



## **World Cleft Coalition International Treatment Program Standards**

The World Cleft Coalition (WCC) is an alliance of International Non-Governmental Organizations (NGOs) that work in the field of cleft lip and palate\*. Our goal is to encourage international collaboration in the development of an agreed set of globally-recognized minimum core practice guidelines and best practice guidelines.

### **OVERARCHING PRINCIPLES**

- 1) Safety in all aspects of cleft care, especially surgical, is essential and cannot be compromised.
- 2) Comprehensive care using a multidisciplinary team approach provides for the best possible cleft care. A multidisciplinary cleft team should include, as a minimum, healthcare professionals in the areas of anesthesiology, dentistry, nursing, orthodontics, pediatrics, psychosocial care, speech-language pathology, and surgery, with overall coordination provided.
- 3) Within the range of international treatment programmes, all healthcare professionals, visiting or practicing locally, must have recognised credentials and expertise with proven experience in their field of practice. Professionals must have active licensure in their country of residency and, if required, in the host country.
- 4) Cleft care should always support and strengthen local capacity for delivering comprehensive cleft care.
- 5) Medical care should always be delivered at the highest professional level, taking the variability of local circumstances into consideration.
- 6) Services must be offered to patients in a culturally appropriate manner and regardless of race, ethnicity, religion, socio-economic background, gender, physical and mental ability or community resources. The aim is always to enable patients to become fully integrated in their societies and to enjoy the same opportunities as their peers.
- 7) It is important for all health care professionals to understand their responsibilities when treating and managing children and young people. Articles of the UN Convention on the Rights of the Child (1989) should underpin all policy and practice in child protection.

### **RECOMMENDED PRACTICE FOR ENSURING SAFE, COMPREHENSIVE AND SUSTAINABLE CLEFT CARE**

<i>Minimum Core Standards</i>	<i>Best Practice</i>
<p><b><i>Surgical Safety</i></b></p> <ul style="list-style-type: none"> <li>• Provision of safe surgical care includes careful pre-operative evaluation, safe surgical and anesthesia management, and optimal post-operative care with properly trained and equipped healthcare professionals following agreed protocols for emergency care and anesthetic complications.</li> <li>• Surgical safety checklists should be used and adapted as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Every effort should be taken to ensure the safety of the patient in all aspects of his/her medical care.</li> </ul>
<p><b><i>Quality Control</i></b></p> <ul style="list-style-type: none"> <li>• Outcomes should be reviewed and analyzed on a regular basis.</li> <li>• Complications and adverse events should be documented, reviewed periodically by the team and measures should be put in place to minimize occurrences.</li> <li>• Complete and accurate records should be kept and made available to the local medical team.</li> </ul>	<ul style="list-style-type: none"> <li>• Routine assessment of outcomes and complications should be in place with suggestions to improve care. Protocols should be available to maximize safety and optimize outcomes.</li> </ul>
<p><b><i>Patient Education</i></b></p> <ul style="list-style-type: none"> <li>• Patients and their families or caregivers should be provided with appropriate education and information about their diagnosis and treatment. This should</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should have clear information about all healthcare professionals delivering care.</li> </ul>

<p>include feeding, speech, orthodontics, dental care, psychological needs, surgery, post-operative care and long-term follow up, and any complications.</p> <p><b>Patient Education Cont.</b></p> <ul style="list-style-type: none"> <li>• Fully informed and culturally appropriate consent should be obtained prior to the delivery of any care.</li> <li>• Patient privacy should be respected and in line with internationally accepted ethical codes.</li> </ul>	
<p><b>Patient Selection</b></p> <ul style="list-style-type: none"> <li>• Rigorous anaesthetic and surgical safety standards should be applied pre-operatively by qualified persons to ensure patient safety and minimize risk.</li> <li>• Screening should be carried out before any type of healthcare intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Screening systems should be established to ensure safe intervention and where deemed unsafe a pathway should be made available to facilitate care.</li> </ul>
<p><b>Patient Follow Up</b></p> <ul style="list-style-type: none"> <li>• Provision for post-operative follow up care and management of complications must be included in the treatment program.</li> <li>• Patients should have clear information about the healthcare professionals responsible for their follow up and any planned or needed subsequent treatment(s).</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up care that includes all subspecialists is optimal.</li> </ul>
<p><b>Comprehensive Care</b></p> <ul style="list-style-type: none"> <li>• Treatment programs should be multidisciplinary, addressing all aspects of the patient’s care. The aim is to enable patients to become fully integrated into their societies and to enjoy the same opportunities as their peers. Treatment programs should also address the family’s needs and provide community education regarding cleft care from infancy through adulthood.</li> <li>• A multidisciplinary cleft team should include, as a minimum to include: anesthesiology, dentistry, nursing, orthodontics pediatrics, psychosocial care, speech-language pathology, and surgery, with overall coordination provided.</li> </ul>	<ul style="list-style-type: none"> <li>• In addition to the minimum core team members (above), the team should demonstrate access to healthcare professionals including, but not limited to, audiology, pediatric and restorative dentistry, genetics, otolaryngology, psychology, and social work.</li> </ul>
<p><b>Partnership with host nation and professionals</b></p> <ul style="list-style-type: none"> <li>• Involvement, agreement and cooperation of host nation, local healthcare professionals and applicable government agencies should be established to ensure sustainability of healthcare services.</li> <li>• There should be a commitment to building medical and other cleft treatment capacities through training, provision of equipment, and ongoing support</li> </ul>	
<p><b>Training for Sustainability and Local Capacity Building</b></p> <ul style="list-style-type: none"> <li>• Training plans should include engagement with host nation professionals and must ensure that training is appropriate given the local structures and resources.</li> <li>• Any training opportunities should be provided under the senior healthcare professional’s strict and continuous supervision.</li> </ul>	<ul style="list-style-type: none"> <li>• Programs should seek ongoing exchange of knowledge with local healthcare providers to support the establishment of local capacities that can deliver high quality comprehensive care.</li> <li>• A multidisciplinary approach should be projected to the local hosts as the best model of care and efforts to train all specialties involved in cleft care should be established.</li> <li>• Innovative EBP &amp; technology approaches for training, provision of comprehensive care, and/or ongoing treatment should be considered as opportunities arise.</li> </ul>