

Chapter-9

Recommendations

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District hospitals are an essential component of the district health system and functions as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district. These hospitals, therefore, profoundly influence the performance of the entire health system.

According to Niti Aayog's report "Healthy States, Progressive India" published in June 2019, the State of Uttarakhand ranks 17 among 21 larger States with only Madhya Pradesh, Odisha, Bihar and Uttar Pradesh behind. As such, there is tremendous scope for improvement and the situation demands for better healthcare services in order to build psychological confidence in the patients and enhance their faith in the services rendered by the hospitals.

Ministry of Health and Family Welfare, Government of India, has issued a set of uniform standards called the Indian Public Health Standards (IPHS) to improve the quality of healthcare delivery in the country and serve as the benchmark for assessing performance of healthcare delivery system. The IPHS for District Hospitals prescribe standards for the services, manpower, equipment, drug, building and other facilities. These include the standards to bring the District Hospitals to a minimum acceptable functional grade (indicated as Essential) with scope for further improvement (indicated as Desired). The Essential Services include General Medicine, General Surgery, Obstetrics & Gynaecology Services, Psychiatry, Orthopaedics, Radiology including Imaging, Emergency (Accident & other emergency) and Critical care/Intensive Care Unit (ICU) under General Specialities; Laboratory Services, X-Ray, ECG, Physiotherapy, Drugs and Pharmacy under essential Diagnostic and other Para clinical Services; Ambulance Services, Electric Supply, Hospital Infection Control, Dietary Services, Laundry Services and Waste Management including Biomedical Waste under Ancillary and Support Services. Besides, every district hospital should provide facilities of Special Newborn Care Units (SNCU) with specially trained staff. The Maternal and Newborn Health (MNH) toolkit also aims to standardize the maternal and neonatal care at public health institutions.

Audit noticed that despite a considerable increase in public health expenditure in Uttarakhand during 2014-19, the test checked hospitals at secondary care level were lagging behind in efficiency, service quality and clinical care capability. In order to

improve the functioning of the district hospitals, the State Government may consider the following recommendations on priority:

- The State Government should draw up an action plan to prioritise the provisioning of the most essential healthcare services first. It should adopt and implement IPHS fully for provisioning of essential OPD, IPD and Emergency services along with ensuring availability of essential drugs, equipment and human resources so that patients do not face shortages of medical resources and access to quality medical care is improved in the district hospitals.
- The State Government should ensure the availability of round the clock accident and trauma services along with fully functional ICU facilities in district hospitals for critically ill patients requiring highly skilled life saving medical aid and nursing care.
- The State Government should ensure the availability of fully equipped Special New Born Care Unit as required under MNH Toolkit and IPHS to treat critically ill newborns in a district hospital.
- Essential radiology services and pathology investigations as per IPHS must be available in the district hospitals particularly in view of the increasing reliance on diagnostics for treatment of patients in district hospitals.
- The availability of ambulances with well-equipped Basic Life Support along with serviceability and availability of equipment and drugs in ambulances must be ensured.
- Availability of uninterrupted power backup, adequacy of water supply and medical gas (centralised oxygen supply) should be prioritised to deliver quality health services.
- There should be strict adherence with laid down standards on clean and disinfectant patient care areas to prevent healthcare associated infections.

The State Government may also consider the following recommendations:

(i) *Out-Patient Services*

- Consultation time per patient in district hospitals should be peer reviewed at the State level by the Director General of Medical and Health Services, so that corrective steps may be taken to address the very short per patient consultation period.
- The State Government may take steps to fulfil the core objective of providing free drugs to the patients in district hospitals.

- Measures like Online Registration System to capture the registration electronically and better appointment system may be taken to reduce the patient's 'Registration to Drug Time'.
- Patient satisfaction survey of outdoor patients on a monthly basis as per NHM Assessor's Guidebook may be ensured.

(ii) Diagnostic Services

- Pathological tests performed by the district hospitals should be validated by External Quality Agency on a regular basis.
- Immediate steps may be taken for getting the required certification from the Atomic Energy Regulatory Board as regards the established X-ray units in the district hospitals so as to not compromise with the safety of patients and staff in the Radiology departments of these hospitals.
- Monitoring equipment such as Thermoluminescent dosimeters may be provided to all the technicians of the X-ray room and dose records shall be maintained.

(iii) In-Patient Services

- The monitoring mechanism, a significant lever for facilitating the responsibility and accountability of the hospital, should be revamped by including measurement of outcome indicators pertaining to productivity, efficiency, service quality and clinical care capability of the district hospitals.
- To ascertain safety procedures, vital records related to OTs such as surgical safety checklist, pre-surgery evaluation records and post-operative evaluation records should be prepared for each case as required under NHM Assessor's Guidebook.
- Nutritional care of in-patients, in order to reduce complications and facilitate speedy recovery; and distinctive dietary requirements of different categories of patients should be ensured in the district hospitals.
- Each district hospital should have a dedicated disaster management plan in line with state disaster management plan to address issues relating to prevention, mitigation and response to ensure as minimal damages as possible in event of a disaster.

(iv) Maternity Services

Concerted efforts to reduce the Neonatal, Infant and Maternal mortality rates should focus on:

- Proper record maintenance and operationalisation of mother child track system along with availability of essential human resources, drugs and pathological investigation facilities to enhance the ability of the district hospitals to monitor the health of mothers and newborns;
- Providing well-equipped facilities for abortion care; management of Sexually Transmitted Infection/Reproductive Tract Infection; handling C-section deliveries; and intra-partum care through augmentation of essential resources as well as providing a clinically safe environment in district hospitals;
- Monitoring of the delivery of prescribed postpartum care towards minimising adverse pregnancy outcomes so that women and newborns reach their full potential for health; and
- Providing financial assistance timely to the beneficiaries in order to ensure them a good diet and care and encourage institutional deliveries.

(v) *Infection Control*

A culture of infection control management should be embedded in the district hospitals through:

- Effective implementation as well as documentation of pest/rodent control and sterilisation procedures;
- Adequate availability of clean linen to thwart the spread of hospital acquired infections;
- Active microbiological surveillance to monitor air/surface infections; and
- Observance of Bio-Medical Waste Rules 2016 for reducing the spread of infectious diseases.

(vi) *Drug Management*

- It should be ensured that a formulary of drugs is prepared by each hospital on the basis of disease patterns and inflow of patients; the Essential Drug List is updated accordingly; and the eventuality of stock-out of required drugs forestalled.
- Norms prescribed for testing of procured drugs should be scrupulously observed. Besides, quality of drugs should also be checked through sampling by the Drug Inspectors.

(vii) *Infrastructure and other issues*

- Efforts should be made for proper upkeep of hospital buildings through periodic maintenance to utilise the created infrastructure optimally and to

ensure availability of a safe, clean and conducive environment for the public and hospital staff.

- The district hospitals shall comply with all statutory requirements as prescribed under IPHS.

During the Exit Conference, all the recommendations made in the Performance Audit Report were discussed and the Government assured that it would take needful action, wherever required.

Dehradun
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