# Fulfilling the gaps in the Hospital Infection Control chapter of NABH and enhancing the preparedness for NABH accreditation.

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**J.B.M.M. Civil Hospital, AMRITSAR.**

**ORGANIZATION : Government Of Punjab**


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# INTRODUCTION

- Hospital Acquired Infection or Nosocomial Infection can be defined as those occurring within 48 hours of hospital admission, 3 days of discharge or 30 days of an operation.
- Hospital Infection Control greatly influences quality and act as driving force for continuous improvement.
- The main aim of the infection control program is to lower the risk of infection during the period of hospitalization.
- NABH standards (HIC) guide the provision of an effective Infection control program in the organization.

# Problem Statement

To prepare for NABH accreditation and identify the areas and fulfilling the gaps to enhance the compliance of Standards for Hospital Infection Control chapter of NABH in the Hospital.

# Objectives of the Study

- To compare the standards given for HIC chapter of NABH and bring out present the situation of the hospital.
- To make Action plan to fulfil the gap areas.
- To see the impact of the intervention through the Action plan.

# RESEARCH METHODOLOGY

- **Study Design** – Experimental Study (Intervention Non-clinical)
- **Location of Study** – Civil Hospital, Amritsar, Punjab.
- **Data Collection**

  **Primary Data** :-

  NABH Checklist for HIC Chapter.

  It will be collected by filling up the checklist and then scoring will be done

  Scoring pattern :-

  Scoring of each objective element will be based upon following criteria :

  10 = Compliance

  5 = Partial Compliance

  0 = Non compliance

  NA = Not applicable

**Secondary Data** :

The records in reference to the Hospital Infection Conrol in the hospital will be checked and monitored as per NABH requirement of data.

- **Tools Used**

  Checklist will be prepared according to the 9 standards of Hospital Infection Control chapter, based on that checklist NABH gap analysis will be done. All observations will be made in 2 parts:

  Bring out the current situation of the hospital related to Hospital Infection Control.

  Comparison in respect to the NABH standards.

  Assessment will be done by following ways :

  Direct Observation

  Document Review

  Discussion with the hospital staff

  Discussion with the patients

# Action Plan

Action Plan is drawn to conclusively remove the non-compliances. Following are the parameters of Action Plan –

- Clearly state the action required to remove a particular non-compliance.
- Identify the person who will be responsible for removing that non-compliance.
- He/she will be given a target date to remove that non-compliance.
- Evidence (cross reference to documents/manuals) to prove that the non-compliance has been removed.

