

Assessment of Swacchta Guidelines Implementation at Government District Teaching Hospital, Madikeri, Kodagu District, Karnataka State using KAYAKALP Assessment Tool

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ABSTRACT

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INTRODUTION

Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment¹. Patients in these settings are already vulnerable to the spread of infection. Health care associated infections covers a wide range of infections and currently, multi drug resistant strains of infections are proving an imminent challenge to

Introduction: Cleanliness and hygiene is crucial for healthcare settings. The Swachh Bharat Abhiyaan is a national campaign initiated by the Government of India to promote cleanliness in public spaces. 'KAYAKALP' is the program to promote cleanliness and enhance the quality of public health facilities.

Objectives: To assess the swachta guidelines implementation at government district hospital, Kodagu, Karnataka state using Kayakalp assessment tool.

Methods: A cross sectional study was conducted at District hospital in Madikeri, Karnataka state. The assessment tool used for this study was the standard national assessment toolscore card- Swachhta Guidelines for Public Health Facilities provided by the Ministry of Health & Family Welfare Government of India (MOHFW, 2015).

Results: The total score was 232 out of 500 which came to 46.4%. The following sub topics got the respective scores depicted in the bracket: Hospital upkeep (35%), Sanitation & hygiene (53%), biomedical waste management (57%), Infection control (50%) Support Services (48%) and Hygiene promotion (26%).

Conclusion: The initial assessment results at the district hospital showed poor results. There is an urgent need to improve the standards in all sections of the facility to give good care to the public.

Key words: Kayakalp, Public Health facilities, Swaccha Bharath

medical professionals². As per WHO, of every 100 hospitalized patients, at least 7 and 10 in developed and developing countries respectively acquire health care associated infections(WHO,).³ Important factor that puts the patients at the risk of infections are inadequate environmental hygiene and waste disposal and poor knowledge and application of basic infection control measures.

The Swachh Bharat Abhiyaan is a national campaign initiated by the Government of India and was officially launched by the Prime Minister on 2nd October, 2014⁴. The primary focus of this campaign was to promote cleanliness in public spaces. The Ministry of Health and Family Welfare, Government of India, launched an initiative 'KAYAKALP' to promote cleanliness and enhance the quality of public health facilities. The objectives of this initiative are mainly to promote infection control practices, to sensitize healthcare workers and to have an ongoing assessment and peer review of healthcare settings performance. The initiative also recognizes healthcare settings with exemplarily performance in infection control practices in the settings⁵.

The assessment of performance of the facility is based on parameters like hospital facility upkeep, sanitation and hygiene, waste management, infection control, support services and hygiene promotion^{4, 5}.

OBJECTIVES:

To assess the swacchta guidelines implementation at government district hospital, Kodagu, Karnataka state using Kayakalp assessment tool.

METHODS

This study was an observational- cross sectional type of study and was conducted at a Government District hospital in Madikeri, Karnataka state using Kayakalp tool under Swachh Bharath Abhiyan. The District Hospital provides an outpatient service to about 600 patients daily. The hospital has a total number of 410 inpatient beds with inpatient occupancy of 60% at all times. As Kayakalp is a part of the National Initiative under Swachh Bharath Abhiyan, it is currently an ongoing program in the hospital. Before this phase of the study, healthcare professionals- Medical Officer and nurses had a sensitization program organized by the Department of Health and Family Welfare, Kodagu District by the District Health Officer. Before the initiation of this phase of the study, prior permission was obtained from the concerned authorities. Consent from the District Surgeon, nursing superintendent and health administrator was obtained. The study was conducted in the month of August, 2015.

The assessment tool used for this study was the standard national assessment tool- score card-Swachhta Guidelines for Public Health Facilities provided by the Ministry of Health & Family Welfare Government of India (MOHFW, 2015)¹. The assessment methods used in this study are direct observation (OB), Staff Interview (SI), and Review of records and documents (RR). The scores were applied as Fully Complainant (2), partially complaint (1) and non- compliant (0).

RESULTS

Following the sensitization program, The Kayakalp Assessment Checklist audit was conducted under supervision of the program coordinator. The following study results are described in the table.

Table 1: Kayakalp Scores of the Kodagu District Hospital

Ref. No.	Subheading	Minimum Scores	Maximum Scores	District Hospital Score (%)
А	Hospital Upkeep	0	100	35 (35)
В	Sanitation & Hygiene	0	100	53 (53)
С	Waste Management	0	100	57 (57)
D	Infection control	0	100	50 (50)
Е	Support Services	0	50	24 (48)
F	Hygiene promotion	0	50	13 (26)
	Grand Total	0	500	232 (46.4)

Hospital upkeep section showed poor score of 35%. Sanitation and hygiene fared average with the score of 53. There are some gaps in management of bio medical waste especially at the collection and transportation and also at solid waste management. Hand hygiene practices and hospital acquired infection surveillance needs drastic improvements. Main flaws in the hospital were at fields of support services and hygiene promotion. Lack of non medical manpower and irregular provision of training regarding health promotion activities resulted in poor scoring,

The total percentage was 46.4%.

DISCUSSION

As per the Kayakalp initiative guidelines, the process of assessment has 3 phases. Initial phase is the internal assessment which is performed by the facility staff using the Kayakalp assessment tool. Every facility should have an average of 70% score to be eligible for the next phase of assessment, the peer assessment (NHRM, 2015). Once peer assessment is done, if the score crosses 70% then the hospital would be eligible for award category⁵ The initial assessment results at the district hospital showed poor results grand total (46.4%), hospital upkeep (35%), Sanitation & hygiene (53%), biomedical waste management (57%), Infection control (50%) Support Services (48%) and Hygiene promotion (26%). This hospital fared poor as compared to PGI Chadigarh which bagged first place for the entire nation and received rupees five crores⁶.

Amongst the district hospitals in Karnataka, Vijayapura district received first place followed by Mangalore District hospital7. Hospital upkeep can be improved with the public private partnership where the areas like landscape can be improved. Sanitation and hygiene can be improved by recruiting cleaning staff. Regular training and supervision of cleaning staff on hygiene practices are to be done. Adopting WHO guidelines in maintenance of sanitation hygiene will improve the overall cleanliness of the setting⁸. There is a need to adopt innovative and radical measures to clean up the distressing picture of lack of civic concern on the part of hospitals and slackness in government implementation of bare minimum of rules, as waste generation particularly biomedical waste imposes increasing direct and indirect costs on society9. Infection control practices can be improved by staff training and strict adherence to infection control practices¹⁰. Hospital support services are at poor condition. Outsourcing of certain services and bringing in technology in handling laundry and cleaning services will improve the support services.

There is a need to integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources caused due to mismanagement of public facilities¹¹.

CONCLUSION

The present score at the district hospital shows there is an average system in place which needs improvement. Action plan for financial and non financial areas needs work out. Non financial areas can be improved by implementing the guidelines strictly. Active participation of staff and public can improve the health facility.

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