"EVALUATION OF SURGICAL SERVICES AND EQUIPMENT IN OT & LABOUR ROOMS – A FIELD STUDY AT KAWATIYA HOSPITAL"

📍 HARIBUX KANWATIYA GOVERNMENT HOSPITAL, JAIPUR, RAJASTHAN

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ABOUT THE HOSPITAL

Haribux Kawatiya Government Hospital, Jaipur located in Shastri Nagar, Jaipur, is a prominent public healthcare institution under the Government of Rajasthan. It is a 200-bedded multispecialty hospital, providing essential and specialized health services to a large population of Jaipur and nearby regions. The hospital is affiliated with SMS Medical College, Jaipur, and plays a vital role in offering tertiary-level healthcare services, medical education, and clinical training for students and interns.

VISION & MISSION

To provide safe, timely, and high-quality surgical care through skilled teams, advanced protocols, and ethical, patient-centred practices while ensuring continuous improvement and learning within the OT environment.

AIM

To assess the functioning, compliance, and efficiency of the surgical department and OT practices at Kawatiya Hospital through direct data collection and observation.

OBJECTIVES

1. To analyze surgeries conducted in January 2025 using patient file data.
2. To assess compliance with OT sterilization protocols.
3. To identify delays, cancellations, and OT scheduling issues.
4. To understand the role of departments like GS, Ortho, ENT, and Gynae in surgical services.

METHODOLOGY

1. Data from Jan–Jun 2025 collected from OT registers
2. CSSD audit,
3. WHO Surgical Checklist review
4. Interviews with nursing staff and observations

KEY OBSERVATIONS

1.Standard OT protocols and checklists help reduce errors and infections.
2. Proper scheduling and coordination improve OT efficiency.
3.Manual documentation causes delays; digital systems are needed.
4. Equipment alone isn't enough—maintenance and infection control are essential.
5. Trained support staff are critical for smooth OT functioning.
Interdepartmental coordination is key in shared OT setups.

ORGANOGRAM

- MEDICAL SUPERINTENDENT
- ADDITIONAL MS
- DEPT. MS
- UNIT HEAD
- ASSOCIATE PROFESSOR
- ASSIT. PROFESSOR
- PCMO/PS
- SS/ DEPT. DIRECTOR
- JS/SMO
- MO

🔸 OT 1st – SURGERY, ORTHO, ENT (JAN–JUNE 2025)

Total Major Surgeries: 714
Total Minor Surgeries: 222
Most active month: June (31 major surgeries in surgery + 7 ortho + 5 ENT = 43 major)
ENT Surgeries are minimal, only on Mondays & Thursdays
Ortho surgeries are done Wednesdays & Saturdays
Eye surgeries – discontinued
Total Surgeries in OT 1st (Jan–Jun): 936

🔸 OT 2nd – GYNAE DEPARTMENT (JAN–JUNE 2025)

Total Gynae Surgeries: 575
Major: 548
Minor: 27
June & Jan are peak months
Gynae OT runs more consistently than OT 1st

SWOT

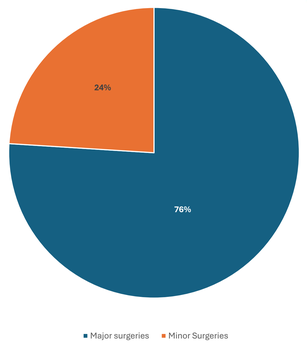
STRENGHTS
1. No re-suturing or infections
2.Good equipment maintenance (KTPL)
3. Low surgery postponement
4. Proper CSSD documentation
5. WHO checklist used in OT

WEEKNESS
1.No zoning
2.No emergency exit
3.No nurse/anaesthesia room
4.CSSD inside OT
5.Rules violated by residents
6.Checklist not followed
7.Post-op record missing

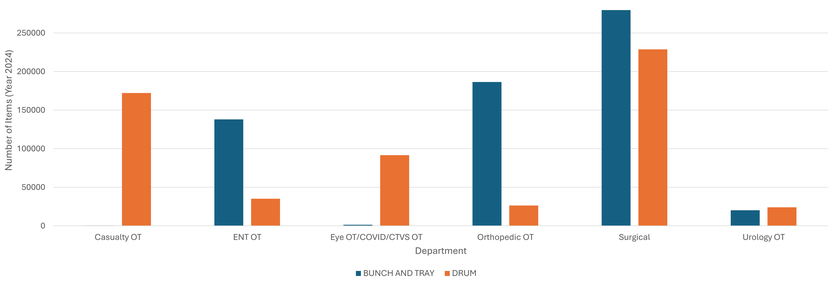
OPPORTUNITY
1. Implementation of Digital Health Records (EHR)
2. Training & Skill Development Programs
3. Introduction of Laparoscopic & Minimally Invasive Surgeries
4. Public-Private Partnerships (PPP)
5. Awareness and Outreach Camps
7. Scope for Infrastructure Expansion

THREATS
1. Risk of hospital-acquired infections if sterilization lapses occur
2. Overload of cases without corresponding increase in staff or resources
3. Budget limitations for infrastructure upgrades or hiring
4. Staff burnout due to high workload and limited OT availability

Major vs Minor Surgeries (Jan-Jun 25)



CSSD Sterilization Items



THEORETICAL LEARNING

1. OT protocols taught as structured guidelines
2. Data handling expected to involve digital records and standard formats
3. Departmental coordination discussed in academic modules
4. Sterilization taught as critical but routine
5. Delays & cancellations taught as common in government hospitals

PRACTICAL LEARNING

1. Observed variation in protocols depending on workload
2. Mostly manual file entries used in real OT settings
3. Departmental coordination seen actively during surgeries
4. Realized sterilization's real-time importance through live cases
5. No delays or cancellations observed in this hospital sample – indicated high efficiency

MAJOR LEARNINGS

- Standard OT protocols and checklists help reduce errors and infections.
- Proper scheduling and coordination improve OT efficiency.
- Manual documentation causes delays; digital systems are needed.
- Equipment alone isn't enough—maintenance and infection control are essential
- Interdepartmental coordination is key in shared OT setups.

CHANLLENGES FACED

Handwritten files were difficult to read and extract data from Limited access to some OT rooms due to restrictions Lack of digital records made analysis time –consuming Staff were busy; required multiple visits for data clarification Some diagnosis details were incomplete or coded

SUGGESTIONS

1.Shift CSSD outside the OT
2.Create dedicated storage and backup rooms
3.Strict checklist and protocol adherence in OT 1st
4.Install shoe racks outside