Supporting facilities for implementation of Laqshya Program

Background
With the aim of improving the quality of care for pregnant women in the labour rooms of government facilities, the government of India launched the LaQshya Program in the year 2017(1). The program utilizes a multi pronged strategy of improvement in infrastructure, resource availability, human resource availability, improvement in quality of clinical processes and capacity building of the health workforce(2). With focus on fast track interventions, LaQshya program puts forth Rapid quality improvement cycles as an essential strategy to introduce the aspect of Quality improvement. Utilisation of QI tools like PDCA, Root cause analysis and Run charts are put forth to inculcate the Quality culture within the facility.(3)

Igunatmac project goals are well aligned with those of the government program of Laqshya and hence we have been providing technical support to the state and help the facilities achieve the above-mentioned objectives, as well as get accredited with Laqshya certification. One of the objectives of Igunatmac has been quality improvement of the facilities for better quality of care. This objective has been put to the forefront in the past year. With experience of supporting Shahdol district and aiding the District Hospital facility to successfully achieve the national certification, Igunatmac in the past year has taken up 7 more facilities in the district of Anuppur, Sidhi and Shahdol for support. The renewed MoU signed with the Government of Madhya Pradesh helped us provide intervention and support for 1 CHC in Anuppur (Rajendragram), 3 CHCs in Sidhi (Majholi, Rampur Naikin, Sihawal) and 3 CHCs of Shahdol (Jaisinghnagar, Budhar, Beohari). Apart from this, Igunatmac has been supporting District hospital Sidhi and DH Dindori for successfully achieving the national certification.

Support provided to the facilities:
Our approach to support the facilities for preparing them for certification can be largely grouped under the following headings:

1. Orientations and trainings
2. Structural improvement
3. Process Improvements
4. Periodic assessments - OSCE, Co-assessments with the government nurse mentors and internal assessors
5. Supporting the District for National Laqshya assessment
Details of these are as given below:

1. **Orientation and trainings:**

   It was realised that before beginning the process of aiding the facilities for Laqshya certification, it was essential to orient the facility staff and the medical officers towards the program, plan, budgetary allocations and certification guidelines. COVID 19 pandemic presented to us unique and difficult circumstances in the form of limited and restricted mobility of the team to visit each and every facility for orientation. Hence, to ensure continuity of support, Iguntamac adapted the means of conducting online training for all the facilities selected under laqshya. Following were the training sessions conducted online for the facilities.

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<tbody>
<tr>
<td>Introduction of LaQshya Checklist Part-1</td>
<td>Introduction of LaQshya Checklist Part-2</td>
<td>Introduction of Quality improvement</td>
<td>Outcome Indicator Part-2</td>
<td>PDCA repeat session.</td>
<td>Records and registers Part 2</td>
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<tr>
<td>Patient Satisfaction Survey</td>
<td>Root Cause Analysis</td>
<td>Outcome Indicator Part-3</td>
<td>Records and registers - Part 1</td>
<td>Referral Audit (Introduction)</td>
<td>Referral Audit Part 2</td>
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<tr>
<td>Prioritization and smart Objectives</td>
<td>Infection control Part 1</td>
<td>Infection control Part 2</td>
<td>Infection control Part 3</td>
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<td>PDCA</td>
<td>Outcome Indicator Part-1</td>
<td>Infection control Part 2</td>
<td>Infection control Part 3</td>
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On-site training sessions:

With new Quality Consultants joining our team and being placed at each district, we could ensure more support to the facilities by intensified field visits. These visits helped the Quality consultant to interact more with the facility staff and provide training based on the felt need of the facilities. Multiple training sessions on QI tools, documentations, infection control, audits were conducted at individual facilities which acted as a booster to the online training conducted earlier. It gave more opportunity for hands-on training and doubt clearing for the staff nurses.

Infection control trainings conducted in CHC Beohari, Shahdol District

Fire drill/training conducted in DH Dindori, Dindori district
Quality improvement trainings

Week long Quality improvement training sessions have been conducted in the district hospitals of Dindori, Mandla, Shahdol, Sidhi and Umaria. Use of quality tools like process mapping, root cause analysis, prioritisation using PICK method, and PDCA were taught to the facility staff. These trainings were attended by staff nurses of Labour room, PNC, SNCU, OT along with store incharge. It was conducted in workshop mode alongwith solving live examples of problems faced by the staff in their day to day duties. Due to the lockdown in the state, these trainings could not be conducted again with the facility.

Workshop on Quality improvement tools in District Sidhi
Process mapping done by Facility staff nurse

Using FISHBONE method for Root cause analysis by staff nurse

Prioritising the problems using PICK method and developing SMART objectives
2. Structural Improvement

Past experiences have taught us that without adequate infrastructure, it is impossible to provide quality care to the facilities. LaQshya through its program also emphasises on the importance of standardisation of the labour room in accordance with the Maternal and Newborn Health (MNH) toolkit and Labour room standardization guidelines. With much greater presence of our quality consultants in the districts and multiple visits (please mention to the facilities, we have been able to bring improvement in the structural components of the labour room. Our team was instrumental in guiding the facilities for reorganising the labour room based on the said protocols. Our priority focus areas were as follows:

- Triage area and Examination area demarcation
- Dedicated nursing station and Duty Rooms
- Availability of wheelchair and stretcher
- Three sided hanging curtains
- Availability of Signages
- IEC material
- Availability of Patients amenities like drinking water and functional toilet
- Fire extinguisher installation and training <Fire exit plan>
- Availability of functional telephone and Intercom Services

Though most of our goals were met, however few like availability of functional toilets, availability of functional telephone, triage area and IEC material placement are in the process of completion.
3. Process Improvements:

Process improvements encompasses broadly:

A. Assessment and Triaging of pregnant women
B. Management of Labour including Active Management of Third stage of labour.
C. Management of complications and High Risk Pregnancies.
D. Newborn care and resuscitation.
E. Management of referral services.
F. Improvement in documentation

Igunatmac works on process improvements through various means like clinical mentoring, quality circles and use of quality improvement tools. Apart from clinical mentoring, the focus of our team has been on establishing a quality circle and ensuring regular monthly meetings of this quality team in the form of quality circle meetings. The objective of these meetings are to enable discussion on various issues and challenges faced by the staff in their regular day to day activities and bring them to the attention of the facility leadership. The focus of these meetings have been gap identification and deciding on the action plans in order to close these gaps.
4. **Periodic assessments**:

It is essential to conduct regular and periodic assessments to evaluate the current state of the facilities. These regular assessments in the form of Laqshya assessment have been conducted involving the facility staff to ensure capacity building of the facility staff. In accordance with this, we have recently started conducting co-assessment with the district laqshya team of government nurse mentors and internal assessors. Co-assessment has been conducted in the districts Sidhi and Anuppur in the month of March 2021. Co-assessments in other districts couldn’t be conducted due to lock downs being imposed in the state, during the second wave of COVID 19. These are being planned in coming months.
Co assessment being conducted by internal assessor in CHC Sihawal District Sidhi

Apart from Assessments, Objective Structured Clinical Examination (OSCE) has been conducted for nursing staff in all the 5 CHCs in District Sidhi and for Laqshya identified facilities in district Shahdol. Our team in both these districts have been instrumental in supporting the Maternal health coordination and govt nurse mentors of these districts.

OSCE being conducted by Government Nurse Mentors for the CHCs in district Sidhi

JSS Nurse Mentor providing support to Govt nurse mentors in conducting OSCE
## Facility based laqshya assessments

<table>
<thead>
<tr>
<th>District</th>
<th>Facility name</th>
<th>Baseline Month</th>
<th>Endline Month</th>
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<tbody>
<tr>
<td>Sidhi</td>
<td>Majholi</td>
<td>September 2020</td>
<td>March 2021</td>
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<tr>
<td></td>
<td>Sihawal</td>
<td>September 2020</td>
<td>March 2021</td>
</tr>
<tr>
<td></td>
<td>Rampur Naikin</td>
<td>September 2020</td>
<td>March 2021</td>
</tr>
<tr>
<td>Shahdol</td>
<td>Beohari</td>
<td>October 2020</td>
<td>Jan 2021</td>
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<td></td>
<td>Budhar</td>
<td>October 2020</td>
<td>Jan 2021</td>
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<tr>
<td></td>
<td>Jaisinghnagar</td>
<td>October 2020</td>
<td>Jan 2021</td>
</tr>
<tr>
<td>Anuppur</td>
<td>Rajendragram</td>
<td>December 2020</td>
<td>March 2021</td>
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## Facility status based on LaQshya assessment: Comparing Baseline and recent scores

![Facility scores chart](chart.png)
Detailed area of concern wise scores

The data shows significant improvement in the facility level scores especially in Jaisinghnagar & Beohari of Shahdol district, Sihawal & Majholi of Sidhi district over the period of 8-9 months. Most of the areas of concern have also shown considerable levels of improvement. But one of the major challenges is the area of Concern G- Quality management. This area needs improvement in all the facilities. Facility specific training on QI tools both online and on site are being conducted to improve the score of the area of concern G.

Challenges

1. Any improvement in the facility can only be done if there is active involvement of the leadership. Facility level leadership is a major challenge being faced by the team. Efforts are being made to involve district level officials like CMHO, CS, collector for support.

2. Lack of sufficient human resources acts as a major hurdle in ensuring efficient delivery of quality care. Regular advocacy with district and state is being done to ensure sufficient human resource in labour rooms. Continuous advocacy at different levels has proved to be fruitful with the posting of 3 new staff in CHC Rajendragram.
5. Supporting District for National Laqshya assessment

The Iguntamac team supported two district hospitals; DH Dindori and DH Sidhi for their laqshya national assessments. Preparation for the assessments entailed supporting the staff for ensuring completion of the documentation, training the staff for clinical practice related questions, meetings with leaderships i.e. Civil surgeon and RMO for availability of resources. On the day of assessment, the team was present throughout to provide handhold support for successful completion of the assessment.

![Preparation of the facilities for Laqshya national assessment in DH Sidhi](image1)

![Igunamtc team with district hospital staff DH Dindori after Laqshya National assessment](image2)

**Achievements:**

1. National certification has been awarded to Dindori district hospital.
2. Conditional certification has been awarded to Sidhi District hospital.
3. Quality circle meetings are now being conducted regularly in facilities.
4. There has been significant infrastructural improvements in CHC Majholi.
5. With repeated visits and rapport building with the staff, there has been improved receptiveness of staff for doubt clearing and training.
References

