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Quality improvement of Small health care organization in rural area of barmer district, Rajasthan

Rahul Kumar Singh (0057)
MBA- Rural Management
Batch: 2019-21
Under the Guidance of Pro.Ratna verma Associate Professor

IIHMR, University jaipur Rajasthan

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SHORT FORM

Amtsl-	active management of third stage of labor.
Anm-	auxiliary nursing midwife.
ANC: -	antenatal checkup.
Bmw: -	biomedical waste management
Daly: -	daily adjust life.
Dm	Diabetes mellitus.
Fogsi -	Federation obstetric gynological socities of India.
Gnm-	general nursing midwifery.
Ice-	information Education communication.
JSY:	jannani suraksha yojna.
Lscs-	lower segment caesarean section.
Lr-	labor room.
Nfhs -	national family health survey.
Who-	world health organization.

Quality improvement of Small health care organization in rural area of barmer.

Introduction-

First of all I would like to very thankful to hlfppt and proud of myself today I am very haapy to feel sharing my work experience as a project coordinator. actually it is a taken initiative by hlfppt through a development impact bond project which is dedicated work to the quality control basically it means that how to maintain the quality of the facility for a perspective of provide the clean and safe delivery, how to reduce the mmr,imr,low birth weight .so these are all quality indicators .currently going on Manyata initiative under Utkrist impact bond Project is working in districts of Rajasthan to improve quality of pregnant women and new born child through the maternity services and delivery services in private facilities. manyata initiative not only prepare the labour room staff and provide the clean and safe delivery practices but also ensures and assured that the labour room is set as per standard guidance's and is ready to provide the quality and appropriate service to each and every woman visiting the facility. Hlfppt is not discriminate behalf on caste, sex, gender, birth palace. Its provide the similar services for all.

Quality improvement basically supposed the Hospital is one of the fabulous facilities in hills and dessert area which has done a quality development agreement with Team utkrisht impact bond. The facility is providing clean and safe delivery services covering rural and semi urban population with an average delivery load of 20-25 per month. The facility visit was done by team HLFPPT to identify the gaps and problem analysis in the labour room. And also the actively participation the awareness among labour room staffs about labour room practices and complications during the pregnancy.

There is a continous for the quality of services for breastfeeding mothers and children can help reduce maternal and infant mortality rate The Janani Suraksha Yojana (JSY) has taken initiatives such as increasing institutional delivery but it has led to an increase in maternal and neonatal mortality and it is important to focus on high-quality provision during childbirth. Promoting the quality of the maternity system can provide a variety of opportunities to reduce maternal and neonatal mortality.

The government has taken many initiatives to improve and promote the quality of maternal facilities and help reduce both maternal and newborn malformations and mortality.

The Federation of Obstetric and Gynecological Societies of India (FOGSI), a joint venture between MSD for Mothers and Zipping, implemented a three-year program (201–201 implemented) aimed at increasing access to high-impact, evidence-based antenatal, intra-part and immediate post. - Taking care of mothers by taking advantage of the activities of private sector providers.

Literature Review

A G. Antonaki, J. Reed, V. Shriram, J. Barlow wrote in 201 "Quality enhanced through interactive simulation." He gave a basic explanation of quality improvement through interactive stimuli, y 16 years sessions were attended by sector3535 people with health backgrounds in various fields. The combination of theory and case study discusses to give a more practical experience. The QIIS concept enhances and ensures participants' knowledge of the reality of QI in complex healthcare service.

"Policy to reduce maternal mortality in developing countries: What can we learn from the history of the industrial waste?" Wrote Vinton de Boer. In 200 in. He explains the two steps used to reduce maternal mortality, first by identifying critical statistics, problem management, and the development of effective midwifery in terms of completeness and comparatively with other countries. Identifying and prioritizing issues was a prerequisite for the professionalism of the technology.

Adegoke AA, Van den BRN wrote “Skilled birth attendance-lessons learned”. This report mainly explains the concept of basic and stable birth attendance, which is increased by the rate of childbirth through skill birth. In this context, participants should work together to reduce maternal mortality and malformations: rural health professionals or people, midwifery skills or traditional public relations The availability and recruitment of health care professionals in developing nations were skilled birth attendants.IM

Objective -The aim of the study is to improve and augment quality of maternal services provided by private hospital in chohtan.

