PN-ACJ-842
106408

CQI Experiences:
Case Studies from Latin America

Management Sciences for Health
1999

Copyright ©1999 Management Sciences for Health, Inc.
891 Centre Street
Boston, Massachusetts 02130-2796 USA
Tel. (617) 524-7766
Fax: (617) 524-1363
Web site: http://www.msh.org

This publication was produced by the Family Planning Management Development (FPMD) project of Management Sciences for Health (MSH), Boston, Massachusetts.

Funding for this publication was provided by the Center for Population, Health, and Nutrition of the US Agency for International Development (USAID) under Cooperative Agreement number CCP-A-00-95-00000-00.

This publication is designed to be used as a trainer's and facilitator's tool and as such the case studies and CQI resources are designed to be copied and used in the context of a CQI training. Any translations or adaptations of these materials that are intended for publication require permission from the publisher.

Cover and Interior Design: Irene Elios

Printing: Foremost Impressions

ISBN 0-913723-64-9

Printed in the United States of America

Related MSH Publications

The following tools and publications published by Management Sciences for Health (MSH) may be useful for organizations planning to improve the quality of their services.

The Manager

This quarterly continuing-education management series focuses on specific management topics, and includes "Working Solutions" from the field, tools and techniques, and a case scenario for staff development and training. (Available in English, Spanish, and French.)

Of particular relevance to Continuous Quality Improvement (CQI) are Volume II, Number 1 of *The Manager*, "Using CQI to Strengthen Family Planning Programs," a three-part issue that offers practical suggestions for using CQI and includes a supplement, "Manager's Toolbox for CQI," which contains important tools and techniques that managers can use to implement CQI; and Volume V, Number 1, "Focusing on Customer Service," which proposes specific actions to take to understand and meet the needs of clients, improve the quality of services, and initiate and maintain a customer service focus. Also relevant are Volume I, Number 1, "Reducing Client Waiting Times," and Volume I, Number 2, "Using Service Data: Tools for Taking Action" and its supplement, "Guide to Graphing Data and Taking Action."

The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs

This practical guide for managers of health and family planning programs includes chapters on planning, work planning, staffing, supervision, training, management information, contraceptives logistics, financial information, and sustainability. (Available in English, Spanish, French, Arabic, Bangla, and Portuguese.)

Electronic Publications

The Health Manager's Electronic Resource Center (ERC) provides practical answers to management questions, easy-to-use tools, information on effective management practices, and reviews of recent management trends. In particular, see the *Guide to Managing for Quality*, a joint effort of MSH and the United Nations Children's Fund. The *Guide* provides clear, practical information, tools, and techniques for improving the quality of services and consistently providing high-quality health services. For more information, please e-mail erc@msh.org or visit the ERC Web site at http://erc.msh.org.

For more information about these and other MSH publications, please contact:

Management Sciences for Health
891 Centre Street
Boston, MA 02130-2796
Tel: (617) 524-7766
Fax: (617) 524-1363
E-mail: bookstore@msh.org
URL: http://www.msh.org/bookstore

ACKNOWLEDGMENTS

Since 1994, Management Sciences for Health (MSH), under the Family Planning Management Development (FPMD) project, has been working with health managers and service providers throughout Latin America to apply the Continuous Quality Improvement (CQI) methodology to improve the quality of their services by solving organizational and service delivery problems. This series of experiences in CQI documents the achievements celebrated, difficulties encountered, and methods and tools used when introducing CQI in health service delivery settings in Peru, Mexico, and Bolivia.

This work has benefitted from the leadership of Lourdes de la Peza, a Senior Program Officer with MSH's FPMD project. She organized, planned, and implemented each of the CQI initiatives described in this publication, and in each instance facilitated the CQI Introductory Workshop for senior managers and service providers that launched the initiative. As proven time and time again, Ms. de la Peza's passionate belief in the capacity of people to make a commitment to change creates a learning environment that transforms individuals and organizations, and the services that they provide.

This publication was written by Lourdes de la Peza and edited by Laura Lorenz and Maribel Diaz, with overall editorial direction provided by Janice Miller. Ceallaigh Reddy copy-edited the experiences and tools and provided the page layout, and Linda Suttenfield coordinated the development of the cover design and the printing. We would like to thank the numerous MSH staff who provided review and input while the publication was under development—David Dobrowolski, Alison Ellis, Rebecca Marshall, Mary McGovern, Maria Pia Sanchez, and Pamela Teichman. We would also like to acknowledge the contributions of Dr. Maria Christina Renteria, formerly National Reproductive Health Coordinator of Bolivia's Caja Nacional de Salud and Maria Davila, consultant to the Women's State Hospital, Coahuila Mexico for the work carried out in support of the CQI initiatives in Bolivia and Mexico, respectively.

We would particularly like to thank the managers and service delivery staff who work in the organizations where these initiatives took place. The work described in these experiences was made possible because of their commitment, dedication, enthusiasm, and professionalism.

Finally, we appreciate the support from the US Agency for International Development (USAID) for the development of this publication, and the Agency's interest in and commitment to the work of FPMD in improving the quality of services provided by health programs around the world. Financial support for this publication was provided by USAID under the FPMD project cooperative agreement.

We hope that health service organizations in Latin America and the Caribbean and elsewhere will find this publication useful in making management decisions, providing staff development opportunities, improving provider attitudes, increasing client satisfaction, and improving the process of delivering services as they work to improve the quality of their services.

About Management Sciences for Health

Management Sciences for Health (MSH) is a private, nonprofit organization dedicated to closing the gap between what is known about public health problems and what is done to solve them. Through technical assistance, training, systems development, and applied research, MSH helps decision makers throughout the world use techniques of modern management to improve the delivery of health and family planning services.

MSH collaborates with public- and private-sector counterparts in population, maternal and child health, information for management, drug management, health reform and financing, and management training. Since its founding in 1971, MSH has provided assistance in these areas to managers in over 100 countries. MSH's staff of 300 is based at its headquarters in Boston, two offices in Washington DC, and many field offices throughout the world.

The **Family Planning Management Development (FPMD)** project is a five-year worldwide project funded by the US Agency for International Development (USAID). The project provides management assistance to national health and family planning programs and organizations to improve the effectiveness of service delivery and increase program sustainability. Working in over 30 countries, FPMD provides technical assistance to public- and private-sector programs in strategic planning; business planning; operational planning; financial management; marketing, pricing, and costing; human resource management; management information systems; program evaluation; and coordination and collaboration between public and private sectors.

Table of Contents

Related MSH Publications i
Acknowledgments iii
About Management Sciences for Health v

Introduction 1
How This Booklet Is Organized 1
How This Booklet Can Be Used 1
The Cases: An Overview 2
Background 3
Applying CQI in Health Organizations in Latin America 4
Launching the Initiatives: Training Managers and Staff in CQI 5
Following Up a CQI Initiative 6

Linking Strategic Planning and Quality Improvement—Coahuila, Mexico 7
CQI Resources for Linking Strategic Planning and Quality Improvement 15
Three Organizational Conditions Required Prior to Launching a CQI Initiative 15
Institutional Support 15
Leadership Commitment 15
Management Commitment 16
12 Steps to Implement a CQI Initiative 16
Phase I: Initiating the Process/Obtaining Commitment 17
Phase II: Training of Trainers and Defining the Intervention 17
Phase III: Involving Service Delivery Personnel 17
Phase IV: Monitoring the CQI Initiative 18

Paying Attention to the Client's Perspective—Huanta, Peru 19
CQI Resources for Paying Attention to the Client's Perspective 27
Focusing on the Client 27
How to Listen to Client Complaints 27
Using a Suggestion Box 28
Using a Complaints Register 28
Conducting Exit Interviews 28
Preparing for Exit Interviews 29
Tips for Conducting Exit Interviews 29
Analyzing Exit Interview Data and Presenting Findings 30
Sample Exit Interview for an Outpatient Clinic 31

Establishing Quality Improvement Teams—Juliaca, Peru **33**
CQI Resources for Establishing Quality Improvement Teams **43**
Group Exercises for CQI Training Workshops 43
The Storyboard 43
The Mock Suggestion Box 44
Role Playing 44
Identifying and Prioritizing Service Delivery Problems 44
Step One: Identify Service Delivery Problems 45
Step Two: Select the Most Important Service Delivery Problems 45
Organizing Teams 46
Coordination, or Lead Team 47
Cross-functional Teams 47
Natural Teams 47
Advisory Team 47

Following up the Progress of Quality Improvement Teams—Juliaca, Peru **49**
CQI Resources for Following up the Progress of Quality Improvement Teams **59**
Follow-up Role of the Team Coordinator 59
Follow-up Role of the Coordination or Lead Team 59
Phasing out Dependence on an External Facilitator or Advisor 60

Improving Service Delivery Processes—La Paz, Bolivia **61**
CQI Resources for Improving Service Delivery Processes **67**
Improving Client Flow 67
Sample Process for Developing a Client Appointment System 68
Sample Process for Establishing a Medical Record Review System 69

Developing Internal CQI Facilitators—La Paz, Bolivia **73**
CQI Resources for Developing Internal CQI Facilitators **81**
Selection Criteria for Internal CQI Facilitators 81
Internal CQI Facilitator Profile 82
Duties and Responsibilities of Internal CQI Facilitators 83

INTRODUCTION

This series of six case studies in continuous quality improvement (CQI) documents Management Sciences for Health's experience with health service delivery settings in Peru, Mexico, and Bolivia in introducing CQI to improve the quality of their services. They are written from the perspective of Lourdes de la Peza, a Senior Program Officer for MSH's Family Planning Management Development project. In each instance, Ms. de la Peza worked with senior managers, selected staff, and others to introduce CQI and guide them in forming quality improvement teams, training CQI facilitators, and planning and implementing quality improvement projects. The settings for these cases are two public-sector hospitals in Peru, a state hospital in Mexico, and several primary health care clinics of the Bolivian government's health insurance program. In each of these settings, managers and staff successfully applied CQI to improve provider attitudes, increase client satisfaction, improve the process of delivering services, and improve the quality of these services.

One of the keys to the success of the CQI experiences described in this booklet is integrating training and management improvement into an organization's routine functions. Another key element is creating an environment that enables change to happen. The CQI approach to quality improvement helps managers and staff work together to identify and analyze service delivery problems themselves. It also helps them to work collaboratively to develop solutions and plans of action, and to carry out improvement activities that can have a long-term impact on service provider motivation and on quality of care.

These cases document instances in which health service managers and staff became motivated to address their problems, embrace a collaborative approach to quality improvement, and improve the way they provide services. Their efforts are a testament to the potential for transforming and substantially improving the quality of services in any organization—by making a commitment to work together to make change happen.

HOW THIS BOOKLET IS ORGANIZED

This publication contains six real-life examples of public- and private-sector organizations in Latin America that used CQI to improve the quality of their services, and includes the CQI methods and tools they used in their initiatives. Each example summarizes Ms. de la Peza's experience in planning and implementing the initiative. The cases briefly describe the organizations and their client populations, the process that managers and staff went through in planning, implementing, and following up their CQI initiative, and the impact that the initiative has had on the quality of services. Each case begins with a box that provides a brief overview, includes a list of learning objectives and a list of the CQI methods and tools that accompany the case, and ends with a list of discussion questions. Each case is directly followed by methods and tools that the trainers, facilitators, managers, and staff used to carry out the CQI initiative described in the case. An overview of CQI is provided at the end of this section.

HOW THIS CAN BOOKLET BE USED

The purpose of this booklet is two-fold: to share real experiences in which health organizations and facilities have used CQI to manage the quality of their health services, and to share the tools and resources that they used in applying the methodology.

This booklet may be used by managers or staff to learn about CQI, and to plan for and implement a CQI initiative in a service delivery setting. It is also designed to be used by trainers and facilitators in conducting introductory CQI training for managers and staff of health organizations or in planning to initiate a CQI effort. The material will help training participants understand the importance of the

client's perspective, identify client needs, form quality improvement teams, and implement and monitor quality improvement projects.

We hope that readers will find these cases and tools useful both in increasing their understanding of this effective methodology and in helping them to introduce the methodology in health organizations and facilities. We hope that they will awaken in all readers the desire to use this transformative methodology to improve the quality of the services that they provide.

The Cases: An Overview

This booklet describes six cases: three from Peru, one from Mexico, and two from Bolivia. Below, you will find a brief description of each case. Following each case you will find several CQI methods and tools that were used in the experience. We hope that these will be useful in training managers and service providers in CQI and/or in planning, implementing, following up, and monitoring a CQI initiative.

Linking Strategic Planning and Quality Improvement—Coahuila, Mexico

This case shows how leaders in Coahuila State in Mexico and managers in the Women's State Hospital in Coahuila City used CQI to support strategic objectives, in this case the transformation of a generalized public-sector hospital into a specialized women's hospital. It also demonstrates the impact that a CQI initiative can have on improving the attitudes of providers and increasing client utilization of services even while an organization addresses infrastructure and labor problems. The tools that accompany this case are:

- Three Organizational Conditions Required Prior to Launching a CQI Initiative
- 12 Steps to Implement a CQI Initiative

Paying Attention to the Client's Perspective—Huanta, Peru

This case shows how a quality improvement team in Huanta Hospital used a suggestion box and exit interviews to collect data from clients, identify gaps in quality, assess client needs for better services, identify obstacles to quality, and make improvements in quality. Their efforts reduced client waiting time and increased staff courtesy in the outpatient clinic. The tools that accompany this case are:

- Focusing on the Client
- Conducting Exit Interviews
- Sample Exit Interview for an Outpatient Clinic

Establishing Quality Improvement Teams—Juliaca, Peru

This case is the story of how the CQI training methodology changed the attitude of service providers in the Carlos Monge Medrano Hospital and changed their behavior towards their clients. It shows how the process of establishing quality improvement teams begins when senior management commits to using CQI to improve the quality of services, and continues when managers and staff take CQI training and form quality improvement teams. As a result of their CQI training, the team members began working collaboratively to apply the problem-solving process and determine ways to improve the quality of their services. The tools that accompany this case are:

- Group Exercises for CQI Training Workshops
- Identifying and Prioritizing Service Delivery Problems
- Organizing Teams

Following up the Progress of Quality Improvement Teams—Juliaca, Peru

During the follow-up period, the members of the quality improvement team in the Carlos Monge Medrano Hospital worked together on priority problems. They clarified the roles and responsibilities of the team's members and determined how to use their time efficiently. Their problem-solving activities focused on completing an analysis of the problem's causes, and preparing and implementing quality improvement projects. Their efforts resulted in an increase in the caseload of their family planning and reproductive health services, an increase in male utilization of those services, reduced waiting times, and improved client access to the outpatient clinic. The tools that accompany this case are:

- Follow-up Role of the Team Coordinator
- Follow-up Role of the Coordination or Lead Team
- Phasing out Dependence on an External Facilitator or Advisor

Improving Service Delivery Processes—La Paz, Bolivia

This case shows how quality improvement teams in the Caja Nacional de Salud developed processes that addressed service delivery problems related to client waiting times, client flow, and medical records. The teams analyzed priority problems, developed new processes for delivering services, tested the revised processes, and monitored their effectiveness in improving quality. Their efforts reduced client waiting times, decreased unnecessary client flow through the clinics, reduced misplacement of medical records, and resulted in the establishment of an appointment system and an internal evaluation and accreditation process. The tools that accompany this case are:

- Improving Client Flow
- Sample Process for Developing a Client Appointment System
- Sample Process for Establishing a Medical Record Review System

Developing Internal CQI Facilitators—La Paz, Bolivia

This case presents the successful story of developing internal CQI facilitators at the Caja Nacional de Salud. These trained facilitators, who were service providers already employed in Caja clinics, conducted introductory CQI workshops for Caja management and operational staff, provided follow up and technical support to quality improvement teams, and trained new team members as needed. Training internal facilitators allowed the Caja to expand its CQI initiative to a total of seven clinics in greater La Paz. The tools that accompany this case are:

- Selection Criteria for Internal CQI Facilitators
- Internal Facilitator Profile
- Duties and Responsibilities of Internal CQI Facilitators

Background

In the 1930's, W. Edwards Deming and Joseph M. Juran, two Americans working with Western Electric Laboratories (later AT&T Bell Laboratories), developed a new approach to industrial management that they called Quality Control, and later, Total Quality Control. Their approach focused on empowering employees by involving them in the process of improving job performance. Their approach differed greatly from the "watchdog," or performance audit management approach accepted at the time, in which managers regulated and punished employees in order to improve job performance.

Japanese industry recognized the strength of this management process and used it to revolutionize the Japanese industrial sector and the Japanese national economy. Industries throughout the world have since adopted CQI to improve the quality of their production and management processes.

The Japanese term *kaizen* aptly expresses the principle of CQI as the continuous search for opportunities for all processes to get better.[1] The CQI approach is based on the belief that individuals care about the quality of their work and will respond productively to opportunities to improve their job performance. The three tenets of CQI are:

- Use quantitative methods to evaluate production (or service delivery) processes;
- Make client satisfaction the goal of the production (or service delivery) process;
- Empower employees through teamwork and shared responsibility for improving quality.

In the 1980's, the health sector in the United States began to incorporate the CQI approach into its health management systems. Today, it is applied in clinical settings throughout the world. Managers committed to CQI involve staff at all levels of an organization or facility in a collaborative effort to constantly improve the service delivery process, with the goal of improving the quality of the services that they provide.

Applying CQI in Health Organizations in Latin America

This publication presents how the CQI methodology was applied in MSH's work with health organizations in Latin America. It focuses on the process or sequence of activities involved in providing a service—from the time a client first arrives at the service facility to the time he or she actually receives a service. In applying CQI in their service settings, managers, administrators, and service providers from all departments work in teams to assess the quality of their services, identify gaps in quality, and make incremental improvements in the quality of these services.

The CQI approach as applied in health organizations rests on three distinct principles: focusing on the client, working in teams, and improving the service delivery process.

- **Focus on the Client.** Focusing on the client means recognizing that it is the client who defines quality in the delivery of a health service. CQI raises the service provider's awareness of the value of the client's perspective and helps him or her to integrate client-oriented activities, such as listening to the client and responding to client needs, into the service delivery process.
- **Work in Teams.** Applying the CQI methodology involves working in several types of teams, including coordination teams, facilitator teams, and quality improvement teams. These teams analyze and improve the service delivery process. They may be "cross-functional," with members from different departments, or "natural," with members from only one department. When beginning to plan and implement improvement activities, managers, administrators, and service providers generally work in cross-functional teams. Later, they may find that natural teams are more practical for developing and implementing strategies to solve problems of a more technical nature, such as financial managementor record-keeping.

[1] D.M. Berwick. "Sounding Board: Continuous Improvement as an Ideal in Health Care." *The New England Journal of Medicine*. Boston: Massachusetts Medical Society, 320 (1), pp 53-56. January 5, 1989.

- **Improve the Service Delivery Process.** In working to improve the process of delivering a service, quality improvement teams first examine the service delivery process and then describe and analyze problems that are having a negative impact on their clients' perceptions of service quality. The teams prioritize these problems, and plan and implement activities that they can carry out themselves to improve service quality.

Launching the Initiatives: Training Managers and Staff in CQI

In each case in this booklet, the organization launched the CQI initiative with introductory CQI training for managers and key administrative and service delivery staff. The training was often conducted by an external facilitator. This introductory workshop helped to secure the commitment of senior management to improving quality, a pre-condition to the success of any CQI initiative.

