

3

chapter 3

Conducting the First COPE Exercise

This chapter is aimed at the facilitators who will be conducting the first COPE exercises.

The first COPE exercise has three components: holding the Introductory Meeting, using the tools, and developing an Action Plan. This chapter addresses the first two components. (The Action Plan Meeting is discussed in the next chapter.)

Objectives

After reading this chapter, the external facilitator should be able to:

- Prepare for the exercise (collect materials, set up the room, and adapt tools as needed)
- Understand the elements of the first COPE exercise
- Conduct the Introductory Meeting
- Provide guidance to participants in using the COPE tools to gather information on service quality at their facility

Preparing for the Introductory Meeting

Facilitators' Roles and Responsibilities

The external facilitator has two primary roles:

- To be involved in introducing the first COPE exercise
- To pass along to the site facilitator skills in COPE facilitation, so the site facilitator can assume all such responsibilities in future COPE exercises

Before the first COPE exercise, the external facilitator explains the continuous COPE process and works with the site facilitator on his or her facilitation skills. The external facilitator and the site facilitator conduct the first exercise together, with the external facilitator taking the lead role. Both facilitators then follow up with the site's COPE Committee.

By the second exercise, both facilitators share in conducting the meeting. By the third exercise, the site facilitator should be able to lead the exercise alone or with only minimal assistance from the external facilitator. Thereafter, the site facilitator should conduct all COPE follow-up exercises, with support from facility supervisors, higher-level supervisors, and headquarters administrators.

Orienting the Site Facilitator

Before the first COPE exercise begins, the external facilitator and the site facilitator should meet, and the external facilitator should:

1. **Orient the site facilitator to the COPE process and tools** (if this has not already occurred), by reviewing the topics that were covered in the orientation for key managers (Chapter 2).
2. **Review the site facilitator's role in the first COPE exercise.** The site facilitator's role is to:
 - Help prepare for the first exercise
 - Work with the external facilitator in conducting the first exercise
 - Possibly become a member of the facility's COPE Committee
3. **Review the site facilitator's role in future COPE exercises.** In the future, the site facilitator must be able to:
 - Co-facilitate the second exercise
 - Conduct COPE on his or her own by the third or fourth exercise
 - Take primary responsibility for follow-up with the facility's COPE Committee (with additional support, as needed, from the external facilitator)
 - Train other site facilitators, as needed
4. **Review the facilitation skills that are needed.** Explain that the purpose of facilitation is to involve everyone, keep the group on track toward the objectives, manage conflict, deal with difficult people, and achieve consensus. The external facilitator should review these skills with the site facilitator before the first COPE exercise. (See Appendix D for a full discussion of facilitation skills, including tips for managing difficult participants.)
Apart from the general facilitation skills discussed in Appendix D, the following *key skills* should be kept in mind, particularly for the Introductory Meeting:
 - Ideally, the site facilitator should share in or lead as much of the facilitation of the meeting as possible.
 - Facility managers should be encouraged to participate in the Introductory Meeting as much as possible. This is a great opportunity for them to show leadership and support for QI efforts at the facility and to welcome a wide range of staff to participate in them.
 - The COPE tools and action plan format should be explained clearly and completely. The better the facilitators explain how to get to a problem's root cause and how to be specific about recommended solutions, the clearer the action plan will be.
 - Remember that trust often builds gradually over time. Create an environment right from the beginning that is conducive to trust and open discussion, but be prepared for each person to respond at his or her own pace.
5. **Review the stages of the COPE process and the schedule for the first exercise.** The Introductory Meeting orients staff to the COPE approaches and starts them off in using the information-gathering tools (see Figures 1-2 and 2-1).

Preparing Meeting Materials

Always bring to the facility the materials needed for the Introductory Meeting and Action Plan Meeting (see Figure 3-1). Do not assume that the facility will have them.

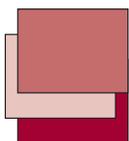
Figure 3-1. Materials Needed for the First COPE Exercise

<p>Handbooks</p> <ul style="list-style-type: none"> ▪ 3 COPE handbooks for the facility to use in follow-up exercises <p>COPE Tools (contained in the COPE companion toolbooks)</p> <ul style="list-style-type: none"> ▪ 3 to 5 copies of each of the 10 Self-Assessment Guides* ▪ 15 copies of the Client-Interview Guide* ▪ 1 copy of the Record-Review Checklist* <p>Other supplies</p> <ul style="list-style-type: none"> ▪ Paper for the attendance list ▪ Large sheets of paper (flipcharts or newsprint) for the Introductory Meeting, for recording information from the COPE tools, and for the Action Plan Meeting (One complete flipchart pad should be sufficient.) ▪ Colored markers for recording the Action Plan (enough to share with the participants) ▪ Tape for displaying the large sheets of paper ▪ Handouts, or paper for participants to take notes on (optional) <p><small>*Provided in the COPE toolbooks.</small></p>
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In addition, you may adapt and reproduce the key messages that supplement the text of Chapter 4. (These key messages are provided in Appendix E as sample flipcharts.)

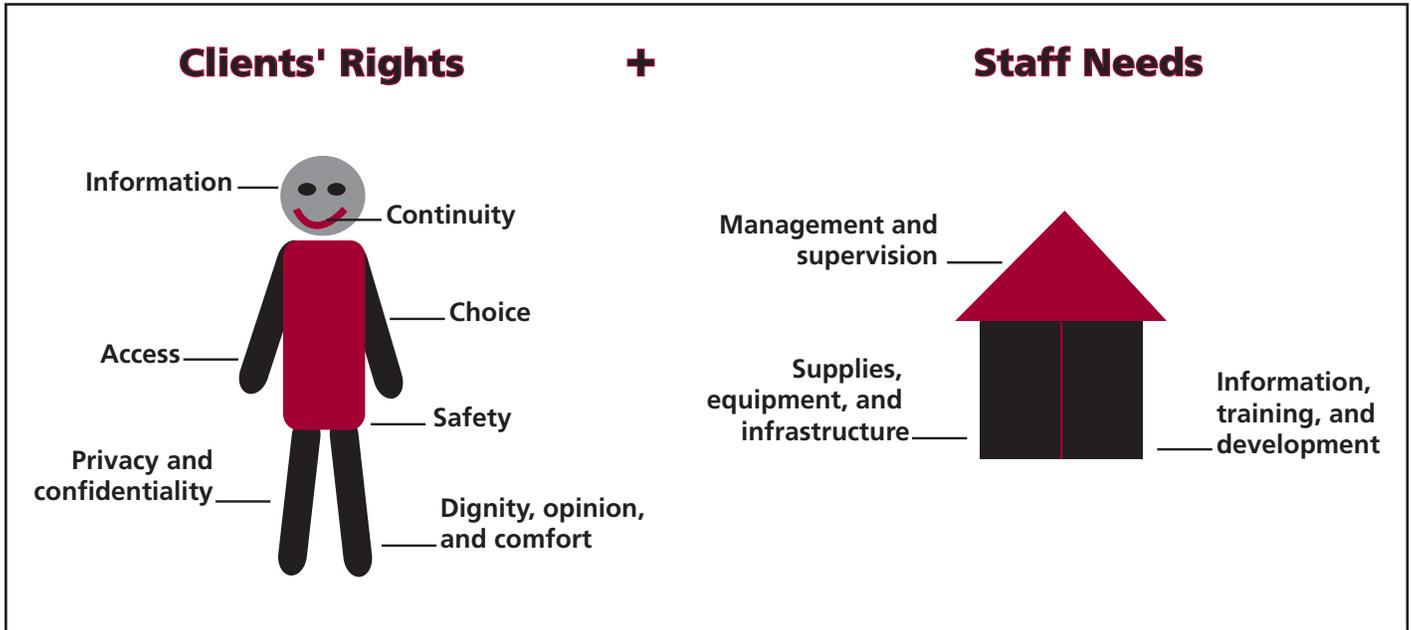
Using local technology to develop materials

Some facilities have developed appropriate local materials to convey information about COPE to the staff. At some facilities, it may be appropriate to use transparencies or PowerPoint slides to present information about COPE to managers and staff. Remember, though, that your goal is to introduce a process that is sustainable, so do not use these technologies if they are not readily available.



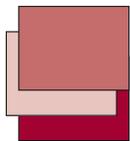
- Instead of using flipcharts or newsprint to present information about COPE, one program printed the key messages in the local language on large pieces of cloth. This material can be easily stored and reused during COPE exercises at different facilities.
- A facilitator developed visual aids to illustrate the clients’ rights and staff needs. Using colored paper, markers, scissors, and masking tape, she cut out one set of shapes to form the body of a client and another set of shapes to form a health care facility. Each shape was labeled with a client’s right or a staff need and was taped to a board or wall. Together, the shapes built the equation “Clients’ rights + staff needs = Quality.” This helped staff visualize and remember the elements of quality services. (See Figure 3-2, on page 32.)

Figure 3-2. Clients' Rights + Staff Needs = Quality



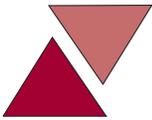
Adapting the COPE tools to facilities' needs

Every service-delivery program has a different set of goals and objectives. Therefore, you may need to adapt the COPE tools before conducting a COPE exercise at a facility. Adapt the COPE tools as described below:



- **Self-Assessment Guides.** Determine whether any questions from each guide do not apply to the facility or institution and should be eliminated or changed, and determine whether questions need to be added. Discuss with the site facilitator which services are available, so that during the Introductory Meeting you can suggest to staff that they ignore questions about services not provided and add those they believe are important. For example, if a facility is using the Reproductive Health Self-Assessment Guides and does not provide infertility services, it may skip questions about infertility services (except those pertaining to staff members' ability to inform and refer clients to other facilities). Likewise, if an important service is not reflected in the Self-Assessment Guides, appropriate questions can be added beforehand. Often, however, issues concerning the addition, elimination, or amendment of questions will arise during the self-assessment exercise itself, so facilitators do not need to anticipate all of these changes prior to the exercise. (A sample of the Self-Assessment Guide on privacy and confidentiality is provided in Appendix A.)
- **Record-Review Checklist.** Review facility standards and records to determine whether any changes need to be made. For example, if the facility provides labor and delivery services and is using the Reproductive Health Toolbook, adapt the Record-Review Checklist to ensure that facility records related to labor and delivery are complete and accurate. (A sample completed Record-Review Checklist is shown in Appendix A.)

