Male Circumcision Quality Assurance Workshop:

Day Three

PREPARATION

Review Facilitator's Guide

Objectives Day Three:

1. To conduct a cause and effect analysis using techniques including brainstorming, fishbone diagram and prioritization matrix.
2. To develop skills in monitoring interventions to improve quality of male circumcision services.

Activity Preparation

Review Activities:
Activity 3.1 Cause and Effect Analysis
Activity 3.2 Prioritizing Causes
Activity 3.3 Identifying Potential Interventions
Activity 3.4 Prioritizing Interventions
Activity 3.5 Monitoring Interventions

Handouts

Make copies for each participant of:

Activity 3.1 Fishbone Worksheet
Activity 3.5 Monitoring Plan Worksheet

EDUCATION TIME	5 hours and 45 minutes		
DAY 3 WORKSHOP OVERVIEW	Opening	Review/Preview	10 minutes
	Session 7	**Improving Quality** Giving Feedback Optional: Role-play activity (add an hour for this activity)	20 minutes
		Step 3: Find Causes for Performance Gap Activity: Brainstorming Causes Discussion Prioritization of Causes Activity: Prioritization of Causes	1 hour and 45 minutes

		Discussion	
		Step 4: Select & Implement Interventions Activity: Brainstorming & Prioritizing Solutions Discussion	2 hours
		Step 5. Monitor & Evaluate Progress Activity: Monitoring Interventions Discussion	1 hour and 10 minutes
	Closing	Evaluation	20 minutes

Opening	**REVIEW** the learning of the previous day. Review of Day 2 with activity (see facilitators introduction).
Session 7 5 hours & 15 minutes	**Improving Quality**
Session Objective	At the end of this session, participants will be able to: 1) Describe how to provide effective verbal feedback to staff regarding assessment findings. 2) Use QI methods and tools to identify problems (performance gaps) and the root causes of the problems (cause/effect analysis). 3) Use the methodology of brainstorming when determining causes and solutions in the QI process. 4) Prioritize potential causes and solutions during the problem-solving activities.
Giving Feedback: The Debriefing **Slide set #3**	**Giving Feedback: The Debriefing** **REVIEW** the feedback guidelines. The assessment team needs to decide what information should be shared at the debriefing. 'Constructive' feedback is the goal. • Relate comments to the specific standard • Separate findings from suggestions (**POINT**: a facilitator should be guiding the group to their own conclusions and decisions rather than "fixing" the problem for them. However, at times the facilitator does have some information and experiences that may be helpful to share with the group as they consider their actions.) • Describe standard intent and how the facility meets or does not meet it • Avoid personal opinions • Avoid argumentative or negative statements • Leave them feeling good about the interview (dignity) When delivering difficult news, e.g. there are many standards that were not met: • Be calm and directive • Don't talk too much • Don't humiliate or blame • Explain carefully with explicit examples • Don't get defensive…or confrontational • Express confidence that the individual/group will be able to meet the challenge **POINT** out that even though these guidelines seem obvious, facilitators need practice is giving feedback effectively.

	Optional activity: (based on the judgment of the trainer). Each small group develops the feedback that they would give the facility, based on the assessment findings from the previous day. Then practice delivering the message. In this case, ask the group to identify who will deliver the messages. The benefit of this activity is two-fold; 1) the group will work together to identify key points and ways of framing the feedback (reinforces communication planning) and 2) they practice giving (and receiving) feedback. Facilitate this process as follows: The assessment team should do a self-assessment after these sessions to determine how they felt they performed when conducting the debriefing session. • Team leader to ask each assessment team member how they felt about their performance and what they would have done differently • Then, ask the rest of the team to provide feedback to this team member. • Continue this activity with each assessment team member including the team leader This process allows the individual to self-assess followed by peer feedback, as the individual often recognizeswhere they might improve prior to having it pointed out by someone else.
Step 3: Find Cause for Performance Gap	**Step 3: Find cause for Performance Gap** **RELATE** quality improvement to the quality triangle. We have defined quality, assessed the quality according to the standards and now, we will be finding ways to improve quality. Step 3 then of the model is to find the root causes for the performance gap The idea is to close the gap between the real state and the expected performance. **INDICATE** that several quality improvement tools will be used: brainstorming, benchmarking, priority setting and cause/effect analysis.
Brainstorming	**Brainstorming** is an easy way of considering a broad range of options rapidly. The idea is to allow the group to have a free flow of ideas that are as creative as possible. This activity should be time-limited, e.g. 10 or 15 minutes. How to conduct brainstorming: 1. Define the subject matter or question. 2. Give everyone a minute to consider the subject. 3. Ask everyone to call out his or her ideas. 4. Someone records the ideas on a flipchart. 5. The group facilitator enforces the rules (“No judgments, next idea.)

