

Revised Edition

COPE[®] Handbook: A Process for Improving Quality in Health Services

EngenderHealth's Quality Improvement Series



ENGENDERHEALTH

COPE[®] Handbook:
*A Process for
Improving Quality
in Health Services*

Revised Edition



ENGENDERHEALTH

Improving Women's Health Worldwide

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Dedicated to Grace Wambwa

In honor of her innovation and commitment to improving the quality of reproductive health services, we dedicate this handbook to our dear friend and colleague, Grace Wambwa, upon her retirement from EngenderHealth. Together with key colleagues, Grace was one of the early leaders in developing the COPE® process, and particularly in shepherding it through its introduction throughout Sub-Saharan Africa. Grace served as a mentor to countless COPE facilitators over the past 15 years. Her strong belief that all health care workers want to do their best, combined with her tireless energy and inspirational success stories of hospitals and clinics using COPE, have helped COPE grow from its origins in Kenya to worldwide recognition as a best practice in quality improvement.



*Amy E. Pollack, M.D., M.P.H.
President, EngenderHealth*

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Preface

One of the first, and most important, questions that facilitators ask during the first COPE[®] exercise is: “What is quality? If your sister, mother, brother, or uncle came to this facility for services, how would you like him or her to be treated?” The answers to this question are the building blocks of a definition of quality that incorporates clients’ rights to quality care and staff needs for the support (supervision, training, supplies, and equipment) that will ensure their clients receive that level of care. The answers also incorporate something else: a collective vision of quality woven from the individual voices of different levels of staff, all sitting together discussing the services at their facility and how they can improve them. The spirit of COPE is embodied by the idea that changes in quality will be most successful and lasting when they are initiated by staff working together within the facility, using their expertise to identify problems and develop recommendations for solving these problems.

Reproductive health care staff working in hospitals and clinics are often seriously impeded from giving their clients high-quality care, especially in resource-poor settings where staffing, resources, and supportive supervision may be lacking. Yet despite these obstacles, providers continue to work and try to do the best they can with what they have. COPE was developed to provide a means for staff to assess their own work, so as to identify problems in their facility and local solutions to those problems. COPE also helps staff become more aware of the needs of clients and, through the international standards of care embedded in the COPE tools, become more aware of what it will take to provide the highest possible level of care (and thereby meet those needs).

COPE is not a cure-all: Many problems require the infusion of outside resources or (for administrative or political reasons) are too great to be solved from within the facility. COPE also is meant not to be used in isolation, but to be integrated with other quality improvement (QI) approaches and tools that a facility might find useful, including more formal methods of evaluation that involve external assessment.

Studies on COPE over the past decade have looked at both process and outcome data, with extremely positive results. A study in four African countries examining the proportion of problems solved versus the proportion of those identified showed that 109 problems were identified through COPE action plans over the course of 15 months (Lynam, Rabinovitz, & Shobowale, 1993). Of the 88 deemed potentially solvable (meaning that staff could act on them without outside intervention or funds), 73% were solved within the 15-month period. The same study examined outcomes of the use of Client-Flow Analysis (an integral part of the COPE process) at five clinics that had identified client waiting time as a problem. At those five facilities, waiting time declined by from 17% to 56%, with an overall average of 42%. As an example, in one clinic where the previous average waiting time was 130 minutes, the waiting time dropped to less than 60 minutes. These are significant changes in a problem often identified as a chief source of client dissatisfaction.

An evaluation of COPE for Child Health conducted in Kenya and Guinea examined changes in quality over a 15-month period at eight intervention sites where COPE was introduced and compared these with events at eight control sites where it was not (Bradley et al., 2002). Results—whether reported by providers, observed by evaluation staff, or reported by clients—showed that on almost every quality indicator, the intervention sites performed

significantly better than the control sites, with most problems solved without outside assistance. Client-provider observations revealed greatly improved provider performance in such areas as respect shown toward clients, information given to clients, privacy, personal communication skills, diagnostic skills, home care instructions, prescribing practices, and immunization practices. (For sample data on this and the above study, see Appendix B.)

Clients at the intervention sites in Kenya and Guinea found staff to be very knowledgeable, friendly, and respectful, explaining things well and giving them privacy and plenty of time. Clients at the intervention sites were also much more likely than those at the control sites to report understanding everything they were told, getting all of the information they needed, and being “very satisfied” overall with the visit. As to whether clients had observed any changes in service delivery over the past year, 80% of clients at the intervention sites said that services were better than before, compared with 27% of clients at the control sites.

