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MSC CLINICAL EPIDEMIOLOGY

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Clinical Practice Guidelines

Assignment 3: Guideline Implementation planning

Name of Guideline :

SEXUALLY TRANSMITTED INFECTIONS

MANAGEMENT GUIDELINES 2018

DEPARTMENT: HEALTH (REPUBLIC OF SOUTH AFRICA)

ADAPTED FROM: STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST FOR SOUTH AFRICA. PRIMARY HEALTHCARE LEVEL 2018 EDITION (REFERRED TO AS 'GUIDANCE DOCUMENT' IN THIS REVIEW)

STEP 1 STAKEHOLDERS

1. Public Primary Health Care (PHC) clinics including primary health care staff (nurses, doctors, health counsellors)

Primary health care clinics are the first point of contact where patients present to for symptomatic infections like sexually transmitted infections (STI's). Patients also present here for a wide range of other health concerns eg. family planning options, minor ailments, trauma etc. Hence, these PHC clinics also function as screening zones where patients can be screened for certain diseases like HIV and STI's. PHC clinics are easily accessible to the community and public and form the back bone of community health care in South Africa. For STI management, the PHC clinic will often be the first place where STI's will be identified, confirmed and managed. Therefore, in my opinion, these clinics and supporting staff are key stakeholders for this guideline implementation planning.

Health care workers (nurses, doctors, health counsellors)

Health care workers will be responsible for managing STIs based on these guidelines. Hence, they are important stakeholders to ensure that the guideline is effectively understood and successfully implemented.

2. South African Department of Health (Provincial, Regional, National)

STI Guidelines ultimately require to be reviewed and approved by the National Department of Health (NDoH) before they can be implemented at a provincial and regional level. This review process will be led by the National minister of Health. However, prior to approvals, the guideline will also be required to be reviewed and approved at a regional and provincial level to ensure that the guideline under discussion is feasible, relevant and will meet the health needs of the local communities. The approved STI guideline will then be required to be effectively communicated, taught/demonstrated and 'rolled-out' for implementation to the target PHC clinics and relevant staff in charge of treating patients for STI's.

Department of Health (DoH) is therefore a key stakeholder to ensure guideline approvals, compliance, regulation as well as to aid in roll-out and implementation programmes regionally and nationally.

Department of Health (DoH) will also lead the roll-out and guideline implementation process which is crucial for guideline acceptance, understanding and implementation within a country. Resource allocation and finance for this guideline implementation will also depend largely on this stakeholder.

3. Patients seeking (STI) treatment / general population /Community

The local communities together with the general population/patients who seek health care are by far one of the most key stakeholders for this guideline implementation plan. They are the end-users of this guideline together with the relevant health care providers. Therefore, their understanding, knowledge, information, perception, acceptance and ultimately uptake of the guideline is crucial.

Hence, successful implementation of the guideline together with uptake will depend on relevant engagement and approvals with this stakeholder.

4. Private Health Care Sector : General Practitioners (Doctors) and Private Care Clinics

Together with the public sector, we also need to consider the private health care sector. This includes private doctors (general practitioners) and private health care clinics where health care is also provided. Private care facilities including private general practitioners (GPs) are also guided by the use of nationally approved guidelines. In South Africa, both the private and public health care sectors are guided by the same management guidelines for diseases including STI management guidelines.

5. Secondary and Tertiary Hospitals (both public and private care)

As an extension of the public and private health care clinics, we also need to include hospitals (both district level, secondary and tertiary hospitals). This will include hospitals at a private and public level. These guidelines will also be used at hospital level.

6. National Medical Boards , Regulatory Authorities, National Institute of Communicable Diseases (NICD)

Medical boards and Regulatory Authorities that govern national disease patterns, patient disease profiling and patient management are considered stakeholders as well. Examples include National Institute of Communicable Diseases (NICD), South African Health Products Regulatory Authority (SAHPRA). These bodies are involved with disease surveillance, providing diagnostic testing services, outbreak response, public health research and capacity building to support the government's response to communicable disease threats. Hence, they can also be considered stakeholders to this guideline implementation.