	• **No idea is too stupid -** do not criticize, judge or discard an idea. • **Assign a timekeeper** - start and finish on time. • **Record the ideas** when they are said. • **Assign a person** to write down the ideas. • It is important to write the ideas down **using the words that were spoken by the person** with the idea**.** • If needed to encourage participation, go around the group in a systematic manner to give everyone a chance to air an idea. • Brainstorming is relatively fast - don't overanalyze The facilitator of the brainstorming activity needs to keep the ideas flowing and stop members if they begin to analyze the ideas
Benchmarking	**<u>Benchmarking</u>** is a means of seeking new ideas and better or best practices. Team members may conduct benchmarking by reading current literature, calling other clinics, searching WEB sites, making site visits, etc. **INDICATE** that prior to seeking information, the facility team needs to decide what type of information that they are looking for. They should have a set of questions ready. It is important to critique the new practices to determine the success of the process as well as whether this practice is applicable to your setting.
Problem-solving	**POINT** out that some problems are "quick fixes", meaning that the reason for the gap is known and resources are available to fix it. For instance, a standard may require that clients receive discharge instructions. This is likely not a problem, as the team will develop an action plan to develop discharge instructions and inform staff how to carry out the instructions. Problem-solving techniques are used when: • Solution is not obvious • Various causes may be contributing • Various people may be involved • Issue may involve various departments/groups
Cause and	**<u>Cause and Effect Analysis</u>** **EXPLAIN** that several causes of variation in practice have been identified. These are: • People: physicians, nurses, technician, patients • Machines: equipment • Materials: supplies, inputs • Methods: procedures, processes, techniques

Effect Analysis	• Measurements: bias and inaccuracy in the data The use of the fishbone diagram is based on this understanding of common causes of variation. (The slide does not include measurements as a category, as this is a data collection and is dealt with as a separate issue when monitoring. **DESCRIBE** the elements of the fishbone diagram. **REVIEW** the example of surgical site infections. As can be seen, through brainstorming the team identified several potential causes to the problem. After brainstorming, the team will need to consider which of these causes most likely contribute to the surgical site infections occurring. Data may need to be collected to verify the causes.
Activity 3.1 **Cause and Effect Analysis**	**Activity: Cause and Effect Analysis:** **Brainstorming** potential causes: Given a problem or the group has a real problem that they would like to use, each group will conduct a cause/effect analysis using the fishbone diagram. Potential topics: ▪ Young men not seeking male circumcision ▪ Clients not returning for follow up visits ▪ Surgical site infections ▪ Counselling not carried out according to protocol ▪ Surgical procedure not carried out according to guidelines ▪ Clients express dissatisfaction with outcome of surgery **Discussion** **ASK** two groups to share their work KEY POINTS: • Brainstorming is a **rapid** means of sharing ideas. • The fishbone is a means of categorizing and considering the main causes of a problem.
Activity 3.2 **Prioritizing Causes**	**Prioritization** A number of potential causes have been identified; the group will want to identify the cause (s) that most contribute to the problem. In some cases, more data will need to be collected to better

	understand the situation before a solution can be determined. For this exercise, the group will determine the most likely cause of their problem by using a voting method. Each member of the group has 3 votes. The cause they think most contributes to the problem is a "3", the next is a "2" and the third is a "1". These votes can be written on the fishbone or on a separate piece of paper. The facilitator will add up the number of votes given each cause. The cause with the highest votes is considered the factor that most contributes to the problem. In a real situation, the group can select more than one cause to address, however it is best to limit to 1-3 causes because the idea is to find the cause that if addressed will eliminate the problem and to get to an intervention with a likelihood of success in solving the problem.
Step 4. Select and Implement Interventions **Activity 3.3** **Identifying Potential Interventions** **Prioritizing Interventions** **Activity 3.4** **Prioritizing Interventions**	**Step 4. Select and Implement Interventions** **EXPLAIN** that the selected interventions must: • Address the root causes of the gap • Have more benefits compared to costs **Activity: Identify Potential Interventions** **ASK** the group to use the brainstorming technique to identify potential interventions to address the main cause (use only one cause for this activity) that they have selected in Activity 3.2. **Prioritizing Interventions** **INDICATE** that when prioritizing, criteria need to be established, several criteria are commonly used: • Effectiveness • Cost/affordability • Feasibility • Cultural acceptability • Staff acceptability **Activity: Prioritizing Interventions** **ASK** the group to select criteria they will use and develop a matrix (example below).

