Sharing Quality Improvement Experiences across the WHO South East Area Region

Country Spotlight: Bhutan

Point of Care Quality Improvement (www.pocqi.org)

Tuesday, 23rd October 2018

Participants to use 'chat box' to introduce themselves

WHO COLLABORATING CENTER FOR TRAINING AND RESEARCH IN NEWBORN CARE
Department of Pediatrics, AIIMS, New Delhi, India

POCQI
Point of Care Quality Improvement

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Webinar Roles

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Bhutan

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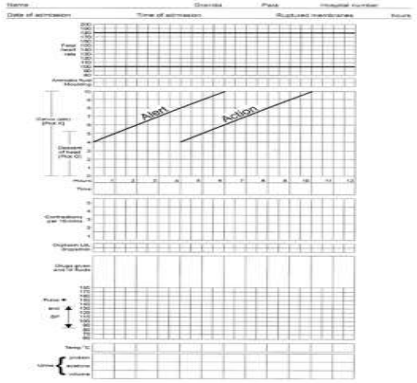
A Quality Improvement Initiative



IMPROVING PARTOGRAPH DOCUMENTATION IN LABOUR ROOM

Central Regional Referral Hospital, Gelephu

Date: 23-10-2018
Speaker: Kinley Chhimi, SN
CRRH

KINGDOM OF BHUTAN

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2. Process Of Quality Initiative
3. Outcomes Of This QI Project
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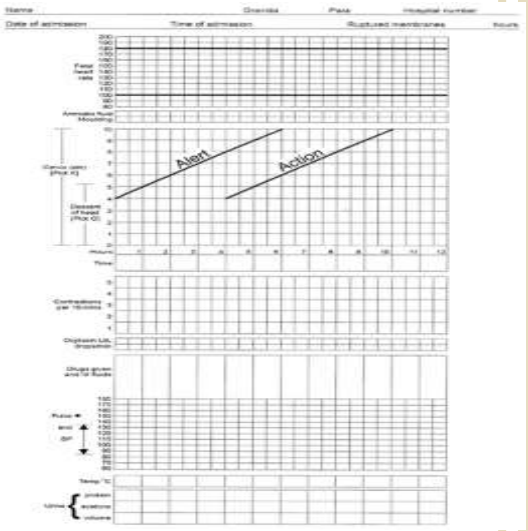


BACKGROUND

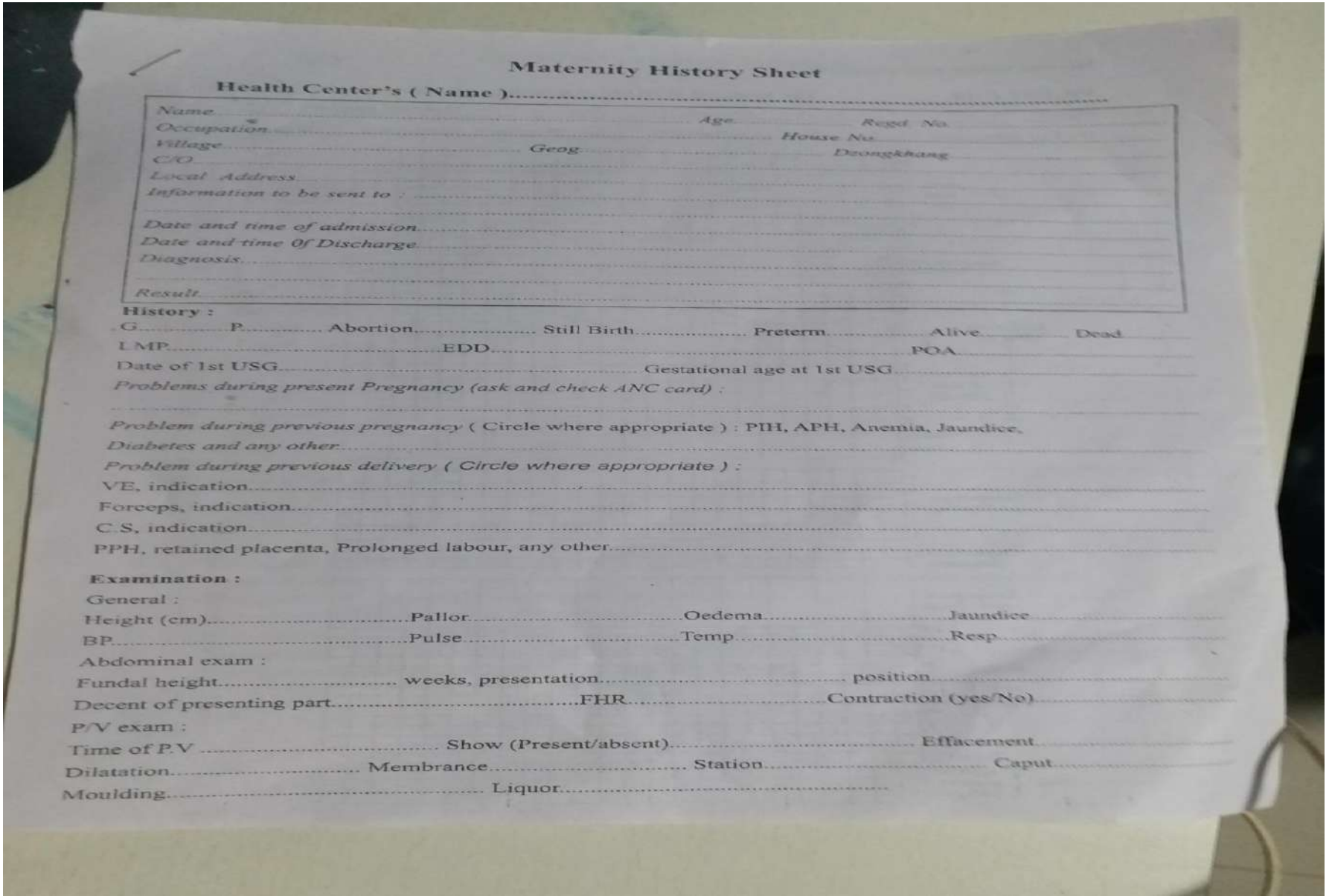
- **Quality improvement** is a systemic approach that will lead to better patient outcomes, improve system and bring professional development.
- A **partograph** is a pre-printed paper that provides a visual display of recorded observations carried out on mother and foetus during labour.
- It is universally used as part of Safe Motherhood Initiative for improving labour management and reducing maternal and foetal morbidity and mortality.

