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# STRENGTHENING QUALITY ASSURANCE IN PRIMARY HEALTH CARE IN THE REPUBLIC OF ARMENIA



## *Implementation Plan*

YEREVAN 2008

**Strengthening Quality Assurance  
in Primary Health Care  
in the Republic of Armenia**

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*Implementation Plan*

## Quality Series No.2

**Quality Series:** PHCR's Quality Series addresses important issues relating to improving quality of Primary Health Care services with emphasis on problem-solving approaches and tools used to improve the quality of care provided at PHC facilities in Armenia.

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**The following staff members and consultants were the Implementation Plan's primary developers:**

- **Murad Kirakosyan**, Quality of Care Advisor, PHCR Project, USAID/Armenia
- **Mary Segall**, Quality Assurance Advisor, IntraHealth International, USA
- **Lauren Crigler**, Quality Improvement Consultant, IntraHealth International, USA

**The following individuals made special contributions through their reviews during various stages of the Implementation Plan's development:**

- **Richard Yoder**, COP, PHCR Project, USAID/Armenia
- **Karine Gabrielyan**, Family Medicine and Quality of Care Team Leader, PHCR Project
- **Kimberly Waller**, Health Team Leader, USAID/Armenia
- **Sara Lewis**, Program Manager, IntraHealth International, USA
- **Ruzanna Yuzbashyan**, Head of the PHC Department, MOH, Republic of Armenia.

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## Preface

The PHCR project is a five-year (2005-2010) program funded by the United States Agency for International Development (USAID) under a contract awarded in September 2005 to [Emerging Markets Group, Ltd.](#) (EMG). The primary objective is the increased utilization of sustainable, high-quality primary healthcare services leading to improved health of Armenian families. This objective is operationalized by supporting the MoH through a package of six interventions that links policy reform with service delivery so that each informs the other generating synergistic effects. These six interventions include: healthcare reforms and policy support (including renovation and equipping of facilities); open enrollment; family medicine; healthcare finance; and public education, health promotion and disease prevention; and quality of care.

The policy basis and mandate for improving the quality of health care in Armenia is embodied in the *Concept Paper* approved by the Government of Armenia decree of October 2002. The *Strategy of Quality Assurance in Primary Health Care* incorporated in the general “Strategy of Primary Health Care in the Republic of Armenia 2008-2013” was the next key step in establishing the Quality Assurance system in the Republic of Armenia.

There are four documents that have been prepared that describe the basic framework and which provide guidelines for improving quality of care in Armenia. These include:

- “*Strengthening Quality Assurance in Primary Health Care in the Republic of Armenia: Implementation Toolkit.*”
- “*Detailed Implementation Plan to Strengthen PHC Quality Assurance in the Republic of Armenia*”. This is the current document and describes the detailed thinking of how to implement and sustain a nationwide PHC quality assurance system in Armenia.
- “*Training Guide: Preparing Quality Coordinators for Marz Level*”.
- “*Training Guide: Preparing PHC Facility Representatives to Introduce QA Tools in Their Facilities*”.

Dr. Murad Kirakosyan, Quality of Care Advisor for the PHCR Project, and Dr. Mary Segall, Quality Assurance consultant from IntraHealth International, an EMG sub-contractor, are the two primary authors of the four key documents of the framework. At the same time, successful development of such documents requires the collaboration of many partners, particularly MoH officials, each of whom made special contributions; these are identified in the acknowledgments section.

The Primary Healthcare Reform (PHCR) project is pleased to be able to support the Government of Armenia, and the Ministry of Health (MoH) in particular, in achieving the goal of improving the quality of care. We trust that through implementing this program, services will be strengthened and health outcomes improved. Comments or questions on these materials are welcome and should be sent to [info@phcr.am](mailto:info@phcr.am). The report can be found on the PHCR website at [www.phcr.am](http://www.phcr.am).

Richard A. Yoder, PhD, MPH  
Chief of Party  
Primary Healthcare Reform Project

## Introduction

This implementation plan represents the detailed thinking of how to both implement and sustain a nationwide quality assurance system initiated by the Government of Armenia to improve quality of services provided by primary health care (PHC) facilities.

The Ministry of Health (MOH) will take the leadership for this initiative by committing to create and assure all necessary conditions to maintain the quality assurance system in Armenia.

The PHCR project will perform a supporting role in the activities outlined in this document with major input in capacity building of and technical support to the implementers.

### **Actions Necessary from MOH to Ensure Sustainability of Quality System**

- Establishment of a “home” for quality at the Central (MOH) level:
  - Initially it is necessary that 2 mid-level part time persons at MOH be assigned to work on this quality initiative at the operational level of activity.
  - By the end of the PHCR project, it is essential that the structure (e.g. “Quality Directorate”) be in place with staff assigned who are responsible for implementing and sustaining the quality program.
- Make provisions and allocate adequate resources and targeted funds to ensure implementation and sustainability of QA processes.
- Support for the creation and functioning of the Marz level Quality Improvement Boards to lead quality assurance processes at the Marz level.
- Continuous support for the data collection and monitoring of quality indicators, and establishing payment system to PHC facilities based on their quality performance.
- Participation in review and selection of Quality Coordinators using the criteria in this plan and participation in the Quality Coordinators’ training.
- Financial mechanism set up to support the payment of Quality Coordinators to perform their role for maintaining the functionality of the established QA mechanisms.

# **Implementation Plan for Quality Assurance in Primary Health Care in the Republic of Armenia PHCR Project**

## **1. Systematic Sustainability**

Implementing a nationwide Quality Assurance (QA) program requires a commitment by the central (MOH) and marz levels to support the implementation of a QA process, having a trained staff to implement the program, developing sustainable processes in addition to the adoption of tools and techniques that monitor quality.

A systematic approach includes: 1) setting and updating of standards, dissemination and communication of and training on standards to health care managers, supervisors, and providers 2) developing the processes and procedures to monitor and ensure compliance with standards, and ensuring the consistent and transparent reporting of results both up to the central level, as well as back to the facility and provider 3) the ability to evaluate and reward good performance as well as establish consequences for a lack of performance. 4) All of these systems also require initial expenditures and the budgeting of funds for the future to sustain them.

