

Executive Summary

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About the Report:

The Report is about the Results of a Performance Audit of Select Public Health facilities of secondary care (District-level Hospitals) and primary care (one CHC and one PHC of State Capital District) in the State of Sikkim. We covered the period from 2014-15 to 2018-19. The audit examination included analysing the data in the Hospital Management Information System (HMIS), test check of records in the Health & Family Welfare Department, two selected district hospitals, State Referral Hospital and selected CHC and PHC. Patient feedbacks were obtained through patients' satisfaction survey on healthcare services being provided by the District Hospitals and joint physical verifications.

What has been covered in this audit?

In this Performance Audit, we have focussed on patient care given by the secondary care levels in the State. We assessed the availability of basic infrastructure facilities in the State, adequacy of manpower in the selected DHs and various Services provided therein like Out-Patient and In-patient Services, Maternity Services, Emergency Services, Drug Management, Infection Control, Bio Medical Waste Management, Diagnostic Services, Fire control measures *etc.* based on pre-determined performance indicators/ criteria in the sampled district level and block level hospitals (CHC and PHC). We have adopted the Indian Public Health Standards (IPHS) guidelines as prescribed by Government of India which are a set of uniform standards envisaged to improve the quality of health care delivery in the country as well as State norms as applicable for benchmarking various audit findings.

What have we found?

We found significant areas for improvement in the healthcare needs of the people as highlighted below:

Financial Resources

Funds under State Budget

The budget allotment and expenditure of the Health and Family Welfare Department against the overall State Budget and expenditure during 2014-19 was 6.24 *per cent* and 6.53 *per cent* respectively even as the National Health Policy, 2017 envisaged allocation of at least eight *per cent* of the total budget of the State for Health Sector. During 2018-19, the budgetary allocation on health services decreased to 5.52 *per cent* from 7.70 *per cent* of 2017-18 allocation. State's expenditure on Health Sector stood between 1.37 *per cent* and 1.97 *per cent* of Gross State Domestic Product during 2014-19. The Department did not utilise the allocated funds optimally during the period 2014-19. Further, though the savings reduced from 27.64 *per cent* during 2014-15 to 5.38 *per cent* in 2017-18, it again increased to 9.06 *per cent* in 2018-19.

(Paragraph 2.1.1)

Recommendation

- *The State Government may enhance the budget provision and expenditure on healthcare services to ensure that adequate and quality healthcare infrastructure and services are provided to the people of the State.*

Essential Resources Management

Shortage of doctors and nurses

Human resources, an essential resource for hospital management saw shortages of manpower in various vital departments like surgery, radiology, anaesthetic services, nursing care *etc.*, excesses noticed in other departments like dental care, radiographer, lab technician, *etc.* State Government had not laid down any norms for allocation of human resources to the DHs since State's formation in May 1975 and no sanctioned strength had been notified for various human resources to be deployed in the DHs (March 2019). Despite substantial increase in the number of registered OPD and IPD patients in all the test checked hospitals, neither the strength of the medical and para-medical staff was revised to take care of the increasing patient load nor were the existing shortages in manpower of hospitals filled up.

The State had not implemented any positive measures such as special /hill allowances, accommodation, *etc.* to address the reluctance of doctors to serve in district hospitals.

(Paragraphs 3.2.1)

Recommendations

- *Keeping in view the fact that Health is a State subject, the State Government may come up with a policy intent to address shortfalls in the Human Resources for the State Health Sector, to improve quality of health care.*
- *The State Government also needs to take positive measures such as special allowances, availability of accommodation, *etc.* to incentivise doctors to get posted to rural/hilly area of the State. They can enquire about such measures being taken by other States.*
- *The State Government may take urgent steps for recruitment of specialists to address the shortage of specialists in the health facilities of the State.*

Overall shortage of CHCs, PHCs and SCs

There was an overall shortage of 57 Sub-Centres, seven Primary Health Centres and six CHCs across the four districts of the State, constituting a shortfall of 28, 23 and 75 *per cent* respectively (as on March 2019), underlining the need to improve the health infrastructure in the districts and villages.

(Paragraph 3.3.2)

Non-establishment of Blood Banks

Blood Banks had not been established in the two DHs during the period covered by Audit (2014-19) and the Blood requirements were arranged from Namchi DH and the State Referral Hospital, Gangtok.

