**Terms of Reference**

**Activity 2.1.2.9**

**Individual Consultancy for an Instructor in Clinical Morbidity Background**

## 1. Background

The Caribbean Public Health Agency (CARPHA) is a regional Institution of the Caribbean Community, formerly established on July 4, 2011 through the ratification of an Inter-Governments Agreement (IGA) by Heads of Member States of CARICOM in January 2013. The Agency is the Caribbean's collective response to addressing public health issues including those related to Communicable and Non-Communicable diseases; mental health, disaster response, injuries and violence and workers health.

In so doing, CARPHA has subsumed the functions of the previous five Regional Health Institutions (RHI) – The Caribbean Epidemiology Centre (CAREC), the Caribbean Food and Nutrition Institute (CFHI), the Caribbean Health Research Council (CHRC), the Caribbean Regional Drug Testing Laboratory (CRDTL) and the Caribbean Environmental Health Institute (CEHI). The agency began operation in January 2013 with Headquarters in Port of Spain Trinidad and offices in Saint Lucia and Jamaica.

CARPHA'S mission is to provide strategic direction, in analyzing, defining and responding to public health priorities of Member States to prevent disease promote health and respond to public health emergencies.

The Caribbean Public Health Agency (CARPHA) plays a vital role in advising CARPHA Member States (CMS) on matters of Regional Health Security. Health emergency preparedness and response coordination is listed in the Inter-governmental agreement which established CARPHA, as one of the main functions of the agency. As such, the Agency maintains close collaborative partnerships with the Pan American Health Organization and the World Health Organization.

CARPHA's core mandate is to support Mortality data collection and analysis for CARPHA Member States, as this information provides a key early warning system. The Agency is extending this service for Morbidity data.

Morbidity data provides information on the diseases or conditions for which patients seek medical care, as well as the medical interventions administered. These data can be difficult to collect and interpret and as such a sound knowledge of assignment of appropriate codes and understanding the rubrics for determination of discharge diagnoses contributes to quality data for disease surveillance, programme and policy development; strategic planning, evidence-based decision-making and research.

With the recent pandemic the need for quality, timely and accurate morbidity information was required to inform an unfolding situation for which targeted interventions were imperative for

the managing of the response in-country. Health systems were tested and revealed the need for more flexible, timely and informative features going forward. By strengthening the capacity of our CMS, to have available timely high quality hospital discharge information aids with utilization in situational analyses, decision making process, standardize reporting, and adding to the regional and international knowledge base, including through paper writing and presenting in knowledge forums.

Morbidity data is a specific skillset which is difficult to be part of a 'handover' when there is change of staff, as such continuous training programs are required to ensure a trained cadre of personnel are available in the medical records department.

## 2. Objective(s) of the Assignment

**Objective:**
This consultancy aims to deliver comprehensive clinical coding training with the goal of building regional capacity to accurately translate patient information—including diagnoses and procedures—into standardized, computer-readable codes. These codes are vital for facilitating data analysis, supporting research initiatives, and driving quality improvement efforts within healthcare systems.

**Purpose of the Consultancy:**
The purpose of this consultancy is to establish a proficient cadre of morbidity coders across the region. This will ensure that medical records are accurately classified by disease, thereby providing reliable data for informed decision-making, enhancing disease surveillance and early detection capabilities, and ensuring compliance with international coding standards. Ultimately, this initiative seeks to improve health system performance in the participating countries through the development of skilled personnel capable of maintaining high-quality, standardized health data.

## 3. Scope of Services, Tasks (Components) and Expected Deliverables

The consultant will be responsible for providing the following services:

a. **Curriculum Design and Training Delivery:**
Develop a comprehensive training curriculum tailored to ICD-10 coding standards, ensuring coverage of all critical components necessary for effective clinical coding and certification exam preparation. Deliver an intensive program for up to twelve (12) participants—both new and experienced coders—combining practical exercises with theoretical instruction in alignment with international best practices. The training should be completed within seven (7) days (five days in-person and two days virtual) and may be supplemented with additional online sessions to accommodate varying learning paces and reinforce key concepts.

b. **Development and Distribution of Training Materials:**
Develop comprehensive training materials, including manuals, reference guides, presentation slides, and practice exercises. These resources should be standardized, user-friendly, and fully aligned with the requirements of recognized certification bodies such as AHIMA (CCS) and AAPC (CPC). All training materials must be provided to CARPHA and participants in advance or at the start of the training to ensure effective learning and engagement.

c. **Assessment and Certification Preparation:**
Provide clear guidance on academic requirements, preparation strategies, and available resources to support participants in successfully achieving certification. Facilitate mock assessments, quizzes, and practice exams to evaluate participant readiness and identify areas requiring additional reinforcement.

d. **Post-Training Support and Follow-up:**

Offer ongoing support following the training by responding to queries, providing supplementary resources, and advising on best practices for applying coding skills within health information systems. This support may be delivered through scheduled follow-up sessions or virtual consultations, as needed, to facilitate Q&A discussions or reinforce key concepts identified by participants.

The expected deliverables are:

a. **Inception Report, Curriculum Design, and Training Proposal**
The Consultant is expected to prepare and submit an **Inception Report** within one (1) week of contract commencement for approval by the Project Manager. This report should clearly outline the Consultant's understanding of the training objectives, the proposed methodology, and a detailed plan for implementing the training program. It must also include:

- A **comprehensive curriculum design** aligned with international standards for clinical morbidity coding.
- A detailed **training proposal** tailored to the identified needs and target audience.
- Specification of **training modules, learning outcomes, instructional strategies, and assessment methods** to be employed.

