

## *The COPE Process and Tools*

This chapter is aimed at site managers or others considering introducing COPE at a facility.

This chapter explains the COPE process, describing the various tools that constitute COPE and the staff members who conduct or participate in each COPE exercise. It also outlines the principles of clients' rights and staff needs upon which COPE is grounded, and describes COPE's relationship to a range of quality improvement (QI) approaches.

### **Objectives**

After reading this chapter, you should be familiar with:

- What COPE is
- What clients' rights and staff needs are
- How the COPE process operates
- The principles upon which COPE is based
- Some examples of COPE successes
- How COPE fits into EngenderHealth's QI package of approaches and tools

### **What Is COPE?**

COPE, which stands for “client-oriented, provider-efficient” services, is a process that helps health care staff continuously improve the quality and efficiency of services provided at their facility and make services more responsive to clients' needs. COPE provides staff with practical, easy-to-use tools to identify problems and develop solutions using local resources, and it encourages all levels of staff and supervisors to work together as a team and to involve clients in assessing services. Through COPE, staff develop a customer focus, learning to define quality in concrete terms by putting themselves in their clients' shoes. The process also enables staff to explore the strengths of their work site.

COPE emphasizes staff involvement, ownership of services, self-assessment, and teamwork. It recognizes staff members' understanding of local conditions and resources and provides a forum for discussion among staff. The process also helps staff identify concrete and immediate opportunities for action and is responsive to local needs, thus building commitment to QI.

## Clients' Rights and Staff Needs

The COPE process is based on two key assumptions:

1. Recipients of health care services are not passive patients waiting to be seen by experts. Instead, they are autonomous health care consumers, or clients.\* Clients are responsible for making decisions about their own health care and deserve—indeed, have a right to—high-quality health care.
2. Health care staff desire to perform their duties well. However, if they lack administrative support and critical resources, they will not be able to deliver the high-quality services to which clients are entitled.

As is the case with EngenderHealth's other QI tools and approaches, COPE was developed around a framework of seven clients' rights and three staff needs (see Figure 1-1). These rights and needs underlie the two assumptions given above. The rationale is that the more these rights are honored and these needs are met, the higher the quality of care will be.

Clients who use health care services experience a wide variation in service quality from facility to facility and over time. Depending on their individual experiences, clients may feel satisfied with and eager to use certain services again, unhappy with and determined never to use the services again, or even desperate, if they are dissatisfied with their care but have no other services available or accessible.

Unfortunately, staff rarely learn what their clients' experiences have been. This is because staff usually do not ask clients their opinions about services, and clients often are reluctant to express their feelings to the staff who serve them. Regardless, clients form opinions about the services they receive, and poor-quality services may, among other things, lead clients to stop using services they really need.

Similarly, health care staff experience a wide range in the quality of their work environment, in the information and training they receive, and in the equipment and supplies available to them—all elements that staff need if they are to provide quality services. When staff do not have a forum in which to identify and voice their needs, the necessary changes often are not made.

The framework of clients' rights and staff needs can guide a facility's managers, supervisors, and staff in their efforts to improve quality. Acknowledging that clients have a right to expect certain things when they come for services is a powerful concept, one that has implications for staff behavior and performance. Moreover, recognizing that service providers and other staff have needs that must be met if they are to provide quality services is a motivating force among staff and supervisors. Staff are often frustrated at being unable to provide the kind of services that they both would like to provide and know are needed. This book describes the tools that staff can use to overcome problems and provide better care for their clients.

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\* In most health care settings, the persons receiving care are referred to as *patients*, a word that often connotes passivity and ill health. This book uses the word *clients* to reinforce the concept of a customer focus, which is essential in QI, and to suggest a more active role on the part of the person seeking services.

**Figure 1-1. The Rights of Clients and the Needs of Staff**

## The Rights of Clients

**Information:** Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

**Access to services:** Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

**Informed choice:** Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

**Safe services:** Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

**Privacy and confidentiality:** Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

**Dignity, comfort, and expression of opinion:** All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

**Continuity of care:** All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

## The Needs of Health Care Staff

**Facilitative supervision and management:** Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

**Information, training, and development:** Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

**Supplies, equipment, and infrastructure:** Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

*Adapted from: Huezco & Diaz, 1993; IPPF, 1993.*

## An Overview of the COPE Process

### The COPE Tools and How They Work

The COPE process consists of a set of tools designed to be used together:

- The **Self-Assessment Guides** are sets of questions that help staff think about the way in which services are provided and whether adequate supervision, training, and equipment are available at their facility. There are 10 guides, organized around a framework of clients' rights and staff needs. COPE participants form teams, each of which is responsible for reviewing one or more of the guides. The team members discuss the questions and decide which of them reveal a problem that they have observed or experienced at their own facility. After going through the self-assessment questions, the team members discuss the problems they have identified, determine the root causes of those problems, and recommend solutions, including who will implement them and when. They record their findings in a Team Action Plan for later discussion at the full group's Action Plan Meeting (see page 49). An example of a Self-Assessment Guide appears in Appendix A.

One component of the self-assessment concerns the client's right to safety. Part of safety involves ensuring that clients' health records are up to date and accurate. For this reason, the Self-Assessment Guide to safety includes the Record-Review Checklist, which staff use to determine whether key information is being recorded accurately and completely in clients' records and whether clients are receiving care according to standards. One or two team members review 10 client records at random to identify record keeping strengths and weaknesses. A sample form appears in Appendix A.

- The **Client-Interview Guide** consists of questions that staff ask clients to learn clients' views of and opinions about the services provided at their facility. Following the guide, individual staff conduct informal interviews with clients who have completed their clinic visit. (Generally, staff conduct a total of 15 interviews, though these numbers may vary, depending on the size of the facility and the volume of clients.) The interviewers encourage each client to discuss the quality of his or her visit, what was good and bad about the visit, and how the quality of services could be improved. A sample completed Client-Interview Guide appears in Appendix A.
- **Client-Flow Analysis (CFA)** is a method of tracking clients through the facility, from the time they enter until the time they leave. Staff track the flow of each client who enters the facility during a specified time period—for example, from 8 a.m. to noon, or from 8 a.m. to 4 p.m. The Client Register Form is used to track clients from the time they enter the facility until the time they leave, by recording their contacts with a provider and the duration of each contact. One or two team members complete the Client-Flow Chart and the Client-Flow Chart Summary. They then chart, graph, and analyze the data, discuss the findings, and record them as a Team Action Plan for presentation at the Action Plan Meeting. EngenderHealth recommends that facilities not perform CFA during the first COPE exercise. Sample completed CFA forms appear in Appendix A.
- The **Action Plan** is a written plan that staff develop to help resolve the problems they identify during a COPE exercise. When COPE participants have completed the self-assessments, client interviews, record reviews, and CFA (if performed), they convene at the Action Plan Meeting to discuss, consolidate, and prioritize the problems and recommendations in the Team Action Plans. Through this process, the group develops an Action Plan for the facility that lists:
  - ▲ Each of the problems identified
  - ▲ The root causes of each problem

- ▲ The actions recommended to solve each problem
- ▲ The staff members responsible for implementing the recommended actions
- ▲ The completion date for each action

Sample completed Action Plans are presented in Appendix A.

