

# Guidelines for the establishment of Screening Services in Regional Hospitals

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## 1.0 Introduction

MoH/GHS envision that all people living in Ghana are healthier, wealthier and live longer. Non-communicable diseases are becoming a disease burden in the country and thus the need for their control.

One of the main objectives of the health sector medium term development plan (2010-2011) and the 2011 programme of work (POW) is to decrease the burden of non-communicable diseases and to promote healthy lifestyles. One of the strategies being adopted is to introduce screening services for non-communicable diseases. There is enough evidence that shows net benefit from early detection through early detection through screening for non-communicable diseases and management is benefit. Screening can be done in the community and in health facilities.

## 1.1 Purpose/Mandate

The purpose of this Guideline is to provide broad direction for the establishment of screening services in hospitals for early case detection and treatment of non-communicable diseases. The document define the kinds of services to provide, identifies what type of health workers to provide the service, equipment requirement, training needs relevant structures, roles and responsibilities of all stakeholders.

## 1.4 Goal

The main goal is of establishing screening services is to contribute to the reduction in NCD morbidity and mortality.

## 1.5 Key Principles

The key principles that are likely to lead to successful outcome of care include:

- Early detection of Non-Communicable Diseases
- Early decision-making, prompt management and referral as and where appropriate
- Counselling on healthy living and lifestyle

## 2.0 Policy Statement

Hospital management shall ensure that screening services for non-communicable diseases are provided in their hospitals.

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## 3.0 Screening Services Recommended

### 3.1 Hypertension:

Definition: High Blood pressure in adults is defined as a systolic blood pressure of 140mmHg or Higher or a diastolic blood pressure of 90mmHg or higher. Because of the variability in individual blood pressure measurements, it is recommended that hypertension be diagnosed only after 2 or more elevated readings are obtained on at least 2 visits over a period of 1 to several weeks. All clients with blood pressures higher than the cut off levels should be referred to a doctor for further assessment.

- Target Group: - People >30years
  - Definition - > 140/90
  
- **Equipment**
  - Sphygmomanometer (Digital/Aneroid)
  - Stethoscope
  - Cuff sizes
  - ECG Machine
  - Weighing Scale
  -
- **Screening Staff**
  - Nurses
  - Health Assistants
    - Training Needs
      - BP Measuring
      - Counselling Skills
      - Documentation

### 3.2 Diabetes: A persistent rise in blood sugar level above 6.1 mmol/litre.

- Target Group: - People >30years
  
- **Equipment**
  - Analyzer
  - Tubes
  - Vacuutainer
  - Needles
  - Syringes
  
- **Screening Staff**

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- Nurses
- Health Assistants
- Lab Technician/Technologists
  - Training Needs
    - Blood sugar testing
    - Counselling skills
    - Documentation

**3.3 Obesity (Body Mass Index-BMI)** BMI is the ratio of measuring height and weight. The actual BMI is compared with a norm.

Referral: All clients whose blood sugar is above the cut off levels should be referred to a general doctor or specialist.

- Target Group: - People >20years
  - As defined by BMI
- **Equipment**
  - Height Measure/ Stadiometer
  - Weighing Scale
  - Tape Measure
- **Screening Staff**
  - Nurses/Health Assistants
  - Dietician
    - Training Needs
      - Weight, height and waist circumference measuring
      - Counselling skills
      - Documentation

## 3.4 LIPIDS:

- Target Group: - People >30years
  - Definition - Elevation of Total Cholesterol (TC), LDL & and the TG cholesterol and a decrease in HDL cholesterol.
- **Equipment**
  - Lab. Equipment
- **Screening Staff**
  - Nurses
  - Health Assistants
  - Lab Technician/Technologists

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- Training Needs
  - Lab tech training
  - Documentation

## 3.5 Renal Assessment

- Target Group: - People >30years
  - Tests – urinalysis, serum creatinine, eGFR , blood Urea
- **Equipment**
  - Lab. Equipment(Analyzer)
  -
- **Screening Staff**
  - Nurses
  - Health Assistants
  - Lab Technician/Technologists
    - Training Needs
      - Lab tech training
      - Documentation

## 3.6 Cancers

### 3.6.1. Prostate Cancer

- **Target Group:** - men >40years
  - Family History
  - PSA Level
- **Equipment**
  - Lab. Equipment
  - PSA
- **Screening Staff**
  - Nurses
  - Health Assistants
  - Lab Technician/Technologists
    - Training Needs
      - Lab tech training & Interpretation of results
      - Documentation
      - Counselling Skills

