



Tamil Nadu Training and Capacity Building



Glimpse of Presentation

- Introduction
- Organizational Structure of Health Department
- Established Training and Capacity Building Units in Health Department
- Formation of Training Teams at Facility, District and State level
- Training Need Assessment
- Annual Training Calendar
- Specific and Targeted capacity building initiatives
- Achievements through Training and Capacity building
- Examples Training Experiences outcome under NQAS -LaQshya Initiatives
- Innovations and Challenges

ORGANISATION STRUCTURE IN TAMIL NADU



HON'BLE MINISTER FOR HEALTH

SECRETARY TO GOVERNMENT H&FW

ADMINISTRATION

**Spl. Secy.
IAS**

**Additional
Secy, Non-IAS**

Joint Secretary

Under Secretaries

Sections

Spl. Secy.	Special Secretary
DME	Director of Medical Education
DM&RHS	Director of Medical and Rural Health Services
DM&RHS (ESI)	Director of Medical and Rural Health Services (ESI)
DPH&PM	Director of Public Health and Preventive Medicine
DFW	Director of Family welfare
CIM&H	Commissioner of Indian Medicine and Homoeopathy
DCA	Drug Control Administration
TNHSP	Tamil Nadu Health Systems Project
SHT	State Health Transport
NHM	National Health Mission

DIRECTORATES

DME

DM & RHS

DM&RHS (ESI)

DPH & PM

DFW

CIM&H

Food Safety

DCA

SHT

SOCIETY / CORPORATION

**Tamil Nadu State AIDS Control
Society**

**Tamil Nadu Medical Services
Corporation**

State Health Society - NHM

**Medical Services Recruitment
Board**

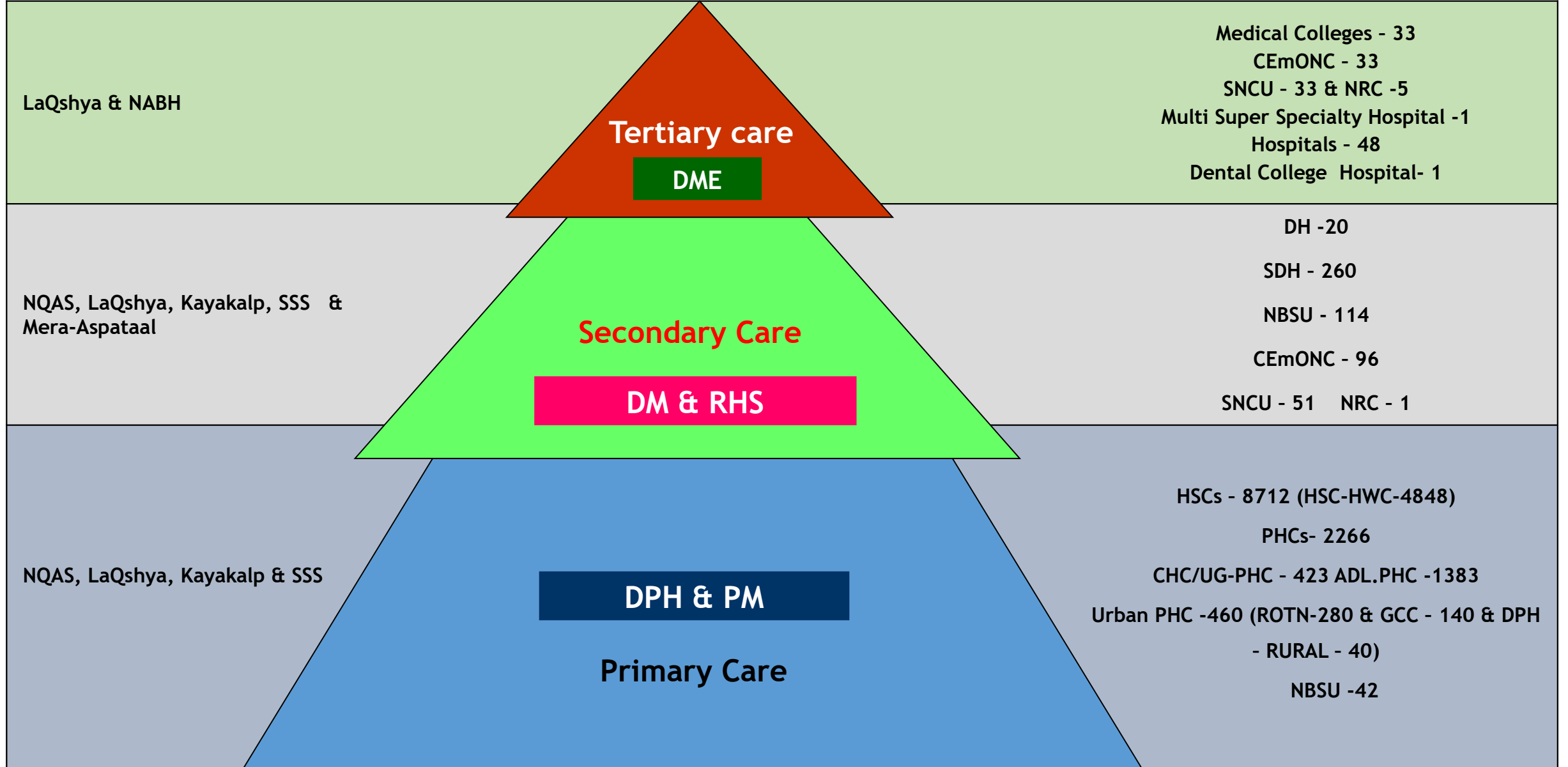
**Tamil Nadu State Blindness
Control Society**

TAMPCOL

TNUHP

TNHSP - II

STRENGTHS OF GOVERNMENT TAMIL NADU HEALTH CARE DELIVERY SYSTEM



Quality HR Organogram

State

Regional

District

Facility

Health Secretary
(Chairman - State Health Society)

