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Early Lessons from Implementing Clinical Safety Checklist (CSC) for Voluntary Female Sterilization in India

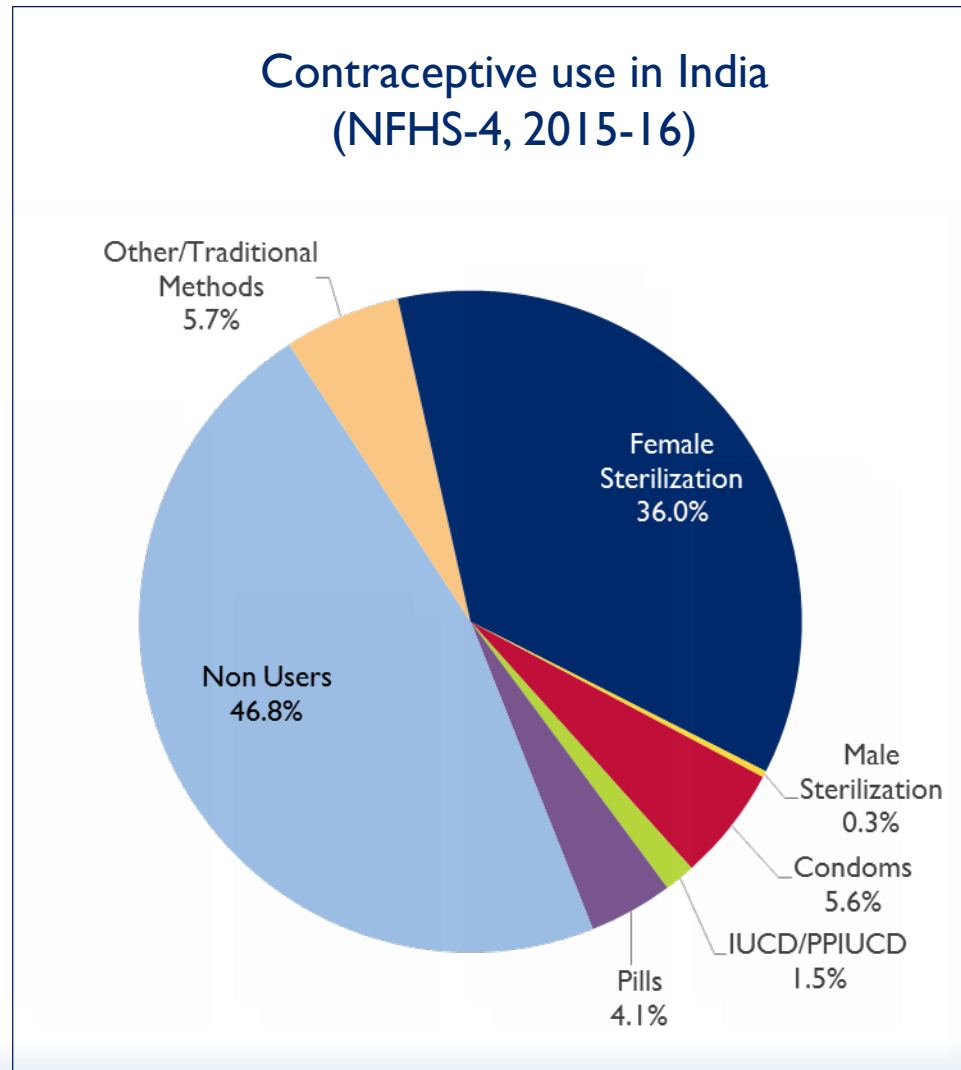
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Background

Voluntary female sterilization is the most accepted method of contraception with nearly 4 million procedures performed annually (*HMIS; FY2016-17*)

While simple and safe, the risk of complications, deaths and failure were unacceptably high due to:

