

**PRE-COURSE QUESTIONNAIRE**

INSTRUCTIONS TO PARTICIPANT- For each of the following statements circle either **T** if the statement is TRUE, or circle **F** if the statement is FALSE. You will have 30 minutes to complete this questionnaire.

1. A quality indicator measures the level of compliance with standards.

T    F

2. Data collection forms have at least 4 sections : administrative data, technical data, a coding system, and space for comments.

T    F

3. The best way to establish a monitoring system is through incremental steps where one would start monitoring a few activities, then would expand the system as appropriate.

T    F

4. Clinical guidelines and protocols are some forms of standards.

T    F

5. Poor performance by healthcare providers is always caused by lack of technical skills and knowledge and therefore should lead to more training.

T    F

6. A systems view to monitoring quality classifies standards as input, process, or outcome.

T    F

7. Monitoring quality of care consists of regular collection and analysis of data about indicators that measure performance against input and outcome standards.

T    F

8. The objective of a quality monitoring system is to identify a quality gap in order to help staff improve the healthcare delivery system and processes within which they work.

T    F

9. The process of care for a health condition is a sequential list of activities or tasks that must be carried out to reach the expected outcome.

T    F

10. The three steps of the quality monitoring process are: decide what information you need; obtain the information you need, and use the information you obtained.

T    F

11. An open-ended questionnaire has questions that can only be answered with a “yes” or a “no.”

T    F

12. A good standard is scientifically valid, reliable, clear and realistic.

T    F

13. The exit interview of the patient will not provide any information that is useful because patients do not understand what the provider does.

T    F

14. Health conditions that should be monitored initially could be selected through criteria such as “high volume, “high risk” or “problem-prone”.

T    F

15. Standard operating procedures are one form of management standards.

T    F

16. In developing countries the principles of quality assessment are different than in developed countries because the standards of care are different.

T    F

17. A standard of care expresses the absolute perfection in quality of care, regardless of the context.

T    F

18. Data on providers’ performance help to identify those who need more support.

T    F

19. If the observer/data collector observes a procedure that could harm the patient, he/she should tell the provider.

T    F

20. Flowcharting the process of care is only useful when there is no written standard.

T    F

21. All monitoring systems should collect data on quality every two weeks.

T    F

22. Disaggregated results are better than aggregated results.

T    F

23. Monitoring all facilities is always better than just monitoring a sample.

T    F

24. Feedback should always be given to providers, regardless of their performance.

T    F

25. It is not necessary to have computers for the storage and retrieval of monitoring data.

T    F

26. Making a final judgment on one health provider's performance requires repeated observations because one's performance varies naturally.

T    F

**PRE-COURSE QUESTIONNAIRE ANSWER KEY**

INSTRUCTIONS TO PARTICIPANT- For each of the following statements circle either **T** if the statement is TRUE, or circle **F** if the statement is FALSE. You will have 30 minutes to complete this questionnaire.

1. A quality indicator measures the level of compliance with standards.

**TRUE**

2. Data collection forms have at least 4 sections : administrative data, technical data, a coding system, and space for comments.

**TRUE**

3. The best way to establish a monitoring system is through incremental steps where one would start monitoring a few activities, then would expand the system as appropriate.

**TRUE**

4. Clinical guidelines and protocols are some forms of standards.

**TRUE**

5. Poor performance by healthcare providers is always caused by lack of technical skills and knowledge and therefore should lead to more training

**FALSE. It could be caused by poor supervision, lack of resources or other environmental causes, poor motivation, etc.**

6. A systems view to monitoring quality classifies standards as input, process or outcome.

**TRUE**

7. Monitoring quality of care consists of regular collection and analysis of data about indicators that measure performance against input and outcome standards.

**FALSE. Standards are not only input or outcome, they can also be process standards**

8. The objective of a quality monitoring system is to identify a quality gap in order to help staff improve the healthcare delivery system and processes within which they work.

**TRUE**

9. The process of care for a health condition is a sequential list of activities or tasks that must be carried out to reach the expected outcome.

**TRUE**

10. The three steps of the quality monitoring process are: decide what information you need; obtain the information you need, and use the information you obtained.

**TRUE**

11. An open-ended questionnaire has questions that can only be answered with a “yes” or a “no.”

**FALSE. That is a close-ended questionnaire. An open-ended question cannot be answered only by yes or no and has space to record the reply.**

12. A good standard is scientifically valid, reliable, clear, and realistic.

**TRUE**

13. The exit interview of the patient will not provide any information that is useful because patients do not understand what the provider does.

**FALSE. Exit interviews of patients have been useful to provide information both on what the provider does and patients' satisfaction with the care.**

14. Health conditions that should be monitored initially could be selected through criteria such as “high volume, “high risk” or “problem-prone”.

**TRUE**

15. Standard operating procedures are one form of management standards.

**TRUE**

16. In developing countries the principles of quality assessment are different than in developed countries because the standards of care are different.

**FALSE. The principles of quality assessment are the same everywhere**

17. A standard of care expresses the absolute perfection in quality of care, regardless of the context.

**FALSE. A standard of care expresses a contextualize level of optimal quality.**

18. Data on providers' performance help to identify those who need more support.

**TRUE**

19. If the observer/data collector observes a procedure that could harm the patient, he/she should tell the provider.

**TRUE**

20. Flowcharting the process of care is only useful when there is no written standard.  
**FALSE. It can help one to understand the care process as well as identify critical inputs and expected outcomes.**
21. All monitoring systems should collect data on quality every two weeks.  
**FALSE. Frequency depends on time and resources, needs, level of sophistication of the monitoring system, and the health facilities' performance.**
22. Disaggregated results are better than aggregated results.  
**FALSE. The format depends on the focus of the study and the use of information.**
23. Monitoring all facilities is always better than just monitoring a sample, and the use of the information.  
**FALSE. Although the decision depends on the purpose of the monitoring system, samples are often used and are powerful enough.**
24. Feedback should always be given to providers, regardless of their performance.  
**TRUE**
25. It is not necessary to have computers for the storage and retrieval of monitoring data.  
**TRUE**
26. Making a final judgment on one health provider's performance requires repeated observations because one's performance varies naturally.  
**TRUE**

**Individual and Group Performance Matrix for PRE-COURSE QUESTIONNAIRE**

Place a check mark (✓) for each question the participant gets correct. Write each participant's total score in the “#” **row** and percentage correct in the “%” **row**. To do an data item analysis, total the scores for each question by **column** and figure the percentage of correct answers.

