Internship Training

At

Civil Hospital, Patiala (Punjab)

(Feb 1 to April 30, 2018)

A Report on

A STUDY ON THE KAYAKALP PROGRAMME OF CIVIL HOSPITAL PATIALA:

A CRITICAL ANALYSIS AND REVIEW

By

Dr. Arshnoor kaur

Under the guidance of

Dr. Seema Mehta

MBA Hospital and Health 2016-2018

A STUDY ON THE KAYAKALP PROGRAMME OF CIVIL HOSPITAL PATIALA: A CRITICAL ANALYSIS AND REVIEW

INTRODUCTION

- Cleanliness, hygiene and sanitation are the most important aspects in a hospital.
- Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment.
- Maintenance of the hygiene and cleanliness of health facilities is not only related to aesthetics and patient satisfaction, but it also reduces the incidence of hospital Acquired Infections.
- Therefore, it is essential for everyone to learn about cleanliness, hygiene, sanitation and the various diseases that are caused due to poor maintenance of hygienic conditions.
- To complement this effort, the ministry of health and family welfare, government of India has launched a national initiative (KAYAKALP) to give award to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

PROGRAMME OVERVIEW

- Civil hospital, Patiala is a 250-bedded hospital. It is one of the hospital which is being focused upon for Kayakalp program in the state of Punjab.
- A baseline assessment of the available facilities was carried out for each objective element of the KAYAKALP checklist and the gap analysis was done.
- Aim of the study was to firstly bring out the gap areas, then on the basis of the findings make an action plan to fulfil those gaps.
- Then at the end of 3 months again self assessment was done to see the impact of intervention in terms of average score
- Results of the above analysis suggested that initially the average score for the hospital came out to be 60% and then after the implementation of the action plan it was observed that the score increased to 76% at the end of 3 months.

PROBLEM STATEMENT

To assess the existing service delivery system of the hospital for enhancement the compliance of standards for KAYAKALP program in the hospital.

OBJECTIVES OF THE STUDY

- To identify the gaps in various departments of the hospital as per Kayakalp guidelines
- To develop and implement the action plan for bridging the gaps of various departments of hospital.
- To assess the impact of implementation of action plan.

RESEARCH METHODOLOGY

Study design:

- The study design was Descriptive cross-sectional study

Duration of study

- The study was carried out for period of three months (1st February to 30th April 2018)

Location of study:

- Study was carried in Civil Hospital Patiala, Punjab
- Hospital and its Department were marked for:

➢ Hospital/Facility Upkeep
➢ Sanitation and Hygiene
➢ Waste management
➢ Infection Control
➢ Support Services
➢ Hygiene Promotion
➢ Beyond Hospital

Method of data collection

Data Collection Tool:

- Data was collected through a structured KAYAKALP self Assessment Tool kit approved by ministry of Health and family Welfare, GoI.

Primary & Secondary Data Collection:

- Primary Data: -

  Data was collected through check list, staff interviews and by directly observing the set of activities performed by doctors, technicians, paramedic staff and clerical staff.

  Scoring Pattern: -

  2 marks = full compliance
  1 mark = Partial compliance
  0 mark = Non-compliance

- Secondary Data: -

  Hospital documents Review & Clinical Record Review.

Sample size:

sample size for interview was 50 employees including:

Doctors-16
Nursing staff-17
Matron-1
Ward servant & Sweepers-16

Sample technique:

Purposive Sampling study

Identification of Gap

An analysis of the current status of the Kayakalp programme of the hospital carried out with respect to 7 standards i.e.

- Hospital/Facility Upkeep
- Sanitation and Hygiene
- Waste management
- Infection Control
- Support Services
- Hygiene Promotion
- Beyond Hospital Boundary

GAP analysis for hospital/Facility upkeep

Standard A: Hospital /facility upkeep		
A1	Pest and Animal Control	3
A2	Landscaping & Gardening	7
A3	Maintenance of Open Areas	7
A4	Hospital/ Facility Appearance	6
A5	Infrastructure Maintenance	6
A6	Illumination	9
A7	Maintenance of Furniture & Fixture	7
A8	Removal of Junk Material	8
A9	Water Conservation	5
A10	Work Place Management	4
	Total Score	62

- **Gap areas**

1. Stray animals such as dogs, cats etc, are found within the premises and non-availability of adequate stock of mosquito nets for patients
2. There is no record maintenance for pest control and anti-termite treatment schedule.
3. Wild vegetation is exist. Shrubs and trees are not well maintained. ‘
4. Interior walls of the patient care areas have chipped off plaster and paint is faded in most of the areas.
5. Presence of Some irrelevant and outdated posters
6. There is no demarcated parking area for ambulance, staff and patients.
7. Patient trolleys and wheel chairs are not well maintained. Some of the bed mattresses are also torn and not clean.
8. No rain water harvesting plant in the hospital.
9. Dysfunctional /broken taps are found in toilets of male and female.
10. There is no proper work place management and the things are kept in haphazard manner in working stations.
11. No training is given to the staff for 5’s.

