

NATIONAL HEALTH MISSION, PUNJAB

Summer Internship

Report on

Gaps or loopholes preventing the Ropar district's Civil Hospital from
obtaining certification for the LaQshya programme.

GUGGA MARI MOHALLA, ROPAR, PUNJAB

(April 29th to 28th June 2024)

by

Dr. Ritika

(PG/23/93)

PGDM (HOSPITAL AND HEALTH MANAGEMENT)

(2023 – 2025)



International Institute of Health Management Research, New Delhi

(Completion of Summer Internship from respective organization)
The certificate is awarded to

Name Dr. RITIKA

In recognition of having successfully completed his/her
Internship in the department of

Title MCH, DISTRICT HOSPITAL, ROPAR

and has successfully completed her Project on

Title of the Project "LAQSHYA"

Date 28th JUNE, 2024

Organisation DISTRICT HOSPITAL, ROPAR
NHM, PUNJAB

He/She comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish him/her all the best for future endeavors



Organization Supervisor

Senior Medical Officer,
Civil Hospital Rupnagar (Pb.)

Head-HR/Department Head

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: DR. RITIKA

Summer Internship Institution: National Health Mission, Punjab

Area of Summer Internship: MCH, District Hospital, Ropar.

Attendance: 100%

Objectives met: Gap analysis of LaQshya Programme for obtaining certification.

Deliverables: Assessment of LaQshya programme initiated in terms of state evaluation.

Strengths: Dedication to complete task efficiently & effectively.
Willingness to learn.
Able to overcome challenges.

Suggestions for Improvement: Workforce according to patient flow is required.
Quality circle needs to be formed according to LaQshya initiative.

Signature of the Officer-in-Charge (Internship)

Date: 28/06/2024

Place: DH, Ropar, Punjab.

Senior Medical Officer,
Civil Hospital Rupnagar (Pb.)

Certificate of Approval

The Summer Internship Project of titled "**GAPS OR LOOPHOLES
PREVENTING THE ROPAR DISTRICT'S CIVIL HOSPITAL FROM
OBTAINING CERTIFICATION FOR THE LAQSHYA PROGRAMME.**"

at "**NATIONAL HEALTH MISSION, PUNJAB**" is hereby approved as a
certified study in management carried out and presented in a manner
satisfactorily to warrant its acceptance as a prerequisite for the award of **Post
Graduate Diploma in Health and Hospital Management** for which it has
been submitted. It is understood that by this approval the undersigned do not
necessarily endorse or approve any statement made, opinion expressed, or
conclusion drawn therein but approve the report only for the purpose it is
submitted.



Dr. Ekta Saroha
Associate Professor & Dean
IIHMR, Delhi

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: DR. RITIKA

Summer Internship Institution: NATIONAL HEALTH MISSION, PUNJAB

Area of Summer Internship: PUBLIC HEALTH

Attendance: Perfect adherence to internship norms

Objectives met: Yes

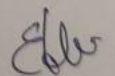
Deliverables: Yes .

Strengths:

Suggestions for improvement:

Date:

Place:



Signature of the Officer in charge
(Internship)

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At the outset, we acknowledge our sincere gratitude to the National Health Mission, PUNJAB, and District Hospital Ropar for providing us with an opportunity to analyze the LaQshya programme closely.

I sincerely acknowledge the Civil Surgeon (CS), Senior Medical Officer (SMO), Programme Officer, Nodal officer, District Programme Manager and all the staff of the selected healthcare facility for their cooperation and for providing us with the necessary information during Programme analysis.

Special thanks to Dr. Gaurav and all the nursing staff for their support.

I want to express deep and sincere gratitude to our mentor, Dr. Divya Aggarwal, Associate Professor and Dean (Research), IIHMR DELHI, for providing constant guidance and support during the internship.

Dr. Ritika

Acronyms/Abbreviation

ADR: Adverse Drug Reaction
AGSS: Anaesthesia Gas Scavenging System
ABG: Arterial Blood Gas
AIIMS: All India Institute of Medical Sciences Advance Life Support
AMC: Annual Maintenance Contract
AMTSL: Active Management of Third Stage of Labor
CSSD: Central Sterile Supply Department.
D&C Set: Dilation and Curettage Set
DH: District Hospitals
DQAC: District Quality Assurance Committee
DQAU: District Quality Assurance Unit
EDL: Essential Drug List
EmOC: Emergency Obstetric Care
ET tube: Endotracheal Tube
LSCS: Lower Segment Caesarean Section
MC: Medical College
MDR: Maternal Death Review
MoHFW: Ministry of Health & Family Welfare
MOU: Memorandum of Understanding
MSBOS: Maximum Surgical Blood Order Schedule
MTP: Medical Termination of Pregnancy
MVA: Manual Vacuum Aspiration
NG Tube : Naso-Gastric Tube
NHM: National Health Mission

1. Observational learning

1.1 INTRODUCTION

Ropar

Ropar district is one of the twenty-three districts in the state of Punjab, India.

It is in the eastern part of Punjab state. It borders Himachal Pradesh to the north, Shahid Bhagat Singh Nagar (formerly Nawanshahr) and Mohali districts to the west, Fatehgarh Sahib district to the south, and Una district of Himachal Pradesh to the northeast. The town is located about 42 km from Chandigarh and lies near the Sutlej River.

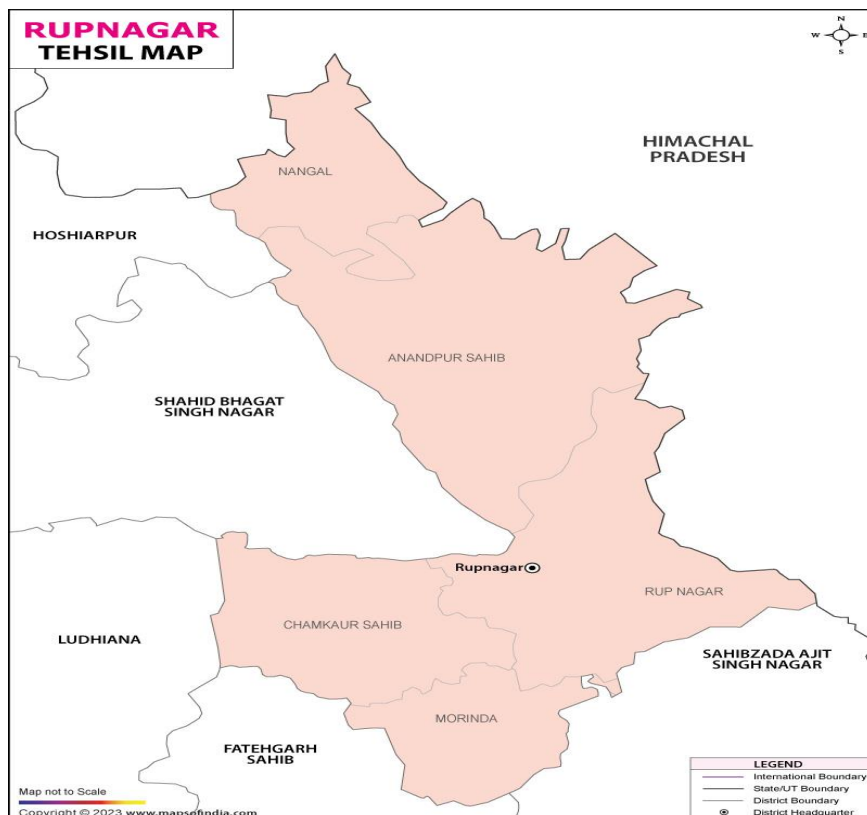


Fig.1

History:

The Town of Ropar is said to have been founded by A Raja called Rokeshar, who ruled the 11th century and named it after his son Rup Sen. The town is of considerable antiquity. Recent excavations and explorations conducted at Ropar indicated that the first civilized folk to settle here were The Harappans, who apparently reached the upper Satluj towards the close of third millennium B. C. District was carved out on 1st November 1966 at the Re-Organization of the state. The district has rich historical and religious significance behind it.

