



Long-Acting Reversible Contraceptives Learning Package

Module 4: Quality of Care

Facilitator Version

The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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Module 4: Quality of Care

Module Overview*

Module Overview for Facilitator

Activities

Activity 4-1: Action Planning

Activity 4-2: Interpreting Data

Handouts

Handout 4-1: Action Plan to Improve the Quality of Long-Acting Reversible Contraceptive (LARC) Services

Handout 4-2: Interpreting Data

Presentations

Presentation 4-1: Quality of Care in Health Services

Presentation 4-2: Using Data for Decision-Making

* Unlike other modules in this LARC Learning Package, Module 4: Quality of Care does not require use of Pre and Post Test Questionnaires.

Module 4: Quality of Care

Module Overview for Facilitator

Time: 6:00 hours

Module Objectives

By the end of this module, learners will be able to:

- Describe “quality of care” from the perspective of clients, service providers, and health service managers
- State different ways/interventions to improve the quality of services
- Develop an action plan to improve the quality of services
- Complete new or revised routine data collection tools, including registers (if applicable)
- Understand how data can be used to monitor and improve the quality of services

Session Plans

- Session 1: Perspectives of quality of care
- Session 2: Improving the quality of care
- Session 3: Action planning to improve quality of care
- Session 4: Introducing new or revised data collection tools (if applicable)
- Session 5: Using data to monitor and improve quality of care

Recommended Learners

All staff from the administrative and clinical services—managers, doctors, nurses, midwives, pharmacists, and central supply staff—should be invited to attend the sessions in this module.

Materials and Supplies

Category	Name	Materials to Print	
		Facilitator	Learner
Activities	Activity 4-1: Action Planning	X	
	Activity 4-2: Interpreting data	X	
Handouts	Handout 4-1: Action Plan to Improve the Quality of Long-Acting Reversible Contraceptive (LARC) Services	X	X
	Handout 4-2: Interpreting Data	X	X
Presentations	Presentation 4-1: Quality of Care in Health Services	X	
	Presentation 4.2: Using Data for Decision-Making	X	
	Presentation on Changes to Data Collection Tools (if applicable) <ul style="list-style-type: none"> <i>This presentation is not included in this module. It will be produced in-country, based on changes agreed to with the Ministry of Health (MOH) to update data collected on LARCs. In some countries, no changes may be required and this presentation will not be necessary.</i> 		
Supplies	Flip Charts		
	Markers		
	Projector		
	Copies of registers/forms currently used in facility		
	Copies of revised registers/forms (if applicable)		

Session Plans

Module 4—Session I

Date	Venue	Session number: I	Duration: 45 min
Topic: Perspectives of quality of care			
Session Objective: By the end of this session, learners will be able to: <ul style="list-style-type: none"> Describe “quality of care” from the perspective of clients, service providers, and health service managers 			
Advanced Preparation <ul style="list-style-type: none"> Prepare three flip chart papers with the following headings: <ul style="list-style-type: none"> Clients Service Providers Managers Prepare a flip chart with the definition and elements of high-quality care. Inform the facility manager that all learners will be walking around the facility during Session 2. 			
Methods and Activities			Materials/Resources
Introduction (5 min) <ul style="list-style-type: none"> Review session objective with learners 			<ul style="list-style-type: none"> Flip Chart with Session Objective
Small Group Work: Perspectives of Quality of Care (15 min) Tell learners they will now do a 15-minute activity to learn what quality means to a client, a service provider, and a manager. <ul style="list-style-type: none"> Divide learners into three groups (randomly allocate into Group 1, Group 2, or Group 3) Assign each group to be clients, service providers, or managers Give each group the flip chart paper on which you have written the group to which the members have been assigned. Ask members of each group to list—from their perspective—all aspects/things that would be present/available if health services were of the best quality possible. For example: <ul style="list-style-type: none"> If you were a <u>client</u> and you received the best quality of care, what would it look like? If you were a <u>service provider</u> and you provided the best quality of care, what would it look like? If you were a <u>manager</u> and your health service provided the best quality of care, what would it look like? NOTE: If groups have difficulty getting started, you can flip the question to the negative: How do you know that the quality of care is poor? 			<ul style="list-style-type: none"> Flip Chart papers with the following headings: <ul style="list-style-type: none"> Clients Service providers Managers Markers
Group Presentation and Summary (25 min) <ul style="list-style-type: none"> Call the groups back together and give each group 5 minutes to present its list. Summarize key elements from the three perspectives into one “definition” of quality of care (e.g., privacy, respect, competent service providers, medicines, drugs, clean environment) <ul style="list-style-type: none"> Using the remaining 10 minutes to summarize this session and transition to the next session by displaying the following information (on a prepared flip chart on a stand/wall): <ul style="list-style-type: none"> “Doing the right thing at the right time and place for every person, every time” High-quality care is: <ul style="list-style-type: none"> Effective: adheres to evidence-based standards Safe: does not harm clients Timely: provided when and where needed People-centered: respectful of client needs, values, and preferences Coordinated: across time and levels of care 			

Methods and Activities	Materials/Resources
<ul style="list-style-type: none"> Equitable: does not vary with respect to individual (or group) characteristics 	