Components Of Complete Partograph

1. Complete details of patient's information on maternity history sheet.
2. Fetal Condition: Fetal heart rate, membranes and liquor, molding of fetal skull.
3. The progress of labour: Cx dilatation, descent of fetal head, uterine contraction, duration and frequency.
4. Maternal condition: Pulse, BP, Temp, urine, drugs and IV fluid.

COMPLETENESS OF PARTOGRAPH

(MATERNITY HISTORY SHEET)



Maternity History Sheet

Health Center's (Name).....

Name..... *Age*..... *Regd No*.....
Occupation..... *House No*.....
Village..... *Geog*..... *Deongkhang*.....
C/O.....
Local Address.....
Information to be sent to :.....

Date and time of admission.....
Date and time Of Discharge.....
Diagnosis.....

Result.....

History :

G..... P..... Abortion..... Still Birth..... Preterm..... Alive..... Dead.....
LMP..... EDD..... POA.....
Date of 1st USG..... Gestational age at 1st USG.....
Problems during present Pregnancy (ask and check ANC card) :

Problem during previous pregnancy (Circle where appropriate) : PIH, APH, Anemia, Jaundice,
Diabetes and any other.....
Problem during previous delivery (Circle where appropriate) :
VE, indication.....
Forceps, indication.....
C.S, indication.....
PPH, retained placenta, Prolonged labour, any other.....

Examination :

General :
Height (cm)..... Pallor..... Oedema..... Jaundice.....
BP..... Pulse..... Temp..... Resp.....
Abdominal exam :
Fundal height..... weeks, presentation..... position.....
Decent of presenting part..... FHR..... Contraction (yes/No).....
P/V exam :
Time of P.V ..... Show (Present/absent)..... Effacement.....
Dilatation..... Membrance..... Station..... Caput.....
Moulding..... Liquor.....

CONT.

2.FETAL CONDITION

1. FHS- Every half hourly
2. Membranes,liqour ,molding of Fetal Head-every four hourly.

3.THE PROGRESS OF LABOR.

1.cervical dilation-every 4 hourly.

2.Decent of the head-every 4hourly

3.Uterine contraction and Frequency-every half hourly.

CONT..

4. MATERAL CONDITION

1.Blood pressure- 4hourly

2.Pulse rate-every half hourly.

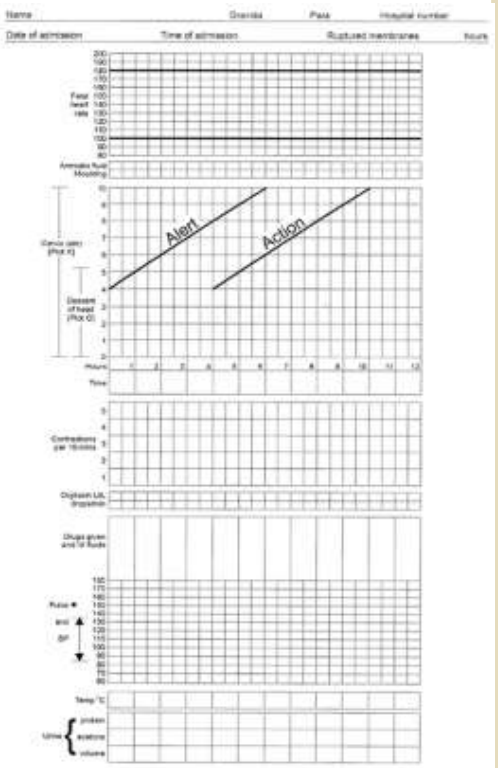
3.Temperature- Every 2hourly

4.Urine-whenever passed.

5.Drugs and IVF-if given.