Name																												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	#	%
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
Total Correct																												
% Correct																												

**ACTION PLAN - PART 1****“CHOOSING THE HEALTH SERVICE TO MONITOR”**

- 1) Name of facility where monitoring will be conducted \_\_\_\_\_
- 2) List the priority health services delivered at the facility in left hand column.

Health Service	High Volume	High Risk	Problem Prone	TOTALS

- 3) For each service on the left, each small group will rate (score) one service at a time on each of 3 criteria. Assign a value of 1, 2, or 3, with 1 being the lowest and 3 being the highest. If the group disagrees on the rating for a criterion, then each person will vote and the votes will be averaged.
- 4) After all services have been rated, add each score across to get the totals.
- 5) The health service with the highest total score is selected.

If there is a tie, you may decide to “weight” the most important criterion and tally the totals again. For example, if volume is the most important criterion, multiply each number in the High Volume column by 2 and then add up the totals again.

HEALTH SERVICE SELECTED TO MONITOR: \_\_\_\_\_



**ACTION PLAN – PART 2**

**“IDENTIFY PROCESS OF CARE TO MONITOR”**

Health service selected to monitor \_\_\_\_\_

In the space below, construct high-level flow chart of the care related to this health condition. List the key steps underneath each “box.” Consider activities related to treatment.

The questions in Table 3, “Checklist to Identify the Process of Care,” in the reference manual may be helpful in the mapping process.

**ACTION PLAN – PART 3****“SELECT A STANDARD TO MONITOR”**

For a standard to be monitored, it needs to be written explicitly. This process will help you identify standards that need to be made explicit or that need revision or clarification, or both.

Using the flowchart from Action Plan, Part 2, review the steps using the four statements below to determine the status of standards for the care process at your facility:

- 1) Those standards that are clear in the facility
- 2) Those standards that exist but have not been communicated
- 3) Those standards that are implicit and have not been formalized in writing
- 4) Those standards that exist and need revision

For this activity, select one area of the process of care and write an explicit standard for it.

**ACTION PLAN – PART 4**

**“DEVELOPING INDICATORS TO MONITOR”**

Health service selected to monitor \_\_\_\_\_

Standard chosen for which indicators will be developed \_\_\_\_\_

For the standard you wrote for Action Plan, Part 3:

Develop 5 indicators—1 input, 3 process, and 1 outcome indicator. Answer the following questions for each indicator:

1) Which part of the system does it monitor? (input, process, outcome?)

2) Where will the data come from?

3) How will data be easily gathered?

**TAKE HOME QUIZ - DAY ONE**

**INSTRUCTIONS:** You may use your manual and notes to complete this quiz. Please do not consult with other participants about the answers. It should not take more than 45 minutes to complete. Please bring the completed quiz to class with you in the morning. Thank you.

1. List four of the Dimensions of Quality of Care and give a brief explanation of each.
  
  
  
  
  
  
  
  
  
  
2. What is the basic principle of monitoring of quality of care?
  
  
  
  
  
  
  
  
  
  
3. What is monitoring?
  
  
  
  
  
  
  
  
  
  
4. List the three steps of the quality monitoring process and briefly describe each step.
  
  
  
  
  
  
  
  
  
  
5. What are the 3 criteria used to determine which health services or issues should be given priority when establishing a monitoring program?

6. Briefly define:
  - Input standards
  
  - Process standards
  
  - Outcome standards
7. What is a standard of care?
8. What are the four characteristics of a good standard?
9. Give an example of a standard of care for a health condition at the clinic where you work.
10. What is an indicator?
11. For the standard you listed in #9 above, write two indicators.

**ANSWER KEY: TAKE HOME QUIZ - DAY ONE**

INSTRUCTIONS TO TRAINER: Review the information with the participants and either collect and review the quizzes or by a show of hands determine how well participants did with each data item. It is important for you to evaluate the level of learning for each of the concepts so you can plan to review areas of difficulty. Alternative: instead of using this as a take home quiz, use questions as an oral review.

1. List four of the Dimensions of Quality of Care and give a brief explanation of each.

**Performance of health providers or facilities; technical competence of healthcare providers, effectiveness of care, efficiency of care, safety of care, accessibility of healthcare services, interpersonal relations between providers and patients, continuity of care, coverage/utilization of services, choice of services, amenities.**

2. What is the basic principle of monitoring of quality of care? **To identify and express in a measurable way the gap between the current level of quality and the expected one.**
3. What is monitoring? **Regular data collection and use of indicators for making decisions.**
4. List the three steps of the quality monitoring process and briefly describe each step.

**1) Decide what information you need; 2) collect the data; 3) use the information and results**

5. What are the 3 criteria used to determine which health services or issues should be given priority when establishing a monitoring program?

**High volume, high risk, problem prone**

6. Briefly define: input standards, process standards, and outcome standards

**Input standards make explicit the requirements for the resources that must be supplied by the health system. Process standards describe the activities and the way they must be carried out. Outcome standards might describe the direct output of the case-management in terms of the units of care, the effect of the care on the individual, and the impact on health status (mortality rates).**

7. What is a standard? **A standard is a statement of expected quality.**
8. What are the four characteristics of a good standard? **Valid, reliable, clear, realistic**
9. Give an example of a standard of care for a health condition at the clinic where you work.  
**(This answer will vary.)**
10. What is an indicator? **The measurable variable that can be used to determine the degree of adherence to a standard.**
11. For the standards you listed in #9 above, write two indicators.

