Igunatmac Assessment Tool

Background

With the aim of improving the quality of care through improvement of clinical practices, in-service mentoring of the clinical staff was a major focus of the Iguntmac project. Each mentoring visit focussed on providing handhold support and guiding the staff regarding labour room practices, management of complications and timely referral. Along with the practices, focus was given to optimum resource availability as well. In order to check the impact of our intervention in these facilities two primary measurement or assessment tools were used i.e Dakshata checklist designed by JHPIEGO and in-house designed Process Indicators. These tools not only help us in monitoring the improvement and effectiveness of our intervention but also to generate data for evidence based decision making.
In order to digitalise and store the data, JSS along with samanvay foundation, developed an app GUNAK which is being used to conduct these assessments. This app has also been taken up at national level by NHSRC. Through this app the assessments are carried out and stored in a dashboard which can be accessed at any time.

Our approach in measuring our activities till now
To measure the improvement of the clinical practices and basic processes in the maternity wing to evaluate the effectiveness of our intervention we used
- dakshata forms 2,3,4
- process indicator.

Dakshata : Dakshata is an initiative under the National Health Mission to improve the quality of maternal and newborn care during the intra- and immediate postpartum period with special emphasis on standardizing the clinical competencies of the providers.

Objective of dakshata forms

Form 2- This form looks into the availability & functionality of equipment and consumables used in the labour room and other allied units.
Form 3- It is used to assess the adherence to guidelines for standardisation of labour room
Form 4-This form assesses whether service providers are performing essential and life saving practices during the process of childbirth.

The marking of these forms were done keeping staff as the unit of observation. The number of staff adhered to the protocols were given an average marking for the facility.

Process Indicator

This tool was developed by JSS keeping the outcome i.e. patient receiving quality treatment in mind. Therefore in this assessment, the unit of observation is the patient and the treatment received by the patient. The whole labour process is divided into phase such as

- Obs history
- Danger signs
- Medical history
- Internal examination
- Routine lab tests
- First stage of labor
- Preparedness of mother
- Preparedness of child birth
- Third stage of delivery, AMTSL
- Breast feeding
- Monitoring after delivery

Purpose of having two different tools

- In dakshata, the marking mode was based on observation of the practices, record review and staff interview whereas in process indicator the marking mode was only based on observation of practices.
- Dakshata dealt with management of complications whereas process indicator was focussed mainly on the normal labour processes.

Therefore, through these assessment tools, we were supposed to get a clear picture of the improvements done in the maternity wing through our mentoring and training.

Data collected through these assessments are fed in the Gunak app and analysed using an analysis tool named metabase.

Purpose of metabase is
- To analyse data
- Interventions can be devised after analysing the data
- To monitor the assessments done

Data from Oct 2017 to March 2020 from our intervention facilities shows:

COLOR LEGEND

RED	Scored <= 50%
ORANGE	Score between 51% and 69%
YELLOW	Score between 70 and 79%
GREEN	Score >= 80%

District Hospital (total number of visits)	Availability of Resources			Labour room Management			Clinical Management		
	Baseline Oct 2017	Last Visit Mar 2020	Percent points	Baseline Oct 2017	Last visit Mar 2020	Percent points	Baseline Oct 2017	Last Visit Mar 2020	Percent points
Anuppur (16)	82	96	14	82	94	12	69	87	18
Dindori (9)	84	90	6	61	59	-2	71	81	10
Shahdol (6)	77	90	13	53	94	41	70	82	12
Mandla (11)	66	95	29	59	78	19	38	77	39

Umaria (10)	80	84	4	82	88	6	48	60	12
Sidhi (13)	63	83	20	57	53	-4	36	54	18

Table 1- Scores of form 2,3,4 in DH in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

