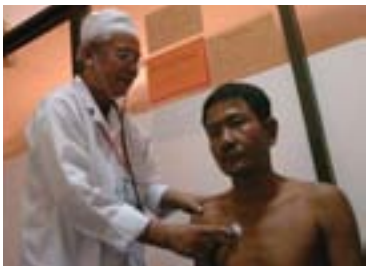
CLINICAL FACILITY AND SERVICES ASSESSMENT FIELD GUIDE



Quality Assurance (QA) and Quality Improvement (QI)

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fhi Family Health International

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CHBC	Community Home-Based Care
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug Use
IP	Implementing Partner
IPD	In-Patient Department
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
OP	Out-Patient
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
QA	Quality Assurance
QI	Quality Improvement
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

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Overview

This field guide is intended to be used by Family Health International (FHI) staff and partner organizations responsible for ensuring quality clinical services, both facility based (e.g., STI services) and non-facility based (e.g., home-based care services). It provides general information on how to organize, implement and follow up on Quality Assurance/Quality Improvement (QA/QI) clinical facility and service assessments. Such assessments utilize a number of QA/QI checklists, which accompany this guide:

- *General Management, Administration and Operations checklist.*
- *General Infection Control checklist.*
- *General STI and VCT Laboratory checklist*
- *Clinical Facility and Service checklists:*
  - *Sexually Transmitted Infections.*
  - *Pre-post HIV test and follow-up counseling.*
  - *Care and Treatment (Outpatient).*
  - *Palliative Care/Community Home-based Care (CHBC).*
  - *Integrated TB-HIV (Outpatient).*
  - *Prevention of Mother to Child Transmission (PMTCT).*

This guide is part of FHI's global efforts to create standards in quality care and to develop tools to support the achievement of quality services. In addition to the clinical QA/QI checklists, this guide also accompanies a QA/QI training package currently under development.

The development of this guide has drawn heavily on the significant experience of FHI's Asia Pacific regional and country offices in delivering such clinical services, and on the tools they developed in support of QA/QI initiatives. However, it remains a work in progress, to be updated as and when appropriate. As such, feedback on its content and use is appreciated, and should be directed to Director, Technical Support, Public Health Programs, Asia Pacific Regional Office.

In the following chapters, this guide provides an introduction to FHI's QA/QI initiative and operational framework (Chapter 1), a summary of the facility assessment process (Chapter 2), and then individual chapters on preparation for the service visit (Chapter 3), the clinical facility assessment visit itself (Chapter 4) and post-assessment visit actions (Chapter 5).

Chapter 1

FHI's Quality Assurance/Quality Improvement Initiative

What is QA/QI?

Quality Assurance (QA) means establishing standards (for example, clinical protocols and guidelines, and program and administrative SOPs) as a basis for assessing and monitoring performance against these standards, and ensuring that they are consistently and correctly applied. It also includes mechanisms for continuous quality improvement. Results from QA monitoring help assure the continued quality of an activity and generate ideas for quality improvement.

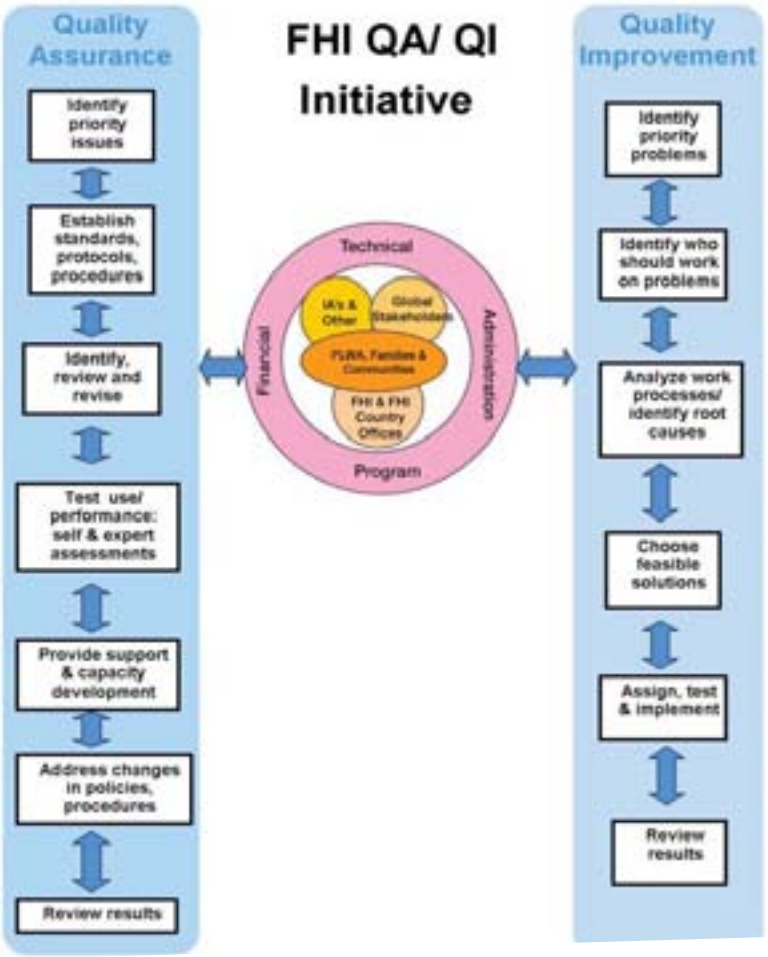
Quality Improvement (QI) means establishing and using a client-focused, problem-solving approach to test and implement solutions to problems affecting quality.

