



Organization of Monitoring of the Quality of Services Provided for the Prevention and Fight Against Postpartum Bleeding in Women.

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Received 27th Sept 2021,

Accepted 29th Oct 2021,

Online 11th Nov 2021

ABSTRACT: This article describes how to monitor the quality of care for women during pregnancy and childbirth for postpartum haemorrhage, i.e., evaluate the clinical and cost-effectiveness of care, standard requirements, and conduct surveys, patient reviews and prioritize complaints and appeals. . feedback on patient satisfaction monitoring.

KEY WORDS: postpartum hemorrhage, observation, medical care, professional development, improving the quality of medical services.

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Postpartum hemorrhage (PPM) has been a major cause of maternal mortality in recent years.

Despite the existence and implementation in our country of national standards for the provision of medical care for postpartum hemorrhage (PMHC), which are based on international recommendations and are constantly updated, the problem remains very relevant [2]. Unfortunately, there is not enough work to organize emergency medical care for pregnant women, including in TCMPs; There is no consistent link between primary care and maternity care, and women come to the hospital without a doctor's referral, which increases the risk of adverse outcomes. It is known that the structure of quality control of medical care for women during pregnancy and childbirth includes monitoring the satisfaction of patients by assessing the clinical and economic effectiveness of medical care, standard requirements, as well as surveys, patient feedback, prioritization of complaints and appeals. [5]. Monitoring of the activities of medical staff and the whole institution has a special place in the analysis of the negative consequences of TSF.

Chapter I. What is the monitoring of the activities of the medical institution? Goals, tools, indicators.

Monitoring is the continuous monitoring of the process of improving the performance of the system in the field of services for the prevention and control of postpartum hemorrhage.

As a result of improving the quality of services for the prevention and control of postpartum hemorrhage, it is possible to:

- Reducing the number of ICUs and risks to women's health
- Reducing maternal morbidity and mortality

- Reduce the number of blood and blood transfusions and the risks associated with it
- Identification of TKKK risk groups among pregnant women
- Selection of the optimal time and method of delivery for women at risk of UTI
- Professional development of medical staff and managers of maternity hospitals

Monitoring tools:

- The questionnaire is a follow-up of a health worker during the anti-TBF service
- Questionnaire - Interrogation of a medical professional
- Questionnaire - A survey of heads of maternity hospitals
- Questionnaire - Questioning of patients after the provision of services to combat TBKK
- Questionnaire - Assessment of the medical institution and its equipment for the provision of services to combat TBKK
- Questionnaire - an assessment of the quality of filling out medical documents on the TKKK

Monitoring indicators :

1. For the Ministry of Health:

- ✓ Availability of programs / standards for the introduction of evidence-based medicine and modern technologies based on existing international standards in the fight against TB;
- ✓ existence of a committee to coordinate services for women during pregnancy, childbirth and the postpartum period;

the existence of a list of fixed assets in the national list of basic medicines to combat TB;

- ✓ Profile profile of institutions providing services on TKKK;
- ✓ number of women of childbearing age;
- ✓ number of births;
- ✓ maternal death;
- ✓ Maternal illness;
- ✓ The number of women observed in the ICU;
- ✓ The number of complaints received by the woman / relative observed in the TCC.

2. For medical institutions providing services on TKKK:

Number of complaints received by the woman / relative observed in the TSA;

quality of medical records;

Availability of training programs and schedules on prevention and control of postpartum hemorrhage; (protocols of simulation trainings in the workplace)

- Availability of drugs, laboratories and equipment to combat postpartum hemorrhage;
- Availability of stocks of blood and blood products, as well as a list of donors;

3. For medical staff:

- ✓ Assessment card of 3 categories;

- ✓ for clinics providing antenatal care - the number of pregnant women who were advised on the ICU. Examination of the level of knowledge of medical staff on the methods of diagnosis and emergency care in the UCC;
- ✓ examination of the whole team - managers, senior doctors, young doctors, midwives, nurses on the level of knowledge on the methods of diagnosis and termination of TBF;

Availability of modern manuals / standards for evidence-based medicine, adapted to the needs of our country;

Section II. Improving professionalism in the provision of services for the prevention and control of STIs. Application of the concept.

