

Appendix E Flipcharts

These flipcharts can be used in a variety of settings, to communicate about COPE and quality improvement (QI). They are intended for use as follows:

- **Flipcharts 1 to 15** accompany Chapter 3 (Preparing for and Conducting the First COPE Exercise) and Chapter 4 (The Action Plan Meeting), and are referenced within the text. Some of these could also be used in a formal presentation for orienting key managers (particularly Flipcharts 2, 4, 5, 6, 7, 8, 11, and 15).
- **Flipcharts 16 to 19** contain additional material that is helpful for orienting key managers, if you have the time to make a more formal presentation.
- **Flipcharts 20 to 21** are helpful for conducting the Client-Flow Analysis (Chapter 7) and are referenced in the text.

Flipcharts for Conducting the First COPE Exercise (Flipcharts 1 to 15)

Flipchart 1

Objectives

At the end of this COPE exercise, you should be able to:

- Understand the importance of improving quality
- Understand what COPE is
- Use the Self-Assessment Guides, the Record-Review Checklist, and Client-Interview Guide
- Develop an Action Plan
- Form a COPE Committee at your site

Flipchart 2

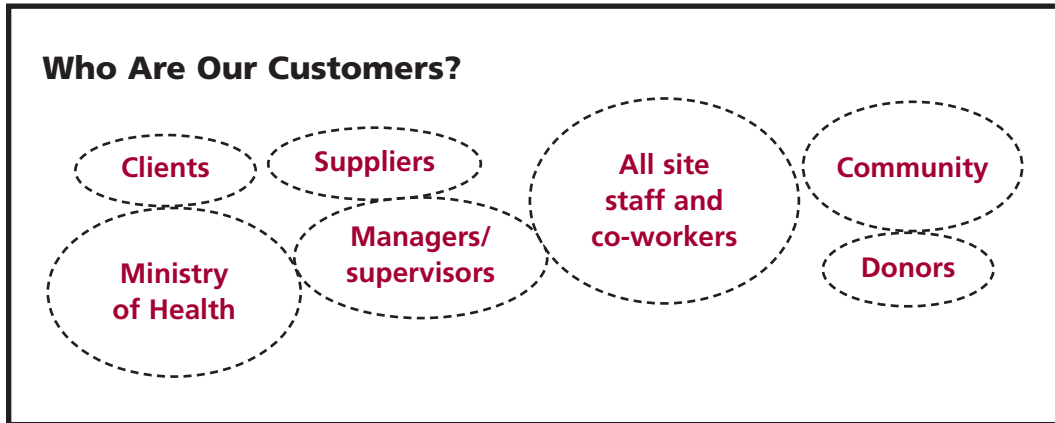
Clients' Rights

- Information
- Access
- Informed choice
- Safe services
- Privacy and confidentiality
- Dignity, comfort, and expression of opinion
- Continuity of care

Staff Needs

- Facilitative supervision and management
- Information, training, and development
- Supplies, equipment, and infrastructure

Flipchart 3



Flipchart 4

- Reasons to Improve Quality**
- Quality services protect staff and clients’ health.
 - Quality leads to savings (less repeat work and waste).
 - A site may add features to its services that will attract customers (clients).
 - All organizations have strengths to maintain.
 - There is always room for improvement.

Flipchart 5

An Example of the Costs of Poor Quality

Area	Cost of poor quality	Savings and benefits from improved quality
Performance of tests (such as Pap smears)	<ul style="list-style-type: none"> ▪ Unsatisfactory tests require repeat testing, thereby wasting resources (supplies and money) and staff and clients’ time. ▪ Unsatisfactory tests give false or no results. 	<ul style="list-style-type: none"> ▪ Clients and staff save resources and time. ▪ Clients’ health is improved, and illnesses are diagnosed in a timely manner.