### ***1.1. Policy Level Quality Improvement Board***

The first step to ensure these systems are developed is to create Quality Improvement Board (QIB) within the MOH to oversee and manage the development and implementation of these different aspects of quality assurance. It is envisioned that QIBs will be established at three levels – one at the Central level; a QIB for each marz; and a QIB at each larger PHC facility.

The central level QI Board will take the leadership in (1) establishing and maintaining standards of care; (2) systematizing and requiring transparent reporting mechanisms; (3) monitoring the compliance of providers and facilities according to the established standards; (4) developing a fair and equitable pay-for-performance scheme; (5) ensuring that funds are available at the marz and facility levels to enable implementation of these QA processes. The QI Boards should become self-sufficient, however, and formalize itself as a permanent mechanism within the Ministry of Health to address policy level health care quality issues in the long term.

### ***1.2. Immediate first steps and tasks for the MOH and PHCR (1-3 months)***

- 1.2.1. Ministerial approval of QA package including quality tools and processes and general implementation plan (October, 2008).
- 1.2.2. Formal establishment of the QIB with recommendation for membership and responsibilities at Central and Marz level (Fall, 2008).
- 1.2.3. MOH to identify persons/groups to partner with PHCR and other NGOs and organizations (NIH, YSMU) to implement quality processes.
- 1.2.4. Support marz health departments to establish a Quality Improvement Board (QIB) in each marz that will oversee and monitor the implementation of quality processes and address gaps through supervision and reporting of progress at the facility level.
- 1.2.5. Conduct training of Quality Coordinators in quality by PHCR staff (2-3 rounds of training to prepare approximately 50 staff as Quality Coordinators).
- 1.2.6. Review, make provisions and allocate targeted funds into PHC budgets to implement and sustain implemented quality assurance processes both at marz and facility levels of primary health care.
- 1.2.7. Review and rationalize current reporting mechanisms to ensure they include data for quality monitoring and feedback.

- 1.2.8. Development of a process to continually review and update guidelines and Job Aids according to evidence-based practices.
- 1.2.9. Approve and assure dissemination and training on the primarily developed clinical job aids.

### ***1.3. Next steps (3-12 months)***

- 1.3.1. Under the leadership of Marz HSSDs, Quality Coordinators conduct QA trainings of PHC facility staff.
- 1.3.2. Quality Coordinators provide technical support to PHC facility staff to implement QA tools through conduct of supportive visits to PHC facilities.
- 1.3.3. PHCR provides technical support to Quality Coordinators during the facility training and supportive visits.
- 1.3.4. Develop financial-based incentives linked to quality performance at the PHC facility that results in achievement of quality indicators.

## **2. Implementation Plan**

### ***2.1. Communication Plan***

It is important for the Ministry of Health to communicate its intentions to make quality of care for all PHC facilities a priority for Armenia. Hence, the best way to launch this sort of initiative is with a 1) **National-level Launch** meeting to announce and describe the new directive and initiative, including selected indicators and tools. 2) A written **communication** should come from the MOH to all PHC facilities describing the initiative with clear expectations of all health staff on the importance of quality. 3) A **poster** with an official Quality Statement should be hung in the entrance to all PHC facilities to communicate the initiative to patients and to highlight their role in quality by providing feedback.

### ***2.2. Setting Standards by Development and Use of Job Aids***

The MOH will establish sustainable mechanisms to ensure development and continuous updating of standards and protocols for primary health care in Armenia.

Although medical guidelines do exist, there is a need to have some concise, easy-to-follow, step-by-step practical protocols/job aids for PHC providers to use on a daily basis in their practice. They will serve a basis to monitor of quality of care, specifically in reviewing medical records/cases for the management of common PHC diseases and conditions.

PHCR has supported the development of job aids for the following most common PHC conditions and diseases:

For adults: Hypertension, Chronic Stable Angina, and Diabetes Type 2.

For Children: Fever, Convulsive syndrome, Acute Upper Respiratory Tract Infections, Acute Otitis Media, Tonsillitis, Pneumonia, Acute diarrhea, Anemia.

The MOH will assume the responsibility for approval of these job aids, as well as for future development, standardization, continuous updating, and their clear communication and training to health care providers.

Inclusion of job aids in medical curricula and the postgraduate continuing education (CME) requirements will be important for the institutionalization of the use of these protocols.

### ***2.3. Training Strategy: Marz level and PHC Facilities***

The lead trainer/implementer from the Marz level will be known as a **Quality Coordinator**. A job description for this position (please see Appendix A) includes responsibility for the following areas: 1) training PHC facility level staff in quality and the use of QA tools; 2) working on a regular basis with facility staff to solve performance gaps and mobilize resources; 3) reviewing of data collected and interpreting data for tracking progress on quality performance indicators.

The Quality Coordinators have been drawn from qualified Marz PHC staff who already have jobs with PHC facilities. One Quality Coordinator will be responsible for managing and supporting the QA process at 3-4 PHC facilities. The PHCR project will provide an extra salary supplement through a service contract (the content of service contract will be outlined) to support the implementation of the facility staff training and supportive supervision to the PHC facilities by the Quality Coordinators. Overtime, once the value and contributions of the Quality Coordinator is demonstrated, the Ministry of Health will assume these supplement payment of the Quality Coordinators at a similar rate.

Preparation of the Quality Coordinators is planned to be 6 days in total divided in two stages and to be conducted in 3 groups. Stage 1 will be 4 days in length – 3 days focused on: 1) concept of quality, 2) indicators, one QA tool (Self-assessment), and development of action plan and problem-solving process; and 3) supportive supervision. The 4<sup>th</sup> day will be an opportunity to practice the material learned in order to prepare the PHC facility representatives. Stage 2 of preparation of the Quality Coordinators will take place approximately 6 months later (following the preparation of PHC facility representatives from the larger facilities). Stage 2 training will be 2 days in length and will focus on two quality assurance tools: 1) the Medical Chart Review along with clinical job aids and 2) Patient satisfaction. Refer to Appendix B for an overview of the two-stage training plan to prepare Quality Coordinators.

