



# Quality of Health Care

## Training Package

### Participants Manual

May 2019



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# QUALITY OF HEALTH CARE TRAINING PACKAGE

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**Time: 10 hours, 50 minutes**

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## **Introduction to the Training Package**

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This training package is meant to equip teams at various levels with competencies to manage Quality Improvement activities at various levels including constituting Quality Improvement Teams, conducting Quality of Care assessments, identification of quality improvement areas and developing rolling plans to address the areas of problems. The package is aimed at teams at National Level- Ministry of Health, Health Pooled Fund staff and other partners; Sub National Level -State Ministries of Health, County Health Departments, Implementing Partners; Quality Focal persons at different levels; and Quality Improvements Teams from the health facilities.

The training package has incorporated photographs all drawn from the Health Sector in South Sudan in order demonstrate practical best practices in the Context of South Sudan as well point out areas of improvement. The training has also incorporated case scenarios in order to augment the understanding of participants on the effects of Quality of Care on clients, families, community and Health Care Workers.

The training package has incorporated a practical exercise in the health facilities to enable participants practice on Quality of Care assessment checklist.

At the end of the training the participants should be able to demonstrate skills and knowledge at Improving Quality of Care in Health in order to improve service utilization for maternal, new-born and child health (MNCH), Expanded Programme on Immunization (EPI), Family Planning, Nutrition, Outpatient and Inpatient services for U5s, Paediatrics and Adults with desired results of reducing mortality and morbidity especially for maternal, new-borns and under-fives.

## **Components**

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- Facilitator's manual
- Participants Manual
- Set of Power Points Presentations

## **Target Group**

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- Health managers at various levels
- Health facility staff

## **SESSION 1: INTRODUCTIONS AND CLIMATE SETTING (30 minutes)**

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### **Introduction**

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This session is aimed at familiarizing the participants with the facilitators and with each other and to give an overview of the training

### **Session Objectives**

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After this session you should be able to:

- Name one other person at the workshop
- Outline the aim of the training

---

### **Self-Introduction**

Say:

- Your Name
- Position/Profession
- Where you are working
- Whether you have ever been trained in Quality of Care before, if so when and where
- One interesting/fun activity you like to do
- Your expectations of the training (1-2 points)

---

### **Overview of the training**

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Slide 1



## Quality of Care Training Overview

May 2019



Slide 2

### AIM

Aimed at

- Equipping teams at various levels with competencies to manage Quality Improvement activities at various levels
- Target Group
  - Health managers at various levels
  - Health care workers

2

Slide 3

### TRAINING OUTCOMES

At the end of the training the participants should be able to;

- Demonstrate skills and knowledge at Improving Quality of Care in Health in order to improve service utilization with desired results of reducing mortality and morbidity especially for maternal, new-borns and under-fives

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## CONTENT

- Session 1: Introductions
- Session 2: Background of Quality of Health Care in South Sudan
- Session 3: Group Work: Rebecca's Case 1
- Session 4: Quality of Health Care: Definition:
- Session 5: Space Management and Workplace Organization
- Session 6: Infection Prevention and Control
- Session 7: Continuous Quality Improvement in Health Service Delivery
- Session 8: Organizational Structure of QI Monitoring Teams
- Session 9: Monitoring Quality of Health Care
- Session 10: Customers/Clients and Community Rights
- Session 11: HPF QoC phone app
- Session 12: Practical Session on QoC Assessments
- Session13: Training Feedback & Closing

4

Thank you

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## SESSION 2: BACKGROUND OF QUALITY OF HEALTH CARE IN SOUTH SUDAN (30 minutes)

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### Introduction

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This session helps the participants understand what has informed the focus on the Quality of Health Care in South Sudan and why it is important.

### Session Objectives

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After this session you should be able to:

- Outline the activities and investments in Health over the past years and their results
- Explain the QoC activities that have taken place and their findings
- Outline the commonly encountered problems in QoC

### Presentation

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#### Quality of Health Care In South Sudan - Background

#### Notes

Slide 1



## OBJECTIVES

By the end of this session the participants should be able to:

- Outline the activities and investments in Health over the past years and their results
- Explain the QoC activities that have taken place and their findings
- Outline the commonly encountered problems in QoC

2

## BACKGROUND

- GOSS with support of partners has made large technical, programmatic, managerial and financial input and investments in the health sector
- Has resulted in improved service utilization for maternal, new-born and child health (MNCH), EPI, Family Planning, Nutrition, Outpatient and Inpatient services for U5s, Paediatrics and Adults
- The number of facilities with capacity to offer both basic and comprehensive emergency obstetric Neonatal care has increased

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## BACKGROUND - CONT

- However, Investments have not translated into the expected reduction of maternal newborn and U5 mortality and morbidity.
- This is due to inadequacies in the quality of care provided in health facilities.

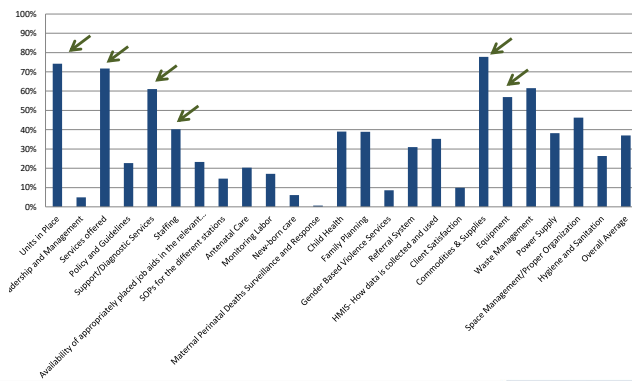
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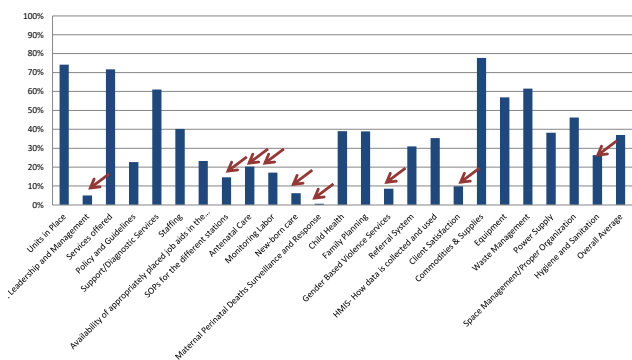
## HPF QUALITY MONITORING SYSTEM

- HPF 2 had developed Quality Monitoring System and Tools in 2017
- Utilized the tools to conduct assessments in 2017 & 2018 in
  - 13 Hospitals
  - 46 PHCCs

## FINDINGS-INVESTMENTS



## FINDINGS-SERVICES



## QOC COMMON GAPS IDENTIFIED

- Staff management- lack job descriptions, poor work attendance, minimal CMEs
- Skills gaps- especially Labour monitoring and neonatal care etc.
- Inadequate support to staff -No SOPs, job aids & guidelines
- Omissions- Labour not monitored using partographs, incomplete ANC package
- Poorly management work environment
- Inadequate infection prevention measures
- Poor drugs and commodity management-Drugs stock cards & registers not in use, Expired drugs not separated

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## GOING FORWARD.....

- All stakeholders needs to play a champion role in Quality of Care Improvement
- Focal persons at each level -National, SHD, CHD, HF & IPs
- Involvement of other partners/agencies on the ground in QI matters
- Build capacity of HCWs to improve Quality of Care
- Periodic assessments using appropriate tools, identification of gaps and carrying out remedial actions
- Bench marking performance of HF, CHDs/SHDs and IPs

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Thank you

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## **SESSION 3: GROUP WORK: REBECCA'S CASE 1 (40 minutes)**

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### **Introduction**

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This session aims to highlight how simple Quality of Care omissions can lead to multiple health problems for individuals, their families, community and the health facilities

### **Session Objectives**

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After this session you should be able to:

- Outline how the omissions in a health facility can lead to bigger problems
- Explain how those omissions can be remedied
- Relate the case scenario to your own facilities or experiences

---

### **Group Work**

Sit in groups of threes.

You have 3 min to read the case and five minutes each to do each of the listed exercise

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### **Group Presentations**

Each group has three minutes to present. Try not to dwell too much on what other presenters have already said.

## Case Scenario 1

### Consequences of Poor Quality of Service on Rebecca

Rebecca is 20 years old with three children among them a 1yr old baby.

Her husband has recently returned from a trip in Juba

Presents with abdominal pain and PV discharge

Seen in an open OPD where her neighbour is also being seen

Rebecca feels shy to disclose that she has recently developed PV discharge after her husband returned. Wanted to inquire about Family Planning but is afraid her neighbour will hear her

Instead she tells the CO that she has cough, the CO does not inquire further history, does not examine her, gives her Piriton and she leaves

#### 7 months later

Rebecca presents to the Health Facility, she is 6 months pregnant. Her husband has gone to his first wife as he awaits Rebecca to give birth

She is unusually tired and not able to work in the fields and feed her children properly therefore the 1yr old baby is moderately underweight, with skin and hair changes.

The nurse scolds her for getting pregnant too soon and having a malnourished baby

She is given an STI prescription and sent to the ANC clinic and asked to take her baby to the Nutrition clinic

The nurse in the ANC does not take her BP as BP machine has no batteries. She is sent to laboratory for ANC profile but is only able to do urinalysis that shows protein+++ . The reagent for the other tests are missing

She brings the Urinalysis results but the nurse is no longer in the ANC

She goes to the pharmacy to collect drugs on her earlier prescription, and they are out of stock

She does not know where the Nutrition clinic is and the few other patients she asks don't know

She goes home without treatment for herself and her baby

#### 2 months later

Rebecca goes into labour at 37 weeks. She did not like the experience at the hospital so decides to deliver with the local TBA

She begins having convulsions. Her baby who is now 1 year 8 months has cough and fast breathing, poor appetite, flaky skin lesions, distended abdomen, and leg swelling.

