



TEAM EXCELLENCE AWARDS
for **CONTINUAL QUALITY
IMPROVEMENT BREAKTHROUGHS**



Improving Quality and Safety of Obstetric care in Resource-challenged Settings via Implementation of WHO Safe Childbirth Checklist



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INTRODUCTION

- A 47-bed SHCO located 60 km from Chennai, in a rural area
- Provision of safe Obstetric care is a challenge- LMIC



ON
ADMISSION **1**

JUST PRIOR
TO DELIVERY **2**

3 WITHIN 1HR
OF BIRTH

4 BEFORE
DISCHARGE

DELIVERY
PROCESS



ADMISSION



DELIVERY



DISCHARGE

ONGOING
CARE

Multiple touch points - Obstetric care

- WHO Safe Childbirth Checklist (SCC)
- Four-page, organized list of evidence-based essential birth practices
- Targets major causes of maternal deaths, intrapartum-related stillbirths and neonatal deaths

PROBLEM DEFINITION

Sticky practices needed improvement

- Compliance with regulatory requirements
- Availability of vital drugs
- Timely documentation of Partograph
- Communication with members of the Labour ward team
- Initiation to breastfeeding
- Skin-to-skin contact





PROBLEM DEFINITION - Targets

Metric	Before WHO SCC	Targets after implementation
Completion of Partograph	0%	100%
Near misses – drugs missing	30%	<10%
Tray setting errors	30%	< 5%
Communication errors	15%	< 3%
Training – new staff	75 – 80%	100%

PROBLEM DIAGNOSIS

Obstetric care processes – very varied across care continuum
Absent - well-defined, structured, multi-touchpoint workflow

- Timely and complete documentation of Consent forms
- Drug allergy status of the patient
- Availability of appropriate blood units on hand
- Timely communication to Anaesthetist, Obstetrician and Paediatrician
- Timely completion of Partographs



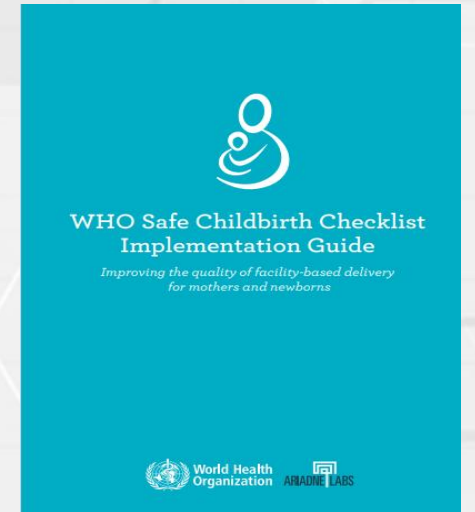
Need - Modular solution to incrementally improve adherence to best practices at every touchpoint

Need - Tested & standardised template. Include facility infrastructure, supply chains, teamwork culture.

Need - Nurse Champion to oversee training and overall implementation at ground level



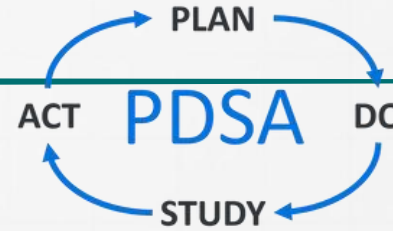
PROBLEM REMEDY



WHO SCC - Integrated into the QI initiative of Labour Ward
Purpose - Adapt & Adopt WHO SCC



PROBLEM REMEDY



Design	Engage	Launch	Support
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Project integrated into QI initiative

