



Strengthening of National Quality Assurance Program

About Piramal Foundation

Piramal Foundation focuses on improving the lives of marginalized communities by strengthening Government systems and leveraging the power of youth , with the spirit of service or “seva bhaava”

Core Piramal Group Values

Knowledge

Action

Care

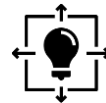
Impact

Piramal Group Philosophy

‘Doing Well and Doing Good’

Aspirations backed by purpose

Piramal Foundation Principles



Enable Governments,
unlock human potential to
improve public services



Work as a Catalyst
at Scale, 4,500 staff
in 27 States



Innovate processes,
sustainable
solutions



Measure outcomes
for continuous
improvement

Our current initiatives combine **domain expertise, implementation capability, and partnerships with Government** to contribute towards India's equitable and inclusive growth

Enable *marginalized populations* to benefit from India's growth story

Strengthen Government's capacity through *leadership development and digitization*



Aspirational District
Collaborative



Tribal Health
Collaborative

Piramal Centre
for
Children with Special Needs

Children with
Special Needs



Piramal
University



Digital India
Collaborative

While developing Youth & Rural Women



The Piramal Academy for SEVA



Aspirational District Program

Piramal Foundation collaborated with NITI Aayog to support the District Administration of 25 Aspirational Districts across seven states in improving key health, nutrition, and education parameters.

These 25 districts are home to about 4.1 crore people i.e. 3.4% of India's population. Approximately 4.5% (73 lakh) of the nation's under-five children and 5.2% (54 lakh) of the tribal population residing in these districts.

Aspirational Districts Transformation Program | Health and Nutrition

Key Interventions

Community Engagement



Village Health Sanitation and Nutrition Day (VHSND)



Public Health Facility Transformation



DH and First FRUs & support Certification



Mapping of Home Delivery Pockets and Operationalise more delivery points

Capacity Building



Creating Model Health and Wellness Centres (HWC) to provide comprehensive primary health care (CPHC)



Eliminating Diarrhoeal Deaths (EDD)



