Study on Impact Evaluation of Implementation of Laqshy Initiative: To Improve the Quality of Care in Labour Room at Comrade Jagdish Chander Freedom Fighter Civil Hospital, Sangrur

By

Suhani Heena

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Suhani Heena** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **COMRADE JAGDISH CHANDER FREEDOM FIGHTER CIVIL HOSPITAL, SANGRUR** from 1st **FEBRUARY 2018 to 30th April 2018**.

The Candidate has successfully carried out the study designated 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.

May 18, 2018

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No. PHSC/QA/18/ 1592 Dated 1.5.18

TO WHOM IT MAY CONCERN
CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Ms. Suhani Heena student of MBA in Hospital and Health Management, IIHMR Jaipur has successfully completed three months dissertation in health facility as allotted under Punjab Health Systems Corporation, Punjab from 01.02.2018 to 30.04.2018.

During the dissertation the student's performance was satisfactory.

We wish her success in all her future endeavors.

(Varun Roojam) I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health and Family Welfare, Pb.

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A STUDY ON IMPACT EVALUATION OF IMPLEMENTATION OF LAQSHYA INITIATIVE TO IMPROVE THE QUALITY OF CARE IN LABOUR ROOM** submitted by **SUHANI HENNA** Enrollment No. **IIHMR-U/01/2016-2018/0506** under the supervision of **Dr. ALOK KUMAR MATHUR** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from **01. 02. 2018 to 30. 04. 2018** 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.

Suhani Heena

Signature

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Sincerely,
Suhani Heena
MBA-HM (2016-2018)

Table of Contents

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS

MOHFW	Ministry Of Health and Family Welfare
GOI	Government of India
DH	District Hospital
SI	Staff Interview
RR	Record Review
PI	Patient Interview
OB	Observation
NHM	National Health Mission
PDCA	Plan- Do-Check –Act
RMNCHA	Reproductive Maternal Newborn Child and Adolescent Health
PHSC	Punjab Health Systems Corporation
NHSRC	National Health Systems Resource Centre

PROJECT TITLE: "A STUDY ON IMPACT EVALUATION OF IMPLEMENTATION OF LAQSHYA INITIATIVE: TO IMPROVE THE QUALITY OF CARE IN LABOUR ROOM AT COMRADE JAGDISH CHANDER FREEDOM FIGHTER CIVIL HOSPITAL, SANGRUR"

I .INTRODUCTION

The Ministry of Health and Family Welfare launched '**LaQshya program**' aimed at improving quality of maternity care in Labour room. The program aims to improve quality of care for pregnant women in labour room. 'LaQshya' will reduce maternal and newborn morbidity and mortality, improve quality of care during delivery. The Program aims at implementing 'fast-track' interventions for achieving tangible results within 18 months.Under the initiative, a multi-pronged strategy has been adopted such as improving infrastructure up-gradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers and improving quality processes in the labour room.

Objective of the award scheme

Broad Objective

To reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in Labour room and ensure respectful maternity care.

Specific objective

- 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.

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

LAQSHYA ASSESSMENT PROCESS

The assessment process for LaQshya Scoring involves four steps:

1. **Preliminary Internal Assessment**
    - Scoring Done by hospital staff
    - Gaps are found
    - Gaps fulfillment is done

2. **Final Internal Assessment**

    - Scoring done by the same team

3. **Peer Assessment**

    - The facilities are assessed by the other hospital teams from the district and the scoring is done

4. **External Assessment**

    - Only the facilities obtaining 70% in peer assessment, qualify for this step
    - Done by a team of experts nominated by the State

All the facilities scoring above 75% in external assessment are given Rupees 3 Lakhs and a motivational Certificate of Commendation.

AWARD SCHEME

for th

Criterion I- Overall Score > 70%

Criterion II- Score in Each Area of Concern > 70%

Criterion III- Score in three Core Standards > 70%

Criterion IV- Score in each Applicable Quality Standard >50%

Criterion V- Satisfaction > 80%

Core-Standards

Standard B 3 - "The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information."

Standard E 18 - "The facility has established procedures for Intranatal care as per guidelines."

Standard E 19 - "The facility has established procedures for Post-natal care as per guidelines."

AWARD INCENTIVES

Facilities	Expected Outcomes	Commendation
CHC & SDH:-	Labour Room Certification, 75% Achievement of targets of Quality, 80% satisfaction of Beneficiaries.	Rupees 2 lacs
District :- Hospitals	Labour Room Certification, 75% Achievement of targets of Quality.	Rupees 3 lacs
Medical Colleges	Labour Room Certification, 75% Achievement of targets of Quality, 80% satisfaction of Beneficiaries.	Rupees 6 lacs

SCORING OF THE CHECKLIST

REFERENCE NO.	CRITERIA	WEIGHTAGE
A to H		
A	**SERVICE PROVISION**	
A1	Curative Services	2
A2	RMNCHA Services	18
A3	Diagnostic Services	2
B	**PATIENT RIGHTS**	

B1	Information to Care Seekers, Attendants& Community about the available Services	8
B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	6
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 that there is financial protection given from the cost of hospital services.	2
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 Programme for fire safety and other disaster	6
C4	The facility has adequate staff	10
C5	The facility provides drugs and consumables required for assured services.	20
C6	The facility has equipment & instruments required for	28

	assured list of services.	
C7	Facility has a 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 Programme for inspection, testing and maintenance and calibration of Equipment.	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 Programme for maintenance and upkeep of the facility	14
D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	8
D6	The facility ensures clean linen to the patients	4
D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	2
D8	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	2
E	**CLINICAL SERVICES**	
E1	The facility has defined procedures for registration, consultation and admission of patients.	8

E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	10
E3	The facility has defined and established procedures for continuity of care of patient and referral	12
E4	The facility has defined and established procedures for nursing care	10
E5	The facility has a procedure 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 patients' clinical records and their storage	14
E9	The facility has defined and established procedures for Emergency Services and Disaster Management	2
E10	The facility has defined and established procedures of diagnostic services	2
E11	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	6
E12	The facility has defined and established procedures for end of life care and death	6
E13	The facility has established procedures for Intranatal care as per guidelines	72
E14	The facility has established procedures for postnatal care as per guidelines	16

