DISSERTATION

AT

STATE HEALTH SOCIETY, BIHAR

GAP ANALYSIS OF THE REFERRAL HOSPITAL NATHNAGAR AS PER INDIAN PUBLIC HEALTH STANDARDS IN BHAGALPUR DISTRICT, BIHAR

A Dissertation Proposal for

Post-Graduate Diploma in Health and Hospital Management

By

NARENDRA NAGA

Roll No. PG/11/056

International Institute of Health Management Research

New Delhi

May, 2013

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A dissertation submitted in partial fulfillment of the requirements

For the award of

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Certificate of Internship Completion

Date: 29/04/13

TO WHOM IT MAY CONCERN

This is to certify that Mr. /Ms. /Dr. Narendra Naga has successfully completed his 3 months internship in our organization from February 01, 2013 to May 01, 2013. During this intern he has worked on Gap Analysis of the Hospital as per IPHS standards under the guidance of me and my team at Referral Hospital, Nathnagar, Bhagalpur, Bihar (Any positive / negative comment).

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

29/4/13

(Signature)

Dr. R. P. Singh (Name)

प्रभारी चिकित्सा पदाधिकारी (Designation)
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Certificate of Approval

The following dissertation titled **"Gap Analysis of the hospital as per IPHS standards"** 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 BRIJENDER SINGH DHILLON	9/5/13

Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Narendra Naga** a graduate student of the **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled "STUDY OF THE GAP ANALYSIS OF THE HOSPITAL AS PER IPHS STANDARDS" 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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Dissertation Organisation: Referral Hospital, Nathnagar, Bhagalpur, Bihar.

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This is to confirm that I have reported to my internal advisor regarding my dissertation and internship placement. During my internship I will regularly keep in contact with my advisor and keep him/her updated about my progress. I will also carry out a special study (or, dissertation) on a particular areas/department/programme in consultation with the concerned authority of the organization. I will prepare a brief study proposal on the agreed topic and send to my advisor before February 25, 2013 for approval. I understand that the general internship report and the special study report needs to be approved by my advisor before the presentation and subsequent submission of the final report before May 19, 2013.

Signature of the graduate student: _____ Date: 06/05/2013

Signature of the Internal Advisor: _____ Date: 6/5/2013.

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ABBREVIATIONS

S.No.	ACRONYM	EXTENDED FORM
1.	IPHS	Indian Public Health Standards
2.	ABG	Arterial Blood Gas Analyzer
3.	AERB	Atomic Energy Regulatory Board
4.	AFB	Acid Fast Bacillus
5.	AIDS	Acquired Immuno Deficiency Syndrome
6.	ANM	Auxiliary Nurse Midwife
7.	ARV	Anti Rabies Vaccine
8.	BHT	Bed Head Ticket
9.	BMW	Biomedical Waste
10.	CMO	Chief Medical Officer
11.	CS	Civil Surgeon
12.	CSSD	Central Sterile Supply Department
13.	DHS	District Health Society
14.	DOTS	Directly Observed Treatment Short Course
15.	DPM	District Program Manager
16.	DS	Deputy Superintendent
17.	ECG	Electro Cardiograph
18.	ED	Emergency Department
19.	EEG	Electroencephalograph
20.	ER	Emergency
21.	HK	House Keeping
22.	HR	Human Resources
23.	ICTC	Integrated Counseling and Testing Centre
24.	ICU	Intensive Care Unit

25.	ILR	Ice Lined Refrigerator
26.	IPD	Inpatient Department
27.	ISO	International Standardisation for Organisation
28.	IUD	Intra Uterine Device
29.	JBSY	Janani Bal Suraksha Yojana
30.	LHW	Lady Health Worker
31.	LAMA	Leave Against Medical Advice
32.	LSCS	Lower Segment Caesarian Section
33.	MLC	Medico Legal Case
34.	MRD	Medical Record Department
35.	MOIC	Medical Officer In-charge
36.	MO	Medical Officer
37.	NHSRC	National Health System Resource Centre
38.	NRHM	National Rural Health Mission
39.	NSV	Non-scalpel Vasectomy
40.	OPD	Out Patient Department
41.	OPV	Oral Polio Vaccine
42.	OT	Operation Theatre
43.	OT	Occupational Therapy
44.	PT	Physiotherapy
45.	RKS	Rogi Kalyan Samiti
46.	RNTCP	Revised National Tuberculosis Control Program
47.	RO	Reverse Osmosis Plant
48.	RTA	Road Traffic Accident
49.	SHS	State Health Society
50.	TB	Tuberculosis

1.0 EXECUTIVE SUMMARY:

The Referral Hospital or Community Health Centres (CHCs), the secondary level of health care, are designed to provide referral as well as specialist health care to the rural population. These centres are however fulfilling the tasks entrusted to them only to a limited extent. The project coming to a close National Rural Health Mission (NRHM) will have to have a fresh look at their functioning in view of the persistent gaps with reference to IPHS to achieve and maintain an acceptable standard of quality of care with 24 x 7 operations. [1]

The data was analyzed regarding status and gaps in existing Community Health Centres (CHCs) or FRU across the Hospital. The report is based on the analysis of data provided by staff, review of documents and general observation.

The major findings of the study are as:

1. The REFERRAL HOSPITAL has a big campus area which can be utilized for designing more services. The campus is however not being managed hence a lot of grass and stray animals are found in the campus.
2. Absence of laboratory services is a major handicap for smooth functioning of hospital.
3. Essential equipments such as crash cart, dressing trolley, emergency tray are not available in patients care area.
4. Shortage of wheelchair and stretchers for patients transport.
5. All the departments need minor redesigning for smooth functioning.
6. The knowledge and practices about BMW management are rudimentary and need repeated training and monitoring.
7. BMW management practices and infection control practices are non-existent and staffs are 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. A medical record department does not exist and hence essential statistical information is not captured. Standard form and formats are not being used.
10. Laundry services are outsourced to traditional Dhobis which is not ideal for hospital standard.

11. The maintenance of the hospital building, premises and equipments is not being done periodically.
12. Safety measures are not in place as there are loose wires all around which are a constant source of risk of electrical shock and fire.

2.0 IPHS For CHC At A GLANCE [4] :

Health care delivery in India has been envisaged at three levels namely primary, secondary and tertiary. The secondary level of health care essentially includes Community Health Centers (CHCs), constituting the First Referral Units (FRUs) and the Sub-district and District Hospitals. The CHCs were designed to provide referral health care for cases from the Primary Health Centers level and for cases in need of specialist care approaching the centre directly. 4 PHCs are included under each CHC thus catering to approximately 80,000 populations in tribal/hilly/desert areas and 1,20,000 population for plain areas. CHC is a 30-bedded hospital providing specialist care in Medicine, Obstetrics and Gynecology, Surgery, Paediatrics, Dental and AYUSH. There are 4535 CHCs functioning in the country as on March 2010 as per Rural Health Statistics Bulletin 2010. These centres are however fulfilling the tasks entrusted to them only to a limited extent. The launch of the National Rural Health Mission (NRHM) gives us the opportunity to have a fresh look at their functioning.

Under the NRHM, the Accredited Social Health Activist (ASHA) is being envisaged in each village to promote the health activities. With ASHA in place, there is bound to be a groundswell of demands for health services and the system needs to be geared to face the challenge. Not only does the system require up-gradation to handle higher patient load, but emphasis also needs to be given to quality aspects to increase the level of patient satisfaction. In order to ensure quality of services, the Indian Public Health Standards (IPHS) are being set up for CHCs so as to provide a yardstick to measure the services being provided there.

Objectives of Indian Public Health Standards (IPHS) for CHCs:-

- To provide optimal expert care to the Community.
- To achieve and maintain an acceptable standard of quality of care.
- To ensure that services at CHC are commensurate with universal best practices and are responsive and sensitive to the client needs/expectations.

Service delivery through Community Health Centers:-

The IPHS has laid down a set of services which every CHC has to provide as "**Assured Services",** these are:

- Care of routine and emergency cases in surgery:
    - This includes Incision and drainage, and surgery for Hernia, hydrocele, Appendicitis, hemorrhoids, fistula, etc.
    - Handling of emergencies like intestinal obstruction, hemorrhage, etc.
- Care of routine and emergency cases in medicine:
    - Specific mention is being made of handling of all emergencies in relation to The National Health Programs as per guidelines like Dengue Hemorrhagic fever, cerebral malaria, etc.
- 24-hour delivery services including normal and assisted deliveries
- Essential and Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions
- Full range of family planning services including Laparoscopic Services
- Safe Abortion Services
- New-born Care
- Routine and Emergency Care of sick children
- Other management including nasal packing, tracheotomy, foreign body removal etc.
- All the National Health Programs (NHP) should be delivered through the CHCs. Integration with the existing programs like blindness control, Integrated Disease Surveillance Project is vital to provide comprehensive services.
- RNTCP: CHCs are expected to provide diagnostic services through the microscopy centers which are already established in the CHCs and treatment services as per the Technical Guidelines and Operational guidelines for Tuberculosis Control.
- HIV/AIDS Control Program.
- National Vector –Borne Disease Control Program: The CHCs are to provide diagnostic and treatment facilities for routine and complicated cases of malaria, filarial, dengue, Japanese encephalitis and Kala-azar in the respective endemic zones.
- National Leprosy Eradication Program: The minimum services that are to be available at the CHCs are for diagnosis and treatment of cases and Reactions of leprosy along with advice to patient on Prevention of Deformity.