Gap analysis for Sanitation & Hygiene

Standard B: Sanitation & Hygiene		
B1	Cleanliness of Circulation Area	8
B2	Cleanliness of wards	6
B3	Cleanliness of Procedure Areas	7
B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab)	7
B5	Cleanliness of Auxiliary Areas	8
B6	Cleanliness of Toilets	4
B7	Use of standards materials and Equipment of Cleaning	9
B8	Use of standards Methods Cleaning	8
B9	Monitoring of Cleanliness Activities	3
B10	Drainage and Sewage Management	10
	Total Score	70

- **Gap areas:**

1. The circulation area is cleaned by the housekeeping staff, but cobwebs and stains can be seen on the roof and the walls of the areas.
2. Stains and cobwebs are found on the walls of the ward areas and housekeeping checklist is not maintained.
3. Housekeeping checklist is not maintained in the procedure areas (OT, Labour room)
4. Dirt is seen on the floor and walls and housekeeping checklist is not maintained in ambulatory area (emergency, laboratory, radiology, OPD),
5. Stains, foul odour, wet floor, dysfunctional taps seen in the toilets.
6. Usage of same dirty cloth for dry and wet mop and brooms are used I some patient care areas.
7. No proper training on correct method of mopping and cleanliness.

Gap analysis for Waste Management

Standard C: Waste Management		
C1	Segregation Of Biomedical Waste	8
C2	Collection and Transportation of Biomedical Waste	10
C3	Sharp Management	7
C4	Storage of Biomedical Waste	6
C5	Disposal Of Biomedical Waste	10
C6	Management Hazardous waste	5
C7	Solid General Waste Management	10
C8	Liquid Waste Management	5
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	Statuary Compliances	7
	Total Score	78

- **Gap areas**

1. Although segregation of waste was done efficiently still because of heavy rush general waste get mixed with infectious waste such are in laboratory soiled cotton swabs were in green bins used for general waste.
2. Sharp management is not proper. Staff is not aware of what to do in case of needle stick injury.
3. There is absence of biohazard symbol display and security (lock and key) on the room of biomedical waste.
4. Staff is not aware of blood spill management, mercury spill management.
5. There is no septic tank as per specifications for liquid waste management in the hospital
6. No post exposure prophylaxis(PEP) protocol
7. There is no quality committee for monitoring of BMW managment

Gap analysis for Infection Control

Standard D: Infection Control		
D1	Hand Hygiene	4
D2	Personal Protective Equipment (PPE)	7
D3	Personal Protective Practices	6
D4	Decontamination and Cleaning of Instruments	9
D5	Disinfection & Sterilization of Instruments	9
D6	Spill Management	2
D7	Isolation and Barrier Nursing	8
D8	Infection Control Program	3
D9	Hospital Acquired Infection Surveillance	2
D10	Envionrnment Control	7
	Total Score	57

- **Gap areas**

1. No adherence to 6 steps of hand washing by the hospital staff.
2. There is need to train staff regarding hand washing technique and when to wash hands. Also hand washing instructions should be displayed at all points of use.
3. Non availability of heavy duty gloves and gum boots to the sweepers handling the infectious waste.
4. Proper training is required regarding usage of protective equipments and standard precautions to be followed
5. No proper record/documented procedure for sterilisation and disinfection of instruments
6. Staff is not aware and requires training for spill management. Spill management protocols not displayed at the point of use.
7. Hospital does not have an infection control committee.
8. No provision for regular medical check-up of its staff and their immunisation.
9. Indicators like surgical site infection rate, hospital acquired infection and device related HAI rate are not monitored in the hospital.
10. Zoning of OT area needs to be done and proper air conditioning should be there to maintain the air pressure.

Gap analysis for Support services

Standard E: Support Services		
E1	Laundry Services & Linen Management	9
E2	Water Sanitation	9
E3	Kitchen Services	0
E4	Security Services	4
E5	Out- sourced Services Management	8
	Total Score	30

Gap areas

1.Water is not available in some toilets of patients.

2.There is no kitchen/dietary department in the hospital

3.Requirement of security staff for highly critical areas like labour room, OT.

4.There is a valid contract for housekeeping services but there is no record/ register maintained to evaluate the performance of the contractor

Gap analysis for Hygeine Promotion

Standard F: Hygiene Promotion		
F1	Community Monitoring & Patient Participation	7
F2	Information Education and Communication	4
F3	Leadership and Team work	2
F4	Training and Capacity Building and Standardization	2
F5	Staff Hygiene and Dress Code	5
	Total Score	20

Gap areas

1.Local NGO's need to be involved in maintaining the cleanliness of the hospital

2.More IEC material need to be displayed regarding water conservation, hand hygiene and regarding Swachh bharat in the hospital premises.

3.Infection control committee needs to be constituted

4.SOP's need to be documented for cleanliness and upkeep of the facility.

5.There should be proper training for BMW management and infection control practices.

6.There is no dress code policy followed in the hospital.

