CHAPTER 8

Adequacy and effectiveness of the Regulatory Mechanism

8. Introduction

Regulations are necessary to standardise and supervise health care, ensure that healthcare bodies and facilities comply with public health policies and that they provide safe care to all patients and visitors to the healthcare system. Regulations mainly include safety measures, waste disposal *etc*. Indian Public Health Standards (IPHS) guidelines stipulate statutory compliances, such as no objection certificates from the competent fire authority, authorisation from the Atomic Energy Regulation Board (AERB) for X-rays, CT Scan units, *etc*., that are to be mandatorily followed by the healthcare facilities.

8.1 Management of Biomedical Waste

IPHS prescribes authorisation for all healthcare facilities under the Bio-medical Waste (Management and Handling) Rules, 1998. As per the Biomedical Waste (Management and Handling) Rules, 1998, it is the duty of every occupier[250] of an institution[251] generating biomedical waste, to take all steps to ensure that such waste is handled without any adverse effect to human health and the environment. Further, no untreated biomedical waste should be stored beyond a period of 48 hours. The Bio-Medical Waste Management Rules, 2016, also prescribe that authorisation be obtained from the State Pollution Control Board.

Audit noticed that the Jharkhand Rural Health Mission Society (JRHMS) had also directed (July 2019) all Civil Surgeons-cum-Chief Medical Officers to ensure authorisation for handling[252] of bio-medical waste, for all the institutions under them, from the State Pollution Control Board (SPCB). However, none of the test-checked DHs/CHCs/PHCs had obtained authorisation from the SPCB, during FYs 2016-17 to 2021-22. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

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250 'Occupier' means a person having administrative control over the institution and the premises generating bio-medical waste, including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, healthcare facilities and clinical establishments.

251 Includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory and blood bank.

252 Includes the generation, sorting, segregation, collection, use, storage, packaging, loading, transportation, unloading, processing, treatment, destruction, conversion, or offering for sale, transfer, disposal, of such waste.

8.2 AERB licenses for radiology service

As per the Atomic Energy (Radiation Protection) Rules, 2004, a license from the Atomic Energy Regulatory Board (AERB) is necessary for establishing X-ray and CT scan units.

Audit observed that four[253] out of the five test-checked DHs had not obtained an AERB license for X-ray facilities. However, DH, Dumka, had obtained the license in December 2020, for a period of five years. The test-checked DHs did not explain the reasons for non-compliance with these Rules, which carry implications for the safety of patients, as well as staff, *vis-à-vis* potential exposure to excess radiation. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.2.1 Accreditation of District Hospitals

As per IPHS, District Hospitals should prepare themselves and try to obtain certification/ accreditation against prevalent standards, like the International Organization for Standardization (ISO), National Accreditation Board for Hospitals (NABH) and National Accreditation Board for Testing and Calibration Laboratories (NABL).

No material was found available on records to suggest that the test-checked DHs had prepared themselves or tried to obtain the aforesaid certification/ accreditation, during FYs 2016-17 to 2021-22. The Department did not furnish replies to the audit observation.

8.3 Implementation of the Clinical Establishment Act, 2010

The State Government adopted (February 2012) the Clinical Establishment Act, 2010 and constituted (February 2012) the Jharkhand State Council (JSC) for Clinical Establishment, under the Chairmanship of the Principal Secretary, Health, Medical Education and Family Welfare Department. Further, the State Government framed the Jharkhand State Clinical Establishment (Registration and Regulation) Rules, 2013, and notified them in May 2013.

The functions of JSC include: (i) compiling and updating the State Registers of clinical establishments (ii) sending monthly returns to GoI for updating the National Register (iii) representing the State in the National Council (iv) publishing an Annual Report on the status of implementation of Standards in the State and (v) monitoring the implementation of the provisions of the Act and Rules.

Shortcomings in the implementation of the Act, noticed by Audit, are discussed in the succeeding paragraphs.

[253] Garhwa, Gumla, Saraikela Kharsawan and Simdega.

