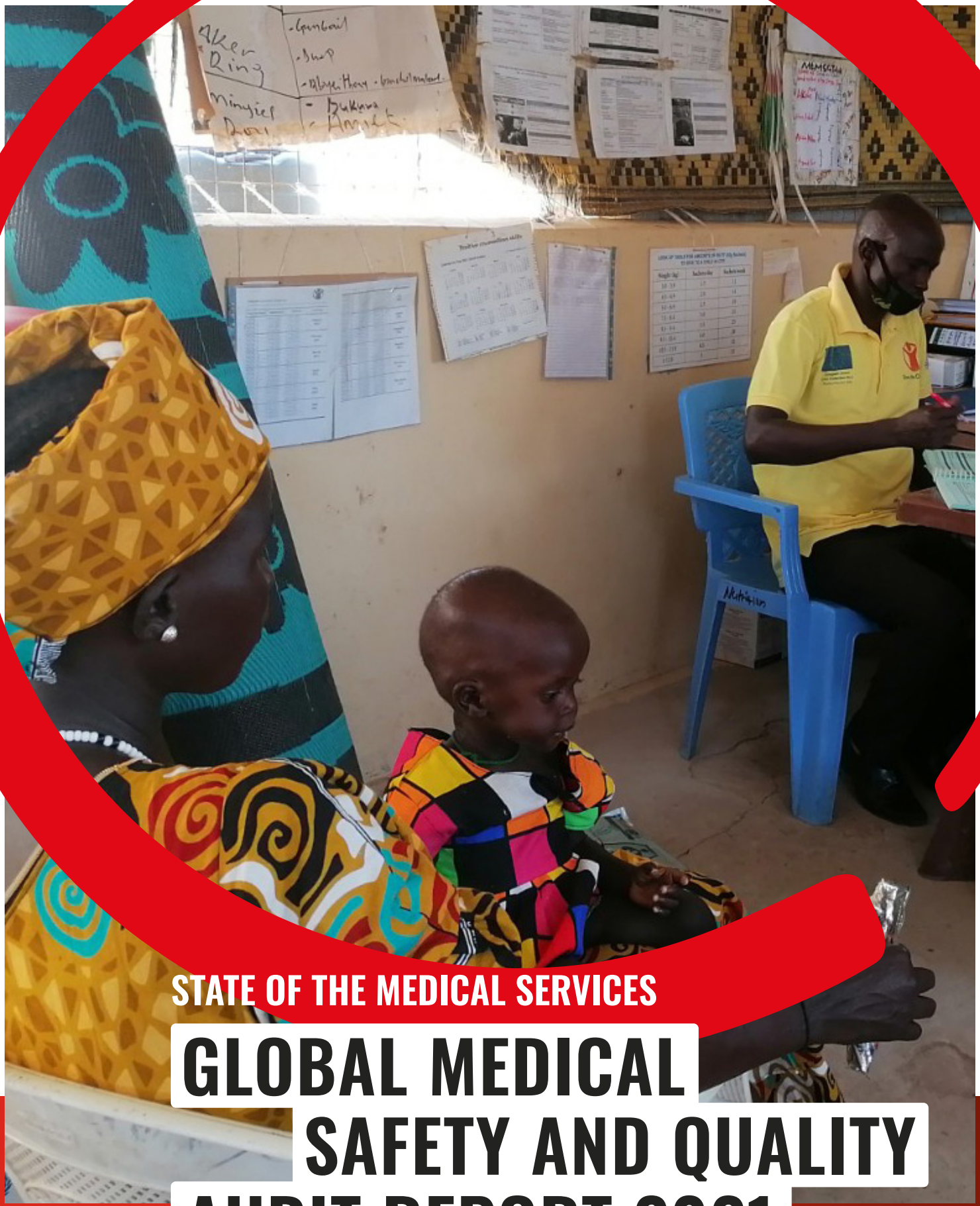


STATE OF THE MEDICAL SERVICES

GLOBAL MEDICAL SAFETY AND QUALITY AUDIT REPORT 2021

Save the Children

GLOBAL MEDICAL SAFETY AND QUALITY AUDIT REPORT 2021

During the last quarter of 2021, the Global Medical Team conducted or commissioned:

14 MEDICAL AUDITS
in priority countries to assess the state of clinical and pharmacy services across

7 COUNTRIES
to provide assurance on the safety and quality of medical services and compliance with the SCI quality framework.

INTRODUCTION AND AIMS →

CLINICAL SERVICES

78% Average compliance score to the Clinical Standards Scorecards

HIGHER RATE
- Healthcare Workforce
- Information and Reporting

MORE FINDINGS →

RECOMMENDATIONS

Work towards increasing uptake of the clinical scorecard and checklists as a whole.

Review the checklists and scorecard and make the necessary changes according to feedback received to make then more user friendly.

MORE RECOMMENDATIONS →

PHARMACY SERVICES

75.3% Average compliance score to the Pharmacy Standards Scorecards

HIGHER RATE
- Waste Management
- Medical Incident Reporting

MORE FINDINGS →

RECOMMENDATIONS

The Global Pharmacy Advisors will continue to support all countries with improving their compliance scores through tailored CAPA plans.

Further support will be provided to countries requiring additional support.

MORE RECOMMENDATIONS →

For more information: OneNet | Workplace

INTRODUCTION AND AIMS


Sacha Myers / Save the Children

In alignment with the Save the Children 2030 Ambition for child survival and the SCI Medical Services Strategy 2019-21, the Global Medical Team (GMT) has been working to strengthen medical services delivery across country programmes globally, to mitigate medical risks and ensure that no beneficiary or staff member is harmed through our delivery of medical services.

Over the last strategic period, the GMT focused on:

- Developing a robust quality framework comprised of policies, procedures, standards, tools and guidelines to enable safe and quality medical service delivery across all contexts.
- Providing technical and operational support to countries delivering medical services, to enable compliance with the quality framework .
- Building capacity of frontline and support staff, supervisors and country, regional and global technical advisors.
- Key stakeholder engagement to strengthen collaboration across teams and functions.
- Improved knowledge management and awareness raising through strategic communications and publications.

The team strategically focused on higher-risk programmes where Save the Children staff delivered services directly, with an aim to ensure that services delivered remained safe and fully assured by 2021.

As such, the GMT provided hands-on and robust technical and operational support to 8 priority country programmes delivering medical services directly (listed below)[1], although 18 other country programmes were also supported during this period to manage risks and incidents, and strengthen the medical service delivery.

Management information indicators were developed and rolled out, and country programmes were supported to carry-out quarterly self-assessments to measure their performance against these indicators.

AUDIT PURPOSE AND OBJECTIVES

During the last quarter of 2021, the GMT conducted or commissioned 14 medical audits in priority countries to assess the state of clinical and pharmacy services across 7 countries[2], to provide assurance on the safety and quality of medical services and compliance with the SCI quality framework.