DM&RHS

DPH&PM

Mission Director

DME

DFW

Secondary Care - DHQH,
SDH

Primary Care -
CHC, PHC,

State Programme Management Unit
District Programme Management Unit

Tertiary Medical
College Hospital

Primary, Secondary and
Tertiary Care

Additional
Director

Joint Director Inspection/
Training

State Programme
Manager

State Urban Health
Manager

Additional Director, Joint
Director

Deputy Director

Quality Medical
Officer

Quality Medical Officer

5 State Quality Consultant

LaQshya Special
Officer

1 Program Assistant

Regular Superintendents

Joint
Director

Deputy
Director

**Principal of
7 Regional
Training
Institute**

**Training
Medical
Officer
Regional
Training
Institute**

**7 Regional
Quality
Consultants
&
7 Program
Assistants**

Dean

Deputy
Director

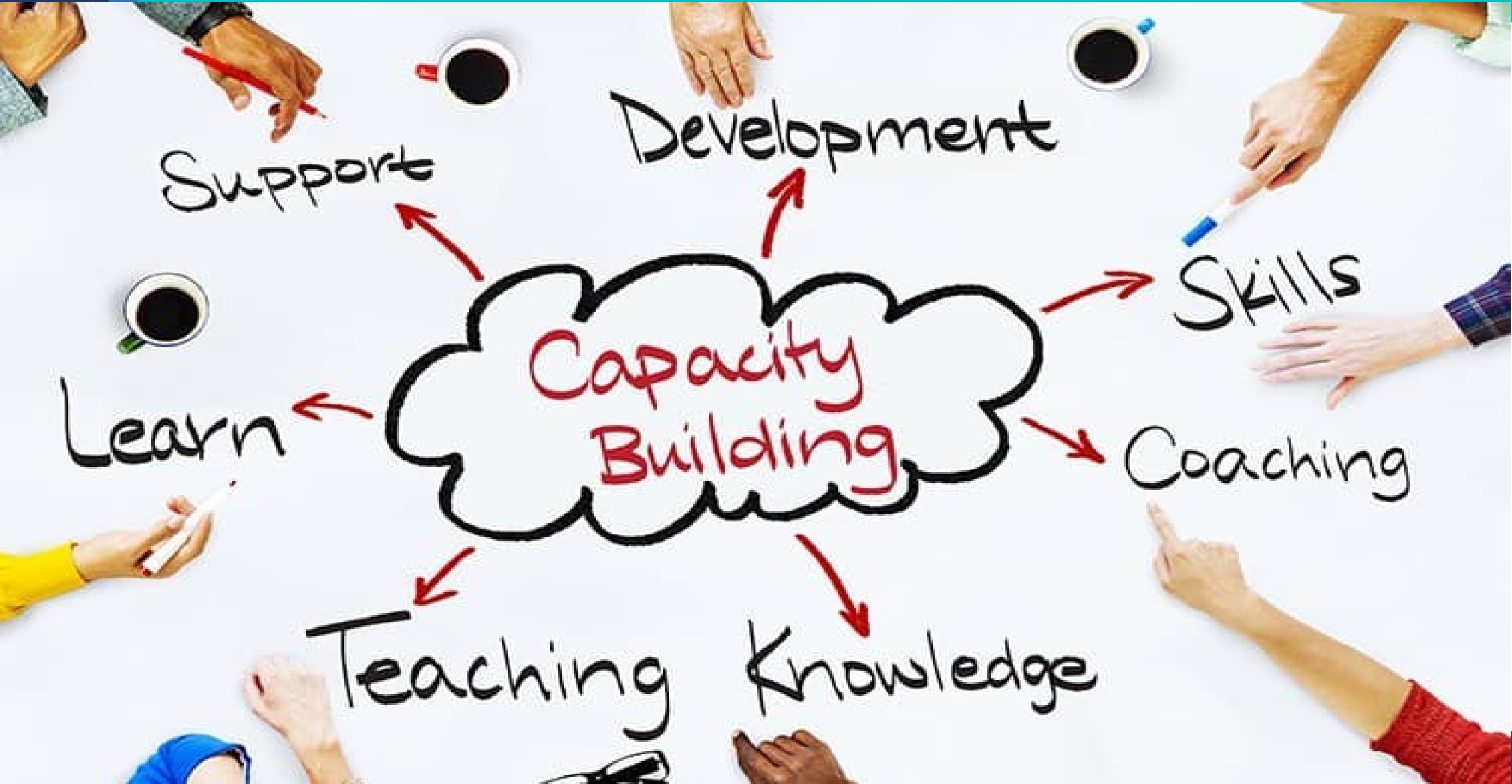
District Quality Team Medical Officer, **District
Training Team MO**