8.3.1 Functioning of Jharkhand State Council (JSC)

As per Rule 4.5 of the Jharkhand State Clinical Establishment (Regulation and Registration) Rules, 2013, JSC should meet at least once in three months, to monitor the implementation of the provisions of the Act and Rules in the State. Further, for assisting the JSC, posts for four officials[254], at the State level, and 48 officials[255], for the 24 districts, were sanctioned.

Audit observed that:

- Against the required 24 meetings, during FYs 2016-17 to 2021-22, JSC had held only three meetings between August 2017 and February 2019. JSC, in its meeting (July 2018), had laid stress on constitution of the District Registering Authorities (DRAs), action against quacks/unqualified doctors, disposal of applications uploaded on the online portal[256] within 15 days and organisation of workshops and trainings for clinical establishments in the districts.

  Audit, however, noticed that 24 private hospitals, being run with quacks/unqualified doctors, nurses and paramedics, had been found (April 2019 and January 2021) during inspections conducted by the departmental authorities. Further, five out of nine complaints regarding medical negligence, in Gumla district, had been disposed of in 380 to 1,521 days, *i.e.* well beyond the prescribed period of 15 days.

- Against the sanctioned 52 posts for functioning of JSC at State and District levels, only one State Co-ordinator had been posted, while the remaining posts were vacant, as of August 2022.

Thus, JSC could not perform its functions, as mandated under the Act and the Rules. The Department did not furnish replies to the audit observation.

8.3.2 Delay in constitution of District Registering Authorities (DRAs)

Rules 5.1 and 5.4 of the Jharkhand State Clinical Establishment (Regulation and Registration) Rules, 2013, mandate constitution of District Registering Authorities (DRA) and meeting of the DRAs, at least once in a month. The DRAs are responsible for granting, renewing, suspending or canceling registration of any clinical establishment; enforcing compliance to the provisions of the Rules; investigating complaints of breach of the provisions of the Act or Rules made thereunder; and preparing and submitting quarterly reports to the JSC.

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254 Two State Co-ordinators and two Administrative Assistant-cum-Data Entry Operators.

255 One District Co-ordinator and one Administrative Assistant-cum-Data Entry Operator for each district.

256 Centralised Public Grievance Redress and Monitoring System (CPGRAMS) is an online portal, available to citizens 24x7, for lodging their grievances with the public authorities, on any subject related to service delivery.

The State Government directed (February 2012) all CS-cum-CMOs of the districts, to constitute DRAs in each district, under the chairmanship of the Deputy Commissioner (DC). However, DRAs, were constituted with delays, in five out of the six test-checked districts, as shown in **Table 8.1**.

Table: 8.1 Constitution of District Registering Authorities (DRAs)

Sl. No.	District	Date of constitution of DRA
1	Dhanbad	02 November 2021
2	Dumka	18 April 2018
3	Garhwa	20 April 2012
4	Gumla	10 April 2018
5	Saraikela Kharsawan	19 July 2016
6	Simdega	03 December 2013

(Source: Information furnished by the test-checked districts)

It can be seen from **Table 8.1** that DRAs were constituted after more than five years in three districts. CS-cum-CMO, Gumla, attributed lack of guidance during the starting phase of implementation of the Rules, for the delay in constitution of the DRA.

Further, DRAs did not meet after their formation, in four[257] out of six test-checked districts, during FYs 2016-17 to 2021-22. The DRA of Saraikela Kharsawan, met only five times[258], against the required 69 meetings, whereas the DRA of Garhwa met only once (August 2021), against the required 72 meetings.

Non-constitution of DRAs in time and their failure to conduct regular meetings led to lack of proper monitoring of private/government healthcare facilities in the districts, which were in operation without obtaining the required authorisation**.** The Department did not furnish replies to the audit observation.

8.3.3 Functioning of private healthcare facilities

The Clinical Establishment Act, 2010, lays down provisions regarding granting of provisional registration valid for a period of one year and subsequent renewal of registration of all healthcare facilities; maintenance of medical records of staff and patients; deployment of qualified/specialised doctors, paramedics and nursing staff; statutory compliances such as No Objection Certificates (NOCs) from the State fire authorities; AERB licenses for X-ray and CT scan units; authorisation from the SPCB, for handling and management of biomedical waste *etc*.

