



Point of Care Quality Improvement

Step I : Problem identification , team building & writing an aim statement

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www.aiimsgqi.org; www.newbornwhocc.org ; www.ontop-in.org





A '4 step approach to QI'

Point of Care Quality Improvement #POCQI

POCQI: Point of Care Quality Improvement

Four simple steps to practice quality improvement at health facility level

Coaching Manual

Improving the Quality of Care
for Mothers and Newborns
in Health Facilities

POCQI: Point of Care Quality Improvement

Learner Manual





A '4 step approach to QI'

Point of Care Quality Improvement #POCQI





Step 1

Learning objectives

You will learn:

1. How to review data to identify a problem
2. How to prioritize which problem to work on
3. How to form a team to work on that problem
4. How to write a clear “aim statement”





Identifying a problem to solve

- Data-based decision: Review local health facility data and identify gaps
- Choose simple, easy to fix and amenable to change
- Value for patient outcome
- Short turn about time: easy success is motivating
- Avoid long-term projects, projects with less frequent event rates or those which involve follow up





Quality, Equity, Dignity

A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

Sl. No.	Name B/O	DOB (DD/MM)	Time of birth (24 hr)	Delivery route	Utero- tonic given in 1 st min	Apgar 1 min, 5 min	Birth Wt (grams)	Temp °C at 1 hour	Imme- diate drying	Delay-ed cord clamping	Discharge Date (DD/MM)	Discharge (Home, Died , Referred)
1	Gini	15.06	00.45	Vag	√	8.9	3400	35.4	√	√	16.06	Home
2	Meenu	15.06	06.30	C/S		7.8	2460	34.5		√	17.06	Home
3	Gita	15.06	14.30	Vag		8.9	2350	35.2			16.06	Home
4	Ranchu	16.06	09.20	Vag	√	6.8	3310	36.8	√	√	17.06	Home
5	Tina	16.06	17.50	Vag		6.8	2670	37.1	√	√	17.06	Home
6	Puja	17.06	02.42	Vag		5.7	2740	34.9		√	18.06	Referred PPH
7	Kiran	18.06	08.16	Vag	√	8.9	2851	36.8	√		19.06	Home
8	Meera	19.06	12.25	Vag	√	8.9	2780	37.1	√	√	19.06	Home
9	Saroj	19.06	18.20	Vag		8.9	2618	35.8	√	√	23.06	Referred PPH
10	Kirti	19.06	22.10	Vag	√	8.9	2651	37.4	√	√	24.06	Home





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Prioritisation of problem – *PICER* !

- P- Problem
- I- Impact Value for patient outcome
- C- Under control of team
- E - Easy to do
- R- Resources required





Possible aim	Important to patient outcomes (1-5)	Affordable in terms of time and resources (1-5)	Easy to measure (1-5)	Under control of team members (1-5)	Total score (4-20)
Uterotonic given within 1 min					



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Uterotonic given within 1 min	5	5	5	4	19





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Management of PPH	5	4	2	3	14





Possible aim	Important to patient outcomes (1-5)	Affordable in terms of time and resources (1-5)	Easy to measure (1-5)	Under control of team members (1-5)	Total score (4-20)
Immediate drying of the body	5	5	4	5	19





Possible aim	Important to patient outcomes (1-5)	Affordable in terms of time and resources (1-5)	Easy to measure (1-5)	Under control of team members (1-5)	Total score (4-20)
Delayed cord clamping	4	4	4	3	15





Possible aim	Important to patient outcomes (1-5)	Affordable in terms of time and resources (1-5)	Easy to measure (1-5)	Under control of team members (1-5)	Total score (4-20)
Low temperature at 1 hr <36.5 degree C	5	4	5	5	19





Possible aim	Important to patient outcomes (1-5)	Affordable in terms of time and resources (1-5)	Easy to measure (1-5)	Under control of team members (1-5)	Total score (4-20)
Decrease in low birth weight <2500 grams	4	3	4	1	12





Possible aim	Important to patient outcomes (1-5)	Affordable in terms of time and resources (1-5)	Easy to measure (1-5)	Under control of team members (1-5)	Total score (4-20)
Uterotonic given within 1 min	5	5	5	4	19
Management of PPH	5	4	2	3	14
Immediate drying of the body	5	5	4	5	19
Delayed cord clamping	4	4	4	3	15
Low temperature at 1 hr <36.5 degree C	5	4	5	5	19
Decrease in low birth weight <2500 grams	4	3	4	1	12





Select your team

Look for volunteers who are

Enthusiastic

Involved

Influential



Select your team

Identify who should be in the team:

Need people from every level, even parents

Assign roles

- Leader
- Recorder
- Communicator





Teamwork - Importance

Healthcare is provided in complex environment by range of people in the hospital

- Staff can identify problems and generate ideas to resolve them
- Participation improves ideas, buying-in, and reduces resistance to change
- Accomplishing things together increases the confidence of each member





Writing an aim statement: SMART

Specific, Measurable, Achievable, Relevant, Timely

Aim statement answers the questions

“What”-outcome or process that needs improvement

“Who”-patient group that will be affected

“How much”-change from baseline to the desired level

“By when”-when you plan to achieve your desired goal





Structure of aim statement

Follow the structure:

We aim to (what do you want to achieve) **in** (which patient group) **from** (what is the current performance) **to** (what is the desired level of performance) **by** (how long)





Example 1: Good Aim Statement

Problem : All babies are not dried immediately after birth

We aim to (implement standard practice of immediate drying) **in** (all births) **from** (current level of 70% to 100%) **by** (one month)



Example 2: Is this a good aim statement ?

Polling - Raise hands

To establish skin to skin contact after delivery in low risk mothers admitted in labor room of your Hospital



Example 2: Is this a good aim statement ?

Polling - Raise hands

To establish skin to skin contact immediately after delivery for at least one hour to an extent of 25% in two weeks in low risk mothers admitted in labor room of your Hospital





This is a good aim statement

To establish skin to skin contact immediately after delivery **for at least one hour** to an extent of **25%** in **two weeks** in low risk mothers admitted in labor room of your Hospital



Real stories on Quality Improvement

Mrs Meena Joshi ,Nurse Educator

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Teamwork

How to keep members involved in QI ?

- Regularly share run chart/data
- Reminders on SMS/ what's app
- Involve Head of Department and Faculty on floor
- Give opportunities to team to share experience in physicians and nurses workshops
- Assigning QI to multiple Team leaders who are interconnected





Choosing problems to be fixed

- Easy ,simple to solve within our control
- Are impactful and are important for improving care
- No additional resources are needed
- Ideas emanate by discussion within the unit
- Baseline data is collected from case/nurses records or computerized inventory





Story of Teamwork with sustenance

Involving parents ,nurses & doctors

- Staff did a QI project in increasing duration of KMC
- Team consisted of mothers , nurses & doctors
- The unit implemented changes as per suggestion of team members during weekly meetings and with regular feedback ,reminders during rounds by faculty able to sustain the gains





New problem arose

- Breakages of warmer probes while mother were providing KMC to sick babies
- Despite nurses education and being diligent, probes life still short
- Mother's education using flip charts in local language resulted in increasing life of probe !

<https://www.youtube.com/watch?v=JUMhyWKRkL4>





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Thank you !
Open for Questions now ...