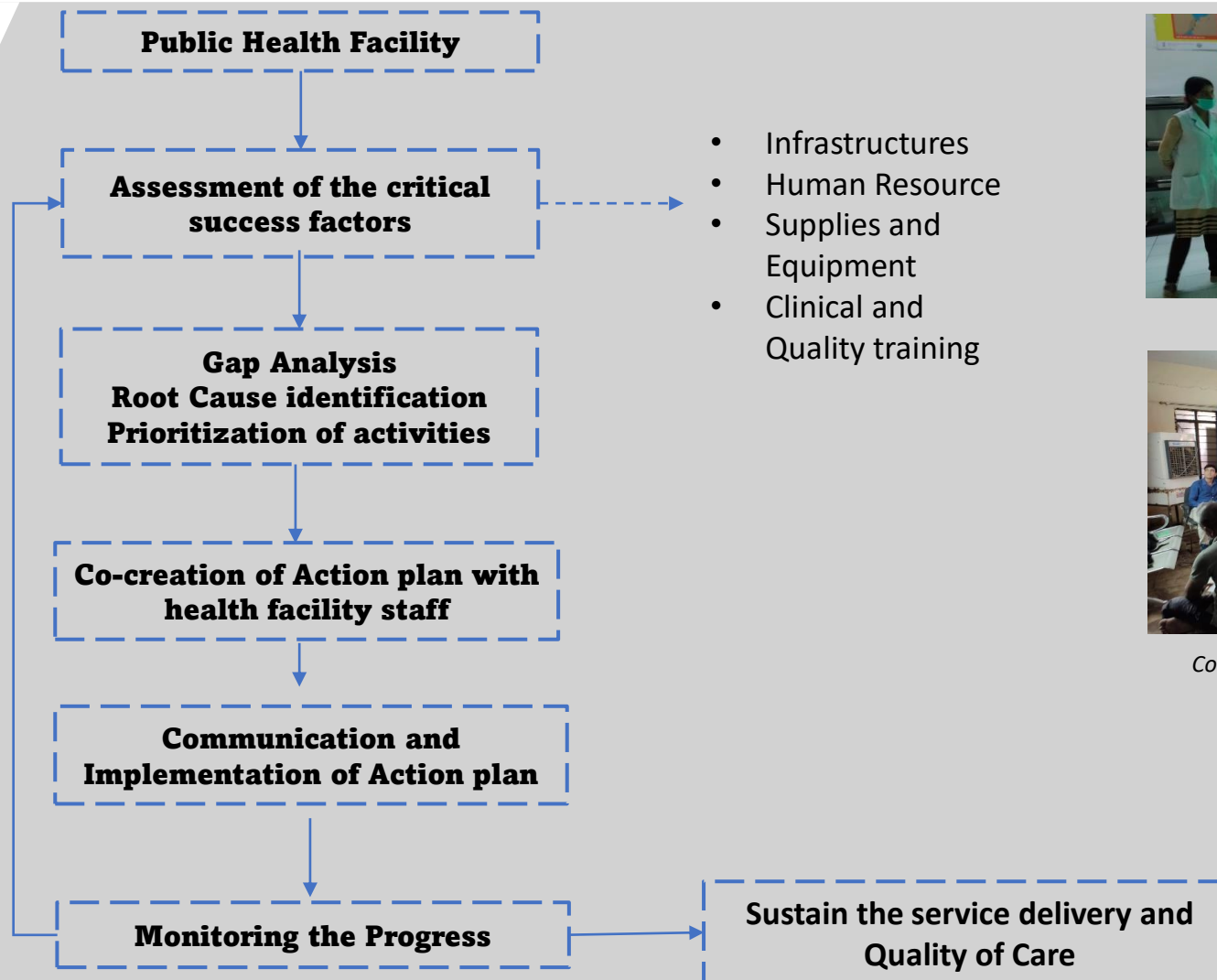
Tribal Health Care Model in 8 Districts

Effective Scheme Implementation



Support rolling of Poshan Abhiyaan in Aspirational Districts

Strategy for Quality Accreditation



Facility Assessment



Preparation of action plan



Communication of Action Plan



Review of Progress



Quality Certified Health Facility

Approach Facility Strengthening and Quality Accreditation



Advocacy & Technical assistance

Concurrent multi-stakeholder Liasoning
Infrastructure and supply chain strengthening

Recruitment and deployment of Human resource



Training and Capacity Building

Clinical protocols
Technical & documentation
Patient safety and infection prevention



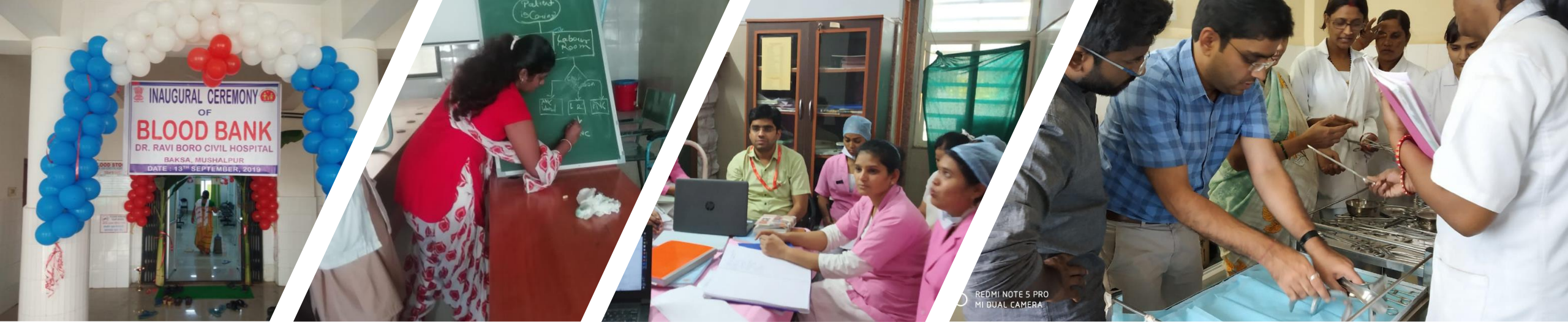
Quality Improvement

Continuous Quality Improvement
Quality tools and techniques
LaQshya Checklist
Process mapping



