

Quality Improvement Handbook for Primary Health Care

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QUALITY IMPROVEMENT HANDBOOK

for Primary Health Care

INTRODUCTION

Quality Improvement for Primary Health Care Handbook

Contents

The Quality Improvement Handbook contains the complete set of resources and tools required to introduce and maintain a performance and quality improvement process at primary health care centers in the Hashemite Kingdom of Jordan. The materials were developed by the Quality Assurance component of the Primary Health Care Initiatives (PHCI) Project and the Ministry of Health with support from the U.S. Agency for International Development.

The document is divided into five distinct sections and may be removed for copying; the same material is included in the enclosed QIP CD to enable programming and printing. To maintain the integrity of the QIP Handbook, please return the sections to the master copy after copying.

| | Document | Audience | Context | Purpose | Contents |
|----------|---|------------------------------------|--|---|--|
| 1 | Facilitator's Guide | QA Coordinators | Initial & Follow-up Quality Improvement & PIR Training | To guide the training of PHC Quality Teams in the Quality Improvement Process | Training objectives and content as well as workshop materials for duplication or posting |
| 2 | Performance Improvement Review Process and Tools | QA coordinators & HC QA Teams | Initial and Follow Up PIR implementation | To enable health center quality assurance teams to conduct a performance improvement review | User's guide, assessment tools and software program to input and analyze data |
| 3 | Quality Assurance Team Guide | Health Center QA teams | Quality Improvement Training and Weekly Team Meetings | To provide QA teams with complementary information and tools for quality and PIR training and continued monitoring of action plans | Quality Guidance, PIR implementation details, monitoring guidance and tools |
| 4 | Monitoring and Support Guide | QA Coordinators | Health Center QA Team Meetings | To guide the ongoing monitoring and support of QA teams | Agendas, guidance and monitoring tools for continued support meetings |
| 5 | Monitoring Tools and Forms Handbook | Focal Coordinators & Quality Units | Quality Unit Data Entry and Monthly Planning Meetings | A tool for analyzing monthly progress on key health and utilization indicators and planning PIR training and Health Center support visits | Software and user's manual to compile indicator data and track PIR training and support visits |

Using the QIP Documents

Quality Assurance Coordinators should familiarize themselves with the contents of the first four documents before initiating Quality Improvement training to understand the procedures, curricula and expectations for quality assurance teams and health center outcomes. The documents are interrelated, for example:

- The *Monitoring and Support Guide* provides helpful guidance for introducing the QIP to Health Center Managers and criteria for selecting QA team members.
- The *PIR Implementation Guide* provides the tools and software for analyzing the data from the performance improvement review initiated on day three of training. The software has been installed on the Health Directorate computer and also be found on the CD included in the handbook.
- The *Quality Assurance Team Guide* provides orientation to the material to which the team has access. QA Coordinators should refer team members to key points during training to deepen understanding of the quality improvement process. Guides are meant to be distributed to the team on the first day of training.

The fifth document, the *Monitoring Tools and Forms Handbook*, is intended to assist Quality Units and Focal Coordinators to compile the data from health center monthly reports to show trends in individual health centers and across directorates in adherence to standards and control status for diabetes and hypertension. The software has been installed on the health directorate computer. The software for the planning program to enable the Quality Units to track and schedule QIP training and PIR implementation as well as monitoring visits is similarly available on the health directorate computer.

FACILITATOR'S GUIDE

Quality Improvement and the Performance Improvement Review

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FACILITATOR'S GUIDE

Quality Improvement and the Performance Improvement Review

Introduction

QIP Documents

The Facilitator's Guide is part of a *Quality Improvement Handbook for Primary Health Care* that includes a *Monitoring and Support Guide for Quality Improvement* and the *PIR Tools*, all geared to introduce and strengthen the Quality Improvement Process at Primary Health Centers in Jordan. The handbook is designed to help the facilitators, typically Quality Assurance (QA) Coordinators, introduce health center QA teams to the principles of quality at a health center and to the PIR self-assessment process for improving center performance. The *Monitoring and Support Guide for Quality Improvement* provides more details on establishing a team and supporting it after initial training and action plan development. The *Team Guide* is a complementary user's guide for health center QA team members, enabling them to more easily follow the quality training and implement a quality improvement process when they return to their health centers.

The Facilitator's Guide is composed of three sections:

- Facilitating Initial PIRs
- Guiding Follow-up PIRs
- Annexes with the materials required to conduct the training

The guide enables facilitators to teach teams to use the PIR tools to collect and analyze data, identify performance problems and develop and implement an action plan. It suggests actions to take before PIR training begins, steps to follow during training and agreements to be made at the conclusion of the training. The annex contains the training handouts and examples for flip chart or white board presentations. The PIR instruments and the complete Excel data analysis program contained in the QIP Handbook are necessary to conduct the training and analyze the data.

Training Preparation

Training takes five days for new PIRs and four days for follow-up PIRs, usually four hours a day, and is best conducted away from the health center to avoid interruptions and allow for concentration. The practice of bringing two or three health center teams together for group training has proven an effective learning environment. It facilitates sharing and provides a more academic experience. The Training Centers in each of the directorates can be used for this purpose. MOH rules for transportation and allowances should be followed when organizing logistics or refreshments. At times physicians or nurses may be needed to cover for the team members taking part in training. This should be arranged with the Health Directorate.

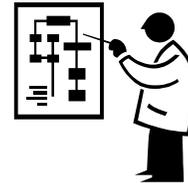
If training takes place in the health center, try to find a quiet and comfortable room and ask the team to observe official training breaks to tend to other business. Try to organize the timing of the training to avoid the time of high client volume. If necessary, arrange through the Health Directorate coverage for team members participating in training.

Preparatory Actions for the QA Coordinator

1. Determine which of the health centers needs to establish a team and receive initial PIR training and which centers require follow up training. It is helpful to plan PIR training on a monthly basis.
2. Use your judgment to decide whether new and experienced teams would benefit from a combined training. Consider whether the experienced team has many new members who could benefit from quality refresher training or if sharing their experience would assist new teams.
3. Collaborate with the Quality Unit and other QA Coordinators in monthly meetings to plan for grouping of centers for training.
4. Set a date with the Directorate Training Center administrator to schedule the training.
5. Familiarize yourself with the material in the QIP Handbook.
6. Schedule a meeting with the Health Center Manager prior to training to explain the quality improvement process and devise a plan for appointing a QA team. (*See Monitoring and Support Guide for more information on setting up teams.*)
7. Set a date for training within two weeks of this meeting.
8. Ensure all handouts and flip charts are ready prior to training.
9. On the last day of training, set a date for the first follow-up meeting with the QA team at the Health Center two weeks after training. (*Please use The Monitoring Guide for more guidance on conducting initial and continuing support visits.*)

Training Objectives

- To acquaint participants with the concept of quality
- To help participants understand the purpose of QA teams
- To introduce the Performance Improvement Process steps and tools
- To prepare team members for conducting a PIR
- To assist team members to create an action plan
- To strengthen participant understanding and use of standards and performance checklists.



Suggested Training Schedule

| Day One | Day Two | Day Three | Day Four | Day Five |
|--|--|--|---|--|
| Session One Introduce Quality Session Two Define Quality Session Three Introduce PIR | Session Four Instrument Review & Role Plays Session Five Role of QA Team Session Six Preparing for Data Collection | Session Seven Data Collection & Compilation | Session Eight Problem Prioritization Session Nine Define the Problem Session Ten Analyze Service Utilization Statistics | Session Eleven Action Planning Session Twelve Monitoring Standards Session Thirteen Reviewing Standards Session Fourteen Next Steps |
| Preparation – Flip Charts & Assignments | | | | |
| <ul style="list-style-type: none"> - Blank Conceptual Framework Format | <ul style="list-style-type: none"> - Assignment Sheet | <ul style="list-style-type: none"> - QAC assistance on site for guidance and interviews - Computer & Excel Program | <ul style="list-style-type: none"> - Sample Comparison Graph - Problem Prioritization Sheet | |
| Handouts | | | | |
| <ul style="list-style-type: none"> - Team Guide - Conceptual Framework - PIR Instruments | <ul style="list-style-type: none"> - Interviewing & Observing Tips - RH Service Utilization Data Form - PIR Loose Instruments for Data Collection | <ul style="list-style-type: none"> - Extra Loose Instruments (in case of emergency) | <ul style="list-style-type: none"> - Problem List - MCH Utilization Graph | <ul style="list-style-type: none"> - Action Plan Format - Follow-up Sheets for Diabetes & Hypertension - Control Sheets for Diabetes & Hypertension - Minutes Format |

PART ONE: FACILITATING INITIAL PIR

Preliminary Session: Preparing the Center for Implementation

1. Determine the availability of the Health Directorate Training Center; alternatively, find a quiet area within the Health Center.
2. Set up an appointment with the Health Center Manager one to two weeks prior to training implementation.

Discuss:

- The purpose of PIR
 - The amount of time it will take to train staff and conduct a review
 - The role and suggested make-up of an effective Quality Assurance team (*see the Monitoring & Support Guide for more guidance*)
 - The manager and team's role as agents of change
 - Expectation for QA team and full staff meetings
3. Agree on the dates and locale for training (be sure the manager has enough time to identify, appoint and orient team members before the PIR review)
 4. Discuss logistical arrangements

DAY ONE

Introduction to Quality and the Performance Improvement Review

| Preparation for Day One | |
|----------------------------|---|
| Blank Conceptual Framework | Team Guide Conceptual Framework PIR Instruments |

Introduction

Welcome and Introduce Team Members

1. Discuss the schedule for training and objectives:
 - To define quality in primary health care centers
 - To understand and implement a Performance Improvement Review
 - To develop an action plan
2. Briefly discuss the role of the teams in the Quality Improvement Process
 - Discuss the importance of the team in making improvements in service delivery and client and staff satisfaction.
 - Tell them they have been chosen as they represent different services and functions within the center and have a comprehensive view of cross-cutting issues.
 - Explain that teamwork is one of the pillars of quality improvement along with using data, complying with standards and focusing on client needs.
 - State that over the next five days their understanding of the team's role will grow as they learn about the concept of quality and the problem solving process and that when they return to their health centers their strength as a team will make them 'champions' of quality improvement.

HANDOUT 1

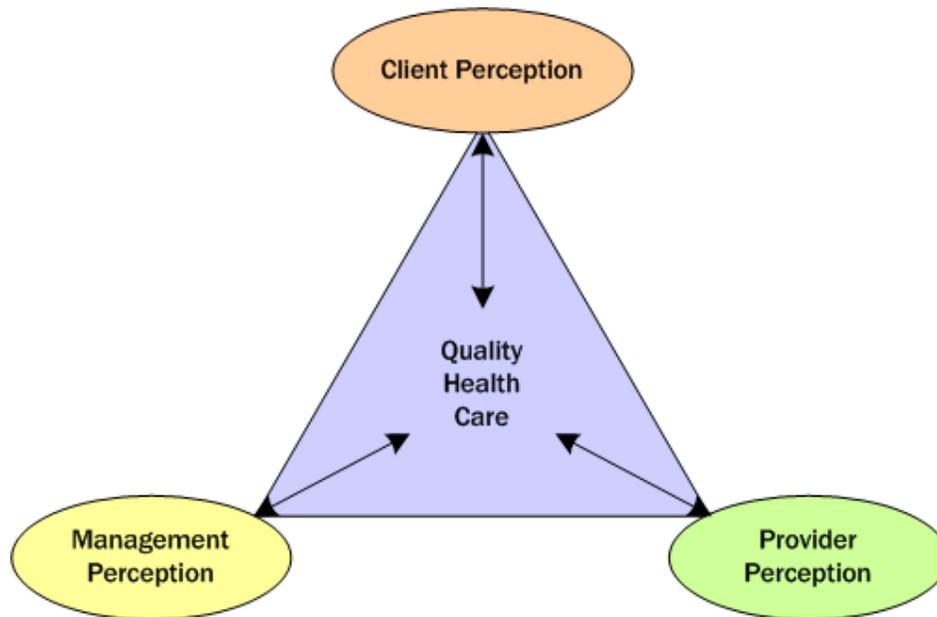
Hand out the *Team Guide* and explain to the participants that it will help them in learning more about teams, in following the training process and in using the tools in their health centers. Ask them to read the guide as homework and you will be glad to answer any questions.

Session One: Introduce the Concept of Quality

Introduce the Quality Components

Set up the following exercise which helps the group think through their own definition of quality:

1. Ask team to think about their favorite store or market and state what they like about the store or what attracts them to keep coming back. List responses on a flip chart and review the key points.
2. Ask them to relate this exercise to a quality health center.
3. Consider drawing the triangle diagram on the flip chart and record responses under the appropriate circle:
 - Ask the manager what he feels makes a quality health center? List responses.
 - Ask staff what quality is from their point of view. Expand their thinking to physical structure and appearance of health center.
 - Finally ask what clients and community members look for in a quality health center. Tape sheet to the wall.



4. Review and summarize by stating: Quality is perceived differently for those that manage health care, deliver the care and receive the care.

Session Two: Define Quality

1. Explain 'Quality' needs to be defined to include perceptions of all stakeholders: clients, management and staff. Spend time reviewing the following definitions and ask for feedback on the key points (those underlined) in each definition to help participants understand the meaning and application of quality.
2. Quality of health care consists of the *proper performance (according to standards)* of interventions that are known to be *safe*, that are *affordable* to the society in question, and that have the *ability to improve health outcomes* and *meet or exceed client expectations*.

Quality means doing the right thing right the first time

3. State that there are many terms used in addressing quality:

- Quality Assurance
- Quality Improvement
- Total Quality Improvement
- Continuous Quality Improvement

Ask if there are other terms they know.

Remember to ask for comments or questions

4. Explain that the name is less important than the concept. We use *Quality Improvement (QI)* to convey our meaning. Our aim is to improve the quality of care at health centers through enabling the *right thing* to be understood and accomplished and perceived by the client. This requires:

- Building staff capacity through training
- Providing and following standards of care
- Designing services to increase customer satisfaction
- Monitoring performance and compliance with standards.
- Documenting results to ensure effectiveness of strategies chosen and to share what is learned
- Maintaining a continual quality improvement process

5. Measure Quality To understand whether improvements have taken place, it is necessary to monitor the effects by measuring results.

- Quality Assurance (QA) is the quality monitoring process that facilitates problem identification and problem solution.
- In Jordan, *the Performance Improvement Review or PIR process* measures the strengths and weaknesses of center performance to assist staff to take actions to improve quality.
- The first step is to understand what to measure.

FLIP CHART 1: CONCEPTUAL FRAMEWORK (BLANK)

Place the blank conceptual framework (**Annex 1.1**) on the flip chart stand.

- Explain the five elements describe the key aspects of what a health center should possess in terms of skill and competence and provide in terms of care and environment to offer quality services.
- Have the team read the definitions of the elements: Technical Competence, Client Care, Management, Environment & Safety, and Satisfaction from the flip chart

| | |
|-------------------------------|--|
| Technical Competence | Staff are competent to provide services for general and reproductive health conditions |
| Client Care | The center provides information about services, health, and follow up care to ensure understanding compliance, confidentiality, and satisfaction |
| Management | The center plans, staffs, organizes and implements health delivery services to ensure efficiency and effectiveness for clients, community, and staff members |
| Environment and Safety | The center provides a client friendly, accessible and safe environment |
| Satisfaction | The center meets staff and client expectations and needs by providing well planned, appropriate, safe, and effective services |

6. Ask the team to look at list they have generated on the *perceptions of quality* in the prior exercise and identify which points or indicators fit under each element and then to think about how they would go about measuring them.
- Explain: indicators are aspects or characteristics of performance that are measured to determine the center’s progress toward achieving the standard or objective. By selecting, monitoring and reporting on indicators, the program gathers information on contributing factors to the achievement of the expected standard.
 - Explain: observations, interviews, client record and data reviews are tools for *measuring* quality using indicators - a measure used to determine *performance over time*.
 - Place relevant indicators under the appropriate element on the framework and add how they would be measured. For example under client care, we would place privacy:

| Client Care | Environment and Safety |
|--|---|
| Indicator: Privacy Instruments: Interview & Observation | Indicator: Privacy Instrument: Facility Review |

- Ask how we can measure privacy:
Expect the following answers: *observations* of the provider-client experience, *interviewing* clients, seek physical evidence as in a *facility review* to see if doors, curtains, or screens are in place and in working order

Thus, through three different measures: *observations, interviews* and *facility*

reviews, we get a total picture of the way privacy is provided. The measurement of the indicator *privacy* can be inserted under the column for Client Care and also under the Environment and Safety category.

7. Repeat this exercise with other indicators until you are sure the team understands the relationship between indicators and techniques for measurement. Explain that the purpose of the conceptual framework is to provide a structure or framework for measuring quality.

HANDOUT 2: CONCEPTUAL FRAMEWORK (COMPLETED)

Hand out the completed conceptual framework (**Annex 2.1**) as a summary tool.

- Have the participants read the list of indicators under each element.
- Tell them that PIR has 25 indicators divided among the five elements.
- Ask if they have any questions about the meaning or placement of indicators.

8. Ask: How do we measure Quality? Allow participants to suggest responses. Summarize by stating that to measure quality, we need:

- **Standards** to know what to expect from management and staff to ensure competent and effective care for clients. For PIR – the questions represent the standards we are trying to reach. *These standards are directly linked to the five volumes of Primary Health Care Standards they have at their health centers. They are also closely aligned with the performance checklists found in the Standards.*
- **Tools** for measuring how close compliance with standards is – for PIR the scores tell us where we stand in relationship to the standards. The records, staff, clients, and observations act as sources of information.
- A **system** for analyzing and assessing data – the conceptual framework helps us to analyze the information to determine what we should improve.

Session Three: Introduce PIR

1. What is PIR?

- Ask if they know what PIR stands for and then ask what each word means: Performance, Improvement, and Review
- Help them to understand that PIR stresses that performance can always be monitored to identify opportunities for improvements
- Remind them that PIR is a performance monitoring process devised for health centers in Jordan and is to be repeated at least annually
- It uses data collection and analysis by staff members to identify problems and determine an action plan to solve those problems

- PIR is part of a quality improvement process designed to establish and maintain a *Quality Health Center*

2. PIR has four steps:

- *Preparing for data collection:* setting up the team, defining quality health care, and assigning data collection tasks
- *Collecting data:* conducting interviews, observations, record reviews
- *Data analysis & problem identification:* reviewing data, identifying problems, prioritizing
- *Action planning and implementing & monitoring:* includes expected outcome, action steps, responsible person, timeframe and a monitoring plan

3. PIR has instruments for assessing quality: staff and client interviews, staff observations, nursing observations, reproductive health observations, specific clinical observations and a general condition observation, client clinical record and MCH client record review, facility review, and service utilization sheet

- State clearly (*and often*) that in using and analyzing this information – we are **not** trying to evaluate individuals but center performance

HANDOUT 3: PIR INSTRUMENTS

Hand out PIR instruments (download them from the PIR software program—**Annex 4**)

- Ask the team to look at the conceptual framework and to turn to the Nurse Blood Pressure (BP) Observation.

- Review the format, discussing the purpose of each column on the survey form: element, indicator, question, score, two blank columns for instances where two samples are conducted, a column for the total score and the average score.
- State that the scores for each question should be put in the score column.
- If more than one observation is conducted, put the second score in the second score column.
- Ask one member to read question # 1 – and state what indicator it is linked to (*this is already noted on the instrument*). Look at definition of this indicator on the conceptual framework. Ask the team if this seems appropriate under the definition of this indicator.
- The definition is the quality standard we are looking for – the question helps us identify whether we are meeting that standard. If not, it will be listed as a problem when we review the data for preparing an action plan.
- Point to another question and again ask how it relates to the indicators. Continue this exercise until you are sure they understand the point.
- Summarize by stating our objective is to improve quality by meeting the criteria stated in the indicator definition.

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|---------------|-------|---|---------|---------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the procedure | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 2 | Did the nurse prepare for taking blood pressure by + greeting the client____ + informing client about task____ + ensuring client was sitting comfortably____ | 0=none | 1=Part. | 2=all | | | | |
| Technical Competence | K & S | 3 | Did the nurse follow guidelines to take blood pressure? + place arm at level of heart - supported by table____ + place manometer at eye level to read calibration____ + place cuff 2 cm above elbow crease____ + place cuff bladder over brachial artery____ + ensure mercury level is at 0____ + place stethoscope diaphragm over brachial artery____ + inflate to 200 or until radial pulse disappears____ + open valve, let air escape slowly ____ + remove cuff and stethoscope____ + clean stethoscope head____ + record blood pressure | 0=none | 1=Part. | 2=all | | | | |
| Client Care | Communication | 4 | Did the nurse reassure the client? | 0=No | | 2=Yes | | | | |

DAY TWO

Instrument Review – Roles – Preparing for Data Collection

| Preparation for Day Two | |
|-------------------------|---|
| Assignment Sheet | Tips for Interviews and Observations Loose PIR Instruments |

Session Four: Instrument Review and Role Play

1. Tell the team we are going to review each instrument. Stress that the questions are the standards we are trying to achieve and help them understand what each question is trying to measure.

- Start with the Client Exit Interview:

- Have the teams turn to the Client Exit Interview in their instruments.
- Ask two people to act out the Client Exit Interview, one should be the client, the second the interviewer.
- Explain the meaning of giving a 0, 1, or 2 score and have team members mark the answers on the instrument sheet as the interviewer proceeds.



- After the role play, review the process:

- Did the interviewer greet the client; introduce him or herself, and state the purpose of the interview?
- Were the questions asked clearly and politely?
- Did the client have enough time to respond?
- Did the client understand the questions?
- Did the interviewer thank the client for his/her help?

- Review the content: ensure all understand what the questions are measuring. Review each question.

- Conduct 2 more role plays: an Observation and a Staff Interview

- Review the content and process and ensure all understand what the questions measure.

HANDOUT 4: TIPS FOR OBSERVING AND INTERVIEWING

Review the tips for observing and interviewing (**Annex 2.2**)

- Review the clinical observations and have the team explain what we learn from these observations, repeat for the RH and Nursing observations.
- Explain that the questions about recording information on client records are designed to see how the providers comply with standards. These questions can be filled in using the information from the client record completed for the observation.
- Review the interviews and ask what they learned about the process and the content.

- Review the Facility Review questionnaire and explain this is related to infrastructure changes, maintenance issues and appearance. Explain this requires a careful review of the center – and cannot be completed by ‘memory’.

HANDOUT 5: SERVICE UTILIZATION DATA FORM

Look at the Service Utilization Data Form (**Annex 2.3**) and explain the purpose of this information is to use data for decision-making. Ask the team what they learn from this information.

- Explain the data can help set goals for RH services which are typically underutilized.
- Ask what they do when the service is not available – answers could cover improved counseling for referral; document and report to the directorate that services are not available; advocate for services at your center, refer clients to clinics where services exist; institute a mechanism for receiving feedback on referral results.
- Ask about the importance of getting feedback about referral outcomes. Be sure to emphasize the need for continuity of care and providing proper follow-up.
- Discuss where the information to fill in this form can be found. State although this information is not scored, problems identified from the data should be included in the action plan.
- State you will come back to this later

2. Explain the MCH and Clinical Client Record Reviews help us see the impact of training and standard compliance on the staff performance. Review the records to see if the information has been recorded properly.

Session Five: Role of the QA Team

Give participants enough time to review the meaning of QA team participation and the correct process of data collection in this session. Accuracy of data and problem identification is based on understanding the instruments, assignments and sequencing of data collection. Good team work is based on common understanding of team values and goals. Refer to the Team Guide for more detail on QA team roles and responsibilities.

1. Ask the team what they understand the purpose of a QA team is.
 - List responses on a flip chart. Examples include:
 - Creating a quality health center
 - Critically looking at systems or processes that guide centers to see how they influence performance
 - Identifying problems and helping to solve them
 - Improving performance
 - Involving other staff members in improving HC activities. “*Quality control and improvement is part of everyone’s job description.*”
 - Ask the team what qualities they feel are important to create a strong working team.

- Look for responses such as common goals, common values, good participation and respect for one another, and commitment to change.
 - Use an example to show how teams can improve service: Ask the nurse what part she plays in treating patients with diabetes, in turn ask the physician, lab assistant, and pharmacist to respond to this question.
 - Ask the team, how the present system works – how is it effective and what makes it less effective
 - Follow up by asking how they know whether the diabetic patient comes on a monthly basis.
 - Ask how they know whether the patient gets the proper treatment, counseling and medication information.
 - Ask how a team can improve the care and health of diabetic patients.
2. Discuss the team’s need for support in the PIR process and in the health center.
- Discuss the role of the QA Coordinator – for example, support and training and resource identification and mobilization
 - Discuss the role of the Quality Directorate as coordinator of all quality related activities under MOH. This includes training, support for PIR implementation, collecting and analyzing data and providing feedback to the centers to assist in strengthening quality improvement.

Session Six: Preparing for Data Collection

1. *Assign instruments*

FLIP CHART 2: ASSIGNMENT SHEET

Post the assignment sheet on the flip chart and discuss the criteria for making assignments (**Annex 1.2**).

For example: Sample Observations requiring medical background could proceed in the following manner

- Nurse observes midwife
- Midwife observes nurse
- 2nd physician or QA coordinator (if a medical doctor) observes Manager
- Manager observes 2nd physician, if there is one

- Sample Interviews & Record Review Assignment
 - Manager Interview is conducted by the QA Coordinator
 - Facility Review can be conducted by the QA Coordinator, nurse or clerk
 - A person with a medical background, but preferably not the physician who completed the record, should conduct Client Record reviews. Explain there are 2 record review instruments – one for clinical records and one for MCH records

2. Sampling

- Please follow the sampling format shown below.

| Instrument | Total |
|--|----------------|
| Facility Review | 1 review |
| Manager | 1 interview |
| Nurse | 1 interview |
| Physician (<i>where there is a second physician</i>) | 1 interview |
| Midwife | 1 interview |
| General clients | 5 interviews |
| MCH clients | 4 interviews |
| MCH Record Reviews: Family Planning & ANC , all within the last month | 5 reviews |
| Clinical Record Reviews: 1 diabetes, 1 hypertension & 3 other conditions all completed within last month | 5 reviews |
| RH Service Utilization Statistics | 1 form |
| Observations: 1 Hypertension, 1 Diabetes and 3 other Clinical Observations | 5 observations |
| RH Observations: 2 ANC, 3 FP Observations | 5 observations |
| Staff Observations: 2 Clerks, 2 Laboratory Assistants, 2 Pharmacists | 6 observations |
| Nursing Observations: 2 Dressings, 2 Blood Pressure, 2 Immunizations | 6 observations |

3. Data Collection Set-Up

- Record assigned team member names on the assignment sheet on the flip chart.

HANDOUT 6: ASSIGNMENT SHEET

Distribute instruments to assigned team members (download from the PIR software program, **Annex 4**).

- Clarify the information for the record review as follows:

| | |
|-------------------------|--|
| Clinical Records | <p>Locate 5 clinical records using the Physician’s Daily Registry and record information on the Clinical Record Review Form. In it will be client visits described by file number, age, and sex and disease classification.</p> <ul style="list-style-type: none"> - Disease Classification #3 will include diabetic records. - Disease Classification #7 will include hypertension. - Using the disease classification number as a guide, randomly choose file numbers until you find examples of the following diseases: diabetes (1 record), and hypertension (1 record). The others can be general but all should be from the last month. |
| MCH Records | <p>Locate 5 MCH records – from among family planning and antenatal care records and record information on the MCH record review form.</p> <ul style="list-style-type: none"> - Find the MCH Daily Record Register and locate 5 records – a combination of antenatal clients and family planning clients. - Randomly choose the file numbers and request the records based on the file numbers. You can also find family planning clients from the family planning cards kept by MCH and randomly choose. - Review the records to determine if they include the requested information. You will be recording whether the information is included or not, you will not be making quality judgments about the accuracy of the information. |

- Talk about how to complete the RH Service Statistics Form by using the:
 - Monthly reporting format for MCH
 - Reviewing the referral log (if there is one)
 - Monthly statistics

4. Data Accuracy

- Ask the team why accurate data is important. For example, accurate data leads to accurate problem identification and problem resolution.
- Remind them that scores are not shared with other health centers or the MOH

5. Team should explain to staff being interviewed and observed - *that individuals are not being evaluated* – rather the clinical and management process is under observation to improve quality

6. Scheduling

- Client exit interviews & observations should be completed during peak visit periods, typically early morning
- Staff interviews should be left for last, after the client load lessens
- Record reviews can be conducted at any time

7. Scoring or Marking Instruments

- Refer them to the Client Interview Form from the previous role play exercise
- Explain that scores are recorded in the first column;
- If a second observation or interview is conducted, the scores are entered in the 2nd column. Thus the same instrument is used for several interviews and observations by recording the scores in separate columns.
- Explain that they should not total or average scores; the computer program will complete the scoring.
- In the example of RH Provider Interview - answers should be written exactly as the staff member responds. Actual scores will be entered later when the answers are compared to the standards provided. (**Annex 3.1** contains RH provider interview answers.)