The two types of training that are fundamental to the CQI methodology described in this booklet are:

- **Introductory CQI Workshop, for senior managers and selected administrative and service delivery staff.** During this workshop, generally conducted by an external facilitator, senior managers and selected administrative and service delivery staff identify the institutional problems and other major concerns that must be resolved before they can introduce CQI widely in their facility or organization. They prioritize their problems and outline an overall quality improvement plan for implementing a CQI initiative.
- **Introductory CQI Training, for managers, administrators, and service providers.** During this training, which may be conducted either by an external or an internal facilitator, the training participants learn about the importance of focusing on the client to improve quality. The facilitator introduces the CQI methodology and the process that will be implemented in that organization, and the participants form quality improvement teams. The facilitator also begins to lay the groundwork for support or "follow up" of the teams as they plan, implement, monitor, and evaluate their quality improvement projects.

  Introductory CQI training includes group exercises that help the participants recognize that their own attitudes and behaviors are sometimes the main obstacle to improving service quality. This understanding often awakens in them a desire to change their behavior toward clients and to improve staff practices. Before the workshop is over, many participants express a renewed commitment to their mission as health workers.

At the end of their training, managers and staff usually form two complementary quality improvement teams—a coordination team and a training team. The coordination team members provide leadership for the CQI initiative. The training team members function as internal facilitators in building a facility's or an organization's internal capacity to use CQI to address service delivery or management problems. Together they support the cross-functional quality improvement teams by helping facilitate access to funding, providing space for meetings, and providing follow up, among other things. Building an internal capability to provide leadership, supervision, and training to quality improvement teams is a key strategy for sustaining a CQI initiative for many organizations.

Following up a CQI Initiative

When managers and staff return to work after the introductory CQI training, the change in their behavior and their increased sensitivity to client needs often has a significant impact on improving client perceptions of the quality of the services offered, even before the quality improvement teams begin to carry out their activities. Despite the importance of this initial training, however, most quality improvement learning occurs when managers and providers apply new skills in their day-to-day work. Yet many organizations have limited resources for supervising, supporting, and following up with their quality improvement teams.

Training internal facilitators is an effective way to sustain the CQI process while controlling costs. These trained internal facilitators can also help to remove some of the managerial burden for CQI from senior management by providing ongoing support to the quality improvement teams. Some organizations or institutions support their CQI initiative by using the training departments in state or federal government agencies or educational institutions as resources both for training and for following up the work of quality improvement teams.

Whether an organization trains internal CQI facilitators or relies on outside training sources, it can more easily sustain its CQI initiative if CQI training and coordination teams are integrated into the organization's regular day-to-day operations.

Linking Strategic Planning and Quality Improvement
Coahuila, Mexico

Leaders and managers can use CQI to support strategic objectives and improve the attitudes of providers even under trying circumstances. This case shows how leaders and managers in Mexico used CQI to support the state's strategic objective of providing integrated health care for women through public health facilities. CQI helped them transform the Saltillo General Hospital into a specialized hospital providing comprehensive, integrated health services for women. The initiative also helped to improve the attitudes of service providers and the quality of services even while the hospital's infrastructure and labor problems were being addressed.

Results

This CQI initiative in a Coahuila, Mexico hospital resulted in an 86% increase in post-partum family planning services and a 70% increase in emergency cases treated. It also increased harmony between labor and management, reduced staff turnover, increased service provider job satisfaction, resulted in the preparation of procedures handbooks for the delivery of services, and improved the quality of care. The government plans to apply the CQI methodology in other health facilities in the state.

Learning Objectives

After reviewing this case and the accompanying tools, readers will know how to:

- Assess whether the required infrastructure, leadership, and staff commitment are in place to support a CQI initiative;
- Address conditions of potential conflict before beginning a CQI initiative;
- Use CQI to support strategic plans.

CQI Tools and Methods Accompanying This Case

Managers and staff used the following CQI methods and tools, found on pages 15–18:

- Three Organizational Conditions Required Prior to Launching a CQI Initiative;
- 12 Steps to Implement a CQI Initiative.

Background

One of the important objectives outlined in the 1994 Coahuila State Development Plan was to provide integrated health care for women through public facilities. In support of this objective, the 1995–97 strategic plan of the state's Secretariat of Health and Community Development included as a key project transforming the Saltillo General Hospital into the Women's State Hospital providing comprehensive, integrated health services for women. Dr. Lourdes Quintanilla, Health Secretary, asked me to work with her team to prepare the hospital for transformation by first introducing a CQI initiative there to improve the management and delivery of services.

My first activity, in early 1996, was to assess whether the hospital's infrastructure, leadership commitment, and management commitment could adequately support introducing CQI. My main finding was that the hospital would have to address its fragile infrastructure and unresolved labor union problems first, before introducing CQI into its service delivery operations. Specifically, I found:

- **Inadequate hospital infrastructure.** The hospital's management of logistics and supplies was inadequate, which impeded the quality of services offered and contributed to the generally negative attitude of many service providers.
- **Lack of leadership commitment to CQI.** Distracted by labor union troubles and problems with infrastructure, the hospital's director and assistant director could not focus on starting and sustaining a CQI initiative.
- **Lack of management commitment to staff needs.** Inside the hospital, the labor environment remained hostile, and many managers and staff were negative about their work. A failure to adhere to established work assignments and schedules was commonplace.

(For more information on the organizational conditions that must be in place before beginning a CQI initiative, see pages 15–16.)

In July 1996, I met with the hospital's Board of Directors and managers, and the director of the hospital's health center. I presented my findings, explained why these three conditions—adequate infrastructure, leadership commitment, and management commitment—had to be in place before introducing CQI, and outlined the twelve steps the hospital would need to implement in order to begin a CQI initiative to improve service quality. (For a list of these twelve steps, see pages 16–18.)

In light of my assessment, we decided to delay introducing CQI into service delivery operations. We decided instead to use the CQI methodology to diagnose and resolve the hospital's infrastructure and labor problems. Our first step was to prepare hospital authorities, health center managers, and representatives from the Sanitary Reproductive Health Jurisdiction and the director of the national teaching unit to take leadership roles in the CQI initiative. In August 1996, they participated in an introductory CQI workshop during which I worked with them to identify the major constraints to improving hospital infrastructure and the attitude of employees. The major constraints that they identified were:

- Poor staff motivation;
- Hostile labor environment;
- Lack of supplies;
- Lack of staff training;
- Lack of adherence to work assignments and schedules.

Next, the participants formed a coordination team to oversee the CQI initiative. The coordination team identified two objectives:

- Improve labor conditions;
- Prepare quality improvement teams for introducing CQI.

The coordination team further proposed five actions to accomplish their objectives:

- Address the irregularities pertaining to labor rights;
- Re-establish management's relationship with the union;
- Establish clear management policies that would foster a supportive and transparent relationship between managers and employees;
- Reinstate internal work regulations.

Addressing conflicts with the union. The coordination team quickly learned that labor conditions and labor rights could not be resolved without first negotiating with the national labor union organization. In turn, negotiations at this level had to be handled by the state's Secretary of Health, not by the hospital. The health secretary, the director of health services, and the administrative director began to meet weekly with union leaders, and the health secretary proposed offering an introductory CQI training for hospital workers, which the union accepted.

Revising the team's plan of action. The coordination team modified its objectives to focus on two service delivery problems whose resolution could result in tangible change, which they hoped would inspire staff support for CQI. The team decided to focus on:

- Improving client flow at the health center;
- Improving postpartum family planning services at the hospital.

The team completed problem analyses and prepared project plans for improving client flow and postpartum family planning services. The team's efforts to improve client flow had no significant impact, despite the fact that team members followed the CQI methodology in implementing their projects. To improve postpartum services, the team established a family planning quality improvement team, which successfully increased client utilization of the hospital's postpartum contraception services. However, the sustainability of the team's achievements seemed uncertain, due to continued infrastructure and labor problems.

Monitoring the interventions. Although the coordination team and the family planning team worked persistently on their initiatives, a CQI monitoring exercise revealed that operational-level supervisors and staff were reluctant to participate actively in the CQI initiative. Further, the efforts of state officials to meet labor union demands clearly had not relieved the union's conflict with hospital managers, and hospital infrastructure did not significantly improve.

By late 1996, the coordination team concluded that two of the three conditions for successfully using CQI—adequate hospital infrastructure and management commitment to meeting staff needs—had not sufficiently improved to support introducing CQI generally in the hospital. Health center support for efforts to improve quality dwindled.

CQI and the Transformation of Saltillo General Hospital

In early 1997, the state carried out an evaluation of the 1995–97 strategic plan of the Secretariat of Health and Community Development. It found that continuing labor problems and the lack of a cohesive strategy to resolve labor conflicts had stalled the transformation of the Saltillo General Hospital into a specialized women's state hospital. The report re-affirmed the Secretariat's goal of providing integrated care for women, noted that establishing specialized services for women was key to this goal, and expressed support for the hospital transformation project. The report concluded, however, that the project could not be implemented in the current environment.

The Secretariat immediately took action to re-activate the transformation process by

- Replacing the hospital director;
- Preparing a detailed transformation plan;
- Investing in hospital renovation;
- Establishing new service units;
- Moving the hospital's health center to new facilities, separate from the hospital facility but within city limits.

Dr. Quintanilla asked me to help the new hospital management prepare a 1997–99 strategic plan for the newly-named Women's State Hospital. My first activity was to repeat the assessment done in 1996 to determine if the hospital's infrastructure, leadership commitment, and management commitment could now support activating the transformation process and re-launching the CQI initiative.

Infrastructure

One very encouraging finding was that the hospital's total caseload for specialized women's services and for occupancy rates had substantially increased between 1996 and 1997, with the caseload of some reproductive health services increasing by as much as 86%. The increased caseload is reported in the table below. This data made me feel very optimistic that the hospital would meet the three organizational conditions required to successfully introduce CQI and sustain the provision of high quality, specialized services.

Saltillo General Hospital/Women's State Hospital
1996–1997 Caseload

Services	1996	1997	% Increase
Emergencies	5,576	9,484	70%
Deliveries	1,852	2,194	18.5%
Ultrasound	1,749	3,220	45.7%
Postpartum family planning services	29%	54%	86%
% of beds occupied	57%	72.4%	27%

Leadership commits to transformation and CQI. The new managers expressed their commitment to complete the hospital transformation process and re-launch CQI. They readily agreed to prepare a strategic plan to guide these initiatives. Their primary goal was to at last transform the Saltillo General Hospital into the Women's State Hospital, consolidating it as a tertiary specialized hospital providing quality services for women.

The new managers established seven objectives for their 1997–1999 strategic plan:

- Establish new performance management policies that would promote increased dialogue between managers and staff and establish clear responsibility for performance;
- Expand and remodel the hospital's facilities and operating room;
- Increase the number of beds to 45;
- Increase the number of medical staff, particularly for specialized services;
- Secure the financial resources, equipment, and supplies needed to support the new services;
- Establish quality improvement teams to create continuous improvements in the quality of the hospital's services and in the labor conditions of health workers;
- Prepare and periodically update the quality improvement teams.

The team also identified six major activities needed to consolidate the transformation of the hospital from a generalized to a specialized women's hospital.

- Negotiate with university hospital to provide health care services for men;
- Relocate the health center;
- Hire new staff according to the new service delivery needs;
- Approve the budget and start remodeling the hospital;
- Acquire equipment for the new units;
- Guarantee the supply of inputs.

The team further recommended that the hospital be organized into five clinics:

- High-risk pregnancy clinic;
- Sterility and infertility clinic;
- Menopause clinic;
- Laparoscopy clinic;
- Dysplasia (abnormal cell growth) clinic.

Management commits to meeting staff needs. I began the process of evaluating management commitment to CQI by interviewing the hospital's new director, appointed in May 1997. Encouragingly, he expressed a commitment to improving the quality of his communication with his staff as well as with the hospital's clients. He planned to conduct open meetings with all staff on a regular basis to keep them informed of the progress of the transformation and of the CQI initiative, and to provide them with a forum for expressing their concerns and asking questions. He also planned to establish procedures to monitor staff relationships with their superiors, measure job satisfaction, and identify and resolve problems in a timely way. I was hopeful that he was sincerely committed to the CQI initiative.

I next interviewed hospital managers and staff in order to evaluate their commitment to the hospital's transformation and to CQI. I sensed a certain reluctance on their part to commit to the change in the hospital's mission and its new focus on both staff and client needs. At the same time, they seemed committed to giving the new director a chance to implement his initiatives. In my report I wrote that managers and staff would be ready to participate actively in the transformation process and would support the introduction of CQI to improve the quality of services.

Re-launching CQI in 1997

The first initiative of the hospital's new director and new administrator was to identify the most urgent challenges related to transforming the hospital from a generalized to a specialized hospital, and to negotiate with state authorities about how to address them. Their comprehensive list of priority challenges included:

- Define, clarify, and set up the hospital's specialized services;
- Negotiate the transfer to other health facilities, including university hospital, of all services unrelated to women's health care;
- Reinstate internal work regulations and secure the labor union's agreement to adhere to work assignments and schedules;
- Secure the resources needed to remodel the facilities and to procure the equipment and supplies required for providing the new services.

They viewed supporting the CQI initiative as an integral part of addressing these challenges.

CQI training. In September 1997, I led an introductory CQI training for about 25 hospital staff, including the heads of service units and selected operational staff, so that we could begin to develop internal facilitators. We began the training despite the fact that the health center facilities were still housed in the hospital and the remodeling had been postponed, which meant that labor conflicts could have flared up again. Luckily they did not, and in November, the health center was finally relocated. The hospital began to remodel and to procure new equipment. This progress in the transformation project helped us gain credibility with the hospital's personnel and created more favorable conditions for the official start-up of the CQI initiative.

By the beginning of 1998, the managers and staff who had participated in the introductory training had formed a "CQI training and awareness" quality improvement team, aimed at sharing responsibility with the coordination team for conducting CQI training and follow-up activities. The new team had the support of the new hospital director, and its members included both the hospital's assistant director and the state coordinator for reproductive health. The Secretariat further supported the team by allocating state-level training staff to support its efforts.

During 1998, the CQI training and awareness team led 12 one-day and two week-long training workshops and trained approximately 80% of the hospital's staff in CQI. The training participants established seven new quality improvement teams in addition to the coordination and training and awareness teams previously established. The table below provides the name and primary function of each of the hospital's nine quality improvement teams.

Women's State Hospital Quality Improvement Teams

Team	Primary Function
Coordination	To adopt CQI as an organizational culture, promoting the delivery of quality services
CQI Training and Awareness	To raise the awareness of and train all hospital staff in CQI
Self-Assessment System the	To create a sense of responsibility among health professionals concerning development of their activities, with the aim of meeting client needs
Care Protocols	To unify medical criteria with the aim of improving quality of care
Procedures Handbook	To motivate the hospital's different departments to prepare procedures handbooks for the delivery of services
CQI Information	To improve the quality of the information generated by each service deliv- unit, with the aim of enhancing the unit's trustworthiness and credibility
Inside Client's Satisfaction	To improve the job satisfaction of service providers, with the aim of improving quality of care
Outside Client's Satisfaction	To increase awareness of the importance of meeting client needs and providing quality services in a timely way, and to propose ways to improve services
Acknowledging CQI Efforts	To acknowledge the efforts carried out by hospital staff in fulfilling their duties and supporting the hospital's CQI initiative, with the aim of creating a friendly working environment

(For more information on organizing quality improvement teams, see the tool "Organizing Teams" on page 46.)

Quality improvement projects. The nine teams initiated quality improvement projects throughout the hospital. The coordination team retained local facilitators to provide the teams with support and technical assistance in using the CQI methodology and carrying out their numerous and diverse projects.

Two of the objectives of the quality improvement teams were to promote harmony between labor and management and to reduce staff turnover. In support of these objectives, the team responsible for acknowledging CQI efforts established a "Worker of the Month" program, and the self-assessment team launched a campaign to promote positive attitudes and self improvement. The coordination team, in turn, conducted informational and progress meetings open to the entire staff that fostered dialogue between management and staff. The meetings covered a range of topics, including:

- Reviewing the progress of quality improvement teams;
- Discussing the mission of the Women's State Hospital;
- Examining the relationship between employee commitment to the hospital's mission and improving the quality of hospital services;
- Examining focus group research findings about community preferences for a new logo and motto for the hospital.

I was pleased with the progress in transforming the hospital and implementing the CQI initiative despite the initial obstacles we had encountered. The variety and scope of quality improvement projects undertaken by the hospital's quality improvement teams and the involvement and cooperation of so many hospital staff in the initiative demonstrated once again the extraordinary capacity of people to make a commitment to change and, in the process, to renew themselves and the organization for which they work.

"Let us be reasonable, let's ask for the impossible!"

"That is the case of the Women's State Hospital, which launched a quality improvement initiative approximately one year ago that enabled a governmental institution to attain the highest indexes of health care, kindness and efficiency, that is only possible to find, and with difficulty, in very expensive private sector hospitals."— *Francisco Aguirre, Chancellor, Universidad Autónoma del Noreste (UANE)*

Source: La Palabra, *Saltillo, Coahuila, August 16, 1998*

Adapting These CQI Efforts in Other Facilities

After the success of the Women's State Hospital's CQI efforts, Dr. Quintanilla began plans to introduce CQI in other Coahuila State hospitals and health centers, using limited financial resources, by:

- Facilitating the use of CQI materials and tools from the Women's State Hospital in other hospitals;
- Authorizing teams from the Women's State Hospital to travel to other states to share their CQI experiences and lessons learned;
- Offering use of her departments' resources (such as training staff) to assist in training teams and providing follow up;
- Advocating for introducing CQI in state hospitals throughout Mexico.

Political support for change. An important factor in the success of this initiative was the unconditional support of Coahuila's Governor, Dr. Rogelio Montemayor, for the Coahuila State Health Secretary's efforts to implement a CQI initiative in the hospital. Dr. Montemayor eloquently expressed his support:

> "I would like to express my recognition to the staff of this hospital for the effort they have displayed in the transformation of this general hospital into a women's hospital, but what is even more important, the profound changes they are currently implementing to offer quality services...as we have seen, the efforts they are making are doubtlessly of great value, particularly for those who are familiar with this hospital's history."

The Governor's support helped secure the support of other political leaders for introducing CQI in other public organizations. In November 1998, at the International Congress on the Exchange of Experiences in Quality and Health, sponsored by the Secretariat for Heath and Community Development, the General Directorate for Reproductive Health (DGSR), and MSH, Director General Perez-Pelacios was the final speaker. He expressed his admiration for Dr. Quintanilla's success in using CQI to improve reproductive health services in Coahuila State. He also announced that DGSR will consider applying CQI in other states.

Postscript

In the months that have passed since the presentation of this effort at the International Congress on the Exchange of Experiences in Quality and Health, held in Coahuila, the hospital has continued to receive recognition for its successful efforts to improve the quality of the services it provides.

Discussion Questions

1. What three things must be in place before beginning a CQI initiative? How can the CQI methodology be used to diagnose and resolve problems in these three areas and help lay the groundwork for a CQI initiative?
2. What was an unexpected impact of the 1996 introductory CQI workshop for hospital managers and other leaders on the utilization of reproductive health services?
3. What were the first steps taken in re-launching the CQI initiative in 1997? What were some of the activities identified by the team for consolidating the hospital's transformation?
4. Who led the training workshops offered during 1998, and what percentage of hospital staff was trained? What quality improvement teams were formed?

The process of linking quality improvement to strategic planning begins when leadership commits to using CQI to improve the quality of the services that its facility or organization provides. In making this decision, leadership should be aware of the:

- Three organizational conditions that must be in place for the initiative to be successful;
- Twelve steps involved in implementing a CQI initiative.

