



VALLABHBHAI PATEL CHEST INSTITUTE

University of Delhi, P.O. Box No. 2101
Delhi - 110 007

Ref.No. VPCI/Admn.II/2023/ 2279

Date: 20.11.2023

OFFICE ORDER

Sub: Regarding Internal Assessment of Hospitals/Institutes under *Kayakalp* Scheme for the year 2023-24.

Ref. MoHFW letter No. Z.28015//22/2023-H-II dated 16.11.2023.

The Ministry of Health & Family Welfare, Govt, of India have launched the "**Kayakalp**" initiative to recognize efforts under 'Swachh Bharat Abhiyan' in maintaining cleanliness and hygiene in hospitals. The objectives of the scheme are as follows: –

- i) To promote high degree of cleanliness, hygiene and infection control practices in public Health Care facilities (Central government hospitals/institutions).
- ii) To incentivize and recognize such healthcare facilities (Central government Hospitals/ Institutions), that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- iii) To inculcate a culture of on-going assessment and Peer review of performance related to hygiene, cleanliness and sanitation in Central Government Hospitals/Institutions.
- iv) To create and share sustainable practices related to improved cleanliness in Central Government Hospitals/ Institutions linked to positive health outcomes.

Vide their circular letter dated 16.11.2023 on the above cited subject (copy enclosed), the Ministry informed that the hospitals & institutes will adopt the procedures as per the Kayakalp Scheme guidelines for internal assessment and assess, score and document by its own team using assessment tools. Further, awards are given to those health care facilities that demonstrate high levels of cleanliness hygiene and infection control.

Accordingly, the competent authority has constituted the following committee for carrying out Internal Assessment in terms of the Kayakalp Scheme:

- | | | |
|-----------------------|----|------------------|
| 1. Dr. Malini Shariff | .. | Chairperson |
| 2. Dr. Rajinder Bajaj | .. | Member |
| 3. Dr. Jayeeta Bhadra | .. | Member |
| 4. Ms. Dessy Benoy | .. | Member |
| 5. Mr. Arun Kumar, JE | .. | Member |
| 6. Mr. Jogendra Singh | .. | Member |
| 7. Mr. KK Singh | .. | Member |
| 8. AR (Admn-I) | .. | Member Secretary |

The committee is requested to **complete the internal assessment at the earliest and submit the report** to the undersigned for further submission to the Ministry.

This issues with the approval of the competent authority.

Encl: as above.

AR(Admn-I)

To:

1. All members of the Committee as above
2. PS to the Director for kind info of the Director
3. PA to the DR for kind info of the DR.
4. Website division for uploading on VPCI webportal.
5. Office copy
6. Master copy

Most Immediate

No.Z.28015/22/2023-H-II
Government of India
Ministry of Health & Family Welfare
(Hospital -II) Section

Nirman Bhawan, New Delhi
Dated the 16-11-2023

To,

As per attached list

Sub: Internal Assessment of Hospitals/Institutes under Kayakalp Scheme for the year 2023-24-reg.

Sir/Madam,

I am directed to enclose a copy of guideline for Kayakalp Scheme for Central Government Institutions and it is requested that head of the Hospitals/Institutes will constitute a team for internal assessment consisting of a Microbiologist, Sr. Nurse, In-charge of Biomedical Waste Management and Housekeeping Services.

2. All hospitals/institutes will adopt the procedures as per the guidelines of Kayakalp and assess, score and document by its own team using assessment tools.

3. It is, therefore, requested that the aforementioned exercise of internal assessment may be completed by 01.12.2023 and provide the report of internal assessment (score card) to this Ministry in a sealed envelope by 10.12.2023. It may kindly be noted that no extension in the time for submission of internal assessment would be given.

4. This may be given top priority.

Encl:a/a.

