OFFICE OF THE DIRECTOR
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

F. No.40-30/2022-Estt.-I(DO)   Dated: 19th November, 2022

OFFICE MEMORANDUM

Subject: Incentivising cleanliness through institution of rewarding best patient care areas and personnel and mechanism for discouraging poor performance, reg.

The **Kaya Kalp Campaign** (Clean Hospital Campaign) was launched by the MOHFW under the Swachh Bharat Abhiyaan to promote high degree of cleanliness, hygiene and Infection Control Practices in public Health Care Facilities, to incentivize and recognize such public healthcare facilities that show exemplary performance through a culture of internal and external assessment, and create and sustain good practices.

While the Kaya-Kalp scheme has been discontinued, there is an increased impetus on Hospital Cleanliness through Swacchta Pakhwada. **However, during rounds of various patient care areas undertaken by the undersigned, it has been observed that complacency seems to have set-in and many of the good practices have either been discontinued or not been put in place.** Cleanliness of all areas should be ongoing activities with decentralized monitoring mechanisms. In view of the above, the following shall be implemented:-

1. **Assessment for upkeep & sanitation:** These should be formed separately at the level of main hospital, Centres and Blocks. These working committees should undertake rounds of all patient care areas within their centre. The assessment needs to be at the level of the wards, ICUs, support services, diagnostic services and OT. The constitution of the committee can have one or two clinical faculty, a faculty each from Deptt. of Hospital Admn. and Deptt. of Microbiology, ESD and nursing services. The team should undertake rounds on a monthly basis. A system of feedback must also be incorporated.

2. **External /common areas assessment:** Since both, Engineering maintenance and sanitation of common/ external areas fall under the ambit of the ESD, the ESD should form a team for the assessment.

3. **Incentivisation:** Centres/ blocks can devise non-monetary incentives such as certificates, etc. Two different awards need to be implemented: a) area and within the area, &b) Permanent or outsourced sanitation/ engineering staff. An example is "staff *of the month*" boards.

4. **Disincentive:** The worst performing areas as well as personnel responsible should also be identified and informed. This is not a policy of "naming and shaming", but should be perceived as an objective for improvement. The poor performing areas must be provided with specific remarks for improvement.

5. **Scanning and relocation of 'physical' files**: As part of move towards paperless e-office system, all file contents of physical files shall be scanned and maintained on their systems by the respective offices. The physical files should then be relocated to the C-I, C-II and D-I, D-II residential houses, ear marked for this purpose.

6. **Condemnation material to be shifted to area near Masjid Moth:** It has been observed that condemned/unused equipment and material continue to be placed in various patient care areas and office corridors. Representatives shall be detailed by the Departments, main hospital and centres who shall co-ordinate with the ESD for relocation of these items to the area near Masjid Moth identified for the purpose.

Assessment of teaching block and centralised facilities: Departments/Officer–in-charges are encouraged to form small teams for routine rounds of their respective areas.

19/11/2022

(Prof. M. Srinivas)
Director

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