NQOCN
Nationwide Quality of Care Network

ANNUAL REPORT

2019-20

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Contents

Message from the President

Dear Friends

It gives me great pleasure to welcome you to the second Annual general Body Meeting of NQOCN, India and present before you the comprehensive Annual Report of activities of your organisation for the years 2019-2020. Both 2019 and 2020 have been very memorable milestones in the journey of our organisation. 2019 witnessed NQOCN taking great strides in forging partnerships and expanding its base into unchartered areas. Our teams led by dedicated NQOCN leaders like your good selves travelled to remote location across rural and tribal belts of India to handhold peripheral district and subdistrict facilities. We were privileged to lead the innovative **National Mentoring Group** and **its Technical Resource Group** (notified by Ministry of Health & Family Welfare, Government of India) for catalysing LaQshya Rapid Improvement Cycles across select ten states of India with your kind support.

We have actively worked with state NHMs of UP, MP, Assam & Rajasthan to improve the quality of maternal and neonatal healthcare delivery services across these high burden states of India. Recognising the leadership provided by NQOCN at the national level, Government of India entrusted us to organise the first of its kind **Partners Forum on Quality Improvement** in New Delhi. This was attended by nearly 50 development partners from across India besides a host of governmental and international partners.

NQOCN diversified its focus of activities from primarily MNH to end of life palliative care wherein we handheld palliative care workers of CanSupport India and mentored them in the skills of QI which had a potential to lead to an optimisation of their performance and improved patient satisfaction. A group of eminent endocrinologists across India assembled under the umbrella of NQOCN to establish the first of its kind **Endocrinology Specialty Chapter of NQOCN**.

I'm happy to share with you that since its start in 2017 your organisation has achieved great heights and right now is not only a respected organisation, recognised globally for its state of art innovative processes in implementing QI at grass root level facilities but is also financially self-sufficient. The cumulative promised funding for the year 2017-2021 amounts to over INR 20 million.

As we are aware 2020 has been an incredibly challenging year with the pandemic raging in full force across our planet. NQOCN has seen a disruption in our basic activities of conducting QI workshops and undertaking onsite mentoring visits. This uncertainty about resumption of routine improvement activities has a potential to affect the morale of on ground facility teams and mentors alike. We have taken a set of steps to tackle this challenge by conducting a set of online interactive sessions with our teams across India which focused on aspects of physical and psychological safety, ethics, clinical protocols, communication etc. with a special focus on nurse mentors and frontline nursing staff.

Message from the President

We have proposed modifications to our existing mentoring schedule to Ministries of Health and funding partners for the next quarters of 2020.We are actively working with our teams to develop a **Psychology of Change Framework** which will be shared with WHO-SEARO for incorporation in the next edition of the POCQI manual and used by our field teams. We are in the process of planning a gradual shift to innovative online learning and communication methodology and developing a SOP for **Hybrid Model of Mentoring** for facility level staff on the direction of the Ministry of Health and Family welfare.

I pray for a quick resolution to the Covid-19 crisis, my heart goes out to families who have lost their loved ones and suffered mental agony and physical discomfort besides severe financial stress as a result of the disease. I am sure NQOCN teams will rise up to the occasion in ensuring delivery of high quality, safe, equitable and affordable care to all who need it.

I will be happy to receive your suggestions which will guide us to deliver to the best of our abilities and take our organisation to greater heights as we pass through a turbulent phase. As I conclude, I express my heartfelt thanks to NQOCN Office team, Dr Rahul Garde, Dr Bani Singh, Dr Harpreet Kaur and Shri Harshit Sharma who worked tirelessly to steer NQOCN to its current level of accomplishment, besides helping in compiling and designing the annual report 2020.

My best wishes to you and your family.

Let us work together to:

Create high quality health systems and ensure that they do not fail an individual when s/he needs it the most.

With regards and best wishes

VIKRAM DATTA

President NQOCN, India
Director Professor, Department of Neonatology
Lady Hardinge Medical College, New Delhi 110001, India
drvikramdatta@gmail.com

Secretary's Message

Greetings to all the improvement Champions and enthusiasts from the Nationwide Quality of Care Network. It gives me immense pleasure to present this annual report 2020. The year 2019-20 has been a busy year for NQOCN. This year saw the energy and enthusiasm of National Mentors, consisting of Nurses, Health managers, Academicians, Gynaecologists & Paediatricians all overcoming challenging health systems to unleash the quality improvement in medical colleges, district hospitals across the length and breadth of country. The dedication, sincerity and enthusiasm of the mentors has been truly inspirational and gives us all a hope of improved maternal and newborn health delivery in India. The Quality improvement under laqshya has been catalysed by NQOCN not only in some of the large leading medical colleges of the country but also at remote, inaccessible "Niti Aayog's aspirational districts" of the country. We are confident that the efforts of the mentors and teams of these facilities will not only accelerate Laqshya Certification of these institutions but also provide learnings and successful template for replication and upscaling the Quality Improvement revolution in maternal and newborn health.

We cannot work in isolation, the biggest handicap of healthcare delivery system in developing countries like India is to synergize, coordinate and collaborate to achieve improved health delivery system. It is with "system improvement" that there could be sustainable gains of improvement. NQOCN provides the unique opportunity for all stake holders to come, collaborate and contribute in bringing the change. NQOCN has been the proud facilitator in bringing all the stakeholders together to share and disseminate learnings for the benefit of all partners at the "Partners Forum for Quality Improvement "in December 2019.

The constant support of various partners like MOHFW GOI, WHO (SEARO), UNICEF, NHMs of various states have given us the necessary strength and encouragement to work tirelessly for empowering health workers to drive the quality improvement change and contribute in this ongoing revolution.

NQOCN exists only because of the high level of professionalism and commitment of all our members, mentors and most important the frontline health working teams, working tirelessly for improving the patient care. It is this energy which inspires us to take the present challenge of COVID PANDEMIC. With the ongoing pandemic threatening to stretch and disrupt the existing healthcare delivery, the innovative and adaptability of Team NQOCN will provide the way forward. I wish to thank all our members and partners for their unwavering support in these testing times. NQOCN is already bringing a paradigm shift in its efforts to reach the frontline health workers. I want to assure our teams, members that we will leave no stone unturned to bring frontline teams and quality improvement coaches together. The utilization of virtual platforms by NQOCN has increased and we will make it more interactive, intuitive and easy to access. We are confident that this challenge to the health sector can be converted to an advantage by strategic focus on key areas of Infection prevention and control, standardizing of triaging guidelines, Community empowerment and participation & establishing Community of Practice. On behalf of NQOCN I extend my sincere thanks and best wishes to all who are travelling with us on this exciting adventure of Quality Improvement. Keep Changing for good and be safe, Jai Hind!

