

Study on Pre Assessment and Fulfilling the Gaps of Sub
District Hospital in Relation to Standards of KAYAKALP
Program WoHFW, GoI

By

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*Dissertation submitted for the partial fulfillment of the
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Internship Training

At

Sub District Hospital, Kharar (Punjab)

**Study on Pre Assessment and fulfilling the Gaps of Sub District Hospital
in Relation to Standards of KAYAKALP Program MoHFW, GoI**

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MBA Hospital and Health Management

Year 2014-16



TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Atul Gautam** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Sub District Hospital, Kharar (NHM Punjab)** from 08/02/2016 to 30/04/2016.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



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CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr. Atul Gautam student of the Postgraduate Diploma in Hospital and Health Management of IIHMR Jaipur has successfully completed three months dissertation under Punjab Health Systems Corporation, Punjab from 08.02.2016 to 30.4.2016.

During the dissertation the student's performance was found to be satisfactory.

We wish him/her success in all his/her future endeavors.

Hussan Lal, IAS
Managing Director

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-Cum - Secretary Health and Family Welfare, Pb.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “Study on Pre Assessment and fulfilling the Gaps of Sub District Hospital in Relation to Standards of KAYAKALP Program MoHFW, GoI” and submitted by Atul Gautam Enrollment No.IIHMR-U/01/2014-16/0132 under the supervision of Associate Professor Dr.Sandesh Kumar Sharma for award of MBA Hospital and Health Management of the University carried out during the period from February 8,2016 to April 30,2016 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

Introduction

A clean hospital environment is essential for the health and well being of patients, staff and visitors. Cleanliness, hygiene and sanitation are most important aspects in a hospital not only to make the hospital clean but also to control hospital acquired infection. These aspects also provide patients and visitors with a positive experience and encourage molding behaviour related to clean environment. To complement this effort, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative (KAYAKALP) to give awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

Background

Sub District Hospital (SDH), Kharar is a 50 bedded hospital. It is 1 out of the 9 hospitals being focused upon for the 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 present situation and the gap areas, then on the basis of the findings make an action plan to fulfil those gaps.

Objective

- To compare the standards given for each objective of KAYAKALP checklist and assess the existing service delivery system of the hospital.
- To make an action plan for bridging the gap areas based on prioritization.
- To see the impact of the intervention through the action plan.

Methodology

Study Type

Descriptive Cross Sectional Study

Data Collection

Primary Data: KAYAKALP tool kit is used and assessment is done by direct observation. The scoring pattern used is:- 2 = Compliance 1 = Partial Compliance 0 = Non Compliance

Secondary Data: Hospital Documents Review and Clinical Record Review, Research Articles.

Results

Initially present situation and gap areas were identified based on KAYAKALP checklist and average score was calculated. On the basis of these findings an action plan was developed for 3months in order to fulfil those gaps. Then at the end of 3months 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 percentage for the hospital came out to be 63.2% and then after the implementation of the action plan it was observed that the score increased to 73.8% at the end of 3 months.

Conclusion

Improvement in scores is there but still work needs to be done to achieve full compliance. Suggestions have been given so that implementation can be done to achieve full compliance before Pre assessment.

Acknowledgement

It is indeed a privilege to have got an opportunity to work in a prestigious organization such as Sub District Hospital, Kharar (Punjab). My three months on job training has been nothing short of extensive learning. The exposure I have got on the functioning of various clinical and non clinical departments has been tremendous and has left me with an urge to learn more.

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ABBREVIATIONS

ARSH	Adolescent Reproductive and Sexual Health
BMW	Bio-Medical Waste
CSSD	Central Sterile Supply Department
DH	District Hospital
GOI	Government of India
ICTC	Integrated Counseling and Testing Centre
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IPHS	Indian Public Health Standards
NGO	Non Governmental Organization
OPD	Out Patient Department
OT	Operation Theatre
PHSC	Punjab Health System Corporation
PPE	Personal Protective Equipment
RKS	Rogi Kalyan Samiti
RR	Record Review
SI	Staff Interview
SOP	Standard Operating Procedure
WHO	World Health Organisation

1.1 EXECUTIVE SUMMARY

A clean hospital environment is essential for the health and well being of patients, staff and visitors. Cleanliness, hygiene and sanitation are most important aspects in a hospital not only to make the hospital clean but also to control hospital acquired infection. These aspects also provide patients and visitors with a positive experience and encourage molding behaviour related to clean environment.

To complement this effort, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative (KAYAKALP) to give awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

Sub District Hospital (SDH), Kharar is a 50 bedded hospital. It is 1 out of the 9 hospitals being focused upon for the 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 present situation and the gap areas, then on the basis of the findings make an action plan to fulfil those gaps.

Initially present situation and gap areas were identified based on KAYAKALP checklist and average score was calculated. On the basis of these findings an action plan was developed for 3months in order to fulfill those gaps. Then at the end of 3months 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 63.2% and then after the implementation of the action plan it was observed that the score increased to 73.8% at the end of 3 months. Improvement in score is there but still work needs to be done to achieve full compliance. Suggestions have been given so that implementation can be done to achieve full compliance before Pre assessment.

1.2 BACKGROUND OF THE STUDY

Hospital is an institution that provides medical, surgical or psychiatric care and treatment for the sick or the injured. Cleanliness, hygiene and sanitation are most important aspects in a hospital not only to make the hospital clean but also to control hospital acquired infection. Patients come to hospital to get treated and if not given proper environmental hygiene, their condition can get worse. This also increases hospital burden by increasing length of stay, delayed patient discharge, patient mortality and morbidity, increased socio economic costs etc. It adversely affects the image of the hospital.

Effective monitoring of cleaning standards is vital in maintaining a healthy and safe hospital environment, and contributes significantly to the quality of patient care. Studies show that nearly one third of infections can be controlled by well defined infection control programs and a healthy working environmental condition.

KAYAKALP standards guide the provision of attaining high levels of cleanliness, hygiene and infection control in the organization. This program is documented and aims at reducing/eliminating infection risks to patients, visitors and providers of care. Application of standards across the organization helps in smoother and more efficient management of the hospital.

Sub District Hospital, Kharar is 50 bedded hospital and is 1 out of the 9 hospitals being focused upon for the KAYAKALP program in the state of Punjab. The score in baseline assessment shows that score for the hospital is quite less than desired (i.e. 70%). Work in this regard was required. Through KAYAKALP program we aim at disseminating information, surveillance activities, investigation, prevention and control of infections.

1.3 LITERATURE REVIEW

The Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. Public health care facilities are a major mechanism of social protection to meet the healthcare needs of large segments of the population. 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. Swachhta guidelines for public health facilities are being issued separately. ⁽¹⁾

Gap analysis is a component of the preparatory phase of NABH accreditation program. The goal of gap analysis is to identify the gap between the optimized allocation and integration of the inputs, and the current level of allocation. Gap analysis refers to a study where hospital compare the present policy, procedure, SOP's, Infrastructure with defined laid down standard of accreditation body.⁽²⁾

Medicine, University of Cape Town paper provides an overview of the methods used to promote an equitable distribution of healthcare resources. It highlight that resources allocation is extremely valuable in efficient budgeting. It also highlights the successful implementation of resources distribution can be facilitated by undertaking a detailed gap analysis. Gap analysis will provide basis for developing services development plans. There is also need to strengthen capacity for planning, budgeting and implementing plans to ensure use of limited healthcare resources.⁽³⁾

Dr. Santosh kumar, Brig.(Dr.) S.K Puri, Dr. SD Gupta in a study of Gap Analysis Report for Rehabilitation Centre has found that it is mainly a destitute centre having 20 beds for disable patients. Even though it is housed in a poly clinic various sub specialities (such as Medicine, Surgery, ENT, Ophthalmology and Dental) are available here which seems to be duplicity of resources. The centre does not have proper diagnostic, inpatient or utility services (Kitchen, Laundry). There is no effective signage to guide the patient in the centre. The Radiology department is virtually open from three sides causing radiation hazards to staff and patients. The general Housekeeping is very bad, all toilets are broken and stincking, almost all working areas are dirty and unhygienic to work and live. Wards are crowded and lack ventilation. Most of the bed linen are dirty. CSSD has only one autoclave which is not sufficient for entire hospital. It lacks quality control measures. There is no disaster plan for the hospital.⁽⁴⁾

There are very few studies to assess the cleanliness, hygiene and infection control practises in public health facilities and therefore efforts are required to conduct more such studies in other states to better understand the situation of public health facilities in terms of IPHS norms prescribed by the Government of India and how far we need to go to achieve these norms.⁽⁵⁾

According to **National Guidelines for clean Hospitals**, patients shed microorganisms into the health care environment, particularly if they are coughing, sneezing or having diarrhoea. Bacteria and viruses may survive for weeks or months on dry surfaces in the

environment of the patient (the space around a patient that may be touched by the patient and may also be touched by the health care provider). The designation of a patient's environment varies depending upon the nature of the health care organisation and the ambulation of the patient. Cleaning disrupts transmission of these microorganisms from the contaminated environment to patients and health care providers. Improving cleaning practices in hospitals and other health care organisations will contribute towards controlling health care-associated infection and associated costs.⁽⁶⁾

Aarti Vij, Sunil Kant & Shakti Gupta in their study on **Analytical Evaluation of Cleaning Agents and Disinfectants in use for Housekeeping Practices at a Tertiary Care Hospital** stated that Housekeeping is a complex activity requiring constant attention to many varied details, scientific housekeeping is still in its infancy in India, however its identity and importance has begun to be recognized. Cleaning agents are perhaps the most critical for effective housekeeping. Cleaning agents, detergent disinfectants utilised for housekeeping activities must be constantly reviewed in light of new scientific findings. Tradition should not be the only criteria on which to base current procedures and practices. The cleaning and disinfectant properties must be evaluated scientifically. Cost effectiveness should be an essential criteria in the selection of cleaning agents and disinfectants for use in housekeeping activities in health care institutions.⁽⁷⁾

American journal of infection control, 2010 – Elsevier: Recent studies using direct covert observation or a fluorescent targeting method have consistently confirmed that most near patient surfaces are not being cleaned in accordance with existing hospital policies while other studies have confirmed that patients admitted to rooms previously occupied by patients with hospital pathogens have a substantially greater risk of acquiring the same pathogen than patients not occupying such rooms. These findings, in the context recent studies that have shown disinfection cleaning can be improved on average more than 100% over baseline, and that such improvement has been associated with a decrease in environmental contamination of high touch surfaces, support the benefit of decreasing environmental contamination of such surfaces. This review clarifies the differences between measuring cleanliness versus cleaning practices; describes and analyzes conventional and enhanced monitoring programs; addresses the critical aspects of evaluating disinfection hygiene in light of guidelines and standards; analyzes current

hygienic practice monitoring tools; and recommends elements that should be included in an enhanced monitoring program.⁽⁸⁾

