Author's response to reviews

Title: Applying the Workload Indicators of Staffing Need (WISN) Method in Namibia: Challenges and Implications for Human Resources for Health Policy

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Author's response to reviews: see over
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Professor James Buchan
The HRH Editorial Team

RE: Revised manuscript: Applying the Workload Indicators of Staffing Need Method in Namibia: Challenges and Implications for Human Resources for Health Policy

Dear Professor Buchan:

We are very appreciative of the helpful comments that were made by the peer reviewers about our paper. Below please find the changes that were made to the paper following the recommendations.

1) Easy Fixes:
   a. Key words: WISN and Workload Indicators of Staffing Need. We decided to keep both terms in the key words as more and more people are referring to this methodology as WISN and may not know what the initials stand for.
   b. P.4, 2nd paragraph: Talk about the Presidential Commission without mentioning the specific name of President Pohamba. We agreed and decided to take out the name of the president.
   c. P. 7 (section on Data collection, upload, processing and analysis). “Task force members reviewed both lists for consistency between cadres and facility types and made adjustments as necessary. We clarified this comment to read” Task force members reviewed both lists for consistency…and deleted several health services activities where the national services statistics were unavailable. These activities were then called either support or additional activities, depending upon whether the activity was undertaken by all or only some providers of a particular cadre; a category or individual allowance was then set for each activity”.
   d. P 10, 1st paragraph: provide a reference for “nurses form the country’s biggest group of health workers and possibly the doctor-nurse ratio. We included the actual number of doctors to nurses (282 doctors versus 4251 nurses working in the public sector).
   e. P. 16 Clarify discussion of “generalists” and how this relates to the discussion of new cadre. We left out the term “generalist” and gave a specific example of how a “clinical officer” type of cadre could safely relieve some of the duties of a medical doctor at district hospitals and busy health centres.
f. **Provide URL:** The information provided in the reference is the only information we currently have on the European case studies.

g. **Text Box:** rephrased last sentence from “third set of individuals to expert working group”

2) **Focus of paper:**
   a. Section on WISN findings starts with the sentence of “a full discussion of Namibian findings is beyond the scope of this paper”. We clarified the sentence to indicate that this paper presents findings relevant to inform HRH policy and practice in Namibia.
   b. Some parts of paper are individualized unnecessarily … we took out specific references to project related staff and focused on the Namibian application of WISN.
   c. Article falls under methodology rather than research contribution. We classified this paper under “case study” since it is a country application of the WISN method.

3) **Implementation/methods issues:**
   a. P. 6 slight more detail regarding size and membership of WISN task force and details about the value of the Kavango pilot. We identified the positions of the members of the task force from both the central Ministry of Health as well as the regional representatives. We stated that the value from the Kavango pilot was that the MoHSS found it informed the ongoing restructuring process and the MoHSS wanted similar data for the rest of the country.
   b. P. 6 Kavango paragraph: “The groups listed the activities that a cadre should be performing rather than those it was currently doing”. We revised this sentence to state” For this WISN exercise, the steering committee requested that the groups list the activities that a cadre should be performing given adequate staffing (rather than what it was currently doing) in order to estimate the number of each cadre required to do this work.
   c. P.7 field verification needed more explanation. We added on this additional explanation. “Task force members found no sizable discrepancies between the primary-level and national-level data from the databases. This assured us that the national databases could provide reliable workload estimates and did not over or under report compared with the primary data we collected”.
   d. **Bottom p. 9…**”the team had to make an additional effort to collect missing data directly from facilities.” Explain how the task force directly collected the missing data. We gave two specific examples of data that were missing from the HIS database, i.e., number of major and minor surgeries and the number of patient days and how we requested these specific data from the health facilities (with help of the Deputy Permanent Secretary) (in the case of surgeries) and aggregation of the midnight
census to give us the patient days from available data but not in the HIS database.
e. Clarify definitions and WISN methodology. We referred people to the text box showing the WISN method at the back of the paper.

4) WISN Challenges:
a. P.9. software challenges by 3/5 reviewers did not like the focus on the software issues. We minimized the software challenges and focused on just two of the issues we were able to be successfully address.
b. Data challenges: We addressed two challenges with data – not having two important data elements in the HIS databases that needed to be collected from primary data sources.

5) Possible points for discussion/limitations:
a. Cost of WISN application and recommendation for frequency of WISN updates. We did not address the cost of WISN as it would require a larger discussion than we could deal with in this paper. We did write a paragraph about the frequency of WISN updates. Although there is no evidence in the literature to suggest the recommended frequency of wisn reruns, we did make suggestion to rerun the WISN data based on new cadres, task sharing, and human resource changes within a budget cycle. At least every 5-6 years activities and standards should be reviewed to ensure they still represent what is relevant at the different facilities. This paragraph is found in the first section of WISN findings.
b. We did not make any edits about the private sector relevance, challenges with policy implementation as this would have required too much additional text.
c. More explicit discussion of outcomes – were staffing normal actually refined? We indicated that these WISN findings are being used for current budgeting efforts and will provide the evidence for resetting the norms. The actual resetting of the norms will occur this upcoming fiscal year using the WISN evidence.

6) Tables
a. Table 1: add footnote explaining why a fixed percentage of workload data was used for some activities. We added a footnote to explain that the percentages are for shared activities across two cadres. The percent represents the percent of that workload done by a specific cadre.
b. Table 1, daily ward rounds and routine nursing care rows. Explain why total admissions was used as an indicator. Table 1 represents the activities for health centres and clinics. The health centre can only keep a patient up to 48 hours and they do not record patient days in their HIS reporting. The number of admissions can be used for the day the patient is in the health centre for daily rounds and routine nursing care – since they are only admitted for the day.
c. Table 1: explain why “monitor and manage forceps delivery and vacuum delivery” is not included except as part of “immediate postnatal care” We added a footnote explaining that the deliveries do not routinely happen in
clinics and when they do occur they are emergency deliveries. Women do not come to a clinic to monitor their labor. They should go to the hospital or some of the larger clinics but it is not always possible to make it to the hospital because of the distances.

d. Table 2 and 5 – suggestion to round off. We kept the WISN ratios with two decimal points as they are reported in the system. We did round off the staff to a whole number.

e. We did not add an additional table showing within-region inequities because of space limitation.

Please let me know if you have any additional questions or needed clarifications.

Sincerely,

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Chief of Party
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