Geography:

LOCATION: Ropar is situated on the banks of the Sutlej River, with the Shivalik Hills forming a picturesque backdrop on the opposite bank. It is roughly 43 kilometers northwest of Chandigarh, the capital of Punjab.

BORDERING REGIONS: The district borders Himachal Pradesh to the north, Shahid Bhagat Singh Nagar (Nawanshahr) district to the west, Fatehgarh Sahib district to the south, and Mohali district to the southeast.

AREA: Ropar encompasses a total area of approximately 1,440 square kilometres.

TERRAIN: The landscape of Ropar varies from plains along the Sutlej River to undulating hills in the north. The Shivalik Hills, known for their natural beauty and biodiversity, add to the district's charm.

NHM Punjab

The National Health Mission (NHM) Punjab is a state-level initiative working to improve healthcare access and quality for the residents of Punjab, India.

Established in two phases:

- **April 12th, 2005:** National Rural Health Mission (NRHM) launched nationally, focusing on rural healthcare.
- **2013:** The NRHM expanded to become the **National Health Mission (NHM)**, encompassing urban health needs and addressing non-communicable diseases.

The NHM has long demonstrated that a reduction in maternal and newborn mortality depends critically on the quality of care received on the day of delivery. This is demonstrated by the fact that the day of delivery accounts for over 46% of maternal deaths, more than 40% of stillbirths, and 40% of neonatal deaths (MoHFW, 2017). (**Assessment of Implementation**)

DISTRICT HOSPITAL, ROPAR

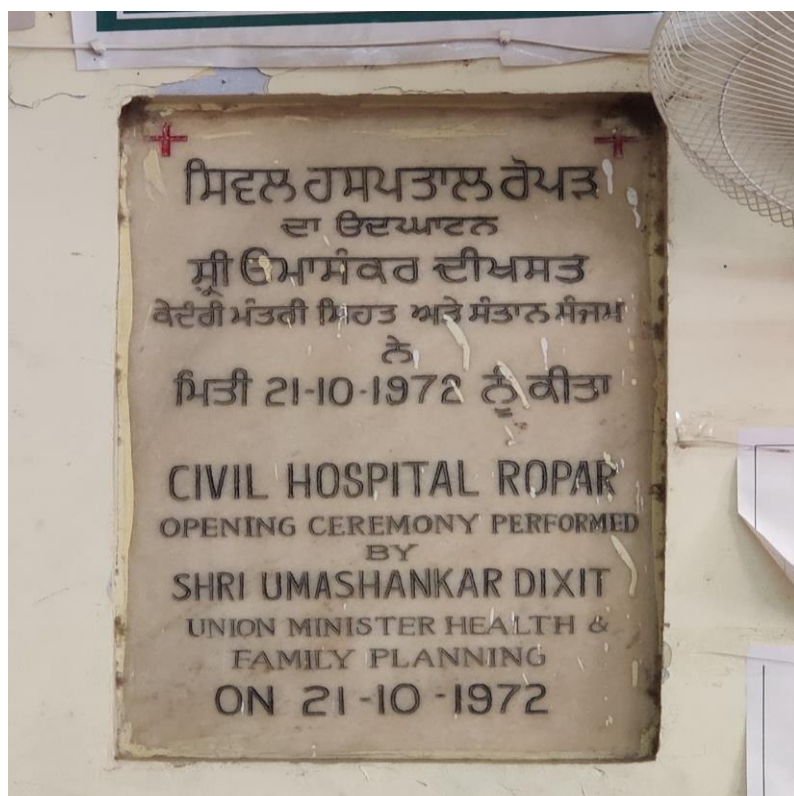


Fig.2

The district hospital is in PUNJAB's Ropar district. The hospital was inaugurated on October **21-10-1972** by Uma Shankar Dixit (Union Health ministered back then).

With 120 beds, it is a major medical facility in the area. In addition to other departments like IPD, Labor Room, Maternity, Paediatrics, SNCU, NRC, General OT, M-OT, Mortuary, Blood Bank, Lab and Radiology, Pharmacy, and Mortuary, it offers accident and emergency department and OPD services from 8:00 AM to 2:00 PM.

Ambulance services have been well handled by DH to fulfil the need for emergency medical care. Professional doctors, nurses, and other paramedical personnel currently work at DH.

MISSION - To provide quality and affordable healthcare services to the people that are at par with state and national health policy.

VISION- Offer equitable healthcare access to all residents, focusing on underserved communities.
Reduce the burden of infectious and chronic diseases.
Improve maternal and child health outcomes.

QUALITY POLICY - committed to providing quality health services to the people in districts through a sustainable, ethical and dignified manner. Continuous improvement shall be the guiding principle of all endeavours.

OBJECTIVES-

1. Enhance infrastructure and medical supplies at the hospital.
2. Recruit and retain qualified medical personnel.
3. Implement programs to address local health priorities.
4. Raise awareness about preventive healthcare practice

GENERAL FINDINGS

The hospital offers a wide range of diagnostic, therapeutic, supportive, preventative, and rehabilitative services. It consists of the following: Multispecialty Outpatient Department (OPD), Indoor Treatment/Wards, Round-the-clock Emergency Room (Emergency Room), Pharmacy, Radiology, 24-hour Laboratory Services (Pathology, Microbiology, Haematology), Blood Bank, General Operation Theatre, Immunization, Dental, Dermatology, Physiotherapy, Dots, Paediatric services, SNCU, pre and postnatal ward, Thalassemia unit.

It offers all expectant mothers and their children courteous, safe, and kid-friendly prenatal care. A hospital performs 100 deliveries a month on average, the majority of which are normal births. Approximately 5,000 patients visit the gynaecology outpatient department each month.

To effectively and efficiently lower the IMR and MMR, the facility offers continuity of care, prompt referrals to both higher and lower public health facilities, and the ability to use a two-way follow-up system. Drugs and consumables are correctly branded, there are no stockouts observed in the facility, and all patients receive free drug delivery, which helps to lower out-of-pocket and catastrophic costs.

