

# Improving Quality of MNH Care : Private Sector Providers Perspective

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# Monno Medical College & Hospital

- ❑ Established in: 2008
- ❑ Situated in: Manikganj, Dhaka Division
- ❑ Total Number of Clinical Doctors: 114
- ❑ Total Number of Hospital Staff: 297
- ❑ Beds: 500
- ❑ 24/7 delivery service both normal delivery & C-Section
- ❑ 24/7 emergency services with ambulance & pharmacy service

Medicine

Surgery

Gynae & obstetrics

Pediatric

ENT

Cardiology

Ophthalmology

Neuro medicine

Skin & VD

Orthopedic

Psychiatry



# Why get involved? And what was in it for us?

MaMoni MNCSP Programme invitation came within my first month of joining Monno Medical College Hospital. It provided me with a strong opportunity to gain knowledge from experienced professionals and, simultaneously, understand the maternal newborn care situation in Manikganj. By entering the learning network both myself and our institution became highlighted and created an opportunity to meet and build a relationship with key government health leaders.

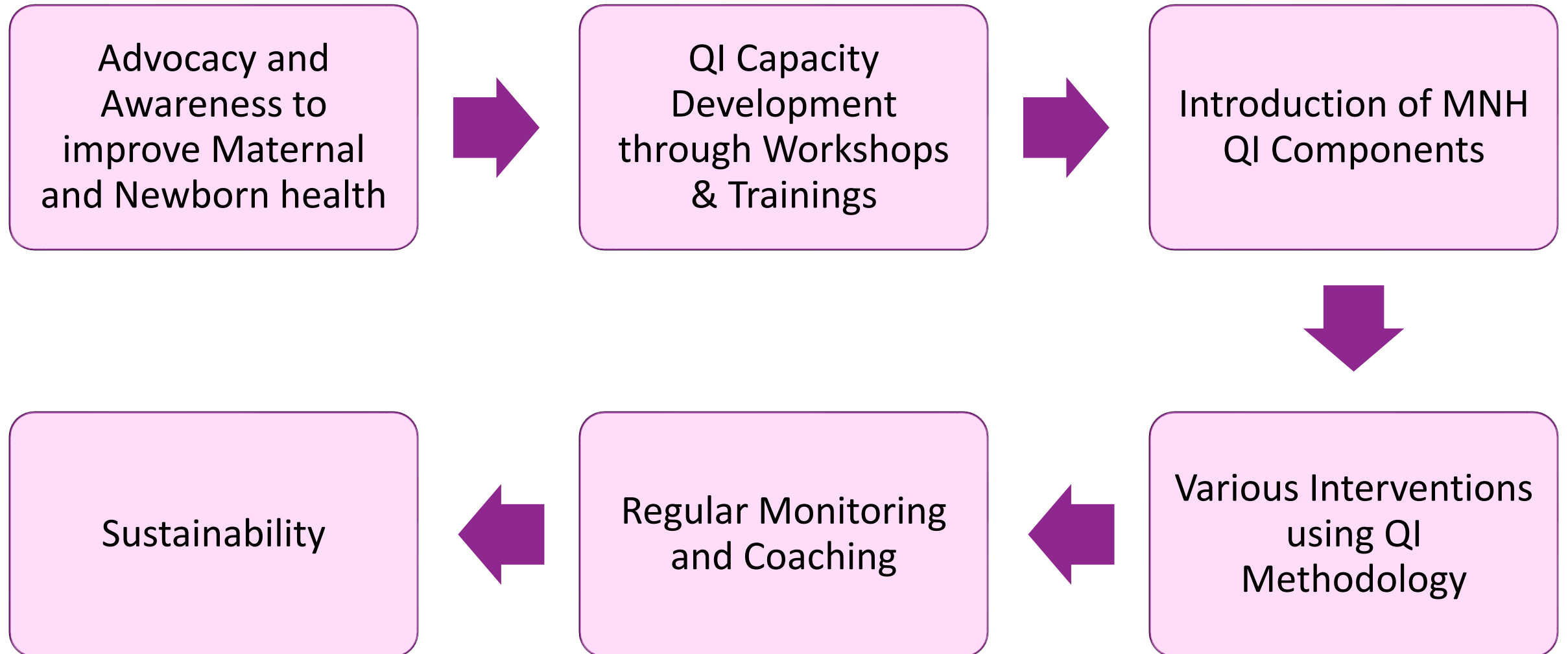
## **Engaging Staff**

Initially there was reluctance to attend the workshop or understanding the aim of the program. Finding existing dedicated staff, who were sincere to institution and who did not see this work as a burden, proved key in engaging staff in the hospital.

