

# DISTRICT STD QUALITY OF CARE ASSESSMENT

# DISCA

## GUIDELINES FOR DISTRICT CLINIC SUPERVISOR IN USING THE 'DISCA' EVALUATION INSTRUMENT

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## **INTRODUCTION**

The care and management of patients with STDs is inadequate in South Africa. The endemicity of STDs, and the synergy between STDs and HIV, makes rectification of this situation urgent. To improve and sustain the quality of STD care delivery at primary care level, it is essential that district managers are given a method of obtaining quality of care information at regular intervals.

## **WHAT IS MEANT BY A QUALITY OF CARE ASSESSMENT?**

It is the process of monitoring the clinic and clinician work performance and giving regular feedback to the clinic staff. To improve the quality of care patients receive at clinics, the supervisor and clinicians need to be able to work together. This is possible when there is an open communication and transparency. The supervisor's responsibility is to make sure that clinical standards of care are maintained and improved, and that patients are assured of a high standard of care

## **HOW CAN QUALITY BE ASSESSED?**

By monitoring the work performance of a clinic, a supervisor can become aware of the daily problems affecting the quality of care in a clinic. There are direct and indirect methods that are used to assess quality of care. Direct methods involve the observation of patient consultations and the use of simulation or “ghost” patients. These methods are often more accurate, but require expert evaluators and are outside the scope of expertise of most clinic supervisors.

In the DISCA instrument (the use of which is described below) we use only indirect methods of assessing quality. These methods rely on inspection of the facility, interviewing staff, and reviewing records. The advantage of this method is that district clinic supervisors are able to easily do these assessments without having to rely on expert outside consultants.

## **HOW OFTEN SHOULD QUALITY BE ASSESSED?**

A clinic supervisor can decide how often these assessments should be conducted depending on the needs of the district and availability of resources. However, it is recommended that the assessments should be done at least twice a year.

### **WHAT ARE THE BENEFITS OF DOING REGULAR QUALITY ASSESSMENTS?**

- Make sure that the standards of STD Syndromic Management are maintained.
- Identify problems affecting STD control and prevention in a district.
- Help to solve these obstacles to high quality care through providing feedback to clinic staff and district management, and giving guidance and technical support.

## **OBJECTIVES OF THE DISTRICT STD QUALITY ASSESSMENT PROCESS**

To guide a clinic supervisor on the steps that need to be taken when conducting a STD quality of care assessment at clinic level within a district. If these quality assessments are completed regularly, the DISCA provides the supervisor with a tool to monitor progress and identify problem areas.

These guidelines are intended to assist you in:

- planning an assessment
- conducting a STD quality of care assessment
- recording your data for each community health centre in the district
- analysing your data
- reporting your data
- using this data to plan improvement for your district

## **WHAT THE DISCA QUESTIONNAIRE DOES NOT AIM TO DO**

- Set up or duplicate district information systems. It is a supervisors instrument and not an information system.
- Prevent or compete with other quality improvement initiatives at clinic level. Clinicians at clinic level are encouraged to take initiatives in evaluating and improving the quality of their service delivery.

It is hoped that the feedback supervisors doing DISCA give to clinicians will promote a number of clinic based initiatives.

## **HOW THE DISCA QUESTIONNAIRE WAS DEVELOPED**

The DISCA questionnaire was developed following an extensive literature search of published and unpublished instruments from national and international settings. Subsequently, wide consultation with health managers, experts, academics and NGOs, resulted in a finalised questionnaire, which was piloted in three districts during December 1997.

## **STEP 1 - PLANNING YOUR ASSESSMENT**

- Note the number of Community Health Centres and clinics you have in your district and the distances from each other.
- Call the clinic supervisors you plan to visit and ask them to notify the staff.
- Diarise the date and times of visits.
- Review the previous statistical data you have about each clinic (e.g. the number of STD cases per month, the number of clinicians, previous problems).
- Read through the DISCA questionnaire to make sure that you know what STD indicators you will be looking for.
- Ensure you have and use the latest protocols for the management of a person with a STD. This is compiled by the National Department of Health.

