

Sample - Handholding Visit to Facilities by Specialists

Date: 31 August – 1 September, 2016

Facility: 1st day to SNCU (DH) / 2nd day to SNCU (Private) – and in the noon to the CHC

Theme	Tasks	Responsible person
Review with Nurse mentors (9.00-10.00 am)	<p>Review with nurse mentors how to follow up on staff nurses ability to identify LBW babies</p> <ul style="list-style-type: none"> - Differentiate between Live Birth and Still Birth - Calculating Gestational Age and Expected Date of Delivery - Checking weight accurately <p><i>How the nurse mentor could do it</i></p> <ul style="list-style-type: none"> - Go through with the NMs the xl sheet that we've already prepared for ensuring training & certification of 100% of staff nurses in LR/SNCU/NICU/NBSUs of all the 5 facilities by names - Could be done in small groups/pretest/demonstrate or review/assess after 1 week again using tools provided) 	<p>Dr Shreedevi</p> <p>Ms Jyothi Chinnappa</p>
Introduction (10.00-11.00)	<p>Meeting with Chief Medical Officer to let him/her know that the day's agenda will cover:</p> <ol style="list-style-type: none"> 1) Update to CMO on work done till date 2) Visits to LR & SNCU; clinical rounds 3) Capacity building of staff on LBW/KMC 4) Meeting with QIC at some convenient time for systems strengthening 5) Review of relevant documentation for project 6) Action plan – allocation of tasks, responsible persons & timelines 7) Visits to feeder hospitals like PHCs in the future (if time permits) 8) Next visit tentative date & agenda 	<p>Dr Shreedevi</p> <p>Dr Swaroop</p>
KMC (11.00 – 12.00)	<p>Location 1</p> <p>Identification of LBW in delivery room</p> <ul style="list-style-type: none"> - Differentiation between Live Birth and Still Birth/IUD - Estimation of Gestational Age/ Expected Date of Delivery - Checking of Weight of Newborn - Rounds in LR (since stable LBW babies will be here as well) <p>Rounds in SNCU</p> <ul style="list-style-type: none"> - Look at in-borns and out-borns - Practice of caring for LBW - Present KMC practice and challenges 	<p>Ms Jyothi Chinappa</p> <p>Dr Shreedevi B</p>

	<ul style="list-style-type: none"> - Audit KMC chart - Discharge counselling – what is done/ who does the discharge (role of Counsellor) - Register (KMC) and case sheets (which register can have KMC column) and nurse mentor to maintain register (Take a sample register). 	
Capacity building (spend more time) and focus will be on the following areas based on nurse mentors assessment of need as reported on 26/8/16. (1.00-2.00pm)	<p>Hypothermia:</p> <ul style="list-style-type: none"> - Radiant warmer – train them practically - How to check temperature using (touch technique) - Facility charts – for management of Hypothermia <p>Infection control:</p> <ul style="list-style-type: none"> - Hand hygiene - Cleaning and sterilising feeding articles <p>1 hour rounds (focus on at least one danger sign: Again could reinforce Hypothermia)</p> <p>Observe nurses abilities to initiate KMC within the facility by informally checking their knowledge and skills.</p>	<p>Dr Shreedevi B</p> <p>Ms Jyothi C</p> <p>Dr Shreedevi B</p> <p>Ms Jyothi C</p>
Facility (2.00-3.00 pm)	<p>Talk to the QIC- TH/DH; CHC who should they approach (MO+senior most nurse) about</p> <ul style="list-style-type: none"> - Workload - No of deliveries - Challenges of initiating KMC as early / as soon as possible if stable and its benefits - KMC ward: AKKA model.....charts <p>Look at SNCU – data of UNICEF (if it's possible to get password) to view it from here</p> <ul style="list-style-type: none"> - Arin to enter facility checklist for all places....so that we know which facilities could actually be KMC initiating - Source data for LBW babies (register parturition register)---last two weeks (what happened to them) 	<p>Dr Shreedevi / Ms Jyothi / Dr Swaroop</p> <p>Dr Shreedevi</p>
De-briefing session (3.00 - 4.00pm)	<p>Summarize visit's key points (if not with all staff, at least 1 or 2 in-charge persons responsible for LR/PNW/SNCU)</p> <p>Make an action plan for assigning tasks, responsibilities and timelines</p> <p>Keep an eye-out for which staff nurse could potentially become a KMC champion</p>	Dr Shreedevi

Report of Handholding Visit to KMC Initiating Facilities by Specialists

Date:

Facility Name:

No of Staff Nurses seen with names (this time this open-ended format is okay but next time onwards a more structured format as below should be followed)

Staff nurse name Labour Room (LR)/Postnatal Ward	Attendance during visit (fully present/partly present/absent)	Participation in KMC- related activities
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Staff nurse name (SNCU)	Attendance during visit (fully present/partly present/absent)	Participation in KMC- related activities
1.		
2.		
3.		
4.		
5.		

No of specialists seen

Doctor name (Specialists)	Attendance during visit (fully present/partly present/absent)	Participation in KMC- related activities
1.		
2.		
3.		
Doctor name (Non -Specialists)	Attendance during visit (fully present/partly present/absent)	Participation in KMC- related activities
4.		
5.		
6.		

Strengths and Gaps identified (based on observation and interaction)

Component		Provider	System	Client
		Knowledge, Skills, Attitude and Practice	Infrastructure, Supply chain & Referral	Knowledge and Behaviour
Weigh every new born accurately	Strengths			
	Gaps			
Manage sick newborns as per standards	Strengths			
	Gaps			
Initiate KMC for all stable & eligible newborns	Strengths			
	Gaps			
Maintain and monitor KMC till discharge	Strengths			
	Gaps			
Handover to FLW for continuation of KMC at home	Strengths			
	Gaps			

Name and Signature of Specialist 1

Name and Signature of Specialist 2