

Quality Improvement for Emergency Obstetric Care

Leadership Manual

An Adaptation of COPE®
(Client-Oriented, Provider-Efficient Services)



ENGENDERHEALTH
Improving Women's Health Worldwide

AMDD

Averting Maternal Death
& Disability Program



Columbia University
**MAILMAN SCHOOL
OF PUBLIC HEALTH**

© 2003 EngenderHealth and Mailman School of Public Health, Columbia University.
All rights reserved.

EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@engenderhealth.org
www.engenderhealth.org

This publication was supported by the AMDD Program
at the Mailman School of Public Health, Columbia University,
and the Bill & Melinda Gates Foundation.

ISBN 1-885063-49-0

COPE[®] is a registered trademark of EngenderHealth.

Printed in the United States of America. Printed on recycled paper.

The Cataloging-in-Publication Data for this title is available from the Library of Congress.

Contents

List of Figures.....	iv
List of Acronyms/Abbreviations.....	v
Acknowledgments.....	vii
Chapter 1 – Introduction	
Who This Manual Is For: Leaders of Emergency Obstetric Care Services.....	1
Why Focus on Emergency Obstetric Care?.....	2
EmOC and Quality Improvement Terms and Concepts.....	2
Contents of This Manual.....	6
Chapter 2 – Building a Vision: Laying the Foundation for Quality Improvement Processes at Your Site	
The Introductory Workshop: Overview.....	9
Introduction to the Workshop.....	12
Topic 1: The Critical Steps in EmOC.....	12
Topic 2: Roles and Responsibilities in EmOC Steps.....	14
Topic 3: The Right to Quality Emergency Obstetric Care Services.....	18
Topic 4: The Quality Improvement Process.....	21
Concluding the Introductory Workshop.....	22
Chapter 3 – Facilitating the Quality Improvement Process	
Introduction.....	25
Step 1: Information Gathering and Analysis.....	26
Step 2: Developing an Action Plan.....	30
Step 3: Implementing Solutions.....	35
Step 4: Evaluating Progress and Following Up.....	37
Chapter 4 – Using Facilitative Leadership and Communication Skills	
Introduction.....	43
Leadership Skills.....	43
Communication Skills: Two-Way Communication.....	46
Applying Facilitation and Communication Skills in Conducting Participatory Meetings.....	50
Chapter 5 – Coordinating Medical Monitoring: The External Support Visit	
What Is Medical Monitoring?.....	55
Who Should Conduct an External Support Visit?.....	55
Fitting Medical Monitoring into the QI Process.....	56
Role of the Team Leader in Medical Monitoring.....	57
What Should Be Assessed?.....	58

Appendix – Individual Performance and the Quality Improvement Process	65
References	71

Figures

Figure 1: Basic and Comprehensive EmOC Services.....	3
Figure 2: Critical Steps in EmOC	13
Figure 3: Roles and Responsibilities in EmOC Steps.....	14
Figure 4: Process of Care for an EmOC Services Client	15
Figure 5: The Right to Health	19
Figure 6: Rights Framework for Quality Emergency Obstetric Care	20
Figure 7: Steps in the Quality Improvement Process.....	21
Figure 8: Information Gathering and Analysis	26
Figure 9: Multiple Whys.....	28
Figure 10: Action Plan Format: Draft Action Plan	29
Figure 11: Developing an Action Plan.....	30
Figure 12: Action Plan Format: Consolidated Action Plan	30
Figure 13: Multiple Whys: Developing a Consolidated Action Plan	32
Figure 14: Sample Action Plan	33
Figure 15: Implementing Solutions.....	35
Figure 16: Evaluating Progress and Following Up.....	37
Figure 17: Sample Timeline.....	39
Figure 18: Key to Facilitative Leadership.....	43
Figure 19: Communication Skills for Leaders	46
Figure 20: Active Listening Do’s and Don’ts	47
Figure 21: The Medical Monitoring Process	56
Figure 22: What to Assess: The Walk-through with Staff.....	59
Figure 23: Analysis of Individual Staff Performance	67

Acronyms/Abbreviations

AMDD	Averting Maternal Death and Disability Program
BP	Blood pressure
D&C	Dilation and curettage
EmOC	Emergency obstetric care
EMV	External medical visit
HR	Heart rate
IEC	Information, education, and communication
IP	Infection prevention
L&D	Labor and delivery
MOH	Ministry of Health
MVA	Manual vacuum aspiration
NGO	Nongovernmental organization
QI	Quality improvement
QM	Quality measure
RR	Respiratory rate
TBA	Traditional birth attendant
WHO	World Health Organization

Acknowledgments

Many individuals contributed their talents and expertise to the preparation of this manual and its accompanying toolbox.

Within EngenderHealth, individuals who made a significant contribution to its creation and development include Sangeeta Pati, Amy Shire, Julie Becker, and Lauren Pessa. These staff in turn benefited greatly from the invaluable input of the following reviewers in EngenderHealth's New York and country offices: Isaac Achwal, Jean Ahlborg, S. S. Bodh, Jan Bradley, Akua Ed-Nignpense, Pio Ivan Gomez, Anna Kaniauskene, Joseph Ruminjo, Jyoti Vajpayee, and Grace Wambwa. Additional input was provided by Erin Mielke, Vanessa Cullins, and Rachael Pine. Liz Harvey, Anna Kurica, Lori Leonhardt, Josephine Ventunelli, Marianne Lown (consultant), and Stephanie Greig (consultant) contributed to the editing, design, and production of the manual.

Within the Averting Maternal Death and Disability (AMDD) Program of the Mailman School of Public Health, Columbia University, individuals who made a significant contribution include Zafarullah Gill, Lucille Pilling de Lucena, and Rachel Waxman. Additional input was provided by Deborah Maine, Anne Paxton, and Judith Graeff.

EngenderHealth and AMDD especially wish to thank the following emergency obstetric care facilities, which graciously allowed us to pilot this quality improvement process and tools, and whose staff provided critical feedback on their use and applicability:

Sawai Madhopur General Hospital, Rajasthan, India
Gangapur Community Health Center, Rajasthan, India
Winneba Government Hospital, Ghana
Jinja MOH Regional Referral Hospital, Uganda
Centre de Santé de Référence de Bougouni, Mali
Centre de Santé de Référence de Yanfolila, Mali

EngenderHealth and the Mailman School of Public Health, Columbia University, gratefully acknowledge the support and contribution of the Bill & Melinda Gates Foundation, which has facilitated the preparation of this manual and the toolbox.

Emergency Obstetric Care

“For obstetricians and midwives practicing in developing countries, maternal mortality is not about statistics. It is about women: women who have names, women who have faces. Faces which we have seen in the throes of agony, distress and despair. Faces which continue to live in our memories and continue to haunt our dreams. Not simply because these are women in the prime of their lives who die at a time of expectation and joy; not simply because a maternal death is one of the most terrible ways to die ... —but above all because almost every maternal death is an event that could have been avoided, and should never have been allowed to happen.”

Source: Dr. Mahmoud Fathalla, Professor of Obstetrics and Gynecology, Assiut University, Assiut, Egypt, addressing the Technical Consultation on Safe Motherhood in Sri Lanka, 1997.

Leaders

“[Leaders] ... are not made to order. They make themselves that way. Most of the outstanding leaders I have worked with are neither tall nor especially handsome; they are often mediocre public speakers; they do not stand out in a crowd; and they do not mesmerize an attending audience with their brilliance or eloquence. Rather, what distinguishes them is the clarity and persuasiveness of their ideas, the depth of their commitment, and their openness to continually learning more. They do not ‘have the answer.’ But they do instill confidence in those around them that, together, ‘we can learn whatever we need to learn in order to achieve the results we truly desire.’”

Source: Peter M. Senge. 1990. *The fifth discipline: The art and practice of the learning organization*. New York: Currency Doubleday.

Quality Improvement

“Quality improvement is the effort to improve the level of performance of a key process. It involves measuring the level of current performance, finding ways to improve that performance, and implementing new and better methods.”

Source: Donald M. Berwick, et al. 1990. *Curing health care*. San Francisco: Jossey-Bass Publishers.

CHAPTER 1

INTRODUCTION

WHO THIS MANUAL IS FOR: LEADERS OF EMERGENCY OBSTETRIC CARE SERVICES

This manual is written for clinical staff or administrators working in emergency obstetric care (EmOC) facilities, who currently assume—or are being asked to take on—a leadership role among staff providing EmOC. You may already be in a supervisory role, either as part of your main job, or from time to time as a “task supervisor,” or your position may not normally include these activities. Regardless of your official title or current clinical or administrative role in coordinating the process outlined in this manual, you are being called upon to *function as a leader* of the EmOC staff to improve services. This manual and its accompanying toolbox will help you to:

- Introduce, demonstrate, and maintain a quality improvement (QI) process with the team of staff that provide EmOC services
- Use facilitative leadership and communication skills to structure the work environment to encourage teamwork
- Problem solve with the EmOC team rather than make unilateral decisions
- Encourage individual excellence of EmOC staff at all levels through leading by example, mentoring, coaching, and other capacity-building skills
- Coordinate input from external supervisors and technical specialists so that their input contributes to improving the quality of care at your facility

Working with an External Facilitator

This manual was developed to assist team leaders to implement a QI process. For many providers of obstetric care, the QI process and facilitation skills are already familiar because of experience with EngenderHealth’s COPE[®] (client-oriented, provider-efficient) QI tools and processes (on which this manual is based), appreciative inquiry, and similar processes. For others, the process and skills described in this manual are new. Ideally, particularly for those new to the QI process, we recommend that this process be introduced with the help of an experienced external facilitator—one familiar with both QI and facilitation skills. In this way, the experienced facilitator can mentor an internal team leader/facilitator and gradually pass on the required skills. Therefore, when this manual references internal facilitators, please understand this to include external facilitators, as needed.

As a provider or administrator of EmOC, you recognize that your goals are to save the lives of women and their babies and to prevent injury to them. The purpose of this manual is to help facility staff ensure continuous improvement of the services provided; specifically, it is designed to provide you—as the person responsible for supervising the emergency care provided—with guidance for achieving this goal. The approach described involves a QI process and a set of tools designed to address the problems that providing EmOC can present. Key to this process is your leadership in instilling a spirit of teamwork among all levels of EmOC staff and in guiding them through ongoing problem solving to achieve and maintain quality care. By adopting and adapting the facilitative leadership style and QI process described in this manual, you can motivate the EmOC team to problem solve, adopt changes in procedure, and make continuous efforts to improve EmOC services at your facility.

This QI process is modeled on EngenderHealth’s client-oriented, provider-efficient services (COPE[®]) QI tools and processes and incorporates many of the same features, including an emphasis on clients’ rights and staff needs, a set information-gathering tools, solution development and problem solving using an action plan. (The QI process is detailed in the section “What Is Quality Improvement for Emergency Obstetric Care?,” below.)

WHY FOCUS ON EMERGENCY OBSTETRIC CARE?

Every year, almost 600,000 women in the world die from pregnancy-related complications, and many more suffer from long-term disability, such as chronic pain, fistula, impaired mobility, damage to the reproductive system, and infertility. Twenty-three million women (15% of all pregnant women) develop life-threatening complications every year. The problem is most acute in developing countries, where complications of pregnancy and childbirth are the leading causes of disability and death among women of reproductive age.

Over the past several decades, maternal health programs have used antenatal screening to try to identify women at risk for complications. Though beneficial in many ways, these efforts have not succeeded in lowering maternal mortality rates. Studies show that most women who develop complications do not have any known risk factors. Indeed, even when a woman is in good health and receives antenatal care, there is no way to know whether she will develop complications and require emergency services. As a result, quality EmOC services need to be available to *every* pregnant woman; and, as a health professional, you can save lives by your vigilance and responsiveness to life-threatening complications.

The maternal health community has identified three types of delays that can affect a woman’s chances of surviving an obstetric emergency (Thaddeus and Maine, 1994). The first two—**delay in deciding to seek care** when danger signs appear and **delay in reaching a health facility**—at least in part reflect underlying social factors (lack of resources, poor infrastructure, dearth of appropriate facilities, women’s low status, family decision making about childbirth) that occur outside the facility and sometimes result in emergencies that are beyond medical help. This may be deeply frustrating for you as a health professional, and such social problems are difficult to change at the individual level. But the third type of delay—**those delays occurring once a woman reaches the facility**—is often under your control. Although many health systems in developing countries cannot support staff as adequately as desirable, there are still opportunities to do better with what resources are on hand. Indeed, QI processes can help staff change and improve practices and conditions contributing to unnecessary delay. Because the direct physical causes of maternal death—hemorrhage, complications of unsafe abortion, sepsis/infection, hypertensive disorders (eclampsia), obstructed labor—are *treatable*, your and the staff’s efforts to provide swift and competent EmOC, using resources effectively, can have a significant impact on pregnancy outcomes.

EMOC AND QUALITY IMPROVEMENT TERMS AND CONCEPTS

Defining Emergency Obstetric Care

Emergency obstetric care is often discussed in terms of “basic” and “comprehensive” care available within a facility that is provided to a woman with obstetric complications. Basic and comprehensive services are distinguished through the signal functions shown in Figure 1:

Figure 1: Basic and Comprehensive EmOC Services

Basic EmOC	Comprehensive EmOC
(1) Administer parenteral antibiotics	All (1–6) functions included in basic EmOC plus: (7) Perform surgery (e.g., cesarean section) (8) Perform blood transfusion
(2) Administer parenteral oxytocic drugs	
(3) Administer parenteral anticonvulsants for preeclampsia and eclampsia	
(4) Perform manual removal of placenta	
(5) Perform manual removal of retained products (e.g., manual vacuum aspiration)	
(6) Perform assisted vaginal delivery	

Source: UNICEF, 1997.

A basic EmOC facility is one able to perform consistently all functions 1–6; a comprehensive facility performs all functions 1–8.

What Is Quality Improvement for Emergency Obstetric Care?

This manual defines quality for EmOC in the following way: Quality EmOC involves a state of *readiness* that will enable you and the team to *respond* appropriately to obstetric emergencies in a way that fulfills the needs and *rights* of your clients.

- **Readiness:** Achieving and maintaining a state of preparedness in the facility to provide quality EmOC. This includes staff available with requisite skills and a willingness to respond to clients 24 hours a day, 7 days a week, available and functional equipment and supplies, and adequate infrastructure.
- **Response:** Providing prompt, appropriate care when emergencies arise, according to accepted clinical standards and protocols.
- **Rights:** Providing services in a manner corresponding to the rights and needs of all clients.

Clients have the right to quality care. These rights consist of:

- Access to EmOC services and continuity of care
- Safe (competent) EmOC
- Information and informed choice
- Privacy and confidentiality, dignity, comfort, and expression of opinion

Staff have specific needs to be met so that they are able to provide this care. Specifically, they need respect, dignity, and freedom to express their opinion; *facilitative supervision and reliable management* for a positive work environment; *information, training, and development* to maintain skill levels; and functional and adequate *supplies, equipment, and infrastructure* to provide correct and complete treatment.

Quality EmOC poses an unusual challenge for management because it must be available 24 hours a day, 7 days a week to be maximally effective. Thus, any QI process must be designed to address both the *constant effort* to maintain readiness and the *unpredictable nature* of obstetric

emergencies. Any attempt to improve service, then, cannot be a one-time effort but must be woven into the fabric of the facility and must function as a continuous process.

Keep in mind that good quality obstetric care involves both responding to emergencies and *appropriately monitoring and responding to normal labor and delivery* so that uncomplicated cases do not turn into complicated ones. Quality EmOC should be seen as an extension of the level of quality provided in the regular maternity wards.

Thus, this manual, though primarily directed toward facilities providing EmOC (including neonatal care), can also be used to improve the quality of uncomplicated labor, delivery, and neonatal care.

The QI process described in this manual is designed for the EmOC team to use on a regular basis so that they can assess and adjust systems and practices in a constructive way. This process begins with a foundation-laying step and continues with four steps done on an ongoing basis. The foundation step is a workshop for the EmOC team to create a vision of the quality of services they can provide. In the four ongoing steps, staff:

- Gather and analyze information
- Develop an action plan
- Implement solutions
- Review and evaluate progress

Gathering and analyzing information

In this step, staff identify areas of their work that need improvement. In working groups, staff gather information about the quality of their services from many different sources, including:

- EmOC assessment (tool included in the accompanying toolbox) and their own expertise related to the provision of services and the level of room-by-room preparedness
- Client interviews (tool included in the toolbox)
- Records review (tool included in the toolbox)
- Client flow analysis (tool included in the toolbox)
- Case review (process included in the toolbox)
- Community assessments (Community COPE[®] is one such tool)
- Medical monitoring, both by internal and external supervisors (see Chapter 5)

Through a structured process of analysis, the working groups then identify problems, examine root causes, and recommend solutions. “Root cause” refers to the primary underlying reason or reasons a problem is occurring—at the level at which an individual can have an effect on the problem. Root causes should be put in terms of specific issues that lend themselves to doable solutions. See Chapter 3 for more detail on how to find root causes.

Developing an action plan

In this step, staff identify what they will require to make improvements in the needed areas. The EmOC team reviews the individual working groups’ initial level of analysis together as a group, refine solutions, prioritize problems, and assign responsibilities and dates for completion. In developing solutions, staff should first focus on the resources they have before seeking outside assistance.

Implementing solutions

In this step, staff implements chosen solutions, with support and coordination from the team leader.

Evaluating progress and following up

In this step, the team takes time to recognize progress and celebrate successes, identify obstacles to further progress, and make new recommendations. It is also the time to plan the next round of information gathering and analysis.

By using these steps and continually revising action plans to improve service quality, the team can be motivated not only to do a good job but also to find ways continually to improve.

Principles of the Quality Improvement Process

QI is the concerted and continuous effort to do things better until they are done right the first time, every time. The aim is to move services from “actual practice” to “desired practice.” QI is based on six key principles:

- *Staff involvement and ownership:* All levels of staff should be involved in the QI process
- *Client mind-set:* The needs and expectations of clients should be met.*
- *Focus on systems and processes:* It should be recognized that poor quality is often a function of weak system and processes or problems in their implementation, rather than the fault of individuals.
- *Cost consciousness and efficiency:* QI will eliminate the costs of poor quality (e.g., rework, waste, and, in this case, death or disability).
- *Continuous learning, development, and capacity building:* Staff need skills to carry out the QI process and provide quality services; the team leader facilitates the work of the EmOC team and the development of those skills. As the QI tools are based on international standards, staff also learn standards as they carry out the QI process.
- *Ongoing QI:* There will always be opportunities to improve what the team does, and to have a sustained positive impact on services, QI must be a continuous process.