- National Program for Control of Blindness: The eye care services that should be available at the CHC are diagnosis and treatment of common eye diseases, refraction services and surgical services including cataract by IOL Implantation at selected CHCs optionally 1 eye surgeon is being envisaged for every 5 lakh population.
- Under Integrated Disease Surveillance Project, the related services include services for diagnosis for malaria, Tuberculosis, typhoid and tests for detection of faecal contamination of water and chlorination level. CHC will function as peripheral surveillance unit and collate, analyzed and report Information to District Surveillance Unit. In outbreak situations, appropriate action will be initiated.
- Others:
    - Blood Storage Facility
    - Essential Laboratory Services
    - Referral (transport) Services:

3.0 HOSPITAL PROFILE:

Referral Hospital Nathnagar is situated on the bank of Ganga River, in the North-Eastern region in Nathnagar Block area of Bhagalpur district in Bihar state. The block is surrounded by Sultanganj 'West'; Sahkund 'South'; Jagdishpur 'East' and urban area of Bhagalpur Sadar 'North'. It is approx 9km distance east of district head quarter Bhagalpur. In North side railway line and NH-80 road have divided by 'Nathnagar Block Area'. At present Referral Hospital is running in Nathnagar Block Campus.

It caters to the people living in Block Nathnagar in the district. Referral 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. It covers 1.58lac population. The number of beds available in the Referral Hospital is 30.

The Referral Hospital compound is good and enough area for patients cares. Environment is good surrounding of the hospital. Availability of all the 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. Patients come easily in the hospital.

The building of the hospital is an old setup. Due to lack of maintenance the condition of the wards, OT, Labour room, toilets and other rooms are not as per standards. Therefore the study is carried out to analyse the gaps with reference to IPHS guidelines. The main objective of the study is to

identify the availability of infrastructure facility, human resources, investigative services, and facility based newborn care services with respect to Indian Public Health Standards (IPHS) at FRU.

Table No.1: Hospital Fact Sheet

Referral Hospital, Nathnagar Fact Sheet		
S.No.	**AREA**	**NUMBER**
1.	Total population covered	**1.58lac**
3.	Additional PHC	**4**
4.	Sub-centre	**17**
5.	Sanctioned bed	**30**
6.	Functional bed	**30**

The above table shows that the population covered by Referral Hospital is more than the IPHS norms (80000-120000) and the number of sub-centres & APHCs are not sufficient to deliver the health services to community. Although the sanctioned beds are available in fully functional condition.

Table No.2: Hospital Statistics of Year 2011-12

Month	OPD	IPD	Referred	Injury	Delivery	F.P. OP.	T.B.	Leprosy	Death Mother	New Born Care	Still Birth
Apr-11	6882	211	4	15	141	23	26	1	0	0	0
May-11	6469	180	3	27	126	0	17	2	0	4	1
Jun-11	6612	197	3	16	144	0	13	7	0	3	1
Jul-11	8921	305	11	55	205	4	20	3	0	5	4
Aug-11	9063	308	7	15	245	0	14	1	0	10	2
Sep-11	10995	389	3	13	320	6	17	3	0	11	2
Oct-11	8108	351	1	18	291	10	16	0	0	8	2

Nov-11	10909	351	5	15	271	96	16	0	0	1	1
Dec-11	9725	225	3	3	182	73	7	0	0	4	2
Jan-12	9745	371	2	13	188	109	11	0	0	1	6
Feb-12	13913	438	10	12	187	200	17	0	0	15	6
Mar-12	17912	355	7	16	200	115	16	0	0	57	2
Total	**119254**	**3681**	**59**	**218**	**2500**	**636**	**190**	**17**	**0**	**119**	**29**

The above table shows that the Referral Hospital provided its OPD services to a lot of patients and it directly indicates that the work load is high in OPD chambers. But in IPD rooms the workload is less due to less number of patients. The referred cases to higher facility are also not as higher. A good number of injured patients are come to hospital for avail the Emergency Services. The figure 2500 delivery per year itself shows that the maternal & child care services rendered to a huge part of community. The figure of family planning operation indicates that the hospital is yet not achieved the target (1500/year) in this year. The figure of maternal death is zero; it indicates that the hospital staffs immediately refer the patient if any complication occurs. The graph of TB patients fluctuates due to lack of awareness in the community. Leprosy patients are also seen in the community. Still birth is a negative aspect for the hospital; the number is quit higher due to lack of awareness regarding ANC and PNC sessions.

4.0 BACKGROUND:

The National Rural Health Mission (NRHM) was launched nationwide in 2005 and one of its commitments was to make all facilities fully equipped according to Indian Public Health Standards (IPHS)[2], 2006, to meet people's health needs and provide quality health care. The health care system in India has expanded considerably over the last few decades; however, the quality of services is not uniform. Therefore, standards were introduced through the NRHM mechanism in order to improve the quality of public health care. Bihar is one of the NRHM high focus states where all health indicators are poor and need improvement to achieve the Millennium Development Goals. There is also a huge shortage of health infrastructure in the state, with only 60% of the sub centers (SCs), 72 % primary health centers (PHCs) and 20% community health centres (CHCs) to provide the services, as against

the total required health facilities according to the Rural Health Statistics, compiled by the Ministry of Health and Family Welfare, Government of India in 2008[3].

5.0 INTRODUCTION to PROJECT REPORT:

One of the major component of NRHM was to establish the quality healthcare services in public hospitals as per standards. For this purpose Indian Public Health Standards (IPHS) [6] were released to provide optimal specialized care within a define parameters of quality in public hospitals.

Therefore the project titled "Gap Analysis of the Referral Hospital Nathnagar as per Indian Public Health Standards in Bhagalpur District in Bihar" is initiated to improve the quality of services in the hospital. Hence the study is carried out to analyse the gaps with reference to IPHS guidelines. The main objective of the study is to identify the availability of infrastructure facility, human resources, investigative services, and facility based newborn care services with respect to Indian Public Health Standards (IPHS) at Referral Hospital.

The main focus of the study is to present a report to DHS for allocation of budget to close the gaps on prioritize basis. Hence preparing of work plan to close the mentioned gaps for new financial year (2013-14) is a major responsibility. So project is initiated to improve the quality of services within the hospital.

It includes documentation and review of manpower, equipment, infrastructure, processes including training and capacity building activities, services and facilities provided legal compliances etc against IPHS. For this the format for "Facility Survey" available in IPHS guidelines was used to capture the data. This includes all supports processes including nursing, housekeeping and laundry services, security services, dietary services, information support services, out-sourced services etc.

6.0 REVIEW OF LITERATURE:

A study conducted by **SIHFW [4] Rajasthan "To analyse of Community Health Centres in Rajasthan"** has revealed the gaps in various departments within the facility as:

Service delivery, Human Resource and IPHS:

The IPHS prescribes that every CHC has to have a Physician, Surgeon, Obs. & Gynae. And Anaesthetist, Paediatrician and a Public Health Specialist. With regards to the service delivery out of total 31 Community Health Centres (CHCs), Physicians (Medical specialist) are available at 54.8% (17) of CHCs. Only 64.5% of CHCs have a surgeon. Obstetricians/ Gynaecologists are also not available at 51.6% CHCs. Paediatric services are not available at majority of CHCs (54.8%) and child population only in the catchment of 45.2% CHCs is lucky to have paediatrician.

As far as the **man power** is concerned at 48.4% of CHCs do not have physician, while 9.8% CHCs have the luxury of having 2 physicians. Majority (54.8%) of CHCs have 1 general surgeon while only (6.4%) CHCs at Dag (Jhalawar) and Sheoganj (Sirohi) have 2 general surgeons in place. For the provision of reproductive health, a gynaecologist/ Obstetrician are essential but at majority (51.6%) of CHCs Obstetrician/ Gynaecologist is not available. Paediatrician is a luxury for 54.8% of CHCs; only 45.2% CHCs have Paediatrician. Only 25.8% CHCs have Anaesthetist (a must for every CHC to be functional as FRU), 22.6% CHCs having an Ophthalmologist and at 90.4 % CHCs Dresser is not available.

51.6% CHCs have one Pharmacist/Compounder. Availability of Ward Boys is not an issue with 77.5% CHCs but for 22.5% CHCs. Sweepers are available at majority of places (64.5% CHCs). Statistical Assistant/ Data Entry operator is available at 22.6% CHCs while in 77.4% CHCs this post is vacant.

Assured services as per IPHS:

The standards adopted under IPHS ask for certain "assured services" : Emergency medical and surgical services, services for LSCS, Blood banking, Essential diagnostics, referral, National Health program delivery, Essential drugs, Diet, Laundry, IPD, OPD, OT, Labour room, X-ray, Pharmacy, citizen charters and ilk. Further, every CHC is expected to have SOP and standard protocols.

With reference to the said "*Assured services*", the analysis shows-

90.3% CHCs provide **Emergency Services** except CHCs Atru (Baran), Nagar (Bharatpur) and Tonk. 83.9% CHCs are providing Family Planning services. 24-Hour delivery Services are available at majority of CHCs (93.5%) except at Atru (Baran) and Tonk CHCs.Emergency Obstetric Care is available only at 45.2% CHCs.

New Born Care facility is being provided at 74.2% CHCs (only 45.2% have a pediatrician). Emergency Care of sick Children Facility is being provided by 64.5% CHCs, while this facility is not available at 35.5% CHCs. Essential **Laboratory Services** are available at majority (83.9%) of CHCs. **Referral Transport Services** are available at 67.8%

Specialist services related to **safe Abortion** are available at 67.7% CHCs. Treatment facility for **RTI/STI** is available at majority (93.5%) of CHCs. Facilities in **Gynaecology/ obstetric** (96.8).**Maternal and Child health Service** availability (96.8).

As far as the **investigation facility** concern 87.1% CHCs has ECG facility while this facility is not available at 12.9% CHCs. 87.1% CHCs do not have Ultra Sound facility. Majorities (77.4%) of CHCs have sample collection and transportation facilities, while at 22.6% CHCs services are not available. Diagnostic facility is available at 22.6% CHCs while 77.4% CHCs outsource this to private lab/hospital.

Infrastructure refers to the basic support system in the form of a proper and regularly maintained building, and the basic facilities available within the building for the smooth functioning of the health care establishments. Fortunately 90.4% CHCs are located within the village itself, rest 9.6% CHCs are located at less than 2 hours of travel distance from the farthest village. 96.8% of CHCs have Govt. buildings, while CHC Kekri (Ajmer) is housed in rented building.