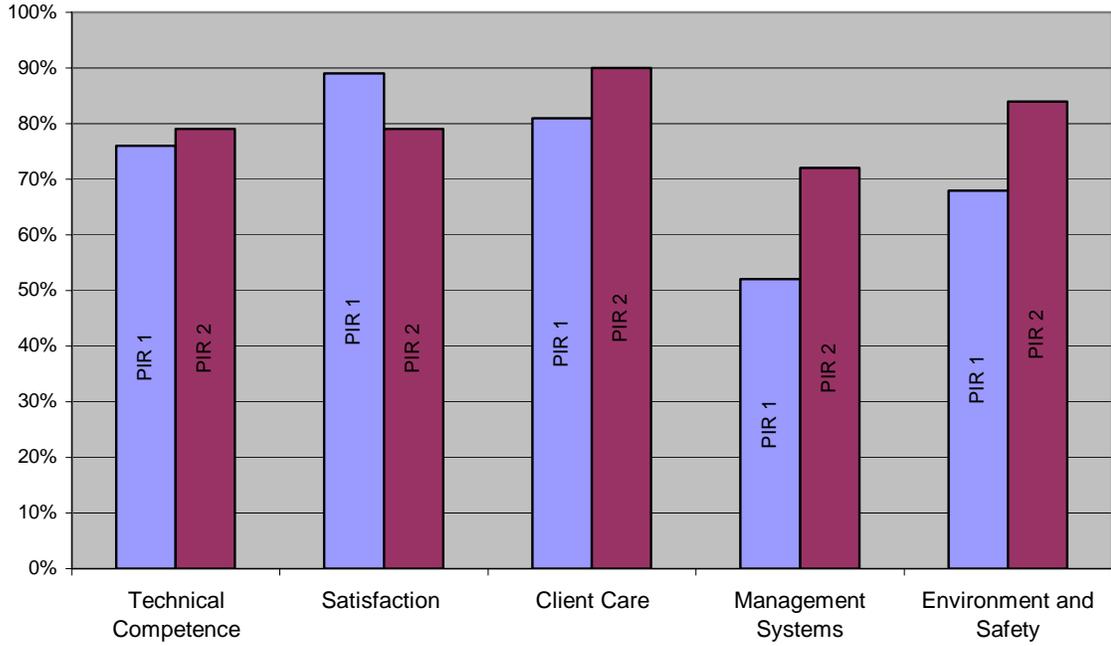
8. Compiling Data

- After data is collected on Day Three it is entered from the instrument sheet directly into the computer program. The program scores all instruments. *Remind the team that the generated data is only as correct as the data that is entered.*
- The software generates a problem list with all problems receiving less than perfect scores (less than 2). This list will help the team prioritize problems that they wish to address on their action plan.

FLIP CHART 3: PIR 1 & 2 COMPARISON GRAPH

A graph of the element scores (*Client Care, Technical Competence, Environment and Safety, Satisfaction and Management.*) will also be produced. The graph allows comparison over time (**Annex 1.3**).

Figure 1. Comparison of PIR 1 and PIR 2



DAY THREE

Data Collection and Compilation

| Preparation for Day Three | |
|--|-----------------------|
| QA Coordinator Presence for Data Collection PIR Excel Program | Loose PIR Instruments |

Session Seven: Data Collection

COLLECT DATA

QA Coordinators are essential during this day both for interviewing the manager and clarifying any issues.

- Before beginning the data collection, hold a meeting with all staff to orient them to the quality improvement process and the procedures and rationale for data collection.
- Explain that data collection is to determine weaknesses in center performance and not to evaluate individual staff members and that our goal is improved health center quality that increases client and staff satisfaction.
- Be sure to have additional loose instruments on hand for emergencies.

1. Start the team on Data Collection:
 - QA Coordinator conducts Manager Interview. He can also do Physician Observations if no other team member is appropriate.
 - QA Coordinator should also assist the team with sampling, timing, and scoring as necessary
2. Enter data:
 - All forms should be collected and the data entered into the PIR Excel Software Program.
 - After completion of data entry, request the problem list and graphs.
 - Ensure that enough copies are available for the review on Day Four.

DAY FOUR

Prioritizing Problems – Defining Problems – Analyzing Statistics

| Preparation for Day Four | |
|---|--------------------------------------|
| Problem Prioritization Sheet <i>Optional: PIR 1 & 2 Comparison Graph</i> | Problem List RH Utilization Graph |

Session Eight: Problem Identification and Prioritization

1. Hand out the Element Graph
2. Help the team to review the information presented on the graph. What elements scored highest or lowest?
 - Tell them the graph may help them think about what areas need the most work.
 - The graph is also useful for measuring progress over time.

HANDOUT 7: PROBLEM LIST

Hand out the problem list and explain it is generated by the software program based on the data entered from each instrument. All questions from all instruments dealing with the same indicator are grouped together to produce the problem list. They can review the conceptual framework to see how the indicators are distributed and then how they would be grouped.

- Discuss the content of the problem list: it is organized by element and indicator. (*Note: Only four elements: Management, Client Care, Environment and Safety and Technical Competence, will appear as satisfaction cuts across all elements. The Element Graph will show all 5 elements*)
- The first element listed is the one that received the lowest percentage.
- Under each element, each indicator is defined. The defined indicator is the standard we are trying to achieve.
- Under the definition are the problems that prevent achievement of the indicator.
- These problems are ranked from the lowest scoring to the highest, including only those that scored less than two.
- The instrument from which the problem was identified is listed to the right of each problem.

Figure 2. Problem List

| Element/Indicator | Percentage | Indicator Definition | Instrument |
|----------------------------|------------|---|-----------------|
| Client Care / Satisfaction | 0.00 % | | |
| Counseling | | <i>Providers deliver health information in a manner easy to understand and follow</i> | |
| | | Physician did not give ARI health messages | ARI Observation |
| | | Provider did not encourage questions or ensure understanding | ARI Observation |

3. Discuss the purpose of the problem list. By providing information on actual problems at the center, it is useful for guiding the selection of problems for the action plan.
 - Consider choosing from among the first listed problems under each indicator and then prioritize to select 5-6 for the action plan.
 - Alternatively look at the Element Graph and address more problems in the element that scored poorly.
 - For the chosen problems review the definition of the indicator and look at the problems identified as barriers to meeting the standard. These problems should be addressed in the action plan.

FLIP CHART 4: PROBLEM LIST

List the problems on the problem prioritization flip chart (see Annex 1.4). Discuss the process of prioritization as a way of selecting ‘important’ problems to address first.

- Help the team define problem importance using the following criteria: affects many people; presents a risk to clients and staff; presents an opportunity for improving patient care or outcome; is solvable; occurs very often; the team feels committed to it and it is compatible with the health center mission.
- Give them time to decide on a ranking and discuss their choices.
- Have team members vote by giving a score of 1-5, five being the most important, for each problem.
- Add up the scores and determine the 6 highest ranked problems. This will be used to develop the action plan on Day Five.

Remind them to keep the problem list as other problems can be addressed at a later date.

Session Nine: Define the Problem

- Help the team define the problems they chose to address.
 - Remind them that since PIR does not assign blame to individuals, the problem statement should also avoid assigning blame.
 - Using the example on the above problem sheet, write on the flip chart *'the provider does not give ARI health messages'*
 - Discuss what message this conveys.
 - Write: *'counseling on health information is not routinely provided to clients thereby limiting the chance for behavior change'*
 - Discuss the difference between the two approaches. Emphasize that the second does not assign blame and states why it is important to address the problem.
 - Have the group define the six problems they chose to address in the same way.

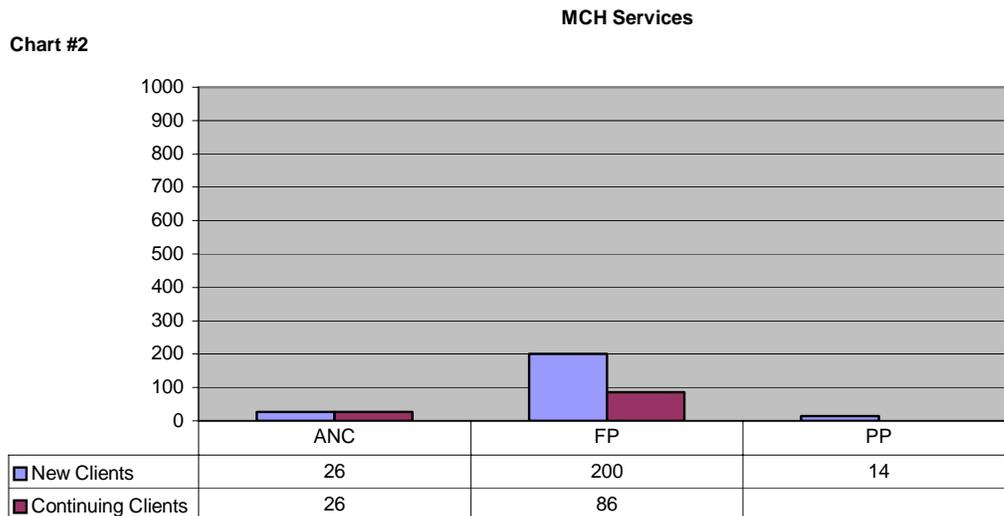
Session Ten: Analyzing Service Utilization Statistics

- Explain that this data was not included in scoring or on the problem list, however a problem identified from the service utilization statistics should be included among the problems on the final action plan. The data comes from the Service Utilization Record Review instrument.

HANDOUT 8: MCH SERVICES GRAPH

Help the team understand the information by reviewing the graph on MCH services – hand out the chart on MCH service usage from the *PIR software program*.

Figure 3. Sample Chart - MCH Services



Example: Determining Potential RH Clients

Catchment Area Population: 8,000

Women of Reproductive Age (WRA): 1760 (22%)

Married Women: 880 (50% of WRA)

Pregnant Women: 256 (3.2%)

- Look at usage of FP, ANC & Postpartum Care
- Lead the discussion by asking: *How many clients are using reproductive health services? How many women of reproductive age live in the catchment area?*
- *How many clients come for ANC vs. Postpartum Care – Is there a correlation between the 2 figures? Would you expect there to be?*
- Explain that in Jordan, it is assumed that 3.2% of the catchment area is pregnant at any one time. The number of women in reproductive age is typically 22% of the total catchment population. This calculation serves as a guide for the number of clients to expect for antenatal and postpartum care. More investigation would be needed to see if clients are using other services but as a rule if all things are equal, the number of antenatal and postpartum clients should be similar.
- Brainstorm about reasons for the inequity. What can the center do to address the problem and increase MCH/RH usage?
- Have the team review the problem list for other problems affecting RH quality and service utilization – to determine additional opportunities for change
- Review data about effective referrals and think of ways of addressing the problem of lack of feedback on referrals for RH.
- Brainstorm ideas and decide on a problem that you would like to address to improve RH service usage and quality.
- Define the problem as in session nine for inclusion in the action plan (*to be completed on day 5*)

DAY FIVE

Action Planning – Monitoring– Reviewing– Next Steps

| Preparation for Day Five | |
|--------------------------|---|
| Blank flip chart pages | Action Plan Format Sample Follow-up Form for Diabetes Sample Follow-up Form for Hypertension Sample Control Sheet for Diabetes Sample Control Sheet for Hypertension Sample Minutes Format |

Session Eleven: Action Planning

HANDOUT 9: ACTION PLAN FORMAT

Review the Action Plan format (**Annex 2.4**) and criteria for outcomes, responsible person, time frame and monitoring. Explain that:

- We separate simple problems with quick resolutions from those that require monitoring. Insert quickly solved problems on Part A.
- Use Part B section one for problems generated by the problem list.
- Use Part B section two for problems arising from analysis of the reproductive health service utilization statistics. *All action plans should also include an action for improving compliance with standards.*

1. Now the team is ready to complete the action plan
 - Write problems defined on Day Four in Column 1.
 - Discuss what the team wants to achieve by solving the problem and insert the identified outcome in Column 2.
 - To complete Column 3, brainstorm about solutions to the problem, think about available resources.
 - If you think the reason for the problem is not evident, use the ‘*Multiple Why*’ exercise to find the ‘root’ cause for the problem.

| Example: Using the ‘Multiple Why’ Technique | |
|--|--|
| <i>Problem: Providers are not closing the door when they examine clients</i> | |
| Why is this happening? | Providers do not think it is important |
| Why? | Providers are not aware that clients reveal more in private sessions |
| Why? | Training on client care and patient rights has not been conducted |
| Why? | It was not recognized as a need |
| Why? | Guidelines for privacy procedures have not been distributed or discussed |

- Help the team understand that it is not only the individual that contributes to the situation. More often, it is the process or support system that contributes to the problem.

- Repeat the question “*Why is this happening?*” until the team is satisfied the reason has been revealed.
 - Test the answer by asking: “*If we address this issue, will it prevent recurrence of the problem?*”
 - Build your strategy to address the agreed upon cause.
2. Discuss that some problems are immediately solvable by one individual; others require team effort and still others may require sub teams composed of relevant health center staff members not on the QA team.
- Agree on actions to solve problems
 - Many problems require more than one solution/action
 - Decide on a time frame for each step in the problem solving process
 - Decide who should be responsible for coordinating ‘solutions’—remember to involve other staff (non-team) in solving problems

SAMPLE ACTION PLAN

Simple Problems PART A

| Problem Statement | Solution | Responsible Person | Date Completed | Verified |
|--|--|--------------------|-----------------|-----------------------|
| No covered trash cans in examination rooms | Order from Health Directorate; use petty cash for others | Clerk | October 3, 2002 | Health Center Manager |

Prioritized Action Plan: Privacy

| Problem Statement | Outcome | Steps | Coordinator | Time-frame | Monitoring Steps |
|--|--|--|-------------|--|---|
| Clients are not provided privacy during examinations making them reluctant to give personal information crucial to the diagnosis | Clients will be examined in a examination room with the door or curtains closed and no irrelevant visitors allowed | <ol style="list-style-type: none"> 1. Orient staff to the need for customer service and in particular client need for privacy 2. Put up posters with client rights 3. Post 'do not enter' signs on exam room doors 4. Monitor privacy and inform staff of progress | Nurse | <p>1 month-for designing and testing a strategy</p> <p>6 month data collection</p> <p>Re-evaluate schedule</p> | <ol style="list-style-type: none"> 1. GP and MCH staff will be observed 3 times a week by the nurse 2. Create observation checklist to collect data (Annex 8 for sample) 3. Nurse will be responsible for observing and calculating data 4. Nurse will inform team of progress and show chart 5. Chart should show % of observations where privacy was observed over no. of observations 6. Team will review data and determine next steps 7. Team will share data with all staff |

Session Twelve: Developing a Monitoring Strategy

1. Discuss the importance of monitoring whether the action plan is working. Ask for ideas; for example: *monitoring is important for plan revisions, measuring progress, etc.*
2. Use the following example to explain that monitoring includes:

- Deciding on sampling size and type of staff, observation schedule, including frequency of monitoring and time to review data to decide on revising monitoring strategy, and observers
- Developing easy to understand and analyze observation tools
- Assigning responsibility for compiling data

Example: Selecting a Monitoring Indicator

In example below, the **indicator** is the number of clients reporting for PP Care, as compared to the number coming for ANC care. The **target** is the desired number or percentage of women attending PP care.

It can be represented as a percentage:

$$\% = \frac{\text{Number of PP clients}}{\text{Number of ANC clients}}$$

If the % continues to grow, the team can assume the strategy is effective. If the % decreases, the strategy should be re-evaluated.

- Analysis of data and next steps based on the progress in changing behavior
 - Identifying an indicator to measure action
 - Collecting data on the indicator before and after actions are taken
 - Reviewing data with all staff
 - Revising actions if results indicate strategy is not effective.
 - If strategy is effective, consider decreasing the numbers of observations
3. Alternatively you can look at the number of post partum clients against the expected number of pregnant women in the community.
 4. Remind the team that the ultimate goal is to improve quality at the health center. Summarize the action plan as ‘steps’ for improving management, environment and safety, client care, and technical competence which all should lead to improved staff and client *satisfaction*.
 5. Review the problem, outcome and activities as steps toward quality improvement.

Prioritized Action Plan: Improving Post Partum Care Utilization

| Problem Statement | Outcome | Steps | Coordinator | Time-frame | Monitoring Steps |
|--|--|--|-------------|---|--|
| ANC clients do not return for PP care creating a risk for mother and newborn | Increase number of clients reporting for PP services | <ol style="list-style-type: none"> 1. Record ANC clients and delivery date in a log book or record 2. Use ANC protocols to counsel women about need for PP care 3. Follow delivery schedule and re-contact women to attend PP care 4. Note PP attendance in log book 5. Ensure full PP care protocol is followed including FP and well baby advice 6. Post graphs of number of PP and ANC clients for others to see progress | Physician | <p>Plan and test after 6 months</p> <p>Re-evaluate and continue</p> | <ol style="list-style-type: none"> 1. Use PIR observation form to observe ANC sessions 2 times a week– ensure counseling info is correct 2. Train/give feedback as necessary 3. Review records and log book for completeness 4. Contact women who do not return for PP care 5. Conduct exit interview where possible to see if ANC clients were told about PP care & FP & well baby |

Session Thirteen: Reviewing Standards

1. State Standards/Guidelines/Protocols are examples of Guidelines for delivering care.
 - State that standards help us to evaluate performance by setting service and care expectations
 - Standards developed by MOH have incorporated the national and international guidance and are also reflected in the PIR questions
 - The answers to the PIR questions are a way to assess compliance with standards
 - Discuss relationship between action plan and standards –
 - The problem list defines where work needs to be done
 - The action plan is a strategy for improving compliance with standards
2. Type and contents of standards
 - Review the standards developed for the primary care setting: Management, Clinical Care Management, RH, Preventive Services and Nursing
 - All standards include checklists to assist performance monitoring
3. *Distribute guidelines (if they do not already possess them)* to appropriate staff members
 - Help team to understand how to review the standards and follow-up charts by going through the Diabetes Protocol
 - Discuss contents and how the material is both a training and a monitoring tool.

HANDOUTS 10 & 11: DIABETES & HYPERTENSION FOLLOW-UP SHEETS

Distribute Diabetes and Hypertension Follow Up sheets. Explain how to use the follow up sheet to follow protocols steps, to document findings and record data (**Annexes 2.5 and 2.6**).

- Explain it serves as a reminder of the steps and an addition to the client record.
- Go through the various sections: Evaluation, Diagnosis, Treatment plan, Referral guidelines, Follow-up, health education messages, and Counseling.

- Review the importance of linking standard use and outcomes: The purpose of using evidence-based standards (standards based on the best available scientific knowledge) is to improve health outcomes.

HANDOUTS 12 & 13: CONTROL SHEETS

Distribute control sheets on blood sugar and hypertension that are used to record the controlled status of diabetes and hypertension. Explain how the information is recorded and used (**Annexes 2.7 and 2.8**).

- Elicit ideas about how to use the data from the team
- The performance checklist is a tool to monitor standard adherence. It should be used consistently and attached to client file as additional information.
- Tell the team to make a schedule for training staff on use of checklists which will help them review during monitoring visits.

Sample Action Plan Related to Standards

| Problem Statement | Outcome | Steps | Coordinator | Time-frame | Monitoring Steps |
|--|---|--|-------------|------------|--|
| Standards are not consistently used to treat diabetic patients thereby treatment is not consistent or meeting tested guidance. | To increase the number of diabetic clients in controlled stage, lessening complications | <ol style="list-style-type: none"> 1. Ensure easy access to standards 2. Train all health care staff on using standards 3. Utilize follow up sheet to ensure all staff know their roles in regard to patient care 4. Fill out control data on Diabetic clients 5. Review data | Nurse | Ongoing | <ol style="list-style-type: none"> 1. Decide on schedule and sample for reviewing follow up charts 2. Assign physician to review and compile data 3. Use log to determine if counseling messages are being delivered once a week 4. Use log to determine blood-sugar results and control level of diabetic patients 5. Look at % of diabetic clients with follow up sheets and % of controlled diabetic clients 6. Determine how to improve both |

Session Fourteen: Next Steps

1. Agree on QA team meetings to be held weekly on a specific day/time.
 - Meetings should address action plan progress, data collected, involving other staff in quality improvement, communicating progress to other staff members and clients, etc. (*See the Monitoring Guide for more information on meeting content.*)

HANDOUT 14:

Provide the form for documenting team meetings and talk about the importance of taking minutes to document decisions and actions (**Annex 2.9**). Explain that this is important for follow-up.

2. Agree on QA coordinator-QA team meeting schedule
3. Arrange a meeting with the rest of the staff to explain action-planning results

PART TWO

Guiding Follow-up PIRs

Orientation

The PIR Process should be repeated at least annually to:

- a) Review progress on the implementation of the past action plan
- b) Identify priority issues for the next action plan.
- c) Provide information about how successful and widespread the problem solving process is at the primary health care center.

Rationale for Conducting PIR Follow-Up

The objective of PIR is to enable health center staff to use data to identify and solve problems, which interfere with the functioning of a quality health center. A PHC Quality Assurance Team implements the process but the intent is that all staff is aware of the quality assurance process and are involved, to some extent, in its implementation.

Thus, each PIR Follow-Up should begin with an assessment of the QA process, the team, their achievements and concerns. The need for support, additional training or clarification should be identified, and, if possible, addressed. The role of the remaining staff in the change process should also be discussed. Quality change requires assistance from all parties. As all efforts are designed to improve client satisfaction, discussions about whether clients remarked about changes should also take place.

In general the process will proceed as it did in the initial PIR. Judging the team's understanding of the process will help you decide how quickly to move through the material. Use the first day for team reflection as suggested below. Key points that should be emphasized during training are mentioned here.

Looking Ahead

The goal of quality improvement is the gradual inclusion of quality monitoring into the routine of health center operations. As teams mature, it is expected that they will become comfortable in using a wide variety of data to identify opportunities for improving the organization and delivery of service. QA Coordinators and team members should continually discuss data, monitoring plans, client feedback and staff suggestions to identify problems. Each identified problem will still need to go through the problem solving and data collection process to measure change. In that stage, PIR or selected instruments in PIR can serve as a back-up when a full review is considered helpful.

Preparation for Follow-up PIRs

| Documents | Equipment |
|---|-----------------|
| - Previous Action Plan | - Computer |
| - Set of instruments | - Excel Program |
| - Loose instruments for data collection (see sampling list) | - Flip Chart |
| - Prioritization Chart | - Markers |
| - Action Plan Format | |
| - Monitoring Formats for Standards | |
| - Client Flow Chart (See Monitoring Guide) | |

Prior to Implementation

1. Discuss the role of Follow-Up PIRs with the Health Center Quality Assurance Team; for example:
 - To assess change
 - To identify other quality issues
 - To renew team efforts
2. Ask the team to set a date for refresher training on PIR usage and implementation of the PIR process to develop a new action plan. Tell them the process should take three to four days, depending on their time availability.

Introducing PIR Follow Up

1. Talk about the purpose of Follow-Up PIRs. For example:
 - To review progress on implementation of the last action plan
 - To identify priority issues for the next action plan
 - To assess how successful and widespread the problem solving process is at the primary health care center through reviewing data and process
 - Explain that in this round, progress does not always mean higher scores – as the team learns more about quality, expectations will be raised which can lead to lower scores. This is not only natural but a positive sign that expectations are increasing, change is necessary, takes time and there is always room for improvement
2. Lead a discussion with the team on what changes occurred since last PIR
 - Do they feel satisfied with their role in making change?
 - What was most significant change for the health center, for themselves?
 - What have been the greatest barriers in implementing the action plan?
 - How can they work around the barriers?
 - What are some of the lessons learned to guide future implementation?
 - How often do they meet?
 - Are meetings well documented?

- Review the documentation and discuss their understanding of the purpose of the meetings and documentation?
 - Do they feel changes are necessary in team composition? For example:
 - Adding members who represent specialty areas or skills
 - To develop a rotational system
 - Replacement of staff feeling competing pressures, etc.
 - Do they feel other staff is involved?
 - How?
 - Can their role be strengthened?
 - How well are they documenting compliance with standards?
 - Review the monthly reports
 - Review the monitoring scheduling
 - Review the indicator data on chronic conditions
 - Do they find the reports and indicator data helpful?
 - How could they be more effectively used to identify problems or support change?
 - Do they feel clients are aware of the changes?
 - Does the team post results on bulletin board?
 - Does the team use storyboards to tell about problem solving?
 - What other ideas do they have to increase client knowledge and satisfaction?
 - Are there other support needs the team has?
 - Lead a discussion on how to solve these issues and strengthen team independence.
 - How can you help them?
 - How can you help them share their results with other centers?
3. Review the status of the last action plan?
- How many problems were solved?
 - Review the documentation?
4. Review the purpose of monitoring
- Remind them that some problems require continual monitoring and should be included in the new plan
 - Remind them that in the first PIR(s), they may have chosen simpler issues/problems but as their understanding of the problem solving process grows, they can take on more important concerns – such as decreasing waiting time, better health promotion, or devising a training program
5. Emphasize the importance of data and compliance with standards
- Review the follow up charts and controlled status monitoring forms for diabetes and hypertension (see **Annex 1.1**) and data
 - Talk about the relationship between adhering to standards and improved outcomes
 - Discuss the comparison of their data to the data from other health centers in the directorate
 - Discuss the same in relationship to RH data
 - Talk about importance of monthly updates and review of data

- Talk about the disparity in utilization among RH services
6. Talk about opportunities outside of PIR for problem identification
 - Have them present different data sources within health center and catchment area
 - Have them think about the monthly indicator data on Diabetes and Hypertension and how the data can help them address issues.
 - Have them critically think about whether services are built around client needs rather than the center or department needs.
 - Use the client flow chart (from the Monitoring Guide) to help the team review client flow patterns and service responsibility for patients with diabetes.
 - State that they can return to those data sources for new ideas when completing the new action plan.
 7. Have them review the Best Practices booklet to see other ideas for problems and solutions.
 8. Summarize by stating that PIR is a tool for focusing on problem areas but there are other forms of data to help pinpoint problems.

Key Points to Cover During Training

1. Use *Section One* of this guide to:
 - Review sampling/instruments/assigning staff
 - Remind the team about data collection tips and scheduling of interviews/observations
 - Review scoring and how the computer program develops problem lists
 - Prioritize problems and complete the action plan
 - Remember to include problems on the action plan the team needs to continue monitoring from past action plan
 - Include new problems identified from other data sources
 - Ensure RH and standard compliance are part of the plan
 - Involve other staff in the problem solving process
 - Re-emphasize importance of monitoring and state ways to collect and use data
9. Set up a meeting schedule:
 - For meeting with the team
 - For team independent meetings
 - For presenting results and the new action plan to remaining staff

Annex One: Flip Charts

| | | |
|------------|-------------------------|-------------------------------------|
| 1.1 | Flip Chart One | Blank Conceptual Framework |
| 1.2 | Flip Chart Two | Assignment Sheet |
| 1.3 | Flip Chart Three | Sample Comparison Graph |
| 1.4 | Flip Chart Four | Problem Prioritization Sheet |

Annex 1.1: Blank Conceptual Framework

Copy on Flip Chart or Whiteboard

Jordan Conceptual Framework for Analysis of PIR Data

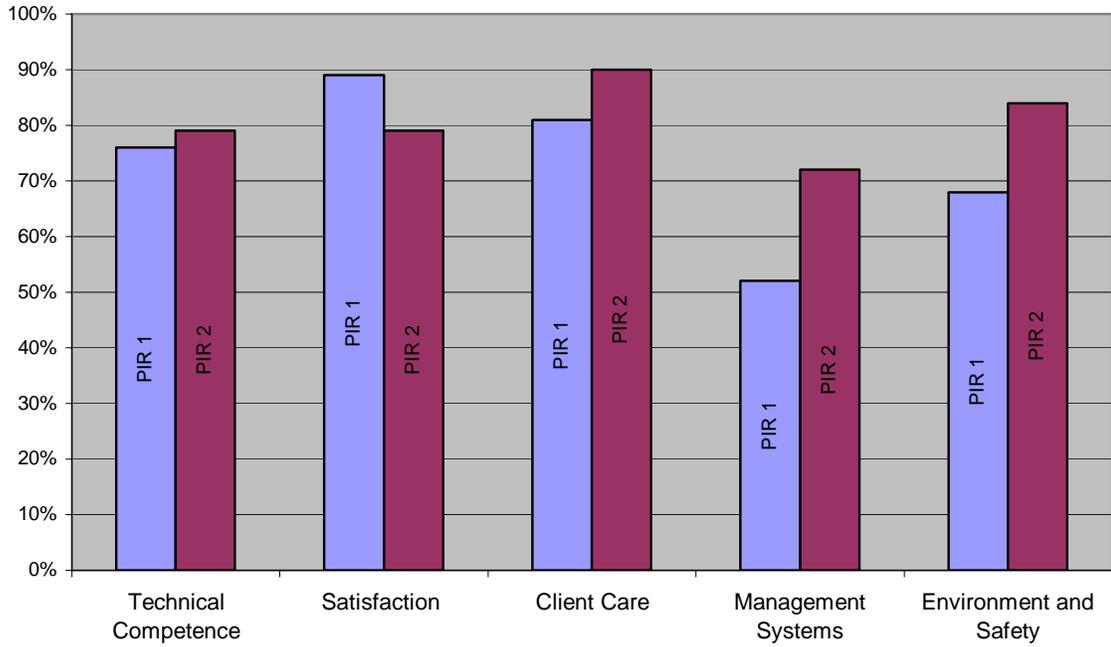
| ELEMENTS | | | | |
|--|---|---|--|---|
| Technical Competence | Client Care | Management | Satisfaction | Environment & Safety |
| Staff are competent to provide services for general and reproductive health conditions | The center provides information about services, health, and follow up care to ensure understanding compliance, confidentiality and satisfaction | The center plans, staffs, organizes and implements health delivery services to ensure efficiency and effectiveness for clients, community and staff members | The center meets client expectations and needs by providing well planned, appropriate, safe and effective services | The center provides a client friendly, accessible, and safe environment |
| INDICATORS | | | | |
| | | | | |

Annex 1.2: Sample Assignment Sheet

Instructions: Write the following on the whiteboard or flip chart. Use the last column to insert the names of team members who are assigned the form.

| Instrument | Number | Responsible Team Member |
|--|---|-------------------------|
| Clinical Observation | 5 | |
| Nursing Observation | 2 Dressing, 2 BP, 2 Immunization | |
| Midwife Observation | 2 ANC 3 FP | |
| Clerk Observation | 2 | |
| Pharmacist Observation | 2 | |
| Lab Tech Observation | 2 | |
| Manager Interview | 1 | |
| Nurse Interview | 1 | |
| Physician Interview (if 2 nd physician) | 1 | |
| Midwife Interview | 1 | |
| Client Exit Interview | 5 | |
| MCH Client Exit Interview | 4 | |
| Record Review | 5 (1 Diabetes & 1 Hypertension & 3 mixed from last month) | |
| MCH Record Review | 5 (ANC + FP from last month) | |
| Facility Review | 1 | |
| RH Service Utilization Statistics | 1 | |

Annex 1.3: Comparison Chart – PIR 1 and PIR 2



Annex 1.4: Sample Prioritization Sheet

Instructions

Copy the following table onto white board or flip chart. Write the problems the team is thinking of addressing in the first column. Ask each team member to give a number from 1 (not important) to 5 (most important) to signify his rating of the problem's importance. Write the number on the chart. Add the row across and put the figure in the column labeled total. When you have all the problems scored, rank them from highest to lowest scoring. The top 5 to 6 should be the problems on your action plan. (Remember to include one on standards and one on Reproductive Health.)

| Problem | Importance | | | | | | Total | Ranking |
|---------|--------------|---|---|---|---|---|-------|---------|
| | Team Members | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Legend
 1: not important
 2: less important
 3: neutral
 4: Important
 5: most important

Annex Two: Handouts

Overview

| Handout Number | Description | Location |
|----------------|--------------------------------------|--|
| 1 | Team Guide | Separate document |
| 2 | Conceptual framework | Annex 2.1 |
| 3 | PIR Instruments | Download and copy from excel program |
| 4 | Interview & Observation Tips | Annex 2.2 |
| 5 | RH Service Utilization Data Form | Annex 2.3 |
| 6 | Loose Instruments | Download and copy from Excel program as per sampling plan |
| 7 | Problem List | Produced by software program after data is inputted and analyzed |
| 8 | Service Utilization Data Form | Produced by software program after data is inputted and analyzed |
| 9 | Blank Action Plan Format | Annex 2.4 |
| 10 | Sample Follow Up Form – Diabetes | Annex 2.5 |
| 11 | Sample Follow-up Form – Hypertension | Annex 2.6 |
| 12 | Sample Control Sheet – Diabetes | Annex 2.7 |
| 13 | Sample Control Sheet – Hypertension | Annex 2.8 |
| 14 | Minutes Format | Annex 2.9 |

Annex 2.1: PIR Conceptual Framework

| Instruments | Management | | Technical Competence | Client Care | Environment & Safety | Satisfaction | |
|--------------------------------|---|---|--|--|---|---------------------------------------|---|
| Facility Review | Community Planning Standards Supply | | | Health Ed. Privacy | Access IP Infrastructure & Services | | |
| Manager Interview | Community- Planning Planning Privacy Referral | Standards Supervision Supply Staff Mgt Training | | Health Ed. | | Staff Mgt | |
| Staff Interviews | Access Planning Staff Mgt | Standards Supervision Training | | Health Ed | | Staff Mgt | |
| RH Provider | Comm.-Plng Referral Supervision | Supply Training | FP Counseling Knowledge & Skills | Follow Up Health Ed MCH Counseling | | Staff Mgt | |
| Client Exit Interview | Planning Supply Access (MCH) Referral | | | Health Ed Follow Up | | Access Communication Counseling | Health Ed Infrastructure/Services Planning Privacy |
| Client Record | | | Documentation | | | | |
| Clinical Observations | Referral | | Communication Documentation History IP Physical Assessment | Communication Counseling Follow Up | | | |
| Nurse Observations | | | IP Knowledge & Skills | Communication Follow Up Privacy | | | |
| RH Observations | | | Documentation Knowledge & Skills IP Physical Assessment | Communication Counseling FP Counseling Follow Up Privacy | | | |
| Staff Observations | Access | | IP Knowledge & Skills | Communication Follow Up | | | |
| Service Utilization Statistics | Usage Results Referral Results | | | | | | |

Annex 2.2: Tips for Using the Interview and Observation Forms

Provider-Client Observations

Observations provide information on how services are provided. Familiarize yourself with the details of the observation form before starting.