Module 4—Session 2

Date	Venue	Session number: 2	Duration: 85 min
Topic: Improving the quality of care			
Session Objective: By the end of this session, learners will be able to: <ul style="list-style-type: none"> State different ways/interventions to improve the quality of services 			
Advanced Preparation: <ul style="list-style-type: none"> Prepare a flip chart paper with the following heading: Ways to Improve the Quality of Care 			

Methods and Activities	Materials/Resources
Introduction (5 min) <ul style="list-style-type: none"> Review session objective with learners. 	<ul style="list-style-type: none"> Flip Chart with Session Objective
Discussion and Brainstorming: Ways to Improve the Quality of Care (20 min) <ul style="list-style-type: none"> Post a blank flip chart paper with the heading “Ways to Improve the Quality of Care” on the flip chart stand/wall. Ask learners: “What are some ways we can intervene/act to improve the quality of care?” Write their responses on the flip chart paper. Ensure that the following ways are mentioned/emerge: <ul style="list-style-type: none"> Training service providers Implementing infection prevention practices Improving the supply of commodities Improving reporting and recording procedures Ensuring greater client privacy Improving the provision of respectful care Improving providers’ ability to listen to clients Analyzing and monitoring data Being accountable <p>Explain that, in the next session of this module, learners will be doing “Action Planning” and will be able to identify some ways they can improve the quality of care at their service sites. Before the next session, learners should walk through the facility and look for areas that need quality improvement and bring those concerns to the next session.</p>	
Presentation: Quality of Care in Health Services (15 min) <ul style="list-style-type: none"> Use the PowerPoint Presentation 4-I Quality of Care in Health Services to emphasize the quality of care elements listed above. 	<ul style="list-style-type: none"> Presentation 4-I: Quality of Care in Health Services
Facility Visit (30 min) <ul style="list-style-type: none"> Walk through the facility’s departments with the learners and ask them to note any gaps in the quality of services. At the end of the tour, discuss a summary of the findings. 	
Questions and Answers (10 min) <ul style="list-style-type: none"> Ask learners if they have any questions about quality of care. Respond to learners’ questions and discuss your answers. 	
Summary (5 min) <ul style="list-style-type: none"> Ask learners to brainstorm among themselves regarding gaps they identified in their facility’s/department’s quality of care. Ask learners to suggest opportunities for working on these gaps and improving the quality of care. 	

Methods and Activities	Materials/Resources
Tell learners you will be reviewing and discussing their suggestions during the next session.	

Module 4—Session 3

Date	Venue	Session number: 3	Duration: 50 min
Topic: Using data and action planning to monitor and improve the quality of care			
Session Objectives: By the end of this session, learners will be able to: <ul style="list-style-type: none"> Develop an action plan to improve the quality of services 			
Advanced Preparation: <ul style="list-style-type: none"> Prepare a flip chart paper with the session objectives Prepare a flip chart paper with the action plan template (matching Handout 4-1: Action Plan to Improve the Quality of LARC Services) Have copies of Handout 4-1: Action Plan to Improve the Quality of LARC Services (see Activity 4-1: Action Planning for facilitator instructions) 			

Methods and Activities	Materials/Resources
Introduction (5 min) <ul style="list-style-type: none"> Review session objectives with learners. 	<ul style="list-style-type: none"> Flip Chart with Session Objectives
Review and Discuss the gaps identified during facility visit (10 min) <ul style="list-style-type: none"> What gaps in quality have learners identified, and what opportunities can they suggest for improving the quality of services? What next steps should they take to work on the gaps? Introduce the idea of action planning. Share the action plan template, using the prepared flip chart. 	<ul style="list-style-type: none"> Flip Chart with action plan template (matching Handout 4-1: Action Plan to Improve the Quality of LARC Services)
Small Group Work: Action Planning (15 min) <ul style="list-style-type: none"> Divide learners into three groups (Group 1, Group 2, and Group 3). Tell them this is a 15-minute activity. Distribute the action plan template (Handout 4-1: Action Plan to Improve the Quality of LARC Services) to each group. Ask group members to refer to their notes from the facility visit and their home assignment. Take <u>one</u> potential problem and develop an action plan on the flip chart using the action plan template. Explain that groups will complete the action plan for <u>one</u> problem. Circulate among the groups and answer questions, as needed. 	<ul style="list-style-type: none"> Activity 4-1: Action Planning Copies of Handout 4-1: Action Plan to Improve the Quality of LARC Services Flip Chart paper Marker
Group Presentation: Action Planning (15 min) <ul style="list-style-type: none"> Allow groups (5 minutes each) to present their action plans. Discuss group action plans and ways to improve the quality of services. 	
Summary (5 min) <ul style="list-style-type: none"> Summarize by saying that quality of care is a cross-cutting component of everything we should do as service providers or managers to achieve better outcomes and satisfied clients. Close & thank the learners 	

Module 4—Session 4

Date	Venue	Session number: 4	Duration: 60 min (1 hr)
Topic: Introducing new or revised data collection tools			
Session Objectives: By the end of this session, learners will be able to: <ul style="list-style-type: none"> Understand updates to data collection tools, including registers (if applicable) 			
Advanced Preparation: <ul style="list-style-type: none"> Prepare a flip chart paper with the session objectives Review the country-specific PowerPoint and/or handout to describe changes to registers or new registers, if applicable. PowerPoint or handout must include case scenarios to practice completing the new or revised registers. Have copies of revised forms, if applicable Have three copies of existing registers currently used in the facility to record family planning (FP) information. You will likely need the following registers, but additional ones may also be important: <ul style="list-style-type: none"> FP register Labor and delivery register Postnatal care (PNC) register Logistics register/form 			