SUSHIL SRIVASTAVA
MD, MBA (HCA)-PT

Secretary NQOCN,
Associate Professor Pediatrics,
UCMS, GTBH, DELHI (India)

NQOCN Team India

Office Bearers

Dr. Vikram Datta
President

Dr. Sushil Srivastava
Secretary

Dr. Kedar Sawleshwarkar
Treasurer

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Shri Abhishek Bhartiya
Advisory Board Member

Dr. Praveen Venkatagiri
Advisory Board Member

Dr. Sonali Vaid
Advisory Board Member

Governing Board

Dr. Mahtab Singh
Governing Board Member

Dr Suprabha Patnaik
Governing Board Member

Dr Ravi Swamy
Governing Board Member

Dr Himesh Barman
Governing Board Member

Dr Sudip Dutta
Governing Board Member

Dr Gauri Aggarwal
Governing Board Member

NQOCN Team India

Dr. Deepak Dimri
Governing Board Member

Dr. Kamna Jain
Governing Board Member

Dr. Mamta Jajoo
Governing Board Member

Financial & Legal Advisors

Shri Neeraj Srivastava
Financial Advisor

Shri Madhup Singhal
Legal Advisor

Technical Advisors

Dr Harish Pemde
Technical Advisor
(Ethics & Research)

Ms. Jeena Pradeep
Technical Advisor
(Nursing)

Dr Rahul Garde
Technical Advisor
(Public Health)

Dr Ankur Sooden
Technical Advisor
(Systems Improvement)

Dr Surender Bisht
Technical Advisor
(Publications & Journals)

Dr Veena Panat
Technical Advisor
(Obstetrics & Gynecology)

- SENIOR QUALITY IMPROVEMENT ADVISOR:
  Dr. Rahul Garde

- QUALITY IMPROVEMENT ADVISOR:
  Dr. Bani Singh

- PROJECT COORDINATOR:
  Dr. Harpreet Kaur

- OFFICE ASSISTANT:
  Mr. Harshit Sharma

About NQOCN India

Nationwide Quality of Care Network (NQOCN) is a voluntary network formed by teams working on quality improvement initiatives across North, Central, North-East and South India. It is present in fifteen states across India including Delhi, Uttar Pradesh, Haryana, Madhya Pradesh, Maharashtra, Karnataka, Tamil Nadu, Kerala, Rajasthan, Telangana Meghalaya, Assam, Punjab and Uttarakhand. It has facilitated Quality improvement initiatives in 131 facilities and caters to a combined delivery load of about 5,50,000 deliveries/year. It is a flat hierarchy not- for-profit organization with a goal of inculcating a culture of quality improvement in the healthcare system.

The network has been recognized for its uniqueness and impact by WHO's Quality of Care Network and the Global Learning Lab (GLL). The network has been invited to conduct global webinars for the QED Network, ISQua, Harvard School of Public Health (Ariadne Labs) and WHO's Global Learning Lab (GLL) to provide learning examples for other countries to follow. We are also in process of rolling out sensitization sessions on "Respectful Maternity Care" and "Rights-based Healthcare Delivery" for staff of the associated facilities.

OUR VISION

- Empowering healthcare professionals to continuously improve quality of care

OUR MISSION

- To improve the quality of health services across all healthcare delivery systems of India.

OUR FOCUS

- We put the mother and child at the focal point of our Quality Improvement activities.

OUR VALUES

- ➢ Safety
- ➢ Timeliness
- ➢ Effectiveness
- ➢ Equity
- ➢ Efficiency
- ➢ Patient-centeredness

Our Objectives

 1. Link all stakeholders to provide a system of delivering effective quality of care.

 2. Enable health workers to learn and use quality improvement methods.

 3. Facilitate cross learning and experience sharing.

 4. Encourage community participation in quality improvement process

 5. Partner with other like-minded institutions in furthering the cause of QI in South Asia.

Timeline
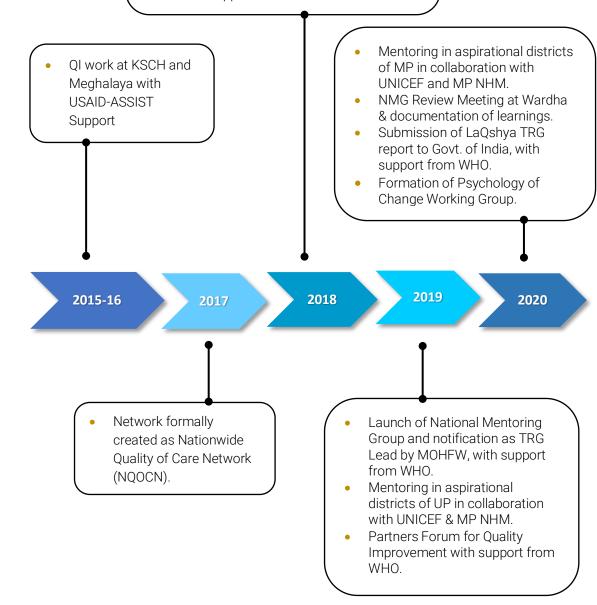
Designated as Technical Partner for LaQshya initiative of MoHFW, GoI (2018 box)
- Designated as Technical Partner for LaQshya initiative of MoHFW, GoI
- Creation of District-based Hub-&-Spoke model with WHO SEARO support
- QI work and Mentoring of SNCUs & LR/OTs in Distt. hospitals of MP
- USAID Support for Joint Publications.

2015-16
- QI work at KSCH and Meghalaya with USAID-ASSIST Support

2020
- Mentoring in aspirational districts of MP in collaboration with UNICEF and MP NHM.
- NMG Review Meeting at Wardha & documentation of learnings.
- Submission of LaQshya TRG report to Govt. of India, with support from WHO.
- Formation of Psychology of Change Working Group.

Timeline arrows: **2015-16** → **2017** → **2018** → **2019** → **2020**

2017
- Network formally created as Nationwide Quality of Care Network (NQOCN).

2019
- Launch of National Mentoring Group and notification as TRG Lead by MOHFW, with support from WHO.
- Mentoring in aspirational districts of UP in collaboration with UNICEF & MP NHM.
- Partners Forum for Quality Improvement with support from WHO.

Snapshot of NQOCN's Contribution for QI in India (2017-20)

1 million Lives Touched*

241 National QI Coaches

QI Mentoring in **131** Facilities across India

3632 Participants trained in QI *(using POCQI method)*

146 QI Projects

100 Workshops

93 POCQI Workshops

Coaching TOTs 5 National & 2 State

42 LaQshya QI National Mentors
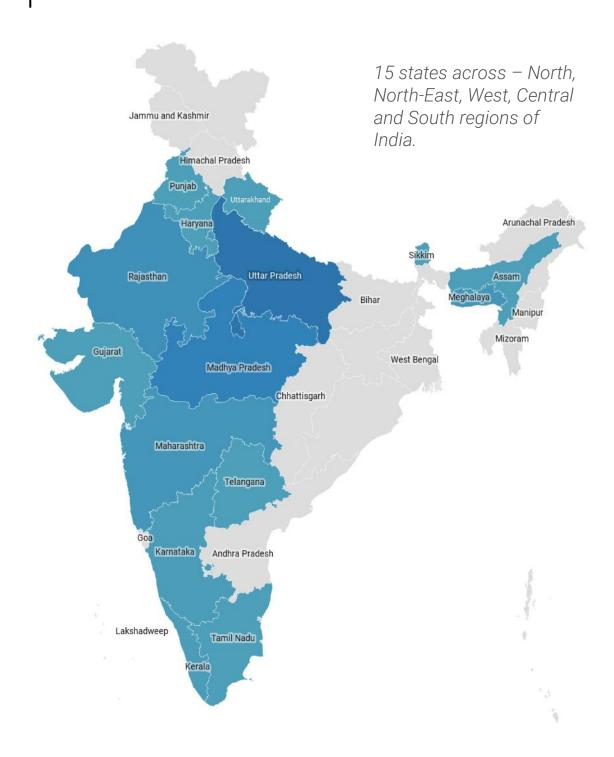
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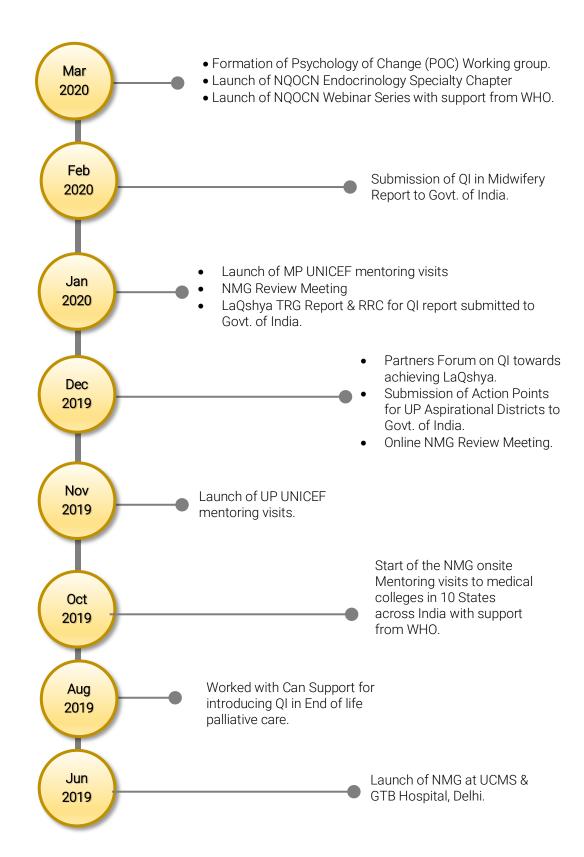
NQOCN's Network States (March 2020)

