



“Improving Uptake of Healthcare Facilities in Obstetrics and Gynaecology at a Rural Health Centre in Uttar Pradesh: a Quality Improvement Initiative”

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Aim Statement

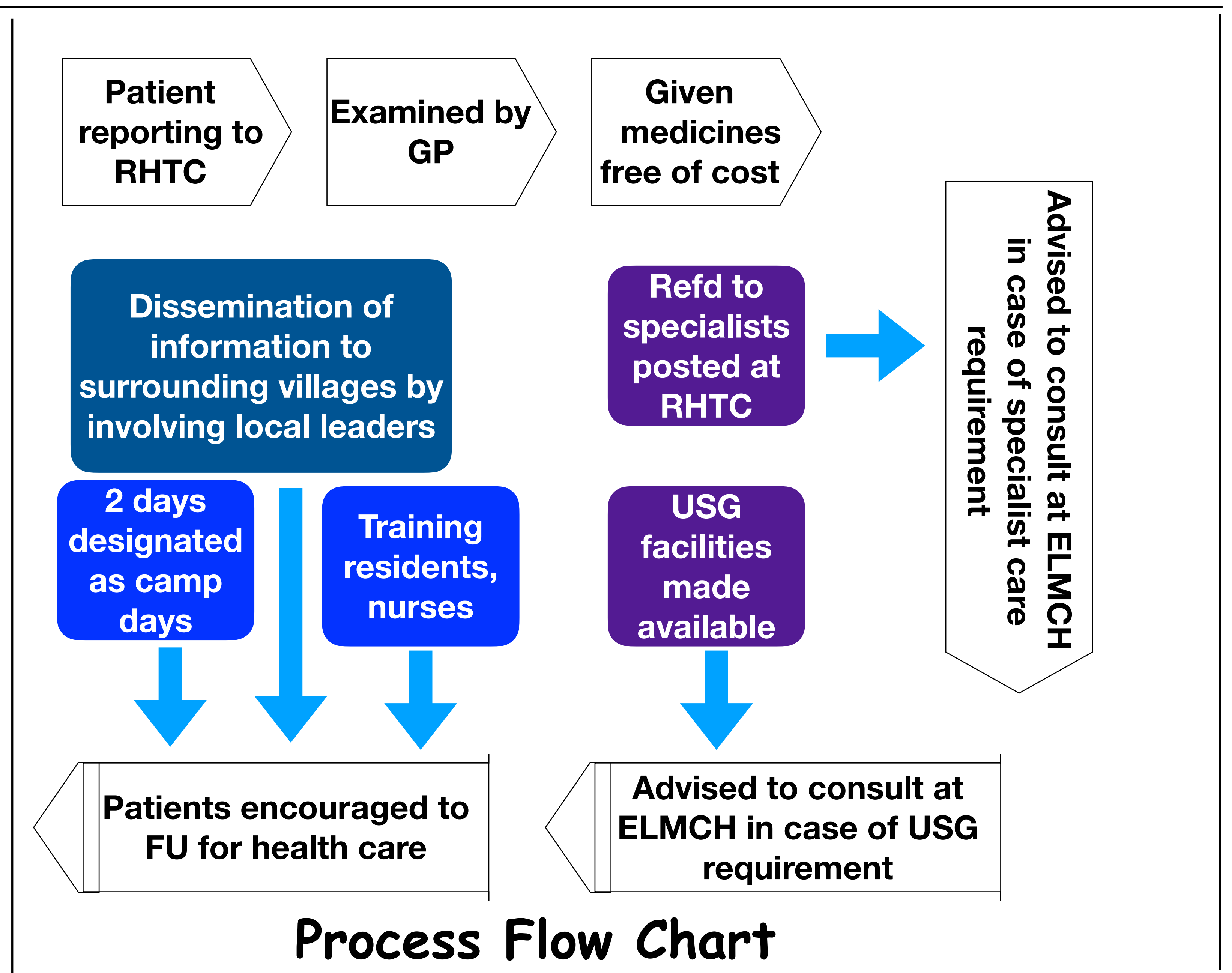
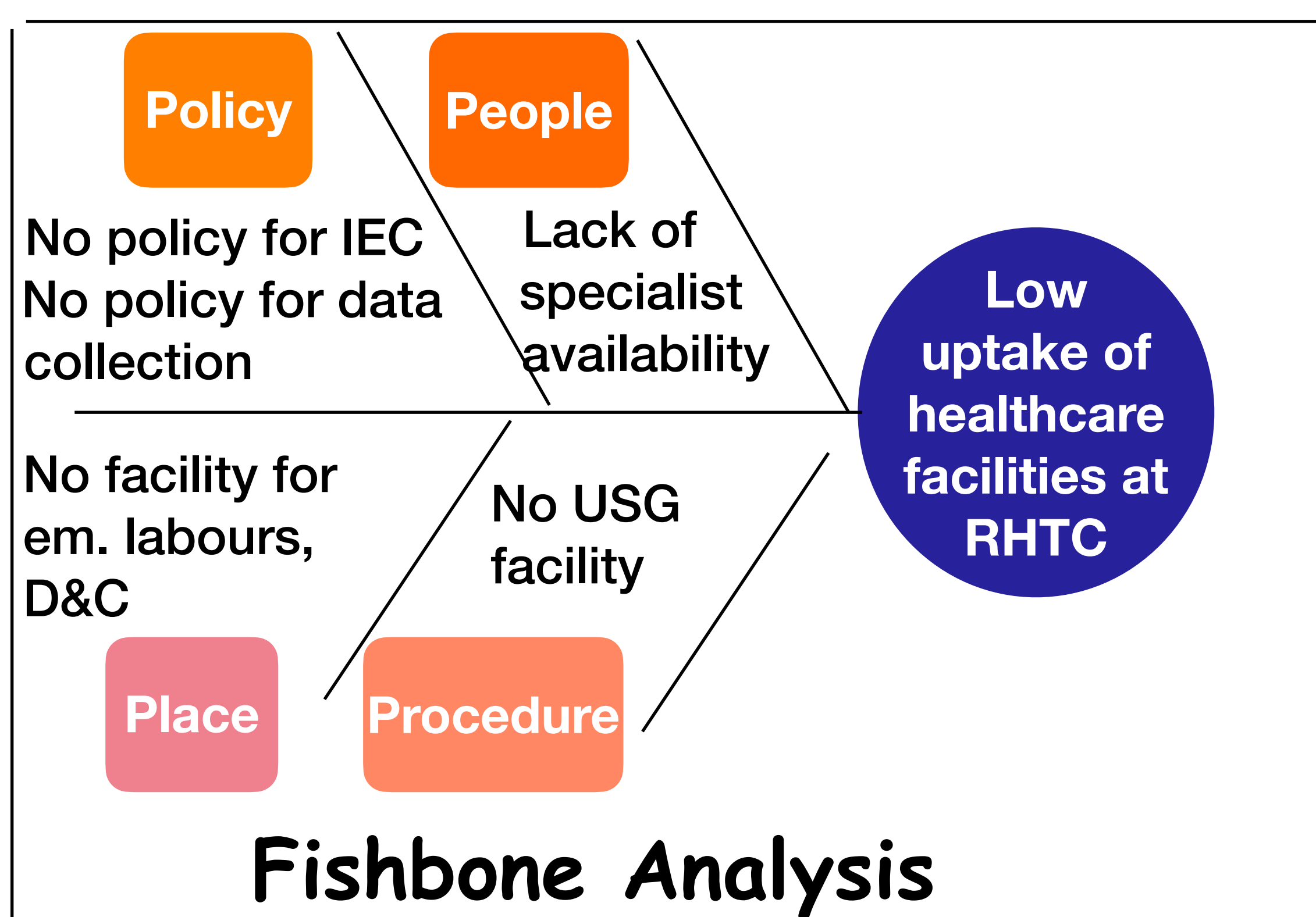
To increase the uptake of healthcare services in the OPD clinic of RHTC by 25% over 3 months

