



Quality Assurance in Veerangana Avanti Bai Mahila Hospital Lucknow, Uttar Pradesh

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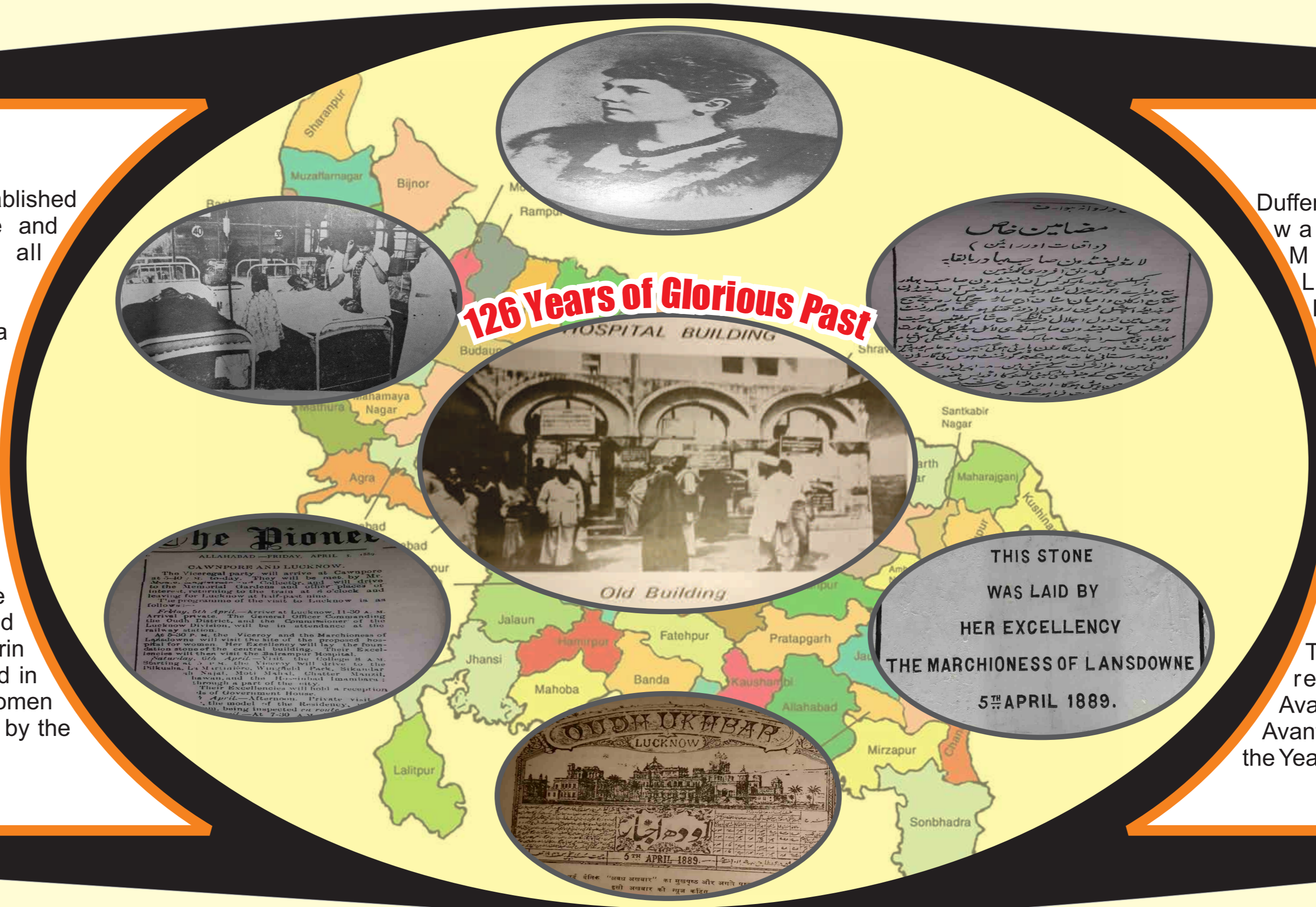


History

Dufferin Hospital was established in 1889 to provide safe and affordable services to all women.

