

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3820
ANSWERED ON:13.12.2000
MEDICAL EQUIPMENT
ASHOK NAMDEORAO MOHOL

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government are aware that medical equipment in hospitals are generally out of order and people are forced to get their tests from the outside private hospitals or laboratories which are charging two to five times for these tests;
- (b) if so, whether earlier in 1997, Government have constituted a committee to find out the reasons for non- functioning of medical equipment in the hospitals;
- (c) if so, whether the said committee has suggested several ways to tackle the situation;
- (d) if so, the details of recommendation made by that committee;
- (e) whether the Government have conducted any inquiry to find out the failure of such equipment despite the sufficient steps of the Government to improve the situation; and
- (g) if so, the outcome thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

- (a) In Central Government Hospitals in Delhi i.e. Dr. RML Hospital, Safdarjung Hospital and Lady Hardinge Medical College & Associated Hospitals, medical equipment are generally in working condition. Whenever any equipment is found out of order, remedial measures are taken immediately to set the equipment right.
- (b) The Delhi High Court had constituted a committee under the Chairmanship of Shri M. Chandrasekharan, former Additional Solicitor General of India and Senior Advocate to find out the reasons for non-functioning of medical equipment in the hospitals.
- (c) to (d) The recommendations of the Committee and action taken thereon are at Annexure.
- (f) & (g) The non-functional status of the equipment in respect of the three Central Government Hospitals mentioned above is monitored on regular basis.

Annexure

**ACTION TAKEN/PROPOSED TO BE TAKEN ON THE RECOMMENDATIONS OF THE CHANDRASHEKHARAN COM
SET UP BY THE HON'BLE HIGH COURT OF DERLHI ON MEDICAL EQUIPMENT**

Sl. No.	RECOMMENDATION	ACTION TAKEN/PROPOSED TO BE TAKEN
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1.	Specific Policy Guidelines should be enunciated before identifying the required equipment such as realistic need, assessment, identification of correct specifications, reports from actual users, either published or obtained through personal communication, and pre-procurement cost-benefit analysis for all costly equipment.	General guidelines for procurement of medical equipment for 3 Central Govt. Hospitals have been issued on 11.8.98 and reiterated on 16.2.99 and they are being followed.
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2.	People involved in the selection, of the equipment should not only consist of senior staff members, particularly those who are on the	The selection of the costly equipment is being done by high power Committees constituted by
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verge of superannuation but also such junior members of the faculty who are going to be actual users of the equipment. Sometimes it will be more appropriate to include outside experts, to help the selection committee.

of the respective Departments who are going to use the equipments and minimum two outside experts of the same discipline approved by DGHS.

the Dte. GHS under the Chairpersonship of Additional DG (IR). Two such Committees constituted on 11.8.2000 and 4.9.2000 respectively comprise of the officers

3. The terms of purchase contract should have a stipulation for after sale service, alongwith supply of needed spares for a period preferable of 5 to 7 years. The Committee notes with satisfaction that the LHMC Hospital is initiating such a process by including a suitable clause in the tenders.

years and spares availability and maintenance for another five years

The Dte. GHS may devise Model Purchase Contract containing the stipulation for after sale service alongwith supply of needed spares for a period preferably 5 to 7 years. The Dte. GHS have stated that all equipments have a minimum guarantee period of two

4. In respect of imported equipments obligation of the purchaser to give 90% advance should be modified to 50% . with respect to certain highly sophisticated items, e.g. for which there are not many suppliers, efforts to negotiate for a lower advance payment may meet with certain difficulties. However, with respect to majority of other items, it may not be so. Further, there is a view expressed by senior doctors in AIIMS that the market for the so called sophisticated equipments is now no longer a Seller`s market as such, and that some degree of Purchaser`s bargaining in the matter would be possible.

Amendments have been made in the tender documents but suppliers insist for 90% advance.

5. The purchase Contract as well as Maintenance Contract should contain suitable penalty clauses, likely to have deterrent effect on the Contracting firms against non-supply or delay in supply of spares or in not carrying out repairs with a prescribed period. The existing clauses relating to liquidated damages have not served the purpose. In this regard, no case has come to the notice of the Committee where a claim of such damages was ever lodged with the concerned firm.

copy of the AMC used by AIIMS to Dr. RML Hospital, Safdarjung Hospital and LHMC & Associated Hospitals to implement the same while awarding the AMC wherever possible.

