A Study to Assess The Implementation of ‘LaQshya Initiative’ in Padmakunvarba General Hospital, Rajkot

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Introduction

- Ministry of Health and Family Welfare has announced the launch of program 'LaQshya', on 11thDecember 2017 aimed at 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 Center (CHCs) and it will give benefit to every pregnant women and new-born delivering in public health institutions.
- 'LaQshya' will reduce maternal and new born mortality & morbidity, improvement in Quality of Care during delivery, emphasize satisfaction of the beneficiaries and provide Respectful Maternity Care (RMC) to all pregnant women accompanying the public health facilities.
- In the LaQshya initiative, a multi-faceted strategy like improving infrastructure up-gradation, ensuring the availability of the essential equipment's, providing the adequate human resources, capacity building of health care workers and improving quality in the labour room etc.

LaQshya Guidelines Objectives:

1. To reduce maternal and new born mortality & morbidity due to APH, PPH, retained placenta, preterm, preeclampsia & eclampsia, obstructed labour, puerperal sepsis, new born asphyxia, and sepsis, etc.

2. To improve Quality of care during the delivery and immediate post-partum care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system.

3. To enhance satisfaction of the beneficiaries visiting to the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility.

Institutional Arrangement Under Laqshya

- *AT NATIONAL LEVEL*

- LaQshya initiative will be coordinated by the ‘Maternal Health Division’ and it’s supported by the ‘Child Health Division’ and NHSRC(national health survey & research centre).
- 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.
- Monitoring of these program activities like assessment, reorganization of labour room & OT, trainings for quality team, visits of coaching teams etc.

Institutional Arrangement Under Laqshya

- *AT STATE 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.
- Conduct trainnings, monthly reports, review meetings etc regarding LaQshya done by them.
- SPO(state program officer) and State Quality Control Manager are positioned at the state level.
- They visit the LaQshya facilities in a specific period of time for assessment.

Institutional Arrangement Under Laqshya

- *AT DISTRICT LEVEL*
- At the district level, Maternal Health Nodal officer & Nodal Officer for Quality Assurance will be responsible for this implementing the activities.
- *AT FACILITY LEVEL*
- at facility level Quality circle following persons are available namely,

- Superintendent
- AHA
- Gynaecologist
- Anaesthetist
- Matron/nursing head
- RMO

Labor room & OT in-charge

Supporting staff (housekeeping, security etc)

Scoring Criteria

- Overall score should be>70%
- Score in each area of concern should be >70%
- Score in each quality standards should be >50%
- Score in 3 core standards should be >70%, which are:
- **B3.** The facility should maintain privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.
- **E18.** The facility should establish procedures for intra-natal care as per guidelines.
- **E19.** The facility should establish procedures for postnatal care as per guidelines.
- Score in patient satisfaction survey should be >80%

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:

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

Awards & Incentives

Platinum Batch

For Achieving > 90% Score

Golden Batch

For Achieving > 80% Score

Silver Batch

For Achieving > 70% Score

Medical colleges	District Hospital	Sub District Hospitals/ CHCs
• 6 lakhs	• 3 lakhs	• 2 lakhs

Checklist

Checklist for Labour Room

Ref. No.	ME Statement	Check-point	Comp-liance	Assess-ment Method	Means of Verification
Area of Concern - A Service Provision					
Standard A1	The facility provides Curative Services				
ME A1.14	Services are available for the time period as mandated	Labour room service is functional 24X7		SI/RR	Verify with records that deliveries have been conducted in night on regular basis
Standard A2	The facility provides RMNCHA Services				
ME A2.1	The facility provides Reproductive health Services	Availability of Post Partum IUD insertion services		SI/RR	Verify with records that PPIUD services have been offered in labour room
ME A2.2	The facility provides Maternal health Services	Availability of Vaginal Delivery services		SI/RR	Normal vaginal & assisted (Vacuum / Forcep) delivery
		Availability of Pre term delivery services		SI/RR	Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily
		Management of Postpartum Haemorrhage		SI/RR	Check if Medical/Surgical management of PPH is being done at labour room
		Management of Retained Placenta		SI/RR	Check staff manages retained placenta cases in labour room . Verify with records