- Always ask permission of the client before starting an observation
- Position yourself in an unobtrusive place
- Listen carefully as the interaction may not follow the same order as the outline
- Review the client record to answer the last questions

Interviews

Read over the whole questionnaire before administrating it.

The interview should be conducted slowly with the objective of gathering as much information as possible from the interviewee.

- Greet the interviewee
- Introduce yourself by name
- Explain the purpose of the interview is to gain information to help improve services at the center
- Explain that the interview is completely anonymous and voluntary
- Ask the questions exactly as they appear on the form; repeat the question if the interviewee is having trouble responding or understanding. If the interviewee still has a problem, restate the question without changing the meaning.
- Allow the respondent enough time to answer
- Mark the response given on the form

Annex 2.3: RH Service Utilization Data

| Element | Indicator | Q No. | Question | Scores |
|---|-----------|-------|--|--------|
| Complete the data tables from the health center records. Check your answers to ensure accuracy. | | | | |
| Usage | Usage | 1 | How many of the following methods did you distribute over the last 3 months to all clients (new and continuing)? | |
| | | | Oral Contraceptive | |
| | | | IUD | |
| | | | Injectables | |
| | | | Condoms | |
| | | | Norplant | |
| Usage | Usage | 2 | Record the number of new clients over the last three months for the following services | |
| | | | ANC | |
| | | | Postpartum Care | |
| | | | Family Planning | |
| Usage | Usage | 3 | Record the number of continuing clients in the last three months for the following services | |
| | | | ANC | |
| | | | Family Planning | |
| Usage | Usage | 4 | Record the total number of clients using the PHC services over the past three months. | |
| Usage | Usage | 5 | Record the total number of MCH clients in the last three months | |
| Usage | Referral | 6 | How many referrals for reproductive health services have you made in the last 3 months | |
| Usage | Referral | 7 | For how many of those referrals did you receive feedback | |
| Usage | Referral | 8 | How many referrals for specialized health care did you make last 3 months | |
| Usage | Referral | 9 | For how many referrals did you receive feedback? | |

Annex 2.4: Action Plan Format

ACTION PLAN FORMAT

Health Center Name: _____ PIR Date: _____ PIR Number: _____

Part A. SIMPLE PROBLEMS (REQUIRING NO MONITORING)

In this section, include problems that can be quickly resolved, such as suggestion box, posters, covered trashcans, etc.

| No | Problem | Solution | Responsible Person | Date Completed | Verified |
|----|---------|----------|--------------------|----------------|----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

ACTION PLAN FORMAT

Health Center Name: _____

PIR Date: _____

PIR Number: _____

Part B. PRIORITIZED ACTION PLAN PROBLEMS

| No | Defined Problem | Expected outcome | Steps | Responsible Person | Timeline | Monitoring Plan |
|---|-----------------|------------------|-------|--------------------|----------|-----------------|
| In this section, focus on problems generated from the problem list. Add problems from the prior PIR that still require monitoring. | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| In this section include problems related to compliance with standards | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| In this section include problems related to analysis of the reproductive health service utilization data | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| In this section include problems from the last action plan for which you want to collect | | | | | | |
| | | | | | | |

Annex 2.5: Diabetes Mellitus Follow-up Chart

Name of Patient: _____

Male Female

Date of Birth: _____

Diabetes Onset Date: _____

| Visit Date | | | | | | | | | | | | | |
|----------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|
| Every Month | Blood pressure | | | | | | | | | | | | |
| | Weight | | | | | | | | | | | | |
| | Glucose (Fasting/Random) | | | | | | | | | | | | |
| | Urine albumin (dipstick) | | | | | | | | | | | | |
| | Neurological exam (Vibration or position) | | | | | | | | | | | | |
| | Medication/dose | | | | | | | | | | | | |
| | Medication/dose | | | | | | | | | | | | |
| | Medication/dose | | | | | | | | | | | | |
| | Ed √ | Use of Meds | | | | | | | | | | | |
| | | Danger Signs | | | | | | | | | | | |
| Foot Care | | | | | | | | | | | | | |
| Diet | | | | | | | | | | | | | |
| Exercise | | | | | | | | | | | | | |
| Every 3 Months | HbA1c | | | | | | | | | | | | |
| | ALB/Creatinine Ratio | | | | | | | | | | | | |
| Yearly | Ophthalmoscopic Exam (normal/abnormal) | | | | | | | | | | | | |
| | Serum cholesterol HDL, LDL, Creatine | | | | | | | | | | | | |
| | ECG (adults over 40) | | | | | | | | | | | | |
| | Referral | | | | | | | | | | | | |
| | Follow-up Appt. | | | | | | | | | | | | |

- The nurse documents information regarding: Date, Bp, weight, length, BMI, Lab tests results by filling the relevant spaces
- The physician documents the medication, dosage
- The nurse should use the symbol (√) in the space that indicates the given health education message

Annex 2.6: Hypertension Follow-up Chart

Name of Patient: _____ Male Female Date of Birth: _____ Date Diagnosis Hypertension: _____

| Visit Date | | | | | | | | | | | | | | |
|-----------------------|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Update History | Diet/salt intake | | | | | | | | | | | | | |
| | Smoking | | | | | | | | | | | | | |
| | Medications | | | | | | | | | | | | | |
| Examination | Blood Pressure | | | | | | | | | | | | | |
| | Weight | | | | | | | | | | | | | |
| | Cardiac Exam | | | | | | | | | | | | | |
| | Pulmonary Exam | | | | | | | | | | | | | |
| | Ophthalmoscopic Exam (NI/abnormal) | | | | | | | | | | | | | |
| Medication/ Doses | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Health Education | Diet | | | | | | | | | | | | | |
| | Exercise | | | | | | | | | | | | | |
| | Medication Use | | | | | | | | | | | | | |
| | Side Effects | | | | | | | | | | | | | |
| Lab Tests | Creatine Urea Nitrogen | | | | | | | | | | | | | |
| | ECG | | | | | | | | | | | | | |
| Referral | Location | | | | | | | | | | | | | |
| | Reason | | | | | | | | | | | | | |
| Follow-up Appointment | Date | | | | | | | | | | | | | |

ECG Date: _____ Creatinine/BUN Date: _____ Cholesterol Date: _____ Glucose Date: _____
 ECG Result: _____ Creatinine/BUN Result: _____ Cholesterol Result: _____ Glucose Result: _____

Annex 2.8: Monthly Form for Documenting Control Status of Hypertensive Patients

Name of Health Center: _____ Health Directorate: _____ Month: _____

| # | Name | File # | Date | Controlled | | Uncontrolled | | Interventions |
|---|------|--------|------|--------------------|---------------------------|--------------------------------|------------------------|---------------|
| | | | | Normal (140/89) | Grade I 140-159/ 90-99 | Grade II (160-179 /100-109) | Grade III (180/110) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total: % Each Level | | | | | | | | |
| Total: Controlled vs. Uncontrolled | | | | | | | | |

Annex 2.9: Sample Format for Meeting Minutes

Date: _____

Attendees:

1- _____ 2- _____

3- _____ 4- _____

5- _____ 6- _____

AGENDA

1. Review of minutes of previous meeting.
- 2.
- 3.
- 4.

Agreements and Recommendations:

Date of Next Meeting: _____

PERFORMANCE IMPROVEMENT REVIEW

Process and Tools

CONTENTS

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TOOLS AND FORMS HANDBOOK

Performance Improvement Review Process and Tools

Section 1. Introduction to the PIR Software Package

This guide contains the Performance Improvement Review (PIR) tools and software. The tools consist of interviews, observations, and record reviews used to gather data from clients, staff and management about health center operations. The data from the instruments is entered into an Excel program, which generates a problem list. This problem list serves as the basis for an action plan for Quality Assurance Teams at Primary Health Care Centers. The action plan guides the quality improvement process at the Health Center.

The tools may be downloaded from the program installed on your computer or from the QIP CD.

Components

The PIR software package lets you:

- Print all the instruments for data collection
- Enter data from the instruments into an Excel program
- Score and analyze the data to create:
 - A list of problems, comprising all questions receiving a less than perfect score
 - A graph indicating the percentage score for each of the five PIR elements
 - Graphs of service utilization data

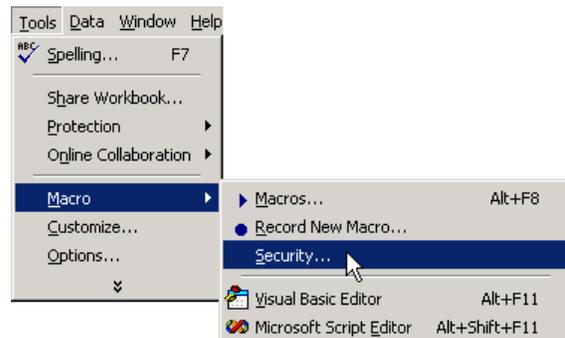
The graphs and problem list help you to identify and prioritize problems for inclusion in the action plan.

Using the PIR Program

Checking the Security Level

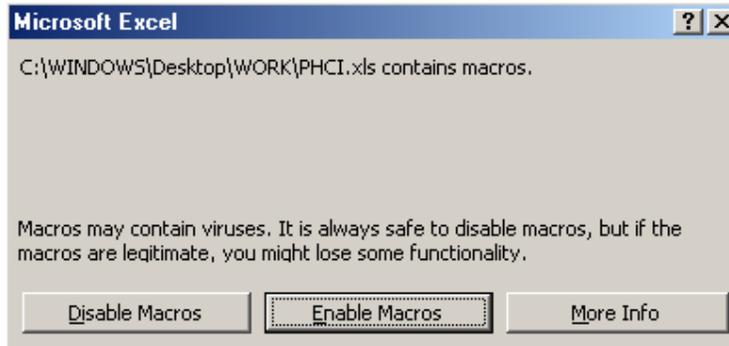
For the program to operate, the macro security setting must be set at Medium. Be sure to check this setting *before you open the program*. To check:

1. Open Excel
2. Click on the **Tools** menu bar
3. Click **Macro** on the drop-down menu
4. Click **Security**
5. Select **Medium**
6. Click OK



Opening the PIR Program Folder

1. Double-click the PIR program folder in the C:\ drive to open the program.
2. Double-click PHCI. If the window shown below opens, click the **Enable Macros** button to continue:



Printing the Tools

1. On the first screen, use the mouse to click **Print**.
2. To close the program click **Exit**.

Entering Data

Screen 1: Health Center Name

1. Enter the name of the health center
2. Click **Next**

Screen 2: Starting Data Entry

3. The names of all the instruments appear. To enter the data, click **Start** to open each instrument sequentially.
4. Enter the data in the yellow cells:
 - You must enter data in all cells before proceeding to the next instrument.
 - Enter the data as it appears on the form entering *0, 1, 2 or Not Applicable* accordingly.
 - Review your inputs.
5. If there is more than one form for a specific instrument, enter the data in the 2nd scoring column.

6. Once you have entered the data in all the cells, click **Next** to bring up the next instrument.
7. If an instrument has not been used in this PIR, or if you are still waiting for the form to be completed, click **Not Applicable** at the top of the page. You can re-enter the form after saving the file (*see what section? below*).
8. Click **Next** when all forms either have the data entered or when Not Applicable has been selected. Screen 2 reappears, showing the list of instruments with either a ✓ next to it, indicating data has been entered or an **X**, indicating data has not been entered.
9. Click **Next** to continue.

Printing the Problem List and Graphs

If you are not ready to print out the results at this point, save the file– see Screen 6, below. You can only modify the file after entering all data and saving the file.

Screen 3: Problem List

10. If all data has been entered, it is time to print the problem list. Click on the **Problem List** button. The list will *not* be visible on the screen but will print out correctly.
11. Click **Next** to continue.

Screen 4: Graphs

12. Click **View** and **Print** to print the element graph.
13. Click **Next** to continue.

Screen .5: Service Utilization Graphs

14. For viewing only: choose the graph you want to see by selecting the name of the graph. Then click **View**.
15. Click **Print** to print it. (*Please print all graphs.*)
16. Click **Next** to continue.

Screen 6: Save and Exit

17. Click **Finish**. *The file is saved in the My Documents folder as the [Name of the health center and the date of data entry (mm-yy)]; for example, **Aljoun06-03**.*

Modifying the File

1. Open the required Excel file in C:\My Documents\.
2. In Screen 2, choose the tool you wish to change or edit by clicking on its name, and then click **Modify**.
3. After amending the tool, click **Back** to return to the list of tools.
4. Make all necessary changes to all instruments and then click **Next**.
5. Print the problem list and the graphs as described above.
6. When finished, click **Save/Exit**. (The system will ask if you want to save the changes under the same title or not. Click **Yes**.)

Developing the Problem List and Graphs

Generating the Problem List

The **problem list** represents all questions scoring less than 2 by element and indicator, from the lowest scoring to the highest scoring.

The instruments and questions in PIR were created based on a conceptual framework that consists of **5 elements** and **25 indicators**. The elements are:

- Management Systems
- Technical Competence
- Client Care
- Environment & Safety
- Satisfaction

Each element includes a number of indicators. The same indicator may appear under several elements. This contributes to a comprehensive picture of compliance based on the input of clients, staff and management and record reviews, and facilitates the identification of the causes of the problem.

Each question on an instrument is scored *0*, *1*, or *2*, depending on the information gathered during the data collection process.

- A score of *0* is given when the statement has not been addressed
- A score of *1* indicates there is inadequate compliance
- A score of *2* means total compliance with the statement

After the data is entered, the PIR program reads every question and its score. If a question receives a score of *0* or *1*, the question is added to the problem list. The program groups all questions from all instruments belonging to the same indicator.

When the problem list is generated, the problems appear as statements.

Generating Graphs

Element Graph

An element graph shows the percentage score on each element. This score helps to show health center strengths and weaknesses and to document changes over time. The percentage is calculated by adding the scores of each question in each of the 5 elements. This is the actual score. The program then adds the number of questions and multiplies by 2 (perfect compliance) to determine the possible score. The percentage given is:

$$\frac{ActualScore}{PotentialScore} \times 100 = \text{Element Score \%}$$

Example: Environment & Safety

In Environment & Safety, there are 20 questions. The actual score was calculated to be 10.

The total possible score is [20 questions X 2 points] = 40

The element score is therefore $\frac{10}{40} = 25\%$

Utilization Service Statistic Graphs

The data from this instrument is used to create graphs of the number of contraceptive users for:

- each method
- comparison of RH service utilization
- comparison of MCH versus General Practice service utilization
- the number of referrals

The program reads the inputs from the reproductive health utilization data instrument to generate these graphs. This information provides additional data for identifying problems and priorities and reveals inequities in service usage and trends over time.

Section 2. PIR Instruments

Utilization Data

| Element | Indicator | Q No. | Question | Scores |
|--|-----------|-------|--|--------|
| <i>Complete the data tables from the health center records. Check your answers to ensure accuracy.</i> | | | | |
| Usage | Usage | 1 | How many of the following methods did you distribute over the last 3 months to all clients (new and continuing)? Oral Contraceptive IUD Injectables Condoms Norplant Spermicidal/foaming tablets | |
| Usage | Usage | 2 | Record the number of new clients over the last three months for the following services ANC Postpartum Care Family Planning | |
| Usage | Usage | 3 | Record the number of continuing clients in the last three months for the following services ANC Family Planning | |
| Usage | Usage | 4 | Record the total number of clients using the PHC services over the past three months. | |
| Usage | Usage | 5 | Record the total number of MCH clients in the last three months | |
| Usage | Referral | 6 | How many referrals for reproductive health services have you made in the last 3 months | |
| Usage | Referral | 7 | For how many of those referrals did you receive feedback | |
| Usage | Referral | 8 | How many referrals for specialized health care did you make last 3 months | |
| Usage | Referral | 9 | For how many referrals did you receive feedback? | |

Facility Review

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|---|--------------------------|-------|--|---------|-----------|-------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| <i>Answer the following questions based on the observed conditions at the facility.</i> | | | | | | | | | |
| Environment and Safety | Access | 1 | There is a clearly visible flag directing you to the center | 0=No | | 2=Yes | | | |
| Environment and Safety | Access | 2 | There is a sign outside the center clearly marking it | 0=No | | 2=Yes | | | |
| Environment and Safety | Access | 3 | The facility has services and days and hours they are offered clearly posted | 0=No | | 2=Yes | | | |
| Environment and Safety | Access | 4 | There are clear signs inside the center indicating where to go for services | 0=No | | 2=Yes | | | |
| Environment and Safety | Access | 5 | There is a sign inside the health center listing the instructions to get services | 0=No | | 2=Yes | | | |
| Environment and Safety | Access | 6 | The center fees are clearly posted | 0=No | | 2=Yes | | | |
| Management | Standards | 7 | The mission statement is posted on the wall | 0=No | | 2=Yes | | | |
| Management | Comm Plng | 8 | A map detailing community health services is posted | 0=No | | 2=Yes | | | |
| Client Care | Health Ed/ | 9 | There are health education posters on the walls + In the waiting area + In the examination rooms + In MCH | 0=none | 1=Partial | 2=all | | | |
| Client Care | Privacy | 10 | There is a private family planning counseling area | 0=No | | 2=Yes | | | |
| Environment and Safety | Infrastructure/ Services | 11 | The waiting room has enough functional seats for clients | 0=No | 1=Partial | 2=Yes | | | |
| Environment and Safety | IP | 12 | The facility is clean and neat: no blood, rust, dirt, soiled areas on equipment, instruments, walls, furniture, floors, toilets, sinks | 0=No | 1=Partial | 2=Yes | | | |
| Environment and Safety | Infrastructure/ Services | 13 | All wires and outlets are properly covered. | 0=No | | 2=Yes | | | |

Facility Review

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|------------------------|--------------------------|-------|---|---------|-----------|-------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| Environment and Safety | Infrastructure/ Services | 14 | There is a functioning refrigerator in the + Laboratory ____ + Pharmacy ____ + Immunization room: ____ | 0=none | 1=Partial | 2=all | | | |
| Environment and Safety | Infrastructure/ Services | 15 | There is drinking water available for all clients | 0=No | | 2=Yes | | | |
| Environment and Safety | Infrastructure/ Services | 16 | All water faucets are in functioning order List the locations of those in non-working order | 0=none | 1=Partial | 2=all | | | |
| Environment and Safety | Infrastructure/ Services | 17 | There is a functioning toilet for clients | 0=No | | 2=Yes | | | |
| Environment and Safety | IP | 18 | A functioning sink with running water is used for cleaning medical instruments | 0=No | | 2=Yes | | | |
| Environment and Safety | IP | 19 | There is a trash can in each examination room with a securely fitting cover for medical waste disposal | 0=none | 1=Partial | 2=all | | | |
| Environment and Safety | IP | 20 | There is a container designated for disposing of used needles in: Nursing room ____ Laboratory ____ Emergency room | 0=none | 1=Partial | 2=all | | | |
| Environment and Safety | IP | 21 | Disposable gloves are available in each examination room | 0=none | 1=Partial | 2=all | | | |
| Environment and Safety | IP | 22 | Soap and water or cotton swabs with alcohol are available in each examination room | 0=none | 1=Partial | 2=all | | | |
| Environment and Safety | IP | 23 | There is equipment for sterilization (or disinfection)that includes autoclaves or hot air oven or sterilizer or boiling equipment | 0=No | | 2=Yes | | | |
| Management | Standards | 24 | Infection Prevention procedures are posted and include the steps of decontamination, cleaning and disinfecting or sterilization | 0=No | | 2=Yes | | | |
| Management | Supply | 25 | Supply shelves in the pharmacy are organized by date of expiration with those drugs n front expiring first | 0=No | | 2=Yes | | | |
| Management | Supply | 26 | Supply shelves in the MCH are organized by date of expiration with those contraceptives expiring first in the front. | 0=No | | 2=Yes | | | |
| Management | Supply | 27 | Pharmaceutical supplies are kept in a room protected from sun, heat, pests, water and humidity | 0=No | | 2=Yes | | | |
| Management | Supply | 28 | Contraceptives supplies are kept in a room protected from sun, heat, pest, water and humidity | 0=No | | 2=Yes | | | |

NAME:.....

DATE:.....\.....\.....

Nurse BP Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|---------------|-------|---|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the procedure? | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 2 | Did the nurse prepare for taking blood pressure by + Greeting the client____ + Informing the client about the procedure____ + Ensuring client was sitting comfortably | 0=none | 1=Partial | 2=all | | | | |
| Technical Competence | K&S | 3 | Did the nurse follow the guidelines to take blood pressure + Placing arm at level of heart - supported by the table____ + Placing manometer at eye level to read calibration____ + Placing cuff 2 cm above elbow crease____ + Placing cuff over brachial artery____ + Ensuring mercury level is at 0____ + Placing stephoscope diaphragm over brachial artery____ + Inflating to 200 or until radial pulse disappears____ + Opening valve, let air escape slowly ____ + Removing cuff and stephoscope____ + Cleaning stephoscope head____ + Recording blood pressure on patient record____ | 0=none | 1=Partial | 2=all | | | | |
| Client Care | Communication | 4 | Did the nurse reassure the client? | 0=No | | 2=Yes | | | | |

NAME:.....

DATE:.....\.....\.....

Nurse Dressing Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|---------------|-------|---|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the procedure? | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 2 | Did the nurse start by greeting the client respectfully and explaining the procedure? | 0=No | | 2=Yes | | | | |
| Client Care | Privacy | 3 | Did the nurse arrange for privacy? | 0=No | | 2=Yes | | | | |
| Technical Competence | K&S | 4 | Did the nurse follow the correct preparation procedure for changing the sterile dressing by + Gathering equipment including sterile supplies____ + Reading the doctor's instructions + Placing tray for disposal of soiled dressing next to patient's wound____ + Opening sterile package correctly____ | 0=none | 1=Partial | 2=all | | | | |
| Technical Competence | K&S | 5 | Did the nurse proceed correctly by following the procedure to + Remove tape slowly by pulling toward wound____ + Putting on clean gloves____ + Removing soiled dressing ____ + Obtaining wound culture if ordered____ + Cutting tape into strips____ | 0=none | 1=Partial | 2=all | | | | |
| Technical Competence | K&S | 6 | Did the nurse follow the steps to change dressing by + Opening cleansing solution & pouring over dressings____ + Washing hands____ + Putting on sterile gloves____ + Cleansing wound____ + Placing gauze pads over wound if necessary____ + Removing gloves and securely taping dressing around wound____ | 0=none | 1=Partial | 2=all | | | | |
| Technical Competence | IP | 7 | Did the nurse follow procedures to + Dispose of the soiled dressing in the covered trash can + Put soiled gloves in covered trash can | 0=No | | 2=Yes | | | | |
| Client Care | Follow Up | 8 | Did the nurse advise the client + How to care for the wound area and ____ + Tell him when to return for follow up care ____ | 0=No | | 2=Yes | | | | |

Nurse Immunization Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|-----------|-------|---|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the</i> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the procedure? | 0=No | | 2=Yes | | | | |
| Client Care | MCH Comm | 2 | Did the nurse begin by greeting the client respectfully? | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | K&S | 3 | Did the nurse follow guidelines to ask the mother + For the immunization card____ + If the child has had reactions to vaccines before____ + il the child has fever, vomiting or diarrhea____ | 0=none | 1=Partial | 2=all | | | | |
| Technical Competence | K&S | 4 | Did the nurse take the child's temperature before giving the vaccination? | 0=No | | 2=Yes | | | | |
| Client Care | MCH Comm | 5 | Did the nurse prepare to give the vaccine by asking the mother to hold the child? | 0=No | | 2=Yes | | | | |
| Technical Competence | K&S | 6 | Did the nurse follow the insstructions to prepare for giving the vaccination by + Exposing the thigh muscle for children less than one year old____ +Exposing the buttocks for children over one year old + Filling syring with the correct dose ____ + Returning the vials of vaccine to the refrigerator____ + Recording information about the vaccine on the child's record | 0=No | | 2=Yes | | | | |
| Technical Competence | IP | 7 | Did the nurse dispose of the needle in the sharps container? | 0=No | | 2=Yes | | | | |
| Client Care | Follow Up | 8 | Did the nurse close the session by + Informing the mother about the next immunization____ + Asking the mother to repeat the instructions____ + Asking the mother if she had any other questions____ | 0=none | 1=Partial | 2=all | | | | |

Family Planning Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|---------------------|-------|--|---------|-----------|-------|-------------------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>This instrument is for family planning clients. Use it to observe the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Client Care | MCH Comm | 1 | Did the provider greet the client respectfully? + Asking client to sit down ____ + Using client's name ____ + Looking at the client when speaking ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Client Care | Privacy | 2 | Did the provider arrange for privacy? | 0=No | | 2=Yes | | | | |
| Technical Competence | FP Couns | 3 | Did the provider encourage the client to ask questions? | 0=No | 1=Partial | 2=Yes | | | | |
| New Client | | | | | | | | | | |
| The following questions should be used for a new family planning client | | | | | | | | | | |
| Technical Competence | FP Couns | 4 | Did the provider follow the guidance for FP counseling by asking the number, spacing and outcome of past pregnancies? | 0=No | | 2=Yes | NA=not applicable | | | |
| Technical Competence | FP Couns | 5 | Did the provider ask about the client's history of family planning use? | 0=No | | 2=Yes | NA=not applicable | | | |
| Technical Competence | FP Couns | 6 | Did the provider ask whether the client is breastfeeding? | 0=No | | 2=Yes | NA=not applicable | | | |
| Technical Competence | Physical Assessment | 7 | Did the provider ask about the client's physical condition including: + Heart disease ____ + Liver disease ____ + High blood pressure ____ + Pelvic inflammatory disease ____ + Blood clots ____ + Current medication use ____ + History of sexually transmitted disease (STD) ____ | 0=none | 1=Partial | 2=all | NA=not applicable | | | |
| Technical Competence | FP Couns | 8 | Did the provider ask about the client's plans for having another child? | 0=No | | 2=Yes | NA=not applicable | | | |
| Technical Competence | FP Couns | 9 | Did the provider describe all appropriate methods, how they are used and side effect management? | 0=none | 1=Partial | 2=all | NA=not applicable | | | |
| Technical Competence | FP Couns | 10 | If required for method, did the provider take the client's blood pressure? | 0=No | | 2=Yes | NA=not applicable | | | |
| Technical Competence | FP Couns | 11 | Did the provider order laboratory tests if appropriate? | 0=No | | 2=Yes | NA=not applicable | | | |
| Technical Competence | FP Couns | 12 | Did the provider use visual aids in demonstrating how to use the method? | 0=No | | 2=Yes | NA=not applicable | | | |

Family Planning Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | | |
|---|-------------------|-------|--|---------|-----------|-------|-------------------|--|---------|-----|--|
| | | | | | | | | | SUM | AVG | |
| Technical Competence | FP Couns | 13 | Did the provider verify that the client understood how to use the method | 0=No | | 2=Yes | NA=not applicable | | | | |
| Technical Competence | FP Couns | 14 | Did the provider tell the client where she can get methods not offered at this health center? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Client Care | Follow Up | 15 | Did the provider tell the client to return if there were any problems? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Continuing Client | | | | | | | | | | | |
| Use the following questions for continuing clients | | | | | | | | | | | |
| Technical Competence | FP Couns | 16 | Did the provider refer to the client's record? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Technical Competence | FP Couns | 17 | Did the provider ask if the client was satisfied with her present family planning method? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Technical Competence | FP Couns | 18 | Did the provider ask if the client had any changes in childbearing plans? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Technical Competence | FP Couns | 19 | Did the provider discuss the client's general health? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Technical Competence | FP Couns | 20 | If the client expressed interest in changing methods, did the provider review all appropriate methods, how they are used and side effect management? | 0=No | 1=Partial | 2=all | NA=not applicable | | | | |
| Technical Competence | Follow Up | 21 | Did the provider tell the client to return if there were any problems? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Record Review | | | | | | | | | | | |
| After the observation, check the client record to answer the following questions. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form. | | | | | | | | | | | |
| Technical Competence | Documentation-MCH | 22 | Did the provider record? + Family planning history____ + Previous pregnancies ____ + Medical or surgical problems____ + Current medication____ + Health education messages____ + Method dispensed____ + Follow up appointment____ | 0=none | 1=Partial | 2=all | | | | | |

NAME:.....