FHI's QA/QI Initiative

The FHI QA/QI for Program Implementation Initiative was launched to support FHI's goal of implementing high-quality programs, and in response to the need to operate within more dynamic and decentralized structures. The QA/QI Initiative incorporates the use of strategies, frameworks, minimum standards and SOPs, checklists, proxy indicators and monitoring processes covering the major program areas, including all technical activities as well as program management and administrative functions.

It is anticipated that instituting effective QA/QI systems will assist in achieving desired program results that are efficient, cost-effective, and meet FHI standards as well as contractual obligations. FHI standards will be used to assess the quality of programs that are funded through FHI. It is intended that IAs will come to value the QA/QI process required for programs implemented under FHI and adopt the use of these standards for all of their work, regardless of the funding source.

Figure 1: *FHI QA/QI Initiative and specific steps in the QA/QI process*



Guiding principles for QA/QI

QA/QI serves the client and its ultimate aim is to continuously assess and incrementally increase the quality of services for clients (IDU, sex workers, MSM, migrants, youth and people living with HIV/AIDS), communities, donors, partners, governments and others. The guiding principles for QA/QI are:

- Clear standards/guidelines/protocols will be adapted based on local conditions.
- Staff will be empowered to make decisions and team work will be encouraged.

- QA/QI is participatory; engaging partners, clients and communities in providing feedback on perceived quality of care.
- QA/QI will build on existing systems and processes, where possible.
- QA/QI will be evidence-based, using data and other information as the primary basis for decisions.
- QA/QI will focus on key issues that most affect quality.
- QA/QI will identify and eliminate non-value added activities, steps and processes.

The operational framework for QA/QI activities

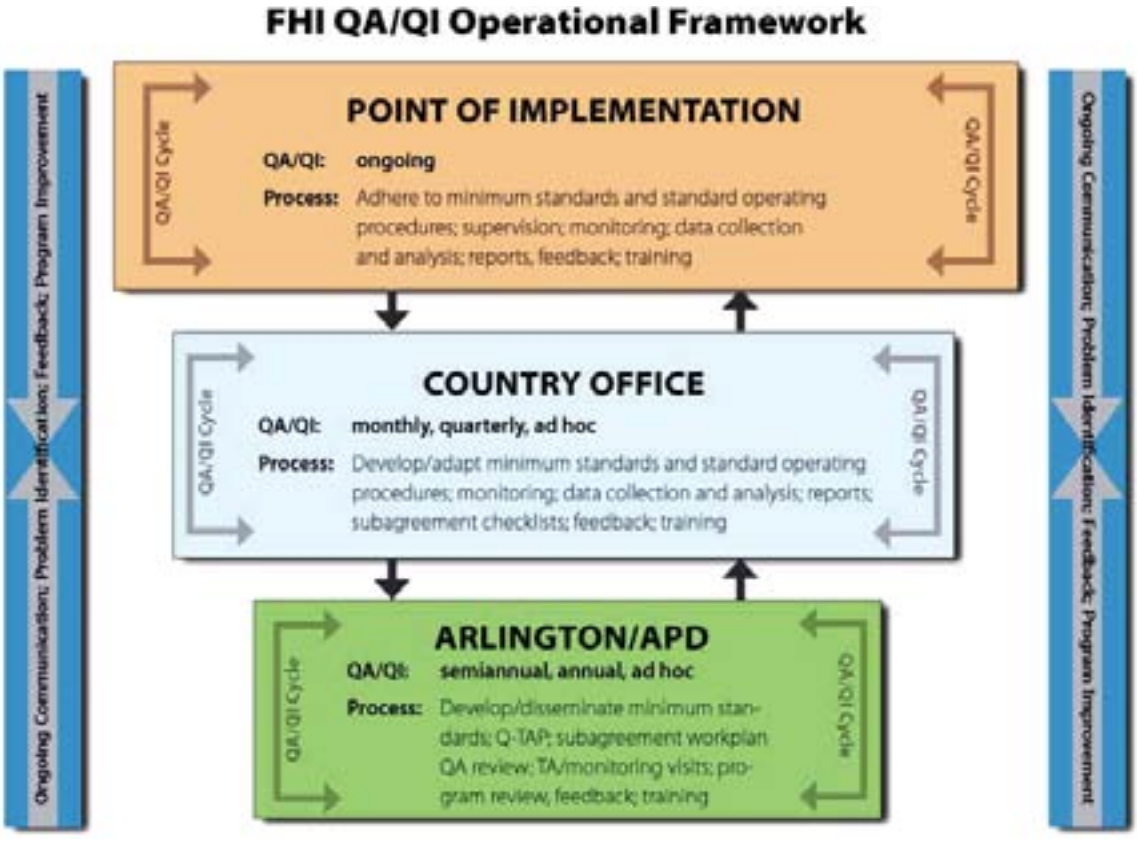
The QA/QI conceptual framework suggests that the quality of FHI activities depends on performance at all levels of the organization. Therefore, successful implementation is dependent upon the active participation of, and communication among, all operating levels. This includes implementing agencies, country offices, headquarters and the regional offices.

The implementing agency/partner (IA/IP) is the primary locus for both assuring and improving quality of activities and services. Reflecting FHI's comprehensive approach to HIV/AIDS programming, the IA is broadly defined to include diverse organizational or service entities across the continuum of prevention, care, treatment and support. For example, the IA can be a hospital providing ART services, an NGO providing community and home-based palliative care services, an organization developing communication messages, a PLWHA support group providing psychosocial counseling, a community group that addresses OVC concerns, or a counseling and testing service within a primary health center.

FHI QA/QI Tools

FHI-specific technical and programmatic QA/QI tools include frameworks and strategies, standards, proxy indicators, SOPs and checklists. These, and further details on the information contained within this chapter can be found in the "QA-QI Operations Manual for Program Implementation" (2006), the accompanying CD-ROM or from FHI headquarters.