LaQshya Assessment's Process Involves 4 Steps:

- Preliminary Internal Assessment
- Final Internal Assessment
- Peer Assessment
- External Assessment

Laqshya Assessment's Method:

- OB - Observation
- RR – Record Review
- SI – Staff Interview
- PI – Patient Interview

Research Question

- How to improve the quality of care in delivery?
- Where are the gaps in the in Labour room according to the *LaQshya Checklist* in Padmakunvarba General Hospital?

Research Objective

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

Study Methodology:

- Study Area: Padmakunvarba General Hospital, Rajkot
- Study Design: Descriptive study
- Data Collection Method: qualitative data has been collected through the laQshya checklist, 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: following 8 area of concerns:**

A. Service Provision
B. Patient rights
C. Inputs
D. Support Services
E. Clinical services+
F. Infection Control
G. Quality Management
H. Outcome

- **Source of data Gathering:**

Primary data:

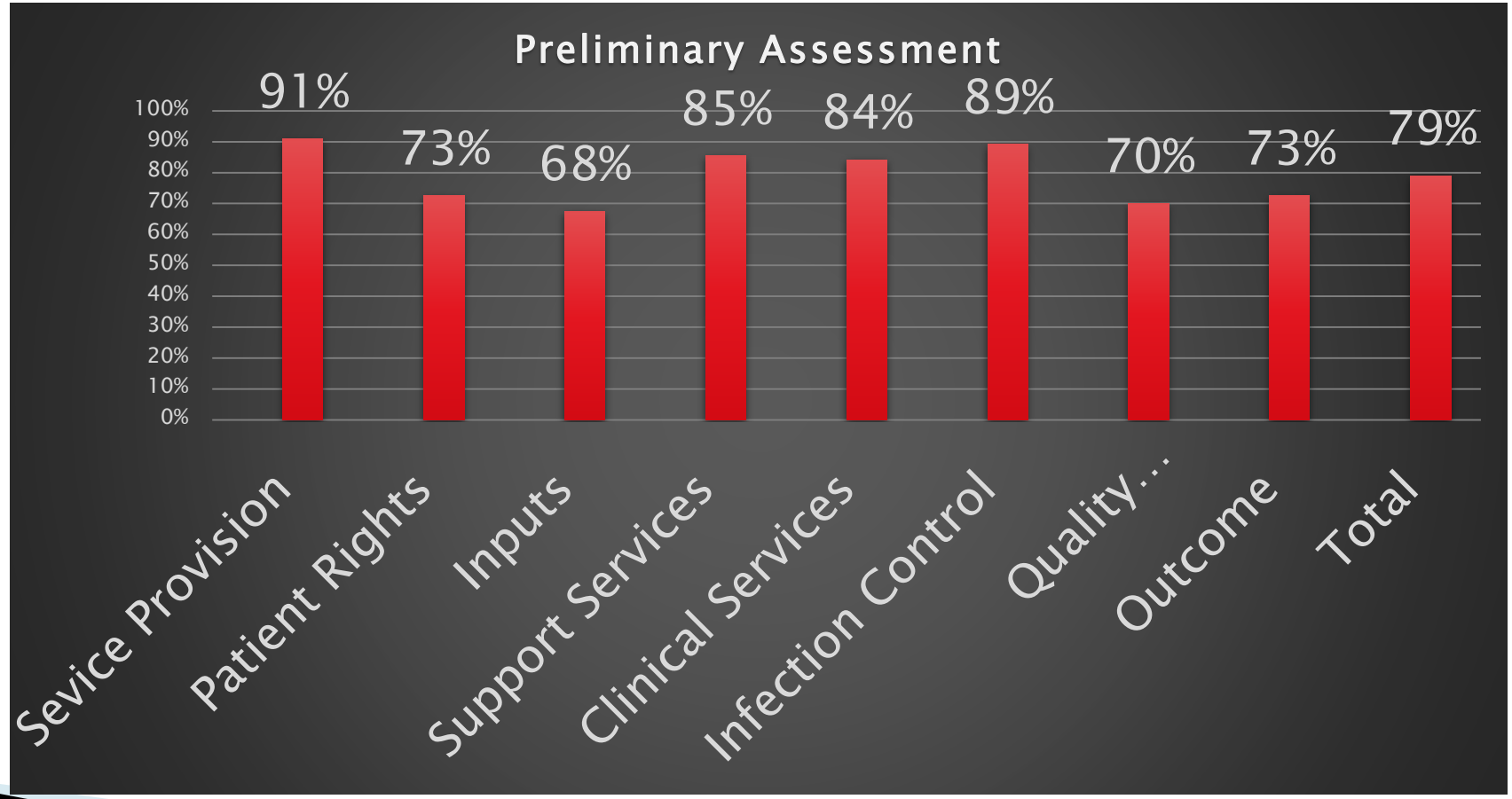
- Interreacting with hospital staff and patients
- Direct observations
- Hospital records

