

CHAPTER V : MINISTRY OF HEALTH AND FAMILY WELFARE

Department of Health

Chittaranjan National Cancer Institute

5.1 Functioning of Chittaranjan National Cancer Institute Kolkata

Lackadaisical management of hospital led to deterioration in patient care services.

The Chittaranjan National Cancer Institute (CNCI), funded by the Government of India and the Government of West Bengal, was created in 1987 as a Regional Cancer Centre with the objective of developing it into an advanced institute catering to treatment, training, education and research in oncology, with emphasis on the needs of the eastern region of India. The Institute is managed by a Governing Body. The Governing Body has delegated certain financial and administrative power to the Director. The activities of Hospital and Research wing are looked after by Officers-in-charge of the respective wings. The institute has been without a regular Director since October 2001.

The institute provides treatment to both in-patients and out-patients. The cancer patients are generally provided three types of basic treatments: Surgery, Radiotherapy and Chemotherapy. Combination of treatments is also prescribed according to the requirement. The number of patients admitted to the hospital (i.e. in-patients), new out-patient cases registered and old out-patients who came for their investigation, treatment, follow-up etc. at the Institute during the period from 2001-02 to 2006-07 is detailed below.

Year	Number of in-patients	No. of new OPD cases registered	No. of old OPD cases handled
2001-02	2787	6157	39023
2002-03	3027	6385	39566
2003-04	3122	6129	38223
2004-05	3546	6003	37678
2005-06	3492	5701	33623
2006-07	2871	5858	36108

Audit of the Institute focusing on a few aspects of the patient care services brought out the following.

5.1.1 Improper maintenance of patient folder

The scrutiny of patient folders brought out the following.

- In 25 *per cent* cases, nothing was mentioned in the patients' folders about the type of treatment administered.
- Staging is a very important factor in treatment of cancer patients. Staging is essential in deciding the extent and status of the disease. Staging is also significant in deciding the treatment protocol of a patient since it indicates the prognosis of the disease and helps in standardization of any clinical trial or treatment. In 44 *per cent* cases, though the primary site of cancer was specifically detected, no staging was recorded in the patient folder.
- The patient survey results brought out that in case of 47 *per cent* of surveyed 185 cases, the course of treatment was never explained to the patient and in 63 *per cent* of the cases side effects and follow up treatment were not explained.

5.1.2 Bed allocation to in-patients

Under the current system each department has a fixed number of beds reserved for its own patients, irrespective of the actual requirement or demand for beds by all patients. The existing system suffers from following deficiencies.

- This system suffers from an inherent lack of synergy, with the result that patients may be refused admission while beds earmarked for other departments remain unoccupied.
- The Institute did not have any system to report the actual vacancy of beds. The Institute started maintaining 'Bed List Register' from February 2004. This Register shows day-to-day position of occupation of beds, discharge of patients, cases of death, intra-ward transfers, vacancy position of beds etc. upon compilation of information received daily from all wards. The Institute does not have any system of displaying the availability of beds on a particular day. Thus, even the present system lacks in transparency as there is no direct information available to the patients.
- In case of a patient admitted in an Intensive Therapeutic Unit (ITU), a bed is earmarked for him out of the beds earmarked for the respective

department. The rationale behind this practice is to keep the general ward bed reserved for the patient once he/she is relieved from the ITU. This practice emanates from the system of departmentalized system of distribution of beds due to which the patient transferred from a bed allotted to a particular department has to go back to that department after being released from the ITU. This practice also effectively reduces the availability of beds.

- It was noticed that during the period from August 2004 to May 2006 patients were refused beds despite availability of a good number of beds as per Bed List Register on the days of refusal. Most of these patients were advised emergency admission by the doctors of the Institute in their prescriptions. For instance, one patient was refused bed on 17 October 2005 though 56 beds were vacant and another patient was refused bed on seven occasions despite availability of 11 to 18 beds.

In reply (August 2007), the Director of the Institute stated that a new system of allotment of beds is being evolved and it would be ensured that no patient is deprived or discriminated.

5.1.3 Provision of medicines for in-patients

The patients below the poverty line are provided free bed facility. Approval for providing free bed is accorded by the Director on the basis of recommendation of the Free Committee¹. The free-bed patients are provided with certain medicines including chemotherapy medicines free of cost out of the Non-plan fund of the Hospital.

