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

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INTRODUCTION:

- Cleanliness is important everywhere especially when it comes to healthcare facilities, it becomes a crucial point as lack of cleanliness and hygiene leads to Hospital acquired infections and ultimately an ill-health.
- In Public Hospitals & Health care facilities, Cleanliness and Hygiene promotion had always been a neglected area.
- So, 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 Kayakalp tool has been developed which contains six thematic areas:

I. Hospital upkeep
II. Sanitation & Hygiene
III. Waste Management
IV. Infection Control
V. Hospital Support Services
VI. Hygiene Promotion

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.

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 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 make this Improvement sustainable

METHODOLOGY:

Type of Study: Quantitative and Qualitative prospective study, Study conducted in three phases.

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

Study Tool: Kayakalp assessment tool

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.

METHODOLOGY (Contd…):

Assessment method: There are 4 assessment methods.

1. Observation
2. Staff Interview
3. Record Keeping
4. Patient Interview

Kayakalp tool has overall three categories:

Thematic area: These are basically the broader aspects of Kayakalp Initiative. Also known as the pillars of Kayakalp.

Criteria: There are fixed number of criteria under each thematic area.

Checkpoints: Lowest and measurable unit of assessment. Assessors assess and score each checkpoint accordingly

METHODOLOGY (Contd...):

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance	Remarks
A10.5	Staff has been trained for work place management	SI/RR	Check, if the facility staff has got any formal/hands on training for managing the workplace (e. g.5's')	1	
B	**Sanitation & Hygiene**				
B1	**Cleanliness of Circulation Area**			**6**	
B1.1	No dirt/Grease/Stains in the Circulation area	OB	Check that floors and walls of Corridors, Waiting area, stairs, roof top for any visible or tangible dirt, grease, stains, etc.	1	
	No Cobwebs/Bird Nest/ Dust on walls and roofs of		Check that roof, walls, corners of Corridors, Waiting area, stairs, roof		

METHODOLOGY (Contd…):

SCORING CRITERIA:

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

LIMITATIONS OF THE STUDY:

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 may have bias.

ETHICAL CONSIDERATIONS:

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

FIRST PHASE:

- At first a team was formed for Initial assessment.
- 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%.

Initial Assessment Scores:

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

Table 1: Hospital/ Facility Upkeep-

Score of Initial Assessment

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

Table 2: Sanitation & Hygiene-

Score of Initial Assessment

Initial Assessment Scores:

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

Table 3: Waste Management-

Score of Initial Assessment

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

Table 4: Infection control-

Score of Initial Assessment

Initial Assessment Scores:

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

Table 5: Support Services- Score of Initial Assessment

	THEMATIC AREA	TOTAL	SCORE
F	**Hygiene Promotion**		
F1	Community Monitoring & Patient Participation	10	3
F2	Information Education and Communication	10	7
F3	Leadership and Team work	10	7
F4	Training and Capacity Building and Standardization	10	8
F5	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 Implemented

b) Gaps that contributes more (Payoffs) to the overall score of Kayakalp.