# DATA ANALYSIS AND INTERPRETATION

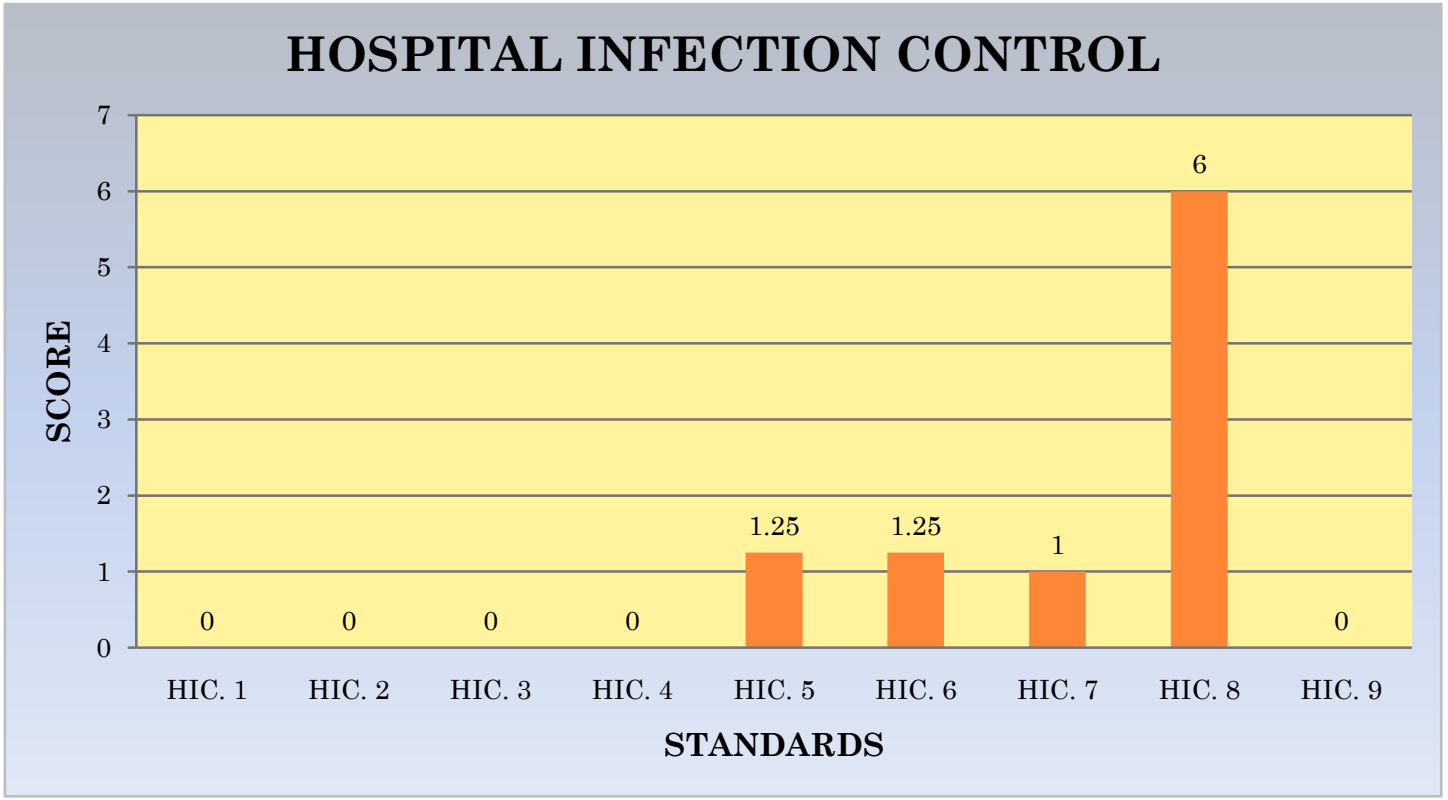



Figure 1

This Assessment was done initially on 10/2/2014.

As evident in Figure 1.

- Score for only one of the standards i.e. HIC. 8 is above 5.
- Score for standards HIC. 5, HIC. 6, HIC.7 is around 1, whereas for rest of standards Score is 0.