#### Exercise:

- Follow Rebecca through every step and identify areas where things could have been done differently to influence Rebecca's and her baby's outcome
- Relate the above scenario with events in your health facility

## SESSION 4: QUALITY OF HEALTH CARE: DEFINITION: (25 minutes)

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### Introduction

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This session is aimed at introducing the participants to the concepts of Quality of Health Care, Continuous Quality Improvement and Characteristics of Quality Health care

### Session Objectives

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After this session you should be able to:

- Define Quality of Health Care
- Describe Continuous Quality Improvement in Health care
- List the characteristics of Quality Health Care

### Presentation

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#### Quality of Care- Definition

#### Notes

Slide 1

Ministry of Health

Health Pooled Fund  
South Sudan

## QUALITY OF HEALTH CARE

*DEFINITION*

May 2019

Canada

Sweden  
Sverige

ukaid

USAID

## OBJECTIVES



By the end of this session the participants will be able to;

- Define Quality of Health Care
- Describe Continuous Quality Improvement in Health care
- List the characteristics of Quality Health Care

2

## DEFINITION



Quality of Health Care definition

- The extent to which health care services provided to individuals and patient populations improve desired health outcomes.

(WHO: 2018)

3

## CONTINUOUS QUALITY IMPROVEMENT

**Continuous Quality Improvement** is the process of frequently identifying problems, implementing and monitoring corrective actions and studying their effectiveness.

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## CHARACTERISTICS OF QUALITY HEALTH CARE



- **Safe.** Minimizes risk and harm to providers and users, including avoiding preventable injuries and reducing medical errors.
- **Effective.** Based on scientific knowledge and evidence-based guidelines.
- **Timely.** Reducing delays in providing and receiving health care.

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## CHARACTERISTICS OF QUALITY HEALTH CARE



- **Efficient.** Maximizes resource use and avoids waste.
- **Equitable.** Does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status.
- **People-centred.** Takes into account the preferences and aspirations of individual service users and the culture of their community.

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## QUALITY IMPROVEMENT Vs QUALITY ASSURANCE


- QI Vs QA: Quality Assurance (QA) measures compliance against certain necessary standards through regulatory approaches such as accreditation

whereas

- Quality Improvement (QI) is continuous and systematic actions that lead to measurable improvement in health care services and the health status of targeted patient groups.


7

**SUMMARY**



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- **Respect of set standards**
- **“Doing the right thing, in the right way, at the right time”**
- **Doing best with the resources available**



Thank you

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## SESSION 5: SPACE MANAGEMENT AND WORKPLACE ORGANIZATION (60 minutes)

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### Introduction

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This session aims to underscore the importance of good work place organization and the effect it has on the staff and the patients.

### Session Objectives

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After this session you should be able to:

- Highlight the consequences of poor work place organization and space management
- Explain why it is important to have good work place organization and space management
- Describe the 5s
- Relate the 5s to your experiences in workplace organization and space management

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### Plenary Exercise: Peter's Case

#### Peter's Case

Peter is a Clinical Officer who qualified from college three years ago. He has recently transferred from one hospital to another in search of greener pastures. For some reason he hates going to work in the new hospital. The Outpatient Department is always crowded with some many things happening in the same room where he is attending patients including storage and retrieval of items.

He shares the room with another clinical officer and their patients are always bumping onto each other and onto him. For this reason he is always irritable as he feels his personal space is not being respected.

He is constantly getting interrupted when seeing patients. To ensure that he gets out of there as fast as he can, he rarely conducts physical exam on his patients like he used to do in his former hospital.

One day, a two year old child is brought in with febrile convulsions. Peter calls for the nurse as he is not sure where to get a canula and IV diazepam and there is no emergency tray. The nurse has gone to the Maternity ward. Peter rummages through the cupboards and things fall off. The child continues to convulse.

Frustrated, Peter decides to pick the child and run to the Paediatric ward. Luckily the ward is very organized and the nurse assists him with everything he needs to attend to the child.

From this experience Peter decides that he is either going to request to be transferred to work in the wards or he is going to quit and look for a job elsewhere.

**Exercise:**

- How many of you can relate to Peter’s case? Describe your experiences
- What can be done to ensure that Peter does not quit as there is severe shortage of staff?

**Presentation**

**Space Management and Workplace Organization**

**Notes**

Slide 1

Ministry of Health  
Health Pooled Fund  
South Sudan

**SPACE MANAGEMENT AND  
WORKPLACE ORGANIZATION**  
**5S**

May 2019

Canada Sweden Sverige UKaid USAID

Slide 2

**OBJECTIVES**

By the end of this session the participants will be able to

- Highlight the consequences of poor work place organization and space management
- Explain why it is important to have good work place organization and space management
- Describe the 5s
- Relate the 5s to their experiences in workplace organization and space management

Slide 3

### COMMONLY ENCOUNTERED PROBLEMS IN HEALTH FACILITIES

- High Absenteeism
- High Turnover
- Demotivated Employees
- Mistakes/Errors

**Main Cause: Disordered/ Cluttered Working Environment**

Slide 4

### WHY SPACE ORGANIZATION?

In order to achieve high levels of quality, safety, and productivity, Health Care Workers must have a conducive working environment

- Means;
  - Assigning space to an activity and
  - Systematically arranging all the materials required for it.
- Ensures efficiency and saves time and energy.

Slide 5

### GOALS & OBJECTIVES OF SPACE MANAGEMENT

To reduce waste in:

- Searching motions
- Waiting time – man-machine-material
- Inventory - Overstocking
- Rework
- Defective Products
- Untapped/Misused Resources

**Good Space Management;**

- Reduces excessive fatigue
- Eliminates useless efforts and movement
- Causes less physical constraints

## 5S

- **Sort** - Sort out - Eliminate what's not absolutely necessary- Remove items which are broken, unusable or only occasionally used
- **Set**- Systematic arrangement- Ensure space for each thing, and a thing for each space. No more searching.
- **Shine**- Scrub clean
- **Standardize**- State the rules
- **Sustain**- Ensure the rules are followed

## EXAMPLES OF BEFORE AND AFTER 5S

7

## A DESK TOP OF A DIRECTOR AT HOSPITAL

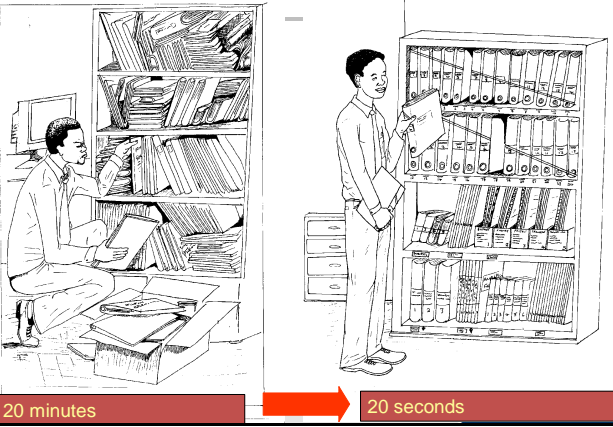


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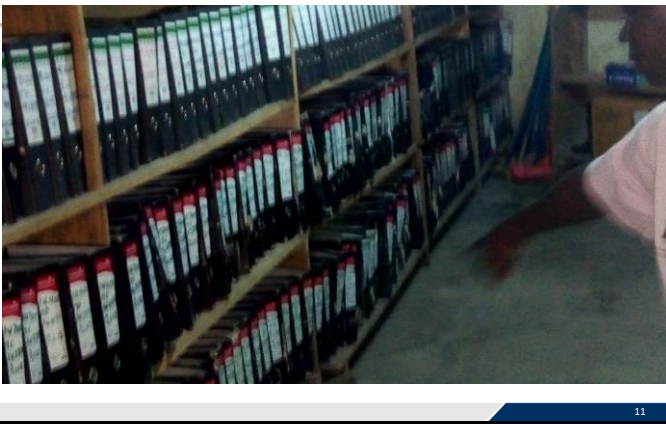
### AFTER



