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CHAPTER 5
COORDINATING MEDICAL MONITORING: THE EXTERNAL SUPPORT VISIT

WHAT IS MEDICAL MONITORING?

Medical monitoring for obstetric care is the assessment of a facility's obstetric services by an off-site supervisor or technical expert, with an emphasis on readiness for and response to obstetric emergencies. Medical monitoring covers the same aspects of service delivery that are in the EmOC assessment you and the EmOC team do on a regular basis. Medical monitoring, as described in this chapter, focuses on the addition of an outside perspective to the QI process. This chapter, then, discusses the periodic visit by off-site supervisors or technical experts for medical monitoring, teaching, and facilitating problem solving, referred to as the "external support visit." This chapter will help you to:

- Coordinate these visits
- Structure the visits to follow the four steps of the QI process
- Maximize the visits' teaching aspect, working together with the visiting expert to conduct medical monitoring in a constructive way
- Integrate the findings into your ongoing action plan

Assessment from an external monitor has the advantage of providing an objective review of technical performance, readiness, and overall service delivery that will add to assessments conducted by on-site team leaders and staff. Other contributions visiting supervisors or technical experts may make are:

- Providing on-the-spot technical assistance and coaching
- Facilitating the resolution of problems that require outside help (e.g., water supply, policy changes, staffing, budget, etc.)
- Modeling client-provider interaction
- Updating staff on changes in national standards
- Following up on previous visits and action plans
- Motivating staff
- Providing feedback on the QI process

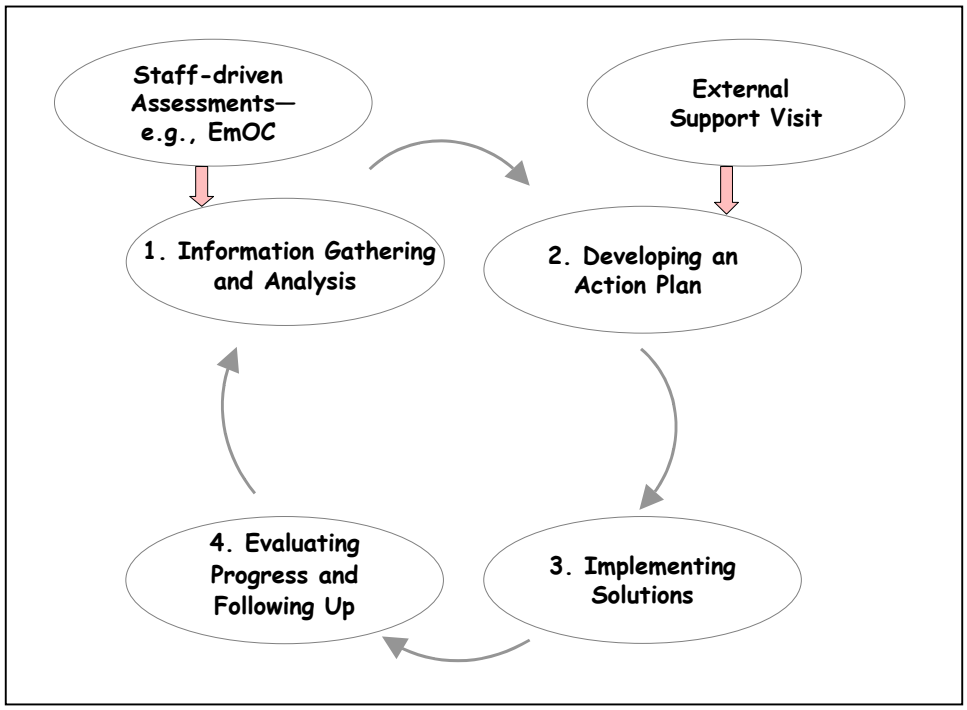
WHO SHOULD CONDUCT AN EXTERNAL SUPPORT VISIT?