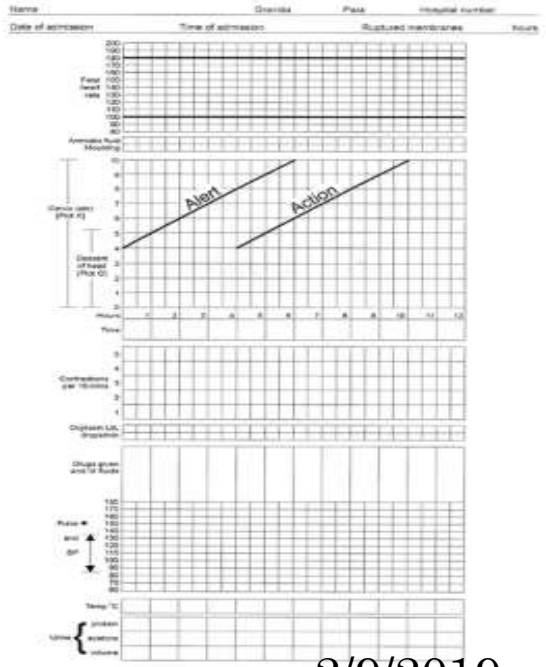
BENEFITS OF COMPLETE PARTOGRAPH

- Early recognition of problems
- Reduce complications
- Avoid delay in intervention
- Safe and early discharge
- Improved out come
- Reduction in health care costs



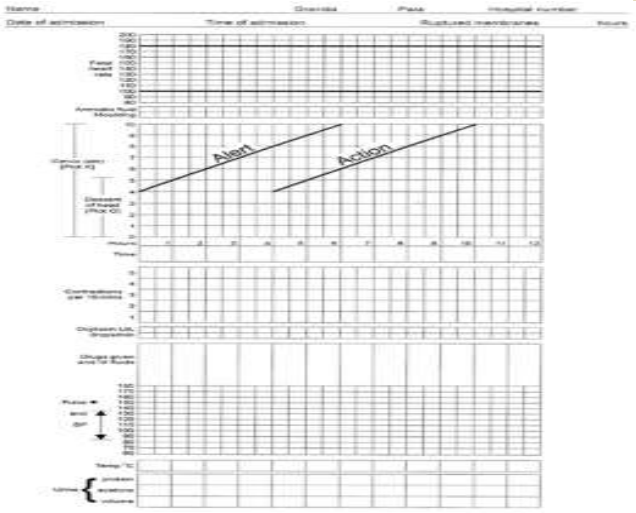
QI TEAM FORMATION

- Leader - Gynaecologist /Unit In-charge
- Communicator – Karma Yangchen, Staff Nurse
- Data collector – Hem Raj Rai, Staff Nurse



STEP 1: AIM STATEMENT

- To increase the percentage of completed partograph charting from 0% to 100% in 3 months.



Inclusion Criteria

- Deliveries, both vaginal and Caesarean Sections (emergency/unplanned) with partograph monitoring

Exclusion Criteria

- ALL elective Caesarean Sections
- Admission of clients directly with fully dilated cervix
- Referred in clients (without partograph)

MEASUREMENT

INDICATOR	
Numerator	Number of completed filled partographs every 2 weeks
Denominator	Number of filled/assessed partographs every 2 weeks

$$\% = \frac{\text{Nos.of completed filled partographs}}{\text{Nos.of filled/assessed partographs}} \times 100$$

DATA COLLECTION

Frequency	**2 weekly**
Responsibility	QI Team Members
Data Source	Indoor Admission Register; Medical Case Sheets from the Medical Record Office

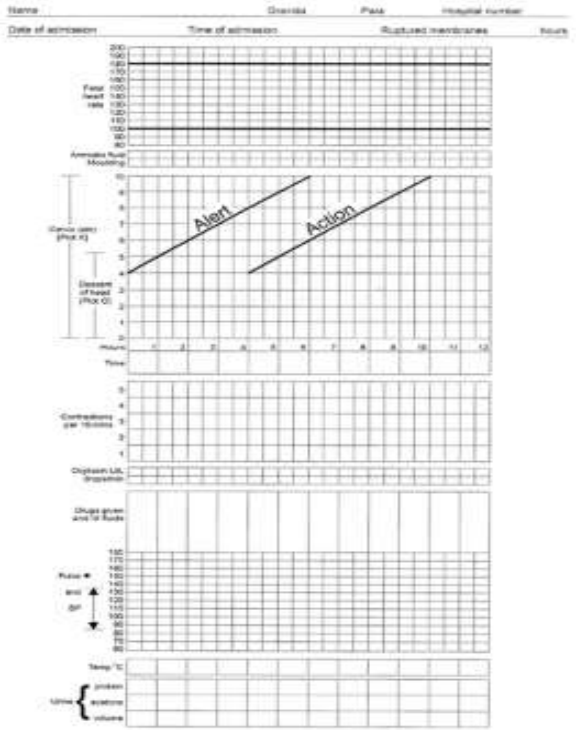
BASELINE DATA

Delivery record of October 1 to 5, 2017 showed 0% complete partograph plotting(appx.5 partograph per day)

