सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

# DAKSHATA

Guidance for

# MENTORING AND SUPPORT VISIT

# MSV 8

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# OBJECTIVE

The objective of this visit is to facilitate the process of ensuring availability of all supplies, organization and disinfection of labor room (LR), onsite capacity building of health workers through emergency drill, record keeping and review through dashboard indicators with a follow-up for completion of activities as planned in the action plan of previous visit.

## DELIVERABLES OF MSV 8

| Time since completion of training | Availability of drugs and supplies | LR organization | Adherence to IP and cleanliness protocols | Data recording and reporting | Essential practices training |
|---|---|---|---|---|---|
| 6 month | Ensuring availability of 61 items as per Dakshata Guidelines | Ensuring LR organization as per previous MSVs | Protocols as per previous MSVs | Dashboard indicators | Emergency drill on managing pre-eclampsia/ eclampsia |

## DESCRIPTION OF ACTIVITIES

### Preparations

- Inform the facility/medical officer in-charge (MOI/c) at least one day in advance about the visit. Request time to have all relevant staff at one place for on-site drill.
- Take the necessary equipment and supplies for the drill.
- Ensure complete MSV 7 package and previous action plan is available on the day of visit.
- Meet the facility in-charge after reaching the facility and then proceed to LR.

### Observe

**Visit the labor room (LR) and complete the MSV sheet:**

1. Physically verify the availability of 61 items as per Dakshata guidelines. Note any missing supplies and the level of bottleneck.
2. Assess the status of standardization of LR in line with the national guidelines.
3. Assess the adherence to protocols for LR cleaning, LR entry, instrument processing, as established during the previous visits.

### Facilitate

**Meet with the MOI/c, LR in-charge, and central store keeper to facilitate the following:**

1. By this visit, all drugs and supplies necessary as per Dakshata guidelines should have been made available at the facility. Discuss the issue at district or state level (as applicable), if the gap remains unresolved at facility level administration.
2. Discuss action plans with clear timelines and responsibility for supplies that can be ensured at the

facility level. For supplies that need support from district, prepare the plan with MOI/c.

3. Review the plans for infrastructure upgrade and discuss responsibilities.
4. Share the finding of your assessment of adherence to the protocols for cleanliness, instrument processing, sterilization, entry into labor room, etc. and discuss areas in need for intervention.
5. Review of dashboard indicators to track the progress and for necessary action planning based on identification of gaps.

## Drill

**The objective of an emergency drill is to:**

- Assess and improve facility preparedness for managing basic and emergency obstetric situations,
- Objectively assess the translation of learned MNH skills in to practice in a non-threatening environment,
- Build capacity of health staff for early identification of warning signs and their timely and appropriate management,
- Streamline the communication and clinical decision making system in facility teams,
- Help facilities induct system level changes to create a quality enabling environment.

Conduct an emergency drill on managing pre-eclampsia and eclampsia, as per Annexure l.

## Action Plan Review

1. Review the action plan to see the status of activities since the last visit.
2. Discuss the observations from drill exercise on coordinated team effort to manage the emergency situation, and scope for improvement, as applicable.
3. Document this feedback at the facility level and plan for a reorientation on gaps identified in the essential skills of LR team, if needed.
4. Record new proposed activity with clear timelines and person-specific responsibilities.

# Annexures

## Important things to consider before the simulation exercise (preparation):

- Simulation drill exercises can be done in two ways – with or without prior information to staff.
- The facility in-charge should be informed in advance regarding the visit and its purpose without giving them any information about the clinical situation which will be managed to avoid any type of bias.
- The availability of facility service delivery team should be insisted during the exercise. If in case, availability of one or more key facility team members could not be ascertained, then alternative arrangements like telephonic availability should be requested. If it is not possible to ascertain the availability of key staff then appointment for different timings should be sought.
- It is expected that the facility to be visited will have all the required logistics available by this time.

## The procedure for conducting simulation drills in the facility should be followed under three heads as mentioned below:

1. Before the exercise
2. During the exercise
3. After the exercise

## 1.Before the exercise

### A.Briefing of facility in-charge and the Facility Team (FT) on the simulation drill exercise

A meeting of all the staff engaged in childbirth related care should be arranged on pre-decided date and time. Availability of the facility in-charge should be insisted for this meeting. The FT should be first informed of the objectives of the meeting/exercise. It should be explained to the team that this exercise is not a critical evaluation of their facility's functioning, but an exercise for their own understanding of their preparedness status for managing a complication. It will also be helpful for them in identifying the key gaps and subsequently bridging them.