STEP 2	BEHAVIOURS / ACTIONS THAT NEED TO CHANGE
STEP 3	BARRIERS TO CHANGE
STEP 4	IMPLEMENTATION STRATEGIES
STEP 5	MEASURE SUCCESSFUL IMPLEMENTATION

1	2	3	4	5
Target Groups	Identify and list behaviours/actions that need to change	Identify some barriers to change and rate the importance of each barrier 5 (high /very important) 1 (low /not very important)	List some evidence-based implementation strategies / activities	How will you measure whether this has worked (consider potential indicators and ways of evaluating)
Main Stakeholders	Behaviours that need to change	Barriers to Change	Implementation Strategies	Measure/Monitor successful implementation
STAKEHOLDER 1				
1.Public Primary Health Care clinics (PHC) including primary health care staff (nurses, doctors, health counsellors)	WHO : Primary health care providers including nurses, doctors and counsellors at PHC clinics who will implement this guideline.			
	WHAT : -Primary health care providers need to adequately provide education, guidance, and counselling regarding STI's as a disease to patients. -Educate patients on what STIs are, their clinical presentation,	-Difficulty/barriers to addressing Sexually transmitted infections (STI's) as a disease to patients. (5) This includes limited STI education, information, and understanding and limited guidance on the STI guideline. Due to poor	-In person and online training workshops / information sessions for PHC clinic health care staff. This can be at the beginning of the guideline implementation phase as well as periodic refresher training sessions eg.	-Periodic knowledge assessments (online) -In-clinic, periodic monitoring of STI case management. Can be accessed, recorded and monitored via clinic records of patient visits for STI

	<p>treatment options and complications. -Counsel patients on STI prevention and management options. -These management options include drug and non-drug management</p> <p>-Identify patients at greater risk of STI (eg. patients with multiple partners) and provide additional support as required.</p> <p>-Support STI treatment adherence and prevention strategies</p> <p>-Support and encouragement regarding sexual partner testing and treatment</p>	<p>communication and STI guideline training of the health care providers (doctors, nurses and health counsellors) on STI management and the STI guideline itself. (5)</p> <p>- Language barrier or limited understanding of the disease and guideline by healthcare staff.(4)</p> <p>-Limited time/opportunity in a busy clinic setting to ensure adequate time for patient counselling and education as per the guideline.(3)</p> <p>- Limited teaching and educational resources (eg. pamphlets, health charts, models) to use during education and counselling. (3)</p> <p>- Limited availability of STI prevention tools available to</p>	<p>annual training sessions.</p> <p>-Availability of guideline together with training material in all relevant local languages to eradicate the language barrier. This includes training and education sessions in relevant local languages.</p> <p>-Dedicated STI clinics (within PHC clinic) that have dedicated 'counselling' time to ensure that patients are adequately counselled and educated.</p> <p>-STI Mobile clinics dedicated to STI management.</p> <p>-Department of Health (DoH) to provide adequate educational resources as well as STI prevention tools (male and female condoms) regularly to PHC clinics.</p>	<p>treatment and management.</p> <p>-Clinic statistics (monthly/annual) statistics of STI testing, treatment uptake and adherence to treatment based on the implemented guideline.</p> <p>-Clinic statistics of patient relapses in STI (i.e. treatment for another STI or same STI) within a specific time period. This would indicate poor guideline implementation and hence need for review and further training.</p> <p>-Access and assess records of partner STI treatment. (Treatment of an infected or uninfected partner) This would indicate good guideline implementation as per STI prevention guideline.</p> <p>-Access and measure records of reported STI complications eg. secondary syphilis, genital ulceration. This will indicate need of additional</p>
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		<p>provide to patients eg. stock of male and female condoms, educational material (3)</p>	<p>-Validation and approvals of the STI guideline by the National DoH. This includes STI guideline ‘Roll-out’ initiative, public ‘road-shows’ and STI prevention campaigns to promote STI prevention and eradication. Hence strategically promoting the implementation of the STI management guideline. This would assist implementation of the guideline by health care providers in general as well as increase uptake and acceptability by the public and local communities.</p>	<p>measures in STI management.</p> <p>-Record and measure uptake of STI prevention tools eg. uptake of male and female condoms. This will indicate adherence to STI guideline prevention strategy.</p> <p>-Compare these clinic statistics objectively to records of STI statistics from previous years.</p> <p>-Objective Measurement and comparison of these STI statistics at periodic time points i.e. 6 monthly intervals to monitor - changes in STI trends, -STI treatment uptake - STI treatment adherence - STI prevention and STI reporting.</p>
	<p>WHY :</p> <p>-To ensure successful and efficient guideline uptake.</p> <p>-To ensure desired outcomes of successful treatment of infection and STI eradication for the future.</p>			