(Paragraph 3.3.3)

Recommendation

- *The State Government may ensure establishment of blood banks in all the DHs as per IPHS norms.*

Non-availability of essential drugs

During 2014-19, out of 458 essential drugs and consumables prescribed in IPHS, only 104 drugs / consumables were supplied to Singtam DH and 126 drugs/ consumables to Gyalshing DH. There were stock-out situations in 94 to 123 instances lasting up to seven days to five years in the two DHs and the New STNM Hospital had 122 cases of stock out that ranged from seven days to one year. The non-availability of essential drugs in the test-checked DHs, compelled the patients to purchase the prescribed medicines from the open market out of their pocket.

(Paragraph 3.5)

Recommendations

- *The State Government may put in place a comprehensive drug policy according to the need of hospitals to ensure all time availability of essential drugs in each hospital in order to avoid 'stock outs'.*
- *They may ensure that a formulary of drugs is prepared by each hospital on the basis of disease patterns and inflow of patients. The State Essential Drug List (SEDL) be updated accordingly.*

Quality Control and Testing of Drugs

Department did not have any laboratory facility in the State for testing of drugs. Drug samples were drawn and sent to Guwahati for testing which took on an average six months for analysis and receipt of test reports by which time, the drugs had been consumed by the patients.

(Paragraph 3.6)

Recommendation

- *Drug Testing should be taken seriously and the Government may ensure to set up at least one Drug Testing laboratory in the State, considering its geographical distance to avail of these facilities from other States.*

Delivery of Healthcare Services

OPD Services

The average patient load per doctor per day was 22 and 16 for Singtam and Gyalshing respectively as against the norm of 20 patients per hour for registration. OPD counter

for registration of patients in Singtam DH was located outside the hospital building in a tin roofed open structure with no proper sitting/ waiting area for the patients and their attendants/ relatives. Most of the OPD clinics in the New STNM Hospital did not have adequate seating arrangement for patients. The registration of patients was not computerised in the two DHs. Both the DHs did not have system to record details of OPD patients referred to higher health centres from the OPD clinics.

(Paragraph 4.1)

Recommendations

- *The State Government may ensure availability of basic facilities/services in the OPD of each hospitals as prescribed in the Assessor's Guidebook for Quality Assurance of Services in District Hospitals, 2013 (Vol-1).*
- *They may ensure documentation/computerisation of referral cases and clinical history of patients.*

IPD Services

Number of In-patients in Singtam DH increased by 196 *per cent* and in Gyalshing DH, the increase was by 128 *per cent*. The Bed occupancy rate increased from 22 to 65 *per cent* in case of Singtam DH and 19 to 44 *per cent* in case of Gyalshing DH. Neither the DHs nor the Department had conducted any study or analysis to review/ augment their facilities to cater to the growing number of patients within their jurisdictions.

During the period 2016-19, a total of 2,652 In-patients from Singtam DH and 1,411 In-patients from Gyalshing DH were referred to the State Hospital due to non-availability of essential services in the DHs.

(Paragraph 4.2)

Intensive Care Unit services

Non-availability of ICU facilities in two selected DHs (Singtam and Gyalsing), required critically ill patients of areas falling within jurisdiction of the DHs to travel long distances which increased the risk to patients' life.

(Paragraph 4.4)

Operation Theatre Services and Emergency Department

Major surgery cases in General OTs of test checked DHs were not performed as no Surgeon and radiologist were available in the DHs for handling such cases.

Major surgeries, had to be referred to the tertiary care facility at Gangtok which was over 100 Kms from Gyalshing DH and 27 Kms from Singtam DH, putting pressure on the facilities there besides inconvenience to patients.

(Paragraphs 4.5 & 4.6)

The test checked DHs did not have Trauma Care Centres. There was delay of two years in completion of the Trauma Care Centre in Singtam DH and the building was found lying idle for want of equipment.

(Paragraphs 4.7 & 4.7.1)

Diagnostic Services

Diagnostic services viz. ENT and Endoscopy were not available in Singtam DH while Endoscopy facility was not available in Gyalshing DH. The labs in both the DHs did not have separate rooms for Biochemistry, Microbiology and Pathology services, in violation of IPHS norms.

(Paragraph 4.8)

Dialysis Unit

In Gyalshing DH, the dialysis unit equipment was found lying unused in packed condition in the hospital corridor whereas Singtam DH did not have dialysis facility.

(Paragraph 4.10)

Patient safety

The District Hospitals had Disaster Management Plan in place but no Standard Operating Procedure was developed to train the staff of the hospitals for disaster preparedness and management.

