Death & Dying

A closer look at inpatient mortality in MSF OCA facilities

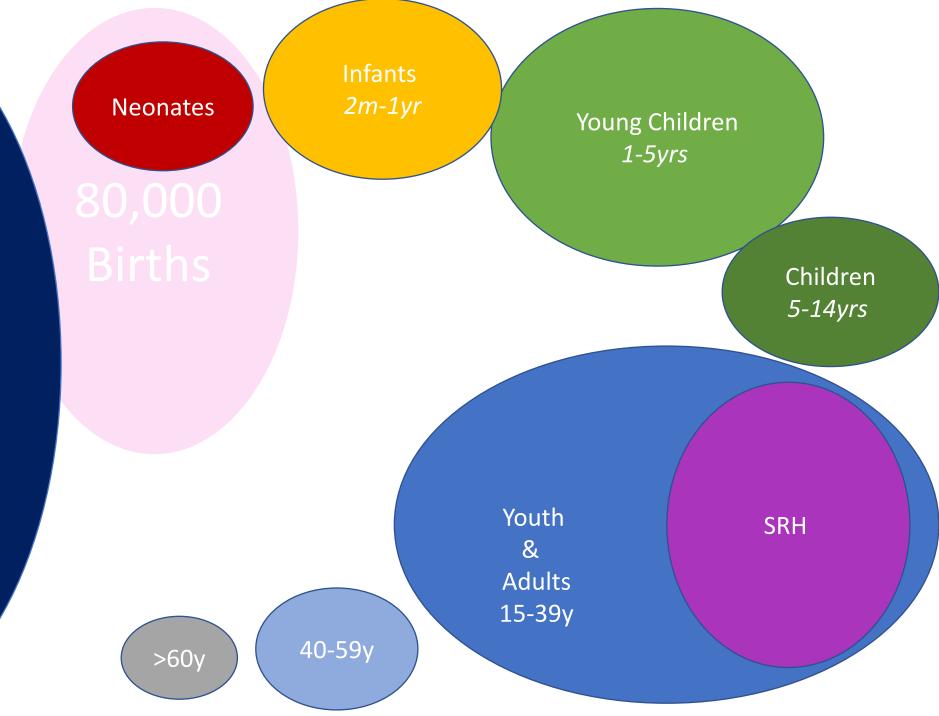
June 2022

Outline of the session

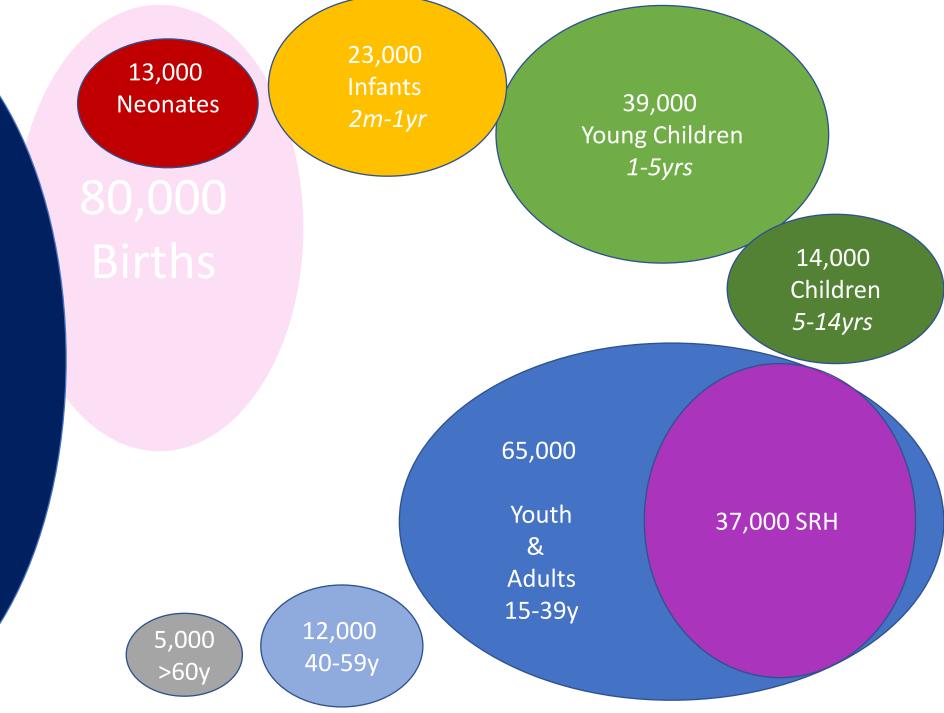
14:30 - 15:00	Background presentation
15:00 - 1600	2 Breakout groups
	MEAL Group
	Palliative care group
16:00 – 16:10	Quick break
16:10 – 16:30	Plenary wrap-up



