

FOSTERING A CULTURE for Improved Service Quality

Institutionalizing Quality Improvement to End Preventable Child and Maternal Deaths

Quality of Care (QoC) has remained a challenge in most large-scale health interventions, globally. Vriddhi Project developed and demonstrated Quality Improvement (QI) mechanisms at scale under its Care around Birth (CaB) approach. Applying Change Ideas with involvement of health facility staff; a data-driven approach to decision-making; and continuous improvement were the drivers. This has optimized service delivery, thereby helping reduce the number of preventable maternal and newborn deaths.



INVESTING IN QUALITY IMPROVEMENT

Improvements in key maternal and newborn health indicators have not been commensurate with a constant increase in institutional deliveries. With 46% maternal deaths and 40% neonatal deaths occurring during labor and on the day of birth¹, the impetus remains on improving QoC and prevention and management of complications to have a significant impact on reducing maternal deaths, stillbirths and early neonatal deaths. QI paves the way to effective implementation of high impact, evidence based interventions at health facilities to improve maternal and newborn care outcomes. This premise is also reflected in the WHO model of QoC for maternal and newborn health during childbirth. Equipping government health facility staff with institutionalized mechanisms and tools will ensure improvement in health care quality.

Government of India (GoI) has launched several interventions and programs to maximize efforts in this direction. In line with the WHO QoC framework for Maternal and Newborn Health and the National Quality Assurance Standards for Public Health Facilities, Vriddhi introduced the QI intervention to improve maternal and newborn services. It has fast-tracked interventions and attained tangible results in 141 high caseload health facilities covering more than 70% institutional deliveries



across 26 high priority districts (HPDs) in six states of India.

SYSTEMATIC IMPLEMENTATION

Vriddhi facilitated the process of institutionalizing QI in health facilities, the mainstay being formation of QI teams at facilities and using a data-driven approach to problem solving. Key core members of the team included facility in-charges, gynecologists, pediatricians and head staff nurses. Auxiliary members such as the pharmacist, store-keeper and accountant were included according to the improvement aim identified. The teams usually met on a monthly basis to identify gaps based on service statistics, suggest Change Ideas and track progress. Initial handholding support and coaching was provided by project staff. QI teams developed and tested ideas using the plan-do-study-act (PDSA) approach for continual improvement in service quality.

1,638 QI meetings conducted in
intervention facilities
(June 2016 – March 2018)

The Plan-Do-Study-Act (PDSA) Approach for Continual Improvement

Aim: All newborns get delayed cord clamping

PLAN: All service providers should
conduct delivery on mother's abdomen
and ensure delayed cord clamping

ACT: Job aids and reminders
for providers were
developed and displayed at
strategic locations

DO: Orientation of
service providers on
importance of delayed
cord clamping

STUDY: After orientation, data review shows
50% improvement in indicator

¹ The Lancet 2014 384, 189-205, DOI: (10.1016/S0140-6736(14)60496-7)

“Through QI, the mindset of our staff has changed; we have become more diligent, more courteous. We record all our practices. We prepare the labor room (LR) in advance and do simple, effective things like pre-filling the oxytocin syringe.”

Dr. Monika
 Medical Officer Incharge & LR Incharge
 Maternity Home, Shakurpur, North West Delhi

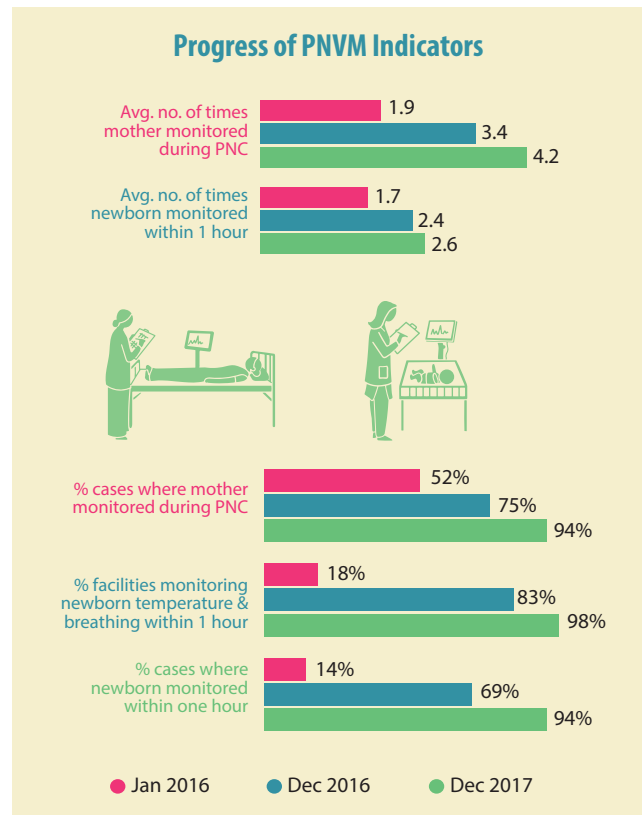
CHANGE IDEAS: INNOVATIVE STRATEGIES THAT WORKED

Through assessments and discussions, QI teams found gaps that could be easily bridged through training, knowledge sharing, sharpening of processes and making minor but critical rearrangements in the cycle of care.

