
Male Circumcision Quality Assurance Workshop

World Health Organization



DAY 3



Giving Feedback: The Debriefing

- Assessment team determines information to share
- Relate comments to the specific standard
- Separate findings from suggestions
- Describe standard intent and how the facility meets or does not meet it
- Avoid personal opinions
- Avoid argumentative or negative statements
- Leave them feeling good about the interview (dignity)



Delivering Difficult News

- Be calm and directive
- Don't talk too much
- Don't humiliate
- Explain carefully with explicit examples
- Don't get defensive...or confrontational
- Express confidence that the individual/group will be able to meet the challenge

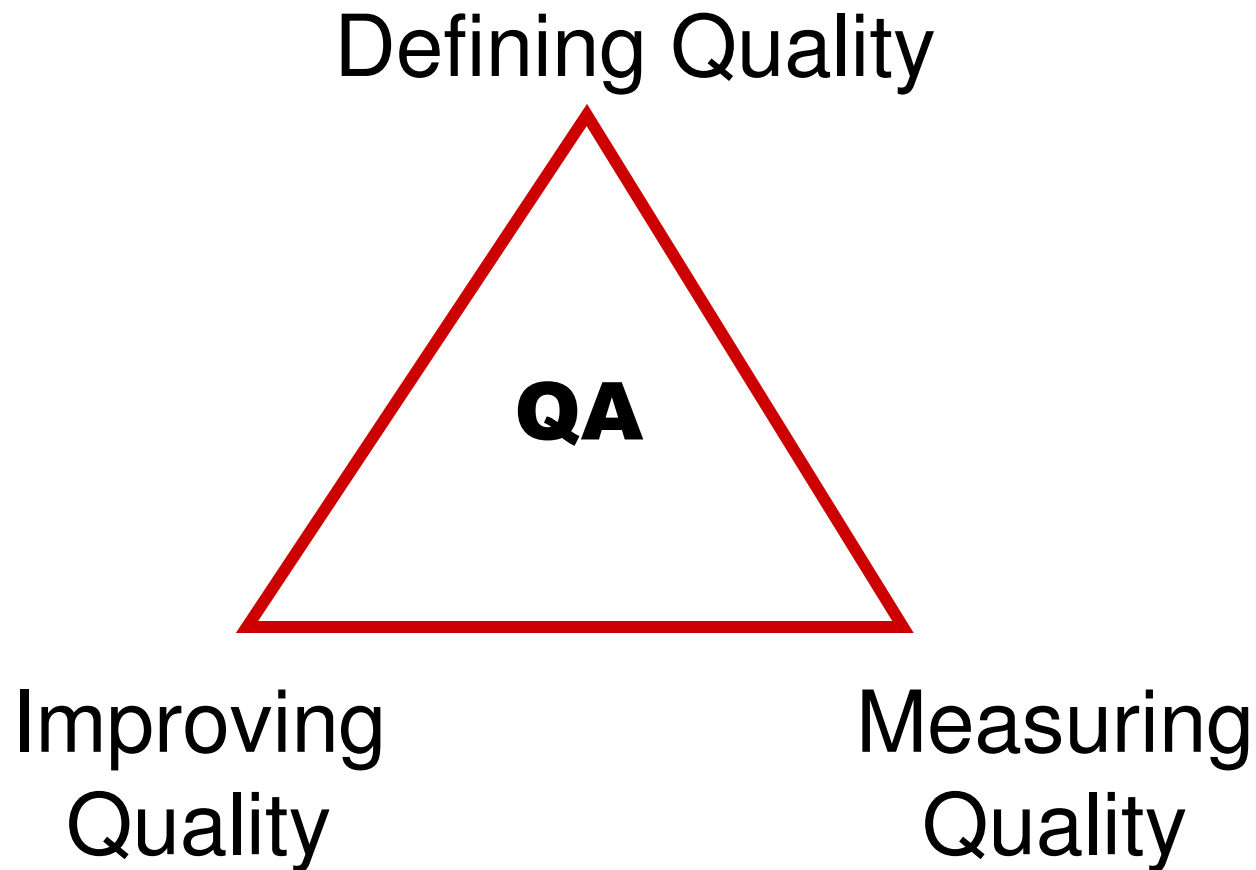


Assessment Team Self-Assessment

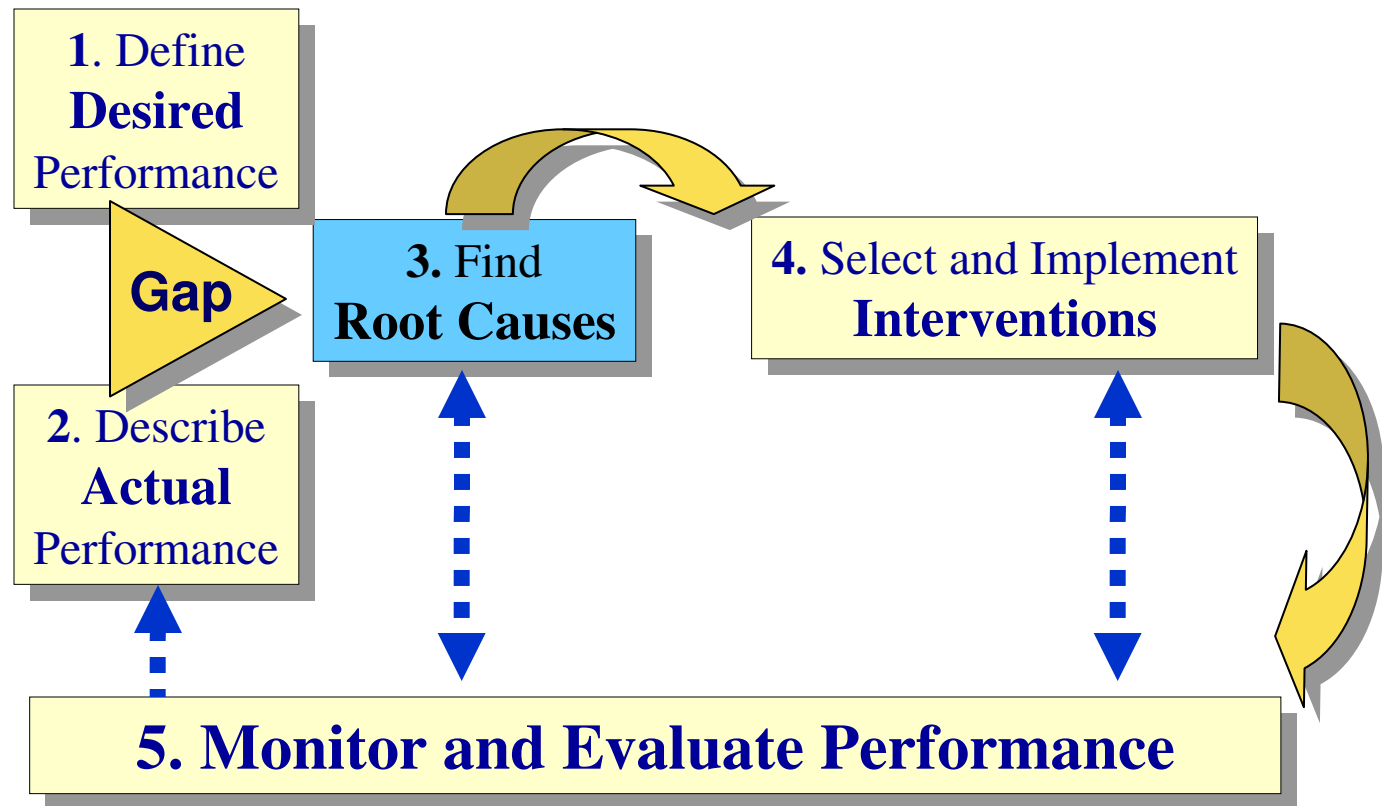
- Assessment team leader to ask each assessment team member how they felt about their performance and what they would have done differently
- Ask the rest of the team to provide feedback to this team member
- Continue this activity with each assessment team member including the team leader
- Use this learning to improve future performance



Quality Triangle



Step 3: Find Causes of Performance Gaps



How to Conduct Brainstorming

1. Define the subject matter or question.
2. Give everyone a minute to consider the subject.
3. Ask everyone to call out his or her ideas.
4. Someone records the ideas on a flipchart.
5. The group facilitator enforces the rules (“No judgments, next idea.”)



Facilitating Brainstorming

- **No idea is too stupid** - do not criticize, judge or discard an idea.
- **Assign a timekeeper** - start and finish on time.
- **Record the ideas** when they are said.
- **Assign a person** to write down the ideas.
- Write the ideas down **using the words that were spoken by the person** with the idea.
- If needed to encourage participation, go around the group in a systematic manner to give everyone a chance to air an idea.



Benchmarking

- Process for finding, adapting, and applying best practices
- Can be used for developing a new service or improving an old one
- A continuum that ranges from a sharing of ideas to formal benchmarking
- Does not mean replicating someone else's process exactly, but rather seeking out aspects of a successful process that could improve your own work.