In 2021 167,000 Admissions in DHIS2



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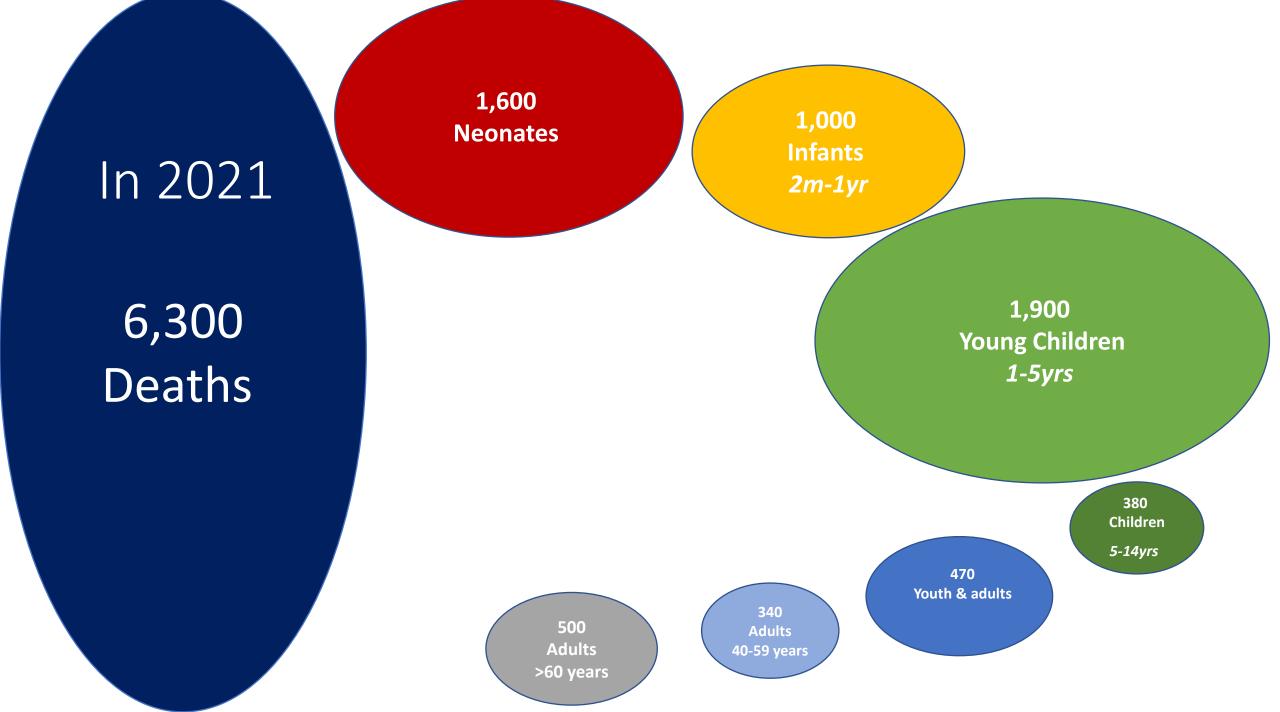


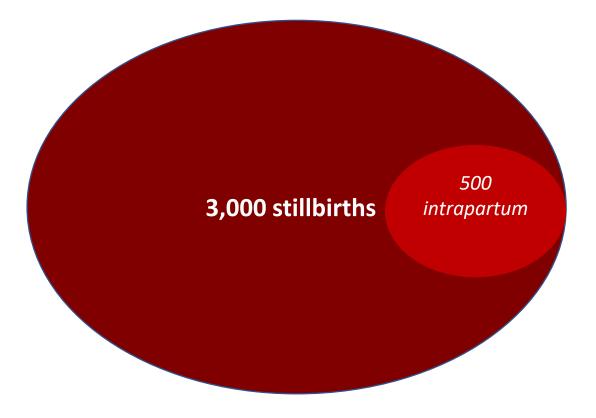
Question

- How many people died in MSF OCA inpatient facilities in 2021?
- A) 100 500
- B) 1000 5,000
- C) 5,000 10,000
- D) 30,000 50,000

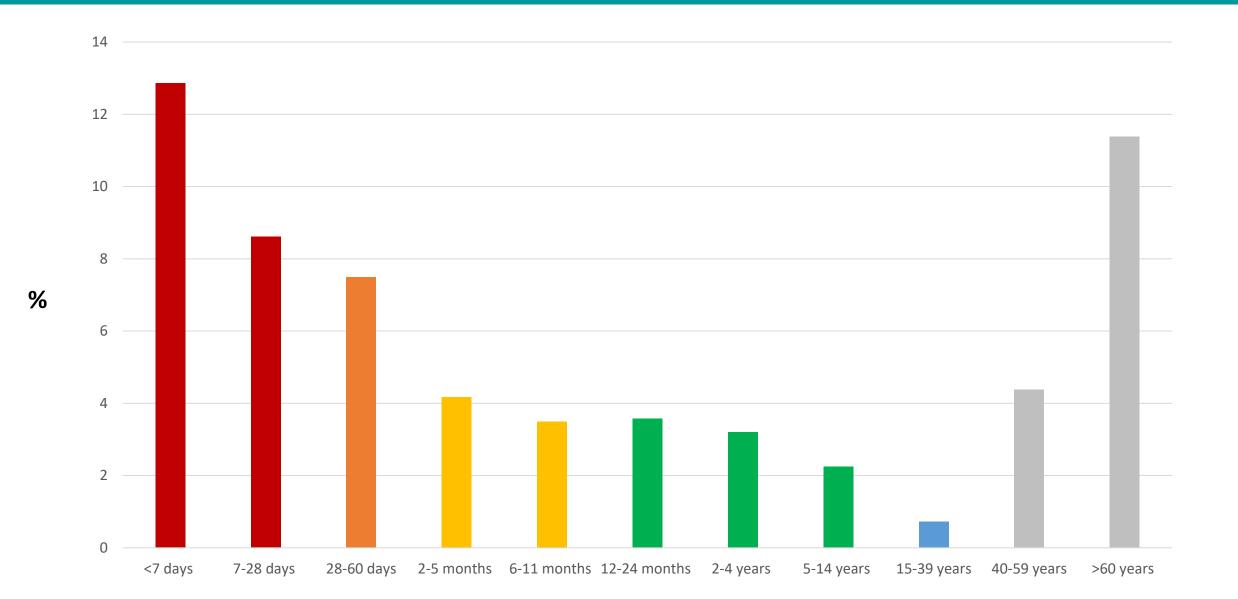
ALCON. 2 - Frank 6,300 Deaths In 2021 *some projects not in DHIS2 ð.,

Who?