CIVIL HOSPITAL, RUPNAGAR												
FOUR ROOM OUTCOME INDICATOR												
QUALITY INDICATOR	FORMULA	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
01. Percentage of deliveries conducted at night	Total number of deliveries conducted at night in a month / Total number of deliveries conducted in a month * 100	34%	30%	25%	33%	24%						
02. Percentage of complicated cases managed	Total number of complicated cases managed in a month / Total number of cases managed in a month * 100	4%	5%	3%		12%						
03. Percentage of PPH/CD managed against total number of normal delivery	Total number of PPH/CD managed in a month / Total number of normal deliveries conducted in a month * 100	4%	4%	6%	2%	5%						
04. Percentage of cases referred to OT in a month	Total number of cases referred to OT in a month / Total no. of cases managed in a month * 100	29%	36%	39%	39%	47%						
05. Percentage of newborns required resuscitation in month out of total live births	Total number of newborns required resuscitation / Total live births in a month * 100	01	03	04	01	Nil						
06. No. of drugs stock out in a month	Stock note occurred for essential commodities each day added for the month	Nil	Nil	Nil	Nil	Nil						
07. Percentage of deliveries conducted using real time Partograph	Total number Partograph filled in a month / Total number of deliveries conducted in a month * 100	94%	91%	93%	60%	98%						
08. Percentage of deliveries conducted using safe birth checklist	Total number of deliveries conducted using safe birth checklist in a month / Total number of deliveries conducted in a month * 100	100%	100%	100%	100%	100%						
09. Number of adverse events per thousand patients	Total number of adverse events in labour room in a month / Total number of admissions in labour room * 1000	Nil	Nil	Nil	Nil	Nil						
10. Percentage of women administered oxytocin immediately after birth	Total number of women administered oxytocin immediately after birth in a month / Total number of deliveries conducted in a month * 100	100%	100%	100%	100%	100%						
11. Intrapartum still birth rate	Total number of still birth / Total number of deliveries conducted in a month * 100	02	02	Nil	Nil	01						
12. Percentage of newborn breastfed within 1 hour of birth	Total number of newborn breastfed within one hour of birth in a month / Total number of deliveries conducted in a month * 100	97%	97%	97%	100%	98%						
13. Number of cases of neonatal asphyxia	Total number of cases of neonatal asphyxia in a month	Nil	3	04	Nil	Nil						
14. Number of cases of neonatal sepsis	Total number of cases of neonatal sepsis in a month	Nil	Nil	Nil	Nil	Nil						
15. Percentage of antenatal corticosteroid administration in case of preterm labour	Total number of cases where antenatal corticosteroid administered in case of preterm / Total number of preterm cases in a month * 100	100%	100%	100%	100%	100%						
16. Number of cases of Maternal death related to APH/PPH	Total number of maternal deaths related to APH/PPH in a month	Nil	Nil	Nil	Nil	Nil						
17. Number of cases of maternal death related to Eclampsia or PSH	Total number of maternal deaths related to Eclampsia/PSH in a month	Nil	Nil	Nil	Nil	Nil						
18. OSCE Score	Average OSCE Score of Labour room staff											
19. Percentage of deliveries attended by birth companion	Total number of deliveries attended by birth companion in a month / Total number of normal deliveries in a month * 100	100%	100%	100%	100%	100%						
20. Client Satisfaction Score	Average client satisfaction score in a month											

Figure 1 :Outcomes of the indicator

Fig.3

Limitation:**For labor room –**

IEC Material such as family planning chart are not present. No intercom facilities are available	Value for maximum doses as per weight and diagnosis are unavailable
No masks and caps are worn	Three-sided partition for delivery table not available
Carbolic acid is unavailable	training for respectful maternity care and others to be given
Only phenyl is being used	Drinking water facility should be provided in the labour room
Training is required according to standard procedure.	two more labour beds need to get functional
Needle cutter is not available.	Shortage of medical officers
There is no issuance register maintained.	Shortage of nursing staff
Quality circle is not formed	Shortage of security guards
Not all were fully aware of the standard treatment protocol	Deck brush unavailable.
Proper filling and maintenance of cleanliness register not done	Steel basins are not attached in the labor bed.
no, it is not provided	Mattresses should be in three parts.
Stock level needs to be maintained and updated daily	No drug reaction forms available.
No flow rate checklist available	Records are not numbered.
Temperature charts are not updated. Thermometer was not working.	Not all are classified and examined by pediatrician.
No UPS available and no emergency light was available	Not all are fully aware of the timing of delayed cord clamping
proper dress code is not followed	Not all are fully aware of interpretation of partograph
Status of the referred outpatient not mentioned in the	Eye covers are not available

record.	
No advance communication regarding referral is done.	There is no supply of elbow length gloves

For maternal OT-

OT is only functional in the morning.
not done at night
RDK and blood grouping kit are unavailable
no numbering of the department is done.
they are not displayed
intercom and telephone facilities not available
extension cord is used
dates on fire extinguisher not updated
fire training needs to be given
only one nursing staff available
Procaine not available
barbiturates neostigmine, etomidate, propofol, neostigmine naloxone flumazenil, unavailable
No opioid analgesics are available
only succinylcholine is used
cord clamp unavailable
Pv set not available.
only LSCS set is available
HIV diagnostic kit, USG, ABG machine not available
Defibrillator not available
two bucket system and no deck brush available
x ray view box not available and socket not available
training on ALS and CPR needs to be conducted
training on OT management needs to be given
training on quality management needs to be conducted
stock levels are not updated daily.
narcotics and psychotropics are not available

room thermometer is not available
security guard not present

CONCLUSIVE LEARNING

Labor room:

Few excellent facilities were available like 24*7 labor room facilities were available. Staff have proper knowledge about high-risk pregnancies, they know the appropriate management to deal with such patients. All the patients were treated equally, and no discrimination was seen. With the help of the LaQshya checklist, we concluded that facilities providing service provision like curative, RMNCHA and diagnostic services scored 100%, whereas patient rights scoring was 93%. Inputs including infrastructure, equipment maintenance and others scored 76% whereas the area of concern was quality which scored only 49%.

Maternity OT:

A skilled and experienced team lays the foundation, with surgeons, anesthesiologists, nurses, and other specialists working together in maternal care. Good practices encompass pre-surgical planning and optimization of the mother's health, minimally invasive techniques when possible, and effective pain management throughout the process. Ropar's Civil Hospital provides great facilities to all expecting mothers by maintaining hygiene and cleanliness in the operation theatre. With the help of LaQshya checklist, we were able to conclude that almost 92% of the outcomes were calculated and recorded in the maintenance register. Approximately 85% scoring was achieved in patient rights, infection control, support and clinical services area. Service provision needs to be taken care of as the OT is not working 24*7. Quality needs attention as it has scored the lowest (46%) out of 8 areas of concern.

PROJECT REPORT

INTRODUCTION

The NHM has long demonstrated that a reduction in maternal and newborn mortality depends critically on the quality of care received on the day of delivery. This is demonstrated by the fact that the day of delivery accounts for over 46% of maternal deaths, more than 40% of stillbirths, and 40% of neonatal deaths (MoHFW, 2017). (**Assessment of Implementation**)

Inspired by this, the Indian government's **Ministry of Health and Family Welfare** recently introduced the '**LaQshya**' programme, which aims to lower avoidable rates of maternal and newborn death, morbidity, and stillbirths related to the care given during labor and delivery in the labor room (LR) and maternity OT by raising standards of care at public health facilities and ensuring Respectful maternity care. The Ministry of Health & Family Welfare (MoHFW), Government of India (GoI) launched the National Quality Assurance Programme (NQAP) in the year 2013 to improve the quality of public health facilities as per the National Quality Assurance Standards (NQAS). States are in the process of implementing the NQAS to obtain the certification as mandated by the MoHFW, but the certification process takes considerable time and resources and the NQAS certification covers the entire facility. To ensure quality services in the Labor Room (LR) and maternity Operation Theatre. (OT) MoHFW has designed the Labor Room Quality Improvement Initiative (LaQshya) guidelines to provide quality intrapartum and immediate post-partum care in respectful and zero-defect care to pregnant women and newborns. The priority facilities for the LaQshya certification are all the government medical college hospitals, all district hospitals, all designated first referral units (FRUs) and high case load CHCs with over 100 deliveries per month (60 deliveries for the facilities located in hilly and desert areas)

LaQshya is broadly arranged under 8 "Areas of Concern" – Service Provision, Patient Rights, Inputs, Support Services, Clinical Services, Infection Control, Quality Management and Outcome.

OBJECTIVES OF LAQSHYA

- To reduce maternal and newborn mortality & morbidity due to APH, PPH, retained placenta, preterm, preeclampsia & eclampsia, obstructed labor, puerperal sepsis, newborn asphyxia, and sepsis, etc.
- To improve Quality of care during the delivery and immediate post-partum care, stabilization of complications ensures timely referrals and enables an effective two-way follow-up system.
- To enhance the satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility.