Teams

More than a collection of individuals, a team is a group of people who work interdependently to reach a common goal. As you know, EmOC is complex, requiring collaboration among many people with a wide range of skills and knowledge. Encouraging teamwork among EmOC staff harnesses the collective performance necessary to keep a facility ready and willing to provide swift and effective emergency response.

A team-based approach is equally critical to QI. According to the role each person plays in EmOC, he or she brings to the team a unique perspective about identifying and solving problems

* You may be used to referring to the people you serve as “patients.” In this manual, we use the term “clients” to reflect the view that health care and the health of individuals and families are a joint venture between a provider and a seeker of health services. Individuals and families are making choices about their health and about behaviors that affect their health, including if, when, and where to seek health services. Adopting a client focus and seeking to ensure that your clients’ needs are met or exceeded are likely to encourage more women to seek care in your facility when a serious complication arises in their pregnancy or delivery.

and making changes. So, everyone involved in the delivery of EmOC should participate in the assessment and change of practices. Who actually attends a particular QI meeting, however, will depend upon the specific problems being addressed as well as the size and resources of the facility. Indeed, an important element in QI is *staff ownership* of the process and outcomes. The more team members are involved in identifying problems, developing solutions, and solving problems, the more they will take responsibility for continually suggesting and making improvements in their work.

EmOC team members who might be participating in a QI process include clinical and support staff who are either directly responsible for obstetric services or who support emergency services. As you might conclude, this is a wide range of staff: It includes physicians, nurses, midwives, medical assistants, anesthetists, gatekeepers, receptionists, record keepers, lab technicians, cleaners, drivers, and orderlies.

CONTENTS OF THIS MANUAL

The purpose of this manual is to familiarize you with the steps of the QI process and to emphasize some key leadership skills that will help you guide the EmOC team through this process.

Chapter 1—Introduction

This chapter provides an overview of the QI process.

Chapter 2—Building a Vision: Laying the Foundation for Quality Improvement Processes at Your Site

This chapter is devoted to helping you and the team achieve a shared understanding of quality EmOC services at your site, based on standards and guidelines for readiness, response, and rights. The chapter outlines a half-day introductory workshop, during which you and the team will develop this vision together as the first step in introducing QI at your facility.

Chapter 3—Facilitating the Quality Improvement Process

Chapter 3 describes the four-step, continuous QI process that you will use in conjunction with the companion toolbox to put into practice your vision for quality EmOC services. The chapter details the four steps in the process—information gathering and analysis, developing an action plan, implementing solutions, and evaluating progress and following up—and guides you in how to conduct ongoing QI at your site.

Chapter 4—Using Facilitative Leadership and Communication Skills

Chapter 4 provides, first of all, an introduction to the facilitative leadership and communication skills that you can cultivate and draw upon while leading the EmOC team through the QI process. It also shows you how you can apply facilitation and communication skills in conducting participatory meetings for QI. Meetings, held routinely, are important to the QI process: They reinforce team and individual contributions to improving services, keep team members up-to-date, and provide opportunities to voice opinions, make suggestions, and discuss work expectations.

Chapter 5—Coordinating Medical Monitoring: The External Support Visit

The manual concludes with a chapter on how to integrate site visits from external medical monitors into the four-step QI process at your facility.

Appendix—Individual Performance and the Quality Improvement Process

Although this manual describes a team-focused process emphasizing systems and processes, the QI process leads to improvement of individual performance as well. This appendix explores the link between individual staff performance and quality of service and discusses how these issues are integrated into the four steps of the QI process. It helps team leaders and team members look at performance gaps and their root causes and solutions, as well as staff's own strengths. The appendix also presents coaching as a way to help you enhance the skills of individual team members in a supportive way and suggests ways for them to assess their own performance.

Companion Document—The Toolbox

Quality Improvement for Emergency Obstetric Care: Toolbox provides the instruments used in the QI process and instructions for their use. The tools, which are described briefly at the end of Chapter 3, include:

- EmOC assessment
- Client/family interview
- Registers and records review
- Client flow analysis
- Brief case review guidelines

These tools are intended to be modified and adapted to the needs at your site. You may wish to review the tools before use or try them once and discuss how they might be changed, based on your experience. These tools will also be available electronically.

All of the tools in the toolbox are based on the international standards in *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors* (WHO, Department of Reproductive Health and Research, 2000)—also known as the “MNH Guide.” This guide is also available on the Internet, at www.who.int.*

Both this leadership manual and the toolbox are written in a “how-to” format. They are not intended to provide instruction on the clinical aspects of emergency obstetric services, but rather on how to implement a QI system to assess and improve the quality of those services.

* A revised edition of the guide was published at the time this manual and toolbox went to press. If any changes to the standards are reflected in the 2003 edition of the guide, the tools in the toolbox may be adapted, as needed.

CHAPTER 2

BUILDING A VISION: LAYING THE FOUNDATION FOR QUALITY IMPROVEMENT PROCESSES AT YOUR SITE

THE INTRODUCTORY WORKSHOP: OVERVIEW

Your facility is about to begin a process to improve the quality of EmOC to ensure that women in need of emergency care have access to the best services available.

You and the EmOC team are about to take the first step in establishing or strengthening a QI process at your site. The purposes of this chapter are to help you and staff define the quality of EmOC services you want at your site and to provide the team with an overview of a QI process to help achieve that goal. **If you already have a QI system in place in your facility, this is not intended to replace it, but rather to be incorporated into it.** This QI process is meant to be flexible and responsive to the needs of your particular facility, and you can adapt it to integrate its main principles into your already existing systems. For example, if you already have an annual evaluation process in place, you can incorporate the participatory and continuous aspects of this QI process by having the EmOC team help conduct the assessments more frequently and recommend solutions to problems.

Note: This chapter is addressed to you as the team leader of EmOC services. If you are working with an external facilitator, he or she should read these instructions as well to guide you through the steps of preparation and orient you further to the QI process. If working with an external facilitator, we suggest you share the workshop presentation responsibilities, to the extent you feel comfortable doing so.

This chapter takes you step-by-step through leading a half-day workshop to lay the foundation for a QI system at your site. The workshop is divided into four topic areas and a summarizing session, with team-building exercises to reinforce the concepts presented in each one.

- **Topic 1:** The team will *develop a shared expectation of the steps of treating an EmOC client*, through an activity to outline the desired steps of emergency care.
- **Topic 2:** The team will *achieve an understanding of the roles and responsibilities of individuals and teams in each step of emergency care*, through an activity to define the roles and responsibilities of staff involved in EmOC.
- **Topic 3:** The team will *develop a shared vision* of the quality of services that the staff involved in emergency care expect to provide, through an activity to determine staff's perceptions of clients' rights to quality services and staff's needs in order to fulfill these rights.
- **Topic 4:** The team will *arrive at an understanding of the process to improve the quality of EmOC services*, through an explanation of QI principles and a description of the QI process.
- **Wrap-up:** You will *summarize* the workshop and *plan for the next steps*.

From the above discussions, the three key elements of ensuring quality EmOC services—*readiness, response, rights*—will emerge:

- **Readiness:** Achieving and maintaining a state of preparedness in the facility to provide quality EmOC. This includes sufficient numbers of staff available with requisite skills

and a willingness to respond to clients 24 hours a day, 7 days a week, available and functional equipment and supplies, and adequate infrastructure.

- **Response:** Providing prompt, appropriate care when emergencies arise, according to accepted clinical standards and protocols.
- **Rights:** Providing services in a manner corresponding to the rights and needs of all clients and staff.

Generating Institutional Support (“Buy-In”)

For QI processes to be most effective and sustainable, getting management support is critical, both at the site level and from key external stakeholders.

Key stakeholders are those staff who have some decision-making authority or supervisory responsibilities. At the facility level, they could include, for example, the medical officer-in-charge, the head ob-gyn, the head nurse or midwife, or the hospital administrator. At the level of the health care system, key stakeholders could include senior-level people among the medical, clinical, and supervisory staff. Positions and titles may vary in different sites and organizations, and additional key stakeholders may exist (e.g., donors, insurance groups, etc.). You or the external facilitator will need to identify the key stakeholders for each individual site to ensure that key people are oriented to the QI process.

Generally, whoever is involved in initiating the QI process (e.g., you, your supervisor, an external supervisor) develops some kind of orientation for the stakeholders to achieve their support. During this orientation, key concepts to convey include:

- The urgency of the need for quality EmOC
- The importance and effectiveness of a participatory QI approach
- What the QI process consists of
- The stakeholders’ role in the process, including the ongoing commitment required

There is no single preferred method for conducting this orientation, though it should be held in person and should fit the circumstances and schedules of the people involved. It could include a single meeting with key managers, a series of meetings, or a workshop with representatives from several sites or institutions. In planning an orientation, knowledge of the main points you wish to convey and flexibility are key: Your planned two-hour presentation could turn into a 10-minute discussion if circumstances change and the manager is called away.

For more details on orienting key managers, please refer to Chapter 2 in the *COPE® Handbook: A Process for Improving Quality in Health Services, Revised Edition* (EngenderHealth, 2003).

Some Suggestions Before You Start

Review the concepts essential to this QI process. Chapter 1, Introduction, contains overviews of the main ideas behind the QI process described in this manual and is meant to be used as a reference. For more help in facilitating meetings, see Chapter 4, Using Facilitative Leadership and Communication Skills.

Make sure you are up-to-date with the technical standards and protocols your facility is using for EmOC. This manual assumes an understanding of the technical and clinical concepts behind providing EmOC. For a review of the differences between basic and comprehensive EmOC, see Chapter 1. The exercises in this chapter will call upon you and the staff to compare current practice with desired practice, based on either international, your country's, or your particular facility's standards and guidelines.

Reflect on how you can demonstrate many of the principles of QI as you conduct this introductory workshop. Throughout the workshop, you can model almost every principle described in Chapter 1:

- By bringing a client perspective into the discussion, you are cultivating a *client mind-set*.
- By involving all staff in this workshop and encouraging maximum participation, you are encouraging *staff involvement and ownership*.
- By valuing an atmosphere of group participation and teamwork and by emphasizing that poor quality is often a function of a system rather than the fault of individuals, you are *focusing on processes*.
- By encouraging and listening to staff's ideas in the workshop and supporting them to take on responsibilities for improving quality and maintaining the standards of care that they are committed to, you are *facilitating continuous learning, development, and capacity building*.
- By letting the team know that they will review the results of this workshop together periodically and that they will be repeating the information gathering and analysis on a continual basis, you are *demonstrating ongoing QI*.

Who Should Come?

Participants. Involving staff in the QI process is the key to its success. Participants at the introductory workshop are staff involved in *preparing for, receiving, and treating* EmOC clients. Thus, clinical and administrative staff from the maternity ward, pediatrics, pharmacy, and laboratory, as well as support staff, guards, maintenance, and receptionists, should all be strongly encouraged to attend.

Every staff member at your site is an expert in some aspect—medical, logistical, technical, administrative—of EmOC at this particular facility and in this particular community. The staff are also the ones most familiar with how things work or do not work. Therefore, this process relies upon all levels of staff having many opportunities to *identify successes* that can be replicated or expanded and *problems* that need to be addressed.

Preparing for the Introductory Workshop

Time frame: In general, expect this workshop to take approximately four hours, depending on how large your site is and how many staff participate.

Materials required: You will need flipcharts and marker pens. If you decide to use the alternative activities suggested, you will also need index cards and pens.

Preparation required:

- Organize a time and place for the workshop and communicate this information to the staff to be invited.
- Ensure that the seating arrangements are comfortable and arranged to allow for maximum participation (e.g., u-shape, circle, semicircle).
- Prepare a flipchart of the six critical steps in EmOC, according to the generic model based on international standards (see Figure 2).
- Prepare two flipcharts to help staff identify roles and responsibilities in these critical steps in EmOC. The first flipchart should be in the form of a blank table as in Figure 3. The second flipchart should be completed as per Figure 4.
- Optional: Prepare a flipchart of the Right to Health (see Figure 5).
- Prepare a flipchart of the Rights Framework for Quality Emergency Obstetric Care (see Figure 6).
- Prepare a flipchart with the figures showing the QI steps/process (see Figure 7).
- Optional: Prepare a flipchart with the six principles of QI (see Chapter 1).
- Prepare a flipchart with an action plan format (see Figure 10)
- Cover up these flipcharts until they are needed in the discussion.

INTRODUCTION TO THE WORKSHOP

(Approximate time frame: 15 minutes)

Welcome participants and set some ground rules for participation (see Chapter 4 for facilitation tips and suggestions for conducting meetings).

Begin the workshop by explaining its goals:

- To introduce participants to the concepts of QI or to reinforce them if they are already familiar with them from previous experience
- To introduce the concepts of readiness, response, and rights in delivering quality EmOC
- To find out what their experiences are in delivering EmOC at this facility and how they think it might be improved
- To introduce a range of tools for gathering information on the quality of EmOC services within this facility
- To set a date for the next meeting at which the team will be instructed in using these tools and will begin the information-gathering process

TOPIC 1: THE CRITICAL STEPS IN EMOC

(Approximate time frame: 45 minutes–1 hour)

In this first topic, you will lead staff in generating the concept of “readiness” for an emergency. You will do this by outlining with participants the steps for caring for the EmOC client in your facility and comparing it with a generic model consistent with international standards.

Introduce topic 1 by explaining: “We are going to begin our discussion of quality by examining ourselves and what we do as providers of EmOC.”

(a) Brainstorming activity:

- Ask participants to describe what would happen to a pregnant woman if she were hemorrhaging (for example), and she arrived at your facility. Ask them to start from the woman’s very first contact with someone at the gate or entrance of your facility and up until she returns home.
- Write on a flipchart how this woman was cared for, step-by-step, from arrival to the time of her departure. Note: The focus of this activity is what happens within your facility and how the staff would care for this woman.

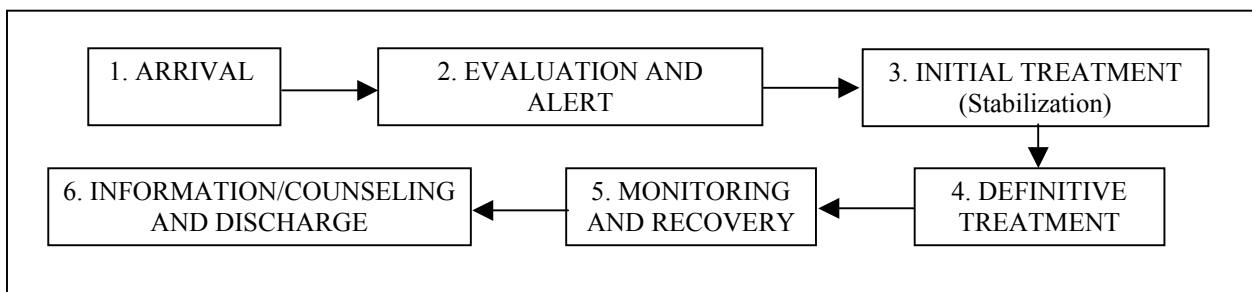
Alternative activities:

- Divide participants into groups of three or four people. Ask each group to draw a map of the facility to show the path of what happens and where it happens for a client arriving with an obstetric emergency. Ask each group to elect a presenter to summarize the steps of care shown on their map.
- Ask a presenter to call out a list of steps. Then encourage a volunteer to come up with a list of his or her own. Ask the group to compare the two lists to each other and to discuss similarities and differences, comparing with the steps outlined in Figure 2.

(b) Discussion:

- Summarize the key points listed on the flipcharts from your brainstorming activity.
- Present and review the critical steps in EmOC that you previously prepared on a flipchart. See the flowchart (Figure 2).
- Explain that these steps are based on a generic model consistent with international standards and may or may not be the same as the steps that have been identified by the team, depending on the guidelines used in your facility, which could be national guidelines. If so, they will supercede international guidelines, and the differences should be clarified.
- Compare the steps of care at your site to the critical steps outlined in the flowchart. Ask the following questions:
 - “Based on the comparison of what happens at this site with the critical steps described, are there steps at this site that are different?”
 - If yes: “Why are they different?” Ask the question “Why?” several times until you feel that staff are getting to the root cause or causes of the issue.
 - “Do you think that it is necessary to change what is currently done at this site given these differences, or is it okay for them to remain as they are?” (Again, it is helpful to probe to ensure that the root explanation is understood.) You can prompt: “How are clients treated?” “Are their needs acknowledged and respected?” “Are staff’s rights and needs acknowledged and respected?”

Figure 2: Critical Steps in EmOC



(c) Concluding points:

- *Point out* that no matter what resources are available, responding effectively to the needs of an EmOC client requires staff who *know the appropriate procedures, have the appropriate skills, and work together as a team.*
- We draw on these essential ingredients of knowledge, skills, and teamwork to *attain a state of continual readiness* to respond when an emergency arises.
- We are creating a model of quality EmOC, and the first component we have defined is *readiness.*

TOPIC 2: ROLES AND RESPONSIBILITIES IN EMOC STEPS

(Approximate time frame: 45 minutes–1 hour)

This section will lead you through a process of outlining the basic roles and responsibilities of the participants in the QI process, both from the individual and the team perspective.

Begin by stating: “So far, we have come to an agreement on an *outline of what actually happens* in caring for an EmOC client at this facility. Now we are going to look at the roles and responsibilities of staff.”

Point out that the performance of each team member, as an individual and as a member of the team, is pivotal in saving a life. Flexibility in emergency situations is key.

(a) Brainstorming activity:

- *Ask* the participants what they think the various staff members must do to respond effectively to an emergency—in a manner that is *consistent with standards and guidelines* and that is also *efficient, proficient, and compassionate.* (You may wish to spend a few minutes discussing what these terms mean to staff first.)
 - *Organize* the participants into six working groups and ask each group to discuss one of the six critical steps in EmOC outlined in the previous session (see Figure 2 above). For each step, they should identify where it occurs, what actions should be taken or what standards apply, and who is responsible. They should use the format you prepared earlier (see Figure 3).
 - *Allow* approximately 15 minutes for this discussion.
 - *Ask* one representative from each group to read out their suggestions and present their group’s flipchart.

Figure 3: Roles and Responsibilities in EmOC Steps

Step	Possible Location	Actions/Standards	Staff Involved

(b) Discussion:

- *Review* the flipcharts with all participants and ask if anyone thinks there is anything missing.
- *Compare* the participants' flipchart with the flipchart that you had previously prepared (see Figure 4).
- *Discuss* one or more of the following questions, as time permits:
 - What would you say are the most important things that you as an individual do to respond to an emergency?
 - How does the EmOC team coordinate with other units in the hospital? How do others in the hospital coordinate with the team?
 - Does the team need to change something about the way in which they respond to an emergency? Do individual team members need to change something about the way in which they respond to an emergency? If yes, why?
 - How does responding to emergency care differ from caring for uncomplicated obstetric care? How is it similar?

