

Chapter IX: Specialised Hospitals

Specialised Hospitals are medical centres that target one area of medicine and care or a particular group of patients.

In Himachal Pradesh, there are six specialised hospitals namely Dental College, Shimla, three Leprosy Hospitals, Tuberculosis Sanatorium, Solan and Himachal Hospital of Mental Health and Rehabilitation (HHMH&R), Shimla. Five out of these six hospitals were covered in the audit. The audit was conducted to ascertain and examine the adequacy of funding, availability and management of healthcare infrastructure, availability of human resources and availability of drugs and consumables. The audit observations are detailed in succeeding paragraphs.

9.1 Dental College, Shimla

The Himachal Pradesh Government Dental College and Hospital (HPGD&H) came into existence in the year 1994 with an intake capacity of 20 students per year for the Bachelor of Dental Surgery (BDS) course. The intake capacity was increased to 60 admissions from 2007-08 onwards and to 75 from 2019-20. The Master of Dental Surgery (MDS) course in four specialties i.e. Oral Surgery, Periodontics, Orthodontics and Community Dentistry was also started from 2006-07 with intake capacity of two students each in every department. The MDS seats were increased to 19 from 2020-21 onwards.

9.1.1 Financial Management

The year-wise budget allotted and expenditure incurred by the hospital during 2016-17 to 2021-22 is shown in **Table 9.1**.

Table 9.1: Budget and expenditure summary during 2016-17 to 2021-22

Year	Budget	Expenditure	Expenditure on Salary
2016-17	15.59	14.52	11.10
2017-18	17.87	16.17	12.60
2018-19	20.38	17.38	12.86
2019-20	23.09	19.69	14.12
2020-21	24.91	20.14	14.43
2021-22	26.32	22.47	15.00
Total	128.16	110.37	80.11

Source: Departmental figures.

During 2016-22, ₹ 110.37 crore was incurred from the State Budget, out of which 73 per cent (₹ 80.11 crore) was incurred on account of pay and allowances.

The user charges collected from the patients on account of hospital and lab charges are deposited in the account created for Rogi Kalyan Samiti (RKS). Day-to-day expenditure of the hospital is met from RKS funds. During the period 2016-22, expenditure of ₹ 13.82 crore was incurred from the fund. The following issues were noticed by Audit:

- In the Dental College, Shimla, the payment of stipend to the students was required to be made through the State treasury. It was noticed that apart from the State funds, an amount

of ₹ 34.04 lakh was paid to the students for Scholarship and Stipend from RKS fund up to March 2021¹, which was irregular.

Principal, Dental College Shimla (August 2022) in his reply stated that the amount could not be adjusted due to payment of stipend directly in beneficiary accounts as per new treasury rules.

The reply was not tenable as the stipend should not have been disbursed from the RKS funds. Further, the amount was lying unadjusted since 2018-19 and as of March 2021, there was unadjusted advance of ₹ 34.04 lakh.

- There were delays ranging between 3-25 days in depositing the user charges of ₹ 4.18 lakh in RKS account.

9.1.2 Resource Management

Review of the hospital resources such as staff availability, patient services and management of consumables and drugs revealed the following:

- **Human resources:** As of May 2022, while there was no shortfall² in number of doctors and specialists against the sanctioned strength, however, there was 22.22 per cent shortage in availability of nurses and paramedical staff.
- **Patients services:** The trend of patient influx, surgeries and X-rays conducted between 2016-17 to 2021-22 was shown in **Table 9.2**.

Table 9.2: Details of OPD and IPD load

Year	Indoor Patients	OPD Patients	No. of major surgeries	No. of minor surgeries	No. of X-rays taken
2016-17	169	63,715	102	285	32,218
2017-18	215	57,856	102	255	32,889
2018-19	197	60,854	97	893	41,173
2019-20	350	79,656	280	70	23,666
2020-21	350	18,094	75	122	10,111
2021-22	76	68,033	59	255	21,464

Source: Annual administrative reports of Dental College.

- In the OPD ward, it was observed that adequate seating in waiting area was not available, some chairs were broken and no separate toilet facility was available for the differently abled persons.
- Grievance redressal committee was formed only in 2021-22 and no patient satisfaction survey was conducted.
- OPD timings were not displayed on registration counters and outside OPDs. Citizen charter was not displayed and important contact numbers (casualty medical officer, hospital manager, etc.) were not displayed in the registration area.
- **Drugs, consumables and reagent management:** Patients had to purchase medicines from the market as drugs were not kept in the store during 2016-22. Quality tests of the consumables were conducted by the head of the department and the technical committee

¹ RKS balance sheet for 2021-22 not finalised as of August 2022.