Laura Y. Sifuentes PhD, Charles P. Gerba PhD, Ilona Weart BS, Kathleen Engelbrecht MS, David W. Koenig PhD conducted study on **Microbial contamination of hospital reusable cleaning towels**. In the 10 hospitals participating in this study, almost all (93%) sampled cleaning towels contained viable microorganisms even after laundering. There were significant differences among hospitals in terms of the numbers and types of microorganisms recovered. Possible explanations for these findings include the substantial variation in laundering and cleaning practices among the hospitals, as well as variations in methods of disinfectant application, towel materials, and conditions for storage of the cleaning towels, resulting in habitats more or less conducive to microbial proliferation. The questionnaire data facilitated comparison of different factors influencing the microbial loads of cleaning towels used in the study hospitals. Significant differences in the presence of bacteria and mold were observed based on the disinfectant application method used. Spraying of towels with a power sprayer was associated with a higher microbial load than soaking, likely because spraying does not completely saturate the towel fibers with disinfectant. But even though soaking resulted in a smaller overall microbial load on the towels, coliforms were still isolated from the disinfectant buckets.⁽⁹⁾

HEI Annual Report 2013–2014: Cleaning (patient equipment and ward environments): Many examples of positive team-working to provide a safe and clean environment for patients were seen. Domestic and nursing staff work as a team to make wards and departments safe and clean. Generally, nursing staff are responsible for cleaning patient equipment and domestic staff are responsible for cleaning wards and departments. For nursing staff, this includes managing any blood or body fluid spillages. However, issues were found with cleanliness on inspections. It was found on occasions where some cleaning responsibilities were not clear between nursing and domestic staff, for example the cleaning of patient beds. In some instances, inspection team were told ‘there is no time to clean’ between patient use. It was also found that the cleanliness of patient equipment was not always being monitored effectively to ensure it was clean and ready for use.⁽¹⁰⁾

Stephanie J Dancer, Liza F White, Jim Lamb, E Kirsty Girvan and Chris Robertson in a prospective cross-over study conducted in a UK hospital found that enhanced cleaning was associated with a 32.5% reduction in levels of microbial contamination at

hand-touch sites when wards received enhanced cleaning ($P < 0.0001$: 95% CI 20.2%, 42.9%). Near-patient sites (lockers, overbed tables and beds) were more frequently contaminated with meticillin-resistant *S. aureus*/*S. aureus* than sites further from the patient ($P = 0.065$). Genotyping identified indistinguishable strains from both hand-touch sites and patients. There was a 26.6% reduction in new meticillin-resistant *S. aureus* infections on the wards receiving extra cleaning, despite higher meticillin-resistant *S. aureus* patient-days and bed occupancy rates during enhanced cleaning periods ($P = 0.032$: 95% CI 7.7%, 92.3%). Adjusting for meticillin-resistant *S. aureus* patient-days and based upon nine new meticillin-resistant *S. aureus* infections seen during routine cleaning, we expected 13 new infections during enhanced cleaning periods rather than the four that actually occurred. Clusters of new meticillin-resistant *S. aureus* infections were identified 2 to 4 weeks after the cleaner left both wards. Enhanced cleaning saved the hospital £30,000 to £70,000. ⁽¹¹⁾

According to **Journal of Hospital Infection (2001)**, good hospital hygiene is an integral and important component of a strategy for preventing hospital-acquired infections. Hospital environmental hygiene encompasses a wide range of routine activities that are generally considered to be central to the prevention of hospital-acquired infection. They include: cleaning and decontamination; laundry and housekeeping; safe collection and disposal of general and clinical waste; kitchen and food hygiene. ⁽¹²⁾

1.4 PROBLEM STATEMENT

To assess the existing service delivery system of the hospital and identify the areas and fulfilling the gaps and make improvement to enhance the compliance of standards for KAYAKALP program in the hospital.

1.5 OBJECTIVES OF THE STUDY

- To compare the standards given for each objective of KAYAKALP checklist and assess the existing service delivery system of the hospital.
- To make an action plan for bridging the gap areas based on prioritization.

- To see the impact of the intervention through the action plan.

1.6 RESEARCH METHODOLOGY

Study Type- Descriptive Cross Sectional Study

Location of Study- Sub District Hospital, Kharar, Punjab

Data Collection-

Primary Data: KAYAKALP tool kit is used and assessment is done by direct observation.

The scoring pattern used is:-

2 = Compliance

1 = Partial Compliance

0 = Non Compliance

Secondary Data: Hospital Documents Review and Clinical Record Review

Tools Used

Checklist was prepared according to the 6 standards of the KAYAKALP program and based on that checklist, gap analysis was done. All observations were made in 2 parts:

- Bringing out the current situation of the hospital
- Comparison in respect to KAYAKALP standards

Standard wise compliance/partial compliance/non compliance on KAYAKALP standards were raised to assess the present situation.

Action plan made to conclusively remove the non compliance.

1.7 GAP ANALYSIS

Table 1

Standard A: Hospital/Facility Upkeep		
A1	Pest and Animal Control	3
A2	Landscaping & Gardening	4
A3	Maintenance of Open Areas	7
A4	Hospital / Facility Appearance	5
A5	Infrastructure Maintenance	5
A6	Illumination	8
A7	Maintenance of Furniture & Fixture	5
A8	Removal of Junk Material	6
A9	Water Conservation	5
A10	Work Place Management	6
	Total Score	54

Objective 1: Stray animals such as dogs, cats etc are found within the premises. Non availability of mosquito nets for staff/patients.

Objective 2: No gardener is appointed for maintaining the grass beds and checking the wild vegetation. There is no Herbal garden in the facility.

Objective 3: Wild vegetation and water logging is visible in some of the open areas.

Objective 4: The colour of the name board of the hospital has faded away and as per state's policy some of the signages are missing. It is also seen that the interior walls of the patient care areas have chipped off plaster and paint is faded in most of the areas.

Objective 5: Entry gate is present but is not of adequate height. Similarly parking area is present but there is no demarcated parking area for Ambulance, staff and patients.

Objective 6: Lighting arrangements are adequate in most of the areas of the hospital.

Objective 7: Patient trolleys and wheel chairs are not well maintained as wheels are not properly aligned and are broken. Some of the bed mattresses are also torn and not clean.

Objective 8: Junk material is seen in the open and corridor areas of the hospital. There is no demarcated place for keeping the condemned material.

Objective 9: Dysfunctional/broken taps are found in toilets of male and female wards. There is no periodical inspection/policy for checking water supply system.

Objective 10: There is no proper work place management and the things are kept in haphazard manner in working stations. No training/IEC given to the staff for sorting of the things in systemized manner.

Table 2

Standard B: Sanitation & Hygiene		
B1	Cleanliness of Circulation Area	7
B2	Cleanliness of Wards	6
B3	Cleanliness of Procedure Areas	10
B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab)	8
B5	Cleanliness of Auxiliary Areas	7
B6	Cleanliness of Toilets	5
B7	Use of standards materials and Equipment for Cleaning	8
B8	Use of Standard Methods Cleaning	6
B9	Monitoring of Cleanliness Activities	2
B10	Drainage and Sewage Management	9
	Total Score	68

Objective 1: Although 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.

Objective 2: Stains and cobwebs are found on the walls of ward areas. There is no record/checklist to see the frequency of mopping done in the areas.

Objective 3: Unlike the circulation area and ward area, procedure areas (OT, Labour room) are clean but housekeeping checklist is not maintained.

Objective 4: The condition of ambulatory area (Emergency, Laboratory, Radiology, OPD) is not good as seepage, dirt etc is seen on floor and walls.

Objective 5: Kitchen is not present but other auxiliary areas (Pharmacy, Mortuary, Office area) have dirt, cobwebs, stains etc on the walls. No housekeeping records/checklist available.

Objective 6: Stains, foul odor, wet floor, dysfunctional taps seen in the toilets.

Objective 7: Adequate cleaning material and chemical (Phenyl, Carbolic acid) is available in the hospital. But carts for carrying the buckets is not available.

Objective 8: 3 Bucket system for mopping is not used and brooms are used in some of patient care areas.

Objective 9: Although matron checks the cleaning of the areas but there is no separate policy/record/checklist for keeping a regular check on cleaning activities.

Objective 10: The drainage system is well maintained in the hospital but regular cleaning is not done.

Table 3

Standard C: Waste Management		
C1	Segregation of Biomedical Waste	7
C2	Collection and Transportation of Biomedical Waste	8
C3	Sharp Management	8
C4	Storage of Biomedical Waste	6
C5	Disposal of Biomedical waste	10
C6	Management Hazardous Waste	6
C7	Solid General Waste Management	10
C8	Liquid Waste Management	5
C9	Equipment and Supplies for Bio Medical Waste Management	9
C10	Statutory Compliances	8
	Total Score	77

Objective 1: There is protocol for segregation of Biomedical wastes but it is not properly followed. No training/IEC activity is carried out in the premises.

Objective 2: Collection and transportation of the waste is done using a Biomedical waste trolley. There are separate colour coded bins for different categories of wastes. But separate dirty corridor not present.

Objective 3: Sharp management is not proper. No standard procedure in case of needle stick injuries and staff is not aware what to do in case it happens.

Objective 4: There is no proper room for storage of Biomedical waste.

Objective 5: There is proper disposal of Biomedical waste and the hospital has a contract with a common treatment facility.

Objective 6: Staff is not aware of blood spill management, mercury spill management etc. No protocols for management of hazardous wastes.

Objective 7: General and infectious wastes are segregated and have separate storage areas. These are removed regularly by an outsourced agency.

Objective 8: There is no septic tank as per specifications for liquid waste management in the hospital.

Objective 9: Adequate equipments are available in the hospital for Biomedical waste management

Objective 10: Hospital does not has a valid authorization for Biomedical waste management from pollution control board. There is a proper designated person for monitoring of Biomedical waste management.

Table 4

Standard D: Infection Control		
D1	Hand Hygiene	4
D2	Personal Protective Equipment (PPE)	5
D3	Personal Protective Practices	6
D4	Decontamination and Cleaning of Instruments	9
D5	Disinfection & Sterilization of Instruments	9
D6	Spill Management	4
D7	Isolation and Barrier Nursing	5
D8	Infection Control Program	5
D9	Hospital Acquired Infection Surveillance	3

D10	Environment Control	8
	Total Score	58

Objective 1: Non availability of liquid antiseptic hand wash and alcohol based hand rub. There is need to train staff regarding hand washing technique and when to wash hands. Also hand washing instructions should be displayed at all the points of use.

Objective 2: Use of personal protective equipments like gloves, masks not used by nursing and support staff. Heavy duty gloves and gum boots not used by waste handlers.

