USAID FROM THE AMERICAN PEOPLE | PHCR 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 Quality Coordinators for Marz level

**YEREVAN
2008**

Strengthening Quality Assurance

in Primary Health Care

in the Republic of Armenia

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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.3 publication in Quality of Care Series and describes the Training Curriculum to prepare the lead trainers/implementers of QA in the regions - known as Quality Coordinators.

<u>Acknowledgments</u>

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Acronyms

GoA	Government of Armenia
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 project
PSF	Patient Satisfaction Feedback
QA	Quality Assurance
QI	Quality Improvement
QC	Quality Coordinator
QIB	Quality Improvement Board
SA	Self-Assessment
SHA	State Health Agency
USAID	United States Agency for International Development
WPPF	Whole Person Process Facilitation

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"*. This is the current document and describes the Training Curriculum to prepare the lead trainers/implementers of QA in the regions - known as Quality Coordinators.
- *"Training Guide: Preparing PHC Facility Representatives to Introduce QA 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.

Richard A. Yoder, PhD, MPH
Chief of Party
Primary Healthcare Reform Project

Introduction
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 <u>develops marz-level training capacity</u> 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.

How to Use this Guide

This training guide contains all the session designs and handouts to prepare the Quality Coordinator (QC) to use the QA package and in turn to train primary health care staff (including physicians, nurses and others) who are providing care at a variety of types of PHC facilities.

Participants in this TOT training are clinically expert staff from PHC facilities.

Ideally, the training will be conducted by 2 trainers for up to 20 participants. The training materials have been designed to be presented in two stages of training. Stage 1 training focuses on introducing the quality concept, its importance, performance indicators, the overall problem-solving process and 1 QA tool (self-assessment). The Stage 1 workshop is designed to be 4 days with 2 ½ days of interactive training followed by 1 ½ -days of practice in conducting the training of PHC facility Quality teams.   The recommended schedule runs from 9:00am to 4:00pm, including appropriate breaks. The Stage 2 workshop is conducted approximately 6 months later and introduces two QA tools (medical chart review with the job aids and patient satisfaction. This workshop is designed to be two days in length to allow the participants adequate time to learn the methods and the practice teaching those methods to others. The sample workshop schedules for both stages of training are located at the beginning of this section.

Materials required for the workshop include the Training Guide, the QA Package (referred to as the Implementation Toolkit), overhead projector or transparency projector, name tags, sample of patient satisfaction suggestion box, patient register prepared to record comments about improving care, samples of laminated job aids.

Approach to Training and Learning

The workshop outlined in this guide is based on adult learning principles. Learning involves more than exposure to new ideas and ways of solving problems and doing things. Rather, learning involves changes in knowledge, attitudes and behaviors. Adults learn best when:

- They are motivated and not anxious, know what is expected of them and are treated with respect.
- They are involved in establishing expectations/objectives for the training.
- Learning experiences are interesting and meaningful, build on what participants already know, and encourage problem solving and reasoning.
- Experiences are organized, logical, and practical, include a variety of methods, and guidelines are available.
- New information and skills are relevant to participants' responsibilities and are applied immediately.
- Training involves every participant in active practice, and participants share responsibility for learning.
- Trainers are knowledgeable in the subject matter and competent in the skills, use a variety of training methods to appeal to individual learning preferences, pay attention to individual participants' concerns, and provide feedback and reinforcement.
- Feedback is immediate and focused on behavior that the participants can control.

- Assessment of learning and skills are based on objectives that the participants understand.

For more information about the adult learning cycle and training methods used frequently in this training guide, see Appendix 1.

Training Methods

This training guide incorporates a variety of methods suited to the stated learning objectives. As necessary, make adaptations to the training plan to suit the participants and the specific training situation.

Evaluation

Evaluation or assessment of learning objectives allows trainers, program managers and participants to know how successful a training program has been. On-going evaluation and assessment allows trainers to identify gaps in learning and to immediately fill those gaps. Evaluation also assists in revising learning experiences to better meet participant needs for later trainings.

These workshops use the following methods to evaluate the participants' learning:
- Question and answer/group discussion
- Application of QA tools and completion of action plan for one – two selected quality issues
- Observation and feedback on participant's practice training sessions

These workshops use the following methods to elicit feedback on the training experiences:
- Daily participant reflection and comments in the closing circle
- End of workshop participant reaction forms

One suggested format is a role-play for the supportive supervisory visit to participate in the monthly QIB facility meetings. Through these meetings staff will review the initial findings from the self-assessment tools, observations of the chart reviews, and any patient feedback received. Subsequent meetings would focus on the action plan and progress in resolving the performance gaps identified. The staff brings to the QIB meeting the information gathered through the use of various QA tools (e.g. completed self-assessment forms) of their facility to share a list of identified problems. The Quality Coordinator then works with the QIB to group and prioritize the problems, and conduct a brain-storming session to help generate solutions for the identified problems including mobilizing resources.

In Each Training Session
Each training session in this guide contains all of the materials required to conduct an orientation to use the QA package. Each session contains the following sections:

Session title—Title of the session or activity.

Session Objectives—Learning objectives that state what participants should know or be able to do after completing the session.

Estimated Time—The time that each session will require depends upon the particular group of participants, the amount of time available and other constraints. The session gives an estimated time to allow for flexible scheduling.

Trainer preparation—This section lists the specific preparations that *trainers* should make for the session. In addition, the preparations that are required for every session include:
- making sure the room is properly arranged
- ensuring that markers and flip chart or a writing board with chalk or markers are available
- reviewing the session plan
- reviewing steps for the activity used in the training session
- copying materials that participants need
- making sure the necessary handouts and supplies are available for the practice sessions
- thoroughly reviewing all course materials

Facilitation Steps—This section describes the steps for facilitating the methods and activities that are used in the session. General instructions for methods that are frequently used are included in Appendix 1. Instructions for suggested participatory activities are included in these Facilitation Steps.

Evaluation/assessment—Evaluation methods for assessing the learning objectives are listed. These typically include question/answer, discussion, and small group or individual exercises although other activities can be used to assess deficits/gains in learning throughout the course of the workshop.

Handouts—The primary handout for this training program is the *PHC Quality Assurance Package* including but not limited to: 1) Guidance for establishing a facility QIB, 2) the quality indicators by which performance will be measured against, 3) Self-Assessment Questionnaire, 4) Medical Chart Review, 5) Patient Satisfaction Feedback, 6) Action Plan. The complete QA Package is handed out at the beginning of the training program, and each session in the Training Guide refers to the part of the package that will be used during the session. Additional handouts or worksheets used in specific sessions are also listed here and are usually handed out during the session in which they are used.

Stage-1 Training Guide: Preparing Quality Coordinators-Marz level

Stage 1 Schedule for Training Quality Coordinators to Use the QA Package and Prepare PHC Facility Staff

Day 1 9:00- 4:30 PM	Day 2 9:00 AM- 4:15 PM	Day 3 9:00 -4:00 PM	Day 4 (Practice Training for PHC Facility Reps) 9:00 -4:00 PM
Registration and pre-test: 9:00 *Session 1*. Creating a Learning Environment: Introductions, Hopes and Concerns; Review of Schedule & Learning Objectives; participant materials (60 min) *Session 2*. Why Is Quality Important in Primary Health Care? (40 minutes) **Break (15 min)** *Session 3*. Implementing QA – Role of QIB. Introduction of Section I (QA Strategy) and Section II (QIBs) of QA Package. (55 min) *Session 4*: PHC Quality Indicators – What are they and why important. (Section III of the QA Package). How the 6 indicators are calculated and reported. (75 min)	*Session 7*. Opening Circle (15 min) *Session 8*. Problem solving process: Root Cause Analysis: *Reviewing the 5 Whys* (45 min) Session 9. Problem solving process: *Fishbone Diagram* (45 min) **Break (15 min)** *Session* 10 Problem solving process: *Classifying and Prioritizing Problems* (45 min) *Session 11* Developing Action Plan for PHC Facility/QIB (60 min)	*Session 14:* Opening Circle (15min) *Session 15:* Applying Tools in a PHC facility: *Working Together to Improve Quality* (100 min) **Break (15 min)** *Session 16:* Overview of 2-day PHC facility Training: *Planning and assignment of responsibilities for day 4* (60 min) *Session 17: Post-Test* *Session 18 In-class preparation for next day practice(Begin when finish with post test)*	*Session 19:* Practice training of QA tools & Procedures to be delivered by QCs: **Purpose**: Practice Stage-1 two-day training curriculum for PHC facilities: The assigned QCs introduce the following Stage-1 sessions to the rest of their colleagues in the group. *Session 19.1*: Creating a Learning Environment (30 min.) *Session 19.2*: Why is quality important in PHC and Introduce PHC QA Strategy (30 min.) *Session 19.3*: Forming & Working with QIB (30 min.) *Session 19.4*: Performance Indicators (45 min.) *Session 19.5*: How to improve quality using Self-Assessment Questionnaire (90 min.)
Lunch (1:00 –1:45)	**Lunch** (12:45 1:30)	**Lunch** (1:00 –1:45)	**Lunch** (1:00 –1:45)
Session 5. QA Tool: Quality Self-Assessment Tool: Discussion of Dimensions of Quality, the structure and questions about the tool (1 hr.) **Break (15 min)** *Session 6*. Practicing (completing and scoring) the Self-Assessment Tool (90 min)	*Session 12*. Traditional versus Supportive Supervision. (60 min) **Break (15 min)** *Session 13:* Roles/Responsibilities of Quality Coordinators and Effective Communication skills. (90 min)	*Session 18:* In-class preparation for the next day practice of Stage-1 training of PHC facility representatives: - *Participants work individually on their sessions.* - *Trainers are available to provide needed assistance, answer questions etc*.	*Session 19.6*: Problem solving process: *Root Cause Analysis (5 Whys), Fishbone Diagram, Classifying and Prioritizing Problems* (30 min.) *Session 19.7*: How to develop an action plan to resolve performance gaps (45 min.) *Session 19.8*: Practice leading QIB meeting with PHC facility staff (45 min.) *Session 20*: *Evaluation- Closing Circle* (15 min).