15 states across – North, North-East, West, Central and South regions of India.

NQOCN's Milestones 2019-20

Mar 2020
- Formation of Psychology of Change (POC) Working group.
- Launch of NQOCN Endocrinology Specialty Chapter
- Launch of NQOCN Webinar Series with support from WHO.

Feb 2020
Submission of QI in Midwifery Report to Govt. of India.

Jan 2020
- Launch of MP UNICEF mentoring visits
- NMG Review Meeting
- LaQshya TRG Report & RRC for QI report submitted to Govt. of India.

Dec 2019
- Partners Forum on QI towards achieving LaQshya.
- Submission of Action Points for UP Aspirational Districts to Govt. of India.
- Online NMG Review Meeting.

Nov 2019
Launch of UP UNICEF mentoring visits.

Oct 2019
Start of the NMG onsite Mentoring visits to medical colleges in 10 States across India with support from WHO.

Aug 2019
Worked with Can Support for introducing QI in End of life palliative care.

Jun 2019
Launch of NMG at UCMS & GTB Hospital, Delhi.

TRG: Technical Resource Group; RRC: Regional Resource Centre

Scale and Scope of Work Across India

TECHNICAL PARTNERS TO LAQSHYA PROGRAM

Medical & Nursing UG Students across 5 states

PRESERVICE EDUCATION

LAQSHYA

IN-SERVICE

NQOCN

FRONTLINE HEALTH WORKERS

NHM

PARTNERS

QI AT PHC AND SC LEVEL ASHA FACILITATORS AND ASHA WORKERS

- NURSES
- DOCTORS
- PROFESSIONAL ORGANISATIONS e.g. IAP, IANN, NNF, AMOGS, ARMED FORCES

- WHO-SEARO
- WHO-India
- UNICEF
- AFMS
- IAP-IYCF
- NTS LONDON
- MGIMS

- ASSAM
- DELHI
- GUJARAT
- KERALA
- MADHYA PRADESH
- MAHARASHTRA
- MEGHALAYA
- RAJASTHAN
- SIKKIM
- TAMIL NADU
- TELANGANA
- UTTAR PRADESH
- UTTARAKHAND

NQOCN Activities 2019-20

NQOCN
Nationwide Quality of Care Network

Activities 2019-20

- Mentoring for LaQshya Programme RICs
- Quality Improvement projects
- Workshops and ToTs
- Partner's Forum
- Webinars
- NMG Review meeting
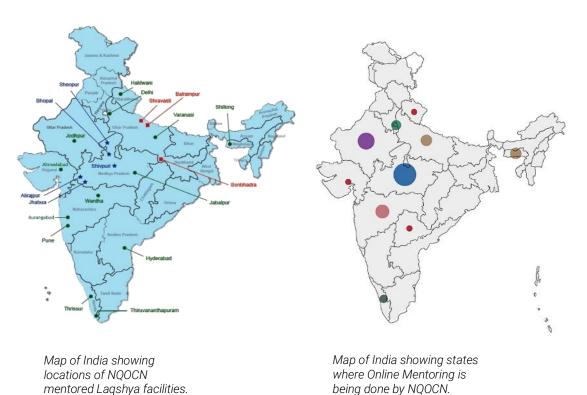- Endocrinology Chapter of NQOCN

Mentoring for LaQshya Programme Rapid Improvement Cycles (RICs)

NQOCN has been notified as a technical partner to Ministry of Health and Family Welfare and is currently leading the National Mentoring Group (NMG) of the flagship LaQshya Program (Labour Room Quality Improvement Initiative) across India. The NQOCN led National Mentoring Group is handholding 12 select medical colleges to catalyse the LaQshya Rapid Improvement Cycles (RIC's) across 10 states.

Additionally, NQOCN is directly handholding 10 District and Sub District facilities across India for LaQshya RICs which include 3 aspirational districts in UP and 7 aspirational districts of MP.

Letter notifying NQOCN as Technical Partner for Laqshya Program

Map of India showing locations of NQOCN mentored Laqshya facilities.

Map of India showing states where Online Mentoring is being done by NQOCN.

Contribution to National LaQshya Program

NQOCN synergizes with core components of the LaQshya programme and helps in facilitating the following:

1. Structured QI efforts/processes to improve adherence to critical practices around childbirth & birthing process.
2. Improving processes of care to ensure improved client satisfaction via "Respectful Maternity Care" (RMC).
3. Organization and standardization of LRs, OT s and Obstetric High Dependency Units (HDUs)/Intensive Care Units (ICUs) as per national guidelines and standards.

NQOCN's Contribution to the Laqshya Program:

- Development of Resource Package for QI cycles for LaQshya published by MOHFW.

- NQOCN has adapted the POCQI methodology and used it to catalyse the LaQshya Rapid Improvement Cycles and helped in building capacity of Quality Circles. This was made possible by support from WHO.

- Capacity building teams in QI Methodology in **5 LaQshya National TOTs** organized by MH Division of MOHFW.

- Assignment of a pool of **42 national mentors** to **12 Medical Colleges** across **10 states** of India, 3 Aspirational districts of UP and 7 tribal districts of MP.

- Development of State capacity in MP and UP by certification and handholding of Hospital Quality Managers as State QI coaches and providing them onsite exposure to LaQshya RIC process at facilities.

- Creation of an operational cadre of hospital quality managers, obstetricians, paediatricians, labour room nurses and support staff who are now working synergistically within the constraints of the system to deliver high quality of care.
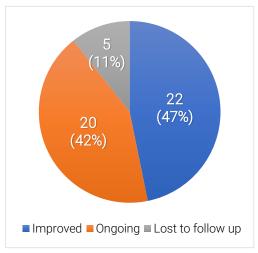
Spectrum of QI projects: National Mentoring Group

NQOCN has utilized the existing program structure of LaQshya initiative as mentioned in the LaQshya guidebook. This is to ensure that NQOCN, with support of MH division, WHO and in collaboration with NHSRC, State NHMs and other stakeholders, can help in strengthening capacity of medical colleges for quality improvement using the POCQI method. The main goals of mentoring medical colleges are:
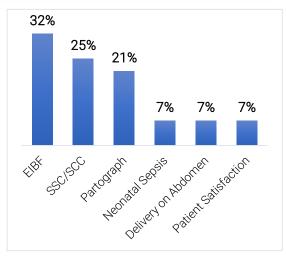
a) To support the healthcare professionals of medical colleges in understanding and implementing QI methodology in their facility.

b) To prepare and develop the medical college (Obgyn & Paediatrics) as mentors for the other district and sub-district health facilities.

c) To empower the healthcare professionals and make them accountable for the changes that will be made from within the system itself.

d) To help the medical colleges in roll-out and implementation of LaQshya QI cycles over a span of 12 months.

e) National mentors from NQOCN facilitate the "do-and-learn" approach for medical colleges. This is imperative for the mentors to help the respective teams understand and apply POCQI from contextual examples of their unit.