² Doctors and specialists: sanctioned: 62, available: 62. Nurses and paramedical staff: Sanctioned: 36, available: 28.

and not by the Drug Inspector. Physical verification of stores was carried out only during 2018-19 and 2020-21. It was further observed that:

- Consumables were out of stock for periods ranging between 5 to 1020 days during February 2017 and May 2022. The shortage impacted the various departments which was evident from the following facts:
 - **Short supply:** Between January 2018 and January 2022, there was short supply of 19 items of consumables requested by eight departments during the period.
 - **Non-supply:** During July 2016 to October 2021, 28 consumable items requisitioned by 9 departments of the college were not supplied due to non-availability of the items in the store.

The Department in its reply (August 2022) stated that shortage of consumables after March 2020 was due to lockdown and purchase order had been placed for shortages. Further, physical verification could not be conducted due to Covid-19.

The reply is not tenable as non-conducting of physical verification and shortage of consumables were also observed for periods prior to Covid-19 pandemic.

9.1.3 Observations from joint physical verification

During joint physical verification of the hospital premises, the following was observed:

- Fire safety certificates could not be obtained (August 2022) due to pending works (shifting of transformers) and installation of illuminated exit signs.
- There was seepage in the walls of the OPD (Oral and Maxillofacial surgery), compromising the hygiene of the hospital as shown in the following pictures.



Pictures 9.1 and 9.2: Showing seepage in the walls.

- All the ten patients selected for beneficiary survey were satisfied with availability of water services and cleanliness of the hospital. Further, they confirmed the non-existence of complaint register in the OPD. Shortage of drugs in the hospitals was also mentioned by the patients.

9.2 Leprosy Hospitals

Leprosy, also known as Hansen's disease (HD), is a long-term infection by the bacteria *Mycobacterium leprae* or *Mycobacterium lepromatosis*. Infection can lead to damage of the nerves, respiratory tract, skin and eyes.

National Leprosy Eradication Programme (NLEP) is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). India has achieved the elimination of leprosy as a public health problem (defined as less than one case per 10,000 population at National level). In Himachal Pradesh, there are three Zonal Leprosy Hospitals (ZLHs), one each in Solan, Kangra and Chamba districts. ZLH Kangra and ZLH Solan were covered in audit.

9.2.1 Financial Management

The details of expenditure incurred in the two Zonal hospitals during 2016-22 are detailed in Table 9.3.

Table 9.3: Details of budget and expenditure by ZLH

(₹ in crore)

Year	Budget and Expenditure of ZLH Kangra			Budget and Expenditure of ZLH Solan		
	Budget	Total expenditure	Expenditure on salary	Budget	Total expenditure	Expenditure on salary (e-kosh data)
2016-17	0.91	0.72	0.67	1.80	1.44	1.14
2017-18	0.84	0.74	0.71	1.76	1.43	1.09
2018-19	0.85	0.72	0.68	1.79	1.52	0.91
2019-20	0.87	0.62	0.56	1.43	1.17	1.06
2020-21	0.89	0.75	0.66	1.55	1.29	1.16
2021-22	0.74	0.68	0.54	1.36	1.35	1.25
Total	5.10	4.23	3.82	9.69	8.20	6.61

Source: Departmental figures and E-Kosh.

During the period 2016-17 to 2021-22, against budget allocation of ₹ 5.10 crore for ZLH Kangra, the expenditure was ₹ 4.23 crore. For the same period, the budget allocated for ZLH Solan was ₹ 9.69 crore against which ₹ 8.20 crore was utilised. Thus, the ZLHs utilised 82.94 per cent and 84.62 per cent of the budget respectively.

The major component of expenditure was on salary with 90.31 per cent and 80.60 per cent in ZLH, Kangra and ZLH, Solan respectively.

9.2.2 Out-patient and In-patient service

Audit observed that 26,776 patients were treated in the OPD during 2016-22, details of which are given in Table 9.4.

Table 9.4: OPD strength and availability of doctor

Year	No. of OPD patients		Total	No. of Beds		No. of doctors	
	Solan	Kangra		Solan	Kangra	Solan	Kangra
2016-17	2,821	1,380	4,201	20	10	1	1
2017-18	1,973	2,069	4,042	20	10	1	1
2018-19	847	3,931	4,778	20	10	1	1
2019-20	1,135	5,520	6,655	20	10	1	1
2020-21	687	2,708	3,395	20	10	1	1
2021-22	919	2,786	3,705	20	10	1	2
Total	8,382	18,394	26,776				

Source: Departmental figures.

In ZLH Solan, OPD patients load showed a mixed trend. The number of patients decreased from 2,821 in 2016-17 to 847 in 2018-19, increased in 2019-20 to 1,135, decreased in 2020-21 to 687 and then again increased to 919 patients in 2021-22. In ZLH, Kangra OPD patients load

was found to be on an increasing trend from 1,380 in 2016-17 to 5,520 in 2019-20 but decreased in 2020-21 to 2,708 and then again increased to 2,786 in 2021-22.