- A description of the **training delivery methods**, with a primary focus on in-person delivery (maximum of five days), supplemented by virtual sessions to be completed within two weeks of the initial training.
- A list of required resources, a **tentative agenda**, and a proposed schedule.

The Inception Report will serve as the foundation for subsequent training activities and must be reviewed and approved by CARPHA prior to implementation.

**Responsibility for Costs**

- **Consultant**: Responsible for all costs related to travel to/from Grenada, accommodation, and incidentals.
- **CARPHA**: Responsible for costs related to participants' travel to Grenada, venue arrangements (inclusive of equipment), catering, accommodation, and incidentals.

b. **Draft Final Report**
A **Draft Final Report** must be prepared and submitted in accordance with the reporting requirements outlined in Section 5 of these Terms of Reference. This report should provide a comprehensive overview of:
- Activities conducted by the Consultant.
- Challenges encountered during the training and implementation.
- Actions taken to address those challenges.

c. **Final Report**
The **Final Report** must be prepared and submitted in line with the reporting requirements in Section 5 of these Terms of Reference. This report should incorporate feedback received on the Draft Final Report and present a finalized, comprehensive account of all work undertaken by the Consultant.

**Reporting and Deliverables:**

a. **Training Plan and Schedule**

The Consultant shall submit a comprehensive **Training Plan** within [specify timeframe, e.g., two (2) weeks] from the date of contract initiation. The plan must include:
- A detailed schedule of activities.
- Training modules and learning objectives.
- Logistical arrangements to support effective delivery.

b. **Training Report**

Upon completion of the training program, the Consultant will submit a **Training Report** that includes:

- Participant attendance records.
- An evaluation of learning outcomes achieved.
- Participant feedback and evaluations.
- Recommendations for ongoing professional development.

c. **Training Materials**

The Consultant shall provide all **training materials** developed for the program, including manuals, reference guides, presentations, and resources. These must be submitted in both **digital and hard copy formats** for use by CARPHA and training participants.

d. **Certification Readiness Assessment**

The Consultant will deliver a **Certification Readiness Assessment Report** evaluating participant progress toward certification. This report should highlight individual and group performance, identify strengths, and outline areas requiring further improvement to support successful examination outcomes.

e. **Additional Notes**

CARPHA will cover expenses related to:

- Rental of the training venue.
- Training fees.
- Participant travel costs.
- Daily per diems for all parties involved.

## 4. Team Composition & Qualification Requirements for the Key Expert

**Key Expert:**

**Academic Qualification**

- Certifications in Public Health, Medical Informatics, Health Information Management, Clinical Medicine, or a related field.
- Certification in clinical coding (e.g., CCS, CPC) or health information management is highly desirable.
- Certification as an instructor for the relevant clinical coding certification

**Specific requirements**

- At least 5 years' experience in conducting clinical coding
- At least 5 years' experience working in a clinical coding environment (e.g. a hospital

**General Experience**

- Demonstrated knowledge of work-based training and education programs
- Demonstrated experience in presentations and leading working groups at meetings/workshops
- Demonstrated broad knowledge of clinical coding

**Languages**

- Excellent knowledge of English – written and spoken

**IT Skills**

- Demonstrated ability to effectively use software programs such as Microsoft Office suite and online communication tools including MS Teams and Zoom.

## 5. Reporting Requirements and Time Schedule for Deliverables

- The intended start date is November 2025 for One (1) month from this date.
- Report on the training to be submitted, no more than 2 weeks after the training

**Reporting requirements**

- The assignment will be carried out under the direct supervision of the Project Manager, who will be responsible for approving all Reports of the Consultant

The Contractor will submit the following reports to the Project Manager.

| Name of Report | Content | Time of Submission |
|---|---|---|
| Inception Report and Curriculum Design and Training Proposal | • The inception report will outline the training objectives, methodology, and implementation plan. This report will include detailed curriculum design and a comprehensive training proposal, specifying modules, learning outcomes, instructional methods, and | One (1) week from the start of the contract |
| Draft of the Final Report | • The consultant will prepare and submit the First Draft of the Final Report, which will include a detailed overview of the training activities, participant feedback, learning outcomes, and key recommendations. This draft will be shared with CARPHA for review and | Three (3) weeks from the start of the contract |

| Name of Report | Content | Time of Submission |
|---|---|---|
| | feedback to ensure all aspects of the training are accurately captured and aligned with the project objectives before finalization. | |
| Final Report | • Same specifications as the Draft Final Report, incorporating any comments received from CARPHA on the Draft Final Report | Five (5) weeks from the start of the contract |

**6. Client's Input and Counterpart Personnel**

(a) Services, facilities and property to be made available to the Consultant by the Client include:

**I.** Logistical arrangements for attendance at the meetings/workshop (Zoom access, country engagement and participant selection and Internet connectivity for use during this project training. will be made by the Client

II. No office accommodation is required and will not be provided by the Client.

III. The Consultant shall be required to provide his/her personal computer (e.g., laptop or tablet) and all the training materials for the training.

i. No equipment is to be purchased on behalf of the Contracting Authority/partner country as part of this service contract or transferred to the Contracting Authority/partner country at the end of this contract.

(b) Professional and Support Counterpart Personnel assigned to the Consultant:

i. The Project Manager will be designated by CARPHA and will have overall responsibility for the Project.