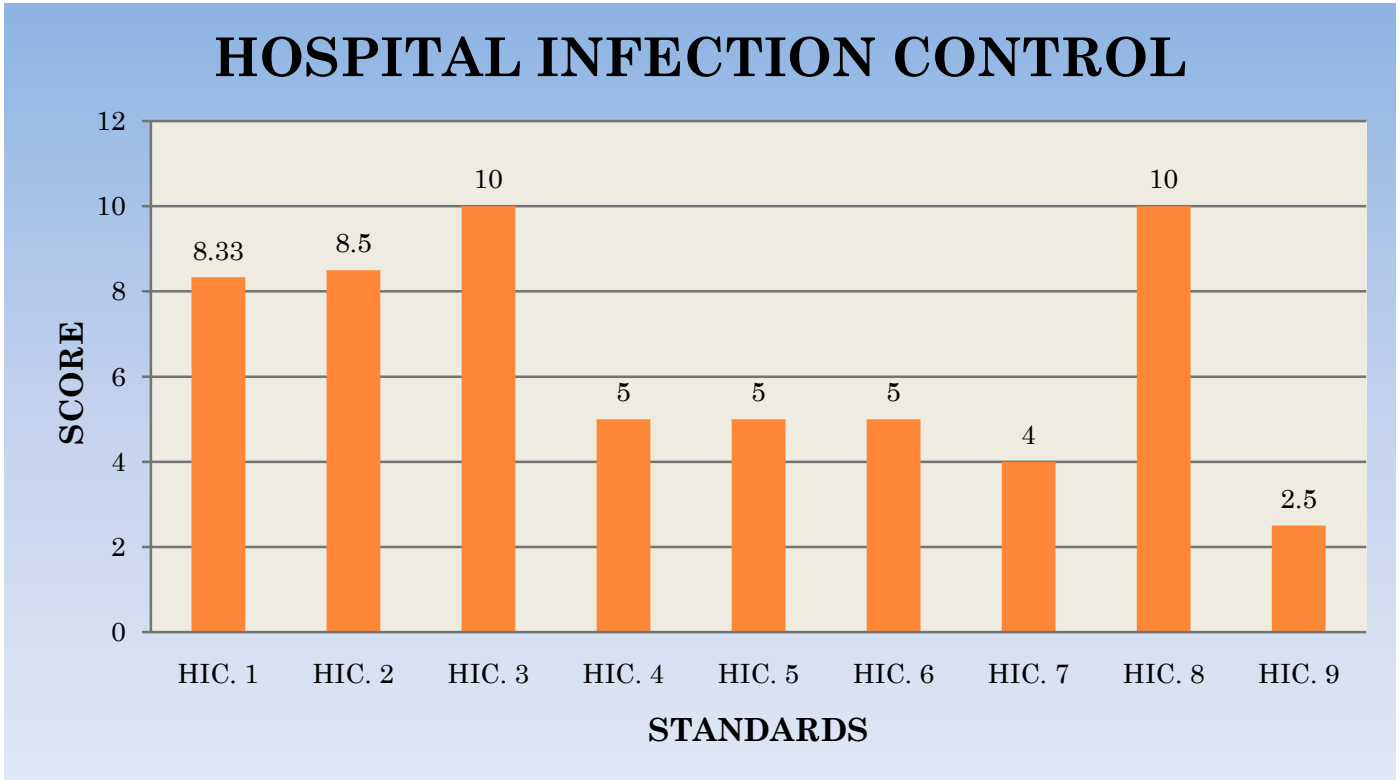



Figure 2

This Assessment was done on 29/4/2014.

As evident from Figure 2

- Scores for Standards HIC. 1, HIC. 2, HIC. 3 and HIC. 8 are more than 8.33.

-Scores for Standards HIC. 4, HIC. 5, HIC. 6 are 5, whereas For HIC. 7 and HIC. 8 are less than 5.