Methods and Activities	Materials/Resources
Introduction (5 min) <ul style="list-style-type: none"> Review session objectives with learners. 	<ul style="list-style-type: none"> Flip Chart with Session Objectives
Presentation: Changes to Data Collection Tools (30 min) <ul style="list-style-type: none"> If MOH has revised registers or new registers have been developed to capture data on LARCs, use this time to review the registers. Review the changes using a PowerPoint presentation (if available) or by reviewing copies of the new or revised registers. The PowerPoint or a handout should include at least 3 case scenarios so learners can practice using the new or revised registers. Case scenarios should each include a different type of client in terms of age, timing of services (postpartum, interval, post abortion), and method the client has chosen. 	<ul style="list-style-type: none"> Country-specific PowerPoint/handout on revisions or new registers
Individual work: Changes to Data Collection Tools (15 min) <ul style="list-style-type: none"> Allow learners 15 minutes to work alone or in pairs to practice completing the new or revised registers using case scenarios. Circulate and answer questions, as needed. 	<ul style="list-style-type: none"> Copies of revised or new registers
Discussion and Summary (10 min) <ul style="list-style-type: none"> Discuss questions or challenges regarding the new forms and summarize by clarifying any confusion. 	

Module 4—Session 5

Date	Venue	Session number: 5	Duration: 120 min (2 hrs)
Topic: Using data to monitor and improve the quality of care			
Session Objectives: By the end of this session, learners will be able to: <ul style="list-style-type: none"> Understand how data can be used to monitor and improve the quality of services 			
Advanced Preparation <ul style="list-style-type: none"> Prepare a flip chart paper with the session objectives Have copies of revised forms, if applicable Have three copies of existing registers currently used in the facility to record family planning (FP) information. You will likely need the following registers, but additional ones may also be important: <ul style="list-style-type: none"> FP register Labor and delivery register Postnatal care (PNC) register Logistics register/form 			

Methods and Activities	Materials/Resources
Introduction (5 min) <ul style="list-style-type: none"> Review session objectives with learners. 	<ul style="list-style-type: none"> Flip Chart with Session Objectives
Small Group Work: Interpreting Data (20 min) <ul style="list-style-type: none"> Explain to learners they will now practice interpreting data. Divide learners into three groups. Give each group a copy of Handout 4-2: Interpreting Data. Explain they have 20 minutes to review Handout 4-2: Interpreting Data and discuss the graphs and questions below. Circulate among the groups and answer questions, as needed. 	<ul style="list-style-type: none"> Activity 4-2: Interpreting Data Copies of Handout 4-2: Interpreting Data
Group Presentation: Interpreting Data (15 min) <ul style="list-style-type: none"> Invite each group to take 5 minutes to present their graphs and their answers to the questions. Refer to “Facilitator Instructions” section of Activity 4-2: Interpreting Data for points to discuss, if not mentioned by the groups. 	
Presentation: Using Data for Decision-Making (20 min) <ul style="list-style-type: none"> Use Presentation 4-2: Using Data for Decision-Making to review: 1) categories of data that are important for monitoring the quality of services, 2) how data can guide decision-making, and 3) options for reviewing data 	<ul style="list-style-type: none"> Presentation 4-2: Using Data for Decision-Making
Small Group Work: Using Data for Decision-Making (20 min) <ul style="list-style-type: none"> Divide learners into three groups. Explain they will have 20 minutes to do this work. Each group uses flip chart paper to list at least two pieces of data (indicators) they would like to see displayed or reviewed in their facility to help them make informed decisions about LARC services. <ul style="list-style-type: none"> Examples: Stock-outs of commodities, Number of clients receiving family planning before discharge after birth, Number of clients counseled on FP during ANC, Number of FP clients, Number of clients receiving LARCs, Number of post abortion clients receiving FP, etc. For each piece of data, the group should note: <ul style="list-style-type: none"> Source of data (name of register/form) WHY they think this piece of data is important to review (the types of decisions it will help them to make) Circulate among the groups and answer questions, as needed. 	<ul style="list-style-type: none"> Blank flip chart paper Markers Copies of revised or new registers Copies of existing registers with FP information

Methods and Activities	Materials/Resources
Group Presentation: Using Data for Decision-Making (15 min) <ul style="list-style-type: none"> Call the groups together and invite each group to take 5 minutes to present the data they want to use in their facility. 	
<ul style="list-style-type: none"> Group Discussion: Develop a Plan for Reviewing Data (20 min) <ul style="list-style-type: none"> Discuss the following questions. Use a flip chart to record learner answers: <ol style="list-style-type: none"> Who is responsible for <u>recording data</u> at this facility, as in completing registers and other forms? (<i>Usually all providers, pharmacists, etc.</i>) Who should be responsible for <u>compiling and analyzing data</u> in this facility? (<i>List name[s].</i>) What is the best method for people in this facility to review data? (<i>Options include: Continuous display on a wall chart, review during monthly meetings, etc.</i>) Who from the facility should participate in reviewing data? (<i>Ideal answer: everyone!</i>) How often should data be reviewed in this facility? (<i>Ideal answer: quarterly or monthly</i>) Who should be responsible for ensuring data are reviewed by facility staff? (<i>List name[s].</i>) <p>Encourage learners to share this discussion with facility managers, if managers are not present during the session.</p>	<ul style="list-style-type: none"> Blank flip chart Markers
Closing: Thank & congratulate learners and close the session. (5 min)	