(c) Concluding points:

- *Explain* that what the group has been doing together is creating a model of quality EmOC and that this topic relates to its second component, provider *response* to an obstetric emergency.
- *Point out* that the individuals in the various roles and responsibilities they have been discussing together form part of the *team* responding to emergencies. Thinking of each other as members of a team, and working together as such as opposed to thinking of themselves only as separate individuals with narrowly defined roles, is critical to improving quality of care.
- *Discuss* the idea that quality EmOC stems from quality obstetric care in general. Appropriate monitoring and response to uncomplicated obstetric cases can prevent emergencies from occurring. The principles of quality you are discussing today apply no matter whether a woman is laboring normally or with complications.

Figure 4: Process of Care for an EmOC Services Client

Step	Possible Location	Actions/Standards	Staff Involved <i>Unless specified, this refers to nurses, midwives, doctors, paramedics</i>
1. Arrival	Gate	<ul style="list-style-type: none"> • Greet client and family. • Direct client and family to area for initial evaluation. <p>If emergency situation is recognized:</p> <ul style="list-style-type: none"> • Place client on trolley/wheelchair. • Transport client to appropriate place. • Alert designated emergency response person to initiate step 2. 	Gatekeeper who is sensitive to urgency of relatives, capable of recognizing obvious emergency (coma, blood everywhere), transporting, alerting

continued

Figure 4: Process of Care for an EmOC Services Client (continued)

Step	Possible Location	Actions/Standards	Staff Involved <i>Unless specified, this refers to nurses, midwives, doctors, paramedics</i>
2. Evaluate and alert EmOC clinical staff	<ul style="list-style-type: none"> • Emergency room* • Obstetric evaluation area • Labor and delivery (L&D) (area with 24-hour personnel) <p>* “Emergency room” refers to either an actual room or any area in the facility where emergency evaluation occurs.</p>	<ul style="list-style-type: none"> • Take quick history, do physical exam. • Make provisional diagnosis. <p>If emergency situation is determined:</p> <ul style="list-style-type: none"> • Alert EmOC clinical staff. • Prepare for transport to L&D if needed (trolley/wheelchair, personnel acquired) • IF CLIENT IS UNSTABLE, PROCEED IMMEDIATELY TO STEP 3. • Evaluate labs, monitor fetus and mother, date pregnancy, determine fetal position. 	Health care person who is capable of diagnosing obstetric emergency
3. Stabilize and prepare for definitive treatment	<ul style="list-style-type: none"> • Emergency room • Obstetric evaluation area • Labor and delivery 	<p>While awaiting definitive treatment:</p> <ul style="list-style-type: none"> • Stabilize vital signs: (IV fluids, anti-convulsant, oxytocics, pressure on lacerations, Trendelenburg, oxygen, CPR). • Transfer to L&D. • Prepare client, staff, facility for definitive treatment. • Repeat steps 2 and 3 until definitive treatment initiated. 	Health care persons who are capable of providing stabilizing treatment, preparing for definitive treatment
4. Provide definitive treatment	<ul style="list-style-type: none"> • Delivery room equipped for procedures • Operating room 	<ul style="list-style-type: none"> • Reconfirm diagnosis and definitive treatment decision. • Administer definitive treatment.** <p>** “Definitive treatment” is defined as life-saving procedures, including</p> <ul style="list-style-type: none"> – Provision of IV fluids – Nonroutine provision of antibiotics or oxytocin or ergometrine – Blood transfusion – Manual placenta removal – Uterine evacuation – Vacuum/forceps delivery <ul style="list-style-type: none"> √ Hysterectomy √ Laparotomy – Cesarean section – Laceration repair 	<p>Health care person who is capable of performing all duties described above and reconfirming diagnosis and administering definitive treatment</p> <p>(Note: A midwife or doctor usually performs definitive treatment. The entire EmOC clinical staff performs a cesarean section. Some treatments, like hysterectomy, may require calling in a consultant.)</p>

continued

Figure 4: Process of Care for an EmOC Services Client (continued)

Step	Possible Location	Actions/Standards	Staff Involved <i>Unless specified, this refers to nurses, midwives, doctors, paramedics</i>
5. Recovery	Ward <i>or</i> recovery room	<ul style="list-style-type: none"> • Provide intense monitoring for 24–48 hours,*** then routine monitoring of client (vital signs, fluid intake and output, bleeding, labs). • Recognize warning signs/emergencies. • Provide stabilizing treatment (defined in step 3) as needed. <p>*** This timeline is flexible and appropriate to the nature of the complication.</p> <p>(<i>Note: The above are facilitated by having guidelines for monitoring, a.m. clinical rounds, maintaining a functional system of recording doctor or midwife’s orders and carrying them out, maintaining records</i>)</p>	<p>Health care person who is capable of monitoring, recognizing warning signs, diagnosing emergency, initiating stabilizing treatment</p> <p>(<i>Note: EmOC clinical staff needs to stay for at least two hours after definitive treatment and until the client is stable.</i>)</p>
6. Discharge	Ward	<ul style="list-style-type: none"> • Evaluate for stability for discharge. • Counsel client and family on warning signs/where to go/follow-up. • Provide individualized discharge planning, including linkages with appropriate reproductive health services (e.g., family planning counseling and services, including for postabortion clients). • Provide pain control as needed (e.g., for postabortion complications or postcesarean section). • For postabortion complications or clients with poor neonatal outcomes, provide emotional support. <p>(<i>Note: Emergency clients need individualized discharge planning. This means that follow-up should be individualized according to their circumstance. This may mean arranging community follow-up or transport.</i>)</p>	<p>Health care person who is capable of performing actions described</p> <p>(<i>Note: Evaluation for stability should be done by the doctor or senior midwife.</i>)</p>

TOPIC 3: THE RIGHT TO QUALITY EMERGENCY OBSTETRIC CARE SERVICES (Approximate time frame: 45 minutes)

In this step, you will guide the staff in exploring and defining clients' rights to quality services. By the end of this session, participants will be able to describe *readiness* and *response* as integral aspects of clients' *rights* to quality care and explain that these three components are interdependent.

You can begin by saying: "We have talked about EmOC from the point of view of ourselves as providers of care. Now we will look at the care we provide from the perspective of the clients who receive our services."

(a) Brainstorming activity:

- *Ask* the participants: "What do you think quality of care means from a client perspective?"
 - You may choose to do this by *asking team members to visualize* for a minute their response to the following question: "If you or your sister, mother, cousin, or friend came to this facility for emergency care, what kind of services would you or they want, and how would you or they want to be treated?"
 - Another variation: *Ask* participants to close their eyes and imagine their facility some years into the future, after services have been improved. *Tell* them to open their eyes and *ask* them to describe what they imagined and how they would be treated at that facility if they needed care.
- *Write* all answers on a flipchart. *Encourage* team members to be very specific about their ideas.

Alternative activity:

- *Give* participants two or three index cards each and *ask* them to write their answers. *Ask* each person to give you his or her most important card and then *tape* the cards on the wall. *Ask* participants to give you the next card and the next, until you have collected all cards. *Ask* them to help you group similar responses together and *give* each group a name that describes them. (Note: This is a very productive way to gather information, but it takes longer than the brainstorming described above. Where there are a lot of participants, it may not be the best way to ensure participation.)
- This activity can also be done fairly rapidly by collecting all cards and reading the statements out loud while one participant writes them on a flipchart. When an idea is repeated, a mark or a dot can be put next to the idea.

(b) Discussion:

- *Summarize* the key points listed on the flipcharts.
- *Explain* that every person has the *right to health*, defined as "the right to the highest attainable standards of physical and mental health" (United Nations, 1966) (see Figure 5). This includes the right to control one's body, the right to access to health care—and the right to "emergency obstetric services and access to information, as well as to resources necessary to act on that information."
- *Explain* that in an effort to define the right to quality health services, a framework of clients' and staff's rights (see Figure 6) in EmOC was developed.

- *Explain* that in order to meet these clients’ rights, staff have needs for effective management and supervision, training, and development, as well as for adequate infrastructure, equipment, and supplies. They also have the right to be treated with respect and dignity and to freely express their opinions.
- *Show* participants the Rights Framework for Quality Emergency Obstetric Care Services flipchart that you prepared before the session.
- *Ask* the team to compare their answers to the elements listed in the rights framework flipchart.
- *Emphasize* the similarities between the team’s list and this list.
- *Emphasize* that “readiness” and “response” are aspects of clients’ *rights* to safe EmOC and that the model of quality EmOC depends upon the coexistence of these three components. *Mention* that the main tool the team will be introduced to—the EmOC assessment—is organized around this rights framework.
- *Emphasize* anything that you think is additional to this list.
- *Ask* participants if they have any comments or questions on this issue of the right to quality service.

Figure 5: The Right to Health
(International Covenant on Economic, Social and Cultural Rights, Article 12)

Everyone has “the right to the highest attainable standards of physical and mental health.”
This includes:

- Right to control one’s body
- Right to access health care
- Right to “emergency obstetric services and access to information, as well as to resources necessary to act on that information”

Source: United Nations, 1966.

Figure 6: Rights Framework for Quality Emergency Obstetric Care*

CLIENTS

Access to EmOC services and continuity of care: Clients have rights to EmOC services that are affordable, available 24 hours a day, 7 days a week, and at places convenient to them, without physical barriers to the facility, inappropriate eligibility requirements, social barriers, or discrimination. EmOC clients have rights to continuity of services, supplies, follow-up, and referral.

Competent EmOC: Clients have rights to safe EmOC services provided by skilled staff who are competent to implement appropriate and effective EmOC medical practices and policies, with attention to infection prevention.

Information and informed choice: Clients have rights to accurate, appropriate, understandable, and unambiguous information related to EmOC, as well as to reproductive and overall health. *To the extent possible in an emergency situation*, clients have rights to make voluntary, well-considered decisions on the basis of options, information, and understanding. It is the providers' responsibility to either confirm or help the client and/or family reach an informed choice.

Privacy and confidentiality, dignity, comfort, and expression of opinion: Clients have rights to privacy and confidentiality during delivery of EmOC services and in the handling of clients' medical records and other personal information. Clients have rights to be treated with respect and consideration in the provision of EmOC services. Staff need to ensure that clients are as comfortable as possible during procedures. Clients need to be encouraged to express their views freely, including when their views differ from those of service providers.

STAFF

Respect, dignity, and expression of opinion: Staff need to be treated with respect and dignity and to freely express their opinions.

Facilitative supervision and management: Health workers function best in a supportive work environment with facilitative management and supervision that motivate staff and enable them to perform their tasks well and better meet the needs of external clients.

Information, training, and development: For a facility to provide quality EmOC services, staff must possess and continuously acquire the knowledge, skills, and attitudes needed to provide the best EmOC, reproductive, and overall health services possible.

Supplies, equipment, and infrastructure: In order for health workers to provide good EmOC services, staff need reliable and sufficient supplies, equipment in working order, and adequate infrastructure.

* This framework was adapted by AMDD from various rights frameworks for quality of care, including Huezo, C., and Diaz, S. 1993. Quality of care in family planning: Clients' rights and providers' needs. *Advances in Contraception* 9:129–139; and Bruce, J. 1990. Fundamental elements of quality care: A simple framework. *Studies in Family Planning* 21(2):61–91.

TOPIC 4: THE QUALITY IMPROVEMENT PROCESS

(Approximate time frame: 30 minutes)

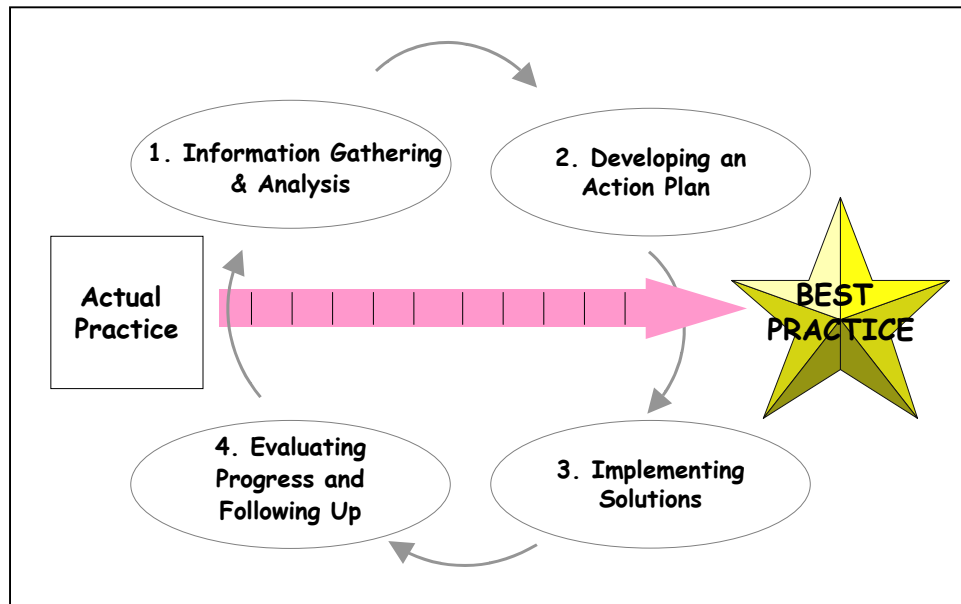
This topic will introduce the four steps of the QI process that the team will begin to use on an ongoing basis. These steps are information gathering and analysis, developing an action plan, implementing solutions, and evaluating progress and following up. (The steps are outlined briefly in Chapter 1. In Chapter 3, the four steps are described for you in more detail to enable you to lead the QI process at your site.)

Begin by explaining: “We have spent this morning building a vision of quality services for EmOC and exploring the steps of providing that care and where our roles and responsibilities lie in doing so.” The next questions become: “How do we get from here to there? How do we go from our actual practice to our desired practice?”

Introduce the concept of continuous QI and the steps of the process.

- This QI process is the underlying framework we will use together to improve the quality of EmOC services.

Figure 7: Steps in the Quality Improvement Process



- *Review* the above diagram (Figure 7) with the team. *Explain* that the QI process is built on four steps that are part of a *repeating* process. Briefly explain what is involved in each step and why repeating the process is important to maintaining quality. (Let participants know that you will be explaining this in more detail as the QI process unfolds.)
 - *Information gathering and analysis:* Using a range of tools (to be introduced at a subsequent meeting) to gather information about the quality of services within the site, identify potential problems and the root causes of those problems, and, in a preliminary way, think of potential solutions to those problems.

- *Developing an action plan:* Discussing as a group the problems identified, coming to consensus as to their root causes and recommended solutions, and recording problems, root causes, and solutions on an action plan that is used as a workplan for implementation.
 - *Implementing solutions:* Carrying out the solutions recommended in the action plan.
 - *Evaluating progress and following up:* Meeting to review the status of the action plan, discuss which actions have been implemented, and follow up on what has been working well and what may need to be changed. This step is followed by repeating the information-gathering process to collect new data on the level of quality, and the steps of the process repeat.
- *Explain* that the goal is to implement the best possible practices given your situation and resources—to do the right things right, the first and every time.
 - The key ingredient to success in using the QI process is involving all levels of staff, individually, as teams, and as part of your facility.
 - Over time, using this process will help the staff move from existing practices to desired practices.
 - *Explain* the six key principles—*staff involvement and ownership; client mind-set; focus on processes; cost consciousness and efficiency; continuous learning, development, and capacity building; ongoing QI*—underlying the implementation of QI. (Refer to the flipchart, if you have made one.)
 - Point out how you and the team have been applying these same principles during this workshop.
 - *Ask* if they have any questions about the QI process or its underlying principles.
 - *Schedule* a time and place to begin the QI process. *Explain* that, at that time, you will further describe the details of each of the four steps and use one or more of the tools provided to help you assess services.

CONCLUDING THE INTRODUCTORY WORKSHOP

(Approximate time frame: 20 minutes)

- *Remind* participants that you have accomplished four important tasks in this workshop:
 - You have begun to clarify the steps of EmOC that you will follow at this site. (*Refer* to the flipcharts from topic 1 and identify one or two significant things about the steps identified by the participants.)
 - You have begun to clarify what steps need to be taken when, where, and by whom to ensure that women requiring EmOC receive the best possible care that you can give. (*Refer* to the flipcharts from topic 2 and identify one or two significant things about the roles and responsibilities identified by the participants.)
 - You have focused attention on the rights of your clients to quality health care, a critical need for pregnant women if they are to deliver healthy children and remain healthy themselves. You have also noted that, in order to fulfill these rights, staff have needs. (*Refer* to the flipcharts from topic 3 and identify one or two significant things about the rights identified by your participants.)
 - You have reviewed the process you will use to help improve the quality of EmOC services. This process is staff driven and depends on active involvement at every level in order to work. You and the staff will be working together as a team on this. (*Refer* to the flipcharts from topic 4.)

- *Celebrate* the accomplishments of this workshop. (Yes—round of applause!) Note how all levels of staff have made essential contributions and how, by working as a team, they produced a richer result. It is this kind of participatory, collective, focused work that will help improve the quality of EmOC as well.
- *Inform* participants when you will be carrying out the QI activities and any other major events planned in the near future, such as staff meetings, etc.
- *Thank* those present for their participation.

CHAPTER 3

FACILITATING THE QUALITY IMPROVEMENT PROCESS

INTRODUCTION

Within a few weeks of the introductory meeting, you should begin the QI process at your facility, helping the team use the tools provided in the toolbox that accompanies this manual. This chapter walks you through the four steps of the QI process, suggesting tools and techniques appropriate to each step. At the end, a section explains how to establish the ongoing, cyclical nature of the process and integrate it into the work environment at the facility. This is illustrated by a timeline for QI activities.

