Quality Management in Health Care

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PRESENTATION OUTLINE

- Definition of quality

- Definition of quality terms

  - Quality management (QM)

  - Quality Assurance (QA)

  - Quality Control (QC)

  - Quality Improvement (QI)

  - Total Quality Management (TQM)

    - Continuous Quality Improvement

    - 5S

    - PDSA

What is quality?

- Excellent

- Superior

- High Caliber

- Best

- **What else?**

Defining Quality

1. Quality is "the totality of features and characteristics of a product or **service** that bears its ability to **satisfy stated or implied needs"** *(International Organization for Standardization (ISO)*

2. A **subjective** term for which each person has his or her own definition. In technical usage, quality can have two meanings:

   a. The characteristics of a product or service that bear on its ability to satisfy stated or implied needs.

   b. A product or service **free of deficiencies.**

   (American Society of Quality)

Quality in health care

- Accessible and effective care delivered in compliance with evidence-based standards and meets clients' needs and expectations

- Quality means doing the **right things** the **right way**

  – Doing **"right things"** means applying correct interventions to meet customer needs.

  – Doing **"right way"** means applying correct processes, efficiently and on time (using set standards).

Quality grid

+   What you do (things)   −

RIGHT   WRONG

− How you do it (way) +

WRONG   RIGHT

RIGHT THINGS RIGHT WAY	**WRONG THINGS RIGHT WAY**
RIGHT THINGS WRONG WAY	**WRONG THINGS WRONGS WAY**

Quality grid as applied in lab testing

Right things, right way

- Filled out correct lab form and information
- Conducted lab test as request conducted correctly

Wrong things, right way

- Filled out incorrect form, but provided accurate information
- Conducted wrong lab test, but conducted it on schedule

Right things, wrong way

Filled out correct form, but provided inaccurate information
Completed correct lab test but patient left before results were available due to long wait

Wrong things, wrong way

- Filled out incorrect form with inaccurate information.
- Conducted wrong lab test and delayed in getting results back to patient

Quality Dimensions (Adapted from WHO)

Safety	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered
Accessibility	Obtaining health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need
Effectiveness	Care, intervention or action achieves desired outcome
Efficiency	Achieving desired results with the most cost-effective use of resources
Acceptability /patient-centeredness	Service provides respect and is client orientated; respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks and choice of provider

Quality is built on

- Standards

- Guidelines

- Client needs and expectations

Standards

- Refers to a statement of "desired"/ "achievable" performance of health care intervention which serves as a **reference point for evaluation**

- Standards are usually set by professional societies (Kenya Pediatric Association, NNAK), health care organizations (WHO, UNICEF, UNFPA, UNAIDS), panels of experts or governments

Examples:

- All paediatric admissions should be offered HIV testing using PITC.

- All new-born admissions aged < 14 days should receive Vitamin K unless it has already been given.

- Routine immunization status should be checked and missed vaccines given before discharge.

Guidelines

- Refers to a **set of standards** according to which certain services should be provided in order to obtain the expected results

   Examples:

- Basic Paediatric protocols (*For ages up to 5 years)* , 2016

- Kenya National Guidelines for Quality obstetric and perinatal care, 2010

- KQMH Implementation Guidelines, 2011

Quality Perspectives

- Also important to see quality through the **user's eye**

  - Service satisfies the clients needs: timeliness, quantity, place, delivered with right attitude, information

  - Client centered services

We often think of quality through the **provider's eye**:

  - In accordance with defined guidelines

  - Care delivered has the desired positive effect on patient health and well-being

Quality based on the Donabedian Model
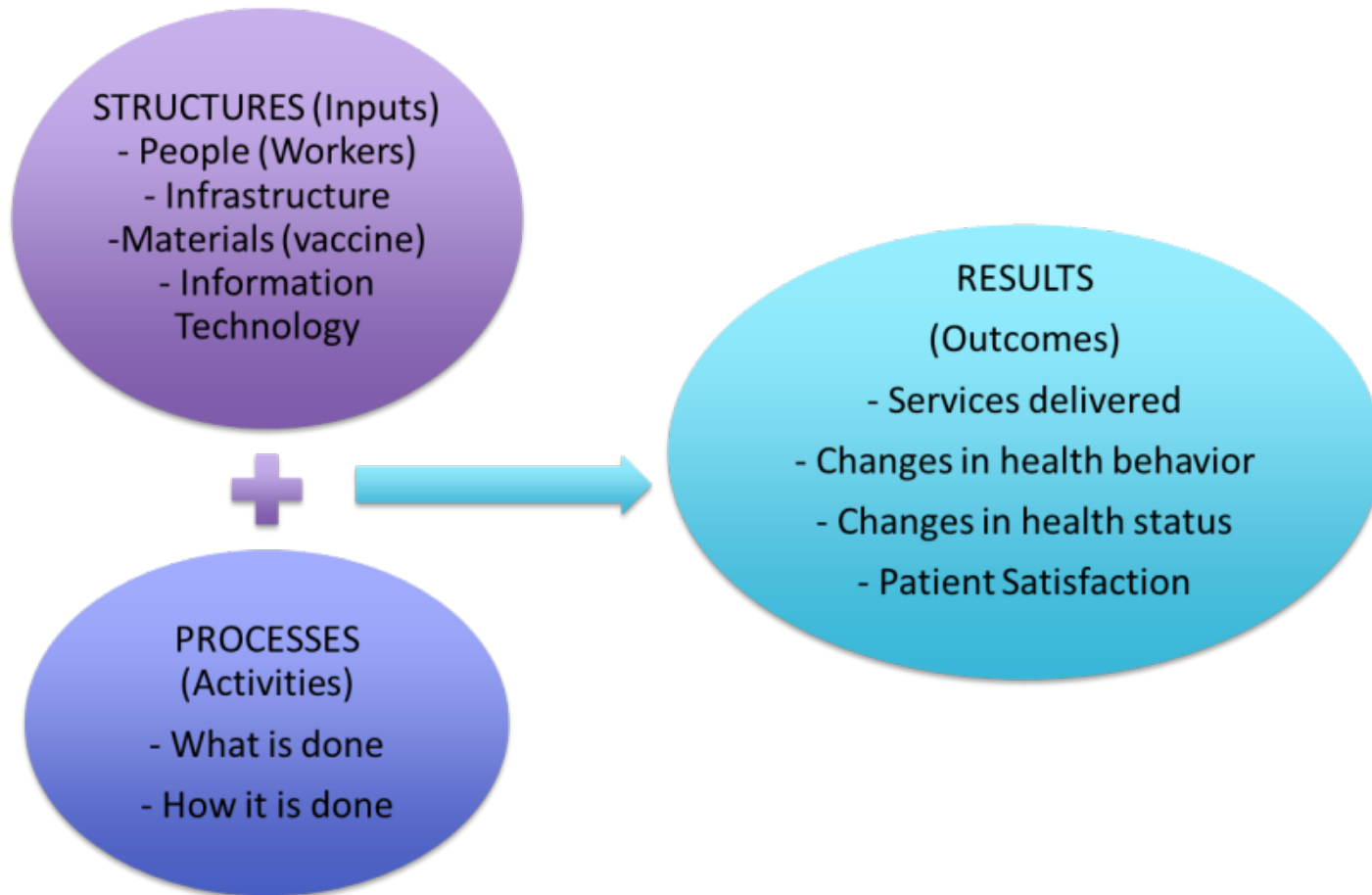
What are some of the challenges in provision of *Quality* Health Care Services?
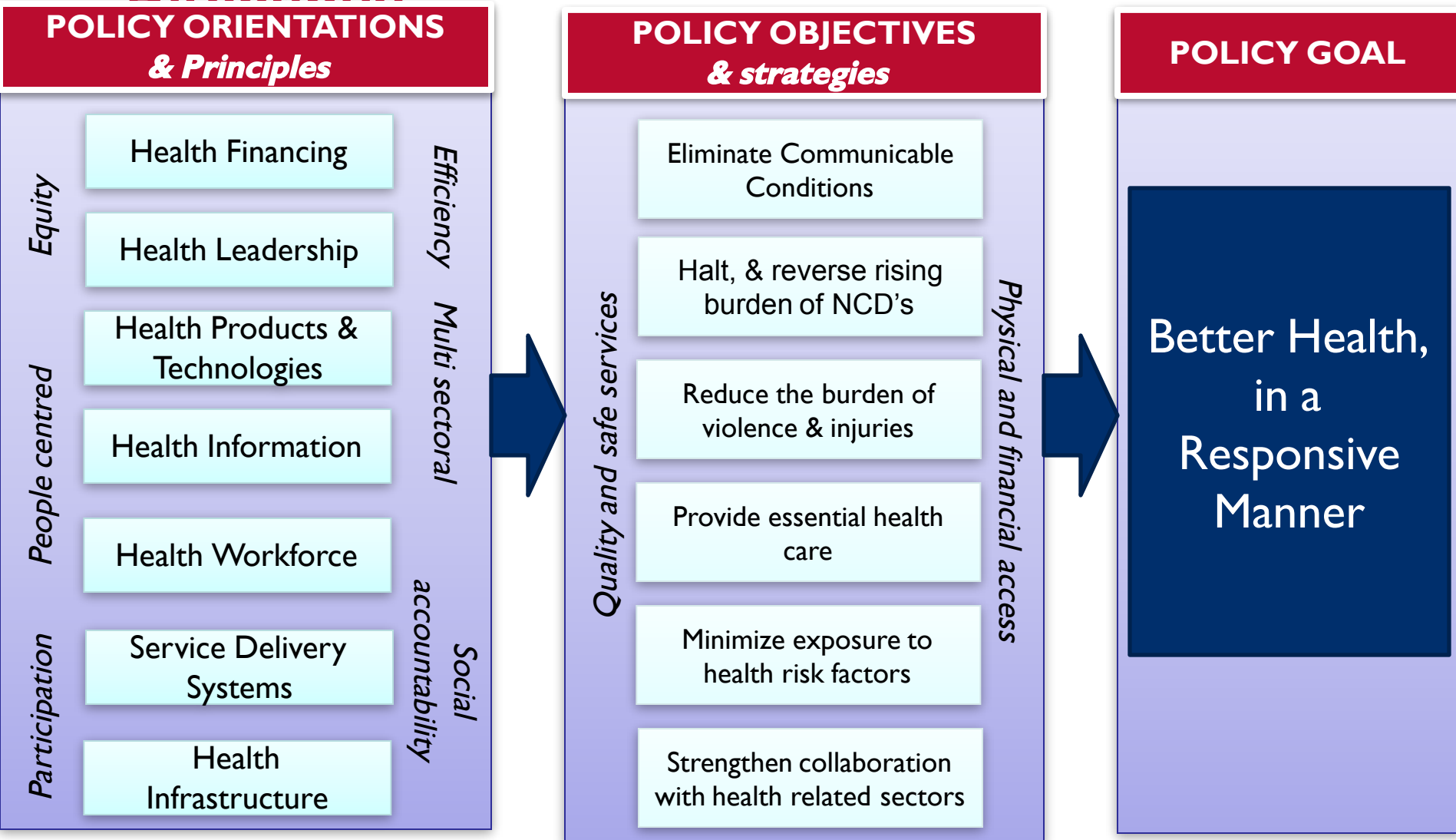
Challenges in provision of *Quality* Health Care Services

- Weak health infrastructure

- Critical shortage of human resources

- Vertical interventions

- Budget constraint/donor dependency

- Training of health care workers

Is there need for emphasis on quality in Health Care?

