

Organizing Work to Provide Implants

Program managers and staff at service sites should be empowered to plan and adjust the way work proceeds in order to best serve their clients. Two common problems are: (1) organizing work in a certain manner “just because we have always done it that way,” and (2) planning a work flow that is almost entirely for the providers’ convenience.

Following are some issues to consider in developing a work flow for provision of implants:

Service delivery setting

Implants can be provided in a variety of clinical settings and circumstances, including: small clinics with only one provider; outpatient clinics attached to hospitals with many staff and many services; and in “mobile” settings, where services are provided at various fixed sites on a rotating basis. Implants may also be provided in postabortion settings and postpartum settings (if the mother is not breastfeeding).

Best practices

Implants services should adhere to internationally accepted best practices about counseling, insertion and infection prevention techniques, client eligibility, timing of insertion, and client follow-up. Provision of implants often suffers from medical barriers that are not scientifically sound and that unreasonably restrict access. These barriers include: age and parity requirements; restrictions on the timing of implants insertion (for example, requiring that implants be inserted only when a client is menstruating); restrictions on which (trained) cadre is allowed to provide implants; requiring a pelvic examination or breast examination; requiring blood tests or other routine laboratory tests; and requiring cervical cancer screening.

Division of labor of the various tasks involved

Tasks required for implants provision include counseling, insertion (and/or removal), and infection prevention such as decontamination and waste disposal. Also consider the various support activities including supplies and logistics, training, and supervision. Depending on the setting, these tasks can be done by different people, but all must be properly addressed. One general principle is to allocate job tasks to the person and level of staff that balances effectiveness and cost. For example, doctors are often highly paid, and their time and skills may be best directed to the more technical tasks such as implants insertion and removal and dealing with clinical problems that may arise in implants users. Note that given appropriate training, a wide variety of

health care providers can not only counsel on implants use, but can provide implants safely and effectively, including midwives, nurses, nurse auxiliaries, and clinical officers. (See [“Who Can Provide Implants”](#) in the Implants Toolkit.)

Ideally, implants service provision should be assigned to staff who are enthusiastic and competent (“champions”), and who get satisfaction from it. Some providers are particularly good at providing implants and find it rewarding. Such providers tend to be comfortable doing such technical procedures. Others, however, are not so comfortable and can lose skills quickly. Thus, it is crucial to identify and nurture providers who enjoy and are skilled at implants provision and to encourage them to mentor others.

Work flow and client flow

A major factor to consider is the likely demand for implants in each setting. In situations with a high volume of clients, more time, space and attention may be devoted to implants. However, implants are often provided along with other methods and may be provided somewhat sporadically. In such settings it is important to recognize that an implants insertion may be somewhat disruptive of the general flow of other methods that take less time. Staff need to be mentally prepared for such disruption and procedures need to allow providers to take the necessary time needed in an expeditious fashion.

It is important to strike a balance between minimizing the amount of time clients have to wait, and not rushing clients currently being served. Also, try to limit the number of “stops” that a client must make during the clinic visit, because these stops can become bottlenecks. This advice can conflict with the division of labor principle described earlier:

On the one hand, service quality might best be served by having one provider offer counseling and another do the insertion. On the other hand, dealing with two different providers may entail more waiting time for the client. Program managers will need to determine which system best suits their staff, setting, and clients.

The provision of good counseling is critical both to ensure informed choice as well as to ensure that the bleeding irregularities and/or menstrual changes that are likely to arise will be acceptable in the client’s sociocultural context and individual/family circumstances. Providing this information ahead of time helps to avoid early and unnecessary discontinuation of the method. (In all instances, however, a client has a right to have her implant removed at any time.)

Design work a flexible flow to allow for problems and fluctuations

One of the most common errors in designing work flow is to do so for only an optimum situation (total staffing, total space, etc.). In real world health situations, however, staff shortages and absences are common. So, for example, if a staff member who is responsible for supplies is absent, others need to be able to fulfill that function.

Empower staff at the service delivery site to adapt work organization

Quality improvement literature indicates that staff at the site are often in the best position to understand their situation and provide good approaches to improving service delivery. Moreover, if improving work design can be carried out through a team approach, it can promote team-building, which can enhance performance in other ways.

Attention to instruments and supplies

One of the most common and frustrating impediments to implants provision is stock-outs of implants and other instruments (for example, trocars) and supplies needed to provide implants. While some of the responsibility for this rests with the country's supply and logistics system, staff at the sites need to do their part by proper ordering, storing, and record keeping to ensure adequate supplies. Sites need sufficient supplies to accommodate peak client demand.

Good job aids

Work can be enhanced by a variety of implants-related job aids, clinical guides, counseling aids such as flipcharts, wall charts on infection prevention, and wall charts that may help clients understand the various contraceptive methods.

Linkages with other sites

Work design should be coordinated with other sites as needed. Certain common problems can be dealt with at almost any site, but less typical problems or complications might be referred to another site with specialized expertise.

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