

The

Family Planning Manager

CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

Pursuing Quality at the Santa Rosa Clinic

Note to Trainers:

This case is divided into three parts and there are several ways to use it. We suggest that you stop after each part, and answer the questions related to that section before going on to the next one.

Part I

Mr. Alvarez, Director of Clinical Services for the Santa Rosa Clinic, walked into the small meeting room where the members of the cross-functional Continuous Quality Improvement (CQI) team were assembled around a table. The team was composed of two nurses, Nurse Lozano and Nurse Cruz; the Office Manager, Mrs. Gutierrez; the logistics manager, Mr. Diaz; and the laboratory manager, Miss Leon. The team had been organized by a district supervisor who had been trained with other staff in CQI. A year ago, the team had received training in the CQI process, and had been meeting every month since then to consider ways to improve the quality of the services in the clinic. Although the members of the CQI team had had some trouble at first in constructing flowcharts, analyzing problems, and drawing cause-and-effect diagrams, they had discovered that the more they used these tools, the easier it became to use them.

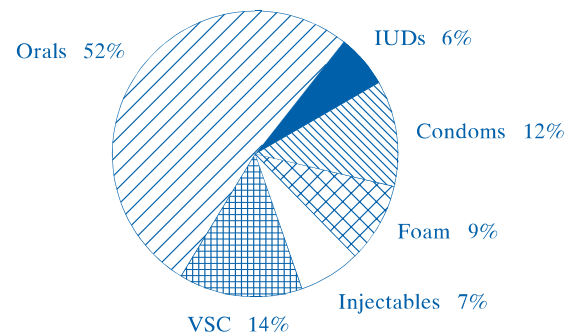
Mr. Alvarez, who served as the team facilitator, opened the meeting by congratulating the members on the results of the recent Client Flow Analysis. "The results show a significant reduction in client waiting time since our first analysis," he said.

"All of us should be very proud that we identified this problem and led a successful effort to correct it. We have also begun to interview clients about our services to try and find out their reactions to the improvements."

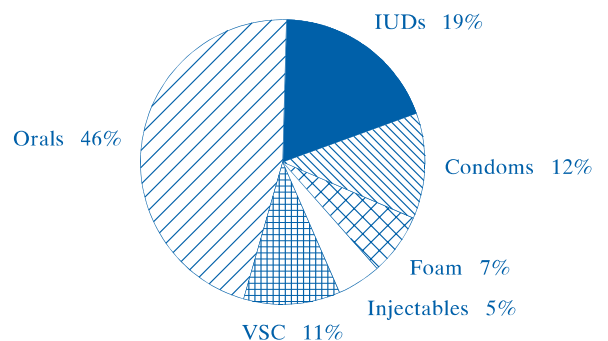
"Preliminary results of the first two focus groups show that people feel that the waiting time has been shortened," continued Mr. Alvarez. "They also reveal something unexpected. Several of the women indicated that they wanted an IUD, but weren't able to get one and left with pills instead. Also, on the subject of IUDs, when we met last month and

brainstormed to create a list of areas this team could investigate, one of the problems we identified was that many women who had selected IUDs did not return later to have them inserted. In addition, I just received a report yesterday from our Central Office that contained pie charts showing the method mixes of all the clinics in the Santa Ana region. These charts show that our clinic provides proportionally fewer IUDs than other clinics in our region that serve similar populations."

Santa Rosa Clinic



All Clinics in Santa Ana Region



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“So the lower use of IUDs that we noticed informally seems to have shown up in the service statistics,” said Mrs. Gutierrez. “I think this is something we should definitely look into. What does everyone else think?”

The rest of the team agreed: they felt that clients not receiving the method of their choice was more urgent than the other areas they had been considering. After some discussion, they defined the problem as the fact that women who selected IUDs as their contraceptive method often did not have them inserted.

Mr. Alvarez stood up, walked over to the flip chart, and picked up a pen. “Let’s begin by walking ourselves through the steps that a client at our clinic would go through to get an IUD, and draw them on a flowchart. We’ll begin with the client’s arrival at the clinic. What happens first?”

Mrs. Gutierrez began. “On arrival, the client sees the registration clerk, who begins a new medical record if it’s the client’s first visit, or pulls out her existing record from the file if she’s been in the clinic before. Then the registration clerk asks what sort of appointment the client has come for, and the client waits for the next available provider.”

“Then the client has a family planning interview with one of the nurses,” said Nurse Cruz. “If it’s a first visit to obtain a contraceptive method, we describe all the methods and discuss the advantages and disadvantages of each one with her. We also take a medical history and the vital signs.”

