Study on the Implementation of 'LaQshya Initiative' in Padmakunvarba General Hospital, Rajkot

By

Dave Khyati Manojbhai

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Dave Khyati, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Padmakunvarba General Hospital, Rajkot from 4th February 2019 to 3rd May 2019 April 2019

The Candidate has successfully carried out the study assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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To Whomsoever It May Concern

This certificate is awarded to **Dr. Khyati M Dave** in recognition of having successfully completed her internship in **Hospital Administration** department and successfully completed her project on **"The Study To Assess The Implementation Of LaQshya Initiative In Padmakunvarba General Hospital, Rajkot."** The period of training was 6th February 2019 to 3rd May 2019 in Padmakunvarba General Hospital, Rajkot.

She comes across a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours.

Dave (Dave Yogesh Jayantibhai)

Dr. Yogesh J. Dave
CDMO
PKGH Rajkot

Office of the Superintendent * Padmakunvarba Hospital-Rajkot * Gujarat State

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Study on implementation of LaQshya Initiative in Padmakunvarba General Hospital, Rajkot** and submitted by **Dave Khyati Manojbhai, Enrollment No IIHMR-U/01/2017/-19/555** under the supervision of **Dr. Arindam Das** for award of MBA in Hospital and Health of the University carried out during the period from 2nd February to 3rd May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

Acknowledgements:

I would like to appreciate all those who given me the opportunity to complete this report. Without their kind contribution and support of many individuals in hospital. I would like to extend my sincere thanks to all of them.

I would like to express my heartful gratitude to my parents & members of the hospital organization for their co-operation and encouragement for giving me attention and time which help me in completion of this project.

I am thankful to the Padmakunwarba General Hospital, Rajkot for allowing me to complete my dissertation in the facility.

I am also thankful to **Dr. ARINDAM DAS** (Guide, IIHMR) for his guidance & suggestions.

I am highly grateful to place on record my best regards, deepest sense of gratitude to my senior **Ms ANKITA SINGH** (AHA, Padmakunvarba hospital) for her precious guidance, is extremely valuable for my study both theoretically and practically.

My thanks and appreciations for all my colleague in developing the project and people in hospital who have willingly helped me out with their abilities.

Thanks

Dr. Khyati M Dave

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ABBREVIATIONS:

CDMO	Chief District Medical Officer
NQAS	National Quality Assurance Scheme
PP UNIT	Post-Partum Unit
ICTC	Integrated Counselling & Testing Center
NCD	Non-Communicable Disease
ANC	Ante-Natal Care
PNC	Post Natal Care
SNCU	Special New Born Care Unit
APH	Ante-Partum Hemorrhage
PPH	Post-Partum Hemorrhage
CQSC	Central Quality Supervisory Committee
SQAC	State Quality Supervisory Committee
DQAC	District Quality Supervisory Committee
NQAP	National Quality Assurance Program
RMNCHA	Reproductive Maternal Neonatal Child Adolescent Health
NHSRC	National Health System Resource Center
ICT	Information and Communications Technology
NHM	National Health Mission
JSSK	Janani Shishu Suraksha Karyakram
LDR	Labour, Delivery and Recovery
PDCA	Plan Do Check Act

ABSTRACT

A STUDY ON THE IMPLEMENTATION OF 'LAQSHYA INITIATIVE' IN PADMAKUNVARBA GENERAL HOSPITAL, RAJKOT.

Name of Author: Dr. Khyati M. Dave

Background: Ministry of Health and Family Welfare has announced the launch of program 'LaQshya', on 11thDecember 2017 with the aim of improving quality of care in labour room and maternity OT. The LaQshya program is being implemented at All Medical College Hospitals, District Hospitals (DHs), First Referral Unit (FRUs), Community Health Centre (CHCs) and it will give benefit to every pregnant women and new-born delivering in public health institutions.

Objectives To identify the gaps with the help of baseline assessment and recommend the changes accordingly to improve the quality of labor room.

Methodology: The study investigates the relationship between pre and post internal assessment. Observational study has been done in Padmakunvarba General Hospital, Rajkot, both qualitative and quantitative data has been collected through the laQshya checklist used as survey questionnaire, old records of the hospital and by interacting with staff and patients,and pre and post assessment will be done by using the laQshya checklist for quality improvement in labor room. The checklist of maternity OT is excluded in this study. Scoring will be given accordingly of both pre and post assessment and analysis will be done by using Microsoft Excel.

Results: In merits of the study the areas which show major improvement because of LaQshya Initiative are inputs, quality management, which was the priority and outcome. Service provision, clinical & support services and infection control these 3 important areas are at their best at the time of both pre and post assessment.