Quality Manager

Regular Clerical & Support Staff

MCH, DHQH, SDH, CHC and PHC Facility In-
charge

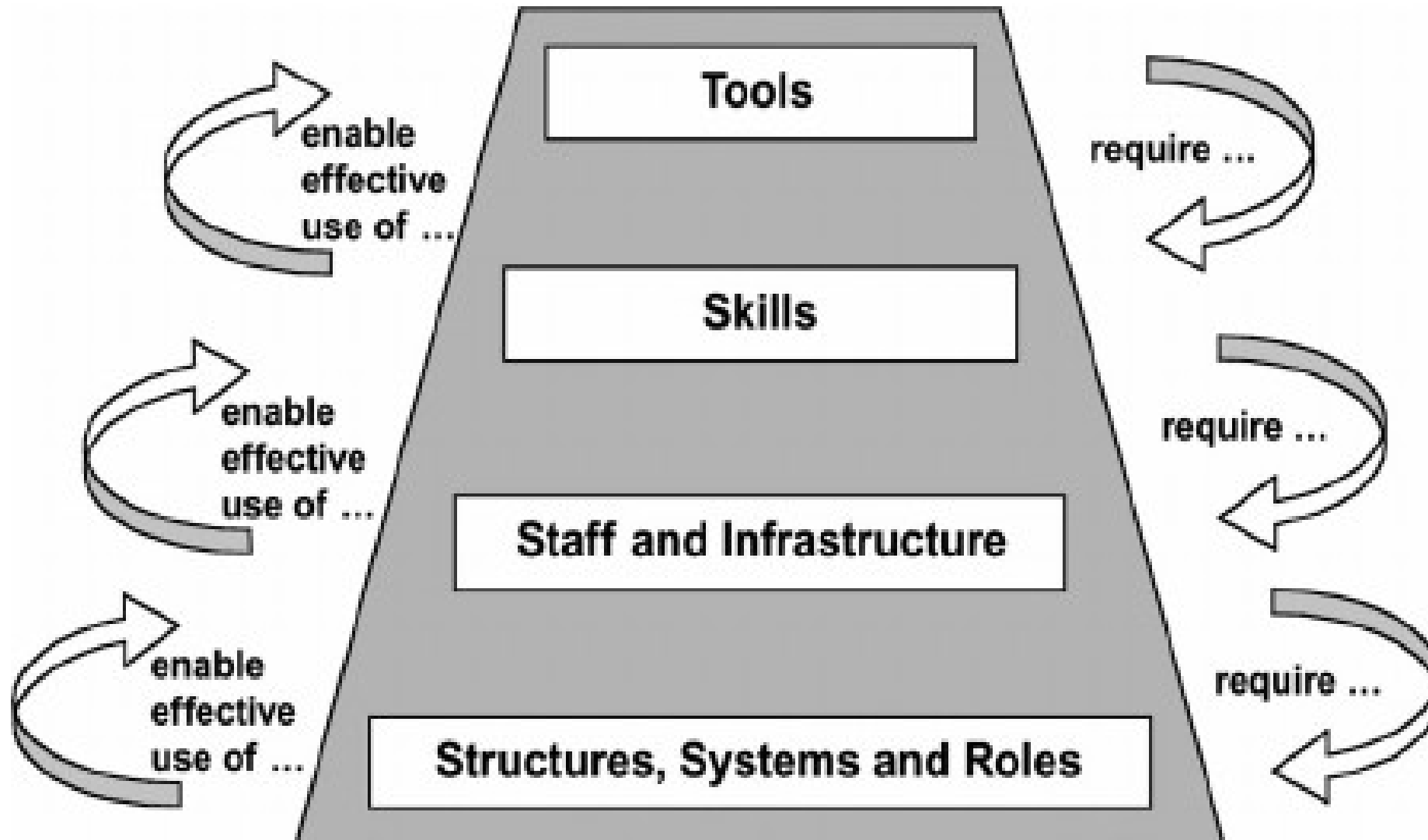
Regular Clerical & Support Staff



Capacity Building in Healthcare?

- Capacity Building is defined by the World Health Organization (WHO) as “the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion... ... Engaging in these actions is called a capacity building intervention

Capacity Building Pyramid-Potter and Brough



Expectations from Training & CB

- Delivery of high Quality Healthcare Services
- A sense of achievement and accomplishment among staff
- Sharing of good practices & learning among support staff
- Ability of individuals and institutions to make and implement decisions.
- Increasing efficiency, effectiveness, productivity and sustainability by interdepartmental cooperation
- Bridged gap between protocols and practice
- The Mission , Vision and Quality Policy statements will be viewed as motivation and supported by changed and committed actions of staff

Levels of Training



Levels of Training and Capacity Building

- Specific and Targeted capacity building initiatives undertaken at
 - Individual Level
 - Facility Level
 - State Level



1. Individual Level

- Process of changing attitudes
- Behavior - Imparting knowledge & developing skills
- Maximizing the benefits of participation
- Knowledge exchange and ownership
- Training program (one to one, Group Training, Real / Virtual)
- Mentorship to provide intensive personalized guidance to build knowledge & Skills.
- Workshop for in-depth discussion of specific topics
- Conferences



2. Facility Level

- Strengthen the skills resources and abilities to make the facility & his workers to Grow & Thrive.
- Overall Organizational performances & functioning capabilities
- Ability of the facility to adopt to change.
- Development of Internal Policies
- Organizational Procedural restructuring

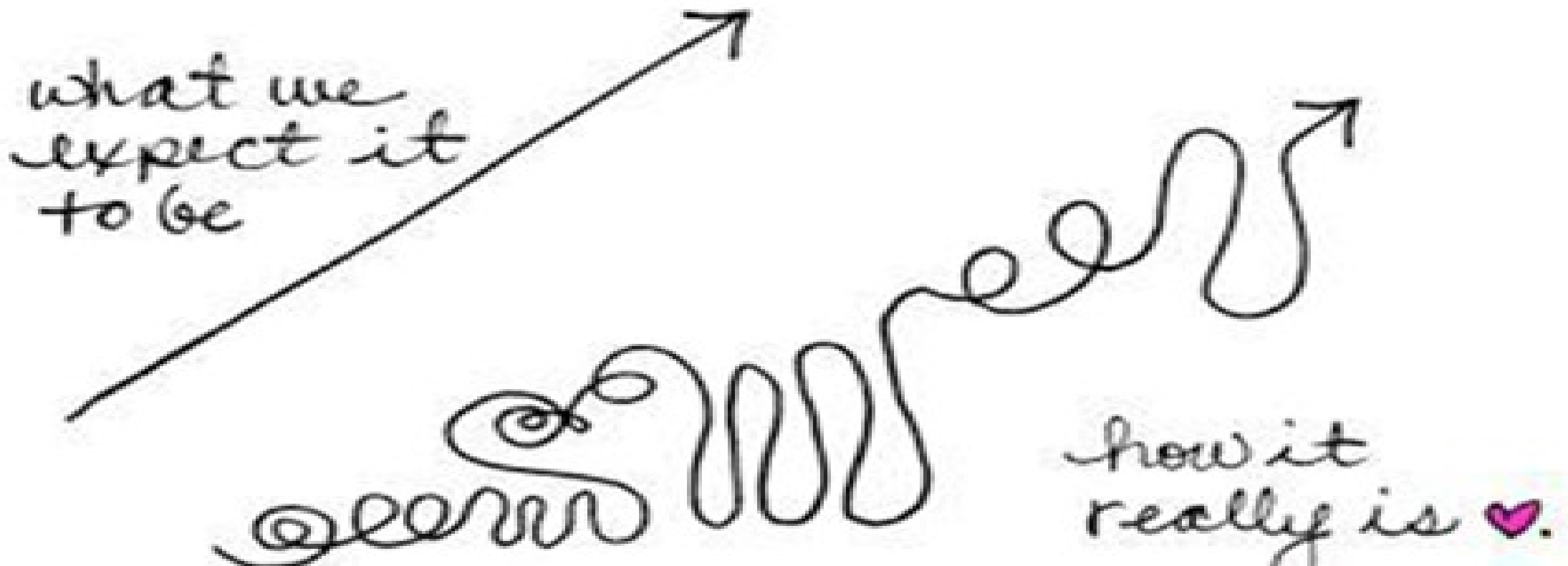


3. State Level

- Policy development framework
- Allocation of resources
- Advocacy Initiatives
- Consultations
- Open Dialogues
- Reforms
- Forms Bridges for development, Implementation & Maintain the effective health care facility.



the Journey



Established Training and Capacity Building Units in Health Department

- Regional Training Institutes
- Villupuram, Health Manpower Development Institute
- Salem, Health Manpower Development Institute
- Madurai, Health and Family Welfare Training Centre
- Dindigul, Gandhigram Institute of Rural Health and Family Welfare Trust
- Poonamallee, Chennai, Public Health and Preventive Medicine,
Institute of Public Health,
- Egmore, Chennai, Health and Family Welfare Training Centre
- Pudukottai, Regional Training Institute of Public Health

Formation of Training Teams

- Formation of Training Teams at
 - State
 - District
 - Facility
 - Individual Training
- Continuing Medical Education Programme - Individual Training
- Facility Level Training - Eg. FQT
- District Level Training - Eg. DTTMO, DQT, DQAU
- State Level Training - Eg. SQAU
- National Level Training- Eg. NHSRC, etc.

