

## Assessment Log Quality Assurance Tool

S.No.	Assessment Date	Procedure	Assessment Areas	Score	Action Plans	Timeline	Done or Not Done
1				Critical Indicator			
				Non critical indicator			
				<b>Total</b>			
2				Critical Indicator			
				Non critical indicator			
				<b>Total</b>			
3				Critical Indicator			
				Non critical indicator			
				<b>Total</b>			
4				Critical Indicator			
				Non critical indicator			
				<b>Total</b>			
5				Critical Indicator			
				Non critical indicator			
				<b>Total</b>			

**Quarter 1**

Assessment Area:

Procedure(s):

Score:

**Quarter 3**

Assessment Area:

Procedure(s):

Score:

**Whole Year ( )**

Assessment Area:

Procedure(s):

Score:

**Quarter 2**

Assessment Area:

Procedure(s):

Score:

**Quarter 4**

Assessment Area:

Procedure(s):

Score:

## Technical Competence

Sr.No	List of items	Provider File checklist	With Provider at facility level
		Y/N	Y/N
1	Certificates/Diplomas( In Providers File)		
2	Availability of Valid Pakistan Nursing Council Card/PMDC ( In providers File and Clinic)		
3	Availability of Greenstar Training Certificates ( In File and at Clinic)		
	AFP with Miso		
	EPBM/MVA ( For Trained Providers)		
	PPIUCD		
	Implant		
4	Current Letter of Agreement with Program		
5	PHCC certification		
6	Action Plan of Quality Visit (last three)		
7	Recruitment Form/Eligibility Form (provider file)		

**Quality Assurance Tool - Purpose \_\_\_\_\_**  
**Greenstar Social Marketing, Pakistan**

**Last Action Plan:**  
**Score:**

**New Action Plan:**  
**Score:**

**Area 1: Clinical Administration & Appearance**

**Region** \_\_\_\_\_

**Name of Provider/Code** \_\_\_\_\_ / \_\_\_\_\_

**Clinic Outlet & Code** \_\_\_\_\_ / \_\_\_\_\_

**Date of Assessment** \_\_\_\_\_

**Name of QA Manager/GS Staff Code** \_\_\_\_\_ / \_\_\_\_\_

**Name of Area Manager Network/Code** \_\_\_\_\_ / \_\_\_\_\_

**Signature of QA Manager** \_\_\_\_\_

**Signature of Area Manager Network** \_\_\_\_\_

**Date:**  
**Back check** / **On spot validation** / **Simple check**

**Provider Score** \_\_\_\_\_ **Provider Signature** \_\_\_\_\_

In place at time of assessment?		
Yes	No	Action Plan

*Clinic Infrastructure*

- ~~1. Hand washing facilities in working order or sanitizing hand gel~~ \_\_\_\_\_
2. Privacy Area Maintained
3. Examination table appropriately maintained (i.e. clean)
4. Sufficient light source present and in working order

*Equipment and Supplies*

5. Counseling aid( Flip Cards/ Boards)
6. IEC materials(wall mounts on IP,hand washing technique and waste disposal and Gather Approach)
7. **Product in unopened, undamaged, packages not beyond expiration dates**
8. Safety/Danger Box, Needle Cutter, Antiseptic (Pvodine/Iodine etc.) solution
9. Soap, or Scrub Solution/ Hand Wash
10. Clean instrument tray/sterile towel
11. Antiseptic Solution( Pvodine sol/Scrub)

*Supplies needed for processing instruments to prevent infection*

12. **Bleach or similar suitable decontaminant in the recommended Strength and dilution along with right sized bucket/Plastic Tub with Lid.**

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<b>13. Boiler/ Electric sterilizer/Autoclave</b>			
14. Proper Instrument processing area			
15. equipment needed for instrument processing and procedure room			
<b>16. Waste disposal container for dry, contaminated and sharp waste</b>			
<b>17. Availability of Uterine Sounds/ Kailey's Forceps/ MVA Kits as per training of provider.</b>			
18. Water			

