Exercise 1: Understanding an improvement team

1. E. All of the above
2. C. 7-12
3. B. False
4. B. Monthly

Exercise 2: Determining appropriate team members

1. Health Center A: Aim: In our clinic, we want to increase the percent of women receiving oxytocin (drug to prevent postpartum hemorrhage) within one minute after delivery to 95% within 9 months.
   
   G. Community health worker – not included; in this case, the CHW is unlikely to be present at and/or playing a role in the provision of AMTSL. However, in cases where the CHW is key to getting women into the facility, they may play an important role.

2. Health Center B: Aim: In our clinic, we will increase the percentage of TB patients completing treatment to 90% within 10 months.
   
   C. Midwife – not included; unlikely that a midwife will have a direct role in this process.

3. Health Center C: One district has central (referral) laboratory where all CD4 laboratory tests are done. In our district, we will reduce turnaround time (tests returned to the facility) for CD4 tests from 1 week to 2 days within 4 weeks.
   
   F. HIV patient – not included; in this case, this is a process between health facilities. While it affects patients in that they would like their results sooner, they are not directly involved in this process.

Exercise 3: Creating an improvement team

There is not one correct list of 7 people. However, there is a pool of people that should be considered for a team of this nature. Uptake of family planning is often influenced by what happens in the community as much as by what counseling takes place in the facility. Therefore, a team looking to influence this may want to consider a mix of facility and community staff. A list of 7 people may be pulled from the following types of people:

- Clinician
- Nurse
- Nursing assistant
- Midwife
- Representatives of pregnant/post-partum women
- Representatives of fathers
- Pharmacist or pharmacy assistant
- Supply manager
- Representatives of women’s groups in the community
- Community health worker
- Representatives of men’s groups
- Family planning counselor (possibly volunteer)
- Community leader (formal or informal)

Note: This list is not exhaustive. You may have included someone who is key to this process in your facility and community not on this list.

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