Objective 3: Proper training and sensitization of staff is required regarding usage of protective equipments and standard precautions to be followed.

Objective 4: Staff knows how to prepare and use chlorine solution for cleaning but the cleaning protocol is not regularly followed.

Objective 5: No proper record/documented procedure for sterilisation and disinfection of instruments.

Objective 6: Staff is not aware and requires training for spill management. Spill management protocols not displayed at the point of use.

Objective 7: There is no separate isolation ward for infectious patients in the hospital. There is restriction of visitors in isolation areas (OT, Labour room) and external footwear not allowed but in Labour room this restriction is not followed.

Objective 8: Hospital does not has an Infection control committee. There is no documented and periodic survey on infections and immunization of the staff.

Objective 9: There is no surveillance system for infection control. No records for monitoring and reporting of hospital acquired infections.

Objective 10: Zoning of OT area needs to be done and proper air conditioning should be there to maintain the air pressure.

Table 5

Standard E: SUPPORT SERVICES		
E1	Laundry Services & Linen Management	10
E2	Water Sanitation	7
E3	Kitchen Services	0

E4	Security Services	2
E5	Out-sourced Services Management	7
	Total Score	26

Objective 1: There is adequate stock of linen as per hospital requirement and bed sheets are washed, changed regularly.

Objective 2: The facility receives adequate quantity of water. There are also storage tanks to maintain the supply of water for 24hours. However, there is no periodic check to detect the quality of water and also water is not available in patient toilets and blood bank.

Objective 3: Kitchen services not available.

Objective 4: There are no security personnel but are required for highly critical areas like Labour room, Emergency and also for OPD to control the heavy rush of the patients.

Objective 5: There is a valid contract for housekeeping services and BMW management but there is no record/register maintained to evaluate the performance of the contractor.

Table 6

Standard F: Hygiene Promotion		
F1	Community Monitoring & Patient Participation	8
F2	Information Education and Communication	9
F3	Leadership and Team work	5
F4	Training and Capacity Building and Standardization	7
F5	Staff Hygiene and Dress Code	4
	Total Score	33

Objective 1: There is no feedback system/survey conducted in the hospital to evaluate the services given to the patients. Also local NGO's need to be involved in maintaining the cleanliness of the hospital.

Objective 2: More IEC activities need to be done especially regarding cleanliness of public toilets and handwashing.

Objective 3: Infection Control Committee needs to be constituted so as to regularly monitor the infection control practises.

Objective 4: SOP's need to be documented for cleanliness and upkeep of the facility. Also there should be proper trainings of the staff and record maintained.

Objective 5: There is no Dress code policy followed in the hospital. Most of the hospital staff members are not having their identity cards.

1.8 ACTION PLAN

Here in, the gaps as identified will be taken up strategically and short term, long term goals will be identified in liaison with the hospital. Special attention on the gaps at the facility level is given and based on prioritization action plan is made.

Following are the parameters:-

1. Clearly state the action required to remove a particular non-compliance.
2. Identify the person who would be responsible for removing that non-compliance.
3. He/she will be given a target date to remove that non-compliance.
4. Evidence that non-compliance has been removed.

There are 6 standards in KAYAKALP program and these are taken up separately in Management implementation plan.

Table 7

Standard A: Hospital/Facility Upkeep

S.NO.	Action required to remove a particular non-compliance	Responsible person	Target date
1.	Order for availability of adequate stock of mosquito nets for the hospital	Store In charge to ensure availability	29/2/2016
2.	Appointment of a permanent Gardener to maintain the gardens	Hospital Administrator along with Senior Medical Officer	10/3/2016
3.	Provision of a Herbal garden	Hospital Administrator along with Gardener	30/3/2016

4.	Walls are well plastered and painted	Hospital Administrator along with Senior Medical Officer	30/4/2016
5.	Appropriate signage system and name of the hospital prominently displayed	Hospital Administrator	1/4/2016
6.	Functional gates of proper height at the entrance	Hospital Administrator along with Senior Medical Officer	1/4/2016
7.	Well demarcated parking area for Ambulance, staff and patients	Hospital Administrator	30/4/2016
8.	Functional patient trolleys with properly aligned wheels	1. Store Incharge to ensure the repair of non functional trolleys 2. Hospital Administrator to ensure their availability	15/3/2016
9.	Documentation of the Condemned materials and separate area for keeping the condemned junk material	1. Store Incharge 2. Hospital Administrator to plan for the area	30/4/2016
10.	Display of IEC material for water conservation and workplace management at various points of use	Nursing Sister alongwith Hospital Administrator	15/3/2016

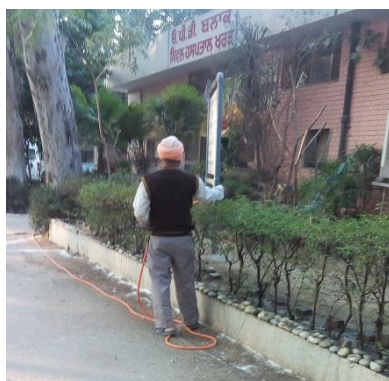


Fig.1 Gardener watering the plants

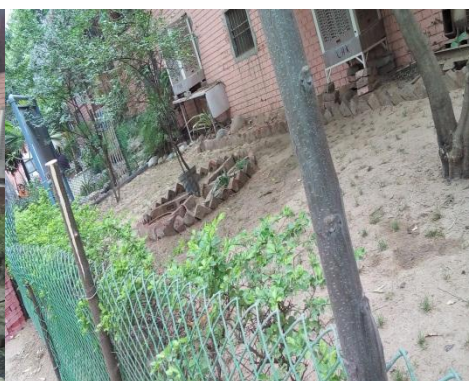


Fig.2 Herbal garden

Table 8

Standard B: Sanitation & Hygiene

S.NO.	Action required to remove a particular non-compliance	Responsible person	Target date
1.	Checklist for monitoring the effectiveness of housekeeping services	Nursing Sister	1/3/2016
2.	Periodic training to staff regarding general housekeeping and BMW waste management	Nursing Sister	1/3/2016
3.	Adherence to hand hygiene guidelines and display of IEC material at various points of use	Hospital Administrator	1/3/2016
4.	Adherence to cleaning, disinfection and sterilization practices	Nursing Sister	1/3/2016
5.	Adequate and appropriate facilities for hand washing in all patient care areas are accessible to healthcare providers and patients	Store Incharge	15/3/2016

March 2016 O.P.D. No.

Checklist

Date	Work/Cleaning Done			Sweeper Name			On Du
	M	E	N	M	E	N	
10/3	✓	✓	—				
11/3	✓	✓	—	10/20	10/20	10/20	10/20
12/3	✓	✓	—	11	11	11	11
14/3	✓	✓	—	11	11	11	11
15/3	✓	✓	—	11	11	11	11
16/3	✓	✓	—	11	11	11	11
17/3	✓	✓	—	11	11	11	11
18/3	✓	✓	—	11	11	11	11
19/3	✓	✓	—	11	11	11	11
20/3	✓	✓	—	11	11	11	11
22/3	✓	✓	—	11	11	11	11
26/3	✓	✓	—	11	11	11	11
28/3	✓	✓	—	11	11	11	11
29/3	✓	✓	—	11	11	11	11
30/3	✓	✓	—	11	11	11	11
31/3	✓	✓	—	11	11	11	11

Fig.3 Checklist for Housekeeping

Table 9

Standard C: Waste Management

S.NO.	Action required to remove a particular non-compliance	Responsible person	Target date
1.	Proper IEC material to be displayed at various BMW collection points and numbering of points	Pathologist(BMW nodal officer) along with Hospital Administrator	15/3/2016
2.	A proper BMW storage room with lock and key and biohazard sign displayed on the door	Hospital Administrator	25/2/2016
3.	Septic tanks/Double sinks for treatment of liquid wastes	Hospital Administrator along with Nursing Sister	15/3/2016
4.	To get proper Authorization for BMW management from state pollution control board	Pathologist(BMW nodal officer) along with Hospital Administrator	1/3/2016



Fig.4 BMW storage area (before) and BMW store room kept in lock (after)

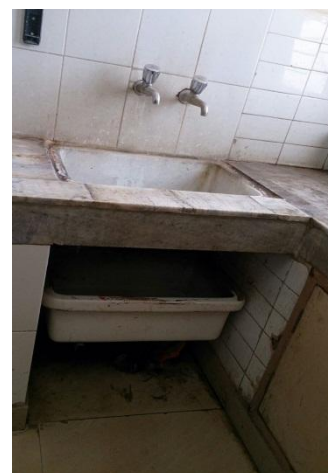


Fig.5 Double sink for treating liquid waste

Table 10

Standard D: Infection Control

S.NO.	Action required to remove a particular non-compliance	Responsible person	Target date
1.	Formation of Infection control committee	Hospital Administrator along with Senior Medical Officer	1/3/2016
2.	Infection control nurse to be made	Nursing Sister	4/3/2016
3.	The management makes available resources required for infection control program	Senior Medical Officer	25/2/2016
4.	Training and display of 6steps of hand washing at various points of use	Nursing Sister	15/3/2016
5.	Display of posters/IEC material when to hand wash, spill management and mercury spill management	Nursing Sister	15/3/2016
6.	Availability of personal protective equipments for the staff	Store Incharge	1/3/2016
7.	Separate slippers and racks for critical areas like Labour room, OT etc	Hospital Administrator	15/3/2016

8.	Provision of Isolation Ward	Hospital Administrator along with Senior Medical Officer	1/3/2016
9.	Zoning of OT into protective, clean, sterilized and dirty area	Hospital Administrator	1/3/2016

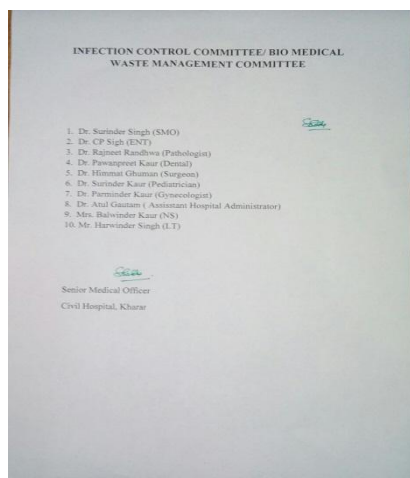


Fig.6 Infection Control Committee



Fig.7 Liquid soap dispenser and 6 step hand washing technique displayed t point of use

Table 11

Standard E: SUPPORT SERVICES

S.NO.	Action required to remove a particular non-compliance	Responsible person	Target date
1.	Availability of water at all points of use	Nursing Sister	1/3/2016
2.	Appointment of security guards at critical locations	Senior Medical Officer	30/3/2016
3.	Proper record maintaining the adherence to laundry and linen management process	Nursing Sister	20/3/2016

