"STANDARD OPERATING PROCEDURES OF HOUSEKEEPING DEPARTMENT IN A HOSPITAL"

A dissertation submitted in partial fulfillment of the requirements for the award of

Post-Graduate Diploma in Health and Hospital Management

by

Dr Nitin Anand Srivastava



International Institute of Health Management Research
New Delhi -110075

May 2010

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under the guidance of

Ms Pinky Yadav
Addl. Medical Superintendent
Sri Balaji Action Medical Institute

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SBAMI/HR/2010/50

03/05/10

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Nitin Anand Srivastava has successfully completed his 3 months dissertation in our organization from February 1, 2010 to April 30, 2010. During this dissertation he has worked on the topic "Standard operating procedure at Housekeeping Department in Hospital" under my guidance and my team at Sri Balaji Action Medical Institute.

We wish him good luck for his future assignment.

Pyadav

(Dr. Pinky Yadav)
Addl. Medical Superintendent

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Certificate of Approval

The following dissertation titled "**Standard Operating Procedures of Housekeeping Department in a Hospital**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	Signature
MINAKSHI GAUTAM	18/05/10
Dr. V.K. Gupta	

~ 5 ~

Certificate from Dissertation Advisory Committee

This is to certify that **Dr Nitin Anand Srivastava** , a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled " **Standard Operating Procedure of Housekeeping Department in a Hospital** " in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Date 18-5-10

Dr Pinky Yadav
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INTERNSHIP REPORT

INTRODUCTION

Sri Balaji Action Institute is a world class hospital promoted by Lala Munni Lal Mange Ram Charitable Trust of Action Group of Companies. The infrastructure, equipment and technology have been integrated to provide globally compatible health care. The Institute offers medical facilities in all specialties' and super -specialties. Its highly qualified doctors, trained nurses and dedicated Para-medical staff provide quality health care services round-the-clock. With a strength of 400 beds, all medical services are available under one roof.

- 11 State of art operation theatres with stainless steel cladding on walls and epoxy coating on floors for infection-free environment.
- Hi-tech critical care units of ICU, ICCU, Neonatal ICU with motorized beds.
- Complete Cardiology services including heart surgery, angiography, angioplasty, TMT, Stress echo and a dedicated Heart Command unit for cardiac emergencies.
- Mother and child complex with single room maternity care concept, Gastroenterology services including ERCP, GI Endoscopy, Liver Clinic and Neuro Sciences unit.
- Complete Urology and Nephrology services including Dialysis unit.
- Full backup of Laboratory services and Blood Bank with 24 hours services.
- Advanced imaging and Radio diagnostics including X-ray, Ultrasound, Fluoroscopy, Bone Densitometry, Mammography, 64 side CT Scan, MRI.

Registered with the Directorate of Health Services, Delhi Administration vide Certificate No.668 dated 01.09.2009, the Institute is approved under the Income Tax Act u/a 172(2)(ii)(b) for exemption of medical benefits for perquisites values in respect of medical treatment. The Institute is on panel of a number of Government of India and other Public Sector Undertakings and the medical expenses incurred are reimbursable by the organizations.

Mission

Sri Balaji Action Balaji Institute has been established with a mission to provide world-class health care facilities to all sections of the society with a humanitarian touch, whilst maintaining high standards of ethical practices and professional competency with emphasis on training and education leading to research.

Vision

To become the largest healthcare provider NGO in the country with the human touch.

Quality policy

The Institute is committed to improve the health and satisfaction level of the patients by ensuring continual improvement by –

- Providing high quality care according to the health needs of the patients
- Facilitating patient satisfaction by service and ensuring the dignity and rights of patients.
- Providing a safe and conducive work environment for staff.
- Ensuring accountable, consultative and transparent management process.
- Providing basic and continuing education of staff.

HISTORY

In 1980 Lal Muni Lal Mange Ram Charitable Trust started a small 25 bed hospital at their native place at Hisar, Haryana and now it has taken the shape of modern 80 bedded multi- speciality hospital and thereafter an OPD clinic at Shazada Bagh in West Delhi. The major thrust in healthcare services came in 2005 with the opening of Sri Balaji Action Medical Institute at Paschim Vihar, New Delhi. It was inaugurated on 10th April, 2005 by former hon'ble Vice President of India, Shri Bhairon Singh Shekawat.

The Logo of the Institute portrays its philosophy; it consists of a hand embracing the flame of life with a sphere in the background. The **Human Hand** represents the healing touch and healthcare our dedicated teams of professional provide to brighten the lives of those who come to us. The **Flame** denotes the traditional values of honesty and selfless service towards our patients. The **Sphere** in the background reflects our commitment to maintain international standards of excellence

LOCATION

FC-34, A-4,Paschim Vihar
New Delhi -110063
Tel.: 011-42888888
Fax.: 011-25270725
Website : www.actionhospital.com

AWARDS

Sri Balaji Action Medical Institute is a multi-super speciality an ISO 9001:2000 certified hospital with NABL accredited laboratory. The benchmark of hospital quality NABH accreditation is in progress.

SPECIALITIES AND SUPER SPECIALITIES

The Institute has over 35 medical specialities and over 10 special clinics. It has admitted more than 60,000 inpatients while 6 lacs have availed OPD facilities and 20,000 patients have undergone successful surgery procedures.

LIST OF SPECIALITIES AND SUPER SPECIALITIES

Anaesthesiology	Neurosurgery	Cardiothoracic Vascular Surgery
Densitry	Opthalmology	Ear, Nose and Throat
Endocrinology	Plastic Surgery	Gastroentrology Surgery
Neurology	Rheumatology	Paediatric Medicine
Podiatry	Orthopedics	Paediatric Cardiology
Rehabilitation	Psychiatry	Respiratory Medicine
Urology	Gasrtrentrology	Obstetrics and Gynaecology
Cardiology	General Surgery	Occupational Therapy
Dermatology	Pediatric Surgery	Internal/General Medicine
Neprology	Clinical Psychology	
Oncology	Gynae Oncology	

SPECIALITY CLINICS

Liver Clinic	**Spine Clinic**
Knee Clinic	**Interventional Radiology**
Pancrato-Biliary Clinic	**Endocrine Surgery**
Breath Easy Clinic (Asthma)	**Diabetic Foot Care**
Teenage/Obesity/Short Stature Clinic	**Pain Clinic**
Child Development Clinic	**Strokes Clinic**
Arthritis & Sports injury Clinic	**Lactation Clinic**
Vitreo-Retina Clinic	

BOARD OF MEMBERS

Lala Mange Ram Agarwal	:	Chairman
Shri Nand Kishore Agarwal	:	Vice Chairman
Shri Raj Kumar Gupta	:	President
Shri R. C. Chharia	:	General Secretary
Shri Laxmi Naraian Goel	:	Board Member
Shri Subhash Chander Agarwal	:	Board Member
Shri B.P. Jain	:	Board Member
Shri Naresh Kumar Agarwal	:	Board Member
Dr. Y.P. Bhatia	:	Board Member
Shri Hari Krishan Agarwal	:	Board Member
Shri O. P. Gupta	:	Board Member
Shri Anil Kumar Agarwal	:	Board Member
Dr. Deepika Singhal	:	Member of Management
Mrs. Shallu Agarwal	:	Member of Management
Mr. Raj Kumar Gupta (Bauji)	:	Member of Management

DEPARTMENTS

GROUND FLOOR

OPD

General OPD in all major specialties and super specialties is conducted by the institute. OPD cards are deposited in the respective OPD.

General OPD: timings for specialties are daily from 9am 11am. OPD cards are made from 8:30am to 10:30am. Timings for super specialties are daily from 12:00noon to 1pm. OPD cards are made from 11:30 am to 12:30pm. General OPD registration charges are Rs 5/- and consultation is Rs 10/- per visit. All investigations are billed by the OPD counter in the main lobby and the payment taken there itself.

Panel OPD: (Registration)

Specialty: 10:45am – 11:15am

Super specialty: 12:45pm – 1:15pm

Private OPD: schedule of timing for private OPD can be collected from the reception.

Timing: 9am – 7pm

Location: ground floor

EMERGENCY

Location : at ground floor in north wing. Services are provided 24x7hrs

A team of experts from all the disciplines are available round the clock, with attached emergency OT and critical observation ward. Cardiac ambulance and normal ambulance is available round the clock for the pick up and drop facility of the patients and transfer to other centers.

Staffing:

- Morning: 2 CMOs
- Evening: 2 CMOs
- Night: 2 CMOs

Nursing staff-

- Morning: 6 nursing staff

- Evening: 6 nursing staff
- Night: 4 nursing staff

SAMPLE COLLECTION ROOM

Location : ground floor north wing. Lab facilities are located centrally, and has high tech investigation equipment for accurate and reliable result with patient friendly sample collection system. Services are offered 24x7 hrs

PLASTER ROOM

Location: north wing ground floor. Services are offered 24x7 hrs.

1 technician in each shift and 1 orthopaedic surgeon 24 x 7 hr

MINOR OT

Located : at north wing ground floor, services are offered 24x7hrs.

Staffing: 1 male nurse + 1 female nurse – 9am – 5pm

(evening and night coverage is given by emergency nursing staff)

MANAGEMENT ROOM

Located at west wing ground floor, timings are 9am – 6pm

ECHO/TMT

Located at ground floor west wing, Echo and TMT services are offered from 9am – 5:30pm and have 1 technician, 1 staff nurse and 1 cardiologist

HEALTH CHECK-UP

Located in west wing ground floor, various packages offered are:

- ✓ Action preventive health check up
- ✓ Action executive health check up
- ✓ Action heart health check up
- ✓ Action comprehensive health check up
- ✓ Action well women check up
- ✓ Action child health check up
- ✓ Action general health check up
- ✓ Action comprehensive cardiac health check up

NEURO ICU

Located at west wing ground floor. Services are offered 24 x 7 hrs. It has 1 doctor and 8 nursing staff in every shift, back up provided by anesthetist. **Capacity**- 12 beds.

EEG/ PFT

Located at west wing ground floor. Services are offered 9am- 5pm with 1 technician and 1 staff nurse and team of doctors.

GASTRO DEPARTMENT

Located in west wing ground floor. Services are offered 9am-5pm with 1 technician and gastroenterologist.

FRONT DESK

Located at south wing ground floor, in the main lobby of ground floor . Enquiries regarding patient, status etc can be made here on phone and in person. Round the clock admission facility is available through emergency and OPD.

Staffing: morning: 3 staff for reception and 2 staff for call center

Evening; 2 staff for reception and 2 staff for call center

Night; 1 staff for reception and 1 staff for call center

BILLING

Located at south wing ground floor. Services are offered 24 x 7 hrs.