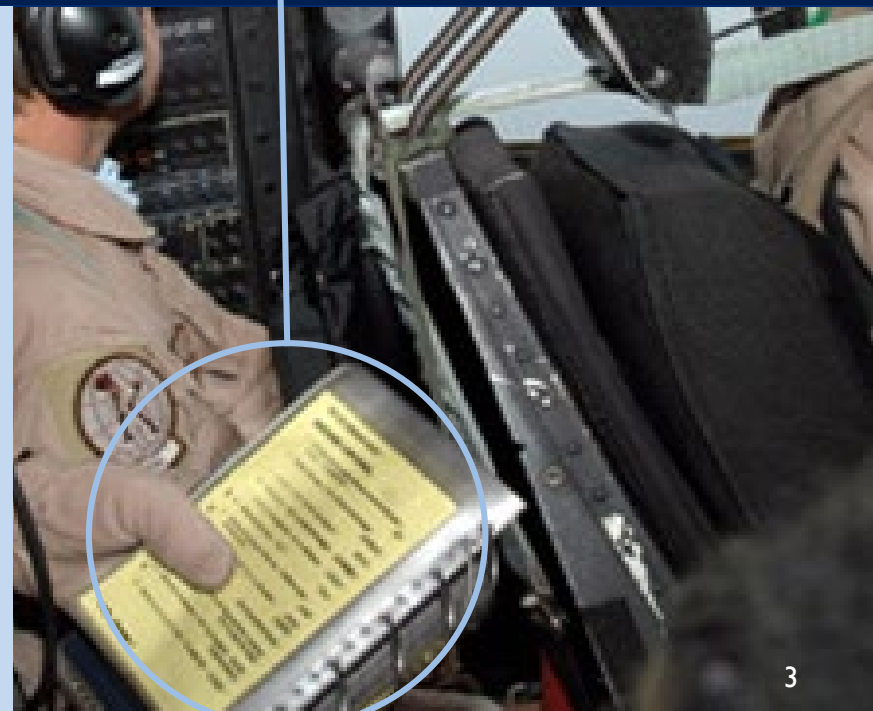
- Camp mode vs Fixed Day Service (FDS) mode
- Limited access to institutional services
- Prescribed standards circumvented during service provision
- Critical steps often omitted





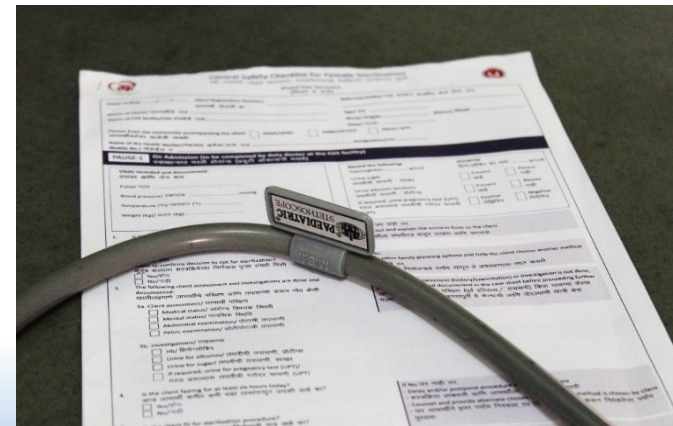
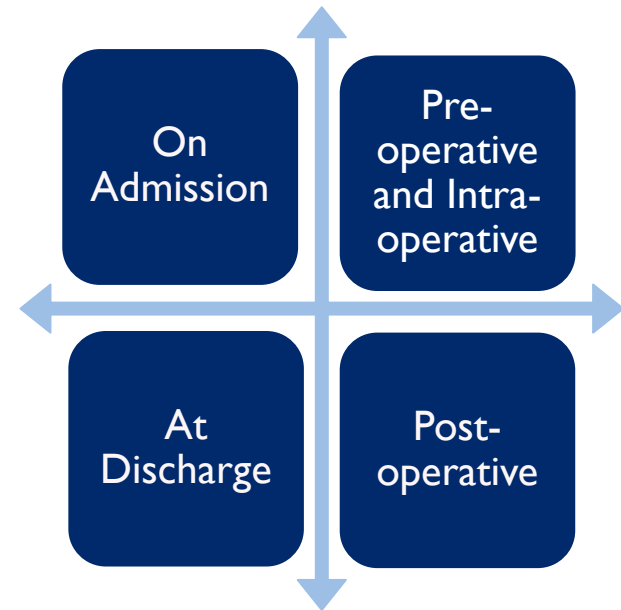
Checklists have reduced systems failure in complex procedures such as flying multi-engine aircraft

- What does a Checklist do: strengthens key practices, reduces the chances of errors, omissions and mishaps
- 19-item WHO Surgical Safety Checklist reduced surgical mortality by >40%
- Clinical Safety Checklist was introduced in India to reduce risk of complications, deaths and failures from voluntary female sterilization