Conducted by technical experts external to the country programs, the audits aimed at providing an independent perspective on the safety and quality of medical services, and to substantiate the quarterly self-assessments conducted by countries over the past year.

In addition, the audits were planned to gather rigorous evidence on how clinical and pharmacy services were implemented across Save the Children country programmes, and to generate learning on best practices around patient safety and quality improvement in resource-challenged settings.

1 Countries delivering medical services directly during 2019-21: Afghanistan, Bangladesh, Colombia, Ethiopia, Nigeria, Rwanda, South Sudan, Uganda

2 Afghanistan exempted due to security situation

ACKNOWLEDGEMENTS

Authors: Alice Higginson, Zaeem Haq, Josie Gilday, Fahad Zeeshan, Roohil Yusuf, Moussa Dan Baba.

Special thanks to our peer reviewers; George Collins and Milca Agbenou.

We greatly appreciate the support and contributions of all Save the Children staff who participated in the medical audits across the 7 Country programmes and 5 Regional offices.

We'd like to specially thank the humanitarian health technical advisors, Fikru Lamu, Megan McMillan and Yasir Arafat, who conducted the audits in Bangladesh, Colombia and Ethiopia.

Special thanks are due to colleagues at MSI Reproductive Choices (formerly Marie Stopes International), Dhammika Perera and Gerhard Schmid, whose technical advice and support enabled us to develop a robust audit methodology and tools.

We would like to acknowledge the following organisations for developing resources around patient safety in Healthcare provision: WHO, UNICEF, USAID, ICRC and NHS.

DISCLAIMER

SUGGESTED CITATION

Higginson, A., Haq, Z., Gilday, J., Zeeshan, F., Yusuf, R., DanBaba, M. (2022). State of the Medical Services. London, Save the Children International.

PUBLISHED BY

Save the Children International
30 Orange Street, London WC2H 7HH, United Kingdom

Email: gmt@savethechildren.org

Website: www.savethechildren.net

Cover photo: Save the Children / Global Medical Team

Design: Sandra Dudley

AUDIT DESIGN AND METHODOLOGY


Catherine McGowan / Save the Children

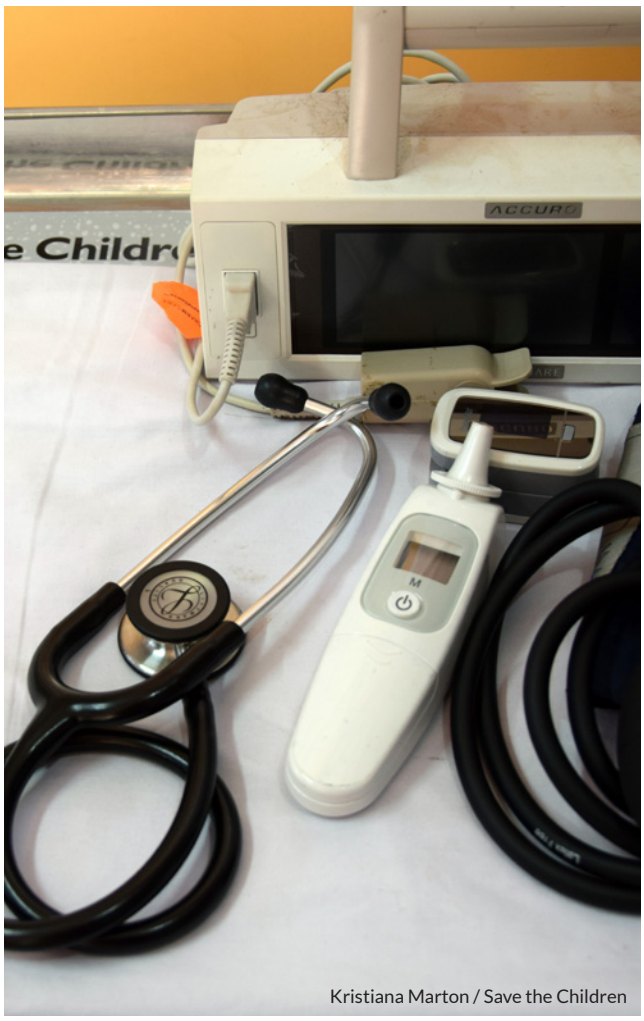
The **Clinical Standards and Services Audit** included three parts of the review process, a) Desk review, b) Patient Satisfaction and c) Observation review. A desk review of the Medical Services Quality Framework Clinical Scorecard and Checklists was completed by Global Medical Advisors. It includes:

- Clinical Standards Scorecard (CSS)
- Checklists on Infection Prevention and Control
- Medical Documentation and Record keeping
- Medical Standards Treatment Guidance
- Morbidity and Mortality Review
- Clinical Referral
- Clinical Triage
- Infrastructure
- Key questions on Human Resource for Health and Medical Incident Reporting.