Gap analysis for Hygeine Promotion

Standard G: Beyound Hospital Boundary		
G1	Promotion of swachhata in surrounding area	3
G2	Coordination with local institution	4
G3	Alternative Financing and support mechanism	3
G4	Leadership and governance in surrounding area	4
G5	Approach road to health facility	5
G6	Cleanliness of surrounding areas	4
G7	Public Amenities in surrounding area	4
G8	Aesthetics of surrounding area	5
G9	General waste management in surrounding	5
G10	Maintenance of surrounding area	5
	Total Score	41

- **Gap areas**

1. Local community is not actively involved in administration of Swachh bharat abhiyan
2. There is no cultural programme regarding to cleanliness is organised for community awareness.
3. There is no linkage with local NGO's who work in the area of sanitation & hygiene.
4. Facility is not coordinating with school & colleges for promotion of hygiene & sanitation
5. Corporate Organisations & local leaders are not providing any attract support to facility
6. No person is designated to supervise & monitor activities related to cleanliness, sanitation & hygiene in surrounding area
7. Exterior of hospital boundary is not well maintained
8. There is no regular water supply & foul smell from toilets is existing
9. Stray animals such as dog, cats & pigs are found in the surrounding area

STANDARD WISE ACTION PLAN AND MEASURES TAKEN

Gaps as identified were taken up strategically and special attention on the gaps at the facility level was given and action plan was made for same. Based on these action plan following measures were taken:

Standard A: Hospital/Facility Upkeep

Standard A	Action required to remove gaps	Measures taken
Hospital\ Facility Upkeep	1.Maintenance of Pest control and anti-termite treatment register for record purpose 2.Appointment of a permanent gardener to maintain the vegetation 3.Walls are well plastered and painted 4Well demarcated parking area for patients, staff and ambulance 5Functional taps in toilets of male and female 6Display of IEC material for work place management at various points of use 7.Training of staff for 5's	1.Register is maintained for pest control and Anti-termite treatment records 2. front of the facility and garden is maintained by gardener. 3.Hospital walls are painted and plastered Irrelevant and out-dated posters are removed. 4. Parking Space is demarcated for patients, staff and Ambulance 5.Leaking taps, overflowing tanks and dysfunctional cisterns have been corrected. 6.IEC material for water conservation have been displayed 7.Training for managing the workplace (5s) has been given.

Standard b: sanitation and hygiene

Standard b: sanitation and hygiene	Action required to remove gaps	Measures taken
	1. Display of checklist for monitoring the effectiveness of housekeeping services 2. periodic training to staff regarding mopping and cleanliness 3. adherence to cleaning, disinfection and sterilization practices. 4. adherence to hand hygiene practices and display of IEC material at points of use.	1.Before the implementation of action plan there was checklist for housekeeping staff, but it is not in use and maintained but now checklist has been displayed in various points of use. 2.Training has been given to housekeeping staff regarding unidirectional method of mopping 3.All the toilets are cleaned and checked regularly for functional taps and cisterns. Brooms have been removed from patient care areas Usage of clean and different cloth for dry and wet mop 4.Display of 6 step hand washing technique at various points of use

Standard C: Waste Management

Standard C: Waste Management	Action required to remove gaps	Measures taken
	1. Proper IEC material on BMW and protocols of spill management to be displayed at every point of use 2. Biohazard sign displayed on the door of BMW storage room with security (lock and key) 3. Periodic training of staff regarding: - needle stick injury and Spill management 4. A nodal officer and Quality assurance committee for monitoring of BMW management.	1.IEC material for spill management, segregation and disposal of different categories of waste have been displayed and posters of colour coded bins displayed at various collection points. 2.Proper BMW room kept in lock and key has been made for storage of BMW with biohazard sign displayed on the door 3.Training has been given regarding needle stick injury to staff and protocols for needle stick injury have been displayed at point of use 4.Nodal officer and quality assurance committee has been constituted for monitoring of BMW management

Standard d: infection control

Standard d: infection control	Action required to remove gaps:	Measures Taken
	1. Display and training of 6 steps hand washing at various points of use 2. The management makes available resources required for handling the infectious waste 3. Display of IEC material and training for when to wash hands, spill management 4. Register maintenance for record purpose of sterilization and disinfection of instruments 5. Formation of infection control committee 6. Infection control nurse to be made 7. Zoning of OT into protective, clean, sterilized and dirty area.	• Availability of liquid soap dispensers and display of hand washing instruction (6 steps) at various points of use after the action plan. • Infection control committee has been constituted • Training regarding hand hygiene practises, correct method of wearing and removing gloves has been given. • Cleaning disinfection and sterilization practises are adhered • On the spot training has been given to nursing student regarding infection control and personal hygiene. • Spill management protocols have been displayed at various point of use.

