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CASE COMPETITION

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Collaborating, learning, and adapting (CLA) have long been a part of USAID's work. USAID staff and implementing partners have always sought ways to better understand the development process and USAID's contribution to it, to collaborate in order to speed and deepen results, to share the successes and lessons of USAID's initiatives, and to institute improvements to programs and operations. Through this case competition, USAID and its LEARN mechanism seek to capture and share the stories of those efforts. To learn more about the CLA Case Competition,

Resource Centers Bring Information to Health Workers Where They Work

Stephanie Brantley, IntraHealth International

What is the general context in which the story takes place?

The Palestinian Ministry of Health (MOH) oversees a medical system consisting of 13 hospitals and 7,000 health professionals. While these resources can provide a wide range of services for the citizens of the West Bank and Gaza, sometimes patients require specialized care that is not available within the MOH. In these cases, patients are referred to other private and NGO hospitals in West Bank or to Israeli hospitals or other hospitals outside the Palestinian territories. The number of patients referred for tertiary levels of care grew sharply over the last decade, from 8,123 cases in 2000 to 74,683 in 2014.

The effect these referrals have on the health care budget of the Palestinian Government is significant, as are the hurdles patients face in a part of the world where crossing borders requires approvals and permits. The key stakeholder in the project is the Palestinian MOH, which has an interest in building the capacity of local health workers and increasing their level of knowledge so they can manage more complex cases, which will reduce the need to refer patients outside the system. In addition to standardized training, new technologies have been introduced into the West Bank (e.g., tele-medicine) and many interested partners such as local training institutions are enthusiastic to promote new modes of learning. The approach to the program is highly collaborative, with the MOH supported to lead the process.

What was the main challenge/opportunity you were addressing with this CLA approach or activity?

The Palestinian Health Capacity Project (PHCP) was asked by USAID to work with the MOH to reduce the cost of referrals to Israeli hospitals. The project found that clinical staff assessing the treatment needs of patients lacked access to up-to-date scientific information and resources. PHCP partnered with the MOH to implement revisions to the referral system, by expanding the capacity of the health system to organize information resources that enable more accurate, evidence-based decision-making when evaluating a patient's needs. In order to provide health workers with access to information that could support them in making accurate, evidence-based decisions about patient care and foster their professional learning, the project sought to establish online resource centers in the different West Bank hospitals. The intent is that the quality of clinical care will improve as a culture of continuing professional development is introduced and reinforced through the experience of shared best



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practices. The result will be better care, more efficient use of existing resources, and fewer unnecessary burdens on patients.

IntraHealth saw an opportunity to use its in-house knowledge management (KM) unit as an asset in this situation. The unit has had substantial successes providing research services and librarianship, developing in-person and online training and processes to support communities of practice. While we have worked mostly for an internal audience, we wanted to contribute to our projects while learning about how to adapt our methodologies in other cultures and contexts.

Describe the CLA approach or activity employed.

To help build the professional knowledge of PMOH health workers and link them with national and international learning resources, the MOH and the PHCP invested in the creation of online resource centers. Located in several West Bank hospitals, they can serve as quick-access libraries of health information.

The primary obligation of the proposed resource centers was to provide clinical staff with access to relevant, timely, evidence-based information to inform improved decision-making and support ongoing professional development. We structured the training to include suggestions for supporting a community of resource center practitioners who are aware of current techniques, best practices, and emerging trends in the field of health information research. The training also sought to address outreach and promotion, with the idea that awareness of the resources would be a key driver of their use.

Our approach centered on classroom training with a professional librarian, which we viewed as the most efficient way to quickly expand the skill sets of the proposed resource center staff. We left behind resources, including paper and electronic copies of the training manual, so that the exercises covered in person could be repeated for new members or consulted. We also supplied quick-reference guides that can be printed as needed.

We repurposed material found on the WHO website to provide training on HINARI, an affordable research tool accessible to this community. We also wanted to find ways to help practitioners organize their findings and make them available again when particular health questions arose again, so we learned and presented to students how they could make use of a citation management system.

In addition to the training on how to access health information, a Moodle site was created to enable MOH staff to access e-Learning courses. A contractor customized the site, which is hosted on the MOH Web server. The facilitators were trained on Moodle so they would be able to provide training to MOH workers visiting the online resource centers. PHCP provided three initial e-Learning courses on ethics, infection prevention and control, and neonatal nursing.

The groups involved were the IntraHealth KM team, the MOH, and PHCP staff, as well as the facilitators of the online resource centers, who participated in the training.

What have been the outcomes, results, or impacts of the activity or approach to date?

We conducted a post-training survey that found that most participants valued their experience and were enthusiastic about contributing to the success of the resource centers. One MOH official who attended the training, a dean of a local nursing school, asked that the trainer present a condensed version of it to a group of teachers and advanced students at her school. This group gave very positive feedback, and teachers asked that we share our training materials for their use in the classroom. We hope that by making future cohorts of nursing students at this particular school aware of best practices in medical research, we can expand the reach of the training we delivered.

Support and buy-in from the Education in Health Directorate to the development and use of online resource centers has resulted in replication of the model. PHCP's three centers were the first to be set up, but the MOH



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secured funding to roll out similar centers to an additional six MOH hospitals and plans by December 2015 to have centers in 11 out of 13 facilities. The ministry is also promoting the online courses we established, and making the Infection Prevention online course a requirement for doctors completing their one-year internship training. To date, more than 100 interns have completed the course. The MOH also secured outside funding from another donor to develop 10 more online courses, which will be uploaded to the Moodle platform for continuing education of health providers in different topics. Medical and nursing students are using the centers to access information for research and presentations. Our follow-up activities have been focused on providing limited support to assist the MOH in promoting the use of the resource centers, tracking the number of users and types of data accessed

What were the most important lessons learned?

This activity highlights an urgent, unmet need common throughout developing countries. Even in a context like the West Bank, where the medical, ICT, and educational infrastructures are relatively more robust than in most of the developing world, librarianship and research skills are in short supply.

Given a bit more time and funding, we would like to repackaging the training material we prepared as a series of e-Learning courses that can be distributed online or on thumb drives. This would not only provide a training experience for new staff—it would serve as a quick-reference resource for those who completed the full training.

A last lesson learned has to do with the language barrier. All of the participants could comprehend English at a substantial enough level to grasp most of the training, but there was a significant range of skill levels in the group. All of the training materials were translated into Arabic prior to the start of the training, which was extremely helpful. Partnering an interpreter with the instructor would be ideal, but we believe that the information was presented in a manner that enabled participants to comprehend it.