# HIC Comparison
# Before and After Status

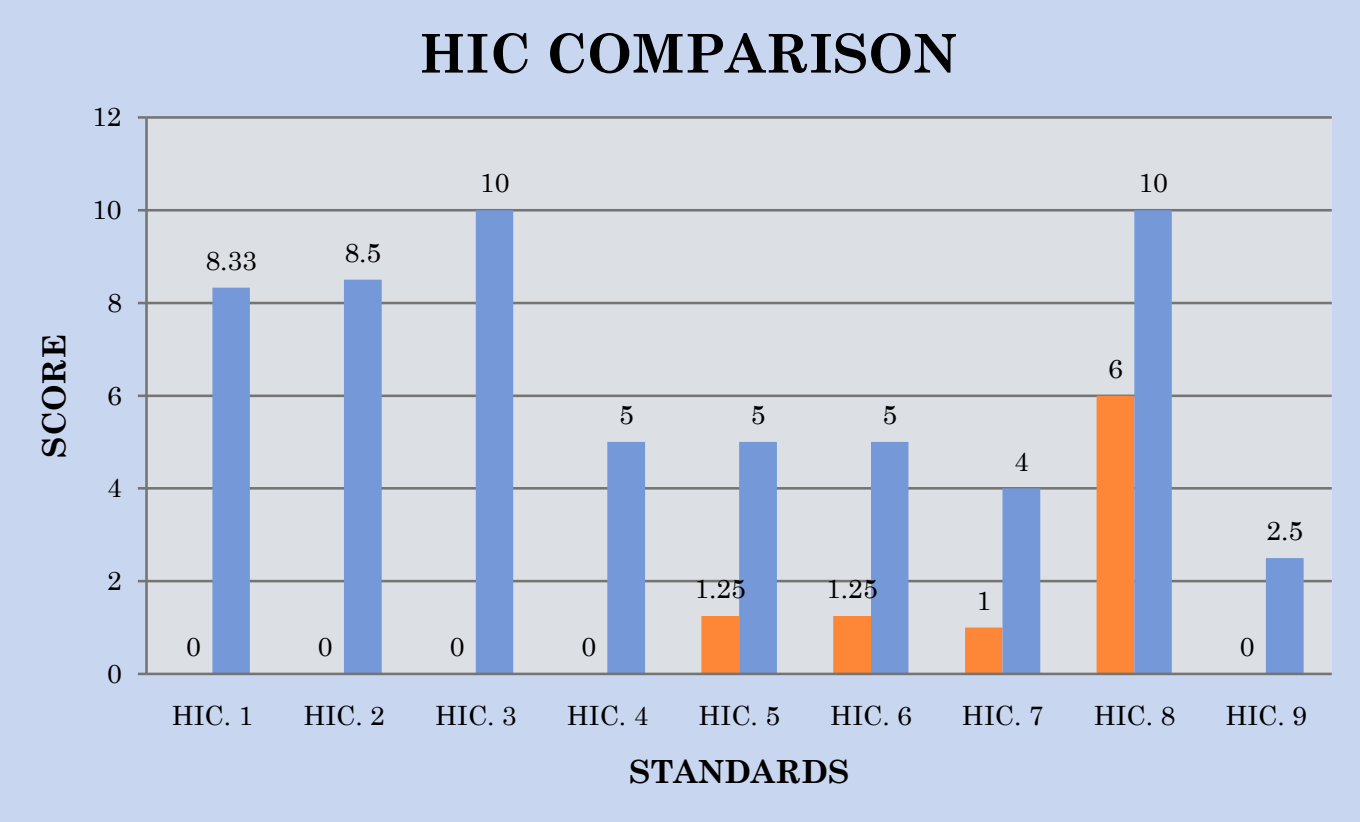
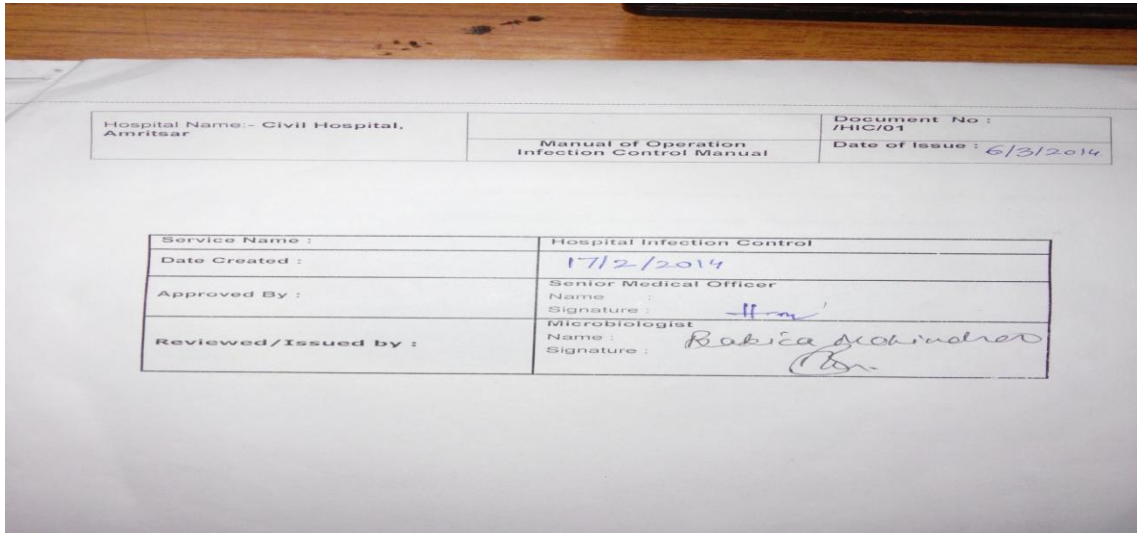



