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Primary Healthcare Reform Project

Ministry of Health,
Republic of Armenia

STRENGHTENING QUALITY ASSURANCE IN PRIMARY HEALTH CARE IN THE REPUBLIC OF ARMENIA

TRAINING GUIDE:

Preparing PHC facility representatives to introduce Quality Assurance Tools in their facilities

YEREVAN
2008

Strengthening Quality Assurance

in Primary Health Care

in the Republic of Armenia

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Training guide: preparing PHC facility representatives to introduce Quality Assurance Tools in their facilities

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Quality of Care Series developed by Primary Health Care Reform (PHCR) project addresses important issues relating to improving quality of Primary Health Care services with emphasis on problem-solving approaches and tools used to improve the quality of care provided at PHC facilities in Armenia.

This **"Training Guide"** is the No.4 publication in Quality of Care Series and describes the Training Curriculum to prepare the PHC facility representatives to introduce Quality Assurance tools in their facilities.

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- **Mary Segall,** Quality Assurance Advisor, IntraHealth International, USA
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ACRONYMS

HSSD	Health and Social Security Department
MCR	Medical Chart Review
M&E	Monitoring and evaluation
MOH	Ministry of Health
PHC	Primary Health Care
PHCR	Primary Health Care Reform
PSF	Patient Satisfaction Feedback
QA	Quality Assurance
QI	Quality Improvement
QC	Quality Coordinator
QIB	Quality Improvement Board
SA	Self-Assessment
USAID	United States Agency for International Development

Preface

The PHCR project is a five-year (2005-2010) program funded by the United States Agency for International Development (USAID) under a contract awarded in September 2005 to Emerging Markets Group, Ltd. (EMG). The primary objective is the increased utilization of sustainable, high-quality primary healthcare services leading to improved health of Armenian families. This objective is operationalized by supporting the MoH through a package of six interventions that links policy reform with service delivery so that each informs the other generating synergistic effects. These six interventions include: healthcare reforms and policy support (including renovation and equipping of facilities); open enrollment; family medicine; healthcare finance; and public education, health promotion and disease prevention; and quality of care.

The policy basis and mandate for improving the quality of health care in Armenia is embodied in the *Concept Paper* approved by the Government of Armenia decree of October 2002. The *Strategy of Quality Assurance in Primary Health Care* incorporated in the general "Strategy of Primary Health Care in the Republic of Armenia 2008-2013" was the next key step in establishing the Quality Assurance system in the Republic of Armenia.

There are four documents that have been prepared that describe the basic framework and which provide guidelines for improving quality of care in Armenia. These include:

- "*Strengthening Quality Assurance in Primary Health Care in the Republic of Armenia: Implementation Toolkit.*"
- "*Detailed Implementation Plan to Strengthen PHC Quality Assurance in the Republic of Armenia*".
- *"Training Guide: Preparing Quality Coordinators for Marz Level"*.
- *"Training Guide: Preparing PHC Facility Representatives to Introduce QA Tools in Their Facilities"*. This is the current document and describes the Training Curriculum to prepare the PHC facility representatives to introduce Quality Assurance tools in their facilities.

Dr. Murad Kirakosyan**,** Quality of Care Advisor for the PHCR Project, and Dr. Mary Segall, Quality Assurance consultant from IntraHealth International, an EMG sub-contractor, are the two primary authors of the four key documents of the framework. At the same time, successful development of such documents requires the collaboration of many partners, particularly MoH officials, each of whom made special contributions; these are identified in the acknowledgments section.

The Primary Healthcare Reform (PHCR) project is pleased to be able to support the Government of Armenia, and the Ministry of Health (MoH) in particular, in achieving the goal of improving the quality of care. We trust that through implementing this program, services will be strengthened and health outcomes improved. Comments or questions on these materials are welcome and should be sent to info@phcr.am. The report can be found on the PHCR website at www.phcr.am.

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Improving Armenian Health Care: The PHCR Project

The Primary Health Care Reform (PHCR) Project is working with Armenia's Ministry of Health (MOH) and health care facilities to improve health care quality and expand health care availability in rural communities. Beginning in 2005, the project assessed the quality of care currently available in five marz (Armenian provinces). PHCR examined the needs of the health care system and established a framework for improving the quality of care. This framework includes:

- Developing and updating standards of care
- Staff training
- Implementing quality assurance programs
- Identifying further performance gaps
- Providing supportive supervision
- Establishing performance incentives

The project is developing several ways for health care providers to address health care quality issues. Part of this process involves a training strategy that develops marz-level training capacity to support quality assurance initiatives in the health care facilities, in particular:

- Identifies two-to-eight health care staff per *marz* (approximately 50 people) to be trained as Quality Coordinators. Faculty from the National Institute of Health and Yerevan State Medical University Family Medicine Departments have been invited to participate in training.
- Trains *marz*-level Quality Coordinators to train facility staff to implement the quality assurance process.
- Supports Quality Coordinators to prepare health care facility staff at larger facilities (that is typically those facilities with three or more physicians),
- Provides technical assistance to Quality coordinator to assume a supportive supervision role at health care facilities.

Introduction

Purpose: This training guide was developed to prepare the PHC facility representatives to introduce the quality improvement initiative and support the PHC staff to use the quality assurance (QA) tools at their facility and to work with the Quality Coordinator to resolve problems (performance gaps) that have been identified by the staff at PHC facilities.

This Training Guide will be implemented in a two-stage training with the first stage of training providing an overall understanding of the problem solving process and the application of one QA tool (the self-assessment tool). Stage 2 training introduces the Quality Team to two more QA tools: 1) the medical chart review and job aids and 2) patient satisfaction.

Workshop Purpose : To train PHC facility representatives to use the QA package with a focus on:

Objectives (Stage-1 Training)

- Creating an environment at the facility whereby staff understand the values and strive to provide quality care for their patients.
- Understanding the role and functions of a Quality Improvement Board.
- Identifying, collecting, and tracking the progress on performance indicators at their facility.
- Using the QA self-assessment tool to identify performance gaps.
- Identifying root causes of quality problems.
- Leading staff in developing and monitoring the facility action plan.
- Working with Quality Coordinators to mobilize resources and develop interventions to solve selected problems.
- Conducting QIB meeting at the facility level

Objectives (Stage-2 Training)

- To learn how and then to teach other staff to use two additional quality tools: 1) Medical Chart Review (MCR) and Job Aids and 2) Patient Satisfaction tools.
- Practice applying these tools in facility quality improvement program

Stage-1 Training Guide: Preparing PHC representatives to introduce Quality Assurance tools at their facility

Stage 1 Schedule: Preparing PHC representatives to introduce Quality Assurance tools at their facility

Stage-1 **two-day training of PHC facility representatives**	
Day 1 9:00- 4:00 PM	**Day 2 9:00 AM- 4:00 PM**
Purpose: to prepare PHC facility representatives to introduce concept of quality, QIBs, quality indicators, Self-assessment tool and the overall problem-solving at their facility. **Registration and pre-test**: 9:00 ***Session 1:*** Creating a Learning Environment (45 min.) ***Session 2*****:** Why is quality important in PHC and introduce PHC QA Strategy (40 min.) **Break (15 min)** ***Session 3:*** Implementing Quality Assurance: Role of QIB (50 min.) ***Session 4:*** PHC Quality Indicators: *How the 7 Indicators are calculated and reported* (60 min.)	***Session 6.*** Opening Circle (15 min.) ***Session 7A:*** Problem solving process: *Root Cause Analysis (5 Whys) (45 minutes),* ***Session 7B:*** *Problem solving process: Classifying and Prioritizing Problems* (45 min.) ***Session 8:*** How to develop an action plan to resolve performance gaps (120 min.)
Lunch (1:00–1:45)	**Lunch (1:00–1:45)**
Session 5A: QA Tool:. Quality Self-Assessment Tool: Overview (60 minutes) ***Session 5B:*** Practicing Completing and Scoring the Self-Assessment Tool (90 min)	***Session 9:*** Leading QIB meeting by applying QA tools: Quality Coordinator and PHC Team Work Together to Improve Quality (120 min.) ***Session 10:*** *Closing Circle (*15 min).

Session 1: Creating a Learning Environment

Session Objectives

At the end of the session, participants will be able to:

- Share their observations and feelings about their work in providing PHC services
- Share their expectation and concerns/challenges for the workshop and compare with learning objectives
- Review workshop schedule, workshop objectives
- Identify the parts of the QA package and their purposes
- Begin contributing actively in the workshop

Time

45 minutes

Trainer Preparation

- Arrange seating in a circle (without tables) for the participants and trainers.
- Prepare flipchart with 1) workshop objectives and 2) blank page with word "Expectations" on one sheet and word "Concerns/Challenges" on other sheet.
- Prepare flipchart with 8 sections of QA package written on flipchart.
- Check that participant's QA package, copies of the Workshop Learning Objectives and Schedule, flipchart paper, markers and masking tape are available.

Facilitation Steps

Prep: Give out the pretest to participants as they register for the workshop. Those who arrive early get more time to do the pretest. Allow approximately 15 minutes for participants to take the test. (Note: 15 minutes for the pretest are included in the registration and pretest time period (from 900 to 9:30).

Step 1. Trainers and participants are sitting in a circle. Welcome participants; introduce participants and trainers.
When introducing trainers, refer to Handout S1.1 and briefly describe the QC's SOW.

…..
Step 2. (25 min) ***Expectations and Concerns*/Challenges:** Ask participants to break into groups of 3-4 and to take 15 minutes to write on a flipchart their expectations and concerns for our time together, highlighting items to share with larger group. After 15 minutes, have the group reconvene in the circle, post pages on the wall (leave on wall throughout the workshop), then participants take 5-10 minutes to share their expectations and concerns, identify common expectations and concerns. Trainer talks about bringing expectations to fruition and that some concerns may be realized; promises to revisit expectations and concerns at the end of the process.

Step 3. (5 min) Review *Workshop Objectives* and *Schedule*. Go over the materials in the *QA Package* and explain that during the workshop they will learn the purpose of each tool and forms in the package and will have the opportunity to practice using them during the workshop as well as being prepared to teach others how to use these materials.

Step 4. (10 minutes) Have participants review the major sections of the QA Package entitled "*Strengthening Quality Assurance in Primary Health Care in Armenia* "and in general begin to understand what the sections are (prepare a flip chart with headings for each of the eight sections).

1. Section I: Strategy of PHC
2. Section II: Quality Improvement Boards for PHC facilities

3. Section III. Quality Performance Indicator Guide
4. Section IV: PHC Facility/Provider Internal (Self) Assessment with Supervisor Support
5. Section V. Medical Chart/case Review in PHC facilities
6. Section VI. Clinical Job Aids
7. Section VII. Patient Satisfaction Feedback in PHC
8. Section VIII: Supportive Supervision Action Plan for QA

Step 5. Refer to the Handout S1.2 "Overview of the Quality Improvement Approach and Tools". Assign the participants to review the handout at home.

Step 6. Ask participants if they have any questions on the objectives, schedule and design for the workshop; briefly present outline of the day (on flipchart); hand out the *PHC QA Package*

Evaluation/ Assessment

- Pretest; Question/answer; discussion

Handouts

- *Handout S1.1: Scope of Work for the Quality Coordinator*
- *S 1 Overview of the Quality Improvement Approach and Tools*

Handout S1.1: Scope of Work for the Quality Coordinator

The Primary Health Care Reform (PHCR) project funded by USAID/Armenia provides technical assistance and support to the MOH in strengthening Primary Health Care (PHC) in Armenia.
The enhancement of the Quality of Care is a key issue in PHC reforms. The PHCR project performs a supporting role in all of the activities intended to implement the PHC Quality Assurance (QA) strategy, tools and processes nationwide in Armenia. The 1st phase of QA implementation will be concentrated on larger PHC facilities that house at least 3 physicians (Armenia has a total of ~120 PHC Facilities that fit this criterion).

The lead trainers/implementers of QA in Marzes will be known as **Quality Coordinators** (QC). It is projected that one Quality Coordinator will be responsible for managing and supporting the QA process at 3-5 PHC facilities. Using this ratio and the estimated number of ~120 PHC facilities, with an estimate of 25% drop out/poor performance rate, approximately 40 persons will be prepared as Quality Coordinators.

It is assumed that the Quality Coordinators will be drawn from qualified Marz PHC staff who already have jobs with PHC facilities. Marz Health Departments will nominate candidates for preparation as Quality Coordinators (2-8 persons per marz depending on number of PHC facilities in a marz).
Preparation of the Quality Coordinators is planned to be a total of 6 days in length focused on concept of quality, indicators, QA tools, development of action plan and problem-solving through supportive supervision that will implemented through two workshops. The first workshop (referred to as Stage 1 workshop will be 4 days in length to be followed approximately 6 months later by a second workshop lasting 2 days)..

Subsequent to the training of the Quality Coordinators, the preparation of PHC facilities will occur in the following way. Quality Coordinators will conduct marz trainings of PHC facilities to use QA tools and resolve quality gaps. The training of PHC facility staff will be provided through two courses. The firs training will be 2 days in length and will be provided by 2 Quality Coordinators working as a team. At a marz location to be determined, 2-3 staff members from each PHC facility (representing management, medical and nursing expertise) will be invited for training. Facility trainings will be accomplished in two stages: it will give staff a chance to return to their facility after the 1st training course, practice the learned QA tools, and some time later to take the 2nd training course on the remaining QA tools (that course will be 1 day in duration)..

Following the PHC facility trainings the Quality Coordinators will provide on-going support at facility level: they will conduct supportive visits to PHC facilities to support facility staff to implement QA tools and resolve quality gaps. Later on, when facilities gain adequate experience of routine use of QA tools and techniques, Quality Coordinators will provide technical assistance in monitoring and evaluation of QA progress in the facilities
.