## **STEP 2 - DOING THE ASSESSMENT**

- Greet the clinicians as you conduct the assessment.
- Explain the purpose of the visit to the nurse in charge.
- Ask one of the clinicians to conduct the assessment with you.
- Collect information through: observation; discussion, and record review.

### **STEP 3 - FOLLOW UP AND REPORTING**

- Document all the problems you have identified during the visit.
- Do not forget to complement the staff on the good work you noticed.
- It is important to give the clinic immediate feedback of your findings before leaving the clinic.
- Following your visit, write a short report based on your findings.
- When completing this report, make three copies: for yourself, the clinic you visited, and the provincial STD manager.
- Evaluate your own performance in handling the assessment and ask for feedback from the clinic staff.
- After writing a report, follow up on any actions you promised to undertake.
- Visit the clinic again following the assessment to:
  - get a progress report from the staff;
  - find out if recommendations from your report have been implemented and;
  - arrange the next visit;

## **EXERCISE - CASE STUDY**

The Mpumalanga province has six districts. The district managed by Sr Mutwa, has five community health centres, but no STD coordinator. On the 5/01/97, she visited Lwangeneni Community Health Centre at 9am to conduct a STD quality of care assessment. This clinic opens from 9am to 4pm during weekdays only. The clinic had 3 clinicians working that day, and none of them were trained either with the STD syndromic management or HIV/AIDS counselling. She checked the caseload book, and noticed that the clinic had 1500 patient attendances, and 240 STD attendances last month. From the laboratory register she saw that only 20 STD clients were tested for RPR (syphilis) last month. The blood results usually come back after two weeks.

Condoms were available on request only to avoid the children from misusing them. The clinic does not have a dildo: the clinicians explain to patients how condoms are used. The clinic has STD syndromic management guidelines which are kept in the clinic supervisor's office. The clinic has partner notification cards, but Sr Mutwa was told that the clinicians do not use them. They prefer to convey a verbal message to the partner. The clinic has patient educational material for STD and HIV prevention and treatment, but these are written in English.

She also noticed that the clinic has 3 consultation rooms of which one has a dividing curtain. This consultation room also stocks some equipment and the dispensary cupboard. The clinic has one couch, one examination light and some speculums. The dispensary cupboard had doxycycline 100 mg tablets, and benzathine penicillin 2.4 mg, but the other drugs ran out in December 1997. When asked about the reason for drugs running out the clinician complained that they do not get the amount of drugs ordered, and sometimes they don't have transport to fetch the drugs. The clinic refers all their antenatal clients to the nearby hospital for STD treatment.

**ASSESSING THE QUALITY OF STD CARE IN YOUR DISTRICT:  
Guidelines for district clinic supervisors - in the use of the DISCA instrument.**

Reviewing client medical records, Sr. Mutwa noticed the following:

Client	Diagnosis documented	Drug given	RPR testing documented
1	penile rash	benzathine penicillin 2.4.mu	blood taken
2	burning urination	doxycycline 100 mg tabs 10 days	no
3	genital warts	refer to hospital	no
4	vaginal discharge	doxycycline 100 mg 10 days, flagyl 2g	no
5	lower abdominal pain	doxycycline 100mg 10 days	no

### **TASK: IN GROUPS OF TWO**

1. Read the case study carefully.
2. Fill in the DISCA questionnaire.
3. Assume you are a supervisor and your partner is a clinician working in Lwangeneni CHC
  - a. Discuss the problems affecting the daily delivery of quality of care in this facility?
  - b. What recommendations can you two make to rectify the problems?
4. From the DISCA questionnaire, transfer all data to a summary table for all clinics.
5. Work out the proportions and fractions according to the instructions given in a table of indicators.
6. What is your supervisory plan of action?

Writing a report:

  - What are you going to include?
  - Who is going to get the report?
  - How are you going to make sure that your recommendations are implemented?

**These guidelines may be photocopied.**