Perhaps most important, the COPE process affected staff’s sense of empowerment and accountability:

“Before, most problems were someone else’s responsibility. But we now see that we ourselves can solve most problems.” (Kenya)

“COPE has raised our consciousness, and due to this we have become more responsible.” (Guinea)

What is interesting about the changes in each of the studies cited above is that although the COPE guides suggest what standards of care might be, there is no specific intervention or training associated with them—e.g., no one tells staff that they need to treat clients better, give out more information, or ensure that no one interrupts their consultations. Thus, simply by providing a structure and a forum for staff to meet together on an equal, nonjudgmental basis and ask the questions that need to be asked about the services they provide, COPE can reap profound changes in the quality of care, in staff performance, and in client satisfaction.

This handbook reflects the lessons that EngenderHealth and its counterparts in more than 45 countries have learned over the past decades in developing, applying, evaluating, and adapting COPE. As you adapt and apply COPE, we invite you to share your lessons and improvements with us, as well as with your colleagues and with the clients you serve.

Acknowledgments

COPE, which originated as a quality improvement process for family planning services, was developed by EngenderHealth* with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development (USAID). As noted in the acknowledgments to the handbook *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995), “AVSC International has been developing and refining the COPE technique since 1988.... This evolution continues as we and our colleagues find better ways to work in our joint efforts to improve the quality of services for clients.” This volume reflects the latest changes and improvements in COPE’s evolution. The revised COPE handbook has been made possible through the continued support of USAID.

The individuals and organizations around the world that contributed to EngenderHealth’s development of COPE and to this revised handbook are now too numerous to mention. We acknowledge with gratitude the collaboration in this collective effort of our partners in ministries of health and not-for-profit organizations around the globe. Without their support and desire to improve services, the evolution of this handbook would not have been possible.

Within EngenderHealth, the current and former staff in New York and in field offices who have contributed their expertise are many more than we can name individually, but they know who they are, and to them we express our deepest thanks. A small group of staff from EngenderHealth, including those from country offices and from the Quality Improvement and Publishing teams, was charged with the final revisions of this handbook, with comments and suggestions from their colleagues.

* Before 2001, EngenderHealth was known as AVSC International.

introduction
*The New
Edition of COPE*

COPE® was pilot-tested in Kenya and Nigeria in 1988 and was then introduced in other countries in Africa and Asia from 1989 through 1994. In 1995, EngenderHealth* published *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services*. This handbook was designed to help clinic and hospital staff improve the quality of their family planning services through more efficient use of resources and improved overall performance. Now used in more than 45 countries worldwide, COPE has been translated into at least 15 languages (Arabic, Bahasa, Bangla, French, Khmer, Malagasy, Mongolian, Nepali, Portuguese, Russian, Spanish, Tagalog, Turkish, Urdu, and Vietnamese). Over the years, service providers have asked that the tools be expanded to include other aspects of health services, such as maternal care, child health, and adolescent reproductive health services.

During this same period, EngenderHealth and its partners have learned more lessons about how to introduce the COPE process to ensure that it becomes a sustainable and continuous quality improvement (QI) process. The desire to share these lessons, and the fact that providers began to utilize the COPE process for different areas of reproductive health services in addition to family planning, created the need for us to revise the original COPE handbook, which focused specifically on family planning. Likewise, EngenderHealth had begun to widen its mission to focus on more comprehensive reproductive health services and developed additional content-specific toolbooks (see page 2). With a review of the COPE handbook came a decision to revise the content, making it more generic and more focused on the “how-to” aspects, and to redesign the handbook so it can accompany the content-specific toolbooks. In addition, this revision strengthens the information provided on orienting key managers (Chapter 2) and, more generally, on helping facilitators prepare for the COPE process. In response to requests from the field, we have also enhanced the section on facilitation skills (Appendix D). We hope that these changes make it easier both for those newly initiated to the process to conduct COPE and for “older hands” to pick and choose the information they need. Our general goal is to help make the COPE process more sustainable in the long run, by easing the transfer of skills in COPE facilitation through the step-by-step process outlined here.

Consequently, this new edition provides a more comprehensive explanation of how to introduce and sustain the COPE process. This process is applicable to any set of services that the facility wants to explore, with adaptations to the tools as needed. This handbook is intended for use together with different toolbooks, each containing Self-Assessment Guides, a Client-Interview Guide, Client-Flow Analysis forms, and other assessment tools for a particular type of health services.

