

# Quality Improvement for Emergency Obstetric Care

---

## Leadership Manual

An Adaptation of COPE®  
(Client-Oriented, Provider-Efficient Services)



**ENGENDERHEALTH**  
*Improving Women's Health Worldwide*

**AMDD**  
Averting Maternal Death  
& Disability Program

Columbia University  
**MAILMAN SCHOOL**  
**OF PUBLIC HEALTH**

© 2003 EngenderHealth and Mailman School of Public Health, Columbia University.  
All rights reserved.

EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@engenderhealth.org](mailto:info@engenderhealth.org)  
[www.engenderhealth.org](http://www.engenderhealth.org)

This publication was supported by the AMDD Program  
at the Mailman School of Public Health, Columbia University,  
and the Bill & Melinda Gates Foundation.

ISBN 1-885063-49-0

COPE® is a registered trademark of EngenderHealth.

Printed in the United States of America. Printed on recycled paper.

The Cataloging-in-Publication Data for this title is available from the Library of Congress.

# Contents

|                                      |     |
|--------------------------------------|-----|
| List of Figures .....                | iv  |
| List of Acronyms/Abbreviations ..... | v   |
| Acknowledgments.....                 | vii |

## **Chapter 1 – Introduction**

|   |   |
|---|---|
| Who This Manual Is For: Leaders of Emergency Obstetric Care Services..... | 1 |
| Why Focus on Emergency Obstetric Care?.....                               | 2 |
| EmOC and Quality Improvement Terms and Concepts.....                      | 2 |
| Contents of This Manual .....   | 6 |

## **Chapter 2 – Building a Vision: Laying the Foundation for Quality Improvement Processes at Your Site**

|  |    |
|--|----|
| The Introductory Workshop: Overview .....                            | 9  |
| Introduction to the Workshop.....                                    | 12 |
| Topic 1: The Critical Steps in EmOC.....                             | 12 |
| Topic 2: Roles and Responsibilities in EmOC Steps .....              | 14 |
| Topic 3: The Right to Quality Emergency Obstetric Care Services..... | 18 |
| Topic 4: The Quality Improvement Process.....                        | 21 |
| Concluding the Introductory Workshop.....                            | 22 |

## **Chapter 3 – Facilitating the Quality Improvement Process**

|   |    |
|---|----|
| Introduction .....                                | 25 |
| Step 1: Information Gathering and Analysis .....  | 26 |
| Step 2: Developing an Action Plan .....           | 30 |
| Step 3: Implementing Solutions .....              | 35 |
| Step 4: Evaluating Progress and Following Up..... | 37 |

## **Chapter 4 – Using Facilitative Leadership and Communication Skills**

|   |    |
|---|----|
| Introduction .....  | 43 |
| Leadership Skills .....   | 43 |
| Communication Skills: Two-Way Communication .....   | 46 |
| Applying Facilitation and Communication Skills in Conducting Participatory Meetings ..... | 50 |

## **Chapter 5 – Coordinating Medical Monitoring: The External Support Visit**

|   |    |
|---|----|
| What Is Medical Monitoring? .....                   | 55 |
| Who Should Conduct an External Support Visit? ..... | 55 |
| Fitting Medical Monitoring into the QI Process..... | 56 |
| Role of the Team Leader in Medical Monitoring.....  | 57 |
| What Should Be Assessed? .....                      | 58 |

|  |           |
|--|-----------|
| <b>Appendix – Individual Performance and the Quality Improvement Process .....</b> | <b>65</b> |
| <b>References.....</b>   | <b>71</b> |

