P.A.C. No. 654

PUBLIC ACCOUNTS COMMITTEE (1978-79)

(SIXTH LOK SABHA)

HUNDRED AND THIRD REPORT

THREE GOVERNMENT HOSPITALS IN DELHI

(MINISTRY OF HEALTH AND FAMILY WELFARE)

[Action taken by Government on the recommendations of the Public Accounts Committee contained in their 49th Report (Sixth Lok Sabha) on Three Government Hospitals in Delhi]

Presented in Lok Sabha on
Laid in Rajya Sabha on

LOK SABHA SECRETARIAT
NEW DELHI

December, 1978/Agrahayana, 1900 (S)

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INTRODUCTION

I, the Chairman of the Public Accounts Committee, as authorised by the Committee, do present on their behalf this Hundred and Third Report on action taken by Government on the recommendations of the Public Accounts Committee contained in their Forty-Ninth Report (Sixth Lok Sabha) on three Government Hospitals in Delhi commented upon in paragraph 30 of the Report of the Comptroller and Auditor General of India for the year 1974-75, Union Government (Civil) relating to the Ministry of Health and Family Welfare (Department of Health).

2. On 31 May, 1978 an 'Action Taken Sub-Committee' consisting of the following Members was appointed to scrutinise the replies received from Government in pursuance of the recommendations made by the Committee in their earlier Reports:

1. Shri P. V. Narasimha Rao—*Chairman*
2. Sri Asoke Krishna Dutt—*Convener*
3. Shri Vasant Sathe
4. Shri M. Satyanarayan Rao — *Members*
5. Shri Gauri Shankar Rai
6. Shri Kanwar Lal Gupta

3. The Action Taken Sub-Committee of the Public Accounts Committee (1978-79) considered and adopted the Report at their sitting held on 25 November, 1978. The Report was finally adopted by the Public Accounts Committee (1978-79) on 13 December, 1978.

4. For facility of reference the conclusions or recommendations of the Committee have been printed in thick type in the body of the Report. For the sake of convenience, the conclusions or recommendations of the Committee have also been reproduced in a consolidated form in the Appendix to the Report.

5. The Committee place on record their appreciation of the assistance rendered to them in this matter by the Comptroller and Auditor General of India.

NEW DELHI;
December 13, 1978.
Agrahayana 22, 1900 (*S*).

P. V. NARASIMHA RAO,
Chairman,
Public Accounts Committee.

CHAPTER I

REPORT

1.1. This Report of the Committee deals with the action taken by Government on the Committee's recommendations|observations contained in their Forty-Ninth Report (Sixth Lok Sabha) on 'Three Government Hospitals in Delhi' commented upon in paragraph 30 of the Report of the Comptroller and Auditor General of India for the year 1974-75, Union Government (Civil) relating to the Ministry of Health and Family Welfare (Department of Health).

1.2. The Committee's Forty-Ninth Report was presented to the Lok Sabha on 23 December, 1977 and contained 96 recommendations/observations. Action Taken Notes in respect of all the 96 recommendations|observations have been received from Government and these have been broadly categorised as follows:

(i) *Recommendations|observations that have been accepted by Government:*

S. Nos. 1, 2, 5, 7, 8; 13; 14; 20; 22; 24; 25; 26; 30; 34—36; 38-39, 42, 43, 47, 51—59, 61, 64—66, 69; 73; 80-81; 84—86, 89—92 and 93.

(ii) *Recommendations/observations which the Committee do not desire to pursue in the light of the replies received from Government:*

S. Nos. 11-12, 15, 16, 19, 27, 67-68; 87-88 and 96.

(iii) *Recommendations|observations replies to which have not been accepted by the Committee and which require reiteration:*

S. Nos. 3, 4, 6, 9, 10, 17, 18, 21; 23; 31; 32; 33; 48; 60; 70; 71, 72, 77, 78, 79, 83; 94 and 95.

(iv) *Recommendations/observations in respect of which Government have furnished interim replies:*

S. Nos. 28-29, 37, 40-41, 44, 45-46, 49; 50; 62; 63; 74; 75-76 and 82.

1.3. The Committee regret to observe that even after a lapse of more than ten months since the presentation of the Forty-Ninth Report (6th Lok Sabha) to the House in December 1977, they are

yet to be informed of the final action taken by Government on 16 (out of 96) recommendations/observations contained therein. The Committee need hardly emphasise that it should be the endeavour of the Ministries|Departments to see that all action is completed and final replies to recommendations duly vetted by Audit are sent to this Committee within the prescribed limit of 6 months. The Committee therefore, expect that final replies, to those recommendations|observations in respect of which only interim replies have so far been furnished in this case will be submitted to them expeditiously.

1.4. The Committee have been informed by the Audit that one of the Action Taken Notes furnished by the Ministry have been vetted by them (Audit). The Committee take a serious view of the failure of the Ministry to furnish to them vetted replies to the recommendations and in this connection, they would like to draw attention of the Ministry to para 1.3 of the 94th Report.. (Sixth Lok Sabha) wherein they have again emphasised for submission of Action Taken Notes duly vetted by Audit.

1.5. The Committee will now deal with the action taken by Government on some of their recommendations/observations.

Separate strength of doctors for emergency services (*Paragraph* 2.52-*Sl. No.* 3)

1.6. Reviewing the performance of doctors in the emergency services, the Committee in paragraph 2.52 of the Report, had observed:

> "Emergency service of a hospital is assuming increasing importance on account of the stresses of modern living in urban conditions where the people are subject to different types of accidents which require immediate attendance and medical care. With ever-increasing tensions leading to cardio-vascular and cerebral diseases in the community, there is a growing pressure in the casulty and emergency wings of the Delhi Hospitals. In order that the emergencies are attended to quickly and effectively; it is necessary to have an efficient set up, well-knit with other departments of the hospitals with well laid out procedures and work distribution. While reporting on the Casualty and the Emergency services in the three Hospitals, *viz.* Safdarjang, Dr. Ram Manohar Lohia and Lok Nayak Jai Prakash Narain, Audit have observed that the hospitals do not have a separate strength of doctors for manning the emergency services."

1.7. In their Action Taken Note dated 31 July, 1978 the Ministry of Health and Family Welfare have stated:

> "Emergency services are a part of the overall system of medical care provided in a hospital. As stated by the Committee itself, these have to be well knit with other departments of the hospital to ensure that a reasonable standard of patient care from the time of admission in emergency till the time of discharge after indoor treatment, is available to the patient at all stages. While emergency services are no doubt important as the first point of contact, the main burden of actual medical treatment is in the wards to which all patients are sent after preliminary screening in the casualty. It is neither necessary nor desirable to have a separate strength of doctors earmarked for emergency and casualty services. This being an area of intense stress and strain, the doctors and other staff posted in this Department have to be rotated fairly frequently. The strength of doctors for the three Hospitals has been fixed on the basis of the overall work load as assessed by the Staff Inspection Unit of the Ministry of Finance. Out of this overall strength the number of doctors considered necessary for Casualty & Emergency Departments, from time to time, are posted there by the Medical Superintendent of the hospital. While doing this, the sensitive nature of the functions of these Departments and their work load are duly kept in view."

1.8. The Committee had stressed that in order to attend quickly and effectively the emergencies it was necessary to have an efficient set up, well-knit with other departments of the hospitals with well laid out procedures and work distribution. The three hospitals namely Safdarjung, Dr. Ram Manohar Lohia and Lok Nayak Jai Prakash Narain hospitals did not have a separate strength of doctors for manning the emergency services. In reply, the Ministry of Health and Family Welfare have, inter-alia, **stated that "while emergency services are no doubt important as the first point of contact, the main burden of actual treatment is in the wards to which all patients are sent after preliminary screening in the casualty. It is neither necessary nor desirable to have a separate strength of doctors earmarked for emergency and casualty services. While the Committee do not want to insist on separate strength to man the Emergency Services, they would, however, emphasise that there should be adequate strength of doctors in the hospital to attend to patients immediately on their reporting to the casualty and emer-**

gency wards, even if this needs increase in the overall strength of doctors in the hospitals. Not only experienced and competent doctors should be posted in casualty and emergency wards but surprise checks should also be carried out to improve their working so as to remove other shortages.

Doctor-patient ratio and Nurse-patient ratio in Emergency Wards (Paragraph 2.53 and 2.55—Sl. Nos. 4 and 6)

1.9. Commenting on the doctor-patient ratio and nurse-patient ratio in the Emergency Wards of Safdarjang and Dr. Ram Manohar Lohia Hospitals, the Committee in paragraphs 2.53 and 2.55 of the Report, had observed as follows:

"2.53 For providing medicare in the wards and the O.P.Ds, each discipline in the hospital has been divided into three/four compact unit of doctors headed by Professors, Consultant or Specialists. According to the Government's own calculations, the reasonable number of patients that can be left to the care of a doctor and a nurse in the Emergency Wards of a hospital should be 1:10 and 1:5 respectively. Whereas the strength of doctors and nurses in Lok Nayak Jai Prakash Narain Hospital appears to be some what satisfactory, the Doctor patient ratio and nurse patient ratio in the Emergency Wards of Safdarjang and Dr. Ram Manohar Lohia Hospitals during April 1975 to June 1975 were 1.15, 1.23 and 1.33 and 1:19 respectively which are in no way near the norm of Doctor-patient ratio of 1:10 and Nurse-patient ratio of 1:5."

"2.55. The Committee have been informed that norms have been laid down for the provision of nurses in the hospitals by the Nursing Council which were accepted by the Government. In view of the fact that the nurse-patient ratio excluding the specialised departments, is 1:33 in the Safdarjang Hospital and 1:19 in the Dr. Ram Manohar Lohia Hospital as against the ideal ratio 1:5, the Committee feel that there is considerable shortage of nurses for manning the Emergency and Casualty Services in the three hospitals. It is necessary to work out the revised strength of nurses in all the three hospitals on the basis of norms laid down for the purpose so that the patient care does not suffer in any way."

1.10. In their Action Taken Notes dated 31 July, 1978, the Ministry of Health and Family Welfare have stated:

"2.53. The doctor-patient ratio mentioned is only a rough indicator. The actual number of doctors deployed depends upon the types of cases required to be handled. The norms of the nurse patient ratio is 1:5 for the hospital as a whole in the case of non-teaching hospitals. This is calculated on the basis of the number of beds available in a hospital. Judged by this criteria and also on the basis of the study of the work load the number of nurses in three hospitals is adequate on an overall basis. A review of the staff strength of Emergency and Casualty Departments of Dr. Ram Manohar Lohia Hospital and Safdarjang Hospital was carried out recently and the following additional posts of doctors and para-medical staff have been sanctioned for suitably augmenting the staff of this Department in these hospitals:—

Safdarjang Hospital		Dr R. M. L. Hospital	
Name of the posts	No of posts	Name of the posts	No of posts
GDO Grade I	2	GDO I	2
GDO Grade II	7	GDO II	6
Sr Residents	3	Sr Residents	3
Jr Residents	3	Jr. Residents	..
Staff Nurses	3	Staff Nurses	2
Stretcher Bearer	4	Stretcher Bearer	2
Safaiwalas	2	Safaiwalas	..

"2.55. The staff strength of nurses in Safdarjang and Dr. Ram Manohar Lohia Hospitals has been fixed on the basis of the norms suggested by the Nursing Council of India, *i.e.*:

(i) For bed-side nursing 1 nurse for 5 patients in non-training centres. This does not include administrative staff, including nursing sisters and staff in sub-departments like Operation Theatres, Labour Rooms, OPD, etc.

(ii) For bed-side nursing in institutions where training is provided 1 nurse for 6 patients plus 40 student nurses per 100 beds.

There are at present 631 nurses in position in Safdarjang Hospital which has a bed strength of 1207 and in Dr. Ram Manohar Lohia Hospital against the bed strength of 730 there are 279 nurses. The nurse-bed ratio in these Hospitals thus conform to these norms.

Regarding shortage of nurses for Emergency and Casualty Services, a work study was carried out by the Staff Inspection Unit and 3 additional staff nurses for Safdarjang and 2 for Dr. Ram Manohar Lohia Hospital were sanctioned in November, 1977, in order to strengthen the Emergency and Casualty Department.

A Committee, has, however, been set up under the Chairmanship of Additional Director General of Health Services to review the existing staff strength and assess the need for additional staff, if any."

1.11. The Committee had observed that doctor-patient ratio and nurse-patient ratio in the Emergency Wards of Safdarjang and Dr. Ram Manohar Lohia Hospitals during April 1975 to June 1975 were 1:16, 1:23 and 1:33 and 1:19 respectively which were in no way near the norm of doctor-patient ratio of 1:10 and nurse-patient ratio of 1:5. The Ministry of Health & Family Welfare in their Action Taken Note have stated that the doctor-patient ratio mentioned is only a *rough indicator. The actual number of doctors deployed depends upon the types of cases required to be handled. It has also been stated that the norms of the nurse-patient ratio is 1:5 for the hospital as a whole in the case of nonteaching hospitals. This is calculated on the basis of the number of beds available in a hospital. Judged by this criteria and also on the basis of the study of the work-load the number of nurses in the three hospitals is stated to be adequate on an overall basis. The Committee also note from the reply furnished by the Ministry that 15 posts of doctors and 3 posts of nurses have been sanctioned for Emergency and Casualty Department in Safdarjang Hospital and 11 posts of doctors and 2 posts of nurses for Emergency & Casualty Department in Dr. Ram Manohar Lohia Hospital. The Committee would like to be informed categorically whether with this increase in the number of doctors and nurses in the Emergency and Casualty Departments of Safdarjang and Dr. Ram Manohar Lohia Hospitals, the doctor-patient ratio and nurse-patient ratio in the Emergency Wards of the two hospitals would be as per norms worked out by Government.

1.12. The Committee would also like to be apprised urgently of the findings of the Committee set up under the chairmanship of Additional Director General of Health Services to review the existing

staff strength and assess the need for additional staff and the action taken by Government thereon.

Migration of nurses to foreign countries (Paragraphs 2.58 and 2.59—Sl. Nos. 9 and 10)

1.13 Expressing concern over the migration of nurses to foreign countries the Committee in paragraphs 2.58 and 2.59 of the Report, had observed:

> 'The Committee are perturbed over the alarming number of nurses who had resigned during the 5 years from 1972 to 1976, presumably for availing of opportunities offered to them for service abroad. It is observed that in Safdarjang Hospital alone the number of nurses who had resigned during the above period was 329. While no particulars of nurses who had gone on foreign assignments was maintained in Lok Nayak Jai Prakash Narain Hospital (as foreign assignment was not mentioned in resignations) the number of resignations during the above period was 306. Similarly, in the case of Dr. Ram Manohar Lohia Hospital 158 nurses had resigned during 1972—76, presumably for going abroad. The Secretary, Ministry of Health, conceded during evidence that "somehow or other they slip out."
>
> "The Committee are not able to understand how such a large number of nurses have been allowed to leave the hospitals without the problem having been analysed in depth and remedial measures taken. Apart from the preventive measures to discourage nursing staff to migrate abroad, it is essential that the working conditions, housing and environment for them should be improved so that the service of efficient and devoted nursing staff, which is essential for the satisfactory running of hospital services, is maintained. The Committee also desire that the question of augmenting the facilities for training of nurses may be gone into on an urgent basis so that nurses in adequate numbers are turned out not only for meeting the country's requirements but also to avail of the employment opportunities which may be available outside the country."

1.14. In their Action Taken Note dated 31 July, 1978 the Ministry of Health and Family Welfare have stated:

> "The importance of the nursing profession has been fully realised by the Government. The pay scales of the nurs-

ing staff have been substantially improved as a result of the implementation of the Third Pay Commission's Report. The old and revised pay scales of the nursing staff are as under:

Designation of the post	Old pay scale (before 1-1-73)	Revised pay scale (effective from 1-1-73)
Matron/Nursing Superintendent . .	Rs. 590—900	Rs. 700—1300
Asstt. Matron	Rs. 250—380	Rs. 550—750
Nursing Sister	Rs. 210—320	Rs. 455—700
Staff Nurse	Rs. 150—280	Rs. 425—640

Efforts are also made to impove their working conditions in other respects such as provision of hostel accommodation for unmarried nurses and staff quarters for married nurses. The washing allowance of the nurses working in the hospital has also been enhanced from Rs. 4.50/- p.m. to Rs. 15/-. Since, however, there is a big gap between the emoluments paid in foreign countries and the salary earned within the country, a large number of nurses seek employment abroad. As the improvements in salaries and working conditions of nursing staff in India cannot go beyond a point, which will always be far behind the service condition available abroad, the exodus of nurses cannot be altogether prevented. However, the position of availability of nurses in the hospitals under report has been by and large satisfactory. This will be evident from the following figures:—

Name of the Hospital	No of posts of nurses sanctioned	Posts filled as on 31-12-77	Posts vacant
Safdarjang Hospital	636	631	5
Dr. Ram Manohar Lohia Hospital . . .	288	279	9
Lok Nayak Jai Prakash Narain Hospital . .	514	483	31

Steps are taken by the State Governments to adjust their training capacity for nurses according to their requirement for nursing personnel. By and large, the existing annual

turnout of 5000 nurses is not considered inadequate in relation to the known potential for their absorption."

1.15. **The Committee had expressed their cencern over the emigration of nurses to foreign countries. They had desired that the working conditions, housing and environment for the nurses should be improved so that the service of efficient and devoted nursing staff was maintained. The Ministry of Health and Family Welfare have stated in the Action Taken Note that the pay scales of the nursing staff had been substantially improved as a result of the implementation of the Third Pay Commission's Report and that efforts were also made to improve their working conditions. Since, however, there is a big gap between the emoluments paid in foreign countries and the salary earned within the country, a large number of nurses seek employment abroad. As the improvements in salaries and working conditions of nursing staff in India cannot go beyond a point, which will always be far behind the service condition available abroad, the exodus of nurses cannot be altogether prevented. The Ministry have also stated that the position of availability of nurses in the hospitals under the report has been by and large satisfactory. The Committee are not happy with the explanation given and the helplessness expressed by the Ministry to stop the exodus of nurses and would like to emphasise that effective steps should be taken by the Ministry in consultation with the Department of Personnel/Ministry of External Affairs to check the drain out of nurses to foreign countries so that the country is not deprived of experienced nurses, It gives no consolation to the Committee that fresh nurses are recruited by losing experienced ones before the latter reach their age of superannuation.**

Bed strength in Casualty and Emergency Wards (Paragraphs 2.66 and 2.67—Sl. Nos. 17 and 18)

1.16. Commenting on the bed strength in the Casualty and Emergency Wards as compared to the overall bed strength in the three hospitals, the Committee in paragraphs 2.66 and 2.67 of the Report, had observed:

"2.66. In Lok Nayak Jai Prakash Narain Hospital, there had been no occasion when the average number of patients (29) in the Emergency exceeded the available bed strength (32) because the Medical Officer on emergency duty ensured that less serious patients were transferred to the General Wards at the earliest and only serious patients were kept in Emergency Wards.

2.67. The Committee are concerned to note that whereas the bed strength in the Casualty and Emergency Wards has

increased from 124 in June, 1975 to 163 in May, 1976 in case of Dr. Ram Manohar Lohia Hospital, 32 to 48 in case of Lok Nayak Jai Prakash Narain Hospital, the increase in the case of Safdarjang Hospital has been only from 62 to 69 beds during the same period. The Committee find that there appears to be no discernible norm in the provision of bed strength in the Casualty and Emergency Wards as compared to the total bed strength in the hospital. For example, while in the Dr. Ram Manohar Lohia Hospital as against the total strength of 730 beds, the number of beds in the Casualty and Emergency Wards is 162 representing 22.3 per cent, in Safdarjang Hospital and Lok Nayak Jai Prakash Narain Hospital such percentage is 5.7 and 4.1 respectively. The result of this unbalanced strength of beds in Casualty and Emergency Wards, particularly in Safdarjang Hospital, has been that a large number of patients in Casualty and Emergency Wards were not provided with beds at all."

117. In their Action Taken Note dated 31 July, 1978, the Ministry of Health & Family Welfare have stated:

"2.66 & 2.67. The disparity in bed strength in the Casualty and Emergency Wards of the 3 hospitals is entirely due to limitation of space and the nature of distribution of the hospital buildings and its campus. The position in this respect is particularly in the case of Safdarjang Hospital where the Emergency and Casualty Department is functioning in old, war time barracks. The building constructed for housing the Casualty Department of this hospital had to be used for temporarily accommodating the University College of Medical Sciences. When the Medical College shifts to its permanent location at Shahdara the situation in respect of availability of bed strength and other facilities in Casualty and Emergency blocks of this hospital is likely to improve considerably."

1.18. The Committee had observed that there was no discernible norm in the provision of bed strength in the Casualty and Emergency Wards as compared to the total bed strength in the hospitals. The result of this unbalanced strength in beds in Casualty and Emergency Wards, particularly in Safdarjang Hospital was that a large number of patients in Casualty and Emergency wards were not provided with beds at all. The Ministry of Health and Family Welfare have stated in the Action Taken Notes furnished to the Committee that the disparity in bed strength in the Casualty and Emergency Wards of the three hospitals is entirely due to the limitation of space and nature of distribution

of the hospital buildings and its campus. The building constructed for housing the casualty department of the Safdarjang Hospital had to be used for temporarily accommodating the University College of Medical Sciences. It has been stated that when the Medical College shifts to its permanent location at Shahdara the situation in respect of availability of bed strength and other facilities in Casualty and Emergency blocks of this hospital is likely to improve considerably. The Committee are unhappy to note that when the Safdarjang Hospital itself is not in a position to provide beds to all the patients for shortage of space in the Casualty and Emergency Wards, the University College of Medical Sciences is allowed to be located in the building constructed for housing the casualty department. The Committee desire that some alternative arrangements may be made urgently to locate the University College of Medical Sciences elsewhere so that beds may be provided to the patients admitted in this Department.

