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

Presented by:

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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 for controlling hospital acquired infection.
- Provide patients and visitors with a positive experience and encourage molding behavior related to clean environment.

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

NEED OF THE STUDY

- Patients come to hospital to get treated and if not given proper environmental hygiene, their condition can get worse.

- Also increases hospital burden by increasing length of stay, delayed patient discharge, patient mortality and morbidity, increased socio economic costs etc.

- Adversely affects the image of the hospital.

- Effective monitoring of standards is vital in maintaining a healthy and safe hospital environment and contributes significantly to the quality of patient care.

PROBLEM STATEMENT

To assess the existing service delivery system of the hospital according to KAYAKALP standards and identify the gap areas.

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

RESEARCH METHODOLOGY

Study Type- Descriptive Cross Sectional Study

Study Period- conducted for a period of 3months (8 Feb to 30 April 2016)

Location of Study- Sub District Hospital, Kharar, Punjab

Data Collection-

Primary Data: KAYAKALP tool kit, assessment by direct observation

Scoring pattern: 2= Compliance, 1= Partial Compliance, 0 = Non Compliance

Secondary Data: Document review

GAP ANALYSIS

Standard A: Hospital/Facility Upkeep	Score
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**

Standard B: Sanitation & Hygiene	Score
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**

Standard C: Waste Management	Score
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 Statuary Compliances	8
Total Score	**77**

Standard D: Infection Control	Score
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**

Standard E: Support Services	Score
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**

Standard F: Hygiene Promotion	Score
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**

ACTION PLAN

Standard A: Hospital/Facility Upkeep

S.NO	Action required to remove a particular non-compliance	Responsible person
1.	Order for availability of adequate stock of mosquito nets	Store In charge
2.	Appointment of a permanent Gardener	Hospital Administrator along with Senior Medical Officer
3.	Provision of a Herbal garden	Hospital Administrator along with Gardener
4.	Walls are well plastered and painted	Hospital Administrator along with Senior Medical Officer
5.	Appropriate signage system and name of the hospital prominently displayed	Hospital Administrator
6.	Functional gates of proper height at the entrance	Hospital Administrator along with Senior Medical Officer
7.	Well demarcated parking area for Ambulance, staff and patients	Hospital Administrator
8.	Functional patient trolleys with properly aligned wheels	Hospital Administrator along with Store Incharge
9.	Documentation of the Condemned materials and separate area for keeping the condemned junk material	Hospital Administrator along with Store Incharge
10.	Display of IEC material for water conservation and workplace management at various points of use	Nursing Sister along with Hospital Administrator

Standard B: Sanitation & Hygiene

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

Standard C: Waste Management

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

Standard D: Infection Control

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

Standard E: Support Services

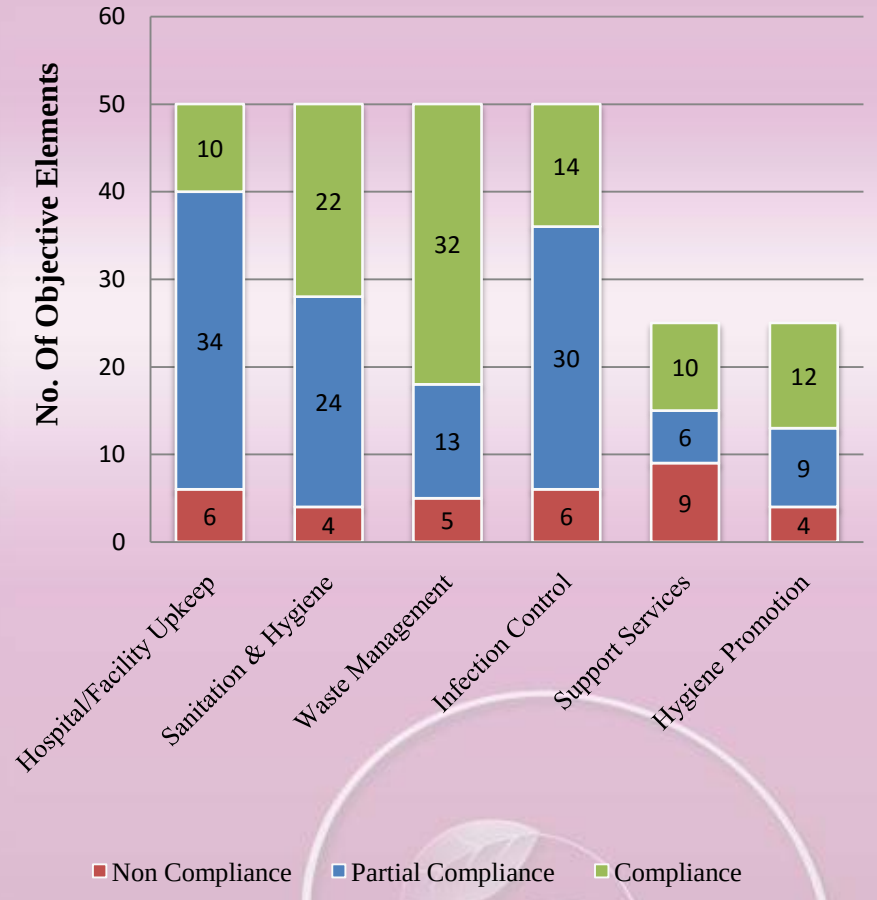
S.NO	Action required to remove a particular non-compliance	Responsible person
1.	Availability of water at all points of use	Nursing Sister
2.	Appointment of security guards at critical locations	Senior Medical Officer
3.	Proper record maintaining the adherence to laundry and linen management process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