**(This answer will vary according to the standard they used in #9.)**

## ACTION PLAN - PART 5

## “CHOOSING DATA COLLECTION METHODS”

Health service selected to monitor \_\_\_\_\_

**INSTRUCTIONS:** Determine what data collection methods you will use for your monitoring activity. Give rationale for the methods you selected, and give rationale for those methods you have chosen not to use.

[illegible]

## ACTION PLAN – PART 6

**INSTRUCTIONS:** Create the data collection form you will use at your work site monitoring activity by creating a title for the activity, an administrative section, the technical data that will be collected, and a coding system.

TITLE OF MONITORING ACTIVITY:

ADMINISTRATIVE SECTION:

TECHNICAL DATA:

CODING SYSTEM



## ACTION PLAN - PART 7

### “PLANNING THE IMPLEMENTATION OF THE MONITORING ACTIVITY”

Health service selected to monitor \_\_\_\_\_

**INSTRUCTIONS:** For each of the following data items give a brief description of how you plan to ensure a successful implementation of your monitoring activity.

- 1) How and when do you plan to alert the health service managers and providers information on the purpose and benefits of the monitoring activity and the date on which it will occur?
- 2) If the monitoring activity will require transportation list the plans you need to make to ensure it is available-consider vehicle inspections, gas and oil, spare tire and tools in good shape, driver available, routes and maps available, time required for travel.
- 3) What forms and office supplies will be required?
- 4) If a team of observers are to be used, what are the roles and responsibilities for each? Is a team leader required? How will that role be assigned?
- 5) How will the observers be informed of the detailed agenda for the monitoring visit?
- 6) What arrangements have been made to provide support for observers and other staff members in case there are any problems that develop during the data collection activity?

- 7) How will you prepare the observers to be respectful of the health providers and the patients during the monitoring activity?
- 8) How will you prepare the observers to be unobtrusive and non-threatening during the monitoring activity?
- 9) How will you prepare the observers to handle situations in case of a disagreement with the management of the case being observed?
- 10) What preparations are required to provide the required salutes to local authorities?
- 11) What plans are required for the end of the monitoring visit? Thanking the staff for their cooperation, providing feedback on the performance observed and a description of the next steps of the monitoring process.

**TAKE HOME QUIZ - DAY TWO**

**INSTRUCTIONS:** You may use your manual and notes to complete this quiz. Please do not consult with other participants about the answers. It should not take more than 45 minutes to complete. Please bring the completed quiz to class with you in the morning. Thank you.

1. List the 4 most frequently used methods of data collection.
2. Select one method from above and list the advantages and disadvantages of that method.
3. What information is collected in the administrative part of the data collection form?
4. What 3 things can be done to make sure data collection tools are properly used?
5. The frequency of data collection in practice depends on three things. What are they?
6. What are the strengths and limitations of collecting data by peer-assessment?
7. Briefly describe the two levels of validation to consider for data being collected.

**TAKE HOME QUIZ - DAY TWO ANSWER KEY**

**INSTRUCTIONS:** You may use your manual and notes to complete this quiz. Please do not consult with other participants about the answers. It should not take more than 45 minutes to complete. Please bring the completed quiz to class with you in the morning. Thank you.

1. List the 4 most frequently used methods of data collection.

**Direct observation, provider interview, client interview, medical record review**

2. Select one method from above and list the advantages and disadvantages of that method.

**Direct observation. Advantages: most reliable method, easy to integrate into a supervision schedule; Disadvantages: observer's presence may influence performance**

**Exit interview with the patient. Advantages: get patients' point of view; Disadvantages: may influence the provider's performance; - information collected through this method is limited by the patient's observation capacity, understanding, and memory; possible courtesy bias**

**Interview with the health provider. Advantages: open-ended questions avoid the risk of influencing the answers; Disadvantages: providers tend to over-report their performance; does not measure actual performance.**

**Review of records: Advantages: if well designed, sufficiently detailed, and accurate, may permit an accurate assessment of the patient care process; Disadvantages: information limited to symptoms, diagnosis and treatment and may not permit an accurate assessment**

3. What information is collected in the administrative part of the data collection form?

**topic, date, location, interviewer, interviewee, and sometimes the duration of the data collection**

4. What 3 things can be done to make sure data collection tools are properly used?

**Review the forms with the users and make sure that the data collectors understand what they are supposed to observe or which questions need to be asked; test the forms; revise/improve the forms and address any problems that were discovered during test**

5. The frequency of data collection in practice depends on three things. What are they?

**Time and resources, need for information, level of sophistication of the monitoring system, and the health facilities' performance**

6. What are the strengths and limitations of collecting data by peer-assessment?

**Strengths: Less stressful because a peer is not one's supervisor; each learns more about his/her performance; Limitations: potential lack of rigor between people who know each other, possible that observer lacks of credibility from the provider's perspective, problems of transportation**

7. Briefly describe the two levels of validation to consider for data being collected.

**First level checks whether the task was performed correctly or not; Second level concerns the accuracy of the data reported by data collectors**

Pages labeled “This Is Data Item 1 Matrix” (i.e., this page), “This Is Data Item 2 Matrix” and “This Is Data Item 3 Matrix” are to be included in the instructor’s manual **and** to be made up into work packets to be handed out during the class for the exercise. Each packet to contain this form and ten of the appropriate data sheets

## This Is Data Item 1 Matrix

### PART ONE OF THE TABULATION EXERCISE-TABULATION OF DATA ITEM 1 TO BE COMPLETED BY GROUP 1

Dis-aggregated data (total number possible for each cell is 10)

#### INSTRUCTIONS FOR COMPLETING MATRIX

1. Code the data for RN 1 for the 12 data items on each of the data tools.
2. Tabulate the coded data for each of the 12 data items.
3. Transfer the tabulated data to the data table.
4. Complete the totals column by adding the total score in each box for data item #1, then data item #2, and so forth until all data items are totaled.
5. Construct simple bar charts for data items 1-5.
6. Construct a grouped bar chart for data items 6-11.
7. Construct a pie chart for the data.
8. Transfer your tabulated data to the newsprint during the break.

