



Job Aids and Quality Assurance



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Clinical Guidelines

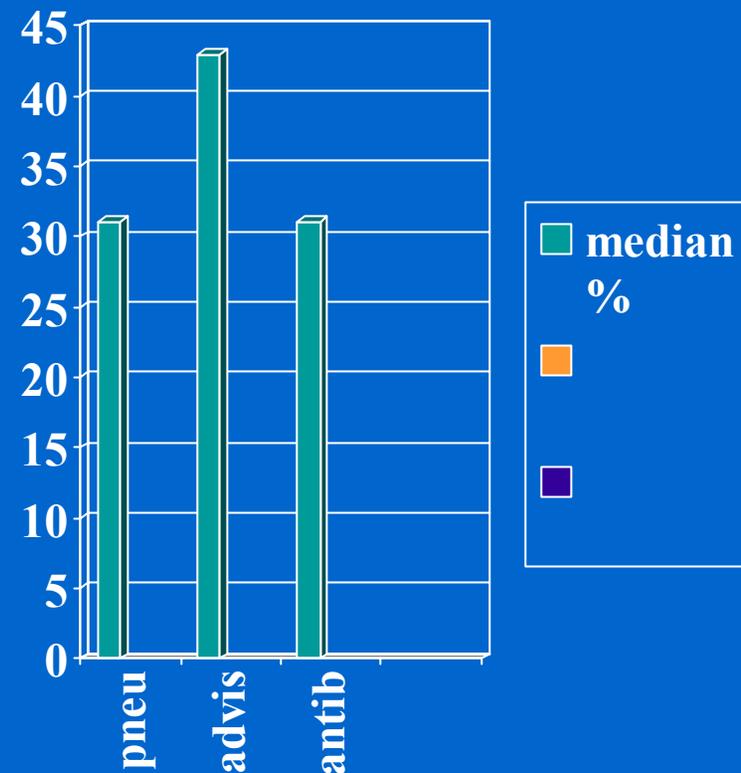
- Define desired performance
- Evidence-based
- Recent worldwide trend
- well-suited to basic health services
 - same service repeated thousands of times
 - variation
- Standard processes for non-clinical activities

Improving Performance

Performance Factor	Possible Interventions
Knowledge and skills	Training Job aids
Motivation	Incentives Feedback
System	Problem solving Re-design Resources

ARI Case Management in 17 WHO Facility Surveys (1995)

- pneu= pneumonia cases correctly managed (%)
- advis= caretakers correctly advised
- antib= inappropriate use of antibiotics
- range: 2-82%

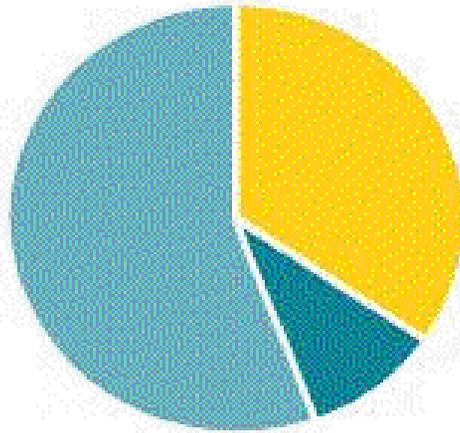


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Job Aids in LDC Health Programs: State-of-the-Art Issues

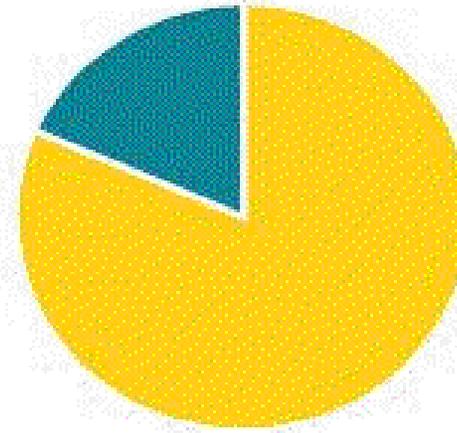
- Large numbers currently in use
 - focus on content expertise
 - expertise in the design process needed
- Limited research and evaluation in LDCs
- US health applications: focus on impact
- Industrial applications: design principles

FLOW Product



Before Quality Design

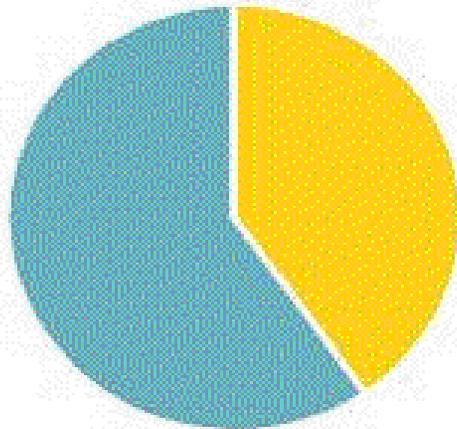
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After Quality Design

