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A nurse from Gabriela Alvarado General Hospital explains the screening tool to outpatient services clients and asks for their time and cooperation to apply it.
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Case Study

ACTIVE SEARCH OF REPRODUCTIVE HEALTH CLIENTS TO PROVIDE ZIKA COUNSELING

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This case study was prepared by María E. Banegas, Melvin Chavez, Miriam Moradel, and Norma Aly of University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) under the USAID Project Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is made possible thanks to the generous support of the American people through USAID. The USAID ASSIST Project is implemented by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's partners for Zika activities include the American Academy of Pediatrics, FHI 360, Institute for Healthcare Improvement, and WI-HER, LLC. For more information on ASSIST activities, please visit www.usaidassist.org or write to assist-info@urc-chs.com.

SUMMARY

The case study describes the use of a screening tool for active search of women and men of reproductive age and their partners attending specialized external consultations and other services at Gabriela Alvarado General Hospital in the city of Danlí in the Department of El Paraíso, Honduras. The screening tool aims to identify lost opportunities to provide Zika counseling. The USAID ASSIST Project has provided technical assistance to the Secretariat of Health Quality Management Department staff and hospital staff to organize and train care quality improvement teams to strengthen Zika prevention and care for patients with suspected Zika virus infection in family planning and prenatal care services.

The hospital improvement team results have been successful, as they have seen an increase in the number of clients who received Zika counseling during family planning and prenatal care and an increase in uptake of other services such as cervical cancer screening and folic acid supplementation. Another important result was identifying and incorporating men into Zika counseling.

INTRODUCTION

Gabriela Alvarado General Hospital (HGGA, for its acronym in Spanish) of Danlí is a public hospital that serves all 480,700 inhabitants of El Paraíso Department in southeastern Honduras. The hospital attends an average of 6,089 deliveries per year. The hospital was selected by the Honduran Ministry of Health (SESAL) in 2016 to participate in Zika clinical management and prevention improvement activities in response to confirmed cases of Zika virus infection.

Starting in June 2017, HGGA organized a team to improve Zika-related care in family planning and prenatal care. This team and teams from other health facilities were trained on continuous quality improvement by staff of the SESAL Quality Management Department and the USAID ASSIST Project, through two learning sessions lasting 1.5 days each. The HGGA team's first improvement objective was to provide Zika counseling to all hospitalized pregnant women on the gynecology ward. The team also developed an indicator to periodically measure if the objective was met. SESAL and ASSIST staff provided initial follow-up to the team through training sessions every two weeks to guide them in proposing, testing, and implementing changes to achieve the proposed improvement objective.

BACKGROUND

When the team measured the indicator for the first time, they observed that no pregnant woman had received Zika counseling. Based on this finding, the team focused on two important changes: first, they assigned a psychologist from the outpatient service to provide Zika counseling to hospitalized pregnant women in the gynecology ward for a period of two hours; and second, they prepared a private space in the postpartum ward to provide Zika counseling.



In the picture, a nurse from Gabriela Alvarado General Hospital uses the screening tool to identify a client who should receive Zika counseling.

PROBLEM ANALYSIS

The improvement team began to implement the proposed changes, implementing Zika counseling in the gynecology ward and using a time series chart to verify progress toward achieving their improvement objective.

They quickly realized that the number of hospitalized pregnant women was very low and that counseling was provided only to pregnant women who had a health problem or risk factor (for example, hypertensive disorders, vaginal bleeding, etc.). They identified only one to four pregnant women per week at the gynecology ward, and all these received counseling, achieving 100% compliance with the indicator.

When SESAL and ASSIST staff conducted an external assessment of compliance with the indicator in outpatient services, they found 0% compliance. When analyzing this result, the team realized that the majority of pregnant women who came to the hospital were treated in the outpatient clinic and were not receiving Zika counseling.

IMPROVEMENT STRATEGY DESIGN

Based on the problem they identified, the team modified their improvement objective, expanding the target population for Zika counseling to pregnant women in the outpatient clinic. They also decided to introduce a screening tool to help identify those who should receive Zika counseling. The screening tool was developed by SESAL to identify pregnant women before 12 weeks gestation to provide prenatal care from the first trimester. It consists of an interview. Questions are asked by staff in waiting rooms and other services to identify care needs among women and their partners, who come to the hospital looking for different types of care. The team adjusted the screening tool to include a question asking if they had received Zika counseling, using one sheet per patient. They decided to apply the tool to men also to provide counseling on prevention of sexual transmission of Zika, since the pregnant women had difficulty negotiating condom use with their partners.