All the CHCs have **Operation Theatre** facility except CHC in Tonk. Out of these only 70.0% operation theatres are used for Obstetric/ Gynaecological purpose, while 30.0% CHCs do not use their operation theatre for Obstetric/ Gynaecological purpose. Majority of OTs (55.3%) are functional for other surgeries too, while in 33.3% of OTs are not functional. 70.9% CHCs have Air conditioner in Operation Theatre and out of these 67.7% CHCs have their Air conditioner in working condition.

77.4% CHCs have **Generator and Emergency Lights** availability in Operation Theatre. Out of remaining 22.6% CHCs has neither Generator nor emergency light 38.7% CHCs have

reported that they have walkin coolers to store the vaccine. Blood storage unit as a must for an FRU is available at 58.1% CHCs, while this facility is not available at 41.9% CHCs.

At majority (90.3%) of CHCs **labor room** is available except from CHCs at Atru (Baran), Sardarshahar (Churu) and Tonk. all 31 CHCs are getting adequate water supply. 64.5% CHCs have vehicles at their centres while 35.05% CHCs do not have any vehicle. Majority of CHCs (90.3%) CHCs do not have waste disposal facility.

As far as the **furnishing** is concerned examination table, delivery table, stool for patients, oxygen trolley, iron bed, bed side locker, instrument tray, chair, wooden table and mattress are available at all the 31 CHCs.CHC at Indergarh (Bundi), don't have basics like saline stand, wheel chair, stretcher on trolley.

54.9% CHCs doesn't have availability of standard operating procedures, while only 45.1% CHCs have this facility. Facility of **External Monitoring** is not available at 61.2% CHCs, while 38.8% CHCs have this facility.

Internal Monitoring Facility is not available at 38.8% CHCs, 54.9% CHCs have copies of constitution of RMRS (RKS), while 45.1% CHCs don't have this constitution. Majority (80.6%) CHCs have citizen's charter, while 19.4% don't citizen's charter.

A study is carried out by **P.R.Sodani et.al**.[5] on topic "***Assessing Indian Public Health Standards For Community Health Centers: A Case Study With Special Reference To Essential New Born Care Services"*** exposed that infrastructure facilities were available in almost all the CHCs, but shortage of manpower especially specialists was observed. Availability of investigative services was found quite satisfactory except ECG. It was also observed that none of the CHCs have fully equipped facility based newborn care services (including newborn corner and newborn care stabilization unit). As per IPHS suggested in the revised draft (2010) important deficiencies were revealed in the studied CHCs of Bharatpur district and by additional inputs such as recruiting staff, improving infrastructure facilities, CHCs can be upgraded. Infrastructure: Out of 13 CHCs studied all CHCs had one operation theatre, one laboratory and one cold chain facility. 12 CHCs (92.3%) had labour room and telephone facility, 11(84.6%) CHCs had email facility and 10 CHCs (76.9%) had fax facility. Manpower: Around 31% CHCs had general surgeon and pediatrician, 38% CHCs had physician and OBG specialist, 7.7% CHCs had anesthetist and 41% CHCs had Medical officer as per the requirement. At all 13 CHCs in the study district only 163(78.4% of

required) nursing staff, 12(30.8% of required) pharmacist, 26 (66.7% of required) laboratory technician and 13(50% of required) radiographer were available. Essential newborn care services (ENCS): Newborn is silent feature in the draft guidelines of IPHS2007 as compared to revised draft guidelines IPHS2010. It was observed that out of 13 CHCs only 3 (23%) had radiant warmer, only 4 (31%) had resuscitators, 11 (84.6%) had weighing scales, 9 (69.2%) had suction pump and 81% CHCs had thermometer in adequate quantity.

A study was conducted by **Devika Biswas et.al. [3] on topic "*A Study of the Health Facilities in Sheikhpura District of Bihar.*"** The findings of the study are as follows:-

Location: The accessibility of any health centre depends on the location of that centre. The CHC, 5 Block PHCs, 17 APHCs and 37 SCs were located in easily accessible places. Three SCs were hard to be located as there were no landmarks and they were situated in by-lanes, behind houses.

Barbigha CHC approximately covers 137000 populations. The CHC had an average outpatient attendance of 200 daily.

Human resources: The CHC has been upgraded as the referral unit and has only 2 specialists against 4 required as per the IPHS. One anaesthetist, paediatrician and dental surgeon positions are not yet filled. However, the number of physicians posted in this CHC is higher than the recommended number. There existed a dearth of staff nurses.

None of the doctors had undergone training in sterilisation, RTI / STI, HIV /AIDS, newborn care, emergency obstetric care (EmOC) in the last 1 year. They underwent training only in IUD insertions, emergency contraception and Integrated Management of Neonatal and Childhood Illness. Overall, in terms of human resources, this CHC was well below IPHS.

Physical infrastructure: The CHC is located in the same PHC premises. Staff quarters were not available. There existed a medical officer(MO) residence which was not in living condition. It had an outsourced generator supply for electricity back up because of frequent load shedding. The sewerage was of soak-pit type. There was a hand pump and an overhead tank with a pump in working condition. The waste disposal is done behind the labour room by burning it and then dumping it in a pit.

Services: The CHC opens for the stipulated outpatient department (OPD) time on all days except holidays and inpatient facilities are also available. There was a pharmacy for drug

dispensing and storage. The patient's entitlements were prominently displayed on the walls. There were fixed days for sterilisation.

Generally, most of the medicines are in stock but there was no drug list and stock register available with the MO, who therefore was unable to give any information regarding this. The MO did not have any idea about the availability of operation theatre (OT) equipments. The labour room is mostly used for normal deliveries but 2 emergency caesarean operations were done in the last 1 year. Though there existed a fully functional laboratory, yet the lab services were outsourced to a private firm. Inspite of being a referral unit, the CHC did not have any blood storage facility, ante natal or post natal clinic.

7.0 OBJECTIVES:

General Objective:-

Study of the Gap Analysis of the Hospital as per IPHS Standards.

Specific Objective:-

1. Describes the process flow of all the departments in the Referral Hospital with the identification of process owners, Input(s), Output(s) and process flow 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.

8.0 DATA & METHODS:

The primary data collection was carried out to assess the current system and for potential improvement. The study was completed with the help of two stages:-

Stage 1.
IPHS checklist was used for a total survey of the hospital. The survey was done to understand the scope of services, status of manpower, physical infrastructure, status and availability of equipments and diagnostic services.

Stage 2.
Observations were used to map the various processes of the hospital and to know the functioning of the each department.

Study Area: Referral Hospital Nathnagar in Bhagalpur District in Bihar.

Study Design: Observational study to analyse the gaps within the facility by using IPHS Standards.

Data Collection Tool: Checklist

Duration of the Study: February 12 to 25 April, 2013

9.0 OBSERVATIONS AND FINDINGS:

The observations and Findings of the study according to respective departments are as follows:

9.1 OUTPATIENT DEPARTMENT:

A.) For Process Flow:

Process Group	OPD	**Sub-Process**	OPD Registration
Process Location	Registration counter	**Process Owner**	Registration clerk
Input(s)	Patient coming to the hospital	**Output(s)**	No. of OPD registration per day
Process Flow/Process Description: • OPD patient's registration takes place from 8:00am to 2:00 pm. • There are separate registration counters for male and female patients. • The registration clerk at the registration counter writes the patient name, age, sex & address in a register and allocates a number to him/her on first cum first serve basis. • After registration patient waits for his/her turn to be called by security personnel for consultation with medical officers. • Registration fee is one rupee which is valid for one month. • Old registration holder patients directly go to the OPD.			
Patients Records		Outpatient Register, Registration Slip.	

B.) Gap Analysis:

Gap ID No.	**OP001**
Gap Statement: Registration counter is in the open.	
Rationale/Explanation: • For registration the patient has to stand outside in the open. • The area is not covered and patients have to stand in adverse weather condition. • There is no chair or bench available for the patients to sit.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS Standards (4.1.3.)**
Supporting Annexure	Photograph

Fig 1: Out Patient Registration counter

C.) Gap Analysis:

Gap ID No.	**OP002**
Gap Statement: Space for patient waiting area is a narrow corridor.	
Rationale/Explanation: • There is no designated waiting area for the patients. • The patients wait outside the consulting chamber in the corridor. • There is no sufficient space for waiting of the patients. • No supporting facilities (like wheelchair, ramps, handrails & trolleys) for disabled patients. • Rights of the patients/ Patients Charter are not displayed.	
Gap Classification Structure	***Gap Severity Rating** Medium

Gap Reference	**IPHS (4.1.4 & 4.1.5, 4.1.6)**
Supporting Annexure	Photograph

Fig 2: Patient's waiting area in a narrow corridor

9.1.2 OP Consultation:

A.) For Process Flow:

Process Group	OPD	**Sub-Process**	Consultation
Process Location	Consultation Chamber	**Process Owner**	Medical Officer
Input(s)	Patients with OPD Registration Slip	**Output(s)**	**(a)** 275/day of OPD consultations. **(b)** 15/day of investigation prescribed.

			(c) 33 types of medicines prescribed. **(d)** 250 of patients advised for follow up. **(e)** 10 of patients referred. **(f)** 250/month of patients advised for admission.

Process Flow/Process Description:

- Medical Officer examines the patients as per their turn.
- Assess vitals and prescribe medication/investigations/admission/refer to higher centers on OPD Registration form.
- Medical Officer maintains the register and writes the patient's serial number, registration number, patient's name, age, sex, address and treatment. MO gives the information about dose, time and site of medication and also educate on diet if required.

Patient Records	OPD Register.