Staffing: morning: 6 billing executives

Evening: 4 billing executives

Night: 1 billing executive

AMS ROOM

Located at south wing ground floor. Services are offered 24x 7 hrs, any body can approach AMS if he/she is facing any problem in the hospital.

PANEL DESK

Located at south wing ground floor. Services are offered 9am-5:30pm.

Staffing: 1 panel incharge + 1 asstt. Panel incharge + 4 panel executives

RADIOLOGY

Located at south wing ground floor. Services are offerd 24 x 7 hrs.

Staffing; morning; 5 technician

Evening: 2 technician

Night: 2 technician

Radiologist present 24x 7 hrs

OPD PHARMACY

Located at south wing ground floor. Services are offered 9am-7pm. With 1 pharmacist

HELPLINE

Located at south wing ground floor. Services are offered 9am-5:30pm. It has 1 PRO to help people out and to take their suggestions and their grievances.

FIRST FLOOR

North Wing

- It has 10 private beds and 10 semi-private beds.
- There is centrally located Nursing Station and Pantry

South Wing

- It has 48 economy beds.
- HDU unit

West Wing

1. **Dialysis Unit**

It is a well equipped unit with 16 beds and 16 dialysis machines with patient input of 50-60 patients per day.

Staffing

Technical Staff- 2 Senior technician, 3 Junior technician

Nursing staff-(8 Junior sisters & 1 sister Incharge)

The staff works in 3 shifts

- 7:30am to11:30am
- 12:00 noon to 4:30pm
- 5:00pm to 9:30pm

All Patients are received according to their appointments (twice a week or thrice a week) SBAMI also has 4 beds reserved for BPL patients.

2. Mother and child complex

It takes care of the new borns, pre-term and critically sick babies with well equipped NICU, nurseries (Observation nursery, Infected patients nursery), nutrition clinic, immunization clinic, and well baby clinic.

It is equipped with:

a. electronic labor table latest monitors,
b. cardiotocograph for external fetal monitoring,
c. Hi-tech Neo-natal resuscitation unit beside facilities of Servo control warmers,
d. latest generation ventilators,
e. transport incubators,
f. multi-para monitoring,
g. double surface photo therapy

For the first time in Delhi the complex offers facility of latest international concept of natural child birth in a **single room maternity care (SRMC)** with special birthing bed. Mother and Child Complex has 12 beds (SRMC - 2 beds, Private - 2 beds, Semi Private - 2 beds, Economy – 6 beds)

STAFFING

HOD-Dr.Ruby Sehra

Sister Incharge - Sister Solly

Senior Residents -4 working in 3 shifts

Sisters - 9 working in 3 shifts

3. Heart Command-1

Staffing - 22 sisters on shift duties with 1 Sister Incharge in morning hours.The cardiac center provides immediate intensive care to the critical patients.It is equipped with sophisticated investigative facilities and crucial decisions involving Intra-Aortic Balloon Pump, Ventilator, Pacing, Angioplasty or Bypass are taken without delay. The intensive care units provide constant monitoring and critical care to the post operative patients.

SECOND FLOOR

North Wing

- It has 10 private beds ,6 semi-private beds,3 economy and Day care beds.
- There is centrally located Nursing Station and Pantry

South Wing

- It has 12 economy beds, 9 beds in general ward,15 beds for EWS patients, and 6 bedded HDU.
- There is centrally located Nursing Station and Pantry
- It also has a Bronchoscopy room.

West Wing

1. OT Complex

- At SBAMI has **11 state of the art Operation Theatres (O.T.)** . These OT'S are designed as per international standards with central supply and laminar airflow , stainless steel cladding on walls and epoxy coating on the floor for electro static and infection free environment and is equipped with specialized electrically operated tables, operating lights and anesthesia machines.

- Washable anti static and conductive flooring resistant to mechanical stress and dynamic loads
- Each theatre with 4 air exhausts outlets one at each corner near floor is provided with HEPA filters and a central plain air covered with hand woven perforated polyester sheet. All combined together give the air flow a laminar pattern with 20 air changes per hour of fresh air to minimize the surgical site infections (SSI)
- The ceiling mounted laminar flow friendly Operating Lights emitting white and shadow less light.
- All theatres are provided with continuous central supply for Oxygen, Nitrous Oxide, high and low pressure air at required flow and pressures. 6 theatres are fitted with extra ceiling
- mounted endoscopic pendants with central supply of Carbon Dioxide for Laparoscopic surgeries
- Regular electricity supply through UPS is ensured in the theatres

2. ICU

Intensive Care Unit is an integeral part of the hospital for the management of critically ill patients.

Location: intensive care unit is located on the 2rd floor of the hospital. It is a 13-bedded each divided into 2 Sub-units - Medical ICU and Surgical ICU. The unit handles more than 1200 admissions annually.

Staffing:

- A dedicated team of a ICU in-charge (Medical officer) , 7 residents (on rotation basis),
- 1 Intensivist each and 35 nurses on rotation basis and 1 sister incharge in each ICU.
- Anaesthesiologists and Physicians present in the ICU with attending Cardiologist, Chest physician and Nephrologist provide multidisciplinary care to the patients.

THIRD FLOOR

North Wing

- It has 10 private beds and 10 semi-private rooms.
- There is centrally located Nursing Station and Pantry
- Patients after their condition is stable in CTVS-Recovery are shifted to semi-private rooms

South Wing

- It is not operational at present
- There is a CTVS-dressing room

West Wing

1. **Cath Lab**

   - The procedures done in Cath Lab are : Angiography,Angioplasty,Temporary Pacemaker Implatation (TPI),Pulmonary Pacemaker Implatation (PPI) and IABP
   - Staffing: HOD – Dr.Amar Singhal

     Morning : 7:00 a.m - 3:00 p.m (3 nursing staff)
     Evening : 3:00 p.m - 11:00 p.m (2 nursing staff)
   - Reception staff – Prepares reports of the patients who have undergone Angiography/Angioplasty. Also, prepares discharge summary of the patients admitted to Heart Command-1 and 3.

2. **Cath Recovery :** It is divided into Pre-Angio ward (3 beds) and Post- Angio ward (2 beds).The patients before and after Angiography/Angioplasty are kept here for observation and medication.

   Staffing: 1 Sister Incharge for Cath Lab and Cath Recovery
   Morning : 8:00 a.m - 4:30 p.m (3 nursing staff)
   Evening : 1:00 p.m - 9:00 p.m (2 nursing staff)

3. **Heart Command-3** - It is the cardiac ICU having 15 beds. The There is a centrally located Nursing Station headed by Sister Incharge .It provides 24x7 hours services and is

well equipped to provide high quality care to critically ill patients. Visiting hours are 10:00 a.m. to 11:00 a.m.

Staffing : Morning : 8:00 a.m – 2:00 p.m (7 nursing staff + 1 Sister Incharge)
Evening : 2:00 p.m - 8:00 p.m (8 nursing staff)
Night : 8:00 p.m - 8:00 a.m (8 nursing staff)

4. CTVS-OT

Coronary Bypass Grafting (CABG) and surgery for Heart Valve problems, both these conditions are very common in India and they are treated very successfully by a highly skilled surgical team of CTVS-OT. **Operating room** is spacious, easy to clean, and well equipped. Electricity support has backup systems in case of a black-out for Stable & uninterrupted supply of power.

5. CTVS-Recovery

After surgery, patients are admitted to CTVS-Recovery for post-operative care .The Nurse to patients ratio: 2:1. Visiting hours for attendants are 11:00 a.m. to 11.15 a.m. and 6.00 p.m. to 6.15 p.m.

FOURTH FLOOR

North Wing

- It has 11 deluxe rooms, 2 suite rooms and 1 super deluxe suite
- Nursing Station and Pantry are centrally located.
- Joint replacement unit is also there, where patients after joint surgery are admitted.

South wing

- It has 20 semi-private beds.
- It has Administration Block , HR department , Marketing department and Meeting room

LABORATORIES

The laboratory is NABL accredited and is located in the basement of SBAMI.

The laboratory receives samples from:

i. The OPD sample collection centers
ii. IPD
iii. Emergency

The laboratory functions 24 hours on all weekdays.

CYTO-HISTOPATHOLOGY LABORATORY

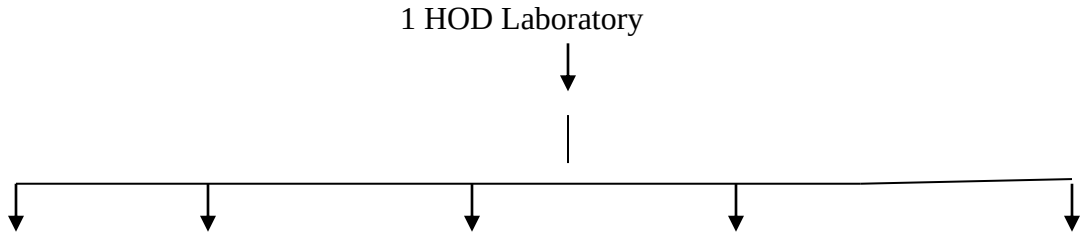
The Cyto-histopathology samples are retained for **15-20 days**. This laboratory also has an Automated Frozen Section Machine, which gives the report in about 20 minutes as compared to the mechanical process that takes about 7-8 hours.

The laboratory information system (part of HIS) consists of:

- The patient's name,
- Registration number,
- The unique patient bar code,
- The investigation done, and
- The result of the investigation.

One of the senior consultants is always available to sort out any problems.

Staff in the laboratory:



Staff in the Blood Bank:

i. 1 HOD blood bank
ii. 1 Chief Medical Officer
iii. junior resident on call
iv. 1 transfusion safety officer (TSO)
v. 1 supervisor
vi. 9 technicians
vii. 2 nurses
viii. 4 GDAs

Working shifts: There are two working shifts-

Staff in the first shift comprises of one GDA, one nurse, one resident doctor on call and one technician. The second shift has the same staff except that there are three technicians.

Services provided in the blood bank:

- Cross-matching
- Antibody screening
- Antibody identification
- Blood product separation

The blood components available in the blood bank include:

- Whole blood,
- Packed red blood cells (RBCs),
- Fresh frozen plasma (FFP),
- Cryoprecipitate, and
- Platelets.

CENTRAL STERLISATION SUPPLY DEPARTMENT (CSSD)

It is the manufacturing unit for sterile products.

Location:

It is located in the basement of SBAMI.

It receive supply from OTS, ICUs, casualty, Cath lab, HDU and IPD.