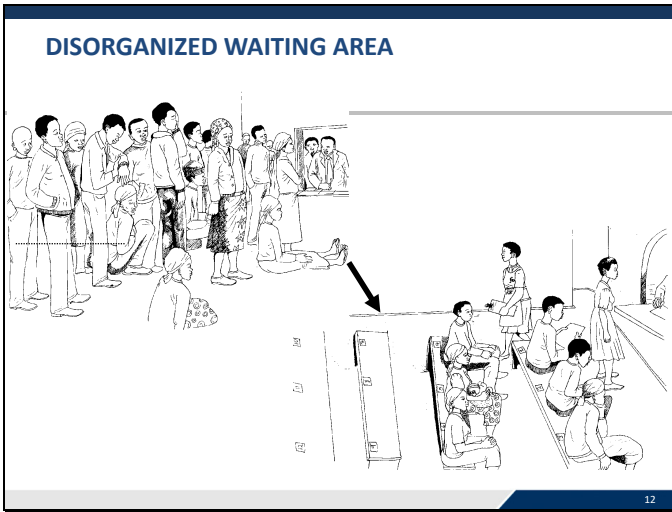
### REGISTRATION-SEARCHING FOR A FILE



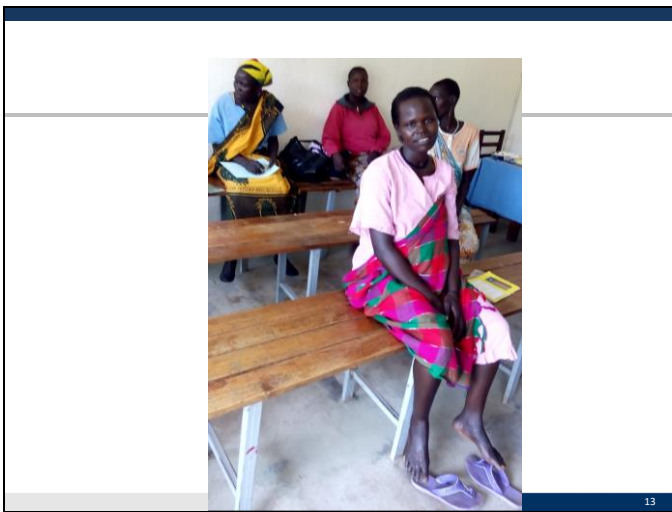
### WELL ORGANIZED RECORDS



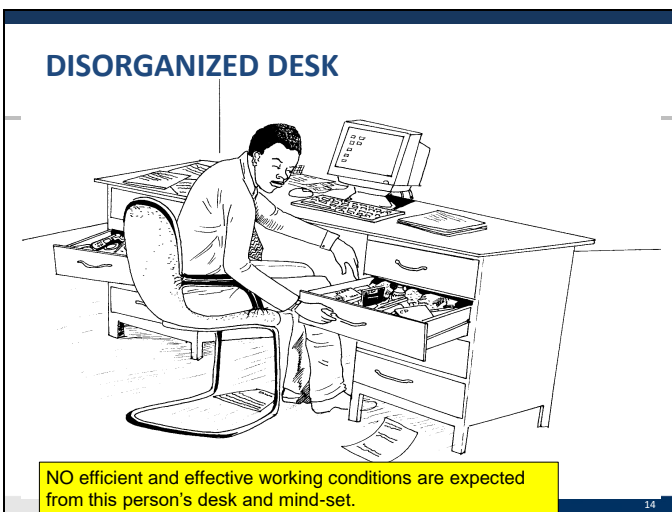
Slide 12



Slide 13

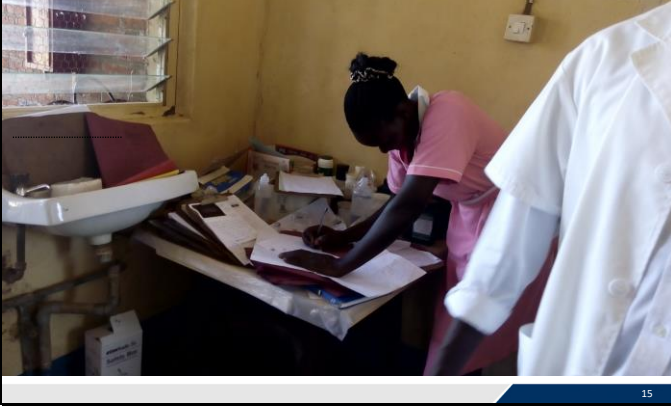


Slide 14



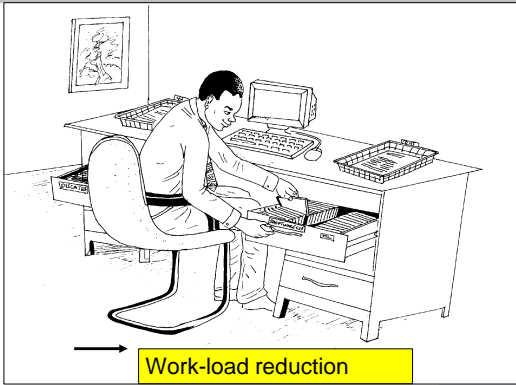
Slide 15

### DISORGANIZED WORK SPACE



Slide 16

### WELL ORGANIZED WORK ENVIRONMENT LEAD TO



Slide 17



Slide 18

### DISORGANIZED CONSULTATION ROOM



18

Slide 19



19

Slide 20

### WELL ORGANIZED CONSULTATION SPACE



20



Slide 21

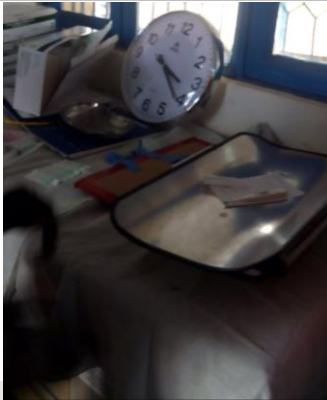
### WELL ORGANIZED WARD



21

Slide 22

### BABY WEIGHING SPACE LITTERED WITH ITEMS



22

Slide 23

### CLEAN BABY WEIGHING AREA



23

Slide 24

### CHAOTIC AND UNSAFE THEATRE



24

Slide 25

### CLEAN AND WELL ORGANIZED THEATRE



25

Slide 26

### DISORGANIZED DRUG STORE



26

Slide 27

### WELL ORGANIZED DRUGS STORE



Drug storage is arranged in alphabetical order.

27

Slide 28

### EFFICIENT DISPENSING



28

Slide 29

### UNCLEAN EXTERIOR SET-UP OF THE HOSPITAL



29

Slide 30

## ORGANIZED AND SEGREGATED DISPOSAL OF WASTE



30

Slide 31



A feature of disposal management at a hospital

31

Slide 32



Discarding clinical disposal safe and neat.

32

Slide 33

## UNSAFE WASTE MANAGEMENT



33

Slide 34

## WELL SECURED AND CLEAN INCINERATOR



34

Slide 35

## CLUTTERED ENVIRONMENTS LEAD TO



Wastage,  
contamination

35

Slide 36

### MORE WASTAGE



36

Slide 37

### MORE WASTAGE



37

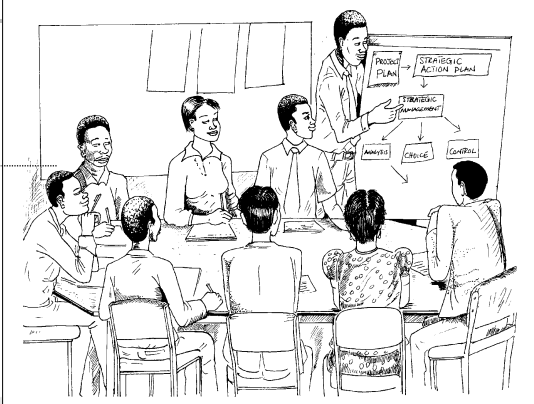
Slide 38

### INEFFICIENT MEETING



38

## SHORT AND EFFICIENT MEETING



39

## EVEN STREET VENDORS HAVE TO MANAGE THEIR WORKS



40

## ADVANTAGES OF 5S



- Time Saving
- Quick Retrieval
- Accidents & Mistakes Minimized
- Increases Space
- Creates Workplace Ownership

Slide 42

## CONCLUSION



A clean and tidy workplace leads to greater well being and increased motivation of the Health Care Workers

Slide 43

Thank You



## SESSION 6: INFECTION PREVENTION AND CONTROL (40 minutes)

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### Introduction

---

This session aims to underscore the importance of infection prevention and control and highlight the quality improvement areas.

### Session Objectives

---

After this session you should be able to:

- Define infection prevention and explain its purpose
  - Describe the disease transmission cycle
  - List advantages of Infection prevention
  - List the Quality improvement areas in Infection Prevention and Control
- 

### Presentation

#### Infection Prevention and Control

#### Notes

Slide 1



## OBJECTIVES

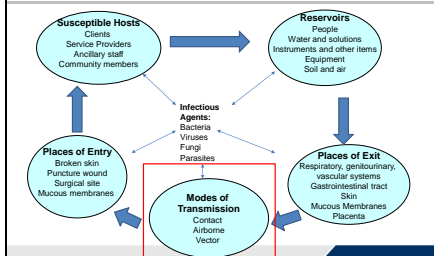
By the end of this session, participants will be able to:

1. Define infection prevention and explain its purpose
2. Describe the disease transmission cycle
3. List advantages of Infection prevention
4. List the Quality improvement areas in Infection Prevention and Control