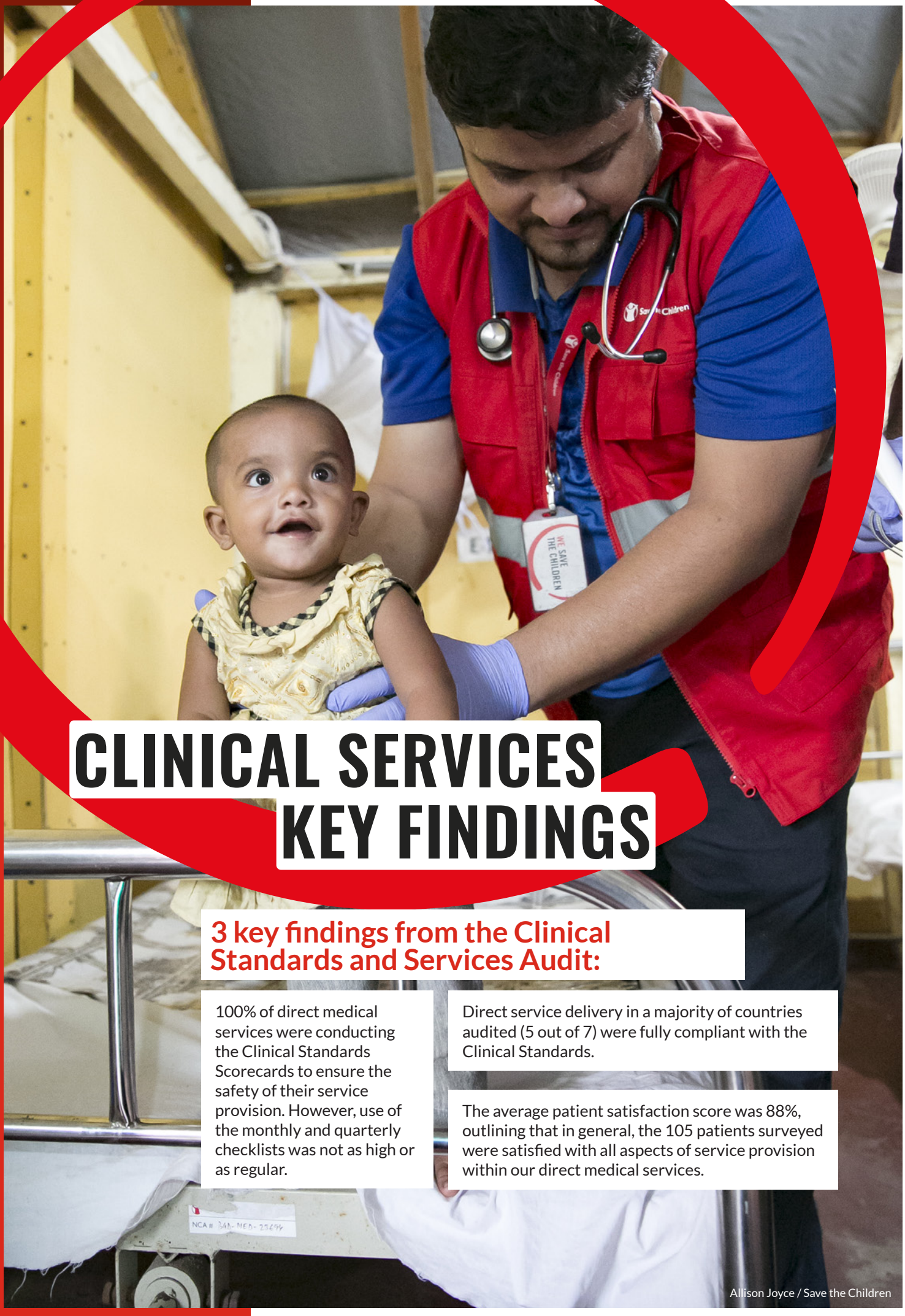
Aforementioned clinical checklists are required to be completed on a monthly basis except for the Infrastructure checklist. Desk Review process is initiated through on the analysis of all the Clinical checklists (monthly/quarterly) completed in the last year at healthcare facility level, as a first step towards Clinical Standards and Services Audit. CSS were submitted on a quarterly basis to GMT to monitor the progress, whilst the rest of the checklists were kept at Country offices for annual analysis.

The second part involved the patient satisfaction survey based on a representative sampling defined by CSS-Audit procedure. The interviews were taken from the health facilities using the key service elements of the Medical Quality Framework (QF).

As the final step for completing the analysis process, observation review was completed by an external Auditor, either Global Medical Advisor or Regional Office Health Technical Advisor or Consultant. Observation visits were made to a maximum of three Health facilities using the same QF checklists used during the Desk review process. Clinical Standards and Services Audit toolbox were used to collect and analyse the data on key QF standards. After final analysis, the results were provided to the CO team for discussion and action planning. The action planning provided a plan to address the key issues identified during the Audit process. The Action Plan was then finalised and shared with responsible teams with key actions.


Kristiana Marton / Save the Children

For the **Pharmacy audit**, this included reviewing stock management data, data logger data and any Pharmacy Score Card (PSS) tools that had previously been completed previously by pharmacy focal points. Pharmacy focal points were required to complete the PSS every quarter on three occasions and in the final quarter, it would be completed by either a member of the GMT or another external auditor. This way, progress could be monitored and reviewed over a period of time. In completing the PSS for this audit, an external auditor, either a Global Pharmacy Advisor or a Consultant visited the main warehouses in the country and in some cases the field sites, depending on the service provision of the programme. The PSS tool was used to collect data on the various standards. After data collection and analysis, this feedback was provided to the CO teams and action planning was carried out to address any issues that were raised. Following this, a Corrective and Preventative Action (CAPA) plan was drawn up and shared with those responsible for implementing the action points.



CLINICAL SERVICES KEY FINDINGS

3 key findings from the Clinical Standards and Services Audit:

100% of direct medical services were conducting the Clinical Standards Scorecards to ensure the safety of their service provision. However, use of the monthly and quarterly checklists was not as high or as regular.

Direct service delivery in a majority of countries audited (5 out of 7) were fully compliant with the Clinical Standards.

The average patient satisfaction score was 88%, outlining that in general, the 105 patients surveyed were satisfied with all aspects of service provision within our direct medical services.

Allison Joyce / Save the Children

UPTAKE OF THE CLINICAL CHECKLISTS AND SCORECARD

The graph below (FIGURE 1) looks at the uptake of the Clinical Standards scorecard and the monthly and quarterly checklists that feed into the scorecard. The results are based on the number of scorecards and checklists that should have been conducted up until the date of the audit, and how many actually were conducted.

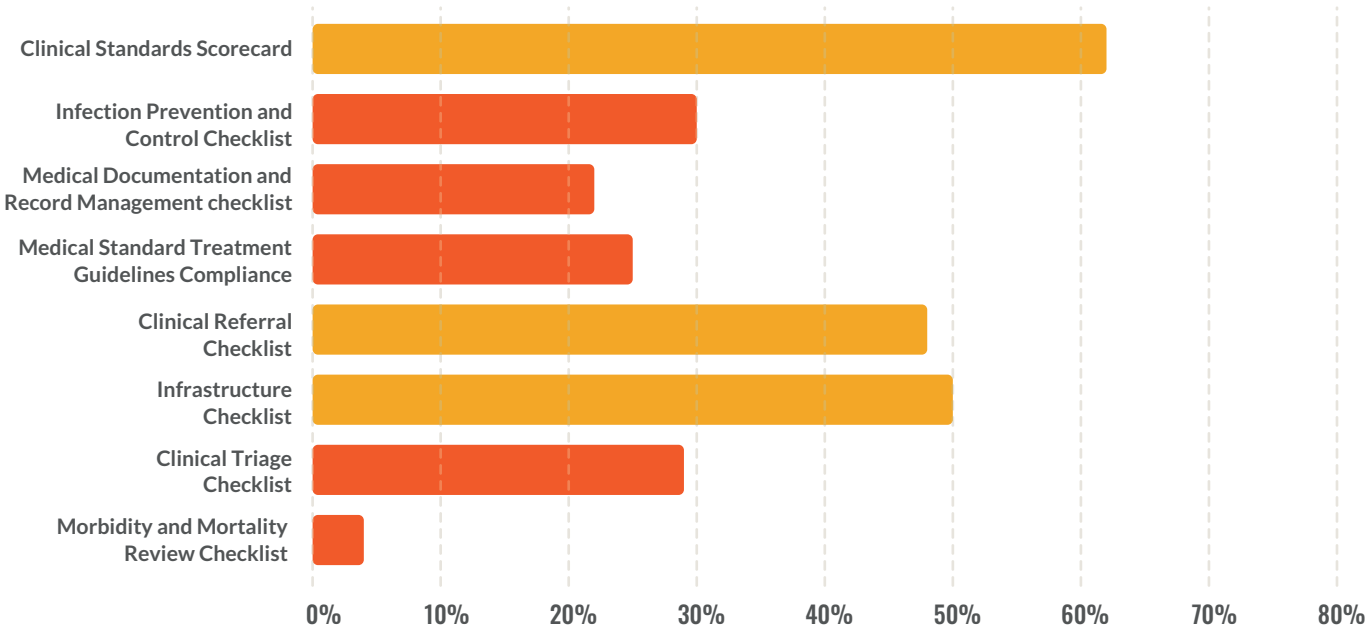
The Clinical Standards Scorecard had an uptake of over 60% with a range of 33-100%. Some countries only managed to do it once to 100%, whilst others had managed to conduct it for all 3 quarters. Nonetheless, all of the countries are now using the Clinical Standards Scorecard.