THREE ORGANIZATIONAL CONDITIONS REQUIRED PRIOR TO LAUNCHING A CQI INITIATIVE

The three organizational conditions that must be in place before a facility or organization can begin to launch a CQI initiative are:

- **Institutional support** to provide adequate infrastructure for the delivery of quality services is based on making routinely available the basic resources needed to provide services;
- **Leadership commitment** to improve service delivery operations is based on political support and authorization from senior managers to make required changes;
- **Management commitment** to meet staff needs is based on managers' commitment to be responsive to staff needs in the same way that service providers commit to being responsive to client needs.

Institutional Support

CQI emphasizes incremental improvements which normally do not require a large investment, but rather a more rational use of available resources. The CQI process is creative and based on good will and a spirit of collaboration among all levels and specialities of management and staff. However, in order to do their jobs well, health workers need to be supported by a minimal, but stable and continuously functioning infrastructure that makes available the resources required to do a good job of providing services. The absence of these elements leads to a lack of motivation and increased frustration, which service providers commonly express with comments such as, "If the authorities do not care, how can we improve?"

It is very important for the institution to show with "deeds" its political will to improve the infrastructure and the supply of inputs before the CQI initiative is launched.

Leadership Commitment

The support of top management, and the political as well as bureaucratic authorities to whom they are accountable, is a non-negotiable condition that must be in place prior to introducing CQI to improve service delivery operations.

The commitment made by the director of a public health facility to introduce CQI into service delivery operations is valid only if accompanied by the respect of managers and staff and the capacity to encourage operational staff to make a commitment to using the methodology to meet clients' needs. Leadership must also establish good communications with staff, train them in CQI, and support them as they organize the quality improvement initiative. The director must also be willing to openly acknowledge the importance of operational staff efforts in increasing clients' satisfaction.

A senior director should not have to perform all of these functions alone. If she or he is willing to form a lead team of senior managers from within the public facility, they can work collaboratively to introduce and institutionalize changes that improve accessibility and quality of services.

If operational staff find that the commitment of either senior management or directors of the service facility is the result of political pressures—and not based on professional values—the staff will feel that they do not have sincere support from their organization's leadership, and the process of improving service quality will tend to collapse due to inaction.

Management Commitment

The success of the CQI initiative depends on the good will of all managers and staff. People are endowed with a great capacity to make commitments and renew themselves. They like to do well and be acknowledged for their endeavors. On the other hand, when they feel mistreated, people can become apathetic or negative.

A basic condition to secure staff commitment to the CQI methodology is for managers to create an environment that fosters the resolution of staff problems and dialogue between managers and staff who have been trained to listen and to function collaboratively in group settings. If staff needs are beyond the authority of the service facility to remedy, managers and supervisors continue problem-solving activities with staff until their satisfaction with their work is improved. In organizations where staff turnover at the service delivery operational level is high, CQI will not produce the anticipated results, as new staff will require training in order to be integrated into the quality improvement teams, and CQI efforts will be delayed.

12 Steps to Implement a CQI Initiative

The Women's State Hospital in Coahuila undertook twelve steps to implement its CQI intiative. Organizations in different settings should adapt these steps to their own situation and needs. The twelve steps are grouped into four phases:

- Phase I: Initiating the Process/Obtaining Commitment;
- Phase II: Training of Trainers and Defining the Intervention;
- Phase III: Involving Service Delivery Personnel;
- Phase IV: Monitoring the CQI Initiative.

Phase I: Initiating the Process/Obtaining Commitment

Step 1: Presentation and approval of the program at the state level
An appropriate person should present the quality methodology and implementation process to state-level authorities in two different meetings—a work planning meeting with state-level authorities to secure their commitment to the CQI initiative and establish the intervention process, and an informational meeting for all state directors.

Step 2: Selection of the health district and service delivery units
When selecting the jurisdictions and units that will implement a CQI initiative, it is critical to assess the infrastructure, the labor environment, the units' relations with the health workers union, and the leadership qualities and commitment to CQI of units' directors. If the assessment finds problems in any of these areas, resources to make improvements must be made available.

Phase II: Training of Trainers and Defining the Intervention

Step 3: Training of directors and facilitators (Introductory CQI Workshop)
This step involves the training of the managers and staff who will be responsible for promoting and coordinating the initiative's efforts, training administrative and service delivery staff, and providing follow up to the quality improvement teams.

Step 4: Formation of the coordination and training teams
At the end of the Introductory CQI Workshop, the participants form the coordination and training teams that will be promoting CQI within their units.

Step 5: Assessment of the service delivery units
The coordination team should conduct an assessment of the principal problems in their health units. Addressing these problems will become the basis of the quality improvement plan.

Step 6: Planning the intervention
In planning the CQI initiative, the coordination team develops an overall quality improvement plan, which outlines the actions that the unit will carry out to improve the quality of service delivery in their centers.

Phase III: Involving Service Delivery Personnel

Step 7: Training of service delivery personnel
External and internal trainers and managers of the hospital units being trained need to consider the entire training experience in carrying out CQI training for service delivery personnel. They must consider:

- The content of the training. In reality, the Introductory CQI Training is not practical for training large numbers of staff. The training must be redesigned to be more appropriate for a greater number of staff, at different levels in the organization.
- Continuous training to reinforce what is learned. One example of this training is regularly scheduled continuing education meetings on quality topics.
- Use of an institutional newsletter to track accomplishments made by quality improvement teams.
- Other factors, including the sharing of experiences with different medical units, identifying groups to train, didactic resources, workshop evaluation, training environment, and logistics.

Step 8: Formation of quality improvement teams
Staff volunteer to join different quality improvement teams according to their interest in addressing the needs identified in the quality improvement plan, suggested by service delivery staff, or identified by the coordination team.

Step 9: Design of quality improvement projects

In this step, the quality improvement teams develop quality improvement project proposals that they submit to the coordination team for review and approval.

Phase IV: Monitoring the CQI Initiative

Step 10: Following up with the quality improvement teams

Providing effective follow up to the quality improvement teams, especially in the first few months after training, is a major contributing factor to the succes of the teams in planning and implementing their quality improvement projects. Follow-up activities might include attending team planning and monitoring meetings, training new team members, weeding out unproductive members, acting as a liaison with outside authorities for resources to implement projects, and disseminating successful results.

Step 11: Following up the CQI process

Providing follow up for the quality improvement process is the responsibility of the coordination team and involves monitoring the established quality indicators, establishing a follow-up and monitoring system, and overseeing implemention of the quality improvement plan.

Step 12: External monitoring and evaluation

Two months after the introductory workshop, the national authorities who are promoting CQI initiatives at the state level often conduct observation visits to observe the initiative's progress, review the quality improvement plan, assist in facilitating introductory workshops, and support establishment of the first quality improvement teams. They should visit the unit again in six months.

Paying Attention to the Client's Perspective

Huanta, Peru

CQI in a service delivery setting is based on paying attention to what the client thinks of the services he or she has received. The client's perspective is important in the CQI methodology because it is the values and needs of the client—both as an individual and as part of a community—that define quality. This experience at the Huanta Hospital in Huanta, Peru, shows how a quality improvement team used a suggestion box and exit interviews to collect data from clients, identify gaps in quality, assess client needs for better services, identify obstacles to quality, and make improvements in their services.

Results

The efforts of the quality improvement team at the Huanta Hospital cut client waiting time in half and increased staff courtesy in the outpatient clinic. To continue their efforts, hospital staff have maintained a dialogue with clients in order to further respond to their needs.

Learning Objectives

After reviewing this case and the accompanying tools, readers will know how to:

- Use a suggestion box to collect unsolicited client complaints about service delivery;
- Conduct and use exit interviews to verify unsolicited client complaints, identify other service delivery problems, and track improvements in client satisfaction;
- Incorporate identifying and addressing client complaints into standard procedures for service delivery.

CQI Methods and Tools Accompanying This Case

The quality improvement team used the following CQI methods and tools, which can be found on pages 27–31:

- Focusing on the Client;
- Conducting Exit Interviews;
- Sample Exit Interview for an Outpatient Clinic.

The Setting: Huanta Hospital, Peru

After flying from Lima and traveling for an hour on winding roads through the hills, I reach Huanta, the "Emerald of the Andes." The city of Huanta has a population of about 49,000 inhabitants and a long history of violence and poverty. It is the birthplace of the Shining Path Terrorist movement.

The hospital in Huanta is a small 50-bed facility run by the Ministry of Health. It provides health care services to about 17,000 people, or 35% of the local population, and has an 80% occupancy rate. The outpatient clinic sees about 65 persons a day.

When we first began the CQI initiative in Peru, the director, four senior managers, and key service delivery staff from Huanta Hospital participated in an introductory CQI workshop along with managers and staff from three other hospitals with similar client profiles. All four hospitals primarily serve clients

whose first language is Aymara or Quechua, the traditional languages of the Andes. Many of them, especially the women, speak only these languages and cannot read or write. Most of them are brought up to humbly accept without question the decisions or recommendations made by authority figures, such as doctors, nurses, husbands, or fathers. Without encouragement, they are unlikely to openly express any dissatisfaction with the service they receive in a health care facility, even if they are unhappy with the quality.

The training workshop introduced the concept of quality from a client's perspective to the managers and staff of the four hospitals. The participants identified the institutional problems in their respective hospitals and their concerns with the quality of services that they provided. They prioritized potential solutions and outlined a quality improvement plan for their respective hospitals, which included forming quality improvement teams that would design and implement the CQI activities.

A quality improvement plan usually suggests establishing several quality improvement teams to address the problems identified. The Huanta plan called for establishing just one team, a coordinating team, for the entire facility, with representatives from each of its four major departments: outpatient, emergency, inpatient, and obstetrics/gynecology. It suggested that the team should work with managers and staff to implement activities.

As the outside facilitator, and as called for in the plan, I conducted an introductory CQI training two months later in Huanta for hospital managers and staff. The director and I shared the quality improvement plan with the participants during the workshop. At the close of the workshop, the department chiefs formed the quality improvement team, which was in their plan, and the other participants expressed their commitment to collaborating with the team to plan and implement activities to improve the hospital's services.

One year later, at a CQI facilitator training course held in Lima, members of the Huanta coordination team presented their experiences in implementing a quality improvement initiative at their hospital. They enthusiastically reported on their success in using a suggestion box and exit interviews to gather information on their clients' perspectives on the quality of the services. They also explained how hospital staff had used this information to improve the appearance of their hospital, change the procedure for receiving and greeting clients when they entered the hospital, and change clinic hours to make them more convenient for clients. I decided to visit Huanta Hospital to see for myself their success in implementing the CQI initiative.

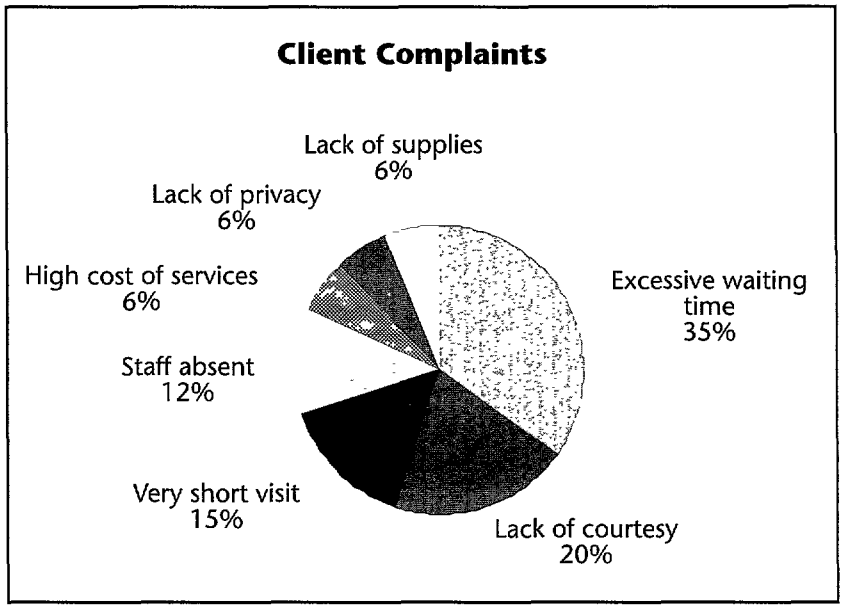
Arriving at the Hospital

It has been four months since my last trip here. A nurse greets me at the door. I notice first that the sign that provided information to clients about the hospital facility has been removed. Instead, someone is greeting clients as they enter, asking them about their needs, and directing them to the appropriate service area. This makes it easier for hospital clients who cannot read to find their way to the right department. I also notice the cleanliness of the facility. It glimmers. I am reminded of the enthusiasm of the MOH sub-regional director for the progress that the hospital has made in improving the quality of its services, when he told me several weeks ago, "Huanta Hospital now looks like a private clinic."

In this front area, I also notice a sign that reads "Listening to our Clients." It hangs above a suggestion box constructed out of a shoe box wrapped with white paper. It is in a good location, as all clients must pass by this box as they enter or leave the facility.

As the nurse leads me through a staff meeting room, I notice a poster that charts the principal complaints expressed by clients when the hospital began its CQI initiative: "Excessive waiting time," "Lack of courtesy," and "Very short visit." The nurse explains that they have left this chart on the wall to serve as a constant reminder to the staff that they should remain focused on the clients' perspective about quality and continue to find new ways to make the hospital's services more responsive to client needs.

The chart below shows the major complaints made by clients about the quality of the services at the hospital after being encouraged to use the suggestion box and participate in exit interviews.



Listening to Client Complaints

The chief midwife of the obstetrics department arrives and greets me. I ask her some questions as we sit together in the department's waiting room.

> ***How did you obtain information from your clients about their perspective on hospital services?***
>
> "The quality improvement team we established at the end of our CQI training took on the task of giving a voice to the clients and ensuring that their concerns were heard by the entire staff. During the training course, we learned that CQI in health care services is based on the clients' perspective on quality, because our reason for existing is to satisfy their needs. We identified some of the service delivery problems experienced by our clients, and we decided that our first priority should be to develop ways to obtain information from our clients about the services provided by our hospital.
>
> "The team began by holding training sessions to sensitize staff to the importance of listening to client complaints without becoming defensive. Next, we set up a suggestion box. Even the first time that we emptied the suggestion box and read the complaints, we found that we had collected valuable information about how to improve our services.

"In order to increase our understanding of the complaints, we began to conduct exit interviews with our clients. Initially, the people did not have the courage to express their complaints to the interviewer. Some were even afraid to put suggestions in the suggestion box. By encouraging their participation, however, we gradually built their trust in us and in the sincerity of our efforts to listen to their concerns. People began to feel more comfortable about speaking openly to us. Clients who could not read or write even began to ask for our help in submitting complaints in the suggestion box.

"Once our quality improvement team had finished analyzing the complaints, we prepared the chart posted on the wall in this waiting room prioritizing the causes of our clients' most frequent complaints. For the past year we have used the information on this chart as a baseline against which to monitor changes in client perspectives about the services we provide."

(For more information on setting up and using a suggestion box and exit interviews, see pages 28–31.)

This chart is very interesting. Why do you think that the most common complaint is long waiting time?

"Before we began our CQI initiative, the clients who arrived at the outpatient clinic at eight o'clock in the morning had to wait to see a physician for an average of more than two hours, until at least 10:00 or 10:30, when the physicians finished making their morning rounds at the hospital. We have done two things to improve this situation. One of our physicians has started attending clients in the outpatient clinic by eight o'clock, as he finishes his rounds earlier than the others. Also, since most of the clients who are waiting are women, we have begun to provide health education lectures for them on family planning and other pregnancy-related issues while they wait. This helps make the waiting time seem shorter and provides them with important information. We continue to work on this issue of waiting time, however. It has been difficult to convince other physicians to stagger their rounds in order to begin attending the outpatient clients earlier. They argue that ever since they have been making their hospital rounds together, the average in-patient stay has decreased, and that the joint rounds provide valuable learning experiences."

What about the complaints about short visits?

"In describing complaints about short visits, clients used phrases such as, 'He did not even turn his head to look at me, he was in such a hurry.' Another said, 'Is he all knowing? He did not even examine me.' The problem is that by the time physicians begin seeing clients at 10:30, the waiting room is full. The physician feels pressured by the anxious clients and worries that some will leave without being served. As a result, client visits are rushed."

Collecting and Verifying Client Complaints

Many facilities have tried a suggestion box, but it did not seem to work. How can you explain its success here in Huanta?

"I feel that one reason for its success here is that our clients have realized that we are genuinely interested in their opinions. In thinking back, I recall that when our clients disliked something about our services, they would only murmur under their breath or complain among themselves. What was missing was a mechanism for them to effectively voice their complaints. Now they have seen positive changes, such as instituting more convenient working hours in the outpatient clinic, because of the comments they have put in the suggestion box. These changes have proven to them that we have been paying attention to them, so they are more ready to express their opinions to us.

"Another reason for its success has been our efforts to impart to all staff the importance of both the information contained in client complaints and their participation in discussing it. When we first made the box, we discussed its purpose with all our staff and clients. Every 15 days we empty its contents and graph the findings on the chart. In our management meetings we discuss the complaints and ways to improve our services."

Have you used any CQI tools to verify client complaints?

"Yes, we have used exit interviews to verify client complaints. After a client has already received a service and is ready to leave, we ask him or her to answer some short questions. The person who conducts the interview records the responses on a printed questionnaire."

Who developed the questionnaire?

"We prepared the questionnaire ourselves, in Spanish as well as in Quechua. Quechua is the language spoken by 50% of our clients and, fortunately, 80% of the staff at the clinic speak it. We also tested the questionnaires, since there are many words in both languages that have different meanings or phrases that are not easy to understand. Still, in the first round of interviews, we found that some questions did not provide us with enough information and others were unclear to the client. We continue to work on improving our questionnaires and exit interview procedures."

Isn't the client afraid to tell the truth to someone who works at the hospital?

"We asked employees completing their social service requirements in the nursing department to help us in this endeavor. We provide a short training session on how to approach people and what to say so that interviewees would feel they could trust the interviewer and answer frankly. I believe that it is really working. If they had been afraid to discuss these issues, the findings would not have indicated that 60% of them stated that they leave the hospital with a sense of dissatisfaction."

How did you select the interview sample?

"For our first exit interview, we interviewed all clients over a two-month period. Since then we have been told that it was not necessary to interview every single client. What is important is that we use an unbiased sample in our analysis.

"We have decided to try to conduct exit interviews approximately every three months, in order to monitor our clients' satisfaction with our services. However, we may also decide to do an exit interview at another time to investigate a particular issue or to verify if a complaint identified in the suggestion box represents the opinion of the majority of the clients."

(For more information on preparing for and conducting exit interviews, see pages 28–31.)

The following table lists the service improvement suggestions made by the Huanta Hospital quality improvement team after its members had identified complaints using a suggestion box, verified them using exit interviews, and prioritized and discussed them with hospital staff and authorities.

Service Improvements Suggested by the Quality Improvement Team in Response to Client Complaints

- Train all staff in CQI and in the importance of focusing on and improving their treatment of clients
- Modify the timing of physician rounds in the hospital so that as many physicians as possible begin their consultations in the outpatient clinic at 8:00 o'clock in the morning
- Provide health education lectures to clients waiting in the outpatient waiting room
- Remove the sign providing directions to the hospital's departments and have a person in the reception area to greet people as they arrive
- Improve the appearance of the facility by improving the cleanliness

The following table shows the increases in client satisfaction with the quality of the services at Huanta Hospital over the past year.

