

**CASE STUDY**

***USING QUALITY OF CARE DATA IN  
REPRODUCTIVE HEALTH PROGRAM MANAGEMENT***

## The Get-together

Our story opens with 4 reproductive health program managers, Ms K, Ms R, Mr Z and Dr M, gathered about their favorite hangout. Their conversation goes something like this....

Ms R: Have you received the memo from headquarters about measuring quality of care? As if we have time for anything in addition to what we already do. What *are* they thinking?

Dr M: Besides, quality is so subjective. How can you possibly measure something as qualitative as quality? Let's have another beer.

Ms K: In my project, we collect data on quality of care from the clinics and the community RH workers we work with. So we already measure it. Fortunately, I just happen to have with me this chart showing the number and types of service sites in my project area.

Number and Type of Service Sites in Your Project Area							
Type of Clinic	Zone						Total
	I	II	III	IV	V	VI	
Public Sector Clinics	6	4	4	3	4	3	24
NGO Clinics	1	1	1	2	1	1	7
<b>Total Clinics</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>31</b>
Community RH workers	14	9	12	4	11	7	57

Mr Z: But how do you collect quality of care data? How do you even define it?

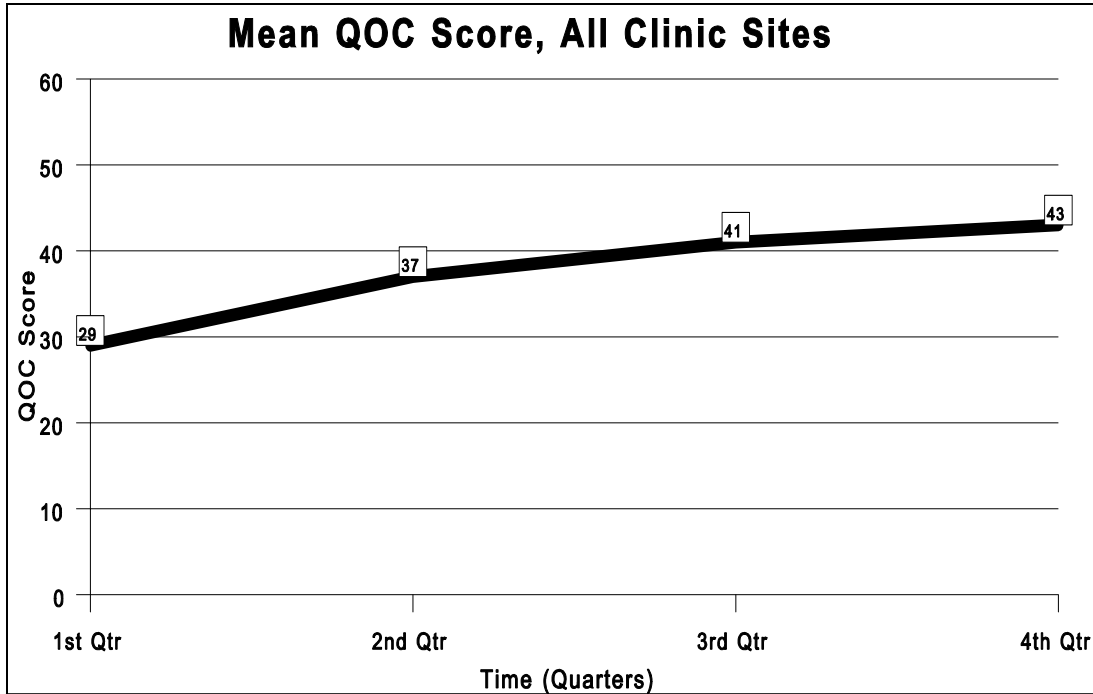
Ms K: The supervisors, clinic staff, community RH workers, some community leaders and I designed a data collection instrument based on the Bruce Quality of Care Framework. We all agreed on what the elements meant and on the indicators we would use for quality. You remember the six elements of the Framework, right?