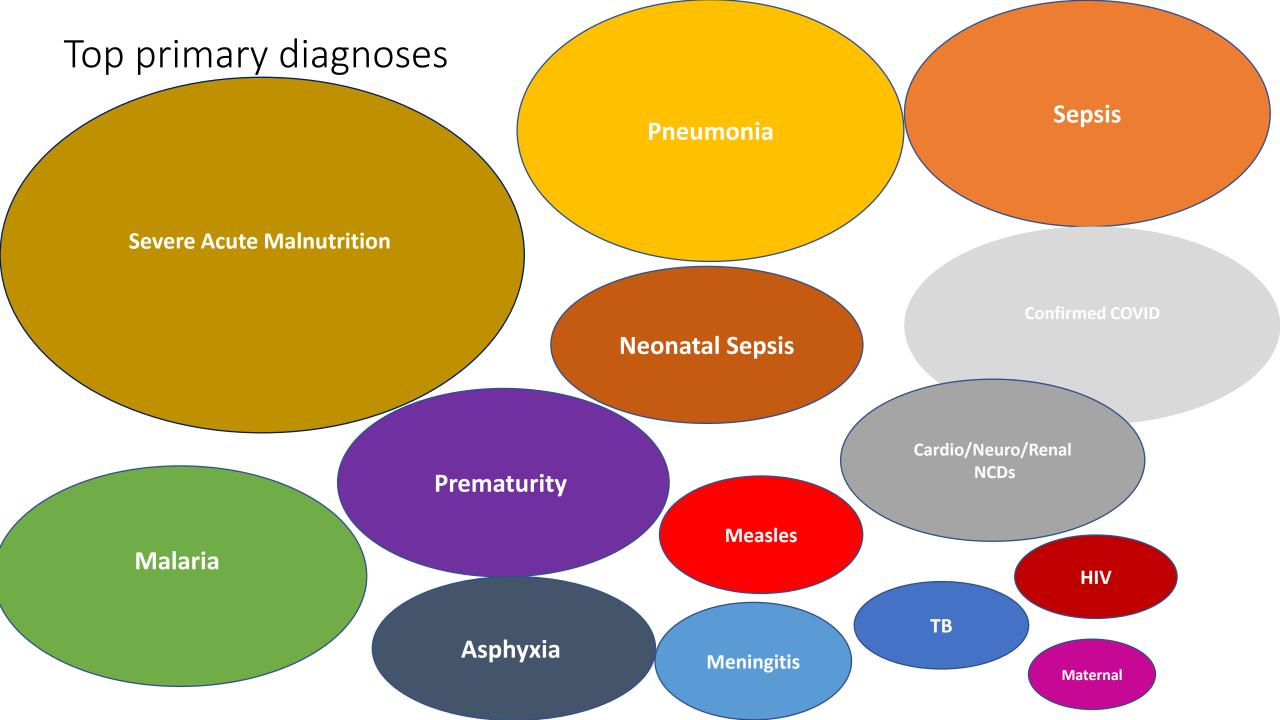


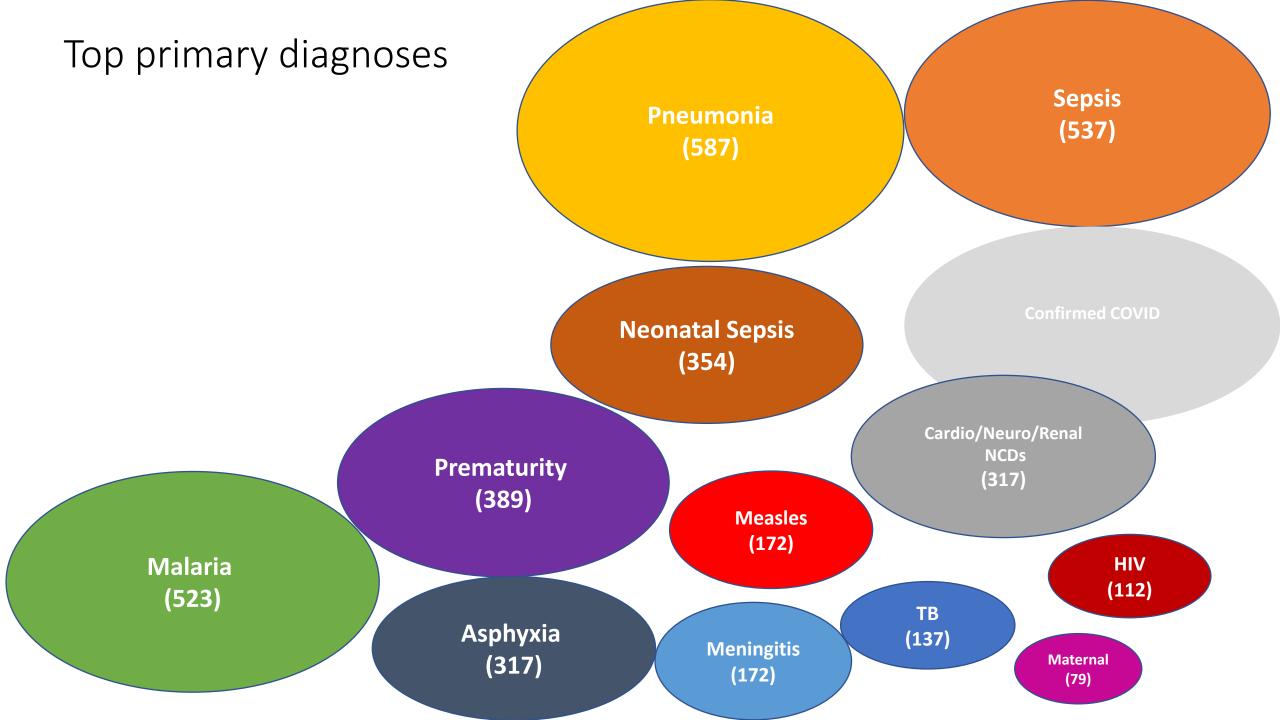


Inpatient case fatality rate (%) by age group

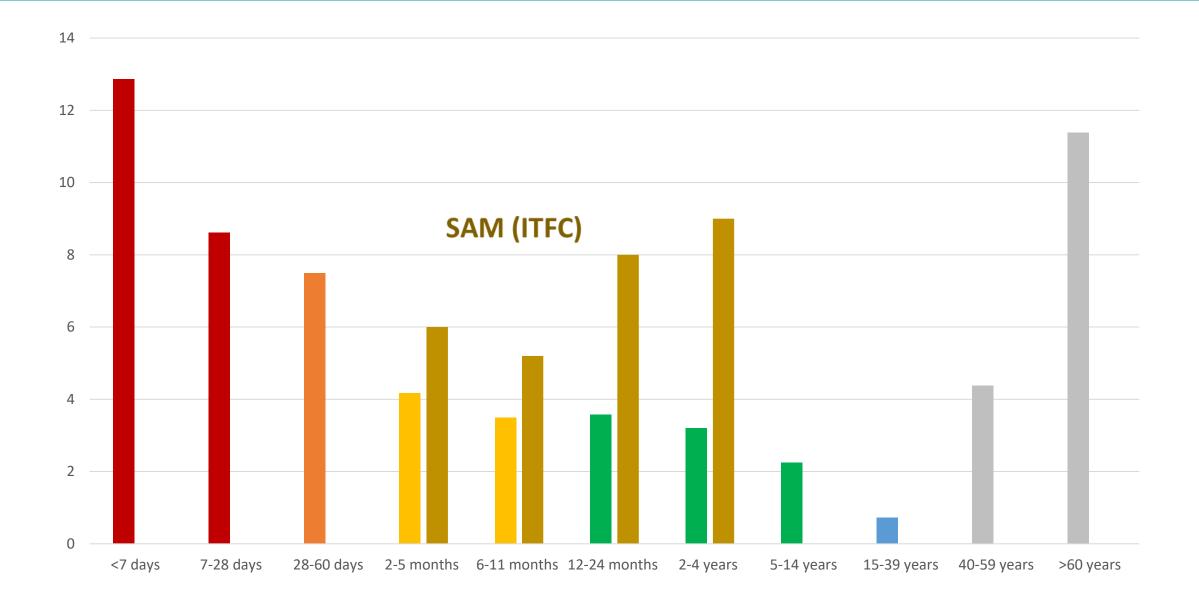


What?





