



DEDER GENERAL HOSPITAL

CLINICAL AUDIT RESULTS FOR THE LABOR AND DELIVERY SERVICE.

By: Dr. Taju Abdi (GYN/OBS Specialist)-Team leader

Deder, Oromia,

December 2017 E.C

TOGETHER, WE CAN MAKE A DIFFERENCE!!

Maternity Department Clinical Audit team members:

Full Name	Status	Role
Dr.Taju Abdi (MD, Senior)	Labour and Delivery W Coordinator	chairperson
Dr. Anwar Sham (MD, Senior)	Maternity Unit Coordinator	D/Chairperson
Addisu Wondimu	Labour and Delivery W head	Secretary
Wogayeho Birhanu	GYN W head	D/Secretary
Maruf Abdisha	ANC head	Member
Alfiya abdella	PNC f/p	Member
Tsion Tolesa		Member
Getahun Beleta		Member
Naima Abdo		Member
Shukriya Hassen		Member
Hanan Abduselam		Member
Ayantu shamshedin		Member
Hanan Mamud		Member

OUTLINES

- ☐ Introduction
- ☐ Purpose
- ☐ Objectives
- ☐ Methodology
- ☐ Result
- ☐ Discussion
- ☐ Recommendation



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INTRODUCTION

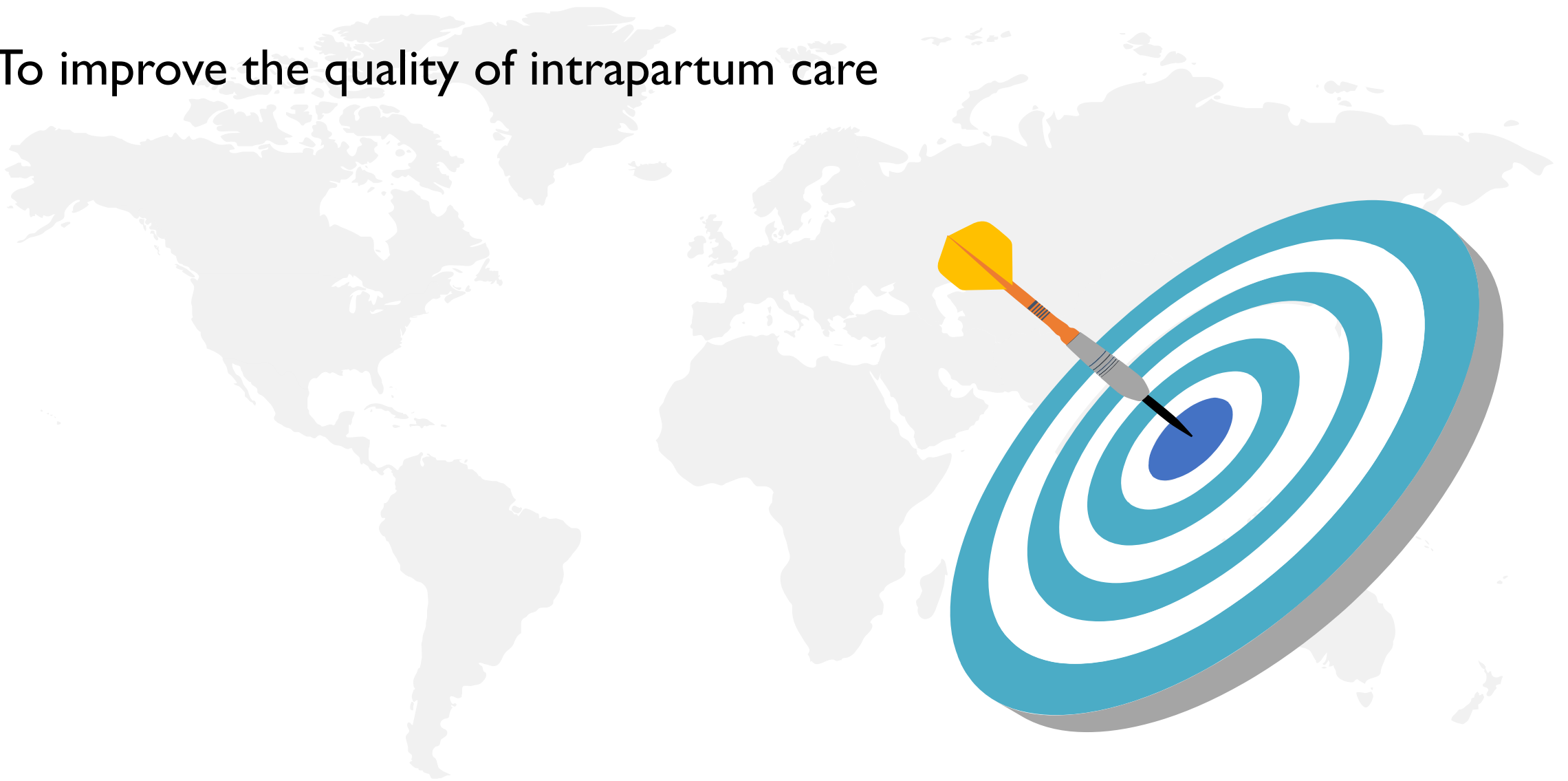
- ❖ This clinical audit was conducted at Delivery ward of Deder General Hospital (DGH) to assess the quality of intrapartum care during labor and delivery.
- ❖ This audit provides a foundation for targeted interventions to improve maternal and neonatal outcomes.



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Aim

- ❑ To improve the quality of intrapartum care



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Objectives

- 
- ☐ ***Ensure all laboring women are appropriately assessed upon arrival.***
 - ☐ ***Verify adherence to evidence-based practices throughout labor and delivery.***
 - ☐ ***Identify gaps in the management process to guide quality improvement efforts.***

Methodology and Sampling

Methodology

- ❖ A retrospective cross-sectional audit was conducted,
- ❖ Reviewing client records to assess adherence to national Obstetrics management protocol/GL
- ❖ Data were collected using **structured audit tools** and **triangulated across various** sources, including **Partograph, Delivery Summary, History/Progress/order/Discharge sheets,**

Methodology and Sampling

Sampling

- ☐ **Simple random sampling method**

Inclusion Criteria:

- ☐ *All vaginal deliveries (spontaneous, induced, augmented, instrument)*

Exclusion Criteria:

- ☐ *C/S deliveries*

Study Variables

Dependent variables:

- ☐ *Labor and delivery services*

Independent Variables:

- ☐ *Demographic characteristics, utilization of partograph, safe childbirth checklist utilization and management of third stage of labor*
- ☐ **A total of 19 patient charts were randomly selected for review**

STANDARDS TO BE MET

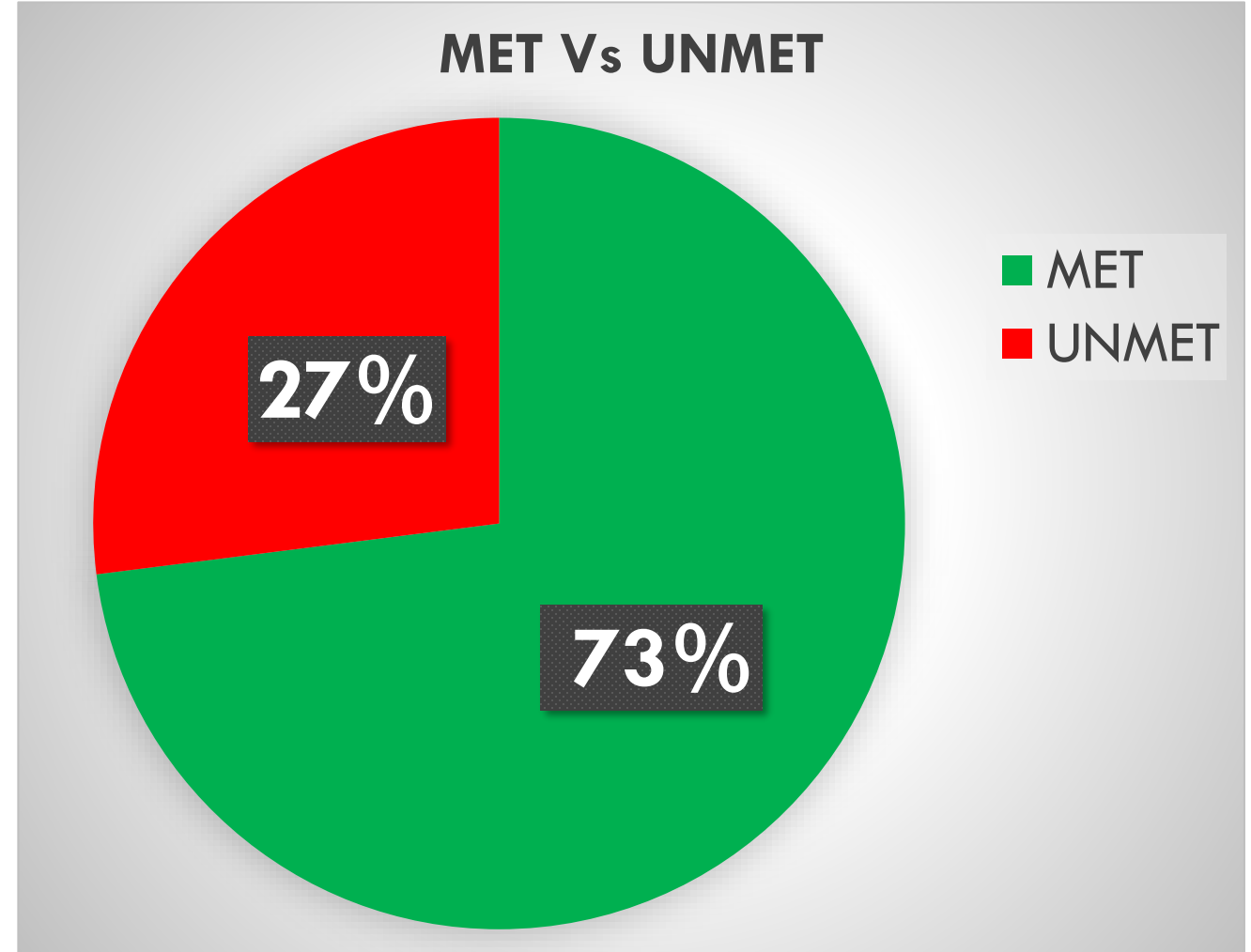
S/N	Standards	Target
1	DEMOGRAPHIC AND IDENTIFICATION INFORMATION IS RECOREDED FOR A LABORING WOMAN COMING FOR DELIVERY	100%
2	APPROPRIATE HISTORY IS TAKEN AT ADMISSION FOR A LABORING WOMAN COMING FOR DELIVERY	100%
3	APPROPRIATE PHYSICAL EXAMINATION IS PERFORMED FOR A LABORING WOMAN COMING FOR DELIVERY	100%
4	LABOUR PROGRESS IS FOLLOWED WITH PARTOGRAPH FOR A LABORING WOMAN COMING FOR DELIVERY	100%
5	DECISION IS MADE BASED ON PARTHOGRAPH FINDING FOR A LABORING WOMAN COMING FOR DELIVERY	100%
6	LABORING WOMAN IS APPROPRIATELY FOLLOWED AT SECOND STAGE OF LABOR FOR LABORING WOMAN COMING FOR DELIVERY	100%
7	THIRD STAGE OF LABOR IS MANAGED ACTIVELY FOR A LABORING WOMAN COMING FOR DELIVERY	100%
8	MOTHER WHO DELIVERED BY OPERATIVE VAGINAL DELIVERY/ ASSISTED INSTRUMENTAL DELIVERY IS MANAGED APPROPRIATELY FOR LABORING WOMAN COMING FOR DELIVERY	100%
	APPROPRIATE DISCHARGE CARE IS PROVIDED FOR LABORING WOMAN COMING FOR DELIVERY	
	IDENTIFICATION OF PROVIDER IS DOCUMENTED FOR LABORING WOMAN COMING FOR DELIVERY	
	NEWBORN DELIVERED WITH APGAR SCORE OF 7 AND ABOVE	