5.1.3.1 System of procurement of medicines

The Institute procures the general medicines on the basis of requisitions received in the previous quarter. Based on this, an indent is placed before the Local Purchase Committee, who after approval authorizes the Purchase Officer to make the purchases. Audit noticed the following.

- CNCI had no separate fund/budget allocation for purchase of medicines.

¹ Free Committee is a Committee of the Hospital consisting of the Medical Superintendent and some senior doctors.

- There was no regular Purchase Officer for the Institute during the period covered by Audit.
- There was no system of prompt procurement of medicines urgently required. The procurement of all the medicines had to go through the normal drill irrespective of the urgency of requirement. Instances of delay ranging from two to four months in issuing the purchase orders were noticed even in cases where the medicines were required urgently for conducting surgery.

5.1.3.2 Inadequacy of medicines

There is a medical store in the hospital wherefrom the medicines are supplied to free bed patients or sold to other patients. Audit scrutiny brought out the following.

- The medicine store of the Hospital remained open only during office hours. No medicine was available in the Hospital after the store had been closed.
- CNCI Drug Committee had identified 30 emergency medicines. Of the 30 prescribed emergency medicines, CNCI never procured as many as 23 medicines. In case of the remaining seven medicines, the non-availability ranged from 14.47 *per cent* to 94.85 *per cent* days of the year during the period from 2001-02 to 2005-06.
- CNCI Drug Committee had approved 87 drugs as anti-Cancer/Chemotherapy drugs, of which as many as 77 were never procured by CNCI. Even the remaining 10 medicines were not regularly available in the stock. Audit test check on 30 August 2006 revealed non-availability of six such drugs in stock out of the 10 drugs. Five of these drugs were not available for two months to four years nine months.
- Narcotic drugs like morphine are required to provide relief to terminally ill cancer patients. Even though, the whole stock of these drugs had expired by December 2004, the Institute did not take any measures to recoup the stock of these drugs as of October 2006.
- As per patient survey conducted by Audit among 185 patients including 126 in-patients, none of the in-patients got the prescribed

medicines from the Hospital Store and all of them had to purchase these medicines from outside.

Thus the objective of offering free treatment along with free medicines to the poor patients was frustrated due to non-availability of medicines from the Hospital.

The Institute in its reply (August 2007) stated that procurement of medicines depended on the availability of non-plan grants from the Governments. The delay in getting non-plan funds caused great inconveniences to the Institute in maintaining uninterrupted supply of medicines, though supply of emergency drugs were not generally affected. Since a large proportion of patients coming to CNCI belong to Below Poverty Line (BPL) families and some of these medicines being beyond the affordability of most of the patients, it was imperative for the Institute to strongly plead for required funds so as to maintain stock of emergency medicines and also to have provision in its procedures for faster procurement of urgently required medicines.

5.1.4 Non availability of required number of junior doctors in campus

To ensure availability of Junior Doctors in the hospital round the clock to address urgent requirements of the patients at odd hours 15 out of 24 sanctioned posts of Junior Doctors are residential. There were 20 junior doctors in position during 2005-06. CNCI has a total of 24 rooms in Nurses' Hostel which is adjacent to the hospital building. Of these, 12 rooms are earmarked for junior doctors. It was noticed that none of these 24 rooms was ever allotted to any one. Only seven out of 15 residential junior doctors were accommodated in the Hospital building. Though the other eight or even all the junior doctors could also have been easily accommodated in the vacant rooms, this was never done.

CNCI, admitting the fact of non-occupancy of the rooms, stated that this had never been reported to the Governing Council. It further informed that renovation work of these vacant rooms had been taken up by the Public Health Engineering Department after which necessary allotments would be made.

5.1.5 Basic amenities for patients

The majority of the patients, who come to CNCI for out-patient treatment, being from rural areas, depend on hospital for basic facilities like drinking water, toilets etc. and need general assistance. Audit scrutiny brought out the following.

- The toilets meant for the use of OPD visitors were not kept clean.
- There was no Help Desk or enquiry counter and the patients were left to make their own guesses to locate different departments etc. of the CNCI.
- There was no proper system to call the patients on their turn to see the doctor.
- The hospital did not have a back up generator.
- The Institute did not have any ambulance of its own.

CNCI stated that the need for help desk would be addressed with help of the Welfare Wing of the hospital.