Table 12

Standard F: Hygiene Promotion

S.NO.	Action required to remove a particular non-compliance	Responsible person	Target date
1.	Involvement of local NGO's in maintaining cleanliness of hospitals	Hospital Administrator along with Senior Medical Officer	15/3/2016
2.	IEC material regarding sanitation and hygiene material to be displayed at various points in the hospital	Hospital Administrator along with Nursing Sister	20/3/2016
3.	Designation of Dress code for housekeeping staff	Hospital Administrator	15/3/2016
4.	Issuance of Identity cards to all the hospital staff	Hospital Administrator along with Nursing Sister for record keeping	30/3/2016
5.	Periodic trainings to be given regarding infection control and cleanliness in the hospital	Hospital Administrator along with Quality nodal officer	Monthly



Fig.8 Housekeeping staff in their uniform



Fig.9 On the spot training given to nursing students regarding infection control and personal hygiene



Fig.10 Members of a local NGO in a cleanliness drive at hospital premises

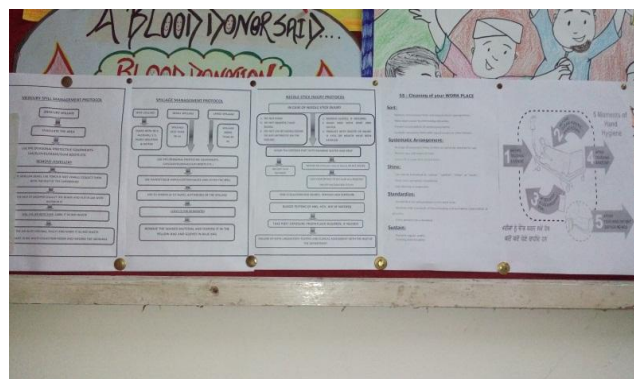


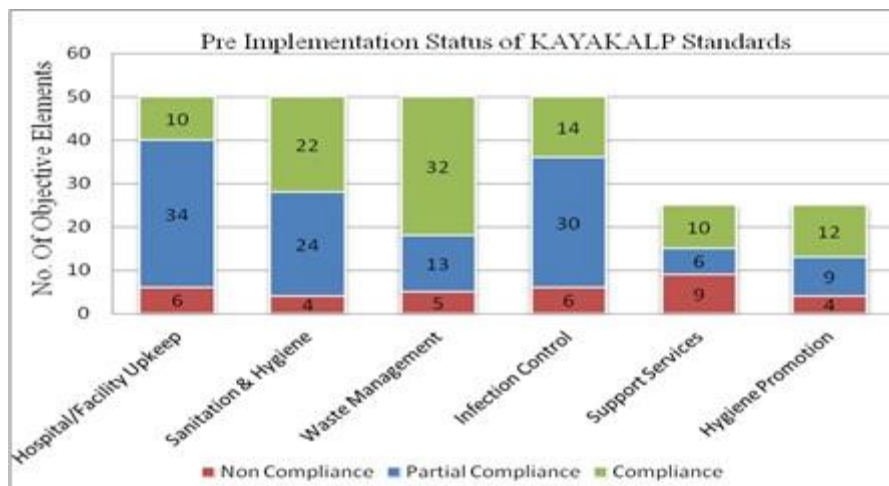
Fig.11 IEC material displayed in blood bank

1.9 RESULTS AND FINDINGS

Table 13 Representing combined gap analysis of 6 standards

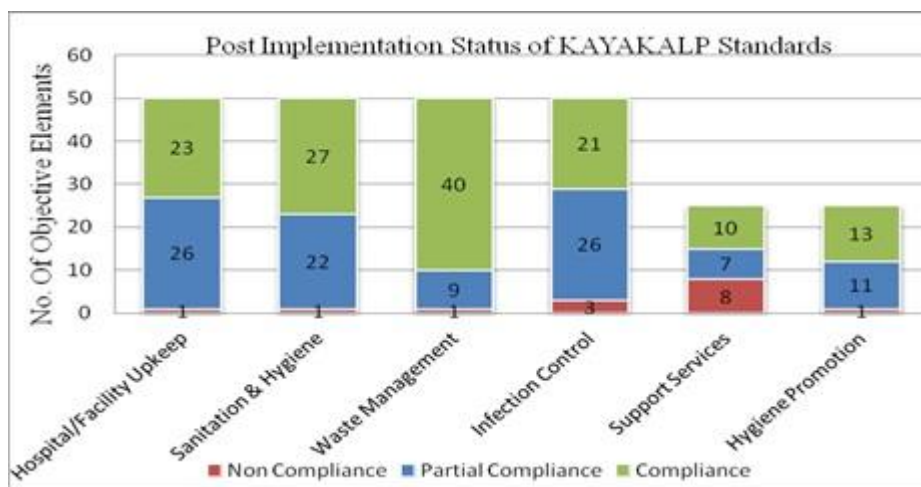
S.NO	Standard	Total Objective Elements	Non Compliance	Partial Compliance	Compliance
1.	Hospital/Facility Upkeep	50	6	34	10
2.	Sanitation & Hygiene	50	4	24	22
3.	Waste Management	50	5	13	32
4.	Infection Control	50	6	30	14
5.	Support Services	25	9	6	10
6.	Hygiene Promotion	25	4	9	12

Fig. 12 Pre Implementation status of KAYAKALP standards in the hospital



The above graph represents the no. of objective elements of each standard falling into the category of compliance, partial compliance and non compliance with KAYAKALP standards before implementation of action plan.

Fig. 13 Post Implementation status of KAYAKALP standards in the hospital



The above graph represents the no. of objective elements of each standard falling into the category of compliance, partial compliance and non compliance with KAYAKALP standards after implementation of action plan.

Table 14 Comparison of Scores and Percentage

S.NO	Standards	Score (before)	Score (after)
A.	Hospital/Facility Upkeep	54	72
B.	Sanitation & Hygiene	68	76
C.	Waste Management	77	89
D.	Infection Control	58	68
E.	Support Services	26	27
F.	Hygiene Promotion	33	37
	Total Score Obtained	316	369
	Maximum Score	500	500
	Percentage	63.2%	73.8%

Interpretations from table 14:

Overall score is raised from 63.2 per cent to 73.8 per cent mainly due to:-

Standard A: Score is raised from 54 to 72 as:-

- Measures have been taken for a mosquito free environment and maintenance of gardens and open areas.
- Hospital walls are painted and plastered.
- A separate junk area has been made to keep all the condemned junk material of the hospital.
- Leaking taps, overflowing tanks and dysfunctional cisterns have been corrected.

Standard B: Score is raised from 68 to 76 as:-

- Before implementation of action plan there were no checklists for the housekeeping staff but now these are made and maintained.
- Adequate cleaning material is made available to the staff and brooms have been removed from patient care areas.
- All the toilets are cleaned and checked regularly for functional taps and cisterns.

Standard C: Score is raised from 77 to 89 as:-

- There was no room for storage of BMW and it was kept in an open area but now a proper room kept in lock and key has been made for storage of BMW with biohazard sign displayed on the door.
- Double sinks have been put up at different areas for liquid waste management and treatment with chlorine solution before its disposal.
- IEC material for mercury spill management, segregation and disposal of different categories of wastes have been displayed and posters of colour coded bins displayed at various collection points.
- BMW management committee has been constituted with clearly defined roles and responsibilities.

Standard D: Score is raised from 58 to 68 as:

- Infection control committee has been constituted.
- Availability of liquid soap dispensers and display of hand washing instructions(6 steps) at various points of use after the action plan.
- Standard precautions, hand hygiene practises are followed.
- Cleaning, disinfection and sterilization practises are adhered.
- Isolation ward is made but barrier nursing facilities not available.
- Immunization and regular medical checkups of the is not done.

Standard E: Score (almost same) raised from 26 to 27 as:-

- Linen and laundry management procedures are adhered.
- There is no kitchen facility at the hospital.
- Appointment of required security guards still not done and security services are lacking.

Standard F: Score raised from 33 to 37 as:-

- After the action plan local NGO's are now involved in cleaning and maintenance of hospital.
- Various IEC material regarding cleanliness and hygiene displayed but requires more training sessions for the staff regarding the same.
- It is ensured that housekeeping staff wear their uniforms but the organisation has not yet taken decision on dress code policy for all cadre of staff.
- Work is still going on regarding the SOP's for cleanliness and upkeep of facility.

Fig. 14 Represents the percentage of overall compliance of standards before the implementation of action plan

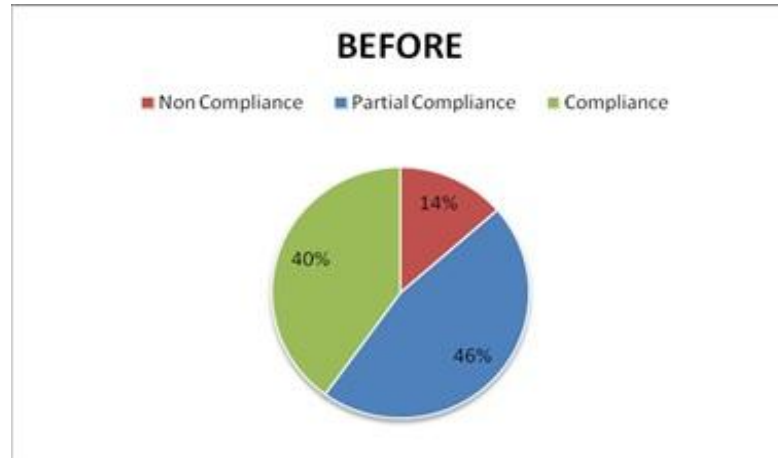


Fig. 15 Represents the percentage of overall compliance of standards after the implementation of action plan

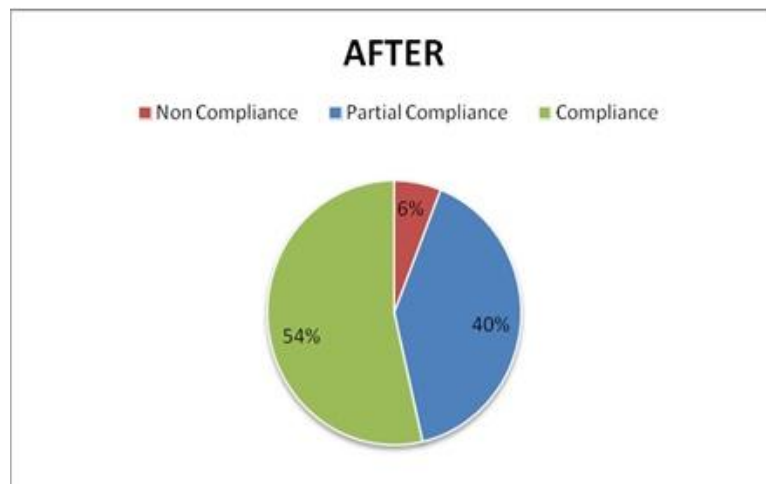


Fig.14 & 15 depicts that due to the impact of intervention (by the action plan) there is **compliance** of 54 per cent (from 40 per cent) to the standards; **partial compliance** of 40 per cent (from 46 per cent) & 6 per cent (from 14 per cent) of **non compliance** to standards is still there.

