# Study to Assess the Quality of Health Services Under Clean Hospital Initiative

***By***

*Vanya Shukla*

*Dissertation submitted in partial fulfillment of the requirements of the degree*

*MBA Hospital and Health Management*

*Academic year, 2017-2019*

**The IIHMR University, Jaipur**

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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Website: **www.iihmr.edu.in**

IIHMR UNIVERSITY

## TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Vanya Shukla**, student of MBA Hospital and Health Management/ Pharmaceutical / Rural Managementfrom The IIHMR University, Jaipur has undergone internship training at **S.S Hospital, Anand, Gujarat** from **7th Feb 2019** to**7th May 2019**.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

Iwish her all success in all his future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur
16 May 2019.

Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

# S. S. ( Sri Saiyaji) Hospital Petlad, Dist. Anand

Opp. railway station, near bus stand PIN Code : 388450
Email:cdmopetlad@gmail.com, cdmo.health.petlad@gmail.com, cdmopetlad@yahoo.co.in
Ph. 02697-224645, 224422, Fax : 02697- 224645


The certificate is awarded to

**Dr. Vanya Shukla**

In recognition of having successfully completed her
Internship in the department of

**Hospital Administration**

and has successfully completed her Project on

**"To Improve Quality of Health Services under Clean Hospital Initiative using 'Kayakalp Tool' in S.S Hospital, Anand"**

**Date: 06-05-19**

**Organization: S.S Hospital, Anand**

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

**Training & Development**

**Zonal Head-Human Resources**

Dr. G. D. Patel (G-14937)
CDMO Cum CMS Station
S.S. Hospital, Petlad. (Anand)

**THE IIHMR UNIVERSITY, JAIPUR**

## CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled**A study to assess the quality of health services under clean Hospital initiative** and submitted by **Dr. Vanya Shukla** Enrollment No**0688** under the supervision of**Dr. P. R Sodani**or award of MBA in Hospital and Health/ Pharmaceutical / Rural Management in Health and Hospitals of the University carried out during the period from **7th Feb to 7th May**embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

# Abstract:

**Title**: A study to assess the quality of health services under clean Hospital initiative.

**Author:** Dr. Vanya Shukla

**Background:**Cleanliness is important in healthcare facilities as lack of cleanliness and hygiene will lead to Hospital acquired infection and ultimately an ill-health of patients, their relatives and Hospital staff.In Public Hospitals & Health care facilities, Cleanliness and Hygiene promotion had always been a neglected area. So, to Improve in this area, Kayakalp Yojana has evolved as a revolutionary step to improve the condition of public health care facilities.Kayakalpis an Initiative launched by MoH&FW in May 2015. Its Intention was to promote Quality services in Public facilities in terms of Infection Control, Cleanliness, Hygiene Promotion etc.For assessment purpose Kayakalp tool has been developed which contains six thematic areas consisting of 500 marks.It's been years since the Kayakalp yojana has been Implemented, despite that the Hospital lacks basic cleanliness and Hygiene practices.So, in this context it is important to assess level of knowledge and cleanliness related practices and other factors related to cleanliness and Hygiene in the facility and to implement remedial measures to bring improvement in quality of health services under Kayakalp Yojana.

**Objective:**To improve quality of health services under clean Hospital initiative using 'Kayakalp' tool in Civil Hospital, Anand, Gujarat.

**Specific Objectives:**

A: To assess the quality of health services in the Hospital using Kayakalp tool

B: To identify and close the gaps that were found during initial assessment.

C: To analyze Kayakalp score of pre-assessment and final assessment

D: To suggests steps to sustain this Improvement

**Methodology:** Study design is an operational design. This is aQuantitative and Qualitative prospective study.Data was collected in the prescribed format in respect to all the areas and appropriate scores applied using the 'Kayakalp' tool. There are Four assessment methods: Staff Interview, Patient Interview, Record Review and Observation. Study was conducted in three phases, first was initial assessment. Second phase for identification and closure of gaps through action plan. Third phase for Re-assessment of the facility to analyze the improvement.

**Conclusion:**Therefore, from the study we can conclude that an improvement can be made under Kayakalp yojana and that can be sustainable if we analyze each area and associated problems at root level and then bring solutions based on them. As there is a need to sustain Cleanliness and hygiene practices, therefore, community participation is also necessary along with Regular Monitoring at Local level, Regional level, State level etc.

**Keywords:** Kayakalp, Cleanliness and Hygiene in Hospitals, Bio-medical wastes,assessment.

# ACKNOWLEDGMENT

I convey my heartfelt gratitude to Dr. G.D Patel, CDMO, S.S Hospital, for giving me the opportunity to work with S.S Hospital and allow me to conduct the project during the dissertation period.

I would like to convey my thanks to Dr. Amar Pandya, Microbiologist, S.S Hospital and Dr. NimittKubavat, Gynecologist, S.S Hospital, for mentoring and guiding me and for their constant encouragement and continuous support when it came to guidance, suggestions and their expertise during my dissertation period at S.S Hospital.

I express my sincere thanks to my internal guide Dr. P.R Sodani for his valuable guidance and timely suggestions as and when I was seeking them.

I would also like to take this opportunity to thank Dr. Ashok Kaushik, Dean (Academics) and Professor cum Proctor and Mr. Hem Bhargava, General Manager, Corporate (Academics), Dy. Registrar (Academics) for providing me with the necessary support and for their faith in me.

Last but not the least, I would like to express my gratitude for my parents and for their constant encouragement and faith in me during my summer internship.