Summary of QI Projects Initiated by NMG Mentored Medical Colleges (Oct 2019 - May 2020):

- Total NMG QI Projects initiated till May 2020:   47
- QI Projects which showed Improvement: 22
- QI Projects which are Ongoing: 20
- QI Projects lost to follow-up: 05
- Total Onsite (Physical) Mentoring Visits: 23

Progress of Laqshya Programme RICs under NMG mentoring

Most common areas of improvement as chosen by facility QI teams. EIBF: Early Initiation of Breast Feeding; SSC/SCC: Safe Surgical Checklist / Safe Child Birth Checklist
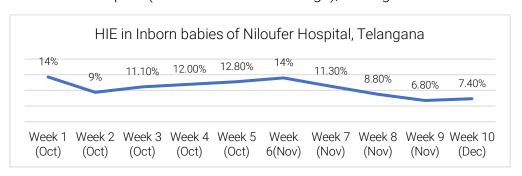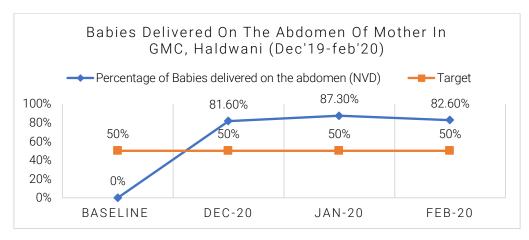
Key Results of QI projects by NMG

(These results are for representative purpose and is not an exhaustive list.)
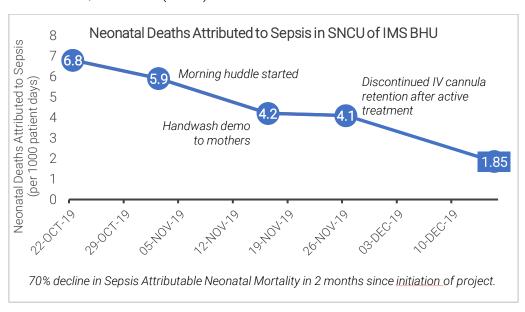
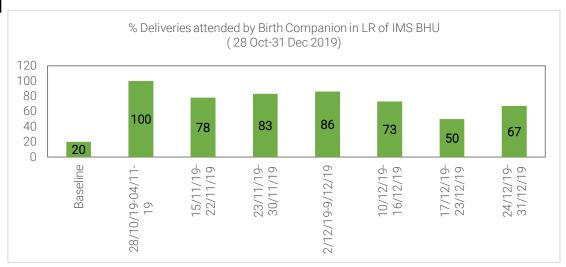## 1. Niloufer Hospital (Osmania Medical College), Telangana

HIE in Inborn babies of Niloufer Hospital, Telangana

14%	9%	11.10%	12.00%	12.80%	14%	11.30%	8.80%	6.80%	7.40%
Week 1 (Oct)	Week 2 (Oct)	Week 3 (Oct)	Week 4 (Oct)	Week 5 (Oct)	Week 6(Nov)	Week 7 (Nov)	Week 8 (Nov)	Week 9 (Nov)	Week 10 (Dec)

2. GMC, Haldwani

Babies Delivered On The Abdomen Of Mother In GMC, Haldwani (Dec'19-feb'20)

◆ Percentage of Babies delivered on the abdomen (NVD)   ■ Target

	BASELINE	DEC-20	JAN-20	FEB-20
NVD	0%	81.60%	87.30%	82.60%
Target	50%	50%	50%	50%

3. IMS BHU, Varanasi (NICU)

Neonatal Deaths Attributed to Sepsis in SNCU of IMS BHU

Neonatal Deaths Attributed to Sepsis (per 1000 patient days)

6.8

5.9   *Morning huddle started*

4.2   4.1   *Discontinued IV cannula retention after active treatment*

Handwash demo to mothers

1.85

22-OCT-19 29-OCT-19 05-NOV-19 12-NOV-19 19-NOV-19 26-NOV-19 03-DEC-19 10-DEC-19

70% decline in Sepsis Attributable Neonatal Mortality in 2 months since initiation of project.

4. IMS BHU, Varanasi (Labour Room)

% Deliveries attended by Birth Companion in LR of IMS BHU (28 Oct-31 Dec 2019)

Period	Value
Baseline	20
28/10/19-04/11-19	100
15/11/19-22/11/19	78
23/11/19-30/11/19	83
2/12/19-9/12/19	86
10/12/19-16/12/19	73
17/12/19-23/12/19	50
24/12/19-31/12/19	67

5. North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong

Babies Delivered On Mother's Abdomen In NEIGRIHMS, Shillong (Oct-nov 2019)

Weekly Progress — Target

	Baseline	Week 1	Week 2	Week 3	Week 4
Weekly Progress	20	75	100	87.5	100
Target	80	80	80	80	80

Percentage Achieved / Weekly Progress

6. GMC, Thrissur

Deliveries conducted utilizing Safe Childbirth Checklist in GMC, Thrissur (Dec 2019)

	Baseline	Week 1	Week 2	Week 3
Deliveries conducted using SCC	30	100	100	100
Target	70	70	70	70

Uttar Pradesh: Quality Improvement Projects

NQOCN in collaboration with UNICEF organized a 2-day workshop on Quality Improvement using POCQI method for Maternal and Neonatal Healthcare Delivery for State/District Quality Consultants and LR & SNCU staffs of UP in two batches, in January and May 2019. As a further step in the same direction, to optimally utilize the knowledge gained and implement QI activities in the facilities. An agreement was reached between NQOCN, Unicef UP & NHM UP, that authorised NQOCN to conduct mentoring visits to 3 selected facilities of Shravasti, Balrampur & Sonbhadra along with the UNICEF and NHM Quality Consultants from neighbouring districts. This was done with an objective to build the capacity of teams in conducting the 6 QICs as envisaged in the LaQshya program. The funds handling was managed by King George Medical University (KGMU), Lucknow for this work.

The 3 identified health facilities were: DH Shravasti, DH Balrampur & DH Sonbhadra.

The main activities of the mentoring visits included:
- Records reviewing as per the need of the project
- Solving problems through QI tools (POCQI)
- On spot skill building of staff (Mentoring/Coaching)
- Data analysis (using easy to learn QI tools like time series charts, fishbone etc)
- Measuring improvements using process and/or outcome indicators as defined by the participating teams.

A total of 10 QI Projects was undertaken in these 3 facilities during the course of the mentoring. A gap assessment report along with the required action points for these aspirational districts of UP was also submitted to UP NHM and MoHFW post mentoring.

Madhya Pradesh: Quality Improvement Projects

NQOCN has supported and provided technical support for quality improvement in 10 SNCUs of Madhya Pradesh over 2018-19. Subsequently a MOU was signed between NQOCN, Unicef MP & NHM MP in July 2019 followed by a PCA was signed in Dec 2019. Under this PCA, 7 health facilities in 5 districts of MP are being supported for LR and SNCU based QI (under the Laqshya programme).