Inpatient case fatality rate (%) by age group



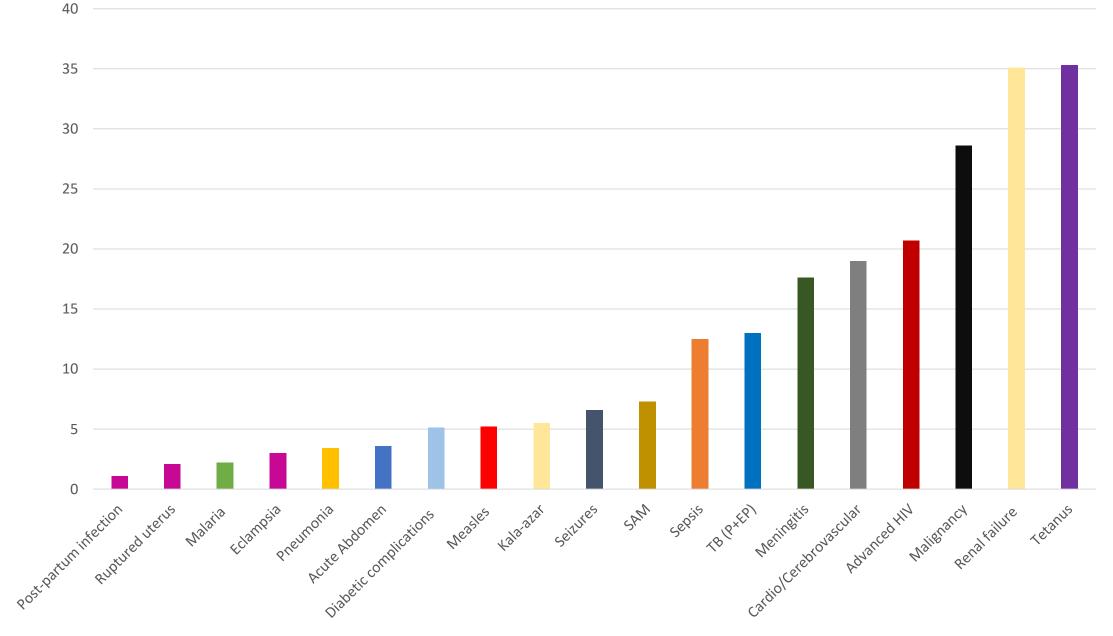
Top 5 Primary diagnoses amongst deaths

Neonates
Prematurity
Neonatal sepsis
Asphyxia
Meconium
aspiration
Neonatal
tetanus