DATE:.....\.....\.....

Pharmacist Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|---|---------------|-------|---|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <i>Use this observation form to record the staff member's actions. Do not interrupt or ask questions. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i> | | | | | | | | | | |
| Client Care | Communication | 1 | Did the pharmacist greet the client courteously? | 0=No | | 2=Yes | | | | |
| Technical Competence | K&S | 2 | Before dispensing medication, did the pharmacist ask whether the client had any allergies or was on other medication? | 0=No | | 2=Yes | | | | |
| Client Care | Counseling | 3 | Did the pharmacist give instructions about how to take the drug and confirm client understood the instructions? | 0=No | | 2=Yes | | | | |
| Client Care | Counseling | 4 | Did the pharmacist describe the potential side effects and how to manage them? | 0=No | | 2=Yes | | | | |
| Technical Competence | K&S | 5 | Did the pharmacist write on the package: + Name of patient____ + Dosage____ + Name of medication____ | 0=none | 1=Partial | 2=all | | | | |

NAME:.....

DATE:.....\.....\.....

Hypertension Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | | |
|--|---------------------|-------|---|---------|-----------|-------|--------|---------|-----|--|
| | | | | | | | | SUM | AVG | |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 2 | Did the provider greet the client respectfully? + Asking the client to sit down____ + Referring to client by name____ + Looking at client when talking with him/her | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | History | 3 | Did the physician ask about the client's health and symptoms and medical history? | 0=No | | 2=Yes | | | | |
| Technical Competence | Physical Assessment | 4 | Did the physician follow the hypertension guidelines to do a physical assessment? + Weight and height ____ + Oedema____ + Blood pressure____ + Heart and lung sounds____ | 0=none | 1=Partial | 2=all | | | | |
| Client Care | Counseling | 5 | Did the physician deliver any of the following health messages and ensure client understood? + Importance of diet____ + Dangers of smoking ____ + Medication use____ + Exercise____ + Follow up care____ | 0=none | 1=Partial | 2=all | | | | |

NAME:.....

DATE:.....\.....\.....

Hypertension Observation

| Element | Indicator | Q No. | Question | Answers | | | | Scores | Results | |
|--|---------------|-------|--|---------|-----------|-------|-------------------|--------|---------|-----|
| | | | | | | | | | SUM | AVG |
| Client Care | Counseling | 6 | Did the physician close session by: + Explaining treatment plan ____ + Asking if client understood ____ + Asking if client had any questions ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Client Care | Follow Up | 7 | Did the provider tell the client when to return for the next appointment? | 0=No | | 2=Yes | | | | |
| Record Review <i>After the observation, check the client record to answer the following questions.</i> | | | | | | | | | | |
| Technical Competence | Documentation | 8 | Did the provider follow hypertension guidelines to document: + Blood pressure ____ + ECG ____ + Urine analysis ____ + Pulmonary exam ____ + Blood chemistry ____ + Oedema ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | Documentation | 9 | If appropriate, did the provider note a referral to an Ophthalmologist? | 0=No | | 2=Yes | NA=not applicable | | | |

ANC Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | Results | |
|---|---------------------|-------|---|---------|------------|-------|--------|--|--|---------|-----|
| | | | | | | | | | | SUM | AVG |
| <i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i> | | | | | | | | | | | |
| Technical Competence | IP | 1 | Was the examination table cleaned or covered with a clean cloth before use? | 0=No | | 2=Yes | | | | | |
| Technical Competence | IP | 2 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | | |
| Client Care | MCH Comm | 3 | Did the provider greet the client respectfully? + Asking client to sit down ____ + Referring to client by name ____ + Looking at client when talking with her | 0=No | 1=Partial | 2=Yes | | | | | |
| Client Care | Privacy | 4 | Did the provider arrange for privacy and bar any interruptions from other staff or visitors during the examination? | 0=No | | 2=Yes | | | | | |
| Client Care | MCH Comm | 5 | Did the provider encourage the client to ask questions and ensure the client understood the information? | 0=No | | 2=Yes | | | | | |
| Technical Competence | K&S | 6 | Did the provider ensure the scale was set to zero before weighing the client? | 0=No | | 2=Yes | | | | | |
| Technical Competence | Physical Assessment | 7 | How many of the following did the provider do in conducting the physical assessment? + Check Weight ____ + Check Blood Pressure ____ + Check Abdomen ____ + Check Legs for oedema ____ + Check Chest and Breasts ____ | 0=No | 1=Partial | 2=Yes | | | | | |
| Client Care | MCH Counseling | 8 | How much of the following healthy pregnancy information did the provider tell the client and confirm client's understanding? + Nutrition ____ + Hygiene ____ + Exercise ____ + ANC schedule of visits ____ + Smoking dangers ____ + Restrictions on taking drugs ____ + Tetanus toxoid information ____ + Importance of Family planning ____ + Importance of breast feeding ____ | 0=No | 1=Partial. | 2=Yes | | | | | |

ANC Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | Results | |
|--|-------------------|-------|--|---------|-----------|-------|--------|--|--|---------|-----|
| | | | | | | | | | | SUM | AVG |
| Client Care | MCH Counseling | 9 | Did the provider inform the client about danger signs of pregnancy problems including vaginal bleeding and severe abdominal pain and confirm client understood? | 0=No | 1=Partial | 2=Yes | | | | | |
| Client Care | Follow Up | 10 | Did the provider tell the client when to return for the next appointment? | 0=No | | 2=Yes | | | | | |
| Record Review | | | | | | | | | | | |
| <i>After the observation, check the client record to answer the following questions.</i> | | | | | | | | | | | |
| Technical Competence | Documentation-MCH | 11 | Using the antenatal guidelines was the following history recorded? + Date of last menstrual cycle ____ + Number of previous pregnancies ____ + Presence of absence of vaginal D6bleeding ____ + Record of previous pregnancy outcomes ____ + Record of pregnancy complications ____ + Past medical and surgical history ____ + Date of tetanus toxoid immunization ____ | 0=No | 1=Partial | 2=Yes | | | | | |
| Technical Competence | Documentation-MCH | 12 | Did the provider follow antenatal guidelines to record the following: + Urine test for albumin ____ + Blood test for RH factors ____ + Hemoglobin level ____ + Blood sugar ____ + Fetal heart beat ____ + Health education messages ____ | 0=No | 1=Partial | 2=Yes | | | | | |

NAME:.....

DATE:.....\.....\.....

General Condition Observation

| Element | Indicator | Q No. | Question | Answers | | | | Scores | | | Results | |
|--|---------------------|-------|---|---------|-----------|-------|-------------------|--------|--|--|---------|-----|
| | | | | | | | | | | | SUM | AVG |
| <p><i>Use this instrument for observing general conditions. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | | | |
| Client Care | Communication | 2 | Did the provider greet the client respectfully? + Asking the client to sit down____ + Referring to the client by name____ + Looking at client when talking with him/her____ | 0=No | 1=Partial | 2=Yes | | | | | | |
| Client Care | Privacy | 3 | Did the physician close the door to the examining room and ensure that no one else entered? | 0=No | | 2=Yes | | | | | | |
| Technical Competence | History | 4 | Did the physician ask about the general condition of the client including the onset and severity of symptoms? | 0=No | 1=Partial | 2=Yes | | | | | | |
| Technical Competence | Physical Assessment | 5 | Did the physician examine the client according to his condition? | 0=No | | 2=Yes | | | | | | |
| Client Care | Counseling | 6 | If the physician prescribed medication, did he + Ask about past allergies to medication ____ + Explain how to take the medication____ + Explain any side effects and their management____ + Make sure client understood the explanation | 0=No | 1=Partial | 2=Yes | NA=not applicable | | | | | |
| Client Care | Counseling | 7 | Did the physician explain the treatment he was offering and ask the client if they understood? | 0=No | 1=Partial | 2=Yes | | | | | | |

General Condition Observation

| Element | Indicator | Q No. | Question | Answers | | | | Scores | | | Results | |
|---|---------------|-------|--|---------|-----------|-------|-------------------|--------|--|--|---------|-----|
| | | | | | | | | | | | SUM | AVG |
| Client Care | Counseling | 8 | Did the physician give any other health education messages such as + Nutrition/diet____ + Exercise____ + Smoking danger____ | 0=No | | 2=Yes | | | | | | |
| Management | Referral | 9 | If the physician referred the client, did he + Explain why____ + Give a note to take to referral site____ + Explain that the patient should return with a note from the referral site____ | 0=No | 1=Partial | 2=Yes | NA=not applicable | | | | | |
| Client Care | Follow Up | 10 | Did the provider make a new appointment, if required? | 0=No | | 2=Yes | NA=not applicable | | | | | |
| Record Review | | | | | | | | | | | | |
| <i>After the observation, check the client record to answer the following questions</i> | | | | | | | | | | | | |
| Technical Competence | Documentation | 11 | Did the provider record + History + Assessment + Laboratory results + Health education messages + Next appointment date | 0=no | 1=Partial | 2=Yes | | | | | | |

ARI Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|---------------------|----------|--|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 2 | Did the provider greet the client respectfully? + Asking the client to sit down ____ + Referring to client by name ____ + Looking at the client when talking with him/her | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | History | 3 | Did the provider follow ARI protocol to ask about the client's general condition including the duration and severity of: + Cough ____ + Symptoms ____ + Fever ____ + Difficulty in breathing ____ + Sore throat ____ + Ear problems ____ + Ability to swallow & eat ____ + Convulsions | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | Physical Assessment | 4 | Did the provider follow the ARI protocol to do a physical assessment by: + Listening to the wheezing ____ + Calculating respiratory rate ____ + Looking for chest indrawing ____ | 0=No | | 2=Yes | | | | |
| Client Care | Counseling | 5 | Did the physician follow the ARI protocol to give health messages regarding; + Medication use ____ + Home care information ____ + Follow up care ____ and Ensure client understood ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Client Care | Counseling | 6 | Did the provider encourage the client to ask questions and ensure the client understood the information? | 0=No | 1=Partial | 2=Yes | | | | |
| Client Care | Follow Up | 7 | Did the provider tell the client when to return for the next appointment? | 0=No | | 2=Yes | | | | |

ARI Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--|---------------|-------|---|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>Record Review</i></p> <p><i>After the observation, check the client record to answer the following questions.</i></p> | | | | | | | | | | |
| Technical Competence | Documentation | 8 | Did the provider record the results of his assessments + Temperature ____ + Respiratory rate ____ + Wheezing status ____ + Indrawing status ____ + Cyanosis ____ + Classification of ARI ____ | 0=No | 1=Partial | 2=Yes | | | | |

Diabetes Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | Results | |
|--|---------------------|-------|--|---------|-----------|-------|--------|--|--|---------|-----|
| | | | | | | | | | | SUM | AVG |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | | |
| Client Care | Communication | 2 | Did the provider greet the client respectfully ? + Asking the client to sit down ____ + Referring to the client by name ____ + Looking at client when talking with him/her ____ | 0=No | 1=Partial | 2=Yes | | | | | |
| Technical Competence | History | 3 | Did the physician ask about the client's general condition, including + Past and current medication ____ + Complications such as vision loss and oedema ____ | 0=No | 1=Partial | 2=Yes | | | | | |
| Technical Competence | History | 4 | Did the physician follow the diabetes protocol to ask about + Current diet ____ + Loss of weight ____ + Infections ____ + Foot ulcers ____ | 0=No | 1=Partial | 2=Yes | | | | | |
| Technical Competence | Physical Assessment | 5 | Did the physician follow the diabetes protocol to conduct the physical assessment including + Measuring weight ____ + Measuring blood pressure ____ + Checking chest, abdomen, ____ + Checking condition of feet ____ | 0=No | 1=Partial | 2=Yes | | | | | |
| Client Care | Counseling | 6 | Did the physician follow the diabetes guidelines to deliver health messages and ensure client understood? + Medication management ____ + Exercise ____ + Hygiene ____ + Foot care ____ + Danger signs ____ + Diet ____ + Complications ____ | 0=No | 1=Partial | 2=Yes | | | | | |

Diabetes Observation

| Element | Indicator | Q No. | Question | Answers | | | | Scores | | | Results | |
|--|---------------|-------|--|---------|-----------|-------|-------------------|--------|--|--|---------|-----|
| | | | | | | | | | | | SUM | AVG |
| Client Care | Communication | 7 | Did the provider encourage the client to ask questions and ensure the client understood the information? | 0=No | 1=Partial | 2=Yes | | | | | | |
| Client Care | Follow Up | 8 | Did the provider tell the client when to return for the next appointment? | 0=No | | 2=Yes | | | | | | |
| Record Review | | | | | | | | | | | | |
| <i>After the observation, check the client record to answer the following questions.</i> | | | | | | | | | | | | |
| Technical Competence | Documentation | 9 | Did the provider record the following monthly examination results in the client record? + Blood pressure ____ + Weight ____ + Glucose ____ + Foot exam ____ | 0=No | 1=Partial | 2=Yes | | | | | | |
| Technical Competence | Documentation | 10 | Did the provider record? : + Medication dosage ____ + Health education messages ____ + Follow up appointment ____ | 0=No | 1=Partial | 2=Yes | | | | | | |
| Technical Competence | Documentation | 11 | Did the provider record the following every three months examination results in the client record? : + HbA1c ____ + ALB / Creatinine Ratio ____ + Neurological Examination ____ | 0=No | 1=Partial | 2=Yes | | | | | | |
| Technical Competence | Documentation | 12 | If appropriate, did the provider note a referral to an Ophthalmologist? | 0=No | | 2=Yes | NA=not applicable | | | | | |

Diarrhea Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|---|---------------------|-------|---|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i> | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 2 | Did the provider greet the client respectfully? + Asking client to sit down ____ + Referring to client by name ____ + Looking at client when talking with him/her ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | History | 3 | Did the provider start by asking about client's general health? + Presence and duration of diarrhea ____ + Presence of blood and mucous in stool ____ + Ability to drink and eat ____ + Frequency and consistency of stools ____ + Urine output ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Technical Competence | Physical Assessment | 4 | Did the physician follow the diarrheal disease protocol to assess? + Skin turgor ____ + Sunken eyes ____ + Weight ____ + Level of consciousness ____ + Ability to drink ____ | 0=No | 1=Partial | 2=Yes | | | | |

NAME:.....

DATE:.....\.....\.....

| | | | | | | | | | | |
|-------------|------------|---|---|------|-----------|-------|--|--|--|--|
| Client Care | Counseling | 5 | <p>Did the physician provide health messages and ensure client understood?</p> <p>+ Medication use ____</p> <p>+ ORS ____</p> <p>+ Diet ____</p> <p>+ Follow up care ____</p> | 0=No | 1=Partial | 2=Yes | | | | |
| Client Care | Follow Up | 6 | <p>Did the provider tell the client when to return for the next appointment?</p> | 0=No | | 2=Yes | | | | |

Record Review
After the observation, check the client record to answer the following questions. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.

| | | | | | | | | | | |
|----------------------|---------------|---|--|------|-----------|-------|--|--|--|--|
| Technical Competence | Documentation | 7 | <p>Using the diarrhea protocol was the following information recorded</p> <p>+ Duration ____</p> <p>+ Stool analysis results ____</p> <p>+ Age and weight ____</p> <p>+ Health education messages ____</p> <p>+ Degree of dehydration ____</p> <p>+ Treatment ____</p> <p>+ Appointment ____</p> | 0=No | 1=Partial | 2=yes | | | | |
|----------------------|---------------|---|--|------|-----------|-------|--|--|--|--|

Laboratory Technician Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|---|---------------|-------|--|---------|--|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <i>Use this observation form to record the staff member's actions. Do not interrupt or ask questions.</i> | | | | | | | | | | |
| Client Care | Communication | 1 | Did the lab technician start by greeting the client and explaining the procedure? | 0=No | | 2=Yes | | | | |
| Technical Competence | IP | 2 | Did the provider follow the Infection Prevention guidelines washing hands before putting on gloves? | 0=No | | 2=Yes | | | | |
| Technical Competence | IP | 3 | Did the technician put on gloves before handling specimens? | 0=No | | 2=Yes | | | | |
| Technical Competence | IP | 4 | Did the technician dispose of the used needle and syringe in a sharps container? | 0=No | | 2=Yes | | | | |
| Technical Competence | IP | 5 | Did the technician soak reusable laboratory equipment in a decontamination solution before cleaning? | 0=No | | 2=Yes | | | | |
| Client Care | Follow Up | 6 | Did the technician tell the client when to return for the results? | 0=No | | 2=Yes | | | | |

Asthma Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | | | Results | | |
|--|---------------------|-------|--|---------|-----------|-------|--------|--|--|--|--|---------|-----|--|
| | | | | | | | | | | | | SUM | AVG | |
| <p><i>Use this instrument as a check list for observing the provider's practices. Do not ask questions or interrupt the process. Introduce yourself and ask the client for permission to be present. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i></p> | | | | | | | | | | | | | | |
| Technical Competence | IP | 1 | Did the provider follow the Infection Prevention guidelines washing hands before or after the examination? | 0=No | | 2=Yes | | | | | | | | |
| Client Care | Communication | 2 | Did the provider greet the client respectfully? + asking client to sit down ____ + referring to client by name ____ + looking at client when talking with him/her ____ | 0=No | 1=Partial | 2=Yes | | | | | | | | |
| Technical Competence | History | 3 | Did the provider ask about the client's general condition, including + symptoms of cyanosis, inability to talk, silent chest, ability to do physical acts, waking at night ____ + medications ____ + infections ____ + previous episodes ____ | 0=No | 1=Partial | 2=Yes | | | | | | | | |
| Technical Competence | Physical Assessment | 4 | Did the physician follow the asthma protocol to conduct a physical assessment including + respiratory rate ____ + temperature ____ + wheezing status ____ + peak flow ____ | 0=No | 1=Partial | 2=Yes | | | | | | | | |
| Client Care | Counseling | 5 | Did the physician follow the asthma protocol to provide health education messages and ensure client understood: + medication use ____ + follow up care guidance ____ + exercise ____ + danger signs indicating when to return ____ + telling about treatment plan ____ + by asking if client had any questions ____ + by asking if client understood ____ | 0=No | 1=Partial | 2=Yes | | | | | | | | |

NAME:.....

DATE:.....\.....\.....

Clerk Observation

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|---|---------------|-------|--|---------|-----------|-------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <i>Use this observation form to record the staff member's actions. Do not interrupt or ask questions.</i> | | | | | | | | | | |
| Client Care | Communication | 1 | Did the clerk treat the client courteously? | 0=No | 1=Partial | 2=Yes | | | | |
| Management | Access | 2 | Did the clerk ask the client his reason for visiting the center ? | 0=No | | 2=Yes | | | | |
| Management | Access | 3 | Did the clerk request the client's insurance and registration card? | 0=No | | 2=Yes | | | | |
| Management | Access | 4 | Was the client's record located in less than 3 minutes? | 0=No | | 2=Yes | | | | |
| Client Care | Communication | 5 | Did the clerk give clear directions as to where the client should go next? | 0=No | | 2=Yes | | | | |

RH Provider

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|---|-------------|-------|---|-----------------------|-------------|---------------------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| <p><i>Ask the midwife or other reproductive health provider the following questions. Do not prompt for answers. Indicate all responses given either by putting a check next to the appropriate answer or by writing the response given by the interviewee. To score, the response should be checked against the answer sheet after the interview. Note any special comments at the end of the form.</i></p> | | | | | | | | | | |
| Management | Training | 1 | Have you received training in the last year in the following topics? (Circle the responses) Contraceptive Technology Update (Methods and Use) Counseling Infection Prevention Record Keeping & Reporting IUD insertion/removal ANC Post Partum Care Post Abortion Care Labor Management & Delivery | 0=none | 1=1-2 items | 2=more than 2 items | | | | |
| Management | Supervision | 2 | Have you met with your supervisor in the last 3 months? | 0=No | | 2=Yes | | | | |
| Management | Supervision | 3 | Did the supervisor give you any performance related feedback? | 0=No | | 2=Yes | | | | |
| Technical Competence | FP Couns | 4 | Show me an example of the visual aids or samples of contraceptives you use to explain how contraceptives work. | 0=No example provided | | 2=Example offered | | | | |
| Management | Supply | 5 | What do you do to avoid stockouts of contraceptives or other supplies? DO NOT READ Monitor inventory ____ Record distribution ____ Schedule ordering ____ | 0=No | 1=Partial | 2=Yes | | | | |
| Client Care | Follow Up | 6 | Do you contact clients who do not return for their visits? | 0=No action | | 2=Action taken | | | | |
| Management | Referral | 7 | Do you keep a register of clients sent for referral and where? | 0=No | | 2=Yes | | | | |

RH Provider

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|----------------------|----------------|-------|--|-----------------------|-------------|---------------------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| Management | Referral | 8 | Give an example of how you obtain feedback on referred clients. | 0=No example provided | | 2=Example offered | | | | |
| Technical Competence | K&S | 9 | What are 3 medical reasons for not providing oral contraceptives? | 0=none | 1=1-2 items | 2=more than 2 items | | | | |
| Technical Competence | K&S | 10 | What are 3 medical reasons for not providing an IUD? | 0=none | 1=1-2 items | 2=more than 2 items | | | | |
| Technical Competence | K&S | 11 | About what danger signs do you inform pregnant women? | 0=none | 1=1-2 items | 2=more than 2 items | | | | |
| Client Care | MCH Counseling | 12 | In what subjects do you counsel parents to support their child's development? | 0=none | 1=1-2 items | 2=more than 2 items | | | | |
| Technical Competence | K&S | 13 | Please describe the activities you conduct during post-natal visits. + assess breastfeeding skill__ + look for signs of infection or heavy bleeding__ + examine infant__ + arrange follow up appointment__ + provide nutrition advice__ + discuss exercise__ | 0=none | 1=1-3 items | 2=more than 3 | | | | |
| Client Care | Health Ed | 14 | Do you routinely provide information on the following preventive concerns? pap smears ____ breast exams ____ menopause information ____ | 0=none | 1=some | 2=all | | | | |
| Management | Supervision | 15 | How do you ensure standards and procedures for MCH are followed in your center? | 0=No action | | 2=Action taken | | | | |
| Management | Supervision | 16 | Do you use checklists to monitor whether infection prevention practices are followed? | 0=No | | 2=Yes | | | | |

RH Provider

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|--------------|-----------|-------|--|---------|-------------|---------------------|--------|--|---------|-----|
| | | | | | | | | | SUM | AVG |
| Management | Comm Plng | 17 | What do you do to increase demand for FP? + Give talks on RH needs to other staff members + Ensure reproductive health posters are available in all waiting areas + Hold informational talks in community + Hold informational talks in waiting area | 0=none | 1=1-2 items | 2=more than 2 items | | | | |
| Management | Comm Plng | 18 | Do you meet with community committees or groups at least twice a year to discuss RH matters? | 0=No | | 2=Yes | | | | |
| Management | Comm Plng | 19 | What steps have you taken to promote RH in the community? + Meet with community leaders ____ + Meet with existing community groups ____ + Work with community groups or committees to conduct health related activities ____ | 0=none | 1=Partial | 2=all | | | | |
| Satisfaction | SM | 20 | How would you rate team work at this center? | 0=poor | 1=adequate | 2=excellent | | | | |
| Satisfaction | SM | 21 | Are you satisfied with your job? | 0=No | 1=Partial | 2=Yes | | | | |

Nurse or Physician Interview

| Element | Indicator | Q No. | Question | Answers | | | | Scores | | Results | |
|---|-----------|-------|---|-----------------------------|---|---------------------|-------------------|--------|-----|---------|-----|
| | | | | | | | | SUM | AVG | SUM | AVG |
| <i>Use this form to interview a physician, other than the manager, and nurse. Ask the staff member the following questions. Prompt only where needed. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i> | | | | | | | | | | | |
| Management | SM | 1 | What is your job title? | — | — | — | NA=not applicable | na | | NA | NA |
| Management | Planning | 2 | What client or service information do you summarize on a monthly basis? DON'T READ + usage statistics ____ + client illness ____ + supply information | 0=don't know or no response | | 2=adequate response | | | | | |
| Management | Planning | 3 | Please give an example of how the health center uses the data. DON'T READ Evaluation ____ Planning ____ Supply ____ To create Health Education messages ____ | 0=do not use it | | 2=use it | | | | | |

Nurse or Physician Interview

| Element | Indicator | Q No. | Question | Answers | | | Scores | | Results | |
|---|-------------|-------|---|-----------------------|-------------|---------------------|-------------------|----|---------|-------|
| | | | | | | | | | SUM | AVG |
| For this question read the list and record the response. | | | | | | | | | | |
| Management | Training | 4 | Have you received training in the last year in any of the following. Subjects (column 1) If yes, for how long? (column 2) + Disease Management _____ + Counseling _____ + Communication skills _____ + Workplanning _____ + Standards of care _____ + supervision _____ + probolem solving _____ + reproductive health _____ + infection prevention _____ + Health Education _____ + other _____ | 0=none | 1=1-2 items | 2=More than 2 items | | | | |
| Management | Training | 5 | In which areas do you feel you need more training? | — | — | — | NA=not applicable | na | | NA NA |
| Management | Supervision | 6 | Have you met with your supervisor in the last three months? | 0=No | | 2=Yes | | | | |
| Management | Supervision | 7 | Did the supervisor give you any performance related feedback? | 0=No | | 2=Yes | | | | |
| Management | Standards | 8 | Show me the protocols, standards or guidelines you use to guide service delivery in your center? | 0=not available | | 2=available | | | | |
| Management | Standards | 9 | Have you received training in these standards, protocols or guidelines? | 0=No | | 2=Yes | | | | |
| Client Care | Health Ed | 10 | Please provide an example of how you give health education to clients at the center? | 0=No example provided | | 2=Example offered | | | | |
| Management | MCH Access | 11 | Do you inform clients about reproductive health services when they come for other reasons? | 0=No | | 2=Yes | | | | |
| Satisfaction | SM | 12 | Are you satisfied with your job? | 0=No | 1=Partial | 2=Yes | | | | |
| Satisfaction | SM | 13 | How would you rate team work at this center? | 0=poor | 1=adequate | 2=excellent | | | | |

MCH Client Record Review

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | | | Results | | |
|--|-------------------|----------|--|---------|------|-------------------|--------|--|--|--|--|---------|-----|--|
| | | | | | | | | | | | | SUM | AVG | |
| FP Record | | | | | | | | | | | | | | |
| <i>Answer the following questions using the records for Family Planning visits</i> | | | | | | | | | | | | | | |
| Technical Competence | Documentation-MCH | 1 | Did the provider follow guidelines for recording family planning history including the number of previous pregnancies and any medical or surgical problems? | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation-MCH | 2 | Did the provider follow family planning guidelines to record health education messages? | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation-MCH | 3 | Did the provider follow Family Planning guidelines to record the method dispensed? | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation-MCH | 4 | Did the provider record the follow-up appointment? | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| ANC Records | | | | | | | | | | | | | | |
| <i>Answer the following questions using the records for ANC visits</i> | | | | | | | | | | | | | | |
| Technical Competence | Documentation-MCH | 5 | Did the provider follow antenatal guidelines to record the patient's history, including: +date of last menstrual cycle +number of previous pregnancies +outcome of previous pregnancies | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation-MCH | 6 | Did the provider record the following information according to ANC guidelines? + presence or absence of vaginal bleeding + record of pregnancy complications + past medical and surgical history + date of tetanus toxoid immunization | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation-MCH | 7 | Did the provider follow ANC guidelines to record the following: + urine test for albumin + blood test for RH factors + hemoglobin level + blood sugar + fetal hearlh beat | 0=Yes | 2=No | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation-MCH | 8 | Did the provider record + health education messages + the next appointment | 0=Yes | 2=No | NA=not applicable | | | | | | | | |

NAME:.....

DATE:...\..\.....