1.10 RECOMMENDATIONS

- Need for documentation of policies and guidelines (in case of partially compliance standards).
- Need for improving and regularly conducting training programs, where actions not performed according to guidelines.
- Appointment of security staff as early as possible.
- Proper maintenance of records and surveillance activities to be carried out regularly.
- Availability of PPE to staff and monitoring of hygiene practises regularly.
- A uniform signage system should be developed and it need to be bilingual.

1.11 CONCLUSION

In this project, initially present situation and gap areas were identified based on KAYAKALP checklist and percentage was calculated. On the basis of these findings an action plan was developed for 3months in order to fulfill those gaps. Then at the end of 3 months again self assessment was done to see the impact of intervention in terms of percentage change.

Results of the above analysis suggested that initially the percentage for the KAYAKALP program came out to be 63.2% and then after implementation of the action plan it was observed that the percentage increased to 73.8% at the end of 3 months. Although improvement in score is there but still work needs to be done to achieve full compliance.

It was found that 2 standards had percentage less than 70% . Suggestions have been given so that implementation can be done to achieve full compliance before pre assessment.

1.12 LIMITATIONS OF STUDY

1. Time constraint- 3 months period of dissertation was limited and implementation for all elements was not being done.
2. Some of the staff was not supportive.

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ANNEXURE 1

Ref. No.	Criteria	Assessment Method	Means of Verification	Compliance
A.	HOSPITAL / FACILITY UPKEEP			
A1	Pest & Animal Control			
A1.1	No stray animals within the facility premises	OB/SI	Observe for the presence of stray animals such as dogs, cats, cattle, pigs, etc. within the premises. Also discuss with the facility staff.	
A1.2	Cattle-trap is installed at the entrance	OB	Check at the entrance of facility that cattle trap has been provided. Also look at the breach, if any, in the boundary wall	
A1.3	Pest Control Measures are implemented in the facility	SI/RR	Ask the facility administration about pest control measures to control rodents and insect. Check records of engaging a professional agency for the same	
A1.4	Anti-termite Treatment of the wooden furniture and fixtures is undertaken periodically	RR/SI	Check if the facility has a scheduled programme for anti-termite treatment at least once in a year	

A1.5	Measures for Mosquito free environment are in place	OB/SI /PI	Check for a. Usage of Mosquito nets by the patients b. Availability of adequate stock of Mosquito nets c. Wire Mesh in windows d. Desert Coolers (if in use) are cleaned regularly/ oil is sprinkled e. No water collection for mosquito breeding within the premises	
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A2	Landscaping & Gardening			
A2.1	Facility's front area is landscaped	OB	Frontage of the facility has been maintained with grass beds, trees, Garden, etc. and it has an aesthetic appearance	
A2.2	Green Areas/ Parks/ Open spaces are well maintained	OB	Check that wild vegetation does not exist. Shrubs and Trees are well maintained. Over grown branches of plants/ tree have been trimmed regularly. Dry leaves and green waste are removed on daily basis.	
A2.3	Internal Roads, Pathways, waiting area, etc. are uneven and clean	OB	Check that pathways, corridors, courtyards, waiting area, etc. are clean and land landscaped.	
A2.4	Gardens/ green area are secured with fence	OB	Barricades, fence, wire mesh, Railings, Gates, etc. have been provided for the green area.	
A 2.5	Provision of Herbal Garden	OB/SI	Check if the facility maintains a herbal garden for the medicinal plants	

A3	Maintenance of Open Areas			
A3.1	There is no abandoned / dilapidated building within the premises	OB	Check for presence of any 'abandoned building' within the facility premises	
A3.2	No water logging in open areas	OB	Check for water accumulation in open areas because of faulty drainage, leakage from the pipes, etc.	
A 3.3	No thoroughfare / general traffic in hospital premises	OB/ SI	Check that the facility premises are not being used as 'thoroughfare' by the general public	
A3.4	Open areas are well maintained	OB	Check that there is no over grown shrubs, weeds, grass, patholes, bumps etc. in open areas	
A3.5	There is no unauthorised occupation within the facility, nor there is encroachment on Hospital land	OB/SI	Check for hospital premises and access road have not been encroached by the vendors, unauthorized shops/ occupants, etc.	

A4	Hospital / Facility Appearance			
A4.1	Walls are well-plastered and painted	OB	Check that wall plaster is not chipped-off and the building is painted/ whitewashed in uniform colour and Paint has not faded away.	
A4.2	Interior of patient care areas are plastered & painted	OB	Interior walls and roof of the outdoor and indoor area are plastered and painted in soothing colour. The Paint has not faded away.	
A4.3	Name of the hospital is prominently displayed at the entrance	OB	Name of the Hospital is prominently displayed as per state's policy and convenience of beneficiaries. The name board of the facility is well illuminated in night	
A4.4	Uniform signage system in the Hospital	OB	All signages (directional & departmental) are in local language and follow uniform colour scheme.	
A 4.5	No unwanted/Outdated posters	OB	Check, that facility's external and internal walls are not studded with irrelevant and out dated posters, slogans, wall writings, graffiti, etc.	

A5	Infrastructure Maintenance			
A5.1	Hospital Infrastructure is well maintained	OB	No major cracks, seepage, chipped plaster & floors in the hospital	
A5.2	Hospital has a system for periodic maintenance of infrastructure at pre-defined interval	SI/RR	Check the records for preventive maintenance of the building. It should be done at least annually.	
A5.3	Electric wiring and Fittings are maintained	OB	Check to ensure that there are no loose hanging wires, open or broken electricity panels	
A5.4	Hospital has intact boundary wall and functional gates at entry	OB	Check that there is a proper boundary wall of adequate height without any breach. Wall is painted in uniform colour	
A.5.5	Hospital has adequate facility for parking of vehicles	OB	Check that there is a demarcated space for parking of the vehicles as well as for the Ambulances and vehicles are parked systematically	

A6	Illumination	
A6.1	Adequate illumination in Circulation Area	OB Check for Adequate lighting arrangements through Natural Light or Electric Bulbs.
A6.2	Adequate illumination in Indoor Areas	OB Check for Adequate lighting arrangements through Natural Light or Electric Bulbs. The illumination should be 150-300 Lux at Nursing station and 100 Lux in the wards
A6.3	Adequate illumination in Procedure Areas (Labour Room/ OT)	OB Check for Adequate lighting arrangements The illumination should be 300 Lux in procedure areas. Toilets should have at least 100 lux light.
A6.4	Adequate illumination in front of hospital and access road	OB Check that hospital front, entry gate and access road are well illuminated
A6.5	Use of energy efficient bulbs	OB Check that hospital uses energy efficient bulb like CFL or LED for lighting purpose within the Hospital Premises

A7	Maintenance of Furniture & Fixture			
A7.1	Window and doors are maintained	OB	Check, if Window panes are intact, and provided with Grill/ Wire Meshwork. Doors are intact and painted /varnished	
A7.2	Patient Beds & Mattresses are in good condition	OB	Check that Patient beds are not rusted and are painted. Mattresses are clean and not torn	
A7.3	Trolleys, Stretchers, Wheel Chairs, etc. are well maintained	OB	Check that Trolleys, Stretcher, wheel chairs are intact, painted and clean. Wheels of stretcher and wheel chair are aligned and properly lubricated	
A7.4	Furniture at the nursing station, staff room, administrative office are maintained	OB	Check the condition of furniture at nursing station, duty room, office, etc. The furniture is not broken, painted/polished and clean.	
A7.5	There is a system of preventive maintenance of furniture and fixtures	SI/RR	Check if hospital has an annual preventive maintenance programme for furniture and fixtures, at least once in a year.	

A8	Removal of Junk Material			
A8.1	No junk material in patient care areas	OB	Check if unused/condemned articles, and outdated records are kept in the Nursing stations, OPD clinics, wards, etc.	
A8.2	No junk material in Open Areas and corridors	OB	Check, if unused/condemned equipment, vehicles, etc. are kept in the corridors, pathways, under the stairs, open areas, roof tops, balcony, etc.	
A8.3	No junk material in critical service area	OB	Check if unused articles, and old records are kept in the Labourroom, OT, Injection room, Dressing room etc.	
A8.4	Hospital has demarcated space for keeping condemned junk material	OB/SI	Check for availability of a demarcated & secured space for collecting and storing the junk material before its disposal	
A8.5	Hospital has documented and implemented Condemnation policy	SI/RR	Check if Hospital has drafted its condemnation policy or have got one from the state. Check whether they are complying with it	

A9	Water Conservation			
A9.1	Water supply is adequate in Quantity & Quality	OB/SI/RR	Check the quantity of water including reservoir and record of its quality	
A9.2	Water supply system is maintained in the Hospital	OB	Check for leaking taps, pipes, overflowing tanks and dysfunctional cisterns	
A9.3	There is a system of periodical inspection for water wastage	OB	Check if staff have been assigned duty for periodical inspection of leaking taps, etc.	
A9.4	Hospital promotes water conservation	SI/OB	Check if IEC material is displayed for water conservation, and staff & users are made aware of its importance	
A 9.5	Hospital has a functional rain water harvesting system	OB/SI	Check if Hospital Infrastructure and drain system are fitted with rain water harvesting system with sufficient storage capacity	

A10	Work Place Management			
A10.1	Staff periodically sort useful and unnecessary articles at work station	SI/OB	Ask the staff, how frequently they sort and remove unnecessary articles from their work place like Nursing stations, work bench, dispensing counter in Pharmacy, etc. Check for presence of unnecessary articles.	
A10.2	The Staff arrange the useful articles, records in systematic manner	SI/OB	Check if drugs, instruments, records are not lying in haphazard manner and kept near to point of use in arranged manner. The place has been demarcated for keeping different articles	
A10.3	Staff label the articles in identifiable manner	SI/OB	Check that drugs, instruments, records, etc. are labelled for facilitating easy identification.	
A10.4	Work stations are clean and free of dirt/dust	SI/OB	Check that nursing station, dispensing counter, lab benches, etc. are clean and shining	
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')	

B	Sanitation & Hygiene			
B1	Cleanliness of Circulation Area			
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.	
B1.2	No Cobwebs/Bird Nest/ Dust on walls and roofs of corridors	OB	Check that roof, walls, corners of Corridors, Waiting area, stairs, roof top for any Cobweb, Bird Nest, etc.	
B1.3	Corridors are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B1.4	Corridors are rigorously cleaned with scrubbing / flooding once in a month	SI/RR	Ask the staff about cleaning schedule and activities	
B1.5	Surfaces are conducive of effective cleaning	OB	Check if surfaces are smooth enough for cleaning	

