



Quality Assurance in the Jordan Primary Health Care System

BEST PRACTICES



February 2004



PHCI
PRIMARY HEALTH CARE INITIATIVES



Quality Assurance in the Jordan Primary Health Care System

BEST PRACTICES



February 2004



Acknowledgements

This celebration of accomplishments would not have been possible without the collaboration of the Ministry of Health and the Mission of the United States Agency for International Development (USAID). We would especially like to acknowledge the encouragement and support of the Minister of Health, the Undersecretary, the Quality Directorate, the Directorate of Planning and Project Administration, and the Health Directorates. The leadership of the Quality Assurance Counterparts and Quality Coordinators in instilling a culture of quality in the Primary Health Care system cannot be underestimated. Tribute must also go to the PHCI Quality Assurance Component for its technical guidance and commitment to change. However, principal credit belongs to the Health Center Quality Teams who make quality and performance improvement their main objective. This document highlights the story of the teams and their achievements.

Dr. Carlos J. Cuéllar
PHCI Project Director

February 2004

Quality Assurance in the Jordan Primary Health Care System: Best Practices, was made possible through support provided by the Hashemite Kingdom of Jordan and the United States Agency for International Development, under the terms of Contract No. 287-C-00-99-00059-00, the Primary Health Care Initiatives Project. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

Edited by: Donna Bjerregaard, Initiatives Inc. Designed by: Jaime L. Jarvis, Initiatives Inc.

Participating Teams

South

Al Amira Rahmeh Health
Center/Ma'an

Al Rabbeh Al Shamel Health
Center/Kerak

Mu'tah Health Center/Kerak

Majra Health Center/Kerak

Al Mazar Health
Center/Kerak

Emre'e Health Center/Kerak

Al Adnanyeh Health
Center/Kerak

Al-Amira Basmah Health
Center/Aqaba

Al Khazan Health
Center/Aqaba

Al Baldah Al Qadimah
Health Center/Aqaba

Al Aqaba Health
Center/Aqaba

Al Qadissyeh Health
Center/Tafileh

Bassirah Health
Center/Tafileh

Ein Al-Baida' Health
Center/Tafileh

Al Tafileh Al-Shamel Health
Center/Tafileh

Al Hassa Health
Center/Tafileh

North

Al Manshieh Health
Center/Irbid

Al-Razi Health Center/Irbid

Eidoun Health Center/Irbid

Beit Eides Health
Center/Irbid

Huwara Health Center/Irbid

Um-Qais Health
Center/Irbid

Hai Al-Hussein Health
Center/Mafrak

Rawdat Al-Amirah Basmah
Health Center/Mafrak

Al Amir Hasan Health
Center/Ajloun

Jerash Health Center/Jerash

Souf Health Center/Jerash

Central

Al Jofeh Health
Center/Balqa

Deir Allah Health
Center/Balqa

Al-Salalem Health
Center/Balqa

Al Jreineh Health
Center/Madaba

Al-Zarqa' Al-Jadidah
Health Center/Zarqa

Al Manara Health
Center/Amman

Al Qweismeh Health
Center/Amman

Contents

Quality Assurance in the Jordan Primary Health Care System	1
Building Effective Referral Systems	5
Reproductive Health Utilization.....	8
Compliance with Standards.....	17
Complying with Nursing Procedures	24
Promoting Preventive Services.....	29
Improving Client Flow	32
Strengthening Health Education.....	35

Acronyms

ANC	Antenatal Care
HC	Health Center
FP	Family Planning
IUD	Intrauterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Nongovernmental Organization
OC	Oral Contraceptive
PHCI	Primary Health Care Initiatives Project
PIR	Performance Improvement Review
PPC	Postpartum Care
QA	Quality Assurance
QIP	Quality Improvement Process
RH	Reproductive Health
USAID	United States Agency for International Development
WRA	Women of Reproductive Age

Quality Assurance in the Jordan Primary Health Care System

This booklet presents examples of successful implementation of quality improvement strategies by health center staff at 10 primary health care centers across the Kingdom of Jordan. The centers relied on data collection tools to identify and solve problems related to meeting standards of excellence in providing care. Their efforts, shared at three regional meetings, were intended to encourage innovation and replication among health center quality assurance teams. Two hundred health centers are participating in a broad project to strengthen the skills of health care staff, upgrade the physical environment of facilities and build a more client-centered focus for primary health care.

Hashemite Kingdom of Jordan Indicators (2002)

Total Population	5.329 million
Population 15+	62.2%
Total Fertility Rate	3.7
Life Expectancy	71.5 years
Infant Mortality Rate	22/1000 births
Illiteracy Rate	10.3
Total Size	91,100 sq. km.

Source: WHO Regional Office for EMRO

Under the jurisdiction of the Ministry of Health (MOH), the health centers are being technically and physically upgraded by the USAID-funded Primary Health Care Initiatives (PHCI) Project. PHCI, initiated in 1999, is a five-year project designed to increase the quality of and access to public sector primary health care and reproductive health services in Jordan. The MOH runs 389 primary and comprehensive health centers and 258 village health centers, staffed by 8,616 employees, 63% of whom are in the primary health care centers.

PHCI

The PHCI Project, implemented by Abt Associates, in cooperation with Initiatives Inc. and the University of Colorado, Department of Family Medicine, provides a comprehensive strategy of MCH, clinical, and management training, research, health management information systems, quality assurance, health communication and marketing, and physical renovations.

