SUMMER TRAINING AT EHCC HOSPITAL

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OBJECTIVES OF SUMMER TRAINING:

1. To understand and learn day to day micro-level operations management of hospital.
2. To study identified issues or problem associated with specific operational area.

ISSUES FOUND IN DEPARTMENT VISITED:

1.OUT PATIENT DEPARTMENT:
1. Prolonged waiting time as doctors arrive after 10.30 am while OPD timing starts from 8.00 am 2. No prior appointment facility available

2. IN PATIENT DEPARTMENT:
Wards have 4:1 patient to nurse ratio but at the station only 2 or 3 nurses were present

3. RADIOLOGY:
No different timing for out patient and in patient thus prolonging patient waiting time

4. HUMAN RESOURCE MANAGEMENT:
1.No monitoring on GDA leads to increasing the TAT of GDA dependent services. 2. Poor roster preparation

5. PATHOLOGY:
1.Pneumatic chute not functional 2. Only routine test are performed in hospital premises, for other test like ELISA they send sample to other laboratory.

6. ICU :
MICU: 1. Bundle compliance for central line was poor. 2. Dried blood stains on floor **SICU:** with only 6 bed, the TAT for availability of bed for recently operated patient increase.

7.FOOD & BREVARAGE:
1.Prolonged TAT for any food apart from the 6 course meal. 2. Error was seen in compliance to the prescribed diet.

8. PHARMACY:
Drug dispatching time was high even for emergency medicine.

9.LAUNDRY:
1. As compared to the load machine were less. 2. washed clothes were put on floor before ironing.

10.TPA & BILLING::
No doctor at TPA to resolve medical query

11. BIOMEDICAL WASTE MANAGEMENT:
Blood dripping out of plastic bag when waste was brought for disposal

PROJECT UNDERTAKEN:

ANALYSIS OF HAND HYGINE COMPLIANCE IN MICU AND HDU OF EHCC HOSPITAL, JAIPUR

RATIONALE:

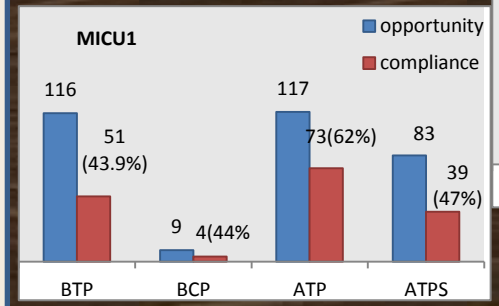
Hospital-acquired Infections (HAI) represent an important cause of morbidity and mortality in Intensive care units. HAIs increase the length of stay, and are associated with substantial risk of Mortality.
Healthcare workers' hands become progressively colonized with potential pathogens during patient care. Several HAI outbreaks have been associated with contaminated healthcare workers' hands. Various literature review on nosocomial infection in ICU shows infection rate of 15-27% , all due to non compliance to hand hygiene.
Good hand hygiene reduces HAI rates and cross-transmission of antimicrobial-resistant pathogens.

OBJECTIVE:

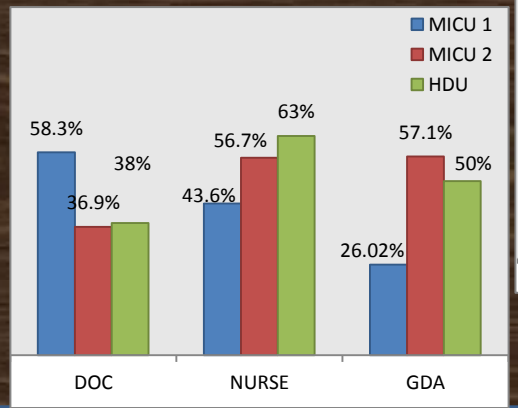
To measure the compliance of hand hygiene in MICU(MICU1 AND 2) And HDU, according to WHO guidelines of Hand Hygiene based on " my 5 moments of Hand Hygiene" approach

METHODOLOGY:

study setting: MICU1 , MICU2 and HDU ,EHCC, JAIPUR
Study design: observational and descriptive
study span:
1. direct observation done: 4th may –27th may 2017 2. Data analysis duration: 28th may- 31st may 2017
Study population: health care workers in MICU1 , MICU2, and HDU , during day shift i.e. 9am- 5pm
Data collection method: 1 week each was spent in all the 3 department and total opportunities for hand hygiene was noted down.