CHC (total number of visits)	Availability of Resources			Labour room Management			Clinical Management		
	Baseline Oct 2017	Last Visit Mar 2020	Percent points	Baseline Oct 2017	Last visit Mar 2020	Percent points	Baseline Oct 2017	Last Visit Mar 2020	Percent points
Rajendragram (11)	68	86	18	53	78	25	31	75	44
Shahapur(7)	90	90	0	73	75	2	51	73	22
Beohari(4)	78	81	3	82	78	-4	73	72	-1
Rampur Naikin(10)	52	89	37	40	69	29	28	68	40

Nainpur (9)	52	83	31	36	53	17	27	67	40
Pali(9)	87	78	-9	88	71	-17	73	56	-17

Table 2 - Scores of form 2,3,4 for CHCs in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

Table 1 & 2 shows the data of all the DH & CHCs whereby our intervention was done. This displays the 3 dakshata forms used for assessment, form 2 (resource availability), form 3 (labour room arrangements) and form 4 (clinical management). Comparison drawn between the baseline data before the intervention is applied and the last assessment being conducted in those facilities shows the increase or decrease in percent points, thus, evaluating our intervention. According to this data, there is a percentage increase in most of our facilities indicating the intervention has been successful.

Challenges of the previous approach

Through this data, the status of labour room organisation and resources available was clear but clinical management is not clear. In form no. 4, the questions pertaining to resources and clinical practices did not give a clear picture of only clinical practices solely, therefore we adopted our new approach.

New approach
- A new tool was developed from the existing dakshata 4 form whereby the questions related to resources have been removed to avoid duplicacy, as for resources there is form 2. Through this new tool, we would get the exact clear picture of the improvement in clinical practices due to our training and mentoring.
- Prioritisation on mentoring topics was done and few topics which were deprioritised, questions pertaining to those topics were removed.
- The new tool was converted in the format which is applicable for gunak.
- A checklist for Onsite site clinical examination on NewBorn Resuscitation was added.
- Added a question pertaining to danger signs in the new tool.
- The scoring done was staff specific and overall facility score is the average of the markings received by all the staff of the facility.
- Baseline was collected for the existing facilities and the new facilities which were taken up as per the MOU signed with the state such as CHC Jaisinghnagar and Budhar from Shahdol and CHC Sihawal and Majholi from Sidhi.

Comparison on Clinical management data shows:

DH (total no of visits)	Clinical management (with resources)			Clinical management (without resources)		
	Baseline Oct 2017	Last visit Mar 2020	Percent points	Baseline Oct 2017	Last visit Mar 2020	Percent points
Anuppur (16)	69	87	18	56	82	26
Dindori (9)	71	81	10	63	75	12
Shahdol (6)	70	82	12	65	76	11
Sidhi (13)	36	54	18	48	46	-2
Umaria (10)	48	60	12	36	48	12
Mandla (11)	38	77	39	53	71	18

Table 3- Scores of form 4 clinical management with resources and without resources for DH in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

CHC (total no of visits)	Clinical management (with resources)			Clinical management (without resources)		
	Baseline Oct 2017	Last visit Mar 2020	Percent points	Baseline Oct 2017	Last visit Mar 2020	Percent points
Rajendragram (11)	31	75	44	21	71	50
Shahpura (7)	51	73	22	34	67	33
Beohari (4)	73	72	-1	33	69	36
Rampur naikin(10)	28	68	40	21	61	40

Nainpur (9)	27	67	40	21	65	44
Pali (9)	73	56	-17	34	46	12

Table 4- Scores of form 4 clinical management with resources and without resources for CHCs in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

Table 3 & 4 shows the data of the DH & CHCs whereby our intervention was done. This table displays the dakshata form 4 (clinical management). Comparison is drawn between the old method used and our new approach being undertaken. In our new approach, the new tool had the existing dakshata 4 form questions but the questions related to resources have been removed. According to data, there is a varied difference between clinical management with resources and without resources proving the fact that improvement in clinical practices are there but as this is a behavioural change, therefore it would need more time to show drastic improvements.