The training of PHC facility representatives will be provided through two courses which will be conducted at the marz level. Two-three facility staff will be invited from 3-5 PHC facilities to meet for two training courses to learn about the quality assurance initiative, including forming a quality improvement board at each facility and learning about QA tools and procedures. Each training course will be provided by 2-person Quality Coordinator team. In total, 26 such training courses will be provided nationwide. PHCR will provide technical support to QC teams for 1 training/per each QC team. The training of PHC facility representatives also will be provided with a two-stage approach: it will give staff a chance to return to their facility after the stage-1 training course, form the board, and practice using the learned QA tools, and approximately 6 months later to take the stage-2 training course on the remaining QA tools and methods. Stage 1 of the facility training is 2 days and stage 2 is 1 day in duration. Refer to Appendix C for Stage 1 and Stage 2 of the PHC facility representative staff training.

### ***2.4. On-site practical support to implementation of QA Tools***

Following the PHC facility trainings Quality Coordinators will provide ongoing technical support to all trained PHC facilities: one QC will be responsible for supportive visits to 3-4 facilities. During these visits they will meet with the facility QIBs, provide support, review the use of QA tools, action plans, and help to resolve performance gaps at facilities.

### 3. Phased Roll-out Plan

#### 3.1. Phase 1 Roll-out (PHC facilities with 3 or more physicians)

It is most efficient and effective for the rollout of quality assurance to be initially concentrated on larger facilities that house at least 3 physicians. Based on the updated with marz Health Care authorities data (see Table 1 below), Armenia has a total of 138 PHC facilities that fit this criterion: they serve ~77% of the population seeking care from the public/government sector.

**Table 1. Phase 1 Plan for Number of PHC facilities and Participants to be prepared as Quality Coordinators/Marz**

Marz	# of PHC facilities	# of QCs	PHC Drs Total	PHC Drs %
Lori	14	4-5	170	87%
Shirak	13	4-5	145	91%
Kotayk	14	4-5	151	81%
Yerevan	35	8-10	655	100%
Aragatsotn	9	3-4	47	67%
Ararat	13	3-4	76	54%
Armavir	9	3-4	89	59%
Vayotz Dzor	4	2-3	33	85%
Gegharkunik	9	3-4	88	72%
Syunik	9	3-4	83	81%
Tavush	9	3-4	60	67%
<b>Marz Total</b>	<b>138</b>	<b>40-52</b>	<b>1,597</b>	<b>83%</b>

All these facilities will be involved in the Phase 1 implementation.

*The work schedule for Phase-1 QA Implementation Activities – see below, section 6 of this document.*

#### 3.2. Phase 2 Roll-out: (PHC facilities with < 3 physicians - to be responsibility of MOH)

One of the challenges of rolling the QA process out nationwide is the configuration of Quality Improvement Boards in smaller facilities or independent FM practices that do not have enough physicians or direct supervisors to conduct quality reviews. This proposal suggests two possibilities:

- (1) Creating ‘umbrella QIBs’ in such cases that would group together smaller facilities with physicians traveling to other facilities to conduct quality reviews and provide feedback on quality assurance.
- (2) The marz level QIBs, relying on the marz level head specialists or currently existing pool of Quality Coordinators to supervise facilities and conduct quality reviews.

Both these options are feasible if funding is provided for transportation and if the human resources are available

### 4. Sustainability and Development

A combination of implementing mechanisms and partners’ clear roles and responsibilities will ensure the successful implementation of the proposed QA process nationwide.

#### ***4.1. Ministry of Health***

The MOH will take the lead in this initiative by establishing a Quality Improvement Board at the central level and committing to advance on the policy-level issues raised in section 1 of this plan. Practical first steps include: reviewing and approving QA tools and protocols, and ensuring that this process is adhered to by having approval from MOH that requires facilities to adopt the QA process and tools. In addition, the Ministry of Health will identify one or more individuals who can work closely with the PHCR project during all phases of the implementation to ensure that knowledge and lessons learned during implementation remain with the MOH once PHCR ends. All training and capacity building activities will be conducted with the involvement and participation of the MOH national trainers and staff, and/or with NIH clinical preceptors, with support from the PHCR project. The MOH will allocate adequate resources and targeted funds to PHC facilities to ensure implementation and sustainability of QA processes.

The MOH will also assure recognition and rewarding of PHC facilities that meet the established quality criteria. It is proposed the quality achievement of these PHC facilities to be awarded with a recognition plaque. The process of recognition is proposed to be in 2-stages- stage 1 for having in place certain structures and processes and stage 2 – achievement/improvement of the indicators.

#### ***4.2. Marz Health Departments***

Marz and Yerevan Municipality Health Departments will be active in the process by creating marz-level Quality Improvement Boards and monitoring the QA progress in their marzes.

The active participation of the marz health departments is required in the following: 1) name candidates, participate in selection and identify qualified persons to serve as Quality Coordinators, 2) organize trainings at facilities in their marz, 3) participate in review of data related to performance indicators, 4) facilitate and track improvements in the indicators at each facility, and 5) foster involvement of head specialists as supportive supervisors to the QIBs, 6) provide feedback and be responsive to QIBs when issues need to be resolved and after data is reported on a quarterly, semi-annually, or annual basis.

#### ***4.3. Head Specialists and Quality Coordinators***

Marz Supervisors and Head Specialists will be among those individuals nominated to be trained as Quality Coordinators and will be prepared to accomplish tasks according to the Job Description (see Appendix A)

#### ***4.4. Facility Level Quality Improvement Boards***

Quality Improvement Boards (QIB) will be the key implementers of this activity and will be based and created in all PHC facilities with more than 3 physicians during Phase-1 of this implementation. The Ministry of Health will establish a detailed description of the role and responsibilities of the QIB.

#### ***4.5. Health Care Providers***

Individual physicians and health workers are the **frontline** for this process and will require training and support in order to participate fully in the QA process. Their training and support to implement the Quality tools and approaches will primarily come from the Quality Coordinators. However, they will

require individual training for the use of new clinical protocols/job aids. This training implementation is outlined in Section 2 of this document.