Sample Schedule

Facility-based delivery: Two days

Day 1 (3 hrs)		Day 2 (3 hrs)	
Time	Session: Activity	Time	Session: Activity
5 min	One: Introduction	5 min	Four: Introduction
15 min	One: Small Group Work: Perspectives of Quality of Care	30 min	Four: Presentation: Changes to Data Collection Tools
25 min	One: Group Presentation and Summary	15 min	Four: Individual Work: Changes to Data Collection Tools
5 min	Two: Introduction	10 min	Four: Discussion and Summary
20 min	Two: Discussion and Brainstorming: Ways to Improve the Quality of Care	5 min	Five: Introduction
15 min	Two: Presentation: Quality of Care in Health Services	20 min	Five: Small Group Work: Interpreting Data
30 min	Two: Facility Visit	15 min	Five: Group Presentation: Interpreting Data
10 min	Two: Q&A	20 min	Five: Presentation: Using Data for Decision-Making
5 min	Two: Summary	20 min	Five: Small Group Work: Using Data for Decision-Making
5 min	Three: Introduction	15 min	Five: Group Presentation: Using Data for Decision-Making
10 min	Three: Review and Discuss the gaps identified in facility visit	20 min	Five: Group Discussion: Develop a Plan for Reviewing Data
15 min	Three: Small Group Work: Action Planning	5 min	Closing & thanks to learners
15 min	Three: Group Presentation: Action Planning		
5 min	Three: Summary & closing		

Module 4: Quality of Care

Activity 4-1: Action Planning

Time: 15 minutes

Objectives

- To practice making an action plan based on gaps or problems identified during the facility visit and the homework assignment.

Materials

- Handout 4-1: Action Plan to Improve the Quality of Long-Acting Reversible Contraceptive (LARC) Services

Facilitator Instructions

- Split the learners into the three groups. Each group should get Handout 4-1: Action Plan to Improve the Quality of LARC Services, which is an action plan template. Instruct each group to identify one gap or problem identified during the facility visit. Complete the action plan template for this one issue. Learners should use flip chart paper to record their action plans so they can easily present them back to the entire group.

Module 4: Quality of Care

Activity 4-2: Interpreting Data

Time: 20 minutes

Objectives

- To get learners to think about how data can be used for making decisions in the facility
- To get learners to start thinking about indicators beyond utilization

Materials

- Handout 4-2: Interpreting Data

Facilitator Instructions

- Split learners into three groups. Each group gets Handout 4-2: Interpreting Data.
- During the group presentations (5 minutes per group), try to mention the points below—if not mentioned by the learners:

Group 1

- What do the data on supplies tell us about whether these facilities are ready to provide long-acting reversible contraceptive (LARC) services?
 - Hospital A had an IUD stock-out for one month (April).
 - Hospital B had a low supply of IUDs in April and stock-out since May. Hospital B has a small number of implants available, but not yet a stock-out.
 - Both hospitals had stock-outs of other family planning methods, which is a problem for overall quality of services. During stock-outs, facilities are not ready to provide all methods that clients choose.
- What is good and what is bad about each way of tracking supplies (tracking stock-outs versus tracking the number of supplies in stock)?
 - Hospital A's method is very easy to complete and identify stock-outs. But it cannot predict when supplies are low and must be re-ordered to avoid a stock-out.
 - Hospital B's method is more difficult to complete because it requires someone in the facility to count all methods in stock each month. It is also more difficult to interpret. However, the benefit is that the facility can anticipate a stock-out, before it actually occurs.

Group 2

- At Hospital A, what can we learn from the data about the overall use of LARC services?
 - At Hospital A, the number of LARC acceptors more than doubled from January to May, mostly because the number of implant acceptors increased. However, in June, the number of acceptors declined.
- At Hospital B, what can we learn from the data about the coverage of LARC services?
 - At Hospital B, the proportion of women counseled on postpartum family planning (PPFP) after delivery increased. Still, most women are not counseled on PPFP before discharge.

Group 3

- At Health Center A, what can we learn from the data about the quality of LARC services?
 - Implant use has increased. Use of hormonal IUDs has increased only slightly, and use of copper (non-hormonal) IUDs has declined. Facility staff should explore the causes. For example, counselors may not be discussing all methods (incomplete counseling), counselors may be encouraging clients to use implants instead of other methods (biased counseling), or supplies may not be available.
- At Health Center B, what can you learn from the data about LARC user follow-up?
 - Most clients who receive LARCs do not return for follow-up, especially implant acceptors. Facility staff should explore the reasons to encourage better follow-up.