Client Record Review

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | | | Results | | |
|---|---------------|-------|---|---------|-------|-------------------|--------|--|--|--|--|---------|-----|--|
| | | | | | | | | | | | | SUM | AVG | |
| <i>Use this form to record information from the randomly chosen MCH and General Services client records</i> | | | | | | | | | | | | | | |
| Technical Competence | Documentation | 1 | Did the provider follow guidelines for recording history? | 0=No | 2=Yes | | | | | | | | | |
| Technical Competence | Documentation | 2 | Did the provider follow guidelines for recording physical assesment findings? | 0=No | 2=Yes | | | | | | | | | |
| Technical Competence | Documentation | 3 | Did the provider follow guidelines for documenting the diagnosis? | 0=No | 2=Yes | | | | | | | | | |
| Technical Competence | Documentation | 4 | If appropriate, did the provider request laboratory tests and record results? | 0=No | 2=Yes | NA=not applicable | | | | | | | | |
| Technical Competence | Documentation | 5 | Did the provider follow guidelines for recording treatment? | 0=No | 2=Yes | | | | | | | | | |
| Technical Competence | Documentation | 6 | Did the provider record health education messages? | 0=No | 2=Yes | | | | | | | | | |
| Technical Competence | Documentation | 7 | Did the provider record the next appointment date? | 0=No | 2=Yes | NA=not applicable | | | | | | | | |

Manager

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|--|-------------|-------|--|-----------------------|--|-------------------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| Ask the manager the following questions. Prompt only where indicated. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form. | | | | | | | | | |
| Management | Training | 1 | Have you received management training in any of the following topics in the last year? Supervision ____ Planning ____ Work Planning ____ Monitoring Health Care Performance ____ Petty Cash Budget ____ | 0=No | | 2=Yes | | | |
| Management | Standards | 2 | Please show me your job descriptions for all staff members. | 0=not available | | 2=available | | | |
| Management | Training | 3 | Please give an example of a system you use to determine staff training needs. DO NOT READ Through supervision ____ Through monitoring and observation ____ Reviewing staff training record ____ Consulting with staff member ____ | 0=No example provided | | 2=Example offered | | | |
| Management | Training | 4 | Please provide an example of how staff members share their training experience with other staff members. | 0=No example provided | | 2=Example offered | | | |
| Management | Supervision | 5 | Have you met with your supervisor in the last three months? | 0=No | | 2=Yes | | | |
| Management | Supervision | 6 | Did the supervisor give you any performance related feedback? | 0=No | | 2=Yes | | | |
| Management | SM | 7 | How do you reward good performance? | 0=No example provided | | 2=Example offered | | | |

Manager

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|------------|-----------|-------|---|-----------------------|--|-------------------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| Management | Planning | 8 | Please give an example of how you use the monthly summarized client and service information data. DON" T READ + planning + supply ordering + staff scheduling + monitoring quality | 0=No example provided | | 2=Example offered | | | |
| Management | Planning | 9 | Please provide an example of any early detection procedures you offer routinely. DO NOT READ + blood pressure ____ + cholesterol ____ + pap smears/CA of cervix ____ + breast cancer ____ + other _____ | 0=No example provided | | 2=Example offered | | | |
| Management | Supply | 10 | Have you experienced a stock out of any drugs in the last 6 months? | 0=yes | | 2=no | | | |
| Management | Supply | 11 | If available, please show me your daily updated list of available health center drugs from the pharmacist | 0=not available | | 2=available | | | |
| Management | Comm Plng | 12 | How do you follow up on health problems identified during the school visits? DO NOT READ options include: Refer to health center ____ Inform parents ____ Provide treatment and check client at next visit ____ | 0=No action | | 2=Action taken | | | |

Manager

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|------------|-------------|-------|--|-----------------|--|----------------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| Management | Comm PIng | 13 | How do you improve health seeking behavior at schools? DO NOT READ Give health education talks ____ Give IEC materials including posters, pamphlets ____ Organize school health communitie ____ | 0=No action | | 2=Action taken | | | |
| Management | Supervision | 14 | Do you use any standards and checklists to monitor health center activity? | 0=No | | 2=Yes | | | |
| Management | Standards | 15 | Please show me your standards for your health center | 0=not available | | 2=available | | | |
| Management | Supervision | 16 | How do you monitor whether the clinical standards and protocols are followed? DO NOT READ observation of client-provider encounter ____ record review ____ supervision ____ check list ____ client satisfaction assessments ____ | 0=No action | | 2=Action taken | | | |
| Management | Supervision | 17 | Is someone assigned to monitor whether decontamination, cleaning and disinfection complies with IP guidelines? | 0=No | | 2=Yes | | | |
| Management | Referral | 18 | Please show me your register for recording referrals. | 0=not available | | 2=available | | | |

Manager

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|------------|-----------|-------|---|-----------------------|--|-------------------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| Management | Referral | 19 | Please explain how you get feedback on referred patients. DON'T READ Visit referral site Call referral site Fax information Patient carries form to and from referral site Other | 0=No example provided | | 2=Example offered | | | |
| Management | Privacy | 20 | Please provide an example of how you protect the privacy of the client record. | 0=No example provided | | 2=Example offered | | | |
| Management | Planning | 21 | Please provide an example of what have you done to improve the waiting time and provider-client time DO NOT READ Make an appointment system ____ Provide more health education ____ redistribute staff responsibilities ____ get more staff ____ | 0=No example provided | | 2=Example offered | | | |
| Management | Planning | 22 | Please provide an example of how you measure client satisfaction? DO NOT READ complaint or suggestion box ____ exit interview ____ survey form ____ | 0=No example provided | | 2=Example offered | | | |

Manager

| Element | Indicator | Q No. | Question | Answers | | | Scores | Results | |
|--------------|-----------|-------|--|-----------------------------|------------|---------------------|--------|---------|-----|
| | | | | | | | | SUM | AVG |
| Management | Planning | 23 | How do you address client complaints? DO NOT READ Discuss at staff meeting ____ Investigate ____ Contact client for more information ____ Forward to health directorate ____ Discuss with community ____ | 0=No action | | 2=Action taken | | | |
| Client Care | Health Ed | 24 | Do you provide videos or health talks in the waiting room? | 0=No | | 2=Example offered | | | |
| Management | Comm Plng | 25 | Please provide an example of how you get information about community health needs. | 0=No example provided | | 2=Example offered | | | |
| Management | Comm Plng | 26 | Please provide an example of how you promote health center services in the community | 0=don't know or no response | | 2=adequate response | | | |
| Management | Comm Plng | 27 | What do you do to encourage community involvement in health related issues? DON'T READ Meet with leaders at least every 3 months ____ Participate in committee or group meetings at least every 3 months ____ | 0=No | | 2=Yes | | | |
| Satisfaction | SM | 28 | Are you satisfied with your job? | 0=No | 1=Part. | 2=Yes | | | |
| Satisfaction | SM | 29 | How would you rate team work at this center? | 0=poor | 1=adequate | 2=excellent | | | |

MCH Client Exit Interview

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | Results | | |
|--|--------------------------|-------|---|---------------------|--------------|---------------------|---------------------|----|--|---------|-----|----|
| | | | | | | | | | | SUM | AVG | |
| USE FOR MCH CLIENTS ONLY | | | | | | | | | | | | |
| <i>Ask the client if he/she is willing to answer some questions about today's visit. Ask the questions as he/she is leaving the health center. If the client does not understand the questions, try to clarify the question without changing the meaning or suggesting the response. Indicate all responses given by putting a check next to the answer. Note any special comments at the end of the form.</i> | | | | | | | | | | | | |
| Satisfaction | MCH Access | 1 | What was the reason for your visit today? + Family Planingng ____ + ANC ____ + Well Baby ____ NOTE: TELL THE CLIENTS THE FOLLOWING QUESTIONS REFER TO THEIR MCH VISIT TODAY | ___ | ___ | ___ | NA = not applicable | NA | | | NA | NA |
| Satisfaction | MCH Access | 2 | Are the center hours convenient for you and your family? | 0=No | 1=Partial | 2=Yes | | | | | | |
| Satisfaction | MCH Access | 3 | Do you find services are offered when you need them? | 0=No | 1=Partial | 2=Yes | | | | | | |
| Satisfaction | Planning | 4 | How long did you wait before seeing a provider today? | 0=More than 60 Min. | 1=30-60 Min. | 2=Less than 30 Min. | | | | | | |
| Satisfaction | Planning | 5 | Do you think the waiting time was reasonable today? | 0=No | 1=Partial | 2=Yes | | | | | | |
| Satisfaction | Infrastructure/ Services | 6 | Was there a place for you to sit in the waiting room today? | 0=No | | 2=Yes | | | | | | |
| Satisfaction | MCH Comm | 7 | Were MCH staff at the center courteous and friendly today? | 0=No | 1=Partial | 2=Yes | | | | | | |
| Management | Planning | 8 | Is there a way for you to give suggestions or complaints to health center staff? Please give an example _____ | 0=No | | 2=Yes | | | | | | |
| Client Care | Health Ed/ | 9 | Have you been informed about health education sessions? | 0=No | | 2=Yes | | | | | | |
| Client Care | Health Ed/ | 10 | Have you attended health education sessions organized by the Health Center? | 0=No | | 2=Yes | | | | | | |
| Satisfaction | Health Ed/ | 11 | Do you recommend that others attend these sessions? | 0=No | | 2=Yes | | | | | | |

MCH Client Exit Interview

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | Results | |
|---|--------------------------|-------|--|---------|-----------|-------|-------------------|--|--|---------|-----|
| | | | | | | | | | | SUM | AVG |
| Satisfaction | Counseling | 12 | Have you had a laboratory test at a center ? If Yes, did the provider explain the results of your test? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Management | Referral | 13 | Have you ever been referred to another center for MCH care? If yes, did the provider give you a note to take to the referral site and to return to the health center? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Satisfaction | Infrastructure /Services | 14 | Did you find the center clean and pleasant? | 0=No | 1=Partial | 2=Yes | | | | | |
| Satisfaction | Privacy | 15 | Was the screen, curtain or door to the examination room closed when the provider was with you? | 0=No | 1=Partial | 2=all | | | | | |
| Satisfaction | Privacy | 16 | Were there people present during your examination who could see or hear you other than your provider? | 0=yes | | 2=no | | | | | |
| Satisfaction | Infrastructure/ Services | 17 | Were you satisfied with the MCH services you received today? | 0=No | | 2=Yes | | | | | |
| Satisfaction | Infrastructure/ Services | 18 | Would you recommend the MCH services of this health center to another person? | 0=No | | 2=Yes | | | | | |
| <i>DID YOU COME FOR FP SERVICES? YES or NO</i> | | | | | | | | | | | |
| <i>IF NO SKIP TO QUESTION 28</i> | | | | | | | | | | | |
| Satisfaction | FP Couns | 19 | Did the provider ask about your pregnancy history and FP plans? | 0=No | | 2=Yes | | | | | |
| Satisfaction | FP Couns | 20 | Did the provider explain a variety of contraceptive methods from which you could choose? | 0=No | | 2=Yes | | | | | |
| Satisfaction | FP Couns | 21 | When explaining how methods work did the provider use visual aids? | 0=No | | 2=Yes | | | | | |
| Satisfaction | FP Couns | 22 | Did the provider explain possible side effects? | 0=No | | 2=Yes | | | | | |
| Management | Supply | 23 | Did you receive the method you requested? | 0=No | | 2=Yes | | | | | |
| Management | Referral | 24 | If required, did the provider tell you where you can go to get methods not offered by this center? | 0=No | | 2=Yes | NA=not applicable | | | | |
| Satisfaction | MCH Counseling | 25 | Did the provider tell you to come back for any problems? | 0=No | | 2=Yes | | | | | |

MCH Client Exit Interview

| Element | Indicator | Q No. | Question | Answers | | | | Scores | | | Results | |
|--|----------------|-------|--|--------------------|-------------|---------------------|-------------------|--------|--|--|---------|-----|
| | | | | | | | | | | | SUM | AVG |
| Satisfaction | Planning | 26 | How long did the provider spend with you? | 0=less than 5 Min. | 1=5-10 Min. | 2=more than 10 Min. | | | | | | |
| <i>DID YOU COME FOR ANC SERVICES? YES or NO</i> <i>IF NO, SKIP TO QUESTION 31</i> | | | | | | | | | | | | |
| Satisfaction | MCH Counseling | 27 | Did the provider give you counseling and ensure you understood? + proper nutrition ____ + pregnancy problems ____ + family planning ____ + information on the ANC schedule of visits ____ | 0=none | 1=some | 2=all | | | | | | |
| Satisfaction | MCH Counseling | 28 | Did the provider ask whether you have had and if necessary arrange for you to receive a tetanus toxoid immunization? | 0=No | | 2=Yes | | | | | | |
| Management | Supply | 29 | Was the medication prescribed today available? | 0=none | 1=some | 2=all | NA=not applicable | | | | | |
| Client Care | Follow UP | 30 | Did the provider make a follow up appointment? | 0=No | | 2=Yes | | | | | | |
| <i>DID YOU COME FOR WELL BABY SERVICES? YES or NO</i> <i>IF NO END THE INTERVIEW IF YES, CONTINUE</i> | | | | | | | | | | | | |
| Satisfaction | MCH Counseling | 31 | Did the provider give you information and ensure you understood? +proper nutrition for your baby ____ +possible side effects ____ +immunization schedule, ____ +advice on family planning ____ | 0=none | 1=Partial | 2=all | | | | | | |
| Client Care | Follow UP | 32 | Did the provider make a follow up appointment? | 0=No | | 2=Yes | | | | | | |

Client Exit Interview

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | | Results | | |
|---|-----------------------------|-------|--|---------------------|--------------|---------------------|-------------------|----|--|--|---------|-----|----|
| | | | | | | | | | | | Sum | Avg | |
| <p>Tell the clients the questions refer to their general physician visit today. Ask the following questions of a client as he/she is leaving the health center. If the client does not understand the questions, try to clarify the question without changing the meaning or suggesting the response. Check or circle the reply given by the respondent. Note any special comments at the end of the form.</p> | | | | | | | | | | | | | |
| Satisfaction | Access | 1 | What is the reason for your visit today? + Family Planning ____ + ANC ____ + Well Baby ____ + General Physician ____ STOP: IF THE CLIENT CAME FOR MCH SERVICES, USE THE MCH CLIENT EXIT INTERVIEW FORM | — | — | — | NA=Not Applicable | NA | | | | NA | NA |
| Satisfaction | Access | 2 | Are the center hours convenient for you and your family? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Satisfaction | Access | 3 | Do you find specific services are offered when you need them? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Satisfaction | Planning | 4 | How long did you wait before seeing a provider today? | 0=More than 60 min. | 1=30-60 min. | 2=Less than 30 min. | | | | | | | |
| Satisfaction | Planning | 5 | Do you think today's waiting time was reasonable? | 0=No | | 2=Yes | | | | | | | |
| Satisfaction | Infrastructure/S ervices | 6 | Was there a place for you to sit in the waiting room today? | 0=No | | 2=Yes | | | | | | | |
| Satisfaction | Communication | 7 | Were staff at the center courteous and friendly today? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Management | Planning | 8 | Is there a way for you to give suggestions or complaints to health center staff? Please give an example _____ | 0=No | | 2=Yes | | | | | | | |
| Satisfaction | Infrastructure/S ervices | 9 | Did you find the center clean and pleasant? | 0=No | 1=Partial | 2=Yes | | | | | | | |

Client Exit Interview

| Element | Indicator | Q No. | Question | Answers | | | | Scores | | | | Results | |
|--|---------------|-------|--|--------------------|-------------|---------------------|-------------------|--------|--|--|--|---------|-----|
| | | | | | | | | | | | | Sum | Avg |
| Satisfaction | Privacy | 10 | Were there people present during your examination who could see or hear you other than your provider? | 0=yes | | 2=no | | | | | | | |
| Client Care | Health Ed. | 11 | Have you been informed about health education sessions? | 0=No | | 2=Yes | | | | | | | |
| Client Care | Health Ed. | 12 | Have you attended health education sessions organized by the Health Center? | 0=No | | 2=Yes | | | | | | | |
| Satisfaction | Health Ed. | 13 | Do you recommend that others attend these sessions? | 0=No | | 2=Yes | | | | | | | |
| Management | Supply | 14 | Was the medication prescribed today available? | 0=none | 1=Partial | 2=all | NA=Not Applicable | | | | | | |
| Satisfaction | Counseling | 15 | If medication was prescribed, did the physician (or provider) + ask if you had allergies to medication ____ + explain how to take medication ____ + explain how to manage side effects ____ | 0=No | 1=Partial | 2=Yes | NA=Not Applicable | | | | | | |
| Satisfaction | Counseling | 16 | Was it easy to understand the explanation? | 0=No | | 2=Yes | NA=Not Applicable | | | | | | |
| DID YOU SEE A PHYSICIAN TODAY? YES OR NO | | | | | | | | | | | | | |
| <i>If no, skip to question 21</i> | | | | | | | | | | | | | |
| Satisfaction | Planning | 17 | How long did you spend with the physician for your examination? | 0=less than 5 min. | 1=5-10 min. | 2=more than 10 min. | | | | | | | |
| Satisfaction | Communication | 18 | Did the physician welcome you respectfully? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Satisfaction | Counseling | 19 | Did the doctor explain how he will treat your condition and ask if you understood? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Satisfaction | Counseling | 20 | Did the physician give you any health education messages about diet, exercise, medication, etc? | 0=No | | 2=Yes | | | | | | | |
| All clients | | | | | | | | | | | | | |
| <i>Ask all clients the following questions .</i> | | | | | | | | | | | | | |

Client Exit Interview

| Element | Indicator | Q No. | Question | Answers | | | Scores | | | | Results | | |
|---------------------------------------|-------------------------|-------|--|---------|-----------|-------|-------------------|--|--|--|---------|-----|--|
| | | | | | | | | | | | Sum | Avg | |
| Satisfaction | Counseling | 21 | Did the provider explain the results of the laboratory tests you took? | 0=No | | 2=Yes | NA=Not Applicable | | | | | | |
| Satisfaction | Infrastructure/Services | 22 | Were you satisfied with the services you received today? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Satisfaction | Infrastructure/Services | 23 | Would you recommend this health center to another person? | 0=No | 1=Partial | 2=Yes | | | | | | | |
| Non FP Users | | | | | | | | | | | | | |
| Ask this question only if applicable. | | | | | | | | | | | | | |
| Management | MCH Access | 24 | Were you informed about FP services? | 0=No | | 2=Yes | NA=Not Applicable | | | | | | |

Section 3. Guidance for Scoring RH Interviews

| REPRODUCTIVE HEALTH PROVIDER INTERVIEW Standards of Care |
|---|
| 1. The provider states that she has had training in topics related to reproductive health within the last year, including contraceptive updates, counseling, infection prevention, record keeping, IUD and Norplant insertion and removal, antenatal care, post partum care, post abortion care. |
| 4. The provider states that she uses visual aids, such as samples of contraceptives, when describing how contraceptives work. |
| 5. The provider has a system to avoid shortages of supplies by monitoring inventory, recording the distribution and scheduling the orders. |
| 9. The provider is able to state three medical reasons that would prevent her from recommending oral contraceptives including high blood pressure, thrombosis, taking TB or epilepsy drugs, history of breast cancer, a smoker over 35 or current pregnancy |
| 9. The provider is able to state three medical reasons for not providing IUDs including vaginal infection or discharge, anemia, vaginal bleeding, general tract cancer. |
| 11. The provider is able to name three of the indicators that indicate a pregnant woman requires medical care, including bleeding, pregnancy induced hypertension, swelling in hands or feet, chronic anemia or severe abdominal pain. |
| 12. The provider is able to state the advice he gives to post partum clients including breast feeding, family planning, personal hygiene, exercise and nutrition. |
| 15. The provider is able to explain how she ensures that standards for reproductive health care are followed in the center, including training, observation of client-provider interactions, supervision and posting of standards. |
| 16. The provider is able to state how she ensures that infection prevention practices are followed in her area including posting of IP guidelines, supervising, monitoring with checklists, and ensures the equipment is available and in clean condition |
| 17. The provider is able to describe how she encourages the demand for family planning usage including asking other clients if they are interested in counseling, ensuring methods are available, starting promotional campaigns through posters, brochures or community talks and following up on defaulters |

QA TEAM GUIDANCE

Creating a Quality Improvement Process at MOH Health Centers

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QA TEAM GUIDANCE

Creating a Quality Improvement Process at MOH Health Centers

Purpose of this Guide

This handbook is intended for Quality Assurance Team members at MOH Health Centers. It is to be used in conjunction with training on Quality Assurance and the Performance Improvement Review. During training, team members will be guided by Quality Assurance (QA) Coordinators to:

- Identify and prioritize problems based on data
- Develop and monitor action plans to solve problems

It is recommended that participants carefully review this material to strengthen their understanding of the role of teams in Quality Improvement. The handbook consists of three sections:

- Introduction to Quality Assurance
- Overview of the Initial and Follow-up Performance Improvement Review process
- Guidance for Creating Effective Teams

Introduction to Quality Improvement

In health care, **Quality** is defined as performance based on standards of interventions that are known to be safe, affordable, and have the ability to improve health outcomes and meet or exceed client expectations.

Quality Assurance is a systematic strategy for raising the quality of health center services by:

- Establishing standards of practice
- Creating Quality Assurance teams to identify and solve problems
- Training staff to implement quality standards
- Collecting data to measure adherence to standards,
- Monitoring performance on a continual basis
- Documenting efforts for internal and external use

Quality Improvement (QI) is the quality monitoring process. QI focuses on identifying and solving problems through the use of data. To effectively improve care, all staff must accept quality improvement as their responsibility. As QIP is most effective when it is internally driven, responsibility for implementing it falls on a group of staff members who form a Quality Assurance team.

The Performance Improvement Review (PIR) is a process and tool to be used by a Quality Assurance team to identify strengths and correct weaknesses in the provision of care and

service at health centers. Through observations, interviews and record reviews, the team collects data from clients, staff and client and center records to produce a picture about center compliance with quality standards. Analysis of the data and identified problems leads to the development of corrective action plans, which when followed by the QA team lead to improvements in quality of service.

Standards of Care and PIR

Quality means doing the right things right the first time. Standards of care are based on scientific evidence of the right thing to do. In your center, five sets of standards or guidelines are available to provide criteria for excellence in clinical performance, procedures and management:

- Health Center Management
- Clinical Case Management
- Reproductive Health
- Nursing Care Services
- Preventive Services

The guidelines are accompanied by *Performance Checklists* to help monitor compliance to the standards. The PIR instruments are based on the same set of standards and are used to measure adherence to standards and health center quality.

PIR Steps (Initial PIR)

PIR consists of four steps:

Step 1. Planning for PIR

- Forming a Quality Assurance Team
- Defining Quality
- Overview of PIR
- Orientation to all Staff

Step 2. Collecting Data

- Planning Data Collection
- Using Instruments

Step 3. Analyzing Data & Identifying Problems

- Scoring
- Problem Identification
- Problem Definition
- Prioritizing

Step 4. Developing an Action Plan

- Setting Outcomes
- Brainstorming Actions
- Assigning Responsibility & Time
- Developing an Effective Monitoring Strategy

Guidance for Step One: Planning for PIR

Forming a Quality Assurance Team

Typical team membership is five to seven individuals, depending on the size of the staff. The team is picked for its diversity of experience and interest in analyzing and improving service performance at a health center. Core membership should include the manager, midwife and nurse supplemented by, for example, the pharmacist assistant, laboratory assistant, or clerk. In all cases, *Health Promotion Coordinators* should be among the team members.



Criteria for QA team membership include staff that is:

- Comfortable in small groups
- Creative thinkers
- Able to gather information from other staff members or clients in a non-threatening manner
- Capable of expressing their ideas and willing to discuss problems openly
- Committed to quality improvement

Supporting the Team

The team will be trained in the purpose, instruments, and analytical tools of the quality improvement process. Training in quality standards, problem solving skills, and monitoring will be provided. Regular supportive visits will be made by the QA Coordinators to assist the team in implementing their action plan. The QA Coordinators will also be responsible for reporting and obtaining required resources from other Ministry levels and sharing experiences from Health Center to Health Center.

Team Responsibilities

- | | |
|---|---|
| - Collecting data | - Monitoring the effect of the actions on meeting objectives |
| - Compiling and analyzing data to identify problems | - Identifying opportunities for performance improvement by reviewing center and client data |
| - Developing corrective action plans | - Identifying and helping to locate new resources |
| - Training other staff in QIP and involving them in the problem solving process | - Documenting changes and, where possible, sharing with other centers |
| - Disseminating and monitoring standards | |

Responsibilities of Team Leaders

An effective team requires leadership, which can be centered in one person or be a rotating responsibility. In either case, the responsibilities of the leader should be clear to all and include working with the team to:

- | | |
|---|---|
| Clarify the Purpose | <ul style="list-style-type: none">- Helps the team define a common purpose- Assists members to clarify their roles |
| Set Parameters | <ul style="list-style-type: none">- Makes and follows an agenda- Sets and keeps time limits- Keeps people on target for task completion |
| Create a Feeling of Mutual Trust | <ul style="list-style-type: none">- Encourages all to participate- Allows all to be heard |
| Support the Members | <ul style="list-style-type: none">- Recognizes achievements- Provides useful feedback- Clarifies misunderstandings- Resolves conflicts |
| Document | <ul style="list-style-type: none">- Ensures minutes are taken- Reviews decisions and follow up |

Defining Quality

PIR is built around a conceptual framework which defines the elements of quality, the indicators measured to determine performance and the sources for gathering data. The elements define a well functioning quality health center.

The Elements of Quality

| ELEMENT | DEFINITION |
|---------------------------------|--|
| Environment & Safety | Ability to demonstrate a client friendly, accessible and safe environment |
| Management | Capacity to plan, staff, organize and implement health delivery services to ensure efficiency and effectiveness for clients, community and staff members |
| Client Care | Ability to provide information about services, health and follow up care to ensure understanding, compliance, confidentiality and satisfaction |
| Technical Competence | Staff competency to provide services for general and reproductive health conditions |
| Satisfaction | Ability to meet client expectations and needs by providing well planned, appropriate, safe and effective services |

Data Sources and Indicators

The PIR instruments are monitoring tools. They measure performance against standards by collecting data from staff, clients and records using interviews, observations and record reviews. When analyzed, the data gives a ranking on the indicators and a score on each element. Analysis of the data identifies the areas of strength and weakness in center performance and guides the problem solving process.

Orientation to Staff

Quality Improvement is a ‘total’ staff process. For change to occur, all staff should be aware of the purpose, objective and methods for improving quality and be assured that improvements in quality will also improve their working conditions and raise job satisfaction. Explaining the QI process to staff in the beginning can eliminate or reduce the potential for problems in data collection, lessen disappointment over not being chosen for the QA team, and increase willingness to be involved in problem solving. Consider holding a meeting before conducting interviews and observations to explain the data collection process and at the end of training to share the action plan.

After training by the team, non-QA team staff members can participate in monitoring and analyzing results, and promoting change in their service areas. The QA team may decide to have a rotational membership system, giving other staff members the opportunity to participate as team members.

Guidance for Step Two: Collecting Data

Planning Data Collection

QA team members need to be familiar with the instruments and decide on an interview plan:

- Who among the staff or clients will be interviewed or observed, and when?

| PIR Instruments | | | |
|-----------------|------------------|-------------------|----------------------------|
| Interviews | Observations | Reviews | Service Utilization Data |
| Manager | Clerk | Facility | RH Usage Statistics |
| Midwife | Pharmacist | Client Record | Contraceptive Distribution |
| Nurse | Lab. Technician | MCH Client Record | PHC usage vs. MCH usage |
| Physician | Physician-Client | | Referral Statistics |
| MCH Client | Nurse-Client | | |
| General Client | Midwife-Client | | |

- Who among the QA team will conduct the interview or observation or record review?

| SAMPLING PLAN | |
|--|--------|
| Interviews and Observations | Sample |
| Clinical Observation | 5 |
| Nursing Observation | 6 |
| Midwife Observation | 3 |
| Clerk Observation | 2 |
| Pharmacist Observation | 2 |
| Lab Tech Observation | 2 |
| Manager Interview | 1 |
| Nurse Interview | 1 |
| Physician Interview (if 2 nd physician) | 1 |
| Client Exit Interview | 5 |
| MCH Client Exit Interview | 4 |
| Record Review (from last month) | 5 |
| MCH Record Review from last month) | 5 |
| Facility Review | 1 |

Interviewing Plan

Accurate data starts with data collection. QA team members with medical backgrounds are more qualified to conduct medical record reviews and provider-client observations. Manager interviews are best conducted by the QA Coordinator. Care should be taken to make assignments as appropriate as possible.



Timing of Data Collection

Data collection should coincide with the rhythm of client visits. For example, observations of staff with clients and client exit interviews should be conducted during the first few hours of center operation, when more clients are available. Interviews with staff can be conducted when the client load is less demanding. Record and facility reviews can be conducted at convenient times during the day.



USING THE INSTRUMENTS

Collecting accurate data is the first and *most important* step in identifying real problems. The job of the interviewer is to make the process as non-threatening, respectful and comfortable as possible. The interviewer must follow the instructions, using the exact question listed on the instrument form to keep all data consistent.

Instructions for Conducting Interviews

- Introducing him or herself and greeting the interviewee respectfully
- Explaining the interview is designed to help improve the quality of services at the health center; it is not an evaluation of staff performance; all information is anonymous and confidential
- Asking questions exactly as they appear on the instrument forms, repeating and restating if necessary without changing the meaning
- Giving the respondent enough time to answer

Instructions for Conducting Observations

Observations should be as unobtrusive as possible to help the staff member and client act as normally as possible. The observer should:

- Introduce him or herself and ask permission of the client before starting an observation
- Position him or herself in an unobtrusive place
- Listen carefully as the interaction may not follow the same order as the observation format
- If the observation requires verification from the record, the record should be found to see if the information was noted in the record

Instructions for Reviewing Client Records

Maintaining continuity of care is one of the measures of good client care. To enable all providers to effectively follow a client, the record should serve as a source of all information. Records should be chosen randomly from among antenatal care and family planning in the MCH section and from the five major disease categories in the curative health side: diabetes, hypertension, ARI, diarrhea, and asthma. *These record reviews are in addition to the reviews of the records connected with client-provider observations.*

SCORING INSTRUMENTS

- Each question gets an answer of either **0** (no compliance); **1** (partial compliance); or **2** (complete compliance) or **not applicable**.
- Mark the appropriate answer in the first column on the instrument sheet. The answer should reveal how close the performance was to the desired or performance standard response.
- If multiple interviews or observations are conducted, mark the answers for the additional subjects in the next columns.
- A software program will complete the actual listing and ranking of problems by indicator.

Guidance for Step Three: Analyzing Data & Identifying Problems

Scoring

Data helps us to identify problems. In this case, it tells us the *size* of the problem (how many staff members are involved) and the *intensity* (how often it occurs). By looking at the ranked problems on the problem list, which have been compiled by combining questions from all instruments that measure the same indicator, we get a picture of the center's strengths and weaknesses. We use this picture in developing a corrective action plan to address the weaknesses. By going through PIR repeatedly, we see how much the center has improved over time.

Using Service Utilization Statistics and Referral Information

In Jordan, married women of reproductive age, those between 15 and 49, comprise 22% of the total catchment population. However in general, usage of reproductive health services at the primary health care level falls below this *percentage*. Even where antenatal care is adequate, postpartum care is poorly utilized. This affects the health of mothers and newborns. By recording data on antenatal, postpartum and family planning services we can begin to focus on developing strategies to increase usage.