Figure 2: *FHI QA/QI operational framework*

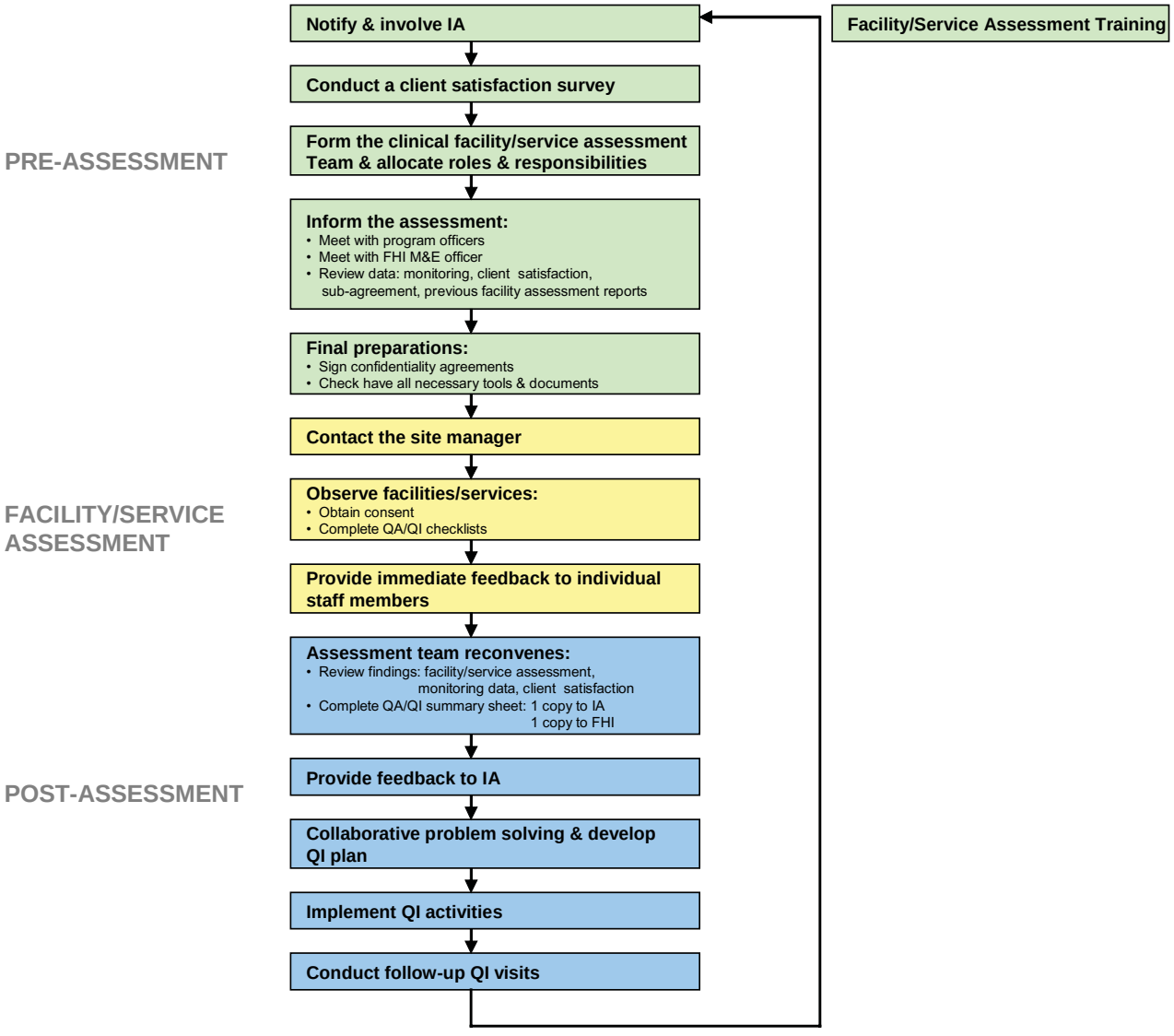


Chapter 2

The overall clinical facility/service assessment process

The facility/service assessment process

Figure 3: *Assessment process flow diagram*



Linkage to other QA/QI activities

At the country level: Facility-based assessments are designed to complement other QA/QI activities. The Clinical Facility Assessment should be considered in conjunction with program indicators, site monitoring data, client satisfaction surveys and sub-agreement contractual obligations.

At the regional and global level: Facility-based assessments may yield important information that can contribute to global and regional strategic planning, inform development of technical materials and training programs, provide evidence to leverage funding for clinical facilities, identify new research questions and offer an opportunity to document lessons learned.

Chapter 3

Preparation for the clinical facility/service assessment visit

Notify the facility

In general, the IA manager should be notified of an impending assessment visit. This is important to maintain respectful working relationships with IAs and to ensure that they are active partners in the process of improving quality. If there is reason to believe that there is gross negligence or impropriety at a given site, then a surprise visit might be warranted. You are advised to discuss this issue with the FHI Country Director.

Conduct a client satisfaction survey

If not already carried out, it is recommended that a client satisfaction survey be conducted in order to inform current and future QA/QI activities. An example of a client satisfaction survey for joint VCT/STI services and associated instructions can be found in Appendix A and B, respectively.

Determine the composition of the clinical facility assessment team

Countries throughout the region are taking different approaches to clinical facility assessment: some utilize technical experts from the country office, others recruit and train specific IAs to conduct these assessments, and some recruit and train external technical consultants to work in partnership with country office program personnel. Other potential models include interagency "peer-to-peer" assessment teams, whereby one IA makes its assessment teams available to another IA, with country offices providing supervision and limited technical support. Whatever the specific approach to the assessment, there are a number of considerations in determining the composition of the clinical facility assessment team.

