Module 9:
Training Summary

Summary of the week & planning for next week

#EveryNewborn #EndingStillbirths
#maternalhealth

#EveryNewborn #EndingStillbirths
#maternalhealth

Every Newborn Action Plan Metrics linked with Ending Preventable Maternal Mortality
Session Planning

- **Purpose:**
  To provide a recap of key information taught over the week and ensure data collectors feel prepared for data collection next week and onward

- **Target Audience:** All data collectors

- **Length of session:**
  Presentation (60 mins)
  Activity (60 mins)

- **Type of session:** classroom

- **Resources / tools required:**
  Projector, slide deck, timetable for following week
Aims & Learning Outcomes

1. To refresh in data collector’s minds the purpose and importance of the research and their roles
2. To ensure all data collectors understand their position within the team and the process of data collection
3. To remind data collectors how to collect high quality data while ensuring confidentiality
4. To ensure all data collectors feel comfortable using the tablet and app for data collection to collect high quality data
5. To recap on the protocol for life threatening events without appropriate response
6. To give the team an opportunity to pull together everything learnt over the week and role play data collection as a team
PART I: RECAP OF CLASS-ROOM BASED TRAINING

(40 MINUTES)
At the end of the MDG era...

No woman should die while giving life

No newborn is born to die

No baby stillborn

No child dying or stunted

~ 303,000 die

2.7 million die

2.6 million die

3.2 million die

Progress much slower than for child or maternal mortality

Over 9 million deaths, two-thirds related to birth

Marker of equity, especially quality of care
## Local Context

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<thead>
<tr>
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<tr>
<td>Population (000)</td>
<td>160,996</td>
<td>28,514</td>
<td>53,470</td>
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<tr>
<td>Total Maternal Deaths</td>
<td>5,200 ('13)</td>
<td>1,100 ('13)</td>
<td>7,900 ('13)</td>
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<td>NMR /1000 Live Births</td>
<td>23</td>
<td>22</td>
<td>19</td>
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<tr>
<td>Stillbirth Rate /1000 Live Births</td>
<td>36 ('09)</td>
<td>23 ('09)</td>
<td>26 ('09)</td>
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Study Objectives

- To assess the quality of maternal and newborn health care in order to provide recommendations to national and global health facility monitoring systems.

Without this, investors (both governments and partners), program managers and advocates lack the reliable information needed to monitor the quality of care, prioritize use of resources, and hold the health system to account.
Communication & Implementation

How long will it take?
- Facility-based observation data collection completed by March 2018
- Overall research programme including feasibility testing completed by December 2018

How will the results be shared?
- Local
  Research team: internal webpage, information seminars, team meetings, workshops
  Participants: hospital notice board, simple language summary, hospital periodic journal, local newspaper etc.
- National
  Internal webpage, national and regional conferences, webinars, meetings and workshops, policy briefs, national advisory committee.
- International
  Peer reviewed journals, blogs, news updates, consortium websites, reports, briefing summaries, conferences, webinars, UN events and key global meetings including the World Health Assembly.
Structure of data collection team

- Study Site Coordinator
- Tracking Officer
- Supervisor

- KMC observer
- L&D observer
- Interviewer
- KMC register extractor
- L&D register extractor
- ACS note verifier
- Neonatal infection note verification
Data flow and location

Consented but not observed
Born else-where

Consented mothers
L&D ward
L&D observer
Operating theatre
L&D register extractor
L&D ward indicators

Resus
ENC
Uterotonics
PPH
ACS

KMC ward
KMC observer
KMC register extractor
KMC ward indicators

PNC ward

All interventions
Interviewer

Discharge

Consented mothers
Sepsis ward

Consented but not observed
Born else-where

Consented mothers
L&D register extractor
L&D ward indicators

Refused consent

Consented mothers

All interventions

Interviewer

Discharge

Consented mothers
Data collector

- Tracking officer
  - L&D observer
  - L&D Register extractor
- Tracking officer
  - KMC observer
  - KMC Register extractor
- Tracking officer
  - ACS Note verifier
  - Neonatal infection note verifier
- Tracking officer
  - Interviewer