Session 1: Creating a Learning Environment

Session Objectives

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

60 minutes

Trainer Preparation

- Arrange seating in a circle (without tables) for the participants and trainers.
- Prepare index cards with words on one side of them (sample words: Opportunity, Service, Benefit, Choice, Caring, Serious, Complex, Quality, Option, Commitment, Perform, Challenge, Communication, Access, Team, Responsiveness, Continuity of care, PHC, Fairness, Patient rights, Compensation, Supervision, Reforms, Satisfaction, Standard, Assessment, Continuing education, sustainability, open-mindedness, grateful, goal),
- 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

Step 1: Give out the pretest to participants after they register for the workshop. Allow 15 minutes for participants to take the test.

Step 2. 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 3. (25 min) *Introductions*: Pass cards with words from one person to another and ask that each person take one card and pass on the rest of the cards to the next person or place cards with words in the middle of the circle, face down, on the floor. Ask participants to come forward and select a card. When all seated, ask them to remain silent and to write down what that card means to them about their work at the PHC facility or at their work site.

Then, they share their observations in pairs with the instruction that each person of the pair introduces the person they paired with by name and where they work and presenting that person's meaning of the word to the group which the person has given permission to share.

Step 4. (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 5. (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 6. (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 7. Refer to the two handouts that are part of this session: Handout 1 is entitled Whole Person Process Facilitation and is used with adult learners. Handout 2 is an Overview of the Quality Improvement Approach and Tools. We would like the participants to review both of these handouts by the next day.

Step 8. 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
- *S 1.1: Whole Person Process Facilitation*
- *S 1.2 Overview of the Quality Improvement Approach and Tools*

Handout S1.1: Introduction to Whole Person Process Facilitation

Whole Person Process Facilitation **(WPPF)** is a participatory meeting and training methodology that produces results by tapping into the creativity and collective wisdom of people and helps to access both intuitive and intellectual knowledge. It is a methodology that you can apply to any meeting or learning situation to make it more inspiring, creative and effective.

It is used when a bit more guided approach is needed. WPPF works well with small and large groups and in meetings/trainings from three hours in length to several days.

WPPF is an effective tool to:
- Find solutions to complex problems
- Explore options and generate ideas
- Develop understanding of new strategies
- Build commitment
- Work on dealing with change and organizational transformation
- Work where collaboration and participation are important for success

WPPF can help you achieve:
- Improved understanding of material
- Improved team work
- Comprehensive strategic plans and action plans
- Conflict resolution and problem solving
- Organizational restructuring or change
- Project initiation
- Revitalization of the organization

Using Whole Person Process Facilitation you will learn how to:

- **Ensure your training is appropriate for various learning styles:** Participants will review major theories on learning styles (such as thinking, feeling, reflecting and doing) and learning techniques appropriate for each.

- **Stimulate use of the whole brain and engage the whole person:** Participants will learn how to engage both the right side of the brain, which is more intuitive, and the left side, which is more logical. You will also learn ways to invite a deeper level of participation (the whole person).

- **Maintain a high energy level of participants:** You will learn technique to keep maximize the energy and passion of participants such as offering them the maximum choice and freedom possible in the meeting or training event.

- **Apply tools to help the group achieve their objectives.** You will learn about tools and approaches to engage all participants and make a training or meeting less "one-way" and hierarchical

Maximum freedom/maximum choice

WPPF is meant to be a "meeting" methodology, but it can be used for multiple day meetings or training events. One of the principle concepts is that the meeting facilitator or trainer allows "maximum freedom/maximum choice". For instance in group work, instead of dividing the group by counting off 1, 2, 1, 2, 1, 2, etc. you allow the participants to decide what group they want to join. The facilitators let go of a lot of some control of the group, which can be scary, but in the end you have a better outcome. Adult learners need that freedom to choose and will be more apt to participate fully if they have more choices.

Environment

As trainers you already know how important it is to pay attention to the environment---temperature of the room, tea/coffee breaks, food, etc. WPPF takes this a step further by introducing sitting in a circle with no tables in the center. This atmosphere creates a sense of equity and allows all participants to see each other. WPPF also relies on very low to no technology. For example, there is usually no power point presentation because there is a belief that people who come to the meeting already have a lot of knowledge to offer and have the wisdom to solve whatever issue is presented at the meeting. So WPPF relies on flipcharts and markers more than computers.

Learning Styles

Also, as trainers you are aware of different learning styles. WPPF intentionally incorporates activities in the meeting/training event to address those learning styles. For instance, for group work, instructions are given both verbally and in a written format. The facilitator should send out materials ahead of the meeting for those who like to read. Others will get the material/packet and never read it and that's ok, but you've addressed both types of learning styles. Also activities that allow movement should be included for the kinesthetic learner.

Information on the Opening and Closing Circles

On the first day, the "opening circle" includes some sort of introduction or "ice breaker" exercise. In this training of Quality Coordinators, we have used cards with different words on them and asked participants to share what that word means to them in working at their clinic. We provide the instruction, "please tell me what this word means to you. First they should meet in pairs and have a short discussion about their thoughts. Participants have the freedom to meet with whomever they please – try to encourage them not to just work with the person next to them or to someone that they know well. Facilitator then asks them to be prepared to introduce their partner to the rest of the group.

 On subsequent days, the opening circle can be used as a time for reflection from the day's prior events. There are a couple of ways to facilitate this. The facilitator places an object (e.g a rock) in the middle of the circle and asks the participants to sit in silent reflection about the events from the previous day. Anyone who would like to share their thoughts with the rest of the group is invited to pick up the object (rock) and either stand in the circle to speak or return to their seats to speak. The person holding the object is the speaker and the rest of the participants are "respectful listeners". It is important for the facilitator to set the tone with body language that ensure participants you are in charge yet listening intently (feet flat on floor, good posture, eye connection with all participants, etc) and to be patient to allow

participants sufficient time and courage to gather their thought. Doing this allows the participants to learn from each other (some may have picked up things that others missed) and gives the facilitator information about where the participants are in learning the topic. Facilitator can say: "what are your insights about XX topic? Have you had any "ah has!" or "oh, nos" or what questions do you still have about topic XX?

The "closing circle" can be facilitated in the same way. This is best used at the end of the group of days – for example at the end of the 4 or 5 day training workshop to find out what was most meaningful to them and what they hope to do with what they have learned and anything else that they would like to share with the group.

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 the training and program staff who will lead the Quality Assurance program of the Ministry of Health. It is designed to prepare Quality Coordinators to conduct the training of staff at Primary Health Care facilities including the Quality Improvement Boards (QIBs) to use the QA package.

Objectives: Users of this Training Guide will be able to plan and conduct a training of primary health care staff:

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

Step 2:
Assess Quality using various QA tools.
Time: Quarterly

Purpose:
Measure quality, determine gaps and track improvements.

Step 1:
Review Indicators.
Time: Quarterly.

Step 3:
Develop/Revise Action Plan
Time: Quarterly

Purpose:
Collect data to determine if improvements result in changes in health status, utilization of service, and performance indicators.

Step 4:
Identify Resources with Supervisors / Quality Coordinators

Purpose:
Facilitate problem-solving process.

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. During the discussion, list on a flip chart, 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. Circulate around to to make sure participants understand the instructions and are following them. Make sure their answers reflect local realities. **Step 2.** (15 minutes) Ask participants to reconvene and ask members to present the characteristics. 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 3. (15 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.