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## 3.6.2 Breast Cancer

- Target Group: - females >30years
  - Family History
  - Parity
- **Equipment**
  - CBE
- **Screening Staff**
  - Nurses
  - Health Assistants
  - Lab Technician/Technologists
    - Training Needs
      - Lab tech training & Interpretation of results
      - Documentation
      - Counselling Skills

## 3.6.3. Cervical Cancer

- Target Group: - females 25-45years (VIA)
  - >45years (PAP)
  - Family History
  - Specific Cx CA
  - Pathological findings
  - Parity
  - FP use
- **Equipment**
  - Cryo Machine
  - Speculum
  - Acetic acid
  - Screen
  - Couch
  - Gallipots
  - Sponge holding forceps
  - CO2 gas cylinder
  - Timer
  - Autoclave
  - Kidney dish
  - Tray
  - Atlas of Cervix pathology

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- **Screening Staff**
  - Midwives
  - Nurses
  - PH Nurses
    - Training Needs
      - VIA & PAP training
      - Documentation
      - Counselling Skills

## 4.0 Other Equipment Requirements

1. Screening Room (Privacy: screens/curtains, attending to one patient at a time).  
One of the consulting rooms can be used for such purpose.
2. Waiting area
3. Registers
4. Couch
5. Examination trolley
6. Patient Folders
7. Education/counselling materials (to be developed)
8. Counselling Cards (to be developed)
9. Management Guidelines and Protocols (review and adapt existing ones)
10. Referral notes/forms
11. Personal protective items (gloves, masks, aprons, goggles)
12. Supplies (gloves, syringes and needles etc)
13. Hand washing facilities, and hand drying facilities
14. Waste disposal bin(s) etc.

## 5.0 Records

Data Collection Tools:

- Registers
- Standard Forms for data collection
- Computers, Printers, and Accessories
- Software (to be developed)

What to Collect: -

- Age, sex, weight, BP, height, Biochemistry (Plasma glucose, urinalysis HDL, urinalysis, serum creatinine, eGFR , blood Urea etc), occupation, ID – NIA, ethnicity, Co-morbidity, history (diet, alcohol use, Physical Activity, smoking etc), findings etc
- Who to collected and Collate: - Records staff/ Biostatisticians/Health Assistants

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## 6.0 Communications and Reporting Channels

- Communication Channels Reporting of lines
  - Hospital -> DDCC -> Regional Directors -> GHS/ICD/MOH/RHNP/NCDPC
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- Linkages/ Referral Points/System
- GHS/MOH Referral guidelines applies

## 7.0 Supervisory & Monitoring Systems

- Should follow the GHS guidelines
- Quality Control: regular (monthly) calibration of weighing scales and blood pressure apparatus, etc.

## 8.0 Financing the Service (costing)

Screening Services should be included in hospital plans and budget

- Clients – user fees (minimum package to be determined)
- Special arrangement to track program funds
- Staff motivation – from IGF generated
- MOH -initial funding for set up of program and sustained through self financing

## 9.0 Management of Hypertension, Diabetes, Obesity, LIPIDS & Renal Diseases

### 9.1 Training Schedules

- Teams (2 Zones – Northern and Southern for non-cancers NCDs )
  - (2 Zones – Northern and Southern for cancers )
  -

### 9.2 Criteria for team selection (trainees)

- should have at least 10 years to retirement
- have interest in NCDs
- undertaken from the Health facilities not to move them from the programme
- experts to do the training

### 9.3 Screening Staff & Material Resource

- Doctors
- Nurses
- Dieticians
- Behaviour therapists
- Treatment Guidelines
- Protocols

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- Data Collection Form
- Referral pathways
- MOH/GHS Referral Policy

## **10.0 Management of Cancers (prostate, cervical, breast)**

### **10.1 Training Schedules**

- Teams (2 Zones – Northern and Southern for cancers NCDs )
  - (2 Zones – Northern and Southern for cancers )

### **10.2 Criteria for team selection (trainees)**

- should have at least 10 years to retirement
- have interest in NCDs
- undertaken from the Health facilities not to move them from the programme
- experts to do the training

### **10.3 Human & Material Resource**

- Midwives
- Nurses
- PH Nurses
- Obs/Gyn Specialist
- Surgeon
- Urologist
- Behaviour therapists
- Treatment Guidelines
- Protocols
- Referral pathways
- MOH/GHS Referral Policy

## **11.0 Time Lines for Implementation**

- Time table for both Non cancer NCDs and cancer NCDs
- Training plan
- Review protocols for endorsement
- ICD with call a meeting with the regions to finalize the document
- Training plan –cost
- Training manual