

Name – Anjali Chaudhary

Roll No - 1905

University Mentor – Dr. Arindam Das

Organization Mentor – Dr. Kalpana Bindal

ABOUT HOSPITAL

BRIEF HISTORY AND INTRODUCTION

The 230-bedded Rukmani Birla Hospital is a multispecialty hospital in Jaipur with world-class facilities that provide extensive inpatient and outpatient care. Since its founding, RBH has been offering its patients comprehensive medical care, including outpatient services, cardiology, neurology, gastrology, renal science, orthopaedics, and joint replacement, among other services. The three iconic CK Birla Hospitals—the Calcutta Medical Research Institute (CMRI, 1969, Kolkata), the BM Birla Heart Research Centre (BMB, 1989, Kolkata), and its most recent addition, Rukmani Birla Hospital (RBH, 2016, Jaipur)—have established significant milestones in the healthcare sector.

VISION

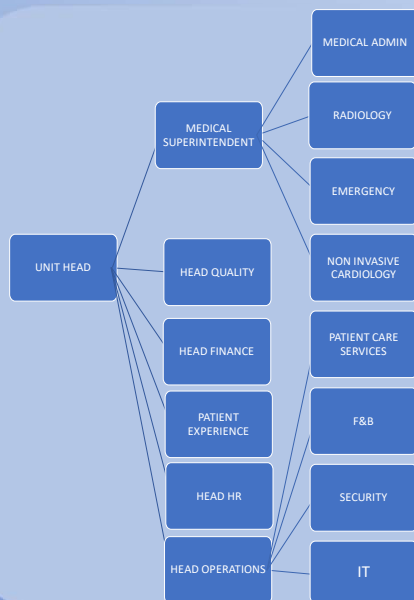
To deliver the best possible clinical excellence and patient care.

MISSION

Establishing a clinical centre of excellence with a solid foundation in research, academics and evidence based medicine to achieve the greatest possible clinical and patient outcomes.



ORGANIZATIONAL STRUCTURE



SWOT ANALYSIS

STRENGTH

- Staff with experience and expertise.
- Collaboration with infection control department
- Positive organizational for patient safety efforts.
- Robust Network
- A positive brand image

WEAKNESSES

- A small sample size due to time and resource limitations.
- The ability to generalize may be impacted by the exclusion of KTU, Pediatrics.
- Staff negligence or lack of seriousness while filling the survey.

OPPORTUNITIES

- As part of an infection control strategy, implement routine KAP assessment.
- Potential for focused training to fill in knowledge gaps.
- Can be used to guide future quality improvement projects.
- Through evidence-based evaluation, it supports accreditation initiatives.

THREATS

- Training participation may be hampered by a heavy workload and time constraints.
- Staff have a negative opinion of audits or evaluations.

LEARNINGS

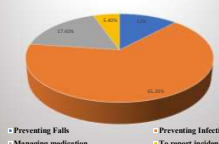
- Understanding of Various Emergency Codes
- Continues audits of various departments.
- Developed the understanding about Hospital Information System.
- Gained insights about patient feedback mechanism.

CHALLENGES

- Healthcare personnel limited time to complete the survey.
- Low response rate because staff members are busy or uninterested, lack of seriousness when completing the questionnaire.
- Fear of being judged, which results in socially acceptable (no honest) responses.
- Lack of willingness to accept knowledge gaps

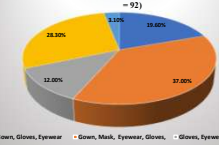
KEY FINDINGS

Fig 1: Knowledge regarding common risk factor for HAI (n = 92)



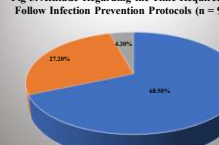
- About 65% understood the correct focus of IPSG-5, but one-third were unclear — indicating room for awareness improvement.

Fig 3: Knowledge Regarding the Correct Order of Putting on PPE (n = 92)



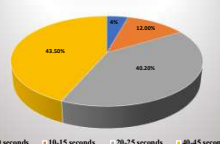
- 37% correctly identified the recommended sequence for donning PPE, as WHO's guidelines. This reflects partial awareness of standard precaution. However, 63% selected incorrect sequence, indicating the need for enhanced training on PPE protocols to ensure infection prevention and staff safety.

Fig 5: Attitude Regarding the Time Required to Follow Infection Prevention Protocols (n = 92)



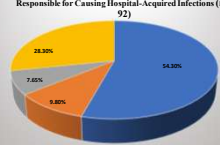
- According to the data, 68.5% of respondents agreed that changing a mask before seeing another patient in a hospital-acquired infection control measure.

Fig 2: Knowledge regarding IPSG-5 (n = 92)



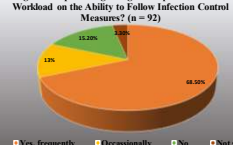
- More than half correctly identified that proper hand hygiene is not a risk factor, but nearly 47% confused it with actual infection risks — showing a need for better understanding.

Fig 4: Knowledge regarding The Most Common Agents Responsible for Causing Hospital-Acquired Infections (n = 92)



- Over half (54.3%) correctly identified Staphylococcus aureus as the most common causative agent of HAIs, reflecting decent microbiological awareness. Yet, 45.7% chose incorrect options, with many leaning toward E. coli, which is also a significant HAI pathogen but less common than Staphylococcus in many settings. This reveals a moderate gap in pathogen-specific knowledge among respondents.

Fig 6: Perception Regarding the Impact of Current Workload on the Ability to Follow Infection Control Measures (n = 92)

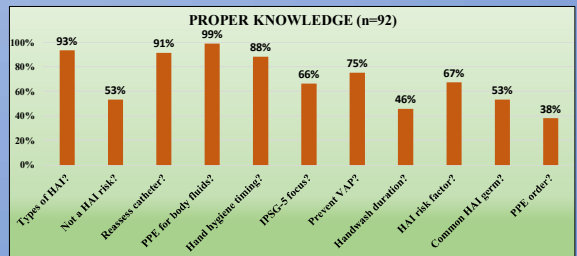


- This chart shows that 68.5% of respondents believe that their current workload affects their ability to follow infection control measures. In contrast, 15.2% disagreed and some were not sure about it.

OVERALL FINDINGS

➤ KNOWLEDGE FINDINGS (n=92):

- The average score of respondents – 7.7 for Knowledge survey of (KAP).
- There was limited understanding observed regarding correct PPE use and proper hand hygiene
- knowledge gaps were found in PPE use, pathogen ID and distinguishing risk vs prevention.
- Significant gaps in understanding level:
 - Hand hygiene duration only 43.5% were correct,
 - PPE donning method only 37% were correct,
 - IPSG -5 Objective only 65.2% were correct.



➤ ATTITUDE & PERCEPTION FINDINGS (n=92):

- About 25% of respondents who thought infection control procedure were time consuming or inconvenient.
- There is a gap between accountability and IPC success as evidenced by the 7 respondents who believed that staff attitude had no bearing on infection control results and the 5 who were unaware..
- Staff around 15% were hesitant to speak up when witnessing a break in sterile technique, pointing to a gap in assertiveness and communication
- Some staffs are uncertain about specific infection control guidelines, reflecting incomplete internalization of IPC standards and protocols.
- There is a perceived disconnect between real-time feasibility and ideal practices , especially because of limited resource or high volume settings.
- Several participants expressed that patients are not clearly informed about and Hospital acquired infection do not consistently follow IPC.

SUGGESTIONS