Feedback -from all stakeholders

40 new elements introduced

Implementation impacted - Covid-19 pandemic

TEAM

Obstetricians - 3

Anaesthetists - 2

Paediatricians - 2

Nurses - 8

Nurse aids - 4

Technicians - 3

Conduct of Gap Assessment

Technical trainings

Data collection and analysis

Launch -Monthly Committee meeting

Top leadership

Discussed challenges in implementation

Feedback from stakeholders addressed

Enhanced coordination among all staff

Continuous coaching

Staff motivation

Live demonstrations

Training

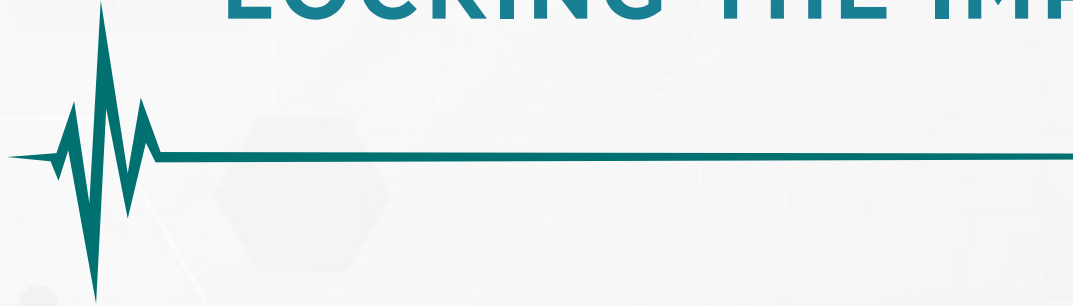
Nurse Champion

Timely posting on WhatsApp group





LOCKING THE IMPROVEMENT

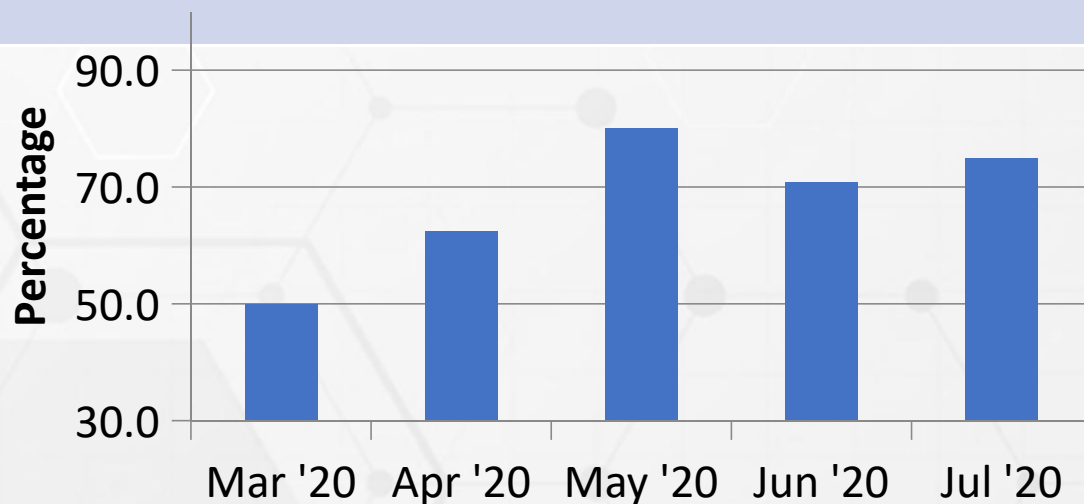


Evaluation

Measured in two QI cycles

PDSA Cycle 1 - Aim: Ensure completion of all elements of the WHO SCC at the four pause points