Above all, I would like to thank God for giving me the strength to manage the difficulties which I faced during this period.

# Table of Contents:--

# List of Tables:

# List of Graphs:-

# Symbols and Abbreviations:

| S.No. | Symbols and Abbreviations | Meaning |
|---|---|---|
| 1 | MoH&FW | Ministry of Health and Family Welfare |
| 2 | & | and |
| 3 | Ex. | Example |
| 4 | Etc. | Etcetera |
| 5 | Diag. | Diagram |
| 6 | A.H.A | Assistant Hospital Administrator |

# A study to assess the quality of health services under clean Hospital initiative:-

**INTRODUCTION:**

Cleanliness is important everywhere especially when it comes to healthcare facilities, it becomes a crucial point as lack of cleanliness and hygiene will lead to Hospital acquired infection and ultimately an ill-health. In Hospitals different patients carry different microflora which may lead to various diseases to other patients, their relatives or to staff as well. Thus, strict adherence to hygiene and cleanliness practices is necessary to prevent such spread of infections. Consistency along with formal and informal monitoring of such practices at regular intervals are required. Patients and their relatives also play a major role in maintenance of cleanliness & Hygiene in Hospitals. Therefore, awareness, knowledge and co-operation are required from them as well.

In Public Hospitals& Health care facilities, Cleanliness and Hygiene promotion had always been a neglected area. So, to Improve in this area, Kayakalp Yojana has evolved as a revolutionary step to improve the condition of public health care facilities.

**What is Kayakalp Yojana?**

It is an Initiative launched by **MoH&FW** in May 2015. Intention was to promote Quality services in Public facilities in terms of Infection Control, Cleanliness, Hygiene Promotion etc.

For assessment purpose Kayakalptool has been developed which contains six thematic areas consisting of 500 marks:

a) Hospital upkeep- 100 marks
b) Sanitation & Hygiene-100 marks
c) Waste Management-100marks
d) Infection Control-100 marks
e) Hospital Support Services-50 marks
f) Hygiene Promotion-50 marks

District Hospitals are being ranked and awarded based on these above six parameters during assessment. The assessment consists of four phases. First phase is known as preliminary

assessment which is done by a team from facility itself. Second phase consists of identification & closure of gaps followed by Third phase i.e. Peer assessment. Peer assessment is being done by the assessors from another district hospital. Facilities who got a score of more than 70% qualified for fourth phase i.e External assessment which is done by team of assigned from state level.

**LITERATURE REVIEW:**

- **Most hospitals in India lack basic hygiene, toilets, clean waste disposal**

  **https://www.thehansindia.com/posts/index/News-Analysis/2016-07-26/Most-hospitals-in-India-lack-basic-hygiene-toilets-clean-waste-disposal-/244768**

According to a survey by Water Aid India Advocacy, In India most of the public healthcare Institutions lacked basic hygiene, waste disposal, clean toilets and Clean water.

- **Hygiene standards remain poor in govt hospitals**

  **https://www.thehansindia.com/posts/index/Telangana/2017-12-29/Hygiene-standards-remain-poor-in-govt-hospitals/348703**

According to this article, Sanitary conditions of the Public Hospitals haven't improved much. Hospital Premises remain filled with pan stains & leftover food

- **Patients 'At Risk' From Poor Hygiene At Govt Hospitals**

https://kashmirobserver.net/2016/city-news/patients-risk-poor-hygiene-govt-hospitals-12860

According to this article Government Hospitals have not been able to maintain basic hygiene & cleanliness, despite having sufficient manpower and funds.

Thus, from the literature Review we can Conclude that despite of various attempts by the government, public health facilities still lags when it comes to basic needs of the patient i.e. Cleanliness and Hygiene.

**RATIONALE:**

It's been years since the Kayakalp yojana has been Implemented, despite that the Hospital lacks basic cleanliness and Hygiene practices.

So, in this context it is important to assess level of knowledge and cleanliness related practices and other factors related to cleanliness and Hygiene in the facility and to implement remedial measures to bring improvement in quality of health services under Kayakalp Yojana.

**AIM OF THE STUDY:**

Improvement in the quality of health services under clean Hospital initiative.

**OBJECTIVE OF THE STUDY:**

To improve quality of health services under clean Hospital initiative using 'Kayakalp' tool in Civil Hospital, Anand, Gujarat

**SPECIFIC OBJECTIVES:**

A: To assess the quality of health services in the Hospital usingKayakalp tool

B: To identify and close the gaps that were found during initial assessment.

C: To analyze Kayakalp score of pre-assessment and final assessment

D: To suggest steps to sustain this Improvement.

**METHODOLOGY:**

**Study Design:**Operational Study Design

**Type of Study**: Quantitative and Qualitative prospective study

**Duration of Study:** Three Months (7th February to 7Th May)

**Study Tool:**Kayakalpassessment tool

**Methods Used:** Direct observation, Staff interview, review of records &

documents.

**Place:** S.S Hospital, Anand, Gujarat

**Data collection:** Data was collected in the prescribed format in respect to all the areas and appropriate scores applied using the 'Kayakalp' tool.

**Assessment method:** There are 4 assessment methods.

1.Observation: – This information is gathered through direct observation i.e. level of cleanliness,display of protocols, landscaping, signage etc.

2. Staff Interview: - Information is obtained by interaction with concerned staff to understand the current practices being undertaken, competencies of various types like wearing gloves, hand-washing and cleansing of floor.