The QI process consists of four steps. You will guide the team through:

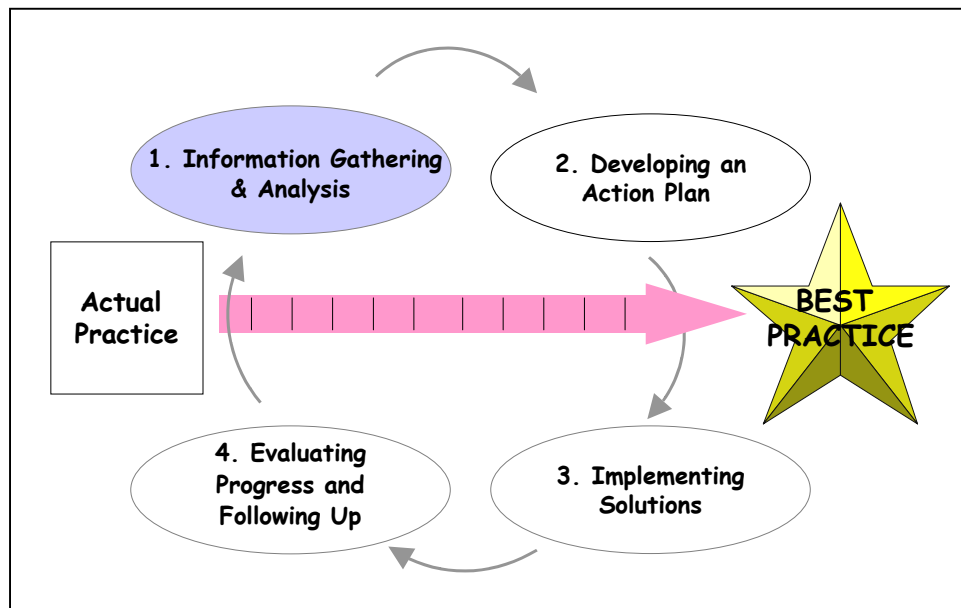
- Information gathering and analysis
- Developing an action plan
- Implementing solutions
- Evaluating progress and following up

The process and tools provided will help you and the staff address all the components of service that influence quality: clinical standards, managerial and logistical aspects, room-by-room readiness for emergencies, and rights and needs of clients and staff.

Your role as team leader is to ensure that the team examines these aspects of care in a constructive and systematic way, so that gaps identified are analyzed and lead to solutions, solutions lead to constructive action, and action leads to improvements in service. In addition, by “learning through doing,” staff will experience the benefits of a team approach, not only to improving quality of service, but to improving their own performance in routine delivery of EmOC services. Your behavior and the type of leadership you demonstrate are important to every step of the QI process.

STEP 1: INFORMATION GATHERING AND ANALYSIS

Figure 8: Information Gathering and Analysis



Purpose

To assess the gap between actual and desired practice in the services involved in facility readiness and response to, and clients' rights in, obstetric emergencies.

Participants

In general, all levels of staff involved in providing a service should also be involved in the QI of that service. The exact makeup of participants will depend upon the tools being used at the time.

Tools (included with instructions in the toolbox)

- Primary tool: EmOC assessment
- Additional tools:
 - Client/family interview
 - Client flow analysis
 - Registers and records assessment
 - Brief case review guidelines

Other possible tools (not in the toolbox) could include a variety of community assessments (e.g., CARE's FEMME Community Assessment, EngenderHealth's Community COPE). If your facility is already using QI tools, you can adapt them to the process described here if you wish.

Process

Information gathering and analysis go hand in hand. You are never merely gathering information about services; you are also naturally going through a process of analyzing the strengths and

problems you find. To explain more clearly what happens during assessment activities, information gathering and analysis are discussed separately in this section, even though in practice you will find that they are always linked together. The chief objective is to stimulate dialogue and problem solving, not simply checking items off a list.

Information Gathering

Ideally, you should begin information gathering with the EmOC assessment tool. Organized into sections corresponding to the clients' and staff's rights and needs, it covers all aspects of EmOC, from facility readiness to staff response, when an emergency arises. Where these findings reveal issues needing closer analysis, the team uses additional, more specific tools from the toolbook. For example, if delays are found to be a problem, the team might use the client flow analysis tool to identify where and why these delays occur. If women's dissatisfaction with services seems to be an issue, the client/family interview tool will help staff gather information directly from women and their families. All tools are listed at the end of this chapter, as well as in the toolbook, which explains how to use them and how each one fits into the QI process.

Information gathering is carried out in small working groups. Depending on what is being assessed and how many staff are participating, each group may be responsible for a particular part of the assessment. For example, several working groups could each take two or three rights sections of the EmOC assessment, while another group conducts client interviews. (If the number of participating staff is fewer than five, it may not be feasible, or necessary, to break into working groups.) Working groups should consist of a mix of different levels of staff, but be sure to assign some staff to each working group who will be able to answer the more technical or medical questions. For the EmOC assessment tool, each working group should identify a note taker and a scorer.

Your role is to see that team members are clear about the purpose of their part in information gathering and that both strengths and weaknesses are recorded. Here are some specific steps you, as facilitator, can take:

- *Read the instructions* for each assessment tool being used and familiarize yourself with each question in the instrument.
- *Make copies* of the tool for each working group and provide pens and pencils, as needed.
- *Decide on a date* for conducting the assessment. Consult with facility management and EmOC staff to determine when the activity will least disrupt the services. Decide on a plan to handle emergencies during information-gathering activities.
- *Identify* who will be in each working group and inform them of the time and place for their activity.
- *Remind key department heads and other staff* that the activities will take place on a particular date.
- *Organize a preparatory meeting* to review the instruments' contents and how to use them. It might be beneficial to invite department heads or other hospital administrators to this meeting, so they will know what to expect in this step of the QI process.

Analysis

While in their small working groups for information gathering, the staff begins developing an action plan by analyzing findings from their assessment to identify problems, root causes, and to

develop solutions. The working groups will then be prepared to present the results of their analyses to the larger group for discussion and integration into an overall action plan for EmOC services. Specifically, staff will:

Define the problem:

- A problem is the difference between the actual situation (as found from assessment tools) and the desired situation (as defined by clinical standards and in the shared vision developed earlier; see Chapter 2).
- Team members must agree this is a problem.
- State the problem as specifically as possible (e.g., “Drugs in emergency kit in maternity ward are missing or out of date,” rather than “The maternity ward is not adequately prepared for obstetric emergencies”).
- Put problems in terms of processes and systems, not the fault of individuals.
- Identify problems that are feasible for staff to address.
- Discuss the effect of the problem on staff and clients.

Identify root causes:

- A root cause is the underlying reason or reasons a problem exists—at the level that an individual can have an effect on the problem. Root causes should be put in terms of specific, concrete issues that lend themselves to doable solutions. In addition, there can be more than one root cause for a problem.
- To identify root causes, use the “multiple whys” method (Figure 9). By asking “Why?” at least three times and “Are there any other causes?,” the team will get closer to the underlying reasons a problem exists at the facility and will find it easier to arrive at an effective solution.

Note: The idea behind the “multiple whys” technique is to draw out the “what, where, when, and who” of the problem. Behind the “why” could be other questions, such as “When is this a problem?” “Who is involved in this activity?” and “Which aspect of the blood transfusion process is an issue here?”

Figure 9: Multiple Whys

Finding:	There is a long delay between the time a complication arises on the maternity ward and the time an appropriate provider arrives on the scene.
Why?	Ward staff do not know which providers are on call and how to reach them.
Why?	There is no duty roster with this information posted in the client-care areas.
Why?	This information is available only in the matron’s office, which she keeps locked when she is not in.

Recommend solutions:

- Have staff offer, discuss, and agree upon solutions.
- Solutions should address root causes.
- Have staff look at successful practices in other parts of the facility for possible solutions.

- Most solutions should be ones that staff can implement themselves with available resources.
- Some solutions may need to be divided into multiple steps.

Identify by whom and by when:

- The team should identify the person who can most easily implement an action based on his or her knowledge of a procedure, process, or task. Use actual names, not titles.
- The designated individual does not have to implement the solution alone but rather be responsible for ensuring that it gets done. When solutions are divided into multiple steps, different team members can be assigned to particular tasks (see Figure 14).
- The same person should not be responsible for carrying out too many solutions. Probe to find out who else can be responsible for different solutions.
- Although some solutions may need outside resources, senior staff or external organizations should be named as little as possible. The objective is to motivate team members to change their own practices and use existing resources more efficiently before requesting additional resources.
- The time allowed for implementation of solutions should be realistic.

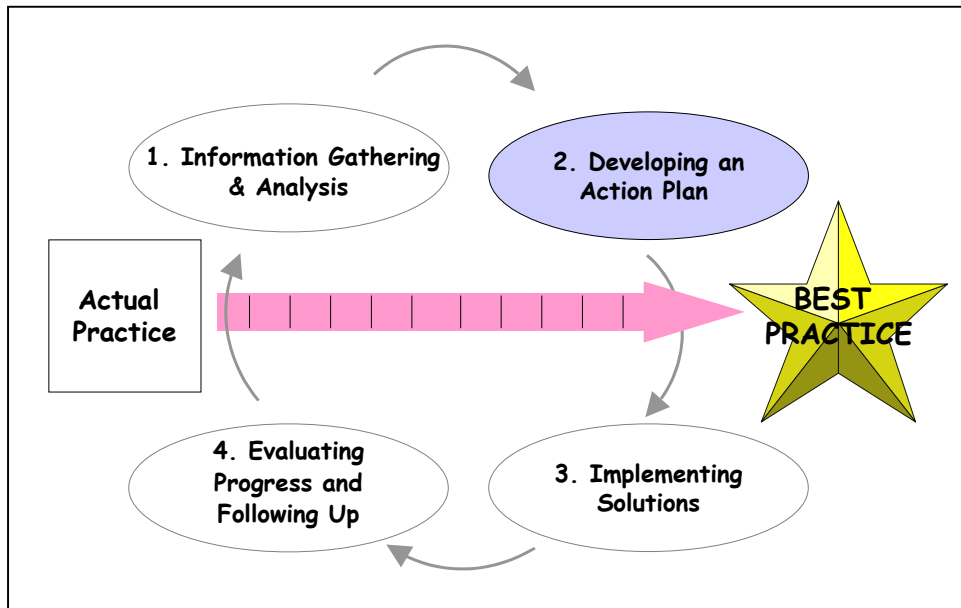
The note taker should use the draft action plan format below (Figure 10) to record team agreements. It will be presented for comments to the larger group during the action plan meeting.

Figure 10: Action Plan Format: Draft Action Plan

Problem	Root Cause(s)	Solution	By Whom	By When	Status

STEP 2: DEVELOPING AN ACTION PLAN

Figure 11: Developing an Action Plan



Purpose

To develop one consolidated action plan that will serve as the guide you and the staff will use to improve quality of EmOC service delivery, through discussion of the working groups’ draft “mini action plans.”

Participants

The meeting to develop a consolidated action plan should include all staff who participated in information gathering and, if appropriate, representatives from other services who will be involved in carrying out solutions included in the action plan. Depending on the solution and the organization of EmOC services, these additional participants may include representatives from laboratory, blood bank, or maintenance services.

Tools

- Action Plan Format

The consolidated action plan is recorded using the same format as the one used by working groups developing draft mini action plans (see Figure 12).

Figure 12: Action Plan Format: Consolidated Action Plan

Problem	Root Cause(s)	Solution	By Whom	By When	Status

Process

Together in this meeting, you will develop one consolidated action plan for all staff to implement. During this meeting, you and the staff will pull together the action plans from each working group, combine and refine problems and root causes, eliminate duplication, confirm responsibilities and timelines, and prioritize the order of implementation. To accomplish this successfully, you should ensure that staff follow these six steps:

- Identify problems.
- Find root causes.
- Develop feasible solutions.
- Decide who will take responsibility for implementation.
- Decide when they will accomplish the task.
- Prioritize actions by problem importance and solution feasibility.

As you can see, most of these steps are the same as those done earlier in the smaller working groups. The last step, *prioritization*, is crucial and is usually done during the group decision making that occurs during the action plan meeting.

As team leader, you should remember *how* teams arrive at an action plan is just as important as *what* problems and solutions are listed. Use your leadership and communication skills (see Chapter 4) to make the process a positive one for all staff. Every meeting is an opportunity for team building.

Steps in Developing an Action Plan

Define the problem:

- A problem is the difference between the actual situation (as found from assessment tools) and the desired situation (as defined by clinical standards and in the shared vision developed earlier; see Chapter 2).
- The team must agree this is a problem.
- State the problem as specifically as possible (i.e., “Drugs in emergency kit in maternity ward are missing or out of date,” rather than “The maternity ward is not adequately prepared for obstetric emergencies”).
- Put problems in terms of processes and systems, not the fault of individuals.
- Identify problems that are feasible for staff to address.
- Discuss the effect of the problem on staff and clients.

Identify root causes:

- To identify root causes, use the “multiple whys” method (Figure 13). By asking: “Why?” at least three times and “Are there any other causes?,” the team will get closer to the underlying reasons a problem exists at the facility and will find it easier to arrive at an effective solution.

Develop solutions:

- Have staff offer, discuss, and agree upon solutions.
- Solutions should address root causes.
- Have staff look at successful practices in other parts of the facility for possible solutions.

- Most solutions should be ones that staff can use themselves with available resources.
- Some solutions may need to be divided into multiple steps.

Figure 13: Multiple Whys: Developing a Consolidated Action Plan

Finding:	There is a long delay between the time a complication arises on the maternity ward and the time an appropriate provider arrives on the scene.
Why?	Ward staff do not know which providers are on call and how to reach them.
Why?	There is no duty roster with this information posted in the client-care areas.
Why?	This information is available only in the matron’s office, which she keeps locked when she is not in.
Why?	The matron is not aware of the importance of having the duty roster posted in the maternity ward.

Identify by whom and by when:

- The team should identify the person who can most easily implement an action based on his or her knowledge of a procedure, process, or task. Use actual names, not titles.
- The designated individual does not have to implement the solution alone, but rather be responsible for ensuring that it gets done. When solutions are divided into multiple steps, different team members can be assigned to particular tasks (see sample action plan, Figure 14).
- The same person should not be responsible for carrying out too many solutions. Probe to find out who else can be responsible for different solutions.
- Although some solutions may need outside resources, senior staff or external organizations should be named as little as possible. The objective is to motivate staff to change their own practices and use existing resources more efficiently before requesting additional resources.

Prioritize actions by problem importance and solution feasibility:

Some actions will be obvious choices to prioritize because they are either critical to preserving lives and health or very easy to accomplish.

The group can consider these questions in establishing priorities:

- Does this problem pose a danger to clients or staff? (If the answer is “yes,” this needs to be assigned the highest priority and be addressed immediately.)
- Will the proposed change result in fewer delays in access to EmOC for clients?
- Is it possible to address this problem with existing resources (staff, time, money)?
- Will the solution be relatively easy to accomplish?
- How much time will these changes take to implement?
- Can staff do this without external assistance?

Figure 14: Sample Action Plan

Problem	Root Cause(s)	Solution	By Whom	By When	Status
Delay between occurrence of complications and arrival of appropriate provider	Staff do not know who is on call. No duty roster is posted in client-care areas.	Post current duty roster in all client-care areas. During next staff meeting, inform staff about posting duty roster in all client-care areas.	F. Castano, matron head sister	July 5, 2003 July 15, 2003 (next staff meeting)	
Incomplete emergency drug kits/ some expired drugs	Staff do not check kits regularly for completeness and expiration dates.	Assign staff in each client-care area to check emergency drugs weekly.	M. Rivera, nurse-midwife	July 10, 2003	
Electric suction machine not functioning	Machine needs repair but site lacks necessary spare parts. No repair and maintenance system exists.	Order spare parts. Staff person will check maintenance on a regular basis.	Mr. Palenque, cleaner	August 1, 2003 monthly	
Delivery room tables and floors not cleaned after each delivery	Staff knowledge of infection prevention (IP) is poor.	On-site orientation to IP is given.	Dr. Segura, team leader	August 15, 2003	

Next, consider the following while prioritizing:

- Problems and solutions with many “yes” answers to the above questions should be given a high priority.
- Picking problems with easy solutions to do first makes for some “quick wins”—successes that boost morale and give staff energy to tackle harder issues.
- When the priority given to each problem has been decided, assign dates for implementing the solution.

Tracking activities (optional):

- *Make visible the invisible.* Tracking some quantifiable aspect of changes team members have agreed upon will help them see if their efforts are starting to make a difference. Before you conclude the action plan meeting, discuss with the team picking one or two activities to track for the next several months (for example, over the next two action plan meetings). Examples of activities to track might include:
 - One or two questions from the EmOC assessment that staff consider key could be chosen as quality indicators to track over time.

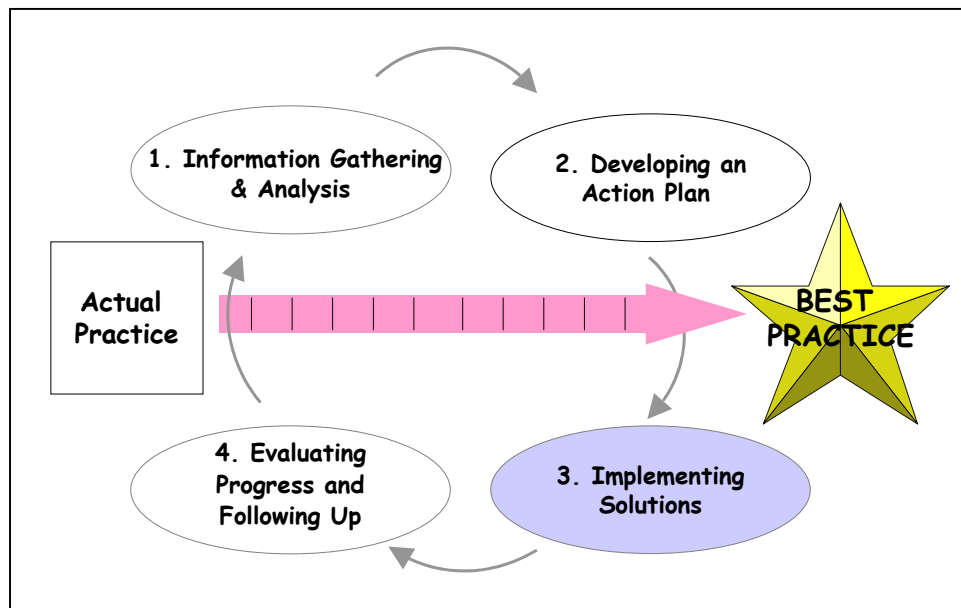
- If the procedure to call and collect EmOC clinical staff members at night has been changed, keeping track of how much time elapses between notifying the night nurse in charge and when treatment begins would show a trend toward a shorter delay.
- If one of the activities to improve emergency response is to ensure that emergency drug kits are complete, all drugs' current contents and expiration dates could be noted weekly for several months.
- You take responsibility for designing a simple tracking sheet. (You can do this after the meeting, during the implementation step.) In the second example above, the tracking sheet would list the required contents for kits in each location (maternity ward, OR, delivery room, etc.), with space provided to check the presence of each drug and its expiration date. Assign someone to record data and decide whether and where tracking sheets are to be posted.
- Just a few activities listed in the action plan should be tracked, to avoid an overly cumbersome process.