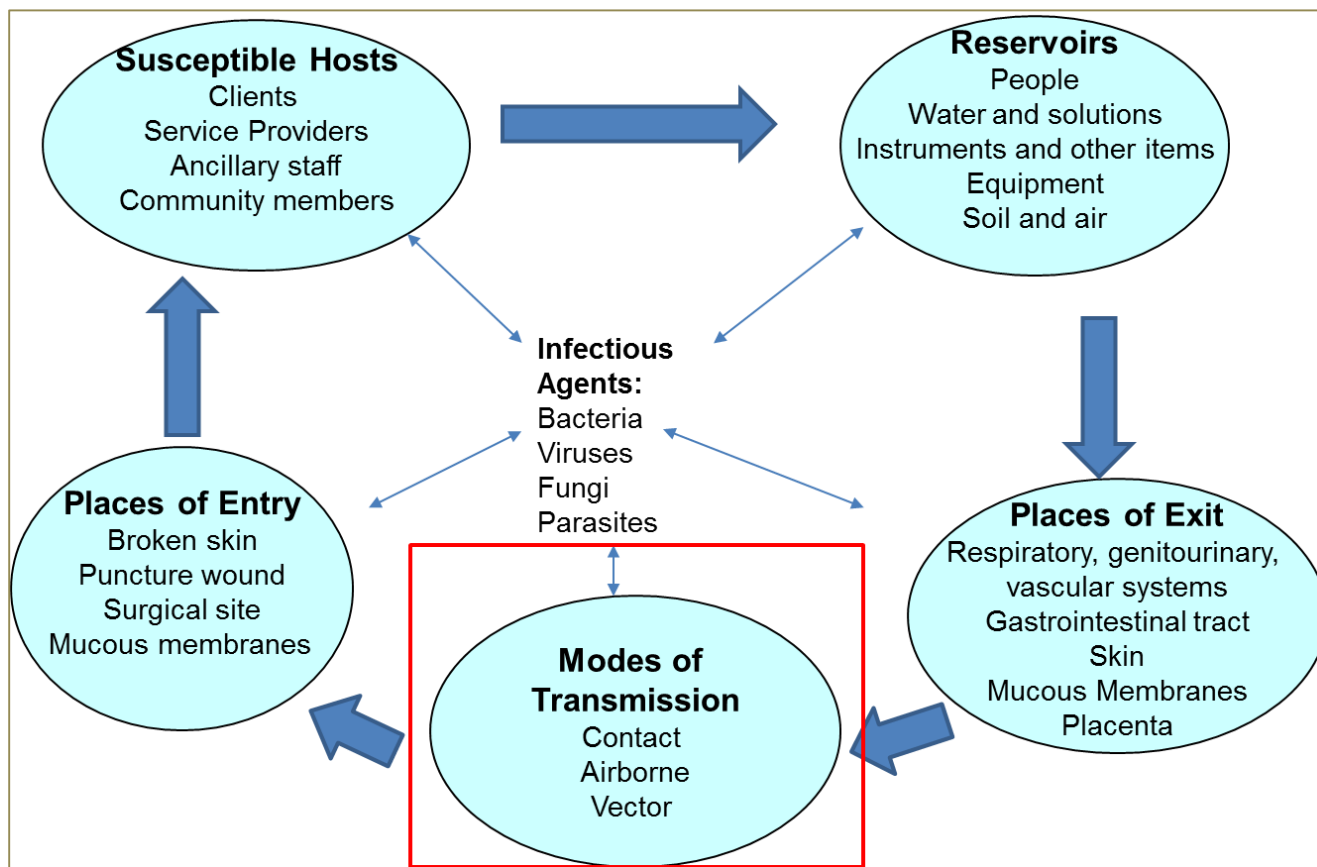
## DEFINITION

- Infection prevention and control is a collective effort made by healthcare providers and clients to prevent or minimize the risks of transmitting infections to clients, other healthcare providers and to the community.

## THE DISEASE TRANSMISSION CYCLE



# The Disease Transmission Cycle



Slide 5

## INFECTION PREVENTION

Help break the disease-transmission cycle at the “mode of transmission” step

## FOCUS OF QUALITY IMPROVEMENTS IN HEALTH FACILITIES

6

## HAND WASHING

### Hand washing facilities

in various departments

- Running water
- Liquid soap (bar soap reservoir for pathogens)
- Hand sanitizers
- SOPs on Hand washing



### Examples of Running Water



## PERSONAL PROTECTIVE EQUIPMENT/GEAR

Availability and proper use of;

- Gloves surgical, gynecological, and heavy duty
- Masks
- Apron
- Foot wear
- Goggles



8

## DECONTAMINATION/STERILIZATION

### Decontamination / Cleaning / High-Level

#### Disinfection (HLD)/Sterilization/Storage

- Decontamination buckets-Chlorine, Soapy water and Clean water
- Designated areas for cleaning, drying, packing, sterilization, storage and dispatch
- Centralized Sterilization/ High-Level Disinfection
- Functional Autoclave
- Proper storage of sterilized instruments/ sets



## WASTE DISPOSAL

### The four kinds of waste:

1. Sharps
2. Non sharps infectious waste
  - blood, blood products, and other body fluids,
3. Non sharps non infectious waste
  - general waste
4. Hazardous waste
  - potentially toxic or poisonous materials (e.g. cleaning products, disinfectants, expired drugs, lab reagents, cytotoxic drugs, and radioactive compounds).

## COMPONENTS TO WASTE MANAGEMENT

The (4) components:

1. **Sorting:** Separating waste by type at the place where it is generated
2. **Handling:** Collecting and transporting waste within the facility
3. **Interim storage:** Storing waste within the facility until it can be disposed of
4. **Final disposal:** Eliminating infectious waste, sharps, and hazardous chemical waste from the health facility

## SAFE DISPOSAL

Waste disposal- safe use of

- Colour coded bins
- Safety boxes for sharps
- Waste pit
- Placenta pit
- Incinerator



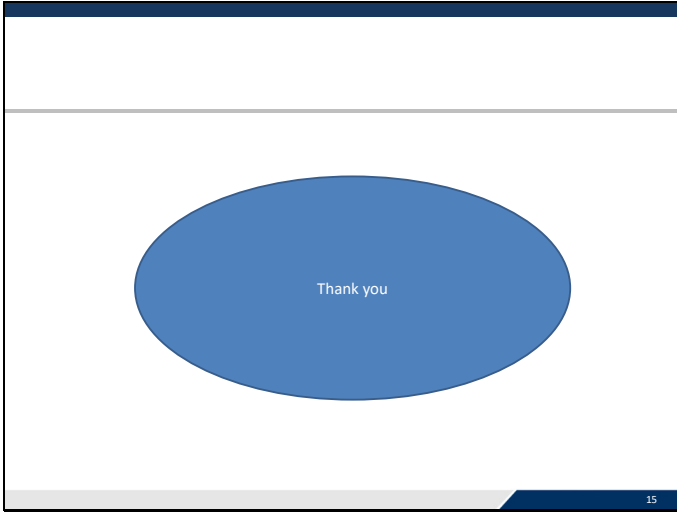
## CAPACITY BUILDING ON INFECTION PREVENTION AND CONTROL

- Increased awareness of sources of infection among staff (including mobile phones)
- Increased awareness of sources of infection among patients and their families in order to reduce risk of infection
- Education on minimizing and preventing exposure to infection by:
  - Using standard precautions with every patient.
  - Safely disposing of infectious waste materials.
  - Eliminating re-use of injection devices.
  - Reducing unnecessary injections.

13

## ADVANTAGES OF INFECTION PREVENTION

- Results in high-quality, safe services
- Prevents infections in staff
- Prevents post procedure infections
- Protects the community from infections
- Prevents the spread of antibiotic-resistant microorganisms
- Lowers the cost of health care



# SESSION 7: CONTINUOUS QUALITY IMPROVEMENT IN HEALTH SERVICE DELIVERY (90 minutes)

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## Introduction

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This session aims at outlining the major areas of continuous quality improvement in service delivery

## Session Objectives

---

After this session you should be able to:

- Outline the consequences of poor quality of services
- Describe different improvement areas in Service Delivery
- Outline the outcomes of quality improvement

---

## Presentation

Continuous Quality Improvement in Health Service Delivery Notes

Slide 1





## OBJECTIVES

By the end of this session the participants will be able to;

- Outline the consequences of poor quality of services
- Describe different improvement areas in Service Delivery
- Outline the outcomes of quality improvement

2

## CONSEQUENCES OF POOR SERVICES

- Refer to Rebecca's case 1

3

## QUALITY IMPROVEMENT AREAS SUPPORT AND DIAGNOSTIC SERVICES

**Standard:**

The health facility has the adequate support and diagnostic services to support health service delivery

- **Pharmacy**
  - The Pharmacy is stocked with the recommended drugs for the level at all times
  - The Pharmacy has the necessary Standard Operating Procedures (SOPS) that are well displayed and followed
  - Drugs and non drug items are well managed and documented in stock cards /relevant registers
- **Functional Laboratory**
  - Recommended diagnostic tests for the level are available at all times
  - The Laboratory has the necessary Standard Operating Procedures (SOPS) that are well displayed and followed
  - Appropriate records are maintained

4

## QUALITY IMPROVEMENT AREAS FAMILY PLANNING SERVICES

**Standard:** All women receive information and make informed choices on the appropriate Family Planning methods

### Requirements

- Privacy
- Choice of contraception
- Trained staff assisted by relevant job aids
- Appropriate records are maintained



5

## QUALITY IMPROVEMENT AREAS ANC SERVICES

**Standard:** Every pregnant woman receive the recommended routine evidence-based interventions and possible pregnancy complications are screened and managed

### Requirements

- Aim at least 4 ANC visits
- Recommended biometrics and vital signs are monitored at every visit
- Recommended screening tests are done
- Recommended interventions are administered
- Appropriate records are maintained



6

## QUALITY IMPROVEMENT OUTCOMES

- Group work – Refer to Rebecca's case 2

7

## Rebecca's Case 2

Sit in groups of threes. . Read Rebecca's case 2 and answer the questions

### Rebecca Case's 2

Rebecca lives 15 kms from the Health facility. She is pregnant at 37weeks and has gone into labour and the local TBA is attending o her. She has begun having convulsions.

Her baby who is now 1 year 8 months has cough and fast breathing, poor appetite, flaky skin lesions, distended abdomen and leg swelling

### Questions

- What should be in place to ensure that Rebecca, her new born baby and her other baby survive and thrive?
  - From the Village to the health facility?
  - At the health facility?
  - After the emergency phase has passed?