The infographic is set against a dark blue background. At the top left is the Government of India emblem and the text 'Ministry of Information & Broadcasting Government of India'. The title 'Labour Room Quality Improvement Initiative' is centered in white, with 'LaQshya' below it in large, bold, yellow font. Three sections follow: 'Objective' (yellow header) with the text 'To reduce preventable maternal and newborn mortality, morbidity and stillbirths.'; 'Goal' (yellow header) with the text 'To improve quality of care provided to Pregnant Mother in Labour Room and Maternity Operation Theatres'; and 'Target Areas' (yellow header) with the text 'Government Medical Colleges, District Hospitals and important Sub District Hospitals and Community Health Centers'.

Ministry of Information & Broadcasting
Government of India

Labour Room Quality Improvement Initiative

LaQshya

Objective
To reduce preventable maternal and newborn mortality, morbidity and stillbirths.

Goal
To improve quality of care provided to Pregnant Mother in Labour Room and Maternity Operation Theatres

Target Areas
Government Medical Colleges, District Hospitals and important Sub District Hospitals and Community Health Centers

Fig.4

PROCESS OF LAQSHYA CERTIFICATION

To get LaQshya certification, a facility must sequentially undergo a set of processes. The Labor room and maternity OT is evaluated with the checklist developed for the NQAS certification and the same checklist is used as a tool for assessment and certification. The external assessment and certification are done by the external assessors empaneled with the NHSRC and the certification is valid for three years. These processes will help the systems strengthen systematically and are expected to be sustainable if followed meticulously as shown in the figure below.

CRITERIA FOR LAQSHYA CERTIFICATION

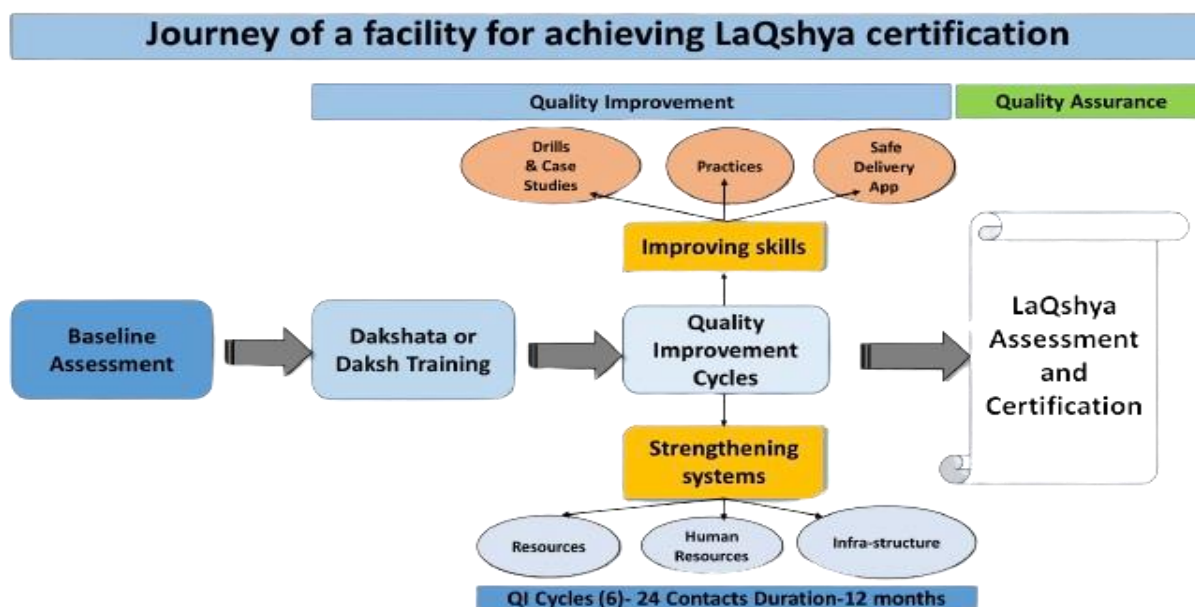


Figure 2: Criteria for LaQshya Certification

The following certification criteria are required to be met for the LaQshya certification of Labour and OT of a health facility –

- Criterion 1 - Separate overall score of the department (LR/OT) shall be $\geq 70\%$
- Criterion 2- The score of each Area of Concern in the r/o department (LR/OT) shall be $\geq 70\%$
- Criterion 3- Individual scores of three core Standards (B3, E18 and E19) shall be $\geq 70\%$
- Criterion 4- Individual Score in each applicable Quality standard $> 50\%$
- Criterion 5 – Client Satisfaction of the department shall be more $\geq 70\%$

(Deemed LaQshya Certification Note.pdf)

COMPONENT OF QOC IMPROVEMENT IN LABOUR ROOM

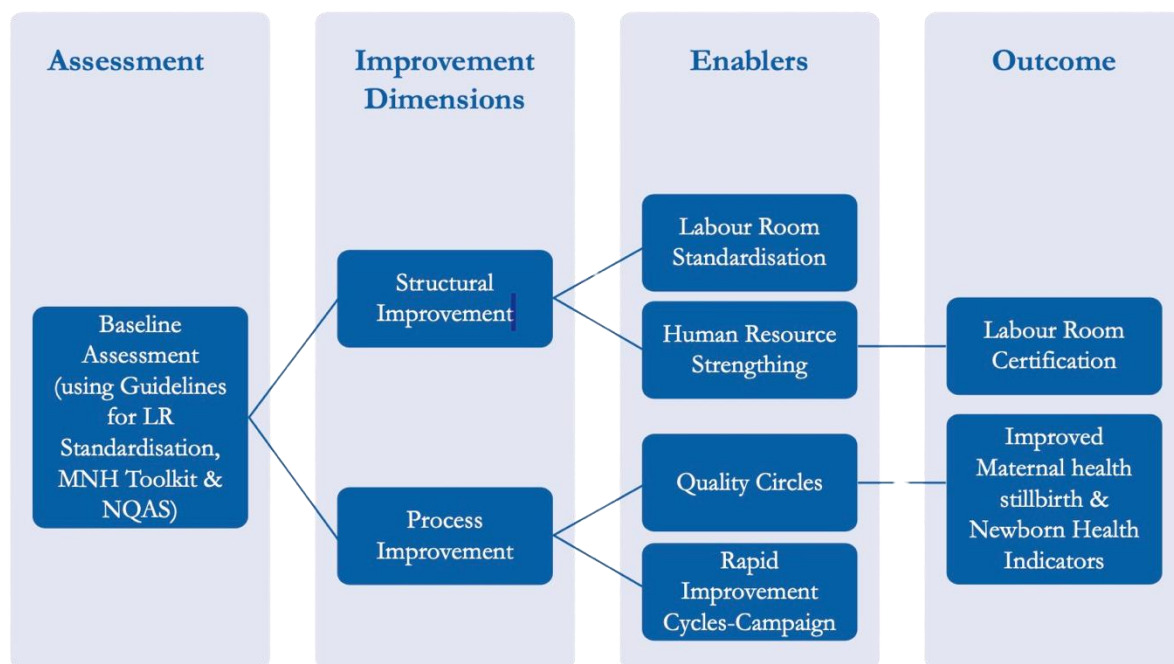


Figure 3: Component of QOC improvement in Labour Room

Incentivization

There is a provision for incentives for the facility to achieve the LaQshya certification. Details of the incentives are as follows:

- Medical Colleges Rs 6 Lakh (for each department)
- District Hospitals Rs 3 Lakh (for each department)
- Sub Divisional Hospital/Civil Hospital/CHC Rs 2 Lakh (for each department)

Branding

The achievement of the quality benchmark may be used for the branding of the facility. Branding provides confidence to the community that they are availing services from the quality certified facility adhering to the standard protocols of healthcare service provisioning.

