CHAPTER 1
INTRODUCTION: EMERGENCY OBSTETRIC CARE TOOLS AND THE QUALITY IMPROVEMENT PROCESS

This toolbook contains a set of tools and instructions for use in gathering and analyzing information to assess the quality of care in emergency obstetric care (EmOC) facilities. (For those familiar with EngenderHealth's COPE® quality improvement (QI) process, note that the tools in this toolbook are modeled on the same assessment framework.) With the information gathered through these tools, staff can work together as a team to identify problems and implement solutions according to the continuous QI process described in Chapter 3 of the companion volume, *Quality Improvement for Emergency Obstetric Care: Leadership Manual,* and summarized later in this chapter.

QI TOOLS FOR EMERGENCY OBSTETRIC CARE

The tools in this toolbook include:
➢ EmOC Assessment
➢ Client/Family Interview
➢ Registers and Records Review
➢ Client Flow Analysis
➢ Brief Case Review Guidelines

Figure 1: Quality Improvement Tools for Emergency Obstetric Care

EmOC Assessment. The EmOC Assessment consists of several guides organized around the Rights Framework for Quality Emergency Obstetric Care. Each section contains questions about service appropriateness, timeliness, and adherence to established standards. Different guides assess the readiness of each room or area to support EmOC services, as well as cleanliness and organization; availability and functionality of utilities, equipment, supplies, and drugs; and adherence to clients' rights to confidentiality, dignity, and other essentials. The EmOC Assessment can be scored to yield a quality measure (QM) for tracking progress in each of these areas (recommended annually). It can also be used without scoring, as a periodic, overall assessment of quality, to identify problems and develop solutions.

Client/Family Interview. Staff conduct semi-structured, informal discussions with EmOC clients or family members to learn about their perspectives on service quality. Through these confidential discussions, staff gather information about access to care and learn clients' opinions about information, dignity and comfort, privacy and confidentiality, informed choice, freedom to express opinions, and continuity of care.

Registers and Records Review. Staff review facility registers or logs and individual client records to determine whether they contain information important to tracking obstetric emergencies and maternal deaths and if record keeping is being done correctly and completely.

Client Flow Analysis (CFA). Staff follow emergency clients from arrival at the facility gate through key points in their visit to gather information about client waiting time. Using the CFA data, staff identify and analyze the causes of delays.

Brief Case Review Guidelines. Doctors, nurses, and supervisors meet to discuss complicated cases using case histories, records, and laboratory results in order to learn from outcomes and to determine whether system problems interfered with provision of quality care.

Each tool may be used by itself or in conjunction with the others, depending upon how comprehensive staff want the assessment to be, which issues are especially important to focus on, and time constraints. More specific recommendations about how to use each tool are included with each set of instructions.

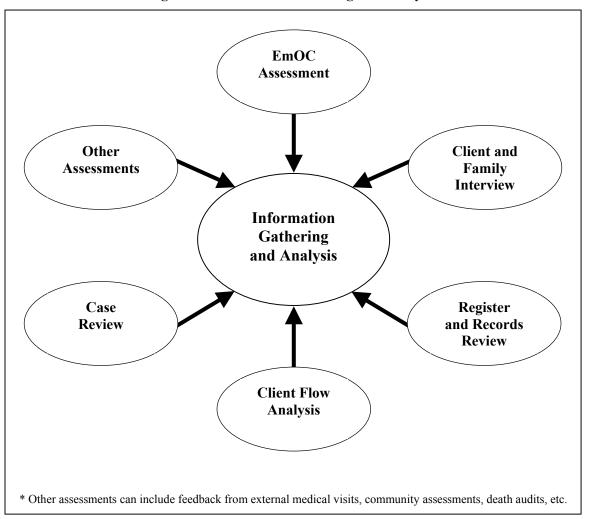Using the tools forms part of the first of four steps of the QI process, *information gathering and analysis.*

Figure 2: Information Gathering and Analysis

* Other assessments can include feedback from external medical visits, community assessments, death audits, etc.