### *Consequences*

- What is the likely consequence on Rebecca's family if she is not attended to properly?
- What are the likely consequences on Rebecca's community if she is not attended to properly?
- How will Rebecca's outcome affect the health sector?

---

## Group Presentations

Each group presents one the answers to one question and other groups adding on to it.

---

## Presentation - cont

## QUALITY IMPROVEMENT AREAS EMERGENCY OBSTETRIC CARE SERVICES

**Standard:** Every woman receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to recommended guidelines.

### Requirements

- Skilled staff
- Adherence to guidelines
- Monitoring of Labour using partograph
- Appropriate and prompt signal functions
  - Administration of parenteral Antibiotics
  - Administration of uterotonic drugs (Oxytocin or Misoprostol)
  - Administration of anticonvulsants for severe preeclampsia and eclampsia
  - Assisted vaginal delivery (vacuum extraction)
  - Manual removal of retained placenta
  - Caesarean section
  - Blood transfusion
  - MVA services for adverse pregnancy outcomes prior to 28weeks

8

## QUALITY IMPROVEMENT AREAS EMERGENCY NEONATAL CARE SERVICES

**Standard:** Every new-born receives routine, evidence-based care and management of complications according to recommended guidelines.

### Requirements

- Skilled staff
- Adherence to guidelines
- All four elements of essential new born care:
  - Immediate and thorough drying
  - Immediate skin-to-skin contact
  - Delayed cord clamping
  - Initiation of breastfeeding in the first hour
- Appropriate resuscitation
- KMC or incubation services for Low birth weights/prematures
- Management of complications-Resp distress, sepsis, jaundice, anaemia etc.

9

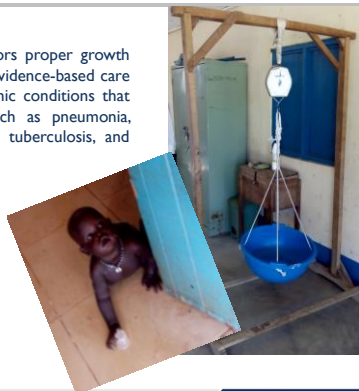
## QUALITY IMPROVEMENT AREAS CHILD HEALTH SERVICES

### Standard:

The health facility routinely monitors proper growth and care of children and provides evidence-based care for most common acute and chronic conditions that affect children and adolescent such as pneumonia, diarrhea, fever, acute malnutrition, tuberculosis, and HIV infection.

### Requirements

- Growth Monitoring and Promotion
- Immunization services
- IMNCI
- Nutrition Services



10

## QUALITY IMPROVEMENT AREAS GENDER BASED VIOLENCE SERVICES

### Standard:

GBV survivors receive appropriate, high quality care, and have safe access to quality mental health and psychosocial support focused on healing, empowerment and recovery.

### Requirements

- Psychosocial support
- Appropriate treatment
- Appropriate prophylaxis-PEP, STI, emergency contraception



11

## QUALITY IMPROVEMENT AREAS REFERRAL SERVICES

### Standard:

The referral follows a pre-established plan that can be implemented without delay at any time.

### Requirements

- Referral guidelines/protocol including contacts
- Access to ambulances
- Waiting homes
- Appropriate Records



12

## QUALITY IMPROVEMENT AREAS HEALTH INFORMATION SYSTEM

### Standard:

The hospital has a mechanism for data collection, analysis and use feedback as part of its activities for monitoring and improving performance and quality of health services

### Requirements

- Appropriately filled/complete patients cards, files, treatment sheets, drug administration records
- Appropriately filled/complete register and reporting/collation summary tools
- Evidence of data use



13

## CONCLUSION



### Quality health services

- Reduces adverse health outcomes
- Saves lives
- Improves well being of the community
- Reduces costs
- Motivates staff

14

Thank you

15

# SESSION 8: ORGANIZATIONAL STRUCTURE OF QI MONITORING TEAMS (30 minutes)

---

## Introduction

---

This session aims at guiding the participants on how to organize QI teams at various levels

## Session Objectives

---

After this session you should be able to:

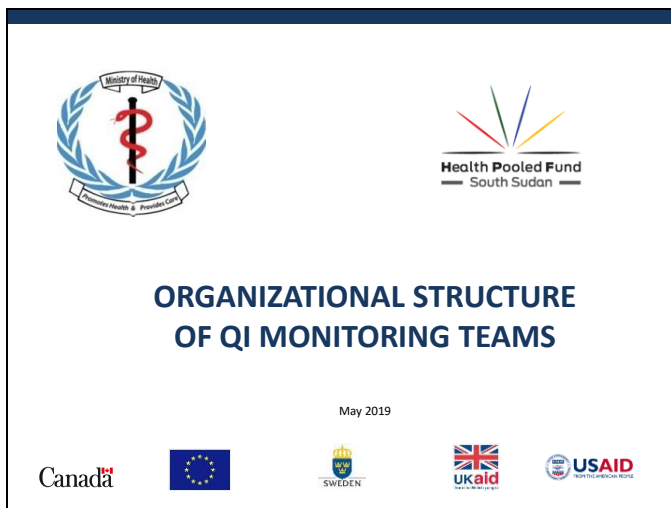
- Outline the various QI teams composition at various levels and their responsibilities
  - Outline the responsibilities of the QI focal person
- 

## Presentation

### Organizational Structure Of QI Monitoring Teams

### Notes

Slide 1



## OBJECTIVES

By the end of this session the participants will be able to:

- Outline the various QI teams composition at various levels and their responsibilities
- Outline the responsibilities of the focal person

2

## QI ORGANIZATIONAL STRUCTURE

- QI Organizational Structure will be integrated within the existing Support Supervision structures at CHD/SMOH
- ToRs for Support Supervision to be modified to incorporate QI activities
- Focal persons at different levels to coordinate QI activities

### Recommended teams at various levels

- Hospital Quality Improvement Team
- Departmental Quality Improvement Circles at Hospital Level
- Lower Level Health Facility Quality Improvement Teams

3

## HOSPITAL QUALITY IMPROVEMENT TEAM

### Composition:

- Hospital Director (Chairperson)
- Hospital QI Focal Person (Secretary)
- Hospital Administrator
- Head of Nursing & Midwifery
- Representatives from various wards and Departments
- Medical Records Officer
- Representatives from other IPs/Development partners and UN agencies supporting health services delivery in the hospital

4



## RESPONSIBILITIES OF QIT

- Organizing HMT meetings with QI as a permanent agenda of the meetings
- Developing hospital QI plan and budget in line with the identified QI priorities of the Hospital
- Overseeing the implementation of QI plans/activities
- Evaluating the QI plans/activities

5

## RESPONSIBILITIES OF HOSPITAL QI FOCAL PERSON

QI focal person is;

- A champion in QI matters
- Not necessarily a departmental head or an in charge.

Responsibilities

- Liaise with the hospital management on QI plans and activities implementation
- Facilitate networking with departmental QI circles in identifying quality gaps and solutions/testing changes at facility/departmental levels.
- Liaise with CHD/IP focal persons to facilitate availability of guidelines, SOPs and Job Aids at various levels.
- Participate in building the capacity of hospital personnel in the implementation of QI activities.
- Organise hospital self-assessments
- Preparing hospital QI work plans
- Participate in external assessments from the CHD/SMOHs and IPs

6

## DEPARTMENTAL QI CIRCLES

- To be established in major departments-(Surgical, Medical, Paediatrics, Obstetrics and Gynaecology, Outpatient Departments, Laboratory, Pharmacy & Stores etc.)
- Report to hospital QIT
- All staff in the specific department are defacto members
- Team leader is a champion of quality matters

### Roles and Responsibilities

- Conducting departmental 'mini' self-assessment/identification of areas of improvement
- Introducing improvements and testing changes in the departments
- Organizing departmental weekly QI meetings
- Liaison with the Hospital QI focal person and Hospital QI Team to report progress and request for resources and support.

7

## LOWER LEVEL (PHCC) FACILITY QI TEAMS

- All the staff working in the Health facilities are members
- CHD and IPs QI focal persons are ad-hoc/guest members of the QI team.
- **Responsibilities of the Lower Health Facility QI Team**
  - Identification of QI gaps within the health facilities
  - Consensus on remedial actions
  - Identification of resources to address the QI gap and lobbying for support from CHD and partners
  - Documentation of QI improvement activities (Hard cover book)
  - Weekly meeting on QI activities

8

Thank you

9

# SESSION 9: MONITORING QUALITY OF HEALTH CARE (45 minutes)

---

## Introduction

---

This session aims to familiarize the participants with the process of monitoring quality of care

## Session Objectives

---

After this session you should be able to:

- List the types of quality assessments
  - Describe how each assessment will be carried out
- 

## Presentation

### Monitoring Quality of Health Care

### Notes

Slide 1



## OBJECTIVES

By the end of this session the participations will

- List the types of quality assessments
- Describe how each assessment will be carried out

2

## TYPES OF QUALITY ASSESSMENTS

In monitoring quality of care three types of assessments will be conducted;

- Self Assessments
- External Assessments-By CHD/IPs/SMOH
- External assessments by National Level/HPF

