

Gist of Performance Audit Report of the Comptroller and Auditor General of India on District Hospital Outcomes for the year ended 31 March 2019.

As per the NITI Aayog's report (HEALTHY STATES, PROGRESSIVE INDIA; June 2019), the State of Uttarakhand ranks 17th among 21 larger States in Health Index with only Madhya Pradesh, Odisha, Bihar and Uttar Pradesh behind. As such, there is a vast scope for improvement and the situation demands for better healthcare services at all levels in order to build the psychological confidence of patients as well as enhance their faith in the services rendered by the government hospitals.

Introduction

The Department did not prescribe standards/norms in respect of services to be offered by the district hospitals; and for sanction of resources to the hospitals. The State Government neither adopted the Indian Public Health Standards (IPHS) nor had uniform criteria or norms for provision of Out-Patient Department (OPD) and In-Patient Department (IPD) services. The Department did not undertake any exercise to re-work the number of sanctioned posts in the public hospitals in the State based on current levels of patient load and according to Government order issued in March 2011 wherein the Department was required to provide services and manpower as per IPHS. No gap analysis for manpower, equipment, infrastructure, services, etc. was carried out during 2014-19.

Out-Patient Services

The increase or decrease in out-patient load was not accompanied by a proportional increase or decrease in the number of doctors available, resulting in much higher OPD cases per doctor in some hospitals as compared to others. A comparative analysis of the availability of specialist doctors in hilly region hospitals and plain region hospitals disclosed that ENT (Ear, Nose, Throat) doctors were not posted in hospitals in the hill regions despite sanctioned posts while deployment was as per sanctioned strength in plain region hospitals.

Diagnostics Services

We noticed that the full range of prescribed radiology services was not available in the test checked hospitals. The absence of full range of radiology services, therefore, impacted the efficiency and appropriateness of the level of care to be offered in district hospitals as per IPHS. None of the test checked hospitals, where X-ray services were provided, had obtained requisite license during the period 2014-19 from the Atomic Energy Regulatory Board.

In-Patient Services

There were considerable gaps related to the availability of in-patient services as all the test checked district hospitals failed to provide Accident & Trauma; and Psychiatry services during 2014-19. Dialysis service was not available in any of the test checked District Hospitals (DHs)/Joint Hospitals (JHs) except JH Udham Singh Nagar whereas Burn ward was available only in JH Chamoli and JH Udham Singh Nagar during 2014-19. DH Almora could provide General Surgery partially and ENT services were not functional since 20 November 2014 onwards. OT for emergency surgeries was not available in any of the test checked DHs/JHs. As a result, all the test checked hospitals could not provide the emergency surgery facility to needy patients during the period 2014-19. None of the test checked hospitals had three running ambulances with well-equipped Basic Life Support.

Maternity Services

Against availability of prescribed 21 types of essential drugs in the maternity wing of selected hospitals, one to six essential drugs were not available during the sampled period. Besides, four to 13 types of essential drugs remained out of stock for up to four months during the sampled period. Essential consumables such as baby wrapping sheets were not available in any of test checked DFHs/JHs except JH Udham Singh Nagar. Disposable nasogastric tubes were available only in JH Chamoli and in JH Udham Singh Nagar. Cetrimide solution and thread for suture were not available in any of test checked DFHs/JHs.

Infection Control

Infection control practices were not sufficiently integrated in the functioning of test checked hospitals. DH Haridwar and DFH Almora could not qualify for external assessments during 2018-19 as they were not able to meet 70 *per cent* bench mark in peer review which indicates that these DHs were unable to promote cleanliness, hygiene and infection control practices as desired in Kayakalp guidelines. There was shortage of different types of linen and the shortage ranged between seven (29 *per cent*) and 13 (54 *per cent*) against the requirement of 24 different types of linen during 2018-19. Further, seven (29 *per cent*) to 12 (50 percent) types of linen were not at all available in the test checked hospitals during 2018-19. None of the hospitals had valid authorisation for Bio-Medical Waste Management from the State Environment Protection and Pollution Control Board as on 31 March 2019.

Drug Management

The drugs provided by the Director General of Medical and Health Services to the hospitals could not meet the requirements. There was stock out of drugs ranging between 18 and 61 *per cent* in the test checked hospitals. It was also noticed that the hospitals did not prepare formulary on the basis of disease patterns and inflow of patients in the hospitals to support the procurement of drugs. Only 76 *per cent* of indented type of drugs were supplied to the test checked hospitals while DFH Almora was supplied only 45 *per cent* of indented type of drugs. Testing of medicines was observed to be minimal. Out of the test checked hospitals, only DH Haridwar, DFH Haridwar and JH Chamoli carried out quality checks.

Infrastructure and other issues

During joint physical inspection, audit observed that the hospital buildings of DH Haridwar were poorly maintained and residential quarters of doctors and kitchen were in a dilapidated condition. Further, the wards had seepages/moisture causing peeling of paint and damaging the roof while due to inadequate space in the building, the DFH Haridwar had to create labour ward with temporary structure at the exit lobby/circulation area on the second floor of the building to meet the demand of existing load.

Key Words of the Performance Audit Report of the Comptroller and Auditor General of India on District Hospital Outcomes for the year ended 31 March 2019.

District Hospital, Indian Public Health Service, Out-Patient Services, In- Patient Services, National Health Mission, Asha, Pharmacy, Diagnostics, Radiology, Dosimeters, Pathology , Turn-around Time, Paramedical , Doctors, Nurses, Roster, Essential Drugs, Adrenaline, Laryngoscope, Glucometer, ICU, Emergency Services, Trauma Centre, Injection, Triaging, Ambulance, LAMA, Maternity, Neonatal, Infant, Antenatal, Stillbirths, Diazepam, Partograph, Preterm, Caesarean, Kayakalp, Linen, Disinfection, Sterilisation, Autoclave, Fumigation, Drug, Beds, Oxygen, NABH Accreditation,