Conducting Benchmarking

1. Define the benchmarking team
2. Define your objectives
3. Define your criteria for success
4. Identify premier examples of the process of interest
5. Gather information
6. Choose elements of the process appropriate to your context
7. Develop an improvement strategy based upon benchmarking



Benchmarking Methods

- Current literature (evidence-based)
- Phone calls/e-mails
- Web sites
- Site visits
- Experts
- Workshops/conferences



Quick Fixes vs. Problem-solving

- Quick fixes
 - Reason for the gap is known
 - Resources are available
- Problem-solving techniques
 - Solution is not obvious
 - Various causes may be contributing
 - Various people may be involved
 - Issue may involve various departments/groups



FISHBONE ANALYSIS



Main Sources of Variation

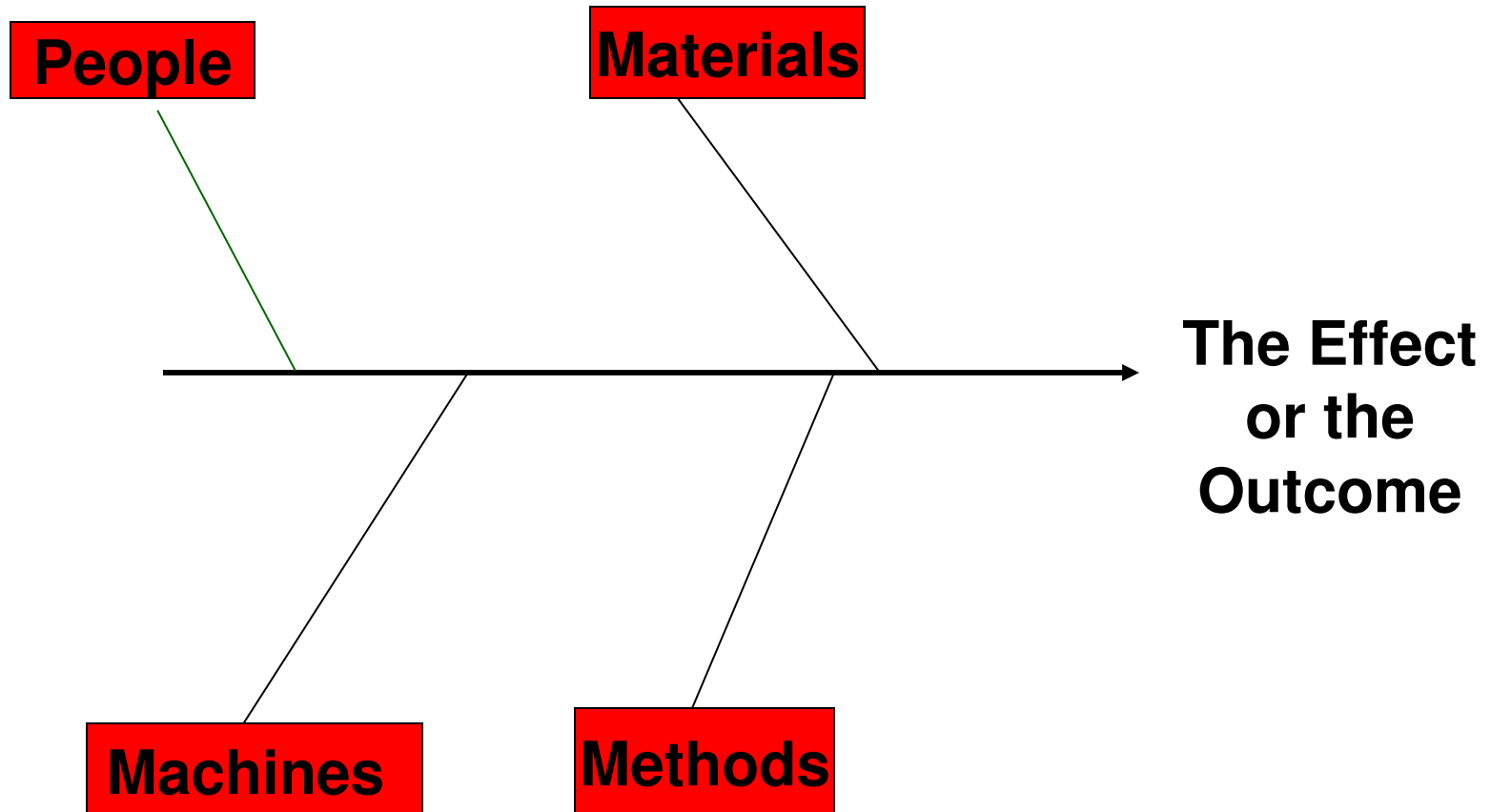
- People: physicians, nurses, technician, patients
- Machines: equipment
- Materials: supplies, inputs
- Methods: procedures, processes, techniques
- Measurements: bias and inaccuracy in the data