New baseline data on form 2, 3 & 4 shows

DH	FORM 2 Dec 2020	FORM 3 Dec 2020	FORM 4 Dec 2020
Sidhi	87%	65%	56%
Shahdol	98%	86%	76%
Umaria	80%	86%	62%
Dindori	100%	100%	72%
mandla	93%	84%	39%

Table 5 - Scores of form 2,3,4 for DH in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

CHC	FORM 2 Dec 2020	FORM 3 Dec 2020	FORM 4 Dec 2020
Sihawal	96%	90%	36%
Majholi	95%	61%	37%
Rampur naikin	86%	76%	35%
Beohari	85%	100%	62%
Jaisinghnagar	79%	75%	44%
Burhar	98%	100%	59%
Pali	89%	78%	75%
Shahpura	85%	61%	62%
Nainpur	90%	84%	31%
Rajendragram	77%	53%	16%

Table 6- Scores of form 2,3,4 for CHCs in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

Table 5 & 6 shows the data of the DH & CHC for form 2 (resources availability), form 3 (labour room organisation) and form 4 (clinical management without resources) done in dec 2020. The data presented over here shows the resources availability and labour room organisation of the facilities are improved.

Baseline data on Process Indicator shows

Facility name	PI Score (2020)
Dh Sidhi	29%
DH Shahdol	56%
Dh Mandla	35%

Dh Dindori	59%
Dh Umaria	61%
Dh Anuppur	53%

Table 7- Scores from Process Indicator for DH in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

Facility name	PI Score (2020)
Sihawal	29%
Majholi	14%
Rampur naikin	47%
Beohari	9%
Jaisinghnagar	9%
Burhar	25%
Pali	9%
Shahpura	43%
Nainpur	40%
Rajendragram	34%

Table 8- Scores from Process Indicator for CHCs in Anuppur, Umaria, Mandala, Dindori, Sidhi and Shahdol district

Table 7 & 8 shows the data of the DH and CHCs for Process Indicator collected in 2020 over 6 months. The data presented over here shows better scores for the facilities where our intervention was applied when compared to the new facilities.

Key achievements in these past years:

- Apart from improvement in resource availability and labour room organisation, there is improvement in clinical practices compared to when the project started, although change in practices does take time therefore through our recent data we know where to focus more therefore our interventions could be designed intensively for those facilities.
- There are few new facilities where we have just started working so when the baseline data of clinical practices of these facilities was compared to the existing facilities where we had already applied our intervention, shows us our existing facilities have scored better in clinical practices. Therefore proving the fact that through mentoring and training the quality of treatment provided to the patient can be improved in the long run.

Previously intervention facility		New facilities taken up	
Name of the facility	Clinical management score (Dakshata Form 4)	Name of the facility	Clinical management score (Dakshata Form 4)
Rajendragram	16	Sihawal	36%
Shahpura	62	Majholi	37%
Beohari	62	Jaisinghnagar	44%
Rampur naikin	35	Burhar	59%
Nainpur	31		
Pali	75		
DH sidhi	56		
DH shahdol	76		

DH mandla	39		
DH dindori	72		
DH umaria	62		

Challenges

With progressing years, the experiences helped us identify few challenges,
- Process Indicator is a very intensive process and time consuming.
- With our meetings with the state, we learnt that the tool used by the state and tool used by us are not in sync, therefore a need was felt to align our tool with the existing assessment tool used by the state govt.

Our learnings

Our previous work helped us to get more clarity on what to adopt to avoid the duplication of work. The Dakshata tool gives us a quick picture of status of evidence based labour related practices whereas the LaQshya draws a bigger picture of status of labour room related activities, processes and outcomes, which helps to standardize a department within the hospital.

Way forward

- With our current approach of making our activities aligned with the government, we will be using the laQshya assessment checklist as this would prove more sustainable.
- Apart from this, we will be conducting Process indicator but the frequency will be once in a year as it is more intensive and time consuming. But for our regular monitoring and tracking we would be using LaQshya assessments checklists.