Because COPE is ongoing and flexible, additional tools may be adapted for use in later exercises.

### Who Participates in COPE?

Improving quality is the responsibility of all staff at a facility. Therefore, as many staff as possible should participate in COPE exercises. It is important to ensure that each department and each cadre of staff is represented. This includes the facility's manager(s), supervisors, service providers, nurses, medical or surgical assistants, counselors, health educators, administrative staff, receptionists, guards, cleaning staff, other support staff, and affiliated community health workers who work in clinics, wards, the laboratory, the X-ray department, or surgical units.

### Who Conducts the Exercises?

COPE exercises are led by two types of facilitators, each of whom fills a different role in the COPE process:

- The *external facilitator* introduces COPE to the facility, guides the staff through the COPE process during the first COPE exercise, and trains one or more staff members to be site facilitators. He or she generally comes from outside the facility and is often someone from higher levels in the facility's organization or from a technical assistance organization with experience in conducting COPE exercises. He or she may provide assistance to the site facilitators for the first few exercises.
- The *site facilitator* organizes and facilitates subsequent COPE exercises, to establish a continuous QI process at the facility. Having a trained site facilitator is essential for staff to continue to do COPE on their own. Alternatively, a staff member may receive training in COPE facilitation off-site and then return to the facility to introduce COPE.

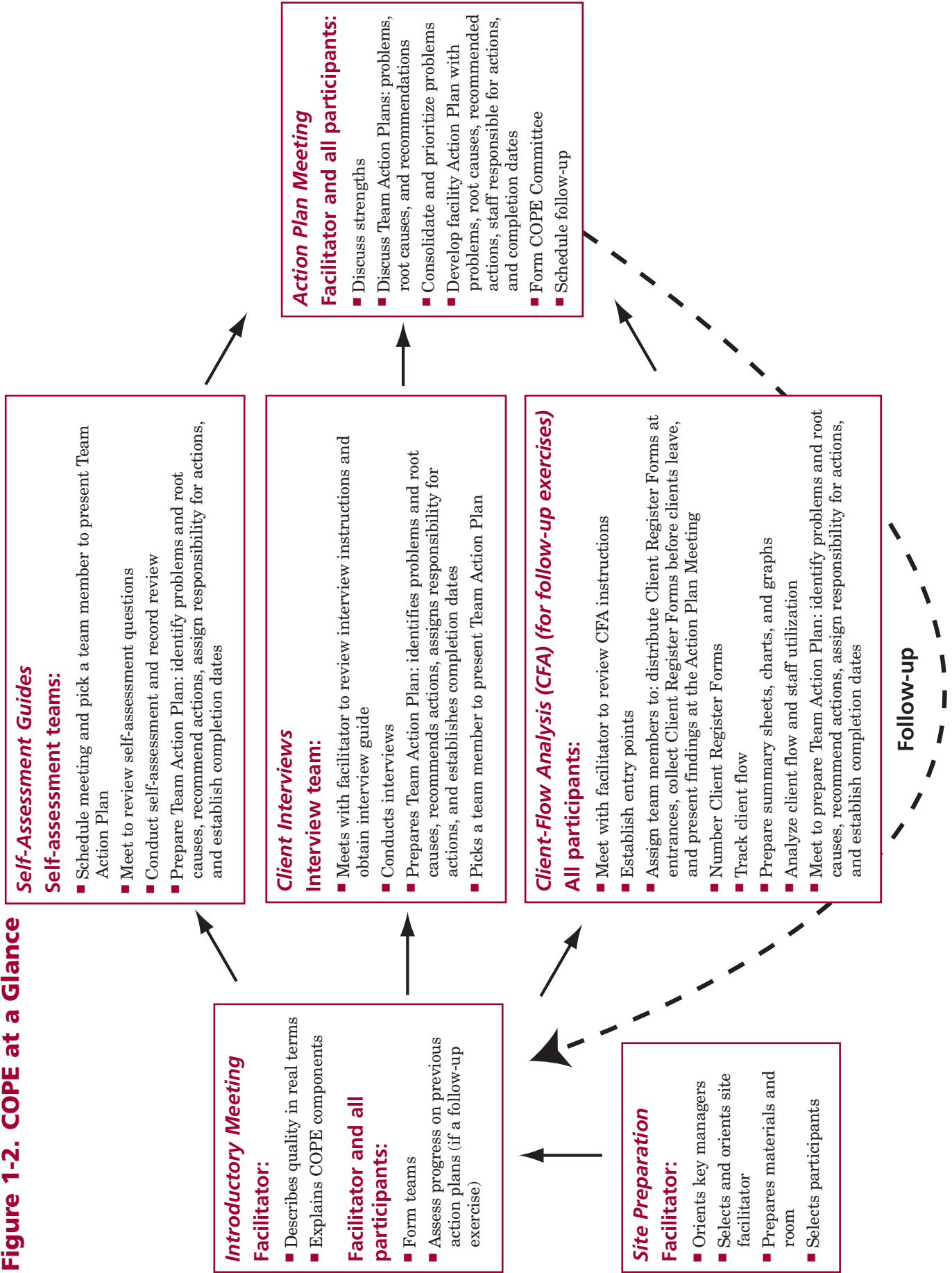
More information about the roles and qualifications of external facilitators and site facilitators will be provided in later chapters.

### What Happens before the COPE Exercises?

The external facilitator's first priority is to orient facility managers about COPE and assess the facility's level of support for QI exercises. This orientation will focus on three main content areas—COPE and the QI process in general, the manager's role in the COPE process, and what will be required of the manager in following up and continuing the process. The external facilitator also will need to discuss with the facility manager which health services or areas the first COPE exercise should focus on.