3.Record Keeping: - Where information can be gained from the records available at the facility. Ex: Availability of housekeeping checklist, BMW management registers, culture report for microbial surveillance, meetings of Infection Control Committee (ICC).

4. Patient Interview: - Interaction / discussion /interview with either patients or their attendants i.e. counseling of patients on hygiene.

**Assessment will include overall three categories:**

a) Thematic area: These are basically the broader aspects of Cleanliness. Also known as the pillars of Kayakalp. For ex: Hospital/ Facility upkeep, Hygiene promotion, waste management etc.

b) Criteria: There are fixed number of criteria under each thematic area. For ex: Cleanliness of toilets, segregation of bio-medical waste, disposal of bio-medical waste etc.

c) Checkpoints:Lowest and measurable unit of assessment. Assessors assess and score each checkpoint accordingly. For ex:Availability of Bins for segregation of Biomedical waste at point of, No use of brooms in patient care areas etc.

**Means of Verification:**

For each checkpoint, Means of Verificationis provided in a separate column that suggests exactly how to verify whether the facility fulfils that particular point or not.

**Scoring Criteria:**

a) Full Compliance: A general principle of giving '2' as score if all requirements are met and verified for the checkpoint.
b) Partial Compliance: Score of '1' is given to checkpoints if at least 50% of the requirements are met and verified for the checkpoint.
c) Non-Compliance: A score of '0' is given if facility fails to fulfill at least 50% of the requirements.

**LIMITATIONS OF THE STUDY:**

The limitation of this study was that the focus was not on all the gaps but on what have been prioritized by the team based on their knowledge and Experience. So, the study cannot be generalized and may have bias.

**ETHICAL CONSIDERATIONS:**

- Introduction and information about the purpose of our study given to the Hospital.
- Questions are related to the study were asked only at the will of the participants.
- The protection of the privacy of Hospital was ensured.
- Subjects were not forced to answer any question.
- Adequate level of confidentiality of the data was ensured.

**FIRST PHASE:**

At first a teamwas formed for Initial assessment of Hospital under Kayakalp Yojana. Heterogeneity of the team was maintained to prevent knowledge bias. Therefore, Team consisted of Doctors, A.H.A., Nurses and Housekeeping staff etc. Then we conducted a training for the

whole team regarding assessment under Kayakalp, Identification of gaps, fulfillment of gaps, sustainability of the process etc.

After that an Initial assessment was done by the team.Overall score of initial assessment was 69%.Individual Score of each Thematic area are given separately in the following Tables:

| | THEMATIC AREA | TOTAL | SCORE |
|---|---|---|---|
| **A.** | **HOSPITAL / FACILITY UPKEEP** | | |
| A1 | **C.P-Pest & Animal Control** | 10 | 5 |
| A2 | **C.P-Landscaping & Gardening** | 10 | 2 |
| A3 | **C.P-Maintenance of Open Areas** | 10 | 5 |
| A4 | **C.P-Hospital / Facility Appearance** | 10 | 2 |
| A5 | **C.P-Infrastructure Maintenance** | 10 | 6 |
| A6 | **C.P-Illumination** | 10 | 8 |
| A7 | **C.P-Maintenance of Furniture & Fixture** | 10 | 6 |
| A8 | **C.P-Removal of Junk Material** | 10 | 5 |
| A9 | **C.P-Water Conservation** | 10 | 6 |
| A10 | **C.P-Work Place Management** | 10 | 5 |
| | | 100 | 50 |

**Table 1: Hospital/ Facility Upkeep- Score of Initial Assessment**

| | THEMATIC AREA | TOTAL | SCORE |
|---|---|---|---|
| B | **SANITATION & HYGIENE** | | |
| B1 | **C.P-Cleanliness of Circulation Area** | 10 | 6 |
| B2 | **C.P-Cleanliness of Wards** | 10 | 5 |
| B3 | **C.P-Cleanliness of Procedure Areas** | 10 | 6 |
| B4 | **C.P-Cleanliness of Ambulatory Area (OPD, Emergency, Lab)** | 10 | 5 |
| B5 | **C.P-Cleanliness of Auxiliary Areas** | 10 | 5 |
| B6 | **C.P-Cleanliness of Toilets** | 10 | 5 |
| B7 | **C.P-Use of standards materials and Equipment for Cleaning** | 10 | 9 |
| B8 | **C.P-Use of Standard Methods Cleaning** | 10 | 6 |
| B9 | **C.P-Monitoring of Cleanliness Activities** | 10 | 6 |
| B10 | **C.P-Drainage and Sewage Management** | 10 | 8 |
| | | 100 | 61 |

**Table 2: Sanitation & Hygiene- Score of Initial Assessment**

| | THEMATIC AREA | TOTAL | SCORE |
|---|---|---|---|
| C | **WASTE MANAGEMENT** | | |
| C1 | **C.P-Segregation of Biomedical Waste** | 10 | 7 |
| C2 | **C.P-Collection and Transportation of Biomedical Waste** | 10 | 5 |
| C3 | **C.P-Sharp Management** | 10 | 8 |
| C4 | **C.P-Storage of Biomedical Waste** | 10 | 10 |
| C5 | **C.P-Disposal of Biomedical waste** | 10 | 8 |
| C6 | **C.P-Management Hazardous Waste** | 10 | 9 |
| C7 | **C.P-Solid General Waste Management** | 10 | 8 |
| C8 | **C.P-Liquid Waste Management** | 10 | 4 |
| C9 | **C.P-Equipment and Supplies for Bio Medical Waste Management** | 10 | 10 |
| C10 | **C.P-Statuary Compliances** | 10 | 10 |
| | | 100 | 79 |