Handout S1.2: Overview of the Quality Improvement Approach and Tools

Organizations seeking to solve quality and performance problems frequently implement training and other interventions without fully understanding the nature of the performance gaps and whether the chosen interventions are appropriate for closing the gaps. This problem is further compounded when working with providers who do not have a prepared supervisory staff to support staff in solving the problems that they confront in their own setting that limit them in providing quality care. It is especially important that interventions be directed to **identified** gaps in quality.

Improving Quality in Primary Health Care Facilities

Promotion and evaluation of high quality care is a priority for anyone delivering, organizing or monitoring clinical services. Initiatives to improve quality of care have a history in the public sector around the world with an emphasis on hospitals. However, the nature of primary health care is such that the facilities are smaller, with fewer staff, and the provision of effective supervision is difficult due to distance and lack of transportation or financial support for transportation, and trained staff to provide effective supervision from a distance. In addition to the known reasons why quality is important (better services, better continuity of care, and better health status), there are other reasons to address quality in the PHC sector. The status of quality in the primary health care is relatively unexplored – people frequently vote with their feet and bypass the small understaffed facility that is close at hand and go to the next level of care in hopes of getting effective care or they seek care from a private practitioner spending out of pocket for this care. In Armenia, the private sector accounts for 77% of the total expenditure on health of which 84% off that amount is out of pocket – thus suggesting that consumers perceive that they may be better of seeking care from the private sector than from the public sector. Because of these problems, PHCR is working closely with the Ministry of Health in Armenia to develop a quality assurance (QA) package for use at PHC facilities. The package was designed for use by both the providers, supervisors and facility managers to effectively help them identify quality gaps, develop action plans, and monitor improvement over time.

Quality Improvement Model

The PHCR project developed and refined the QA package for PHC facilities. The initial conceptualization was derived from IntraHealth's assessment tool developed in Armenia for use by small health centers (FAPs) primarily staffed by one professional provider. In that tool, selected dimensions of quality for a self-assessment tool that were relevant for PHC facilities were identified. The QA package for PHC facilities is now being applied in an expanded version that includes the self-assessment tool and other tools (medical chart review and patient satisfaction feedback) that meet the criteria of simplicity and practicality with emphasis on root-cause analysis and problem-solving. The tools are to be used on site by the providers and can be reviewed with the supervisor at regular meetings. The QI methodology was also influenced by the experience of the performance improvement review approach of Initiatives Inc. in Jordan's primary health care centers and a number of questions were drawn from EngenderHealth's COPE Self-Assessment Guide. An innovative contribution to the self-assessment approach is the linkage of the quality performance indicators to the questions under each of the 5 dimensions of quality. Based on improvements in the achievement of performance indicators, staff are to receive an increase in salary (pay for performance) for a

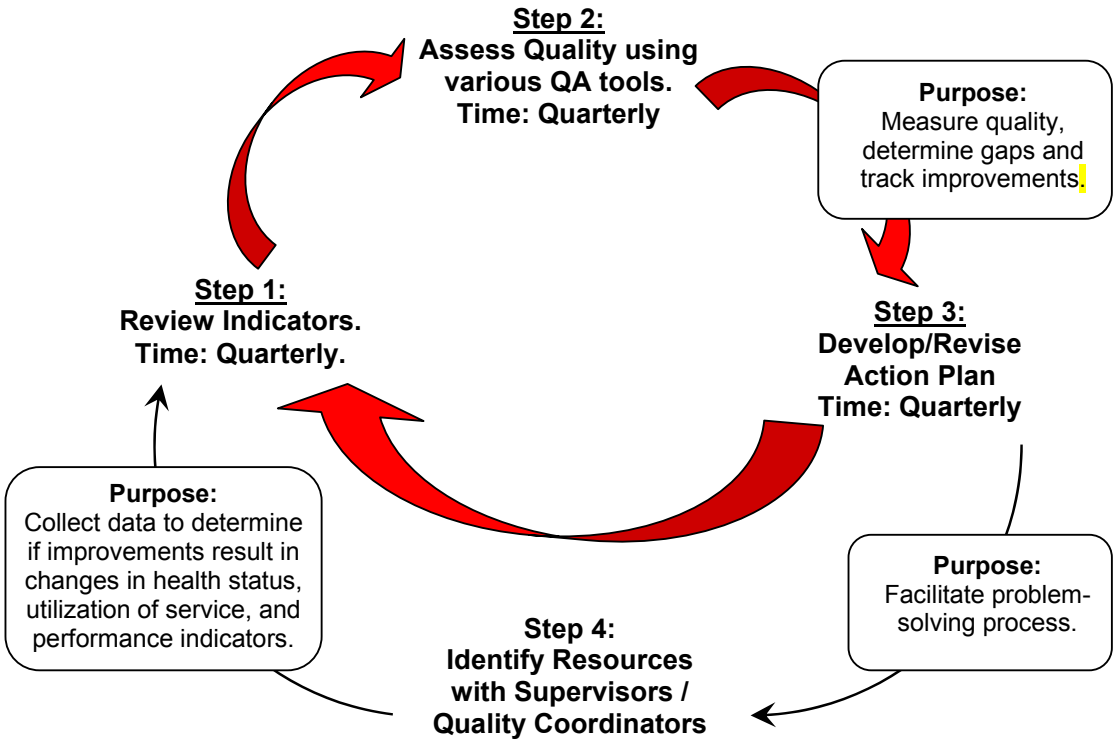
specified period of time. The facility performance linked to financial payment is to be reviewed annually.

Purpose: This Training Guide was developed to support Quality Coordinators to conduct the training of staff at Primary Health Care facilities including the Quality Improvement Boards (QIBs) to use the QA package at their facilities.

Objectives: Users of this Training Guide will be able to plan and conduct a training of primary health care staff to implement and use the QA package at their facility:

1. to describe the components of the QA package
2. to be able use the QA package, including:
    - completing and analyzing the quality performance indicators
    - completing the QA self-assessment tool
    - applying the medical chart/case review technique accurately and using clinical job aids
    - setting up mechanisms to elicit patient satisfaction feedback
    - developing an action plan for:
        - analyzing the root causes to uncover the principal reasons behind quality performance gaps identified by applying 1) the self-assessment tool, 2) medical chart/case review and 3) patient satisfaction feedback techniques.
        - grouping and prioritizing the problem list
        - developing appropriate interventions and mobilizing resources to close the performance gaps
        - monitoring progress and resolution of problems
3. to train PHC facility staff to use the QA package with a focus on:
    - scoring the QA self-assessment tool, conducting medical chart/case reviews and getting patient satisfaction feedback.
    - assisting staff to identify root causes of quality problems, and to develop and monitor the facility action plan.
    - assisting staff to mobilize resources and develop interventions to solve selected problems.

Flowchart for Quality Implementation and Timing



Session 2: Why Is Quality Important in Primary Health Care?

Session Objectives

At the end of the session, participants will be able to:

- Identify how providing quality of care affects clients, providers and the community.
- Describe the concept of quality

Time

40 minutes

Trainer Preparation

- Review the Package: Strengthening QA in Primary Health Care – Section 2
- Prepare two sheets for flip chart: Sheet
  1) Initial Selection (Characteristics that help you choose a restaurant) and second sheet
  2) Repeat (Satisfied) Customer (one returns to the same place)
- Prepare flip chart with words" Definition of Quality (you will write the definition as you discuss it)

Facilitation Steps

Step 1. (15 minutes) BE SURE **NOT** TO BEGIN THIS SESSION WITH ANY KIND OF INTRODUCTORY MATERIAL ABOUT QUALITY OR ITS IMPORTANCE. Begin by give instructions about the following scenario.

> **Scenario 1:** You are having an engagement party for your son. With the group discuss 1) how you would select a specific restaurant for the event, and 2) what would make you use that restaurant again when your younger son get engaged (what makes you a satisfied customer)?
>
> **Instructions to participants:** Answer the questions for your scenario. 1) the characteristics that help you choose a restaurant/hotel and 2) the characteristics that make you a satisfied customer who returns to the same place.

During the discussion, list on a flip chart the characteristics that participants present. Guide the discussion so that all relevant characteristics are mentioned and clumped into **initial selection** and **returning to the same vendor again /repeat business**.

Answers: These are common answers:

Initial selection:

- Word of mouth/reputation
- Convenience of location
- Reported cost of services/affordability
- General appearance and cleanliness of restaurant and vendor.
- Choice of menu items
- Value for price: what is important to me (e.g. music and drinks, organization, management)
- Place initially meets my expectations

Returning to same vendor (Repeat Business):

- Friendliness of sales person (treats you nicely, is gentle)
- Perception that the restaurant knows what they are doing and does a nice job arranging and putting on the event,
- Quality of product or service,
- Satisfaction with the service/product (how guests enjoyed the engagement

party, does my daughter look pretty in her new dress, do I like it?)
- Waiting time to obtain service or product,
- Actual cost or value for money to buy product or service.
- Exceeded my expectations
- Any pleasant surprises
- Special treatment

Step 2. (2 minutes) Ask participants, "Is there any difference between the characteristics you look for in the quality of selecting a restaurant for your son's engagement party -and the characteristics that patients look for in receiving clinical services that a physician and his/her staff provide.

Step 3. (10 minutes)Discuss the difference between structure, processes and outputs/outcomes of care – provide examples, and ask why this framework is important to assuring quality of care. Discuss five most recognized aspects of quality of care and two levels of QA interventions. Give examples.

Step 4. (2 minutes) Discuss the following definition of quality: **"Doing the right thing right the first time".** Emphasize the point that **"Quality Belongs to Everyone".**

Step 5: (3 minutes) Ask participants the question, "Is it important to you to provide quality care and if so then "**why is quality of primary health care services important to you?"** (Points discussed will depend on local context but may include):

- Quality services result in decreased disability and mortality, and improved outcome of disease management.
- If the performance based financial incentives is implemented and our facility increases its achievement of quality indicators, then we will receive a bonus payment-competition.
- If the physician or this facility provides quality services, we will become well known in the community and people will respect us- we will be trusted by the community.
- I feel proud (my own professional self-respect increases).
- Minimize the transmission of infection from clients to us and from us to our clients
- Satisfied clients return earlier and use services more appropriately.
- Need to know that there is a standard of care and what it is so that you can provide it.

Step 6. (3 minutes) Ask participants: **"What unique challenges do practitioners have in providing quality primary health care services?"** (Points discussed will depend on local context but may include):

- Physical infrastructure is poor
- Lack of equipment and medical supplies
- Relative isolation of provider in smaller facilities
- Smaller facilities may not have access to a range of trainings and continuing medical education that is provided in the larger cities
- Lack or relatively ineffective supervision/support system
- Do not have control over many decisions that will improve quality or perception of quality (like being able to make infrastructure improvements or ensuring that properly stocks with drugs and supplies).
- Lack of recognition of providers if doing a good job.

- Willingness and cooperation of patient to carryout the prescribed treatment/compliance – can the patient actually carry out the treatment – buy the medicine, travel to carryout the referral.

Evaluation/ Assessment

- Question/answer; discussion

Handouts

- PHC Quality Assurance Package

Session 3: Implementing Quality Assurance: Role of QIB

Session Objectives

At the end of the session, participants will be able to:

- Discuss the PHC Strategy and importance of the QIB.
- Discuss roles and responsibilities of members of the QIB.
- Describe how to ensure that a QIB at the marz and facility level are effective – discuss prerequisites for effectiveness.

Time

50 minutes

Trainer Preparation

- Review Section I: Strategy of Primary Health Care in the Republic of Armenia 2008-2013 and Section II. QIBs for PHC facilities.

Facilitation Steps

Step 1. (20 minutes) Ask participants to turn to Section I of QA Package -, "Strategy of Primary Health Care in the Republic of Armenia 2008-2013 – Extract of the Strategy of Quality Assurance in Primary Health Care: Main Direction of the Primary Health Care reforms for years 2008-2013". - Introduce fundamentals of Quality Assurance in PHC, Aspects and Dimensions of Quality of Care, Implementation of QA in PHC, Monitoring and Measuring Quality in PHC. Review with the participants the material in Section I.

Discuss the difference between structure, processes and outputs/outcomes of care – provide examples, and ask why this framework is important to assuring quality of care. Discuss five most recognized aspects of quality of care and two levels of QA interventions.

Step 2. (30 minutes) Ask participants to turn to Section II "Quality Improvement Boards for PHC". Review with the participants the material in Section II: - general provisions, Status and functions of the Board, Structure of the Board, roles and responsibilities of Board members, Board meetings, etc. Refer to the "Template Guide to facilitate QIB meeting" and tell participants that we will work on it in the Session 9 on day 2 of the training.

Ask participants to discuss why they think the QIB was included in this policy – what do they think the QIB can accomplish? What might be some of the challenges of having an effective QIB at the marz level and at the facility level – are there similar or different issues affecting the QIB at each level (marz and facility)? Raise the question – do they think that a Director of a PHC should they also function as a chairman/member on their own PHC Quality Board?

Evaluation/ Assessment

- Question/answer; discussion

Handouts

Section I and II within QA Package;

Session 4: PHC Quality Indicators: How the 7 indicators are calculated and reported.

Session Objectives

At the end of the session, participants will be able to:

- Review the PHC quality indicators presented in Section III "Quality Performance Indicator Guide to Achieve Quality of Care in PHC facilities" Round One: Quality of Care Performance Indicators (#1-7)
- Discuss why these are important indicators for beginning the process of improving quality at PHC facilities. Understand how the indicators are calculated – what data needs to be collected at the PHC level and where it should be entered and who are the persons responsible for collecting the data (or where is the relevant data recorded)
- Review the baseline data and discuss its meaning for your marz.
- To be able to collect or organize the data to be accurately collected for 7 indicators
- Complete the "Summary Report of Indicators assessing Quality Performance of PHC facilities" *Form* for Round One (Indicators 1-7)

Time

60 minutes

Trainer Preparation

- Review the PHC Quality Indicators, the Summary Report Form and how data are collected and where recorded. Check at PHC facility to be sure that you understand how to find the data.
- Prepare flipchart with names of 7 indicators
- Prepare the baseline data of indicators by marzes and PHC facilities that are assigned to each Quality Coordinator.