- **Client-Interview Guide.** Adapt and translate the client interviews (and other tools) as needed. (A sample Client-Interview Guide is shown in Appendix A.) Check with the facility manager or site facilitator to determine whether:
 - ▲ The questions are appropriate for the services provided at the facility
 - ▲ The questions are phrased in a way that clients are likely to understand
 - ▲ The forms require translation ahead of time
 - ▲ Any questions need to be added or deleted (Sites should try not to add too many questions. Rather, they should select only the most important questions, because a client may become frustrated if an interview takes longer than 10 minutes.)



Troubleshooting Tip

IF: *The facility's service standards conflict with those presented in the Self-Assessment Guides...*

- **Discuss the issue with management and decide together what to do.** The Self-Assessment Guides were developed based on internationally accepted service standards, as well as on frameworks of quality of care, that reflect issues important to clients. However, facilities have different service standards, and service protocols vary depending on such things as the level of the facility and the availability of trained providers and specialized equipment for certain procedures. In addition, service standards at some institutions may not be up-to-date.

Setting Up the Room

For best results during the first COPE exercise, the external facilitator should:

- Bring all of the materials and supplies that are needed (see Figure 3-1)
- Arrange the room in an informal, comfortable style (for example, placing chairs in a circle, so that staff and facilitators can see and hear each other during the discussions)
- Set up training aids (such as a flipchart or a blackboard) so they are visible to all participants
- Prepare a flipchart of clients' rights and staff needs (but keep it covered until the concept is introduced)
- Plan for breaks and refreshments, as needed

Elements of the First COPE Exercise

The first COPE exercise consists of:

- The Introductory Meeting
- Information-gathering using the COPE tools: the Self-Assessment Guides, the Client-Interview Guides, and the Action Plans
- An Action Plan Meeting (including establishing the COPE Committee)

The information provided here relates to the activities of the first two bullets above. (The Action Plan Meeting is discussed in the next chapter.)

For many of the topics discussed below, a corresponding flipchart (referred to by number) outlines the main ideas. These flipcharts can be found in Appendix E.

Conducting the Introductory Meeting: Detailed Steps

❖ _____ Summary of Introductory Meeting Topics _____

Topic	Minimum Time Required
Introduction: Welcome, icebreaker, schedule review, and norm-setting _____	15 minutes
Topic 1: What is quality and why improve it? _____	30 minutes
Topic 2: What is COPE and why use it? _____	30 minutes
Topic 3: How COPE works _____	1 hour
▪ The COPE tools	
▪ Identifying problems, solving problems, and developing an Action Plan	
▪ Follow-up and the COPE Committee	
Topic 4: Organizing the participants for group work	
▪ Grouping participants _____	5 minutes
▪ Instructing record-review and client-interview groups on using the tools _____	10 minutes
Total minimum time required _____	2 hours, 30 minutes

Introduction

1. Present the objectives for the exercise (*Flipchart 1*). At the end of this COPE exercise, the participants should be able to:

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

Then ask the participants if they have any questions about these objectives.

2. Explain the elements of this first COPE exercise. These are:

- An Introductory Meeting, which will include self-assessment or use of the Self-Assessment Guides, the Client-Interview Guides, and an Action Plan—all of which will be addressed during the exercise
- An Action Plan Meeting, including establishment of the COPE Committee—which will be discussed today and will take place in a few days

Topic 1: What Is Quality and Why Improve It?

Clients' Rights and Staff Needs (Flipchart 2)

1. Ask: "How would you want to be treated if you came to this facility for health care? What would you or your mother, father, sister, brother, spouse, or child expect from a high-quality health service?" Write all responses on a flipchart.
2. When the participants have no more responses, ask: "What do you, as health care workers, need to be able to provide such quality services?" Write all responses on a flipchart.
3. Uncover Flipchart 2, which presents clients' rights and staff needs, and compare it with the participants' responses, pointing out the similarities. (If you want, you can refer to Chapter 1, Figure 1-1, for the complete definitions of each client right and staff need.)
4. Explain that the list of rights and needs is based on internationally accepted standards of quality care.
5. Explain that the term *client* is used instead of *patient* to reflect the fact that people make choices in seeking health care services, particularly preventive health services.
6. Explain that *quality services* are defined as those that uphold and maintain clients' rights and that attend to staff needs.

Alternatively, organize the participants into smaller groups (no more than three), and ask each group to answer the first two questions under Topic 1. Visit the groups while they work to encourage all group members to participate. Then ask each group to present its answers to the rest of the participants. Compare and summarize the key points, again referring to Flipchart 2.

Internal and External Customers (Flipchart 3)

1. Ask: "What is a *customer*?" Explain that a customer is anyone who depends on a provider's health products and services.
2. Ask: "Who are our customers? Who are our internal customers? Who are our external customers?" Draw a circle for each response given (as on Flipchart 3), and discuss the responses.
3. Explain that customers may be internal or external. *Internal* customers are within the facility or institution and include staff, service providers, supervisors, managers, supplies staff, and maintenance staff. *External* customers are outside the facility or institution and include clients, community members, outside suppliers, and others. Some customers, such as ministries of health and donors, may be both internal and external.

Expertise on Services

1. Ask: "Who are the experts on your services?" Let the participants acknowledge that *they* and their *clients* are the experts.
2. Explain that this is why you are going to ask *them* and their *clients* how to improve services.

Why Improve Quality? (Flipcharts 4 and 5)

1. Ask the staff to call out reasons why it is important to improve the quality of health care services. List their responses on a flipchart. Add any points listed in Flipchart 4 that were not mentioned.
2. Ask the staff to give examples for each of the reasons they have listed. (Flipchart 5 gives examples of the costs of poor quality.)

Topic 2: What Is COPE and Why Use It? (Flipcharts 6 and 7)

What Is COPE?

1. Explain the following points:
 - COPE stands for “client-oriented, provider-efficient” services.
 - It 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 the services.
 - Through COPE, staff develop a customer focus, learning to define quality in concrete terms by “putting themselves in their clients’ shoes.”
 - The COPE process emphasizes *self-assessment*. COPE is not an assessment—or judgment—by outsiders. Rather, facility staff and supervisors assess themselves and the services they offer, identify problems and strengths, analyze shortcomings and bottlenecks, and, finally, decide for themselves what they need to do to overcome problems and maintain their strengths.
 - The COPE process also helps staff explore the facility’s strengths.
2. Emphasize the following points:
 - Self-assessment is at the heart of COPE.
 - Staff are the experts on their own facility and their own services. COPE does not depend on outsiders telling staff what to do.
 - COPE is focused on improving systems and work processes, not on blaming individuals.
 - COPE is done *by* staff, *for* staff, to encourage staff and supervisors to recognize what they are doing well and to identify and solve the problems they face.
 - The information generated in the exercise is confidential and will not be used outside the facility.
3. Relate these aspects of COPE to the principles of QI (see *Flipchart 6*).
4. Mention that COPE uses several tools: Self-Assessment Guides (developed around the framework of clients’ rights and staff needs); a Record-Review Checklist; a Client-Interview Guide; a Client-Flow Analysis; and an Action Plan (*Flipchart 7*). Describe these briefly and explain that they will be discussed in detail later in this meeting.

Why Use COPE?

Discuss how COPE:

- Develops a customer focus among staff
- Empowers staff at all levels and builds teamwork

- Emphasizes the use of local resources in problem solving
- Helps communicate standards and improve performance
- Offers concrete and immediate opportunities for action
- Responds to local needs in decentralized health systems

COPE Successes: Examples

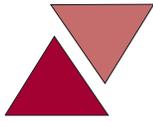
To emphasize the value of the COPE process, give relevant examples to illustrate how COPE has led to improvement at other facilities (without revealing the names of individuals or institutions). Some examples are provided below, or you may use any of those in Chapter 1 or in Appendix B. (In time, you may add your own examples of success stories to these examples.)

Improving Client Confidentiality

At one health center in West Africa, staff discussed the issue of client confidentiality and discovered that it was not well respected in either the reception area or the consultation rooms. Staff would call clients in the reception area and proceed to ask them to describe their reason for coming to the clinic and to provide other sensitive information. During client interviews, it emerged that this practice made clients extremely uncomfortable and that they sometimes did not tell the provider what was really wrong, ultimately not getting the service they wanted. In addition, multiple clients often were seen at the same time in consultation rooms or the door was kept open, compromising confidentiality and inhibiting clients from speaking openly. To remedy these issues, the reception clerk was trained to collect only general information from clients in the reception area, and the health center reorganized the client flow so that only one client at a time would be in the consultation rooms. Providers began closing the door during consultations. These relatively simple solutions dramatically increased the level of client confidentiality and the comfort of clients. Because the ideas came from all staff and not just management, the new protocols have been adhered to successfully. (*Adapted from: AVSC International, 2000a*)

Cleaner Water, No Mosquitoes

A rural health center in Southeast Asia had no clean water available for staff or clients to wash their hands. The dirty water that they were using could lead to a higher risk of infections for clients and staff, and much of it was drawn from an open cistern, which provided a breeding ground for malaria-transmitting mosquitoes. Through a COPE exercise, staff identified the root causes of the problem: The water pump was broken, the well produced muddy water, and the rainwater storage tank had no cover, allowing dust and mosquitoes to contaminate the water. The staff then developed practical solutions and put the cleaner in charge of following up on them. Within one week, local community members made a wooden cover for the water storage tank. The long-term plan is to dig a new well to provide access to cleaner water. Now the facility has clean water, and staff are glad that the cover on their water tank prevents mosquitoes from breeding. It also serves to reinforce the health education message the staff tell their clients about malaria prevention.



Troubleshooting Tip

IF: *The participants seem uninterested, hostile, or defensive during this discussion...*

- **Be aware that they may feel frustrated with their current working conditions and may doubt that the COPE process will change their situation.** The participants may have seen other QI efforts fail and may be skeptical that this one will be any different. In addition, realize that most groups of staff will contain both a few cynics and a few staff who are eager to adopt new ideas or new processes. This is normal. If necessary, revisit the norms established at the start of the meeting (see Appendix D, page 126) and ask the participants to add any that would help them feel “safe” to discuss facility issues. Do not force anyone to participate.