Problem Statement

India accounts for 15 per cent of the world's total deaths. About 42,000 Indian women die every year due to complications during childbirth. Rajasthan is the second largest contributor to maternal mortality in India with an MMR of 199 per 100000 (2015-2016).

Rationale

The reduction in maternal and child mortality is a priority in our country. Consider in particular the National Government's commitment to achieving Sustainable Development Goals-3 (good health and well-being).

Research Question-

- How we can measurement the improvement of quality health care in rural area?
- What can we support the reduce compliance rates?

Objectives-

- ❖ To utilize the manyata fogsi clinical standard and how to relate the safe delivery.
- ❖ To suggest the nursing staff and much aware and focus the assessment of manyata certification.
- ❖ .To perform a hypothetical test of pre-baseline assessment and post determination. Comparisons analyzing.

Methodology-

Study Approach - Quantitative Approach

Research Design – Observational Interventional study.

Study Participants - Labor Room Nursing Staff, OT nursing staff or any other staff who is indulged in LR practices.

Sample Size - 4 Hospitals (36 staff participated)

Sampling - Non-Probability Sampling.

Sample Selection Criteria-

- **Inclusion Criteria-**

- ❖ B.S. Nursing or more senior, GNM and ANM qualified workers are qualified and trained under the Nursing RNC.
- ❖ Many hospitals are ready to be in the accreditation certificate.
- ❖ Hospitals that are considered for both general and LSCS delivery.

- **Exclusion Criteria-**

- ❖ Health professionals who are skilled and experienced but not with any degree.
- ❖ Many hospitals do not want to participate in the accreditation certificate.

Instrument for data collection - Ideal Standards Checkpoint Preference of IIT Standards by the World Health Organization and I FOGSI. Checkpoint consists of 16 standards, of which 1 is on standard marks, 13are about intra-partum care, 1 is about standard postpartum care and 1 is about standard section-c. Each and every standard submission about verification under the context primarily behalf the assessment of health care provider intellectuals and apptitude.

How to data collection

Primary Data was collected by the assessment of each and every justification criteria by given the below follow methods-

- Servation examination - Demonstrated the attitude of the nursing staff.
- Provide Inter conference - To evaluate and enhance the knowledge of nursing staff through interview method.
- Case Records - By reviewing the records of regular practices.
- per Physical Verification - By physical verification of drug availability and ability.

Data Analysis-

Fulfillment and score structure - All these key fundamentals must be score regarding to the over four method and score shall be specified as nonconformity and Full-Compliance

Score	Level of Compliance
0	Nonconformity
1	Full-compliance

Absolute observance basically way when all the filling criterion in the experimental components match and alls are tools are supported that is obtainable in the confirmation criterion of the underlying evidence. All services will be 1 if gift / adequate / functional / tested / tested.

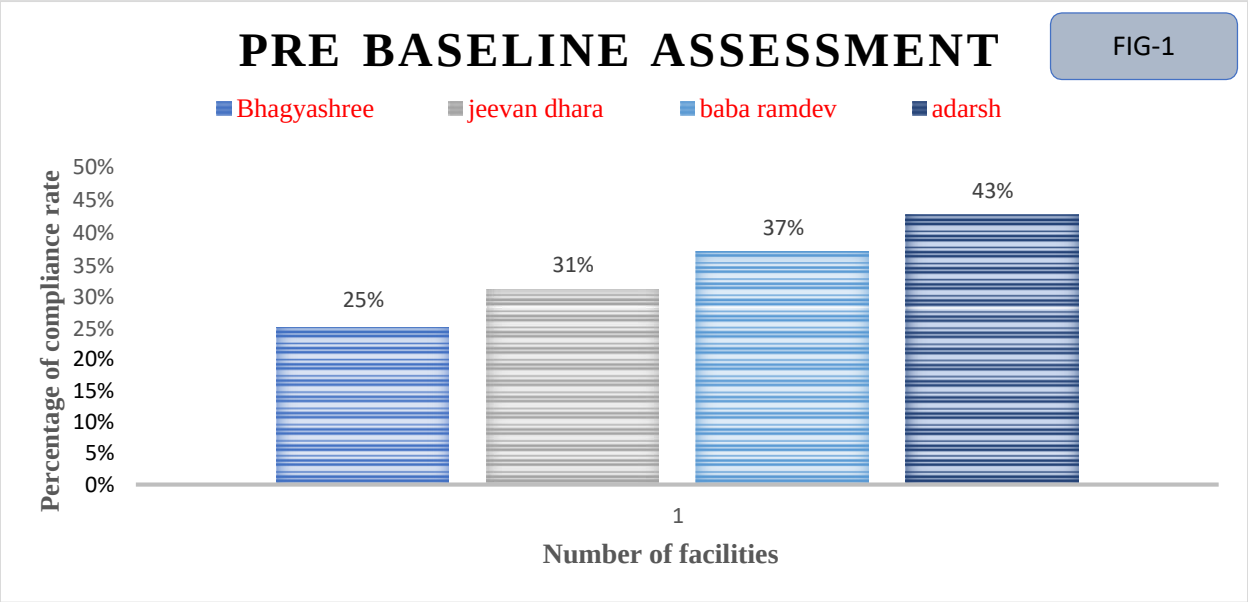
Nonconformity tells about while the criteria between the standard mechanism are not available and no support is obtainable for confirmation or it means at what time the service does not exist / will be incompletely 0.