B.) Gap Analysis:

Gap ID No.	**OP003**
Gap Statement: Hospital services, Citizen charter are not displayed in the OPD waiting area.	
Rationale/Explanation: • Citizen Charter is not displayed. • Posters imparting health education are not displayed in adequate number and all places. • Booklets/Leaflets are not available. • Available services, Name of the doctors, User Fee details and list of members of RKS/Hospital management committee are not displayed.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.2.5, 4.1.6)**

C.) Gap Analysis:

Gap ID No.	**OP004**
Gap Statement: Basic facilities are not available in the OPD	
Rationale/Explanation: • There is no waiting area. • The doorway leading to the entrance not has a ramp facility easy access for handicapped patients; wheelchairs and stretchers are also not available. • Toilets with adequate water supply separate for males and females are not available. • Drinking water is not available in the patient's waiting area. • There are in-adequate chairs for patients and attendant in waiting area.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.4 & 4.1.5)**
Supporting Annexure	Photograph

Fig 3: Outlook of hospital building (main entrance)

D.) Gap Analysis:

Gap ID No.	**OP005**
Gap Statement: Patient privacy is not maintained during examination.	
Rationale/Explanation: • Curtains are not available in OP consultation room. • During consultation time, a number of patients are present in consultation room.	
Gap Classification Structure	***Gap Severity Rating** High
Gap Reference	**IPHS (4.1.7)**

9.1.3 <u>Dispensing of Medicines</u>

A.) For Process Flow:

Process Group	OPD	**Sub-Process**	Dispensing of Medicines
Process Location	OP Pharmacy	**Process Owner**	Staff Nurse
Input(s)	OPD Registration Ticket	**Output(s)**	• No. of Medicines dispensed per day • No. of stock out per day
Process Flow/ Process Description: • Patients come pharmacy after the consultation and go directly to pharmacy and shows the prescription • Pharmacist checks the availability of drugs and if it is not available then advice some drugs is not available in the pharmacy, then patients are bound to purchase drugs outside the campus. • Staff Nurse enters the name of the medicine in Medicine Dispensing Register; in register mention the reg. no. and quantity given to the patients.			
Patient Records	Medicine Dispensing Register		

B. 3.1) Gap Analysis:

Gap ID No.	**OP006**

Gap Statement: Dispensing of medicine is not as per standard dispensing practices.	
Rationale/ Explanation: • Post of Pharmacist is vacant. • Racks for storage of medicines are not available. • Medicines are kept on floor and during dispensing are laid down on a table which is too small. • All patients are not described briefly about the intake of medicine. • Medicines dispensed are not handed over to the patients in packets. • Dosages and timing of medication is not written • Refrigerator is available in pharmacy department but needs maintenance.	
Gap Classification Process	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.7)**
Supporting Annexure	Photograph

Fig 4: Patient's waiting line outside the Drug Dispensing counter

9.1.4 Dressing of Wound:

A.) Process Flow:

Process Group	OPD	**Sub-Process**	Dresser
Process Location	Dressing Room	**Process Owner**	Dressing of wound
Input(s)	Patient	**Output(s)**	Wound dressing done

Process Flow/ Process Description:	
• Patients come to dressing room prescribed by MO. • Dresser/ ANM staff washes the wound with antiseptic solution. • During dressing the wound dresser uses the cotton and gauze. They give some medicine like SILVER SULPHADIAZINE CREAM. At last they give advice to patients and send to pharmacy department for medicines. Patient comes to next visit after two days. • Dresser maintains the register and writes the OPD registration no., name of patients and what is done and what medicine has given.	
Patients Records	Dressing Register

B.) Gap Analysis:

Gap ID No.	**OP007**
Gap Statement: Cluttering of junk in the dressing room.	
Rationale/ Explanation: • Dressing room looks like a store room as many items are stored in this room. • Do not follow the Biomedical Management process. • Color coded bins have not been provided for segregation of waste. • Cotton and all the waste are thrown everywhere. • Floor is not cleaned frequently (at last once in each shift) and hence is dirty.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.11)**
Supporting Annexure	Photograph

C.) Gap Analysis:

Gap ID No.	**OP008**
Gap Statement: Dressing is not done as per standard practices.	
Rationale/ Explanation: • Sterile gauze and dressing pad is not available. • Unsterile gauze and pad are used for dressing. • Dresser does not use PPE such as gloves, mask etc at the time of dressing. • Patient's privacy is not maintained at the time of dressing as more than one patient	

enters the room at the same time and there is no curtain available.	
Gap Classification Process	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.11)**
Supporting Annexure	Photograph

Fig 5: Equipments which are used in Dressing Room and patient on dressing table

9.2 IN-PATIENT DEPARTMENT:

A.) For Process Flow:

Process Group	IPD	**Sub-Process**	Registration
Process Location	Registration Counter	**Process Owner**	Registration Clerk
Input(s)	Registration Form	**Output(s)**	10 IPD Registrations per day
Process Flow/ Process Description:			

- In case the patients needs admission the doctor writes down the instruction in the OPD ticket.
- The patient is advised to report the staff nurse in the inpatient ward.
- The staff nurse collects the OPD ticket and admits the patient and allots the bed according to the severity of the patient condition.
- After admitting the patient, nurse enters the detail of the patients in the case sheet register.
- During night, only the staff nurse admits the patients.

Patient Records	Registration Form

B.) For Gap Analysis:

Gap ID No.	**IP001**
Gap Statement: Wards are not fully equipped for patients care.	
Rationale/ Explanation: • Nursing station is not available in ward area. • Patient transport facility (from OP consultation room to ward) is not adequate for vulnerable patient. • Bed side lockers are not provided to keep medicines. • Bed railings are not available in the wards. • Pillow and blanket not provided to patient. • Waste segregation bins are not available near the patient's bed. • Drinking water facility is not available in ward area. • Waiting area for patient's attendant is not available in front of wards. • The cots and mattresses are in bed condition and need immediate repair. • All the drugs are not available in the hospital and some have to bought from outside. • Wards are not clean. • No washing area is designated for washing of badly soiled linen.	
Gap Classification Structural	***Gap Severity Rating** High
Gap Reference	**IPHS (4.1.8)**
Supporting Annexure	Photographs

Fig 6: Hospital Wards

9.2.2 Patients Care:

A.) Process Flow:

Process Group	In patients Services	**Sub-Process**	Patients care
Process Location	Wards	**Process Owner**	Staff Nurse, Ward Boy, 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 at fixed intervals according to condition of patient.
- Nursing staff administrate medication to the patients as per doctor's order.
- Medical Officer explains the condition of the patient to Nursing Staff and patient.
- Medical Officer changes the medication according the condition of the patient. In any emergency Nursing Staff communicate verbally with medical officer. 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 refers the patient to District Hospital.
- If the patient's condition satisfactory, the MO discharges the patient.

Patient Records	Case Sheet/ Bed Head Ticket

B.) Gap Analysis:

Gap ID No.	**IP002**
Gap Statement: Infection control not being practiced in the ward.	

Rationale/ Explanation:

- Chittle Forceps and thermometer kept in the Savlon Solution but the solution is not

changed every day.

- There is no separate area to keep the sterile and unsterile equipments.
- The Biomedical waste segregation is not as per guidelines.
- Color coded dustbins have not been provided in the wards.
- Needle cutter is not available in the ward.
- Unsterile instruments are used by staff nurse/ ANM.
- Cleaning and mopping schedule is not proper and disinfectants are not used.

Gap Classification	***Gap Severity Rating**
Process	Medium
Gap Reference	**IPHS (4.1.8)**

9.2.3 <u>Maternity & Child Health Care</u>:

<u>Delivery</u>:

A.) Process Flow:

Process Group	In Patients Service	**Sub-Process**	Conduction of Delivery
Process Location	Labour Room	**Process Owner**	MO/ Staff Nurse
Input(s)	Patient with Labour Pain	**Output(s)**	Delivery conducted

Process Flow/ Process Description:

- The patient comes with Labour Pain.
- The attendant, who comes with patient, goes to registration counter and takes the registration slip.
- Staff Nurse/ ANM examines the patient's condition. If signs for labour are confirmed, then patient is admitted. If not confirmed then the patient is sent home and advised to come back during the consent of labour pain.
- After checking of vitals, the patient transferred to Labour Room.
- After delivery, vitals are again checked and the mother is shifted to the ward.
- Neonatal Care is provided to the baby in NBCC unit.
- Breast feeding is initiated within half an hour of delivery.
- Staff Nurse/ ANM maintains the Labour Register and JBSY Register.
- In Labour Register, ANM writes the name of the patient, serial number, OPD/ ER

number, ASHA name and patient's address. • In JBSY Register ANM writes serial number, OPD/ ER number, name and address., age, child M/F, weight of child, ASHA name, list of medicine and signature. In JBSY Register photo of delivery patients should be pasted.	
Patients Records	Case Sheet/ Bed Head Ticket, Delivery Register, JBSY Register.

B.) Gap Analysis:

Gap ID No.	**IP003**
Gap Statement: Essential facility for labour room is not available.	
Rationale/ Explanation: • There are no separate areas for septic and aseptic deliveries. • The labour room is not well-lit and ventilated with an attached toilet facilities. • No scrub room for doctors and nurses. • No sterile supply in labour room.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.10)**
Supporting Annexure	Photograph

Fig 7 Labour Room

9.3 <u>Emergency Services</u>:

A.) Process Flow:

Process Group	Emergency Services	**Sub-Process**	Emergency Treatment
Process Location	MOIC Cabin/ Labour Room/Dressing Room	**Process Owner**	ANM/ MO
Input(s)	Patient Referred to higher facility or transfer to the ward after delivery	**Output(s)**	Number of cases seen in Emergency

Process Flow/ Process Description:

- Patients requiring Emergency Care during OPD hours are seen in the OPD or Labour Room.
- After OPD hours, one staff nurse posted in Labour Room and one doctor is available round the clock.
- In case of Delivery, the patient is admitted in Labour Room by the nurse and if needed the doctor is informed who comes to examine the patient.
- In cases requiring minor dressing and treatment, the patients are examined and sent home after treatment and those requiring admission are admitted in the ward.
- The service/ care that is not available in Referral Hospital, those patients are referred to Sadar Hospital Bhagalpur in Ambulance.