COPE and the QI Process (*Flipchart 8*)

1. Show the diagram of COPE and the QI Process (*Flipchart 8*) and explain that COPE fits within a *continuous process of quality improvement* that includes four steps:
 - **Step 1: Information-gathering and analysis.** During the first COPE exercise, staff use the COPE tools to gather information about services and analyze their findings to identify problems and determine root causes.
 - **Step 2: Action Plan development and prioritization.** Staff agree on solutions to problems identified, establish time frames within which to implement the solutions, and identify person(s) responsible for doing so.
 - **Step 3: Implementation of the Action Plan.** Staff carry out the solutions agreed upon in the Action Plan.
 - **Step 4: Follow-up and evaluation.** Staff meet again to:
 - ▲ Discuss progress on the Action Plan
 - ▲ Evaluate what worked and what did not
 - ▲ Conduct additional information-gathering activities
 - ▲ Develop a new Action Plan
2. In this way, the QI process is repeated, new problems are identified as old problems are solved, and new solutions are implemented.

Topic 3: How COPE Works

The COPE Tools

1. Reintroduce the tools that constitute COPE and describe them in detail (*Flipchart 7*). (See Chapter 1 for a full description.)
2. Point out that these tools are used in Step 1 of the QI process to gather and analyze information.

Self-Assessment Guides (*Flipchart 9*)

1. Explain key points about the Self-Assessment Guides (*Flipchart 9*):
 - There are 10 guides, one for each client right and staff need. Each guide contains discussion questions that relate to common issues at most service-delivery facilities. The questions help staff think about the way services are provided and whether the necessary training, supervision, and equipment are available at their facility.
 - The questions in the guides are based on international service standards.

- The guides are not a test. They are intended for groups of staff to ask themselves and then discuss, to help staff identify and solve problems at the facility.
 - The COPE toolbooks focus on different content areas. Depending on the health services provided, facilities may focus on reproductive health, family planning, maternal health, or child health. Many focus on reproductive health first because it covers the widest range of topics. Tell the participants which service or area they will focus on during this COPE exercise, based on the decision made by the facility manager.
2. Give some examples of discussion questions (below), or ask a volunteer to read a few questions aloud from the companion COPE toolbook.
 - “Are signs showing information about reproductive health services (place, days, times, and costs) prominently displayed throughout your facility?”
 - “Are disposable needles and syringes used whenever possible and discarded after a single use? Are reusable needles and syringes properly processed for reuse?”
 - “Do staff feel that their on-site supervisor(s) help them do their work better?”
 3. Explain the process for using the Self-Assessment Guides:
 - Participants will be divided into groups, and each group will receive one or more Self-Assessment Guides to discuss. The guides contain yes-no questions, which the group members will ask themselves.
 - Answering “no” to a question means that there may be a problem at the facility. When this happens, the participants should find the root causes of the problem (see page 41).
 - Staff should skip any questions that are not relevant to their facility. Staff should add any relevant problems or issues that are not included among the questions.
 - Staff should record any strengths that they can identify about the facility, to mention during the Action Plan Meeting.
 4. Mention that the group working on the safety guide will also use a Record-Review Checklist to determine whether key information is being recorded accurately and completely in client records and whether clients are receiving care according to standards.
 5. Explain that the Record-Review Checklist will be described in detail to the participants who will be working on it.

Client-Interview Guide (*Flipchart 10*)

1. Explain that after clients receive services at the facility, staff will interview them, to learn clients’ views on and opinions of the services they received and to find out if clients have any recommendations for improving services (*Flipchart 10*). Staff will use this information to identify problems and strengths at the facility.
2. Explain that two to five staff typically interview a total of 10 to 15 clients. The interviewers should not be the persons who just served the clients, and should (preferably) not be senior staff. (Counselors may be the best candidates.) This is to help ensure that clients feel most at ease.
3. Give some examples of questions that the participants might ask in a client interview:
 - “What type of services did you come for today?”
 - “Did you get the services that you came for?”
 - “Did the service provider spend enough time with you for you to discuss your needs?”

- “What do people in your community say about the quality of the services at this clinic/hospital?”
- “What do you like most about this clinic/hospital?”
- “Is there anything you think could be done to improve services here?”

Client-Flow Analysis (CFA)

1. Briefly mention that CFA is a process for measuring the time that each client spends at the facility, both the amount of time spent waiting for services and the time spent in direct contact with a staff member. It is used to identify bottlenecks in services.
2. Explain that while CFA and other tools may be used in future COPE exercises, they are not used in the first COPE exercise.

Action Plan (Flipcharts 11, 12, and 13)

1. Explain that the staff should use the tools to discuss each problem identified (that is, any self-assessment question to which staff responded “no,” or anything that a client described as a problem when interviewed). The staff should record each problem in the Action Plan (see Appendix A, and Flipchart 11 in Appendix E, for a completed sample Action Plan).
2. Explain that staff must state the problem clearly, note the root cause(s) of the problem, and write recommendation(s) that address the problem’s root causes, not just its symptoms.
3. Point out that each recommendation must include the name of a *specific person* (not a job title) to follow up on the recommendation (“by whom”) and a specific date by which it should be carried out (“by when”). This person is not necessarily the one who will carry out the recommendation; it is the person who will make sure that it is carried out. Writing the person’s name rather than his or her job title helps to personalize the Action Plan.
4. Be sure to make the following key points:
 - Working in small groups, each group will develop its *own* draft action plan, which will then be consolidated into one plan for the facility at the subsequent Action Plan meeting.
 - Do not make the same person responsible for too many recommendations. Solutions may be identified more quickly when responsibility for different problems is shared among many different staff members. Rather than assign many recommendations to one person, find other staff members who can help carry out recommendations.
 - Do not make senior staff or members of external organizations responsible for most of the recommendations. All staff have something to contribute. Think first about which recommendations lower-level staff can carry out. Even if external support is needed, consider which staff member can be responsible for seeking external support.
 - For each recommendation, list only one name in the “by whom” column. When more than one person is listed, individual responsibility for ensuring that a problem gets solved is lost. Some solutions may need to be broken into smaller steps, with different individuals named for each step.
 - Set realistic deadlines for carrying out recommendations. It is better to set a later date by which the facility can surely carry out the recommendations than to set an earlier date that cannot be met. In addition, the participants should choose specific dates that can be met, not vague deadlines such as “ongoing,” “as soon as possible,” or “tomorrow.”
5. Give an example for one problem. (Either ask the staff for an example from the facility, or refer to Flipchart 11.)

Developing a Clear Problem Statement (*Flipchart 12*)

Explain the points in Flipchart 12:

- Ask the participants what the difference is between a symptom and a root cause. (You can use a medical example such as observing fever versus diagnosing malaria.) Explain that until the root cause is identified, the problem cannot be solved; only the symptoms can be treated.
- A problem is the difference between the current situation and the desired one.
- Focus on processes and systems. Do not blame individuals for mistakes.
- Staff must agree that something is a problem:
 - ▲ Verify that there is a problem or collect data as needed.
 - ▲ Encourage all levels of staff to give input.

Finding the Root Cause of the Problem (*Flipchart 13*)

1. Explain that for each problem identified through any of the assessment tools, staff should use the “multiple whys” technique to get to the root cause. By asking “Why?” at least three times and then asking “Are there any other causes?” staff will identify the underlying causes of the problem. Display Flipchart 13 (also shown below as Figure 3-3) to provide an example of this technique.

Figure 3-3. Using the “Multiple Whys” Technique

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

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

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

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

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

2. Explain that generally, facility staff find the multiple whys technique easy to use, and that it is the technique that the participants will use today.
3. Ask the participants to state a problem, work together to develop a clear problem statement, and identify root causes by asking multiple whys.

Examples of Unclear and Clear Problem Statements (*Flipcharts 14A and 14B*)

1. Show the examples of an unclear problem statement and a clear one (also shown in Figure 3-4), and discuss why one works better than the other, by getting to the root cause and thus to a more accurate recommended solution.

Figure 3-4. Examples of Unclear and Clear Problem Statements

(a) Unclear Problem Statement

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

(b) Clear Problem Statement

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

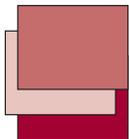
Commitment to Follow-Up and Establishment of the COPE Committee

1. Emphasize that QI must be an ongoing process, and that a single COPE exercise without adequate follow-up will have few lasting effects.
2. Refer back to Flipchart 8 to explain the four steps of the COPE process:
 - Gathering and analyzing information
 - Developing an action plan
 - Implementing solutions
 - Assessing and following up
3. Point out that they are embarking on Steps 1 and 2 of a continuous QI process.
4. Explain that staff will need to follow up on the Action Plan continuously. To help with follow-up, by the end of the Action Plan Meeting, the facility will establish a COPE Committee. (This will be explained in detail during the Action Plan Meeting.) Briefly explain the tasks of the COPE Committee (*Flipchart 15*).

Topic 4: Organizing the Participants for Group Work

Split the Participants into Groups to Use the Tools

1. The number of groups and how many participants are in each will depend on the facility and on the number of participants in the Introductory Meeting. Generally, facilitators split the participants into four or five groups, with no more than six to eight people in any group. Try to limit the number of groups, since the more groups there are, the longer it will take to present and discuss all of the Action Plans during the Action Plan Meeting.
2. Try to get a mix of staff in each group, so that each staff member's level or position and department is represented and so that appropriate staff are included in each group. For each of the Self-Assessment Guides, the instructions list the categories of staff needed to review the questions for that guide. (For example, the group working on the guide for safe services should include clinical staff such as a clinician, surgeon, nurse, or technical or medical assistant, as well as a housekeeper or cleaner and an administrator or manager. The group reviewing supplies, equipment, and infrastructure should include medical staff and the staff responsible for supplies.)
3. Observe that the strategies followed to set up the groups will vary by the size of the facility, as follows:



- At **large** facilities, the facilitator and site managers may determine groups before the exercise, since organizing groups may take up a lot of time during the meeting.
- At **smaller** facilities, you may use the attendance list to form mixed groups and to ensure that appropriate staff are included in each group.
- Depending on the size of the facility and the number of Self-Assessment Guides being used, some groups may need to work on more than one guide, and some staff may be assigned to more than one group. Generally, facilities use all 10 guides in the first exercise, although some facilities choose to divide the guides and use a few at a time over several exercises. (Refer to the schedule agreed upon with managers.) If a staff member is assigned to more than one group, the group will need to schedule its work to allow the person to work with both groups.