Top 5 Primary diagnoses amongst deaths

Neonates	Infants	Young Children 1-5y	Children 5- 14y	Youth & Adults 15-39y	Adults 40-59y	>60y Covid
Prematurity (389)	SAM (210)	SAM (459)	Malaria (51)	Maternal deaths (79)	Cardiovascular, Cerebrovascular or Renal disease	Cerebrovascular, or Renal disease (139)
Neonatal sepsis (354)	Pneumonia (206)	Malaria (343)	Pneumonia (44)	HIV	Covid	Pneumonia (68)
Asphyxia (312)	Sepsis (196)	Sepsis (183)	Sepsis (39)	TB (42)	Pneumonia (33)	Sepsis (46)
Meconium aspiration (46)	Malaria (107)	Pneumonia (159)	Meningitis (30)	Sepsis (40)	HIV (30)	ТВ (30)
Neonatal tetanus (32)	Meningitis (49)	Measles (119)	SAM (30)	Pneumonia (32)	Sepsis (28)	HIV (16)
Other (502)	Other (398)	Other (503)	Other (185)	Other (231)	Other (163)	Other (206)

Inpatient fatality rates %



%

Others

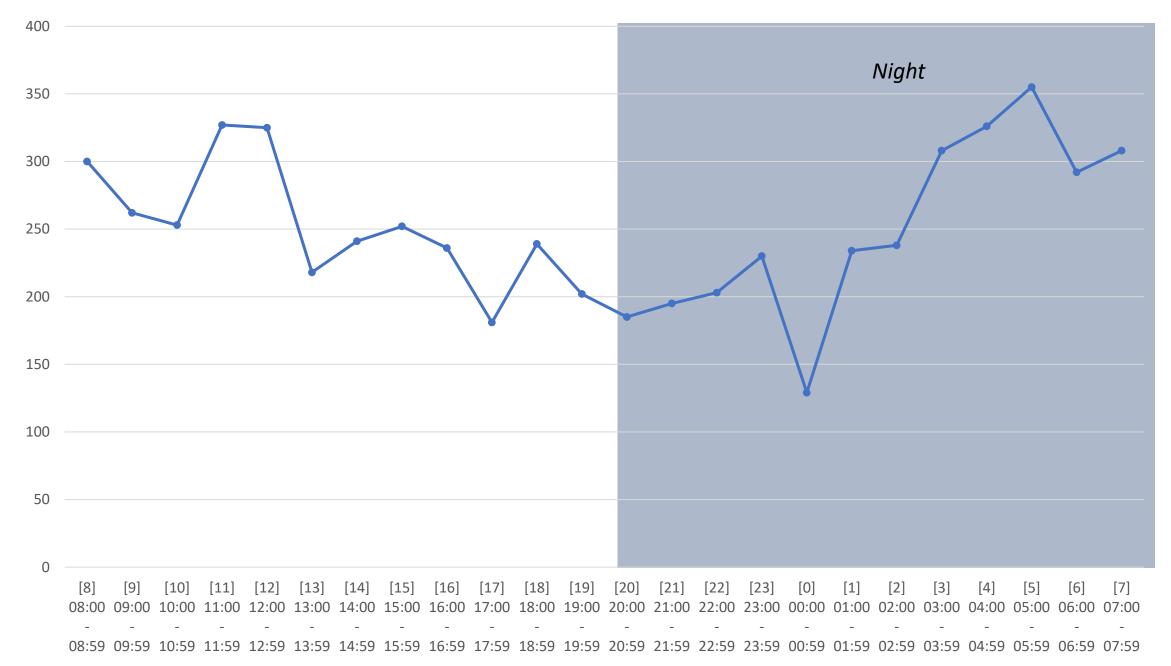
Trauma / Surgical condition
Congenital malformation
Developmental delay/disorder
Anaemia
Burns
Acute jaundice syndrome
Non-infectious respiratory disease - acute exacerbation
Gastro-intestinal disorders
Poisoning / toxicity
Skin & soft tissue diseases

Others

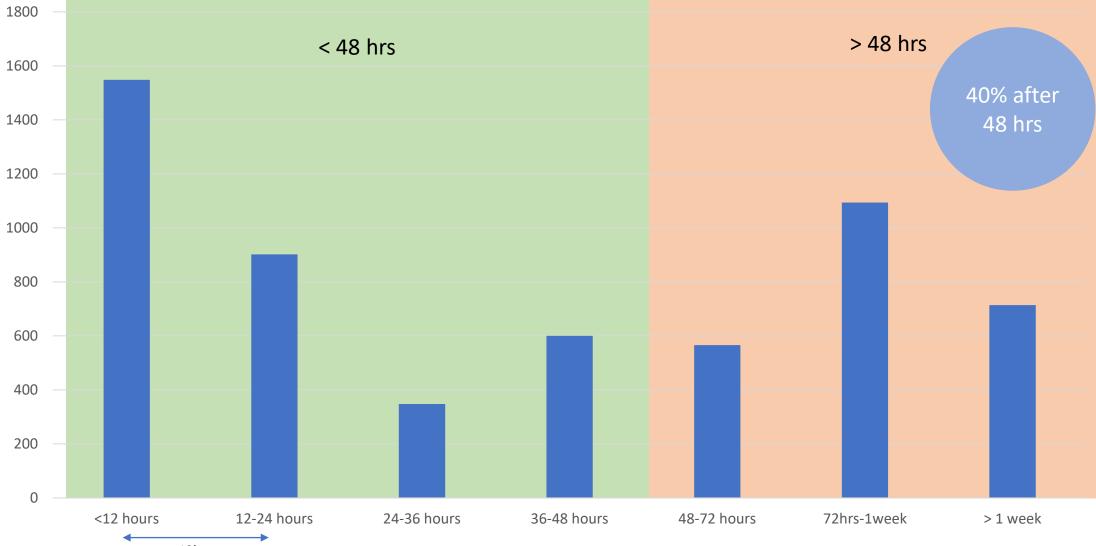
Diphtheria Pertussis Dengue or Chikungunya Nephrotic syndrome Sickle cell & Thalassaemia Brucellosis Thyroid disorders Viral haemorrhagic fever Acute flaccid paralysis Typhoid fever Psychosis, acute Rabies

When?