A light gray world map is centered in the background of the slide. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The word "RESULTS" is superimposed over the map in a large, bold, black serif font.

RESULTS

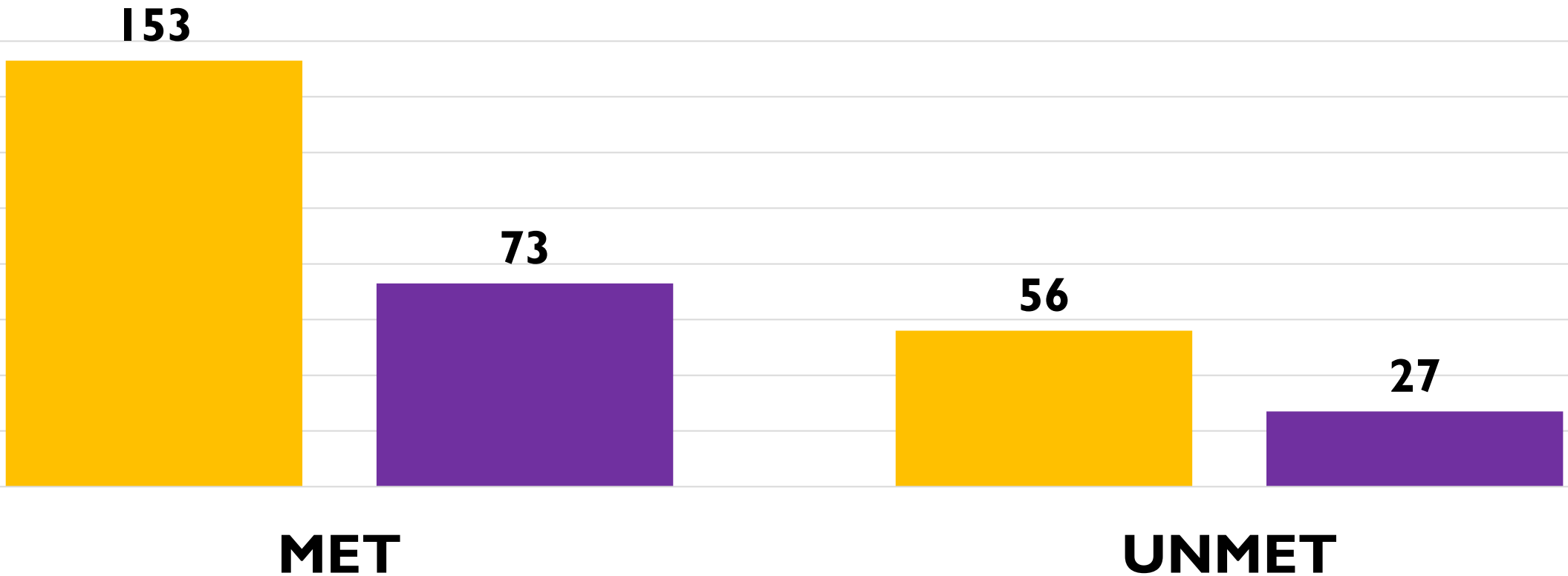
Results

- ❖ A retrospective clinical audit was conducted among mothers who attended labor and delivery at DGH.
- ❖ The overall labor and delivery services utilization at **DGH were 73%**, with almost all clients' charts containing their name, age, gender, and medical registration.



Total standards($11 \times 19 = 209$)

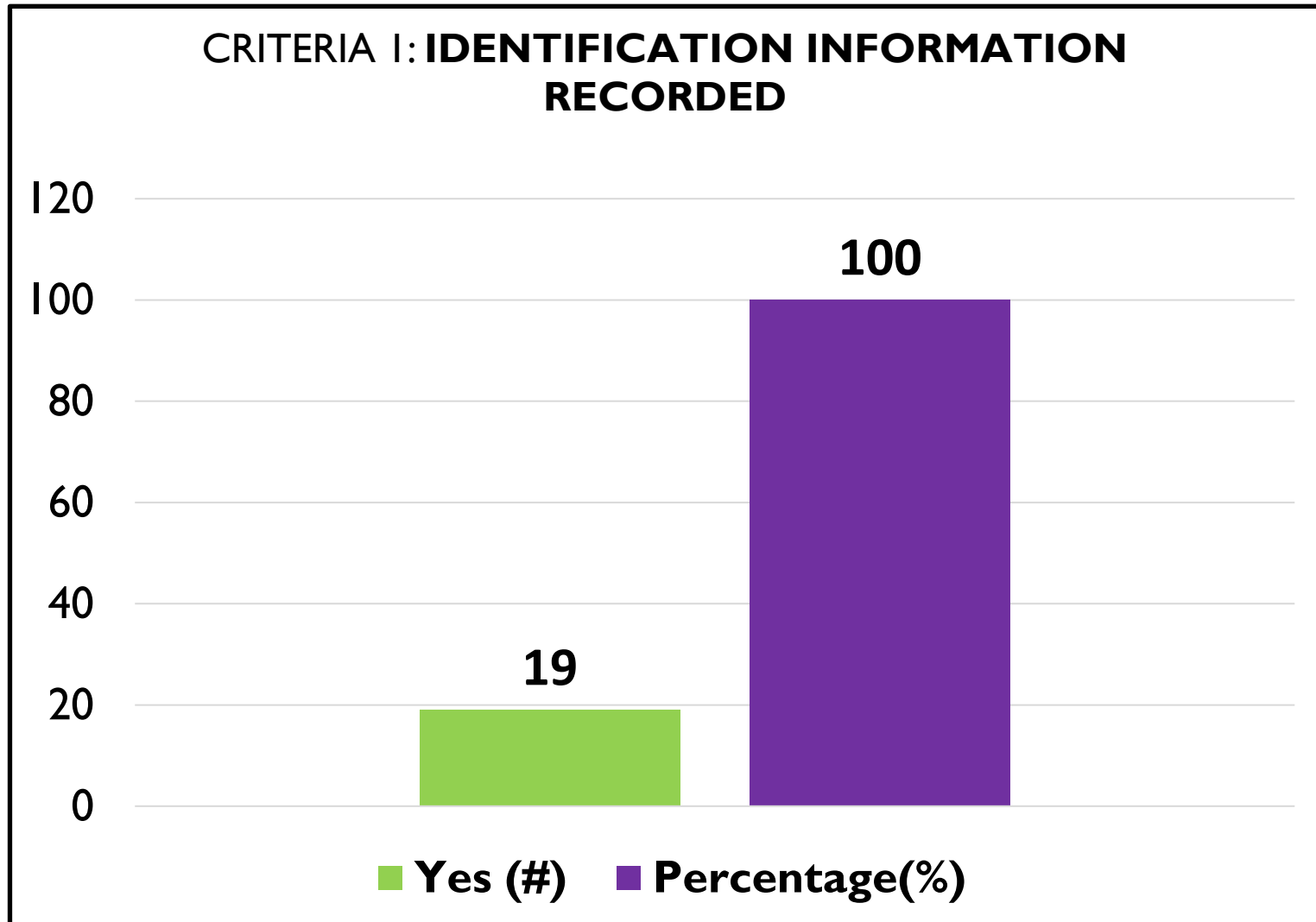
MET Vs UNMET



■ Number (#) ■ Percentage (%)