There is no separate lift for CSSD. No separate trafficking of CSSD supply to various depts.

Engineering Department:

This department deals with the following department of SBAMI.

- ❖ Electrical
- ❖ HVAC
- ❖ Plumbing
- ❖ Elevators
- ❖ Fire fighting system

Electrical:

The electricity supplied by BSES is high tension (HT) electricity of 1100 kva which is converted into low tension (LT) 410 v and then supplied for use.

There is also UPS back-up for critical areas and it sustains for about 25 minutes

.

Heating Ventilation and Air Conditioning (HVAC):

There are three chiller plants that supply AC to the hospital. The HVAC system of the hospital is controlled through BMS from HVAC plant station, which by the click of the mouse control's the AC supply to any part of the hospital.

Operation theaters are supplied with 100 % fresh air and are fitted with HEPA filters.

Plumbing:

Water is supplied by Delhi Jal Board (DJB) and SBAMI has the capacity to store up to

2 lacs litres of water at a time.

There is also a water recycling plant

Elevators: Lifts are fitted with automatic rescue device (ARD), by which if there is sudden no electricity supply, than those trapped inside the elevator can come out with the help of the ARD. The ARD is a battery powered one time use device for that particular event which maneuvers the lift to open at a lower floor. The ARD battery recharges automatically for next time use.

Fire Fighting System:

The fire fighting system involves → Smoke detectors
→ Heat detectors
→ Sprinklers

Pharmacy

Pharmacy supplies various medical goods like, medicine /syringes /dressing material/ etc, according to patient wise or department wise but the bulk of its activity lies in supplying medical goods, patient wise.

MEDICAL RECORD DEPARTMENT- it is the inseparable and one of the most important department in hospital settings.

Purpose

1) **For patients**

- Helps in legal matters
- For getting insurance claims
- As a part of patient right to get information about the treatment

2) **For health care providers**

- Helps in detection diagnosis and treatment
- As a means of communication b/w health care providers
- Documentation of care and services provided to the patients.

3) **For study and research purposes-** provides valuable statistics

4) **For administration**

- Internal hospital auditing
- Quality assurance
- Identifying training needs
- Calculation of work load in various departments –overburdened or underutilization.

5) **Ministry of health**

- Provide vital statistics-like number of deaths and births
- Notification of infectious diseases – to calculate disease burden in community.

Processes in MRD

1) **Medical record maintenance process**

Step 1) – files are **brought** by ward boys in MRD after the death or discharge of patient.

Step2) **Collection or receiving of files**

Step 3) **assembling of files**

Step 4) **coding**

Step 5) **entries into the computer excel sheet software program**.

Step 6) **indexing**

Step7**) filing**

2) Retrieval process

Whenever patient or his relative comes to see information about his treatment with IP no. Firstly the details are checked in the computer and information is given.

Summons

The medical record depart. Takes care of summons to hospital authority.

Vital statistics

MRD deptt. Medical record officer make entries of all the births and deaths into the MCD site and take out the reference slip, which to be collected by the related person to get the birth and death certificate from MCD.

Infectious disease notification

All the infectious diseases are notified to the govt. health site monthly or half monthly basis.

Census

Every day in the morning the census is prepared by the medical record officer, of last day. Census copies sent to concerned authorities.

Stamps or attestation work:- putting the stamps for various doctors on the documents brought by patient or attendants.

MLC cases kept for 10 years or until the case are verdict out.

Housekeeping staffing pattern at Sri Balaji Action Medical Institute

Housekeeping service is offered 24*7

Housekeeping in Sri Balaji Action Medical Institute is outsourced to three private providers;

- Krishna housekeeping services
- Prabhat housekeeping services
- L B housekeeping services

GENERAL ACTIVITIES:--

Shift timing and activities are same for all the floors of both the buildings

Duty hours -24*7

Shift timings-

Morning---8am to 5:00pm

Afternoon ---12 o clock to 9pm

Night ---9pm to 8am

(half hour for Tea break with Lunch/ Dinner)

Total staffs— 253 , including supervisors

- Krishna housekeeping services- 59 (46 males and 13 females)
- Prabhat housekeeping services – 79 (44 males and 35 females)
- L B housekeeping services – 115 (65 males and 50 females)

Housekeeping staff according to shiftwise:

Morning – 4 cleaning staff per floor, others engaged in separate departments

Evening – 4 cleaning staff per floor

Night – 4 cleaning staff per floor

Abstract

“STANDARD OPERATING PROCEDURE OF HOUSEKEEPING DEPARTMENT IN HOSPITAL”

by

Dr Nitin Anand Srivastava

Housekeeping services comprises of the activities related to cleanliness, maintenance of hospital environment and good sanitation services for keeping the premises pollution free. Hence, housekeeping can be summarized as “*All the activities directed towards a clean, safe and comfortable environment*”.

Housekeeping services has its origin in the hotel industry. Later the concept of housekeeping got incorporated as a hospital service; but there is a difference in concept and practices as hotel industry houses mostly healthy, and hospital takes care of the sick and injured.

Housekeeping plays a major role in controlling and prevention of hospital acquired infections in hospitals whereas; in hotels housekeeping has a more superficial role where aesthetics is given maximum emphasis.

AIMS OF HOUSEKEEPING IN HOSPITAL:

- To achieve the maximum efficiency in care and comfort of the patient towards smooth running of the hospital.
- To establish a welcoming environment and a courteous and reliable service from all departments.
- To ensure a high standard of cleanliness and general up keeps in all areas.
- To train, control and supervise the staff of housekeeping department.
- To establish a good working relationship with other departments.

ACKNOWLEDGEMENT

….this project would never have been possible without those who went out of their way to help me…..

I would like to thank and express my gratitude towards…….

International Institute of Health Management Research, New Delhi (2008-2010)

- Programme director- Dr. V K Singh
- Faculty Advisor- Dr Dharmesh Lal

Sri Balaji Action Medical Institute

- Medical Director- Dr A P Chowdhary
- Addl. Medical Superintendent- Dr Pinky Yadav (Mentor)
- General Administrator- Mr Gulati
- Housekeeping Supervisors - (from hospital) - Mr Avneesh, Mr Hardeep, Mr Nandan, Mr Dhamesh
- Housekeeping Supervisors - (from outsourced companies) - Ms Kamala, Mr Jaibhagwan, Mr Mukesh, Ms Pooja, Mr Pankaj, Mr Kailash, Mr Ajay, Mr Kuwarpal, Ms Anupama

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Abbreviations

ACC- Acute Coronary Care

CSSD- Central Sterile Supply Department

CTVS - Cardio Thoracic Vascular surgery

DND- Do not disturb

Gen – General

HDU- High Dependancy Unit

HOD- Head of the Department

Hr- Hour

HR- Human Resource

ICU- Intensive Care Unit

IPD- In Patient Department

IT- Information Technology

MICU- Medical Intensive Care Unit

NABH – National Accreditation Board for Hospitals and health care providers

Neuro ICU – Neuro Surgical Intensive Care Unit

NICU- Neonatal Intensive Care Unit

No-Number

OPD- Out Patient Department

OT-Operation Theatre

PICU- Paediatric Intensive Care Unit

PPE- Personal Protective Equipment

PVC- Polyvinyl Chloride

Pvt - Private

Ref- References

SICU – Surgical Intensive Care Unit

SRI BALAJI ACTION MEDICAL INSTITUTE, PASCHIM VIHAR. NEW DELHI



Mission :

Sri Balaji Action Medical Institute has been established with a mission to provide world class integrated healthcare facilities to all sections of the society with a **humanitarian touch**, whilst maintaining high standard of ethical practice and professional competency with emphasis on training and education leading to research. "The Institute will impart free medicare to the poor and needy people with an aim to run the institute on no profit no loss basis ".

The Logo of the Institute portrays its philosophy; it consists of a hand embracing the flame of life with a sphere in the background. The **Human Hand** represents the healing touch and

Healthcare our dedicated teams of professional provide to brighten the lives of those who come to us. The **Flame** denotes the traditional values of honesty and selfless service towards our patients. The **Sphere** in the background reflects our commitment to maintain international standards of excellence.

The Institute has been promoted by **Lala Munni Lai Mange Ram Chairitable Trust** of Action Group of Companies. The chairman of the trust Lala Mange Ram Aggarwal a great philanthropist had a strong desire to build a hospital for the service of the mankind. With the blessings of Sri Balaji, the deity of the family, his long cherished Sattvic desire has been fulfilled with the opening of Sri Balaji Action Medical Institute.

The trust is engaged in various kinds of charitable activities. It has an 80 beds hospital at Hisar and a day care OPD at Sarai Rohilla, New Delhi beside Balaji Ashram at Vrindavan which caters to the spiritual need of the pilgrims to the holy city.

The Action Cancer Hospitals is going to be inaugurated on 2nd April 2010. Largest and the most comprehensive Cancer Hospital in West Delhi.



LOGO STORY

(Figure 1)

A hand embracing the flame of life with a sphere in the background

The logo portrays the hospital philosophy:-

1. The human hand represents the healing touch and healthcare that the hospital's dedicated teams of professionals provide to brighter the lives of those who come to us.

2. The flame denotes the traditional values of honesty and selfless service towards our patients.

3. The sphere in the background reflects our commitment to maintain international standards of excellence.

MEDICAL FACILITIES

OPD and Support Services :

General and Private OPD by renowned consultants in all the disciplines

Accident and Emergency- 24 hours services with air conditioned **cardiac ambulance** and team of experts from all disciplines round the clock with attached emergency operation theatre and critical observation ward.

Dietary- Hospital infection adversely affects both the patient and the hospital. Environmental route through food supplied by kitchen is one of the causes of hospital infection. In view, hospital kitchen has been designed on hi-tech hygiene principle with different temperature zones. All equipments, utensils and trolleys are of stainless steel for greater cleanliness. Control over the quality of food is exercised at different levels for its efficiency

Large parking area and a waiting hall for visitors with separate access by lift and staircase from outside with facilities of cafeteria and reception counter for patient health status round the clock beside Internet facility in rooms, TV cable services, CCTV monitored security, laundry, generators for uninterrupted power supply.

Preventive Healthcare- To sustain your performance level in various demanding roles, you need to remain fit throughout the journey of your life. For this knowledge of the state of your health is a must to take preventive measures. To screen any possibility of hidden ailment that can hamper your performance level and growth, the Institute conducts various comprehensive checks up that includes: Child Health Package - Youth Health Package - Men Health Package - Women Health Package and Student Health Package.

