Assessment of a North Indian District Hospital for Quality Assurance using Kayakalp Tool

Ankit Chaudhary¹, Anjali Mahajan², Vijay Kumar Barwal³
¹Junior Resident, ²Associate Professor, ³Assistant Professor, Department of Community Medicine, IGMC, Shimla, Himachal Pradesh

Sir,

Government of India, launched the “Kayakalp” initiative in 2015 with an objective of promotion of cleanliness and delivery of quality health care services through public health facilities (PHF).¹ Cleanliness and hygiene in health facilities are part of a continuum of the entire gamut of quality parameters. Low level of cleanliness in PHF is a major factor for the poor faith of masses in them. This often directs them towards private sector hence leading to increased out of pocket expenditure on health.

A cross sectional observational study was conducted in District Hospital Shimla in 2015 for such an assessment using the “Kayakalp” tool. The scoring for various areas of concern is based on a checklist for quality assessment. These were Facility Upkeep, Sanitation and hygiene, Waste Management and Infection control with maximum score of 100 each. The Support Services and Hygiene Promotion had a maximum score of 50 each. Methods used to assess the facility were Direct observation, Staff interview and Review of records. Based on these scores, we arrived at a conclusion for extent of full, partial and non-compliance.

The District hospital scored 374 out of maximum 500 (74.8%). The individual breakup of the scores under four domains namely Hospital/Facility upkeep, Sanitation and hygiene, Waste management, Infection control were 75, 84, 82 and 63 respectively. For the two domains of Support services and Hygiene promotion, and Hospital Record the scores were 38 (76%) and 32 (64%) respectively. A similar study in Chhattisgarh reported scores ranging from 73.2% to 91.8% in 8 out of 27 District hospitals.²

While evaluating the facility we observed certain strengths as well as gaps in the working of the facility. Good compliance to prescribed norms was seen for Facility appearance, Workplace management and Infrastructure maintenance, but little attention was being given to the areas of Pest and animal control, Water conservation and Maintenance of open areas. Gaps were observed in cleanliness of toilets and auxiliary areas. Monitoring of cleanliness activities was also not in place.

Full compliance was observed for disposal of Biomedical waste (BMW), Solid general waste and Liquid waste management. Little heed was being paid for Segregation, Collection, transport, Management of hazardous waste, Equipment’s and Statutory compliance. In contrast to our score of 82% for biomedical waste management, a score of 57% was assigned for a District hospital in Karnataka.³

Infection control practices were being followed as per the protocol however Decontamination and cleaning of instruments, Spill management and Environmental control failed to meet the standards. The hospital showed absolute non-compliance for Isolation and barrier nursing criteria. Water sanitation, Security services and Out-source services management was satisfactory. Laundry and Kitchen services management showed partial compliance. There was non-availability of documented Standard Operating Procedures for cleanliness, upkeep of facility, BMW and infection control.

This standardized approach would help in judging their performance on a uniform pedestal. It would encourage better upkeep of the facility by way of incentivization and serve the ultimate purpose of provision of quality health care services.

References