The 7 identified health facilities are: DH Alirajpur, DH Jhabua, DH Bhopal, DH Sheopur, CHC Pichhore Shivpuri, CHC Kolaras Shivpuri, CHC Kolar Bhopal.

Key objectives were:

- To support district health facilities staff in developing their QI projects as per Rapid improvement cycles.
- To provide technical and moral support to the QI teams in implementing QI cycles and applying contextual solutions to improve care.
- To support QI teams to improve their performance and documentation practices. Thus, ensuring sustenance of the QI initiatives at identified district health facilities.

First quality improvement and coaching sensitization workshop at Indore on 6th Feb 2020. Attended by 34 participants with 6 facilitators.

First debriefing meeting with NHM MP and UNICEF on 13th Feb 2020. (NHM: Dr Chhavi Bhardwaj MD NHM, Dr Archana Mishra DD Maternal Health; UNICEF: Dr Vandana Bhatia Health Specialist, Dr Bhupendra Khanuja State consultant; NQOCN: Dr Vikram Datta President NQOCN, Dr Harpreet Kaur Project Coordinator).

Clinical mentoring by National Mentors

NQOCN national mentors (the team of Obgyn, Pediatrics and Nursing mentors) apart from sensitizing the staff to LaQshya Program and facilitating the initiation and implementation of various QI Projects using the POCQI methodology, also conducted clinical mentoring sessions whenever required. This was done to enhance the clinical knowledge and awareness of the healthcare staff of the health facilities. The following figure is a representation of the various topics on which Clinical mentoring sessions/demonstrations were conducted by the mentors.

Meet the Teams

GMC, THRISSUR
Mentors:
1. Dr. V B Bangal
2. Dr. Rajsree Sreedevi
3. Mr. Ashish Bhaltilak

GMC HALDWANI
Mentors:
1. Dr. Rohini Deshpande
2. Dr. Sonia Makhija
3. Mr. Yogesh Kumar

MGIMS, Wardha
Mentors:
1. Dr. Poonam Shivkumar
2. Dr. Suprabha K Patnaik
3. Ms. Bhawana Chauhan

UCMS, DELHI
Mentors:
1. Dr. Meenakshi Singh
2. Dr. Ravi Sachan
3. Dr. Sushil Srivastava
4. Ms. Anjali Kaushik

OSMANIA MEDICAL COLLEGE
Mentors:
1. Dr. Harish Pemde
2. Dr. Surekha Tayde
3. Ms. Achala

Meet the Teams

IMS BHU, VARANASI
Mentors:
1. DR. Uma Pandey
2. Dr. Vikram Datta
3. Ms. Jeena Pradeep

NEIGRIHMS, Shillong
Mentors:
1. Dr. Prabha Kumari Ranjan
2. Dr. Himesh Barman
3. Dr. Chhaya Valvi
4. Mrs. Savita Gahalain

GMC, Thiruvananthapuram
Mentors:
1. Dr. Resmy
2. Dr. Smriti Arora
3. Dr. Rani Ameena Bashir

BJMC, PUNE
Mentors:
1. Dr. Kedar Sawleshwarkar
2. Dr. Girija Wagh
3. Ms. Estella Rangare

NSCB Medical College, JABALPUR
Mentors:
1. Dr. Shuchi Jain
2. Dr. Surender Bisht
3. Ms. Arvinder Kaur

BJMC, Ahmedabad
Mentors:
1. Dr. Rahul Garde
2. Dr. Gauri Agarwal
3. Mrs. Susy Sarah John

SMS, JAIPUR
Mentors:
1. Dr. Sushil Srivastava
2. Dr. Savita Kamble
3. Ms. Shreeja Vijayan

DH Shravasti, U.P
Mentors:
1. Dr Vikram Datta
2. Dr Anupa Vig
3. Ms. Jeena Pradeep

DH Sonbhadra, U.P
Mentors:
1. Dr Mahtab Singh
2. Dr. Vinita Gupta
3. Ms. Arvinder Kaur

DH Balrampur, U.P
Mentors:
1. Dr. Rinku Sengupta
2. Dr. Sushil Srivastava
3. Dr. Jyoti Sarin

DH Alirajpur, M.P.
Mentors:
1. Dr V B Bangal
2. Dr. Praveen Venkatagiri

DH Bhopal, M.P.
Mentors:
1. Dr. Vikram Datta
2. Dr. Anupa Khanna Vig

CHC Kolaras Shivpuri, M.P.
Mentors:
1. Dr Mahtab Singh
2. Dr. Anjali Rani

DH Sheopur, M.P.
Mentors:
1. Dr. Ankur Sooden
2. Dr. Prabha Ranjan

CHC Pichhore Shivpuri, M.P.
Mentors:
1. Dr Rahul Garde
2. Dr. Rohini Deshpande

CHC Kolar, Bhopal, M.P.
Mentors:
1. Dr. Harish Pemde
2. Dr. Vinita Gupta

DH Jhabua, M.P.
Mentors:
1. Dr. Surender Bisht
2. Ms. Savita Gahalain

POCQI Workshops & Coaching ToTs

(A) POCQI Workshops

No.	Name of POCQI Workshop	No. of Participants	Date	Venue
1	QI Workshop for Preservice nursing students	50	16 & 17 Jan 2019	Govt. College of Nursing, Ujjain
2	QI Workshop for Preservice nursing students	35	23 & 24 Jan 2019	Govt. College of Nursing, Jabalpur
3	QI Workshop for Maternal & Neonatal Healthcare Delivery Systems	80	29& 30 Jan 2019	Lucknow, UP
4	Experience Sharing for MP SNCUs	50	01 February 2019	Jabalpur, MP
5	QI Workshop for Preservice nursing students	45	06 & 07 Feb 19	Govt. College of Nursing, Jabalpur
6	Experience Sharing cum Mentoring session with Be the Change group	30	05 February 2019	Kalawati Saran Children's Hospital, New Delhi
7	National Workshop on QI Strategies	47	23 & 24 February 2019	CNBC, New Delhi
8	Experience Sharing Meeting for Delhi NHM Facilities	20	28 February 2019	LHMC, New Delhi
9	Experience Sharing cum Mentoring session with Be the Change group	25	05 March 2019	Kalawati Saran Children's Hospital, New Delhi
10	National Level Workshop on Neonatal Nursing Sensitization session on QI	45	10 March 2019	Silvassa, Dadra & Nagar Haveli
11	QI strategies to improve processes & outcomes of care (Medicus Conventus)	30	29 March 2019	LHMC, New Delhi
12	Point of Care Quality Improvement (POCQI) Sensitization Workshop	40	30-31 March 2019	Kalaburagi, Karnataka
13	Experience Sharing cum Mentoring session with Be the Change group	25	29 April 2019	Kalawati Saran Children's Hospital, New Delhi
14	QI Workshop for Maternal & Neonatal Healthcare Delivery Systems	105	03 May 2019	Lucknow, UP