**Table 3: Waste Management-Score of Initial Assessment**

| | THEMATIC AREA | TOTAL | SCORE |
|---|---|---|---|
| **D** | **Infection Control** | | |
| D1 | **C.P-Hand Hygiene** | 10 | 6 |
| D2 | **C.P-Personal Protective Equipment (PPE)** | 10 | 7 |
| D3 | **C.P-Personal Protective Practices** | 10 | 8 |
| D4 | **C.P-Decontamination and Cleaning of Instruments** | 10 | 8 |
| D5 | **C.P-Disinfection & Sterilization of Instruments** | 10 | 7 |
| D6 | **C.P-Spill Management** | 10 | 8 |
| D7 | **C.P-Isolation and Barrier Nursing** | 10 | 8 |
| D8 | **C.P-Infection Control Program** | 10 | 9 |
| D9 | **C.P-Hospital Acquired Infection Surveillance** | 10 | 10 |
| D10 | **C.P-Environment Control** | 10 | 6 |
| | | 100 | 77 |

**Table 4: Infection control- Score of Initial Assessment**

| | THEMATIC AREA | TOTAL | SCORE |
|---|---|---|---|
| **E** | **SUPPORT SERVICES** | | |
| E1 | **C.P-Laundry Services & Linen Management** | 10 | 7 |
| E2 | **C.P-Water Sanitation** | 10 | 10 |
| E3 | **C.P-Kitchen Services** | 10 | 10 |
| E4 | **C.P-Security Services** | 10 | 8 |
| E5 | **C.P-Out-sourced Services Management** | 10 | 10 |
| | | 50 | 45 |

**Table 5: Support Services-Score of Initial Assessment**

| | THEMATIC AREA | TOTAL | SCORE |
|---|---|---|---|
| **F** | **Hygiene Promotion** | | |
| F1 | **C.P-Community Monitoring & Patient Participation** | 10 | 3 |
| F2 | **C.P-Information Education and Communication** | 10 | 7 |
| F3 | **C.P-Leadership and Team work** | 10 | 7 |
| F4 | **C.P-Training and Capacity Building and Standardization** | 10 | 8 |
| F5 | **C.P-Staff Hygiene and Dress Code** | 10 | 8 |
| | | 50 | 33 |

**Table 6: Hygiene Promotion-Score of Initial Assessment**

**SECOND PHASE:**

In this phase Team had Identified all the gaps. Since there was a time limit therefore, the task was to prioritize the gaps. Prioritization was based on:

a) gaps that can be easy of Implement
b) Gaps that contributes more (Payoffs) to the overall score of Kayakalp.

Total gapsidentified were 126. Then these gaps were classified in 2*2 matrix based on payoff-big/Small and Implementation- Easy/Difficult. Out of them we prioritizedthe gaps that were easy to implement and had Big/Small payoffs.

Then after deciding the gaps that needs immediate action, brainstorming was performed by the Team and other staff to find out the possible causes at root level. Then the identified causes were

categorized under subheads like- Manpower, Training, Resources etc. Fishbone Diagram (Diag. 1) below depicts all the major causes that were leading to Gaps.