To promote safe delivery, a campaign was initiated under the leadership of Lady Dufferin who established a fund known as 'Countess of Dufferin Fund' with the support of Queen Victoria.

Soon, many rich and influential people joined the campaign and donated generously and 26 Dufferin Hospitals were established in Uttar Pradesh. Later, all women hospitals became popular by the name of Dufferin Hospital.



126 Years of Glorious Past

Introduction

Dufferin Hospital Lucknow, was founded by Marchioness of Lansdowne, Lady Dufferin on 5th April 1889.

The Hospital started functioning as a private hospital with only 20 beds but grew gradually into a full fledged, fully equipped hospital to its present capacity of 226 beds.

The hospital has been renamed after Rani Avantibai, as Veerangana Avantibai Mahila Hospital in the Year 1996.



Context

- This is the first hospital in UP where Quality Assurance Programme has been implemented with the aim to provide quality services to the population and to obtain National QA Certification.
- In the process, the following steps have been taken:-
 - Strengthening Institutional Framework:-
 - Constitution of QA team
 - Infection Prevention committee
 - Orientation of staff for the activities under QA Programme
 - Baseline assessment of the facility using standard checklists
 - A baseline score generated & gaps identified.

Gaps/Issues

- Most of the High Risk Patients were referred to higher center due to
 - Non-availability of Standard Operating Procedures
 - Limited resources
 - Non-availability of blood bank
 - Staff not trained to recognize and manage complicated cases.
- Inadequate supply of drugs and consumables.
- Patient Privacy in labor room was sub-optimal.
- No waiting / stay area for attendants.
- O.T based on old model and equipments not in good condition
- SNCU not well equipped.
- Apathetic attitude of service providers.
- Inadequate supply of electricity.

Action taken for traversing the gaps



According to PDCA, the following measures have been taken:-

- Customization of SOPs and their implementation
- Institutionalization of Patient Satisfaction Survey and Analysis
- Infection control & BMW management have been strengthened.
- Disaster Management team constituted and trained
- Gap closer measures have been taken & regular monitoring done to maintain the status