#### ***4.6. Institutes, Universities, Associations***

The National Institute of Health (NIH), Yerevan State Medical University (YSMU) and the two Family Medicine Associations (Armenian Family Medicine Association and Family Medicine Academic Society) will be asked to participate as subject matter experts in the development of clinical protocols/job aids. In addition, family physicians could be asked to join QIBs as resources and possible visiting supervisors to smaller clinics to conduct medical chart reviews. This is further detailed in Section 2 of this document. Both the family medicine departments at NIH and YSMU have indicated their interest in having 2-3 of their faculty participate in the training of the Quality Coordinators and then to use the training curriculum in both the pre-service training preparation of physicians and the training to prepare board specialists in Family Medicine. This will ensure sustainability through incorporation into the preparation of physicians and the FM specialists.

#### ***4.7. PHCR Project***

The PHCR project will perform a supporting role in the activities outlined in this document with major responsibility and input as follows: 1) Develop two training curricula: a/ to prepare Quality Coordinators, and b/ to train PHC facility representatives. 2) provide technical support to the central and marz QIBs to be functional and implement roles and responsibilities outlined in the approved regulation; 3) prepare the Quality Coordinators, 4) support the Quality Coordinators to train the PHC facility staff to use QA tools and resolve performance gaps, and 5) support PHC facilities to review data collected at facility level in relation to performance indicators and develop key strategies to improve facility performance.

### **5. Quality Tools and Monitoring Process**

The Ministry of Health will establish key indicators and standards for Quality of Care, QA techniques and tools.

## 6. Workplan/schedule for Phase-1 QA Implementation Activities

A detailed implementation plan is presented below:

### 6.1. Preparation with focus on Central and Marz level activities

Objective	Activity / Task	Responsible	Mar 2008	Apr 2008	May 2008	Jun 2008	July 2008	Aug 2008	Sep 2008	Oct 2008	Nov 2008	Dec 2008
Advocate for approval of PHC (QA) Strategy & be aware of any concerns.	Participate in review discussions of Strategy with GoA	MOH	X									
	GoA approves PHC QA Strategy	MOH			X							
PHC QA Strategy approved	Finalize the PHC QA Strategy and submit to the GoA for approval	PHCR/MOH	X	X	X							
QA Tools and Procedures and overall timetable approved by MOH	Finalize and submit package of QA tools to MOH	PHCR						X				
	MOH approves QA package (tools & procedures) and overall timetable	MOH								X		
Finalize implementation plan	Review Implementation Plan with MOH: clarify roles & responsibilities and clarify/agree on budget & MOH contribution to implementation plan	PHCR/MOH									X	
Establish “best practice standards” for QoC	Develop additional job aids for most common PHC diseases/conditions in line with MOH priorities.	PHCR/MOH		X	X	X	X	X	X			
Finalize preparations to start training after formation of QIB & approval of QA Package	Prepare QIB training materials and 2 Training Curriculum: 1) Quality Coordinators and 2) PHC Facility	PHCR/MOH STTA								X		
Enable QA Implementation to begin	Advocate and foster support for creation of QIBs.	PHCR/MOH									X	
Introduce & Promote understanding of QA initiative	National launch with MOH, SHA, marz authorities, PHC managers, FM faculty and associations.	MOH/PHCR										X
Establish organizational structure for QA	MOH creates central level QIB and marz-level QIBs and identifies counterparts in MOH to be responsible for QA national program -	MOH										X
Promote effective functioning QIB (Central level)	Begin technical support to QIB for effective functioning.	PHCR/MOH										X
Conduct pretest of QA tools and field tests TOT QA curriculum	Conduct pretest of QA tools; practice 4-day training of Marz Quality Coordinators; and practice facility level 1-day quality training.	PHCR/MOH STTA					X					

Objective	Activity / Task	Responsible	Mar 2008	Apr 2008	May 2008	Jun 2008	July 2008	Aug 2008	Sep 2008	Oct 2008	Nov 2008	Dec 2008
Identify Quality Coordinators at marz level	Confirm criteria, nominate and invite participants for QA Marz level Quality Coordinator training	PHCR/MOH Marz HSSD					X	X				
Prepare Quality Coordinators for Stage-1 implementation in all marzes.	Conduct 4-day training of Quality Coordinators: (16-17 participants per group x 3 rounds of training).	PHCR/MOH STTA									X	
Quality Coordinators conduct training of PHC Facility representatives followed by supportive and M&E visits to the facilities (See below sections 6.2 – 6.8)	Quality Coordinators train PHC facility staff with PHCR staff support.											X
Prepare Quality Coordinators for Stage-2 implementation in all marzes.	Conduct 2-day training of Quality Coordinators: (16-17 participants per group x 3 rounds of training).	PHCR/MOH										X (June 2009)
Support systems for sustainability	QI Teams/Boards established at Stage 1 PHC facilities	PHCR/MOH	After 1 <sup>st</sup> stage PHC facility training									

In order for the QA process to become sustainable, it will be necessary for the MOH to review and allocate targeted funds into the PHC budgets to implement and sustain the QA process

## 6.2. Stage-1 Roll-out Training for QA Implementation in Larger PHC Facilities

Each PHC facility will send 2-3 staff to Marz site for two-day training that covers QA tools/methods selected for the 1<sup>st</sup> stage of implementation (e.g. formation of facility Quality Improvement Board, conducting Board meetings, review of Quality Indicators and Self-assessment). Each training will be provided by 2-person Quality Coordinator team (these teams are symbolized as - ●, ◆, ■, ▲, ▼). PHCR will provide technical support to QC teams for 1 training/per each QC team (trainings with PHCR staff participation are colored red - ●, ◆, ■, ▲, ▼).