	<ul style="list-style-type: none"> -To prevent STI spread in the community. -Education to prevent future infections -To prevent complications arising from STI infections eg. poor birth outcomes, infertility, etc. 			
	<p>WHERE :</p> <ul style="list-style-type: none"> -This can be done at the public health care clinics when patients come in for treatment. -Via group discussions in clinic waiting room - During one-on-one discussions during individual consultations, - Organise community health education campaigns. 			
	<p>WHEN :</p> <ul style="list-style-type: none"> -During clinic visits for STI presentation. -Continuous and consistent education and guidance during routine /other clinic visits -STI prevention can be highlighted every clinic visit eg. HIV testing visits 			

The WHY , WHERE and WHEN overlap for both Stakeholders

STAKEHOLDER 2				
2. Patients seeking STI treatment / General population /Community	WHO : Patients from the general population/ community who seek health care specifically for STI management and who will be the end-users of this guideline.			
	WHAT : -Awareness: Patients seeking STI management need to be made aware about STIs and need to be sufficiently educated and guided about STI diseases, treatment and prevention options as per the guideline. -Willingness to test for STI's, take prescribed medication, accept counselling and make attempts to prevent a recurrence of STIs.	-Lack of understanding and/or knowledge regarding STI's (5) -Lack of education/information regarding available treatment and prevention options. (5) Language barrier to understanding the information presented by the health care staff. (4) -Patient misperceptions	-Community and clinic driven education campaigns on STI's and STI management (as per guideline) -Sex education and STI information sessions at schools, colleges, Universities, places of employment -Online information sessions/webinars available (links to information sessions available and posted on posters) -STI education material and counselling offered in relevant local languages by trained staff. -Use of pictures, models and images for better understanding. -Involvement of community leaders, youth leaders, local	-Brief knowledge assessment at patient contact sessions. -Educational/ knowledge assessment via quiz/competition/questionnaire/ online survey at schools, colleges ,universities -In- Clinic Objective measure of STI testing and treatment statistics on a periodic basis. -Periodic (annual) review of patient records to

	<p>- Adhere to STI treatment and management protocols as per guideline. This includes returning for completion of treatment schedules.</p> <p>-Acceptance and practice of STI prevention methods eg. condom use</p>	<p>regarding treatment and prevention.(3) -Cultural myths and beliefs. (2) -Unwillingness to test, learn and accept treatment including denial and disinterest about their STI condition.(4)</p> <p>-Poor adherence to treatment schedule (due to lack of information, limited time to attend clinic, limited resources to travel to clinic, cost of attending clinic visits and/or treatment costs. (5)</p> <p>-Lack of understanding/knowledge of prevention methods.(5) -Sexual tendencies (eg. multiple partners)(1) -Refusal to take up prevention methods eg. condom use (4) -Poor access to STI prevention tools.(4)</p>	<p>celebrities, media platforms and social media campaigns to promote STI education, treatment and prevention and to dismiss misperceptions and myths and to peak awareness.</p> <p>-Dedicated STI clinics within the PHC clinics to streamline the clinic waiting process. -STI Mobile clinics at strategically located areas for easy access to people requiring treatment.</p> <p>-Use of advertising, social media and media platforms to promote STI prevention. -Public campaigns for STI prevention eg. 'STI Awareness Week / Condom Week' implemented in South Africa. -Easily accessible provision of condoms (condom dispensers with freely available condoms placed at strategic locations eg. bars, colleges, shopping malls)</p>	<p>measure and assess STI testing and treatment uptake based on guideline recommendation (assess patient demographics, lifestyle, sexual behaviours).</p> <p>-Patient Records /clinic statistics Measure and assess -treatment uptake, -treatment adherence -STI relapse /recurrence -use of prevention tools -partner treatment -STI associated complications</p> <p>-Periodic Review (6 monthly / annual review) of clinic statistics to evaluate if guideline recommendations are effectively implemented or if further strategies are required for more effective and efficient implementation.</p>
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	<p>-Willingness and understanding importance to initiate and involve partner treatment of STI's to prevent recurrence.</p>	<p>-Refusal or fear to involve sexual partners in treatment process. (4) Multiple sexual partners. (3)</p>	<p>-Promote couple and partner testing and treatment campaigns at PHC clinics and pop-up /mobile clinics eg. 'Valentine's Month' campaign for testing and treatment.</p>	<p>-Measure and evaluate STI trend analysis (eg. increase in incidence of a particular STI)</p>
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