Monitoring Improvements in Service Delivery Quality

Problem Identified	Description of Problem One Year Ago	Findings One Year Later
Waiting time at the outpatient clinic	47% waited more than 2 hours	100% waited less than 1 hour
Staff courtesy in the outpatient clinic	31% stated that the staff was courteous	35% stated that the staff was courteous

What are some of the problems that you still have to address?

"Our original analysis of client complaints included some problems that remain difficult to address. For example, we have not found a satisfactory solution to client complaints about short visits with the physician in the examination room. Also, there are many clients who refuse to pay for the services rendered, and we do not have sufficient funds to cover these costs.

"We continue to work on ways to address these problems. This is why the process is called 'Continuous Quality Improvement.'"

I say goodbye to the chief midwife and the other members of the Huanta Hospital quality improvement team. Back at the airport I feel hopeful about my experience here in Huanta. Their energy and positive outlook have made me realize that their efforts to improve the quality of their services have been well worth it.

Discussion Questions

1. How did the Huanta Hospital set up and use a suggestion box? How often did they review the suggestions, and what procedures did they use to follow up on the findings?
2. What was the impact on service provider attitudes of listening to the client's perspective?
3. What process did the staff follow in developing exit interviews, and what steps did they take to ensure that clients would respond candidly?
4. How did the hospital standardize procedures for listening and addressing client complaints?

Focusing on the client means recognizing that it is the client who defines quality in the delivery of a health service. CQI methods and tools can help service providers to become more aware of the client's perspective on quality, identify problems in service quality, and integrate client-oriented activities, such as listening to the client and responding to client needs, into the service delivery process. CQI methods and tools that help providers pay attention to the client and are included in this section are:

- Focusing on the Client;
- Conducting Exit Interviews;
- Sample Exit Interview for an Outpatient Clinic.

FOCUSING ON THE CLIENT

Changing the aspects of service delivery that clients dislike helps to retain clients. However, it is relatively uncommon for a client to express dissatisfaction with the services received. More often, a dissatisfied client simply does not return. Therefore, it is important for you to make it easy for clients to express their concerns and preferences concerning your services. The tools included in this section will help make it easier for clients to give you feedback on your services. They are:

- How to Listen to Client Complaints;
- Using a Suggestion Box;
- Using a Complaints Register.

How to Listen to Client Complaints

- Ask the client to express his/her complaints, especially when you see a person who seems upset or dissatisfied.
- Listen attentively and show that you are interested. Each complaint contains something of value that may reveal how your services are perceived and how you might improve them.
- Stay calm, and avoid adopting a defensive attitude. The client is not angry with you, personally. Rather he or she is frustrated because he/she has not obtained what he/she needed.
- Make a distinction between the core of the complaint and the form in which it is expressed. Even if the way the client expresses his or her dissatisfaction with the services received is inappropriate (for example, if he or she shouts or uses inappropriate language), the core of the client's complaint may reveal a need that must be met.
- Sometimes there is nothing that you can do to change a client's perceptions or to improve the situation. In this case, the most important things you can do are to listen to the client and treat him/her with respect.

Previous Page Blank

Using a Suggestion Box

Use a suggestion box to collect and analyze unsolicited complaints from clients.

- Make a suggestion box from available materials. Make a sign that reads: "Give us your opinion, we want to serve you better." Find an area of the clinic where clients will easily see the box and put it in that place. Decide at what intervals (daily, weekly, monthly) you will empty the suggestion box and tabulate the results.
- Encourage clients to express their opinions about service delivery. Provide paper and pencils for clients to use or for staff who will be soliciting clients' opinions about service delivery. As needed, help clients to write out their opinions.
- Let the clients know that they do not have to include their name on the entry if they don't want to.

Using a Complaints Register

Prepare a complaints register to record and tabulate comments placed in the suggestion box.

- Periodically empty the box. Sort the suggestions contained in the box by type of complaint (for example, waiting time, provider attitude, or finding the correct department). Enter each complaint into the register. Put the most common complaints in the far left row of the register, and leave blank spaces to enter new complaints that may surface on other days.
- Periodically, tabulate the complaints entered in the register. Prepare a bar graph or pie chart to help you identify the most common complaints. Present your findings on a regular basis (for example, at the monthly staff meeting).
- Apply the CQI problem-solving process to describe and analyze the service delivery problems that are the cause of the complaints. Propose possible solutions. Plan to undertake more specific research if needed.
- Distribute your findings to the appropriate people, departments, or quality improvement teams. Ask them to further analyze the issues, if needed, and provide feedback on your proposed solutions, or suggest alternatives.
- Monitor and evaluate the complaints you have received and any interventions you have made by preparing follow-up bar graphs and pie charts, as described above, based on your new data.

Conducting Exit Interviews

Exit interviews are useful for verifying or investigating particular issues in client satisfaction, or for helping to monitor improvements. This section contains the following tools:

- Preparing for Exit Interviews;
- Tips for Conducting Exit Interviews;
- Analyzing Exit Interview Data and Presenting Findings.

Preparing for Exit Interviews

In order to prepare for exit interviews, you need to:

- Develop a questionnaire or select an existing questionnaire that has been used for similar purposes. Include in the questionnaire instructions to guide the interviewers. When the questionnaire is complete, design a sheet to tally the data that is collected on the questionnaires and another form to summarize the tallied data.
- Pre-test the questionnaire, the interviewers' instructions, and the data analysis forms before finalizing them. Finalize the forms. Plan where the interviews will take place and the period of time during which the interviews will be conducted (for example, daily for one week or three days per week for a month).
- Determine your sample size. Determining a statistically precise sample size requires very complex calculations. Therefore, the rule of thumb that we use is this: for institutions with fewer than 300 visits per week, the sample size should be 30. For larger facilities, the sample size can be determined by calculating 10 percent of the average client load.
- Divide this number by the number of days on which interviews will be conducted. This is the daily maximum. It is important to pick representative days. If different staff work on different days, or if certain clinics are held only on certain days, it would be important to conduct interviews on a sample of all these days.
- Select and train the interviewers to use the instructions on the questionnaire and to interview the pre-determined unbiased sample of clients. Select and train the supervisors who will monitor the collection and recording of data by the interviewers.

Tips for Conducting Exit Interviews

In preparing to conduct the interviews, keep the following points in mind.

- The interviewer should approach the client when he/she is leaving the facility. The interview should be conducted in private, where others cannot hear the client's answers. The interviewer must treat the client with dignity and respect and also must record the client's answers on the questionnaire itself (rather than on a separate sheet of paper).
- In the event the client is not an appropriate source of information because he/she is not physically (or mentally) fit or is too young, the person accompanying him/her should respond, but the information must refer to the client.
- The interviewer should ask only those questions contained in the questionnaire, exactly as written and in the same order. In the event that the interviewee does not understand the question, the interviewer should ask it again. If he/she still fails to understand, the interviewer must explain the question using different words, while taking care not to change the question's meaning.
- The interviewers should not suggest any answers. Further, the interviewer should not express through gesture or tone of voice any opinion about the client's answer.
- Once the questionnaire is filled out, it must be reviewed before the client leaves. The purpose of the review is to see if any answers are missing or if some responses are still confusing.
- The interviewer must not alter the information furnished by the interviewee, nor fill out at a later time any questions that were left blank.

- Once the interview is finished, the interviewer should thank the respondent for his/her valuable contribution.
- The interviewer must not divulge the information received, and he/she should avoid making negative comments concerning the persons that were interviewed.

Analyzing Exit Interview Data and Presenting Findings

After you have finished implementing the exit interview activity, you must clean, consolidate, analyze, and present your exit interview findings, as described in the following steps:

- Clean and consolidate the data collected during the interviews. This includes checking each questionnaire for completeness and accuracy, transferring the data from the questionnaire to the tally sheets, and transferring the data from the tally sheets to the data summary sheet, which collapses tally sheet totals into percentages for the sample.
- Describe the findings about the particular issue being investigated or client level of satisfaction with services by studying the percentages calculated on the summary sheets. Analyze the data by preparing bar graphs and pie charts to illustrate the numbers and percentages.
- Present the findings in the graphs and chart at staff meeting. Decide with staff if the survey findings relate service delivery problems already being addressed by a quality improvement team. If not, assign a team of people to investigate the causes of the complaints.
- Distribute the findings and follow up plans.

Sample Exit Interview for an Outpatient Clinic

(Please note that this is a sample of an exit interview, and facilities should modify it as needed.)

1. Upon your arrival at the clinic, did you know were to go?

( ) No ( ) Yes ( ) N/A

(if you answered Yes or N/A, skip to question #3)

2. Why did you not know where to go?

( ) There was no one to ask
( ) I was given the wrong information
( ) The signs were not clear
( ) Other (explain)

3. How long did you wait at the cashier?

( ) Less than 5 min.
( ) Between 5 and 30 min.
( ) More than 30 min. but less than 1 hr.
( ) More than 1 hour

4. How long did you wait at the registration desk?

( ) Less than 5 min.
( ) Between 5 and 30 min.
( ) More than 30 min. but less than 1 hr.
( ) More than 1 hour

5. How long did you wait to be seen in triage?

( ) Less than 5 min.
( ) Between 5 and 30 min.
( ) More than 30 min. but less than 1 hr.
( ) More than 1 hour

6. How long did you wait to be seen by a health care provider?

( ) Less than 5 min.
( ) Between 5 and 30 min.
( ) More than 30 min. but less than 1 hr.
( ) More than 1 hour

7. Were you offered information on a health-related topic (verbal, written, or multi-media) while you were in the waiting room?

( ) No ( ) Yes ( ) N/A

(if you answered No or N/A, skip to question #9)

8. What did you think of the information you received?

( ) Interesting
( ) Adequate
( ) Boring
( ) Did not understand it

9. Did your provider ask you about your health complaints?

( ) No ( ) Yes ( ) N/A

10. Did he/she listen to what you said?

( ) No ( ) Yes ( ) N/A

11. Did he/she give you an explanation for your health problem?

( ) No ( ) Yes ( ) N/A

(if you answered No or N/A, skip to question #13)

12. Did you understand the explanation given to you?

( ) No ( ) Yes

13. If you had any medication prescribed, was it clear to you how you had to take it?

( ) No ( ) Yes

14. Did you feel that your privacy was respected?

( ) No ( ) Yes ( ) N/A

15. How would you rate your overall treatment?

( ) Very good
( ) Good
( ) Adequate
( ) Poor
( ) Very poor

Establishing Quality Improvement Teams
Juliaca, Peru

Establishing quality improvement teams is a process that begins when senior management commits to using CQI to improve the quality of services and continues when managers and staff take introductory CQI training. As seen in the experience of the Carlos Monge Medrano Hospital in Juliaca, Peru, group training exercises increased provider sensitivity to the importance of improving the quality of their interactions with clients and helped the participants to identify and prioritize their service delivery problems. During training, the participants formed quality improvement teams, identified a coordinator for each team, and began to plan for providing the teams with continuous support and follow.

Results

As a result of the strong commitment to CQI by senior management at the Carlos Monge Medrano Hospital, the members of the hospital's quality improvement teams felt enthusiastic about improving their attitudes toward their clients and seeking solutions to their service delivery problems, and confident that their efforts would be supported and recognized. As a result of their CQI training, the members of the quality improvement teams began working collaboratively to apply the problem-solving process to determine ways to improve the quality of their services.

Learning Objectives

After reviewing this CQI case and the accompanying tools, readers will know how to:

- Use group exercises such as storyboards and role playing to raise provider awareness about their attitudes toward clients;
- Prioritize service delivery problems identified during the group exercises;
- Form quality improvement teams;
- Plan for providing quality improvement teams with follow up and support.

CQI Methods and Tools Accompanying This Case

The CQI training participants used the following tools, which can be found on pages 43–47:

- Group Exercises for CQI Training Workshops;
- Identifying and Prioritizing Service Delivery Problems;
- Organizing Teams.

Background

The Andean city of Juliaca, with 120,000 inhabitants, bustles with constant activity. It is the region's trading center and an important venue for large-scale annual celebrations such as Carnival, and people from throughout the region come to the city to work and play. The transient nature of the city's population makes it a high-risk area for sexually-transmitted diseases (STDs). Further, the poor economic conditions in which much of the population lives contributes to health problems—Juliaca's maternal mortality rate is as high as 660 mothers for every 100,000 live births, and its infant mortality rate is 72 infant deaths per thousand live births, one of the highest rates in Latin America.

Previous Page Blank

The Carlos Monge Medrano Hospital, a public-sector facility located in Juliaca, serves the city, surrounding areas, and, as needed, the people who visit the city for work or play. The hospital has a target population of 32,620 women of reproductive age. The inpatient ward of the obstetrics and gynecology department has a 90% occupancy rate for its 28 beds. However, the scope of the hospital's family planning program is relatively limited.

Four months ago, at the request of the Peruvian Ministry of Health, I conducted an introductory CQI workshop for the managers of four public sector hospitals in this region. The course participants included key decision makers from the Carlos Monge Medrano Hospital. These senior managers returned to Juliaca with a quality improvement plan for using CQI to improve the quality of the services provided through their hospital.

Today, this winter day of July 1996, I have traveled to Juliaca to conduct an introductory CQI training workshop for operational level managers and staff. This training is one of the major start-up activities of the hospital's quality improvement plan. Our goals for this training are to:

- Identify the hospital's service delivery problems;
- Determine which problems need immediate attention;
- Form quality improvement teams, whose members will work collaboratively to try to resolve service delivery problems;
- Encourage the workshop participants to work together to develop the skills and knowledge needed to use CQI tools and to work collaboratively.

I have organized this training into four stages:

- Sensitizing participants about the importance of improving quality;
- Training in CQI;
- Organizing quality improvement teams;
- Follow up.

Stage One: Sensitizing Participants About the Importance of Improving Quality

My teeth chatter as I greet the training participants on this cold Andean morning. Our meeting room, like many offices and homes in the region, is unheated, and the high-altitude air is so cold that it seems to cut my skin like thin blades of ice. This is the first time I have facilitated a workshop wearing a coat, gloves, and a scarf! Luckily, I know that the team-building exercises, discussions, and role playing sessions will soon make us forget the cold.

I begin to warm up as soon as I start to talk about our agenda for today. I explain to the participants that we will do three exercises—storyboards, a mock suggestion box, and role playing. These exercises will enable the participants to identify and confront the main obstacles that hinder their efforts to improve the quality of their services. These exercises will also help the participants begin to create an environment that encourages collaboration, which is critical to the effectiveness of the quality improvement teams.

I ask the group to divide up into four "cross-functional" teams composed of people who work in different departments and are at different levels in the hospital's hierarchy. Once the group has divided itself up into teams, the hospital director suggests that each team elect one member to act as team coordinator for the day. He advises them:

"Do not automatically choose as coordinator the team member whose job is highest up in the hospital hierarchy, unless this person has the personal characteristics needed in this role. The characteristics to consider when choosing a coordinator include:

- Being personally enthusiastic about our potential to work in cross-functional teams to solve problems;
- Having a persuasive personality that can coax all team members to participate in discussions and come to mutual agreement on solutions;
- Being organized, so that team assignments are completed in the time allotted."

Raising Awareness About Provider Attitudes through a Storyboard

Once the small working teams are set up, I introduce the storyboard exercise, demonstrate how to construct a storyboard, and give each team a copy of the exercise instructions.

Storyboard Exercise Instructions

A storyboard is a series of pictures and accompanying dialogue, similar to a cartoon strip. It describes a particular situation relevant to the delivery of health services in the community where the training is taking place.

Instructions

- Using paper, pens, and markers, construct storyboards that illustrate:
  - The team's perception of the economic and social conditions of the communities the hospital serves
  - The health issues and service delivery obstacles that arise as a result of these difficult living conditions, including the special challenges posed by the transient way of life in Juliaca
  - The mission of the health service provider in working in these communities
- Prepare a five-minute presentation that explains how your storyboards present the team's conclusions about each of these three issues

(For more detailed instructions on creating a storyboard, see pages 43–44.)

Identifying community-based health problems and service delivery obstacles. The teams' storyboard presentations are good. The lists of community health problems that the teams generate are similar and include the high risk of acquiring an STD infection and the high rates of maternal and child mortality. The participants recognize two issues as requiring priority attention: improving the diagnosis and treatment of sexually transmitted diseases (STDs), including HIV/AIDS, and increasing access to the maternal and child health services provided through the hospital by establishing community-based service delivery points.

As the group discusses some of the obstacles that they could confront in adding STD services and establishing community-based service delivery points, a young physician points to the storyboards hanging on the walls and declares: "In our situation it is not possible for the government to provide 'quality' in their health services."

I respond to her comment by asking the group a question:

> ***How could quality be considered irrelevant in this setting?***
>
> "Quality is always relevant. However, it may not be attainable. Every day, we find that there are some clients who come to us for health care services and who leave without having seen a physician. Others wait for a long time, with no guarantee that when it is finally their turn the provider will have access to the supplies and records necessary for the services they need."

The entire group seems to agree. I ask them to choose some words that describe their attitudes toward quality. For example, do they feel hopeful, positive, negative, or curious about quality?

Quickly, the group settles on the words "complacent" and "apathetic" to describe their attitude toward quality because these words imply that they feel neutral about efforts to change the quality of the services they offer. They do not feel antagonistic toward the idea of quality, but they are not hopeful about its attainability. To close this exercise, I tell them that the next group exercise will ask them to consider two questions:

- To what extent could their attitudes be an obstacle to improving the quality of their services?
- How do their attitudes affect their interactions with clients?

Improving Provider Attitudes through a Mock Suggestion Box

After the break, I ask the participants to reflect about whether the attitudes of service providers are noticeable in their treatment of the clients. They reflect in silence for several minutes. I then ask each participant, without communicating with others in the group, to pretend to be a client and to write down his or her criticisms about the way he or she was treated when coming in for services. The participants write down their complaints and deposit them in a mock suggestion box that I have placed at the front of the room. The participants return to their small working groups while volunteers empty the box and sort and tabulate the complaints by type. (For further discussion of a mock suggestion box, see page 44.)

One of the volunteers announces the analysis of the complaints in the mock suggestion box, saying, "Eighty percent of the complaints refer to a long waiting time and a short, unsatisfactory visit with the providers."

The group responds to this announcement by talking animatedly among themselves. Someone explains to me, "I laughed when the tally of the complaints was read to us, because now I know that my criticism about some of our service delivery procedures is shared by many of my colleagues at the hospital."

Improving Provider-Client Interactions through Role Playing

Building on the group's increasing sensitivity to the importance of improving the quality of their interactions with clients, I ask each team to write a five-minute scene for a play entitled, "Cases and Aspects of the Clinic's Services."

I explain that they can choose to base the scene on one of the complaints that was found in our mock suggestion box or on another situation related to the treatment of clients as witnessed on the job. After twenty minutes, the group reconvenes. Each team in turn performs the scene they have prepared.

Role Play: Scene One

A woman with a sick child arrives at the hospital and requests health care services at the outpatient clinic.

"Please," the woman says, "my baby is very ill. Please take care of him."

"Go to the emergency ward," says the attendant. "There are no doctors here right now. They are all at the hospital making rounds."

After walking aimlessly for half an hour through the hospital hallways, the mother finally arrives at the emergency ward, where she meets the attending nurses aide, who tells her, "Go to the outpatient clinic. This is not an emergency. Your child is not that sick."

The mother does not have a chance to answer before the nurses aide disappears. Filled with anxiety, the mother sits down to calm herself. Luckily, she is seated next to an old woman who gives her advice on how to take care of her child.

Role Play: Scene Two

It is three o'clock in the morning. A couple arrives at the hospital. The husband desperately knocks on the door of the emergency ward. The guard responds angrily, without opening the door.

