Using Clinical Mentorship To Strengthen NCD Capacity of Healthcare Workers In South Africa
By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
HealthRise

5 Year, 4 Country Initiative to Improve Hypertension and Diabetes Among Underserved Populations

**GOAL**
Contribute to 25% reduction in premature mortality associated with hypertension/CVD and diabetes among underserved populations.

**OBJECTIVES**
- Increase screening and diagnosis (detection)
- Increase management and control of CVD and diabetes (improved clinical outcomes)
HealthRise in Pixley Ka Seme, Northern Cape

**Program Approach**

- Map patient pathways and identify gaps in care
- Leverage existing HIV/TB platform
- Conduct community health campaigns, mobile screening in community
- Train providers, community care givers and pharmacists, including in home-based care in referral and monitoring for diabetes, hypertension and LDL cholesterol
- Link to Central Chronic Medicine Dispensing and Distribution for patient convenience
- Provide post diagnostic support with nutrition, home visits, referrals
- Engage community support groups, adherence and lifestyle support

Population for 25y +
Prevalence estimates were HTN 49% and T2DM 8%
HealthRise Model in Northern Cape

HealthRise Model

Project Interventions

Community Event
  Door to door
  Facility walk ins

Facility walk ins

Screening

DESSA Training
  CHW Training

Training

Adherence of treatment Guidelines

Clinical Mentoring

Gardening
  5 Steps to Self care
  VSL

Support Groups
Clinical Mentoring

**Aims**
- To capacitate health care providers in applying updated knowledge and strengthening their problem solving and decision making skill in Diabetes Mellitus and Hypertension care.
- Improve competency and build confidence in delivering quality care.

**Clinical Mentoring Model**

**Didactic Training**
- Acquiring of Knowledge

**Clinical Mentoring**
- Application of Knowledge and Skill Transformation of Behavior, Attitude and Confidence.

**Independent Clinical Decision Making**
- Development of Competency
- Demonstrate Proficiency

**Mentorship Programs/Activities**
- Treatment Guidelines APC/PC101
- SEMDSA Guidelines
- Step up approach
- Case Presentations
- Journal clubs

**Support Systems**
- Portfolio of Evidence
- Clinical Resource nurse

**Relationship and trust building**
- Case presentations
- Clinical Team discussions

**DESSA training pre and post assessments**
Significant Improvements in Care

Qualitative interviews with the nurses following 1 year of the mentoring program suggest:

- Timely referral to higher level facilities
- Increased knowledge and skills
- Reduction in HbA1c and decrease in hypoglycaemic symptoms
- Linkage to other services (ophthalmology and podiatry screenings)
- Enabled early detection of complications
- Newly diagnosed patients on treatment
- Improved collaboration amongst hospital staff
Clinical Mentoring: Lessons Learned

**ESTABLISH SYSTEMS**
- Improve frequency for reviewing patients’ cases
- Formalize mentorship - goals, roles, structured and systematic approach
- Identify trainings and champions at each facility

**EDUCATE PATIENTS**
- Improve level of disease knowledge and education
- Provide individual, group and community-based activities to support patients
- Empower patients to make lifestyle modifications

**PLAN FOR SUSTAINABILITY**
- Establish sustainability planning at the onset
- Build community partnerships with various stakeholders