Timing of deaths



Length of admission before death

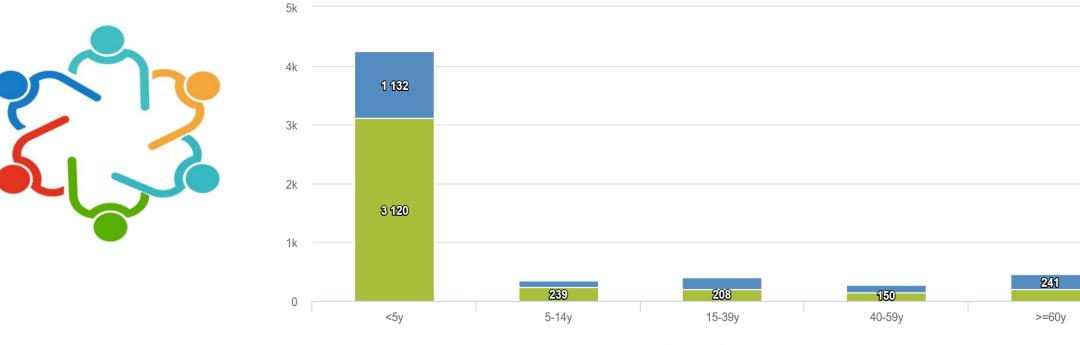


12hrs

Why?