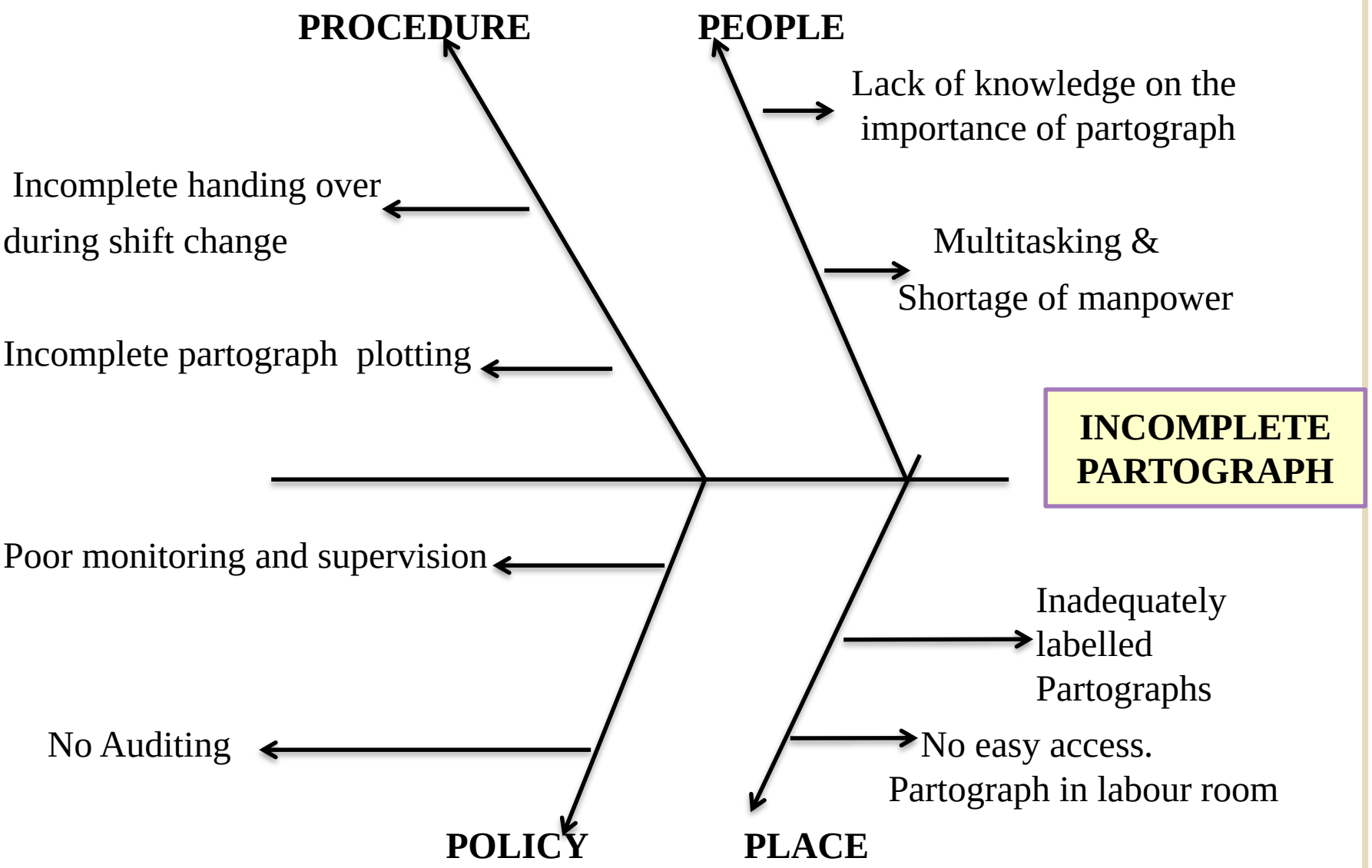
Date of data collection	Percentage of completeness
01/10/2017	0%
02/10/2017	0%
03/10/2017	0%
04/10/2017	0%
05/10/2017	0%

STEP 2: ANALYSIS FOR INCOMPLETE PARTOGRAPH

- Fish-bone Analysis



FISH-BONE ANALYSIS



FAULTY PARTOGRAPHS

MATERNITY HISTORY SHEET

Health centre's (Name) _____

Name _____ Age _____ Regd. No _____
Occupation _____ House No. _____
Village _____ Gewog _____ Dz _____
C/O _____
Local address _____
Information to be sent to _____
Date and time of admission _____
Date and time of discharge _____
Diagnosis _____
Result _____

History :