5.1.6 Collection and distribution of Narcotic Drugs

The Institute was designated as the nodal centre for collection and distribution of the narcotic drugs like morphine tablets among the Regional Cancer Centers and other medical institutions in India recognized by the Ministry of Health and Family Welfare (Ministry). The World Health Organization (WHO) supplied such drugs free of cost for palliative care of the terminally ill cancer patients under the National Cancer Control Programme (NCCP). CNCI maintained a separate store for these drugs.

WHO had supplied 57.47 lakh morphine tablets to the Institute from January 2001 to October 2002 at the instance of the Ministry. Only 25.04 lakh tablets could be utilized as of December 2004, the Institute had a balance of 32.43 lakh tablets which had all expired. Audit scrutiny brought out the following.

- The Institute did not take adequate measures to distribute these drugs except for writing a letter to RCC Trivandrum and some other hospitals located in Kolkata in 2002.
- Even though the first lot had expired in October 2003, the Institute informed the Director General Health Services only in June 2004 that the second lot of drugs was going to expire in July 2004.

- Some tablets² due to expire in October 2003 were issued to some patients on 20 October 2003 to be administered till the first week of November 2003.
- As of October 2006, the Institute neither took any steps to dispose of the stock of such expired narcotic drugs, nor did it conduct any physical verification of the stock. It could not even show the physical stock of such 'narcotic drugs' to the Department of Excise, Govt. of West Bengal, when the latter had inspected the Institute in April 2006 and June 2006. In these circumstances, the possibility of pilferage, misuse or black-marketing of such drugs cannot be ruled out.
- CNCI did not renew the MD-3 license required for procurement and keeping of narcotic drugs, after March 1999.

The CNCI accepted the audit observation and assured that physical verification would be conducted soon and the expired drugs disposed off.

5.1.7 Management of National Illness Assistance Fund (NIAF)

The Ministry of Health and Family Welfare, decided in December 1999 to place a fund of Rs. 10 lakh with CNCI towards advance under the NIAF. The fund is meant for critically ill cancer patients living BPL. The maximum limit of such assistance is Rs. 0.25 lakh per patient barring special cases. The Government replenishes such advance on production of utilization certificate of 75 *per cent* or more of the funds released earlier. CNCI had claimed replenishment of NIAF account on 10 occasions during December 2000 to December 2005. Audit scrutiny brought out the following.

- On eight occasions the money became available in the account after the time lag ranging from 106 to 249 days.
- Further analysis brought out that the Institute had delayed preferring claims on seven occasions by 20 to 191 days and had delayed depositing the cheques on seven occasions by 13 to 27 days. Besides, there was time gap ranging from 48 to 163 days in receipt of funds from the Ministry on eight occasions.
- The claim for replenishment for the period from September 2005 to December 2005 was preferred in June 2006.

² Morphine (10 mg.) tablets of batch no. 3563, received in January 2001, manufactured in November 2000.

- The delay in receipt of NIAF assistance caused severe interruption in patients' treatment. The delay also increases the possibility of drop-out rates among the patients as it is difficult for a BPL patient to afford the expensive chemotherapy drugs from his own sources. Test check of treatments administered to in-patients during November-December 2005 under NIAF assistance brought out that eight patients were administered one to four doses against required six doses. The CNCI stated that full course could not be administered for want of fund under NIAF.

CNCI accepted the observation and attributed the delays to procedural formalities which is not convincing as delay of 191 days in preferring claim indicates indifference of the Institute towards patients.

5.1.8 Under-utilization of instruments of research wing

Audit scrutiny brought out that following instruments of research wing were underutilized.

Sl. No.	Instrument	Cost	Date of Purchase (P)/ Installation (I)	Purpose for purchase	Utilization Percentage (w.r.t no. of days)	Reasons for underutilization
1	Cryomicrotome	DM 21320.10	Purchased in Sept.1995	Frozen Section study of cancer patients	21	Lack of research works coupled with non utilization for clinical purposes
2.	Luminometer	Rs. 9.70 lakh	Purchased in April.1999	Detection of viruses in cervical swab of patients	Unutilized since June 2003	Closure of the project for which it was procured.
3	Fluorescence Activated Cell Sorter (FACS)	Rs. 59.22 lakh	Installed in August 2001	Immunological and Hematological works in Research and Immunohematological works to know various cell properties in Hospital	34	Lack of Research works and non utilization for clinical purposes
4	High Performance Liquid Chromatography	Rs. 23.81 lakh	Installed in May 1997	Analysis of drugs in Research and treatment of Leukemia and Lymphoma	12	Lack of Research works and non utilization for clinical purposes