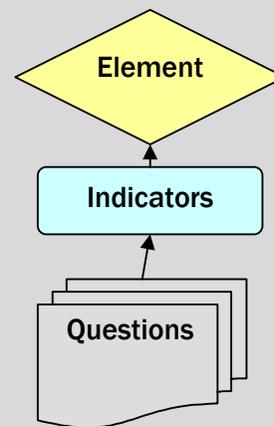
We look at method mix to give more data to develop appropriate strategies, such as increased promotion or refresher training for staff in methods not chosen or adding methods previously unavailable or improving referrals for methods not available at the health center. The reproductive health referral system is reviewed to ensure that there is a system for recording referrals and feedback. Feedback helps to ensure continuity of care and avoids missed opportunities.

COMPUTERIZING SCORES

Scores for each question—0 (lowest) to 2 (highest)—are recorded. The score is based on how close the reply is to the expectation or 'performance standard' reply. A group of questions comprise an indicator. A group of indicators make up the element score. These scores are entered into a computer software program, which by averaging the scores of all questions in one indicator produces an indicator ranking.

COMPUTER PRINT-OUTS

- The program lists problems under each indicator ranked from those scoring lowest to those scoring highest. This problem list will help the team prioritize problems.
- The program produces a graph representing the center's position on the 5 elements. The element graph can be compared across time to see how the center is progressing toward becoming a quality health center.
- The RH utilization data is also represented in graphic form. These charts help the team to compare and analyze data on MCH and RH service utilization, method mix and referrals. This information can be compared over time to see if the rate of utilization or receipt of referral feedback is increasing.



Problem Identification

Research shows us that the majority of the qualitative problems faced by a health center are solvable within the health center. They are usually related to process problems or how work is organized; often the problems deal with management issues, communication among staff, listening to clients, correctly updating records, following clinical standards, etc. By reviewing the steps in how work is organized the organization, weaknesses will become apparent. A small proportion of problems require additional resources or policy changes to solve. One reason a Quality Assurance Coordinator is part of the team is to refer system or supply problems to the proper source.

PIR uses a simple problem solving process that starts with data collection to identify problem areas. We collect data by using instruments to observe, interview and review records. (*As the team gains more experience with the steps, non-PIR sources of information such as client records, HMIS data can be used to identify problems.*) The problems that appear after scoring are then defined to ensure they do not assign blame to any one person. For example:

We do not state *the physician did not close the door when examining the patient*. Instead:

Doors or curtains are not closed when clients are being examined

Later, we do a simple investigation to see which providers, when and why they do not ensure client privacy

We also link the problem to the reason why we are addressing it:

Clients are not provided with privacy during examinations, thereby potentially obstructing client ability to relate sensitive and relevant information related to his/her condition

The problem solving steps are as follows:

- Collecting Data
- Defining Problems
- Prioritizing Problems
- Stating the Expected Outcome
- Brainstorming Actions
- Assigning Responsibility
- Implementing Actions
- Monitoring & Improving Effectiveness

Prioritizing: Determining Priority Problems

| Problem List Element/Indicator | | Percentage | Indicator Definition | Instrument |
|--------------------------------|-------|------------|---|-----------------|
| Client Care / Satisfaction | 0.00% | | | |
| Counseling | | | <i>Providers deliver health information in a manner easy to understand and follow</i> | |
| | | | Physician did not give ARI health messages | ARI Observation |
| | | | Provider did not encourage questions or ensure understanding | ARI Observation |

The problem list includes all problems scoring less than two. It lists the problems from those that scored lowest to those that scored highest for each element. Thus the first indicators in each element are those furthest from reaching quality standards.

The list is a source of information but other factors influence selection of problems to address. Prioritization is based on setting up criteria determining the importance of the problem and developing a ranking system. Criteria used in determining importance include:

- *Risk*: how much danger are staff and clients exposed to if the problem is not solved
- *Size or magnitude*: how many people are affected by the problem
- *Complexity*: Some problems can be solved quickly; others take time to resolve; still others require assembling a team of staff members to collect data, find and monitor a solution and inform all staff of the plan. A good action plan will include a range of problems from simple, e.g. obtaining covers for trash cans, to complex; e.g., encouraging community participation to creating effective referral systems.

A voting system is used to determine the priority problems. First all QA team members vote on the importance of the problem based on the criteria above. Each member can give a problem from 0 to 5 points based on his/her perception of its importance. These perceptions can be discussed to further understanding across the disciplines represented by team members. The problems receiving the most votes should be addressed first.

Guidance for Step Four: Developing an Action Plan

Setting Outcomes

As we implement the action plan, we are trying to improve the quality of the health center services. Quality Health Centers have an effective management system, provide a safe and attractive environment, have technically competent staff, focus on client care, use feedback from clients, and aim for results.

This requires solving problems. Once the problem is defined, it is important to know what we want the final outcome to be. This guides us in choosing actions to solve the problem and in developing a monitoring plan to see if our actions are effective in helping us reach the desired outcome.

Clarifying the “Cause”

Some problems will need to be reviewed to determine if the cause of the problem is understood.

- A problem with an obvious cause will not require further investigation.
- Other problems may need analysis to get to the ‘root’ cause. A simple way of doing this is to ask: “*Why is this a problem?*” and repeat the question until the group decides the cause has been revealed. The corrective action will then respond to the ‘real’ problem.
- Still other problems may need more scientific investigation or data collection to determine why the problem is occurring. It is important for the cause to be known to develop the right strategy to address the problem.

Example: Using ‘Multiple Why’ Technique

Problem: *Providers are not closing the door when examining clients*

1. *Why is this happening?*
Providers do not think it is important
2. *Why?*
Providers are not aware that clients would reveal more clinically helpful information in private sessions
3. *Why?*
Training on client care and patient rights has not been conducted
4. *Why?*
It was not recognized as a need.

Brainstorming

The QA team should pose a number of solutions before discussion takes place as to which strategy to use. This is done through using the technique of brainstorming. Reviewing the ‘*brainstormed*’ list involves taking into consider a number of questions:

- Will this action contribute to solving the problem?
- Do you have the resources at the health center to implement this solution?
- Can other resources from the health directorate, CHC, or hospital be accessed?
- Is there more than one way to solve the problem? Are a number of actions necessary to effectively solve the problem?

Example: Addressing Privacy

Outcome: Patients are examined with doors closed or curtains drawn and only medical personnel present.

Action: Train on patient rights and creating a comfortable atmosphere for provider-patient discussion.

Assigning Responsibility and a Timeframe

The person assigned responsibility for solving the problem is sometimes the ‘*solver*’ of the problem and at other times the ‘*coordinator*’ of actions. Often, he or she will need assistance in carrying out the agreed upon actions. Using other team members or the larger staff in gathering more data, implementing and monitoring solutions is a way of

building understanding, competency and wider compliance. Criteria should be used in deciding who should have the overall responsibility for the task:

- Has the most appropriate person for this solution been chosen?
- Is it within this person's sphere of influence?
- Does the staff member feel comfortable with the assignment?
- Is assignment responsibility shared among QA team members?

Setting a Realistic Time Frame for Solving the Problem

Some problems have a definite start and finish time frame. Other problems, as discussed above, require more investigation before appropriate actions can be determined. When deciding on the time frame, it should be clear what is expected during that time period. For example, if the first action was to gather more information before a solution could be discussed, that should constitute time period one. After that, a second time frame should be determined to implement the solution. When setting the time, it is important to ask:

Can the task be accomplished within the time allotted?

Monitoring the Action

Monitoring is a key step. We need to know whether our actions solved the problem. Collecting data on problem occurrence and who is involved in the problem helps us set a baseline. For example:

If the problem is that providers do not ensure privacy when examining patients, we need to know who the providers are, how often they close doors or curtains and avoid interruptions, and whether it is physically possible to do so.

We can observe physicians, nurses, and midwives three times a week to set a **baseline** or **starting point**. We note whether they close the doors and avoid interruptions or not. We then implement the actions described in our action plan: training staff as to need and method; providing reminder posters and signs for staff and clients; and gathering feedback.

We collect data on a random schedule, reviewing and sharing the data each month to chart progress and address weaknesses.

Reviewing the data informs us whether or not the action taken is effective. We can then make modifications in the actions based on data-driven or informed decisions.

Quantitative Data

We keep statistics on service utilization to see whether improved quality, efficiency and promotion of center services results in increased as well as more appropriate use of services. We also review referral reports to see if targeted actions are resulting in more feedback on client referrals. It is a form of monitoring. If usage does not increase, it indicates a need to think about promotion, access, availability and quality of services. For example:

If usage is lower for postpartum care than it is for antenatal care, although both should be serving the same segment of the population, we need to understand the reasons for this.

- Are staff and clients aware of the need for check-ups following delivery?
- Is the importance of postpartum counseling and care covered in antenatal counseling sessions?
- Are clients informed about family planning counseling?
- Does the center have a system for following up clients after delivery to remind them about postpartum services?

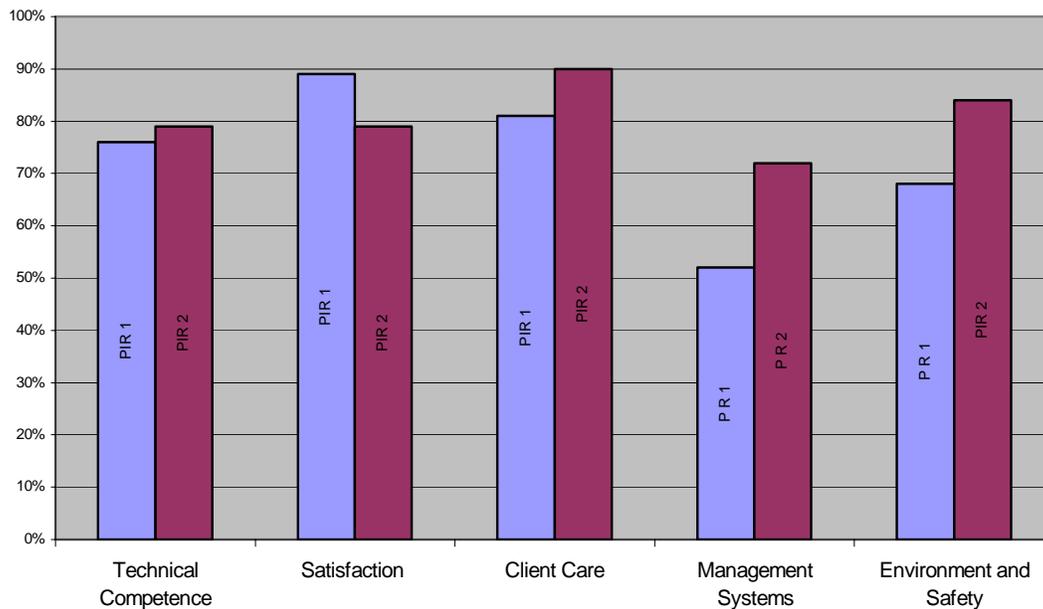
Linking Compliance with Standards and Changes in Client Health Status

Standards provide guidance for providing care according to evidence based protocols. The follow up charts for diabetes and hypertension are a type of checklist used to ensure all elements of the physical examination and treatment are provided according to the standards. The control sheets record the number of diabetic and hypertensive patients in the 'controlled' category. Control is affected by client behavior as well as treatment but the trend over time in the percentage of controlled clients provides evidence of whether standards are being consistently and effectively followed. If the results are poor, it is necessary to review the client visit logs, the flow charts, the client records, and perhaps conduct observations of health provider-client interactions to gather data.

Conducting Follow-up PIR Reviews

PIR is repeated at least annually to assess the changes in center operations from the last review. Some teams may find it helpful to use the observations or other tools as a form of monitoring in the intervening period. The element graph can be compared after each PIR review to view the changes in the PHC performance. A positive change confirms that our actions have produced results that contribute to a *better quality health center*. However, in the beginning, a dip in scores between PIRs is not unusual and can be quite constructive. Often, as the QA team becomes more aware of the criteria for quality, their expectations for compliance with quality increase and the scores decrease. The charts should be analyzed to determine where the need for improvement remains and where improvements have been realized. This will help guide a new action plan.

Figure 1. Comparison of PIR 1 and PIR 2



Follow up PIRs are a good time to take stock of team and center progress: what is working well, and what may need improvement?

- Have results been documented?
- Are charts, storyboards, messages displayed to recognize achievements? Has the team thought about a rotation schedule? Is this the time to recruit new members?
- Is staff supportive of the process?
- Has the team involved other staff in problem solving plans?
- Are clients aware and supportive of changes?
- Is there any improvement in community cooperation?
- Are the physical improvements in the center being maintained?
- Are the team meetings effective? Are new opportunities for problem solving being identified?

Sharing Ideas

How can we learn about what other centers have done and tell them about our efforts?

- The QA Coordinator is both a member of the center QA team and a link between and among centers. He or she can share the ideas and accomplishments of teams. Visits between centers to share ideas can also be organized through the QA Coordinators.
- Story boards which attractively detail in text and pictures how problems are identified and solved can be quite effective in sharing progress among staff and to

clients. Story boards can be posted in easy to view locations and changed periodically to tell new stories (see page 16 for an example).

- The Quality Unit at the Directorate is also a source of information about other QA teams and should disseminate this information widely
- The Quality Directorate will occasionally publish newsletters on Quality to encourage exchange of ideas.

Guidance for Effective Teams

An effective team is critical to the success of the Quality Improvement Process. Following are some guidelines to help the team move forward:

Be clear about the team's purpose and roles

Use the first meeting to define '*why you are here*' and discuss expectations of team members. Identify member roles: leader, note-taker, time-keeper and how they will be distributed. It can be a rotated responsibility, elected or appointed.

Set a comfortable and open atmosphere

Encourage listening and respect for the ideas of others. Members should feel comfortable expressing their ideas and learning from one another.

Develop meeting guidelines

Establish ground rules to help the team operate. For example:

- *Decisions will be made by consensus.* Consensus means the decision is *supported* by all members, even if they do not agree with the decision.
- *Decisions will be made based on data.* The role of the group is to use evidence to make decisions.
- *Members work as a team.* The most effective teams are those in which members work as equals, leaving their titles outside.
- *Assignments will be done on time.* Team members should commit to meeting their responsibilities. If a team member faces obstacles in meeting deadlines, he or she should discuss the situation with the team leader.
- *Attendance and promptness will be expected.* Meetings should have an agreed upon start time, length, and location. Members should be held responsible for honoring the parameters.
- *Meetings will be interrupted only for emergencies.* Try to define what constitutes an '*emergency*' in advance. Interruptions are disruptive.

Set an agenda

Ensure each meeting has a purpose, discussion points, time to follow up previous meeting actions and to make assignments for the next meeting. Use the agenda to keep members focused on the topics and time. Ensure the note keeper records decisions and issues to be discussed at the next meeting and the timekeeper keeps the meeting on schedule.

Use your workplan

The action plan is the team's workplan—it should guide meeting discussions. Use each meeting to review progress on action plan problems, analyze data, and decide on next steps.

Agree on data presentation tools

Explore data presentation methods to help team members understand the best way to present monitoring data in team meetings and to other staff and clients. If desired, ask the QA Coordinator for technical assistance in developing skill to produce graphs to display and analyze data.

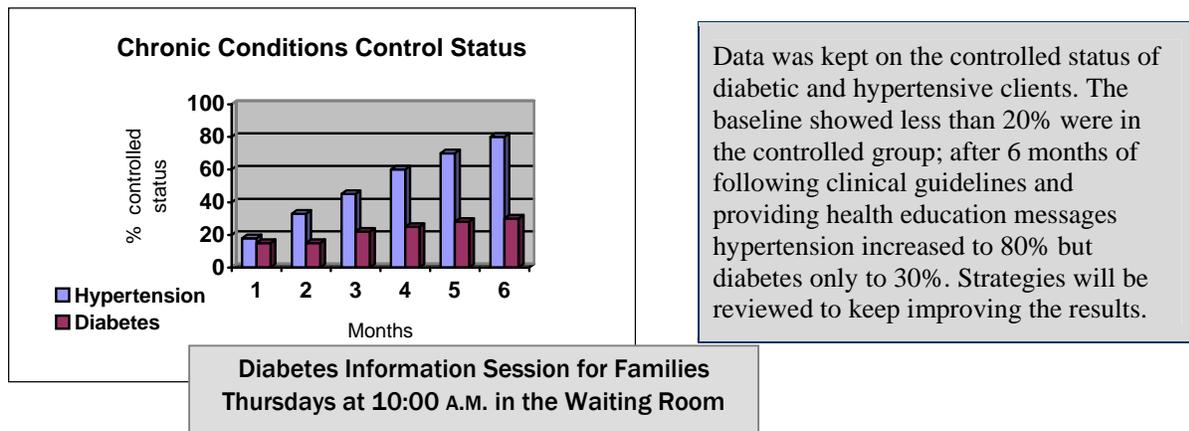
Document the meetings and results

Minutes from the meetings should be kept and stored to provide a record of decisions, progress, problems in implementation and items for further discussion. It also serves as a reminder of member responsibilities and a history of team activities for new members. *A format for meeting minutes is included in the annex.*

Develop regular communication channels with staff and clients

Keep in mind how the team's work affects clients and staff members. Use regular communication through meetings, notices, and pictures to facilitate commitment to change.

Storyboards illustrate the problem identification and resolution in a pictorial or graphic format. The sample storyboard below displays the change in control status for hypertensive and diabetic patients. It highlights progress, but also draws attention to problems in controlling diabetes, suggesting a need to review the actions. Teams can post storyboards in strategic locations like waiting areas to communicate their activities, broadcast results, or solicit help in solving problems. In this example, an advertisement for health education for clients and families on diabetes was posted with the storyboard.



Evaluate team progress

On a periodic basis, team members should discuss their general impressions as to how the team is functioning and how effective their work has been. This is a time to review documentation and identify successes and weaknesses; propose changes in ground rules and team composition; and pinpoint new opportunities to address. Consider collecting feedback from clients and staff through surveys or by inviting representatives to meetings to discuss issues and future directions.

Annex: Sample Format for Meeting Minutes

Date: _____

Attendees:

1- _____ 2- _____

3- _____ 4- _____

5- _____ 6- _____

AGENDA

1. Review of minutes of previous meeting.
- 2.
- 3.
- 4.

Agreements and Recommendations:

Date of Next Meeting: _____

**MONITORING & SUPPORT GUIDE
FOR PRIMARY HEALTH CARE
QUALITY IMPROVEMENT**

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SUPPORTING PRIMARY HEALTH CARE

Quality Improvement Team Organization and Monitoring Guide

This guide, in combination with its companion documents, *The Facilitator's Guide* and *Quality Assurance Team Guide* provides the guidance for instituting and sustaining a quality improvement process at the Primary Health Care Centers in Jordan.

Objective

The ultimate goal for primary health care is satisfied clients with improved health outcomes. The Jordanian Ministry of Health has instituted a quality improvement process at its primary health centers to enable center staff to use data to systematically identify and solve problems. The effectiveness of this approach relies on the skill and knowledge of the QA Coordinator to support the process. This document provides step-by-step guidance to assist the Coordinator to strengthen the QA team, review action plans and monitor and share results. It is meant to standardize the monitoring and documentation process to improve planning and results, while allowing flexibility in how centers choose problems and solutions.

Using the Guide

The guide is divided into three sections: Preparation, Field Visits, and an annex containing Monitoring Formats for QA Coordinators and Quality Assurance Teams.

Section One

The Preparation Section discusses how to select, train and prepare a QA team to lead a quality improvement process.

Section Two

Field Visits are divided into two phases:

- The Initial Phase is spread over a minimum of four sessions and is intended to provide QA teams with a gradual but in depth introduction into the use of the action plan, clinical and reproductive health standards and monitoring formats to improve center performance. The phase focuses on the importance of monitoring to document results. Meeting agendas are included as suggestions to guide the proceedings. While building on the prior meeting, each meeting introduces a new element of quality to the team. The meetings are designed to enable the QA Coordinator to serve as a 'model' or 'teacher' to demonstrate how to lead effective meetings. Each Coordinator and Quality Assurance Team may elaborate on the meeting design to meet unique needs.
- The Follow-up Phase is meant to maintain improvements, strengthen independent team operation and identify opportunities for change beyond the PIR instruments. A section on using data sources for problem identification is included.

Section Three

The Annex is divided into two sections:

- Monitoring Guidelines and Illustrative Examples
- Reporting Formats and Guidance

Quality Assurance Coordinator

The Quality Assurance Coordinator is appointed by the MOH to initiate and train teams and support the Quality Improvement Process at primary health care settings. The commitment of the QA Coordinator is crucial to the effectiveness of the health center Quality Improvement Process.

Preparation Phase

Preparing the Health Center

The QA Coordinator should visit the health center manager at least two weeks before scheduled training and discuss the general principles of the Quality Improvement Process.

- State it is an internal monitoring process to improve care through developing plans to resolve obstacles to quality service delivery
- Emphasize that the health center runs the process using a performance improvement process (PIR)
- Tell him the team is trained and supported by the QAC
- Explain you are here today to help him/her select a qualified Quality Assurance (QA) team that will be responsible for identifying and solving problems.
- Provide a description of a QA team:

QA Coordinator Responsibilities

1. Select in cooperation with the Health Center Manager a diverse team of health center staff and orient them to the importance of providing service quality
2. Train the team on using the self-assessment tools and problem solving approach and guide them through the performance improvement review
3. Make semi-monthly visits to the health center to support the QIP process
4. Communicate, distribute and assist in monitoring adherence to standards
5. Ensure key data is collected, reported to the Ministry and used to improve services, particularly related to national quality or health outcome indicators
6. Identify and report system obstacles
7. Assist the team to develop a schedule for regular performance improvement reviews
8. Facilitate the involvement of other staff in the quality process
9. Document and encourage sharing of 'best practices.'

QA Team Composition

A team is generally composed of 5 to 6 staff members representing different functions. Selected members should have:

- Interest in improving quality
- Ability to work with and listen to others
- Good communication skills
- Represent key services, such as General Practice, Nursing and MCH, Pharmacy and key functions such as Health Promotion.

QA Team Responsibilities

Team responsibilities include:

- Using PIR and other mechanisms and data sources to continually identify problems and develop corrective action plans
- Holding and documenting weekly meetings to review progress and discuss quality issues
- Informing, training and involving other staff in the Quality Improvement Process
- Monitoring and documenting corrective actions to assess whether they meet expectations
- Publicizing quality changes for staff and clients
- Collecting and recording information on key chronic condition and reproductive health indicators

PIR Training

After the team is selected, the QA Coordinator must help the members understand the objectives, components, and tools of a Quality Improvement Process as it relates to improved service and better care. The backbone of the process is the Performance Improvement Review (PIR), which provides the tools for identifying and solving problems. The training enables the team members to collect and use data to develop an action plan. *The PIR Facilitator Handbook provides step-by-step guidance to assist the Coordinator to train one or several teams in using the PIR process.*

Field Visits

Initial Phase

INITIAL PHASE OBJECTIVES

Through modeling, practice and training, the QAC will assist the team to:

- Understand its role in setting a 'culture of quality' for the health center
- Build their skill to hold weekly meetings including setting relevant agendas, allowing fruitful and open discussions and documenting results
- Set strategies for involving all staff in the quality process
- Set, follow, and revise action plans
- Introduce a new focus on a gradual basis including team building, standard adherence, RH data analysis, and the importance of the physical environment to quality. *Agenda items in bold indicate meeting focus*

In the beginning the QAC focus is placed on helping the team develop an operating structure. QIP takes time to internalize; the phase should be geared to building the commitment and understanding for creating effective, sustainable teams capable of providing leadership for the quality improvement process. During this phase you should visit the center at least twice a month.

Pre-Meeting Activities for All Meetings

1. Set a date for the first meeting within two weeks of the PIR training.
2. Remind staff two days before the meeting.
3. Create an agenda which focuses on review of quality improvement, action plan and next steps.
4. Ask the team to have the action plan and meeting file received during training available.
5. Make and take extra copies of the action plan.

Use your leadership role to demonstrate how to organize and run meetings.

Conducting the First Meeting

1. Explain the purpose of the visit is to help the team set up a structure and develop a strategy to implement the action plan.
 - Review the prepared agenda
 - Decide on a recorder for this meeting
2. Discuss the role of the QA team in creating better management, quality care, and client and staff satisfaction.
 - Review the components of quality:
 - Focus on customer service: meeting client needs and expectations
 - Set clear expectations through establishing standards: monitor actual performance
 - Build capacity: increase staff knowledge and competency
 - Address gap between expectations and performance: review process, analyze, plan, implement and monitor
 - Collect data: plan and revise based on information
 - Internalize quality improvement—continually identify and address new opportunities for change, and involve all staff
 - Encourage participants to talk about their role and objectives in this process

Sample Agenda: Meeting One

Proposed Time Allotment: 90 Minutes

Special Focus: Team Building

1. Welcome participants
2. Present meeting objectives
3. Clarify any issues from PIR Training
4. Discuss how to structure QIP at the Health Center
5. Set up meeting norms
6. Review action plan and next steps
7. Summarize meeting and assignments

- Talk about obstacles and how to overcome them
- Remind the team that QIP is a continuous process that takes time

3. Agree on a structure for working on QIP

- Talk about the need for regular meetings to review progress and revise actions.
- Explain your role and availability in the process
 - Discuss that building teams takes time
 - Tell them that ultimately the expectations for team performance and member responsibilities will be clear
- Discuss the role of other (non-team member) staff in the process
 - Remind them that quality care is most effective when every staff member feels it is their responsibility
 - Ask team how best to inform and involve staff in the activities of QA team
 - Have someone volunteer to present QA team function and activities to rest of staff

Listen carefully and try to empathize with the problems the team faces in terms of time, competing responsibilities, and the introduction of new ideas.

4. Set meeting norms

- Agree on time, place and schedule for weekly schedule for meetings
- Commit to attending meetings and agree on a reasonable time limit for meetings
- Agree that all members are given the opportunity to participate.
- Explain purpose of documenting meetings is to note key decisions, data and next steps to allow follow-up
- Decide how the meetings will be led: will responsibility be rotated or reside in one person?
 - Discuss what responsibilities the leader will assume
- Choose a mechanism for recording minutes, which could be an assigned or rotating responsibility

5. Review the action plan prepared during PIR implementation

- Go over each problem and objective *generally*
 - In discussion, stress the *objective* of solving the problem – what will change in the delivery or management of care – to build team commitment to the outcome
 - Review the timeframe and assignment of responsibility, particularly for *simple* problems
- Discuss how data is used to verify assumptions, establish baselines, measure progress and signify problem is resolved
 - Emphasize that data must be collected and reported regularly
- Choose a problem for more in-depth discussion

- Review each column
- Analyze the action steps:
 - a. Do they address the problem? Discuss if the problem needs more investigation to determine the root cause. Determine if and how you collect baseline data.
 - b. Are the steps in the right sequence and feasible?
 - c. Is anything missing?

6. Review timeframe and responsibility

- Is it appropriate?
- Review the monitoring strategy for this problem, look at sampling, schedule, tools for recording data
- Suggest to the team that they look in the Best Practices booklet which contains suggestions for collecting, analyzing and presenting data and monitoring results.
 - Help them pinpoint how, who and when the team will conduct observations. Create an observation checklist if necessary
 - Define what information you are trying to obtain from the observation
 - Be sure the checklist will provide the required information
- Agree to review the data at the next meeting
 - Discuss how much data is necessary before responding
 - Talk about potential issues around data collection
 - Agree that data collection revisions will await your next visit
- Discuss how to introduce the concept, objective and monitoring process to all staff
- Ensure all know their responsibilities in addressing the problem

7. Ask if there are any questions

8. End by summarizing the meeting (or have the team members summarize)

- Review assignments
- Confirm next meeting date for team and for you and the team
- Thank all members for their time and commitment to quality

Remember: a process takes time. Note items to be covered in the next visit and help the Manager (or designated leader) develop an agenda for the next meeting.

Conducting the Second Meeting

Greet the team

- Ask the recorder to read last meeting's minutes
 - Ask if there are any questions or outstanding issues
1. State the purpose of the meeting
 2. Discuss action taken on simple problems
 - Is it completed?
 - Is staff happy with the results?
 - Should the purpose or strategy be reviewed?
 3. Ask for a status report on the data collected after last meeting
 - Discuss with group what the results indicate
 - Review whether data was correctly collected
 - Review whether data shows any change
 - Discuss how data should be reviewed in weekly meetings
 - How did they present the exercise and results to the general staff
 - Use data to determine if there is a need to revise the monitoring process, feedback mechanism, or data presentation form
 - Look at whether results show improvement, no change or a deterioration
 - Determine if there is enough data to make a decision at this point
 - Stress that following up on actions and collecting data is a continuous process so they should keep monitoring
 4. Reintroduce standards
 - Discuss the purpose of creating standards
 - Ask for ideas about how compliance with standards can improve care
 - Review contents of diabetes guidelines
 - Ask whether standards are kept in an easily accessible place for GP and MCH staff and whether staff are informed of their presence
 - Ask whether all staff have been trained in the appropriate procedures
 - Discuss how using standards could lead to improved health outcomes
 - Develop a plan to improve compliance to include:
 - a. Communication of standards to all staff
 - b. Orientation of all staff in the content of the standards and tools for monitoring
 - c. Coordination of trainers at the Directorate, including Health team Trainers, and Nursing and MCH supervisors to assist in training
 - d. Monitoring schedule

Sample Agenda: Meeting Two

Proposed Time Allotment: 90 minutes

Special Focus: Using Standards

1. Greet the team
2. State the objectives
3. Review action plan
4. Review monitoring status and decide on next steps
5. Link Standards and health outcomes and action plan

- Review the reporting formats for standards
 - Explain the follow up sheet monitors compliance with standards
 - Review the follow up form for hypertension and diabetes (*see Annex 1.5 for a sample form*)
 - Discuss how to properly fill out the forms
 - Explain that the purpose of the control sheet is to identify uncontrolled patients and create targeted intervention
 - Discuss how the results can be improved.
 - a. Look at the strategy for dealing with diabetic and hypertensive clients and see if it is appropriate
 - b. Is health education and counseling documented? Are follow up sheets used? Are performance checklists used on a regular basis? Are pharmacists supplying information on medication use? Are families involved in treatment? Use the responses to improve the strategy.
- Review the feedback form (*see annex 2 for a copy of the form*) that documents the compliance and control to help staff use the information generated from their data to strengthen strategies.
- State the feedback form is shared with the Health Director and Quality Directorate to help them address the policy issues surrounding chronic health care.