Conclusion: Implementation of LaQshya guidelines help in improving the overall quality improvement in the hospital especially in labor room. The guidelines also propose a system to encourage and reinforce achievements of health workers through incentivization and branding of health facilities according to the standards of labor room care achieved. This study will help to improve the quality in labor room. The study concludes with the suggestion of doing continue trainings of staff and sustain the total quality management in labour room.

Project Title: A Study on the Implementation of 'LaQshya Initiative' In Padmakunvarba General Hospital, Rajkot.

I. INTRODUCTION:

The MHFW announce the LaQshya program on 11thDecember 2017 with the aim of improving the quality of care in labour room and maternity OT. This Programwill improve the Quality for all the pregnant women in labour room, maternity Operation Theatre, Obstetrics ICUs and HDUs if there. The LaQshya program is being implemented at

- All the medical college hospital,
- District hospital (DHs),
- First Referral Unit (FRUs),
- Community health centre (CHCs) and it will give benefit to every pregnant women and new-born delivering in public health institutions.**[1]**

The MMR in India has reduced from 301 in 2001-03 to 167 in year 2011-13 to 130 in 2014-2016. IMR in 2016 is 34.**[source: Nitiayog, SRS Bulletin 2016]**

The MMR in Gujarat has reduced from 112 in 2011-13 to 91 in 2014-16.IMR in 2016 is 30. **[source: Nitiayog, SRS Bulletin 2016]**

RATIONALE:

LaQshya guidelines help in reducing the maternal and new born mortality and morbidity, improvement in Quality Care at the time of delivery, which increase the satisfaction of the patients and provide respectful maternity care (RMC) of all the pregnant women accompanying the Public health Facilities. **[1]**

In the LaQshya initiative, a multi-faceted strategy like enhancing the upgradation of the infrastructure, ensure the presence of the required equipments, providing the enough number of human resources, capacity buildings of the health care workers& improve the quality of thelabour room has been adopted. **[1]**

REVIEW OF LITERATURE:

Roll out of the quality assurance indicators in two districts of Bihar, India(Jyoti Sharma, Indian Institute of Public Health,2016) The result of this article shows that regular follow-up and supportive supervision based on a cycle of assessment, feedback, and actions at public health facilities backed can lead to quality improvement. **[6]**

Tackling improvement in quality in labour room(WannasiriandHenry.C. Lee,2017) the article is giving a broad overview of some of the special aspects of thequality improvement in the delivery room and other multiple resources that the quality circle teams can use for this purpose. **[7]**

Process improvement to enhance the quality in large labour room and birth unit (Bell Am, Bohannon J, Porthouse L, Thrompsone H, Vago T, 2016) On the time of case initiation for labor induction and cesarean birth improved, length of stay in the obstetric unit can be decreased, post anesthesia recovery care was reorganized to be completed within 2-hours standard time frame, and emergency transfers to the main hospital operating room and intensive care units were standardized and enhanced for efficiency and safety**[8]**

OBJECTIVES:

1. To deduct the maternal &new born mortality and morbidity because of APH, PPH, retained placenta, pre-eclampsia & eclampsia, preterm, obstruct labour, new born asphyxia and sepsis etc.

2.To enhance the quality of care during delivery and give immediate post-partum care, stabilization of the complications, ensure the timely referrals of the patient and two-way follow-up.

3.To increase the satisfaction of the patients visiting the public health facilities and provide RMC to them.**[2]**

Table 2. institution arrangement of laQshya:

LEVEL	QUALITY STRUCTURE	QUALITY DRIVERS
1. National Level	CQSC	National Mentoring Group
2. State Level	SQAC	State Mentoring Group
3. District Level	DQAC	Coaching Team
4. Facility Level	Quality team	Quality Circle (LR+OT)

[2]

ASSESSMENT PROCESS:

laQshya assessment's process involves 4 steps:

1. Pre-liminaryInternal Assessment

- The scoring will be by the hospital staff (Hospital Admin, RMO, Department Doctors, In Charges of Specific Department)
- Gaps found
- Fulfillment of the gaps

2. Final / postInternal Assessment

- Assessment done by the same staff

3. The Peer Assessment

- Team came from another district hospital for the facility assessment

4. Final External Assessment

The facilities which score 70% or >70% in peer assessment will be qualify for external assessment which will be done by the expert team nominated by the states.**[2]**

SCORING:

Criteria for scoring

- Overall score should be>70%
- Score in each area of concerns should be >70%
- Score in each quality standards should be>50%
- Score in 3 core standards should be >70%, which are:
  I. **B3**. The facility should maintain privacy, confidentiality and dignity of the patients and there should be a system of guarding information of the patient.
  II. **E18**. The facility should have establishment of intra natal care procedures as per the guidelines.
  III. **E19**.The facility should have establishment of post-natal care procedures as per the guidelines.