Trainings and Capacity Building under Quality Assurance Programme

S · N o	Trainings	Target Audience	Duration	Purpose	No of persons trained / Batches
1.	Awareness Workshop	SQAC members, State / Regional units, Civil Surgeons/ CDMO/ DHO	1 day	To sensitize state level officials for quality assurance program & its steps	930 / 31
2.	Assessor Training	Members of state and district quality assurance units, member of facility level quality teams.	2 days	To acquaint trainees with standards, measurable elements, departmental check lists and scoring system and how to use them	420 / 7
3.	Quality improvement training for service providers	Facility in charges, hospital and programme managers and other hospital staff	3 days	To understand basic concepts of quality improvement approaches, quality tools and how to implement them in their facilities	250 / 5
4.	Internal Assessor cum Service Provider training	Members of state and district quality assurance units, programme managers. Facility in	3 days	To acquaint trainees with standards, measurable elements, scoring system and basic concepts of quality improvement approaches and how to implement them in their facilities	335 / 11

IAT & EAT Training



Training Need Assessment

- Thematic Training under Quality Assurance Programme
- Apart from trainings on quality improvement the specific thematic training modules for following areas would be developed -
- Infection Control and Bio Medical Waste Management
- Measuring and Improving Key performance Indicators and Patient satisfaction
- Medical Records Management & Hospital Information System
- Quality Improvement tools and techniques
- Undertaking Quality Improvement activities in departments viz Labour Room, Maternity
- Operation Theatre etc.
- Components of Clinical governance and its implementation at facility level.
- Developing and implementing a risk management framework
- Drugs Inventory and Supply Chain Management
- Patient safety
- Orientation to Six sigma
- Quality assurance in Laboratories, Quality management in Radiological services, Training in Audits, etc.

Annual Training Calendar



Specific and Targeted Capacity Building Initiatives



Training Outcomes

EXPECTATIONS



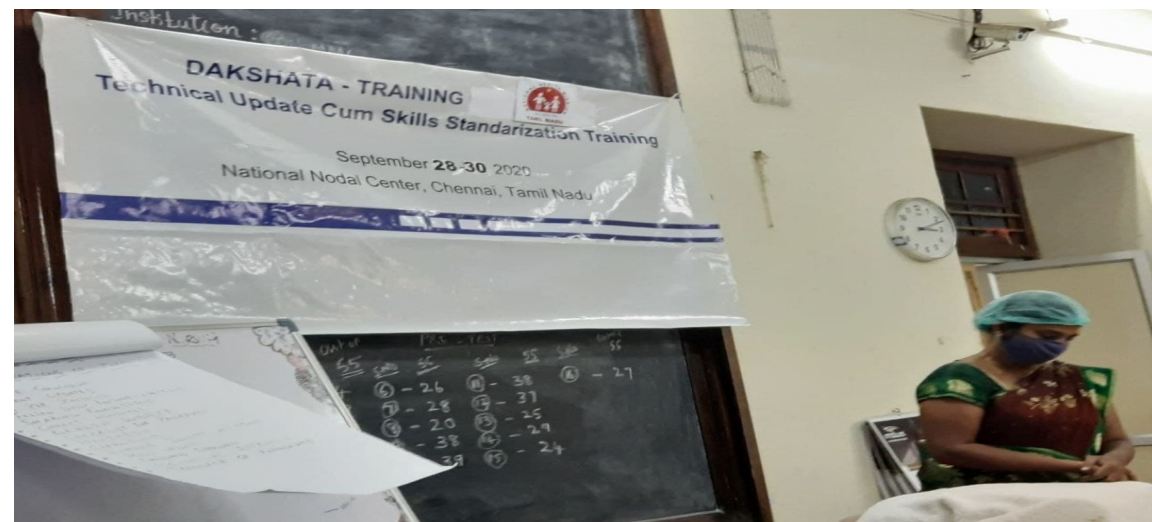
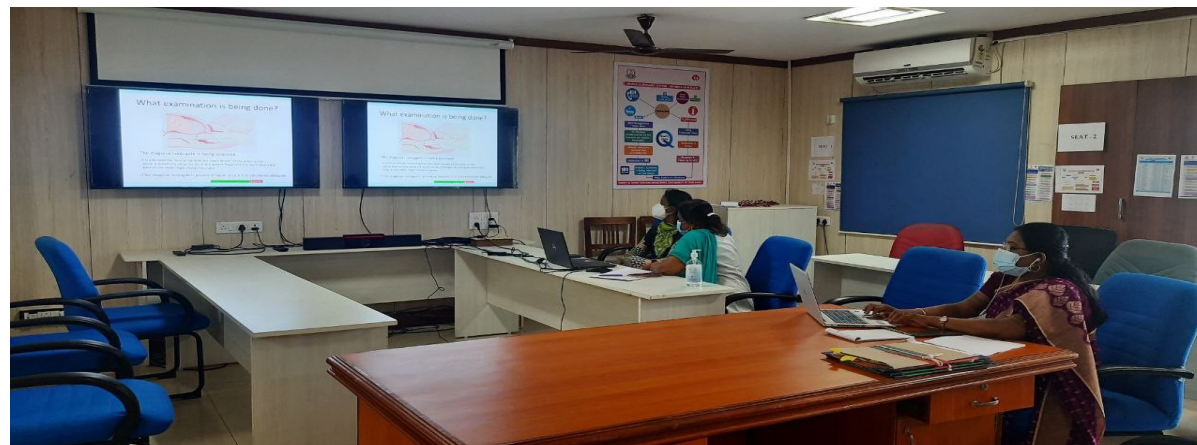
REALITY



We don't grow when
things are easy,
we grow when we
face challenges.



