



F.No. F 50 (6) NHM/MHD/2018/494

Date: 6/6/18

Joint Director- Udaipur
CM & HO – Banswara, Chittorgarh & Udaipur
Superintendent - Udaipur
PMO - Banswara, Chittorgarh

Subject: Regarding visit report of NHSRC team of Model Health district.

Ref: NHSRC /2015-2016/PHAMHD-Vol.I-Part 5 dt. 20.3.2018

As per the subject cited above, a visit to model health districts i.e Udaipur, Banswara & Chittorgarh was made by NHSRC & state team to review the progress of roadmap prepared under MHD.

The GoI team has appreciated the team efforts for improving the quality of services in the model health district in terms of ambience and general cleanliness. However, certain gaps were observed by the team mainly in terms of OT zoning & CSSD, microbiological sampling, modern kitchen, mechanized laundry etc. The detail visit report of the facilities visited by the team has been shared by the GoI and is enclosed for your perusal.

A letter has been issued by the state to all Principal & Superintendents of medical college & associated hospitals of all districts for testing of microbiological samples of health facilities, therefore, please ensure monthly microbiological sampling of high risk areas like OT, ICU, Labour room as advised in the visit report of GoI team.

The nodal officers for MHD which were appointed during the visit are instructed to follow the roadmap prepared under MHD in all selected MHD facilities with the support from Dr. Ishita, consultant NHSRC placed for model health districts.

In this reference you are advised to work on the gap closure and inform the state if any additional support is required and submit the time bond action plan for gap closure and compliance report for the same within a week.

Also, share the visit report with other health facilities selected under Model Health District and the action plan of these facilities according to roadmap prepared under MHD.

Enclosed: Visit report/ Letter to Principal & Superintendents of medical college & associated for microbiological test

Project Director
NHM

Date: 6/6/18

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Copy to:

1. PA to MD - NHM
2. PA to PD-NHM
3. SNO QA & Kayakalp
4. SPM-NHM
5. Joint Director Udaipur to support the facilities in gap closure and work on the roadmap prepared under MHD.
6. CMHO Udaipur - although DH Udaipur is associated with medical college authorities but still it comes under MHD, therefore, ensure the implementation of the roadmap prepared under MHD.
7. CMHO Banswara, Chittorgarh for implementation of roadmap prepared under MHD for all selected health facilities.
8. Nodal Officer of MHD facilities for information & necessary action.
9. **CHC incharge** - Mandapiya for gap closure
10. DPM Banswara, Chittorgarh & Udaipur to disseminate the information to all selected MHD facilities.
11. Health Manager- Banswara, Chittorgarh to work on the gap closure.
12. Ms Ishita . to submit the monthly progress report of the MHD selected facilities to state QA cell (email id : ishita161990@gmail.com)
13. CO-IT to email all concerned

State Nodal Officer
QA & Kayakalp

Visit report - Rajasthan

Team from National Health Systems Resource Centre (NHSRC) led by Mr. Prasanth K.S. visited Udaipur, Banswara and Chittorgarh districts respectively from 21st to 23rd February 2018 to assess the implementation of Model Health District initiative and also to orient Dr. Ishita with district and State Officials.

Schedule of visit

1. Udaipur: Meeting with CMHO, Visit to DH Udaipur

2. Banswara: Visit to DH Banswara

3. Chittorgarh: Visit CHC Mandapiya, Visit DH Chittorgarh

- The action points suggested during the previous visits have not been updated/filed in the MHD file.
- If a consensual plan is advised in discussion with institutional level team, it is imperative that any change of plan may be discussed before implementation.

KEY POINTS

- Zoning of the OT was not as per the protocols. This is largely due to the limitation effected by the lay out design (DH Banswara, DH Chittorgarh and CHC Mandapiya).
- Wooden furniture is being used in the OT which can harbour fungal infection which is detrimental to maintaining asepsis (DH Banswara, DH Chittorgarh and Udaipur).
- Concept of maintaining a pressure gradient with air changes within the OT complex is not being maintained in OT. Split or window air conditioners are used in OT instead of Air Handling Unit (DH Banswara and DH Chittorgarh).
- Used linen and instruments were being carried through a common passage. Use of zipper bags was suggested to minimize the infection spread.
- Microbiological sampling should be done monthly and on the basis of sampling reports only. fumigation should be conducted in OT.