F	**INFECTION CONTROL**	
F1	"The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	6
F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	14
F3	The facility ensures standard practices and materials for Personal protection	20
F4	The facility has standard procedures 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 Bio Medical and hazardous Waste.	26
G	**Quality Management**	
G1	The facility has established organizational framework for quality improvement	2
G2	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.	4
G3	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	28
G4	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	6

G5	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	16
G6	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them	4
G7	The facility seeks continually improvement by practicing Quality method and tools.	6
G8	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	2
H	**OUTCOME**	
H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	12
H2	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	24
H3	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	**6**

Table 1

Institutional framework for implementation of Kayakalp

National Level

A high level advisory body--Guides the overall strategic direction of the program

Members- Joint Secretary (RCH) will be heading this unit with Deputy Commissioner/IC (MH) as the convenor. Group will have 10-12 experts consisting of senior members from MoHFW and partner agencies.

Meeting frequency- HLAG will meet once in every two months for first six months and once a
quarter thereafter.

National Mentoring Group- NMG will provide operational support to the states for effective implementation

- Development of resource package
- Planning for various training cascades, Contributing to orientations and
- trainings
- Baselines and budgeting guidance to states
- Ensuring effective roll-out and time bound implementation of program at
- national and state level
- Oversee and support program progress in respective states

Members:- Deputy Commissioner/IC (Maternal Health) will be heading the NMG . There will be around 25-30 members in the NMG drawn from MoHFW, Program Management Unit and partner agencies.

National Mentoring Group

State Allocation- Each NMG member will be assigned 1-2 states as directed by MoHFW. The member will coordinate with the concerned SMG and be responsible for the smooth running of the program in the allotted state Capacity building of national mentors. The National Mentors will be oriented on operational aspects of the program like: Program goals and objectives ,Baseline checklists, Program indicators , Program structures, Flow of activities ,

Certification processes, Improvement cycles, Review processes, Program tools, Reporting mechanisms.

Role of National Mentors:- Coordinate with state nodal persons for planning and implementation.
Support planning activities related to baseline gap assessment, capacity building and six quality improvement cycles. Facilitate NHM budget preparation for LaQshya.. Facilitate states to timely submit all relevant information and formats. Cultivate team approach at state level to make a unified team for LaQshya with partnership from MH division, QA division, Department of Medical Education and
various Development Partners. Providing guidance to states to fulfil immediate and short term targets during first 4 and 8 months. Visit at least one facility in each state visit to guide facility level progress.
Participate in state review meetings

State Level

State Nodal person- Responsible for overall coordination and progress of the program in the state. It is recommended that the state officer for maternal health is designated as state nodal person for LaQshya.

State Mentoring Group (SMG)- The Mission Director, NHM would constitute the State Mentoring Group.

Members – 10-15 experts from state NHM, SHSRC/SQAC, Medical Colleges and Partner agencies.. A LaQshya nodal person from each medical college shall be a part of SMG (The nodal person can be a faculty from either of the Departments of Obstetrics and Gynecology, Paediatrics and Community Medicine)

Suggested members for SMG- Chairperson: Mission Director (NHM), Additional/Joint /Deputy Director (Maternal and/or Child Health), State Nodal

officers of Program divisions, State Nodal Officer-Quality Assurance, State NHM consultants-Quality Assurance, Maternal Health, Child health., Members from professional associations like IMA or state medical Associations. LaQshya nodal persons from each medical college in the state, Faculty from Medical College, National Institutions and medical education, Department (Gynaecology & Obstetrics, Paediatrics, Hospital Administration, Community Medicine Department). One expert for IEC, Procurement and Supply Chain Management. Members from development partners working in the state for maternal health,
child health or Quality improvement.

Responsibilities of state mentors- Overall Support to LaQshya program activities in states ,Identification and finalization of facilities, Baseline assessments, Planning and implementation of trainings and operationalization of improvement cycles, Leverage funds for the program through state PIPs, Mentoring and training of district teams & Program reviews.

District Level

Chief Medical Officer - Overall in-charge of district performance of LaQshya

District Coaching Team (DCT)– 1. District Nodal officer for LaQshya - District Family Welfare Officer/DPO for Maternal health - Responsible for day to day coordination and progress of LaQshya activities in the district
2. An obstetrician from the district as a technical resource for the DCT
3. Coaching/mentoring members- A district level technical consultant for supportive supervision/mentoring on technical packages of QI, DQAU member or District Quality Consultant. In LaQshya districts with medical colleges, a clinical coaching person from the medical college should also be identified.

Responsibilities of District Coaching Team- Minimum 2 visits per month to each LaQshya facility. Four visits per improvement cycle: First visit to initiate cycle followed by 3 mentoring visits. Identifying the training needs for LaQshya facilities . Mentoring of the QI teams, Support for the campaign and its

monitoring. To provide on site training on resource packages for improvement cycles. Hand-hold the quality improvement process to achieve improvement targets, Sample verification of the indicators, Monitoring, reporting and analysis of the indicators. Peer assessment & support for the NQAS Certification

Facility Level

Quality Teams (QI teams) –
All district have a quality team constituted already.To overall facilitate and support the quality improvement work in the facility

Quality Circle/Quality Improvement team – Informal groups of the staff in Labour Room that works in coordination with Quality teams, Quality circle or improvement teams, Gynaecologist, Medical Officer, Matron/Nursing In-charge for Labor room, OT In-charge, Support Staff like Aya, LR Attendant, Housekeeping or security staff, Pharmacy / Store keeper

Responsibilities of QC/QI teams- To work as a cohesive unit working towards specific goals and objectives of each rapid improvement cycle. Ensuring adherence to Protocols & Clinical guidelines. To conduct monthly meeting and discuss pertinent issues, monitoring of progress and prioritization of actions to be taken. Assessment of Labour room & operation theatre using the NQAS Departmental. Check-lists and Gap Analysis. Prioritisation and Action planning for closure of gaps as per 'Maternal and New-born Health Toolkit' and 'Guidelines for Standardisation of Labour Rooms at Delivery Points'. Collation of data elements, required for monitoring of Indicators. Periodic and regular reporting of Indicators. Also analysis of indicators and making efforts to reach the benchmarks.