It was directed that the annual Maintenance Contract should contain suitable penalty clause in consultations with Ministry of Law. Since, the AMC agreement followed by AIIMS contain penalty clause, the Dte. GHS were requested to consider AMC form being used in AIIMS for adoption in Central Govt. Hospitals. Accordingly, the Dte. GHS have circulated on 5.5.2000, a

6. Orders issued by DGHS regarding blacklisting of defaulting firms should be specific and unambiguous so as to state that the equipment for which advance payment has already been made should be got installed by the supplier firm, under the terms of the relevant contract and the blacklisting should apply only to purchase of new equipment/stores from the said firm.

The Secretary(H) directed that such firms which fail to supply the spares under the maintenance contract be processed for blacklisting. Procedure laid down by DGS&D in this regard has been incorporated in the tender documents.

7 Logbook in respect of every equipment should be maintained by

The Dte. GHS have issued necessary directions to

the user department to be cross-checked after every three months by the MS or any other professionally qualified person designated by MS of the Hospital. The format of the log book should contain the following information;

1) Name of the equipment. 2) Accession No. 3) Date of determination of the specification. 4) Date of order. 5) Date of installation. 6) Name of the person authorised to handle the equipment 7) No of tests done - test accession No. 8) Date at which test were done 9) Name of the user/handler. 10) Condition in which it was found, i.e. working or not. 11) If any fault, time and date of identification. 12) Date and time of reporting. 13) Date and time of repairs. 14) Date of Technical Audit done in identity the cost-benefit ratio. This logbook must be seen by an authorised Supervisor.

all Central Govt. Hospitals for maintenance of logbook of equipments. All the 3 Central Govt. hospitals have informed that the logbook in respect of equipments are being maintained.

8. Installation and standardisation of an equipment should be got done by the supplier and clear test check done under active field situation before accepting delivery. 1) Decision on the recommendation has been sent to Central Govt. Hospitals on 30.09.1998 2) It has been informed by the Central Govt. Hospitals that the recommendations are being followed.

9 Old/out moded models of equipments which create problems as to availability of spares/other stores should not be accepted even from a gift source. The recommendation is being followed by all the Central Govt. hospitals.

10 An engineering staff, responsible for all work relating to the necessary infrastructure e.g. site, building, air-conditioning/electrical system etc., should be attached to each hospital and should be answerable to the MS of that hospital. Discussion on the recommendations has been sent to all Central Government hospitals on 30.09.1998. Civil & Electrical engineering staff of CPWD are working in hospitals.

11. Requisite synchronization between the acquisition of the equipment, readiness of infrastructure for installation of the equipments and availability of trained staff for handling the same should be ensured. The recommendations have been included in the general guidelines which have been circulated on 11.8.1998 for compliance by the Central Govt. hospitals and have been reiterated for

implementation on 1.2.1999
12. Every hospitals should have a Bio-medical Engineering Deptt., duly manned by trained personnel and directly functioning under the MS. The following Two Member Maintenance workshops should be created in all hospitals under an appropriate Supervisor;
i) Mechanical Workshop, ii) Electrical workshop, iii) Carpentry workshop, iv) Glass Blower workshop. Compositely, all works of minor nature, essential in the functioning of the equipment will be looked after by such workshops. This will ensure a highly cost effective, preventive maintenance of the equipments besides supporting R&D activities of various units of the hospitals. Director General was of the view that acceptance of this recommendation is not practicable. Bio-Medical Engineering Deptt., has to do lots of job. Repair of equipments are being done in the workshop maintained by the hospitals. The sophisticated equipments are to be repaired/maintained through AMC. All MSs have endorsed the view expressed by DGHS. Since, all the sophisticated instruments are proposed to be procured with guarantee/warrantee followed by maintenance contract with or without spares and the availability of spares for a specific period are also to be ensured. Bio-Medical Engineering Deptt. may not be necessary for every hospital/institution for maintaining such equipments.