Facilitation Steps

Step 1. (3 minutes) Ask participants: "What are statistics? Why do we collect statistics?" (Record of what you've done; to help you plan; to give you a picture of your performance.)

Step 2. (5 minutes) Why is data important for problem solving? In the Quality process improvement approach, it is important to analyze the situation. Data is important for problem solving to:

- look at trends to understand a situation.
- identify problems in advance.
- support other information on performance (e.g. client feedback)
- Use data to plan future activities, budgets, resource decisions (Plan in advance)

Step 3. (7 minutes) Ask the participants to turn to pages 10-16 of Section III of the QA Package. Point out that the *QA Package* defines the 6 quality performance indicators to be implemented at the initial stage of QA implementation. Draw attention that there are also identified indicators for rounds 2 and 3 of implementation, and how the level of complexity of performance increases with each round – begin with rather simple/easy to achieve indicators and then move to more difficult ones. Discuss the difference between the focus/purpose of each round of indicators (move from processes to outcomes – performing fundoscopic exam for patients with diabetes mellitus type II and regular ECG monitoring of patients with diagnosed hypertension to that of clinical management of common PHC diseases/conditions.

Step 4. (15 minutes) Direct the participants to review the 7 indicators and discuss:

- which indicators are they already tracking in their clinics, and in which register;

- which indicators are not currently being tracked, but they could easily begin tracking, using existing client record-keeping methods or register;
- are there any indicators that they have questions about;
- Look at the Baseline data and discuss if the performance for a particular indicator is low for their marz, what actions might be taken to improve the performance of a particular intervention.

Step 5. (3 minutes) Introduce the purpose of the financial incentives system implementation at the PHC level.

Link the shortcomings/disadvantages of the current system of PHC financing with provider's remuneration.

Discuss the ways to collect data for the selected quality performance indicators and some of the errors/problems encountered in baseline data collection.

Step 6. (30 minutes) Refer to the Handout S4. Present to participants the definition of each performance indicator. Discuss the ways to collect data for the selected quality performance indicators and some of the errors/problems encountered in baseline data collection.
Have the participants look at the numerator and denominator of each indicator and explain how each of the indicators is calculated and reported, referring to Summary Report Form (on page 17 of QA package).

Step 7. (12 minutes) Ask participants who at the facility is responsible for entering the data for the numerator and denominator for each indication and then where the data are found and who is responsible for monitoring to be sure that the data are being recorded. In particular, explain that to have data for the indicators #3, 4, 5 and 6, PHC physicians should have created registries for that specific diseases/conditions.
Answer any questions about the indicator definitions, data collection and reports development. Ask if there are any questions about the indicators. Lead a discussion to clarify or answer the questions. Conclude by summarizing discussion.

Notice: Do not forget to mention that we will return to the row #8 of the Summary Report *Form* during the Stage-2 Workshop: Session #2A "Medical Chart/Case Review".

Evaluation/ Assessment

- Question/answer; discussion

Handouts

- Refer to the Section III of the QA Package, including the "Quality Performance Indicator Gide to achieve Quality of Care in PHC facilities" and "Summary Report of Indicators assessing Quality Performance of PHC facilities"
- Baseline Assessment data for PHC Performance Indicators
- Handout S4: Report forms on Quality Performance Indicators to obtain, calculate and report 7 indicators.

Handout S4: Reports on quality performance indicators

Name of the healthcare facility: _____

Address_____

Indicator 1: **Full immunization coverage of children at age 24 months, according to the National immunization calendar.**

Number of children at the age of 24 month (1 year 11 months 29 days) during the reporting period____

Injected vaccine	**Number of vaccinated children at the age of 24 months**	**Immunization coverage (%) ***
1	2	3
Hepatitis B- 3		
APDT-4 (against adsorbed pertusis, diphtheria, tetanus)		
OPV-5 (oral poliomyelitis vaccination)		
MMR-1 (against measles, mumps, rubella)		
All the vaccinations included according to the national calendar		

***** Note: for calculation of immunization coverage by lines (vaccines) it is necessary to divide the value of the certain line of the column 2 by the total number of children at the age of 24 months and multiply it by 100.

Indicator 2: **Screening for Anemia in children at age 1 year.** (general blood examination (including hemoglobin) of 1-year-old children)

Number of children who turned 1 year old during the reporting period	**Number of 1-year-old children who had undergone general blood examination (including Hb)**	**Percentage (%) *of the examination**
1	2	3

***** Note: For calculating the value of **column 3** it is required to divide the value of the column 2 by the value of the column 1 and multiply the result by 100.

Indicators to manage patients with Diabetes mellitus type II:

Indicator 3: **Regular fundoscopic (eye) exam in patients diagnosed with diabetes mellitus Type II.** and *Indicator 12:* **Blood cholesterol control in patients with diagnosed Type 2 Diabetes Mellitus.**

a) Number of patients with diabetes mellitus types II during the reporting period ----------

Name of the indicator	Actual number of examined patients	The percentage of patients with diabetes mellitus type II from the total number of patients (%) [1]
1	2	3
1. Patients with diabetes mellitus type II who had fundoscopy exam during the reporting period		
2. Patients with diabetes mellitus type II [3] who had at last one total cholesterol test [2] during the reporting period		

Note:

[1] – for calculating the value of column 3 it is necessary to divide the value of column 2 by the total number of corresponding patients registered during the reporting period and multiply the result by 100.

[2]- The exam includes HDL (high density lipoproteids) and triglyceride.

[3]- This indicator is not considered for financial reimbursement purposes, it is considered as a monitoring indicator.

Indicators to manage patients with cardiovascular diseases

Indicator 4: **Regular ECG monitoring in patients with diagnosed Hypertension.**

Number of patients with hypertension during the reporting period …….

Name of the indicator	Actual number of examined patients	The percentage from the total number of hyper-tension patients (%) *
1	2	3
Hypertension patients who had at least one ECG during the reporting period		

Indicator 5: **Regular ECG monitoring in patients with diagnosed Coronary Heart Disease (CHD).**

Number of patients with coronary heart disease (CHD) during the reporting period …….

Name of the indicator	Actual number of examined patients	The percentage from the total number CHD patients (%) *
1	2	3
CHD patients who had at least one ECG during the reporting period		

Indicator 6: **Blood cholesterol control in patients with Coronary Heart Disease (CHD).**

Number of patients with ischemic heart disease (IHD) during the reporting period …….

Name of the indicator	Actual num-ber of examined patients	The percentage from the total number of IHD patients (%)[1]
1	2	3
Number of IHD patients [2] ***who had at least one total cholesterol test during the reporting period***		

Note:
[1]- for calculating the value of **column 3** it is necessary to divide the volume of column 2 by the total number of corresponding patients registered during the reporting period and multiply the result by 100.
[2]- This indicator is not considered for financial reimbursement purposes, it is considered as a monitoring indicator.

Indicator 7: **Early detection and registration of pregnant women for antenatal care.**
(early coverage of pregnant women by FPs)

Total number of pregnant women registered by family physician during the reporting period	Number of pregnant women with up to 12-week pregnancy registered by family physician during the reporting period	Percentage of early coverage of pregnant women (%) *
1	2	3

***** Note: For calculating the value of **column 3** it is required to divide the value of the column 2 by the value of the column 1 and multiply the result by 100.

Session 5A: QA Tool: Quality Self-Assessment Tool: Overview

Session Objectives

At the end of the session, participants will be able to:

- Describe the 5 dimensions of quality in the QA self-assessment tool
- Understand the rationale for organizing the internal (self) assessment into 2 parts – facility level assessment and provider assessment of technical competence.
- Understand how the Facility and provider Self-Assessment Tools are completed.
- Identify strengths and areas for improvement for one indicator for facility assessment and for provider assessment

Time

60 minutes

Trainer Preparation

- Review *Section* IV: PHC Facility/Provider Internal (Self) Assessment with Supervisor Support
- Prepare sufficient copies of the Self-Assessment Tool (both Parts A and B) so that each participant has his or her own copy of the tool (pages 21-33 in QA package)
- *Prepare Flipchart #1 with names of 2 parts of the tool:*
  A. Facility Assessment:
  B. Provider Self-Assessment
- Prepare Flipchart #2 with names of 7 indicators:
  - 1. Full immunization coverage at 24 months
  - 2. Screening for anemia in children at 1 years.
  - 3. Regular fundoscopic (eye) exam in patients diagnosed with DM Type II
  - 4. Regular ECG monitoring in patients with diagnosed hypertension (HTN) and CHD
  - 5. Blood cholesterol control in patients with CHD
  - 6. Early detection and registration of pregnant women for antenatal care (within first 12 weeks)
- Prepare Flipchart #3 with names of 7 indicators and dimensions:

A. *Facility Self-Assessment*

1. Full immunization coverage at 24 months
   - *Access,*
   - *Responsiveness*
   - *Physical Environment*
   - *Management*
2. Screening for anemia in children at 1 years.
   - *Access,*
   - *Responsiveness*
   - *Physical Environment*
   - *Management*
3. Regular fundoscopic (eye) exam in patients diagnosed with DM Type II
   - *Access,*
   - *Responsiveness*
   - *Physical Environment*
   - *Management*
4. Regular ECG monitoring in patients with diagnosed HTN and CHD
   - *Access,*
   - *Responsiveness*
   - *Physical Environment*

- *Management*

5. Blood cholesterol control in patients with CHD
   - *Access,*
   - *Responsiveness*
   - *Physical Environment*
   - *Management*
6. Early detection and registration of pregnant women for antenatal care (within first 12 weeks)
   - *Access,*
   - *Responsiveness*
   - *Physical Environment*
   - *Management*

B. *Provider Self-Assessment*
   - *Technical Competency*

Facilitation Steps

Step 1. (3 minutes) Explain rationale for using self-assessment is:

- evidence suggests that self-assessments of a facility's practice by providers is frequently similar to observations made by trained external supervisors.
- In many settings because of remote locations, difficulty of transport, and lack of trained supervisors, PHC staff frequently practice without any direct or helpful supervision.
- This tool enables PHC facility staff to assess the facility's practice in areas/dimensions that have been identified to influence quality using the process of self-assessment but organized around specific performance indicators. .(Refer to Flipchart #1 with 5 dimensions of quality)

Step 2. (10 minutes) Ask participants to turn to page 19 of the *Self-assessment Questionnaire*.
Referring to Flipchart #1 point out that the Self (Internal) Assessment tool is divided into two parts (and refer to PowerPoint Part A for PHC Facility (page 19 of QA package) and Part B for PHC Provider). Part A is completed by the facility staff (pages 21 -26) and Part B by each provider for the indicator(s) that he/she is contributing to its achievement (pages 27 -33).
Referring to Flipchart #2 point out that both parts A and B of the Self (Internal) Assessment tool are organized around 7 quality indicators.
Referring to Flipchart #3 point out that each indicator in turn is to be assessed in 5 dimensions with corresponding questions grouped under each of them. Explain that the Technical competency will be assessed mainly by using part B. Provider Self-Assessment tool, and the other dimensions – by part A. Facility Self-Assessment tool.

- Refer to *Self-assessment tool* in the QA Package giving the example of one indicator: Full Immunization coverage at 24 months with 5 dimensions under it as follows:

Part A. Facility Assessment
- Access
- Responsiveness
- Physical Environment
- Management

Part B. Provider Tool
- Technical Competency

Note that this example will be used as a reference throughout the workshop.

Step 3. (10 minutes) Review the instructions for completing the self-assessment tool in the Handout S5

Step 4. (10 minutes) Go through the instructions for completing the tool. Be sure that they understand the scoring key (2, 1, 0, and NA). Give an example of when to use NA (if an indicator is not applicable for that type of clinic). Review all the questions for Indicator #1 for both the Facility Review and the Provider Self Assessment to make sure the participants understand the indicators and questions. Be sure to review page 26 in the QA package where there are general questions for all 7 indicators for each of the 4 dimensions.

Step 5. (5 minutes) State that the facility staff should assess themselves using the tool every 3 months. (Discuss this and ways that the tools can be completed more efficiently). Emphasize that the results of the self-assessment are for use of facility staff only (internal use only).

Step 6. (17 minutes) Ask participants to form into pairs (preferably persons that will be working together at the facility level) or into 3 groups to complete Part A and B of the QA self-assessment. Circulate to answer any questions, paying special attention to make sure that participants are putting numbers (not ticks or Xs) in the quarter (Q1) column. Let them know that they will be asked to present these assessments to the large group in another session.

Step 7. (5 minutes) Reconvene the group and lead a short discussion about the experience of completing the QA self-assessment tool. Was it clear? What questions do the participants have, if any? State that the next steps are to 1) learn how to score the tool; 2) analyze the root causes of the gaps identified in their QA self-assessments and 3) to develop an action plan to help maintain and track quality initially in relation to 7 quality performance indicators being measured in Round One.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of the QA self-assessment tool

Handouts

Section IV. of QA package: PHC Facility/Provider Internal (Self) Assessment with Supervisor Support
Handout S5A -Instructions for Completing PHC Facility/Provider Internal (Self) Assessment Tool

Handout S5A: Instructions for Completing QA Internal (Self) Assessment tool

The QA self-assessment tool has been divided into 2 parts – one is to be completed by the PHC Quality Team for each of the indicators; and the second part is to be completed by the provider(s) who are responsible for achieving those particular indicators.

As you will notice, 5 dimensions of quality have been selected for ensuring quality health services. This tool helps the facility and the provider measure quality, determine where the gaps in quality exist, and track improvements in quality at the facility and provider level. Four dimensions have been selected to be assessed for each of the indicator by the PHC facility Quality team. These are:

1. Access to care
2. Responsiveness/Provider Relations with Community and Patients
3. Physical Environment
4. Management

The fifth dimension, Technical Competence, is assessed by the provider(s) responsible for contributing to the achievement of the particular indicator.