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: (5 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. (5 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	55 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. **Step 2.** (35 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 15 on day 3 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; Handout S3: Quality Improvement Board Governance

Handout S3: Quality Improvement Board Governance

Purpose of Board/Organizational Governance

The purpose of organizational governance is to provide oversight and direction. All organizations need a system of checks and balances within an organization to prevent abuse and to maintain high standards of integrity. In addition, governance structures can also add significant value to an organization that contributes to a higher level of performance.

Structures for Board/Organizational Governance

There is no one structure for organizational governance. In Armenia, structures often include one or more of the following elements: general assembly, directorate, board, committee, with each one having a specific role and function. The more layers of organizational governance there are, the more complicated the structures are in practice and more the time they take to make them work effectively. The simplest structure is best with few structures and committees, but a clear understanding of the purpose of the structure and function of each committee.

In addition, governance structures may include several standing committees. Typical ones usually include the following:

- finance committee responsible for review of annual budgets and annual audit for all activities (e.g., related to Quality Assurance).
- program committee responsible for oversight of program activities and strategic thinking (e.g., related to Quality Assurance).
- governance committee responsible for board membership, assessment of effectiveness of governance structures, and assessment of Chairman of the Board performance.

Basic Responsibilities of Board of Directors (applies to Central Level)

Note: the following responsibilities are all grouped under the term "board of directors." In Armenia these responsibilities may in fact be assigned to different level of the governance structure if there is more than one level (central, marz, and PHC facility)

1. Ensure that the QA program at the different levels is acting in a way that it is consistent with its mission and purpose.

2. Select the Chairman of the Board. Everybody needs a boss and the board is in effect the collective supervisor of the Chairman of the Board.

3. Provide financial oversight including a review of the annual budget allocated to QA, review of timely financial reports, ensuring that the necessary financial controls are in place, and authorizing and reviewing the annual audit.
4. Oversee the QA action plans prepared at each PHC facility to ensure that the organization has adequate resources to fulfill its mission over the long term.

5. Ensure legal and ethical integrity and maintain accountability. This is done by ensuring the development of personnel policies and procedures, record-keeping; and compliance with laws and regulations.

6. Ensure effective organizational planning by reviewing strategic and operational plans and monitoring their implementation.

7. Recruit and orient new board members and assess their performance. New members need an intentional process to orient new members to the organization. Some boards establish a governance committee that assesses the board's performance, defines board membership needs, selects and recruits members, and oversees orientation programs for new board members.

8. Enhance the public standing of the Board by participating in public relations and advocacy efforts with community and government leaders.

9. Monitor the Board's programs and services, perhaps by establishing a standing committee to oversee programs.

10. Support the Chairman of the Board and assess his or her performance by taking an active role in introducing him or her to key leaders at the marz and community level and by providing feedback on job performance.

Principles that Power Exceptional Boards[1]

- Develop a constructive partnership with the Chairman of the Board that is characterized by mutual trust, honesty, and a commitment to the mission of the organization. The Chairman of the Board should be responsible for running the organization and the board should hold the Chairman of the Board accountable for organizational performance by facing and resolving problems early.

- Make strategic thinking a part of the ongoing work of the board by addressing difficult issues, offering insights on important issues, framing challenges and opportunities in new ways, and generating strategic ideas. Strategic thinking should drive meeting agendas, recruitment of board members, and review of operational plans.

- Use meeting time effectively by having a well prepared agenda, asking board members to come to board meetings prepared, using a highly participatory meeting process, actively soliciting and listening to different points of view, and actively sharing responsibility among board members for different agenda items.

- Maintain independence rather than being unduly influenced by one person and rely on thorough deliberation to make key decisions.

- Ensure a high degree of transparency where clear and accurate information is shared among all board members, internally with full-time staff, and externally with key stakeholders.

- Ensure that internal controls and oversight mechanisms are established and implemented by management to prevent misconduct.

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[1] Adapted from *Twelve Principles of Governance that Power Exceptional Boards.* BoardSource. 2005.

- Commit themselves to personally engage in resource mobilization activities by using their own networks and reputations to cultivate partnerships and collaboration.

- Maintain a results orientation by reviewing organizational performance, identifying problems early, and suggesting mid-course corrections.

- Intentionally examine board structures and practices and board composition to see how they are working and whether the board is adapting to ever changing circumstances. Continuous improvement is a hallmark of exceptional boards.

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

75 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:
- We can use trends to understand a situation.
- Can identify problems in advance.
- Substantiate other information on performance (e.g. client feedback)
- Use data in planning future activities, budgets, resource decisions (Plan in advance)

Step 3. (5 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.

Select one problem (e.g. immunization coverage is low) and discuss who and how coverage can be increased.

Step 5. (3 minutes) Introduce Gayane Igitkhanyan, Health Financing Specialist, who will a) introduce the purpose of the financial incentives system implementation at the PHC level by linking the shortcomings/disadvantages of the current system of PHC financing with provider's remuneration; b) discuss the ways to collect data for the selected quality performance indicators.

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.

<u>Notice:</u> Do not forget to mention that we will return   to the row #7 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 per marzes and facilities assigned to QCs. • Handout S4: Report forms on Quality Performance Indicators to obtain, calculate and report 6 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 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 under-gone general blood exa-mination (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 fundoscopic 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 ischemic heart disease (IHD) during the reporting period ....

Name of the indicator	Actual number of examined patients	The percentage from the total number of IHD patients (%) *
1	2	3
IHD 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 number 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 5: QA Tool: Quality Self-Assessment Tool

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 an overhead transparency or PowerPoint with* Part A (page 19 of QA package) and Part B (page 27) Self-Assessment Tool.
- *Prepare Flipchart #1 with names of 2 parts of the tool:*
  A. Facility Assessment:
  B. Provider Self-Assessment
- Prepare Flipchart #2 with names of 6 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 6 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:

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 6 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 *overhead transparency or PowerPoint with* 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 6 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. (25 minutes) Ask the QCs to form into pairs (preferably persons that will be working together at the marz 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 six 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 S5 -Instructions for Completing PHC Facility/Provider Internal (Self) Assessment Tool

Handout S5: 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 1-6 on first 4 dimensions (1. Access to Care; 2. Responsiveness and Provider Relations with Community and Patients; 3.Physical 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
    Note: 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 6 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 6: 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 S6/1 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 S6.2). State what the use of a total possible score for each indicator by dimension. See Handout S6/2 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 (S6.1. and S6.2) for scoring and charting the progress of self-assessment at the facility and by the provider at the end of this session. • Prepare overhead transparency or powerpoint of Tables A through E (Handout S.6.1)
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 S6/1). 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 S6/2 (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 S6.2 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 S6.2 and identify what changes are, or are not, occurring in the quality indicator scores. Then ask: what quality issues can the QCs support the facility and provider in this example with problem-solving to make improvements in the practice of providing PHC care.

Step 7. Ask participants to use their own self-assessments to practice computing the numerator and denominators for 1-2 indicators using the QA Self-Assessment for the Facility. Circulate among the participants and help them if they are having any difficulties.

Step 8. Re-convene participants and ask them how they could use these scores for the first 2 indicators to give feedback on what areas a facility may need problem-solving or different solutions.

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
- Instructions for Scoring the QA Self-Assessment Form
- Summary Chart of Self-Assessment Scores by Indicator and Dimension

Handout S6.1: Instructions for Scoring the QA Self-Assessment Form

1. Review the completed Facility self-assessment tool answers for each of the six 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 S6.2: 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?

Session 7: 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 teach this to Facility QI representatives and do they think the staff will find this emphasis on quality useful and implementable.
Time	15 minutes
Trainer Preparation	• Make sure there is a bell or other object to 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 8: 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	45 minutes
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:

$$\boxed{\text{Issue or Gap}} \rightarrow \boxed{\text{Cause}} \rightarrow \boxed{\text{Intervention}}$$

• 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.

• It may be necessary to narrow or prioritize the number of issues or gaps to those that deserve attention and warrant the investment in resources needed before conducting a root cause analysis.

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 **6 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/	• Question/answer; discussion
Assessment	• Completion of a root cause analysis for one problem
Handout	• None

Session 9: Problem Solving Process: Fishbone Diagram

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 any of QA tools.
- Conduct analysis of root causes using the fishbone diagram (cause/effect)

Time

45 minutes

Trainer Preparation

- Check that flipchart paper, markers and masking tape are available.
- Prepare flipcharts of the Fishbone Diagrams with problems given in Steps 2 and 3 (one copy of Fishbone for large group exercise in Step 2, and 3 copies of Fishbone for small group exercise in Step 3)

Facilitation Steps

Step 1. Introduce the session by saying we are going to learn another technique for root cause analysis—the Fishbone Diagram, or cause and effect. Explain that the Fishbone
Diagram is useful for analyzing root causes of performance gaps identified from a review of their clinic statistics.