External Assessment Team

Each team will consist of 3 members, one of them would be independent i.e. not from the government

- State Program Officers
- Trained Internal and External assessors for NQAS (The External assessors are trained by NHSRC)
- Faculty from Medical Colleges and Hospitals
- Retires Senior Health Officials

LAQSHYA BRANDING

SILVER BADGE- Achieving more than 70% score.

GOLD BADGE- Achieving more than 80% score.

PLATINUM BADGE- Achieving more than 90% score.

II. OBJECTIVES

Broad Objective

To reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT and ensure respectful maternity care.

Specific objective

- 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.

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

IV.STUDY METHODOLOGY

The study was carried at Comrade Jagdish Chander Freedom Fighter Civil Hospital, Sangrur from February 1, 2018 to April 30, 2018.

District Hospital Ludhiana caters to around 21000 Outpatient load, 2000 Inpatient load and 500 deliveries a month. Labour Room was a major concern in the hospital due to huge delivery rush. Thus LaQshya was implemented with the aim of improving the Quality of Labour Room.

- Study area –.Comrade Jagdish Chander Freedom Fighter Civil Hospital, Sangrur

- Study design – Observational Study

- Data Collection– Direct Observation, Record Review and Interview(Staff, patient and patient attendants)

- Data analysis – Using Microsoft Excel.
- Duration of Study**:** 3 months

- PARAMETERS ASSESSED

The parameters on which the performance of the facility would be judged are as follows:

1. Service Provision
2. Patient Rights
3. Inputs
4. Support Services
5. Clinical Services
6. Infection Control
7. Quality Management
8. Outcome

Data Collection Method :- Qualitative& Quantitative data collected through survey questionnaire, record and personal interview of the staff, patients as well attendents.

1. Collection through direct observations.
2. Interacting with the patients or the attendants of the patients of this hospital.
3. Interacting with the staff of this hospital
4. Information obtained through Hospital records.
5. Information gathered through internet.

Scale for rating responses

- 2 Marks for 100% Compliance
- 1 Mark For 50-90% Compliance
- 0 Mark for less than 50% Compliance

Source of Information for secondary data

- Various Hospital records
- Previous study report if any

PRELIMINARY INTERNAL ASSESSMENT

This was the first assessment done from February 5,2018 to February 28, 2018

Data interpretation and results (From First assessment)

- Total Score after First Assessment : 59%
- Score for Service Provision : 100%
- Score for Patient Rights: 82%
- Score for Inputs: 66%
- Score for Support Services: 49%
- Score for Clinical services : 66%
- Score for Infection Control : 72%
- Score for Quality Management: 10%
- Score for Outcome : 0%

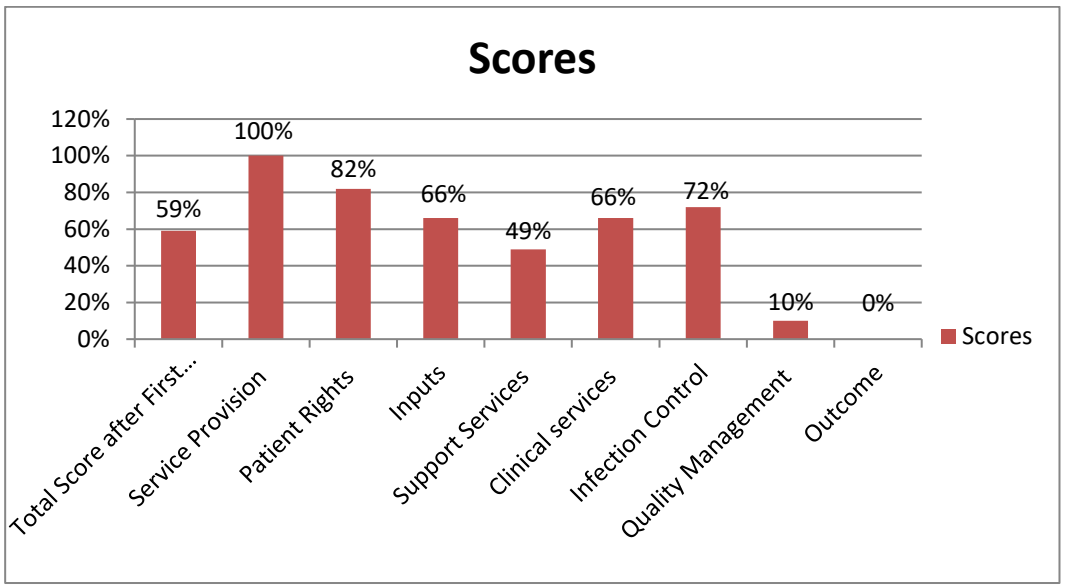


Figure 2

SN	Measurable Element	Means of Verification	Action to be taken	Responsibility	Timeline
1	The facility has uniform and user-friendly signage system	Numbering, main department and internal sectional signage . Restricted area signage displayed. Directional signages are given from the entry of the facility	To display the Name of each department and directional signage from entry to the facility	SMO/Clerk	23rd March 2018
2	Patients & visitors are sensitised and educated through appropriate IEC / BCC	Breast feeding, kangaroo care, family planning etc (Pictorial and chart) in circulation area	To print out the Family planning Pictoral chart and High risk pregnancy Poster and	SMO/Clerk	16th March 2018

	approaches		display in the Post natal ward		
3	Information is available in local language and easy to understand	Check all information for patients/ visitors are available in local language	To display the Name of each department and directional signage from entry to the facility Menitoned in 1st row in Local Language	SMO/Clerk	23rd March 2018
4	Services are provided in manner that are sensitive to gender	pregnant woman, her birth companion, doctor, nurse/ANM on duty, and other support staff	As discussed in District Hospital Labour room Committee meeting SMO will discussed with DMC for round the clock security guard and deploy Security Guard in the Labour room to prevent the entry of excessive relatives in Post natal ward and unnecessary	DMC/SMO	30th March 2018