Professional development is the process of achieving a level of individual or collective (institutional) work that results in the provision of high-quality medical care to prevent and combat SCI. Improving CF is the process of achieving the expected organizational (institutional level) or individual results. The goal of improving PFs is to provide high-quality, sustainable improvement services in the prevention and control of TBS. These results are achieved through a process that includes:

- ✓ taking into account organizational issues;
- ✓ describe the expected performance;
- ✓ to identify the differences between the expected real indicators and to identify the main causes of these differences, to choose interventions to eliminate the differences;

identify changes after interventions.

The results of the process are as follows:

- with a description of the expected professional level;
- by identifying differences between expected and actual professional levels;
- by identifying the root causes of the differences;
- with a choice of approaches to bridge the gap;

Robert F. Mager said: "An approach to identifying the cause of non-performance and addressing the issue"

In the process of improving professional activities aimed at improving the quality of services provided in the fight against STIs, we recommend that you (heads of medical institutions) ask the following questions:

- Will the shortcomings in the work be remedied through training? Are there other, more appropriate solutions to the problem?
- which solution gives the greatest yield?
- If teaching is the best solution to a problem, how can it be ensured that the topic is presented in a practical way and applied to post-training activities?
- How to improve professional skills, as opposed to training?
- How can we improve our careers, knowing that many things do not depend on us?
- How is professional development related to health care quality improvement programs?
- in particular, whose level should be raised?

In pursuing a policy aimed at improving the professionalism of health workers in the prevention and control of STIs, we recommend comparing the two approaches to improving the quality of work - the approach of advanced manufacturing corporations and the monitoring recommendations made.

Large manufacturing corporations: Control over various variables (influencing factors). Sufficiency of resources is the goal of their proper use. The cost of training is well-known, and in many cases it is a reason to improve one's career.

Below, we highlight the difference between improving the professional performance of health workers and improving the quality of services provided to prevent and combat HCV (Table 1).

Table 1: Improving professional performance and improving the quality of medical services

Performance improvement	Improving quality
The science of human behavior	Statistics
Emphasis on performers	Emphasis on patients
How to achieve the expected level of work?	How can the necessary work be done now?
Issues of human behavior are addressed	Systemic issues are addressed
Tor focus	Wide focus

The following approaches should be used to improve professional performance:

- Encouragement - development of "feedback" system; financial rewards; encourage good performance; establish a management system that is interested in supporting qualified staff;
- Infrastructure change - the provision of the necessary approaches and equipment for quality work; work manual, development of standards; improving the distribution system; improving the supply system; introduction of visual aids;
- Approaches to improving knowledge - group teaching; on-the-job training; training through trial and error; independent study; feedback system;

Section III. Quality of medical services: concept, criteria. Stages of professional development .

Stages of the process of improving KF.

Phase I - Performance Analysis. This analysis is necessary to determine whether there is a discrepancy between expected and actual assistance in the ICRC. If the expected performance indicators have not yet been formed, formulate them by answering the following questions:

- What should our institution do to prevent and combat TKQK?
- Under what conditions?
- What indicators should we achieve?

Expected performance indicators should be formulated with maximum involvement of stakeholders (managers, health workers, patients), taking into account SSV requirements, national standards / guidelines.

Step II - Find the root causes of the differences. To do this, it is necessary to ask the question: "Why are there differences between the expected and actual results of the work?" Also, gather information from all stakeholders before selecting the appropriate intervention and identify the causes of poor performance in the fight against HSS. The most common reasons are:

- Lack of knowledge and skills;

- Insufficient supply of medicines and equipment;
- Lack of stocks of blood and blood products;
- Incompatibility of rooms, equipment or consumables;
- Lack of attention to the patient and the community;
- Insufficient or no support / understanding from management;
- Lack of feedback on quality of work;
- Lack of a clear understanding of the rights of the patient and the responsibilities of the medical staff.

