

**2012 Summer Practicum
Health Horizons International &
La Maternidad Dolores de La Cruz
Action and Follow-up Plan
Myriam A. Scally, MPH&TM
DrPH candidate, International Health
Boston University School of Public Health**

Background

Located on the Island of Hispaniola, the Dominican Republic has the second largest economy in Central America and the Caribbean¹. However, as a result of economic shifts that took place in the 1980s and 1990s, the expenditure on health and education in the Dominican Republic waivered around less than 5% of GDP². The lack of expenditure on healthcare, an increase in the dependence on external markets because of tourism, migration to urbanized areas, as well as immigration of non-documented Haitians, has led to an increase in poverty and the number of people who are in need^{1, 2}.

Globally, poverty is the principal determinant of health. As noted by Health Horizons International (HHI), its’ “partner communities are comprised of Dominicans and Haitians living in varying degrees of poverty”³. Poverty is especially prevalent for individuals living in “bateyes” – shanty-towns, where access to basic infrastructure and essential health services is often minimal or completely absent (pers. obs. in bateyes around La Romana, DR).

Aside from the health risks associated with poverty, Dominicans also suffer from conditions more commonly associated with developed nations. Specifically, cardiovascular disease is one of the leading causes of death in the adult population, aged 15+². HHI serves four communities in the area including rural villages and bateyes, on the outskirts of the Montellano sugarcane refinery area³. In their local needs assessments, HHI also identified high blood pressure and diabetes as being a significant health concern for the population they serve³. Although local health systems are aware of the growing rates of chronic diseases as well as their need for better management thereof, comprehensive programs have not been implemented.

My project took place in Montellano of Puerto Plata region of the Dominican Republic. The project involves a partnership with HHI, the Puerto Plata Provincial Ministry of Health (MSP) and the Hospital La Maternidad Dolores de La Cruz (“Maternidad”), the public clinic that is the primary point of service for health care in the Montellano area. La Maternidad roughly serves a population of 150,000 (pers. comm. Director Luis Hiraldo).

¹ Central Intelligence Agency. World Factbook. <https://www.cia.gov/library/publications/the-world-factbook/geos/dr.html>

² Pan American Health Organization. <http://www.paho.org/english/sha/prfldor.htm>

³ Health Horizons International. <http://hhidr.org/get-involved/research-internships/>

While HHI has continued to grow its program in chronic care it is also aware that there is a greater need than they have capacity for. In light of this, and since HHI's mission has at its core that their efforts must focus on strengthening the local health system, HHI asked me to focus my project on strengthening the services provided at La Maternidad and increasing the collaboration between HHI, La Maternidad, and MSP, with the long-term goal of creating a model program for non-communicable disease management which will integrate HHI's existing Chronic Care Program into the local health system.

Project Description:

The first steps in rolling out the project involved assessing the levels of communication and commitment of the involved parties. La Maternidad was evaluated in terms of available resources for the prevention and management of chronic conditions, namely hypertension and diabetes (Appendix A). The project also examined patient flow/management, lab, pharmacy, clinic, patient satisfaction, and the overall strengths and weaknesses in the service delivery of La Maternidad (Appendix B).

In order to improve the services at La Maternidad and assess the above noted, I implemented my project using the COPE (Client-Oriented, Provider-Efficient) model. The COPE model was developed by Engender Health in 1988, and to date it has been used to improve health services in over 45 countries worldwide. The program is based on empowering healthcare providers to identify the problems they face every day, collaboratively develop solutions to these problems, and implement an action plan to create lasting improvements in quality of care.

In late June, after several weeks of assessing the current state of La Maternidad, engaging the commitment of key stakeholders, and training a co-facilitator (Fernando Medina), I co-led the first COPE meeting. It was attended by all Maternidad personnel, including Director Luis Hiraldo, and the Provincial Minister of Health, Dr. Vicente de Peña. After introducing the program, Fernando and I divided all personnel into ten teams, each of whom was to complete an evaluation and mini-action plan on quality indicators, including client access to services; personnel access to training and development; continuity of care; client rights to dignity and comfort; safety and infection control; materials, supplies, and infrastructure; and more.

Additionally, Fernando and I conducted 18 patient interviews and conducted 30 chart reviews (10 per hospital area – SENASA, pediatrics, and OB/GYN) (Summarized results in Appendix C & D & E). According to Dr. de Peña, "This project is an opportunity. It is a chance to use a proven tool to identify areas of improvement, and ensure the investment of Maternidad personnel in creating solutions." (*translated from Spanish*).

The staff mini-action plans were compiled to create a complete action plan (including responsible party and date to resolve issue) based on the problems they identified (Appendix F). The findings and recommendations were reported to MSP, La Maternidad director, and HHI. Finally, a COPE committee was formed consisting of several staff members from different

departments at La Maternidad and one representative from HHI. The committee is scheduled to meet on the second Tuesday of each month to evaluate progress on the action plan and adapt plan as needed. At the end of a 6 month period, a second evaluation of COPE is due to be conducted by the now-facilitator Fernando Medina. Finally, MSP will maintain contact with La Maternidad and based on progress determine if this pilot can be applied to other hospitals in the province.

Conclusion:

The Dominican Republic is a country rich with culture, history, and natural beauty. Due to its expanding population, relative proximity to the Haitian border, recent economic downturn, and historical changes in sugarcane farming, there has been an increase in poverty in the Puerto Plata region, placing an additional burden on the local municipal government⁴. Additionally, population trends around the world are showing increased rates of chronic conditions, which are unfortunately often poorly managed. As such, improving chronic care management will soon be a vital part of many health systems. Programs like the Chronic Care Management program at HHI can help facilitate this transition by providing municipalities and local governments with working models for care and when support to strengthen the local infrastructure. The program outlined above directly addressed this issue by increasing collaboration amongst HHI, La Maternidad and MSP as well as through increasing the capacity of the local hospital to provide quality health services. The report findings and recommendations to MSP, La Maternidad, and HHI, is meant to serve as a guide to potentially integrate chronic care management in the region.

⁵ Health Horizons International. <http://hhidr.org/>