Enable Institutional mechanism

Strengthening District Quality Assurance units (DQAUs)
Developing reference materials, SOPs & compendiums
Creating champions in each department & facility



Role of Piramal Swasthya in Quality Accreditation

- Advocacy and Technical support on improving Infrastructure and Rationalization of Human resources.
- Constitution of Hospital Quality committees and Quality Circles and building capacity for service delivery and quality improvement through training, group activities, and on-site handholding.
- Team building to collectively decide, based on local data, a target that involves problem-solving to achieve the quality of care.
- Assisting Healthcare staff in smooth implementation of Quality Improvement tools (Process mapping, PDCA, Fishbone analysis, Lean Methodologies)





Role of Piramal Swasthya in Quality Accreditation

- Patient safety and infection prevention measures.
- OSCE assessments
- Patient Satisfaction Surveys and preparation of Corrective and preventive action plans
- Preparation of hospital-specific Standard Operating Guidelines
- Orientation on documentation, record keeping and reporting.

Training and Workshops – Quality Interventions



STATE LEVEL



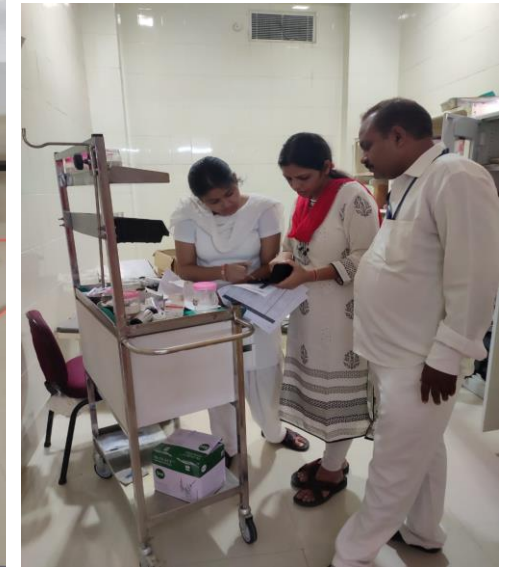
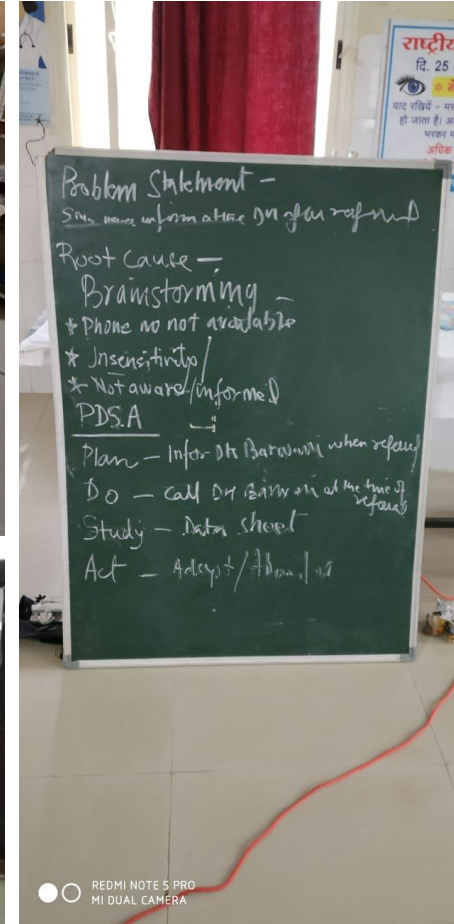
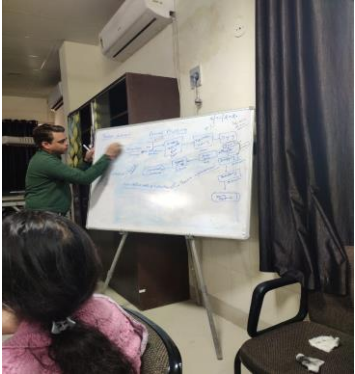
DISTRICT LEVEL