No.	Name of POCQI Workshop	No. of Participants	Date	Venue
15	Mentoring and Final presentations Be the Change group	20	24 May 2019	Kalawati Saran Children's Hospital, New Delhi
16	Point of Care Quality Improvement (POCQI) Sensitization Workshop on Infection Control for NHM Rajasthan	45	25 June 2019	Jaipur, Rajasthan
17	Experience Sharing QI projects	15	01 July 2019	Choitram Hospital, Indore
18	POCQI Sensitization Workshop for Nursing Students/Staff by CNE Cell KSCH.	30	05-06 July 2019	Kalawati Saran Children's Hospital, New Delhi
19	QI of Labour rooms; Sensitization & Review Workshop with select partners	35	05 July 2019	Bhopal
20	Horizon Aspirational District Transformation QI Workshop for NHM Assam (with Piramal Swasthya)	20	23 July 2019	Assam
21	POCQI Workshop	40	01 August 2019	BJMC, Pune
22	POCQI Sensitization Workshop for Nursing Students/Staff by CNE Cell KSCH.	30	08-09 August 2019	Kalawati Saran Children's Hospital, New Delhi
23	Point of Care Quality Improvement (POCQI) Workshop for Palliative Care providers (CanSupport India)	20	27 & 28 August 2019	New Delhi
24	QI Workshop (IAP Neocon)	45	27 September 2019	Bangalore
25	Workshop on QI for Optimizing Maternal and Neonatal Care	34	30 Sept-01 Oct. 2019	Rufaida College of Nursing, Delhi, Jamia
26	Workshop on Quality Improvement (NHM & Piramal Swasthya)	56	05-06 November 2019	Guwahati, Assam
27	QI sensitisation session for IAP IYCF chapter	25	10 November 2019	Chennai
28	POCQI Sensitization Workshop for Nursing Students/Staff by CNE Cell KSCH.	30	15-16 November 2019	Kalawati Saran Children's Hospital, New Delhi

No.	Name of POCQI Workshop	No. of Participants	Date	Venue
29	Pre- Conference Sensitization session for Nurses on QI, 1st Annual Conference PNNFICON.	50	20 November 2019	College of Nursing, CMC, Ludhiana
30	Quality Improvement Workshop for Healthcare Delivery Systems	43	23-24 November 2019	Kalawati Saran Children's Hospital, New Delhi
31	POCQI Sensitization Workshop for Nursing Students/Staff by CNE Cell KSCH.	30	05-06 December 2019	Kalawati Saran Children's Hospital, New Delhi
32	Pre conference Workshop on QI at 39th National Conference of NNF	35	12 December 2019	Hyderabad
33	Partner's Forum on Quality Improvement- Towards Achieving LaQshya	109	16th-17th December 2019	The Leela Hotel, Delhi
34	QI sensitisation session with group work for IAP TN (as a part of Regional TOT on Micronutrient Deficiency diseases)	45	29 December 2019	Nagercoil, Tamil Nadu
35	ASHA Workers Training	72	24 January 2020	Kasturba Rural Health Training Centre, Anji, Wardha
36	Quality Improvement Workshop for Healthcare Delivery Systems	14	22-23 February 2020	Kalawati Saran Children's Hospital, New Delhi
37	Point of Care Quality Improvement (POCQI) Sensitization Workshop	50	28-29 Feb 2020	College of Nursing, LHMC, Delhi
38	Workshop on Quality Improvement strategies to improve Quality of care of adolescents in health facilities. (jointly hosted with WHO CC)	40	03 March 2020	Metropolitan Hotel, Delhi
39	Point of Care Quality Improvement (POCQI) Sensitization Workshop for Rajasthan Facilities	10	02 March 2020	Online Webinar (Zoom platform)
40	Point of Care Quality Improvement (POCQI) Sensitization Workshop for Rajasthan Facilities	10	12 March 2020	Online Webinar (Zoom platform)

(B) Coaching ToTs

S.No.	Name of Coaching ToTs	No. of participants	Date	Venue
1	State Coaching ToT on QI (UP)	35	04 May 2019	Lucknow, Uttar Pradesh
2	5th National Coaching ToT on Quality Improvement	21	17 November 2019	Kalawati Saran Children's Hospital
3	QI and Coaching Sensitization ToT on QI (MP UNICEF & NHM)	34	06 February 2020	Indore, Madhya Pradesh

PARTNER'S FORUM ON QI TOWARDS ACHIEVING LAQSHYA

Nationwide Quality of Care Network (NQOCN) in collaboration with LaQshya Programme Management Unit (PMU), Maternal Health Division, Ministry of Health & Family Welfare, Govt. of India and support of WHO India Country Office & SEAR Office, conducted the "**PARTNERS FORUM ON QUALITY IMPROVEMENT TOWARDS ACHIEVING LAQSHYA**" to discuss the various aspects of QI from facility level to health system level. This two-day event was held at Hotel Leela Ambience, Delhi, India on **16 & 17 December 2019.** The forum witnessed participation from more than **45 partners** including stakeholders like State Governments, Institutional partners, NGOs, Development Partners, Private Sector Partners and Funding Partners, among others.

Introduction

The forum was inaugurated by Dr. Ajay Khera (Commissioner, MCH, MOHFW), eminent officials from MOHFW and WHO, who attended the forum included Dr. Dinesh Baswal (Joint Commissioner, MH, MOHFW), Dr. Rajiv Garg (Director, LHMC and Associated Hospitals, New Delhi), Dr. JN Srivastava (Advisor, NHSRC, New Delhi), Dr. Vikram Datta (Director-Professor, Department of Neonatology, Kalawati Saran Children's Hospital & LHMC, New Delhi and President, NQOCN India), Dr. Sushil Srivastava (Associate Professor, Department of Pediatrics, GTB Hospital & University College of Medical Sciences, Delhi and Secretary, NQOCN India), Dr. Rajesh Mehta (Regional Advisor, WHO-SEAR Office, New Delhi), Dr. Ram Chahar (NPO, WHO India Country Office) Dr. Vivek Singh, Health Specialist, UNICEF India Country Office, and Ms. Jeena Pradeep, Advisor Nursing, NQOCN.

Objectives:

- To map the extent and variety of the QI activities for maternal, new born and child health in India.
- To identify challenges and bottlenecks in the scale up of QI initiatives in different settings.
- To compile the learning and best practices to:
  - identify mechanism to improve skills for QI and post-training support for health facility QI teams.
  - improve skills for facilitation of the POCQI training and coaching for the post-training support
- To identify ways to sustain the ongoing QI works and continue with coaching support for participating facilities
- To enable practitioners and champions to share their experiences in implementing QI initiatives in their facilities/settings and cross-learn.
- To strengthen QI components of LaQshya and other national Newborn Care programs.

(A) Experience sharing sessions
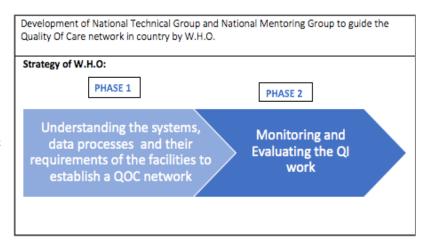
Experience from States

- Translation of LaQshya guidelines into local language for better understanding and implementation.

- Skill Stations developed at district level for efficient skill upgradation and training of staff within the vicinity of their respective facility, thus not hampering the regular working of the hospital.

- Tailored training programme e.g. Periodic Assessment of Competency and Knowledge (PACK) developed by Rajasthan for assessment of the HCW's skills and knowledge.

- ICT is being used to rationalise the duty roster of staff at facility so as to ensure availability of staff round the clock

- Challenges: Monitoring/mentoring for quality of services provided.

Experiences from Individual Facilities:

- Common platform essential for all stakeholders to discuss and prioritize problems and methods of improvement in the facility.

- Functional Skill labs to be made available at all high delivery load facilities.

- Identification and empowerment of nursing champions for active participation in QI.

- POCQI /QI methodology sensitization of staff prior to mentoring.

- Enabling environment for encouraging intersectoral communication and peer learning amongst staff.

- Experience sharing and celebration of successful QI initiatives imperative for sustenance of the initiative.

(B) Discussions on improving quality of health care in India

WHO's efforts for leveraging quality & action plan for a functional QOC network in India.

Development of National Technical Group and National Mentoring Group to guide the Quality Of Care network in country by W.H.O.

