

TERMS OF REFERENCE

For the conduction of activities to modernize and strengthen the reporting of medical emergency data at Primary Health Care (PHC) level in Albania

PROJECT:	SOLIDAR – TOGETHER IN HEALTH EMERGENCIES
Category:	Subcontract
Corresponding to Outcome:	Outcome 2: Strengthen Emergency Medical Services
Support for Activity:	Activity 2.3.1 Improve and modernize the actual medical emergency activity information system at the level of 24/7 HCs and MHs, with special reference to digital reporting of medical emergency activity data at PHC level. 2.3.2, Develop training manuals for operating and using the newly established digital reporting tool to be used by doctors and nurses of 24/7 HCs and MHs that are responsible for registering medical emergency activity data. 2.3.3. Conduct trainings and capacity building activities for the personnel (doctors and nurses) of 24/7 HCs and MHs that is responsible for registering medical emergency activity data.:
Period of assignment:	07.10.2024 - 31.03.2025

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 that affected 11 municipalities, more than 47,000 people directly and more than 155,000 people indirectly, and accounted for 51 fatalities and 913 injuries. 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 affected 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 level has limited capacities to respond to a health emergency.

The goal of the project is: 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 by this invitation to submit a bid feed into the second objective.

Within the sphere of Outcome 2, a critical imperative emerges – the modernization of medical emergency data reporting at the level of Primary Health Care (PHC) facilities. Presently, while routine visits to PHC centers are digitally recorded through the e-Visit portal, medical emergency visits are primarily documented manually by nurses, creating a significant gap in data management practices. Furthermore, the absence of standardized reporting mechanisms hampers the utilization of emergency medical data for performance evaluation and strategic planning purposes.

The imperative for modernization was underscored during the Inception phase of the SOLIDAR project, wherein an international IT expert assessment, as well as the observations from the Project Team, revealed notable gaps and challenges in Albania's digital infrastructure within PHC settings. These challenges encompassed deficiencies in human resources, interoperability issues, and the prevalence of non-digitized processes, particularly concerning the recording of medical emergency activities.

In light of these findings, the need for the revitalization of the digital reporting module, integrated within the existing digital platforms at the PHC level, and designed to capture medical emergency data activity

in PHC level, while also referring to and taking into consideration the unique operational requirements of PHC staff, is evident.

The SOLIDAR Project aims to enhance access to quality emergency care services by strengthening the medical emergency system, among other things. Within this scope, the modernization of medical emergency data reporting at PHC facilities is crucial. Currently, while routine medical visits are digitally recorded, emergency visits are documented mainly manually. This situation is like this despite the existence of a module within the e-Visit portal currently in use at the PHC level. In other words, the current digital module designed for digitally recording the medical emergency care data activity is not being used at all (or it is being used only sporadically) by the doctors and nurses working at the PHC level. Clearly, this creates gaps in the management of medical emergency data. The revitalization and strengthening of the actual digital recording and reporting tool for medical emergency data at PHC level in Albania will hopefully catalyze transformative change within Albania's health emergency landscape, in line with the Digital Health component of the National Health Strategy 2021-2030, thus fostering resilience and the well-being of Albanian citizens.

2. RATIONALE

The manual recording of medical emergency visits at PHC level presents several shortcomings, including *compromised data inaccuracy and integrity* (the reliance on manual, paper-based methods for recording medical emergency visits at PHC facilities poses inherent risks to data accuracy and integrity; manual processes are susceptible to errors, omissions, and inconsistencies, thereby compromising the reliability of reported data), *low integration with higher-level reporting systems* (presently, medical emergency data recorded at PHC level often remains siloed and disconnected from higher-level reporting systems; this fragmentation impedes the aggregation of data for strategic planning, resource allocation, and policy formulation purposes), *underutilization for performance evaluation and strategic planning* (the underutilization of medical emergency data for performance evaluation and strategic planning represents a missed opportunity to enhance the efficiency and effectiveness of emergency healthcare delivery); and *existing systemic gaps and challenges* (the assessment conducted by international IT experts, as well as observations from SOLIDAR Team, underscored existing gaps and challenges within Albania's digital infrastructure, particularly within PHC settings; these challenges include a lack of human resources and training, interoperability issues, and the prevalence of non-digitized processes). On the other hand, modernizing the reporting of medical emergency data aligns with broader national health priorities aimed at strengthening health systems and eHealth, enhancing data-driven decision-making, and improving health outcomes for the population.