Examination of records of the JSC and the DRAs of the test-checked districts, revealed that the departmental authorities had inspected (between April 2019

[257] Dhanbad, Dumka, Gumla and Simdega
[258] 2016-17 (01), 2017-18 (01), 2020-21 (01), 2021-22 (02)

and January 2021) 63 private healthcare facilities in 10 districts[259] and pointed out the following irregularities:

- Thirty-one private healthcare facilities were running without having a proper biomedical waste management system
- Seven private healthcare facilities were running without having AERB license for radiology services
- Twenty-two private healthcare facilities were running without/inadequate fire-fighting system
- Twenty-eight private healthcare facilities were running in an unauthorised manner, without obtaining registration, as required under the Clinical Establishment Act
- Six private healthcare facilities, whose registrations had expired, were operational; and
- Eighteen healthcare facilities had either not maintained or had incomplete medical records of patients. Non-maintenance/incomplete medical record keeping could result in improper diagnosis and treatment, as well as ethical and medico-legal issues, which could, in turn, lead to severe personal and professional consequences. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.3.4 Registration of Private Clinical Establishments

Rule 6.3 of the Jharkhand State Clinical Establishment (Regulation and Registration) Rules, 2013, provides that the provisional registrations for healthcare facilities are to be issued for a period of 120 days only.

Audit noticed that DRAs were granting only provisional registrations, original or renewal, for a period of one year, to all healthcare facilities in the State, in contravention of the Rules.

CS-cum-CMO, Gumla, stated (June 2022) that the CEA portal[260] is maintained by NIC and it auto-generates provisional certificates for a period of one year.

8.3.5 Government Healthcare facilities without proper registration

According to the Clinical Establishments (Registration and Regulation) Act, 2010, read with the Jharkhand Clinical Establishments (Registration and Regulation) Rules, 2013, no person (including clinical establishments, owned, controlled or managed by the Government) shall run a clinical establishment, unless it has been duly registered under the Act. For registration and

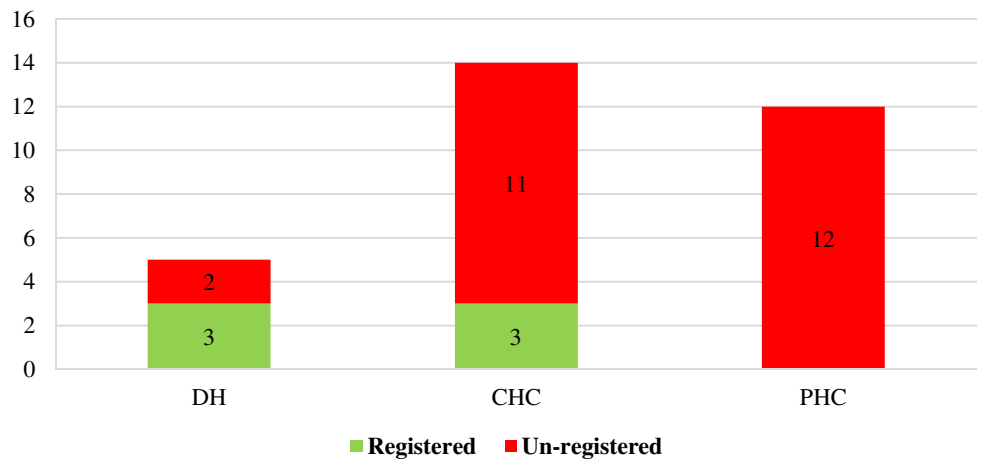
[259] Chatra, Dhanbad, Dumka, Godda, Gumla, Hazaribag, Khunti, Koderma, Ramgarh and Sahibganj.

[260] CEA portal is maintained by Ministry of Health and Family Welfare, Government of India, for online submission and redressal of issues relating to the Clinical Establishments (Registration and Regulation) Act, 2010.

continuation, every clinical establishment is required to fulfill certain conditions, such as minimum standards of facilities and services, minimum requirement of personnel *etc*.

Audit observed that, out of five test-checked DHs, three DHs[261] had provisional registration and two DHs[262] were not registered. Further, out of the 14 test-checked CHCs, only three[263] CHCs had provisional registration. None of the 12 test-checked PHCs had been registered, as shown in **Chart 8.1**.

