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Original Research Paper

Epidemiology

IMPACT OF INTERVENTION OF CAPACITY BUILDING FOR IMPROVEMENT IN QUALITY CARE AND PRACTICES AMONGST LABOR ROOM STAFF IN DISTRICT HOSPITALS OF JAMMU AND KASHMIR

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ABSTRACT **Introduction:** . Quality of care is increasingly recognized as a critical aspect of the unfinished maternal and newborn health agenda, mainly with respect to care around labor and delivery and in the immediate postnatal period. Improved quality could have the greatest dividend in saving maternal and newborn lives **Material &methods:** - Interventional study conducted among staff nurses. Pretest was taken by using structured questionnaire. The post- test was conducted one after educational program by using same questionnaire. **Data Analysis:-** Wilcoxon matched pair rank test was used. P value <0.05 was considered as significant. **Result:** The current study depicts an improved score in almost every parameter focused such as service provision, patient rights, infection control, inputs, quality management, support services, outcome and clinical services **Conclusion:** Educational programme should be conducted at regular interval in labor room staff to enhance the knowledge and builds up the capacity of staff for quality care in labor room.

KEYWORDS : Infection control, labor rooms

INTRODUCTION

It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 25% of under-5 deaths take place on the day of the delivery. Half of the maternal death each year can be prevented if we provide higher quality health care. Quality of care is increasingly recognized as a critical aspect of the unfinished maternal and newborn health agenda, mainly with respect to care around labor and delivery and in the immediate postnatal period.[1] One target under Sustainable Development Goal 3 is to reduce the global maternal mortality ratio to less than 70 per 100 000 births by 2030. In India, four maternal complications (hemorrhage, sepsis, unsafe abortion and hypertensive disorders) are main causes of maternal deaths .[2] Quality of care at the facilities during childbirth remains a major concern. Improved quality could have the greatest dividend in saving maternal and newborn lives.[3]

Objectives

1. To analyze the quality of labor rooms through National Quality Assurance standards (NQAS) related to maternal services.
2. To assess the impact of capacity building amongst staff of labor rooms for provision of maternal services.

Methodology

This multicentric interventional study took place for four months (February to May 2018) amongst labor room staff nurses in four district hospitals of Kashmir, India. We used simple random sampling (SRS) with replacement to select four clusters (Srinagar, Budgam, Pulwama and Baramulla) out of 10 districts in Kashmir representing central, south and north Kashmir respectively. From each cluster, a district hospital was selected. The study was approved by institutional ethics committee Written permission from the concerned authority was obtained before the start of the study. Nurses providing maternal care in labor rooms were interviewed using a pretested and predesigned National Quality Assurance Standards (NQAS) questionnaire. Baseline assessment (pretest) was done on parameters of service provision, patient rights, infection control, inputs, quality management, support services, outcome and clinical services. Among the eight parameters, infection control was studied in depth.

Pre-test was taken by using structured questionnaire. On the same day educational programme (capacity building) was conducted for nurses which included a power point presentation. Same questionnaire used for pretest was administered for post-test evaluation. Score was given in compliance to NQAS Guidelines. Subjects were categorized according to their score percentages as follows;

- Good -76% to 100%
- Fair -51% to 75%
- Poor - 0 to 50%

Data Analysis: To assess the impact of capacity building amongst staff of labor rooms for infection control, Wilcoxon matched pair rank test was used. P value <0.05 was considered as significant.

RESULTS

Table No.1 shows that out of total 109 nursing staff interviewed, majority of them i.e. 37 (34%) belonged to the age of 20-30 years while only 11% subjects were above the age of 50 years.

About 37% subjects had work experience of 10-20 years. In terms of qualification, more than half (60%) of the subjects had done diploma (GNM) followed by 30% of subjects who had done diploma in FMPHW.