Instructions for Completing the PHC Facility/Provider Internal (Self) Assessment Tool:

Facility Assessment for Indicators 1-7 on first 4 dimensions (1. Access to Care; 2. Responsiveness and Provider Relations with Community and Patients; 3.Physicial Environment; 4. Management).

Decide who is responsible and knowledgeable about filling the tool for each of the indicators by the indicators. If not clear, the Quality Facility tool can go to each of the service areas and talk with the staff about their perception of how they performing for each of the questions/dimension/indicator.

1. Read through each question and record your answer in the column for the quarter you are assessing. The first time, you will record responses in Quarter 1 (Q1). Record your answer in the following way:
    a. If your answer is "Yes," record the number "2" under Q1 column..
    b. If your answer "Yes, but needs improvement," record the number "1" in Q1 column indicating that the response is partially met.
    c. If your answer is "No," record the number "0" in Q1 column indicating that the response is not being met/performed.
    d. If any of questions is not relevant to your practice, record "NA"- Not Applicable for that question

    <u>*Note:*</u> For those PHC facilities (policlinics) that serve only adult population and do not deal with children, indicators #1 and 2 are not applicable, so those indicators should be omitted from the assessment. Similarly, for the pediatric policlinics Indicators ##3-6 will be NA and should be omitted from the assessment.
    e. Sum the responses for each dimension by indicator in the last row under the dimension.

After completing the Facility Self-Assessment questionnaire, proceed to the tool for the Provider Self Assessment.

1. Decide which providers are responsible for contributing to each of the 7 indicators.

2. Bring those providers together in a small group or go to them by service area (e.g. immunization/child care, antenatal care, chronic illness care;

2. Ask them to read through the questions under the indicator that applies to her/him and to record his/her answer in the column for the quarter that they are completing the tool. The first time, the providers will record responses in Quarter 1 (Q1). Each person should record his/her answer in the following way:
    a. If your answer is "Yes," record the number "2" under Quarter 1 (Q1) column..
    b. If your answer "Yes, but needs improvement," record the number "1" in Q1 column indicating that the response is partially met.
    c. If your answer is "No," record the number "0" in Q1 column indicating that the response is not being met/performed.
    d. If an indicator has been omitted simply do not respond to any of the questions under that indicator.
    e. Sum the responses for each dimension by indicator in the last row under the dimension.

It is suggested that the tool be completed four times a year (every quarter) so that the Facility QI Board/Team and Providers have a chance to work on the indicators that need improvement and to evaluate their progress. This tool allows you to assess your practice and record your answers for one year. After such time, you will need to record your answers on a separate piece of paper or you can reproduce the tool.

In addition, if your schedule does not allow you to complete the tool in one day, you may complete it over the course of several days. As the staff gain practice with the tool, however, they will find that it be can completed in less time.

Session 5B: Practicing / Completing and Scoring the Self-Assessment Tool

Session Objectives

At the end of the session, participants will be able to:

- Complete the Tools for PHC Facility Internal (self-) assessment and for the Provider self-assessment (in the Section IV of the QA Package) and score these two questionnaires.
- Describe how to calculate and record scores, and how to determine the numerator and denominator for each dimension that summarizes the scores for questions by indicator (e.g. summary of 3 questions for access dimension under Indicator #1) including making the adjustments if there is a Not Applicable question. See Handout S5B/1 following this session.
- Describe how to transfer numbers from the Facility Self-Assessment and Provider self-assessment Tools to the Summary Chart of Self-Assessment Scores by Indicator and Dimension (refer to Handout S5B.2). State what the use of a total possible score for each indicator by dimension. See Handout S5B/2 following this session.
- Complete the Tools for the Facility Self-Assessment and Provider Self-Assessment, and the Summary Chart of Self-Assessment Scores by Indicator and Dimension.

Time

90 minutes

Trainer Preparation

- Review the instructions and two handouts (S5B.1. and S5B.2) for scoring and charting the progress of self-assessment at the facility and by the provider at the end of this session.

Facilitation Steps

Step 1. Introduce the session by saying that one of the ways you can support the Facility QIB is for the PHC Facility QIB to review the summary score for each dimension for each indicator to help determine the trends to see how the facility is improving and what problems persist for each indicator.

Step 2. Ask participants to turn to the QA Self-Assessment Facility tool and review the instructions and the example in Table A of Instructions (Handout S5B/1). Then, go over the example of Indicator #1 in Tables B, C and D, carefully explaining how to add up the numbers to get the numerator (top number) for the score and why the "NA" responses reduced the denominator (bottom number) of the score. Use **Table C and/or D** to demonstrate how to calculate a total score for Indicator #1.

Step 3. While explaining the Handout 6/1 tables, ask participants to make corresponding calculations in the self-assessment tools that they have completed during the previous session.

Step 4. Guide participants through the calculation of Provider's self-assessment Score by using examples in the **Tables E and F.**

Step 5. Ask participants to go to Handout S5B.2 (below) and point out how the Summary Chart of Self-Assessment Scores by Indicator and Dimension can be used to chart the changes in the performance of the facility and different providers over the course of four quarters. Using the first chart in Handout S5B.2 practice transferring the corresponding scores from the Facility Self-assessment tool and Provider Self-assessment tool into the relevant cells of the Summary Chart for first quarter for the 6 indicators. Ask if there are any questions on calculating or

recording the quality scores of the Summary Chart.

Step 6. Ask the participants to review the sample Summary Chart at the end of the Handout S5B.2 and identify what changes are, or are not, occurring in the quality indicator scores.

Evaluation/ Assessment

- Question/answer; discussion
- Completed Scores in the QA Self-Assessment tools.

Handouts

- Blank QA Self-Assessment Form: A) PHC Facility and B) PHC Provider
- S5B 1: Instructions for Scoring the QA Self-Assessment Form
- S5B 2:Summary Chart of Self-Assessment Scores by Indicator and Dimension

Attention!!!
At the end of this day assign the participants to review at home by the next day the Handout 9.2. "QIB / Team meeting guidance".

Handout S5B.1: Instructions for Scoring the QA Self-Assessment Form

1. Review the completed Facility self-assessment tool answers for each of the 7 indicators.
2. Use the completed Facility self-assessment tool below to record the scores of the answers for each dimension. Remind participants about the way the Self-assessment tool is organized. Each indicator has its own table. Within the table the questions are organized by dimensions. Every dimension has its Score line (shaded line at the end of each group of questions relating to the given dimension). The same scoring format is used for each indicator in the individual Provider(s) self-assessment tool.
3. For example, the first indicator of the completed Facility self-assessment tool looks like this (see Table A below).

Table A. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	*Answer key:* 2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable	*Q1*	*Q2*	*Q3*	*Q4*
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	**1**			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	**1**			
1.3	Are educational materials on immunizations available for public.	**1**			
	Access Score / Total possible score (2 X number of items scored)	/	/	/	/
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	**2**			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	**1**			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	**2**			
	Responsiveness Score / Total possible score (2 X number of items scored)	/	/	/	/
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	a. an area for counseling that is private	**1**			
	b. a working refrigerator to store vaccines	**0**			
	c. adequate supplies of vaccines	**1**			
	d. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	**2**			
	e. a 'safety" box to safely dispose of used needles and syringes	**2**			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	**1**			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	**2**			
1.10	Do providers maintain records of cold chain for storage of vaccines?	**1**			
	Physical Environment Score / Total possible score (2 X number of items scored)	/	/	/	/
	MANAGEMENT				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	**2**			
	Management Score / Total possible score (2 X number of items scored)	/	/	/	/
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		/ ___ (%)	/ ___ (%)	/ ___ (%)	/ ___ (%)

Calculation of Facility's self-assessment Score

4. When you look at the Self-Assessment questionnaire, you note that for Indicator #1 there are 3 questions related to assessing the dimension "Access to Care". Table B is an example of what the score will be when answers to the first 3 questions related to Access to Care for Indicator #1 have been entered

Table B. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	***Answer key:*** **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	***Q1***	***Q2***	***Q3***	***Q4***
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	1			
1.3	Are educational materials on immunizations available for public.	1			
	Access Score / Total possible score (2 X number of items scored)	**3/6**	/	/	/
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	2			
	Responsiveness Score / Total possible score (2 X number of items scored)	/	/	/	/
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	f. an area for counseling that is private	1			
	g. a working refrigerator to store vaccines	0			
	h. adequate supplies of vaccines	1			
	i. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	j. a 'safety" box to safely dispose of used needles and syringes	2			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	Do providers maintain records of cold chain for storage of vaccines?	1			
	Physical Environment Score / Total possible score (2 X number of items scored)	/	/	/	/
	MANAGEMENT				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	2			
	Management Score / Total possible score (2 X number of items scored)	/	/	/	/
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		/ ___(%)	/ ___(%)	/ ___(%)	/ ___(%)

5. Add up the numbers the QA Facility team gave for each question under the Indicator #1. There are 11 questions that assess 4 dimensions of quality. To calculate the final score for the first indicator, sum up the numerators for each dimension. This sum will give the top number (numerator) for that indicator. In the complete example in Table C, the total numerator for Indicator #1 is **20** (3+5+10+2).
6. To calculate the bottom numbers (denominator), simply add the numbers (6+6+16+2) to obtain the denominator of 30.

Table C. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	***Answer key:*** **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	***Q1***	***Q2***	***Q3***	***Q4***
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	1			
1.3	Are educational materials on immunizations available for public.	1			
	Access Score / Total possible score (2 X number of items scored)	**3/6**	/	/	/
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	2			
	Responsiveness Score / Total possible score (2 X number of items scored)	**5/6**	/	/	/
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	a. an area for counseling that is private	1			
	b. a working refrigerator to store vaccines	0			
	c. adequate supplies of vaccines	1			
	d. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	e. a 'safety" box to safely dispose of used needles and syringes	2			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	Do providers maintain records of cold chain for storage of vaccines?	1			
	Physical Environment Score / Total possible score (2 X number of items scored)	**10/16**	/	/	/
	MANAGEMENT				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	2			
	Management Score / Total possible score (2 X number of items scored)	**2/2**	/	/	/
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		**20/30*** ___ (%)	/ ___(%)	/ ___(%)	/ ___(%)

*In this example, the denominator for each dimension has not been changed: If the questionnaire has no NA in that indicator, then the bottom number (denominator) remains the same.

7. In case there are NA answers in indicator #1, then for each NA answer, you will subtract two points from the denominator. Let say, there are two NA answers (as shown in table D below). ***(Explain that these are arbitrarily recorded "NA"s without real relevance to content, just to show how the calculation is done.)*** So, for this case with two NA answers, you subtract 4 points (2 NA answers x 2 points each = 4 points to subtract). Hence, the denominator in this example is 26 (30 – 4 = 26). So the score for indicator 1 in this example (refer to Table D) is 18/26.

Table D. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar.

#	***Answer key:*** **2=Yes, 1= Partially "needs improvement" 0=No, NA=not applicable**	***Q1***	***Q2***	***Q3***	***Q4***
	ACCESS TO CARE				
1.1	Does your facility prominently display signs outside of and throughout the building that indicate the location of providing immunizations for infants and children?	1			
1.2	Is the schedule/calendar for providing immunizations posted and easy to see in the facility?	**NA**			
1.3	Are educational materials on immunizations available for public.	1			
	Access Score / Total possible score (2 X number of items scored)	**2/4**	/	/	/
	RESPONSIVENESS/PROVIDER RELATIONS WITH COMMUNITY AND CLIENTS				
1.4	Do providers keep records of the children up to 24 months of age (for computing coverage for immunizations)?	2			
1.5	Do providers explain to parent about possible side effects from the immunization(s) and what symptomatic treatment to give to infant, and under what circumstances to return to the clinic for further care?	1			
1.6	Do providers always explain and discuss with parent the schedule/calendar and timing of immunization and when to come for the next immunization.	2			
	Responsiveness Score / Total possible score (2 X number of items scored)	**5/6**	/	/	/
	PHYSICAL ENVIRONMENT				
1.7	Are basic equipment and supplies available to ensure continuous and proper provision of immunizations including: working refrigerator, needles, vaccines, cotton alcohol (according to the established normative)?				
	a. an area for counseling that is private	1			
	b. a working refrigerator to store vaccines	0			
	c. adequate supplies of vaccines	1			
	d. adequate supplies of needles, syringes, cotton, and alcohol to clean site for injection	2			
	e. a 'safety" box to safely dispose of used needles and syringes	2			
1.8	Do all providers have a place to wash hands between administering immunizations to a patient – soap, water	1			
1.9	Is facility equipped properly to assure and maintain an effective cold chain?	2			
1.10	Do providers maintain records of cold chain for storage of vaccines?	**NA**			
	Physical Environment Score / Total possible score (2 X number of items scored)	**9/14**	/	/	/
	MANAGEMENT				
1.11	Do providers in your facility have the national immunization calendar and protocol for providing immunizations easily accessible/visible for quick reference?	2			
	Management Score / Total possible score (2 X number of items scored)	**2/2**	/	/	/
***Subtotal Score (sum of all dimensions' scores) for* INDICATOR #1**		**18/26 69** (%)	/ ___(%)	/ ___(%)	/ ___(%)

8. After the score is calculated in absolute figures, they should be converted into percentage. To do this, you divide the nominator by the denominator and then multiply by 100. For the above case in the Table D it will be 18 : 26 * 100 = 69%.

9. When finished with calculating the Subtotal score for Indicator #1, similarly calculate scores for the remaining indicators #2, #3, #4, #5 and #6 as well, by using the same algorithm described in point 1-8 above.

10. The concluding step of scoring the Facility self-assessment questionnaire is the following: Add up sequentially all the nominators and then denominators of the subtotal scores for all 6 indicators and put the sum in the last score line at the end of the tool (see page 26 of the QA Package) called ***"TOTAL FACILITY INTERNAL ASSESSMENT SCORE".*** Calculate the percentage as shown in point 8 above.

