CHAPTER 1
INTRODUCTION

WHO THIS MANUAL IS FOR: LEADERS OF EMERGENCY OBSTETRIC CARE SERVICES

This manual is written for clinical staff or administrators working in emergency obstetric care (EmOC) facilities, who currently assume—or are being asked to take on—a leadership role among staff providing EmOC. You may already be in a supervisory role, either as part of your main job, or from time to time as a "task supervisor," or your position may not normally include these activities. Regardless of your official title or current clinical or administrative role in coordinating the process outlined in this manual, you are being called upon to *function as a leader* of the EmOC staff to improve services. This manual and its accompanying toolbook will help you to:

- Introduce, demonstrate, and maintain a quality improvement (QI) process with the team of staff that provide EmOC services
- Use facilitative leadership and communication skills to structure the work environment to encourage teamwork
- Problem solve with the EmOC team rather than make unilateral decisions
- Encourage individual excellence of EmOC staff at all levels through leading by example, mentoring, coaching, and other capacity-building skills
- Coordinate input from external supervisors and technical specialists so that their input contributes to improving the quality of care at your facility

Working with an External Facilitator
This manual was developed to assist team leaders to implement a QI process. For many providers of obstetric care, the QI process and facilitation skills are already familiar because of experience with EngenderHealth's COPE® (client-oriented, provider-efficient) QI tools and processes (on which this manual is based), appreciative inquiry, and similar processes. For others, the process and skills described in this manual are new. Ideally, particularly for those new to the QI process, we recommend that this process be introduced with the help of an experienced external facilitator—one familiar with both QI and facilitation skills. In this way, the experienced facilitator can mentor an internal team leader/facilitator and gradually pass on the required skills. Therefore, when this manual references internal facilitators, please understand this to include external facilitators, as needed.

As a provider or administrator of EmOC, you recognize that your goals are to save the lives of women and their babies and to prevent injury to them. The purpose of this manual is to help facility staff ensure continuous improvement of the services provided; specifically, it is designed to provide you—as the person responsible for supervising the emergency care provided—with guidance for achieving this goal. The approach described involves a QI process and a set of tools designed to address the problems that providing EmOC can present. Key to this process is your leadership in instilling a spirit of teamwork among all levels of EmOC staff and in guiding them through ongoing problem solving to achieve and maintain quality care. By adopting and adapting the facilitative leadership style and QI process described in this manual, you can motivate the EmOC team to problem solve, adopt changes in procedure, and make continuous efforts to improve EmOC services at your facility.

This QI process is modeled on EngenderHealth's client-oriented, provider-efficient services (COPE®) QI tools and processes and incorporates many of the same features, including an emphasis on clients' rights and staff needs, a set information-gathering tools, solution development and problem solving using an action plan. (The QI process is detailed in the section "What Is Quality Improvement for Emergency Obstetric Care?," below.)

WHY FOCUS ON EMERGENCY OBSTETRIC CARE?

Every year, almost 600,000 women in the world die from pregnancy-related complications, and many more suffer from long-term disability, such as chronic pain, fistula, impaired mobility, damage to the reproductive system, and infertility. Twenty-three million women (15% of all pregnant women) develop life-threatening complications every year. The problem is most acute in developing countries, where complications of pregnancy and childbirth are the leading causes of disability and death among women of reproductive age.

Over the past several decades, maternal health programs have used antenatal screening to try to identify women at risk for complications. Though beneficial in many ways, these efforts have not succeeded in lowering maternal mortality rates. Studies show that most women who develop complications do not have any known risk factors. Indeed, even when a woman is in good health and receives antenatal care, there is no way to know whether she will develop complications and require emergency services. As a result, quality EmOC services need to be available to *every* pregnant woman; and, as a health professional, you can save lives by your vigilance and responsiveness to life-threatening complications.