Secondary data:

- Internet
- Previous studies

Pre Assessment

- The first assessment was done in the month of February.



Gaps Found are:

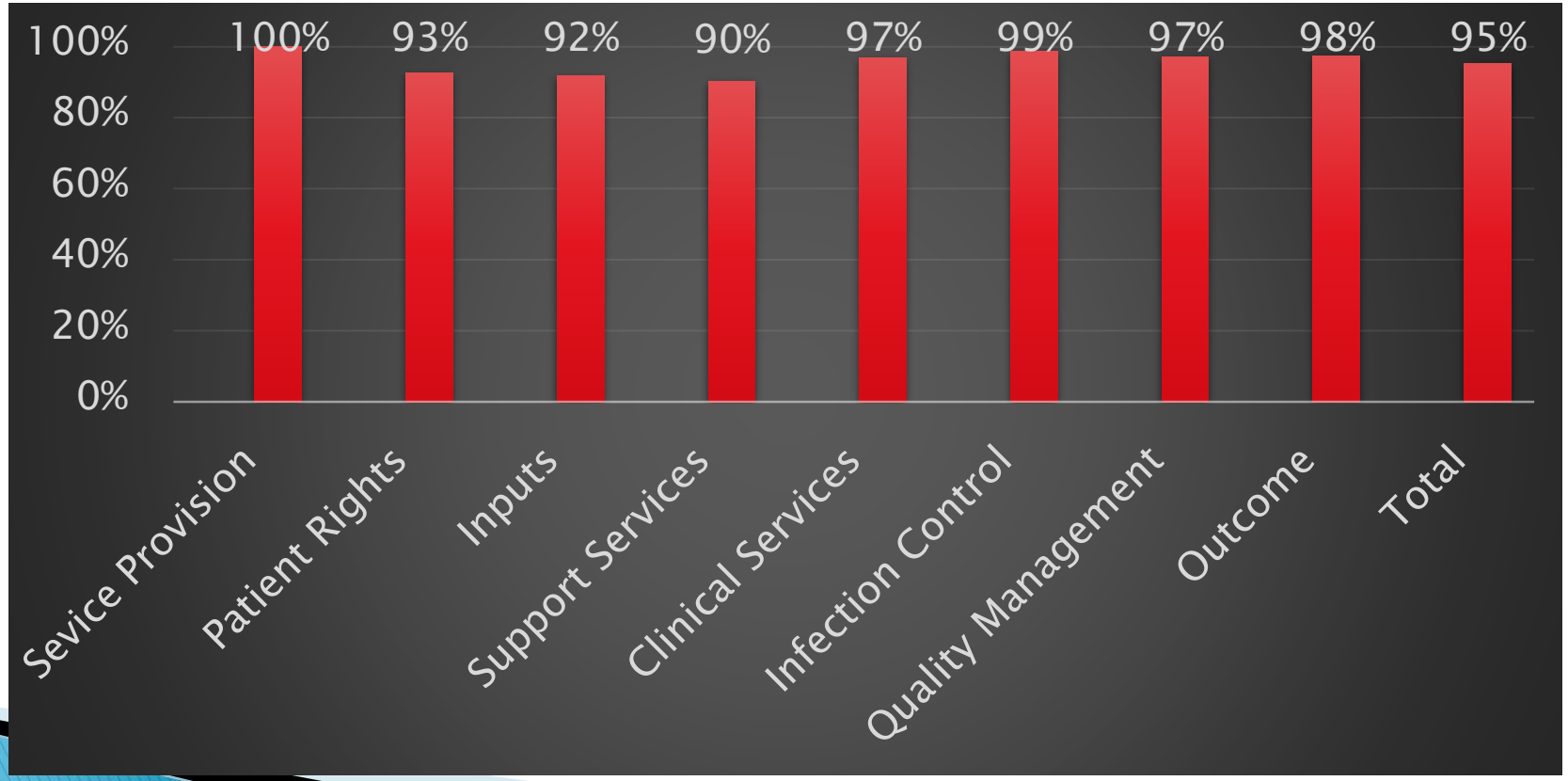
- **C. inputs:** No Adequate Space for Delivery Table.
- Labour Room Layout not Arranged in LDR Concept.
- Non-Availability of Waiting Area and separate Registration Area For At Least 30 People.
- Non-Availability of Triage to Segregate the Patients and Examination Area With 2 Examination Beds.
- Physical Condition of Building, non-availability of The Anti-Skid Material Floor in Labor Room
- No Fire Extinguishers in Labour Room
- No Direct Admission of Pregnant Women in Labour Room
- **E. clinical services**: There is no Follow Up of Referral Cases Recorded in Referral Out Register.
- **B. patient's right:** No 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
- **G. quality management:** Quality management is done partially.
- **H. outcome:** Outcome indicators are incomplete.
- **D. Support services :** No maintenance of temperature in labour room