outcome

Pre-Baseline appraisal

The baseline appraisal is done of all four behalf hospitals and was marked as the certain criterion ofcompliance and nonconformity.

The findings were as follows: -



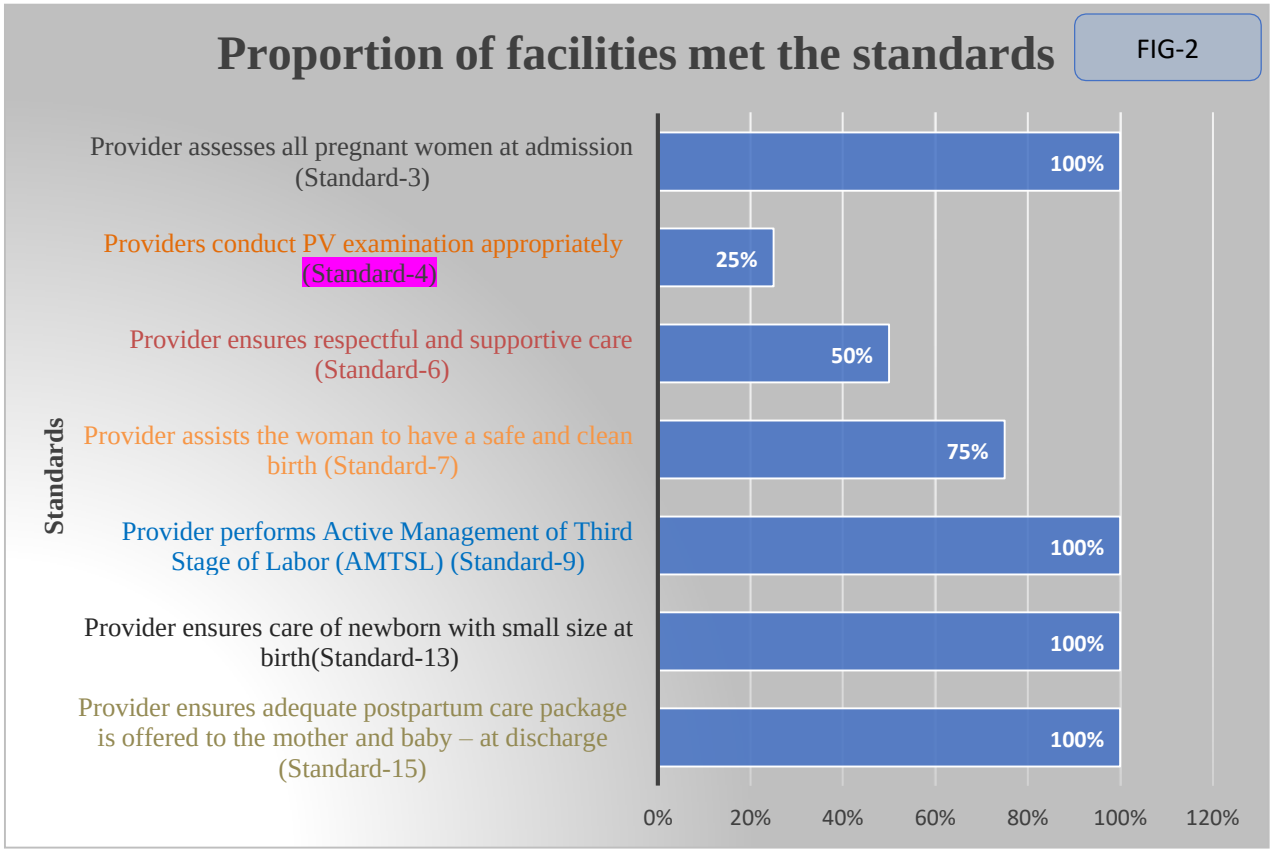
Interpretation – diagram1 Adarsh Hospital has the more observance velocity of 43% and Hospital-Bhagyashree has the low observance velocity of 25% and the other 2 facility have observance rate of 30% to 40% This shows that the quality of maternal and obstetric services is poor in all the four hospitals.