“Now, if the client selects an IUD,” said Nurse Lozano, “we take a medical history and then conduct a physical exam to find out if there are any contraindications. If there are, we have to go back and discuss other methods. If there aren’t any contraindications, we ask if there is any possibility that she might be pregnant. If she says yes, then we provide her with an interim method and ask her to return when she has her menses, so that we can be sure she is not pregnant. If there is no chance that she is pregnant, then she can have the IUD inserted.”

“But only on the days that the nurse supervisor is here,” said Nurse Cruz. “She is the only one who is trained to insert IUDs. If she is not here, then the client has to come back on one of the days that she is in the clinic.”

“Is there anything else that would prevent you from providing a client with an IUD?” asked Miss Leon.

“If we ran out of IUDs, or if we didn’t have enough instruments sterilized on a given day, then we wouldn’t

be able to provide the client with an IUD,” said Nurse Lozano. “So, sterilized equipment and adequate supplies are also necessary.”

“What happens after the IUD is inserted?” asked Mr. Diaz. “Does the client go through any more steps before leaving?”

“After she has rested for a while and we are sure she is fine, we give her instructions on what physical signs she should look out for, and we ask her to return for a check-up visit after her next period,” said Nurse Lozano.

See Case Discussion Questions—Part I (page 4)

Part II

“Good,” said Mr. Alvarez, “Next we need to discuss each of these steps and see if we can find out the causes of the problem. So, let’s begin with the client registering with the Registration Clerk. Are we achieving the desired outcome? Is the registration process completed within 30 minutes of the client’s arrival? Are the clients directed to wait for the right kind of service?”

“Yes, I think everything is going well there,” said Mrs. Gutierrez. “I recently completed the Registration Clerk’s performance review and did a random check of some of the records. Everything seems to be in order.”

“And as far as I know,” said Nurse Lozano, “the clients are always assigned to wait for the right kind of visit. We have had no problem with communication between the Registration Clerk and the nurses.”

“All right, next is the family planning interview,” said Mr. Alvarez. “How are we doing on that desired outcome?”

“The nurses all give complete information,” said Nurse Lozano. “We have done some training on that, and have discussed it in interviews. In general the clients are satisfied with the information they receive, and the exit interviews show that they understand the different methods and have been able to make an informed choice.”

“So, there is no problem there,” said Mr. Alvarez. “What about the physical exam? On our flowchart we have divided the physical exam into three parts. The first part is to determine whether there are any contraindications. Do we have any problems with this step?”

“Contraindications are identified in two ways,” said Nurse Cruz. “One is through the medical history the nurses take, and the other is through the physical exam. Since we revised our medical history form two years ago, we feel it serves as an excellent screening tool. All the nurses are very experienced in giving physical exams, and are observed and evaluated twice a year.”

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“And what if the client has no contraindications but can’t tell us for certain that she is not pregnant?” asked Mr. Alvarez.

Nurse Lozano responded, “The clinical protocol states that we can only insert an IUD when pregnancy has been ruled out. If the client has had unprotected intercourse since her last menses, then we ask her to return at the time of her next menses. I think some of the problem lies here; often it seems that women don’t return to get the IUD.”

“All right, we’ll discuss this further in a minute,” said Mr. Alvarez. “Let’s keep going through the process. What if there are no contraindications and there is no chance that she is pregnant?”

“The nurse supervisor is the only person who is trained to insert IUDs,” said Nurse Cruz. “If her client chooses the IUD on one of the days that the nurse supervisor is at the clinic, the nurse supervisor does the physical exam and inserts the IUD. If the nurse supervisor is not at the clinic that day, one of the nurses does the physical exam and the woman has to come back another day to get the IUD inserted. This may be another point at which we lose some IUD users.”

“We’ll also get back to this point in a minute,” said Mr. Alvarez. “What about supplies of IUDs and sterilized instruments? Are there ever any problems with those?”

“We have never had a problem with supplies of IUDs, and we rarely have trouble autoclaving our instruments for 20 minutes,” responded Nurse Lozano. “If there is a problem with the autoclave, then we boil the instruments for 20 minutes.”

“What about the instructions about physical problems to look out for that we give clients when they leave? Are there any problems with those?” asked Mr. Alvarez.

“The exit interviews we’ve conducted show that the clients know what to look for,” replied Nurse Cruz. “We’ve also found that when clients come back to the clinic for their one-month check-up, they still remember what these problems are.”

See Case Discussion Questions—Part II (page 4)

Part III

“Well,” said Mr. Alvarez, “we have gone through the entire process, and it seems that there are two steps in which we might have some problems. Let’s go back and look at these more closely. First, let’s talk about the clients who aren’t sure whether or not they are pregnant

so they have to return at their next menses to have the IUD inserted. What is the problem here?”