Mortality review

Mortality review done? OCA - 2021

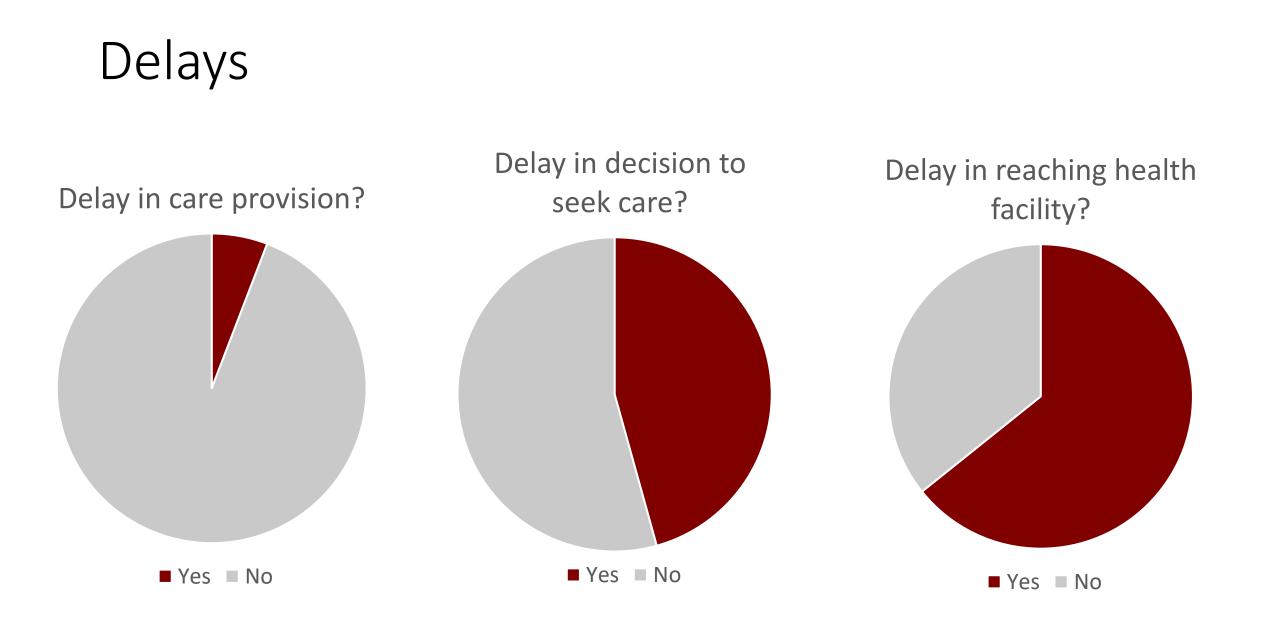


🛑 No 🛛 🔵 Yes

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~~~	Update - Favo	orites - Layout - Option	ns + Download + E	imbed +		Table 🕅 Chart -
#	Event date	<ul> <li>Organisation unit +</li> </ul>	Age (combined, in years)	Diagnosis at exit - primary	Mortality review done?	Preventive actions taken (future)
1201	2021-10-15 00:00:00.0	Kutupalong Healthcare	<5y	[NTT] Neonatal tetanus	Yes	
1202	2021-10-15 00:00:00.0	Mudug	<5y	[SEP] Sepsis	Yes	health education about health seeking behavior
1203	2021-10-15 00:00:00.0	Helmand Secondary Healthcare	>=60y	[SEP] Sepsis	Yes	O2 therapy Adrenalin
1204	2021-10-15 00:00:00.0	Helmand Secondary Healthcare	<5y	[OND] Other neonatal diseases	Yes	Ambu bag CPR O2 therapy
1205	2021-10-15 00:00:00.0	Taiz Houban	<5y	N/A	Yes	raise awareness to give birth at hospital and seek care early
1206	2021-10-14 00:00:00.0	Taiz Houban	<5y	[NRD] Neonatal respiratory disease	Yes	Raise awareness to do ANC
1207	2021-10-14 00:00:00.0	Unity Health Care	<5y	[AWD] Diarrhoea, acute watery	Yes	mortality review with the whole team training on importance of Follow up and resuscitation training
1208	2021-10-14 00:00:00.0	Kutupalong Healthcare	<5y	[LRT] Lower respiratory tract infection	Yes	
1209	2021-10-14 00:00:00.0	Kutupalong Healthcare	<5y	[LRT] Lower respiratory tract infection	Yes	
1210	2021-10-14 00:00:00.0	Mudug	<5y	[LRT] Lower respiratory tract infection	Yes	not relevant
1211	2021-10-14 00:00:00.0	Helmand Secondary Healthcare	>=60y	[ARF] Acute renal failure	Yes	Visit hospital regularley
1212	2021-10-14 00:00:00.0	Unity Health Care	<5y	[AWD] Diarrhoea, acute watery	Yes	mortality reviewed with whole team training on importance of follow up
1213	2021-10-14 00:00:00.0	E-Balochistan Healthcare	<5y	[PRM] Premature	Yes	
1214	2021-10-13 00:00:00.0	Massakory	<5y	[AWD] Diarrhoea, acute watery	Yes	Rendre disponible les bandelettes de glycenie Communication precoce entre l'equipe infirmiers et medecins.
1215	2021-10-13 00:00:00.0	Bentiu Healthcare	<5y	[SAM] Severe acute malnutrition	Yes	Issue of potassium IV has been discussed, will have to be approved by MD and CO can not prescribe independently
	<ul> <li></li> <li></li> <li>1201</li> <li>1202</li> <li>1203</li> <li>1204</li> <li>1205</li> <li>1206</li> <li>1207</li> <li>1208</li> <li>1209</li> <li>1210</li> <li>1211</li> <li>1212</li> <li>1213</li> <li>1214</li> </ul>	Image: Second	Image: Second	Image: Second	Image: Second	WUpdate $\cdot$ Favorites $\cdot$ Layout $\cdot$ Options $\cdot$ Download $\cdot$ Embed $\cdot$ #Event date $\bullet$ Organisation unit $\bullet$ $Age$ (combined, in $\bullet$ Diagnosis at exit $-$ primary $\bullet$ Mortality review $\bullet$ 12012021-10-15Kutupalong Healthcare $<5y$ [NTT] Neonatal tetanusYes12022021-10-15Mudug $<5y$ [SEP] SepsisYes12032021-10-15Heimand Secondary $>=60y$ [SEP] SepsisYes12042021-10-15Heimand Secondary $>=60y$ [SEP] SepsisYes12052021-10-15Taiz Houban $<5y$ [OND] Other neonatal diseasesYes12062021-10-15Taiz Houban $<5y$ [NRD] Neonatal respiratory diseaseYes12072021-10-14Unity Healthcare $<5y$ [NRD] Neonatal respiratory diseaseYes12082021-10-14Unity Healthcare $<5y$ [LRT] Lower respiratory tract infectionYes12092021-10-14Kutupalong Healthcare $<5y$ [LRT] Lower respiratory tract infectionYes12092021-10-14Mudug $<5y$ [LRT] Lower respiratory tract infectionYes12102021-10-14Mudug $<5y$ [LRT] Lower respiratory tract infectionYes12112021-10-14Mudug $<5y$ [LRT] Lower respiratory tract infectionYes12122021-10-14Mudug $<5y$ [LRT] Lower respiratory tract infectionYes12142021-10-14Mudug $<5y$ [RMD] Diarrhoea, acute wate

### Analysing access to care using mortality review

- Based on mortality reviews in DHIS2, what is the biggest reported delay to accessing care in OCA facilities?
- Delay in decision to seek care?
- Delay in reaching the health facility?
- Delay in provision of care in facility?



### Learning to prevent the next death

*word cloud of all entries into DHIS2 in column for actions which could prevent the death



### Some specific examples

		caesarian indica oneg b	introng	artum managen	nent	
	diabetes ma	nagement <mark>hea</mark>	olth education	earlier refer		
	antenatal	steroids cotri	moxazole proj	phylaxis ^{early}	antiretrovirals	
electrolyte	safe abortior	1 care	aspirations prevention fetal distress			
	pothermia prev	vention e	early icu transfer		senior review	
	<b>staff</b> monit	oring & escalatio	n recovery i	room observati	ons early surgery	
	us vaccination	early pa	ediatric tb	anaesthetic pro	eop assessment	
<b>hbv vac</b> o 1	cination family planning		y paediatric ipc	: tb diagnosis diphtheria a	ntitoxin	
resuscitati	on equipment	hiv testing neo	natal nutritio	oni veceinet	ion	
amr testii		break response nutr	itional screen	ing		
palliative ca	preventive th are blood tr	iauy (				
			luid managen	nent ng tube	specialist advice	
		cd management	pregnancy d	<mark>anger</mark> antib	iotics coverage	
	neonatal resu	iscitation intra	osseous use			

How can we use mortality review information in our learning....

- To improve clinical care?
- Adapt programs ?
  - E.g. hospital / community focus

• Inform strategic priorities ?

