

Lessons learned from implementation of the Jamaican 2007 Hypertension Programme Guide

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Abstract

Background: Chronic non-communicable diseases pose the greatest challenge for the Caribbean and Jamaica in particular. Of importance is that hypertension and related illnesses are among the leading causes of death. As a result, the successful implementation of the 2014 Hypertension Programme Guide, slated for later in 2016, is critical to positive health outcomes of the hypertensive population. However, due to limited knowledge regarding the implementation of the 2007 Hypertension Programme Guide, this research is focused on the lessons from evaluating its implementation.

Methods: This study uses a non-experimental, concurrent triangulation mixed methods implementation evaluation design. The study began with the collection of audit data from a sampling of 197 patient docketts at six health centres across all regions of the country. Fifteen key informants were also interviewed, including leaders from the Ministry of Health and Regional Health Authorities along with physicians, nurses and a community health aide.

Results: Quantitative results indicated that while measuring the blood pressure for hypertensive patients was routinely done, overall the documentation in patient docketts was not consistent between doctors and health centres. This suggests that there may be a lack of fidelity to the 2007 Hypertension Programme. Further, data from key informant interviews revealed that there are varying levels of familiarity with the 2007 Hypertension Programme Guide. However, all interviewees are familiar with general best practices in the management of hypertension. Notwithstanding familiarity with the Guide, the primary weakness cited by interviewees related to a shortage of medication, limited access to pharmacies and the fact that the Guide has not been updated recently.

Conclusion: Despite challenges identified in the quantitative and qualitative data, there are also successes, which could be helpful as a starting point for creating, disseminating and implementing the next Hypertension Programme. In addressing the identified barriers there are a few frameworks and strategies that could be helpful in ensuring the long-term success of the Hypertension Programme, namely Kotter's Eight Steps to Leading Change; the Practical Robust Implementation and Sustainability Model (PRISM); and lastly in the long-term health care reform to address the leadership and reporting challenges.