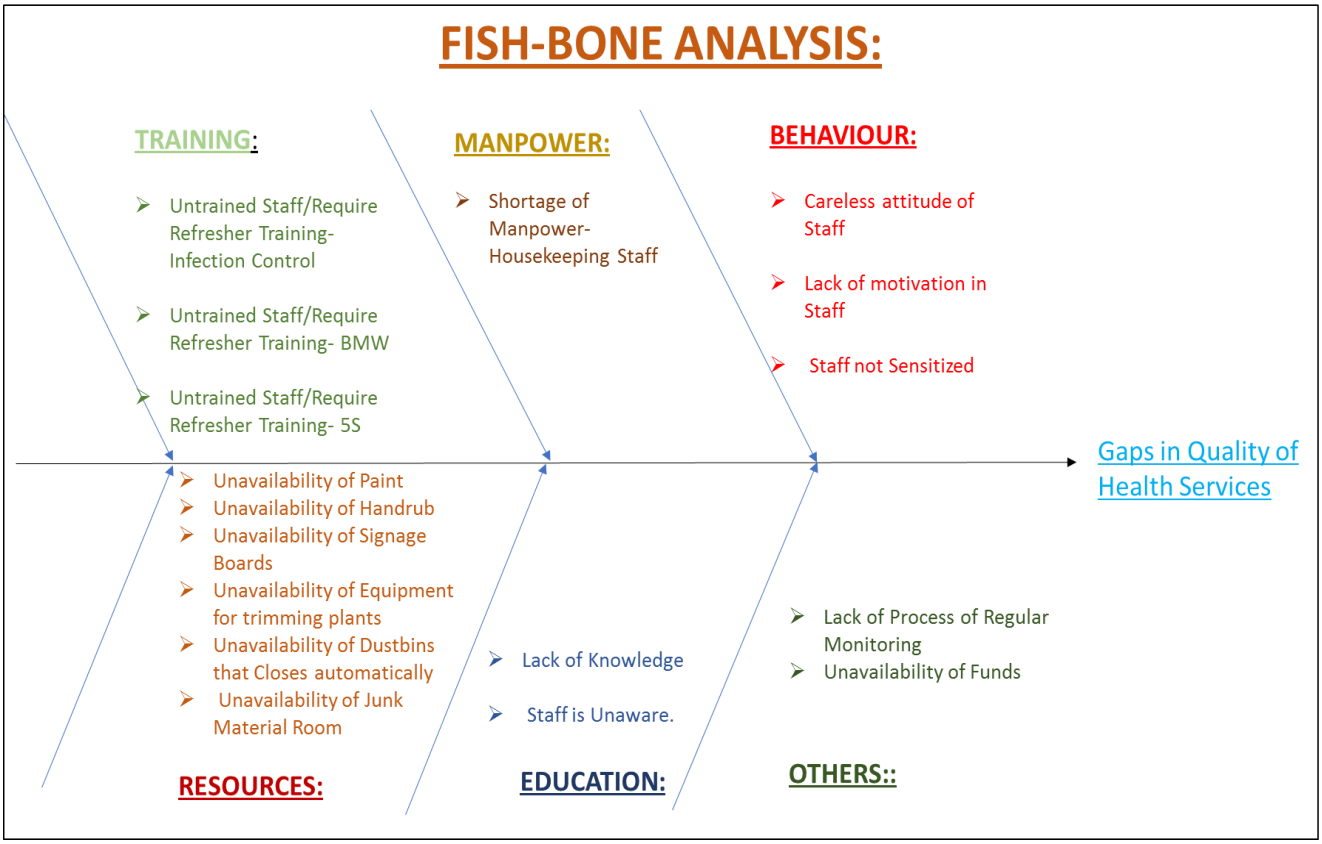



**Diagram 1: Fish-Bone Analysis**

After Identification of the Causes, action plan was prepared for each gap and was implemented accordingly.

**THIRD PHASE:**

In this phase Final assessment of the Hospital for Kayakalpwasdone after implementation of action plans. This assessment was done to analyzethe impact of action plan on Gaps, whetherimprovement is evident or not.

Total Score after the Final assessment came out to be 85% which depicts significant Improvement. Individual Score of each Thematic area are given in the following Tables:

| | THEMATIC AREA: | TOTAL | SCORE |
|---|---|---|---|
| A | **Hospital/Facility Upkeep** | | |
| A.1 | **C.P-Pest & Animal Control** | **10** | 5 |
| A.2 | **C.P-Landscaping & Gardening** | **10** | 8 |

| | | | |
|---|---|---|---|
| A.3 | **C.P-Maintenance of Open Areas** | **10** | 10 |
| A.4 | **C.P-Hospital / Facility Appearance** | **10** | 3 |
| A.5 | **C.P-Infrastructure Maintenance** | **10** | 8 |
| A.6 | **C.P-Illumination** | **10** | 8 |
| A.7 | **C.P-Maintenance of Furniture & Fixture** | **10** | 7 |
| A.8 | **C.P-Removal of Junk Material** | **10** | 10 |
| A.9 | **C.P-Water Conservation** | **10** | 8 |
| A.10 | **C.P-Work Place Management** | **10** | 10 |

**Table 7: Hospital/Facility Upkeep- Score of Final Assessment**

| | **THEMATIC AREA:** | **TOTAL** | **SCORE** |
|---|---|---|---|
| B | **Sanitation & Hygiene** | | |
| B.1 | **C.P-Cleanliness of Circulation Area** | **10** | 8 |
| B.2 | **C.P-Cleanliness of Wards** | **10** | 8 |
| B.3 | **C.P-Cleanliness of Procedure Areas** | **10** | 9 |
| B.4 | **C.P-Cleanliness of Ambulatory Area (OPD, Emergency, Lab)** | **10** | 6 |
| B.5 | **C.P-Cleanliness of Auxiliary Areas** | **10** | 7 |
| B.6 | **C.P-Cleanliness of Toilets** | **10** | 7 |
| B.7 | **C.P-Use of standards materials and Equipment for Cleaning** | **10** | 10 |
| B.8 | **C.P-Use of Standard Methods Cleaning** | **10** | 9 |
| B.9 | **C.P-Monitoring of Cleanliness Activities** | **10** | 10 |
| B.10 | **C.P-Drainage and Sewage Management** | **10** | 9 |
| | | **100** | 83 |

**Table 8: Sanitation & Hygiene-Score of Final Assessment**

| | **THEMATIC AREA:** | **TOTAL** | **SCORE** |
|---|---|---|---|
| C | **Waste Management** | | |
| C.1 | **C.P-Segregation of Biomedical Waste** | **10** | 10 |
| C.2 | **C.P-Collection and Transportation of Biomedical Waste** | **10** | 8 |
| C.3 | **C.P-Sharp Management** | **10** | 10 |
| C.4 | **C.P-Storage of Biomedical Waste** | **10** | 10 |
| C.5 | **C.P-Disposal of Biomedical waste** | **10** | 8 |
| C.6 | **C.P-Management Hazardous Waste** | **10** | 10 |

| | | | |
|---|---|---|---|
| C.7 | **C.P-Solid General Waste Management** | **10** | 8 |
| C.8 | **C.P-Liquid Waste Management** | **10** | 2 |
| C.9 | **C.P-Equipment and Supplies for Bio Medical Waste Management** | **10** | 10 |
| C.10 | **C.P-Statuary Compliances** | **10** | 10 |
| | | **100** | 86 |