Mother Child Complex :

To take care of the new born, pre-term and critically sick babies with well equipped nurseries NICU, Observation nursery, Infected patients nursery, PICU, nutrition clinic, immunization clinic, well baby clinic. It is equipped with electronic labor table latest monitors, cardiotocograph for external fetal monitoring, Hi-tech Neo-natal resuscitation unit beside facilities of Servo control warmers, latest generation ventilators, transport incubators, multi-para monitoring, double surface photo therapy andpidse oximeter.

For the first time in Delhi the complex offers facility of latest international concept of natural child birth in a **single room maternity care** with special birthing bed.

Contemporary Cardiac Centre :

The cardiac center provides immediate intensive care to the critical patients. It is equipped with sophisticated investigative facilities and crucial decisions involving Intra-aortic Balloon Pump, Ventilator, Cardiac Pacing, Angioplasty or Bypass are taken without delay.

Non-invasive advanced diagnostic facilities include TMT, Color Doppler, Echocardiography machine, Holter monitoring system, Pulmonary Function Test Lab and Electrocardiogram. The diagnostic tests ensure complete picture of the patient before preventive and curative measures are worked out.

Interventional Cardiology with high resolution flat panel Cardiac Catheterization Lab performs full range of invasive procedures of Coronary Carotid & Renal Angiography, Coronary & Peripheral Angioplasty, Stenting, Balloon Mitral, Aortic and Pulmonary Valvuloplasty.

Coronary Artery Bypass Graft for total arterial revascularization to provide long term patency of graft and surgery on the Beating Heart without use of heart-lung machine are carried out by a team of highly trained surgeons and anesthesiologists. The intensive care units provide constant monitoring and critical care to the post operative patients.

State of the Art Diagnostic Services :

The Radiology and Imaging System: All under one roof equipped with latest MRI 1.5 Tesla MAGNETOM AVANTO featuring total imaging matrix TIM which permits seamless whole body anatomical coverage without patient repositioning, SOMATOM EMOTION DUO CT Scanner dual slice, sub second with all advanced applications for CT angiography, volume rendering, AXIOM ICONOS remote controlled Digital Fluoroscopy, and Compound Radiography CR System and Color Doppler, ultra-sonography.

Hologic Bone Densitometer DXA for detection of osteoporosis, thinning of bones and a dedicated mammography for early detection of breast cancer.

Laboratory Services located centrally offer full range of diagnostic facilities backed by world renowned **hi-tech investigative equipments for accurate & reliable results** with patient friendly sample collection system.

Hematology & Clinical pathology: Blood cell count top of the line hematology analyzer, four channel coagulo-meter for full range of blood clotting assays, reflectance photometer for evaluation of urine test and for semen analysis.

Clinical Biochemistry: A fully automated biochemistry analyzer for uncompromised reliability of all biochemical tests including enzymes, proteins and component fractions.

Microbiology: An integrated system for blood and sterile body fluid culture with facility Of culture for tuberculosis bacteria in the same assembly, Mini API system for identification of drug sensitivity.

Immuno Assay Laboratory: Fully automated analyzer for hormones, infections markers, tumor markers & drug levels, Elisa reader along with programmable Elisa plate washer for coverage of full range of immuno assays.

Histopathology and Cytopathology: Rapid reporting & early diagnosis of cancer by well equipped Cyto and Histo-pathology sections. Automatic tissue processor with microprocessor control unit for biopsy and surgical tissue examination.

Blood Bank- Round the clock services of blood banking to support elective & emergency situations requiring blood. Latest apheresis machine for component separation for all platelets requirements and for component extraction from whole blood and to facilitate component therapy and to minimize blood transfusion reaction state of the art equipments have been installed. Whole blood &. components storage is done in blood bank refrigerators, platelet agitator and deep freezers.

ACCOMODATION

The Institute provides comfortable, clean and well equipped rooms in Suit, Deluxe, Private, Semi-Private, Economy and General Ward category at reasonable charges.

Category

* Super Deluxe Suite
* Suite
* Deluxe
* Private
* Semi-private
* Economy
* Day Care
* Critical Care

AMBULANCE SERVICES

At SBAMI our foremost priority is reach a patient in the least time possible, because the treatment given to the patient in the GOLDEN HOUR plays a vital role in its outcome .and so our emergency department is well backed with the state of the art ambulance services which are fully equipped with.

To provide proper first aid care to the patient.

Ambulance service for both incoming and outgoing patients is available round the clock.

General Ambulance charges	:	Up to 10 Km Rs. 300/- thereafter Rs. 15 per Km.
Critical Care Ambulance charges	:	Up to 10 Km Rs. 600/- thereafter Rs. 40 per Km.

Charges for Doctor accompanying ambulance are extra.

The distance is calculated from the institute & back to institute.

NETWORK AND ASSOCIATES

1. Sri Balaji Gini Devi Cancer Institute in Paschim Vihar.

2. Dispensary Located at Shazadabagh.

3. Balaji Nirogdham Naturopathy and Yoga Centre at Bala Bakhtawarpur.

4. Sri Balaji Hospital Hissar, 150 Bedded.

INTRODUCTION

Housekeeping is defined as the provision of a clean, comfortable and safe environment for the staffs, patients and their relatives & visitors in a hospital.

The housekeeping departments work has advanced rapidly in recent years and requires not only knowledge of technical skills but also an understanding of the 'Tools' of management.

Aims of housekeeping department--

Achieve the maximum efficiency possible in the care and comfort of the patients and in the smooth running of the hospital.

Establish a welcoming atmosphere and a courteous, reliable service from staff of all departments.

Ensure a high standard of cleanliness and general keep ups in all areas.

Train, control and supervise the staff of housekeeping department.

Establish a good working relationship with other department.

Ensure that safety and security regulations are made known to all staff of the hospital.

Service delivery strategies--

Getting staffs, patients and their relatives satisfaction

Quality service delivery-management principles and practices

-clinical strategies

-demand generation strategies and checklist

-strategies for continuously improving quality service

Financial sustainability and cost recovery

-cost effectiveness strategy

-Community -preventive and primitive strategies

Responsibilities of Housekeeping Department--

- Daily cleaning
- Periodic cleaning
- Trash and garbage removal including proper hospital waste disposal
- Discharge cleaning
- Exterminating bugs and pests
- Preventing spread of infection
- Safety and security of the hospital
- Creating healing environment
- Gardening
- Interior decoration

Organizing Housekeeping Department--

Location-should be in a reliable place for all dept and floors

Facility & space requirement

Storage areas (e.g. under staircase)

Cupboards with locks

Notice boards

Management information system

Registers (attendance, asset)

Forms (Indent, requisitions)

Asset list (equipment, materials)

Checklist (Quality, Maintenance)

Recruitment and staffing--

Tapping the right source

Interview process

Selection process

Grooming

Personal Hygiene

Honesty

Courtesy tact & diplomacy

Orientation:-

- The organization and brief outline of the hospital
- Information regarding condition of service, pay, etc.
- Information regarding grooming, hygiene, courtesy, safety, security, etc.
- Rules like dress code, hours of work, leave policies and procedure, lunch hours, etc.
- Hospital tour
- Observing Equipments and supplies used in the housekeeping department
- Observing cleaning procedures done

Training:-

- Methods of supervision
- Housekeeping procedures like sweeping, mopping, dusting work
- Equipments and supplies, when to use and how to use, amount to use and care of the equipment.
- Refresher training

- During lean periods
- Newer techniques/methods
- Practical training under supervision for quality improvement

Qualities of the housekeeper--

Basic knowledge of health care sanitation

Ability to plan, administer, and develop all phases of a comprehensive housekeeping program

Ability to assign, supervises, and evaluates the work of subordinates

A pleasant personality

An interest in people and tact in handling them

Inter departmental relationship--

Maintenance department (electricity, plumbing, carpentry, civil)

Stores

Laundry

Security

Nursing

Other departments

Management Issues--

Effective communication

Absent of responsible person

Work Allocation

Conflicts Management

Time Management

Key working areas in hospitals--

Out Patient Department and Clinical area

Operation Theatre

Ward

Laboratory

Office area

Sanitary area

Outside area

Common Housekeeping practices in key working areas--

Systematic cleaning operations

Basic work procedures

Control of odours, pests, rodent & animal control

Waste disposal – methods and procedures

Safety regulation – Accident, fire, electrical

Care of furniture

Interior decoration

Storage procedure for used equipments

Managing Sanitary Workers--

- Workers under housekeepers
- work distribution for male and female workers
- Recruitment and selection

- Different areas & families
- Physical appearance
- Age mix
- Effective supervision
- Handling the difficult worker
- Effective communication
- Performance evaluation

CHALLENGES--

Routines need to be planned so that they do not inconvenience doctors, nurses, visitors

Cleaning has to be consistent, suitable in conjecture with nursing procedures, e.g. bed making before vacuum cleaning

A greater need for flexibility and the ability to adjust to interruptions

Methods & equipment require special attention so as to prevent cross infections

Greater variation in different work methods and standards in different areas, example - operating theatres, wards and visitor's lounge (standards of cleanliness)

The need for check cleaning, that is the frequent re-doing of cleaning tasks, in heavy use areas e.g. Mopping of floors, cleaning of toilets and wash basins.

Other housekeeping knowledge--

Innovative and decorative tasks like flower arrangements and pot decoration etc.

Gardening

Arranging rooms for conferences, meetings

HOUSEKEEPING KEY CONCEPTS—

? Why housekeeping in hospitals and clinics is important

? What the general principles of cleaning are

? How to prepare disinfectant cleaning solutions

? When and how to clean low- and high-risk areas

? How to clean spills of blood or other body fluids

? How to clean housekeeping equipment

Why housekeeping in hospitals and clinics is important--

Accumulation of dust, soil, and microbial contaminants on environmental surfaces is both aesthetically displeasing and a potential source of Noso comial infections. Effective and efficient cleaning methods and schedules are, therefore, necessary to maintain a clean and healthy environment in healthcare settings.

Housekeeping refers to the general cleaning of hospitals and clinics, including the floors, walls, and certain types of equipment, tables and other surfaces. The purpose of general housekeeping is to provide a clean and pleasant atmosphere for patients and staff. Most areas in hospitals and clinics are low-risk, such as waiting rooms and administrative offices, and can be cleaned using only soap and water. In high-risk areas where heavy contamination is expected, such as toilets and latrines, or for blood or body fluid spills, a disinfectant such as 0.5% chlorine or 1% phenol should be added to the cleaning solution. Using a disinfectant in addition to soap and water is also recommended in other high-risk areas such as operating rooms, pre- and postoperative recovery areas and intensive care units (ICUs).

In addition, patient rooms, especially those items that might be touched barehanded by patients and staff, should be cleaned using a disinfectant solution to minimize the risk of infection.

