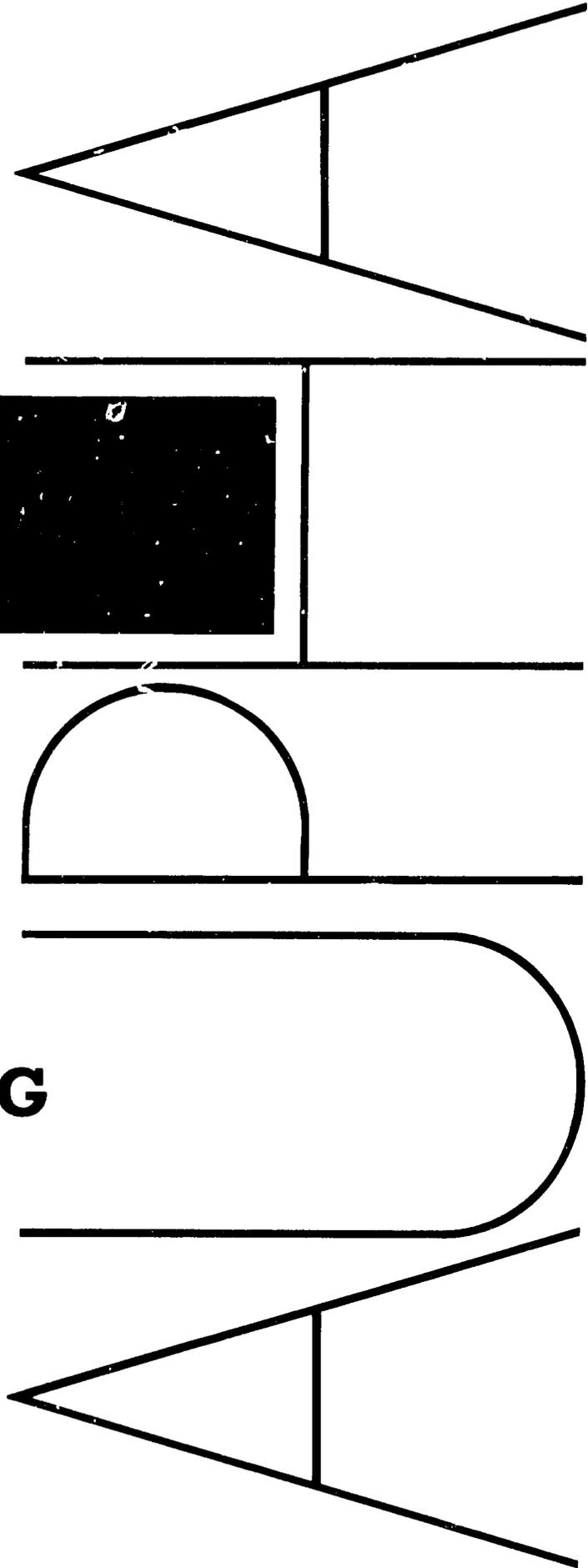




MAPS
HEALTH
MANAGEMENT
PROBLEM-SOLVING
MODULES



HEALTH MANAGEMENT APPRAISAL METHODS PROGRAM

AUPHA MANAGEMENT PROBLEM-SOLVING

(MAPS) MODULE

PATIENT SERVICES MANAGEMENT

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PREFACE TO THE FIRST EDITION

In 1977 officials of the Agency for International Development (AID) approached the Association of University Programs in Health Administration (AUPHA) because AUPHA's mission to promote education in health administration throughout the world seemed appropriate to AID's need for specialized expertise.

A recurring problem was confronting AID in its funding of health, population, and nutrition programs: how could managers programs in host country organizations identify areas of managerial weakness and subsequently improve managerial processes or structures? The AID Office of Rural Development and Development Administration and the AID Office of Health envisioned a project to develop and test methods appropriate for management assessments conducted in developing country health programs, adaptable to the unique circumstances of individual countries.

The Health Management Appraisal Methods Project was designed to make available to developing country and international donor agencies a methodology for self-assessment of the management of health services. The assessment tools are the Management Problem-Solving (MAPS) modules.

The MAPS modules were developed through the worldwide consortium of health management specialists affiliated with AUPHA. Field consultations in Africa, Asia, Latin America, and the Near East over a two-year period were carried out to meet three interrelated project purposes: identification of methodology strengths and weaknesses, identification of management problems and solutions, and training of participants in the appraisal processes. In addition, each of the MAPS modules benefited from a review by an international panel of specialists.

The modules require additional development based upon field experience. This test edition is distributed for field testing. Please send suggestions for revision to AUPHA.

The management assessment modules were prepared as a result of a four-year effort by:

The AUPHA Advisory Committee:

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Project work was coordinated at the Agency for International Development by the staff of the Office of Rural Development and Development Administration: Jeanne F. North (1980-1981), Monteze Snyder (1979-80), Dr. Kenneth Kornher (1979), and Dr. Charles Briggs (1978). Their support and encouragement were essential to these efforts.

Other individuals, including many AID and host country health officials, contributed countless hours of work and support on behalf of the project. The collaboration of all these people enriched every aspect of the work and was greatly appreciated by AUPHA.