Chart 8.1: Status of Registered and Un-registered Government Health Care Facilities, as of March 2022



The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.3.6 Operation of Private Clinical Establishments

Audit observed, in five[264] out of six test- checked districts, that 327[265] private health care facilities (***Appendix 8.1)*** were running without valid registration, as of March 2022, in violation of the Act, as their provisional registrations had lapsed between July 2017 and March 2022. The DRAs of the concerned districts had not ensured functioning of private health care facilities with valid registration, despite repeated directions[266] of the Department for initiating action against such facilities. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.4 Fire safety norms

The Health, Medical Education and Family Welfare Department instructed (November 2016) all the CS-cum-CMOs to obtain No Objection Certificates

[261] Dumka, Gumla and Simdega.
[262] Garhwa and Saraikela Kharsawan.
[263] CHCs: Bharno, Palkot and Raidih.
[264] Dhanbad, Dumka, Garhwa, Gumla and Simdega.
[265] Dhanbad: 199, Dumka: 61, Garhwa: 17, Gumla: 13 and Simdega: 37. Data in regard to Saraikela Kharsawan was not made available.
[266] January 2018, March 2018 and August 2018

(NOCs) from the Fire Department. The Department also directed (September 2020) all CS-cum-CMOs to conduct Fire Safety Audits and submit their reports, in this regard, to the Department.

Audit observed that none of the test-checked healthcare facilities[267] had obtained NOC from the Fire Safety Authorities during FYs 2016-17 to 2021-22. Fire Safety Audit had also not been conducted in four out of the five test-checked DHs, during FYs 2016-17 to 2021-22. Fire Safety Audit was conducted (September 2021) by the Fire Service Headquarters, Jharkhand, in DH, Gumla, and it recommended construction of a 10,000 liters capacity overhead tank, installation of a terrace pump of 450 litre-per-minute capacity, installation of manually operated fire alarms *etc*. However, these recommendations had not been implemented, as of March 2022. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.5 State Drug Controller

The responsibility for implementation of the Drugs and Cosmetics Act, 1940, rests with the State Drug Controller at the State level and with the Drug Inspectors at the District level.

Audit noticed shortage of Officers with the State Drug Controller, as of February 2022, as shown in **Table 8.2**.

Table 8.2: Sanctioned strength and Men-in-position of the State Drug Controller

Sl. No.	Post	Sanctioned strength	Men-in-position	Vacancy (*per cent*)
1.	Director (Drugs)	1	0	1 (*100*)
2.	Joint Director (Drugs)	2	0	2 (*100*)
3.	Deputy Director (Drugs)	08	0	8 (*100*)
4.	Assistant Director (Drugs)	18	06	12 (*66*)
5.	Drug Inspector	42	30	12 (*29*)

(Source: Information furnished by the State Drug Controller, Jharkhand)
Colour code: Yellow = moderate manpower and Red = poor manpower.

It can be seen from **Table 8.2** that Apex level posts were vacant, and there were vacancies of 29 to 66 *per cent* in the lower cadres.

Further, three[268] out of the six test-checked districts had no Drug Inspectors, against the sanctioned post of one each for these districts. The work in these districts was being managed through additional charges given to DIs posted in neighboring districts.

Vacancies in the posts of DIs had hampered the inspection and collection of drug samples from healthcare facilities and pharmacy shops, as discussed in the next paragraph. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

[267] Five DHs, 14 CHCs and 12 PHCs.
[268] Garhwa, Gumla and Simdega.

8.5.1 Inadequate Inspection by Drug Inspectors

As per the instructions of the State Drug Controller, each DI was to conduct inspection of at least 15 firms/establishments in each month and collect five samples in each month, for testing by designated laboratories.