The composition of the team will depend on the services offered at the clinical facility and the level of the assessment. For example, all the QA/QI checklists might be used for a comprehensive and full assessment of services, or only certain aspects of services might be assessed as part of ongoing management. If resources permit, the best approach is for each team member to conduct observations commensurate with their professional and educational background. Only those with appropriate technical expertise should assess technical areas.

For clinics offering multiple services, the clinical facility assessment may entail a large team. In instances where resources are more limited and a smaller team is desired, individuals may be trained to assess areas outside their primary area of expertise.

Determine the appropriate checklists to use and allocate team responsibilities

A team leader should be designated to coordinate the assessment process and take responsibility for final reporting. It is recommended that the designated team leader is the most experienced member of the team and has the best overall understanding of the clinical program. As such, non-medical staff should also be considered for this role.

The clinical facility assessment team should then select the appropriate QA/QI checklists for assessment of that particular facility on the basis of the services the facility provides. For example, assessment of an STI clinic that also provides VCT services would suggest the use of the following QA/QI checklists: the "Clinical Services and Facility Assessment Summary Sheet"; the "General Management, Administration and Operations" checklist; the "General Infection Control" checklist; the "General STI and VCT Laboratory" checklist; the "STI clinical service and facility" checklist; and the "Pre-post HIV test and follow-up counseling" checklist.

Responsibility for completing the selected checklists should then be allocated, for example:

- The *"Clinical Services and Facility Assessment Summary Sheet":* the assessment team leader.
- The *"General Management, Administration and Operations" checklist:* the program manager or IA representative with appropriate background.
- The *"General Infection Control" checklist:* team member with appropriate background in infection control.
- The *"General STI and VCT Laboratory" checklist:* team member with appropriate background in laboratory services.
- The *clinical facility and service checklists:* team members with appropriate background in those clinical areas.

It should be noted that all aspects of the service or facility need not be assessed during one visit, particularly if the size of the assessment team is large. For example, a medical member of the assessment team may conduct the assessment of the clinical facilities/services on a different date than the program manager assessing management, administration and general clinic operations. However, this should be done as soon as practicable after the other assessments, in order that the full assessment report summary can be finalized.

Facility assessment training

To the extent possible, all team members should have undergone facility assessment training. A QA/QI training package is currently under development.

Inform the assessment: review site monitoring data and client satisfaction surveys

It is important to remember that clinical facility assessments are not the only activity that should be undertaken as part of a clinical QA/QI assessment. In addition to the clinical facility assessment, the quality of services is determined by the triangulation of site monitoring data, sub-agreement review and data derived from client satisfaction surveys. The pre-visit analysis of sub-agreements, site monitoring data, and client satisfaction surveys can guide observations at facilities.

For example, consider a clinical facility in which:

- Monitoring data reveals that the registration of new clients has declined over the past 12 months, and the number of repeat visits by clients has also decreased.

- Client satisfaction surveys demonstrate poor client satisfaction with the general service as well as with individual items, including: client dissatisfaction with waiting times for doctor's consultation, delays in HIV result provision and poor communication with staff.

This suggests that on visiting the facility, the assessment team might want to pay particular attention to further interviewing patients about delays, observing client flow and assessing whether procedures in the laboratory contribute to delays in the provision of HIV test results. Looking more closely at these aspects of the service, contributors to the monitoring data and findings of the client satisfaction survey might be found. This will provide more information on which to base quality improvement initiatives. Such contributing factors might include: significant procedural problems, poor confidentiality at the site, poor and dismissive communication by staff, poor labeling of test samples and reports by clients of being re-bled.

Sign confidentiality agreements

Due to the sensitive nature of clinical facility assessments, it is required that all team members sign a confidentiality agreement. This is particularly critical when country offices employ external consultants or engage in IA "peer-to-peer" assessments. A sample confidentiality agreement can be located in Appendix C of this field guide.

Obtain informed consent to observe client services

Client consent should be gained prior to observing counseling, clinical procedures, or blood or specimen collections. Clients should be clearly given the right to decline permission. In obtaining client consent, team members should reassure the client that their treatment will not be adversely affected if they decline permission for observation. All steps should be taken to ensure that the client fully understands that the observer will respect their confidentiality, and that the focus of the observation is on the provider with a view to maintaining and improving quality of services (see also "Protocol for observations of clinical services", Chapter 4, page 14).

In some settings, clients sign a "Consent for Observation" form, whereas in other settings, verbal consent is considered sufficient. Special consideration and attention should be given to clients of low literacy. A sample consent form can be located in Appendix D of this guide.

Consider other ethical issues

Caution on photography at clinical service or laboratory facilities

No photos of clients or their families, staff or volunteers should be taken without seeking their permission. Ideally, written permission should be obtained. In order to seek permission, you should explain to the individual how the photographs will be used. The photos should not be used for purposes other than those described without the permission of the individuals who appear within them. Some individuals may agree

to photographs provided their face and identity are not revealed.

If photographs of the facility are to be taken (with no clients, staff or volunteers in them), then permission must still be obtained from the management of the site. Children should not be photographed unless there is prior agreement from them, their caregivers and site management that this is acceptable.

Promotion of products or external private clinical services

Caution must be exercised by assessment team members when suggesting specific equipment, suppliers or referral sources. Advice should always be sought from the local country office. In order to maintain the integrity of the assessment process, it is important that assessment teams are not seen to promote services or products for their personal gain.