"Who is it?" shouts the guard. "What do you want?"

"Please sir," the man replies, "my wife is very sick."

Half-asleep, the guard opens the door halfway. "What's going on?" he asks sleepily. "It's three o'clock in the morning and the doctor is not in. Why don't you come back tomorrow?"

Role Play: Scene Three

A sick patient arrives at the hospital while a medical student is on duty. The student is sleeping, and the nurse shakes him and pleads for him to get up. He takes his time in making his way to the exam room where the sick patient waits. The medical student doesn't know what to do.

"Call the doctor at home!" he yells at the nurse and the client.

(For a discussion of role playing, see page 44.)

The group is momentarily speechless at the conclusion of these role plays. As they discuss the three scenes, participants speak of seeing themselves doing and saying things that are unacceptable. They begin to realize how these kinds of behaviors have a negative impact on their clients, particularly on client access to needed services.

When no one feels a need to make any further observations, I announce a short break.

Identifying Service Delivery Problems through Brainstorming

After the break, we generate a list of the service delivery problems that clients experience as identified using the three sensitization exercises—storyboards, mock suggestion box, and role plays. We brainstorm to identify some of the causes of these problems. It quickly becomes apparent that provider attitudes are not the only factor; the hospital's rigid systems and outdated norms are also important factors. After the initial brainstorm exercise, we take the list of problems and differentiate between those that are related to provider attitudes and those that are related to existing systems and norms. (For further discussion of brainstorming, see page 45.)

Results of Brainstorm on Service Delivery Problems

Attitude-related Problems	System-related Problems
◆ Negligence	◆ Absence of service delivery staff
◆ Lack of urgency	◆ Bureaucracy
◆ Indifference	◆ Making patients go from place to place

I tell the participants that we will use the list of service delivery problems produced during this brainstorm during a priority-setting exercise. This exercise will help us to decide which problems need immediate attention from a quality improvement team.

Stage Two: Training Service Providers in CQI

By the end of stage one, the participants are more sensitive to the needs of their clients for better quality of care. In stage two, they learn to use CQI to plan initiatives that will address service delivery problems related to client access to services and service quality.

Stage two is separated into four modules. In module one, staff learn about the six elements of quality and develop skills that will help them improve their services. In module two, staff learn to understand client perspectives on quality of care and measure client satisfaction using a range of skills and tools. In modules three and four, the teams address the conclusions from module two. This case focuses on modules three and four.

Prioritizing problems. During training module three, I introduce the use of a priority-setting matrix. The matrix will help us identify which service delivery problems the teams should address first by showing us which problems occur most frequently, have the greatest impact on service delivery improvement, and can feasibly be addressed by a quality improvement team.

The entire group participates in transferring their identified list of service delivery problems onto a priority-setting matrix. For each problem, listed they describe its frequency, impact, and feasibility and assign it a proportionate number of points ranging from zero to five. We discuss the rankings, organize the list of problems according to the number of points received, and assign a problem to each quality improvement team. As shown in the matrix below, the three problems that receive the highest ranking are excessive time spent waiting to see a service provider in the outpatient clinic, clients leaving without seeing a physician, and incomplete or lost medical records.

Priority-setting Matrix

Problem	Frequency/ Points	Impact/Points	Feasibility/ Points	Total Points
Excessive waiting time, outpatient clinic	Daily/5	Most common client complaint/5	High/5	15
Clients leaving without seeing a physician	Daily/5	High/5	High/5	15
Incomplete or lost medical records, outpatient clinic	Daily/5	Related to waiting time and has same importance/5	High/5	15
Scope of FP program limited and not responsive to community needs	Daily/5	Urgent to expand MCH and STD/HIV/AIDS services/5	Funding needed for urgent services/3	13
Delay in care of obstetrical emergencies	Delay is standard /5	Very important to clients/5	Needs further description/2	12

(For further discussion of a priority-setting matrix, see pages 45–46.)

Working in teams. In module four, we discuss working in teams to develop proposals to address the problems we have identified and to improve service quality. The teams learn that each proposal should describe the problem and suggest quality improvement activities, using a format that includes a problem description, program objectives, and a time line. The teams will submit their proposals to the hospital's management for review, approval, and allocation of resources. We discuss submitting all proposals on the same date, in order to allow the management team to review all the proposals together and make decisions on the capacity of the hospital to assign resources and plan and carry out activities.

Stage Three: Organizing Quality Improvement Teams

The first step in stage three is to decide which problems the quality improvement teams should address and assign one problem to each team. Many factors influence these decisions, including the size of each team, the resources available to support the teams, and the capacity of senior management to lead and coordinate CQI activities.

The hospital's quality improvement plan recommended forming five cross-functional quality improvement teams made up of staff from several departments. However, the hospital director informs the group that he will authorize only four cross-functional teams. He explains, "The lead

team's role is to coordinate the activities that all of the quality improvement teams are implementing, and to provide or facilitate follow-up support. We are committed to devoting the time and energy to support your work, and we feel that supporting five teams is beyond our current capacity."

The director of the obstetrics and gynecology department directs the group's attention to the priority matrix hanging on the wall. "I suggest that we reduce the top five problems into four problems by combining the two problem areas, 'Excessive waiting time in the outpatient clinic' and 'Clients leaving the hospital without seeing a physician,' into one problem area, labeled 'Outpatient clinic operations.' These two problems are both outpatient clinic issues, and I think we all suspect that their causes are interrelated."

No one objects to this arrangement. The four problems that the cross-functional teams will address are now:

- Family planning services and caseload;
- Operation of the outpatient clinic;
- Obstetrical emergencies;
- Handling of medical records.

We also decide that the members of the lead team that will manage and support the work of the four quality improvement teams will be the hospital director, the director of the obstetrics and gynecology department, the director of the outpatient clinic, the director of the emergency ward, the chief of the medical records department, and the coordinators of the cross-functional teams. (For methods and tools for organizing teams, see pages 46–47.)

Establishing team membership. We place four large sheets of paper on the walls of the meeting room. Each sheet lists one of the four priority problems. I ask each person to put their name on the sheet for the problem that he or she finds most interesting and tell them that these lists will constitute our quality improvement teams, as each team will work on one problem.

The lead team circulates and meets with the newly-formed teams to make sure that an appropriate number of staff has signed up to work on each problem and that each team has members from all of the sectors involved in causing and solving the identified problem.

The teams elect coordinators and set a date, place, and time for their next meeting, when they will further analyze the problem they will be working to resolve. The teams also establish deadlines for submitting their quality improvement proposals to the lead team.

Stage Four: Follow up

In order for the CQI process to be successful, management must provide continuous support to the teams as they work on their selected problem area. Examples of support include allowing time for meetings, providing a meeting space, and reviewing and responding to quality improvement proposals in a timely and fair manner.

Follow up should be the responsibility of the team coordinators, the lead team, and, as available, an external facilitator. After the closing session of the CQI training course, I meet with the lead team to finalize their follow-up activities work plan.

Follow-up Role of the Team Coordinator

The director of the obstetrics and gynecology department, who is the coordinator of the lead team, begins our meeting by addressing the coordinators of the other four quality improvement teams. "Your teams have committed to making changes that will improve critical units in my department. You each play a vital role in getting your teams started and keeping them motivated. I am available to support you and your teams in any way possible. I propose that during the next few months we meet on weekly basis and that we make administrative support a standard agenda at these meetings."

The coordinators voice their thanks for the offer and readily agree to finding the time for this additional meeting. The lead team coordinator continues, "We are counting on you to guide and support your team members in their attempts to work collaboratively to apply the problem-solving process. Your most important qualification for this role is your personal enthusiasm about the potential of the CQI methodology to help us understand how we can make our services more responsive to clients. Please count on me to see you through the times when you find your enthusiasm drained by the effort needed to keep things going."

Follow-up Role of the Lead Team

The hospital director speaks next. "An important function of our lead team is to support one another and our other colleagues and staff. We must increase our reliance on communication and collaborative problem solving and view our progress as a continuous learning process if we are to get through this transition period successfully. To monitor our progress, we will chart the effect of the changes in our behavior on our ability to meet our clients' needs. I propose that we meet every two weeks for monitoring purposes and to coordinate our efforts to support the quality improvement teams."

The hospital director concludes by reviewing a list of lead team functions on a sheet of flip chart paper:

- Reviewing and approving improvement projects proposed by the team;
- Securing resources for teams' projects;
- Updating the hospital's quality improvement plan for continuous quality improvement in relationship to quality initiatives undertaken by the teams;
- Providing management assistance to teams;
- Acknowledging and rewarding team achievements.

(For further information on following up with quality improvement teams, see pages 49–60.)

Phasing out Dependence on an External Facilitator

The hospital director asks me to comment on the next step in the CQI process. I review my past and future roles as their external facilitator. "It has been my pleasure to be the person who has introduced you to CQI and supported you in the development of your quality improvement plan. I am pleased that this workshop allowed me to become acquainted with the service providers who will be doing the front line work. In our future time working together, I would like to focus on two things. In six to eight months, I will work with you to conduct a review of the progress of the quality improvement teams. Based on our findings, we can decide how best to provide your hospital with continued support. I look forward to returning in six months to review the progress of your teams with you."

Discussion Questions

1. Describe the tools and methods that the facilitator used to help sensitize the training participants to the needs of their clients for quality services and to the ways in which their attitudes affect the quality of the services provided.
2. How did the participants prioritize the problems they identified in the earlier exercises? What problems received the highest ranking?
3. What quality improvement teams did the hospital establish and why?
4. How will the hospital provide continuous support and follow up to the quality improvement teams?

CQI RESOURCES

An organization launches its CQI initiative with introductory CQI training for managers and key administrative and service delivery staff. Often this training is conducted by an external facilitator. Introductory training is critical for helping to secure management commitment to improving quality. During training, the participants learn about the importance of focusing on the client to improve quality and about working collaboratively to identify problems and develop and implement solutions. They form teams and plan for providing follow up and support to the teams as they conduct further research and plan and implement quality improvement projects. The CQI methods and tools included in this section are:

- Group Exercises for CQI Training Workshops;
- Identifying and Prioritizing Service Delivery Problems;
- Organizing Teams.

GROUP EXERCISES FOR CQI TRAINING WORKSHOPS

Using participatory group exercises can help you to increase the training participants' awareness of their client's needs. This type of exercise can also help you raise the awareness of participants to the aspects of service provider behavior that can have a negative impact on clients' access to services. Once they have finished all three exercises, the participants can use the observations they have made during each exercise to develop a comprehensive list of service delivery problems that clients experience at their facility. The group exercises discussed in this section are:

- The Storyboard;
- The Mock Suggestion Box;
- Role Playing.

The Storyboard

Working in teams, training participants create a storyboard, or a series of pictures, that convey the health problems in their community and the obstacles they could encounter in working to improve the quality of their services. The storyboard provides the teams with an opportunity to share their observations generally with all of the course participants and at the same time reflect on the significance of their individual mission as service providers to improve the living conditions in their client communities.

In preparing for the exercise, form teams of between four and eight randomly-chosen people and ask them to reflect on several questions:

- What is the economic and social situation of the community you serve?
- What health problems arise as a result of this situation?
- What is your mission as health workers within that environment?

Using their responses, each team designs a storyboard using cardboard, markers, scissors, local newspapers, and magazines provided by the facilitator. The teams have one hour to develop their storyboard.

This exercise helps to break the ice and dissolve traditional hierarchical behaviors, creating an environment that encourages the successful cohesion of team members. People tend to forget their differences and concentrate on the given objective. Constructive competition among teams contributes to this effort and promotes the integration of individuals into teams. The exercise also helps individual team members to become more involved in the discussion.

The Mock Suggestion Box

Through this exercise, participants learn how easily they can establish a system for listening to the client. Before beginning this exercise, the trainer or facilitator should engage participants in a discussion regarding clients rights to health care, and, if possible, view a film that depicts service providers behaving in an insensitive way toward clients.

In this exercise, the participants assume the role of the client for a few minutes. They should imagine a personal situation in which they would need to request a health service from their hospital or health center and the kind of treatment that they, as a client, would normally receive. Without allowing the group members to communicate among themselves, provide the participants with several pieces of paper and ask them to write down any complaints they might have about the care they received. They should deposit their complaints into the mock suggestion box. Take the results from the box, tabulate them, and display them on a sheet of flip chart paper. These complaints become the basis of the first element of the problem-solving matrix later used to select quality improvement teams.

Role Playing

Role playing allows participants to select problems, act them out, and identify the processes and attitudes that do not work well. Following this role-playing session, the problems that were identified are revisited and discussed in a brainstorming session.

After expressing complaints regarding their service delivery through the mock suggestion box exercise, participants are asked to write scenes for a play titled, "Cases and Aspects of the Clinic's Services." Teams are instructed to think about the plot, which must be based on common occurrences at their hospital, and select characters for their scene (not specific persons). As roles are distributed, participants are asked to try to play a role that is different from their current position. The teams have 20 minutes to prepare their scene and five minutes to present it to the group.

Identifying and Prioritizing Service Delivery Problems

During training, the participants begin to identify their service delivery problems and prioritize them. A useful tool for identifying problems is the brainstorming session. In prioritizing their problems, training participants or the members of quality improvement teams can use a priority-setting matrix, which ranks problems by the frequency with which they occur, their level of impact on service quality, and the feasibility of improving this problem.

CQI training participants go through two steps in identifying and prioritizing service delivery problems:

- Step One: Identify Service Delivery Problems;
- Step Two: Select the Most Important Service Delivery Problems.

Step One: Identify Service Delivery Problems

One useful technique for helping a group of people to identify the most commonly occurring problems in their health service delivery setting is brainstorming. It is also useful for fostering a positive atmosphere of openness and confidentiality among training participants or team members, which helps to elicit a better list of problems. During a brainstorming session, the participants should not judge or make comments on the ideas suggested; rather, they should allow everyone to let their thoughts flow freely in discussing problems that they have observed or experienced and, if applicable, recalled during participation in group exercises.

Brainstorming the Most Common Service Delivery Problems

1. Ask the group to reflect on and name any service delivery problems they have observed or experienced in their facility or organization
2. Write all of the problems suggested on a board or flip chart
3. If there aren't many suggestions, prompt the group with questions or experiences

Step Two: Select the Most Important Service Delivery Problems

Once you have completed your brainstorming session, you will have a comprehensive list of service delivery problems. Your next task is to prioritize, or select the problems that are most important to work on first. Using the prioritizing technique described below, the group will rank each problem based on three criteria:

- Magnitude, or the frequency with which the problem occurs;
- Impact, or the effect that addressing this problem could have on improving service delivery;
- Feasibility, or the ease with which a quality improvement team could resolve the problem.

The participants begin to rank each problem by assigning it a number between 0 (minimum) and 5 (maximum) for each criteria.

Magnitude. If a problem occurs all the time, it will be ranked as a five. If it never occurs, it will receive a ranking of zero. When considering magnitude, ask yourself, "How frequently does an emergency unit patient have to wait until there is a trained staff person available to see them?" Or, more specifically, you could ask, "How many people must wait more than five minutes to be seen by trained staff?"

Impact. Impact is unrelated to frequency of occurrence; rather it is related to the problem's impact on client health. If it has a large impact, it will have a ranking of five. If it has little or no impact, it will have a ranking of one or zero. When considering impact, ask yourself, "What would be the impact if a person had to wait more than five minutes at the emergency unit to be seen by trained staff?"

Feasibility. The feasibility ranking that you assign to a problem can be based on the nature of the problem itself or on the resources available to the group to resolve the problem. If it is very likely that a quality improvement team could resolve a particular problem, you should give it a ranking of four or five. If it is unlikely that the team could resolve the problem, you should give it a ranking of one or two. When considering feasibility, ask yourself, "What is the probability that a quality improvement team can work successfully to decrease the waiting time for patients of the emergency unit?"

(For an example of a priority-setting matrix, see page 39.)

Introducing the Priority-setting Matrix Ranking Process

1. Explain the process of ranking problems and verify that the participants understand the three criteria used for ranking problems
2. Read one or two of the problems and discuss the ranking of each problem within each of the criteria
3. Tabulate and compare the ranking of each identified problem, inviting the participants to critically judge their rankings and ask questions such as, "Do these problems have equal impact on users?"
4. If there is a tie among two problems, the analysis should be done again for those two problems. If there is still a tie, the problem that receives a higher ranking with respect to impact will be of greater importance
5. Organize the list of problems according to the number of points received, beginning with those which scored the highest points

Organizing Teams

Organizing quality improvement teams at the conclusion of introductory CQI training is an important part of the learning experience. In addition, forming teams at the end of training is timely, as the training participants are conscious of the need for change and should feel motivated to implement concrete actions for change.

At this stage, the participants have already identified and prioritized the service delivery problems they would like to address. Usually these problems involve various departments in a facility or organization. Therefore, the participants should first form cross-functional teams, with members from all the departments involved, one team for each problem area that they have defined as a priority. Later, when a facility begins to address problems that may be more specific to a department, the staff usually forms natural teams, or teams whose members work in one department or area.

The types of quality improvement teams include:

- Coordination, or lead team;
- Cross-functional teams;
- Natural teams;
- Advisory team.

Coordination, or Lead Team

Members. Members of the coordination, or lead team should include the hospital director or department or unit head, two or three key department heads, and the coordinators of all active teams.

Responsibilities. The responsibilities of the coordination team include:

- Approving quality improvement projects proposed by the teams;
- Securing resources for the teams' projects;
- Updating the hospital's quality improvement plan;
- Providing management assistance to teams;
- Acknowledging and rewarding team achievements.

Cross-functional Teams

Members. Generally a cross-functional team should have no more than eight members. The team should include staff from all the different areas or departments involved in the problem. The members should also come from different levels in the organizational hierarchy.

Purpose. The goal of the cross-functional teams is to resolve the priority service delivery problems. You should form one team for each interdepartmental problem that you have identified as a priority. These teams may be temporary or permanent teams.

Natural Teams

Members. A natural team should be made up of staff from only one area or department.

Purpose. A natural team is formed to address one or more problems specific to the team's department or unit. Often the members of a natural team begin their work together by defining their mission as a department, area or unit, and later identify the problems needing to be solved and to develop strategies for addressing them.

Advisory Team

Members. The members of an advisory team are identified over time, and usually include managers or staff who have taken a lead in carrying out quality improvement projects or coordinating a CQI initiative.

Purpose. As a CQI initiative matures, it can benefit from the advice, counsel, and/or experience of a group of advisors. Often an advisory team assumes responsibility for training and assisting all quality improvement teams participating in the CQI initiative.

Following up the Progress of Quality Improvement Teams

Juliaca, Peru

During the period following the initial CQI training, quality improvement teams learn how to function as teams and work on their assigned priority problems. At the Carlos Monge Medrano Hospital the quality improvement teams focused first on clarifying the roles and responsibilities of the teams' members and determining how to make the most efficient use of their time. Their problem-solving activities focused on completing an analysis of the problem's cause, preparing project proposals, and implementing activities. At the end of the six-month follow-up period, the outside advisor returned to Juliaca to help the teams analyze their activities, assess their functioning, and develop a workplan for the next six months.

Results

As a result of the efforts of the quality improvement teams at the Carlos Monge Medrano Hospital, the caseload of the hospital's reproductive health services and male utilization of those services substantially increased. Client access to the outpatient clinic improved, and waiting times were reduced. The misplacement of medical records was reduced, and delays for clients receiving emergency obstetric and gynecological services were eliminated.

Learning Objectives

After reviewing this case and the accompanying tools, readers will know how to:

- Plan and implement changes in service delivery processes;
- Monitor the implementation of quality improvement projects;
- Track the progress of quality improvement teams over a specific period of time.

