|  |  |
| --- | --- |
| Facilitator | Well. Doctor, can you tell me more about the services that you provide at this hospital in general? |
| Participant | In relation to asthma patient? |
| Facilitator | In general. |
| Participant | In general, if a patient presents at the hospital, we first identify the case via his/her symptoms and the presenting complaint followed by history of the illness and laboratory investigations to reach the definite diagnosis. We provide the recommended treatment to the patient. If the patient needs admission (inpatient), we admit the patient until his/her health condition improves. If the patient needs resuscitation, we perform the recommended management and discharge the patient thereafter. |
| Facilitator | Well. What are the main priority diseases and illnesses for this facility? |
| Participant | We do not have any diseases that receive special care. We try to provide the recommended medical treatment to any patient. |
| Facilitator | Well. What are the diseases with high influx of patients? |
| Participant | Currently, the most common diseases are (chronic illnesses); i.e., hypertension and diabetes. Simple diseases such as malaria, typhoid and gastroenteritis come next. |
| Facilitator | That means all diseases? |
| Participant | all diseases. We refer the cases that we could not manage to rural hospitals; the cases that we could provide emergency treatment to; the cases that require advanced investigations such as ECG. Sometimes, there are difficult cases that need to be assessed by a consultant; we refer such cases to consultant physician, surgeon or pediatrician. However, we have an obse and gynae consultant available at the hospital. |
| Facilitator | Well. Can you tell me more about the services you provide for patients with asthma in particular at this hospital? |
| Participant | In relation to asthma patients that present at this facility, we do not see patient whose complaint is having asthma. Asthma patients present in the emergency room; emergency case. We assess the case via clinical examination and we concentrate on (chest examination). We evaluate the case and then administer ventolin until the patient improves. If the patient can continue taking his medical treatment at home, we provide the patient with medical instructions to be followed at home in order to be discharged and have a stable health condition. Or we admit the patient into the hospital in order to take intravenous treatment. Sometimes we admit the patient for intravenous treatment and the patient is still taking Ventolin treatment. |
| Facilitator | Well. What algorithms or processes do you follow in provision of health services to patients with asthma? |
| Participant | What is it? |
| Facilitator | Do you have particular steps, 1, 2 and 3 that you follow in management of asthma patients? |
| Participant | First, we make general evaluation of the case; what is our general evaluation. Thereafter, the stage; I do not know the exact word in Arabic for the grade at which is the patient. Thereafter, we provide emergency treatment; ventolin and oxygen. |
| Facilitator | No; what I mean… TB program has an algorithm. Do you have a particular algorithm that you follow; certain steps to be followed by each medical doctor in management of asthma patients over here? |
| Participant | We follow steps when the patient presents as says he has asthma. However, the patient presenting at this hospital is an emergency case. For example, the patient presents at late stage. Yes, yes. We provide emergency treatment and then the patient is discharged. |
| Observer | However, there are no guidelines? |
| Participant | Guidelines for asthma patient who is (stable). Such stable patient does not present over here; the patient whose health condition is (stable); saying that’s/he has asthma and is fine 100%. We only receive patients who require resuscitation; emergency treatment. |
| Observer | Well. In relation to the asthma patient that presented and his health condition is (unstable) and then he became stable and had oxygen treatment, etc. Does this patient attend this facility for follow up? |
| Participant | The patient does not attend for follow up. We even provide them with dates for follow-up to attend on a particular day. The patient does not show up. |
| Observer | What do you think might be the reason? |
| Participant | This is the attitude of the people at the area. Even the patient that is admitted into the ward, we do not find him/her on the next day. They do not like the hospital. Once the patient feels better, s/he does not tell s/he will leave the hospital. Even if the patient is admitted into the ICU, s/he will take 3 sessions of Ventolin. Thereafter, the patient either sees you to get his/her treatment drugs, you advise him/her to return for follow up at particular date and s/he never shows up or the patient leaves the hospital. |
| Observer | Well. If there is a stable case; this patient takes treatment and.. (Interruption |
| Participant | Such type of patient never presents) |
| Observer | Such patient never presents. Never had such patient? |
| Participant | Such type of patient never presents. |
| Observer | Well. Are there particular guidelines for stable cases? |