Vacant Posts

(*Paragraph* 2.70—*Sl. No.* 21)

1.19. Commenting on the delay in filling up the vacant posts in Safdarjang Hospital, the Committee in paragraph 2.70 of this Report, had observed:—

"The Committee note that as against 272 posts recommended for creation and 95 posts recommended for abolition by the Staff Inspection Unit in August 1973 in Safdarjang Hospital, 221 posts were created and 82 posts abolished in February and May 1976 respectively. It is further noted that out of the additional sanctioned posts, 108 posts only have been filled so far and in the case of abolition one more post has since been abolished and one has been agreed to by the Staff Inspection Unit for continuance. The remaining 11 posts of Registrars, House Surgeons, etc. have not been abolished because against these, 37 posts of House Surgeons etc. which were to be created have still not been created. The Committee are unhappy to record that a majority of the posts recommended in 1973 for creation have still not been filled up. Even more regrettable is the fact that it took nearly three years to sanction even 108 posts which have been filled up so far. The Committee are not convinced by the plea that the recruitment rules and UPSC stood in the way of filling up the remaining posts as they feel that these administrative details could and should have been resolved with a sense of urgency instead of allowing the matter to drag on for years. The Committee would like

Government to review the matter and take urgent and effect.ve follow-up measures to fill up the remaining posts without further loss of time. The Committee stress that the procedure regarding recruitment of staff etc. in the hospitals may be streamlined in consultation with the concerned authorities so as to obviate such heavy delays in future."

1.20. In their Action Taken Note dated 8 August, 1978, the Ministry of Health and Family Welfare have stated:

"The observations made by the Committee have been noted and every effort will be made to ensure early filling of sanctioned posts. The situation regarding the posts of Medical Officers in Safdarjang Hospital is at present fairly satisfactory. Only 14 posts out of about 400 were vacant as on 1-7-78. 10 of these posts are expected to be filled on the basis of the competitive examination held by the UPSC recently to fill the vacant posts of Medical Officers in Central Health Services etc. Efforts are also under way to fill the remaining four posts. As regards the non-gazetted posts, the Medical Superintendent has full powers to make recruitment thereto. He has been asked to set up a small Committee to monitor the progress in filling up of these posts from time to time. There already exists a monitoring cell for this hospital, under the chairmanship of an officer of the rank of Dy. Director General, which meets periodically. The Medical Superintendent brings all pending cases in the meetings of the cell, which are discussed at length and efforts are made to evolve solutions. Further and fresh efforts shall be made to remove the gaps and delays referred to by the Committee."

1.21. **The Committee had expressed their concern over the delay in filling up the vacant posts in Safdarjang Hospital and had desired that Government should review the matter and take urgent and effective follow-up measures to fill up the remaining posts without further loss of time. The Committee had stressed that the procedure regarding recruitment of staff etc. in the hospitals might be streamlined in consultation with the concerned authorities so as to obviate such heavy delays in future. While the Ministry of Health and Family Welfare have in their Action Taken Note mentioned the various steps taken to fill the vacant posts, the note is silent about the steps taken to streamline the procedure regarding**

recruitment etc. So as to avoid heavy delays in filling up the vacant posts. The Committee would therefore like to know the specific action taken in this regard.

Air-conditioning of Casualty Ward of Dr. Ram Manohar Lohia Hospital (Paragraph 2.72—Sl. No. 23)

1.22. Commenting on the delay in air-conditioning of the casualty ward of Dr. Ram Manohar Lohia Hospital, the Committee in paragraph 2.72 of the Report, had observed:

> "The Committee regret to note that in the case of Dr. Ram, Manohar Lohia Hospital though the air-conditioning of the casualty ward was agreed to in principle in 1975, the details are still being worked out by the CPWD. The Committee would like the authorities concerned to draw up a time-bound programme for providing this essential facility and inform the Committee of it."

1.23. The Ministry of Health & Family Welfare in their Action Taken Note dated 31 July, 1978 have stated:

> "The estimates for air-conditioning of Casualty and Emergency Departments of Dr. Ram Manohar Lohia Hospital have since been received from the C.P.W.D. and are under examination in consultation with the Finance Division of this Ministry."

1.24. **The Committee had adversely commented upon the delay in air-conditioning of the casualty ward of Dr. Ram Manohar Lohia Hospital which was agreed to in principle in 1975. The Committee had desired that a time-bound programme should be drawn up for providing this essential facility. The Ministry of Health and Family Welfare have intimated that the estimates for air-conditioning of Casualty and Emergency Departments of Dr. Ram Manohar Lohia Hospital have since been received from the CPWD and are under examination with the Finance Division of the Ministry of Health & Family Welfare. The Committee regret that no conclusive action has been taken even after the presentation of their report. About ten months have already passed when they had recommended that a time-bound programme should be drawn up, but to their surprise the Committee find that even at this stage the consultations are going on within the Ministry. The Committee deplore the casual manner in which the programme of air-conditioning the casualty ward of Dr. Ram Manahor Lohia Hospital is being implemented by Government. The Committee urge that the work of air-conditioning should be started in right earnest without further loss of time**

Out-patient Service

(Paragraphs 3.43 and 3.44—Sl. Nos. 31 and 32)

1.25. Commenting on the waiting time spent by patients at the point of registration and doctor's cubicle at the O.P.D. and visits by the patients for X-ray and laboratory tests, the Committee in paragraphs 3.43 and 3.44 of the Report, had observed:

"3.43. A study of the National Institute of Health Administration and Education (NIHAE) in 1976 reveals that OPD attendance in Safdarjang Hospital has now touched the million mark from just two lakhs in 1958 without a corresponding increase in facilities and equipment etc. Earlier, a similar study by the Department of Administration Reforms in Safdarjang and Dr. Ram Manohar Lohia Hospitals in 1972 had shown that on an average the total waiting time of a patient at the point of registration and doctor's cubicle was about 150 minutes. It was also observed that 31 per cent of the patients referred to a laboratory and X-ray unit had to make second trip on the next day mainly due to the reason that the registration for clinical test used to close before the closing hours of OPD. The Committee, during their visit to Dr. Ram Manohar Lohia Hospital on 23rd August, 1976, were also informed that on an average a patient has to wait for two hours for his turn.

3.44. From Audit para and from what has been tendered before the Committee during evidence, the Committee have every reason to believe that even now in all the three hospitals under examination the patients advised for X-ray and/or Laboratory tests often have to re-visit the next day since these departments close their registration at 11.30 A.M. whereas the OPDs work up to 1 P.M. The Committee have been informed that in order to reduce over-crowding the scheme of evening OPDs was started. While in Lok Nayak Jai Prakash Narain Hospital the evening OPD started in December, 1973, such departments in Safdarjung and Dr. Ram Manohar Lohia Hospital were started in July, 1975. This scheme however, has not proved a success due to some inherent shortcomings. Notwithstandingly all the short term steps taken by the hospital authorities over-crowding in the OPD thus continues to pose a problem. The Committee feel that this problem has to be tackled boldly and effectively so as to minimise the inconvenience and irritation caused

to patients and also to restrict undue strain on meagre hospital resources, insanitary conditions and dilution in patient care which arise as a result of overcrowding."

1.26. In their Action Taken Note dated 31 July, 1978, the Ministry of Health and Family Welfare have stated:

"3.43 & 3.44. The Committee's observations regarding the need for taking bold steps for minimising the inconvenience caused to patients on account of the overcrowding in the hospitals are very pertinent. While the system of evening O.P.D. is being reviewed, it is felt that the over crowding in these three hospitals will be reduced only after the regional imbalances (caused by faulty dispersal of hospitals) in the availability of hospitals services in the Union Territory of Delhi are corrected. In this direction the Government of India have already decided to set up two 500 bedded hospitals one each in West Delhi and Trans Jamuna area. The Delhi Administration has also proposals for setting up seven 100 bedded hospitals to serve the rural population of Delhi. After the proposed two 500 bedded hospitals come up, it is expected that the problems of over-crowding and the long waiting periods in the existing 3 hospitals will be minimised. In the meanwhile the following short-term measures have been taken to facilitate the availing of hospital services by the patients:—

1. Working hours of OPDs have been extended by half-an-hour.

2. Working hours of hospital Laboratories and X-ray Department have also been extended by half-an-hour.

In the Safdarjang Hospital, an Enquiry Counter exclusively for out-patients has been opened."

1.27. The Committee had observed that in Safdarjang and Dr. Ram Manohar Lohia Hospitals on an average the total waiting time of a patient at the point of registration and doctor's cubicle was about 150 minutes. It was also observed that 31 per cent of the patients referred to laboratory and X-ray units had to make second trip on the next day mainly due to the reason that the registration for clinical test closed before the closing hours of OPD. In Dr. Ram Manohar Lohia Hospital, on an average, a patient had to wait for two hours for his turn. The Committee had expressed their anxiety on overcrowding and desired that this problem should be tackled boldly and effectively. The Ministry of Health & Family Welfare

in their reply have stated that the overcrowding in these three hospitals will be reduced only after the regional imbalances (caused by faulty dispersal of hospitals) in the availability of hospitals services in the Union Territory of Delhi are corrected. In this direction the Government of India have already decided to set up two 500-bedded hospitals, one each in West Delhi and Trans-Jamuna area. The Delhi Administration has also proposals for setting up seven 100-bedded hospitals to serve the rural population of Delhi. It is stated that meanwhile, working hours of OPDs, Hospital laboratories and X-ray Department have been extended by half-an-hour. The Committee would like to know how far the extension of time of working hours of OPDs has minimised the waiting time of a patient. The Committee would also like to be apprised whether the extension of time of working hours of hospital laboratories and X-ray Department has eliminated the re-visit of the patients the next day for X-ray and|or laboratory tests.

Functioning of O. P. D. in Lok Nayak Jai Prakash Narain Hospital (*Paragraph* 3.45 *Sl. No.* 33).

1.28. Commenting on less number of patients treated in Lok Nayak Jai Prakash Narain Hospital as compared to the Safdarjang Hospital, the Committee in paragraph 3.45 of the Report had observed:

> "The Committee are surprised to note that the number of patients treated in Lok Nayak Jai Prakash Narain Hospital is less as compared to Safdarjang Hospital although the former is located in the heart of the city and is close to most thickly populated area of Delhi. They find that the number of out-patients treated in Lok Nayak Jai Prakash Narain Hospital during 1974-75 and 1975-76 was 7,23,633 and 9,04,328 as compared to 9,92,208 and 11,31,382 in Safdarjang Hospital during the same period. The reasons for this varying features, as advanced by the Ministry of Health that the Safdarjang Hospital draws all the Central Government employees and their dependents which is not the case with the Lok Nayak Jai Prakash Narain Hospital and in the Safdarjang Hospital a very large number of people are attracted from the rural areas does not sound convincing as the Dr. Ram Manohar Lohia Hospital where patients treated in OPD are less as compared to Lok Nayak Jai Prakash Narain Hospital also caters to the needs of the CGHS beneficiaries and a large number of rural patients also visit the Lok Nayak Jai Prakash Narain Hospital. It

has been stated before the Committee during evidence that some costly and brand drugs are not given to the out patients in the Lok Nayak Jai Prakash Narain Hospital. The Committee would like the Ministry to investgate whether the smaller number of out-patients treated in Lok Nayak Jai Prakash Narain Hospital as compared to Safdarjang Hospital is due to the inadequate medical facilities provided to the out-patients."

1.29. In their Action Taken Note dated 31 July, 1978, the Ministry of Health and Family Welfare have stated:

"On a scrutiny carried out by the Dte. General of Health Services it has been found that the differences in the number of patients visiting Safdarjang and Lok Nayak J. P. Hospitals is about 2 lakhs in a year giving an approx. average of 600 patients per day. The difference is considered to be due to the situation of the two hospitals, the clientelle they are supposed to serve and their respective catchment areas. There is no evidence of inadequacy in the matter of availability of medical facilities to the OPD patients in Lok Nayak J. P. N. Hospital as compared to Safdarjang Hospital. "

1.30. The Committee had observed that the number of patients treated in Lok Nayak J. P. Hospital was less as compared to Safdarjang Hospital although the former was located in the heart of the city and was close to most thickly populated area of Delhi. The Committee had desired the Ministry of Health and Family Welfare to investigate whether the smaller number of out-patients treated in Lok Nayak J. P. Hospital as compared to Safdarjang Hospital was due to the inadequate medical facilities provided to the out-patients. The Ministry of Health & Family Welfare have stated in their reply that on a scrutiny carried out by the Directorate General of Health Services it has been found that the difference in the number of patients visiting Safdarjang and Lok Nayak J. P. Hospitals is about 2 lakhs in a year giving an approximate average of 600 patients per day. The difference is considered to be due to the situation of the two hospitals, the clientele they are supposed to serve and their respective catchment areas. The Committee are not convinced of this explanation. Since Lok Nayak J. P. Hospital is situated at a place which is approachable from all directions of the city and is also nearer to the railway stations and convenient to the persons coming from rural areas, around Delhi and other places, the Lok Nayak J. P. Hospital as it is situated presently should draw more patients, than the other two main hospitals. Obviously, the Lok Nayak Jai Prakash Narain Hospital is not so popular with the out

door patients as are other two hospitals. The Committee would, therefore, urge the Government to probe into this aspect and report to them.

Diet

(Paragraph 4.52 - Sl. No. 48)

1.31. Commenting on the calorific values of diets served to the patients in the Nursing Home and General Wards, the Committee in paragraph 4.52 of the Report, had made the following observations:

> "The Committee note that cost of diet per patient per day in Nursing Home and General Wards is Re. 13.59 and Rs. 2.95 respectively. The Committee further note that the calories supplied through the diet in General Wards and Nursing Home are 2450 and 3950 in case of vegetarian diet and 2650 and 4400-4500 in case of non-vegetarian diet respectively. Though to some extent it may be desirable that the patients coming to the Nursing Home, where charges are levied for diet, be served better food the Committee feel that large gaps in the calorific values of diets served to the patients in the Nursing Home and General Wards may be avoided. It should be ensured that so long as a patient is in Hospital be should get diet which is therapeutically necessary. The Committee would like Government to review the position and apprise them of the decision taken in the matter."

1.32. The Actiok Taken Note dated 8 August, 1978 furnished by the Ministry of Health & Family Welfare in response to the Committee's observation, is reproduced below:

> "Diet of a patient in a hospital serves two basic needs (1) susten (2) therapeutic need. The quantum of diet and the type of diet consumed by people varies according to their ability to pay for diets with high calorific values and the variety desired by them. In the Nursing Home the patients come from the higher income groups whose normal daily diets are of high calorific value. The Hospital has to maintain this sustenance diet and also give such therapeutic diet as may be necessary. This does not cast any extra burden on the Government as the Nursing Home patients pay for their diet."

1.33. **The Committee had observed in their earlier recommendation that the calories supplied through the diet in General Wards and Nursing Home in Dr. Ram Manohar Lohia Hospital was 2450 and 3950 in case of vegetarian diet and 2650 and 4400-4500 in case of non-vegetarian diet respectively. The Committee had desired that large in the calorific values of diets served to the patients in the Nursing Home and General Wards might be avoided. The Ministry have stated in the Action Taken Note that the quantum of diet and the type of diet consumed by people varies according to their ability to pay for diets with high calorific vaules and the variety desired by them. In the Nnrsing Home, the patients come from the higher income groups whose normal daily diets are of high calorific value. The Hospital has to maintain this sustenance diet and also give such therepeutic diet as may be necessary. This does not cast any extra burden on Government as Nursing Home patients pay for their diet. The Committee feel that the undue gap between the two diets is not satisfactorily explained.**

Rehabilitation Department

(*Paragraph* 5.10—*Sl. No.* 60)

1.34. Commenting on running of Physiotherapy Department in Lok Nayak Jai Prakash Narain Hospital on the lines of Safdarjang Hospital, the Committee in Paragraph 5.10 of the Report had observed:

> "The Committee note that the Rehabilitation Department in Safdarjang Hospital helps handicapped patients to go back to their normal lives through its 5 sections, *viz.* Physiotherapy, Occupational therapy, Psychology, vocational Centre and Work-shop. The utility of the Department can be judged from the fact that the number of patients attended to by it has risen from 71,430 in 1972 to 87,568 in 1975. The Committee are, however, surprised to find that no Department rendering such varied services to handicapped patients exists in Lok Nayak Jai Prakash Narain Hospital which caters to thickly populated areas of Delhi. With this consideration in view as also to reduce the overcrowding at the Rehabilitation Department of Safdarjang Hospital, the Committee need hardly emphasise that the feasibility of extending the existing physiotherapy Department in Lok Nayak Jai Prakash Narain Hospital on the lines of Safdarjang Hospital may be examined so as to afford greater facilities to handicapped patients of Delhi city. The Committee are not happy about the accommodation provided to the Rehabilitation Department in Safdarjang Hospital. The

rooms are crowded and congested and physiotherapy patients have to wait for long time for getting proper attendance. The Ministry should see that the Rehabilitation Department functions under more congenial environment and that overcrowding is avoided by quicker attendance and service to patients."

1.35. In their Action Taken Note dated 31st July, 1978 the Ministry of Health and Family Welfare have stated:

"In the Lok Nayak J.P. Hospital there is a fulfledged Physiotherapy and Rehabilitation Section under the overall controll of the Professor of Orthopaedics. The accommodation position of this section has improved recently and fresh gadgets are under procurement. As regards the shortage of accommodation in the Rehabilitation Department of Safdarjang Hospital, proposals for the construction of suitable accommodation for housing the Rehabilitation Department are under consideration of the Government. Keeping the observations of the Committee in view, efforts are being made to achieve speedy results."

1.36. The Committee had desired that the feasibility of extending the existing Physiotherapy Department in Lok Nayak J. P. Hospital on the lines of Safdarjang Hospital might be examined so as to afford greater facilities to handicapped patients of Delhi city. In the Action Taken Note furnished to the Committee, the Ministry of Health and Family Welfare have stated that in Lok Nayak J. P. Hospital there is fulfledged Physiotherapy and Rehabilitation Section under the overall control of the Professor of Orthopaedics. The accommodation position of this section has improved recently and fresh gadgets are under procurement. The Committee however note that specific reply has not been furnished to their original recommendation. They would like to know in specific terms whether the facilities in Physiotherapy Department in Lok Nayak J. P. Hospital have been extended on the lines of Rehabilitation Department in Safdarjang Hospital.

Artificial Kidney Machines

(Paragraph 6.28 and 6.29—Sl. Nos. 70 and 71)

1.37. Commenting on working of artificial kidney machines, the Committee in paragraphs 6.28 and 6.29 of the Report, had made the following observations:

"6.28. The Committee are distressed to note that three out of four artificial kidney machines which were imported for

conducting haemodialysis at a cost of about Rs. 45 thousand each by Safdarjang Hospital are out of order. The GDR Machine purchased in 1966 went out of order in 1969; the Kill Machine (American) purchased in 1966 got damaged in 1971 and the Russain Machine bought in 1972 went out of order in 1973. The fourth machine which became unserviceable in April, 1973 could be repaired in October, 1975 only. Similarly, the GDR (Kedons) Mechine purchased in 1959 for use in Dr. Ram Manohar Lohia Hospital is also out of order and is uneconomical to work. The Committee note that some of these machines have been declared irreparable due to non-availability of spare parts and are now being condemned. Since these costly and sophisticated machines had become unserviceable within a period ranging from one to five years from the date of their purchase, the Committee have a suspicion that no attention was being paid to their maintenance. As these machines have been lying out of order for a number of years, the Committee would like to know whether this matter was brought to the notice of the Ministry of Health for advice. In any case the Ministry may conduct a probe into the working of these machines since their purchase. The Committee may be informed about the findings.

6.29. Since the procedure for haemo-dialysis has undergone improvement in recent years and sophisticated and easy to operate machines have come in the market, the Ministry should examine if newer machines could be acquired in place of those which have become obsolete. Alongside the acquisition of modern and sophisticated machines, the Ministry should take early action to build up a cadre of suitably trained persons to operate these machines. The D.G.H.S. should draw up a coordinated programme for the repair/replacement of sick/obsolete machines well in time so that the working of efficiency of the various services/specialities of the hospitals does not suffer for want of equipment, machinery and necessary qualified staff to handle them."

1.38. In their Action Taken Note dated 31 July, 1978 the Ministry of Health and Family Welfare have stated:

"6.28 & 6.29 Efforts were made to get the machines repaired through GDR Engineers and the Central Scientific

Instruments Organisation. However, due to the non-availability of spare parts the defective machine could not be got repaired timely. The matter was not brought to the notice of the Ministry of Health and Family Welfare because in such matters of routine, day-to-day functioning, the Medical Superintendents of Hospitals have full powers to take necessary action.

Arrangements have now been made in Safdarjang Hospital for repairs and maintenance of these machines by specially qualified staff of the C.P.W.D. An engineer has been specially got trained from Bangalore to handle sophisticated and costly equipments.

As regards the other observations of the Committee, the Dte. General of Health Services have been asked to procure detailed periodic reports from the Hospitals to ensure against the occurrence of failures and delays in future. The question of obtaining newer better performance machines is also being gone into."

1.39. The Committee had observed that three out of four artificial kidney machines which were imported at a cost of about Rs. 45 thousand each by Safdarjang Hospital were out of order. The fourth machine which became unserviceable in April, 1973 could be repaired in October, 1975. Similarly, the machine purchased in 1959 for use in Dr. Ram Manohar Lohia Hospital was also out of order and was uneconomical to work. The Committee had further observed that the fact that these costly and sophisticated machines had become unserviceable within a period ranging from one to five years from the date of their purchase indicates that no attention was paid to their maintenance. The Committee had therefore desired the Ministry of Health and Family Welfare to probe into the working of these machines since their purchase. The Committee deeply regret that the Ministry in their reply have not indicated the reasons for unsatisfactory working of the imported artificial kidney machines during all these years. The inference is that no proper care was taken for the maintenance of the machines.

Maintenance of inventory of sophisticated and costly machines

(Para 6.30—Sl. No. 72)

1.40. Emphasising the need for maintenance of inventory of sophisticated and costly machines by hospitals, the Committee in paragraph 6.30 of the Report, had observed:

"The Committee also recommended that each hospital should maintain an inventory, which unfortunately was not

being done, of sophisticated and costly machines including artificial kidney machines and the respective Hospital authorities should submit a half-yearly return to the Ministry regarding the working conditions of each such machine."

1.41. In their Action Taken Note dated 31 July, 1978 the Ministry of Health and Family Welfare have stated:

"The inventories of all the machines and sophisticated and costly equipments are being maintained in all the three Delhi Hospitals. Instructions have been issued to the hospital authorities to submit half yearly returns regarding the working condition of all such machines, as suggested by the Committee."