Subsequently the process of the simulation should be explained to the FT members. Any question from the FT members should be answered. The mentor should make sure that all the facility team members understand the procedure, and are ready to play their respective roles in the care provision. Essentially, every team member is supposed to play the role they normally play for the care of a pregnant woman and a newborn in the facility.

Ideally the facility processes and status of supplies should remain as is, in order to have an effective learning experience for the FT. This should be communicated to the team at the time of briefing. However, if any team insists on reorganizing the facility or making any changes in the protocols before the initiation of the exercise, they should be allowed to do so and same should be discussed later on.

If possible and resources permit, the permission for video recording the exercise should be sought from facility in-charge to enable the team to review the care provision process and identify key areas for improvement. The recording will also help in giving crisp feedback when the exercise is over.

**B.Introduction of standardized client and the observer team**

Standardized client and the observers should be introduced to the facility team. It should be emphasized to the FT that observer and instructor are not to be considered present for all practical purposes. The instructor will prompt the key findings for which they are assessing the client. For example, if they are assessing the client for BP, the instructor will prompt the recordings like 160/110.

## 1.During the exercise

The exercise starts with arrival of the client and her attendant in the facility, where the FT receives, assesses and manages the client as per their understanding and facility protocols. During this process, the observers should record their observations of facility performance and standardized client clinical outcomes on a standard observation recording sheet. During the simulation, the facility team should perform examinations, assessments, and maneuvers on the standardized client short of actual invasive procedures. For example, for recording FHR they should use a method - fetoscope, stethoscope, or fetal Doppler; for BP measurement they should tie the cuff of the BP apparatus on the arm of the standardized client; they should prepare syringe/vacutainers, stillette for pricking without actually pricking the standardized client. Since the standardized client uses a Mama Natalie/appropriate model during the exercise, the team members may also perform any vaginal procedure such as a PV. On performing such action, the observer should provide the result of the procedure or test to the team. For example, if the care provider completes the process of setting up the BP cuff around arm, the observer should prompt the BP value for the woman. Similarly, for any medication, the FT members should actually hand over any oral medicine to the standardized client. For any IM/IV drug, they should break the ampoules, fill up the syringe with appropriate doses, and act as if they are injecting the medicine, stopping short of actually injecting it. For starting an IV line also, the care provider should set up the IV set, and stop short of actually putting the IV line in the client.

The standardized client and her attendant may also try to create pressure situation and panic within the facility team to see the system level challenges.

The outcome of the simulation drill will be successful when the facility team appropriately manages the case and saves the life of mother and/or the baby, or unsuccessful when the team is unable to manage the client as per the recommendation even after reasonable time. Whatever the situation is, the mentor should conclude the drill exercise, and congratulate and thank the team for their participation. It needs to be ensured that all the relevant formats are being filled during the exercise for the purpose of documentation and giving feedback to the facility.

If possible, observer/mentor should record the whole procedure after taking due permission from facility in-charge to facilitate discussion later during debriefing meeting.

## 3.After the exercise

After completing the drill exercise, mentor should congratulate the team and organize a feedback meeting with the facility team. Following schema should be observed to give crisp and constructive feedback:

**A.Debriefing**

After the completion of the drill, mentor should sit with the staff to discuss on following points:

a) Good practices and congratulate
b) Main outcome of the task and completion of the task within time
c) Coordination or team work ability
d) Standard achievements

If time allows, drill video that was captured should be shown raising questions like:

a) What should have been done better?
b) What was not done right?

**Mentor should never forget to correct the mistakes and discuss the main outcome of the exercise.**

**B.Re-run exercise (if required and time permits)**

It is recommended that, the facility team should be allowed to complete one practice drill on the same case scenario, and is hoped that this time they will perform better. However, the observers/mentor should handhold and support the team members in successfully performing essential practices to prevent or manage complications. The same methodology should be used by the care givers for simulating tests, procedures, and medication as that for the assessment simulation.