- **Yes!** It's a constitutional responsibility of government programs to provide quality services

  – Quality Health Care is a right (Constitution of Kenya, Vision 2030, Kenya Health Policy, 2012-2030)

- We need to achieve **desired patient and service delivery outcomes** across all health programs

  – Reduction in morbidity and mortality

Kenya Health Policy 2012 – 2030: Key Directions

POLICY ORIENTATIONS & Principles

Equity | People centred | Participation

- Health Financing
- Health Leadership
- Health Products & Technologies
- Health Information
- Health Workforce
- Service Delivery Systems
- Health Infrastructure

Efficiency | Multi sectoral | Social accountability

POLICY OBJECTIVES & strategies

Quality and safe services

- Eliminate Communicable Conditions
- Halt, & reverse rising burden of NCD's
- Reduce the burden of violence & injuries
- Provide essential health care
- Minimize exposure to health risk factors
- Strengthen collaboration with health related sectors

Physical and financial access

POLICY GOAL

Better Health, in a Responsive Manner

Kenya Situational Analysis

Indicator	Status	Data Source
Life expectancy (years	Males- 61.1, Females- 65.8	(WHO Health Statistics 2015
Immunization status	68%	(KDHS 2014
Under 5 mortality Rate	52 per 1,000 live births	(KDHS 2014)
Maternal Mortality Rate	360 per 100,000 live births	(KDHS 2014)
HIV prevalence (adults aged 15-64 years)	5.6% (1.6 M PLHIV)	(KAIS 2012)

Kenya Situational Analysis cont'd

Indicator	Status	Data Source
Pediatric VL	68%	(National ACT dashboard, 2017)
Adult VL suppression	86%	(National ACT dashboard, 2017)
MTCT rate of	6.5%	(EID Dashboard, 2017)
Contraceptiv	58%	(KDHS, 2014)

Quality: Concepts View Point
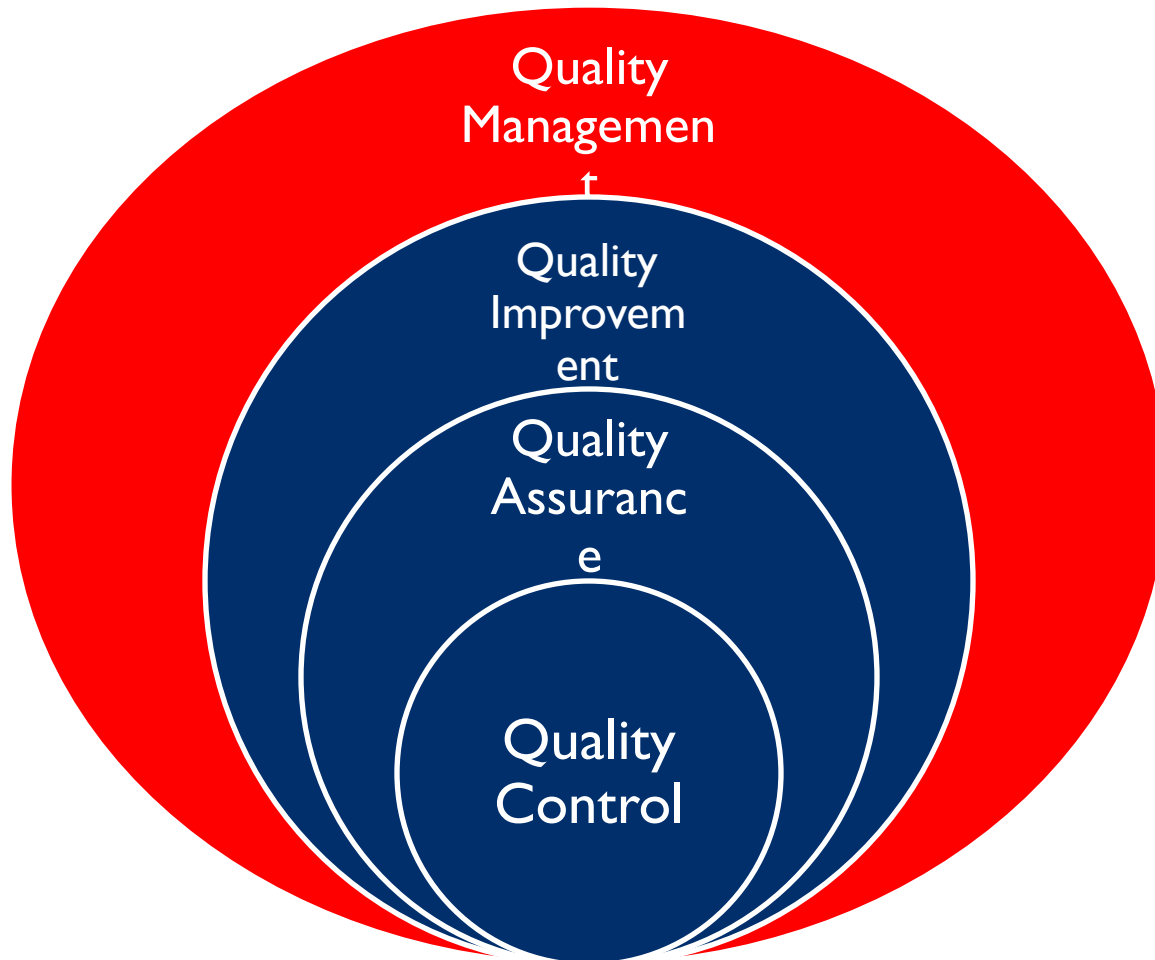
Definitions: QC, QA, QI, and QM

- QC: Identify problems based on established benchmarks

    - *a product-based reactive, or corrective approach of checking and ensuring that items conform to specific standards*

- QA: Prevent problems based on established benchmarks

    - *a process oriented to guaranteeing that the quality of a product or a service meets some predetermined standard*

- QI: Raising the quality of a product or service beyond current standard

    - *a process of incrementally improving quality of a product or service beyond current standard*

- QM: Coordinating activities and infrastructure within an organization

    -- *a management model designed to support the activities that address quality and institutionalize change*

Quality Control	Quality Assurance	Quality Improvement
What went wrong?	What went wrong and how do we prevent?	What can we do to improve?
Reactive	Proactive	Proactive
Seeks to check and ensure products conform to standards	Seeks to fulfill quality requirements of processes per standards -checks processes to ensure that they deliver defect free products/ services	-seeks to make product/ service better than the current status. Avoids blame on individuals but seeks to determine root causes
Focuses on corrective responses.	Focuses on the specific incident	Focuses on the entire system and fosters system change

The Kenya Quality Model for Health, 2011

MINISTRY OF HEALTH

Kenya Quality Model for Health
2009

What is Kenya Quality Model for Health (KQMH) ?

- **Conceptual framework** for an Integrated Approach to improved quality of health care.

- Provides a framework for **holistically and systematically addressing** a range of organizational quality issues with the main aim of delivering a positive health impact.

- The KQMH embraces the 5S, CQI (Continuous Quality Improvement) and Total Quality Management (TQM) improvement model

Three quality Components integrated in the KQMH

1. **Evidence Based Medicine (EBM)**

   Development/revision and dissemination of clinical and public health standards and guidelines that are evidence-based

2. **Total Quality Management (TQM)**

   - Input > Process > Outcome
   - Application of QM principles

3. **Patient Partnership (PP)**

   - Patients/Clients are co-producers of health outcome
   - Promote community involvement and participation
   - Respect patient rights and views

KQMH DIMENSIONS – Donabedian Model

STRUCTURE

PROCESS

OUTCOME

1. Leadership-supervision
2. Human Resources
3. Policy; S&G
4. Facility
5. Supplies
6. Equipment
7. Transport
8. Referral
9. Records & HMIS
10. Financial Mgmt.