Strategy of W.H.O:

PHASE 1

PHASE 2

Understanding the systems, data processes and their requirements of the facilities to establish a QOC network

Monitoring and Evaluating the QI work

Laqshya: Challenges & Solutions

CHALLENGES	SOLUTIONS
Adequate HR along with their regular training and skill upgradation – are the essentials for improvement to occur across the health system.	Midwifery programme launched that will support in overcoming the need for trained HR for maternity services partly.
Poor sustenance of improvement efforts due to human challenges.	Identifying and empowering champions at district, sub-national and national levels.
More accountability and ownership of State in initiation, implementation and sustenance of QI projects and to drive the Laqshya Program. Lack of operability of SQAC & DQAC, which are the main drivers of quality improvement.	Developing regional resource centres for QI which can act as hubs for driving QI efforts in a region and can guide the locally linked health facilities (spokes) in monitoring their progress and supporting them in improving the quality of services.
Improper data collection and documentation processes.	Developing a robust information system for data consolidation is imperative.
improving quality of care is not a one-time activity but a continuous endeavour.	Harmonizing and synergizing all health programmes to serve the common goal of improving the overall health system. e.g. Suman Program.
Involvement of more stakeholders and beneficiaries to improve healthcare services.	Public private partnership in QI initiatives, for instance PM-JAY provides a unique opportunity to get private sector onboard with quality improvement initiatives.

Creating a sustainable model for quality in healthcare systems with a focus on MNH settings (highlights):
- Pre-service education for medical/nursing and paramedic students as a foundation for creating a culture of QI
- Improving the awareness of HCWs with respect to data indicators of their respective facility.
- Robust Communication and referral system with better intersectoral coordination.
- Greater involvement of the private sector in QI initiatives.
- Continuous improvement approach for sustainability.

Key Recommendations: Uptake of Dakshata by medical college (highlights):
- Dakshata originally designed for in-service training of providers at district level hospitals.

- Modified package required for Medical Colleges to cater to the heterogenicity of services provided.
- Packages of variable duration may also be required depending on the beneficiary (professors, consultants, resident doctors and nursing staff).

Key Recommendations: experience on use of data and technology to drive improvement (highlights):

CHALLENGES	SOLUTIONS
Underutilization of data in India due to lack of a robust MIS.	Artificial intelligence (AI) can be used to enable the HCWs to pick up poor growth/malnutrition or high-risk pregnancy faster for quicker referrals to nearest /designated health facility.
	Utilization of telemedicine as a means of developing capacities of remote facilities to handle complex cases.
No uniform/Pan India data capturing mechanism available.	Pilot Testing of various technical tools available to develop a uniform national mechanism.

Key Recommendations: identification of bottlenecks in implementing infection prevention and control practices in labour room and maternity OT (highlights):

- Good antibiotic policy and good hand hygiene practices can have significant impact on quality of care at a facility.
- Display of infection control practices/guidelines in vernacular language/pictorial representation for easy understanding and better compliance by the staff and support staff of the facility.
- Use of infection surveillance checklists especially in districts where microbiological surveillance labs are not present.
- Layout of the clinical care areas as per the needs of the HCPs and not based only on pre-formed hospital design template.
- Regular refresher trainings for HCWs so as to keep the staff up to date with the current infection control practices/guidelines.

Key Recommendations: Harmonization of efforts: is it the time to synergise for creating a National Structure for QOC in India?

- Successful QI involves good coordination by facilities at all 3 levels of healthcare i.e. Micro, Meso and Macro levels.
- Community engagement and patient led healthcare services are the need of the future, e.g. Involvement of women is essential in finalizing the design and acceptance of Maternal health services in the country.

- Involvement of Private sector in the QI movement is imperative as they constitute a big chunk of patient service provision across India.
- Switch required from 'project mode' to 'programme mode' with emphasis on QI efforts in the primary and community healthcare settings rather than tertiary and secondary healthcare settings.
- An optimal mix of consumer-driven and cost-effective quality of services is required in order to sustain improvement across the country.
- Frequent change in guidelines should be avoided as it fosters distrust with the government's approach to community health.
- Outcomes of care in tertiary care centres are partially dependent on the quality of care provided in secondary level facilities, hence harmonizing of care between secondary and tertiary level facilities can act as a significant driver of QI.
- Urgent need for a single national level Quality Forum/Agency for implementing, evaluating and disseminating quality across the health system. Synergizing the QA and QI efforts with each other, and with other supportive departments like that of WASH and nutrition is the need of the hour.

RECOMMENDATIONS

Following key recommendations were made to ensure a sustainable growth and spread of quality improvement across the country:

1. **National QOC Structure:** Develop a national QOC centre/structure to facilitate spread and development of quality of care concept across the country. This QOC structure will have a state level and district level structures to reach and engage with health system across all levels.

2. **Quality Cadre:** Develop a dedicated cadre for quality professionals across all DH, CHCs – who can be deployed following example of SNCU deployment of staff for at least 3 years in one posting. This is very important, as learned from the Laqshya experience and experiences of other speakers, lot of facilities will take time to come around to ways of quality of care being an essential and everyday part of care.

3. **Private Sector Engagement:** Develop mechanisms to involve private sector in a sustainable way in the quality paradigm. This is of utmost importance since pvt. sector is responsible for biggest chunk of OPD care and a sizeable part of IPD care. PMJAY-AB, maybe, can lead the way in helping develop a model of Quality of Care delivery that will rope in more pvt. sector facilities esp. the small and medium bed strength hospitals. The same hospitals that cater to largest chunk of population and are missed by lot of QA mechanisms due to paucity of funds.

4. **Community Led Monitoring and Evaluation Mechanisms:** Community-led monitoring should be brought back at the earliest, as an empowered community demands quality. Moreover, community-based monitoring is our best bet to ensure quality of care across the health facilities by bringing community in the care delivery process.

5. **QOC at Primary care & Community level:** Diversify into quality improvement in primary care and community care settings as these are at the bottom of the pyramid and affect the largest part of our population. Also, these settings could be a learning ground for testing various means of community-led development of local QI models.

Webinars conducted by NQOCN

for health care providers & workers in these trying times of Covid-19 pandemic

Webinar for Nursing Professionals at forefront of Covid-19 Duties, on 14.04.20. In partnership with CNE cell, KSCH, New Delhi.

Practical insights on Delivering High Quality care for Expectant women & their neonates in the Covid-19 era on 02.05.20. In partnership with NHS/Oxford, UK

Psychological Safety & Ethics in Times of Covid-19: Perspectives from the frontlines. Conducted on 17.05.20 in collaboration with Albany Medical College, New York, USA.

Strategies to continue routine RMNCHA services with enhanced community participation & optimal quality of care in midst of Covid-19 pandemic. Conducted on 05.06.20, in collaboration with WHO-SEARO, MGIMS Wardha.

Paradigm shift in Healthcare Worker-Patient Communication. Conducted on 14.06.20, in collaboration with CAHO.

Key Learnings from the National Mentoring Group

Successful actions taken which led to sustained improvements in LaQshya indicators

- Providing assignment for E-partography
- Holistic new born care around child birth (preventing hypothermia, STS, EIBF and Inj. vit. K)
- Innovative technology which reduces the burden of the staff (promotion of E-partography)
- Using Brass V- drape to quantify the blood loss.
- Use of Birth companion system
- Involvement of female relative for KMC.
- Patient feedback (open ended questionnaire)
- Formation of QI circle
- Involvement of NHM and UNICEF for commitment to improvement.
- Initiation of Dakshata training
- Regular meeting and motivation of nursing staff (WhatsApp group and Zoom meetings)
- POCQI training workshop
- Counselling and use of Safe birth checklist

Steps to be taken for achieving the aims

- Requirement of resources (Financial, Human resources and Infrastructure)
- To mandate the Dakshata training
- Recognizing the local champions
- To build rapport and active involvement between local administrative staff, NHM and DHRE
- To conduct regular trainings, feedback mechanism, follow up and supportive supervision mechanism.
- Mobilization of funds to achieve the basic infrastructural requirement of Labour room and OT.
- Handholding with hospital administration staff, ancillary support staff, nursing staff and attendants.

