

CHAPTER 2

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

THE INTRODUCTORY WORKSHOP: OVERVIEW

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

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

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

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

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

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

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

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

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

Generating Institutional Support (“Buy-In”)

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

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

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

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

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

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

Some Suggestions Before You Start

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

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

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

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

Who Should Come?

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

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

Preparing for the Introductory Workshop

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

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

Preparation required:

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

INTRODUCTION TO THE WORKSHOP

(Approximate time frame: 15 minutes)

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

Begin the workshop by explaining its goals:

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

TOPIC 1: THE CRITICAL STEPS IN EMOC

(Approximate time frame: 45 minutes–1 hour)

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

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

(a) Brainstorming activity:

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

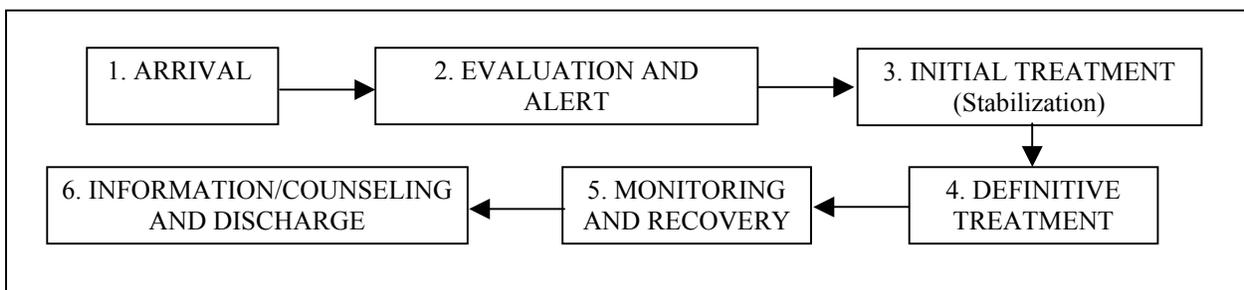
Alternative activities:

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

(b) Discussion:

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

Figure 2: Critical Steps in EmOC



(c) Concluding points:

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

TOPIC 2: ROLES AND RESPONSIBILITIES IN EMOC STEPS

(Approximate time frame: 45 minutes–1 hour)

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

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

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

(a) Brainstorming activity:

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

Figure 3: Roles and Responsibilities in EmOC Steps

Step	Possible Location	Actions/Standards	Staff Involved

(b) Discussion:

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

(c) Concluding points:

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

Figure 4: Process of Care for an EmOC Services Client

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

continued

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

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

continued

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

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

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

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

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

(a) Brainstorming activity:

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

Alternative activity:

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

(b) Discussion:

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

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

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

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

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

Source: United Nations, 1966.

Figure 6: Rights Framework for Quality Emergency Obstetric Care*

CLIENTS

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

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

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

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

STAFF

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

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

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

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

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

TOPIC 4: THE QUALITY IMPROVEMENT PROCESS

(Approximate time frame: 30 minutes)

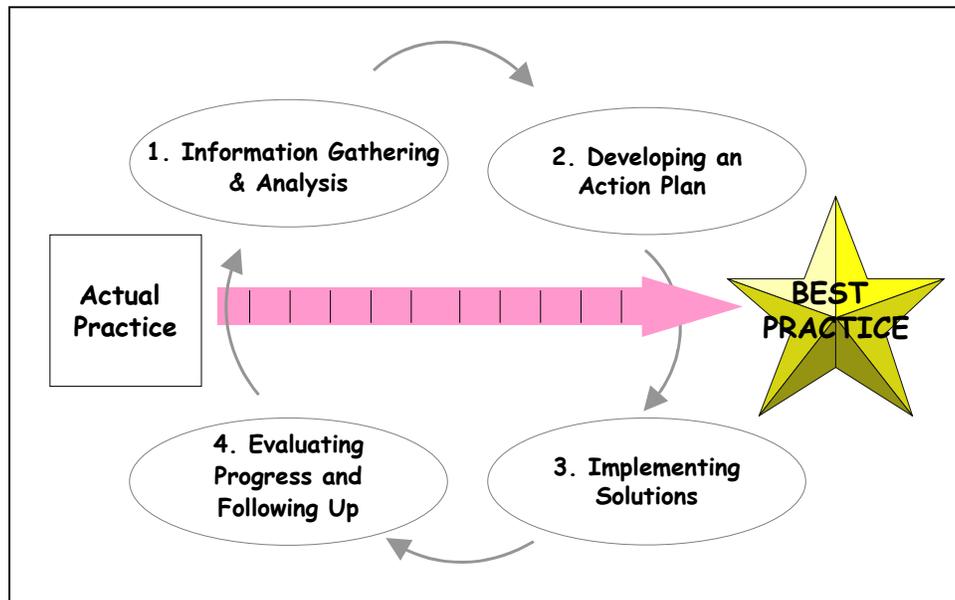
This topic will introduce the four steps of the QI process that the team will begin to use on an ongoing basis. These steps are information gathering and analysis, developing an action plan, implementing solutions, and evaluating progress and following up. (The steps are outlined briefly in Chapter 1.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

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

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

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

Figure 7: Steps in the Quality Improvement Process



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

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

CONCLUDING THE INTRODUCTORY WORKSHOP

(Approximate time frame: 20 minutes)

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

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