**Table 9: Waste Management-Score of Final Assessment**

| | THEMATIC AREA: | TOTAL | SCORE |
|---|---|---|---|
| D | **Infection Control** | | |
| D.1 | **C.P-Hand Hygiene** | **10** | 9 |
| D.2 | **C.P-Personal Protective Equipment (PPE)** | **10** | 7 |
| D.3 | **C.P-Personal Protective Practices** | **10** | 9 |
| D.4 | **C.P-Decontamination and Cleaning of Instruments** | **10** | 10 |
| D.5 | **C.P-Disinfection & Sterilization of Instruments** | **10** | 10 |
| D.6 | **C.P-Spill Management** | **10** | 10 |
| D.7 | **C.P-Isolation and Barrier Nursing** | **10** | 9 |
| D.8 | **C.P-Infection Control Program** | **10** | 10 |
| D.9 | **C.P-Hospital Acquired Infection Surveillance** | **10** | 9 |
| D.10 | **C.P-Environment Control** | **10** | 10 |
| | | **100** | 93 |

**Table10: Infection Control-Score of Final Assessment**

| | THEMATIC AREA: | TOTAL | SCORE |
|---|---|---|---|
| E | **Support Services** | | |
| E.1 | **C.P-Laundry Services & Linen Management** | **10** | 10 |
| E.2 | **C.P-Water Sanitation** | **10** | 10 |
| E.3 | **C.P-Kitchen Services** | **10** | 10 |
| E.4 | **C.P-Security Services** | **10** | 9 |
| E.5 | **C.P-Out-sourced Services Management** | **10** | 10 |
| | | **50** | 49 |

**Table 11: Support Services- Score of Final Assessment**

| F | Hygiene Promotion | | |
|---|---|---|---|
| F.1 | **C.P-Community Monitoring & Patient Participation** | **10** | 6 |
| F.2 | **C.P-Information Education and Communication** | **10** | 7 |
| F.3 | **C.P-Leadership and Team work** | **10** | 10 |
| F.4 | **C.P-Training and Capacity Building and Standardization** | **10** | 10 |
| F.5 | **C.P-Staff Hygiene and Dress Code** | **10** | 8 |
| | | 50 | 41 |

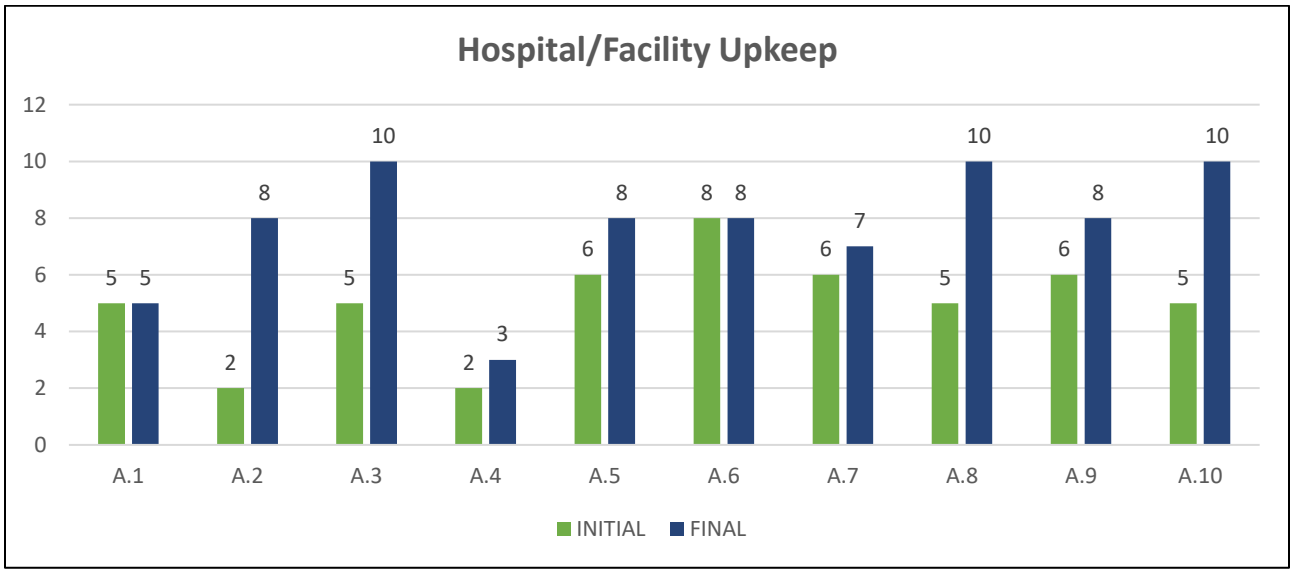
**Table 12: Hygiene Promotion- Score of Final Assessment**