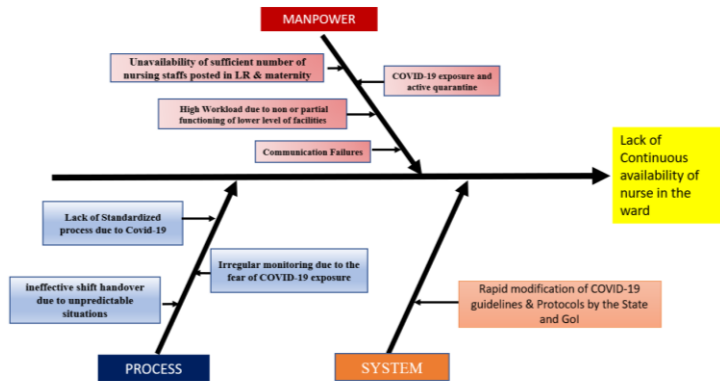


FACILITY LEVEL



Training and On-site handholding exercises





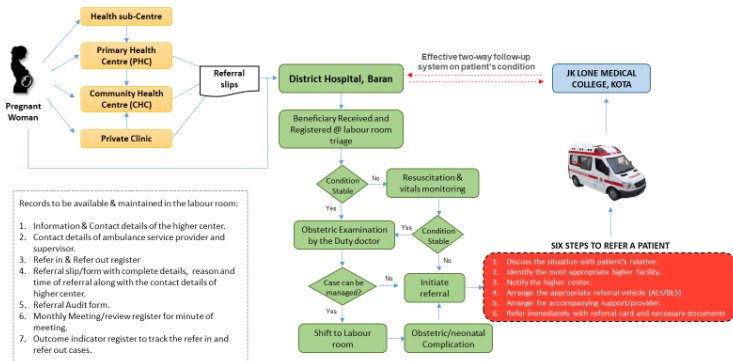
DISTRICT HOSPITAL, BARAN (RAJASTHAN)
Labour & Maternity
Month - DEC 2020