Standard E: Support services

Standard E: Support services	Action required to remove gaps	Measures Taken
	1. Availability of water at all points of use 2.Appointment of security guards at critical locations.	1.Sufficient of water at all points of use 2.Appointment of security guards at critical locations (OT, Labour

Standard F: Hygiene promotion

Standard F: hygiene promotion	Action required to remove gaps:	Measures taken
	1.Involvement of Local NGO's in maintaining cleanliness of hospital 2.Display of IEC material regarding sanitation and hygiene at various points in the hospital 3.Designation of dress code for housekeeping staff 4.Periodic training to be given regarding infection control and cleanliness in the hospital. 5. Constitution of Infection control committee 6. SOP's for cleanliness & upkeep of hospital and BMW management	1.After the action plan local NGO's are now involved in clinic and maintains of hospitals. Patient awareness activity regarding hygiene practises have been done 2.Various IEC material regarding hygiene swachhata abhiyan, water sanitation have been displayed. 3.It is ensured that housekeeping staff and support staff wear uniforms with their name plates. 4.Training regarding BMW management has been given to the staff 5.Infection control committee has been constituted 6.Work is still going on regarding the SOP's for cleanliness & upkeep of hospital and BMW management

Standard G: Beyond Hospital Boundary

Standard G: Beyond Hospital Boundary	Action required to remove gaps	Measures taken
	1.Involvement of Local NGO's in administration of Swachh bharat abhiyan maintaining cleanliness of hospital 2.Organising cultural programme for community awareness. 3.Display of IEC material regarding cleanliness by NGO's 4.Coordination with other department for improving sanitation & hygiene in surroundings. 5.Exterior boundary wall is painted & plastered	1.Cleanliness drive at hospital premises by members of local NGO's Advertisement regarding swachhata pakhwada has been given in the newspaper Swachhata pledge has been taken by the staff for Swachh bharat abhiyan 2.Cultural programme in the form of Nukkad natak regarding Swachhata has been organised for community awareness 3.IEC material regarding cleanliness has been displayed by NGO's. 4.Unwanted posters on exterior hospital boundary wall has been removed

POST-ASSESSMENT OUTCOME

POST-ASSESSMENT OUTCOME

S.no	Standards	Score (preassessment)	Score (post assessment)
A	Hospital/facility Upkeep	62	83
B	Sanitation & Hygiene	70	88
C	Waste Management	78	90
D	Infection Control	57	73
E	Support Services	30	33
F	Hygiene Promotion	21	35
G	Beyond Hospital	41	54
	Total score obtained	359	456
	Maximum Score	600	600
	Percentage	60%	76%

MAINTENANCE OF FRONT OF THE FACILITY

BEFORE

AFTER

FORMATION OF REGISTER FOR MAINTAINING PEST & TERMITE CONTROL RECORD

REMOVAL OF IRRELEVENT & OUTDATED POSTER

MAINTENANCE OF THE GARDEN

DISPLAY OF IEC MATERIAL FOR WATER CONSERVATION

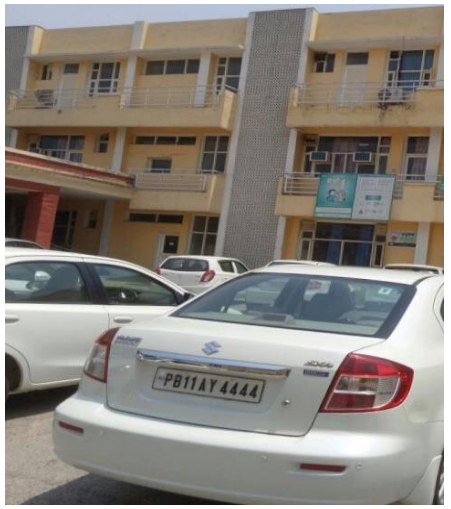
Fig(7)WORK PLACE MANAGEMENT AT NURSING STATION

BEFORE

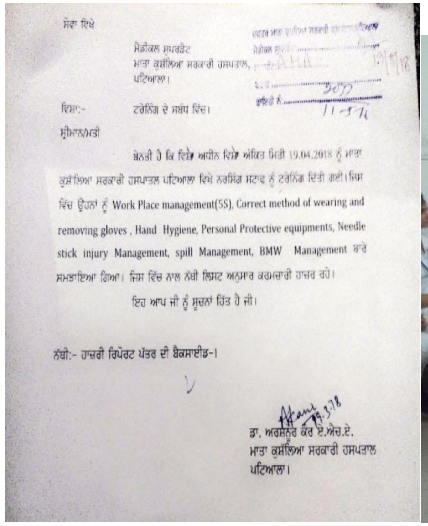
AFTER

DEMARCATED PARKING SPACE FOR PATIENT, STAFF & AMBULANCE

(BEFORE)



TRAINING ON 5S FOR WORK PLACE MANAGEMENT



ਸੇਵਾ ਵਿਖੇ

ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ
ਮਾਤਾ ਕੌਸ਼ਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ,
ਪਟਿਆਲਾ।