11. Process:

- Client-Provider-Interaction
- Continuous QI/Keizen
- Programme Mgmt
    RH; Malaria, EPI, HIV/AIDS/TB; IMCI;
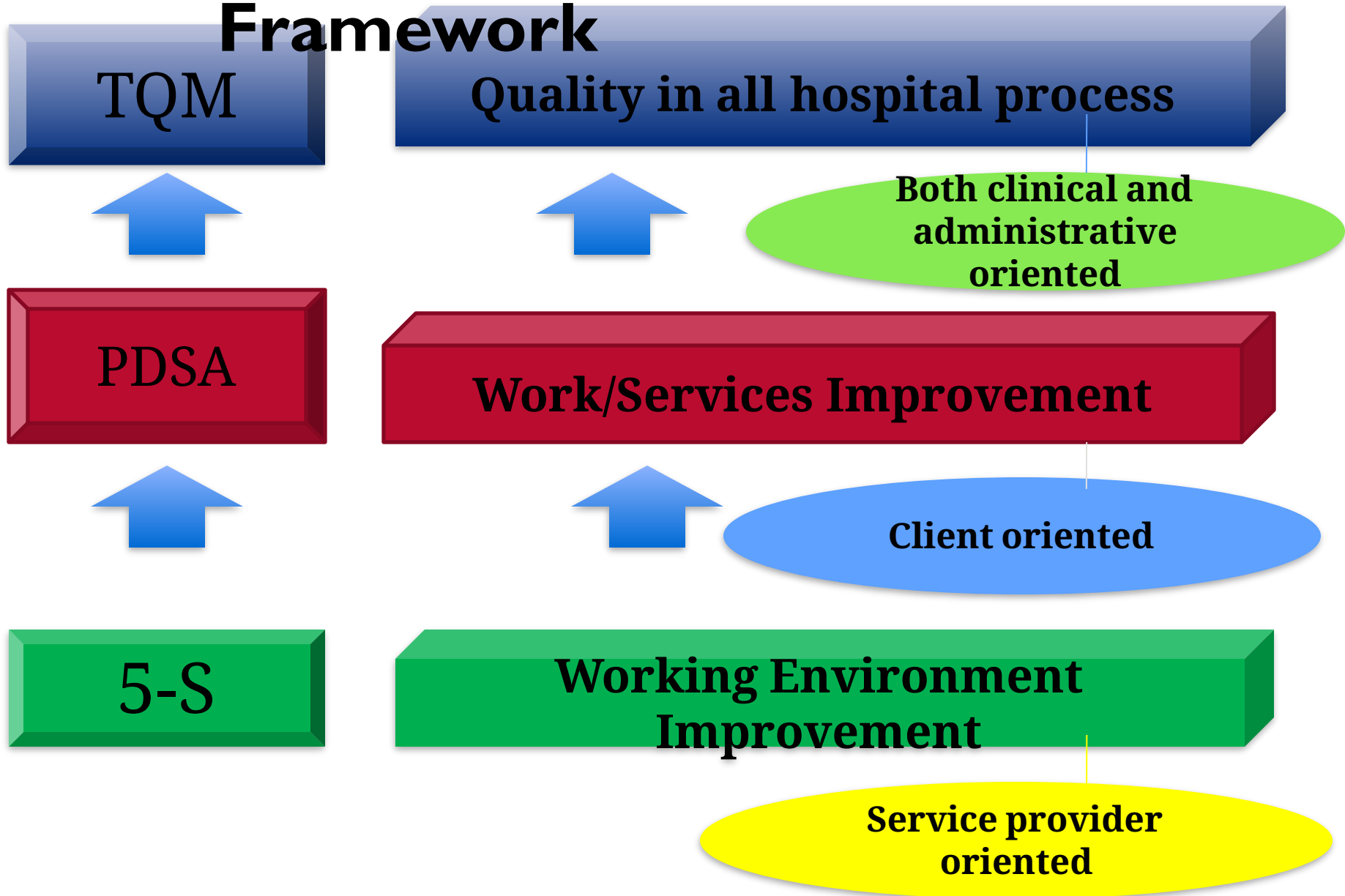   Communicable diseases
    - Quality Improvement Teams

12. Results:

- Users/clients satisfaction

- Performance of facility and PHC Programmes

- Staff satisfaction

- Society satisfaction

KQMH principles

1. Systems approach to management

2. Process orientation

3. Leadership to provide guidance and motivation to Quality Improvement

4. Customer orientation (external and internal)

5. Involvement of people and stakeholders

6. **Continuous Quality Improvement**

7. Evidence based Decision Making

KQMH Conceptual Framework

TQM

Quality in all hospital process

Both clinical and administrative oriented

PDSA

Work/Services Improvement

Client oriented

5-S

Working Environment Improvement

Service provider oriented

Principles of QI

Systems approach to management

Identifying, understanding and managing interrelated steps and processes as a system contributes to the organization's effectiveness and efficiency in achieving set objectives.

Process orientation

This entails addressing all steps required to achieve a desired result and managing activities and related resources as a process.

Leadership

Leaders should strive to create unity in the objective and the directions of the organization while maintaining a team environment in which staff can become fully involved in achieving the organization's objectives.

Customer Orientation and Stakeholder involvement

Current and future Customer requirements and expectations should be understood and met. Full involvement of staff enables the utilization of all abilities for the organization's benefit

Continuous Quality Improvement

CQI focusing on use of the Plan-Do-Study-Act model of quality improvement, promoting incremental change over time that is informed by performance measurement.

Evidence Based Decision Making

Effective decisions based on analysis of data and information should be available, accurate and reliable.
Data should also be accessible and decisions should be based on facts balanced with experience and intuition.

Total Quality Management

Principle 1. Systems approach to management

*...managing a system [for] effectiveness and efficiency**

- Systems are

  - collections of interrelated processes

  - their interfaces, interdependences, etc.

  - that are best managed as a whole (system)

- to achieve

  - efficiency, effectiveness, improvement

  - confidence in capability

  - Team work – each person is important in the healthcare system

- through

  - thorough definition and understanding

  - especially of the KEY processes

  - measurement, evaluation

  - responsibility accountability

Principle 2: Process orientation

*related resources and activities are managed as a process.**

- A process approach

  - achieves desired results more efficiently

  - manages related resources, activities, etc. as a process

- to achieve

  - Greater efficiency and effectiveness

  - reduce cycle times

  - consistency, predictability... improvement

- through

  - defining result... process... inputs...

  - responsibility, accountability, measurement / analysis

  - identifying interfaces, interdependencies

  - focus on critical factors, best opportunities, risks, etc/

Principle 3: Leadership

unity, purpose, and involvement*

- Leaders establish

    - unity of purpose and direction (QI Teams)

    - environment where people are involved

- to achieve

    - communication, motivation, alignment

    - organization's objectives

- through

    - considering needs of all parties

    - vision, values, goals, targets, etc

    - fairness, respect, ethics, trust

    - providing resources, removing road-blocks

    - inspiring, encouraging, recognizing
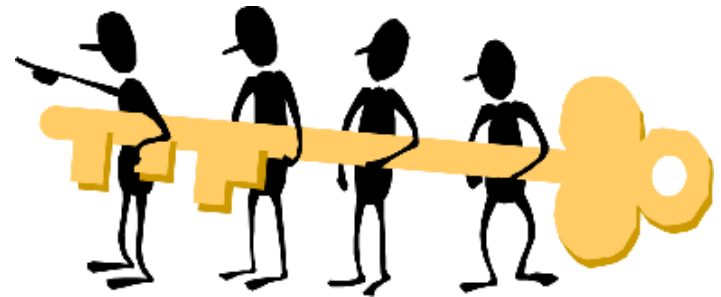
Principle 4: Customer Orientation and Stakeholder involvement

*understand, strive to meet and exceed customer expectations.**

- Health Facilities depend on their customers and should

  - understand needs, current & future

  - meet / exceed those needs

- to achieve

  - performance & effectiveness

  - customer loyalty (adherence etc)

- Through

  - customer understanding

  - alignment of objectives with needs

  - measurement of customer satisfaction

  - balance among needs / interests of all stakeholders

Principle 5: Continuous Quality Improvement

Incremental change towards improvement goals

- Health Facilities should

  – understand performance gaps

  – Select achievable goals

- to achieve

  – Improved services

  – Better client outcomes

- Through

  – PDSA cycles

  – incremental change

  – Maintaining and sustaining positive change

Act | Plan
Study | Do
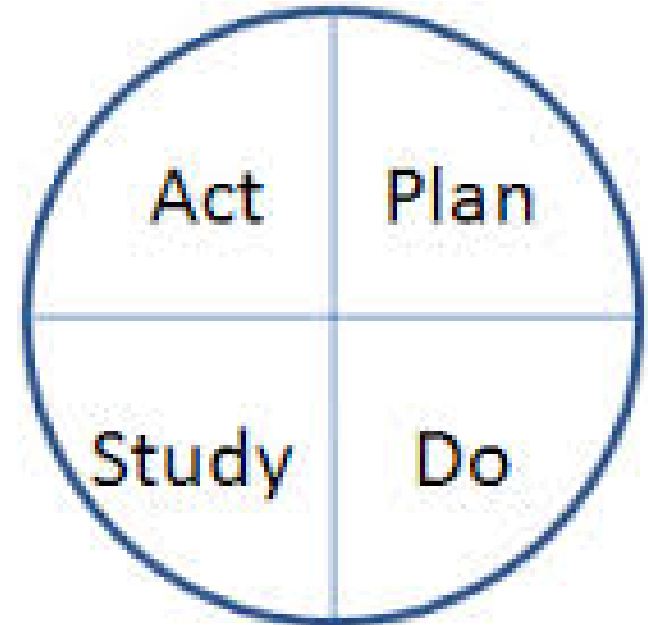
Principle 6: Evidence Based Decision Making

based on.. analysis of data and information.*

- **"Can't manage what you can't measure"**
- **"In God we trust. All others, bring data"**

- Supports the need of improvement teams
- better decisions, results
- verifiable gains, means to hold them

- Measure, collect data
- Analyze it
- Make results available
- Use them

Principles of QI

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Total Quality Management

What is Quality Improvement?

WHAT IS QUALITY IMPROVEMENT ?

What IS

The G A P
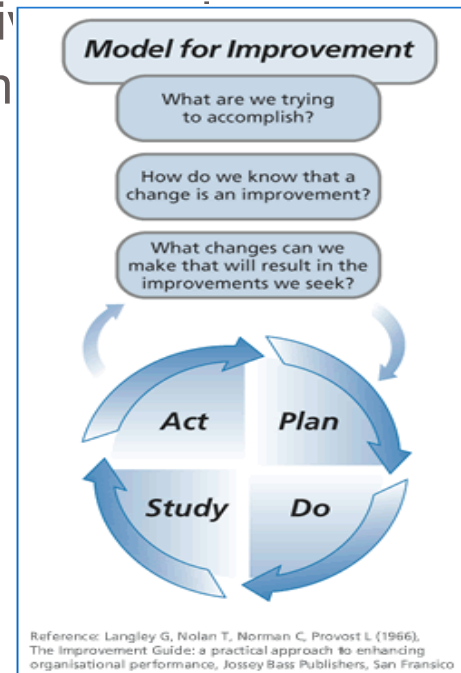
What should BE

Quality improvement is...

QI is a systematic process of assessing performance of a health system and its services, identify gaps and causes, and introducing measures to improve quality and monitoring the impact

Donabedian through 5-S and PDSA…

- An **enabling environment** for successful implementation of QI is achieved using the **5S** approach

- **Provider capacity** to improve and sustain quality services is built using the **PDSA** approach.

