A STUDY ON PRE ASSESSMENT METHOD AND FULFILLING THE GAPS OF DISTRICT HOSPITAL NAWASHAHR IN RELATION TO STANDARDS OF KAYAKALP PROGRAM

Presented by:-
Dr. Shubhra
Roll no- 500
MBA Batch 21

Guided by :-
Dr. Alok Kumar Mathur

INTRODUCTION

- A clean hospital environment is essential for the health and well-being of patient, staff and visitors.
- Cleanliness, hygiene and sanitation are most important aspects of controlling hospital acquired inspection.
- Provide patients and visitors with a positive experience and encourage molding behavior related to clean environment.
- To compliment this effort, the ministry of Health and Family Welfare, Government of India launched a national initiative (KAYAKALP), awarding those public health facilities and demonstrate high level of cleanliness, hygiene and infection control.

PROBLEM STATEMENT

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

OBJECTIVE 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 action plan for bridging the gap.
- To see the impact of the intervention through the action plan.

RESEARCH METHODOLOGY

- Study Type: - Descriptive cross sectional study
- Study Period: - Conducted for the period of 3 months (1st February 2018 to 30 April 2018)
- Location of the study: - District hospital Nawashahr, Punjab
- Data collection
- Primary data – KAYAKALP tool kit, assessment by direct observation:-
- 0 = Non compliance
- 1= partial compliance
- 2= full compliance
- Secondary Data: - Document review

GAP ANALYSIS

	Standard A: Hospital/Facility Upkeep	SCORE
A1	Pest and Animal Control	6
A2	Landscape & Gardening	8
A3	Maintenance of Open area	9
A4	Hospital/Facility Appearance	8
A5	Infrastructure Maintenance	7
A6	Illumination	6
A7	Maintenance of Furniture and Fixture	7
A8	Removal of Junk material	10
A9	Water Conservation	8
A10	Work Place Management	5
	Total Scores	74

	Standard B: Sanitation & Hygiene	score
B1	Cleanliness of Circular Area	7
B2	Cleanliness of Wards	7
B3	Cleanliness of Procedure Areas	9
B4	Cleanliness of Ambulatory Area(OPD, Emergency, Lab)	8
B5	Cleanliness of Auxiliary Areas	8
B6	Cleanliness of Toilets	7
B7	Use of standards materials and equipment's for cleaning	8
B8	Use of Standard Methods Cleaning	9
B9	Monitoring of Cleanliness Activities	7
B10	Drainage and Sewage Management	8
	Total Score	78

C1	**Segregation of Biomedical Waste**	**8**
C2	Collection and Transportation of Biomedical Waste	8
C3	Sharp Management	7
C4	Storage of Biomedical Waste	8
C5	Disposal of Biomedical Waste	8
C6	Management Hazardous Waste	8
C7	Solid General Waste Management	10
C8	Liquid Waste Management	6
C9	Equipment and Supplies for Bio Medical Waste Management	10
C10	Statuary Compliances	8
	Total Score	65

	Standard D: Infection Control	Score
D1	Hand Hygiene	9
D2	Personal Protective Equipment (PPE)	9
D3	Personal Protective Practices	6
D4	Decontamination and Cleaning of Instruments	10
D5	Disinfection & Sterilization of Instruments	9
D6	Spill Management	5
D7	Isolation and Barrier Nursing	6
D8	Infection Control Program	6
D9	Hospital Acquired Infection Surveillance	4
D10	Environment Control	8
	Total Score	68

	Standard E Support Services	Score
E1	Laundry Services and Linen Management	10
E2	Water Sanitation	08
E3	Kitchen Services	00
E4	Security Services	05
E5	Out-sourced Services Management	07
E6	**Total Score**	30

	Standard F: Hygiene Promotion	Score
F1	Community monitoring and Patient Participation	08
F2	Information, Education and Communication	09
F3	Leadership and teamwork	05
F4	Training and capacity building and Standardization	07
F5	Staff Hygiene and Dress Code	05
	Total Score	34