5. Closing

- Summarize next steps for team and QA Coordinator
- Confirm next meeting date for
 - Team meeting
 - QAC and Team meeting
- Agree on agenda items
- Thank the team and close the meeting

After the meetings, assist the assigned member to prepare the minutes. Note items covered, next steps, topics tabled for the next meeting, and any assignments.

Conducting the Third Meeting

1. Greet the team
 - Ask the recorder to read last meeting's minutes
 - Ask if there are any questions or outstanding issues
1. Review the data collected on action plan items
 - Look at data collection format
 - Discuss implications of results
 - Determine next steps
2. Review data on standard compliance
 - Determine if follow-up charts are being used properly (*see Annex 2*)
 - Discuss how to improve standard compliance
 - Look at records of number of controlled clients for diabetes and hypertension
 - Discuss how to improve rate of controlled clients
 - Reinforce link between follow up chart usage and better control of chronic conditions
3. Introduce the topic of satisfaction for clients and staff
 - Review why increasing satisfaction is helpful to those the center serves and to those who work there
 - Link improved client satisfaction to better adherence to medical advice
 - Discuss how more satisfied clients and better staff guidance can improve staff satisfaction and commitment
 - Talk in general about how clients can submit their suggestions or complaints:
 - a. Is there a suggestion box or alternative means of providing feedback
 - b. Talk about what mechanism the team has for responding to the feedback
 - c. State they may want to post the comments and team solutions on the board to motivate other clients and demonstrate the seriousness of the team
 - Summarize that a by-product of all our activities is improved satisfaction
4. Discuss the current level of visits for ANC, PPC and FP

Sample Agenda: Meeting Three

Proposed Time Allotment: 90 minutes

Special Focus: Reproductive Health

1. Greet the team and state objectives
2. Review and analyze data
3. Discuss problems and successes
4. Talk about standard compliance plan and reproductive health data
5. Discuss importance of client and staff satisfaction
6. Introduce RH formats and typical problems in RH services and utilization

Be sure the midwife or MCH staff is present for this discussion.

- Show how the number of expected clients is calculated

- Discuss the variance between expected and actual clients
 - Brainstorm the factors that may be affecting this process.
 - Remind team how quality services often lead to increased utilization
 - Discuss the role of counseling as a condition of improved service
 - Look at the *Best Practices* document to see an example of improving postpartum care usage
 - Review the action plan problem on reproductive health and see if it incorporates these concerns.
 - If not, revisit the strategy
 - How does the strategy address improved care or increased service utilization?
5. Close the meeting by
- Summarizing the points covered
 - Reviewing assignments
 - Confirming next meeting dates and topics
 - Thanking the team

Conducting the Fourth Meeting

1. Greet the team
 - Ask the recorder to read last meeting's minutes
 - Ask if there are any questions or outstanding issues
2. Review the data collected on action plan items
 - Look at data collection format
 - Discuss implications of results
 - Determine next steps
3. Ask team to reflect on how they feel about being team members
 - Do they feel they are making progress
 - Do other staff cooperate
 - Are clients aware of the existence of the team
 - Are there other changes they would like to make

Sample Agenda: Meeting Four

Proposed Time Allotment: 90 minutes

Special Focus: Physical Environment

1. Greet team and state objectives
2. Review and analyze data collected
3. Discuss current status of QA team
4. Discuss problems and successes
5. Brainstorm ways to publicize change
6. Link physical environment and quality of care

4. Discuss how they can promote quality activities
 - Talk about posting charts, graphs, pictures
 - Conduct competition between services to recognize those with greatest change in specific interventions, for example privacy or handwashing.
 - List problems being addressed on quality bulletin board
 - Conduct more training of all staff
 - Invite others to team meetings
5. Discuss the importance of physical appearance, safety and cleanliness on quality of care
 - Talk about how the physical environment affects clients and staff
 - Brainstorm about what the staff can do to improve the health center environment
 - Assist the team to develop a plan for a routine maintenance check.
 - Suggest the team tour the center using the facility review survey from the PIR documents.
 - Make and record ideas and decisions on how to improve the center.
 - Ensure someone is assigned responsibility for maintenance and cleanliness check.
6. Review that quality improvement is a continuous process
 - Monitoring needs to continue to ensure change
 - Identification of and addressing of problems through monitoring and looking at health center data will facilitate continual improvement
7. Closing
 - Summarize the points covered
 - Review assignments
 - Confirm next meeting date and topics
 - Thank the team

Follow Up Visits

This phase is meant to reinforce what was taught and experienced during the initial phase. It is also the chance to move the team towards internalization of the quality improvement process and independent action. The QA Coordinator should take less of a leadership role and more of a supportive role. Review agendas, provide reminders, and coordinate sharing activities with other centers and directorates as possible. Encourage the development of storyboards and other promotion activities. The recommended number of support visits by QA Coordinators to QA teams is two per month. It is assumed the team will continue to meet weekly.

Follow Up Phase Objectives

Through modeling, practice and training, the QAC will assist the team to:

1. Strengthen team ability to function independently
2. Build skill in using existing data to discover and respond to problems
3. Encourage other staff members to be part of problem solving teams

Preparation for All Meetings

1. Remind staff two days before the meeting
2. Create an agenda which focuses on action plan progress, documentation and team concerns; include items from past meetings
3. Ask the team to have the action plan and meeting file available
4. Take copy of action plan and any update notes

Conducting the Meeting

1. Greet the team
 - Ask how many meetings they hold on their own? Do they find the number adequate to make change and stabilize team activities?
 - Have a member read the minutes or summarize the activities of prior meetings
 - If minutes have not been kept, review the purpose of keeping minutes
 - Ask if there are any comments or additions

Sample Follow-Up Meeting Agenda

Proposed Time Allotment: 90 Minutes

1. Greet team
2. Review Action Items
3. Discuss Monitoring Data and Implications for changing strategy
4. Review Standard Compliance and Chronic Disease Control Data and next steps
5. Review RH statistics and next steps
6. Discuss ways of identifying new problems and involving other staff

(Remember to keep to the allotted time and save some items for the next visits)

- Ask if there are any general concerns; discuss as needed
- Ensure someone is assigned to take minutes at this meeting

Encourage other members to take leadership

2. Review progress

- Review the action plan and ask if there are any problems or successes that should be presented
- Review progress on individual problem resolution

Never accuse staff or assign blame for problems

- Ask if monitoring and utilization data is reviewed at all meetings and posted for others to see
 - Ask what the data tells them.
 - If it shows lack of progress for a specific problem, discuss what the reasons could be.
- Has all staff been oriented to the problem for which data is being collected?
 - Have they been trained?
- Is monitoring going according to plan?
 - Are more observations required?
 - Is it time to reduce the number of observations?
 - Should more people be involved in monitoring?
- Discuss what else could be impeding progress, for example are new problems being discovered that should also be addressed?
 - Has data been shared with all staff?
 - Is data presented clearly for easy analysis?
 - Revise strategy and monitoring plan as needed

3. Involve other staff

- Ask if other staff are consistently involved in the QIP
 - Can other staff aid in collecting data?
 - Can they serve as peer reminders for specific activities?
 - Is there a way for staff to make suggestions to the team?
 - Suggest that QA team and other staff members form subcommittees to address specific problems

4. Review Data Sources

- Ask the team what sort of data is available at the health center or directorate

- Suggest MCH utilization data, logistics reports, QA feedback reports, HMIS GP and MCH indicators
- Ask why it is important to review data
- Discuss how data helps us identify problems and monitor results

5. Review MCH utilization data

- Look at monthly figures on RH utilization, including FP, ANC, PPC and anemia
- Review them against expectations

| Sample RH Client Distribution | |
|---|-------------|
| Catchment Area Population: | 1000 |
| Women of Reproductive Age: (22% of 1000) = | 220 |
| Married Women of Reproductive Age (MWRA) (50% of 220) = | 110 |
| Pregnant Women: (3.2% of 1000) = | 32 |
| FP Candidates (ALL): (72% of 110) = | 79 |
| New FP Candidates: (33% of 110) = | 36 |
| Continuing FP Candidates: (39% of 110) = | 43 |

- Determine how many women are in the population and assume 22% are women of reproductive age
 - Married women of reproductive age (15-49) constitute 50% of the women of reproductive age
 - 3.2% of the catchment population will be pregnant requiring ANC and PPC and newborn services
 - To calculate the number of women in need of Family Planning Services, use the 2002 Jordanian DHS findings: 41% of married women expressed a desire to stop having children and 31% want to wait two years before conceiving. We can then assume 72% of women would benefit from either continuing or first time FP services.
 - 39% of the MWRA are using modern methods, although with high discontinuation rates. They would be candidates for continuing services.
 - Use this formula to see how many women are using your RH services versus how many are eligible
 - If the number is low is it because of lack of demand, competing services, poor promotion, poor quality
- Discuss ideas/strategies to increase the number of women using RH services
 - Address promoting postpartum care for antenatal clients as a first step
 - Talk about promoting FP services and follow up care
 - Engage women's groups in the process

6. Review Feedback Sheets for Standard Compliance

- What does the information tell us about diabetes and hypertension

- What percentage of clients have their cases documented?
 - What percentage of clients is in the controlled status?
 - Are nursing procedures complied with?
 - Are infection prevention procedures followed?
- How can the results be improved?
 - Discuss plan for training, monitoring and reporting on standards
 - Is the plan being followed?
 - a. Are all staff trained?
 - b. Are follow up sheets available?
 - c. Is there an observation scheduled?
 - d. Is the data recorded and shared with all staff?
 - e. Is health education and counseling regularly provided?
 - f. Do families need guidance for home care?
 - g. Are clients coming for regular care?
 - h. Are there appointments?
 - i. Is the referral system working?
 - j. Is feedback recorded to ensure continuity of care?
 - k. Are nutritionists available?
7. Look at nursing procedure data.
- What can we learn about adherence to procedures?
 - Is more training necessary? In what subjects? Can nursing supervisors assist?
 - Are observations regularly occurring?
 - Is feedback given?
8. Look at infection prevention data
- Is equipment available and in working order?
 - Are observations conducted regularly
9. Look at the HMIS system for GP and MCH
- What can we learn from this information? Discuss several indicators:
 - % pregnant women tested for anemia
 - % ANC coverage
 - % postnatal coverage
 - % prenatal with postnatal visits
 - % breastfed children under 4 months
- REMEMBER**
 There is a need to continue monitoring 'old' problems when 'new' ones are added.
- What should we do with this information?
 - Does it show growth over the past months?
 - If not, discuss the reasons why: Review promotion services; look at adherence to standards for RH and Child care; is health information or counseling being provided?
 - Identify health education topics
 - Decide on using checklists on a regular basis

- Work with women's organizations to disseminate information

10. Brainstorm other ideas to improve quality at the health center.

- Review client flow and the effect on client satisfaction and care
- State that quality is not delivered in a compartmentalized fashion; all services and functions need to be delivered in an effective and respectful manner.
- Review the physical layout of the center to see what happens at each point of client contact
 - Start at registration: How is the client greeted? How quickly is the record located? Are the correct follow up forms attached to the record?
- Proceed to the waiting area, medical services, laboratory, pharmacist and accountant until you review the functions and services provided at each point of contact and the impact on clients
- Determine how to improve the service at each point
 - Look at the need for training
 - Appropriate equipment and supplies
 - Monitoring
- Include the Mission Statement and its meaning for service delivery
- Review the meaning of Client Rights and its impact on service delivery
- Identify problems that impede delivering quality services
 - Discuss reasons for and importance of the problem
 - Talk about what can be done about it
 - Develop an action plan: specify responsibilities, time frame and how it will be documented and reported

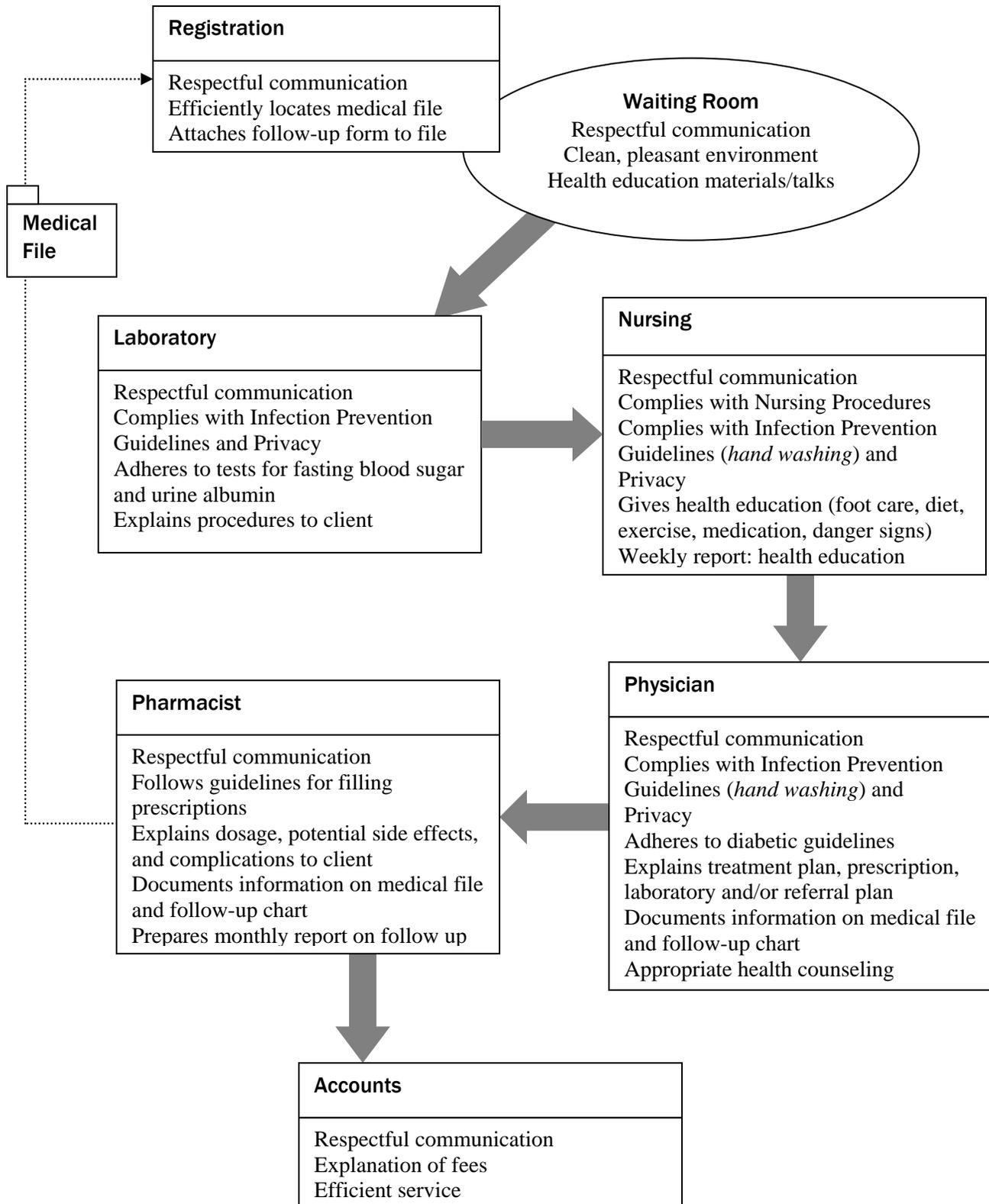
11. Similarly look at *problem list* from last PIR and determine if additional problems should now be addressed.

12. Closing

- Ask if there are any questions
- Agree on what is to be done and discussed in the next meeting
- State the date of your next meeting with the team
- Thank the team.

After the meeting, prepare notes describing what was covered, the achievements and next steps in preparation for future meetings

**SAMPLE
CLIENT FLOW AND EXPECTED QUALITY SERVICES
FOR CONTINUED CARE OF DIABETIC PATIENTS**



MONITORING TOOLS AND FORMS HANDBOOK

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SECTION 1: ADDRESSING PERFORMANCE PROBLEMS

Suggested Examples for Health Centers

Increasing Adherence to Hand Washing

Hand washing is considered an easy and effective method for infection prevention in the health center. It decreases the number of microscopic organisms on the skin that cause infection. The main objective of monitoring the habit of hand washing is to safeguard the client, health provider and their families from infections.

Procedures

1. Brief all HC staff about the importance of washing hands for their safety and patients' safety.
2. Identify who will conduct observations. Inform all staff of the hand washing monitoring plan.
3. Post the instructions in appropriate locations, e.g. next to each sink to remind the providers about the importance of hand washing.
4. Use the Hand Washing form as a tool for documenting compliance.
 - Conduct two random observations per day three times a week to monitor hand washing.
 - Note on form whether a provider washes his/her hands before or after examining a client for each service area indicated on the form. Use the symbol ✓ to indicate that hand washing occurred; use the symbol ✗ to indicate that hand washing did not occur.

5. Calculate the average rate of compliance as follows:

$$\text{Total Compliance Rate} = \frac{\text{\# of times hands washed } \checkmark}{\text{Total \# of observations}} * 100\%$$

$$\text{Specific clinical area analysis within health center} = \frac{\text{\# of times hands washed per area } \checkmark}{\text{\# of observations for specific area}} * 100\%$$

6. Analyze the results and decide on the next steps; for example:
 - Identify whether the cause is a lack of supply or a lack of will
 - Determine weaker clinical areas and focusing interventions on that service area
 - Place additional reminders in strategic locations
 - Provide training in infection prevention and proper hand washing
 - Hold awareness raising meetings
 - Increase the monitoring schedule
 - Increase the number of monitoring observations or decrease as the situation warrants.

Monitoring Form: Hand Washing

MONTH: _____

| | Week One | | | | | | Week Two | | | | | | Week Three | | | | | | Week Four | | | | | | # Times Staff washed hands (numerator) | Total # of observations (denominator) | % = numerator / denominator |
|--------------------|----------|---|-----|---|-----|---|----------|---|-----|---|-----|---|------------|---|-----|---|-----|---|-----------|---|-----|---|---|----|--|---------------------------------------|-----------------------------|
| | Day | | Day | | Day | | Day | | Day | | Day | | Day | | Day | | Day | | Day | | Day | | | | | | |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | | | | | |
| General Medicine | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentistry | x | ✓ | x | ✓ | ✓ | x | x | ✓ | ✓ | | x | ✓ | ✓ | x | x | ✓ | ✓ | ✓ | x | x | x | ✓ | ✓ | 12 | 22 | $\frac{12}{22} = 54.5\%$ | |
| Laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions: Hand Washing

1. On each row add up number of checks (✓) = numerator
2. On each row, add up total number of observations = denominator
3. Divide numerator by denominator to get a % score.

Example

In the example above observations were conducted in the Dental Clinic; the number of times hand washing was performed is indicated by ✓

- 12 instances of hand washing performed (numerator)
- 22 observations (denominator)

The rate of hand washing compliance in dental area = $\frac{12}{22}$ or 54.5%

4. Review the information to determine the obstacles to complete compliance
5. Determine why the observations were not conducted according to the schedule.

Ensuring Client Right to Privacy

Privacy is the right of all patients. Privacy fosters an environment in which the client feels comfortable revealing clear and correct information about the nature of his/her problem. This enables the provider to evaluate the problem, make a more accurate diagnosis and develop an appropriate treatment plan.

All patients are entitled to privacy; it is not linked to age or gender. Privacy is ensured through the combination of closing the door and barring people unrelated to the examination into the room, unless requested by the client

Procedures

1. Inform all health providers about the importance of privacy, how it improves client-provider interaction and therefore the quality of the diagnosis. Tell them that privacy will be monitored to help increase the practice.
2. Explain to patients that they have a right to request that the door be closed and that all people not related to the provision of their care be asked to leave the room, e.g. other patients waiting to see the physician.
3. Designate a team member to monitor privacy according to the following schedule:
 - Make two random observations per day three times a week.
 - Observe whether a provider closes the door during a client visit for each service area indicated on the form.
 - Use the symbol (✓) to indicate that privacy was guaranteed and the symbol (✗) to indicate that privacy conditions were not met.
4. Review the privacy data on a weekly basis during the team meeting. Calculate as follows:

$$\text{Total Compliance Rate for privacy} = \frac{\text{\# of times door closed (✓)}}{\text{Total \# of observations}} * 100\%$$

$$\text{Specific clinical area} = \frac{\text{\# of times door closed for specific clinical area (✓)}}{\text{\# of Observations for specific area}} * 100\%$$

5. Study the results and decide on next steps, for example
 - Determine whether the problem is physical or provider related or client related
 - Identify clinical areas with weaker compliance
 - Hold meetings to raise awareness
 - Post reminder notices for staff and clients
 - Increase the number of monitoring observations or decrease as the situation warrants

Monitoring Form: Privacy

Month: _____

| | Week One | | | | | | Week Two | | | | | | Week Three | | | | | | Week Four | | | | | | # of times door was closed (numerator) | Total # of observations (denominator) | % = numerator denominator |
|----------------------|----------|---|-----|---|-----|---|----------|---|-----|---|-----|---|-------------|-----|---|-----|---|-----|-----------|-----|---|-----|---|----|--|---------------------------------------|---------------------------|
| | Day | | Day | | Day | | Day | | Day | | Day | | D a y | Day | | Day | | Day | | Day | | Day | | | | | |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | | | |
| General Medicine (1) | x | ✓ | x | ✓ | ✓ | ✓ | x | ✓ | ✓ | x | x | ✓ | ✓ | x | ✓ | x | ✓ | ✓ | x | ✓ | x | ✓ | ✓ | 15 | 24 | $\frac{15}{24} = 62.5\%$ | |
| General Medicine (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions: Privacy

1. On each row, add up number of checks (✓) = numerator
2. On each row, add up number of observations = denominator
3. Divide numerator by denominator to get a % score.

Example

In the general medicine service area above observations were conducted and the symbol ✓ was used to indicate privacy was observed.

- 15 instances of privacy were observed (numerator)
- 24 observations were conducted (denominator)

The rate of hand washing compliance in dental area = $\frac{15}{24}$ or 62.5%

4. Review the information to determine the obstacles to compliance

Educating Clients on Better Health Practices

If clients are to take responsibility for their own health, they require accurate information about health prevention and care. Providing information whether it is individually based or in a group session requires attending to client priorities, delivering the information in an effective and interesting manner at a convenient location and gearing the talk toward the behaviors that require change or potential risk factors. Soliciting feedback from clients regarding their health informational needs and using health center data to identify needs can be quite helpful.

Procedures

1. Identify target groups and their size in the catchment area, for example
 - infants
 - children
 - adults
 - women of child bearing age
2. Match target groups and important health needs/diseases, for example:
 - Children: Talk to parents about anemia, malnutrition, respiratory problems, disability
 - Adults: Focus on diabetes, hypertension, orthopedic problems
 - Women of reproductive age: Focus on anemia, reproductive tract infections, family planning and reproductive health counseling and pregnancy care

Instructions: Following up Individual Health Education Messages

1. Design health messages to change client behavior.
2. Document message delivered and client reaction in the log book or attach information such as in the sample provided below to the client file
3. Discuss targeted health behavior with the client. Review client experience with past messages to determine behavior change status. Adjust messages to match client understanding.
4. Information and pamphlets regarding certain diseases and health promotion topics should be made obtained and shared with the client.

Generic Form for Recording Health Education Notes to be attached to Client Record

| Condition: | | | | | |
|----------------------|------|----------|------------|---------|-------|
| Name | Diet | Exercise | Medication | Smoking | Other |
| Date | | | | | |
| Information Provided | | | | | |
| Client Feedback | | | | | |
| | | | | | |

Sample Health Education Follow-up Log: Diabetes

Health Center: _____

Health Problem: Diabetes

| # | Name of Patient | Diet | | | Exercise | | | Medication | | | Foot Care | | | others | | | Notes regarding behavioral change |
|---|-----------------|------|---------|------------------|----------|---------|-----------------|------------|---------|-----------------|-----------|---------|-----------------|--------|---------|-----------------|-----------------------------------|
| | | Date | Results | Health Messages | Date | Results | Health Messages | Date | Results | Health Messages | Date | Results | Health Messages | Date | Results | Health Messages | |
| | | | | Topic: Notes: | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |
| | | | | Topic: Notes: | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |
| | | | | Topic: Notes | : | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |
| | | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |

Sample Health Education Follow-up Log: Hypertension

Health Center: _____

Health Problem: Hypertension

| # | Name of Patient | Diet | | | Exercise | | | Medication | | | Smoking | | | others | | | Notes regarding behavioral change in patient |
|---|-----------------|------|---------|-----------------|----------|---------|-----------------|------------|---------|-----------------|---------|---------|-----------------|--------|---------|-----------------|--|
| | | Date | Results | Health Messages | Date | Results | Health Messages | Date | Results | Health Messages | Date | Results | Health Messages | Date | Results | Health Messages | |
| | | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |
| | | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |
| | | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |
| | | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | Topic: Notes | | | | |

Encouraging Utilization of Postpartum Services

Postnatal care provides an opportunity to examine the health of the mother and infant, provide counseling for proper care and family planning use. It is an opportunity to treat or refer patients for complications. This service is widely underutilized due to lack of information, emphasis and promotion. This example gives guidance about the need to provide counseling during pregnancy about importance of postpartum services to increase utilization of postpartum services.

Procedures

1. Identify “every opportunity” to increase awareness about the importance of postpartum care following delivery.
2. Develop a standard health promotion message that:
 - Emphasizes the importance of postpartum care for mother and child and
 - Describes the services rendered during the postpartum visit, including general examination, lab tests, health ed., neonatal care and counseling about family planning
3. Help other providers learn message and introduce into examination or counseling sessions
4. Identify and contact local community committees and groups including women’s committees, schools, NGOs to enlist their support to promote postpartum services
5. Inform all female patients, especially from MCH, about PNC services and their importance
6. Create a logbook for pregnant women that includes name, expected date of birth, address (see attached form) to enable follow up
7. Enter women in the logbook according to the month in which they are expected to deliver. For example, all women with a delivery date in March would be recorded under the month of March.
8. Review the log to remind women who do not appear for postpartum care in the expected timeframe
9. Examine overdue pregnant women one week after the due date and record findings.
10. Record the percentage of female patients receiving postpartum services vs. those expected on a monthly basis as follows:

$$\frac{\text{\# of postpartum patients seen in particular month}}{\text{\# of clients who are supposed to deliver or did deliver during that particular month}} \times 100\%$$

11. Analyze the data: if the percentage does not increase,
 - Determine if promotion is regularly occurring
 - Investigate whether pregnant women are being regularly counseled about the need for postpartum care
 - Review the accuracy and completeness of the log
 - Research whether no-shows are being followed up

Documenting Utilization of Postpartum Services by Antenatal Clients

| # | Name | Address | Expected Date of Delivery | Received Counseling about Postpartum Services | Postpartum Services Received & Date | Delivery Date | Notes |
|--------------------------|------|---------|---------------------------|---|-------------------------------------|---------------|-------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Total # of Women= | | | Total Expected= | | Total Receiving PPC= | | |

Instructions

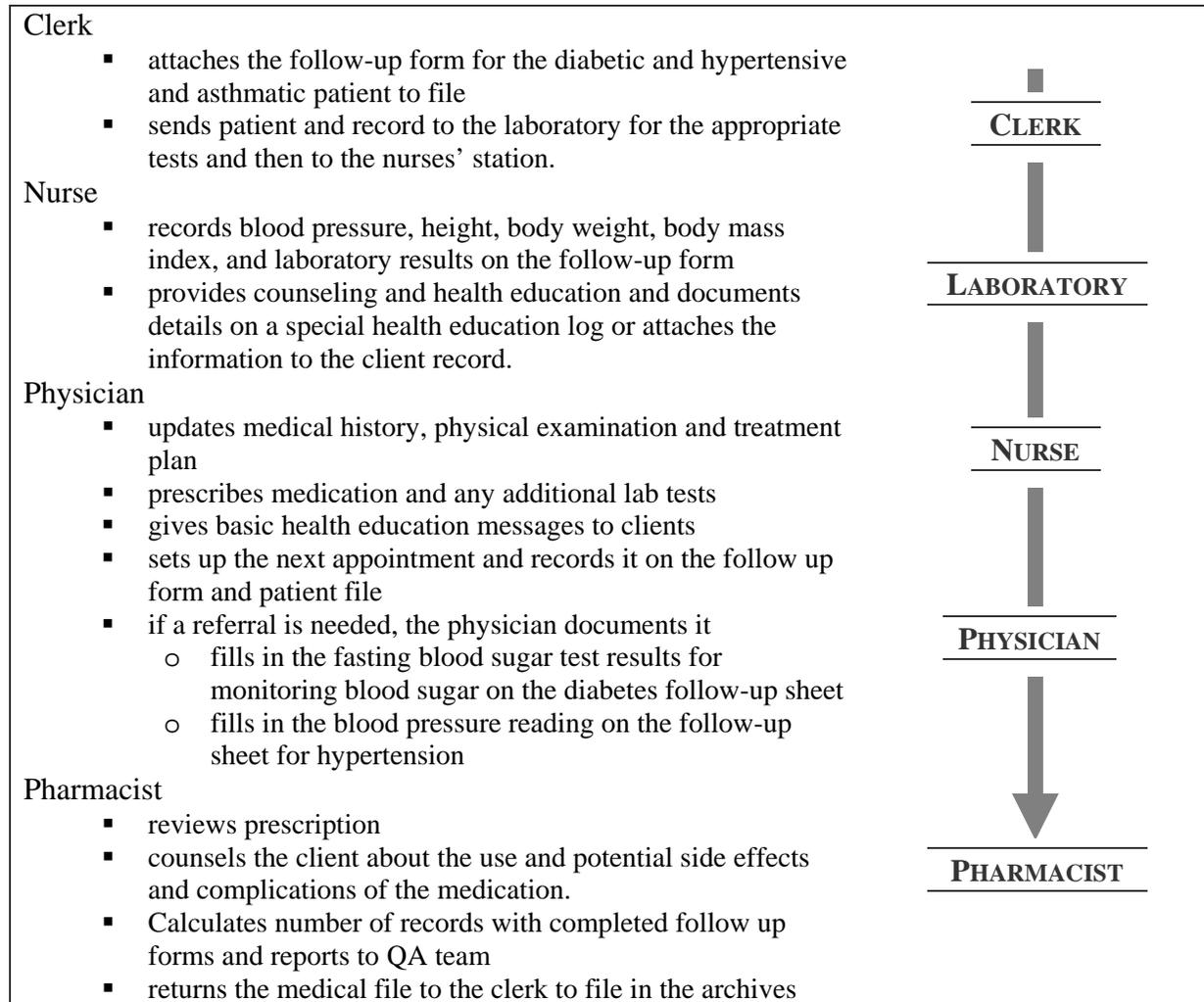
1. Determine number of clients expected for the month
2. Determine number of clients who appeared for their visit
3. Calculate the %, divide number of clients appearing by number expected for the month.