Patient Records	Case Sheet/ Bed Head Ticket

B.) Gap Analysis:

Gap ID No.	**ED 001**
Gap Statement: Patients are not accompanied by any hospital staff during transfer.	

Rationale/ Explanation:

- The Referral Hospital has 24hr facility for the Ambulance.
- During transfer no staff member accompanies the patient in ambulance in critical cases.

Gap Classification Structure	***Gap Severity Rating** **High**

Gap Reference	**IPHS (4.1.11)**

9.4 <u>OPERATION THEATER</u>:

A.) For Process Flow:

Process Group	OT	**Sub-Process**	OT Booking
Process Location	OT	**Process Owner**	OT Nurse
Input(s)	OPD Slip/ BHT	**Output(s)**	No. Of cases booked per day/ month
Process Flow/ Process Description: • Patient is examined in OPD/ Ward. • Doctor advice for surgery. • Case is posted in OT and entry made in OT Register. • The consent is taken in the ward by the staff nurse.			
Patient Records		Registration Form	

B.) Gap Analysis:

Gap ID No.		**OT001**
Gap Statement: OT is not designed as per standard guidelines.		
Rationale/ Explanation: • No concept of zoning exists at present. • There is no separate dress change area in the OT. • There are windows which are not sealed. • Scrubbing Room is inside the Operating Room.		
Gap Classification Structure		***Gap Severity Rating** **High**
Gap Reference	**IPHS (4.1.9)**	
Supporting Annexure		Photograph

Fig8: Operation Theatre in Referral Hospital

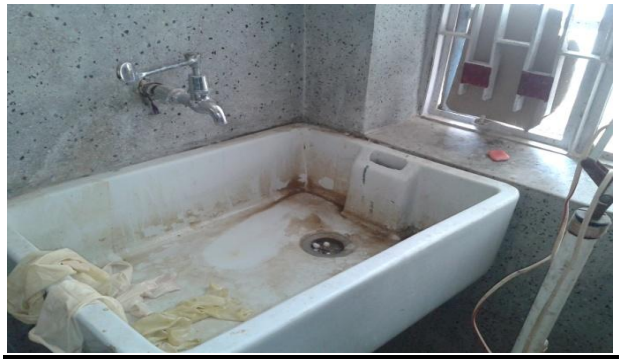

Fig 9: Wahbasin & Broken window in OT

9.5 STERILIZATION UNIT:

There is no separate Sterilization Unit. There is an adjacent space available next to OT.

A.) For Process Flow:

Process Group	Sterilization Unit	**Sub-Process**	Sterilization
Process Location	Autoclave Room	**Process Owner**	OT Staff/ ANM
Input(s)	Unsterile Instruments	**Output(s)**	Sterile Instruments
Process Flow/ Process Description: • OT Technician collects the used equipments from the OT and washes in running tap water. • The instruments are checked for any damage and then dried & packed in designated trays. • Then the instruments are put in Autoclave Machine for sterilization. • All the procedures are done under the guidance of Surgeon or MOIC.			
Patient Records	Register		

B.) For Gap Analysis:

Gap ID No.	**OT002**
Gap Statement: Sterilization process is not commensurate the standard sterilization practices.	
Rationale/ Explanation: • Calibration and maintenance of Autoclave is not being done. • Chemical indicators for sterilization are not being used. • Instruments are not disinfected and washed in enzymatic solution. • Decontamination of instruments, gloves, cannulae and syringes are not in practices. • No proper storage and re-assembly of instruments. • No testing of sterilization.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.9)**

9.6 <u>Medicine/ Drug Store/ Store Room:</u>

A.) Process Flow:

Process Group	Administration (Procurement)	**Sub-Process**	Procurement of drugs and kits, Lab equipments & stationary.
Process Location	Store room	**Process Owner**	Store keeper
Input(s)	Indent	**Output(s)**	Medicine issued from District Health Society.
Process Flow/ Process Description: • Hospital pharmacy store raise indent to district pharmacy store. • Indent is raised with the approval of MOIC. • Hospital pharmacy store receive the drugs and disposables from District Pharmacy Store against the indent. • The medicines for the whole block including the Sub-Centers are received by the storekeeper and distributed accordingly. • If the medicines are not adequate, medicines are bought through scheme. • Local purchase of drugs also done and the amount is taken from RKS and untied funds.			

Patient Records	Service Registers

B.) Gap Analysis:

Gap ID No.	**MS001**
Gap Statement: There is less space and facilities for storage of medicines.	
Rationale/ Explanation: • Racks are not available to properly arrange the medicine. • Racks are available but not utilized till now. Hence all the medicines are stored together. • No Labeling of medicine is being done. • All the equipments and stationary material lying here and there in store and mixed up with medicine, looks like a garbage store.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (4.1.14)**
Supporting Annexure	Photograph

Fig 10: Store Room/ Medicine Store Room of Referral Hospital

9.7 <u>MAINTENANCE</u>:

A.) For Process Flow:

Process Group	Maintenance	**Sub-Process**	Plumber/ Electrical/Biomedical
Process Location	Maintenance	**Process Owner**	MOIC/ RKS
Input(s)	Maintenance problem complaints	**Output(s)**	Action taken for solves the problem.
Process Flow/ Process Description: • The on duty staff of the department informs the problem to the MOIC/ RKS. • The MOIC gives the authorization and call the respective people. • The account department make the bill of expenditure and submit to the RKS and the payment made by the RKS.			
Maintenance Record		Problem/ Recovery Registers.	

B.) Gap Analysis:

Gap ID No.	**Maintenance 01**
Gap Statement: Preventive maintenance of building and equipments is not being carried out.	
Rationale/ Explanation: • There is no AMC of equipments. • There is no electrician, plumber in hospital; hence routine preventive, breakdown maintenance is not being carried out. • There is no facility round being taken and documented.	
Gap Classification Process	***Gap Severity Rating** High
Gap Reference	**IPHS 4.2 (a)**
Supporting Annexure	**-**

Fig 11: A view of toilet entrance and Roof of kitchen

Fig 11: Dental Equipments in Store Room

A.) Gap Analysis:

Gap ID No.	**Maintenance 02**
Gap Statement: There is risk of electrical shock and fire.	
Rationale/ Explanation: • Open electrical points are found. • There are loose wires in some places.	
Gap Classification Process	***Gap Severity Rating** High
Gap Reference	**IPHS 4.2 (a)**

8.9 HOUSE KEEPING:

A.) Process Flow:

Process Group	Housekeeping Services	**Sub-Process**	Cleaning & Mopping

Process Location	Hospital premises area	**Process Owner**	Housekeeping service provider
Input(s)	Unclean Referral Hospital	**Output(s)**	Clean Referral Hospital
Process Flow/ Process Description: • The housekeeping staff does dusting and mopping in the hospital area. • Male housekeeping staff cleans the wards, OPD area, OT, Lab & x-ray and washroom three times in a day. • Female housekeeping staff cleans the labour room. • Housekeeping staff do the mopping with the solution of phenyl and water.			
Patient Records		**-**	

B.) Gap Analysis:

Gap ID No.	**HK 01**
Gap Statement: Cleaning and mopping practice is not being carried out as per hospital practices.	
Rationale/ Explanation: • Broom is used for dusting in OT and Labour room before mopping. • The ratio of phenyl and water is not defined and they do mixing as per availability of materials. • Scrubbing is not being done daily in all areas. • Cobwebs are not cleared at last once in a month. • Toilets are not cleaned in each shift and patient load. Hence they stink most of the time.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS 4.1.8 (g)**

9.9 <u>DIETARY SERVICES</u>:

A.) Process Flow:

Process Group	Dietary Services	**Sub-Process**	Dietary
Process Location	Outsourced	**Process Owner**	Staff Nurse
Input(s)	No. Of in-patients	**Output(s)**	Diet provide to the

	required for diet.		patient.

Process Flow/ Process Description:

- Nursing staff inform to the contractor (NGO) about the number of diets are required. The space for kitchen is provided in hospital building near ward rooms.
- The diets are provided to the ward patients by a lady.
- The diet is provided to those patients only who admitted in hospital for delivery or family planning operation; remaining patients are not able take the advantage of dietary services.
- Diet is given three times as breakfast, lunch and dinner.

Patients Records	Patient Diet Register

B.) Gap Analysis:

Gap ID No.	**DTS 01**
Gap Statement: Diet is not provided as per the requirements of patients.	
Rationale/ Explanation: • Nutrition assessment is not done. • Quality of the food is not checked. • There is no monitoring of food making process. • Food hygiene is not maintained. • Only single gas stove is used for preparing the food. • The condition of kitchen room is very poor.	
Gap Classification Process	***Gap Severity Rating** Medium
Gap Reference	**IPHS (8)**
Supporting Annexure	Photograph

Fig 12: Hospital Kitchen Room

9.10 LAUNDRY SERVICES:

A.) Process Flow

Process Group	Laundry	**Sub-Process**	Cleaning the linen
Process Location	Outsourced	**Process Owner**	MOIC/ HM
Input(s)	Dirty Linen	**Output(s)**	Cleaned Linen
Process Flow/ Process Description: • Dirty linen is collected from OT and labour room. • Outsourced service provider (NGO) receives the dirty linen and washed it outside of the Referral Hospital. • The washed linen is received by the hospital staff.			
Patients Records	Linen Receiving Register.		

B.) Gap Analysis:

Gap ID No.	**LS 01**
Gap Statement: Laundry service is outsourced to traditional Dhobi.	
Rationale/ Explanation: • All dirty linen are mixed up during collection. • There is no fix timing for receiving the dirty linen and dispatch the washed linen. • Washing procedure is not proper. They use the water of open pond to wash the linen. • Washer man uses the normal detergent for washing the linen.	
Gap Classification Structure	***Gap Severity Rating** Medium
Gap Reference	**IPHS (8)**

10.0 SWOT ANALYSIS:

10.1 STRENGTHS:-

The following are the STRENGTHs of the Referral Hospital:

- It is located in the centre of the block and easily approachable.
- Commanding and well informed Medical Officer In-charge.
- MOIC interested in overall development of Referral Hospital.
- 1.58lac population covered by it.
- 275 OPD per day and 10 Delivery per day the figure itself indicates that the Referral Hospital serves good number of health care to the community.
- Involvement of PRI (Panchayti Raj Institute) in the hospital functioning is working very efficiently and effectively.
- Patient who cannot be treated at the centre are referred to the district hospital in Ambulance.
- The hospital has 24 hours Ambulance facility.
- Round the clock water availability.