Result: Improved from 48% to 77%



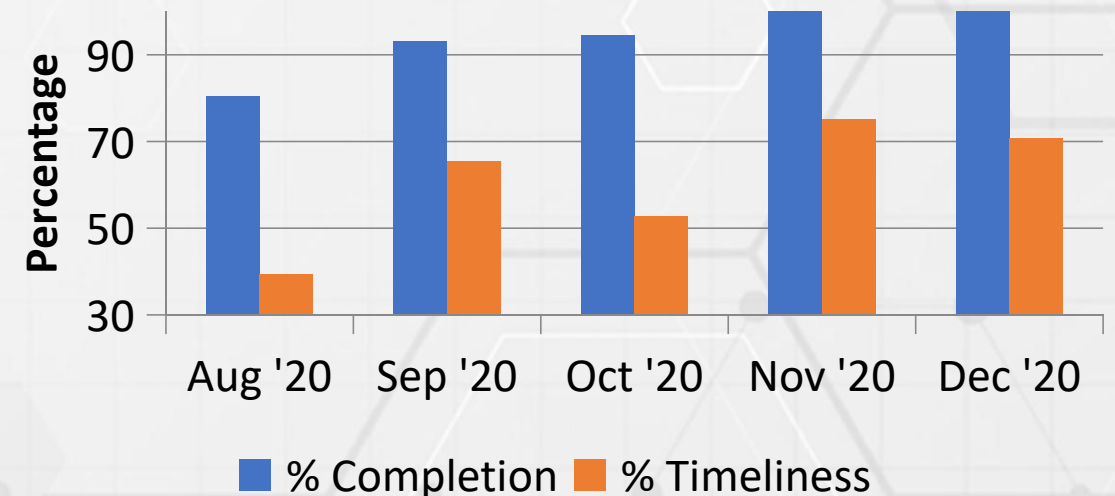
Evaluation

PDSA Cycle 2 - Aim:

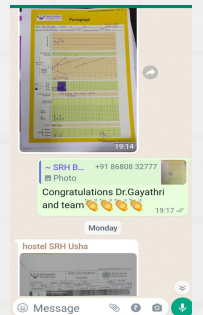
- (1) Improve completion at 4 pause points to 90%
- (2) Timely completion of WHO SCC form

Result:

- (1) Completion - 77 % to 94 %
- (2) Timeliness of completion- 70%



LOCKING THE IMPROVEMENT

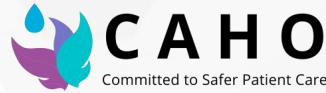


Challenge	Solution
WHO SCC is additional paperwork	SCC included in medical record
Documentation of the partograph	Training imparted by Obstetrician
Consistent behavior change on sticky practices -- hand washing, breastfeeding, and skin-to-skin contact	Nurse Champion provided continual motivation and coaching to other staff members
Monitoring the completion and timeliness of WHO SCC forms	Filled-in SCC forms posted in WhatsApp group, for real-time monitoring

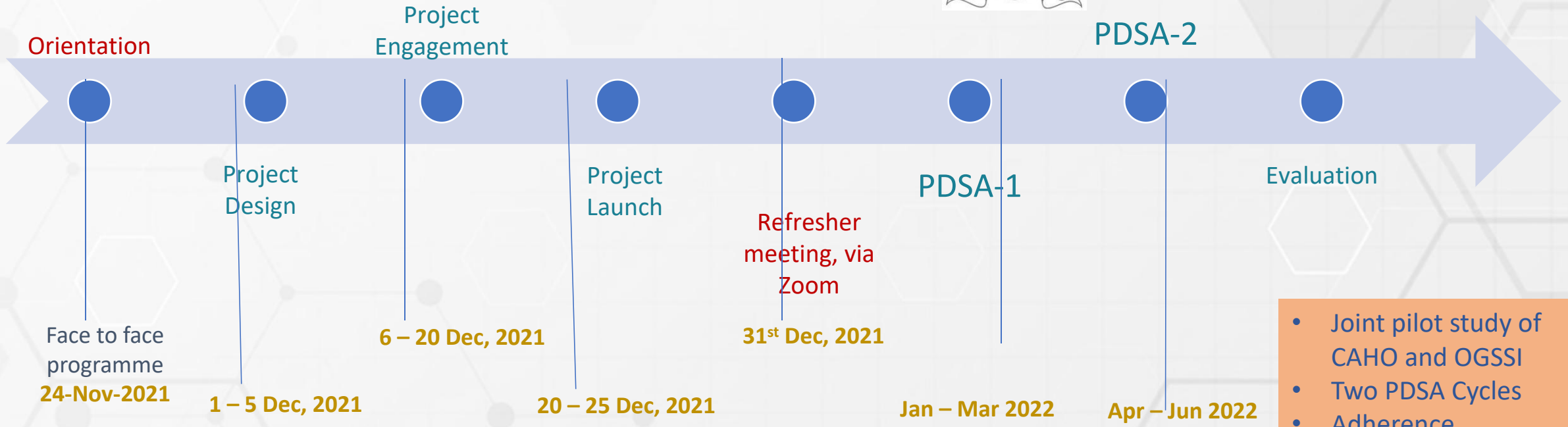


CLONING THE IMPROVEMENT

QI Collaborative-Replicated in nine hospitals in Chennai (Nov '21 to Jun '22)