	Beyond Hospital Boundary	Score
G1	Promotion of Swachhata in surrounding areas	08
G2	Coordination's with local Institutions	08
G3	Alternative Financing and Support Mechanism	06
G4	Leadership & Governance in Surrounding area	09
G5	Approach road to health facility	10
G6	Cleanliness of Surrounding Area	05
G7	Public amenities in Surrounding Area	04
G8	Aesthetics of Surrounding Area	08
G9	General waste management in surrounding	07
G10	Maintenance of Surrounding Area	09
-	**Total score**	74

ACTION PLAN

	Standard A:- Hospital upkeep	
S.NO.	Action required to remove a particular non compliance	Responsible person
1.	Order of availability of adequate stock of mosquito net	Store incharge
2.	Appointment of permanent gardner	Hospital administrator along with senior medical officer
3.	Well demarcated area for ambulance , patients and staff	Hospital administrator
4.	Documentation of the condemned materials and separate area for keeping the condemned junk materials	Hospital administrator along with storage incharge

	STANDARD B:- Sanitation and 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 as 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 are numbering of points.	Nursing sister along with Hospital Administrator
2.	A proper BMW storage room with lock and key and biohazard sign display on the door.	Hospital Administrator
3.	Septic tanks/Double sinks for treatment of liquid waste	Hospital administrator along with nursing sister
4.	To get proper authorization for BMW management from state pollution control board	Nodal officer along with Hospital Administrator

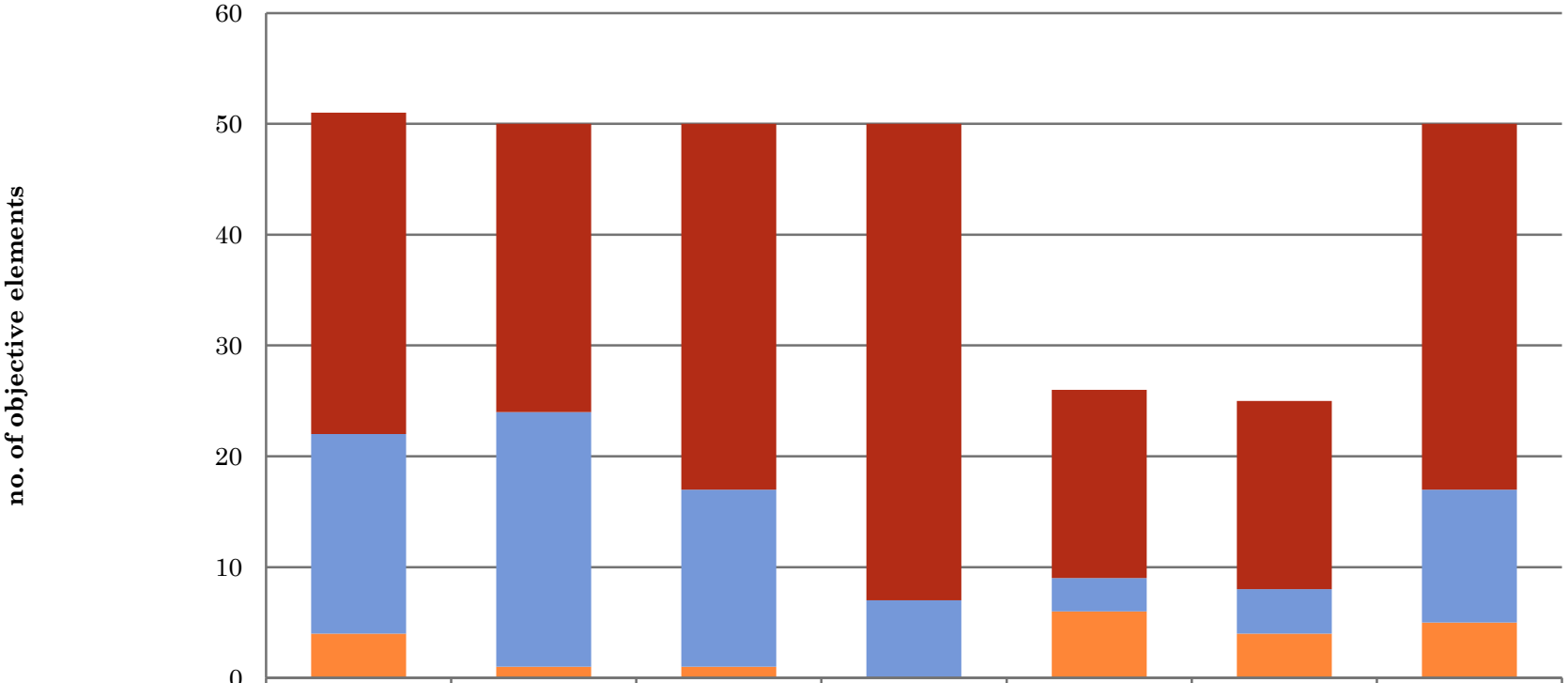
	Standard D:- Infection control	
S.no.	Action required to remove a particular non- compliance	Responsible person
1.	Formation of infection control committee	Hospital Administrator along with Senior Medical Officer
2.	Infection control nurse to be made	Nursing Sister
3.	The management makes available resources required for infection control program	Senior Medical Officer along with Nursing Sister
4.	Training and display of 6 steps of hand washing at various point of use	Nursing sister
5.	Display of poster/ IEC material when to hand wash, spill management and mercury spill management	Nursing sister
6.	Availability of personal protection equipment for the staff	Store In charge
7.	Separate slippers and racks for critical areas like Lab room, OT etc.	Hospital administrator