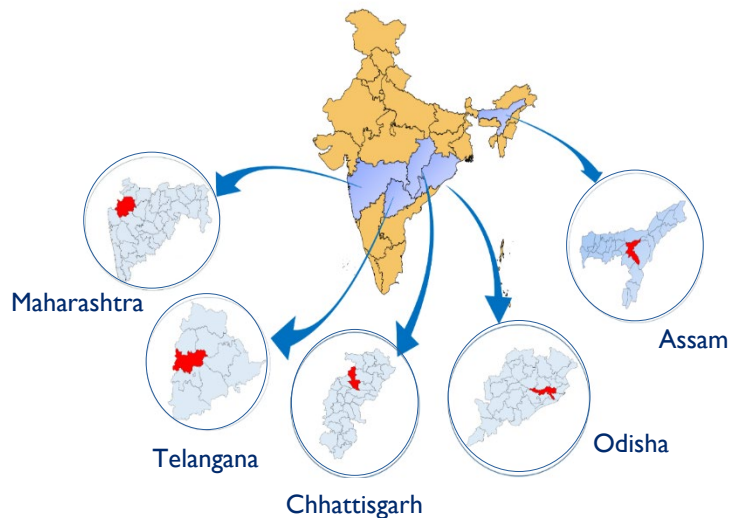


What is the Clinical Safety Checklist?

- Simple, easy to understand bilingual tool
- Not only what to do but also **how to do**
- **Client centred** instead of surgeon-centric approach
- **Four pause points** corresponding to client flow
- Only spells out **critical tasks**
- Involves nurses in a bigger role and supports **shared team work**
- Helps in **standardizing** and **enhancing consistency** in surgical team performance
- **Reduces reliance on memory**



Program Intervention: Geographies



CSC implementation in India:

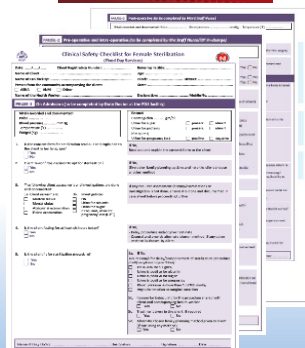
5 States-Assam, Odisha,
Chhattisgarh, Telangana &
Maharashtra

15 Districts

186 Facilities

1461 nurses and doctors
trained

Introduced in **Jan 2017**
Chhattisgarh, Odisha,
Telangana &
June 2017 in Assam and
Maharashtra



Development and Introduction of the Clinical Safety Checklist in Intervention Facilities

- National data base of complications, failures and deaths in these 5 States reviewed
- Baseline data on current practices in intervention districts and facilities collected

- Development of the tool by MCSP based on evidenced-based best practices and government guidelines