ਵਿਸ਼ਾ:- ਟਰੇਨਿੰਗ ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਸ੍ਰੀਮਾਨ/ਮਤੀ

ਬੇਨਤੀ ਹੈ ਕਿ ਦਿਲੋ ਅਤੀਤ ਵਿਖੇ ਅੱਜ ਮਿਤੀ 19.04.2018 ਨੂੰ ਮਾਤਾ ਕੌਸ਼ਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਪਟਿਆਲਾ ਵਿਖੇ ਨਰਸਿੰਗ ਸਟਾਫ ਨੂੰ ਟਰੇਨਿੰਗ ਦਿੱਤੀ ਗਈ। ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਨੂੰ Work Place management(5S), Correct method of wearing and removing gloves , Hand Hygiene, Personal Protective equipments, Needle stick injury Management, spill Management, BMW Management ਬਾਰੇ ਸਮਝਾਇਆ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਨਾਲ ਨੱਥੀ ਲਿਸਟ ਅਨੁਸਾਰ ਕਰਮਚਾਰੀ ਹਾਜਰ ਰਹੇ।

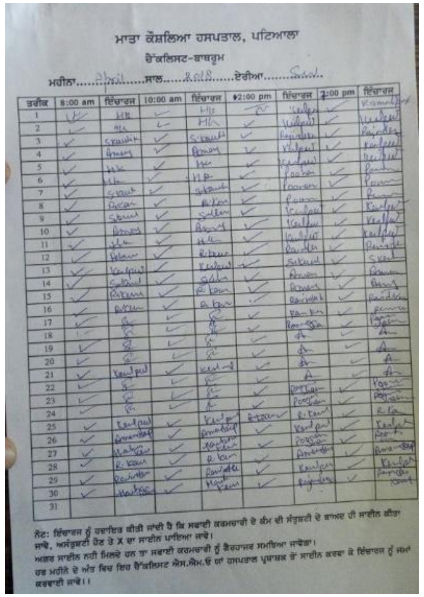
ਇਹ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਹੈ ਜੀ।

ਨੱਥੀ:- ਹਾਜਰੀ ਰਿਪੋਰਟ ਪੱਤਰ ਦੀ ਫੈਕਸਾਈਡ-।

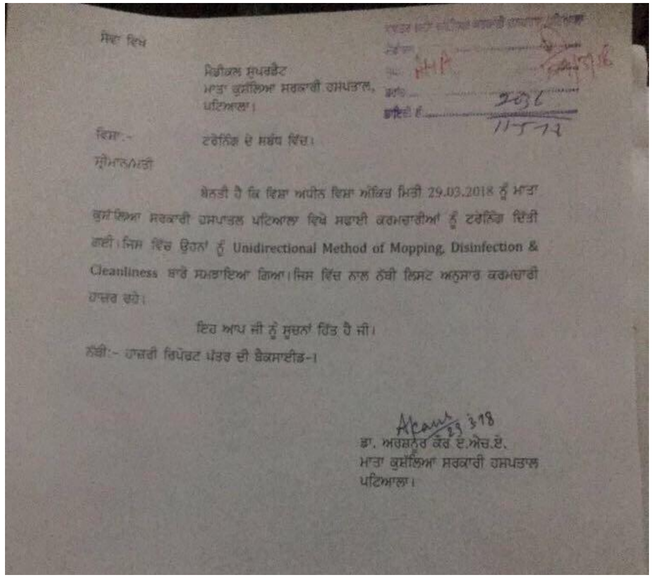
ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਏ.ਐਚ.ਏ.
ਮਾਤਾ ਕੌਸ਼ਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ।

(AFTER)

DISPLAY OF HOUSEKEEPING CHECKLIST AT VARIOUS POINTS OF USE



TRAINING GIVEN ON UNIDIRECTIONAL METHOD OF MOPPING



ਸੇਵਾ ਵਿਖੇ

ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ,
ਪਟਿਆਲਾ।

ਵਿਸ਼ਾ:- ਟਰੇਨਿੰਗ ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਸ੍ਰੀਮਾਨ/ਮਤੀ

ਬੇਨਤੀ ਹੈ ਕਿ ਵਿਸ਼ਾ ਅਧੀਨ ਵਿਸ਼ਾ ਅੰਕਿਤ ਮਿਤੀ 29.03.2018 ਨੂੰ ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਪਟਿਆਲਾ ਵਿਖੇ ਸਫਾਈ ਕਰਮਚਾਰੀਆਂ ਨੂੰ ਟਰੇਨਿੰਗ ਦਿੱਤੀ ਗਈ। ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਨੂੰ Unidirectional Method of Mopping, Disinfection & Cleanliness ਬਾਰੇ ਸਮਝਾਇਆ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਨਾਲ ਨੱਥੀ ਲਿਸਟ ਅਨੁਸਾਰ ਕਰਮਚਾਰੀ ਹਾਜ਼ਰ ਰਹੇ।

ਇਹ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾਂ ਹਿੱਤ ਹੈ ਜੀ।

ਨੱਥੀ:- ਹਾਜ਼ਰੀ ਰਿਪੋਰਟ ਪੱਤਰ ਦੀ ਫੋਟੋਕਾਪੀ-1

ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਏ.ਐਚ.ਏ.
ਮਾਤਾ ਕੁਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ।

MAKING QUALITY ASSURANCE COMMITTEE & APPOINTING NODAL OFFICER FOR REVIEWING BMW MANAGEMENT

ਮਾਤਾ ਕੌਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ
MATA KAUSHALYA GOVERNMENT HOSPITAL, PATIALA
O/o. Deputy Director -cum- Medical Superintendent

Office Order

As per meeting on 21.02.2018 under the chairmanship of Dr.Parminder Kaur Balgir (SMO) following are designated as nodal officer for different departments for National Quality Aussurance Program.