Off-site supervisors or technical experts could come from the Ministry of Health (MOH) headquarters, a regional- or district-level MOH department, from the teaching staff of a medical college, or from an appropriate nongovernmental organization (NGO), such as the Society for Obstetricians and Gynecologists. An off-site supervisor or technical expert conducting medical monitoring specifically for EmOC should have obstetric and gynecology training, be current on national and international standards, and have an official connection to the larger health system. It is acceptable and desirable for people with a range of clinical backgrounds (e.g., labor and delivery nurses, as well as doctors) to observe as many aspects of service as they are qualified to do. The medical monitor should conduct the visit in a constructive way, using direct observation,

coaching, and good communication skills, and be willing to feed his or her findings into the QI process going on at the facility. The success of the external support visit is dependent upon on the visitor's ability to put the staff at ease, work with staff as a fellow team member, and remove any notion of punitive consequences.

FITTING MEDICAL MONITORING INTO THE QI PROCESS

Figure 21: The Medical Monitoring Process



Although there are many ways to conduct medical monitoring, the medical monitoring process should follow the same four steps of QI as much as possible (see Figure 21). Some advantages are:

- Staff will be less threatened because they are familiar with the process.
- Using the action plan format to structure problem identification and solutions development will increase the likelihood that the monitor's findings will enhance ongoing QI efforts.
- Reviewing progress during every monitoring visit will increase accountability of both staff and the monitor.
- Sharing on-site EmOC assessment findings will help focus the monitoring visit.

Below is how medical monitoring can be conducted using the four steps in the QI process.

Information Gathering and Analysis

- With selected facility staff and administrators, the monitor will ***walk through*** the facility and ***observe*** client care. This walk-through should include all client and nonclient areas (see figure).
- The monitor will ***talk to staff*** and ask about water and electricity problems, supplies, equipment malfunction, and waste disposal, as well as review emergency preparedness.

- The monitor will ***interview clients.***
- The monitor will ***review and examine records*** (client records, supply cabinets, and equipment maintenance, blood supply). He or she may choose to do a *case review* with the staff. Details for conducting a case review are in the toolbook.

Incorporating External Visit Feedback into the Facility Action Plan

An important part of the day's agenda is for the visiting monitor to meet with staff to present and discuss findings from the day's visit and to review progress on the current action plan. Recognize successes and work well done. If the monitor wants to give individual staff feedback that is not positive, you should arrange for this to be done privately. Staff should also know what the monitor will do to follow up on problems needing external solutions. Lastly, staff should be given any new guidelines and reports at this time.

Once the site staff receive feedback from the external monitor, they can discuss the problems identified and any concrete recommendations that were either provided from the monitor or emerge from subsequent discussion. These problems and recommendations should then be incorporated into the site's existing action plan.

Implementing Solutions

Implementation will usually take place after the monitor has left the site. It is the responsibility of the monitor to write a report of the visit and to follow up on any part of the action plan requiring external support. The report of the visit should be available for staff to read.

Evaluating Progress and Following Up

Make room on the agenda for review and evaluation of progress made between visits. Focus both on follow-up on recommendations made during the previous visit and on reviewing progress on any other QI activities listed on the action plan. This would also be the time for the monitor to communicate the results of those actions for which he or she had accepted responsibility. As much as possible, involve staff in these discussions; ideally, a meeting with staff would be part of any visit.

ROLE OF THE TEAM LEADER IN MEDICAL MONITORING

When an external support visit has been agreed upon, you can do much, as team leader, to set the tone and shape the events of the day. Below are suggestions to help in coordinating the medical monitoring visit:

Before the visit:

- Provide the monitor with a copy of Figure 22, "What to Assess," found at the end of this chapter, so that he or she is familiar with assessment practices at your facility.
- Arrange date, time, and meeting room for the visit that are both convenient for the external monitor and will maximize staff participation. Inform staff (verbally, as well as posting an announcement) of these arrangements.
- Work with the monitor to identify what aspect(s) of service will be covered in the upcoming visit and what assessment tools the visitor will use. Specifically, show recent EmOC

assessment and other QI assessment findings and highlight areas needing particular attention from the monitor.
- Bring the monitor up-to-date on the QI process going on at the facility and how his or her findings will be used to complement these activities.
- Plan the visit to maximize direct observation of clinical procedures.
- Explain the purpose and scope of the visit to staff and inform them of what services will be observed and what tools will be used.
- Identify what staff will be directly involved in the medical monitoring visit. See that they have coverage during their participation.