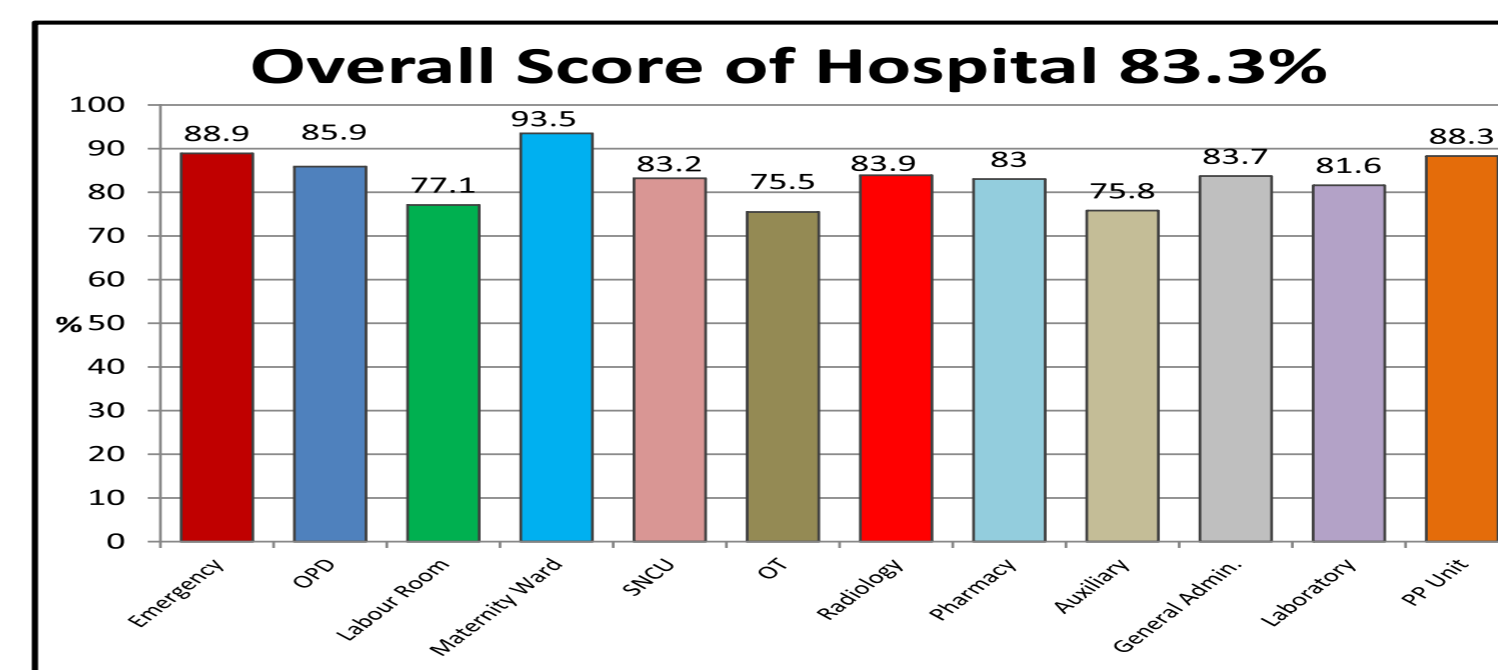
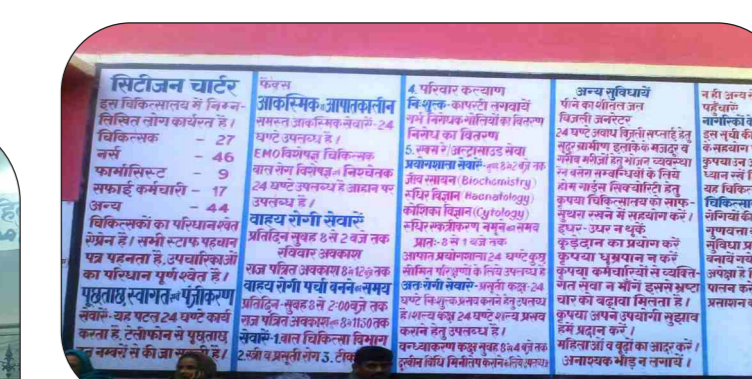
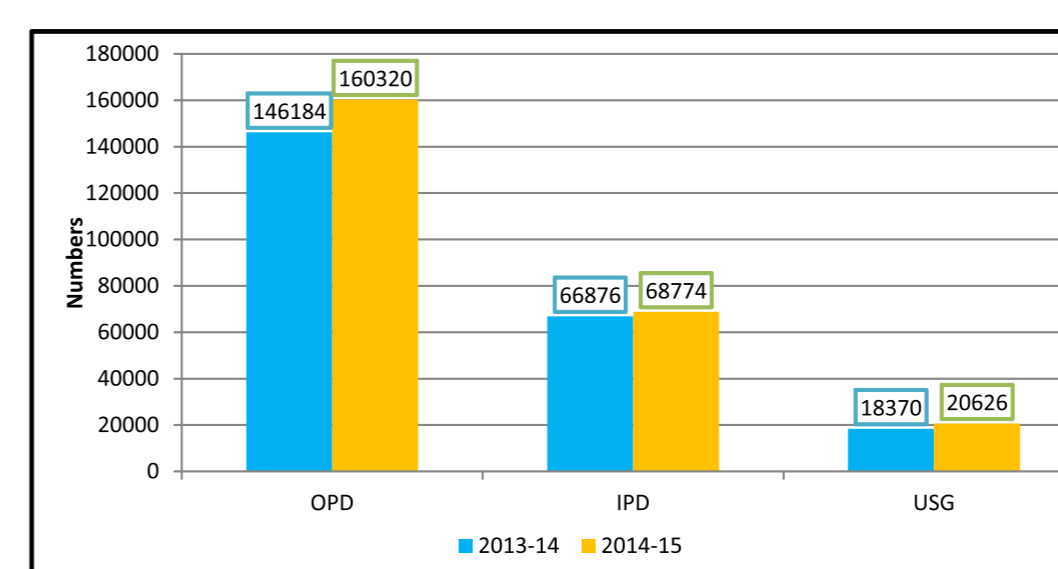
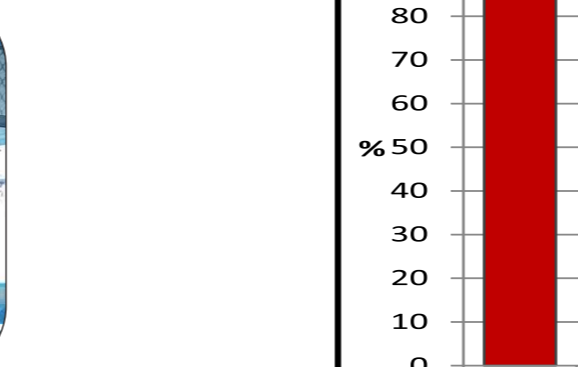
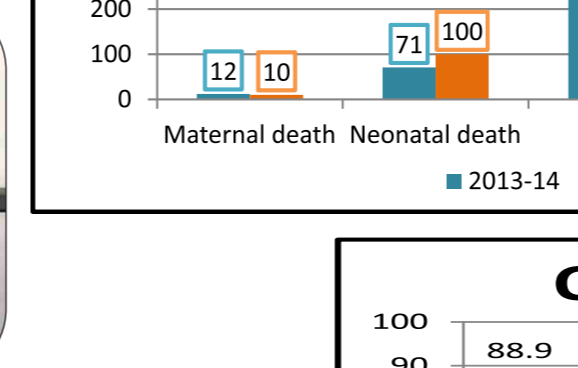