IDENTIFICATION INFORMATION RECORDED

- Identification information is recorded for all delivered mothers



Demographics and Identification information

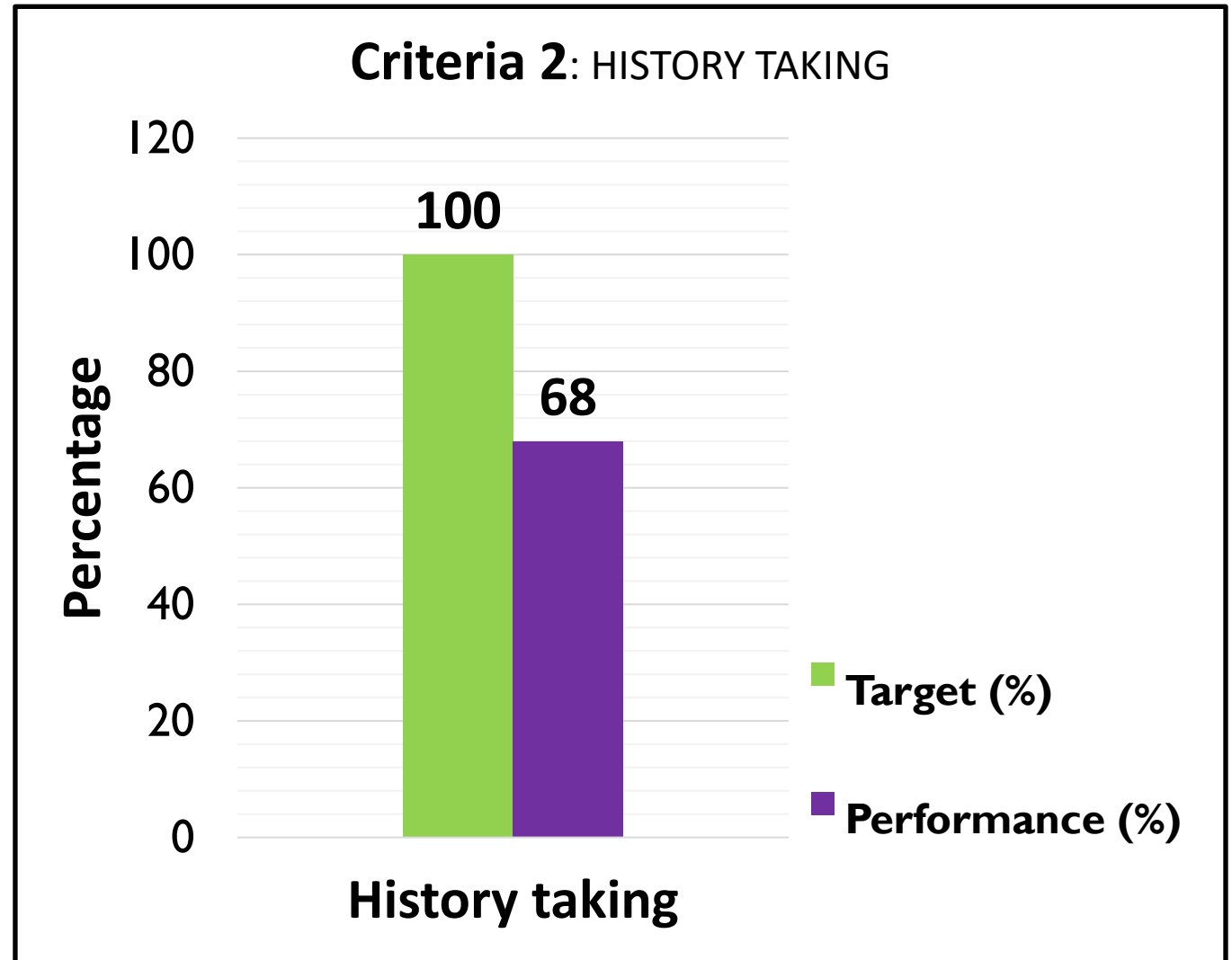
❖ Among total participants demographic and client identification information like

- ✓ Name,
- ✓ Age,
- ✓ MRN, and
- ✓ Address were filled for all clients

Variables	Response	Frequency	Percentage
Name	Recorded	19	100
	Not recorded	0	0
Age	Recorded	19	100
	Not recorded	0	0
Address	Recorded	19	100
	Not recorded	0	0
MRN	Recorded	19	100
	Not recorded	0	0

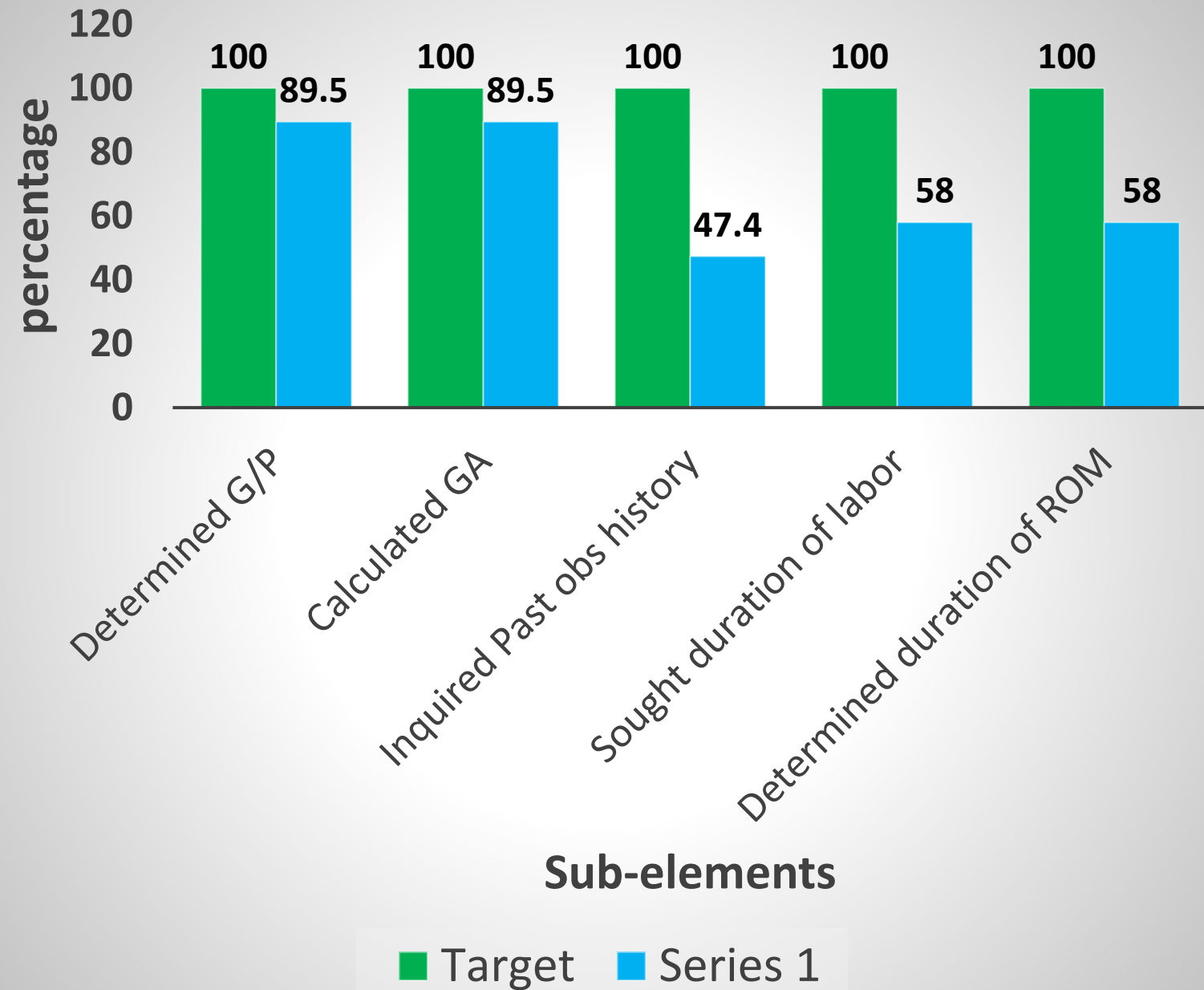
HISTORY TAKING

- ❑ An appropriate history was taken on admission for 13 (68%) of the laboring women coming for labor.



