

**QUALITY IMPROVEMENT VISIT
FOR DECREASED IMR TROUGH**
IMNCI (Integrated Management of Neonatal and Childhood illness)
“Be the change you want to see in the world.”
---Mahatma Gandhi

Date

CHC/PHC:

IDENTIFICATION		
State:	District:	Taluka:
Block:	Type of Facility: CHC/PHC others (specify)	
Name & Address of Facility		

Time started assessment:

Time ended assessment:

<u>PHC/CHC STAFF RESPONDENTS</u>	
Name	Designation
1.	
2.	
3.	

QIP Member reviewing	Name	Designation
1.		
2.		
3.		
4.		

Comment: On the day of visit this facility was neat and clean (circle) Yes / No

Cleanliness:

Very good -----
Satisfactory ----
Very poor -----

Good----
Poor-----

INPUTS MEASUREMENT

A. PERSONNEL

No.	Measure Instructions: On day of visit ask MO I/C and identified staff and fill the Personnel Assessment section	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO level	DHO/RDD Level
QA1	A Medical Officer trained in IMNCI (Integrated Management of Neonatal and Childhood Illness) <i>Yes, available and trained 3</i> <i>Available but not trained 1</i> <i>Not available 0</i>					
QA2	Are you confident for insert I/V canula in 0-5years Childs <i>Yes 3</i> <i>No 0</i>					
QA3	Are you confident for insert Nesogestric (NG) tube in 0-5years Childs <i>Yes 3</i> <i>No 0</i>					
QA4	An HS (LHV) or HW (F) or staff nurses trained in IMNCI <i>Yes, available and trained 3</i> <i>Available but not trained 1</i> <i>Not available 0</i>					
QA5	A PHC/CHC vehicle (with driver) available on call 24 hrs for refer pt. <i>PHC/CHC Vehicle & driver Available 3</i> <i>Private vehicle available 1</i> <i>Not available 0</i>					
QA6	Availability of pharmacist or other STAFF to dispense medicines during OPD hours <i>Yes 3</i> <i>No 0</i>					
QA7	Availability of lab technician <i>Yes 3</i> <i>No 0</i>					
QA	TOTAL SCORES (21)					

B. INFRASTRUCTURE, EQUIPMENT & SUPPLIES :-

No.	Measure Instructions: On the day of visit please check and confirm availability of the following:	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PCH/CHC level	BHO Level	DHO/RDD Level
QB1	A well marked signboard exhibiting clinic timings and all the services provided by this center – placed at the front entrance of facility Yes 1 No 0					
QB2	Toilets for client have water Yes 1 No 0					
QB3	Some form of emergency lighting – generator is functioning Yes 3 No 0					
QB4.	ILR in working order with temperature maintained Yes 3 No 0					
QB5.	Deep freeze in working order with temperature maintained Yes 3 No 0					
QB6	Set up ORT (Oral rehydration therapy) corner in the facility with cleanness Yes 1 No 0					
QB7	Infant weighing scales in working order Yes 3 No 0					
QB8.	Autoclave/sterilizer in working order Yes 3 No 0					
QB9.	Sterile Nesogestic tube (No. 6,8,10) all present <i>If all three available 3</i> <i>If two available 2</i> <i>If one available 1</i> <i>Not available 0</i>					
QB10.	Sterile I/V canula (No.24, 22,20) all present <i>If all three available 3</i> <i>If two available 2</i> <i>If one available 1</i> <i>Not available 0</i>					
QB11.	Sterile Scalp van (No.24, 23,22) all present <i>If all three available 3</i> <i>If two available 2</i> <i>If one available 1</i> <i>Not available 0</i>					

No.	Measure Instructions: On the day of visit please check and confirm availability of the following:	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO Level	DHO/RDD Level
QB1 2.	I/V stand, and adhesive tape Yes 3 No 0					
QB1 3.	Full Oxygen cylinder with tubing and disposable masks/ nasal prongs in working order Yes 3 No 0					
QB1 4.	Sterile syringe & needle (No.2ml, 5ml, 10ml, BCG, Insulin etc) all present Yes 3 No 0					
QB1 5.	Potable drinking water for clients Yes 3 No 0					
QB 16.	Pediatric resuscitation kit – pediatric self-inflating Ambu bag Yes 3 No 0					
QB 17.	Newborn mucus extractor or bulb syringe Yes 3 No 0					
QB 18.	Sterile Examination tray in MO Room (Contained minimum Thermometer, torch, Ear speculum, tongue depressor) Yes 3 No 0					
QB 19.	Baby warmer/ room heater/ Warm blankets Yes 3 No 0					
QB	Total score (51)					

ESSENTIAL PROTOCOLS AND JOB AIDS:--

No.	Measure Instructions: On the day of visit please Job Aids: Physically verify availability in area/clinic room where needed the following printed documents:	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO Level	DHO/RDD Level
Q C 1.	IMNCI management protocols and guideline (Physician chart Booklets, Photo chart & case paper 0 -2months & 2 months- 5 years etc) Yes 2 No 0					
Q C 2.	Vaccination chart with (schedules, Effects & its side effects etc) Yes 2 No 0					
Q C 3.	Oral rehydration therapy chart & its importance Yes 2 No 0					
Q C 4.	0-5 years child growth & development chart with photo Yes 2 No 0					
Q C 5.	When to return immediately chart Yes 2 No 0					
Q C	Total score (10)					