Location

- Admission
- L&D ward
- Operating theatre
- KMC ward (includes inborn and outborn)
- Neonatal/sepsis ward
- Postnatal ward
- KMC ward
- Sepsis ward
- Neonatal ward

Data collected

- Informed consent
- Uterotonics
- ENC
- Resus
- PPH
- KMC
- ACS case notes
- Neonatal infection case notes
- All interventions
- Follow-up info

For babies with neonatal infection born elsewhere
# 1 Goal:

Observations/interviews/data extraction/data verification is valid and reliable!
Common Data Collection Errors

- Misunderstanding the difference between “Didn’t happen” or “Don’t know”—
  - “Didn’t happen” is to be used when you observed that an action was not done, e.g., you observe that bag and mask ventilation was not used on a baby who was not breathing.
  - “Don’t know” is used when you do not know the answer, e.g., you could not see whether the baby was dried or not.
- Missing/unreadable data
- Data entered incorrectly
- Delay in data entry

Know the difference between Didn’t happen & don’t know

Take your time when reviewing data in case notes/registers- it is easy to misread it!

Enter data in to app as you collect data- if you wait until later you may have forgotten it!

Be careful when entering data on the tablet- check you have entered it correctly
Inter-rater reliability

- Supervisors will sometimes enter data on the same observation/interviews/data extractions/verifications as you are carrying out
- This will allow for comparison of your data entry with the supervisors data entry
- If the level of agreement between your data entry and the supervisors data entry is below a certain level you may be required to do refresher training
Confidentiality

- Confidentiality refers to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission.
- You will be collecting personal and sensitive information on the mother and baby.
- Everything you observe, read, or hear during data collection should be kept confidential and not shared or discussed with others.
- Do not discuss information about a mother/baby unless you need to for the study.
- Find quiet places for discussions if they are of a sensitive nature.
- Use study IDs not names.
- Don’t collect data on mothers/HWs/family members you know.
- No photos! No video or voice recordings!
- No data collection unless for the study!
**Tablet and App use**

- All data collection to be carried out on either a 7” or 10” tablet
- Tablets are to be kept in the health facility at all times and only used for study data collection
- Take good care of your tablet- make sure it is charged, clean, and working well
- Switch the tablet off when not using it
App Use

- Log in to the app with your specific ID and password
- Make sure you understand the flow and order of data in your specific section of the app - you will most likely need to enter data in a slightly different order to how it appears in the app (except for MRS)
- There are different data entry buttons for different types of data: dates/times/single choice/multiple choice/text/drop down
What is a life threatening event in this context?

This is any life threatening clinical incident that occurs in the absence of direct and appropriate care from facility healthcare providers.

- To who do you have a duty of care?
  - research study participants
  - other patients admitted to the study facilities

- What is direct and appropriate care?
  Care should be given by qualified registered healthcare providers and in accordance with local clinical guidelines

(These will be agreed at facility level ahead of commencing data collection)
Procedure

If Clinical Alert appears during your observation, follow instruction to either:

1. Alert health-workers responsible
2. CALL FOR HELP
   - INSERT name & how to contact senior clinical staff

**Life threatening event occurs & no appropriate action is initiated**

- Alert health-worker responsible
- Appropriate action taken by facility staff
- Continue observation

**Health-worker does not take appropriate action**

- Appropriate action taken by facility staff
- Continue observation

**Help does not come immediately**

- Provide direct clinical care

**Help arrives, but does not implement appropriate actions**

- Complete clinical incident form & follow up with data quality supervisor

**Procedure**

- If Clinical Alert appears, take appropriate action
- If help does not come immediately, provide direct care
- If help arrives but does not implement actions, complete clinical incident form
- If no appropriate action is taken, alert health-workers and contact senior staff

Complete clinical incident form & follow up with data quality supervisor
Summary:
Life-Threatening Event where no appropriate action is being taken

- **When should I intervene?**
  During any life threatening scenario where local staff are not taking the appropriate action, or when instructed by a clinical alert.