- Platinum Badge More than 90% score
- Gold Badge More than 80% score
- Silver Badge More than 70% score

TITLE

Gaps or loopholes preventing the Ropar district's Civil Hospital from obtaining certification for the LaQshya programme.

OBJECTIVE OF THE STUDY

1. To conduct the baseline assessment of LaQshya with the help of a checklist provided by GOI under NQAS in two months and find the loopholes.
2. Assess the program's impact on maternal and newborn mortality and morbidity rates.
3. Gauge the level of satisfaction among women who have received care under LaQshya.

MODE OF DATA COLLECTION

- The Ropar district hospital's labor room (LR), maternal OT, and maternity wards were the locations to be examined.
- Maternal and child health (MCH) variables were chosen from the LaQshya assessment checklist for the gap analysis.
- For the assessment, a total of 300 checkpoints were reviewed for the labor room (see the checkpoints in the Annexure) and 300 checkpoints were analyzed for the maternal OT (see the checkpoint in the Annexure).

- Based on information gathered from record reviews, observations, staff interviews, patient interviews, and maternity OT in the LR and maternity wards, the checkpoints were scored.

Tool – LaQshya Checklist

Checklist for Labour Room						
Reference No.	Measurable Element	Checkpoint	Compli.	Assessment Method	Means of Verification	Remarks
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	2	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	2	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	2	SI/RR	Normal vaginal & assisted (Vacuum / Forcep) delivery	
		Availability of Pre term delivery services	2	SI/RR	Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily	
		Management of Postpartum Haemorrhage	2	SI/RR	Check if Medical/Surgical management of PPH is being done at labour room	
		Management of Retained Placenta	2	SI/RR	Check staff manages retained placenta cases in labour room . Verify with records	
		Septic Delivery & Delivery of HIV positive Pregnant Women	2	SI/RR	Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily	
		Management of PIH/Eclampsia/ Pre eclampsia	2	SI/RR	Check services for management of PIH/Eclampsia are being proved at labour room	
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation	2	SI/OB	Check if labour room has a functional New born resuscitation services available in labour room	
		Availability of Essential new born care	2	SI/OB	Check essential newborn care provisions such as Keeping baby on mother's abdomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of breast feeding, recording of vitals and Vit. K are provided	

Complete LaQshya checklist Excel-[https://delhiihmr-](https://delhiihmr-my.sharepoint.com/:x/g/personal/ritika_2325_iihmrdelhi_edu_in/EZkfU7oIL91Hn8PSW8IRzLIBKT3e7LQ-uog2qk03LmKvzw?e=il3e7q)

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Tool – LaQshya Checklist Maternity OT



Checklist for Operation Theatre						
Referer	ME Statement	Checkpoint	Comp	Asses	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A	Facility Provides Curative Services					
ME A1.14	Services are available for	OT Services are available	1	SI/RR	Check with OT records that	
ME A1.16	The facility provides	Availability of Emergency	1	SI/OB		
ME A1.17	The facility provides	Availability of Maternity	1	SI/OB		
Standard A	Facility provides RMNCHA Services					
ME A2.1	The facility provides	Availability of Post partum	1	SI/OB	tubal ligation	
ME A2.2	The facility provides	Availability of Elective C-	1	SI/RR	Check services are	
		Availability of Emergency	1	SI/RR	Check services are	
		Management of MTP	1	SI/OB	Surgical management	
ME A2.3	The facility provides New	Availability of New born	1	SI/OB	Dedicated Functional New	
Standard A	Facility Provides diagnostic Services					
ME A3.2	The facility Provides	Availability of point of	1	SI/OB	Glucometer, RDK , Blood	
Area of Concern - B Patient Rights						
Standard	Facility provides the information to care seekers, attendants & community about the available					

Complete LaQshya checklist Excel-https://delhiihmr-my.sharepoint.com/:x:/g/personal/ritika_2325_iihmrdelhi_edu_in/EbwcKbuP8CxLoC6I2EO8lnsB37P7L7plmgPqEPB1L4BjVw?e=fXythe

Data Compilation

LaQshya- the compilation of data is through MS Excel with the help of the NQAS checklist for LaQshya. It includes maternity OT and a Labor room. The assessment scorecard is given below for each department.

Assessment scorecard of Labor Room -

Checklist for Labour Room			
			
Assessment Summary			
Name of the Hospital	Civil hospital, ROPAR	Date of Assessment	6th May
Names of Assessors	Dr. Ritika, Dr. Shreya	Names of Assesseees	
Type of Assessment (Internal/Peer/External)	Internal Assessment	Action plan Submission Date	
Labour room Score Card			
Area of Concern wise Score			Labour Room Score
A	Service Provision	100%	<div style="background-color: yellow; text-align: center; font-size: 2em; font-weight: bold;">83%</div>
B	Patient Rights	93%	
C	Inputs	76%	
D	Support Services	87%	
E	Clinical Services	95%	
F	Infection Control	81%	
G	Quality Management	49%	
H	Outcome	90%	

Data Analysis

MS Excel was used for data analysis. Descriptive statistics was used to quantitatively summarize the collected data in the form of percentages from the Maternal OT and Labor room departments of the hospital. Further bar graphs were made to analyze the collected data.

A bar graph (or a bar chart or bar diagram) is a visual tool that uses bars to make a comparison of data among categories. A bar graph might run vertically or horizontally. The important thing to know is that the longer the bar, the greater its value.