Standard F: Hygiene Promotion

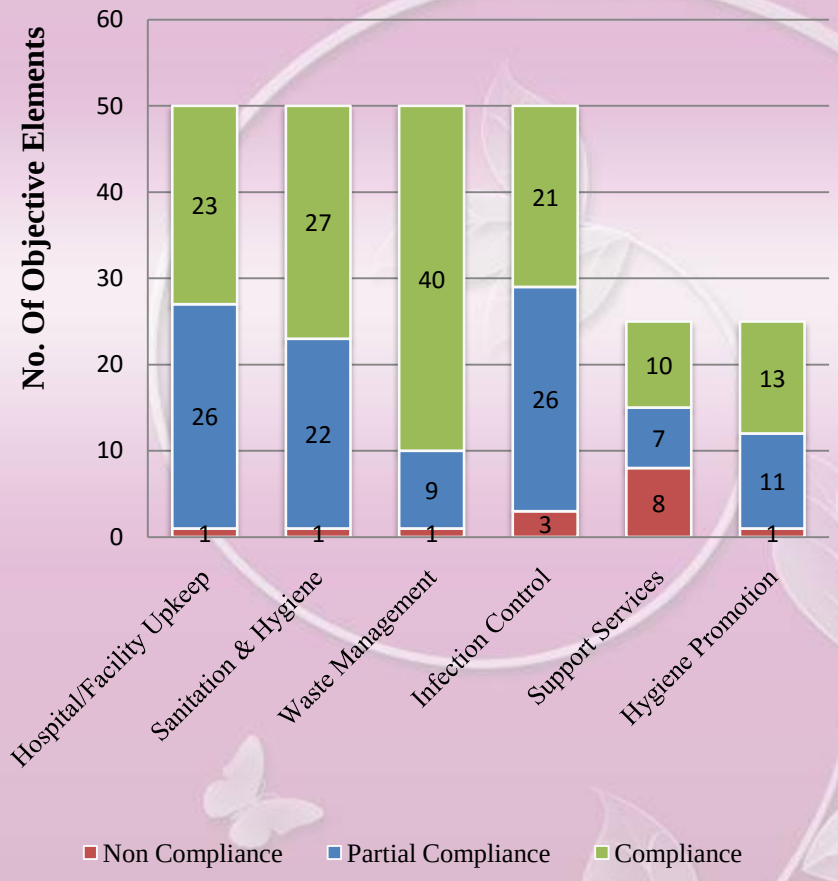
S.NO	Action required to remove a particular non-compliance	Responsible person
1.	Involvement of local NGO's in maintaining cleanliness of hospitals	Hospital Administrator along with Senior Medical Officer
2.	IEC material regarding sanitation and hygiene material to be displayed at various points in the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

RESULTS & FINDINGS

Pre Implementation status of KAYAKALP standards in the hospital



Post Implementation status of KAYAKALP standards in the hospital

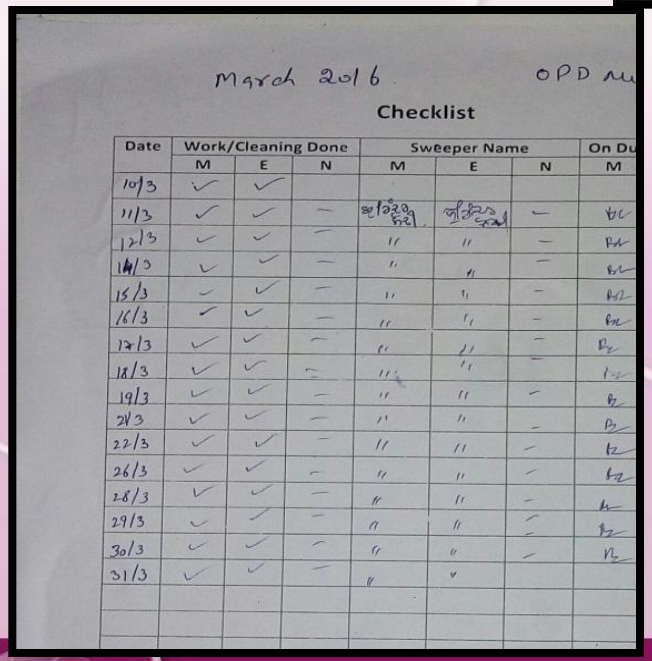


BMW storage area **(before)**

BMW store room kept in lock **(after)**

Liquid soap dispenser and 6 step hand washing technique displayed at point of use