-
- Seventy-seven MOH physicians, midwives, and nurses were trained to instruct all health care workers in primary and reproductive health care protocols and procedures, as well as counseling for healthier behavior.
 - Seventy Quality Assurance Coordinators are facilitating a quality improvement process at the health centers.
 - Twelve research teams were prepared to study and disseminate findings on clinical and management issues.
 - Computers and a new reporting system are enabling health centers and directorates to input and retrieve information to improve client flow and management decisions.
 - An intensive health promotion campaign has been launched in the media and 42 health promoters are implementing a health promotion strategy that focuses on building resource networks to help the community become responsible for its own health.
 - All centers are being renovated to upgrade the physical appearance and safety of the centers and provided with new furniture and equipment.

The ultimate objective is to have all component inputs converge at the health center, improving the competency of the staff and the care and satisfaction of clients.

MOH Structure

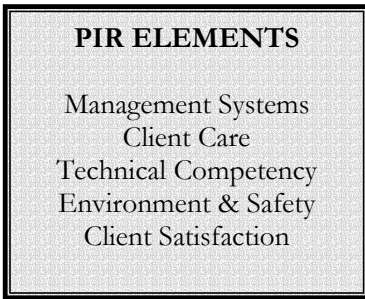
The organizational structure of the Ministry covers three levels: central, directorate, and health center. At the central level, a Quality Directorate has been established to oversee quality improvement. They are assisted by Quality Assurance Coordinators at the Health Directorates, who support health center quality assurance teams. PHCI is assisting all three levels to build a sustainable infrastructure capable of continuing the quality improvement process beyond the life of the project.



Quality Improvement Process (QIP)

The objective of the quality improvement process is to help health center staff recognize and comply with quality standards in managing and providing service. Each health center has a Quality Assurance team generally including 5-6 members appointed jointly by the manager and QA Coordinator to represent the major service areas of the center. The team is trained by the QA Coordinator to use a performance improvement review (PIR) process and tools. The PIR tools consist of interviews and observations administered to all levels of staff and clients and reviews of client and facility records to get a complete picture of center operations and services both qualitatively and quantitatively.

The basis for questions on the instruments is derived from a conceptual framework that defines a quality health center.



The framework consists of:

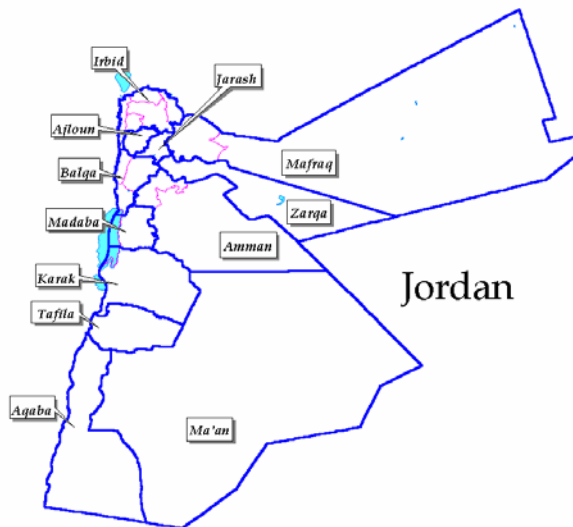
- Five elements, subdivided into 24 indicators.
- Quantitative data on service utilization, referrals, and method usage as well as control of chronic conditions.

A scoring methodology is used to identify and prioritize the problems under each indicator. The team reviews the problem list to develop an action plan.

An action plan defines the problem and delineates the steps, responsibility, monitoring plan and results expected for each problem. Problems can originate from many sources, the PIR instruments, staff feedback, client suggestions and investigations of available data. Some problems require further investigation to clarify their cause; others are self-evident. Each problem is then clearly defined; the team and QA Coordinator determine a problem solving approach and monitoring approach.

The Coordinator continues to meet with the team on a semi-monthly basis to help monitor progress and revise strategies based on the data collected during the monitoring process. PIR is repeated annually to check on progress and determine a new action plan.

The descriptions that follow show how systematic problem identification and solving can help centers to identify and address a wide range of management, clinical and performance issues. The examples portray how improvements in client flow, technical competence, client care and health promotion, supervision, and documentation lead to changes in staff performance, client satisfaction, and ultimately health outcomes.



Building Effective Referral Systems

Effective referral systems lead to improved continuity of service and client care. Yet flow of information from the referral source, the primary care center, to referral sites, such as comprehensive centers and hospitals, is hampered by the lack of a recording system, staff time, and client volume. This can lead to duplication of examinations and tests, incorrect or incompatible prescriptions, and delayed diagnoses. A referral system requires feedback from referral sites to be complete.

Creating MCH Referral Systems:

Al-Jreineh Health Center/Madaba

Problem Statement

There is no system for receiving feedback on referrals for pregnancies that incur complications or for clients seeking family planning methods not available at the center, which prevents effective case follow-up.

Problem Source

Reviews of client records and interviews with midwives during PIR revealed a lack of feedback information following referrals.

Objective

To facilitate follow-up by establishing a referral feedback system with facilities to whom clients with pregnancy complications are sent.

Action Steps

1. Identify referral sites: MCH clinics, Model Centers, Comprehensive Postpartum Care Centers.
2. Hold meetings with referral centers to design documentation and communication system.

-
3. Develop a referral log:

Sample Referral Register Log

Record No.	Name	Date	Reason for referral	Card No.	Referral Center	Feedback Received

4. Give each client a form to take to the referral site and return with the information filled out.

Sample Feedback Form

Name	Date	Reason for referral	Feedback

5. Assign an officer at the referral center to:
- Obtain feedback.
 - Record information.
 - Attach referral forms to client files.
6. Review the results of the referral with clients and the referral center.

Monitoring Results

Referral Results

<i>Referred for Complications</i>	<i>Feedback Received</i>	<i>Referred for FP</i>	<i>Feedback</i>
35	35	46	0

Lessons Learned

- Personal follow-up with referral sites is important.
- Counseling pregnant women about the benefits of special care and the need to bring the feedback form back to the health center for continuity in care helps the women become more committed to the process.
- Use of feedback data is increased by forming a direct link between referral forms and health client information through physically attaching the forms to client files.