The checklists had a more varied score and some of the countries are yet to start using them. However, those that have started to use them, reported being able to identify where they were doing well and where improvements were required.

There were several reasons for the differing levels of uptake to the Clinical Standard Scorecard, and the monthly and quarterly checklists including:

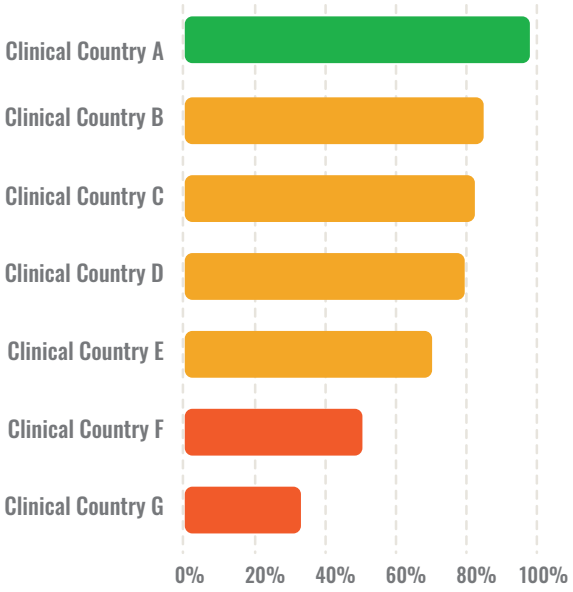
- Uptake requires change, and additional work and organisation to do so can take different amounts of time.
- Languages – the scorecard and checklists are all in English, but only some are in French, Spanish and Arabic as well.
- New systems - introducing a new system always takes time and organisation, this can be a challenge with staff turnover.
- Quality assurance mechanisms already in place. A few countries (but not all) already had Quality Benchmarks, or other quality assurance mechanisms in place.
- Size of Medical Services – some Country Offices have one direct medical service, while others can have several.

FIGURE 1: COMPLIANCE WITH CLINICAL ASPECT OF THE QUALITY FRAMEWORK



AUDIT RESULTS AND COMPLIANCE TO THE CLINICAL STANDARDS

FIGURE 2: OVERALL COMPLIANCE ON CLINICAL CHECKLISTS (AS PER MEDICAL QF)

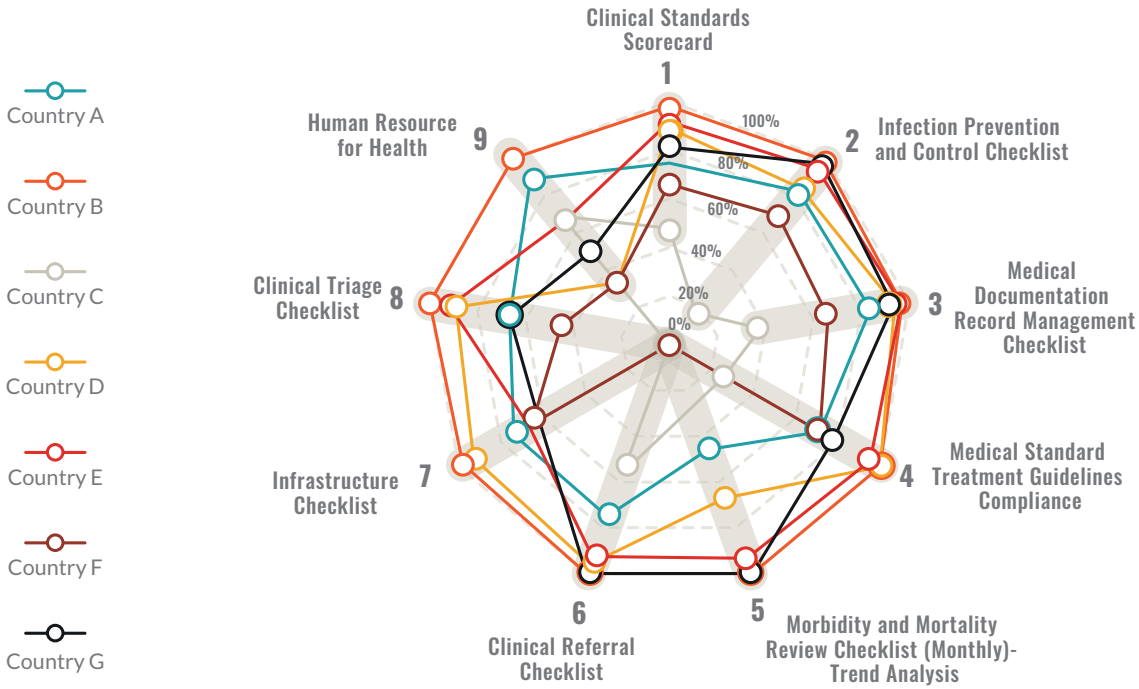


The overall average Clinical Audit Score across all 7 countries was 71% with a range of 33%-98% (FIGURE 2). With the majority of the countries falling between 50-89% meaning clinical services has moderate compliance with the SCI quality framework.

The Clinical Audit observation included 9 components:

1. Clinical Standards Scorecard
2. Infection Prevention and Control
3. Medical Documentation and Record Management
4. Medical Standard Treatment Compliance
5. Morbidity and Mortality Reviews
6. Clinical Referrals
7. Infrastructure
8. Clinical Triage
9. Human Resources for Health

FIGURE 3: COUNTRY SCORES FOR ALL 9 COMPONENTS OF THE CLINICAL AUDIT OBSERVATION



Save the Children / Global Medical Team

The average compliance to the Clinical Standards from observation across all 7 countries was 78%, with a range of 48%-98%.

The highest rates of compliance were for the following standards:

Healthcare Workforce:

- Less than 10% of all healthcare facility staff (including clinical and non-clinical staff) vacancies are open at one time.

Information and Reporting:

- Healthcare facility and programme reporting is timely, accurate, complete and used to adapt and improve the provision of care.
- Weekly Integrated Disease Surveillance and Response (IDSR) reports are submitted according to MoH requirements.