AUPHA MANAGEMENT PROBLEM-SOLVING (MAPS) MODULE
PATIENT SERVICES MANAGEMENT

I. USER'S GUIDE

The AUPHA MAPS modules are designed to help health facility administrators, government health officials, and others who seek information for the purpose of strengthening management practices in health service systems.

The modules are intended to be adapted for local use, taking into consideration available health services, local culture, existing administrative practices and their history, the political situation, and so on. Users are encouraged to change the order of sections in the modules, to alter individual questions to better meet their needs, or to omit questions or sections entirely, as appropriate.

The modules are intended to provide information for use in improving management practices in health services organizations of many types. The modules are not a complete management development package in themselves. Where a long term management improvement process is being considered, assistance from management development specialists is recommended, whenever possible, in addition to the study of these modules.

The remainder of this User's Guide contains suggestions on conducting management assessments with these modules. There are six modules, covering various aspects of guidance and support processes of health management. Four basic steps are outlined for users to follow during assessment: arranging for the assessment process, choosing the appropriate Management Problem-Solving (MAPS) module or modules, using the modules, and suggestions for taking action based on assessment results.

Background

Managers of developing country health programs often are faced with a great variety of problems. Many of the most serious problems are outside of their control: epidemics, natural disasters, or shifts in population. The level of resources available is usually a political decision over which the manager has little influence, particularly when funds are being reduced. Managers need skills and energy to respond to the problems which such situations create. Sometimes the administrator must protect the organization, sometimes help the organization adjust to a new reality, and many times do more for the public with fewer resources.

The AUPHA Management Problem-Solving (MAPS) modules were designed to help managers identify situations under their control which may be decreasing the effectiveness of their programs; for example, problems such as supply shortages, operating hours which are unacceptable to workers or clients, or poor supervision of personnel.

What the manager controls, directs, or influences depends upon how the organization works and the type of post the manager holds in the organization. The manager of a private health center probably has control over most functions within the organization. The manager of a government health center, which is part of a national health service or a social security system, may have control over operations but have little decision-making authority. But, both managers carry out the same functions and have similar problems, possibly with different causes and different solutions. In all situations, it is clear that:

- Managers often have more authority, influence, or control over problems within the organization than they realize;
- Managers can often gain more authority, influence, or control if they have very good information; but
- Many times they do not have the information that they need.

The MAPS modules help the health services manager get the information needed to:

- Identify problems;
- Define problems correctly;
- Identify alternative solutions; and
- Determine problem-solving priorities.

If the manager works within a large system, for example, as a district or regional director of health, the manager may initiate solution of a problem by presenting the ministry with complete and accurate documentation describing a problem, the possible solutions, and their feasibility. If the manager has the authority to act, he or she needs the same knowledge in order to act wisely. In either case, the information needed is best produced by an assessment process.

The MAPS modules can be used as the basis for assessing many aspects of management in most health service organizations. However they are used, they must be adapted or revised to respond to the particular needs of the manager and the organization conducting the assessment.

Purposes of the Management Assessment Process

There are several ways in which the management assessment process can be used to improve the management of a health services organization:

- To take a look at the whole organization, identifying management strengths, weaknesses, problems, and solutions, and setting priorities for improvements. This total assessment may be helpful in preparing to combine two health service systems or before a major expansion of a system. It may be used before a new program director is appointed, to help identify the skills which are needed. A new director may use it to set priorities and goals. A donor organization may use it to determine what development is needed in order to use new resources effectively.
- To examine a part of an organization. A district director may want to assess one health center or hospital. The director of an organization can use assessment to determine how to improve functions such as accounting and financial management.
- To clearly identify a specific problem, list possible solutions, and settle upon the best solution. This takes the manager beyond a simple answer which may not solve the real problem. For example, if reports on laboratory specimens from a central laboratory are not reaching rural health posts, the problem may be a breakdown in laboratory equipment,

inadequate purchasing of laboratory supplies, poor vehicle maintenance, or inadequate personnel or financial management. Assessment helps clarify what contributes to the problem.

- To involve many people in the organization in the process of identifying and solving problems. When resources are scarce, competition may result instead of cooperation, so that available resources are not shared and are not used efficiently. The assessment process can bring together people from different parts of the organization to evaluate solutions and set priorities which all will understand and support. It is a course of action which does not itself require additional resources.
- To establish a management development program. Every health service organization can do a better job of serving the public and every health service administrator can do a better job of serving the organization.
- To identify training needs, opportunities, and priorities, and to develop formal training curricula. The assessment process is itself an effective management training device.
- To determine what assistance an organization needs in general or in dealing with a particular problem, by an outside consultant.

Step One: Arranging for Management Assessment

There are a number of points at which an assessment can be started. On the basis of discussions with managers in developing country health programs, the authors suggest that the following situations provide suitable opportunities:

- When activities are to be expanded because of increased budgets or new laws;
- When support from an external (donor) agency requires the development of new projects;
- When evaluation of activities or projects is required by an external (donor) agency;
- When new techniques are to be implemented, such as a change in accounting systems, or computerization;
- When a major natural disaster has changed the organization;
- When budgets are cut; and
- When there is a change in administration or government affecting the agency.