Next Steps

1. Develop a referral system to acknowledge receipt of family planning methods and necessary follow up.
2. Analyze the reasons for referrals and percentages of referred clients in order to identify the need, if any, for providing new services or additional equipment at the primary health center.
3. Review the impact of cost of referral to the client as a potential obstacle for complying with service usage.

Reproductive Health Utilization

The primary health care system in Jordan has not established a calculation for determining an adequate reproductive health service utilization rate. In addition, the availability of other government and private facilities makes it difficult to assess whether client need is underserved at the primary health care level. However, utilization of reproductive health services represents less than 2% of all direct service and 10% of all MCH services¹. Figures for postpartum care and family planning are consistently and significantly lower than antenatal care; this indicates women are not using all reproductive health care services equitably for pregnancy and birth spacing related issues. Consequently, the health risk for newborns and their mothers is increased and opportunities that have proven effective for introducing family planning counseling are missed.

Increasing Demand for Family Planning Services:

Al-Manshieh Health Center/Irbid

Problem Statement

Low utilization of family planning services was determined by reviewing the variance between the number of married women in reproductive age in the catchment areas and the number of women utilizing family planning services. IUD services, although requested, were not available.

Problem Source

Charts on service utilization collected during PIR revealed the number of clients for RH services and method usage, showing limited method choice.

Objective

To increase the number of clients seeking IUD services.

¹ Rationalizing Staffing Patterns and Cost Analysis of Primary Health Care Services in Jordan. Family Health Group Research Team, Jordan University (December 2000), PHCI, USAID.

Action Steps

1. The team decided to gather more data to investigate the situation. They reviewed the following:
 - Maternal and child health records of the Health Directorate.
 - Records and service utilization data for general practice and MCH clients.
 - Interviews with clients visiting the general practice and maternal and child health clinics.

Year 2000 Data

<i>Catchment Area Population</i>	<i>8,000</i>
Women of reproductive age (15-49)	22% or 1,760
Married women of reproductive age (50.4% of WRA)	887
Expected number of pregnant women (3.2% of catchment area)	256

(Source: Census of Population and Houses)

2. As a result of analyzing the data, the team took the following measures to improve demand:
 - Established an IUD insertion unit in 2001.
 - Instituted an awareness raising campaign focusing on the significance and availability of family planning and particularly IUD services in the center using:
 - Home visits
 - Counseling clients about the services of the center
 - Educational sessions for the local community

Results

After one year of implementation, an increase in demand was noted in both OCs and IUDs.

Users of Contraceptives, 2000 and 2001

<i>Method</i>	<i>Users (2000)</i>	<i>Users (2001)</i>
Oral contraceptives	218	311
Injectables	34	21
Condoms	65	63
IUDs	0	49*

*Figure for IUD use represents the last six months of 2001.

Lessons Learned

- Increasing the method mix had an impact on increasing demand.
- Ensuring the availability of a trained service provider in the center ensured continuity of service.
- It was important to improve counseling and simultaneously promote services to the target groups.
- Proper documentation and follow up of cases increased utilization.
- Collecting and analyzing data ensured that the intervention met the needs of the targeted groups.

Next Steps

1. Continue counseling, raising awareness, and promoting FP services.
2. Provide an ultrasound service in the center.
3. Provide a laboratory to test for pregnancy in the center.

Increasing Postpartum Care Utilization:

Al Amira Rahmeh Health Center/Ma'an

Problem Statement

Low utilization of postpartum services in health centers.

Problem Source

The PIR instruments include a chart to collect data on reproductive health service utilization. This data revealed an inequity between the number of postpartum and antenatal care visits.

Objective

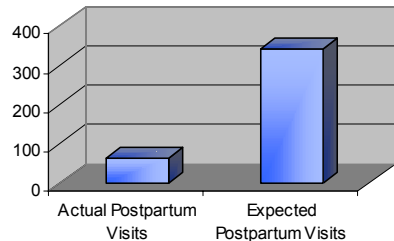
Increase the utilization of postpartum services by those who delivered to at least 70%.

Action Steps

1. Define the problem:

- Catchment population = 10,000
- Population Increase rate = 3.2%
- Expected number of pregnant women = $3.2\% \times 10,000 = 320$
- Actual number of postpartum visits = 64 over 12 months

Actual vs. Expected Postpartum Visits



2. Create a baseline for three months to see the percentage of women returning for postpartum care after delivery.

<i>Month</i>	<i># of Deliveries</i>	<i># Postpartum Clients</i>	<i>% Returning for PP Care</i>
April	9	3	33
May	13	4	30
June	8	3	14

3. Cite the benefits for clients and staff of attending postpartum visits:

- Assists in detecting and treating postpartum pyrexia, infections, and continuous bleeding.
- Provides an opportunity for imparting health education about personal hygiene, diet, exercise, childcare, breastfeeding and family planning.
- Reduces the incidence of infant diseases such as diarrhea and respiratory problems often resulting from lack of knowledge of proper infant care.

4. Increase utilization:

- Promote awareness of postpartum services in the community.
- Inform all female patients, especially MCH clients, about available postpartum services.
- Create a brochure for women containing information about maternal care.
- Develop a register to log the number of expectant mothers, their addresses and expected date of delivery to enable follow-up.
- Provide counseling about postpartum services during antenatal services.
- Contact women who missed their postpartum appointment by phone and home visits.