G _____ Abortion _____ Abortion _____ Still birth _____ Preterm _____ Alive _____ Dead _____
LMP _____ EDD _____ POA _____
Date of 1st USG _____ Gestational age at 1st USG _____
Problems during present pregnancy **(Asked and check ANC Card)**
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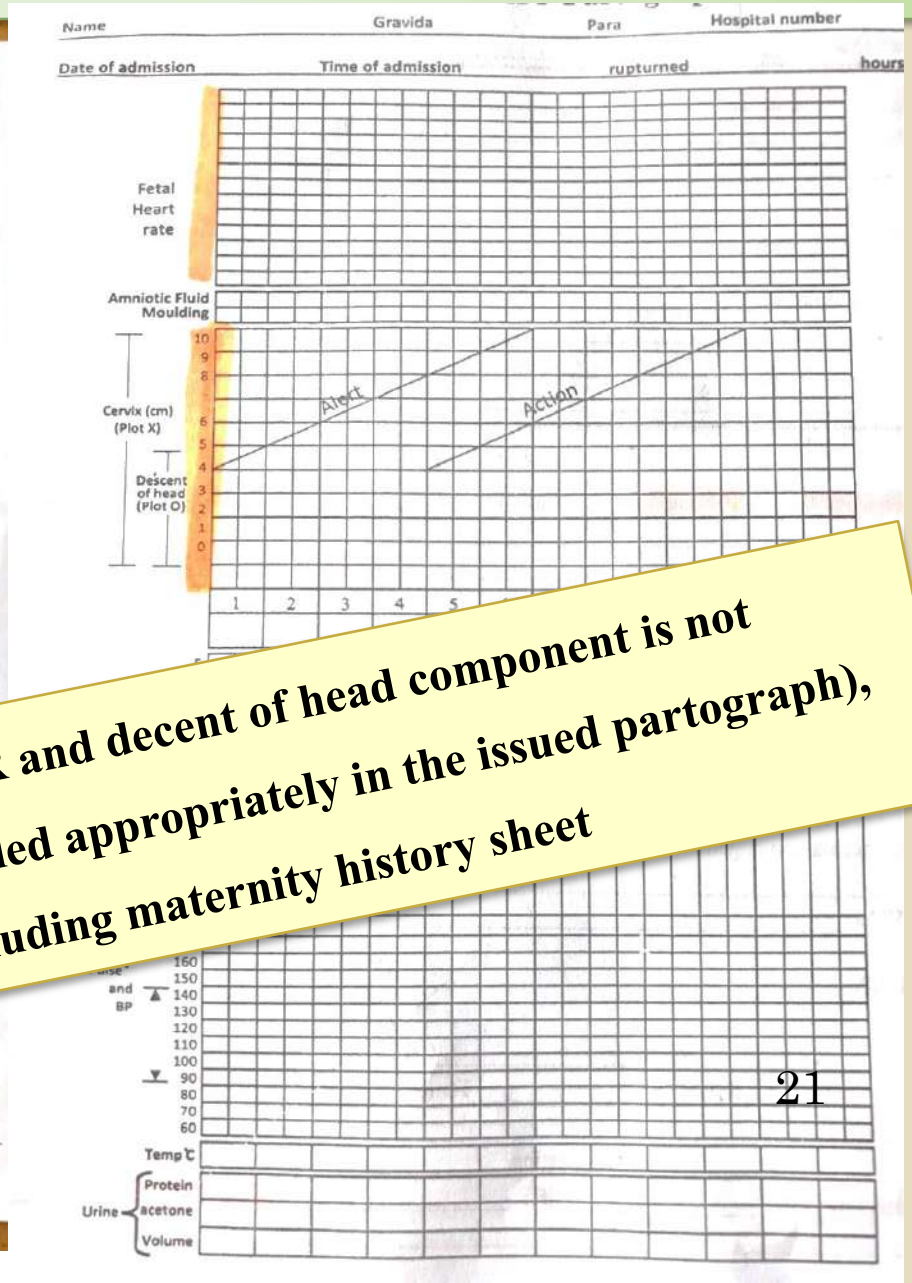
VE, indication _____
Forceps, indication _____
C. S. indication _____
PPH, retained placenta, prolonged labour, any other _____
Blood Group _____ Onset of labour _____
Last Date of Hb% _____ time of rupture of membrane _____

EXAMINATION
General :
Height (cm) _____ palior _____ Oedema _____ Jaundice _____
BP _____ Pulse _____ Temp _____ Resp. _____
Abdominal Exam :
Fundal height _____ Weeks, presentation _____ Position _____
Descent of presenting part _____ FHR _____ Construction (Yes/No) _____
VDRL/RPR _____
P/V exam :
Time of P.V _____ Show (Present/Absent) _____ Effacement _____
Dilatation _____ Membrane _____ Station _____ Caput _____
Moulding _____ Liquor _____



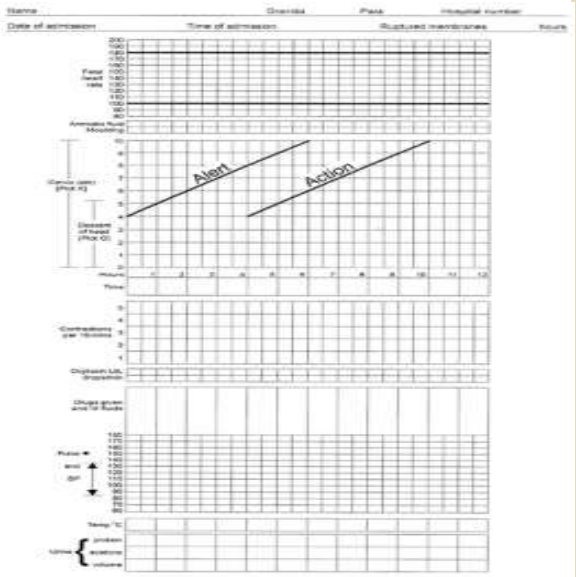
(FHR and decent of head component is not labeled appropriately in the issued partograph), including maternity history sheet

Step 3: Developing and Testing Change Ideas

- Based on the problem analysis, the team came up with several ideas to improve partograph completeness