Sr. No	Departments	Name of Nodal Officers
1	Administration	Dr. Parminder Kaur Balgir, Dr. Arshnoor Kaur
2	Emergency	Dr. Jasmine Shukhla
3	Labour Room	Dr. Gurmandeep Kaur
4	Maternity ward	Dr. Aarti Pandove
5	OT	Dr. Neelam Kumar
6	Pediatric ward	Dr. Rachna
7	SNCU	Dr. Kirti Sood
8	Postpartum Unit	Dr. Ramita Aggarwal
9	IPD	Concerned Nodal Officer as per Department
10	Blood Bank	Dr. Sakshi Garg
11	Laboratory	Dr. Geetika Vohra
12	Radiology	Dr. Amita
13	Pharmacy	Sh. Parshotam Lal (Chief Pharmacist)
14	Auxillary Services	Sarbjeet (Matron)
15	OPD	Concerned Nodal Officer as per Department
16	NBSU	Dr. Akhil
17	BMW	Dr. Sunanda Grover

Medical Superintendent
Mata Kaushalya Govt. Hospital
Patiala

CIVIL HOSPITAL,	MKH, PATIALA	Issue date:21/02/2018
	QUALITY ASSURANCE COMMITTE	Rev. date: -

Members of Committee:

Designation in Organization	Name	Designation in committee	Signature
SMO	DR. PARMINDER KAUR BALGIR	Chairperson	
I/C OT	DR.NEELAM KUMAR	Member	
I/C Obstetrics and Gynaecology	DR. GURMANDEEP KAUR	Member	
Anesthesiologist	DR. MONIKA JINDAL	Member	
HA	DR. ARSHNOOR KAUR	Member Secretary	
I/C Nursing	SMT. SARBJEET	Member	
I/C LAB	DR. SAKSHI GARG	Member	
I/C Transport	SR. BALWINDER SINGH	Member	
I/C Stores	SR. SATINDER KUMAR	Member	
I/C Records	SR. BAIINDER THAKUR	Member	

Approved by:

BIO MEDICAL WASTE STORAGE ROOM

BEFORE

AFTER (kept in lock & dislplay biohazard sign on it)

TRAINING ON NEEDLE STICK INJURY & PROTOCOL IMPLEMENTED

ਸੇਵਾ ਵਿਖੇ

ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ
ਮਾਤਾ ਕੌਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ,
ਪਟਿਆਲਾ।

ਵਿਸ਼ਾ:- ਟਰੇਨਿੰਗ ਦੇ ਸਬੰਧ ਵਿੱਚ।

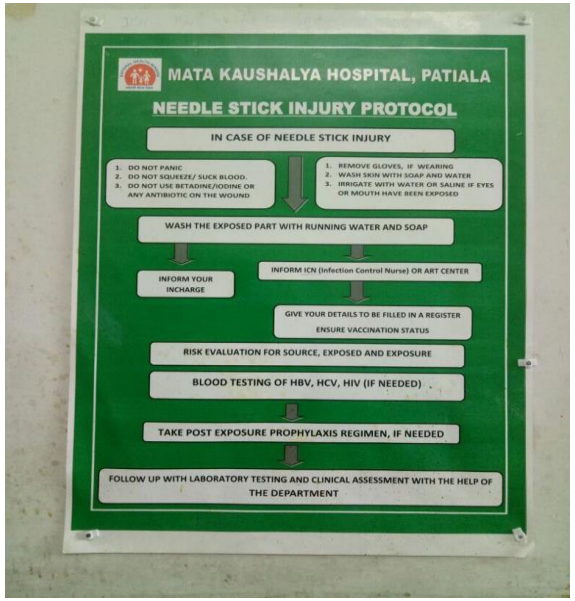
ਸ੍ਰੀਮਾਨਜੀ

ਬੇਨਤੀ ਹੈ ਕਿ ਵਿਭਾਗ ਅਧੀਨ ਵਿਭਾਗ ਅੰਕਿਤ ਮਿਤੀ 19.04.2018 ਨੂੰ ਮਾਤਾ ਕੌਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ ਪਟਿਆਲਾ ਵਿਖੇ ਨਰਸਿੰਗ ਸਟਾਫ ਨੂੰ ਟਰੇਨਿੰਗ ਦਿੱਤੀ ਗਈ। ਜਿਸ ਵਿੱਚ ਉਹਨਾਂ ਨੂੰ Work Place management(5S), Correct method of wearing and removing gloves , Hand Hygiene, Personal Protective equipments, Needle stick injury Management, spill Management, BMW Management ਬਾਰੇ ਸਮਝਾਇਆ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਨਾਲ ਨੱਥੀ ਲਿਸਟ ਅਨੁਸਾਰ ਕਰਮਚਾਰੀ ਹਾਜ਼ਰ ਰਹੇ।

