

Commentary

Commentary on “Transforming Hospital Housekeeping: The Kayakalp Journey” by Pillai et al

Passant Hafez¹

¹Joint United Nations Programme on HIV/AIDS (UNAIDS) Country Office, Cairo, Egypt

Address correspondence to Passant Hafez (dr.passanth@gmail.com).

Source of Support: None. Conflict of Interest: None.

Submitted: Sep 2, 2024; First Revision Received: Sep 18, 2024; Accepted: Sep 24, 2024; First Published: Dec 5, 2024.

Hafez P. Commentary on “Transforming hospital housekeeping: the Kayakalp journey” by Pillai et al. *Glob J Qual Saf Healthc*. 2025; 8:1–2. DOI: 10.36401/JQSH-24-X7.

This work is published under a CC-BY-NC-ND 4.0 International License.

Keywords: quality improvement, housekeeping, hospital

WHAT IS THE KAYAKALP PROGRAM?

The Kayakalp program is an effective technique for quality improvement for public institutions.^[1] For example, Kayakalp assessment scores can be used to improve sanitation, cleanliness, infection control.^[2] In a recent article published in the *Global Journal on Quality and Safety in Healthcare*, Jawahar Pillai and colleagues used the plan-do-check-act (PDCA) tool (Fig. 1) to measure the results before and after implementing the Kayakalp program in a large tertiary care center in India.^[3,4] With 15,000 visitors a day, the hospital has a large patient and attendant load, making housekeeping a major challenge. Pillai et al sought to use Kayakalp recommendations to establish a long-term plan for quality improvement by enhancing housekeeping services in the hospital. The study was held in a 960-bed hospital in eastern India that serves as a nationally significant tertiary teaching facility.

ACHIEVEMENTS AFTER APPLYING THE KAYAKALP GUIDELINES

The Kayakalp checklist assessment score for hospital housekeeping services increased from 74% to 95%. Within 6 months, all six of the Kayakalp initiative’s domains showed improvement. Overall patient satisfaction increased from 63% to 81%, and this increase correlated with staff behavior, which also improved. The patient satisfaction score for housekeeping services was greatly improved from 71% to 93%. Staff compliance with hand hygiene increased from 46% to 95% across all patient care areas. In addition, there was a 53% decrease in the incidence of occupational exposures such as needle stick injuries.

Use of the safe surgery checklist increased to 100% as a result of the guidelines implementation.

The Central Pollution Control Board of the Indian government was pleased with the biological waste segregation procedures and their steady development. Every month, solar energy systems produced about 4500 MW of power. The grid received excess power for use by the general public. For the institute, this activity produced a monthly financial benefit of about 5 lakh Indian rupees (INR) (~\$5000–6000 USD). Every day, almost 500,000 gallons of wastewater were recycled and put to use in gardening. This happened only as a result of implementation of the Kayakalp guidelines, where the team was able to perform energy conservation management using solar panels. Moreover, there was evidence of a shift in behavior among hospital staff members and patients, which improved the results and outcomes of the research.

RECOMMENDATIONS FOR CONTINUOUS IMPROVEMENT

The study used the PDCA cycle as a method to carry out a quality improvement project. Therefore, it needs to be repeated to examine the various gaps, which will result in continuous improvement in multiple aspects including site infection rates and pneumonia rates. Secondly, the use of robotics and artificial intelligence is recommended for cleaning sewage as well as prediction, prevention, and early detection of any harmful events in hospital, outpatient, and community settings.^[5] Surveillance and monitoring is the third major recommendation. Technology has a lot to offer in terms of enhancing surveillance and offering a dashboard for improving different operations and screening processes.

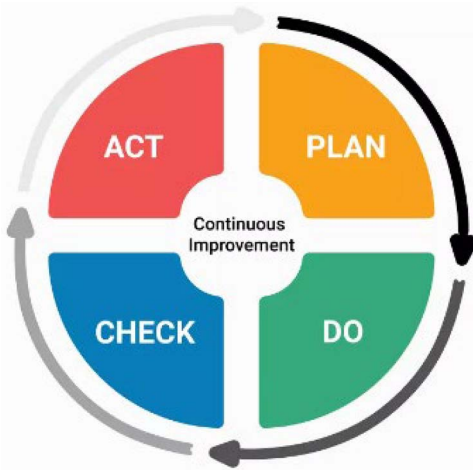


Figure 1. PDCA tool diagram. PDCA: Plan-do-check-act.

CHALLENGES IN OTHER SETTINGS

It can be difficult to deploy quality improvement systems in large public hospitals (tertiary). In public hospitals, quality improvement through change management within the organization depends greatly on collaboration and concerted efforts. At the same time, in primary and secondary facilities, the lack of human resources to conduct scientific studies led by faculty members and other professionals can be a great challenge. This may lead to technical hand-holding and slow down or stop the monitoring process.

It is easier to apply the Kayakalp guidelines in primary or secondary facilities than in tertiary healthcare centers. This is due to the reduced size of the facilities as well as lower volume of patients in primary and secondary healthcare centers. The Kayakalp guidelines facilitate gap assessment, designing a quality improvement project, developing standard operating procedures and patient education materials, as well as the monitoring and evaluation process.^[6]

SUMMARY

The Kayakalp program is an effective technique for quality improvement in public institutions. This project sparked a movement among hospital employees for ongoing, sustainable operations, and the facility serves as an example for other public hospitals. The institution has received the Kayakalp award 4 times in a row at the national level from the Ministry of Health and Family Welfare, Government of India. This is a fantastic accomplishment for the entire team and has inspired the staff members who worked hard to keep the hospital's sanitation and disinfection standards high. Quality is a journey, and it takes much hard work to maintain cleanliness and sanitation across the hospital. Kayakalp is a continuous evaluation of healthcare facilities that can guarantee year-round sanitary operations.

References

1. Ministry of Health and Family Welfare. *Guidelines for Implementation of Kayakalp Initiative*. 2019.
2. Ministry of Health and Family Welfare, Government of India. Kayakalp checklist. Aug 17, 2019. Accessed Sep 30, 2024. [lgbrimh.gov.in/resources/2020/kayakalp/Kayakalp Checklist.pdf](http://lgbrimh.gov.in/resources/2020/kayakalp/Kayakalp%20Checklist.pdf)
3. Pillai JSK, Sahoo B, Sahoo MC, et al. Transforming hospital housekeeping: the Kayakalp journey. *Glob J Qual Saf Healthc*. First published Jul 22, 2024. DOI: 10.36401/JQSH-23-54
4. Sharma GA, Barwal VK. Beyond hospital boundary: a novel game-changer tool of Kayakalp for community participation in sanitation, hygiene, and infection-control. *Indian Pediatr*. 2020;57:778–779.
5. Phelps G, Cooper P. Can artificial intelligence help improve the quality of healthcare? *J Hosp Manag Health Policy*. 2020;4:29.
6. Gautam N, Ganju S, Gupta A, Ganju S. Assessment of Kayakalp Yojna in public health-care facilities in Himachal Pradesh. *Med J Dr DY Patil Vidyapeeth*. 2022;15:372.