Step 2. Describe the purpose of the Fishbone Diagram

- Display the Fishbone Diagram prepared on flipchart for the first performance gap we are going to analyze. Explain that the diagram graphically displays the five dimensions that contribute to quality, and that the "head" of the fish is the performance gap: Poor Immunization Coverage (poor performance for Indicator #1)

- The diagram is completed by considering the major causes of the performance gap in each of the 5 quality dimensions, and then writing them on the "fishbone" connected to each dimension.
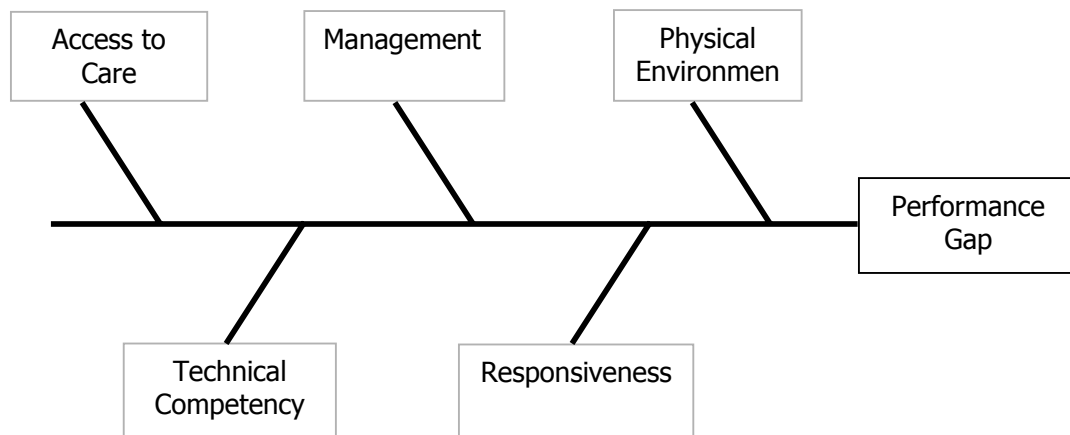
- As a group, complete the fishbone diagram by identifying the possible causes in each of the 5 quality dimensions that may contribute to this performance gap.
- Make the point that it is important to stay open to many possible avenues of exploration.

Step 3. Divide into 3 small groups. Each group will use the Fishbone Diagram to identify possible root causes of the same problem/performance gap that has been identified by a review of the PHC facility statistics for the following two indicators.

- **few clients are seeking care to monitor their diagnosed hypertension and ischemic heart disease which then leads to poor performance on Indicators #4 and #5.**
- Few pregnant women are seeking care in the 1st trimester that is leading to

poor performance on Indicator #6: Early detection and registration in first 12 weeks of pregnancy and coverage of pregnant women for antenatal care.

- Give each group the prepared flipchart of the Fishbone Diagram for this problem. (As shown above but with different performance gap)

Step 4. Reconvene in the large group and ask each group to report back on the use of the fish bone diagram example to identify causes in each dimension. Conclude the session by saying that in Session 11 they will work on developing an action plan to resolve the root causes identified by these two problem solving examples.

Evaluation/
Assessment
- Question/answer; discussion
- Completion of a fishbone diagram for one problem/performance gap

Handouts   None

Session 10: 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	Availabi-lity of re-sources	Ability of staff and QC to solve problem with own resources	Support from other stakehol-ders	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 11: Developing Action Plan for PHC Facilities/QIB

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

- Identify the steps in developing an action plan for PHC facilities and providers.
- Describe what information goes in each column of the Supportive Supervision Action Plan for Quality Assurance (from Section VIII)
- Develop an action plan for the indicators and for items in the self-assessment tool that were assessed as needing improvement.
- 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	60 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.

Issue or Gap →	**Cause** →	**Intervention**
Quality assessment tool	5 whys	Action Plan
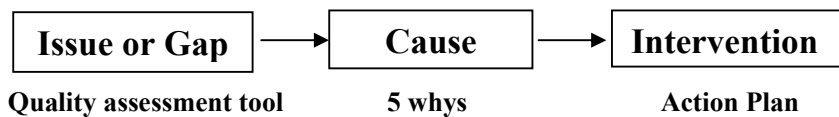
This Action planning tool is part of your toolkit for Quality of Care. You will use this for tracking and resolving all issues that arise in the facility. This is an internal tool and it is not required that PHC facility QIB report on it. It is a very important tool for the Quality Coordinators to review the Action Plan with the PHC Quality Team and to ensure that it is updated quarterly. 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 _____	

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* **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.

(Some examples of interventions might be: system to identify children in need of vaccination and reminder sent or communicated to parents about timing for next immunization; review of physician/nurse's performance of keeping children under 24 months of age immunized – feedback about how well they are doing about immunization coverage, etc.)

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. Reminder to all Quality Coordinators 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 reports for first 6 indicators* are completed regularly.
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.

The next steps of problem solving will be discussed in Session 15.

Evaluation/ Assessment	• Question/answer; discussion • Completion of the action plan for ONE indicator for one dimension
Handouts	None

Session 12: Traditional Supervision versus Supportive Supervision?

The purpose of this session is to: 1) review the definition and components of supportive supervision ; 2) compare and contrast the difference between traditional and supportive supervision; 3) clarify participant roles with regard to supervision; and 4) help participants to develop effective supervisory skills to provide ongoing support to PHC facility providers to implement the QA process in order to improve their performance and increase quality of care.

Session Objectives	• Describe supportive supervision and explain its purpose including definition and components of supportive supervision • Explain the relevance of supportive supervision in a quality improvement process. • Compare and contrast traditional versus newer/supportive approaches of supervision • List and discuss the building blocks of supportive supervision
Time	60 minutes
Trainer Preparation	• Review facilitator notes and instructions for this Session. • Prepare Flipchart 1. What does the word "Supervision" mean to you? • Prepare Flipchart 2. What is Supportive Supervision? • Prepare Flipchart 3. Scenario #1 and Scenario #2 (half sheet for each scenario) • Prepare Flipchart 4. Comparison of Traditional and Supportive Supervision (see below Step 4). • Prepare Flipchart 5: Building Blocks: Clear Expectations, Feedback, Nurturing environment, Problem-Solving, Skills Coaching. • Prepare Flipchart 6 with word SMART (for SMART Objectives) and meaning of each letter: • Reassemble flipcharts, markers, masking tape

Facilitation Steps	**Step 1.** Ask the Quality Coordinators: What is supervision to you or what does the word "supervision" mean to you or how do you do supervision? Write responses on a flipchart so that you capture their thoughts and feelings about this concept (supervision).
	
	Step 2. After noting their responses about supervision, discuss the role of supervision in providing/enabling quality care:
	    • Communicate organizational goals and messages from marz level to facility staff
	    • Regularly communicate and/or update the staff about quality performance standards
	    • Clarify individual responsibilities and work plans
	    • Encourage and support staff in identifying improvement needs
	    • Resolve problems/performance gaps
	    • Provide needed support to improve performance to meet standards
	    • Support staff through constructive feedback
	
	Step 3: State that the most effective way of accomplishing the above-mentioned supervisory roles is through the supportive supervision approach. Ask participants whether they are familiar with the term "Supportive Supervision".
	(For most professional staff in Armenia , this may be a totally new idea therefore. the trainer should review the characteristics rather than asking participants.)
	Write on Flipchart "What is Supportive Supervision?" key phrases that help to define supportive supervision.

Step 4: Role Play: The trainers role play 2 scenarios – one where the "Supervisor" conducts a visit using the traditional method of supervision and a second role play demonstrating "supportive supervision".

For Scenario #1: the supervisor demonstrates the following behaviors:
- Inspection
- Picks up statistics forms
- Tells the physician or clinic staff what he/she is doing wrong
- Leaves orders behind (next time you need to . . . .)

For Scenario #2: supervisor demonstrates the following behaviors:
- Praises the clinic staff for what they/each one is doing well (be specific in comments).
- Helps to find causes of problems
- Helps to find solutions to problems
- Helps to find resources to solve his/her problems

Instruct the participants to write down observations of the behaviors that the Supervisor is demonstrating in scenario #1 (Traditional Supervisor) and for scenario #2: (Do not tell in advance the titles of the two scenarios).

Ask the participants to share their observations with the group. The trainer writes down on Flipchart 3 under two headings: Scenario #1 and Scenario #2.

Ask participants to compare traditional versus supportive supervisory approaches. Summarize by referring to summary on flipchart 4 (see below) that compare and contrast tradition and supportive supervision.

