

IMPROVING ACCESS AND PERFORMANCE THROUGH LOCAL COLLABORATION: INNOVATIONS AT DISTRICT HOSPITAL DURG (CHHATTISGARH)

District Hospital, Durg was started in year 1906 as a civil hospital. It became a 100-bedded District Hospital in 1963. On 12 February 2008, it was upgraded to a 430-bedded hospital. Besides catering to the need of local population, the hospital is also a referral centre for 17 Community Health Centres (CHC) and 72 Primary Health Centres (PHC) of the district. The hospital was certified to ISO 9001:2008 Standards on 16th April 2011.

Problem Statement

During the review, the hospital management identified following problem areas, requiring 'root-cause' analysis, corrective & preventive actions.

1. Unacceptable level of cleanliness with stains of PAAN & GUTKHA (betel nuts, tobacco, lime, etc.) all over, clogged drains, unhygienic environment, cobwebs and litter within the premises and inside the hospital building
2. Non-availability of comprehensive and quality Dental services
3. Non-availability of full range of Physiotherapy services

Interventions

Problem Area-1 Cleanliness

Root Cause - During the course of root-cause analysis, following causes were found for poor cleanliness in the hospital

- (a) The cleanliness service has been outsourced. However, the TOR of the service was not explicit and comprehensive
- (b) Payment to the agency was based on number of staff deployed, rather than quality of delivered services
- (c) Absence of performance monitoring system of the out-sourced service
- (d) Use of substandard cleaning agents and disinfectants by the outsourced agency
- (e) In-different attitude of the patients and visitors towards cleanliness

Interventions

- a) Each and every cause was adequately addressed by the hospital management. A detailed cleaning schedule for each department, building and surrounding area was developed through a consultative process. A typical schedule includes- Frequency of cleaning, and details of activities to be carried out in each schedule.
- b) Terms and Condition of the MOU were reframed. Several innovative and interesting clauses have been included in the contract.
- c) Payment to the outsourced agency has been directly linked to the performance. Check sheets for each

department (Wards, OT, Labour room, OPD, SNCU, ICU, etc) have been developed. After cleaning a facility housekeeping staff is required to inform the Staff nurse/ Nurse /Technician on duty, who would check and score against the check sheet.

- d) Penalty clauses for non/poor performance were introduced. E. g. Penalty of Rs. 50/- on housekeeping staff being on duty without proper dress, under influence of alcohol, incidence of misconduct, presence of cobwebs, stray animals, etc.
- e) At the end of the month an overall score (cumulative of all check sheets minus penalties imposed) is calculated and the vendor is paid accordingly. For example if the overall score is 70% and the penalties of Rs 5000/- the vendor would get 70% of the contract value less Rs 5000/-.
- f) "Gandhigiri" has been adopted to educate patients, visitors and hospital staff. Additional staff have been hired to wipe the spit immediately, with a smile, without any comments. After initial indifference, now the visitors and patients do not spit within the hospital premises.

Contractor Mr. Jayrajan Pillay informed that initially he incurred considerable losses with realisation of approx. 60% of the dues. Gradually, things started improving. Now he is proud of his consistent 95% plus score. He has also partially mechanized the cleaning process with use of Scrubbers and Vacuum cleaners. This saves time, water and man power.

Problem Area 2 & 3: lack of Dental care and Physiotherapy Services.

Jeewan Deep Samiti (JDS) (equivalent to RKS), at DH Durg has entered into a MoU with a local Private Dental College (Maitri Dental College-Anjora Road Durg) for providing comprehensive dental services to all patients. The JDS has also signed another MoU with a local Physiotherapy college in private sector for providing full range of physiotherapy services within the hospital premises. Both these colleges have staff and state-of-art Infrastructure. However, they had few patients coming to their institutions.

After drawing detailed terms of reference, the colleges have brought in equipment, fittings & fixtures within DH Durg. Under the terms & conditions of the MoUs, OPD consultation within DH premises is free. Rate and charges for different procedures have been fixed by the JDS. Treatment for BPL patients, indoor patients and staff and their dependents is also free. The colleges are required to deposit 10% of the total money, collected for the procedures, with the JDS. One Post graduate (MDS/ MPT) Faculty and 4 graduate staff are available during morning and evening shifts for providing the services. Dental college has established a 4-chair dental centre in the hospital, and the physiotherapy college a modern department for the treatment.

Benefits:

The above mentioned approach has resulted into a WIN-WIN situation for patients, DH and the private institutions (Dental and Physiotherapy College).

Quality Dental care and Physiotherapy services are available at affordable prices to the public. Prevailing rates of the procedures are given below –

DENTAL SERVICES.			
S.NO	PROCEDURE	MARKET Rate	DH Rate
1.	OPD consultation	Rs. 100	Free
2.	Tooth extraction	Rs. 200	Rs. 50
3.	Impacted tooth	Rs. 1500-Rs 3000	Rs. 100
4.	Ceramic cap	Rs. 2000	Rs. 800
5.	Denture (Full)	Rs. 4000	Rs. 700
PHYSIOTHERAPY SERVICES			
1.	Lumbar Traction	Rs. 100	Rs. 10
2.	Wax Bath	Rs. 100	Rs. 10
3.	Short wave Diathermy	Rs. 150	Rs. 10
4.	Tens	Rs. 10	Rs. 100
5.	Hand Rehab	Rs. 15	Rs. 250

This has resulted in increased level of satisfaction of patients. This has helped in building positive image of hospital. Revenues generated by the JDS has increased and the same is being utilized for day to day operation of the hospital.

General Lessons and Scalability

Local collaboration may not be the panacea for every healthcare problem, but at DH Durg, it is seen that with innovations & experimentation, local support could be leveraged to create 'a win-win' situation for all stakeholders. Innovations of DH Durg could be tried out at other facilities. Of course, it would require enabling policy framework and guidelines.

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