Trainings during Covid-19



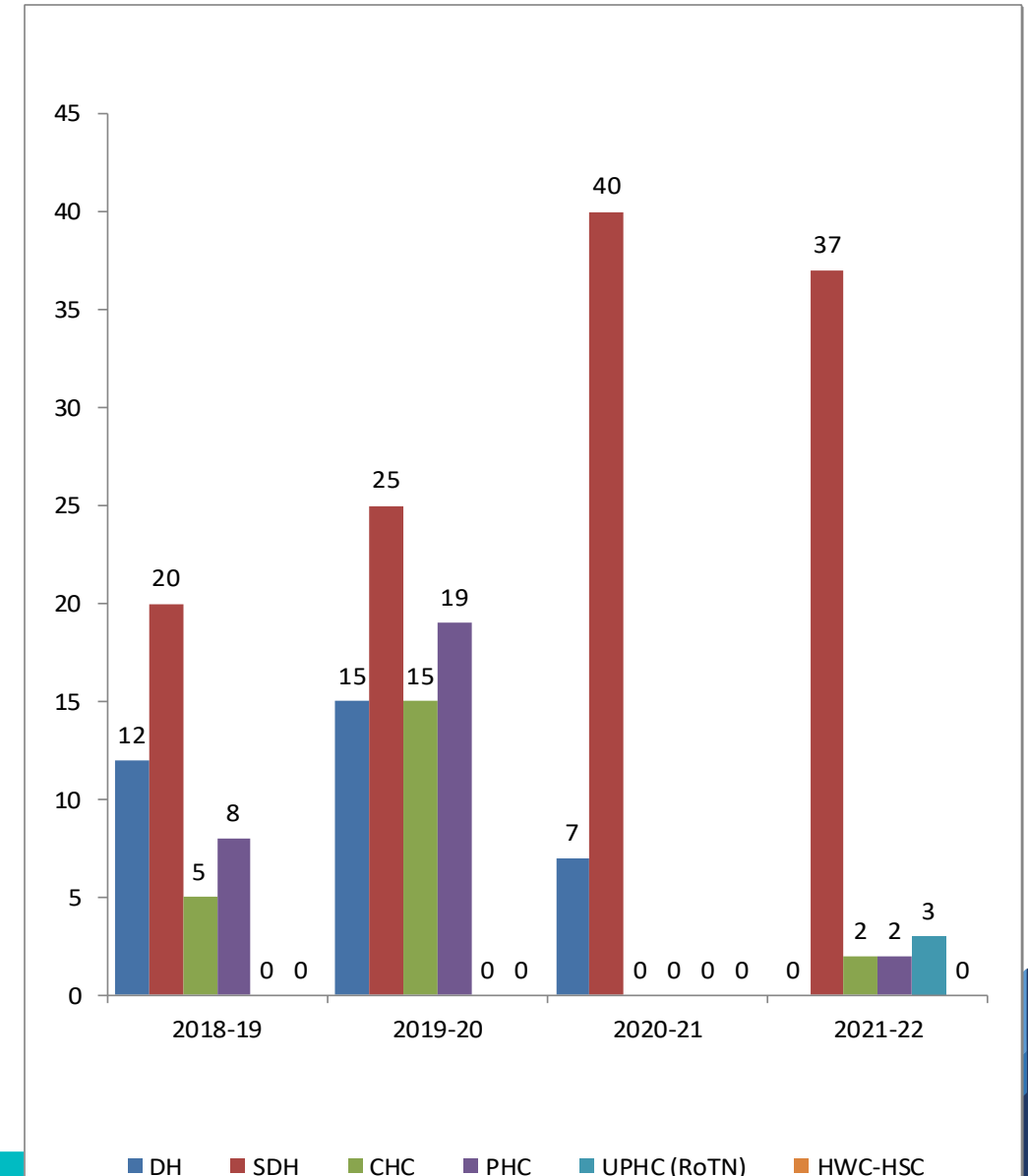
S.NO	Month	Topic	Name
1	Sep-02	Linen Management	Mrs.Omena
2	Sep-03	Liquid waste Management	Mrs.Karpagavalli
3	Sep-06	Spill Management	Mrs.Chitra
4	Sep-07	Sterilization	Mrs.Rubitha
5	Sep-08	WASH	Mr.Vijayakumar
6	Sep-09	Birth Companion & Visitor Policy	Mrs.Janaki
7	Sep-13	Oxygen Usage	Mrs.Sujatha
8	Sep-14	Disaster Management	Mrs.Sakila
9	Sep-15	Adverse Drug Reaction	Mrs.Revathi
10	Sep-16	Waiting Room & Triage	Mrs.Rubitha
11	Sep-17	Pest Control	Ms.Revathi
12	Sep-20	Zoning of OT/LR	Mrs.Sakila
13	Sep-21	OSCE	Mrs.Karpagavalli
14	Sep-22	Crash Cart	Mrs.Sujatha
15	Sep-23	Record Manintanance	Mrs.Chitra
16	Sep-24	Room temperature & Humidity , Refrigeration	Mr.Omana
17	Sep-27	Patient Safety	Mr.Vijayakumar
18	Sep-28	Micro Biological surveilance	Mrs.Janaki
19	Sep-29	Registers	Ms.Revathi

NATIONAL QUALITY ASSURANCE STANDARDS (NQAS)

No. of NQAS certified facilities

Facility	No. of Facilities	Applied by DPH & DMS	Certified by Gol					Facilities Deferred	Completed National Assessment	Under National Assessment
			2018-19	2019-20	2020-21	2021-22	Total			
DH	37	23	10	4	0	1	15	0	4	4
SDH	271	38	0	12	0	0	12	0	12	14
CHC	423	64	5	15	0	2	23	2	15	24
PHC	1383	64	8	19	0	2	30	2	16	16
UPHC (RoTN)	320	8	0	0	0	3	3	1	0	4
* HWC-HSC	985	0	0	0	0	0	0	0	0	0
Total	3419	197	23	50	0	8	83	5	47	62