3

## SELF ASSESSMENTS- QIT

- The health facility QI team conduct own assessments
- Done on monthly basis
- Have a choice of to assess all the components of quality monitoring tool **or** on areas of most need
- Quality gaps are identified and documented
- A quality improvement plan developed with key activities, responsible persons, resources needed and time frame(*can be documented in hard cover book*)
- Implementation of the activities is done with weekly monitoring to determine progress
- Success of implementation is celebrated
- The QIT embark on new activities once completed
- Recommended that the team has a minimum of three (3) QI activities at any given time

4

## SELF ASSESSMENTS- DEPARTMENTAL QUALITY CIRCLES

- Each Department conduct own assessments
- Done on 2 weekly basis
- Have a choice to assess the components of quality monitoring tool that are relevant to the functions of the department
- Quality gaps are identified and documented in hard cover book
- Remedial actions documented together with the responsible person (*e.g. tap leaking – nurse A to follow up with maintenance*)
- Weekly review is done to follow on progress
- Weekly reports submitted to the facility QI focal person
- The QIC embark on new activities- should at least have 1-2 activities being implemented at any given time.
- Congratulatory notes sent from administration to the departments that complete QI projects
- Best performing departments are rewarded periodically

5

## EXTERNAL ASSESSMENTS-BY IPS/CHD/SMOH

- IPs/CHD/ SMOH conduct quarterly assessments
- Appropriate tools are used Hospitals, PHCCs and PHCUs
- Quality gaps are identified and discussed with the respective Health Facility.
- A quality Improvement plan with key activities, responsible persons, resources needed and time frame is drawn and agreed with the health facility.
- The IPs/CHD/ SMOH monitors the progress of implementation of QI activities
- Results of the assessments of all the facilities are submitted to HPF and National Level.

6

## EXTERNAL ASSESSMENTS-BY NATIONAL LEVEL/HPF

- Spot/ad hoc assessments will be carried out by HPF/National level
- Results of the assessments will be compared to those of IPs/CHDs/SMOH
- A data base of results and improvements will be kept where the performance of all the facilities and their respective IPs is maintained.
- Incentives will be determined for best and poor performing facilities.
- A separate database will be maintained for all the improvements that require intervention from CHD/SMOH to facilitate the work of the health facility e.g. power, water, referral services etc.
- The score of how well the SMOH/CHD have done in supporting the facilities will be done and communicated to the respective SMOH/CHDs.

7

## QI ACTIVITIES AT PHCU LEVEL

- Approach will be facilitative mentoring rather than assessments.
- A tool to identify areas in need of improvement will be identified and documented by the assessment team.
- The IP/CHD team mentors the PHCU on improvements including conducting OJTs and CMEs
- The team strives to make repeated visits to monitor progress.

8

## APPROACH TO ASSESSMENTS

- Approach to assessments will be 'facilitative rather than inspectorate' to encourage open dialogue
- Health Facilities will be encouraged to be as open as possible in their QI journey
- Assessments results are not envisaged to victimize individuals/Health facilities but rather as an incentive for improvement

9

Thank you

10

# SESSION 10: CUSTOMERS/CLIENTS AND COMMUNITY RIGHTS (30 minutes)

---

## Introduction

---

This session aims to familiarize the participants with the rights of different customers, clients of the health facility

## Session Objectives

---

After this session you should be able to:

- List the customers of the Health facility
- Outline the quality standard for monitoring and improving the customer/clients experience and participation
- Outline the internal customers rights
- Outline the external customers/clients rights
- Outline the rights of the community

---

## Presentation

### Customers/Clients and Community Rights

### Notes

Slide 1



## OBJECTIVES

By the end of this session the participants will be able to;

- List the customers of the Health facility
- Outline the quality standard for monitoring and improving the customer/clients experience and participation
- Outline the internal customers rights
- Outline the external customers/clients rights
- Outline the rights of the community

2

## HEALTH FACILITIES CUSTOMERS

- Health Facilities has two types of customers
  - Internal customers-
    - Staff
  - External customers
    - Clients/patients and their families
    - Community
    - Other stakeholders
- In QI the welfare and rights of all customers should be taken into account

3

## STANDARD

The Health Facility continuously monitors and improves the customer/clients experience and participation in shaping the provision of health services

- Periodic customer/client satisfaction assessments
- Identified gaps are addressed

4



## INTERNAL CUSTOMERS RIGHTS

### Staff

- Welfare and Participation
- Conducive working environment and safety
- Capacity and skills enhancement- training & CMEs
- Good staff management practices
- Recognition

### Regular Staff Meetings



5

## EXTERNAL CUSTOMERS RIGHTS

### Clients'/patients' rights

- Confidentiality and privacy
- Right to know their treatment options and prognosis
- Adequate and correct drugs and medicine.
- Right to know about side-effects of medication
- Discharge & follow-up plans
- Right to referral

## EXTERNAL CUSTOMERS RIGHTS- CONT

- Right to be informed about any payments in advance
- Right to ask questions
- Personal consideration and respect
- Standard and quality services regardless of socioeconomic status or class

Slide 8

## COMMUNITY RIGHTS

- Right to access health care services in the health facility in their area
- Right to information on outbreaks, prevention and management of communicable diseases
- Right to be protected from health facilities' waste

Slide 9

## EXERCISE

From the two cases of Rebecca and Peter please outline where their rights were infringed

- Rebecca's case
  
- Peter's case

Slide 10

Thank you

10

## **SESSION 11: PRACTICAL SESSION ON QoC ASSESSMENTS (180 minutes)**

---

### **Introduction**

---

This session aims at familiarizing the participants with the QoC assessment process

### **Session Objectives**

---

After this session you should be able to:

- Conduct a QI assessment using the QI tools
  - Develop a QI plan
- 

### **Familiarization with QoC Checklists**

This is going to be a practical exercise where the participants will learn how to administer the QoC Checklists.

The Excel based checklist will be presented detailing all the components

---

### **Assessment exercise**

Prior arrangements will have been made with nearby health facilities so that the participants can practice how to fill the checklist. The Facilitator will explain all the travel and logistical details

Participants conduct an assessment using either paper based or computer based Excel tools. Participants from a hospital will use the Hospital tool while those from PHCCs will use the PHCC tool.

---

### **Step 4: Development of QI plans**

The participants travel back to the workshop venue and develop quality improvement plans based on their findings of the assessment

---

### **Step 5: Presentation of the assessment findings and QI plans**

Each group shall present a summary of their scores of the assessment, problems identified and QI plans developed.

# SESSION 12: THE ELECTRONIC HPF QUALITY OF CARE ASSESSMENT MOBILE APP (90 minutes)

---

## Introduction

---

This session aims to familiarize the participants with the HPF Quality of Care mobile (QoC) application

## Session Objectives

---

After this session you should be able to:

- Explain the rationale for the QoC mobile App
- Download and install the HPF QoC mobile App
- Explain the registration process into the HPF QoC mobile App
- Explain the functions of each icon on the QoC App home page
- Describe how to enter data into the mobile app
- Describe how to view/access analysed data from the app

---

## Presentation

**The Electronic HPF Quality of Care Assessment Mobile App**

**Notes**

Slide 1

The slide contains the following elements:

- Top Left:** A circular logo with a caduceus and the text "Quality of Care" and "Health Pooled Fund".
- Top Right:** The "Health Pooled Fund South Sudan" logo, featuring a stylized sunburst.
- Center:** The main title "The Electronic HPF Quality of Care Assessment Mobile App" in a large, bold, black font.
- Below Title:** A solid blue rectangular box containing the text "Health Pooled Fund South Sudan" in white.
- Bottom Row:** Four logos for partner organizations: UKaid (with the Union Jack), Canada (with the Canadian flag), Sweden/Sverige (with the Swedish flag), and USAID (with the USAID seal).



## Objectives



By the end of this session the participants should be able to:

- Explain the rationale for the Quality of Care (QoC) App
- Download and install the HPF QoC mobile App
- Explain the registration process into the HPF QoC mobile App
- Explain the functions of each icon on the QoC App home page
- Describe how to enter data into the mobile app
- Describe how to view/access analysed data from the app



Canada



## Presentation outline



- Rationale for Quality of Care (QoC) App
- About the QoC App
- Phone/Tablet Specifications
- How to Download the QoC App from the Play Store
- Account management (creating, approval)
- How to enter QOC assessment report data.
- How to search for a QoC assessment report
- Data Analysis



Canada





## Quality of Care App: Rationale



- **Paper-based** QoC assessment tools were used to monitor quality improvement activities in HPF 2. The data was then **manually entered into an excel sheet** for analysis.
- This process (data entry and analysis) was **time-consuming**.
- The App will facilitate **data entry directly into a smartphone/tablet** at the health facility. The data will then be;
  - **Uploaded** to cloud storage.
  - Remotely **accessed** for review and analysis.
  - (Automatically) be incorporated in predefined reporting templates.



## About the QoC App



- Is an **Android** application.
- Android Operating system **chosen because**:
  - Its open source, **free**.
  - Most users already have (are **familiar with**) Android phones/tablets.
  - Phones/tablets are relatively **cheaper** and more widely available as compared to say iPhones.
- Assessment data is entered into the app using **smartphones** or **tablets**.
- App does **not need internet access** except when;
  - Backing up data.
  - Restoring data from the cloud server.
  - Updating the list of counties for which you will have access to data.
  - Approving users.