DATA ITEM	DATA ITEM #1				TOTAL DATA ITEM 1
	RN 1	RN 2	MD 1	MD 2	
1		6	9	4	
2		5	8	6	
3		2	5	1	
4A		0	4	0	
4B		0	0	0	
5		0	0	0	
6		0	0	0	
7		3	8	5	
8		5	7	5	
9		2	7	4	
10		7	8	6	
11		4	6	3	

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Snou
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [x] | no [ ] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES'; AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 3/3/98
3. Name of observer Chil
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [x] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Chil
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [x] | no [ ] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [x] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Chil
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

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|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**



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Complete one for per client. Write any comments on the back.

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|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
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## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [x] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Snou
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [x] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Chil
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Snou
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [x] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Chil
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #1

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 3/4/98
3. Name of observer Snou
4. Health worker observed Pema

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [ ] | no [x] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [ ] | no [x] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## This Is Data Item 2 Matrix

### PART ONE OF THE TABULATION EXERCISE-TABULATION OF DATA ITEM 2 TO BE COMPLETED BY GROUP 2

Dis-aggregated data (total number possible for each cell is 10)

#### INSTRUCTIONS FOR COMPLETING MATRIX

1. Code the data for RN 2 for the 12 data items on each of the data tools.
2. Tabulate the coded data for each of the 12 data items.
3. Transfer the tabulated data to the data table.
4. Complete the totals column by adding the total score in each box for data item #1, then data item #2, and so forth until all data items are totaled.
5. Construct simple bar charts for data items 1-5.
6. Construct a grouped bar chart for data items 6-11.
7. Construct a pie chart for the data.
8. Transfer your tabulated data to the newsprint during the break.

DATA ITEM	DATA ITEM #2				TOTAL DATA ITEM 2
	RN 1	RN 2	MD 1	MD 2	
1	9		7	5	
2	8		8	5	
3	4		6	4	
4A	10		8	7	
4B	2		1	3	
5	10		10	10	
6	10		7	10	
7	10		9	8	
8	10		10	10	
9	4		6	5	
10	9		9	7	
11	10		7	4	

**DATA ITEM #2** IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Chil
4. Health worker observed RN 2

## OBSERVATION

**Pre-Insertion Counseling****\*\*CODING**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 1. Asks client her reproductive goals                                      | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Ensures client's knowledge of IUD side effects.                         | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |

**Insertion**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 4a. Washes hands thoroughly with soap.   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 4b. Dries hands with clean, dry cloth.   | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Disposes of waste materials according to guidelines.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 9. Completes client record.  | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |

**Post Insertion counseling**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 10. Teaches client how and when to check for IUD strings.                        | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Discusses with client what to do if client has any side effects or problems. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'****DATA ITEM #2** IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Snou
4. Health worker observed RN 2

## OBSERVATION

**Pre-Insertion Counseling****\*\*CODING**

- |  |   |                             |                          |
|--|---|-----------------------------|--------------------------|
| 1. Asks client her reproductive goals                                      | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ensures client's knowledge of IUD side effects.                         | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |

**Insertion**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 4a. Washes hands thoroughly with soap.   | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4b. Dries hands with clean, dry cloth.   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. Disposes of waste materials according to guidelines.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Completes client record.  | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Post Insertion counseling**

- |  |   |                             |                          |
|--|---|-----------------------------|--------------------------|
| 10. Teaches client how and when to check for IUD strings.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Discusses with client what to do if client has any side effects or problems. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Chil
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [x] | no [ ] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [ ] | no [x] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Snou
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [ ] | no [x] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [x] | no [ ] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [ ] | no [x] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [ ] | no [x] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Chil
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [ ] | no [x] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [ ] | no [x] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Snou
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [ ] | no [x] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [ ] | no [x] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [ ] | no [x] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Snou
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [ ] | no [x] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [ ] | no [x] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [ ] | no [x] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Chil
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [ ] | no [x] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [ ] | no [x] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [ ] | no [x] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**



## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Snou
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [ ] | no [x] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [ ] | no [x] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [ ] | no [x] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [ ] | no [x] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [ ] | no [x] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [ ] | no [x] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [ ] | no [x] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #2

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 7/8/98
3. Name of observer Chil
4. Health worker observed RN 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [ ] | no [x] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [ ] | no [x] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [ ] | no [x] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [ ] | no [x] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [ ] | no [x] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [ ] | no [x] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [ ] | no [x] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

### This Is Data Item 3 Matrix

#### PART ONE OF THE TABULATION EXERCISE-TABULATION OF DATA ITEM 3 TO BE COMPLETED BY GROUP 3

Dis-aggregated data (total number possible for each cell is 10)

#### INSTRUCTIONS FOR COMPLETING MATRIX

1. Code the data for MD 2 for the 12 data items on each of the data tools.
2. Tabulate the coded data for each of the 12 data items.
3. Transfer the tabulated data to the data table.
4. Complete the totals column by adding the total score in each box for data item #1, then data item #2, and so forth until all data items are totaled.
5. Construct simple bar charts for data items 1-5.
6. Construct a grouped bar chart for data items 6-11.
7. Construct a pie chart for the data.
8. Transfer your tabulated data to the newsprint during the break.