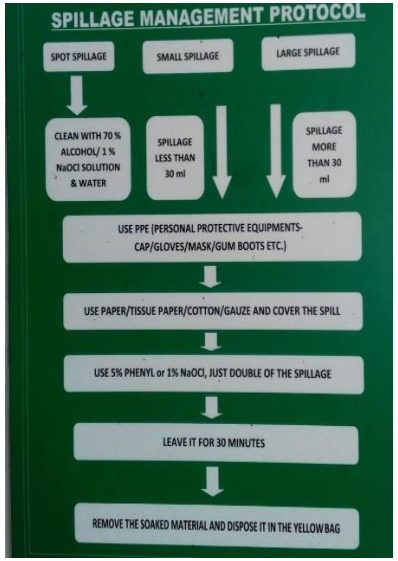
ਇਹ ਆਪ ਜੀ ਨੂੰ ਸੂਚਨਾ ਹਿੱਤ ਹੈ ਜੀ।

ਨੱਥੀ:- ਹਾਜ਼ਰੀ ਰਿਪੋਰਟ ਪੱਤਰ ਦੀ ਫੈਕਸਾਈਡ-।

ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਏ.ਐਚ.ਏ.
ਮਾਤਾ ਕੌਸ਼ੱਲਿਆ ਸਰਕਾਰੀ ਹਸਪਤਾਲ
ਪਟਿਆਲਾ।