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

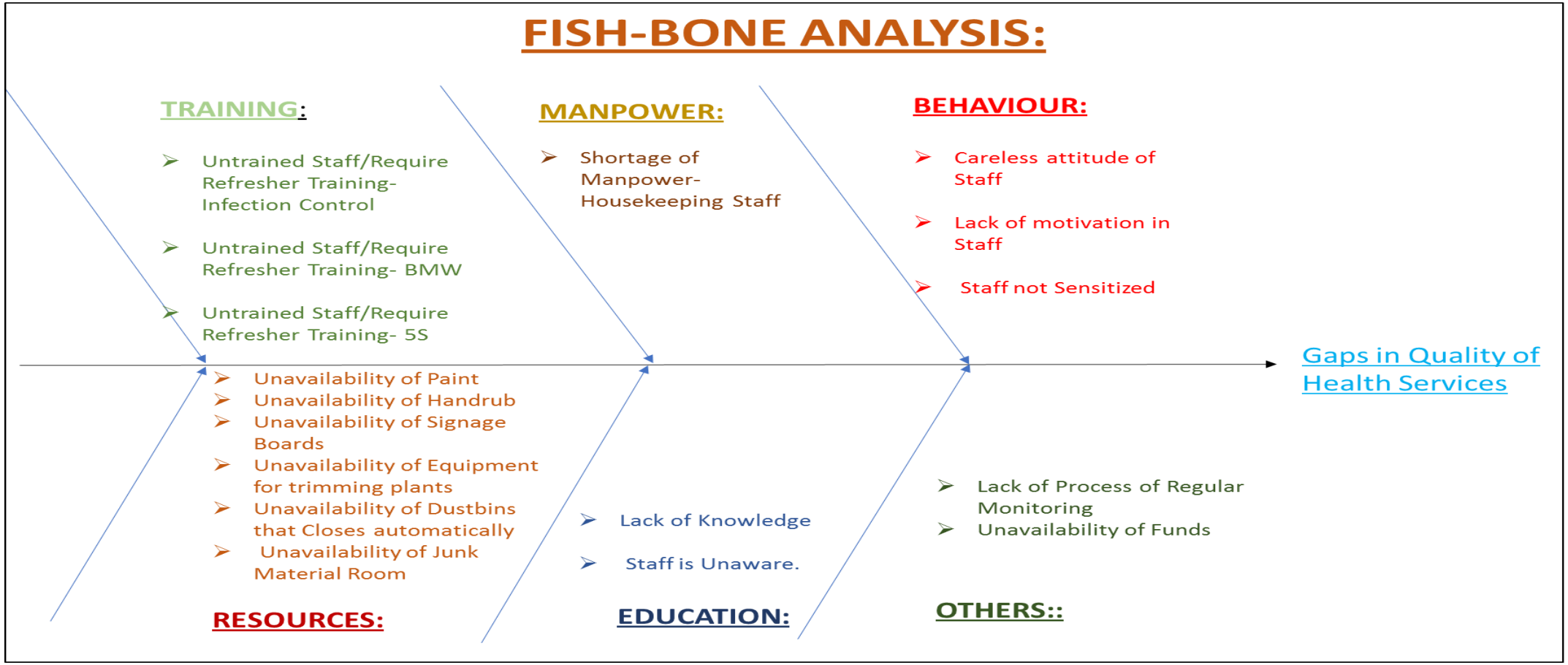
2*2 Matrix for prioritization of gaps:

		PAYOFF	
		BIG	SMALL
EASE OF IMPLMENTATION	EASY	Gaps Prioritized	Gaps Prioritized
	DIFFICULT		

Second Phase (Contd..)

