TERMS OF REFERENCE

Title: **Technical Support Case Management**

Planned timelines: **1 July-31 December 2024**

1. Purpose

Provide technical backup and support to strengthen the Ministry and Provincial Departments of Health to improve case management capacity for severe and critically ill patients by building competency of clinicians including ICU staff, to provide training/mentorship and follow up on quality of care provided at tertiary and secondary public sector healthcare facilities (HCF) in Pakistan.

Support conducting assessments and development of a situation analysis of the current access and functioning of the emergency care system (including trauma, prehospital care, emergency care and ICU/critical care) in Pakistan for identification of gaps and developing an improvement plan based on identified needs.

Provide technical support for designing short-term training courses for trauma, prehospital care, emergency care and ICU/critical care with implementation of a national certified training program in ICU/critical care.

Update/develop standard treatment protocols and clinical care algorithms for priority diseases.

2. Background

There is a recognised need to establish the case management procedures for events caused by IHR-relevant hazards for optimal utilization of health services, including during emergencies. Case management is a critical component of preparedness and response to mitigate the health impact of diseases, by providing appropriate, quality, and timely care for reducing disease associated morbidity and mortality. The provision of required healthcare to severe/ critical patients is however, challenging in resource-limited settings where the burden of disease and mortality from potentially treatable illnesses is higher as compared to resource sufficient countries. Barriers to delivering quality critical care include lack of epidemiologic data and context-specific evidence for medical decision-making, weak health systems with limited resources, and institutional obstacles to implementing life-saving interventions.

The availability of basic medical and ICU equipment and staff for isolation units and ICUs has improved following the COVID-19 pandemic response. However, capacities and competencies of doctors, nurses and paramedical staffs in specialist care for ICU/critical care services remains weak. Several case management guidelines for priority diseases are available in Pakistan (JEE 2023). However, treatment protocols, SOPs and clinical care algorithms for case management of priority diseases need review and standardization, based on national and international scientific evidence of best practices.

TERMS OF REFERENCE

The concept of mentorship, close supportive supervision, institutionalized clinical case reviews/audits, culture of evaluating case management outcomes and accountability in hospital care is also largely absent in some HCF settings in Pakistan.

case management needs strengthening to ensure provision of quality care, following IPC and clinical care protocols, with adequate supply systems including medical oxygen supply in the health care settings.

As part of IHR preparedness and response, it is proposed to hire dedicated technical support for assisting WHE Pakistan to strengthening and improving case management and intensive care competencies of HCWs. The incumbent will work in collaboration with the WHE hired biomedical engineers in selected public healthcare facilities (tertiary and secondary level) to holistically support improved availability of quality healthcare for priority diseases and ICU/critical care including access to quality, safe medical oxygen for the patients.

The main responsibilities include provision of technical advice, coordination and collaboration with the government entities and relevant partners for the activities defined in the deliverables and any other tasks assigned by the supervisor.

3. **Work to be performed**

Output 1: Support hospital management for assessment of functionality of ICUs and isolation units in selected HCFs (linked to functioning oxygen system platforms) for hospital readiness (public sector).

Deliverable 1.1: Conduct rapid capacity assessment of ICUs and isolation units for HR adequacy and competencies, functionality of biomedical equipment and supplies, processes for delivering treatment and unit management.

Deliverable 1.2: Prepare procurement list of essential needs including equipment and supplies with specifications for clinical care.

Output 2: Provide technical support and coordinate consensus building for development/ updating of SOPs, treatment protocols, clinical care algorithms and training modules for priority diseases.

Deliverable 2.1: Coordinate with senior clinicians and WHO clinical experts to review, update/develop standardized SOPs, treatment protocols, clinical algorithms, and training packages based on national and international guidelines, best practices and recent evidence adapted to Pakistan context.

Deliverable 2.2: Support adapting WHO guidance and training courses for critical care and emergency care including incorporating recommendations for provision of safe, quality medical oxygen *(*National Guideline for Medical Oxygen Systems)* for targeted capacity building of HCWs.

Output 3: Facilitate training and building clinical management competency of HCWs with a focus on priority diseases and care of the critically ill.

Deliverable 3.1: Facilitate and conduct training sessions for doctors, nurses, technicians and support staff on case management, following clinical algorithms, and lifesaving skills in line with developed SOPs and protocols.

Deliverable 3.2: Provide bedside teaching and on-the-job skills for patient assessments and monitoring and delivering therapy.

Deliverable 3.3: Conduct follow up monitoring for evaluation of training effectiveness.

Deliverable 3.4: Provide mentorship, ongoing supportive supervision to clinical staff (doctors, nurses and paramedics) for continuous improvement in clinical practices and management.

Output 4: Develop a system of clinical review/audit to improve delivery of safe, high quality clinical care in HCFs.

Deliverable 41: Define indicators for monitoring and reporting.

Deliverable 4.2: Develop and establish a system of regular clinical case review and clinical audits in selected HCFs for evaluating case management.

Output 5: Regular reporting and feedback on deliverables and assigned activities.

Deliverable 5.1: Follow up with HCFs and national health authorities sharing regular reports and feedback on defined case management indicators (including clinical and oxygen data).

Deliverable 5.2: Submit a monthly technical report throughout the duration of assignment, on work performed and achievements on the stated deliverables.

Deliverable 5.3: Develop a comprehensive report on need and gaps for enhancing national capacities for ICU/critical care and case management. The report should help identify gaps related to preparedness and response capacities and support capacity building plans.

Deliverable 5.4: Support collection and analysis of case management data and contribute to WCO reports with infographics for sharing with stakeholders (Government, WHO, Partners and Donors).

Deliverable 5.5: Any other related task assigned given by supervisor.

TERMS OF REFERENCE

4. Technical Supervision

Responsible Officer:	**Dr Farah Sabih** NPO IHR, WHE	Email:	sabihf@who.int
Manager:	**Dr Michael Lukwiya** Cluster Coordinator WHE	Email:	lukwiyam@who.int

5. Required Education

Qualification

Essential: University degree in Medicine (MBBS) with post graduate qualification in Medicine (MCPS/FCPS/MRCP).
Preference will be given to candidates with post graduate qualification in critical care and public health degrees (MPH/MSPH).

Experience

At least 8 years relevant experience in clinical and intensive care. A consultant intensivist/ internist/infectious disease physician with specific experience in intensive care and involved in clinical patient management.
Sound experience and knowhow on public health sector system, management and administrative working.

Skills/technical skills and knowledge

- Advanced expertise and proven clinical experience of hospital and ICU care.
- Sound knowledge of public health system and relevant issues.
- Advanced computer literacy (Word, Excel, Power point, etc.)

Language requirements

English and Urdu expert proficiency (Read - Write – Speak)