Traditional (Directive / Controlling) supervision	Supportive supervision
➢ One-way communication: directions on what to do, when, where and how;	➢ Two-way communication: discussing any questions or difficulties;
➢ Mainly controlling and often punitive: supervisor is a faultfinder who is looking for mistakes and criticizing employees;	➢ Supervisor is a problem-solver who supports the employees, helping to carry out their jobs effectively; facilitates improvements
➢ Reactive – following the events;	➢ Proactive - aims to close performance gaps and prevent future problems;
➢ The main target is the individual worker rather than the work process and systems;	➢ Focuses on work processes and support systems;
➢ Is usually based on the personal experience of a supervisor;	➢ Holds an evidence-based approach;
➢ May have a quick result, but its consistency is questionable.	➢ Usually gets better and more sustainable outcomes.
➢ Sporadic	➢ Continuous

Present the definition- "Supportive Supervision":
- Supervision methods and systems that support and monitor provider performance and service quality.
- Supervisors that recognize their responsibilities to support and facilitate the work of providers and other staff.
- Key words: **support, facilitate**

Conclude Step 4 by talking about why supervision is important (return to definition

of Supportive Supervision on flipchart) – that you support and monitor provider performance and service quality; recognize responsibilities to support and facilitate the work of providers and other staff.

Step 5. Introduce to the group the Building Blocks of Supportive Supervision, Briefly describing their content/definitions as given below.

Key Building Blocks of Supportive Supervision: (See Flipchart # 5)

- Clear expectations: - Ensure that staff understand their roles and responsibilities.
- Feedback: - Provide clear, constructive performance feedback; receive feedback from providers.
- Problem Solving: - Help to identify and solve problems
- Skills coaching: - Make sure staff have the knowledge and skills they need to perform their job well; Provide coaching as needed.

Note that it will be the role of the Quality Coordinators to help ensure that these building blocks are in place for the PHC facility staff.

Step 6: What does the word "Expectations" mean to you? Ask participants to provide examples (encourage answers like: Job descriptions, protocols, guidelines, job aids).

Establishing clear expectations means:
- Ensure that staff understand their roles and responsibilities through job descriptions, policies, standards, guidelines
- Ensure that staff have and set **SMART** objectives
- Ensure that action plans for improving services are clearly defined and understood.

Step 7: Who knows what a **SMART** objective is:
Specific
Measurable
Attainable
Relevant
Time-bound

What makes a good (SMART) objective? – ask participants to give 1-2 examples of good objective and 1-2 examples of not so good objectives. Conclude this step by having an example of a SMART objective.

Evaluation/ Assessment	• Question/answer; discussion

Handouts	Flipchart 1. What Supervision means to me?
	Flipchart 2. Definition of Supportive Supervision
	Flipchart 3. Scenario #1 and Scenario #2
	Flipchart 4: Comparison of traditional versus supportive supervision
	Flipchart 5. Building Blocks of Supportive Supervision
	Flipchart 6. SMART Objectives: Specific, Measurable, Attainable, Relevant, and Time bound

Session 13: Roles/Responsibilities of Quality Coordinators and Effective Communication Skills

The purpose of this session is two-fold: 1) to help the QCs understand their role as a facilitator and change agent; and 2) to identify and practice communication techniques.

Session Objectives

At the end of the session, participants will be able to:
- Identify their roles and responsibilities as facilitator of the facility QA board/team meeting.
- Identify knowledge and skills that enable QA teams to be effective in disseminating and implementing the QA process.
- Explain why good communication is an important skill for trainers/facilitators for improving quality.
- Give and receive constructive feedback.
- Demonstrate active listening skills.

Time

90 minutes

Trainer Preparation
- Review facilitator notes and instructions for this session.
- Prepare Flipchart 1. What are the tasks in Job Description that make QC "Change Agent"?
- Prepare Flipchart 2. What are a) tasks that are easiest to implement and b) tasks that are more challenging to implement?
- Prepare Flipchart 3. Key points of Active Listening
- Prepare (or reuse) flipchart with the building blocks of supervision.
- Gather markers, note cards, pencils, and masking tape.

Part I: Quality Coordinator Roles and Responsibilities (40 minutes)

Facilitation Steps

Step 1: (15 min) Invite participants to think about what the knowledge and skills are to be an effective Quality Coordinator. Ask one participant to write down what he/she thinks the necessary skills and knowledge are to fulfill the role of a Quality Coordinator. Invite that participant to pass his/her card to the person on their left. Invite participant who receives the card/piece of paper to read what is on the card and add additional thoughts to the card. Invite participants to pass the cards to the left again. You can divide the group in two and begin passing blank card to two individuals. Repeat passing the card until it has circulated to all people in the room.

NOTE: Do not refer to the QC job description before doing this exercise. This exercise helps the facilitator learn what expectations the participants have about the job description.

Invite one or more participants to read the final statement of necessary skills and knowledge from the card. Invite participants to post the cards on the wall or flipchart.

Step 2: (5 minutes) Invite participants to read the Quality Coordinator job description (handout S13/1).
Step 3: (10 minutes) Invite participants and facilitate a discussion about the job description and the meaning of the term "change agent". Make notes about any necessary changes or clarifications to be added to the QC job description.

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Step 4: (10 minutes) Continue the discussion with the participants about the Job Description by asking them to share their thoughts about the three questions on the flipcharts 1 and 2.   Have facilitator to write notes on a flipchart:

- Flipchart 1. What are the tasks in the job description that make the Quality Coordinator a "change agent"?
- Flipchart 2a. What are the tasks that appear the easiest to implement?
- Flipchart 2b. What are the tasks that appear the most challenging to implement?

(Prepare the flipcharts with questions prior to the session so that participants have a reference for the questions.)

Part II: Effective Communication Skills

Part II.a: Constructive Feedback Activity

Step 5: (15 minutes) Introduce this portion of the session by saying that being an effective communicator is an important skill for the Quality Coordinator to demonstrate and particularly the skill of providing feedback to staff that they will be working with at the PHC facility. There are several sources and kinds of feedback:

- Important to ensure providers receive regular verbal and other feedback.
- Need to establish ways that providers receive regular feedback from:
    - Clients and community workers
    - Higher levels in MOH – from Marz to the national level
    - Co-workers

Step 6: Refer to Handout S13.2 with information on the steps for providing constructive feedback. Facilitate a short discussion on the information, and linking the use of constructive feedback as a key task for the QC role.

Step 7: (15 minutes) Invite participants to break into two smaller groups and read the case on constructive feedback in handout S13.3. Group 1 practices the "wrong" scenario and Group 2 prepares a role play illustrating positive/constructive feedback following the guidelines in handout S13.3. Allow 10-15 minutes.

Step 8: *20 minutes (10 minutes per role play)* Distribute the *Observer Checklist* (handout S13/4) to all participants. Invite groups to present their role-plays. Allow about 10 minutes per role play.   Invite the observing participants to complete the second column of the checklist.

Step 9: (10 minutes) Facilitate a discussion about the roles plays. Ask participants to give their reactions on how the two groups did in the role play, based on what they wrote in the checklist. What would they have done differently?

Part II.b: Active listening:

Step 10: (10 minutes) Introduce the key components of Active Listening by referring to the information on flipchart 3. Invite a participant to read the information out loud and facilitate a short discussion on active listening.

Key Points of Active Listening (Summarize for Flipchart 3)

- 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.

Step 11: (10 minutes) Have one of the trainers role play two scenarios with one of the participants. Instruct the participant to share an experience that was one of the most wonderful days of his/her life (perhaps it was their wedding day, a wonderful vacation, or birth of a child/grandchild. The trainer begins by demonstrating "<u>not listening</u>", e.g. no eye contact, playing with a pen, yawning, looking at their watch, etc.). After 2 minutes of conversation, the facilitator will ring a bell and then the trainer begins listening actively (e.g. eye contact, nodding their head, saying "Really? Is that so? Tell me more," asking follow up questions, etc.).

Step 12: (5 minutes) Ask the participants who was telling about the most wonderful day of his/her life the following questions:

      i. How did you feel when the other person was ignoring you?

      ii. What were the signs that s/he was not listening?

      iii. then ask the trainer how did it feel to you to act like you weren't listening?

      iv. How does this relate to the work of the quality coordinators?

Step 13: Explain that active listening is not a natural process, but rather requires energy, skills, and commitment. Share the handout "Active Listening Do's and Don'ts" (see handout S13/5). Ask for volunteers to read and to comment on the statements.