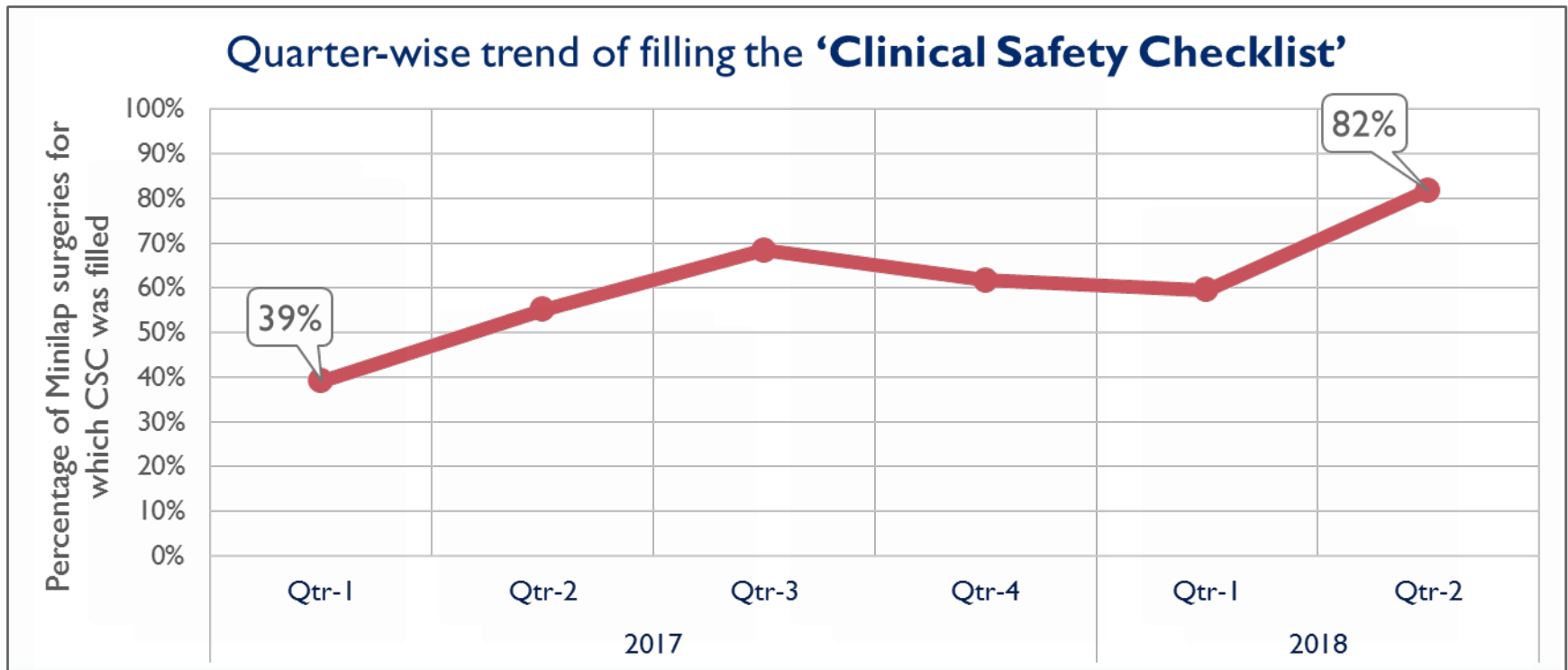
- Review and inputs of State Technical Working Groups
- Pilot and field testing with providers
- Final tool developed after incorporating feedback

- Introduced in District Orientation Workshops

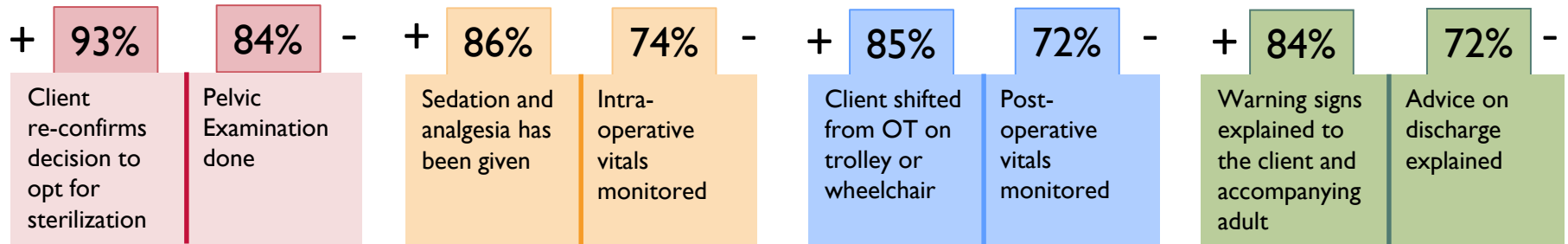