Module 4: Quality of Care

Handout 4-1: Action Plan to Improve the Quality of Long-Acting Reversible Contraceptive (LARC) Services

Gap, problem, or trend	Likely cause(s) of the problem	Action to be taken	Person(s) responsible	Target date for activity to be completed	Resources needed to achieve this action	Actual date activity is completed	Notes

Module 4: Quality of Care

Handout 4-2: Interpreting Data

Group I

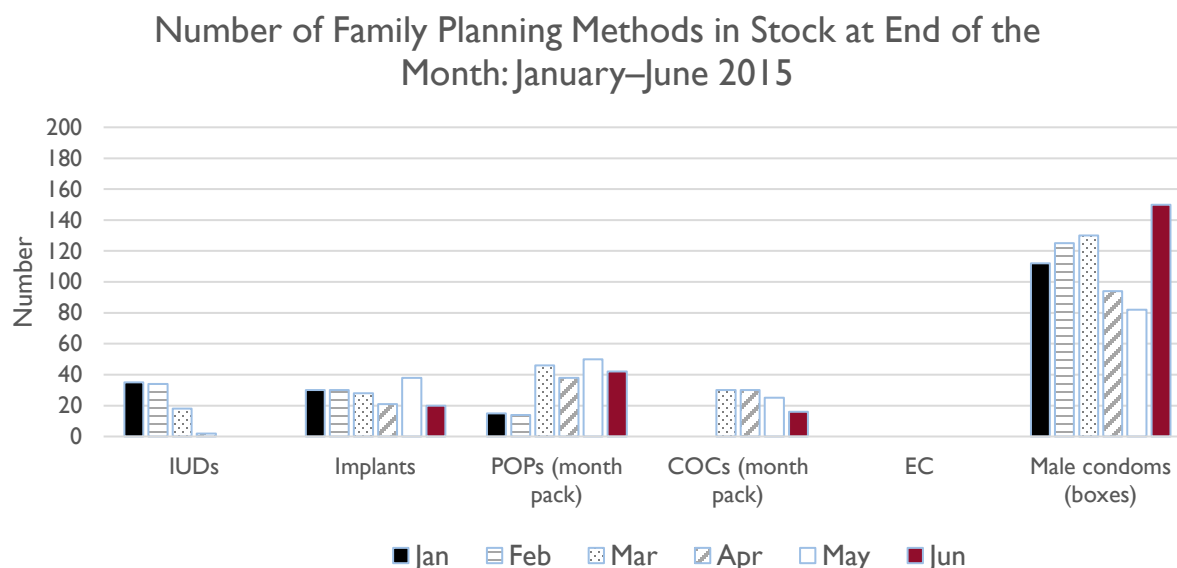
Hospital A

Hospital A tracks month(s) when there was a stock-out of family planning methods for one or more days.

Stock-Outs of Family Planning Commodities: January–June 2015 (X = out of stock one or more days during the month)						
	IUDs	Implants	Progestin-only pills (POPs)	Combined oral pills (COCs)	Emergency contraception pills (ECPs)	Male condoms
Jan					x	
Feb			x		x	
Mar			x		x	
Apr	x		x			
May			x			
Jun			x			

Hospital B

Hospital B tracks the number of family planning methods in stock (available) at the end of each month.



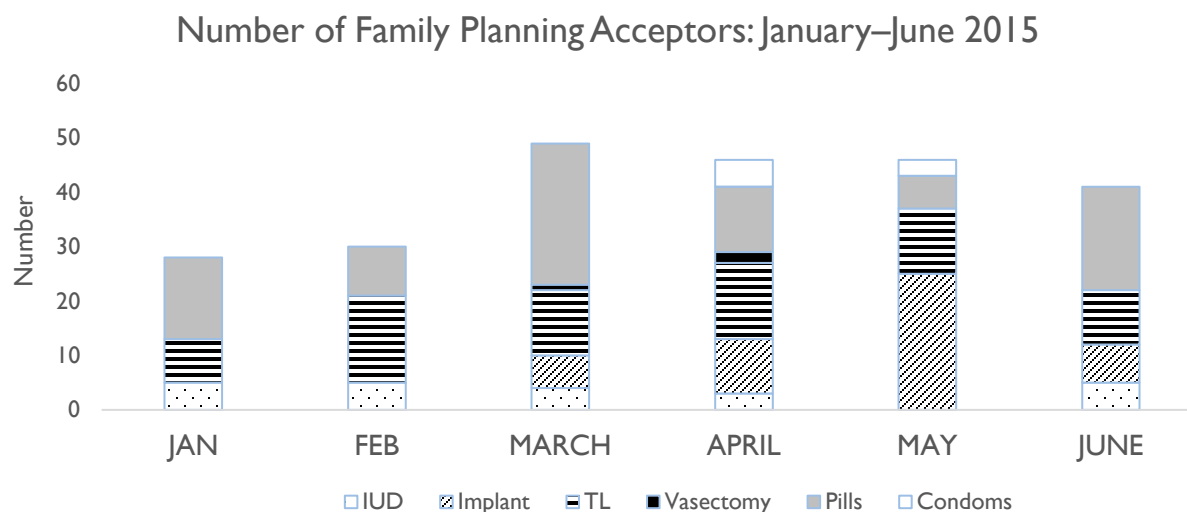
Questions for discussion

- If you looked at these data in July 2015, what could you learn about each hospital's ability to provide family planning services? Long-acting reversible contraceptives (LARCs)?
- What is good and what is bad about each way of tracking supplies (tracking stock-outs versus tracking the number of commodities in stock)?