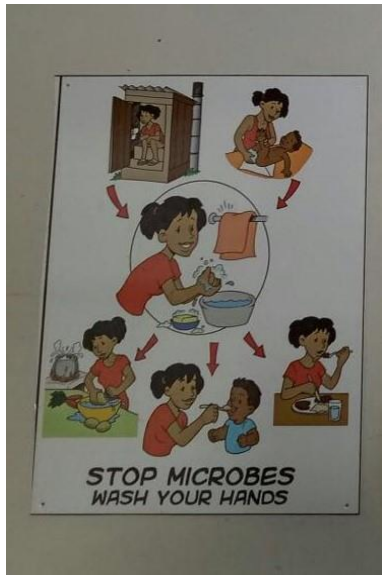


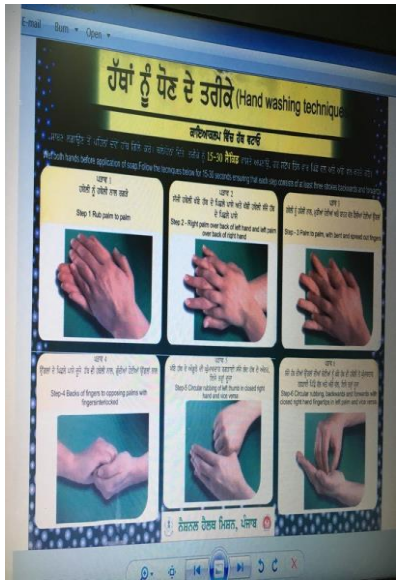
DISPLAY OF IEC MATERIAL ON BMW & SPILL MANAGEMENT PROTOCOL IMPLEMENTED



PATIENT AWARENESS ACTIVITY REGARDING HYGIENE PRACTICES

DISPLAY OF IEC MATERIAL ON HYGIENE & SWACHHTA ABHIYAN





HOUSEKEEPING & SUPPORT STAFF IN THEIR UNIFORM

ORGANISING NUKAD NATAK REGARDING CLEANLINESS FOR COMMUNITY AWARENESS

FSWACHHTA PLEDGE TAKEN BY THE STAFF

DISPLAY OF IEC MATERIAL REGARDING CLEANLINESS BY LOCAL NGO'S

SWACHHTA PAKHWARA IN NEWSPAPER

माता कौशल्या अस्पताल के डाक्टरों ने स्वच्छ भारत मुहिम की शपथ ली

डाक्टरों ने खुद झाड़ू पकड़ कर की अस्पताल कैम्पस की सफाई

ਵਿਸ਼ਵ ਸਿਹਤ ਦਿਵਸ ਮਨਾਇਆ

1 ਤੋਂ 15 ਅਪ੍ਰੈਲ ਤੱਕ ਮਨਾਇਆ ਜਾ ਰਿਹੈ ਸਵੱਛਤਾ ਪੰਦਰਵਾੜਾ

ਪਟਿਆਲਾ, 7 ਅਪ੍ਰੈਲ (ਜਗਜੀਤ ਸਿੰਘ ਮੌਰੂ) - ਸਥਾਨਕ ਮਾਤਾ ਕੌਸ਼ਲਿਆ ਹਸਪਤਾਲ ਵੱਲੋਂ ਵਿਸ਼ਵ ਸਿਹਤ ਦਿਵਸ ਅਤੇ ਸਵੱਛਤਾ ਤੋਂ ਸਿੱਧੀ ਤੱਕ ਦੇ ਭਾਰਤ ਸਰਕਾਰ ਵੱਲੋਂ ਚਿੰਘ ਮੁਹਿਮ ਸਵੱਛ ਭਾਰਤ ਤਹਿਤ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਦਿਸ਼ਾ ਨਿਰਦੇਸ਼ਾਂ ਹੇਠ 1 ਅਪ੍ਰੈਲ ਤੋਂ 15 ਅਪ੍ਰੈਲ ਤੱਕ ਮਨਾਇਆ ਜਾ ਰਿਹਾ ਹੈ ਜਿਸ ਦੇ ਤਹਿਤ ਡਾ. ਅੰਜੂ ਗੁਪਤਾ ਦੀ ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ ਦੀ ਅਗਵਾਈ ਵਿਚ ਵਿਸ਼ਵ ਸਿਹਤ ਦਿਵਸ ਮਨਾਇਆ ਗਿਆ। ਇਸ ਮੌਕੇ ਹਸਪਤਾਲ ਦੇ ਡਾਕਟਰਾਂ ਅਤੇ ਸਟਾਫ ਵੱਲੋਂ ਮਰੀਜ਼ਾਂ ਨੂੰ ਸਿਹਤ ਸੰਭਾਲ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਦਿੰਤੀ ਗਈ ਭਾਰਤ ਸਰਕਾਰ ਵੱਲੋਂ ਸ਼ਰੂਆਤ ਕੀਤੀ ਪ੍ਰੋਗਰਾਮ ਤਹਿਤ ਟੀ.ਬੀ. ਦੀ ਬਿਮਾਰੀ ਨੂੰ 2025 ਤੱਕ ਘਟਾ ਕੇ ਥੋਲੇ ਲੈ ਕੇ ਆਉਣ ਹੈ। ਜਿਸਤਰੀ ਜ਼ਿਲ੍ਹਾ ਸੁਰੱਖਿਆ, ਜਨਨੀ ਸੁਰੱਖਿਆ, ਜੀਐਸਦਾਈ ਸਬੰਧੀ ਲੋਕਾਂ ਨੂੰ ਪ੍ਰੇਰਿਤ ਕੀਤਾ।ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਸਿਹਤ ਸੇਵਾਵਾਂ ਨੂੰ ਪਕੀਨੀ ਬਣਾਉਣ ਲਈ ਘਰ-ਘਰ ਤੱਕ ਸੁਨੇਹਾ ਪਹੁੰਚਾਇਆ ਸਾਵੇ ਅਤੇ ਸਵੱਛਤਾ ਨੂੰ ਅਪਨਾਵੇਤੇ ਤਾਂ ਕਿ ਬਿਮਾਰੀਆਂ ਜਿਵੇਂ ਕਿ ਲਾਗੂ ਦੀ ਬਿਮਾਰੀ, ਨਿਮੋਨੀਆ, ਟਾਈਫਾਈਡ ਅਤੇ ਸਕਿਨ ਆਦਿ ਦੀਆਂ ਬਿਮਾਰੀਆਂ ਤੋਂ ਬਚਿਆ ਜਾ ਸਕੇ। ਇਸ ਸਬੰਧ ਵਿਚ ਸੋਮਵਾਰ ਤੋਂ ਡਾਕਟਰਾਂ ਅਤੇ ਮਰੀਜ਼ਾਂ ਨੂੰ ਸਵੱਛਤਾ ਅਭਿਆਨ ਬਾਰੇ ਸਹੁੰ ਚੁਕਾਈ ਜਾਵੇਗੀ। ਇਸ ਦੇ ਤਹਿਤ ਹੀ ਨੁੱਕੜ ਨਾਟਕ ਖੇਡੇ ਜਾਣਗੇ। ਸਵੱਛਤਾ ਅਭਿਆਨ ਤਹਿਤ ਅਜਿਹੀਆਂ ਬਿਮਾਰੀਆਂ ਜੋ ਕਿ ਘਾਤਕ ਹਨ, ਨੂੰ 70 ਤੋਂ 80 ਪ੍ਰਤੀਸ਼ਤ ਤੱਕ ਖੁਕਾ ਸਕੀਏ ਅਤੇ ਆਉਣ ਵਾਲਾ ਬਜਟ ਅਤੇ ਆਉਣ ਵਾਲੀ ਪੀੜ੍ਹੀ ਸਿਹਤਮੰਦ ਹੋ ਸਕੇ। ਇਸ ਮੌਕੇ ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ ਅੰਜੂ ਗੁਪਤਾ, ਐਸਐਮਓ ਪਰਮਿੰਦਰ ਕੌਰ, ਡਾ. ਵਿਕਾਸ ਗੁਪਤਾ, ਡਾ. ਅਰਸ਼ਨੂਰ ਕੌਰ ਅਤੇ ਹੋਰ ਸਟਾਫ ਮੌਜੂਦ ਸੀ।

MEMBERS OF LOCAL NGO IN CLEANLINESS DRIVE AT HOSPITAL PREMISES

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Thank
you