

TERMS OF REFERENCE

Development of clinical guidelines and protocols for medical emergencies in primary healthcare: chest pain and anaphylaxis

PROJECT:	SOLIDAR – TOGETHER IN HEALTH EMERGENCIES
Category:	Subcontractor
Corresponding to Outcome:	Outcome 1: Strengthening the Health Emergency System Outcome 2: Strengthen Emergency Medical Services
Support for Activity:	Activity 1.2.2 Develop clinical protocols and guidelines for health/medical emergency Activity 2.1.2 Conduct trainings for healthcare workers
Period of assignment:	25.09.2024 - 15.10.2025

1. BACKGROUND

Albania is a disaster-prone country and occasionally exposed to natural and man-made hazards. Emergency events, such as floods, forest fires, droughts, torrential rains, high snowfalls, heatwaves, landslides, avalanches, earthquakes, and epidemics, are encountered annually. In 2019, Albania experienced a strong earthquake and shortly afterwards, the COVID-19 pandemic hit and put the Albanian healthcare system under considerable pressure, with health services disrupted and many lives lost. Both disasters implied a heavy burden on the country's economy, livelihoods, and human development. The dimension of disasters in Albania are impacted by the level of poverty, state of infrastructure, constructions in risk areas due to fast urbanization, and exploitation of natural resources, such as overuse of forests and riverbanks. The lack of medical emergency supplies and resources during disasters plays a key role, and gaps in coordination between institutions and agencies involved in emergency preparedness and response. Especially, the primary healthcare (PHC) level has limited capacities to respond to a health emergency.

The SOLIDAR project has therefore set itself the goal of: People, including the most vulnerable, have improved access to quality emergency care services managed by a more resilient health emergency system at all levels. The project objectives are: 1) Strengthening the Health Emergency System, 2) Strengthening Emergency Medical Services, and 3) Strengthening Community Engagement. The requested services feed into the first objective.

2. RATIONALE

24/7 Healthcare Centers are often the first point of contact for individuals seeking medical assistance in Albania. Medical emergency guidelines are therefore crucial to ensure a timely and effective response to every patient's need. Evidence-based medical practices have shown to improve patient outcomes and standardized protocols promote adherence to legal requirements for emergency care as well as



reduce variability in care provision, ensuring that all patients receive high quality care regardless of where they seek treatment.

Medical emergency services at PHC level in Albania, especially 24/7 Health Centers, lack specific clinical guidelines, including standardized protocols or procedures, to be routinely used during the most frequent emergency situations that the medical staff are facing in their work. The concept of medical emergency care is generally described in the package of PHC essential services, the statute of health centers, and in other legal documents; however, there is a lack of evidence-based medical emergency guidelines, as tools to guide the clinical decision making of family doctors in case of emergencies. Such new evidence-based guidelines and protocols will need to be adapted to the current level of service/ equipment/ drugs.

Applying evidence based clinical guidelines in day-to-day practice of health professionals is an important factor in ensuring medical services quality. The legal framework foresees that the **Agency of Quality Assurance of Health and Social Care (AQA-HSC) coordinates and assists the process of drafting of evidence-based clinical guidelines and protocols, which are drawn up by professionals**. An improved organizational capacity of the AQA-HSC in this regard would contribute to a more effective selection of clinical guidelines to be developed, to ensuring an appropriate climate and timeline for guideline development, a more rapid approval by the MoHSP of the guidelines developed, a better adherence of health professionals to evidence-based practices.

3. ASSIGNMENT OBJECTIVE

The objective of this consultancy is to support the development of evidence-based clinical guidelines for **medical emergencies in primary healthcare**, specifically addressing chest pain and anaphylaxis, and training the staff on implementation of these guidelines.

4. ASSIGNMENT SPECIFIC OBJECTIVES

- To effectively develop the evidence-based clinical guidelines addressing chest pain and anaphylaxis in primary health care.
- To periodically inform decision makers from the QECWG on the progress of the work.
- To increase AQA-HSC organizational capacity to fulfill its legally foreseen function with regard to guideline development and enabling the process of guidelines approval.
- To increase the capacity of 24/7 HCs and MHs on the implementation of the developed guidelines.

5. SCOPE OF WORK

The contractor will be responsible for the following tasks:

- Use the AGREE methodology to define the evidence-based guidelines for chest pain and anaphylaxis in medical emergencies in PHC;
- Review national and international evidence regarding chest pain and anaphylaxis in PHC settings;
- Organize consensus discussions with professional groups (i.e. family doctors, emergency doctors, nurses, etc.);