The maternal health community has identified three types of delays that can affect a woman's chances of surviving an obstetric emergency (Thaddeus and Maine, 1994). The first two—**delay in deciding to seek care** when danger signs appear and **delay in reaching a health facility**—at least in part reflect underlying social factors (lack of resources, poor infrastructure, dearth of appropriate facilities, women's low status, family decision making about childbirth) that occur outside the facility and sometimes result in emergencies that are beyond medical help. This may be deeply frustrating for you as a health professional, and such social problems are difficult to change at the individual level. But the third type of delay—**those delays occurring once a woman reaches the facility**—is often under your control. Although many health systems in developing countries cannot support staff as adequately as desirable, there are still opportunities to do better with what resources are on hand. Indeed, QI processes can help staff change and improve practices and conditions contributing to unnecessary delay. Because the direct physical causes of maternal death—hemorrhage, complications of unsafe abortion, sepsis/infection, hypertensive disorders (eclampsia), obstructed labor—are *treatable*, your and the staff's efforts to provide swift and competent EmOC, using resources effectively, can have a significant impact on pregnancy outcomes.

EMOC AND QUALITY IMPROVEMENT TERMS AND CONCEPTS

Defining Emergency Obstetric Care

Emergency obstetric care is often discussed in terms of "basic" and "comprehensive" care available within a facility that is provided to a woman with obstetric complications. Basic and comprehensive services are distinguished through the signal functions shown in Figure 1:

Figure 1: Basic and Comprehensive EmOC Services

Basic EmOC	Comprehensive EmOC
(1) Administer parenteral antibiotics (2) Administer parenteral oxytocic drugs (3) Administer parenteral anticonvulsants for preeclampsia and eclampsia (4) Perform manual removal of placenta (5) Perform manual removal of retained products (e.g., manual vacuum aspiration) (6) Perform assisted vaginal delivery	All (1–6) functions included in basic EmOC plus: (7) Perform surgery (e.g., cesarean section) (8) Perform blood transfusion

Source: UNICEF, 1997.

A basic EmOC facility is one able to perform consistently all functions 1–6; a comprehensive facility performs all functions 1–8.

What Is Quality Improvement for Emergency Obstetric Care?

This manual defines quality for EmOC in the following way: Quality EmOC involves a state of ***readiness*** that will enable you and the team to ***respond*** appropriately to obstetric emergencies in a way that fulfills the needs and ***rights*** of your clients.

- ***Readiness:*** Achieving and maintaining a state of preparedness in the facility to provide quality EmOC. This includes staff available with requisite skills and a willingness to respond to clients 24 hours a day, 7 days a week, available and functional equipment and supplies, and adequate infrastructure.
- ***Response:*** Providing prompt, appropriate care when emergencies arise, according to accepted clinical standards and protocols.
- ***Rights:*** Providing services in a manner corresponding to the rights and needs of all clients.

Clients have the right to quality care. These rights consist of:

- Access to EmOC services and continuity of care
- Safe (competent) EmOC
- Information and informed choice
- Privacy and confidentiality, dignity, comfort, and expression of opinion

Staff have specific needs to be met so that they are able to provide this care. Specifically, they need respect, dignity, and freedom to express their opinion; *facilitative supervision and reliable management* for a positive work environment; *information, training, and development* to maintain skill levels; and functional and adequate *supplies, equipment, and infrastructure* to provide correct and complete treatment.

Quality EmOC poses an unusual challenge for management because it must be available 24 hours a day, 7 days a week to be maximally effective. Thus, any QI process must be designed to address both the *constant effort* to maintain readiness and the *unpredictable nature* of obstetric

emergencies. Any attempt to improve service, then, cannot be a one-time effort but must be woven into the fabric of the facility and must function as a continuous process.

> Keep in mind that good quality obstetric care involves both responding to emergencies and *appropriately monitoring and responding to normal labor and delivery* so that uncomplicated cases do not turn into complicated ones. Quality EmOC should be seen as an extension of the level of quality provided in the regular maternity wards.
>
> Thus, this manual, though primarily directed toward facilities providing EmOC (including neonatal care), can also be used to improve the quality of uncomplicated labor, delivery, and neonatal care.