Table-1

Facility Score (Number of Standard met)	**Number of facilities**
0-4	1
5-8	3
9-12	0
13-16	0

Interpretation- According to Table-1, the number of standards is mainly from 5 to 1 depending on the facilities which is very low and it will not be eligible for accreditation standards so all the four facilities need to be improved to be accredited and improve the quality of delivery.

Service.



Interpretation- As per the standard of fig-2, 3, 1, 1 all have visited all the four hospitals, class 7 and b have visited Baba Ramdev Hospital, class 6 has visited Jeevan Dhara Hospital. None of the features in 1, 2, 5, 8, 10, 11, 12, 14, and 16 have been met.

Major quality should be consider during Baseline Assessment(Manyata standard)

1.3 Screens for DM

- Use of standard 75 gm glucose test the 1st ANC visit / repeat OGTT test on 2nd anc visit (24-28 weeks) if result comes in weak in first visit.
- Ensures that sterilization / HLD distribution tray is available.
- Make sure accessibility of uterine agents - IM / IV oxytocin (prefer), misoprostol.
- Guarantee of functional items for newborn care and rehabilitation

Takes PV test as indicated

- Evaluate cervical segmentation and time of descent to monitor worker progress.
  Pat We should consider whether samples are available in the labor room.

- ❖ Correctly translates the condition of the mother's delivery progression and adjusts the care according to the findings

- ❖ If you understand that the parameter are not ordinary, identify complication, record the judgment, and make correct adjustment to the delivery map.

7.1 supplier ensure six 'cleans' while conducting delivery

Ensures six cleans while conducting deliver

Delivers the baby on mother's abdomen

- It must be 2 towels in normal in labour room in normal temperature.
- deliver the infant on mother's stomach

8.3 **Performs delayed cord clamping and cutting**

Perform postponed string clamp and wounding except health check suggestion or else.

8.6 **Weighs the baby and administers Vitamin K**

Weighs the baby and administers Vitamin K

❖ **Manages shock**

9 Wide hemoglobin, wide bore annuals for blood collection for blood grouping and cross-matching (No. 1 // 1), Ivy infusion set and ensures availability of fluid and container.

10 PP identifies specific causes of PPH.

- **Manage atonic PPH**

- Start dipping 20 IU oxytocin into 1000 ml Ringer lactate at the velocity of 50-60 drops per minute. And manage delivery.

- U recommends another uterus if the uterus is still loose.

- U If the uterus is still flexible and relaxed, bimetallic compression of the uterus or involuntary solidity in the appearance of external aortic solidity or balloon tamponade.

Identify mother with brutal PE/E

- Magnesium sulphate in delivery room (at least 20 dose.) is accessible in labor room.
- Inj. Magnesium sulphate is correctly administered.

perform ladder for revival inside initial 30 second.

Perform follow the s t e p s within first thirty second below beaming heater:

Positioning

Bmw is segregate and predisposed of according the government the rule.

- It must be blush implied baggage for disposal of bmw is accessible in deliver room.
- It must be Bmw is segregate with government of rajastan pollution control board as per the bio medical rules.

.

Initiate paper bag and cover aeration for 30 seconds if infant immobile not mouthful of air

Make sure categorization as per Robson's criteria and review indication and complications of C- section at usual interval.


BLUE BAG
BLACK BAG
RED BAG
YELLOW BAG


REDMI NOTE 9 PRO
AI QUAD CAMERA

Training standard topic covered during the session: - which helps that the quality improvements.

Medical preparation-

. 1- PV exam.

2- PA Exam (Practice and
Conclusion).