10.2 WEAKNESSES:-

- Trained manpower requirements are not filled as per patient load and IPHS standard.
- Centralized decision making at the state level leads to delay in approval and implementation.
- Non-availability of essential laboratory services.
- There is water logging in the hospital which needs to be rectified at the earliest.
- BMW is not followed as per BMW guidelines 1998 (2001).
- Equipments are inadequate and often out of order. Annual maintenance is also not carrying out.
- Supply of drugs and consumables are irregular and there are shortages from time to time.
- Training is poor and lacks skill development, team building and motivational components i.e. continuous medical education or Training Program is not periodically conducted to update the clinical staff and managerial staff.
- Lack of security services.

10.3 OPPORTUNITIES:-

- It has great potential to be brought up to a model CHC.
- 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.
- Free space available which can be utilized for improved construction or future expansion of the hospital.
- Willingness of Government to empower the leadership.

10.4 PERCEIVED CHALLENGES:-

- Decentralization of decision making at the hospital level.
- Following all legal requirements such as AERB, BARC etc.
- Adherence to BMW management rules 1998.
- Following infection control practices.
- Upkeep and sanitation of hospital building and environment.
- Providing laboratory services.

11.0 CONCLUSION & RECOMMENDATIONs:

As evident from the study, all the departments of Referral Hospital are not adhering to the IPHS norms in terms of quality parameters, human resource, infrastructure or services. In order to improve the functioning of the health facilities according to IPHS, the following recommendations are made:

A. Recommendations for Wards:-

- There should be 30 beds in a community health centre. Separate wards/areas should be earmarked for males and females with the necessary furniture.
- There should be facilities for drinking water and separate and clean toilets for men and women.
- The ward should be easily accessible from the OPD so as to obviate the need for a separate nursing staff in the ward and OPD during OPD hours.
- Nursing station should be located in such a way that health staff can be easily accessible to OT and labour room after regular clinic timings.
- Clean linen should be provided and cleanliness should be ensured at all times.
- Cooking should not be allowed inside the wards for admitted patients.
- A suitable arrangement with a local agency like a local women's group for provision of nutritious and hygienic food at reasonable rates may be made wherever feasible and possible.
- Cleaning of the wards, etc. should be carried out at such times so as not to interfere with the work during peak hours and also during times of eating.

B. Waiting area:-

- This should have adequate space and seating arrangements for waiting clients / patients.
- The walls should carry posters imparting health education.
- Booklets / leaflets may be provided in the waiting area for the same purpose.
- Toilets with adequate water supply separate for males and females should be available.
- Drinking water should be available in the patient's waiting area.

C. Operation Theatre:

- It should have a changing room, sterilization area operating area and washing area.

- Separate facilities for storing of sterile and unsterile equipments / instruments should be available in the OT.
- It would be ideal to have a patient preparation area and Post-OP area.
- However, in view of the existing situation, the OT should be well connected to the wards.
- The OT should be well-equipped with all the necessary accessories and equipment
- Surgeries like laparoscopy / cataract / Tubectomy / Vasectomy should be able to be carried out in these OTs.

D. Equipment and Furniture:

- The necessary equipment to deliver the assured services of the CHC should be available in adequate quantity and also be functional.
- Equipment maintenance should be given special attention.
- Periodic stock taking of equipment and preventive/ round the year maintenance will ensure proper functioning equipment. Back up should be made available wherever possible.

E. Labour Room (3800x4200mm):

- There should be separate areas for septic and aseptic deliveries.
- The LR should be well-lit and ventilated with an attached toilet and drinking water facilities. Plan has been annexed.
- Dirty linen, baby wash, toilet, Sterilization not to interfere with the work during peak hours and also during times of eating.

F. Outpatient Department:

- The outpatient room should have separate areas for consultation and examination.
- The area for examination should have sufficient privacy.

G. Entrance:

- It should be well-lit and ventilated with space for Registration and record room, drug dispensing room, and waiting area for patients.
- The doorway leading to the entrance should also have a ramp facilitating easy access for handicapped patients, wheel chairs, stretchers etc.

H. Minor OT/Dressing Room/Injection Room/Emergency:

- This should be located close to the OPD to cater to patients for minor surgeries and emergencies after OPD hours.
- It should be well equipped with all the emergency drugs and instruments.

I. There should be proper notice displaying wings of the centre, available services, names of the doctors, users' fee details and list of members of the Rogi Kalyan Samiti / Hospital Management Committee.

J. A locked complaint / suggestion box should be provided and it should be ensured that the complaints/suggestions are looked into at regular intervals and the complaints are addressed.

12.0 REFERENCES:

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4. Analysis of community health centres in Rajasthan, SIHFW: An ISO 9001:2008 Certified Institution; State Institute of Health & Family Welfare, Jaipur
5. P.R.sodani and Kalpa Sharma , Assessing Indian public health standards for community health centers: A case study with special reference to essential new born care services Indian journal of public health , volume 55, issue 4, October-December, 2011.
6. Indian Public Health Standards (IPHS) Guidelines for Community Health Centres Revised 2012; Directorate general of health services, ministry of health & family welfare, Government of India.
7. Ministry of Health and Family Welfare. National Rural Health Mission (2005-2012): Mission Document. New Delhi: Ministry of Health and Family Welfare; 2005.
8. Ministry of Health and Family Welfare. Indian Public Health Standards (IPHS) for Community Health Centers (Revised 2010). New Delhi: Ministry of Health and Family Welfare; 2010.
9. Ministry of Health and Family Welfare. Rural Health Statistics in India. New Delhi: Ministry of Health and Family Welfare; 2010.
10. Ministry of Health and Family Welfare. Indian Public Health Standards (IPHS) for Community Health Centers (Draft Guidelines). New Delhi: Ministry of Health and Family Welfare; 2006.

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12.0 ANNEXURE

Infrastructural and Equipment List Gap Analysis with respect to Revised IPHS Guidelines (2012).

PERFORMA FOR CHCs ON IPHS

Identification:

Name of the State: _____Bihar_____

District:_____Bhagalpur_____

Tehsil/Taluk/Block __Nathnagar Block_____

Location Name of CHC:_____Nurpur

Is This Health Facility Recognized as FRU? (Yes/No)- Yes

Date of Data Collection- April 2013

Day Month Year

Name and Signature of the Person Collecting Data

1. SERVICES

S.No.		
1.1.	Population covered (in numbers)	1.58lac /14 Villages
1.2.	Specialist services available (Yes/No)	
a.	Medicine	Yes
b.	Surgery	Yes
c.	OBG	No
d.	Paediatrics	No
e.	National Health Programmes (Specify)	Yes(National Family Welfare Program, Universal Immunization ProgramNational Vector Borne Disease Control Program, RNTCP, IDSP, NLEP)
f.	Emergency services (24 Hours)	Yes / 24*7
g.	24 - hour delivery services including normal and assisted deliveries	Yes

h.	Emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions	No
i.	New-born care	Yes, NBCC is existed
j.	Emergency care of sick children	No
k.	Full range of family planning services including Laproscopic Services	No
l.	Safe abortion services	No
m.	Treatment of STI / RTI	No
n.	Essential Laboratory Services (Specify the type of lab tests conducted)	No, only TB test carried out
o.	Blood storage facility	No
p.	Referral transport service	Yes, through ambulance
1.3.	Bed Occupancy Rate in the last 12 months (1- less than 40%; 2 - 40-60%; 3 - More than 60%)	More than 60%
1.4.	Average daily OPD Attendances	More than 250/day
a.	Male	40%
b.	Female	60%
1.5.	Types of Surgeries performed (specify)	Only Tubectomy & Vasectomy
1.6.	HIV / AIDS	
a.	Availability of Counseling facility on HIV/ AIDS / STD etc. (Yes/No)	No
b.	Is it a Voluntary Council and Testing Centre (VCTC)?	No
1.7.	Service availability	Number of days in a month the services are available
a.	Ante-natal Clinics	Whole month (except Sunday)
b.	Post-natal Clinics	Whole month (except Sunday)
c.	Immunization Sessions	Whole month (except Sunday)
1.8.	Number of cases of caeserian delivery (During last one year)	NIL
1.9.	Total number of paediatric beds	No
1.10.	Is separate septic labour room available	No
1.11.	Availability of facilities for out-patient department in Gynecology/ obstetric (Yes / No)	
a.	Board /Name plates to guide the clients	No
b.	Adequate working space	Yes
c.	Privacy during examination	Yes
d.	Facility for counselling	No
e.	Separate toilet with running water	Yes
f.	Facility for Starilizing instruments	Yes
g.	Male specialist	No
h.	Female specialist	Yes
1.12	Availability of specific services (Yes/No)	
	Are antenatal clinics organized by the Referral Hospital	YES