Final preparations

In order to conduct an efficient and effective clinic assessment, it is important to be organized. Before commencing the assessment visit, check that the team has the following necessary documents and tools:

- ☑ QA/QI Facility and service checklists.
- ☑ Summary results from the facility monitoring data review.
- ☑ A copy of the relevant sub-agreement and any previous reports from the site relating to performance/budgets.
- ☑ Summary results of site client satisfaction surveys.
- ☑ Signed letter from the FHI Country Director, outlining the assessment process, and requesting cooperation and assistance.
- ☑ Client "Consent to Observation" forms.
- ☑ Signed "Oath of confidentiality" to show staff and clients.
- ☑ Previous "Clinical Facility Assessment" reports (if this is not the first assessment).
- ☑ If services are being provided to children, you may be required to sign an additional form relating to child protection.

Box 1: Summary of key pre-clinic visit tasks

- ☑ Request IA to support QA/QI visit and ask for their active involvement.
- ☑ Sub-agreement review:
  - Understand what the IA is contracted to provide.
  - Understand how the IA has performed in past reporting cycles.
- ☑ Meet with the relevant program officers:
  - What issues or concerns do they have related to the service?
  - Has the facility reported specific concerns or issues?
- ☑ Meet with FHI Monitoring and Evaluation officer:
  - Ascertain if there have been any problems with data reported by the facility (accuracy, missing data, late reporting etc.) or other similar facilities (helpful when this is a first visit to a new facility).
- ☑ Review monitoring data for facility.
- ☑ Conduct and review client satisfaction survey.
- ☑ Review any previous Clinical Facility Assessments reports:
  - Note any outstanding action items.

It is recommended that prior to the visit the clinical facility assessment team members briefly review their roles and responsibilities, and the plan for the assessment, including provisions for reconvening following the assessment and report writing.

Chapter 4

The clinical facility/service assessment visit

Contact the site manager

The assessment team leader should meet the site manager and provide the manager with the FHI Country Director's letter. Other team members should wait until invited into the clinic.

Outline the visit pattern to the site manager, briefly explaining the following components of the assessment:

- Observation of clinical / counseling / laboratory procedures.
- Conduction of random audits of medical/counseling/laboratory records.
- Inspection of physical facilities.
- Review of commodity management and storage.
- Randomly meeting with clients and staff to discuss service provision.
- Observation of client flow.
- Observation of data recording and record keeping.

Systematic observation of facilities

The assessment team should then move to systematic observation of facilities, services and procedures. The team should avoid moving as a group throughout the clinic/service as this may intimidate clients and disrupt normal service flow. It is recommended that each individual assessment team member should proceed to observe their pre-agreed and respective areas of responsibilities, using the appropriate "Clinical Facility Checklist".

Protocol for observations of clinical services

It is essential that before clinical procedures with clients are observed, the purpose of the observation is explained and their agreement sought. Consider the following actions:

- Explain your QA role, and state that you are seeking their permission to observe their registration, counseling, medical consultation or laboratory test.
- Explain that you are there to observe the procedure or staff interaction, not them.
- Discuss confidentiality and show them your signed confidentiality agreement.
- Acknowledge that they may feel uncomfortable and that they have the right to decline.
- Emphasize that if they wish to decline, you will understand, and that their care will not suffer as a result.
- The client's consent is obtained before any actual observations begin.

Care should be taken during observation. Prior to conducting the observation, inform the service provider and client that you will make brief notes. Inform the provider that you will provide confidential feedback on an individual basis as soon as is practicable. Emphasize that you understand that it is difficult to have somebody observe, and reiterate that this is a learning opportunity, similar to the observation activities that the staff member underwent during initial training.

Some guidelines for observation:

- Sit/stand out of the client's line of vision so that you do not distract them.
- Remain quiet and do not interfere:
  - If you see something very dangerous, ask the practitioner if you could speak with her/him for a moment. Do not challenge the practitioner in front of the client.
- Be discrete about note-taking and checking of items.
- Thank the client at the end and provide reassurance about confidentiality.
- Provide brief and sensitive feedback to the service provider.

Provide immediate feedback to the individual clinical provider or laboratory technician

Informal verbal feedback on what was observed should be provided to each individual service provider. Ideally, this should be done with the individual service provider in private, immediately after service delivery or as soon as "client flow" permits. The following approach is suggested:

- Re-acknowledge that it is difficult to conduct services under observation.
- Ask the service provider to appraise their own service delivery and consider what they would have done differently.
- Respectfully present your own observations, providing feedback on both positive and negative aspects of the services provided. Choose the most important points for feedback and try not to overwhelm the service provider with more feedback than can be absorbed.
- Ask for comments on your feedback from the staff member.
- Ask if there is any way in which the IA or FHI could support the staff member in addressing the issues, e.g., further training or raising issues with IA management. It is important that you do not make any specific commitments to assist.
- Document your findings.

Filling out the QA/QI Facility and Services checklists

Prior to the assessment visit, responsibility for completing the checklists appropriate to that particular facility or service will have been allocated such that whilst one person may be responsible for completing more than one checklist, each separate checklist is to be completed by one individual.

Each item assessed (e.g. "hands washed before and after patient examination") is given a score:

- NA = Not applicable
  For example a patient examination might not be part of an STI counseling focused consultation. Any item scored as NA should also receive a '0' score.
- 0 = No
- 1 = Yes, partially
- 2 = Yes

Any item that is a minimum standard is shaded in grey on the checklist and denoted as "MS" in the '0' score column on the checklist. Minimum standards cannot be partially met and as such should be given either a score of '0' (i.e. the minimum standard is not met) or of '2' (i.e. the minimum standard is met). Having completed the individual items on the checklist the assessor should total up and record the score, the number of minimum standards met and the numbers of 'not applicable' circled. The numbers of 'not applicable' circled is important as it might help explain a low total score or small proportion of minimum standards met.