Flipchart 6

Quality Improvement Principles

- Customer focus
- Staff involvement and ownership
- Focus on processes and systems
- Cost-consciousness and efficiency
- Continuous learning, development, and capacity building
- Continuous quality improvement

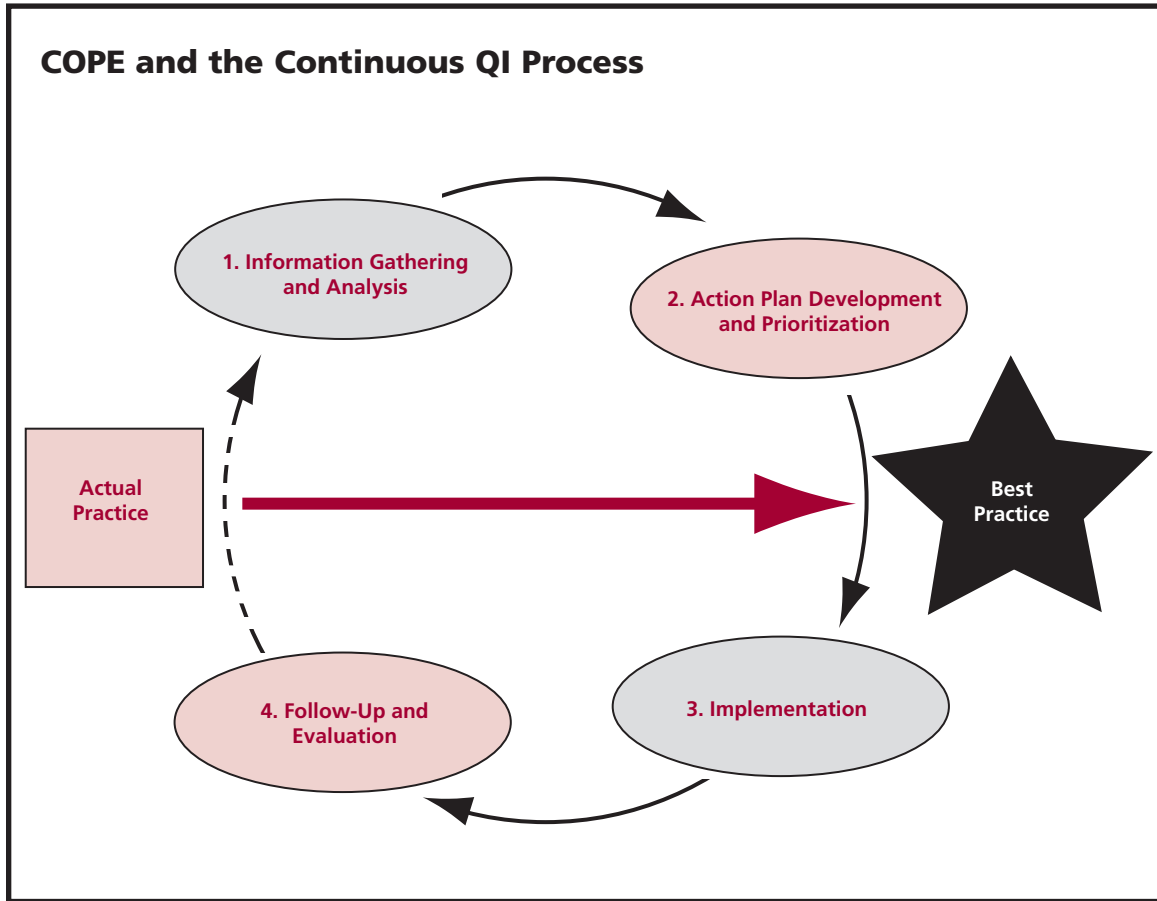
Flipchart 7

Client-Oriented, Provider-Efficient: A Continuous QI Process

COPE Tools

- Self-Assessment Guides
- Record-Review Checklist
- Client-Interview Guide
- Client-Flow Analysis (CFA)
- Action Plan

Flipchart 8



Flipchart 9

- ### Tips for Using the Self-Assessment Guides
1. Skip anything that does not apply to your site.
 2. Add anything important to your site that is not listed.
 3. "No" means a possible problem. Probe to find out more.
 4. Be honest about problems.
 5. Get input from co-workers who are not on your team.
 6. Be specific and concrete.