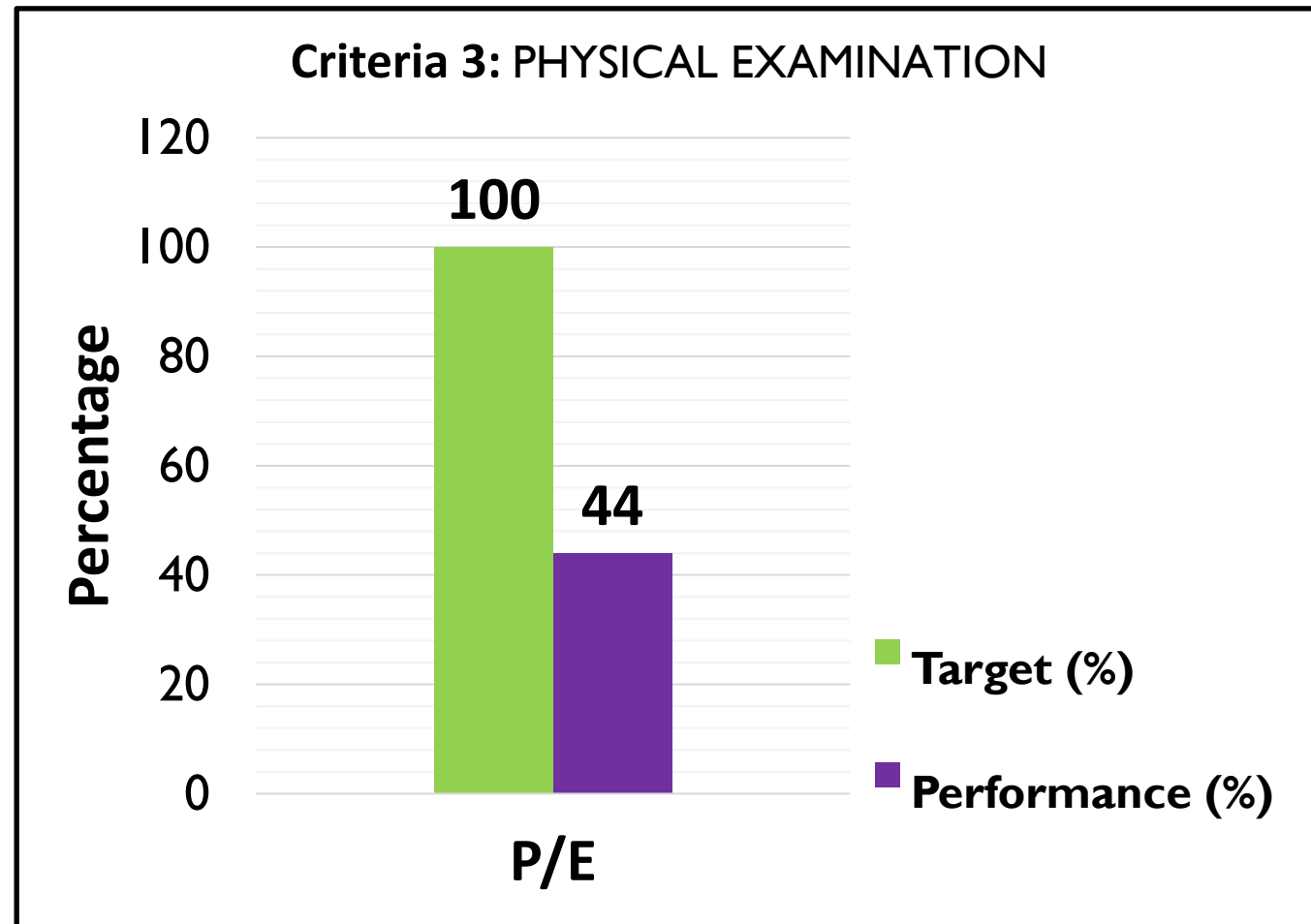
HISTORY TAKING...Cont'd

- ❖ Gravidity, parity, and GA were determined for **17(89.5%)** delivered mothers
- ❖ Duration of **labor** and **ROM** were determined for **11(58%)** of delivered mothers
- ❖ However, **past obstetric** history was assessed for only **9(47.4%)** of delivered mothers



PHYSICAL EXAMINATION

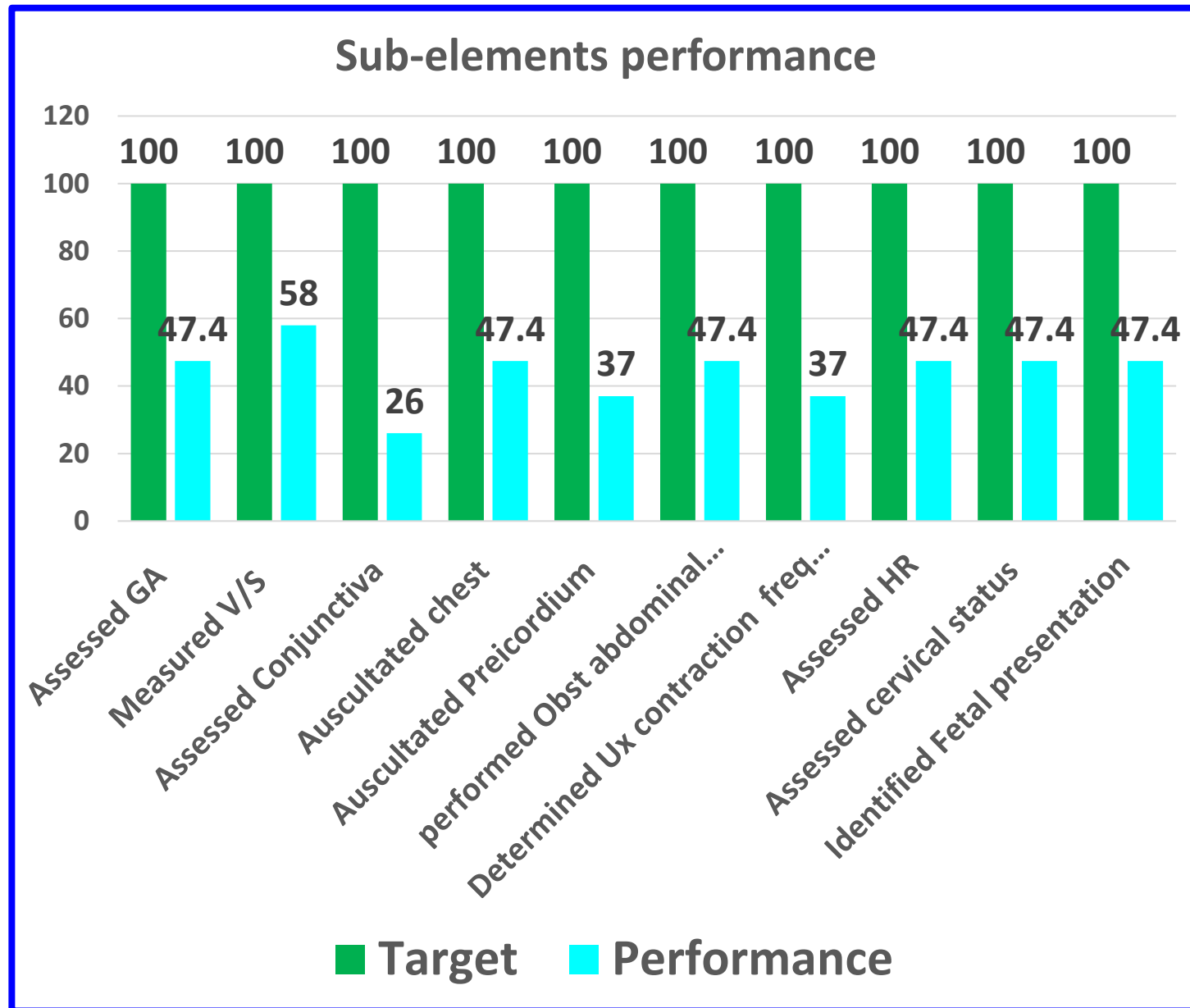
- Appropriate physical examination is performed for **8(44%)** of delivered mothers.



PHYSICAL EXAMINATION ...Cont'd

Compliance with the sub-elements showed low performances with:

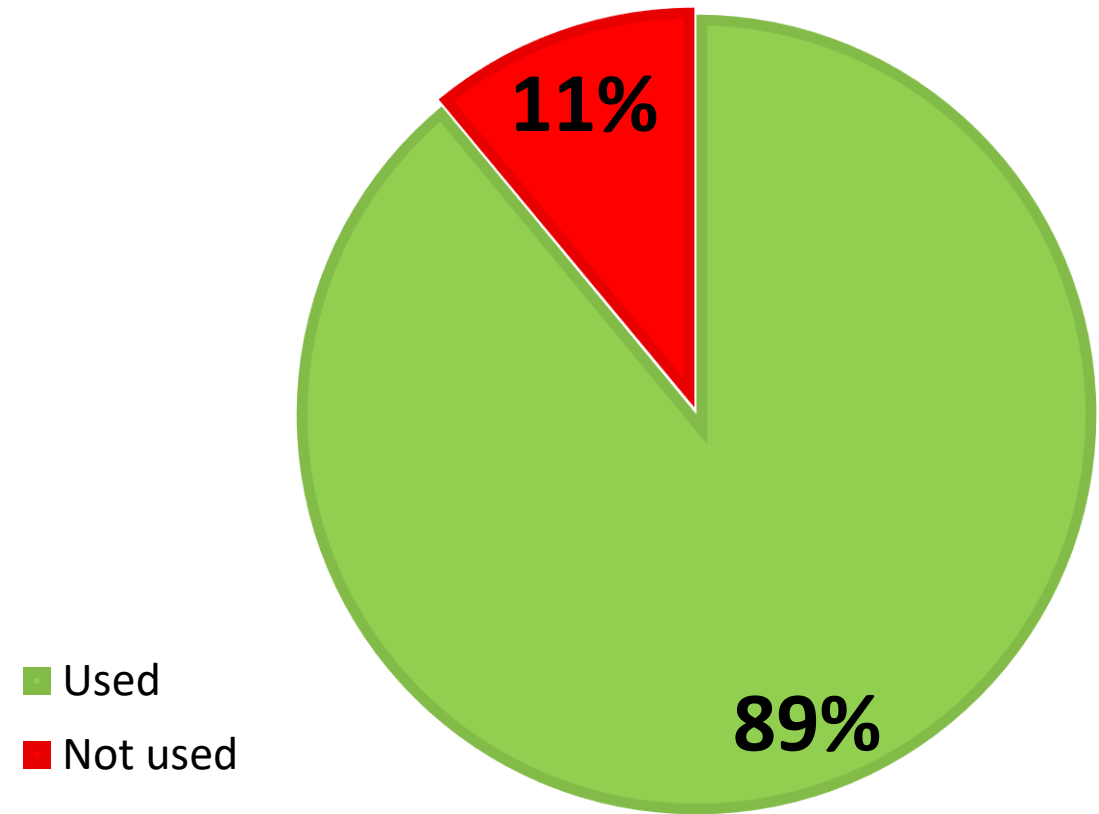
- ❖ **General appearance**, **chest** auscultation, **obst abdo/palpation**, **FHB**, **Cervical status**, and **fetal presentation** were assessed for only 9(47.4%) of delivered mothers
- ❖ While **Uterine contraction** frequency and duration was determined for only 7(37%) of delivered mothers
- ❖ However, **conjunctival assessment** was done for only 5(26%) of delivered mothers