1.42. **The Committee note that the inventories of all the machines and sophisticated and costly equipments are now being maintained in all the three hospitals, as suggested by them. They also note that necessary instructions have been issued to the hospital authorities to submit half-yearly returns regarding the working condition of all such machines. The Committee would like to know the result of the scrutiny of the first half-yearly report received from the three hospitals.**

Drugs and Medical Supplies

(Paragraphs 7.41 to 7.43—Sl. Nos. 77—79)

1.43. Commenting on purchase of medicines from open markets by the three hospitals and functioning of the Medical Stores Depot., Karnal, the Committee in paragraphs 7.41 to 7.43 of the Report, had observed:

"The Committee note that the three Government Hospitals, namely Safdarjang, Dr. Ram Manohar Lohia and Lok Nayak Jai Prakash Narain Hospitals procured medicines including surgical dressings to meet their requirements through the Medical Stores Depot, Karnal, firms on the DGS&D rate contracts and the open market. They are unhappy to find that due to the incapacity of the Medical Stores Depot, Karnal, to meet the demands which is the main supplier of medicines, these hospitals had to resort to open market purchases. It is observed that during 1974-75, the percentage of expenditure on purchases made on medicines from the open market as compared to the total expenditure incurred by the Safdarjang, Dr. Ram

Manohar Lohia and Lok Nayak Jai Prakash Narain Hospitals was 57 percent, 59 percent and 83 percent respectively. The extra expenditure incurred on purchase of medicines from open market was to the tune of Rs. 2.30 lakhs in 1974-75. During the same year the three hospitals had indented 837 items of the value of Rs. 41.53 lakhs to the Medical Stores Depot, Karnal and the Depot had been able to supply in full only 341 items of the value of Rs. 10.45 lakhs; 209 items worth of Rs. 4.41 lakhs were supplied at all. The reasons attributed for the non-supply of part supply by the Medical Stores Depot were stated to be (i) inadequacy of funds (ii) dependence on the DGS&D for bulk purchases and (iii) policy of the Depot to achieve widest distribution of its available stocks giving preference to small units located in rural and semi-urban areas which constituted its vast clientele. The Committee have been informed that the Medical Stores Depot suffered from certain disabilities inasmuch as it has no revolving fund. The yearly allocation was exhausted during the first three months of the year on the purchase of medicines and whatever was received by way of sale of medicines was credited to the exchequer, with the result that for 6 months in a year there was hardly any medicines. To meet the situation it has now been decided to increase the allocation of funds from Rs. 10 crores to Rs. 15 crores.

7.42. The Committee are distressed to note that the Medical Stores Depot with its inherent shortcomings had not been able to fulfil its obligation to meet the demands of the three hospitals, with the result that Government had to incur heavy expenditure on the purchase of medicines from open market. They are surprised to find that although the shortcomings noticed in the working of the Depot were in the knowledge of the Ministry for a long time nothing was done to improve the situation. What is more disconcerting is that though the Administrative Staff College, Hyderabad who were asked in 1971 to study the working of the Stores Depots had recommended in May, 1973 the conversion of the Organisation into a company, it was only in 1976 that Government could take a decision against conversion. Even the suggestions made then by the Ministry of Finance to effect improvements in the functioning of the Medical Stores Depot are still under consideration. The Committee take a serious view of the casual manner in which the vital question of streamlining the functioning of the Stores Depot had been kept in abey-

ance all these years. They, therefore, like that the reasons for the delay in taking an early decision in the matter should be identified and responsibility fixed for the delay. They would also like to know what specific improvements have been made in the functioning of the Stores Depot so as to ensure that the hospital receive their supply of medicines without any interruption.

7.43. The Committee have considered the plea advanced in favour of conversion of the Medical Stores Depot into a company and are of the view that in order to give greater flexibility and autonomy to the organisation in its day-to-day dealings, financing as well as management matters, the question of conversion of the Stores Depot into a company set up under the Indian Companies Act, with a revolving fund at its credit, may be examined thoroughly in consultation with the Ministry of Finance and Planning Commission. The Committee would like to be apprised of the decision taken in this regard."

1.44. In their Action Taken Notes dated 31 July, 1978, the Ministry of Health and Family Welfare have stated:

"7.41 & 7.42. The Report of Administrative Staff College, Hyderabad received in May, 1973 suffered from a number of deficiencies. These deficiencies were pointed out to the representatives of the Administrative Staff College during their discussions with the officers of the Directorate General of Health Services and the Health Ministry. In May, 1974, a detailed letter was sent to the Principal, Administrative Staff College specifying the deficiencies. In November, 1974, the college authorities replied stating that they were taking a second look at their findings and that revised recommendations would be submitted incorporating the changes. In the meantime, in May, 1974, the then Health Minister appointed a Task Force to examine the re-organisation of the Medical Store Depots. The Task Force comprising of representatives drawn from the Ministries of Health and Family Welfare, Finance, Petroleum & Chemicals, Company Affairs and DGS&D etc., recommended the conversion of Medical Stores Organisation into a section 25 Company. The Report of the Task Force was circulated to the Ministries concerned who raised various points and the matter remained under correspondence for a considerable time. Thereafter, the question was thoroughly considered in this Ministry and a final view was taken that the best solution lay in restructuring the Medical Stores Organisation into a Section 25 Com-

pany. A note for the Cabinet was prepared and circulated to various Ministries in April, 1975. On account of difference of opinion between various Ministries concerned on the question of conversion of Medical Stores Organisation into a Company the proposal did not make headway. In the meanwhile, a high powered Board with full powers of the Ministry of Health was set up in September, 1976 to look after the functioning of the Medical Store Depots. This Board, did not, however, prove very effective because it was also beset with various constraints which the formation of a company may have minimised.

The problems of the Medical Store Depots have, meanwhile, continued to receive the urgent attention of the Ministry. The various Ministries/Organisations which had earlier opposed the conversion of Medical Store Depots into a Company have again been addressed, at high level, to persuade them to withdraw their objections.

In view of the position explained above, there has been no delay in the part of any particular individual in coming to a final decision on the question of re-organisation of the Medical Stores Organisation and as such the question of fixing responsibility does not arise.

As regards the supply of medicines for Safdarjang and Dr. Ram Manohar Lohia Hospitals it has since been decided that they would follow a system of joint purchasing and would no longer draw their supplies from the Medical Store Depot, Karnal. This decision was taken primarily on the ground that drawal of supplies from Karnal was logistically a wrong proposition as all the principal suppliers of Medical Stores were situated nearer Delhi than Karnal and the supplies from Karnal involved additional two way freight between Delhi and Karnal, packing and handling charges, etc.

7.43. The proposal for re-structuring the Medical Stores Organisation into a Company is still under consideration of the Government. The detailed position has been explained in the comments against para 7.41 and 7.42."

1.45. The Committee had observed that due to the incapacity of the Medical Stores Depot, Karnal, which as the main supplier of medicines, Safdarjang, Dr. R. M. Lohia and Lok Nayak J. P. Hospitals had to resort to open purchases. During 1974-75, the percentage of expenditure on purchases made on medicines from the open

market as compared to the total expenditure incurred by Safdarjang, Dr. R. M. Lohia and Lok Nayak Jai Prakash Narain Hospitals was 57 percent, 59 percent and 82 percent respectively. The extra expenditure incurred on purchase of medicines from open market was to the tune of Rs. 2.30 lakhs in 1974-75. The Committee were informed that the Medical Stores Depot suffered from certain disabilities inasmuch as it had no revolving fund. The Administrative Staff College, Hyderbad who were asked by Government in 1971 to study the working of the Stores Depot had recommended in May, 1973 the conversion of the organisation into a company. It was only in 1976 that Government had taken a decision against conversion. The Committee had observed that even the suggestions made by the Ministry of Finance to effect improvements in the functioning of the Medical Stores Depot were under consideration. The Committee had recommended that the question of conversion of Stores Depot into a company set up under the Indian Companies Act with a revolving fund at its credit might be examined thoroughly in consultation with the Ministry of Finance and Planning Commission. The Ministry of Health and Family Welfare in their reply have stated that the proposal for re-structuring the Medical Stores Organisation into a company is still under consideration of Government. As regards the supply of medicines for Safdarjang and Dr. R. M. Lohia Hospitals it has been decided that they would follow a system of joint purchasing and would no longer draw their supplies from the Medical Store Depot, Karnal. This decision was taken primarily on the ground that drawal of supplies from Karnal was logistically a wrong proposition as all principal suppliers of Medical Stores were situated nearest Delhi than Karnal and the supplies from Karnal involved additional two way freight between Delhi and Karnal, packing and handling charges, etc. The Committee desire that whatever deficiencies the Medical Stores Depot has, should be removed in consultation with the Ministry of Finance.

Sub-standard Medicines

(Paragraph 7.47—Sl. No. 83)

1.46. Expressing concern over consumption of Sub-standard medicines by patients in the Hospitals, the Committee in paragraph 7.47 of the Report, had observed:

> "The Committee are distressed to note certain medicines consumed by patients in the Hospitals were sub-standard. From the particulars furnished by Audit they observe that in Dr. Ram Manohar Lohia and Lok Nayak J. P. Hospital samples of certain medicines were drawn for testing after

their receipt in the hospitals and before the receipt of the test reports, a bulk of them had already been consumed. The Committee would like to have a full explanation as to why these medicines were issued to the hospitals without proper testing and secondly why their consumption in the hospitals was not held in abeyance till the results of the samples drawn were known. They would like this matter to be fully investigated and responsibility fixed for the lapses. The Committee would also like to know what conclusive measures have been taken to ensure that only genuine and fully tested medicines/drugs are issued to patients in the hospitals.

1.47. In their Action Taken Note dated 8 August, 1978, the Ministry of Health & Family Welfare have stated:

"The hospitals receive their supplies of medicines from three sources:—

1. D.G.S.&D.
2. Medical Store Depots.
3. Local Purchases.

The medicines procured from the Medical Store Depots are pre-tested. In regard to medicines purchased through D.G.S.&D. there is a provision in the contract that 95 percent to 98 percent payment is made only after the stores have been inspected by an authorised inspector. This ensures pre-testing of medicines.

It is only with regard to local purchases, which have to be made to meet the urgent requirements of certain medicines, that there is no time for testing and the drugs as purchased have to be consumed in emergency. While the local purchases are generally made from reputed chemists only there is, nevertheless, an element of trial and error in the use of these medicines. Because of the emergent need for the medicines, on account of which the local purchases are resorted to there is no time for pre-testing of these medicines. However, if any adverse reaction is noticed by the use of any particular drug, further use of that medicine is immediately stopped, and a sample of the same is sent for testing immediately. Instructions have been issued to the Medical Superintendents to draw out a plan, in consultation with the Drugs Controller, Delhi, so as to ensure that 1-2 percent of the drugs received from

any source *i.e.* D.G.S.&D./Medical Store Depots/Local Purchases are tested periodically. They have been further instructed to send reports of sub-standard drugs and make their recommendations regarding black listing of the concerned firm for future purchases."

1.48. The Committee had expressed their concern over the consumption of sub-standard medicines by patients in the hospitals. The Committee were informed that in Dr. Ram Manohar Lohia and Lok Nayak Jai Prakash Narain Hospitals, samples of certain medicines were drawn for testing after their receipt in the hospitals and before the receipt of test reports, a bulk of them had already been consumed. The Committee had asked for a full explanation as to why these medicines were issued to the hospitals without proper testing and secondly why their consumption in the hospitals was not held in abeyance till the results of the samples drawn were known. The Committee regret to note that points raised in the recommendation have not been replied specifically and they deplore the callons attitude of the Department.

Medical Audit

(Paragraphs 9.9 & 9.10—Sl. Nos. 94-95)

1.49. Emphasising the need to appoint a medical audit Committee in every hospital, the Committee in paragraphs 9.9 and 9.10 of the Report, had observed:

"The Committee are constrained to note that despite the recommendations made by the Health Survey and Planning Committee (1959—61) and the Delhi Hospital Review Committee (April 1968) to appoint a medical audit committee in every hospital with a pathologist, a surgeon, a physician and a medical record officer to function as a patient care evaluation cell, no such committee has been constituted in any of the hospitals so far. The Committee also note that the Ministry had informed the Audit in December 1975 that action was being taken to introduce medical audit committees wherever it was not done. As the appointment of such committees will ensure specific checks on the standard of the work performed in the hospitals, the Committee would like to be informed whether such committees have since been constituted in each of the three hospitals."

"The Committee regret to note that although the recommendation of the Review Committee for carrying out hospital

mortality review periodically was accepted by the Government in February 1970, it was only after a lapse of six years (May 1976) that the mortality review committee started functioning in Dr. Ram Manohar Lohia Hospital. The Committee hope that the deficiencies in documentation pointed out by the Review Committee would receive the careful attention of the concerned medical officers."

1.50. In their Action Taken Note dated 31 July, 1978, the Ministry of Health & Family Welfare have stated:

"Basically, medical audit is a system adopted to increase the effectiveness and efficiency of the Hospital as a unit of delivery of health care and to maintain technical, quality control of its various services. This can be introduced only if an appropriate base, in the form of an efficient system of medical records management and a system of cost accounting exists in the hospital. Unfortunately, neither of these systems exists in any of our hospitals except in a very rudimentary form. It has, therefore, not been possible to introduce the system of medical audit inspite of the felt need for introduction of such a system. The question of suitably strengthening the medical records management and introducing cost accounting system in the hospital will be examined in the light of the report of the Delhi Hospital Review Committee appointed under the Chairmanship of Dr. M. M. Sidhu M.P. to look into the functioning of Delhi Hospitals.

In the meanwhile, Mortality Review Committees have been set up in the 3 Delhi Hospitals. These Committees also undertake the review of other important cases in the hospitals."

1.51. **The Committee had desired to know whether medical audit committees had been constituted in each of the three hospitals with a pathologist, a surgeon, a physician and a medical record officer to function as a patient care evaluation cell, as recommended by the Health Survey and Planning Committee (1959—61) and the Delhi Hospital Review Committee (April 1968). The Ministry of Health and Family Welfare have stated in the Action Taken Note furnished to them that medical audit is a system adopted to increase the effectiveness and efficiency of the Hospital as a unit of delivery of health care and to maintain technical and quality control of its various services. This can be introduced only if an appropriate base, in the form of an efficient system of medical records management**

and a system of cost accounting exists in the hospital. Unfortunately, neither of these systems exists in any of the hospitals except in a very rudimentary form. It has, therefore, not been possible to introduce the system of medical audit in spite of the felt need for introduction of such a system. The Ministry have further stated that the question of suitably strengthening the medical records management and introducing cost accounting system in the hospitals will be examined in the light of the report of the Delhi Hospital Review Committee appointed to look into the functioning of the Delhi Hospitals. The Committee deplore the long delay in the appointment of the medical audit committee in every hospital despite the recommendations made by the Healt Survey and Planning Committee (1959-61) and the Delhi Hospital Review Committee (April 1968). The Committee feel that follow up action should have been taken long before and Government should not have waited for the findings of the Delhi Hospital Review Committee appointed recently. They would like to have a full explanation for not implementing this important recommendation and whether any responsibility for this lapse has been fixed. The Committee need hardly empasise that the medical audit committee should be appointed in every hospital without loss of further time.

CHAPTER II

RECOMMENDATIONS|OBSERVATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendation

The Committee note that the expenditure on each of the three hospitals *viz.*, Safdarjang, Willingdon and Irwin, has progessively increased from year to year. They find that the expenditure in 1975-76 in these hospitals has increased from Rs. 202 lakhs in 1972-73 to Rs. 316 lakhs (i.e., 56.5 per cent) in 1975-76 in Safdarjang Hospital, from Rs. 106 to 170 lakhs (60.4 per cent) in Willingdon Hospital and from Rs. 163 lakhs to Rs. 264 lakhs (62 per cent) in Irwin Hospital. The increase in expenditure over these years is more significantly marked under various heads such as Establishment Charges, Medicines, Diet, X-ray and Linen, as will be seen from the following observations made by the Committee.

(i) The expenditure on Establishment Charges in Safdarjang, Willingdon and Irwin Hospitals had increased from 1972-73 to 1975-76 by 74 per cent, 86 per cent and 80 per cent respectively. The reason for highest increase of expenditure in Willingdon Hospital as compared to the other hospitals is stated to be due to increase in bed strength of Willingdon from 679 to 730 during 1972.

(ii) The expenditure on medicines in Safdarjang Hospital and Irwin Hospital from 1972-73 to 1975-76 had increased 44 per cent and 42 per cent respectively whereas the expenditure during the same period in Willingdon Hospital had increased 100 per cent. The abnormal increase in Willingdon Hospital is stated to be due to increase in prices of drugs and increased expenditure on medicines in Nursing Home.

(iii) Similarly it is observed that while the expenditure on medicines increased from Rs. 51 lakhs in 1972-73 to Rs. 64 lakhs in 1974-75 at Safdarjang Hospital and from Rs. 19 lakhs to Rs. 36 lakhs in Willingdon, it remained at Rs. 33 lakhs in 1972-73 and 1973-74 and increased only to Rs. 35 lakhs in 1974-75 in the case of Irwin, though the cost of

medicines has been consistently going up in the market. The reasons for more or less stationary expenditure on medicines in Irwin Hospital as stated by the representative of the Delhi Administration is due to default in the allocation of funds under various heads of expenditure within the budget allotments during these years. In 1975-76 the expenditure on linen in Irwin Hospital (Rs. 2 lakhs) was the lowest as compared with Safdarjang (Rs. 3.57 lakhs) and Willingdon (Rs. 3 lakhs), although the bed strength in Irwin Hospital (1175) during the year was more than in Willingdon (730) and marginally less than in Safdarjang (1207). The wide gap in expenditure in Irwin Hospital as compared with other two hospitals is stated to be due to paucity of funds.

(iv) Whereas the expenditure on diet has shown a slight increase during 1975-76 in Willingdon (from Rs. 7 lakhs in 1974-75 to Rs. 8 lakhs) and Irwin (from Rs. 10 lakhs in 1974-75 to Rs. 11 lakhs in 1975-76), which appears to be justified due to increase in number of inpatients, the expenditure in Safdarjang Hospital has come down (from Rs. 12 lakhs in 1974-75 to Rs. 10.67 lakhs in 1975-76) though the number of inpatients there was the highest during the year as compared with Willingdon and Irwin hospitals. This decrease in expenditure is stated to be due to a marginal reduction in quantum of diet given to patients in Safdarjang Hospital.

(v) While in Safdarjang and Willingdon hospitals, the expenditure on X-rays (including the cost of films and chemicals) has remained almost the same from 1972-73 to 1974-75, it has risen from Rs. 10 lakhs in 1974-75 to Rs. 16 lakhs in 1975-76 in Irwin and from Rs. 3 lakhs in 1974-75 to Rs. 8 lakhs in 1975-76 in Willingdon Hospital. The reason for abrupt rise in expenditure in Irwin Hospital was that the cost of new X-ray machine, costing about Rs. 7.5 lakhs is included in the figure of Rs. 16 lakhs.

[Sl. No. 1 (Para 1.57) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

1.57 & 1.58. As suggested by the Committee the trends of expenditure in the 3 hospitals during the last 5 years have been studied in relation to the work output therein. The tabulated data in this re-

gard in respect of each of the three Hospitals is attached as Annexures A1, A2 and A3. It will be seen from these Annexures that so far as Dr. Ram Manohar Lohia Hospital is concerned the core budget has increased by 115 per cent whereas, the core budget has increased by 149 per cent, with in overall rise of 132 per cent from the base year 1971. When compared to the cost index of 1976 at 188 as compared to 100 of the base year 1971, the real increase works to 61 per cent. This figure is of course much higher than the other two hospitals. This is largely due to the fact that a proportionately large number of acute cases were treated in this hospital and it is well known that the cost on treatment of acute cases is much higher than the chronic cases. As regards Lok Nayak J. P. and Safdarjang Hospitals, the expenditure figure given in Annexures A3 and A2 would show a real increase in expenditure of only 33 per cent and 24 per cent which are easily explained by increase in work load and output of these hospitals.

The Committee has rightly pointed out the need for formulation of definite norms and guidelines for bringing about uniformity in the working of these hospitals in a coordinated manner. In this connection it may be pointed out that a Cost Accounting Cell has been recently established in the Jawahar Lal Institute of Post Graduate Medical Education and Research (JIPMER), Pondicherry, where the units cost of each item of services provided n a hospital is being calculated and guidelines are being prepared. The data collected by this unit and experience gained therefrom will be utilised for formulating necessary guidelines in the matter of expenditure to be incurred for various services in Delhi Hospitals. So far as the setting up of norms and guidelines for the working of hospitals is concerned, it is proposed to examine this issue in the light of report of the high level Review Committee currently examining the working of Central Government Hospitals in Delhi|New Delhi.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp (Pt.), dated 8-8-1978.]