Flipchart 10

The Purpose of Client Interviews

- To learn what clients think about the services provided at the site
(We do not know how clients feel unless we ask them.)
- To get suggestions from clients about how to improve the services provided at the site
- To show clients that health workers care about their needs

Flipchart 11

Sample Action Plan

Problem	Cause(s)	Recommendation	By Whom	By When
A chronic shortage of expendable supplies in the maternity ward leads to increased risk of infection for staff and clients.	Inadequate budget for hospital supplies	Ask antenatal clients to purchase maternity supplies.	L. Karisa (clinic nurse)	July 1, 2004
	Failure to charge clients any fees for services or supplies	Ask the pharmacy to prepackage maternity supplies for clients (bottle of chlorine, pair of gloves, syringes, sanitary pads, etc.).	Dr. Ware (clinic director)	July 1, 2004
		Retain any unused supplies for use by other clients who cannot afford to buy them.	J. Samanda (ward nurse)	July 1, 2004

Flipchart 12

Developing a Clear Problem Statement

- A *problem* is the difference between the actual, present situation and the desired situation.
- Staff must agree that it is a problem:
 - ♦ Verify that there is a problem or collect data as needed.
 - ♦ Encourage all levels of staff to give input.
- Measure enough to get a good sense of what the problems are (e.g., five staff need training in the diagnosis and treatment of sexually transmitted infections), but do not try to measure everything.
- Focus on processes and systems. Do not blame individuals for mistakes.
- Identify problems and processes that are manageable.
- List the effects of the problem, if possible.

Flipchart 13

Using the “Multiple Whys” Technique

Problem: Clients do not complete their treatment for sexually transmitted infections and are not cured.

Why? Clients do not understand the need to complete treatment after their symptoms disappear.

Why? Service providers do not explain to clients why they should keep taking their medication after the symptoms disappear.

Why? Service providers were not trained in counseling clients about treatment.

Are there any other causes? Service providers are not aware that clients do not receive this information.

Flipchart 14A

Unclear Problem Statement

Problem	Cause(s)	Recommendation	By Whom	By When
HIV-positive pregnant women are lost to follow-up.	Clients are not interested in services.	Make clients more interested in services.	All staff	Immediately

Flipchart 14B

Clear Problem Statement				
Problem	Cause(s)	Recommendation	By Whom	By When
Pregnant clients testing positive for HIV do not return for follow-up services.	(1) Staff are not trained to discuss the range of services available.	(1) Conduct whole-site training on clinical, counseling, and support services available to prevent mother-to-child transmission of HIV and support HIV-positive clients.	L. Karisa (clinic nurse)	July 1, 2004
	(2) Clients feel unwelcome and stigmatized by staff.	(2) Conduct HIV and stigma awareness/sensitivity training for all staff.	J. Samanda (ward nurse)	July 30, 2004
	(3) HIV-positive clients are afraid that others will find out their status and harm them.	(3a) Review/revise protocols on client confidentiality and orient all staff.	Dr. Ware (clinic director)	August 30, 2004
(3b) Provide counseling training for providers on how to help clients make decisions about disclosure.		R. Minja (HIV counselor)	September 5, 2004	

Flipchart 15

Tasks for the COPE Committee
<ul style="list-style-type: none"> ▪ Make the Action Plan accessible for all staff to see. ▪ Follow up on the site's Action Plan. ▪ Support the staff responsible for implementing solutions. ▪ Schedule subsequent COPE exercises. ▪ Help monitor the results.