Group 2

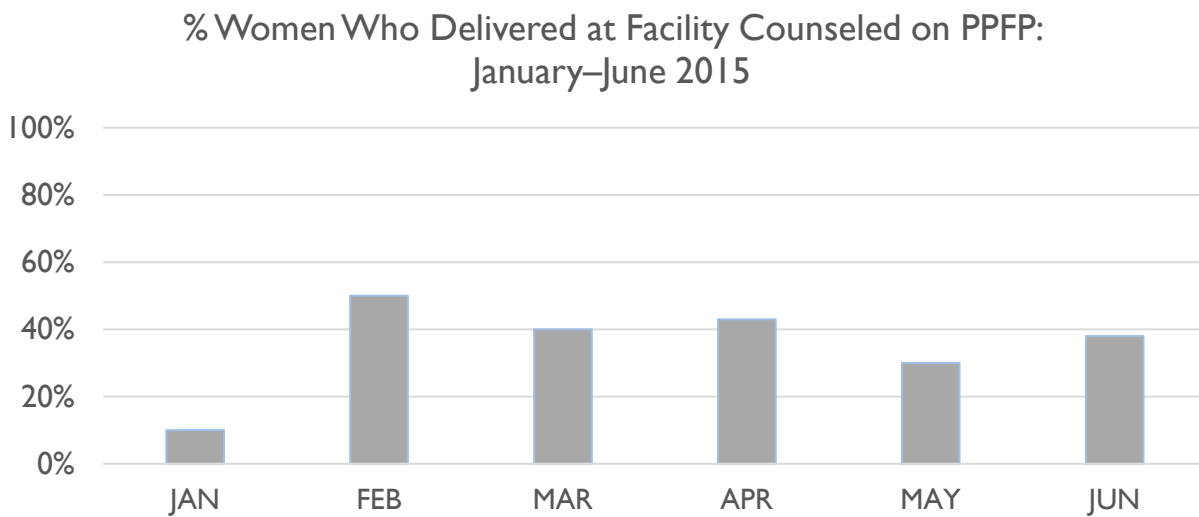
Hospital A

Hospital A offers a range of family planning methods including LARCs and permanent methods. Data on method acceptance, January–June 2015, are as follows :



Hospital B

At Hospital B maternity staff are trained to counsel women on postpartum family planning (PPFP) after delivery. Data on counseling, January–June 2015, are as follows :



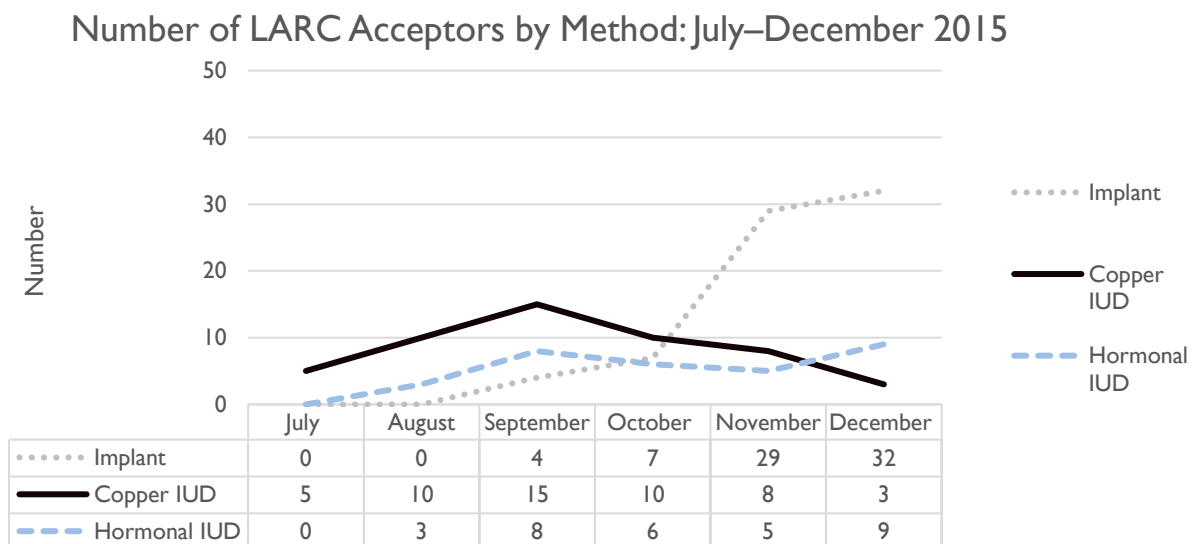
Questions for discussion

- What can we learn from data at Hospital A about use of family planning services?
- What can we learn from data at Hospital B about the coverage of LARC counseling?