## **Moving from resistance to performance**

Performance came about due to strong monitoring of the Mamoni team, especially giving us the guidelines on setting up delivery room and ANC/PNC room. The aesthetic changes had a positive impact on performance. Continual high-profile visits help to motivate senior staff and workshops help to continually remind ourselves where we are lacking and where we must perform better.

# Journey for Quality of Care



# What were we trying to accomplish?

Each entity developed aim statements for focused areas requiring improvement

Monno Medical College Hospital		Islami Bank Community Hospital Ltd	
Continuum of Care	Care Bundle	Continuum of Care	Care Bundle
Antenatal Care	<i>Quality ANC</i>	Antenatal Care	<i>Quality ANC</i>
Care During Delivery	<i>Increase Normal Delivery rates</i>	Newborn Care	<i>Essential Newborn Care</i>
	<i>Correct use of Partograph</i>		
Newborn Care	<i>Essential Newborn Care</i>	Postnatal Care	<i>Quality Postnatal Care</i>

Quality ANC

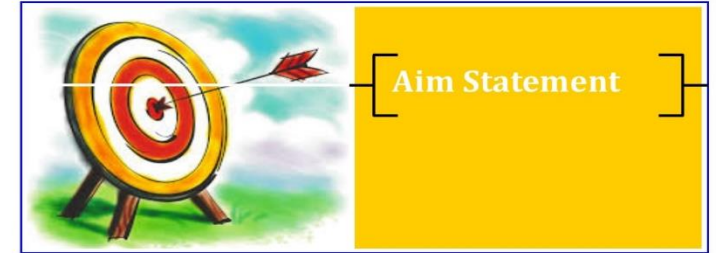
Correct use of Partograph

Essential Newborn Care

Phase 01 > 3 Months

Phase 02 > 3 Months

Sustainability Phase > 6-12 Months



We, ....., aim  
to improve .....  
.....  
from a baseline of ..... to  
..... from .....  
to .....



