

Putting women at the center of care

Introduction and Background

Expectations of poor-quality care deter women from accessing facility-based sexual and reproductive healthcare (SRH), putting them at risk of avoidable health complications. While safety and efficacy of treatment are paramount, the way that women *experience* care is equally important and will dictate whether and how SRH services are accessed in the future.

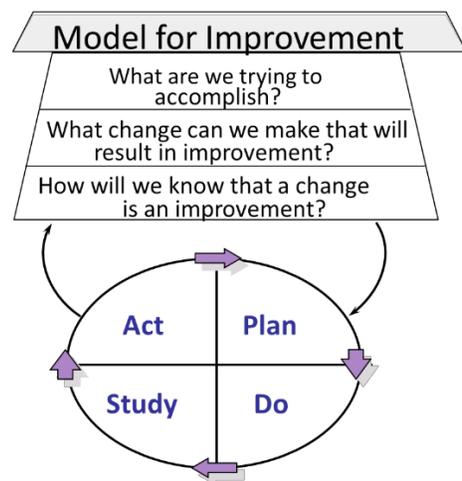
Improving person-centered care is an effective strategy to ensure that women receive dignified and individualized care when seeking SRH services. Person-centered care (PCC) places the woman at the center of her care, adapting to her individual circumstances, desires, and needs. PCC advocates for autonomy in decision-making, consented and informed care, respectful and dignified interactions with patients, the right to privacy and confidentiality, and services that are free of abuse or discrimination.

This document summarizes strategies that have been demonstrated to improve the quality of PCC in family planning and maternity services in level 3, 4 and 5 hospitals in Nairobi and Kiambu counties in Kenya. The successful interventions described below can act as a roadmap for public facilities and their staff who seek to improve the way that women experience care in similar services.

Methodology

This summary of successful strategies captures findings developed through quality improvement work guided by the Model for Improvement. The Model for Improvement asks three fundamental questions: *What are we trying to accomplish? What change can we make that will result in an improvement? How will we know that a change is an improvement?*

The model utilizes a testing cycle known as the “Plan-Do-Study-Act” or “PDSA” cycle to ensure a systematic approach to testing ideas or strategies for change to establish their efficacy. Ideas are tested first on a small scale and monitored closely. The effect of the test is measured and assessed by a Quality Improvement (QI) team comprised of front-line providers and staff. If the idea offers no benefits over the status quo it is abandoned, if it shows promise but could be improved upon it is tested again with slight modifications. Finally, it is tested on a larger scale, and if its efficacy is confirmed, after any necessary adaptation, it is fully implemented.



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To measure improvement, QI teams surveyed healthcare recipients about the care they received. Responses were collated and presented in graphs showing performance over time. Adding notes to the graphs showing when ideas were first introduced provided a visual display of the probable impact of individual ideas on reported person-centered care. Below we outline four of the most effective change strategies to improve person-centered care that were generated during these testing cycles. A comprehensive guide outlining all strategies tested and their relative level of efficacy is available upon request.

Change Strategies

Impactful Story-telling When using this strategy, healthcare providers endorse and share personal stories with their professional peers about the positive impact to their patients and themselves of adopting a behavior change. In particular, these strategies applied to:

- Providers introducing themselves to clients when they met them
- Clients being encouraged to ask any questions

A very young new mom was afraid after giving birth and refused to be examined by nurses or even to breastfeed her baby. A nurse approached her and introduced herself to the girl. This changed the girl's demeanor, and she allowed the nurse to examine her and show her how to feed her baby.

Linking new behaviors to existing processes When using this strategy, providers embed new practices into existing procedures, which ensures providers remember to do them every time. One example of this was to make sure a client's ANC booklet was recovered immediately on receipt of their outpatient queue number so that their name could be used at the very beginning of the consultation. These strategies were successful in increasing the percentage of clients who reported:

- Providers explained to women what procedures they would undergo while giving birth and the medications they would receive
- Clients were able to ask questions and gave consent to procedures
- Providers referred to clients by their name

Behavioral nudges Verbal and visual reminders prompt providers to do something different. Examples included posters on the wall, post-it notes on client files and verbally reminding staff to perform a new behavior at handover. These ideas were used to help providers improve:



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- Remembering to ask clients if they had any questions
- Remembering to introduce themselves to clients and call them by their name
- Remembering to ask patients how much pain they were in
- Remembering to explain to patients why they were receiving medication

Keeping clients informed Providers simply inform clients of their right to particular services. Through this idea, providers improved the percentage of women who reported:

- Being able to have a companion with them during labour and delivery