Plesk, P. (1991) Principles of Quality Improvement

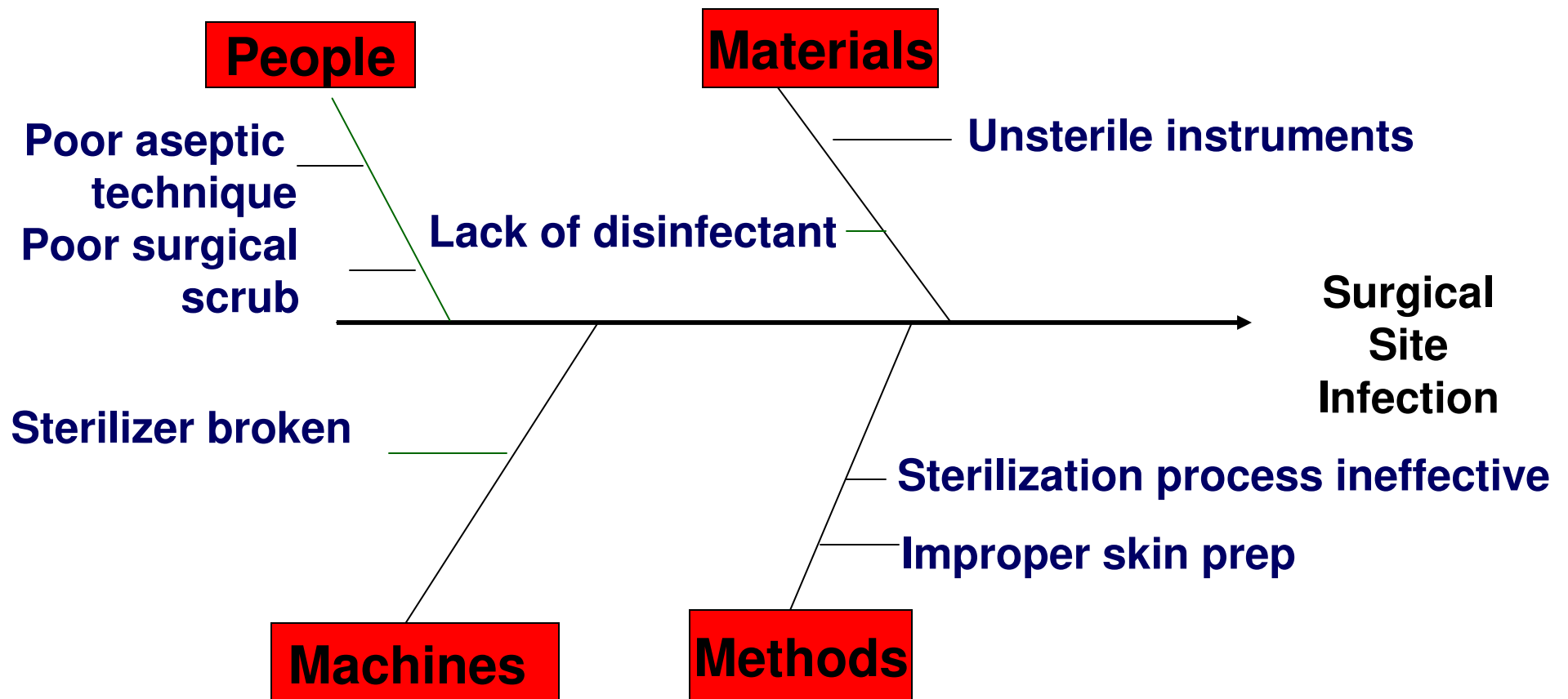


Cause and Effect Analysis

Helps Teams Brainstorm About Possible Causes



Cause and Effect Analysis: Surgical Site Infection



Activity: Potential Causes

- Group to select facilitator.
- Each group to identify potential causes to their problem by brainstorming (time limit 15 minutes).
- Give everyone a minute to think about subject.
- Ask everyone to call out his or her ideas
(or, go around in order, until no one has any more ideas).
- Record each idea on the fishbone.
- Facilitator enforces rules (e.g., “no judgment, next idea”).



