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This information is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents do not necessarily reflect the views of USAID or the United States Government.



PHC Performance Indicator Reference Sheet 1.1

PHC Objective 1: Increased capacity to deliver quality primary care services in targeted communities.

PHC Indicator 1.1: Percent of partnership primary healthcare institutions that meet AIHA's model.

Date Established: 02/14/02

a. Description

Precise Definition(s):

Definition of a model clinic: Partnership primary healthcare institution that meets at least 8 out of 10 following criteria of implementing new or changing the existing practices towards evidence-based:

1. Counseling – individual advice to patient directed to behavior change, which includes but is not limited to one or more of the following: substance abuse, smoking cessation, stress, domestic violence, diet/nutrition, exercise, family planning, STI/AIDS prevention, chronic disease management, trafficking, and depression.
2. Implementation of evidence-based practices through development or adaptation of clinical practice guidelines.
3. Screening – those evidence-based screening services implemented through the partnership, e.g.: breast cancer screening based on CBE procedures, screening for diabetes, blood pressure test for hypertension, cholesterol level, screening for STI, and preventive health examination.
4. Involvement of nurses in direct patient care - provision of care to a patient by a nurse (adult or pediatric) independently (without a physician), which includes at least one of the following activities: history taking, physical examination (checkup, auscultation, palpation), blood pressure/pulse measuring, glucometry, counseling, triage of patients, independent home visits.
5. Involvement of nurses in patient/community education.
6. Patient education materials that were developed through partnership and are available.
7. Group health education/promotion classes for patients, including disease-specific patient schools.
8. Continuous Quality Improvement activities, which include but are not limited to one of the following: patient satisfaction surveys, processes for standard practice reviews, documented patient chart reviews, and collecting process and outcome data on specific health problems on a population basis.
9. Occupational health and infection control protocol and practices implemented or changed towards evidence-based.
10. Community outreach - activities aimed at encouraging and facilitating community involvement in improving health of community members, which includes but are not limited to one or more of the following: health fairs, media events, patient clubs/support groups, community health boards, engaging NGOs, and implementing school-based programs.

Unit of Measure: Percent

Disaggregated by: By region

Justification/Management Utility: The number of PHC institutions that fit AIHA model demonstrates increased capacity to deliver quality primary care. The model defined above represents improved quality of services.

b. Plan for Data Collection

Data Collection Method: Partnership self-assessment using a universal instrument provided by AIHA, followed by partnership site visits (if possible) and interviews by AIHA staff to clarify data received in initial self-assessment drafts. Final self-assessments will be completed incorporating feedback from AIHA staff

Data Source(s): Primary – NIS/CEE and US partners; secondary – AIHA regional staff

Timing /Frequency of Data Collection: December 2002 – February 2003: Initial drafts of self-assessment; March - April 2003: Site visits and interviews by AIHA program staff; June 2003: submission of final self-assessment documents.

Estimated Cost of Collection:

Responsible Organization/Individual(s): Partnership coordinators, and AIHA M&E coordinators

Location of Data Storage: AIHA							
c. Plan for Data Analysis, Reporting, and Review (schedule, methodology, responsibility)							
Data Analysis: Compare the number of institutions that fit AIHA's model with the total number of centers opened. Identify improvement needs for centers that do not fit the model.							
Presentation of Data: Tabular format and narrative							
Review of Data: Following self-assessment							
Reporting of Data: Summary report on partnership self-assessments							
d. Data Quality Issues							
Initial Data Quality Assessment: Data is easily obtainable, accurate, and comparable by using a universal self-assessment tool							
Known Data Limitations and Significance (if any): Potential for subjectivity							
Actions Taken or Planned to Address Data Limitations: Follow-up site visits and interviews with partners by AIHA regional staff to clarify data received in initial self-assessment drafts							
RESULTS TRACKING DATA							
BASE LINE DATA		TARGETS AND ACTUAL RESULTS					
		2003		2004		2005	
YEAR	VALUE	Target	Actual	Target	Actual	Target	Actual
2003	TBD		TBD	TBD			

PHC Performance Indicator Reference Sheet 2.1

PHC Objective 2: Increased patient satisfaction with PHC services.

PHC Indicator 2.1: % of PHC institutions using patient satisfaction survey that maintain threshold level of 5.8 of patient satisfaction, based on the universal tool

Date Established: 06/18/02

a. Description

Precise Definition(s): Proportion of PHC centers with the level of patient satisfaction at or above the threshold. Numerator: # of PHC center with the level of patient satisfaction above the threshold
Denominator: total # of PHC centers. Patient satisfaction is measured as a mean score of questions #4-25 combined

Unit of Measure: Percent

Disaggregated by: Center

Justification/Management Utility: Patient satisfaction is an important indicator of quality of services and an important tool for quality improvement.

b. Plan for Data Collection

Data Collection Method: Patient satisfaction survey regularly conducted by PHC centers (every 3-6 months) using a universal tool and approach

Data Source(s): primary, qualitative - Patient Satisfaction Survey at PHC centers

Timing/Frequency of Data Collection: quarterly

Estimated Cost of Collection:

Responsible Organization/Individual(s): Partnership coordinators and AIHA M&E coordinators