| Participant | For stable cases, there is only (counseling). |
| Facilitator | Well. What do you think the effective asthma care look like? |
| Participant | Pardon! |
| Facilitator | The effective care; we say this is comprehensive care. What does effective asthma care look like? |
| Participant | Comprehensive care is that the patient shall keep away from all factors that trigger asthma attack such as dust, etc. In addition to that, the patient shall continue taking his medicines, his/her ventolin and shall have all his drugs. |
| Observer | At the level of health care services, what do you think are the effective health care that shall be provided to patients with asthma at the hospital level? |
| Participant | To avail the recommended medical care; only to avail the recommended medical care. |
| Observer | Well. Can you tell me more about this recommended care? |
| Participant | As I told you; (counseling). There shall be follow on a regular basis; every 2 weeks; 2 months, etc. I can clinically assess the patient’s health condition and guard against late presentation. |
| Observer | Does this clinical assessment needs particular resources at the hospital? Shall it be included in training?  ال clinical هل دا بحتاج لsatabe معين فى المستشفى يكون فى التدريب يكون فى ؟ |
| Participant | We have history and clinical examination over here. Thereafter, I review his (medications) whether they are available? If they are not available, I try to avail them. If they are not available outside, I try to refer the patient or purchase it from central pharmacies if the patient has health insurance, etc. The most important point is chest examination. |
| Facilitator | Well. Do you document all these procedures; chest examination, etc.? |
| Participant | What do we do? |
| Facilitator | Documentation. |
| Participant | No. |
| Facilitator | Do you record them? |
| Participant | No, no. |
| Facilitator | Not even any information about asthma patient? |
| Participant | No. |
| Facilitator | Well. You have many programs at this hospital such as TB program. If we would like to integrate management of asthma within existing health programs, which program is the best? لو قلنا عايزين ندمج امراض الازمة دى مع برنامج تفتكر انسب برنامج يكون شنو ؟ |
| Participant | How? |
| Facilitator | If we would like to integrate management for asthma patients in order to provide asthma services within another program; for example TB and AIDs program, which program is the best for such integration in existing health system? |
| Participant | TB program of course. |
| Facilitator | Why? |
| Participant | Because it is the most related program to asthma patients. Moreover, services needed for asthma management might be available at TB program.  لانو هى اقرب حاجة لناس الازمة وبعد داك احتمال الحاجات البحتاج ليها بتكون متوفرة عند ناس الدرن |
| Facilitator | Well. Suppose we integrate management of asthma within TB program, what is good about integration of asthma management services apart from being integrated within the most related program? |
| Participant | According to the situation over here, TB program is more connected with the ministry of health. They could bring along some material from the ministry, etc. Right now, I do not have peak flow metre; breathing test for the patient. Sometimes, a patient might present, s/he does not have health insurance and the financial status of this patient is not good. I am supposed to provide this patient with some care. مفروض يكون عندى حاجة اقدمها ليهو application اقدمها ليهو |
| Facilitator | Asthma treatment card (interruption by the participant They do not send them to us) that you had, have you ever filled them? |
| Participant | No. |
| Facilitator | What is bad about integration of asthma management services within TB program? |
| Participant | Actually, TB patients are supposed to be quarantined / isolated outside the hospital since ever the equipment used for testing TB patients are infectious. I could have suggested chest department. However, there is no chest physician at this facility; not available. |
| Facilitator | Well. Do you take certain steps in providing asthma management services? |
| Participant | If we face any problem after provision of recommended health care in the ICU, we refer the patient to chest department at [district capital] hospital. |
| Facilitator | Do you refer a lot of cases, do not you? |
| Participant | No. |
| Facilitator | Well. Please tell me more how we could improve asthma management services at this facility? |
| Participant | Pardon! |
| Facilitator | How could we improve these services? |
| Participant | We could improve these services by availing the essential equipment; materials required for management of asthma patients. |
| Facilitator | Well. What are these requisite equipment? طيب الحاجات دى زى شنو الحاجات اللازمة دى؟ |
| Participant | The essential equipment for providing emergency care to asthma patient; medicines, investigation and examination tools. I think it would be better if there is a department allocated for asthma patients. |
| Facilitator | Well. What shall be available at this department? What equipment does this department require? |
| Participant | Medications, Ventolin, … used for examination of asthma patients, etc. السير بتاع الكشف على مريض الازمة كدا |