In this context, the rationale for modernizing the reporting of medical emergency data at PHC level in Albania is grounded in the imperative to enhance data accuracy, promote integration and interoperability, maximize the utilization of medical emergency healthcare data, address systemic gaps and challenges, and align with national health priorities.

As a matter of fact, the existing digital platform that is used in the PHC level already has a module/component embedded in it, that has been developed for the purpose of capturing/registering various components of emergency medical care visits. However, for reasons that are not entirely clear, this module/component is rarely used by the staff (doctors); at the same time, this tool is mostly not accessible by nurses. In this context, there is a need first to revitalize such existing/module component, in order for it to be properly used and understand its potential limitations in being able of capturing the needed data on emergency medical visits at PHC level thus improving emergency medical care data quality, accuracy, usability, transparency, accountability and decision-making, ultimately enhancing emergency medical data management and the overall efficiency of emergency medical services at PHC level. This would further allow for the follow up definition of refinements of the existent medical emergency reporting digital data collection tool.

3. ASSIGNMENT OBJECTIVE

The primary objective of this assignment is to modernize, enhance and strengthen the reporting of medical emergency data at PHC level in Albania through the capacity building of 24/7 HCs staff to use the digital module/component designed to record medical emergency activity data and that is already

embedded in the actual digital platform operating at the PHC level (revitalization of the existing digital module/component), following its careful assessment. The aim is to enable real-time emergency medical care data capture, maintaining its interoperability with national health information systems.

4. SPECIFIC OBJECTIVES

The primary objectives of this assignment are as follows:

- Assess the digital module/component already embedded in the actual digital platform in use at the PHC level.
- Propose areas of the module that need to be adjusted/adapted/added/changed in accordance with the need to capture as many meaningful elements of the provision of emergency medical services as possible. These changes (at the software level) will be executed at a later moment by an IT company/expert (or the IT company responsible for the maintenance of the actual digital systems, under the Health Insurance Fund).
- Create training manuals for PHC staff (doctors and nurses) on the usage of the revitalized digital medical emergency reporting module/component.
- Conduct capacity building training sessions for the primary healthcare staff responsible for reporting of medical emergency activity data, at selected 24/7 HCs.

5. SCOPE OF WORK

The selected company/organization will be required to:

- *Assess the existing digital module/component dedicated to registering emergency medical activity data.* The selected organization will provide a comprehensive assessment of the existing digital module/component embedded in the digital platform in use at the PHC level.
- *Propose areas for improvement.* Building upon the findings of the existing digital module/component assessment, the assignment will involve making recommendations about the changes that need to be made to the digital reporting module so that it will be capable of capturing and analyzing medical emergency data in real-time (for example, improvement in coding of staff, procedures and other elements, using of ICD-9 or ICD-10 codes for various acute health conditions, etc.). The module needs to be tailored to meet the unique needs and requirements of PHC staff, ensuring usability and effectiveness. As mentioned earlier, these changes will be executed at a later moment by an IT company/expert (or the IT company responsible for the maintenance of the actual digital systems, under the Health Insurance Fund).
- *Creating training manuals for PHC staff on tool operation.* Concurrently, the assignment will entail the creation of training manuals elucidating the functionality and operation of the existing digital reporting module.
- *Conduct capacity building training sessions for PHC personnel.* Upon completion of the training manuals, the assignment will culminate in the delivery of capacity building training sessions for the personnel of selected 24/7 Primary Healthcare Centers where the SOLIDAR Project is focused during its implementation phase (please see Table 1). These sessions should be interactive and participatory, fostering hands-on learning experiences and enabling PHC staff to proficiently utilize the digital reporting module/component in their daily practice
- *Provide ongoing technical support during the routine use of the module.* Following the routine utilization of the existing digital reporting module for medical emergency data at Primary Health Care (PHC) level in Albania, it is essential to ensure that PHC staff have access to continuous technical support to address any challenges or issues that may arise during the use of the module on routine basis. Such ongoing technical support mechanism is integral to the success and sustainability of the digital reporting system and aims to facilitate seamless adoption and utilization by PHC personnel. The ongoing technical support should consider the including of the following aspects (with final decisions depending on the implementing organization): help desk services, remote assistance, on-site support services, continuous training and capacity building, documentation and knowledge sharing, feedback mechanisms, and continuing monitoring and

evaluation framework.