Location of Data Storage: PHC centers and AIHA

c. Plan for Data Analysis, Reporting, and Review (schedule, methodology, responsibility)

Data Analysis: By partners, and by AIHA regional and DC staff using a central electronic database

Presentation of Data: Tables and graphs with description

Review of Data: Annual aggregation and analysis done by the M&E Unit at AIHA

Reporting of Data: Quarterly

d. Data Quality Issues

Initial Data Quality Assessment: By PHC centers

Known Data Limitations and Significance (if any): Until recently, there has been no universal mechanism for measuring patient satisfaction established in PHC centers

Actions Taken or Planned to Address Data Limitations: Development and implementation of a common instrument, universal patient survey methodology, and central electronic database

RESULTS TRACKING DATA

BASE LINE DATA		TARGETS AND ACTUAL RESULTS					
		2003		2004		2005	
YEAR	VALUE	Target	Actual	Target	Actual	Target	Actual
2003	TBD		TBD	TBD			

PHC Performance Indicator Reference Sheet 3.1

PHC Objective 3: Increased acceptance and availability of PHC evidence-based practices and clinical practice guidelines

PHC Indicator 3.1: % of partner institutions that have developed systems for evaluating and developing practice standards using evidence-based methodologies (see Objective 2.1. in Healthcare Knowledge Resources framework)

Date Established: 06/18/02

a. Description

Precise Definition(s): Practice standard review = a critical evidence-based appraisal of a standard clinical practice or procedure (including educational or policy intervention) used at an AIHA partnership institution. Such a review is conducted by applying a universal tool developed by AIHA, and includes formulating a review question, forming a review team, searching for and studying evidence-based resources, and producing recommendations for improving institutional practices. Results are submitted to AIHA in a common format.

Numerator: Number of partner institutions producing practice standard reviews using evidence-based methodologies. Denominator: Total number of partner institutions

Unit of Measure: Percent

Disaggregated by: Region

Justification/Management Utility: Reviews of standard (or conventional) practices at partnership institutions were introduced by AIHA as a tool for continuous quality improvement. Such reviews result in changing conventional practices towards evidence-based.

b. Plan for Data Collection

Data Collection Method: LRC's evidence-based practice survey; monthly LRC reports; partnership monthly reports

Data Source(s): LRC and partnership reports

Timing/Frequency of Data Collection: Monthly

Estimated Cost of Collection:

Responsible Organization/Individual(s): LRC coordinators; AIHA IT and M&E coordinators

Location of Data Storage: LRCs and AIHA

c. Plan for Data Analysis, Reporting, and Review (schedule, methodology, responsibility)

Data Analysis: Annually in the Regional Offices

Presentation of Data: Tables with description

Review of Data: Annual aggregation and analysis done by the M&E Unit at AIHA

Reporting of Data: Annually

d. Data Quality Issues

Initial Data Quality Assessment: By Regional offices

Known Data Limitations and Significance (if any): Qualitative type of data

Actions Taken or Planned to Address Data Limitations:

RESULTS TRACKING DATA

BASE LINE DATA	TARGETS AND ACTUAL RESULTS		
	2003	2004	2005

AIHA Monitoring & Evaluation

YEAR	VALUE	Target	Actual	Target	Actual	Target	Actual
2002	TBD	TBD					

Performance Indicator Reference Sheet 4.1

Objective 4: Increased community participation in improving health of the community.

Indicator 4.1: Number of PHC partnerships with active community-based initiatives.

Date Established: 03/14/02

a. Description

Precise Definition(s): Active community-based initiatives include, but are not limited to, one or more of the following: (1) Community councils/boards meeting regularly and consisting of community members representing different interest groups; (2) Defined medium- and long-term community programs; (3) Action steps taken to implement those programs; (4) Active community groups (such as patient clubs); (5) Partnership community outreach programs

Unit of Measure: Numerical value

Disaggregated by: Region and partnership

Justification/Management Utility: Community involvement into solving community health problems is one of the most important factors in improving health of community members. Community development has been among AIHA priorities. Active community initiatives, meeting the criteria listed above, are an important indicator of community development and its involvement into solving community health problems.

b. Plan for Data Collection

Data Collection Method: Partnership self-assessment; partnership monthly reports

Data Source(s): Partnership coordinators

Timing/Frequency of Data Collection: Annually (self-assessment), monthly (monthly reports)

Estimated Cost of Collection:

Responsible Organization/Individual(s): Regional program coordinators; partnership coordinators

Location of Data Storage: AIHA

c. Plan for Data Analysis, Reporting, and Review (schedule, methodology, responsibility)

Data Analysis: Regional AIHA offices

Presentation of Data: Descriptive

Review of Data: AIHA/Washington, DC, office

Reporting of Data: Annually

d. Data Quality Issues

Initial Data Quality Assessment:

Known Data Limitations and Significance (if any): This indicator is more qualitative than quantitative. It may be difficult to classify community activities as being active community-based initiatives.

Actions Taken or Planned to Address Data Limitations: Use of universal criteria in evaluating community activities

RESULTS TRACKING DATA

BASE LINE DATA		TARGETS AND ACTUAL RESULTS					
		2003		2004		2005	
YEAR	VALUE	Target	Actual	Target	Actual	Target	Actual
2002	TBD	TBD					