DATA ITEM	ITEM #3				TOTAL DATA ITEM 3
	RN 1	RN 2	MD 1	MD 2	
1	9	6	7		
2	8	7	10		
3	6	4	5		
4A	10	7	10		
4B	10	7	10		
5	10	10	10		
6	10	10	10		
7	10	10	10		
8	10	10	10		
9	3	2	4		
10	9	7	9		
11	10	6	9		

**DATA ITEM #3** IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 9/11/98
3. Name of observer Chil
4. Health worker observed MD 2

## OBSERVATION

**Pre-Insertion Counseling****\*\*CODING**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 1. Asks client her reproductive goals                                      | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Ensures client's knowledge of IUD side effects.                         | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |

**Insertion**

- |  |   |                             |                          |
|--|---|-----------------------------|--------------------------|
| 4a. Washes hands thoroughly with soap.   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Dries hands with clean, dry cloth.   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Disposes of waste materials according to guidelines.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Completes client record.  | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |

**Post Insertion counseling**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 10. Teaches client how and when to check for IUD strings.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. Discusses with client what to do if client has any side effects or problems. | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'****DATA ITEM #3** IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 9/11/98
3. Name of observer Snou
4. Health worker observed MD 2

## OBSERVATION

**Pre-Insertion Counseling****\*\*CODING**

- |  |   |                             |                          |
|--|---|-----------------------------|--------------------------|
| 1. Asks client her reproductive goals                                      | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ensures client's knowledge of IUD side effects.                         | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/> | <input type="checkbox"/> |

**Insertion**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 4a. Washes hands thoroughly with soap.   | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4b. Dries hands with clean, dry cloth.   | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 7. Disposes of waste materials according to guidelines.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 9. Completes client record.  | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |

**Post Insertion counseling**

- |  |   |  |                          |
|--|---|--|--------------------------|
| 10. Teaches client how and when to check for IUD strings.                        | yes <input checked="" type="checkbox"/> | no <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. Discusses with client what to do if client has any side effects or problems. | yes <input type="checkbox"/>            | no <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

DATA ITEM #3 IUD Insertion				DATA ITEM #3 IUD Insertion			
Complete one for per client. Write any comments on the back.				Complete one for per client. Write any comments on the back.			
GENERAL INFORMATION				GENERAL INFORMATION Coding			
1. Clinic <u>Arla</u>				1. Clinic <u>Arla</u>			
2. Date of observation <u>9/11/98</u>				2. Date of observation <u>9/11/98</u>			
3. Name of observer <u>Snou</u>				3. Name of observer <u>Chil</u>			
4. Health worker observed <u>MD 2</u>				4. Health worker observed <u>MD 2</u>			
OBSERVATION				OBSERVATION			
<b>Pre-Insertion Counseling</b>			<b>**CODING</b>	<b>Pre-Insertion Counseling</b>			<b>**CODING</b>
1.	Asks client her reproductive goals	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	Asks client her reproductive goals	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Reviews screening checklist to determine client is appropriate for IUD.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	2.	Reviews screening checklist to determine client is appropriate for IUD.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
3.	Ensures client's knowledge of IUD side effects.	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Ensures client's knowledge of IUD side effects.	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Insertion</b>				<b>Insertion</b>			
4a.	Washes hands thoroughly with soap.	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>	4a.	Washes hands thoroughly with soap.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
4b.	Dries hands with clean, dry cloth.	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>	4b.	Dries hands with clean, dry cloth.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
5.	Puts HLD or sterile gloves on both hands.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	5.	Puts HLD or sterile gloves on both hands.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
6.	Places used instruments in Chlorine solution for decontamination after use.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	6.	Places used instruments in Chlorine solution for decontamination after use.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
7.	Disposes of waste materials according to guidelines.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	7.	Disposes of waste materials according to guidelines.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
8.	Washes hands thoroughly with soap and water after procedure.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	8.	Washes hands thoroughly with soap and water after procedure.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
9.	Completes client record.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	9.	Completes client record.	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Post Insertion counseling</b>				<b>Post Insertion counseling</b>			
10.	Teaches client how and when to check for IUD strings.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	10.	Teaches client how and when to check for IUD strings.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
11.	Discusses with client what to do if client has any side effects or problems.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>	11.	Discusses with client what to do if client has any side effects or problems.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/>
<b>**CODE 1 FOR 'YES', AND 0 FOR 'NO'</b>				<b>**CODE 1 FOR 'YES', AND 0 FOR 'NO'</b>			

DATA ITEM #3	IUD Insertion	DATA ITEM #1	IUD Insertion
Complete one for per client. Write any comments on the back.		Complete one for per client. Write any comments on the back.	
GENERAL INFORMATION		GENERAL INFORMATION <span style="float: right;">Coding</span>	
1. Clinic <u>Arla</u> 2. Date of observation <u>9/11/98</u> 3. Name of observer <u>Chil</u> 4. Health worker observed <u>MD 2</u>		1. Clinic <u>Arla</u> 2. Date of observation <u>9/11/98</u> 3. Name of observer <u>Snou</u> 4. Health worker observed <u>MD 2</u>	
OBSERVATION		OBSERVATION	
<b>Pre-Insertion Counseling</b>		<b>Pre-Insertion Counseling</b>	
		<b>**CODING</b>	
1. Asks client her reproductive goals	yes [x] no [ ]	1. Asks client her reproductive goals	yes [x] no [ ]
2. Reviews screening checklist to determine client is appropriate for IUD.	yes [x] no [ ]	2. Reviews screening checklist to determine client is appropriate for IUD.	yes [x] no [ ]
3. Ensures client's knowledge of IUD side effects.	yes [x] no [ ]	3. Ensures client's knowledge of IUD side effects.	yes [ ] no [x]
<b>Insertion</b>		<b>Insertion</b>	
4a. Washes hands thoroughly with soap.	yes [x] no [ ]	4a. Washes hands thoroughly with soap.	yes [x] no [ ]
4b. Dries hands with clean, dry cloth.	yes [x] no [ ]	4b. Dries hands with clean, dry cloth.	yes [x] no [ ]
5. Puts HLD or sterile gloves on both hands.	yes [x] no [ ]	5. Puts HLD or sterile gloves on both hands.	yes [x] no [ ]
6. Places used instruments in Chlorine solution for decontamination after use.	yes [x] no [ ]	6. Places used instruments in Chlorine solution for decontamination after use.	yes [x] no [ ]
7. Disposes of waste materials according to guidelines.	yes [x] no [ ]	7. Disposes of waste materials according to guidelines.	yes [x] no [ ]
8. Washes hands thoroughly with soap and water after procedure.	yes [x] no [ ]	8. Washes hands thoroughly with soap and water after procedure.	yes [x] no [ ]
9. Completes client record.	yes [ ] no [x]	9. Completes client record.	yes [x] no [ ]
<b>Post Insertion counseling</b>		<b>Post Insertion counseling</b>	
10. Teaches client how and when to check for IUD strings.	yes [x] no [ ]	10. Teaches client how and when to check for IUD strings.	yes [x] no [ ]
11. Discusses with client what to do if client has any side effects or problems.	yes [x] no [ ]	11. Discusses with client what to do if client has any side effects or problems.	yes [x] no [ ]
<b>**CODE 1 FOR 'YES', AND 0 FOR 'NO'</b>		<b>**CODE 1 FOR 'YES', AND 0 FOR 'NO'</b>	