The decision to undertake an assessment is an important one. The process requires the time of employees who are busy with their day to day responsibilities. It may produce fears in employees who may think they are being judged on how they do their jobs. Or, it may be seen as a way to put people out of jobs or to reorganize responsibilities. Such fears can lead to a lack of cooperation.

It is important that everyone in the organization who may be involved in the process or affected by the results fully understand what it is and what it is not. They should be involved in discussion of how an effective process can help everyone do their jobs better. They should understand that it is usually not something imposed on them from outside, using someone else's standards. It is their own process, using their own standards.

The key to a successful assessment process is open communication with everyone who may be interested in or affected by the process.

Step Two: Choosing the MAPS Modules That Fit Your Needs

There are six MAPS modules now available, with additional ones to be completed in new areas. The modules cover activities identified by practicing health service managers in developing countries as being of great significance and offering strong possibilities for improvements in their organizations. MAPS modules available can be used to assess the following functions:

Support Functions:

- Materials and Facilities Management: How the materials and supplies logistics system and facilities operations support the overall delivery of health services by the organization.
- Personnel and Human Resources Management: How employees (or potential employees) are contributing to the operation of the organization.
- Patient Services: How well the health services meet patients' needs, and how and whether patient expectations about health services differ from those of the organization.

- Financial Management: How flows of money are controlled for operation of current and future programs.

Guidance Functions:

- Organizational Design: How organizational units and work groups function and how various parts of the organization are coordinated.
- Community and External Relations: How the organization relates to outside institutions, the services it provides to the community, and external factors which constrain the organization's performance.

Each of the modules is unique in style and approach. This reflects the different situations a manager will find him/herself in within the various management functions, the level of information available on the particular subject, as well as differences in authors' approaches. In each case, it is important to note that these modules can only help you organize ideas and potential that already exist in your organization and are not intended to serve as master plans for restructuring an entire organization.

Any combination of the modules may be used. It may be best to start with the one which appears to deal directly with the most important problem and then go on to use the others as they may be helpful. It is possible that more than one of the MAPS modules will be needed for you to clarify your current situation and then to establish a workable plan of action for making changes.

There are many other approaches to management development in your organization in addition to the use of MAPS modules. The greatest benefit of this assessment will result from combining use of the modules with one or more of these other activities. While there is not enough space here to give a long description of all the other approaches, a few of the more important ones can be suggested: use of in-service training programs to expose staff to new ideas about health services management; use of outside management specialists; and, perhaps most importantly, encouraging managers to give special attention to the way they supervise their employees.

Supervision in health programs in most parts of the world involves a combination of regulation and education (a police function and a teacher function). It is seldom possible for the same manager to be effective in both types of supervision. The educator-type supervisor is more likely to benefit from the use and discussion of the MAPS modules than is the regulator-type supervisor.

Step Three: Using the MAPS Modules

The MAPS modules guide managers' thinking and raise sensitive questions which can result in strengthening management practices. The modules are designed to encourage involvement by a variety of knowledgeable people, but could conceivably be used profitably by an individual manager operating entirely alone in considering ways in which the organization operates.

A typical module contains the following elements:

- Problem examples and issues;
- Introductory explanations of management practices;
- Guidance for setting criteria against which to judge current practice;
- Directions for gathering information and discussing the current practice in a given management area; and
- Questions which focus on particular activities or practices of importance in many countries and which are believed to be of value to the user.

The module user gets an opportunity to follow along familiar lines of thought, and also to raise new questions and see new perspectives on program operations.

The expected outcomes from the use of MAPS modules include the following:

- Consideration of objectives and criteria for particular management activities;

- Diagnosis of problem or particular management situations with information available to managers working in particular management areas;
- Inventory of actual problems and solutions;
- Recognition of areas which are not operating well and require more detailed problem analysis; and
- Indication of other management areas which may be causing problems (such as are covered in other MAPS modules).

In using the modules you should not expect that long-standing problems can be changed in a short period of time. Instead, expect that most problems will be handled gradually--of course, you should watch for chances to take rapid action when opportunities present themselves.

Selecting the participants: In organizing the effort to use modules and consider possibilities for problem-solving, you should be careful to select participants who have a diversity of relevant experience. Many module users recommend using a team approach. Neither single individuals nor large numbers of people are excluded from using these materials, but groups of three to five participants have been found very effective.

The various groups asked to participate or contribute should include, if possible, representatives from all levels in the organization's hierarchy who are affected by the management practices under study. The more broad the involvement, the more effective the assessment will be. To achieve greatest support for the follow-up results, all participants' ideas should be taken seriously. Top management support for the effort and knowledge of the use of the materials are essential to the success of the effort.

Defining objectives and timetables: Clear working objectives should be set for the effort. It is important that expectations and objectives be established in practical terms at the outset. A timetable is also important since many different people are likely to be involved in answering questions through interviews or directing attention to sources of data. It is helpful to decide who will be involved in the total

assessment process and who will be involved only in collecting the information specified by the module.