Interpreting the Fishbone Diagram

- Look for causes that appear repeatedly
- Look for trends – one category has many smaller branches
- Get group to agree where the most likely cause is occurring
- Gather data to determine the relative frequencies of the different causes (if indicated)

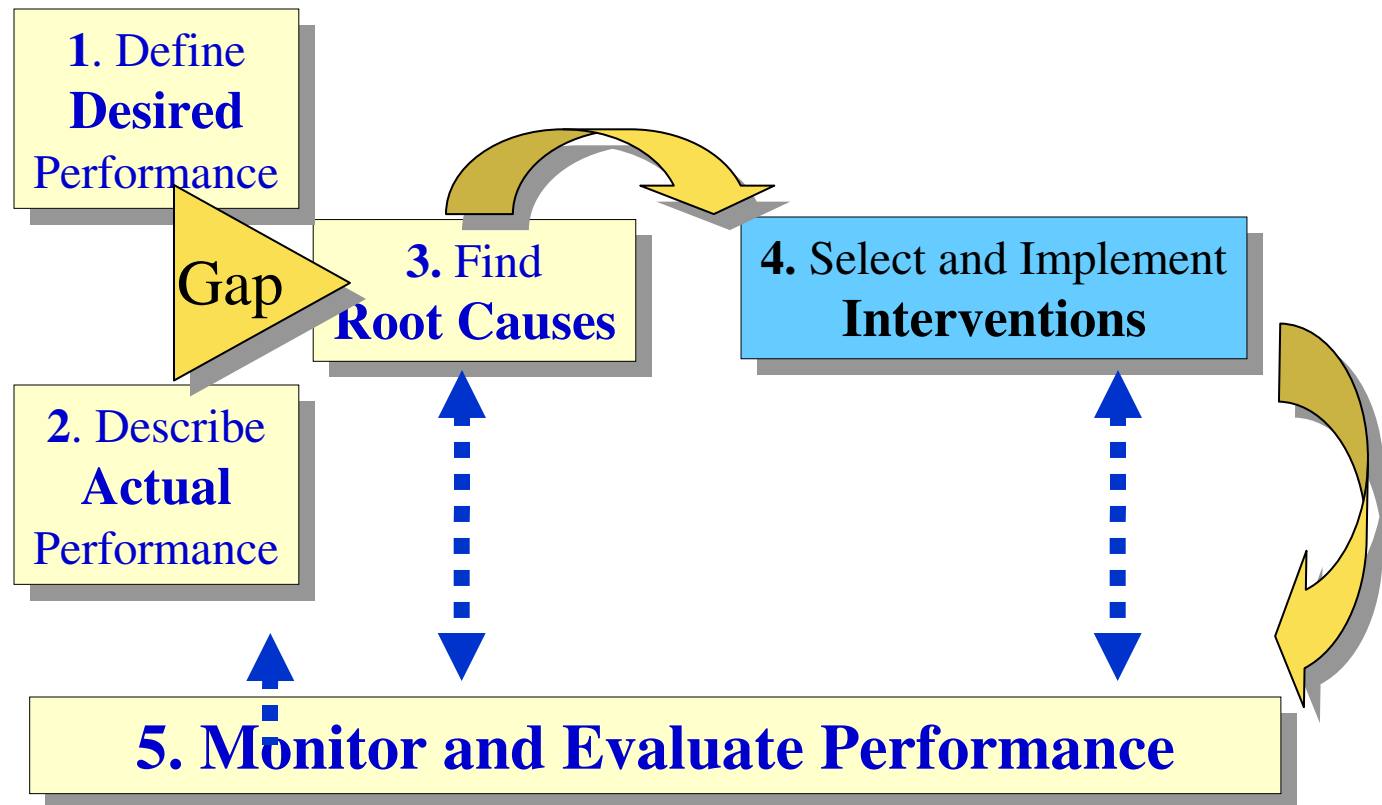


Activity: Prioritize the Main Causes

- The group will determine the most likely cause of their problem by using a voting method.
- Each member of the group has 3 votes.
- The cause they think most contributes to the problem is given a “3”, the next is a “2” and the third is a “1”.
- The facilitator will add up the number of votes given each cause.
- The cause with the highest votes is considered the factor that most contributes to the problem.