## Figures

|   |    |
|---|----|
| Figure 1: Basic and Comprehensive EmOC Services.....                  | 3  |
| Figure 2: Critical Steps in EmOC .....                                | 13 |
| Figure 3: Roles and Responsibilities in EmOC Steps.....               | 14 |
| Figure 4: Process of Care for an EmOC Services Client .....           | 15 |
| Figure 5: The Right to Health .....                                   | 19 |
| Figure 6: Rights Framework for Quality Emergency Obstetric Care ..... | 20 |
| Figure 7: Steps in the Quality Improvement Process.....               | 21 |
| Figure 8: Information Gathering and Analysis .....                    | 26 |
| Figure 9: Multiple Whys.....  | 28 |
| Figure 10: Action Plan Format: Draft Action Plan .....                | 29 |
| Figure 11: Developing an Action Plan.....                             | 30 |
| Figure 12: Action Plan Format: Consolidated Action Plan .....         | 30 |
| Figure 13: Multiple Whys: Developing a Consolidated Action Plan ..... | 32 |
| Figure 14: Sample Action Plan .....                                   | 33 |
| Figure 15: Implementing Solutions.....                                | 35 |
| Figure 16: Evaluating Progress and Following Up.....                  | 37 |
| Figure 17: Sample Timeline.....                                       | 39 |
| Figure 18: Key to Facilitative Leadership.....                        | 43 |
| Figure 19: Communication Skills for Leaders .....                     | 46 |
| Figure 20: Active Listening Do's and Don'ts .....                     | 47 |
| Figure 21: The Medical Monitoring Process .....                       | 56 |
| Figure 22: What to Assess: The Walk-through with Staff.....           | 59 |
| Figure 23: Analysis of Individual Staff Performance .....             | 67 |

## **Acronyms/Abbreviations**

|      |  |
|------|--|
| AMDD | Averting Maternal Death and Disability Program |
| BP   | Blood pressure                                 |
| D&C  | Dilation and curettage                         |
| EmOC | Emergency obstetric care                       |
| EMV  | External medical visit                         |
| HR   | Heart rate                                     |
| IEC  | Information, education, and communication      |
| IP   | Infection prevention                           |
| L&D  | Labor and delivery                             |
| MOH  | Ministry of Health                             |
| MVA  | Manual vacuum aspiration                       |
| NGO  | Nongovernmental organization                   |
| QI   | Quality improvement                            |
| QM   | Quality measure                                |
| RR   | Respiratory rate                               |
| TBA  | Traditional birth attendant                    |
| WHO  | World Health Organization                      |



## Acknowledgments

Many individuals contributed their talents and expertise to the preparation of this manual and its accompanying toolbook.

Within EngenderHealth, individuals who made a significant contribution to its creation and development include Sangeeta Pati, Amy Shire, Julie Becker, and Lauren Pesso. These staff in turn benefited greatly from the invaluable input of the following reviewers in EngenderHealth's New York and country offices: Isaac Achwal, Jean Ahlborg, S. S. Bodh, Jan Bradley, Akua Ed-Nignpense, Pio Ivan Gomez, Anna Kaniauskene, Joseph Ruminjo, Jyoti Vajpayee, and Grace Wambwa. Additional input was provided by Erin Mielke, Vanessa Cullins, and Rachael Pine. Liz Harvey, Anna Kurica, Lori Leonhardt, Josephine Ventunelli, Marianne Lown (consultant), and Stephanie Greig (consultant) contributed to the editing, design, and production of the manual.

Within the Averting Maternal Death and Disability (AMDD) Program of the Mailman School of Public Health, Columbia University, individuals who made a significant contribution include Zafarullah Gill, Lucille Pilling de Lucena, and Rachel Waxman. Additional input was provided by Deborah Maine, Anne Paxton, and Judith Graeff.

EngenderHealth and AMDD especially wish to thank the following emergency obstetric care facilities, which graciously allowed us to pilot this quality improvement process and tools, and whose staff provided critical feedback on their use and applicability:

Sawai Madhopur General Hospital, Rajasthan, India  
Gangapur Community Health Center, Rajasthan, India  
Winneba Government Hospital, Ghana  
Jinja MOH Regional Referral Hospital, Uganda  
Centre de Santé de Référence de Bougouni, Mali  
Centre de Santé de Référence de Yanfolila, Mali

EngenderHealth and the Mailman School of Public Health, Columbia University, gratefully acknowledge the support and contribution of the Bill & Melinda Gates Foundation, which has facilitated the preparation of this manual and the toolbook.