Another important preliminary step is selecting and orienting a site facilitator. While the external facilitator conducts the facility's first COPE exercise and helps with subsequent exercises, the site needs its own trained facilitator if COPE is to become a continuous process. The external facilitator should invite the facility manager to choose someone or to ask for a volunteer from the staff; this person will be coached by the external facilitator on

**Figure 1-2. COPE at a Glance**



how to conduct COPE exercises and will be expected to take on increasing responsibility over time for facilitating the exercises.

Finally, before the COPE exercises can begin, the external facilitator needs to work out (with the facility manager) a schedule that minimizes service interruptions and their impact on clients, a plan for which staff members should participate in the exercise (both how many and from which units or departments), and how much space will be needed for meetings and group work.

### What Happens during COPE Exercises?

During a facility’s first COPE exercise, the external facilitator orients participants to the idea of continuous QI and to the concepts of clients’ rights and staff needs and explains how to do self-assessment using the Self-Assessment Guides and Client-Interview Guide. Groups of staff work together to discuss and answer the questions posed in the Self-Assessment Guide, while other staff interview clients. Based on the responses, staff members identify areas in need of improvement and develop an Action Plan for presentation and discussion with the larger group. In addition, during this exercise, the external facilitator works with the site facilitator to explain the continuous COPE process and facilitation skills, as well as to give the site facilitator some responsibilities in facilitating the exercise. (See Figure 1-2 for a graphic representation of how the COPE process works.)

Figure 1-3 provides an overview of all of the stages in the COPE process, as well as estimates of the minimum amount of time that will be needed for each activity and of how frequently the activity should be conducted.

**Figure 1-3. Timetable for the COPE Process**

Stage	Minimum time period needed/ how often
Site preparation <ul style="list-style-type: none"> <li>▪ Orient key managers and staff</li> <li>▪ Select and orient site facilitator</li> <li>▪ Prepare materials and room</li> <li>▪ Select participants</li> </ul>	1 to 2 hours or more, depending on time availability Variable 3 to 4 hours Variable
Introductory Meeting	2 to 3 hours
Application of COPE tools	A few hours of time, usually spread over the course of 1 to 3 days
Action Plan Meeting	3 to 4 hours
Follow-up on the Action Plan	Within 1 month after the first COPE exercise, and then ongoing
Second and subsequent COPE exercises	2 to 3 days once every 3 to 4 months
Measurement of the facility’s progress over time	Quarterly; annually

*Note:* This process is flexible. The following chapters provide some suggestions for adapting the process to meet an individual facility’s needs.

Both facilitators share responsibility for facilitating the second COPE exercise; by the third COPE exercise, the site facilitator leads the exercise alone or with only minor assistance from the external facilitator. Thereafter, the site facilitator conducts COPE follow-up exercises on his or her own, with support from the facility's supervisors, higher-level supervisors, and headquarters administrators.

### Establishing the COPE Committee

At the end of the facility's first COPE exercise, the external facilitator helps the staff establish a COPE Committee. This committee—composed of staff members, supervisors, and site managers—plays a critical role in making QI an ongoing responsibility and the focus of the daily work of staff at all levels. The committee's main role is to monitor progress in carrying out the facility's ongoing COPE Action Plan. If there is already a QI committee, the facilitators ensure that monitoring progress of the Action Plan is added to its agenda.

## Principles Underlying COPE

### Quality Improvement Principles

*Quality* in health care is often defined as providing client-centered services and meeting clients' needs (Berwick et al., 1990). The QI process is an effort to continuously do things better until they are done right the first time every time. There are several reasons to improve the quality of the health care services provided at a facility. Improving quality safeguards the health of both clients and staff, adds features to attract clients, maintains the organization's strengths, and leads to savings (less repeat work and waste).

The COPE process and tools draw on management theories and principles widely used in a range of fields, including health care. The most important QI principles on which COPE is based are:

- Taking on the mindset of the customer (client)—meeting the needs and expectations of clients
- Having staff become involved in and feel ownership of quality and of the process for improving quality
- Focusing on processes and systems, and recognizing that poor quality is often a function of weak systems, weak processes, or implementation problems, rather than the fault of individuals
- Promoting efficiency and cost-consciousness by eliminating the costs of poor quality (e.g., repeat work and waste)
- Encouraging continuous staff learning, development, and capacity-building, since staff need skills to carry out the QI process and provide quality services, and supervisors and team leaders need to be able to facilitate the work of staff and the development of those skills
- Implementing continuous QI work, as there will always be opportunities to improve what staff do and to have a sustained positive impact on services

COPE enables staff to apply these principles at service facilities.



## COPE and the QI Process

COPE fits within a *continuous process* of QI. This process consists of the following four steps, which repeat:

- **Step 1—Information-gathering and analysis:** Using self-assessments, client interviews, record review, and CFA to identify problems
- **Step 2—Action Plan development and prioritization:** Refining a problem, prioritizing, recommending solutions, and deciding by whom and by when the problem will be addressed
- **Step 3—Implementation of the Action Plan**
- **Step 4—Follow-up and evaluation:** Including discussion of the progress made on the Action Plan, evaluation of successes and failures, further information gathering, and development of a new Action Plan, with new problems and solutions identified, and completing the process by beginning again with Step 1

## Why Use COPE to Improve Quality?

- **Self-assessment promotes a sense of ownership among staff.** When staff assess their own services, rather than having the services assessed by outsiders, they feel that the problems they identify are theirs, and they feel responsible for addressing the problems. This creates a sense of *ownership* and *commitment* to the solutions developed.
- **COPE relies on the wisdom of the experts.** The experts on the services at a facility are the *staff* who provide them and the *clients* who use them. COPE gives both staff and clients a chance to apply their expertise and insights toward improving services.
- **The tools are practical and relatively simple to understand and use.** An important reason why COPE works well is that the tools are practical and easy to use. The process is not full of theories or complicated diagrams that staff must learn. Rather, the tools are directly related to what staff do in their daily work.
- **COPE promotes teamwork and cooperation among all levels of staff.** By using the tools together, supervisors and staff become accustomed to working as a team.
- **COPE boosts staff morale and provides a forum for staff and supervisors to exchange ideas.** Staff members who have used COPE have said, “I knew that we could improve services by doing that, but I never had the opportunity to talk to [the doctor-in-charge] before.” By providing an opportunity to become involved in problem solving and decision making, COPE leads to increased staff morale.
- **COPE helps communicate service standards to staff and, thereby, improves performance.** The COPE Self-Assessment Guides are based on international service standards. (These guides are described in more detail in Chapter 2.) Using the guides raises staff awareness of the importance of quality, what quality services are, and what is important to clients.
- **COPE is cost-effective.** COPE is inexpensive to do. All that is needed are a few hours of a facilitator’s time, a small amount of time for staff to participate during regular work hours, flipchart paper, and photocopies of the forms needed for the exercises.
- **COPE is transferable and adaptable from one setting to another.** COPE has been used in a range of health care facilities, from national referral hospitals to small clinics, in private- and public-sector institutions, and in both very-low-resource and very-high-resource settings. COPE also has been applied to many different health services, from family planning to maternal and child health services to infection prevention practices for all staff at a health care facility.