Score in patient satisfaction survey should be >80%**[1]**

Table 3. :Scoring of Checklists:

Reference No.	Area of Concern	Main Checkpoints	Weightage
A	**Service Provision**		
A1		Facility provides curative services	2
A2		Facility provides RMNCHA services	18
A3		Facility provides diagnostic services	2
B	**Patient Rights**		
B1		The facility provides information to care seekers, attendants, & community about the available services and their modalities	8
B2		Service are delivered in a manner that is	6

		sensitive to gender, religious and cultural needs and there is no barrier on account of physical economic, cultural or social reasons.	
B3		The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	10
B4		The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making	2
B5		The facility ensures that there are no financial barrier to access, and there is financial protection given from the cost of hospital services.	
C	**Inputs**		
C1		The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	36
C2		The facility ensures the physical safety of the infrastructure	6
C3		The facility has established program for fire safety and other disaster	6
C4		The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	10
C5		The facility provides drugs and consumables required for assured services	20
C6		The facility has equipment's and instruments required for assured list of services	28

C7		Facility has defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	12
D	**Support Services**		
D1		The facility has established program for inspection, testing and maintenance and calibration of equipment's	8
D2		The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	18
D3		The facility provides safe, secure and comfortable environment to staff, patients and visitors	12
D4		The facility has established program for maintenance and upkeep of the facility	14
D5		The facility ensured 24*7 water and power backup as per requirement of service delivery and support service norms	8
D7		The facility ensured clean linen to the patients	4
D11		Roles and responsibilities of administrative and clinical staff are determined as per govt. regulations SOPs	2
D12		The facility had established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	2
E	**Clinical Services**		
E1		The facility has defined procedure for	8

		registration, consultation and admission of patients	
E2		The facility has defined and established procedures for clinical assessment and reassessment of patients	10
E3		The facility has defined and established procedures for continuity care of patient and referral	12
E4		The facility has defined and established procedures for nursing care	10
E5		The facility has procedures for to identify high risk and vulnerable patients	4
E6		The facility follows standard treatment guidelines defined by state/ central government for prescribing the generic drugs & their rational use	6
E7		The facility has defined procedures for safe drug administration	14
E8		The facility has defined and established procedures for maintaining, updating of patient's clinical records and storage	14
E12		The facility has defined and established procedures for diagnostic services	2
E13		The facility has defined and established procedures for blood bank/ storage management or transfusion	2
E16		The facility has defined and established procedures for end of life care and death	6
E18		The facility has established procedures for intra-natal care as per guidelines	72
E19		The facility has established procedures for postnatal care as per guidelines	16
F	**Infection**		

	Control		
F1		The facility has infection control program and procedures in place of prevention and measurements of HAI	6
F2		The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis	14
F3		The facility ensure standard practices and materials for personnel protection	20
F4		The facility has standard procedure for processing of equipment and instruments	16
F5		Physical layout and environmental control of the patient care areas ensures infection prevention	16
F6		The facility has defined and established procedures for segregation, collection, treatment and disposal of biomedical and hazardous waste	26
G	**Quality Management**		
G1		The facility has established organizational framework for quality improvement	2
G2		The facility has established system for patient and employee satisfaction	4
G3		The facility has established internal and external quality assurance programmed whenever its critical to quality	28
G4		The facility has established, documented, implemented and maintained SOPs for all key processes and support services	6
G5		The facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and	16

		wastages	
G6		The facility has established system of periodic review as internal assessment, medical and death audit, and prescription audit	4
G7		The facility has defined mission, values, quality policy & objectives & prepare a strategic plan to achieve them	6
G8		The facility seeks continually improvement by practicing quality method and tools	2
H	**Outcome**		
H1		The facility measures productivity indicators and ensures compliance with state/national benchmarks	12
H2		The facility measures efficiency indicators and ensures to reach state/national benchmarks	24
H3		The facility measures clinical care and safety indicators and tries to reach state/national benchmarks	6
H4		The facility measures service quality indicators and ensures to reach state/national benchmarks	4

[3]

Scale of Compliance Rating:

- Full Compliance

- 2 marks
- All Requirements in Checkpoint are Meeting
- All the points given in Means of verification are available
- Aim of the Measurable Element is meeting

- Full Compliance

- Mark
- Only some of the requirements in checkpoints are meeting
- All Least 50% or <50% of points in Means of verification are available
- Aim of the Measurable Element is partially meeting

- None Compliance
- 0 mark
- Most of the requirements are not meeting with the checkpoints
- > 50% of points in Means of verification are available
- Aim of Measurable Element is not meeting