Figure 3

HIC. 1 – Score has raised from 0 to 8.33 as

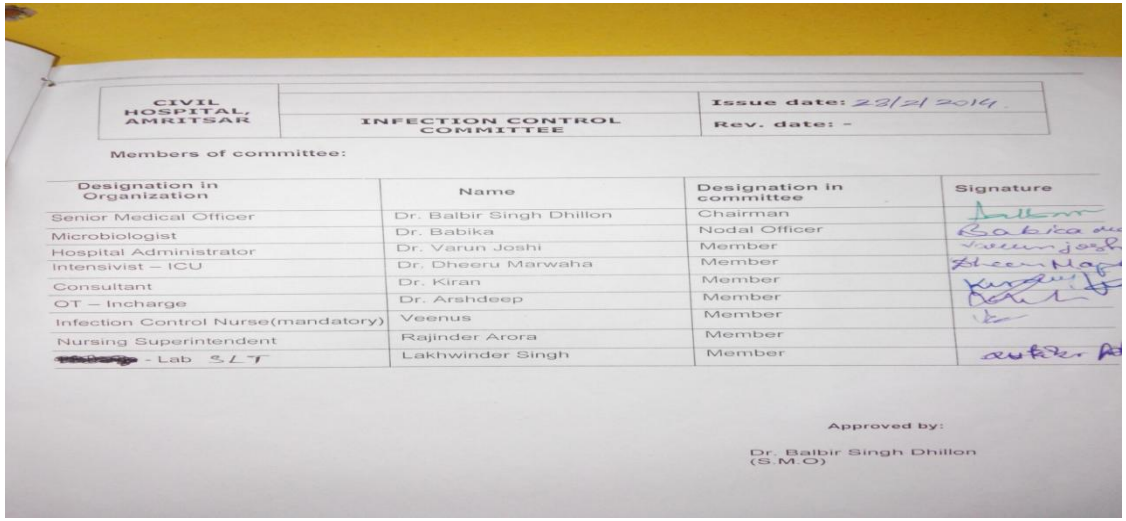
- Before implementation of action plan there was no Infection Control Programme but now Hospital Infection Control programme manual has been established.
- Hospital Infection Control committee has been made.
- Infection Control Officer and Infection Control nurse has been designated.



| Hospital Name:- Civil Hospital, Amritsar | Manual of Operation Infection Control Manual | Document No : /HIC/01 |
|---|---|---|
| | | Date of Issue : 6/3/2014 |

| | |
|---|---|
| Service Name : | Hospital Infection Control |
| Date Created : | 17/2/2014 |
| Approved By : | Senior Medical Officer<br>Name :<br>Signature : |
| Reviewed/Issued by : | Microbiologist<br>Name : Babika Arora<br>Signature : |

Infection control manual



| CIVIL HOSPITAL, AMRITSAR | INFECTION CONTROL COMMITTEE | Issue date: 23/2/2014<br>Rev. date: - |
|---|---|---|

Members of committee:

| Designation in Organization | Name | Designation in committee | Signature |
|---|---|---|---|
| Senior Medical Officer | Dr. Balbir Singh Dhillon | Chairman | |
| Microbiologist | Dr. Babika | Nodal Officer | |
| Hospital Administrator | Dr. Varun Joshi | Member | |
| Intensivist – ICU | Dr. Dheeru Marwaha | Member | |
| Consultant | Dr. Kiran | Member | |
| OT – Incharge | Dr. Arshdeep | Member | |
| Infection Control Nurse(mandatory) | Veenus | Member | |
| Nursing Superintendent | Rajinder Arora | Member | |
| [redacted] - Lab S.L.T | Lakhwinder Singh | Member | |

Approved by:

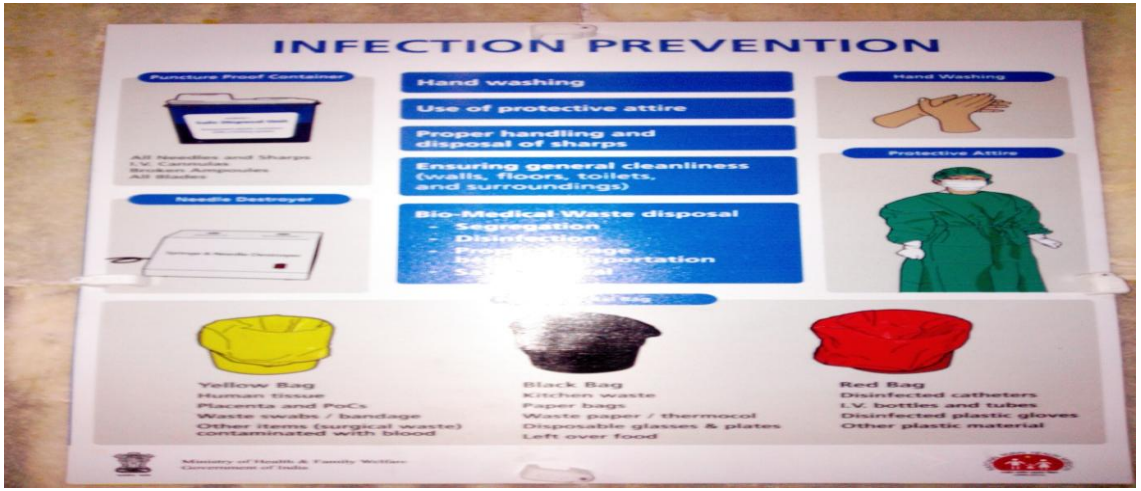
Dr. Balbir Singh Dhillon
(S.M.O)