The general principles for cleaning hospitals and clinics and other healthcare facilities are summarized below:

Scrubbing (frictional cleaning): it is the best way to physically remove dirt, debris and micro organisms.

Cleaning is required to remove dirt, debris Cleaning products should be selected on the basis of their use, efficacy, safety and cost.

Cleaning should always progress from the least soiled areas to the most soiled areas and from high to low areas, so that the dirtiest areas and debris that fall on the floor will be cleaned up last.

Dry sweeping, mopping and dusting should be avoided to prevent dust, debris and micro organisms from getting into the air and landing on clean surfaces. Airborne fungal spores are especially important as they can cause fatal infections in immune suppressed patients.

Mixing (dilution) instructions should be followed when using disinfectants. (Too much or too little water may reduce the effectiveness of disinfectants.)

Cleaning methods and written cleaning schedules should be based on the type of surface, amount and type of soil present and the purpose of the area.

Routine cleaning is necessary to maintain a standard of cleanliness.

Cleaning solution Any combination of soap (or detergent) and water, with or without a chemical disinfectant, used to wash or wipe down environmental surfaces such as floors, chairs, bench tops, walls and Ceilings.

Disinfectant Chemical that destroys or inactivates micro organisms.

Disinfectants are classified as low-, intermediate- or high-level. .

Depending on their ability to kill or immobilize some (low- or intermediate-level) or all (high-level) micro organisms (but not all spores). Phenols, chlorine or chlorine-containing compounds are classes of disinfectants frequently used to clean non critical surfaces such as floors, walls and furniture.

Disinfectant cleaning solution: These are products that are a combination of a detergent (soap) and a chemical disinfectant. Not all detergents and disinfectants are compatible. Several combinations are available commercially or can be prepared, such as alkaline detergents with chlorine compounds, alkaline detergents with quaternary ammonium compounds (QUATs) or

other non-ionic surfactants, and acid detergents. Environmental control Standards specifying procedures to be followed for the routine care, cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces.

Sanitizer Chemical that reduces the number of bacterial contaminants to safe levels on inanimate objects based on visitors health requirements

Soaps and detergents (Terms used interchangeably): Cleaning products (bar, liquid, or powder) that lower surface tension, thereby helping remove dirt, debris and transient micro organisms from hands. Plain soaps require friction (scrubbing) to mechanically remove micro organisms; antiseptic (antimicrobial) soaps kill or inhibit the growth of most micro organisms.

Surfactant that reduces the surface tension of water or the tension at the interface between water and another liquid; a wetting agent found in many detergents and disinfectants.

HOW TO SELECT A CLEANING PRODUCT

Different types of cleaning products are available—liquid soaps and detergents, disinfectants, combinations (detergent and disinfectant) and sanitizers—and each type has different properties. An ideal cleaning product should accomplish the following:

- Suspension of fats (suspend fats in water)
- Saponification of fats (make fats water-soluble)
- Surfactant (decrease surface tension of water and allow greater penetration of the agent into the dirt or soil)
- Dispersion (break up of soil into small particles)
- Protein destruction (break up of proteins)
- Softening the water (removal of calcium and magnesium)

When selecting a disinfectant or other cleaning product, following factors are to be considered:

- Intended use
- Efficacy
- Acceptability
- Safety
- Cost

In settings where resources are limited, it is important not to waste money on expensive cleaning products that are unnecessary. Where the volume of intended use is high, preparing cleaning solutions from bulk products should be considered. For smaller facilities, it may be necessary to purchase commercial products for use in cleaning high-risk areas, such as operating rooms, to ensure that cleaning meets the requirements for the area. What is important is that the decision as to what product(s) to buy or use is not left to chance.

Preparation of disinfectant cleaning solution--

A disinfectant cleaning solution is one that contains both a disinfectant and a detergent (soap).

Precautions When Using Chlorine Solutions

Although chlorine-containing solutions (sodium hypochlorite) are excellent, inexpensive disinfectants, they should not be mixed with cleaning solutions containing an acid (e.g., phosphoric acid), ammonia or ammonium chloride (NH2Cl). Doing this will release chlorine gas and other by-products that can result in temporary illness (nausea, tearing, headache or shortness of breath) to staff breathing fumes in a poorly ventilated area

To find out if a cleaning solution contains ammonia, first check the label. If it does not say there is ammonia, you may be able to detect ammonia when opening the product by its pungent, burning smell.

If you are exposed to chlorine gas or ammonium chloride or other unpleasant (noxious) gases with strong odours, leave the room or area immediately until the room can be completely ventilated.

CLEANING METHODS--

In general, written schedules and procedures for cleaning in each specific area should be available and posted. Cleaning should start with the least soiled area and move to the most soiled area and from high to low surfaces.

Common methods of cleaning are briefly described below:

Wet mopping is the most common and preferred method to clean floors.

Single-bucket technique: One bucket of cleaning solution is used. The solution must be changed when dirty. (The killing power of the cleaning product decreases with the increased load of soil and organic material present.)

Double-bucket technique: Two different buckets are used, one containing a cleaning solution and the other containing rinse water. The mop is always rinsed and wrung out before it is dipped into the cleaning solution. The double-bucket technique extends the life of the cleaning solution (fewer changes are required), saving both labour and material costs.

Triple-bucket technique: The third bucket is used for wringing out them before rinsing, which extends the life of the rinse water.

Wet vacuuming is recommended in the surgical suite, if possible. This process eliminates mopping, thus minimizing the spread of micro organisms. This method increases the contact time of disinfectants with the surface to be cleaned, but it is necessary to leave the floor wet for several minutes

Dusting is most commonly used for cleaning walls, ceilings, doors, windows, furniture and other environmental surfaces. Clean cloths or mops are wetted with cleaning solution contained in a bucket

Dry dusting should be avoided and dust cloths and mops should never be shaken to avoid the spread of micro organisms. Dusting should be performed in a systematic way, using a starting

point as a reference to ensure that all surfaces have been reached. When doing high dusting (ceiling tiles and walls), check for stains that may indicate possible leaks. (Leaks should be repaired as soon as possible because moist ceiling tiles provide a reservoir for fungal growth.)

Dry vacuuming is only recommended for cleaning of carpets.

USE OF PERSONAL PROTECTIVE EQUIPMENT—

PPE recommended for use by housekeeping staff when performing the various tasks.

TYPE OF PPE WHEN USED

- Gloves (preferably household utility gloves)
- Shoes that protect the feet from accidentally dropped items and blood and body fluids
- Handling disinfectant cleaning solutions
- Cleaning patient care areas
- Cleaning heavily contaminated areas
- Handling soiled linen
- Handling soiled items and instruments
- Handling or disposing of waste
- Plastic or rubber apron, mask and protective eyewear When spills or splashes are expected

SCHEDULE AND PROCEDURES FOR SPECIFIC AREAS

Housekeeping schedules should be planned, written and closely followed.

Cleaning schedules should be developed according to the needs of each area.

Note: **Environmental surfaces** are rarely associated with disease - Walls, windows, ceilings and doors, including door handles: Spot clean when visibly dirty with a damp cloth, detergent and

water. In general, routine damp dusting is adequate for these areas These surfaces are rarely heavily contaminated with micro organisms, as long as the surfaces remain dry and intact

Chairs, lamps, tables, tabletops, beds, handrails, grab bars, lights, tops of doors and counters: Wipe daily and whenever visibly soiled with a damp cloth, containing disinfectant cleaning solution. A disinfectant should be used when contamination is present, such as for blood or other body fluid spills as described below.

Non critical equipment (e.g., stethoscopes and blood pressure cuffs):

Wipe daily and whenever visibly soiled with a damp cloth, detergent and water. If the equipment is visibly soiled with blood or other body fluids or the patient is under contact precautions, it should be cleaned and disinfected before it is reused.

Floors: Clean floors frequently (daily and as needed) with a wet mop, detergent and water. A disinfectant should be used when contamination is present, such as for blood or other body fluid spills as described below.

Toilets and latrines: Scrub frequently (daily and more often as needed) with a separate mop, cloth or brush and a disinfectant cleaning solution.

Patient rooms: Clean daily and after patient discharge, using the processes described above. The same cleaning process applies to rooms of patients who are under isolation precautions. Any cleaning equipment used in the rooms of patients under isolation precautions should be cleaned and disinfected before used.

Procedure rooms: Wipe horizontal surfaces, equipment and furniture used for the procedures with a disinfectant cleaning solution after each procedure and whenever visibly soiled. Clean blood or other body fluid spills as described below.

Examination rooms: Wipe horizontal surfaces with a disinfectant cleaning solution after each procedure and whenever visibly soiled. Linen or paper on the examination table should be changed after each patient. Clean blood or other body fluid spills as described below.

Laboratory: Wipe with a disinfectant cleaning solution after each shift and whenever visibly soiled. Clean blood or other body fluid spills as described below.

Curtains: Change and clean curtains according to the routine schedule and when visibly soiled.

Carpets: Vacuum carpets daily in patient rooms or weekly in offices or conference rooms.

Soiled linen: Collect soiled linen daily (or more often as needed) in closed, leak proof **containers.**

Waste: Collect waste from all areas at least daily (or more frequently as needed). Avoid overflowing.

Waste containers: Clean contaminated waste containers after emptying each time. Clean non contaminated waste containers when visibly soiled and at least once a week. Use a disinfectant cleaning solution and scrub to remove soil and organic material.

SCHEDULE AND PROCEDURES FOR THE OPERATING ROOM

At the beginning of each day, all flat (horizontal) surfaces (table, chairs, etc.) should be wiped with a clean, moist cloth to remove dust.

Total cleaning is not necessary between each case for surgical procedures.

Total cleaning or terminal cleaning (mopping floors and scrubbing all surfaces from top to bottom) of the operating room should be done at the end of each day.

Note: Do not dry mop or sweep the operating room. (This causes dust, debris and micro organisms to become airborne and contaminate clean surfaces.)

Total Cleaning

STEP 1: Move covered decontamination buckets to the central supply or processing room. A clean bucket containing a fresh 0.5% chlorine solution, or other locally available and approved disinfectant, should be provided at the beginning of each day .

Remember: All areas of the surgical suite, sinks, and equipment should be totally cleaned, regardless of whether they were used during the 24- hour surgery period.

STEP 2: Remove covered contaminated waste container and replace it with a clean container. Arrange for burning (incineration) as soon as possible.

STEP 3: Close and remove sharps containers when three quarters full.

STEP 4: Remove soiled linen in closed leak proof containers.