FOLLOW LABOUR PROGRESS BY PARTOGRAPH

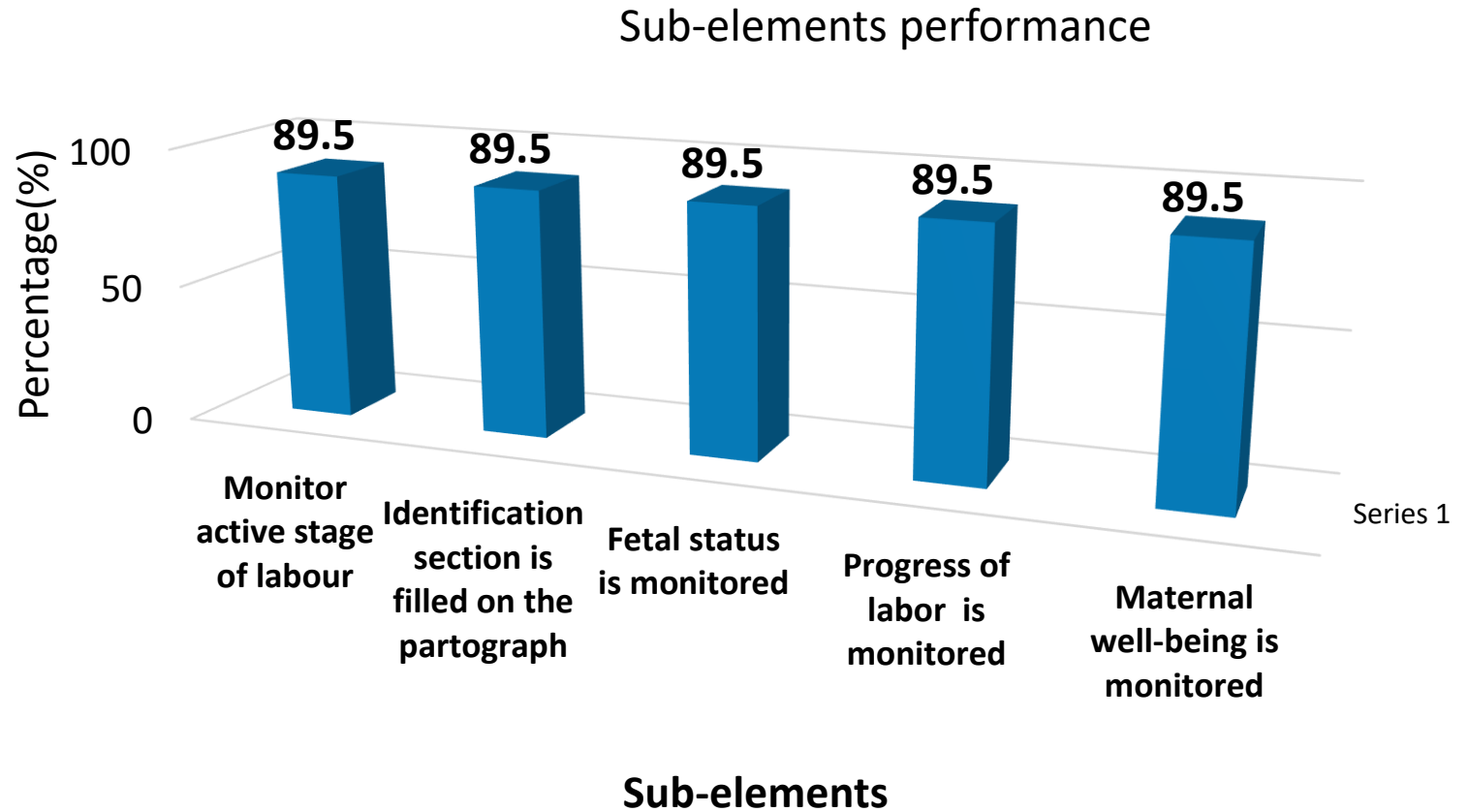
- ☐ The progress of labor was monitored using partograph for 17(89%) of women giving birth.

CRITERIA 4: PARTOGRAPH UTILIZATION



FOLLOW LABOUR PROGRESS BY PARTOGRAPH...Cont'd

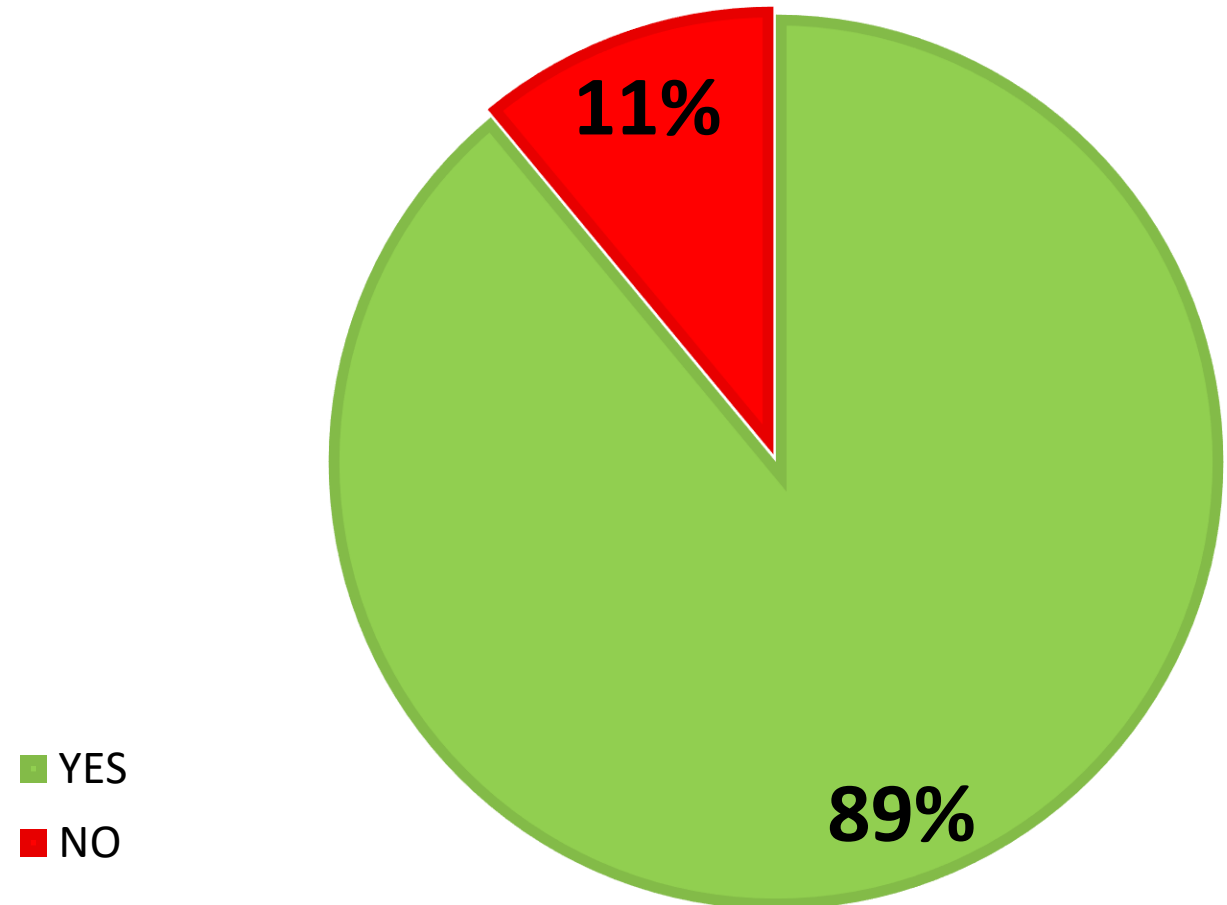
- ❖ Adherence to sub-elements shown good performance with:
 - ❖ All sub-items used to monitor labour progress were implemented for **17(89.5%)** of mothers who delivered.



PARTOGRAPH BASED DECISION MAKING

- ☐ The decision is made based on the results of partograph in 17(89%) of women during childbirth.