- Discuss feasibility of guideline implementation with regard of diagnostic procedures, treatment options, access to needed medication, etc.;
- Define a final draft of the guidelines and protocols as cleared by multidisciplinary professionals;
- Present process, phases of guidelines development work and findings to the Quality Emergency Care Working Group (QECWG) on clinical guidelines and protocols development, to the AQA-HSC staff;
- Develop accompanying educational materials, and training curricula to facilitate implementation of the guidelines and protocols for chest pain and anaphylaxis;
- Provide pilot training on guidelines and protocols implementation to a limited number of family doctors in a designated area to obtain feedback;
- Revise guidelines and protocols for chest pain and anaphylaxis according to the received feedback from pilot training;
- Present final evidence-based guidelines and protocols for chest pain and anaphylaxis to SOLIDAR, QECWG and AQA-HSC for approval/ adoption.
- Deliver 2-day training sessions for primary healthcare professionals on the use and implementation of the final evidence-based guidelines and protocols for chest pain and anaphylaxis.
- Make connection with HAP peer groups; establish and coach peer-groups as effective instruments to enable quality assurance and the successful implementation of the developed guidelines and protocols (develop of a succinct methodology for the establishment and functioning of peer groups).

6. DELIVERABLES

1. Initial draft of evidence-based clinical guidelines and protocols for chest pain and anaphylaxis in PHC
2. Training package for guidelines implementation
3. Pilot training report
4. Report of peer group meetings (including protocol for collecting views in pilot group reflection sessions; minutes of peer groups with proposals; recommendations for possible adjustments)
5. Reports of the WG on clinical guidelines and protocols meetings
6. Final version of the evidence-based clinical guideline and protocol for chest pain and anaphylaxis in PHC.
7. Implementation of trainings for healthcare professionals on the implementation of chest pain and anaphylaxis clinical guidelines and protocols.
8. Report on training implementation.
9. A succinct methodology for the establishment and functioning of peer groups.
10. Report on peer groups establishment.

7. APPROACH

The approach in defining the clinical guidelines and protocols shall follow the AGREE methodology.

The services provider is expected to perform a systematic literature review, to analyze data and evidence on the current state of clinical guidelines and protocol for chest pain and anaphylaxis in PHC.

Consensus discussions with family doctors, emergency doctors, nurses, etc. shall be organized in order to clarify the due intervention and responsibilities according to competencies of each professional categories but also to have a consensus on the feasibility of the different diagnostic, treatment options presented in the new guidelines and protocols for chest pain and anaphylaxis in PHC settings.

A pilot training shall be implemented for testing the draft clinical guidelines and protocol; feedback from the pilot training is to be included in the final form of the guideline and protocol/ training package.

The evolving work on guidelines and protocols development will be presented in up to 3 sessions within the QECWG (the working group on Quality of Emergency Care) created by the MoHSP with representatives of the main national institutions MoHSP, National Insurance Fund, University of Medicine in Tirana, Health Care Service Operator, National Center for Emergency Care, AQA-HSC and representatives from professional associations), enabling decision makers to understand the process, the outcome as well as the needs for basic equipment and medical drugs at the level of 24/7 HCs in order to enable the correct application of the guideline. Thus, the services provider will support and facilitate the process of guidelines approval.

With regard to training healthcare professionals (general practitioners / family doctors) on newly developed guidelines and protocols, the Implementing Organization will have to employ a learner-centered and participatory approach, and develop a comprehensive and accredited training program.

The Implementing Organization will be responsible for all the logistical aspects of training implementation. The healthcare professionals that need to be trained on chest pain and anaphylaxis clinical guidelines and protocols are about 200 and are scattered in the following 24/7 HCs and MHs.

Nr.	TACA	Regional Operator	Municipality	Name of health facility	Type of health facility
1	Fushë-Kruja – Kruja – Kamza – Vora	Tirana	Kruja	Kruja Hospital	Municipality Hospital
			Fushë-Kruja	Fushë-Kruja HC	24/7 Health Center
			Kamza	Kamza HC	24/7 Health Center
			Vora	Vora HC	24/7 Health Center
2	Puka - Fushë-Arrëz – Luf – Qelëz – Gjegjan	Shkodra	Puka	Puka Hospital	Municipality Hospital
			Fushë-Arrëz	Fushë-Arrëz HC	24/7 Health Center
			Puka	Luf HC	24/7 Health Center
			Puka	Qelëz HC	24/7 Health Center
			Puka	Gjegjan HC	24/7 Health Center
3	Velipoja – Dajç	Shkodra	Shkodra	Velipoja HC	24/7 Health Center
			Shkodra	Dajç HC	24/7 Health Center
4	Malësia e Madhe	Shkodra	Malësia e Madhe	Malësia e Madhe Hospital	Municipality Hospital
5	Tepelena-Përmet-Këlcyra	Vlora	Tepelena	Tepelena Hospital	Municipality Hospital
			Përmet	Përmet Hospital	Municipality Hospital
			Këlcyra	Këlcyra HC	24/7 Health Center
6	Cërrik – Belsh – Gramsh – Peqin	Elbasan	Gramsh	Gramsh Hospital	Municipality Hospital
			Peqin	Peqin Hospital	Municipality Hospital
			Cërrik	Cërrik HC	24/7 Health Center
			Belsh	Belsh HC	24/7 Health Center