Corrective and Preventive Action Form

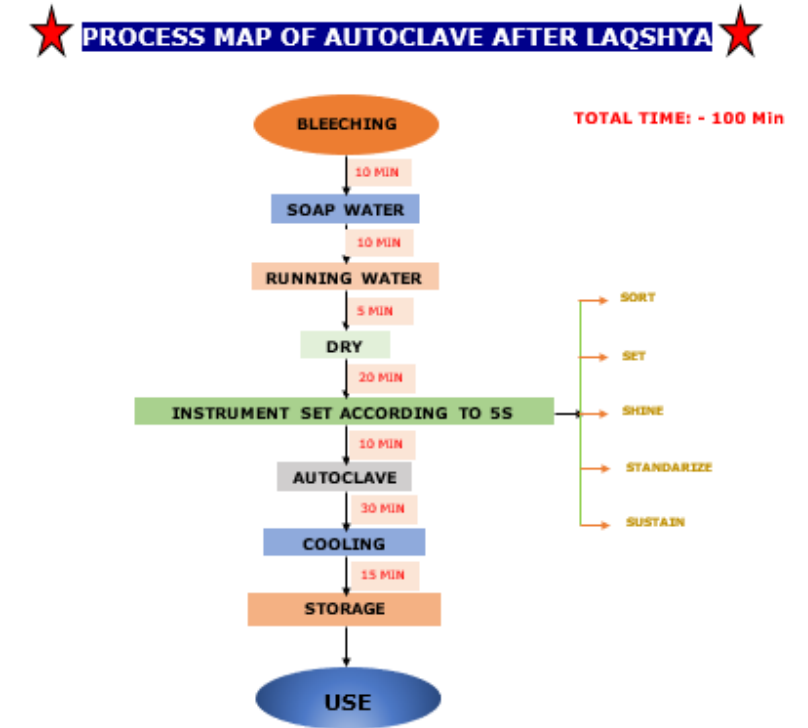
CAPA No.	DHP/SLR/2021/Jan01	Grievance received through	Survey <input type="checkbox"/>	From complaints/indicators/external parties <input type="checkbox"/>	Other <input type="checkbox"/>
Category	Process issues <input type="checkbox"/>	Administrative <input type="checkbox"/>	Wrong instructions <input type="checkbox"/>	Training <input type="checkbox"/>	Contractor fault <input type="checkbox"/>
Raised by:	Labour room in charge	Assigned to:	PHO, DH, Baran	Date:	08/01/2021
Description: As per the Quality objective, the department will monitor, measure, assess and improve the patient satisfaction and perform to achieve service excellence. In the month of Dec 2020, the Overall PSS for the month was 4.34. The primary area of concern was "Regularity of Doctor's attention" which has a cumulative score 3.5. On discussion with the doctors, hospital superintendent and quality circle members, High work load due to lesser doctor's strength, lack of motivation among the doctors and simultaneous work environment were observed as major contributing factors.					
Proposed immediate action (correction): To rectify these issues, below are the corrective actions to be implemented: 1. Immediate counselling of the doctors is needed by the PMO 2. Commencement to award formal recognition and reward 3. Nomination of the doctors for CMEs, conferences and other continuous learning & development programs.					
Prepared by:	Divyender Meena (Nursing In-charge)	Date:	08/01/2021	Root cause analysis required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proposed action for long term solution (corrective/preventive action): Communication and recommendation to the Directorate and State Health Society, Rajasthan for recruitment on all the vacant positions.					