The activities the team completed to implement the screening tool were: 1) introduced the Zika counseling question to the existing SESAL screening tool and adjusted the sheet to record up to 20 interviews (see **Figure 1**); 2) trained staff to use the screening tool, and 3) tested the redesigned tool for three weeks.

Figure I. Adjusted screening tool design

Secretariat of Health, Honduras
Screening Sheet for Women and Men of Reproductive Age

Person responsible for filling out sheet: _____ Date: _____
Health facility / department: _____

Questions	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
WOMEN																			
Age of patient/client																			
Is sexually active and/or has a partner? (yes/no)																			
Date of last period: If greater than 6 weeks, conduct a rapid pregnancy test.																			
Is pregnant? (yes/no)																			
Has client/patient received counseling on Zika prevention? (yes/no)																			
Is using some form of birth control? (yes/no)																			
If yes, what method of birth control? (See reference at bottom of page and write the number corresponding to the method.)																			
If no, would patient/client like to use a family planning method? (yes/no)																			
Taking folic acid? (yes/no)																			
Cervical cancer screening (pap smear) done within last year? (yes/no)																			
Classify for family planning and/or Zika counseling (yes/no)																			
MEN																			
Age of patient/client																			
Is sexually active and/or has a partner? (yes/no)																			
Is partner currently pregnant? (yes/no)																			
Is using (or partner is using) some form of birth control? (yes/no)																			
If yes, what method of birth control? (See reference at bottom of page and write the number corresponding to the method.)																			
Has client/patient received family planning or Zika counseling? (yes/no)																			
Classify for family planning counseling (yes/no)																			
Classify for Zika counseling (yes/no)																			

Family Planning Method: (1) Combined Oral Contraceptive Pill; (2) Depo-Provera (hormonal injection; every 3 months); (3) Monthly hormonal injection; (4) Implant; (5) Female sterilization (tubal ligation); (6) Male sterilization (vasectomy); (7) Condom; (8) Fertility Awareness or Rhythm Method; (9) Lactational Amenorrhea Method (LAM); (10) IUD/IUS; (11) Abstinence

DEVELOPING NEW CHANGE IDEAS

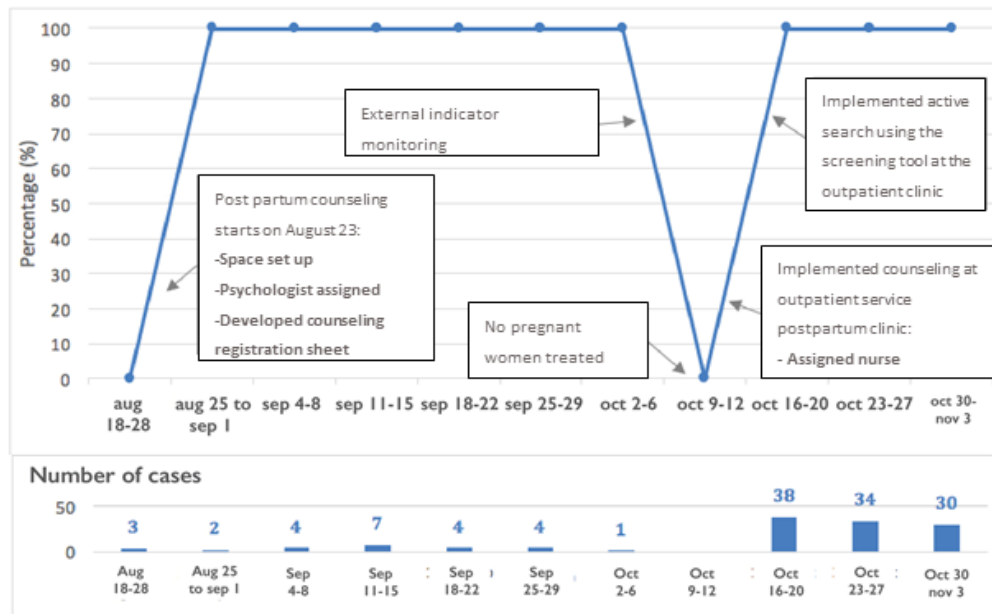
To achieve the improvement goal, the team implemented new changes and activities: 1) reassigned a specific auxiliary nurse to provide Zika counseling in the postpartum room (which at that time was not being used); 2) took the opportunity to implement family planning (FP) counseling (because it was not being provided previously in outpatient prenatal care); 3) trained medical and nursing staff on Zika management guidelines; 4) provided training on FP and Zika counseling skills to three hospital nurses; 5) included a Zika counseling sheet in the medical record; 6) implemented a registration book for women counseled per ward; 7) began recording counseling as care provided in the ATA form (official form recording daily care provided).