Meeting wrap-up:

- Review with the team how follow-up will be handled and what to do if staff assigned responsibility for an action are having problems.
- Congratulate staff for their hard work and commitment to finding solutions for problems and taking responsibility for carrying them out. Point out how they worked as a team, listening and discussing equally.
- Explain that while this action plan will be written up and posted, there will never be a “final” action plan. Rather, the action plan will change with each information-gathering activity.
- Show the action plan to YOUR supervisor and other administrators, as appropriate.
- Post the final action plan in an area where staff can see it. Add observations frequently to note progress, to show that you are watching.
- Use staff meetings or a specifically scheduled meeting for a progress report.

STEP 3: IMPLEMENTING SOLUTIONS

Figure 15: Implementing Solutions



Purpose

To take the actions agreed upon in the action plan and to track progress or full completion of the activity.

Participants

The people named in the action plan have primary responsibility for implementing the solution, but often they will be coordinating/training other staff to take action.

Tools

The tools required for this step depend on what actions were agreed to in the action plan. If you are tracking indicators, for example, you will use the tracking sheet you developed. Also, you and the team can use the “Status” column of the action plan to record progress on each problem along the way.

Process

The main activity is for staff to carry out their individual roles and responsibilities according to the action plan, in addition to their daily duties.

Although the steps in implementation are the least specific of any in this manual, this step in the QI process may be the most challenging one for you as the team leader. Implementing solutions challenges staff to adapt and change, and your leadership in the initial stages of the process—through encouragement, coaching, and constructive feedback—is particularly important to support their adopting new practices. Many of the skills and techniques you will need are discussed in Chapter 4, Using Facilitative Leadership and Communication Skills.

- As team leader, you will be responsible for coordinating the implementation of the action plan. Here are some issues to consider:
 - Has the individual or team completed writing the action plan, and have they put it in a place where it is visible and accessible to staff?
 - Are the people assigned responsibility for implementing the action plan recommendations meeting their deadlines?
 - Do people assigned responsibility turn to you or other team members if they are having difficulty implementing the actions?
 - Are staff at all levels providing needed support to the people assigned responsibility?
 - If there is a separate QI committee (e.g., a small group of volunteers who make the action plan accessible to all staff, follow up on the action plan with those responsible for implementation, set meeting schedules, organize following QI activities, etc.), are staff communicating the status of the action plan activities to the QI committee?
 - Are managers providing support as needed to carry out the actions?
- If the answer to any of these questions is “no” or “not very well,” there are some things you can do to improve the situation:
 - Provide more guidance yourself or encourage more staff support to complete assigned tasks.
 - Readjust unrealistic timelines.
 - Involve others if the original person responsible is deemed inappropriate.
 - Explore together with the team alternative root causes and solutions to the problem.
 - Rethink a solution that has turned out not to be feasible.

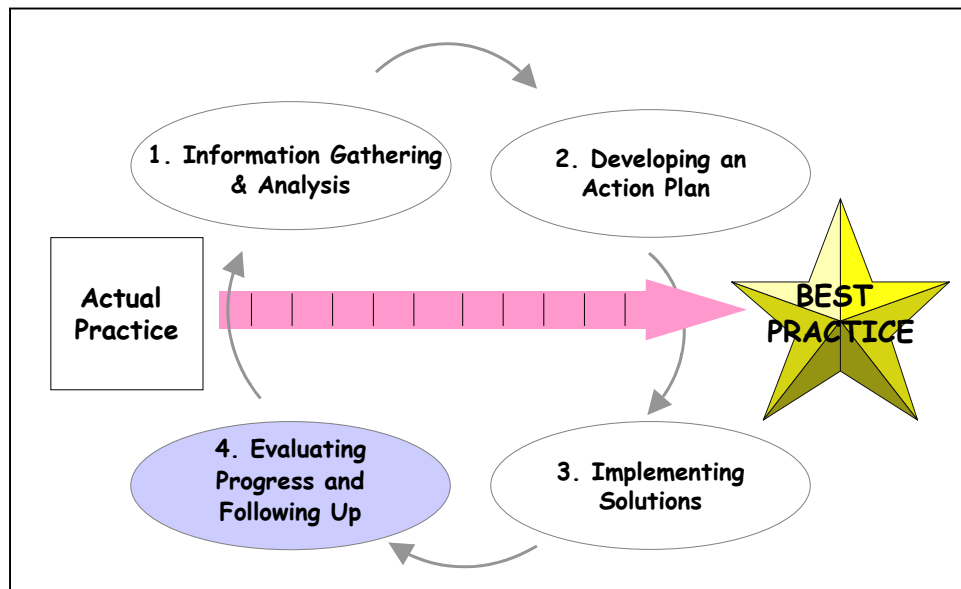
When changes to the original plan seem necessary, the team should come together to reach consensus on changes to be made. All staff involved in developing the action plan need to be informed when alterations are made to it.

Tracking Activities

If you have decided to track activities, design a simple tracking sheet early in the implementation period and assign one team member to record the data. Check in on the team member to see if he or she needs assistance with this.

STEP 4: EVALUATING PROGRESS AND FOLLOWING UP

Figure 16: Evaluating Progress and Following Up



Purpose

On a regular basis, to lead staff through a review of progress they have made in implementing the action plan, an evaluation of whether actions they have taken are making desired changes in quality of service, and decision making regarding which assessment activities are necessary for further information gathering and analysis.

Participants

Review of progress will be ongoing, ranging from informal, individual discussions to agenda items for staff or hospital-administration meetings. Participants, therefore, will vary according to the type of meeting; but in general, all staff involved in carrying out tasks in the action plan should be full participants in any review and evaluation meetings. In the annual EmOC assessment, participants may also include visiting supervisors involved in medical monitoring (see Chapter 5). It is important to use the team approach in the review and evaluation process.

Tools

- For informal review during follow-up action plan meetings, the action plan format, tracking tools, and other information-gathering tools, as appropriate
- For annual evaluation, the EmOC assessment tool

Process

Bring the team together to review the action plan, assess progress made on implementation, and decide on follow-up steps. This can be done at routine staff meetings, meetings of a QI committee, or at an action plan development meeting. Specific steps in this process include

- Reviewing action plan progress, including what worked and what did not work
- Revising the action plan
- Deciding on follow-up assessment/information-gathering activities (step 1, again)

- Here are some important questions to address:
 - Is the action plan posted where staff can see it? Is it an updated version? Has it been helpful to post the action plan and observations?
 - Are the people assigned responsibility for implementing the action plan meeting their deadlines?
 - Have people assigned responsibility turned to you or other team members when they have difficulty in implementation? Have they been helped?
 - Are staff at all levels, including management, providing needed support to the people assigned responsibility?
 - If there is a separate QI committee, are staff communicating the status of action plan activities to the QI committee?
 - How are the members doing as a team? What is working well, and what can they change?
- If the answer to any of these questions is a “no” or “not very well,” there are some things you can do to improve the situation:
 - Provide more guidance yourself or encourage more staff support to complete assigned tasks.
 - Adjust unrealistic timelines.
 - Involve others if the original person responsible is deemed inappropriate.
 - Explore with the team alternative root causes and solutions to the problem.
 - Rethink a solution that has turned out not to be feasible.
- If you are tracking activities, review tracking sheets and discuss trends:
 - Distribute or display tracking sheets (graphs, tables, totals, etc.), so all staff can see the data.
 - Discuss findings since last measures were taken. Ask why counts are going up/down/staying the same.
 - *Success?* Keep up the good work. *Obstacles, no progress?* What changes should be made?

Evaluation is an important component of improving the quality of service. It is a means of assessing whether you are achieving what you set out to achieve, of demonstrating to others the progress you have made, and of identifying possible adjustments you might wish to make.

While *reviewing progress and process* should be done frequently, *evaluating results* is best done on an annual basis. Scoring the EmOC assessment annually will allow time for scores to reflect changes that staff have implemented. If the score is calculated more frequently, change may not be noticeable, and this may dampen staff’s enthusiasm for the process. We recommend that scored assessment be done in the same month each year.

The EmOC assessment tool used in the information-gathering step is well suited for an annual evaluation of the quality of service (see the toolbook for more detail). Used in evaluation, the EmOC assessment enables you to calculate a score that can be used as a baseline the first time and then over time, compared with scores from previous assessments.

As an annual event, EmOC evaluation is a powerful way for you and the staff to:

- Evaluate the current status of EmOC
- Identify areas for improvement and develop a (new) action plan to implement any improvements

- Celebrate progress on key indicators
- Provide a simple method of measuring staff achievements over time

Suggestions for facilitating the evaluation process:

- Schedule the annual EmOC review at a time when all staff who are involved in the QI process can participate. You should again organize working groups to collect data according to the EmOC assessment tool and other tools, as appropriate.
- Consider who else should attend the evaluation meeting. Suggestions are supervisors and specialists involved in medical monitoring (see Chapter 5).
- In addition to this annual review, EmOC data should be saved to facilitate other evaluations, as needed. Institutions and donors frequently conduct evaluations of services. Use the data from the EmOC assessment and tracking sheets for selected indicators for an objective and effective evaluation meeting.
- Celebrate improvements and successes.
- Communicate success to others.

Integrating the Quality Improvement Process into the Work Environment

The purpose of this section is to help you keep the QI process going on a regular basis, so that the four steps will become routine, and changes made will show positive long-term effects on care. Thus, it is crucial that these steps—information gathering and analysis, developing an action plan, implementing solutions, and evaluating progress and following up—be done on an ongoing basis; they should become *your and the staff's* tool for continually managing EmOC services in a positive and effective way.

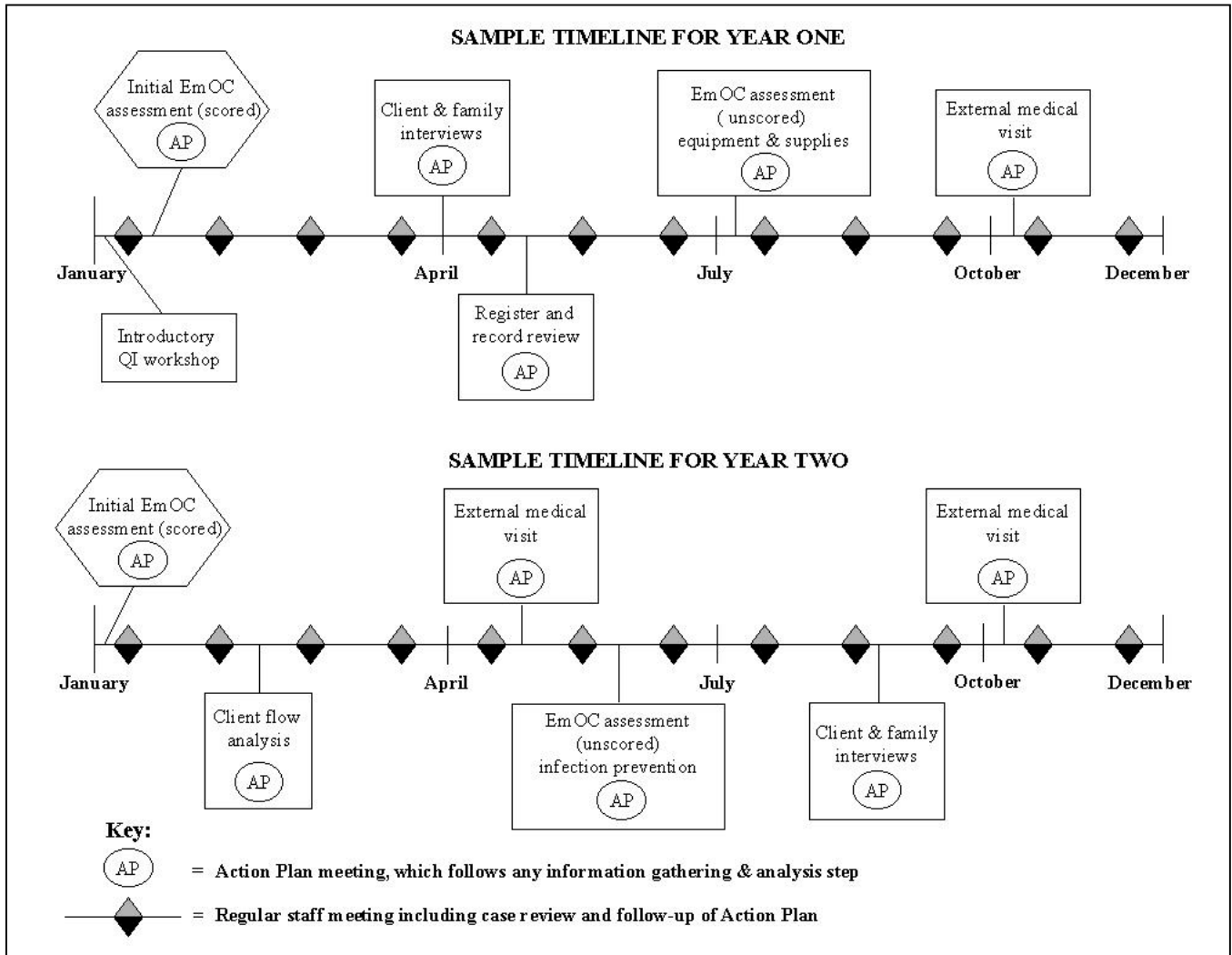
Big events important to QI are scheduled annually or semiannually, while smaller, more informal events, such as regular meetings of EmOC or maternity ward staff, are held several times a month. While more formal meetings are important to take stock of real improvements in service delivery, small, frequent meetings are critical to integrating improved communication, better team work, and staff-lead problem solving into the daily work environment. These behaviors do not happen automatically; your leadership and coaching will be essential to maintaining staff performance throughout the years. (See Chapters 3 and 4 for information about organizing effective meetings and for facilitative supervision and communication skills.)

Even if present staff learn to work in this way, transfers and vacancies will necessitate a constant reintegration of personnel to the EmOC team and to the QI steps. The cyclical nature of the QI process provides an effective mechanism to orient new staff. The annual EmOC evaluation, for example, is an opportunity for you to acquaint newly arrived staff with the shared vision of EmOC services at the facility and the information-gathering process. Regularly held staff meetings will demonstrate how staff conduct case reviews, discuss service-delivery issues, gather relevant information, problem solve together, and then assign responsibility for implementing a solution. If you succeed in conducting meetings in this way, you and the staff will discover that problems can be avoided, work made more efficient, and staff morale improved.

Making a Timeline for Quality Improvement

To facilitate the regular use of the four QI steps, you might want to make a timeline to coordinate various QI activities. By making your own timeline, you will see how regular staff meetings

Figure 17: Sample Timeline



(weekly/monthly), periodic case reviews, QI/action plan meetings, medical monitoring visits, a complications review or death audits, a records review, and an EmOC annual assessment will fit together to ensure a continuous QI process. A sample timeline that covers activities over a two-year period appears in Figure 17.

Description of Emergency Obstetric Care Quality Improvement Tools

The following is a brief description of the tools contained in the toolbox.

EmOC Assessment

The EmOC assessment tool consists of several guides organized around the Rights Framework for Quality Emergency Obstetric Care. Each section contains questions about service appropriateness, timeliness, and adherence to established standards. Different guides assess the readiness of each room or area to support EmOC services, as well as cleanliness and organization; availability and functionality of utilities, equipment, supplies, and drugs; and adherence to clients' rights to confidentiality, dignity, and other essentials. The EmOC assessment can be scored to yield a quality

measure (QM) for tracking progress in each of these areas (recommended annually). It can also be used without scoring, as a periodic, overall assessment of quality.

Client/Family Interview

Staff conduct semi-structured, informal discussions with EmOC clients or family members to learn about their perspectives on service quality. Through these confidential discussions, staff gather information about clients' opinions about access to care and information, dignity and comfort, privacy and confidentiality, informed choice, freedom to express opinions, and continuity of care.

Registers and Records Assessment

Staff review facility registers or logs and individual client records to determine whether they contain information important to tracking obstetric emergencies and maternal deaths and if record keeping is being done correctly and completely.

Client Flow Analysis (CFA)

Staff follow emergency clients from arrival at the facility gate through key points in their visit to gather information about client waiting time. Staff use CFA data to identify and analyze the causes of delays.

Brief Case Review Guidelines

During staff meetings, providers discuss complicated cases using case histories, records, and laboratory results in order to learn from outcomes and to determine whether system problems interfered with provision of quality care.

Additional Measures of Quality

Tracking Methods for Selected Activities

The purpose of tracking is to see progress made to improve services, particularly when staff input helped to bring about the changes. One way to do this is to display the progress on the action plan itself. Another way is to track selected activities, as discussed in Chapter 3, and report on them in staff meetings. Encourage staff to develop additional ways of informing one another about progress and problems.

External Investigation of Maternal Deaths (Death Audit)

Although external investigation (audit) can refer to audit of services, standards, or complicated cases, this document focuses on external investigation, by a local committee of experts, of maternal deaths. (Maternal death is defined as death during pregnancy or within 42 days of termination of pregnancy.) This audit may already exist in your area and can be used as input to the QI process.

CHAPTER 4

USING FACILITATIVE LEADERSHIP AND COMMUNICATION SKILLS

INTRODUCTION

The skills involved in being a leader include integrating a *facilitative approach* into every aspect of your work. In the broadest sense, a facilitative approach includes supporting staff so that they are able and motivated to perform well. The most important part of a facilitative leader's role is to *enable* staff to use the QI process, to meet the needs of clients, and to implement institutional goals to provide quality EmOC.

Throughout this manual, how your style of leadership can affect the QI process is emphasized. This chapter discusses specific leadership and communication skills that will help you lead the QI process in a facilitative, constructive, and effective way. The first two parts of the chapter provide some general tips about facilitative leadership and communication skills; the third part discusses how to apply these skills in conducting the participatory meetings so critical to the QI process.

LEADERSHIP SKILLS

Figure 18: Key to Facilitative Leadership

- Emphasize vision for EmOC services
- Lead by example
- Be well informed and prepared
- Delegate appropriately
- Encourage ownership
- Work effectively with groups
- Mediate conflict
- Reinforce the positive, and show enthusiasm
- Remain flexible

Emphasize Vision and Goals of Emergency Obstetric Care

As the team leader, your ability to express and emphasize your facility's vision for EmOC is one of the most powerful ways to motivate staff. If you are excited about what the future could hold for your facility and if you are optimistic about the staff's ability to achieve that future, sharing this with staff will inspire them to follow you toward that goal. A staff that is excited about this vision will be more willing to go through a process of change in order to achieve it. You can also present some of the overall strategies and tools available for getting there, such as those for QI, so that staff will feel more confident that they can achieve their own goals and overall vision for EmOC services at the facility.