Reviewing the module: The teams then review the module they are working with. Each participant should have the opportunity to review the complete module to see how the section they are working on fits into the total assessment. Many chapters or subsections of modules begin with a general statement. The team must decide if the statement is appropriate for the organization. If it is not, the team may change the statement or write a new one which describes how the function would work if it adequately met the needs of the organization.

Adapting the module: The team then examines the questions in the subsection. The questions are not a checklist of good or necessary practices, rather they help identify what is being done now and what might be appropriate. Remember that the modules must be adapted to meet your needs. The printed forms cover what experienced health managers in many countries recommend should be included in an assessment--but only as a starting point. Modules should be modified to fit both the purpose of the assessment and the organization. The team may decide to rewrite the questions, selecting some to use and some to change. Some questions may be too detailed, and others may not be detailed enough. Some of the subsections include issues for the team to consider. The team needs several hours together for reviewing the subsection and reshaping it if necessary before beginning to collect information.

Conducting the assessment: The team then collects the information. When all the information has been assembled, the team meets to decide if any important information has been left out. That is, is the description complete?

When the team members are sure that they have developed a complete profile, they begin answering the assessment questions in part III of the module. Each module section ends by asking how adequate the section is to the needs of the organization as stated in the opening. If the group concludes that the management function adequately meets the needs of the organization, there are probably not many important management problems. If the conclusion is that the function does not

come close to meeting the standard in the opening statement, there are probably major management problems.

The team then decides what is the most serious problem, and defines it as clearly as possible. For that problem, the team then lists all of the solutions they can think of. For each of the solutions the team develops a cost estimate. The estimate should be well done, but you should not spend a lot of time developing detailed cost information.

Interpreting the results: At the end of each support function module (that is, all but the Organizational Design and Community and External Relations modules), there is a list of all of the management subfunctions. Each team identifies what it considers to be the most serious problem, solutions, and the cost of each solution. All of the teams come together and report so that everyone participating in the assessment process has the opportunity to learn what the other teams think are important problems.

The assessment teams together, or perhaps a coordinating committee, study each important problem, the solutions identified, and the possibilities of implementing them. Each of the solutions is then evaluated and given a score as follows:

1. = Very possible.
The organization has all of the necessary resources and the authority to implement the solution.
2. = Possible.
Some of the resources are available or they can be easily obtained.
3. = Questionable.
It is not certain that the necessary resources can be obtained. Or, the authority is not clear.
4. = Probably not possible.
The organization is not likely to be able to obtain the resources necessary, or, it may not have much chance to obtain the authority. Or, the solution may be possible, but it would take too long to implement it.
5. = Impossible.
The solution cannot be seriously considered.

Step Four: From Assessment to Action

In making plans for resolving problems identified through using the module, the following general stages should be considered:

- Identifying alternative solutions to problems;
- Examining resources for each alternative;
- Examining constraints;
- Ranking the alternatives and determining which alternative best meets the agency's needs; and
- Designing a work plan for that particular alternative.

Involve the individuals who are likely to be affected in the evaluation of the solutions in deciding which is most important for the organization. These people will then be more likely to help achieve the solution selected.

Another action plan is to use additional management assessment modules to examine other units or functions. If you started with Materials and Facilities Management, it may be appropriate to use the Personnel or Finance modules for the next step.

The experiences of other managers in making changes to strengthen management practices in organizations like yours can also be of great value. Innovations in management practice are known to be passed from person to person. Practicing managers should keep attuned to the work of others and consider the possibility of adopting the established practices of other agencies for doing work described in this module area.

AUPHA MANAGEMENT PROBLEM-SOLVING (MAPS) MODULE
PATIENT SERVICES MANAGEMENT

II. INTRODUCTION

Patient services are concerned with the interaction between the person seeking health care and the health delivery system. The terms patient and client both are used in this module. As the users of health services increasingly become more active participants in the health system, their influence on the delivery of health care according to their needs and preferences increases. The user is often not a passive "patient" in the traditional sense, but is a client with expectations about what the health system should be providing. In recent years village health workers and committees, and projects in agriculture and water supply development as well, have contributed to people's increased awareness of health issues and their involvement in using health services.

This module not only examines patients and clients as direct recipients of health care, but also analyzes how a person enters the health system and what happens to the person following contact with health services. Three ways health and health-related services are provided in developing countries are: traditional curative care, preventive care, and environmental health services. Varying mixes of these three types of delivery are found in most developing countries. In some places, there may be competition among them based on government policies or religious and cultural practices. In other cases, the services may cooperate in provision of care or merely coexist with little or no interaction.

Regardless of the degree of competition or cooperation, the provision of health care through these delivery modes is accomplished at several levels in many developing country health systems. The progression from individual provision of care to provision at more complex levels would include:

- Traditional health providers;
- Village level health workers;
- Village health committees;
- Rural clinics;
- Rural hospitals;
- Regional hospitals; and
- Ministry of health.

At each of these levels the main focus should be the improvement in health status of the individual. The health system is built to serve sick patients as well as people wishing to maintain or promote their health.