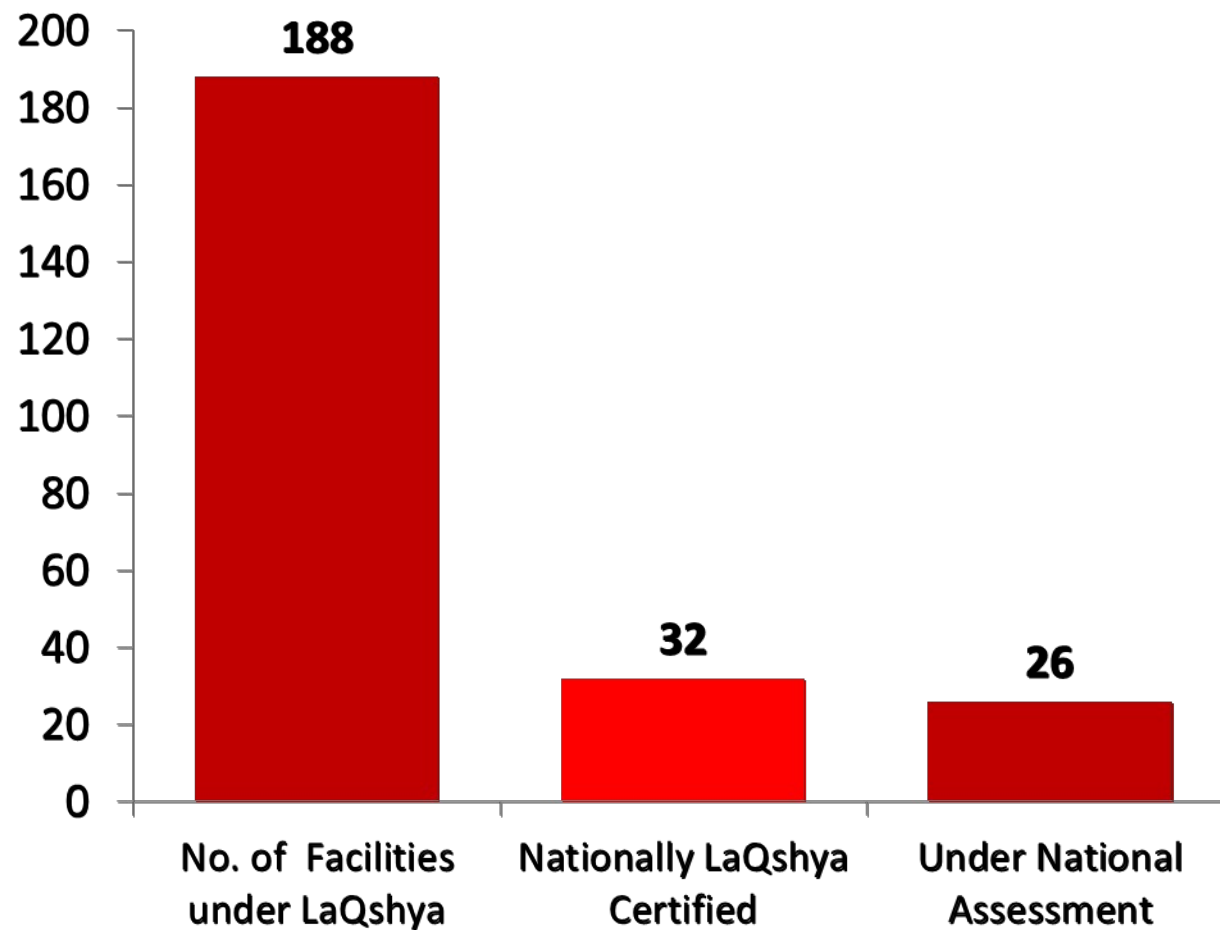
* HWC-HSC - Gol has initiated NQAS certification programme for HWC-HSC level facilities in the current year 2021-22



LAQSHYA - QUALITY IMPROVEMENT IN LABOUR ROOM & MATERNITY OPERATION THEATRE

No. of LaQshya certified facilities

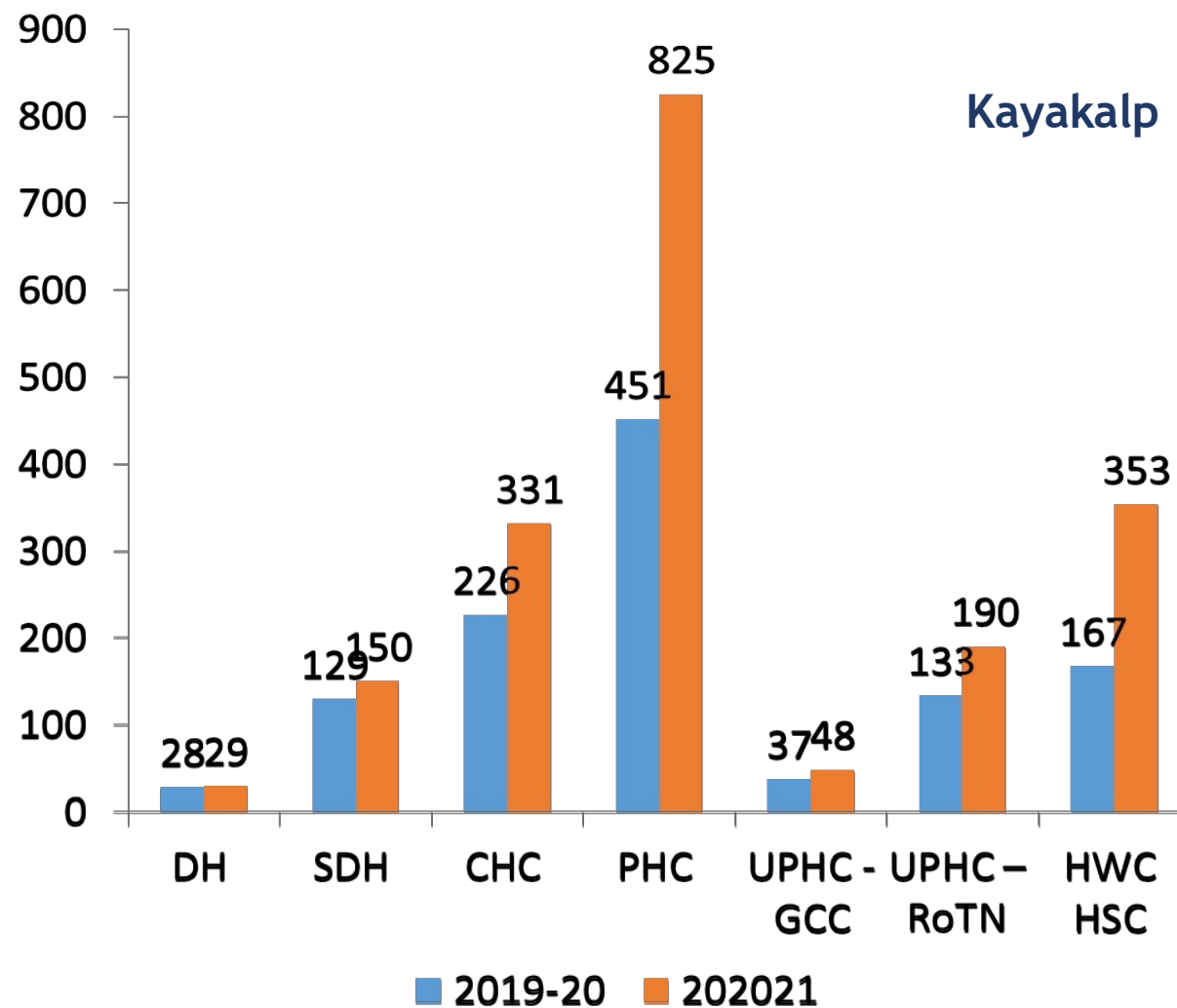
Facility	No. of Facilities under LaQshya	Nationally LaQshya Certified	Under National Assessment
MCH	33	16	0
DH	20	10	0
SDH	73	6	0
CHC	62	0	26
Total	188	32	26