| Facilitator | You earlier mentioned that there is no peak flow metre at this facility. |
| Participant | There is not. |
| Facilitator | It could help. Well. What else would make it easier for you to diagnose a patient with asthma apart from this equipment? |
| Participant | I often refer difficult cases that I could not manage at this facility since there is not a chest department at this facility. |
| Facilitator | Well. You mentioned that asthma patient presents at the emergency room, and you provide asthma care. Well. Can you tell me more about how you would manage a patient with asthma? What do you provide to this asthma patient? |
| Participant | We administer Ventolin via the nebulizer. Thereafter, it is either the patient becomes (stable) or I prescribe another (drug) in addition to the patient’s treatment. Along with the Ventolin, we prescribe prednisone, antistin for example. If the patient’s health status is very poor, we prescribe medications; antibiotics. The latter could either be taken in the ward or orally at home according to the health condition of the patient. |
| Facilitator | What would make it easier for you to manage a patient with asthma? |
| Participant | How? |
| Facilitator | For example, medicines, and patient’s influx/visits etc. What would make management of asthma patients easier? |
| Participant | (Medications) shall be available; patient treatment shall be made available in addition to ventolin, equipment used to provide emergency care to the patient, and oxygen. |
| Facilitator | Well. (Use of registers), and patients’ influx could they make it easier for you? |
| Participant | It could make it easier if I share it with the ministry so that the ministry will have the information and thereafter it will provide me with what it could. |
| Facilitator | Does this happen at the present? Does that take place? |
| Participant | No. |
| Facilitator | Why? What is the reason? |
| Participant | We do not submit reports to the ministry. |
| Facilitator | Why? |
| Participant | Apart from statistics department. They have registers for out-patient clinics, the total patients’ influx, and the diagnosis for each patient. They submit reports to the ministry. However, there is nothing in particular for asthma patients. Those patients might be incorporated inside /part of these reports. |
| Facilitator | How often these reports are submitted? |
| Participant | Probably on a monthly basis. |
| Facilitator | How is this information reported by statistics department used in decision making? |
| Participant | The report on the register. The register daily records the patients; patient’s complaint, definite diagnosis. Report is submitted to the ministry. |
| Facilitator | Well. After report submission, do you receive feedback, do not you? |
| Participant | Sometimes, we receive feedback. They are keen; malaria program, asthma program, to provide feedback. However, they seldom provide feedback that could be a reference to us.  والله مرات بجى لكن هم حريصين ناس الملاريا ناس الازمة هم يكون عندهمfeedback لكن ماندر يدوناfeedback لحاجة مرجعية بالنسبة لينا |
| Facilitator | What is the reason? Do you not know? |
| Participant | Not at all. |
| Facilitation | Can you tell me more about the availability of health workers at this facility? |
| Participant | In general? |
| Facilitator | In general; all health staff. |
| Participant | In relation to health staff, there is a medical officer who works on (a standby) basis; 24 hours a day. There is an obstetrician and gynae consultant, are wards that are almost fully equipped. Thank God. There are nurses who are available 24 hours a day. |
| Facilitator | Which of these health workers support diagnosis and management of patients with asthma? |
| Participant | The health worker who provides asthma care is the on call doctor. |
| Facilitator | Yes. Who else? |
| Participant | No; only the oncall doctor. In addition to the nurse, the oncall doctor will provide instructions to the nurse. The nurse follows these instructions. |
| Facilitator | Well. How do they; whether the doctor or the nurse, support asthma patients? |
| Participant | They avail immediate treatment required by this patient from the emergency department. It is availed from the emergency department whether it is Ventolin, intravenous fluids, etc. |
| Facilitator | Well. Can you tell me more about the supervision structure for these health workers? Do you receive supervision team, do not you? طيب الاشراف كيف هنا قاعد يجيكم اشراف فى اشراف مافى ؟ |
| Participant | There is supervision team. |
| Facilitator | Please tell me more about this supervision; how often is this supervision? |
| Participant | They conduct supervision visits. However, these visits are rare; rare. I remembered you or someone else had arrived at this facility from asthma department at the ministry of health. Probably, they arrive once. They were asthma team. They attended on the market day and there was high influx of patients. They review asthma patients after those patients were (stable). They review those patients, filled questionnaires and left. They never come back or send feedback. They did not send feedback. |