Note: The guide that addresses safety is the longest and has the most direct bearing on the health of clients. One group should work solely on this guide, which includes the Record-Review Checklist. Other groups can work on one or more of the other nine guides and on the client interviews.

Explain the Process

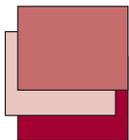
1. Remind all of the groups to be honest and specific about the problems they identify and to keep their discussion focused on their group's topic.
2. Tell each group to go through its particular tools and develop an Action Plan (using the format presented, on a flipchart) based on the problems identified. Through either discussion or their tools, each group should also identify three to five strengths of, or strong points about, the facility. These positive elements of service delivery at the facility should be recognized and maintained. Each group is to present its Action Plan and its list of facility strengths during the Action Plan Meeting.
3. Explain that you will be available to answer any questions that arise during the group work. Throughout the period during which participants are working in groups, both facilitators should circulate to observe, give feedback, and ensure that the participants understand their tools and analyze the root causes of problems before proposing recommendations.

Announce the Time and Place of the Action Plan Meeting

Find out where each group will be meeting, so you can meet with the group to give specific instructions about the tools they will be using, observe how the participants proceed, and guide them if they need assistance.

Instruct the Groups on How to Use the Tools

1. Provide each group with copies of the tool(s) it will be using, and ask the group to review the instructions at the beginning of its tool(s).
2. Emphasize that the Self-Assessment Guides are merely *guides* and that this is not a test. They are not expected to answer every question, and they should feel free to add questions that they think are important.
3. Instruct those who are conducting the self-assessments first to read all of the questions in the self-assessment guides and identify the issues that concern them the most, and then to analyze each problem they identified.
4. Remind the staff that COPE is a continuous process, and that over time all important issues will be addressed.
5. Allow the groups using the Self-Assessment Guides to leave the session and begin their group work. (Ask them to inform the facilitators about where and when they will meet.)
6. Explain the use of the record review and client interviews to the groups using these tools (see pages 45 and 46 for details).
7. Be aware that groups may choose to operate in very different ways. For example:



- Some will choose to do their group work *immediately* after the Introductory Meeting, and so will be able to meet without disrupting their normal duties.
- Others may decide to work *individually*, then *reconvene* during breaks or before or after work to discuss their findings and develop their Action Plan. Keep in mind that both facilitators need to be available when a group meets, in case questions arise during their discussion.

- Some groups may choose to *divide the questions* and assign each group member a portion of the questions. (However, as in all groups, staff should be sure to get input from others in answering the questions.)

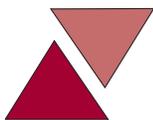
Using the Record-Review Checklist

1. Distribute copies of the Record-Review Checklist for the staff to review while you explain how to complete it (see Appendix A for a sample completed Record-Review Checklist). Bear in mind that some of the toolbooks have more than one Record-Review Checklist. (For example, the reproductive health toolbook contains a Client Record Review and a Surgical Record Review.)
2. Explain that they will select 10 client records at random that show information for reproductive health clients. Each selected record is to be randomly assigned a number from 1 to 10. Then, they should check each client record against the Record-Review Checklist to see whether the information has been recorded or completed, as follows:
 - For each client record, look for the information specified in the “Checklist item” column. If the information has been written in the record, put an “X” or a check mark (✓) in the corresponding space on the checklist. For example, on the sample checklist shown in Appendix A, the client identification information was recorded (Item 1) on Client Record 4, but not on Client Record 5.
 - When each item on the checklist has been reviewed against each of the 10 records, note the number of check marks for each item in the “Total” column of the checklist.
3. Explain that after they complete the checklist, they should identify incomplete records, consider reasons why the records may be incomplete, and discuss recommendations for solving record keeping problems with other group members or with the external facilitator. Based on this number, group members may also make generalized assumptions about the facility’s record keeping for reproductive health clients. For example, in the sample form shown in Appendix A, information for Item 4 was noted in only four of the 10 records. This may mean that six of the 10 clients were not asked for a medical history, or it may mean that a medical history was taken but this information was not recorded. Exploring which, and deciding how to be consistent in record keeping, can be part of the group’s Action Plan recommendations.
4. Observe that if a high proportion of the 10 records have incomplete information in one or more areas, the facility may decide to look at a larger selection of records to see whether there is a general record keeping problem.
5. Explain that they should then write the findings in the Action Plan (see Appendix A for a sample completed Action Plan) and present them for discussion at the Action Plan Meeting.

Conducting Client Interviews

1. Explain that:
 - Many staff (and clients) feel shy or uncomfortable during client interviews. This is natural.
 - The goal for each interview is for the client to be relaxed, to speak more than the interviewer, and to provide suggestions for improvement.
 - The interviews should be as informal as possible and should be conducted in private.
 - The interview form is merely a guide. Staff should adapt it to fit their services.
 - No client should be required to be interviewed. All clients must be told that the interview is optional, that their names will not be recorded, and that they will not be treated differently or receive bad service if they do not agree to participate.

- The interviewers should not be the same staff members who just served the clients.
2. Present the following tips for interviewers:
 - **Tell clients why you are interviewing them.** Explain that staff are trying to improve services at the facility and want to know what clients think and if clients have any suggestions for making services better. Some facilities inform clients about the interviews while they are waiting for services, so clients will be prepared to answer a few questions after they have received services.
 - **Use body language to put the client at ease.** Body language is achieved through posture; the position of arms, legs, and eyes; gestures; space; seating; and tone of voice. Positive body language shows respect, interest, and empathy. Appropriate body language to put clients at ease may depend on factors such as the interviewer's and the client's culture, gender, and age. However, if possible, sit next to the client rather than on the opposite side of a desk or table, because furniture or distance between the interviewer and the client can be a physical barrier or can be perceived as confrontational.
 - **Be aware of "courtesy bias."** Some clients may say only positive things about the service they just received for fear of offending the interviewer or other staff. Explain that the facility sincerely wants to improve services and that the client's answers will not affect the services he or she receives at the facility. This may make the client more likely to speak honestly.
 - **Ask open-ended questions.** Ask the questions on the forms and then probe the answers by asking open-ended, rather than yes-no, questions. Open-ended questions include: What? Why? How? Where? How long? Ask for specifics, where possible, and be prepared to discuss further any issues of concern. You may need to probe or ask follow-up questions with shy clients.
 - **Listen to the client.** Listen calmly and attentively to what the client says, without interrupting or becoming defensive. Acknowledge concerns and welcome suggestions, accepting any criticism that is given. Do not, however, make promises to clients that cannot be met. Remember that it is important for clients to be open about their views and needs, and the facility will learn more from criticism than from compliments. You may clarify the feedback, but avoid presenting your own opinions or overexplaining.
 - **Remember to thank the client.** End the interview by thanking the client for his or her help and ideas.
 3. Instruct the interviewers to be sure to do the following:
 - During each interview, mark the client's responses on the interview form.
 - When all interviews are completed, meet with the other interviewers to review all findings and prepare an Action Plan. During the Action Plan Meeting, interviewers should report both the positive and negative things that clients said.
 4. Organize the participants into pairs to role-play the interview. This will help them become familiar with the questions, probing techniques, and the translation of the questions (as needed) before talking with clients.
 5. Observe a few interviews (if the client gives permission for you to do so), and give the interviewers feedback when the interview is over. Do not interrupt the interview to give your feedback.



Troubleshooting Tips

IF: *A client gives only positive responses...*

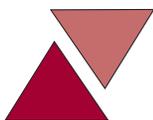
Wait until the interview is over, and then advise the interviewer to repeat that clients are being asked their opinions about the facility so that services can be improved. Some clients may be more likely to share comments about the facility that they have heard in the community than to share their own opinions of services. It may be necessary to ask different questions or to conduct additional interviews to learn more about how to improve services.

IF: *A client does not respond, gives vague answers, or only responds with yes-no answers...*

Advise the interviewer to ask more probing questions, such as “Can you tell me more about...?” “What do you think about...?” or “How do you suggest we improve...?”

Checking In with the Self-Assessment Groups

1. In providing assistance to groups using the Self-Assessment Guides, go through the questions with them after they have reviewed the instructions.
 - For any questions that do not apply to the facility, staff should ask themselves, “Can we do anything to improve, even if we do not offer this particular service?”
 - Caution: Do not eliminate an entire Self-Assessment Guide. It is very important to use all of the guides; if the facility eliminates an entire guide, staff may tend to overlook elements that together define quality of care.
2. Have staff determine if questions need to be added to the guides. If important service standards or other important issues that affect staff’s ability to provide quality services are not reflected in the guides, add appropriate questions—space is provided at the end of each guide to do so.



Troubleshooting Tips for the Self-Assessments

IF: *A group doing self-assessment gets stuck...*

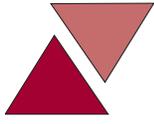
Find out why. Ask: Do you understand the questions? Can you describe why you are stuck? Remind the group members that some questions may not apply to their facility, and any important issues that are not listed should be added. Also remind group members to focus on systems and processes, not on blaming any individuals.

IF: *Some group members are shy or dominant...*

Use techniques to encourage participation by all (see Appendix D).

IF: *The group cannot finish in the time allotted or group members are feeling overwhelmed...*

Tell group members to focus on the problems that are most important (life-threatening) and easiest to solve. Future COPE exercises can address more problems in the future.



Troubleshooting Tips for Action-Plan Development

IF: *Problem statements are vague or the causes of problems are not clearly identified...*

Recognize that problem analysis is a skill that takes practice. Do not expect the Action Plans to be “perfect” from the first try. Ask the participants to explain how they identified the root causes of the problems, and, if needed, review the multiple whys technique. Ask: Is this really a problem? How is it a problem? Does something else lie behind it? What factors do staff believe could be the sources of the problem? Is the problem a barrier to clients’ getting good services? Will the solutions that are listed improve the services?

IF: *Staff have not looked at all possible resolutions for the problem...*

Ask: Is this the best recommendation for the solution, or is there a more effective or easier way to deal with the problem? Is there more than one possible solution?

IF: *The person assigned to carry out the solution may not be the best choice...*

Ask: Is this the appropriate person to be responsible for implementing this recommendation?