The purpose of this module is to give the health services manager in a developing country a method of assessment that will help determine how well patient care is being provided. As a manager, you probably have a good idea of how well care is being provided and what deficiencies exist. But besides collecting statistics like number of patients seen, types of medications provided, and number of surgical procedures, do you know the effects of your services on the patients' physical and emotional well-being? Dissatisfied patients may not come back to your facility the next time they require care. Patients that find it difficult to reach your facility may not make the effort to get there. Facing such circumstances, all the best medical care in the world is worthless.

How can you find out if potential patients are not being reached? How can you learn whether your perception of patient care is similar to that of your clients? How can you find out if patient satisfaction is a problem that has led to use of other sources of care? These and other issues are examined in this module. Question areas are provided that will give the manager feedback on the status of patient medical care quality.

The question areas are developed with the idea that resolution of health problems should include assessment not only of patient/client aspects of the curative care system, but also of environmental concerns and primary health systems. This idea arises from the fact that many of the most widespread and important changes in the health status of people in the less developed world have not arisen from provision of medical care. Improvements in health status are a result of efforts to control

adversities of environment, to provide basic preventive services, and to enable people to have access to the resources needed to support healthful behavior.

This introduction is followed by a description of how to go about collecting information needed for the assessment. The assessment is a series of questions beginning on page 6.

It should be noted that the questions in this module are addressed to health managers. However, many questions may be easily adapted so that direct information may be obtained from the patients themselves.

AUPHA MANAGEMENT PROBLEM-SOLVING (MAPS) MODULE
PATIENT SERVICES

III. ASSESSMENT

Each of the main sections begins by asking you to identify objective(s) for the particular area. This helps to identify what you want to accomplish in each area. It is helpful to keep this objective in mind as you answer the questions for each section. Some of the questions can be answered by the manager with readily available sources of information. Other questions may require interviews with patients, reviews of patient records, and interviews with direct providers of care (physicians, nurses, village health workers). In many cases, there are no defined quantitative or qualitative standards for response to and analysis of this management area. But, data gathering techniques such as face-to-face interviews may lead to initial development of statistics for comparison, review, and evaluation.

Some of the question areas deal with patients' perceptions about their experiences in the health system. Unobtrusive data collection methods are useful when looking at such areas. This means that questions should be presented in a manner that does not make the respondent uncomfortable. Use of a non-official person (who is not formally part of your health facility) for the data collection process may be a way to deal with this potential problem. Village health workers may also be good candidates for doing some of the assessment data collection work.

A. ACCESS AND AVAILABILITY OF SERVICES

Without appropriate access and availability, patients and clients may not seek services or use them effectively.

What is your objective(s) in this area; what would you like to see accomplished?

Are sources of care near and convenient to your patients and clients?

Yes No

How near is the nearest health facility?

If it is not close, how do patients get there or how does care reach them?

Is there a timely way to reach the source of care?

Yes No

Are emergency services available on a 24-hour basis?

Yes No

If not, what happens to emergency patients when services are not available?

When there is an emergency, does the patient go to the village health worker (if any) or to the nearest health facility?

What type of transportation is available for emergencies?

What are the hours of operation of the source(s) of care?

What are hours of availability of each service?

Are they appropriate to fit needs of clients and existing conditions? For example, many clients may be unable to use services during the day or during peak harvest times because of farming responsibilities.

Yes No

Is there a system for scheduling patients?

Yes No

If there is no scheduling system, is there a need for one?

Yes No

Is there double-booking of patients, that is, is more than one patient scheduled at one time?

Yes No

What do you do for patients who do not make an appointment?

How long do patients wait for an appointment?

If your facility is a hospital or clinic, what is the average time a patient spends waiting from the time he/she arrives at the admission desk to arrival at the treatment room?

- 30 minutes or less?
- 31 to 60 minutes?
- one to three hours?
- more than three hours?

When a client feels that services are inaccessible, what is done to explain why access is limited?

What plans or programs do you have to deal with disasters?

In natural disasters, do you have a network established with other health facilities, international agencies, etc.?

Yes No

Managers should be able to make connections with other sectors and agencies.

Are health workers in your area given special training for disasters (where to go for help, what steps to take)?

Relevance of Services to Country Health Conditions

Relevance refers to both the supply and demand for services; health service needs and wants should be assessed in order to provide relevant health care. It is important to consider whether or not there is a way to document priority health problems.

Is there a way to document priority health problems in an area?

Yes No

How do you know what are the major health problems in your area?

Do you have a system for discovering what your clients' health priorities are? Priorities would be the priorities of your clients, whether you agree with them or not.

Yes No

Are there ways to illustrate and document that services provided fit the actual health problems of the community?

Yes No

Are clients' priorities included in the services that are known by providers to be needed?

Cost of Health Services, and Payment

Analysis of cost factors includes both monetary costs and costs without monetary value. It is important to assess monetary costs to the patient to determine if cost is a factor in accessibility of health services. In many developing countries, clients choose to use health services (whether a traditional practitioner or local druggist) which are not free rather than government health services which are provided free of charge. Other costs are emotional and may be measured in terms of confidence, trust, and ultimately in use of services. Without careful analysis of these costs, it is difficult to design and provide service which has the greatest potential for acceptance and effectiveness. Costs without monetary value can therefore be quite important in the delivery of care.