| Facilitator | No. I mean supervision to health workers; doctors and nurses? |
| Participant | There is a team that conducts supervision. قعد يجو |
| Facilitator | How often do they conduct supervision? |
| Participant | Since I started working at this facility, they only came once. |
| Facilitator | Have you been working at this facility for a year? |
| Participant | One year. |
| Facilitator | Well. If we would like to improve this supervision process, how do you think this supervision process could be improved? |
| Participant | The supervision process is conducted via regular follow-up; regular visits to the hospital. |
| Facilitation | How often shall these visits be? |
| Participant | Every month is suitable. |
| Facilitator | You earlier mentioned that the ones who provide asthma care; you said the doctor and the nurse. Well. Are there any other health workers that you think should be involved in caring for patients with asthma, who are not currently available / part of the asthma management team? انت شايف انو تانى مفروض يكون معاهم زول كادر ومامتوفر حاليا ؟ |
| Participant | The health worker that is not currently available is at a rural hospital, what is required is a consultant. |
| Facilitator | Which specialty is the consultant? اخصائى شنو؟ |
| Participant | Whether it is chest physician or a department allocated to asthma patients. |
| Facilitator | Well. Why this consultant is not available? |
| Participant | The consultant is never available; never available. |
| Facilitator | What is the reason? |
| Participant | We requested but they did not appoint one. |
| Facilitator | Do you know why? |
| Participant | No. |
| Observer | When I earlier asked the administration manager, he said it this hospital is a specialized rural hospital. Isn’t it? |
| Participant | Yes. |
| Observer | Do you know what the difference between a specialized rural hospital and a rural hospital is? |
| Participant | There is no consultant at rural hospital while specialized rural hospitals have got a consultant. This hospital is a specialized one since there is an obs and gynae consultant. |
| Observer | Yes. There is an obs and gynae consultant. However, all consultants shall be available. |
| Participant | It is supposed to have consultants in all specialties.  مفروض يكون فيه كل الاخصائيين |
| Observer | Why are those consultants not available? Do you have any idea? |
| Participant | I do not really know. We requested; we requested before; we even requested a consultant surgeon. He was appointed and worked at the (theatre) and then disappeared. We contacted him and he told us that he would not come back. We re-contacted him, and he refused to come. I do not know what the reason is. |
| Observer | Was he appointed by the ministry or it was a local contract? جاكم من الوزارة ولا تعاقد هنا؟ |
| Participant | It was actually assistance. It was a sort of assistance. We asked him for help and promised to request the ministry to recruit him to work at this facility. I do not know what happened; did he immigrate or had a special circumstance; etc. He worked twice or thrice at this facility. We informed him that we would like to request his recruitment by the ministry in order to work at this facility; whether to work for 2 days per week (one day for at the refer clinic and another day at the theatre). The consultant disappeared. We called him but he refused to answer the call. |
| Facilitator | Why do you think consultants do not work at this facility? |
| Participant | I do not really know. |
| Observer | In relation to bed capacity السعة السريرية at the hospital, there is no difference between the specialized hospital and rural hospital? |
| Participant | We do not have a problem; we do not have a problem at bed capacity. |
| Observer | No. I mean the difference between rural and specialized hospital. Frankly, it is the first time to come across a specialized rural hospital. I know there are rural hospitals. I would like to know what the difference is. Is it in the bed capacity? Any difference? |
| Participant | No. It is only in the availability of consultant. |
| Observer | In the availability of consultant. |
| Participant | In the availability of consultant. Yes. |
| Facilitator | Well. Can you tell me more about the availability of diagnostic equipment? |
| Participant | Diagnostic equipment? |
| Facilitator | Equipment and tools for diagnosing asthma patient; are they available, are not they? |
| Participant | They are actually not available; not available. We only have this auscultator; stethoscope. We do not any other thing. Moreover, patient presents at the facility at a late stage. The patient; that says ss/he has asthma and would like to perform regular follow up, never attend at this facility. |
| Facilitator | Why are these equipment not available? |
| Participant | These equipment are usually availed via the ministry. They are supposed to be availed by the ministry. |
| Facilitator | Why they do not avail them? |
| Participant | We requested them but they did not avail it. |
| Facilitator | Do they tell what the reason is? Do not they? قعد يوروكم السبب شنو ولا بس؟ |
| Participant | No. |
| Facilitator | Well. How could this be improved? |
| Participant | Only via availing these essential equipment. والله توفير الحاجات اللازمة بس |