In ZLH, Kangra, though OPD patient load showed an increasing trend (except in 2020-21, during COVID-19), however there was considerable shortage (ranging between 65 to 81 *per cent*) of staff including Nurses and Paramedical staff as compared to the sanctioned strength. The position of availability of nurses, paramedical and other staff vis-à-vis sanctioned strength is shown in **Table 9.5**.

Table 9.5: Position of nurses, paramedical and other staff in ZLH Solan and ZLH Kangra

Year	ZLH Solan						ZLH Kangra					
	Nurses and Paramedical staff			Other staff			Nurses and Paramedical staff			Other staff		
	Sanctioned strength	In position	Shortage (<i>per cent</i>)	Sanctioned strength	In position	Shortage (<i>per cent</i>)	Sanctioned strength	In position	Shortage (<i>per cent</i>)	Sanctioned strength	In position	Shortage (<i>per cent</i>)
2016-17	9	6	33	12	6	50	20	4	80	21	4	81
2017-18	9	6	33	12	6	50	20	5	75	21	4	81
2018-19	9	7	22	12	6	50	20	5	75	21	5	76
2019-20	9	7	22	11	6	45	20	6	70	21	5	76
2020-21	9	6	33	12	6	50	20	6	70	21	5	76
2021-22	9	7	22	12	8	33	20	6	70	23	8	65

Source: Departmental figures.

It was further noticed that:

- IPD facility was available in both the Leprosy Hospitals.
- There were four to 19 patients³ in IPD of Solan and Kangra districts who required care year after year.

During the Exit Conference, Secretary (Health) stated that staff has not been posted in IPD, as the patients admitted do not require care after normal working hours. The reply was not acceptable as norms for posting of Medical officers in the Leprosy Hospitals have not been fixed as intimated by the DHS and it is a fact that round-the-clock services were not provided in these hospitals.

9.2.3 Management of drugs and consumables

- In ZLH Kangra, 10 general medicines remained out of stock for durations ranging between of 57 to 778 days and three leprosy medicines for periods ranging between 17 and 96 days.
- There was non-accountal of 755 units of 11 medicines as observed during test-check in ZLH Kangra during 2016-22 with reference to medicines issued from store to OPD/IPD registers, indicating possible pilferage or irregular diversion.
- In ZLH, Kangra, out of the total amount of ₹ 17.00 lakh received (July 2016: ₹10.00 lakh, November 2016: ₹ five lakh and February 2018: ₹ two lakh) for purchase of free medicines under NHM, an amount of ₹ 4.24 lakh was still lying unutilised in the savings bank account as of March 2022.
- The medicine store at ZLH, Kangra did not have adequate space for keeping the medicines. Cartons of medicines were lying on the floor as shown in **Pictures 9.3** and **9.4**:

³ Solan: seven to 19 and Kangra: four to 10.



Pictures 9.3 and 9.4: Showing medicine boxes lying on the floor.

In reply, ZLO Kangra stated (June 2022) that the matter will be taken up with the higher authority.

9.2.4 Management and availability of infrastructure

In ZLH, Solan, 19 patients were being treated at a shelter home in Mandodhar. These patients in ZLH were subsequently shifted to a building of the Community Health Centre (CHC) Dharampur in September 2014 near the National highway and the shelter home was transferred to the Education Department. With the up-gradation of the highway to four lanes, the land of the CHC along with the existing structure was transferred to NHAI and the CHC building was dismantled. ZLH along with 17 patients was shifted temporarily to Chambaghat, Solan during November 2017 with IPD and OPD wards in different buildings as a permanent ZLH was proposed to be constructed at Kumarhatti (Lohanji), whose foundation stone was laid on 20/09/2017. The structure was not completed as of February 2022 even after incurring expenditure of ₹ 3.12 crore and the patients were being treated in a temporary camp for more than five years.

In reply, ZLO Solan stated (February 2022) that the hospital was to have been inaugurated on 30 January 2022 but due to Omicron variant cases, the same was delayed. As soon as the situation stabilises, the hospital along with the patients will be shifted.



Picture 9.5: Previous leprosy centre where college is being constructed



Picture 9.6: Dismantled CHC beside the highway



Picture 9.7: New incomplete leprosy hospital at Lohanji

During physical verification of the temporary treatment camp for leprosy patients, it was seen that the ward was running in two rooms with inadequate space as evident from **Picture 9.8**. There was seepage in the walls of the ward and absence of sunlight. The toilets and bathrooms of both the wards were not properly cleaned.



- During physical verification of the OPD of ZLH, Solan it was noticed that the hospital was running in two rented rooms. There was no space for storing drugs, which were kept in cupboards. There was only one common toilet, which was being used by both hospital staff and OPD patients (both male and female).

In reply ZLO Solan (February 2022) stated that patients were kept in a small space as it was a temporary arrangement, and the walls were not renovated and microbiological sampling for surface and air was not done. It was also stated that the OPD space is very less and drugs are not stored as per the protocol as this hospital has been shifted temporarily.