Training given to staff regarding infection control and personal hygiene



March 2016 OPD

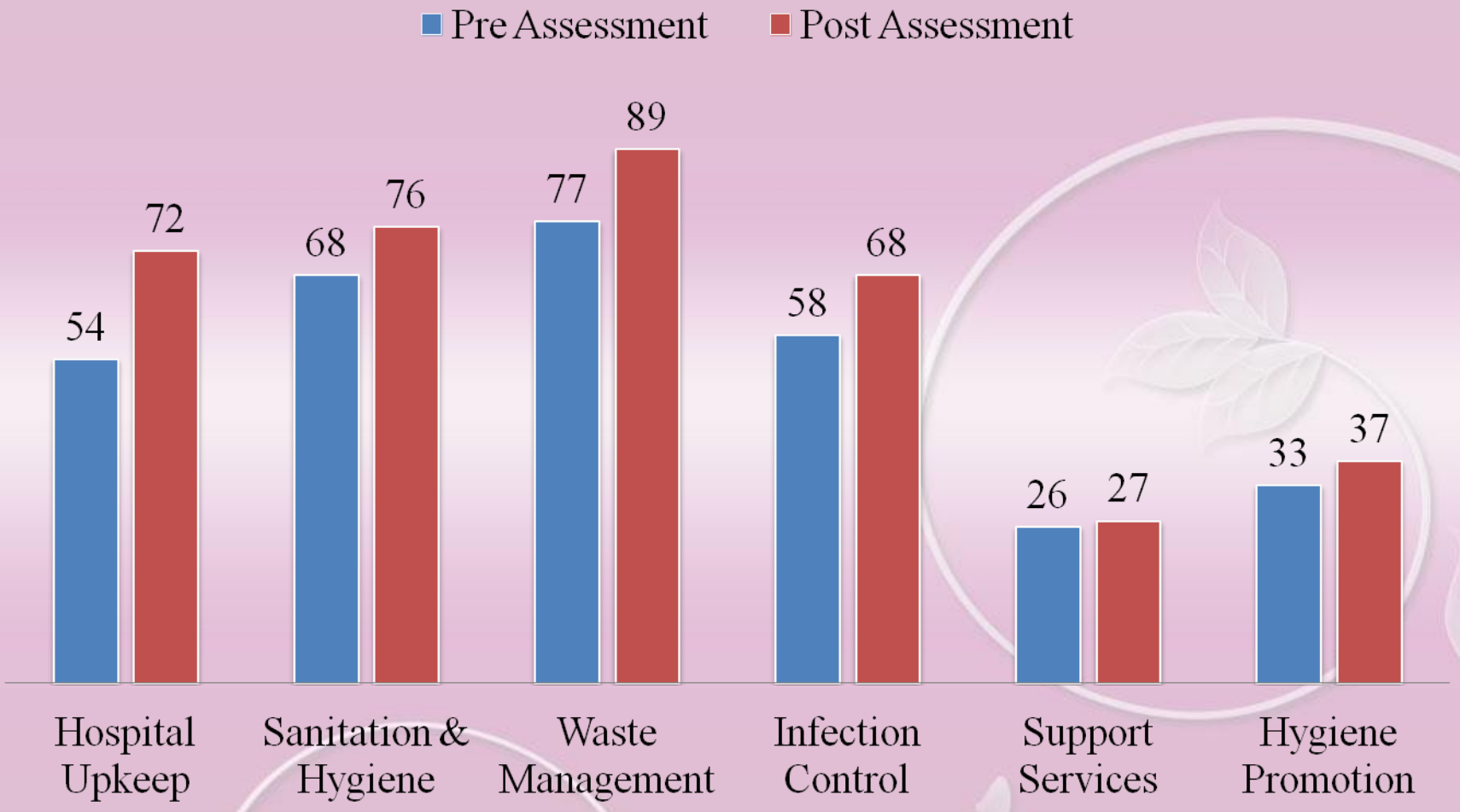
Checklist

Date	Work/Cleaning Done			Sweeper Name			On Du
	M	E	N	M	E	N	M
10/3	✓	✓					
11/3	✓	✓	—			—	
12/3	✓	✓	—	"	"	—	
14/3	✓	✓	—	"	"	—	
15/3	✓	✓	—	"	"	—	
16/3	✓	✓	—	"	"	—	
17/3	✓	✓	—	"	"	—	
18/3	✓	✓	—	"	"	—	
19/3	✓	✓	—	"	"	—	
21/3	✓	✓	—	"	"	—	
22/3	✓	✓	—	"	"	—	
26/3	✓	✓	—	"	"	—	
28/3	✓	✓	—	"	"	—	
29/3	✓	✓	—	"	"	—	
30/3	✓	✓	—	"	"	—	
31/3	✓	✓	—	"	"		

Checklist for Housekeeping

Cleanliness drive at hospital premises by members of local NGO

COMPARISON OF SCORES



- Overall percentage changed from 63.2% (pre) to 73.8% (post)

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.

CONCLUSION

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.