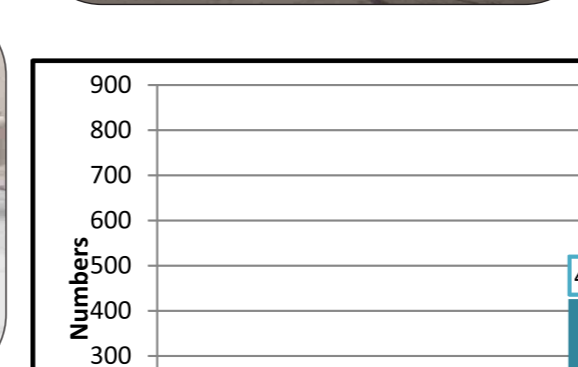
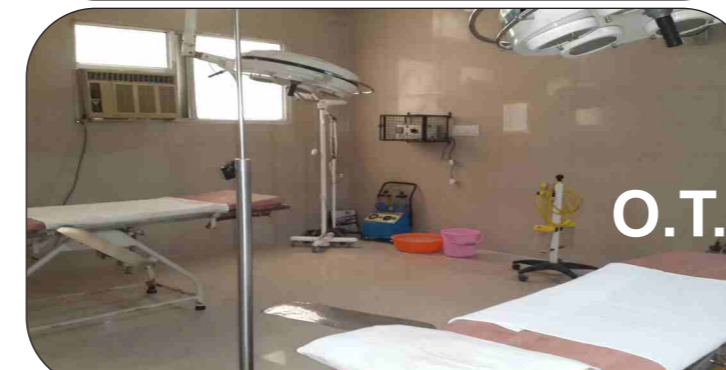
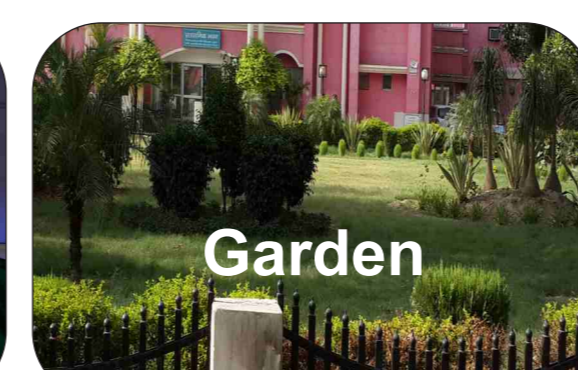
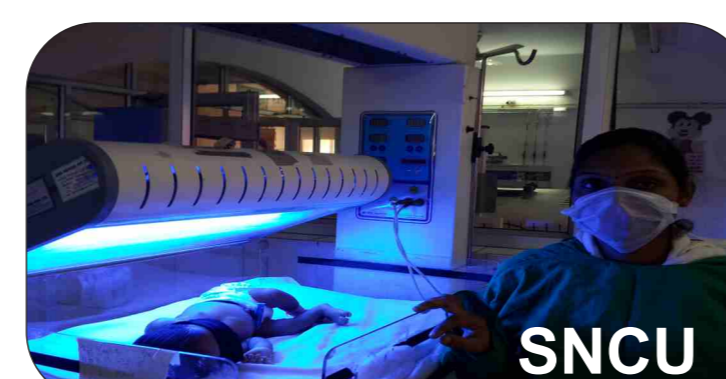
Key interventions