Marz Roll-out: Phase 1 Stage 1: Introduce QIB/Team, Quality indicators and Self-assessment Tool			Dec. 2008				Jan. 2009				Feb. 2009				
Location	# of participants	Responsible	Weeks				Weeks				Weeks				
Yerevan_Stage-1 QA Training	35 PHC clinics= 105 participants 5 groups of 21/group = 4 two-day trainings	10 Marz Quality Coordinators; (PHCR support for 5 trainings)	●◆	■▲	▼										
Lori_Stage-1 QA Training	14 PHC clinics = 42 participants 3 groups of 14/group = 3 two-day trainings	5 Marz QCs (PHCR support for 2 trainings)			●◆●										
Shirak_Stage-1 QA Training	13 PHC clinics = 39 participants 3 groups of 13/group = 3 two-day trainings	4 Marz QCs / (PHCR support for 2 trainings)						●◆●							
Tavush_Stage-1 QA Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs / (PHCR support for 2 trainings)						●◆							
Gegharkunik_Stage-1 Training	9 PHC clinics= 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs/ (PHCR support for 2 trainings)						●	◆						
Kotayk_Stage-1 QA Training	14 PHC clinics = 42 participants 2 groups of 21/group = 2 two-day training	4 Marz QCs/ (PHCR support for 2 trainings)							●◆						
Aragatsotn_Stage-1 Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs (PHCR support for 2 trainings)							●	◆					
Ararat_Stage-1 QA Training	13 PHC clinics = 39 participants 2 groups of 13/group = 2 two-day trainings	4 Marz QCs / (PHCR support for 2 trainings)								●◆					
Armavir_Stage-1 QA Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs / (PHCR support for 2 trainings)									●◆				
Syunik_Stage-1 QA Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	4 Marz QCs / (PHCR support for 2 trainings)									●	◆			
Vayotz Dzor_Stage-1 QA Training	4 PHC clinics = 12 participants 1 group of 12partic. = 1 two-day training	2 Marz QCs / (PHCR support for 1 training)												●	



### 6.5. Stage-2 Roll-out Training for QA Implementation in Larger PHC Facilities

Stage-2 one-day trainings of PHC facility staff (the same facilities as in stage-1) will start with review of their experience with quality tools and “lessons learned” from Stage-1. Quality Coordinators then will introduce the remaining QA tools/methods: medical chart/case review with job aids and patient satisfaction feedback. Each training will be provided by 2-person Quality Coordinator team (symbolized as - ●,◆,■,▲,▼). PHCR staff will provide technical support to QC teams as they train PHC staff for 1 training/per each QC team (trainings with PHCR staff participation are colored red - ●,◆,■,▲,▼).

Marz Roll-out: Phase 1 Stage 2: “Lessons Learned” and introduce Medical chart/case review with job aids and patient satisfaction feedback.			July 2009				Aug. 2009				Sep. 2009				
Location	# of participants	Responsible	Weeks				Weeks				Weeks				
Yerevan_Stage-2 QA Training	35 PHC clinics= 105 participants 5 groups of 21/group = 4 two-day trainings	10 Marz Quality Coordinators; (PHCR support for 5 trainings)	◆	▲	▼										
Lori_Stage-2 QA Training	14 PHC clinics = 42 participants 3 groups of 14/group = 3 two-day trainings	5 Marz QCs (PHCR support for 2 trainings)			◆	●									
Shirak_Stage-2 QA Training	13 PHC clinics = 39 participants 3 groups of 13/group = 3 two-day trainings	4 Marz QCs / (PHCR support for 2 trainings)				◆	●								
Tavush_Stage-2 QA Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs / (PHCR support for 2 trainings)					◆								
Gegharkunik_Stage-2 Training	9 PHC clinics= 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs/ (PHCR support for 2 trainings)					◆								
Kotayk_Stage-2 QA Training	14 PHC clinics = 42 participants 2 groups of 21/group = 2 two-day training	4 Marz QCs/ (PHCR support for 2 trainings)						◆							
Aragatsotn_Stage-2 Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs (PHCR support for 2 trainings)							◆						
Ararat_Stage-2 QA Training	13 PHC clinics = 39 participants 2 groups of 13/group = 2 two-day trainings	4 Marz QCs / (PHCR support for 2 trainings)									◆				
Armavir_Stage-2 QA Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	3 Marz QCs / (PHCR support for 2 trainings)										◆			
Syunik_Stage-2 QA Training	9 PHC clinics = 27 participants 2 groups of 13-14/group = 2 two-day trainings	4 Marz QCs / (PHCR support for 2 trainings)											◆		
Vayotz Dzor_Stage-2 QA Training	4 PHC clinics = 12 participants 1 group of 12partic. = 1 two-day training	2 Marz QCs / (PHCR support for 1 training)													●

### 6.6. Marz Roll-out Supportive Visits to Stage 2 PHC Facilities

Following the Stage-2 trainings QCs will continue ongoing technical support to all stage-2 trained PHC facilities through supportive visits: one QC will be responsible for supportive visits to 3-4 facilities. During these visits they will provide support, review Medical Charts/Cases with Job Aids and patient satisfaction feedback, action plans, and help to resolve performance gaps at facilities. In the 1<sup>st</sup> month QCs will visit each facility twice (1 visit every 2 weeks), and the 2<sup>nd</sup> and 3<sup>rd</sup> months – once per month. PHCR staff will participate in 1-2 mentoring visits (colored red) together with the Quality Coordinators and provide them support as needed.