Bar graph for the labor room

Axis Y-Percentage

Axis X- Area of concern

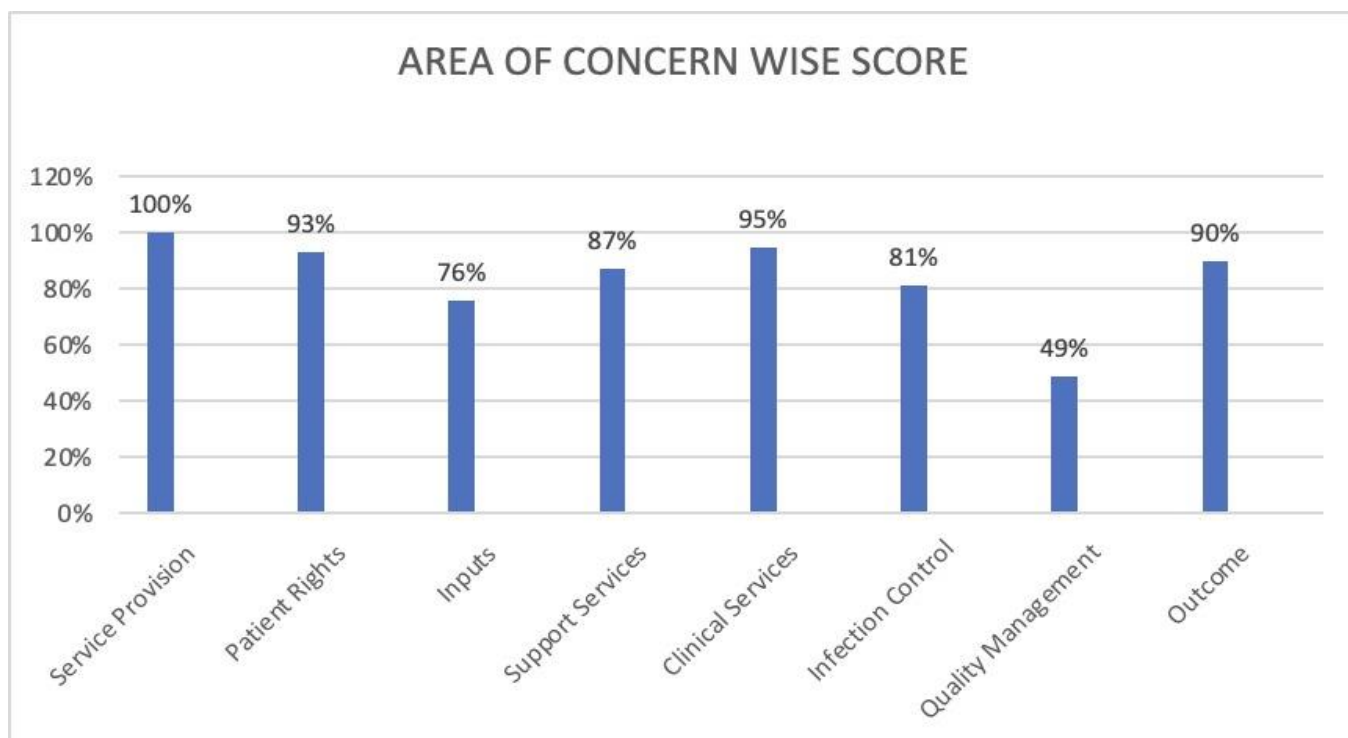


Figure 8- Area of concern wise score of labour room

Bar graph for Maternity OT

Axis Y-Percentage

Axis X- Area of concern

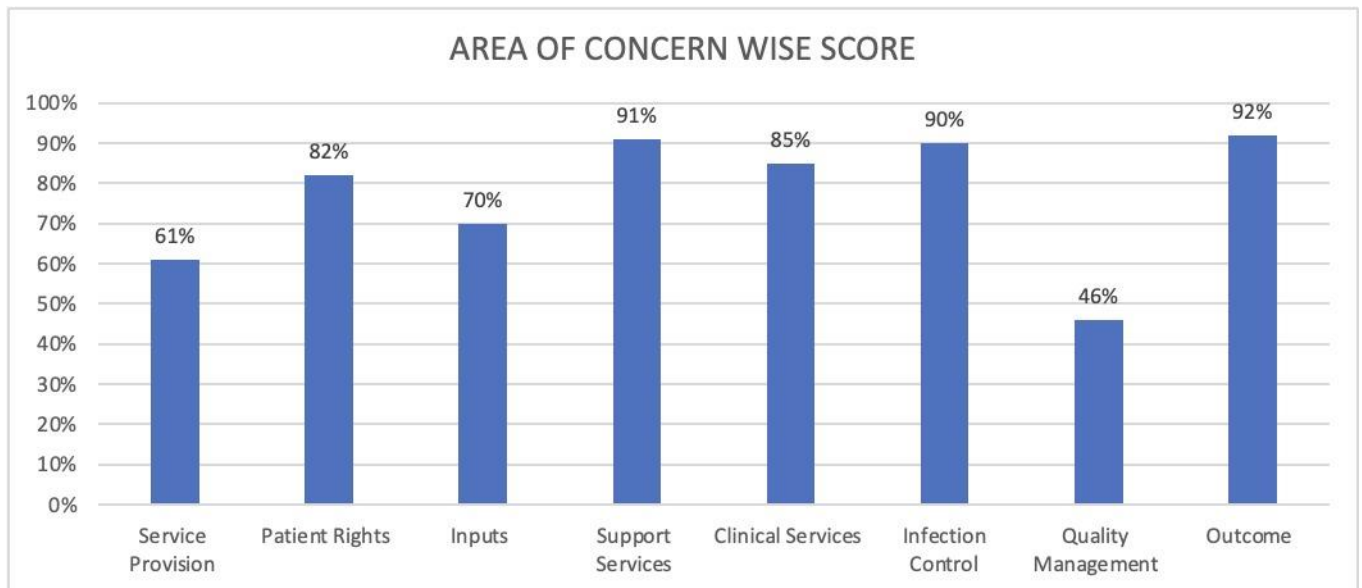


Figure 9- Area of concern wise score of labour room

INTERPRETATION

This study was conducted for the assessment of services provided, patient rights, inputs, support services, infection control, clinical services, quality management and outcomes of labour room, and maternity OT under LaQshya initiatives. This study intended to identify the gap areas of each department that should be filled to achieve the goals and objectives of the initiatives.

Major gaps of LaQshya in labour room and maternity OT are-

- Shortage of manpower in both labour room and maternity OT as per patient load.
- No use of digital technology to maintain records, and no data entry operator is recruited in the hospital that is why record is maintained manually.
- intercom services are not available in labour room and maternity OT. Staffs use their mobile

phone to contact for referrals and follow up for the patients.

Strength and good practices of LaQshya in labour room and maternity OT are:

- Respectful maternal care is provided to pregnant women
- Referral system is highly efficient. [OBJ]
- Deliveries are also conducted at night. [OBJ]
- Deliveries are conducted using, partograph and safe birth checklist.
- 98 percent new-born breastfed within 1 hours of birth.

RECOMMENDATIONS

- To fill the gaps, higher authorities should provide continuity of care and achieve the organization's goals effectively and efficiently.
- The importance of the LaQshya programme needs to be conveyed to all the staff.
- For the facility to run smoothly, interpersonal communication between officers, nodal individuals, and department representatives is essential.
- The District Coaching Team and Quality Circle Team need to be constituted in Ropar district as per the guidelines laid under the Programme. In the absence of these institutional mechanisms, it is difficult to provide support for the smooth implementation of LaQshya interventions.
- It is necessary to address the workforce shortage to attain and sustain service quality.
- To implement the modifications that would improve patient outcomes (health), system performance (care), and professional growth (learning).
- Regular training and assessment of the departments should be conducted to improve the quality of care and knowledge of the staff
- Promoting a culture of empathy and patient-centered care approach to promote Respectful Maternity Care.
- Employee feedback regarding their working conditions and issues should be discussed in frequent meetings, and any necessary steps should be implemented without any delay.
- Equitable work assignments ought to be given to every employee who works in the labour room and maternity OT. It is not appropriate for one employee to have too much work.

CONCLUSION

To capture the effect of LaQshya certification, a discussion has been held with the programme officer of the LaQshya at the health facility. LaQshya certification has a system for quality management. The purposes and clearly defined methods make it possible for government organizations to encourage staff members and get certified. While the LaQshya programme isn't over yet, we can analyze its progress so far and its potential long-term impact. Here's a detailed look at its conclusion:

- We interacted with all the clinical as well as supporting staff and found loopholes in both maternal OT and labor room which includes Challenges and Considerations.
- Inconsistent Implementation: For maximum impact, the programme needs consistent implementation across all targeted facilities. There may be variations in execution depending on location and resource availability.
- Sustainability: Long-term funding and commitment are crucial to ensure LaQshya's ongoing effectiveness.
- Empowered Healthcare Workers: LaQshya's training programs aim to improve the skills and knowledge of healthcare providers, leading to better patient care, which is needed every month, addressing resource gaps and securing sustainable funding.
- Nevertheless, we have seen Positive Impacts on Improved Maternal and Newborn Health Outcomes: Studies in facilities with effective implementation show a decrease in maternal and newborn mortality rates. This indicates LaQshya's potential to save lives.
- Enhanced Quality of Care: There's evidence of improved adherence to clinical protocols, suggesting mothers are receiving better care during childbirth and postpartum.
- Promoted Respectful Maternity Care: The program's emphasis on respecting women's choices and dignity during childbirth can lead to a more positive birthing experience.