Audit noticed that the shortfall in inspection of firms was 26 to 53 *per cent*, in four[269] out of the six test-checked districts, during FYs 2016-17 to 2021-22, as discussed in **Table 8.3.**

Table 8.3: Targets *vis-à-vis* achievements, in inspections

District	Targeted (T) inspections *vis-à-vis* Achievements (A)												Total		
	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22				
	T	A	T	A	T	A	T	A	T	A	T	A	T	A	Shortfall (Percentage)
Dhanbad	540	337	540	306	540	444	540	344	540	197	540	113	3,240	1,741	1,499 (*46*)
Dumka	180	148	180	115	180	168	180	155	180	70	180	146	1,080	802	278 (*26*)
Garhwa	180	112	180	130	180	114	180	82	180	24	180	51	1,080	513	567 (*53*)
Gumla	180	107	180	68	180	100	180	94	180	91	180	82	1,080	542	538 (*50*)

(Source: Information furnished by the test-checked districts)

***Colour code:** Green = satisfactory performance; Yellow = moderate performance and Red: poor performance.*

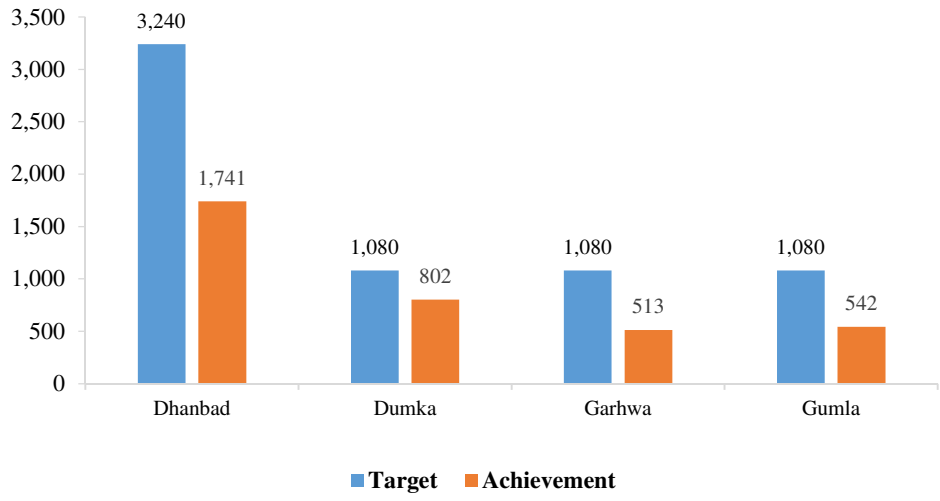
Two districts, *i.e.* Saraikela Kharsawan and Simdega, did not furnish the required information.

Further, in three[270] test-checked districts, where DIs were in full strength, only 278 samples (15 *per cent*) had been collected, against the required 1,800 samples. In the remaining three[271] districts, where DIs had additional charge, only 161 samples (15 *per cent*) had been collected against the requirement of 1,080 samples. Further, against the total 439 samples collected, test reports had been obtained for only 244 samples (56 *per cent*) (***Appendix 8.2***).

[269] Dhanbad, Dumka, Garhwa and Gumla.
[270] Dhanbad, Dumka and Saraikela Kharsawan.
[271] Garhwa, Gumla and Simdega.

Details of the targeted inspections and achievements thereof, are shown in **Chart 8.2**.

Chart 8.2: Targeted inspections vis-a-vis achievements by the DIs, during FYs 2016-17 to 2021-22



Shortfalls in inspections, as well as in the collection and testing of samples, carries the risk of distribution of substandard drugs to the healthcare facilities and patients. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.6 Blood Bank facility

As per the National AIDS Control Organisation (NACO), a license, issued by the Drugs Controller (DC), is mandatory for running a blood bank. For ensuring the quality, safety and efficacy of blood and blood products, well-equipped blood centres, with adequate infrastructure and trained manpower, are an essential requirement. Blood banks were available in 22 DHs except DH Chatra.

Audit observed that four[272] out of five blood banks in the test-checked DHs, were running without valid licenses, as their licenses had expired between July 2013 and December 2018. The license of these blood banks had not been renewed, despite this having been pointed out (between October 2018 and January 2021), during inspection by the Central Drugs Standard Control Organisation (CDSCO). Lack of essential equipment in the blood banks, was one of the important reasons behind the non-renewal of licenses. The shortage of equipment in the blood banks, in the four test-checked DHs, ranged between one and 20, as detailed in ***Appendix 8.3.*** The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

[272] Dumka, Garhwa, Gumla and Simdega.

