

Quality Improvement for Emergency Obstetric Care

Toolbook

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
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 1-885063-50-4

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: Emergency Obstetric Care Tools and the Quality Improvement Process	
QI Tools for Emergency Obstetric Care.....	A-1
The Quality Improvement Process: A Summary.....	A-3
Chapter 2 – EmOC Assessment	
Purpose and Description.....	B-1
Estimated Time Frame	B-1
Preparing for the EmOC Assessment.....	B-2
Using This Tool in the QI Process	B-3
EmOC Assessment Forms.....	B-7
Chapter 3 – EmOC Client/Family Interview	
Purpose and Description.....	C-1
When to Conduct Client Interviews	C-1
Estimated Time.....	C-1
Preparation Required.....	C-1
Using This Tool in the QI Process	C-2
EmOC Client/Family Interview Form.....	C-3
Chapter 4 – EmOC Registers and Records Review	
Purpose and Description.....	D-1
Registers and Records: What’s Needed for QI.....	D-1
Preparing for Register and Records Review.....	D-3
Using This Tool in the QI Process	D-4
Facility Register Review Form.....	D-6
Client Record Review Form.....	D-8
Death Report Review Form.....	D-11
Statistics Register Review Form	D-12
Chapter 5 – Client Flow Analysis for EmOC	
Purpose and Description.....	E-1
Estimated Time Frame	E-2
Preparing for the CFA	E-2
Using This Tool in the QI Process	E-4
CFA Client Data Form	E-12
CFA Summary Table.....	E-13

Chapter 6 – Brief Case Review

Purpose and Description	F-1
How to Select Cases	F-1
Case Review Presentation	F-2
Case Review Form	F-3

Figures

Figure 1: Quality Improvement Tools for Emergency Obstetric Care	A-1
Figure 2: Information Gathering and Analysis	A-2
Figure 3: Steps in the Quality Improvement Process.....	A-3
Figure 4: Multiple Whys.....	A-4
Figure 5: Action Plan Format	A-4
Figure 6: Summary Sheet Example	B-4
Figure 7: Sample Year-by-Year Graph of QI Scores.....	B-5
Figure 8: Sample Action Plan from an EmOC Assessment	B-6
Figure 9: Emergency Trolley Equipment, Drugs, and Supplies	B-32
Figure 10: Sample Action Plan from a Records Review	D-5
Figure 11: Critical Steps in Caring for an EmOC Client.....	E-1
Figure 12: Definitions of Initial Treatment and Definitive Treatment for EmOC Clients	E-2
Figure 13: Sample Client Data Form.....	E-5
Figure 14: Sample CFA Summary Table.....	E-6
Figure 15: Sample Comparing Time of Arrival to Evaluation	E-7
Figure 16: Time from Evaluation to Definitive Treatment.....	E-8
Figure 17: Individual Client Flow.....	E-9
Figure 18: Sample Action Plan.....	E-11

Acronyms/Abbreviations

AMDD	Averting Maternal Death and Disability Program
CFA	Client flow analysis
COPE	Client-oriented, provider-efficient
CPR	Cardiopulmonary resuscitation
D&C	Dilation and curettage
EmOC	Emergency obstetric care
HLD	High-level disinfection
IV	Intravenous
MNH	<i>Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors</i>
MVA	Manual vacuum aspiration
QI	Quality improvement
QM	Quality measure
TBA	Traditional birth attendant

Acknowledgments

Many individuals contributed their talents and expertise to the preparation of this toolbox and the manual it accompanies.

Within EngenderHealth, individuals who made a significant contribution to its creation and development include Sangeeta Pati, Amy Shire, Julie Becker, and Lauren Pessa. 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 toolbox and the manual.