Using these tools, EmOC staff, in small working groups, gather information about the quality of the EmOC services at their facility; and, through a structured process of analysis, identify problems, examine root causes, and recommend solutions. The working groups then present their analyses to the larger group for discussion and integration into an overall action plan for EmOC service. Ultimately, the consolidated action plan will incorporate the identified problems and suggested solutions from each of these different tools.
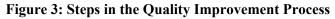
The instructions for each tool describe how to use them in the information gathering and analysis step (step 1) of the QI process and how to organize the information staff have gathered into the development of an action plan (step 2).
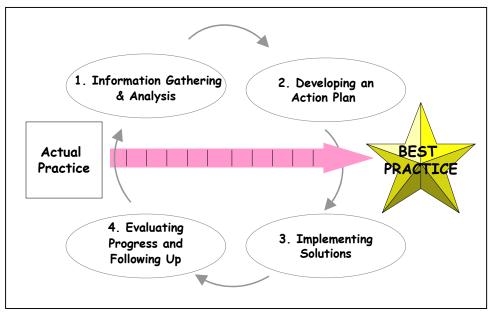
The next section briefly reviews these and the other two steps of the QI process.

THE QUALITY IMPROVEMENT PROCESS: A SUMMARY

➢ The QI process is built on four steps that are part of a repeating process:
- Information gathering and analysis
- Developing an action plan
- Implementing solutions
- Evaluating progress and following up

Figure 3: Steps in the Quality Improvement Process

The goal of this QI process is to help staff respond better to the needs and rights of clients. Quality in EmOC involves a state of *readiness* that will enable staff to *respond* appropriately to emergencies in a way that fulfills the *rights* of clients.

The key ingredient to success in using this process is involving staff individually, as teams, and as part of the facility. Over time, this process will help staff move from actual or existing practices to best (or desired) practice. Also, over time, the facilitating role for this process will change from being the responsibility of the team leader to being shared among colleagues with support from the team leaders.

Step 1: Information Gathering and Analysis

Divided into small working groups, each using a different QI tool (or portion of a tool), staff will:
- Gather information according to the instructions for the tool they are using.

- Identify problems using information gathered from the assessment.
- Identify root causes using the "multiple whys" method (see figure 4). By asking "Why?" at least three times and "Are there any other causes?," staff will get closer to the underlying reasons why a problem exists at the facility and will find it easier to arrive at an effective solution.
- Recommend solutions.
- Decide who will take responsibility for implementing solutions and by when.

Figure 4: Multiple Whys

Finding:	There is a long delay between the time a complication arises on the maternity ward and the time appropriate staff arrives on the scene.
Why?	Ward staff do not know who are on call and how to reach them.
Why?	There is no duty roster with this information posted in the client care areas.
Why?	This information is only available in the matron's office, which she keeps locked when she isn't in.

Step 2: Developing an Action Plan

Together in this meeting, staff will develop one consolidated action plan for everyone to implement. (See figure 5 for action plan format.) During this meeting, staff pull together the action plans from each working group, combine and refine problems and root causes, eliminate duplication, confirm responsibilities and timelines, and prioritize the order of implementation. To accomplish this successfully, staff should follow the same steps as before (in their small working groups), with the addition of a sixth step, prioritization:

- Agree on problems identified.
- Assess the identified root cause(s).
- Discuss whether solutions are feasible.
- Decide who will take responsibility for implementation.
- Decide when they will accomplish the task.
- Prioritize actions by problem importance and solution feasibility.

At the end of the meeting, staff will:

- Review how follow-up will be handled and what to do if staff assigned responsibility for an action are having problems.
- Post the final action plan in an area where staff can see it.

Figure 5: Action Plan Format

Problem	Root Cause(s)	Solution	By Whom	By When	Status

Steps 3 and 4: Implementing Solutions and Evaluating Progress and Following Up

The action plan serves as the staff's guide for implementing solutions (step 3). During this period, the team leader, or members of the QI committee (see Chapter 3 of the QI Leadership Manual for a discussion of the tasks of the QI committee), can check in with staff assigned to a particular intervention to determine their progress and provide any support required. The action plan can be reviewed during staff meetings for the same purposes.

During the next action plan meeting, progress is reviewed and evaluated (step 4), and plans are made to repeat assessments as evaluations reveal the need for further information gathering and analysis (step 1, again).

And so the process continues. Remember, there is no such thing as a "finished" action plan!