# What changes did we make that resulted in improvement?

Facility Readiness



Coaching Visits





# What changes did we make that resulted in improvement?

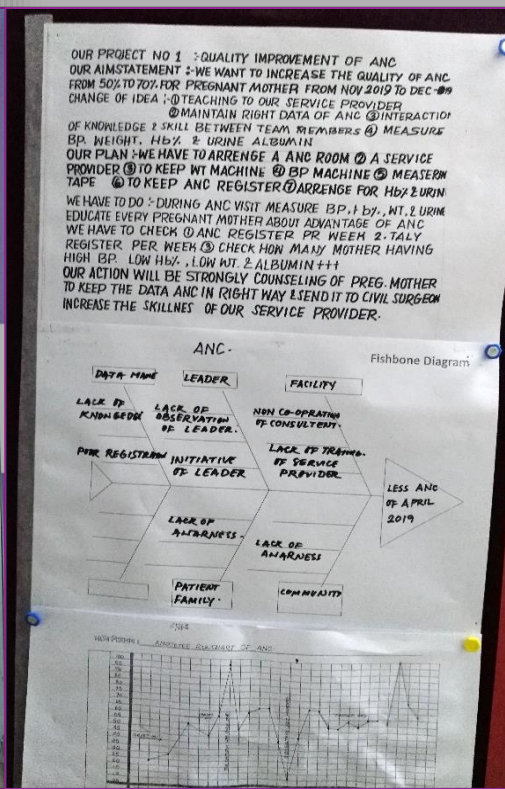
## Visual Display Board



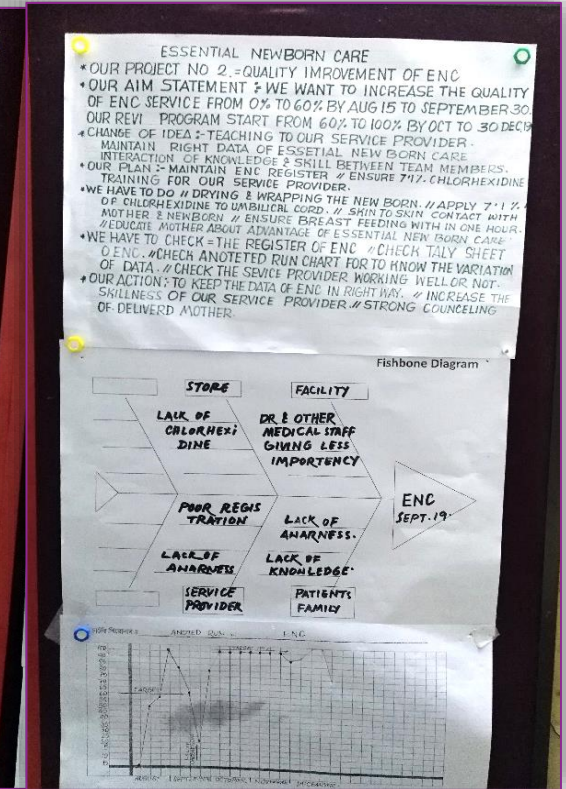
Visual Display Board at ANC corner at MMCH



Visual Display Board at labour ward at MMCH



Fishbone analysis and PDCA on Quality ANC at IBCHML



Fishbone analysis and PDCA on Quality ENC at IBCHML



# Change Concepts and Ideas

Disseminate the concept of relevant topics among the service providers

Ensure facility readiness and availability of logistics

Strengthen proper documentation

Self-monitoring, reviewing the progress and to find out the constrains

Leadership engagement to get improved service and to overcome constrains

- Coaching & On Job Training on the components of Q-ANC , ENC , Partograph by registrar's and QI coaches
- Establish a room solely dedicated for ANC and PNC services
- Adoption of government register to keep the records and documents
- Use proper job aid to counsel patients and their family members
- Weekly auditing of the QI Projects by the service providers themselves
- Discount on Lab test , NVD/CS to encourage Patients
- Monthly QIC meeting & Leadership walk around

# Interventions

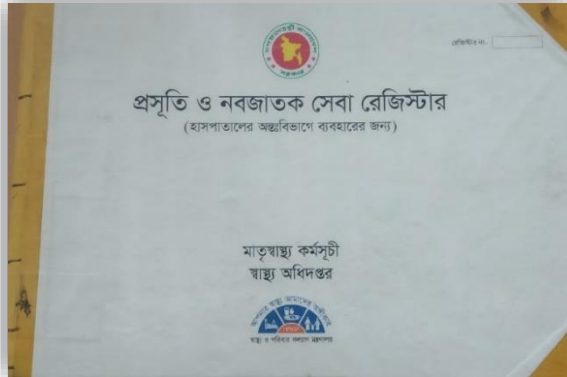
- ❑ Facility readiness with essential equipment to deliver quality care
- ❑ Capacity building/Skill development on QI activities
- ❑ Report on National Database/DHIS2
- ❑ Adoption of GoB ANC/PNC/EmONC register
- ❑ Implementation of 5S
- ❑ Infection prevention measures, like - Safe surgery checklist, Infection Register
- ❑ QI coaching visit
- ❑ QI coaching call during COVID situation