Stage III is the selection of the intervention. Select and develop interventions to bridge the gap between expected and actual performance of anti-ICRC work. It is not possible to do all the interventions at once - choose the priority from the selected ones. Carefully estimate the costs and benefits. Consider the following criteria when choosing priorities:

- Relevance - Does this intervention really help to bridge the gap between what is expected and what is being done in the fight against ICRC? Will it be effective in improving the quality of services provided in the fight against IBS?
- Will the budget be sufficient for such an intervention, and will it be sustainable?
- Implementation - Is there an infrastructure to support this intervention? Will this intervention be successful in a limited institution?
- Patient acceptability - How do those around and patients perceive this intervention? Do they support it?
- Eligibility for medical staff - Do the staff and management of the institution agree to support this intervention?

Stage IV - implementation of the intervention. Start performing the intervention and set up a monitoring system. Introduce the concept of change into your daily routine, and monitor the direct and indirect effects of this change to support the effectiveness of your CF improvement and to achieve your goals.

Stage V - monitoring and evaluation of performance. This phase should be continuous. As certain steps can have an immediate impact on the overall organizational and individual performance of the work, be sure to establish a reliable monitoring system to assess possible changes in measurement - this will allow feedback on the results of the intervention at an early stage. To assess the effect of the intervention on reducing the discrepancy between expected and actual performance, continuously compare the formal assessment of the actual performance with the expected performance. Carefully analyze the information obtained to change the intervention plan, if necessary. The process of improving CF based on these steps by the institution and health care providers in the prevention and control of STIs helps us to see what factors contribute to the expected performance and what can be done to strengthen these factors [1]. Applying this approach will also help to ensure that the learning process (refresher courses, residency, master's degree) is transferred to the workplace - where women are directly cared for during childbirth. Interventions to improve performance and the quality of health care lead to change, and people experience change and do not always feel well. It is not enough to develop solutions to improve the quality of care in a medical institution. Even the best ideas can fail because it is assumed that the people who put them into practice will resist change. To improve performance and services, you need to know how to manage the change process. This requires the full involvement of all stakeholders. Therefore, the leadership process must be the responsibility of the

whole team to make these improvements a reality. This process consists of a series of steps, which can be repeated until the expected performance is achieved. Such a sequence of steps can be applied to any discrepancies between expected and actual performance of the work to find solutions [7]. Such discrepancies can be found in clinical practice, such as anti-HIV, infection prevention, inventory management, counseling, the number of patients in the ward, and staff delays. To do this, you need to do the following:

- Involve all stakeholders in the work process and keep them involved. In order to carry out the process of improving the CF, it is necessary to take into account the views of all stakeholders, if necessary. Stakeholders are those who are interested in improving the staff's CF and the quality of services in this medical institution. Employees, members of the local community, as well as representatives of the health care system at various levels can be stakeholders. Regional communities have the largest share of those interested in the high quality of health care. The services provided by health facilities will be more effective if the regional community is involved in the process of improving performance and service quality from the outset. The first step in the performance improvement process is to obtain the consent of the stakeholders to use the process and then inform them about the services provided by the health facility.
- Determining the expected performance of the work. For employees to work well, they need to know what is expected of them. Performance standards should be available. An employee should not only know his / her job responsibilities, but also how to perform his / her job responsibilities. Expected performance should be realistic and take into account the resources of the medical facility (eg, number of staff, level of training, budget, equipment, transportation, supplies). Expected performance should be based on the common goals of the stakeholders, including the desired outcome of the regional community.
- Describe the actual performance of the work. Managers need to continuously evaluate how employees and the institution are performing as expected of them. Such assessments may be ongoing, informal, or periodic and formal. Performance appraisal methods include self-assessment and receiving feedback from customers and / or monitoring by staff.
- Find the reasons for the discrepancies between expected and actual performance. The discrepancy between expected and actual performance is when the manager and employee find that their performance does not meet established performance standards. If such discrepancies are found, the manager, together with the employee, should carefully investigate why these discrepancies exist. What prevents you from achieving the expected performance? Sometimes the reasons for poor performance are not clear - it takes time to determine the real reasons.
- Selection of stages and implementation of gradual improvement of performance. Once the reasons for the discrepancy between expected and actual performance have been identified, the manager should work with staff to gradually improve performance. Steps to improve staff knowledge and skills can be planned. Environmental improvement methods or support systems may be available to improve employee performance. There are many different ways to improve employee performance. It is necessary to choose from them the methods that correspond to the resources of this institution.