PRINCIPAL MEDICAL OFFICER
GOVT. HOSPITAL BARAN

Flowchart of Referrals – Labour room DH Baran



CYCLE-3 Strengthening Referral mechanism Plan-Do-Check-Act (PDCA)					
Documentation Date: 04-07-2020 Start Date: 04-05-2020 End Date: 30-06-2020		Team Member: Dr. Veenu Katiyaal (HOD LR & OT), Mr. Bramesh (Dakshita Mentor), Mr. Davender Meena (LR In-Charge).		Department:	Labour Room
1: Plan Problem description and quantify During the District coaching team inspection on dated 01-05-2020 it had been observed that appropriate referral procedures were not been followed by the facility as per the Laqshya guidelines. Below were the major gaps observed: 1. Unavailability of display of essential information like regarding referral facilities, Referral Pathway, Names, Contact details and duty schedules at the higher referral centers, Contact details of referral transport / ambulance at the nursing station. 2. No mechanism for advanced communication and follow up of referred cases. 3. No defined processes map for referral. 4. No Referral audit conducted.		Identify Root Cause of Problem using the 5 whys Why? No defined process for referrals in labour room Why? Lack of knowledge on Standard referral protocol among the medical staff of labour room Why? Staff was not been trained and mentored. Why? Referral informations not been created, displayed and share with the staff.		Counter-Measures Option One Define and map the Referral process for Labour room Pros/ Benefits: Making process more streamlined and consistent Cons/ Challenges: Lesser participation while defining the Process by the labour room staff Option Two Display of referral Pathway, details of Higher centers, Ambulance contact details etc. Pros/ Benefits: Convenient and time saving for the nursing staff. Cons/ Challenges: Opportunity of missed information and change in contact numbers Option Three Identification of the staff on referral protocols and referral audit.	
Goal We aim to define and establish procedures for continuity of care of patient and referral and improve score of standard E3 from 50% to 85% by 30-06-2020.		Root Cause Lack of knowledge, unavailabilities of IEC & SOP referral protocols among the clinical staff.		Pros/ Benefits: Enhancement of the knowledge of staff Cons/ Challenges: Heavy work load	
S. No.	ACTIVITIES	WHO	WHERE	WHEN	Frequency
1	Define and design process map for referral.	Dr. Veenu Katiyaal (HOD LR)	Labour Room	11-05-2020	One-time or as in when required
2	Display of referral Pathway, details of Higher centers, Ambulance contact details.	Mr. Bramesh (Dakshita Mentor), Mr. Davender Meena (LR In-Charge)	Labour Room	15-05-2020	One-time or as in when required
3	Develop mechanism to follow up of the referred patient	Dr. Veenu Katiyaal (HOD LR), Davender Meena (LR In-Charge), Mr. Bramesh (Dakshita Mentor)	Labour Room	13-05-2020	One-time or as in when required
4	Identification of the staff on referral protocols and referral audit.	Labour Room	Labour Room	26-05-2020	One-time or as in when required
2: Do Contingency/ Immediate action		Implementation Tasks for Long-Term Counter-Measure Criteria to Determine Effectiveness Ref. Time taken, response etc.			
S. No.	Activities	Assigned To	Actual Completion Date	Completed?	Process efficiency
1	Define and design process map for referral.	Dr. Veenu Katiyaal (HOD LR)	12-05-2020	<input checked="" type="checkbox"/>	
2	Defining, printing and Display of referral Pathway, details of Higher centers, Ambulance contact details.	Mr. Bramesh (Dakshita Mentor), Mr. Davender Meena (LR In-Charge)	15-05-2020	<input checked="" type="checkbox"/>	
3	Establish the mechanism to follow up of the referred patient	Dr. Veenu Katiyaal (HOD LR), Davender Meena (LR In-Charge)	17-05-2020	<input checked="" type="checkbox"/>	Unplanned incidents/events
4	Identification of the staff on referral protocols and referral audit.	Dr. Veenu Katiyaal (HOD LR), Davender Meena (LR In-Charge)	26-05-2020	<input checked="" type="checkbox"/>	None
3: Check Test Results Facility has taken correct/ preventive measures in streamlining the procedures for continuity of care of patient and referral and improved score of standard E3 from 50% to 90%.		Did your plan succeed or fail? show back up data		Yes Improved awareness of referral protocols among the staff streamlined the process of referral in labour room.	Lesson Learned Motivation and enthusiasm towards learning - Strong leadership
4: Act Will tested solution become new standard, or do you need to test alternative solution? Adopt: Improve the change and continue testing plan. Plans/changes for next test: Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability Abandon: Discard this change idea and try a different one		Implementation Tasks for Establishing Standard Having incharge will ensure the adherence of referral protocol in labour room on regular basis. Labour room staff periodically informed on new updated if any PDCA practice can be implemented again in the similar manner to improve the practice.			
Adopted and Verified by:					



Quality improvement Tools and Techniques

Journey so far

Uttar Pradesh (Aspirational Districts – 5)			
Facility	Kayakalp	LaQshya	NQAS
DH	3	1	1
SDH/CH	-	-	-
CHC	3	-	-
PHC	18	-	-
HWC	-	-	-

Rajasthan (Aspirational Districts – 2)			
Facility	Kayakalp	LaQshya	NQAS
DH	2	2	0
SDH/CH	-	-	-
CHC	3	-	-
PHC	7	-	-
HWC	4	-	-