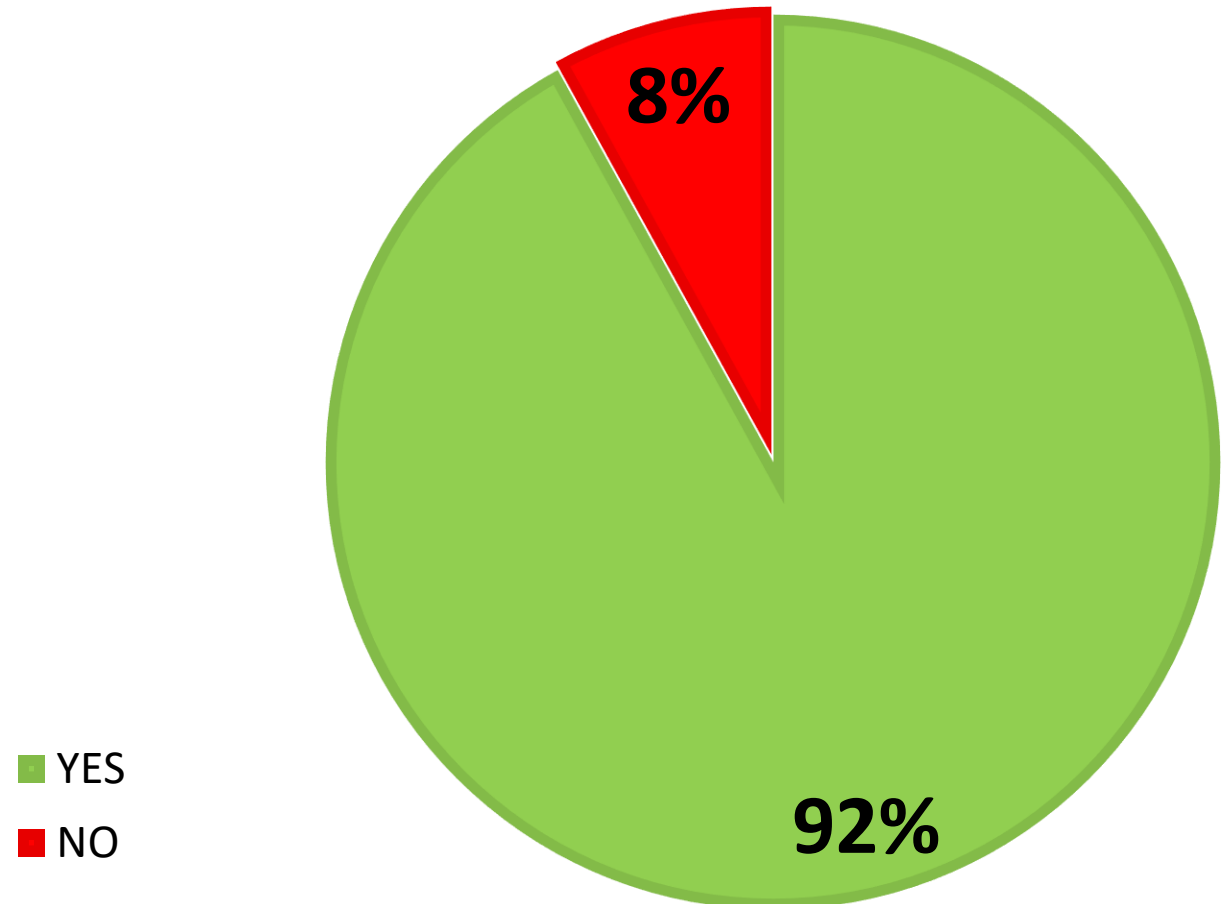
CRITERIA 5: PARTOGRAPH BASED DECISION MAKING



MONITORING SECOND STAGE OF LABOUR

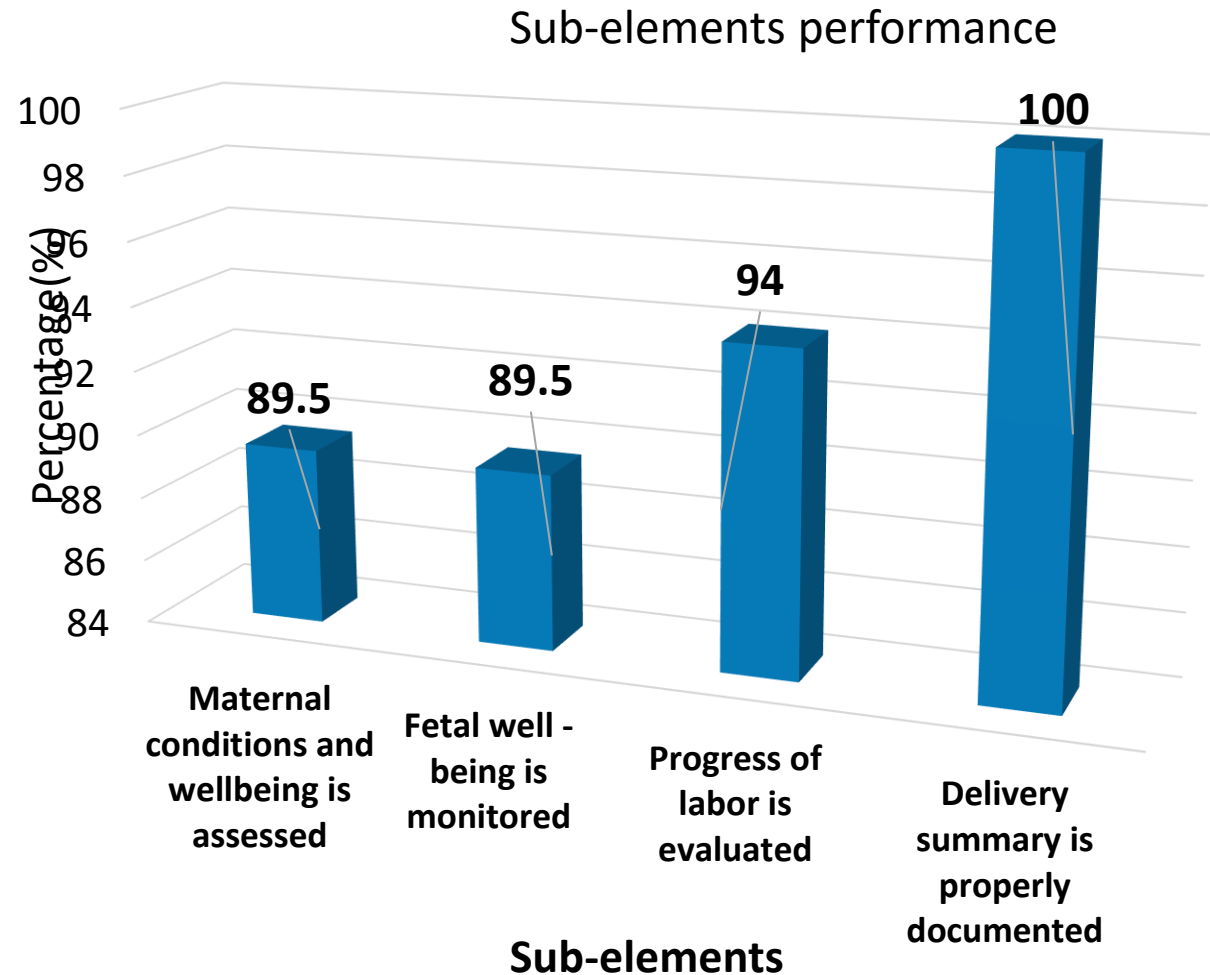
- ☐ The second stage of labour was monitored for 92% of women during childbirth.

CRITERIA 6: MONITORING SSOL



MONITORING SECOND STAGE OF LABOUR...Cont'd

- ❖ Adherence to sub-elements shown good performance with:
 - ❖ Maternal and fetal wellbeing was monitored for **17(89.5%)** of mothers who delivered.
 - ❖ Progress of labour was evaluated **94%**
 - ❖ Delivery summary was filled **100%**

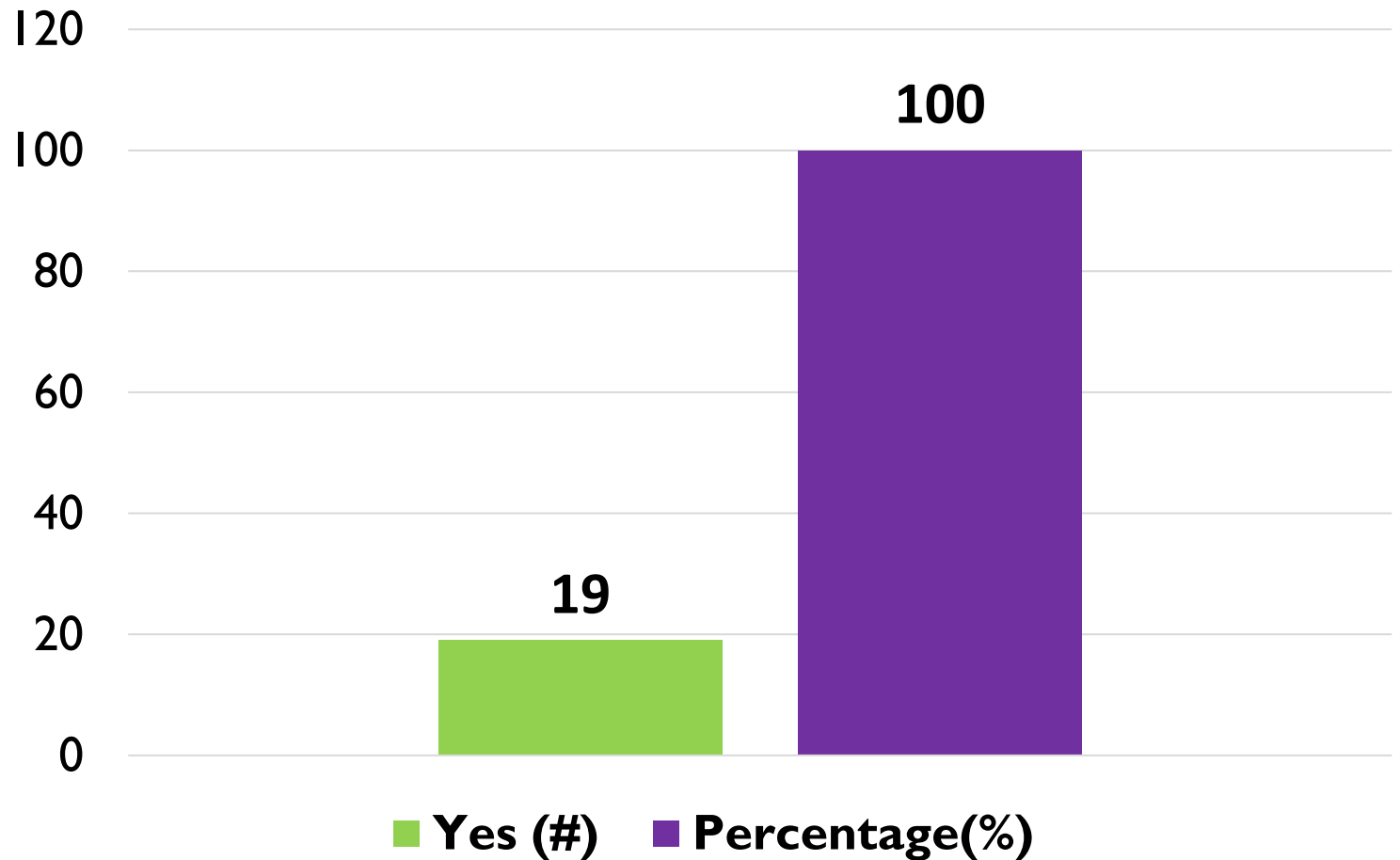


MONITORING THIRD STAGE OF LABOUR

☐ The third stage of labor was monitored as follows:

- Uterotonic agents given within one minute of delivery,
- Placenta delivered by CT scan,
- Uterine tone checked one hour after delivery for all women giving birth.