During the visit:

- Go over the day's agenda with the monitor. Make sure it includes time for direct observation of clinical procedures; a tour of related services (as outlined in Figure 22); interaction with staff, including coaching; and time for staff to present updates on the action plan and the QI process in general.
- Keep the observation procedure as unobtrusive as possible so as not to disrupt the normal delivery of services, yet include appropriate staff in the observation process.
- Encourage the monitor to use coaching and constructive feedback when interacting with staff (see Appendix).
- Ask the monitor to reserve any negative feedback or discussion of complex problems for private interaction.
- Keep the EmOC team involved in the visit. For example, have them present the action plan, review progress, and engage the monitor in incorporating his or her findings into the recommendations.

Between visits:

- Keep the external monitor up-to-date on QI activities, particularly those related to his or her observations during medical monitoring.

WHAT SHOULD BE ASSESSED?

Figure 22 lists broad categories to be kept in mind when the monitor is assessing EmOC services at your facility. Share this table with him or her before the visit to help in structuring the assessment process.

Figure 22: What to Assess: The Walk-through with Staff

Instructions:

(1) Where to go: The ***walk-through*** of the facility should include all client-care and ancillary areas involved in providing EmOC services.

(2) What to do: During the walk-through, focus on observation, talking to clients and **all** levels of staff, providing on-the-spot technical assistance training, and examining records.

(3) How to use this table: During the walk-through, the following broad categories in this table should be kept in mind and not used as a checklist. This way the monitor is free to observe, teach, and discuss.

Note: The monitor may choose to do a **CASE REVIEW** with the staff to assess the following categories especially if emergency cases are not present. (Case review guidelines are in the toolbook.)

Service Category	How to Assess	What to Look For (Examples)
Facility	• Walk-through – *Client areas* (waiting areas, latrines, exam areas, wards, procedure areas) – *Nonclient areas* (instrument *processing* area, waste-disposal site, stores, blood bank) • Observe structure. • Discuss with staff.	• Is each area clean and structurally sound? • Is there running water? • Is there functional electricity? • Is there a backup system for electricity and water? • How frequently have services been interrupted for lack of water or electricity lately?
Emergency Readiness	• Observe an emergency case, if possible. • Ask staff about the last emergency case, how it was handled, what went well, and what needs improvement. • Ask about existing emergency protocols.	• Skilled staff available 24 hours a day who know how to – Recognize signs of complications – Initiate emergency management – Manage complications – Perform CPR – Locate the nearest emergency trolley • Complete emergency trolley with emergency equipment, supplies, and drugs available (oxygen/ambubag/face masks/suction) (see EmOC assessment tool) in all client-care areas, including operating room • Clients monitored for BP, HR, RR, and bleeding before, during, and after care • Transportation (car, driver, fuel) and a referral facility available for complications that the facility cannot handle • Clients stabilized before transport

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Figure 22: What to Assess: The Walk-through with Staff *(continued)*

Service Category	How to Assess	What to Look For (Examples)
Staffing	• Observe availability of staff. • Review current duty roster for 24-hour duty assignments. • Contact the provider on duty now, make trial call. Ask staff: – Experiences with getting providers during the night and holidays – If staffing is adequate and functional	• Current duty roster with names and contact information posted in client-care areas and nursing areas • Staff available on-site who can – Perform normal labor and delivery – Manage a complication (such as eclampsia, hemorrhage, infection) – Perform uterine evacuation, cesarean section, assisted delivery • Anesthetist available
Equipment/ Supplies/ Drugs	In each room, look at equipment, supplies, and drugs, and discuss with staff. Check availability and function-ality of equipment, such as: • Oxygen tank • Anesthesia machine • Instrument sterilizer • Suction machine • Refrigerator • D&C • MVA kits Review contents of: • Supply cabinets • Drug trays • Emergency trolley • Instrument kits, such as cesarean section kit • Linen sets	For equipment: • Is each piece of equipment available where it should be? • Is it functional? Can staff demonstrate its function now? • Is there a functional repair and maintenance system? For supplies and drugs: Adequacy: • Are supplies adequate for client load? Does staff run out of supplies? • Are drugs adequate for client load? Does staff run out of drugs? Storage: • Does staff use “first-in first-out” system? • Are supplies and drugs stored in a dry, safe place? • Are drugs within their expiry date? • Is chlorine supply available and kept dry? For instrument kits and emergency trolley: • Are complete emergency drug trays in each client-care area? • Are complete emergency trolley(s) in client-care areas (see EmOC assessment tool)? • Are cesarean section kits complete?