Sample Log Sheet

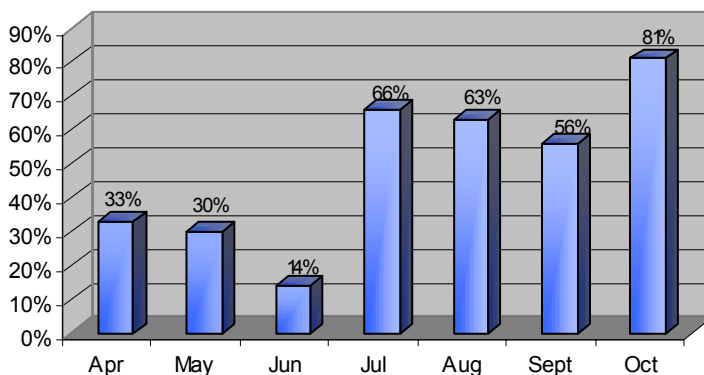
#	ANC Patient Name	Address Telephone No	Expected date of delivery	Postpartum Counseling Conducted	PP Visit Conducted	Notes
1	Maisoun Salem Abu Karaki	Ma'an-Al Iskan.	10-15-02	✓	11-5-02	
2	Ibtisam Mustafa Abdel Ghani	Ma'an-Al Shamieh	10-3-02	✓	10-14-02	
3	Ikhlas Ahmad Mousa	Ma'an-Al Shamieh	1-28-03	✓	2-15-03	

Monitoring Results

Service Results for July-October

Month	Expected # of Deliveries ²	Actual # of PPC visits	%
July	12	8	66
August	11	7	63
September	16	9	56
October	11	9	81

ANC Clients Returning for Postpartum Care



Next Steps

1. Continue awareness, counseling and promotion of postpartum services.
2. Continue follow up and documentation.
3. Expand promotion of other reproductive health services to include antenatal care and family planning.
4. Present this strategy and the results to the Health Directorate to disseminate to all health centers.

² Based on health center antenatal care data

Promoting Postpartum Services:

Al-Jofeh Health Center/Balqa

Problem Statement

Clients are not aware of the need for postpartum care, which can have a negative impact on maternal and child health.

Problem Source

An analysis of the data in the PIR RH utilization charts showed low utilization of postpartum services.

Objective

To develop, follow and monitor a strategy for increasing utilization of postpartum services to curb postpartum complications and preserve maternal and child health.

Action Steps

The general objective was to raise the awareness of pregnant women about the importance of care in the postpartum period, its risks and benefits to both mother and child. The target group was pregnant, third trimester women. Steps included:

- Recording the names of all target-group clients and their expected delivery date to enable follow up.
- Providing and documenting health education messages delivered by physician and MCH staff covering:
 - Breastfeeding and its benefits to both mother and infant
 - The importance of antenatal and postpartum nutrition
 - Maternal and infant postpartum complications
 - Maternal and infant postpartum personal hygiene
 - Counseling on family planning

- Making postpartum and antenatal follow up home visits to clients who failed to visit the center after their anticipated delivery date to stress the need for postpartum care.
- Informing pregnant clients of the free and readily available tests and supplementary medications conducted during the postpartum visit.
- Informing mothers of the need to examine the newborn and of the risks of diseases in the neonatal period.
- Circulating educational messages about MCH services, including postpartum services, through the local women's committee.
- Circulating publications and posting information on postpartum services.

Monitoring Results

Postpartum Services Results

<i>3rd Semester Pregnant Women</i>	<i>Delivered</i>	<i>Postpartum Visits</i>	<i>Reminder Home Visits</i>
42	36	33	3

Rate of Return: 91%

Lessons Learned

- Setting a plan encourages consistent and determined actions to achieve results.
- The recording of educational messages given to pregnant women on client files facilitates coordination between physician and midwife.
- Providing counseling about family planning during ANC attracted clients to use family planning services.
- Creating a chart to record each antenatal visit and expected date of delivery facilitates follow up for postpartum delivery.
- A benefit of increased postpartum visits was an increase in the number of newborn clients seen and family planning counseling visits made.
- The strategy strengthened the role of the women's committee, which took on the tasks of disseminating educational messages and promoting reproductive health services.

Next Steps

1. Expand the targeted group to include all women of reproductive age in the catchment area.
2. Engage the rest of staff in promoting available reproductive health services.
3. Focus on increasing and improving counseling during antenatal care visits to attract clients for postpartum care, family planning and child health services.

Compliance with Standards

In the Hashemite Kingdom, the prevalence of hypertension among those over 25 is 31.8% while diabetes accounts for 6.8% of adult illness³. Helping clients with chronic illnesses to manage their conditions is important to prevent complications. Heavy staff turnover and lack of nationwide standards for treating illnesses contributes to inadequate management of these diseases. New guidelines and training have been provided to health staff to facilitate consistent and complete treatment, improving control and saving the system both time and money. However, the procedures are not systematically followed and monitoring procedures are not in place.

Improving Compliance with Diabetes & Hypertension Protocols:

Hai Al-Hussein Health Center/Mafraq

Problem Statement

Physicians inconsistently use standards in treating and documenting chronic conditions, resulting in inconsistent service.

Problem Source

The observation tools of PIR in conjunction with checklists used to monitor use of standards showed poor adherence to guidelines.

Objective

To ensure complete and routine nurse and physician compliance with the protocols for diabetes and hypertension.