- During physical verification of ZLH, Solan along with ZLH, Kangra, audit observed that doctors and staff posted in the hospital had not been allotted Government accommodation.
- In ZLH, Solan, there were two vehicles against which only one driver was posted who was deployed by District Leprosy Society under NHM and whose salary was being drawn from the establishment of NHM under CMO, Solan. ZLH, Kangra also had two vehicles which were lying idle in the campus as drivers were not posted.



Pictures 9.11 and 9.12: Ambulance and bus of the Zonal Hospital lying idle in the campus due to non-posting of drivers.

- The approach road to ZLH, Kangra required repairs for which the ZLH had requested DHS Shimla for providing funds (₹10.74 lakh) during September 2020. However, the funds were not received and maintenance of the road had not been carried out (May 2022).

9.3 Tuberculosis Sanatorium (TBS) Dharampur, Solan

The sanatorium was inaugurated by Viceroy Lord Charles Hardinge on 3rd October 1911. The sanatorium is a 100 bedded facility with five doctors and 45 operational beds as of March 2022.

9.3.1 Financial management

Year-wise allotment and expenditure of funds during 2016-22 pertaining to TBS Dharampur is shown in **Table 9.6**.

Table 9.6 Budget provisions and expenditure during 2016-22

(₹ in crore)			
Year	Budget Allocation	Expenditure	Surrender (Per cent)
2016-17	5.61	5.27	0.34 (6.06)
2017-18	6.44	5.90	0.54 (8.38)
2018-19	6.50	5.88	0.62 (9.53)
2019-20	7.20	6.36	0.84 (11.66)
2020-21	6.77	5.85	0.92 (13.59)
2021-22	6.82	6.49	0.33 (4.84)
Total	39.34	35.75	3.59 (9.13)

Source: Figures supplied by Department.

The expenditure incurred on TBS Dharampur, Solan increased by 23.15 per cent in 2021-22 as compared to 2016-17. However, the Department surrendered 9.13 per cent of the budget funds during 2016-22. The unspent funds ranged between 4.84 to 13.59 per cent at the end of each year during the period 2016-22 as detailed in **Table 9.6**.

The SOE-wise utilisation of funds by the TBS Dharampur, Solan for 2016-22 is shown in **Table 9.7**.

Table 9.7: SOE-wise utilisation of funds

Year	Total Expenditure	Salary	Drugs and Consumables	Machinery and Equipment	Major works	Other
2016-17	5.27	4.52	0.33	0.00	0.00	0.42
2017-18	5.90	4.98	0.29	0.00	0.00	0.63
2018-19	5.88	5.06	0.34	0.00	0.00	0.48
2019-20	6.36	5.40	0.15	0.18	0.00	0.63
2020-21	5.85	5.24	0.12	0.00	0.00	0.49
2021-22	6.49	5.54	0.13	0.00	0.00	0.82
Total	35.75	30.74	1.36	0.18	0.00	3.47

Source: Figures supplied by Department.

As seen from **Table 9.7**, 85.99 per cent of the expenditure was incurred on salary, 3.80 per cent on Drugs and Consumables, 0.50 per cent on Machinery and Equipment, 9.71 per cent towards 'Others' and nil on 'Major works' during 2016-22. It is observed that expenditure under 'Salary' had increased by 22.57 per cent from ₹ 4.52 crore in 2016-17 to ₹ 5.54 crore in 2021-22. Despite increase in expenditure over the years, the expenditure on drugs and consumables declined by 60.60 per cent from ₹ 0.33 crore to ₹ 0.13 crore during the period.

9.3.2 Human Resource Management

Audit scrutiny of the resources of TBS Dharampur revealed that there was shortage in nursing, paramedical and other staff ranging from 20 to 86 per cent as shown in **Table 9.8**.

Table 9.8: Details of sanctioned strength for various medical cadres as on 31/03/2022

Sl. No.	Category	Sanctioned Strength	Men in position	Vacant	Percent of Vacancy
1.	MS	01	01	0	0
2.	MO	05	05	0	0
3.	Para Medical Staff	10	06	4	40
4.	Other Staff	07	01	6	86
5.	Ministerial Staff	05	04	1	20
6.	Nursing Staff	56	31	25	45
7.	Class IV/Driver	35	13	22	63
Total		119	61	58	49

Source: Figures supplied by Department.

The average OPD and IPD load per day showed a decreasing trend from 2018-19 to 2020-21 as shown in **Table 9.9**.