Additional Flipcharts for Orienting Key Managers (Flipcharts 16 to 20) (if you have time)

Flipchart 16

Site Managers and Supervisors: Catalysts for QI

Site managers and supervisors meet staff's needs for:

- Facilitative supervision and management
- Information, training, and development
- Supplies, equipment, and infrastructure

Flipchart 17

Other Tools and Approaches for Ongoing QI

- Facilitative supervision
- Medical monitoring
- Whole-site training and inreach
- Quality Measuring Tool
- Cost-Analysis Tool
- Community COPE

Flipchart 18

Role of the External COPE Facilitator

- Introduces the COPE process to the site, with assistance from the site facilitator
- Co-facilitates the second COPE exercise with the site facilitator
- Supports the site facilitator in following up with the site's COPE Committee
- Trains one or more staff members to be site facilitators

Flipchart 19

Role of the Site Facilitator

- Works with the external facilitator to introduce the COPE process to the site
- Co-facilitates the second COPE exercise and serves as the lead facilitator by about the third COPE exercise
- Takes main responsibility for follow-up with the site's COPE Committee (with support from the external facilitator)
- Trains other site facilitators, as needed

Flipchart 20

Role of the Manager

- Communicates to site staff his or her support for the COPE process
- Participates in the COPE exercises
- Supports the implementation of recommendations from the Action Plans

Flipcharts for the Client-Flow Analysis (Flipcharts 21 and 22)

Flipchart 21

Client-Flow Analysis (CFA)

- Tracks client flow through a site
- Measures clients' contact time with different staff
- Can help identify bottlenecks or missed contacts
- Measures staff utilization

Flipchart 22

Key Instructions for Data Collection

- Number the forms early, before the first client arrives at the site.
- Synchronize all of the staff's watches and clocks at the site.
- Review and agree on all codes for visit type, etc.
- Agree on staff initials. (To avoid confusion, use a different set for each staff member.)
- Record the information completely, legibly, and accurately.
- Collect all forms at the last contact with the clients and post someone at the exits. Do not let the forms "walk away."

Appendix F

Contents and Applications of the COPE Toolbooks

EngenderHealth is developing a series of revised toolbooks, focused on a variety of topic areas in reproductive health services, to accompany this handbook. Each toolbook will contain Self-Assessment Guides with questions related to the relevant service area, a Client-Interview Guide, a Record-Review Checklist, and forms for use in Client-Flow Analysis. The descriptions in this section summarize the content of each. Where the tools are tailored in some way for a particular guide, the differences are described below.

Note: At the time this revised handbook was published, most of the toolbooks had not yet been updated. Thus, the listings here may describe toolbooks that had not yet been produced at the time this handbook was published. In such cases, the title of the previously published edition of a toolbook is given.

COPE® for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook

The Reproductive Health Services Toolbook covers a broad range of reproductive health services, and the self-assessment guides reflect key standards of care for each of these. This toolbook serves as a good starting point for facilities that are establishing or strengthening integrated reproductive health services.

Reproductive health topics addressed in the COPE for Reproductive Health self-assessment guides include:

- Antenatal care
- Labor and delivery
- Postpartum and newborn care
- Family planning
- Postabortion care
- Reproductive tract infections (RTIs)
- Sexually transmitted infections (STIs)
- HIV and AIDS
- Gynecological disorders, such as cervical cancer and fistulae
- Disorders of the male reproductive health system, such as diseases of the prostate, and sexuality
- Infertility
- Harmful practices, such as female genital cutting

This toolbook contains two types of record review: a general Client Record-Review Checklist and a Surgical Record-Review Checklist for surgical procedures, with areas for recording dosages of medicine, surgical procedure notes, and notations of complications.

The Client-Flow Analysis (CFA) is for clients of any outpatient reproductive health services.

COPE® for Maternal Health Services: A Toolbook to Accompany the COPE® Handbook

(This toolbook was previously published as *COPE® for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* [2001].)

The Maternal Health Services Toolbook is for facilities wanting to focus specifically on improving maternal health care services. The toolbook covers five service categories: general care, antenatal care, routine labor and delivery care, emergency obstetric care (including postabortion care), and postpartum care (immediate and follow-up).