STEP 5: Soak a cloth in disinfectant cleaning solution and wipe down all surfaces, including counters, tabletops, sinks, lights, etc. Wash from top to bottom, so that any debris that falls on the floor will be cleaned up last.

Walls and ceilings: Wipe with a damp cloth, detergent and water as needed for visible soil.

Chairs, lamps, sink tabletops and counters. Wipe with a damp cloth and disinfectant cleaning solution.

Operating room lamp: Wipe with a damp cloth and disinfectant Cleaning solution.

Note: The double- or triple-bucket method is recommended for the cleaning of the operating room and other areas of the surgical suite.

Operating room table: Wipe with a 0.5% chlorine solution (or other approved disinfectant) to decontaminate. Then clean top, sides, base, legs and any accessories with a damp cloth and disinfectant cleaning solution.

Floors: Clean with a wet mop using a disinfectant cleaning solution.

Air conditioning vents: These should be cleaned with a damp cloth, soap and water. Between each case, do the following:

Note: Cleaning the filters in air conditioners regularly will help them run more efficiently and decrease the growth of moulds.

Spills: Clean spills with a 0.5% chlorine solution or other locally available and approved disinfectant (see below).

Operating room bed: Wipe all surfaces and mattress pads with disinfectant cleaning solution.

Instrument tables (trolley) and other flat surfaces.

Wipe all flat surfaces that have come in immediate contact with a patient or body fluids with a disinfectant cleaning solution.

Centre of operating room surrounding the operating room bed. Mop with a disinfectant cleaning solution (if visibly soiled)

Waste: Collect and remove all waste from the operating room in closed

Leak proof containers: Close and remove containers from the operating room when they are

three quarters full.

Remove covered containers with instruments from the operating room and replace them with clean containers with a fresh 0.5% chlorine solution.

Soiled linen: Remove soiled linen in leak proof, covered waste Containers.

How to clean spills of blood and other body fluids

Clean spills of blood, body fluids and other potentially infectious fluids immediately:

For small spills: After wearing examination gloves, remove visible material using a cloth soaked in a 0.5% chlorine solution, then wipe clean with a disinfectant cleaning solution.

For large spills: After wearing gloves, flood the area with a 0.5% chlorine solution, mop up the solution and then clean as usual with detergent and water.

How to clean soiled and contaminated cleaning equipment

STEP 1: Decontaminate cleaning equipment that has been contaminated with blood or body fluids by soaking it for 10 minutes in a 0.5% chlorine solution or other locally available and approved disinfectants.

STEP 2: Wash with cleaning buckets method, cloths, brushes and mops with detergent and water daily or sooner if visibly dirty.

STEP 3: Rinse in clean water.

STEP 4: Dry completely before reuse. (Wet cloths and mop heads are heavily contaminated with micro organisms.)

OBJECTIVES:

General Objective: To **Study the Standard Operating Procedures of the Housekeeping Department at Sri Balaji Action Medical Institute.**

Specific Objectives

1. To assess the patient satisfaction level in concern with housekeeping services
2. To assess the efficiency of the housekeeping department.
3. To study the staffing and operating of housekeeping department
4. To find out the flaws, if any, in the functioning of the housekeeping department and effect recommendations and ways for improvement.

REVIEW OF LITERATURE

Housekeeping means, keeping house. Housekeeping services has its origin in the hotel industry. Later the concept of housekeeping got incorporated in hospital service; but there is a difference in concept and practices as hotel industry houses mostly healthy, and hospital takes care of the sick and injured.

Housekeeping plays a major role in controlling and prevention of hospital acquired infections in hospitals whereas; in hotels housekeeping has a more superficial role where aesthetics is given maximum emphasis.

In 1910, 1st book on housekeeping was published and was written by Charlotte A Aikiens. In 1930, the organization of National Executive Housekeepers Association was framed in America.

Housekeeping services are done by housekeeping staff, but in hospitals nursing staff plays an important role in supervising the housekeeping services in the ward department.

The housekeeping departments work has advanced in recent times and requires not only knowledge of skill but also an understanding the tools of management.

In 1995, January; Peterson et al conducted a study on quality assurance of combined services. Quality control of Inspection sheet was used internally to evaluate performance levels, correct problems and generates work orders. Interviewing patients directly on a random basis was first approached. The most consistent feedback reflects the desire of area managers to have a dedicated support service person for their unit. This is not based on job performance, but personality, a support person who "fits in" with the other unit staff. This is probably a result of a clear shift to a patient centered care of "team" concept. [21]

Philips L in October 1997, conducted a study on hospital support services, in Liverpool.
Healthcare assistants had to leave the patients' bedside to do routine housekeeping work.
Replacing a healthcare assistant post with a housekeeper has improved the use of personnel, staff

morale and patient care. Allowing healthcare assistants to manage the project has ensured ownership. [20]

Hagenstad R, Weis C, Brophy K in June 2000, studied the decentralization of housekeeping services. Their findings were, Housekeeping staff join patient-care teams to improve patient care, but the transition can cause problems of its own. They recommended using of nursing staff together with housekeeping staff and other departments in an integrated form to act as a unit for better patient care. [18]

In December 2003, work conducted by Toynbee on quality care was published. It commented on quality care workers at the hospitals. He stated that, these are jobs at the sharp end, up close and very personal to the patients, strongly influencing their experiences of the services they were using. Yet they are low paid, undervalued jobs that fall below the radar of the policy makers. In hospitals they need to be brought back in-house and integrated into a team ethos. Paying these people more would cost more, but it would also harvest great rewards by using their untapped commitment. [19]

Boyce et al in 2010, conducted a study on , variations in hospital daily cleaning practices, they found that, variations were found in the amount of time spent cleaning high-touch surfaces, in the number of disinfectant wipes used in each room, and in the level of cleanliness achieved by housekeepers. [17]

Rationale of the study:

The rationales behind this study are

a. There were persistent complains from the patient
b. Because of the persisting problem and adverse effect on the image of the hospital the study was undertaken, to pin point the various lacunae and to come out with suitable recommendations to facilitate the smooth functioning of the housekeeping department
c. No scientific study so far has been done to assess the functioning of Housekeeping Department and, there by its impact on image of the hospital and indirectly on revenue generation.
d. This study was undertaken to facilitate the above
e. To help the patient benefit from this study as by way of recommendations made in this study that will help in better facilities to the patient
f. The institute will benefit as ultimately the better facilities of any hospital will attract more business
g. This will help to reduce the hospital acquired infection rates

Methodology:

The proposed study is descriptive and qualitative in nature.

Sample size: sample size denoted by **'n'** is the number of patient subjects from whom the data was collected. For this study this 'n' value is 40. This is because for a statistically significant result a sample size of 35 is sufficient, hence for the same this value of sample size was selected keeping in mind the time in which this study was to be completed with the expectancy of statistically significant result.

Sampling: for this study random sampling of patient was done.

Tools and techniques: Data collection for the study random sample of patient were taken and were subjected to 'in-patient questionnaire' and the supervisors were subjected to indepth interviews, for assessment of the patient satisfaction level where housekeeping duties are in question and to get the idea about the functioning of this department. Hence the technique applied for this study is direct data collection from the customer i.e. the patient, to assess the functioning of the department in question.

Data collection: This is done by way of '*in-patient questionnaire'* randomly selected admitted patient at Sri Balaji Action Medical Institute. This data was further tabulated in form of various tables and charts to get a better perspective for the assessment of the housekeeping functions and duties and how well they are meeting up to the patient expectation levels.

DATA ANALYSIS

- The data was analyzed using the appropriate software

FINDINGS OF THE STUDY

Indepth interviews with the Housekeeping Supervisors

Housekeeping staffing pattern at Sri Balaji Action Medical Institute

Housekeeping in Sri Balaji Action Medical Institute is outsourced to three private providers:

- Krishna housekeeping services
- Prabhat housekeeping services
- L B housekeeping services

Sri Balaji Action Medical Institute has appointed its own Hospital housekeeping supervisors;

- Mr Nandan- looking after the functioning of the ground floor, outer campus and basement of the hospital
- Mr Damesh- looking after the functioning of the first floor
- Mr Avnish- looking after the functioning of the second floor
- Mr Hardeep- looking after the functioning of third and fourth floor and terrace.

The private providers have also appointed their own supervisors, and these with the appointed staff of Sri Balaji Action Medical Institute, together work towards smooth working of the housekeeping department in the hospital.

- *KRISHNA housekeeping services, supervisors*- (on rotation)

- ✓ Mr Kailash – looking after the functioning of the second floor; from 7am to 3:30pm
- ✓ Mr Ajay - looking after the functioning of the second floor; from 1pm to 9pm
- ✓ Mr Kuwarpal - looking after the functioning of the second floor; from 9pm to 7am

- *PRABHAT housekeeping services, supervisors*- (on rotation)

- ✓ Ms Kamala – looking after the functioning of first and third floor; from 7am to 3:30pm
- ✓ Mr Jaibhagwan - looking after the functioning of first and third floor; from 1pm to 9pm
- ✓ Mr Mukesh - looking after the functioning of first and third floor; from 9pm to 7am

- *L B housekeeping services, supervisors* – (on rotation)

- ✓ Ms Pooja – looking after the functioning of ground, basement, fourth floors, outer campus and terrace; from 7am to 3:30pm
- ✓ Mr Pankaj - looking after the functioning of ground, basement, fourth floors, outer campus and terrace; from 7am to 3:30pm
- ✓ Ms Anupama - looking after the functioning of ground, basement, fourth floors, outer campus and terrace; from 1pm to 9pm
- ✓ Mr Ajay - looking after the functioning of ground, basement, fourth floors, outer campus and terrace; from 9pm to 7am

GENERAL ACTIVITIES:--

Shift timing and activities are same for all the floors of both the buildings

Duty hours -24*7

Shift timings-

Morning---8am to 5:00pm

Afternoon ---12 o clock to 9pm

Night ---9pm to 8am

(Half hour for Tea break with Lunch/ Dinner)

Total staffs— 253 , including supervisors

- Krishna housekeeping services- 59 (46 males and 13 females)
- Prabhat housekeeping services – 79 (44 males and 35 females)
- L B housekeeping services – 115 (65 males and 50 females)

Housekeeping supervisors according to shift wise,

Private agencies:

Morning— 4 persons

Afternoon— 3 persons

Night—3 persons

Total =10 numbers

Housekeeping staff according to shift wise:

Morning – 4 cleaning staff per floor, others engaged in separate departments

Evening – 4 cleaning staff per floor

Night – 4 cleaning staff per floor

FLOOR WISE LAYOUT:

4TH FLOOR LAYOUT:---Administrative offices, wards, meeting Rooms and HR deptt.