- **COPE helps site managers work more effectively.** Although site managers may initially find introducing COPE and QI to be time-consuming, once staff become involved in solving day-to-day problems on their own, managers generally find that they have more time to focus on major problems. In addition, COPE helps site managers solve problems, thus relieving them of some of the burden.
- **Poor quality is costly.** If something is not done correctly the first time, it must be fixed, often repeatedly. Moreover, the consequences may be serious, in terms of both cost and the health of individuals and the community. COPE helps reduce the cost of poor quality by helping staff identify and solve problems, focusing on processes and systems to prevent problems from occurring in the future. The examples below (Figure 1-4) show how poor quality is wasteful and how improving quality increases efficiency and saves money. In each of the examples, the solution comes from changes that the service providers and other staff themselves can make to substantially improve the quality of services.

**Figure 1-4. Savings from Improved Quality**

Area	Costs of poor quality	Savings and benefits from improved quality
Sterilization/processing of equipment	<p>Incorrect processing increases the incidence of infections among clients (for example, during IUD insertion or delivery). This requires treatment of complications using additional staff time, medications, and other supplies.</p> <p>The reputation of the clinic suffers and clients may stay away from the services. Some clients may suffer permanently as a result of the infections they contract.</p>	<p>Correct processing reduces the incidence of postprocedure infection and complications, avoiding unnecessary additional expenses and supplies.</p> <p>Clients are satisfied with the services and recommend them to family and friends. The number of clients served at the facility may increase.</p>
Performance of tests (such as Pap smears)	<p>Unsatisfactory tests require repeat testing, thereby wasting resources (supplies and money) and staff and clients' time.</p> <p>Unsatisfactory tests give false or no results.</p>	<p>Clients and staff save resources and time.</p> <p>Clients' health is improved, and illnesses are diagnosed in a timely manner.</p>

*Note:* The *Facilitative Supervision Handbook* (EngenderHealth, 2001) provides more examples of how improved quality leads to savings.

## COPE Successes

There are countless stories of successes using COPE, gathered from the experiences of health care staff from around the world. The examples below illustrate how changes can take place using COPE. Additional examples appear throughout this handbook and in Appendix B.

### Asking the Right Person

One facility did not have running water for a very long time. Managers attributed the problem to low water pressure and hired tanker trucks to deliver water, which staff then carried in buckets to each ward. After a while, staff proposed replacing the hospital's entire water system, but the cost was too great. Their only option was to ask donors to pay for building a new water system. They waited for a while, but this did not happen. Then COPE was introduced at the facility. After listening to the discussion about the water problem, the hospital's groundskeeper, who was included in the exercise, said, "But don't you know that the reason you do not have water is that the pipe that leads into the hospital is broken? All you have to do is repair the pipe." Managers asked the groundskeeper why he had not said anything earlier, and he replied that no one had asked his opinion before. The pipe was repaired, and the problem was solved at a much lower cost than had been expected.

### Increasing Child Immunization Using Available Resources

During a COPE exercise, staff at an East African health center identified a problem: Too many young children did not receive the full course of immunization injections, and there was no follow-up approach for these cases. One of the root causes was that inconsistent record keeping made it difficult to know which clients needed follow-up. The clinic often ran out of the official Ministry of Health "Road to Health" child health cards, so the information either was not recorded at all or was documented unsystematically (for example, mothers would buy school exercise books in which to keep their children's health records). To address this issue, the health center figured out a system for procuring child health cards more consistently and developed a standard way of documenting immunization information on alternative documents (such as exercise books). With these systems in place, clinic staff are now better able to identify infants who are in need of immunization follow-up, and the rates of follow-up immunization have increased.

*Adapted from: AVSC International, 2000a.*

## COPE Is Part of a QI Package

COPE is not a cure-all for improving services. Rather, it is one approach among several components of EngenderHealth's QI package, all of which are most successful when continuously used together. (For more information about how the tools function together as a package, see Dohlie et al., 1999.)

In addition to COPE, the main components of EngenderHealth's QI package are:

- **Facilitative supervision.** This approach emphasizes mentoring, joint problem-solving, and two-way communication between a supervisor and those being supervised. To facilitate change and improvement and to encourage staff to solve problems, supervisors must have the solid technical knowledge and skills needed to perform tasks, know how to access additional support as needed, and have time to meet with the staff they supervise.
- **Medical monitoring.** This is a medical QI intervention that includes the objective and ongoing assessment of the readiness of and processes involved in service delivery. It is conducted to identify gaps between best practices and actual practices, and is meant to lead to recommendations for improvement.
- **Whole-site training.** This approach is aimed at meeting the learning needs of a facility. Whole-site training links supervision and training, emphasizes teamwork and sustainability, and includes a range of training strategies. Whole-site training includes *inreach* (staff orientations, referrals, linkages between departments, and adequate signs) to ensure that clients do not miss opportunities to access information and services for all of their reproductive health needs when they come to the facility.
- **Quality Measuring Tool.** This tool is used annually to measure QI over time. Based on the self-assessment tool used in COPE, facility staff and supervisors use the Quality Measuring Tool together to determine whether clients' rights are being upheld and whether staff needs are being met. Any new problems identified are then incorporated into the facility's ongoing Action Plan.
- **Cost-Analysis Tool.** Health care staff use this tool to measure the direct costs of providing specific health services. It measures the cost of staff time spent directly providing a service or clinical procedure and the costs of the commodities, expendable supplies, and medications used to provide that particular service or procedure. The information can be used to improve the efficiency of staffing and the use of staff time and supplies at a facility, as well as to set user fees that reflect the actual direct costs of different services.
- **Community COPE.** This participatory process and tool, an extension of COPE, is for health care staff to build partnerships with community members, to improve local health services by making services more responsive to local needs. It can also have the result of increasing community "ownership" of health facilities and services and of increasing advocacy for resources for health. It is particularly useful to facilities in areas undergoing health care reform, as a means of engaging the community in defining and supporting the quality of services they want. The range of activities for learning about local needs and suggestions for improvement include individual interviews, group discussions, community meetings, facility walk-throughs, and participatory mapping. Like COPE, the process includes identifying and analyzing problems, developing an Action Plan, and prioritizing solutions. Community members select representatives to join the health facility's QI committee and facilitate ongoing communication between the community and the facility's staff.