The QI process described in this manual is designed for the EmOC team to use on a regular basis so that they can assess and adjust systems and practices in a constructive way. This process begins with a foundation-laying step and continues with four steps done on an ongoing basis. The foundation step is a workshop for the EmOC team to create a vision of the quality of services they can provide. In the four ongoing steps, staff:

- Gather and analyze information
- Develop an action plan
- Implement solutions
- Review and evaluate progress

Gathering and analyzing information

In this step, staff identify areas of their work that need improvement. In working groups, staff gather information about the quality of their services from many different sources, including:

- EmOC assessment (tool included in the accompanying toolbook) and their own expertise related to the provision of services and the level of room-by-room preparedness
- Client interviews (tool included in the toolbook)
- Records review (tool included in the toolbook)
- Client flow analysis (tool included in the toolbook)
- Case review (process included in the toolbook)
- Community assessments (Community COPE® is one such tool)
- Medical monitoring, both by internal and external supervisors (see Chapter 5)

Through a structured process of analysis, the working groups then identify problems, examine root causes, and recommend solutions. "Root cause" refers to the primary underlying reason or reasons a problem is occurring—at the level at which an individual can have an effect on the problem. Root causes should be put in terms of specific issues that lend themselves to doable solutions. See Chapter 3 for more detail on how to find root causes.

Developing an action plan

In this step, staff identify what they will require to make improvements in the needed areas. The EmOC team reviews the individual working groups' initial level of analysis together as a group, refine solutions, prioritize problems, and assign responsibilities and dates for completion. In developing solutions, staff should first focus on the resources they have before seeking outside assistance.

Implementing solutions
In this step, staff implements chosen solutions, with support and coordination from the team leader.

Evaluating progress and following up
In this step, the team takes time to recognize progress and celebrate successes, identify obstacles to further progress, and make new recommendations. It is also the time to plan the next round of information gathering and analysis.

By using these steps and continually revising action plans to improve service quality, the team can be motivated not only to do a good job but also to find ways continually to improve.

Principles of the Quality Improvement Process

QI is the concerted and continuous effort to do things better until they are done right the first time, every time. The aim is to move services from "actual practice" to "desired practice." QI is based on six key principles:

- *Staff involvement and ownership:* All levels of staff should be involved in the QI process
- *Client mind-set:* The needs and expectations of clients should be met.*
- *Focus on systems and processes:* It should be recognized that poor quality is often a function of weak system and processes or problems in their implementation, rather than the fault of individuals.
- *Cost consciousness and efficiency:* QI will eliminate the costs of poor quality (e.g., rework, waste, and, in this case, death or disability).
- *Continuous learning, development, and capacity building:* Staff need skills to carry out the QI process and provide quality services; the team leader facilitates the work of the EmOC team and the development of those skills. As the QI tools are based on international standards, staff also learn standards as they carry out the QI process.
- *Ongoing QI:* There will always be opportunities to improve what the team does, and to have a sustained positive impact on services, QI must be a continuous process.

Teams

More than a collection of individuals, a team is a group of people who work interdependently to reach a common goal. As you know, EmOC is complex, requiring collaboration among many people with a wide range of skills and knowledge. Encouraging teamwork among EmOC staff harnesses the collective performance necessary to keep a facility ready and willing to provide swift and effective emergency response.

A team-based approach is equally critical to QI. According to the role each person plays in EmOC, he or she brings to the team a unique perspective about identifying and solving problems

* You may be used to referring to the people you serve as "patients." In this manual, we use the term "clients" to reflect the view that health care and the health of individuals and families are a joint venture between a provider and a seeker of health services. Individuals and families are making choices about their health and about behaviors that affect their health, including if, when, and where to seek health services. Adopting a client focus and seeking to ensure that your clients' needs are met or exceeded are likely to encourage more women to seek care in your facility when a serious complication arises in their pregnancy or delivery.

and making changes. So, everyone involved in the delivery of EmOC should participate in the assessment and change of practices. Who actually attends a particular QI meeting, however, will depend upon the specific problems being addressed as well as the size and resources of the facility. Indeed, an important element in QI is *staff ownership* of the process and outcomes. The more team members are involved in identifying problems, developing solutions, and solving problems, the more they will take responsibility for continually suggesting and making improvements in their work.