And the lowest rates of compliance for:

Information and Reporting:

- The Medical Incident Reporting procedure is complied with to ensure incidents and near-misses are reported, managed, recorded and learnt from.

Infrastructure:

- Basic infrastructure to provide safe, accessible and useable care is in place. An emergency referral system for severe cases is in place, with patients referred within 15 minutes of confirming referral required.

Service Delivery:

- Clinical supervision occurs in accordance with the clinical supervision procedure.

PATIENT SATISFACTION

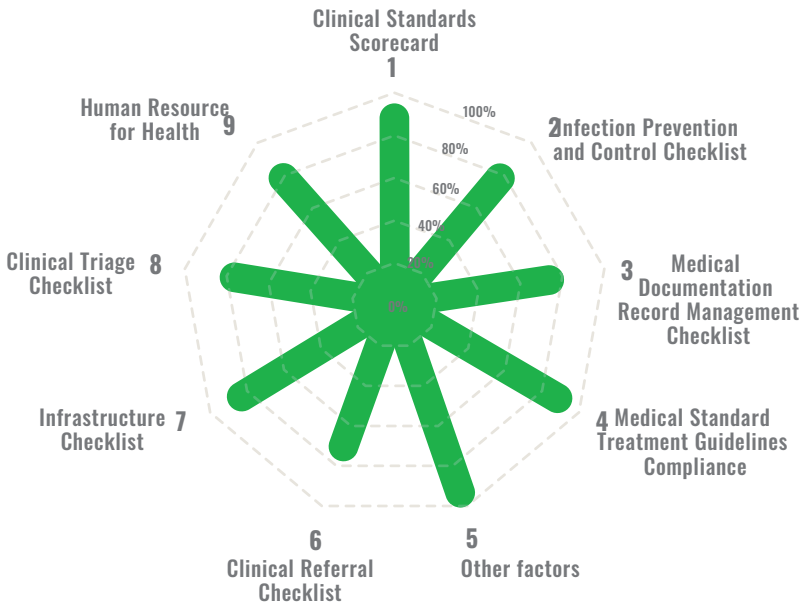
The overall average Patient Satisfaction score was 88% (FIGURE 4), with the highest scores coming from patients being satisfied with:

- Their or their child's health needs were met.
- The prioritisation of their needs.
- The treatment and management of their health needs.

Points that were found to be less satisfactory included:

- The referral system.
- Patients not being aware that their medical records are confidential.
- The access and conditions of the hygiene and sanitation facilities.

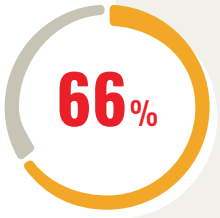
FIGURE 4: PATIENT SATISFACTION SURVEY



COMMON SUCCESSES AND CHALLENGES

Healthcare workforce

In the majority of the countries, patients felt they were respected by staff and were able to identify their positions. However, from a human resources perspective, medical staff's licences to practice were not being verified with the relevant professional body during recruitment and medical staff received limited support to achieve the Continuous Professional Development (CPD) needed to maintain their licences.



Triage

Patients arriving at medical services were clear on where they needed to go and a place for severely ill patients to be taken for immediate care was identified in all countries. Although, only obviously severe patients were directed there, for example an unconscious patient or someone who was bleeding heavily. There was no other form of patient prioritisation, for example for a child with a high fever or a fast respiratory rate, in the majority of countries. Possibly infectious patients were also not always identified immediately and there was not always a separate and clearly marked place for them to wait to be seen. This was due to a few points including:

- In general, triage was mainly carried out by non-medical staff who had received some, but not adequate training.
- There was a lack of space in waiting areas or a lack of structures providing shade and a place to sit.

Medical Standards Treatment Guidelines Compliance

MoH treatment protocols are complied with however regular patient assessments/ examination standards are not followed with past medical, family and social history not taken and previous visits to this or other HCFs not checked in several of the countries. This occurred due to various reasons including:

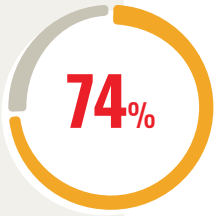
- Patients not having their own notes and so unable to present them to the staff seeing them.
- MoH/partner registration books not having spaces for this information to be added.
- Or just the fact that staff were not used to looking at patients previous visits or did not have time.

Where this was done well was in speciality areas for example; HIV, NCD, ANC/PNC services.

- There were also cases of prescriptions not matching the provisional or differential diagnosis. This was only seen rarely, but additional checks and precautions are required immediately to prevent this.
- In inpatient departments, documentation of vital signs and medications was not clearly noted. Observation showed that there was generally a lack of space when conducting vital sign or medication rounds, and staff were often called on or asked to support with other tasks. However, this is not acceptable and along with ensuring prescriptions match the diagnosis, are a priority to rectify.

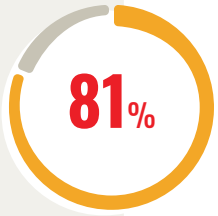
Referrals

Referral systems were in place and forms were completed with the necessary information in most countries. However, some countries did not have access to the necessary resources to be able to refer patients within the 15-minute timeframe outlined in the Clinical Standard statement, due to using partner ambulances or sharing them with other facilities. It was also noted by the observers that the referral checklist enabled observation of a system in place, but not the ability to verify that was followed and worked.



Medical Documentation and Record Management

All staff were aware of the medical documentation procedure and that medical records were confidential documents, and 5 out of 7 COs complied with the standards. However, only half of the countries were storing medical records in an appropriate and confidential manner. Patients were mainly unaware that their medical records are confidential. Observers also noted that some medical records were not always legible.

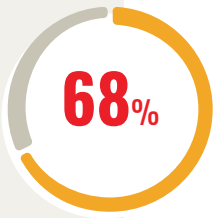


Infection Prevention and Control

Medical services staff were aware of the IPC procedure and implementing the majority of the steps and 5 out of 7 COs complied with the standards. It was identified that only half of the countries had their waste clearly segregated and out of reach of patients. Staff were also not aware of the immediate first aid after accidental exposure to bodily fluids, however they knew the following steps of contacting their line manager and reporting it as a medical incident.

Morbidity and Mortality Review

Monthly data reviews were in place, as well as MoH death audits when required, and 3 out of 6 COs complied with the standards. Though the regular process of discussing individual cases with the use of the morbidity and mortality guidance had not yet started in any of the countries.



Medical Incident Reporting

Medical Services staff were aware of the medical incident reporting system and it was noted that some medical incidents had been reported. However, access to reporting was seen to be difficult, either due to the availability of the internet, laptops and/or paper version.

Infrastructure

The conditions of the buildings varied widely between the services and this depended on whether they were SCI buildings or shared with the MoH. 3 out of 6 COs complied with the standards. Half of the country's medical services had enough toilets, showers and handwashing points installed, but they were not all functioning, accessible or clean.