## Smartphone/Tablet Specifications



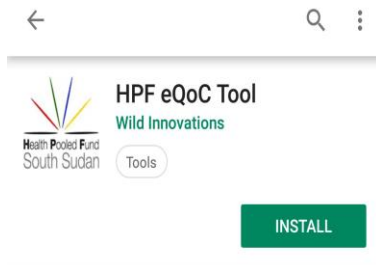
- **Android** operating system: **5.0 or later**.
- A screen size:
  - **Smartphone**: 5.98-inch or more.
  - **Tablet**: 7.0-inch or more.
- RAM: 2GB or higher (more RAM is better).
- Internal storage: 16GB or higher with expandable storage.
- **SIM card slot**.
- Battery of **5000mAh** or higher to ensure that it can last the entire supervisory session or longer.
- Must have a **Wi-Fi, camera and GPS sensors**. (normally present by default)



## How to Download the QoC App from the Play Store



- Start by downloading the app from the play store.
- Download link:  
<https://play.google.com/store/apps/details?id=etbr.org.QoC>



Rate this app





## How To Create An Account



- First, create an account by entering your;
  - Full name,
  - Username,
  - Password,
  - Email address,
  - Phone Number,
  - Organisation you work with.
- Once an account is created;
  - You can login and view the app details
  - You cannot enter data.



## Account Approval



- Once you create an account, an **email will automatically be sent** to;
  - You: confirming the details you entered.
  - HPF QoC Team: To verify your details.
- The HPF QoC Team will;
  - Review your contact details
  - Call you for more information if necessary.
  - Assign you which county **data** you will have access to.
- Upon approval of your account, you will **receive an email** informing you about the;
  - Approval
  - List of counties whose data you will have access to.

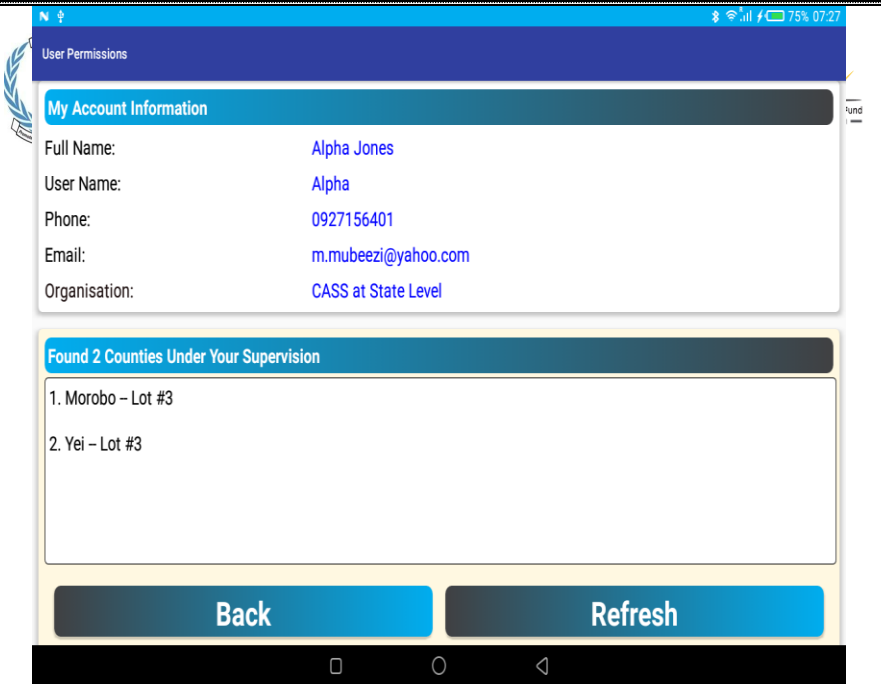
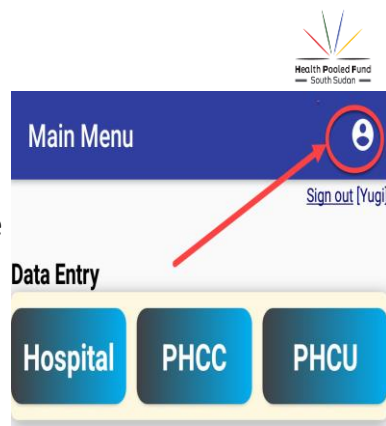







## After account approval



- Connect phone/tablet to the **internet**.
- Sign into your app.
- Tap the **white circle** on the top right corner of the **Main Menu**.
- The list of counties assigned to you will be displayed.
- In case the list **does not match with the list that you received by email**;
  - Click the Refresh button.
  - Start the process again (sign in, tap the round white circle, wait).





# Main Menu

- The first screen you will see after logging/signing in.
- It has five sections:
  - My Account (already discussed).
  - Sign Out (to close the app after use).
  - Data entry.
  - Manage Data.
  - Last edited assessment report (hand with a pen)

The screenshot shows the 'Main Menu' interface. At the top, there is a blue header with the text 'Main Menu' and a user profile icon. Below the header, there is a 'Data Entry' section with three buttons: 'Hospital', 'PHCC', and 'PHCU'. Below that is a 'Manage Data' section with four buttons: 'Search', 'Back Up', 'Restore', and 'Admin'. At the bottom, there is a section for 'Last Edited Assessment Report' with a pen icon. The interface also features logos for UKaid, Canada, and USAID.



## Data Entry Section



- Has three subsections
  - Hospital
  - PHCC
  - PHCU
- The choice you make at this stage is **very important** especially during data analysis.
- What you choose should depend on the **official MoH level for the health facility** that you are going to assess.
  - For instance, if the facility is officially a hospital but in reality operating as a PHCC for one reason or another, select Hospital and NOT PHCC.



## Hospital, PHCC, PHCU Data Entry Forms



- Intuitive, in Landscape mode
- Has **21 sections** (Hospital and PHCC) and **17 sections** (PHCU).
- Section 0
  - Asks for general information about the hospital/PHCC/PHCU.
  - Worthy to note are;
    - You do not need to enter any data under GPS coordinates. Just tap **Get GPS**. This should be done when you are outside the facility for accurate results.
    - You can only see health facilities in counties that you were assigned to.
    - Data from preceding year: is obtained from the DHIS
  - Whenever you save data, that section closes itself.
- Tap any section to open up/unhide/hide the assessment questions.
- Tap **Save** to save data and also hide the section that you have filled.



Slide 16

PHCU Data Entry Form 1/17

**0. General PHCU Information**

2019-04-02	Quarter 2	2019
Central Equatoria	Juba	Kubi PHCU
PHCU	PHCU	GOSS
Lot #1	4.84093,31.6098	Get GPS
Alpha James	0927156401	Healthlink
Funi Toms	0312585858	jjj@yahoo.com

**Data From Preceding Year:**

Total outpatient consultations	<input type="text" value="1500"/>	Outpatient consultations per day	<input type="text" value="6"/>
Total OTP consultations	<input type="text" value="250"/>	OTP feeding consultations/day	<input type="text" value="5"/>

**CANCEL** **SAVE**

**1. Staffing**

**2. Quality Improvement Activities**

Slide 17

PHCU Data Entry Form 1/17

**0. General PHCU Information**

**1. Staffing**

**2. Quality Improvement Activities**

**3. Space Management/Proper Organization**

**4. Hygiene, Water and Sanitation**

**5. Support and Diagnostic Services**

**6. Family Planning**

**7. Basic Emergency Obstetric Care**

**8. Newborn Care**

**9. Maternal Perinatal Deaths Surveillance and Response**

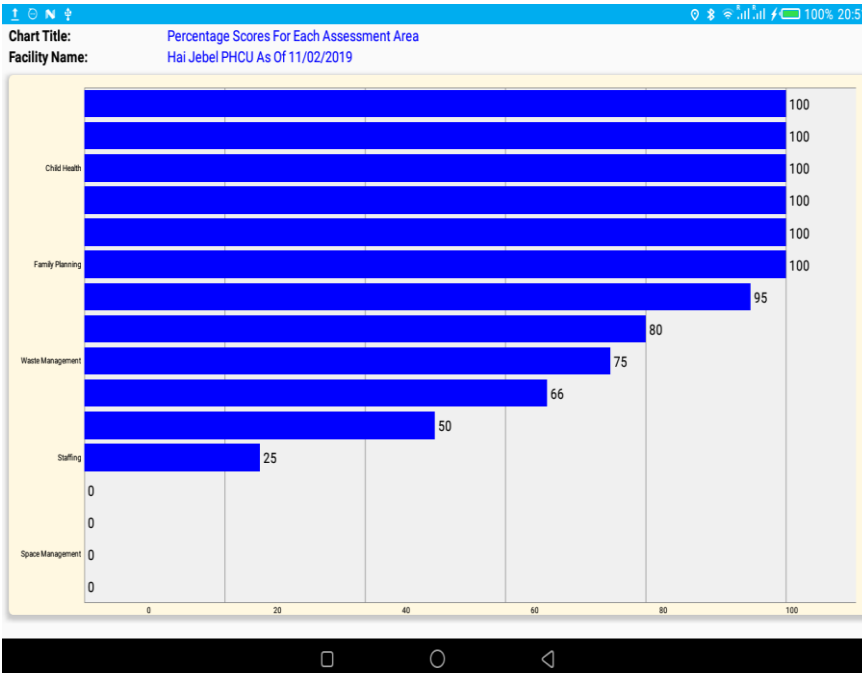
**10. Child Health**



## Hospital, PHCC, PHCU Data Entry Form CONT'



- Fill **all sections** when you visit a facility
- **Save data** for each section you complete.
- Only **data that you saved** can be **backed up**, and **retrieved later**.
- Icons at the bottom of data entry form;
  - **Delete**: to delete an assessment report.
  - **Excel**: To export the assessment report and scores into Excel.
  - **Back Up**: sends the data you have saved to cloud storage and backup (required internet access).
  - **Chart**: to transform the assessment report into a chart. It can also indirectly show you which sections are not fully filled (**see next slide**).