Communicating the vision of quality EmOC services at your facility does not have to involve big speeches at formal occasions. You can express it in many ways:

- Through group exercises in which the EmOC team envisions what their service would look like if it were a “model” for other facilities or services
- During orientation for new staff, emphasizing the vision of EmOC service at the facility
- In team meetings and individual supervision, during discussions of specific work issues
- In a vision statement for official documents, proposals, IEC materials, etc.
- In your support of team decisions and behavior that put the vision and goals into action

Lead by Example

Being a role model is one of the best ways to demonstrate your commitment to the team’s goals. By using good communication skills, demonstrating appropriate work values, and following correct standards and practices, you show by example that everyone must act on the vision of quality EmOC services.

Below are some ways you can lead by example:

- Treat **all** clients and staff with respect.
- Stop what you are doing to attend to urgent client needs immediately.
- Share in the workload of others.
- Put values into action (e.g., if a clean environment is valued, pick up trash you spot in the corridor).
- Respect people’s time: Arrive at work and meetings on time.
- Do not waste materials and supplies.

Be Well Prepared

You cannot expect people to follow you if you are not sure where you are going or what you are doing. Become expert in the skills, QI tools, and problem-solving methodologies that you will be transferring to the staff. Always be prepared for meetings and interventions.

Delegate

When you assign the task of making decisions or overseeing a project to someone else, you demonstrate trust in the staff and your sincere interest in providing opportunities to develop their leadership qualities. Being given responsibility can be very motivating, so delegate where appropriate.

Delegating responsibility and tasks appropriately demonstrates:

- *Good organization:* You have been thoughtful about which tasks should be delegated and which ones should remain with you.
- *Individual accountability to the team effort:* Staff learn how to manage the task themselves and problem solve with you in order to accomplish it.
- *Your role as team leader:* You retain ultimate responsibility for the final product by following up or supervising the team member implementing a task. Delegating does not mean abdicating your role in leading the QI process.

Encourage Ownership

The QI process is designed to enable staff to take ownership of the quality of their work. One of the most important features of the QI process, for example, is its emphasis on team-led assessments. Team members carry out the assessment, developing solutions and problem-solving processes themselves in order to improve the quality of services for *their clients* and to ensure the most effective working environment for *themselves*. Ownership will come about only when staff begin to see that their efforts are making a difference and if the messages coming from the team leader support the process. You should take every opportunity, both in group settings and in one-on-one encounters, to encourage ownership by modeling openness to new ideas and flexibility as staff suggest changes and implement improvements.

Work Effectively with Groups

The skills needed for working effectively with groups—how to create a nonthreatening environment, run participatory meetings, and encourage problem solving through open dialogue—are central to making group interactions a productive and effective vehicle for the QI process. Successful group facilitation helps staff to identify as a team and, thus, is a central skill for a team leader to use.

Mediate Conflict

Conflicts among team members may occur from time to time during the QI process, and you may be asked to “solve” them. As the team leader, your goal is to promote problem solving among team members; so, in general, it is wise to encourage them to take the first steps themselves in resolving conflicts before coming to you. You can model a positive approach to problem solving by following some of the suggestions below:

- If a team member comes to you about a difficulty he or she is having with a colleague, your first question should be: “Have you spoken with him or her about this?” If the individual has not, strongly encourage him or her to do so and follow up later to see if the effort was successful.
- One mediation strategy is not to discuss conflicts unless everyone involved in the problem is present in the room. This avoids a situation of “splitting,” in which each team member can try to get you, as “the boss,” to agree with his or her point of view.
- You can agree to mediate a particular issue yourself if the team member’s effort does not work. This means helping two people to talk with each other, following the rules of respect and confidentiality.

Reinforce the Positive and Show Enthusiasm

Look for opportunities for improvement, rather than laying blame for poor performance. When successes happen, make sure staff become aware of them. Create opportunities, such as during staff meetings, to share the feelings of accomplishment, to recognize staff who have done well, and to reinforce the idea that the staff created the success themselves.

Likewise, demonstrate your enthusiasm for the process. The QI process depends on the staff’s enthusiasm; by your showing enthusiasm, it will be easier for team members to get excited and to stay excited, even if improvements in quality are slow in coming.

Remain Flexible

Facilitative leadership demands flexibility: The QI process plainly involves change, and change means trying out new strategies and procedures and adapting to new circumstances. You are also encouraged to be flexible with the QI approach itself. For example, since every health care facility has different needs, strengths, and weaknesses, some of the questions in the QI tools may need to be adapted to better suit the needs at your facility. Every time you use the tools will be a different experience because you may have new staff involved, the problems you are facing may have changed, or the external environment may be different. It is your job to lead staff in accommodating these changes. Also, you are modeling that flexibility can lead to innovation and further improvements.

COMMUNICATION SKILLS: TWO-WAY COMMUNICATION

Figure 19: Communication Skills for Leaders

- Two-way communication involves:
- Active listening
 - Showing empathy
 - Asking open-ended questions
 - Paraphrasing
 - Giving constructive feedback

The way you communicate sends a strong message about your style of leadership and how you view the staff. Through words and body language, you convey how you see your role as leader: either as inspector and critic or as facilitator, consultant, guide, and team member. In the same way, you communicate your view of staff as either subordinates whose job it is to do as you say without question or dialogue or as colleagues with good questions, opinions, and ideas that can contribute to improving the quality of care. To establish trust and a spirit of cooperation between you and staff, communication must be *two-way*.

One-way communication involves giving commands and orders or asking closed questions, ones that can be answered with just “yes” or “no.” In one-way communication, one person does not feel truly involved in the interaction. *Two-way communication*, on the other hand, involves dialogue—the equal sharing of opinions and ideas. To achieve good two-way communication, you may need to develop a set of skills different from those you are used to. For some people, many of these skills come naturally, yet all of them can be learned. With practice, you can use many of these skills to promote participation and ownership among staff.

Two-way communication involves a combination of the skills discussed below, including active listening, showing empathy, asking open-ended questions, paraphrasing, and giving constructive feedback (Figure 19).

Active Listening

Active listening is listening to another person in a way that communicates understanding, interest, and empathy. It is not the same as merely hearing. Active listening requires energy, skill, and commitment. By using active listening, you acknowledge the speaker and demonstrate that his or her ideas are important. Consider some of the do's and don'ts of active listening (see Figure 20).

Figure 20: Active Listening Do's and Don'ts

Do	Don't
<ul style="list-style-type: none"> Concentrate on what the speaker is saying 	<ul style="list-style-type: none"> Do other things (e.g., look through papers when the speaker is talking) Daydream or get distracted by surrounding events
<ul style="list-style-type: none"> Allow the speaker to express himself or herself 	<ul style="list-style-type: none"> Interrupt Finish the speaker's sentences
<ul style="list-style-type: none"> Allow the speaker to control the conversation 	<ul style="list-style-type: none"> Ask questions that change the subject
<ul style="list-style-type: none"> Accept the speaker's opinion as valid for himself or herself 	<ul style="list-style-type: none"> Rebut, criticize, or judge
<ul style="list-style-type: none"> Pay attention not only to words but also to gestures and behavior 	<ul style="list-style-type: none"> Anticipate what the speaker is going to say next Ignore the emotional context
<ul style="list-style-type: none"> Prevent emotions from inhibiting active listening no matter what the speaker is saying 	<ul style="list-style-type: none"> Become angry, defensive, or upset

Source: Adapted from Harper and Harper, 1996.

Active listening also involves nonverbal behavior or body language. Active listeners should be careful to use culturally appropriate body language to indicate respect, interest, and empathy. In many Western cultures, for example, looking people in the eye and leaning toward them with an open posture (arms and legs uncrossed) indicates attention to what they are saying, but such actions are considered impolite in other cultures. Also, body language may have a different meaning depending upon whether one is in a group or communicating one-on-one. So, when you are communicating with staff, it is important to be aware of your own body language and to understand which behaviors may promote or hinder active listening.

Active listening also involves *verbal and nonverbal cues* of encouragement: the words, phrases, or gestures that show attention and the wish for the person to continue speaking. Examples of verbal encouragement include such phrases as: "I see," "That's clear," or "Uh-huh." Examples of nonverbal encouragement might include nodding your head, mirroring the speaker's facial expression (e.g., smiling when the speaker smiles and frowning when the speaker frowns), and reacting emotively to what the speaker is saying (e.g., showing concern, support, or agreement through your facial expression).

You may be an active listener already, using many of these techniques intuitively. If, however, some of them are new, try practicing them. This style might feel a little unnatural at first, but

eventually, you will use it easily, giving the message to the speaker that you are listening and understanding.

Showing Empathy

Show that you understand how staff feel about a situation when they express their views. This helps them feel like part of the group and helps them share feelings and ideas. Empathy statements can start with: “I can understand that it must be difficult to ...” or “I understand this is a difficult problem for you ...” Using empathy statements can help to:

- *Acknowledge strong emotions:* For example, when someone is showing anger, you can begin a reply with: “I can see that you’re upset.”
- *Encourage people to listen:* If staff feel that you genuinely recognize their emotions, they are more likely to listen to what you and other staff say.
- *Relieve anxiety about discussing a problem publicly:* For example, you can say: “I can understand why it would be very difficult for you to do effective infection prevention if you always run out of cleaning solution by the end of the week.”
- *Help someone express emotions:* For example, you can say: “It sounds as if you feel very strongly about this issue” or “It sounds as if you have had problems dealing with this before.”

Asking Open-Ended Questions: What, Where, How, Why

An important way to foster two-way communication is to use open-ended questions. Open-ended questions usually begin with “what,” “where,” “how,” or “why.” They encourage staff members to participate because to answer them, speakers have to think and respond at some length—the questions cannot be answered by a simple “yes” or “no.” Open-ended questions can be used to:

- *Start a discussion:* For example: “What do you think about infection prevention practices in this clinic?”
- *Get a member of the team more involved:* For example: “Nurse Obare, what is your opinion about infection prevention practices in the clinic?”
- *Bring a conversation back on track:* For example: “What other information do we need to solve this problem?”

Paraphrasing

Paraphrasing helps clarify what was said and demonstrates your understanding of the speaker’s message. Paraphrasing can be introduced with: “So, in other words ...,” “It sounds like...,” or “Let me make sure I’ve got this right.” Using this technique will help you to:

- *Clarify what someone is saying:* For example: “It sounds as if you think we are spending too much time discussing infection prevention.”
- *Resolve conflicts between participants:* For example: “It sounds as if Dr. Ndeté thinks that our infection prevention procedures are adequate, and Nurse Obare thinks there is still some room for improvement.”
- *Get at deeper issues:* Some things are hard to speak about. By paraphrasing, the facilitator can help participants talk about the real root cause of the problem by using such statements as: “In other words, there is more to this problem than meets the eye. Nurse Kouame says the emergency drugs are often out of stock, so she feels she needs to keep expired doses in the kit while waiting for new supplies.”

- *Demonstrate understanding:* “This is what I understood you to mean. Am I right?” (Then proceed to summarize the speaker’s statement.)
- *Reinforce timid participants:* “Thank you, Mrs. Perez. What she is suggesting is to post the duty roster over the sink rather than on the bulletin board in the matron’s office.”

Giving Constructive Feedback

As a team leader, you will often need to discuss with staff your views on their performance or on how they are implementing QI. Another term for this is providing *feedback*. Feedback is most effective if it is:

- Positive: Pointing out strengths, progress, accomplishments
- Constructive: Identifying gaps, focusing on finding solutions and indicating what to do differently

When performance is good and the quality of services is high, you as the team leader should continually find ways to acknowledge and praise staff. Congratulations on a job well done are always in order, and reinforcing the positive motivates staff to continue with the same standard of performance.

However, there are circumstances when performance needs to be improved. By using *constructive feedback*, you can clearly communicate what needs to be changed without being overly critical or punitive. Simply telling someone what he or she is doing wrong is ineffective if your goal is to improve performance over the long term and to help solve problems. Criticism without true two-way communication can result in excuses; cause hurt feelings, depression, or anger; decrease confidence and self-esteem; and cause the employee to avoid you and/or work. In the end, it does not help solve the problem of poor performance because the staff member does not feel heard and often is not clear on what to do correctly.

Constructive feedback is the best way to achieve your goals. Constructive feedback focuses on joint problem solving and solutions, avoids blame, and uses two-way communication skills, such as active listening and asking open-ended questions, to arrive at a clear understanding of the problem. Its intent is to support staff in improving their performance. Nevertheless, there will be occasions when the staff under your leadership will not respond to constructive feedback. Being a facilitative team leader does not mean that you never have the option of reprimanding staff who refuse to cooperate or are intentionally negligent in the performance of their work. Reprimanding is appropriate for a staff person who is unwilling to make the effort to improve.

Consider the following when providing feedback to staff:

- *Choose appropriate timing and place:* Choose a moment when 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 is likely to feel overly defensive or humiliated. Also, avoid waiting too long or the impact will be weakened.
- *Convey your positive intent:* This requires some preparation: If you cannot think of the positive outcome you want, do not give the feedback. Begin with a neutral statement like: “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: “Mr. Lopez, we need to facilitate clients’ access to the clinical team as quickly as possible. I have observed that some clients are unable to get to the emergency area because there is often no one there to direct them.”

- *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 preparing those reports,” say: “The reports were incomplete.” Avoid commenting on the person’s character: Instead of “If you weren’t so lazy, you would be able to meet the deadline,” say: “Frequently these reports are not submitted on time.” Be specific, brief, and to the point. Point out what the person is doing well and then describe (or demonstrate) what he or she can change to improve. As much as possible, limit feedback to one behavior or issue; covering many topics at once can be overwhelming and lead to a defensive response from the person.
- *State the impact of the behavior or action:* Link the undesired behavior or action to client satisfaction/outcomes or program goals. For example: “If clients have to wait for directions to the maternity ward, their health is being put at even greater risk,” or “If the client log is not completed in time for the next shift, it slows up the response time of the incoming staff since they will not have the background on what is already happened; this compromises continuity of care.”
- *Ask the other person to respond:* Invite a response. For example: “What do you think about what I’ve said?,” “What is your view of the situation?,” “How do you see things?”
- *Focus the discussion on solutions:* Clarify your expectations and offer advice, training, and coaching. Explore solutions jointly and choose ones that are realistic. Agree to meet back after a set interval of time to discuss the staff member’s progress and other issues that may arise in the interim.

Listen attentively, use appropriate body language, incorporate active-listening techniques to encourage open dialogue, and set a tone that makes mutual problem solving possible.

APPLYING FACILITATION AND COMMUNICATION SKILLS IN CONDUCTING PARTICIPATORY MEETINGS

In order for staff to work together effectively as a team on improving quality, it is important to provide opportunities to meet and discuss ideas, acknowledge successes, discuss problems, and make joint decisions about how to move forward. The emphasis of the QI approach is teams working together. Your job, therefore, as a team leader will be easier and more effective if you can learn how to harness the energy of group work to drive the QI process at your facility. This section discusses meetings as a QI management strategy, how to organize them, and which leadership and communication skills are useful.

What Meetings Can Accomplish

Much decision making and action planning can be done more effectively in meetings than done individually. By engaging staff collectively in information sharing, problem solving, and service recognition, your daily “crisis intervention” will be greatly reduced, and you and the team can concentrate better on quality service delivery. Specifically, meetings with staff members are opportunities to:

- *Inform:* Much inefficiency in work is caused by lack of information. Use meetings to review protocols and procedures, discuss responsibilities, report progress and changes, etc., with a large number of staff.

- *Find solutions:* Hear ideas for solutions from all levels of staff. Show how what seems to be a small problem in one area can cause delays or problems throughout the EmOC service. Discuss issues before they become problems.
- *Recognize:* Show people that their work is noticed. Have the doctor who handled an emergency well present at case review, the head sister report tracking statistics on emergency drugs, or the head of the blood bank explain the procedure for filling blood requests in the middle of the night.

Regularly scheduled staff meetings are usually the best forum for conducting many of the activities in the QI process. Staff meetings should be held at least monthly, and *every* meeting should include:

- A brief case review
- A follow-up on the action plan

Other items for the agenda could be updates on standards or guidelines, reports of monthly statistics or tracking indicators, news from the Ministry of Health, or reports from other departments in the hospital or facility.

In addition to these meetings, from time to time, when a more complex issue needs to be addressed, such as conducting a death audit or reviewing findings from the annual EmOC assessment, for which new problems/issues must be added into the action plan, you will need to hold an additional meeting. The timeline (see Chapter 3) shows the pattern various meetings might take in a facility using the QI process.

Planning Meetings

When planning a meeting, whether routine or for a specific event, you should always take into account its purpose and the desired outcomes. Having your eye on the goals of the meeting will help you decide whom to invite and how to focus participation. Consider the following when planning successful meetings:

- Determine the purpose and desired outcome of the meeting.
- Develop an agenda that states:
 - The purpose or the objectives of the meeting
 - The beginning and ending times for the meeting and the time assigned for each topic
 - The location of the meeting
 - A list of participants or departments to be represented (if possible)
 - The items that will be covered
 - Who is responsible for each item
- Distribute and/or post the agenda in advance of the meeting.
- Ensure that those responsible for presenting each item know what is expected of them, have what they need to make their presentation, and know how much time is allotted for the presentation.
- Identify who should be present at the meeting. If the purpose of your meeting is to ensure that all staff have updated knowledge about service-delivery issues, changes in protocol, or the results of a QI activity, you will involve all staff. If the meeting is about a specific topic, you will identify who needs to participate and ensure that they come. Not everybody needs to be included in every meeting.

- Assign responsibility for taking notes of decisions or actions agreed upon.
- Ensure that decisions made and actions agreed upon are followed up in a timely fashion and, when appropriate, that you report back to those involved in the meeting when they have been accomplished.
- Have minutes written of the meeting and posted/distributed to meeting participants and to those absent.

Timing

Choose a time for the meeting when it is least likely to interrupt the services at the facility. If clients usually come early in the morning and are gone by lunchtime, hold your meetings in the afternoon. Make sure services are covered and that those covering know where you and staff will be in case of an emergency. The staff will participate more enthusiastically if they see you have done everything possible when scheduling a meeting to minimize any delays in services or inconvenience to clients or themselves.

Location

If you have a choice of venue for meetings, select one with the appropriate physical environment. Team members need to feel comfortable in order to participate fully in meetings. If they are uncomfortable, they may not pay attention, may try to leave early, and may not interact well. In choosing a meeting place, pay attention to the physical elements:

- Temperature and ventilation (consider heating, air conditioning, fans, open windows, etc.)
- Lighting (not too dark, not too bright)
- Noise (choose a place without distractions)
- Seating (make sure there are enough chairs: no one should be standing)

Lastly, pick a location where all team members should feel at ease (e.g., junior staff might feel uncomfortable meeting in the director's office).