³ Jordan Morbidity Survey: Study Design and Risk Factors, Volume 1: Ministry of Health, 1996

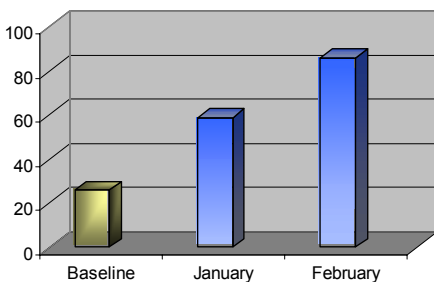
Action Steps

1. PHCI-trained Health Team Trainers instructed the Health Center Director in the use of the clinical case management protocols.
2. The Director trained center medical staff in the protocols, emphasizing the need for compliance.
3. A monitoring plan to determine the rate of compliance with the steps of the protocols was devised to randomly sample medical staff treating these patients three times a week. The observations were completed using the checklists supplied with the protocols. Baseline and post training samples were taken to observe the difference. Client files were also reviewed to determine whether the information recorded by the physician complied with the protocol directions.
4. New client files for diabetic and hypertensive patients were created and a follow-up chart was attached to each record.
5. The team agreed to review the data monthly and make decisions as to how to improve weaknesses.

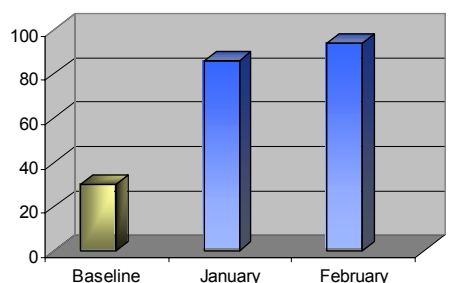
Monitoring Results

1. Post-training observations and record reviews revealed significant changes in compliance. Baseline compliance for diabetes stood at 26%, after two months it rose to 60%. Hypertension treatment compliance rose from 30 to 94%, more than a three-fold increase.

Diabetes Compliance with Protocols



Hypertension Compliance with Protocols



2. Team members continued to emphasize the importance of following the protocols after reviewing the data.
3. The areas of weakness were identified as making and documenting referrals and providing and recording proper health education messages. Looking more closely at this issue, it was discovered that the records do not provide space for inserting this information and the lack of a proper referral system is a barrier.

Diabetic Protocol Compliance

<i>Tasks</i>	<i>Pre-training (Dec 01)</i>	<i>Post training (Jan 02)</i>	<i>Post training (Feb 02)</i>
Medical history	35%	65%	100%
Clinical examination	0%	65%	100%
Counseling	35%	35%	65%
Laboratory tests	0%	65%	100%
Referral	35%	65%	65%
Average	26%	59%	86%

Compliance with Hypertensive Protocol

<i>Tasks</i>	<i>Pre-training (Dec 01)</i>	<i>Post training (Jan 02)</i>	<i>Post training (Feb 02)</i>
Medical history	35%	65%	100%
Clinical examination	65%	100%	100%
Health education	0%	35%	65%
Laboratory tests	35%	65%	100%
Counseling	0%	65%	100%
Referral	50%	100%	100%
Average	30%	86%	94%

Lessons Learned

- Complying consistently with the standards improved the quality of health care to patients with chronic diseases, enabling proper follow up and referral.
- Continuous training in protocols has an impact on providing consistent and improved performance, particularly in situations with heavy staff turnover.
- Monitoring compliance with protocols sets the stage for identifying and removing obstacles to compliance.
- Instituting a monitoring system leads to strengthening the compliance with the protocols.

Next Steps

1. Continue and expand training to include the majority of clinical protocols.
2. Continue monitoring compliance with protocols.
3. Investigate potential for updating patient files to facilitate proper documentation.
4. Advocate for a comprehensive referral system.

Increasing the Number of Controlled Diabetic Clients: **Al Rabbeh Health Center/Kerak**

Problem Statement

Health care staff do not follow standards for treatment of diabetes, which contributes to a large number of uncontrolled cases. In Jordan, 43% of diabetic patients using health centers are classified as uncontrolled⁴.

Problem Source

PIR observations, record reviews and standard compliance observation tools revealed that the protocol for diabetes is not followed correctly, including documentation of findings.

Objective

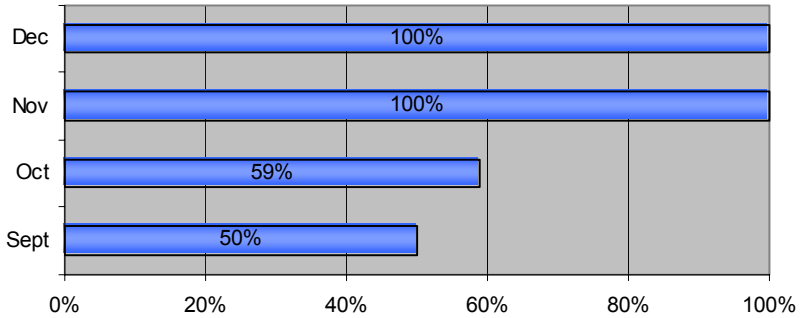
To increase the percentage of controlled diabetes by improving compliance with standards.

Action Steps

1. Define an overall strategy to include specific interventions and a monitoring plan.
2. Explain to staff the link between applying standards and measuring fasting blood sugar levels to see results.
3. Provide the protocols.
4. Train 3 physicians and 8 nurses on implementing the protocols and completing the follow up chart.
5. Discuss monitoring results during the QA team meetings.

⁴ Utilization of Health Services Delivery and Health Status Study (Pretest Phase) January 2002, PHCI.

Compliance with Diabetes Protocol



6. Monitor results of Blood Sugar fasting for individual patients for a period of 6 months and prepare reports on results.
7. Document the percentage of controlled and uncontrolled patients on a monthly basis.
8. Mark the records of patients with readings higher than 180 to refer them for intensive counseling.
9. Report the results on the QA Coordinator monthly reports.

Results

1. Although all factors affecting control are not health center related, establishing a process for monitoring the rate of control allows review of client and staff needs.
2. The data enabled clients to be referred for additional health counseling on diet, exercise, medication and foot care.
3. For staff, observations were conducted to determine adherence to standards; those requiring additional training were referred to the directorate.