IF: *One or more staff members seem uncomfortable with assignments...*

Ask: Does anyone feel that they have been assigned a recommendation that they cannot perform?

IF: *The same staff person is named for too many tasks...*

Remind the participants that responsibility for following up on the different recommendations should be shared among many staff.

Probe: Do you believe it is feasible for all of these problems to be resolved by one person within the specified time? Can other staff be assigned some of the problems so that recommendations can be implemented more quickly?

IF: *Time frames appear unrealistic...*

Ask the participants how they determined the time frames, and see if these can be adjusted to ensure that staff have adequate time to carry out each recommendation. (This problem may become apparent during the Action Plan Meeting [Chapter 4], when staff see all of the groups’ plans together.)

IF: *Some recommendations have been assigned to an outside organization...*

Ask: Can anyone suggest an alternative solution that could be accomplished by the staff? Who will take responsibility for coordinating this recommendation with the other organization?

IF: *The discussion goes off track...*

Gently remind the participants to focus on the task of developing an Action Plan, and remind them of the time frame for their group work.

4

chapter 4

The Action Plan Meeting

This chapter is aimed at the facilitators who will be conducting the first COPE exercises.

This chapter explains how to facilitate the Action Plan Meeting, in which the different groups of participants present their Action Plans and staff priorities and agree to the overall Action Plan for the facility.

Objective

After reading this chapter, you should be able to facilitate an Action Plan Meeting, providing guidance to participants in arriving at a consensus on an initial Action Plan for their facility.

In preparation, remember to have large sheets of paper or one flipchart pad available, along with tape and colored markers for recording the consolidated Action Plan.

Conducting the Action Plan Meeting: Detailed Steps

❖ _____ Summary of Action Plan Meeting Topics _____

Topic	Minimum Time Required
Welcome and introduction _____	5 minutes
Topic 1: Group presentations _____	20 to 30 minutes per group
Topic 2: Consolidating and prioritizing the Action Plans _____	30 to 40 minutes
Topic 3: Facility strengths _____	20 to 30 minutes
Topic 4: Establishing the COPE Committee _____	10 minutes
Topic 5: Closing the meeting _____	10 minutes
Topic 6: Setting a date for follow-up with the COPE Committee _____	5 minutes
Total minimum time required _____	3 to 4 hours, depending on how many groups present their plans

Welcome and Introduction

Introduce the Action Plan Meeting by welcoming everyone back and by asking a general question about how things went. Make an encouraging comment about your observations of their work. Explain that they are now engaged in Step 2 of the QI process—developing the Action Plan.

Topic 1: Group Presentations

Presentation of Action Plans

1. Invite each group to present its Action Plan. (Sample Team Action Plans are shown in Appendix A.) As your time frame permits, facilitate a discussion after each presentation by welcoming all participants to share their opinions, suggestions, or concerns. Both facilitators and participants may ask questions for clarification.
2. As each item is clarified, have the members of the presenting group make the appropriate changes to their Action Plan. (For tips on clarifying Action Plans, review the Troubleshooting Tips for Action-Plan Development on page 48.)
3. To avoid repeating the same problems, advise the participants to call out if they identified the same problem that is being presented by another group. If this happens, the members of both groups should then discuss their perceptions of the root of the problem and their recommendations, and combine or choose among the recommendations.

Remind the Participants of the Importance of Clients' Views

1. Explain that clients are the focus of the services, and that their views of the services are important.
2. Facilitate a discussion on the suggestions made in the client interviews, and ensure that the participants include the suggestions in the facility's Action Plan.
3. Ask the participants if they were surprised by anything that clients said during the interviews, and ask whether the clients and staff said the same thing or different things about services at the facility.

Help the Participants Agree

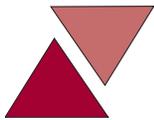
Often, the participants may disagree among themselves on recommendations for the Action Plans. If this happens, get the best consensus possible and move on. Although some staff may disagree with a specific recommendation, they may be willing to go along with the group's decision.

Invite Others to the Meeting, As Needed

Before finalizing the Action Plan, try to ensure (where possible) that the people listed in the "by whom" column are present and consent to follow up on the recommendations. The facility manager also needs to be present and to agree on the recommendations listed in the Action Plan. If the facility manager or other staff members have concerns about any of the recommendations, they should have an opportunity to raise them at this time.

Improvements Do Not Always Require Additional or External Resources

At some facilities, staff have found that they could reorganize the space to create private areas for use during counseling sessions and examinations. This can be done even at facilities that have difficult physical layouts and inadequate infrastructure. For example, some hospitals have found that they can provide clients with privacy on busy hospital wards simply by repairing old screens and installing them. Often, broken-down equipment can be repaired locally with the help of local government officials or community members and without the help of the central government.



Troubleshooting Tip

IF: *The discussion goes off the topic, or does not reach closure...*

Maintain the pace so the meeting ends on time. Ask: “Is this session dragging or are you feeling rushed? Do we need to take a short break?”

Summarize the key points, if necessary, but do not cut off discussion abruptly. Allow the staff a chance to contribute their ideas and opinions.

For more Troubleshooting Tips, see page 48.

Topic 2: Consolidating and Prioritizing the Action Plans

If more recommendations have been made than can realistically be achieved by the time of the subsequent Action Plan Meeting, facility staff may choose to prioritize the recommendations and try to carry out no more than 15 to 20.

Choosing Criteria for Prioritizing Recommendations

1. Prioritizing problems listed in the Action Plan can help determine which problems to address first and where to focus staff’s energy and resources. Explain that the *first priority* problems include:
 - **Those that are life-threatening or pose a danger to health.** If any life-threatening problems are identified, staff should work to solve these immediately. If the facility does not have the control or support needed to carry out the solutions to some life-threatening or critically important problems, this should be communicated to higher-level managers so the problems can be resolved.
 - **Those that affect many people.** Keep in mind that even if only one or a few clients or staff mentioned a problem, the participants need to consider *all* comments made. Particularly with clients’ comments, individuals may be speaking on behalf of other clients or potential clients, such as their relatives, friends, or other members of their community.
2. Explain that additional criteria to consider for prioritizing include:
 - **Problems that can be solved using available resources or at the facility level.** These are generally the easiest, and can make for some “quick wins”—successes that boost morale and give staff energy to tackle harder issues.
 - **Problems slated to be completed soonest** (those with the earliest “by when” dates).
3. Ask if anyone has other criteria for prioritization that the group should consider.
4. Explain that after the criteria for selecting important or priority interventions have been applied, any problems judged to be of lower priority should not be discarded entirely.

Instead, they may either be given later dates for completion (after the priority recommendations) or be given to the COPE Committee for inclusion in a future COPE exercise.

5. After all groups have presented their Action Plans, have the participants revise and add together the annotated Action Plans. (If a clean version is not ready by the end of the Action Plan Meeting, the COPE Committee will be responsible for ensuring that this is completed and then is posted or distributed for all staff to see.)

Topic 3: Facility Strengths

1. Ask each team to present three to five of the most important facility strengths that they identified during the group work.
2. Lead a discussion about these strengths, allowing all of the participants to comment or ask questions.
3. Ask the participants to select any of the strengths they want the facility to improve on even further. (These can be selected by listing all facility strengths on a flipchart and then have the participants vote on those that need further improvement.) Add these to the Action Plan.

Topic 4: Establishing the COPE Committee (*Flipchart 15*)

1. Explain that:
 - The COPE Committee 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 carrying out the Action Plan recommendations.
 - The committee should represent different levels of personnel at the facility, including managers, supervisors, and staff members. The group could be newly formed or could be an existing committee at the facility, possibly with a few adjustments. Generally, the COPE Committee consists of about five to eight staff members, though at facilities with eight or fewer staff members, the entire staff should serve on the committee. (Refer to the decisions made with the facility manager about the size of the committee and how it will be formed—whether a new group will be formed or an existing committee will be used.)
2. Explain that the COPE Committee can be formed in several ways:
 - **To form a new committee**, ask for volunteers from among the participants. If no one volunteers or if the volunteers do not represent a mix of levels of staff, ask each department or unit to choose a representative for the committee. Alternatively, ask each type and level of staff (for example, doctors, nurses, and clerks) to choose a representative for the committee.
 - **If the facility has an existing committee** that can take on the responsibility of following up on the Action Plan, ensure that the committee includes representatives of different units and staff levels. If it does not, work with the committee to expand its membership.
 - Some facilities choose to assign **formal roles** to committee members, such as chairperson or secretary, while other facilities' committee members have informal roles. In either case, someone must be responsible for scheduling and facilitating committee meetings.

(More information about the role of the COPE Committee is provided in Chapter 5.)

Topic 5: Closing the Meeting

1. Encourage the staff to remember their strengths and continue to build on them.
2. Briefly remind the staff that COPE is a continuous process. If you want, display Flipchart 1 and show them that they are ready to begin the implementation step (Step 3).
3. Ask the staff if they have any questions about next steps. Clarify that as soon as the Action Plan is finalized, the staff should begin to carry out their assigned recommendations. Staff should report the status of the solutions to the COPE Committee.
4. Conduct a plus/delta exercise or some other closing activity. (See Appendix D, page 127, for tips on closing meetings.)

Topic 6: Setting a Date for Follow-Up with the COPE Committee

1. After the exercise is over, meet briefly with the COPE Committee and set a date for follow-up (generally about one month after the first COPE exercise). The second COPE exercise should take place within three to four months after the first COPE exercise.
2. Ask the participants for a copy of the Action Plan for use in following up with the facility over time. Ensure that the results of the exercise are kept confidential, however.
3. Write a letter or contact the facility managers and staff, as appropriate, to thank them for their hard work and enthusiasm.

5

chapter 5

Effective Follow-Up after the First COPE Exercise

This chapter is aimed at external facilitators and site facilitators.

Improving service quality and facility performance is a continuous process that requires the involvement of all staff. To succeed at improving quality, facilities need to ensure effective and ongoing follow-up of their QI efforts. This chapter contains steps and strategies for supporting implementation of the facility's Action Plan (Step 3 of the QI process).