Chapter 5

The post-assessment visit period

The assessment team reconvenes to review available information and complete the QA/QI checklist summary sheet

After the assessment and the provision of feedback to individual staff members who were observed, the assessment team gathers to collate and discuss their individual findings, and triangulate these with information from client satisfaction surveys and existing monitoring data. Any discrepancies between management and staff reports should be explored.

The team leader, with input from the individual team members who conducted assessments and completed the checklists, completes the "Clinical Services and Facility Assessment Summary Sheet", noting required follow up actions, the necessary support and resources, responsible persons and expected completion dates. Overall scores, minimum standards met and numbers of 'not applicable' can also be recorded, though it must be emphasized that the focus of subsequent quality improvement should not be solely to improve total scores and proportion of minimum standards met not least because each visit may assess different types or components of a service and therefore differ in the numbers of 'not applicable' and minimum standards, and total scores. One copy of the summary sheet is offered as summary feedback to the IA manager and staff, and the original is kept by FHI.

Provide feedback to the IA

It is essential that the provision of feedback is done in a constructive and timely manner. As well as identifying aspects of the service operation that do not meet the standards and require improvement, the team should also identify the areas deserving acknowledgement and positive feedback. The facility assessment team provides both verbal and written feedback to the IA. It is suggested that feedback be offered in the following way:

- Firstly, provide genuine positive feedback.
- Then, provide feedback on areas of concern, specifically highlighting problems associated with "minimum standards", and items that can adversely impact on the health and safety of clients and staff.
- Finally, encourage the IA staff to respond to the observations.

Box 2: Minimum standards, local legal requirements and resource constraints

It is important to first consider minimum standards, and local legal or policy document guidance when reviewing assessment findings and recommending changes. Consideration should also be given to the financial and human resources available to the service in determining any changes that might be required.

Example 1: Consider whether a facility has an adequate "backup power supply".

In some services, where government requirements state that clinical facilities, laboratories, or pharmaceutical storage facilities must have a small generator or alternate power supply, this should be made available in the most cost-effective way. If local legal requirements are not specified, an adequate backup power supply, in the context of local resources, might constitute the provision of battery-powered torches.

Example 2: Consider the provision of "visual and auditory privacy".

If clients are asked to provide confidential information in a reception area, it may be possible to ensure that other waiting clients cannot overhear such information (in the absence of specific local legal requirements or guidance) by a simple rearrangement of furniture or organizing a waiting area outside the clinic. Always consider low-cost alternatives.

Box 3: Essential or desirable changes

Essential changes are generally required if there is a threat to the health, safety and well-being of clients and staff, or if there is a likely failure to achieve program goals. For example, essential changes would be required if drugs were out of stock, trained staff were not available or unsterile needles were used for injections.

Desirable changes are those changes which we would like to implement in order to improve quality of services beyond the bare minimum standards.

Engage in collaborative problem solving: develop a QI plan

Once the feedback has been provided and responded to, the assessment team and IA should engage in collaborative problem solving, and develop and record a time-lined action plan to implement solutions to problems affecting the quality of clinical service delivery. This plan should comprise of a list of actionable items and a realistic time-frame for completion, as well as an indication of any resources that will be required in order to implement the plan. Assessment teams are reminded not to make resource commitments. Any resources that will be required will need to be discussed with both FHI and the implementing agency/partner office.

Where minimum standards are not met, it is particularly important that an action plan is developed and a time frame established for implementing quality improvement activities. Where there are significant risks to either occupational safety or the well-being of clients, suspension of services may be considered. However, prior to such action being recommended, this should be discussed with the implementing partner and FHI country office.

Key steps in the collaborative problem solving and quality improvement process:

- *Identify the "quality" problem:* Using the findings of the site assessment, management and/or staff identify high-priority quality problems that need to be solved. Priorities are set and the quality improvement team is selected, including key stakeholders. The goal for improvement is discussed and consensus reached.
- *Analyze the problem:* The team analyzes existing data and information, and collects additional information to identify root causes of the problem and who needs to be involved in the solutions.
- *Think of practical ways to solve the quality problem:* Possible solutions are generated in discussions, and are ranked by priority and feasibility.
- *Plan to implement the quality improvement activity:* A detailed plan is prepared to implement and monitor the selected solution. Management supports the actions needed and ensures that resources are available.

Implement quality improvement activities and evaluate outcomes of the solution

The quality improvement activities developed as part of the detailed action plan are implemented. Outcomes are monitored, documented, discussed and reported as planned. Examples of quality improvement strategies and activities for clinical services may include the following:

- *Solution focused training:* This is where a staff member requires specific training in a technique or skill to improve their ability. This may be provided through a training course, online self study, one-to-one staff mentoring, clinical case conferences, individual clinical supervision or clinical placement training in other facilities.
- *Client flow analysis and management:* Often service problems can be addressed by simply modifying the manner in which clients move through the service. Client movements are timed as they move through the service and detailed observations are made, including the following: times of clinic operation; times of peak and minimum client attendance; congestion at various service points; staggered staff lunch hours; and client utilization.
- *Provider-client focused discussion meetings:* Client consultation about services is important. Prior to initiating changes in service delivery, it may be important to hold staff-client consultation meetings to gain the client's perspective.
- *Commodity management training:* Maintaining a good supply chain is critical to the operation of a clinic. A number of program and technical staff across the region have developed expertise in resolving commodity management issues. Technical assistance can be provided to IAs to improve their capacity to develop effective commodity management strategies.