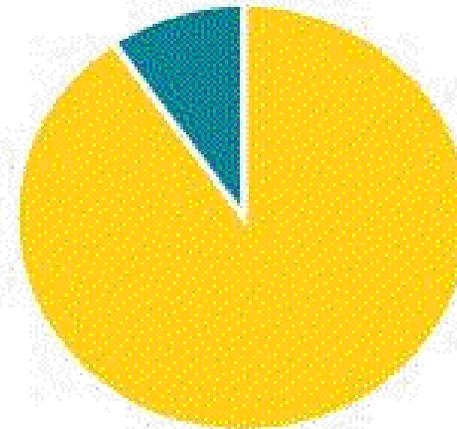
N = 10

PATH Product



Before Quality Design

N = 10



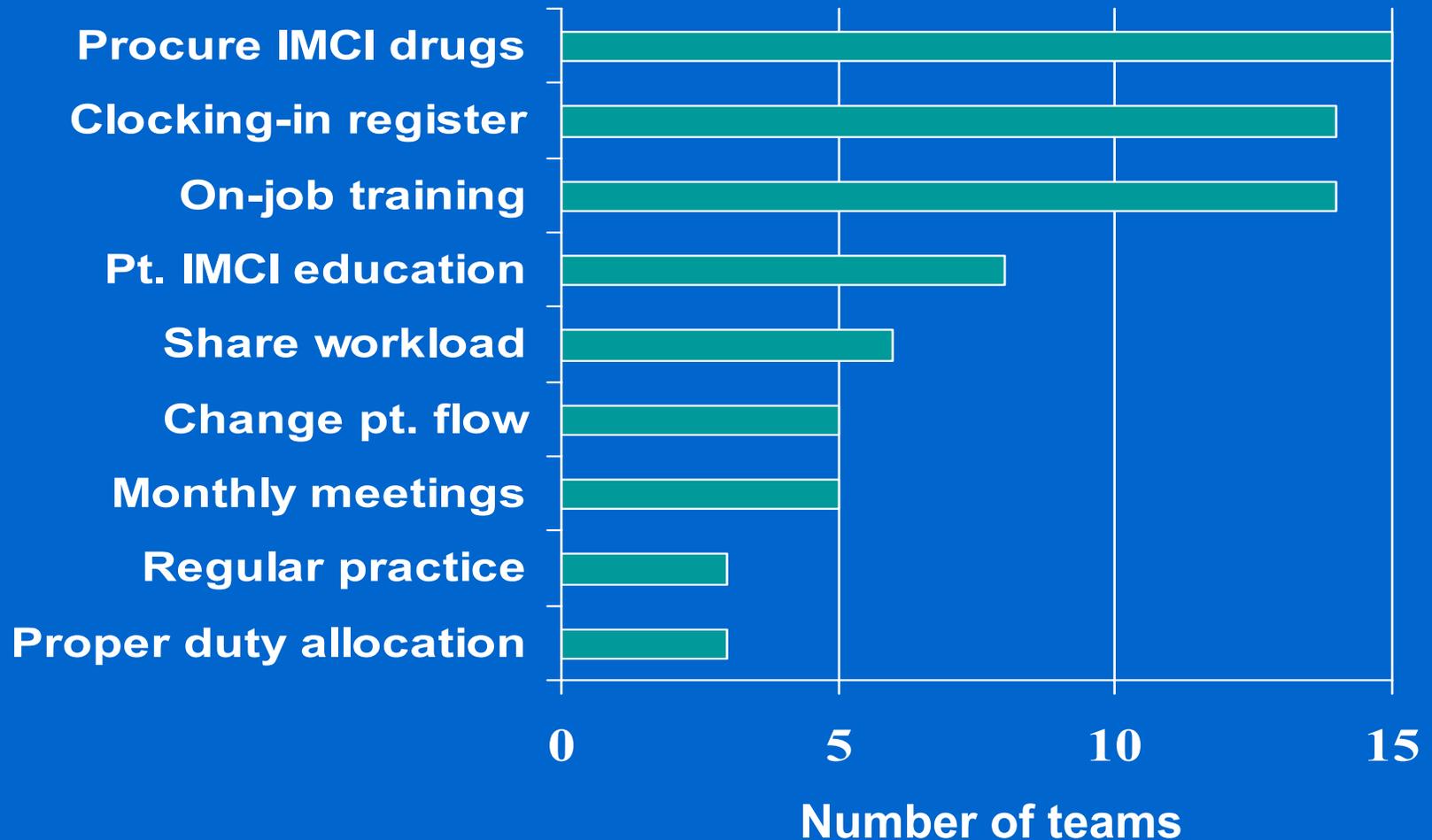
After Quality Design

N = 10

Application Issues for Job Aids in LDC Health Systems

- Counterparts may miss opportunities
- Providers require support to use job aids
 - seen as suggesting incompetence
 - clinical guidelines are new
- More complex guidelines in the future
- Decentralized management
- Commercial private sector
- Use by patients

Solutions Implemented by Teams



Conclusions

- Job aids can be highly cost-effective, but this is not guaranteed
- The process of developing or adapting the job aid should address the needs of the user
- The use of job aids needs to be supported by the health system
- Global health trends suggest expanding use, more rigorous development process