Topics covered include:

- *Antenatal care*—pregnancy testing; screening and recognizing complications; urine tests; tetanus immunization; iron provision; malaria and hookworm treatment; labs; imaging studies; birth plan assistance; antenatal counseling; and referrals
- *Routine labor and delivery care*—initial obstetric evaluation and assessment; recognition of labor, complications, and emergency; normal labor and delivery management; management of prolonged or dysfunctional labor; initial management of routine complications; performance of IV fluid replacement, laceration repair, manual removal of the placenta, bimanual uterine compression, and use of appropriate drugs; immediate newborn evaluation, resuscitation, and routine care, and immediate breastfeeding
- *Emergency obstetric care*—emergency evaluation and assessment; recognition of complications and emergency; initial stabilization of emergency; management of eclampsia, preeclampsia, hemorrhage, obstructed labor, infection, sepsis, ectopic pregnancy, malpresentation, shock, and cardiopulmonary arrest; performance of assisted delivery, blood transfusion, and cesarean section; administration of anesthesia; and management of unexpected surgical complications
- *Postpartum care*—maternal assessment, immediately postdelivery or postabortion and at follow-up visits for complications; infant assessment and management of complications postdelivery and at follow-up visits; counseling about normal care of mother and baby, breastfeeding, family planning, warning signs, and where to come for medical attention; and removal of sutures and incisional care, perineal care, breast care, and breastfeeding support
- *For routine labor and delivery care, emergency obstetric care, and postpartum care*—stabilization and transfer of clients needing emergency obstetric care

The record-review tool is an Obstetric Admission Record Review.

The CFA is targeted to antenatal and postpartum clients.

COPE® for Child Health Services: A Toolbook to Accompany the COPE® Handbook

(This toolbook was previously published as *COPE for Child Health: A Process and Tools for Improving the Quality of Child Health Services* [1999].)

The self-assessment guides include questions specifically related to childhood illnesses, including diarrhea, malaria, measles, pneumonia, HIV and AIDS, and malnutrition. They have also been adapted to be compatible with Integrated Management of Childhood Illness

(IMCI), an approach to child health services developed by the World Health Organization, the United Nations Children’s Fund, the U. S. Agency for International Development, and others, in response to the problem of child survival. IMCI focuses on the “whole child,” as opposed to an individual condition or disease. The tools that IMCI-trained providers use are the IMCI flowcharts. These charts employ recognition of symptoms and signs to create a pathway to diagnosis and treatment. COPE for Child Health can be used as a support to IMCI.

COPE and the tools for child health can also be used at facilities and in health care systems where IMCI has not been introduced, by the omission of the tool called the IMCI Record Review. Given IMCI’s focus on those aged 0 to 5, many questions in the COPE for Child Health Self-Assessment Guides also focus on this age-group.

Sample content areas include:

- Maternal and child nutrition
- Antenatal care
- Postpartum care
- Child immunizations and vaccinations for the mother
- Breastfeeding
- Care for the sick child
- Vitamin supplements for mother and child
- Health education information for the caregiver (including danger signs in childhood illness, childhood diarrhea, acute respiratory infection, vaccination schedules, and prevention of STIs and HIV)
- Family planning counseling

The client interview is directed at the parent or caregiver of the child.

There are two record-review checklists, each designed to complement IMCI criteria for management of children. One is for sick young infants aged 1 week to 2 months; the other is for sick young children aged 2 months to 5 years.

The CFA focuses on clients using a range of services, including well-child care or vaccinations, sick-child care, and antenatal, postpartum, and family planning services.

COPE® for Family Planning Services: A Toolkit to Accompany the COPE® Handbook

(This toolkit was previously published as *COPE®: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* [1995].) (Note: This volume is the earlier edition of this handbook. It will remain in print until the revised toolkit for family planning services has been completed.)

Content areas for COPE for Family Planning include:

- All contraceptive methods, both temporary and permanent
- Infection prevention for Norplant implants, the intrauterine device (IUD), injectables, tubal occlusion, and vasectomy

- Counseling or referral for other reproductive health issues, such as breast self-examination, Pap smears, and prevention and treatment of STIs, RTIs, and HIV
- Family planning counseling and referral for postabortion clients

The client interview asks specific questions about satisfaction with family planning counseling services.

The Record-Review Checklist is focused on sterilization services, with categories including intraoperative medications, procedure notes, and records of types of complications.

