



OPERATIONS RESEARCH SUMMARY

Impact of Self-Assessment with Peer Feedback on Healthcare Provider Performance: Mali

Background: Is a combination of self-assessment and peer feedback a low cost way for health care providers to improve their performance? Attempting to answer this question for the management of childhood fever in Mali, this study¹ focused on two aspects of case management of childhood fever, both of which had national standards established by the Mali Ministry of Health.

Those aspects were: 1) the quality of the services that support providers in their clinical case management of fever, including the quality of supervision in the facility; the availability of drugs, vaccines, and commodities; physical space and equipment; and cleanliness and hygiene; and 2) provider compliance with the standards for childhood fever management, including assessment, diagnosis, treatment, and counseling.

A previous study found that self-assessment combined with peer feedback was more effective and sustainable than self-assessment alone,² so this study asked providers to invite a peer to observe them during the initial visit of several child fever cases and then help them complete a 17-question assessment form about their performance during that visit.

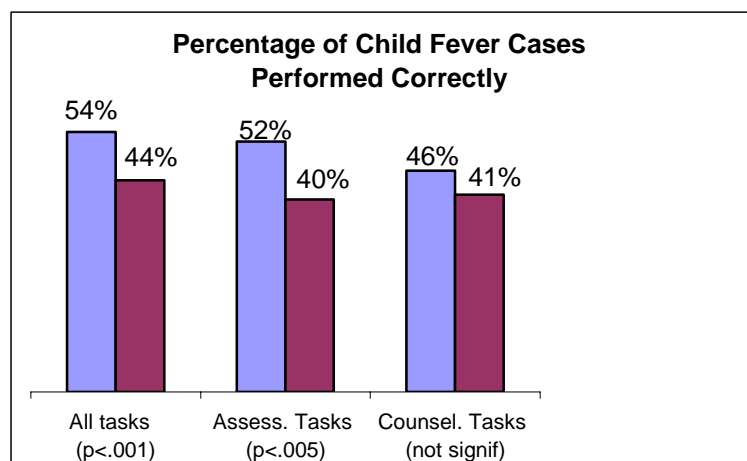
Compliance with Clinical Standards

Methods: Providers' compliance with clinical standards for fever management was measured by direct observation in program and comparison facilities. Thirty-six doctors, nurses, and others participated: 12 from program facilities and 24 from comparison facilities. After the intervention (self-assessment with peer feedback) was implemented in the program facilities, the trained observers watched three cases for each participating provider in both the program and comparison facilities: one case per month. Five comparison cases were incomplete, resulting in a sample of 36 program cases and 67 comparison cases.

Findings: The percentage of case management tasks performed in compliance with the standard was significantly higher in the program facilities than in the comparison facilities—54% versus 44% (figure). Also, assessment was significantly better in the program facilities, but not counseling. However, 67% (24 of 36) of the program cases were attended by doctors, compared to only 49% (33 of 67) of the comparison cases.

Quality of Support Services

Methods: Each facility selected a study coordinator from its staff. Each month of the three-month study, these coordinators completed a 33-question survey on support services in their facility during the previous month. Among other items, the survey



included questions on:

- Stock-outs of essential drugs or vaccines in the last month;
- Whether basic equipment was available all month; and
- Whether potable water, latrines, hand washing facilities, trash containers, and hazardous waste disposal were available.

Findings: The study found no significant difference between the program and comparison facilities for these items.

Costs: The cost of the self-assessment and peer feedback program was about \$6 per provider. The cost included transportation and per diem for facility coordinators, form reproduction, and a short training session for the study coordinator.

Although the study found that the intervention was low cost and somewhat effective in improving compliance with fever case management standards, the participating providers all said that the extra work was burdensome. The process of collecting and reviewing the data for self-assessment took time, and the long duration of the study (three months) discouraged them.

¹ This summary is based on: Kelley E, Kelley AG, Simpara CHT, Sidibe O, and Makinen M. April 2002. The impact of self-assessment with peer feedback on health provider performance in Mali. *Operations Research Results* 2(7). Published for USAID by the Quality Assurance Project, University Research Co., LLC, Bethesda, MD. QAP publications are available at www.qaproject.org. Related material was published as Kelley E, Kelley AG, Simpara CHT, Sidibe O, and Makinen M. 2003. The impact of self-assessment on provider performance in Mali. *International Journal of Health Planning Management* 18:41–48.

² Kelley E, Geslin C, Djibrina S, and Boucar M. 2001. Improving performance with clinical standards: The impact of feedback on compliance with integrated management of childhood illness algorithm in Niger, West Africa. *International Journal of Health Planning Management* 16:195–205, and Kim YM, Putjuk F, Basuki E, and Kols A. 2000. Self-assessment and peer review: Improving Indonesian service providers' communication with clients. *International Journal of Family Planning Perspectives* 26:4–12.