None of the facilities had enough water stored to cover 2 days if their supply stopped or was not delivered.

Fire plans are also needed in all countries.

CLINICAL SERVICES RECOMMENDATIONS

Save the Children / Global Medical Team

UPTAKE OF THE CLINICAL CHECKLISTS AND SCORECARD

- Work towards increasing uptake of the clinical scorecard and checklists as a whole.
- Review the checklists and scorecard and make the necessary changes according to feedback received to make then more user-friendly.

CLINICAL STANDARDS SCORECARD

- Continue to work with countries to use the Clinical Standards Scorecard.
- Continue to provide targeted support for countries in areas they have identified as requiring improving.

MEDICAL DOCUMENTATION AND RECORD MANAGEMENT

- Continue to increase patient's understanding around the confidentiality of their medical records.
- Ensure medical documents and records are stored in an appropriate and confidential manner.
- Ensure that medical records are legible.

INFECTION PREVENTION AND CONTROL

- Increase 'accidental exposure to bodily fluid first aid' amongst all medical services staff .
- Ensure the appropriate waste management both inside and outside facilities is in place.

MEDICAL STANDARD TREATMENT COMPLIANCE

- Increase medical staff's knowledge and understanding of the importance of and how to carry out regular patient assessments/examinations.
- Look into how medical staff could gain access to or ensure they have a better understanding of patient's previous visits, past medical history, family and social history.
- Increase medical staff's knowledge and understanding of the importance of and how to carry out vital signs and medications rounds and reduce existing barriers.

INFRASTRUCTURE

- Continue to collaborate with the Construction and WASH teams to ensure hygiene, sanitation and water facilities are adequate and useable.

MORBIDITY AND MORTALITY REVIEWS

- Review and increase awareness of the morbidity and mortality checklist.

CLINICAL REFERRALS

- Review the checklist to include the ability to verify that referral systems are being followed and work.
- Understand the different referral systems used within our direct services to support services to be able to transfer severe patients within the 15-minute timeframe.

CLINICAL TRIAGE

- Triage staff need to receive additional training.
- Support countries individually to create adequate space for waiting areas that include a separate area for infectious patients.

HUMAN RESOURCES FOR HEALTH

- Human Resources teams need to be aware of the importance of validating medical staff's licence to practice.
- Additional support to enable medical services staff to gain CPD points/hours needs to be implemented.

PHARMACY SERVICES KEY FINDINGS

Save the Children / Global Medical Team

The pharmacy services audit was conducted in seven countries where direct medical services are provided by Save the Children staff. The aim of the audit was to improve quality assurance, enable compliance to the Quality Framework index and maintain safe and quality pharmacy services, using the Pharmacy Standards Scorecard (PSS).

This tool enables Country Offices and program teams to gain an overall understanding of their pharmacy service delivery in accordance with SCI Pharmacy Standards and identifies areas that require improvement. It provides the GMT with useful information on the challenges faced by each country and highlights where tailored support is required to address these challenges. As an outcome of the audit, each country has an Action Plan to facilitate their improvement in the required areas, with support from the GMT.

The PSS contains multiple standards related to different aspects of medicines from medicines sourcing to Medical Incident Reporting (MIR). The majority of standards relate to the storage, distribution and stock management of medicines. Each section has a different weighting depending on its significance to safe pharmacy services. All of the standards are supported by guidelines/procedures which are available on the Quality Framework Index. The pharmacy standards audited were all related to medicines management at a warehouse level, however this will be expanded to include health facilities in the future.

FINDINGS

FIGURE 5 shows the uptake and completion of the Pharmacy Standards Scorecard prior to the audit being completed and provides some baseline data on compliance to pharmacy standards by some countries. Only 5 countries completed the audits and their compliance scores are shown here. In addition, compliance scores were between 59% and 92% compared with 57% and 100% shown in FIGURE 6.

Compliance scores are graded from A – C, with A being above 80% and indicating high compliance, B being between 60 and 80% and indicating medium compliance, and C being less than 80% and indicating no compliance.. The overall compliance scores across countries (which are indicated in the graph above as country A – G) vary significantly as demonstrated by this graph, ranging between 57 and 100%.

Five out of the seven countries audited (B-F) scored between a 60 to 80% and a medium rate of compliance. These scores are impressive considering the fact that many of these guidelines and the PSS itself was rolled out in 2021 and this has been the first time that these audits have been conducted. Another point of note is the fact that different countries began implementation of the tools at different times of the year, therefore some teams have more experience using them compared with others. That being said, this is a great starting point and the countries that have not achieved high scores have been provided with targeted support to make improvements in the coming years.

FIGURE 5: UPTAKE OF PHARMACY STANDARDS SCORECARD (BASELINE DATA)

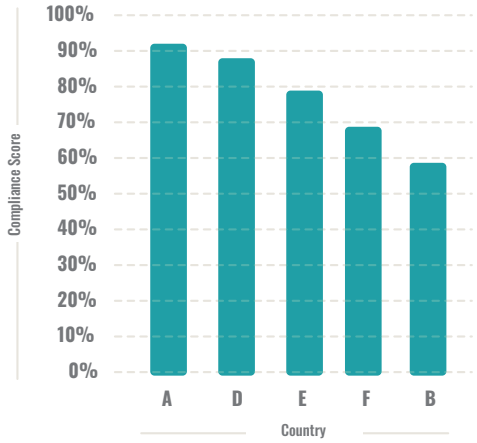
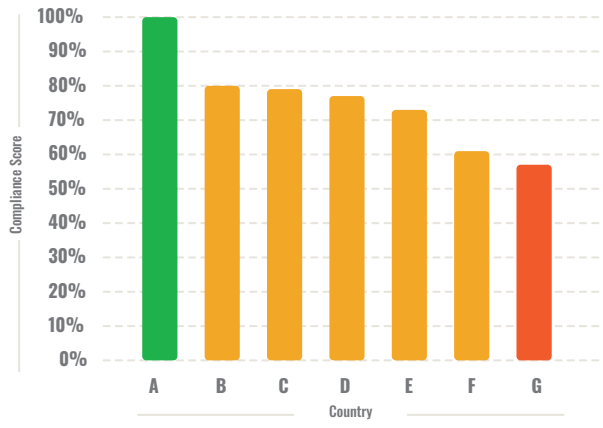


FIGURE 6: OVERALL QF COMPLIANCE SCORES



It demonstrates the dedication and hard work put in by the Country Office and Field Office pharmacy and supply chain teams to improve the quality and safety of pharmaceutical provided through Save the Children Health Programmes.