CQI Methods and Tools Accompanying This Case

The quality improvement teams used the following CQI methods and tools, found on pages 59–60:

- Follow-up Role of the Team Coordinator;
- Follow-up Role of the Coordination or Lead Team;
- Phasing out Dependence on an External Facilitator or Advisor.

Background

In February 1997, I return to Juliaca in order to see how the four quality improvement teams and the lead team established at the end of the introductory CQI training for the hospital's staff the previous July are functioning. The hospital's quality improvement teams are:

- Family planning services;
- Outpatient clinic;
- Medical records;
- Emergency ward;
- Lead team.

Previous Page Blank

I have been looking forward to participating in the progress reviews of these teams. I have been expecting to observe that their work has had a positive impact on the hospital's services.

Progress Review: Quality Improvement Team for Family Planning Services

The flight from Lima is smooth on this sunny summer day. I take a tricycle rickshaw from the airport to the hospital, where a guard greets me at the front door. "Where is the family planning services office?" I ask him. He points to the blue line on the floor and tells me to follow it. For the first time, I walk the three hundred meters to the office of the coordinator for family planning services without getting lost. The coordinator leaves her desk and embraces me. "What a pleasure it is to see you!" She will accompany me on my visit with each of the four quality improvement teams. "We are pleased about the progress being made by each team, and we are delighted to be able to share our accomplishments with you," she tells me.

I notice on the wall two charts for monitoring family planning service indicators. The coordinator points to them as she explains the improvements underway in family planning services.

Quality Improvement Plan: Family Planning Services

Goal	Activities	Progress
Increase family planning and reproductive health caseload	◆ Renovate family planning examination room	◆ Completed
	◆ Paint a blue line on the floor to help clients find family planning and reproductive health rooms	◆ Completed
	◆ Improve variety and stocks of contraceptive methods	◆ Planned
	◆ Provide in-hospital outreach program counseling and referral	◆ Planned
	◆ Plan for expanding the family planning and reproductive health program and prepare expansion proposals	◆ Planned
Increase male utilization of family planning and reproductive health program services	◆ Develop services for men only and for couples	◆ Planned
	◆ Provide in-hospital outreach program counseling and referral for vasectomy services	◆ Planned
	◆ Manage delivery of vasectomy services	◆ Planned
	◆ Conduct exit interviews with men leaving the hospital	◆ Planned
Implement expanded counseling services	◆ Provide in-hospital outreach program for counseling and referral	◆ Planned
	◆ Prepare proposals for external support	◆ Planned
	◆ Coordinate with the Ministry of Health to train STD/HIV/AIDS counselors	◆ Planned

The coordinator explains to me what the teams have been doing.

> "During the CQI introductory training last July, the participants ranked the limited scope of the family planning program as one of the four most urgent service delivery problems. Specifically, the group said we must be more responsive to the needs of the community for expanded services for preventing, detecting, and treating STDs including HIV/AIDS, and also for family planning and related maternal and child health care.
>
> "At the end of the training, we formed a family planning services quality improvement team. The first item on our agenda was to complete a thorough analysis of our problem. We found that the method mix we were offering was not meeting our clients' needs. Further, we could see that our caseload and the number of daily visits for family planning had been steadily declining.
>
> "Our next challenge was to decide how to begin to plan and implement changes. Expanding the scope of our program would have required authorization, money, and other resources that we knew would not be able to access immediately. So we established three goals for program improvement that would be feasible for us to attain on our own this year, using our own resources. We submitted proposals to the lead team requesting support for our plans. We have also been working to improve our capability to collect data and analyze performance.
>
> "While working to prepare our performance monitoring plan, I have observed that our caseload is increasing, even though we are still in the planning stages for implementing improvements. I am happy about this increase, but I will still continue to search for ways to expand our limited choice and supply of contraceptives."

The following chart shows some of the results of team activities over the past six months.

Monitoring Framework: Family Planning Services

Program Area/Service	Indicator	1995	1996
Male participation programs	# of vasectomy cases	9	114
In-hospital outreach program	# of counseling sessions during January	71	280
Contraceptive method services	# of new users (monthly average)	397	734
	# of new users (per year)	690	1,187
All family planning and reproductive health services	# of clients (per day)	6	45

As the coordinator walks me to my next meeting, she shares a hopeful, although not verifiable, finding:

> "A person who works in the medical records department and who is helping us with data collection and analysis told us that the number of babies delivered last November, or 9 months after Carnival, was less than 100, a major decrease from the 180 babies born in November of the previous year. Of course, we have no proof that we have contributed to this lower number of births of 'Carnival babies,' but we find this news encouraging, at least."

Progress Review: Outpatient Clinic Quality Improvement Team

As we enter the outpatient clinic, I notice the new layout of the clinic and tell the clinic director, "Your clinic looks beautiful. It is clear that your team has been working hard."

She explains what the team has been doing during the past six months.

> "As you know, we used a priority-setting matrix to identify two service delivery problems related to the operation of the outpatient clinic. They were 'Excessive waiting time in the outpatient clinic' and 'Clients leaving the hospital without seeing a physician.' Our first agenda item as a team was to identify the causes of these problems. Together with the quality improvement team for medical records, we analyzed the steps involved in getting service in our clinic in order to determine where problems occur.
>
> "The main problem in the outpatient clinic as identified by clients was an average client waiting time of two and a half hours. We identified the steps that each client has to go through at the clinic before receiving a service, and the amount of time that the client spends on each step. We found that problems such as the regular misplacement of medical records contributed 30 to 45 minutes of the total waiting time. We also observed that the number of required steps before a client entered an examination room seemed excessive. The outpatient clinic team used this analysis to simplify client flow in the outpatient clinic, in particular by reducing the number of client points of contact before examination. We recently evaluated the average waiting time at the admissions desk again and found that it had dropped."
>
> ***After your initial experience working in a quality improvement team, do you find CQI to be a workable approach for clinic management?***
>
> "Yes. At the beginning of the process, we collected data to support our proposed revisions in the clinic's client flow. We found that the number of daily visits was decreasing for all of the services that we offer here. We also found that some patients were leaving the hospital without seeing a physician. With support from the medical records team, we did some additional problem solving to identify the causes and contributing factors for these problems.
>
> "Our analysis showed that the primary reason why clients leave before seeing a physician was the extensive waiting time. A secondary reason was that clients were getting lost and could not find the correct department. One factor contributing to these problems was the negative attitude of service providers, as we found that clients perceived our non-clinical staff as being indifferent to their needs. Also, we found that most departments in the hospital did not have any signs, making it difficult for clients to identify them, and there were no maps to help visitors to move around the building more easily. After this analysis, we felt confident that we would be able to address the problems."

She points to a large chart on the wall labeled "Outpatient Clinic Quality Improvement Program."

> "As you can see from this chart, we identified four general goals for our department and the principal activities that we would need to carry out to achieve our goals. We also determined how we would measure progress. We called our overall mission 'Focus on the Client.'"

Quality Improvement Plan: Outpatient Clinic		
Goal	**Activities**	**Progress**
Improve staff communications skills	◆ Provide hospital staff with training in counseling skills ◆ Provide CQI training for non-clinical staff	◆ Being scheduled ◆ Completed; has improved staff attitudes toward clients
Improve accessibility of outpatient clinic for clients	◆ Post signs for all departments at main entrance ◆ Paint a blue line on the floor leading from the entrance to family planning services ◆ Group the examination rooms around a common waiting area for family planning services and the MCH and obstetrics and gynecology departments	◆ Completed ◆ Completed ◆ Completed
	◆ Provide services starting at 8 a.m.	◆ Completed; unsolicited responses to all improvements in this area are positive
	◆ Conduct exit interviews to verify whether clients find it easier to access services.	◆ In progress
Improve efficiency of service delivery	◆ Redesign client flow	◆ Completed; reduced waiting time by up to 2 hours, from 2.5 hours to 30 minutes
	◆ Provide educational lectures and videos in the common waiting area for family planning services and the MCH and obstetrics and gynecology departments	◆ Underway
Expand clinic services	◆ Create space for a counseling room by reducing the size of one of the family planning offices and creating a collective waiting area	◆ Planned

Has the team planned any additional activities?

"A major challenge for us now is to improve the counseling program for our clients and to train hospital staff in counseling. The new counseling services will encompass several hospital departments, which will test our ability to work cross-functionally. Our cross-functional outpatient clinic quality improvement team worked well when we designed a new layout for the examination rooms and set up a unified waiting area for family planning, maternal and child health, and obstetrics and gynecology services. Our next tasks will be to write a problem description and develop a proposal for counseling services. These will be challenging exercises for us, and we are looking forward to starting."

Progress Review: Medical Records Quality Improvement Team

Next, we visit the medical records department, where the coordinator of the medical records quality improvement team and the team's statistician speak enthusiastically about the improvements in their department as a result of the team's efforts.

Why did you choose to establish a team to address the handling of medical records?

"When we observed the long lines of people waiting while staff located their medical records and the frequency with which records were misplaced, we recognized that we needed to improve the functioning of this department. We defined the problem as 'Misplacement of medical records.' Next we analyzed the reasons why records were being misplaced. We discovered that we did not have any guidelines for handling records, and staff were routinely misfiling them. Also, the workload during peak hours was excessive.

"As you can see from this chart on our wall, we developed several goals for improvement and determined the activities we would need to carry out in order to reach our goals."

Quality Improvement Plan: Medical Records

Goal	Activities	Progress
Introduce procedures and guidelines for handing medical records	◆ Develop guidelines and procedures for handling medical records	◆ Underway
	◆ Update outpatient clinic procedures handbook	◆ Planned
	◆ Improve coordination of medical records between the admissions desk and the examination rooms	◆ Planned ◆ Completed; decreased waiting time at admissions desk from 30 minutes to 5 minutes
File medical records correctly	◆ Rearrange filing cabinets	◆ Completed; misplacement of medical records decreased from 10% to 4%
	◆ Classify medical records by colors	◆ Planned
	◆ Purge unneeded files	◆ Completed
Reduce workload during peak hours of operation	◆ Schedule hospital discharges during regular but non-peak hours	◆ Completed; scheduling of hospital discharges outside regular working hours reduced from 30% to 5%
	◆ Automate admissions system and medical records	◆ Planned
	◆ Create separate admissions windows for new and returning clients	◆ Planned

"From our perspective, the most interesting aspect of our CQI work has been to implement improvements and evaluate the results. We hold weekly meetings, during which we follow up on activity progress and performance. So far, we have found that the average waiting time at the admissions desk has dropped considerably, and the percentage of medical records being misplaced has also dropped."

And now, what will be the next step?

"First, we have replaced our cross-functional team with a 'natural team,' which as you know is a team made up of staff who know our department's procedures. Previously, team members from other units found our activities to be too technical for them and difficult to understand. It was inefficient for our staff to spend time explaining to them what we were doing. However, we are keeping everyone briefed on our activities. Recently we submitted a proposal to the hospital director for automating the handling of medical records."

I say good bye, explaining that I still have to meet with the quality improvement team for the emergency ward. In saying goodbye, I tell yet another team coordinator,"You've done a wonderful job of improving the performance of your department."

Progress Review: Emergency Ward Quality Improvement Team

Next we visit the emergency ward and greet the coordinator of the emergency ward quality improvement team.

What problem has your team been focusing on?

"One problem that scored high on our priority-setting matrix was our slow response in providing health care to obstetrics and gynecological patients in critical condition. We formed a quality improvement team to address this problem.

"Our first step was to investigate the causes for the delay in providing care to critical patients. We identified several factors, including:

- Our requirement that emergency clients fill out forms and pay before being treated;
- A shortage of staff trained to provide emergency services;
- A lack of supplies needed for treatment.

"We brainstormed to generate some goals for ourselves and to identify related activities, and drafted a quality improvement project proposal.

"Our team meets every other week to monitor our progress. So far, we have modified some of our procedures. For example, now we immediately refer obstetrical and gynecological emergencies to the obstetrics and gynecology department, which has trained staff and adequate materials for treating these emergency cases quickly. The chart here on our wall helps us keep track of our progress."

Quality Improvement Plan: Emergency Ward		
Goal	**Activities**	**Progress**
Admit emergency patients immediately	◆ Eliminate requirement that client fill out forms and make payment on arrival, prior to receiving services	◆ Completed
	◆ Eliminate requirement to pay operating room fee before receiving service	◆ Completed
	◆ Eliminate policy of having a guard control admissions	◆ Completed
Refer and treat clients based on their particular needs	◆ Revise the first come/first served policy	◆ Completed
	◆ Refer emergency obstetric patients to the obstetrics and gynecology department	◆ Completed
Have needed medications available in ward	◆ Eliminate requirement that family members purchase needed medications elsewhere and bring them to the ward	◆ Completed
	◆ Provide all medications needed for both operative and post-operative care by the ward	◆ Completed

Progress Review: Lead Team

Next, the coordinator of family planning services and I go to her office to discuss the hospital's lead team, of which she is a member. She apologizes for the absence of two of the team members, the hospital director and the director of the emergency ward, who are at a conference in another city.

What is the lead team's overall response to the work being done by the quality improvement teams?

"As you have observed today, the hospital's four quality improvement teams have made significant progress, and we on the lead team are happy with the work they have been doing. However, the process has not been without challenges. Sometimes it is hard for us to get used to the interactive style of communication that is part of the CQI methodology. Also, learning to use data to describe and analyze problems has been challenging, especially for those of us who have always relied on observation rather than data. However, as you have heard today, each team takes pride in the skills they have developed in using data to identify problems, develop solutions, and measure improvements."

How are the teams working? Are they cross-functional?

"Well, the teams are working well, but the composition of the teams has undergone some major changes. First, we lost the technical staff who found that they couldn't work well cross-functionally because they found it difficult to apply their expertise to other areas. So we asked them to be consultants—on call—to provide assistance to our teams as needed. Then, the medical records team became a 'natural team,' made up of only members of their own department. They also serve as a resource to other teams struggling with data analysis issues on their quality improvement projects.

"I am regularly involved in the family planning services and outpatient clinic quality improvement teams, which meet jointly. These joint meetings are helping us to resolve issues related to expanding our family planning services, such as determining which staff members will increase the scope of their jobs and which department will oversee the male participation efforts, as we seek external funding for our new activities."

I suddenly realize that it is getting late and that I must leave if I am going to make it to the airport in time for my flight. We agree to meet again in six months to discuss setting up a CQI advisory team. I end with the same words I have said to each quality improvement team today: "You've done a wonderful job improving the performance of your department!"

Discussion Questions

1. What were the goals of the family planning services quality improvement team, and what activities did they complete? What have they planned for the future?
2. Why did the medical records quality improvement team decide to become a "natural" team? Who are the natural team members and what activities have they completed? What contribution have they made to the other quality improvement teams established in this hospital?
3. What are some of the challenges that the hospital's managers and staff have faced in implementing the CQI initiative?
4. Which two quality improvement teams meet jointly, and how have these joint meetings been helpful?

Although introductory training can have a significant impact on changing the behavior of service providers and improving client perceptions of the quality of the services offered, most quality improvement learning occurs when quality improvement teams begin to carry out their activities. Follow up and support by senior managers and the coordination or lead team are critical to the teams' success. The team coordinator, the coordination or lead team, and the external advisor all have monitoring and follow-up functions as the quality improvement teams establish themselves and begin to work on their selected problem area. This section provides information on:

- The follow-up role of the team coordinator;
- The follow-up role of the coordination or lead team;
- Phasing out dependence on an outside facilitator or advisor.

FOLLOW-UP ROLE OF THE TEAM COORDINATOR

The coordinator of each team is responsible for the operation of the team and plays a vital role in the follow up stage. The coordinator's key responsibilities include inviting people to the team meetings, ensuring that sessions begin on time, establishing agendas, moderating team meetings and following up on any agreements. The most successful teams will invariably be those that have a good leader.

- The coordinator of a coordination, or lead team, is usually the director of the facility, a department, or a unit. For natural teams, the coordinator is usually the head of the department.
- The coordinator of a cross-functional team is elected by the team members, respecting certain criteria such as: he/she should be an enthusiastic person and must be fully engaged with problem solving, he/she should have enough time available to work as a coordinator, and he/she should be able to influence other team members.

When a team is working on a project, the coordinator is responsible for guiding the team members to define their roles and responsibilities, decide on the venue and frequency of their coordination meetings, and determine their work plan so that they can complete their quality improvement project as scheduled.

FOLLOW-UP ROLE OF THE COORDINATION OR LEAD TEAM

In choosing to use the CQI methodology, senior management is choosing a leadership and management style that is collaborative. Often, the transition to this style involves a period of trial and error, as the coordination and other quality improvement teams adjust to using group process techniques to discuss their problems and goals and make decisions.

Previous Page Blank

The coordination team's principle functions include:

- Approving improvement projects proposed by the teams;
- Securing resources for teams' projects;
- Updating the hospital's quality improvement plan as quality improvement teams advance or complete their projects;
- Providing management assistance to teams;
- Acknowledging and rewarding team achievements.

Phasing out Dependence on an External Facilitator or Advisor

Usually an external facilitator or advisor introduces CQI, supports the coordination team as its members develop a quality improvement plan, and leads the staff awareness-raising and training process. During follow up, the external advisor continues to collaborate with coordination team members in identifying managers or staff who can assume the role of providing technical assistance and support for the quality improvement teams and identifying the resources needed to support a coordination or advisory team.

Improving Service Delivery Processes
La Paz, Bolivia

Once an organization or facility has conducted introductory CQI training for managers and staff and formed quality improvement teams, the teams can begin to address challenges to improving service quality. As seen in the experience of the Caja Nacional de Salud (Caja) in La Paz, Bolivia, addressing challenges to improving quality involved improving service delivery processes and revising standard practices and procedures. This case highlights the processes used by the Caja to address problems related to waiting times, client flow, and the management of medical records.

Results

The efforts of the quality improvement teams in the Caja Nacional de Salud reduced client waiting times, decreased unnecessary client flow through the facilities, reduced misplacement of medical records, and resulted in the establishment of an appointment system and an internal evaluation and accreditation process.

Learning Objectives

After reviewing this case and the accompanying tools, readers will know how quality improvement teams can work to:

- Reduce waiting times;
- Develop a standardized system for improving patient flow;
- Institutionalize a process for reviewing medical records.

CQI Methods and Tools Accompanying This Case

The Caja's quality improvement teams used several CQI methods and tools, found on pages 67–71:

- Measuring Client Flow;
- Sample Process for Developing a Client Appointment System;
- Sample Process for Establishing a Medical Record Review System.

Background

The Caja Nacional de Salud, commonly referred to as the Caja, is the largest health care provider within the Bolivian social security system, covering 19% of the Bolivian population. It has a national network of 31 clinics providing primary health care, outpatient care, and reproductive health services, and each clinic employs between 50 and 150 staff. The Caja also provides services through 13 hospitals and seven rural health centers. The Caja's clients are primarily government employees, but include other insured groups, such as teachers, miners, and police. In response to two governmental decrees, one aimed at curbing maternal mortality and the other at addressing elderly health insurance, the Caja provides free prenatal care visits, deliveries, postpartum care, and health care for the elderly.

A 1997 client survey conducted to understand client perceptions of service delivery quality at six Caja clinics identified the same service delivery problems previously identified by a 1994 focus group study and by clinic managers and staff during the CQI workshops of 1995 and 1996 as common to all Caja clinics:

- Long waiting times;
- Excessive documentation required to register for a service;
- Short physician visits;
- Lack of courtesy to clients;
- Lack of respect for client needs;
- The absence of physicians during clinic hours.