- Both approaches rely on routine service and program data to measure improvements in service deli̶̶̶̶̶ and the extent to which client and program
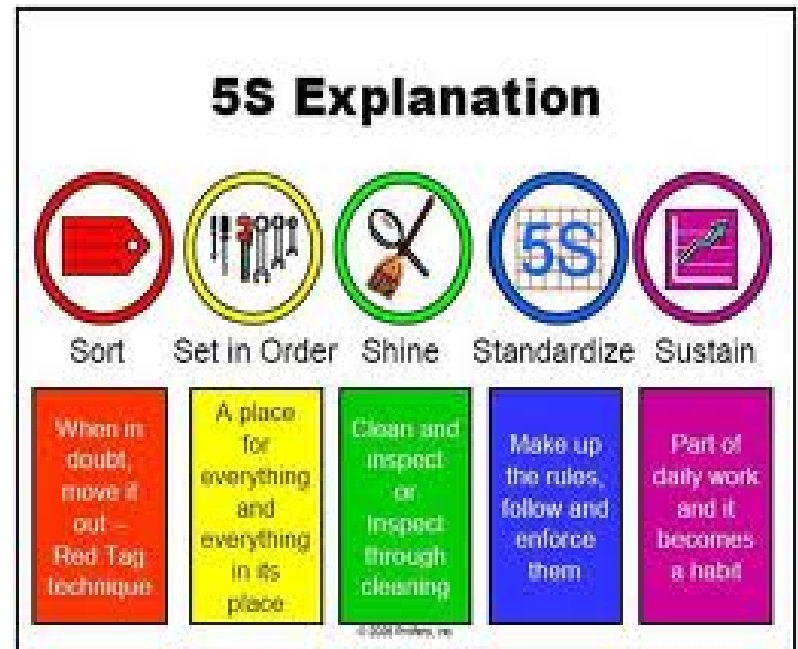

5S Explanation

Sort — When in doubt, move it out — Red Tag technique

Set in Order — A place for everything and everything in its place

Shine — Clean and inspect or inspect through cleaning

Standardize — Make up the rules, follow and enforce them

Sustain — Part of daily work and it becomes a habit

Model for Improvement

What are we trying to accomplish?

How do we know that a change is an improvement?

What changes can we make that will result in the improvements we seek?

Act   Plan

Study   Do

Reference: Langley G, Nolan T, Norman C, Provost L (1966), The Improvement Guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Fransico

5S is…

- a philosophy

- a way of organizing the workspace and work flow with the intent to **improve efficiency of work**

- **5S** is a management tool, used as a systematic approach for productivity, quality and safety improvement in all types of organizations

Components of 5S

- **5S** is an abbreviation for five terms:
  - Sort (Sasambua)
  - Set (Seti)
  - Shine (Safisha)
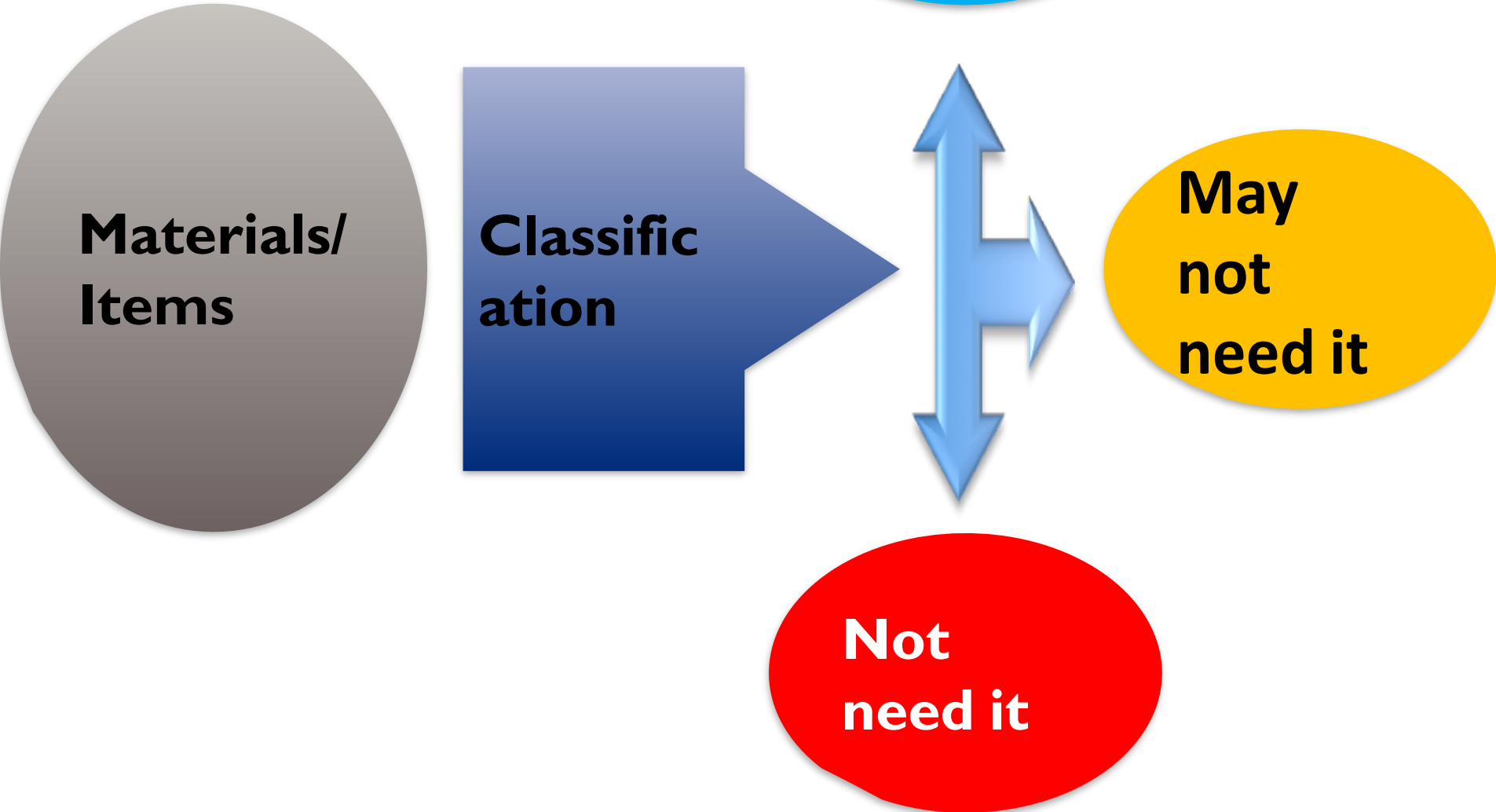 - Standardize (Sanifisha)
  - Sustain (Shikilia)

5S Explanation

Sort	Set in Order	Shine	Standardize	Sustain
When in doubt, move it out – Red Tag technique	A place for everything and everything in its place	Clean and inspect or inspect through cleaning	Make up the rules, follow and enforce them	Part of daily work and it becomes a habit

Sort (Sasambua)

- Clear/discard unwanted items in offices, workplace, home
  - Irrelevant items
  - Unwanted structures
  - Unwanted items on shelves, tables, drawers
  - Store (keep)"may be needed" items
  - Regular sorting of unused items
  - Develop culture of returning items to where they belong

Sort

When in doubt, move it out – Red Tag technique

Sort (Sasambua)

Materials/Items → **Classification** →

- Need it
- May not need it
- Not need it

RED TAGS – USED IN SORT (S1)

5S RED TAG

Dept./Unit…………………..

Tagged date……………..By…………

Date of Re-check…………By………..

☐Necessary ☐ May be necessary

☐Unnecessary

Where to keep……………….

Sorting in a ward

Not need it

Not need it

Set (Seti)

Orderliness, systematize to organize all **items in easy services provision**

- Organize left-over items

- Organize layout of drugs, tools and equipment order for convenience of operation

- Designated locations.

- Availability at point of use.

- Directional boards to all facilities and Service

- Identification labels for rooms, toilets etc.

Set In Order

A place for everything and everything in its place

Set (Seti)
Alignment

Labeling
For easy access to stored items

Shine (Safisha)

Cleanliness and beautifying

- Daily self cleaning

- No dust on floors, tables, shelves, walls and machines

- Adequate cleaning tools/detergents

- Provision of waste bins

- Equipment, buildings, compound maintenance

Shine

Clean and inspect or inspect through cleaning

Shine (Safisha)

Cleanliness and beautifying

Provision of waste bins

Standardize (Sanifisha)

Evidence of Sort, Set and Shine all around

- Standard Operating Procedures (SOPs)
- Orderliness in the use of corridors
- Storage of files, records and work venues
- Transparency e.g. glass covers on cupboa
- Danger warning signs
- Fire extinguisher signs
- Exit signs
- Electrical switch labels

5S

Standardize

Make up the rules, follow and enforce them

Standardize (Sanifisha)

Direction Signs
To show location of places and facilities in hospitals

Safety Signs
Attention to hazardous items
Guides visitors and workers

Fire extinguisher

Danger electricity

First aid

Caution in the event of fire
Do not use these lifts

Fire action
you discover a fire

Operate nearest fire alarm point

Fire Brigade will be called automatically

Leave the building by the nearest exit.

Report to your assembly point at

Do not stop to collect personal belongings
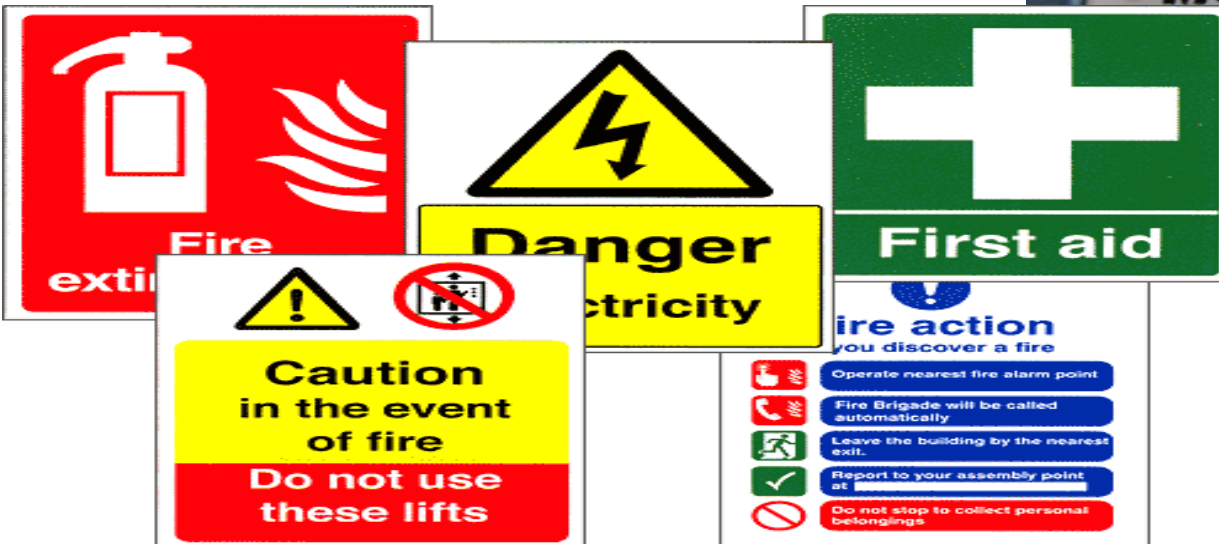
Sustain (Shikilia)