continued

Figure 22: What to Assess: The Walk-through with Staff *(continued)*

Service Category	How to Assess	What to Look For (Examples)
Clinical Technique	• Observe as many procedures as possible (evaluation, labor exam, delivery, assisted delivery, repair of lacerations, manual removal of placenta, cesarean section, etc.). • Observe management of as many complicated cases as possible. • If observation is not possible, conduct a case review of a complicated case.	For each client observed note • Promptness of evaluation and management—within 15 minutes of arrival for emergency cases • Correct management • Correct procedural technique • If unstable, stabilizing treatment (i.e., IV fluids, MgSO4 or diazepam, oxytocin) provided promptly • Correct infection prevention practices
Anesthesia	• Observe use of anesthesia. • Ask anesthetist what he or she uses for a cesarean section and how. • Observe anesthesia equipment. • Review emergency protocols to manage anesthetic complication.	• Is the client monitored during premedication, procedure, and postprocedure? • Is local anesthesia used when possible, such as for uterine evacuation? • Is the client's pain controlled? • Are staff available who are trained in the safe use of anesthesia? • Are operating room staff trained to recognize anesthetic complications and resuscitate (staff knowledge of CPR and emergency procedures)?
Infection Prevention	• Observe practices before, during, and after client care (i.e., exams, procedures, surgery). • Observe or ask staff to describe how instruments are processed. • Observe how medical wastes (i.e., placenta, sharps) are processed and disposed (i.e., burying, burning).	• Decontamination: instruments placed in 0.5% chorine solution for 10 minutes before processing • Sharps disposed in puncture-proof containers immediately after use • Chlorine (supply adequate and dry storage) • Sterile field maintained during IV insertion, surgery, Foley catheter placement • Instruments sterilized and packed properly • Sterile gloves and gowns for providers for surgery and delivery • Asepsis in all procedures (sterile field, restricted/semi-restricted zones, separation of clean from dirty) • Waste-disposal site (protected from public access, free from animals, maintained)

continued

Figure 22: What to Assess: The Walk-through with Staff *(continued)*

Service Category	How to Assess	What to Look For (Examples)
Client-Provider Interaction	• Observe during any interaction between providers and: – Clients – Family members or others accompanying persons, such as TBAs	Treatment with: • Respect • Kindness and empathy • Privacy and confidentiality • Appropriate information provided
Postservice Care	• Observe postsurgical ward recovery room. • Observe outpatient service for follow-up. • Speak with staff.	• Clients are monitored after procedures and delivery for BP, HR, RR, bleeding: – After premed: every 15 minutes – During surgery: every 5 minutes – After **surgery: every 15 minutes for 1 hour, then every hour until discharge** • A place is available with skilled care 24 hours a day for clients returning in an emergency • All postsurgical/complication clients receive routine follow-up either at a facility or in the community.
Discharge Counseling	• Observe discharge counseling.	• Staff provide information (oral and written) routine care, warning signs, and where to come for an emergency 24 hours a day. • Staff provide pain control as needed (e.g., for postabortion complications or postcesarean section). • Sexual and reproductive health counseling is provided, as appropriate (e.g., referral to additional reproductive health services; family planning counseling and services, including for postabortion clients). • For postabortion complications or clients with poor neonatal outcomes, emotional support is provided. • Two-way communication • Planning for follow-up in facility or community

continued

Figure 22: What to Assess: The Walk-through with Staff *(continued)*

Service Category	How to Assess	What to Look For (Examples)
Records and Registers	Review 20 to 30 client entries in *facility registers,* such as: • Labor and delivery • Operating room • Maternity ward Review five to 10 *client records* of: • Normal cases • Complicated cases (eclampsia, hemorrhage, blood transfusion, cesarean section)	In facility registers: • Are they always completed? • Is there a column for complications, and is it always filled out? • Is there a column for procedures, and is it always filled out? • Is there a column for outcome of mother and baby? • Is the reason for cesarean section noted? In client records: Do records always contain: • Admitting exam including BP, HR, RR? • Diagnosis? • Treatment? • Outcome? • Procedural notes (drugs/indications/finding/ procedure)? • Postop and discharge notes (status/instruction)? • Informed consent?