- Junk Condemnation is required as junk is hampering infection control protocols in critical areas in (DH Banswara and DH Chittorgarh). Also unnecessary space is taken up which can otherwise be utilized in a meaningful manner.
- Concept of Mechanized laundry, CSSD, Modern Kitchen, was proposed in last year DHAP but not incorporated in State PIP. The state should consider it for including it in the 2018/19 State PIP (DH Chittorgarh).

Facility-wise observations

DISTRICT HOSPITAL, UDAIPUR

- **Modular OT:** A few points for improvement.
 - Distance of OT from the corridor is about 10 Feet. In that area autoclave is working besides the shoe change area.
 - The laminar air flow could not be felt with the AHU running.
 - The automatic scrub sink with modular OT was installed 8 months back and has been non-functional since last 6 months.
 - There is no backup for electricity. Therefore immediate need of generator installation.
- **CSSD and Eye OT:** For the construction of CSSD and Eye OT, NHSRC team had identified two areas i.e., an open space on the 2nd floor adjacent to the DIEC or an additional floor may be constructed above DIEC. The institutional level team comprising of civil engineers must arrive at a concurrence based on which a proposal can be developed. The district needs to plan comprehensively, depending upon the functionality and space for other resources before initiating new services.
- **LABOUR ROOM:** The records were well maintained.
 - Privacy of the patient was ensured.
 - As per the delivery load of 50 deliveries/month there was only one instrument set available. 1 labour Table, 1 radiant warmer and 1 NBSU were functional.
 - The instrument tray was wrapped and sterilized as per protocols.
 - BMW segregation was done as per protocols.

DISTRICT HOSPITAL, BANSWARA

- **OT:** Three non-functional ACs were observed in the OT and one of them was leaking into the OT.
 - Seepage was also observed inside the OT.
 - The exhaust window was sealed with the wooden board.
 - Used linen and instruments were being carried through the same passage used for sterile utilities.
 - Fumigation of OT was done daily without basing it on the microbiological sampling.
- **CSSD:**
 - During the previous visit, NHSRC team had suggested a location for CSSD. In the current visit it was observed that the space suggested for CSSD was being utilized as Paediatric OPD. If a consensual plan is advised in discussion with institutional level team, it is imperative that any change of plan may be discussed before implementation.
- **Junk Condemnation** is required as junk is hampering infection control protocols in critical areas. Also unnecessary space is taken up which can otherwise be utilized in a meaningful manner.

CHC, MANDAPIYA

- Overall the hospital had improved in terms of cleanliness and separate rooms had been allocated for various departments. Junk from each room has been disposed off, which was an issue identified during previous visit.
 - Every room is numbered and proper signages were in place. Outside every room, services being provided were displayed.
 - The access to emergency area is through a common entrance. Institutional Quality assurance team may plan for a separate entrance.

- **LABOUR ROOM:**

- The records were well maintained.
- The labour room had 2 labour tables separated by long single length curtain.
- The instrument trays were wrapped and sterilized as per protocols.
- BMW segregation was done as per protocols.

DISTRICT HOSPITAL, CHITTORGARH

- **OT:** There are 4 OTs in the OT complex and all of them open into a common area. Out of four OTs, two are functional. Two OTs have AHU and the other two have ACs installed in them. The common area had exhaust fans. The air is flowing freely across all 4 OTs. Therefore, the concept of maintaining a pressure gradient with air changes within the OT complex has become infeasible.
 - Position of sluice room, store, and autoclave room needs to be relocated to adhere to the infection control protocols.
 - Fumigation done on weekly basis without basing it on the microbiological sampling. The microbiological sampling is done after a duration of 6 months and sent to RNT Medical College for testing.
- **ICU:** No provision of separate changing room for staff.
 - A step down from ICU is required i.e., HDU. Currently patients are directly sent to the wards from the ICU as a result of which patients are retained for a longer duration in the ICU.
 - A dedicated guard at the entry has to be posted round the clock.
 - Protocols regarding the trolley change were not being followed.
 - TMT room is currently located within the ICU complex which needs to be shifted out. The room is more suited as change room.
 - An area for tea/coffee preparation was observed within the ICU complex.
- **NRC:** Hospital meeting hall inside the NRC area was observed. The NHSRC team had identified and suggested an area on the same floor adjacent to the stairs for the meeting hall in the previous visit, which is still not been implemented.