QUALITY CERTIFICATION OF LAQSHYA:

The Labor Room & Maternity OT Checklists for NQAS, will be used as tools for the assessment and quality certification of it. The assessment and certification will be done by external assessors who are empanelled with NHSRC. This Certification will be valid for 3 years to annual verification of the scores by the State Quality Assurance Committee**. [2]**

AWARD INCENTIVES:

The incentives in the term of LR and maternity OT at

Medical Colleges- Rs. 6 lakhs,

District Hospitals- Rs. 3 lakhs and

Sub District Hospitals/ CHCs – Rs. 2 lakhs will be given respectively for each department on their achievement of:

- The quality certification done as per the protocol under NQAS.
- Attainment of 75% of equivalent facility level targets and its verification by SQAC.
- 80% of the beneficiaries are either satisfied or highly satisfied (or hospital's Equivalent score > 4 on Likert scale)
- All the LaQshya facilities should aim to introduce 'Mera-Aspataal' ICT based feedback system. Meanwhile hospitals can fill feedback form from the patients/ relatives manually.

These incentives will be given as recognition of the good work done by the quality circle team in hospital and facility's staff. Hospital can use this amount as cash incentive to the staff and for the other welfare activities in the hospital.**[2]**

BRANDING:

The achievements of the quality benchmarks should be used for the branding of the Quality of Care at the health facility. This will give a sense of pride to the staffs of that facility as well as to provide confidence to the community that they will get quality care at public hospitals Badges will be provided to the departments based on their quality scores they achieved in the assessment of state level.

Platinum Badge: for achieving > 90% Score

Gold Badge: for achieving > 80% Score

Silver Badge: for achieving > 70% Score

Either these Badges can be wearing by the care provider/ in-charge of that department or it can be displayed at relevant places in the hospital.**[2]**

BUDGET:

The budget of resource requirements like organizing trainings, assessment, mobility support and other expenses, etc would be given by state and the allocation of financial funds is through NHM PIPs.

Followings are the list of activities for support under NHM:

- Restructuring and up-gradation of labour room & maternity OT as per the LaQshya guidelines
- Procurement of Equipment and Furniture
- IT equipment and software
- Signage's, IEC, Displays etc.
- Hiring of professionals
- Training support
- Support under JSSK etc.**[2]**

ROLES & RESPONSIBILITIES:

LaQshya initiative will be coordinated by the 'Maternal Health Division' and it's supported by the 'Child Health Division' and NHSRC.

The Maternal & Child Health Division will promote preparation of resource package and its standardization & improvement in quality of care, review PIP proposals for LR and Maternity OT, etc. NHSRC would coordinate quality certification activities, documentation, training etc.

For tracking the activities, analyse the indicators, organize training programs and for coordinate & monitoring of activities in the states there is an establishment of small project management unit with full time program managers & consultants at national level.

There would be a Maternal Health Program officer/ State Quality Assurance Nodal Officer appointed as nodal officer for implementation of the LaQshya initiative in the States.

At the district level, Maternal Health Nodal officer & Nodal Officer for Quality Assurance will be responsible for this implementing the activities.**[2]**

MONITORING:

Monitoring of these program activities like assessment, reorganization of labour room & OT, trainings for quality team, visits of coaching teams etc. It will be done through a dedicated web-based tracking system. This website will also regulate all the relevant guidelines, resource material, updates and progress reports.**[2]**

II. RESEARCH QUESTION:

1. How to improve the quality of care in delivery?
2. Where are the gaps in the in Labour room in Padmakunvarba General Hospital according to the *Laqshya Checklist*?

III. **RESEARCH OBJECTIVES**:

- To identify the gaps with the help of baseline assessment and recommend the changes accordingly to improve the quality of labor room

IV. STUDY METHODOLOGY:

- Study Area: Padmakunvarba General Hospital, Rajkot
- Study Design: observational study
- Data Collection Method: Both qualitative and quantitative data has been collected through the laQshya survey questionnaire, old records of the hospital and by interacting with staff and patients
- Data Collection Tool: LaQshya checklist
- Data Analysis:by using Microsoft excel
- Study Duration: 3 months
- Inclusion: labour room checklist
- Exclusion: Maternity OT checklist

Assessment Parameters:

a. Service Provision
b. Patient rights
c. Inputs
d. Support Services
e. Clinical services
f. Infection Control
g. Quality Management
h. Outcome

- Exclusion: maternity OT checklist

Source of Gathering Primary Data:

- Interreacting with hospital staff and patients
- Direct observations
- Internet

Source of Gathering Secondary Data:

- Hospital records
- Previous studies

Calculation of Scoring:

- The final score should be given in percentage, so it can be compared with other group and department.
- Calculation of percentage is as follows:

$$\frac{\text{Score obtained } *100}{\text{No. of checkpoints in checklist}*2}$$

Table 4. PRELIMINARY INTERNAL ASSESSMENT:

The first assessment was done in the month of February.