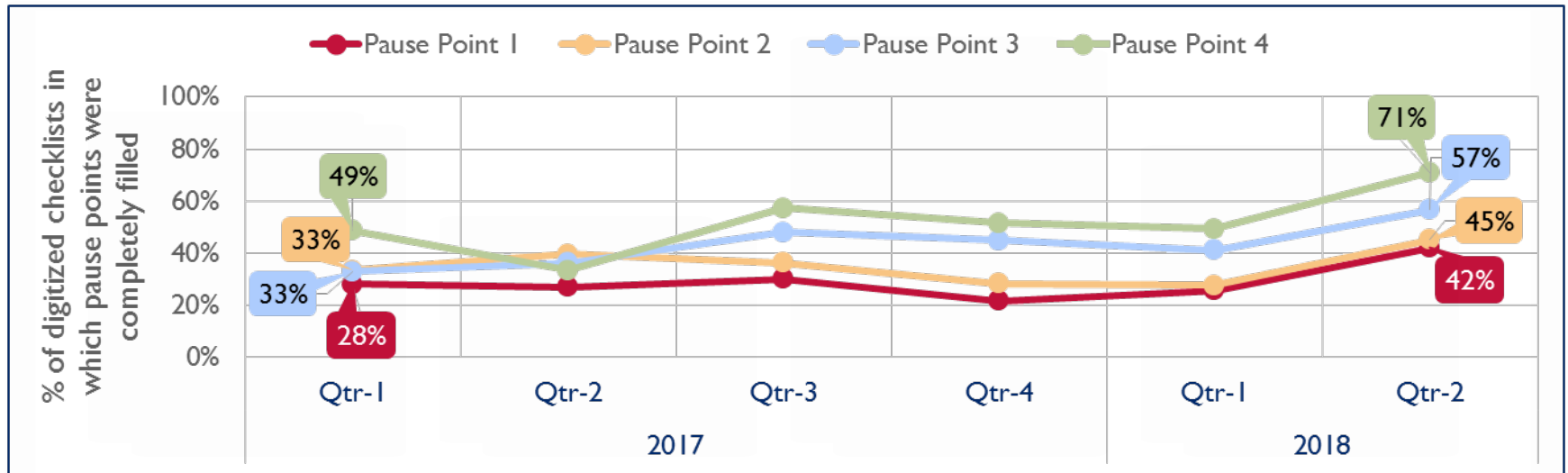
- Facility Level Orientation of all facility staff done
- Key persons identified who are directly involved in providing voluntary female sterilization services
- Tool use supported on actual FDS days