B2	Cleanliness of Wards			
B2.1	No dirt/Grease/ Stains/ Garbage in wards	OB	Check that floors and walls of indoor department for any visible or tangible dirt, grease, stains, etc.	
B2.2	No Cobwebs/Bird Nest/ Dust/Seepage on walls and roofs of wards	OB	Check for the roof, corners of ward for any Cobweb, Bird Nest, Dust etc.	
B2.3	Wards are cleaned at least thrice in the day with wet mop	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B2.4	Patient Furniture, Mattresses, Fixtures are without grease and dust	OB	Check for visible dirt, dust, grease etc. Check if the items are wiped/dusted daily	
B2.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	OB	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records if available	

B3	Cleanliness of Procedure Areas			
B3.1	No dirt/Grease/ Stains/ Garbage in Procedure Areas	OB	Check that floors and walls of Labour room, OT, Dressing room for any visible or tangible dirt, grease, stains etc.	
B3.2	No Cobwebs/Bird Nest/ Seepage in OT & Labour Room	OB	Check for roof, walls, corners of Labour Room, OT, Dressing Room for any Cobweb, Bird Nest, Seepage, etc.	
B3.3	OT/Labour Room floors and procedures surfaces are cleaned at least twice a day / after every surgery	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	
B3.4	OT & Labour Room Tables are without grease, body fluid and dust	OB	Check that Top, side and legs of OT Tables, Dressing Room Tables, Labour Room Tables for dirt,dried human tissue, body fluid etc.	
B3.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask cleaning staff about frequency of cleaning day. Verify with Housekeeping records if available.	

B4	Cleanliness of Ambulatory Area (OPD, Emergency, Lab)			
B4.1	No dirt/Grease/Stains / Garbage in Ambulatory Area	OB	Check for floors and walls of OPD, Emergency, Laboratory, Radiology for any visible or tangible dirt, grease, stains, etc.	
B4.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of ambulatory area	OB	Check for roof , walls, corners of OPD, Emergency, Laboratory, Radiology for any Cobweb, Bird Nest, Dust, Seepage, etc.	
B4.3	Ambulatory Areas are cleaned at least thrice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records	
B4.4	Furniture, & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B4.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a week.	SI/RR	Ask staff about schedule of cleaning and verify with records	

B5	Cleanliness of Auxiliary Areas			
B5.1	No dirt/Grease/ Stains/ Garbage in Auxiliary Area	OB	Check for the floors and walls of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices,for any visible or tangible dirt,grease, stains, etc.	
B5.2	No Cobwebs/Bird Nest/ Seepage on walls and roofs of Auxiliary Area	OB	Check the roof , walls, corners of Pharmacy, Kitchen, Laundry, Mortuary, Administrative offices for any Cobweb, Bird Nest,Seepage, etc.	
B5.3	Auxiliary Areas are cleaned at least twice in the day with wet mop	SI/RR	Ask cleaning staff about frequency of cleaning in a day. Verify with Housekeeping records.	
B5.4	Furniture & Fixtures are without grease and dust and cleaned daily	OB/SI	Observe and ask the staff about frequency for cleaning	
B5.5	Floors, walls, furniture and fixture are thoroughly cleaned once in a month	SI/RR	Ask staff about schedule of cleaning and verify with records	

B6	Cleanliness of Toilets			
B6.1	No dirt/Grease/Stains/Garbage in Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for any visible dirt, grease, stains, water accumulation in toilets	
B6.2	No foul smell in the Toilets	OB	Check some of the toilets randomly in indoor and outdoor areas for foul smell	
B6.3	Toilets have running water and functional cistern	OB	Ask cleaning staff to operate cistern and water taps	
B6.4	Sinks and Cistern are cleaned every two hours or whenever required	SI/RR	Ask cleaning staff for frequency of cleaning and verify it with house keeping records	
B6.5	Floors of Toilets are Dry	OB	Check some of the toilets randomly for dryness of floors and without residue water accumulation	

B7	Use of standards materials and Equipment for Cleaning			
B7.1	Availability of Detergent Disinfectant solution / Hospital Grade Phenyl for Cleaning purpose	SI/OB/RR	Check for good quality Hospital cleaning solution preferably a ISI mark. Composition and concentration of solution is written on label. Check with cleaning staff if they are getting adequate supply. Verify the consumption records.	
B7.2	Cleaning staff uses correct concentration of cleaning solution	SI/RR	Check, if the cleaning staff is aware of correct concentration and dilution method for preparing cleaning solution. Ask them to demonstrate. Verify it with the instruction given solution bottle.	
B7.3	Availability of carbolic Acid/ Baciloid for surface cleaning in procedure areas- OT, Labour Room	SI/RR	Check for adequacy of the supply. Verify with the records of stock outs, if any	
B7.4	Availability of Buckets and carts for Mopping	SI/RR	Check if adequate numbers of Buckets and carts are available. General and critical areas should have separate bucket and carts.	
B7.5	Availability of Cleaning Equipment	SI/OB	Check the availability of mops, brooms, collection buckets etc. as per	

			requirement. Hospital with a size of more than 300 beds should have mechanized mopping machine.	
B8	Use of Standard Methods Cleaning			
B8.1	Use of Three bucket system for cleaning	SI/OB	Check if cleaning staff uses three bucket system for cleaning. One bucket for Cleaning solution,second for plain water and third one for wringing the mop. Ask the cleaning staff about the process	
B8.2	Use unidirectional method and out word mopping	SI/OB	Ask cleaning staff to demonstrate the how they apply mop on floors. It should be in one direction without returning to the	

			starting point. The mop should move from inner area to outer area of the room.	
B8.3	No use of brooms in patient care areas	SI/OB	Check if brooms are stored in patient care areas. Ask cleaning staff if they are using brooms for sweeping in wards, OT, Labour room. Brooms should not be used in patient care areas.	
B8.4	Use of separate mops for critical and semi critical areas and procedures surfaces	SI/OB	Check if cleaning staff is using same mop for outer general areas and critical areas like OT and labour room. The mops should not be shared between critical and general area. The clothes used for cleaning procedure surfaces like OT Table and Labour Room Tables should not be used for mopping the floors.	
B8.5	Disinfection and washing of mops after every cleaning cycle	SI/OB	Check if cleaning staff disinfect, clean and dry the mop before using it for next cleaning cycle.	

B9	Monitoring of Cleanliness Activities			
B9.1	Use of Housekeeping Checklist in Toilets	OB/RR	Check that Housekeeping Checklist is displayed in Toilet and updated. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.2	Use of Housekeeping Checklist in Patient Care Areas	OB/RR	Check that Housekeeping Checklist is displayed in OPD, IPD, Lab, etc. Check Housekeeping records if checklists are daily updated for at least last one month	
B9.3	Use of Housekeeping Checklist in Procedure Areas	OB/RR	Check that Housekeeping Checklist is displayed in Labour room, OT Dressing room etc. Check Housekeeping records if checklist are daily updated for at least last one month.	
B9.4	A person is designated for monitoring of Housekeeping Activities	SI/RR	Check if a staff-member from the hospital has been designated to monitor the housekeeping activities and verify	

			them with counter signature on housekeeping checklist.	
B9.5	Monitoring of adequacy and quality of material used for cleaning	SI/RR	Check if there is any system of monitoring that adequate concentration of disinfectant solution is used for cleaning. Hospital administration take feedback from cleaning staff about efficacy of the solution and take corrective action if it is not effective.	

B10.	Drainage and Sewage Management			
B10.1	Availability of closed drainage system	OB	Check if there is any open drain in the hospital premises. Hospital should have a closed drainage system. If, the hospital's infrastructure is old and it is not possible create closed draining system, the open drains should properly covered.	
B10.2	Gradient of Drains is conducive for adequate for maintaining flow	OB	Check that the drains haveadequate slope and there is no accumulation of water or debris in it	
B10.3	Availability of connection with Municipal Sewage System/ or Soak Pit	OB/SI	Check if Hospital sewage has proper connection with municipal drainage system. If access to municipal system is not accessible, hospital should have a septic tank with in the premises.	
B10.4	No blocked/ over-flowing drains in the facility	OB	Observe that the drains are not overflowing or blocked	
B10.5	All the drains are cleaned once in a week	SI/RR	Check with the cleaning staff about the frequency of cleaning of drains. Verify with the records.	

C	Waste Management			
C1	Segregation of Biomedical Waste			
C1.1	Anatomical waste is segregated in Yellow Bin	OB/SI	Check in the departments like Labour room and OT that anatomical waste is put in yellow colour bin	
C1.2	Soiled and Solid infectious waste (plastic) are segregated properly as per states guidelines, which are in compliance to options for segregation given the BMW (management & handling) rules 1998	OB/SI	Check soiled cotton bandages are segregated as per appropriate coloured bin. Solid waste e.g. Tubing, Catheter, Syringes are put in designated bins as per state's protocol for segregation	
C1.3	General and Infectious waste are not mixed	OB	Check that general waste like medicine boxes, paper, food, kitchen waste are not mixed with infected wastes.	
C1.4	Display of work instructions for segregation and handling of Biomedical waste	OB	Check for instructions for segregation of waste in different colour coded bins are displayed at point of use.	
C1.5	Check if the staff is aware of segregation protocols	SI	Ask staff about the segregation protocol.	

C2	Collection and Transportation of Biomedical Waste			
C2.1	Biomedical waste bins are not over filled	OB	Check that Bins meant for Biomedical waste are not filled beyond 2/3 capacity	
C2.2	Biomedical waste bins are covered	OB	Check that bins meant for bio medical waste are covered with a lid	
C2.3	There is a defined schedule for collection of Biomedical waste from point of generation	SI/RR	Ask staff how frequent bio medical waste is collected from the patient care areas. It should be collected at least twice a day or when bin is 2/3 filled	
C2.4	Transportation of biomedical waste is done in closed container/trolley	OB/SI	Check if transportation of waste from clinical areas to storage areas is done in covered trolleys / Bins. Trolleys used for patient shifting should not be used for transportation of waste.	
C2.5	Route of transportation of biomedical waste should be away from the general traffic in the facility	OB/SI	Check route of transportation of waste. It should be done through the dirty corridor, not used by patients and visitors. If separate route is not available in the hospital, the waste should be transferred during the lean period - Early morning or late night.	