* Before 2001, EngenderHealth was known as AVSC International.

The COPE Toolbooks

Since COPE's inception as a tool to improve the quality of family planning services, it has been evident that clients around the world expect and deserve quality of care in all types of health services, and that family planning services do not exist in isolation from other kinds of health care. Over time, as providers have expressed the need for such tools for other health services, the COPE process and tools have been adapted. Below is a listing of EngenderHealth's current set of COPE toolbooks:

- *COPE® for Reproductive Health Services: A Toolbook to Accompany the COPE Handbook* (2003)
- *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995)
- *COPE® for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* (2001)
- *COPE for Child Health: A Process and Tools for Improving the Quality of Child Health Services* (draft, 1999)
- *Community COPE: Building Partnerships with the Community to Improve Health Services* (2002) (This is a variation on the COPE process.)

Many of the above toolbooks are currently being revised for use in conjunction with this handbook. In addition, new toolbooks on such topics as adolescent reproductive health care and services related to HIV and STIs are being developed (see Appendix F).

How to Use This Handbook

This handbook's format has been updated to be more user-friendly for facilitators as they orient managers, train site facilitators, guide facility staff in using the COPE tools, and adapt the COPE process and tools to best fit the facility's needs.

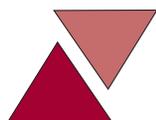
The chapters are organized to take the reader from an introduction to the concepts of COPE and QI to the basics of how to prepare and lead the first COPE exercises, facilitate an Action Plan Meeting, conduct subsequent exercises, perform a Client-Flow Analysis, and follow up between exercises. Additional chapters focus on orienting key managers so as to obtain critical support and on measuring progress over time.

In addition, samples of COPE forms and background materials that had been included in the text in previous editions of this handbook have now been placed in the appendixes to this book, for easy reference:

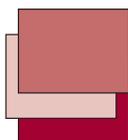
- **Appendix A—Sample COPE Forms** contains samples of the various tools discussed in the handbook: the self-assessment guides, record reviews, client interviews, Client-Flow Analysis, and action plan.
- **Appendix B—COPE Successes** contains examples of positive changes made around the world through the COPE process.
- **Appendix C—Orienting Key Managers: Talking Points** features bulleted presentations of topic areas to cover when introducing the concepts of COPE and QI to managers and stakeholders.

- **Appendix D—Facilitation Skills** consists of suggestions on how to begin and end meetings, some general facilitation tips, and some recommendations for dealing with difficult participants.
- **Appendix E—Flipcharts** offers visual aids that capture the main ideas to communicate. These can be presented as flipcharts, as overhead slides, as handouts, or in some other fashion. They can be used to show key messages for orienting managers or for instructing staff during the COPE exercises. Facilitators may adapt these messages and may choose not to present *all* of the key messages as flipcharts or slides, but should be sure that the information is covered in the discussions. The flipcharts are referenced as appropriate throughout the handbook.
- **Appendix F—Contents and Applications of the COPE[®] Toolbooks** provides a summary of the COPE toolbooks mentioned above.
- **Appendix G—Alternative Quality Improvement Approaches** describes how complementary QI approaches such as performance improvement and appreciative inquiry compare with the approach presented here.

Throughout the text you will find the following icons or symbols:



This symbol marks the appearance of a **Troubleshooting Tip**, an explanation of how to address a potential pitfall or overcome a barrier that might occur in the COPE process.



This symbol stands for **adaptations** or **variations**, and appears in the text wherever there is a description of how the COPE process (or steps within the process) can be modified to best suit local needs.

Adapting COPE

COPE is meant to be adapted to the specific context and needs of each hospital, health center, or clinic that adopts the COPE process. COPE is conducted *by* staff and *for* staff; because staff needs at each health care facility are different, COPE will be different at every facility. When adapting the COPE tools or when introducing additional tools to a specific facility, facilitators and site managers should be creative, keeping COPE's key principles in mind: reliance on self-assessment, participation, and the use of local efforts and local resources to identify and solve problems and build on strengths.

Facilitators should:

- Treat the information in this handbook as suggestions, not instructions
- Not feel obliged to use every part of this handbook at every exercise
- Not feel that the process must be limited to the material in this handbook

Sharing COPE Experiences

EngenderHealth welcomes feedback from users. Please forward any problems, suggestions, and comments from your experiences with COPE to:

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