- *Clinical exchange visits to other facilities:* This may be a particularly useful strategy to employ for newly established services or in situations where there is a need to adapt old established patterns of service delivery to a new situation or context.

- *Participation in inter-agency meetings:* Problems often arise in relationship to referrals to external agencies. These problems can either directly or indirectly have an adverse impact on the quality of services at clinical sites. In some settings, clinical services have established bi-monthly interagency meetings with external referral agencies. These meetings afford an opportunity for sharing of information about services and can provide a forum for problem solving.

- *Lessons-learned conferences with other clinical provider agencies:* These conferences serve a number of purposes. Firstly, they offer staff of service providers much needed acknowledgement for their efforts. Secondly, they offer learning opportunities where presenters share the challenges they have encountered and offer strategies for addressing these challenges.

Figure 4: Program management cycle

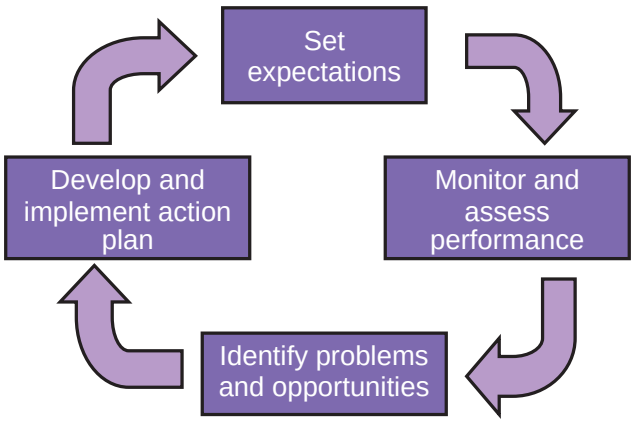


Figure acknowledgement: Lani Marquez and Linda Kean (2002). "Making Supervision Supportive and Sustainable: New Approaches to Old Problems", MAQ Paper No. 4. 2002. MAQ Initiative by the Management and Leadership Project, Management Sciences for Health.

Follow up monitoring and QA/QI visits

A detailed action plan should be used for follow up on subsequent monitoring and QA/QI visits, which the assessment team plans and conducts to review issues arising from the initial or previous visit. Depending on the issues identified during the initial facility assessment visit, additional technical or clinical support staff may be co-opted onto the team to provide support.

Such service or facility assessments should form part of the normal cycle of program management. FHI project monitors and technical staff should also include QA activities in their regular monitoring visits. The assessment tools included in the QA/QI package should be incorporated into routine supervision activities within FHI and IAs. The IA will also want to develop its own internal QA/QI system, which it will implement. The IA may also want to involve staff from local health departments or other stakeholder organizations.

Again it must be emphasized that the focus of quality improvement should be on looking at specific actions to improve the quality of the facility/service and ensuring minimum standards are met, not on improving the total scores and the proportion of minimum standards met in assessments.

Post-Assessment Documentation

A copy of the "Clinical Services and Facility Assessment Summary Sheet" is provided to the IA/IP and the original copy is stored with the FHI country office, along with the original copies of the individual checklists. It is important to maintain records of all assessments, as these assessments and the quality improvements that are effected can be considered in subsequent assessments. These materials feed into the pre-assessment review for the next visit, and are also an important source of "lessons-learned" that can contribute to the development of future services and initiatives.

Appendix A:
Sample Client Satisfaction Survey

Client satisfaction and feedback form

Date: _____/_____/_____

This is my: ☐ First visit ☐ Second or more than one visit

Today I saw: ☐ A counselor ☐ A doctor ☐ Lab staff who took my blood

A staff member greeted me within 15 minutes of my arrival at the centre.

☺ ☹

☐ Agree ☐ Disagree

There was a place for me to sit while I was waiting.

☺ ☹

☐ Agree ☐ Disagree

The service was free of charge.

☺ ☹

☐ Agree ☐ Disagree > Please state what you had to pay for: _____

The service is very careful to respect my privacy and keep my information confidential.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

Overall, the services I received were good and I am happy with the service.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

Counseling

I was given clear and useful information about how to protect myself and others from HIV and STI.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

I felt comfortable asking the counselor questions.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

The counselor appeared comfortable talking to me about sensitive issues such as sex.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Did not see doctor ☐ Disagree ☐ Very much disagree

The counselor gave me very detailed information about different types of sex (vaginal, anal and oral) and other risks.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

The counselor asked me about different risks and when exactly these risks had occurred.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

The counselor explained the window period for HIV in a way I could understand.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

My counselor clearly explained the meaning of my HIV test results.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ No Test ☐ Disagree ☐ Very much disagree

I was provided with some useful strategies and offered assistance related to how to tell my partner about my HIV test and the results, or my STI.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

The counselor provided information on how to take my medication (with or without food, and how often I should take it).

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

Doctor

I felt comfortable asking the doctor questions.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Did not see doctor ☐ Disagree ☐ Very much disagree

The doctor appeared comfortable talking to me about sensitive issues such as sex.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Did not see doctor ☐ Disagree ☐ Very much disagree

The doctor or nurse wore gloves when conducting my body exam.

☺ 😐 ☹

☐ Agree ☐ no physical exam by doctor ☐ Disagree

The doctor who conducted my body exam was careful and respectful.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

My doctor clearly explained my health problem.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ No doctor seen ☐ Disagree ☐ Very much disagree

The doctor explained how to take my medication (with or without food, and how often I should take it).

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

My blood tests

The time it takes for my results to come back to me is too long.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

The person who took my blood was careful and respectful.

☺☺ ☺ 😐 ☹ ☹☹

☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree

Gloves were worn by the person who took my blood.

