and the Research Institute for Population Studies will conduct a baseline assessment followed by periodic sub-assessments. Partners will review results from these assessments and use the information to adjust program design and inform policy development during program implementation. By including program managers, researchers and regional policy makers in this process, ACERS hopes that changes can be quickly adopted and applied to the programs to help programs reach their objectives and to scale-up quickly.



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