Steps for Improving Quality



Step 4. Select & Implement Interventions

Selected interventions must:

- Address the root causes of the gap
- Have more benefits compared to costs



Sample Criteria for Prioritizing Interventions

CRITERIA	DESCRIPTION
Effectiveness	How sure are we that the intervention will work?
Cost	Is it affordable within existing resources?
Feasibility	Are systems in place to support this intervention, i.e. is it realistic?
Cultural acceptability	Will community and clients respond favourably?
Staff acceptability	Will clinic staff agree with and support the intervention?



Prioritization Grid

Criteria	S#1	S#2	S#3	S#4
Effectiveness	3	2	3	1
Cost	2	2	2	2
Feasibility	3	1	1	2
Total	8	5	6	5



Activity: Brainstorming Interventions

- Use the brainstorming technique to identify potential interventions to the main cause that your team has selected.



Activity: Prioritizing Interventions

- Agree on criteria for prioritizing interventions
- Develop a matrix for scoring interventions
- Prioritize the potential interventions using a prioritization matrix

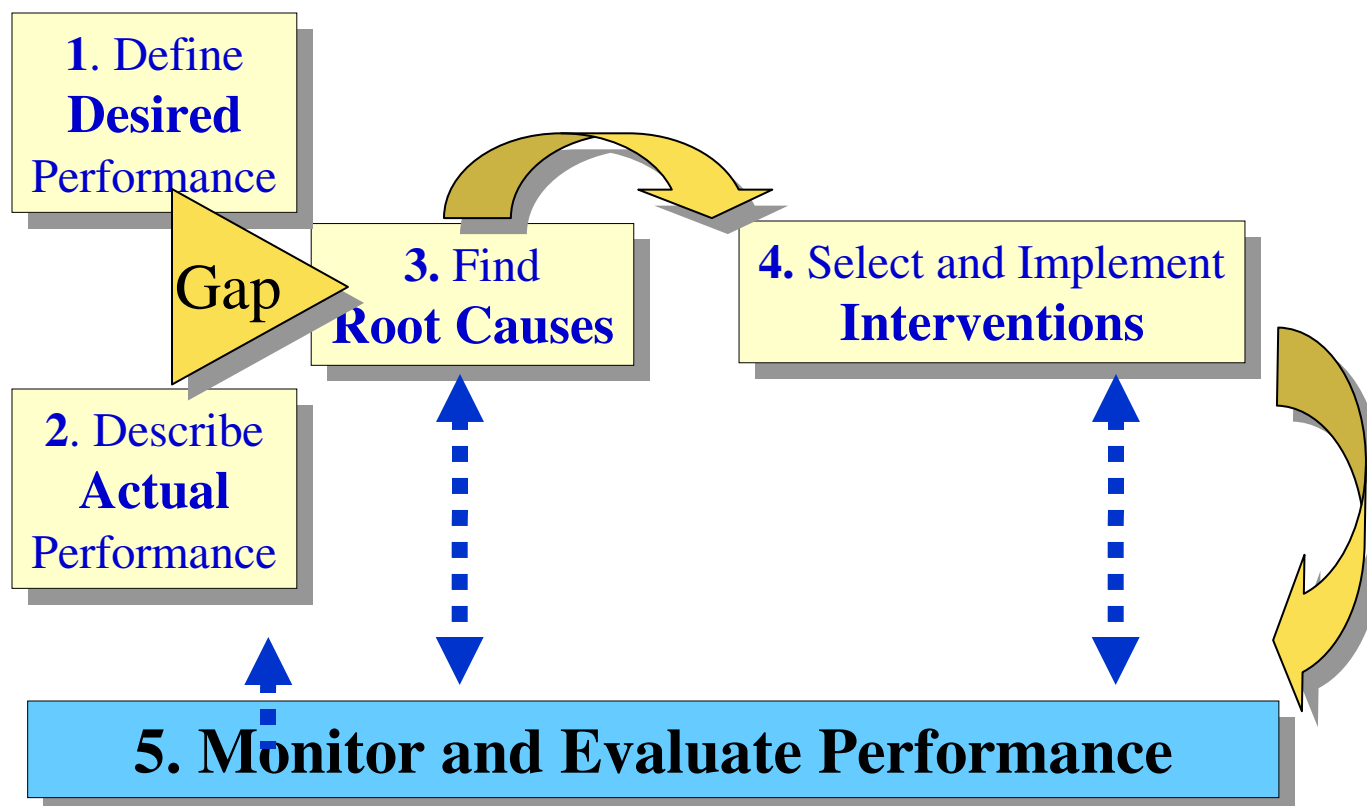


Implement the Interventions

- More than one intervention can be selected
- Develop an action plan to implement the selected interventions
- Action plans should include the activities, persons responsible for carrying out the activities and the time line for completion of each of the activities