ANNEXURE A 1

DR RAM MANOHAR LOHIA (WILLINGDON) HOSPITAL

	Base 1971-72	1972-73	Rise %	1973-74	Rise %	1974-75	Rise %	1975-76	Rise %	1976-77	Rise %	1977-78	Rise %
A Core (Establishment) Budget	46	50	9	56	22	79	72	93	102	92	100	99	115
B Care Budget .	45	56	24	59	31	71	58	77	71	103	126	112	149
TOTAL .	91	106	16	115	26	150	65	170	..	195	114	211	132

WORK LOAD		1971	1972	1973	1974	1975	1976	1977
1. *Total Beds*								
General	534							
Casualty	135							
N Home & Mty.	61							
	730	730	730	730	730	730	730	730
2. Total Admissions		21370	24049	28154	30630	36030	37077	48300
3. O.P.D.		604222	620755	663664	634303	718562	804560	879156
4. Diet (Expenditure in lakhs)		5	6	6	7	8	10	12
5. Drugs (Do.)		18	19	22	36	42	47	65
6. X-rays (Nos.)		80692	81141	86608	81053	88854	92296	98223
7. Lab. Invest (Nos)		804026	931412	899668	836619	869761	1341858	1554565
8. Instruments (Expenditure in lakhs)		10	12	12	19	17	13	14

ANNEXURE A 2

SAFDARJANG HOSPITAL, NEW DELHI-16

(Amount in lakhs)

	1971-72 Base	1972-73	Rise %	1973-74	Rise %	1974-75	Rise %	1975-76	Rise %	1976-77	Rise %	1977-78	Rise %	Remarks
1	2	3		4				5		6	7	8	9	
A. CORE (Establishment) BUDGET	92·90	101	8·72%	109	17·33%	151	62·54%	176	89·45%	183	96·99%	197	112·06%	
B CORE BUDGET	93·24	101	8·32	98	5·11%	129	38·35%	140	50·15%	160	71·60%	197·10	111·39%	
TOTAL	186·14	202	8·52	207	11·21%	280	50·42%	316	69·76%	343	84·27%	394·16	111·72%	

WORK LOAD	1971	1972	1973	1974	1975	1976	1977	
1 (a) Indoor Beds	1207	1207	1207	1207	1207	1207	1207	
(b) Casualty Beds	20	20	50	50	50	50	50	
2 Total Admissions	65861	70592	71162	59028	72645	74188	76383	
3 O.P.D.	803539	930217	994571	853054	1126684	1163617	1319669	64·2%
4 Diet (in lakhs)	10·77	8	10	12	11	12	12·10	12·35%
5 Drugs (in lakhs)	50·55	57	52	72	80	91	106	130·45%
6. X-Ray (No)	112238	111942	130786	102172	122223	125388	147088	31·1%
7. Lab. Investigations	365440	352047	352016	398268	476690	514727	498599	36·4%
8 Instruments (in lakhs)	12	14	14	17	21	17	34	183·33%

ANNEXURE A 3

LOK NAYAK JAI PRAKASH NARAYAN HOSPITAL, NEW DELHI

	Base 1971	1972-73	Rise %	1973-74	Rise %	1974-75	Rise %	1975-76	Rise	1976-77	Rise %	1977-78	Rise %
A. Core (Establishment) Budget	6742	7074	4·92	7017	4.08%	11713	73·7%	12800	89.7%	12819	90·13%	14319	112·37%
B Core Budget . .	9510	9191	0·01%	8931	(-) 2%	9948	(+)33%	13600	(+)62%	14379	(+)67%	21619	(+)12%
TOTAL . . .	16252	16265	·01%	15948	(—)2%	21661	(+) 33%	26400	(+)62%	27198	(+)67%	35938	(+)12%
WORK LOAD		1971		1972		1973	1974	1775		1976	1977		
1. (a) Indoor Beds . . .		1108		1175		1175	1175	1175		1175	1175		
(b) Casualty . . .		46		46		46	46	46		46	46		
2. Total No. of Admissions per year .		52822		56863		56765	48154	52386		50636	58959		
3. O.P.D.		763000		771000		752200	662000	851000		1129000	89800		(+)18%
4. Diet (expenditure Rs. in lakhs) .				8·0		9·0	10·0	11·8		9·50	10·0		(+)25%
5. Drugs (Do.) . . .				33·0		33·31	35·90	47·00		60·84	113·00		(+)24%
6. X-ray (Nos.) . . .		122000		124000		125000	90000	103000		105000	144000		(+)18·3%
7. Lab Investigations . . .		287000		300000		292000	290000	298000		300000	320000		(+)12·2 %
8. Instruments (Rs. in lakhs) . .		95·10		25·00		26·00	22·00	26·00		26·57	43.00		

Recommendation

The Committee have dealt with the above aspects extensively in the subsequent Chapters of this Report. What they would, however, like to emphasise here is that the Ministry should go into the rationale of the expenditure incurred by the three hospitals under various heads during the last 5 years or so, to see as to how far it has been in consonance with the requirements of the hospitals, with particular reference to their bed-strength. The Ministry may also lay down norms and guidelines for bringings about uniformity in the working of these hospitals as far as possible, so as to provide a common approach for tackling the problem of these hospitals in a co-ordinated manner.

[Sl. No. 2 (Para 1.58) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

Kindly see action taken report on para 1.57.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp(Pt.), dated 8-8-1978.]

Recommendation

The significant difference in the strength of doctors in Irwin Hospital as compared with the other two hospitals has been explained by the Ministry of Health by the fact that the Irwin Hospital, being a teaching Hospital, has got a large number of House Surgeons, Interns and Registrars which is not the case with Willingdon and Safdarjang Hospitals. The Committee are of the opinion that as the average daily number of patients in Emergency Wards in Safdarjang Hospital (99) and Willingdon (135) far exceeds the number of patients in Irwin Hospital (29); the strength of doctors in the Emergency Wards of a Safdarjang and Willingdon Hospitals needs to be reviewed and refixed on the basis of well determined norms so as to enable them to render satisfactory service to patients admitted in these important wards. The Committee are of the view that the Casualty and Emergency Wings should provide the best possible service in a hospital as it is here that a patient and his relatives first come into contact with the doctors under emotional strain and anxiety. It is, therefore, imperative that the Casualty and Emer-

gency Wards are manned by experienced and competent doctors who may render effective and timely medical aid and win the confidence of the anxious patients and their relatives.

[Sl. No. 5 (Para 2.54) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

As stated against Para 2.53 the strength of Doctors available in the Emergency Department of Safdarjang and Dr. Ram Manohar Lohia Hospitals has been reviewed and additional posts sanctioned. Senior Resident doctors are post-graduates are posted as Incharge of the casualty services. They are considered adequately experienced and competent to do justice to the work expected of them in these Departments.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Committee find that the National Institute of Health Administration and Education, in its study of the working of various Hospitals in 1972 had revealed that 43.3 per cent of the available time of the duties of the nursing staff is utilised in non-nursing activities. The Medical Superintendent of Willingdon Hospital also conceded during evidence that "a lot of the time of nurses is wasted in getting the stock of medicines, linen, etc."

[Sl. No. 7 (Para 2.56) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

Kindly see action taken note on para 2.57.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Committee understand that some additional nursing staff has been sanctioned in the Casualty and Emergency Wards of Safdarjang and Willingdon Hospitals. The Committee desire that there should be no further delay in rationalising the duties and responsibilities of the nursing staff so as to see that they devote practically their whole time attention to nursing duties proper in the Casualty and Emer-

gency Wards and not allow peripheral administrative duties to take away their precious time.

[Sl. No. 8 (Para 2.57) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

2.56 & 2.57. It is no doubt true that under the existing system considerable time of nurses is spent on non-nursing duties. This is on account of the absence of separate Ward Clerks for attending to the non-nursing duties. The proposals for creating separate posts of Ward Clerks are under examination. In the meanwhile the situation has been partly remedied as supply of drugs and other items of stores to various wards is done through messengers and the work of maintenance of cleanliness and ward hygiene has been entrusted to sanitary staff appointed for the purpose. The Committee referred to in the comments under para 2.55 will also take into account the non-nursing duties of nursing personnel while determining the required strength of this category of personnel.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Study Team of the Institute had *inter alia* observed that facilities in waiting space were quite inadequate in both the hospitals for the patients and attendants, toilet facilities for relatives of patients were absent in Safdarjang Hospital whereas in Willingdon Hospital they were inadequate, the number of trolleys and wheel chairs was inadequate; the number of ancillary workers, like sweepers, nursing orderlies and stretcher bearers was inadequate, staffing position in respect of nurses was inadequate in both the hospitals; medical staffing was also insufficient while availability of consultant services needed much to be desired; a systematic emergency tray system of drugs was not maintained properly; linen supply was inadequate in both the hospitals etc.

[Sl. No. 13 (Para 2.62) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

So far as Dr. Ram Manohar Lohia Hospital is concerned extensive expansion programme is already in hand. Additional accommodation is under construction for the OPD and a separate hall is being constructed to link the OPD and Emergency Blocks. When these

works are completed the requirements of adequate waiting space and other essential facilities like toilet for patients and their relatives coming to the hospital would be available.

As regards Safdarjang Hospital, the buildings constructed for the OPD of the hospital are being used to temporarily accommodate the University College of Medical Sciences . The OPD, therefore, continues to function in old barracks where adequate facilities cannot be provided. The situation will improve only after the Medical College is shifted to its permanent location at Shahdara.

As regards the medical and para medical staff of the two hospitals, the requirements thereof were studied by the Staff Inspection Unit of the Ministry of Finance. Based on the recommendations of the SIU additional staff in various categories has been sanctioned, the details of which are given in the comments against para 2.53.

As regards ancillary workers, there are at present 375 Nursing Orderlies and Ayas, 357 Safaiwalas and 47 Stretcher bearers in the Safdarjang Hospital while in the Dr. Ram Manohar Lohia Hospital the strength of this staff is 156 Nursing Orderlies, 203 Safaiwalas and 17 Stretcher bearers. This number is based on the work study carried out by the S.I.U.

The patients in Safdarjang and Dr. Ram Manohar Lohia Hospitals are examined by Casualty Medical Officers and G.D.M.Os. in the case of need the services of specialists are available to render proper aid.

The number of Trolleys and Wheel-Chairs has been increased and linen supply is available in adequate quantities. The Medical Superintendent have been given full powers for purchase of drugs or other materials needed for providing service to the patients in the hospitals.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Committee are greatly concerned that in spite of the recommendations of the Study Team of the National Institute of Health Administration and Education which gave their Report on the Emergency and Casualty Departments in Irwin Hospital in April, 1971 and Safdarjang and Willingdon Hospitals in June, 1976, conclusive action has not been taken to rationalise and reinforce the services in the Emergency and Casualty Wards so as to ensure proper and

adequate service being rendered to those who repair to these wards in Emergency. The Committee would like Government and other authorities concerned to take conclusive action in the light of these recommendation so as to issue that improvements in the Casualty and Emergency Services in the three hospitals, which have to cater to a very large number of casualties and emergency admissions, are effected without further delay. The Committee would like to be informed of the concrete action taken and improvements effected within three months of the presentation of the Report.

[Sr. No. 14 (Para 2.63) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

Three statements showing the action taken in respect of various recommendations contained in the report of the Study Team of National Institute of Health Education and Family Welfare in respect of the Emergency and Casualty Department of the 3 Delhi Hospitals are attached.

[Ministry of Health & Family Welfare D.O. No. G25020/1/78-H(Pt.) dated 30-8-1978]

CASUALTY & EMERGENCIES (SAFDARJANG HOSPITAL)

Nihae Report (1975) Recommendation	Comments.
1. Adequate Parking space for vehicles.	Additional parking space for the vehicles has been provided.
2. Posting of Neon Sings,	Arranged.
Patient Reception & Waiting areas	
3. Ambulances minimum of 3-4 to be provided.	There are 6 ambulances provided in the hospital.
4. Information & Reception Hall to be provided with facilities of information and reception desk, space for waiting of relation, drinking water and telephone facilities, police officials posts. It is suggested that the pharmacy Department may be shifted to other appropriate place to house these facilities.	The new building constructed for the Casualty and Emergency Department is at present being used for housing the University College of Medical Sciences. Only after the Medical College shifts to its proposed site at Shahdara, these facilities can be provided.
ergency Desk & Observation Areas	
5. A system to be evolved for sorting out real emergencies in consultation with the specialist on duty for immediate attention and prompt treatment.	Casualty Medical Officers have been instructed to use their clinical discretion in the matter of giving medical attention and determining priority for attendance of the patients coming to the Department.

Medical Staff

6&7.	Regular specialist & GDO be posted in the Emergency and Casualty Department and present practice of specialist on call from various units on their admission day can be dispensed with. Posting of staff should be such that at a given time 1 Surgeon, 1 Physician, 1-CDMO-I, GDMO-II, 2 Junior Resident should be on duty. Over all medical staff Specialist incharge 1, Physician-4, Surgeon-4, GDMO-I 5, GDMO-II 5, Junior Resident doctor-8.	9 additional posts of General Duty Medical Officers have been sanctioned in Casualty and Emergency Department to strengthen the services. In addition, 3 posts of Senior Resident and 3 posts of Junior Residents, 3 Staff Nurses, 4 Stretcher Boarders and 2 Sweepers have been sanctioned. It was not considered necessary to post Specialists, the Casualty and Emergency Department on whole-time duty. However, Senior Residents are Post-graduates in their own subject and as such are able to provide specialist attention on the spot.
8.	Speciality converage of ENT, Eye, Orth. and Senior Specialist in Orth. areas be provided on call duty.	Implemented.

Nursing Staff

9.	There should be 1 Asstt. Matron, 5 Nursing Sisters and 45 Staff Nurses.	A work study on man-hour basis was conducted in the hospital and it was found that there was only need for sanction of 3 additional staff Nurses, 4 Stretcher Bearers and two sweepers which has already been done. As regard other staff suggested by NIHAE, no further action can be taken till the casualty and emergency Department shift to its permanent building and the services are brought under one roof. Under present conditions this is not possible.

Technical Staff

10.	Lab. Tech. 4, ECG Tech. 4, Medicine Record Tech. 4, Pharmacist-cum-Dresser-5, Radiographers-4, Medico-Social Workers-4, O. T. Asstt. 4.	

Other Staff

11.	Drivers 5, Cleaner-2 Sanitary Supervisor-Inspector-1, Stretcher Bearers 25, O. T. Nursing Orderlies-4, Chowkidars 8, Peons-2, Clerks-2.	

Physical facilities

12.	Nearness to the Resucitation ward and adequate supply of Oxygen, Sauction, B. P. instruments etc. Safdarjang Hospital has this facilities.	Implemented.
13.	*Supplies*	
	Essential Supplies of Drugs fluids, linen etc. to be ensured. Officer Incharge to check daily.	Implemented.
	Sanitation	
14.	Sanitary supervisor to be made responsible for cleanliness.	Implemented.
15.	Senior Officer e.g. AMS to Supervise daily.	Implemented.
16.	Sanitary gang to reinforce the sanitary staff whenever required.	Implemented.

17. *Maintenance of Buildings.*

CPWD to pay extra attention to Civil and electrical maintenance.	Implemented.

Manual and Standing Orders

18. Continuing instructions regarding attention of medico legal cases. Standard facilities of major emergencies. e.g. poisoning drawing, heat stroke, fractures etc. diagnostic and procedures for use of ambulances.	A hospital manual has been issued.

Policies

19. An Emergency Committee comprised of Administration, Clinical, Nursing and diagnostic services chiefs should lay down policies and procedures of the Emergency Department. It should also carry out review of all deaths in this department. The Committee should also lay down policies of training all the personnel in this department and motivating them to give this service their best.	A Committee has been constituted to guide the working of the Emergency services department.
20. Proper alarms system should be worked out and made available to master reinforcements in case of massive casualties or very serious emergencies.	The existing arrangements in Department are working quite satisfactorily. satisfactorily.

DR. RAM MANOHAR LOHIA HOSPITAL (CASUALTY & EMERGENCY)

NIHAE (1976) Recommendations;	Comments.
1. Proper parking for staff and visitors cars be demarcated and provided.	Implemented.
2. Entry and exit gate be separated.	Work is in progress. On completion of construction of two storeys over the OPD Block and new reception Hall for Casualty and Emergency Department, 2 separate gates will be put into commission.
3. Posting of Neon signs.	Implemented.

Patient Receptions and Visiting areas

4. Ambulances minimum 3 to 4, to be provided.	5 Ambulances are in operation and available.
5. Information and reception hall to be provided with facilities of information and reception desk, space for waiting of relations, drinking water and Telephone facilities, Stretcher bearers and storage facilities, Police Official Post.	The work has been sanctioned and construction will start soon.

Emergency Desk and Observation areas

6. A system to be evolved for sorting out real emergencies in consultation with the specialists on duty for immediate	Casualty Medical Officers are already doing this work. Additional 8 posts of GDMO and 3 posts of Residents have been sanc-

attention and prompt treatment.

Medical Staff: 1 Regular specialists and GDD posted in the Emergency, Casualty Department and the present practice of providing specialist care in various units on their admission day be dispensed with.

tioned. The practice of providing whole-time Specialists in the Casualty Department has not been considered to be necessary or practical within the present financial and administrative constraints.

7. The posting of staff should be at a given time, 1 Surgeon, 1 Physician, 1 GDO-1 GDMO-II, 2 Jr. Residents should be on duty.

As mentioned against item 6.

8. Speciality coverage for ENT, Eye, Orth and Senior Specialist in other areas be provided on call duty.

Speciality cover is available for medicines, surgery, Orthopaedics and Paediatrics round the clock. Rest of the Specialities viz. Eye, ENT, Gynae are on call duty.

9. Over all medical staff is suggested as incharge 1, Physician 4. Surgeon 4, GDMO-I 5, GDO-II 5, Jr. Residents 8.

Nursing Staff: Assistant Matron—1 Nursing Sister—10, Staff Nurses—45.

Technical Staff: Lab. Technicians 4, E.C.G. Technicians 4, Medical Record Technicians 4, Pharmacist cum-dressers-5, Radiographers 4, Medico Social Workers-4, O.T. Assistants. 4.

An in depth study of the working of the Casualty Department as regards the work-load, calculated in terms of man-hours for each category of staff, was undertaken. Additional posts of 8 GDMO, 3 Senior Residents, 2 Staff Nurses and 2 stretcher-bearers were sanctioned.

Other Staff:

Drivers. . . .	5
Cleaners . . .	2
Sanitary Supervrsors .	1
Stretcher Bearers .	25
Sweepers . .	16
O.T.N.O. . .	4
Chowkidars . .	8
Peons. . . .	2
Clerks . . .	2

Physical facilties :

10. The burns and I.C.U. should be moved to main impatient areas and this space should be used to increase emergency ward facilities.

It has not been possible to implement the on account of excessive pressure on the impatient department. A 16 bed annexe has, however, been added to the casualty and emergency Department.

11. A resuscitation ward with 4 beds be established in ground floor

The work has been sanctioned and construction will start soon.

12. Central Air conditioning, Piped Oxygen and suction may be provided. Operation theatre for emergency cases be set up on modern lines.

Estimates for Central Air conditioning of Casualty and Emergency Department and Piped Oxygen have been received and are under scrutiny.

13.	Ample supply of B P instruments bottle holders be provided. Supplies (i) Essential supply of drugs IV fluids, linen etc to be ensured Officer-in-charge to check daily Adequate buffer stock to be always available	Implemented.
14.	Sanitation : (1) Sanitory Supervisor to be made responsible for all cleanliness	Implemented
15.	Senior Officer to supervise	Assistant Medical Superintendent is incharge of the Casualty and Emergency Department
16.	Sanitary gang to reinforce the sanitary staff whenever required.	Implemented
17.	Maintenance of Building : C.P.W.D. to pay extra attention to civil and electrical maintenance	Implemented Medical Superintendent takes weekly round alongwith Executive Engineer of C.P.W.D.
18.	*Manuals and Standing Orders* : containing instructions regarding attention of medico legal cases, standard treatment of major emergencies e.g., poisoning drawing, Heat strokes, fractures, etc. Diagnostic and therapeutic procedures and procedures for ambulance use	Hospital Manual has been printed and is being
19.	*Policies* : Formation of a Committee comprising of administrators, clinicians, Nursing and Diagnostic services chiefs for laying down policies and procedures of Department.	Hospital Management Commitee and Administrative Committee is meeting regularly and taking policy decisions
20.	Proper alarm system should be introduced to reinforce immediate medical care in case of major emergencies.	The system is already in vogue in the hospital.

LOK NAYAK JAI PRAKASH NARAYAN HOSPITAL

S. No.	Recommendation	Comments/Action Taken
1	(a) The hall at the entrance to the Deptt could be converted as a waiting place for relatives and visitors	A Reception-cum-Canteen shed is being constructed in front of the casualty for the visitors and relations of the patients Arrangement for refreshment and toilet are being provided therein. At present a big room and passage attached with Casualty provide the waiting place for relatives/visitors
	(b) The Operation Theatre which is out of commission may be converted into Sister's I/c room.	Sisters have been given rooms in the Emergency Ward, in the Resuscitation Ward and in the Casualty. A fully equipped O.T. in the Emergency Ward, in which

LOK NAYAK JAI PRAKASH NARAYAN HOSPITAL

S. No.	Recommendation	Comments/Action Taken
		more than 30 operations a day are performed, cannot in the interest of patient-care be utilised for providing accommodation to the Sisters for which alternative arrangements have been made. The O T is functioning round the clock at present.
	(c) The present Sister's Incharge room may be converted into medical examination room of Casualty Medical Officers.	The whole place has been air-conditioned and remodelled and adequate space has been given for examination of patients as well as four beds have been kept in the air conditioned areas for keeping the patient under observation.
	(d) The hall vacated thereby could be used to locate Enquiry-cum-Reception-cum-Registration counter.	Additional space has been provided by shifting medicine sub-store which was adjacent to the Casualty areas and registration is being done there without disturbing present working of the CMO and of the senior staff- Sr Doctors have been designated as Chief of Casualty where they supervise the working of the CMO round the clock and also attend to the huge complaints of the visitors and near tions of the patients.
	(e) The traffic in the Centre corridor need to be minimised.	A separate opening has been given between Casualty and the OPD and unnecessary traffic is diverted from the new opening
	(f) Receptionist-cum-Registration Enquiry Clerk be provided.	Round the clock Reception-cum-Registration Clerk has been provided in the Casualty area who also attends to all types of the enquiries
2	An efficient clerk be posted for indenting, procuring and distribution of all kinds of stores.	Matter is under consideration.
3	The staff employed in Casualty Deptt be given training regarding their functions, their role, policies and procedures of Deptt. and need for team work.	In-service training programme has been started where not only the casualty but other staff are also receiving training about cleanliness, discipline and use of equipments in the respective areas.
4.	Facilities for providing tea for the staff be ensured.	Tea is available in the Canteen from 8 A.M. to 10 P.M.
5.	All Casualty and Emergency services except those of maternity should be brought under one roof and this should be under charge of full time administrator preferably Dy. Medical Superintendent. In addition, a co-ordination committee be set up to discuss the policies, problems and prospectives regarding the functioning of staff like doctors, nurses, sweepers will be under the direct administrative control of the Officer Incharge, however, Specialists would function as they are functioning now.	Bringing all Casualty and Emergency services (except Maternity) is not feasible due to limitations of space. A plan for Accident Service Centre is under preparation.

Recommendation

Another significant feature which the Committee have noted is that in Safdarjang Hospital though the number of beds in Emergency-A (Medical) (30) was less than those in Emergency-B (Surgical) (35), the number of patients admitted (1733) in July, 1976 in the former was more than twice the number of patients admitted (742) in the latter during the same month. The Committee would like the authorities to keep the detailed requirements in view while allocating beds for medical and surgical cases. This may be specially taken into account when the additional accommodation for Casualty and Emergency Wings becomes available on completion of the new construction which has been sanctioned.

[Sl. No. 20 (Para 2.69) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

The observations made by the Committee have been noted. The present position is due to the fact that the hospital has to make do with the available accommodation which is totally inadequate for its present requirements. The actual requirements of medical and surgical beds in the Emergency Ward of this hospital will be fully taken into account while planning the number of beds in the new Casualty and Emergency Department of this hospital when building for the same becomes available after the University College of Medical Sciences shifts to its permanent location at Shahdara.

[Ministry of Health & Family Welfare D.O. No. G25020/1/78-Hosp. (Pt.) dated 31-7-1978].