	regularly?	
	Is the facility for normal delivery available in Referral Hospital for 24 hours?	YES
	Is the facility for Tubectomy and Vasectomy available at the Referral Hospital?	YES
	Is the facility for internal examination for Gynaecological conditions available at the hospital?	NO
	Is the treatment for Gynaecological disorders like Leucorrhoea, menstrual disorders available at the hospital?	YES
	If women do not usually go to the Referral Hospital, then what is the reason behind it?	Due to lack of facilities
	Is treatment for anaemia given to both pregnant as well as non-pregnant women?	YES
	Are the low weight birth babies managed at the hospital?	NO
	Is there fixed immunization day?	YES
	Is BCG and Measles vaccine given regularly in the Referral Hospital?	YES
	Is the treatment of children with Pneumonia available at the Referral Hospital?	NO
	Is the management of children suffering from diarrhoea with severe dehydration done at the Referral Hospital?	YES
1.13	Other functions and services performed (Yes/No)	
	Nutrition services	NO
	School Health Programmes	NO
	Promotion of safe water supply and basic sanitation	YES
	Prevention control of locally endemic diseases	NO
	Disease surveillance and control of epidemics	NO
	Education about health/ behaviour change communication	YES
	AYUSH services as per local preference	YES
	Rehabilitation services	NO
1.12	Treatment of specific cases(Yes/No)	
	Is surgery for cataract done in the referral hospital?	NO
	Is the primary management of wounds done at the referral hospital?	YES
	Is the primary management of the fracture done at the referral hospital?	NO, REFERED
	Are minor surgeries like draining of abscess etc done at the referral hospital?	YES
	Is the primary management of cases of poisoning/ snake, insect or scorpion bite done at the referral hospital?	YES/ Dog Bite Mostly/Drug Available.
	Is the primary management of the burns done at the referral hospital?	NO, REFERED
1.13	Monitoring and Supervision Activities (Yes/No)	
	Monitoring and supervision of activities of sub-centres through regular meetings/ periodic visits etc.	YES
	Monitoring of National Health Programmes	YES
	Monitoring activities of ASHAs	YES
	Visits of Medical Officer to all sub-centres at least once in a month	YES
	Visits of Health Assistants (Male) and LHV to sub-centres once a week	YES

II. MANPOWER

S.No.	Personnel	IPHS Norm	Current Availability at CHC (Indicate Numbers)	Remarks / Suggestions / Identified Gaps
A.	Clinical Manpower			
2.1.	General Surgeon	1	0	
2.2.	Physician	1	4	
2.3.	Obstetrician / Gynaecologist	1	1	
2.4.	Paediatrics	1	0	
2.5.	Anaesthetist	1	0	On contractual appointment or hiring of services from private sectors on case to case basis
2.6.	Public Health Programme Manager	1	1	On contractual appointment
2.7.	Eye Surgeon	1	0	For every 5 lakh population as per vision 2020 approved Plan of Action
2.8.	Other specialists (if any)		Dentist-1, AYUSH-2, Homeo-1, Ortho-1	
2.9.	General duty officers (Medical Officer)		5	

S.No.	Personnel	IPHS Norm	Current Availability at CHC (Numbers)	Remarks / Suggestions / Identified Gaps
B.	Support Manpower			
2.10.	Nursing Staff	7+2		1 ANM and 1 Public Health Nurse for family welfare will be appointed under the ASHA scheme
a.	Public Health Nurse	1	0	
b.	ANM-R	1	24	
c.	Staff Nurse	7	5	

d.	Nurse/Midwife			
2.11.	Dresser	1	0	
2.12	Pharmacist / compounder	1	0	
2.13.	Lab. Technician	1	4	
2.14.	Radiographer	1	1	
2.15.	Ophthalmic Assistant	1	0	Opthalmic Assistant may be placed wherever it does not exist through redeployment or contract basis
2.16.	Ward boys / nursing orderly	2	0	
2.17.	Sweepers	3	0	
2.18.	Chowkidar	1	0	Flexibility may rest with the State for recuriment of personnel as per needs
2.19.	OPD Attendant	1	0	
2.20.	Statistical Assistant / Data entry operator	1	1	
2.21.	OT Attendant	1	0	
2.22.	Registration Clerk	1	1	
2.23.	Any other staff (specify)		-	

C. Training of MOs during previous (full) year

2.24	Available training in	Number of MOs trained
a.	Sterilization	2
b.	IUD Insertions	4
c.	Emergency contraception	3
d.	RTI / STI, HIV/ AIDS	2
e.	Newborn care	2
f.	Emergency obstetric care	3
g.	Other subjects (mention)	

III. Investigative Facilities

S.No.	IPHS Norm	Current Availability at CHC	Remarks / Suggestions / Identified Gaps
3.1.	Availability of ECG facilities (Yes / No)	No	
3.2.	X-Ray facility (Yes / No)	Yes	
3.3.	Ultrasound facility (Yes / No)	No	
3.4.	Appropriate training to a nursing staff on ECG (Yes / No)	No	
3.5.	Lab test facilities (specify kind of tests done)	Only TB test	

3.6.	Any lab test / diagnostic test outsourced to private lab / hospital (please specify the test)	Blood test	
3.7.	All necessary reagents, glassware and facilities for collection and transportation of samples (Yes / No)	No	

IV. Physical Infrastructure (As per specifications)

S.No.		Current Availability at CHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
4.1.	Where is this CHC located?			
a.	Within Village Locality	yes		In Nurpur
b.	Far from village locality	No		
c.	If far from locality specify in km	-		
4.2.	Building			
a.	Is a designated government building available for the CHC? (Yes / No)	Yes		
b.	If there is no designated government building, then where does the CHC located			
	Rented premises			
	Other government building	-		
	Any other specify	-		
c.	Area of the building (Total area in Sq. mts.)	16500ft2		
d.	What is the present stage of construction of the building			
	Construction complete	Yes		
	Construction incomplete	No		
e.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	Partial		
f.	Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)	Plaster coming off in some places		
g.	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		
h.	Whether the cleanliness is Good / Fair / Poor?(Observe)			
	OPD	Fair		

	OT	Poor		
	Rooms	Good		
	Wards	Fair		
	Toilets	Poor		
	Premises (compound)	Good		
I.	Are any of the following close to the hospital? (Observe) (Yes/No)			
i.	Garbage dump	No		
ii.	Cattle shed	Yes		
iii.	Stagnant pool	Yes		
iv.	Pollution from industry	No		
4.3.	Location			
a.	Whether located at less than 2 hours of travel distance from the farthest village? (Yes/No)	Yes		
b.	Whether the district head quarter hospital located at a distance of less than 4 hours travel time? (Yes/No)	Yes		
c.	Feasibility to hold the workforce (e.g. availability of degree college, railway station, municipality, industrial/mining belt) (Yes/No) (specify)	Yes, railway station		
4.4.	Availability of Private Sector Health Facility in the area			
a.	Private laboratory/hospital/Nursing Home (Yes/No)	Yes		
b.	Charitable Hospital (Yes/No) (specify)	No		
c.	Hospital run by NGO (Yes/No)	No		
4.5.	Prominent display boards in local language / Charter of Patient Rights (Yes/No)	No		
4.6.	Registration counters (Yes/No)	Yes		
4.7.				
a.	Pharmacy for drug dispensing and drug storage (Yes/No)	Yes		
b.	Counter near entrance of hospital to obtain contraceptives, ORS packets, Vitamin A and Vaccination (Yes / No)	Yes		
4.8.	Separate public utilities for males and females (Yes/No)	No		
4.9.	Suggestion / complaint box (Yes/No)	No		

4.10.	OPD rooms / cubicles (Yes/No) (Give numbers)	Yes, only 2		
4.11.	Adequate no. of windows in the room for light and air in each room (Yes/No)	Yes		
4.12.	Family Welfare Clinic (Yes/No)	No		
4.13.	Waiting room for patients (Yes/No)	No		
4.14.	Emergency Room / Casualty (Yes/No)	No		
4.15.	Separate wards for males and females (Yes/No)	Yes		
4.16.	No. of beds : Male	Not specific		Total 30 beds are available
4.17.	No. of beds : Female	Not specific		Total 30 beds are available

4.18.	Operation Theatre			
a.	Operation Theatre available (Yes/No)	Yes		
b.	If operation theatre is present, are surgeries carried out in the operation theatre?			
	Yes	Yes		
	No			
	Sometimes	2days in a weeek		
c.	If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same?			
	Non-availability of doctors / anaesthetist / staff	Yes		
	Lack of equipment / poor physical state of the operation theatre	Yes		
	No power supply in the operation theatre	Not so		
	Any other reason (specify)			
d.	Operation Theatre used for obstetric / gynaecological purpose (Yes / No)	Yes		
e.	Has OT enough space (Yes / No)	Yes		
f.	Is OT fitted with air conditioner? (Yes / No)	No		
g.	Is the air conditioner working? (Yes / No)	No		
h.	Is generator available for OT? (Yes / No)	Yes		
i.	Is emergency light available in OT? (Yes / No)	No		
j.	Is	No		

	fumigation done regularly? (Yes / No)			
k.	Is the days of sterilization in a week displayed on the public notice on OT? (Yes / No)	No		

4.19.	Operaion Theatre Equipment	Available (Yes/No)	Working (Yes/No)	
	Boyles apparatus	No		
	EMO Machine	No		
	Cardiac Monitor for OT	No	-	
	Defibrillator for OT	No	-	
	Ventilator for OT	No	-	
	Horizontal High Pressure Sterilizer	No	-	
	Vertical High Pressure sterilizer 2/3 drum capacity	No	-	
	Shadowless lamp ceiling trak mounted	No	-	
	Shadowless lamp pedestal for minor OT	Yes	No	
	OT care / fumigation apparatus	Yes	No	
	Gloves & dusting machines	Yes	Yes	
	Oxygen cylinder 660 Ltrs 10 cylinders for 1 Boyles Apparatus	No		
	Nitrous Oxide Cylinder 1780 Ltr. 8 for one Boyles Apparatus	No		
	Hydraulic Operation Table	yes	No	

4.20.	Labour room			
a.	Labour room available?	Yes	150ft2	

	(Yes/ No)			
b.	If labour room is present, arc deliveries carried out in the labour room?	yes		
	Yes	-		
	No	-		
	Sometimes	-		
c.	If labour room is present. but deliveries are not being conducted there, then what are the reasons for the same?	Carried out		
	Non-availability of doctors / staff	-		
	Seepage in the labour room	-		
	No power supply in the labour room	-		
	Any other reason (specify)	-		
d.	Are separate areas for septic and aseptic deliveries available? (yes/no)	No		
4.21.	X-ray room with dark room facility (Yes/No)	No		