Results and Key Findings

- A total of 22,409 Clinical Safety Checklists (CSCs) were filled for 38,802 voluntary female sterilization surgeries between January 2017 to June 2018
- 13,083 checklists were digitized and analyzed

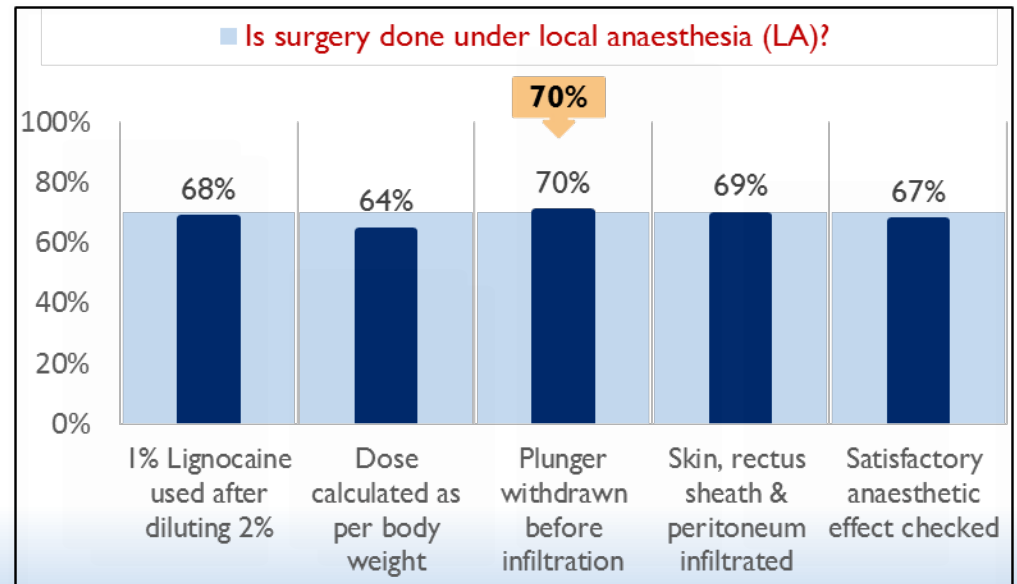
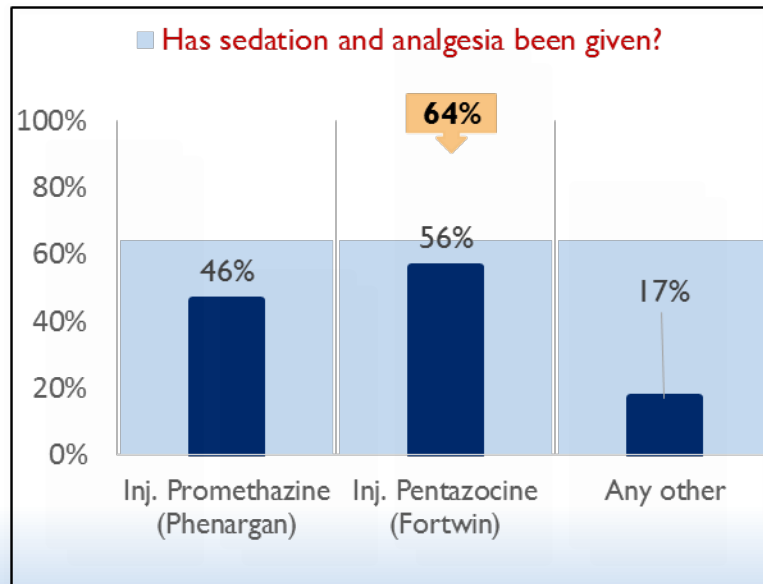
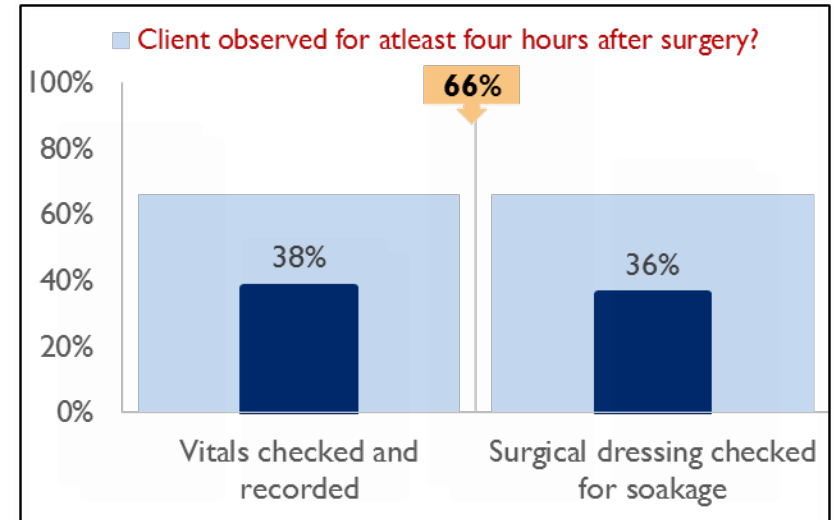
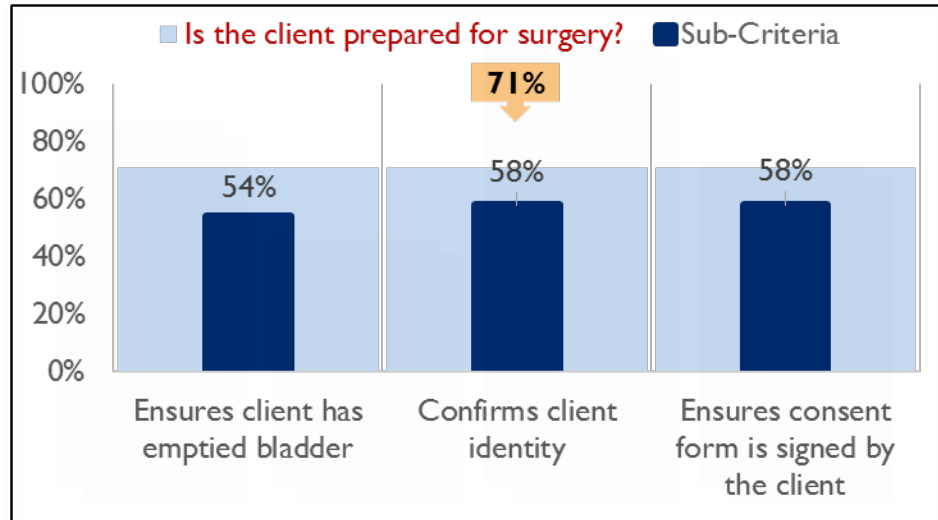