Recommendation

Though the air-conditioning facilities in the hospitals are considered necessary for management of certain conditions like heat stroke cases etc., the Committee understand that there is no immediate prospect of air-conditioning of the Casualty Ward of Safdarjang Hospital as it continues to be located in barrack. As the construction of new building for Casualty Ward may take some time, the Committee would suggest making of some alternate arrangement, like provision of coolers etc, so that the ward is kept cool at least during the hot months of the year.

[Sl. No. 22 (Para 2.71) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

7 air-coolers are at present provided in Emergency Wards A & B and 4 are provided in the Casualty Section of the Safdarjang Hospital. A proposal for providing window type Air-conditioners in certain areas of the Safdarjang Hospital, including the Casualty department is under consideration.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee regret to note from the observations in the Audit paragraph that important medicines including certain life saving drugs were not available with the Emergency Wards in the three hospitals at certain times In Safdarjang Hospital, Ampicillin Clauden and Adernalin Injections were not available in the Casualty and Emergency Wards during the period from 4 June 1975 to 22 September, 1975. The Committee understand that injection Ampicillin was available in the stores of Safdarjang Hospital. The Committee have been informed that injections Ampicillin and Adrenalin were not available because in the former case the firm with which DGS&D had concluded a contract did not supply the injections and in the latter case the item was not available with the Medical Stores Depot, Karnal. Though the position in this regard is stated to have been satisfactory during the first half of 1976, the Committee would still like to stress the need for better coordination between the hospitals and the two main suppliers of medicines, *viz.*, DGS&D and Medical Stores Depot, Karnal, so as to ensure that the patient care is not allowed to suffer in any way because of the non-availability of certain medicine.

[Sl. No. 24 (Para 2.73) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

It has been decided that Dr. R. M. L. Hospital and Safdarjang Hospital will not hereafter get their supplies of medicines from Medical Store Depot, Karnal. They will secure their requirements directly from the DGS&D (in respect of indents of the value of Rs. 50,000 and above) and through local purchase. In order to ensure coordinated action in the matter of procurement of drugs by the two hospitals, a joint Purchase Committee has been constituted. In the case of urgent needs, the Medical Superintendents have been authorised to purchase any item of equipment/medicine and they have been given full powers for the purpose.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee would also urge that the formularies of the hospitals may be reviewed from time to time so that the latest medicines/drugs of proven effectiveness are included therein. The Committee have made detailed observations on the subject elsewhere in the Report.

[Sl. No. 25 (Para 2.74) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Every year Pharmacopoeia in these hospitals is reviewed by a Committee headed by the respective Medical Superintendent of the hospital. All essential medicines are included in the Pharmacopoeia, keeping in view the latest developments.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that one Hypotermea machine meant for regulating body temperature purchased in 1964 and another machine Earoxemeter also purchased in 1964 used for measuring oxygen tension have been lying out of order in Irwin Hospital since 1973 and 1969 respectively and no steps were taken all these years to get them repaired. It appears that it was only on receipt of the Audit paragraph that the authorities realised the need of taking action in the matter. These two machines were repaired and recommissioned in May 1976, the Earoxemeter has, however, again gone out of order and has outlived its life.

[Sl. No. 26 (Para 2.75) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The instrument has been condemned and a new latest type of machine has been procured in its place.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Out-Patient Department is the most important and an accepted constituent unit of the hospital where nearly all patients suffering from diseases of minor, serious, acute and chronic nature report first. There is a shift from the traditional inpatient care to the ambulatory care. It is here that a patient forms his first impression of the type of service, that he should expect to get in the hospi-

tal. The value of an efficient out-patient department in treating minor illnesses and avoiding unnecessary admissions to hospital is enormous. It is, therefore, of utmost importance that adequate diagnostic and a full spectrum of services be provided at a place that is reasonably accessible with a minimum waiting time, with courteous behaviour apart from good medical care.

[Sl. No. 30 (Para 3.42) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

It is recognised that the out-patient department of a hospital should provide the full complement of diagnostic and other services at one place. While Dr. R. M. L. and Lok Nayak J. P. Hospital provide comprehensive OPD services in the same building, in Safdarjang Hospital this has not been achieved because of the fact that the buildings constructed for housing the OPD of the hospital are being temporarily utilised by the University College of Medical Sciences. Only when the College is shifted to its permanent location at Shahdara the situation will improve in this hospital.

As regards reduction in waiting time for the patients some of the recommendations made by a Study Team of the Department of Administrative Reforms, for increase in registration timings, staggering of lunch hours for the staff employed in laboratory and X-Ray Department etc. have been implemented in Safdarjang and Dr. R. M. L. Hospitals which have resulted in cutting down the waiting time. In so far as Lok Nayak J. P. Hospital is concerned, it has not been possible to carry out much improvements due to limitations of space. In Dr. R. M. L. Hospital a new service block has been commissioned thereby-reducing the load on laboratories. A major factor resulting in long waiting time is the over crowding in these 3 hospitals It has been decided to establish two new 500 bedded hospitals in West and East Delhi. These hospitals, when commissioned, are expected to reduce the pressure on the existing 3 hospitals resulting in improvement in the services provided including reduction in the waiting time for the patients.

As regards courteous behaviour towards patients, instructions are issued from time to time reiterating the need for courteous and polite behaviour by the Medical & Para-Medical staff towards the patients. Any complaints of discourteous behaviour on the part of staff are dealt with suitably.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that as a result of over-crowding in the hospitals, the patients in the out-patient departments have to wait for considerable time for their turn in this regard, a study carried out by the National Institute of Health Administration and Education as far back as in 1967 in the Orthopaedic Department of Safdarjang Hospital revealed that there was a waiting time of about 120 minutes and several improvements were suggested to tackle the problem of excessive waiting time. The Committee feel concerned that in spite of recommendations made by NIHAE in 1967 and some measures suggested by the Department of Administrative Reforms in 1972 to minimise the excessive waiting time, no marked improvement in the average waiting time of the patient has been achieved. What has caused more concern to the Committee is the further finding of NIHAE in their study of OPDs of Safdarjang and Willingdon Hospital in 1976 that the problem of excessive waiting time of out-patient department of both the hospitals is to some extent due to lapses of administrative procedures at each step. The Committee are of the view that although certain delays are inherent in the situation and thus are inevitable, yet to a certain extent these can be overcome by rationalising the existing procedures and strengthening the organisation where necessary. The Committee need hardly stress that a senior faculty member may be assigned the charge of OPD services in each hospital who with the help of the Public Relation Officer may look into the difficulties of the patients and the staff with a view to reviewing the overall functioning of the OPD from time to time and suggest measures for effecting improvement. A board showing the name, designation and telephone of such an officer may be displayed at a prominent place near the Out-patient Department of each hospital so that the patients may contact him for guidance and redressal of their difficulties. The Committee also suggest that accredited social workers should also be associated with the hospital authorities to provide necessary guidance and help to the needy patients.

[Sl. No. 34 (Para 3.46) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

A Deputy Medical Superintendent has been entrusted with the day-to-day working of the OPD in all the 3 hospitals. Sign boards displaying relevant information for OPD patients have been put up in the OPD Blocks in all the hospitals. In Safdarjang Hospital a Public Relation Officer, 2 Social Medical Workers and 4 hospital

guides have been positioned to provide help and guidance to the patients. Medico socio workers and volunteers are also available in Dr. R.M.L. Hospital and N.N J.P. Hospital. The proposal made by the Committee for the deployment of accredited social workers in the 3 hospitals is under examination. The question of improvement of OPD services in the 3 hospitals will be further considered in the light of the report of the Delhi Hospitals Review Committee which is presently working under the Chairmanship of Dr. M.M.S. Sidhu, Member, Parliament.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 31-7-1978.]

Recommendation

The Committee have been informed that in order to reduce the excessive waiting time of the patients the actual registration now starts 30 minutes before the doctors start examining the patients and the system of distribution of medicines is being modified so that a patient is not required to stand in different queues for different types of medicines. In this connection, the Committee desire that all possible efforts should be made to issue all types of medicines from the same counter. In case there is a long queue of patients, the number of such counters may be increased to two or three but these may be side by side so that the rush is equally balanced on all the counters.

[Sl. No. 35 (Para 3.47) of Appendix III 49th Report (6th Lok Sabha)].

Action Taken

The suggestion made by the Committee has been implemented-inasmuch as the number of dispensing counters has been increased in the OPD dispensaries. However, a sub-committee of the Hospital Management Committee has been set up in the Safdarjang Hospital to centralise pharmacy services so that the possibility of dispensing of medicines from the same counter could be studied and, if found suitable, implemented.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee also note that it is also proposed to start screening clinics in the OPDs. Under this scheme, the general duty medical officers will be able to screen and provide treatment for minor

ailments etc. and those needing specialist services will then be sent to the concerned consultants in the OPDs. In this connections, the Committee agree with the views expressed by NIHAE in their study in 1976 that provision of screening clinics within the OPD may not be the answer to reduce over crowding in both the hospitals as they fear that probably the waiting time will increase since the patient has to be screened first in the screening clinics and then to be referred to respective OPDs where again the patient will have to wait for his turn. The Committee desire that this matter should be looked into in depth.

[Sl. No. 36 (Para 3.48) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The matter has been considered carefully. An element of screening is already built in under the existing system of OPD consultation treatment in the 3 Delhi Hospitals in which there is a two-tier system of consultation with the doctors. The patients are first examined by the Resident doctors or General Duty Medical Officers and given appropriate treatment. About 15 per cent to 20 per cent cases are considered fit for reference to the specialists for opinion and advice. It is, therefore, felt that the establishment of separate 'Screening Clinics' in the OPDs may not be of much help in reducing over-crowding.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that the clinical laboratories in the three hospitals work from 9 A. M. to 4 P.M. with an hour lunch break from 1 to 2 P.M. The specimens for investigation in the laboratory and the patients in the X-ray unit are received upto 11.30 A.M. only although patients are seen in OPDs up to 1 P.M. As a result, of this, sometimes the patient coming after getting the slip from the doctors find that the counters for registration in laboratories and X-ray units are already closed, with the result that they have to come the next day which causes a lot of irritation and wastage of their time. The Committee, agree that certain investigations such as blood test in which case the patient has to come with empty stomach, stool test, etc. cannot be conducted the same day but at the same time they feel that it may be possible to minimise the percentage of the patients making re-visits the next day to a greater extent if the working hours of the laboratories are changed from 10 A.M to

5 P.M. instead of present working hours from 9 A.M. to 4 P.M. with specimens collection time staggered from 11.30 A.M. to 1 P.M. In fact the Secretary of the Ministry has assured the Committee during evidence that "we will try to close laboratory as and when hospital closes. We will keep it open for receiving samples upto 1 o'clock if it can be arranged by adding equipment and manpower". The Committee would like the matter to be gone into in depth and the Committee informed of the improvements effected including change of time.

[Sl. No. 38 (Para 3.50) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The time for collection of laboratory samples has been fixed from 8.30 a.m. to 12.00 noon. This arrangement is in keeping with the recommendations of the Committee and is working satisfactorily.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee would like to point out that NIHAE in their study of 1976 have already made a number of concerete suggestions which can be implemented without much hesitation, to improve the working of OPDs in the hospitals. The Committee agree with their views and would like to reiterate.

(i) to encourage polite and courteous behaviour of the staff towards the patient, orientation and in-service training opportunities should be provided to the staff.

(ii) Out-patients should be properly guided by the doctors issuing prescriptions regarding the procedure to be followed to get their blood, urine, stool, etc., samples tested.

(iii) Laboratories may be modernised and out-dated equipment replaced as early as possible so as to improve the accuracy of the test results because these form the basis of the medical treatment which the patients are to be imparted

(iv) OPDs in the three hospitals should have separate laboratories with adequate staff for their exclusive use.

[Sl. No. 39 (Para 3.51) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

(i) Inservice Training for Class IV staff, to inculcate in them the sense of politeness and courteous behaviour, has been started in Dr. Ram Manohar Lohia and Lok Nayak J. P. Hospitals. The question of starting similar training in Safdarjang Hospital is under consideration.

(ii) The doctors are already advising the patients regarding the procedure to be followed to get their blood, urine, stools, etc. tested. Sign boards indicating the location of laboratories etc. have also been displayed in the OPD Blocks.

(iii) Steps have been taken to modernise laboratories and replace old and obsolete equipments. The laboratories are functioning under the supervision of Senior Medical Officers to ensure the accuracy of the tests.

(iv) In Dr. Ram Manohar Lohia and Lok Nayak J. P. Hospitals the laboratories exists in the OPD builings but in the Safdarjang Hospital the laboratories are situated at a distance from the OPD Block. However, sample collection centres have been established in the OPD Block to avoid inconvenience to the patients.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee feel that one of the reasons for overcrowding in all the three hospitals is the fact that a large number of patients are attracted from the peripheral areas in the adjoining States to these main hospitals in Delhi because of inadequate hospital facilities and poor quality patient care existing in those areas. The Committee find that as short term measures the evening OPDs have been started, though without much success, in the three hospitals; additional staff has been sanctioned for the Safdarjang and Willingdon Hospitals; construction of two additional floors over the OPD in Willingdon Hospital has been sanctioned and administrative measures like extension of registration time at laboratory, X-ray unit etc. have been taken to reduce over-crowding by providing quicker services. The Committee further note that a hospital with 30 beds has been opened in R.K.Puram, New Delhi and another 30 beds are going to be provided in this hospital. The Committee would like the Government to take a stock of the improvements which have

been effected or are likely to be effected as a result of these measures so that an over-all view of the situation may be taken to take further remedial steps in the matter.

[Serial No. 42, (Para 3.54) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

[Ministry of Health and Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-1-1978]

Recommendation

The Committee have been informed that some long-term measures have been taken or are proposed to be taken to reduce the overcrowding in the Delhi hospitals. These measures are: (i) setting up of a Delhi Hospital Board with the Lt. Governor as the Chairman to coordinate the functioning of various hospitals in Delhi, particularly in the areas where hospital facilities are not adequate; (ii) proposals to open six 100 bedded hospitals in the rural areas of Delhi to correct the imbalances and to avoid rush from the rural areas and neighbouring States to the main hospitals. In addition, two 500 bedded hospitals are proposed to be opened, one at Shahdara and the other at Hari Nagar; (iii) provision of 30 bedded Nursing Home in Irwin Hospital; (iv) addition of 70 beds in General Wards and 96 beds in the Nursing Home of Willingdon Hospital; and (v) Establishment of Eye Centres as an adjunct to the Irwin Hospital. The Committee welcome these measures and would like the Government to take urgent and concerted steps to expedite the implementation of these proposals, within a time bound programme. The Committee, however, need hardly stress that greater emphasis should be laid on the provision of hospital facilities in the rural areas in general and re-settlement and jhuggi-jhompri colonies in and around Delhi in particular. The hospitals so set up should be self-contained so that the flow of patients from these areas to the main hospitals in Delhi is contained satisfactorily. For this purpose, the Committee would like the Government to set up a team of experts with members drawn from the Ministry of Health, Ministry of Finance, Delhi Administration and Public representatives so as to go into the question of adequacy of existing medical facilities in and around Delhi and recommend remedial measures in this respect on which follow up action may be taken without delay.

[Sl. No. 43 (Para 3.55) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

3.54 & 3.55. A high level Committee under the Chairmanship of Dr. M. M. S. Sidhu, M.P., has been set up to review the functioning of the Central Government Hospitals in Delhi and suggest remedial measures for eliminating the deficiencies in the matter of patient care. The overall question of adequacy of existing medical facilities in and around Delhi is looked into on a continuing basis by the Delhi Hospital Board under the Chairmanship of the Lt. Governor, Delhi.

The Delhi Administration has already framed proposals for seven 100 bedded hospitals for the Rural Areas and Resettlement J.J. Colonies in and around Delhi. It is proposed to approach the Planning Commission for approval of the scheme framed by the Delhi Administration. These Hospitals, when established, will provide hospital facilities to the rural population and weaker sections of the society nearer to their homes thereby eliminating the need for these people to traverse long distances to come to the existing 3 hospitals.

[Ministry of Health and Family Welfare, D.O. No. G.25020/1/78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Committee further note that the number of excess diets issued as compared to the number of patients accounted for during mid-night Census in Safdarjang, Willingdon and Irwin Hospitals in 1974-75 was 4,254, 32,743 and 24,856 respectively which represented 9.9, 17.0 and 6.0 per cent. The reason for excess diets in Irwin Hospital is stated to be on account of large number of patients on the floor having been not shown in the mid-night census. In the case of Willingdon Hospital, it has been stated that though Medical Officer concerned issues the discharge slip in the morning the patient is removed only in the evening with the result that he takes extra lunch. The Committee are not convinced by the plea advanced by the Ministry as in Safdarjang Hospital, where the percentage of excess diet is 9.9 as compared to 17.0 in Willingdon Hospital, large number of patients come to the hospital, from the outside and when they are discharged in the morning they leave the hospital. The Committee emphasise that the matter should be gone into in depth and the problem resolved. One method to achieve the purpose is to fix norms which should be strictly adhered to. The Committee are constrained to note that whereas economy in expenditure on diet is being thought of by reducing quantum of diet, other measures to effect economy without diminishing the quality and quantity of diet such as plugging leakages of diet, have not been given the attention

they deserved. In the opinion of the Committee the leakages of diet may possibly be one of the reasons for issue of excess diets over the census figures. Therefore, it is necessary that institutional arrangements are made to which that leakages of diet and dietary materials do not take place. The Committee would like to be informed about the measures taken and proposed to be taken in this regard.

[Sl. No. 47 (Para 4.51) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

The following measures have been taken to check leakage and pilferage of diet and dietary articles:—

(1) Food is supplied according to the diet chart.

(2) Food trolleys are loaded under the direct supervision of Steward|Dietician and are opened by the Sister incharge and distributed to the patients under her supervision.

(3) Periodical surprise checks are conducted by Senior Officers, Welfare Officers, Dietician and Stewards.

It is pointed out that no separate indents are made in any of the three Hospitals for the patients admitted in the Emergency Ward late in the evening and excess diet is, therefore, diverted for use by these patients. While identing the diet a large number of patients admitted on floor beds|mini beds are not taken into account and the excess diet is distributed to them. However, the observation of the Committee in regard to this important matter have been noted and the effect of the present surveillance machinery shall be got reviewed at the level of the Medical Superintendents of the Hospitals.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Committee note that in case of Blood Bank in Willingdon Hospital, a test check of indents for blood from the Bank during the period from January to July, 1975 had revealed that against 18 units of blood recommended by the doctors in the Nursing Home, 18 units of blood were actually supplied while dealing with most urgent cases whereas in General Wards only 14 units blood were supplied against 40 units recommended by the doctors. Similarly, in routine

cases also all the recommended units of blood were supplied in Nursing Home whereas in General Wards only 4 units of blood were supplied against a demand of 8 units.

[Sl. No. 51 (Para 4.55) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

Please see the Action Taken Report on para 4.56.

[Ministry of Health and Family Welfare, D.O No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

As the life of a patient whether in General Ward or in Nursing Home, is equally precious, the Committee feel that no discrimination may be made while supplying the recommended units of blood. To overcome the problem of deficiency of blood in the Blood Banks, the Ministry should in cooperation with voluntary organisations and with the Red Cross mobilise public opinion for donation of blood to the blood banks.

[Sl. No. 52 (Para 4.56) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

The present position regarding the arrangements for supply of blood from the Blood Bank of Dr. Ram Manohar Lohia Hospital and Nursing Home is as under:

Part A.—For Nursing Home all supplies of blood are against voluntary donations.

Part B.—In General Wards Blood supplies are generally against donations but in serious cases free supply is also made as a life saving measure.

The Blood Bank Officers of all the three Hospitals are also actively associated with the voluntary Organisations as well as the Red Cross to mobilise the public opinion to increase blood donations.

[Ministry of Health and Family Welfare, D.O. No. G.25020|1|78-Hosp.(Pt.), dated 31-7-1978.]

Recommendation

The Committee regret to note that an imported disinfector plant for matteresses, pillows and blankets, acquired by the Safdarjang Hospital in 1960 at a cost of Rs. 0.75 lakh worked erratically up to March, 1974 and thereafter it went out of order for want of spare parts and non-availability of furnace oil. It has been stated that after acquiring the furnace oil storage tank of the capacity of 9000 litres in August, 1976 the plant has been again put into operation. The Committee need hardly point out that timely action should have been taken to put back into operation the disinfector plant. As matters stood, it is only after the Audit Report that the Ministry took corrective action.

[Serial No. 53 (Para 4.57) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The observations made by the Committee have been noted and brought to the notice of all concerned. Care shall be taken to ensure against such recurrence in future.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee have been informed that in Willingdon Hospital, mattresses pillows and blankets are disinfected by exposing, them to Sun. In Irwin Hospital disinfection is done with steam by the mechanical laundries. In this connection, the Committee would like to point out that the Delhi Hospital Review Committee had recommended in 1968 that in order to reduce cross-infection in wards in each hospital mattress sterilizers must be provided and that blankets should be chemically sterilised. The Committee regret that although a decade has elapsed since the recommendations of that Committee were made, no provision of mattress sterilizers has been made in the hospitals. The Committee would like that the question of sterilization of hospital beds, etc. should be given a high priority and conclusive action taken to remedy the existing deficiencies in this regard.

[Serial No. 54 (Para 4.58) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The sterilisation plant in Safdarjang Hospital for sterilizng mattresses, blankets, etc. has since been installed and is functioning. So far as the other two Hospitals are concerned necessary steps are being taken to procure the machinery in the near future. Efforts shall be made to ensure that this objective is achieved on a time bound basis.

[Ministry of Health & Family Welfare D.O. No. G 25020|1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee have given to understand that Group was constituted on 9 August, 1976 by the Ministry of Health to investigate the appearance of Salmonella Newport in Delhi hospitals, its origin, the effect it had had in terms of mortality and morbidity and the measures that have been taken so far by the hospital authorities to check the spread of this infection. This Group is stated to have also been asked to assess the effectiveness of the machinery that exists in the hospitals to monitor and control the hospital cross-infection and to suggest measures for detection and control of such infections. The Committee would like to be informed of the findings of the Group and conclusive action taken in pursuance of its recommendations.

[Serial No. 55 (Para 4.59) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The report of the Group on the Hospital Infection in Delhi made the following recommendations:—

1. Formation of a Hospital Infection Committee and appointment of a Infection Control Officer.
2. Establishment of a Medical Record Department.
3. Establishment of Death Committees.
4. In-service training of all categories of hospital personnel.
5. Establishment of a Sanitary squad.
6. Bringing up, to a acceptable standard of the Central Sterile Supply Department and Crystalloid preparation Service.
7. Inadequacy of staff to be made good.
8. Adequate 24 hours water supply.