One Housekeeping Supervisor

North wing: morning: 1 aaya + 1 ward boy

Evening: 1 aaya + 1 ward boy

Night: 1 aaya + 1 ward boy

South wing: morning: 2 aaya + 1 ward boy

Evening: 1 aaya + 1 ward boy

Night: 1 aaya +1 ward boy

Administrative offices/ meeting rooms/ H R Deptt: 8am -8pm : 3 ward boys

3RD FLOOR LAYOUT:-- Wards, Heart command 3, CTVS recovery, daycare and cath lab

One Housekeeping Supervisor

North wing: morning: 1aaya + 1 ward boy +1 sweeper

Evening: 1 aaya + 1 ward boy

Night: 1 aaya + 1 ward boy

South wing: under construction

Heart command 3: morning: 1 aaya + 1 ward boy + 1 sweeper

Evening: 1 aaya + 1 ward boy + 1 sweeper

Night: 1 aaya + 1 ward boy + 1 sweeper

CTVS recovery: morning: 1 aaya + 2 ward boy + 1 sweeper

Evening: 1 aaya + 1 sweeper

Night: 1 aaya + 1 sweeper

Cath lab: morning: 2 ward boy + 2 sweepers

Evening: 1 ward boy + 1 sweeper

Daycare: 8am -8pm: 1 aaya

2nd, FLOOR LAYOUT--- Wards, MICU, SICU, OT, HDU and resident doctor's room

one house keeping supervisor

North wing: morning: 1 aaya + 1 ward boy + 1 sweeper

Evening: 1 aaya + 1 ward boy

Night: 1 aaya + 1 ward boy

South wing: morning: 1 aaya + 2 ward boy + 1 sweeper

Evening: 1 aaya + 1 ward boy + 1 sweeper

Night: 1 aaya + 1 ward boy

MICU/ SICU: morning: 2 aaya + 3 ward boy + 2 sweepers

Evening: 2 aaya + 3 ward boy + 2 sweepers

Night: 2 aaya + 2 ward boy + 2 sweepers

OT: morning: 1 aaya + 3 ward boy + 2 sweepers

Evening: 3 ward boy + 2 sweepers

Night: 1 ward boy + 1 sweeper

HDU: 8am – 8pm: 1 ward boy

8pm – 8am: 1 ward boy

1st FLOOR LAYOUT— wards, heart command 1, dialysis room, NICU, labour room, Duty doctor's room, canteen and nursery

One supervisor

North wing: morning: 1 aaya + 1 ward boy + 1 sweeper

Evening: 1 aaya + 1 sweeper

Night: 1 aaya + 1 sweeper

South wing: morning: 2 aaya + 2 ward boy + 2 sweepers

Evening: 1 aaya + 1 ward boy + 1 sweeper

Night: 1 aaya + 1 ward boy + 1 sweeper

Heart command 1: morning: 1 aaya + 2 ward boy + 1 sweeper

Evening: 1 aaya + 1 ward boy + 1 sweeper

Night: 1 aaya + 1 ward boy

Nursery/ NICU: morning: 2 aaya

Evening: 2 aaya

Night: 2 aaya

Labour room: morning: 2 aaya
Evening: 2 aaya
Night: 1 aaya
Canteen: morning: 8am – 8pm: 1 ward boy
8pm – 8am: 1 sweeper
Dialysis: morning: 1 aaya + 1 ward boy + 1 sweeper
Evening: 1 ward boy + 1 sweeper

There is one supervisor for ground floor, basement and outer campus

GROUND FLOOR LAYOUT– Neuro ICU, casualty, front office, panel desk, billing desk, chairman cabin, AMS cabin, Gen/ pvt OPD, Minor OT, Sample collection room, trolley bay, toilets, radiology deptt., pharmacy, TMT, accounts, dental, gastro and waiting lounge

Neuro ICU: morning: 1 aaya + 1 ward boy + 1 sweeper
Evening: 1 aaya + 1 ward boy + 1 sweeper
Night: 1 aaya + 1 ward boy + 1 sweeper
Billing desk: 9am – 5pm: 1 ward boy
Panel desk: 8am – 8pm: 1 ward boy
9am – 5pm: 1 ward boy
Front office/ AMS cabin: 9am – 5 pm : 1 ward boy
7am – 3:30pm: 1 sweeper
Evening: 1 sweeper
Night: 1 ward boy
TMT: 9am – 5pm: 1 ward boy
Accounts: 9am – 5 pm: 1 ward boy
Gastro: 9am – 5pm: 1 ward boy
Casualty/ minor OT: morning: 1 aaya + 4 ward boy
Evening: 1 aaya = 4 ward boy
Night: 2 ward boy
General/private OPD: 2 ward boy + 1 sweeper
Sample collection: 8am – 8pm: 1 ward boy

Trolley bay: morning: 8 ward boy

Evening: 2 ward boy

Night: 1 ward boy

Dental: 9am – 5pm: 1 ward boy

Toilet: female: morning: 1 aaya

Evening: 1 aaya

Male: duty cover given by staff for font desk

Radiology: morning: 2 ward boy

Night: 1 ward boy

CT scan: 9am – 5pm: 1 ward boy

Heath check up: 9am – 5 pm: 1 ward boy

OPD Pharmacy: 8am – 8pm: 1 ward boy

BASEMENT FLOOR LAYOUT – lab, MRI, I P Pharmacy, conference room, coffee room, library and blood bank, MRD, CSSD, physiotherapy, general store, laundry and fire deptt.

Lab: 8am – 8pm: 2 ward boy

8pm – 8am: duty cover provided by blood bank staff

MRI: 8am – 8pm: 1 ward boy

I P Pharmacy: morning: 6 ward boy

Evening: 2 ward boy

Night: 1 ward boy

Conference room/ library: 8am – 8pm: 1 ward boy

Coffee room: 8am – 8pm: 1 ward boy

Blood bank: morning: 1 ward boy + 1 sweeper

Evening: 1 sweeper

Night: 1 sweeper

MRD: 9am – 5pm: 1 ward boy

CSSD: 8am - 8pm: 1 ward boy

Laundry: 9am – 5pm: 1 ward boy

Fire deptt: 9am – 5pm: 1 ward boy

Physiotherapy: 9am – 5pm; 1 ward boy

General store: 9am -5pm: 1 ward boy

OUTER CAMPUS – accounts, Swine flu ward, outer area, nursing hostel and maintenance

Accounts: 9am – 5pm: 1 ward boy

Maintenance: 9am – 5pm: 1 sweeper

Swine flu ward: morning: 1 aaya

Evening: 1 aaya

Night: 1 aaya

Outer area: 8am - 8pm: 2 sweeper

Nursing Hostel: morning: 1 aaya

LIFTS – 8am – 8pm: 2 ward boy

8pm – 8am: 2 ward boy

Data analysis

BEHAVIOUR OF THE HOUSEKEEPING STAFF

This table represents the response of the patients concerning the behavior of the housekeeping staff in the hospital towards the patient, plotted as a percentage according to the categories specified.

Behaviour of housekeeping staff (table A)	
CATEGORY	PERCENTAGE
Excellent	52.50%
v.good	25%
Good	17.50%
Fair	5%
Poor	0%

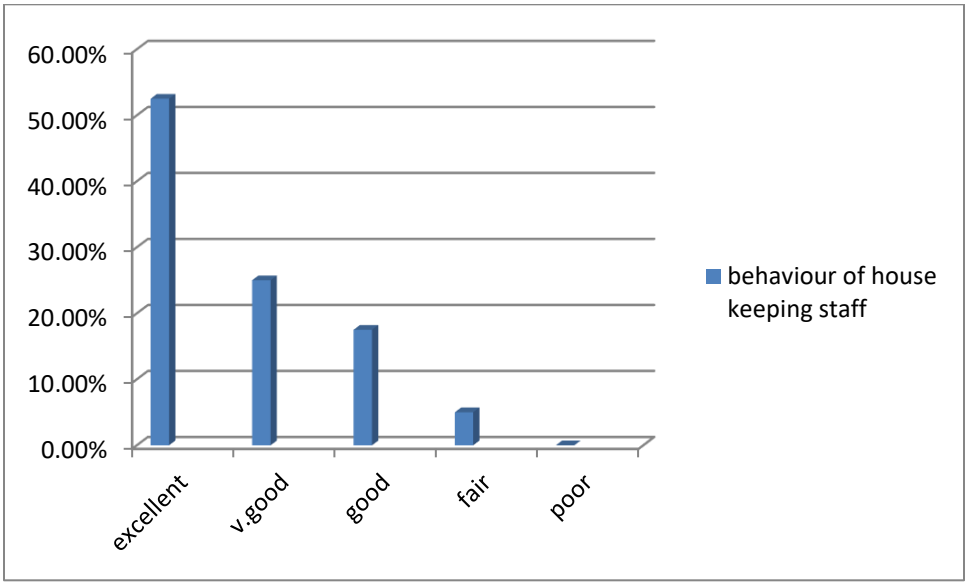


Figure 1:Patients' responses for behavior of the housekeeping staff

HOUSEKEEPING AND LINEN

This a table representing the response of the patient to the status of housekeeping and linen in the hospital, via patient questionnaire, as a percentage according to the categories specified.