Ref. no	Area of Concern	Maximum marks	Obtained marks
A	Service Provision	22	20
B	Patient Rights	40	29
C	Inputs	108	73
D	Support Services	62	53
E	Clinical Services	184	155
F	Infection Control	74	66
G	Quality Management	70	49
H	Outcome	40	29
	Total	**600**	**474**

Results:

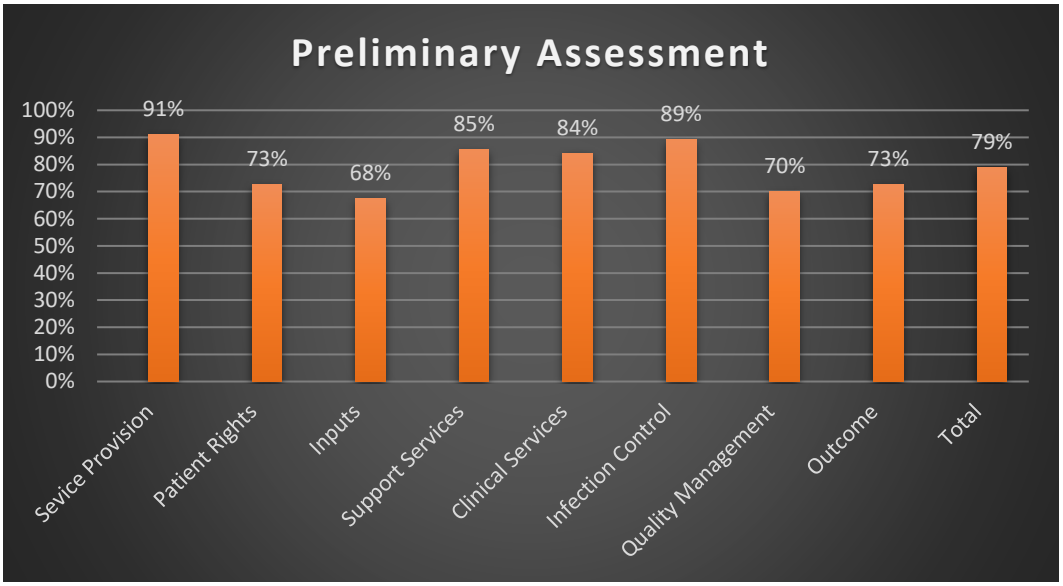

Fig.2shows the scores during preliminary assessment pertaining to various indicators. Amongst the areas concern 'Inputs' scored lowest and 'service provision' scored the highest percentage. Overall score was 79%.

Checkpoints Which Scored 0 Marks/ Major Gaps during Preliminary Assessments:

- **C1.1** Adequate Space for Delivery Table.
  Labour Table should be placed in a way that there is a distance of at least 3 ft from the sidewall, 2 ft from head and 6 ft from the second labour table.
- **C1.3(a)**Labour Room Layout Arranged in LDR Concept.
  Labour room & associated services are arranged according to labour-delivery-recovery concepts with each LDR unit comprising of 4 labour beds and dedicated nursing station and new born corner.
- **C1.3 (b)**Availability of Waiting Area and Registration Area For At Least 30 People.
- **C1.3(C)** Availability of Triage to Segregate the Patients and Examination Area With 2 Examination Beds.
- **C1.7** Unidirectional Flow of Care
  No Criss cross movement of patient, staff, supplies & equipment's
- **C2.3**The Facility Ensures Safety of Electrical Establishment.
  labour room does not have temporary connections & loosely hanging wires.
- **C2.4**Physical Condition of Building, The Anti-Skid Material Floor in Labor Room
- **C3.2** Fire Extinguishers in Labour Room

- **E1.3** Direct Admission of Pregnant Women in Labour Room
- **E3.2(A**) Essential Information Regarding Referral Facilities Are Available at Labour Room, example- names, contact details, duty schedule of responsible person, referral center name, contact detail, ambulance duty schedule
- **E3.2(b**) Follow Up of Referral Cases Recorded in Referral Out Register.
- **E18.11**Physical and Emotional Support to the Pregnant Women Means of Birth Companion of Her Choice.
- **F5.1**Layout of the Department is Conductive for Infection Control Practices, Separate Routes for Clean and Dirty Items.
- **G8.1**Facility Uses Methods for Quality Improvement in Services, PDCA &5S
- **G8.2** Facility Uses Tools for Quality Improvement in Services, Minimum 2 Tools
- **H2.1** No. Of Drug Stock Out in A Month
- **H3.1** Facility Measures Clinical Care & Safety Indicators on Monthly Basis,
  . No. Of Adverse Events Per 1000 Population,
  . No. Of Cases of Neonatal Sepsis,
  . No. Of Cases of Neonatal Asphyxia,
  . OSCE Score