If you want to increase use of certain services, you might consider decreasing the price of services. Fees can be used as a barrier or as inducement to use. If you want to discourage use of certain services, an increase in price can be used to discourage its use.

How closely related are cost and use of health services? For example, if there was an increase in the price of immunizations, would demand for them decrease significantly?

If fees are charged for services, how much are they?
On what basis are they set?

Is payment made in other than monetary forms?

Yes No

If yes, describe the forms of payment.

Is care provided to patients who have no means of payment?

Yes No

If not, where are such patients sent for care?

If so, is this a burden on the facility's financial status?

Changes in prices can be very destructive; raising prices by experiment may be alienating to consumers who might then go to competitive health care systems.

What are the costs associated with provision of health care which have no monetary value? These costs can be thought of as perceived risks. There are two types of perceived risks. One type involves looking at what the patient risks when getting treatment. Areas to explore could include:

Does the patient believe that treatment will work?

Does the patient believe it is worthwhile to seek help?

The other type of risk deals with the emotional turmoil that medical care can bring about in patients. Areas to include in assessment are:

Do patients frequently experience embarrassment during treatment?

Are there indications that patients experience anxiety over possible pain, loss of privacy, etc.?

Expert opinion (possibly a committee) may be needed to identify perceived costs. Costs without monetary value, in a curative care setting, are often seen to be very high because the patient has to leave home, find transport, etc. Examples of these costs include travel and waiting time; embarrassment; fear; pain resulting from

B. QUALITY AND APPROPRIATENESS OF CARE

Quality of care refers to the kind of treatment a patient is given either at a health facility or by a visiting health worker. Quality of care is related to the competence of the health professionals and the kinds of decisions they make in the delivery of health care. It includes a careful analysis of treatments given, of rates of use, and of follow-up and monitoring procedures to assure that the patient is given good appropriate medical care.

What is your objective in this area; what would you like to see accomplished?

What kinds of reviews do you have on the type of treatment received by each patient?

How often are these reviews held?

What kind of follow-up is done if it is determined that an inappropriate treatment was given?

Note that in a health facility like a hospital where there are a large number of patients treated daily, more systematic and detailed reviews are needed, and they would be organized logically by departments within the hospital.

Service Orientation

Service orientation refers to the attitude of the service providers. Is the patient treated with respect? Is care given in a manner appropriate to the particular culture, age group, sex, and so on?

Is there participation of patients and clients in decision making on care and health service delivery methods?

Yes No

Are patients actively encouraged to take preventive action and to be responsible for the maintenance of their own health?

Yes No

Are efforts made by management to ensure that the doctor/patient (doctor, nurse or other health provider) relationship is a satisfactory one?

Yes No

If so, what is done?

If not, what should be done?

Is the patient/client's condition explained in a way that he/she can understand?

Yes No

Are patients and clients involved in determining how their medical condition can be resolved?

Yes No

Follow-up and Monitoring

Follow-up and monitoring of patients/clients is important because these activities contribute to health maintenance once the patient leaves the health care provider and facility. Continuity of care, in terms of providers and information, is an important aspect of delivery of health services. Follow-up and monitoring often receive little attention in places where, due to limited resources, efforts are focused on direct provision of health services.

Does the ministry have a system for monitoring local programs?

Yes No

Are contacts made with patients to see that recommendations are followed once they leave the facility?

Yes No

Is there a policy of ongoing contact with patients?

Yes No

Is there collaborative planning with the patient so that he or she knows who to contact for assistance, when to return for follow-up, and what to do once he/she returns home?

Is the patient forewarned of possible side effects that may result from treatment?

Yes No

Are patients told of health symptoms which should alert them to return to seek care from the health care system?

Yes No

If patient referral is used, is contact made by those referring to the referral agency?

Yes No

This question looks at the coordination between those doing referrals and where patients are referred to. This is important to management because in areas of high use, it contributes to decreases in admissions and channels people to correct providers of care.

Are medical records kept for all of your patients?

Yes No

What types of information are routinely kept on patients? Patient records should contain both passive (general data) and active information (data for patient follow-up).

How are your records filed?

- Chronological order; when patient was last seen
- Alphabetical order
- Family group (case records)
- Other

If there is a village health worker program in your area, how is medical information transferred from the health worker to your clinic or hospital?

- Summary statement sent with patient
- No record sent with patient
- Medical records are kept separately in your facility
- Other

After treatment in your health facility, is medical information (record) sent to the village health worker?

Yes No

If so, how?

What information is transferred to the worker for continuing follow-up?

Patients completing the treatment prescribed are affected by the amount of follow-up. For example, medication follow-up for tuberculosis is important.

Are health workers trained to be discreet about patients' health problems?

Yes No

What happens to records of the patient when the health worker is changed?

How long are medical records kept on file?

Is there periodic review of medical records to note disease trends?

Yes No

If so, who does it and how frequently?

What do the reviewers look for? Is the review done on an individual's record, for family groups, or by villages?

Utilization

It is important to record utilization rates for different health services in order to determine how health services are being used, including services which are not being used at all and services which may be over-used. The following questions may or may not be relevant, depending on whether or not you are assessing an in-patient facility, an out-patient facility, or utilization rates for a village health worker's services.