Calculation of Provider's self-assessment Score

The identical scoring approach is used for the PHC Providers' self-assessment. Use the completed Provider self-assessment tool for Indicators #1 and #2 as shown below. Go through the calculation process as described in points 1-10 for Facility self-assessment scoring.
For example, the first two indicators of the completed Provider self-assessment tool looks like this (see Tables below).

Table E. INDICATOR #1: Full Immunization coverage of children at age 24 months, defined by national immunization calendar

#	***Answer key:*** **2= Yes; 1= Yes, but needs improvement; 0 = No; NA = Not applicable**	***Q1***	***Q2***	***Q3***	***Q4***
1.1	Do you wash your hands between each contact with an infant/child when giving an immunization?	1			
1.2	Do you check the vaccine expiration date and prepare the injection according to the prescribed protocol?	2			
1.3	Do you clean the injection site (the external upper part of the arm)	2			
1.4	Do you record the vaccination in the record?	1			
1.5	Do you discuss with the parent when she/he should return for the next dose according to the immunization schedule?	0			
1.6	Do you ensure that the parent has a schedule of the immunizations and understands the importance of adhering to the schedule?	0			
1.7	Do you discuss possible side effects of the immunizations and what to do if symptoms occur?	1			
	Score for INDICATOR #1/ Total possible score (2 X number of items scored)	**7/14** **50** (%)	/ ___(%)	/ ___(%)	/ ___(%)

Table F. INDICATOR #2: Screening for anemia in children at 1 year.

#	***Answer key:*** **2= Yes; 1= Yes, but needs improvement; 0 = No; NA = Not applicable**	***Q1***	***Q2***	***Q3***	***Q4***
2.1	Do you wash your hands between each contact with a patient when providing care?	1			
2.2	Do you counsel the parent about importance of breastfeeding and effective nutritional practices?	1			
2.3	Do you discuss with the parent signs and symptoms of anemia (pallor, weakness, fatigue, headache, dizziness?	0			
2.4	Do you provide/recommend vitamin supplements?	0			
2.5	Do you discuss with the parent when she/he should bring the child with anemia back to the clinic for further review and progress?	1			
2.6	Do you record findings and blood results from every visit in patient's record?	1			
	Score for INDICATOR #2/ Total possible score (2 X number of items scored)	**4/12** **33** (%)	/ ___(%)	/ ___(%)	/ ___(%)

Handout S5B.2: Summary Chart of Self-Assessment Scores by Indicator and Dimension

Instructions: This form allows you to chart the changes in the indicators' scores for each of the dimensions for a facility. The unshaded boxes for each dimension are for you to write the score for that indicator. This is an optional tool that facilities may use to better visualize the dynamics of the self-assessment data (scores) for the analysis and conclusions.

Q	DIMENSIONS	INDICATORS					TOTAL SCORE	%
		#1	#2	#3	#4,5 & 6	#7		
1st Quarter	1 Access							
	2 Responsiveness							
	3 Physical Environment							
	4 Management							
	5 Technical Competency							

When you transfer all the corresponding scores from the Facility Self-assessment tool and Provider Self-assessment tool into the relevant cells of this Summary Chart, you will have a combined picture of quality dimensions by indicators.

For example, when transferring data from the Table D to here, you will do the following:

- Take the *Access Score (2/4)* from the Table D and record it in the cell under the column "#1" of the line "1.Access" in the section of the 1st Quarter.
- Take the *Responsiveness Score (5/6)* from the Table D and record it in the cell under the column "#1" of the line "2.Responsiveness" in the section of the 1st Quarter.
- Take the *Physical Environment Score (9/14)* from the Table D and record it in the cell under the column "#1" of the line "3.Physical environment" in the section of the 1st Quarter.
- Take the *Management Score (2/2)* from the Table D and record it in the cell under the column "#1" of the line "4.Management" in the section of the 1st Quarter.
- The score for Technical Competency should be taken from the corresponding Indicators' score lines of the Provider Self-assessment questionnaire. For example, using as sample the Table E above, you take the score 7/14 for Indicator #1 and record it in the cell under the column "#1" of the line "5. Technical Competency" in the section of the 1st Quarter.

From the Table F you take the score 4/12 for Indicator #2 and record it in the cell under the column "#2" of the line "5. Technical Competency" in the section of the 1st Quarter.

Q	DIMENSIONS	INDICATORS					TOTAL SCORE	%
		#1	#2	#3	#4,5 & 6	#7		
1st Quarter	1 Access	2/4						
	2 Responsiveness	5/6						
	3 Physical Environment	9/14						
	4 Management	2/2						
	5 Technical Competency	7/14	4/12					

A Sample Summary Chart of Self-Assessment Scores that is completed for two quarters may look, for example, like it is shown below:

Q	DIMENSIONS	INDICATORS					TOTAL SCORE	%
		#1	#2	#3	#4,5 & 6	#7		
1st Quarter	**1 Access**	2/4	2/4	3/4	4/4	2/6	**13/22**	**59**
	2 Responsiveness	5/6	2/4	3/6	3/6	3/6	**16/28**	**57**
	3 Physical Environment	9/14	0/2	5/18	7/16	8/16	**29/66**	**44**
	4 Management	2/2	1/2	0/2	0/2	0/2	**3/10**	**30**
	5 Technical Competency	7/14	4/12	20/80	70/158	6/12	**107/276**	**39**
2nd Quarter	**1 Access**	3/6	2/4	3/4	4/4	2/6	**14/24**	**58**
	2 Responsiveness	2/6	2/4	6/6	6/6	3/6	**19/28**	**68**
	3 Physical Environment	8/16	0/2	8/18	7/16	8/16	**31/68**	**46**
	4 Management	0/2	2/2	0/2	0/2	0/2	**2/10**	**20**
	5 Technical Competency	4/14	6/12	40/80	100/158	8/12	**158/276**	**57**

Discuss with the group what kind of dynamics of QA they can see in this chart over the period of first two quarters?

Attention!!!
At the end of this day assign the participants to review at home by the next day the Handout 9.2. "QIB / Team meeting guidance".

Session 6: Opening Circle

Session Objectives

At the end of the session, participants will be able to:

- Share their perceptions of understanding of Day 1 and perceptions of how they will implement this in their Facilities.

Time

15 minutes

Trainer Preparation

- Call participants together.
- Outline the Day 2 agenda on a flipchart.
- Check that flipchart paper, markers and tape are available.
-

Facilitation Steps

Step 1. A bell with a soft tone may be used to call the participants together in the circle. Welcome the group back to the circle.

Step 2. Review the agenda for Day 2 written on a flipchart. Ask if there are any questions.

Step 3. Ask for a quick sharing of what the participants think the facility staff's reaction will be to the emphasis on quality and the facility staff response when introduced to the self-assessment tool. Note the positive points and challenges mentioned on flip chart.

Evaluation/ Assessment

- Question/answer; discussion

Handouts

None

Session 7A: Problem Solving Process: Reviewing the 5 Whys & Root Cause Analysis

Session Objectives

At the end of the session, participants will be able to:

- Conduct a root cause analysis for quality issues or gaps that they have identified through the self-assessment tool using the "5 whys"

Time

45minutes

Trainer Preparation

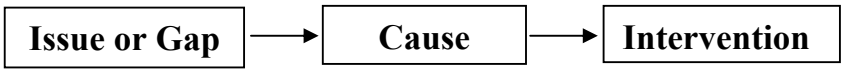
- Review *Section VIII. Supportive Supervision Action Plan for Quality Assuran*ce.
- Prepare flipchart with 3 words: Issue/Gap-------Cause------Intervention
- Check that flipchart paper, markers and masking tape are available.

Facilitation Steps

Step 1. In the 2 completed QA self-assessment (PHC Facility and Provider tools) any questions that were rated a "1" (Yes, but needs improvement) or a "0" (No), indicate that there is a performance gap or issue in quality that needs to be addressed. In this session, we will learn to identify root causes of the issues or gaps by a method known as Root Cause Analysis.

Step 2. Stress the following:

- Once the issue or gap is identified, it becomes important to do some critical thinking about what might be the causes of this issue or performance gap.
- Selecting the most effective intervention depends almost entirely on the conclusions reached concerning the root causes of the issue or gap. Remember the relationship between issues or gaps and interventions:



- We need to select only the interventions that will address the **real (root)** cause of the issue or gap. What would happen if we selected an intervention that does not reduce the root cause of the issue or gap? There will be no positive improvement in quality. For example, if we select training as an intervention when lack of knowledge and skills are not the cause of the issue or gap, we will fail in our endeavor to improve quality.

Step 3. Explain the key steps to conduct a root cause analysis:

- To reach conclusions on causes of quality issues or gaps, it is important to conduct an open brainstorming of possibilities and objectively determine what elements exist within the facility that may be resulting in quality issues or gaps identified.

- It is also important to remember the **7 indicators and the 5 quality dimensions.** We will begin with the example that we have identified a gap in meeting the target set for Immunization coverage of children at 24 months, (for example, the target is 85%) and the PHC facility's coverage is only 71%. When examining the responses to the questions under access to care, you find that the first questions are scored as zero – (these questions related to display of signs about location of immunization and having information about schedule and educational materials for immunization available) and the provider also scores herself "0" as not able to ensure that the parent has a schedule of the immunizations and understands

the importance of adhering to the schedule; but when you analyze the causes of the gap, you may find that the root cause is in another dimension. For example, no providers in the facility have the national immunization calendar and protocol for providing immunizations and no one knows that such a schedule is available or where or how to obtain it).

- Once all possible causes have been identified, the next step is to attempt to discover the **Root Cause -** that is the core factor in creating the issue or gap.
- Some useful tools for this root cause analysis are the Five Whys.

Step 4. Describe the Five Whys method:

This is a means for exploring root causes of the issue or gaps that are identified. Begin with an illustration/example: Most PHC physicians do not offer diabetic patients the opportunity to discuss how to conduct self-control of their blood glucose. Possible reasons: physicians don't know (are not trained on) how a diabetic self-management program should be organized; physicians do not have skills/knowledge to talk with and help patients self-manage their diabetes; patients do not have a personal glucometer to measure their blood sugar on a daily basis; other?

- For each issue or gap, ask "why is this occurring?" For each answer, ask "why?" again. Chart multiple answers if they come up. Keep asking "why?" until no more answers are available (perhaps up to 5 times) or until you discover the root cause. The root cause is the lowest-level cause *you can do something about.*
- *NOTE TO TRAINERS: It is important to emphasize that it is more important to find the root cause than it is to ask "why" 5 times. This tool is designed for providers to think deeper about some reasons why he/she may have certain gaps in quality, reasons he/she may never before have considered.*

Step 5. Practice the 5 Whys method:

- Ask participants to select a question from their completed self-assessment tools that have been answered with a "1" or "0". First ask WHY they answered that way. Once you have identified the different possible reasons, use the "5 Whys" one at any of these answeres. Keep emphasizing that you have to keep asking "Why?" to dig deep and get at the root cause of the problem.

Step 6. Have the participants divide into groups based on the gaps they identified. If some physicians have not identified gaps for any of these items, have them join a group to observe. Try to have groups of approximately the same size. Have the groups go through the "5 Whys" exercise for the identified gaps. Have someone in the group record the whys identified and the root *cause* in order to present to the whole group.

- Reconvene as a large group and have a member of each group report the different reasons identified as the root causes for the gap.

Step 7. Conclude the session by discussing the reason that we do a root cause analysis is to identify potential solutions/interventions that will be described in an action plan. Development of the action plan will be covered in the next session.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of a root cause analysis for one problem

Handout

- None

Session 7B: Problem Solving Process: Classifying and Prioritizing Problems

Session Objectives

At the end of the session, participants will be able to:

- Classify and prioritize problems according to ease of solving and urgency to solve
- Identify knowledge and skills that enable participants to be effective in prioritizing problems and the application of this skill in working with QA facility teams.
- Practice classifying and prioritizing problems/performance gaps identified using the QA tools

Time

45 minutes

Trainer Preparation

- Review session materials and examples for classifying and prioritizing problems.
- Prepare flipchart with criteria for prioritizing problems:
  - Urgency of the problem
  - Possibility of solving problem quickly/in short time
  - Availability of resources to solve problem
  - Ability of staff members and QC to solve problem themselves
  - Availability of support by other stakeholders
- Prepare flipchart with template for prioritizing problems and then have 3 blank flipcharts with the same template but columns are blank (participants will fill in the scores)

Facilitation Steps

Step 1. (10 minutes) Sometimes the number of problems that need to be resolved can be overwhelming. It is important to know how to prioritize the problems so that you can focus on solving the most critical and solvable problems first. (It helps to have a few successes). We will begin by having some criteria to classify problems so that we know which ones to tackle first.
Criteria for prioritizing problems in order to focus on developing interventions.

1) Urgency of the problem to solve (e.g., safety and infection prevention issues)
2) Possibility of solving problem quickly/in short time (e.g., any large physical renovation will take months)
3) Availability of resources to solve the problem (e.g., any large purchase of equipment will require ready cash)
4) Ability of staff members and QC **to solve problem on their own** (e.g., the physician can solve the problem by himself/herself vs. a system change is required to solve the problem).
5) Availability of support by other stakeholders.

Step 2. (5 minutes) Explanation of examples of using criteria to solve problems. Take as example the following two issues: 1) staff may have the issue/gap of no facilities for hand washing in a particular room where physical exams are conducted. 2) The second problem is that there are no educational materials to explain to parents about the importance of having children immunized or the schedule of immunization. Discuss, rank and prioritize problems by using the above criteria. E.g. for the 1st problem the staff may be working with the marz district to have piped water to this particular room, but until he/she has piped water he/she will prepare a plastic bucket with spigot to use for hand washing.
Record/fill in the ranking score on the flipchart.

Step 3. (20 minutes) Ask the group to divide themselves into three groups: Ask them to select three problems that they have identified from their self-assessment tools and ask participants to fill in the table below using the prioritization criteria and to provide a rationale of why they have provided the number that they have. Once the table is complete, decide which one they will tackle first based on the scores.