Table no. 1 Sociodemographic characteristics of nursing staff n=109

Name of variable	Group	No. of participants	Percentage (%ge)
Age	20-30	37	33.94
	31-40	29	26.6
	41-50	31	28.44
	>50	12	11.009
Experience	<5 years	23	21.1
	5-10 years	19	17.43
	10-20 years	40	36.69
	>20 years	27	24.77
Education	B.Sc nursing	11	10.09
	Diploma (GNM)	65	59.63
	Diploma (FMPHW)	33	30.27

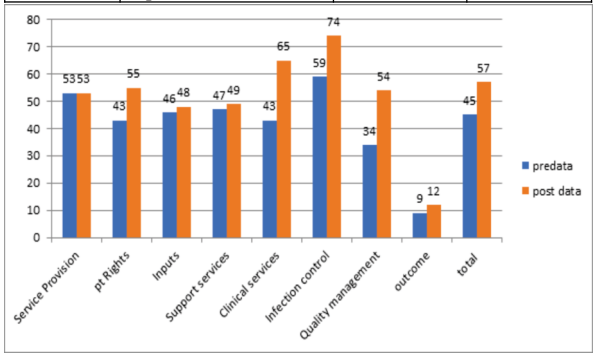

Fig 1 Area of concern wise pre and post score for labor rooms

Median interquartile Pre-score range-44.5(36.25-51.50) and

Post score range-53.5(48.25-62.5)
P value =0.016 (Wilcoxon matched pair Rank test)

Fig 1 reveals the score as per NQAS questionnaire before and after the intervention (educational programme). The current study depicts an improved score in almost every parameter focused upon.

The mean score of labor rooms before introduction of check list was 45%. After implementation of checklist of NQAS their Scores changed to 57%. The difference between the means before and after the intervention was found to be statistically significant ($p<0.05$).

Practices on Infection control were studied in depth. Regarding hand washing the knowledge before intervention was found to be fair in nursing staff of districts Baramulla and Pulwama as compared to the other districts. This could be attributed to the early implementation of NQAS guidelines in the district hospitals of Baramulla and Pulwama

As regarding the processing of instruments, highest impact was seen in districts Baramula and Pulwama and lowest impact was seen in district Budgam.. However, majority of the staff was not aware of steps and time for routine and alcohol rubbing in any of the hospitals.

In Srinagar, impact on cleaning practices was found to be higher than other components whereas impact on sterilization practices was higher at Pulwama and Baramulla districts (Fig 2)

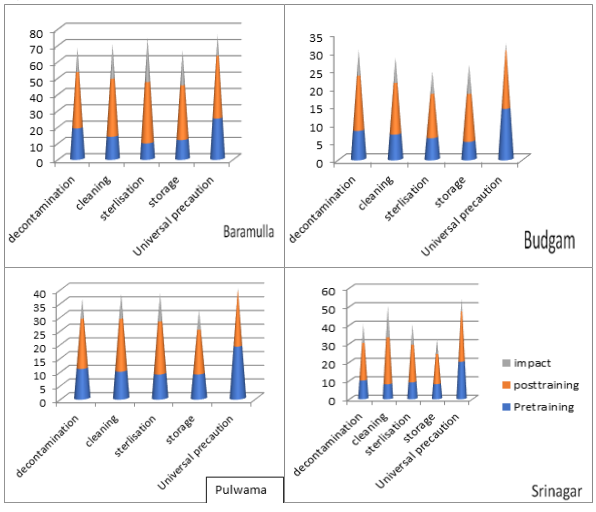

Fig 2. Knowledge of decontamination, cleaning, sterilization and storage of instruments and universal precautions.

CONCLUSION

Above results depicted that there was significant increase in post- test knowledge amongst nurses after implementation of educational programme. Constant and regular up gradation of the knowledge builds the capacity of staff for quality care in labor room.

Recommendation

Supervision of labor room staff during day to day working should be done to facilitate adoption and implementation of correct practices. Workshops and trainings of labor room staff on quality assurance should be conducted regularly.

Limitations

Due to busy duty schedule and burden of patient load, a recheck for post test evaluation after few weeks of intervention was not possible. This could have helped in assessment of retained knowledge regarding the quality care and practices amongst labor room staff.

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