(Paragraph 4.12.2)

Recommendations

- *Government may proactively synergise availability of specialised in-patient services alongwith the essential drugs, equipment and human resources in district hospitals.*
- *OT services be made available in all the DHs with required manpower, equipment and drugs.*
- *The quality of diagnostic services which are crucial for patient care and treatment be made comprehensive as per requirements. The State Govt. /hospital administration must ensure that available equipment is functional and put to use. Regular upkeep and maintenance of diagnostic equipment be ensured.*
- *The Trauma Care centre in Singtam DH be made functional.*
- *The hospitals may rigorously adhere to the National Building Code 2016 to ensure safety of patients/ attendants/ visitors and the hospital staff from fire incidents. The Hospital administration may also ensure adequate documentation of availability of fire safety measures for verification.*

Support Services

Storage of Drugs

Seepage was noticed in the store room and medicines were found exposed to sunlight as no screen was provided in the windows of the store room of Gyalshing DH. Medicine and consumables Store room in respect of DH Singtam was very congested, not sufficient to store all medicines and consumables

(Paragraph 5.1)

Recommendation

- *The stocking and retrieval of drugs be reviewed and improved and quality testing be implemented.*

Cleanliness in Hospitals

In the New STNM Hospital, cleanliness of stairs, hospital ramps and washrooms/ toilets was not up to the mark. General/ common toilets of almost all floors were very dirty, unclean and unhygienic with blockage of toilets, filthy toilet floors, etc. Hospital waste had not been disposed for more than 22 days (22 February 2020 to 16 March 2020).

(Paragraph 5.3.2)

Bio-medical waste management

Singtam DH was found observing prescribed norms for segregation and disposal of biomedical waste whereas Gyalshing DH had not adopted the prescribed procedure for segregation of wastes due to non-availability of required plastic bags. No designated place for BMW had been assigned and in Gyalshing DH, the BMW was found lifted by Gyalshing Municipal Council only twice or thrice a week, instead of disposing them within 48 hours.

(Paragraph 5.4.3)

Effluent Treatment Plants were not found in the test checked DHs. Out of the three ETPs planned for at New STNM Hospital, the two ETPs were in progress. All the ETPs were within the hospital premises and close to private households exposing the general public to risk of contamination of air/ water and spread of disease.

(Paragraph 5.4.4)

Recommendation

- *The BMW Rules should be adhered and followed rigorously to provide an infection free environment in the hospital. The DHs may improve their coordination with the Municipal Authorities for lifting of the BMW in time.*

Maternal and Child Care

Maternal Mortality Rates (MMR) and Infant Mortality rates (IMR) in the State

State had been able to meet the national as well as Millennium Development Goals of United Nations. During the period 2014-19, against 1,383 and 817 pregnant women (PW) registered for ANC, 1,190 (86 per cent) and 741 (91 per cent) were registered within the first trimester of pregnancy in Singtam DH and Gyalshing DH respectively. Both DHs were able to restrict the home delivery within one and less than one per cent during the period from 2014-19. Referral rate relating to pregnant women (delivery cases) was high in Singtam DH (28 per cent) while in Gyalshing DH was only nine per cent. Percentage of immunisation given to new-borns ranged from 94 to 97 per cent in Singtam DH and 93 to 99 per cent in Gyalshing DH during the Audit period.

During 2014-15 to 2018-19, only 24 per cent and 13 per cent of eligible mothers in Singtam DH and Gyalshing DH respectively were given cash assistance under Janani

Suraksha Yojana. No case of denial of free services under Janani Shishu Suraksha Karyakram was found in the two DHs.

(Paragraphs 6.3.1, 6.4.2, 6.10 & 6.11)

Recommendations

- *The Government may ensure that the hospitals are equipped completely with all the essential equipment for child deliveries and new born baby care.*
- *The Janani Suraksha Yojana needs to be aggressively implemented in the State considering the insufficient coverage.*

Overall Recommendations on Outcome Indicators

- *The Government needs to adopt an integrated approach, allocate resources in ways which are consistent with patient priorities and needs to improve the monitoring and functioning of the district hospitals towards facilitating a significant change in health outcomes.*
- *The monitoring mechanism should be revamped by including measurement of outcome indicators pertaining to productivity, efficiency, service quality and clinical care capability of the hospitals.*

What has been the response of the Government?

While providing general and specific response regarding efforts made at their level, which we have incorporated suitably in the Report, the Government has agreed with the recommendations and assured to take necessary action to improve the systems.