C3	Sharp Management			
C3.1	Staff uses needle cutters for cutting the syringe hub	OB/SI	Observe that needle cutters are being used for cutting and disposing syringes and are not idle. Observe the procedure and containers for storing the SHARPS and syringes	
C3.2	Disinfection of sharp before disposal	OB/SI	Check if SHARPS are put in a disinfectant solution (1.0% Chlorine Solution or any other suitable disinfectant as per hospital's policy)	
C3.3	Staff uses safe method for processing and transportation of sharp	OB/SI	Check that the staff uses either double bin with sieves or puncture proof container for transportation of the sharps	
C3.4	Staff knows what to do in condition of needle stick injury	SI/RR	Ask staff about post exposure prophylaxis (PEP) after a needle stick injury - immediate first aid, reporting format, and follow-up.	
C3.5	Post exposure prophylaxis is available in the hospital	SI/RR	Check if valid PEP kit is available in the hospital and the staff aware of them. PEP protocol is prominently displayed at work stations.	

C4	Storage of Biomedical Waste			
C4.1	Dedicated Storage facility is available for biomedical waste	OB	Check if hospital has dedicated room for storage of Biomedical waste before disposal/handing over to Common Treatment Facility.	
C4.2	Storage facility is located away from the patient area and is secured	OB	Check that the BMW storage is situated away from the main building and is kept in lock and key	
C4.3	No Biomedical waste is stored for more than 48 Hours	SI/RR	Verify that the waste is being disposed / handed over to CTF within 48 hour of generation. Check the record especially during holidays	
C4.4	General waste is not stored with biomedical waste	OB	Check that General waste is not mixed bio medical waste in storage area	
C4.5	Biohazard sign is prominently displayed at storage area	OB	Observe the display of Biohazard symbol at storage areas	

C5	Disposal of Biomedical waste			
C5.1	Hospital has adequate facility for disposal of Biomedical waste	RR/OB	Check that the hospital has a valid contract with a Common Treatment facility for disposal of Bio medical waste. In absence of access to CTF, the facility should have Deep Burial Pit and Sharp Pit within premises of hospital	
C5.2	Facility disinfects and mutilates the Plastic waste before disposal	OB/SI	Gloves are cut, Plastic Syringe are shredded and disinfected with chlorine solution (prepared within 6 - 8 hours) before disposal to prevent its reuse	
C5.3	Anatomical waste is disposed as per guidelines	SI/RR	Check either anatomical waste is handed over to CTF incineration or disposed in deep burial pits in town with less than 5.0 lakh population	
C5.4	Deep Burial Pit is constructed as per BMW (management & handling) Rules 1998	OB/RR	Located away from the main hospital building and water source, At least two meter deep. Closed when half filled. Secured from animals . If waste disposed through CTF, then a deep burial pit is not required.	

C5.5	Sharp Pit constructed as per guidelines	OB/SI	Constitute structure with a funnel inlet. If Sharp are disposed through CTF give full compliance	
C6	Management Hazardous Waste			
C6.1	Staff is aware of Mercury Spill management	SI	Ask staff what he/she would do in case of Mercury spill.	
C6.2	Availability of Mercury Spill Management Kit	OB	Check that Mercury spill management kit is readily available	
C6.3	Disposal of Radiographic Developer and Fixer	SI/RR	Check how X-ray department disposes developer and fixer. It should be handed over to authorized agency and not drained in sewage.	
C6.4	Disposal of Disinfectant solution like Glutaraldehyde	SI	Should not be drained in sewage untreated	

C6.5	Disposal of Lab reagents	SI/RR	As per instructions of manufacturer	
C7	Solid General Waste Management			
C7.1	Recyclable and Bio degradable waste are segregated	OB/SI	Check if there are separate general waste bins for Recyclable and Bio degradable waste	
C7.2	Availability of Compost pit as per specification	OB/SI	Availability of compost pit for Bio degradable waste. If it is disposed through Municipal waste management system, give full compliance	
C7.3	Availability of waste disposal services	OB/SI	Check, if the hospital has access to solid waste disposal services through municipal or out sourced agencies	
C7.4	There is no mixing of infectious and general waste	OB/SI	Check no infectious waste is disposed in general waste bin or storage area	
C7.5	General waste from hospital is removed daily by municipal/ outsourced agency	OB/SI/ RR	Ask staff/ verify with records for daily removal of waste. Check there is no sign of burning of waste	

			with in hospital premises	
C8	Liquid Waste Management			
C8.1	Lab samples are discarded after treatment only	OB/SI	Treated with chlorine solution before disposal	
C8.2	Body Fluids, collection in suction apparatus, etc. are disposed after treatment	OB/SI	Treated with chlorine solution before disposal	
C8.3	Hospital has treatment facility for infectious liquid waste	OB/SI	ETP or local Treatment with chlorine solution	
C8.4	Facility has septic tank as per specification	OB	If connected to sewage give full compliance	
C8.5	Septic tank is maintained as per guidelines	OB	Periodic removal of sludge and repair of septic tank	

C9	Equipment and Supplies for Bio Medical Waste Management			
C9.1	Availability of Bins for segregation of Biomedical waste at point of use	OB/RR	One set of bins at each point of generation	
C9.2	Availability of Bins for Collection of general waste	OB/RR	One at each point of waste generation	
C9.3	Availability of Needle/ Hub cutter and puncture proof boxes	OB/SI	At each point of generation of sharp waste	
C9.4	Availability of Colour coded liners for Biomedical waste and general waste	OB/SI	Check all the bins are provided with chlorine free liners. Ask staff about adequacy of supply.	
C9.5	Availability of trolleys for waste collection and transportation	OB/RR	As per the size of the hospital	
C10	Statuary Compliances			
C10.1	Hospital has a valid authorization for Bio Medical waste Management from pollution control board	RR	Check for the validity of authorization	
C10.2	Hospital submits Annual report to pollution control board	RR	Check the records that reports have been submitted before 31st January every year	

C10.3	Hospital Keeps records of waste generated	RR	Check the records being maintained for amount of different categories of waste generated at facility	
C10.4	There is a designated person for monitoring for Bio Medical Waste Management	SI/RR	Check for who is designated and what is his role and responsibilities	
C10.5	Copy of Biomedical waste rules is available with hospital	RR	Check the records	
D	Infection Control			
D1	Hand Hygiene			
D1.1	Availability of Sink and running water at point of use	OB	Check for washbasin with functional tap, soap and running water availability at all points of use including nursing stations, OPD clinics, OT, labour room etc.	
D1.2	Display of Hand washing Instructions	OB	Check that Hand washing instructions are displayed preferably at all points of use	
D1.3	Adherence to 6 steps of Hand washing	SI	Ask facility staff to demonstrate 6 steps of normal hand wash	

D1.4	Availability of Alcohol Based hand rub	SI/OB	Check for availability alcohol based hand-rub. Ask staff about its regular supply	
D1.5	Staff is aware of when to hand wash	SI	Ask staff about the situations, when hand wash is mandatory (5 steps of hand washing).	
D2	Personal Protective Equipment (PPE)			
D2.1	Use of Gloves during procedures and examination	SI/OB	Check, if the staff uses gloves during examination, and while conducting procedures	
D2.2	Use of Masks and Head cap	SI/OB	Check, if staff uses mask and head caps in patient care and procedure areas	
D2.3	Use of Heavy Duty Gloves and gumboot by waste handlers	SI/OB	Check, if the housekeeping staff and waste handlers are using heavy duty gloves and gum boots	
D2.4	Use of aprons/ Lab coat by the clinical staff	SI/OB	Check the usage of protective attire e.g. Apron by the doctor and nurses, lab coat by the lab technicians, gown in OT, etc.	
D2.5	Adequate supply of Personal Protective Equipment (PPE)	SI/RR	Check with staff whether they have adequate supply of personal protective equipment. Verify the records for any stock outs.	

D3	Personal Protective Practices			
D3.1	The staff is aware of use of gloves, when to use (occasion) and its type	SI/OB	Check with the staff when do they wear gloves, and when gloves are not required. The Staff should also know difference between clean & sterilized gloves and when to use	
D3.2	Correct method of wearing and removing gloves	SI/OB	Ask the staff to demonstrate correct method of wearing and removing Gloves	
D3.3	Correct Method of wearing mask and cap	SI/OB	Check, if the staff knows correct method of wearing mask	
D3.4	No re-use of disposable personal protective equipment	SI/OB	Check that disposable gloves and mask are not re-used. Reusable Gloves and mask are used after adequate sterilization.	
D3.5	The Staff is aware of Standard Precautions	SI	Ask the staff about five Standard Precautions	

D4	Decontamination and Cleaning of Instruments			
D4.1	Staff knows how to make Chlorine solution	SI/OB	Ask the staff how to make 1% chlorine solution from Bleaching powder and Hypochlorite solution	
D4.2	Decontamination of operating and Surface examination table, dressing tables etc. after every procedures	SI/OB	Ask staff when and how they clean the operating surfaces either by chlorine solution or Disinfectant like carbolic acid	
D4.3	Decontamination of instruments after use	SI/OB	Check whether instruments are decontaminated with 0.5% chlorine solution for 10 minutes	
D4.4	Cleaning of instruments done after decontamination	SI/OB	Check instruments are cleaned thoroughly with water and soap before sterilization	
D4.5	Adequate Contact Time for decontamination	SI	Ask staff about the Contact time for decontamination of instruments (10 Minutes)	

D5	Disinfection & Sterilization of Instruments			
D5.1	Adherence to Protocols for autoclaving	SI/OB	Check about awareness of recommended temperature, duration and pressure for autoclaving instruments Instruments - 121 degree C, 15 Pound Pressure for 20 Minutes (30 Minutes if wrapped) Linen - 121 C, 15 Pound for 30 Minutes	
D5.2	Adherence to Protocol for High Level disinfection	SI/OB	Check with the staff process about of High Level disinfection using Boiling or Chlorine solution	
D5.3	Use of Signal Locks for sterilization	OB/RR	Check autoclaving records for use of sterilization indicators (signal Loc)	
D5.4	Chemical Sterilization of instruments done as per protocol	SI/OB	Check if the staff know the protocol for sterilization of laparoscope soaking it in 2% Glutaraldehyde solution for 10 Hours	
D5.5	Sterility of autoclaved pack maintained during storage	SI/OB	Check if autoclaved instruments are kept in the clean area. Their expiry date is mentioned on the package. Instruments are not used later once instrument pack has been opened.	