KAYAKALP - ACHIEVEMENT IN 2019-20 AND 2020-21

No. of facilities with >70% under Kayakalp

Type of Facility	Total no. of facilities	No. of Facilities Scored >70% in External Assessment 2020-21		No of Facilities Scored >70% in External Assessment 2019-2020	
		#	%	#	%
DH	31	29	94	28	90
SDH	278	150	54	129	46
CHC	423	331	78.3	226	54
PHC	1383	825	60.5	451	32
UPHC - GCC	156	48	31	37	24
UPHC - RoTN	320	190	59.4	133	48
HWC HSC	985	353	35.8	167	17
Total	3576	1926	54	1171	33



Status Vs Target

S. No	Facilities	Number of facilities (As per RHS 2019)	NQAS certification Status 2021-22	Target for last quarter for FY 2021-22	Target for FY 2022-23	Target for FY 2023-24
1.	District Hospitals (DHs) or equivalent	32	15	3	7	7
2.	Sub District Hospitals (SDHs) or equivalent	278	12	34	30	40
3.	Community Health Centres (CHCs)	400	27	45	45	45
4.	Primary Health Centres (PHCs)	1884	30	45	45	45
5.	Urban Primary Health Centres (UPHCs)*	420	3	20	30	40
6.	Health and Wellness Centres (SCs)#	2445	0	20	45	90

- *UPHC Data – QPR (2019-20)
- # HWC –SC- HWC Portal

Examples Training Experiences outcome under NQAS -LaQshya Initiatives

DAKSHATA Training Feedback Form

DAKSHATA -Training Feedback Form

(Rating scale: 5-Strongly Agree, 4-Agree, 3-No Opinion, 2-Disagree 1-Strongly Disagree)

TOTAL NO.OF PARTICIPANTS- 141

BATCHES	NO.OF PARTICIPANTS
I	16
II	13
III	14
IV	14
V	15
VI	14
VII	14
VIII	14
IX	14
X	13

DAKSHATA -Training Feedback Form

(Rating scale: 5-Strongly Agree, 4-Agree, 3-No Opinion, 2-Disagree 1-Strongly Disagree)

TRAINING COMPONENT	5-Strongly Agree										
BATCHES	1	2	3	4	5	6	7	8	9	10	TOTAL
1. The technical content covered was useful.	16	8	8	11	15	14	14	11	11	12	120
2. The learning activities were helpful.	15	9	9	11	14	14	14	11	13	12	122
3. There was sufficient time scheduled for planning the classroom learning activities and skill demonstrations on models.	13	6	8	10	12	12	12	6	9	11	99
4. There was sufficient time for skills practice on models.	13	7	7	9	13	11	12	9	12	11	104
5. I am now confident in : • Plotting and interpreting partograph to monitor labour	15	13	12	13	14	14	14	14	11	12	132
• Managing normal labour	15	11	14	9	15	14	14	14	10	12	128
• Providing Essential Newborn Care	14	12	14	10	15	14	14	14	11	12	130
Newborn Resuscitation using bag and mask	15	11	14	10	15	14	14	14	10	12	129
Preparation and method of using Injection Magnesium Sulfate in prevention and management of severe Pre-Eclampsia/Eclampsia	15	13	14	10	14	14	14	12	11	12	129
• Providing AMTSL to prevent PPH	15	13	14	10	15	14	14	14	12	12	133
• Providing initial management of PPH and shock by using Oxytocin and I/V line	16	13	13	9	14	14	14	13	10	12	128
• Standard Precautions in Infection Prevention and use of PersonalProtective Equipment	14	9	12	9	14	14	14	12	10	12	120

DAKSHATA -Training Feedback Form

(Rating scale: 5-Strongly Agree, 4-Agree, 3-No Opinion, 2-Disagree 1-Strongly Disagree)

TRAINING COMPONENT	4-Agree										
BATCHES	1	2	3	4	5	6	7	8	9	10	TOTAL
1. The technical content covered was useful.		5	6	3				3	3	1	21
2. The learning activities were helpful.	1	4	5	3	1			3		1	18
3. There was sufficient time scheduled for planning the classroom learning activities and skill demonstrations on models.	3	7	6	3	3	2	1	3	5	2	35
4. There was sufficient time for skills practice on models.	3	6	7	4	2	3	1	7	2	2	37
5. I am now confident in : • Plotting and interpreting partograph to monitor labour	1		2	1	1			5	3	1	14
• Managing normal labour	1	2		5					4	1	13
• Providing Essential Newborn Care	2	1		4					3	1	11
Newborn Resuscitation using bag and mask	1	2		4					4	1	12
Preparation and method of using Injection Magnesium Sulfate in prevention and management of severe Pre-Eclampsia/Eclampsia	1			4	1			2	3	1	12
• Providing AMTSL to prevent PPH	1			4					2	1	8
• Providing initial management of PPH and shock by using Oxytocin and I/V line			1	5	1			1	4	1	13
• Standard Precautions in Infection Prevention and use of PersonalProtective Equipment	2	4	2	5				2	4	1	20

DAKSHATA -Training Feedback Form

(Rating scale: 5-Strongly Agree, 4-Agree, 3-No Opinion, 2-Disagree 1-Strongly Disagree)

[illegible]

DAKSHATA -Training Feedback Form

(Rating scale: 5-Strongly Agree, 4-Agree, 3-No Opinion, 2-Disagree 1-Strongly Disagree)

TRAINING COMPONENT	2-Disagree										
BATCHES	1	2	3	4	5	6	7	8	9	10	TOTAL
1. The technical content covered was useful.											
2. The learning activities were helpful.											
3. There was sufficient time scheduled for planning the classroom learning activities and skill demonstrations on models.				1							1
4. There was sufficient time for skills practice on models.				1							1
5. I am now confident in :											
• Plotting and interpreting partograph to monitor labour											
• Managing normal labour											
• Providing Essential Newborn Care											
Newborn Resuscitation using bag and mask											
Preparation and method of using Injection Magnesium Sulfate in prevention and management of severe Pre-Eclampsia/Eclampsia											
• Providing AMTSL to prevent PPH											
• Providing initial management of PPH and shock by using Oxytocin and I/V line											
• Standard Precautions in Infection Prevention and use of PersonalProtective Equipment					1						1

DAKSHATA -Training Feedback Form

(Rating scale: 5-Strongly Agree, 4-Agree, 3-No Opinion, 2-Disagree 1-Strongly Disagree)

[illegible]

DAKSHATA -Training Feedback Form

OTHER COMMENTS:

1. Topics To Be Deleted : Nil
2. Topics To Be Added : NASG(NON-PNEUMATIC ANTISHOCK GARMENT, ANEMIA COMPLICATING PREGNANCY, ANTEPARTUM HEMORRHAGE
3. Parts Of The Training Enjoyed Most : Demonstration Sessions
AMTSL
Conduction of Normal Delivery
Partograph
Newborn Resuscitation
Eclampsia Management
Pelvis Assessment
ENBC
PPH Management
Respectful Maternity Care
KMC
BMWM
OSCE Method of Assessment

DAKSHATA -Training Feedback Form

- Feedback from one of the DAKSHATA trained staff nurse working in Government Hospital, Avadi(SDH).
- She managed the emergency situation (saved the life of an antenatal Eclamptic mother and her baby) after the DAKSHATA training. "She stated that, in caring of patient in life threatening situation, she acquired skill in clinical decision and made the decision clearly, confidentially and fearlessly after attending this training and she thanked DAKSHATA Team"

Challenges

Convincing people that there is a problem !