## DATA ITEM #3

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

1. Clinic Arla
2. Date of observation 9/11/98
3. Name of observer Snou
4. Health worker observed MD 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [x] | no [ ] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [x] | no [ ] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [ ] | no [x] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

## DATA ITEM #3

## IUD Insertion

Complete one for per client. Write any comments on the back.

## GENERAL INFORMATION

Coding

1. Clinic Arla
2. Date of observation 9/11/98
3. Name of observer Snou
4. Health worker observed MD 2

## OBSERVATION

## Pre-Insertion Counseling

## \*\*CODING

- |  |         |        |     |
|--|---------|--------|-----|
| 1. Asks client her reproductive goals                                      | yes [x] | no [ ] | [ ] |
| 2. Reviews screening checklist to determine client is appropriate for IUD. | yes [x] | no [ ] | [ ] |
| 3. Ensures client's knowledge of IUD side effects.                         | yes [ ] | no [x] | [ ] |

## Insertion

- |  |         |        |     |
|--|---------|--------|-----|
| 4a. Washes hands thoroughly with soap.   | yes [x] | no [ ] | [ ] |
| 4b. Dries hands with clean, dry cloth.   | yes [x] | no [ ] | [ ] |
| 5. Puts HLD or sterile gloves on both hands.                                   | yes [x] | no [ ] | [ ] |
| 6. Places used instruments in Chlorine solution for decontamination after use. | yes [x] | no [ ] | [ ] |
| 7. Disposes of waste materials according to guidelines.                        | yes [x] | no [ ] | [ ] |
| 8. Washes hands thoroughly with soap and water after procedure.                | yes [x] | no [ ] | [ ] |
| 9. Completes client record.  | yes [x] | no [ ] | [ ] |

## Post Insertion counseling

- |  |         |        |     |
|--|---------|--------|-----|
| 10. Teaches client how and when to check for IUD strings.                        | yes [x] | no [ ] | [ ] |
| 11. Discusses with client what to do if client has any side effects or problems. | yes [x] | no [ ] | [ ] |

**\*\*CODE 1 FOR 'YES', AND 0 FOR 'NO'**

DATA ITEM #3 IUD Insertion				DATA ITEM #3 IUD Insertion			
Complete one for per client. Write any comments on the back.				Complete one for per client. Write any comments on the back.			
GENERAL INFORMATION				GENERAL INFORMATION Coding			
1. Clinic <u>Arla</u>				1. Clinic <u>Arla</u>			
2. Date of observation <u>9/11/98</u>				2. Date of observation <u>9/11/98</u>			
3. Name of observer <u>Chil</u>				3. Name of observer <u>Chil</u>			
4. Health worker observed <u>MD 2</u>				4. Health worker observed <u>MD 2</u>			
OBSERVATION				OBSERVATION			
<b>Pre-Insertion Counseling</b>			<b>**CODING</b>	<b>Pre-Insertion Counseling</b>			<b>**CODING</b>
1.	Asks client her reproductive goals	yes [x] no [ ]	[ ]	1.	Asks client her reproductive goals	yes [x] no [ ]	[ ]
2.	Reviews screening checklist to determine client is appropriate for IUD.	yes [x] no [ ]	[ ]	2.	Reviews screening checklist to determine client is appropriate for IUD.	yes [x] no [ ]	[ ]
3.	Ensures client's knowledge of IUD side effects.	yes [ ] no [x]	[ ]	3.	Ensures client's knowledge of IUD side effects.	yes [ ] no [x]	[ ]
<b>Insertion</b>				<b>Insertion</b>			
4a.	Washes hands thoroughly with soap.	yes [x] no [ ]	[ ]	4a.	Washes hands thoroughly with soap.	yes [x] no [ ]	[ ]
4b.	Dries hands with clean, dry cloth.	yes [x] no [ ]	[ ]	4b.	Dries hands with clean, dry cloth.	yes [x] no [ ]	[ ]
5.	Puts HLD or sterile gloves on both hands.	yes [x] no [ ]	[ ]	5.	Puts HLD or sterile gloves on both hands.	yes [x] no [ ]	[ ]
6.	Places used instruments in Chlorine solution for decontamination after use.	yes [x] no [ ]	[ ]	6.	Places used instruments in Chlorine solution for decontamination after use.	yes [x] no [ ]	[ ]
7.	Disposes of waste materials according to guidelines.	yes [x] no [ ]	[ ]	7.	Disposes of waste materials according to guidelines.	yes [x] no [ ]	[ ]
8.	Washes hands thoroughly with soap and water after procedure.	yes [x] no [ ]	[ ]	8.	Washes hands thoroughly with soap and water after procedure.	yes [x] no [ ]	[ ]
9.	Completes client record.	yes [ ] no [x]	[ ]	9.	Completes client record.	yes [ ] no [x]	[ ]
<b>Post Insertion counseling</b>				<b>Post Insertion counseling</b>			
10.	Teaches client how and when to check for IUD strings.	yes [x] no [ ]	[ ]	10.	Teaches client how and when to check for IUD strings.	yes [x] no [ ]	[ ]
11.	Discusses with client what to do if client has any side effects or problems.	yes [x] no [ ]	[ ]	11.	Discusses with client what to do if client has any side effects or problems.	yes [x] no [ ]	[ ]
<b>**CODE 1 FOR 'YES', AND 0 FOR 'NO'</b>				<b>**CODE 1 FOR 'YES', AND 0 FOR 'NO'</b>			