Step 14: Link to next session.
Now that we have discussed and practiced effective communication skills, let's talk more about applying the tools in a PHC facility. **Assign home reading for the next day: Handout 15.2. QIB TEAM MEETING GUIDANCE**

Evaluation/
Assessment

- Question/answer; discussion

Handouts   S13.1 Job description of QC
S13/2: Steps for Providing Constructive Feedback
S13.3 Role Play Constructive Feedback
S13.4 Observer Checklist for Feedback Role Play
S13.5 Do's and Don'ts of Active Listening

Flipchart 1. What are the tasks in Job Description that make QC "Change Agent"?
Flipchart 2. What are a) tasks that are easiest to implement and b)tasks that are more challenging to implement?
Flipchart 3. Key points of Active Listening

Handout S13.1: Scope of Work and Job Description for the Quality Coordinator

SOW for MARZ QUALITY COORDINATORS

Background information
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.

JOB DESCRIPTION

Title: Quality Coordinator (QC)
Project: Primary Health Care Reform, jointly with the MOH and Marz HSSDs, RoA
Geographic Location: Yerevan and Marzes, Armenia
Approximate duration: ~2 years, starting in ~July 2008

PRIMARY RESPONSIBILITES
Quality Coordinator is responsible for providing Marz level ongoing technical support to effective implementation of the PHC Quality Assurance (QA) systems in PHC facilities. The major areas of his/her responsibility include: 1) training PHC facility staff for the use of QA tools; 2) working on a regular basis with facility staff to implement QA tools and to solve quality performance issues; 3) reviewing of M&E data for tracking progress on quality indicators.

SUPERVISOR: This position is accountable to and will work under the technical guidance of the PHCR project Family Medicine & Quality of Care Team and Marz/Yerevan HSSDs.

ESSENTIAL FUNCTIONS

- Work with PHCR FM&QoC Team, Marz health authorities and PHC facilities; provide technical and administrative assistance to ensure the implementation and sustainability of quality assurance plans at the marz PHC facilities.

- Organize and ensure the implementation activities for quality assurance in PHC facilities, incl. QA training courses and supportive visits.

- Conduct marz level training (2 rounds of 1-day QA courses) for the assigned PHC facilities to prepare facility staff to implement the QA tools and methods and resolve quality gaps.

- Following each round of 1-day facility trainings continue ongoing technical support to the trained PHC facilities through supportive visits: meet with the staff, provide the needed support, review completed QA tools and action plans, and help to resolve quality issues at facilities.

- Conduct "lessons learned" discussions to review experiences of PHC facilities with implementation of quality tools and methods; obtain feedback and suggest revisions if needed.

- Organize and ensure the monitoring and evaluation activities for PHC QA implementation in the assigned PHC facilities, incl. M&E visits, data gathering, analysis and reporting.

- Establish effective communication and provide feedback to key stakeholders for identifying needs and addressing challenges in support of QA activities.

- Other functions as defined by the service contract.

EDUCATION AND EXPERIENCE
- A Master's degree in medicine, Public Health or Health Management.

- Five or more years of clinical and/or healthcare administration/supervision experience in the field of primary health care.
- Demonstrated skills/ experience in training/teaching and/or supporting training.
- Availability and readiness (willingness) to assume additional responsibilities (functions, time, workload) in addition to the tasks that he/she is currently performing.
- Interest in the subject area of quality of care
- Good interpersonal and organizational skills.
- Good oral and written communication skills
- Ability to work and effectively communicate with a variety of people
- Ability to travel regularly outside his/her work/residence place.
- Knowledge of the structure of and major reforms in PHC system of Armenia.
- Computer skills (MS Word, Excel, Power Point, internet) is an asset.
- Excellent Armenian. Knowledge of foreign language(s) is an asset.

WORKING CONDITIONS

- PHCR project will assume responsibility for training/preparation of Quality Coordinators and providing technical support to Quality Coordinators as the implementation process is rolled out in PHC facilities.

PHCR will support Quality Coordinators' activity through the mechanism of a service contract

Handout S13.2: 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.

<div align="right">(Source: Minor 1996.)</div>

_____

Handout S13.3: Role Play Constructive Feedback

Consider this dialogue and its effect on the staff member

Supervisor: Gohar, you did a poor job of preparing those reports yesterday and I am very annoyed.

Gohar: Well, it was Karine's fault. She did not get me the statistics on time.

Supervisor: Nevertheless, it was your responsibility to make sure that the reports were submitted in good order.

Gohar: I have been so busy with other things and I did not have enough time to devote to those reports. Really, I am overworked here.

Supervisor: I often see you wasting time around the clinic. I think you had enough advance notice to prepare better. Please don't make the same mistake next time.

Gohar returns to the office and is depressed the rest of the day. She is absent from work the next day in order to avoid a meeting at which her supervisor will be present. She vows never again to take responsibility for preparing reports.

Instructions: In your small group, describe how you would apply these steps to give constructive feedback to Gohar (i.e. improving on how feedback was given in the case presented above). Discuss within your group what the dialogue would be like if constructive feedback were given. Prepare a role-play to demonstrate constructive feedback following the steps above. You have 15 minutes to prepare the role-play.

Think about the following in the development of a different more positive role-play using constructive feedback:

1. How will you convey your positive intent?

2. When will you give the feedback?

3. How will you state what you would like to cover?

4. What is the common goal?

5. How will you describe what you have observed?

6. How will you state the impact of the person's (or Gohar's) behavior?

Handout S13.4: Observer Checklist for Role Play[2]

Question	Behavior Observed Role Play 1	Behavior Observed Role Play 2
1. Did the supervisor start the discussion in a pleasant manner, explaining why he is at the health centre and why he was watching Gohar's work?		
2. Did the supervisor first praise Gohar for the work she did well?		
3. Did the supervisor state the problem he had seen in Gohar's work clearly and did he ask if Gohar knew what she was expected to do?		
4. Did the supervisor allow Gohar to explain why she had performed the way she did?		
5. Do you think that Gohar accepted that she had not performed as expected and that she will change her behavior in the future?		
6. If you were the supervisor, what else would you have said or done in providing Gohar with constructive feedback?		

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[2] Adapted from Strengthening of Supervision Management in the Health Sector, SNNPR: Phase 1. Facilitator's Guide. ESHE – JSI/Initiatives. May 2002.

Handout S13.5: 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

Session 14: Day 3 Opening Circle

Session Objectives	At the end of the session, participants will be able to: • Express their thoughts about the previous day's work or today's sessions, if they wish • Respectfully listen to other participants' thoughts
Time	15 minutes
Trainer Preparation	• Make sure there is a bell or other object to place in the center of the circle. • Outline the sessions for Day 3 on a flipchart.
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.** Place an object in the center of the circle and invite participants to share any reflections about the previous day's work, thoughts about the day ahead, any news pertaining to the meeting, or anything at all that is in their minds which they wish to share with the group. **Step 3.** To share their thoughts they may individually come forward, pick up the object, and either stand in the circle or return to their chair. When they are finished, they return the object to the center of the circle. While the individual has the object, they are the speaker and the rest of the group members are respectful listeners. There is never any order that is required, nor any requirement to speak. **Step 4.** When the participants have finished sharing their thoughts, ask the group to refer to their agendas in their binders and review the agenda for Day 3. Outline is also on flipchart. Ask if there are any questions.
Evaluation/ Assessment	None
Handouts	None

Session 15: Applying Tools in a PHC Facility: Quality Coordinator and PHC Team Working Together to Improve Quality

Session Objectives

At the end of the session, participants will be able to:
- Identify possible resources for helping to solve quality problems at a facility.
- Identify their (QCs) own possible contribution to the QIB meetings to respond to the quality performance gaps/issues identified by the staff.
- Lead a supportive and/or monitoring meeting with PHC facility focused on improving quality at the facility.
- Discuss their role as change agent, facilitator, communicator, and trainer and convening/leading the Quality Board/Team Meeting

Time

100 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. Introduce the session by saying: As a Quality Coordinator, your job includes helping the PHC QA team develop the skills they need on the job to do the job – i.e. improve quality. As you work with the facility directors and physicians involved in implementing care and making efforts to improve the quality, you will be asked to take what you are learning in this workshop and teach it to the PHC QA teams. You will need to show them how to use the QA tools, how to problem solve and prioritize, and how to give and receive feedback. This is a big responsibility and we are counting on you to take these tools and skills back and work with others to apply them.

Step 2. 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 3. "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 4. 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:

- o 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 5. Ask the group how they think that they (QCs) personally can support the PHC facility staff to improve quality. Note their responses on a flip chart. Summarize the discussion by saying that the quality coordinators can support the PHC facility staff by:
- reviewing their QA self-assessment tools, medical chart review, patient satisfaction feedback and action plans,
- helping them to identify root causes of low performance
- prioritizing the problems that need solving;
- identify possible solutions, next steps and resources for implementing the solutions; and
- reviewing and coaching QA skills with QI board/team leaders.