			entry in the labour room		
5	Departments have adequate space as per patient or work load	Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6' from the second table	Shortage of Delivery table and space as per the workload. Space shortage will be solved with the construction of MCH unit. For delivery table DMC to transfer Unutilized labour table from nearby PHC in Labour room to solve the labour table shortage	DMC/SMO	23rd March 2018
6	Patient amenities are provide as per patient load	Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept Labour Room should have two dedicated toilets for each LDR units . Toilets are provided with western style toilet seats.	Structural Gaps. Can be solved with the construction of Newer MCH Unit		
7		For Patient &	Structural		

		companion	Gaps. Can be solved with the construction of Newer MCH Unit		
8	Departments have layout and demarcated areas as per functions	Labour Room and 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	Shortage of Delivery Table can be sorted as discussed in point 5. Availability of LDR unit can be solved with the construction of New MCH unit	DMC/SMO	
9		Dedicated reception and registration area the entry of Labour Room Complex with registration desk and seating arrangement for 30 people in waiting area	Ramp at the entrance of Labour room can be utilized for providing seating arrangement to the patient relative by restricting the entry with Security gurad as discussed in point number 4	DMC/SMO	23rd March 2018
10		Dedicated Triage & Examination room with two examination beds for segregation	Structural issue. Can be sorted out by construction of	DMC/SMO	23rd March 2018

		of High & Low Risk patients	newer MCH unit. For time possibility of using eclampsia room for this purpose can be explored in already existing labour room.		
11		One Dedicated Newborn care area for each four tables. There should be no obstruction between labour table and Newborn corner for swift shifting of newborn requiring resucitationRadiant Warmer Should have free space from three sides	Due to shortage of space Radiant warmer is placed in both the corner due to which free space from three sides is not available. Possibility of arranging Radiant warmer in the already existing labour room can be worked out so that it can have free space from three sides can be explored	SMO/DTO/ic Gynecologist	16th March 2018
12		Dedicated rooms for	Dedicated		

		Nursing staff and Doctors provided with beds, storage furniture and attached toilets	Room for Doctors and Nursing Staff is not available. Structural issue Can be solved with the construction of New MCH Complex		
13		Separate Clean & Dirty Utility room for Storing Sterile and Used goods respectively	Dedicated Clean and Dirty Utility room is not available. Structural issue Can be solved with the construction of New MCH Complex		
14	The facility has infrastructure for intramural and extramural communication		Dedicated Telephonic line can be placed in Emergency department, Nursing sister room and Labour room for internal communication as well as for		

			communication with other facility during referral		
15	Service counters are available as per patient load	Less than 20 Deliveries/ Month -1 20-99 Deliveries/ Month - 2 100- 199 Deliveries/Month -4 200- 499 Deliveries/Month -6 More than 500 Deliveries- Conventional Labour Room - Monthly Delivery Cases X 0.014 (Labour- Delivery-Recovery) LDR format - Monthly Delivery Cases X.028	As per the guidelines, 6 delivery table need to be present in the labour room. Only 2 labour table is present. 1 more labour table can be accomodated as discussed in point no. 5	DMC/SMO	23rd March 2018
16		Services are designed in a way, that there is no criss cross in moment of patient, staff, supplies & equipment	Structural Issue. Can be sorted out by construction of newer MCH unit.		
17	The facility ensures the seismic safety of the infrastructure	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and	Furniture like Cupboards, Cabinets and hanging objects in the labour room	SMO/Clerk	30th March, 2018

		secured	needs to be fastened and secured with the wall		
18	Physical condition of buildings are safe for providing patient care	The floor of the labour room complex should be made of anti-skid material. Each window have 2-panel sliding doors. The outside panel be fixed The second panel should be moving with frosted glass and a lock.	Structural issue can be solved with the construction of New MCH Unit		
19	The facility has plan for prevention of fire	Check the fire exits are clearly visible and routes to reach exit are clearly marked.	To prepare Fire exit plan in the labour room and clearly display it in the Labour room complex	SMO/Clerk/DTO	30th March, 2018
20	The facility has adequate specialist doctors as per service provision	1 OBG/ EmoC 1 Paediatrician always available on call	To ensure the round the clock availability of specialist, Days to be equally distributed among Gynecologist and paediatrician	DMC/SMO	16th March 2018

			and display in labour room so that staff nurse can call that particular Specialist		
21	The facility has adequate general duty doctors as per service provision and work load	4 Medical Officers	Shortage of Medical officer. Formal Communication can be done to State office for deployment of same	SMO/DFPO/Civil Surgeon	30th March 2018
22	The facility has adequate nursing staff as per service provision and work load	Deliveries Per month- 100-200- 4 200-500 -8 > 500 - 10	Shortage of Staff nurse. Formal Communication can be done to State office for deployment of same. For timebeing staff nurse at nearby facility with low delivery load can be posted in the labour room		
23	The facility has adequate support / general staff		in pursuance to the point number 4, Entry to the labour room to	SMO/DMC	23rd March, 2018

			be restricted for Pregnant women and Birth companion and stool for birth companion can be kept in labour room.		
24		At least 1 sanitary worker and 1 security staff per shift	As discussed in point number 4	SMO/DMC	23rd March, 2018
25	Availability of equipment & instruments for examination & monitoring of patients	1 Digital BP apparatus, 1 Stethoscope, 1 Adult Thermometer , 1 Baby Thermometer, 1 baby forehead thermometer, 1 Handheld Fatal Doppler , 1 Fetoscope, baby weighting scale for each four labour tables , Measuring Tape	All equipments have been purchased by SMO		
26		Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 &1 no.), sterilized thread for cord/cord clamp,	40-50 Towel for Baby is procured and lying in the store. It can be utilized and kept in the	SMO/Gynecologist/Staff nurse incharge for store	16th March 2018

		nasogastric tube are present in tray	Delivery table. As discussed in District hospital labour room committee, To outsource the dhobi who can collect the used towel and supply it next day. The same washed Towel can be kept inside the Delivery tray so that it gets autoclaved. 1 Box can be purchased for keeping all the items of the Baby tray in the box		
27		Speculum, anterior vaginal wall retractor, posterior wall retractor, sponge holding forceps, MVA syringe, cannulas, MTP, cannulas, small bowl of antiseptic lotion, are present in tray	To purchase the Items mentioned in adjoining row for preparation of MVA Tray and to be kept in labour room. Gynecologist to give indent	Gynecologist/SMO/Clerk	