FOLLOWING ACTIVITIES DONE BY THE HOSPITAL STAFF TO FULFIL THE GAPS (MAJOR/MINOR)

- Proper Signages / service information / staff name with duty list/ IEC materials(low-high risk pregnancy, hand hygiene, KMC, breast feeding, family planning etc.), all these in local languages
- Curtains between delivery tables/beds for privacy of the pregnant women
- Shifting of furniture,beds etc.
- Dedicated room for nursing and duty doctors' staff
- Fire exit plan and signages
- Ensure the availability of all necessary equipment's
- Radiant warmer direction has been changed
- New mattresses for labour tables
- Calculating and maintaining of buffer stock
- Maintenance of hand over register of new born
- Training of staff in labour room & OT for staff interview
- Safety mock drills

- Documentations according to guidelines
- Temperature record has been maintained in labour room.
- Instrument calibration
- Purchase of new delivery trays
- Installation of AC in labour room

Table 5. FINAL INTERNAL ASSESSMENT:

The final/second assessment was done in the month of March though the hospital has their final national assessment scheduled in the end of the same month.

Ref. no	Area of Concern	Maximum marks	Obtained marks
A	Service Provision	22	22
B	Patient Rights	40	37
C	Inputs	108	99
D	Support Services	62	56
E	Clinical Services	184	178
F	Infection Control	74	73
G	Quality Management	70	68
H	Outcome	40	39
	Total	**600**	**572**

Results:

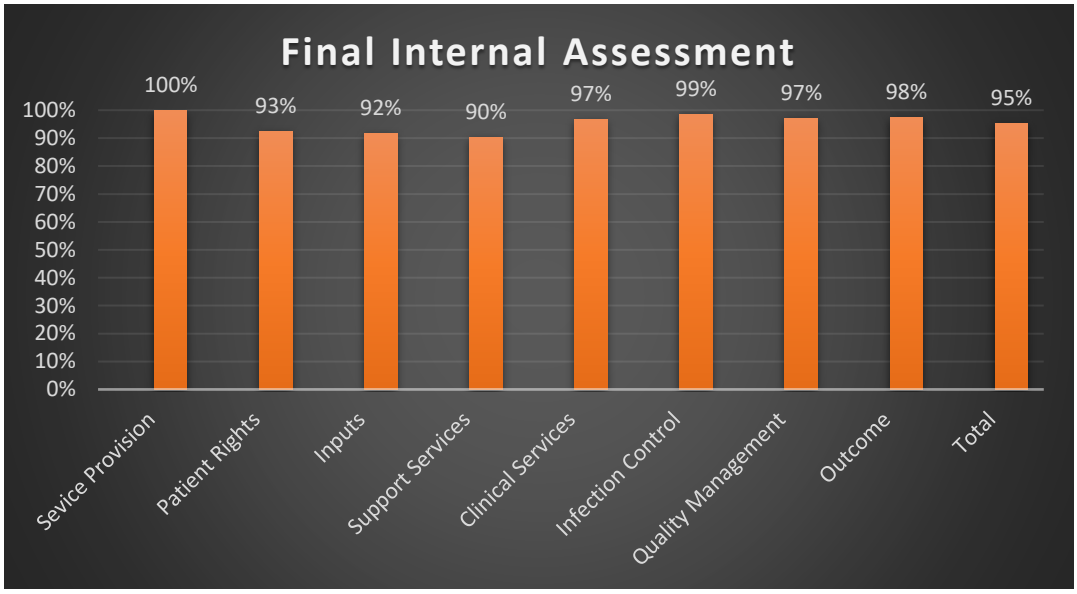

Fig 3. Analysis pertaining to final assessment suggests that support services scored lowest whereas service provision scored highest amongst the indicators. Total score of final internal assessment was 95%.