D6	Spill Management			
D6.1	Staff is aware of how manage small spills	SI/OB	Check for adherence to protocols	
D6.2	Availability of spill management Kit	SI/OB	Check availability of kits	
D6.3	Staff has been trained for spill management	SI/RR	Check for the training records	
D6.4	Spill management protocols are displayed at points if use	OB	Check for display	
D6.5	Staff is aware of management of large spills	SI/OB	Check for adherence to protocol	
D7	Isolation and Barrier Nursing			
D7.1	Provision of Isolation ward	OB	Check if isolation ward is available in the hospital	
D7.2	Infectious patients are not mixed for general patients	OB/SI	Check infectious patients are admitted in infectious ward only	
D7.3	Maintenance of adequate bed to bed distance in wards	OB	A distance of 3.5 Foot is maintained between two beds in wards	
D7.4	Restriction of external foot wear in critical areas	OB	External foot wear are not allowed in labour room, OT,ICU, Burn ward, SNCU, etc.	
D7.5	Restriction of visitors to Isolation Area	OB/Is	Visitors are not allowed in critical areas like OT, ICU,SNCU, Burn Ward, etc.	

D8	Infection Control Program			
D8.1	Infection Control Committee is constituted and functional in the Hospital	RR/SI	Check for the enabling order and minutes of the meeting	
D8.2	Regular Monitoring of infection control practices	RR/SI	Check, if there is any practice of daily monitoring of infection control practice like hand hygiene and personal protection	
D8.3	Antibiotic Policy is implemented at the facility	RR/SI	Check if the hospital has documented Anti biotic policy and doctors are aware of it.	
D8.4	Immunization of Service Providers	RR/SI	Hospital staff has been immunized against Hepatitis B	
D8.5	Regular Medical check- ups of food handlers and housekeeping staff	RR/SI	Check for the records and lab investigations of Food handlers and housekeeping staff	

D9	Hospital Acquired Infection Surveillance			
D9.1	Regular microbiological surveillance of Critical areas	RR/SI	Check for the records of microbiological surveillance of critical areas like OT, Labour room, ICU, SNCU etc.	
D9.2	Hospital measures Surgical Site Infection Rates	RR/SI	Check for the records	
D9.3	Hospital measures Device Related HAI rates	RR/SI	Check for the records	
D9.4	Hospital measures Blood Related and Respiratory Tract HAI	RR/SI	Check for the records	
D9.5	Hospital takes corrective Action on occurrence of HAIs	RR/SI	Check for the records	

D10	Environment Control			
D10.1	Maintenance of positive air pressure in OT and ICU	OB/SI	Check how positive pressure is maintained in OT	
D10.2	Maintenance of air exchanges in OT and ICU	OB/SI	At least availability of air conditioner	
D10.3	Maintenance of Layout in OT	OB/SI	Check for zoning of OT in protective, clean, sterile and disposal zones	
D10.4	Carbolization of OT and Labour Room	OB/SI	OT and Labour room are carbolized daily	
D10.5	General and patient traffic are segregated in Hospitals	OB/SI	Check for the layout and patient traffic . There should be no criss cross between general and patient traffic.	

E	SUPPORT SERVICES			
E1	Laundry Services & Linen Management			
E1.1	The facility has adequate stock (including reserve) of linen	RR/SI/PI	Check the stock position and its turn-over during last one year in term of demand and availability	
E1.2	Bed-sheets and pillow cover are stain free and clean	OB/SI/PI	Observe the condition of linen in use in the wards, Accident & Emergency Department, other patient care area, etc.	
E1.3	Bed-sheets and linen are changed daily	OB/SI/PI	Check, if the bedsheets and pillow cover have been changed daily. Please interview the patients as well.	
E1.4	Soiled linen is removed, segregated and disinfected, as per procedure	SI/OB	Check, how is the soiled linen handled at the facility. It should be removed immediately and sluiced and disinfected immediately	
E1.5	Patients' dress are clean and not torn	PI/SI	Check the patients' dresses - its cleanliness and condition	

E2	Water Sanitation			
E2.1	The facility receives adequate quantity of water as per requirement	RR/SI/PI	At least 200 litres of water per bed per day is available (if municipal supply). or the water is available on 24x7 basis at all points of usage	
E2.2	There is storage tank for the water and tank is cleaned periodically	RR	The hospital should have capacity to store 48 hours water requirement Water tank is cleaned at six monthly interval and records are maintained.	
E2.3	Drinking Water is chlorinated	RR	Presence of free chlorine at 0.2 ppm is tested in the samples, drawn from the potable water.	
E2.4	Quality of Water is tested periodically	RR	Periodically, the water is sent for bacteriological examination	
E2.5	Water is available at all points of use	OB/SI/PI	Water is available for hand- washing, OT, Labour Room, Wards, Patients' toilet & bath,waiting area.	

E3	Kitchen Services			
E3.1	Hospital kitchen is located in a separate building, away from patient care area and functions meticulously	OB	The Hospital kitchen is functional in a separate building with proper lay out. Cooking takes place on LPG/ PNG. No fire wood is used. Kitchen waste is collected separately and not mixed with the Biomedical waste.	
E3.2	The Kitchen has provision to store dry ration and fresh ration separately.	OB	Dry ration is stored on pellet, away from wall in closed containers. Vegetables are stored at appropriate temperature. Milk, curd and other perishable items are stored in the fridge, which is cleaned and defrosted regularly.	
E3.3	The Kitchen is smoke-free and fly-proofed	OB	There is proper ventilation in the kitchen. Doors and Windows are fly-proofed. No fly nuisance is noticed inside the kitchen.	
E3.4	Staff observes meticulous personal hygiene	OB	Check that the Staff uses cap and kitchen dress, while cooking. Nails & hair are trimmed. Ill staff is not allowed to work in kitchen. Toilet facilities are available for the staff. Nail brush is available.	
E3.5	Food to patients is distributed through covered trolleys and patients utensils are not dented or chipped - off	OB	Check that adequate number of trolleys are available and are in use. Look for the condition of patients crockery and utensils.	

E4	Security Services			
E4.1	The main gate of premises, Hospital building, wards, OT and Labour room are secured	OB	Check for the presence of security personnel at critical locations	
E4.2	The security personal are meticulously dressed and smartly turned-out.	OB	Check if Security personnel themselves observe the commensurate behaviour such no spitting, no chewing of tobacco, non-smoker, etc.	
E4.3	There is a robust crowd management system.	OB	Crowd in OPD has waiting place, seats, etc. Dust bins are available and there is adequate ventilation for the patients and their attendants.	
E4.4	Security personal reprimands attendants, who found indulging into unhygienic behaviour - spitting, open field urination & defecation, etc.	OB	Check, if security personnel watch behaviour of patients and their attendants, particularly in respect of hygiene, sanitation, etc. and take appropriate actions, as deemed.	
E4.5	Un-authorized vendors are not present inside the campus. Waste storage is secured and there is no plastic items, card board etc.	OB/SI/PI	Check, entry of vendors is controlled or not. Unauthorised entry of rag-pickers should not be there.	

E5	Out-sourced Services Management			
E5.1	There is valid contract for out-sourced services, like house-keeping, BMW management, security, etc.	RR	Please check contract document of all out-sourced services	
E5.2	The Contract has well defined measurable deliverables	RR	Check the contract documents to see, whether the deliverables of the out-sourced organisation have been well defined in termof the work to be done and how it would be verified	
E5.3	The contract has penalty clause and it has been evoked in the event of non- performance or sub-standard performance	RR/ SI/Interview with vendor	Look for the penalty clause in the contract and how often it has been used	
E5.4	Services provided by the out-sourced organisation are measured periodically and performance evaluation is formally recorded.	RR	Check if Performance of the vendors have beenevaluated and recorded	
E5.5	There is defined time-line for release of payment to the contractors for the services delivered by the organisation.	RR/Interview with vendor	Check the record for the time taken in releasing the payment due to the out-sourced organisation	

F	Hygiene Promotion			
F1	Community Monitoring & Patient Participation			
F1.1	Members of RKS and Local Governance bodies monitor the cleanliness of the hospital at pre-defined intervals	SI/RR	At least once in month.	
F1.2	Local NGO/ Civil Society Organizations are involved in cleanliness of the hospital	SI	Discuss with hospital administration about involvement of local NGOs/Civil society	
F1.3	Patients are counselled on benefits of Hygiene	PI	Check with patients, if they have been counselled for hygiene practices	
F1.4	Patients are made aware of their responsibility of keeping the health facility clean	PI/OB	Ask patients about their roles& responsibilities with regards to cleanliness. Patient's responsibilities should be prominently displayed	
F1.5	The Health facility has a system to take feed-back from patients and visitors for maintaining the cleanliness of the facility	SI/RR	Check if there is a feedback system for the patients. Verify the records	

F2	Information Education and Communication			
F2.1	IEC regarding importance of maintaining hand hygiene is displayed in hospital premises	OB	Should be displayed prominently in local language	
F2.2	IEC regarding Swachhata Abhiyan is displayed within the facilities' premises	OB	Should be displayed prominently in local language	
F2.3	IEC regarding use of toilets is displayed within hospital premises	OB	Should be displayed prominently in local language	
F2.4	IEC regarding water sanitation is displayed in the hospital premises	OB	Should be displayed prominently in local language	
F2.5	Hospital disseminates hygiene messages through other innovative manners	SI/OB	Hygiene Kiosk, Video Messages, Leaflets, IEC corners etc.	

F3	Leadership and Team work			
F3.1	Cleanliness and Infection control committee is constituted at the facility	SI	Check constitution of committee and its functioning	
F3.2	Cleanliness and infection control committee has representation of all cadre of staff including Group 'D' and cleanings staff	RR/SI	Verify with the records	
F3.3	Roles and responsibility of different staff members have been assigned and communicated	SI/RR	Ask different members about their roles and responsibilities	
F3.4	Hospital leadership review the progress of the cleanliness drive on weekly basis	SI/RR	Check about regularity of meetings and monitoring activities regarding cleanliness drive	
F3.5	Hospitals leadership identifies good performing staff members and departments	SI	Check with hospital administration if there is any such good practice	

F4	Training and Capacity Building and Standardization			
F4.1	Hospital conducts are training need assessment regarding cleanliness and infection control in hospital	RR	Verify with the records, if trg. Need assessment has been done	
F4.2	Bio medical waste Management training has been provided to the staff	SI/RR	Verify with the training records	
F4.3	Infection control Training has been provided to the staff	SI/RR	Verify with the training records	
F4.4	Hospital has documented Standard Operating procedures for Cleanliness and Upkeep of Facility	SI/RR	Check availability of SOP with the users	
F4.5	Hospital has documented Standard Operating procedures for Bio-Medical waste management and Infection Control	RR	Check availability of SOP with respective users	

F5	Staff Hygiene and Dress Code			
F5.1	Hospital has dress code policy for all cadre of staff	SI/RR	Ask staff about the policy. Check if it is documented	
F5.2	Nursing staff adhere to designated dress code	OB	Observation	
F5.3	Support and Housekeeping staff adhere to their designated dress code	OB	Observation	
F5.4	Regular monitoring of hygiene practices of food handlers and housekeeping staff	SI	Check with the hospital administration	
F5.5	Identity cards and name plates have been provided to all staff	OB	Observation	