9. Regular monitoring in respect of Operation Theatres, Labour Rooms, Nurseries, Acute Care Areas and CSSD.
10. Formulation of the Hospital antibiotic policy.
11. Measures should be taken to reduce over-crowding.
12. Kitchen and Laundry services must be upgraded to conform to the approved standard.
13. The Operation Theatre, Labour Rooms and other aseptic areas be brought uptodate.

The Hospital Infection Committees, Hospital Infection Control Officers, the establishment of medical records and death committees, training of staff, augmentation of sanitary squad, monitoring schedule to check up sterilization procedures and determination of antibiotic policy has been functioning in all the three Hospitals. Efforts are being made to implement other recommendations as well, on a timebound basis. Progress achieved shall be reviewed by the Directorate General of Health Services, to ensure speedy implementation of pending matters.

[Ministry of Health & Family Welfare D.O. No. G.25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee regret to observe that the medical check up of the staff in the kitchen and other staff handling food, required to be done once in six months, had not been done for 6 years in the Irwin Hopital. The plea of the Ministry that such check-up could not be done because the Staff surgeon was changed quite often is not at all convincing. If anything, it speaks poorly of the hospital administration. The Committee would like that medical check-up of the kitchen staff should invariably be done once a year and that responsibility for medical check-up of the staff working in the hospitals should be fixed on the Administrative Officer in each hospital. The staff working in the hospital kitchen should be provided with the requisite uniform.

[Serial No. 56 (Para 4.60) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

In the Lok Nayak J. P. Hospital, the staff working in the kitchen are now being medically examined every year. The Assistant Medical Superintendent, who is incharge of the kitchen, is responsible for organising yearly medical check up of the members of the kitchen staff. Similar medical checks are being carried out in Safdarjang and Dr. Ram Manohar Lohia Hospitals.

Necessary instructions have been issued to all the Hospitals to ensure that the requisite medical examination of all concerned staff are carried out annually and a report thereon, along with report regarding timely issue of liveries is submitted to the Dte. General of Health Services by 15th May every year.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are constrained to note that a survey conducted in July, 1975 by Nutrition Cell of Director General, Health Services, in Willingdon Hospital had found the washing facility inadequate for keeping utensils hygienically clean, cloak room and sanitary conveniences dirty and poor. The Committee also noted on their visit to the Willingdon Hospital in August, 1976 that the kitchen needed adequate light and white washing. To the surprise of the Committee even the cooking utensils were not adequately nickle plated from inside. The Committee deplore the casualness on the part of the hospital authorities for not taking sufficient care to observe the basic precautions against infection and cross-infection due to unhygienic conditions in the kitchens.

[Sl. No. 57 (Para 4.61) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

4.61 & 4.62: As far as Dr. Ram Manohar Lohia Hospital is concerned necessary steps have since been taken to avoid cross infection in the kitchen and periodical renovation and white washing of the kitchen is being carried out at adequate intervals. The new kitchen block is under construction and on the early commissioning of the same, for which directions have been issued, considerable improvement will be affected. Dte. General of Health Services have been asked to carry out periodic checks to ensure implementation of points raised by the Committee.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that the kitchen in Willingdon Hospital which was constructed to meet the requirements of 250 patients, has to cater to the needs of the present bed-strength of 730. As a

result of this, the unsatisfactory and congested conditions are bound to grow up in the kitchen itself. The Committee find that the proposal for building a new kitchen made in March, 1972, could not materialise for lack of funds in the fifth Plan. The Committee need hardly stress that the construction of new kitchen in the hospital equipped with appropriate cooking facilities should be taken up on a priority basis.

[Sl. 59 (Para 4.62) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Kindly see action taken note on para 4.61.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee find that the present capacity of laundry to wash linen is 4000 pieces per day in Safdarjang Hospital, 1600—2000 in Willingdon Hospital and 2500—3000 in Irwin Hospital. The number of linen pieces washed during 1975-76 was 10.20 lakh in Safdarjang Hospital whereas 4.32 lakh and 7.14 lakh pieces of linen were washed in Willingdon and Irwin Hospitals respectively during the same year. Though the position has improved in 1975-76, still much remain to be done. The Committee have been informed that a modern laundry is proposed to be set up in the Willingdon Hospital. The Committee would like the construction of the laundry to be expedited. It should also be ensured that the existing capacities in the other two hospitals for washing are fully utilised.

[Sl. No. 59 (Para 4.63) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

A new Laundry Block in Dr. Ram Manohar Lohia Hospital is under construction and is likely to be commissioned by the end of the current year. In the Lok Nayak J.P. Hospital the capacity of the laundry is fully utilised and recently two more machines have been acquired to augment the existing laundry facilities. In Safdarjang Hospital one Salucing machine and Flat Iron machine have been installed to augment the laundry facilities.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee regret to note that due to heavy work-load in the workshop attached to the Rehabilitation Department of Safdarjung Hospital, the patients had to wait for long time for getting their appliances. It is observed that 68 shoes and 56 jobs were pending in the Shoe and Leather Sections respectively as on 31st December, 1975. What is more regrettable is the fact that in spite of large number of pending orders in these sections due to shortage of staff, out of 3 posts of Shoe-makers one had been lying vacant since June, 1971. It appears that it was only, on the receipt of Audit comments that the need of filling up the vacancies was realised and one shoe-maker on daily wages was appointed on 26 February 1976. The Committee have been given to understand that two additional posts of Shoe-makers and 3 posts of leather workers have been filled up subsequently. As a result of these appointments it has been possible to reduce the average waiting time of patients seeking artificial appliance from 3-4 months to 4-6 weeks. The Committee desire that in view of the urgency to rehabilitate the handicapped patients within the shortest possible time efforts may be made to further improve upon this average waiting time.

[Sl. No. 61 (Para 5.11) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

All the vacant posts in the Rehabilitation Department of Safdarjung Hospital have been filled and when an incumbent resigns or proceeds on long leave, efforts are being made to fill up the gap, by making temporary arrangements. In view of the Committee's observations further and fresh efforts shall be made to reduce the average waiting time.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 31-7-1978.]

Recommendation

It is a matter of great concern that there are over 45 million people suffering from visual impairment and over 9 million blind which include 5 million who can be cured by proper surgical interference. About 1.2 million intra-ocular surgical operations are required every year while there are facilities for about 5 lakh opera-

tions only. The problem of curable and incurable blindness in this country is posing serious public health, social and economic problems.

[Sl. No. 64 (Para 5.27) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

5.27 & 5.28. The national programme for Prevention of Visual impairment and Control of Blindness has the following objectives:

1. health education of the community.
2. to provide minimum eye care service to the people living in remote areas through mobile units which will be of temporary nature.
3. to develop permanent infrastructure for comprehensive eye care services.

Posters, folders and hand-bills have been prepared on the subject of cataract, conjuctivities, glaucoma and care of eyes for the education of the community. Film-strips and cinema slides have also been made. Chapters on Eye Care suiting different levels of students, have been prepared for inclusion in text books. 15 mobile units have already been established and 15 more are to be established by March, 1979. The remaining 50 will be established in the next three years, *i.e.*, by 1982. Each mobile unit is to serve a cluster of 5 contiguously situated districts. preferably forming a revenue division. These units will hold about 25 to 30 eye camps per year. The Village Swasth Rakshak and Multi-purpose Workers are required to participate in the programme at the peripheral level. At Primary Health Centre required for diagnostic and surgical treatment of ophthalmic equipment worth Rs. 3,000 to Rs. 5,000 per Primary Health Centre required for diagnostic and surgical treatment of common and simple eye diseases. By 1979, 100 Primary Health Centres have been identified for development. At the intermediate level, the plan is to develop Ophthalmic services at the sub-divisional hospitals and district levels. These hospitals will be required to provide 20 to 30 eye beds and a whole-time Opthalmic Surgeon supported by an Ophthalmic Assistant and other para-medical staff. The Central Government will provide equipment at the rate of Rs. 50,000 for each sub-divisional and district hospitals. By the end 1979, 150 districts would have been identified for development. The remaining about 250 will be taken up in the course of next 5 years. Out of 106 Medical Colleges, 17 Colleges have been identified for streng-

thening of their Ophthalmic Departments, so that they should develop community service oriented eye care by 1979. The Central Government will provide one time assistance in the form of equipment worth about Rs. 6 lakhs.

There are 9 million blind persons in the country. Out of whom 5.5 million are curable if adequate medical services are made available. About 5 million are due to cataract which also can be operated upon.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 8-8-1978.]

Recommendation

The Committee note that in order to prevent blindness in the country a national scheme for Prevention of Blindness included in the current five-year Plan has been cleared and taken up. Under this scheme there is provision for providing diagnostic and treatment facilities in the rural and taluka and even district hospitals. Mobile ophthalmic units are to be established in order to provide medical and surgical treatment, educate people in the methods of prevention of eye diseases and to take care of ocular health of school children. There is also a proposal for setting up regional institutions with a view to operating eye-banks, training opthalmic specialists and providing facilities for research in ophthalmology. The Committee desire that the scheme for prevention of blindness should be energetically implemented so that there is a positive improvement within the shortest possible time in the ocular health of children both pre-school and school going, and vulnerable groups given top priority within time bound schedule. The Committee would like to be apprised of the progress made in this regard and results achieved thereof.

[Sl. No. 65 (Para 5.28) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

As in 5.27.

[Ministry of Health and Family Welfare, D.O. No. G.25020/1/78-(Pt.) dated 8-8-1978.]

Recommendation

The Committee find that out of 5 X-ray machines having gone out of order in Safdarjang Hospital, two machines were repaired after a period of 3 to 4 months. One which went out of order in 1971 has been condemned now as its spare parts are not available and the remaining two which went out of order in 1975 and 1976 have also been condemned as these have become obsolete. The failure of the hospital authorities to take timely action to get these machines repaired or to take concurrent action to obtain supplies of maintenance spares when the machines were purchased is regrettable. The Committee was initiated for getting the machines repaired. The Committee urge that a half-yearly review of the working of the X-ray machines in the three hospitals should be made so as to take timely action to rectify the defective ones. Urgent action may also be taken to dispose of the obsolete machines and to indent for the new ones in accordance with the procedure laid down for this purpose.

[Sl. No. 66 (Para 6.18) of Appendix III to 49th Report (6th Lok Sabha).]

Action Taken

The suggestion made by the Committee have been noted. Necessary periodical review to assess functional efficiency of machines, to have the defectice ones repaired timely and to arrange for procurement of new units has been ordered in line with the recommendations of the Committee.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 31-7-1978.]

Recommendation

The Committee are distressed to note that in spite of the recommendations made by the Deputy Director General Health Services in his Inspection Report on his visit to Safdarjung Hospital on 5 September 1973 that to reduce long waiting time for the ward patients as well as OPD patients, more staff should be attached with the X-ray units, no positive and conclusive action appears to have been taken so far to review and augment strength of the staff of X-ray units of the hospitals. The Committee need hardly emphasise that the matter should be gone into urgently so as to effect qualitative improvement in the working of the X-ray units

in the three hospitals. The usefulness of the available machines for diagnostic purposes and the manpower required to handle them should be critically gone into.

[Sl. No. 69 (Para 6.21) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

After the inspection made by the Deputy Director General of Health Services, the staff assessment report of the Staff Inspection Unit of the Ministry of Finance was received in the Ministry. The Staff Inspection Unit recommended the following staff strength for the X-ray Department of the Sardarjung Hospital.

1. Radiologists	...	5
2. Radiographers	...	14
3. X-ray Assistants	...	3
4. Dark Room Assistants	...	9

The present strength of the X-ray Department includes, in addition to the above mentioned staff 5 more Radiographers. Similar review of the sanctioned staff strength for the X-ray Department of Dr. Ram Manohar Lohia Hospital was also made by the Staff Inspection Unit in 1973 and additional posts sanctioned on that basis. However, since a considerable period has elapsed since the Staff Inspection Unit assessed the staff requirements of the two hospitals and the work load of various departments of the hospitals has increased considerably in the meanwhile, the question of having another work study done of the various departments of the hospital for assessing the staff strength required for ensuring adequate standards of patient care and reduction of waiting time for X-ray and other investigations in the hospitals is under active examination.

As regards Lok Nayak J. P. Hospital, the position in the X-ray Department is by and large satisfactory and the waiting period for the patients is not unduly long.

In so far as the usefulness of X-ray machines for diagnostic purposes is concerned, the number and type of machines available in the three hospitals as indicated below is adequate within the given constraints considered adequate.

1. Safdarjung Hospital	21 (including 8 portable).
2. Dr. Ram Manohar Lohia Hospital	16 (including 7 portable).

3. Lok Nayak J.P. Hospital 27 (including 11 portable).

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 30-8-1978]

Recommendation

The Committee are unhappy to note that ambulances meant for bringing accident cases and patients suffering from serious ailments were not being maintained properly by the three hospitals. They also note that the number of ambulances maintained by the hospitals was not inadequate but many of them were out of order for long periods. It is regrettable that in the face of shortage of ambulances sometimes, these vehicles were being used as load carriers for bringing machines etc. from the depot or for bringing doctors to hospitals from their residences. It is patent that hospital authorities had not taken sufficient care to ensure that the ambulances under their charge were being well maintained and were put to proper use.

[Serial No. 73 (Para 6.46) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Instructions have been issued to all the three Delhi Hospitals to utilise only staff cars for bringing doctors to hospitals from their residences. Ambulances will hereafter also not be used for this purpose or for carrying loads unless it becomes unavoidable on account of emergent needs. Instructions have also been issued for ensuring that all ambulances are kept in working order and to see that there are no delays whatsoever in having repairs carried out.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78—Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee have been informed that a proposal entitled 'Group Supply Scheme' which aims at consolidation of demands from Delhi hospitals CGHS dispensaries has been drawn up and is under consideration of the Ministry of Health and Family Welfare. The Committee feel that the Scheme by ensuring common purchases of medicines at uniform prices by the three hospitals on a consolidated basis would wield better bargaining power than each unit making its purchases on its own and would be in a better position to purchase quality medicines at competitive rates. The Committee need

hardly emphasise that the Scheme should be finalised and given a fair trial at the earliest. The Committee would like to be informed of the results which flow from its implementation.

[Serial No. 80 (Para 7.44) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The group supply scheme was introduced in Safdarjang and Dr. Ram Manohar Lohia Hospitals from 1977-78. As regards CGHS which has its own formulary of medicines, the procurement of all their requirements with an estimated value of over Rs. 50,000/- is done through the DGS&D. For all purchases of lower denominations, the CGHS Organisation concludes its own prices and agreement for purchase of CGHS requirements.

[Ministry of Health & Family Welfare D.O No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

From the statement furnished by the Ministry of Health and Family Welfare, the Committee find that Safdarjang, Willingdon and Irwin Hospitals purchased a number of medicines drugs from the open market by paying higher rates than DGS & D rate contracts during 1974-75 and 1976-77. During evidence, the Committee have been informed that the Directorate General, Supplies and Disposals was not able to meet the requirements of the three hospitals as they were not able to force the firms to supply the medicines on rate contract as it was not legally binding contract It has been stated that as a result of reorganisation of the working of DGS & D as well as of the Ministry of Health and Family Welfare in the matter of placing orders, instead of operating the rate contracts on a periodic basis, the latter are now formulating their requirements for six-months and placing firm indents on the former who place *ad hoc* orders for firm quantities This has ensured, as is claimed, to a large extent timely deliveries of the stores thereby resulting in the drop of direct purchases by various hospitals. The Committee hope that with the adoption of the new method of provisioning and procurement of medicines, the DGS&D would be able to supply medicines regularly at competitive rates to the hospitals where indents for supply are placed through them. The Committee would, however, like the Ministry to keep a constant watch over the situation and study the impact of the new procedure adopted by the DGS&D for taking further remedial measures, if necessary.

[Serial No. 81 (Para 7.45) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

According to new procedure adopted in 1977-78 for procurement of medicines, the hospitals place indents with the DGS&D for their six monthly requirements. The working of this system is being watched.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee have been informed during evidence that there is a lacuna in the law as even an entirely spurious drug is defined as an adulterated drug. It has been stated that Government have now been successful in defining a spurious drug and propose to bring a legislation whereby manufacturers of spurious drugs would be awarded life imprisonment. The Committee trust that the Government would bring the necessary Legislation without loss of further time and take stringent measures to see that medicines are available to the common man in adequate quantities and at reasonable prices. The Committee also feel that machinery in the States for ensuring production and marketing of quality drugs is rather weak and ineffective and needs to be strengthened.

[Serial No. 84 (Para 7.48) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

A Drugs & Cosmetics (Amendment) Bill has already been prepared wherein a new definition of the term "SPURIOUS DRUGS" has been incorporated. Stringent penalities are also proposed in this Bill for the manufacture and sale of spurious drugs. This Bill is now under the final stages of consideration of the Ministry for obtaining the approval of Cabinet.

Regarding the inadequate machinery in the States for ensuring quality control over drugs, it may be mentioned that at the 4th Joint Conference of the Central Council of Health and Central Family Welfare Council, held at New Delhi in January, 1978, the Central Council of Health had reviewed the progress of Drug Control in the States and had recommended that:—

(1) The States should reorganise the Drug Control machinery so that there is:

(a) a whole time officer, technically conversant with the manufacture and testing of drugs, of the Drug Control Organisation;

(b) an adequate number of Drug Inspectors on a reasonably attractive salary;

(c) a well organised analytical laboratory capable of testing samples of all categories of drugs; and

(d) a Legal-cum-Intelligence Cell suitably equipped for tackling the problems of spurious drugs with the Police administration and for processing legal cases.

(II) The States should take full advantage of the financial assistance being given by the Central Government for setting up combined Food and Drug Testing Laboratories and keep the Central Government informed of the progress of implementation of the Scheme and the expenditure incurred|committed.

(III) The States should make adequate provision in their Annual Plans for Schemes relating to Drug Control.

The State Governments have been requested to reorganise their Drug Control Machinery, wherever it has not been done so far, on the lines mentioned by the Council.

One of the draw-backs which has come in the way of effective quality control over drugs is the inadequate testing facilities in the country. With a view to assisting the States to undertake testing of more samples of food and drugs, during the Fifth Five Year Plan financial assistance under a Centrally Sponsored Scheme is being given in the form of grants-in-aid to the States for setting up combined Food and Drugs Laboratories and or augmenting the existing testing facilities. Under the scheme, 8 States *viz.*, Andhra Pradesh, Assam, Bihar, Jammu & Kashmir, Madhya Pradesh, Rajasthan, Tamil Nadu and Uttar Pradesh are being assisted in setting up full fledged combined Food and Drugs Laboratories, 3 States *viz.*, Gujarat, Himachal Pradesh and Karnataka for addition of a Drugs Wing or Food Wings, as the case may be, to their existing laboratories and 9 States for purchase of additional sophisticated testing equipments for the Food and Drugs Laboratories. Besides, assist-

ance is also being granted to the States for purchase of testing equipment for their Regional Food Laboratories. The financial assistance made available during the 5th Five Year Plan ending 31st March, 1978 was Rs. 1.50 crores.

As regards the pattern of assistance, 100 percent assistance is to be given subject to a ceiling of Rs. 18.68 lakhs for construction of each combined Food and Drugs Testing Laboratory and Rs. 10 lakhs for purchase of sophisticated testing equipment by the laboratory. The assistance to the Regional Food Laboratories is based on their actual requirements of essential testing equipment.

[Ministry of Health & Family Welfare D.O No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee further note that there have been periodical reports of shortage of certain medicines and it appeals that no effective machinery exists to take notice of such shortage in time for remedial action in a coordinated manner. Though it was primarily the responsibility of the manufacturers to ensure that shortage did not occur and that requirements of people were met adequately, the Committee would like to emphasise that necessary guidelines may be laid down in this regard and responsibility of the State Drug Controllers fixed so as to alert the Government if shortages of any medicines did occur in any part of the country.

[Sl. No 85 (Para 7.49) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The Ministry of Chemicals and Fertilisers is concerned with the supply position of drugs. The State Drug Control authorities are required to send monthly reports in respect of shortage of drugs in their States to the said Ministry, for taking necessary remedial action. These reports are confined to only 117 medicines as identified by the Rathi Committee, as commonly required essential drugs. Action on the reports on shortages of drugs as received from the State Drug Control Authorities, is also taken by the Ministry of Chemicals and Fertilizers.

[Ministry of Health & Family Welfare D.O No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that the Indian Council of Medical Research which supports the medical research in the country serves as an apex body in this field. Besides, carrying out research through its 9 permanent institutions, the ICMR also helps to promote the research through various medical institutions and other organisations which have the capacity to do the research. The Committee have been informed that 60 per cent of the budget of the Council is spent on research on communicable disease, another 30 per cent on fertility control and only 7 to 8 per cent is earmarked for basic research. Though research on communicable and other diseases which take a heavy toll, is welcome, the Committee feel that there should not be any kind of rigid artificial compartmentalisation as between basic research and other kinds of research. The divisions should be more appropriately done on the basis of scientific evaluation and the health needs of the vast majority of the people.

[Sl. No. 86 (Para 8.21) of Appendix III of 48th Report (6th Lok Sabha)]

Action Taken

There can be no two opinions on the Committee's observation that there need not be any rigid artificial compartmentalisation as between the basic research and other kinds of research. The Indian Council of Medical Research is charged with the responsibility to identify priorities in the field of medical research in the context of national needs and the direct medical research in the fields of immediate practical relevance and importance. This has been reiterated to the I.C.M.R., in view of the Committee's observation.

[Ministry of Health and Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee find that during 1976-77 the research projects undertaken by doctors in Safdarjang Hospital include 7 Departments whereas in Willingdon Hospital there are only 3 Departments. The Committee also find that during 1975-76 and 1976-77, the Indian Council of Medical Research has sanctioned 11 research enquiries to the various doctors of the Maulana Azad Medical College and associate Irwin and G. B. Pant Hospitals and for that a budget of Rs. 3,18,811 was sanctioned. Out of these 11 research enquiries only 3 are to be attended to by he Heads of the Departments of Obstetrics and Gynaecology and Paediatrics of the Irwin Hospital. The Committee

desire that more and more time bound and result-oriented research enquiries should be sanctioned to the various Departments of the Hospitals by the I.C.M.R. and other agencies. Great care should be taken in the matter of selection of the projects so that priority is given to research on diseases which are widely prevalent and for the prevention of specially the weaker sections of the society.