- **Kitchen:** 3 rooms available for the kitchen are being utilized for the administrative purposes.
- **RMRS:** There is scarcity of the funds for contingency as nearly 277 contractual staff has been employed by using RMRS funds, which requires the attention of state.
- **Mechanised laundry:** Approximately 20 lakhs of budget per year is used for laundry the cost of which could be recovered in 3 years if mechanised laundry is in place.

Team Members

- Mr. Prasanth K.S., Senior Consultant, Public Health Administration, NHSRC
- Ms. Akshita Singh, Fellow, Public Health Administration, NHSRC
- Dr. Ishita, Fellow, Public Health Administration, NHSRC
- Dr. Ritesh, MPH scholar, AIIMS Jodhpur
- Dr. Himani, MPH scholar, AIIMS Jodhpur



Dr. Manohar Agnani, IAS

Joint Secretary

Telefax : 23061723

E-mail : js.policy-mohfw@gov.in



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare

Nirman Bhavan, New Delhi - 110011

F.No.NHSRC/2015-16/PHAMHD-Vol.I-Part-5

Dated 20th March, 2018

Dear Naveen,

Thanks for support extended to NHSRC and AIIMS Jodhpur team, during their visit to model Health District Udaipur, Banswara and Chittorgarh. The objective of the visit is to improve facilities and referral services with community linkages.

2. The team observed that there are improvements in DH Udaipur, DH Banswara and CHC Mandapiya in terms of ambience and general cleanliness. However, zoning in OT, Labour room are not as per the protocols in all three district Hospitals. At DH Chittorgarh there is scarcity of the funds for contingency as nearly 277 contractual staff have been employed by using RMRS funds, which requires the attention of state. Also approximately 20 lakhs of budget per year is used for laundry the cost of which could be recovered in 3 years if mechanised laundry is in place.

3. The roadmap prepared at Banswara, Udaipur and Chittorgarh needs to be followed and proposed in PIP if any funding support is required. Areas like ED, HDU, ICU, lab services need special attention. There is also need for improving support services like CSSD, Mechanized Laundry, and Kitchen etc. Comprehensive planning for DH is needed with clinical outcome in focus. This will need acting upon the plan based on programmatic gaps and review its implementation both at state and district level.

4. The roadmap prepared under MHD has only partially been implemented so, the team felt that periodic reviews at state and district level are required to support the efforts for creating Model Health District. Action taken in this regard may kindly be intimated.

5. I am also attaching brief action points on the findings of the visit by NHSRC team for your kind perusal.

with kind regards

Yours sincerely

[Signature]

(Dr. Manohar Agnani)

Mr. Naveen Jain
Mission Director (NHM)
Directorate of Medical and Health Services,
Swasthya Bhawan, Behind Secretariat,
Tilak Marg, Jaipur, Rajasthan-302001

Contd....2/-

स्वच्छ भारत—स्वस्थ भारत

Copy for information to:

- Ms. Veenu Gupta, Principal Secretary Health
- Dr. Rajani R.Ved, ED, NHSRC, New Delhi
- Dr. Jalaj vijay, SPM
- Dr. Rambabu Jaiswal, State Quality Nodal Officer
- Dr. Khushbu Jain, State quality consultant
- Dr. Sanjay Tak, CMHO, Udaipur
- Dr. H.L. Tabiyar, CHMO, Banswara
- Dr. Inder Jeet Singh, CHMO, Chittorgarh
- Mr. Akshita Singh, Fellow, NHSRC, New Delhi
- Dr. Ishita, Fellow, NHSRC, New Delhi