The Institute could have improved the utilization of these instruments/equipments by making these available for the hospital activities as discussed below:

- Initially, it was considered to install the Cryomicrotome in the Hospital wing, considering its usefulness for clinical purposes of ‘frozen section study’. Finally, the instrument was installed at the Research wing. The hospital now refers patients that require such ‘frozen section study’ to outside laboratories for conducting such tests without exploring feasibility of using this instrument for clinical purposes during idle hours.
- The Luminometer was utilized for the Cervical Early Detection System project till June 2003 and has remained unutilized thereafter. The cervical swab samples of the patients for which use of the Luminometer could have been explored, are sent to Delhi for HPV testing by private agencies resulting in delays as well as costs.
- Use of the other two instruments for clinical purposes during their idle hours was also not explored.

While stating that some of the instruments were lying underutilized due to change in research thrust and some others due to obsolescence of technology, CNCI assured to look into the matter. CNCI pointed out that instead of days, samples tested should be taken into consideration for calculating utilization. Audit pointed out that no record on number of samples tested was maintained and hence this calculation was not possible. CNCI, nevertheless, accepted that some of these instruments could be used in the hospital wings.

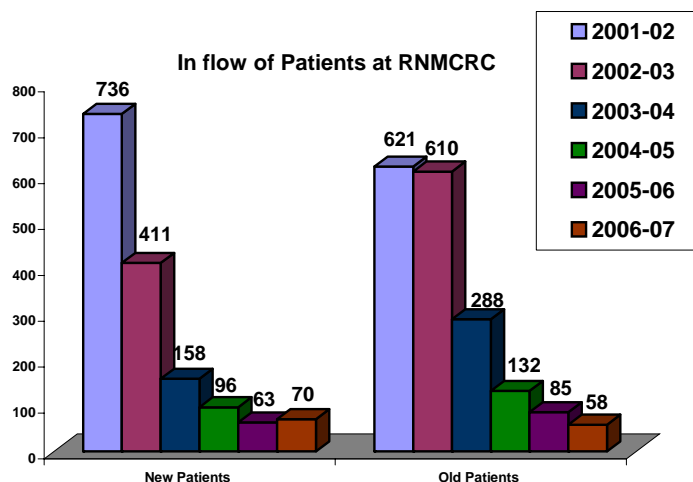
5.1.9 Underutilization of Rooplal Nandi Memorial Cancer Research Centre, Chandannagar

Rooplal Nandi Memorial Cancer Research Centre, Chandannagar (Centre) has been functioning as a field unit of the Institute since February 1965. Audit scrutiny brought out the following.

- The various facilities were started and then discontinued without any recorded reason from August 2001 to November 2003 as shown below:

Facility	Started from	Discontinued from
Indoor facility	February 1965	May 1995
Day Care Centre (Chemotherapy)	February 2003	November 2003
Minor OT	February 2002	January 2003
X - ray and Pathology	September 2001	April 2005
OPD (ENT, Surgery, Gynae)	August 2001	April 2002

- CNCI had discontinued supply of medicines to the Centre since January 1995 and its importance decreased gradually, with a drastic decrease in the number of patients. As of November 2006 only a general OPD is functioning with decreasing inflow of patients as evident from the chart below.



Thus, the number of out-patients handled at the centre came down from 1357 during 2001-02 to 128 during 2006-07. At present level of functioning of the centre the manpower of 15 including one doctor and the available infrastructure were grossly underutilized.

CNCI accepted the audit observation. The medical Superintendent was asked to put up a proposal for its revival after examining the feasibility.

Conclusions

- Due to a system of departmental allocation of beds, patients were refused beds even when vacant beds were available in the wards.
- The medicine store of the hospital which is the only source of free medicines to BPL patients remained open only during office hours and did not stock most of the required emergency and anti-cancer medicines. Many of the emergency and anti-cancer drugs were never procured. Narcotic drugs like morphine, required for palliative care to the terminally ill cancer patients were not available from December 2004 onwards. There were inordinate delays in procuring urgent medicines. As a result the poor patients, though entitled for certain free medicines, were left to fend for themselves.