Infection Control Committee

HIC. 2 – Score has raised from 0 to 8.5 as

- Before implementation of action plan there was no documented policy to prevent Infection but now documented policy is there.
- Standard precautions, hand hygiene, safe injection and infusion practices are followed.
- Cleaning, disinfection and sterilization practices are adhered.
- Antibiotic policy has been established now and implemented.
- Linen, laundry management and housekeeping procedures are adhered.


Posters for Hand washing




Posters for Infection Prevention

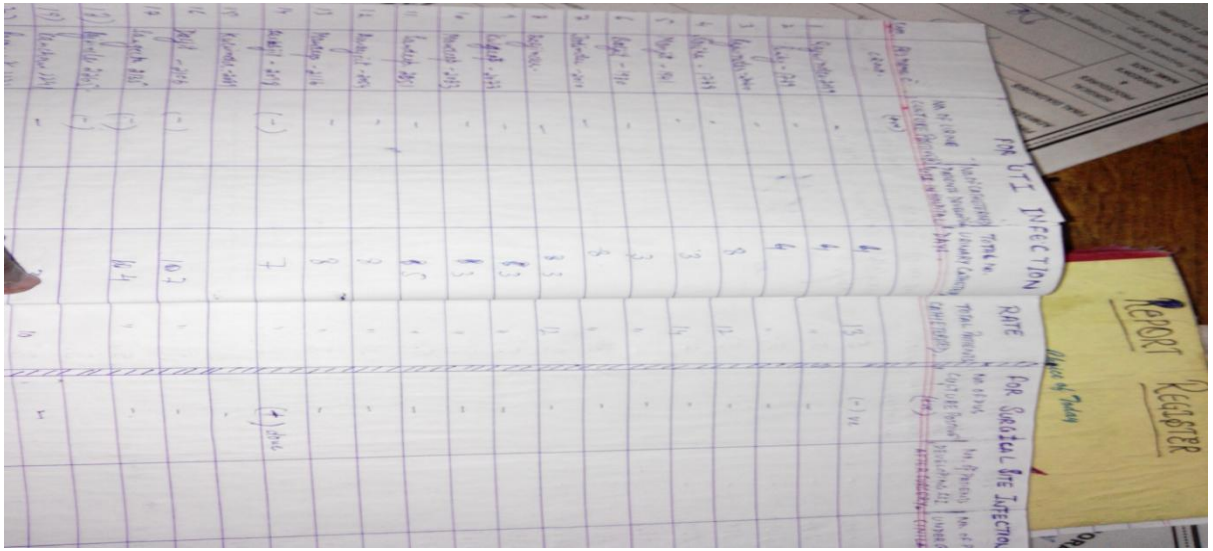
HIC. 3 – Score has raised from 0 to 10 as

- Before implementation of action plan there was no surveillance activity and data collection but now Surveillance activities are directed towards high risk areas and continuously monitored.
- Collection of data is going on.
- Verification of data is done.
- Appropriate feedback regarding HIC is given to appropriate personnel.

HIC. 4 – Score has raised from 0 to 5 (only partial compliance is reached) as

- Before implementation of action plan there was no monitoring of Infection rate but now UTI and SSI rate are being monitored and actions taken to prevent them.
- Respiratory tract Infections are not being monitored
- No procedure for intra vascular devices are carried out so this element is not feasible for this hospital.


Register for  Monitoring Infection Rate



HIC. 5 - Score has raised from 1.25 to 5 (only partial compliance is reached) as

- Adequate and appropriate personal protective equipment, soaps and disinfectants are available and used correctly.
- Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.
- Isolation/ barrier nursing facilities are not available.
- Appropriate pre- and post-exposure prophylaxis is not provided to all staff members concerned.