# Capability Development Program

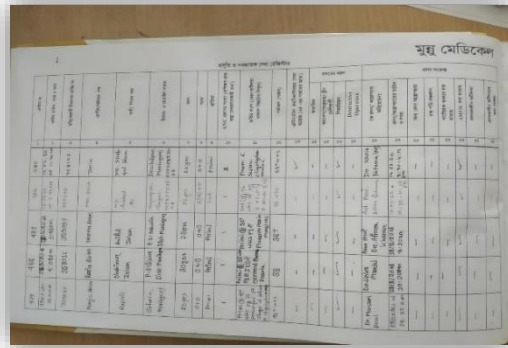
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- ❑ Training Program On Quality Improvement Essential
- ❑ Learning Network Design Workshop
- ❑ Basic QI Approach Workshop
- ❑ Workshop on Maternal and Newborn Health Clinical Standards for QoC
- ❑ Advocacy Workshop For Quality Improvement
- ❑ Quality Improvement Leadership Method Workshop
- ❑ 02 Learning Session Workshops
- ❑ Improvement Coach Workshop

# Being a member of the learning network



Emergency Maternal and Newborn care register for proper documentation at MMCH



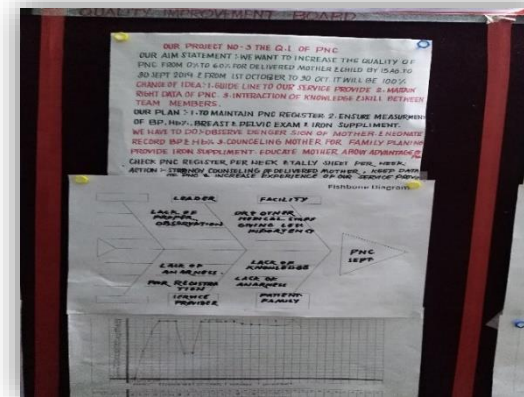
Emergency Maternal and Newborn care register for proper documentation at IBCHML