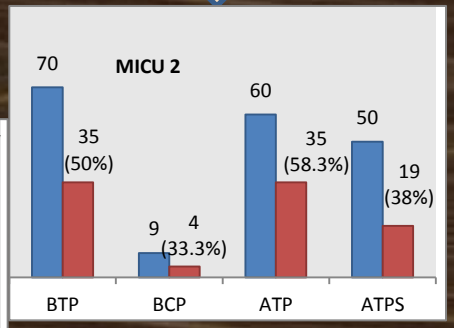


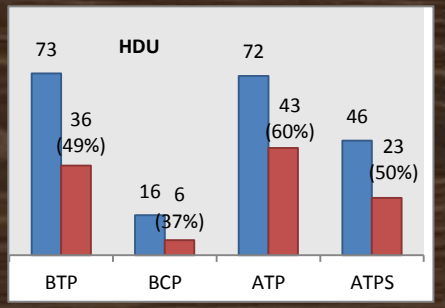
2. THE GRAPH BELOW DEPICTS PERCENTAGE COMPARISION OF THE 3 wards FOR HAND HYGIENE COMPLIANCE BETWEEN DOCTORS ,NURSES AND GENERAL DUTY STAFF:



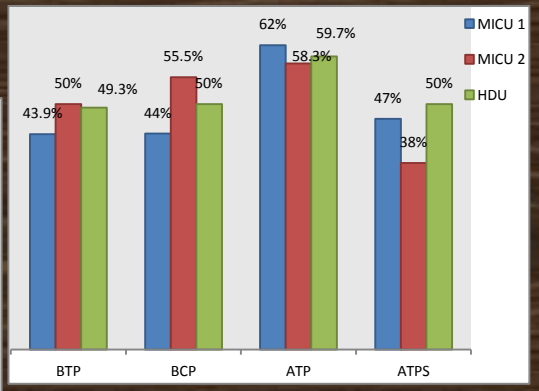
KEY FINDINGS:

1.THE GRAPHS BELOW DEPICTS THE OPPORTUNITY AVAILABLE FOR VARIOUS MOMENTS OF HAND HYGIENE & ITS COMPLIANCE IN ALL THE 3 WARDS ACCORDING TO THE WHO TOOL:





3. THE GRAPH DEPICTS THE PERCENTAGE COMPARISION OF 3 WARDS FOR THE VARIOUS MOMENTS OF HAND HYGINE



LIMITATION:

1.Awareness of observation can influence staff behaviour.
2.Can compromise patient privacy.
3.Doesn't provide any information on the reason of non-compliance.
4.The act of "double counting" can present a conundrum. This issue arises when health care worker appropriately performs hand hygiene after contact with one patient and then goes directly to another to provide care without again performing hand- hygiene.

OBSERVATION

1. More compliance is seen for hand rub as compared to hand wash
2. All categories showed ignorance toward hand hygiene before and after using gloves.
3. Hand hygiene compliance among doctors were found to be less among all .

CONCLUSION:

1.Compliance among nurses were found to be the highest followed by the GDA staff.
2. Compliance of doctor was highest in MICU 1, nurses compliance was found to be the highest in HDU, GDA staff compliance was more in MICU
3. Hygiene compliance for "after touching patient" was the highest in all the 3 wards out of the 5 moments of hand hygiene.

ABBREVIATIONS USED:

1.MICU: medical intensive unit
2. HDU : high dependency unit
3.GDA: general duty staff
3.BTP: before touching patient
4. BCP: before clean procedure
5. ATP: after touching patient
6. ATPS : After touching patient surrounding