Focus of Supportive Visits	# of PHC facilities	Responsible	Aug. 2009				Sep. 2009				Oct. 2009				Nov. 2009				Dec. 2009					
			Weeks				Weeks				Weeks				Weeks				Weeks					
Supportive visits _ <b>Yerevan</b>	35 PHC facilities	10 QCs	4QCs 13 f.	4QCs 12 f.	4QCs 13 f.	4QCs 12 f.			4QCs 13 f.	4QCs 12 f.			4QCs 13 f.	4QCs 12 f.										
Supportive visits _ <b>Lori</b>	14 facilities	5 QCs		2QCs 8 f.	2QCs 7 f.	2QCs 8 f.	2QCs 7 f.			2QCs 8 f.	2QCs 7 f.			2QCs 8 f.	2QCs 7 f.									
Supportive visits _ <b>Shirak</b>	13 facilities	4 QCs			2QCs 7 f.	2QCs 7 f.	2QCs 7 f.	2QCs 7 f.			2QCs 7 f.	2QCs 7 f.			2QCs 7 f.	2QCs 7 f.								
Supportive visits _ <b>Tavush</b>	9 facilities	3 QCs				2QCs 6 f.	1QC 3 f.	2QCs 6 f.	1QC 3 f.		2QCs 6 f.	1QC 3 f.			2QCs 6 f.	1QC 3 f.								
Supportive visits – <b>Gegharkunik</b>	9 facilities	3 QCs					2QCs 6 f.	1QC 4 f.	2QCs 6 f.	1QCs 4 f.		2QCs 6 f.	1QCs 4 f.			2QCs 6 f.	1QCs 4 f.							
Supportive visits _ <b>Kotayk</b>	14 facilities	4 QCs						2QCs 6 f.	2QCs 7 f.	2QCs 6 f.	2QCs 7 f.		2QCs 6 f.	2QCs 7 f.					2QCs 6 f.	2QCs 7 f.				
Supportive visits _ <b>Aragatsotn</b>	9 facilities	3 QCs							1QC 3 f.	2QCs 4 f.	1QCs 3 f.	2QCs 4 f.		1QCs 3 f.	2QCs 4 f.					1QCs 3 f.	2QCs 4 f.			
Supportive visits _ <b>Ararat</b>	13 facilities	4 QCs								2QCs 6 f.	1QC 4 f.	2QCs 6 f.	1QC 4 f.		2QCs 6 f.	1QC 4 f.					2QCs 6 f.	1QC 4 f.		
Supportive visits _ <b>Armavir</b>	9 facilities	3 QCs								2QCs 4 f.	1QC 3 f.	2QCs 4 f.	1QC 3 f.		2QCs 4 f.	1QC 3 f.					2QCs 4 f.	1QC 3 f.		
Supportive visits _ <b>Syunik</b>	9 facilities	4 QCs									2QCs 4 f.	1QC 3 f.	2QCs 4 f.	1QC 3 f.		2QCs 4 f.	1QC 3 f.					2QCs 4 f.	1QC 3 f.	
Supportive visits _ <b>Vayots Dzor</b>	4 facilities	2 QCs										1QC 2 f.	1QC 2 f.	1QC 2 f.	1QC 2 f.		1QC 2 f.	1QC 2 f.					1QC 2 f.	1QC 2 f.

### 6.7. Over the period through December 2009 to March 2010 all Phase-1 PHC facilities work independently:

They assure implementation and routine use of QA tools and techniques within the facilities by engaging their staff, using their own capacity and resources. PHCR team and marz Quality Coordinators will provide technical assistance (consultation, advice, clarification) on an “as needed” basis.

6.8. Monitoring and Evaluation of Phase 1 QA implementation

The data collection Tool for M&E of Quality Assurance will be developed and provided by STTA.

Focus of M&E Visits	Purpose: review and evaluate use of QA tool, meet with facility QIB, provide support.	Responsible: Quality Coordinators	Mar. 2010				Apr. 2010				May 2010				June 2010				July 2010	Aug. 2010	Sep. 2010			
			Weeks				Weeks				Weeks				Weeks				End of the Project Wrap-up. Conclusions, Recommendations (PHCR, MOH, Marz HSSDs and PHC Facilities)					
M&E visits_ <b>Yerevan</b>	35 PHC facilities	10QCs	4QCs 13 f.	4QCs 12 f.					4QCs 13 f.	4QCs 12 f.			4QCs 13 f.	4QCs 12 f.										
M&E visits_ <b>Lori</b>	14 facilities	5 QCs			2QCs 8 f.	2QCs 7 f.							2QCs 8 f.	2QCs 7 f.			2QCs 8 f.	2QCs 7 f.						
M&E visits_ <b>Shirak</b>	13 facilities	4 QCs			2QCs 7 f.	2QCs 7 f.							2QCs 7 f.	2QCs 7 f.			2QCs 7 f.	2QCs 7 f.						
M&E visits_ <b>Tavush</b>	9 facilities	3 QCs					2QCs 6 f.	1QC 3 f.					2QCs 6 f.	1QC 3 f.			2QCs 6 f.	1QC 3 f.						
M&E visits – <b>Gegharkunik</b>	9 facilities	3 QCs					2QCs 6 f.	1QC 4 f.					2QCs 6 f.	1QCs 4 f.			2QCs 6 f.	1QCs 4 f.						
M&E visits_ <b>Kotayk</b>	14 facilities	4 QCs					2QCs 6 f.	2QCs 7 f.					2QCs 6 f.	2QCs 7 f.			2QCs 6 f.	2QCs 7 f.						
M&E visits_ <b>Aragatsotn</b>	9 facilities	3 QCs						1QC 3 f.	2QCs 4 f.					1QCs 3 f.	2QCs 4 f.		1QCs 3 f.	2QCs 4 f.			1QCs 3 f.	2QCs 4 f.		
M&E visits_ <b>Ararat</b>	13 facilities	4 QCs						2QCs 6 f.	1QC 4 f.					2QCs 6 f.	1QC 4 f.		2QCs 6 f.	1QC 4 f.			2QCs 6 f.	1QC 4 f.		
M&E visits_ <b>Armavir</b>	9 facilities	3 QCs						2QCs 4 f.	1QC 3 f.					2QCs 4 f.	1QC 3 f.		2QCs 4 f.	1QC 3 f.			2QCs 4 f.	1QC 3 f.		
M&E visits_ <b>Syunik</b>	9 facilities	4 QCs	2QCs 4 f.	1QC 3 f.				2QCs 4 f.	1QC 3 f.			2QCs 4 f.	1QC 3 f.											
M&E visits_ <b>Vayotz Dzor</b>	4 facilities	2 QCs			1QC 2 f.	1QC 2 f.					1QC 2 f.	1QC 2 f.		1QC 2 f.	1QC 2 f.									

## 7. **Appendix A.** *Scope of work / Job description for Quality Coordinators*

### **JOB DESCRIPTION**

**Title:** Quality Coordinator (QC)

**Geographic Location:** Yerevan and Marzes, Armenia

### **PRIMARY RESPONSIBILITIES**

Quality Coordinator is responsible for providing Marz level ongoing technical support to effective implementation of the PHC Quality Assurance (QA) systems in PHC facilities. The major areas of his/her responsibility include: 1) training PHC facility staff for the use of QA tools; 2) working on a regular basis with facility staff to implement QA tools and to solve quality performance issues; 3) reviewing of M&E data for tracking progress on quality indicators.