Group 3

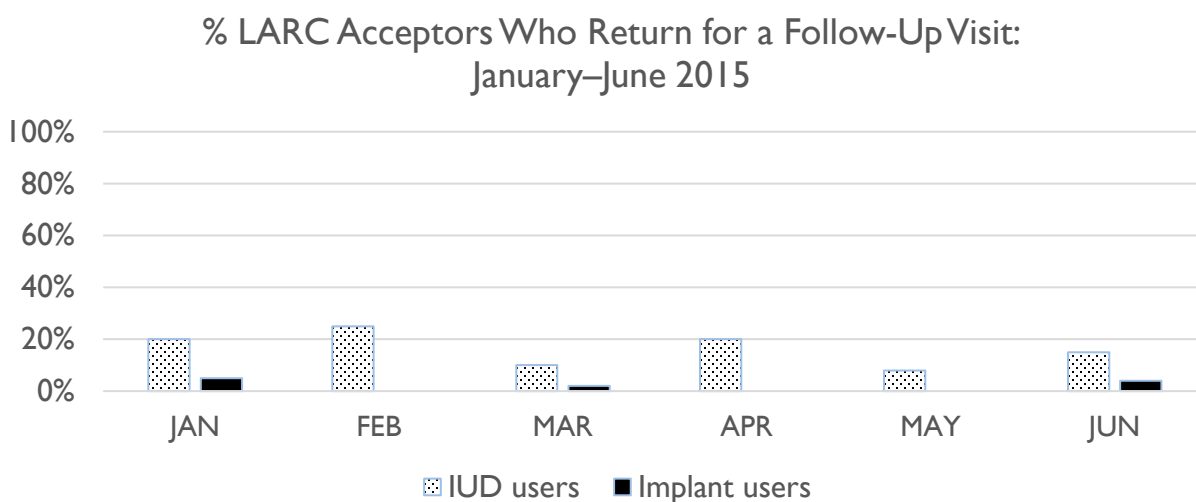
Health Center A

Health Center A has been offering contraceptive services for the past 5 years. The national family planning program has introduced some new LARC methods into their program and has trained staff to offer those services. Data for LARC acceptors, July–December 2015 are as follows



Health Center B

Health Center B recommends that clients return to the facility for a follow-up visit after receiving a LARC method. Data on follow-up visits, January–June 2015, are as follows:



Questions for discussion

- Based on data at Health Center A, what might you investigate about the quality of LARC counseling and services?
- What can you learn from data at Health Center B about follow-up for LARC users?

Presentation 4-I: Quality of Care in Health Services



Presentation 4-I:

Quality of Care in
Health Services

Presentation Outline

1. What is quality of care?
2. What are the components of quality of care?
3. Who are the stakeholders in quality of care?
4. What processes can improve quality?
5. Who is responsible for quality of care?
6. How is quality assessed and measured?

2

What Is Quality of Care?

*“Doing the right thing at the right time
and place for every person, every time”*

Content

What care is
provided to
clients?

Experience

How is the care
experienced by
clients?

3

What are the Components of Quality Care?



Institute of Medicine, 2001

4

Who Are the Stakeholders in Quality of Care?

Clients

Community
Members

Providers

Managers

What is important to them?

Why is quality important to them?

5

How can we improve quality?

What is the problem?

What do you want to change?

What can you do to change it?

6

Example: Quality Improvement

- Baseline assessment
- Action plan
- Follow-up assessment
- Report progress



Example: Infection Prevention Assessment Tool

Facility: _____ Assessor: _____ Date: _____

Performance standards	Verification criteria	Y, N, NA	Comments
4. Clean supplies are available at the site and are ready to use	<p><i>Verify whether:</i></p> <ul style="list-style-type: none"> • Antiseptics are prepared in small, reusable containers for daily use • Reusable containers are thoroughly washed with soap and water, rinsed with clean water, and dried before refilling • Reusable containers are labeled with the date each time they are refilled • Gauze or cotton wool is stored in dry containers without an antiseptic • Instruments are stored in dry containers without antiseptics • A clean plastic container with 0.5% chlorine solution is on-site for rinsing syringes and needles before discarding them in a puncture-proof container • The solution in this container is changed every day or when dirty • All containers mentioned above are ready for use in these areas: <ul style="list-style-type: none"> • Examination rooms • Labor and birth rooms • Postpartum area, pharmacy or lab area 	<p>Y</p> <p>Y</p> <p>N</p> <p>Y</p> <p>Y</p> <p>N</p> <p>N</p> <p>Y</p>	<p>1. Facility has no markers and tape to label containers</p> <p>2. Facility has no chlorine solution.</p> <p>Add to the facility action plan</p>

Action Plan for Infection Prevention

Gaps	Interventions	Responsible	Support	Deadline
Facility has no chlorine solution	Purchase chlorine solution	In-charge Mr. X	All staff collect money to buy 1 bottle of chlorine solution	5 March
	Request district to supply	Project	District Health Officer	Next quarterly meeting
Do not know how to make chlorine solution	Train on infection prevention	Project	None	15 March
Plastic bags for the waste bins are not available	Collect plastic bags from neighboring shops	Mr. Z (cleaner)	Community support group	5 March

Who Is Responsible for Quality of Care?

Everybody is responsible!

Clients

Community
Members

Providers

Managers

What can they do to improve quality?

10

How to Measure Improvements?

- Implement continuous monitoring and action
- Collect service statistics routinely
- Use data for monitoring
- Analyze data
- Assess reasons for any changes
- Take action/adapt



11



For more information, please visit
www.mcspg.org

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Presentation 4-2: Using Data for Decision Making



Module 4: Quality of Care
Presentation 4-2:
Using Data for Decision-Making

Data for Decision-Making at the Facility

Several categories of data are important to help facility staff provide quality services.

Readiness

Data to monitor if a facility has sufficient staff, infrastructure, procedures, equipment, and supplies to provide services

Coverage

Data on the proportion of the target population the facility is reaching

Quality of Care

Data to monitor if clients receive appropriate services when they visit the facility

Utilization

Data on the number of clients who use the facility

Follow-Up/Client Outcomes

Data to monitor if clients receive appropriate follow-up and the outcomes they experience

Making Decisions Using Data

	Problem/situation		
Readiness	Facility has a stock-out of IUDs		
Utilization	Last month 75 clients received LARCs at this facility and the trend is increasing. So clients are having to wait a long time.		
Coverage	Of women who gave birth at this facility, 30% received counseling on family planning before discharge.		