The CFA is for any family planning client, including those seeking counseling and different types of contraceptive methods, allowing staff to compare client contact and waiting times for different methods.

Community COPE[®]: Building Partnership with the Community to Improve Health Services

This is an adaptation of the COPE process aimed at learning the needs of a wider population than those who are current clients of a facility. To better meet the needs of individual clients as well as the communities they serve, EngenderHealth and its partners developed a process for health care staff to interact with the community, so they can reach not only people who come to the facility, but also potential clients who have chosen not to come or clients who have stopped using their services.

Using participatory information-gathering and action-plan development, Community COPE is designed to help supervisors and staff at service-delivery facilities:

- Gain support from local leaders
- Learn how community members feel about the services they provide
- Gather community members' recommendations for improving the services or enhancing service strengths and assets
- Determine ways to encourage community members to participate in and take ownership of QI efforts at both the facility and the community levels

Tools include:

- Values-clarification exercises
- Guides for initial discussions with local community leaders
- Individual interview guides for current, former, and potential clients
- Group discussion guides
- Participatory mapping exercises
- Facility walk-through

In general, we recommend that facilities conduct Community COPE participatory activities after staff have already had experience with COPE at the facility level. These activities require strong facilitation skills, because the range of participants and need for building trust and managing conflict may be greater than with COPE exercises conducted at the facility level.

Appendix G

COPE and Other Quality Improvement Approaches

While the emphases of COPE and other quality improvement (QI) approaches differ in several respects, they share many characteristics and underlying philosophies. In particular, COPE has some similarities to two other approaches: performance improvement (PI) and appreciative inquiry (AI). Like PI, COPE focuses on the factors that enable staff to perform well, and along with AI, COPE contains elements that focus on enhancing staff and facility strengths.

COPE and Performance Improvement*

PI is a process for enhancing employee and organizational performance that employs an explicit set of methods and strategies. Results are achieved through a systematic process that:

- Considers the institutional context
- Describes desired performance
- Identifies gaps between desired and actual performance
- Identifies root causes
- Selects, designs, and implements interventions to fix the root causes
- Measures changes in performance

PI is a continuously evolving process that uses the results of monitoring and feedback to determine whether progress has been made and to plan and implement additional, appropriate changes.

The relationship between QI and PI is a subject of ongoing debate. The orientations of QI and PI are somewhat different. QI asks: What steps can we take to make sure we do the right thing in the right way? PI asks: What is needed to improve performance? Ultimately the approaches are complementary, since to provide better client services, we ultimately must grapple with how performers are doing their work.

While the orientations may differ, the QI and PI models have significant similarities:

- Both are cyclical problem-solving processes.
- Both advocate the establishment of standards and the continual quest to meet those standards.
- Both seek to establish the root causes of identified problems.
- Both identify and select the appropriate actions that are intended to address performance problems.
- Both seek the same ends: high-quality products or services.
- Both models draw from the same tool box, although the use of the tools may vary. The approaches are complementary, and the strengths of each should be brought to bear in implementing reproductive health interventions.

* This information on COPE and performance improvement is excerpted from the Performance Improvement Consultative Group FAQ sheet, at http://www.picg.net/pi_faq.htm, accessed March 30, 2003.

The COPE process draws on many principles of QI and PI. COPE enables supervisors and staff to apply these principles and identify and solve performance problems at the service-site level. COPE stresses the definition of good performance, especially in terms of meeting the needs of providers so they can meet the expectations of their clients.

PI defines *desired performance* through the standards set by stakeholders, while QI defines *quality services* using clients' rights as the overarching standards and assessing them through client interviews, staff self-assessments, and community COPE activities. Additionally, COPE self-assessment guides are based on international standards and guidelines for reproductive health services. PI discusses *performance factors*, while QI discusses *staff needs*. While the terminology and (to some extent) the aims differ, the content is often comparable (see below).