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

Diagram 1: Fish-Bone Analysis

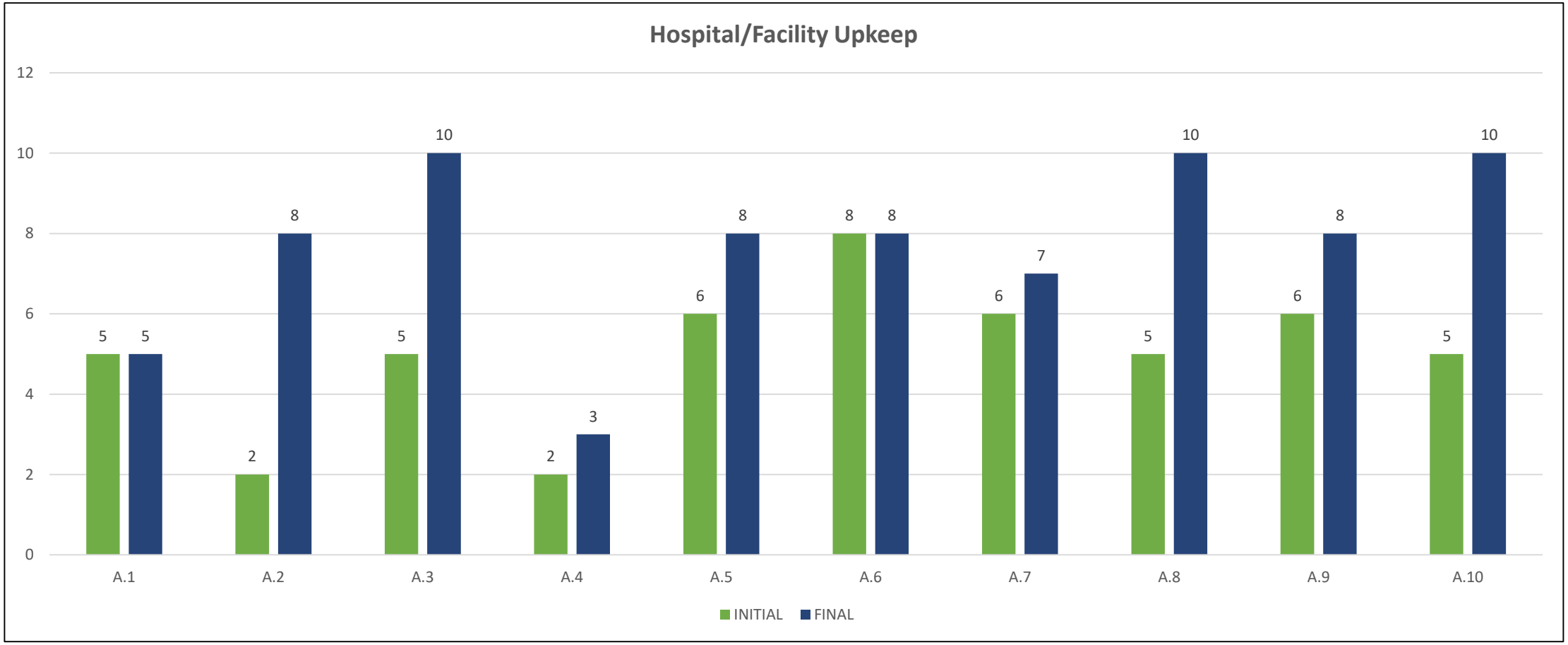


THIRD PHASE:

- In this phase Final assessment was done after implementation of action plans.
- This assessment was done to analyze the impact of action plan on Gaps, whether improvement is evident or not.
- Total Score after the Final assessment came out to be 85% which depicts significant Improvement.

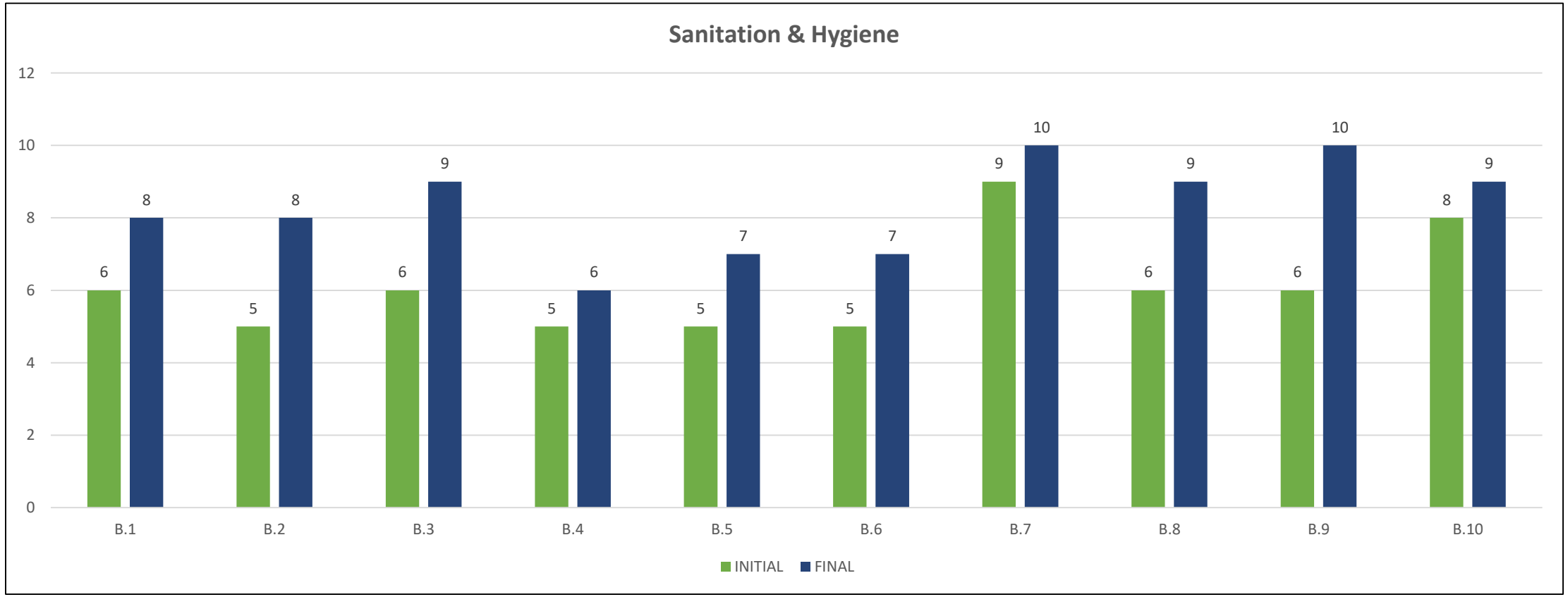
Graph 1: Comparison between Initial & Final Assessment-