EmOC team members who might be participating in a QI process include clinical and support staff who are either directly responsible for obstetric services or who support emergency services. As you might conclude, this is a wide range of staff: It includes physicians, nurses, midwives, medical assistants, anesthetists, gatekeepers, receptionists, record keepers, lab technicians, cleaners, drivers, and orderlies.

CONTENTS OF THIS MANUAL

The purpose of this manual is to familiarize you with the steps of the QI process and to emphasize some key leadership skills that will help you guide the EmOC team through this process.

Chapter 1—Introduction
This chapter provides an overview of the QI process.

Chapter 2—Building a Vision: Laying the Foundation for Quality Improvement Processes at Your Site
This chapter is devoted to helping you and the team achieve a shared understanding of quality EmOC services at your site, based on standards and guidelines for readiness, response, and rights. The chapter outlines a half-day introductory workshop, during which you and the team will develop this vision together as the first step in introducing QI at your facility.

Chapter 3—Facilitating the Quality Improvement Process
Chapter 3 describes the four-step, continuous QI process that you will use in conjunction with the companion toolbook to put into practice your vision for quality EmOC services. The chapter details the four steps in the process—information gathering and analysis, developing an action plan, implementing solutions, and evaluating progress and following up—and guides you in how to conduct ongoing QI at your site.

Chapter 4—Using Facilitative Leadership and Communication Skills
Chapter 4 provides, first of all, an introduction to the facilitative leadership and communication skills that you can cultivate and draw upon while leading the EmOC team through the QI process. It also shows you how you can apply facilitation and communication skills in conducting participatory meetings for QI. Meetings, held routinely, are important to the QI process: They reinforce team and individual contributions to improving services, keep team members up-to-date, and provide opportunities to voice opinions, make suggestions, and discuss work expectations.

Chapter 5—Coordinating Medical Monitoring: The External Support Visit
The manual concludes with a chapter on how to integrate site visits from external medical monitors into the four-step QI process at your facility.

Appendix—Individual Performance and the Quality Improvement Process

Although this manual describes a team-focused process emphasizing systems and processes, the QI process leads to improvement of individual performance as well. This appendix explores the link between individual staff performance and quality of service and discusses how these issues are integrated into the four steps of the QI process. It helps team leaders and team members look at performance gaps and their root causes and solutions, as well as staff's own strengths. The appendix also presents coaching as a way to help you enhance the skills of individual team members in a supportive way and suggests ways for them to assess their own performance.

Companion Document—The Toolbook

Quality Improvement for Emergency Obstetric Care: Toolbook provides the instruments used in the QI process and instructions for their use. The tools, which are described briefly at the end of Chapter 3, include:

- EmOC assessment
- Client/family interview
- Registers and records review
- Client flow analysis
- Brief case review guidelines

These tools are intended to be modified and adapted to the needs at your site. You may wish to review the tools before use or try them once and discuss how they might be changed, based on your experience. These tools will also be available electronically.

All of the tools in the toolbook are based on the international standards in *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors* (WHO, Department of Reproductive Health and Research, 2000)—also known as the "MNH Guide." This guide is also available on the Internet, at www.who.int.*

Both this leadership manual and the toolbook are written in a "how-to" format. They are not intended to provide instruction on the clinical aspects of emergency obstetric services, but rather on how to implement a QI system to assess and improve the quality of those services.

* A revised edition of the guide was published at the time this manual and toolbook went to press. If any changes to the standards are reflected in the 2003 edition of the guide, the tools in the toolbook may be adapted, as needed.