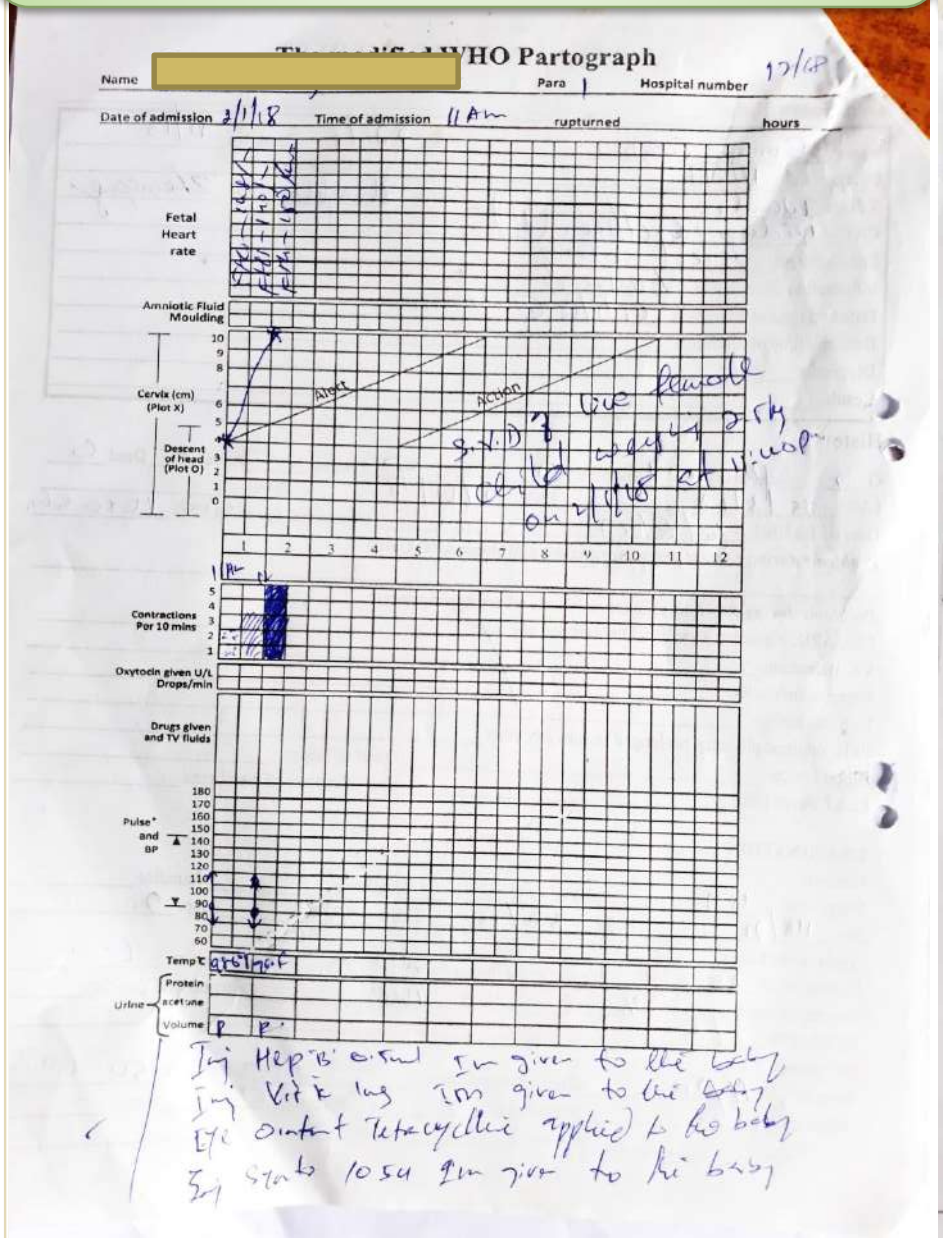
PDSA CYCLE 1

1. Trained the labour room staffs on partograph plotting.
2. Reprinted the modified partograph with help of hospital administration

