

Effectiveness of a Neonatal Jaundice Clerking Sheet to Improve Neonatal Jaundice Management in Primary Health Clinics in Gombak District



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SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

Proper assessment of newborns is crucial during follow-up for neonatal jaundice (NNJ).^{1,2} Besides managing the risk hyperbilirubinemia, crucial signs and symptoms such as murmurs and cyanosis may require immediate attention and hospitalization. Overlooking these could result in late detection of conditions like congenital heart disease, possibly leading to death. This quality assurance study evaluated the appropriateness of NNJ management documentation, including clinical assessments conducted by medical officers (MO), in ten public health clinics in Gombak.^{2,3}

KEY MEASURES FOR IMPROVEMENT

To increase the percentage of proper documentation (treating doctors, history taking, physical examination, investigation results, and management plan) in accordance with local guidelines and review panel. Standard: 100%

PROCESS OF GATHERING INFORMATION

A pre-intervention audit was conducted from September to November 2020 in eight clinics, with 40 medical records randomly selected for each clinic (n=320). Data to identify contributing factors was collected by using an audit form of patients who meet the inclusion criteria. A post-intervention audit followed from September to November 2021.

ANALYSIS AND INTERPRETATION

Pre-intervention results showed only 54.0% of cases had proper documentation, 42.95% of infants were examined by doctors, and 5% of MOs attended NNJ refresher training. Findings indicated poor awareness among MOs about physical examination importance, inadequate monitoring of serum bilirubin levels and weight, inadequate history taking, and lack of continuity of care when patient is seen in centralized weekend NNJ clinics or private general practitioners (GP).

STRATEGIES FOR CHANGE

An NNJ clerking sheet was developed based on literature reviews and validated by primary care doctors and paediatricians. MOs undergone a video lecture on NNJ management and usage of the NNJ clerking sheet. Refresher training on NNJ was also provided for MOs to reinforce the changes.

EFFECT OF CHANGE

The post-intervention audit showed significant improvements: 85.8% of cases had proper documentation, 83.5% of the infants were examined by the doctors, and 100% MOs attended NNJ refresher training. The percentage of ABNA decreased from 46.0% to 14.2%.

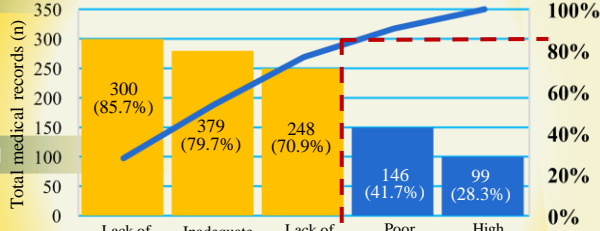
THE NEXT STEP

- To incorporate the clerking sheet in the printing of child wellness record book.
- Adopt this model in other disease management e.g. gout, hypertension, PPC etc.
- Continuous engagement with paediatricians.
- Replication and scaling up in other health clinics and by GPs.

References

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Pareto chart



No.	Critical Steps	Criteria	Standard	Verification	Cycle 1
1.	Knowledge	MO attending training sessions for NNJ	100%	5.0%	100%
2.	Physical Examination	NNJ cases examined by MO	100%	42.95%	83.5%
3.	Documentation	Documentation of findings and appropriate referral	100%	54.0%	85.8%

Achievable Benefit Not Achieved (ABNA)