Seating Arrangements

Where people sit in a meeting has a great deal to do with their level of comfort and the degree to which they participate in meeting discussions and decisions. Since the QI working groups include staff from all levels, strive for seating arrangements that suit the size and purpose of your meeting and foster a feeling of equality. For example, people sitting across from each other tend to interact more with each other, basically because of accessibility. Here are possible seating arrangements:

- Theater: Where there is a head table or dais and participants are seated in rows of seats facing the head table
- Classroom: Where there is a head table or dais and participants are seated at tables in rows facing the head table
- Hollow square/rectangle: Where all participants are seated facing each other around tables arranged in a square or oblong with a hollow in the middle
- Round: Where all participants sit in a circle or around a circular table
- Small-table groups: Where all participants are seated at a series of small tables spread around the room
- U-shaped tables: Where participants are seated around the outside of tables arranged in a U-shape

The last three types of seating arrangements are preferable for group discussions and interactions, largely because no position is dominant and all members of the group can see one another. If you must use a room with fixed seating, such as an auditorium, you will need to rely on group facilitation techniques and other meeting processes to ensure that all staff have a voice. See the section below for suggestions.

Encouraging Participation

- Although you may do all you can in a meeting to encourage staff to participate, sometimes you might want to have an informal conversation outside the meeting with an individual staff member who is reluctant to speak in a group.
- Prior to the meeting, help staff make efficient, to-the-point presentations when reporting on some aspect of the QI process.

Conducting Participatory Meetings

Running truly participatory meetings may be challenging at first. The medical hierarchy inside the facility will shape participation, as well as social hierarchies formed by gender, class, ethnicity, and religion. Since hierarchy is ingrained in every society, new behaviors must be learned so that everyone present at QI meetings can feel comfortable contributing their ideas to the discussion, thus becoming an active group member.

Your job in conducting QI meetings is to help EmOC team members adopt new ways of interacting with each other. For example, you may be more accustomed to giving orders than working as a team member. Nevertheless, over time, group successes will be the best teacher. As the team works together to confront and solve problems, they will see the benefit of ideas coming from a diverse group of people and will be encouraged to see some of their ideas put into action.

Specifically, you should learn to:

- Empower others, especially in decision making and problem solving
- Encourage discussion rather than give orders
- Ask questions rather than presume you have the answer
- Listen to others' opinions with an open mind
- Believe that everyone can have good ideas

Likewise, the team members may be used to taking orders or avoiding scrutiny. To participate equally in QI, they should learn to:

- Share their opinions in group settings, even when superiors are present
- Take responsibility for their actions
- Express their feelings and be open to those of others
- Ask for what they need
- Negotiate support for their opinions

You can help the staff learn and use these new behaviors through participatory meeting procedures, modeling the behaviors yourself, and coaching others who try. Here are some suggestions:

Meeting Procedure

- Use seating arrangements to mix staff levels (see discussion of seating arrangements above). If chairs cannot be arranged effectively, you might try assigning seats initially.
- Use warm-up exercises, such as having staff greet or introduce the person sitting next to them.
- Stick to time limits on the agenda, so that there is time for discussion after reports are made.
- As much as possible, ask a range of staff to make reports.
- Set ground rules from the outset that foster respect, such as arriving on time, no interrupting or side conversations, and “there are no stupid questions.”
- At the end of the meeting, summarize your observations of the participatory process: what went well and what the group can do differently next time. This might be an opportunity to engage staff in the process as well, by doing a “round-robin” to get everyone’s feedback. (A round-robin is when each staff person present has a chance to speak briefly to share a success or voice a concern.)

Modeling Participatory Behaviors and Coaching Participants

- Lead the way in discarding traditional roles. For example, offer to take minutes or write brainstorming ideas on a flipchart so that the secretary is not automatically expected to do these tasks.
- Use facilitative communication skills with everyone. This will show that each person’s opinion is valued regardless of his or her position in the facility’s hierarchy. (Stop talking or writing when they speak, make eye contact, smile or nod if appropriate, summarize their comment or suggestion when they finish, etc.)
- Demonstrate how to disagree respectfully. Take issue with the idea, not the person—do not put someone down or make personal attacks.
- Arrive promptly, be well prepared, and open and close the meeting on time.
- Encourage staff to take risks. You can remind them that sometimes the ideas that sound most far-fetched at first can contribute to workable solutions. Model respectful listening to reinforce staff expressing a novel idea.
- Talk about strengths. Begin any problem analysis or staff meeting with a statement about the good news: a successful delivery following a complication, reduced complication rates (if statistics are available), or a complimentary comment from an external visitor about how a particular process or issue has been handled. If you do not have any good news to report, you can ask staff if they do. People are often too modest to mention positive qualities if they are not asked.
- Give concrete examples of improvements in quality. People love to hear “true life stories” about how prominent institutions also have had problems. Do not, however, give names of institutions or individuals. It is important to maintain confidentiality and to reassure staff that their problems will not be discussed at another site’s QI exercise.
- Keep the participants on track. Although you are acting as a guide rather than a director, you should maintain control of meetings. Your primary jobs are to keep the discussion focused and to avoid repetition of issues wherever possible.

CHAPTER 5

COORDINATING MEDICAL MONITORING: THE EXTERNAL SUPPORT VISIT

WHAT IS MEDICAL MONITORING?

Medical monitoring for obstetric care is the assessment of a facility's obstetric services by an off-site supervisor or technical expert, with an emphasis on readiness for and response to obstetric emergencies. Medical monitoring covers the same aspects of service delivery that are in the EmOC assessment you and the EmOC team do on a regular basis. Medical monitoring, as described in this chapter, focuses on the addition of an outside perspective to the QI process. This chapter, then, discusses the periodic visit by off-site supervisors or technical experts for medical monitoring, teaching, and facilitating problem solving, referred to as the "external support visit." This chapter will help you to:

- Coordinate these visits
- Structure the visits to follow the four steps of the QI process
- Maximize the visits' teaching aspect, working together with the visiting expert to conduct medical monitoring in a constructive way
- Integrate the findings into your ongoing action plan

Assessment from an external monitor has the advantage of providing an objective review of technical performance, readiness, and overall service delivery that will add to assessments conducted by on-site team leaders and staff. Other contributions visiting supervisors or technical experts may make are:

- Providing on-the-spot technical assistance and coaching
- Facilitating the resolution of problems that require outside help (e.g., water supply, policy changes, staffing, budget, etc.)
- Modeling client-provider interaction
- Updating staff on changes in national standards
- Following up on previous visits and action plans
- Motivating staff
- Providing feedback on the QI process

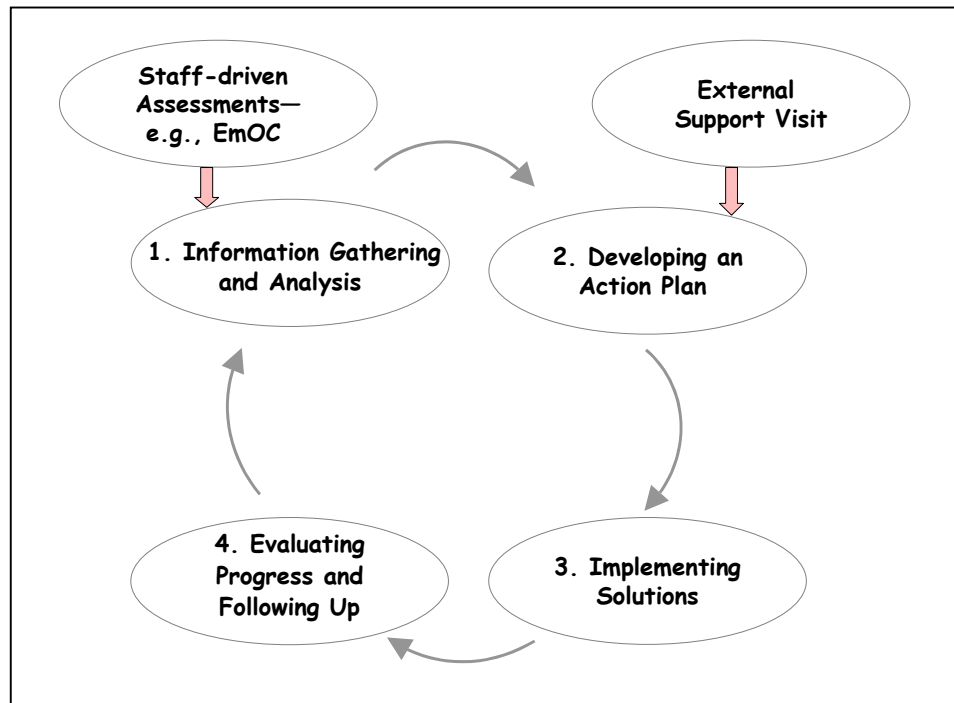
WHO SHOULD CONDUCT AN EXTERNAL SUPPORT VISIT?

Off-site supervisors or technical experts could come from the Ministry of Health (MOH) headquarters, a regional- or district-level MOH department, from the teaching staff of a medical college, or from an appropriate nongovernmental organization (NGO), such as the Society for Obstetricians and Gynecologists. An off-site supervisor or technical expert conducting medical monitoring specifically for EmOC should have obstetric and gynecology training, be current on national and international standards, and have an official connection to the larger health system. It is acceptable and desirable for people with a range of clinical backgrounds (e.g., labor and delivery nurses, as well as doctors) to observe as many aspects of service as they are qualified to do. The medical monitor should conduct the visit in a constructive way, using direct observation,

coaching, and good communication skills, and be willing to feed his or her findings into the QI process going on at the facility. The success of the external support visit is dependent upon on the visitor’s ability to put the staff at ease, work with staff as a fellow team member, and remove any notion of punitive consequences.

FITTING MEDICAL MONITORING INTO THE QI PROCESS

Figure 21: The Medical Monitoring Process



Although there are many ways to conduct medical monitoring, the medical monitoring process should follow the same four steps of QI as much as possible (see Figure 21). Some advantages are:

- Staff will be less threatened because they are familiar with the process.
- Using the action plan format to structure problem identification and solutions development will increase the likelihood that the monitor’s findings will enhance ongoing QI efforts.
- Reviewing progress during every monitoring visit will increase accountability of both staff and the monitor.
- Sharing on-site EmOC assessment findings will help focus the monitoring visit.

Below is how medical monitoring can be conducted using the four steps in the QI process.

Information Gathering and Analysis

- With selected facility staff and administrators, the monitor will **walk through** the facility and **observe** client care. This walk-through should include all client and nonclient areas (see figure).
- The monitor will **talk to staff** and ask about water and electricity problems, supplies, equipment malfunction, and waste disposal, as well as review emergency preparedness.

- The monitor will *interview clients*.
- The monitor will *review and examine records* (client records, supply cabinets, and equipment maintenance, blood supply). He or she may choose to do a *case review* with the staff. Details for conducting a case review are in the toolbox.

Incorporating External Visit Feedback into the Facility Action Plan

An important part of the day's agenda is for the visiting monitor to meet with staff to present and discuss findings from the day's visit and to review progress on the current action plan. Recognize successes and work well done. If the monitor wants to give individual staff feedback that is not positive, you should arrange for this to be done privately. Staff should also know what the monitor will do to follow up on problems needing external solutions. Lastly, staff should be given any new guidelines and reports at this time.

Once the site staff receive feedback from the external monitor, they can discuss the problems identified and any concrete recommendations that were either provided from the monitor or emerge from subsequent discussion. These problems and recommendations should then be incorporated into the site's existing action plan.

Implementing Solutions

Implementation will usually take place after the monitor has left the site. It is the responsibility of the monitor to write a report of the visit and to follow up on any part of the action plan requiring external support. The report of the visit should be available for staff to read.

Evaluating Progress and Following Up

Make room on the agenda for review and evaluation of progress made between visits. Focus both on follow-up on recommendations made during the previous visit and on reviewing progress on any other QI activities listed on the action plan. This would also be the time for the monitor to communicate the results of those actions for which he or she had accepted responsibility. As much as possible, involve staff in these discussions; ideally, a meeting with staff would be part of any visit.

ROLE OF THE TEAM LEADER IN MEDICAL MONITORING

When an external support visit has been agreed upon, you can do much, as team leader, to set the tone and shape the events of the day. Below are suggestions to help in coordinating the medical monitoring visit:

Before the visit:

- Provide the monitor with a copy of Figure 22, "What to Assess," found at the end of this chapter, so that he or she is familiar with assessment practices at your facility.
- Arrange date, time, and meeting room for the visit that are both convenient for the external monitor and will maximize staff participation. Inform staff (verbally, as well as posting an announcement) of these arrangements.
- Work with the monitor to identify what aspect(s) of service will be covered in the upcoming visit and what assessment tools the visitor will use. Specifically, show recent EmOC

assessment and other QI assessment findings and highlight areas needing particular attention from the monitor.

- Bring the monitor up-to-date on the QI process going on at the facility and how his or her findings will be used to complement these activities.
- Plan the visit to maximize direct observation of clinical procedures.
- Explain the purpose and scope of the visit to staff and inform them of what services will be observed and what tools will be used.
- Identify what staff will be directly involved in the medical monitoring visit. See that they have coverage during their participation.

During the visit:

- Go over the day's agenda with the monitor. Make sure it includes time for direct observation of clinical procedures; a tour of related services (as outlined in Figure 22); interaction with staff, including coaching; and time for staff to present updates on the action plan and the QI process in general.
- Keep the observation procedure as unobtrusive as possible so as not to disrupt the normal delivery of services, yet include appropriate staff in the observation process.
- Encourage the monitor to use coaching and constructive feedback when interacting with staff (see Appendix).
- Ask the monitor to reserve any negative feedback or discussion of complex problems for private interaction.
- Keep the EmOC team involved in the visit. For example, have them present the action plan, review progress, and engage the monitor in incorporating his or her findings into the recommendations.

Between visits:

- Keep the external monitor up-to-date on QI activities, particularly those related to his or her observations during medical monitoring.

WHAT SHOULD BE ASSESSED?

Figure 22 lists broad categories to be kept in mind when the monitor is assessing EmOC services at your facility. Share this table with him or her before the visit to help in structuring the assessment process.

Figure 22: What to Assess: The Walk-through with Staff

<p>Instructions:</p> <p>(1) Where to go: The <i>walk-through</i> of the facility should include all client-care and ancillary areas involved in providing EmOC services.</p> <p>(2) What to do: During the walk-through, focus on observation, talking to clients and all levels of staff, providing on-the-spot technical assistance training, and examining records.</p> <p>(3) How to use this table: During the walk-through, the following broad categories in this table should be kept in mind and not used as a checklist. This way the monitor is free to observe, teach, and discuss.</p> <p><i>Note:</i> The monitor may choose to do a CASE REVIEW with the staff to assess the following categories especially if emergency cases are not present. (Case review guidelines are in the toolbook.)</p>		
Service Category	How to Assess	What to Look For (Examples)
Facility	<ul style="list-style-type: none"> • Walk-through <ul style="list-style-type: none"> – <i>Client areas</i> (waiting areas, latrines, exam areas, wards, procedure areas) – <i>Nonclient areas</i> (instrument processing area, waste-disposal site, stores, blood bank) • Observe structure. • Discuss with staff. 	<ul style="list-style-type: none"> • Is each area clean and structurally sound? • Is there running water? • Is there functional electricity? • Is there a backup system for electricity and water? • How frequently have services been interrupted for lack of water or electricity lately?
Emergency Readiness	<ul style="list-style-type: none"> • Observe an emergency case, if possible. • Ask staff about the last emergency case, how it was handled, what went well, and what needs improvement. • Ask about existing emergency protocols. 	<ul style="list-style-type: none"> • Skilled staff available 24 hours a day who know how to <ul style="list-style-type: none"> – Recognize signs of complications – Initiate emergency management – Manage complications – Perform CPR – Locate the nearest emergency trolley • Complete emergency trolley with emergency equipment, supplies, and drugs available (oxygen/ambubag/face masks/suction) (see EmOC assessment tool) in all client-care areas, including operating room • Clients monitored for BP, HR, RR, and bleeding before, during, and after care • Transportation (car, driver, fuel) and a referral facility available for complications that the facility cannot handle • Clients stabilized before transport

continued

Figure 22: What to Assess: The Walk-through with Staff (continued)

Service Category	How to Assess	What to Look For (Examples)
Staffing	<ul style="list-style-type: none"> • Observe availability of staff. • Review current duty roster for 24-hour duty assignments. • Contact the provider on duty now, make trial call. <p>Ask staff:</p> <ul style="list-style-type: none"> – Experiences with getting providers during the night and holidays – If staffing is adequate and functional 	<ul style="list-style-type: none"> • Current duty roster with names and contact information posted in client-care areas and nursing areas • Staff available on-site who can <ul style="list-style-type: none"> – Perform normal labor and delivery – Manage a complication (such as eclampsia, hemorrhage, infection) – Perform uterine evacuation, cesarean section, assisted delivery • Anesthetist available
Equipment/ Supplies/ Drugs	<p>In each room, look at equipment, supplies, and drugs, and discuss with staff.</p> <p>Check availability and functionality of equipment, such as:</p> <ul style="list-style-type: none"> • Oxygen tank • Anesthesia machine • Instrument sterilizer • Suction machine • Refrigerator • D&C • MVA kits <p>Review contents of:</p> <ul style="list-style-type: none"> • Supply cabinets • Drug trays • Emergency trolley • Instrument kits, such as cesarean section kit • Linen sets 	<p>For equipment:</p> <ul style="list-style-type: none"> • Is each piece of equipment available where it should be? • Is it functional? Can staff demonstrate its function now? • Is there a functional repair and maintenance system? <p>For supplies and drugs:</p> <p>Adequacy:</p> <ul style="list-style-type: none"> • Are supplies adequate for client load? Does staff run out of supplies? • Are drugs adequate for client load? Does staff run out of drugs? <p>Storage:</p> <ul style="list-style-type: none"> • Does staff use “first-in first-out” system? • Are supplies and drugs stored in a dry, safe place? • Are drugs within their expiry date? • Is chlorine supply available and kept dry? <p>For instrument kits and emergency trolley:</p> <ul style="list-style-type: none"> • Are complete emergency drug trays in each client-care area? • Are complete emergency trolley(s) in client-care areas (see EmOC assessment tool)? • Are cesarean section kits complete?

continued

Figure 22: What to Assess: The Walk-through with Staff (continued)