PILOT STUDY



REPLICABILITY

- Joint pilot study of CAHO and OGSSI
- Two PDSA Cycles
- Adherence improvements
 - Cycle 1 - 48% → 77%
 - Cycle 2 – 77% → 94%

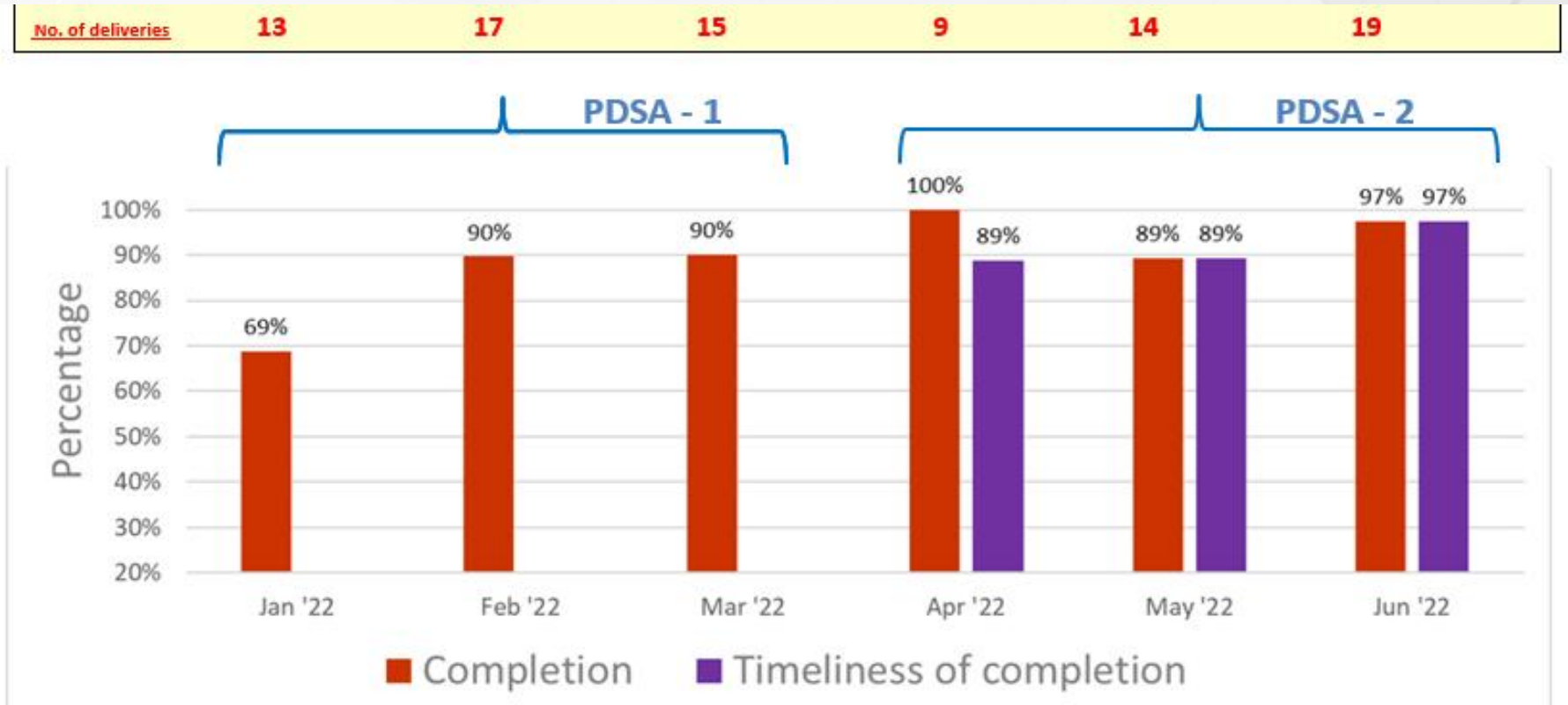


CLONING THE IMPROVEMENT

QI Collaborative- Replicated in nine hospitals in Chennai (Nov '21 to Jun '22)