What might be reasons for each of these problems or situations?

Making Decisions Using Data

	Problem/situation	Potential reasons	
Readiness	Facility has a stock-out of IUDs	<ul style="list-style-type: none"> Supplies not ordered Supplies not moving from the District Health Office Supplies not available in the district 	
Utilization	Last month 75 clients received LARCs at this facility and the trend is increasing. So clients are having to wait a long time.	<ul style="list-style-type: none"> Demand generation activities Improved counseling on available methods 	
Coverage	Of women who gave birth at this facility, 30% received counseling on family planning before discharge.	<ul style="list-style-type: none"> No staff tasked with counseling No procedure for counseling Staff have insufficient time for counseling 	

What are actions facility staff might take to address the problem or situation?

Making Decisions Using Data

	Problem/situation	Potential reasons	Actions
Readiness	Facility has a stock-out of IUDs	<ul style="list-style-type: none"> Supplies not ordered Supplies not moving from the District Health Office Supplies not available in the district 	<ul style="list-style-type: none"> Re-order supplies Speak with the District Health Office about transport Speak with the District Health Office about supply needs
Utilization	Last month 75 clients received LARCs at this facility and the trend is increasing. So clients are having to wait a long time.	<ul style="list-style-type: none"> Demand generation activities Improved counseling on available methods 	<ul style="list-style-type: none"> Send more staff for training Order more supplies Free up time of staff able to insert LARCs by transferring other responsibilities to other staff
Coverage	Of women who gave birth at this facility, 30% received counseling on family planning before discharge.	<ul style="list-style-type: none"> No staff tasked with counseling No procedure for counseling Staff have insufficient time for counseling 	<ul style="list-style-type: none"> Designate staff responsible for counseling Develop a procedure for counseling Shift responsibility for counseling to different staff

Making Decisions Using Data (cont.)

	Problem/situation		
Quality*	50 implants, 2 IUDs were inserted last month		
Follow-Up/Client Outcomes	25 LARC users requested early removal last month		

* Quality of care is best measured through observation or client interviews. However, routinely collected data can give clues if family planning counseling is done well and clients have access to a range of methods.

What might be reasons for each of these problems or situations?

Making Decisions Using Data (cont.)

	Problem/situation	Potential reasons	
Quality*	50 implants, 2 IUDs were inserted last month	<ul style="list-style-type: none"> IUDs not available Staff not comfortable with IUD insertion technique Staff bias steering women away from IUD 	
Follow-Up/Client Outcomes	25 LARC users requested early removal last month	<ul style="list-style-type: none"> Poor quality counseling Poor technique Staff not ensuring voluntary choice Poor infection prevention Husband does not approve 	

* Quality of care is best measured through observation or client interviews. However, routinely collected data can give clues if family planning counseling is done well and clients have access to a range of methods.

What are actions facility staff might take to address the problem or situation?

Making Decisions Using Data (cont.)

	Problem/situation	Potential reasons	Actions
Quality*	50 implants, 2 IUDs were inserted last month	<ul style="list-style-type: none"> IUDs not available Staff not comfortable with IUD insertion technique Staff bias steering women away from IUD 	<ul style="list-style-type: none"> Order supplies Provide more supervision or on-the-job training Identify and address provider biases
Follow-Up/Client Outcomes	25 LARC users requested early removal last month	<ul style="list-style-type: none"> Poor quality counseling Poor technique Staff not ensuring voluntary choice Poor infection prevention Husband does not approve 	<ul style="list-style-type: none"> Provide more supervision or on-the-job training Identify and address biases Review and improve infection prevention procedures Use community outreach to inform women about family planning method options and male engagement

* Quality of care is best measured through observation or client interviews. However, routinely collected data can give clues if family planning counseling is done well and clients have access to a range of methods.

Reviewing Data

- Data must be reviewed on a regular basis in order to make decisions to improve the quality of care.
- What are ways to review data?
 - Review and discuss during monthly staff meetings
 - Post data on the wall so it is easily visible to staff
 - Review during supportive supervision
 - Other ideas?

What Is a Dashboard?

- A tool for displaying data
- A dashboard in a car gives you important information to help you drive safely (e.g., speed, amount of petrol/gas remaining, temperature)
- A facility dashboard is the same idea

What Makes a Good Dashboard for Use at a Facility?

- Ideally, it includes data from several of the categories we discussed:
 - Readiness
 - Utilization
 - Coverage
 - Quality of care
 - Follow-up/Client outcomes
- Shows progress toward targets (when appropriate)
- Is simple (displays a limited amount of data)
- Is flexible (indicators can be changed to look at new areas of interest)

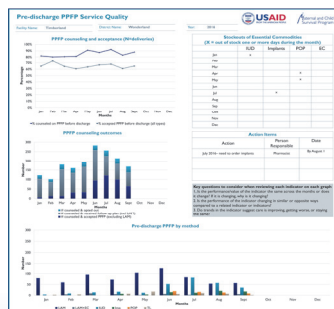
Sample Dashboard

This sample focuses on pre-discharge postpartum family planning (PPFP)

Includes data on:

- Stock-outs of family planning methods
- Coverage
- Counseling outcomes
- Quality (PPFP by method)

Also includes space to record action planning



For more information, please visit
www.mcspprogram.org

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