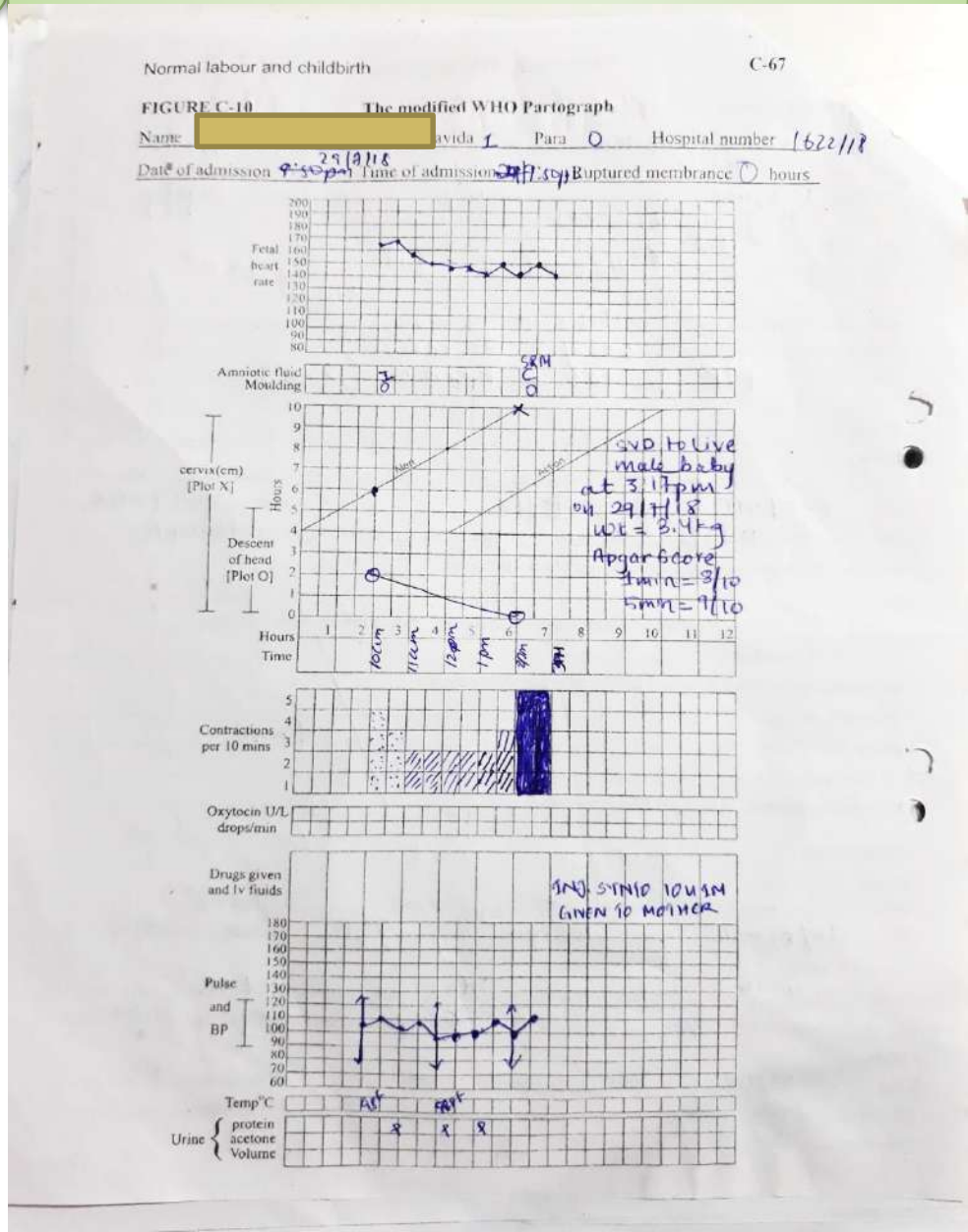


TEACHING-LEARNING ON PARTOGRAPH

Before



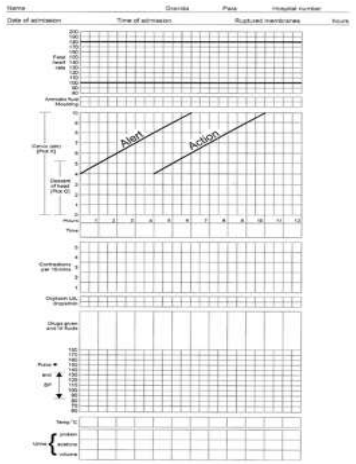
AFTER



PDSA CYCLE 2

Implementation of additional interventions in Labour Room.

1. Proper handing over of patograph during every shift.
2. Plotting the partograph correctly and completely.
3. Easy access of partograph in labour room