LIMITATIONS

IEC Material such as family planning chart are not present. No intercom facilities are available	Value for maximum doses as per weight and diagnosis are unavailable
No masks and caps are worn	Three-sided partition for delivery table not available
Carbolic acid is unavailable	training for respectful maternity care and others to be given
Only phenyl is being used	Drinking water facility should be provided in the labor room
Training is required according to standard procedure.	two more labor beds need to get functional
Needle cutter is not available.	Shortage of medical officers
There is no issuance register maintained.	Shortage of nursing staff
Quality circle is not formed	Shortage of security guards
Not all were fully aware of the standard treatment protocol	Deck brush unavailable.
Proper filling and maintenance of cleanliness register not done	Steel basins are not attached in the labor bed.
no, it is not provided	Mattresses should be in three parts.
Stock level needs to be maintained and updated daily	No drug reaction forms available.
No flow rate checklist available	Records are not numbered.
Temperature charts are not updated. Thermometer was not working.	Not all are classified and examined by pediatrician.
No UPS available and no emergency light was available	Not all are fully aware of the timing of delayed cord clamping
proper dress code is not followed	Not all are fully aware of interpretation of portogram
Status of the referred outpatient not mentioned in the record.	Eye covers are not available

No advance communication regarding referral is done.

There is no supply of elbow length gloves

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ANNEXURE -

23/4/24	05	MCU	~	A-2	High	23/5	23/5
24/4/24	03	MCU	~	A-2	Low	25/4	25/4
27/4/24	04	MCU	~	A-2	High	27/4	27/4
2/5/24							2/5
2/5/24	04	MCU	~	A-2	Low	2/5	2/5
3/5/24	06	MCU	~	A-2	High	3/5	3/5
4/5/24	04	MCU	~	A-2	Low	4/5	4/5
6/5/24	03	MCU	~	A-2	Low	6/5	6/5
7/5/24	06	MCU	~	A-2	Low	7/5	7/5
8/5/24	03	MCU	~	A-2	Low	8/5	8/5
9/5/24	06	MCU	~	A-2	Low	9/5	9/5
10/5/24	02	MCU	~	A-2	Low	13/5	13/5
11/5/24	07	MCU	~	A-2	Low	14/5	14/5
16/5/24	06	MCU	~	A-2	Low	16/5	16/5
18/5/24	03	MCU	~	A-2	Low	18/5	18/5
21/5/24	08	MCU	~	A-2	Low	21/5	21/5
22/5/24	02	MCU	~	A-2	Low	22/5	22/5

PUNJAB HEALTH SYSTEM CORPORATION

Reporting Performa For Referred Out Patient of Emergency Obstetrics Care

Name of Reporting Health Institution _____

Name of Institution where Referred _____

Reason for Referral _____

RR NO. _____

Name _____ Age _____ Husband Name _____

CR. No. _____ Address _____

Date of Receiving the Patient _____

Time of Receiving the Patient _____

Date of Referral Out Patient _____

Time of Referral Out Patient _____

Complete Diagnosis _____

Parity Formula G P A S L

Condition Of Patient

BP		PR		Temp.		Any Other	
P/A		P/V		FHR		In Labour/ Not Labour	

Investigation

HB		BT		CT		Urine C/E		ABO/RH	
----	--	----	--	----	--	-----------	--	--------	--

Special If Any _____

Signature of MO/Obst & Gynae _____

INFORMED CONSENT
PUNJAB HEALTH SYSTEMS CORPORATION

DU/SBH/CHC _____ Patient's Name _____ CR No. _____
Ward _____

I, _____ DOB: S/A: W/F: _____
On _____ time _____ hereby give consent and authorize _____
and whenever he/she may designate to assist her/his to sign herself/his name of _____
the patient's performance of surgical operation, delivery D & C, hysterectomy, ART and for diagnosis/therapies, the _____
indicates of surgery/medical procedure _____
has been explained to me.

2) It is known to us that our case does not have any medico legal involvement. we are responsible and give consent for the extra risk involved in the management of the case.

3) It has been explained to me that during the course of operation/procedure, unforeseen conditions may be revealed or encountered which necessitates surgical or other emergency procedures in addition to or different from those contemplated at the time of initial diagnosis.

4) I consent for administration of any kind of anesthesia and to use anesthetics as may be deemed necessary or desirable. I understand that anesthesia be it local, regional, spinal or general entails its own risk including death & may compel the doctor to postpone the operation under a well done operation into a complete failure.

5) It has been explained to me in my own language that with every surgical operation/procedure a standard rate of various complications/risk can manifest themselves during surgery. In post-operative period or even as late as a year after the operation. The resulting situation can even lead to death. Such risks can occur by simple and up-to-date drug allergy of the patient type.

6) It has also been explained to me that with every operation/delivery/procedure bleed-in-post-partum hemorrhage, infection, inflammation etc. are standard complications which can create havoc to the individual. Also that a well performed operation/delivery stands a chance to fail without any fore warning. The cause of failure may not be related to the operation/delivery/medical procedure.

7) I further consent to the administration of such drugs, infusions, plasma, expander, blood or any other treatment or procedure deemed necessary. This hospital has/does not have facility for blood transfusion.

8) The nature and purpose of the operation and/or procedures necessitated there of the possible alternative methods, treatment, prognosis, the risk involved and the possibility of complications in the investigative procedure/investigations and treatment of my condition/diagnosis have been fully explained to me and I understand the same.

9) I have been given the opportunity to ask all my questions and I have been given the option and ask for any second opinion from elsewhere.

10) I consent for referring my case to a higher institute for further management/blood/transfusion if it is necessary in the opinion from elsewhere.

11) I acknowledge that no guarantee and promise have been made to me concerning the result of any procedure/treatment.

12) I also give consent to the disposal to any tissue, part, foetus etc. which may be removed during the course of operation/treatment.

13) I consent to the photography or televising of the operation/procedure to be performed including appropriate portion of my body for medical, scientific or education purposes provided my identity is not revealed by pictures or by descriptive texts, accompanying them.

I certify that the statements, made in the above consent have been read over the explained to me in my mother tongue and I have fully understood in the implication of the above consent. I further submit that statements therein referred to where filled in and inapplicable paragraphs stuck off before I signed/put my thumb impression. I hereby give my consent to undergo any kind of treatment/operation/delivery under any kind of anaesthesia at my own risk.

SIGNATURE/THUMB IMPRESSION

NAME _____
DATE _____
ADDRESS _____

Signature/thumb impression of guardian with address

WHEN PATIENT IS MINOR OR UNABLE TO AFFIX SIGNATURE DUE TO MENTAL OR PHYSICAL DISABILITY

BIRTH | SAFE CHILDBIRTH CHECKLIST

CHECK-1 On Admission

Does Mother need referral?
☒ Yes (Signified)
☐ No

Partograph started?
☐ Yes
☒ No. Will start when > 4 cm

Does Mother need:
- Antibiotics?
☐ Yes, given
☒ No

- Inj. Magnesium Sulfate?
☐ Yes, given
☒ No

Corticosteroid
☐ Yes, given
☒ No

HIV status of the mother:
☐ Positive
☒ Negative

☒ Follow Universal Precautions

Refer to FRU/Higher centre if any of following danger signs are present, mention reason and given feedback on transfer note:
☐ Prolonged bleeding
☐ High fever
☐ Severe headache or blurred vision
☐ Convulsions
☐ Severe abdominal pain
☐ History of head trauma or other major trauma
☐ Difficulty in breathing