Step 6. 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 QCs 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 7. (20 minutes) Divide participants into **2** groups to practice/role-play
1) the first meeting of QIB at PHC 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 S15/2 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 S15/1).

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 8. *40 minutes (20 minutes per role play)* Have the groups present the role plays.

Step 9. 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 10. 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 11. Discuss future actions. Examples might be:
- Write a simple report about the QA meeting/ workshop to the National/Regional health authorities.
- Supervisors organize updates on QA after a period of time has elapsed to determine results
- Visit each other to practice QA among ourselves, using the self-assessment questionnaire tool, 5 Whys and action plan.

Step 12. Review what we have accomplished during this session.

Evaluation/ Assessment	• Question/answer; discussion
Handouts	**Handout S15.1** Guide to Facilitate Quality Improvement Board Meetings – (pages 8& 9 in QA Package) **Handout 15.2.** 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 S15.1 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 15.2. 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 & evaluation	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 16: Overview of 2-day PHC Facility Training: Preparation and Assignment of Responsibilities for Day 4.

Session Objectives	At the end of the session, participants will be able to: • Describe the different responsibilities and tasks that need to be performed in preparing for a 2-day training of the PHC facility teams. • Feel comfortable in planning for the practice of the 2-day training session. • Demonstrate the skills for providing PHC facility 2-day QA training
Time	60 minutes
Trainer Preparation	• Introduce the Stage-1 two-day Facility Training Curricula and schedules. • Review the entire Training Guide in order to prepare for the 2-day training. • Prepare flip chart with Practice Day of Training: session by session with name line blank so that participants can sign up.
Facilitation Steps	**Step 1.** Introduce the session by saying that Day 4 of this training is only the beginning in helping the QCs become comfortable in preparing for the training. **Step 2**. Provide initial guidance about the format of their own training of PHC facilities, who will the participants be and how they are selected. **Step 3**. Ask the participants to review the session by session Training Schedule for Day 4 and decide which session(s) each would like to practice in leading during the Practice day. **Step 4.** Indicate that the participants have the rest of the afternoon to prepare for their session and to review the material that is the Marz-level Training Guide for the Quality Coordinators and the PHC Facility-level Training Guide that pertains to their particular session. Prepare what they will be teaching, the exercises, and review their teaching plan with the workshop facilitators **Step 5.** Be available to respond to questions and share questions and answers with all participants from time to time. **Step 6.** Go over and finalize the plans for the Practice Day.
Evaluation/ Assessment	• Question/answer; discussion
Handouts	**Training Guide for Stage 1 PHC 2-day training** **Training Plan with Sessions listed out from Stage-1 Day 4 Training Guide** • Creating a Learning Environment • Introducing Concept of Quality • Forming & Working with QIB • Performance Indicators • How to improve quality using self-assessment tool (Completion & Scoring) • Problem-solving process • Developing an action plan • Practice leading QIB meeting with facility staff.

Session 17: Post-Test

Session Objectives	At the end of the session, participants will be able to: • To determine amount of change in knowledge concerning QA and its application at the PHC facilities
Time	30 minutes
Trainer Preparation	• Have sufficient copies of post-test;
Facilitation Steps	**Step 1. Administer Post-test** **Step 2.** Score the post-test and do a pre-post test comparison of scores by the next day so that the changes can be summarized and presented to the group.
Evaluation/ Assessment	Post-Test
Handouts	Copies of Post-Test

Session 18: In-Class preparation for next day practice of Stage-1 training of PHC Quality Teams

Session Objectives	At the end of the session, participants will be able to: • Conduct practice training others at least one session in the Stage 1 training.
Time	180 minutes
Trainer Preparation	• Prepare list of the Sessions from Stage 1 training with the names of participants who are responsible for teaching others the next day: *Session 19.1*: Creating a Learning Environment (30 min.) *Session 19.2*: Why is quality important in PHC and Introduce PHC QA Strategy (30 min.) *Session 19.3*: Forming & Working with QIB (30 min.) *Session 19.4*: Performance Indicators (45 min.) *Session 19.5*: How to improve quality using Self-Assessment Questionnaire (90 min.) *Session 19.6* Problem solving process: *Root Cause Analysis (5 Whys), Fishbone Diagram, Classifying and Prioritizing Problems* (30 min.) *Session 19.7*: How to develop an action plan to resolve performance gaps (45 min.) *Session 19.8*: Practice leading QIB meeting with PHC facility staff (45 min.)
Facilitation Steps	Step 1. Circulate and review with individual participants their teaching plan for the next day. Provide any needed materials that might be required to teach the particular session (help with preparing photocopies of materials, preparing flip chart, etc.)
Evaluation/ Assessment	None
Handouts	None

Session 19: Practice training of QA tools & Procedures to be delivered by QCs

Session Objectives	Practice Stage-1 two-day training curriculum for PHC facilities:
Time	6 hours
Trainer Preparation	***Prepare a Flipchart with following Sessions and Times for each session***
Facilitation Steps	The assigned QCs introduce the following Stage-1 sessions to the rest of their colleagues in the group *(Allow 5-10 minutes at least for each session from other participants and the Workshop Facilitators):* ***Session 19.1:*** Creating a Learning Environment (30 min.) ***Session 19.2:*** Why is quality important in PHC and Introduce PHC QA Strategy (30 min.) ***Session 19.3:*** Forming & Working with QIB (30 min.) ***Session 19.4:*** Performance Indicators (45 min.) ***Session 19.5:*** How to improve quality using Self-Assessment Questionnaire (90 min.) ***Session 19.6:*** Problem solving process: *Root Cause Analysis (5 Whys), Fishbone Diagram, Classifying and Prioritizing Problems* (30 min.) ***Session 19.7:*** How to develop an action plan to resolve performance gaps (45 min.) ***Session 19.8:*** Practice leading QIB meeting with PHC facility staff (45 min.) Invite questions from the other participants in the group and provide feedback about the session.
Evaluation/ Assessment	Relevant to each above session
Handouts	Relevant to each above session

Session 20: 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.** Review and compare performance between pre and post test.
	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	Comparison between pre and post tests. Findings from workshop evaluations
Handout	S20.1 Workshop Evaluation Forms

Handout S20/1: 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: Adult Learning Cycle and Training Methods *(Optional reading material)*

The Adult Learning Cycle

Adults learn through a process in which they analyze and apply new knowledge and skills to their work and lives. Effective training activities guide participants through each step of the learning process.

The adult learning process consists of four phases:

(Adapted from Pfeiffer and Ballew, 1991)
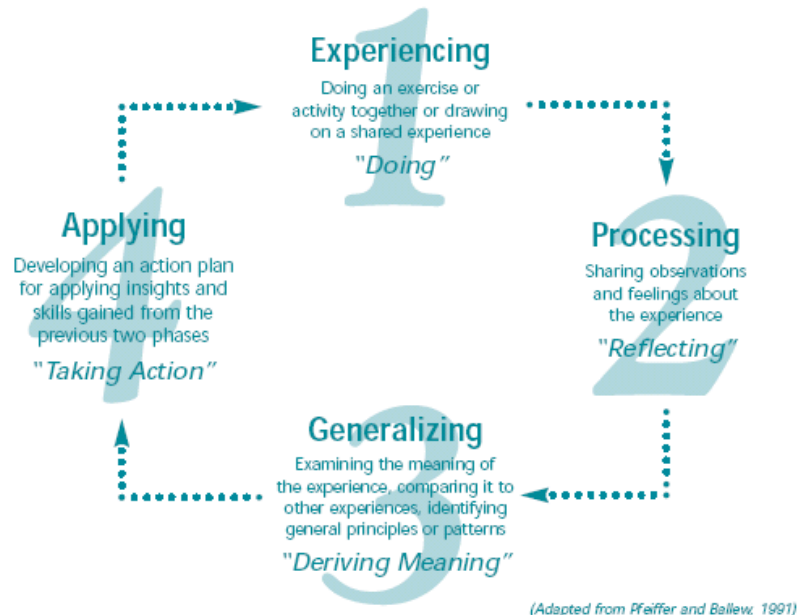
Phase 1: Learners experience new information. The role of the trainer is to structure the activity by clarifying objectives, presenting information and giving directions and time limits for activities. The trainer presents information in a stimulating manner, using visual aids and actively involving learners by asking questions and facilitating discussion. Possible training methods to use during phase one: interactive presentations, group brainstorm, case studies, field visits, film/video.

Phase 2: Learners process new information. The role of the trainer is to facilitate learners' reflections on what they learned in phase, how they reacted to the information, and sharing of their ideas and reactions with each other. Possible training methods to use during phase two: small-group discussion or problem-solving, small-group presentations.