Hospital/Facility Upkeep

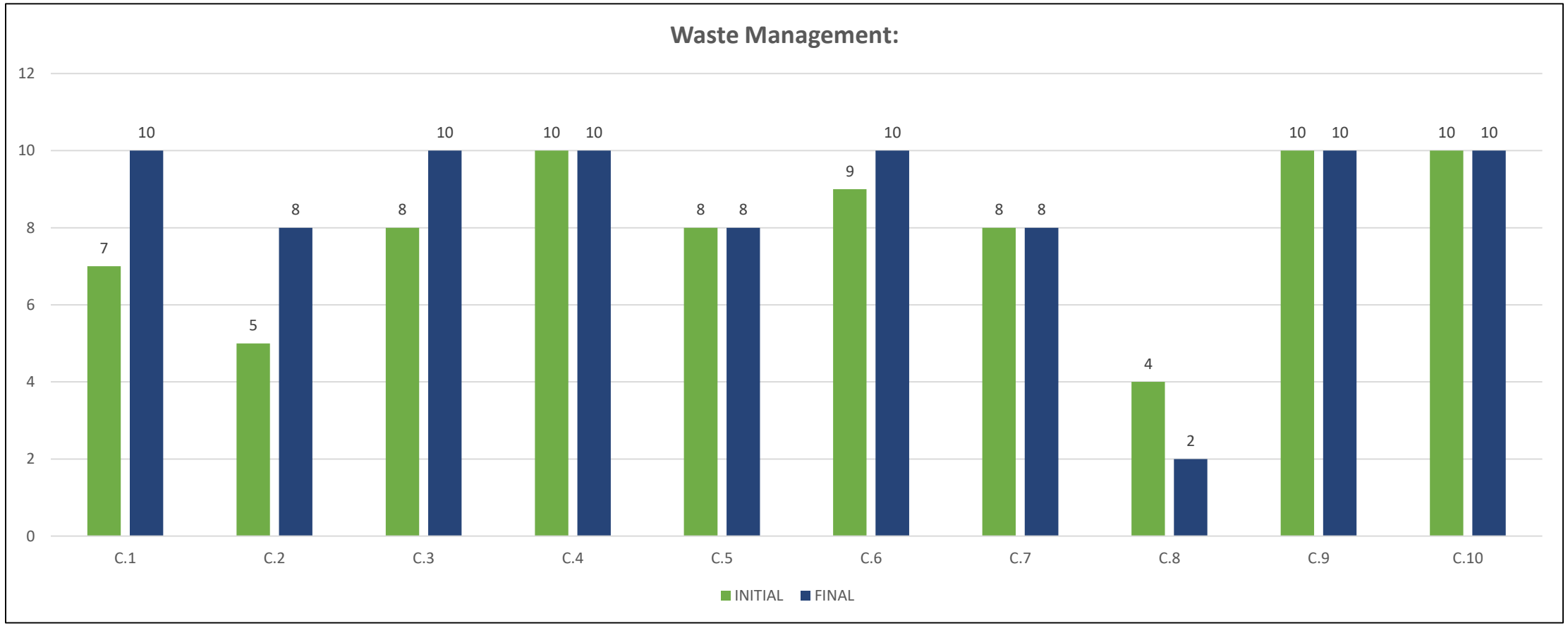


Graph 2: Comparison between Initial & Final Assessment-

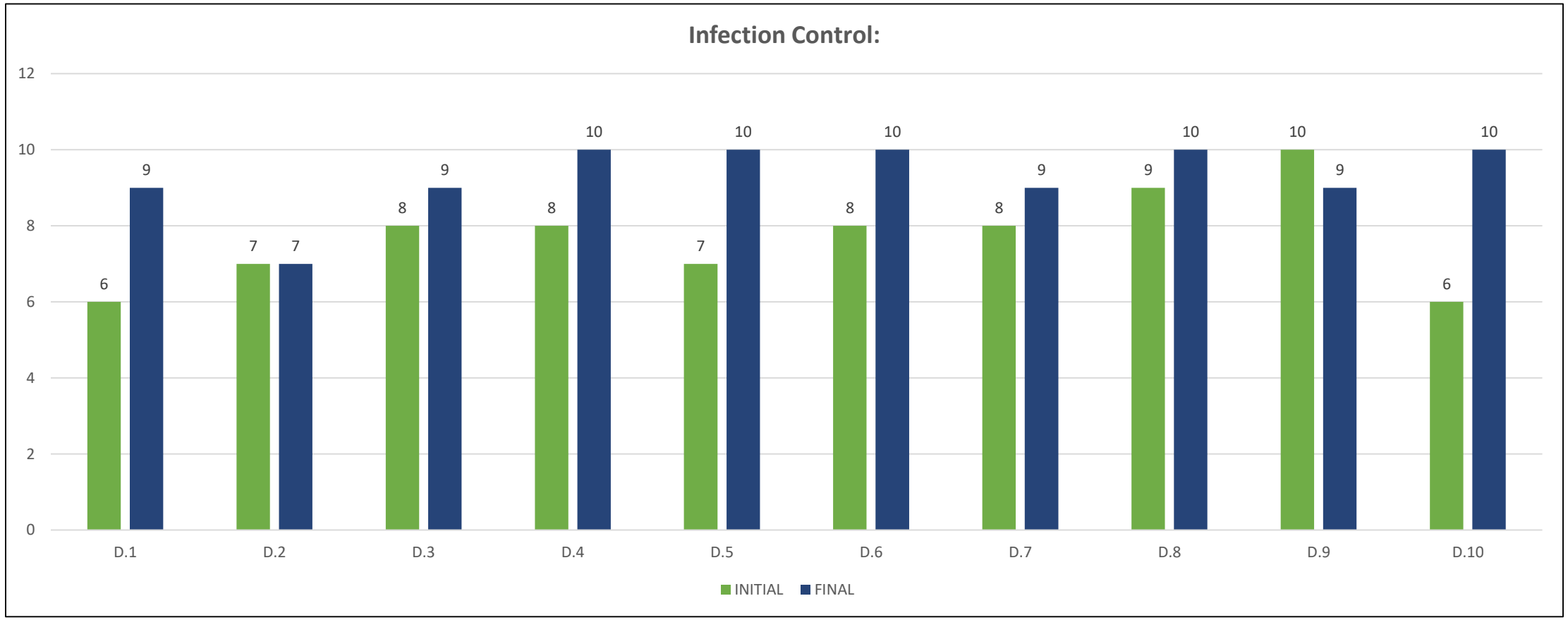
Sanitation & Hygiene



Graph 3: Comparison between Initial & Final Assessment- Waste Management

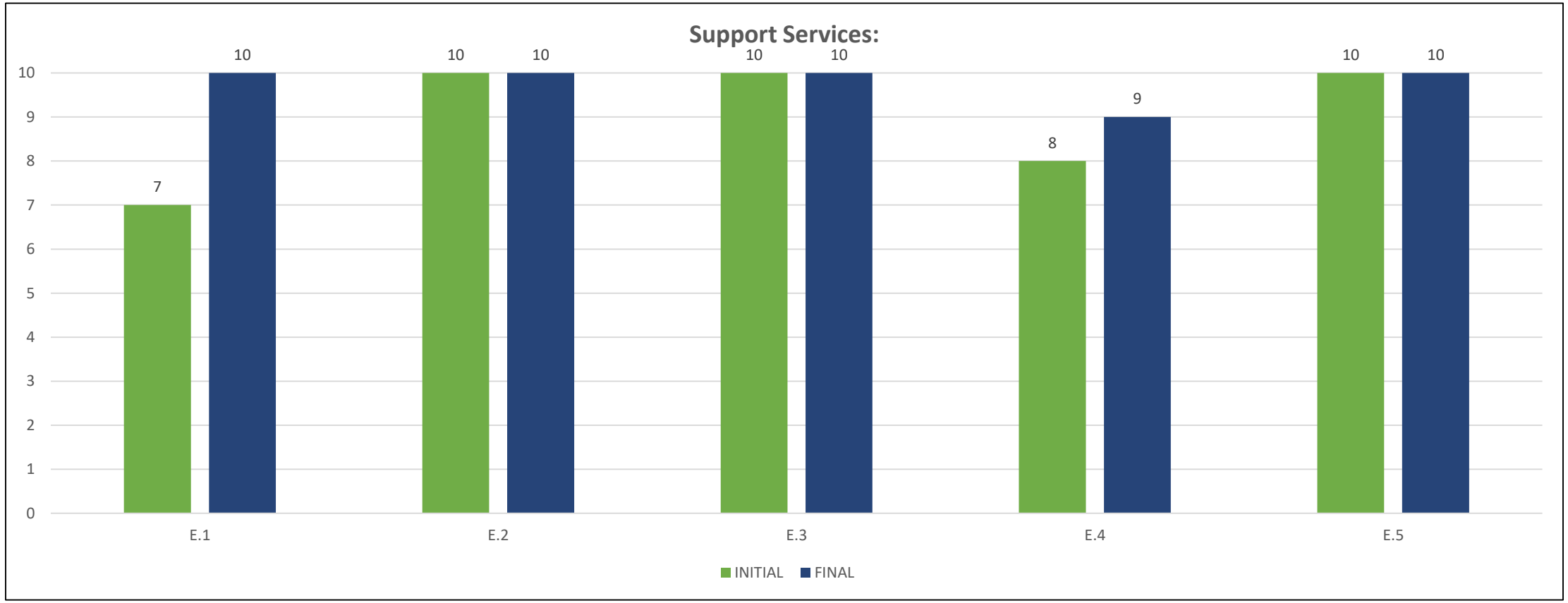


Graph 4: Comparison between Initial & Final Assessment-Infection Control