6. APPROACH

The consultancy service will adopt a multifaceted approach, characterized by collaboration, innovation, and stakeholder engagement. Key components of the approach include:

- *Stakeholder engagement.* Close collaboration with relevant stakeholders, including health authorities (especially the Health Insurance Fund – HIF), representatives from Regional Directories of Health Care Operator and Local Health Care Units (NJVKSH), PHC staff, IT experts, and other potentially relevant stakeholders, will be central to the success of the consultancy service. Of particular importance, the successful organization will have to collaborate closely with the Health Insurance Fund experts in order to benefit from their knowledge and skills in managing the digital systems in use at the primary healthcare level, given that HIF has the ownership of such digital platforms. Such stakeholder engagement will ensure alignment with local priorities, foster ownership, and facilitate the revitalization/adjusting/adapting of the proposed digital solution.
- *Assess the existing digital module/component dedicated to registering emergency medical activity data.* Such assessment needs to highlight, at least, the following: reasons why it not being used by doctors, whether it is accessible for nurses and reasons for not accession, what types of data is it able to capture, is there need for additional data/elements to be added, needs to code staff, procedures, or other elements, etc. This will require interviews with the PHC staff, various key informants, observation of data entering into the module, observation of the module behavior, what reports it is able to generate, etc.
- *Identify areas for improvement and make recommendations to achieve improvement.* In order for the digital module to be able to capture all relevant emergency medical care data activity there will be needed potential changes in the actual coding of staff, coding of procedures, coding of injections and coding of other elements that are involved in this process (if needed!). The winning company needs to make recommendations regarding these elements. This is a crucial activity that will be carried out by the IT company/expert at a later moment (or the IT company responsible for the maintenance of the actual digital systems, under the Health Insurance Fund).
- *Creating training manuals for PHC staff on tool operation.* Developing a comprehensive training program (a training manual) that encompasses all elements needed to successfully operate the digital module/component is of paramount importance for this assignment. These manuals should be developed in close collaboration with PHC stakeholders to ensure relevance, clarity, and comprehensiveness.
- *Capacity building and knowledge transfer.* Capacity building will be a core component of the consultancy service, encompassing the delivery of training sessions on the use of the digital module/component and the provision of ongoing technical support. Emphasis will be placed on fostering a culture of data literacy, empowering PHC staff to leverage the digital module/component effectively.
- *Sustainability and scalability.* The consultancy service will prioritize sustainability and scalability, laying the groundwork for long-term impact and scalability beyond the duration of the assignment. This will involve the establishment of mechanisms for ongoing support, monitoring, and evaluation, as well as the dissemination of best practices and lessons learned.

The regions of the target 24/7 HCs and the approximate number of staff to be trained are shown below:

Table 1: Territorial areas of intervention

Nr.	Territorial Area Coverage Approach (TACA)	Regional Operator	Municipality	Name of health facility	Type of health facility	Number of doctors engaged in 24/7 medical emergency services*	Number of nurses engaged in 24/7 medical emergency services*
1	Fushë-Kruja – Kruja – Kamza – Vora	Tirana	Fushë-Kruja	Fushë-Kruja HC	24/7 HC	1	9
			Kamza	Kamza HC	24/7 HC	21	31
			Vora	Vora HC	24/7 HC	3	3
2	Puka - Fushë-Arrëz – Luf – Qelëz – Gjegjan	Shkodra	Fushë-Arrëz	Fushë-Arrëz HC	24/7 HC	2	9
			Puka	Luf HC	24/7 HC	0	9
			Puka	Qelëz HC	24/7 HC	0	8
			Puka	Gjegjan HC	24/7 HC	0	8
3	Velipoja – Dajç	Shkodra	Shkodra	Velipoja HC	Regular HC		
			Shkodra	Dajç HC	Regular HC		
4	Tepelena-Përmet-Këlcyra	Vlora	Këlcyra	Këlcyra +Dëshnica HC	24/7 HC	5	22
5	Cërrik – Belsh – Gramsh – Peqin	Elbasan	Cërrik	Cërrik HC	24/7 HC	1	6
			Belsh	Belsh HC	24/7 HC	6	8
Total				12		39	113

* These numbers are only indicative, not definitive, due to frequent staff turnover.