FIGURE 7 shows that compliance with waste management and Medical Incident Reporting (MIR) are generally high (above 80%) across all 7 countries. However, the General standard section which contains one standard on the attendance of the pharmacy focal point and monthly Pharmacy Reference Group (PRG) meetings was only 57.1% on average. Attendance at these meetings is useful as they are a platform to share information and practices, interact with other pharmacy focal points in different countries and discuss and share challenges. They are also used to share updates on new guidelines and procedures that have been written, and are used as a training platform where training sessions are conducted. In addition, attendance at these meetings on a regular basis provides pharmacy focal points with the knowledge and understanding of the guidelines and procedures which are available to support them in the provision of safe and effective pharmacy services in their respective countries.

The other standards that were below average were the stock management and medicines sourcing standards. These will be discussed in further detail below.

FIGURE 8 highlights the countries that were able to attend PRG meetings on a regular basis and had higher compliance scores on the PSS audit. Due to different time zones, one country was not able to join the meetings but was provided access to recordings to watch back at a later date. While PRG meeting attendance may not be the only reason for better compliance, it does provide an opportunity to interact with the GMT and request support when it is required. In general, the countries that scored higher on the audit were those who were more engaged with the GMT in terms of communication, in addition to meeting attendance.

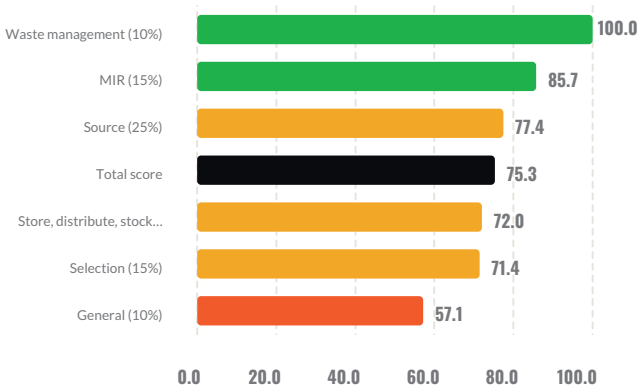
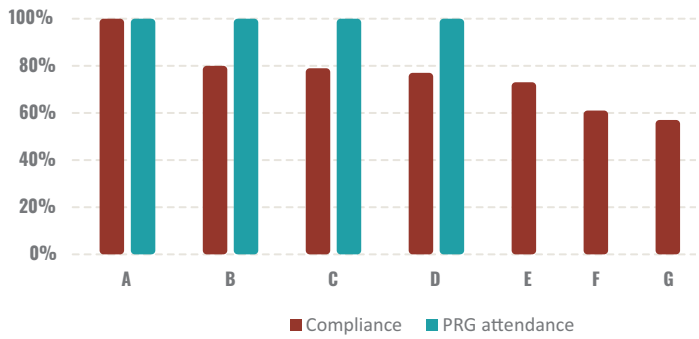


FIGURE 7: AVERAGE SCORES ACROSS THE DIFFERENT SECTIONS OF THE PSS TAKEN FROM ALL COUNTRIES AUDITED



Countries with no blue bar indicates there was no attendance of PRG meetings

FIGURE 8: COMPLIANCE SCORES COMPARED WITH PHARMACY REFERENCE GROUP (PRG) MEETING ATTENDANCE

Louis Leeson / Save The Children

In order to assure quality of healthcare commodities (HCCs), sourcing should ideally be carried out from approved international suppliers (FIGURE 9). However, there are situations where this may not be possible and so procurement may have to be done from non-qualified in-country suppliers. There is a procedure in place that supports the one-off procurement of healthcare commodities, where the GMT will review the suppliers/manufacturers and ensure they are quality assured to reduce the risk of poor-quality health care commodities being sourced. This risk can lead to patient harm, adverse drug reactions, prolonged illness and can impact on the reputation of Save the Children. This is currently being achieved for 80% of countries and compliance with donor requirements is also high (86%).

The receipt and donation of Gifts in Kind (GIK) require oversight by the GMT to ensure that HCCs are suitable for programmes, as well as to assure quality and to ensure that the expiry dates of the products are sufficient to prevent wastage of medicines. These areas still require some improvement with scores of 67% and 75% respectively, and further collaboration is required between Country Office colleagues and the GMT to improve this. Some of the challenges with these processes include the fact that the responsibility for dealing with GIK products is not always with the pharmacy and supply chain teams, and other colleagues working outside of pharmacy may not be aware of the available guidelines and processes. Work is underway with Country Office colleagues to review ways of working to facilitate better compliance with these standards.

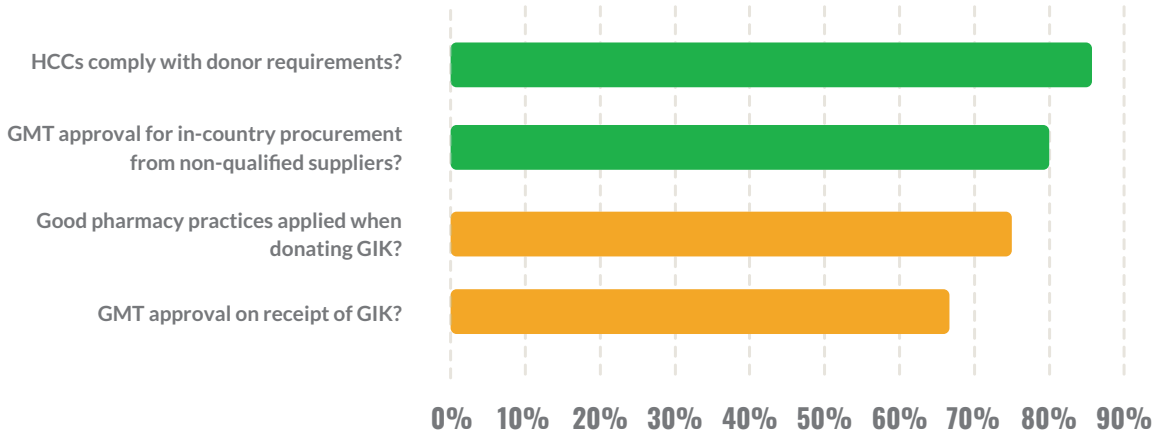
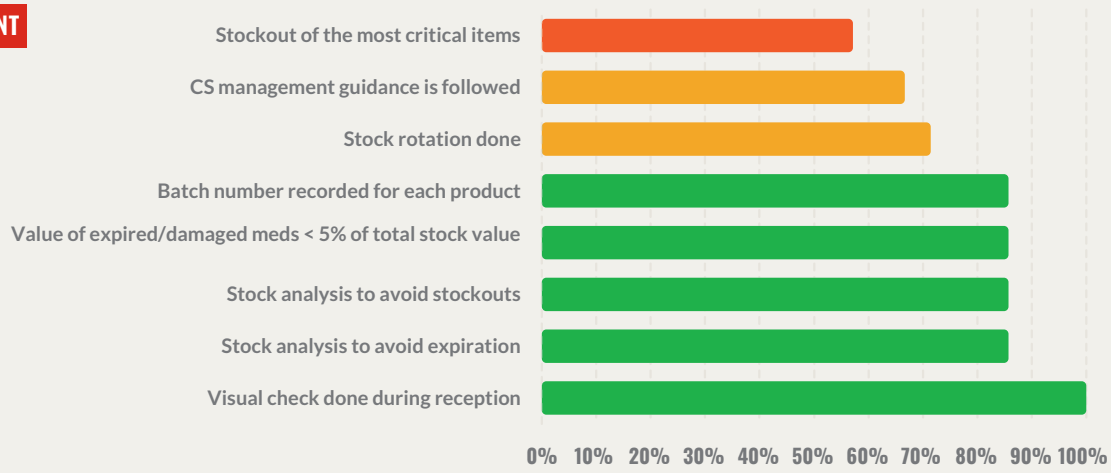


