The COPE Process:

Improving Quality for Both Staff and Clients

Recognizing that staff and clients are the experts on the quality of services at their facility, AVSC designed a self-assessment technique that involves staff—with the help of their clients—in identifying and solving the problems that hinder the quality of their service. This process was called COPE, because its goal is to make services Client-Oriented and Provider-Efficient. The active involvement of both staff and their clients will increase the likelihood that the quality improvement is ongoing.

COPE helps staff recognize and solve problems at their site. Many of the problems that health center staff face are easy to identify and easy to rectify, but without COPE, they may never be addressed.

COPE was introduced in Cambodia to two Operational Districts in Kampot Province in 1999. Daem Dong, Trapaing Sala and Tany health centers in the Angkor Chey Operational District having been using the process, along with Damnak Kantouk, Kanthor, Kampong Trach and Touk Meas health centers in the Kampong Trach Operational District.

A simple and low cost technique, COPE takes as its premise that clients have a right to expect certain things when they come for services and that staff have certain needs in order to provide quality service. Originally developed by the International Planned Parenthood Federation (IPPF), the following is a list of seven clients' rights and three staff needs -- the foundation on which the COPE process rests: Client right to information; client right to access to services; client right to counseling and informed choice; client right to safe and effective care; client right to privacy, confidentiality and expression of opinion; client right to dignity and comfort; client right to continuity of care; staff need for good management and facilitative supervision; staff need for information, training and development; staff need for supplies, equipment and infrastructure.

The COPE process is made up of four integral components: the Self-Assessment Guides, Client Interviews, Client-Flow Analysis and the Action Plan. The Self-
Assessment Guides offer a forum for service providers to think about problems that they face at their site, to determine the cause of those problems, and to identify potential solutions. Self-Assessment is the heart of COPE, leading service providers to consider the one question which underlies the COPE process: "What problems at this site prevent the services from being of better quality for the client and more efficient for the provider?"

There are ten Self-Assessment Guides, each one of which corresponds to one of the Client and Provider's Rights. For example, the first Self-Assessment Guide addresses the patient's right to information and asks questions such as "are signs that show the place, days, times and costs of all maternal and child health services prominently displayed in your facility?" Staff members will be broken up into teams, each responsible for one or more Self-Assessment Guides.

The second step of the COPE process is the Client Interview, which is designed to give service providers the chance to hear what their clients think and to understand their clients’ conception of quality. The Client Interview can help staff determine what the clients know about the services offered at the site, what they think about the quality of services offered, and what suggestions they may have for improving services.

Client-Flow Analysis, the third component of COPE, examines the site’s efficiency by identifying the amount of time clients have to wait in order to receive services. This procedure is rarely implemented as part of the COPE process in Cambodia, as few sites are busy enough to warrant such an analysis at this time.

The Action Plan is the final step of the COPE process that draws together all of the staff's trouble-shooting skills. In a staff meeting, each of the teams presents their findings from the three previous exercises. Using the information from these presentations, staff members discuss possible sources of the problems at their site and make recommendations for dealing with those problems. They will also identify specific individuals who will be responsible for carrying out the recommendations agreed upon and a date by which each recommendation will be carried out. The more concrete the Action Plan, the more likely real progress will be made in rectifying a problem.

The health centers that implemented COPE have been enjoying some major achievements. Staff have been enthusiastic about quality improvement and have become more client oriented. While some problems are beyond the capacity of the staff to solve -- e.g., poor infrastructure or large equipment needs -- they have still managed to solve 79 percent of all identified problems, with another 15 percent in progress.

Capacity is also being developed within the Ministry of Health as ministry staff members themselves recently acted as COPE trainers in Kralanh, Pursat Province. In Kampot, the COPE has become one element of the MoH’s regular facilitative supervision process.
COPE has been successful for a number of reasons. First and perhaps foremost, the staff’s direct involvement in highlighting the problems of the site, and their potential solutions, leads the staff to invest a bit of their heart and soul to overcome the challenges. This investment engenders a sense of ownership of the facility, a sense of responsibility to the clients, and an overall sense of motivation to improve services. This is especially important in Cambodia where health center or hospital employees are paid little and often have several other jobs to worry about, thereby diminishing the degree to which they are personally invested in public health.

Often staff members have ideas of how to improve quality in their facilities but do not have the opportunity to express their thoughts. COPE opens the door to an on-going quality improvement dialogue. The orientation of the staff also begins to shift towards a heightened awareness of the needs and rights of their clients, thereby improving the quality of their services and consequently, the demand for their services.

The people who are most knowledgeable about the strengths and weaknesses of a facility’s services are those who provide them and those who use them. COPE calls upon the expertise of both staff and clients to solve problems and ameliorate services. Staff are also motivated to take the lead on quality improvement through the sense of empowerment that the COPE process offers. Without COPE, staff tend to wait for the facility's administrator or other site leaders to solve problems for them. COPE increases the facility's trouble-shooting efficiency by requiring the participation of the entire staff.

Another strength of the COPE process is that it is simple to learn and simple to use. All of the forms are easy to fill in and the concepts are easy to grasp. Staff members do not need to waste time learning complicated ideas or studying complicated charts. Anyone can understand COPE because it is based on common sense. Cost effectiveness is another big plus as COPE costs almost nothing aside from a few hours of staff time, some flipcharts and photocopies. Finally, COPE is practical because it does not rely on a lot of empty theory. It relates to what the staff members do in their daily work. It is all about "how can I do what I do better?"

COPE requires a certain degree of dedication from the staff as improving the quality of services is a continuous endeavor and quality can always be enhanced. As staff become in tune with the strengths and weaknesses of their facility, old problems will be solved and new ones will surface. Often these new problems will have different causes from the old ones. Thus, the initial COPE exercise is followed-up with about two to three sessions conducted per year. Eventually staff will be able to solve problems outside of the formal COPE process.