7. DELIVERABLES

The deliverables outlined below represent tangible outputs and documentation that summarize the progress and outcomes of the consultancy service for modernizing medical emergency data reporting at PHC level in Albania.

In the context of the consultancy service, the following deliverables are expected from the winning organization, subject to approval by the SOLIDAR Project:

- *Deliverable 1:* Assessment report on existing digital module/component status, reasons for not being used, actual challenges, staff access to it, data actually captured, results of coding of staff, procedures, equipment, etc., that need to be integrated into the improved digital module.
- *Deliverable 2:* Final Report summarizing findings, outcomes, and recommendations for the improvement of the digital module/component (what needs to be added/changed/adapted, etc.).
- *Deliverable 3:* Training manuals for the PHC staff.
- *Deliverable 4:* Implementation of the trainings for healthcare professionals on the use of the digital reporting module/component, including:
 - A schedule of training sessions, including dates and specific 24/7 HCs.
 - Delivered training sessions for all target professionals.
 - Reports on the training sessions, including participant attendance, feedback, assessment results.
 - List of participants.
 - Certification for participants who successfully completed the training.
 - Photos of the training sessions/ participant signed approval for photographs.
 - Completion report detailing training sessions conducted, and outcomes achieved.

8. QUALITY ASSURANCE

Each deliverable will undergo rigorous quality assurance measures to ensure accuracy, completeness, and alignment with project objectives. Stakeholder feedback and input will be solicited throughout the development process to ensure that deliverables meet the evolving needs and expectations of PHC stakeholders.

Hence, SOLIDAR reserves the right to engage and employ various mechanisms, procedures, and standards to ensure the highest quality of assessment, training delivery, content, and outcomes by the implementing organization, as follows:

- *Training content* – The training manual needs to be developed by qualified subject matter experts in accordance with recognized guidelines and standards.
- *Trainer qualifications* – All trainers delivering training sessions on how to use the digital reporting module/component should possess adequate knowledge about the digital module and also hold appropriate qualifications.
- *Participant assessment* – Participants should undergo assessments throughout the training sessions to evaluate their understanding and competency in using the digital reporting module/component. Assessments will be conducted using a variety of methods (written tests, practical demonstrations or application of skills, simulations, etc.).
- *Feedback mechanisms* - Feedback from participants (through, for example, surveys, focus group discussions, and individual interviews) will be actively sought to assess the effectiveness of the training sessions and identify areas for improvement. SOLIDAR encourages the implementing organization to engage in such activities. Also, SOLIDAR reserves the right to conduct its own assessments for retrieving participants’ feedback independently, whenever so deemed necessary.
- *Monitoring and evaluation* - The training program will be subject to ongoing monitoring and evaluation by SOLIDAR Project to ensure compliance with established standards and objectives. Preferably there will be needed to define and monitor key performance metrics to evaluate the success of the digital reporting module and training program.
- *Quality control mechanisms* – To ensure data validation, the training company must implement data validation checks to ensure the accuracy and reliability of reported data.
- *Continuous improvement* - Based on feedback and evaluation results, the training program might need to be undergo continuous changes by the training organization and refined (if needed) to enhance its quality and effectiveness. SOLIDAR reserves the right to conduct regular quality assurance audits to identify areas for improvement and implement corrective actions as necessary.
- *Documentation and reporting* - Comprehensive records should be maintained documenting all aspects of the training program, including training curriculum development, trainer qualifications, participant assessments, feedback, and evaluation results. Regular reports will be generated to provide SOLIDAR with updates on the performance and quality of the training program.

9. SERVICE PERIOD

The assignment will start on 07.10.2024 and end on 31 March 2025. Critical milestone deliverables for the assignment are as follows:

Deliverables	Deadline
Assessment of existing digital module/component status	21.10.2024
Final Report summarizing findings of the assessment of the digital module/component	30.10.2024
Training manuals for the PHC staff	15.11.2024
Training of healthcare professionals of 24/7 HCs	10.03.2025

10. QUALIFICATION AND SELECTION CRITERIA FOR THE ORGANIZATION

The organization should have the following qualifications and/or resources in order to address effectively and timely the specific requirements of the proposed assignment:

- *Experience in health informatics, digital health solutions and software assessment*, or in implementing or training on electronic medical records (EMR) systems or similar digital tools within healthcare settings, with at least 2 projects implemented during the last 10 years in this field.