## chapter 2

# Orienting Key Managers to the COPE Process

This chapter is aimed at external facilitators.

This chapter provides an overview of the concepts facilitators need to communicate to key managers to obtain their support in introducing COPE. In addition, the section beginning “Once You Have Received Key Managers’ Support” contains information to give to facility managers about what aspects of COPE’s implementation they will need to coordinate and administer.

## Objectives

After reading this chapter, you should be:

- Familiar with the core components of orienting facility managers to the COPE process
- Able to identify other critical stakeholders and orient them to the COPE process

After obtaining facility managers’ support, you should be able to assist them to:

- Schedule the first COPE exercise and alternatives to fit the facility’s needs
- Decide which health services or areas to focus on during the first COPE exercise
- Select a site facilitator
- Discuss who should participate, and inform and invite them
- Form a facility COPE Committee

## Getting to Know COPE

Before introducing COPE to a facility, become thoroughly familiar with this handbook and with the COPE process. It is important to be well prepared before orienting important stakeholders to the process and before conducting the first COPE exercise.

It is highly recommended that you have observed *at least* one COPE exercise and have good facilitation skills before conducting a COPE exercise. (Facilitation skills are discussed in detail in Appendix D.) In addition, to increase your skills in conducting a COPE exercise, you might practice conducting one with your colleagues, or you might ask a colleague or other professional who has conducted a COPE exercise to train you or discuss the process with you.

## Generating Critical Support

To introduce COPE at a facility successfully and to ensure ongoing follow-up of the process, it is essential to have the support of certain stakeholders within both the facility and the institution.

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 nurse, the hospital administrator, and the supplies manager. At the institutional level, key stakeholders could include senior-level people among the medical, clinical, supervisory, training, and supplies staff. Positions and titles may vary across different facilities and organizations or others may also be key stakeholders. You will need to consider whom the key stakeholders are for each individual facility or institution, to ensure that you orient the key people to the COPE process.

### Facility-Level Support

#### Key stakeholders

There are three different sets of stakeholders who can have a substantial impact on the success of COPE:

- **The facility manager.\*** The facility manager is the first key person whose support is needed for COPE. This individual should always be oriented about COPE and consulted about logistical matters before the process is introduced at the facility.
- **Managers or supervisors with day-to-day responsibility for service delivery.** These are people who interact with the staff on a daily basis. All of these managers should attend the orientation, if possible, since their support will be crucial in enabling staff to become involved in self-assessment and problem-solving activities.
- **Facility staff.** COPE's success at a facility depends on the enthusiasm of the staff. If you show enthusiasm for the process while conducting COPE exercises, staff are more likely to become enthusiastic as well.

#### Facility-level commitment

Because QI is an ongoing process, one COPE exercise alone will not lead to continuous improvement. A sustainable process requires long-term commitment at the facility level.

Prior to the first COPE exercise, you may not be able to accurately assess facility managers' and staff's support for the COPE process. Therefore, during the orientation with facility managers, it is important to raise questions about the facility's level of support, so you have a sense of it before the exercise begins. While there is no guaranteed formula for success, working with facility managers can help nurture facility-level commitment throughout the process.

### Enabling Conditions at the Facility Level

To foster facility-level commitment to the COPE process, it is helpful if facility managers approach the COPE process with:

- A vision of high-quality services, clear expectations for staff, and the motivation to communicate their vision and expectations to staff

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\* The person who holds primary managerial responsibility for a site may be known by various titles in settings around the world. Here, the term *facility manager* refers to the head doctor or physician, chief of hospital, clinic director, clinic manager, or any other person serving in this role.

- The understanding that engaging staff in routine problem solving will enable managers to focus their attention on larger management issues and on furthering the overall facility goals
- An awareness that staff generally want to perform well, are experts about their work environment, and have the capacity to help improve quality
- An understanding that work processes and systems frequently hinder people from performing at optimum levels
- An interest in improving quality and supporting the initial COPE exercise
- A commitment to ongoing follow-up and a receptivity to change
- A willingness to provide the resources necessary for the process (The main resource is time; many interventions do not cost a lot of money.)

Staff, in turn, need to be willing to follow the organization's leadership to improve quality when given the necessary resources. Most often, there are potential leaders among staff who can help guide their colleagues to become more involved in the COPE process. These leaders are not necessarily senior staff; rather, they can be anyone whom the other staff respect and listen to. If these leaders are identified by facility managers and notified early in the process, the facility's initial commitment level to COPE may be strengthened.

## Institution-Level Support

### Key stakeholders

At the institutional level, the key stakeholders are senior managers who are responsible for overseeing service delivery, including those who manage service standards, supplies, training, and supervision. The support of senior managers is important because COPE exercises may identify some facility-level needs that require support from higher levels in the institution, such as those involving training, supplies, and supervision. (See the case study "Getting Support from Headquarters" in Appendix C [page 122] for an illustration of this.) Without such external support, facility staff may become frustrated by problems that they are unable to solve at the facility level and the QI process may lose momentum.

### Institution-level commitment

Commitment at the institutional level is equally crucial for the QI process to become sustainable at the facility level. The process of introducing COPE may help build supportive conditions within an institution by strengthening two-way communication between facilities and higher levels and by promoting a problem-solving approach.