Objectives

After reading this chapter, you should be able to:

- Effectively follow up after the first COPE exercise
- Monitor progress after the first COPE exercise
- Prepare to conduct the second COPE exercise

Facilitators' Roles

If the consolidated Action Plan is completed by the close of the Action Plan Meeting, the external facilitator will take a copy for use in follow-up. If the Action Plan requires further revisions, the site facilitator should send a copy to the external facilitator when it is completed, or the external facilitator should contact the site within a short time to receive a copy. (In future follow-ups, this step will not be necessary, as the site facilitator will assume complete responsibility.)

If the facility has difficulty in completing the Action Plan, the external facilitator may return to the site to help the COPE Committee and site facilitator complete it.

Timetable for Follow-Up

Within one month after the first COPE exercise, the two facilitators should together review and assess:

- The first COPE exercise, including feedback from the participants and ways to adapt the process for subsequent COPE exercises
- Any need for strengthening the site facilitator's facilitation skills (such as through a role play)
- Whether facility staff are able to carry out the recommendations assigned to them in the Action Plan

- Whether the COPE Committee is functioning as expected
- Whether facility or institutional management supports ongoing QI efforts

Within three to four months after the first COPE exercise, the two facilitators should do the following:

- Meet with the COPE Committee at least once before the second COPE exercise, to assess the facility's progress in establishing continuous QI and effective follow-up. The facilitators should ask the committee members to answer the questions in Figure 5-1. If the committee members answer "no" to any of the questions, the COPE Committee will need to explore ways to address these issues with facility managers.
- Facilitate the second COPE exercise together.

Figure 5-1. Questions for Determining Effective Follow-Up

- Has the COPE Committee finished consolidating the Action Plan?
- Has the COPE Committee distributed a copy of the Action Plan to all staff or put it in a prominent place where all staff can review it?
- Are staff meeting their deadlines for carrying out the recommendations?
- Are staff letting the COPE Committee know when recommendations have been carried out?
- Are staff seeking help from the COPE Committee when they have difficulty carrying out the recommendations?
- Are staff at all levels providing the support needed for carrying out the recommendations?
- Are managers providing the support needed for carrying out the recommendations?

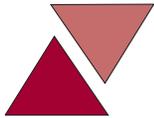
Role of the COPE Committee

The COPE Committee is responsible for following up on the Action Plan on an ongoing basis. This may be achieved in a variety of ways, such as during regular meetings held at the facility between COPE exercises.

To provide effective follow-up, the COPE Committee must:

- **Ensure that all staff have access to a clean or revised copy of the Action Plan** (This copy should include all changes agreed on during the Action Plan Meeting. Staff must receive the Action Plan as soon as possible, so they may begin carrying out the recommendations.)
- **Decide whether to establish formal roles for committee members, such as chairperson and secretary**
- **Agree on procedural issues, such as the tenure for committee members and handling turnover in membership** (While it is useful to have some continuity in committee membership from one COPE exercise to the next, committee membership should change over time, to bring fresh ideas and perspectives to the group.)
- **Set meeting schedules** (This is necessary to regularly review progress in the Action Plan.)
- **Display and communicate Action Plan updates and other information to staff and higher-level management**

- **Help staff carry out the recommendations, as needed**
- **Monitor and celebrate progress** (Ask the COPE Committee how they want to measure the success of the interventions that staff have implemented. [Information about monitoring progress is provided later in this chapter and in Chapter 8.])
- **Monitor deadlines**
- **Keep up-to-date records of all solved and unsolved problems** (This will help the staff track their progress over time.)
- **Modify the Action Plan, as needed,** in consultation with the larger group

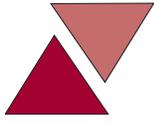


Troubleshooting Tip

IF: *The COPE Committee has difficulty meeting to review the Action Plan or is unclear about its role...*

- **Both facilitators should meet with the committee to determine the cause of the difficulty.** Explore why the COPE Committee is having difficulty in carrying out its tasks and then work with it to clarify any confusion and help allay any fears or concerns. Reasons why a COPE Committee might stumble include:
 - ▲ Loss of momentum
 - ▲ Perception that COPE is not considered important within the facility
 - ▲ Loss of will among management
 - ▲ Confusion about what to do
 - ▲ Difficulty in launching something new
 - ▲ Difficulty associated with change
 - ▲ Turnover among staff
 - ▲ Perception that the problems are too difficult to solve or are poorly defined (e.g., inability to clearly identify root causes, or assignment of an inappropriate person to the responsibility of carrying out the recommendations)
- **Explain** that while change can be difficult, over time their efforts can lead to significant improvement at the facility. It is not unusual for groups beginning a series of changes to undergo the following stages as they begin working in new ways:
 - ▲ *Mixed emotions*—Change is exciting but also challenging.
 - ▲ *The “valley of despair”*—Changes create some disorientation as staff reorganize.
 - ▲ *The “light at the end of the tunnel”*—Staff begin to witness the effects of the changes they have made.
 - ▲ *No turning back*—Staff have learned successful new ways to manage their work and to solve problems, and will work to ensure that those changes are here to stay.
- **Remind** the committee of its role in tracking progress. Explain that if the committee notices that a particular recommendation is not accomplished within the specified time frame, the committee should meet with the staff responsible for carrying out the recommendation to either:
 - ▲ Set a new time frame for solving the problem, if the initial time frame was unrealistic

(continued)



Troubleshooting Tip (continued)

- ▲ Encourage more staff support to complete assigned tasks
- ▲ Involve others if the person is unable to follow through on his or her own
- ▲ Explore alternative solutions to the problem (For example, ask: Did the recommendations address the root causes? Are alternative solutions more feasible?)

Note: When the committee members meet with the person(s) responsible and other involved staff, it is important that they help identify the barriers to solving the problem *without blaming the person(s) responsible*.

Monitoring Progress

Sites may use the COPE Follow-Up Sheet, or others that they create, to track their progress after the first COPE exercise. This is a relatively simple way for facilities to show their level of progress from one COPE exercise to the next (see Appendix A for a sample completed COPE Follow-Up Sheet).

Communicating Progress to Clients and Staff

Generally, both clients and staff enjoy seeing the progress made to improve services at a facility, particularly when their input helped bring about the changes. Seeing evidence of improvement encourages clients to provide more feedback and more honest suggestions, creating a constructive dialogue between staff and their clients.

Although staff need to know the status of all problems being solved, facilities may not want all clients to see their entire Action Plans. If this is the case, facilities may post a sign listing the clients' suggestions and the corresponding actions taken. To protect confidentiality, the sign should not list the names of the clients who made the suggestions.

To communicate the status of the Action Plan to the staff, the COPE Follow-Up Sheet may be posted in areas of the facility to which only staff have access.

6

chapter 6

Conducting Second and Subsequent COPE Exercises

This chapter is aimed at external facilitators and site facilitators.

In this chapter, the processes of leading both the second and the subsequent COPE exercises are discussed. While there are many similarities between the second COPE exercise and future exercises, they are treated separately here to underline the importance of reinforcing basic concepts and preparing for using different tools. The second COPE exercise is critical to this “imprinting” process. It also provides the site facilitator with an opportunity to take the leading role for the first time, with guidance from the external facilitator.

Objectives

After reading this chapter, you should be able to:

- Understand the elements of the second COPE exercise
- Prepare for the second COPE exercise, including deciding whether to conduct the Client-Flow Analysis (CFA) and making appropriate adjustments to the schedule
- Conduct the second COPE exercise, addressing any problems that may arise during it
- Conduct subsequent COPE exercises
- Follow up between subsequent COPE exercises

Elements of the Second COPE Exercise

The second COPE exercise consists of:

- The follow-up Introductory Meeting, including a review of COPE principles and a review of the previous Action Plan
- The use of the COPE tools, possibly including CFA
- The Action Plan Meeting, including development and presentation of Action Plans

The second COPE exercise incorporates Step 4 of the QI process, follow-up and evaluation. Since it also involves additional information-gathering, the process repeats Step 1, thus continuing the QI process.

Preparing for the Second COPE Exercise

The second COPE exercise is similar to the first, but provides participants with more of a review of the COPE process and tools than an in-depth introduction to COPE.

The time needed to conduct the second COPE exercise depends on:

- How much time has passed since the first COPE exercise
- How many of the participants did *not* participate in the first COPE exercise
- Whether any new tools, such as CFA, are introduced

The Facilitators' Roles

Both facilitators should meet to review any needed changes to the process. This may include changes in the schedule for meetings and group work. The site facilitator will prepare to take a more active role (preferably the lead) in facilitating the second COPE exercise. All participants from the first COPE exercise should be invited to participate in the second COPE exercise.

Discuss with facility managers which tools to use in the second COPE exercise. Rather than move on to new health services or areas, many facilities focus on the same health services (such as reproductive health or family planning) for the first few COPE exercises, so they can see a number of improvements over time and can continue to use the same COPE toolkit. However, depending on the needs identified during the first exercise (e.g., gaps in the quality of care in a particular health service area, or problems with client waiting time or staff utilization), some facilities may wish to use a different toolkit focusing on specific health services (such as child health or maternal care) or use different tools, such as the CFA.

Preparing for the CFA

Information on how to prepare for and conduct the CFA can be found in Chapter 7. However, in planning the second COPE exercise, facility managers and facilitators should keep in mind the following points:

- If the CFA is to be done during the second exercise, it is strongly recommended not to use the Self-Assessment Guides. This is to avoid overwhelming the staff, as doing both can be quite time-intensive. Staff should, however, continue to conduct client interviews.
- If the facility manager decides to use the Self-Assessment Guides, they should be used on a different day from the CFA, because spending staff time on the other tools will cause CFA results to be atypical.
- The staff participating in the CFA will need to be briefed beforehand so they understand how to use the forms.
- As was the case with other COPE tools used earlier, the tools used for the CFA may need to be adapted beforehand to more closely reflect the services offered at the facility.

Scheduling the Second COPE Exercise

The second COPE exercise will last three days if CFA is done, and two days if it is not. CFA requires data collection during one clinic session, shift, or day. The length of the session depends on the circumstances at individual facilities.

Work with the facility manager to:

- Review the sample schedules (below and in Chapter 7), and determine which one to use, based on the health areas to be explored or the tools to be used during the exercise
- Decide on a meeting space for the exercise
- Set a time for the exercise to begin

Below is a sample schedule for the second COPE exercise, without incorporating the CFA. (A schedule for any follow-up COPE exercise that includes the CFA can be found in Chapter 7.)