Yours faithfully,
Signed by

Anuradha Ramakrishnan

(Anuradha Ramakrishnan)
Date: 16-11-2023 10:48:09

Under Secretary to the Govt. of India
Tel:-23061640

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Guideline for Kayakalp Scheme for Central Government Institutions

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Introduction

Cleanliness and hygiene in hospitals besides being critical for preventing infections also provide the patients and visitors with a positive experience and encourages moulding behaviour related to cleanliness and sanitation at their homes and work-place. Clean & bright environment where patients are received with dignity & respect, along with delivery of prompt care go a long way in promoting faster healing and enhanced satisfaction of patients. To complement this effort, the Ministry of Health & Family Welfare, Government of India has launched "Kayakalp" initiative to recognise such efforts under 'Swachh Bharat Abhiyaan'. Awards are given to those health care facilities that demonstrate high levels of cleanliness, hygiene and infection control.

I Objectives

- a) To promote high degree of cleanliness, hygiene and Infection Control practices in Health Care Facilities (Central Government Hospitals/Institutions).
- b) To incentivize and recognize such healthcare facilities (Central Government Hospitals/Institutions) that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- c) To inculcate a culture of ongoing assessment and Peer review of performance related to hygiene, cleanliness and sanitation in Central Government Hospitals/Institutions.
- d) To create and share sustainable practices related to improved cleanliness in Central Government Hospitals/Institutions linked to positive health outcomes.

In the year 2015-16, ten Central Government Institutions were assessed by multi-disciplinary teams for the 'Kayakalp' Awards. Subsequently, in the year 2016-17, sixteen institutions including new AIIMS underwent the External assessment.

Based on field experience and inputs from the Jury Members. Kayakalp Scheme for Central Government Institutions has been revised, as elucidated below -

II Scope

All participating Institutions/Hospitals are not equally placed in terms of Infrastructure, Patient Load, Bed Strength, Support Structure etc. Therefore, it is proposed to categorise the participating Hospitals/Institutions into two broad categories-

1. **Category 'A'** - AIIMS, New Delhi & all other Central Government Hospitals/Institutions like Dr. RML Hospital New Delhi, Safdarjung Hospital New Delhi, LHMC & Associate Hospitals New Delhi, JIPMER Puducherry, PGIMER Chandigarh, & RIMS Imphal, Manipur, Mahatma Gandhi Institute of Medical Sciences, Wardha.

2. Category 'B' - AIIMS Bhopal, AIIMS Bhubaneswar, AIIMS Jodhpur, AIIMS Patna, AIIMS Raipur, AIIMS Rishikesh, NEIGRIHMS Shillong & speciality health care facilities like Lala Ram Swarup Institute of Tuberculosis and Respiratory Hospital, New Delhi, National Institute of Mental Health & Neuro Sciences (NIMHANS) Bangalore, Karnataka, Central Institute of Psychiatry (CIP), Ranchi, Vallabhbhai Patel Chest Institute (VPCI), New Delhi, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tejpur, Assam, Chittaranjan National Cancer Institute, Kolkata, West Bengal, Andaman & Nicobar Islands Institute of Medical Sciences (G.B. Pant Hospital), Port Blair Andaman and Nicobar, Shri Vinoba Bhave Civil Hospital Silvassa, Dadar and Nagar Haveli, Government Medical College & Hospital (GMCH), Chandigarh.

III Awards Criteria & Weightage

- (a) 5% Weightage to the Assessment score of the Hospitals on Internal Assessment by the Hospital Team on following criteria:
- i) Hospital Upkeep
 - ii) Sanitation and hygiene
 - iii) Support Services
 - iv) Waste Management
 - v) Infection Control
 - vi) Hygiene Promotion
 - vii) Feedback Mechanism from Public on Cleanliness
- (b) 20% Weightage to Peer Assessment of the Hospitals on above-mentioned criteria.
- (c) 50% Weightage to External Assessment of the nominated Hospital on aforementioned criteria.
- (d) 10% Weightage - Inversely proportion to percentage of unsatisfied patient due to cleanliness (recorded through Mera-Aspataal or any other feedback system)
- (e) 10% Weightage to Average monthly OPD at the Hospital (within the respective group).
- (f) 5% Weightage to Average Bed Occupancy Rate.