Dr M: Yeah, uh, choice of methods, technical competence, uh...., mechanisms to ensure continuity, uh.... Hey, where's that beer we ordered?

Mr Z: And, the other elements are .... informing and counseling clients, interpersonal relations and .... oh, appropriate constellation of services. Whatever that means. How do you use the data collection instrument?

Ms K: We have 3 clinic supervisors for our 31 clinics and 5 supervisors for our 57 community RH workers. The supervisors visit each of their sites once per quarter, using the instrument to guide their observations and to score the site. Using the instrument, the supervisors observe interactions, interview staff and clients and poke around in the records and storage areas. Then they meet with the staff to discuss the findings and make an action plan to address the problems identified.

Since we score each site every quarter, we can average the scores of all the sites to get an idea of the overall quality of care delivered through our project. Each site can receive a maximum score of 10 on each of the six elements for a total possible score of 60. Let me show you the mean QOC score for the last year for our 31 clinics.



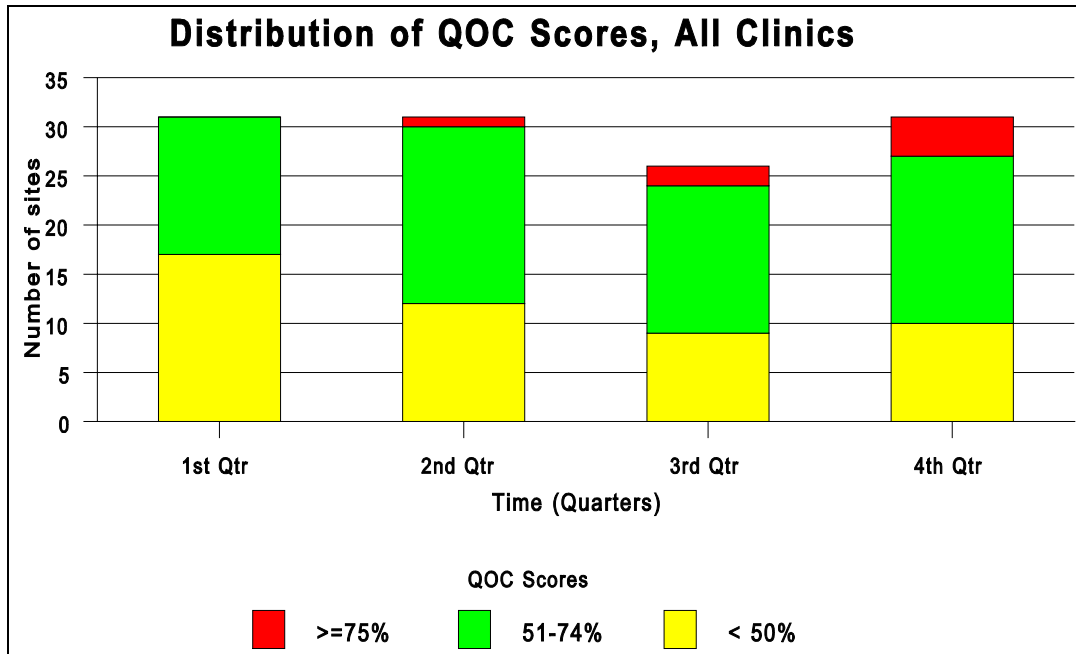
## STOP

How would you assess the quality of care being provided at the project service sites? For example, what can you say about the *absolute* level of quality? The trend over time?

What can you say about *why* the trend is as it appears?

Mr Z: But what does the program hope to achieve overall in terms of quality of care?

Dr M: Well, our goal is to have at least 75% of our service sites score at least 45 out of 60, that is 75%, on the instrument. The next table shows you where we are on that objective.



## STOP

What do these data show you about the project's QOC relative to its goal? As a Project Manager, what's your reaction to these data?

How would you respond to the clinics in each of the three rankings (i.e., scores <50%, 51-74%, >=75%)?

What does this chart tell you about your reporting system?