### Specific examples

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Ce

### What about *HOW* people are dying?

### Who needs palliative care? Choose the best response

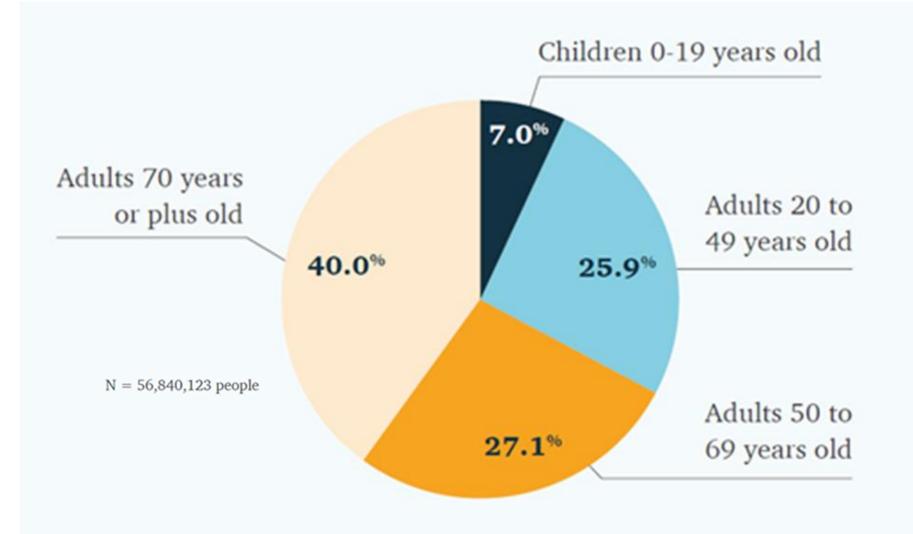
- 1) Patients with cancer and non-communicable diseases
- 2) Adult patients with end stage disease
- 3) Children & adults with incurable illness
- 4) Children & adults with life-threatening and life-limiting illness



## 86%

of people who need palliative care do not receive it

### Global need for Palliative Care (2017)



From Global Atlas of Palliative Care 2nd ed. 2020 WHPCA

### Conclusion & break out groups

#### • Many preventable deaths

- How can we use Monitoring, Evaluation, Accountability & Learning (MEAL) to prevent the next death?
- Many people dying
  - How can we reduce suffering ?
- Our strategic priorities
  - MEAL
    - Clinical governance
    - Tools, systems & processes
  - Palliative care
    - Clinical care, Quality of care
- Both person centered care

### Outline of the session (AMS time)

14:30 – 15:00	Background presentation
15:00 - 1600	2 Breakout groups
	MEAL Group Kathryn D & David Palliative care group Kathryn R & Aggie
16:00 - 16:10	Quick break
16:10 – 16:30	Plenary wrap-up - Abdul

Breakout groups

## MEAL and inpatient mortality

June 2022

### This session (1 hour)

- Overview of key principles (10 mins)
- Sharing experience (10 mins)
- Break out groups and discussion (15 minutes plus 5 break)
- Plenary and wrapping up (20 mins)

#### Purpose of this session

- 1. Identify examples where we are doing strong monitoring of, and learning from mortality information
- 2. Identify challenges or barriers to making the most of our existing data.
- 3. Identify the role of staff in PHD in supporting MEAL from inpatient mortality data, and any relevant next steps

### MEAL is critical to project success!



**Monitoring** is the continuous and systematic collection and analysis of data about project progress and changes in the project context.



**Evaluation** is the user-focused assessment of an ongoing or completed project's design, implementation and results.



**Accountability** is a commitment to respond to and balance the needs of all project stakeholders (including beneficiaries, donors, partners and the organization itself).

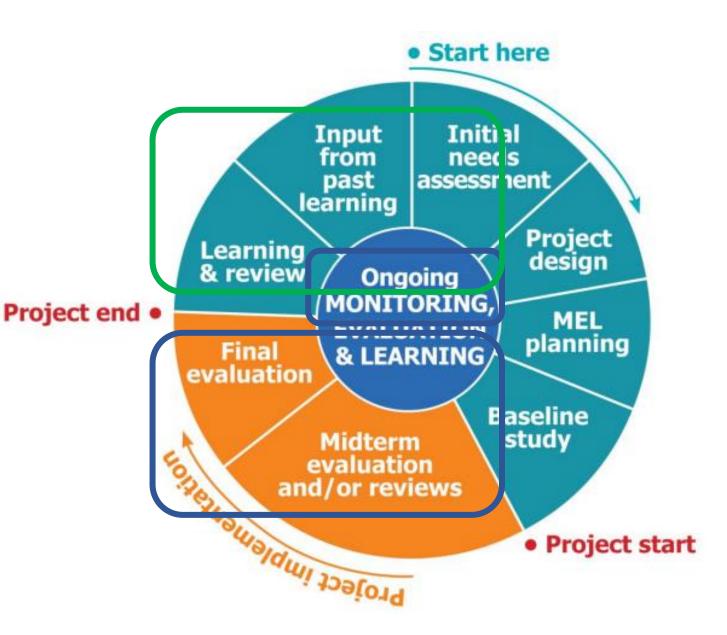


**Learning** is about embedding processes for internal reflection – using data and raising questions to make smarter project decisions.

Each component is both independent and interrelated



# MEAL and the program cycle



#### Examples from our projects

- DRC, Walikale Project
  - <u>Shorturl.at/bkuKS</u>
- South Sudan
- Another example from the audience?

# When we think about using, learning from and making decisions based on inpatient mortality data.... 15 minutes

- Is what we're doing now actually preventing future death?
- When does it go well?
- When does it not go well?
- What are the important factors?
- Are there questions that remain unanswered/gaps in our data?
- How well do we institutionalize this knowledge and learning for future projects?
- How can we support this process as PHD in HQ? (From various positions technical advisors, health advisors, management)

Please base your answers and reflections on concrete examples from specific projects

15 minutes to discuss in small huddles

Online please think through alone, add comments to the chat

Nominate someone to present back!

#### Questions for discussion – Palliative care group

1. Did you work in a project where MSF cared for people at the end of their lives? How was the quality of care provided for dying patients and their families?

5 minutes - discuss in pairs, online participants to write down thoughts, then invite to share experiences with the group

2. What could be the impact of adopting palliative care within our project teams?

3. What steps are needed to make palliative care available within OCA facilities?

### Covid data from Epicentre

- Confirmed COVID
- 320 confirmed deaths >55
- 47 deaths age 15-44
- 40 deaths age 45-55
- 2 deaths <15y

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OCA DHIS2 - 90 deaths overal