| Facilitator | Availing; how to avail? How do you think they shall be availed? |
| Participant | I think if you have them at the ministry, you bring it to us. |
| Facilitator | (The participant is talking to the facilitator thinking that the facilitator works in the ministry). The facilitator stopped the recorder and explained they are not from the ministry). |
| Participant | Yes. I meet staff of organizations more than staff of the ministry. If organizations have these equipment, please avail them to us; diagnostic tools; examination tools, etc. We could have free samples for asthma care provision. I noticed these samples at central hospitals while they are not available at rural hospitals. Rural people attend central hospitals. I mean the inhaler, oxygen, etc. |
| Facilitator | Who avail these equipment to central hospitals? |
| Participant | Most probably, the ministry of health. I do not know who exactly but most likely the ministry of health or non-governmental organizations. |
| Facilitator | Well. Why did they avail these equipment there and not over here? |
| Participant | They say rural hospitals have low influx of patients. However, I think if we measure the influx of patients at rural hospitals, it will be more than that of central hospitals since central hospitals are considered far away by rural patients. Those patients would rather attend the nearest health care centre than a rural hospital itself. |
| Facilitator | Likewise; can you tell me more about the availability of drugs to manage asthma? |
| Participant | There is no problem in the availability of drugs at the present; there is no problem due to First, drugs are available at the emergency department. Next, the patient mostly likely is able to purchase his Ventolin inhaler. There is no problem at availing small substances such as prednisone, الشربات والحاجات التانيةifend defant )l. However, we had shortage in Maxil during the last period. There was stock out; total stock out. We were suffering; whether the patient is chest patient, asthma patient or any other patient. I consider Maxil to be an effective drug and people get used to it. Patients get used to Maxil. 5 days ago, we had an asthma patient with severe respiratory …, we did our best to administer all samples. However, she did not get better until she received Maxil. We avail Maxil; they purchased Maxil from Alhassahisa; at only one pharmacy in [district capital. I think it is a rural pharmacy and it is at [district capital] itself. المهم |
| Facilitator | How much is the cost? |
| Participant | It is not actually expensive; not expensive. I am not quite sure about the price but it is not expensive. If a patient presents in poor health status, s/he will do his/her best to purchase this drug. The patient will not have a problem with the price. The problem is in the availability of the sample. بس الاشكالية فى توفر العينة |
| Facilitator | Is it totally stock out? |
| Participant | Total stock out at the pharmacies over here. That day we could not find it at the pharmacy outside. |
| Facilitator | Well. What is the reason? |
| Participant | From the companies; the factories, etc. I do not know. Even Penicillin was once stock out for 4 months; neither available here nor at [district capital]for 4 months. |
| Facilitator | What did you do? |
| Participant | We prescribe ….. ceargration, Maxil and Samixon. |
| Facilitator | Are they available at your stores at the present? |
| Participant | Maxil is not available at the store. However, it is available at the pharmacy at the present. |
| Facilitator | You mentioned earlier that data are collected by the statistics department; etc. and then reported to the ministry. |
| Participant | It is reported to the ministry. However, if there is a special department at the hospital; a department allocated for asthma patients, that will be better in order to provide regular data. This department shall contact the ministry if the hospital is in need for a team from the ministry, etc. |
| Facilitator | Well. How is this data used in decision making? |
| Participant | As I earlier told you, a team from the ministry conducted a visit to asthma patients at this facility. I think this is the fruitful work. However, the patient’s name and the diagnosis of asthma are the only data reported. The influx, influx of asthma patients is reported. However, adequate analysis; etc. are not conducted. لكن تحاليل كافية كدا ما حاجات كافية كدا ماقاعدة تحصل |
| Facilitator | You said the data collected are reported to the ministry. |
| Participant | Yes, yes. |
| Facilitator | Do you share this data with another agency? |
| Participant | No. |
| Facilitator | Well. What do you think are the main needs for patients with asthma? |
| Participant | The initial needs that are supposed to be provided to asthma patients are ventolin, and essential drugs. Thereafter, I think this patient shall follow up with a chest physician on a monthly basis at least since this patient might require x-ray test. We do not have such investigation at this facility. This patient will need some tests that are requested by the consultant. We do not have a chest x-ray at this facility; we do not perform it. |
| Facilitator | Why you do not have? ليه ماعندكم ؟ |