“One aspect of the problem is that the women don’t come back,” responded Nurse Lozano. “We don’t know why exactly, but maybe they don’t like having to wait again, or they’ve changed their minds, or it’s difficult for them to come back. Perhaps it’s too expensive, or they live too far away, or maybe they’re just too busy. However, the fact of the matter is that we can’t provide an IUD if we’re not sure of a client’s pregnancy status. If she has had unprotected intercourse since her last menses, then she will have to return at her next menses to have the IUD inserted.”

“The most important thing is to protect these clients from getting pregnant,” added Nurse Cruz. “We need to make sure that they have a method to protect them in the interim.”

“But we would still have the problem of the nurse supervisor not being here for every clinic session,” replied Nurse Lozano. “It is so important that they be able to get the IUD when they come back and we know they’re not pregnant. Few women are willing or able to return a third or fourth time.”

“We don’t know how often clients are asked to come back because we can’t verify their pregnancy status or exactly why they aren’t coming back,” said Mr. Alvarez. “Perhaps we should collect some data on this.”

“Yes, I think we should definitely collect data on this so we know how big a problem this is,” volunteered Miss Leon.

Mr. Alvarez continued, “I think we should wait until after this meeting to look at the service statistics and find out what proportion of clients who want IUDs are not coming back. For now, let’s talk about the fact that only the nurse supervisor can insert IUDs.”

“Well, the nurse supervisor is here on regularly scheduled days,” answered Nurse Lozano. “But women often ask for IUDs on the days when the nurse supervisor isn’t here, and it is even more complicated to try and schedule women who have to come back during their next menses to return on a day when the nurse supervisor is here.”

“I know that in Santa Marta clinic all the nurses are trained to insert IUDs,” said Miss Leon. “Maybe we should find out what other clinics in our area do.”

“All right,” said Mr. Alvarez. “That’s a good idea, let’s talk about what kind of information we need on that subject.”

Case Discussion Questions: The Santa Rosa Clinic

Case Discussion Questions—Part I

1. Review the discussion and create a flowchart for women who select IUDs.
2. For each step in the flowchart, suggest a desired outcome.

Case Discussion Question—Part II

3. Using the flowchart, select the specific steps for which it is most difficult to reach the desired outcome. Propose a corrective action that might help the program reach the desired outcome of those steps.

Case Discussion Questions—Part III

4. How will the team collect and analyze data to quantify the outcomes of the specific steps that have been selected for study?
5. Describe the additional steps that will need to be done in order to complete the CQI cycle.

Case Analysis: The Santa Rosa Clinic

Case Analysis—Part I

1. Review the discussion and create a flowchart for women who select IUDs.

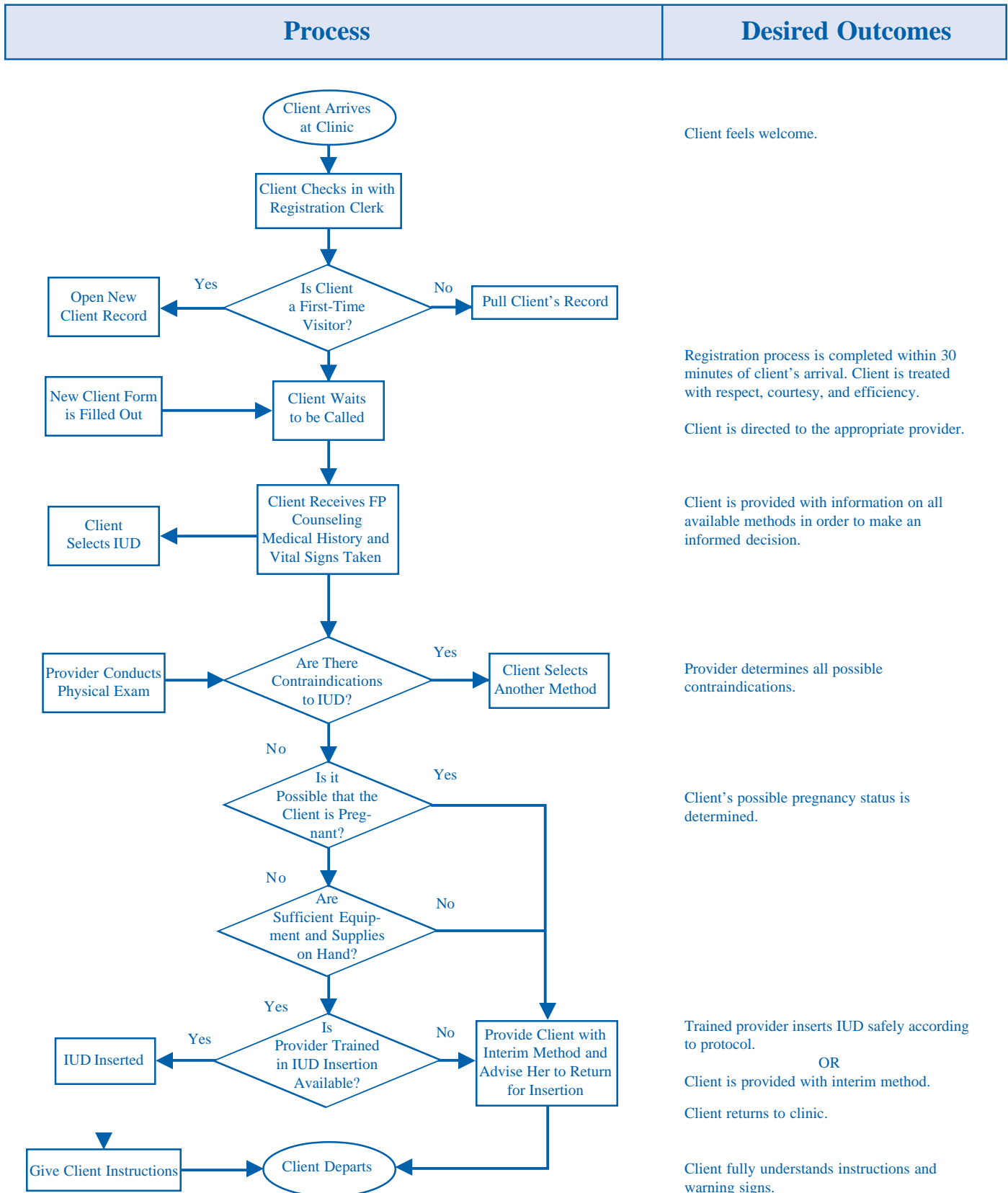
The flowchart shown on page 5 is provided as a guideline. The flowchart that you have drawn will not be identical, but it should show a similar sequence in the process. Your flowchart may be drawn more vertically than the one shown on page 5, which has been drawn in a limited space.

