Job Aids and Quality Assurance

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Clinical Guidelines

- Define desired performance
- Evidence-based
- Recent worldwide trend
- well-suited to basic health services
  - same service repeated thousands of times
  - variation
- Standard processes for non-clinical activities
## Improving Performance

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<th>Performance Factor</th>
<th>Possible Interventions</th>
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<td>Knowledge and skills</td>
<td>Training</td>
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<td>Job aids</td>
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<td>Motivation</td>
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<td>Resources</td>
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ARI Case Management in 17 WHO Facility Surveys (1995)

- pneu = pneumonia cases correctly managed (%)
- advis = caretakers correctly advised
- antib = inappropriate use of antibiotics
- range: 2-82%
Job Aids in LDC Health Programs: State-of-the-Art Issues

- Large numbers currently in use
  - focus on content expertise
  - expertise in the design process needed
- Limited research and evaluation in LDCs
- US health applications: focus on impact
- Industrial applications: design principles
Application Issues for Job Aids in LDC Health Systems

- Counterparts may miss opportunities
- Providers require support to use job aids
  - seen as suggesting incompetence
  - clinical guidelines are new
- More complex guidelines in the future
- Decentralized management
- Commercial private sector
- Use by patients
Solutions Implemented by Teams

- Procure IMCI drugs
- Clocking-in register
- On-job training
- Pt. IMCI education
- Share workload
- Change pt. flow
- Monthly meetings
- Regular practice
- Proper duty allocation

Number of teams
Conclusions

• Job aids can be highly cost-effective, but this is not guaranteed
• The process of developing or adapting the job aid should address the needs of the user
• The use of job aids needs to be supported by the health system
• Global health trends suggest expanding use, more rigorous development process