Table 9.9: Details of manpower deployed for IPD/OPD

Year	No. of sanctioned beds	No. of operational beds	Average number of patients per day in IPD as per admission register	Number of OPD patients during the year	Average OPD patients per day (no. of OPD/365)	OPD patients per day per doctor	No. of staff nurses and ward sisters
2016-17	100	67	34	9,988	27	27/2= 14	28
2017-18	100	67	30	10,203	28	28/2= 14	29
2018-19	100	67	23	10,537	29	29/4= 7	27
2019-20	100	45	15	9,522	26	26/4= 7	29
2020-21	100	45	12	4,707	13	13/4= 3	31
2021-22	100	45	12	5,104	14	14/5=3	31

Source: Departmental figures

It can be seen from **Table 9.9** that by the end of March 2022, the number of patients per day per doctor was less than five whereas the number of staff nurses and ward sisters exceeded the average number of patients (IPD+OPD) per day.

In reply, Sr. MS stated that deployment of the staff is being done by the Government. The reply of the Department should be seen in light of the fact that the number of beds for the hospital was reduced from 300 to 100 in 2006. However, no efforts were taken by the Department for restructuring the human resources as per revised bed strength since 2006.

9.4 Himachal Hospital of Mental Health and Rehabilitation, Shimla

Mental Health Act, 1987 was repealed and in its place a more comprehensive Mental Health Care Act (MHCA)-2017 came into effect in April 2017 in order to protect, promote and fulfil the rights of the persons suffering from mental illness.

9.4.1 Mental Health facilities in the State

The following mental health facilities are available in the State:

- One State level mental hospital (Himachal Hospital of Mental Hospital and Rehabilitation, Shimla) with a bed capacity of 62.
- 30 bedded Psychiatry ward in IGMCH Shimla.
- 10 bedded Psychiatry ward in RPGMC, Kangra.

- Four medical colleges which have come up recently have Psychiatry department providing psychiatric and de-addiction services.
- District Hospitals constitute General Hospital Psychiatry Units (GHPU) at district level, where psychiatrist is posted and provides psychiatric and de-addiction services.
- District Mental Health Programme (DMHP) is running in all the districts in HP but because of the shortage of mental health professionals, the level of services is restricted to identifying mental illnesses and referring the patients to appropriate mental health facilities.
- At sub-district level, psychiatric service and de-addiction services are provided at 16 CHs and five CHCs.

9.4.2 Financial management

Budget allocation and expenditure for Himachal Hospital of Mental Health and Rehabilitation, Shimla is shown in **Table 9.10**.

Table 9.10: Budget provision and expenditure during 2016-22

(₹ in lakh)			
Year	Budget provision	Expenditure	Surrender/Excess (per cent)
2016-17	210.26	195.03	-15.23 (7.24)
2017-18	215.05	229.58	+14.53 (6.76)
2018-19	418.90	393.66	-25.24 (6.03)
2019-20	322.76	305.62	-17.14 (5.31)
2020-21	375.52	355.08	-20.44 (5.44)
2021-22	425.31	402.98	-22.33 (5.25)
Total	1,967.80	1,881.95	-85.85 (4.36)

Source: Figures supplied by HHMH&R, Shimla.

The expenditure incurred on Himachal Hospital of Mental Health and Rehabilitation, Shimla increased by 106.62 per cent in 2021-22 compared to 2016-17. However, the Department surrendered 4.36 per cent of the budgeted funds during 2016-22. The savings were mainly under the salary head, due to vacancies.

Table 9.11: Component wise utilisation of funds by HHMH&R, Shimla

(₹ in lakh)						
Year	Total Expenditure	Salary ⁴	Drugs and Consumables	Machinery and Equipment	Major works	Other
2016-17	195.03	94.36	24.07	4.91	0.00	71.69
2017-18	229.58	104.70	42.98	26.52	0.00	55.38
2018-19	393.66	160.96	54.08	4.88	100.00	73.74
2019-20	305.62	191.78	39.04	6.54	0.00	68.26
2020-21	355.08	210.57	47.23	6.24	0.00	91.04
2021-22	402.98	238.51	24.03	25.00	0.00	115.44
Total	1,881.95	1,000.88	231.43	74.09	100.00	475.55

Source: Figures supplied by HHMH&R, Shimla.

As can be seen from **Table 9.11**, 53.18 per cent of the expenditure was incurred on Human Resources (salary), 12.30 per cent on Drugs and Consumables, 3.94 per cent on Machinery and Equipment, 5.31 per cent on major works and 25.27 per cent towards 'Others' during 2016-22. It is observed that expenditure under 'Others' mainly comprised of Office Expenses, POL, Motor Vehicles etc., which had increased from ₹ 71.69 lakh to ₹ 115.44 lakh during 2016-22.

⁴ Salary = Salary + GIA Salary + expenditure on outsourced staff.

In reply (March 2023) Sr. Medical Superintendent stated that the enhancement in expenditure in various heads is because of increased demand and improved services and increased price index of various articles and consumables.