**SUPERVISOR:** This position is accountable to and will work under the technical guidance of the PHCR project Family Medicine & Quality of Care Team and Marz/Yerevan HSSDs.

### **ESSENTIAL FUNCTIONS**

- Work with PHCR FM&QoC Team, Marz health authorities and PHC facilities; provide technical and administrative assistance to ensure the implementation and sustainability of quality assurance plans at the marz PHC facilities.
- Organize and ensure the implementation activities for quality assurance in PHC facilities, incl. QA training courses and supportive visits.
- Conduct marz level training (2 rounds of 1-day QA courses) for the assigned PHC facilities to prepare facility staff to implement the QA tools and methods and resolve quality gaps.
- Following each round of facility trainings continue ongoing technical support to the trained PHC facilities through supportive visits: meet with the staff, provide the needed support, review completed QA tools and action plans, and help to resolve quality issues at facilities.
- Conduct “lessons learned” discussions to review experiences of PHC facilities with implementation of quality tools and methods; obtain feedback and suggest revisions if needed.
- Organize and ensure the monitoring and evaluation activities for PHC QA implementation in the assigned PHC facilities, incl. M&E visits, data gathering, analysis and reporting.
- Establish effective communication and provide feedback to key stakeholders for identifying needs and addressing challenges in support of QA activities.
- Other functions as defined by the service contract.

### **EDUCATION AND EXPERIENCE**

- A Master’s degree in medicine, Public Health or Health Management.
- Five or more years of clinical and/or healthcare administration/supervision experience in the field of primary health care.
- Demonstrated skills/ experience in training/teaching and/or supporting training.
- Availability and readiness (willingness) to assume additional responsibilities (functions, time, workload) in addition to the tasks that he/she is currently performing.
- Interest in the subject area of quality of care

- Good interpersonal and organizational skills.
- Good oral and written communication skills
- Ability to work and effectively communicate with a variety of people
- Ability to travel regularly outside his/her work/residence place.
- Knowledge of the structure of and major reforms in PHC system of Armenia.
- Computer skills (MS Word, Excel, Power Point, internet) is an asset.
- Excellent Armenian. Knowledge of foreign language(s) is an asset.

### **WORKING CONDITIONS**

- PHCR project will assume responsibility for training/preparation of Quality Coordinators and providing technical support to Quality Coordinators as the implementation process is rolled out in PHC facilities.

PHCR will support Quality Coordinators' activity through the mechanism of a service contract

8. **Appendix B.** Schedules for Training of Quality Coordinators to Use the QA Package and Prepare PHC Facility Staff

Schedule for Stage-1 four-day Training of Quality Coordinators

<b>Day 1</b> 9:00- 4:30 PM	<b>Day 2</b> 9:00 AM- 4:15 PM	<b>Day 3</b> 9:00 -4:00 PM	<b>Day 4 (Practice Training for PHC Facility Reps) 9:00 -4:00 PM</b>
<p><b>Registration and pre-test:</b> 9:00</p> <p><b>Session 1. <u>Creating a Learning Environment:</u></b> Introductions, Hopes and Concerns; Review of Schedule &amp; Learning Objectives; participant materials (60 min)</p> <p><b>Session 2. <u>Why Is Quality Important in Primary Health Care?</u></b> (40 minutes)</p> <p><b>Break (15 min)</b></p> <p><b>Session 3. <u>Implementing QA – Role of QIB.</u></b> Introduction of Section I (QA Strategy) and Section II (QIBs) of QA Package. (55 min)</p> <p><b>Session 4: <u>PHC Quality Indicators</u> –</b> What are they and why important. (Section III of the QA Package). How the 6 indicators are calculated and reported. ( 75 min)</p>	<p><b>Session 7.</b> Opening Circle (15 min)</p> <p><b>Session 8.</b> Problem solving process: Root Cause Analysis: <i>Reviewing the 5 Whys</i> ( 45 min)</p> <p><b>Session 9.</b> Problem solving process: <i>Fishbone Diagram</i> (45 min)</p> <p><b>Break (15 min)</b></p> <p><b>Session 10</b> Problem solving process: <i>Classifying and Prioritizing Problems</i> (45 min)</p> <p><b>Session 11 <u>Developing Action Plan</u></b> for PHC Facility/QIB (60 min)</p>	<p><b>Session 14:</b> Opening Circle (15min)</p> <p><b>Session 15:</b> Applying Tools in a PHC facility: <i>Working Together to Improve Quality</i> (100 min)</p> <p><b>Break (15 min)</b></p> <p><b>Session 16:</b> Overview of 1-st stage PHC facility Training: <i>Planning and assignment of responsibilities for day 4</i> (60 min)</p> <p><b>Session 17: <i>Post-Test</i></b></p>	<p><b>Session 19: <u>Practice training of QA tools &amp; Procedures to be delivered by QCs:</u></b>  <b>Purpose:</b> Practice of Stage-1 training curriculum for PHC facilities: The assigned QCs introduce the following Stage-1 sessions to the rest of their colleagues in the group.</p> <p><b>Session 19.1:</b> Creating a Learning Environment: (30 min.).</p> <p><b>Session 19.2</b> Why is Quality Important in PHC and Introduce PHC QA Strategy (30 min.) 60</p> <p><b>Session 19.3:</b> Forming &amp; Working with QIB (30 min.)</p> <p>Break: 15 minutes</p> <p><b>Session 19.4:</b> Performance Indicators (45 min.) 60</p> <p><b>Session 19.5:</b> How to improve quality using Self-Assessment Questionnaire (90 min.) 135</p>
<p><b>Lunch (1:00 –1:45 )</b></p>	<p><b>Lunch (12:45 1:30 )</b></p>	<p><b>Lunch (1:00 –1:45)</b></p>	<p><b>Lunch (1:00 –1:45)</b></p>
<p><b>Session 5. <u>QA Tool: Quality Self-Assessment Tool:</u></b> Discussion of Dimensions of Quality, the structure and questions about the tool (1 hr.)</p> <p><b>Break (15 min)</b></p> <p><b>Session 6. <u>Practicing</u></b> (completing and scoring) <u>the Self-Assessment Tool</u> (90 min)</p>	<p><b>Session 12.</b> Traditional versus Supportive Supervision. (60 min)</p> <p><b>Break (15 min)</b></p> <p><b>Session 13:</b> Roles/Responsibilities of Quality Coordinators and Effective Communication skills. (90 min)</p>	<p><b>Session 18: <i>In-class preparation for the next day practice of Stage-1 training of PHC facility representatives:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Participants work individually on their sessions.</i></li> <li>- <i>Trainers are available to provide needed assistance, answer questions etc.</i> (135 min)</li> </ul>	<p><b>Session 19.6:</b> Problem solving process: <i>Root Cause Analysis (5 Whys), Fishbone Diagram, Classifying and Prioritizing Problems</i> (30 min.) 90</p> <p><b>Session 19.7:</b> How to develop an action plan to resolve performance gaps (45 min.) 60</p> <p><b>Session 19.8:</b> Practice leading QIB meeting with PHC facility staff (45min.) 100</p> <p><i>Evaluation- Closing Circle</i> (15 min).</p>