## Green star Social Marketing, Pakistan

**Last Action Plan:**

**New Action Plan:**

**Score:**

**Score:**

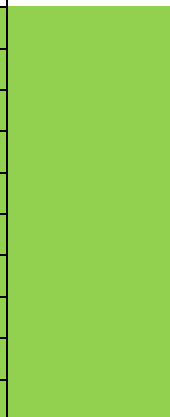
### Area 2: Counseling Skills

	In place at time of assessment?		
	Yes	No	Action Plan
<i>Standards to be inspected</i>			
1. MEC, guidelines, client cards, and consent forms available.			
2. Provider aware of eligibility criteria.			
3. A sample of each method is available for client consultation.			
4. Written and pictorial information FP leaflets ,Flipchart/book available in language client can understand or pictorial for illiterate clients			
5. Did provider Greet client politely and offer Seat?			
6. Did The Provider ensure Privacy throughout the session, by explaining that some personal or sometimes possibly embarrassing questions are asked from all clients to ensure better help and stress that it would be very confidential.			
7 .Did the provider ask Open Ended Questions to encourage the client to speak?			
8. Did the provider give time to client to ask and receive Information?			
9. Did the provider listen to client politely without interruption?			
10 For New User did the provider ask about client ,s sexual relationship and habits, support from Partner and Family to use FP methods, Possible domestic violence, socioeconomic Circumstances, Past experience with FP and assess Clients need for FP?			
11. Did The Provider screen clients for FP Use according to standards (Medical conditions and History)?			
12. Explain FP methods/service details with side effects and warning signs			
13. Service information presented clearly and simple language used for counselling to ensure informed choice.			
14. For Returning User Did the provider ask if client has problem or concerns with the methods?			
15. For returning User did the provider address the issues raised by client appropriately and help the client to develop possible solution.			
16. Did the provider ensure that client has understand the information given and has enough knowledge and skills to implement the decision?			
17. Follow up mechanism is ensured and provider assure the client that he or she is welcome to return to facility anytime if there is any concern.			
18. Follow up Date ( If Required) Is Written on card.			
19. Referral system in place for services not provided in site.			
<i>Specific Steps FOR COMBINED ORAL PILLS: COUNSELING FOR</i>			
<i>COMBINED ORAL PILLS:</i>			
1. Asked about Last Menstrual Period (LMP) and breast feeding,			

2. Excludes pregnancy.			
3. History excludes Smoking and age over 35.			
4. Major medical problems (Diabetes, Migraine Heart Disease- Hypertension greater than 160/100, DVT & Liver Disease, Blurring of Vision			
5. Gynecological problems (eg: Abnormal bleeding) and Breast Cancer - breast lump or discharge.			
6. Tell the client when to start Pill & what to do if Pills are missed.			
7. Check BP, Pulse (especially at first visit).			
8. Confirm expiry date.			
<i>INJECTABLES;</i>			
1. <i>Asked about Last Menstrual Period (LMP) and breast feeding ( up To 6 weeks), Pregnancy excluded.</i>			
2. Information about the dosage, duration ,type of injections (1 month,2months,3months), route and date of next injection, importance of Taking the Injectable timely.			
3. Information on advantages, disadvantages ,side effects & warning Symptoms.			
<i>Intrauterine contraceptive device (IUCD) Counseling:</i>			
<i>1.Exclude pregnancy,</i>			
<i>2. LMP.</i>			
3. History of STI's/RTI's Pelvic inflammatory disease, Copper allergy			
4. Client informed of possible initial increased bleeding and Discomfort with menses.			
5. Explain in detail side effects/warning symptoms.			
6. Complete history of abnormal, post-coital bleeding taken.			
7. Assured the client that she can have the IUCD removed at any time if she wanted.			
8. Teach the client how to feel the thread.			
<i>PPIUCD</i>			
1.History of Antenatal visits and counseling for PPIUCD during ANC.			
2.Exclude Contraindications for PPIUCD			
3. Consent for method taken prior to conduct Delivery.			
4.Confirm that there are no delivery related complications preventing Insertion			
5. Client is assured about safety of Procedure.(PPIUCD safely Placed)			
6. Support initiation of Postpartum care including immediate Breast Feeding.			
7. Follow Up Advised after one Week.			
<i>Condom &amp; Emergency Contraception:</i>			