CRITERIA 7: MONITORING THIRD STAGE OF LABOUR

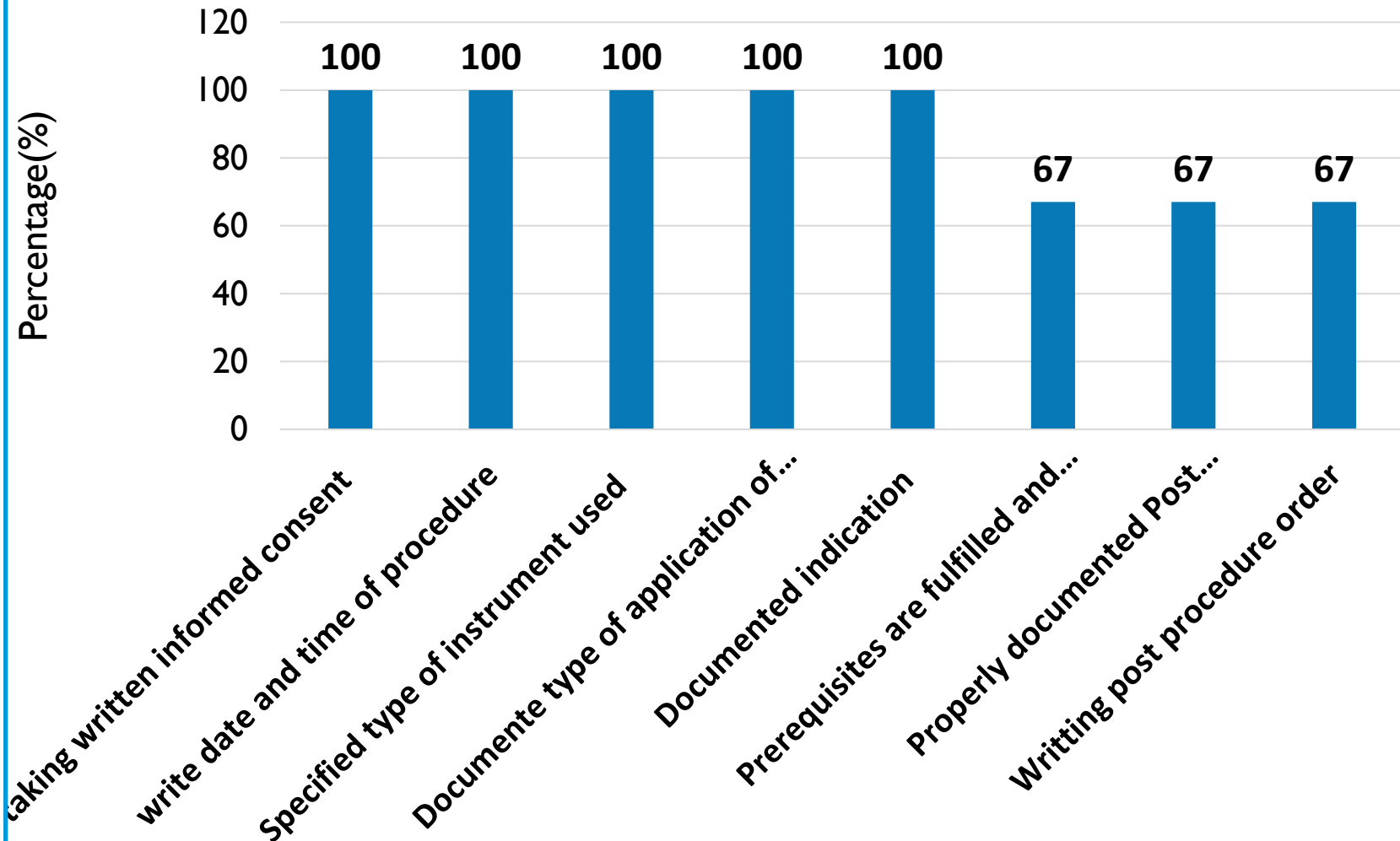


MANAGEMENT OF OPERATIVE VAGINAL DELIVERY/ ASSISTED INSTRUMENTAL DELIVERY

❑ Of the total of six eligible cases, **5(86%)** were managed appropriately.

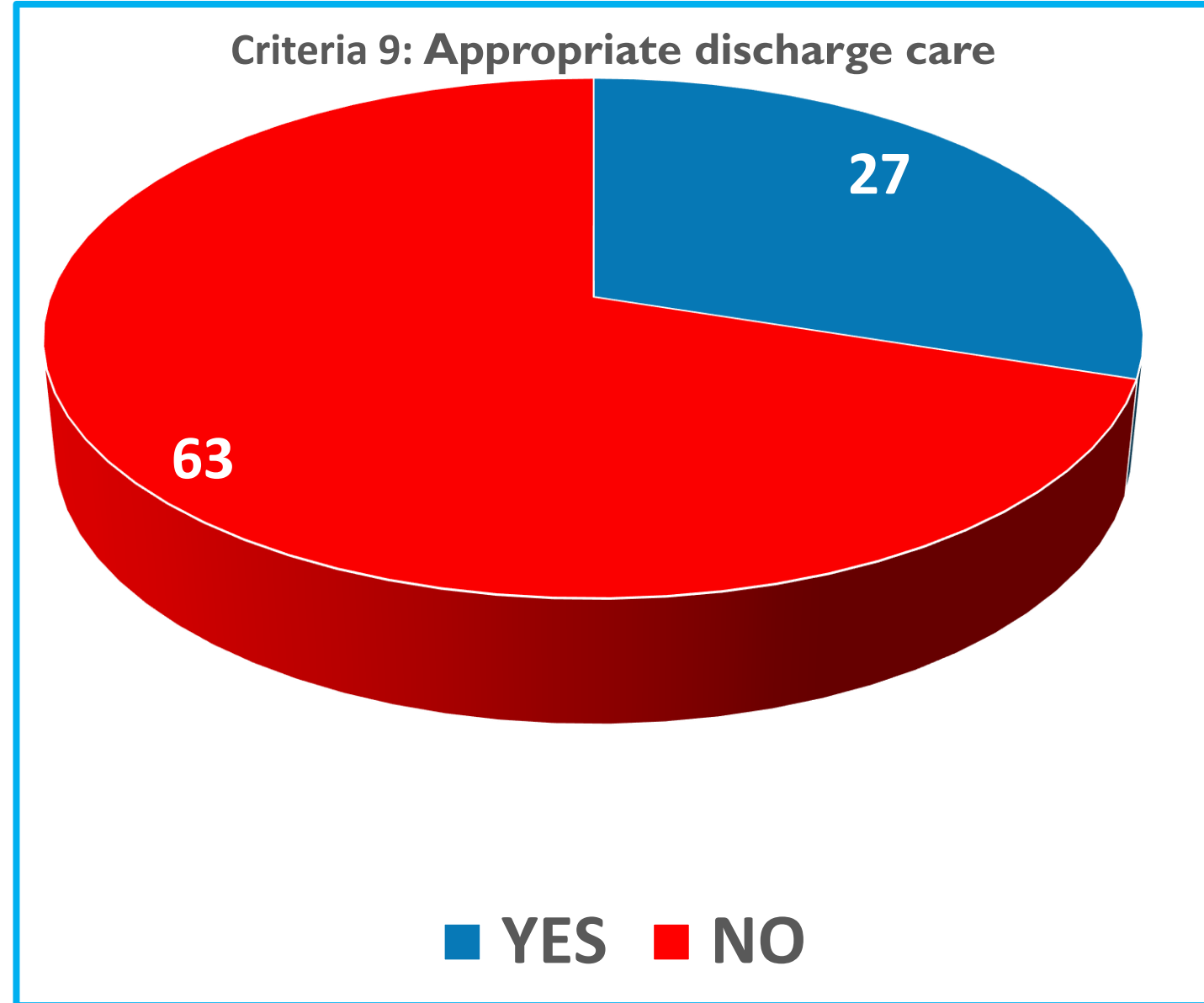
- Written informed consent, date & time of procedures, types of instruments used were documented for all patients