## Manage Data



- Has 5 sub sections namely;
  - Search
  - Restore
  - Admin
  - Data analysis
  - Back Up
- This section will only work if you have entered some assessment reports.



## Search



- Helps you to quickly **find QoC assessment** reports
- Can **search by** facility name, County, Assessment Dates etc.
- Once you enter the search criteria and tap search, the **closest matches** to your search are displayed.
- **Select one** of the listed assessment reports and **tap open**.
- The assessment report with all your data will be displayed.
- At this point you can **edit the information** as you may need and then tap **Save**. **NB:** you can only edit assessment reports (data) that you entered.





## Back Up, Restore, Admin



- These three buttons all **require internet access**.
- **Back Up:**
  - Tap to send your assessment reports to a remote server.
- **Restore:**
  - Tap to restore your data from the server for instance after uninstalling the app.
- **Admin:**
  - Tap this button to approve user accounts, remove counties from users.
  - Only admins can approve user accounts.



## Data Analysis



- Will output the assessment reports as;
  - Excel files
  - Graphs
  - Both Excel files and Graphs
  - For the time period that you choose.
- Start by selecting an indicator.
- If you selected "**Core Assessment Area**" as the indicator, the list of the core assessment areas will pop up.
- Select the **period** when the assessments were conducted.
- Select which data (Hospital, PHCC, PHCU) should be included in the analysis. By default, all are selected.



Data Analysis Section

**Data Analysis Section**

Select Indicator/Area:

Assessed Between:

Select Facility Type:  Hospitals  PHCCs  PHCUs

Show Analysis As:

Select State Hub:



Select Lot Number:

Select County:





Select Health Facility:

**Back** **OK**

FROM THE BRITISH PEOPLE Canada Sweden Sverige FROM THE AMERICAN PEOPLE

 **Data Analysis CONT'** 

- Select to see results/analysis as;
  - Numbers (Excel)
  - Graphs
  - Graphs and numbers
- Select the geographical area of your choice and then
- Tap OK





## Graphs



- Graphs can be **zoomed in/out** both horizontally and vertically.
- In a grouped chart, you can select a **maximum of five facilities to compare over time**.
- To **save a graph**, zoom it to a size of your choice then **take a screenshot**.
- The **dataset** that created the graph is saved in the **QoC folder of your phone** as an Excel file if you selected to view both Graphs and Numbers.



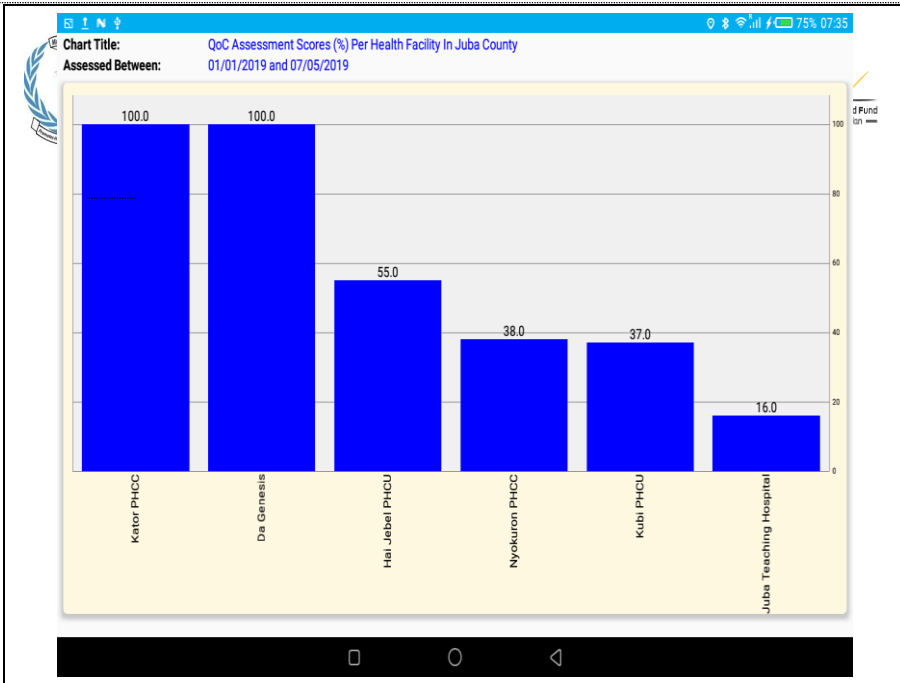
## Graphs CONT



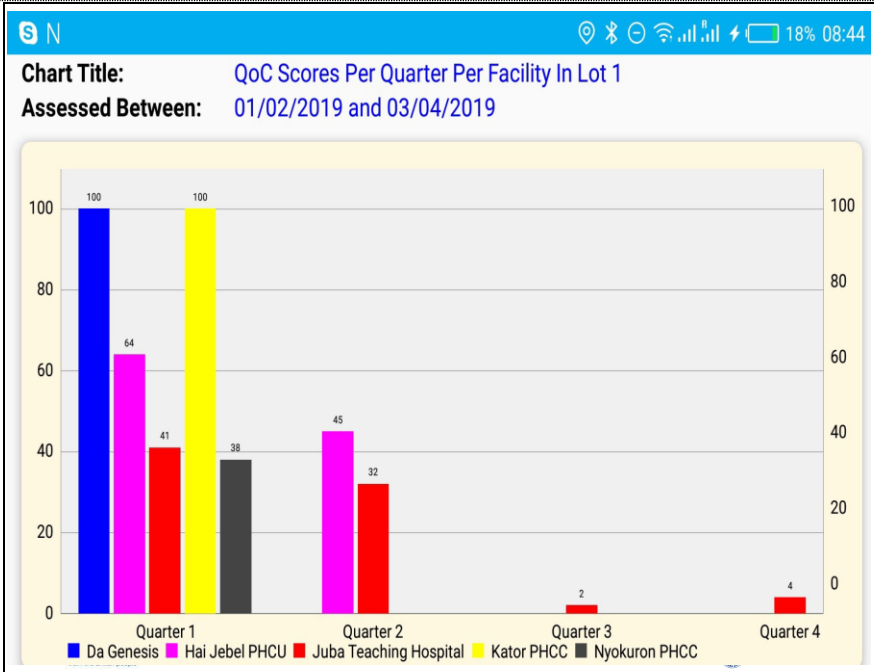
- When a facility is assessed more than once in a given dataset, the **average score** will be graphed. In Excel however, each individual assessment score is exported for your further analysis.
- Its recommended that you select **“Graphs and Numbers”** during Data Analysis. This will export the assessment reports to Excel to aid **further analysis** and **customisation of your graphs**.
- Examples of graphs generated by the QoC app are shown in the next slides



Slide 28



Slide 29





## QoC Folder



- Is a **folder** automatically created by the app.
- It is **located on your Phone/Tablet** under internal storage by default.
- Though it may vary in different phones. You can find it from;
  - File Manager → All Files → Internal Storage → QoC
  - Files → Internal Storage → QoC
- All Excel files including the datasets that populate graphs are stored in the QoC folder. See next slide



The screenshot shows a mobile file manager interface. The main screen displays a list of folders under 'Tablet storage', including 'documents', 'QoC', 'Download', 'lovelyfonts', 'lorexcloud\_log', 'snapshot', and 'Pictures'. The 'QoC' folder is highlighted with a red circle. A red arrow points from this folder to a preview window of an Excel spreadsheet titled 'Juba County Graph DataSet.xls'. The spreadsheet contains the following data:

Health Facility	Assessment Date	Numerator	Denominator	Score (%)
Kator PHCC	2019-02-16	1132	1132	100
Da Genesis	2019-02-21	345	345	100
Hai Jebel PHCU	2019-04-23	224	345	64
Hai Jebel PHCU	2019-02-11	156	345	45
Juba Teaching Hospital	2019-02-12	635	1546	41
Nyokuron PHCC	2019-02-08	431	1132	38
Kubi PHCU	2019-04-02	130	345	37
Juba Teaching Hospital	2019-04-19	496	1546	32
Juba Teaching Hospital	2019-02-27	153	1546	9
Juba Teaching Hospital	2019-02-12	152	1546	9
Juba Teaching Hospital	2019-02-19	46	1546	2
Juba Teaching Hospital	2019-02-19	35	1546	2



Thank you



## **SESSION13: TRAINING FEEDBACK & CLOSING (20 minutes)**

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### **Introduction**

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This session aims to gather feedback from the participants in order to inform future improvements

### **Written Feedback Session**

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Each participant will receive a hard copy of the work shop evaluation form. Please fill and be as honest as possible in order to improve future trainings. Please do not use rude or abusive language in the evaluation forms

### **Oral Feedback Session**

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The facilitator will invite feedback of the training. Please communicate the extent to which the expectations you had of the training have been met.

### **Closing Session**

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The training workshop closes and participants are free to leave at their own leisure.

## Annex 1: Quality Improvement Plan Template

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### Problem 1

Identified Problem/Gap in Quality:				
Objective:				
Activities	Responsible	Resources	Timeframe	Comments
Activity 1				
Activity 2				
Activity 3				
Activity 4				

### Problem 2

Identified Problem/Gap in Quality:				
Objective:				
Activities	Responsible	Resources	Timeframe	Comments
Activity 1				
Activity 2				
Activity 3				
Activity 4				

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