	Standard E:- Support services	
S.NO.	Action required to remove a particular non compliance	Responsible person
1.	Availability of water at all point of use	Nursing sister
2.	Appointment of security guards at critical location	Senior Medical Officer
3.	Proper record maintaining the adherence to linen and laundry 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 on 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.	Issuing of identity cards to all medical staffs	Hospital administrator along with nursing sister
5.	Periodic training to be given regarding infection control and cleanliness in the hospital	Hospital administrator along with quality nodal officer

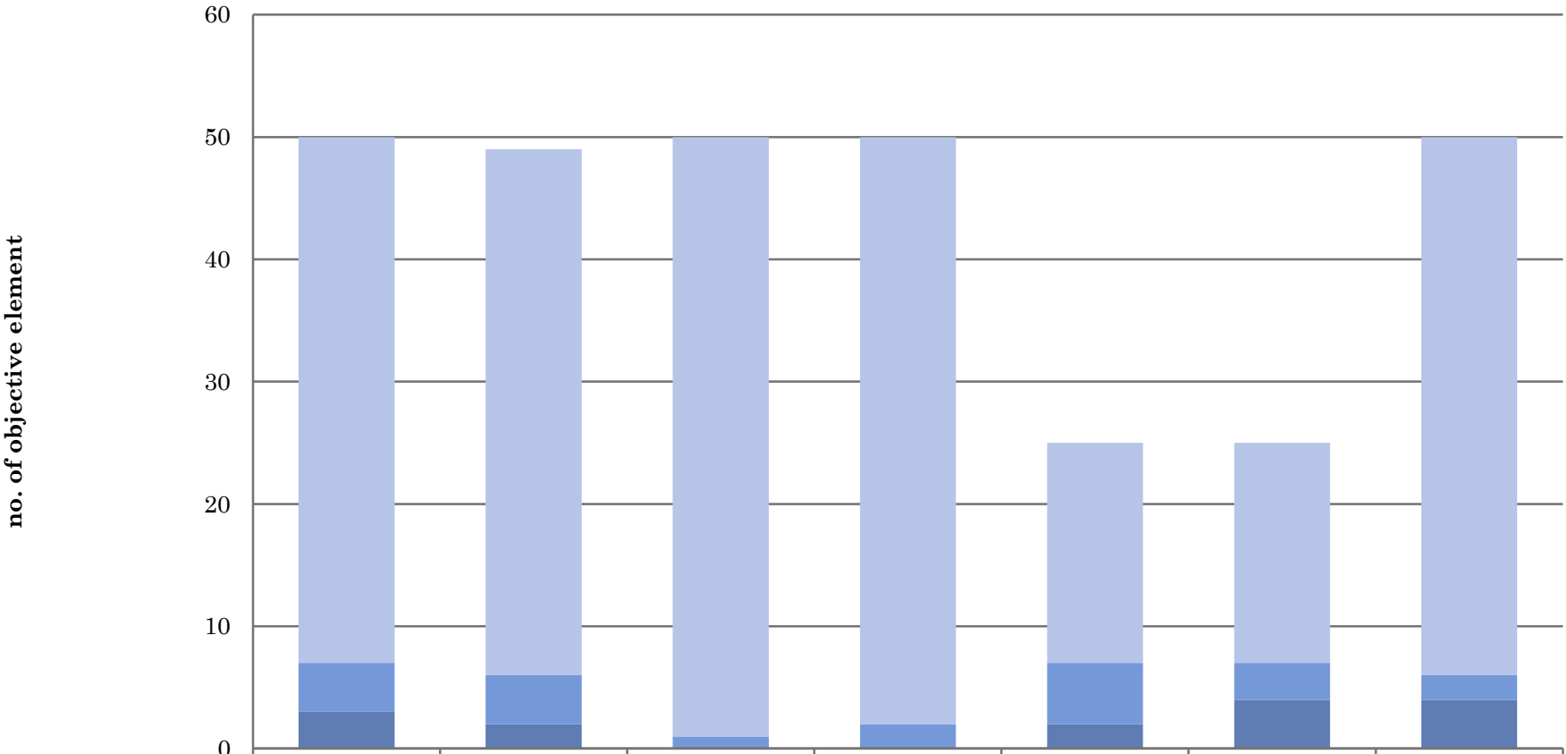
	Standard G:- Beyond hospital boundary	
S.no.	Action required to remove a particular non-compliance	Responsible person
1.	Community awareness by organizing physical activities	Hospital administrator along with nursing sister
2.	The facility coordinates with other department for improving sanitation and hygiene in the surroundings	Nursing sister along with senior medical officer
3.	To supervise and monitor activities related to cleanliness, sanitation, and hygiene in surrounding area	Hospital administrator along with nursing sister
4.	Area around the facility is clean, neat and tidy	Hospital administrator along with senior medical officer and nursing sister
5.	Surroundings areas are well maintained	Nursing sister along with senior medical officer.

pre implementation of kayakalp standards in the hospital



	Hospital and facility upkeep	sanitation and hygiene	Wate management	Infection control	Support Services	Hygiene promotion	Beyond hospital boundary
full compliance	29	26	33	43	17	17	33
partial compliance	18	23	16	7	3	4	12
non compliance	4	1	1	0	6	4	5