Graph 5: Comparison between Initial & Final Assessment-

Support Services



Graph 6: Comparison between Initial & Final Assessment-

Hygiene Promotion

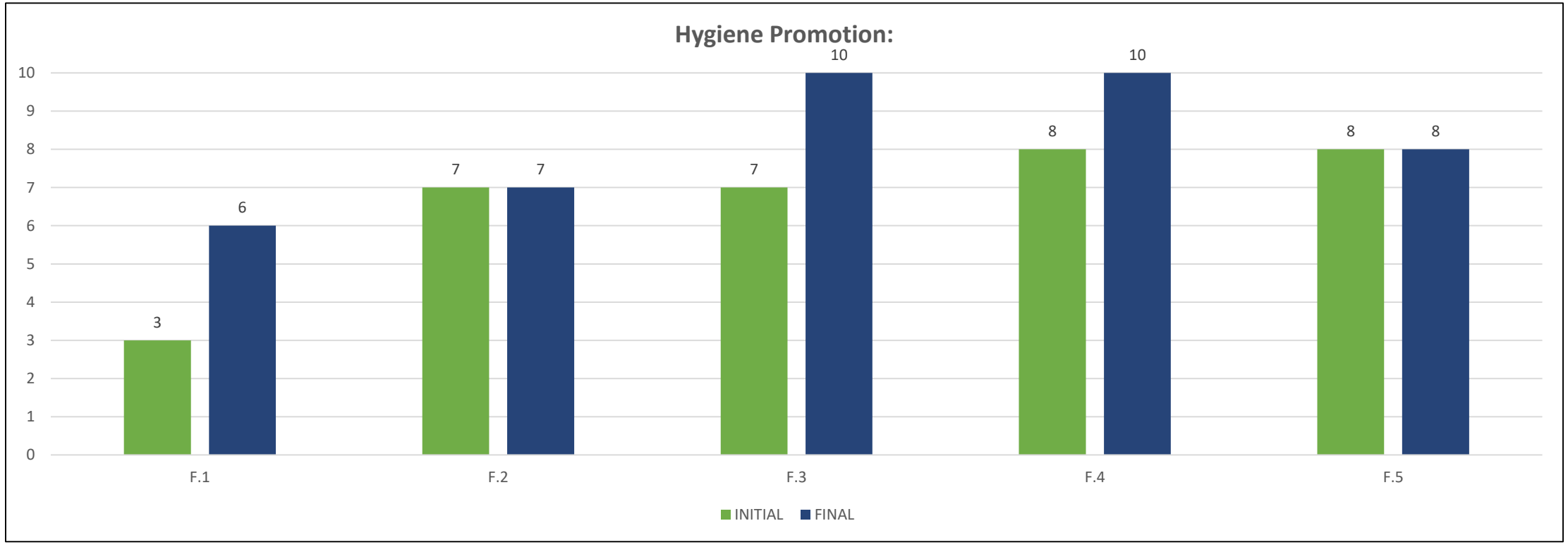


Table 15: Comparison between Initial & Final Assessment-

Overall Score

S. No	Thematic Area:	Initial	Final
1	Hospital/Facility Upkeep	50	77
2	Sanitation & Hygiene	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%

SUGGESTIONS:

In order to sustain this Improvement :

A) Regular Monitoring and Supervision is required

B) Staff should be rewarded and appreciated for good work from time to time

C) 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 real time 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.


KAYAKALP
कायाकल्प
Rejuvenating Public Healthcare Facilities

THANKYOU