FIGURE 9: SOURCING OF HEALTHCARE COMMODITIES

FIGURE 10: STOCK MANAGEMENT



Stock outs of essential medicines remain a challenge in most countries that were audited (57%) (FIGURE 10). This is despite stock analysis being conducted by 86% of countries, which suggests that further measures need to be considered to reduce stock outs. In some countries, stock management is carried out by the health and nutrition or medical teams, who do not have an understanding of the complexities of the supply chain and different lead times required to source medicines. Some observations that were made during data collection were the lack of communication between supply chain and health and nutrition teams in-country. Improved communication between teams could support with improving stock management in collaboration with the supply chain team.

Further work is being carried out in collaboration with supply chain colleagues to ensure that a detailed medical procurement plan is in place, in addition to ensuring the availability of buffer stock.

In addition, medicines consumption and forecasting processes need to be improved. These processes are complex and time consuming but, carried out correctly, can have a significant impact on reducing stock outs. A training module on this topic is being developed to support countries to improve their processes.

It is important that pharmacists or staff with training in supply chain are available at a programme level to help facilitate with medicines availability. This is a gap that should be addressed as soon as possible as it will have positive implications on other aspects of pharmacy services in addition to stock management.

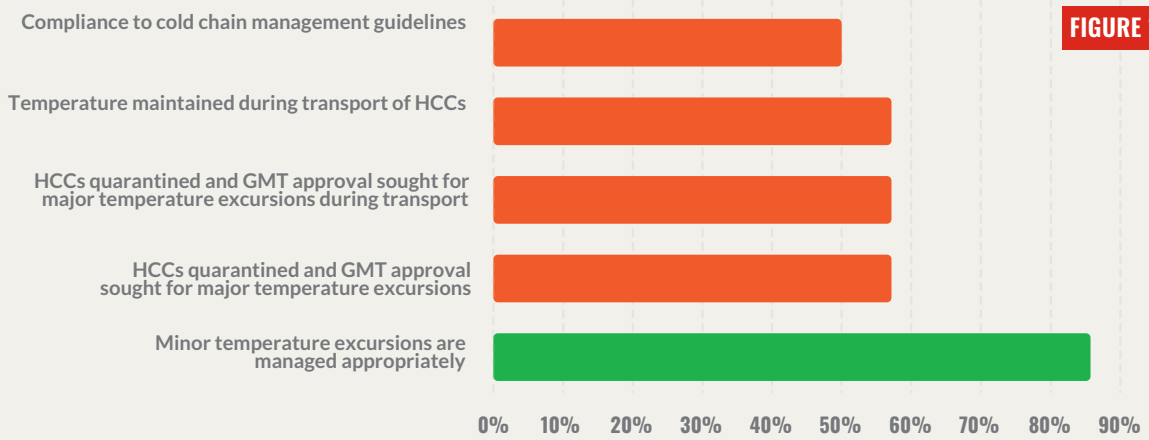
Another example of the need for adequately trained pharmacy personnel is demonstrated by the finding that adherence to the Controlled Substances guidelines is 67%. This is sometimes due to teams not understanding which medicines are Controlled Substances, or the lack of understanding around the risks of not complying to the additional legal requirements regarding the storage of these medicines.

All countries (100%) were found to be conducting visual checks on receipt of medicines as a quality assurance measure, to ensure all medicines were suitable on receipt. In addition, stock was managed well to ensure that excessive amounts are not becoming expired.

Compliance to the cold chain guidelines (FIGURE 11) still requires improvement in some countries (50%). Some of the challenges here include a lack of supportive equipment to support required conditions for appropriate storage, such as generators, air conditioners and pharmaceutical fridges amongst others. To address this gap, a checklist will be created to support programme teams to ensure that essential items are procured to support safe medicines storage. Nonetheless, Country Office teams are managing minor temperature excursions appropriately in 86% of cases, which reduces the risk of medicines with questionable quality being provided to patients.

The pharmacy, supply chain and health and nutrition teams are very dedicated and work extremely hard to continually improve the safety and quality of the pharmacy services we provide. As the first audit, this is a benchmark, but is a great starting point and foundation to further build upon.

FIGURE 11: COLD CHAIN MANAGEMENT

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PHARMACY RECOMMENDATIONS

The Global Pharmacy Advisors will continue to support all countries with improving their compliance scores through tailored CAPA plans. Further support will be provided to countries requiring additional support as highlighted by the findings demonstrated above.

GENERAL

Improving engagement with pharmacy colleagues is a recommendation to improve compliance to the SCI Quality Framework standards.

SOURCE

Improvements are required around compliance to the GIK procedures, but this needs to include other in-country teams to ensure that all colleagues have an understanding of the principles behind these procedures.

STOCK MANAGEMENT

The challenge of stock outs is complex and should be addressed from multiple angles. Staff training is important to equip staff with the knowledge and understanding to initiate and monitor these processes in country. Advocating for buffer stock and ensuring detailed medical procurement plans are in place can go some way to preventing this. In addition, improving relationships with Country Office and Field Office supply chain teams can also be beneficial in the long-term as they can provide crucial support needed to prevent stock outs occurring, and offering solutions to procure medicines when they do.

STORE

Cold chain management is still proving to be a challenge, but this is mainly due to poor programme planning leading to lack of energy sources available to power fridges. This needs to be addressed at a higher level as it impacts many countries, and the Global Medical Team will provide guidance on programme planning to ensure these essential components are included at programme design stages.

OTHER

Finally, the importance of pharmacy support at Field, Country and Regional Office levels is often overlooked. Pharmacists can support with all aspects of medicines management, including the delivery of safe pharmacy services. All programmes should strive to ensure pharmacy support at a local level is available for pharmacy services.

Save the Children / Global Medical Team

A heartfelt thank you to all staff and patients who took part in the medical audits last year, under sometimes difficult circumstances, during the COVID-19 pandemic.

Your engagement, participation and support were immensely beneficial and will prove invaluable to further strengthen the safety and quality of Save the Children medical services around the world.

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