3-check the under the fogsi guidance

4-. Create a petrograph.

5- Make general preparations.
Delivery.

6- Newborn care

7- Prepare AMTSL (Phase III Workers)

8- Complications.

9- Newborn revival.

10- Consultant for KMC. (like kangaru
mother

11- Thoughts) 11

Behavioral preparation -

Respectful Maternity Care.

- The labor department has departments consisting of bio-medical waste bins, euterotonics, temperature monitors.
- Prepared readiness boxes are made which contain medicines and drugs, Eclampisa, PPH boxes.
- Delivery A normal distribution tray should be prepared which should be sterilized by autoclave. Boiler location with autoclave drum.
- Proper labor with appropriate IEC materials (hand washing, AMTLS, PPH, and

eclampsia, pre-eclampsia, neonatal resuscitation, biomedical waste, breastfeeding, and methods.) Are kept.

- Data Registration, Delivery Register, and Registration of Nurses in the NR Register for data collection such as Laundry and Drugs.
- Ensure impact on availability of all necessary equipment through facility inspection and audit. Preparation of the bleaching solution in the bucket.
- IT must be considering the things like that ipd format should be prepared like baby nots, nursesnotes, doctor notes in prepare with labor room.

Post interference evaluation

assumption test void

Hypothesis $\mu_1 = \mu_2$

There is no distinction stuck between the pre-assessment tools and the answer shows no effect of the interference on the hospitals after the assessment.

substitute assumption $\mu_1 < \mu_2$

According to the pre-assessment, the post-assessment is different from the interference on hospitals.

Significance Level $\alpha = 0.05$

Table-2

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Pre experiment-1	64	.3438	.47871	.00	1.00
Exp2	64	.7812	.41667	.00	1.00

Test Statistics[a]

	Post-test - Pre test
Z	-5.292[b]
Asymp. Sig. (2-tailed)	.000

a. Wilcox on sign position examination

b. base on pessimistic position.

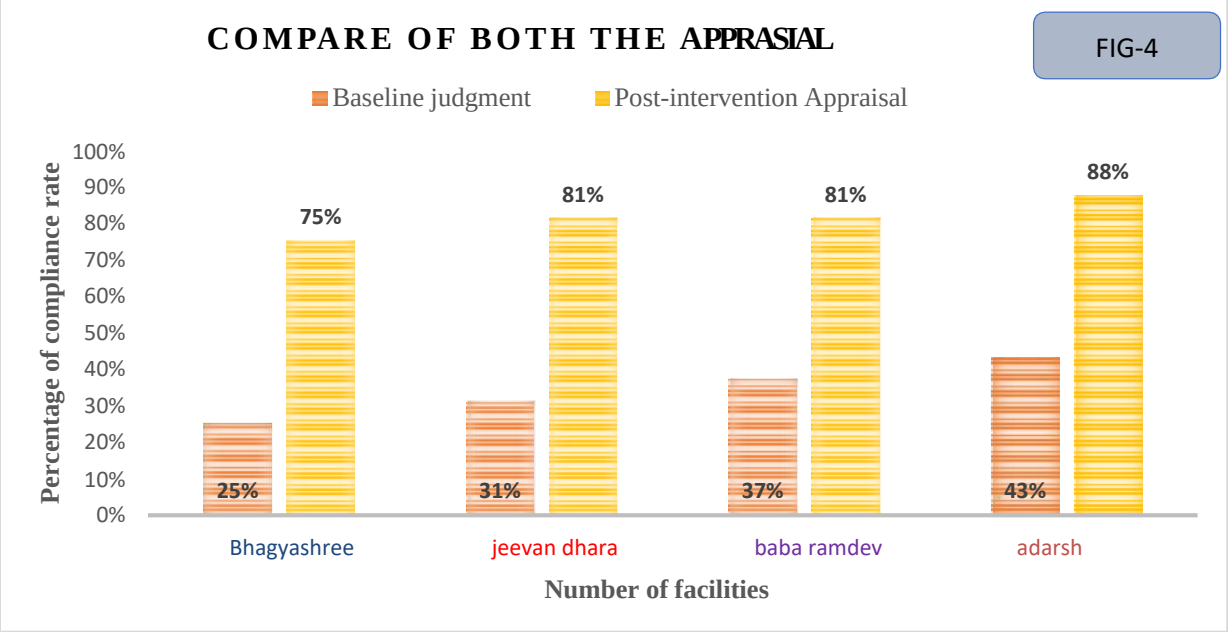
2 benches

The outcome be analyze by non-parametric pair testing and the level of importance <0.05 that tells about that here is a considerable distinction stuck between the pre-appraisal and the post meaning