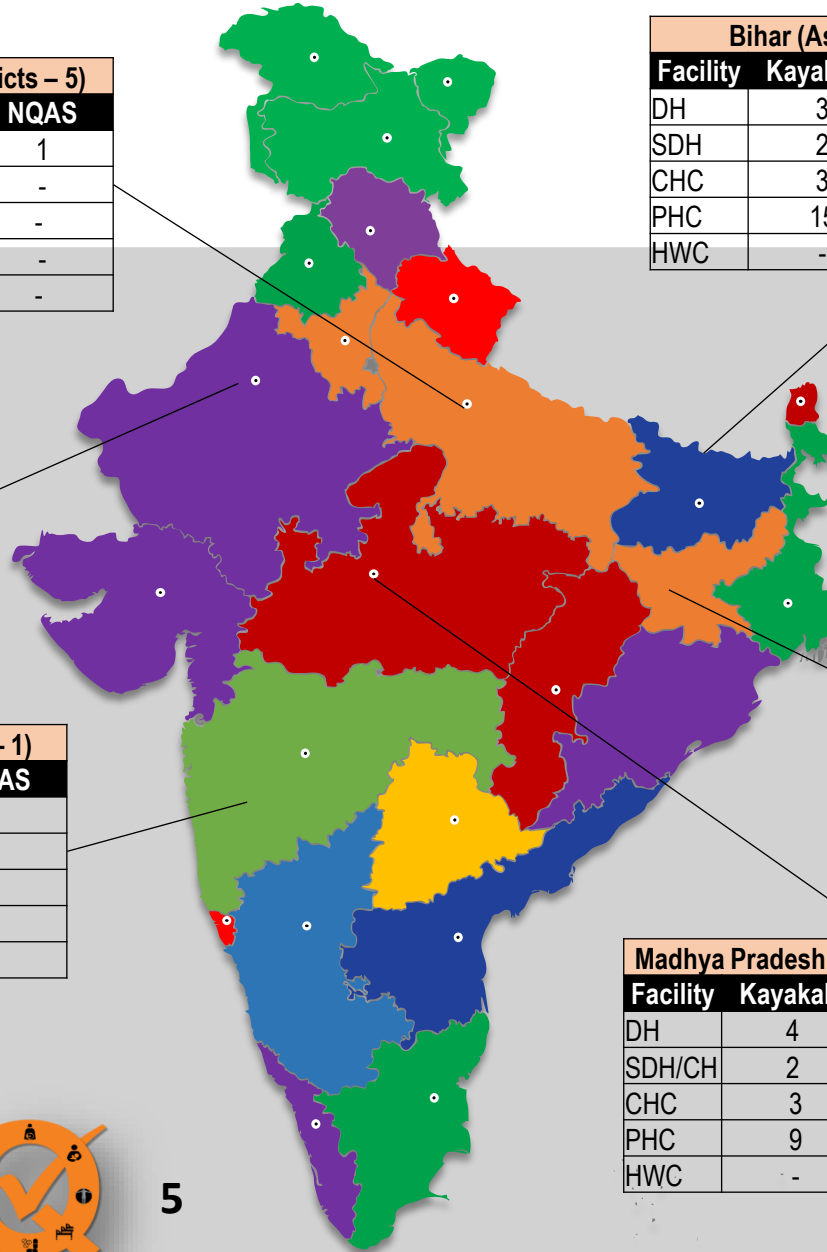
Maharashtra (Aspirational Districts – 1)			
Facility	Kayakalp	LaQshya	NQAS
DH	1	-	-
SDH/CH	1	-	-
CHC	2	-	-
PHC	3	-	-
HWC	-	-	-

Bihar (Aspirational Districts – 5)			
Facility	Kayakalp	LaQshya	NQAS
DH	3	2	1
SDH	2	-	-
CHC	3	-	-
PHC	15	-	-
HWC	-	-	-

Assam (Aspirational Districts – 5)			
Facility	Kayakalp	LaQshya	NQAS
DH	3	3	1
SDH	4	-	-
CHC	3	-	-
PHC	12	-	1
HWC	8	-	1

Jharkhand (Aspirational Districts – 2)			
Facility	Kayakalp	LaQshya	NQAS
DH	2	-	-
SDH/CH	2	-	-
CHC	4	-	-
PHC	5	-	-
HWC	-	-	-

Madhya Pradesh (Aspirational Districts – 5)			
Facility	Kayakalp	LaQshya	NQAS
DH	4	5	0
SDH/CH	2	3	-
CHC	3	5	-
PHC	9	-	-
HWC	-	-	-



Total Aspirational Districts - 25



131



21



5

Thank you!