8.7 Functioning of monitoring committees

The operational guidelines for Quality Assurance in Public Health, prescribe formation of a State Quality Assurance Committee (SQAC), at the State level, and District Quality Assurance Committees (DQACs), at the district level, to ensure provision of quality care, treatment and services, in accordance with laws, rules and regulations. The SQAC was required to meet at least once in six months, whereas DQACs were required to meet at least once in three months.

Audit observed that the SQAC[273] had been constituted in October 2014 but had conducted only four[274] meetings during FYs 2016-17 to 2021-22, against the requirement of a minimum of 12 meetings. DQACs[275] were constituted in only three[276] out of the six test-checked districts. Further, against the required 72 meetings, DQACs had conducted only nine[277] meetings, during FYs 2016-17 to 2021-22.

SQAC, in its meetings[278], directed all CS-cum-CMOs to ensure that all healthcare facilities improve their housekeeping and laundry services, ensure cleanliness of toilets, bathrooms and premises of hospitals, comply with BMW handling Rules *etc*. Audit observed (between April and July 2022) significant shortcomings in regard to these issues, as discussed in **paragraphs 3.1.5, 3.7.4.2** and **3.7.5**. These shortcomings were still persisting (August 2022) in the test-checked healthcare facilities. In the absence of periodical/regular reviews by the Committee, proper monitoring was not ensured, resulting in shortcomings in the delivery of healthcare services, as discussed in **Chapter 3** of the Report. The Department did not furnish replies to the audit observation.

8.8 Joint physical verification of private clinical establishments

Audit conducted (August 2022) joint physical verification of nine private hospitals and observed the following:

Human Resources

The Clinical Establishment Act, 2010, does not provide any measurable requirements of Doctors, Nurses and Paramedics, for different level of hospitals. However, it envisages availability of doctors round-the-clock, on site, per unit, and one doctor with specialisation in the subject concerned, as per the scope of the service. It further provides that nurses and paramedics should be as per requirement.

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[273] State Quality Assurance Committee (SQAC), a State level Committee, headed by the Principal Secretary, Health, Medical Education and Family Welfare Department, with 19 other members.

[274] December 2017, November 2018, August 2019 and September 2020

[275] District Quality Assurance Committee (DQAC), a district level Committee headed by the Deputy Commissioner with 14 other members.

[276] Garhwa, Gumla and Simdega.

[277] Garhwa (02), Gumla (06) and Simdega (01).

[278] December 2017, November 2018, August 2019 and September 2020.

Audit noticed inconsistencies in deployment of numbers of doctors, nurses and paramedics, in the nine hospitals, as compared to their bed capacity, as detailed in **Table 8.4**.

Table 8.4: Availability of doctors, nurses and paramedics

Sl. No.	Hospital	No. of beds	Available Manpower		
			Doctors	Nurses	Paramedics
1	Bharti Hospital, Dumka	53	6	RNA	4
2	Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad	39	12	9	3
3	Gulab Hospital, Garhwa	50	5	10	1
4	Meditrina Hospital, Adityapur	54	14	35	11
5	Mohul Pahari Christian Hospital, Dumka	150	4	37	8
6	Patliputra Nursing Home, Dhanbad	80	43	49	8
7	Santevita Hospital, Ranchi	80	56	86	23
8	St. Joseph Hospital, Gumla	50	3	30	3
9	St. Ursula Hospital, Konbir	50	1	12	3

(Source: Information furnished by the test-checked private hospitals)
RNA: Records not available

It can be seen from **Table 8.4** that three 50-bedded hospitals were functioning with one to five doctors, a 150-bedded hospital had four doctors, whereas two 80-bedded hospitals had 43 to 56 doctors. Similar inconsistencies were noticed in regard to nurses and paramedics, as three 50-bedded hospitals were functioning with 10 to 30 nurses and one to three paramedics, a 150-bedded hospital had 37 nurses and eight paramedics, whereas two 80-bedded hospitals had 49 to 86 nurses and eight to 23 paramedics.

Further, Audit noticed shortage of specialist doctors *vis-à-vis* specialised services, as shown in **Table 8.5**.