Tools for the Assessment of the Hospitals are given in Annexure 'A'.

IV Criteria for Application to the Awards Scheme

Following are the prerequisites for participation in the award scheme prior to External Assessment:

1. Functional Cleanliness and Infection Control Committee.

2. Hospitals/Institutes should have undergone peer assessment process at least 1 month prior to External Assessment.

V Selection of Facilities

The Award scheme under 'Kayakalp' (Clean Hospital Campaign in Central Government Hospitals/Institutions under the Ministry of Health & Family Welfare) will be given to those that score the highest based on a set of defined criteria. Following will the norms two groups-

Group A:

- i) Winner - Rs. 3.00 Crore
- ii) Runner-up - Rs. 1.50 Crore
- iii) Commendation - Rs. 50.00 Lakh to any Hospital score scoring more than 80% of Marks on Award criteria and Weightage as given above

Group B:

- i) Winner - Rs. 2.00 Crore
- ii) Runner-up - Rs. 1.00 Crore
- iii) Commendation - Rs. 50.00 Lakh to any Hospital score scoring more than 80% of Marks on Award criteria and Weightage as given above

The winner Central Government Hospitals/Institutions under the Ministry of Health & Family Welfare in the previous year would have to show an improvement in the score by at least 5% from the previous year scores. If the winner Central Government Hospitals/Institutions does not meet the said criterion, then it would only receive the commendation award subject to Hospitals/Institutions getting score of more than 80%.

VI Institutional Framework

At the national level, a National Committee under the Chairpersonship of the Additional Secretary and DG (CGHS) would consolidate the outcome of Internal Assessment, Peer Assessment, External Assessment and other criteria as mentioned above, in award criteria above.

VII Process of Assessment

Step 1 - Internal Assessment: At the beginning of the financial year, each Hospital/Institute will be assessed, scored and documented (including photo documentation) by its own team (Hospital/ Institute Quality Team)/ sub-groups using the assessment tools. Head of the institutions may constitute such team. However, a microbiologist, senior nurse, In-charge of Biomedical Waste Management and Housekeeping Services should be members of such group. Based on this assessment, the

hospital should identify the gaps and prepare an action-plan for addressing such gaps. Assessment reports and gap closure status would be discussed in the Institute's /Hospital's internal meeting.

After one month of first round of Internal Assessment, the hospital would be reassessed by its team. Summary of the re-assessment report would be communicated to the MoHFW, and copy would also be given to External Assessment team, if visiting the hospital.

Step 2 - Peer Assessment: All hospitals would undergo peer-assessment at least annually. Peer assessment team would generally be a multi-disciplinary team of 2-3 members from other participating institutions and would be nominated by the MoHFW. Preferably the team should include a Faculty from Community Medicine, a Microbiologist and a hospital administrator. Peer Assessment score & report should be submitted to the MoHFW. The report should highlight few innovative & replicable practices, which can be undertaken by other participating institutions. Peer Assessors would provide a copy of the report (without score-card) to the visited hospital. The report should also include constructive suggestions for the improvement.

Step 3:

External Assessment: For formal recognition and selection of winner facilities, external assessment of all hospital/institutions by teams of external assessors will be undertaken. A 3-4 member independent team would visit each of the Hospital/Institute. Preferably the team should include Ministry Officials; & Empanelled National Assessors in NQAS. The team would verify findings of peer assessment and also provide its own score on the tools. The External Assessment Team would also collect following statistics

- (a) Percentage of unsatisfied patients due to cleanliness (recorded through Mera-Aspataal or any other feedback system)
- (b) Six month's average monthly OPD at the Hospital
- (c) Six month's average bed occupancy rate

VIII Assessment Protocol & Scoring System

(a) Assessment Tools:

All requirements of the Kayakalp assessment are arranged systematically at following three categories -

- i. **Thematic Area:** These are broad aspect of Swachhata, can be termed as 'pillars' of the Kayakalp, namely 'A' - Hospital Upkeep, 'B' - Sanitation & Hygiene, 'C' - Support Services, 'D' - Waste Management, 'E' - Infection

Control, and 'F' - Hygiene Promotion, 'G' - Feedback Mechanism from Public on Cleanliness.