Template for Prioritizing Problems

A scale of 0,1, and 2 is used to rank the problems. The higher the total score –the problems meets more of the criteria for being a priority among the other problems: 0- minimum; •1; ••2- maximum

Problem description	Prioritization criteria					
	Urgency to solve	**Possibility of solving problem quickly/in short time**	**Availability of resources**	**Ability of staff and QC to solve problem with own resources**	**Support from other stakeholders**	**Total priority score**
Problem 1						
Problem 2						
Problem 3						

Scale for Criteria:

- Urgency to Solve: 0= not urgent; 1= to some extent; 2= Very urgent
- Possibility of solving problem quickly/in short time: 0= long time to solve; 1= can be solved fairly quickly; 2= can be solved quickly;
- Availability of resources to solve problem: 0 = do not have the resources; 2= have the resources available.
- Ability of staff/QC to solve problem: 0 = problem can not be solved easily by us; 2 = problem ca be solved easily by us.
- Support from other stakeholders: 0= no support available from stakeholders; 2= support available from stakeholders.

Step 4. (10 minutes) Conclude with presentations by participants of three problems and their decision as to the order that they will tackle the problems with their rationale

Evaluation/ Assessment Questions and answers through discussion

Handouts None

Session 8: PHC Facilities/QIB develop an Action Plan and work with QCs

Session Objectives

At the end of the session, participants will be able to:

- Identify the steps to develop an action plan for their PHC facility with the staff.
- Describe what information goes in each column of the Supportive Supervision Action Plan for Quality Assurance (from Section VIII)
- Develop an action plan to address items in the self-assessment tool assessed as needing improvement and contribute to achieving the indicators.
- Select the critical few performance gaps that will make the biggest contribution to achieving the indicators.
- Discuss action plan with another participant, make adjustments if necessary, and identify sources of support for implementation of action plan and resolving performance gaps.
- Describe steps in problem solving that facilitate improving quality at PHC facility.

Time

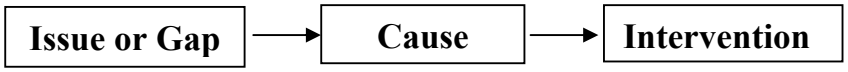
120 minutes

Trainer Preparation

- Review Section VIII. *Supportive Supervision Action Plan for Quality Assurance.*
- Prepare flipchart with diagram of Issue/Gap----- Cause----- Intervention and blank action plan with columns on flipchart.
- Prepare Flipchart of Problem-Solving Cycle (Identify-Analyze-Plan-Do-Study-Act)

Facilitation Steps

Step 1. Explain (using the diagram below copied onto the flipchart) that improvement in quality is a process, and we've been working through the process today. First we learned to identify issues or gaps using various quality assessment tools, such as the self assessment. *(In the next stage of training we will add two additional tools – the medical chart/case review along with the use of job aids and patient satisfaction feedback tools)*. Then we learned how to identify the root cause of the issues/gaps with 5 whys and the fishbone diagram and to classify and prioritize the problems. Now we are going to learn how to plan interventions to address the issue or gap using an Action plan.



Quality assessment tool **5 whys** **Action Plan**

This Action planning tool is part of your toolkit for Quality of Care. You will use this for tracking and resolving all issues that arise in the facility. This is an internal tool and it is not required that PHC facility QIB report on it. However, it will be available for authorized supervisors to see and refer to it as a way to track improvements and resolved problems and to know which problems still exist and which ones might require external assistance to resolve.

Step 2. Instructions for Developing the Action Plan: For every question that you scored "0" on the Self-Assessment tool indicating that this item was not being done, complete an entry in the Supportive Supervision Action Plan.. You also should do this for questions that you scored "1" indicating "Yes, but needs improvement" to help identify ways to improve your practice. Give careful thought to underlying (root) causes of response that needs improvement or is not being performed.

Step 3. Lead the participants through the process of completing a sample action

plan for staff who have identified the following performance gap: under indicators General questions relevant to all six indicators under the Responsiveness Dimension Question 7.5 (*Is some method e.g. log book, suggestion box, patient survey used by the clinic to determine patient satisfaction)*. This staff discovered after performing a root cause analysis that the root cause of this problem was that they had never thought of asking clients what they thought about services received at their facility. Fill out a blank action plan on the flipchart (See below sample of completing action plan on the next page.).

Discuss the next problem identified on the Action Plan (7.16) and propose possible solutions.

Action Plan Example

Quar-ter #	Issue/ Ques-tion #	Revealed by means of SR, ISA, MCR or PSS*	Problem / Issue / Identified Gap	Root Cause(s)	Solutions / Actions / Next steps	Responsible person(s)	Deadline	Status of Resolution (not started, in progress, completed - date)
1	7.5	*ISA*	No method at clinic to client feedback about satisfaction with services	Didn't realize it was important	Build suggestion box & put near clinic door • Inquire if staff member or community person could build box • post notice & present at staff meeting to see if someone will build box	Put name _____	10 days from now (insert date_____)	*For use in later quarters to follow-up on progress*
1	7.16	*ISA*	Do providers try to minimize client waiting time by having a nurse perform some tasks that do not require doctor's attention	Not in Nurse's job description Not aware that task shifting could be done	Review with PHC facility manager and doctor of the department to see if nurse could perform several tasks to minimize waiting time of patient.	Put name _____	10 days from now (insert date _____	

* **SR** – statistical reports; **ISA –** Internal (Self-) Assessment; **MCR** – Medical chart/case review; **PSS** – Patient Satisfaction Surveillance

Step 4. Have the participants add more issues on the flip chart and come up with root causes and possible solutions, identify the responsible person to provide oversight or follow up on implementing the action and timeline.
Ask the group if there is anyone who has a problem in indicator #1 (Full Immunization coverage) that they are willing to share with the group so that the group can help them develop an action plan. Facilitate development of a concrete plan for the person who volunteered. Have your co-trainer fill in appropriate columns on the prepared blank action plan on the flipchart.
Examples of interventions are: put in place a system to identify children in need of vaccination and sent out reminder or communicate to parents about timing for next immunization; review of physician/nurse's performance of keeping children under 24 months of age immunized – provide feedback about how well they are doing about immunization coverage, etc. Brainstorm with group about interventions that they think might help improve immunization coverage.

Step 5. Continue the session by saying: "What you have done in this session – developing the action plan- is another part of problem solving process. In summary, the problem-solving approaches that we have been learning can be shown as follows – in a cycle -

1. Identify performance gaps (collect and review indicators, conduct internal self-assessment)

2. Analyze – Conduct root cause analysis using "5 whys" and fishbone diagram and then categorize and prioritize problems.

3. Plan – Develop action plan after careful reflection of possible interventions

4. Do – Test out the solution and see if it works. If it doesn't try another solution. If it works implement the change.

5. Study – Monitor the implementation and evaluate results.

6. Act - Repeat problem solving cycle.

Step 6. Review with PHC facility representatives of the steps involved in using the QA package and providing oversight to improve quality at the PHC facility.
1. Ensure that the *Indicators are monitored and that reports for first 7 indicators* are completed, reviewed and submitted as required (monthly/quarterly/yearly).
2. Ensure that the PHC Quality Board/Team regularly uses various QA tools, e.g. conducts *QA Self-Assessment* quarterly.
3. Update *Action Plan* quarterly.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of the action plan for ONE indicator for one dimension

Handouts None

Session 9: Leading QIB meeting by applying QA tools: Quality Coordinator and PHC Team Work Together to Improve Quality

Session Objectives

At the end of the session, participants will be able to build and lead the PHC Facility team to improve service quality by:

- introducing the self-assessment tool;
- organizing both the facility and provider self-assessment,
- facilitating preparing the action plans,
- monitoring performance of indicators.
- resolving performance gaps (incl. by using the QCs support effectively and appropriately).
- by leading and facilitating the meeting of the QIB board/team meeting.
- Discuss their role as a leader, change agent, facilitator, communicator, and trainer when facilitating the Quality Board/Team Meeting

Time

120 minutes

Trainer Preparation

- Review notes for this session.
- Prepare Flipchart #1: Who/What groups Can Help Resolve Performance Gaps
- Prepare Flipchart #2: How and Ways that Marz and Facility QIB can help resolve Performance Gaps
- Prepare Flipchart #3: How the QC can help Facility QIB resolve Performance Gaps
- Check that flipchart paper, markers and tape are available.
- Review Handout: Template: Guide to facilitate QIB meetings (QA package)
- Review Handout: QIB/Team meeting guidance

Facilitation Steps

Step 1. Have participants turn to Section II in the QA package entitled Quality Improvements Boards for Primary Health Care Facilities. Briefly recall its content - the proposed regulation, Status and Functions of the Board, Structure of the Board, Board Meetings, and Roles and Responsibilities of Chairman of the Board).

Step 2. "Let's brainstorm and identify a list of **possible groups/resources for helping to solve problems/performance gaps identified through the facility self-assessment. Who can help**?" Write the responses on a flipchart as the group brainstorms. Possible responses include:

- Peers/other health care workers within the facility
- Facility leadership/administration
- Marz health office with the supervisors/head specialists
- National/local health experts – e.g. invite them to meetings to update the health care workers
- Other local providers outside of their facility (e.g. private practice practitioners) – how do they do QA, what are their practices?
- Community leaders/stakeholders
- Community organizations/groups
- NGOs
- Donor agencies/projects
- MOH

Step 3. Then ask the group to brainstorm possible **uses and ways that the regular a)**

marz level QIB meetings and b) facility QIB meetings to respond to the quality performance gaps/issues identified by the PHC facility/providers. Write the responses on a flipchart as the group brainstorms. Possible responses include:

- Practice conducting root cause analysis, classifying/prioritizing problems or action planning
- Review the quality assessments, identify clusters of gaps, and identify which gaps are due to knowledge deficits. Identify resource persons in their marz who can provide knowledge updates/continuing education during the marz meetings.
- Identify where the health care workers can get needed resources, supplies or equipment.
- Communicating new/updated quality performance standards and regulations
- Rotate meetings to other PHC facilities to learn from each other
- Share testimonies of QA accomplishments
- Plan for exchange visits between PHC facilities (if feasible)

Step 4. Explain that the next part of this session will focus on practicing the actual steps they can use to lead a meeting focused on quality. Have participants with the assistance of training facilitator develop a role play to demonstrate the actions required when the QCs visit the PHC facility. Review responsibilities of each member, Chairperson of Board at PHC facility, secretary/note taker – how is the chair selected – qualifications and functions; what are expectations of the secretary/note taker?

Preparation for Role Play.

Step 5. (20 minutes) Divide participants into **2** groups to practice/role-play

1) the first meeting of QIB at PHC facility to form Board at facility
2) to conduct the subsequent /regular meeting of QIB.

Give instructions of:

1) how to role-play conducting the first meeting of a QIB: – who should be on the Board, how selected, guidelines for rotation of members and involving total facility in QA Include preparation for the meeting, communicating agenda to others in the PHC facility (Note: participants should have read the Handout S9/2 the day before as a home reading).

2) how to conduct the regular meeting by using the Template Guide from the QA Package (Hand out the Template: Guide to Facilitate Quality Improvement Board Meetings–pages 8& 9 in QA Package. See Handout S9/1). The assignment for this meeting role-play will concern to the points 1 and 3 of the Template Guide: - Quality indicators and Self-assessment.

Give the time to the groups for preparation of role-plays. Trainers should circulate to help answer questions while the participants work on this task.

Step 6. *40 minutes (20 minutes per role play)* Have the groups present the role plays.

Step 7. Discuss with the group what went well with the exercises, and what they would do the same or differently to address quality issues in their meetings. Answer any questions/concerns they may have about conducting an actual meeting focused on QA.

Step 8. Discuss how to communicate findings to national or regional/marz level once they've held meetings and identified the gaps. Responses might include:

- Written reports using the templates from the QA Package
- Face to face meeting with the supervisor/head physician/Marz coordinator.
- Telephone calls
- During the General Meetings report on findings from assessments at facility level and achievements.

Step 9. Review what we have accomplished during this session.

Step 10. Recommend the participants to read at home the Appendices 1 and 2 as useful tool for the PHC facility representatives to be effective in communicating with supervisors and providers.

Evaluation/ Assessment

- Question/answer; discussion

Handouts

Handout S9.1 Guide to Facilitate Quality Improvement Board Meetings – (pages 8& 9 in QA Package)
Handout 9.2. QIB/Team meeting guidance.