V. COMPARISON OF BOTH THE ASSESSMENT

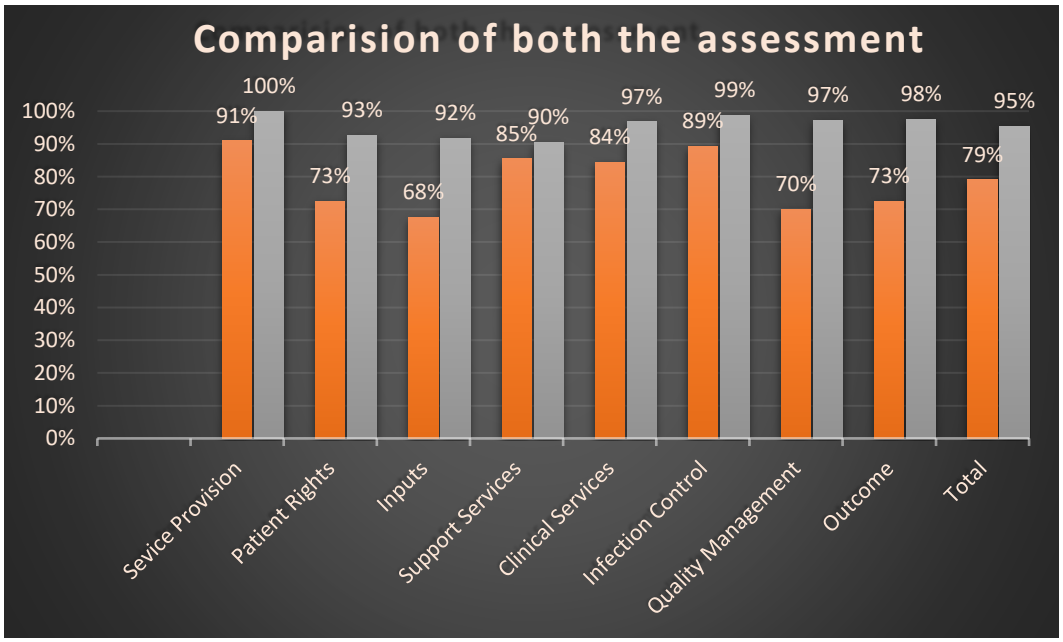

Fig.4. The comparison of both the assessment shows that the after implementation of LaQshya initiative, the public health institutions can improve in terms of quality of care to the beneficiaries.

- 3 Area of concerns where we can see a massive difference are:

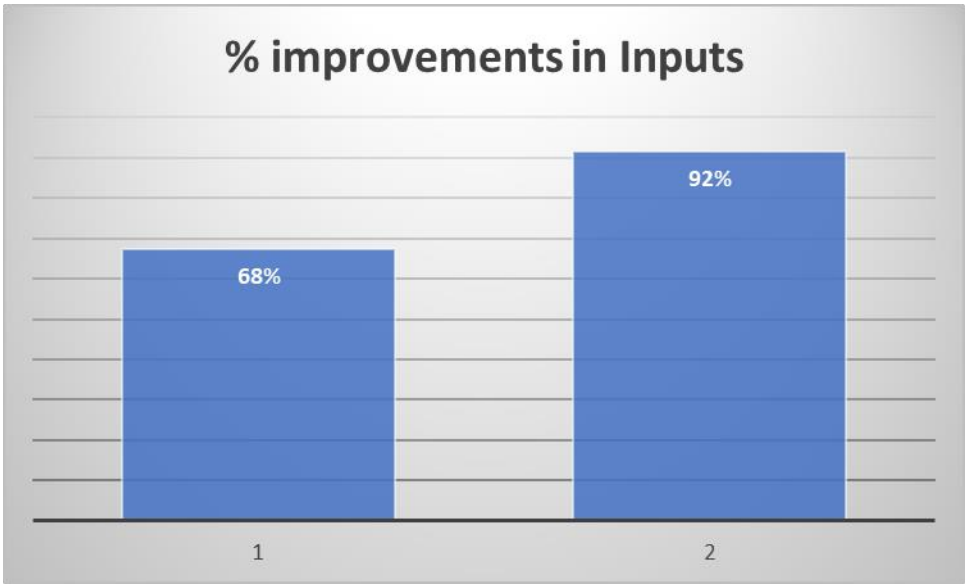

Fig.5. A 24 percent point improvement was observed during preliminary and final internal assessment for inputs. The same is shown in Figure 5.