D. DRUGS AND CONSUMABLES (Note: - Medicine available minimum for 10 client)

No.	Measure Instructions: On the day of visit please check and confirm availability of ALL the following <u>consumables and supplies</u> :	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO Level	DHO/RDD Level
Q D 1	Tab. Cotrimoxazole (Adult 80mg+400mg/ pediatric 20mg+100mg or syrup 40mg+200mg) Yes 1 No 0					
Q D 2	Tab. Chloroquine 150mg base (Syrup 50mg base per ml) Yes 1 No 0					
Q D 3	Tab. Primaquin (2.5 mg base) Yes 1 No 0					
Q D 4	Tab. Sulpha (500mg/)-pyrimethamine(25mg/) Yes 1 No 0					
Q D 5	Tab. Peracetamol 100mg or 500mg (Syrup) Yes 1 No 0					
Q D 6	Tab. Zinc 20mg (Syrup) Yes 1 No 0					
Q D 7	Cap. Amoxicillin (tab 250mg./syrup 125mg per ml) Yes 1 No 0					
Q D 8	Cap. Chloramphenicol 250 mg (Syrup 125mg/5ml) Yes 1 No 0					
Q D 9	Tab. Nalidixic Acid 500mg (syrup 300mg per ml) Yes 1 No 0					
Q D 10	Tab. Doxycycline 100mg (Cap 50mg) Yes 1 No 0					
Q D 11	Tab. Cefixime Yes 1 No 0					
Q D 12	Tab. Norflox Yes 1 No 0					
Q D 13	Potassium Chloride solution Yes 1 No 0					

No.	Measure Instructions: On the day of visit please check and confirm availability of ALL the following <u>consumables and supplies</u> :	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO Level	DHO/RDD Level
Q D 14	ORS powder Yes 1 No 0					
Q D 15	Inj. Benzyl Penicillin 600mg or(1,000,000 units) Yes 1 No 0					
Q D 16	Inj. Chloramphenicol 1000mg Yes 1 No 0					
Q D 17	Inj. Quinine (150mg/ml or 300mg/ml) Yes 1 No 0					
Q D 18	Inj. Ampicilin 500mg Yes 1 No 0					
Q D 19	Inj. Cefotaxime or Cetriaxone Yes 1 No 0					
Q D 20	Inj Gentamycin (20mg/2ml or 80mg/2ml) Yes 1 No 0					
Q D 21	Inj Diazepam and Paraldehyde If both are available 2 only one available 1 Both not available 0					
Q D 22	Tab Iron Folic-acid (tab./syrup) Yes 2 No 0					
Q D 23	Gentian violet (1%/ 0.50%) Yes 1 No 0					
Q D 24	Tetracycline eye ointment Yes 1 No 0					
Q D 25	Vaccine BCG Yes 2 No 0					
Q D 26	Normal saline 5ml ampoules for BCG Yes 2 No 0					
Q D2 7	Vaccine DPT Yes 2 No 0					
Q D2 8	Distil Water 5ml ampoules Yes 2 No 0					
Q D2 9	Vaccine OPV vial Yes 2 No 0					

No.	Measure Instructions: On the day of visit please check and confirm availability of ALL the following <u>consumables and supplies</u> :	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO Level	DHO/RDD Level
Q D3 0	Vaccine Measles Yes 2 No 0					
Q D3 1	Vitamin A Yes 2 No 0					
Q D3 2	Vaccine DT Yes 2 No 0					
Q D3 3	Normal saline I/V 10 bottles Yes 1 No 0					
Q D3 4	Ringers Lactate 10 bottles Yes 1 No 0					
Q D3 5	10%/25%/50% Dextrose 10 bottles Yes 1 No 0					
Q D3 6	Xylocaine gel for insert NG tube Yes 1 No 0					
Q D3 7	Roll of cotton wool for making pads and sterile swabs Yes 1 No 0					
Q D3 8	Roll of cotton gauze for making pads and sterile sponge Yes 1 No 0					
Q D3 9	For Disinfections Glutidehyde concentrate (Cydex) Yes 2 No 0					
Q D4 0	Carbolic/Phenyl for floors Yes 2 No 0					
Q D4 1	Bleach-tablets/concentrated solution Yes 2 No 0					
Q D	Total score (54)					

Note: - Availability of Medicine minimum for 10 client

FORM NO. 2(Child Health)

**QUALITY IMPROVEMENT VISIT
FOR DECREASED IMR TROUGH**
IMNCI (Integrated Management of Neonatal and Childhood illness)
SERVICE QUALITY IMPROVEMENT FORM

Date _____

PHC/CHC _____

IDENTIFICATION

State _____ District _____ Taluka _____

Block _____ Type of Facility _____

Name & Address of Facility: _____

PHC/CHC Staff respondents

Name

Designation

1.

