

# RFP: Development of Hospital Admission Policy/ Guidelines

## Background

Globally multi-faceted endeavors are being made to reduce the length of hospital stays and avoid unnecessary hospital admissions to manage patients better. This entails changing the case management paradigm with more focus towards improved public health interventions at the community level across the entire continuum of care.<sup>1</sup> This also includes planning for appropriate community- and primary- level health care systems, nursing and allied health care, and re-shifting the focus of our delivery of care from hospital-centric to point-of-appropriate level of care<sup>2</sup>.

While reviewing multiple federal and provincial schemes and proposals for consideration of PSDP 2021-22, amidst other action items the Deputy Chairman Planning Commission highlighted the need to have a **standardized hospital admission policy in Pakistan, highlighting the type of conditions requiring hospital admissions, checks on duration of stay, provision of home/ community-based care for chronic conditions and address the burden of non-communicable diseases.**

Planning across the entire continuum at the national level entails reviewing evidence for management of emergency, acute and chronic cases with varying stay durations, and requisite education and training on effective management<sup>3</sup>. Multiple models exist world-wide across the continuums of various diseases and progression of stages<sup>4</sup>. However there is no national guideline in Pakistan advising on a standardized policy even though the minimum service delivery standards and essential packages of health services take expected days of stay for each disease into account while proposing plans and budgeting needs for health facilities of different levels.

**In the wake of COVID19 and resulting hospital acquired infections<sup>5</sup>, it is even more critical that a scientifically valid, evidence-informed advisory is in place vis-à-vis hospital admissions, hospital stays, requisite community / markaz/ tehsil-based referrals. There** are also related cons with extended stays of older/ frailer people<sup>6</sup>, patients with multiple infections and compromised immunities, or conditions not classified as admission-relevant, that need to be incorporated into the national guidelines.

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<sup>1</sup> Mabunda SA, London L, Pienaar D. 2018. An evaluation of the role of an intermediate care facility in the continuum of care. IJHPM.

<sup>2</sup> Pamela B, Kathuran W. Readmission study leads to continuum of care. Nursing Management.

<sup>3</sup> Phyllis S. 2020. Advancing complex case management competencies in a health care system. Professional Case Management. (25)1.

<sup>4</sup> Bourbeau J, Echevarria C. 2020. Models of care across the continuum of exacerbations for patients with COPD. Chronic Respiratory Disease.

<sup>5</sup> Migliori GB, Visca D, Boom MV, Tiberi S et al. 2021. Tuberculosis, COVID19 and Hospital Admissions: Consensus on pros and cons based on a review of the evidence. Pulmonology 27 (3).

<sup>6</sup> Helm C. 2019. What can the NHS do to reduce avoidable hospital admissions from care homes.

## Objective of Consultancy

<i>Title of Consultancy</i>	Development of evidence-informed standardized national guidelines for hospital admissions
<i>Duration of Assignment</i>	06 weeks
<i>Expected Start Date</i>	
<i>Expected End Date</i>	
<i>Consultant</i>	Consultant/ Firm

The objective of the consultancy is to develop evidence-informed guidelines for hospital admissions for Pakistan, taking into account:

- Available public and private sector health facilities and packages of health services available at each tier
- National and regional best practices vis-à-vis hospital admissions
- Health protection and insurance practices in similar LMIC countries

## Proposed Activities

Key Activity	Activity Outputs	Final Deliverable
Documents' Review	<ul style="list-style-type: none"> <li>• Review of available frameworks, guidelines and SOPs vis-à-vis hospital admissions in both public and private sector in Pakistan</li> <li>• Review of international, regional and national guiding frameworks vis-à-vis hospital admissions, practice challenges, lesson learned, best practices, and other relevant information</li> <li>• Review of applicable legislative and statutory laws &amp; regulations related to hospital admission policies in Pakistan</li> </ul>	<ul style="list-style-type: none"> <li>• Inception Report</li> <li>• Comparative report on available international guidelines</li> </ul>
Consultative Meetings and Key Informant Interviews	<ul style="list-style-type: none"> <li>• Meeting with relevant stakeholders from MoNHSR&amp;C and provincial DoHs, WHO and related stakeholders to create synergies with other ongoing national and provincial level related initiatives such as Sehat Sahulat card (Health Insurance), DCP-3 Health Benefit Package, provincial health insurance programs etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting reports and draft inputs for inclusion in hospital admission policy</li> <li>• First draft of national guidelines for admissions across continuum of care with requisite resource inputs and costing details</li> </ul>
National Policy Dialogue	<ul style="list-style-type: none"> <li>• Organization of a national policy dialogue with national and provincial stakeholders on proposed policy imperatives for hospital admissions guidelines for consensus and</li> </ul>	<ul style="list-style-type: none"> <li>• Technical Deck on current situation, global best practices and national proposition for admission guidelines</li> </ul>

Key Activity	Activity Outputs	Final Deliverable
	finalization	<ul style="list-style-type: none"> <li>Final guidelines on national standards for hospital admissions with requisite costing for acute, chronic and emergency care incorporating feedback and comments from the policy dialogue</li> </ul>

### Proposed Team Structure, Eligibilities and Requirements

Team Member	Desired Qualification	Requisite Experience
Public Health Expert (1)	Master's in public health / health systems/ health policy/ hospital administration/ hospital management/ health management or relevant discipline from HEC-recognized institution MBBS from HEC-recognized institution	<ul style="list-style-type: none"> <li>At least 10 years of senior level experience in health sector</li> <li>Experience with public sector health facilities and service packages and minimum service delivery standards essential</li> <li>Experience in hospital management, clinical services, audits and quality assurance, hospital admissions and related policy decisions desirable</li> <li>Experience of working on TA related to hospital management desirable</li> </ul>
Research Associates (1)	Bachelor's in social or management sciences and/or relevant discipline etc. from HEC-recognized institution	<ul style="list-style-type: none"> <li>At least 3 years of experience in development sector</li> <li>Experience in health sector essential</li> <li>High proficiency in MS Office (Word, Powerpoint) essential</li> <li>Experience in supporting with consultations, policy roundtables and forums desirable</li> </ul>