

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 aircrafts

- What does a Checklist do: strengthens key practices, reduces the chances of errors, omissions and mishaps
- I9-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

I5 Districts

186 Facilities

1461 nurses and doctors trained

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

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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



+	93%	84%	-	+	86%		74%	-	+	85%	72%	-	+	84%		72%	-
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+ Maximum, - Minimum

Completeness of Select Indicators







Implementation Challenges: What are we up against?

Lack of attention to respectful care: poor explanation of the consent form; intra/post-op monitoring; comfort

02 Lack of client assessment & preparation before surgery

03 Faulty infection prevention practices and technique of surgery

04 HR challenges

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05 Faulty perception and behavioral challenges of service providers

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



Combined top-down and bottom-up approach required



Competency based training

A rigorous implementation plan is required to ensure routine and correct use of the checklist



Promoting a culture of safety through shared team work

Cultivating local champions to drive the process

ted Percentage(%) Pause Point-2 Regular data analysis & discussion in facility based QI meetings

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For more information, please visit www.mcsprogram.org

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