Improving Postnatal Vital Monitoring (PNVM)

Regular monitoring during the postnatal period can help in early identification of danger signs which will lead to timely management. Out of 141 facilities, 62 facilities took PNVM as an aim for improvement. Analysis of PNVM data and observations during facility visits reflected following gaps:

- Lack of equipment to undertake PNVM



- Lack of motivation and staff being unaware about importance of postnatal vital checkup
- Inconsistency in recording and reporting
- Inconsistency among service providers in monitoring vital parameters, especially in high caseload facilities

Change Ideas through QI Process

Aim: Postnatal Vital Monitoring



CHANGE IDEAS DEMONSTRATING IMPROVEMENT IN STATES

Increasing partograph use

In Uttarakhand, partograph use was 26% in 18 intervention facilities in January 2016. Printed partographs were not available, all staff were not trained in correct filling and many did not realize the need. To address these gaps, printed partographs were made available through advocacy with the facility incharge and staff nurses were oriented through district and facility level training and mentoring. Medical officers started reviewing and monitoring records. These Change Ideas brought about a gradual but steady increase in the practice leading to 54% deliveries being monitored using partograph.



39%

Jan 2016

99%

Dec 2017

Following practice of injecting oxytocin within one minute after delivery

In Jharkhand, stock out, lack of knowledge and poor recording practices were some reasons for poor adherence to injecting oxytocin within one minute after delivery. As part of Change Ideas, nurses were oriented on government guidelines and recommended to prepare pre-loaded oxytocin syringes before delivery. Labor room staff timely indented and maintained buffer stock and uniform columns were introduced in the labor room register to record this practice. The percentage of mothers receiving oxytocin within one minute increased from 39% in January 2016 to 99% in December 2017.

Ensuring essential newborn care

In Delhi, only 3% facilities in January 2016 were monitoring temperature and breathing of newborns within one hour of birth. In most labor rooms, thermometers were not available and staff was not clear about their roles and tasks. QI teams discussed Change Ideas and thermometers were made available, staff nurses were oriented and staff roles were clarified where pediatric residents and LR incharges were monitoring newborns. This has resulted in all facilities initiating and implementing essential newborn care practices.



66%

Jan 2016

100%

Dec 2017

Building capacities for newborn resuscitation

In Haryana, inadequate skills, lack of emphasis on resuscitation and unavailability of equipment were the major barriers to successfully resuscitating newborns. Training of staff, standardizing resuscitation practices, skill enhancement through drills, adequate disinfection and maintenance of equipment and ensuring availability of equipment helped in improving successful resuscitation rates from 66% in January 2016 to 100% in December 2017.

Providing Kangaroo Mother Care (KMC) for low birth weight newborns

In Himachal Pradesh, service providers were untrained and there was lack of designated space and supplies for KMC. In the QI process, service providers were oriented through onsite training and drill sessions. A dedicated bed in the maternity ward or reclining chairs for mothers were made available and labor room staff prepared cloth binders for KMC. The low birth weight (LBW) newborns receiving KMC increased from 0% in January 2016 to 50% in December 2017.