Establishment of Open MRS system at MMCH



Training for capacity building at both facility



Fishbone analysis and PDCA at IBCHML

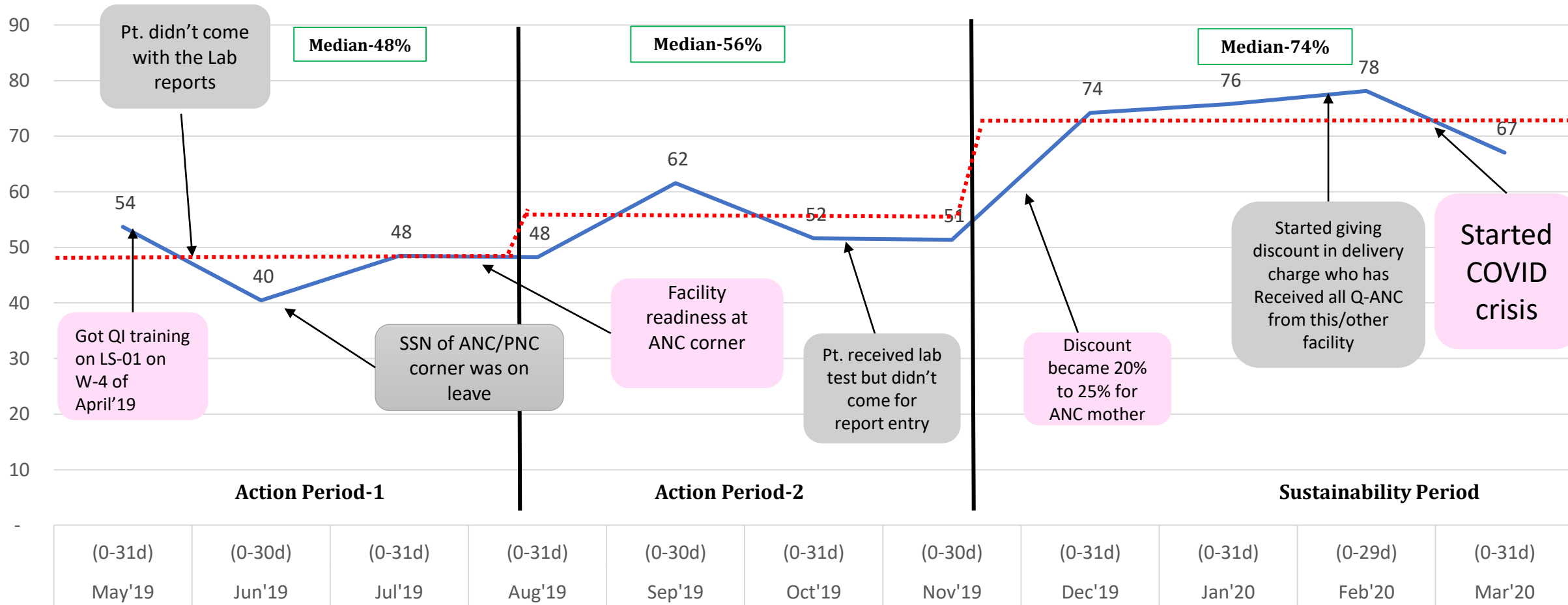


Joint mission visit



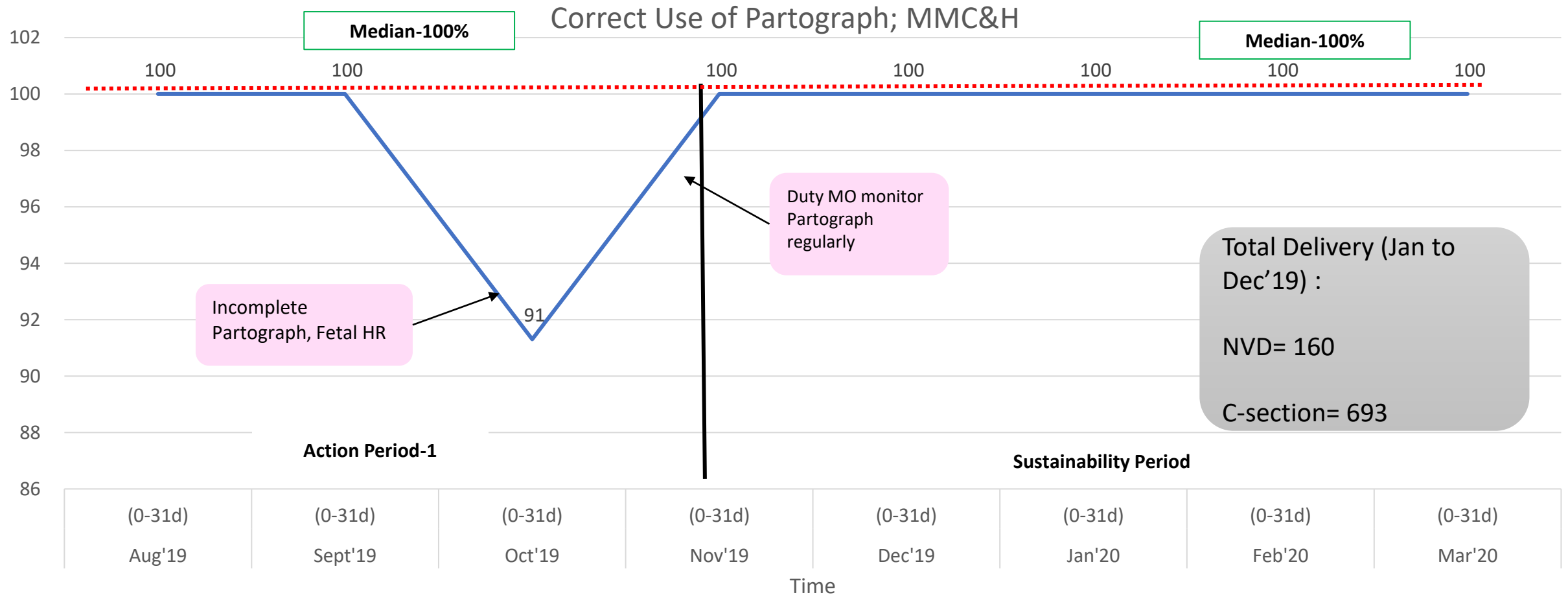
# Quality Antenatal Care (Q\_ANC): Monno MCH