1. Condom demonstration done correctly including; expiry date Check, storage, opening, fitting, removal, and disposal.			
2. Emergency contraception: Offered and available.			
3. Provider knows how to use (check expiry, how to open, use and Disposal) and rupture/ Leak.			
4. Provider educates client on what to do in case of rupture and Leakage.			
5. IUCD and EC pills as emergency contraception offered and available			
6. Indication and Instruction about ECP & time duration of Effectiveness.			
7. How many times clients can use ECP in a month.			
8. Provide EC Pills pack to all condom users/ clients.			
9. What to do if there is vomiting within two hours of taking ECP, Client given instructions (with food)			
10. Possible side effects and their management.			
<b>11. Performance of Physical examination (pelvic, per speculum and per Abdominal) – IF Client express consent for IUCD</b>			

<b>Last Action Plan:</b>	<b>New Action Plan:</b>		
<b>Score:</b>	<b>Score:</b>		
<b>Area 3: Skill Level Checklist - IUD Insertion</b>			
<b>Scoring Key</b>			
<b>P - Proficient</b> -- Provider demonstrates ability to perform procedure, executing all indicated tasks without guidance; does not require further training			
<b>C - Competent</b> -- Provider acceptably demonstrates ability to perform procedure, executing most of the indicated tasks and all of the necessary (highlighted) tasks <b>with little or no guidance; while sufficiently competent to provide services, the provider would benefit from continued intermittent oversight to improve confidence and overall ability.</b>			
<b>NA - Not Acceptable</b> -- Provider does <u>not</u> acceptably demonstrate ability to perform procedure and does not execute the necessary (highlighted) tasks; provider must <b>continue with training or supervised practice before beginning IUD service delivery</b>			
<b>Skills Expectations (Items in bold are critical steps)</b>	<b>Demonstrated Ability</b>		
<b>INSERTION</b>			
<i>Performs insertion according to protocol</i>			
1. Loads the IUD inside the sterile package according to package instructions/protocols			
2. Swabs cervix and vagina with antiseptic			
<b>3. Gently grasps cervix with tenaculum or vulsellum forceps</b>			
4. Sounds the uterus to check depth of uterus			
<b>5. Inserts the IUD using the withdrawal technique</b>			
<b>Protect 5 Insertion. Perform Insertion according to Protocol.</b>			
<b>Insert Cuscos Speculum and Visualize Cervix.</b>			
<b>2.Clean Cervix with Antiseptic</b>			
<b>3.Hold Anterior Lip of Cervix With Tenaculum</b>			
<b>4.Sound Uterus to determine size and Direction</b>			
<b>5.Open Protect 5 Package</b>			
<b>6.Set upper edge of Flange according to uterine sound measurement</b>			
<b>7. Insert Sheath until Flange touches External Os.</b>			
<b>8. Withdraw the Sheath gently to release Multiload in uterus</b>			
<b>9. Cut the thread with almost 2cm Visible outside uterus.</b>			
<i>Performs post-insertion tasks according to protocol</i>			
<b>19. Processes instruments and consumables appropriately</b>			
<b>20. Provides client with information related to what to expect, warning signs, and where to go or who to call in case of complications or questions</b>			
21. Records insertion according to record keeping protocols			





<b>FOLLOW-UP</b>			
<i>Conducts client assessment according to protocol</i>			
22. Screens for warning signs (PAINS)			
23. Reviews key IUD messages with client			
<i>Performs physical exam where indicated</i>			
24. Performs a speculum exam and checks to make sure the string is visible and that there is no partial or complete expulsion			
25. Appropriately manages any side effects or complications that the client is experiencing			
<b>INFECTION PREVENTION</b>			
<i>Practices proper infection prevention procedures before, during, and after the procedure according to protocol</i>			
26. Instruments and supplies are ready and available for use at time of procedure for which they are needed			
27. IUD package is not completely opened until after it is loaded and at time of procedure			
28. Procedures for hand washing and use of exam gloves are followed			
29. Proper client cleansing procedures are followed			
30. "No touch" technique is used when inserting the IUD			
31. Gloves, instruments and other consumable items are processed and stored according to protocol			
32. Instruments are decontaminated for 10 minutes. For HLD: boiling (once at full boil), steaming, or chemical Soaking for 20 minutes). <b>For Autoclave (20 Minutes for unwrapped and 30 minutes for wrapped)</b>			
<b>Total Target Score:</b> <span style="float: right;"><b>Critical Indicators:</b></span> <b>Total Achieved Score:</b> <span style="float: right;"><b>Achieved Critical Score: Achieved</b></span> <span style="float: right;"><b>Non Critical</b></span> <b>Score:</b> <b>GENERAL COMMENTS</b>			