Flipchart #1: Who/What groups Can Help Resolve Performance Gaps
Flipchart #2: How and Ways that Marz and Facility QIB can help resolve Performance Gaps
Flipchart #3: How the QC can help Facility QIB resolve Performance Gaps

Handout S9.1 Template: Guide to Facilitate Quality Improvement Board meetings

Name and Type of PHC facility				
Date of the Board meeting				# of Protocol of the meeting
Chairperson of the Quality Improvement Board *(name & title)*				
Board members present at meeting *(list)*				
Invited participants (if any)				
#	**Major areas of Discussion** ***(process, results)***	**Identified Issues / Problems**	**Key Discussion Points**	**Decisions Made**
1.	Monitoring facility and marz level achievement of targets related to key quality indicators: • Immunization coverage of children at age of 24 months • Screening for Anemia in children at age 1 year • Regular fundoscopic(eye) exam in patients diagnosed with diabetes Type II. • Regular ECG monitoring in patients with diagnosed Hypertension and Coronary Heart Disease (CHD). • Blood cholesterol control in patients with (CHD. • Early detection and registration of pregnant women for antenatal care. •			

See cont. on the next page

2.	Management of Common PHC Diseases (chart/case reviews)			
3.	Internal Facility Self-Assessment (checklist)			
4.	Patient satisfaction, community relations			
5.	Current stage review of the action plan (achievements, issues…)			
6.	Other (various)			
Signatures		**Chairperson**	**Board members**	

Handout 9.2. QIB / Team meeting guidance*

Item	Yes	No
1. We follow a **meeting process**		
2. We use **agendas** to keep the meeting organized		
3. We assign **meeting roles** - Meeting leader - Notetaker		
4. We **evaluate** our meetings - we use effective listening skills - we use effective discussion skills - we provide feedback		

Guidance/Notes for preparing an agenda:

The purpose of the agenda is to help people know what to expect in a meeting. If you are involved/responsible for the meeting, here is a checklist of typical information to include:

____ Items to be discussed

_____ Person or people leading the discussion for each item

_____ Desired outcome for each item, such as

- List of ideas or options – identification of performance gaps/issues
- Shared understanding of performance gaps/issues
- Rating ease of solving problems (simple, more complex, hard)
- Defining priorities (of problems to be solved – immediate, medium, long-term)
- Decision or recommendations – what is to done on the action plan (solutions)
- Action steps (as above) who is responsible for items on action plan, when will be accomplished

_____ Estimated time for each item

_____ Meeting evaluation

Sample Meeting Agenda:

- Check-in
- Review items from Action Plan or Indicators
- Report from subgroups
- Discuss next steps
- Confirm assignments (who is responsible)
- Set Deadline for achievement of next steps
- Evaluation

Example of QIB Meeting Agenda

Agenda Item	Responsible Person	Expected outcomes
1. Check-in	All	
2. Review purpose and agenda	Team leader	Agree on agenda Items
3. Recap of where we were last meeting	Notetaker	Establish where we were
4. Review action plan and actions that we agreed to take by this meeting	Person(s) responsible for each action	Understand what we have accomplished
5. Identify issues to be worked on by next meeting	Person responsible for new or continuing problems	List of new Actions to be Taken
6. Set date for next meeting & evaluatic	Team leader	Understanding of how meeting went & date for next meeting

Responsibilities of Meeting Leader Role:

- Opens the team meeting
- Reviews the agenda with the team members; makes changes as appropriate
- Makes sure there is someone to take notes and someone to keep track of time
- Moves through the agenda one item at a time
- Facilitates discussions
- Helps the team choose appropriate discussion and decision methods
- Has the group evaluate the meeting
- Gathers ideas for the next meeting
- Closes the meeting

Leading as compared to Facilitating

The description of a meeting leader includes "facilitation" – the work that goes into making meetings run smoothly. In practice, other team members often help facilitate the meetings. Teams that are
inexperienced or that are having difficult times may benefit from having an outside facilitator or coach brought in to facilitate meetings.

Building your meeting leader skills

If you get the opportunity to lead a meeting, here are a few tip to help you out:

- **Take you time.** Your teammates will understand if you need a little extra time to organize your thoughts.
- **Use the agenda as your guide!** A well-organized agenda is a meeting leader's best friend.
- **Ask some to write key points and action items** on a chalkboard or flipchart in full view of the whole team.
- **Don't be shy about asking for help from the other meeting participants.**
  Examples: "I'm not sure how to get us back on track here. Can anyone offer some suggestions?"
  "Can someone summarize the main points of the discussion so we can capture them in the notes?"

TIP: Knowing how to lead meetings is a valuable skill that will benefit al team members. Ask that your team
Rotate this responsibility.

Ground Rules in Team Meetings

Group discussion:

1. Everyone's ideas and opinions are welcome.
2. There are no right or wrong answers.
3. Both positive and negative comments are welcome.
4. Participants should feel free to disagree with one another so that all points of view are heard.
5. Don't wait to be called on; it's a group discussion.
6. Only one person should speak at a time; be respectful and wait until the person has finished speaking.

Agree on Group Norms: (Examples)

- Begin on time and end on time
- No interruption when another person is speaking
- Turn off cell phones
- No smoking

The Notetaker Role

Few people like to take notes at a meeting. Often the problem is that they think the task is more difficult than
it needs to be. A notetaker's responsibilities include:

- **Capturing the key points for each agenda item.**
  It's seldom necessary to capture everything that is said word for word.
- **Highlighting decisions, action items, and issues that will be deferred until future meetings.**
- **Copying minutes and seeing that they are posted or distributed.**
- **Filing one copy of the meeting notes in the team's official records (in a folder).**
  - Include copies of any handouts, charts, etc. that were used at the meeting.

Evaluating and Improving Meetings

Taking time to evaluate meetings is the hallmark of a team that wants to make rapid progress.
There are several ways to do an evaluation.

- Round the group comments – go around the room and let everyone share their ideas in turn.
- Written evaluations shared with the group.
- Open discussion (anyone speaks in any order)

Examples of Evaluation Questions

- General questions about the meeting
  - What can we do better next time?
  - What parts of the meeting worked well?
- Specific questions about issues your team wants to improve.
  - Did we stay on time Did anyone feel rushed? Did the meeting seem to drag?
  - Did everyone contribute?
  - Were people open-minded?

Our meeting today was: At our next meeting we should:

Do more of: _____

Do less of: _____

*Adapted from the Team Memory Jogger. **A Pocket Guide for Team Members**. A GOAL/QPC-Joiner Publication (Phone: 608 – 238 – 8134)

Session 10: Closing Circle

Session Objectives	Bring the workshop to closure
Time	15 minutes
Trainer Preparation	• Make sure there is an object to pass around the circle for sharing closing thoughts.
Facilitation Steps	**Step 1.** Hand out the post test. Give 15 min. to fill in. **Step 2.** Ask participants to complete the workshop evaluation form. **Step 3.** Facilitator passes the object around the circle to the left. When holding the object, each participant has the opportunity to speak or pass the object to the next participant. The trainer is the last to speak. Ask the participants to review their experience – what was new, how they feel about implementing this process in preparing PHC facility level representatives. **Step 4.** Workshop facilitator reflects back on original workshop objectives and the participants' expectations and concerns.
Evaluation/ Assessment	Post tests. Findings from workshop evaluations
Handout	S10. Workshop Evaluation Forms

Handout S10: Workshop Evaluation Form

Name of workshop _____ Date(s) of workshop _____

Place of workshop_____

Name: _____ Place of work: _____

1. For each of the following areas, please rate the following:

Workshop Content	**AGREE**	**NOT SURE**	**IMPROVEMENT**
Workshop objectives were clear & achieved	☐	☐	☐
Topics covered were about right	☐	☐	☐
Material was practical to my job	☐	☐	☐
Handout material will be useful to my job	☐	☐	☐
Small group activities were effective	☐	☐	☐
What I have learned in this workshop will help me solve some problems related to my work.	☐	☐	☐
QA Package Materials			
The materials will be useful in my job as QC	☐	☐	☐
The materials were easy to use	☐	☐	☐
The language in the materials is clear	☐	☐	☐
It is easy to find information in the materials	☐	☐	☐
Presentation			
Presentation style was effective	☐	☐	☐
Facilitators were knowledgeable about subject	☐	☐	☐
Facilitators covered material clearly	☐	☐	☐
Facilitators responded well to questions	☐	☐	☐

2. What I liked best about the workshop:

_____

_____

_____

3. What I liked least about the workshop:

_____

_____

_____

4. Out of the list below tick (X) things that could have improved the workshop:

a. _____Use of more examples and applications.
b. _____More time to practice skills and techniques
c. _____More time to discuss theory and concepts
d. _____More effective trainers
e. _____More time to discuss in groups
f. _____Different training site

5. Your suggestions for improvement would be appreciated:

_____

_____

_____

6. Other comments:

_____

_____

_____

Please indicate the rating that best reflects your overall evaluation of the workshop.

Excellent	Good	Fair	Poor
☐	☐	☐	☐

THANK YOU!

Appendix 1: Steps for Providing Constructive Feedback

Constructive feedback is the best way to achieve your goal. Consider the following steps when providing feedback to your customers.

a. Choose appropriate timing (Choosing the right moment)

Choose a private moment as soon as you think the person is ready to listen. Avoid times when the person is busy, tired, or upset. Do not give feedback in public or the employee may feel overly defensive or humiliated. Avoid waiting too long or the impact will be weakened.

b. Convey your positive intent

This requires some preparation, even if only for a moment. If you cannot think of the positive outcome you want, don't give the feedback.

* Begin with a neutral statement about what you want to talk about (for example, "I have some thoughts about ..." "Let's take a look at ..."I'd like to discuss ...")
* Point to a common goal. This helps the person understand the importance of the feedback and encourages team spirit. Use "we" when stating the problem in order to highlight your common goal. For example, "Dr. Jamalyan, **we** need to ensure that patients have adequate privacy, and **we** can't do that unless **we** ensure that everyone knocks on the door before entering ." Or, "Irina, it's important to get **our** statistical reports in on time so that **we** can justify our request for additional staff."

c. Describe specifically what you have observed.

Focus on the behavior or action, not on the person. Avoid "you" statements:

Instead of "You did a poor job of preparing those reports," say, "The reports were incomplete." Avoid labeling: Instead of "You're lazy about meeting deadlines," say, "The reports weren't submitted on time."

* Be specific, brief, and to the point. For example: "The reports were missing data from four of the nine marzes" or "The average client waiting time is now one and a half hours, an increase of one hour"
* As much as possible, limit feedback to one behavior or action. Covering many topics at once will usually lead to a defensive response from the person.
* Remain calm and unemotional.

d. State the impact of the behavior or action.

Link the undesired behavior or action to customer satisfaction or program goals. For example: "If we don't capture the history of the patient, it will be difficult to make an accurate diagnosis"; "If we don't assess regularly the quality of our performance, we won't be able to plan and make improvements."

e. Ask the other person to respond.

* Invite a response: "What do you think?" "What is your view of this situation?" "How do you see things?"
* Listen attentively, use appropriate body language, and use verbal and nonverbal encouragement, paraphrasing, and clarifying.

f. Focus the discussion on solutions (the constructive part of feedback)

* Examples of solutions are clarifying expectations, advice, training, coaching, new approaches to the problem, behavior changes, and improved coordination.
* Choose solutions that are practical to implement.
* If possible, explore solutions jointly; try to avoid imposing the solution— however, you should suggest a solution if the person cannot.

(Source: Minor 1996.)

Appendix 2: Do's and Don'ts of Active Listening

Do's	Don'ts
Concentrate on what the speaker is saying	**Do not do** other things, e.g., look through papers, when the speaker is talking **Do not daydream** or get distracted by surrounding events
Allow the speaker to express himself or herself	**Do not interrupt** **Do not finish** the speaker's sentences
Allow the speaker to control the conversation	**Do not ask** questions that change the subject
Accept the speaker's opinion as valid for himself or herself	**Do not rebut**, criticize, or judge
Pay attention not only to the words, but also to gestures and behavior	**Do not anticipate** what the speaker is going to say next **Do not ignore** the emotional context
Prevent emotions from inhibiting active listening no matter what the speaker is saying	**Do not become angry**, defensive, or upset

Source: Adapted from Harper and Harper, 1996

Key Points of Active Listening

- Active listening is listening to another person in a way that communicates understanding, interest and empathy.
- Active listening does the following:
  - Concentrate on what the speaker is saying
  - Allow the speaker to express himself or herself
  - Allow the speaker to control the conversation
  - Accept the speaker's opinion as valid for himself or herself
  - Pay attention not only to words but also to gestures and behavior
  - Prevent emotions from inhibiting active listening no matter what the speaker is saying

By using active listening, you acknowledge the speaker and demonstrate that his or her ideas are important. It involves nonverbal behavior or body language.

Active listening is not a natural process, but rather requires energy, skills, and commitment.

Stage-2 Training Guide: Preparing PHC representatives to introduce Quality Assurance tools at their facility

Stage 2 Schedule: Preparing PHC representatives to introduce Quality Assurance tools at their facility

9:00 AM- 4:00 PM
Purpose: to prepare facility PHC representatives to introduce Medical Chart /Case Review and Patient Satisfaction Feedback tools at their facility. **Registration** 9:00 ***Session 1:*** Opening Circle to review: Experiences and lessons learned from Stage-1 work on quality at facilities. (60 minutes) ***Session 2A***. QA Tool: Medical Chart /Case Review (MCR). *Introduction of MCR procedure, checklist, recording and reporting forms*. *Job Aids.* (90 min) **Break (15 min)** ***Session 2B***. Practice MCR (90 min)
Lunch (1:00-1:45)
Session 3A. QA Tool: Patient Satisfaction Feedback Tools (30 min) ***Session 3B*.** Practice Patient Satisfaction Feedback Tools (45 minutes) ***Session 4***. Practice leading Facility board meeting with 2 new QA tools: MCR and Patient Satisfaction. (60 minutes) ***Session 5***. *Closing Circle* (15 min)

Session 1: Opening Circle to Review: Experiences and Lessons Learned from Stage-1 work on quality at facilities

Session Objectives

At the end of the session, participants will be able to:

- Identify and share their observations of what worked and the challenges in introducing and working with PHC Facility Teams to introduce QA tools and improve quality at PHC facilities.
- Share their concerns/challenges for continuing this work to improve and sustain quality at PHC facilities.
- Develop realistic solutions for resolving the challenges.
- Review workshop schedule for Stage-2 training and workshop objectives.

Time

60 minutes

Trainer Preparation

- Arrange seating in a circle (without tables) for the participants and trainers.
- Prepare Flipchart 1 with following topics:
  - Forming Facillity QIB;
  - Collecting and interpreting data for Round One indicators;
  - Self-Assessment tool;
  - onducting problem-solving processes ("5 whys" and prioritizing problems);
  - Developing and monitoring Action Plan;
  - Working with Facility QIBs.
- Prepare Flipchart 2 with Schedule for Stage-2 training
- Check that flipchart paper, markers and masking tape are available.

Facilitation Steps

Step 1. Trainers and participants are sitting in a circle. A bell with a soft tone may be used to call the participants together in the circle. Welcome participants; introduce trainers.

Step 2. (5 min) ***Introductions*:** Begin the session by reviewing with participants the list of topics on Flipchart 1 and that these are the topics that they were introduced to in the Stage 1 training and the topics that they have been performing with their facility teams.