9.4.3 Human Resources

Himachal Hospital of Mental Health and Rehabilitation (HHMH&R), being the only specialised mental healthcare hospital in the State, the need for adequate specialists and staff in the hospital was crucial. There were 62 beds in HHMH&R Shimla with 12 beds earmarked specially for rehabilitation of admitted patients. The position of available specialists/staff *vis-à-vis* sanctioned strength is given in **Table 9.12**.

Table 9.12: Persons in-position against sanctioned strength

Post	Psychiatrist		Medical Officers		Clinical Psychologist		Staff Nurses		Others	
	SS	Available	SS	Available	SS	Available	SS	Available	SS	Available
2016-17	1	1	1	1	1	0	4	6	18	16
2017-18	1	1	1	1	1	0	4	6	18	16
2018-19	2	1	5	5	1	0	4	6	19	17
2019-20	2	1	5	5	1	0	4	6	27	25
2020-21	2	1	5	5	1	0	4	6	27	25
2021-22	2	1	5	4	1	0	4	6	27	20

Source: Figures supplied by HHMH&R, Shimla.

- Against two sanctioned posts of Psychiatrist, only one was in position during 2018-19 to 2021-22, except during the period from 02/05/2020 to 17/01/2021, when no one was posted. The post of Psychiatrist was again lying vacant from 16/03/2022 to May 2023. Against five posts of MOs, only four MOs were available till the date of audit (May 2022).
- The posts of Clinical Psychologist/Psychiatric Social Worker / Gate keeper were not filled up in the hospital ever since the sanctioning of these posts. Non-posting of Psychiatrist, Clinical Psychologist, Psychiatric Social Worker and Registered Psychiatrist Nurse resulted in denial of basic Mental Health services to IPD and OPD patients. Total number of IPD and OPD patients during 2016-22 were 701 and 10,755 respectively.
- Six staff nurses were posted against the sanctioned four posts during 2016-22. Similarly, against four sanctioned posts of class IV employees, six⁵ persons were posted.
- GoHP, during February 2013, shifted the post of Dental Medical Officer, PHC Tapri (Kinnaur) to HHMH&R, Shimla. The posting of Dental Medical Officer was not justified as it is a specialised hospital to cater to mental health and rehabilitation aspects.
- Further 20,800 mental health medicines which were likely to expire in November 2020 were sent to other District hospitals, and medical colleges in September 2020 due to non-posting of a psychiatrist in the hospital.

In reply to the audit observations, Sr. MS stated that the psychiatric services were being provided by the visiting psychiatrist from IGMC Shimla. The class IV personnel were engaged on outsourced basis and deputation basis.

⁵ Four class IV engaged on outsourced basis by NHM and two class IV working on deputation basis.

HMH&R being the only specialised hospital in the State to cater to mental health and rehabilitation, the Government should ensure that personnel against the sanctioned posts are available to ensure timely and better treatment of mental health related illnesses.

9.4.4 Management of drugs and consumables

9.4.4.1 Non-availability of essential drugs/medicines/consumables

Scrutiny of records revealed that medicines for treatment of patients were not available in the hospital for further distribution to the wards and OPD. The year-wise details of essential items as per EDL and those which were not available are given in **Table 9.13**.

Table 9.13: Details of essential items which were not available

Year	Medicine required as per EDL (Essential drug list)	Actual no. of essential medicines available	Shortage
2016-17	29	14	15
2017-18	29	11	18
2018-19	29	11	18
2019-20	28	10	18
2020-21	43	21	22
2021-22	43	27	16

Source: Figures supplied by HHMH&R, Shimla.

Thus, all the essential items as per norms were not available in HHMH&R, Shimla during 2016-22.

While replying to the audit observation, Sr. MS stated that all the psychotropic medicines were not required to be purchased, but drugs in each category should be available in the hospital stores for free distribution to patients. Medicines prescribed to patients while receiving treatment from IGMC/DDU/ KNH were purchased without any consideration of medicine being in EDL or not.

Though it was stated that drugs in each category should be available in the hospital, it was noticed that there was shortage ranging from 15 to 22 types of drugs during 2016-22.

9.4.4.2 Variation in DVDMS⁶ and stock register data

To ascertain the correctness of data/information available in DVDMS, Audit examined the stock of 10 medicines shown in the DVDMS data and stock register of the medicines. It was observed that the stock shown in DVDMS varied from the actual stock recorded in the stock register. The details of variation in the stock of test-checked medicines as of May 2022 are given in **Table 9.14**.

⁶ DVDMS (Drugs and Vaccine Distribution Management System) is a software platform to automate various activities of Directorate General Medical Health, Government of Himachal Pradesh. It comprises Drug and Vaccine Supply Chain Management that deals with Purchase Order, Inventory Management and Distribution of various drugs, etc.