- Self discipline
- Train staff to follow good work habits
- Strict observation of workplace rules
- Regular training programmes for all categori
- 5S Group activities
- Self discipline among visitors to the institutio
- Language used in the hospital
- Professional ethics – dignity, confidentiality.
- Use of **PDSA** Cycle

Sustain

Part of daily work and it becomes a habit

Sustain (Shikilia)

5-S Corner
May use existing notice boards
Establish new notice boards
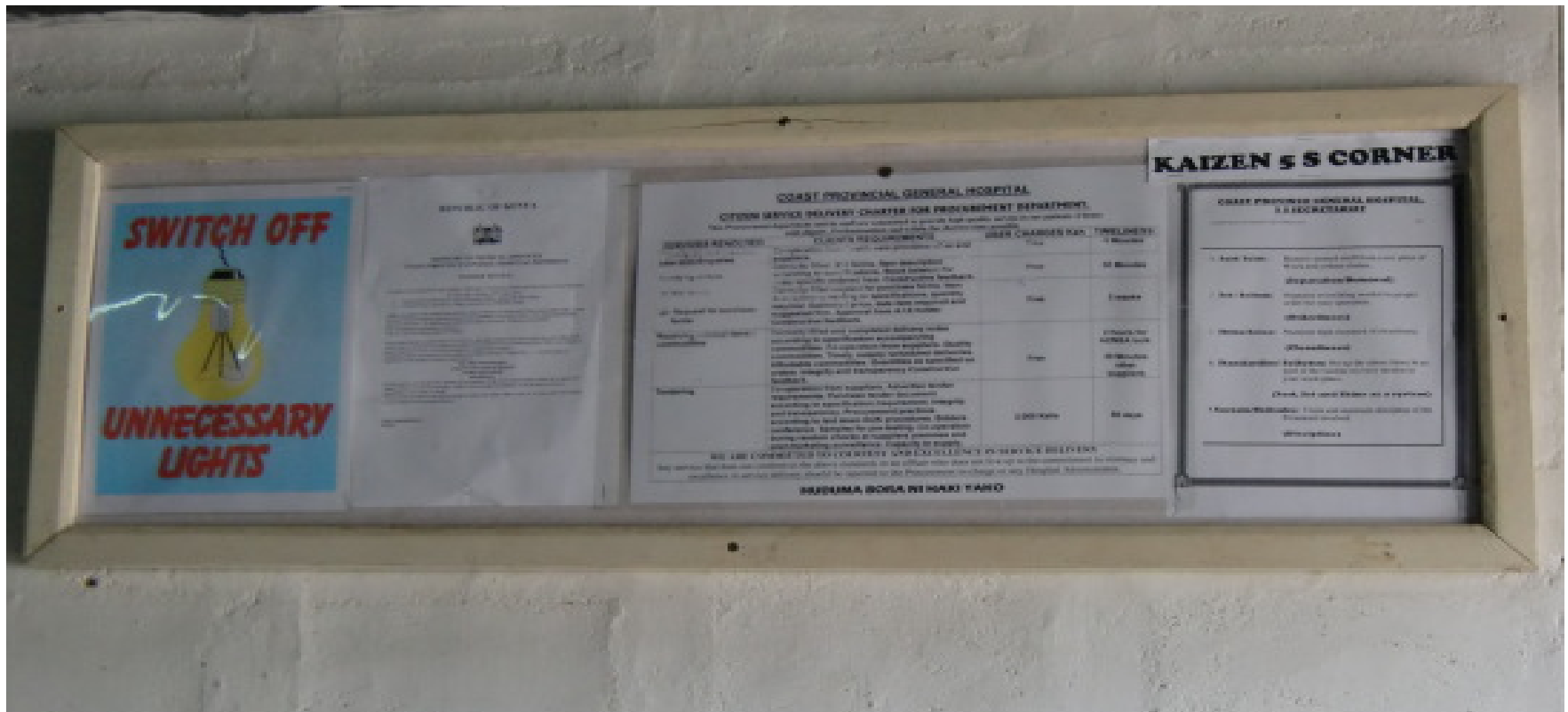
Importance of 5S

- The workplace gets cleaned and better organized

- Hospital and office operations become easier and safer

- Results are visible to everyone; insider and outsiders

- Visible results enhance the generation of more and new ideas

- People will be proud about their clean and organized workplace

- As a result the health facilities good image generates more business

- People spend half their time at work place looking for things!

Examples of 5S activities in Kenya (1)

Medical records room

Before 5S

After 5S

Examples of 5S Activities in Kenya (2)
HIV Counseling and Testing room

After 5S

Before 5S

Medicine Cupboard

- BEFORE 5S

- AFTER 5S

Linen Store

- BEFORE 5S

- AFTER 5S

Bulletin Board

- AFTER 5S

- Orderliness, beautification, poster display (X-Y axis)
- Remove old, out dated posters, calendars, notices regularly from N/Boards…..Tidiness

5. X–Y AXIS – USED IN S2

- Orderliness, beautification, poster display
- Remove old, out dated posters, calendars, notices regularly from N/ Boards…..Tidiness
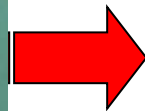
Steps in QI and the improvement

Model for Improvement

Use your <u>data</u>

Prioritize; understand why the current result is low

What ideas led to an improvement? What will you change in how you do your work?

Yes? Implement widely
No? Start another idea!

Did the idea improve the problem?

What can you measure or observe that indicates improvement?

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

QI team understands there is a problem and has an idea to improve it. The team plans the steps to try the idea

Act

Plan

Study

Do

Team tries the idea

The Model for Improvement was developed by Associates in Process Improvement.

What is Plan, Do, Study, Act cycle?

The PDSA cycle is a systematic way of

- identifying problems and analysing

- implementing identified changes,

- measuring the effects of changes and

- decide whether to abandon, modify or implement the change.

PLAN

a) Problem identification

b) Goal setting

c) Root cause analysis

d) Activity planning and resource allocation

e) Performance measurement plan
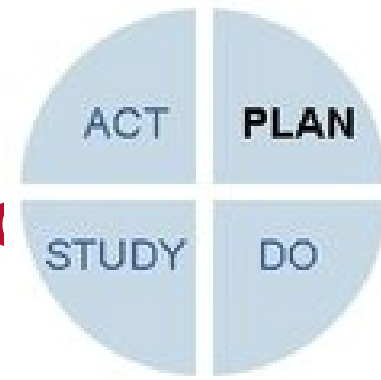
PLAN: a) Problem Identification

- Ways to identify problems

    - Review performance measurement (routine data, QI file reviews

    - Client satisfaction surveys

    - Organizational assessments

- WIT may brainstorm and then decide on a problem to address using a decision matrix

- Develop a problem statement

Plan) Goal Setting

A goal is a clear statement of the intended improvement and how it is to be measured

Your goal should:

- Answer the question, "What do you want to accomplish?"

- Be measurable

- **Be short** so that everyone can remember it

- Does *not* include *how* you will achieve goal

- May include a beginning and end date

GOAL

PLAN: c) Root Cause Analysis

Gain deeper understanding of the opportunity for improvement before considering changes

Use of existing data or collecting additional data

– Drawing flow charts or diagrams, 5-whys, fishbo

PLAN: d) Activity planning/ Change package development

- When enough data has been collected to develop hypotheses about what changes or interventions might improve the existing problem

- Use information gathered from previous steps (identify and analyze) to explore and decide which changes would result in QI

- Remember to allocate resources/ responsibilities as needed

Examples of Change Ideas

Root cause	Change Ideas (Interventions)
Under diagnosis of TB among HIV+ patients	Study strategies to increase TB screening/ diagnosis (training/mentorship, standardized care algorithms, screen at VCT)
Low rates of HIV treatment among pregnant women	Study strategies to improve retention into care (decentralize HIV services, improve counseling, involvement of peer counselors)
Poor provider adherence to HIV care protocols	Study strategies to improve adherence to protocols (training/mentorship, performance reviews, involvement of lower-level HCWs)

PLAN:
e) Performance measurement
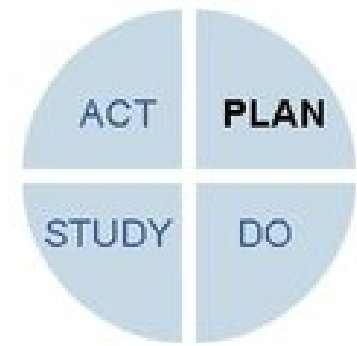
- **Not every change leads to an improvement**

- Proposed solutions need to be tested before institutionalization to see if they lead to expected improvement

- Therefore, a performance measurement plan needs to be put in place…

  - How will we know that the change led to improvement?
  - How should we measure the effect of the change?
  - How will we collect the required data and document?
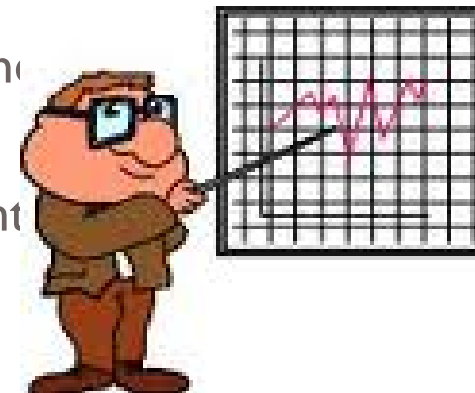
DO:
Implement the change
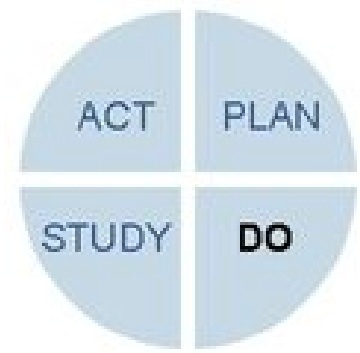
- Implement the change package

- Collect data regularly according to the performance measurement plan.

STUDY

- Is there an improvement? If yes, by how much?

- Are there trends?

- Are there any unintended side effects?

- Is the process more difficult using new methods?

- Is the change scalable?

- Note: Studying should go on continuously throughout the improvement cycle.

ACT

Your responses derived from the Study stage define the tasks for the Act stage.