[Sl. No. 89 (Para 2.24) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

It is recognised that the research projects should be formulated on a national basis and designed to provide practical and feasible solutions to national problems. The research schemes in priority areas for support by the Indian Council of Medical Research are being selected with the help and guidance of experts in the various particular fields. While selecting a particular research scheme, its relevance to national needs, the expertise and the infrastructure available and time targets etc. are taken into account. However, the observation and advice of the Committee has been communicated to I.C.M.R. for further adjustment of existing approach.

[Ministry of Health and Family Welfare D. O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

In the opinion of the Committee the tempo of medical research and practical applications of results achieved in this field could be considerably intensified by the application of nuclear methods. As the medical research nuclear methods is a fast expanding discipline and demands more facilities and more space, the Committee would like to urge upon the Government to enter into this particular sphere in an effective way by starting more centres in the hospitals for conducting research. This is a field which could be pursued not only intrinsically for itself but also for the results which could follow.

[Sl. No. 90 (Para 8.25) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Radio-active materials are already in use for diagnostic and therapeutic purposes. The Council is already using radio-active materials in medical research as well. For instance, radio-immunoassays are used in the field of reproductive biology, use of isotopes and cobalt

in bone diseases, cancer etc. is fairly common. Development and application of radio-active materials in bio-medical research will become more wide-spread with the increase in knowledge of their uses in the field of medicine. The views of the Committee have been communicated to the I.C.M.R., for further pursuit on the aforesaid lines.

[Ministry of Health & Family Welfare, D O. No. G. 25020|1|78-Hosp. (Pt.), Dated 31-7-1978]

Recommendation

The Commitee find that the programme of exploiting medicinal herbs in the country has been taken up by the Central Council of Research in Indian Medicine and Homoeopathy, through survey of medicinal plants units and multi-disciplinary research schemes which envisages pharmacognestical. chemico-pharmacological and clinical studies. The trials of certain drugs like Vidan-gandiyoge and Japakusum have shown promising contraceptive potentiality and the usefulness of some other medicinal herbs in cases of mental retardation, respiratory diseases, joint troubles etc., has also been established. As the data collected by the different institutions working under the Council during the last 4-5 years is inadequate to come to any definite conclusion, the Committee urge that clinical trials of these drugs should be expedited. The Committee agree with the views expressed by the Ministry in this respect that the working pattern of the various research projects should be consolidated in a phased manner so as to obtain the optimum results with the available resources. Efforts should also be made to send special survey parties to the Medico-Botanical fields of the country to explore more and more medicinal plants. Extensive studies should be initiated on these plants with a view to evolving cheap remedies to the various diseases in the country. This can be achieved by bringing the scientists and disciplines under one roof to have co-ordination for better results.

[Sl. No. 91 (Para 8.26) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The views of the Committee have been communicated to each of the four new Central Councils for Research set up recently, on the break up of the erstwhile Central Council for Research in Indian Medicine and Homoeopathy.

The Central Council for Research in Indian Medicine and Homoeopathy has identified different areas of research which have potentialities that can help in identifying the natural resources of the

country and placing them for utilisation for the common man With a view to achieve this objective, the Council had initiated programmes like medico-botanical surveys, multi-disciplinary research, including drug standardisation, clinical research; research in the field of medical literature and fundamental doctrines and research in the field of reproductive biology. The medico-botanical survey of 143 forest areas of the country was carried out to assess the quantitative and qualitative position of the natural plant wealth as well as drug wealth belonging to the realm of minerals and animals. The terms have collected authentic drug specimens for the herbarium and also for the museums so that they will be able to help in identifying genuineness of the drug samples taken up in the field of medical research. The Council has collected herbarium sheets running to 37,860 of which 30,000 sheets have been identified. The museums are maintained in the different medico-botanical survey units. There are about 3,330 drug samples. The cultivation programme of sapling and seeds collected during the surveys has also been taken up in the units where land is available At present 1,450 plants are under cultivation in different units. The medico-botanical teams have also collected 1,200 folklore claims prevalent in the areas they have visited. They have been able to locate belts|areas where substances like sulphur, borax, shilajit, antimony, aconitum sp berberis aristata, embelia ribes, nardostachya, jatamansi etc. are available. The Council has carried out pharmacology, chemistry and clinical studies. 150 drugs have been pharmacognostically studied and 80 drugs have been studied pharmacologically. Chemical studies have been carried on 120 medicinal plants. The Council has taken up various aspects of clinical problems and has been able to bring out remedies useful in the treatment of conditions like epilepsy, vitiligo, obesity and mental retardation. In the above fields, the council has enlarged the scope of clinical studies by introducing multi-central studies. The Council has been able to evolve remedies beneficial in the treatment of bronchial asthama, arthritis, paralytic conditions, hypertension, diabetes, peptic ulcer and intestinal fevers. The clinical studies have been intensified by introducing them only at the institutional level but also at the field level, during the mobile clinical research programme. As a step towards the strengthening of clinical studies, efforts are made for clarification of etiopathogenesis described in the classical medical works. The principles and methods of diagnosis described have been followed by designing appropriate protocols. Steps are in process to consolidate the work that is in progress in the various clinical projects. The Council has evolved preliminary standards for 415 drugs that are included in the first part of the Ayurvedic Formulary of India, Ministry of Health and Family Welfare.

The Council has given high priority to the studies in reproductive biology and fertility control. A number of drugs claimed to possess contraceptive potentiality are screened at chemico-pharmacological and clinical levels with a view to evolve and acceptable non-steroidal contraceptive agent which can be used on a wider scale in the country. The Council has been able to obtain useful and encouraging leads with two receipes and trials have been taken up on a wider scale.

The Council, as recommended by the PAC, has conducted special surveys in areas like Ladakh, Arunachal Pradesh, tribal pockets of Nilgiris, Andaman and Nicobar Islands, Lakshadweep and Sikkim. The Council has proposed to take up in-depth surveys of these areas in addition to desert areas, arid zones, tribal zones with a view to assess the flora wealth. The special survey teams will be planning their survey programmes in the current year keeping in view the season of flowering etc. so that the study of vegetation can be meaningful and helpful. The Council has brought out preliminary techno-socio-economic reports of these unexplored areas. The Council has published some of these reports as well as the report of the standards worked out for the drugs included in the Formulary.

The various studies that have been carried out have helped in evolving cheap remedies beneficial to the common man for various diseases. The work is mostly done in the Council in its own institutes|units|centres with inter-disciplinary divisions and with scientists of different disciplines under one roof, with adequate co-ordination.

[Ministry of Health & Family Welfare, D O. No. G. 25020|1|78-Hosp.(Pt.), Dated 31-7-1978]

Recommendation

The Committee learn that the All India Institute of Medical Sciences has done considerable work in the study of indigenous drugs and are presently engaged in carrying out chemical examination and trial of some of the indigenous drugs for treatment of heart diseases, joint diseases and heart diseases. The Estimates Committee (1975-76) in their 102nd Report (5th Lok Sabha) have suggested that lists of indigenous drugs standardised and tested should be prepared and furnished to all Government and local hospitals|dispensaries. The Committee hope that in the matter of research work in indigenous drugs, there would be complete co-ordination between Central Council of Research and Homoeopathy and the All India Institute of

Medical Sciences so as to avoid duplication of effort in their research programmes.

[Sl. No. 92 (Para 8.27) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The Central Council for Research in Indian Medicine and Homoeopathy has also projects in the All India Institute of Medical Sciences concerned with research on Indigenous drugs. There is no duplication of efforts so far as the work in the various projects is concerned. The Council has published Pharmacobial Standards for Ayurvedic Formulations, copies of which have been circulated to the State Governments (including Union Territories) Health Departments.

Keeping in view the Committee's observations eminent medical scientists drawn from All India Institute of Medical Sciences, Delhi, PCRI, Chandigarh etc. have been made members of the New Central Councils for Research in the fields of Unani, Yoga and Naturopathy etc. This step is expected to achieve greater coordination of approach.

[Ministry of Health & Family Welfare, D O. No. G. 25020/1/78-Hosp. (Pt.), Dated 31-7-1978]

Recommendation

The Committee find that no systematic efforts have been made for promotion of export of Indian herbs or for determining export potential of the Indian herbs. As the foreign countries importing Indian drugs do not utilise them exclusively for clinical purposes but also for chemical industries, the Committee desire that a special study to determine export potential of the medicinal herbs may be undertaken by Indian trade agencies abroad for the benefit of the overseas buyers. Considering the fact that 112 medicinal plants were exported during 1974-75, the Committee feel that there is a great scope for intensifying the export efforts.

[Sl. No. 93 (Para 8.28) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The recommendations made by the Committee have been examined in consultation with the Basic Chemicals Pharmaceuticals and Cosmetics Export Promotion Council, Bombay which is looking after

the export of medicinal plants and herbs. The Council has undertaken a systematic study of the export potential of 10 medicinal plants and have brought out a publication entitled 'Export Potential of Selected Medicinal Plants and their Derivatives (1976)'. Copies of this publication had been forwarded to Indian Missions abroad. The Indian Institute of Foreign Trade also published a report in 1976 on "Commodity Study on Crude Drugs and Herbs". Currently, India is one of the leading exporters of medicinal plants and herbs. The major items of exports are Isapgol, Senha leaves and cords etc.

[Ministry of Health and Family Welfare. D.O. No. 25020|1|78-Hosp. (Pt.), Dated 31-7-1978]

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN THE LIGHT OF THE REPLIES RECEIVED FROM GOVERNMENT

Recommendation

A study of Emergency and Casualty Department in Irwin Hospital was conducted by a Study Team of the National Institute of Health, Administratoin and Education, New Delhi in April, 1971. The Study Team investigated the functioning of the Emergency Services Department in terms of the existing policies and procedures, lay-out, work-load, staffing pattern and physical facilities, identified the areas needing improvement or better utilisation, and suggested changes to solve these problems without involving any substantial additional expenditure. The Study Team suggested that all the casualty and emergency services operating in the hospital except those of maternity should be brought under one roof. The composite casualty and emergency department with the O.P.D. should form a single department under the charge of a full time administrator preferably the Deputy Medical Superintendent of the hospital. He will be in entire charge of this department in terms of planning, guiding, directing, controlling and supervising the work concerned with this department. The Study Team also suggested that there should be a Coordination Committee with the Medical Superintendent of the hospital as the Chairman and Heads of the Departments of Anaesthesiology, Medicine, Surgery, Orthopaedics, Paediatrics, Ophtholmology, ENT, Radiology etc. Nursing Superintendent of the hospital, Officer incharge of the Stores, Officer incharge of Central Transport Unit of the hospital as members and the administrator of this Department as the Member-Secretary. In order to help improve the functioning of the various categories of employees in the department, the Study Team stressed the need for their training before they are posted to the Casualty and Emergency Departments. The training should primarily revolve around their functions, improvement of their role in the total spectrum of their departmental effi-

«ciency, policies and procedures of the department and need for team work for efficient job performance and job satisfaction.

[Sl. No. 11 (Para 2.60) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Please see the Action Taken Report on para 2.61.

[Ministry of Health and Family Welfare D.O. No. 25020|1|78-Hosp.(Pt.), Dated 31-7-1978]

Recommendation

The Nation Institute of Health Administration and Education made a similar study of the existing facilities and working pattern of Casualty and mergency department of Safdarjang and Willingdon Hospitals in June, 1976.

[Sl. No. 12 (Para 2 61) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

2.60 & 2.61. The suggestion made by the Study Team of National Institute of Health Administration and Family Welfare for bringing the Casualty and Emergency services in the Lok Nayak, J. P. Hospital except those of Maternity under one roof is an ideal one. However, the physical limitations on accounts of the shortage of space in the building housing the hospital and overcrowding of patients make it difficult to implement it readily. The Hospital building which was planned and constructed in 1938 for a 350 bedded hospital has now a sanctioned bed strength of 1,175 beds against which the actual number of patients admitted range between 1,350 to 1,400 subjecting the available staff and services to excessive stress and strain. The addition to the building and the hospital services has not been commensurate with the increase in the bed strength.

In so far as Dr. Ram Manohar Lohia Hospital is concerned, programme for providing additional accommodation is already in hand which, when completed, would make it possible to provide the Emergency and Casualty services as a composite department with the OPD as suggested by the Committee.

Regarding Safdarjung Hospital, the building constructed for the OPD of the Hospital is being used temporarily o accommodate the University College of Medical Sciences. Construction work under phase II of the expansion programme, which providecs for a block for casualty and emergency services, is likely to be taken up during the current financial year. With the completion of this block and the vacation of the accommodation by the U.C.M.S., the Casualty and Emergency Services will be placed in the manner recommended by the Committee.

As regards training of staff before their posting to Casualty and Emergency Departments, it may be stated that the staff posted to these Departments has to be frequently rotated with the staff of other Departments. It is, therefore, not practicable to impart formal training to all the staff posted there from time to time. On the job training is, of course, provided by the senior residents working in these departments to the junior doctors and paramedical staff working there.

[Ministry of Health and Family Welfare D.O. No. 25020/1/78-Hosp.(Pt.), Dated 31-7-1978]

Recommendation

From the material made available to them, the Committee note that the cases in Casualty Department are attended to by the Casualty Medical Officer round the clock. The less serious cases are, after preliminary treatment, sent back home with instructions to atten OPD the next day and the cases of serious nature are admitted in the Emergency Ward where they are usually kept for a maximum of 24 hours. Thereafter, either they are discharged or transferred to the respective wards.

[Sl No. 15 (Para 2.64) of Appendix III of 49th Report (6th Lok Sabha)]

Action Taken

Kindly see action taken note on para 2.65.

[Ministry of Health and Family Welfare D.O. No. 25020/1/78-Hosp.(Pt.), Dated 31-7-1978]

Recommendation

During April 1975 to June 1975, the average daily number of patients as per midnight statistics in Emergency Ward of Safdarjang and Willingdon Hospitals were 99 and 135 as against bed strength of 62 and 124 in the respective hospitals. As a consequence, many patients had to be accommodated on the floors whenever the number of patients exceeded the bed strength.

[Sl. No. 16 (Para 2.65) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

So far as the over flow of patients in the Casualty and Emergency Wards is concerned, mini-folding beds are provided to patients in

Dr. R.M.L. Hospital in order to avoid patients being put on the floor. Unfortunately similar facilities cannot be provided in Safdarjang Hospital because of the constraint of space. The inadequacy of available beds in relation to the number of patients seeking admission in these two hospitals making it necessary to put some of the patients on the floor, is a harsh reality which cannot be avoided unless it is decided, as a matter of policy, to limit the number of hospital admissions to the number of available beds in hospital. It is, however, expected that the position in this regard will improve when the two new 500 beds hospitals proposed to be set up in West and East Delhi *viz.* at Harinagar and Shahdara start functioning.

[Ministry of Health & Family Welfare, D O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee find that in Safdarjang Hospital during July, 1976 alone against 2475 patients admitted in Casualty and Emergency Wards as many as 1008 (40.7 per cent) were not provided with beds. The Committee stress that having regard to the area served by each of the hospitals, the type of cases which have been gaining admission to the Casualty and Emergency Wards, the total strength of the beds in the hospital, etc, norms may be laid down and concerted efforts made to bring up the position to the expected norm. In particular, the Committee would like to point out the need for taking urgent measures to bring up the strength of the beds in the Casualty and Emergency Wards of the Irwin Hospital which serves a very large areas of the old city and is gravely short of the requisite number of beds.

[Sl. No. 19 (Para 2.68) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

It is not possible at present to increase the number of beds in the Casualty and Emergency Departments of Safdarjang and Lok Nayak J. P. Hospitals due to limitations of space. While in the case of Safdarjang Hospital the position is expected to improve after the Medical College shift to its permanent location at Shahdara, the question of providing more beds in these departments in the case of Lok Nayak J. P. Hospital is being examined by the Dte. General of Health Services in consultation wtih Delhi Administration. It is, however, expected that the overall position of medical services in the Union Territory of Delhi will improve with the implementa-

tion of following schemes which, at present, are at various stages of consideration:

(i) Setting up of a 500 bedded hospital in Hari Nagar (West Delhi) which has already been sanctioned.

(ii) 500 bedded hospital in Shahdara as a part of the complex of the Medical College which is at present temporarily accommodated in the Safdarjang Hospital; and

(iii) seven 100 bedded hospitals proposed to be established by Delhi Administration in rural areas and re-settlement colonies

[Ministry of Health and Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-78]

Recommendation

The Committee would like the hospital authorities Ministry to go into not only the question of maintenance and use of these two machines but also other life-saving equipment and machines which have been purchased from time to time in the hospital so as to make sure that there are adequate arrangements for their maintenance and that these machines which have been purchased at considerable public cost are put to the best use in the interest of the patients. It may be worthwhile to maintain a history of each of these machines and review the position from time to time to see that the objective underlying their purchase is being subserved and to take remedial measures as necessary.

[Sl. No. 27 (Para 2.76) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

The suggestion made by the Committee has been implemented in Lok Nayak Jai Prakash Narain Hospital. So far as Safdarjang and Dr. R. M. L. Hospitals are concerned, the maintenance of electrical machines is being done by the Executive Engineer (Electrical), C.P.W.D. The contract for the maintenance of other machines is given to the Central Scientific Instruments Organisation, National Physical Laboratory and BEL Some machines like X-Ray Unit, Cobalt Units and Scanners are being maintained by the suppliers on annual contract basis. The inventory and history sheet of each machine is being kept and the concerned Senior Officer-in-Charge of the Unit personally conducts the physical verification of the machines Taking into account the constraints of resources and available technical expertise, these arrangements are considered adequate.

[Ministry of Health and Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are concerned to note that patients have to spend a long time for getting themselves X-rayed in the three hospitals. According to the audit para the waiting time for barium meal and I.V.P. tests for out-patients in Safdarjang, Willingdon and Irwin Hospitals is 2 to 12 weeks, 8 to 12 weeks and 10 to 15 days respectively. The Committee need hardly emphasis that the hospital authorities should find ways and means to reduce the present waiting time so that early treatment of patients may be started. The Committee also desire that patients needing special tests should be given prior appointment so that they need not wait un-necessarily. The patient with prior appointment need not be registered again on the appointed date of visit so that his time is saved.

[Sl. No. 67 (Para 6.19) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

Special X-Ray investigations like Barium Meal and I.V.P. are lengthy and time consuming and not more than 3-4 cases can be taken up in a day. The number of patients requiring these special X-Rays is fairly large. The waiting period in Lok Nayak J. P. Hospital is considered reasonable. In the other two hospitals, while at present it is not practicable to reduce the waiting period for these investigations on account of the constraint of resources in the form of X-ray Machines and technical staff required for handling them, the question of further augmentation of staff to reduce the waiting time for patients needing X-Ray investigations is under examination. It has, however, been reported by the hospital authorities that patients needing these special tests are given prior appointment and the patients coming with prior appointments are not required to go through the usual formalities again on the appointed date.

[Ministry of Health & Family Welfare, D O. No. G. 25020/1/78-Hosp. (Pt.) dated 30-8-1978]

Recommendation

Since a number of patients are turned back during morning hours due to incapacity to serve them, the Committee recommend that afternoon timings of the main X-ray unit which is generally used for inpatients only may be used since during this time the men and machines are idle for most of the time.

[Sl. No. 68 (Para 6.20) of Appendix III to 49th Report (6th Lok Sabha)].

Action Taken

The suggestion made by the Committee regarding utilisation of X-ray Machines in the afternoon for the O.P.D. patients has been carefully examined in consultation with the Director General of Health Services and the Medical Superintendents of the hospitals. It has been found that it would not be feasible to implement the suggestion because of technical difficulties such as the danger of increased radiation hazards to the staff handling X-ray Machines. Although it may be possible to implement this suggestion by posting extra staff, procuring additional X-ray Machines, providing more space therefor, etc. it may not be commensurate with the benefits likely to be achieved therefrom, because it is felt that working of the Radiology Department in the afternoon shall not be convenient to the patients who may have to wait till 3.30—4.00 p.m. after having registered in the OPD at 8 A.M.

Efforts are, however, being made to run all available machines on maximum utilisation basis and to ensure, to the extent possible, patients not having to be turned back.

[Ministry of Health & Family Welfare, D O. No. G. 25020/1/78-Hosp. (Pt.) dated 8-8-1978]

Recommendation

The Committee have a feeling that research in the three hospitals is a secondary responsibility of the doctors and the service to the patients is one of prime importance. The research activities are undertaken in Safdarjang and Willingdon Hospitals by the staff who have teaching designations with a view to promoting knowledge in the field of medicine. No regular provis for research is allocated for these hospitals. In Irwin Hospital no research as such is carried out there. Since both Irwin Hospital and G.B. Pant Hospital are part of the Maulana Azad Group of Hospitals, Dean, Maulana Azad Medical College coordinates research activities in the entire complex. The research activities undertaken by various Departments, students and the staff are on individual basis for their academic needs. These hospitals also attend to various agencies, such as Indian Council of Medical Research and University Grants Commission etc.

[Sl. No. 87 (Para 8.22) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Kindly see action-taken Note on Para 8.23.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 8-8-1978]

Recommendation

The Committee are unhappy that the Indian Council of Medical Research has not been able to support much of the research projects in Willingdon Hospital where as it hassu pported 18 research projects in other two hospitals that is 7 in Safdarjang and 11 in Irwin. The reason hat has been given is that the Willingdon Hospital is only a servicing hospital while the other two are both teaching and servicing hospitals. The Committee further find that in the case of Willingdon Hospital there is only a partial association with Lady Harding Medical College. The Committee are unable to understand how a large and effective medical institution like the Willingdon Hospital should be deprived of all opportunities of research work and should have no association with an academic institution and particularly wren medical science, teaching, research and practice have all to go together. In fact, during evidence before the Committee, the Medical Superintendent, Willingdon Hospital has assured the Committee that "if we are given chance to teach and to undertake research in association with Lady Harding Medical College, we will definitely be able to do better." The Committee need hardly urge upon the Ministry to ensure that as far as possible. the hospitals should be linked with some academic institutions so that the doctors and other who are research minded are not inhibited from pursuing research of their own.

[Sl. No. 88 (Para 8.23) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The Committee's observation were communicated to Indian Council of Medical Research who are the nodal organisation for Medical Research in various Hospitals/Institutions. The DG of the Council has stated that it is the policy of the Council to finance research projects on receiving proposals from various institutions. The proposals received by the Council are scrutinised by a panel of experts and in the light of the scrutiny, these are approved for financial aid by the Council. The proposals from Dr. R. M. L. Hospital received by the ICMR have been considered for financial aid by the Council in the same manner as from any other institution in the country.