What kind of records do you keep on the following:

Total patient visits: _____ = Number of patients per day/week/month/

Patient visits according to specific needs:

_____ = Number for family planning services

_____ = Number for immunizations/type

_____ = Number for diarrhea treatment

_____ = Number for pregnancy check ups

_____ = Number of recurrent visits for same condition

What other types of utilization records would be helpful for you to keep (which you are not presently keeping)? List them here.

What health services do you offer which are not being used now? List the service and give a reason why you think this service is not being widely used.

Type of service

Reason not being used

What types of health services would be widely used but currently are not being provided to your population? List the service and the evidence you have that it should be provided.

Health service

Evidence why it should be provided

Is the utilization rate of your health facility periodically reviewed?

Yes No

In places where the demand for health services is greater than the supply, utilization indicators such as average length of stay may reflect "good" utilization rates for an in-patient health facility. But, when the average length of stay increases it may not be a result of "poor management"; it could be due to poor follow-up, patients not being able to reach hospital or clinic until disease has greatly progressed, and so on. The manager should answer the following questions in order to get data on utilization:

If your facility is an in-patient one, what is the average length of stay for :
the entire facility

for each service (medicine, surgery, pediatrics, etc.)

What is the utilization of specific types of medical equipment?

What is the utilization of laboratory services and tests such as x-rays, blood tests,
etc.?

If this is an in-patient facility, is there a discharge planning program? If not, how
are arrangements made for patients to return home?

What arrangements are made for patients with no home to go to at time of
discharge?

If this is a problem, has anyone looked at where these patients typically go upon
discharge?

Yes No

Is there a pattern?

Yes No

Do they tend to go to certain places (friends or relatives, social agencies, churches, prisons, police)?

If so, you might want to set up formal discharge arrangements with such places.

C. COMMUNICATION AND EDUCATION ABOUT HEALTH SERVICES

Communication with patients and clients and with the community at large creates an informal constituency of people who can use and support health efforts.

What is your objective(s) in this area; what would you like to see accomplished?

Community Awareness and Support of Services

Do your patients/clients know where to go for health-related service or care?

Yes No

Do your patients/clients know to whom to go for care?

Yes No

Do patients/clients know when to go for health care?

Yes No

Do they know when not to go?

Yes No

Both of these questions assess inaccessibility and current client needs.

What channels are used to inform clients about services?

How accessible are these information channels to intended clients?

What channels are used in the community to communicate with residents and build support for services?

Community Education and Outreach Programs

Education is the vehicle by which patients/clients and the community organize and bring aspects of health and disease management into their everyday behavior.

Is there education about illness management and prevention of illness recurrence?

Yes No

Who are the health educators in your community?

Are they appropriate in terms of age, culture, credibility?

Yes No

Who would be a good person in your community to serve as a health educator?

Is health education widely available and accessible?

Yes No

Is the education understandable to health service users?

Yes No

Is the education appropriate to the consumer situation in terms of their available resources, culture, and socio-economic position?

Yes No

Is there education about prevention, promotion, and early identification of health problems?

Yes No

Is there a way to help people identify health problems and needs that they might not otherwise see as immediate priorities?

Does health education provide more than just information?

Yes No

Are basic health skills taught? (For example, preparation of oral rehydration solution, prenatal care, malnutrition symptoms)

Yes No

Is problem solving included? (What to do if _____ occurs)

Yes No

Does health education encourage active involvement of people in maintaining their own health?

Yes No

Does health education involve family and community?

Yes No

Is there a procedure for assessment of health education?

Yes No

D. ALTERNATE FORMS OF CARE

This issue focuses on competition and cooperation with other providers: public, private, traditional, and nontraditional. It also includes competition between your particular health system and local norms and culture. For example, in some cultures hot and cold food beliefs might prevent the application of certain prescribed medications. Without analysis of competitive activities, it is impossible to reduce the negative effects of competition or to increase the potential for collaboration.

What is your objective(s) in this area; what would you like to see accomplished?

Traditional and Indigenous Health Workers

Have you identified appropriate ways of working with traditional health practitioners?

Yes No

If so, list them here.

Are traditional health workers being motivated to refer patients, when appropriate, to the more formalized health system?

Yes No

Do your service providers know the ways and situations in which the traditional health system is used?

Yes No

In what ways are you now working with traditional providers?

In what ways do the services you provide conflict with local norms and traditions?

How can your services be made more acceptable, given local norms and traditions?

In what ways are people who seek traditional medical care supported or punished?

Competition and Cooperation Among Health Providers

In what ways do your services connect with other development agencies in areas such as agriculture, water supply, commerce, and so on?

In what ways do traditional (curative), preventive, and environmental services intersect?

How are services structured to reduce duplication and increase coordination with other service providers?

Do any of the industries (if any) in your area provide their own health services for employees?

Yes No

If so, is there any interaction between your health facility and those (exchange of medical records, care for non-covered family members, etc.)?

Yes No

Do the questions and answers correctly describe alternate forms of care? If not, add the important missing information.

How adequate are alternative forms of care?