Figure 6-1. Sample Schedule for the Second COPE Exercise (Without CFA)

Day 1

Morning—Initiating the Exercise

- ♦ Meet with staff (approximately 2 to 3 hours)
 - ♦ Review the Action Plan
 - ♦ Review the COPE tools to be used (Self-Assessment Guides, Client-Interview Guide, etc.)

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
- ♦ Use other tools, as needed

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 all who participated (approximately 2 to 3 hours)
- ♦ Review membership in the COPE Committee
- ♦ Schedule dates for the follow-up meeting and for the next COPE exercise

Preparing Materials for the Second COPE Exercise

Figure 3-1 (page 31) provides a list of materials needed for self-assessment, client interviews, and the Action Plan Meeting. For a list of additional materials needed for the CFA, refer to Figure 7-2 (page 73). Feel free to make use of appropriate flipcharts as aids in facilitating the second or subsequent COPE exercise (see Appendix E).

Conducting the Follow-Up Meeting: Detailed Steps

❖ _____ Summary of Second or Subsequent Meeting Topics _____

Topic	Minimum Time Required
Welcoming the participants _____	5 to 10 minutes
Topic 1: Reviewing key concepts _____	25 to 30 minutes
Topic 2: Reviewing the status of the Action Plan _____	15 to 20 minutes
Topic 3: Recognizing successes _____	5 to 10 minutes
Topic 4: Presenting the focus of this COPE exercise _____	5 minutes
Topic 5: Reviewing the COPE tools to be used during this exercise _____	30 minutes (plus 30 minutes for the CFA)
Topic 6: Organizing the participants for group work _____	10 minutes
Total minimum time required _____	1 hour, 35 minutes, to 2 hours, 25 minutes

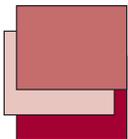
Welcoming the Participants

1. Greet the participants and thank them for attending.
2. Take attendance and set norms. When discussing progress on the Action Plan, one key norm for this discussion is to focus on systems and processes rather than on blaming individuals for unsolved problems.

Topic 1: Reviewing Key Concepts

Basics of QI and COPE

1. Review essential QI and COPE concepts (below). (This may be a repetition for some participants, but because some staff may not have participated in the first COPE or may have forgotten some information, such a review of essential concepts is important.)
 - What is quality?
 - Key QI principles
 - Internal and external customers
2. This review may be achieved by using one of the following warm-up exercises:
 - Option 1. Ask staff who participated in the first COPE exercise to raise their hands, and ask them if they have seen any changes or improvements at the facility since the first exercise. Then have all of the participants imagine the facility five years from now (after several improvements in services), by asking:
 - ▲ “What do you see when you walk into the hospital/clinic?”
 - ▲ “How are you treated?”
 - ▲ “What does the facility look like?”
 - ▲ “What is different about the staff?”



- *Option 2.* Ask participants to describe their own experiences:
 - ▲ “Think of a time in your life when you, your brother, your sister, or your child needed medical care. Have you ever experienced service that was so good that you would tell your friends and family to go to that facility? Describe what was good about the service you received.”
 - ▲ “Now think about the things the staff must have had in order to be able to provide such good service.”
- *For both options:* Compare the staff’s responses with Flipchart 2, which lists clients’ rights and staff needs, and review the concepts of internal and external customers provided in Chapter 3.

Review: What Is COPE?

Ask a volunteer to explain what COPE is, and let him or her say what gains staff have made as a result of the process. (Refer to Chapter 3 for key concepts.)

Topic 2: Reviewing the Status of the Action Plan

1. Ask a volunteer to present the Action Plan developed during the first COPE exercise. Review each problem, and discuss whether each recommendation has been successfully carried out.
2. This discussion may reveal that some underlying problems were not solved because the groups had not identified all of the problem’s root causes. Some recommendations may also have taken more or less time to carry out than the participants had originally expected. Note the results of this discussion on the COPE Follow-Up Sheet (see the sample completed form in Appendix A). Incorporate into the facility’s next Action Plan any unresolved problems for which a solution seems possible.
3. Identify potential barriers to solving each of the unresolved problems, and discuss how to overcome the barriers:
 - If the initial time frame was unrealistic, set a new time frame for solving the problem.
 - If the person responsible is unable to follow through on his or her own, involve others in follow-up.
 - Explore alternative solutions to the problem. For example, ask: “Did the recommendations address the root causes?” “Are alternative solutions more feasible?”

Topic 3: Recognizing Successes

Congratulate the participants for resolving some or all of the problems on the Action Plan. This is an opportunity to recognize the participants as part of a group, keep them motivated, and remind them of what they have accomplished.

Topic 4: Presenting the Focus of This COPE Exercise

Describe the health service or area on which the facility manager has decided staff will focus during this follow-up exercise. If this focus has changed since the initial exercise, refer to the introduction to the appropriate COPE toolbox for a description of the major issues related to the health services being assessed. If a CFA is to be done, explain which specific services will be assessed.

Topic 5: Reviewing the COPE Tools to Be Used during This Exercise

1. Explain only the tools that will be used during this exercise. (Refer to Chapter 3 for detailed information about the Self-Assessment Guides, Client-Interview Guides, and Action Plan.)
2. *If CFA is to be done*, skip the Self-Assessment Guides (or use them on a different day), and present instead the key information about CFA provided in Chapter 7.
3. *If CFA is to be done*, introduce the CFA forms to all participants who will have contact with clients. After data collection, organize the participants into groups to share the tasks of completing the charts and graph. (See Chapter 7 for detailed instructions on performing CFA.)

Topic 6: Organizing the Participants for Group Work

1. Follow the instructions provided in Chapter 3. Be sure to mention all of the tools that will be used during this exercise.
2. As described in Chapter 3, provide each group with copies of the tool(s) it will be using, and ask the group to review the instructions at the beginning of the tool(s). If most of the group members participated in the first COPE exercise, information about self-assessment, client interviews, and preparing Action Plans will be a review for them. If necessary, provide the explanations included in Chapter 3, saving detailed discussion of the Self-Assessment Guides for individual group work after the groups have split up.
3. Announce the time and place of the Action Plan Meeting.
4. Circulate among the groups, observing and giving feedback to each group to ensure that the participants understand their tools.

The Action Plan Meeting

This Action Plan Meeting follows the same format as the Action Plan Meeting in the first COPE exercise. (Refer to Chapter 4 for the summary of topics and further descriptions.) At this meeting:

- The participants present and discuss the new Action Plans they developed, based on the different tools used for assessing services.
- Staff prioritize the problems and incorporate their new recommendations into the facility's ongoing Action Plan.
- The participants discuss facility strengths.
- The participants review the members and role of the COPE Committee (to inform those who may not know or to update staff about any changes).
- The participants give feedback in a plus/delta exercise or other closing activity. (See Appendix D, page 127, for tips on closing meetings.)
- The COPE Committee sets a date for follow-up with the site facilitator.

Conducting Subsequent COPE Exercises

COPE exercises should take place regularly, usually every three to four months. Each COPE exercise should be adapted to meet the needs of the facility. Even if a particular COPE exer-

cise worked well for a facility at one time, it may need to be adapted as changes occur at the facility, such as an increase in the number of staff or of services provided.

Facilitators' Roles

By the third COPE exercise, most site facilitators will be ready to conduct the exercises on their own. However, some site facilitators may take more time to become confident about their facilitation skills and may require additional support from external facilitators. Once site facilitators are confident about their skills, they should begin thinking about selecting another staff member at the facility to train as a COPE facilitator.

Elements of Subsequent COPE Exercises

The following elements should be included in every subsequent COPE exercise:

- A review of the process and tools to be used
- A review of the last Action Plan developed for the facility, including tracking progress (Ways to track progress are described in Chapter 8.)
- Client interviews (Sites should conduct client interviews, as described in Chapter 2, during every COPE exercise, to receive regular feedback from clients. In addition, when staff become more comfortable with conducting client interviews, some facilities may make client interviews part of the staff's regular work. Many facilities display suggestion boxes and ask clients to place written comments in them.)
- An update of the facility's Action Plan

In addition, one of the following items should be included in every subsequent COPE exercise:

- *Self-Assessment Guide.* Facilities using COPE generally find it useful to use the Self-Assessment Guides on a regular basis—at the very least, once a year for a particular set of guides—because the questions reinforce international standards and desired behaviors. Repetition is needed, to emphasize the importance of focusing on clients and providing client-centered services. Moreover, staff may not identify all problems in one exercise, nor can they solve all problems at once, and new problems emerge.

If the facility used the Reproductive Health Self-Assessment Guide during prior COPE exercises, during subsequent exercises it may use Self-Assessment Guides developed for other areas, such as family planning, maternal health services, or child health services, as desired.

- *Tools to involve the community in continuous QI.* Several facilities have complemented their COPE exercises with new tools—such as Community COPE—to seek community members' views about the health services provided at the facility. These tools—which include individual interview and group discussion guides, a facility walk-through guide, and participatory mapping activities—provide a way for staff to learn how individuals and groups in the community feel about the services that a facility provides, to increase the community's understanding of health issues, and to involve community members in the QI process. Creating partnerships between facilities and communities and clarifying clients' expectations are important steps toward building sustainable, responsive health services.
- *CFA combined with cost analysis.* Staff may repeat CFAs as needed, and may combine CFA with an exercise to analyze costs. For example, EngenderHealth has developed an easy-to-use Cost-Analysis Tool (AVSC International, 2000b) to measure the direct costs of providing services. Facilities can use this tool either with or without the help of a computer.