- No need
- No time
- No resources
- No understanding
- No recognition
- No empowerment
- Extra burden



S - Strength

- Standards are ISQUA accredited and meets global benchmarks in terms of comprehensiveness, objective evidence and rigour of development.
- Delivery of improved healthcare services
- Reduction in evidences and medical errors
- Audit - medical, maternal & child, prescription and death
- Improved data storage. Maintenance of timely data and reporting
- Improved communication between stakeholders
- Enhanced access to accurate and relative information
- Improved quality and originality of documentation
- Ensuring safety of health care providers in the facility
- Increasing the accountability in serving the public
- Improved clinical communication skill among the Medical and para medical professional while discussing the technical topics related to NQAS which enable to deliver better services in the facility. Exposure to advanced technology
- Improved efficiency of end users , employee and patient safety , patient satisfaction level

W - Weakness

- Minimum number of facilities have achieved National level certification
- No ownership of the programme at facility level.
- Lack of understanding in management of funds for quality
- Frequent shifting of skilled and trained Staff,
- There is no sufficient staff, speciality doctors like Radiologist
- In some CHCs and PHCs, only one MO is available..
- Lack of training, department wise regarding AERB, Equipment maintenance.
- Channelizing the funds on priority basis and also optimum utilization.
- Lack of interest and professional ethics in learning new systems
- Lack of accountability , motivation or reward criteria
- Reporting, Monitoring system and Sustainability

O - Opportunity

- Funds Released for
- QA Incentives
- QA Implementation for Traversing Gaps
- QA State & District Mentoring Visit & Certification
- Q A Training
- District QA unit (operational cost)
- State Q A Unit (review meeting)
- State Q A Unit monitoring & supervision

T - Threat

- Rationalisation of available Obstetrician and staff nurses needs to be done for improving Quality of care in Labour room and Maternity OT.
- CHCs performing more than 20 deliveries per month is selected under LaQshya facility, inspite of these delivery rates, lack of skilled manpower is a major threat to obtain Quality certification.
- Fund requisition for infrastructure upgrading in old Medical colleges and District Headquarters Hospital on par with LaQshya is real need of hour.
- Lack of top management commitment and seriousness
- Medical officer and Staff feel that quality maintenance is an additional work
- Mind set of health care providers is not changed due to lack of understanding that quality is inbuilt task of delivering good services to public.
- Shortage of trained staff , Undue transfers and postings of professional staff
- Unreliable and unrealistic system and reporting requirements
- End users resistance to systems change and implementation

Future Plans

- Improvisation of Training based on feed back system
- Training after certification of facility to sustain Quality
- Mera - Aspataal training
- Exchange of knowledge and ideas between the facilities
- Creating a competitive spirit for certification
- Recognition for Facility champion - District wise, State wise

Strategy to achieve targets

- Selection & training of District Quality consultant as approved as in PIP
- Making the DQAC accountable for the targets and desk review by SQAC for their progress in achieving their set targets - District wise
- The DQAC to utilise the services of the available assessors in their districts and fixing responsibility mentoring, assessment, action plan, gap closure activities and hand holding for certification of facilities
- Periodic review by SQAC on the performances of DQAC
- Planning on IAT, Service provider & EAT
- Separate target fixed under NHM & TNHSRP

Support Required in PIP (2022-24)

- Quality Web portal
- Training on Mera - Aspataal
- STP & ETP
- Calibration, AMC & CMC
- Other funds proposed for on-going activities

Support required from QI Division of NHSRC- MoHFW

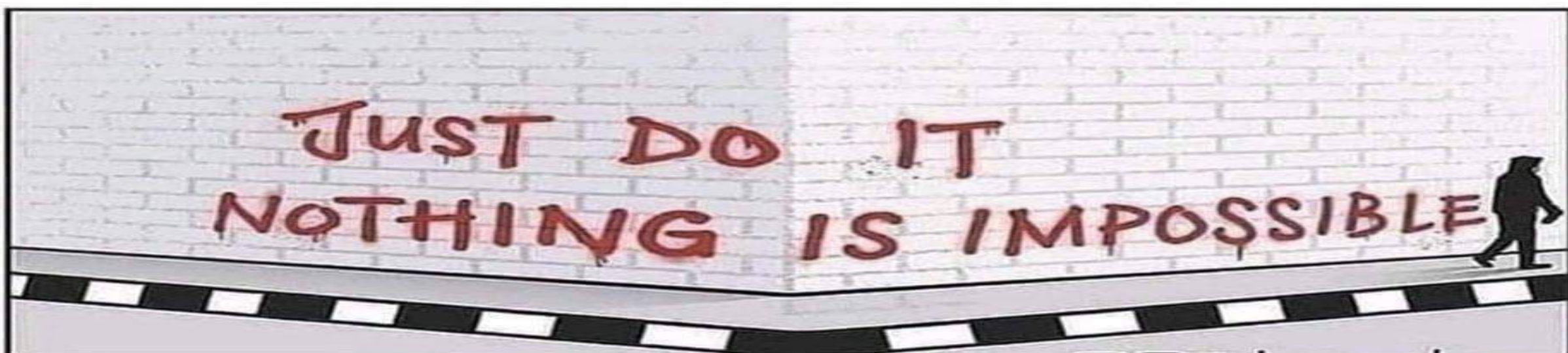
- Training Manuals finalization
- Customization of check list
- Customization of general case sheet
- 4 batches IAT- SPT Training in Jan 2022
- Online reporting system for NQAS, LaQshya and Kayakalp
- Extending Mera Aspataal programme

Being late doesn't mean failure. Maybe it means getting ready for a great launch.

@successpictures









THANK YOU

Stay positive

Little steps each day towards
your goals bring amazing results.
Keep moving forward.

-Leslie Cassidy