Table 8.5: Specialist Doctors *vis-à-vis* Specialised services

Sl. No.	Hospital	No. of beds	Availability of clinical services *vis-à-vis* availability of doctors		
			No. of specialised services	No. of doctors	Shortage of doctors
1	Bharti Hospital, Dumka	53	9	6	3
2	Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad	39	11	12	--
3	Gulab Hospital, Garhwa	50	2	5	--
4	Meditrina Hospital, Dindli, Adityapur	54	3	14	--
5	Mohul Pahari Christian Hospital	150	12	4	8
6	Patliputra Nursing Home, Dhanbad	80	27	43	--
7	Santevita Hospital, Ranchi	80	20	56	--
8	St. Joseph Hospital, Gumla	50	4	3	1
9	St. Ursula Hospital, Konbir, Gumla	50	3	1	2

(Source: Information furnished by the test-checked private hospitals)
Colour code: Green = satisfactory; Yellow = moderate and Red = poor.

It can be seen from **Table 8.5** that four out of nine private hospitals had shortage of specialists. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.8.1 Availability of clinical services

The Clinical Establishments Act, 2010, prescribes 46 types of clinical services for Level-3 hospitals[279] and 20 services for Level-2 hospitals[280].

Audit noticed shortfalls in services, ranging between 41 and 90 *per cent*, in the nine private hospitals, as shown in **Table 8.6**.

Table 8.6: Shortages of clinical services in Level-2 and Level-3 hospitals

Sl. No.	Name of hospital	Bed capacity	Level	Required no. of clinical services	Available no. of services	Shortages in number (*per cent*)
1	Bharti Hospital, Dumka	53	Level-3	46	9	37 (*80*)
2	Mohul Pahari Christian Hospital, Dumka	150			10	36 (*78*)
3	Patliputra Nursing Home, Dhanbad	80			27	19 (*41*)
4	Santevita Hospital, Ranchi	80			20	26 (*57*)
5	Dr. Jyotirbhushan Institute of Medical Sciences, Dhanbad	39	Level-2	20	11	09 (*45*)
6	Gulab Hospital, Garhwa	50			2	18 (*90*)
7	Meditrina Hospital Pvt. Limited, Adityapur	54			3	17 (*85*)
8	St. Joseph Hospital, Gumla	50			4	16 (*80*)
9	St. Ursula Hospital, Konbir, Gumla	50			3	17 (*85*)

(Source: Information furnished by the test-checked private hospitals)
Colour code: Green = satisfactory performance; Yellow = moderate performance and Red = poor performance.

It can be seen from **Table 8.6** that Level-3 hospitals were not providing 41 to 80 *per cent* of the prescribed clinical services while Level-2 hospitals were not providing 45 to 90 *per cent* of the prescribed clinical services. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.8.2 Other irregularities in private hospitals

- Only three[281] out of the nine private hospitals had authorisation from SPCB for handling of BMW. Seven hospitals were disposing BMW through

[279] A Level 3 Hospital is a clinical establishment that provides tertiary healthcare services by advanced specialists, laboratory and radiology along with general surgery, paediatrics, general medicine, obstetrics and gynaecology services, emergency, intensive care unit *etc*.

[280] A Level 2 Hospital is a clinical establishment that provides secondary healthcare services by various health professionals, such as doctors, nurses, allied health workers, dentists, pharmacists, and pathology and imaging professionals. It can be a general hospital providing multi-speciality services, having facility for surgery, anaesthesia, and emergency management

[281] (1) Patliputra Nursing Home, Dhanbad (2) St. Joseph Hospital, Gumla and (3) Santevita Hospital, Ranchi.

operators[282], whereas two hospitals[283] were disposing of BMW in deep pits, in contravention of the provisions under the Bio-Medical Waste Management Rules, 2016.