| Participant | We actually have it but there is one element missing. The ministry or the team appointed by the ministry shall provide this element. They did not come. The last time they came was 3 / 4 months ago. There is a missing cable. |
| Facilitator | Well. What changes / amendments need to happen at this facility to provide optimal services / meet these needs? What shall we change? What shall we amend? |
| Participant | To avail essential drugs for asthma patients. Yes. Thereafter, avail the equipment required for emergency care provision to asthma patient; ….. ال sabt examination tools for asthma patients. ال sabt بتاع الكشف على مريض الازمة |
| Facilitator | There are lower levels of the health system (e.g. primary health centres/health posts/community health workers). If we would like to involve lower levels of the health system in the provision of asthma management services, how do you think these lower levels could be involved? |
| Participant | Over here; over here! at the present! |
| Facilitator | Yes. |
| Participant | There are no health care centres except at the rural areas. |
| Facilitator | Do you have community health workers? |
| Participant | No. only the doctor. |
| Observer | You as the hospital; do you conduct some work at the community; in the neighborhood, etc.? |
| Participant | Sometimes, there is health day; medical treatment day, etc. يوم صحى يوم علاجى |
| Observer | Well. Is there vaccination department at this facility; etc.? |
| Participant | Vaccination? |
| Observer | Yes; vaccination. |
| Participant | Yes, there is. |
| Observer | Vaccination department is one of the departments that are always connected to the community. For example, they have community volunteers; upon whom they depend for work. عندها متطوعين فى المجتمع بعتمدو عليهم فى الشغل ؟ |
| Participant | People attend this facility for vaccination. However, there are some campaigns; campaigns conducted in the neighborhoods, in the villages, etc. - vaccination campaigns. |
| Observer | Well. Do you have any idea whether there are volunteers working in health? |
| Participant | There are volunteers in the villages. Those volunteers will be contacted if there is a campaign. Thus, those volunteers will be equipped with the essential tools. Thereafter, they perform a survey; for example, they conducted vaccination campaign before. They attended the facility to submit… |
|  | فى متطوعين فى القرى لما يكون فى حملة بستدعوهم عشان يجو يشيلو الحاجات اللازمة ليهم بعدداك بعملو احصاء مثلا عملو ليهم تحصين قبل كدا بجو بسلموه لل |
| Observer | Well. Apart from vaccination, is there any other health work related to the community? |
| Participant | Sometimes, there are health days; medical treatment days. |
| Observer | The staff is hospital staff, isn’t it? |
| Participant | It is hospital staff. Moreover, there are volunteers, for example, university students. Even at this facility, we have students from University of XXXX every 6 months. There are health days, health awareness days to the community, etc. If a patient was diagnosed or a newly case detected, this patient / case will be referred to [state capital] or to this facility; to all departments, a patient referred to department of surgery; of medicine, etc. will be referred to the central hospital. |
| Observer | Do villages have health volunteers? |
| Participant | Yes, there are. |
| Observer | Do you have any idea about their numbers, distribution among the villages? I mean how many per each village? |
| Participant | It is actually one volunteer; rarely 2 or 3 volunteers. One volunteer is actually enough for them. |
| Observer | Per each village? |
| Participant | Yes, yes. |
| Observer | What are his roles? What does a health volunteer perform? Do you have an idea? |
| Participant | His roles are simple; he performs the tasks that do not require laboratory investigations. Yes, yes for the children… (Interruption one of the staff entered) |
| Observer | Sorry. We were talking about the tasks conducted by health volunteers. |
| Participant | As I told you, apart from tasks that demand laboratory investigations, health volunteers perform emergency aid; manage a patient who does not require investigations. They perform what is needed. |
| Observer | Yes. They examine patient and prescribe treatment, etc.? |
| Participant | Yes. |
| Observer | Do they refer? عندهم بحولو ؟ |
| Participant | I get this from my work at this facility. They tell you that they went to a medical assistant and were prescribed that medicine, etc. when they told you that they had been prescribed that medicine and it did not work. I send the patient to the laboratory. However, I enquired about whether they had gone to this medical assistant before. If they went to him, I asked whether he prescribed medicines that worked out / cure, etc. الكلام ناقص تقريبا |
| المشارك | دى انا اتحصلت عليها من شغلى هنا بس بقولو ليك مساعد طبى مشينا ليه ادنا العلاج دا كدا فلما يجيك يقول ليك والله ادانا العلاج دا وماعمل حاجة انا بقوم بوديه المعمل كدا لكن بسالها قبل كدا انتو احتجتو للمساعد الطبى دا احتجنا ليه اداكم علاجات نفعت كدا |
| Observer | Is it the medical assistant or the volunteers? |
| Participant | This is the medical assistant. |