4.22.	Laboratory:			
a.	Laboratory (Yes/No)	yes	100ft2	only TB test
b.	Are adequate equipment and chemicals available? (Yes/No)	No		
c.	Is laboratory maintained in orderly manner? (Yes / No)	No		
4.23.	Cold Chain	Available?	In working condition?	
a.	Walk-in coolers (Yes / No)	No		
b.	Walk-in freezers available (Yes / No)	No		
c.	Icelined freezers (Yes / No)	Yes		
d.	Deep freezers (Yes / No)	Yes		
e.	Refrigerators (Yes / No)	Yes		
4.24.	Blood Storage Unit			
a.	Blood Storage Unit available(Yes/No)	No		
b.	Is the CHC having linkage with district blood bank? (Yes / No)	-		
c.	Is regular blood supply available? (Yes / No)	-		

4.2	Ancillary Rooms - Nurses rest room	Yes		

5.	(Yes/No)			
4.26.	Water supply			
a.	Source of water (1- Piped; 2- Bore well/ hand pump / tube well; 3- Well; 4- Other (specify))	Bore well & hand pump		
b.	Whether overhead tank and pump exist (Yes / No)	Yes		
c.	If overhead tank exist, whether its capacity sufficient? (Yes/No)	yes	3000ltr	
d.	If pump exist, whether it is in working condition? (Yes / No)	yes		

4.27.	Sewerage			
	Type of sewerage system (1- Soak pit; 2- Connected to Municipal Sewerage)	yes		Soak pit
4.28.	Waste disposal			outsourced
a.	Is there an incinerator? (Yes / No)	No		
b.	If yes, type (1- electric; 2- Other (specify)	-		
c.	If no, how the medical waste disposed off?	-		

4.29.	Electricity			
a.	Is there electric line in all parts of the hospital? (1- In all parts; 2- In some parts; 3- None)	yes		In all parts
b.	Regular Power Supply (1- Continuous Power Supply; 2- Occasional power failure; 3- Power cuts in summer only; 4- Regular power cuts; 5- No power supply	Regular power cuts		generator
c.	Stand by facility (generator) available (Yes / No)	Yes		

4.30.	Laundry facilities:			
a.	Laundry facility available(Yes/No)	No		
b.	If no, is it outsourced?	Yes		Traditional Dhobi

4.31.	Communication facilities			

a.	Telephone (Yes/No)	yes		Mobile phones
b.	Number of different telephone lines available	No		
c.	Personal Computer (Yes/No)	Yes		
d.	NIC Terminal (Yes/No)	Yes		
e.	E.Mail (Yes / No)	Yes		
f.	Is CHC accesible by			
i.	Rail (Yes / No)	Yes		
ii.	All whether road (Yes / No)	Yes		
iii.	Others (Specify)	-		

4.32.	Vehicles	Number of Vehicles		
a.	If running	Sanctioned	Available	On road
	Ambulance		2	2
	Jeep		1	1
	Car			
		Current Availability at CHC	If available, area in Sq. mts.)	Remarks / Suggestions / Identified Gaps
4.33.	Office room (Yes/No)	yes	100ft2	
4.34.	Store room (Yes/No)	yes	180ft2	
4.35.	Kitchen (Yes / No)	yes	550ft2	
4.36.	Diet:			
a.	Diet provided by hospital (Yes/No)	No		
b.	If no, how diet is provided to the indoor patients?	-	-	outsourced

4.37.	Residential facility for the staff with living condition			
	Medical Officer	yes	550ft2	
	nurses	yes	100ft2	2room
	Other staff	yes		Drivers of ambulances and guards
4.38.	Accommodation facility for families of admitted patients			
a.	Facility for stay available (Yes / No)	No		
b.	Attached toilet available (Yes / No)	Yes		
c.	Cooking facility available (Yes / No)	No		
4.39.				
a.	Is the CHC open for outpatient services for the stipulated OPD time?			
	Yes, on all days excepting designated holidays			
	No, it always closes before time	no		
	Only on some days it functions for the stipulated time			
b.	If yes, specify stipulated OPD hours			
4.40	In cases where a patient needs to be admitted for inpatient care, is he/she admitted?			
	Yes, patients who can be managed at CHC are always admitted	Yes		
	Some deserving patients are not admitted but are referred to other facilities	-		
	Patients usually refused admission	-		
4.41.	Does the CHC provide treatment to emergency patients /victims of accident medical emergencies etc) at any time of the day/ night?			
	Emergency patients are given treatment. Where necessary, they are referred higher level Govt. hospital	yes		
	Emergency patients are often not treated, referred to a public health care facility	-		
	Emergency patients are often not treated, referred to a private health care facility	-		
4.42.	If referred to a higher-level health care facility, how is the patient taken there?			
	Free transpbrt by hospital ambulance	Yes		
	By hospital ambulance, but fuel and other charges have to be made by the patient	-		
	Private/ personal conveyance	-		

4.43.	Behavioral Aspects				
a.	How is the behaviour of the CHC staff with the patient				
	Courteous		yes		
	Casual/indifferent	-			
	Insulting / derogatory	-			
b.	Is there corruption in terms of charging extra money for any of the service provided? (Yes / No)	No			
c.	Is a receipt always given for the money charged at the CHC? (Yes / No)	Yes			
d.	Is there any incidence of any sexual advances. oral or physical abuse, sexual harassment by the doctors or any other paramedical? (Yes / No)		No		
e.	Are woman patients interviewed in an environment that ensures privacy and dignity? (Yes / No)		Yes		
f.	Are examinations on woman patients conducted in presence of a woman attendant, and procedures conducted under conditions that ensure privacy? (Yes / No)		Yes		
g.	Do patients with chronic illnesses receive adequate care and drugs for the entire duration? (Yes / No)		No		
h.	If the health centre is unequipped to provide the services needed, are patients transferred immediately without de1ay, with all the relevant papers, to a site where the desired service is available? (Yes / No)		Yes		By ambulance
i.	Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered? (Yes / No)		no		
	Is there an outbreak of any of the following diseases in the referral hospital area in the last three years?				
	malaria		Yes		
	Measles		Yes		
	Gastroenteritis		Yes		
	jaundice		yes		
j.	If yes, did the referral hospital staff responded immediately to stop the further spread of the epidment?		no		
k.	Does the doctor do the private practice during or after the duty hours?		yes		

l.	Are there instances where patients from particular social background dalits, minorities, and villagers have faced derogatory or discriminatory behavior or service of poorer quality? (Yes/No)	no		
m.	Have patients with specific health problems like HIV/AIDS, Leprosy etc suffered discrimination in any form? (Yes/No)	N o		

V. EQUIPMENT LIST:

Equipment	Available	Functional	Remarks / Suggestions / Identified Gaps
Saline Stand	30		
Scapvan Set No-3	100		
Chessel	3		
Oxygen Flomenters	4		
O.T.Light with Seven Hilgen Bulb	1		
Mosquito Forceps	10		
Arther Forcep Curves 5.5	20		
Sinnuscissue Forceps	3		
Allies Forceps ‘6’	15		
Plain Forceps 8	7		
Lifter 12	5		
Seirroris 6	7		
Epistomy Seirrorrs 5.5	3		
Delivery Forceps 5.5	1		
Radiant warmer	1		
Incubator Peadiative	1		
Oxygen Cylinder 40	4		
Needle Holder	7		
Baby Tray	10		
Fire Extinguisher 5kg	5		
Iron Bed	30		
Medicine Rack Iron	5		
Mattress	30		
Baby Cort	10		
Stool Revolving	10		
Aural Synge	5		
Mosquito Net	30		
Kidney Tray	100		
OT Light	3		
Suction Machine	3		
Insttrument Traler	2		
IV stand	4		
Root Forceps Full Set	1		
Chisel	1		
Deciduous Tooth Forceps	1		
Dental X-ray Film	2		
Dental Chair	1		
Dental Forcep Full Set	1		

Filling Instrument Kit	1		

VI. Furniture:

S.No.	Item	Current Availability	If available, numbers	Remarks / Suggestions / Identified Gaps
6.1.	Examination Table	yes	1	Not in good condition
6.2.	Delivery Table	Yes		
6.3.	Footstep	No		
6.4.	Bed Side Screen	No		
6.5.	Stool for patients	No		
6.6.	Arm board for adult & child	No		
6.7.	Saline stand	Yes	2	
6.8.	Wheel chair	Yes	2	
6.9.	Stretcher on trolley	Yes		
6.10.	Oxygen trolley	Yes		
6.11.	Height measuring stand	No		
6.12.	Iron bed	yes	30	
6.13.	Bed side locker	No		
6.14.	Dressing trolley	Yes		
6.15.	Mayo trolley	No		
6.16.	Instrument cabinet	Yes		
6.17.	Instrument trolley	Yes		
6.18.	Bucket	Yes		
6.19.	Attendant stool	No		
6.20.	Instrument tray	No		
6.21.	Chair	Yes		
6.22.	Wooden table	Yes		
6.23.	Almirah	yes	12	
6.24.	Swab rack	No		
6.25.	Mattress	yes		Not in good condition
6.26.	Pillow	No		
6.27.	Waiting bench for patients / attendants	No		
6.28.	Medicine cabinet	Yes		
6.29.	Side rail	No		
6.30.	Rack	Yes		
6.31.	Bed side attendant chair	No		

VII. Quality Control:

S.No.	Particular	Whether functional / available as per norms	Remarks
7.1.	Citizen's charter (Yes/No)	No	
7.2.	Constitution of Rogi Kalyan Samiti (Yes/No) (give a list of office order notifying the members)	Yes	

7.3.	Internal monitoring (Social audit through Panchayati Raj Institution / Rogi Kalyan Samitis, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify)	No	
7.4.	External monitoring (Gradation by PRI (Zila Parishad)/ Rogi Kalyan Samitis	No	
7.5.	Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Please provide a list)	No	