Start when cervix > 4 cm, then cervix should dilate > 1 cm/hr
- Every 30 min. Plot maternal pulse, contractions, FHR and colour of amniotic fluid
- Every 4 hours Plot temperature, blood pressure, and cervical dilation in cm

Give antibiotics to Mother if:
☐ Mother's temperature > 38°C (> 100.5°F)
☐ Foul-smelling vaginal discharge
☐ Rupture of membranes > 12 hrs without labour or > 16 hrs with labour
☐ Labour > 24 hrs or obstructed labour
☐ Rupture of membranes > 37 weeks gestation

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher centre OR give full dose (loading) and then maintenance (if at FRU)
Mother has systolic BP > 160 or diastolic > 110 with > 3 proteinuria OR BP systolic > 140 or diastolic > 90 with proteinuria trace to +2 along with any of:
☐ Presence of any symptom like:
- Severe headache - swelling of vision - Difficulty in breathing
- Pain in upper abdomen - Oliguria (passing < 400 ml urine in 24 hrs)
☐ Convulsions

Give corticosteroids in antenatal period (between 24 to 34 weeks) to mothers if:
☐ True pre-term labour
☐ Conditions that lead to imminent delivery (like APH, Preterm Premature ROM, Severe PPROM, etc.)
Dose: 10mg Dexamethasone 6 mg IM 12 hourly - total 4 doses

If HIV+ and in labour:
☐ If mother is on ART, continue same
☐ If not on ART, start ART
☐ If ART is not available, refer immediately after delivery to ICT/ART Centre/Link ART Centre for further HIV management
If HIV status unknown:
☐ Recommend HIV testing

Encouraged a birth companion to be present during labour, at birth and till discharge ☐ Yes ☐ No

Are soap, water, gloves available?
☒ Yes, I will wash hands and wear gloves for each vaginal exam
☐ No, supplies arranged

☒ Confirm if mother or companion will call for help during labour if needed

Explain to call for help if there is:
- Bleeding
- Severe abdominal pain
- Difficulty in breathing
- Severe headache or blurred vision
- Urge to push
- Can't empty bladder every 2 hours

Counsel Mother and Birth Companion on:
- Support to cope up with labour pains
- No bath/bat for baby
- No Pre-Lactal feed
- Initiate breastfeeding in half-an-hour
- Cloth and wrap the baby

Name of Service Provider _____ Date: _____ Signature: _____

Adapted from "WHO Safe Childbirth Checklist"

Starting Labour Room Duty Checklist

Task 1 Taking charge of clients from nurse being relieved

1. Warmly greet the nurse to be relieved from duty
2. Ask the nurse to hand over charge
3. Handing over done at mother's bedside
4. At each bedside:
 - a. Refer to partograph if woman is in active labour
 - b. Refer to case sheet
 - c. Refer to Safe Childbirth Checklist
5. Check if documentation is complete
6. Complete documentation if required

Task 3 Check temperature

Check if room temperature is between 25°C and 28°C and room is draught free

Task 2 Check inventories, equipment and accessories

Check if the following are available and functional:


1. Cleaned labour table with mattress, sheet, pillow, mackintosh, foot-rest, stool for companion
2. Shadowless lamp
3. Autoclaved delivery set equal to average number of deliveries per day plus extra set(s)
4. 7 trays
5. BP apparatus
6. Stethoscope
7. Fetoscope/ Doppler
8. Thermometer (room and low reading)
9. Torch
10. Shoulder roll
11. Bag (240 ml and 500 mm) and mask (0 and 1 size)
12. Baby weighing scale (preferably digital)
13. Radiant warmer
14. Mucous extractor
15. Oxygen source
16. Clock with second hands
17. Coloured bins for medical wastes disposal
18. Plastic tub with lid for 0.5% chlorine solution
19. Puncture proof cutter
20. Hub cutter

Task 4 Check infection control measures

1. Cleaning of walls and sinks and wet mopping done as per housekeeping routine
2. Chlorine solution is prepared as per guidelines
3. Cots and mattresses cleaned
4. Radiant warmer cleaned
5. Suction apparatus cleaned
6. Bag and mask disinfected
7. Three waste bins have been emptied as per schedule and fresh bags placed

Task 5 Documentation

Details filled in handing/ taking over register







For details, please contact RIDDHI SCALING UP RMNCH+A INTERVENTIONS AIC, IPE Global Ltd- IPE Global House, B-84, Defence Colony, New Delhi- 110024, Email: rnmcha@peglobal.co

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CIVIL HOSPITAL, RUPNAGAR

DRUGS AND DOSES

- 1. ANTIBIOTICS –**
 - INJ. CEFTRIAXONE: ADULTS- 1-2 gms iv or im daily. Children- 50 mg/kg every 12 hrs iv
 - INJ. CEFUROXIME: Dose- 1500 mg iv TDS
 - INJ. DICTLOXACILLIN: ADULTS- 1 g each 8 hours iv or orally
 - INJ. ERYTHROMYCIN: In sepsis- 0.5-1 gm dilution in 500 ml NS iv over 60 minutes 4 times a day.
 - INJ. GENTAMYCIN: ADULTS- 240 mg iv OD
 - INJ. METROGYL: 500 MG EVERY 12 hours for 7 days.
- 2. DRUGS IN PIH –**
 - Labetalol: Non severe hypertension: BP > 150/100 mmHg: 200 mg every 6-12 hours orally. Max- 1200 mg/24 hours. Severe Hypertension: BP > 160/110 mmHg: Oral- 200 mg. Repeat after 1 hour until BP normal. iv- 10 mg iv (if BP not controlled after 10 minutes). 20 mg iv (if BP not controlled after 10 minutes). 40 mg (if BP not controlled after 10 minutes). 60 mg. Max- 300 mg. Magnesium Sulphate: Loading dose iv: 4 gm of 20% Mgso4 iv over 20 minutes. 5g in each buttock deep im with 1 ml of 2% Lidocaine After 4 hours. Maintenance Dose- 5 gm of 50% Mgso4 with 1 ml of 2% Lidocaine deep im into alternate buttocks.
 - Methyldopa: Non severe hypertension- BP > 150/100 mmHg: 250 mg orally every 8-8 hours. Max- 2000 mg/24 hours
 - Nifedipine: Non severe hypertension- BP > 150/100 mmHg: Dose- 10-20 mg orally every 12 hours. Max- 120 mg/24 hours. Severe Hypertension- BP > 160/100 mmHg: 10 mg orally. If BP not controlled- 10 mg again after 30 minutes. If BP still not controlled- 10 mg again after 30 minutes. Fastest action if given SL.
- 3. DRUGS IN PPH –**
 - Miconazole: For prevention of PPH- 600 mcg (3 tabs) orally. For treatment of PPH- 600 mcg (4 tabs) SL.
 - Oxytocin: Prevention of PPH- 10 units im. Treatment of PPH- 20 units of Oxytocin added to 1 litre iv fluid (NS or RL) fast. Continuing iv dose- 20 units in 1 litre iv at 40 drops/ minute. 0.2 mg or 0.5 mg iv or im (can be repeated after 15 minutes if heavy bleeding persists). Max dose- 6 doses of 0.2 mg Ergometrine. 2 doses of 0.5 mg Ergometrine.
- 4. DRUGS IN PRETERM –**
 - Inj. Dexamethasone- 6 mg im - 4 doses (12 hours apart). Preterm labour between 24- 36 weeks.
- 5. DRUGS IN HIV –**
 - HIV Tablets- 1 tablet to mother before delivery. If patient is not on ART. If patient on ART, then medicine is not to be given.
 - Syrup Nefazopine to baby. If < 2 kg- 0.2 ml/kg. If > 2kg- 1 ml.



Dr. Ritika ST report

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