Changes in Blood Sugar Level

<i>Month</i>	<i>Normal</i>	<i>Average</i>	<i>High</i>	<i>Total Clients</i>
September	15 (34%)	15 (34%)	13 (30%)	43
December	13 (36%)	12 (33%)	11 (30%)	36
% Change	+2%	-1%	0%	

Lessons Learned

- It is helpful to compare the controlled clients in the catchment areas to the national level to indicate the severity of the problem.
- Systematic compliance and monitoring facilitates revision of the treatment plan, and helps to focus on health education and appropriate referrals.
- Linking results and training in standards improves staff understanding of need for compliance.

Next Steps

1. Continue monitoring and analyzing results.
2. Monitor the changes in individual patient readings for six months.

Complying with Nursing Procedures

In primary health care, nurses form the largest cadre and provide the foundation for all services. Building their capacity through training and compliance with nursing procedures would have a direct and extensive impact on client care. However, lacking clear definitions of their role, supervisors are often pushed to inspect rather than promote professional growth. Directorate-level nursing supervisors are an excellent training and support resource for reaching large numbers of health center nurses quickly. Using nursing procedures and tools for identifying training needs, and through monitoring compliance, supervisors can assist in improving the competence and quality of services provided by nurses.

Developing a Plan for Strengthening Nursing Care

Tafileh Health Directorate

Problem Statement

Nurses do not routinely follow nursing procedures and supervisors at the Directorate level do not play a role in either monitoring or supporting the use of these procedures.

Problem Source

PIR interviews revealed a lack of supportive supervisory or training input and observations of nursing procedures showed inconsistent compliance.

Objective

Increase compliance with standards and utilize checklists to verify improvement of performance after training in the following skills:

- Measuring blood pressure
- Changing sterile dressings
- Administering intramuscular injections

Action Steps

1. Define the situation:

- There are 190 nursing staff employed in the Tafileh Directorate.
- Newly available standards and checklists are not systematically utilized by nurses or supervisors to improve staff skills.

2. Define the target group:

Nursing Staff in:

- Al Baseera HC
- Al Qadisieh HC
- Ein Al Baida HC
- Tafileh Al Shamel CHC

The staff:

- Range from completion of 11th grade to Tawjihi level.
- Have 2 to 20 years experience, averaging 12 years.
- Lack training: 86% received no training during the past two years.

3. Conduct a pre-training evaluation to:

- Determine compliance with procedural steps of blood pressure, sterile dressing change, and administering intramuscular injections.
- Sample 10 nursing staff on three procedures, each procedure consisting of 10 steps.
- Analyze the results of each step to reveal specific weaknesses or problem areas.

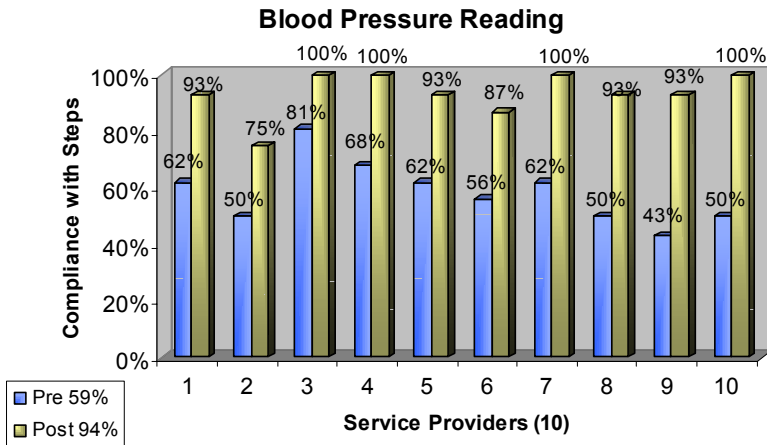
4. Identify the training plan:

- Use the pre-evaluation results to define target groups and their training needs.
- Create a training plan.
- Provide all nursing supervisors with the procedures.
- Disseminate procedures to all health centers and clinics and place in appropriate places.
- Schedule and conduct a post-evaluation observation.

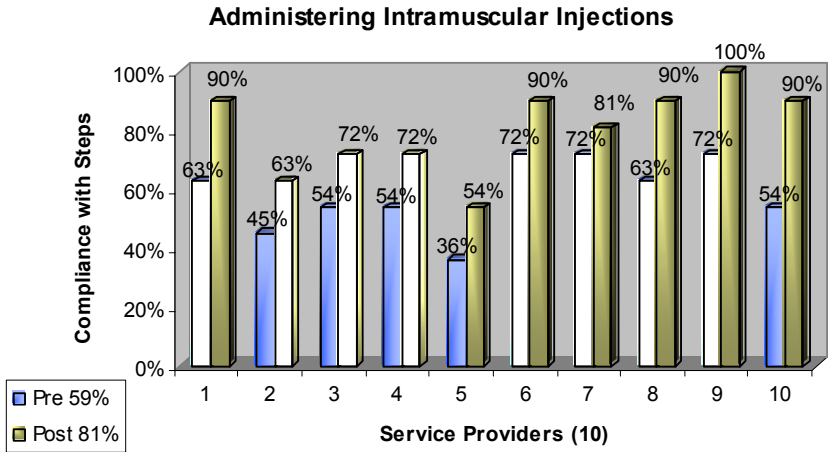
Monitoring Results

Ten nurses were sampled following 10 procedural steps. Overall:

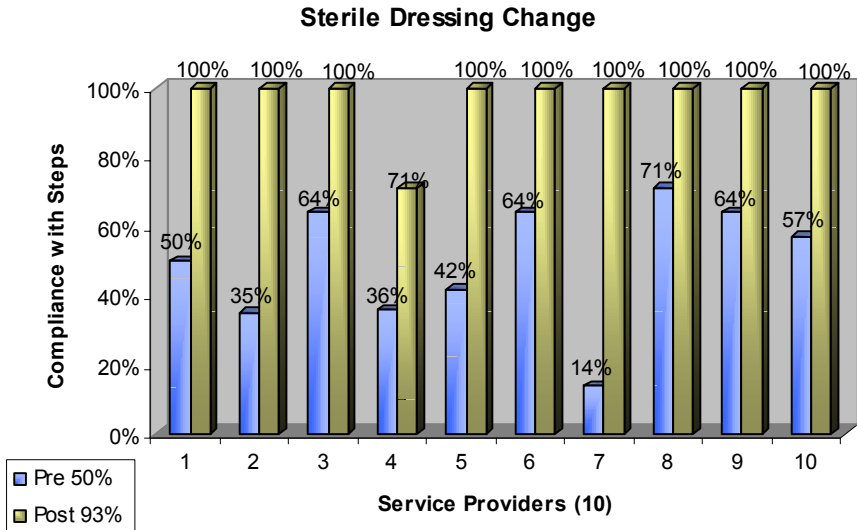
- Blood pressure measurement compliance improved 35%.



- Compliance with intramuscular injection procedures increased 22%.



- Compliance with procedures for sterile dressing change increased 43%.



Lessons Learned

- Ensuring access to and training on nursing standards has a direct impact on staff performance.
- Checklists are appropriate tools to evaluate performance, specify training needs and focus training.
- Tools improve the ability of supervisors to support staff.
- Matching training to actual needs improves performance effectiveness and efficiency.
- Using a pre and post-test observation helps to evaluate the effectiveness of the training programs.
- Targeting the supervisory level for training adds to the system's efficiency and enables quick scale-up to other HCs in the directorate.

Promoting Preventive Services

The primary health care system in Jordan has focused on curative care. Screening or early detection programs that play a role in disease prevention are minimal. The Ministry has no specific screening policy; health centers are obliged to develop their own response to the need for preventive programs. Yet, early detection can play a significant role in both diagnosis and treatment outcomes, lessening the severity and associated illnesses.

Screening for Breast Cancer:

Al-Razi Health Center/Irbid

Problem Statement

The center had no systematic or consistent programs for screening.

Problem Source

The performance improvement review questionnaires for staff and clients on availability and attendance of screening services revealed a lack of early detection services.

Objective

To provide a pilot breast cancer detection program to facilitate early diagnosis and treatment.

Action Steps

1. The team met and discussed the importance of early disease detection and decided to focus on breast cancer as a pilot program.
2. The trained female physicians and the midwife took responsibility to carry out the program.
3. The target group was identified as females ranging in age from 20 to 65.

-
4. The strategy included:
 - Advertising the free service and schedule to maternity and general medicine clients.
 - Providing educational lectures at schools and the MCH center to promote the importance and proper method of breast self-examination. Providing two to three lectures per month at the health centers each month.
 - Preparing special publications and handouts to increase female client awareness regarding breast self-examination.
 5. Breast examinations were performed for all interested women.
 6. Suspicious cases were referred.

Monitoring Results

Screening Results

<i>Month</i>	<i>Cases</i>	<i>Referrals</i>	<i>Results</i>
11/2001	12	0	
12/2001	18	1	Benign
1/2002	14	2	Early breast cancer; treatment initiated
2/2002	21	1	Benign
3/2002	30	3	One case: fibrous lump One case: benign One case: no feedback
4/2002	48	1	Cancer detected
5/2002	48	0	

Lessons Learned

- A combination of conducting training, assigning responsibility and providing quality services facilitates introduction and maintenance of new programs.
- A comprehensive program of promotion, education and quality service can increase awareness and demand for the service.
- Screening programs can successfully detect new cases.
- Screening programs provide an opportunity for introducing other relevant health messages, for example breastfeeding explanations were included during the screening process.

Next Steps

1. Train all other medical staff on early breast cancer detection.
2. Design a system for following up on referrals.
3. Introduce diabetes, blood pressure, and disability screening.
4. Increase the number of health information materials and announcements at the Center.
5. Target general practice and maternal and child health care clients.
6. Partner with grassroots organizations and societies in implementing awareness raising and promotion programs.

Improving Client Flow

Easy access to health center services through signage, simplified registration systems, appointment systems, or convenient physical layout helps to reduce waiting time and the frustration of misdirected clients. Often health centers are designed for the benefit of staff over the consideration of facilitating client movement. Improving the convenience of clients in accessing services is an important component of quality services.

Instituting a Dental Appointment System:

Al Amir Hasan Health Center/Ajloun

Problem Statement

This center experienced an increase in client visits, particularly in the dental clinic, which resulted in longer waiting times, sometimes necessitating a return visit and shorter provider-patient contact. This affected both the quality of service and client satisfaction.

Problem Source

A review of feedback placed in a client suggestion box provided the impetus for this strategy.

Objective

To improve dental patient satisfaction by reducing waiting time and increasing treatment time.

Action Steps

1. The team collected data to understand the current situation. By reviewing the records of those reporting for dental care, they calculated that on average 63% of patients received treatment the day they came to the center. This necessitated a return visit to the center for 37% of the patients.
2. They decided to institute a simple appointment system. Approximately 24 patients were scheduled per day, leaving some room for emergency cases.

-
3. A monitoring plan was put into effect to determine the effectiveness of the appointment system and client satisfaction. The indicators were waiting time, provider time and client satisfaction. The plan called for measuring: the waiting period before and after the introduction of the system; the time the service provider spent with clients both before and after the appointment system was introduced and client satisfaction using a survey on 40 patients.