- ii. **Criterion:** Under each of the themes, there are certain numbers of criteria that cover specific attributes of respective themes.
- iii. **Checkpoints:** It is the lowest and most tangible unit of assessment. Checkpoints are specific requirements that the assessors are expected to look in the facility for ascertaining extent of the compliance and award a score.

(b) Assessment Method

Assessment Methods are given in adjacent column to checkpoint and provides aid to the assessors that how the information required for a specific checkpoint can be gathered. There are four assessment methods:

- i. **Observations (OB):** Where information can be gathered through direct observation. E.g. Level of Cleanliness, Display of Protocols, Landscaping, Signage etc.
- ii. **Staff Interview (SI):** Information should be gathered by interacting the concerned staff to understand the current practices, competency, etc. such as steps in hand washing, method to clean floor, wearing gloves etc.
- iii. **Record Review (RR):** Where information can be extracted from the records available at the facility. Few examples are availability of filled-in Housekeeping checklist, culture report for microbial surveillance, minutes of meeting of infection control committee.
- iv. **Patient Interview (PI):** Some information may be gathered by interacting the patients or their attendants e.g. counselling of patients on hygiene.

(c) Means of Verification

Each checkpoint is accompanied by means of verification given in next column of assessment method. This provides specific guidance to assessor what to look-for, while taking a decision on extent of compliance. Means of verification provides specific clues for the assessment, observations to be made, list of items, questions to be asked in staff interview, list of records, norms for specific requirements etc.

(d) Scoring

Following general principles may follow in giving numerical score -

Full Compliance: If the information gathered gives the impression that all the requirements of Checkpoints and means of verifications are being met, full compliance (marks = 2) should be provided for that checkpoint.

Partial Compliance: For providing partial compliance at least 50% or more requirements should be met. For partial compliance a score of 1 mark is given.

Non-compliance: Non-compliance is assigned to when facility fails to meet at least 50 percent of the requirements given in a checkpoints and its corresponding means of verification. In this case, '0' score is given.

IX Award Declaration

After conduct of External Assessment, the Committee in the MoHFW will rank health care facilities according to the composite score arrived after proportionate Weightage of assessment, Mera-Aspataal score on cleanliness and OPD load & bed occupancy for both category of Institutions.

X Utilization of Award Money

Up to 25 % of award money may be spent on giving financial incentives to the staff of the healthcare facilities. Remaining fund could be utilized for supporting those improvement activities for which budgetary or programme support is not available. Few of suggested activities are as follows:

- Innovations and scaling-up of good practices from other institutions
- Branding of hospitals such as media events, showcasing achievements, uniforms, badges etc.
- Swachhta campaigns
- Developing demonstration area for improving personal hygiene by patients & visitors
- Documentaries & short educational films
- Introduction of work practices for Staff safety

Above guidelines are normative in nature, and the hospitals may add more innovative activities for use of the award money.

XI **Activities & Timeline**

Activities & Timeline for the Awards during the year 2017-18

Sr. No.	Activity	Timeline
1.	Internal Assessment	16th August to 30th August 2017
2.	Gap-closure	September 2017
3.	Repeat Internal Assessment	1st Oct - 15th Oct 2017
4.	Formation of Evaluation Teams for Peer Assessment	16th Oct - 30th Oct 2017
5.	Peer Assessment of Hospitals/Institutions	1st Nov - 30th Nov 2017
6.	Submission of Peer Assessment Report	30th Nov - 9th Dec 2017
7.	Action on Peer Assessment Recommendations by the Hospital	December 2017
8.	Formation of Evaluation Teams for External Assessment & Orientation Training of Members	December 2017
9.	External Assessment of Hospitals	1st Jan - 15th Jan 2018
10.	Collation of Results & Declaration of Results	16th Jan - 31st Jan 2018