For

Intervention	Solution #1	S#2	S#3
Effectiveness			
Affordability			
Feasibility			
Cultural acceptability			

each intervention, the group will need to come to consensus on the score for each of the criteria.

After the activity, **ASK** the group if they had difficulty coming to consensus.

CLARIFY any questions regarding carrying out the cause/effect analysis.

INDICATE that more than one intervention may be selected and that an action plan will then be developed.

Action plans should include the activities, persons responsible for carrying out the activities and the time line for completion of each of the activities.

Example:

Activity	Person Responsible	Date
Implement procedure for handwashing.	Nokuthula Mombasi	Sept 15, 2010

Step 5. Monitor and Evaluate Performance

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EXPLAIN that there are various monitoring and evaluation activities.

The MOH may have programmatic indicators that they will be monitoring, such as number of circumcised males and adverse events.

The facility will also be monitoring indicators of quality.

- routine tracking of progress towards standards
  - Evaluate: episodic, how much change occurred (e.g. monthly)
  - Sustain the gain: monitor periodically (yearly)
- Monitoring the effectiveness of an intervention (based on the action plan)
  - Is the intervention working according to plan - problem solved, diminished, not solved?
  - Are there adjustments needed?

Facility-level Quality Indicators	**Facility-level Quality Indicators** **INDICATE** that in addition to tracking the number of standards that are met, the facility will want to select some key indicators regarding the effectiveness of the male circumcision services. • Progress needs to be measured at intervals. The time frame is based on the frequency of the event being measured. For instance, complications occur infrequently, thus data might be aggregated annually; whereas handwashing takes place daily and could be measured weekly or monthly. • When the practice is felt to be a standard of practice (sustaining the gain), monitoring may either be discontinued or placed on an infrequent monitoring schedule. With participants with little experience with measuring indicators, **PRESENT** some examples of everyday clinical indicators, such as fever or B/P measures to illustrate that indicators are measured routinely and that it is not a foreign concept. **REVIEW** examples of facility indicators on the slide. **INDICATE** that indicators are typically monitored related to input, process and outcomes. **ASK** the group to give specific examples of what they might monitor in terms of inputs, processes and outcomes. **DESCRIBE** operational definitions and assist the group to think about how they might operationally define such things as “fever”, “effective handwashing” and “trained staff”. An operational definition of a fever needs to include the temperature that denotes a fever (e.g. above 38 degrees) and the method that the temperature is taken (axillary, oral, rectal) and type of thermometer (glass, electronic, etc.) An operational definition of effective handwashing would include a statement like “handwashing that follows the steps of the protocol”. An operational definition of trained staff might state “a staff member that has received a certificate of successful completion of the male circumcision training course” or “a staff member who has been observed twice by a supervisor to carry out counseling according to the protocol”. **EXPLAIN** the use of the monitoring worksheet with the group.

Activity 3.5 **Monitoring Interventions**	**POINT** out that a monitoring plan should be developed for each indicator so that the process is completely thought through and the process is carried out consistently. **MAKE** the following points: • All those involved need to know what information is needed and by whom • The data collectors are trained and accuracy and completeness of data collection is supervised. • Tools needed to collect the information are available • All those involved know how and when to report the information • One person is responsible for making sure the system is working – indicators are up-to-date – data is collected accurately and thoroughly – records are properly kept – data are reported to appropriate partners **Activity: Monitoring Interventions** • Determine how you will monitor the effectiveness of the selected intervention (This is one of the interventions/solutions that the group selected during the problem-solving activity). • Complete the monitoring worksheet **Plenary:** **ASK** two groups to share the results of their work. **DISCUSS** and clarify understanding of developing indicators and the QI process.
Closing	**Evaluation of the day**