We decided to address these longstanding quality concerns by developing new processes that would reduce waiting times, improve client flow, and improve the use and handling of medical records. At the same time, we recognized that some of these problems would be difficult for quality improvement teams at individual clinics to resolve easily on their own, as they related to service delivery processes standard throughout the Caja clinic system. Therefore, we decided that the quality improvement teams should further analyze these problems and pilot-test solutions at the six pilot clinics. Later, we would make a larger effort, requiring political and institutional support, to standardize the successful new processes throughout the Caja system.

The new processes formalized in the Caja show the important role that quality improvement teams can play in assuring quality in service delivery settings. For example, the role of the "continuing professional education" team in the routine analysis of client medical records is now incorporated into the accepted Caja standard practices related to medical records.

Reducing Waiting Times by Launching an Appointment System

The quality improvement teams found that the Caja's complicated "queue" or registration system caused most clients to have to wait up to three hours before being seen by a physician. We surmised that we might be able to reduce client waiting time by introducing an appointment system.

It is 1996 and I am visiting La Paz to assist in the efforts to improve service delivery processes in Caja clinics. Union officials have just called a strike of the largest workers' union, and the staff of the clinics have decided to join, so all clinic health services are suspended. I am feeling discouraged about being able to accomplish much during this trip.

I am sitting in my hotel room on the main street of La Paz when the phone rings. "Mrs. de la Peza, you have a phone call," says the attendant at the front desk. I am surprised. Who could be looking for me in La Paz?

"Hello, Lourdes." It is one of the dentists from the Caja clinic "9 de Abril." "We have some questions about the methodology we plan on using to develop and test the new appointment system, and we would like to confer with you," she says. I am impressed and comforted that she is still working on her project in spite of the strike. She suggests working at my hotel, and I readily agree.

She soon arrives at the hotel with the other three clinic staff who were instrumental in spearheading the effort to standardize a new appointment system in Caja clinics. I found them so inspirational that I still keep the bound notebook they gave me during one of my visits to La Paz.

We meet in the lobby of the hotel, ignore our surrounding environment, and focus on our work.

Tell me, why have you decided to introduce an appointment system?

"As you are aware, Lourdes, visits to the clinic are based on the clients' demand. When they want a service, they come to the clinic and wait in turn to be served. Only the specialists schedule appointments, since they have separate private practices and their availability to attend to Caja clients is limited. The problem is that although the specialists provide their clients with authorization for an appointment, they do not specify a precise time. Clients never know for sure when the physician will be available. Often they come to see the specialist, as recommended, but have to leave without receiving the service. Many do not return.

"The team conducted a brainstorming session to determine what aspects of the waiting system are problematic. We identified three principal problems, from the client's point of view, with the existing system. First, clients arrive in the early morning hours to stand in line in order to request a numbered card that designates their place in another line, to register for a specific service. Second, by the time clients arrive at the service waiting area, they have already waited in two lines for an average of between one and two hours and are frustrated and impatient. Third, clients have to request several hours of sick leave from work each time they require a service. If their wait is too long, they must return to work before seeing a physician. To address these problems, we have decided to develop a new appointment system and pilot test it in two clinics."

Will service delivery staff readily accept the new appointment system?

"We are concerned about that. We find that our general practitioners are resistant to the idea of a new system. They have become used to beginning their work day with a waiting room full of clients. They worry that with the new system they will have to wait for clients to show up."

We discussed different options for overcoming physician's resistance and decided to conduct a client survey to determine client attitudes towards an appointment system. Perhaps the results would encourage physicians to accept the new system.

In the client survey questionnaire, we asked clinic clients whether they would prefer to have a scheduled appointment or continue with the existing system. We also asked them if they would be willing to comply with a scheduled appointment. More than 75% of the clients who responded to the questionnaire said that they would prefer to schedule an appointment prior to their visit and were willing to comply with the new system. We shared the results with physicians and carried out a pilot test of the new system in two clinic offices. During the pilot test, we monitored client compliance with the appointments and found that 90% of the clients showed up for their appointments.

By the end of 1997, all clinic dental offices had adopted the new appointment system, with encouraging results. Waiting times were reduced, and the number of clients who received the treatment they had requested when registering for a service increased. In addition, general practitioners in several La Paz clinics were also using the appointment system. In all clinics, 75% of the patients with scheduled appointments were complying with the new system. (For more information on developing an appointment system, see page 68.)

Improving the Use and Handling of Client Medical Records

The city of El Alto, located on a high plain just above La Paz, is considered part of greater La Paz. Many of the city's residents have migrated there from poor, rural areas in order to improve their access to economic opportunities and social services. Yet El Alto, like the areas they have come from, has scarce economic resources, and many of its 500,000 residents commute to La Paz every day for work. More than 100,000 people in El Alto rely on the Caja for their health care, and the Caja clinic "El Alto" serves over 350 clients every day during two daily shifts.

It is 1997, and I am visiting the El Alto clinic to learn how the process of using and handling medical records has improved as a result of the work carried out by the quality improvement teams. I know that this clinic has formed a "natural" team, made up of technical staff from one department, to address this problem rather than a "cross-functional" team, with members from several departments. I meet the clinic director in his office. I tell him how fond I have been of his clinic since beginning to work with them in 1995, and that I am happy to see the progress they have made in improving the quality of their services.

What has your quality improvement team done to improve the clinic's use and handling of client medical records?

"We formed a natural team, made up of nurses, which has been working on a quality improvement project entitled, 'Misplaced Medical Records.' So far, the team has relocated the shelves in the records room and redesigned the record handling procedures. Its members have also negotiated with the clinic administrative staff to improve the lighting in the area and fix the dripping roof. As a result of their efforts, the percentage of misplaced records has dropped by 50%. Most recently, they have been implementing a project to analyze the records."

Tell me, why did you decide to analyze client records?

"We were concerned that perhaps the large number of clients we see on a daily basis could have resulted in a large number of misdiagnosed cases, or cases where the prescribed treatment was not appropriate for the diagnosis. However, the results of our medical records' analysis shows that a high percentage of the information in the records correctly matches the diagnosis with the appropriate treatment and that the treatment provided was appropriate in regard to the physical symptoms reported in the records. In February, the percentage of correctly matching diagnoses and treatments was 92% and in August it was almost 93%."

What have you found to be the main problem with the medical records at your clinic?

"Our main problem relates to a failure to include a client medical history in the client's records. We found that 92% of the records in February and 90% in August failed to include a medical history in spite of the fact that the form for this history is contained in the records. The failure of physicians to complete a medical history may be due to the short time allotted for each visit."

Did you notice any effects as a result of this periodic analysis of medical records?

"Yes. As a matter of fact, almost all of the variables we were analyzing improved, including the recording of medical histories. One variable that has not improved is the recording of the time and length of the visit. More than 60% of physicians do not record how long the visit takes. It is possible that they see no point in writing down this information, or it may be possible that they are concerned that we will measure the amount of time that they actually spend with the client."

Do you think it has been worthwhile to invest time and energy at your clinic in improving the processes related to medical records by implementing a quality improvement project?

"After seeing the results, I firmly believe in the usefulness of this initiative. Just the simple fact that our colleagues know that every month we are going to take random samples of the records has increased their awareness of the importance of these records and has helped improve staff performance related to them. The initiative has also helped us identify and address other problems, for example, the failure of many physicians to fill out a medical history."

(For more information on improving the use and handling of medical records, see pages 69–71.)

Improving Client Flow

During the role-playing exercises of the introductory CQI training, participants repeatedly brought up the issue of frequent and unnecessary trips by clients from one end of the clinic to the other to register for treatment and receive a service. The Caja client-control system requires that clients go to different areas in the clinic to fill out forms, request authorizations before seeing the physician, get their medication at the pharmacy, or request complementary tests. Originally, the Caja established these control systems to prevent use of the clinic's services by persons who were not entitled to receive them, and to ensure that service delivery staff were efficient in prescribing medications or requiring tests. However, by the time the Caja began the CQI initiative, it was clear that these systems were no longer necessary and had become inconvenient for clients and service providers alike.

A quality improvement team at the "9 de Abril" clinic developed a CQI project to estimate the average total amount of time that a client spends for a routine visit and the amount of time the client spends at each service point. The team measured the movement of clients through each point of service or related point of contact during one visit. The team reported that, on average, from the time a person entered the clinic until he or she exited the facility, a total of 75 minutes were invested in waiting rooms and other points peripheral to service delivery in order to obtain 5 minutes of actual care. In particular, clients spent an average of 30 minutes in the waiting room. The new appointment system helped reduce time spent in the waiting room. Next the team decided to work on reducing the 25 minutes that clients spent on average in having their identification and credentials checked.

On my next visit to La Paz, I met with the coordinator of the quality improvement team at "9 de Abril" responsible for improving client flow in one of the clinics. We met in her office.

What did your investigation identify as the reason for the problems with client flow?

"A major cause for the slowness in client flow was the requirement that every client have his or her identification and credentials checked for every visit to the clinic. This meant that clients had to wait a long time in lines, and that they had to move back and forth through the clinic several times even to receive a single service. The team recommended that clients be required to have their credentials checked every 60 days instead of every visit. Now we stamp each client's benefits book or identity card only every 60 days. This stamp allows clients to receive three examination visits and gives them access to the pharmacy and laboratory at any time during that period. This has not only reduced waiting time but has also reduced unnecessary movement through the facility."

(For more information on measuring client flow, see the CQI tool "Improving Client Flow" on page 67.)

The Next Step: Standardizing the New Processes

Once the clinics that participated in the CQI initiatives had pilot-tested projects to reduce client waiting time, improve the use and handling of medical records, and improve client flow, we began to consider ways to implement these processes throughout the Caja's clinic system. In particular, we were interested in having management consider establishing these new processes as standard practices throughout the system. Building on our CQI initiative, we worked with the Caja to begin an effort to establish an internal evaluation and accreditation process for clinics that would standardize new service delivery processes and help the public at large recognize the quality of the health care provided by the Caja and the primary care employees who work in its clinics.

The directors of the seven Caja clinics in greater La Paz and the Caja's National Reproductive Health Coordinator developed an accreditation instrument and manual for accrediting the Caja's clinics that established indicators and comprehensive guidelines for improving the quality of primary health care service delivery facilities. Further, the Caja linked the use of the accreditation tool to the quality improvement process.

Within six months of beginning to apply the quality indicators, an evaluation revealed that the seven La Paz clinics were meeting an average of 76% of the quality indicators. By November 1998, the seven clinics were meeting an average of 96% of the accreditation indicators.

I met again with the Director of the Caja's "Central" clinic on a recent trip to La Paz, when he told me: "It is clear that we are already improving the quality of our services as a result of the efforts of our quality improvement teams, and as a result of our efforts to improve the service delivery processes and accreditate our clinics. Implementing an accreditation process, which involved establishing an objective point of reference, with appropriate parameters, has helped us to tighten our focus on achieving the established quality indicators necessary for accreditation. It has also helped us to verify that we are attaining our quality goals. Achieving these indicators proves to both our existing and our potential clients that we are an excellent source for quality health care services."

Discussion Questions

1. Describe the reasons why clients were waiting so long before receiving a service. What did the "9 de Abril" clinic do to alleviate this problem?
2. What did the natural team formed to improve the use, handling, and storage of medical records accomplish? What were the results of their periodic analysis of the records?
3. What was the main reason behind the problem of client flow at the "9 de Abril" clinic? What solution did the quality improvement team pilot test and what were the results?

Addressing challenges to improving service quality often involves improving service delivery processes. This may entail revising standard practices and procedures. Some of the most common service delivery problems, as related in these experiences, involve waiting times, client flow, and medical records. This annex includes several tools to help quality improvement teams improve the service delivery processes in these three areas. These tools are:

- Improving Client Flow;
- Sample Process for Developing a Client Appointment System;
- Sample Process for Establishing a Medical Record Review System.

IMPROVING CLIENT FLOW

The general objective of improving client flow is to simplify and reduce the amount of the time spent on administrative or registration procedures before the client is seen by a health care provider, in order to reduce waiting times and increase client satisfaction. The specific objectives are:

- Reducing administrative bottlenecks by eliminating unnecessary paperwork and decreasing the number of steps the client must follow before seeing a health care provider;
- Reducing the amount of time the client has to spend on each step of his or her visit to the facility;
- Reducing the number of client complaints that result from having to complete the different steps.

Usually the director and staff of the clinic discuss and set a goal for each of the three objectives listed above for a six-month period.

The desired outcomes of improving client flow include reducing the amount of time that a client must spend per service, and increasing the percentage of clients who say that the process is "quick" when they are interviewed as they exit the clinic.

The steps involved in launching a new administrative or registration system that eases client flow and reduces the amount of time that clients spend at the clinic before seeing a physician are described in the following box.

Steps Involved in Introducing a New Registration Process that Improves Client Flow

Step 1: Negotiate with the clinic director and the director of department in charge of verifying credentials to hire an adequate number of staff and to avoid their transfer for at least one year

Step 2: Carry out an information campaign in the clinic and with the employer groups whose employees use the clinics in order to educate both staff and clients about the documentation that clients must have and the steps that clients must go through in order to receive services

Step 3: Hold a meeting to present to the clinic director, the director of the appropriate administrative department(s), and the nursing staff the administrative or registration process and allow time for discussion

Step 4: Develop an action plan that specifies the tasks and staff involved in implementing the new process and presents a time line

Step 5: Sensitize managers and staff to the importance of treating clients well and simplifying administrative procedures

Step 6: Train staff in the new administrative or registration process. Also provide training for monitoring progress in implementing the new system and in reducing client time spent per service

Step 7: Launch and implement new procedures

Step 8: Hold weekly monitoring and review meetings with the clinic director and administrative staff in order to review progress and make adjustments as needed

Step 9: Record and display on a bulletin board a weekly summary indicating the average time that a client has invested in each step that week

Sample Process for Developing a Client Appointment System

The Caja established a new appointment system. The Caja's general objective in developing a client appointment system was to improve the quality of care they provided by reducing waiting times and thus improving the level of satisfaction of both the client and the service provider. The Caja's specific objectives were to:

- Reduce client waiting times;
- Use the time of both clients and service providers more efficiently;
- Make it easier for providers to spend more time with each patient;
- Improve the interpersonal relationship between client and service provider;
- Reduce the number of clients seated in the waiting room at any one time, allowing for a more comfortable wait.

The outcomes that the Caja hoped to achieve were to reduce client waiting time, increase the amount of time that clients spent with a physician, and increase the number of clients who expressed satisfaction with Caja services during exit surveys.

Steps Involved in Introducing a Client Appointment System	
Step 1:	Carry out an information campaign concerning the scheduling of appointments at the clinic and at all affiliated sites
Step 2:	Meet with the director of the clinic, physicians, and nurses to sensitize them to the need for scheduling appointments
Step 3:	Select volunteer physicians' offices to pilot test the process
Step 4:	Establish norms and protocols for the appointment system, such as determining the amount of time acceptable for clients to wait, and the length of each visit
Step 5:	Submit a weekly report to the director indicating the results of the pilot test
Step 6:	Provide weekly feedback via the clinic bulletin board, detailing the number of scheduled appointments and waiting times in the pilot group, and comparing them with those that do not schedule appointments
Step 7:	Add at least two new offices per month to the pilot group
Step 8:	Conduct monthly meetings to monitor progress and evaluate the results
Step 9:	Submit a monthly report to the director of outpatient care, summarizing progress made in improving client satisfaction through the use of an appointment system

Sample Process for Establishing a Medical Record Review System

The general objective of establishing a medical record review system is to make routine the use of medical records as a mechanism for reviewing diagnosis, treatment, and follow-up patterns, identifying problems with the system, and taking corrective measures. The specific objectives are to:

- Identify the most frequently occurring errors related to medical history, physical examination, diagnosis, treatment, and follow up, and take corrective measures;
- Increase the percentage of accurate diagnoses and decrease the number of preventable return visits;
- Increase adherence to the treatment protocols established by the facility or organization;
- Decrease the costs associated with unnecessary administration of medications, additional tests, and referrals that result from inappropriate diagnoses or treatments.

The desired outcomes of establishing a medical record review system are to:

- Increase the percentage of medical records in which the diagnosis matches the physical findings recorded;
- Increase the percentage of medical records indicating appropriate treatment for the listed diagnosis.

The following tables list the steps involved in establishing a medical record review system.

Steps Involved in Establishing a Medical Record Review System

Step 1: Meet with the clinic director, physicians, and nurses to orient them to the benefits associated with analyzing medical records as a means of identifying treatment problems and as a basis for continuing medical education

Step 2: Inform physicians about the timing and frequency of participation in the review system by the director and the quality improvement team

Step 3: Hold monthly meetings with the clinic director, physicians, nurses, and pharmacy and laboratory staff to analyze general results, without mentioning specific persons or offices

Step 4: Hold individual feedback sessions with staff who are not following the established procedures

Step 5: Post general indicators and results of the medical record evaluations on bulletin boards and hold monthly feedback sessions with interested managers and staff

Step 6: Submit monthly reports on the results of the evaluation to the head of the outpatient department

The following tables list a sample process for reviewing medical records and for synthesizing the findings of a record review.

Sample Process for Reviewing Medical Records

Step 1: The clinic supervisor and provider(s) develop a simple checklist to evaluate each area of concern. One question on the checklist might be: "Are vitamins being routinely dispensed during the first prenatal visit." Another might be: "Is growth monitored during all pediatric visits?"

Step 2: Once a month, the supervisor selects a random sample of 25 medical records for review. Records may be selected from the general pool or from service areas that have been targeted for review

Step 3: The supervisor uses the appropriate checklists to review the selected records and tallies the numbers of yes's or no's for each item on the checklist

Step 4: The supervisor uses this data to identify providers who are not following the appropriate clinic protocols

Step 5: After ensuring that the necessary supplies and equipment are available, the supervisor counsels and/or trains these providers to improve their adherence to the protocols

Step 6: The supervisor records all comments concerning the preceding activities and their results

Step 7: The supervisor submits a monthly report to the head of the outpatient department

Sample Process for Synthesizing the Findings of a Record Review

Step 1: Compile all the checklists described above and tally the number of yes's for each question and record the total on the tally sheet

Step 2: Graph these results and compare them to the last record review to evaluate progress

The following tables are a sample checklist for a record review evaluating the treatment of diarrhea, and an example of a tally sheet for the review.