Criteria 8: MANAGEMENT OF OPERATIVE VAGINAL DELIVERY



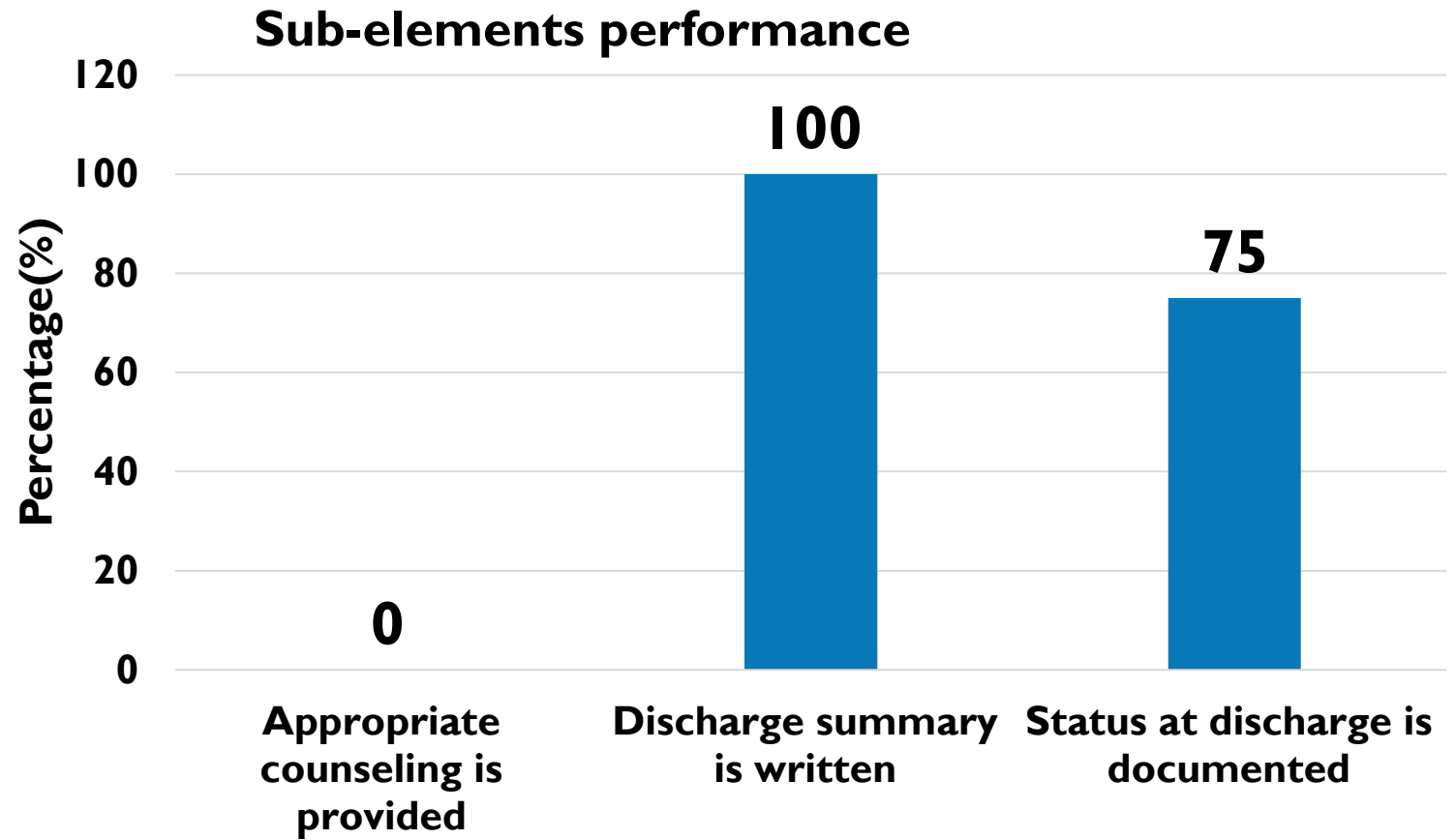
PROVIDE APPROPRIATE DISCHARGE CARE

- Appropriate discharge care is provided for only **5(27%)** of laboring woman coming for delivery.

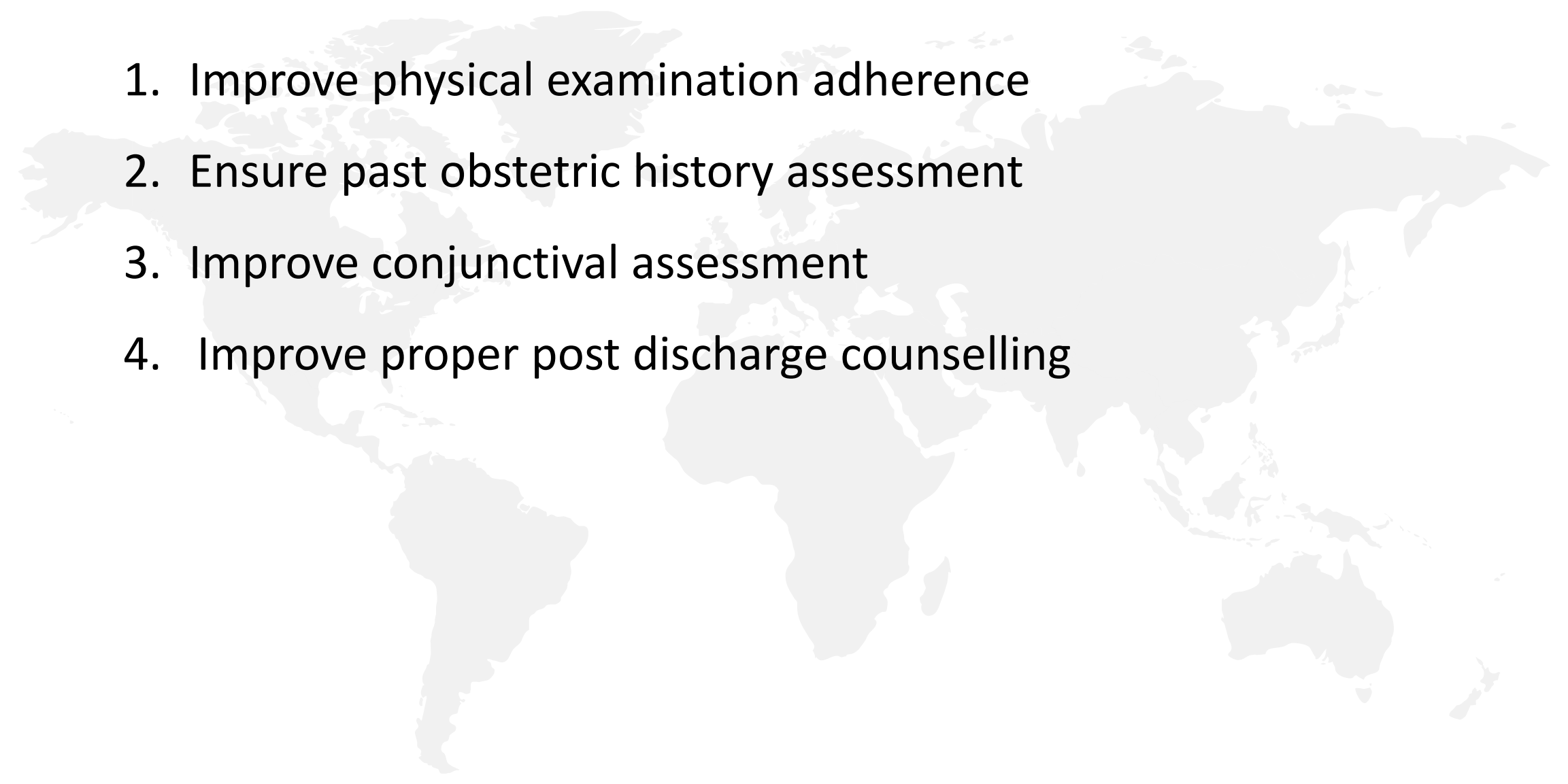


PROVIDE APPROPRIATE DISCHARGE CARE--Cont'd

- Appropriate counseling **was not provided** for all of laboring woman coming for delivery.



Recommendations

- 
1. Improve physical examination adherence
 2. Ensure past obstetric history assessment
 3. Improve conjunctival assessment
 4. Improve proper post discharge counselling



DEDER GENERAL HOSPITAL
CLINICAL AUDIT QUALITY IMPROVEMENT PLAN/PDSA FORM

Clinical Audit Title: To improve the quality of clinical care provided for Labouring women for delivery

Clinical Audit Lead: Dr. Taju Abdi (GYN/OBS Specialist). Department /Team: Labour and Delivery ward

Date: 23/4/2017E.C

	Plan					DO	STUDY	ACT
Recommendation based on findings from clinical audit report form	Actions to address the recommendation/Change idea	Person Responsible	Target Date	Data collection plan		Carry out the plan. Record data, observations and modifications to the plan. Use visual descriptions such as run charts to describe what actually happened	Complete analysis and synthesis. Do the results align with the explicit criteria? Write the progress made in the implementation, the difficulties faced and actions taken to address them.	Decision: What action are we going to take as a result of this cycle (Adopt, Adapt, or Abandon) ? Are we ready to implement? What other processes or systems might be affected by this
	What change will we test? What do we need to try the change?	Who will perform the test? (Name or Role)	When will this be complete?	How will we collect data? (Checklist, Chart audit,)	Who will collect the data? (Name or Role)			
Improve physical examination adherence	Provide on job orientation on comprehensive physical exams during labor admission.	<ul style="list-style-type: none"> GYN/OBS Specialist (Dr.Taju) &OBS head(Addisu) Matron (Hamza) 	Jan 25, 2017E.C	Audit patient records monthly for post discharge counselling documentation.	Quality U(Abdi T+ Abdella A)			
Ensure past obstetric history assessment	Provide on job orientation on comprehensive past obstetric history assessment admission.	<ul style="list-style-type: none"> GYN/OBS Specialist (Dr.Taju) &OBS head(Addisu) Matron (Hamza) 	Jan 25, 2017E.C	Audit patient records monthly for post discharge counselling documentation.	Quality U(Abdi T+ Abdella A)			
Improve conjunctival assessment	Provide on job orientation on comprehensive conjunctival assessment	<ul style="list-style-type: none"> GYN/OBS Specialist (Dr.Taju) & OBS head(Addisu) Matron (Hamza) 	Jan 25, 2017E.C	Audit patient records monthly for post discharge counselling documentation.	Quality U(Abdi T+ Abdella A)			
Improve proper post discharge counselling	Provide on job orientation on post discharge counselling	GYN/OBS Specialist (Dr.Taju) & OBS head(Addisu)		Improve proper post discharge counselling	Provide on job orientation on post discharge counselling			

☐ **Adapt** (Modify this change and plan next PDSA cycle; loop back to "Plan") ☐ **Abandon** (Change didn't work/won't lead to improvement. Identify new change; plan new PDSA cycle; loop back to "Plan")
☐ **Adopt** (Data revealed this change was effective and worked well; Next step, develop implementation plan) >>>>

Completed by:

Sign off:

Date of review of PDSA: