"GAP ANALYSIS for OPD, IPD, Emergency, Labor Room and OT Based on IPHS Standards of District Hospital, Bhabua"

A dissertation submitted in partial fulfilment of the requirements
for the award of

Post-Graduate Diploma in Health and Hospital Management

by

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May 2013

GAP ANALYSIS

SADAR HOSPITAL, Bhabua
Kaimur, Bihar

PREPARED BY:
DEEPIKA JOSHI

Certificate of Internship Completion

Date: 3/05/13

TO WHOM IT MAY CONCERN

This is to certify that Mr./Ms./Dr. Deepika Joshi has successfully completed his 3 months internship in our organization from January 10, 2013 to April 10, 2013. During this intern he has worked on Gap Analysis.....(task performed) under the guidance of me and my team at D.I., Bhabha.....(organsiation).

.....(any positive/negative comment)

We wish him/her good luck for his/her future assignments

Spal..

(Signature)

SOMIT PAL (Name)

D P M. Designation

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Deepika Joshi (PT)**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled " **GAP ANALYSIS for OPD, IPD, Emergency, Labor Room and OT" Based on IPHS Standards of District Hospital, Bhabua**" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Date

Organizational Advisor

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Address Kaimur, Bihar

Date 3/5/13

(Dr. R. BHALLA)

30 May 2013

Certificate of Approval

The following dissertation titled "**Gap Analysis for OPD, IPD, Emergency, Labor Room and OT Of District Hospital, Bhabua, Kaimur.**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post-Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	Signature
DR. R. BHALLA	30 May 13
~~Prof. I. Bhattacharya~~	
Dr. Anandli Ramadevi	30/5/13
	30/5/2013

FEEDBACK FORM

Name of the Student: Dr. Deepika Joshi

Dissertation Organisation: Sub Divisional Hospital, Mohania

Area of Dissertation: Gap Analysis of DH, Bhabua

Attendance: 100%.

Objectives achieved: She helped in operationalizing OT and was instrumental in successfully starting C-section in the Hospital.

Deliverables:

Strengths: Perseverance, Amiable, Hard-working, Skillful and gets along well with people.

Suggestions for Improvement:

Spal

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 03/05/13.
Place: Kaimur, Bihar

ACKNOWLEDGEMENT

It gives me immense pleasure to acknowledge my indebtedness and deep sense of gratitude to **Dr. RasBihariSingh (Civil Surgeon)** for giving me valuable persistent encouragement and inspiring guidance in the due course of **As Is Report** data collection, compilation, analysis and report writing.

I also want to express my heartfelt gratitude to **Mr. Somit Pal (District Program Manager)**and **Dr. S. C. Lal (Deputy Superintendent)**for providing thoughtful suggestions, encouragement and guidance during the entire duration of **As Is Report**compilation.

Also my warmest thanksthe entire staff for their cooperation and for providing all the relevant information and sharing their knowledge and experience.

Also my warmest thanks to **Mr.Shashi Ranjan(Head Clerk)** for his active co-operation without which, it would not have been possible to accomplish this task.

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1. EXECUTIVE SUMMARY

District HospitalBhabhuacaters to the people living in urban and rural people in the district. District hospital system is required to work not only as a curative centre but at the same time should be able to build interface with the institutions external to it including those controlled by non-government and private voluntary health organization. This hospital is situated in Kaimur (Bihar). This hospital is Referral hospital for Primary Health centre& Sub-centers. This hospital covers the 19 Subcentres and APHCs. It covers24, 50,000 population. The number of beds available in the Hospital is 218. The Hospital compound is good and enough area for patients care. Environment is good surrounding of the hospital. Available of all departments is the positive point of the hospital but not in good condition and need to properly maintain. Transporting facility is good and the road is very good in condition. Patient comes easily in the hospital.

The 'As Is Report' includes documentation and review of manpower, equipment, infrastructure, processes including training and capacity building activities, services & facilities provided legal compliances etc against IPH Standards. For this the format for "Facility Survey" available in IPHS guidelines was used to capture the data.

The whole report is submitted as under

1. Describes the process flow of all the departments in the Sadar hospital, Bhabua, with the identification of process Owners, Input(s), Outputs (s) and process flow of each process occurring at different sections of the hospital with the relevant records.
2. Identifies the significant gaps observed on all the processes in each section and explanation of the gap statement with document evidences and photographs. The gaps are analyzed based on IPHS standards.
3. The annexure which contains the details collected in the Sadar hospital, Bhabua.

The major findings of the study are as:

1. The approach road to the Hospital is not tarred and is converted in to a pool of water during rainy season.
2. Laboratory services of hospital are a major handicap for smooth functioning of Hospital. Most of the equipments are old, space has not been provided for the department.
3. Essential equipments such as crash cart, dressing trolley, emergency tray are not available in patient care areas.
4. The departments are not arranged as per the patient needs. The labour room is in first floor but ramps have not been provided.
5. Maintenance of the building is not being carried out. Drainage is a major problem in the hospital leading to water logging.

6. All the departments need minor redesigning for smooth functioning.

7. Infection control practices are non-existent and staff is not trained in these.

8. There is no system of allotting Unique ID numbers for each patient at the time of OPD Registration. The patients are registered and the Registration number changes every month and data for revisit patient is not captured.

9. The maintenance of the hospital building, premises and equipment is not being done periodically and hence are in dilapidated condition.

10. Fire safety issues are not addressed. There are loose electrical wires posing the danger of electrical shock and fire.

2. RESEARCH METHODOLOGY

Research Methodology

Stage I:

SURVEY:

IPHS Checklist was used for a total survey of the hospital in terms of services provided, Manpower, Physical infrastructure, Equipment, drugs and Labservices.

Stage II:

Observation and personal interview were used to map the various processes of the hospital and to know the functioning of the each department.

Stage III

Extensive analysis based on data collected from stage I and Stage II. Based on this AS IS Report was prepared reflecting the processes, Infrastructure, Equipment, and Manpower. The report reflects strengths of the hospital and various gaps observed in the processes and other parameters.

Area of Study

The study was under taken in Sadar Hospital,Bhabua, Bihar.

3. STRENGTHS

- The hospital is located in the centre of the town and easily approachable. The hospital is in close proximity to bus stand.
- The hospital serves as a referral centre for the whole district and caters a large population.
- The hospital has all the major specialties and trained manpower to deliver the services.
- The RogiKalyanSamiti is very effective in this hospital.
- Involvement of private sector in the hospital functioning is working very efficiently and effectively.

4. WEAKNESSES

- The Physical infrastructure is in a bad shape and needs development and renovation.
- Doctors requirements are not filled as per Patient load and IPHS standard
- Weak peripheral health care system needs to increased patient load and hence departments have not been developed as per the district hospital standards.

5. OPPORTUNITIES

- Availability of space for the development of hospital
- Proper planning and coordination with DHS, NRHM and RKS can lead to development of services and better delivery of health care in an integrated way.
- The centre can be developed to serve as a training centre for junior doctors and paramedical staff.
- Willingness of Government to Empower the Leadership
- Devolution of powers at local level for smooth functioning
- Involvement of Local Population in Development

6. LIST OF PERCEIVED CHALLENGES BY LEADERSHIP TEAM

- Decentralization of decision making at the Hospital level.
- Following all legal requirements such as AERB, BARC, etc.
- Following infection control practices.
- Upkeep and Sanitation of Hospital building and environment.
- Rearrangement of the various facilities as per the flow of the patient.
- Provision of lift services in the OT and Labour room.

7. FACT SHEET OF SADAR HOSPITAL, BHABUA

S. No	Area	Number
1.	Total Population covered	24,50,000
2.	Total area of hospital	22 acres
3.	Total beds	218
4.	Total functional bed	164
5.	Total doctors	24
6.	Total nurses	15(A grade) 8 (ANM) 1(LHV)
7.	Total pharmacist	3
8.	Total Indoor patient / month	1033
9.	Total Outdoor patient / month	24074
10.	Fee collection / Month	39754
11.	Total emergency patient/month	950
12.	Total referred patient/month	14
13.	Total operation family planning	18
14.	N.S.V	0
15.	General Operation (Major) / Month	32
16.	General Operation (minor) / month	111
17.	Total still birth / month	41
18.	Total caesarean / month	0
19.	L.S.C.S death child /month	0
20.	Delivery normal / month	680
21.	Total delivery /month	680
22.	Immunization mother/month	320
23.	Immunization child / month	668
24.	TB Positive	177
25.	TB negative	1299
26.	Kala-azar	16
27.	Total death/month	03
28.	Total dog bite (ARV)	04
29.	Total snake bite (AVS)	00

8. DEPARTMENT WISE DETAILS

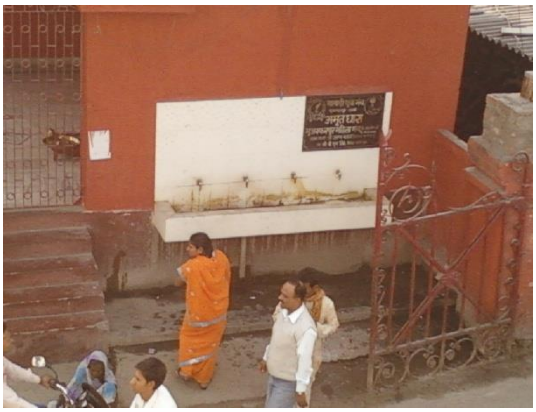
8.1. OUTPATIENT DEPARTMENT

The OPD department is situated in the new building of OPD which provide facilities like Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Orthopedics, Dental, Ophthalmology, Skin and VD, Psychiatry. Total no. of OPD Room is 9 rooms and additional in this OPD building is ECG room, X-ray room, IPCTC room, HIV tests room and Plaster room is there. The total no. of Medical officers is 20. The OPD attendants are 24 in the OPD department. Every department have their own OPD register where they record the patients name, age, sex, registration no. and diagnosis and medicines prescribed to the patients.

Registration counters for female

OPDBuilding entrance gate

Female Registration Counter



Drinking Water Facility for OPD

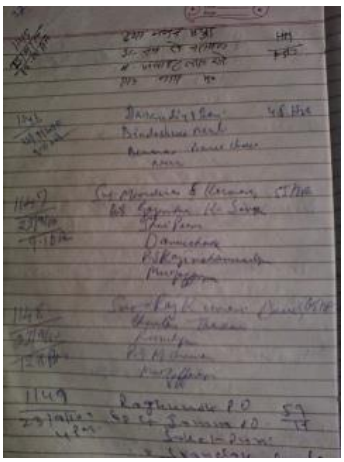
A.(1.1.) For Process Flow:

Process Group	OPD	**Sub-Process**	Registration
Process Location	Registration Counter	**Process Owner**	Registration Clerk
Input(s)	patient	**Output(s)**	No. of OPD registration per day

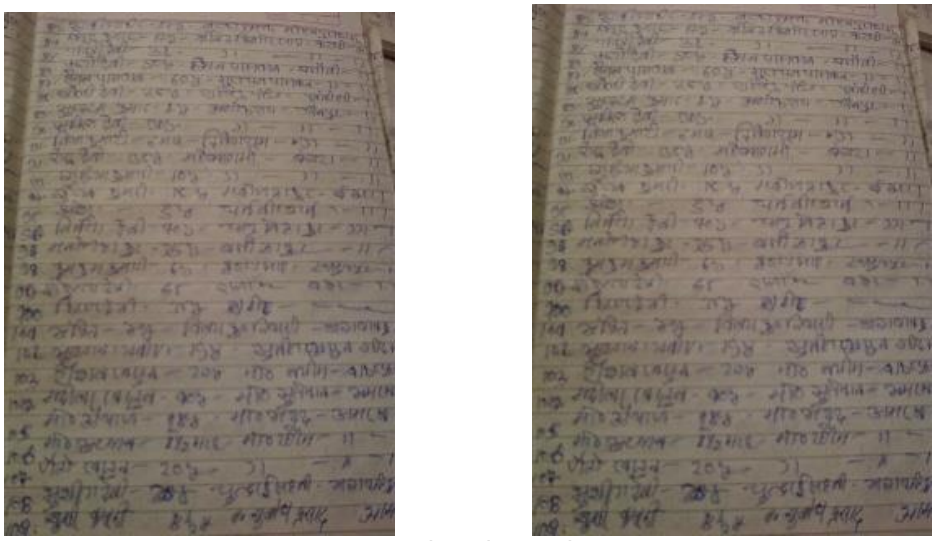
- **Process Flow / Process Description**
- OPD patient's registration takes place from 8:00 am to 12 noon and from 4pmto 6 pm.
- There are two registration counters for both female and male patients.
- The registration clerk at the Registration counter writes the patients name, age, sex, guardians name and address in a register and collects Rs 2 from the patients and allocates OPD Registration number on first cum first serve basis.
- After registration the patient waits for consultation with medical officer.

Patient Records	OPD ticket.

OPD Slip/ Registration slip



DoctorWiseIPDregister



OPD Registration register

Doctors OPD register

Process Group	OPD	**Sub-Process**	Consultation
Process Location	Consultation Chamber	**Process Owner**	Medical Officer
Input(s)	OPD Ticket	**Output(s)**	• No. of OPD Consultations. • No. of investigation prescribed. • No. of medicine prescribed • No. of patients advised for follow up • No. of patients referred.

• **Process Flow / Process Description:** • Medical Officer examines the patient as per their turn. • After examination, the details are noted in the OPD ticket, and medicines/ dressing / investigations / admission / refer to higher centers/follow upis advised on OPD ticket. • The Medical Officer enters the details of the patient in OPD diagnosis and Treatment Register.

Patient Records	• OPD Ticket • OPD diagnosis and Treatment Register

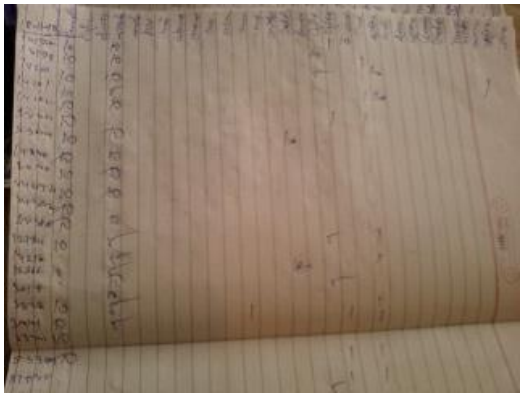
Process Group	OPD	**Sub-Process**	Dispensing of Medicines
Process Location	Pharmacy OPD	**Process Owner**	Pharmacist
Input(s)	OPD Ticket	**Output(s)**	• No. of Medicines dispensed per day. • No. of Medicines out of stock per day

Process Flow / Process Description:

- Patient is directed to the drug distribution counter to collect the medicines.
- Patient stands in a queue at the drug distribution counter with his OPD ticket.
- Patients give their prescription to the pharmacist.
- Pharmacist reads it.
- Pharmacist searches that particular medicine in OPD pharmacy and gives medicine to the patient which is available in pharmacy/advice for purchase from outside which is not available in pharmacy.
- Patients are described briefly about the intake of medicines.
- Pharmacist enters the name of medicine in medicine dispensing register.

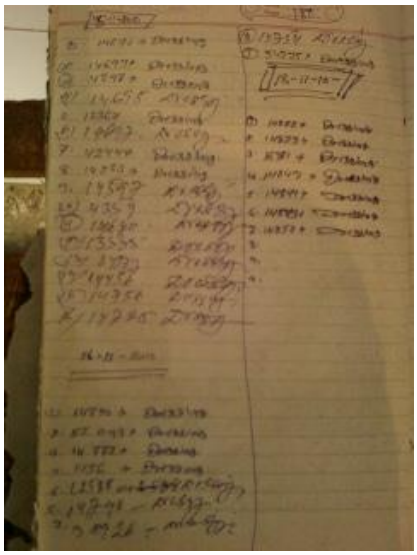
Patient Records	OPD Ticket, Pharmacy Drug Dispensing Register

Drug Distribution counter at OPD



OPD Pharmacy Dispensing Register

Process Group	OPD	**Sub-Process**	Dressing of wound
Process Location	Emergency	**Process Owner**	Dresser
Input(s)	OPD Ticket	**Output(s)**	Wound dressing done
Process Flow / Process Description: • The patient enters dressing room which is located at emergency premises, with the prescription for dressing given by the Medical officer. • Dresser washesthe wound with antiseptic solution. • If suture is needed, suturing is done by dresser. • The wound is dressed with cotton and gauze. • The patient is advised to come for the next visit for dressing the wound again.			
Patient Records	Dressing Register		



Dressing Registers both for OPD and Emergency

B. (1.2.) For Gap Analysis:

Gap ID No	**OP001**
Gap Statement: Basic facilities are not available in the OPD waiting area for public conveniences.	
Rationale / Explanation: The following are not available • Safe Drinking Water facility is not available inside the hospital premises, • No Ramps and Hand rails for Disabled patients • There is no adequate chairs in waiting area • No Trash Bins	
Gap Classification Structure	***Gap Severity Rating** High
Gap Reference	**IPHS 7.8.1.(I).b, d**
Supporting Annexure	

Water cooler (out of Order)

Male Toilet

Female Toilet

Registration counter (Open area)

Gap ID No	**OP002**

Gap Statement: Information displays provided at the Waiting area / other public areas are inadequate		
Rationale / Explanation: • Rights of the patients / Patients Charter are not displayed. • Posters imparting health education • Information is not available in bi-lingual format at various locations.		
Gap Classification Structure		***Gap Severity Rating** Medium
Gap Reference	**IPHS 7.8.1. (I).a**	
Supporting Annexure		

Gap ID No		**OP003**
Gap Statement: Patient privacy not maintained during the consultation		
Rationale / Explanation: • To many patient and its relative enter the consultation chamber at a time • Curtain is not available during the examination of the patient.		
Gap Classification Structure		***Gap Severity Rating** Medium
Gap Reference	**IPHS 7.8.1. (I). e**	
Supporting Annexure		

OPDConsultation Room

8.2. EMERGENCY DEPARTMENT

The Emergency dept. is working round the clock. The Emergency department's physical infrastructure needs some maintenance. The emergency department has one entrance zone and one exit zone and one consultation chamber area with waiting area of the patients. In emergency department one medical officer is present all the time. But the emergency equipment is not present in emergency department according to the IPHS standards. It has a separate building.

A.(2.1.) For Process Flow:

Process Group	Emergency	**Sub-Process**	Registration
Process Location	Registration counter	**Process Owner**	Pharmacist/ Clerk
Input(s)	Patient	**Output(s)**	1. Total no. of patients seen in emergency per day. 2. Total no. of MLC cases 3. Total no. of patient admitted through emergency. 4. Total no. of patient referred. 5. Total no. of deaths in emergency.
Process Flow / Process Description • Emergency patient comes directly to emergency. • According to the nature of emergency cases doctors are called by staff that is looking after the emergency patient. • Doctors examine the patient and as per the condition of patient they either admit the patient or discharge it. • On duty staff registers the patient and informs the doctor.			
Patient Records		**Emergency register**	

Process Group	Emergency	**Sub-Process**	Consultation
Process Location	Emergency room	**Process Owner**	Consultant
Input(s)	Patient slip	**Output(s)**	No of patients, Prescription, Investigation slips, free coupons for Investigation

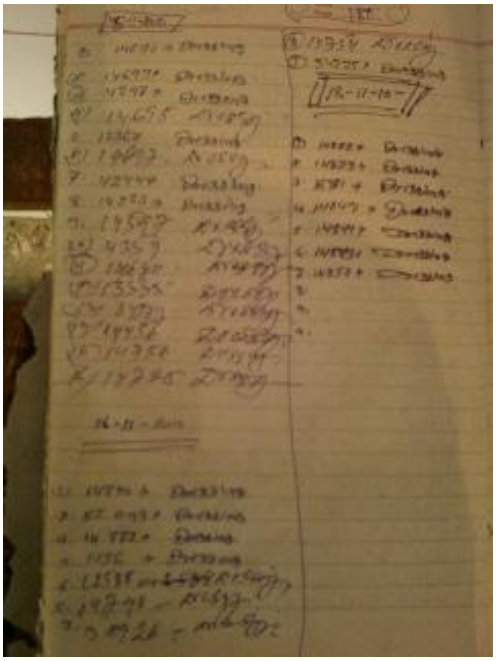
Process Flow / Process Description:	
• After registration patient is examined by the doctor in emergency room. • After examination doctor writes down the treatment and investigation as required. • On duty staff/ dresser Starts the treatment as advised by the doctor. • Nursing staff is not deputed in the emergency. • Nursing activity is done by dresser or pharmacist on duty in emergency. • The patient is shifted toward/ OT/ referred as per the needs.	
Patient Records	Prescription, Investigation slip, referral slip, Admission register, Bed Head Ticket

B.(2.2.) For Gap Analysis:

Entrance in emergency

Bed condition in emergency during dressing

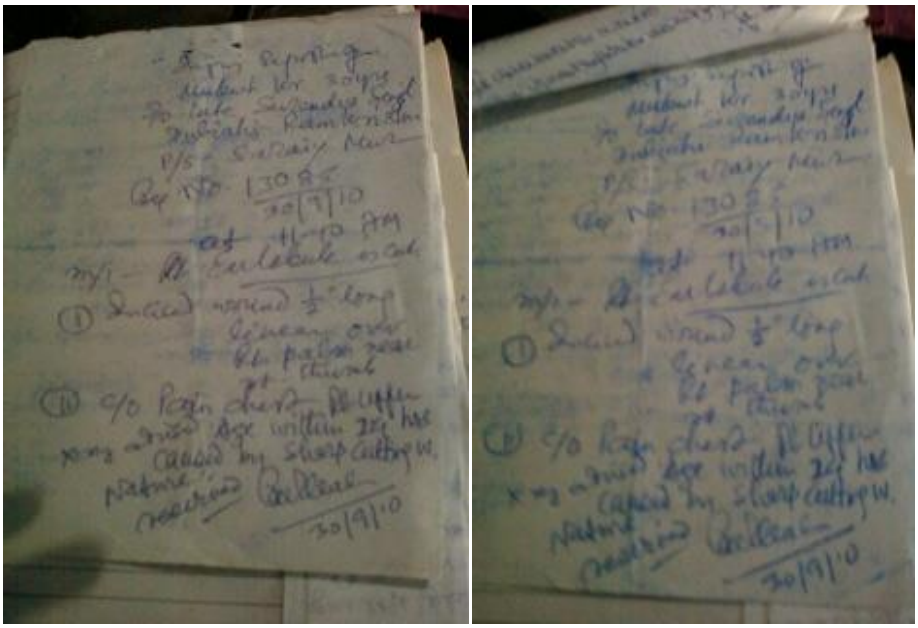
Equipments in emergency



Emergency dressing register

Hospital ambulance

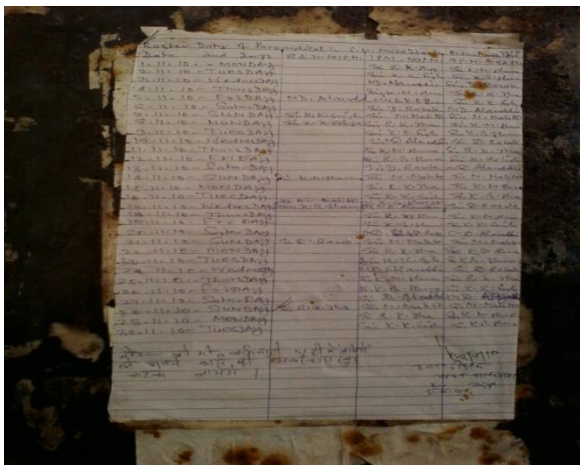
108 ambulance with equipments and facilities



MLC cases register with Doctor's sign and Police station report

Gap ID No	**EMER001**
Gap Statement: Non availability of Ambulance control room for effective patient transport.	
Rationale / Explanation: • There is no one In-charge of ambulance for smooth coordination. • The patient has to call 108 ambulance service himself to avail the service. 108 services provide both ACLS and BLS ambulance. • Hospitals own ambulances arealso in working condition.There are two BLS ambulance of hospital. • Hospital ambulance service is controlled by DS of the hospital. • According to the patient requirement DS authorizes the request and informs the ambulance driver for patient pick and drop.	
Gap Classification **Structure**	***Gap Severity Rating** **Medium**
Gap Reference	**IPHS 7.8.1 (IX)**
Supporting Annexure	

Gap ID No	EMER002
Gap Statement: Nursing staff is not posted in emergency	
Rationale / Explanation: • Pharmacist and dressers are posted in the emergency department instead of nursing staff. • No Nursing staff is posted in the department for the nursing care.	
Gap Classification **Process**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.1.(V)**
Supporting Annexure	



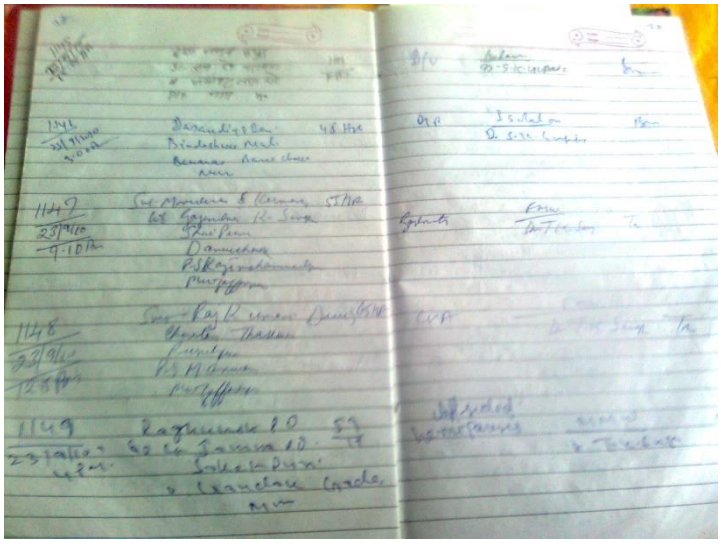
Duty roster for Emergency Department.

Gap ID No	EMY001
Gap Statement: Emergency department is not fully Equipped.	
• Emergency Crash cart with defibrillator is not available in the department. • Only emergency tray is available in the department • Disaster cupboard is not available in the department. • There is no resuscitation room in the emergency department. • Multi Para Monitor/ Oxygen Saturation probe is not available in the casualty.	
Gap Classification Process	***Gap Severity Rating** High
Gap Reference	**IPHS 7.8.1 (IX)**
Supporting Annexure	

Gap ID No		EMY003
Gap Statement:. Department is not designed as per requirements of the department.		
Rationale / Explanation: • The department is not organized as per the workflow. • There are no separate observation, treatment and consultation areas. • Area for triaging in case of disaster is not provided for. • Treatment / Dressing room has not been provided. • Dirty Utility has not been provided. • Waiting area for the attendants has not been provided.		
Gap Classification Structure		***Gap Severity Rating** High
Gap Reference	**IPHS 7.8.1 (IX)**	
Supporting Annexure		

8.3. IN PATIENT DEPARTMENT

The Inpatient department of the hospital has two building one for male ward and another for female ward. One another ward is there which is situated far away from the female building ward i.e. isolation ward. The total no. of IPD beds is 164 which are functional. The total no. of nurses are present in the hospital is 27. The nursing station in male building is situated in the centre of the male medical and male surgical ward and in female building it is situated at the one end of the department. The registers present in the IPD are report book, diet register,admissionregister, injection expenditure and medicine expenditure register and dhobi book register.



IPDadmission register

A.(3.1.) For Process Flow:

Process Group	IPD	**Sub-Process**	Admission
Process Location	Wards	**Process Owner**	Admission clerk
Input(s)	OPD ticket with Doctors advice	**Output(s)**	No. of Admission
Process Flow / Process Description: • The doctor advices the patient for admission after examination and writes it on the OPD ticket. • The patient is admitted by the supportive staff of the concern OPD. • The supporting staff admits the patient and enters the detail In Indoor register and generates IPD no. and allots the bed. • The patient is escorted to the particular ward and handed over to the ward In-charge nurses along with Bed head ticket.			
Patient Records		Bed head ticket and Admission Register	

Process Group	IPD	**Sub-Process**	Patient Care
Process Location	Wards	**Process Owner**	Staff Nurse, Medical officer
Input(s)	Patients	**Output(s)**	Patients care
Process Flow / Process Description: • Nursing staff check the vitals of the patient and monitor the condition of patient during a fix interval according to condition of patient. • Nursing staff administrate medication of the patients. • Medical officer make sure the condition of the patient by communicating with nursing staff and patient. • If required, Medical officer changes the medication according the condition of patient. • If any investigation required according to the condition of the patient nursing staff call the technician. • If there is no improvement in the health condition of the patient, then the medical officer referred the patients to the higher centre. • If the patient condition is satisfactory, the medical officer gives the discharge order.			
Patient Records		**Bed Head Ticket,**	

Process Group	IPD	**Sub-Process**	Drugs/IV fluid

			Administration
Process Location	Wards	**Process Owner**	Staff Nurse, Medical officer
Input(s)	Bed head ticket with doctors advice	**Output(s)**	IV fluid administration
Process Flow / Process Description: • Nursing staff administer drugs as per the direction in Bed Head ticket by Doctor • Medical Officer evaluates and examines the patient. • Nursing staff maintain the details of drug administration in IP medication register.			
Patient Records		**IP medication register**	

Process Group	IPD	**Sub-Process**	Discharge
Process Location	All department	**Process Owner**	Nursing In charge
Input(s)	Bed head ticket with Doctors advice for discharge	**Output(s)**	Nos. of patient discharge per day,
Process Flow / Process Description: • Doctors makes the patient round in the morning • Patients who are fit to get discharge, the doctor advices for discharge on the bed head ticket. • The Nursing In-charge collects the all the patient records and gives the discharge slip to the patient prepared by doctor and advices accordingly.			
Patient Records		Nursing register and Discharge slip Discharge register.	

B. (3.2) For Gap Analysis:

Male ward

Male ward

Inpatient Dressing Room

water spreads in front of gynaec ward

Patients bring materials for cooking with gas stove in the ward

Water spread in gynaec ward

Maternity ward

Wall and window of maternity ward

Gap ID No	IP001
Gap Statement: Hospital does not have disabled friendly infrastructure.	
Rationale / Explanation: The following are not available • Ramps • Handrails in various patient care areas, bathrooms to avoid patient fall. • Disabled friendly toilet is not available.	
Gap Classification **Structural**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.2.(VII)**
Supporting Annexure	

Gap ID No	IP002
Gap Statement: Ward are not well equipped for patient care	
Rationale / Explanation: • Beds are cluttered together. • Bed railings are not available in the wards. • Bed side lockers are not provided to keep medicines. • IV stands are not available in adequate number. • Wheel chairs and trolleys not available in each ward. • Crash cart, ECG machine, Suction machine are not available in the ward. • Color coded bins for BMW segregation is not provided in the wards.	
Gap Classification **Structure**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.1.(V)**
Supporting Annexure	

Gap ID No	IP003
Gap Statement: Nursing stations are not located properly for patient monitoring	

Rationale / Explanation: • In female wards nursing station is located at the one corner of the ward. • Nursing station is not located centrally or on one corner of ward for the direct observation and monitoring. • Basic requirements such as storage place for inventory, linen, drugs has not been provided • There is no janitors closet for Housekeeping materials • No washing areas are designated for washing of badly soiled linen. • No staff change room provided.	
Gap Classification **Structure**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.1.(V)**
Supporting Annexure	

Gap ID No	**IP004**
Gap Statement: Standardized format for Medical record does not exist.	
Rationale / Explanation: • Only bed head ticket generated does not reflect continuity of care. • Standard formats such as history sheet, consultant notes, Nursing notes, Medication chart, TPR chart, Investigation chart, consent form not available. • No discharge summary is given to the patient.	
Gap Classification **Structure**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.2 (XV)**
Supporting Annexure	

Gap ID No	**IP006**
Gap Statement: Infection control not being practiced in the wards.	
Rationale / Explanation: • Use of personal protective equipments like glove, mask etc not being used by the nursing staff. • Staff is unaware about the BMW rules and regulations. • All the waste generated including BMW waste in the hospital is dumped in an open area. • There is no pest control in the ward or in the hospital for flies, rodents and mosquitoes.	

Gap Classification **Process**		***Gap Severity Rating** **High**
Gap Reference	**IPHS 6.5.5/6.4.7/ H(i)**	
Supporting Annexure		

Gap ID No		**IP007**
Gap Statement: Overcrowding of the patient care areas		
Rationale / Explanation: • There in no particular timing for visitors to see the patients. • Security personnel are not posted in the all areas to control the traffic. • There is no policy regarding the no. of attendants who can stay with patients.		
Gap Classification **Process**		***Gap Severity Rating** **Medium**
Gap Reference	**IPHS 7.8.1.(V)**	
Supporting Annexure		

Gap ID No		**IP008**
Gap Statement: Internal transfer of patient is not effective.		
Rationale / Explanation: • There is no clear policy with regard to transfer of patients within the hospital. • Internal transfer is most of the time is done by their own relatives. • Inadequate no. of wheel chair and trolleys.		
Gap Classification **Process**		***Gap Severity Rating** **Medium**
Gap Reference	**IPHS 7.8.1.VI**	
Supporting Annexure		

Gap ID No	**IP009**
Gap Statement: Facilities for collection and storage of linen are inadequate	

Rationale / Explanation: • There is no soiled linen collection trolley • Storage cabinets for clean linen are not available • No sluicing room has been provided in the wards.	
Gap Classification **Structure**	***Gap Severity Rating** **High**
Gap Reference	**IPHS7.8.2.(IV)**
Supporting Annexure	

8.4. OPERATION THEATER

There are two Operation theatre in the hospital one major OT and another one is Labour OT. The Major OT is being used for male patient and labour OT for female patient. Each OT has got two OT tables. The labour OT is located in a separate building in first floor near the labour room. The major OT is located on the ground floor near the male ward.There is one OT In-charge and one OT assistant in the major OT. There is entrance zone, washing zone. It has window AC in the OT. In Labour OT there is Labour OT assistant. It is well maintained OT but there no zoning concept according to IPHS standard.

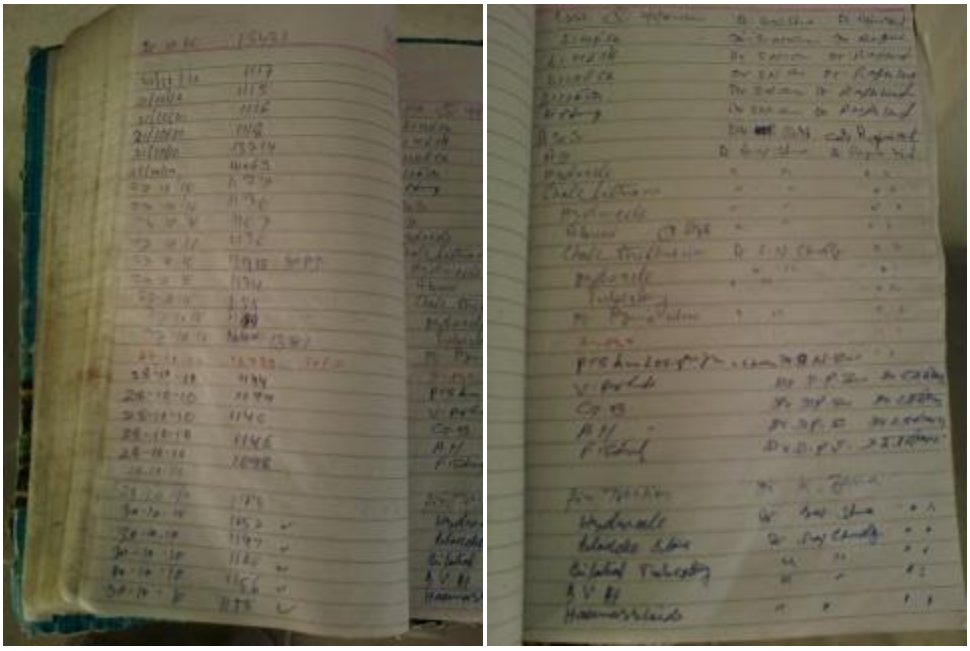
Major OT

waiting area outside OT

A. (4.1) For Process Flow

Process Group	Operation theatre	**Sub-Process**	OT booking
Process Location	OT	**Process Owner**	OT technician

Input(s)	Doctors advice for operation	**Output(s)**	OT register
Process Flow / Process Description: • Patient is examined in OPD/ ER/ Ward • Doctor advices for surgery • Books the case as per availability in the OT by prior intimation to OT technician.			
Patient Records		**OPD ticket/ Patient bed head ticket**	



OT register

Process Group	OT	**Sub-Process**	Patient shifting
Process Location	Ward/ emergency	**Process Owner**	Nursing In charge
Input(s)	OT/ward register	**Output(s)**	Total no. of patient shifted to OT
Process Flow / Process Description. 1. Patients are Shifted form Ward/ Emergency in trolleys, Wheel chair as per the needs. 2. patient are shifted in stretcher which is lifted by hand since there is no ramp/lift for labour OT 3. The patients are handed over to the OT Technician along with all the patient documents.			
Records generated		**OT register**	

Process Group	OT	**Sub-Process**	Surgery
Process Location	OT	**Process Owner**	Surgeon / anesthetist
Input(s)	Patient for surgery	**Output(s)**	Total no. of surgery done per day, Total no. of surgery cancelled
Process Flow / Process Description. 1. Patient identification is done by nurses and surgeons. 2. Patient is shifted to the main operating room. 3. After surgery is done patients are monitored in the recovery room till fully conscious. 4. Patient are shifted to respective wards.			
Records generated		Operation notes / OT register	

Process Group	OT	**Sub-Process**	OT cleaning
Process Location	OT	**Process Owner**	OT technician
Input(s)	Cleaning schedule of OT	**Output(s)**	Hygienic OT
Process Flow / Process Description. 1. After surgery instruments / Linen is cleared by the staff nurse/ Technician 2. The HK staff under Technician supervision cleans the OT table and surrounding area with phenyl and water. 3. The OT technician checks the equipments and OT table. 4. Fumigation of OT is done after 15 days or one month depending on availability of OT .			
Records generated			

B.(4.2)- For gap analysis

Gap ID No	**OT001**
Gap Statement:OT Design is not as per standards.	

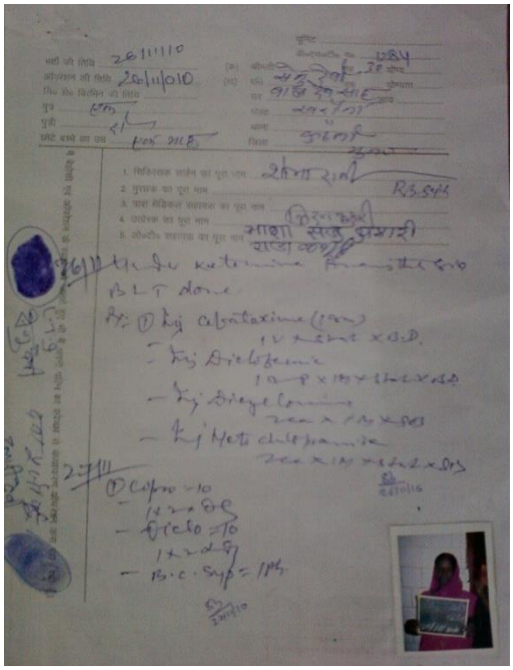
Rationale / Explanation: • OT is not designed as per the standards • Washing/ scrubbing/ change room are all in the main operating room. • The sterility of the place is far from satisfactory • There is no room for storage of supplies • Windows are kept open in the OT during operation.	
Gap Classification **Structure**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.1.(X)**
Supporting Annexure	

Technician keeping cloths and gauze after sterilization

Equipments present in major OT

Gap ID No	**OT002**
Gap Statement: Infection control and hygiene of the Operation Theatre is not maintained.	
• **Rationale / Explanation:** • The theatre does not follow basic zoning principles • There is no entry restriction barrier at the main entrance area of the theatre. • There is no change room for staff • Window AC is placed in the OT with no mechanism of cleaning and change of filter. • Fumigation is done once in 15days or one month depending on availability. • Carbolization of OT table and other surfaces not being done. • Swab testing at regular intervals is not being done. • No set protocol for cleaning and scrubbing of OT	
Gap Classification **Process**	***Gap Severity Rating** **High**
Gap Reference	**IPHS 7.8.1.(X)**
Supporting Annexure	

Scrub area for doctors



Consent before surgery

Gap ID No		**OT003**
Gap Statement: There is no well-equipped and functional recovery area attached to the theatre		
Rationale / Explanation: • The following equipments are not available in the OT: • Crash cart • Suction Apparatus • Multi Para monitor • Defibrillator • Ventilator • Central oxygen • There is no recovery room or critical room attached with OT/ in the hospital		
Gap Classification **Structure**		***Gap Severity Ratingmedium** **High**
Gap Reference	**IPHS 7.8.1.(X)**	
Supporting Annexure		

8.5. LABOR ROOM

One labor room is present in the hospital which is situated in the female building ward of the hospital. It is on the first floor of the building. It has 6 labourtables which is functional. In labour OT there is one labour OT assistant. There is a boiler which is used for sterilizing the equipments.There is also an autoclave machine which is out of order.The labour patients come to the labour room after registration. After consultation, the doctor advices either for admission for observation or admit to labour room for delivery.

Equipments kept after operation

Protection not used by OT staff

Autoclave in Labour OT

after washing equipments kept on rack

Equipments in labour OT

Soiled linen kept in the bucket

Condition of labor room

Dustbin in labour room

A. (6.1) for process flow

Process Group	Labor room	**Sub-Process**	Delivery
Process Location	Labourroom	**Process Owner**	Consultants
Input(s)	Nos. of patients admitted for delivery	**Output(s)**	Total number of normal/ Caesarian cases */*day
Process Flow / Process Description • Patients are admitted in the labour ward prior to delivery • At the time of delivery patients are shifted to the labour room • After delivery patients are shifted to the female ward • In case of complication patients are shifted to OT for LSCS.			
Patient Records			

B. (6.2) for gap analysis

Gap ID No	**LR 001**
Gap Statement: The Labour Room has poor infrastructure and does not have basic facilities.	
Rationale / Explanation: • No sterile store • No hand washing liquid present • No trolley bay • No changing room for facility staff and patient • No toilet • No ramps for emergency delivery patient.	
Gap Classification **Structure**	***Gap Severity Rating** **Medium**
Gap Reference	**IPHS 7.8.1.(XI)**
Supporting Annexure	

9. ANNEXURE

9.1 Area and Sections Analyzed in as is Survey

Area	Section
Ward	Emergency
	surgical ward
	medical ward
	Kala-Azar Ward
	Child ward
	Female Ward
	General OT
	Labour room
OPD	

9.2 List of People Interviewed For As is Analysis

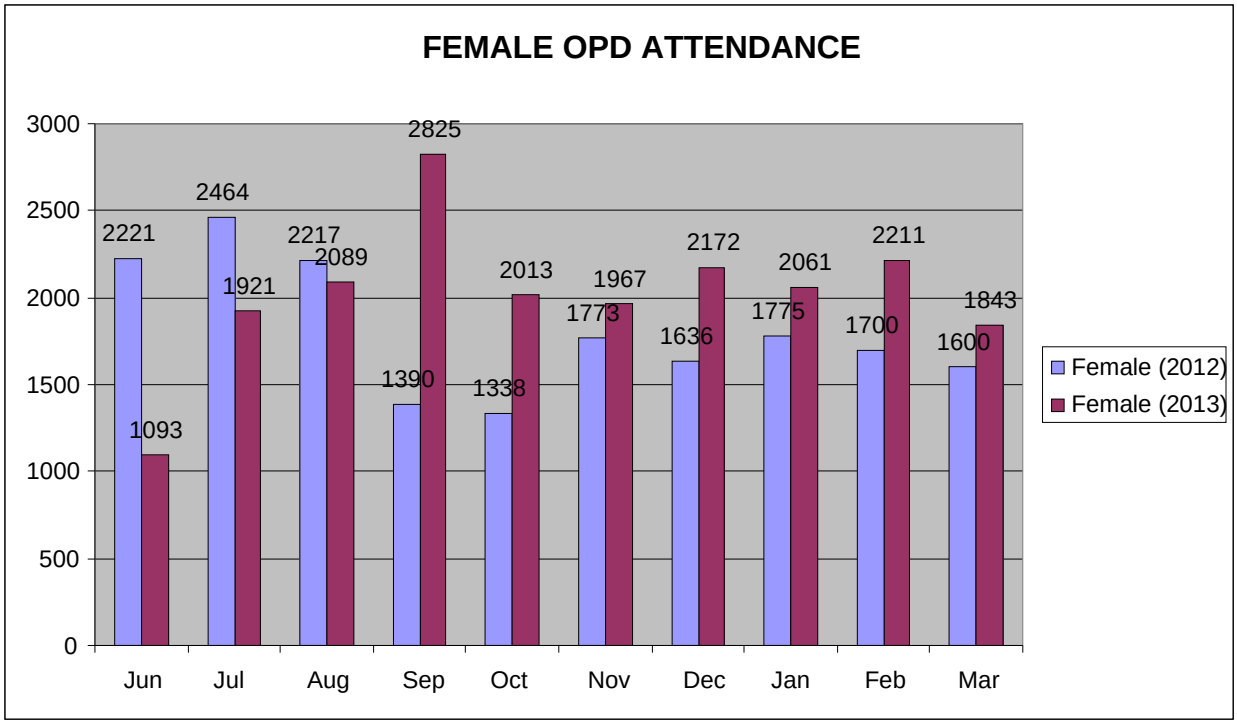
	List of people interviewed for As Is analysis	
Name	**Designation**	**Department**
Dr D P Singh	Doctor	Surgeon
Upendra Mahto	MWA	
Arvind Kumar Mishra	MWA	
Shashi Bhushan	Store Keeper	
Neera Mishra	Matron	
Ramakant Mishra	Lab Tech	
Satish Kumar	X-ray Tech	
kUMARI Sunita	Lab Tech	
Ram Mohan Pandey	Lab Tech	
Sanju Kumari	ANM	

9.3 List of Documents Reviewed During Survey

Departments	Documents
Wards	Bed Head Tickets
	Doctor wise patient file
	Ward registers
Emergency	Emergency Registers
	MLC case register
OPD	Patient registration register
	OPD tickets
	OPD statistics daily/ monthly basis

9.4 Hospital Operational Statistics

Department wise OPD Report of Sadar Hospital, Bhabhua																						
Month of June to Mar, 2013-2013																						
Month	Female (2012)	Female (2013)	Medicine (2012)	Medicine (2013)	Child (2012)	Child (2013)	Surgical (2012)	Surgical (2013)	Skin (2012)	Skin (2013)	Ortho (2012)	Ortho (2013)	Eye & ENT (2012)	Eye & ENT (2013)	Occupational (2012)	Occupational (2013)	Psy(2012)	Psy (2013)	Dental (2012)	Dental (2013)	Referred (2012)	Referred (2013)
Jun	2221	1093	4464	4109	2563	1461	2136	2470	788	828	1534	829	1645	967	321	1258	371	388	373	378	18	27
Jul	2464	1921	5108	5812	3328	2546	2354	1812	945	1161	1794	1230	1818	2804	291	508	216	200	443	537	22	16
Aug	2217	2089	5222	6849	2978	2948	2236	3774	852	1582	2039	1365	1749	3527	197	481	247	279	371	744	22	15
Sep	1390	2825	4532	6680	2363	3033	1654	1892	575	1523	1701	1827	1466	2268	194	141	250	530	378	855	19	19
Oct	1338	2013	4451	5971	1959	2806	2242	2043	586	1520	1684	2014	1560	2352	105	467	170	499	380	1059	25	25
Nov	1773	1967	4630	5141	2455	2304	2181	1688	394	1594	1691	2249	1761	2037	125	568	471	502	437	906	27	19
Dec	1636	2172	5184	6162	2298	3021	2488	1816	678	1770	2199	2330	2274	2337	163	209	1007	544	493	962	35	25
Jan	1775	2061	5523	6527	1971	3376	1993	1989	1710	1849	2181	2458	2411	2773	214	175	444	468	476	1166	36	26
Feb	1700	2211	5217	6653	2536	3423	1566	2039	1824	1860	2088	2348	2295	2767	489	-	200	479	405	1172	20	14
Mar	1600	1843	5676	6622	3328	3160	1425	1650	2810	2141	2127	2228	2041	2206	672	104	277	331	435	1076	22	20
Total	**18114**	**20195**	**50007**	**60526**	**25779**	**28078**	**20275**	**21173**	**11162**	**15828**	**19038**	**18878**	**19020**	**24038**	**2771**	**3911**	**3653**	**4220**	**4191**	**8855**	**246**	**206**


FEMALE OPD ATTENDANCE
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2500
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1500
1000
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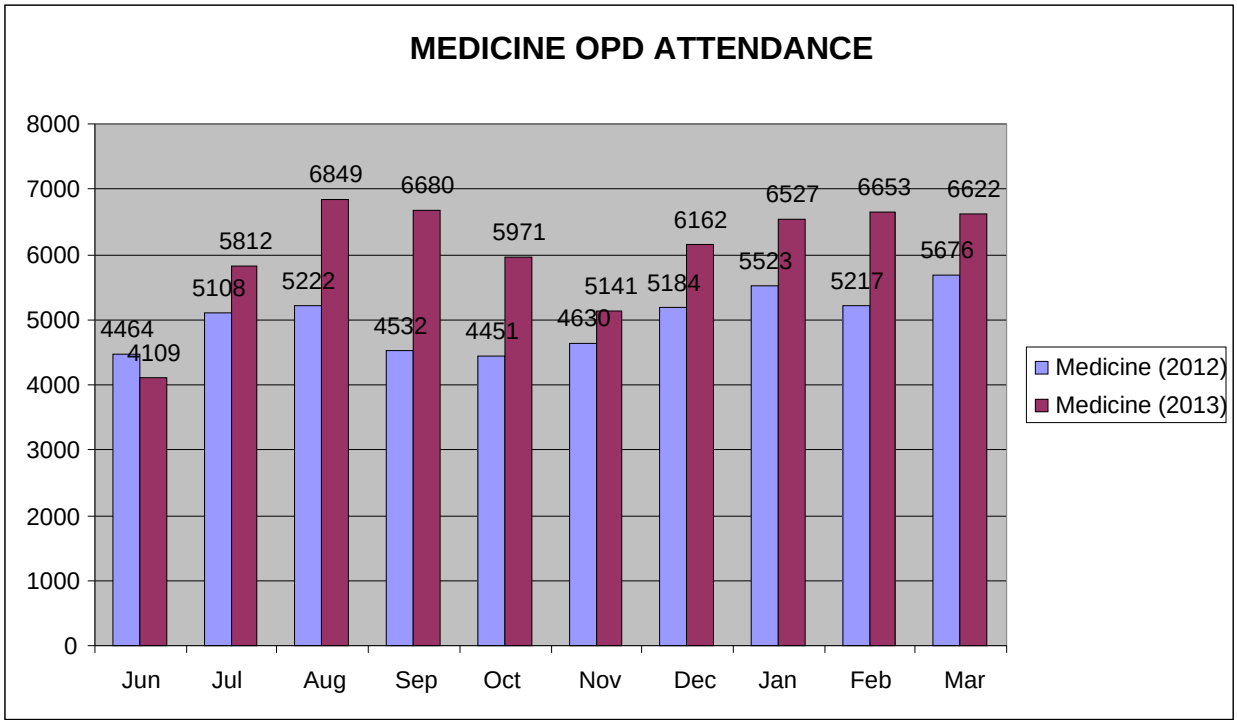
0
2221
1093
2464
1921
2217
2089
1390
2825
1338
2013
1773
1967
1636
2172
1775
2061
1700
2211
1600
1843
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Female (2012)
Female (2013)


MEDICINE OPD ATTENDANCE
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6000
5000
4000
3000
2000
1000
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4464
4109
5108
5812
5222
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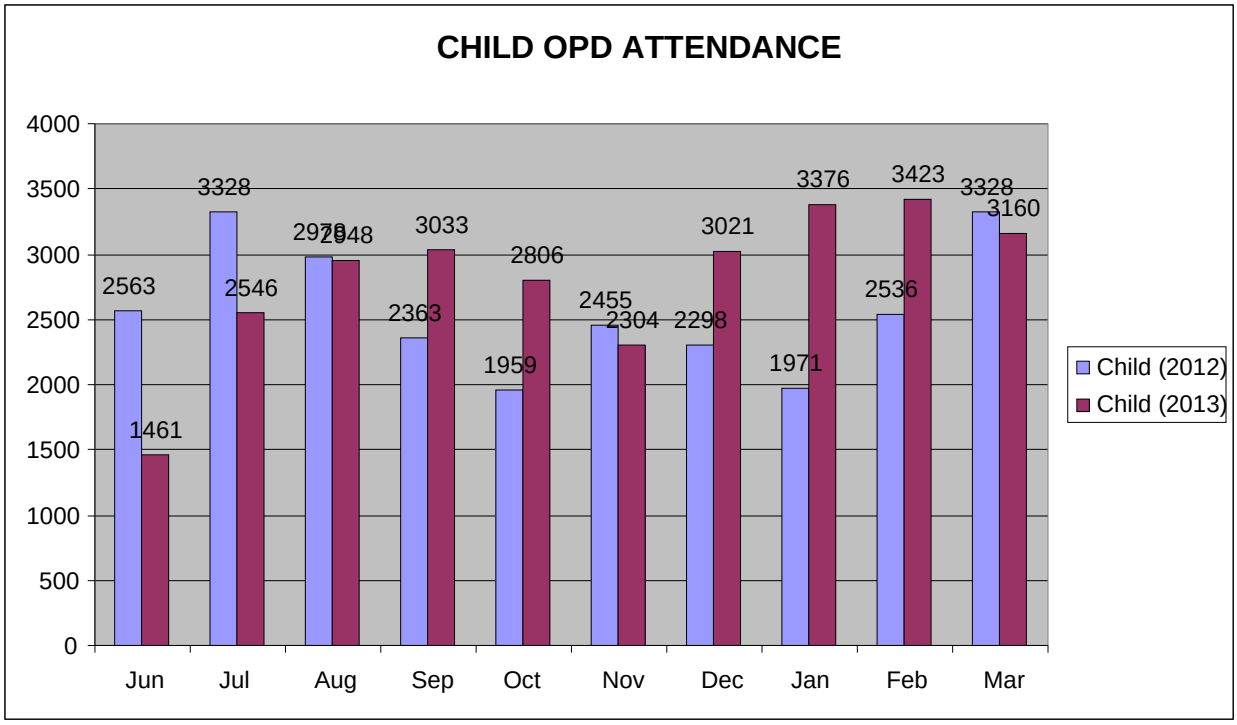
4532
6680
4451
5971
4630
5141
5184
6162
5523
6527
5217
6653
5676
6622
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Medicine (2012)
Medicine (2013)


CHILD OPD ATTENDANCE
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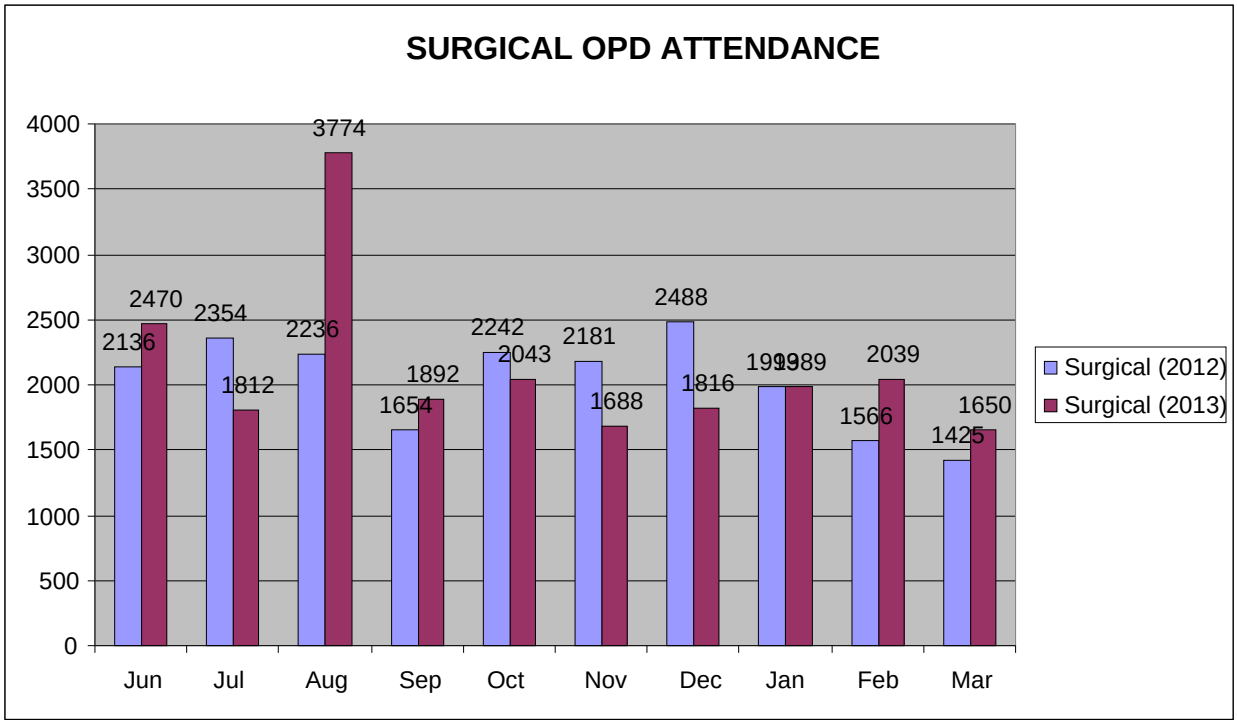
3500
3000
2500
2000
1500
1000
500
0
2563
1461
3328
2546
2978
2948
2363
3033
1959
2806
2455
2304
2298
3021
1971
3376
2536
3423
3328
3160
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Child (2012)
Child (2013)


SURGICAL OPD ATTENDANCE
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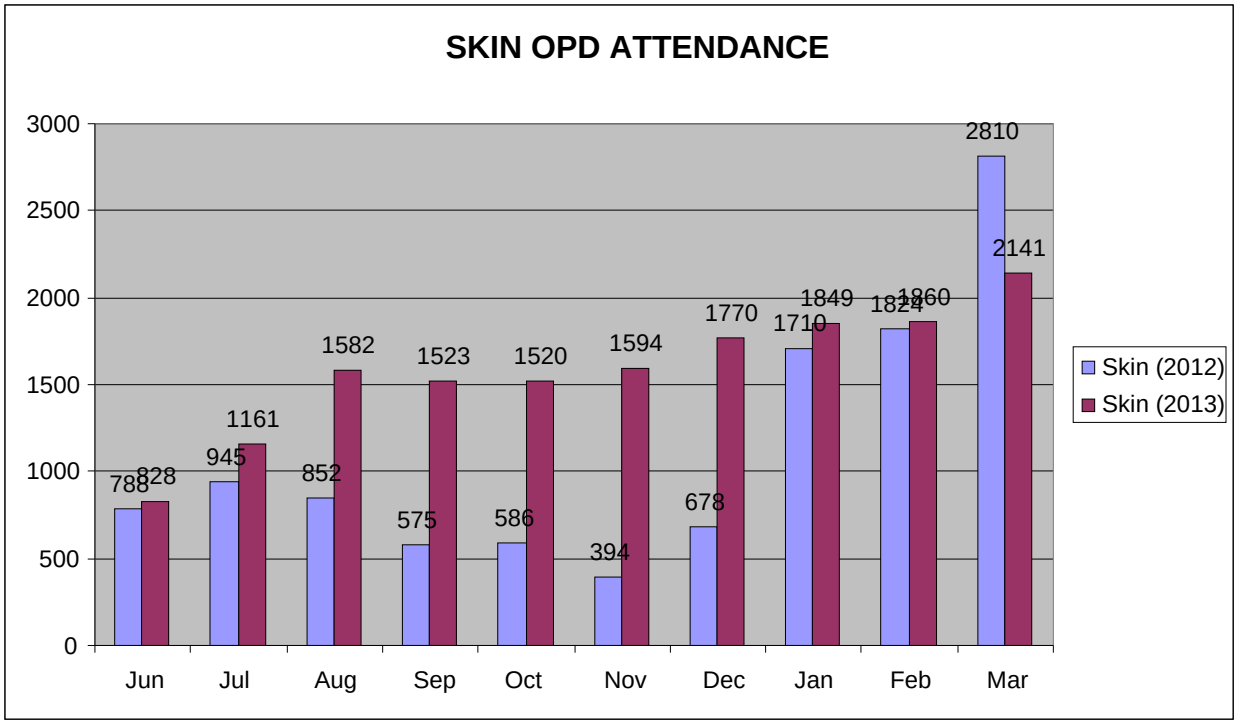
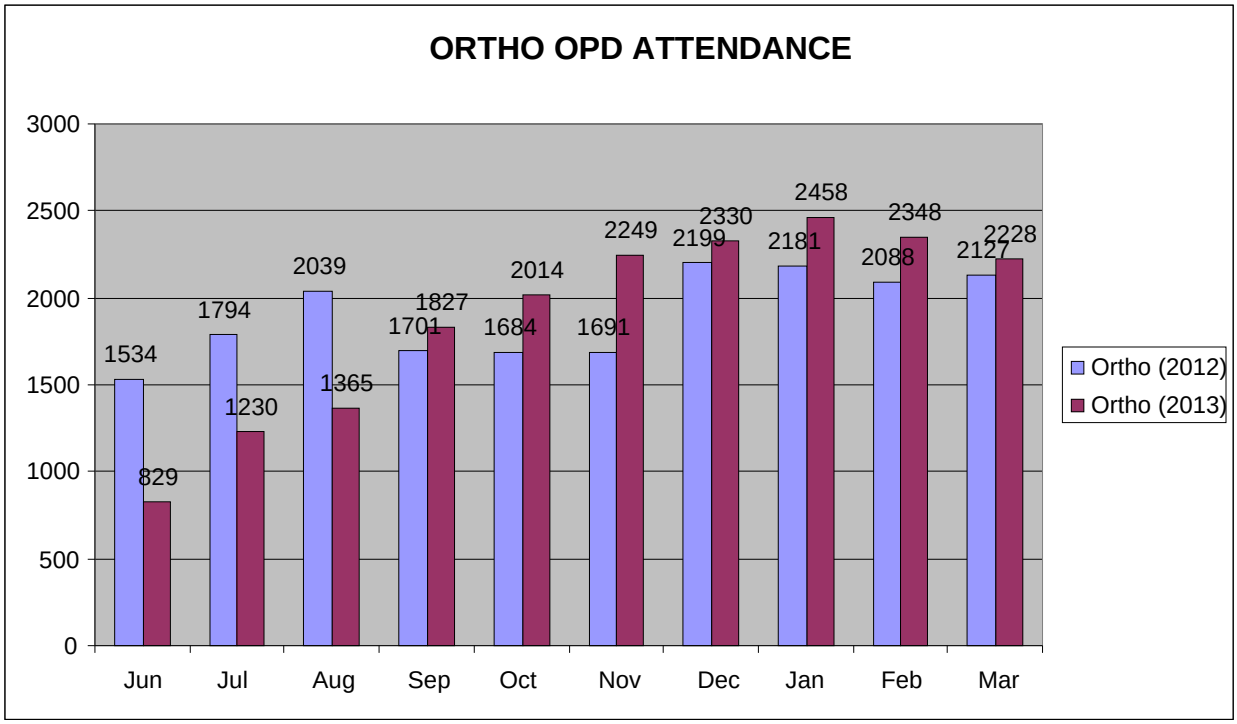
3500
3000
2500
2000
1500
1000
500
0
2136
2470
2354
1812
2236
3774
1654
1892
2242
2043
2181
1688
2488
1816
1989
1566
2039
1425
1650
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Surgical (2012)
Surgical (2013)


SKIN OPD ATTENDANCE
3000
2500
2000
1500
1000
500
0
788
828
945
1161
852
1582
575
1523
586
1520
394
1594
678
1770
1710
1849
1824
1860
2810
2141
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Skin (2012)
Skin (2013)


ORTHO OPD ATTENDANCE
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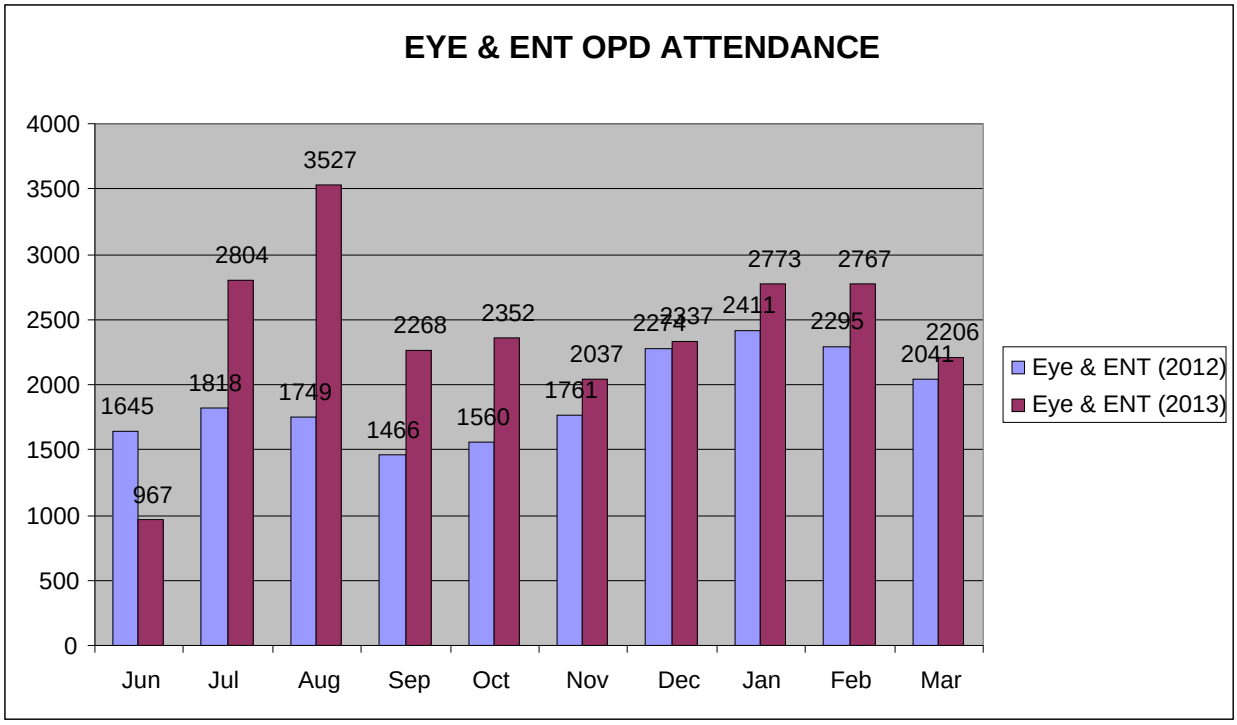
2500
2000
1500
1000
500
0
1534
829
1794
1230
2039
1365
1701
1827
1684
2014
1691
2249
2199
2330
2181
2458
2088
2348
2127
2228
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Ortho (2012)
Ortho (2013)


EYE & ENT OPD ATTENDANCE
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3500
3000
2500
2000
1500
1000
500
0
1645
967
1818
2804
1749
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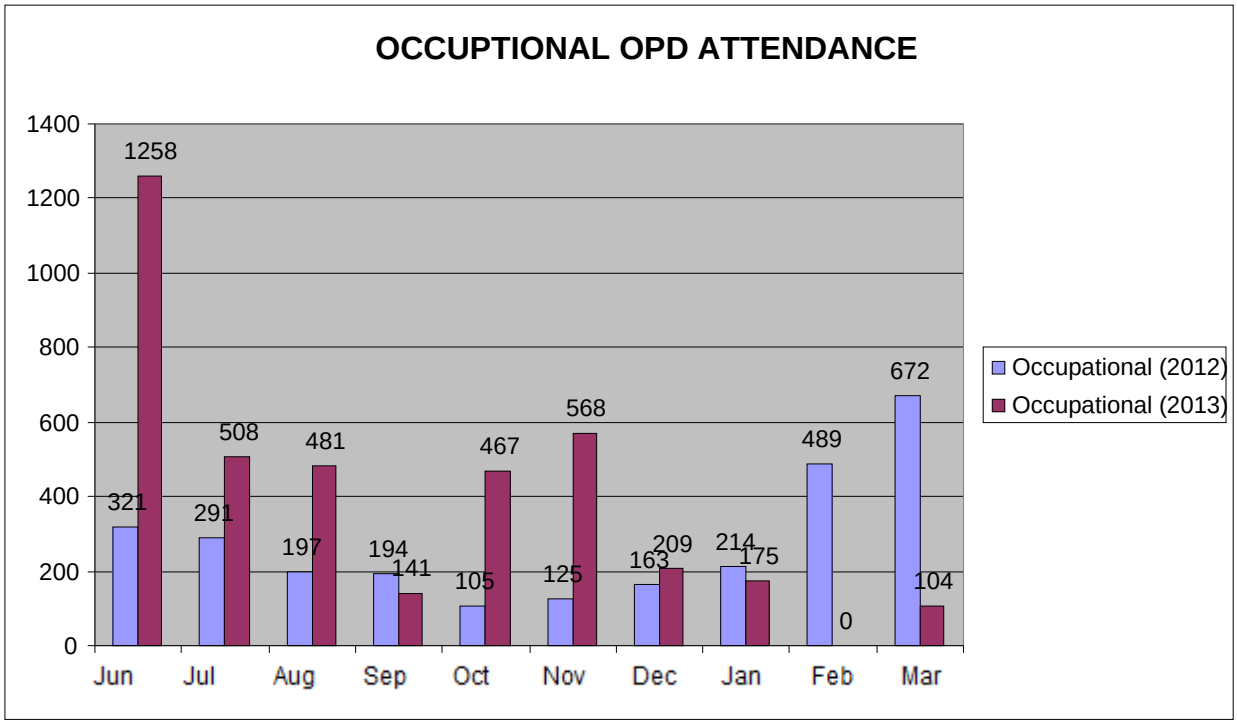
2268
1560
2352
1761
2037
2274
2337
2411
2773
2295
2767
2041
2206
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Eye & ENT (2012)
Eye & ENT (2013)


OCCUPTIONAL OPD ATTENDANCE
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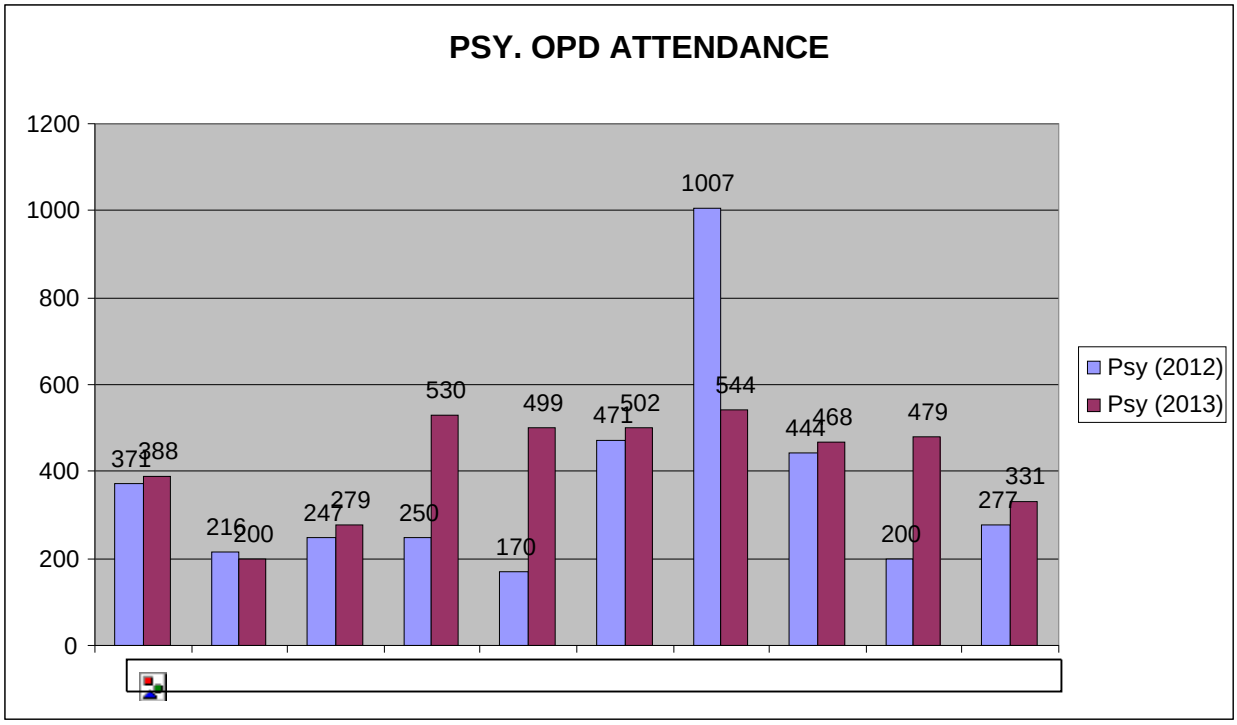
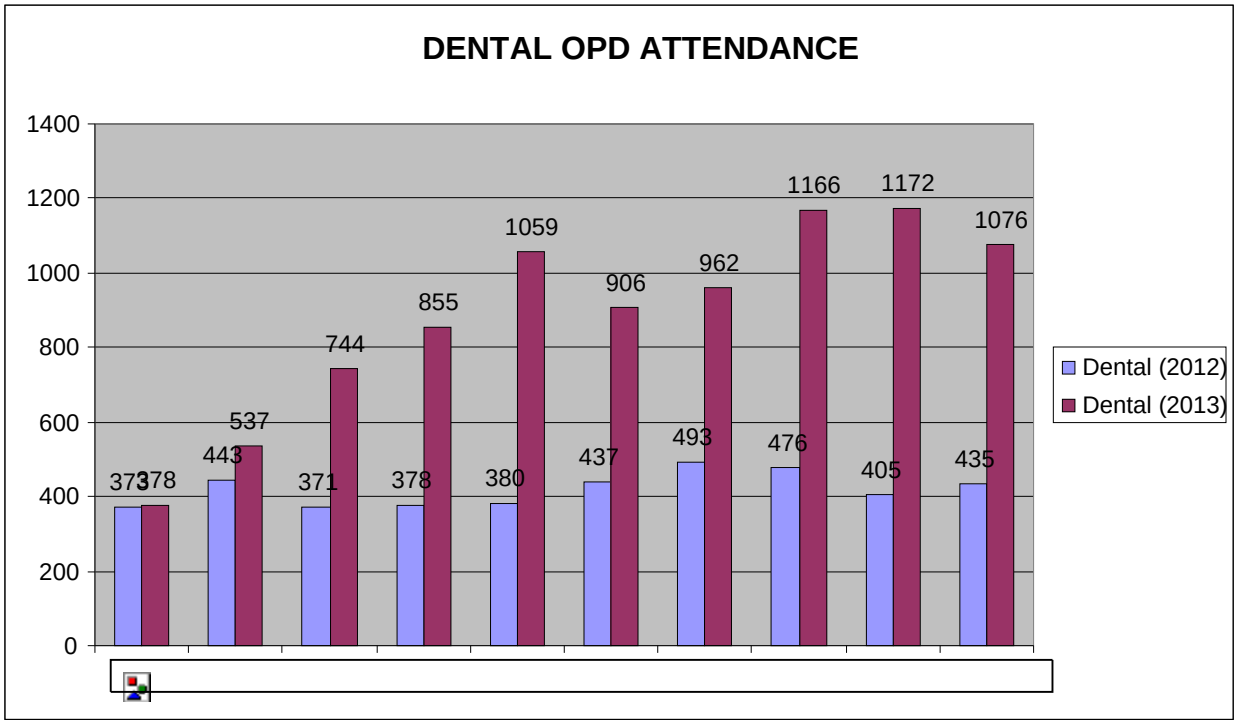
1200
1000
800
600
400
200
0
321
1258
291
508
197
481
194
141
105
467
125
568
163
209
214
175
489
0
672
104
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Occupational (2012)
Occupational (2013)


PSY. OPD ATTENDANCE
1200
1000
800
600
400
200
0
371
388
216
200
247
279
250
530
170
499
471
502
1007
544
444
468
200
479
277
331
Psy (2012)
Psy (2013)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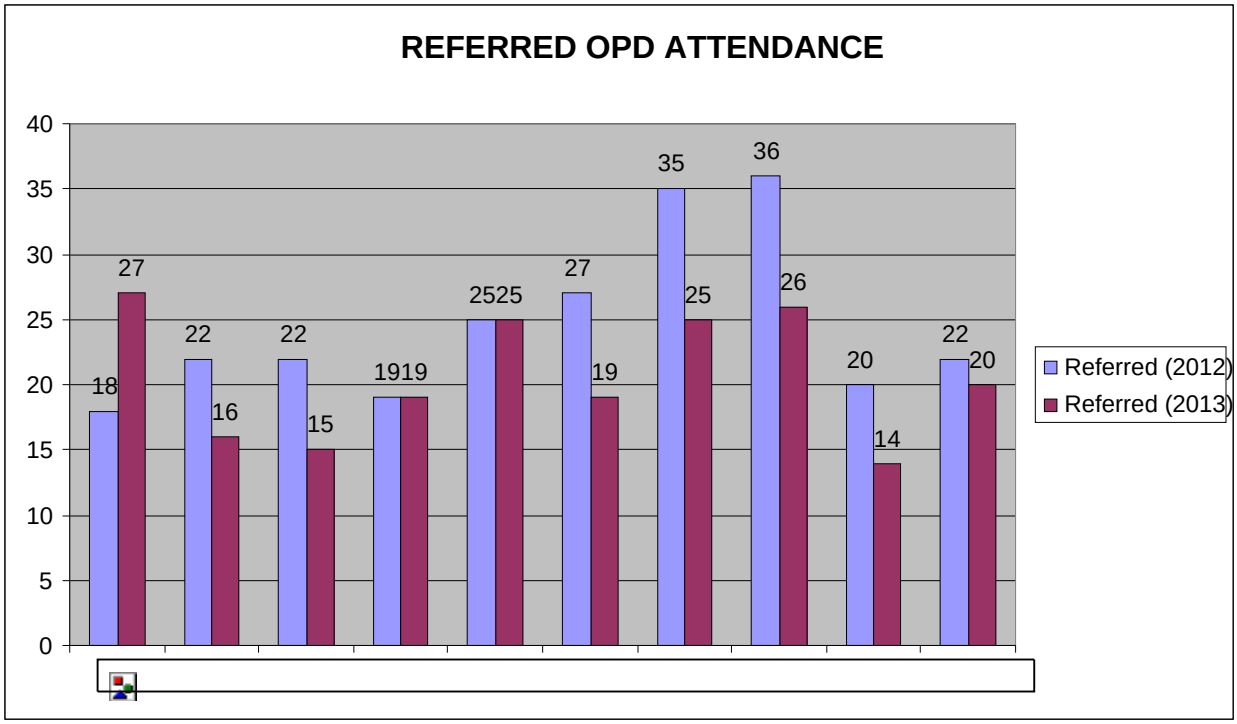
1200
1000
800
600
400
200
0
373
378
443
537
371
744
378
855
380
1059
437
906
493
962
476
1166
405
1172
435
1076
Dental (2012)
Dental (2013)


REFERRED OPD ATTENDANCE
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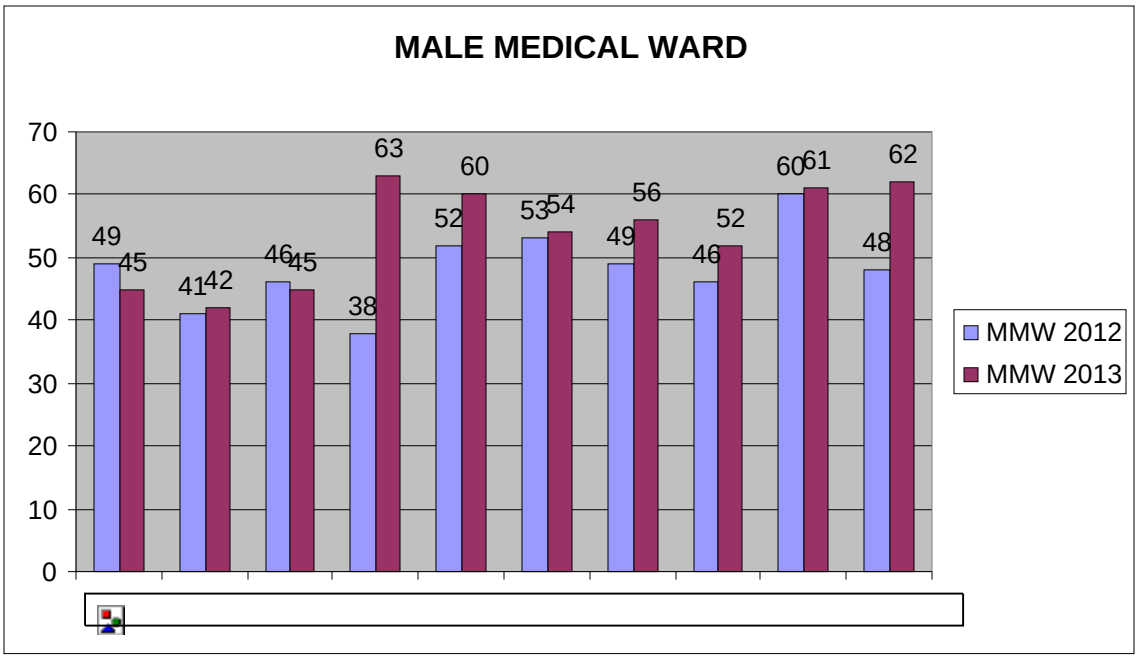
35
30
25
20
15
10
5
0
18
27
22
16
22
15
19
19
25
25
27
19
35
25
36
26
20
14
22
20
Referred (2012)
Referred (2013)

Department wise IPD Report of Sadar Hospital, Bhabhua

Month of June to March, 2012-13

Month	MMW 2012	MMW 2013	MSW 2012	MSW 2013	FMW 2012	FMW 2013	FSW 2012	FSW 2013	M. Kala-Azar 2012	M. Kala-Azar 2013	F. Kala-Azar2012	F. Kala-Azar 2013	Pediatric 2012	Pediatric 2013	Isolation 2012	Isolation 2013	Maternity 2012	Maternity 2013	Gynaec 2012	Gynaec 2013
Jun	49	45	93	97	22	30	53	61	5	2	4	2	2	4	14	8	392	434	5	9
Jul	41	42	112	70	11	25	73	99	5	8	7	6	1	10	29	13	305	429	7	3
Aug	46	45	86	102	25	32	79	106	1	2	7	5	1	6	41	64	280	410	8	20
Sep	38	63	43	89	42	22	22	63	4	7	9	3	7	5	93	67	280	414	4	22
Oct	52	60	56	96	28	25	29	64	14	5	7	5	2	7	115	60	261	420	7	24
Nov	53	54	70	63	27	30	28	68	4	8	8	4	10	8	110	49	230	410	8	23
Dec	49	56	70	80	33	33	48	65	9	2	5	15	6	8	76	49	290	530	11	15
Jan	46	52	88	58	32	29	51	64	2	5	3	6	4	13	61	43	547	707	12	15
Feb	60	61	73	78	48	35	41	72	4	6	5	10	6	12	41	70	592	685	12	12
Mar	48	62	52	70	26	35	35	65	2	3	4	3	9	14	51	55	591	686	10	3
TOTAL	**482**	**540**	**743**	**803**	**294**	**296**	**459**	**727**	**50**	**48**	**59**	**59**	**48**	**87**	**631**	**478**	**3768**	**5125**	**84**	**146**


MALE MEDICAL WARD
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60
50
40
30
20
10
0
49
45
41
42
46
45
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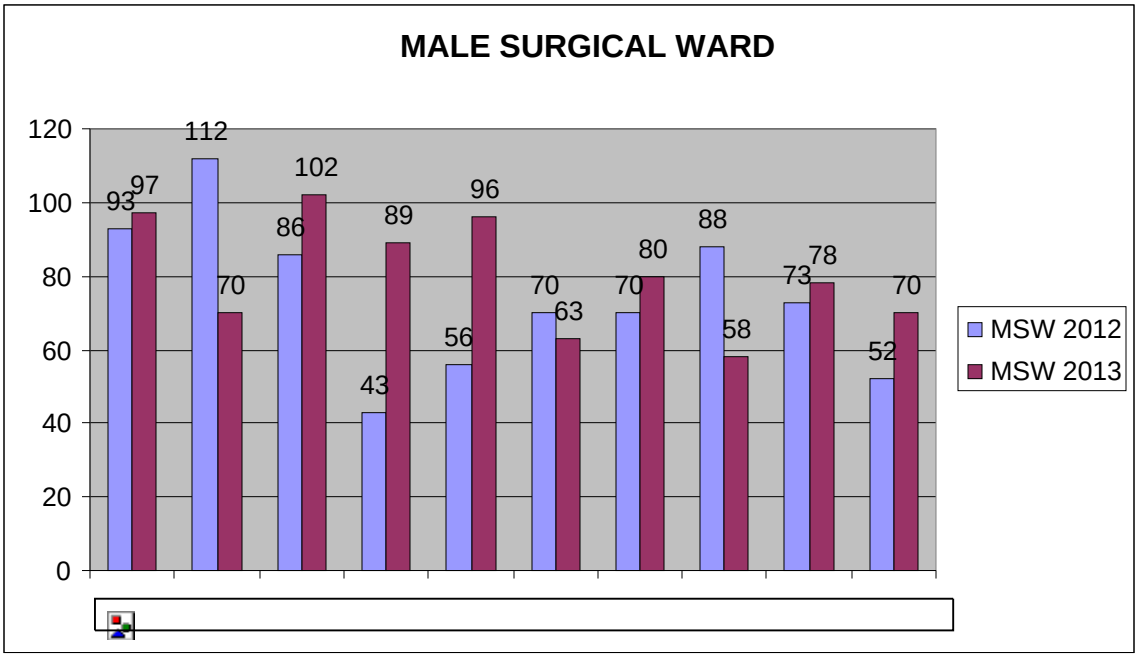
63
52
60
53
54
49
56
46
52
60
61
48
62
MMW 2012
MMW 2013


MALE SURGICAL WARD
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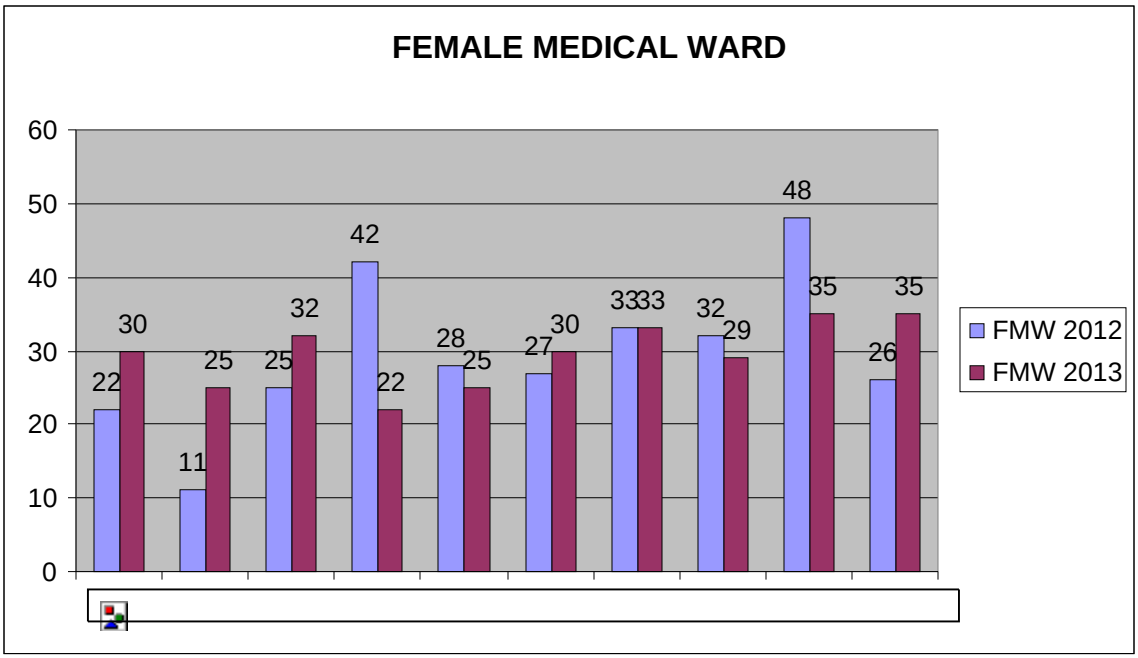
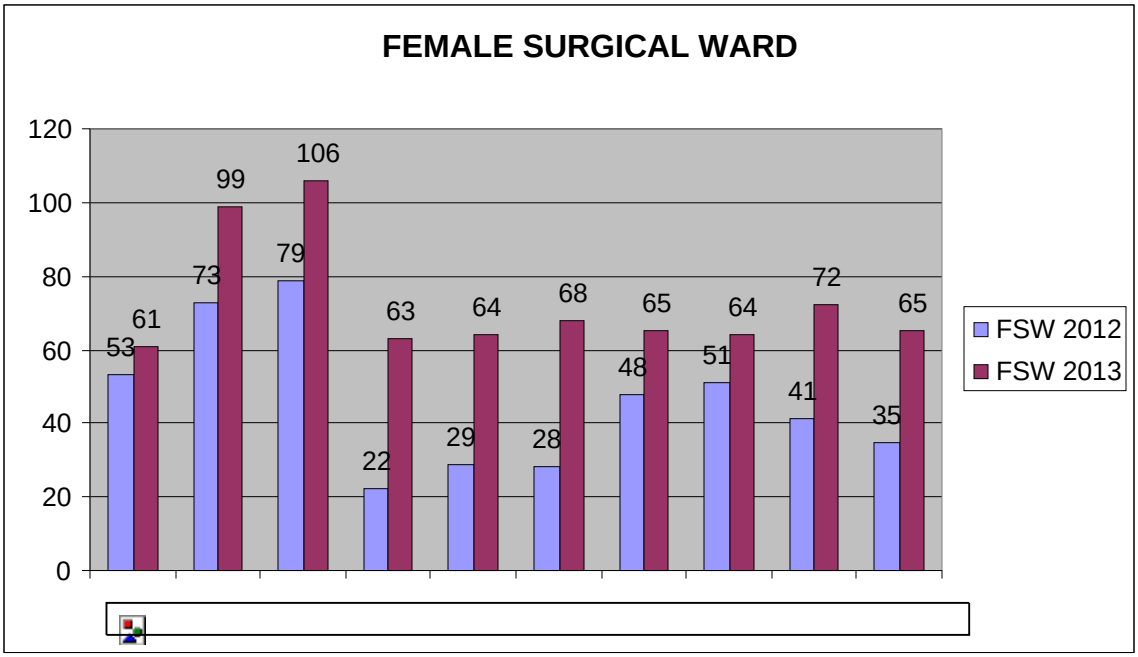
100
80
60
40
20
0
93
97
112
70
86
102
43
89
56
96
70
63
70
80
88
58
73
78
52
70
MSW 2012
MSW 2013


FEMALE MEDICAL WARD
60
50
40
30
20
10
0
22
30
11
25
25
32
42
22
28
25
27
30
33
33
32
29
48
35
26
35
FMW 2012
FMW 2013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100
80
60
40
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53
61
73
99
79
106
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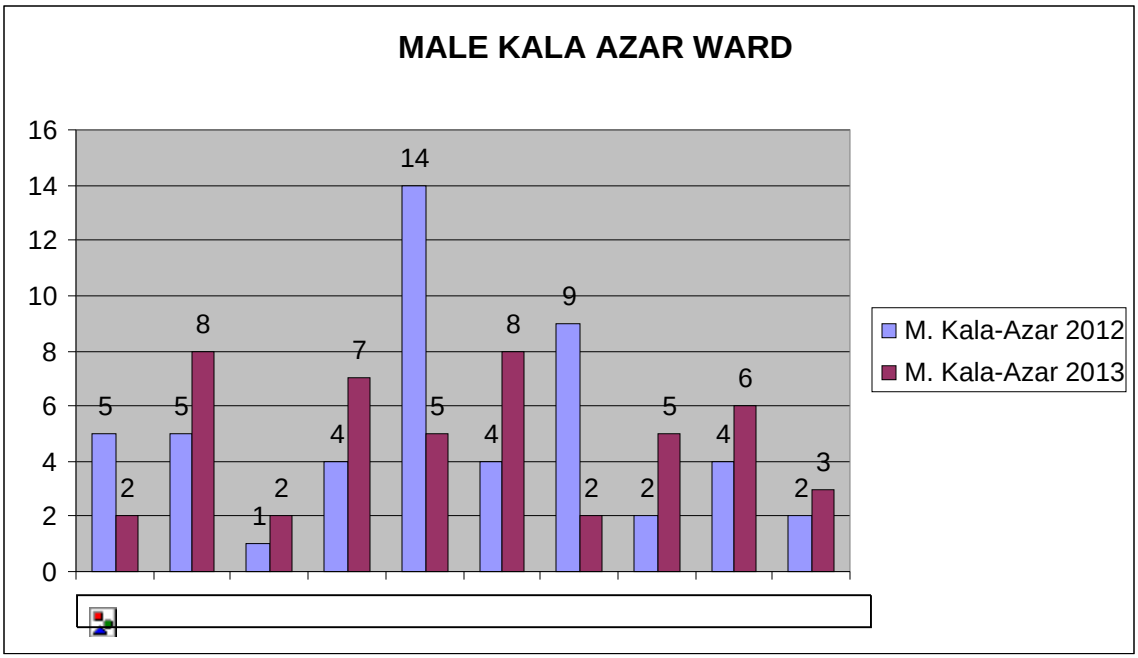
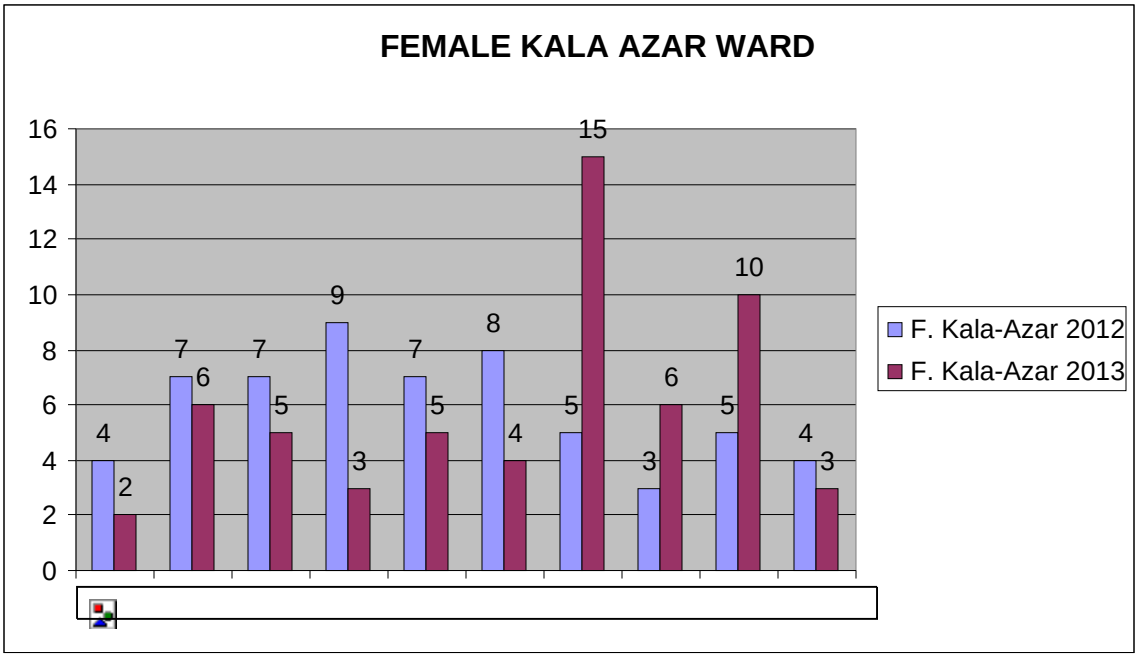
29
64
28
68
48
65
51
64
41
72
35
65
FSW 2012
FSW 2013


MALE KALA AZAR WARD
16
14
12
10
8
6
4
2
0
5
2
5
8
1
2
4
7
14
5
4
8
9
2
2
5
4
6
2
3
M. Kala-Azar 2012
M. Kala-Azar 2013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14
12
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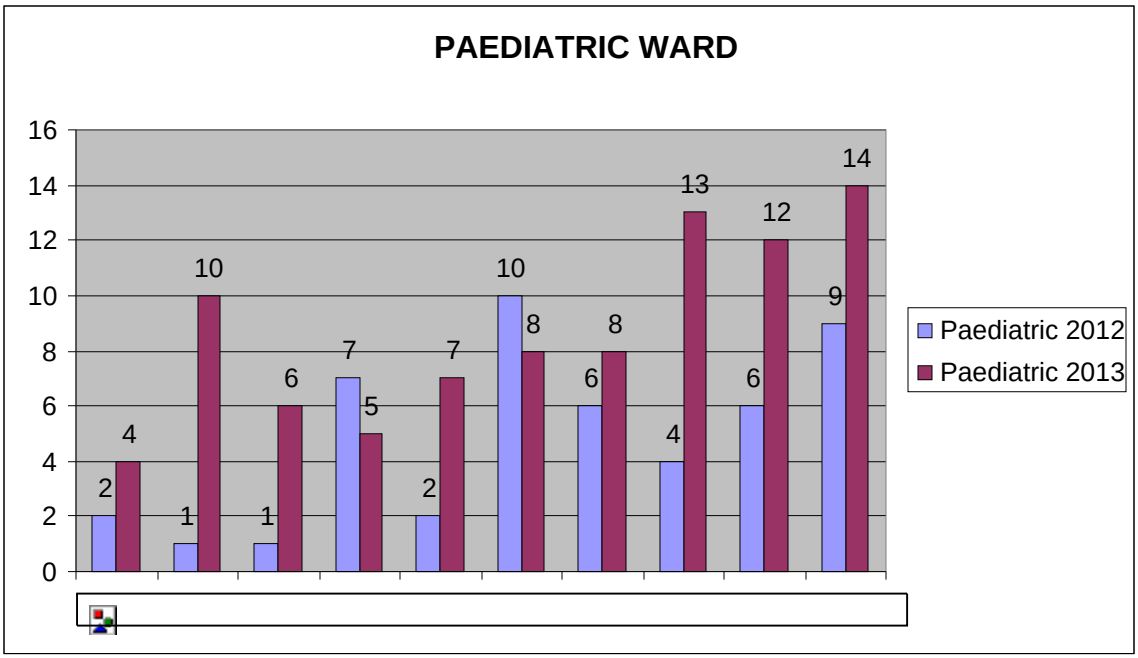
4
3
F. Kala-Azar 2012
F. Kala-Azar 2013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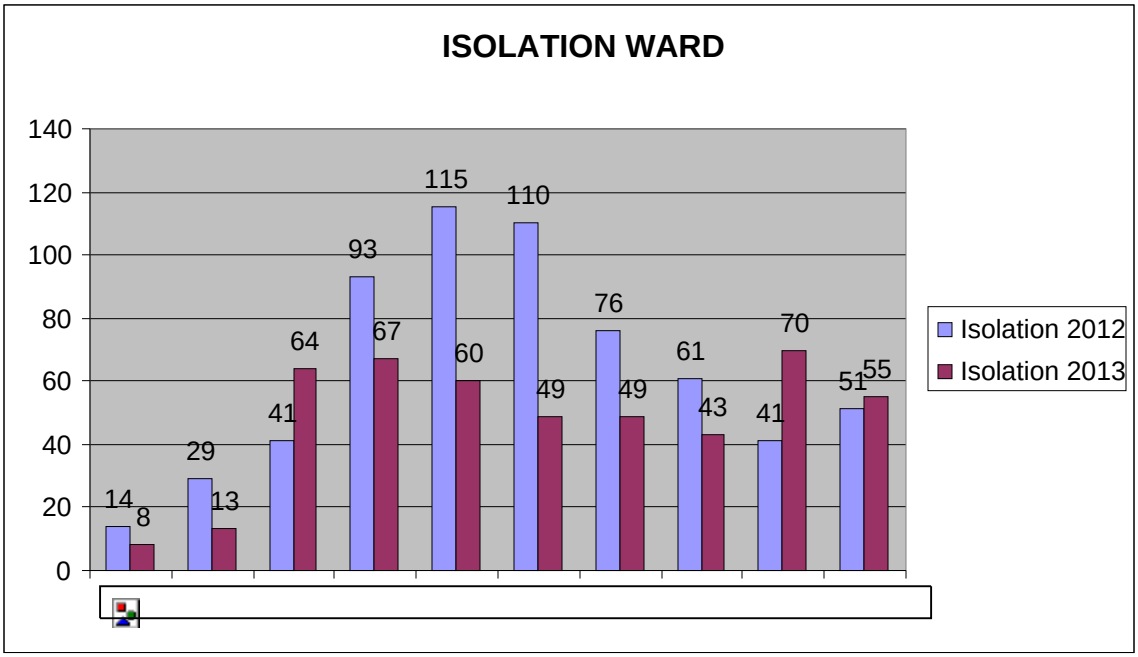
6
4
2
0
2
4
1
10
1
6
7
5
2
7
10
8
6
8
4
13
6
12
9
14
Paediatric 2012
Paediatric 2013


ISOLATION WARD
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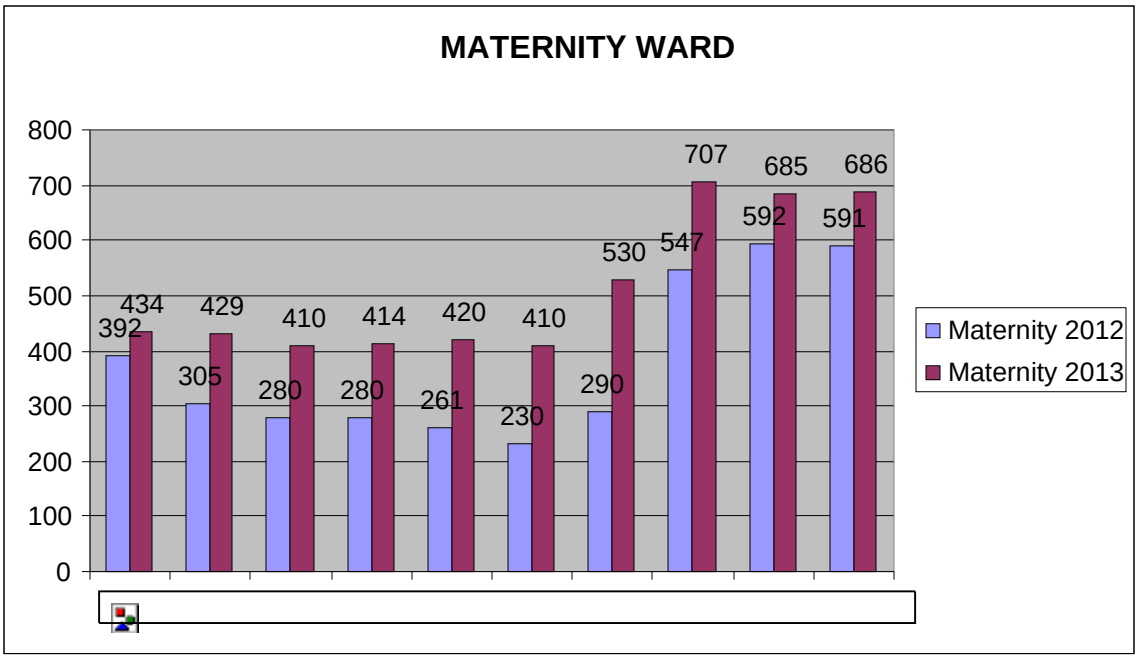
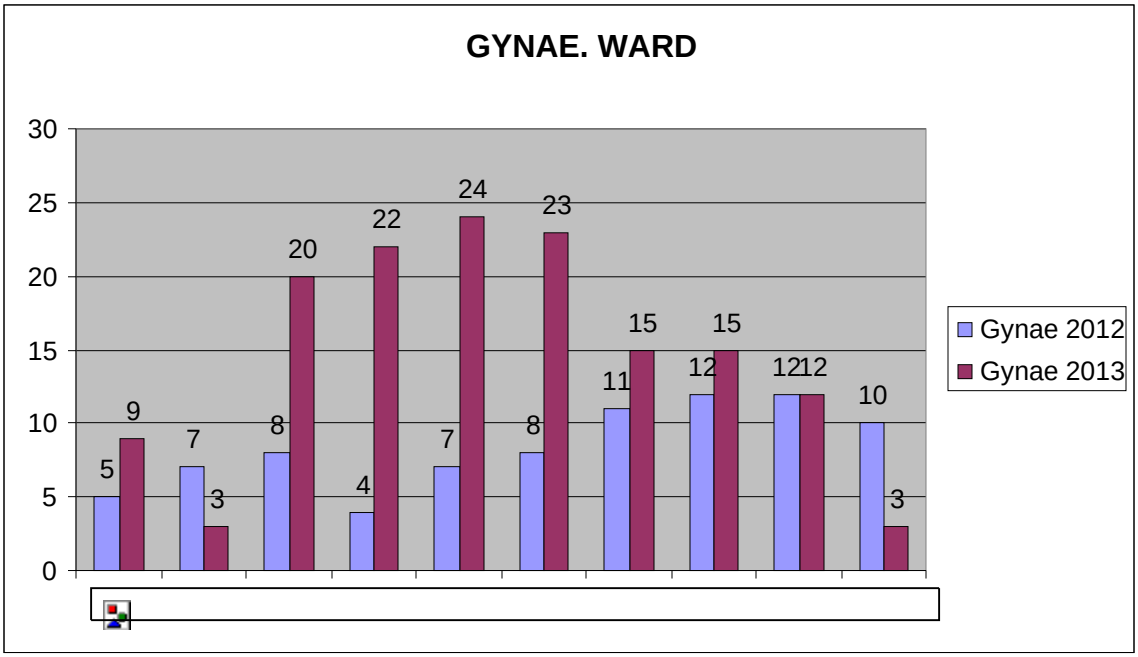
120
100
80
60
40
20
0
14
8
29
13
41
64
93
67
115
60
110
49
76
49
61
43
41
70
51
55
Isolation 2012
Isolation 2013


MATERNITY WARD
800
700
600
500
400
300
200
100
0
392
434
305
429
280
410
280
414
261
420
230
410
290
530
547
707
592
685
591
686
Maternity 2012
Maternity 2013


GYNAE. WARD
30
25
20
15
10
5
0
5
9
7
3
8
20
4
22
7
24
8
23
11
15
12
15
12
12
10
3
Gynae 2012
Gynae 2013

9.5 Human Resource Strength

SADARHOSPITAL, BHABUA				
S.No.	**NAME OF STAFF**	**Designation**	**Type of Emp.**	
1	Dr. S.D.Ram	Psychiatry (MO)	Regular	
2	Dr. T.K Singh	Physician	Regular	
3	Dr. S.N Jha	Radiologist	Regular	
4	Dr. Shailendra Kumar	Physician	Regular	
5	Dr. D.P Singh	surgeon	Regular	
6	Dr. V.B Gupta	Pathologist/paediatrics	Regular	
7	Dr.R.B Singh	Anaesthetist	Regular	
8	Dr.B.S Jha	Opthalmologist	Regular	
9	Dr. S.N Chaudhary	Orthopedics/surgeon	Regular	
10	Dr. Vijay Kumar	Dermatologist	Regular	
11	Dr. H.S.P.Singh	Eye/ENT	Regular	
12	Dr. Krishna Singh	Gynaecologist	Regular	
13	Dr.R.K Thakur	Anaesthetist	Regular	
14	Dr.Sobha Rani Singh	Gynaecologist	Regular	
15	Dr. Bimlesh Kumar	Paediatrics	Contractual	
16	Dr.S.K Gupta	Physician	Contractual	
17	Dr. M.K Mishra	Opthalmologist	Contractual	
18	Dr.Preeti	Gynaecologist	Contractual	
19	Dr. A K.Chaudhury	Orthopedics	Contractual	
20	Dr.KJama	Orthopedics	Contractual	
21	Dr.B.N Sharma	Surgeon	Contractual	
22	Dr.Richa Tulsia	Dentist	Contractual	
23	Dr.Sailender Kumar	Dentist	Contractual	
24	Dr.SahinaSaukat	Dentist	Contractual	
25	Krishna Mohan Sharma	Pharmacist	Regular	
26	KrishnBallav Sharma	Pharmacist	Regular	
27	Kaushal Kishore Singh	Pharmacist	Regular	
28	Ramakanta Mishra	Lab. Tech.	Regular	
29	Jitender Kumar Sinha	L.T	Regular	
30	Priya Ranjan Kumar	X-ray tech.	Regular	

31	SakuntalaPaswan	Ophthalmologist	Regular	
32	Raj KumnarJha	Dresser	Regular	
33	MdAllaudin	Dresser	Regular	
34	Madan Mohato	Dresser	Regular	
35	Dinesh Rajak	Dresser	Regular	
36	Rajkumari Devi	Dresser	Regular	
37	Sunil Kumar	Ophthalmologist	Regular	
38	Raj Kishore Ram	Ophthalmologist	Regular	
39	Neera Mishra	Matron	Regular	
40	Sharmila Devi	Grade A nurse	Regular	
41	Krishna Mishra	Grade A nurse	Regular	
42	Krishna Devi	Grade A nurse	Regular	
43	Bhagwatisharma	Grade A	Regular	
44	GayatriKumariSrivastav	Grade A	Regular	
45	RenuKumari	Grade A	Regular	
46	Shanti Kumari	Grade A	Regular	
47	AbdheshKumari	Grade a	Regular	
48	Banibisswas	Grade A	Regular	
49	Usha Sinha	Grade a	Regular	
50	RanjanaKumari Singh	Grade a	Regular	
51	Vibha Sinha	LHV	Regular	
52	AnchalaKumari	ANM	Regular	
53	Kiran kumari	ANM	Regular	
54	Chandakumari	Grade A	Regular	
55	Nilam Kumari	ANM	Regular	
56	RinaKumari	Grade A	Regular	
57	SumanKumari	Grade A	Regular	
58	Pushpa Sharma	Grade A	Regular	
59	Shambhu Devi	ANM	Regular	
60	Sri kumari	ANM	Regular	
61	SanjuKumari	ANM	Regular	
62	Sunaina Sharma	ANM	Contractual	
63	RinkuKumari	ANM	Contractual	
64	Nilam Bala Srivastava	Grade A	Regular	
65	ManjuKumari	ANM	Regular	
66	Shankar Mahto	MWA	Regular	

67	UpendraMahto	MWA	Regular	
68	Shitan Raj	MWA	Regular	
69	Hari Narayan	MWA	Regular	
70	Raju Prasad	MWA	Regular	
71	Arvind Kumar Mishra	MWA	Regular	
72	Tej Narayan Kumar	MWA	Regular	
73	Arun Kumar Singh	MWA	Regular	
74	Ajay sinha	MWA	Regular	
75	Ashok Ram	MWA	Regular	
76	Krishna Kumar Singh	MWA	Regular	
77	Sanjay Paswan	MWA	Regular	
78	JawaharBaitha	Dhobi	Regular	
79	Krishna Mohan Kishor	Cook	Regular	
80	Sikander Kumar	MWA	Regular	
81	Mahendra Sah	Occupational Therapist	Regular	
82	Mukesh Kumar	MWA	Regular	
83	Shambhu Tiwari	MWA	Regular	
84	Surendra Ram	MWA	Regular	
85	TriveniMahto	MWA	Regular	
86	Umesh Ram	MWA	Regular	
87	BholaMondal	MWA	Regular	
88	KanhaiLal Prasad	MWA	Regular	
89	Govind Ram	MWA	Regular	
90	Rampari Devi	FWA	Regular	
91	Umravati Devi	FWA	Regular	
92	Champa Devi	Sweeper	Regular	
93	Kaushalya Devi	Sweeper	Regular	
94	Shanti Devi	Sweeper	Regular	
95	Sita Ram	Sweeper	Regular	
96	Mohan Ram	Sweeper	Regular	
97	Vijay Ram	Sweeper	Regular	
98	Sukhdev Ram	Sweeper	Regular	
99	Mahesh Kumar Raut	Sweeper	Regular	
100	NemuaMallik	DOM	Regular	
101	Urmila Devi	Sweeper	Regular	
102	Radha Devi	Sweeper	Regular	

103	Krishna Mohan Sahni	MWA	Regular	
104	Shanti Devi	Sweeper	Regular	
105	Ram Mohan Pandey	Lab Technician	Regular	
106	Jai shankarJha	LT	Regular	
107	VipinBihari Singh	LT	Regular	
108	KumariSunita	LT	Contractual	
109	Anand Kumar	Sweeper	Regular	
110	Birendra Kumar Chowdhary	Clerk	Regular	
111	Shashi Ranjan	Clerk	Regular	
112	NabalKishorSahi	Clerk	Regular	

9.6 List of Members Of RogiKalyanSamiti

- Civil Surgeon (Dr.RasBihari Singh)
- Deputy superintendent (Dr.S.C. Lal)
- Mayor (AgeyVikramBoski)
- Secretary ZilaParishad (Umravati Singh)
- Executive Engineer PWD
- Executive Engineer PHD
- Executive Engineer Electricity
- Executive Engineer Supply
- Executive Engineer Work
- Brijesh Kumar
- Manoj Kumar Singh
- Secretary (IMI)
- Manoj Kumar
- Social worker (Sunita Singh)

9.7.1 Physical Infrastructure

Physical Infrastructure		
		Current Availability in the Hospital
2.1.	Size (Area) of the Hospital (In Sq. Meters)	22 acres
2.2.	Number of indoor beds available	218/164
Location		
2.3.	Is the hospital located near residential area? (Yes / No)	yes
2.4.	Is the hospital building free from danger of flooding? (Yes / No)	no
2.5.	Is the hospital located in an area free from pollution of any kind including air, voice, water and land pollution? (Yes /No)	no
2.6.	Is necessary environmental clearance obtained? (Yes / No)	yes
2.7.	Whether hospital building is disabled friendly as per provisions of Disability Act? (Yes / No)	yes
Building Status		
2.8.	What is the present stage of construction of the building (Complete: 1; Incomplete: 0)	incomplete
2.9.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	partial
2.10.	Condition of plaster on walls (1- Well plastered with plaster intact everywhere; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)	plaster coming off in some places
2.11.	Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring)	floor in good condition
Building Requirements (Availability to be recorded in Yes / No)		
2.12.	Administrative Block	yes
2.13.	Circulation Area	no
2.14.	Entrance Area	yes

2.15.	Ambulatory Care Area (OPD)	yes
2.16.	Waiting Spaces adjacent to each consultation and treatment room	yes
2.17.	Registration Counter	yes
2.18.	Assistance and Enquiry Counter	yes
2.19.	**Departments / Clinics**	
a.	General	yes
b.	Medical	yes
c.	Surgical	yes
d.	Ophthalmic	yes
e.	ENT	yes
f.	Dental	yes
g.	Obstetric &Gynecologist	yes
h.	Paediatrics	yes
i.	Dermatology & Venereology	yes
j.	Psychiatry	yes
k.	Neonatology	no
l.	Orthopedic	yes
m.	Social Service	no
n.	Infectious & Communicable Diseases located in remote corner with independent access	no
o.	National Health Programmes	yes
2.20.	Nursing Stations	yes
2.21.	**Diagnostic Services**	
a.	X-Ray Room	yes
b.	Dark Room for X-Ray film developing and processing	yes
c.	X-Ray Reporting Room for Doctor	yes
d.	Is X-Ray room accessible to OPD, Wards and Operation Theatre?(Yes / No)	yes
e.	Ultrasound Room	yes (sadhna diagnostic centre)
f.	Is Ultrasound room accessible to OPD, Wards and Operation Theatre?(Yes / No)	yes
g.	Ultrasound Reporting room for Doctors	
2.22.	**Clinical Laboratory**	
a.	Fully equipped laboratory	no

b.	Sample Collection Room with facility for quick diagnosis of blood, urine, etc.	yes
c.	Separate reporting room for Doctors	yes
2.23.	**Blood Bank**	
a.	Fully equipped Blood Bank	no
b.	Is the blood bank located in close proximity to pathology department and at an accessible distance to Operation Theatre, ICU, Emergency and Accident department? (Yes / No)	no
c.	Separate reporting room for Doctors	yes
2.24.	**Intermediate Care Area (Inpatient Nursing Units)**	
a.	General Wards (Number to be given)	
i.	Male	2
ii.	Female	2
iii.	Total	4
b.	Private Wards (Number to be given)	1
c.	Wards for Specialities (Number to be given)	3
d.	Nursing Stations (Number to be given)	4
e.	Doctors' Duty Room	yes
f.	Pantry	yes
g.	Isolation Room	yes (1)
h.	Treatment Room	yes
i	Nursing Store	yes
j.	Toilets	yes
2.25.	**Pharmacy (Dispensary)**	
a.	Medical Store facility for indoor patients	yes
b.	Separate pharmacy with accessibility for OPD patients	yes
2.26.	**Intensive Care Unit (ICU) & High Dependency Wards**	
a.	Number of beds available in ICU	no
b.	Number of beds available in High Dependency Wards	no
c.	Changing Room	no
d.	Is the unit located close to OT, X-Ray and Pathology department? (Yes / No)	no
e.	Essential Specialized Services	no
i.	Piped Suction	no
ii.	Medical Gases	no

iii.	Uninterrupted Electric Supply	no
iv.	Heating	no
v.	Ventilation	no
vi.	Central Air Conditioning	no
f.	Nurses' Station	no
g.	Clean Utility Area	no
h.	Equipment Room	no
2.27.	**Critical Care Area (Emergency Services)**	
a.	Critical Care Area with independent entry	no
b.	Adequate space for free passage of vehicles	no
c.	Covered area for alighting patients	no
2.28.	**Operation Theatre**	
a.	Fully equipped Operation Theatre	no
b.	Location of OT in close relation to ICU, Radiology, Pathology, Blood Bank	yes
c.	Specialized Services in OT	no
i.	Piped suction and medical gases	no
ii.	Uninterrupted Electric Supply	no
iii.	Heating	no
iv.	Air Conditioning	yes
v.	Ventilation	yes
vi.	Efficient Life Service	yes
d.	Other Rooms adjoining OT	
i.	Preparation Room	no
ii.	Pre-operative Room	no
iii.	Post-operative Room	no
iv.	Scrub-up Room for washing and scrubbing	yes
v.	Sub-sterilizing Unit	yes
2.29.	**Delivery Suit Unit**	
a.	Fully equipped Delivery Suit Unit located near OT	yes
b.	Facilities in Delivery Suit Unit	
i.	Reception and admission	yes
ii.	Examination and Preparation Room	yes
iii.	Labour Room (clean and a septic room)	yes
iv.	Delivery Room	yes
v.	Neo-natal Room	no

vi.	Sterilizing Rooms	yes
vii.	Sterile Store Room	no
viii.	Scrubbing Room	no
ix.	Dirty Utility	no
2.30.	**Physiotherapy**	
a.	Physiotherapy department located at a convenient access to both outdoor and indoor patients	for opd
b.	Facilities	no
i.	Physical and electro-therapy rooms	no
ii.	Gymnasium	no
iii.	Office	no
iv.	Store	no
v.	Separate toilets for male and female	no
2.31.	**Hospital Services**	
a.	Hospital Kitchen (Dietary Service)	yes (Outsourced)
b.	Central Sterile and Supply Department (CSSD)	no
i.	CSSD located	no
ii.	Easily accessible to OT	-
iii.	Provision of hot water supply	no
c.	Hospital Laundry	no
d.	Medical and General Stores	yes
e.	Mortuary	no
2.32.	**Engineering Services**	
a.	**Electric Engineering**	
i.	Electric Sub Station and standby generator room	yes
ii.	Emergency Lighting (shadow less light in OT and Delivery Rooms and portable light units in Wards and Departments	yes
iii.	Call Bells	no
iv.	Ventilation (Natural or mechanical exhaust)	yes
b.	**Mechanical Engineering**	
i.	AC and Room Heating in OT and Neo-natal units	yes
ii.	Air coolers or hot air convectors	no
iii.	Water coolers and Refrigerators	no
c.	**Public Health Engineering**	
i.	**Water Supply**	
1	Round the clock piped water supply	yes

2	Overhead water storage tank with	no
	pumping and boosting arrangements	
3	Separate provision for fire fighting and	no
	water softening plants	
ii.	**Drainage and Sanitation**	
	Proper drainage and sanitation system for waste water, surface water, sub soil water and sewerage	no
iii.	**Waste Disposal System**	
	Proper waste disposal system as per National Guidelines	no
iv.	**Trauma Centre**	
d.	Fire Protection	yes
e.	Telephone and Intercom	no
f.	Medical Gas	yes
g.	Cooking Gas	no
h.	Laboratory Gas	no
i.	Office-cum-store for maintenance work	no
j.	Parking place	yes
k.	Administrative Services	yes
i.	General Section	
ii.	Medical Records Section	no
l.	Committee Room	
m.	Residential Quarters for all medical and Para medical staff	yes

9.7.2 Manpower

Manpower				
A.	**Doctors**			
S.No.	**Personnel**	**IPHS Norm**	**Current Availability at Hospital (Indicate Numbers)**	**Remarks / Suggestions / Identified Gaps**
1	Hospital Superintendent	1	1	
2	Medical Specialist	3	3	
3	Surgery Specialists	3	3	

4	O&G specialist	6	4	
5	Psychiatrist	1	1	
6	Dermatologist / Venereologist	1	1	
7	Pediatrician	3	2	
8	Anesthetist (Regular / trained)	6	2	
9	ENT Surgeon	2	1	
10	Ophthalmologist	2	3	
11	Orthopedician	2	2	
12	Radiologist	1	1	
13	Microbiologist	1		Recruited in Integrated Disease Surveillance Programme
14	Casualty Doctors / General Duty Doctors	20	1	
15	Dental Surgeon	1	3	
16	Forensic Expert	1		
17	Public Health Manager[1]	1		
18	AYUSH Physician[2]	4		
19	Pathologists	2	1	
	Total	**61**	29	
[1] May be a Public Health Specialist or management specialist trained in public health				
[2] Provided there is no AYUSH hospital / dispensary in the district headquarter				
B.	**Para-Medicals**			
S.No.	**Personnel**	**IPHS Norm**	**Current Availability at Hospital (Indicate Numbers)**	**Remarks / Suggestions / Identified Gaps**
1	Staff Nurse*	100	**15**	
2	Hospital worker (OP/ward +OT+ blood bank)	30	**12**	
3	Sanitary Worker	20		

4	Ophthalmic Assistant / Refractionist	2	**3**	
5	Social Worker / Counselor	2		
6	Cytotechnician	1		
7	ECG Technician	1	**1**	
8	ECHO Technician	1		
9	Audiometrician	1		
10	Laboratory Technician (Lab + Blood Bank)	12	**5**	
11	Laboratory Attendant (Hospital Worker)	4	**2**	
12	Dietician	1		
13	PFT Technician	1		
14	Maternity assistant (ANM)	4	**3**	
15	Radiographer	3	**1**	
16	Dark Room Assistant	2	**1**	
17	Pharmacist[1]	8	3	
18	Matron	7	1	
19	Physiotherapist	2	1	
20	Statistical Assistant	1		
21	Medical Records Officer / Technician	2		kept by the pharmacist.
22	Electrician	1		
23	Plumber	1	1	
	Total	**207**	49	
* 1 Staff Nurse for every eight beds with 25% reserve				
[1] Two may be from AYUSH				

CapacityBuilding		
1	Whether medical and paramedical staff undergoing Continuing Medical Education (CME) at intervals? (Yes / No)	NO
2	Whether medical and paramedical staff working in the institutions below sub-district level provided training such as Skill Birth Attendant and other skill development / management training? (Yes / No)	Yes

Quality Control			
S.No.	**Particular**	**Whether functional / available as per norms**	**Remarks**
1	Citizen's charter (Yes/No)	**no**	
2	Constitution of RogiKalyanSamiti (Yes/No) (give a list of office order notifying the members)	**yes**	
3	Internal monitoring (Social audit through Panchayati Raj Institution / RogiKalyanSamitis, medical audit, technical audit, economic audit, disaster preparedness audit, monitoring of accessibility and equity issues, information exchange etc. (Specify)	yes	
4	External monitoring (Monitoring by PRI (ZilaParishad)/ RogiKalyanSamitis, service / performance evaluation by independent agencies	rogikalyansamiti	
5	Monitoring of Laboratory (Internal & External Quality Assessment Scheme	no	
6	Record Maintenance (Use of computers with connectivity to District Health System, State and National Level	no	

10. ABBREVIATIONS

ABG	Arterial Blood gas Analyzer
AERB	Atomic Energy Regulatory Board
AFB	Acid Fast Bacillus
AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ARV	Anti Rabies vaccine
BHT	Bed head Ticket
BMW	Bio-medical waste
CMO	Chief Medical Officer
CS	Civil Surgeon
CSSD	Central Sterile Supply Department
DHS	District Health Society
DOTS	Directly Observed Treatment Short course
DPM	District Program Manager
DS	Deputy Superintendent
ECG	Electro Cardiograph
EEG	Electroencephalograph
ER	Emergency
HK	House Keeping
HR	Human Recourses
ICTC	Integrated Counseling and Testing Centre
ICU	Intensive Care Unit
ILR	Ice lined Refrigerators
IPD	Inpatient Department
IPHS	Indian Public Health Standard
IUD	Intra Uterine Device
JBSY	Janani Bal Suraksha Yojana
LHW	Lady Health Worker
LSCS	Lower segment Caesarian section
MLC	MedicoLeal Case
MO	Medical officer
MOIC	Medical Officer In-charge
MRD	Medical Records Department
NHSRC	National Health System Resources Centre
NRHM	National Rural Health Mission

NSV	Non-scalpel Vasectomy
OPD	Out Patient Department
OPV	Oral Polio vaccine
OT	Operation Theatre
OT	Occupational therapy
PT	Physiotherapy
RKS	RogiKalyanSamiti
RNTCP	Revised National Tuberculosis Program
RO	Reverse Osmosis Plant
SHS	State Health Society
TB	Tuberculosis
TURP	Trans Urethral Resection of the Prostrate
USG	Ultrasonography
VHN	Village Health Nurse