Evaluate the tools evaluated prior to the intervention. Intervention38 which increased after the intervention went up to 1378 to1 so the zero hypotheses is rejected. Significant difference between the middle score (0.47575at) is seen between the assessment of the eastern and northern intervention. The on top of interference has considerably enhanced the excellence of

motherly armed forces as per the mother norms on all hospitals.

Interpretation- diagram shown to the pic-3, the conformity rate of hospital had enlarged from 25%, 31%, 37% and 43% to 75%, 81%.81% and 88% which showed a extreme collision of interference complete at the hospital.



(No of standard.)	No of hospital (Baseline assessment)	Number of facilities (concluding interior appraisal)
0-4	1	0
5-8	3	0
9-12	0	1
13-16	0	3

Table-3

Picture-4 and Tab-3 - proportional examination of both the appraisal which show the momentous differentiation in the enhance of acquiescence velocity and the length of with this the hospital score has also enlarged from 0-4(1) and 5-8 (3) to 9-12(1) and 13-16(3).

Discussion

Basically if I talk about the how we providing the facility it will be definitely better than best. So we are blooming the quality improvement through the breast feeding and clean and safe delivery. Actually the assessment shown the reduce the low birth weight and motivate the rural people the institutional delivery. So that what manyata legal standards ensure and enhance the quality standard and quality assurance.

The basically assess display that all pregnant women and lactating mothers at admission of fully guaranty the take care of mother and new born women. Basically in the rural area peoples don't much more aware of the antenatal checkup and sonography checkup so they are get to ready to still birth. So as a health professional we are worried about rural people us should supposed the program to mass camping and also follow the guideline of the suggest the world health organization. According to the nfhs data 2016- mp is the one of the state there is highest infant mortality rate. Central government announced the lot of programs, like **suposhit ma abhiyan initiatives by the taken hounrable loksabha speaker Om bidla it abhiyan directly focus to the lacatating mother and pregnant women. Under this program provide the nutritional facts to the and gradient food materials because new baby will born healthy and well.**

Critical Useful segments to increase the comprehension and skill of healthcare staff.

. Small intervention is made to improve facilities in terms of substantial necessities, moving furniture, etc. to augment acquiescence tariff.

The objective of this study was to determine whether compliance rates can be improved based on pre-notification and post-interval assessment of staff training and facilities. The findings showed that there was a statistically momentous distinction in the average achieve of the hospitals. Also each hospital reported a conformity rate of 75% or higher compare to the baseline evaluation.

Limitation of the study

- Hospital incorporated in this area enthusiastic to contribute in manyata pro gramme so the trial may not be really spokesperson of private hospital in barmer.
  - The learning result can not be generalizable as revision example was incomplete.
  - Most of the staffs are unable to join online seeseion because bad internet connections.

Suggestion-

- The checklist should be daily to daily update and follow by the hospital staff.
- It should be timely organized the meeting and done the internal audit in labor room.
- To follow with the sustain and quality checker in nursing staff motivation.
- Labor room must be clean daily basis and maintenance and also the consider the toilet cleaning check list also facility owner exaimine in regular basisis.
- Monthly weekly Quarterly training must be given to health workers by the specialist.
- It should be Monthly Robson's criteria maintain by gynecologist.
- Infection control practices must be before the delivery and post the delivery that's why it should be maintain.

Conclusion

Quality can be calculated throughout the certification program for maternity services at a private hospital in Barmer. The focus is on public hospitals to improve quality and it is unspecified that private hospitals are better in quality, but the above data clearly shows the need to improve for all whether it is public data s. uninterrupted superiority enhancement can transport about sweeping changes in healthcare professional and hospitals.

. We are very grateful to Team Hlfppt. They are given the most desired opportunity and are well arranged. ‘We see the right change in the working class after the training and with the support of the team HLFPPT we made the change in the working room. The trainings given to us are more effective and useful to complement the program. We are now more confident and motivated to act and the team will definitely follow the guidelines and instructions given by HLFPPT. Thank you

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