... adopted – follow the steps outlined under the maintenance phase institutionalize and sustain the change

OR

☐ The process has not improved – you sh the change to determine reasons for poor refine the process, and plan another test c

The i...
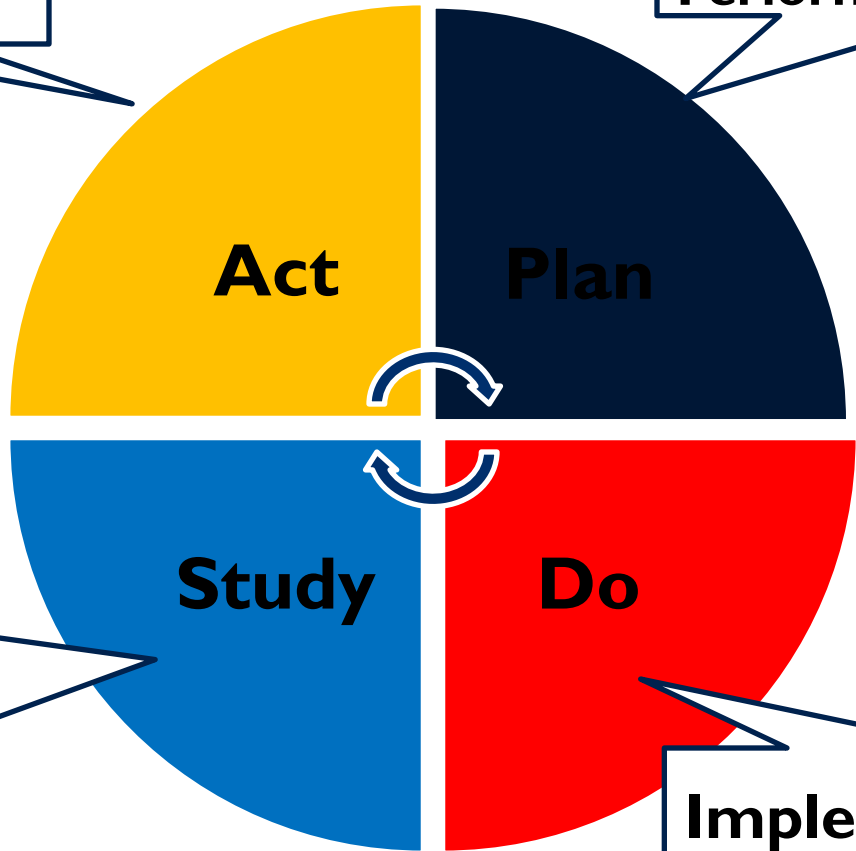
KAIZEN (CQI)

INCREMENTAL BUT CONTINUOUS PROGRESS

GOAL
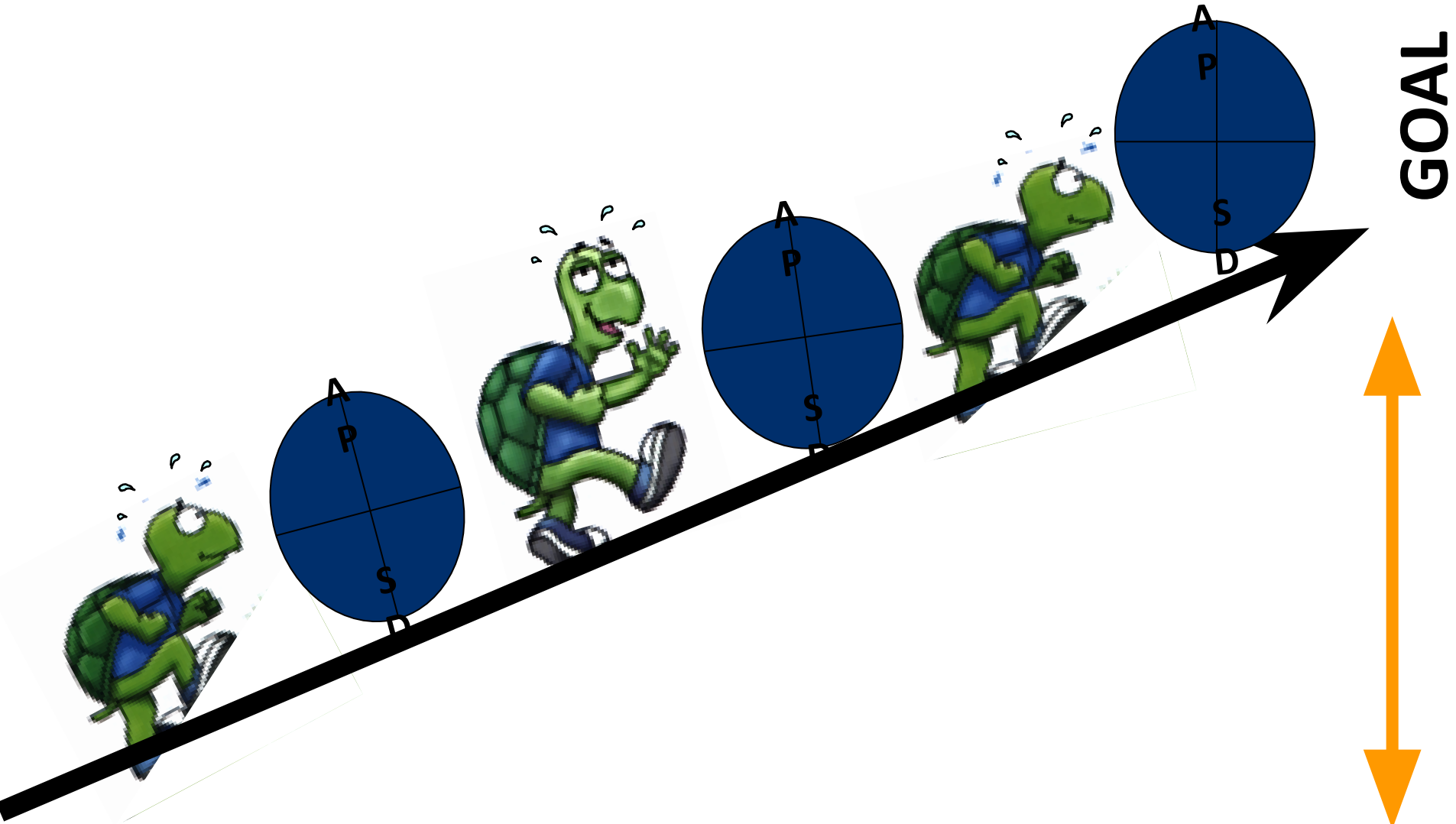
PDSA Simulation & Quality Improvement Tools

Table 6: An example of a decision matrix template

Potential performance gaps to be addressed	CRITERIA: Rank 1-5 where 5=totally meets criteria				
	Issue seen as important*	Realistic scope (Control)*	Likelihood of success via QI*	Potential Impact of QI project *	TOTAL
1.					
2.					
3.					
4.					

* Issue seen as important refers to a gap that is crucial or gap that does not meet standards set in National guidelines
* Realistic scope (control) refers to gaps that the facility are able to address at a facility level, that do not involve the macrosystem
* Likelihood of success refers to performance gaps that can be addressed easily, the so called quick wins
- Potential Impact of QI project refers to performance gaps that if addressed will have the greatest effect
- Review the rankings and select the project with the highest score

Flow Chart (Process Mapping)

- A diagram that uses graphic symbols to depict the nature and flow of the steps in a process
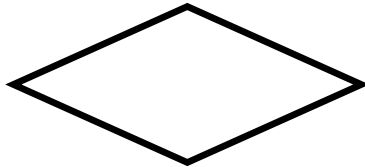

- A picture or a road map of a process

Symbols Used in Flowcharts
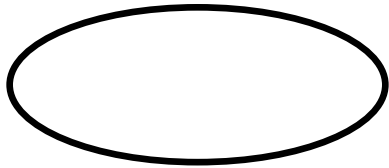
Oval: Shows beginning and ending in a process

Rectangle: Depicts particular step or task

Diamond: Indicates a decision point

Arrow: Shows direction of process flow

Example of a Process Map

Patient arrives at front desk

↓

Nurse asks for patient's name and searches the database for his/her file
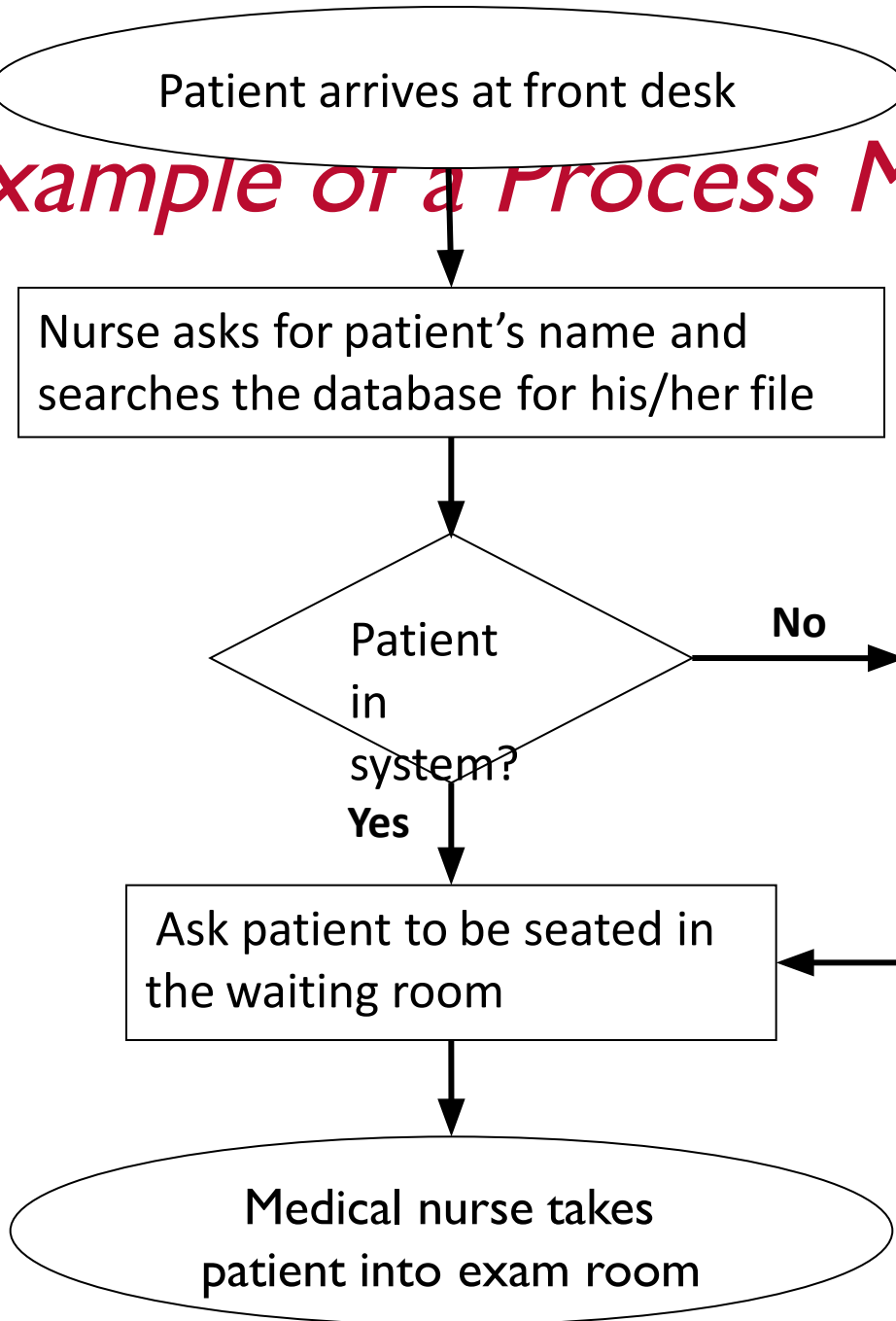
↓

Patient in system?

