

# A multi-modal intervention to improve care of the severely ill in Uganda

<b>Submission date</b> 17/05/2017	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 18/05/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 26/11/2020	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Globally, there is a high burden of severe illness and associated deaths in low-income countries. To improve management of severely ill patients in hospital in low-income settings, the World Health Organization (WHO), through its program on the Integrated Management of Adolescent and Adult Illness, established a triage tool (a tool used to help decide the order of treatment) called "Quick Check" to provide clinicians with a rapid, standardised approach to identifying patients with severe illness based on recognising of abnormal vital signs. The aims of this study are to determine the impact of the WHO QuickCheck+ training program and the Severe Illness Management System (SIMS) program on how well severely ill patients can be identified and to identify and test methods of improving the way in which best care for severely ill patients can be followed in low-income settings.

### Who can participate?

Patients aged 14 years and over who have been admitted to the general medical wards through the casualty department at participating hospitals.

### What does the study involve?

The study involves an intervention designed to improve health worker performance of vital sign collection and diagnosis of severe illness conditions. Intervention components include clinical mentoring by an expert in severe illness care, collaborative improvement meetings with external support supervision, and continuous audits of clinical performance with structured feedback. All health facilities in the study will receive the intervention but at different times.

### What are the possible benefits and risks of participating?

Participants could benefit from improved identification of their illness so that they can be better managed in hospital. There are no notable risks involved with participating.

### Where is the study run from?

The study is taking place at four inpatient health facilities in one district of western Uganda.

### When is study starting and how long is it expected to run for?

August 2014 to May 2015

Who is funding the study?

1. World Health Organization (Switzerland)
2. Cooperative Biological Engagement Program (USA)
3. IMAI Alliance (USA)
4. Anonymous European Family Foundation

Who is the main contact?

1. Dr. Shevin Jacob (scientific)  
shevin@walimu.org
2. Dr J. Lucian Davis (scientific)

## Contact information

### Type(s)

Scientific

### Contact name

Dr Shevin Jacob

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## Additional identifiers

EudraCT/CTIS number

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

SIMS 1.0

## **Study information**

### **Scientific Title**

A complex intervention to improve implementation of World Health Organization guidelines for diagnosis of severe illness in low-income settings: a quasi-randomized trial from Uganda

### **Study objectives**

The overall aim of this project is to improve the management of severely ill patients at four hospitals in western Uganda.

The specific aims of this project are:

1. To determine the impact of the WHO QuickCheck+ training program and the Severe Illness Management System (SIMS) program on process measures related to the identification of severely ill patients
2. To identify and test methods of improving adherence to evidence-based care for severely ill patients in low-income settings

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

1. The Makerere University School of Public Health Higher Degrees, Research, and Ethics Committee
2. The Uganda National Council for Science and Technology
3. The University of California San Francisco Committee on Human Research
4. The Human Investigation Committee, Yale University

### **Study design**

Stepped-wedge quasi-randomized trial

### **Primary study design**

Interventional

### **Secondary study design**

Stepped wedge quasi-randomized trial

### **Study setting(s)**

Hospital

### **Study type(s)**

Diagnostic

### **Participant information sheet**

No participant information sheet available

### **Health condition(s) or problem(s) studied**

Severe illness conditions as defined by WHO Quick Check+ (shock, sepsis, severe respiratory distress, altered mental status)

### **Interventions**

This study consists of a behavioral intervention to improve health care worker performance. The intervention is comprised of three modalities: clinical mentoring by an expert in severe illness care, collaborative improvement meetings with external support supervision, and continuous audits of clinical performance with structured feedback. There is no follow up. The intervention is implemented using a quasi-randomised, stepped-wedge design. The sequence for introducing the intervention is randomly assigned, with a new site launching approximately every six weeks and an a priori plan to launch two sites simultaneously.

### **Intervention Type**

Behavioural

### **Primary outcome measure**

Vital sign collection and diagnosis of severe illness conditions, determined via review of medical charts, at time of hospital admission

### **Secondary outcome measures**

Vital status, specifically mortality, determined via review of medical charts, at the time of hospital discharge

### **Overall study start date**

01/05/2014

### **Completion date**

01/09/2015

## **Eligibility**

### **Key inclusion criteria**

1. Aged 14 years and over
2. Admitted to the general medical wards through the casualty department at each health facility

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Sex**

Both

### **Target number of participants**

6000

**Total final enrolment**

5759

**Key exclusion criteria**

Those whose primary admitting diagnosis is an emergent surgical or obstetrical condition.

**Date of first enrolment**

01/08/2014

**Date of final enrolment**

31/05/2015

**Locations****Countries of recruitment**

Uganda

**Study participating centre****Walimu**

Plot 5-7, Coral Crescent

Kololo

Kampala

Uganda

N/A

**Sponsor information****Organisation**

Walimu

**Sponsor details**

Plot 5-7

Coral Crescent

Kololo

Kampala

Uganda

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**Sponsor type**

Other

# Funder(s)

## Funder type

Research organisation

## Funder Name

World Health Organization

## Alternative Name(s)

, , Всемирная организация здравоохранения, Organisation mondiale de la Santé, Organización Mundial de la Salud, WHO, , ВОЗ, OMS

## Funding Body Type

Private sector organisation

## Funding Body Subtype

International organizations

## Location

Switzerland

## Funder Name

Cooperative Biological Engagement Program

## Funder Name

IMAI Alliance

## Funder Name

Anonymous European Family Foundation

# Results and Publications

## Publication and dissemination plan

Planned for presentation at international conferences and publication in a high-impact peer-reviewed journal.

## Intention to publish date

31/12/2017

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr J. Lucian Davis (lucian.davis@yale.edu).

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	06/11/2017	26/11/2020	Yes	No