3%

Jan 2016

93%

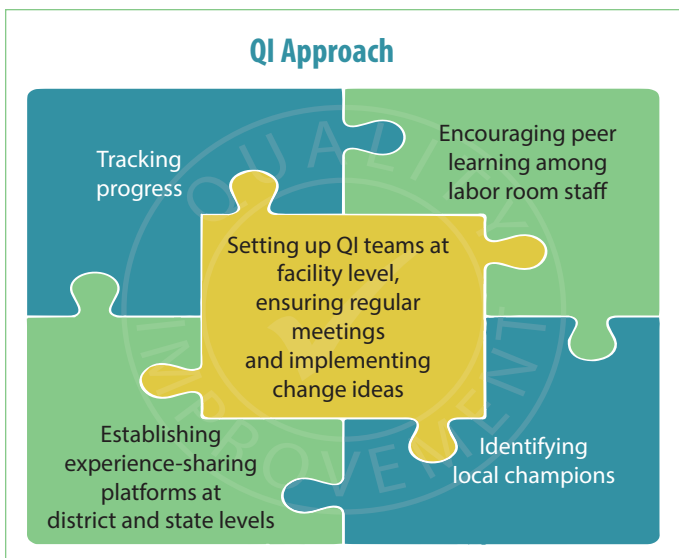
Dec 2017

Improving monitoring of mothers before discharge

In Punjab, labor room staff were unaware of the GoI guidelines and were not maintaining records for monitoring mothers before discharge. By adopting Change Ideas, doctors and nurses were sensitized on GoI guidelines and provided uniform registers to record discharge vitals for mothers. This resulted in 93% facilities monitoring mothers before discharge as compared to 3% earlier.

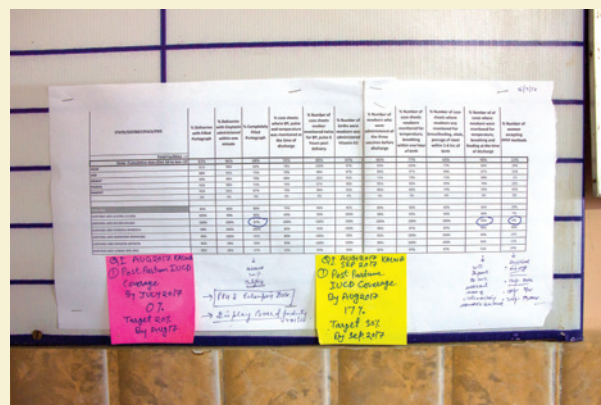
"Vridhhi has inculcated a consciousness of quality, enabling those involved in service delivery to have a stake in maintaining and improving quality. This model of QI draws on insights and problem-solving capacities at the health facility level."

Dr. Sumant Mishra
Director in Chief, Health Services
Government of Jharkhand



Innovative tools to track progress allow for recording, monitoring and tracking results

- Uniform recording registers were made available at health facilities to capture minutes of meetings.
- Data reporting and analyzing tool tracked monthly progress on improvement aims.
- A 'red light signal card' methodology was developed and implemented in Haryana. A gap to be bridged was selected, and as improvement progressed, the gap colour card transitioned from red to yellow to green.



SCALABILITY

The QI approach has brought success in a very short span of time with visible improvements across all 141 intervention facilities. The approach has been well-accepted and adapted by states and already scaled up to non-HPDs across the six Project states. **Learnings from the QI intervention as part of the 'Care around Birth' approach were included in the recently launched 'LaQshya' initiative by GoI which imbibes QI cycles as the process of change for improving maternal and newborn health outcomes.**

The QI approach has been able to bring down barriers to end preventable child and maternal deaths by institutionalizing a system that has a holistic vision for a quality landscape. A core team of champions is critical to maintain momentum with staff and this mechanism has led to local ownership and decision making through empowered health service providers. This is perhaps the answer to improving QoC while scaling up maternal and newborn interventions in high caseload and resource-constrained health facilities.

Care around Birth: Optimizing Quality of Care at birth

The "Care around Birth" approach, is central to the project *Vridhhi* - Scaling up Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Interventions. Guided by WHO's "Quality of Care (QoC)" framework for maternal and newborn health and the national RMNCH+A strategy, it is premised around the effective implementation of evidence-based Technical Interventions during intrapartum and immediate postpartum period – the most critical time for maternal and newborn survival. A holistic approach "Care around Birth", integrates technical interventions with Health Systems Strengthening efforts, Quality Improvement techniques and Respectful Maternity Care practices to optimize QoC at and around the time of birth.

Vridhhi : the promise and the potential

USAID's flagship project *Vridhhi* is a technical partner to the Government of India and six state governments of Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab, and Uttarakhand. With the mandate of scaling up high-impact RMNCH+A interventions, *Vridhhi*, at the national level supports Government of India to formulate evidence-based policies and guidelines to implement RMNCH+A interventions. The project also facilitates concurrent evaluation of the programs across the High Priority Districts of the country through the National

RMNCH+A Supportive Supervision system designed and implemented in collaboration with Government of India and RMNCH+A partners. Across the six focus states, and 26 HPDs therein, *Vridhhi* provides support in planning, training, implementation, and monitoring for effective coverage and quality of all RMNCH+A interventions. Reaching a population of 131 million in the six states, *Vridhhi* has designed multiple innovative approaches for implementation with learnings for contextual adaptation across the country.



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