*Schedule for Stage-2 two-day Training of Quality Coordinators*

<b>Day 1</b> 9:00- 4:00 PM	<b>Day 2</b> 9:00 AM-3:30 PM
<p><b>Registration:</b> 9:00</p> <p>Review: Learnings from Stage 1 Trainings and Practice with PHC Facility Teams (60 minutes)</p> <p><b>Session 1A.</b> <u>QA Tool: Medical Chart (MCR) /Case Review</u> Introduction of MCR procedure, checklist, Job Aids, recording and reporting forms. (90 min)</p> <p><b>Break (15 min)</b></p> <p><b>Session 1B.</b> <u>Practice MCR</u> (90 min)</p>	<p><b>Session 4.</b> Opening Circle (15 min)</p> <p><b>Session 5.</b> <u>Practice training of QA tools &amp; Procedures to be delivered by QCs:</u></p> <p><b>Purpose:</b> Practice of Stage-2 one-day training curriculum for PHC facilities: The assigned QCs introduce the following Stage-2 sessions to the rest of their colleagues in the group.</p> <p><b>Session 5.1.</b> Medical Chart review and Job Aids (180 min)</p>
<b>Lunch (1:15 –2:00 )</b>	<b>Lunch (1:00 –1:45 )</b>
<p><b>Session 2A.</b> <u>QA Tool: Patient Satisfaction Feedback:</u> (30 min)</p> <p><b>Session 2B.</b> Practice Patient Satisfaction Tools (45 minutes)</p> <p><b>Session 3.</b> Preparing to Practice Stage 2 Training: <i>Planning and assignment of responsibilities for the next day</i> (45 min)</p>	<p><b>Session 5.2:</b> Patient Satisfaction Feedback (90 minutes)</p> <p><i>Evaluation- Closing Circle</i> (15 min).</p>

9. Appendix C. Schedules for Stage-1 and Stage-2 Training of PHC facility staff by Quality Coordinators

<b>Stage-1</b> <b>two-day training of PHC facility staff</b>	
<b>Day 1</b> <b>9:00- 4:00 PM</b>	<b>Day 2</b> <b>9:00 AM- 4:00 PM</b>
<p><b>Purpose:</b> to prepare PHC facility representatives to introduce concept of quality, QIBs, quality indicators, Self-assessment tool and the overall problem-solving at their facility.</p> <p><b>Registration and pre-test:</b> 9:00</p> <p><b>Session 1:</b> Creating a Learning Environment (45 min.)</p> <p><b>Session 2:</b> Why is quality important in PHC and introduce PHC QA Strategy (60 min.)</p> <p><b>Break (15 min)</b></p> <p><b>Session 3:</b> Forming &amp; Working with QIB (30 min.)</p> <p><b>Session 4:</b> Performance Indicators: <i>How the 6 Indicators are calculated and reported</i> (60 min.)</p>	<p><b>Session 6.</b> Opening Circle (15 min.)</p> <p><b>Session 7:</b> Problem solving process: <i>Root Cause Analysis (5 Whys), Fishbone Diagram, Classifying and Prioritizing Problems</i> (90 min.)</p> <p><b>Break (15 min)</b></p> <p><b>Session 8:</b> How to develop an action plan to resolve performance gaps (120 min.)</p>
<b>Lunch (1:00–1:45 )</b>	<b>Lunch (1:00–1:45 )</b>
<p><b>Session 5:</b> How to improve quality using Self-Assessment tool: <i>practice the self-assessment questionnaire and scoring</i> (135 min.)</p>	<p><b>Session 9:</b> Leading QIB meeting with PHC facility staff and to work with Quality Coordinators to resolve performance gaps (120 min.)</p> <p><b>Session 10:</b> <i>Closing Circle</i> (15 min).</p>

<b>Stage-2</b> <b>one-day training of PHC facility staff</b>
<b>9:00 AM- 4:00 PM</b>
<p><b>Purpose:</b> to prepare facility PHC representatives to introduce Medical Chart /Case Review and Patient Satisfaction Feedback tools at their facility.</p> <p><b>Registration</b> 9:00</p> <p><b>Session 1:</b> Opening Circle to review: Learnings from Stage-1 work on quality at facilities. (60 minutes)</p> <p><b>Session 2A.</b> QA Tool: Medical Chart /Case Review (MCR). <i>Introduction of MCR procedure, checklist, Job Aids, recording and reporting forms.</i> (90 min)</p> <p><b>Break (15 min)</b></p> <p><b>Session 2B.</b> Practice MCR (90 min)</p>
<b>Lunch (1:00-1:45 )</b>
<p><b>Session 3A.</b> QA Tool: Patient Satisfaction Tools (30 min)</p> <p><b>Session 3B.</b> Practice Patient Satisfaction Tools (45 minutes)</p> <p><b>Session 4.</b> Practice leading Facility board meeting with 2 new QA tools (60 minutes)</p> <p><b>Session 5.</b> <i>Closing Circle</i> (15 min)</p>