Step 3. (20 min.) Ask participants to break into facility groupings and to discuss and prepare a short presentation in response to the following questions:

- What worked when working at the PHC facilities to review their progress in meeting the indicators and introducing the QA tools?
- What did not work? What was difficult to get the teams to do?
- What changes did you make in the materials and your way of using the materials?
- What have been the major accomplishments at the facility level to improving quality?
- What has been the progress of the PHC teams in achieving the Round One indicators?

Step 4. (25 min) Have each marz group make a presentation and note highlights from each presentation on a flipchart. Try to determine if findings/observations are

unique to one facility/one marz or common for all PHCs.

Step 5. (5 min) What seems to be key in having the PHC teams function well? (is it the leadership of the QIB team, a supportive Marz level director? a supportive facility director? List out agreements of what seems to be key?

Step 6: (5 min) Review *Workshop Objectives* and *Schedule for Stage 2 training*. Go over the materials in the *QA Package* that will be focused on (only two tools – MCR and Patient Satisfaction and explain that as in the Stage-1 workshop they will learn the purpose of each tool and forms in the package and will have the opportunity to practice using them during the workshop as well as being prepared to teach others how to use these materials.

Evaluation/ Assessment

- Question/answer; discussion

Handouts

- *None*

Session 2A: QA Tool: Medical Chart/Case Review(MCR): introduction of MCR procedure, checklist, recording and reporting forms. Job Aids.

Session Objectives

The purpose of this session is to give participants systemized knowledge and in-depth understanding of the Medical Chart/Case Review (MCR) as a QA technique. It is expected that by the end of the session, participants will be able to:

- Understand, describe and explain the Medical Chart/Case Review as a method to monitor the clinical management of specific diseases/conditions conducted through the review of medical records that is aimed at continuous improvement of quality of care.
- Identify, describe and explain the tools for implementing/conducting Medical Chart/Case Review technique at PHC facilities, including use of the appropriate checklist and recording-reporting forms.
- Identify, describe and explain the Clinical Job Aids as evidence-based references or "best practice" standards used for MCR.
- Discuss and share their knowledge about the MCR technique and Job Aids with others.

Time

90 minutes

Trainer Preparation

- Review the PHC QA Package "Strengthening Quality Assurance in Primary Health Care in the Republic of Armenia", Section V- Medical Chart/Case Review in PHC Facilities.
- Review the PHC QA Package Section VI- Clinical Job Aids.
- **During the preparation for Stage 2 training and the notification of Facility representatives, ask each participant to bring 2-3 ambulatory medical charts with the actual cases of specific diseases/conditions**

Facilitation Steps

Step 1. (10 min) Introduce MCR objective, general provisions, formats and terms of references for MCR participants.

Step 2. (30 min) Introduce the procedure of the Medical Chart/Case Review and variations in approaches of conducting MCR dependent on the type/size of the facilities (as referred to the approved QA Package for Armenia).

Step 3. (30 min) Introduce MCR tools, including the model Checklist, the Summary and Report forms for implementing Medical Chart/Case Review.

Step 4. (20 min) Introduce Clinical Job Aids as evidence-based algorithms and references / "best practice" standards used for MCR. Refer to the Job Aids included in the QA Package.

Evaluation/ Assessment

- Question/answer; discussion

Handout

- PHC QA Package (previously distributed)

Session 2B: Practice MCR

Session Objectives

The purpose of this session is to develop basic skills in the use of Medical Chart/Case Review as a technique for improving service quality.
It is expected that by the end of the session, participants will be able to use/complete, analyze and interpret the Medical Chart/Case Review tools and forms as a tool to identify performance gaps in providers' technical competency.

Time

90 minutes

Trainer Preparation

- Prepare the job aids that are included in the QA Package (e.g., hypertension, diabetes type 2, stable angina etc.).
- Review the PHC QA Package "Strengthening Quality Assurance in Primary Health Care in the Republic of Armenia", Section V- Medical Chart/Case Review in PHC Facilities.
- Ensure availability of handouts (checklists and forms).

Facilitation Steps

Step 1. (30 minutes) Ask the participants to divide themselves into groups of two (pairs) and give instructions about the following process of practicing MCR.

***Instructions to participants*:** Conduct the medical chart review of the case, using the MCR checklist. One of the participants within each pair assumes the role of reviewer and the other is the reviewee. Complete all the review of the dimensions/rows of the checklist and the relevant comments and suggestions (if applicable), score them, calculate the "Quality Index", classify and fill-in the observed inconsistencies (30 min. per case).

Step 2. (20 minutes) Then shift the roles in the pair and conduct MCR of another case. At the end of this step each pair of trainees will have two completed MCR checklists.

Step 3. (5 minutes) Ask participants to reconvene in a large group to function as a QIB of the "facility". Ask the group to nominate QIB Chairperson and a person Responsible for MCR Form Circulation.

Step 4. (20 minutes) Ask the QIB to fill-in the MCR Summary and Report forms, using all completed Checklists (presumably – 20-26).

Step 5. (15 min) Discuss the overall results and assess the general state of things with regard to the management of diseases/conditions in their "facility".

Note: *The quality performance gaps revealed through this MCR practice exercise may further serve as the baseline data, e.g. for conducting Root cause analysis and/or developing action plan).*

Evaluation/ Assessment

- Observation of the exercise process; question/answer; discussion

Handouts

- Ambulatory medical charts with Cases (#25-30);
- Checklist for medical chart/case review (#30)
- MCR Summary form
- MCR Report form

Session 3A: QA Tool: Patient Satisfaction Feedback

Session Objectives

The purpose of this session is to give participants an understanding of the importance of customer satisfaction and the different methods/tools that can be used at the PHC facility to determine customer satisfaction.

It is expected that by the end of the session, participants will be able to:

- Understand, describe and explain the importance of obtaining patient satisfaction feedback.
- Identify and describe how to effectively use three tools to determine patient satisfaction: 1) feedback questionnaire; 2) model record book for patients' comments/concerns; and 3) patient suggestion box.
- .
- Discuss and share their experience and perception of importance of obtaining patient satisfaction feedback

Time

30 minutes

Trainer Preparation

- Read **Section VII** of QA Package (Patient Satisfaction Feedback in PHC facilities, patient satisfaction feedback questionnaire; patient satisfaction feedback survey summary, and Model Record book for patients' comments/concerns).
- Check that flipchart paper, markers and masking tape are available.

Facilitation Steps

Step 1. Review the concept of "customer" and why important.

Step 2. <u>Stress the following about definitions:</u>

- A "Customer" is one who receives goods or services. One who values the concept of serving one's customers means that one is interested in identifying the needs, expectations, and preferences of all who are affected by the healthcare services we provide. Customers are our "dependents"; they rely on us for a service or product.
- "External customers" include the patient, family, and others outside the organization receiving services from the organization.
- "Internal customers" are those performing work, but dependent on others performing work, with the organization (examples: admitting/reception staff; administrative staff; physicians, nurses, and pharmacists; clinical record staff)

Step 3. Brainstorm about expectations of being a customer in Armenia (what are they?)

- Do those who seek care in the public sector differ from those seeking care in the private sector?
- Consider if likely to "challenge" doctor's orders – how would they express their challenge?
- Are they concerned about time spent waiting, time spent with practitioner, choice in physician, treatment, time spent in explaining rationale for treatment, emphasis on prevention, minimizing side effects, emphasizing quality of life, use of up-to date technology for diagnosis and treatment.

Step 4. Brainstorm how having a "customer" focus influences our behavior?

- Paying more attention to listening to and communicating with patients and their families.

- Identifying and addressing true needs.
- Enhancing the performance of internal processes (i.e. what happens within the organization – registration, client flow, referral) to benefit patients, all who work there.
- Building trust, respect, and loyalty in relationships.

Step 5. Review tools used to identify customers and their needs.

- Using surveys and interviews – to determine which services meet their expectations, what are their expectations for services; which services do not meet their expectations? How does our failure to meet your expectations affect your ability to work/ your health outcomes? Are you receiving any services you do not need? How can we serve you better?
- Focus groups (Either identified customer who come together to express their needs and expectations or teams of those who work with or benefit from particular functions/processes who are able to identify customer needs/expectations.
- Brainstorming (those closest to the process are asked in a group setting to think creatively to identify customer needs and expectations.
- How to maximize use of patient satisfaction box
- How to maximize use of model log book of patient concerns/issues

Evaluation/ Assessment

- Question/answer; discussion
- Completion of a Patient Satisfaction Feedback Questionnaire and Patient Satisfaction Feedback Survey Summary

Handouts

- Patient Satisfaction Feedback Questionnaire
- Patient Satisfaction Feedback Survey Summary
- Model Record Book for Recording Patient's Comments/Concerns

Session 3B: Practice Patient Satisfaction Feedback Tools

Session Objectives

The purpose of this session is to develop skills in the use of three tools to collect and analyze patient satisfaction feedback for improving quality of care. It is expected that by the end of the session, participants will be able to use/complete, analyze and interpret the data collected about assessing patient satisfaction.

Time

45 minutes

Trainer Preparation

- Prepare a flipchart to summarize the feedback from the Patient Satisfaction Feedback Form
- Review the PHC QA Package Section VII of QA Package (Patient Satisfaction in PHC facilities)
- Ensure availability of copies of summary Feedback Survey Summary handout and **4 examples of completed questionnaire** so that one group can have examples to summarize.

Facilitation Steps

Step 1. (15 minutes) Ask the participants to divide themselves into five groups and then give one set of instructions (below) to each small group.

- **Instructions to Group 1:** ask them to develop instructions/guidance of how they will use the questionnaire at a facility (e.g., when will it be given out, where will copies of the questionnaire be kept, when and to whom will the questionnaire be given,

- **Instructions to Group 2**: Ask participants to review the patient satisfaction questionnaire and make it appropriate for use in the facility that they have worked in either now or in the past.

- **Instructions to Group 3:** Ask participants to summarize the completed questionnaires (that they have received from the workshop facilitator) and to develop several responses/actions based on the feedback received.

- **Instructions to Group 4:** Ask participants to discuss how they will use the patient suggestion box (e.g. where will they place it, how will they get people to know about its existence and to promote its use; will they provide paper and pencils to promote its use; frequency of reviewing suggestions in the box).

- **Instructions to Group 5:** Ask participants to discuss how and whom they might from the community to involve in providing feedback about quality of care received at a PHC facility.

Step 2. (30 minutes) Ask each group to present to the whole group the results of their small group work (i.e., how they will administer the questionnaire, examples of how they might modify the questionnaire, presentation of summary of completed questionnaires and appropriate actions to take based on the feedback, and how t hey will use the other two tools (suggestion box and model record book, and how they will work with the community.

Note: *The feedback obtained from the patient Satisfaction Feedback Forms should further serve as baseline data for inclusion in developing/revising the action plan.*

Evaluation/ Assessment	• Observation of the exercise process; question/answer; discussion
Handouts	• Patient Satisfaction Feedback Questionnaire • Patient Satisfaction Feedback Summary form

Session 4: Practice leading Facility board meeting with 2 new QA tools (MCR and Patient Satisfaction)

Session Objectives

Practice presenting the findings from the use of these tools and discussion of findings in a QIB meeting with emphasis on generating ideas for interventions to address the issues.

Time

60 minutes

Trainer Preparation

Prepare discussion of how to involve QIB board members to review data from these two tools and respond to the gaps with an appropriate intervention: (*a)Medical Chart Review and Job Aids (b)Patient Satisfaction Feedback,*

Facilitation Steps

Step 1: Ask participants to convene in a group to function as a QIB of the "facility". Explain that they will conduct role-play of the regular QIB meeting by using the Template Guide from the QA Package (see Guide to Facilitate Quality Improvement Board Meetings–pages 8& 9 in QA Package. Also see Handout S9/1 of the Session 9 in the Stage-1 Facility Training of this Guide).

Specify that this time they will work with points 2 and 4 of that Template.

Step 2: Ask the group to nominate 1) QIB Chairperson, 2) person Responsible for MCR Form Circulation *(ask for volunteers)*, 3) person Responsible for obtaining Patient satisfaction feedback *(ask for volunteers)*.

Step 3: Ask the group to review the filled-in forms from the Session 2B (see Step 4 of that Session) and from Session 3B (see the task for Group 3 in Step 1 of that Session). Give the time to the group for preparation. Trainers should circulate to help answer questions while the participants work on this task.

Step 4: Ask the QIB Chairperson to lead the meeting:

- Start with discussion of results and issues identified through Medical Chart Review by using the filled-in tools/forms from the Session 2B (see Step 4 of that Session). Invite questions from participants and provide feedback. Summarize and come to conclusions. Generate possible interventions to address performance issues that were identified from the MCR.
- Continue on with discussion of findings obtained from feedback about Patient Satisfaction by using the filled-in forms and other tools from Session 3B (see the task for Group 3 in Step 1 of that Session). Invite questions from participants and provide feedback. Summarize and come to conclusions. Generate possible interventions to address performance issues that were identified from patient feedback.

Step 5: Based on the decisions made, complete (or update) the facility QA Action Plan (see the template on page 61 in QA Package. Also see the Session 8 in the Stage-1 Facility Training of this Guide).

Evaluation/ Assessment

Observation of the exercise process; question/answer; discussion

Handouts

None

Session 5: Closing Circle

Session Objectives	Bring the workshop to closure
Time	15 minutes
Trainer Preparation	• Make sure there is an object to pass around the circle for sharing closing thoughts.
Facilitation Steps	**Step 1.** Ask participants to complete the workshop evaluation form (See Handout S10 of this Guide). **Step 2.** Facilitator passes the object around the circle to the left. When holding the object, each participant has the opportunity to speak or pass the object to the next participant. The trainer is the last to speak. Ask the participants to review their experience – what was new, how they feel about implementing these tools in their PHC facilities. **Step 3.** Workshop facilitator reflects back on original workshop objectives and the participants' expectations and concerns.
Evaluation/ Assessment	Findings from workshop evaluations
Handout	S10 Workshop Evaluation Forms