Table 9.14: Variation in DVDMS and stock register

Sl. No.	Drug name	Quantity shown in DVDMS	Quantity shown in stock register	Variation (-/+)
1.	Aceclofenac tablet 100mg	2,500	1,100	-1,400
2.	Calcium carbonate tablet 500 mg elemental calcium + vitamin D3 250 I.U	5,000	2,680	-2,320
3.	Clonazepam tablet 0.5 mg	60,000	45,900	-14,100
4.	Escitalopram tablet 10mg	30,000	23,800	-6,200
5.	Fluoxetine capsule 20mg	20,000	17,500	-2,500
6.	Haloperidol tablet 5mg	1,10,200	1,02,200	-8,000
7.	Risperidone tablet 2mg	1,00,000	73,170	-26,830
8.	Trihexyphenidyl hydrochloride tablet 2mg	40,000	19,400	-20,600
9.	Escitalopram tablet 10 mg	9,500	23,800	+14,300
10.	Imipramine tablet 25 mg	7,000	6,500	-500

Source: DVDMS portal and Departmental figures.

On the differences pointed out, the Sr. MS stated that the discrepancy is due to issuance of medicines which were not reflected in DVDMS, as the pharmacist is not computer literate.

The reply is not acceptable as the data in the DVDMS portal would not reflect the correct position of availability of drugs in the store.

Other drug management related findings

- On scrutiny of DVDMS report, it was noticed that the supplier did not supply medicines amounting to ₹ 5.91 lakh to the hospital during 2021-22. However, no action was taken against the firm for levy of penalty as mentioned in the supply order.
- On scrutiny of HPDVDMS report, it was noticed that during 2018-19 to 2021-22, the supplier had not supplied the drugs within the permissible time (45 days, 60 days for injectables) and there were delays ranging from 48 to 77 days. No records of penalty imposed on the supplier were found.

In reply, the Department stated that there are identified source of suppliers of psychotropic medicines and accordingly medicines are procured from them despite delay in supply. It was also mentioned that since the medicines are supplied free of cost, therefore penalty provisions are not enforced.

The reply is not tenable as delay in supply leads to non-availability of medicines for patients of mental illness.

- No quality checks of the drugs procured through local purchase was carried out. It was stated that due to urgent need for purchase, quality tests were not done.

The reply should be viewed in light of the fact that on the one hand the hospital is not penalising the supplier for delayed supply, while on the other hand quality tests were not carried out due to urgency.

- There were no inspections conducted by the Drug Controller/Inspectors and drugs were not taken for testing during the period of audit.

9.4.5 Infrastructure Management

9.4.5.1 Blocking of funds of ₹212.50 lakh due to incomplete works

GoHP had approved an amount of ₹ 634.36 lakh for the construction of residential accommodation for doctors and paramedical staff quarters at HHMH&R, Shimla in June 2018.

An amount of ₹ 212.50 lakh was deposited with the executing agency (HPPWD) during 2018-19 to 2021-22. The work was awarded to the contractor during February 2020 by HPPWD with the time limit of 18 months for completion of the work. It was observed that the works of residential accommodation were still incomplete as of May 2023.



Picture 9.13: Type IV Quarters



Picture 9.14 : Type III quarters



Picture 9.15 : Type II quarters

While replying to the audit observation, the Sr. MS stated that commencement of the work was delayed because of forest clearance required and NGT restriction on multi-storeyed structures. The project was also hindered by the COVID-19 pandemic.

Thus, due to non-monitoring of the execution of the works, the construction of residential quarters remained incomplete, resulting in blocking of funds of ₹212.50 lakh as well as non-provision of residential accommodation to the doctors and paramedical staff.

9.4.5.2 Non-availability of Ambulance services

HHMH&R had no ambulance service prior to January 2021, when Himachal Pradesh State Red Cross Society, Shimla donated one ambulance to the hospital. To take the IPD patients for check-ups to other health institutions, the hospital had to hire private ambulances.



Picture 9.16: Idle ambulance at HHMH&R, Shimla.

Sr. Medical Superintendent had sent the requirement/permission in January 2021 to fill up the post of driver to the Director of Health Services. However, it was observed that the post of

driver was vacant, resulting in the ambulance remaining unutilised and the hospital had to hire private ambulances.

While confirming the facts, the Sr. MS stated that the matter for posting a driver on regular basis had been taken up with the Director Health services.

9.4.5.3 Inadequate action in implementation of Mental Health Care Act, 2017 and Mental Healthcare (State Mental Health Authority) Rules, 2018

Himachal Pradesh State Mental Health Authority (HPSMHA) headed by Additional Chief Secretary/Principal Secretary (Health), was reconstituted under Section 45 of MHCA, 2017 in November 2018. Medical Superintendent of HHMH&R, Shimla was nominated as CEO of HPSMHA under Section 52(1). Six Mental Health Review boards have been constituted (April 2019) in the State of Himachal Pradesh under Section 73 (1). Further, under section 77 (1), any person with mental illness or his nominated representative or a representative of a registered non-governmental organisation, with the consent of such a person, being aggrieved by the decision of any of the mental health establishments or whose rights under this Act have been violated, may make an application to the Board seeking redressal or appropriate relief.