2. For each step in the flowchart, suggest a desired outcome.

The desired outcomes listed on the flowchart on page 5 correspond to the each step listed in that flowchart. No two flowcharts are identical. If your flowchart is different, your desired outcomes may be stated differently. Because of limited space, the requirements needed to achieve the desired outcomes of each step have been omitted in this example. On your flowchart, the requirements should be listed to the left of the steps (see page 10 of *The Family Planning Manager*).

Case Analysis: The Santa Rosa Clinic

Flowchart for Clients Selecting an IUD



Case Analysis: The Santa Rosa Clinic

Case Analysis—Part II

- 3. Using the flowchart, select the steps for which it is most difficult to reach the desired outcome. Propose a corrective action that might help the program reach the desired outcomes of those steps.**

Process Step	Desired Outcome(s)	Corrective Action
<p><i>Is it possible that the client is pregnant?</i> Pregnancy must be ruled out prior to IUD insertion and women who have had unprotected intercourse since their last menses are asked to return at their next menses. These women often don't return to the clinic.</p>	<p>Client's possible pregnancy status is determined.</p> <p>Client is provided with interim method.</p> <p>Client returns to clinic.</p>	<p>Make sure there is always a provider trained in IUD insertion on hand so client won't be discouraged from returning. Set up flexible appointment system so client can be seen during menses. Design and implement a system to follow up clients who don't return.</p>
<p><i>Is provider trained in IUD insertion available?</i> Women who select an IUD and have no contraindications are asked to return if the Nurse Supervisor is unavailable for insertion.</p>	<p>IUD is safely inserted by a trained provider on the same day.</p>	<p>Train more providers in IUD insertion.</p>

Case Analysis—Part III

- 4. How will the team collect and analyze data to quantify the outcomes of the specific steps that have been selected for study?**

In order to study the patterns of women's IUD choice and subsequent insertion, keep a register of all women who select an IUD, and note whether they had it inserted the same day, whether they had to come back another day, why they had to return (because they were asked to return during their menses, or because a trained provider was not available that day), the date(s) of their return visit(s), and the final outcome. Try to contact the women who didn't return to have an IUD inserted, to find out why they didn't return to the clinic.

This is the type of problem in which benchmarking could be very useful. Find a clinic in the region that has a higher proportion of IUDs inserted, and work with that clinic's staff to identify the strengths of their program. Collect information on provider training, clinic protocols, clinic scheduling and staffing, etc.

- 5. Describe the additional steps that will need to be taken in order to complete the CQI cycle.**

After corrective action is taken, keep collecting information to see whether there is a change in the percentage of women who have the IUD inserted the same day, versus those who have to come back later for insertion, and in the percentage of those who actually come back to the clinic when they are supposed to. By continuing to monitor both the number of women who don't return for insertion, and their reasons for not returning, you can determine whether the changes you have implemented have resulted in a decrease in the number of women who don't return, and whether their reasons are changing. Using this information, you can respond to the needs of your clients and continue to improve the effectiveness of your program.