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Title

Primary Care Development: Creation and implementation of hypertension templates for a rural Burundian hospital

Priority 1 (Research Category)

Global Health

Presenters

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Abstract

Context: A medical NGO, Village Health Works, based in Burundi, manages a walk-in based outpatient department and inpatient wards. In June 2023 a new hospital will be opened, with a chronic care clinic to provide primary care to the region. Currently, primary care is limited due to resources and ability to follow up. There were no formal protocols or documentation templates for chronic care for providers. A pilot round, using the diagnosis of hypertension, was used to implement these and gain feedback for future templates.

Objectives: To evaluate for improvement of management and documentation of hypertension in the setting of an upcoming chronic care clinic using templates.

Study design and analysis: Physicians employed with an NGO were surveyed on their current outpatient hypertension management. Questions included how comfortable they felt managing hypertension, documentation quality, and how helpful the documentation was in continuity management, which were ranked on a scale from 1 to 10. There were also areas to comment. After this, a hypertension template, including history, review of systems, medications, physical exam, assessment, and plan were implemented in the outpatient department. Two weeks later the physicians were again surveyed on the topics listed above. The data was collected from responses, was analyzed using a T-score, and was found to be statistically significant.

Setting/Dataset: The setting was a rural Burundian outpatient clinic, preparing for the opening of a new chronic care clinic. The dataset was based off pre- and post- surveys administered to the physicians.

Population studied: Generalist physicians working at an NGO in Burundi.

Interventions/ Instrument: Documentation template for the evaluation and management of hypertension in the outpatient setting.

Outcome measured: The comfort, standardization, and improvement, based on physician opinion, of the documentation and management of hypertension in the outpatient setting.

Results: There was significant improvement of physician opinion on hypertension management, documentation, and standardization after implementation of the templates.

Conclusions: Based on physician opinion, after implementing hypertension templates, the process was standardized and easier to manage. The template prompted evaluations, such as medication, lab work, complications, and follow up. They felt that longitudinal care improved, due to the set standards in the template.