	HOUSEKEEPING AND LINEN
(table B)	
CATEGORY	PERCENTAGE
excellent	45.00%
v.good	23%
Good	18.00%
Fair	10%
Poor	5%

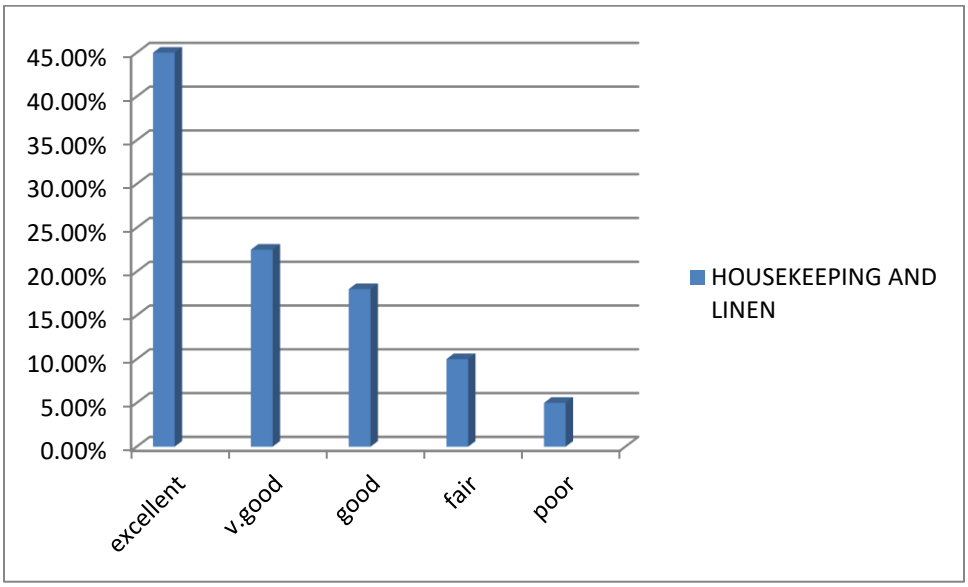


Figure2: Patients responses For Linen services

HOUSEKEEPING SERVICES

This is a table showing the patient response regarding housekeeping services in the hospital

HOUSEKEEPING SERVICES (table C)	
CATEGORY	**PERCENTAGE**
excellent	50%
v.good	37.50%
good	12.50%
fair	0%
poor	0%

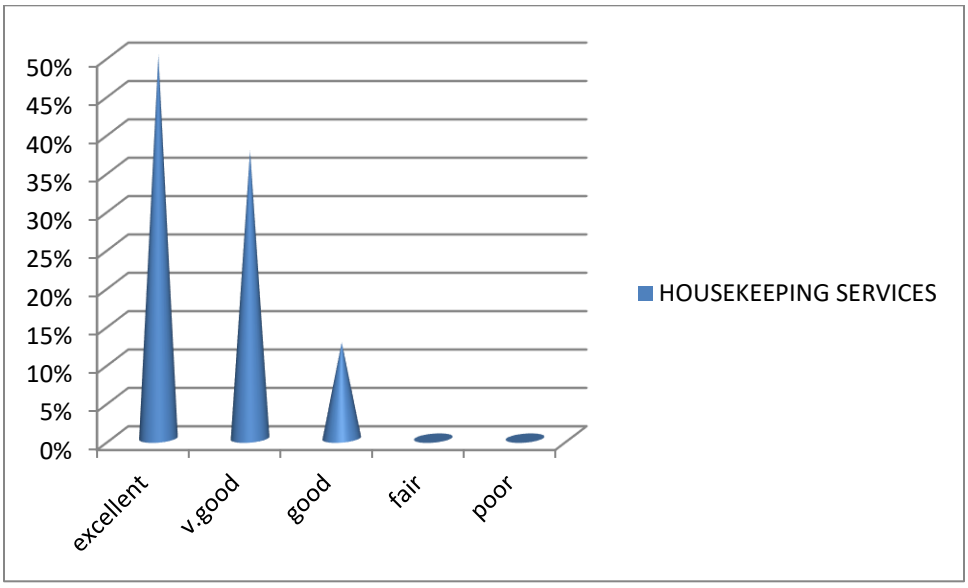


Figure 4: This is the graphical representation of patient response

TOILET CLEANLINESS

This is a table representing the patient response for the level of toilet cleanliness in the hospital

TOILET CLEANLINESS (table D)	
CATEGORY	PERCENTAGE
Excellent	42.50%
v.good	27.50%
Good	17.50%
Fair	5%
Poor	7.50%

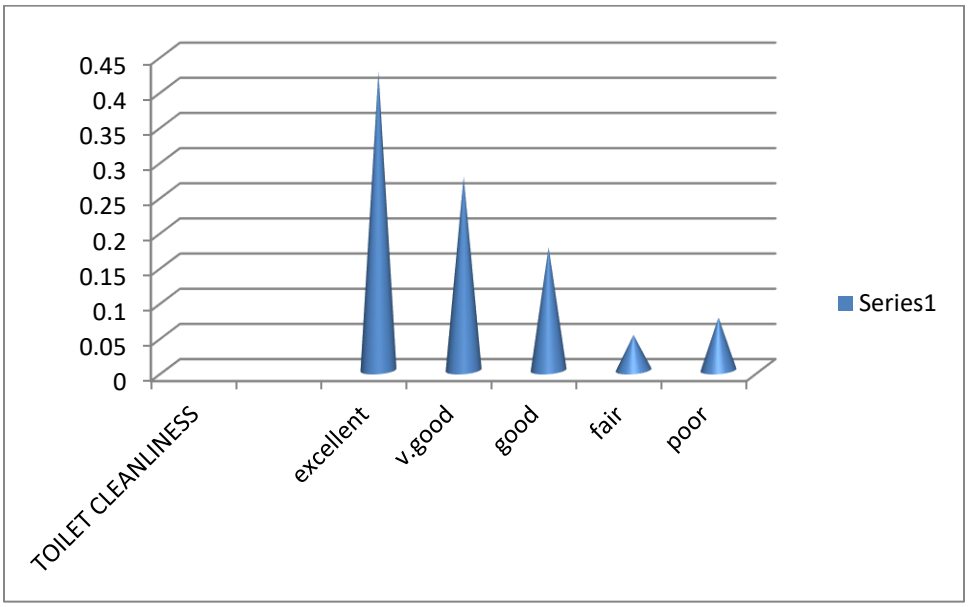


Figure 5: This is a graphical representation of the patient response

EFFICIENCY OF HOUSEKEEPING

(Table E)

	excellent	v.good	Good	fair	poor
behaviour of HK	52.50%	25%	17.50%	5%	0%
HK/linen	45%	23%	18%	10%	5%
HK Services	50%	37.50%	12.50%	0%	0%
Toilet cleanliness	42.50%	27.50%	17.50%	5%	7.50%

This is a table representing the composite response of the patient according to the questionnaire shown percentage wise to assess the efficiency of the housekeeping department by these guidelines

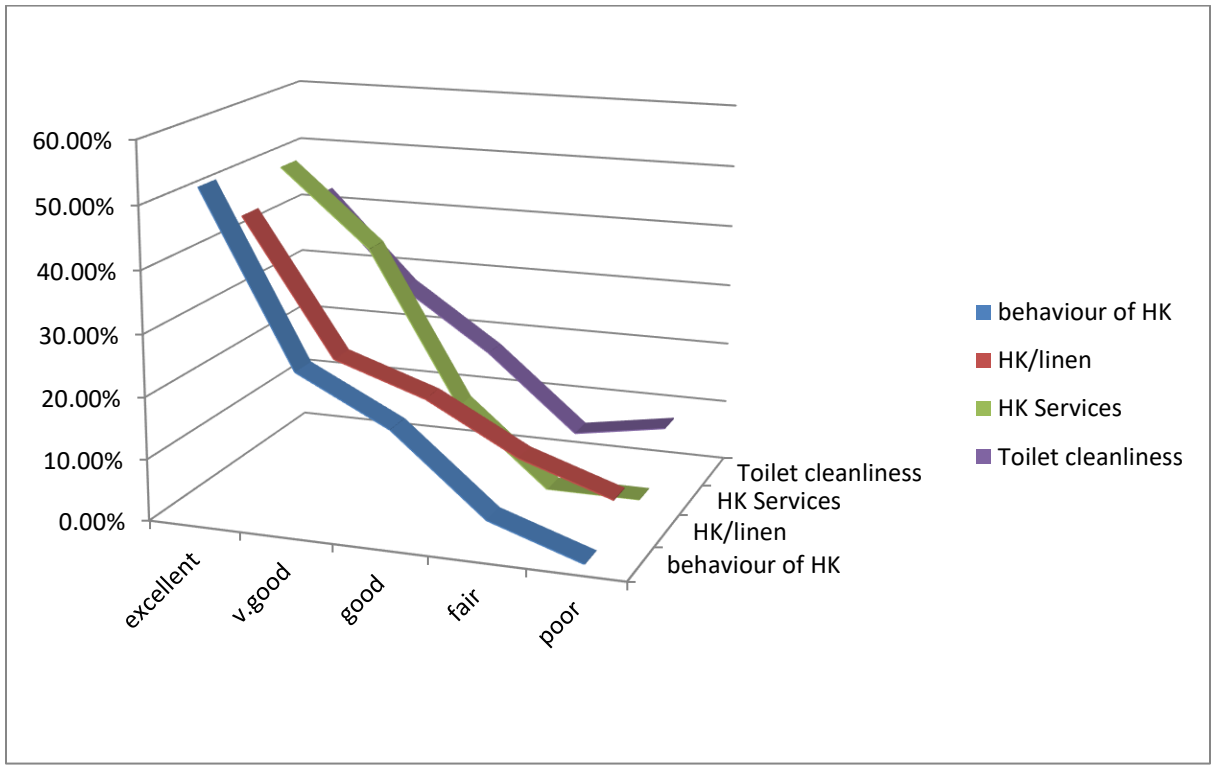


Figure 6: This is a figure representing the efficiency of the housekeeping department according to various criteria taken into consideration, shown on the graph

CONCLUSION--

The study is based on the observation made, study of records and interviews done with staff personnel and patients.

According to the above following conclusions can be drawn:

- As far as the behavior of the housekeeping department staff is concerned, most of the patient are more than satisfied
- For housekeeping and linen services the patient response states that though the services are above average there is a definite scope for improvement, this can be due to shortage of staff and due to interdepartmental communication gaps
- Most for the patient were not very satisfied with the toilet cleanliness of their rooms, this is a serious flaw as the patient admitting to the hospital is already of compromised health and an unclean toilet can add injury to insult, causing delayed recovery of the patient or acquiring of new infections
- The ambience and its cleanliness were up to the mark according to the patient response

Recommendations:

There are certain areas, which should be looked after: -

- Inter departmental communications.
- Personnel Induction & Training.
- Job Responsibility
- Proper Management of Hospital Resources
- Patient and housekeeping staff ratio

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APPENDIX

IN- PATIENT QUESTIONNAIRE:

1) General details:
   a) Name:
   b) Address:
   c) IP No.:
   d) Age/ sex:
   e) Date:

2) Was this your repeat visit*:* *yes* *no*

3) Response time of the housekeeping staff:

4) Behavior of the house keeping staff: *excellent* *v.good* *good* *fair* *poor*

5) Housekeeping and linen: *excellent* *v.good* *good* *fair* *poor*

6) Grade housekeeping services: *excellent* *v.good* *good* *fair* *poor*

7) Toilet cleanliness: *excellent* *v.good* *good* *fair* *poor*

8) Whether the staff was courteous and helpful: *yes* *no*

9) Housekeeping cleanliness: *excellent* *v.good* *good* *fair* *poor*

10) Physical facilities(a/c, water etc): *excellent* *v.good* *good* *fair* *poor*

11) Ambience and environment: *excellent* *v.good* *good* *fair* *poor*

12) Would you like to come back to this institution in case of necessity? *Yes* *no*