- Only four[284] out of the nine private hospitals had NOCs, as required, from the State Fire Authority.
- Only three[285] out of the nine private hospitals had obtained AERB licenses for their X-ray facilities.
- Only one (Santevita Hospital, Ranchi) out of the nine private hospitals had NABL accreditation for their laboratories.
- Out of the prescribed 34 essential emergency drugs, as per the Clinical Establishment Act, 2010, one to nine drugs were not available with the eight private hospitals (***Appendix 8.4***). One Hospital did not furnish records.
- Out of the nine[286] types of emergency equipment prescribed, for every private hospital, as per the Clinical Establishment Act, 2010, ECG machines were not available in the Gulab Hospital, Garhwa and St. Ursula Hospital, Gumla, whereas Nebulizers (with accessories) were not available in the Mohul Pahari Christian Hospital, Dumka.
- Despite the requirement under the Drugs and Cosmetics Act, 1940, Gulab Hospital, Garhwa, had not obtained pharmacy license for the hospital.
- Only four[287] out of nine private hospitals had clearance for Air and Water pollution, as mandated under the Clinical Establishment Act, 2010.
- The Clinical Establishment Act, 2010, prescribes maintenance of a complete set of medical records, showing the name and Registration No. of the treating doctor, clinical history, assessment and re-assessment findings, nursing notes, diagnosis, consent of patients, discharge summary, cause of death *etc*.

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282 (1) M/s Medicare Environmental Management Private Limited, Lohardaga (2) M/s Greenland Waste Management System, Pakur (3) Adityapur Waste Management Private Limited, Adityapur and (4) M/s Bio-Genetic Laboratories Pvt. Ltd., Dhanbad

283 St. Ursula Hospital, Konbir, Gumla and Gulab Hospital, Garhwa

284 (1) Meditrina Hospital Pvt. Limited, Adityapur (Validity upto January 2023), (2) Santevita Hospital, Ranchi (Validity upto December 2022) (3) St. Joseph Hospital, Gumla (Validity upto December 2022) and (4) Patliputra Nursing Home, Dhanbad (Validity upto September 2022).

285 (1) Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad (2) Mohul Pahari Christian Hospital, Dumka and (3) St. Ursula Hospital, Konbir, Gumla

286 (1) Resuscitation equipment including Laryngoscope (2) Oxygen Cylinder (3) Suction Apparatus (4) Defibrillator with accessories (5) Equipment for dressing/bandaging/suturing (6) Basic diagnostic equipment (7) ECG Machine (8) Pulse Oximeter and (9) Nebulizer with accessories.

287 (1) Meditrina Hospital Pvt. Limited, Adityapur (2) Patliputra Nursing Home, Dhanbad (3) Santevita Hospital, Ranchi and (4) St. Joseph Hospital, Gumla.

Audit noticed that none of the nine private hospitals had recorded the names and registration numbers of the treating doctors, on the in-patient medical records. The causes of death, with death summaries, were also not found on the records maintained by the Gulab hospital, Garhwa.

Thus, private hospitals were running without mandatory clearances and shortage of essential drugs and equipment, mainly due to the failure of the DRAs to conduct mandatory inspections/checks. The status of compliance with statutory provisions, by the test-checked Private Health Care Facilities, is shown in **Table 8.7**.

Table 8.7: Statutory compliances by the test-checked Private Health Care Facilities

Sl. No.	Private Health Care Facility	Authorisation from SPCB	NOC from State Fire Authority	NABL accreditation	Pharmacy License	Air and Water Pollution clearance	Maintenance of complete set of medical records
1	Bharti Hospital, Dumka	NA	NA	NA	A	NA	NA
2	Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad	NA	A	NA	A	NA	NA
3	Gulab Hospital, Garhwa	NA	NA	NA	NA	NA	NA
4	Meditrina Hospital, Dindli, Adityapur	NA	A	NA	A	NA	NA
5	Mohul Pahari Christian Hospital, Dumka	NA	NA	NA	A	A	NA
6	Patliputra Nursing Home, Dhanbad	A	NA	NA	A	A	NA
7	Santevita Hospital, Ranchi	A	A	A	A	A	NA
8	St. Joseph Hospital, Gumla	A	A	NA	A	A	NA
9	St. Ursula Hospital, Konbir, Gumla	NA	NA	NA	A	NA	NA

(Source: information furnished by the test checked private hospitals)
Colour code: Green = Available; Red = Not available

The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

Recommendation: State Government may ensure compliance of all regulations in healthcare facilities such as Bio-medical Waste Rules, Atomic Energy Regulation license, firefighting safety norms, Clinical Establishment Act, 2010 etc., and its implementation may be ensured.