Quarter-wise Trend of Completeness of Filled Checklists

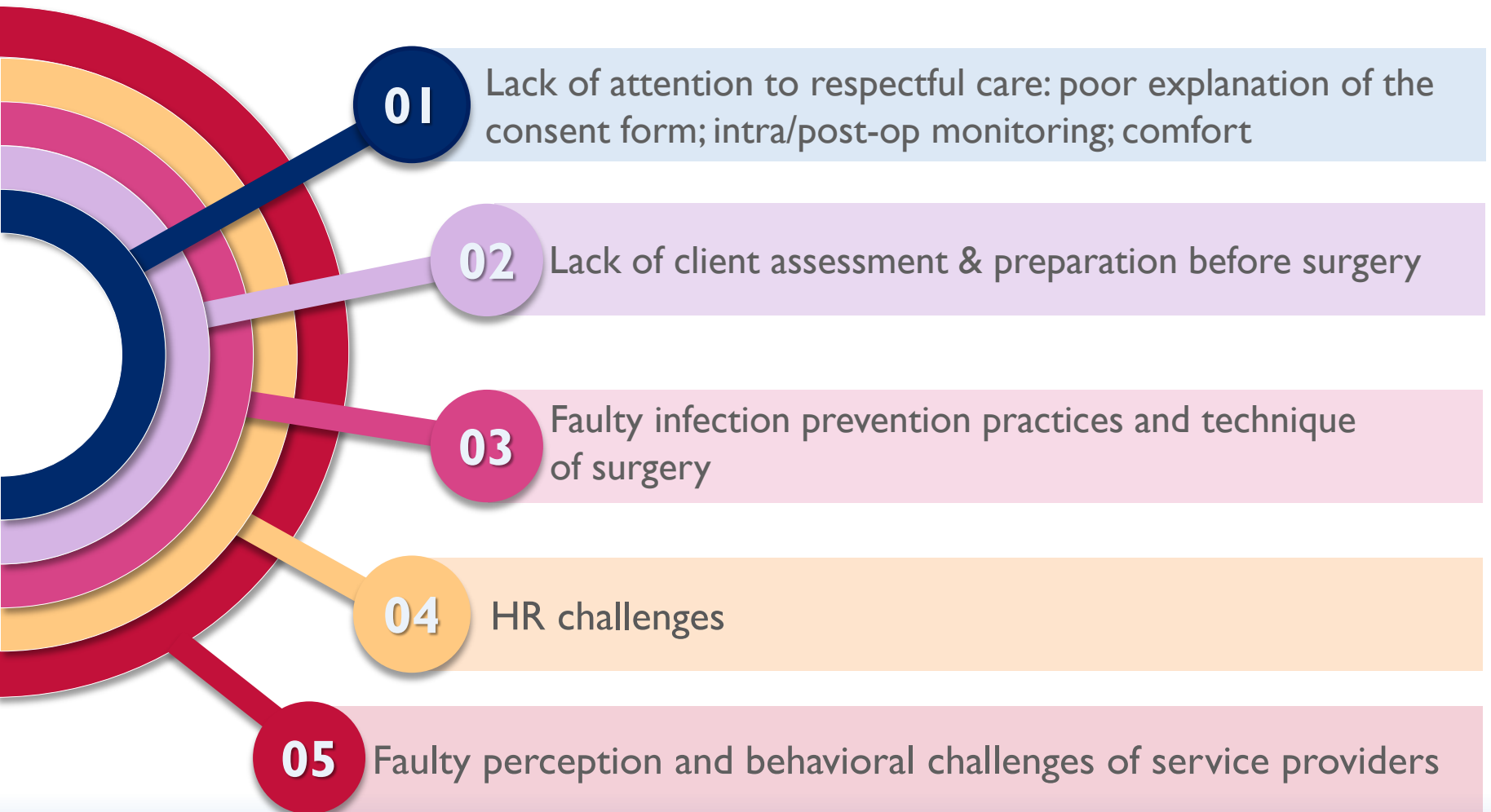


+ Maximum, - Minimum

Completeness of Select Indicators



Implementation Challenges: What are we up against?



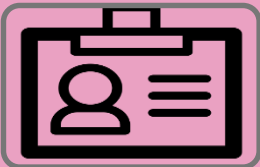
How were the identified gaps addressed?



Advocating for a prevent-identify-refer protocol using CSC with policy makers & technical working groups



Advocating for and mobilizing existing government funds for logistics, drugs, pulse oximeters and beds



Developing pause-point wise rosters to meet HR constraints



Capacity building of surgeons & ancillary staff



Periodic supportive supervision visits:
Supporting use of job-aids,
Hand-holding support in use of CSC on FDS days



Data triangulation and digitization

Program Lessons



For more information, please visit
www.mcspprogram.org

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