No → Nurse asks patient to complete paperwork for new clients

↓

Patient completes paperwork and returns to front desk nurse

←

Yes → Ask patient to be seated in the waiting room

↓

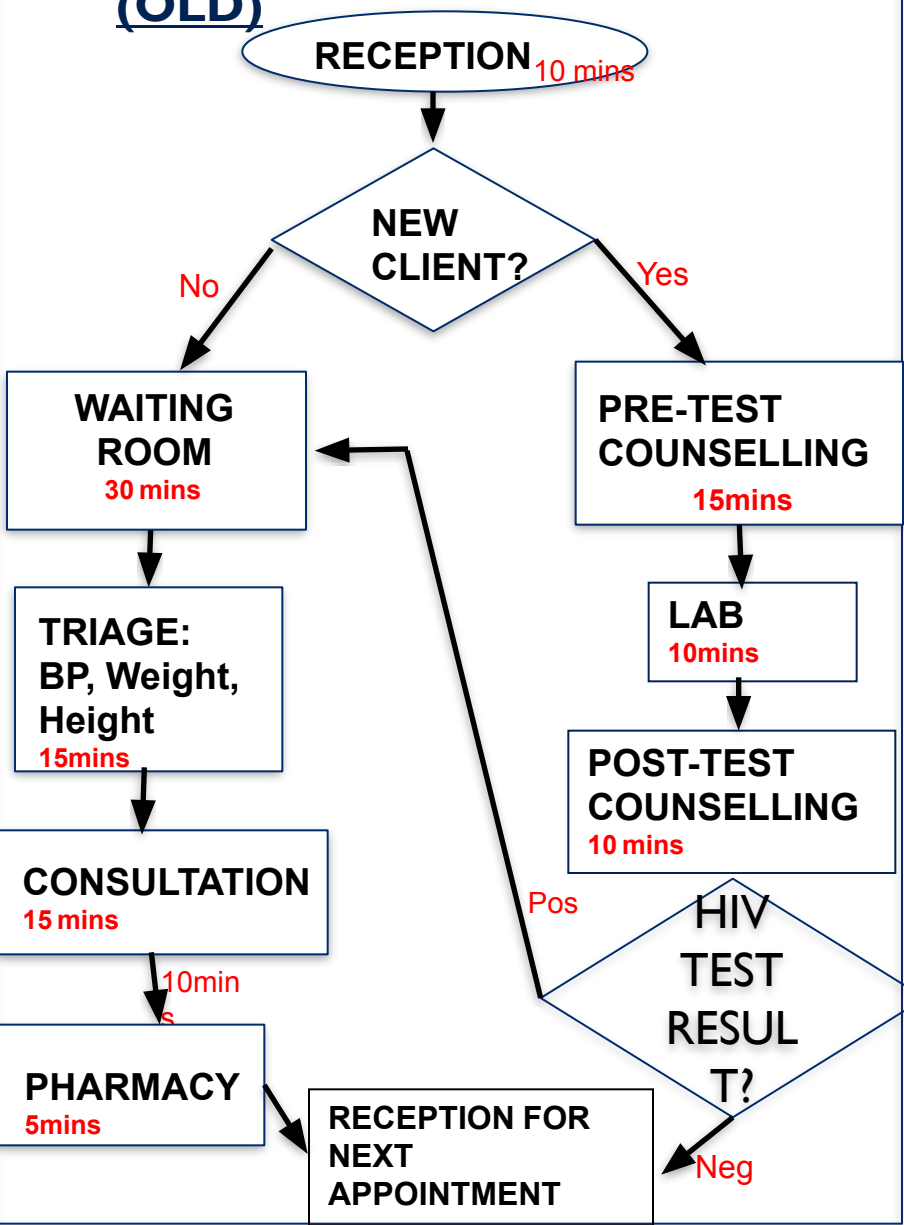Medical nurse takes patient into exam room

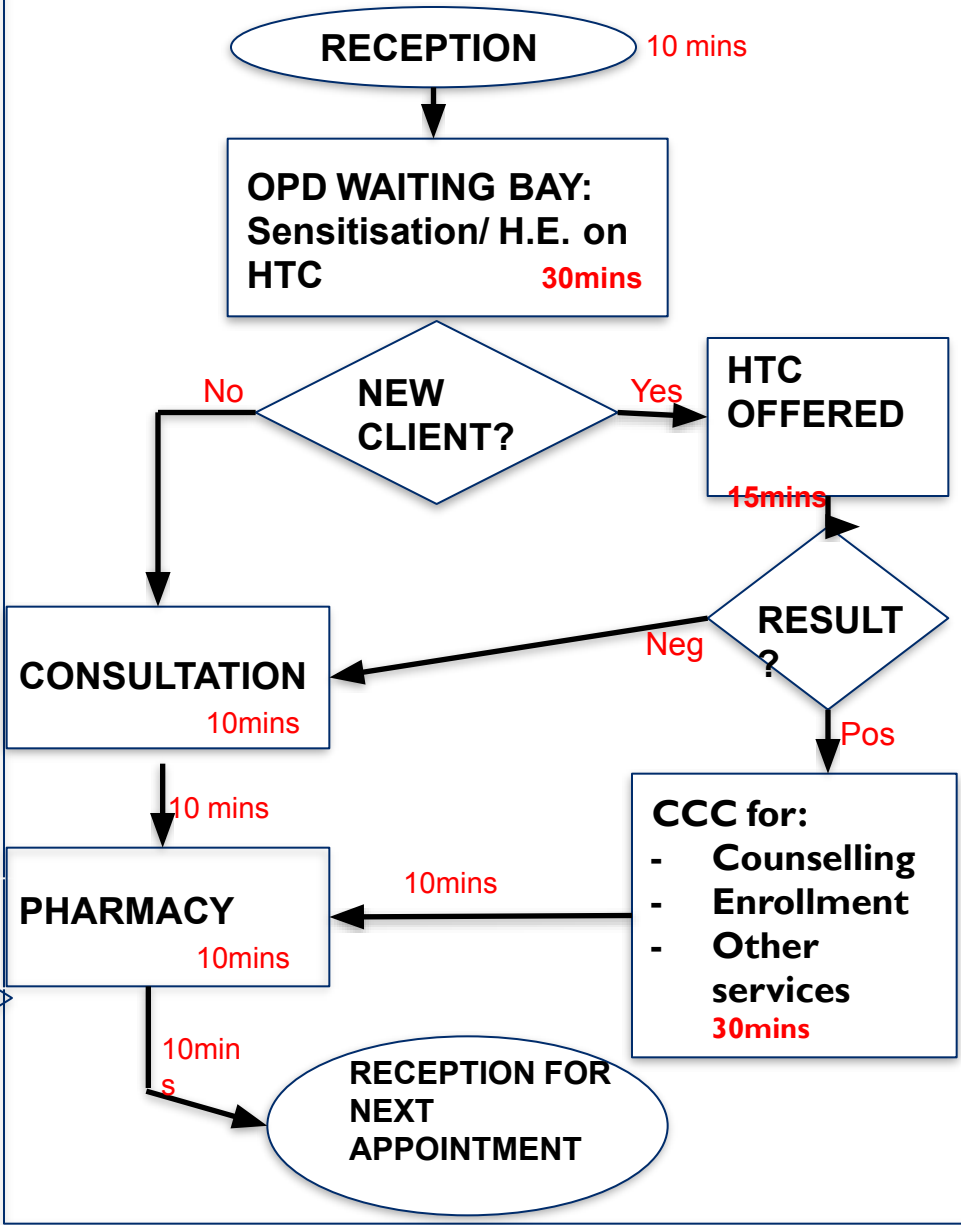# Benefits of Flowcharting

- Visualizes the entire process from beginning to end

- Illustrates the sequence of events

- Highlights any duplications

- Highlights potentially unnecessary tasks

- Establishes the relative complexity of the process

PATIENT FLOW AT PITC (OLD)

RECEPTION — 10 mins

→ **NEW CLIENT?**

- **No** → **WAITING ROOM** — 30 mins → **TRIAGE: BP, Weight, Height** — 15mins → **CONSULTATION** — 15 mins → **PHARMACY** — 5mins → **RECEPTION FOR NEXT APPOINTMENT**

- **Yes** → **PRE-TEST COUNSELLING** — 15mins → **LAB** — 10mins → **POST-TEST COUNSELLING** — 10 mins → **HIV TEST RESULT?**
  - **Pos** → WAITING ROOM
  - **Neg** → RECEPTION FOR NEXT APPOINTMENT

(CONSULTATION → PHARMACY: 10mins)

PATIENT FLOW AT PITC (NEW)

RECEPTION — 10 mins

→ **OPD WAITING BAY: Sensitisation/ H.E. on HTC** — 30mins

→ **NEW CLIENT?**

- **No** → **CONSULTATION** — 10mins → **PHARMACY** — 10mins → **RECEPTION FOR NEXT APPOINTMENT** (10mins)

- **Yes** → **HTC OFFERED** — 15mins → **RESULT?**
  - **Neg** → CONSULTATION
  - **Pos** → **CCC for:**
    - Counselling
    - Enrollment
    - Other services — 30mins
    → PHARMACY (10mins)

Five Whys

- The **5 Whys** is a question-asking (br
  to explore the cause/effect relationsh
  problem.

- Ultimately, the goal of applying the 5
  determine a <u>root cause</u> of a <u>gap </u>or p

5 Whys

- There are no wrong answers

- Is not about pointing fingers at individuals

- It is about looking for leaks/defects in the system/processes and work together for an improvement plan

- Narrow your responses to actionable activities. Avoid having responses that involve the macrosystem eg. policy as a final why

Steps: 5 Whys?