**Last Action Plan:**  
**Score:**

**New Action Plan:**  
**Score:**

### Area 3: Skill Level Checklist - Implant Insertion

**Scoring Key**

P	<b>Proficient</b> -- Provider demonstrates ability to perform procedure, executing all indicated tasks without guidance; does not require further training
C	<b>Competent</b> -- Provider acceptably demonstrates ability to perform procedure, executing most of the indicated tasks and all of the necessary (highlighted) tasks with little or no guidance; while sufficiently competent to provide services, the provider would benefit from continued intermittent oversight to improve Confidence and overall ability.
NA	<b>Not Acceptable</b> -- Provider does <u>not</u> acceptably demonstrate ability to perform procedure and does not execute the necessary (highlighted) tasks; provider must continue with training or supervised practice before beginning IUD service delivery

**Skills Expectations**  
(Items in **bold** are critical steps)

**Demonstrated Ability**

**INSERTION OF IMPLANT. 1. Inspect insertion site to rule out exclusion criteria.**

P      C      NA

*2. Takes appropriate steps to get ready for procedure according to protocol*

**3. Checks to be sure client has thoroughly washed and rinsed her arm.**

**4. Washes hands thoroughly and dries them.**

**5. Puts sterile or high level disinfected gloves on both hands**

**6. Preps insertion site with antiseptic solution**

7. Places sterile or high level disinfected drape over arm.

8. Injects local anesthetic (1% without epinephrine) just under skin; raises a small wheal.

*9. Inserts the implant according to protocol*

**10. Palpates ends of rods to be sure the rods are placed correctly ("V" shape) and palpates incision to**

**11. Processes instruments and consumables appropriately**

**12. Discusses what to do if client experiences any problems following insertions or side effects.**

**GENERAL COMMENTS**

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<b>8. Exert gentle traction towards you on the cervix-holding forceps</b>			
<b>9. Insert the forceps passing the IUD through the cervix, following a plane that is perpendicular to the Plane of the woman's back and into the lower uterine cavity. Avoid touching the walls of the vagina With the IUD.</b> Note: Perform insertion while seated. Standing tends to make you direct the IUD-holding forceps too posteriorly			
<b>10. Release the hand that is holding the cervix-holding forceps; move the hand to the abdomen placing it on top of the uterine fundus</b>			
11. With the abdominal hand, <b>stabilize the uterus with firm downward pressure through the abdominal Wall.</b> This prevents the uterus from moving upward in the abdomen as the IUD is pushed up.			
<b>12. Move the IUD-holding forceps IUD in an upward motion all the way toward the fundus (directed Towards the umbilicus). Remember that the lower uterine segment may be contracted and Therefore some slight pressure may be necessary to advance the IUD and achieve fundal placement.</b>  Note: If the client has delivered vaginally after a previous cesarean delivery, take care to avoid placing the IUD through any defect in the previous incision by maintaining your ring forceps pressured against the Posterior uterine wall.			
<b>13. Stand and confirm with the abdominal hand that the tips of the forceps reach the fundus</b>			
<b>14. At this point turn the forceps 45° to the right to position the IUD horizontally in the highest of the fundus</b>			
<b>15. By opening the forceps, release the IUD</b>			
<b>16. Slowly remove the forceps from the uterine cavity, keeping them slightly open and keeping them to the side following the lateral uterus wall as the forceps is pulled out in opposite direction</b>			
<b>17. Immerse both gloved hands in 0.5% chlorine decontamination solution.</b> Remove gloves by turning them inside out, place in a leak-proof container or plastic bag			
<b>Total Target Score:</b>	<b>Non Negotiable Score:</b>	<b>Negotiable Score:</b>	
<b>Total Achieved Score:</b>	<b>Achieved Non Negotiable Score:</b>	<b>Achieved Negotiable Score:</b>	
<b>GENERAL COMMENTS</b>			