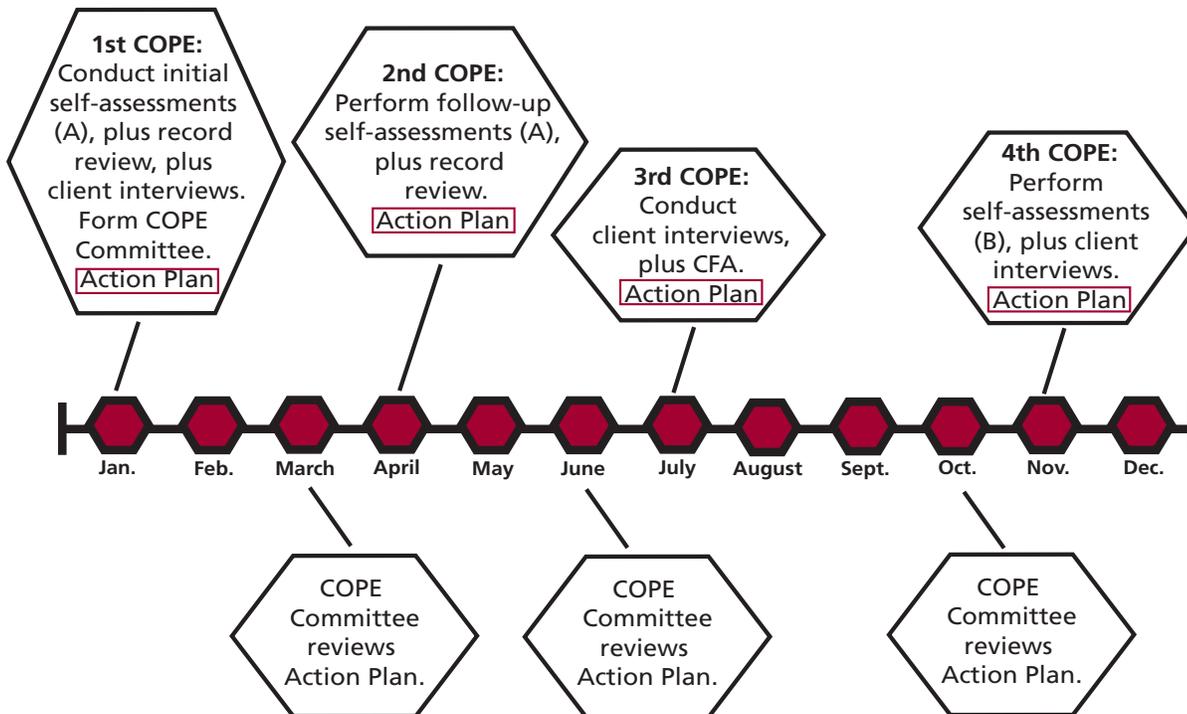
Other organizations have developed more comprehensive cost methodologies, such as CORE: A Tool for Cost and Revenue Analysis (MSH, 1998) and the Mother-Baby Costing Spreadsheet (WHO, 1999). These can be used if the facility needs more comprehensive information and has the capacity to use more complex methodologies.

- *Exploration of facility strengths.* Improving quality and better meeting clients' needs implies improving systems and processes to ensure that mistakes are less likely to happen. This requires being proactive and going beyond solving problems, to preventing problems from developing. To do so, facilities should explore not only problem areas but also strengths that the facility can build on so as to serve clients even better.

Format and Schedule

Subsequent COPE exercises may follow the same general schedule and format as the second COPE exercise. If so, it is important to use the tools in a flexible manner and to add any new tools, such as traditional management tools or performance improvement tools, as needed. (See pages 60 and 61 for schedules and for information on conducting various exercises.) (See Figure 6-2 for a sample timeline.)

Figure 6-2. COPE Process: Sample Timeline



KEY:

A = All 10 Self-Assessment Guides in the Reproductive Health Toolkit
 B = All 10 Self-Assessment Guides in the Maternal Health Toolkit
Action Plan = Action Plan Meeting, which follows any information-gathering and analysis step.

Sample Variation on a COPE Exercise: Exploring Facility Strengths

During second and subsequent COPE exercises, sites often choose to focus the participants' attention more on a facility's strengths than on its problems. The variation on a COPE exercise presented below may be conducted during several workdays, over the course of two all-staff meetings, with group work in between. (Refer to Appendix G for information on appreciative inquiry, the QI method upon which this exploration of a facility's strengths is based.)

❖ ——— Exploring Facility Strengths: Summary of Meeting Topics ———

Topic	Minimum Time Required
Day 1: Initiating the Exercise	
Topic 1: Identifying past and present staff strengths _____	30 minutes
Topic 2: Organizing group work _____	15 minutes
Client interviews _____	5 minutes
Strengths/stories _____	10 minutes
Day 2: The Action Plan Meeting	
Topic 1: Presentations of group work _____	20 to 30 minutes per group
Topic 2: Consolidating and prioritizing the Action Plans _____	30 to 40 minutes
Topic 3: Closing the meeting _____	10 minutes
Total minimum time required _____	1 hour, 45 minutes

Day 1: Initiating the Exercise

Topic 1: Identifying Past and Present Staff Strengths

1. At the point in the follow-up meeting where you would introduce the tools to be used, instead:

- Explain this new variation on the COPE exercise
- Hold a discussion on identifying staff strengths

Rather than look at problems at the facility, during this COPE exercise the participants should try to improve services by looking at the things the facility does well now or has done well in the past. This can help staff build on those strengths so as to serve clients even better.

2. Ask the participants what they feel the facility is doing well now or did well in the past, in terms of providing quality services. Lead a brainstorm about these strengths, allowing all participants to comment, and write the responses on a flipchart. (*Note:* This can be a short brainstorming session; more details will emerge later when staff break into smaller groups.)

3. Identify three to five themes among the participants' responses. (Themes may include providing good family planning information to clients, having high coverage of antenatal clients, using effective infection prevention practices, maintaining respectful and kind interpersonal relations with clients, having a good referral system for emergency obstetric care services, and keeping staff updated on new health information.) Ensure that the participants agree that these themes are, or once were, strong areas for the facility.

Topic 2: Organizing Group Work

When you organize the participants for group work, instruct the group conducting client interviews and the remaining groups on how to focus on strengths.

1. Instruct the group conducting client interviews to ask 10 to 15 clients two questions each:
 - “What, in particular, do you like about the services you receive at this facility?”
 - “If there is one thing that you would like to see changed at this facility, what would it be?” or “What suggestions do you have for improving services here?”
2. In each case, tell the group to ask the clients to give *specific* examples and record their responses.
3. Tell this group to come to the Action Plan Meeting prepared to present three examples of what clients said. Members should pick the examples that are most typical of what clients said or were most frequently mentioned.
4. Instruct the remaining groups to think of specific examples, or brief stories, that support the themes they identified among the facility's strengths. The examples or stories should include how they themselves, as individuals, contributed. If some of the facility's staff are not participating in this COPE exercise, tell the group members to seek their input and incorporate their examples or stories into their presentations.
5. Based on client feedback or on staff's own stories, ask all groups to imagine *what the facility needs*, or what the staff should do, to make an area of the facility even stronger or as strong as it was in the past. For example, if the participants say that their customer relations are good and they have given examples of what clients say, ask what they will do to make customer relations even better. Also ask who will be responsible for follow-up and by when. Record the recommendations and other information in the Action Plan. Tell the groups to come to the Action Plan Meeting prepared to present their stories and action plans to the rest of the participants.

Note: The Action Plan format can be adapted so that the first column is labeled “strength” rather than “problem.” The other columns remain the same.

6. Circulate among the teams to clarify any issues or instructions.

Day 2: The Action Plan Meeting

Topic 1: Conducting the Action Plan Meeting

1. Conduct the Action Plan Meeting for this variation of the COPE exercise in the same manner as other Action Plan meetings, but draw out the information gathered on facility strengths instead.
2. Invite each group that gathered examples or stories to present its examples or stories and their action plans for making the facility stronger. Facilitate a discussion after each presentation by asking the rest of the participants if they agree with the group's assessment and whether any other recommendations are needed. Ask multiple whys, as needed.

3. Invite the group that conducted client interviews to provide its examples. Then ask all of the participants: “Do clients and staff share the same views about what our strengths are? Do we have the same priorities?”
4. Ask the participants if they are surprised by anything the clients have said, and remind the participants that clients’ views are important because clients are the focus of services.

Topic 2: Consolidating and Prioritizing the Action Plans

After all of the groups have presented their stories, examples, and action plans, discuss how to prioritize these recommendations, keeping in mind the clients’ opinions and suggestions, as well as the activities that the staff can easily do themselves. The staff may adapt the criteria for prioritizing recommendations if desired (see Chapter 4). If the staff or clients identified any elements that are life-threatening to either staff or clients, these need to be categorized as the highest priority for improvement.

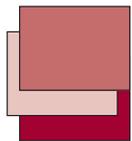
Topic 3: Closing the Meeting

1. Thank the staff for their time, effort, and enthusiasm.
2. Ask the staff how they felt about the exercise, and facilitate a discussion about it.
3. Encourage the staff to remember their strengths and to continue to build on them.

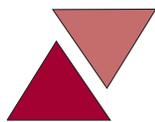
Follow-Up between Subsequent COPE Exercises

Follow-up should continue to be done between each COPE exercise.

Some facilities have adapted the way in which they follow up between subsequent COPE exercises, as follows:



- At one facility, the head nurse keeps a copy of the COPE Action Plan in a logbook. When she makes her rounds to the different wards and departments, she meets with the staff and discusses the status of the Action Plan. Every week, staff on each ward conduct a “mini-COPE” exercise. Every three to six months, a mix of staff from all wards and departments participate in a full COPE exercise.
- Some organizations have taken COPE from the facility level to the headquarters or national level. For example, often one facility’s success with COPE spreads to other facilities and, eventually, to upper levels. A headquarters or national-level office may decide to institute COPE at all of its facilities or to use it at their own.
- One facility conducts client interviews once a month, and every six months the staff conduct the self-assessments and record reviews.

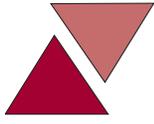


Troubleshooting Tips

IF: *Some problems are recurring in subsequent COPE exercises...*

Find out if there are other ways to address the problem. This may mean that the root cause of the problem has not been correctly identified, and that it may be worthwhile to reexamine the problem and identified causes, using the multiple whys technique. Getting at the true root cause may lead to new recommended solutions.

(continued)



Troubleshooting Tips (continued)

Alternatively, reoccurrence could mean that the problem is not one that local staff can address. If so, staff should understand that COPE is not a cure-all to solve all problems. Some problems may require outside support to be resolved, such as from the local community and from higher levels in the institution. (In fact, some problems may be occurring throughout the system and may require intervention at the national level.) If this is the case with a particular problem or set of problems, facility staff need to communicate these ongoing problems to higher levels in the institution.

IF: *Staff turnover is high and many of the participants are new to the COPE process...*

Conduct full COPE exercises—exercises that provide all of the introductory material in a first COPE exercise—on a regular basis to ensure that all staff are oriented to QI principles and to COPE.