13. A reasonably adequate imprest sum, say of about Rs 50,000/- should be Permanent advance with the MS of Dr. RML

placed at the disposal the HODs of Hospital, Safdarjung
each of the hospitals for Hospital and Principal &
undertaking urgent repairs. MS of Lady Hordinge Medical College &

Associated Hospitals has been raised to Rs.
80,000/-. The MSs of three Central Govt.
hospitals have been permitted to provide
permanent advance not exceeding Rs. 5000/- at
the disposal of selected HODs to meet contingent
needs.

14. The decisions about condemnation of All Central Govt.
machines, which are unutilisable hospitals are having the
having outlived their life or for condemnation Committee to
other reasons e.g., uneconomicality take action on outlived
of repairs etc., should be taken by equipments.
a duly qualified Committee, meeting
more frequently than as presently
found by the Committee.

15. Single Window Clearance for the It was observed that
import of medical and diagnostic Single Window Clearance
equipment and/or spares should be was not possible. The
established by making adequate Dte. GHS was requested to
provisions in that regard. As in examine the proposal
the case of Advance Licensing further. The Dte. GHS
system, such imports should be duly has now stated that the
authorised by High Power Committee recommendations cannot be
comprising representatives of the accepted.
different Ministries of the Govt.
of India and Departments like DGS&D
etc., as also the Financial
advisers concerned, who may have to
be involved in the decision making
process. Once a suitably highly
placed committee of members in the
concerned hospital estimates the
requirements and conveys the same
to such a High Powered Committee,
the recommendation of the Committee
should follow forthwith and the
decision communicated to the
concerned hospital which would
proceed to acquire the
equipments/spares with minimum
delay. In the event of there being
any necessity to issue any
exemption Notifications for any
particular equipments/spares, the
Deptt. of Revenue/DGPT should
forthwith apply their mind and
ensure prompt issue of the same,
subject to the guideline of the
Govt. in that behalf at the
relevant point of time.

16. All correspondence/notes relating It has been reported that
to a particular equipment should be Central Govt. hospitals
dealt within one separate self- are already following the
contained file and should be recommendations.
properly kept on that file in a
chronological manner.

17. A separate stores set up should be -do-
established in each hospital and
should be headed by professionally
qualified person and he should be
accountable to the MS of the
hospital.

18. Stricter adherence to the It has been stated that
applicable Governmental/Internal the Central Govt.
orders/Guidelines with respect to hospitals are already
procurement and regular maintenance following the
of the equipments should be ensured recommendations.
by the MS, inter alia by surprise
visits to different Deptts./stores.

19. Provisions should be made in every Physical verification of
hospital for an annual/Bi-annual all equipments is being
physical verification of all the conducted once in a year
equipments on a fixed day(s) in and the records are
every year and due maintenance of maintained in all the
records thereof. three Central Govt. hospital.

20. Terms of tender and A/T should The recommendation has
provide that in the event of been incorporated in the
foreign principal who supplies the tender document. The
equipment changing his Indian Dte. GHS may take further
agent, the hospital concerned action in consultations
should be promptly informed. with Director
Further, it shall be provided in (Procurement)/Ministry of
the Agreement that the foreign Law.

principal shall ensure that the obligations and duties of the foreign principal should get automatically transferred to the new Indian agent, failing which the foreign principal would ipso-facto become liable for all acts of commission or omission on the part of the new Indian agent.

21. Cases where departure from prescribed procedures for purchase, maintenance is found to be there without justifiable reasons, the persons responsible should be dealt with under the applicable disciplinary rules and adequate and timely punitive action ensured.

The Central Govt. hospitals have been instructed for compliance.

22. There is enough justification for enhancement of financial powers conferred on the MS of the two hospitals under the administrative control of NCT of Delhi. The existing limit for procurement of equipments/stores of Rs. 50,000/- for which the hospital authorities have to approach Delhi Govt. deserves to be enhanced to Rs. 1 lakh. Further, it should be left to the judgement of the Medical Superintendent of the respective hospital to procure the equipment through limited tender enquiry confined to reliable registered firms/companies. Similarly, the financial limit of AMCs should also be enhanced.

This recommendation is for implementation by Govt. of NCT of Delhi.