| Observer | Is he working at the health care centres that exist in the neighbourhoods? |
| Participant | In the villages. There are no health care centres in the villages; the medical assistant most probably works at home. |
| Observer | At home! However, there are health posts, etc |
| Participant | I do not really think so; do not think so. People rarely go to a health assistant or a medical assistant. People become aware. That used to happen at the past. People become aware. Whether the child or the person him/herself is the patient, they will attend the hospital. They go to medical or health assistants only when the situation is difficult; for example, at late night, and rainy weather that prevents them from attending hospital. |
| Observer | Well. What do you think if we would like to integrate the management of chronic lung diseases within existing community health services, what is the best way? |
| Participant | How? |
| Observer | For example, there are volunteers in tuberculosis program. The role of these volunteers is to identify TB suspects; i.e., any person with cough for more than 2 weeks. They advise TB suspects at the villages and in the community and refer those suspects to hospital, health centres, etc. They sometimes have cards indicating the name of TB suspect and the health centre s/he shall attend, etc. |
| Facilitator | Well, this is one type of integration of health care management within existing community health services. In relation to CLDs and health services provided to asthma and COPD patients, how could we integrate / connect such services with the existing community over here in XXXX? |
| Participant | No. I do not think this will work out / succeed. |
| Observer | Why? |
| Participant | It will not work out since patients with asthma or (chronic chest) disease always present at the late stage.. However, to benefit from patient’s information, this patient shall be (stable), etc. Such patient does not attend this hospital let alone in the community. Such patient will not probably attend the hospital except at late stage. It would not be rewarding / successful at the community. |
| Observer | I mean; the main idea of such intervention is basically to convince the patient to attend the hospital at an early stage. The idea of volunteers is to assist /advise the patient in attending the hospital. |
| Participant | Unless via home visits. However, I do not think the patient will readily attend. بتلقاء نفسه unless via home visits or invitation; for example, calling asthma patients to attend at a particular time at a particular site. This way they will attend. However, to readily attend whether as a volunteer residing in a village or the neighborhood, the patient will not present. |
| Observer | Well. Why do you think they present at a late stage? |
| Participant | They are accustomed to that. However, if the patient would like to do follow, he will visit / go to a chest physician; always at [district capital]. However, they attend at late stage. They are actually used to that. |
| Participant | The patient; your asthma, yes. Severity of the disease; Stage 2. The most probable diagnosis as we said is asthma. Severity of the disease stage 2. I will give instructions (train) to the patient on inhaler use technique; of the inhaler shall be put inside his mouth; take 3 puffs at first. Then if he get better, that is good. If not, take 3 puffs after 15 minutes. Thereafter, the patient will be (stable). Asthma attacks avoid places where there is dust; etc, places where there are bats; bats provoke asthma attack in some people.  Management; as I told you, will be according to the health status of the patient and his (chest) condition after taking inhaler. If the patient improved, I would prescribe prednisone, salbutamol and an inhaler. If not, I would prescribe antibiotic according to the severity of the case; whether (IV or oral) antibiotic.  I will recommend the patient to take rest if the patient told me he was no longer able to carry out his work due to his breathlessness. If his condition deteriorates more, I will advise the patient to visit a chest physician. |
| Facilitator | Well. If the patient could not work and he was feeling quite low as a result, what will you recommend? |
| Participant | Counseling in a way that the patient will be (stable). |
| Facilitator | Are there any other service sectors that you might want to link this patient with? |
| Participant | Respiratory department. |
| Facilitator | No. In relation to low mood, is there a department for psychological health at this facility? |
| Participant | Psychological health; there is a psychiatrist and a psychologist. The place where I refer this patient is chest physician, tuberculosis department or asthma department. |
| Facilitator | Well. In relation to peak flow metre measurements; PEF before bronchodilator 280; PEF after bronchodilator; 290. |
| Participant | The patient is asthmatic. |
| Facilitator | Thank you; doctor. We delay you. Do you have any addition; any recommendation? |
| Participant | God bless you. I recommend regular visits and support with the essential requirements. وتدعمونا بالشئ اللازم جزاك الله خير بوصى بالزيارات المستمرة لينا |
| Facilitator | Welcome. تسلم |
| Participant | God bless you. يديك العافية |