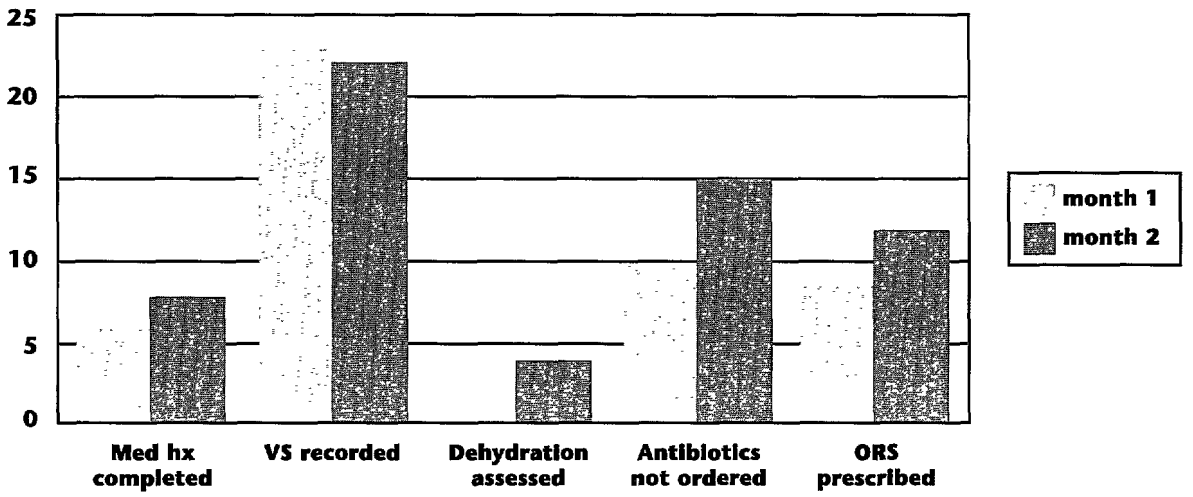
Sample Checklist for a Record Review
Evaluating the Treatment of Diarrhea

Name of Provider: _____

	YES	NO
1. Medical history (Med hx) complete	___	___
2. Vital signs (VS) recorded in chart	___	___
3. Degree of dehydration assessed and recorded	___	___
4. Oral Rehydration Salts (ORS) prescribed	___	___
5. Provider refrains from ordering antibiotics for diagnosis of simple diarrhea	___	___

Example of a Tally Sheet for Checklists of Record Reviews
Evaluating the Treatment of Diarrhea

	#YES	#NO
1. Medical history complete	7	18
2. Vital signs recorded in chart	22	3
3. Degree of dehydration assessed and recorded	4	21
4. ORS prescribed	15	10
5. No antibiotics ordered for diagnosis of simple diarrhea	12	13
TOTAL NUMBER OF CHARTS REVIEWED		**25**



Developing Internal CQI Facilitators
La Paz, Bolivia

The availability of internal facilitators to help conduct introductory CQI training for management and operational staff, provide follow up and support to quality improvement teams after training, and train new team members are key to the success and sustainability of a CQI initiative. As seen in the experience of the Caja Nacional de Salud (Caja) in La Paz, Bolivia, developing internal CQI facilitators helped the organization to sustain and expand the use of the CQI process to improve the quality of health service delivery. The facilitators supported the teams by, among other things, maintaining team morale, keeping the team focused on its objectives, adjusting team membership as needed, and disseminating team achievements.

Results

Training internal CQI facilitators allowed the Caja Nacional de Salud to expand its CQI initiative to seven clinics in greater La Paz. Each clinic has four trained CQI facilitators. The topic of quality is a standard agenda item at all medical meetings and continuing education sessions held at Caja clinics throughout Bolivia.

Learning Objectives

After reviewing this case and the accompanying tools, readers will know how to:

- Introduce a CQI initiative in a large, multi-facility organization in a cost-effective way.

CQI Methods and Tools Accompanying This Case

The Caja used the following CQI methods and tools, found on pages 81–83:

- Selection Criteria for Internal CQI Facilitators;
- Internal CQI Facilitator Profile;
- Duties and Responsibilities of Internal CQI Facilitators.

Introducing a Continuous Quality Improvement Initiative

Legislative changes in Bolivia in 1994 calling for the decentralization of the public health sector spurred the Caja to examine the quality of care provided at its service delivery facilities in order to prepare to compete in a new, more competitive public health care environment. In August 1994, a focus group study examined the perceptions of clients using the Caja's health services and identified the following six problems that clients felt impeded the quality of the services provided:

- Long waiting time;
- Excessive amount of paperwork and documentation required before a client could see a physician;
- Short visits with physicians;
- Staff lack of courtesy toward clients;
- Staff lack of respect for client needs;
- Absence of physicians during clinic hours.

Previous Page Blank

Between 1994 and 1995, I worked with Caja officials and staff to introduce a CQI initiative that would address the service delivery problems identified in the focus group study and make the Caja more competitive in a decentralized public health care system. Caja officials were positive about the initiative, and we held introductory CQI workshops for directors, trainers, and service delivery staff from five clinics in three Bolivian cities. Unfortunately, this initial effort had to be abandoned when some of the physicians leading the initiative were transferred away from their clinics and replaced by physicians who had not received CQI training.

In 1996, we started the process again. In the first phase, 15 senior management staff from three clinics in La Paz and one each in Santa Cruz and Cochabamba participated in an introductory CQI workshop. The participants developed a national quality improvement plan that established quality improvement teams to study the six problems identified in the 1994 focus group study and to propose solutions for these problems. Further, the participants decided to try to increase support in their clinics for the national reproductive health program, and to encourage clinic staff to participate in upcoming introductory CQI training.

In the second phase, external facilitators, including myself and other facilitators provided through MSH, led introductory CQI training for staff (nurses, physicians, laboratory technicians, pharmacists, and administrators) from the five participating clinics. External facilitators are facilitators from outside the organization who are professional experts in the areas of quality and organizational change and who provide training to organizational staff in CQI. By the end of 1996, external facilitators had trained 720 Caja clinic staff, who established quality improvement teams and developed quality improvement projects to address priority service delivery problems.

Similar to introductory CQI workshops we have offered elsewhere in the region, we based the training design on the three principles of CQI: focus on the client, work in teams, and improve the service delivery process. (For more information on these three principles, see the Introduction, pages 4–5.) The training helped the participants recognize that negative attitudes and behaviors are major obstacles to improving service quality. They learned to accept the value of the clients' perspective and to integrate listening and responding to the clients into routine service delivery procedures. We worked in groups and small teams using participatory exercises such as role plays and brainstorming.

The training participants learned that regardless of their position or department, they share an awareness of recurrent service delivery problems. They also gained experience in using various CQI tools, such as the priority-setting matrix, to help prioritize service delivery problems and establish cross-functional quality improvement teams to address them. (For more information on prioritizing problems, see pages 44–46. For information on establishing quality improvement teams, see pages 43–44.)

Institutionalizing CQI in the Caja Nacional de Salud

Two pressing issues emerged from the extensive training conducted in 1996. First, the Caja needed to update its national CQI strategic plan to include expanding the CQI initiative and providing training to clinic staff nationwide over the next two years, in order to institutionalize throughout the organization the gains made in the five pilot clinics. Further, they would have to make these efforts using limited resources. Second, it was important for the Caja to find ways to maintain staff motivation for CQI, and to provide internal support for the quality improvement teams, again using limited resources. As one clinic director asked, "What is going to happen when your organization can no longer support us? How will we take over and do it ourselves?"

In order to meet the challenge of building the capacity of the Caja to support and expand its CQI initiative, we proposed identifying and training internal CQI facilitators at each clinic. Internal CQI facilitators are individuals within an organization who can train clinic staff in CQI and support them in implementing quality improvement projects. While internal facilitators require absolute support from senior management, they do not necessarily have to be management staff.

Identifying and Training Internal CQI Facilitators

The clinic directors supported the proposal to develop internal CQI facilitators in each clinic, but before making a commitment, they asked me to answer five questions:

- What is the role of an internal CQI facilitator?
- As a clinic director, how would I work with this internal CQI facilitator?
- How will internal CQI facilitators be selected?
- How will internal CQI facilitators be trained?
- Are internal CQI facilitators paid for assuming additional responsibilities?

The answers to these questions follow.

What is the role of an internal CQI facilitator?

The role of an internal CQI facilitator is flexible and can be adapted to meet the needs of a particular facility. An internal facilitator may provide technical assistance and training to quality improvement teams in the CQI process and in the use of problem-solving tools. Alternatively, an internal facilitator may take on the role of team coordinator, which requires assuming coordination functions as well as providing his or her team with technical support. In either situation, an internal CQI facilitator has some general responsibilities, as seen in the following box.

General Responsibilities of an Internal CQI Facilitator

- Participate in selecting quality improvement team members and replace inactive members as needed with other staff who demonstrate enthusiasm and commitment to CQI
- Build and maintain the team's enthusiasm for their work to improve quality
- Provide team-oriented training in CQI
- Support the team in its problem-solving endeavors
- Acknowledge and disseminate the team's achievements

If the internal CQI facilitator is also a team coordinator, he or she will have some additional responsibilities, as listed in the following box.

Team Coordinator Responsibilities of an Internal CQI Facilitator

- Convene and chair team meetings
- Coordinate and develop meeting agendas
- Monitor compliance with agreements made in previous meetings
- Facilitate the implementation of quality improvement projects
- Ensure that all agreed-upon tasks are written down, including the names of those responsible and the dates when tasks will be completed
- Ensure that the team decides on the date, time, and place for the next meeting
- Follow up on the agreed-upon tasks between meetings
- Inform the coordination team of the progress made by each quality improvement team
- Request the approval of projects and resources as necessary

As a clinic director, how would I work with this internal CQI facilitator?

The most important roles that you, as clinic director, would have in working with an internal CQI facilitator are to provide the facilitator with the authorization to do his or her job, to collaborate with the facilitator in developing and monitoring initiatives, and to provide technical support to the facilitator. Sometimes your function may be to listen to the facilitator's problems and suggest possible solutions. At other times, you may need to perform appropriate management functions, such as following up with the internal CQI facilitator on important deadlines in a timely manner. You may also need to serve as a liaison for the internal facilitator in his or her efforts to obtain support, approval, or resources from sources outside your clinic.

How will internal CQI facilitators be selected?

The members of the coordination team select the internal CQI facilitators for their clinics. You, as director, and the head of every clinic unit are automatically selected to be members of the coordination team.

To assist in identifying natural leaders, we established the following selection criteria:

- Possesses a truly positive attitude;
- Wishes to do this type of work;
- Has sufficient time and the approval of his or her supervisor to participate in the process;
- Intends to continue working at the clinic for at least two more years;
- Is available to participate in training as needed.

We also developed an "Internal CQI Facilitator's Profile," below. The facilitator's profile is based on our ideal model of a passionate and optimistic natural leader. It is rare to find an individual who possesses all of the characteristics in the profile. The most important characteristic identified in both the criteria and the profile is "Attitude." A facilitator may acquire all of the remaining criteria through training and experience. (The facilitator's profile may also be found on page 82.)

Internal CQI Facilitator Profile	
Criteria Area	**Details**
Attitude	◆ Is committed to the process ◆ Is enthusiastic ◆ Will be persistent in following through and completing challeng-
ing	tasks or assignments
Skills	◆ Able to listen and observe ◆ Able to analyze and synthesize ◆ Able to accept and offer constructive criticism ◆ Able to negotiate with high ranking staff ◆ Able to communicate clearly ◆ Able to maintain cordial interpersonal relationships
Knowledge	◆ Understands human behavior principles ◆ Understands group and organizational dynamics ◆ Understands the methodology of quality
Experience	◆ Has experience as a teacher, coordinator, or facilitator. (This experience will help the facilitator gain the respect of the people he/she will be working with.)

How will internal CQI facilitators be trained?

We recommend that internal CQI facilitators participate in up to four separate training courses. The first two are introductory training that introduce them to CQI and provide them with an opportunity to begin to take on their facilitator role. The second two workshops are designed to help them develop the more specific problem-solving and facilitator skills that they will require to fulfill their new role. The four workshops are:

- Introductory CQI Workshop (facilitator is participant)
- Introductory CQI Training (facilitator assumes a support role to the trainer)
- Problem-Solving Workshop
- Facilitator Skills Workshop (a five-day training with an established curriculum)

Are internal CQI facilitators paid for assuming additional responsibilities?

Internal CQI facilitators, like other managers and staff who participate in quality improvement teams or assume the responsibilities of a team coordinator, cannot be compensated monetarily for their CQI work. However, it is important to plan for recognizing their work in a public way throughout the process of implementing the CQI intiative. For example, when a quality improvement project achieves some results, you could hold a public ceremony and provide certificates of recognition or achievement to the internal CQI facilitator and other team members. When an important national or foreign visitor comes to your clinic, you might introduce the internal CQI facilitator(s) to the visitor during a meeting or while walking through the clinic.

Success at implementing quality improvement projects is also excellent motivation for internal CQI facilitators, as well as for others participating in the initiative. Encourage your teams to begin their CQI initiative by working on priority problems that have the greatest potential for quick resolution. When small or short-term projects are successful, the internal facilitator and other team members experience that change is possible. These kinds of small victories can help motivate staff participating on quality improvement teams to consider projects that address more complex or long-term service delivery problems.

Expanding the CQI Initiative in La Paz

In early 1997, the Caja expanded its CQI initiative to four new clinics in greater La Paz. This expansion provided an opportunity to develop and train internal CQI facilitators. The selected internal facilitators attended an introductory CQI workshop for senior management at the four clinics and observed the external facilitator conducting training sessions. They also worked with the managers to draft quality improvement plans for the four clinics.

The internal facilitators then participated in an introductory CQI training for service delivery staff at the four clinics, in which the facilitators took on a more active training role. For example, they coordinated the small groups or teams set up to complete group exercises during the workshop. They also planned the follow-up activities for which they would be responsible and reviewed these plans with the newly established quality improvement teams. The internal CQI facilitators also participated in a facilitator skills workshop, at which they were formally recognized as ready to conduct introductory CQI training on their own.

Follow up by internal CQI facilitators: reviewing participation by team members. In 1997, the internal CQI facilitators held follow-up meetings with the quality improvement teams at their facilities. One of their major responsibilities during these meetings was to ask team members who had been inactive in team activities to withdraw, and to invite new staff to replace them. It had been observed that keeping inactive members on a quality improvement project adversely affected the team's morale and performance. Terminating membership in the team, or, as the facilitators called it, "closing ranks," helped to maintain morale and keep the team focused on its objectives. This process of adjusting team membership is important, and should be a regular part of any CQI initiative.

Disseminating CQI Achievements

Disseminating the achievements of quality improvement teams can be instrumental in sustaining enthusiasm for the intiative by senior officials, senior management, and also team members. The first dissemination activity of the Caja's CQI initiative was to host a meeting entitled the "Second Medical Meeting," at the Manco Kapac Clinic in greater La Paz. During this meeting, the quality improvement teams presented their projects, results attained, and findings.

In 1997, the Caja initiated additional dissemination activities, which have served to reinforce the valuable contributions of the quality improvement teams. These activities included:

- Publishing an internal newsletter, *Echo*. The newsletter disseminates the milestones and achievements of the quality improvement process;
- Holding a CQI dissemination workshop for regional medical directors, administrators, and clinic directors from other parts of the country, to share the achievements of quality improvement teams and begin the process of generating support for CQI in their local clinics.

Conclusion

The success of the CQI initiative carried out by the Caja Nacional de Salud depended first on training internal CQI facilitators and then on supporting them in their work with the quality improvement teams. Without trained internal CQI facilitators, expanding the initiative to include a total of seven Caja clinics in La Paz would not have been possible. Now each clinic has four trained and capable facilitators who provide internal support to the quality improvement teams. (The specific results of the Caja's CQI initiative are discussed in the case "Improving Service Delivery Processes" on pages 61–66.)

Developing the internal capacity of the Caja to conduct and manage its CQI initiative has led to the following activities and achievements:

- Internal CQI facilitators conducted introductory CQI training for all staff working at the seven La Paz clinics;
- The directors of the seven La Paz clinics who had already participated in the CQI initiative conducted introductory CQI training for directors and service delivery staff at the remaining clinics in greater La Paz;
- Three clinic directors conducted introductory CQI training for more than 60 physicians and nurses from clinics in the major Bolivian cities of Sucre, Tarija, and Potosi;
- The Caja now has a team of fourteen professionals who provide CQI training and follow up throughout Bolivia.

In addition, the topic of "quality," including focusing on the client and working in teams, is now a standard agenda item at all medical meetings and continuing education sessions offered to staff at all Caja clinics.

Discussion Questions

1. Describe the profile of an internal CQI facilitator. What role does an internal CQI facilitator play in the CQI process?
2. How does the internal CQI facilitator motivate the activities of the quality improvement team?
3. What is the relationship between internal CQI facilitators and senior management within an institution?
4. If you wanted to begin a CQI initiative, what type of person would you identify as an internal CQI facilitator and what steps would you take to develop his or her capacity and ability to facilitate continuous quality improvement in your organization or facility?

One key to the success of a CQI initiative is the availability of internal facilitators to conduct introductory CQI training for management and operational staff, follow up with the teams after training, provide technical support to quality improvement teams, and train new team members as needed. Ideally, these facilitators are internal to the organization and are employed as service providers in the facilities participating in the CQI initiative. Developing internal CQI facilitators helps an organization to sustain and expand the use of the process to improve the quality of their health service delivery.

To help you select and guide internal CQI facilitators, use the tools included in this annex:

- Selection Criteria for Internal CQI Facilitators;
- Internal CQI Facilitator Profile;
- Duties and Responsibilities of an Internal CQI Facilitator;
  - General Responsibilities of an Internal CQI Facilitator;
  - Team Coordinator Responsibilities of an Internal CQI Facilitator.

SELECTION CRITERIA FOR INTERNAL CQI FACILITATORS

Usually the members of the coordination team select the internal facilitators for their clinics. The criteria are listed in the table below.

Selection Criteria for Internal CQI Facilitators
◆ Possesses a truly positive attitude
◆ Wishes to do this type of work
◆ Has sufficient time and the approval of his or her supervisor to participate in the process
◆ Intends to continue working at the polyclinic for at least two more years
◆ Is available to participate in training as needed

Previous Page Blank

Internal CQI Facilitator Profile

The facilitator profile is based on the ideal model of a passionate and optimistic natural leader. It is rare to find an individual who possesses all of the characteristics in the profile. The most important characteristic for this person to have, however, is a good attitude. A facilitator may acquire all of the remaining criteria through training and experience.

Internal CQI Facilitator Profile

Criteria Area	Details
Attitude	◆ Is committed to the process ◆ Is enthusiastic ◆ Will be persistent in following through and completing challenging tasks or assignments
Skills	◆ Able to listen and observe ◆ Able to analyze and synthesize ◆ Able to accept and offer constructive criticism ◆ Able to negotiate with high ranking staff ◆ Able to communicate clearly ◆ Able to maintain cordial interpersonal relationships
Knowledge	◆ Understands human behavior principles ◆ Understands group and organizational dynamics ◆ Understands the methodology of quality
Experience	◆ Has experience as a teacher, coordinator, or facilitator. (This experience will help the facilitator gain the respect of the people he or she is going to be working with.)

Duties and Responsibilities of Internal CQI Facilitators

The role of an internal CQI facilitator is flexible and can be adapted to meet the needs of a particular polyclinic. A classic role of the internal facilitator is to provide technical assistance and training to quality improvement team members in the CQI process and in the use of problem-solving tools. Alternatively, an internal facilitator may function as quality improvement team coordinator, which requires taking on coordination functions as well as providing his or her team with technical support.

In either situation, an internal CQI facilitator has some general responsibilities, as seen in the following box.

General Responsibilities of an Internal CQI Facilitator

- Participate in selecting quality improvement team members and replace inactive members as needed with other staff who demonstrate enthusiasm and commitment to CQI
- Build and maintain the team's enthusiasm for their work to improve quality
- Provide team-oriented training in CQI
- Support the team in its problem-solving endeavors
- Acknowledge and disseminate the team's achievements

If the internal CQI facilitator is also a team coordinator, he or she will have some additional responsibilities, as listed in the following box.

Team Coordinator Responsibilities of an Internal CQI Facilitator

- Convene and chair team meetings
- Coordinate and develop meeting agendas
- Monitor compliance with agreements made in previous meetings
- Facilitate the implementation of quality improvement projects
- Ensure that all agreed-upon tasks are written down, including the names of those responsible and the dates when tasks will be completed
- Ensure that the team decides on the date, time, and place for the next meeting
- Follow up on the agreed-upon tasks between meetings
- Inform the coordination team of the progress made by each quality improvement team
- Request the approval of projects and resources as necessary