Step 5. Monitor & Evaluate Performance



Monitoring and Evaluation

- **Programmatic** indicators (national, provincial)
- **Facility level:**
 - monitoring: **tracking of progress** towards standards
 - evaluation: episodic, comprehensive review of inputs, processes and outcomes
- Monitoring **effectiveness of an intervention**
 - Is the intervention working according to plan - problem solved, improved, diminished, not solved?
 - Are there adjustments needed? Actions implemented as planned?
- If solved: **sustain the gain**...monitor/evaluate periodically



Facility-level Quality Indicators

- Translates standards into a measurable quantity
- Purpose: measure overall effectiveness and improvement in quality of services and guide decisions



Example of clinical indicators for patient care: Fever

- What is the indicator for fever?
- What instrument is used to collect data?
- How is this information documented?
- How do you know when to take action?



Eg, Clinical Indicators: Blood Pressure

- What is the indicator of high B/P?
- What instrument is used to collect data?
- How is this information documented?
- How do you know when to take action?



Concepts in monitoring: Trends and variation

Trends are important:

- Every day patient's vital signs are recorded on a flow sheet
- Monitoring data over time shows a pattern – a trend
- Trends with this data help health care workers to draw conclusions and take action



Variation

- Variation is found regularly within a process or system and is due to the normal fluctuation in the process or system.
- Common cause variation is predictable within a stable system.
- Special cause variation, however, is caused by a circumstance out of the ordinary and can not be predicted.



Examples of Input, Process and Outcome Indicators for MC Services

Inputs resources needed	Processes activities for services	Outcomes main objectives
Trained staff Equipment Supplies Facility	Counseling Surgery Consent Infection prevention	Circumcised males Adverse events



Example: Infection Prevention INDICATORS

- *Input* → Access to water and/or alcohol rub dispensers
- *Process* → Performing hand hygiene
- *Outcome* → Infection, morbidity, mortality



CPR INDICATORS (Standard 3)

- *Input* → maintenance of emergency carts, staff trained in CPR
- *Process* → performing CPR
- *Outcome* → morbidity, mortality



Quality indicators: operational definition

- Description in quantifiable terms of what to measure and what steps are needed
- Clear, unambiguous
- Provides consistency



Examples: Operational Definition

- If you were conducting a study that required determining a fever, what is the operational definition of “fever”?
- If you are measuring effective handwashing, what is the operational definition for “effective handwashing”?
- If you are measuring the number of trained staff, what is the operational definition of “trained staff”?



Male circumcision services: examples of indicators linked with standards

STANDARD

INDICATOR-OPERATIONAL DEFINITION

- | STANDARD | INDICATOR-OPERATIONAL DEFINITION |
|---|---|
| <ul style="list-style-type: none">● Standard 7: MC care delivered according to evidence based guidelines | <ul style="list-style-type: none">● <i>Signed consent</i>: # / % of pt records with signed consent form (process)● <i>MC procedure</i>: Number of circumcisions performed according to standards (process) |
| <ul style="list-style-type: none">● Standard 8: Infection prevention & control measures are practised | <ul style="list-style-type: none">● <i>Surgical scrub</i>: Number / % of times that the surgical scrub was performed according to procedure (process)● <i>Adverse event</i>: No / % of circumcised males experiencing at least one mod or severe adverse event (outcome) |
| <ul style="list-style-type: none">● Standard 9: Continuity of care | <ul style="list-style-type: none">● <i>Follow up visit</i>: # / % of clients who return for at least 1 post- op follow up visit (process) |



Systematic Data Collection

- What data will be collected?
- How will the data be collected, e.g., observation, document review?
- Is there a data collection tool?
- When will data be collected ?
- How often will data be collected?
- Who will collect the data?
- What is the sample size?
- Who collates the data?
- How often?



Assessment Methods

- Observations
- Direct and Indirect Interview
- Focus group discussions
- Inventory
- Review of documents (eg SOP), registers, patient records



Types of Data Collection Tools

- Patient record forms/case notes
- Registers: outpatient, admission/inpatient registers, operating room registers
- Special forms: MC adverse events forms
- Observation and inventory checklists



Hand-scrubbing data collection tool

Preoperative hand-scrubbing procedure

Procedure performed*

Activity	Yes	No
1. Remove jewellery.		
2. Trim nails short.		
3. Wet hands with running water.		
4. Use brush and soap to clean around and under nails.		
5. Scrub hands and arms up to elbows.		
6. Hold arms up to allow water to drip off elbows.		
7. Turn off tap with elbow.		