1. Write down specific problem.

2. Ask **Why** the problem happens, and write answer down below problem.

3. Ask **Why** again, and write that answer down.

4. Keep asking **Why** until root cause is identified.

5. Keep asking until no new answer is given.

6. This may take 5 Whys or less or more.

5 Why's

| Problem: Patients fail to show up for appointments	
5 Why's	**Response**
Why does the patient fail to come?	Patient was not aware of appointment date.
Why was the patient not aware of appointment?	Appointment not indicated on the patient's appointment card.
Why was appointment date not issued?	Nurse forgot.
Why did the nurse forget to give appointment?	Nurse was too busy to record after rendering service.
Why was the nurse too busy?	Busy with needs of other patients.

Intervention: Task shift documentation of appointment in patients' appointment card to CHW/peer educator

Cause and Effect Diagram (Fishbone)

- A graphic tool that helps identify, sort, and display possible causes of a problem or quality characteristic

People

Procedures

Problem

Policies

Place (Environ-ment)

Provisions (Materials, Equipment)
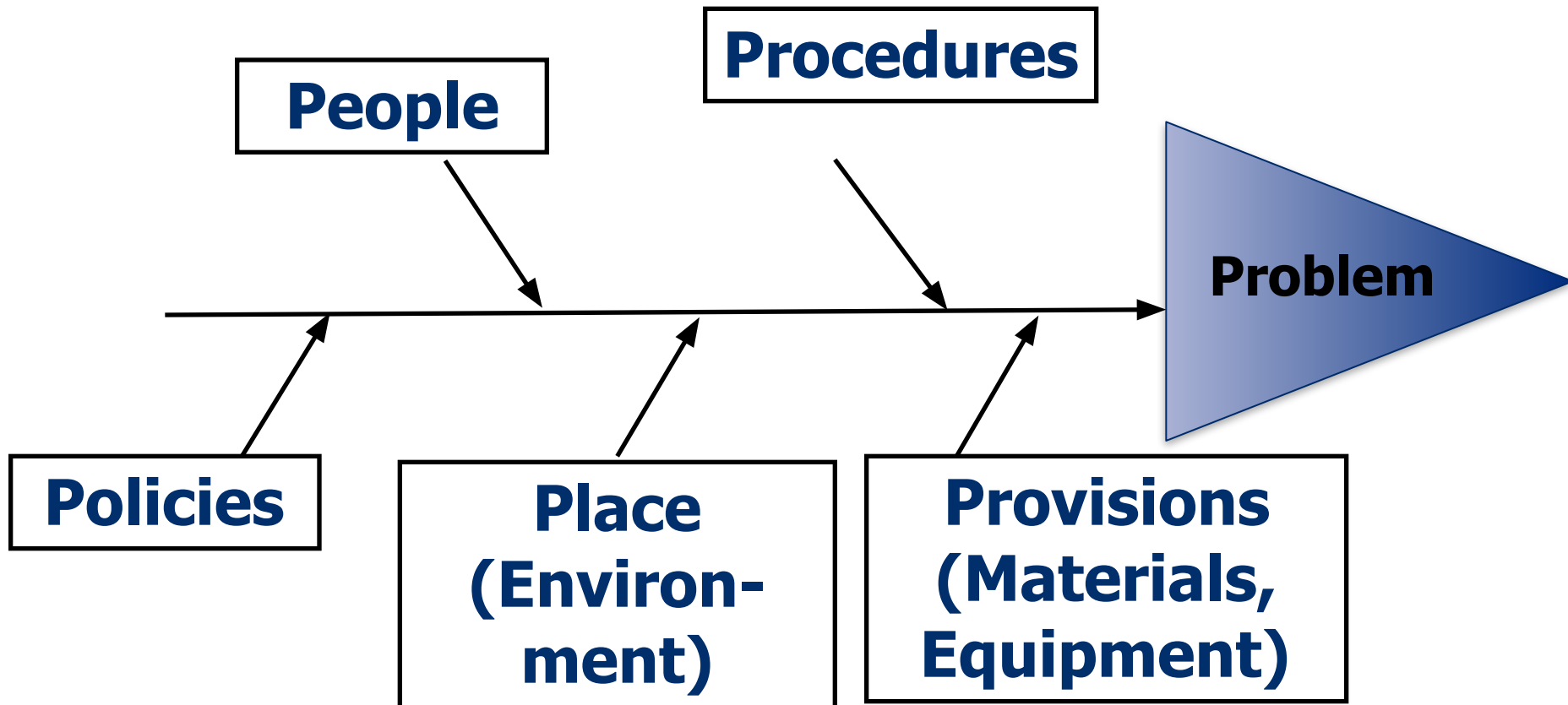
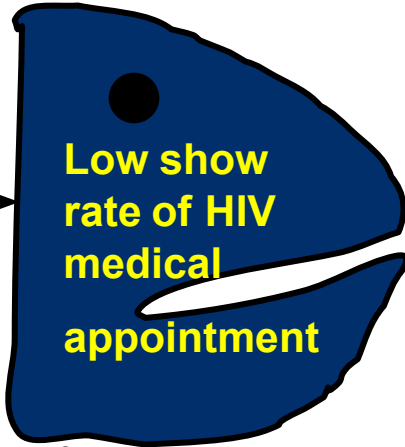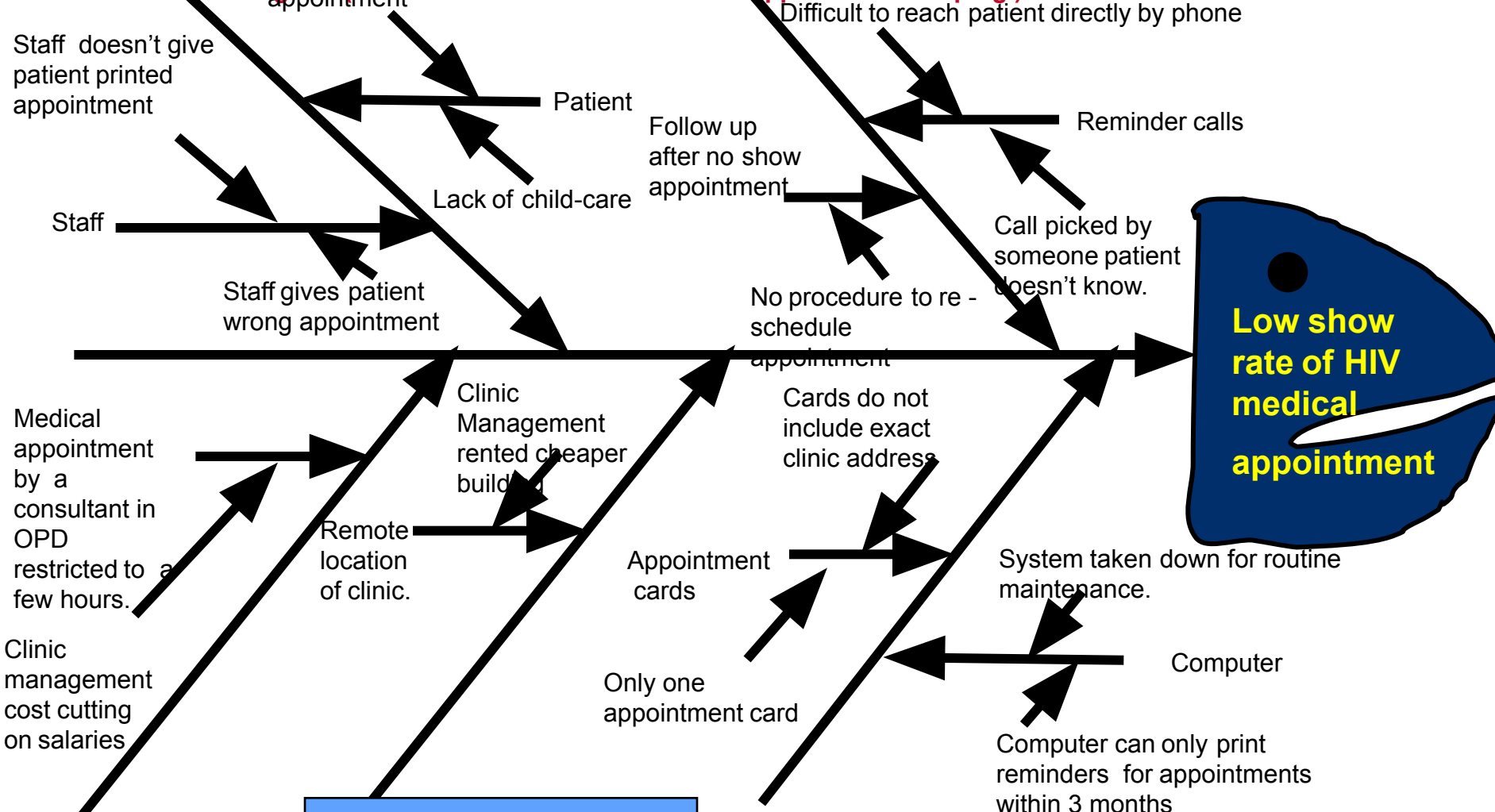# Development procedure of Fishbone Diagram

1. Put Effect = a major contributing factor identified in previous step "Head of Fish")

2. Draw heavy line from left to "Effect"("Backbone of fish")

3. Categorize causes in large categories such as People (Manpower), Provisions (Machine, Equipment), Place (Environment), Procedures and Policy etc., and branch thick line from "back bone of fish".

Fishbone Diagram (Multi-factorial causes of medical appointment keeping.)

People

Procedures

Patient unaware of appointment

Difficult to reach patient directly by phone

Staff doesn't give patient printed appointment

Patient

Reminder calls

Follow up after no show appointment

Staff

Lack of child-care

Call picked by someone patient doesn't know.

Staff gives patient wrong appointment

No procedure to re - schedule appointment

Low show rate of HIV medical appointment

Medical appointment by a consultant in OPD restricted to a few hours.

Clinic Management rented cheaper building

Cards do not include exact clinic address

Remote location of clinic.

Appointment cards

System taken down for routine maintenance.

Clinic management cost cutting on salaries

Only one appointment card

Computer

Computer can only print reminders for appointments within 3 months

Policies

Place(Environment)

Provisions(Materials/equipment)

Benefits of Cause & Effect Diagram

- Uses an orderly, easy-to-read format

- Increases knowledge of the process

- Indicates possible causes of variation

- Identifies areas for collecting data