## Enabling Conditions at the Institution Level

To foster institution-level commitment to the COPE process, it is helpful if senior managers:

- Are aware of what continuous QI involves and what COPE can contribute
- Are willing, in the long run, to change institutional practices, standards, or personal behaviors so as to help facilities improve services
- Understand that COPE will create demands on support and resources and remain willing to provide the support needed (such as institutional support in supervision, training, or supplies)

When COPE is introduced at the facility level, it often creates demand for resources and support from the institutional level. To help institutions build an enabling environment and

meet the demands for improved supervision, refer to the *Facilitative Supervision Handbook* (AVSC International, 1999).

## Orienting Key Managers

There is no single preferred method for orienting key managers. However, orientation should be held in person and should fit the circumstances and the schedules of the people involved. Although it is possible to orient facility and institutional managers and stakeholders together, generally their orientations are conducted separately because these managers usually work in different locations.

Orientation can take place in a variety of settings. It may consist of a single meeting with key managers, a series of shorter meetings, or a workshop with representatives from several facilities or institutions. In planning an orientation, the keys are knowing the main points you wish to convey and being flexible: Your planned two-hour presentation could turn into a 10-minute discussion if circumstances change and the manager is called away.

Managers will need to be oriented on three main content areas:

- COPE and the QI process in general
- Their immediate role in the COPE process
- The commitment required of them in following up and continuing the process

Appendix E contains flipcharts that can be used during formal presentations to key managers.

## Orienting Managers to QI and COPE

In introducing managers to the concepts of QI and COPE, four main topic areas should be emphasized:

- **Site strengths.** Drawing out from managers what they see as the strengths of their facility or institution allows you to learn what their work is like and also serves as a vehicle for building a positive connection with them. COPE builds on the strengths of their facility or institution.
- **Quality.** It is important to emphasize the philosophy behind this QI process. The discussion could include the following elements:
  - ▲ What is quality? Quality can be defined in terms of clients' rights and staff needs. Staff are the experts in the quality of care at the facility.
  - ▲ Why improve quality? What are the costs of poor quality?
  - ▲ What are the principles of QI?
- **COPE overview.** This involves explaining what COPE is, what the tools are and how they work, and how COPE fits into QI overall. It includes answering the question "Why use COPE?" and giving examples of its success elsewhere, as well as describing EngenderHealth's QI package.
- **Stages and steps of the COPE process.** Here you can explain the "nuts and bolts" of how the process works: what is involved in preparing for a COPE exercise, orienting staff to the process, using the COPE tools, conducting the Action Plan Meeting, planning for follow-up, and maintaining an ongoing COPE process.



Appendix C provides a series of orientation topics that expand on the four main concepts detailed above. You can discuss these topics separately or as a whole, choosing which are most important and appropriate given the time available. These same topics are also covered in large part in Chapter 1.

### **Orienting Facility Managers to Their Role in COPE**

#### **Enabling staff to improve quality**

Emphasize that facility managers and supervisors are catalysts for QI and have four important roles:

- To set goals for staff
- To lead and motivate staff to improve quality
- To build trust and create an environment conducive to QI
- To meet staff needs for:
  - ▲ Facilitative supervision and management
  - ▲ Information, training, and development
  - ▲ Supplies, equipment, and infrastructure

Site managers need to have a clear perspective on their role as liaison between staff needs and the institutional resources available to meet those needs. As staff experience the power of the participatory process of COPE, they will inevitably have demands and expectations for resolving problems as they identify them; it is the facility manager's role to support and facilitate this process.

#### **Explaining shared decision making and shared responsibility for solutions**

Because COPE provides a forum for supervisors and staff to assess and improve the quality of their services as a team, some decisions will be made at lower levels than before. For example, staff such as nurses, counselors, receptionists, and cleaners all participate in identifying problems, proposing solutions, and implementing solutions related to their work.

#### **Acknowledging that people may feel threatened**

Supervisors and facility managers may feel threatened by the delegation of decision-making authority inherent in COPE. However, because supervisors also participate in the COPE process, they have a chance to explain their concerns about a particular problem or about a solution proposed by other staff. Many supervisors and managers find that delegating some problem solving and decision making frees them to attend to problems that cannot be solved at lower levels. Under the best of circumstances, this change leads to better work performance and higher motivation and job satisfaction at all levels. Supervisors have little to lose and much to gain in involving staff in problem solving to improve quality.

## **Discussing the time commitment to COPE**

The facility manager must allow the staff time to participate in COPE. Time commitments include:

- About two to three hours on the first day for the Introductory Meeting
- A few hours for group work (which can be done while staff carry out their regular duties)
- About three to four hours on the second day for the Action Plan Meeting

The facility manager should plan to be present and to participate actively in the introductory and action plan meetings.

## **Discussing with facility managers their role in the first COPE exercise**

Site managers can demonstrate their commitment to quality and the COPE process by actively participating in the Introductory Meeting. Therefore, discuss with facility managers whether they could introduce or facilitate any part of the Introductory Meeting (such as the icebreaker). It is important for staff to see the manager as “just another participant,” to lessen any feelings of intimidation. At the same time, to set a tone of leadership and support of the COPE process, it is better to have facility managers introduce or facilitate some (small) part of the exercise than to have the facilitation be done entirely by outsiders.

## **Committing Managers to Follow-Up**

Explain that if COPE is introduced without adequate follow-up, it will have few lasting effects; COPE must become an ongoing process. If you have not already assessed the level of commitment of managers at the facility and institutional levels, ask them:

- Are you ready to make a long-term commitment to QI? While the COPE tools are not difficult to use, the process requires long-term commitment beyond the introductory activities, and the process can be challenging and difficult.
- Is internal support (and external support, if needed) available to sustain the QI process?

Follow-up at the facility includes:

- Conducting subsequent COPE exercises every three to four months. This allows staff sufficient time to resolve some of the problems identified without losing the momentum for making changes.
- Choosing and mentoring an on-site staff person to take over as facilitator from the external facilitator over a period of two to three COPE exercises. Training and mentoring a site facilitator is a key component of a sustainable COPE process.
- Establishing a COPE Committee, or integrating its activities into an existing QI committee.

## **Once You Have Received Key Managers' Support**

After you have presented the overview of COPE and QI, the managers you have oriented might need some time to decide whether to pursue this QI process. This section covers the logistical and administrative areas that facility managers need to know about once you obtain their support. It orients them to their responsibilities in coordinating and setting up the first COPE exercise (specifically related to logistics and scheduling), in selecting the health service or area to focus on, in selecting the site facilitator, in inviting COPE participants, and in forming the COPE Committee.