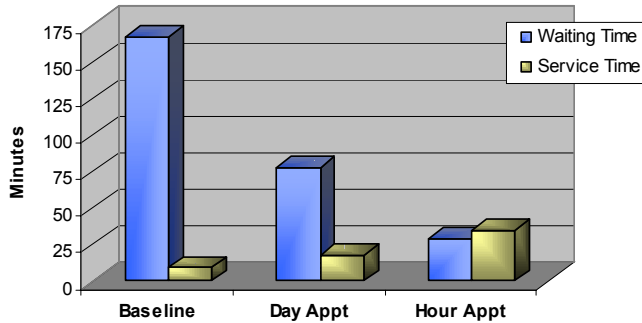
Monitoring Results

1. Waiting time decreased from 168 to 78 minutes and treatment time increased from 9 to 17.5 minutes. However, clients surveyed were still dissatisfied with the long wait.
2. The plan was revised to schedule appointments by hour instead of day and to continue monitoring the data. The results were significant. The waiting time declined to 29 minutes and treatment time doubled. Feedback from clients and the dentist was positive.

Results

1. The percentage of clients who received treatment the day they appeared for services increased from 63% to 100%.
2. Overall waiting time decreased by 139 minutes, from 168 to 29 minutes. Provider time increased from 9 to 34.6 minutes.
3. 90% of the patients were satisfied with the appointment system.
4. The dentist reports that the appointment system has enabled her to provide better service, giving each patient more time without increasing the number of patients seen per day. Her job satisfaction significantly improved.

Dental Clinic Appointments



Lessons Learned

- Creating a client feedback system is important for obtaining a comprehensive picture of center performance.
- Listening to patient feedback can assist in problem identification and resolution
- Monitoring is necessary to review and refine the strategy's acceptability and effectiveness.
- An appointment system can improve client flow, quality of care and client and provider satisfaction

Next Steps

1. Continue monitoring the use of the appointment system.
2. Follow-up on patients who miss their appointments to identify and rectify system problems.
3. Promote use of appointment systems in other areas of the center, such as the chronic disease clinic, and in other health centers in the Directorate and the country.

Strengthening Health Education

Empowering clients to make informed decisions about their health is the responsibility of the primary health care system. Decisions regarding life style, disease management, or pharmaceutical use all have consequences for an individual's well being. Providing counseling or health information sessions increases client knowledge of disease prevention, home treatment of simple and chronic diseases as well as danger signs requiring medical attention. It also helps clients move toward healthy behavior patterns, including cessation of smoking, improved diet and increased exercise and encourages utilization of screening programs as a preventive measure.

Building Capacity to Deliver Health Education:

Eidoun Health Center/Irbid

Problem Statement

Few people frequented health education sessions.

Problem Source

Using PIR instruments, clients responded that they did not attend, nor would they recommend health education sessions at the center; records reviews of health education session attendance confirmed this.

Action Steps

1. The team looked at the reasons for poor attendance and discovered that:
 - Staff were often unprepared to deliver a lecture, did not adequately plan for them, and had poor presentation skills.
 - Promotion of health education sessions was ineffective.
 - Client needs for specific health information were not surveyed.

-
2. The team decided to focus on improving the way health education sessions were conducted by building staff skills. They created an in-center training program to practice conducting and evaluating health education sessions.
 - Staff members were asked to prepare session presentations within their specialization and to utilize a range of audiovisual or other presentation tools and interactive/participatory methods.
 - Presentations were made to staff members, who then provided feedback and tips for improvement.
 3. A health education plan was drawn up with topics identified through a review of patient records, international health days, school health needs and client interviews.
 4. Health Education Sessions were scheduled for Saturdays at noon and announced throughout the Health Center.
 - Staff members rotated responsibility for conducting sessions.
 - Nursing school trainees helped make and post health education materials and provided assistance during sessions.
 5. Community venues were sought.

Monitoring Results

Attendance Data

<i>Location</i>	<i>2001 (12 months)</i>		<i>2002 (3 months)</i>	
	<i>Sessions</i>	<i>Attendees</i>	<i>Sessions</i>	<i>Attendees</i>
Center	30	635	6	82
Community	40	1,493	23	1,048

- A questionnaire was developed to evaluate the sessions.
- Feedback on the sessions was collected.

Feedback from Session Questionnaire

<i>Provided new information</i>	<i>First-time attendee</i>	<i>Will come again</i>	<i>Will encourage others to attend</i>
83.3%	67%	100%	100%

- Suggested topics:
 - Maternal and child nutrition: 90%
 - Vaccines: 80%
 - Postpartum information: 60%

Lessons Learned

- Building staff capacity to conduct health education sessions leads to increased effectiveness of the organized group presentations and individual counseling sessions.
- Using audiovisual aids helps to increase interest and output.
- Practicing health education techniques and content doubles as a source of in-service training, improving knowledge and skill.
- Using community venues improves access and increases attendance.

Next Steps

1. Continue to evaluate and respond to client feedback.
2. Work with community committees, schools, clubs, and NGOs to identify new locations for holding health education sessions.
3. Explore client health needs.
4. Continue in-house training and develop a plan to introduce and cover new subjects.



Primary Health Care Initiatives Project
Amman, Jordan
USAID Contract No. 278-C-00-99-00059-00



Initiatives Inc.
276 Newbury Street
Boston, MA 02116 USA
+1 (617) 262-0293 (tel)
+1 (617) 262-2514 (fax)
initiatives@att.net
www.initiativesinc.com



Abt Associates Inc.
The Hampden Square Building
4800 Montgomery Lane, Suite 600
Bethesda, MD 20814 USA
+1 (301) 913-0500 (tel)
+1 (301) 652-3618 (fax)
www.abtassoc.com