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
Not adequate at all						Very adequate

E. SUMMARIZING THE ASSESSMENT PROCESS

1. This module has helped you collect information on the following subfunctions or parts of the management process:

Access and Availability of Services
Quality and Appropriateness of Care
Communication and Education about Health Services
Alternate Forms of Care

2. Using the adequacy scales you marked at the end of each section of the module, make a list of problems your organization has for each subfunction. Record your answers in Table I. which follows. Table I. will become a list of problems which are keeping your organization from performing effectively or meeting its goals.
3. Your assessment team should decide which is the most serious--or priority--problem for each subfunction. Record these answers also in Table I.
4. For each priority problem stated in Table I, list as many solutions as you can think of. Record these in Table II.

5. Using the scale below, decide which solution for your priority problems will make the most difference to your organization. Record the scores in Table III.

#1 A lot of impact
#2
#3
#4
#5 Very little impact

6. Estimate the ease of implementation for each solution. How feasible will it be to carry out this solution in your organization? Record these scores in Table III.

#1 Very easy to implement; very possible
#2
#3
#4
#5 Very difficult to implement; impossible

If you give a solution a #1, all of the necessary resources and authority are available. If you give a solution a #2, some of the necessary resources and authority are available and the rest can be easily obtained. A #3 means that the solution is questionable. It may not be possible to obtain the necessary resources and authority. A #4 will probably not work. A #5 is out of the question.

TABLE I.

PROBLEMS

Subfunction:

Problems:

Priority Problem:

(The most serious of these problems)

Subfunction:

Problems:

Priority Problem:

(The most serious of these problems)

TABLE I, continued

Subfunction: _____

Problems: _____

Priority Problem:
(The most serious of these problems) _____

Subfunction: _____

Problems: _____

Priority Problem:
(The most serious of these problems) _____

TABLE I, continued

Subfunction:

Problems:

Priority Problem:

(The most serious of these problems)

Subfunction:

Problems:

Priority Problem:

(The most serious of these problems)

TABLE II.

SOLUTIONS FOR PRIORITY PROBLEMS

Priority Problem:

Solutions

Priority Problem:

Solutions

Priority Problem:

Solutions

TABLE II., continued

Priority Problem:

Solutions

Priority Problem:

Solutions

Priority Problem:

Solutions

TABLE III.

ANALYSIS OF SOLUTIONS

Priority problem: _____

<u>Solutions</u>	<u>Estimated Impact</u>	<u>Ease of Implementation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Priority problem: _____

<u>Solutions</u>	<u>Estimated Impact</u>	<u>Ease of Implementation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Priority problem: _____

<u>Solutions</u>	<u>Estimated Impact</u>	<u>Ease of Implementation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TABLE III, continued

Priority problem: _____

<u>Solutions</u>	<u>Estimated Impact</u>	<u>Ease of Implementation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Priority problem: _____

<u>Solutions</u>	<u>Estimated Impact</u>	<u>Ease of Implementation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Priority problem: _____

<u>Solutions</u>	<u>Estimated Impact</u>	<u>Ease of Implementation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Problem Analysis Suggestions

Moving from problem identification to problem solution is a very difficult task. Many solutions fail because they were not carefully analyzed before being tried; for example, required resources were not anticipated, staffing estimations were too low, work stages were not properly ordered, etc.

Once problems have been identified, it is helpful to classify problems. Is it a people problem or a technical problem? Is the cause of the problem inside your organization or outside it? Does the solution of the problem lie within your organization or outside? These answers will help you later as you analyze the difficulties with implementing each of these solutions.

A very important aspect of problem solving is how important the problem is to your organization. What impact will solving the particular problem have on the overall performance of the organization?

What are the strengths which you have in the organization which you can mobilize to help solve the problem?

The MAPS modules stop short of problem analysis. It is a very complex and important process which cannot be accomplished by writing down a few scores. There are several references which might be helpful to you in your analysis of problems solutions--weighing alternative solutions, analyzing constraints, assessing political influence necessary for implementation, etc.:

Abramson, Robert. An Integrated Approach to Organization Development and Performance Improvement Planning: Experiences from America, Asia, & Africa. West Hartford, Conn.: Kumarian Press, 1978.

Abramson, Robert, & W. Halset. Planning for Improved Enterprise Performance: A Guide for Managers and Consultants. Geneva: International Labour Office, 1979. (Management Development Series, No. 15)

- Bainbridge, J., & S. Sapirie. Health Project Management: A Manual of Procedures for Formulating and Implementing Health Projects. Geneva: World Health Organization, 1974.
- Brown, Gordon, A. Kaluzny, & H. Feirman. Options Analysis and Implementation in Management Assessment. Washington, D.C.: Association of University Programs in Health Administration, 1981.
- Delp, Peter, A. Thesen, J. Motiwalla, & N. Seshadri. Systems Tools for Project Planning. Bloomington: International Development Institute, Indiana University, 1977.
- Harari, Denyse. The Role of the Technical Assistance Expert. Paris: Development Center, Organization for Economic Cooperation and Development, 1974.
- Mayo-Smith, Ian. Planning a Performance Improvement Project. West Hartford: Kumarian Press, 1980.