## Logistics and Scheduling

### Flexibility and adjustability of the COPE schedule

The schedule for a COPE exercise is flexible and can be adapted to accommodate a facility's workload, client load, and staffing shifts, for example. Communicate to key managers that:

- It is crucial that staff's participation in the exercise disrupt service delivery as little as possible. Scheduling the meetings to take place during a less busy time of day or day of the week is an important element in planning.
- Use of the Self-Assessment Guides and Client-Interview Guide can be spread over a series of days if staff time is very limited (although it is recommended that the complete exercise not take longer than one week, as staff may lose focus and momentum and may therefore see fewer immediate improvements).

Review the sample schedules below and on page 24 with the facility manager, decide together on a meeting space for the Introductory Meeting and Action Plan Meeting, and set a time for the introduction to begin.



### Figure 2-1. Sample Schedules for the First COPE Exercise

Sample A: A facility with a steady client load all day

#### Day 1

##### Morning—Introducing COPE

- ♦ Tour the facility and meet management and the participants in COPE
- ♦ Conduct the Introductory Meeting with staff (approximately 2 to 3 hours)

##### Afternoon—Conducting the Client Interviews and Self-Assessment

- ♦ Conduct the client interviews } Carried out during routine work hours,
- ♦ Conduct the self-assessment } at the staff's convenience

#### Day 2

##### Morning—Preparing Action Plans

- ♦ Prepare the Client-Interview Action Plan } Carried out during routine work hours,
- ♦ Prepare the Self-Assessment Action Plan } at the staff's convenience

##### Afternoon—Presenting the Action Plan

- ♦ Hold the Action Plan Meeting with the same staff who participated in the Introductory Meeting (approximately 3 to 4 hours)
- ♦ Select the COPE Committee members
- ♦ Schedule dates for the Follow-Up Meeting and for the next COPE exercise

**Figure 2-1. Sample Schedules for the First COPE Exercise**

Sample B: A facility with its heaviest client load in the morning

**Day 1**  
**Afternoon—Introducing COPE**

- ◆ Tour the facility and meet management and the participants in COPE
- ◆ Conduct the Introductory Meeting with staff (approximately 2 to 3 hours)

**Day 2**  
**Morning—Conducting the Client Interviews**

- ◆ Conduct client interviews } Carried out during routine work hours, at the staff’s convenience

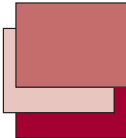
**Afternoon—Conducting Self-Assessment and Preparing Action Plans**

- ◆ Prepare the Client-Interview Action Plan } Carried out during routine work hours, at the staff’s convenience
- ◆ Conduct the self-assessment }
- ◆ Prepare the Self-Assessment Action Plan }

**Day 3**  
**Afternoon—Presenting the Action Plan**

- ◆ Hold the Action Plan Meeting with the same staff who participated in the Introductory Meeting (approximately 3 to 4 hours)
- ◆ Select the COPE Committee members
- ◆ Schedule dates for the Follow-Up Meeting and for the next COPE exercise

Explain how the schedule can be adapted, depending on the size of the facility, the number of staff and shifts, and the client load, among others. For example:



- **For a large facility.** One large regional hospital conducted the first COPE exercise with representative staff from several departments together. Participants used the Self-Assessment Guides, the Client-Interview Guides, and the Record-Review Checklist to develop an Action Plan for the facility. Since then, monthly COPE follow-up exercises have taken place at the ward and department levels. Staff review the progress made in the ongoing Action Plan and identify and solve new problems.
- **For a small facility.** A small family planning clinic introduced COPE by having staff review two Self-Assessment Guides, conduct client interviews on the next day, conduct record reviews on the next day, and then hold the Action Plan Meeting. The facility followed the same schedule for subsequent COPE exercises, thus spreading each exercise over four days. Within five COPE exercises, all 10 Self-Assessment Guides were used.
- **For multiple shifts.** A large maternity hospital conducted COPE introductory exercises for staff in three separate shifts (in the morning, afternoon, and night), involving a total of 186 participants. Representatives of all shifts were involved in the afternoon and night exercises, and participants reviewed the Action Plan developed by the morning shift. Then staff used the Self-Assessment Guides, conducted client interviews and record reviews, and added new problems to the facility’s Action Plan. For subsequent COPE exercises, each shift worked with selected Self-Assessment Guides, so that over the course of the year they had a chance to use all of the guides.

## Selecting Health Services or Areas on Which to Focus

Discuss with the facility manager which health services or areas to focus on in the first COPE exercise. Depending on which health services the facility provides, the first COPE exercise may focus on solving problems related to reproductive health, family planning, child health, or other areas. *COPE<sup>®</sup> for Reproductive Health Services: A Toolbook to Accompany the COPE<sup>®</sup> Handbook* is the most general of the COPE toolbooks, and therefore usually is used first. Many questions, such as those about infection prevention, client privacy, staff training, and supervision, apply to all health services and are contained in each COPE toolbook.

If a facility or some wards at that facility provide other kinds of services, staff may still use many of the guides that are common for all services and combine them with questions relating to the facility's standards or to national standards. Remind the managers that even if the facility is assessing a single set of services in depth, it is important to include a range of staff from different departments, to build and maintain teamwork and linkages between departments.

## Selecting the Site Facilitator

The external facilitator conducts the facility's first COPE exercise and helps conduct subsequent COPE exercises. However, for COPE to become a continuous process, it is important for the site to have its own trained facilitator. This is someone, selected by the manager, who is coached by the external facilitator on how to conduct COPE exercises and is encouraged to take on increasing responsibility over time for facilitating the exercises.

Generally, site facilitators are staff members at the facility or within the unit where the COPE exercise will take place, representing any unit and any level within the facility. There may be occasions in which the facilitator is a staff person within a local network of facilities who may be familiar with the facility but who does not work on-site.

Ask the facility manager if he or she prefers to choose someone or to ask someone to volunteer. Either way, site facilitators should meet two essential criteria:

- Other staff should consider them credible and should trust and be open with them during COPE discussions.
- They should have demonstrated facilitation skills or the potential to develop them.

It is helpful if the site facilitator has a general knowledge of health services. If this person does not have technical experience in the health services(s) to be assessed through COPE, then he or she should be prepared to ask clinical staff for clarification on specific standards and guidelines. Other helpful qualities include skills in organizing or leading teams and group activities and the ability to serve on the COPE Committee.