PILOT STUDY



Representative implementation from one of the nine hospitals



TANGIBLE RESULTS



Molina RL, Pichumani A, Tuyishime E, Bobanski L, Semrau KEA. Promising practices for adapting and implementing the WHO Safe Childbirth Checklist: case studies from India and Rwanda. *Journal of Global Health Reports*. 2022;5:e2021110.



Reports

Promising practices for adapting and implementing the WHO Safe Childbirth Checklist: case studies from India and Rwanda

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Keywords: safe childbirth checklist, implementation, quality of care, maternal health

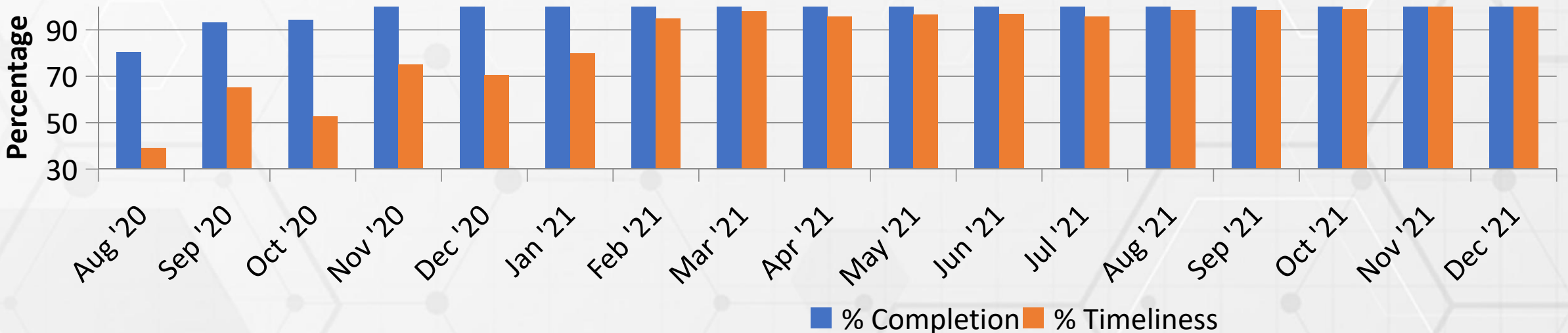
<https://doi.org/10.29392/001c.30751>

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- Timely documentation of Partograph via training
- Improvement in sticky practices
- Streamlined clinical care processes. Admission → Discharge

SUSTAINABILITY





TANGIBLE RESULTS



Metric	Before WHO SCC	After implementation
Completion of Partograph	0%	98-99%
Near misses – drugs missing	30%	1-5%
Tray setting errors	30%	2%
Communication errors	15%	3%
Training – new staff	75 – 80%	98%

INTANGIBLE RESULTS

- Handovers during shift changes became easier
- Boosted confidence among staff
- Errors due to miscommunication reduced
- Strengthened the hospitals' processes.



Patient experience measurements



Childbirth Experience Q	Together For Her	Birth Companion
85.6 %	85.1 %	89.3 %

Childbirth Experience Questionnaire (85.6%; n=47)

Together For Her (85.1%; n=56)

Birth Companion - **Patient** (89.3%; n=15); Birth Companion - **Attender** (91.1%; n=14)



QI PROJECT

Low-cost / Easy to train staff

Easier handovers / Improved confidence

Sustainability / Replicability

Easy to Adopt and Adapt



THANK YOU