**RESULTS:**

**Comparison Between Initial Assessment & Final Assessment of Kayakalp:**

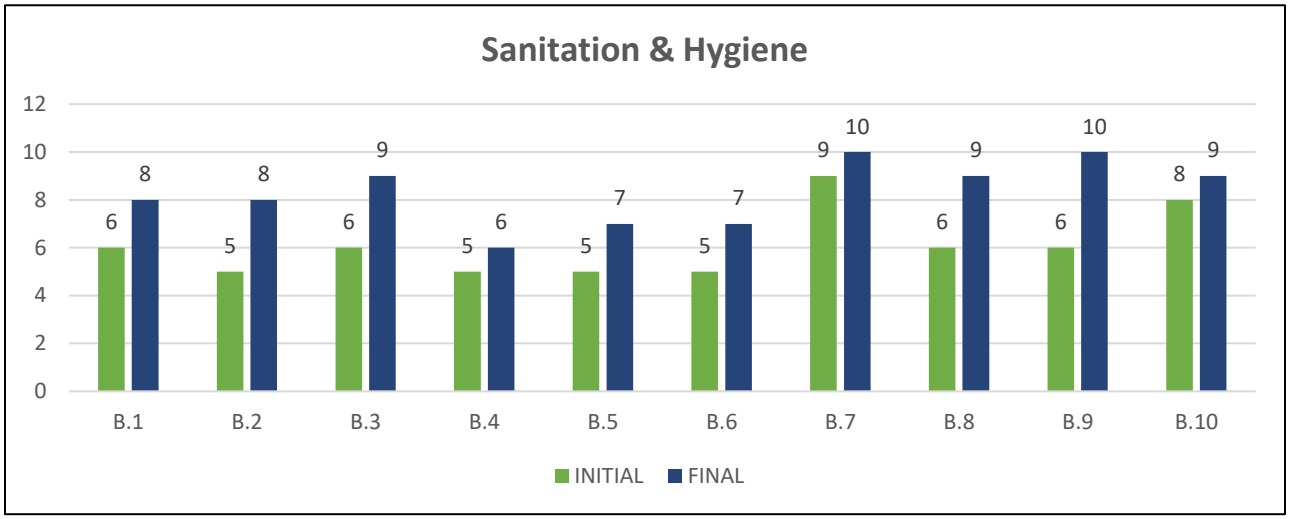
Following graphs compares the scores of initial and final assessments of Kayakalp.

Improvement in each Thematic area can be identified from the following graphs. A table (Table15)analyzes the overall initial and final score of Kayakalp.