Phase 3: Learners generalize the experience. The role of the trainer is to guide learners to derive meaning from their reactions to the new information. It is crucial for the trainer to be knowledgeable about the topic and its broader context. Trainers should resist providing answers for learners, and instead facilitate learners drawing their own conclusions. Possible training methods to use during phase three: large-group discussion, demonstration, individual reflection through writing.

Phase 4: Learners apply the experience to actual work or life situations. The role of the trainer is to help learners relate what they have learned in the training to their everyday work or life

situations. The trainer can design activities where learners practice and plan for post-training application. Possible training methods to use during phase four: field visits, study tours, action planning, simulated skills practice, practice with actual clients.

Training Methods

Participants learn more and stay engaged in learning activities when a variety of training methods are used. For best results, the training method selected should complement the learning objective and be suited to the participants and any constraints of the training intervention.

Action/learning plan	Hands-on practice	Proverbs
Brainstorming	Homework	Question and answer
Case examples	Illustrated lecturette	Research
Demonstration	Independent study	Reflection
Discussion	Individual exercises	Role play
Exhibits	Interview	Self-assessment
Field visits	Learning diary	Self-directed activities
Fishbowl discussion	Observations	Simulated practice
Full group exercises	Pairs or triads exercises	Small group discussion
Games	Panels	Small group exercises
Group assignments	Presentation	Stories
Guest speaker	Problem-solving exercises	Surveys

General Instructions for Training Methods Used in this Workshop

Instructions for methods used frequently in this training course are included here. Instructions for specific activities are included with the modules where they are used.

Mini-lecture—Trainer makes a short presentation using the materials available. Mini-lectures should be kept short and should either include or be followed by question and answer to ensure comprehension and clarify questions.

Question and Answer—Question and answer sessions are used to recall information or elicit participant knowledge, to clarify information, to check comprehension, to present information when participants are already knowledgeable, to evaluate participant knowledge, and to fill gaps in participant knowledge.
Steps for Question and Answer
1. Trainer asks participants what questions they have about the topic.
2. If a participant has a question, trainer asks another participant to answer.
3. If the participant's answer is correct and complete, trainer reinforces.
4. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to respond.
5. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participant where to find the information.
6. If there are no questions, trainer asks questions to verify knowledge and follows the same steps (2, 3, 4, 5).

Brainstorming—Brainstorming brings participants' experience into the classroom and lets the participants know that their experience is valuable. Brainstorming is also an excellent way

to find out what participants already know and to identify gaps in their knowledge. Ideas generated in brainstorming can be used for summarizing, as input to group exercises, and to relate content to participant experience.

Steps for brainstorming
1. Trainer asks an open-ended question.
2. Participants shout out their answers or ideas.
3. Trainer records ideas on newsprint or in another format where all can see them.
4. No ideas are discarded, criticized or analyzed, but clarifying questions can be asked.
5. Trainer leads a discussion of the ideas generated.
6. Trainer moves to the next question.

Small Group Exercises—Trainer divides the large group into pairs, triads or small groups of up to 6 participants. The small groups have a short time to discuss a topic, solve a problem, or work on an activity together.

Steps for small group exercises
1. Trainer divides the participants into small groups (by having the participants count off 1,2,3, etc.; by having participants choose their own groups; by grouping according to seating; or any other method of forming groups).
2. Trainer presents the problem or topic, and explains what the small groups are to do and how much time they have for the activity.
3. Trainer asks each group to select someone to speak for the group when they reconvene as a large group. The groups may also wish to select a recorder and/or a leader.
4. Participants work on the activity in their small groups. Trainer circulates among the groups and answers questions, if any.
5. Trainer reconvenes the large group and asks each small group to summarize its discussions or its answer to the problem or activity.
6. If all groups were working on the same problem or topic, trainer can save time and avoid repetition by asking each group to offer one point, then ask the next group for one point, and so forth until all points are covered.

Adapted from:

Fetter KA, Clark M, Murphy C, Walters J. 1995. *Teaching and Learning with Visual Aids*. London, Macmillan Education, Ltd. in conjunction with INTRAH and TALC.

Wegs C, Turner K, Randall-David B. 2003. *Effective training in reproductive health: Course design and delivery. Reference Manual.* Chapel Hill, NC, IPAS.

Stage-2 Training Guide: Preparing Quality Coordinators-Marz level

Stage 2 Schedule for Training Quality Coordinators to Use the QA Package and Prepare PHC Facility Staff

Day 1 9:00- 4:00 PM	Day 2 9:00 AM-3:30 PM
Registration: 9:00 **Session 1**: Review: Experiences and Lessons Learned from Stage 1 Trainings and Practice with PHC Facility Teams (60 minutes) *Session 2A*. QA Tool: Medical Chart (MCR) /Case Review Introduction of MCR procedure, checklist, Job Aids, recording and reporting forms. (90 min) **Break (15 min)** *Session 2B*. Practice MCR (90 min)	*Session 5*. Opening Circle (15 min) *Session 6*.Practice training of QA tools & Procedures to be delivered by QCs: **Purpose**: Practice of Stage-2 one-day training curriculum for PHC facilities: The assigned QCs introduce the following Stage-2 sessions to the rest of their colleagues in the group. *Session 6.1*. Medical Chart review and Job Aids (180 min)
Lunch (1:15 –2:00)	**Lunch** (1:00 –1:45)
Session 3A. QA Tool: Patient Satisfaction Feedback*: (30 min) **Session 3B.** Practice Patient Satisfaction Tools (45 minutes) **Session 4**. Preparing to Practice Stage 2 Training: *Planning and assignment of responsibilities for the next day* (30 min)	*Session 6.2:* Patient Satisfaction Feedback (90 minutes) *Session 7:* Evaluation- Closing Circle (15 min).
Day Ends 4:00PM	**Day Ends 3:30 PM**

Session 1: Review: Experiences and Lessons Learned from Stage-1 Training and Practice with PHC Facility Teams/QIBs and Preparing for Stage-2 Training

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;
  - ➢ Conducting problem-solving processes ("5 whys" and fishbone diagram);
  - ➢ 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 mins) Ask participants to break into Marz groupings and to discuss and prepare a short presentation in response to the following questions:

- What worked when working with the PHC facility teams 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 QCs.

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/   •   Question/answer; discussion
Assessment

Handouts   •   *None*

Session 2A: <u>QA Tool: Medical Chart/Case Review(MCR)</u>: 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 the QCs, ask each participant to bring on the first day of Stage-2 training 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 • Patient Satisfaction Feedback Questionnaire
Handouts	• Patient Satisfaction Feedback Survey Summary • Model Record Book for Recording Patient's Comments/Concerns

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Session 3B: Practice Obtaining & Responding to Patient
Satisfaction Feedback

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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: In-Class preparation for next day practice of Stage-2 training of PHC Quality Teams

Session Objectives	At the end of the session, participants will be able to: • Conduct at least one practice session in the Stage 2 training of others
Time	30 minutes
Trainer Preparation	• Prepare flipchart with list of the Sessions from Stage-2 training with the names of participants who are responsible for teaching others the next day: *Session 2A&B. Medical Chart Review and Use of Job Aids* *Session 3A&B. Patient Satisfaction Feedback*
Facilitation Steps	Step 1. Circulate and review with individual participants their teaching plan for the next day. Provide any needed materials that might be required to teach the particular session (help with preparing photocopies of materials, preparing flip chart, etc.)
Evaluation/ Assessment	None
Handouts	None

Session 5: 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 teach this to Facility QI representatives and do they think the staff will find this emphasis on quality useful and implementable.
Time	15 minutes
Trainer Preparation	• Make sure there is a bell or other object to 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 MCR and Patient satisfaction tools. Note the positive points and challenges mentioned on flip chart.
Evaluation/ Assessment	• Question/answer; discussion
Handouts	None

Session 6: Practice training of Stage-2 Training: QA tools & Procedures to be taught by QCs

Session Objectives	Practice Stage-2 one -day training curriculum for PHC facilities:
Time	4.5 hours
Trainer Preparation	***Prepare a Flipchart with following Sessions and Times for each session***
Facilitation Steps	The assigned QCs introduce the following Stage-2 sessions to the rest of their colleagues in the group. *(Allow 5-10 minutes at least for each session from other participants and the Workshop Facilitators:* ***Session 6.1:*** Medical Chart Review and Use of Job Aids (180 min.) ***Session 6.2:*** Patient Satisfaction Feedback (90 min.) Invite questions from the other participants in the group and provide feedback about the session.
Evaluation/ Assessment	Relevant to each above session
Handouts	Relevant to each above session

Session 7: 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. **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 this process in preparing PHC facility level representatives. **Step 3.** Workshop facilitator reflects back on original workshop objectives and the participants' expectations and concerns.
Evaluation/ Assessment	Findings from workshop evaluations
Handout	S20.1 Workshop Evaluation Forms