			for items required for MVA tray as mentioned in adjoining row and provide to SMO. SMO to inititate procurement of same		
28		Pediatric resuscitator bag 1 with masks of 0 and 1 sizeOxygen, Suction machine/ mucus sucker , laryngoscope for baby & Suction machine, Oxygen, mouth gag, for mother	To make available 240 ml and 0 size mask in the labour room	SMO/Clerk	
29	Availability of functional equipment and instruments for support services	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush. Boiler/Autocalve,	To provide separate mops for labour room. Bucket for preparation of Chlorine solution is made available in the labour room.	SMO/Clerk	16th March 2018
30	Departments have patient furniture and fixtures as	Delivery tables with facility of Trendelenburg/reverse position and hight	Old Labour table is available. To procure the	DMC/SMO	13th April 2018

	per load and service provision	adjustment. Fitted with Adjustable Side Rails , Wheels and steel basin attachment. Washable Three part mattress detachable at perineal end. Calf support hand grip and leg support. Kelly's pad.	delivery table with configuration mentioned in adjoining cell		
31	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done	No competency assessment is done of clinical and para medical staff and no record was present. To seek Competency assessment checklist from state on of clinical and para medical staff and to start performing competency assessment	DFPO/SMO	06th April 2018
32		Traiing on Quality Management	Non usage of Quality Assessment tool like	Gynecologist/ Nursing Sister	23rd March

			PDCA, 5S. Action planning has been done on Postnatal vital monitoring, Discharge vital monitoring and partograph monitoring in the labour room. To conduct regular meeting on Quality Improvement of labour room and problem solving using Quality management tool and documentation of same in the register		
33	The facility has established procedure for internal and external calibration of measuring	BP apparatus, thermometers, weighing scale , radiant warmer Etc are calibrated . Check for records /calibration stickers	Can seek guidance from State on modalities to appoint agency for External calibration and to appoint	DMC/SMO	

	Equipment		person for internal calibration of Equipment at regular interval		
34	The facility ensures proper storage of drugs and consumables		Fulfilled. Drugs are now stored in the Crash cart and are properly labeled		
35		Empty and filled cylinders are labelled	No such labelling is done. Labelling can be started and documentation of the same can be doen	Chief Pharmacist/SMO	23rd March 2018
36		Records for expiry and near expiry drugs are maintained for drug stored at department	Drug should be stored in the store such that early expiry drugs are kept in front and to be utilized First by Early expiry first Out (EEFO) method	Chief Pharmacist/SMO	23rd March 2018
37	There is a procedure for periodically replenishing	There is no stock out of drugs	Labour room Incharge staff nurse has been instructed to	Chief Pharmacist/SMO	23rd March 2018

	the drugs in patient care areas		give First 2 month requirment and thereafter give indent within 1st 5 days of the starting of the month. 1 month requirement should be kept as buffer. The requiement has been given by LR staff nurse but to ensure no stock out of drugs supply of the same should be done timely by indenting from Store house or by local procurement		
38	There is process for storage of vaccines and other drugs, requiring controlled temperature	Check for temperature charts are maintained and updated periodically	ILR is kept in labour room but no temperature recording has been done. Staff nurse should be instructed to	SMO/Gynecologist/Nursing Sister/Staff Nurse	16th March 2018

			note the temperature of ILR and record it in the register at the start of her duty		

ACTIVITIES CARRIED OUT BY HOSPITAL AUTHORITIES TO IMPLEMENT LAQSHYA GUIDELINES

These activities were carried out by the hospital authorities after gap analysis from the Preliminary internal assessment.

These gaps were fulfilled during the period March 1, 2018 to April 20, 2108

1. Uniform and user friendly signages were placed
2. IEC material regarding high risk pregnancy and family planning were displayed
3. Name of each department and directional signages were displayed
4. One delivery table were purchased
5. The direction of Radiant warmer had been changed and now it can be utilized from all the three directions
6. Dedicated room for nursing sister had been constructed.
7. Fastening of furniture and fixtures had been done
8. Dirty Utility room had been constructed
9. Mockdrills for fire safety had been done
10. Duty Roasters for specialist had been displayed
11. Entry restricted in Labour room, only birth companion can accompany.
12. All the equipments require in Labour Room were purchased
13. These all Pediatric resuscitator bag 1 with masks of 0 and 1 sizeOxygen, Suction machine/ mucus sucker , laryngoscope for baby & Suction machine, Oxygen, mouth gag, for mother were purchased
14. BP apparatus, thermometers, weighing scale , radiant warmer Etc were calibrated . Check for records /calibration stickers all were calibrated by Kirloskar