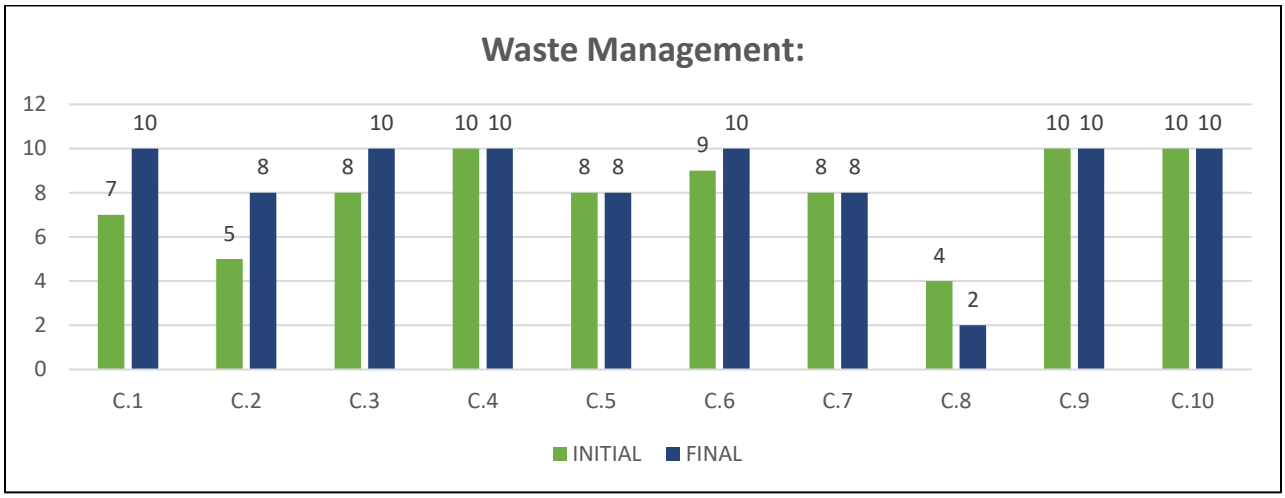

**Graph 1: Comparison between Initial & Final Assessment-**

**Hospital/Facility Upkeep**



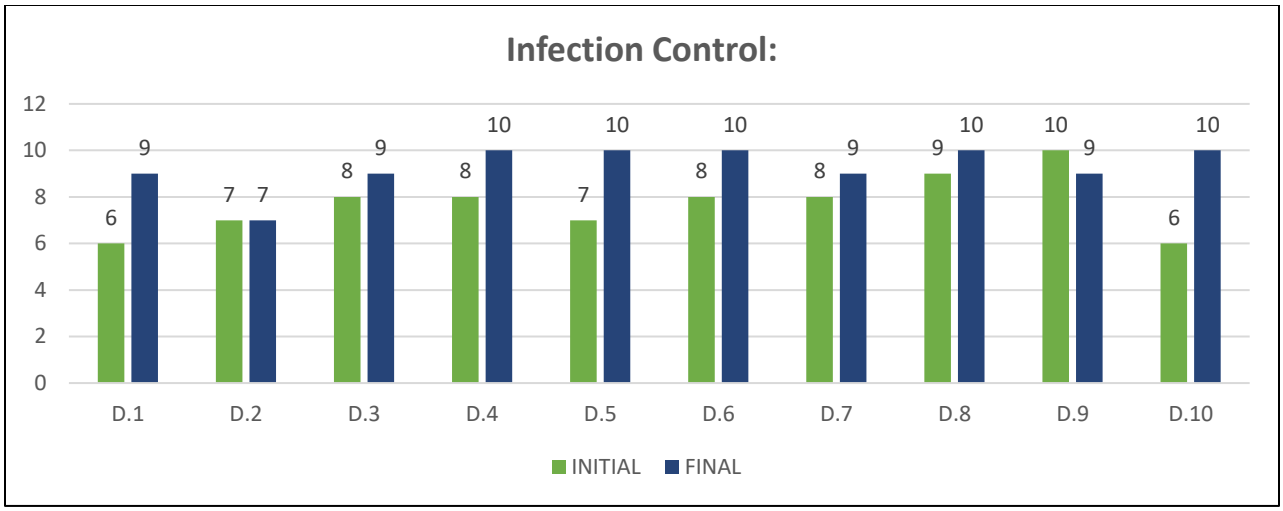

**Graph 2: Comparison between Initial & Final Assessment-**

**Sanitation & Hygiene**

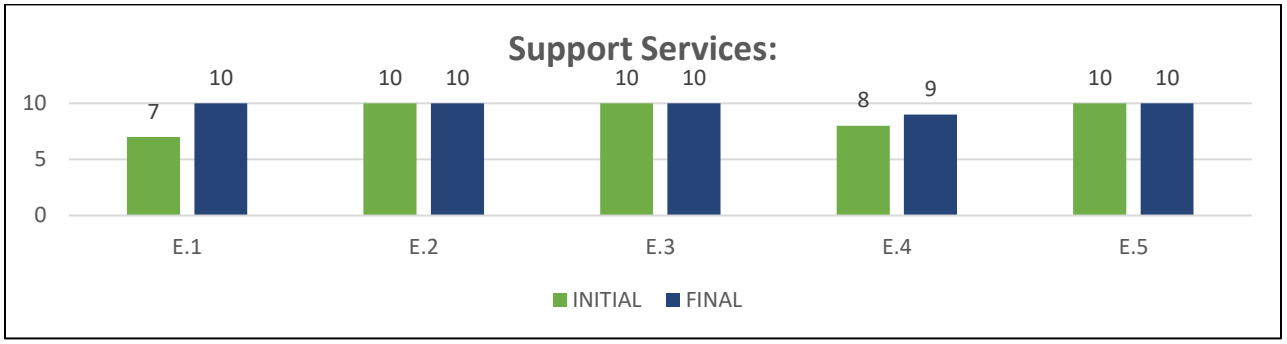



**Graph 3: Comparison between Initial & Final Assessment-**

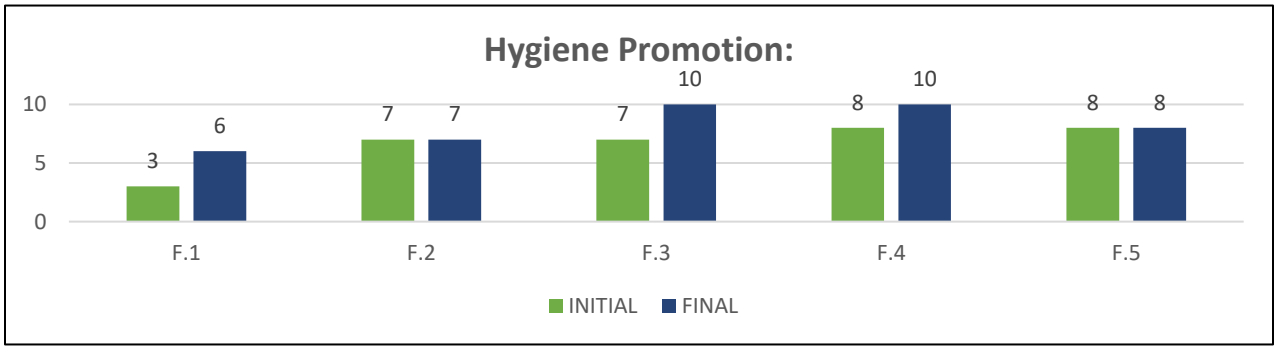
**Waste Management**




**Graph 4: Comparison between Initial & Final Assessment- Infection Control**




**Graph 5: Comparison between Initial & Final Assessment- Support Services**



**Graph 6: Comparison between Initial & Final Assessment-**

**Hygiene Promotion**

| S.No | Thematic Area: | Initial | Final |
|---|---|---|---|
| 1.. | Hospital&Facility Up-keep Criteria | 50 | 77 |
| 2.. | Sanitation & Hygiene Criteria | 61 | 83 |
| 3.. | Waste-Management | 79 | 88 |
| 4.. | Infection-Control | 77 | 89 |
| 5.. | Support-Services | 45 | 49 |
| 6.. | Hygiene-Promotion | 33 | 41 |
| 7.. | Overall Score | 69% | 85% |

**Table 15: Comparison between Initial & Final Assessment-**

**Overall Score**

**SUGGESTIONS:**

- From the Results we can suggest that to Improve in area of Sanitation and hygiene We need to continuous motivate and monitor our housekeeping staff along with ensuring the availability of Resources
- Regular Monitoring and Supervision is required in other areas as well
- For the Gaps which were not being Improved as they were difficult to implement, They should be taken and fulfilled one at a time to analyze the root problem
- Staff should be rewarded and appreciated for good work from timeto time
- Continuous awareness and Education at community level is a must to make this whole process sustainable

## CONCLUSION:

Therefore, from the study we can conclude that an improvement can be made under Kayakalp yojana and that can be sustainable if we analyze each area and associated problems at root level and then bring solutions based on them. As there is a need to sustain Cleanliness and hygiene practices, therefore, community participation is also necessary along with Regular Monitoring at Local level, Regional level, State level etc.

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