The results of a recent randomized controlled trial conducted in 2013 of Amoxicillin vs Penicillin for the treatment of WHO defined severe pneumonia prompted a meeting by the Ministry of Health, KEMRI Wellcome Trust, The University of Nairobi, UNICEF, the Kenya Medical Supplies Agency, PATH, CHAI, PS Kenya, and other partners to consider whether the new evidence provided by the trial requires a revision to existing national pneumonia guidelines.

This meeting took place in Nairobi on 14th - 15th October 2014.

In the graph, hospitals with a score of indicators that are less than 1, for instance H4 for respiratory rate, H7 for indrawing and H12 for disability have a poor score in documentation of pneumonia indicators while hospitals with a score of 1 have a good score in documentation of indicators.
KEMRI - Wellcome Trust held a two day Clinical Information Network meeting at Gracehouse Resort in Nairobi on October 16th - 17th, 2014. Besides the usual updates and feedback from hospitals, the meeting this time had informative presentations and discussions on how to develop evidence based guidelines.

The CIN team led by Dr Grace Irimu, gave feedback to pediatricians and medical officers present in the meeting on the most recent updated data coming from their facilities. In order to improve data collection and reporting, those present were urged to promptly communicate any challenges arising in their health facilities.

Dr Faith Aura, M.O.
Vihiga County Hospital

Faith Aura who works as a Medical Officer in Vihiga County Hospital attended the CIN meeting and had this to say. ‘The CIN meeting was a great learning experience for me. I learnt how evidence from studies shapes policy and ongoing studies that have led to the pneumonia guidelines review. I appreciate that these studies are local and are therefore applicable to gathering evidence that can be able to shape policy and practice locally. They are relevant to the Kenyan context. On the paediatric admission record forms, these capture useful patient information, a good reference tool for the clinician. P.A.Rs enable making of informed decisions based on patient information presented.

In Vihiga, the main challenge I have observed in filling PAR forms is that clinical officers and medical officer interns are on rotation after every 3 months in the hospital i.e. they move to pediatric clinic, surgical, gynae etc hence orientation for new interns going to paeds, on how to fill the PAR form has to be done frequently. Orientation alone for filling PAR forms can take up to 3 weeks before one becomes familiar with its use but this is government policy and not much can be done about it at the moment. However, this can sometimes slow things down.

Finally, since CIN reports are done quarterly, it would be good to have these CIN meetings twice a year purposes of prompt feedback.'