Quality Antenatal Care; Monno Medical College & Hospital



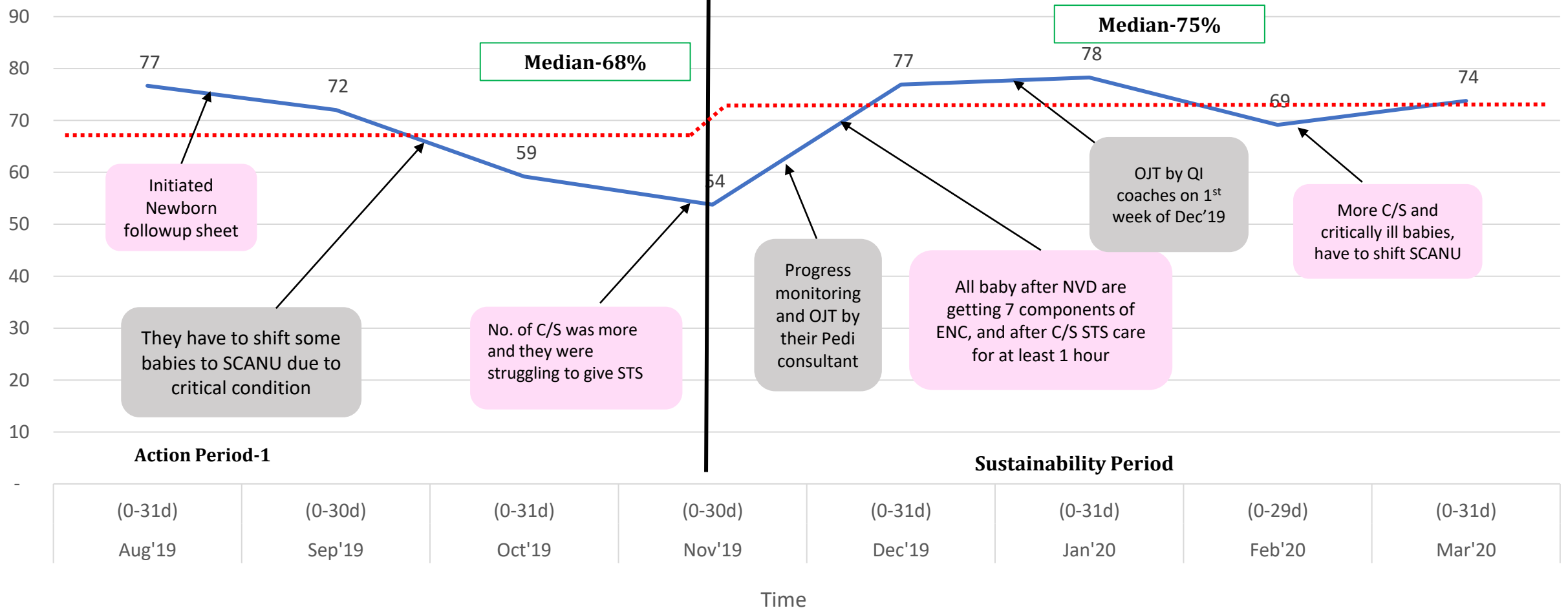
Time

# Correct Use of Partograph: Monno MCH



# Quality Essential Newborn Care: Monno MCH

Quality Essential/Immediate Newborn Care; Monno MCH



Initiated Newborn followup sheet

They have to shift some babies to SCANU due to critical condition

No. of C/S was more and they were struggling to give STS

Progress monitoring and OJT by their Pedi consultant

All baby after NVD are getting 7 components of ENC, and after C/S STS care for at least 1 hour