8. QUALITY ASSURANCE

The SOLIDAR project is highly committed to ensure the highest quality of the actions it undertakes, and thus each of the assignments needs to ensure the attainment of the best possible quality outcomes. During the present assignment, the subcontractor shall therefore apply at least the following quality measures:

- Propose personnel who are professional experts in their fields without any appearance of a conflict of interest with the present assignment;

- Apply a methodological approach that is of the highest quality and state-of-the art;
- Effectively communicate with the project staff and stakeholders in order to manage expectations and address any concerns;
- Regularly monitor and evaluate the implementation of activities and flag any obstacles early on;
- Provide monthly reports with attached reports from workshops and training sessions during that period of time to highlight meaningful progress in the different intervention areas;
- Hold monthly meetings (after the receipt of monthly reports) with the responsible SOLIDAR project staff to ensure timely feedback on the course of action and to spot potential changes needed in the actions undertaken;
- Comply with the projects' directives, procurement guidelines and visibility and communication guidelines and rules;
- Receive approval from the SOLIDAR on final products prepared (draft and final documents of the guideline).

9. SERVICE PERIOD

The assignment will start on 25.09.2024 and end on 15.10.2025. Critical milestone deliverables for the assignment are as follows:

Deliverables	Deadline
Draft Emergency Guideline for Chest Pain and anaphylaxis in Primary Healthcare	15.01.2025
Final Emergency Guideline for Chest Pain and anaphylaxis in Primary Healthcare	15.02.2025
Pilot Training Report	15.03.2025
Training of healthcare professionals	30.09.2025
Establishment of peer groups/ Reports from peer groups	Monthly after 06.2025
Final report	15.10.2025

10. QUALIFICATION AND SELECTION CRITERIA FOR THE ORGANIZATION

The organization should have the following qualifications in order to address effectively and timely the specific requirements of these assignments:

Technical experience:

- At least 1 reference projects of evidence-based guideline and protocol development in health services in the last 5 years.
- Documented previous experience in delivering training on implementation of clinical guidelines and protocols.
- Previous experience with establishment and functioning of peer groups is an advantage.

11. PROPOSAL REQUIREMENTS

Interested organizations are invited to submit a proposal that includes:

- **A technical proposal** consisting of a detailed methodology of the assignment with the description of the proposed approach, timeline of proposed activities in view of obtaining the

needed deliverables of this assignment. The technical proposal should not exceed 10 pages, excluding CVs). It must be legible (font size 11 Arial) and clearly formulated. The CVs of the personnel proposed must be submitted using the provided format. The CV of the proposed expert shall each not exceed 4 pages.

- **A financial proposal** including a proposed budget, including a breakdown of costs per deliverable of expert fees, number of working days, and all other activity costs, using the attached Financial Offer Form.

12. AWARD CRITERIA

The weighted average basis will be applied to evaluate the applicant. The award of the contract will be made to the organization whose offer has been evaluated and determined as:

- Responsive/compliant/acceptable, and;
- Having received the highest score out of a pre-determined set of weighted technical and financial
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- criteria specific to the solicitation, as stipulated below:

AC	Award Criteria	Weighting
	Technical Proposal	70%
AC 1	Approach and methodology for the assignment <ul style="list-style-type: none"> • Use of the agree methodology - 10% • Approach in informing decision makers (QECWG) - 5% • Approach in developing AQA- HSC institutional capacity on guideline development - 5% 	20%
AC 2	Work Plan, including proposed timeline	10%
AC 3	Quality control mechanisms and sustainability of the intervention	10%
AC 4	Provision of an expert with the following qualifications: <ul style="list-style-type: none"> • An advanced degree in a relevant field (e.g., medicine, healthcare education, public health). • Extensive experience in Development of the evidence based clinical guidelines and protocols for medical services at PHC and/or for the medical emergency. • Clinical experience in family medicine, emergency medicine or related fields. • Experience in working according to AGREE methodologies for evidence-based guidelines development • Experience in protocol development, quality improvement, and healthcare system strengthening. • Familiarity with relevant national and international standards and regulations. • Excellent research, analytical, and communication skills. • Ability to work collaboratively with diverse stakeholders. • Proven capacity for training; • Working experience and very good knowledge of the health system and education system in Albania. • Excellent oral and written communication skills in English. 	30%



	<ul style="list-style-type: none">Working experience and very good knowledge of the health system and education system in countries in development.	
	Financial Proposal	30%
AC 6	Clarity and coherence of the financial proposal, realistic estimation of the costs for the training implementation	10%
AC 7	Financial score = lowest price / price of the tender being considered x 100	20%

13. ROLES AND RESPONSIBILITIES

In order to respond to the objectives of the assignment, the selected organization is expected to closely work with the project "SOLIDAR" and other relevant actors.

The project team will provide all the necessary documents and facilitate access to different sources of information, whenever possible.

The SOLIDAR project team will monitor and supervise the selected organization in every step of the process. No action will be taken without the approval of the SOLIDAR Project.

All activities should be conducted in accordance with the requirements and timeline included in these Terms of Reference.