



EVALUATION OF HOUSEKEEPING SERVICES AT SUB DISTRICT HOSPITAL OF LEH :A CROSSECTIONAL STUDY

Community Medicine

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ABSTRACT

Housekeeping is a very critical function in hospitals. It is one of the most essential component for providing quality health care services. Housekeeping has direct effect on health, comfort and morale of the patients, doctors, staff and visitors.

Objective: To evaluate the housekeeping services at sub district hospital of Khamti Block, Leh Ladakh. This cross-sectional study was done during July 2016. The questions were based on basic sanitation, odour control, waste disposal, Pest and Rodent and animal control, policy related to housekeeping, hospital linen services, housekeeping equipment management and Managerial task. Checklist was used for the purpose of record review, observation and interview of staff dealing with housekeeping.

Results: Except for sweeping and dusting, all other activities like supervision of hospital environment, mopping, polishing and washing was done occasionally. They use chemicals and solutions on daily basis while control of bad odour was done occasionally. Regarding the latest guidelines on Biomedical waste management, the workers had no idea. No policy or documentation exists regarding other component like pest and rodent control and hospital infection control committee. Colour coding of bed sheets was not practised. Mechanised cleaning equipment was not available. Staff didn't receive any training on the subject and recording system doesn't exist.

KEYWORDS

Housekeeping trolley, Staff, Services, Equipment.

Introduction:

Housekeeping is a very critical function in hospitals.¹ It is one of the most essential component for providing quality health care services. The process of keeping a hospital clean and sanitised is very complex.² It deals with cleanliness of the hospital, general environmental hygiene, sanitation and waste disposal. It provides the correct setting in which high standards of patient care take place. The main concept of housekeeping is to maintain cleanliness and sanitation, maintain official records on staffing, cleaning materials and training.³ Housekeeping has direct effect on health, comfort and morale of the patients, doctors, staff and visitors. Few literatures are available to evaluate housekeeping performance. Keeping in view the importance of housekeeping services in providing quality health care, a need was felt to evaluate this service component.

Objective : To evaluate the housekeeping services at sub district hospital of Khamti Block, Leh Ladakh. **Material and method:** This cross-sectional study was done during July 2016 at Subdistrict hospital Khamti of Leh district. It is located 76 kms towards west from Leh and is the block headquarter. The hospital caters a population of 18385 approximately with 30 sub centres, 2 Allopathic dispensary and one CHC. It serves as First referral unit (FRU) and forms the main link between lower centres and district hospital Leh. Prior permission was taken from the concerned head and purpose of the study explained. Checklist was used for the purpose of record review, observation and interview of staff dealing with housekeeping. The questions were framed on the basis of basic sanitation, odour control, waste disposal, Pest and Rodent and animal control, policy related to housekeeping, hospital linen services, housekeeping equipment management and Managerial task.

Observation and Results:

The hospital is being managed by three personnel (Two Sweepers and one Nursing orderly). The services were enquired in terms of task done on daily basis and observation.

Except for sweeping and dusting, all other activities like supervision of hospital environment, mopping, polishing and washing was done occasionally. They use chemicals and solutions on daily basis while control of bad odour was done occasionally. Regarding the latest guidelines on Biomedical waste management the workers had no idea. The management in this regard was done in accordance with the previous rule. Collection and transportation was done manually and finally disposed into the pit within the hospital premises. Treatment wise, dumping of human tissues and burning of rest of the waste generated was practised as per the requirement. The centre

was not having contract or outsourcing with common biomedical waste treatment facility nor any authorization from Central pollution control board (CPCB). There was no constitution of Biomedical waste committee. Manual and Standard Operating Procedure was not available. However, IEC material regarding waste segregation, hand washing and spill management was displayed. No policy or documentation exists regarding other component like pest and rodent control and hospital infection control committee.

Colour coding of bed sheets was not practised and frequency of changing linen was on the basis of bed turnover. Maintenance and storage was satisfactory. Laundry was managed at the centre. The bed turn over and bed occupancy was less, so outsourcing for laundry was not existing at the time of study.

Table 1: Frequency of task, availability and practices of housekeeping activity

Task	Frequency / Practices/ Availability
Basic cleaning	Daily basis
Sweeping	
Dusting	
Mopping	occasional
Polishing	Occasional
Washing	Occasional
Odour control	Daily basis
Chemicals and solutions used	
Ensure control and removal of bad odour	Occasional
Waste Disposal	No (Following previous guidelines)
Waste Management as per 2016 guidelines	
Collection	Manual
Transportation	Manual
Disposal	Pit
Availability of colour coded bucket	Yes (red, blue, black and yellow)
Display of cytotoxic, biohazard symbol, and IEC material.	Yes
Transportation methods	Manual
Final disposal	Burning and dumping in pit
Sharp segregation and treatment	Use needle and hub cutter and sodium hypochlorite.
Sharp disposal	Pit
Biomedical waste guidelines	Not Available

Pest,Rodent and animal control (measures and policy)	No policy exists
Use of different pesticides and chemicals	Used occasionally, policy not available.
Linen services	Yes
Colour coding of bed sheets	No
Types of linen	Cotton
Proper storage of linen	Yes (General store)
Maintenance of linen	Yes
Proper accounting	Yes
Sorting of linen	Yes(as per the turn over)
Washing/Sterilization/ laundry services	Laundry services.
Procurement	Supply from main office

Table 2: Availability of equipments for housekeeping

Depreciable equipment(life span more than 5 years)	Availability
Scrubbing machines	No
Vacuum cleaners	No
Non depreciable equipment(life span less than 5 years)	Yes
Housekeeping trolley	No
Broom	Yes
Mop	No
Brushes(separate for every sections)	Yes
Dusting	Yes
Detergents	Yes
Antiseptic solutions	Yes
Training in housekeeping	No
If yes, Formal or informal	
Estimate and Project housekeeping requirement	No
Maintain records	No
Periodically do supervision	Yes
Use of gloves and mask	Yes

Mechanised cleaning equipment was not available. Staff didn't receive any training on the subject and recording system doesn't exist.

Conclusion and Recommendation:

The study aimed at identifying the various functions carried out at the facility level along with the availability of housekeeping equipments and managerial task. The findings revealed gaps in services as per norms and there is scope for improvement. Based on the study findings following steps are recommended.

- Adherence to Biomedical waste management and handling rules 2016.
- Constitution of Biomedical waste management and infection control committee.
- Tie up with Common biomedical waste treatment facility.
- Authorization from state pollution control board (SPCB).
- Safety measures for health care workers like vaccination and provision of gum boots, gowns in addition to mask and gloves.
- Imparting training (classroom type or on the job training) to all the staff dealing with housekeeping activity from time to time.
- Procurement of depreciable and state of the art technology equipment along with preventive maintenance programme to ensure quality assurance service.
- Strict Monitoring by designated personnel on routine basis.
- Record keeping for reporting and monitoring purpose.

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