Before filling out the screening tool with individual clients, hospital staff would announce in the waiting room the purpose of the screening tool and request time from clients to fill it out.

RESULTS

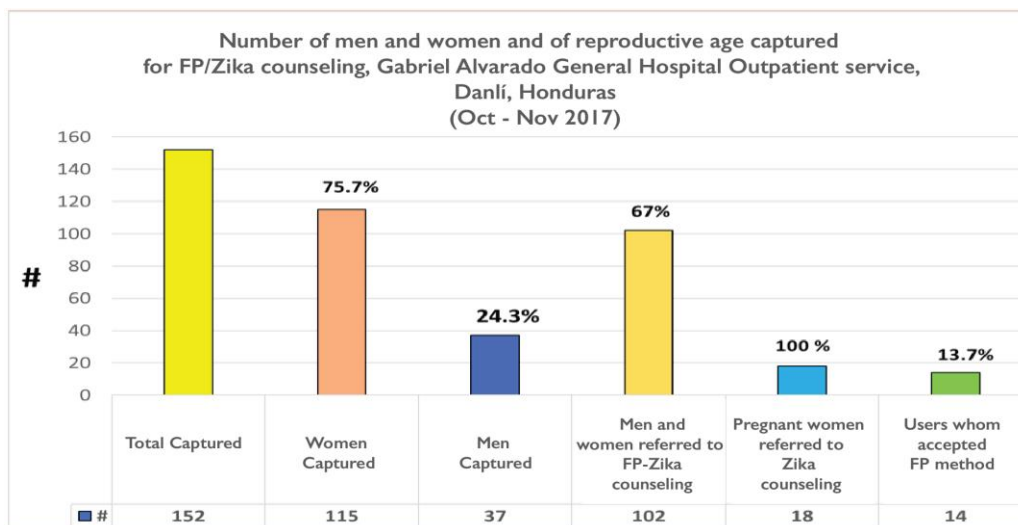
The team succeeded in providing Zika counseling to pregnant women, and they also managed to reach more pregnant women than initially proposed. The following chart shows improvement in the indicator’s performance (**Figure 2**).

Figure 2. Percentage of pregnant women seen at Gabriela Alvarado General Hospital who received Zika counseling, Danlí, El Paraíso, Honduras (August to November 2017)



During the three weeks of testing, the team managed to identify 152 users; of which, 76% (115/152) were women and 24% (37/152) were men. Of these, only 102 (67%) agreed to receive FP/Zika counseling. Of the 102 users who accepted counseling, 14 of them (14%) voluntarily accepted a FP method. Of the 115 women identified in total, 18 were pregnant and all pregnant women received Zika counseling. All men counseled took condoms (Figure 3).

Figure 3. Number of men and women of reproductive age prioritized for FP/Zika counseling, HGGG Outpatient Clinic, Danlí, Honduras (Oct - Nov 2017)





The HGGA improvement team members: Ena Rodríguez, María de Cruz Elvir, Patricia Andrade, Pedrina Leiva, Kenia González and Sarvia Lanza.

CONCLUSION

According to hospital staff, the screening tool *“is a strategy that facilitates access to sexual and reproductive health services, effective for active search of users for FP/Zika counseling and provides an opportunity to detect important health needs of both men and women.”*

NEXT STEPS

The screening tool experience was presented at the learning session of improvement teams working on integrating Zika prevention in family planning services held on February 7 and 8, 2018. As a result, improvement teams from seven other hospitals and clinics decided to implement the screening tool in their facilities.

For more information, contact:

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