- Support from neighbouring hospitals:-** For availability of blood, some nearby institutions like Balrampur Hospital & KGMU were contacted to ensure blood supply in the hour of need even without a donor.
- Innovations:-** An initiative was taken to promote blood donation and students in the adjoining Christian College were motivated for it. Nearly 200 students have become volunteers. A list according to blood group along with contact numbers is available in the hospital.
- System Strengthening:-**
 - To upgrade the OT & Labour room new instruments have been procured. Proper sterilization and autoclaving is being ensured.
 - Patient's privacy was ensured by providing curtains/screens both in labour rooms and OPD.
 - Proper layout of Signages, display of Citizen Charter, EDL and Health related messages in Hindi.
 - A 'Rainbasera' has been provided in the vicinity of the hospital where the facility of clean drinking water & toilet is available for the attendants of the patients.
 - Round-the-clock duty of guards for security purposes as well as patient facilitation especially at night.
 - Regular power supply has been ensured by generators and inverter
 - Lifts have been installed with rescue device and emergency alarm system for patients & attendants.
- Infection Prevention:-** Appropriate infection prevention and BMW disposal measurements are being taken.
- Capacity Building:-** EmOC/LSAS training for MBBS doctors and BEmOC training for staff nurses was given to improve quality of care.
- Drugs & Diagnostics:-**
 - A drug inventory management system has been established to counteract stock-out of emergency drugs and consumables.
 - Rapid diagnostic kits (strips) for Hepatitis B and HIV were made available in labour room and emergency.

Impact of Measures

- Improved Patient Satisfaction Score from 3.0 to 3.9.
- Reduced LAMA rate from 11.1 to 5.0.
- Better management of high risk patients such as pregnancy with severe anaemia, Eclampsia, Diabetes, etc.
- SNCU admissions increased by 20% in FY 2014-15.
- Maternal mortality reduced from 12 (FY 2013-14) to 10 (2014-15).

We acknowledge and appreciate the efforts & initiatives taken by the CMS and her team to bring about the change.



Source: HMIS



Conclusion and way forward.....

Uttar Pradesh being the most populous State of the country, the burden of providing optimum health care services to the population is huge. Often inadequate infrastructure and human resource are held responsible for poor quality of services in government hospitals but prioritization of problems, multi-tasking capacity building, positive behavior and enhanced motivation of staff can bring about the change in limited resources too as evident in Veerangana Avanti Bai Mahila Hospital. This model can be adopted across the State to replicate the impact in other Hospitals also.