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

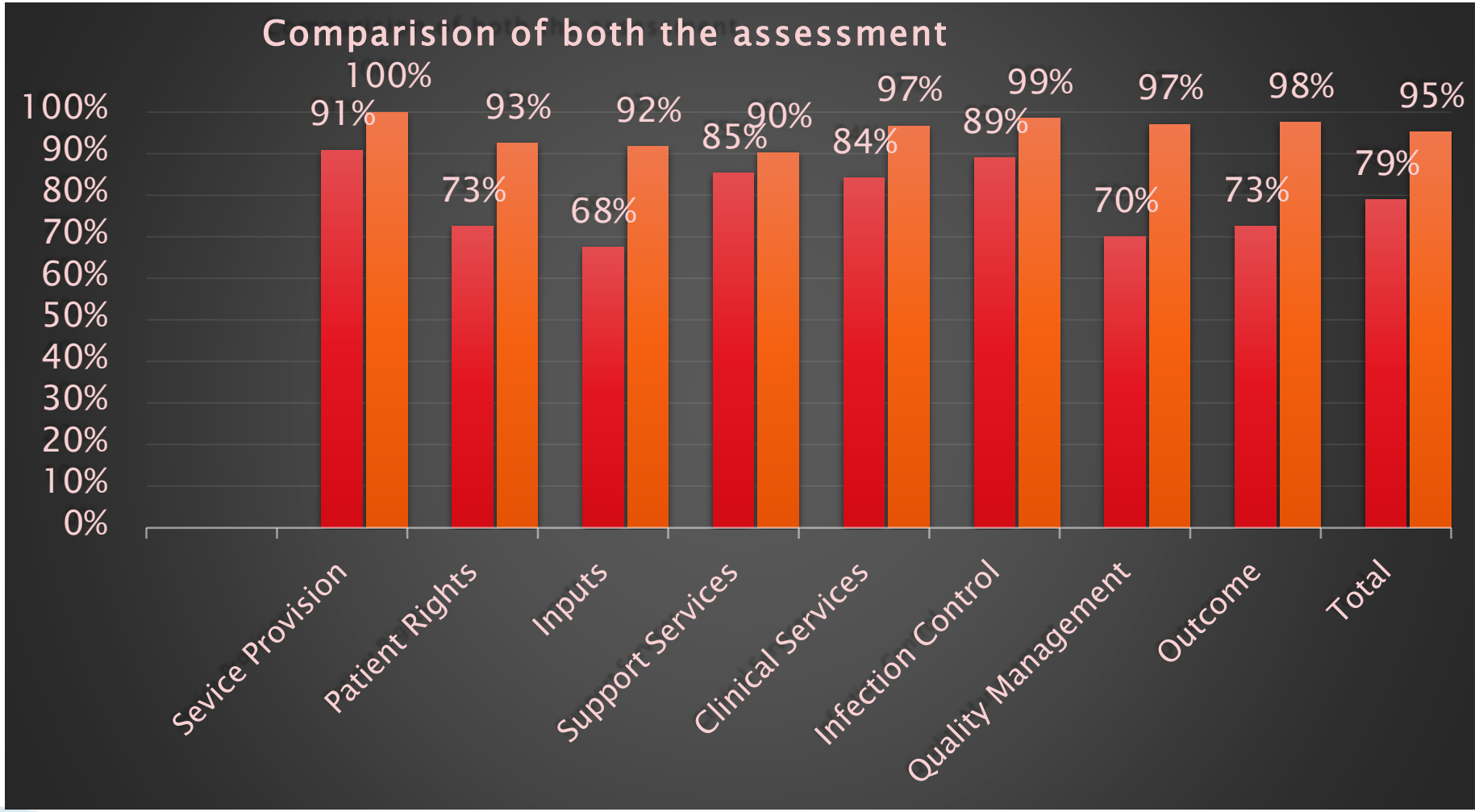
- **B. Patient's right:** Proper Signages / service information / staff name with duty list/ IEC materials (low-high risk pregnancy, hand hygiene, KMC, breast feeding, family planning etc.), all these in local languages
- Curtains between delivery tables/beds for privacy of the pregnant women
- **C. Inputs**: 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
- Maintenance of hand over register of new born
- **G. Outcome**: Training of staff in labour room & OT for staff interview
- Safety mock drills
- **E. clinical services**: Documentations according to guidelines
- Temperature record has been maintained in labour room.
- **D. Support services**:
- Calculating and maintaining of buffer stock
- Instrument calibration
- Purchase of new delivery trays
- Installation of AC in labour room

Post assessment after gap closer

- The final/second assessment was done in the month of March though the hospital has their final national assessment in that month ends.



Comparison of both



Conclusion

- Implementation of LAQSHYA INITIATIVE helped in improvement in overall quality of care in hospital.
- The areas showed major improvement due to LaQshya Initiatives were inputs (from 68% to 92%), quality management (from 70% to 97%) and outcome (from 73% to 98%).
- Service provision, clinical & support services and infection control these 3 important areas found at their best at the time of both pre and post assessment.

Recommendations

- MANPOWER:

Inputs: More security guards should be there in hospital. It should be 6.

- TRAINING:

Outcome: Communication and behavioral Training program for nursing staff, though this attribute scored lower from all other attributes in patient satisfaction survey.

- Training on team work
- AUDIT:

Outcome Time to time internal audits in labour room should be done

- DOCUMENTATION:

Clinical services: Continue documentation after LaQshya assessment also.

- MISCELLANEOUS:

Consider top to bottom suggestions from all hospital staff (from class 4 staff to class 1 staff)

- **Inputs:** Sustain the total quality management in labour room.

PRIVACY CURTAINS

DOCUMENTATION

FIRE EXIT

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

FIRE EXIT GATE-2

FIRE EXTINGUISHER & ITS TECHNIQUES

BORAD OF SHOWING IMPORTANCE OF BREASTFEEDING & KMC IN LOCAL LANGUAGES