15. Empty and filled cylinders were labelled

16. Temperature Records had maintained

17. Most of the Outcome indicators mentioned in LaQshya Guidelines had been noted

18. A new register for stock out drugs had been maintained

19. Partograph reached to 100%

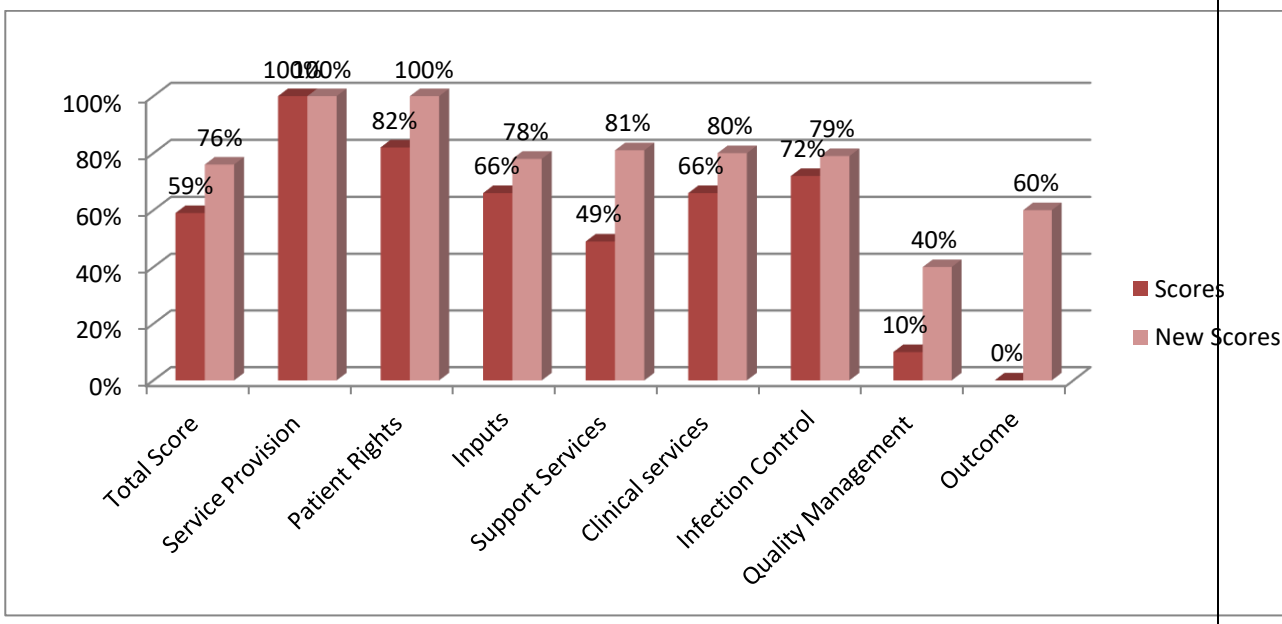
20. Towels had been purchased for Rapping the baby and a letter had been issued to Dhobi for washing the towels daily

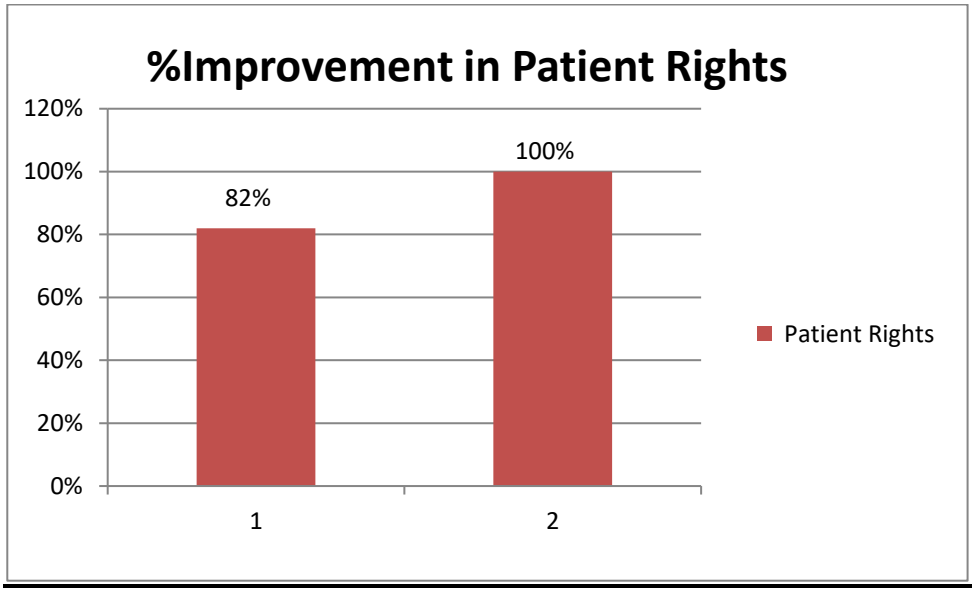
FINAL INTERNAL ASSESSMENT

After the gap closures, Re assessment was done in order to quantify the improvements. The final assessment was done from April 26 to April 30, 2018

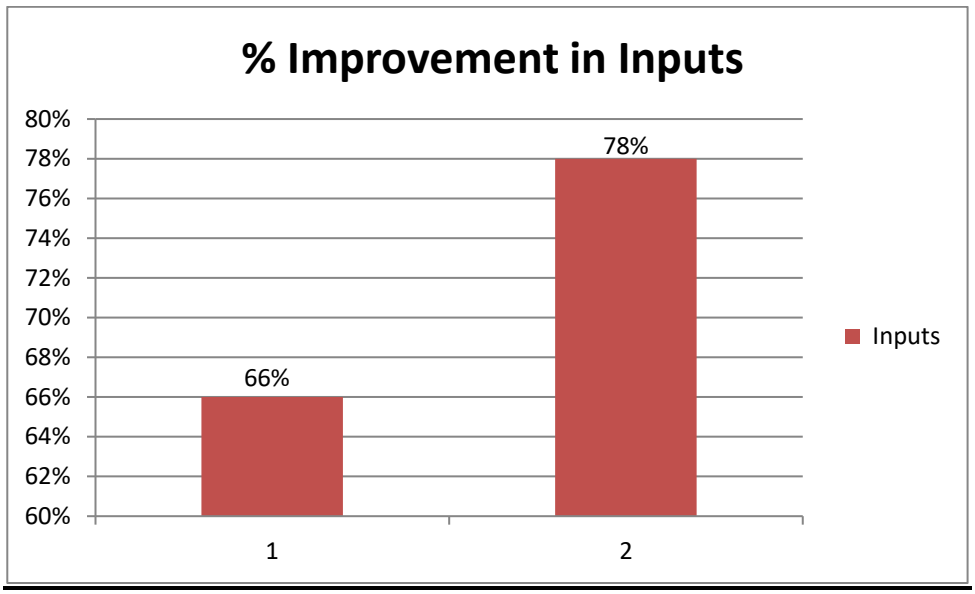
Data interpretation and results (From second assessment)

- Total Score after First Assessment : 76%
- Score for Service Provision : 100%
- Score for Patient Rights: 100%
- Score for Inputs: 78%
- Score for Support Services: 81%
- Score for Clinical services : 80%
- Score for Infection Control : 79%
- Score for Quality Management: 40%
- Score for Outcome : 60%





There's 18% increase in Patient Rights.