11. PROPOSAL REQUIREMENTS

Interested organizations are invited to submit a proposal that includes:

- **Technical Proposal:** A detailed technical proposal document outlining the following key components: *a) understanding of the assignment; b) methodology and approach; c) technical expertise and experience; d) capacity building and training approach; e) timeline and deliverables; f) team composition and roles; g) risk management and contingency plans.* Expert profiles and qualifications (at least 2 CVs) need to be included. The complete technical proposal shall not exceed 15 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 CVs shall not exceed 4 pages.
- **Financial Proposal:** A proposed budget, including a breakdown of costs per deliverable for expert fees, number of working days, daily allowances, accommodation expenses, travel expenses, logistic expenses, venue cost, etc. using the attached Financial Offer Form.

12. AWARD CRITERIA

The selection of the organization will be based on technical expertise, proposed approach, and cost-effectiveness

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 criteria specific to the solicitation, as stipulated below:

AC	Award Criteria	Weighting
	Technical Proposal	70%
AC 1	Approach and methodology for the assignment	30%
AC 2	Work Plan, including proposed activities	5%
AC 3	Quality control mechanisms and sustainability of the intervention	5%

AC 4	<p>Qualification of the Expert (expert) CVs</p> <ul style="list-style-type: none"> • <u>At least 1 senior IT in health informatics:</u> <ul style="list-style-type: none"> • Advanced degree (Master's or higher) in health informatics, computer science or a related field • Experience in digital health solutions, electronic medical records and health information systems and management. • Proven experience in leading or contributing to at least one large-scale digital health projects in the last 10 years, preferably with a focus on emergency medical data management at the primary healthcare level. • Experience in working with digital health platforms in low-resource settings, preferably in disaster-prone or developing countries (including Albania). • Strong knowledge of cybersecurity practices and data protection regulations relevant to health data. • <u>At least 1 senior trainer and capacity building expert:</u> <ul style="list-style-type: none"> • Advanced degree (Master's or higher) in education, public health, human resource development, or a related field • Proven experience in designing and delivering training programs, particularly in healthcare settings • Proven ability to develop comprehensive training materials and manuals tailored to different levels of healthcare staff, including nurses and physicians. • Experience in conducting capacity building for healthcare professionals, particularly in emergency services and the use of health information systems. • Experience in delivering training in both in-person and virtual formats, utilizing interactive and participatory training methodologies. • Knowledge of adult learning principles and practices, with a track record of successful knowledge transfer and skills development. • <u>Project manager with expertise in health projects:</u> <ul style="list-style-type: none"> • Degree in project management, public health, health administration, or a related field. • experience in managing complex health projects including those involving digital health solutions, emergency medical services, or health system strengthening. • Demonstrated experience in managing multidisciplinary teams and coordinating with multiple stakeholders, including government agencies, healthcare providers, and IT vendors. • Proven track record in delivering projects on time and within budget, with a focus on quality assurance and achieving project outcomes. • Experience in risk management, with the ability to identify potential project risks and develop mitigation strategies. 	30%
Financial Proposal		30%
AC 5	Clarity and coherence of the financial proposal, realistic estimation of the costs for the training implementation	10%
AC 6	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 assignment, the selected organization is expected to closely work with the project “SOLIDAR” and other relevant actors.

The SOLIDAR project will provide necessary support, including access to relevant data, collaboration with stakeholders, and logistical assistance for training sessions, whenever possible.

The selected organization will be responsible for:

- Developing and delivering an assessment report on existing digital module/component dedicated to registering emergency medical data activity, containing identified challenges, problems, reasons for not optimal current usage, staff access, and other relevant information.

- Developing and delivering a report describing in detail the efforts for coding of staff, procedures and other elements that are crucial for the functioning of a revitalized/adjusted/adapted digital module.
- Provide the necessary recommendations on improvements to be carried out.
- Developing and providing all necessary materials and resources for the training of the PHC about using the digital reporting module/component.
- Organizing all necessary training sessions, being responsible for all the logistical aspects, as specified earlier in this TOR document (i.e. venue (workplace training), transportation of experts, etc.).
- Monitoring and evaluating the training programs' effectiveness (quality control).

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