## Case with pregnancy induced hypertension and related complications.

Shanti 35 year old G4P2 presents at full term in labor with the onset of contractions approximately 5 hours ago. She is also complaining severe headache and epigastric pain. She is having singleton pregnancy with vertex presentation. Previous history is non-conclusive and her past medical and surgical history is uncomplicated. She is not taking any medications and her Ante Natal Check-up visits are not clear. Her prenatal labs tests are not available but her pregnancy has been uncomplicated so far.

| Observation | Yes | No | Prompts | Remarks |
|---|---|---|---|---|
| Histrory taking | | | | |
| History of presenting complaints | | | LP, severe headache, epigastric pain | |
| | | | | |
| Relevant menstrual history | | | 9 months back | |
| Relevant obstetric history | | | G4P2 | |
| Medical history | | | Not significant | |
| Surgical history | | | Not significant | |
| Review of investigation records | | | WNL, HIV –ve, single fetus, vertex presentation | |
| General physical examination | | | | |
| BP | | | 140/96 | |
| Checks urine for protein | | | 2+ | |
| Temperature | | | 98°F | |
| RS, CVS, CNS | | | Not significant | |
| Per abdominal examination | | | | |
| Palpation | | | Full term, cephalic presentation, contractions – 4 in 10 min, >40 sec | |
| Auscultation | | | FHR – 140/min | |
| Per vaginal examination | | | | |
| Hand washing before doing PV examination | | | | |
| Wearing gloves in both hands | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Proper technique of conducting PV Examination | | | Cervical dilatation – 7 cms, fully effaced, head at 0 station, membranes present | | | | |
| Partograph plotting started | | | | | | | |
| Case management | | | | | | | |
| Scenario 1 –Referral without any management | | | | | | | |
| Refers the client without any interventions | | | Conclude the simulation exercise | | | | |

| Scenario 2 | | | | Scenario 3 | | | | Scenario 4 | | | | Scenario 5 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Referral with management using MgSO4 | | | | Case management decision (admission and further management) with use of MgSO4 prior to convulsions | | | | Case management decision with use of MgSO4 after convulsion | | | | Case management decision without use of MgSO4 | | | |
| Observation | Yes | No | Prompts | Observation | Yes | No | Prompts | Observation | Yes | No | Prompts | Observation | Yes | No | Prompts |
| Takes decision of giving loading dose of MgSO4 (IM/IV+IM) | | | | Takes decision of admitting the pt and giving loading dose of MgSO4 (IM/IV+IM) | | | | Admits the client and starts the expectant line of management in the form of antihypertensive /IV line/observation | | | Convulsions start | Admits the client and starts the expectant line of management in the form of antihypertensive /IV line/observation | | | Convulsions start |
| Gives 5gms deep IM in both buttocks | | | Simulation exercise concluded | Gives 5gms deep IM in both buttocks | | | | Management during and immediately after convulsions<br>-Shout for help<br>-Left lateral position<br>-Avoid tongue bite<br>-Secure airway<br>-Suction<br>-Catheterize, preferably with | | | | Management during and immediately after convulsions<br>-Shout for help<br>-Left lateral position<br>-Avoid tongue bite<br>-Secure airway<br>-Suction<br>-Catheterize, preferably with | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Foleys Catheter. Measure and record volume. -Avoid fall of client -Start IV line -Measure and maintain vital parameters | | | | Foleys catheter. Measure and record volume -Avoid fall of client -Start IV line -Measure and maintain vital parameters | | | |
| Or, gives 4gms 20% MgSO4 slow IV followed by 5gms deep IM in both buttocks | | | Simulation exercise concluded | Or, gives 4gms 20% MgSO4 slow IV followed by 5gms deep IM in both buttocks | | | | Definitive management -Antihypertensive -Takes decision of giving loading dose of MgSO4 (IM/IV+IM) - Gives 5gms deep IM in both buttocks or , Gives 4gms 20% MgSO4 slow IV followed by 5gms deep IM in both buttocks | | | | Management using drugs other than MgSO4 for controlling convulsions | | | Conclude the drill and discuss during feedback |
| Writes a referral note mentioning the dose and route of MgSO4 along with the time | | | | Takes decision to deliver the case | | | Simulation exercise concluded | Takes Decision to deliver the case and put the client on maintenance dose of MgSO4 | | | Simulation exercise concluded | | | | |
| Arranges transportation along with the information to the referral point | | | Simulation exercise concluded | Antihypertensive | | | | | | | | | | | |