☺ 😐 ☹

☐ Agree ☐ no blood taken this visit ☐ Disagree

Do you have any suggestions for how we can improve the service at our VCT site?
Please write here.

Thank you for taking the time to answer this service.

Appendix B:
Field Notes for Client Satisfaction Survey *(draft)*

1. Provide all clinics/services with a sealed box with a "letter box" slot at the top for completed questionnaires.

2. Provide copies of the client satisfaction survey form to the clinic/service.

3. Nominate a one-week period every quarter for the survey to be conducted. During the nominated week all clients attending the service should be handed a form at reception. They are to be requested to complete the form at the end of their visit and place it in the box. Clients are to be informed that no names or client numbers are required.

4. Where possible, each site should recruit a volunteer or externally contracted individual to coordinate the week survey. This coordinator must NOT be in anyway affiliated with the service. This person's responsibility is to provide all clients entering the service with a questionnaire, to offer to read and record responses for clients *who cannot read* the questionnaire, and to ensure the questionnaires are deposited in the box.

5. The box is to be delivered to the FHI QA/QI team leader or designate, for collation and reporting to the FHI QA/QI manager.

6. The following data is to be reported on a site–by-site basis: the range of scores for each item and the mean score for each item. Item values are assigned as follows:

   The service was free of charge

   ☺ ☹
   ☐ Agree ☐ Disagree > Please tell what you had to pay for: _____
   2 **1**

   The service is very careful to respect my privacy and keep my information confidential

   ☺☺ ☺ 😐 ☹ ☹☹
   ☐ Very much agree ☐ Agree ☐ Don't know ☐ Disagree ☐ Very much disagree
   5 **4** **0** **2** **1**

   Item-by-item analysis is best done by using Statistical Package for Social Sciences (SPSS) or Excel to perform descriptive statistics:

   - Group average (mean) scores for each item.
   - Group minimum and maximum scores for each item.
   - Compile into a table like the example below.

Item	Group minimum score	Group maximum score	Group mean (average)
The counselor discussed the window period in a way I could understand			

Use of the data

This data should be carefully reviewed prior to conducting a site evaluation visit. Items of concern are items where a low group mean is obtained, and/or low group minimum or maximum scores are observed. These items should be noted for consideration alongside site monitoring data.

For example: A site designed for most-at-risk-populations:

- You may notice that as well as new clients, repeat visits of clients are low on monitoring
- You observe significant procedural problems in the client satisfaction survey, e.g.:
  - Delays in results, poor confidentiality at the site, comments indicating dismissive communication by staff, poor labeling of test samples and reports by clients of having to be re-bled.

Appendix C:
Sample Consent to Observe Clinical Services

FHI and your clinic/service regularly conduct detailed assessments to ensure that all clients are treated respectfully, and are offered the best standard of care, support and treatment. The observer is there to observe procedures and the provision of information to clients.

We kindly request your consent to have a trained professional observe the service provided to you today.

Only a trained VCT counselor will observe your counseling session, only a trained doctor will observe your medical consultation and examination, and only trained lab or medical staff will observe your lab procedure. Dispensing of medication will be observed by a trained medical practitioner or treatment counselor.

The observers will show you that they have signed a confidentiality agreement. They are carrying this agreement with them and will show it to you before they ask you to sign this form.

We understand that that some clients may not wish to have an observer present during their consultations.

- **You have the right to say no. The care, treatment and support that you receive from our clinic/service will not be affected by your decision. Please do not feel pressured to have an observer.**
- **If you feel pressured in any way to agree to have an observer please report this to a staff member that you know and trust immediately**

I agree to the following observations (please tick on or more of the following). If there are some services that you would not like to be observed please draw a line through those services.

☐ Counseling service.

☐ Laboratory procedures, including blood collection and testing.

☐ Medical consultations, including physical exams.

☐ Medical consultations without physical exams.

☐ Dispensing of medication.

We would like to thank you for helping us to deliver a quality care, support and treatment service.

Client signature or thumb print QA Team Member Signature Date

For minors and intellectually disabled: I, _____ the guardian/nearest relative of the minor/child/person, give consent to observe services provided to a minor/child

_____ _____ _____

Guardian signature QA Team Member Signature Date

Appendix D:
Confidentiality Agreement for Quality Assurance Staff

I understand that, in the course of my duties in this clinic/service evaluation, I will come in contact with sensitive, personal information about clients attending the clinic/service. I understand that all the clinical and counseling information are highly confidential, and pledge to protect the confidentiality of all clients attending the clinic/service.

1. I will protect the confidentiality of clients by not discussing or disclosing the client's identity, personal, sexual and medical information, including HIV status or STI diagnosis, with colleagues at work.

2. I will protect the confidentiality of clients by not discussing or disclosing any information about them to an unauthorized person, including the fact that they attended these services. I understand that "unauthorized persons" may include, but are not limited to, my family, friends, co-workers and community leaders.

3. I understand that disclosure of any information about any client in this service could result in termination of my employment or result in legal action against me.

Name of Quality Assurance Team Member

Signature of staff member

Name of Witness

Signature of Witness

Date form signed

Accompanying this guide:

- Clinical Services and Facility Assessment Summary Sheet.
- General Management, Administration and Operations checklist.
- General Infection Control checklist.
- General STI and VCT Laboratory checklist.
- Clinical Facility and Service checklists:
  - Sexually Transmitted Infections.
  - Pre-post HIV test and follow-up counseling.
  - Care and Treatment (Outpatient).
  - Palliative Care/Community Home-based Care (CHBC).
  - Integrated TB-HIV (Outpatient).
  - Prevention of Mother to Child Transmission (PMTCT).

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