- The Institute did not carry out physical verification of stock of narcotic drugs.
- There was lack of co-ordination between the hospital and the research wings. As a result, a couple of instruments of research wing which could have been utilized by hospital wing were underutilized.
- Centre at Chandannagar with the manpower of 15 including one doctor was grossly underutilized.

Recommendations:

- CNCI may streamline its system of allotment of beds to ensure that no patient is refused beds if beds are available. It may consider adopting the earlier system of having a common pool of beds, which provides more flexibility.
- CNCI should take measures to ensure that medicines which are to be supplied free of cost to eligible patients are actually supplied to them. The medicine store of the hospital should stock the required emergency and anti-cancer medicines including medicines required for palliative care.
- The system of procurement of medicines needs to provide for expeditious procurement of urgently required medicines.
- Physical verification of stock of drugs should be conducted regularly.
- The Institute should improve co-ordination between its hospital and the research wings so as to better utilize the available resources.
- CNCI should explore avenues for meaningfully utilizing the infrastructure and manpower resources of RNMCRRC.

The matter was referred to the Ministry in November 2006; their reply was awaited as of November 2007.

Lala Ram Sarup Institute of Tuberculosis and Respiratory Diseases

5.2 Irregular subsidy to staff

The Management of the Lala Ram Sarup Institute of Tuberculosis and Respiratory Diseases unauthorisedly subsidised the electricity charges of the staff quarters. This irregular subsidy aggregated at least Rs. 35.80 lakh.

The Management of Lala Ram Sarup Institute of Tuberculosis and Respiratory Diseases, New Delhi (Institute) has been charging for electricity consumed in the staff quarters at domestic rates on the basis of fixed units determined for different types³ of staff quarters within the campus. The action of Management of the Institute is irregular on account of the following:-

- (i) The Institute has been procuring electricity from the erstwhile Delhi Vidyut Board and now from the BSES Rajdhani Power Limited at commercial rate. The electricity to the staff quarters is supplied by the Institute from the bulk supply, which is charged at commercial rate. However, the Management of the Institute has been recovering charges from the occupants of the staff quarters for electricity at an arbitrarily fixed rate *per unit*, which is much lower than the rate at which the Institute makes payment to the distribution company. The Institute has, therefore, provided an irregular subsidy to the occupants of the staff quarters. The Institute recovered electricity charges from occupants at the rate of Re. 1 *per unit* up to July 2004 and Rs. 1.75 *per unit* thereafter against the rate of Rs. 3.15 *per unit* to Rs. 5.15 *per unit* paid to the BSES Rajdhani Power Ltd.
- (ii) Not only the Institute has been recovering charges at much lower rate than the rate at which it is procured, it has also fixed the units for recovery for each type of accommodation, rather than recovering the charges on the basis of actual consumption. The number of units fixed for type-I, type-II and type-III quarters, bungalows of Assistant Superintendent and Director at 37, 74, 148 and 204 units *per month* respectively plus extra 37 units per television, refrigerator and cooler and 204 units per air conditioner is arbitrary.

Thus, the Management of the Institute has provided inadmissible subsidy to the occupants of the staff quarters by way of fixed units for recovering the electricity charges and recovery at much lower than the purchase cost. The

³ type-I, type-II, type-III and Asstt. Suptd./Director's bungalow

Management has not taken remedial measures despite the matter having been pointed by Audit in the past.

The amount of under-recovery from the occupants during 2000-06 on the basis of the fixed units itself is Rs. 35.80 lakh. However, since the recovery was not based on actual consumption, the unauthorized subsidy could be much higher, which cannot be determined. Besides, had separate meters been provided for staff quarters, the distributing companies would have been paid at applicable domestic consumption rates. Therefore DVB⁴/BSES have been extended undue favour by paying at commercial rate for domestic consumption.

The Institute should get separate meters fixed at the individual staff quarters with immediate effect and recover electricity charges on *pro-rata* basis with reference to the charges paid to the distribution company. The Institute should also recover the amount under-recovered from the allottees at the *pro-rata* basis with reference to the payments made to the DVB/distributing company.

The matter was brought to the notice of the Ministry in June 2007; their reply was awaited as of November 2007.

⁴ Delhi Vidyut Board