Service Category	How to Assess	What to Look For (Examples)
Clinical Technique	<ul style="list-style-type: none"> • Observe as many procedures as possible (evaluation, labor exam, delivery, assisted delivery, repair of lacerations, manual removal of placenta, cesarean section, etc.). • Observe management of as many complicated cases as possible. • If observation is not possible, conduct a case review of a complicated case. 	<p>For each client observed note</p> <ul style="list-style-type: none"> • Promptness of evaluation and management—within 15 minutes of arrival for emergency cases • Correct management • Correct procedural technique • If unstable, stabilizing treatment (i.e., IV fluids, MgSO₄ or diazepam, oxytocin) provided promptly • Correct infection prevention practices
Anesthesia	<ul style="list-style-type: none"> • Observe use of anesthesia. • Ask anesthetist what he or she uses for a cesarean section and how. • Observe anesthesia equipment. • Review emergency protocols to manage anesthetic complication. 	<ul style="list-style-type: none"> • Is the client monitored during premedication, procedure, and postprocedure? • Is local anesthesia used when possible, such as for uterine evacuation? • Is the client’s pain controlled? • Are staff available who are trained in the safe use of anesthesia? • Are operating room staff trained to recognize anesthetic complications and resuscitate (staff knowledge of CPR and emergency procedures)?
Infection Prevention	<ul style="list-style-type: none"> • Observe practices before, during, and after client care (i.e., exams, procedures, surgery). • Observe or ask staff to describe how instruments are processed. • Observe how medical wastes (i.e., placenta, sharps) are processed and disposed (i.e., burying, burning). 	<ul style="list-style-type: none"> • Decontamination: instruments placed in 0.5% chorine solution for 10 minutes before processing • Sharps disposed in puncture-proof containers immediately after use • Chlorine (supply adequate and dry storage) • Sterile field maintained during IV insertion, surgery, Foley catheter placement • Instruments sterilized and packed properly • Sterile gloves and gowns for providers for surgery and delivery • Asepsis in all procedures (sterile field, restricted/semi-restricted zones, separation of clean from dirty) • Waste-disposal site (protected from public access, free from animals, maintained)

continued

Figure 22: What to Assess: The Walk-through with Staff (continued)

Service Category	How to Assess	What to Look For (Examples)
Client-Provider Interaction	<ul style="list-style-type: none"> • Observe during any interaction between providers and: <ul style="list-style-type: none"> – Clients – Family members or others accompanying persons, such as TBAs 	Treatment with: <ul style="list-style-type: none"> • Respect • Kindness and empathy • Privacy and confidentiality • Appropriate information provided
Postservice Care	<ul style="list-style-type: none"> • Observe postsurgical ward recovery room. • Observe outpatient service for follow-up. • Speak with staff. 	<ul style="list-style-type: none"> • Clients are monitored after procedures and delivery for BP, HR, RR, bleeding: <ul style="list-style-type: none"> – After premed: every 15 minutes – During surgery: every 5 minutes – After surgery: every 15 minutes for 1 hour, then every hour until discharge • A place is available with skilled care 24 hours a day for clients returning in an emergency • All postsurgical/complication clients receive routine follow-up either at a facility or in the community.
Discharge Counseling	<ul style="list-style-type: none"> • Observe discharge counseling. 	<ul style="list-style-type: none"> • Staff provide information (oral and written) routine care, warning signs, and where to come for an emergency 24 hours a day. • Staff provide pain control as needed (e.g., for postabortion complications or postcesarean section). • Sexual and reproductive health counseling is provided, as appropriate (e.g., referral to additional reproductive health services; family planning counseling and services, including for postabortion clients). • For postabortion complications or clients with poor neonatal outcomes, emotional support is provided. • Two-way communication • Planning for follow-up in facility or community

continued

Figure 22: What to Assess: The Walk-through with Staff (continued)

Service Category	How to Assess	What to Look For (Examples)
Records and Registers	<p>Review 20 to 30 client entries in <i>facility registers</i>, such as:</p> <ul style="list-style-type: none"> • Labor and delivery • Operating room • Maternity ward <p>Review five to 10 <i>client records</i> of:</p> <ul style="list-style-type: none"> • Normal cases • Complicated cases (eclampsia, hemorrhage, blood transfusion, cesarean section) 	<p>In facility registers:</p> <ul style="list-style-type: none"> • Are they always completed? • Is there a column for complications, and is it always filled out? • Is there a column for procedures, and is it always filled out? • Is there a column for outcome of mother and baby? • Is the reason for cesarean section noted? <p>In client records: Do records always contain:</p> <ul style="list-style-type: none"> • Admitting exam including BP, HR, RR? • Diagnosis? • Treatment? • Outcome? • Procedural notes (drugs/indications/finding/procedure)? • Postop and discharge notes (status/instruction)? • Informed consent?

APPENDIX

INDIVIDUAL PERFORMANCE AND THE QUALITY IMPROVEMENT PROCESS

The process described in this manual emphasizes a team approach to delivering and improving quality of service. At the same time, every team member has an individual responsibility to look at his or her own role in providing EmOC services and to strive to improve performance as much as possible. **Every** team member, whether medical, support, or administrative, needs to see that individual excellence is essential to a team approach to deliver quality service. Staff also need to see that you, as team leader, and the QI process itself will support them in their efforts to provide the best EmOC possible at the facility.

No one strategy will suffice to motivate and engage individual staff in improving services: Systems improvements and training need to be accompanied by individual recognition, supportive team leaders, staff development, and coaching from leaders to achieve lasting improvements in the quality of EmOC services staff deliver. Yet the more the principles of individual recognition, accountability, and motivation are incorporated into the QI process itself, the more individual staff will take ownership for the quality of their work.

The ultimate goal is to foster *individual commitment and motivation*. Every staff person should look at his or her own performance and ask: “How did I do today? What can I do differently tomorrow?” By making a commitment to individual excellence, staff will strive for their best, whether their efforts are recognized, penalized, or ignored. As team leader, you will see that the best way to instill this spirit of individual commitment is to demonstrate it in your own performance.

This chapter takes you through the steps in the QI process from the point of view of individual staff performance and explores how to link it to improvements in overall quality of care.

INFORMATION GATHERING AND ANALYSIS

When doing the team-led QI assessments, such as the EmOC assessment or client flow analysis, staff may recognize a need to clarify individual scopes of work (tasks and responsibilities for emergency readiness or response). The first step is to assess individual responsibilities in order to compare the actual with the ideal. How to approach individual assessment varies widely: There may be written job descriptions at your facility, and performance review may already be part of supervision. On the other hand, staff may be working with an unwritten yet mutual understanding of who does what. Regardless of what exists at your facility, the team should decide how they want to do this component of QI, and you should emphasize that individuals will be involved in the review of their role in EmOC services.

Self-assessment can be done one-on-one with a supervisor or with you as team leader; it can be done as an activity in a QI workshop; or it can be done privately, with individuals looking at their own strengths and weaknesses. No matter which of these approaches is used, individual assessment should complement the ongoing QI process by:

- Clarifying the individual’s role in EmOC and how it fits into the larger team’s vision
- Identifying needs for more training or other staff development
- Uncovering skill areas of strength that staff may be underutilizing and can begin applying
- Identifying areas for performance improvement

As team leader, you can ensure that these activities fit into and complement the ongoing QI process. Given the diversity of staff involved in EmOC (from different departments or services at the facility) and the various ways assessments are done, you may not be directly involved in each individual assessment. You can help to plan the activity, however, by including individual assessment in the overall action plan and making follow-up a routine part of your leadership role.

It is helpful to design individual assessments so that whether staff are doing them privately, or in conjunction with supervisors, or you as team leader they follow these steps:

- *Self-assess or have someone observe current performance* (Figure 23).
- *Review the standard or guidelines for the task.* If they do not exist, look at a job description or scope of work or work with others to outline steps or elements of an activity or procedure that is not covered.
- *With other staff as appropriate, determine the difference between ideal and actual performance.*
- *Identify skills or performance gaps.* When actual performance is not meeting standards, the individual should ask: “Do I know how to perform correctly? Do I know the relevant information and/or protocols?” When the answer to these questions is “no,” these are called *skills gaps*. On the other hand, when an individual has the skills and information but still performs partially, not on time, or frequently enough; uses an inappropriate procedure; or does not perform at all, these are called *performance gaps*. Skills and performance gaps respond to different solutions.
- *Identify root causes for skills and performance gaps.* (Use the “multiple whys” technique described in Chapter 3.) Sometimes, despite adequate skills and information, an individual does not perform responsibilities correctly. Or sometimes, when an individual does something correctly and reacts appropriately in an emergency, it seems not to make any difference in outcome, no one notices, or he or she might even be penalized directly or subtly for making an extraordinary effort. Similarly, no one may notice when an individual performs poorly or neglects regular duties. If these issues form some of the root causes of a problem, no amount of training or information will improve the quality of service. When a person feels invisible, unappreciated, and unsupported, performance gaps proliferate.
- *Identify strengths.* Assessment is also the time to look at what an individual does well. By clarifying his or her strengths, a person knows better what to continue doing, might be able to transfer skills to others, or might find ways to use these skills more fully in his or her work.

DEVELOPING AN ACTION PLAN

It may be helpful for staff members to fill out and review periodically their own, personal action plan. They can begin this process as the team develops the action plan for overall QI at the facility. Even when someone is not specifically mentioned on the overall action plan to implement an activity, his or her job could be affected by the proposed change. For example, Head Sister Kouame was made responsible for posting a protocol in client-care areas, but *all nurses* are to carry it out.

Figure 23: Analysis of Individual Staff Performance

<p><i>Skills and Information Gap</i></p> <ul style="list-style-type: none"> • The individual does not know how to do the job. • The individual does not have correct information. • The individual is unclear on his or her role/responsibility. 	<p><i>Performance Gap</i></p> <ul style="list-style-type: none"> • The individual knows how to do the job, but <ul style="list-style-type: none"> – Does it partially or incorrectly – Does not do it frequently enough – Uses an inappropriate procedure – Does not do anything
<p>Root Causes</p> <ul style="list-style-type: none"> • Lack of training • Inadequate information sources • Lack of job aides • Lack of job description 	<p>Root Causes</p> <ul style="list-style-type: none"> • Lack of feedback on performance • Obstacles in work environment • (lack of equipment, supplies, water, electricity, etc.) • Inadequate support systems • Penalized or ignored for correct performance • Benefit from incorrect/inadequate performance
<p>Strengths</p>	
<ul style="list-style-type: none"> • <i>What aspects of the job do they do well?</i> <ul style="list-style-type: none"> – Technical skills (medical, logistical, administrative, etc.) – Communication skills – Teamwork skills • <i>Are there strengths/skills that are underutilized?</i> 	

So each nurse could include “carry out steps in postop protocol for every client and notify head sister if client’s condition changes” on his or her personal action plan.

In addition, the individual assessment process outlined in the previous section will help an individual see more clearly what is required in his or her routine job for emergency readiness and response. In thinking about their own role in EmOC, team members can identify what they should change in their performance and what they need to make the changes. This might be bringing up an issue with a supervisor, working out a solution with another staff member, or making an individual commitment to excellence.

If making a personal action plan is something you would like team members to do, you, as the team leader, should model making and following one for yourself.

As discussed in Chapter 3, an important step in developing an action plan is finding solutions to address the root causes of a problem. Often, training is put forward as the way to improve performance, yet training is designed to transfer skills and knowledge and cannot address other root causes. It is important, then, that people seek a solution that is capable of responding to the root causes stated.

Solutions to Skills and Information Gaps

If one of the root causes of a problem is that certain staff lack skills or knowledge to perform correctly, then some kind of training will be necessary. You and the team should consider various training options and select ones that cover the type of skill/information needed and are accessible to the staff. You also need to determine your facility's capability to cover services while staff are in training. There are several training options:

- *Formal, off-site program* for groups of staff or individuals. Here, you will need to identify what training programs are available, if the curriculum is appropriate to the skills and information gaps identified, if coverage can be arranged while staff are in training, and if financial resources are available to cover training costs.
- *Formal, on-site training* is especially good when emphasizing the team approach to service delivery. You will need to assess if someone on-site has the technical and training skills necessary to conduct the sessions or if an external expert is needed. Facility-specific procedures are also best covered in on-site training sessions, such as reviewing and practicing emergency procedures at night or on holidays.
- *Informal mentoring and coaching*. Training does not have to be limited to a formal, group process. You can transmit information yourself and enable staff to practice skills in a supportive environment when you act as a coach. When you take a coaching approach to skills transfer, training becomes an ongoing process as you turn encounters with staff into teaching and practice opportunities.

Solutions to Performance Gaps

When staff with adequate skills and knowledge are still not providing quality service, training will not help improve their performance. Alternately, you may discover that training is only the first step in solving a problem, and that once training is completed, other steps are needed to help staff use their skills appropriately. In general, solutions to performance gaps need to focus on ensuring that the *outcome* of appropriate and correct staff behavior *supports* (rather than ignores or penalizes) their action. This way, they are encouraged to act in a similar way again, improving their performance steadily over time. Examples of ways to address performance gaps are listed below.

- *The QI process itself*. This process can be used to reinforce how individual performance (good and/or bad) affects quality of service. Case reviews, information gathering, tracking, and implementing part of the action plan are specific instances where individual performance is acknowledged.
- *Facilitative supervision*. This is another opportunity to show team members that their efforts are supported. When contact and two-way communication exist between team leaders and staff, many performance gaps can be resolved individually.
- *Systems changes*. When you develop an action plan, you often target support systems for improvement. Staff cannot respond to an emergency when equipment is broken or drugs are expired. Tackling systems weaknesses, such as maintenance, supervision, or procurement, will not only make good performance possible but will increase staff morale as they see management trying to meet their needs.

IMPLEMENTING SOLUTIONS

Once root causes and possible solutions have been identified, you and the team must now put words and plans into action. As much as you can, focus on individual performance as staff carry

out responsibilities listed in the action plan, make improvements in their performance, try new procedures, or try harder to do a better job. All staff will benefit from your attention during this time. The method described below will help you to combine teaching and practicing skills on-site with reinforcement and encouragement to staff implementing changes.

Mentoring through Coaching

Coaching is a one-on-one approach that uses observation, modeling, practice, constructive feedback, and motivation to transfer and improve skills. As such, it provides individual support by reinforcing staff efforts to change their own performance.

Coaching differs from formal training in that it is done “on the spot.” You seize the opportunity to train whenever possible; and, rather than telling someone what to do, you emphasize actually doing the behaviors. It is likely that you do not have supervisory responsibilities for everyone involved in the QI process or that you do not have the technical expertise for all procedures needed to respond to obstetric emergencies. Nevertheless, as team leader, you will have many opportunities to transfer EmOC-related skills through coaching. Below are coaching steps:

- *Observation.* Observe actual performance first before suggesting changes. Build upon the staff member’s strengths.
- *Modeling.* This is when you demonstrate competently and explain clearly the new behavior. Give the staff member a chance to ask questions. Ask open-ended questions to probe for understanding (for example: “What are the three steps you will use?” rather than “Do you understand what to do?”)
- *Practice.* Listening to or reading about what to do are not as effective as actually practicing a procedure. Have the staff member demonstrate his or her ability to perform while you are there to observe.
- *Constructive feedback.* Follow practice with your evaluation of performance, emphasizing what he or she did well, along with what he or she can do differently the next time. Continue offering practice and feedback until the staff member is comfortable with the procedure. Constructive feedback relies on a concrete, respectful, two-way interchange of ideas and reactions (more details on constructive feedback are in Chapter 4).
- *Skills transfer.* Using coaching as a training technique assumes that many skills are learned gradually and that adequate performance will take practice and feedback over time. You may need to break complex tasks down into subskills and gradually increase the number you demonstrate. A staff member may also need a number of trials to achieve a satisfactory level of performance. Eventually, the staff member will be able to carry out the new behavior without supervision, and you can gradually withdraw the amount of modeling, practice, and feedback you use—but remember to include recognition of improved performance in some aspect of the QI process.

EVALUATING PROGRESS AND FOLLOWING UP

When a QI goal is reached (e.g., decreasing the time needed to assemble the surgical team at night), it is important for staff to see how their efforts contributed to the overall achievement. In this instance, not only should the surgeon, anesthesiologist, and operating room nurse be congratulated, but the ambulance driver and the night nurse on the ward should be as well. If people are uncomfortable with individual public praise, you can find other ways to recognize their contribu-

tion: Describe in general how people followed the new call process with good results, display tracking data of time elapsed between the call and when the team was ready to operate, or mention in a case review how the shortened time contributed to a positive outcome.

If staff are using a structured form for individual assessment and goal setting, they can decide the frequency of a formal review of progress toward individual performance goals.

As staff take more ownership for the quality of care offered at the facility, they will ask themselves: “How did I do today?” “What can I do differently tomorrow?” and “How can I make more of a difference in the quality of care we provide?” This kind of self-evaluation shows that staff clearly see how the quality of their individual performance is critical to the team’s ability to save lives in obstetric emergencies.

REFERENCES

- Berwick, D. M., et al. 1990. *Curing health care*. San Francisco: Jossey-Bass Publishers.
- Bruce, J. 1990. Fundamental elements of quality care: A simple framework. *Studies in Family Planning* 21(2):61–91.
- EngenderHealth. 2002. *Community COPE®: Building partnership with the community to improve health services*. New York.
- EngenderHealth. 1995. *COPE®: Client-oriented, provider-efficient services—A process and tools for quality improvement and other reproductive health services*. New York.
- EngenderHealth, 2003. *COPE® handbook: A process for improving quality in health services, revised edition*. New York.
- EngenderHealth. 1999. *Facilitative supervision handbook*. New York.
- EngenderHealth. 1996. *Medical monitoring handbook*. Working draft. New York.
- Harper, A., and Harper, B. 1996. *Team barriers: Action for overcoming the blocks to empowerment, involvement and high performance*. New York: MW Corporation.
- Huezo, C, and Diaz, S. 1993. Quality of care in family planning: Clients’ rights and providers’ needs. *Advances in Contraception* 9:129–139.
- Imundo, L. V. 1993. *The effective supervisor’s handbook*. New York: AMACOM.
- McCaffery, J., et al. 2000. *Performance improvement: Stages, steps and tools*. North Carolina: INTRAH.
- Mager, R. F. 1992. *What every manager should know about training*. Atlanta: The Center for Effective Performance.
- Senge, P. M. 1990. *The fifth discipline: The art and practice of the learning organization*. New York: Currency Doubleday.
- Thaddeus, S., and Maine, D. 1994. Too far to walk: Maternal mortality in context. *Social Science Medicine* 38(8):1091–110.
- UNICEF. 1997. *Guidelines for monitoring the availability and use of obstetric services*. Figure 12.
- United Nations. 1966. *International Covenant on Economic, Social and Cultural Rights*. G.A. Res. 2200A (XXI), 21 U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3 (Article 12.12a, “General Comments on Its Implementation”), entered into force Jan. 3, 1976.
- World Health Organization (WHO)/UNFPA/UNICEF/World Bank. Integrated Management of Pregnancy and Childbirth (IMPAC). 2000. *Managing complications in pregnancy and childbirth: A guide for midwives and doctors*. Geneva: WHO.