If the facilitator comes from outside the work site, consider how staff might perceive the facilitator. For example, does the facilitator have an ongoing relationship with the work site? If this person does not have an existing relationship with the facility, the COPE introduction and the training of the site facilitator will require establishing an ongoing relationship based on trust and communication.

## Informing and Inviting Participants

It is essential that all staff understand the concept of quality and the importance of each person's contribution to the QI process. Explain the following to key managers:

- At *medium-size* or *small* facilities (those with 20 or fewer staff members), it is ideal to encourage all staff to participate in the COPE exercise.
- At *larger* facilities, all staff need to be informed about the COPE exercise and process. However, all staff do not need to participate at first; only representatives of all *units* and all *levels* of staff need to participate. At these facilities, each group that completes one or more Self-Assessment Guides should include different levels of staff (see the instructions at the top of each Self-Assessment Guide). When discussing each of the guides, groups should seek input from other staff to help involve those who do not participate directly in the exercise.

For ease in facilitating the exercise and the discussions, facilities generally limit the introductory and action plan meetings to about 30 participants. However, some large facilities have conducted exercises with more than 150 participants. If the facility is large and has many staff, the exercise may be repeated among different groups of staff over time. However, each group should include a mix of levels of staff. Managers should inform staff about the exercise ahead of time and should encourage staff to participate. This helps staff organize their work duties appropriately and arrive promptly for the meetings.

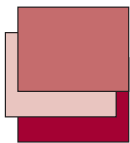
Remember to arrange for space for meetings and group work that is large enough to accommodate the participants.

## **Discussing the Formation of the Facility COPE Committee**

The COPE Committee (or Quality Improvement Committee, or some other name chosen by the facility) plays a critical role in making QI an ongoing responsibility and the focus of the daily work of staff at all levels. Its main role is to monitor progress in implementing the COPE Action Plan. The committee, which is formed at the end of the introductory COPE exercise, should represent different levels of personnel at the facility, including managers, supervisors, and staff members. The group can be newly formed or can be an existing committee at the facility, possibly with a few adjustments.

Ask the manager whether the facility has a QI Committee or whether a new committee should be formed.

Generally, the COPE Committee consists of about five to eight staff members, as follows:



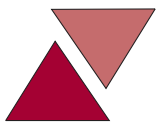
- In facilities with eight or fewer staff members, the entire staff serves on the COPE Committee.
- Larger facilities may have one large, overall coordinating committee and several smaller committees at the ward or department level. Alternatively, larger facilities may create functional teams that focus on improving specific issues, such as infection prevention.
- If the facility already has a committee representing the various units and staff levels, that committee may incorporate follow-up of the COPE Action Plan into its ongoing work. If a facility's existing committee does not represent the various units or levels of staff, its membership should be expanded.

## **Identifying the Facility Manager's Responsibilities**

If COPE is to proceed smoothly, the manager of the facility needs to assume a number of logistical responsibilities, ranging from setting schedules that do not interfere with the provision of clinical services to arranging appropriate space for meetings and for group work. Figure 2.2 outlines the most important logistical issues for which the facility manager will need to take responsibility.

**Figure 2-2. Logistics Checklist for the Facility Manager**

- ✓ Schedule the first COPE exercise for a time that will minimize interruption of services and any impact on clients. (Do not disturb normal services at the facility.)
- ✓ Choose the health service or area that the facility will assess during the first COPE exercise.
- ✓ Select a site facilitator.
- ✓ Select the participants (how many and from which units or departments).
- ✓ Distribute information or invitations to the participants ahead of time.
- ✓ Arrange for space for meetings and group work.
- ✓ Discuss with the manager formation of the facility's COPE Committee.



### **Troubleshooting Tips**

**IF:** *The key facility manager does not seem supportive of the idea of introducing COPE as a whole...*

- **Do not introduce COPE without his or her support.** Ask the manager what his or her concerns are. Some facility managers are concerned that by encouraging staff to share in decision making, managers will lose their authority and may be seen as handing over their responsibilities to staff who are less experienced in making such decisions. Explain that COPE does not take away the authority of supervisors at a facility, but builds staff ownership of solutions and responsibility for implementing them.

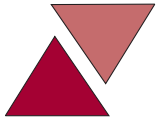
**IF:** *The key facility manager is not willing or able to commit to following up the process after the COPE introduction...*

- **Do not introduce COPE.** Facility managers have an important role to play in communicating to staff their expectations about the high quality of services the facility should be providing and in demonstrating their support for staff to be able to provide such high-quality services. Facility managers must be willing to help ensure that the process is continuous by incorporating follow-up into ongoing systems, such as by asking the COPE Committee to report on progress with the Action Plan during weekly meetings or by forming a COPE Committee, if one does not already exist at the facility.

**IF:** *Senior managers in the institution do not understand what COPE is or what it can contribute...*

- **Ask if they have concerns or questions about the process.**
- **Explain that COPE is a process for solving more problems at the facility level, building teamwork, and improving service quality.** When staff are given the tools to identify and solve many problems on their own, they are likely to take more responsibility for improving services and, in time, even begin to prevent problems from occurring. This may happen in part by improving communication between different levels

*(continued)*



### Troubleshooting Tips (continued)

of staff. This process does not diminish the authority of senior managers, but should reduce the number of small problems that they are asked to solve, allowing them to use their time more effectively by focusing on bigger problems.

*IF: Senior managers in the institution do not understand that COPE will generate demands on resources and are not willing to provide these resources to facilities implementing COPE...*

- **Explain that to conduct a COPE exercise, the main resource needed is staff time (though most activities can take place while staff carry out their daily work).** The process and schedule are flexible and can be adapted to fit the facility's needs. In addition, as a result of each COPE exercise, senior managers must be prepared to face demands on resources, since staff may identify needs related to training, supplies, and supervision. Senior managers should understand that COPE is a way of documenting the needs of the facility and can be used to advocate for efficiently channeling resources to it.

*IF: Senior managers in the institution are not willing to change institutional practices or standards to help facilities improve services...*

- **Explain that many of the changes that come about through the use of COPE are small improvements at the facility level, but that as the COPE process continues, some systemic problems may be identified.** In time, if these systemic problems are not addressed, the level of QI will stagnate or even decline. However, institutions that address these problems generally are able to sustain the QI process, and a sustainable QI process may mean survival for facilities facing increased competition among different service providers. (Remember that the willingness to change may be difficult to assess at this stage and may shift over time.)