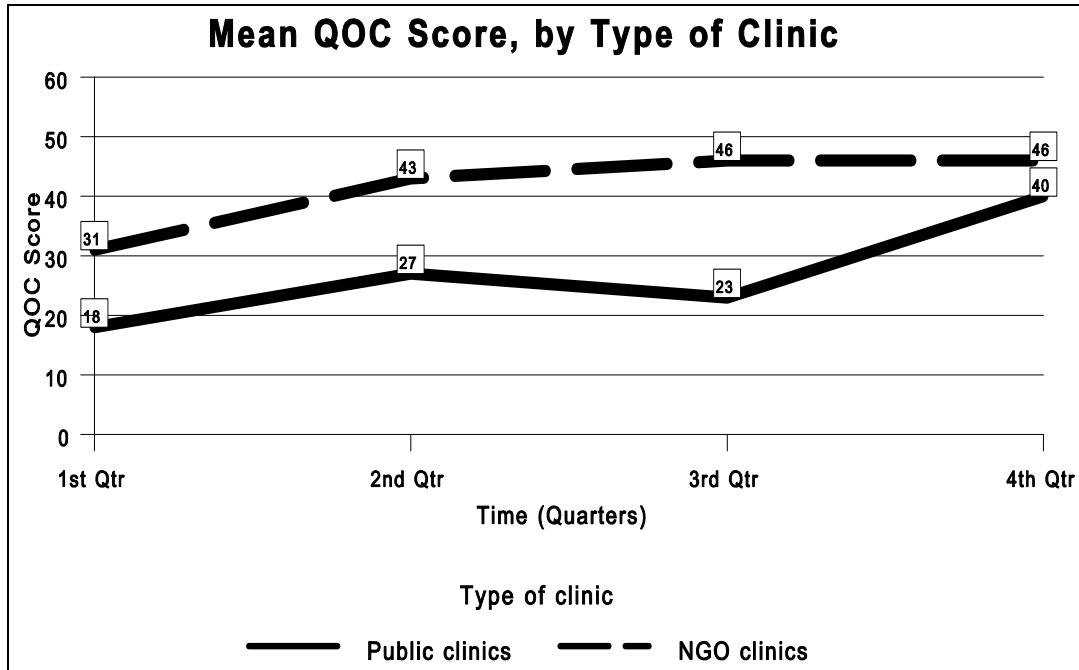
What does the chart tell you about *why* the scores are what they are?

What do these aggregate data tell you about QOC in a given clinic?

Ms R: That's sort of interesting as a general picture, but you have different types of clinics – public sector and NGO. And your clinics are in several districts, which must create differences. What good does one QOC score do you?

Dr M: WHERE'S MY BEER???

Ms K: These figures are a composite of all the clinics in all the districts. But we also look at the QOC data by type of clinic and district because, you're right, the composite can hide important differences. Let me see if I have that data here ... oh, yes ... here it is by type of clinic.



## STOP

What do these findings suggest about the providers you work with?

Is there a score below which the quality of services is clearly compromised? Would this be a minimum total score or a minimum for some or all of the elements? What actions would you take in sites that did not meet the minimum standards?

Ms R: This is only clinic QOC data. What about the community RH workers? Do you just forget about them?

Ms K: No, as a matter of fact, we have a QOC instrument for them too, though it's a bit different from the clinic tool. Simpler. The QOC provided by the community RH workers is observed by the supervisors, who discuss their performance with them. Topics which seem to be a problem for many of the agents are chosen as the "review topic" at their quarterly meetings. We use the scores to monitor whether we are on track with the general level of quality we are providing overall. You'll be disappointed that I don't have the community RH workers QOC data with me.

Ms R: I'm devastated.

Dr M: I'm hungry.

Mr Z: I'm impressed. I want to measure quality of care in *my* project.

**STOP**

This is only clinic QOC data. What about the Community RH workers?

Is it possible to develop a tool for community RH workers? How would it differ from a tool used in the clinics?