Background

- RHTC [18000 sq.ft, 22 spacious rooms, 8 OPD clinics] caters to the neighbouring 21 villages [population-40,200].
- OPD clinic 9 am to 2 pm. No consultation charges, subsidised basic laboratory charges.
- Manned by GP, Obgyn, medical interns
- Patients given primary healthcare treatment and free medication x 3 days
- **Despite the facilities, the daily attendance remained stagnant [~66 patients per day]**

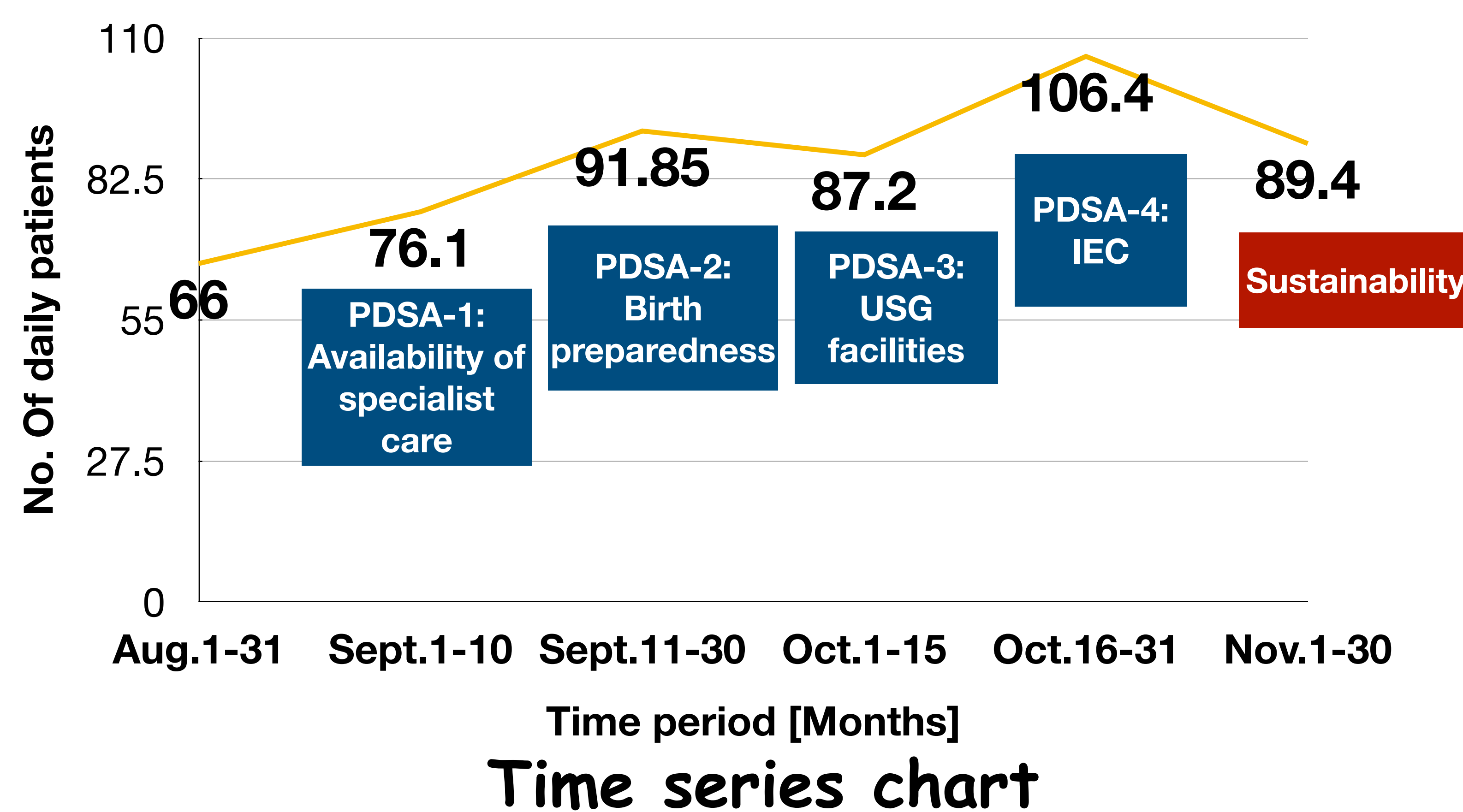
Methods

- QI team formed
- Brainstorming
- Root cause Analysis [fishbone]
- Plan-do-study-act [PDSA] cycles planned



Balancing Measures

- Work pressure ↑ on the main team at ELMCH
- Initial hesitation-perception -↓ in clinical experience as the number of patients at RHTC minimal
- Sensitisation of JR, consultants
- ↑ in clinical work- ↑ in team compliance



Limitations

- Feedback of care seekers on value addition not taken
- We relied on improvement in attendance as a surrogate indicator of patient satisfaction

Conclusion

- **PDSA cycles give structured approach**
- Divide a larger task into smaller easily achievable segments
- This needs a **team-based approach** with an open platform for discussion
- **Prior sensitisation** of stakeholders, dedicated team, and official directives are essential
- **Accurate documentation, consistent data collection and regular feedback**
- Repeated **reinforcements** and **sensitisation** measures needed