HANDING-TAKING OF PARTOGRAPH DURING THE SHIFT

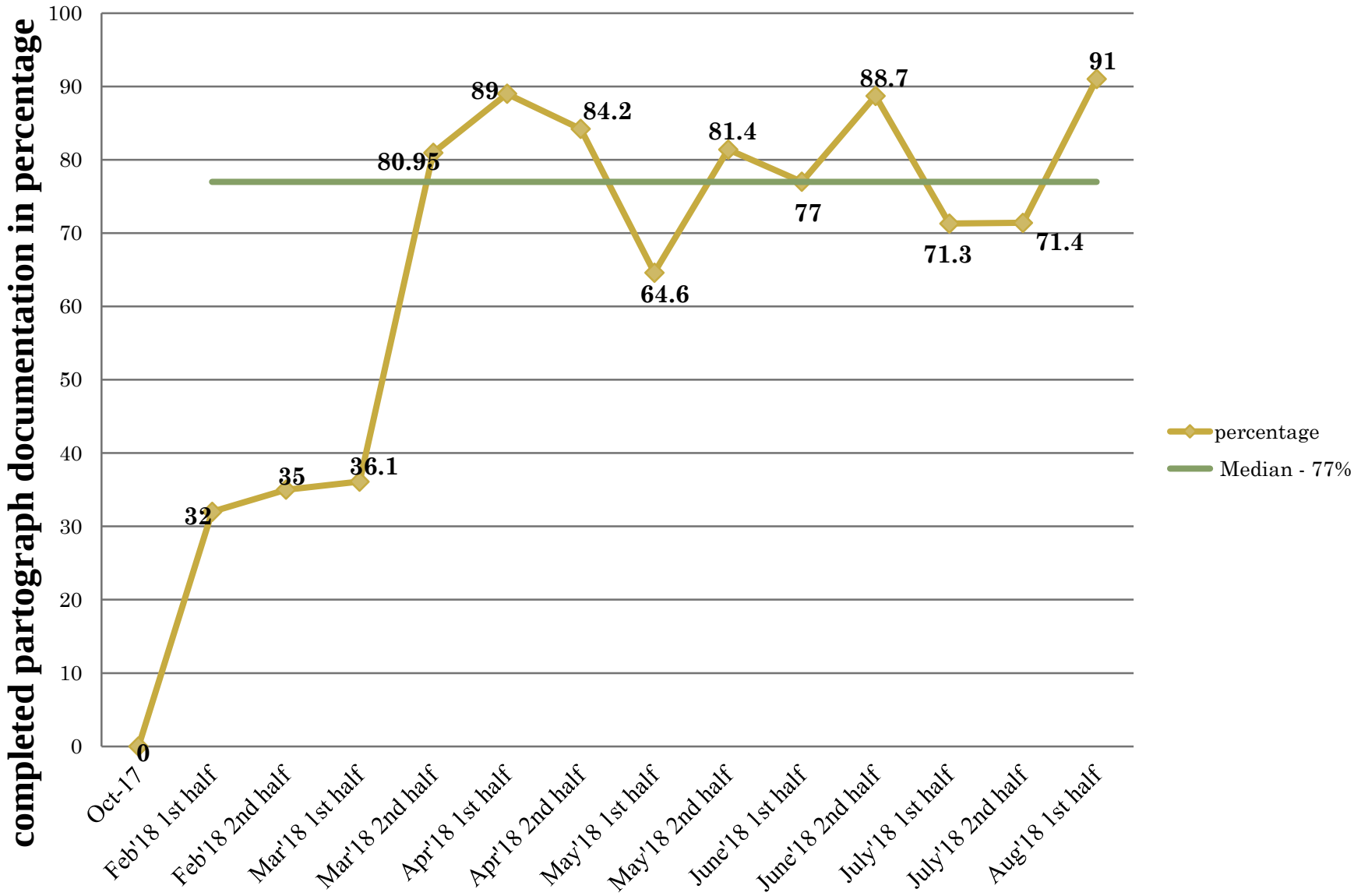
PATIENT FILES & PARTOGRAPHS IN L. ROOM

PARTOGRAPH HANGED ON DELIVERY TABLE

PDSA CYCLE 3

- Monitored and supervised the staff on partograph charting during every shift.
- Assessed the partographs two weekly. Nursing staff assigned for auditing.

Completed Partograph Documentation Status After Improvement Initiative



OUTCOMES OF THIS QI PROJECT

1. Reprinted the Partograph
2. Improved plotting of partograph in every patient
3. Hand over of partograph in every shift in labour room
4. Easy access of partograph in labour room
5. Team members learned Quality Improvement approach.

STEP 4: SUSTAINING CHANGES

1. Constant monitoring and evaluation of interventions.
2. Motivation and Recognition.
3. Opportunity to present the QI Project at Regional/National level.
4. Involvement of hospital administration.
5. To incorporate into SOP
6. Regular review meeting, every 2 weeks schedule

CHALLENGES

1.Difficult to proceed with this QI project.

- Team work.
- Consultation with seniors who had experienced QI
- Attended QI project presentation
- Remain confident.

2.Difficult to achieve target.

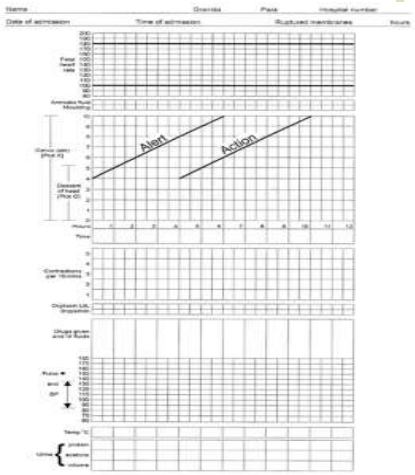
- Set achievable target-90% - 95%
- Close monitoring and supervision of colleagues.
- Probing for reasons of incomplete charting .

KEY TO SUCCESS:

1. Modification and reprinted partograph use.
2. Repeated teaching –learning sessions.
3. Intensified supervision and monitoring .
4. Enthusiastic nursing colleagues to participate in the QI project and improve recording.
5. Team work.

CONCLUSION

- We have improved the percentage of partograph completeness (0% to 91%).
- This QI Project improved work efficiency, teamwork and cooperation among the staff.

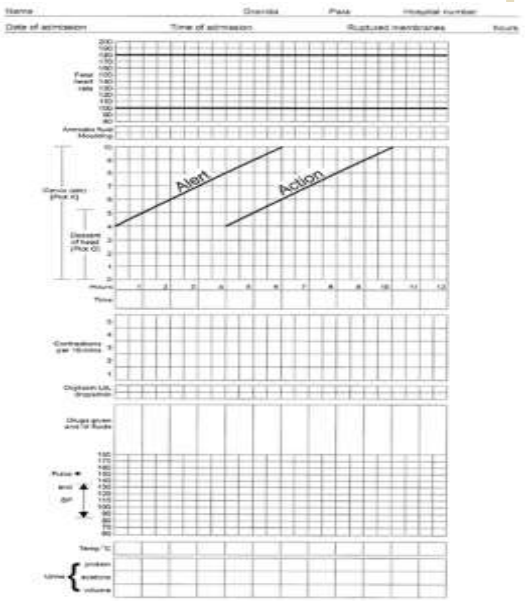


WAY FORWARD

1. Continue this QI project and review monthly
2. Encourage colleagues to conduct similar projects in other problematic areas.
3. Create a platform for the presentation of findings and publications.

ACKNOWLEDGEMENT

- Professor Ashok Deorari (AIIMS, Delhi)
- Dr. Sonali Vaid (AIIMS, Delhi)
- Dr.Somajitha
- RMNH Program
- All the Nurses of Unit II, CRRH Gelep
- Gynecologist
- Hospital administration



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- World Health Organization (2017). Improving the Quality of Care for Mothers and Newborns in Health Facilities: Learner Manual.

QUESTIONS & DISCUSSION

Next Steps

- **Contact your Coach. If you don't know who your coach is please email us or leave us a note in the chatbox.**
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