Monitoring and evaluation of performance. It is important to determine if performance has improved since the intervention. If there is no improvement, the team needs to step back and reconsider what is holding them back from achieving the expected results. It is important that interventions focus on the real causes of the discrepancy between expected and actual performance. If performance improves, it is important that the supervisor continues to monitor and ensure that performance is maintained.

Section IV - Monitoring and evaluation of the work carried out on the prevention and control of HIV.

It is important to know whether the actions and changes taken by you and your staff have led to the expected results. In other words, did your interventions help to close the gaps in performance, and did it improve the quality of care provided by the TSA? You can find out by monitoring your medical facility. As the head of a medical facility, you are responsible for monitoring the day-to-day operations of your facility. Although it is important to assess the overall impact of interference, many systems have an external control mechanism for this purpose. However, the supervisor working directly at the institution is responsible for continuous monitoring of the impact and implementation of the interventions. If you see that your interventions do not improve the actual performance of the work and do not approach the established standards, you will need to repeat the cycle - to identify the differences between the standard and actual performance, analyze the root causes, select different interventions and repeat. This is a natural cycle of performance and quality improvement - slowly but surely. Please note that the process will not stop even if you take interventions to improve performance and quality. Instead, interventions will have a feedback loop as your institution's performance. This is an important step in monitoring.

Monitoring is a very natural process. You do it every day. For example, if you think you can save time and try to get to work the other way - you will probably count the time you spend going to work before and after you change your route. If you find that the new road takes less time, you will probably use this road instead of the old one. You wouldn't even think about changing that route if you didn't measure how long it will take you to get to work.

Monitoring is the use of evaluation methods to measure the performance of an organization, employee, or particular intervention in order to:

- make improvements or changes by identifying aspects that work according to plan and require intermediate adjustments
- to monitor the progress of performance in the direction of established standards.

Simply put, monitoring is the process of determining if the changes you want to achieve have taken place.

How does this happen? First, you need to know what changes you want to achieve. You identified this when you set the standards for your medical facility. You also set specific standards for clinical methods and support systems, describing what people should do and how they should do it. By this time, you know what success you expect from the team.

The second part of monitoring is to determine if the expected results are happening [9]. You have the tools to do that. You can use one or more assessment methods to see how things are going at your medical facility, whether there is progress, whether changes are taking place, and whether these changes are for the better. The following is a description of seven ways to continuously evaluate performance:

- Leader evaluation
- Self-assessment
- Ensuring that some employees are shared by other employees
- Know the opinion of patients
- Asking the opinion of the regional community
- Checking records and reports
- Comparison with "Sample" (comparison of services in your medical institution with the services of other institutions)

Working with the team, you need to develop your own monitoring plan at the initial stage, from the beginning, when differences are identified and interventions are selected. Then you need to use a certain combination of evaluation methods to monitor the performance of your medical institution on a

regular basis. It is important to understand that monitoring is a continuous process. The performance and quality improvement process diagram shows that monitoring and evaluation are reunited at several stages in the process. This is due to the fact that changes can still happen as you begin to make improvements with the team. You need to monitor the impact of these changes throughout the process. You can't wait for the job to finish to see if there are any changes in performance. Even working with a team to identify strengths and root causes of problems can have both positive and negative effects on performance. That is why you need to organize a continuous evaluation process using a combination of the methods listed above. If you do not constantly evaluate the performance and quality of work in your medical institution, you will never know whether the situation is improving or not and what is contributing to its improvement.

An action plan developed by your team can be a practical tool for monitoring the specific actions you are taking. There is a column in the action plan called "Results and how to measure them" as a reminder of the need to know that your actions are leading to real results. Here we consider it appropriate to quote Churchill: "If you can't make a good plan, then you are planning to fail."

Evaluation. Assessment measures the extent to which interventions have changed the order of events. This is usually an external process, meaning that the services provided are evaluated by people who do not work at the facility. Because there are so many factors that lead to change, the assessment itself is intended to show the extent to which a particular intervention has affected the change in the order of events. Keep in mind that the assessment is usually:

- is a formal process,
- by an individual or group of individuals with an objective approach and are considered outsiders to the program;
- requires a lot of resources,
- This is done to show how much the order of things has changed as a result of the interventions.

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