Wash basin, dispenser, towel rails and sanitizers in OPDs.

HIC. 6 - Score has raised from 1.25 to 5 (only partial compliance is reached) as

- Before implementation of action plan there was no documented procedure to identify outbreaks but now Organization has a documented procedure for identifying an outbreak.
- The organization has a documented procedure for handling such outbreaks.
- There was no noted case of outbreak so above procedure has not been implemented.

HIC. 7 – Score has raised from 1 to 4 as

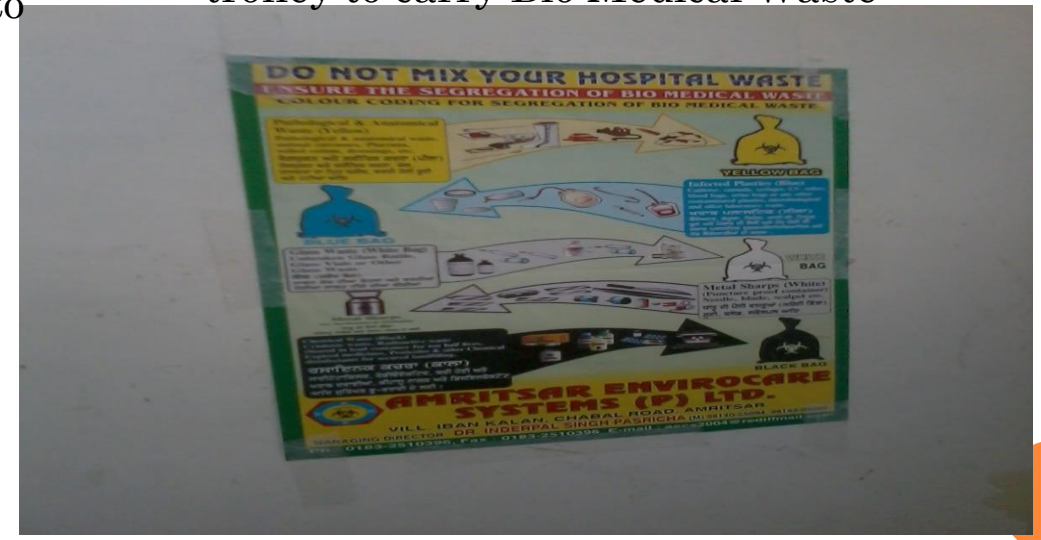
- The organization provides adequate space and appropriate zoning for sterilization activities.
- Before implementation of action plan there was no documentation but now documented procedure guides the cleaning, packing, disinfection and/or sterilization, storing and issue of items.
- Reprocessing of instruments is not done.
- There is no process as yet to check the status of sterilization. However, the process to procure chemical indicator to check the status of sterilization is under process.
- Validation tests for sterilization are not carried out.
- There is no established recall procedure as yet when breakdown in the sterilization system is identified.

HIC. 8 – Score has raised from 6 to 10 as

- Before implementation of action plan there was  was problem in proper segregation but now this non conformity has been removed by training of housekeeping and para medical staff on regular basis on bio medical waste management and coloured posters depicting segregation has been placed at waste collection points.
- Use of Personal protective equipments has been made mandatory which was not followed earlier.

Before Status- No use of PPE and no use of wheel borrows to carry Bio Medical Waste.

After Status – Use of PPE and separate trolley to carry Bio Medical Waste




Posters guiding segregation at waste collection points

HIC. 9 – Score has raised from 0 to 2.5 as

- The management makes available resources required for the infection control programme.
- The organization has not yet earmarked adequate funds from its annual budget in this regard.
- The organization has not yet taken decision to conduct induction training and in service training in this regard for all staff.

# CONCLUSION

- Results of the above analysis suggested that initially the average score for HIC chapter came out to be 1 and then after implementation of the Action Plan it was observed that the score raised to 6.5 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 3 Standards in this chapter had score of 5 (partial compliance) and 2 Standards had score less than 5. Suggestions have been given so that implementation can be done to achieve full compliance for this chapter before Pre assessment.

# LIMITATIONS OF STUDY

- Time Constraint – 3 months period of dissertation was limited and implementation for all elements was not being done.
- Attitude of staff – some of the staff was non-co-operative.

# THANK YOU