- **What should I do?**
  You should follow the procedure algorithm for these events, instructions provided by a clinical alert will direct you to the correct part of the algorithm.

- **What is a clinical incident form?**
  This is a mandatory form that should be completed with support from your supervisor and in all cases indicated by the procedure algorithm.

- **What next?**
  Your supervisor will contact the named responsible from hospital management team and ensure they have a copy of the clinical incident form. This form will also be used as part of incident review management at facility, country and international level.
# Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Key responsibilities</th>
<th>Location</th>
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<tbody>
<tr>
<td>Supervisors</td>
<td>Ensure all stages of data collection are conducted smoothly and to high quality</td>
<td>Everywhere</td>
</tr>
<tr>
<td>Tracking officers (TO)</td>
<td>Enrol mother/babies, collect informed consent, assign to observers, ensure smooth data collection and flow</td>
<td>Admission to L&amp;D ward/OT and admission to KMC ward</td>
</tr>
<tr>
<td>L&amp;D ward observers</td>
<td>Observe mothers on L&amp;D ward/OT and collect all relevant data</td>
<td>L&amp;D ward/operating theatre</td>
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<tr>
<td>KMC ward observers</td>
<td>Observe mothers on KMC ward and collect all relevant data</td>
<td>KMC ward</td>
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<tr>
<td>Register data extractors</td>
<td>Complete the L&amp;D/KMC data extraction forms</td>
<td>L&amp;D and/or KMC ward</td>
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<td>Case note verifiers</td>
<td>Complete the ACS/neonatal infection verification forms</td>
<td>PNC and sepsis ward</td>
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<td>Interviewers</td>
<td>Interview consented mothers pre-discharge</td>
<td>PNC ward</td>
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<tr>
<td>Video data extractors (Nepal)</td>
<td>Extract data from videos</td>
<td>Office...</td>
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Data flow and location

Consented mothers

L&D ward
- L&D observer
- Operating theatre
- L&D register extractor
- L&D ward indicators

Consented but not observed

KMC ward
- KMC observer
- KMC register extractor
- KMC ward indicators

PNC ward
- Resus
- ENC
- Uterotonics
- PPH
- ACS

TO

Sepsis ward
- Neonatal infection note verification
- Treatment of neonatal infection

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KMC ward indicators

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Activity S: Data collection run through (45 mins)

The trainers will now lead you through the same group work activity (B) you did at the beginning of the training to consolidate what you have learnt over the week and simulate all stages of data collection working as a team.

**Objective:** To give you the opportunity to have a practise run-through of the stages of data collection.

**Handouts:**

**Title badges:** for each data collector you have in your team e.g. L&D observer, data extractor, tracking office. NB. Tablets are not needed.

**Place markers:** printed sign for each location of data collection, e.g. “Admission”, “L&D ward”, “KMC ward”, “PNC ward”, “Sepsis ward”

**Time:** 60 minute (roughly 45 minutes walking through different scenarios and 15 minutes for questions and discussion)
PART II: PREPARING FOR FACILITY-BASED TRAINING
(20 MINUTES)
Facility-based training

Objectives:

- To introduce data collectors to the health-facility setting including the hospital management team and a tour of the facility
- To provide an opportunity to do a walk through of the stages of data collection
- To provide an opportunity for a walk through of procedures for life threatening events
- To practise using the apps for data collection with real study participants
- To troubleshoot as a group any practical or logistical challenges that may arise
Facility-based training

Things to remember while in the health facility:

- Be respectful of the patients and health workers in the facility- do not get in their way, do not make excessive noise, always speak in a respectful and calm manner
- You are representing the ENAP metrics study at all times while in the health facility so make sure you are doing so in a positive way
- You are part of a team- be considerate of your colleagues, make sure you communicate information to make their jobs easier, support one another and let the supervisor know if anyone is struggling
QUESTIONS?