Measures that worked/will work to increase the community participation in driving LaQshya program

- Family involvement for antenatal and postnatal counselling
- Involvement of ASHA workers and other FLWs
- Patient feedback mechanism regarding the quality of services
- Feedback from community in the form of surveys
- Private practitioners must be involved
- Branding and promotion of LaQshya programme
- Maintaining the hygiene, sanitation and patient friendly environment in the hospital.

NQOCN Expansion: Development of Specialty Chapters

The Endocrinology Chapter of NQOCN held its first meeting 15 April 2020 for online POCQI sensitization and training to the group members and other participants. This group includes eminent endocrinologists from India who have come together to work towards the cause of Quality Improvement in the field of endocrinology. Coordinator of this specialty chapter of NQOCN is Prof. Neeraj Agrawal, Deptt. of Endocrinology, IMS, BHU.

Prof. Neeraj Agrawal, IMS BHU

The list of members and their respective roles is given below:

NAME	Designation	Role
Prof N K Agrawal MD(Medicine), DM(Endo)	Prof of Endocrinology Department of Endocrinology and Metabolism, Institute of Medical Sciences, BHU Varanasi	Coordinator
Dr. Balram Sharma MD(Medicine), DM(Endo)	Assoc Prof of Endocrinology Department of Endocrinology, SMS Medical College, Jaipur	Member
Dr. Ved Prakash MD(Med), DM(Endo)	Assoc Prof of Endocrinology Department of Endocrinology Indira Gandhi Institute of Medical Sciences, Patna	Member
Dr. Jayshree Swain MD(Med), DM(Endo)	Assoc Prof of Endocrinology Department of Endocrinology IMS & SUM Hospital Bhubaneshwar	Member
Dr. Saket Kant MD DM (AIIMS) DNB (Endo)	Consultant Endocrinologist Max Hospitals, Shalimar Bagh and Pitampura. Delhi	Member
Dr.S.Ramkumar MD(Med), DM(Endo)	Assistant Professor, Dept. of Endocrinology, Madras Medical College	Member
Dr. Vivek Patel MD(Med), DM(Endo)	Consultant Endocrinologist CIMS Hospital, Ahmedabad	Member
Dr Prem Narayanan MD (Ped), DM (Endo)	Consultant Endocrinologist Amrita Institute of Medical Sciences, Kochi	Member
Dr Mohan T Shenoy MD (Peds)	Consultant Endocrinologist Sree Gokulam medical college and research foundation, Venjaramoodu, Trivandrum	Member

Engagement with other NGOs

CanSupport India 2019

- NQOCN contributed to the cause of Quality Improvement in end of life Palliative care by conducting a POCQI Workshop for palliative care providers in association **with Can Support, India** by NQOCN National mentors (**27-28ᵗʰ August 2019**). This was attended by Dr Umesh Prabhu from NHS, UK (an internationally renowned QI advocate).
- This was followed by 2 sessions of onsite mentoring by NQOCN NMG Mentors.

IAP Neocon 2019

- We conducted a QI workshop at IAP Neocon on 27th September 2019 at Bengaluru.
- This was jointly organised in association with Baylor School of Medicine, Texas, USA, IAP Neonatology Chapter and NCRI.

National Neonatology Forum Neocon

- We conducted a QI workshop at 39th NNF Annual Convention (Neocon) at Hyderabad on 12th December 2019.
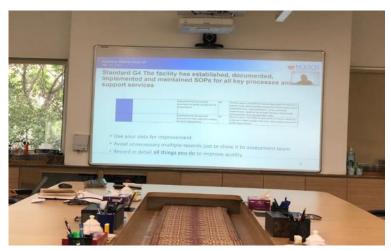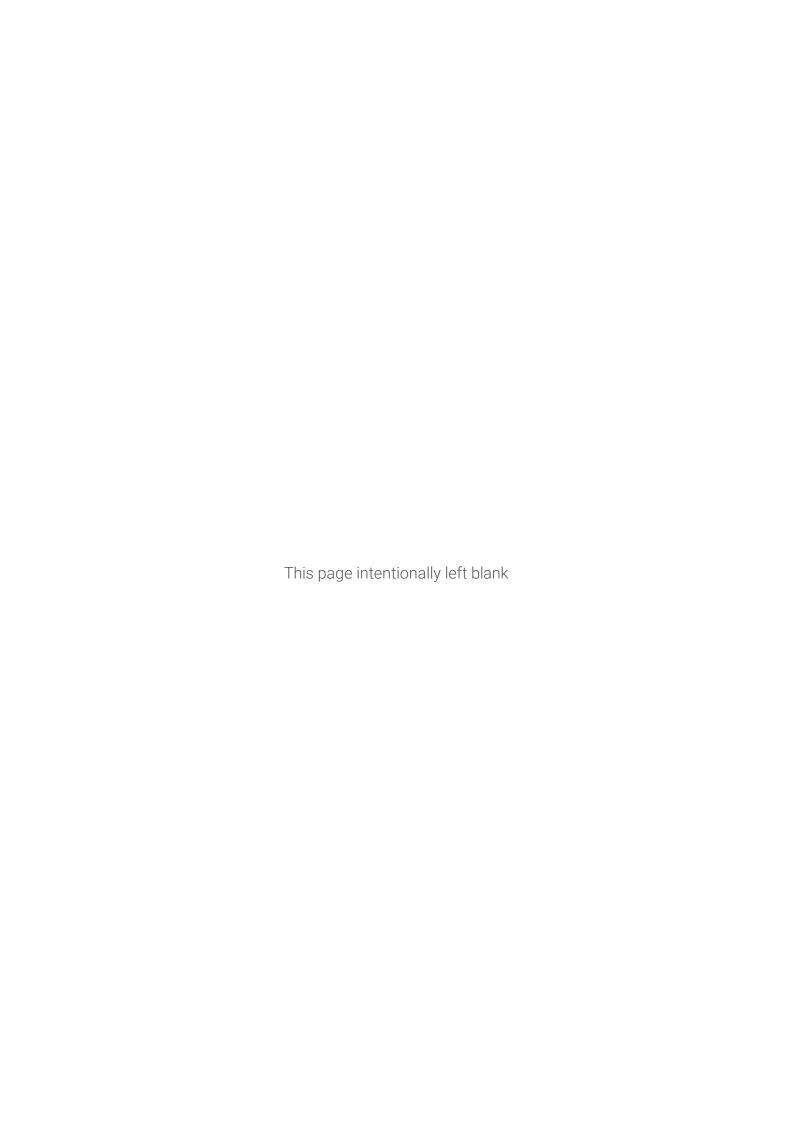- This was jointly organised with Deptt. of Pediatrics, AIIMS, New Delhi.

PARTNERSHIPS

NQOCN's Contribution to Quality Management Under National Quality Assurance Program: NHM Assam (5th & 6th November 2019)

Online POCQI Sensitization Workshop for Rajasthan facilities in collaboration with NHM Rajasthan (2nd & 12th March 2020)

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Nationwide Quality of Care Network
E-314 (Basement), East of Kailash, New Delhi 110065, India

www.qoc.net.in

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