% Improvement in Inputs
80%
78%
76%
74%
72%
70%
68%
66%
64%
62%
60%
66%
78%
1
2
Inputs

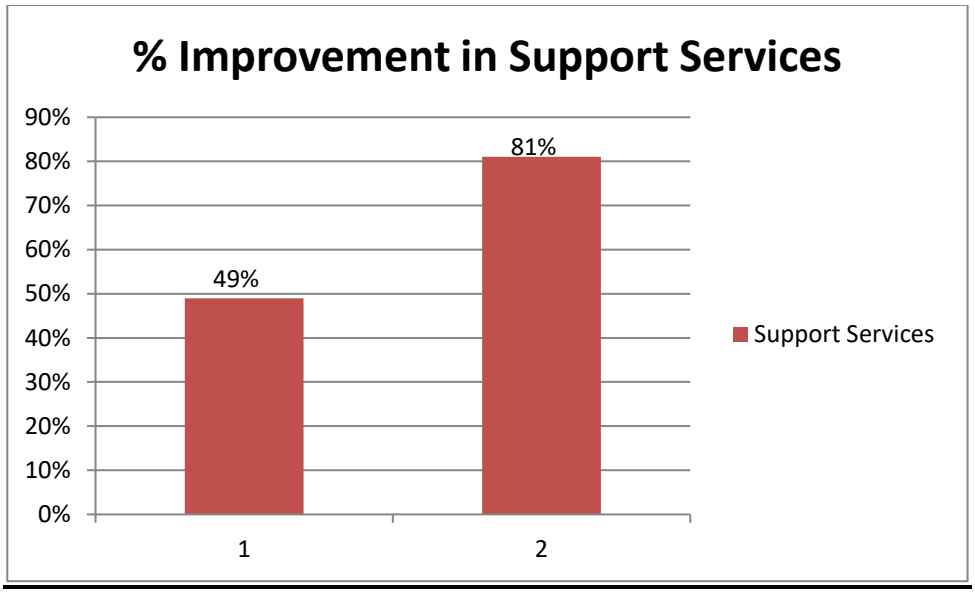
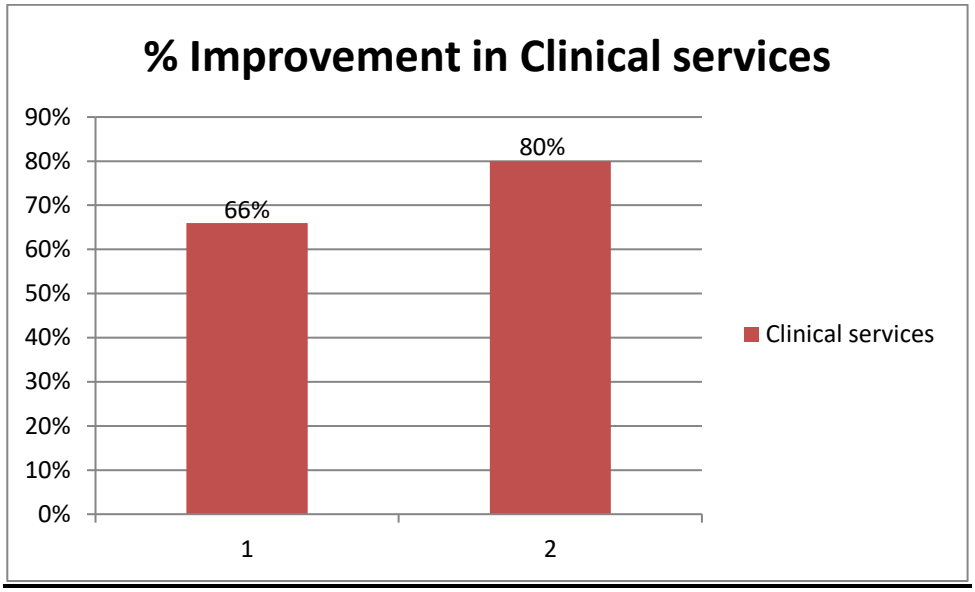
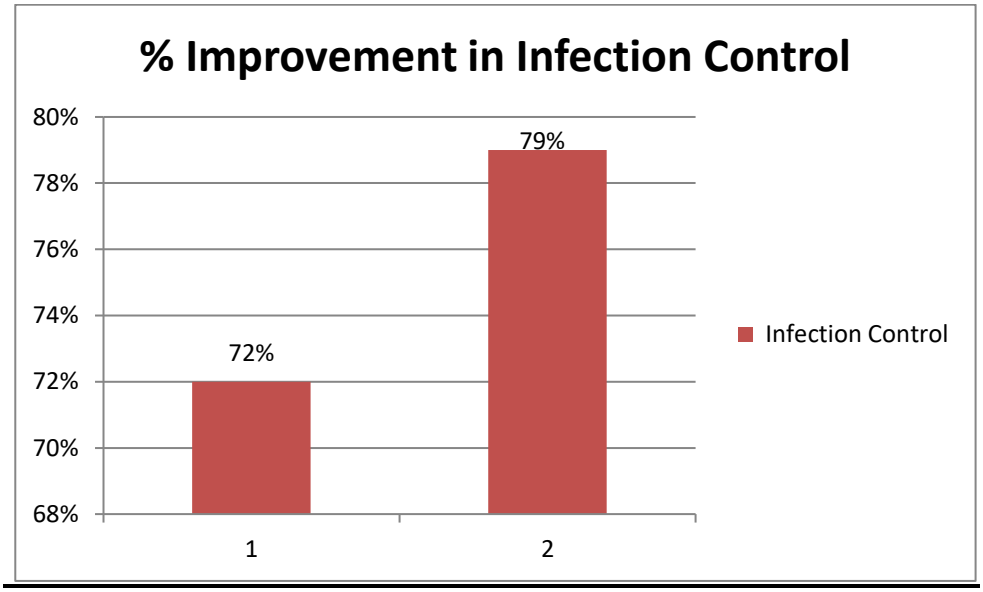
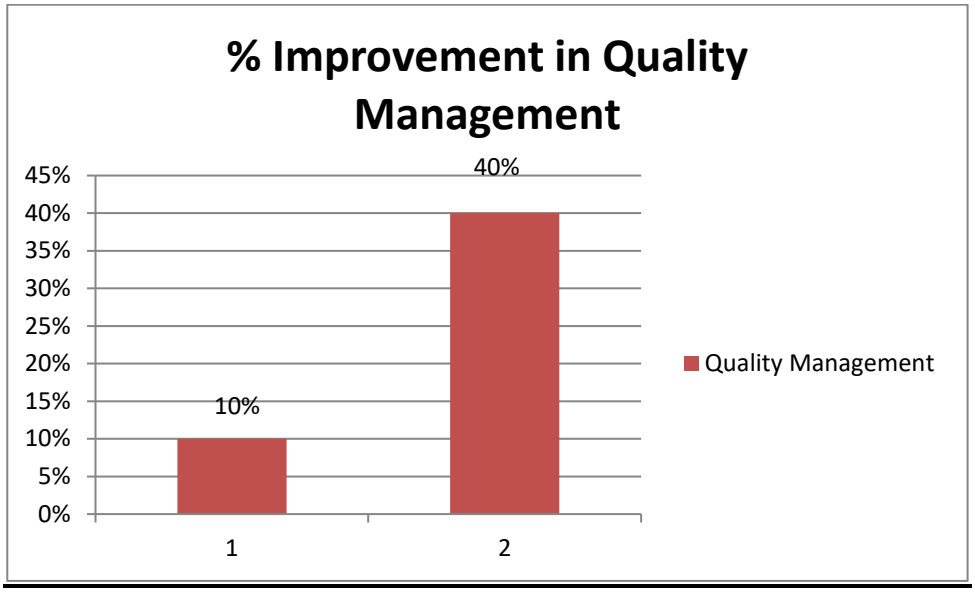
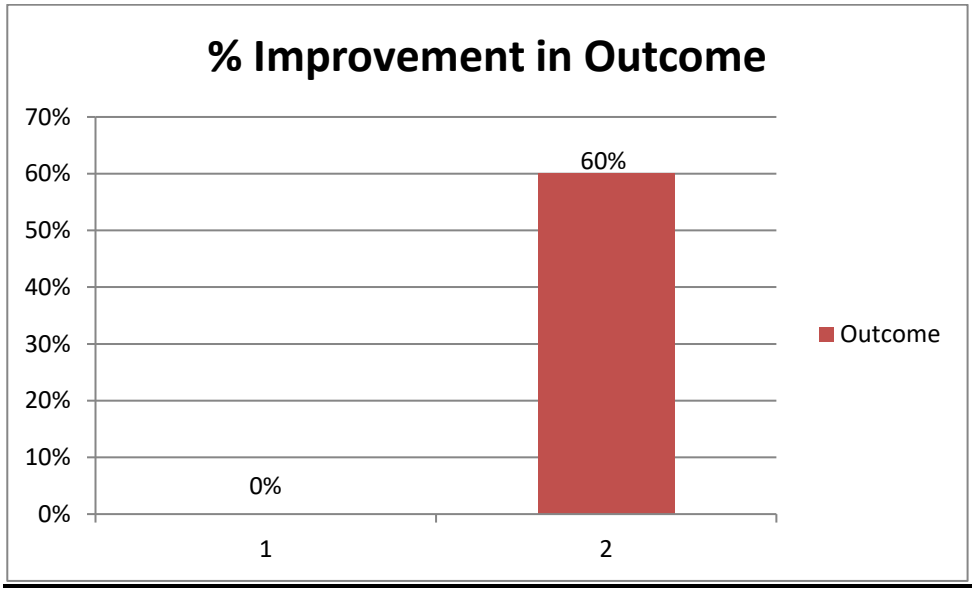