Table 9.15: Status of action to be taken under Act/Rules

Sl. No.	Section No.	Action to be taken under provisions of Act and Rule	Reply of Chief Executive Officer of HP State Mental Health Authority
Mental Healthcare Act, 2017			
1.	31	The Government shall take measures to address the human resource requirements of mental health services in the country by planning, developing and implementing educational and training programmes	One day training of Medical officer on Mental Health was conducted.
2.	55d	The State Authority shall register clinical psychologists, mental health nurses and psychiatric social workers in the State to work as mental health professionals and publish the list of such registered mental health professionals.	Enrolment of the mental health professionals is being done.
3.	63	The SMHA to maintain the accounts and prepare annual accounts and audit of accounts to be conducted by the Comptroller and Auditor General of India.	Could not be undertaken because of the COVID pandemic.
Mental Healthcare (State Mental Health Authority) Rules, 2018			
4.	15	The annual statement of accounts should be submitted for audit before 30th June by the SMHA.	Could not be done because of the COVID pandemic.
5.	17	The SMHA must conduct audit of registered mental health establishments (MHE) in the State.	No audit has been conducted.

As can be seen from **Table 9.15:**

- Only one one-day training of Medical officers on Mental Health was conducted (October 2020) after November 2018.
- Enrolment of the mental health professionals was not done. Neither were the accounts of SMHA maintained nor has audit been conducted so far.
- SMHA had not conducted audit of the registered mental health establishments in the State to ensure that such mental health establishments comply with the minimum standard specified.

In reply, Chief Executive Officer of HP State Mental Health Authority stated that maintenance of the accounts of SMHA and audit could not be conducted due to the COVID pandemic. The reply was not acceptable as SMHA was formed during November 2018 but no activities under the Act were carried out except conducting of one one-day training.

9.4.6 Findings related to Auxiliary Services

The following deficiencies were observed in the auxiliary services of the hospital:

- **Dietary services:** Patient-specific diet such as diabetic, semi solid and liquid was not provided. Food was not distributed in covered trolleys and patients were served on the floor and through open containers.



Picture 9.17: Food being served on the floor



Picture 9.18: Food was served in open container

- **Laundry services:** Bed linen was changed twice a week and not on a daily basis. Biological indicators were not used to prevent toxicity of insecticides. Laundry area was in an open space and washed linen was found stored on the floor.



Picture 9.19: Laundry in open area



Picture 9.20: Cleaned linen stored on the floor.

- **Bio medical waste:** Liquid waste was allowed to flow into drains without its treatment. Training for management of bio-medical waste was given to 24 persons only in 2019-20.
- **Patient safety:** No SOP was being followed for ensuring patient safety. Disaster Management Committee and Disaster Management plans were not formulated. There was no signage for emergency exit. Training programmes for fire prevention, handling and transfer of occupants to a place of safety were not conducted. Most importantly, No Objection Certificate was not obtained from Fire Department.



Picture 9.21: Incomplete Fire Hydrant at HHMH&R Shimla

- **Other miscellaneous findings:**
 - Biological testing of water and cleaning of water tanks was not done during 2016-21.
 - Psychiatric OPD was not available during May 2020 to Jan 2021 and March 2022 to May 2023 due to non-availability of specialist.
 - Grievance redressal committee did not exist during the period 2016-21.
 - No patient satisfaction survey was conducted during 2016-21.
 - No SOPs were available for infection control. Hospital infection control committee (HICC) was not formed.
 - Seven OPD patients were surveyed by Audit. All of them were satisfied with the services of the hospital. However, they put across their grievances regarding non-availability of public transport as the hospital is 1 km away from NH-7. The patients also suggested that drinking water facility should be provided at the gate itself.

9.5 Conclusion

In Dental College, Shimla, apart from the State treasury, stipends were also paid from RKS funds. Essential drugs were not kept in stores and shortage of consumables was observed. In the Leprosy hospitals, there was shortage of staff. In ZLH, Solan the infrastructure was inadequate as the hospital was running in rented premises without adequate space for proper storage of drugs. For the tuberculosis sanatorium, the sanctioned strength of personnel was not reviewed after revision of number of beds.

There was shortage of doctors in HHMH&R and all types of essential drugs were not available in the hospital. There was variation in data of DVDMS and hospital registers. No Objection Certificate (NOC) from the fire department was not obtained for the hospital.

9.6 Recommendations

The State Government may:

- *Review the requirement and availability of various personnel in the hospitals and fill up the vacant posts,*
- *Ensure availability of essential drugs and adequate infrastructure in the hospitals.*
- *Ensure correct information is uploaded in the DVDM system and suppliers adhere to the timelines for delivery of orders.*