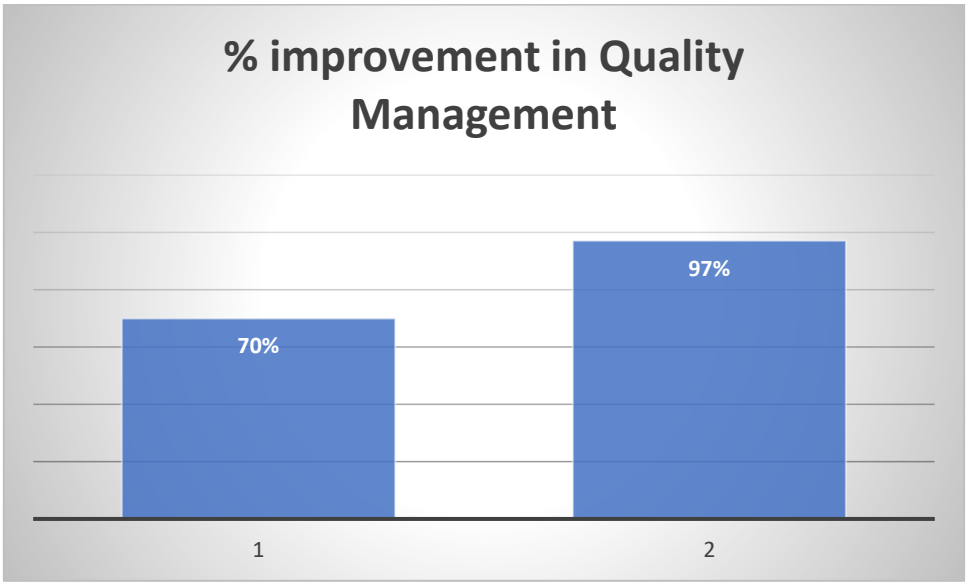

Fig.6. Another 27 percent point improvement was observed in between preliminary and final internal assessment for quality management. The same is shown in Figure 6.

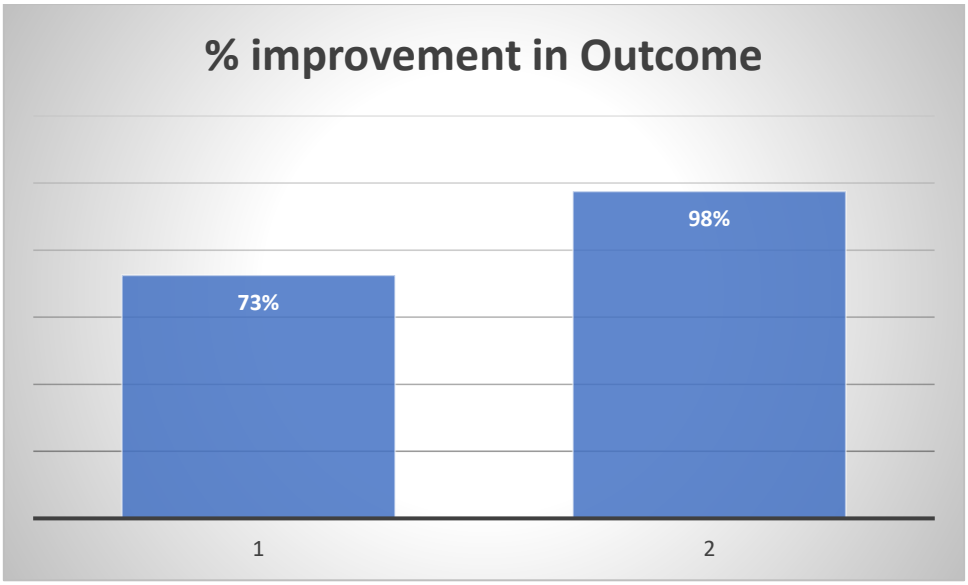

Fig.7. Also more than a quarter (27 percent point) improvements was observed in outcome while comparing preliminary assessment and final internal assessment.

LABOUR ROOM PICTURES:

DOCUMENTATIONS

CURTAINS FOR PRIVACY

FIRE EXIT

BOARDS FOR HIGH RISK CASES, HAND HYGIENE, DRUG LISTS, ETC

BORAD OF SHOWING IMPORTANCEOF BREASTFEEDING & KMCIN LOCL LANGUAGES

VI. CONCLUSION:

- Implementation of LAQSHYA INITIATIVE will help in improvement in overall quality of care in hospital but sometimes due to structural issues as the hospital was established in 1935, some gaps related to structural component cannot be fulfilled, until the new building will be constructed.
- The areas which shows major improvement because of LaQshya Initiative are inputs (from 68% to 92%), quality management, which was the priority (from 70% to 97%) and outcome (from 73% to 98%).
- Service provision, clinical & support services and infection control these 3 important areas are at their best at the time of both pre and post assessment.

VI. RECOMMENDATIONS:

- More security guards should be there in hospital.
- Communication and behavioral Training program for nursing staff, though this attribute scored lower from all other attributes in patient satisfaction survey.
- Sustain the total quality management in labour room.
- Training on team work
- Time to time internal audits in labour room should be done
- Complete documentation after LaQshyaassessment also
- Consider top to bottom suggestions from all hospital staff (from class4 staff to class 1 staff)

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