% Improvement in Support Services
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
49%
81%
1
2
Support Services

Figure 13


% Improvement in Clinical services
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
66%
80%
1
2
Clinical services


% Improvement in Infection Control
80%
78%
76%
74%
72%
70%
68%
72%
79%
1
2
Infection Control


% Improvement in Quality Management
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
40%
10%
1
2
Quality Management


% Improvement in Outcome
70%
60%
50%
40%
30%
20%
10%
0%
60%
0%
1
2
Outcome

(37)

Conclusion

- Implementation of LaQshya guidelines helped in improving the overall improvement in the hospital but due to constraints of Structural issues, finances and manpower, the gaps will be fullfiled afer the construction of new MCH wing which is under process.
- The areas which showed major improvements after the implementation of LaQshya are Outcome (score increased by 60 %) , Quality Management (score increased by 30%), Support Services (score increased by 32%)
- The improvements were at particular with the priority areas decided after Preliminary internal assessment i.e.

  Outcome which needed major improvements, showed major improvements The Quality Management, Infection Control areas which needed moderate amount of improvements , underwent good percentage of improvement.

  The Service Provision, Patient Rights areas which didn't require any interventions, underwent minimal improvements
- The only area which did not improve as per the Priority decided is Quality Management

RECOMMENDATIONS (Activities to be undertaken by the hospital authorities for further improvement of LaQshya Score)

1. Security guards to be deployed outside the Labour room
2. 3 Labour tables yet to be purchased (Demand has been sent to State)
3. New MCH wing is under construction, the same has to be built in LDR concept
4. Area Near the Ramp to be utilized as waiting area
5. And the waiting area to be utilized as ASHA corner
6. Dedicated room for doctors and clean utility to be constructed
7. Intercom services to be made available
8. To prepare fire exit plans for Labour room
9. Demand for staff nurses sent to state

10. KMC room to be utilized as Aseptic OT as that room has OT light also and A room near to SNCU to be utilized as KMC room.

Bibliography

- **http://nhsrcindia.org/updates/laqshya-%E0%A4%B2%E0%A4%95%E0%A5%8D%E0%A4%B7%E0%A5%8D%E0%A4%AF-labour-room-quality-improvement-initiative-guideline**
- **https://currentaffairs.gktoday.in/laqshya-program-launched-improve-quality-maternity-care-03201853445.html**