Clinical Standards

Standards provide the foundation for consistent, safe and high quality care. By stating practices that have proven effective and necessary for treatment of conditions, they guide service providers to improve client care and treatment outcomes. With clear steps in the treatment of disease, monitoring is simplified and training and support needs can be identified. The standards adopted by the MOH were developed by a committee of local and international specialists and represent the first standards for primary health care in Jordan.

Procedures

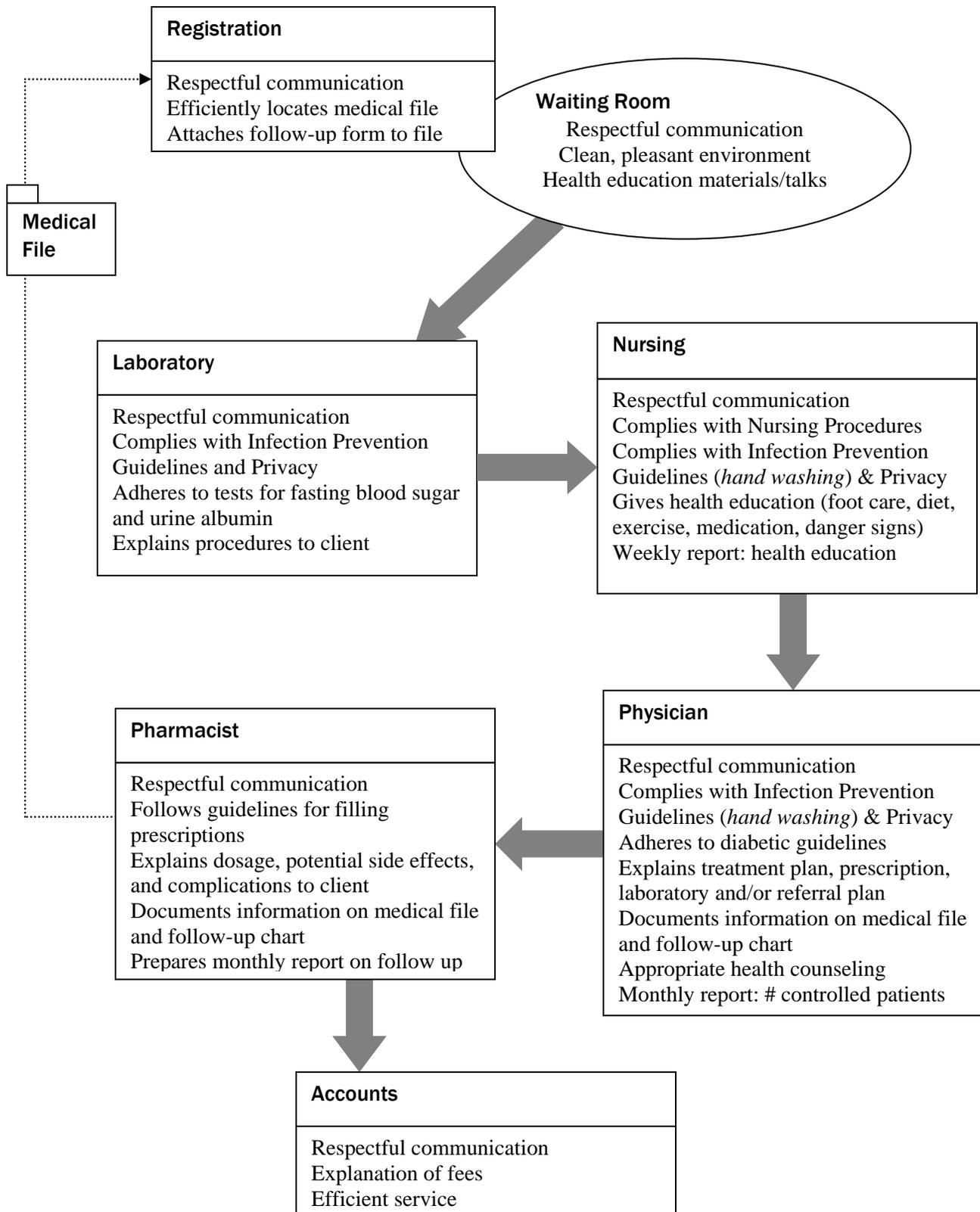
1. Ensure that two sets of standards are available in each health center and accessible by health center staff in both general practice and MCH clinics. Contact the Quality Directorate if there is a problem.
2. Inform staff about the location and content of the standards.
3. Determine whether all staff have received training in standards
4. Develop a training plan for new and existing staff. Use MCH and Nursing Supervisors as well as HTTs for training; encourage peer training where possible.
5. Review initially the standards on diabetes and hypertension; and then the other clinical standards: bronchial asthma, diarrhea diseases in children, and acute respiratory infections, checklists and compliance forms.
6. Describe how to complete and use the attached follow-up forms.
7. Make a client flow plan for diabetic, hypertensive and asthmatic patients. (*see page 16 for an elaborated floor plan.*) Use the example on the following page:



8. Explain documentation requirements

- The pharmacist prepares a report about the number of diabetic, hypertensive and asthmatic patients seen during the week, and whether the follow up forms were completed. He reviews this data at the weekly QA team meeting.
- The nurse prepares a weekly report about the number of diabetic and hypertensive patients who received health education messages.
- The report results are reviewed by the team and decisions are made about how to address the data presented.
- The team presents a monthly report to the QA coordinator about the number of patients seen for the three conditions and the control status for diabetic and hypertensive clients.
- The QA coordinator sends the report to the Focal QA Coordinator for compilation.
- A monthly feedback report is sent to the center to help strengthen their program.

**SAMPLE
CLIENT FLOW AND EXPECTED QUALITY SERVICES
FOR DIABETIC PATIENTS**



Diabetes Mellitus Follow-up Chart

Name of Patient: _____ Male Female Date of Birth: _____ Diabetes Onset Date: _____

| | | Visit Date | | | | | | | | | | | |
|----------------|------------------------|--|--------------|--|--|--|--|--|--|--|--|--|--|
| Every Month | | Blood pressure | | | | | | | | | | | |
| | | Weight | | | | | | | | | | | |
| | | Glucose (Fasting/Random) | | | | | | | | | | | |
| | | Urine albumin (dipstick) | | | | | | | | | | | |
| | | Neurological exam (Vibration or position) | | | | | | | | | | | |
| | | Medication/dose | | | | | | | | | | | |
| | | Medication/dose | | | | | | | | | | | |
| | | Medication/dose | | | | | | | | | | | |
| | Ed √ | | Use of Meds | | | | | | | | | | |
| | | | Danger Signs | | | | | | | | | | |
| | | Foot Care | | | | | | | | | | | |
| | | Diet | | | | | | | | | | | |
| | | Exercise | | | | | | | | | | | |
| Every 3 Months | | HbA1c | | | | | | | | | | | |
| | | ALB/Creatinine Ratio | | | | | | | | | | | |
| Yearly | | Ophthalmoscopic Exam (normal/abnormal) | | | | | | | | | | | |
| | | Serum cholesterol HDL, LDL, Creatine | | | | | | | | | | | |
| | | ECG (adults over 40) | | | | | | | | | | | |
| | Referral | | | | | | | | | | | | |
| | Follow-up Appt. | | | | | | | | | | | | |

Hypertension Follow-up Chart

Name of Patient: _____ Male Female Date of Birth: _____ Date Diagnosis Hypertension: _____

| Visit Date | | | | | | | | | | | | | | |
|------------------------------|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Update History | Diet/salt intake | | | | | | | | | | | | | |
| | Smoking | | | | | | | | | | | | | |
| | Medications | | | | | | | | | | | | | |
| Examination | Blood Pressure | | | | | | | | | | | | | |
| | Weight | | | | | | | | | | | | | |
| | Cardiac Exam | | | | | | | | | | | | | |
| | Pulmonary Exam | | | | | | | | | | | | | |
| | Ophthalmoscopic Exam (NI/abnormal) | | | | | | | | | | | | | |
| Medication/ Doses | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Health Education | Diet | | | | | | | | | | | | | |
| | Exercise | | | | | | | | | | | | | |
| | Medication Use | | | | | | | | | | | | | |
| | Side Effects | | | | | | | | | | | | | |
| Lab Tests | Creatine Urea Nitrogen | | | | | | | | | | | | | |
| Referral | Location | | | | | | | | | | | | | |
| | Reason | | | | | | | | | | | | | |
| Follow-up Appointment | Date: | | | | | | | | | | | | | |

ECG Date: _____ Cholesterol Date: _____ Glucose Date: _____
 ECG Result: _____ Cholesterol Result: _____ Glucose Result: _____

Bronchial Asthma Follow-up Chart

Name of Patient: _____

Male Female

Date of Birth: _____

| Visit Date | | | | | | | | | | | | | | |
|---------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Update History | Frequency of episodes | | | | | | | | | | | | | |
| | Cough | | | | | | | | | | | | | |
| | Wheezing | | | | | | | | | | | | | |
| | Difficult breathing | | | | | | | | | | | | | |
| | Activity | | | | | | | | | | | | | |
| Examination | Blood Pressure – adult | | | | | | | | | | | | | |
| | Temperature | | | | | | | | | | | | | |
| | Weight | | | | | | | | | | | | | |
| | Pulmonary examination | | | | | | | | | | | | | |
| | Cardiac examination | | | | | | | | | | | | | |
| Assess Level of Severity | Indicate level (mild, moderate, severe) | | | | | | | | | | | | | |
| Medication/ Doses | Salbutamol Inhaler | | | | | | | | | | | | | |
| | Beclomethasone Inhaler | | | | | | | | | | | | | |
| | Theophylline | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Health Education | Avoid allergens | | | | | | | | | | | | | |
| | Diet | | | | | | | | | | | | | |
| | Medication use | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Referral | Location: | | | | | | | | | | | | | |
| | Reason: | | | | | | | | | | | | | |
| Follow-up Appointment | Date: | | | | | | | | | | | | | |

ECG Date (adult): _____

Spirometer Date: _____

Result: _____

Results: _____

Forms for Monitoring & Controlling Blood Sugar & Hypertension

Using the guidance in the standards of care should theoretically improve the health outcomes for clients. To determine if this is happening, it is helpful to have a monitoring process to measure the effectiveness of the interventions. The attached forms enable that monitoring by providing a picture of the control status of diabetic and hypertensive patients.

Expected Benefits

- Enables the health center to measure the level of control for Hypertension and Diabetes
- Provides data to plan and revise strategies to improve health outcomes
- Allows review of individual client data to revise the treatment or health education strategy or initiate referral to specialized services.
- Provides composite information to the Health Directorate and Quality Directorate to guide strategies for managing important health problems.

Instructions: Completing Forms for Controlling Blood Sugar for Diabetic Patients

1. Assign physician or dedicated person to take responsibility for the form
2. Record the readings for each patient on the form in the appropriate column, either controlled <141mg/dl or uncontrolled moderately (141-180mg/dl) or high (>180 mg/dl)
3. Mark files of clients with Fasting Blood Sugar above 180 mg/dl with a Red Check (✓) to note they require referral to the Nursing Department for intensive counseling.
4. Review the status of controlled and uncontrolled patients monthly in QA team meetings to determine the need for changes in treatment, counseling or staff training.
5. Send a monthly report on the status of control to the QA coordinator.
6. The QA Coordinator forwards the report to the Focal QA Coordinator for compilation of directorate level statistics on health outcomes.

Instructions: Completing forms for Monitoring and Controlling Hypertension

1. The physician or responsible person fills out the form
2. The BP reading is recorded in the proper column according to whether the client has
 - controlled readings: normal (140/89), grade 1 (140-159/90-99)
 - or uncontrolled readings: grade II (160-179/100-109) or grade III (180/110)
3. The case is identified according to the two kinds of readings: systolic and diastolic

Example: In the case of a patient with a reading of: $\frac{165}{95}$

The case is labeled under the highest grading; i.e., Grade 2.

4. Readings are monitored for each patient, and a red check ✓ PLACED on patient files with readings of grade 2 and 3 indicating a need to refer them to the Nursing Department for intensive counseling.
5. A monthly report will be prepared and submitted to the QA coordinator
6. The QA coordinator sends this to the focal Coordinator for compilation of health directorate statistics

Monthly Form for Measuring Control Status of Hypertensive Patients

Name of Health Center: _____ Health Directorate: _____ Month: _____

| # | Name | File # | Date | Controlled | | Uncontrolled | | Interventions |
|--|------|--------|------|---------------------------|---------------------------|--------------------------------|------------------------|---------------|
| | | | | Normal <i>(140/89)</i> | Grade I 140-159/ 90-99 | Grade II (160-179 /100-109) | Grade III (180/110) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total: % Each Level | | | | | | | | |
| Total: Controlled vs Uncontrolled | | | | | | | | |

Completing Forms for Monitoring: Compliance with Nursing Procedures

Providing effective and compassionate nursing care is important to both the patient and physician. The nurse's ability to perform his/her functions according to prescribed standards of care assists in diagnosis and treatment.

1. Each nurse should be monitored once a month on at least one nursing procedure
2. The included procedures are
 - Monitoring Growth and Nutrition Status of infants and children under 5 (*checklist 2*)
 - Administering childhood vaccines (*checklist 6*)
 - Applying a sterile dressing (*checklist 8*)
 - Measuring the adult's blood pressure (*checklist 11*)
 - Measuring infant and child temperature (*checklist 12*)
3. Use the performance checklists in the nursing standards to record the scores.
4. A logical observer is either the physician or nursing supervisor or in some cases, the midwife.
5. Use the performance checklist to see how many steps the nurse complies with.
6. Determine compliance for each nurse:
 - Total the number of steps correctly performed = numerator
 - Record the number of steps for each procedure = denominator
 - Compare the numerator and denominator to determine whether the nurse needs additional support
7. Calculate average compliance on each procedure
 - Add the number of correctly performed steps for each nurse from each service = numerator
 - Divide the total by the number of steps in the procedure = denominator
 - Divide the result by the number of nurses observed

Example

In the example of blood pressure reading provided on the form, adding the scores of each nurse gives $\frac{27}{16}$ (number of steps in procedure) divided by 3 nurses = 56%

8. The average compliance rate for each procedure should be recorded on the monthly report form along with the number of nurses monitored.
9. Review each nurse's performance to determine her skill level and needs.
10. The results should be reviewed to determine where weaknesses lie
 - Is all equipment available?
 - Have nurses been trained appropriately?
 - Are nurses receiving regular supervision?
 - Are monitoring results shared with nurses and suggestions for improving compliance discussed?

Form for Monitoring the Implementation of Nursing Procedures

Month _____

| Procedure | Nursing | ER (1) | ER (2) | MCH (1) | MCH (2) | No. of monitored nurses | Average Compliance level |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|-------------------------|----------------------------|
| Measuring Adult Blood Pressure | $\frac{8}{16}$ | $\frac{9}{16}$ | $\frac{10}{16}$ | | | 3 | $\frac{27}{16} / 3 = 56\%$ |
| Monitoring Growth and Nutrition Status | | | | $\frac{\quad}{17}$ | $\frac{\quad}{17}$ | | |
| Administering Childhood Vaccines | | | | $\frac{\quad}{18}$ | $\frac{\quad}{18}$ | | |
| Applying a Sterile dressing | $\frac{\quad}{14}$ | $\frac{\quad}{14}$ | $\frac{\quad}{14}$ | | | | |
| Measuring temperature in infants & children | $\frac{\quad}{20}$ | $\frac{\quad}{20}$ | $\frac{\quad}{20}$ | $\frac{\quad}{20}$ | $\frac{\quad}{20}$ | | |

Completing Forms for Monitoring: Compliance with Infection Prevention Procedures

Adhering to infection prevention (IP) guidelines prevents transfer of disease to clients and staff.

Critical to IP is:

- ensuring protective barriers through hand washing, gloves and antiseptics,
- following procedures to decontaminate, clean, and sterilize instruments, gloves and other items and
- disposing of waste effectively, including sharps and syringes.

1. Each staff member should be monitored once a month on the infection prevention procedures.
 - Care of instruments: monitor: 1) decontamination 2) cleaning and rinsing; and 3) sterilization
 - Proper disposal of syringes and sharp objects, such as needles, scalpel blades and razors, in a puncture-resistant container.
2. Use the performance/observation checklists to record the staff scores.
3. A logical observer is either the nursing supervisor or in some cases the midwife.
4. Use the performance checklist to see how many steps the staff member complies with.
5. Determine compliance score for staff for the 2 procedures.
 - Total the number of steps correctly performed = numerator
 - Record the number of steps for each procedures = denominator
 - Compare the number of steps correctly performed to the number of steps in all to see how each staff member is performing.
6. Calculate average compliance on each procedure for the entire health center by
 - Adding the individual staff scores and
 - Dividing by the number of steps for the procedure
 - Divide the total by the number of staff in service areas observed

Example

In the example included on adhering to the steps of infection prevention by decontaminating, cleaning and sterilizing instruments, add the scores from each staff which gives

$$\frac{43}{19} / 4 \text{ service areas} = 56\%$$

The average compliance rate for each procedure should be recorded on the monthly report form along with the number of service areas monitored.

7. The results should be reviewed to determine where weaknesses lie.
 - Is all equipment available?
 - Have nurses been trained appropriately?
 - Are nurses receiving regular supervision?
 - Are monitoring results shared with nurses and suggestions for improving compliance discussed?

Form for Monitoring the Implementation of Infection Prevention Procedures

Month: _____

| Procedure | Nursing | Dentist | Emergency Room | MCH | No. of monitored service areas | Average Compliance |
|---|-----------------|----------------|-----------------|-----------------|--------------------------------|------------------------------|
| Decontaminating, Cleaning and Sterilizing Instruments | $\frac{11}{19}$ | $\frac{7}{19}$ | $\frac{10}{19}$ | $\frac{15}{19}$ | 4 | $\frac{43}{19} / 4 = 56.6\%$ |

| Procedure | Nursing | Dentist | Emergency Room | MCH | LAB | No. of monitored service areas | Average Compliance |
|--|---------|---------|----------------|-----|-----|--------------------------------|----------------------|
| Proper disposal of syringes and sharp objects Yes = 1 No = 0 | 1 | 0 | 1 | 0 | 1 | 5 | $\frac{3}{5} = 60\%$ |

SECTION TWO: FEEDBACK FORMS

Health Center Data

Monthly Reporting Form for QA Coordinator

| | |
|--|---------------------|
| Health Directorate: _____ | |
| Health Center: _____ | Name of QA/C: _____ |
| Date/ Month: _____ | |
| Number of monitoring visits conducted by QA/C: _____ | |

1. QA Team

- Team's Composition -Are there any changes, shifting: Yes No
- Meetings documented: _____
- General status of QA team:
Commitment: _____
Motivation: _____
Cooperation & Sharing: _____
- Relationship with staff: Yes No
If yes, are there:
Sub-committees **Documented meetings** **Other:** _____

2. Action Plan

| Problem | Current Status of the Problem ¹ | Monitoring Results | |
|---------|--|---------------------|-------------------|
| | | No. of Observations | No. of Compliance |
| 1- | | | |
| 2- | | | |
| 3- | | | |
| 4- | | | |

¹ Note whether problem is in identification stage, implementation or monitoring

3. Unsolved Problems and Obstacles Encountered

| Unsolved Problems | Obstacles | Suggestions |
|-------------------|-----------|-------------|
| 1- | | |
| 2- | | |
| 3- | | |

4. Creative Achievements or Initiatives not included in the Workplan

5. Compliance with Clinical Standards and Protocols

Monitoring and documentation occurs as stated in the QA/Cs guidebook to improve quality of health services at the health centers.

a. Hypertension

| | |
|--|--|
| # of cases with filled follow up sheets | |
| # of Hypertension patient for this month | |

b. Diabetes (Type II)

| | |
|---|--|
| # of cases with filled follow up sheets | |
| # of Diabetic patients for this month | |

c. Asthma

| | |
|---|--|
| # of cases with filled follow up sheets | |
| # of Asthmatic patients for this month | |

Control Indicators

1- Control Status of Hypertension Cases

| # of Patients Normal (140/89) | # of Patients Grade I (140-159/90-99) | # of Patients Grade II (160-179/100-109) | # of Patients Grade III (180/110) | Grand Total |
|----------------------------------|--|---|--------------------------------------|-------------|
| | | | | |

2- Control Status of Blood Sugar Readings of Diabetic Cases

| # of Patients Normal (>141mg/dl) | # of Patients Average (141-180) mg/dl | # of Patients High (>180) mg/dl | Grand total |
|-----------------------------------|---------------------------------------|---------------------------------|-------------|
| | | | |

6. Monitoring Reproductive Health Indicators:

Monitoring Number of Postpartum Patients

| | |
|---|--|
| # of postpartum patients for this month | |
| # of Prenatal patients expected to deliver this month | |

Monitoring Anemia in pregnant Females Visiting the HC

| | |
|--|--|
| # of pregnant females with hemoglobin results < 11 mg. | |
| # of pregnant females taking hemoglobin tests for this month | |

Monitor use of Family Planning Methods

| Methods | Pills | IUD | Condom | Norplant | LAM | Injection |
|---------------|-------|-----|--------|----------|-----|-----------|
| # of Patients | | | | | | |

7. Results of Monitoring Implementation of Nursing Standards, Using Check Lists (monthly supervision for ALL procedures is not required)

| | No. of observations | No. of compliance |
|----------------------------------|---------------------|-------------------|
| Growth & Nutritional Status | | |
| Administering Childhood Vaccines | | |
| Sterile Dressing change | | |
| Blood pressure reading | | |
| Infant/Child Temperature reading | | |

8. Monitoring Infection Prevention Procedures / Using Check Lists

| | No. of observations | No. of compliance |
|--|---------------------|-------------------|
| Care of instruments (Infection Prevention Practices Implemented) | | |
| Disposal of syringes and sharp (needles) | | |

9. Other Issues

10. Recommendations

Quality Unit Summary Report

Health Directorate: _____

Month: _____

The summary compilation of data from all health centers is prepared by the Head of the Quality Unit on a monthly basis and sent to the Health Director for review, action, and forwarding to the Quality Directorate.

| NEW QA TEAM TRAINING | | | FOLLOW UP PIR TRAINING | |
|--|---------------------------------------|---|--------------------------------------|---|
| Total # Health Centers in Health Directorate | Total # HCs with established QA Teams | Names of Health Centers where QA Teams established next month | Total # HCs requiring Follow-up PIRs | Names of HCs scheduled for FU PIR Training next month |
| | | | | |

| QAC Names | # of Health Centers | # of Monitoring Visits |
|-----------|---------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Status of Quality Team

Identify any problems related to the functioning of QA Team at the HCs. Request any assistance from the Health Director.

Status of Quality Improvement Action Plans

State any problem regarding the action plan and the name of the health center that requires support from the Health Director and/or Quality Directorate to resolve.

Update last month's report regarding any actions taken to solve problems in the team or the action plan.

Please describe any noteworthy HC achievements:

Attachment: Completed Health Directorate Monthly Feedback Report

- (1) compliance with clinical standards (hypertension, diabetes, and asthma);
- (2) control status for hypertension and diabetic patients, and
- (3) monitoring implementation of nursing and infection prevention procedures.

Request for Technical Assistance

Please list any health centers which on the basis of the scores received in the monthly feedback report and on the recommendation of the QA Coordinator require additional technical assistance. Indicate in which category assistance is needed by placing a check in the appropriate column; list what type of support is required and from which Health Directorate Level staff; i.e., HTT, MCH or Nursing Supervisor or Health Promoter or Quality Directorate Technical Support in the last column.

| Health Center | Compliance: BP, Diabetes, Asthma | Control Status: BP/Diabetes | Nursing Procedures | Infection Prevention Procedures | Human Resource assistance requested: MCH or Nursing Supervisor, HTT, Health Promoter, other |
|---------------|--|--------------------------------|-----------------------|---------------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note any feedback from last month's Technical Assistance request:

Focal Quality Coordinator Name: _____ Signature: _____

Comments from the Health Director:

Signature: _____

Indicator Data: Feedback Form for Health Centers

| Date 12/02/2004 | | Health Center: | | | | | | | | | | | |
|---|------|-----------------------|----------|----------------------------|----------|--------|---------|-------|----------|---------|-------|--------|--|
| Health Directorates: | | | | QA Coordinator: | | | | | | | | | |
| Month | Year | Control % | | Documentation Compliance % | | | Nursing | | | IP | | | |
| | | Hypertension | Diabetes | Hypertension | Diabetes | Asthma | BP | G + N | Dressing | Vaccine | Steps | Sharps | |
| August | 2003 | 80% | 71% | 57% | 77% | 75% | | | | | | | |
| September | 2003 | 81% | 33% | 65% | 83% | 83% | | | | | | | |
| October | 2003 | 58% | 30% | 69% | 67% | 50% | | | | | | | |
| November 2003 | | | | | | | | | | | | | |
| December | 2003 | 73% | 40% | 86% | 62% | 57% | 95% | 96% | 100% | 100% | 100% | 94% | |
| ----- | | | | | | | | | | | | | |
| Notes About Problem From the Action Plans : | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ----- End of Report ----- | | | | | | | | | | | | | |
| X or Blank : Did not Report | | | | | | | | | | | | | |
| BP: Blood Pressure | | | | | | | | | | | | | |
| G + N: Monitoring Growth and Nutritional Status of infants and children under 5 years. | | | | | | | | | | | | | |
| Steps: Infection Prevention steps followed for decontamination, cleaning and sterilization of instruments | | | | | | | | | | | | | |
| Sharps: Use of sharps container for disposal of syringes and sharps objects. | | | | | | | | | | | | | |

The Indicator Feedback Report for Health Centers provides compiled data on the health information collected through the monthly reports. The report provides data over a 12 month period. The QA Coordinator should review this data with the health center Quality Team to help them identify strengths and weaknesses of their program and to focus on corrective action.

The data consists of:

Control Status for Hypertensive and Diabetic Patients. The data reveals the percentage of patients falling under the ‘controlled’ status for each condition. The report shows change over time in the health center. This information is useful for reviewing whether the percentage of clients in the controlled status is growing, declining or remaining the same. Review the data for accuracy and then discuss with the health center, how to address low percentages, for example

- Use performance checklists to see whether standards are being followed by all staff
- Conduct new or refresher training for health staff in use of standards

- Brainstorm about health promotion activities for home care, particularly related to proper diet and exercise and medicine intake
- Ensure health education counseling is provided for individual patients
- Review the client flow for treating the conditions to ensure all staff understand their role in client care
- Ensure physicians are clear about the procedures for referral and follow up.

Compliance with Standards for Hypertension, Diabetes and Asthma. This represents the percentage of follow up forms correctly filled in for each condition and attached to the client record. Reviewing this information with the team in conjunction with the control status of the patient should provide more clues to the cause of low or high control status. Ensure the data is entered correctly. If the percentage is low, attention should be directed to

- Discuss team member responsibility for ensuring follow-up forms are completed
- A plan for using checklists to monitor performance

Compliance with nursing procedures and infection prevention steps. This information shows the percentage of compliance with specific procedures. It is recommended that each nurse is monitored each month in at least one procedure. This will give a comprehensive picture of nursing skills. Check the data for accuracy. If the results are low, help the team think about

- Contacting the Nursing Supervisors for Nurse Training
- Reviewing the supply system
- Posting reminders
- Increasing Monitoring & Supervision

Indicator Feedback Form For Health Directorate

The Indicator Feedback Report for the Health Directorate provides compiled data for each health center within a Directorate for a given month. This allows review of completeness of data, comparison between centers and comparison between QA Coordinator results. This information should be forwarded to the Health Director together with the Monthly Summary Report. It should also be reviewed with the QA Coordinators to help them identify strengths and weaknesses in their respective health centers.

In all cases the accuracy of the data should be reviewed. The forms include:

Control Status for Hypertensive and Diabetic Patients. The data reveals the percentage of patients falling under the ‘controlled’ status for each condition for each health center.

- Discuss this information with the QA Coordinators.
- Which centers are doing well and which need to review their procedures for following and monitoring standards.
- Have the QA Coordinator analyze the current status of the Health Center.

Compliance with Standards for Hypertension, Diabetes and Asthma. This represents the percentage of follow up forms correctly filled in for each condition and attached to the client record for each health center. This information should provide more clues to the cause of low or high control status.

Compliance with nursing procedures and infection prevention steps. This information shows the % of compliance with specific nursing procedures for each center.

Discuss the results with the QA Coordinators, if results are low have them identify the reasons

- Are there new staff at the center who have not been trained in the standards or oriented to the QA process?
- Is the QA team completely staffed?
 - Are they reviewing the data?
- Is there a system for using performance checklists to see whether standards are being followed by all staff?
 - Does the QA Coordinator need to coordinate with other Directorate staff, e.g. Supervisors and HTTs for assistance in training and monitoring?
- Is assistance required from families or the community to address home care and case detection?
- Is health education counseling provided to each client?

- Are reminder posters needed, particularly for infection prevention?
 - Should the QA Coordinator be asking for assistance from the Health Promoter?
- Does the center have all the equipment it requires to follow on the standards
 - If not what resources are available to fix the problem?
- Are the referral procedures well understood?

The report also helps to show results for specific coordinators within the Directorate

- Discuss the reason for these differences. The reasons for disparity may be related
 - To the size of the center
 - The newness of the staff
 - The attitude of staff
 - Or the frequency of QA Coordinator monitoring visits
- It is important to review this information with the Coordinators to develop a corrective action plan.
- Perhaps you need to monitor this Coordinator's visiting schedule
- Perhaps you can make joint visits
- Perhaps the Coordinator needs refresher training