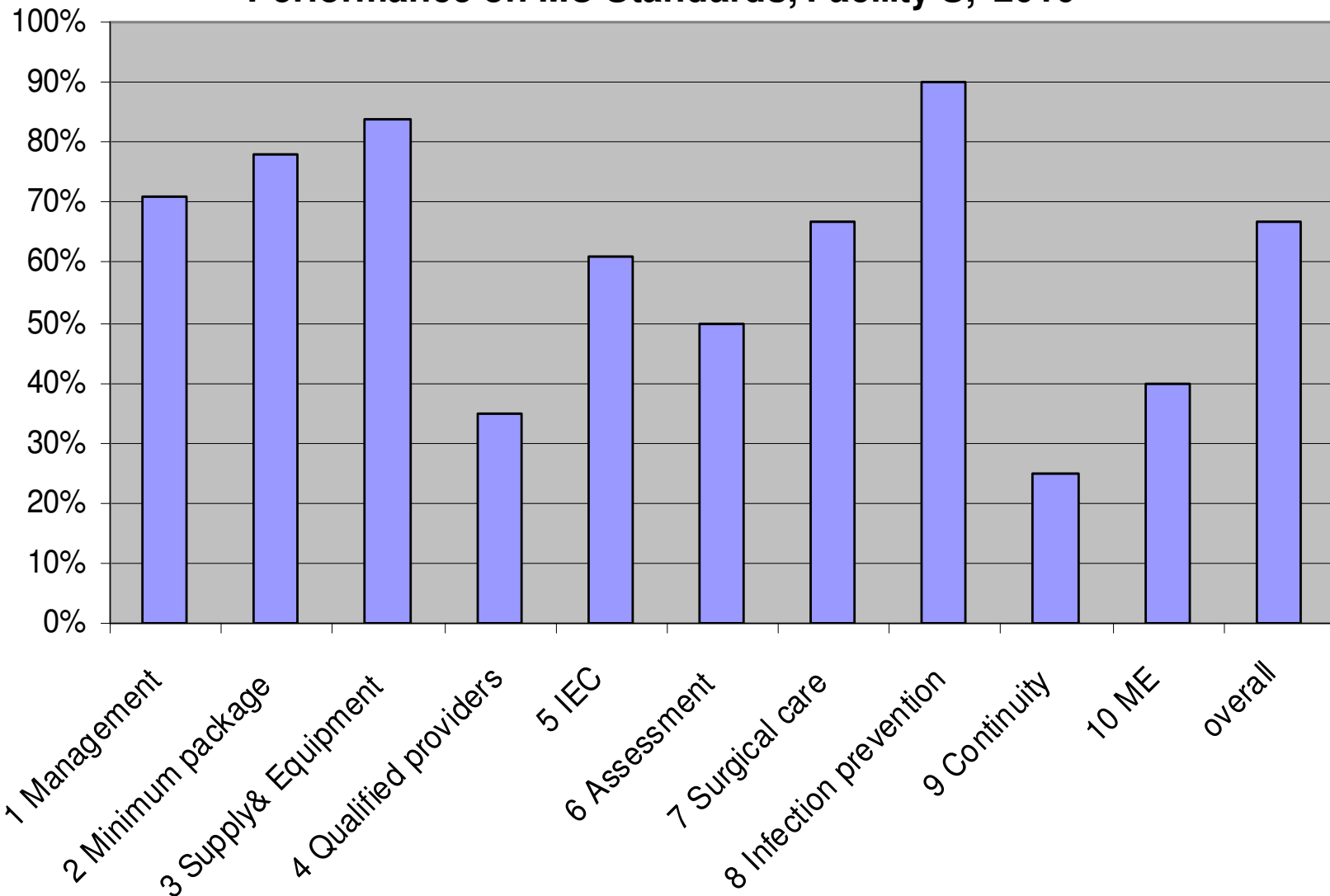


Effective QA/QI Monitoring System

- **All those involved know about QI indicators**
 - what information is needed and by whom
- Indicators are **feasible**
- **Tools needed** to collect the information are available
- **One person is responsible for making sure the system is working**
 - indicators are up-to-date
 - data is collected accurately and thoroughly
 - records are properly kept
 - data are collated and **analyzed** in a timely manner
- Data are **used** for action and **communicated**



Performance on MC Standards, Facility S, 2010



Activity: Monitoring QI Interventions

- Determine how you will monitor the effectiveness of selected intervention(s)
- Complete the monitoring plan worksheet