2.

3.

QIP Members reviewing

Name

Designation

1.

2.

3.

Time started _____

Time end _____

In the past month were any of the following services provided?

Any Child management & diagnosed thru IMCI guideline

Yes

/

No

PROCESS MEASUREMENT

RECORDING: GENERAL

No.	Measure Instructions: On the day of visit please check and review that the following records are being maintained: during the past one month records	Response	If No: Give date when BHO/DHO was informed (if applicable)	Action to solve the problem		
				PHC/CHC Level	BHO Level	DHO/RDD Level
Q E1 .	OPD Records show any diagnosis and treatment of 0-5 years child Yes 1 No 0					
Q E2 .	Immunization Register complete Yes 1 No 0					
Q E3 .	Any Child (0-5years) treat through IMNCI guideline Yes 1 No 0					
Q E4 .	IMNCI case paper for child 0-5 years Completely fulfilled with classification & treatment or refer Yes 1 No 0					
Q E5 .	Temperature maintained register for ILR & Deep freeze Yes 1 No 0					
Q E6 .	Mother cards/ ANC Card available and filled Yes 1 No 0					
Q E	TOTAL (6)					

OUTPUT ASSESSMENT

No.	Child service Services Review	Usage over the last three months		Usage and change when compared to same time period (3 months) in the last year		Change in Usage Scoring : 0 → 0 1-10 → 1 11-25 → 2 26 - 50 → 3 50+ → 4
		Months:	Months:	No. change (A-B)		
		Number (A)	Number (B)			
QF1	Total Children (0-5years) come for treatment in last 3 months					
QF2.	Percentage of Total no. of children treated through IMNCI Guideline (0-5 years) in last 3 months					
QF3.	Total no. Of children treated through IMNCI Guideline (0-2month) in last 3 months					
QF4.	Total no. Of children treated through IMNCI Guideline (2months-5years) in last 3 months					
QF5.	Total no. of children referred through IMNCI Guideline (0-2month) in last 3 months					
QF6	Total no. of children referred through IMNCI Guideline (2months-5years) in last 3 months					
QF7	Total No. of BCG in last 3 months					
QF8.	Total No. of OPV 0 in last 3 months					
QF9.	Total No. of OPV 1 in last 3 months					
QF1 0.	Total No. of OPV 2 in last 3 months					
QF1 1.	Total No. of OPV 3 in last 3 months					
QF1 2.	Total No. of DPT 1 in last 3 months					
QF1 3.	Total No. of DPT 2 in last 3 months					
QF1 4.	Total No. of DPT 3 in last 3 months					
QF1 5.	Total no. on OPV Booster in last 3 months					
QF1 6.	Total no. on DPT Booster in last 3 months					
QF1 7.	Total no of Measles in last 3 months					
QF1 8.	Total no of Vitamin A in last 3 months					
QF1 9.	Total no of Children (0-years) received IFA in last 3 months					
QF2 0.	Total no. of DT in last 3 months					
	Total Score (80)					

NEXT VISIT DATE:

Quality Improvement Report

No.	Measures	Total Scores	RESPONSE Scores	(Total No. of sub-items where action to solve the problem is chiefly located)			Any Action to be taken
				PHC/CHC Level	BHO Level	DHO/RDD Level	ACTION POINTS
QA	Trained Personnel	21					A
QB	INFRASTRUCTURE, EQUIPMENT & SUPPLIES	51					B
QC	ESSENTIAL PROTOCOLS AND JOB AIDS	10					C
QD	DRUGS AND CONSUMABLES	54					D
QE	RECORDING	6					E
QF	OUTPUT	80					F
	TOTAL	222					

Scoring procedures:

- Totals scored by all facilities will be documented and arranged on a percentile curve (Grade A-100-76%, B-75-51%, Grade C- 50-26%. D- 25-0%).
- Change in score between 2 visits to the same facility will be assessed. By the end of the year the proportion showing improvement will be reported for RCH-II Output documentation.

SUMMARY

Action point A: STAFF AND TRAINING

Action Point B: INFRASTRUCTRE, Equipment needs: New Maintenance/ Discarding NEEDS

Action point C: Copies of Standards, Protocols and IEC needed

Action point D: Supplies needed

Action point E: Report of consumption of supplies validated by records

Action point F: OUTPUT

PROCESS and UTILIZATION SUMMARY

Action Point G: Reasons for records not maintained or no clients for particular services

Action point H: Reasons for lack of certain IMNCI processes being followed

UTILIZATION TRENDS – changes

Action point I: reasons for change in utilization of services addressed

Personnel J: Transfers- no/new provider needs new skills

Supplies and equipment K: Provision of new supplies/stock-outs

Other reasons L: better efforts needed

Exemplary service by provider – name forwarded for recognition

Reviewed and understood

Signed

MO in-charge _____ Date _____ Time end: _____

QIP – member _____ Date _____ Time end: _____