MATRIX TO BE ENLARGED AND COPIED ONTO NEWSPRINT AND POSTED AT FRONT OF ROOM TO BE COMPLETED BY PARTICIPANTS DURING THE BREAK AFTER COMPLETING PART ONE OF THE TABULATION EXERCISE

(TO BE INCLUDED IN THE INSTRUCTOR AND PARTICIPANT MANUAL)

Dis-aggregated data (total number possible for each cell is 10)

DATA ITEM	DATA ITEM #1				TOTAL DATA ITEM 1	DATA ITEM #2				TOTAL DATA ITEM 2	DATA ITEM #3				TOTAL DATA ITEM 3
	RN 1	RN 2	MD 1	MD 2		RN 1	RN 2	MD 1	MD 2		RN 1	RN 2	MD 1	MD 2	
1		6	9	4		9		7	5		9	6	7		
2		5	8	6		8		8	5		8	7	10		
3		2	5	1		4		6	4		6	4	5		
4A		0	4	0		10		8	7		10	7	10		
4B		0	0	0		2		1	3		10	7	10		
5		0	0	0		10		10	10		10	10	10		
6		0	0	0		10		7	10		10	10	10		
7		3	8	5		10		9	8		10	10	10		
8		5	7	5		10		10	10		10	10	10		
9		2	7	4		4		6	5		3	2	4		
10		7	8	6		9		9	7		9	7	9		
11		4	6	3		10		7	4		10	6	9		

## COMPLETED TABLE FOR ALL DATA-(TO BE INCLUDED IN INSTRUCTOR'S MANUAL ONLY)

Dis-aggregated data (total number possible for each cell is 10)

DATA ITEM	DATA ITEM #1				TOTAL DATA ITEM 1	DATA ITEM #2				TOTAL DATA ITEM 2	DATA ITEM #3				TOTAL DATA ITEM 3
	RN 1	RN 2	MD 1	MD 2		RN 1	RN 2	MD 1	MD 2		RN 1	RN 2	MD 1	MD 2	
1	10	6	9	4	29	9	5	7	5	26	9	6	7	7	29
2	10	5	8	6	29	8	4	8	5	25	8	7	10	9	34
3	3	2	5	1	11	4	2	6	4	16	6	4	5	4	19
4A	10	0	4	0	14	10	6	8	7	31	10	7	10	8	35
4B	0	0	0	0	0	2	3	1	3	9	10	7	10	8	35
5	0	0	0	0	0	10	10	10	10	40	10	10	10	10	40
6	0	0	0	0	0	10	9	7	10	36	10	10	10	10	40
7	10	3	8	5	26	10	6	9	8	33	10	10	10	10	40
8	10	5	7	5	27	10	7	10	10	37	10	10	10	10	40
9	5	2	7	4	18	4	1	6	5	16	3	2	4	5	14
10	10	7	8	6	31	9	5	9	7	30	9	7	9	10	35
11	10	4	6	3	23	10	4	7	4	25	10	6	9	8	33

**IN CLASS QUIZ - DAY THREE**

**INSTRUCTIONS:** You may use your manual and notes to complete this quiz. Please do not consult with other participants about the answers. It should not take more than 15 minutes to complete.

1. When data are disaggregated it means a global score is calculated.

**TRUE FALSE**

2. When analyzing data collected it is important to check to see who are the best and worst performers.

**TRUE FALSE**

3. List three possible explanations for lack of compliance with standards.

4. List two common ways quality monitoring data can be stored.

5. Briefly discuss the following statement and give an example if you would like. "In order for feedback to be effective, it has to be given in a positive way."

**ANSWER KEY: IN CLASS QUIZ - DAY THREE**

INSTRUCTIONS TO TRAINER: Review the information with the participants and either collect and review the quizzes or by a show of hands determine how well participants did with each data item. It is important for you to evaluate the level of learning for each of the concepts so you can plan to review areas of difficulty.

1. When data are disaggregated it means a global score is calculated.

**FALSE — aggregated data have a global score called index; with disaggregated data each task observed receives a score for frequency of its execution**

2. When analyzing data collected it is important to check to see who are the best and worst performers.

**TRUE — best performers can help one understand the reasons for good performance and be used as resource persons; worst performers will be candidates for priority intervention**

3. List three possible explanations for lack of compliance with standards.

**Lack of competency; motivation, the incentive systems, peer-pressure, availability of resources, and effectiveness of support services (also accept poor or no supervision)**

4. List two common ways quality monitoring data can be stored.

**In a file cabinet or electronically (a computerized system)**

5. Briefly discuss the following statement and give an example if you would like. “In order for feedback to be effective, it has to be given in a positive way.”

**POST-COURSE QUESTIONNAIRE**

INSTRUCTIONS TO PARTICIPANT- For each of the following statements circle either **T** if the statement is TRUE, or circle **F** if the statement is FALSE. You will have 30 minutes to complete this questionnaire.

1. A quality indicator measures the level of compliance with standards.

T    F

2. Data collection forms have at least 4 sections : administrative data, technical data, a coding system, and space for comments.

T    F

3. The best way to establish a monitoring system is through incremental steps where one would start monitoring a few activities, then would expand the system as appropriate.

T    F

4. Clinical guidelines and protocols are some forms of standards.

T    F

5. Poor performance by healthcare providers is always caused by lack of technical skills and knowledge and therefore should lead to more training.

T    F

6. A systems view to monitoring quality classifies standards as input, process, or outcome.

T    F

7. Monitoring quality of care consists of regular collection and analysis of data about indicators that measure performance against input and outcome standards.

T    F

8. The objective of a quality monitoring system is to identify a quality gap in order to help staff improve the healthcare delivery system and processes within which they work.

T    F

9. The process of care for a health condition is a sequential list of activities or tasks that must be carried out to reach the expected outcome.

T    F

10. The three steps of the quality monitoring process are: decide what information you need; obtain the information you need, and use the information you obtained.
- T    F
11. An open-ended questionnaire has questions that can only be answered with a “yes” or a “no.”
- T    F
12. A good standard is scientifically valid, reliable, clear and realistic.
- T    F
13. The exit interview of the patient will not provide any information that is useful because patients do not understand what the provider does.
- T    F
14. Health conditions that should be monitored initially could be selected through criteria such as “high volume, “high risk” or “problem-prone”.
- T    F
15. Standard operating procedures are one form of management standards.
- T    F
16. In developing countries the principles of quality assessment are different than in developed countries because the standards of care are different.
- T    F
17. A standard of care expresses the absolute perfection in quality of care, regardless of the context.
- T    F
18. Data on providers’ performance help to identify those who need more support.
- T    F
19. If the observer/data collector observes a procedure that could harm the patient, he/she should tell the provider.
- T    F
20. Flowcharting the process of care is only useful when there is no written standard.
- T    F
21. All monitoring systems should collect data on quality every two weeks.
- T    F

22. Disaggregated results are better than aggregated results.

T    F

23. Monitoring all facilities is always better than just monitoring a sample.

T    F

24. Feedback should always be given to providers, regardless of their performance.

T    F

25. It is not necessary to have computers for the storage and retrieval of monitoring data.

T    F

26. Making a final judgment on one health provider's performance requires repeated observations because one's performance varies naturally.

T    F

### Individual and Group Performance Matrix for POST-COURSE QUESTIONNAIRE

Place a check mark (✓) for each question the participant gets correct. Write each participant's total score in the “#” **row** and percentage correct in the “%” **row**. To do an data item analysis, total the scores for each question by **column** and figure the percentage of correct answers.

Name																												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	#	%
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
Total Correct																												
% Correct																												



### **ACTION PLAN - PART 8**

**INSTRUCTIONS:** You have just finished your monitoring activity in the clinic and prepared the data for presentation. Take some time now to consider what you will need to do at your worksite after you have gathered your data. Complete the following areas in your Action Plan. Include as much detail as you can while the information is still fresh in your mind.

- 1)     Tabulation and display of data: How will you tabulate and display your data? Will you use more than one method for data display? For the methods you have not selected you may want to enter your rationale for not choosing those.
  
- 2)     Analysis and interpretation of data: For the analysis and interpretation of your data, can you think of any special needs your problem might require? Are there resources in your area to help with the analysis and interpretation of your data?
  
- 3)     Dissemination and feedback from data: Are there special issues you need to consider when you are planning feedback on observations made? What are they, and how can you address them? For disseminating the data, are there any standing meetings at which the information may be shared? Is there a special line of communication which you will need to follow to get your information to others?
  
- 4)     Storage and retrieval of data: Are there computers available to use for data storage and retrieval? If so, what will need to be done to prepare to use them? If computers are not available, what mechanism is available at your site that can be used? Will there need to be special procedures developed for this? Will new personnel need to be secured? If yes, what will their job description contain, and what special training might be necessary?

## Quality Monitoring in Primary Care

February 2000

### EVALUATION

Your candid feedback will help us to improve this training. Please answer the questions below and add any additional comments that you may have. Thank you.

Job title or specialty \_\_\_\_\_

Please describe your previous exposure, if any, to quality assurance and monitoring:

On a scale from 1 to 5, with 1 being the lowest, please circle the number that best represents your agreement with these statements.

**5 – Excellent    4 – Good    3 – Average    2 – Below Average    1 – Poor**

### Course Content and Training Methods

- |    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| 1. | Achieved course objectives   | 5 | 4 | 3 | 2 | 1 |
| 2. | Achieved personal expectations   | 5 | 4 | 3 | 2 | 1 |
| 3. | Relevance of course to your work   | 5 | 4 | 3 | 2 | 1 |
| 4. | Organization of the course   | 5 | 4 | 3 | 2 | 1 |
| 5. | Training materials useful  | 5 | 4 | 3 | 2 | 1 |
| 6. | Opportunity to ask questions and interact with trainer(s)                | 5 | 4 | 3 | 2 | 1 |
| 7. | Course length: _____ Too Long      _____ Too Short      _____ Just Right |   |   |   |   |   |

8. What topics covered in this course do you think will be most useful to you in your work?
  
9. On which topics would you have liked more information or preferred to spend more time?
  
10. On which topics would you liked to have less information or preferred to spend less time?

**Administrative Aspects (Logistics)**

Please circle the answer you feel is most appropriate for each of the following aspects of the course using the following values for each number:

**5 – Excellent      4 – Good      3 – Average      2 - Below Average      1- Poor**

- |     |                                    |   |   |   |   |   |
|-----|------------------------------------|---|---|---|---|---|
| 11. | Pre-course information             | 5 | 4 | 3 | 2 | 1 |
|     |                                    |   |   |   |   |   |
| 12. | Training facilities                | 5 | 4 | 3 | 2 | 1 |
|     |                                    |   |   |   |   |   |
| 13. | Sessions started and ended on time | 5 | 4 | 3 | 2 | 1 |
|     |                                    |   |   |   |   |   |
| 14. | Administrative support             | 5 | 4 | 3 | 2 | 1 |
|     |                                    |   |   |   |   |   |
| 15. | Additional Comments:               |   |   |   |   |   |