post implementation status of kayakalp standards in the hospital



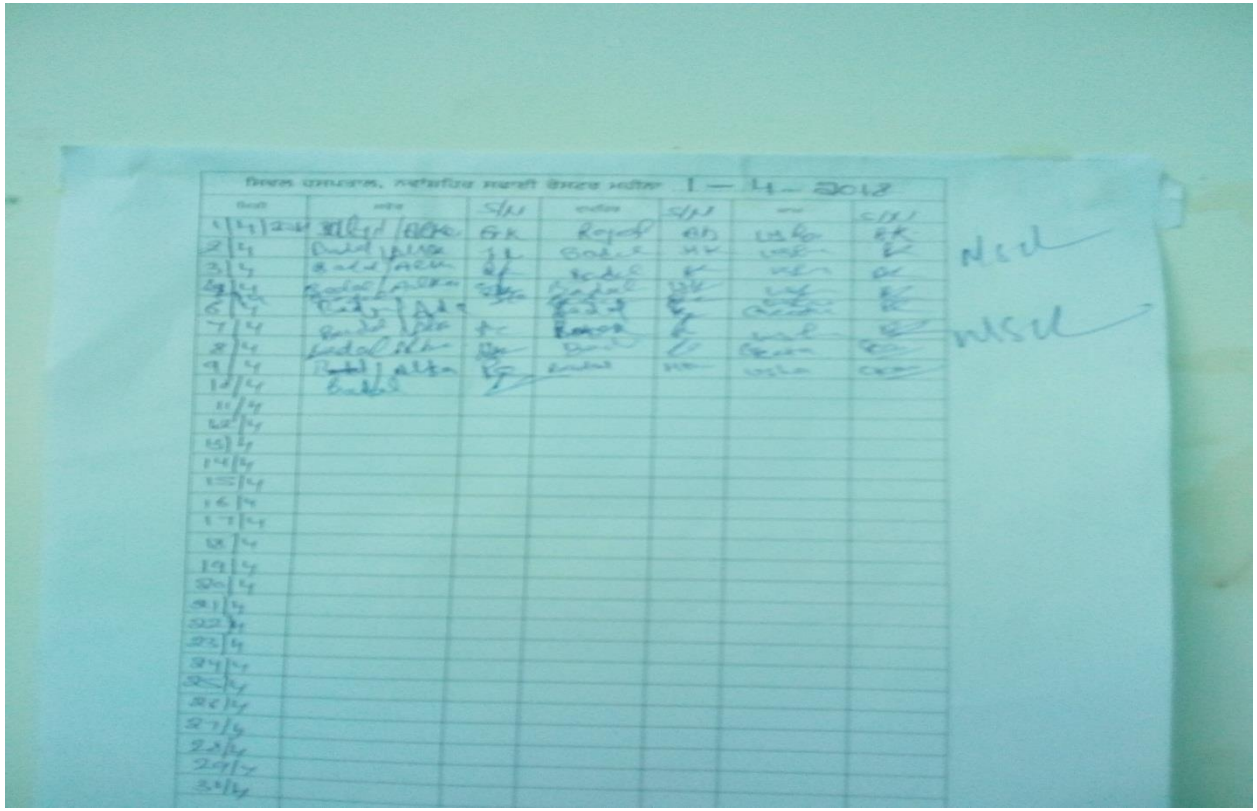
	Hospital and facility upkeep	sanitation and hygiene	Wate management	Infection control	Support Services	Hygiene promotion	Beyond hospital boundary
full compliance	43	43	49	48	18	18	44
partial compliance	4	4	1	2	5	3	2
non compliance	3	2	0	0	2	4	4

COMMUNITY AWARENESS BY ORGANISING PHYSICAL ACTIVITIES
(NUKKAD NATAK IN DH NAWANSHAHR FOR KAYAKALP PROGRAM)

Training on quality tool (5S)

New IEC regarding handwashing techniques

Maintainence of checklists



SUGGESTION

- Need for documentation of policies and guidelines (in partial and non-compliance)
- Need for improving and regular conducting training programs, where action not performed according to guidelines.
- Increase in manpower
- Proper maintenance of records

CONCLUSION

- Initially present situation and gaps was identified based on KAYAKALP checklist and average score was calculated. On the basis of these findings an action plan was developed for 3 months in order to fulfill those gaps. Then at the end of the 3 months again self-assessment was done to see the impact of investigation in terms of average score. Results of the above analysis suggested that initially the percentage for the hospital came to be 72% and then after the implementation of the action plan it was observed that the score increased to 80% at the end of the 3 months