PI Performance Factors	QI Staff Needs
<ul style="list-style-type: none">▪ Clear job expectations▪ Feedback▪ Motivation▪ Organizational support	<ul style="list-style-type: none">▪ Facilitative supervision and management (including feedback, motivation, and organizational support)
<ul style="list-style-type: none">▪ Skills and knowledge	<ul style="list-style-type: none">▪ Information, training, and development
<ul style="list-style-type: none">▪ Environment	<ul style="list-style-type: none">▪ Supplies, equipment, and infrastructure

COPE and Appreciative Inquiry

The COPE process also draws on aspects of AI, which is a capacity-building process that focuses on an organization's strengths (Cooperrider & Whitney, no date). In AI, this process has four stages, known as the discovery, dream, design, and destiny phases (or the 4-D cycle). In the COPE process, AI is reflected in relatively short discussion topics (e.g., during the orientation of managers, in the COPE introduction, and in subsequent COPE exercises). For example, the orientation for managers encourages them to:

- Focus on what the organization or site has done well in the past, or is doing well now, and explore which factors made high performance or success possible (in AI, the discovery phase)
- Challenge the current situation by envisioning (or dreaming about) a better future for the organization and by telling stories or giving examples of past and present strengths (including managers' own personal histories in relation to the organization), all of which provides an opportunity to focus on what was positive in the organization's past and lay a foundation for what can be positive in the future (in AI, the dream phase)
- Build the organization or site by deciding what is important to have (e.g., customer rela-

tions, leadership, etc.) to ensure a positive future for the organization or site (in AI, the design phase)

- Discuss what the site can do to deliver the dream or provide the level of quality they would like to see (in AI, the destiny/delivery phase)

The last phase provides an opportunity for managers to consider how to work together with site staff to build the future. It involves continuous learning and change, and often leads to a redesign of processes and systems (as does QI). This is the action-planning component of the COPE process.

References

- AVSC International. 1995. *COPE: Client-oriented, provider-efficient services: A process and tools for quality improvement in family planning and other reproductive health services*. New York.
- AVSC International. 1999. *Facilitative supervision handbook*. New York.
- AVSC International. 2000a. *COPE for Child Health project annual report*. New York.
- AVSC International. 2000b. *Cost analysis tool: Simplifying cost analysis for managers and staff of health care services*. New York.
- Berwick, D. M., Godfrey, A. B., and Roessner, J. 1990. *Curing health care: New strategies for quality improvement*. San Francisco: Jossey-Bass.
- Bradley, J. 1998. Using COPE to improve quality of care: The experience of the Family Planning Association of Kenya. *Quality/Calidad/Qualité* No. 9. New York: Population Council.
- Bradley, J., et al. 2002. *COPE for Child Health in Kenya and Guinea: An analysis of service quality*. New York: EngenderHealth.
- Cooperrider, D. L., and Whitney, D. Undated. A positive revolution in change: Appreciative inquiry. Cleveland: Case Western Reserve University. Retrieved from <http://appreciativeinquiry.cwru.edu/Uploads/whatisai.pdf>, January 10, 2003.
- Dohlie, M. B., et al. 1999. Using practical quality improvement approaches and tools in reproductive health services in East Africa. *Joint Commission Journal on Quality Improvement* 25(11):574–587.
- Graves, J. L., et al. 1981. Computerized patient-flow analysis of local family planning clinics. *Family Planning Perspectives* 13(4):164–170.
- Huezo, C., and Diaz, S. 1993. Quality of care in family planning: Clients' rights and providers' needs. *Advances in Contraception* 9(2):129–139.
- International Planned Parenthood Federation (IPPF). 1993. *The rights of the client*. Poster. London.
- Katzenbach, J. R., and Smith, D. K. 1994. *The wisdom of teams: Creating the high-performance organization*. New York: HarperBusiness.
- Lynam, P., Rabinovitz, L. M., and Shobowale, M. 1993. Using self-assessment to improve the quality of family planning clinic services. *Studies in Family Planning* 24(4):252–260.
- Management Sciences for Health (MSH). 1998. *CORE: A tool for cost and revenue analysis*. Boston.
- World Health Organization. 1999. *Mother-baby costing spreadsheet*. Geneva.