OJT by QI coaches on 1<sup>st</sup> week of Dec'19

More C/S and critically ill babies, have to shift SCANU

**Action Period-1**

**Sustainability Period**

(0-31d)	(0-30d)	(0-31d)	(0-30d)	(0-31d)	(0-31d)	(0-29d)	(0-31d)
Aug'19	Sep'19	Oct'19	Nov'19	Dec'19	Jan'20	Feb'20	Mar'20

# Data Review of Monno MCH: Impact on C Sections and NVD

Month	Total Deliveries	NVD	Caesarian Section
Jan'19	65	8	57
Feb'19	45	6	39
Mar'19	51	12	39
Apr'19	53	10	43
May'19	75	9	66
Jun'19	60	8	52
Jul'19	60	↑ 11	49
Aug'19	85	↑ 14	71
Sept'19	79	↑ 15	64
Oct'19	93	↑ 23	70
Nov'19	98	↑ 19	79
Dec'19	86	↑ 22	64
Jan'20	85	↑ 26	59

Learning Session 1

Learning Session 2

Regular Monitoring & Coaching Visits



# Islami Bank Community Hospital Ltd

- ❑ Established in: 2001
- ❑ Situated in: Manikganj, Dhaka Division
- ❑ Total Number of Clinical Doctors: 20
- ❑ Total Number of Hospital Staff: 85
- ❑ Beds: 20
- ❑ 24/7 delivery service both normal delivery & C-Section
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# Current Initiatives

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- ❑ Working on Quality ANC, Quality ENC & Quality PNC
- ❑ We now have skilled nursing staff on QI who got several technical sessions as well as coaching visits on quality of care
- ❑ As Nursing-In-Charge I oversee staff nurses and help them to implement QI projects
- ❑ Learned a lot about national standards and guidelines in continuous quality improvement
- ❑ Within Our Boundaries (Lack of a Permanent Building & Shortage of HR) we are trying to maintain the Quality of Care around the projects

# Challenges

- ❑ Clinical standards not uniformly applied by all providers
- ❑ Insufficient training and decision aids , inadequate supervision
- ❑ Long waiting time and improper queue management
- ❑ Rotation of interns/Nurses mean they need to be continually trained in documenting and patient counselling
- ❑ High workload for staff, OT, outdoor patients, lectures, clinical classes, CME and Departmental meetings and, initially, not fully understanding the process measure aspect of our work.
- ❑ Local socio-cultural context / trust in facilities
- ❑ Lack of Permanent Building incase of IBCHL
- ❑ Maintaining motivation of staff
- ❑ Reluctance for teamwork within departments

# Opportunities

- ❑ Previously in the last 10 years, Monno Medical College Hospital has never been in continual conversation with the civil surgeon. But with the LOC, this relationship has helped in various times over the last years - Civil Surgeon office helped us to create a vaccination corner, and we were able to donate PPE and oxygen during the Covid-19 pandemic.
- ❑ By having continuous dialogue the relationship leads both government facilities and private facilities can help each other as there is full transparency.
- ❑ Private institutions severely lack documentation which have found to be an integral part of quality improvement, we believe there are an array of areas within our institutions where documentation can improve.
- ❑ High profile government supervisory visits can be done to private hospitals, which will motivate existing staff and they will also be able to get much needed advices.
- ❑ Private institution staff are in privy to the workshops available to government health professionals. It would yield positive results for the staff who can attend these government institution facilitated workshop.





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**Save the Children**

# THANK YOU