As regards the linking of hospitals with Medical Institution it is stated that wherever practicable such a link is provided. For example the Lok Nayak Jai Prakash Narain Hospital and the Safdarjang Hospital are attached to the Maulana Azad Medical College and the

University College of Medical Sciences. In the case of Dr. R. M. L. Hospital, a partial link exists with Lady Harding Medical College.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 8-8-1978]

Recommendation

While the Committee appreciate that resuscitation wards attached to the Emergency have been provided with necessary life saving equipments, they would suggest that patients in these wards should be examined by Senior members of the faculty instead of senior resident doctors.

[Sl. No. 96 (Para 9.11) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The Senior doctors do see the patients in Casualty and Emergency Wards whenever the need arises. Some of the units like C.S.U. and Acute Care Unit are already being looked after by senior doctors. It is also relevant to state that the senior resident doctors are themselves quite competent to handle all types of cases since they possess post graduate qualifications in their respective fields of specialisation.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

CHAPTER IV

RECOMMENDATIONS/OBSERVATIONS REPLIES TO WHICH HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH REQUIRE REITERATION

Recommendation

Emergency service of a hospital is assuming increasing importance on account of the stresses of modern living in urban conditions where the people are subject to different types of accidents which require immediate attendance and medical care. With ever-increasing tensions leading to cardio-vascular and cerebral diseases in the community, there is a growing pressure in the casulty and emergency wings of the Delhi Hospitals. In order that the emergencies are attended to quickly and effectively; it is necessary to have an efficient set up, well-knit with other departments of the hospitals with well laid out procedures and work distribution. While reporting on the Casualty and the Emergency services in the three Delhi Hospitals, *viz.* Safdarjang, Willingdon and Irwin, Audit have observed that the hospitals do not have a separate strength of doctors for manning the emergency services!

[Sl. No. 3 (Para 2.52) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Emergency services are a part of the overall system of medical care provided in a hospital. As stated by the Committee itself, these have to be well knit with other departments of the hospital to ensure that a reasonable standard of patient care from the time of admission in emergency till the time of discharge after indoor treatment, is available to be the patient, at all stages. While emergency services are no doubt important as the first point of contact, the main burden of actual medical treatment is in the wards to which all patients are sent after preliminary screening in the casualty. It is neither necessary nor desirable to have a separate strength of doctors earmarked for emergency and casualty services. This being an area of intense

stress & strain, the doctors and other staff posted in this Department have to be rotated fairly frequently. The strength of doctors for the three hospitals has been fixed on the basis of the overall work load as assessed by the Staff Inspection Unit of the Ministry of Finance. Out of this overall strength, the number of doctors considered necessary for Casualty & Emergency Departments, from time to time, are posted there by the Medical Superintendent of the hospital. While doing this, the sensitive nature of the functions of these Departments and their work load are duly kept in view.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

For providing medicare in the wards and the O.P.Ds. each discipline in the hospital has been divised into three and nurse patient ratio four compact unit of doctors headed by Professors, Consultants or Specialists. According to the Government own calculations, the reasonable number of patients that can be left to the care of a doctor and a nurse in the Emergency Wards of a hospital should be 1 : 10 and 1 : 5 respectively. Whereas the strength of doctors and nurses in Irwin Hospital appears to be somewhat satisfactory, the Doctor patient ratio in the Emergency Wards of Safdarjang and Willingdon Hospitals during April 1975 to June 1975 were 1 : 16, 1 : 23 and 1:33 and 1:19 respectively which are in no way near the norm of Doctor-patient ratio of 1 : 10 and Nurse-patient ratio of 1 : 5.

[Sl. No. 4 (Para 2.53) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The doctor-patient ratio mentioned is only a rough indicator. The actual number of doctors deployed depends upon the types of cases required to be handled. The norms of the nurse patient ratio is 1:5 for the hospital as a whole in the case of non-teaching hospitals. This is calculated on the basis of the number of beds available in a hospital. Judged by this criteria and also on the basis of the study of the work load the number of nurses in three hospitals is adequate on an overall basis. A review of the staff strength of Emergency and Casualty Departments of Dr. Ram Manohar Lohia Hospital and Safdarjang Hospital was carried out recently and the following additional posts of doctors and para-medical staff have been sanctioned

for suitably augmenting the staff of this Department in these hospitals:—

Safdarjang Hospital		Dr R. M. I. Hospital	
Name of the posts	No. of posts	Name of the post	No. of posts
GDO Grade I . . .	2	GDO I . . .	2
GDO Grade II . . .	7	GD O II . . .	6
Sr Residents . . .	3	Sr. Residents . . .	3
Jr. Residents . . .	3	Jr. Residents . . .	..
Staff Nurses . . .	3	Staff Nurses . . .	2
Stretcher Bearer . . .	4	Stretcher Bearer .	2
Safaiwalas . . .	2	Safaiwalas . . .	..

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee have been informed that norms have been laid down for the provision of nurses in the hospitals by the Nursing Council which were accepted by the Government. In view of the fact that the nurse-patient ratio excluding the specialised departments, is 1:33 in the Safdarjang Hospital and 1:19 in the Willingdon Hospital as against the ideal ratio 1:5, the Committee feel that there is considerable shortage of nurses for manning the Emergency and Casualty Services in the three hospitals. It is necessary to work out the revised strength of nurses in all the three hospitals on the basis of norms laid down for the purpose so that the patient care does not suffer in any way.

[Sl. No. 6 (Para 2.55) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The staff strength of nurses in Safdarjang and Dr. Ram Manohar Lohia Hospitals has been fixed on the basis of the norms suggested by the Nursing Council of India, i.e.

(i) For bed-side nursing 1 nurse for 5 patients in non-training centres. This does not include administrative staff, including nurs-

ing sisters and staff in sub-departments like Operation Theatres, Labour Rooms, OPD, etc.

(ii) For bed-side nursing in institutions where training is provided 1 nurse for 6 patients plus 40 student nurses per 100 beds.

There are at present 631 nurses in position in Safdarjang Hospital which has a bed strength of 1207 and in Dr. Ram Manohar Lohia Hospital against the bed strength of 730 there are 279 nurses. The nurse—bed ratio in these Hospitals thus conform to this norms.

Regarding shortage of nurses for Emergency and Casualty services, a work study was carried out by the Staff Inspection Unit and 3 additional staff nurses for Safdarjang and 2 for Dr. Ram Manohar Lohia Hospital were sanctioned in November, 1977, in order to strengthen the Emergency and Casualty Department.

A Committee, has however, been set up under the Chairmanship of Additional Director General of Health Services to review the existing staff strength and assess the need for additional staff if, any.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are perturbed over the alarming number of nurses who had resigned during the 5 years from 1972 to 1976, presumably for availing of opportunities offered to them for service abroad. It is observed that in Safdarjang Hospital alone the number of nurses who had resigned during the above period was 329. While no particulars of nurses who had gone on foreign assignments was maintained in Irwin Hospital (as foreign assignment was not mentioned in resignations) the number of resignations during the above period was 306. Similarly, in the case of Willingdon Hospital 158 nurses had resigned during 1972-76, presumably for going abroad. The Secretary Ministry of Health, conceded during evidence that "somehow or other they slip out."

[Sl. No. 9 (Para 2.58) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Please see Action Taken Report for Para 2.59.

[Ministry of Health & Family Welfare D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are not able to understand how such a large number of nurses have been allowed to leave the hospitals without the problem having been analysed in depth and remedial measures taken. Apart from the preventing measures to discourage nursing staff to migrate abroad, it is essential that the working conditions, housing and environment for them should be improved so that the service of efficient and devoted nursing staff, which is essential for the satisfactory running of hospital services, is maintained. The Committee also desire that the question of augmenting the facilities for training of nurses may be gone into on an urgent basis so that nurse in adequate numbers are turned out not only for meeting the country's requirements but also to avail of the employment opportunities which may be available outside the country.

[Sl. No. 10 (Para 2.59) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The importance of the nursing profession has been fully realised by the Government. The pay scales of the nursing staff have been substantial improved as a result of the implementation of the Third Pay Commission's Report. The old and revised pay scales of the nursing staff are as under:—

Designation of the post	Old pay scale (before 1-1-73)	Revised pay scale (effective from 1-1-73)
Materon/Nursing Superintendent	Rs 590—900	Rs 700—1300
Asstt. Matron	Rs 250—380	Rs 550—750
Nrusing Sister	Rs 210—320	Rs 455—700
Staff Nurse	Rs 150—280	Rs 425—640

Efforts are also made to improve their working conditions in other respects such as provision of hostel accommodation for unmarried nurses and staff quarters for married nurses. The washing allowance of the nurses working in the hospital has also been enhanced from Rs. 4.50 p.m. to Rs. 15. Since, however, there is a big gap between the emoluments paid in foreign countries and the salary earned within the country, a large number of nurses seek employment abroad. As the improvements in salaries and working conditions of nursing staff in India cannot go beyond a point, which

will always be far behind the service condition available abroad, the exodus of nurses cannot be altogether prevented. However, the position of availability of nurses in the hospitals under report has been by and large satisfactory. This will be evident from the following figures:—

Name of the Hospital	No of posts of nurses sanctioned	Posts filled as on 31-12-77	Posts vacant
Safdarjang Hospital	636	631	5
Dr Ram Manohar Lohia Hospital . . .	288	279	9
Lok Navak Jai Prakash Narain Hospital .	514	483	31

Steps are taken by the State Governments to adjust their training capacity for nurses according to their requirement for nursing personnel. By and large, the existing annual turnout of 5000 nurses is not considered inadequate in relation to the known potential for their absorption.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 8-8-1978]

Recommendation

In Irwin Hospital, there had been no occasion when the average number of patients (29) in the Emergency exceeded the available bed strength (32) because the Medical Officer on emergency duty ensured that less serious patients were transferred to the general wards at the earliest and only serious patients were kept in Emergency Wards.

[Sl. No. 17 (Para 2.66) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Kindly see action-taken note on para 2.66.

[Ministry of Health & Family Welfare, D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are concerned to note that whereas the bed strength in the Casualty and Emergency Wards has increased from 124 in June 1975 to 163 in May 1976 in case of Willingdon Hospital,

32 to 48 in case of Irwin Hospital, the increase in the case of Safdarjang Hospital has been only from 62 to 69 beds during the same period. The Committee find that there appears to be no discernible norm in the provision of bed strength in the Casualty and Emergency Wards as compared to the total bed strength in the hospital. For example, while in the Willingdon Hospital as against the total strength of 730 beds, the number of beds in the Casualty and Emergency Wards in 162 representing 22.3 per cent, in Safdarjang Hospital and Irwin Hospital such percentage is 5.7 and 4.1 respectively. The result of this unbalanced strength of beds in Casualty and Emergency Wards, particularly in Safdarjang Hospital, has been that a large number of patients in Casualty and Emergency Wards were not provided with beds at all.

[Sl. No. 18 (Para 2.67) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

2.66 & 2.67. The disparity in bed strength in the Casualty and Emergency Wards of the 3 hospitals is entirely due to the limitation of space and the nature of distribution of the hospital buildings and its campus. The position in this respect is particularly bad in the case of Safdarjang Hospital where the Emergency and Casualty Department is functioning in old, war time barracks. The building constructed for housing the casualty department of this hospital had to be used for temporarily accommodating the University College of Medical Sciences. When the Medical College shifts to its permanent location at Shahdara the situation in respect of availability of beds strength and other facilities in Casualty and Emergency blocks of this hospital is likely to improve considerably.

[Ministry of Health & Family Welfare, D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that as against 272 posts recommended for creation and 95 posts recommended for abolition by the Staff Inspection Unit in August, 1973 in Safdarjang Hospital, 221 posts were created and 82 posts abolished in February and May 1976 respectively. It is further noted that out of the additional sanctioned posts, 108 posts only have been filled so far and in the case of abolition one more post has since been abolished and one has been agreed to by the Staff Inspection Unit for continuance. The remaining 11 posts of Registrars, House Surgeons, etc., have not been abolished because against these, 37 posts of House Surgeons etc.

which were to be created have still not been created. The Committee are unhappy to record that a majority of the posts recommended in 1973 for creation have still not been filled up. Even more regrettable is the fact that it took nearly three years to sanction even 108 posts which have been filled up so far. The Committee are not convinced by the plea that the recruitment rules and UPSC stood in the way of filling up the remaining posts as they feel that these administrative details could and should have been resolved with a sense of urgency instead of allowing the matter to drag on for years. The Committee would like Government to review the matter and take urgent and effective follow-up measures to fill up the remaining posts without further loss of time. The Committee stress that the procedure regarding recruitment of staff etc. in the hospitals may be streamlined in consultation with the concerned authorities so as to obviate such heavy delays in future.

[Serial No. 21 (Para 2.70) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The observations made by the Committee have been noted and every effort will be made to ensure early filling of sanctioned posts. The situation regarding the posts of Medical Officers in Safdarjang Hospital is at present fairly satisfactory. Only 14 posts out of about 400 were vacant as on 1-7-78. 10 of these posts are expected to be filled on the basis of the competitive examination held by the UPSC recently to fill the vacant posts of Medical Officers in Central Health Services etc. Efforts are also under way to fill the remaining four posts. As regards the non-gazetted posts the Medical Superintendent has full powers to make recruitment thereto. He has been asked to set up a small Committee to monitor the progress in filling up of these posts from time to time. There already exists a monitoring cell for this hospital, under the chairmanship of an officer of the rank of Dy. Director General, which meets periodically. The Medical Superintendent, brings all pending cases in the meetings of the cell, which are discussed at length and efforts are made to evolve solutions. Further and fresh efforts shall be made to remove the gaps and delays referred to by the Committee.

[Ministry of Health & Family Welfare, D.O. No. G. 25020/1/78-Hosp. (Pt.) dated 8-8-1978]

Recommendation

The Committee regret to note that in the case of Willingdon Hospital though the air-conditioning of the casualty ward was agreed to in principle in 1975, the details are still being worked out

by the CPWD. The Committee would like the authorities concerned to draw up a time-bound programme for providing this essential facility and inform the Committee of it.

[Sl. No. 23 (Para 2.72) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The estimates for air-conditioning of Casualty and Emergency Department of Dr. R. M.L. Hospital have since been received from the CPWD and are under examination in consultation with the Finance Division of this Ministry.

[Ministry of Health & Family Welfare, D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

A study of the National Institute of Health Administration and Education (NIHAE) in 1976 reveals that OPD attendance in Safdarjang Hospital has now touched the million mark from just two lakhs in 1958 without a corresponding increase in facilities and equipment etc. Earlier, a similar study by the Department of Administration Reforms in Safdarjang and Willingdon Hospitals in 1972 had shown that on an average the total waiting time of a patient at the point of registration and doctor's cubicle was about 150 minutes. It was also observed that 31 per cent of the patients referred to laboratory and X-ray unit had to make second trip on the next day mainly due to the reason that the registration for clinical test used to close before the closing hours of OPD. The Committee, during their visit to Willingdon Hospital on 23rd August, 1976, were also informed that on an average a patient has to wait for two hours for his turn.

[Sl. No. 31 (Para 3.43) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Please see the Action Taken Report on Para 3.44.

[Ministry of Health & Family Welfare, D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

From Audit para and from what has been tendered before the Committee during evidence, the Committee have every reason to

believe that even now in all the three hospitals under examination the patients advised for X-ray and/or Laboratory tests often have to re-visit the next day since these departments close their registration at 11.30 A.M. whereas the OPDs work up to 1 P.M. The Committee have been informed that in order to reduce over-crowding the scheme of evening OPDs was started. While in Irwin Hospital the evening OPD started in December, 1973, such departments in Safdarjang and Willingdon Hospitals were started in July, 1975. This scheme however, has not proved a success due to some inherent shortcomings. Notwithstandingly all the short-term steps taken by the hospital authorities over-crowding in the OPDs thus continues to pose a problem. The Committee feel that this problem has to be tackled boldly and effectively so as to minimise the inconvenience and irritation caused to patients and also to restrict undue strain on meagre hospital resources, insanitary conditions and dilution in patient care which arise as a result of overcrowding.

[Sl. No. 32 (Para 3.44) of Appendix III to 49th Report (6th Lok Sabha)]

Action taken

3.43 & 3.44. The Committee's observations regarding the need for taking bold steps for minimising the inconvenience caused to patients on account of the over-crowding in the hospitals are very pertinent. While the system of evening OPD is being reviewed, it is felt that the over-crowding in these three hospitals will be reduced only after the regional imbalances (caused by faulty dispersal of hospitals) in the availability of hospitals services in the Union Territory of Delhi are corrected. In this direction the Government of India have already decided to set up two 500 bedded hospitals one each in West Delhi and Trans Jamuna area. The Delhi Administration has also proposals for setting up seven 100 bedded hospitals to serve the rural population of Delhi. After the proposed two 500 bedded hospitals come up, it is expected that the problems of over-crowding and the long waiting periods in the existing 3 hospitals will be minimised. In the meanwhile the following short-term measures have been taken to facilitate the availing of hospital services by the patients:—

1. Working hours of OPDs have been extended by half-an-hour.
2. Working hours of Hospital laboratories and X-ray Department have also been extended by half-an-hour.

In the Safdarjang Hospital, an Enquiry Counter exclusively for outpatients has been opened.

[Ministry of Health & Family Welfare, D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are surprised to note that the number of patients treated in Irwin Hospital is less as compared to Safdarjang Hospital although the former is located in the heart of the city and is close to most thickly populated area of Delhi. They find that the number of out-patients treated in Irwin Hospital during 1974-75 and 1975-76 was 7,23,633 and 9,04,328 as compared to 9,92,208 and 11,31,382 in Safdarjang Hospital during the same period. The reasons for this varying feature, as advanced by the Ministry of Health that the Safdarjang Hospital draws all the Central Government employees and their dependents which is not the case with the Irwin Hospital and in the Safdarjang Hospital a very large number of people are attracted from the rural areas does not sound convincing as the Willingdon Hospital where patients treated in OPD are less as compared to Irwin Hospital also caters to the needs of the CGHS beneficiaries and a large number of rural patients also visit the Irwin Hospital. It has been stated before the Committee during evidence that some costly and brand drugs are not given to the out-patients in the Irwin Hospital. The Committee would like the Ministry to investigate whether the smaller number of out-patients treated in Irwin Hospital as compared to Safdarjang Hospital is due to the inadequate medical facilities provided to the out-patients.

[Sl. No. 33 (Para 3.45) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

On a scrutiny carried out by the Dte. General of Health Services it has been found that the difference in the number of patients visiting Safdarjang and Lok Nayak J. P. Hospitals is about 2 lakhs in a year giving an approx. average of 600 patients per day. The difference is considered to be due to the situation of the two hospitals, the clientelle they are supposed to serve and their respective catchment areas. There is no evidence of inadequacy in the matter of availability of medical facilities to the OPD patients in Lok Nayak J. P. N. Hospital as compared to Safdarjang Hospital.

[Ministry of Health & Family Welfare, D.O. No. G. 25025|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that cost of diet per patient per day in Nursing Home and General Wards is Rs. 13.59 and Rs. 2.95 respectively. The Committee further note that the calories supplied through the diet in General Wards and Nursing Home are 2450 and 3950 in

case of vegetarian diet and 2650 and 4400-4500 in case of non-vegetarian diet respectively. Though to some extent it may be desirable that the patients coming to the Nursing Home, where charges are levied for diet, be served better food the Committee feel that large gaps in the calorific values of diets served to the patients in the Nursing Home and General Wards may be avoided. It should be ensured that so long as a patient is in Hospital he should get diet which is therapeutically necessary. The Committee would like the Government to review the position and apprise them of the decision taken in the matter.

[Sl. No. 48 (Para 4.52) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Diet of a patient in a hospital serves two basic needs (1) suster (2) therapeutic need. The quantum of diet and the type of diet consumed by people varies according to their ability to pay for diets with high calorific values and the variety desired by them. In the Nursing Home, the patients come from the higher income groups whose normal daily diets are of high calorific value. The Hospital has to maintain this substenance diet and also give such therapeutic diet as may be necessary. This does not cast any extra burden on the Government as the Nursing Home patients pay for their diet.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (PT) Dated 8-8-1978]

Recommendation

The Committee note that the Rehabilitation Department in Safdarjang Hospital helps handicapped patients to go back to their normal lives through its 5 sections, *viz.*, Physiotherapy, Occupational therapy, Psychology, Vocational Centre and Workshop. The utility of the Department can be judged from the fact that the number of patients attended to by it has risen from 71,430 in 1972 to 87,568 in 1975. The Committee are, however, surprised to find that no Department rendering such varied services to handicapped patients exists in Irwin Hospital which caters to thickly populated areas of Delhi. With this consideration in view as also to reduce the overcrowding at the Rehabilitation Department of Safdarjang Hospital, the Committee need hardly emphasise that the feasibility of extending the existing Physiotherapy Department in Irwin Hospital on the lines of Safdarjang Hospital may be examined so as to afford greater facilities to handicapped patients of Delhi city. The Committee are not happy about the accommodation provided to

the Rehabilitation Department in Safdarjang Hospital. The rooms are crowded and congested and Physiotherapy patients have to wait for long time for getting proper attendance. The Ministry should see that the Rehabilitation Department functions under more congenial environment and the overcrowding is avoided by quicker attendance and service to patients.

[Serial No. 60 (Para 5.10) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

In the Lok Nayak J. P. Hospital there is a fullfledged Physiotherapy and Rehabilitation Section under the overall control of the Professor of Orthopaedics. The accommodation position of this section has improved recently and fresh gadgets are under procurement. As regards the shortage of accommodation in the Rehabilitation Department of Safdarjang Hospital, proposals for the construction of suitable accommodation for housing the Rehabilitation Department are under consideration of the Government. Keeping the observations of the Committee in view, efforts are being made to achieve speedy results.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

The Committee are distressed to note that three out of four artificial kidney machines which were imported for conducting haemodialysis at a cost of about Rs. 45 thousand each by Safdarjang Hospital are out of order. The GDR Machine purchased in 1966 went out of order in 1969; the Kill Machine (American) purchased in 1966 got damaged in 1971 and the Russian Machine bought in 1972 went out of order in 1973. The fourth machine which became unserviceable in April, 1973 could be repaired in October, 1975 only. Similarly, the GDR (Kedons) Machine purchased in 1959 for use in Willingdon Hospital is also out of order and is uneconomical to work. The Committee note that some of these machines have been declared irreparable due to non-availability of spare parts and are now being condemned. Since these costly and sophisticated machines had become unserviceable within a period ranging from one to five years from the date of their purchase, the Committee have a suspicion that no attention was being paid to their maintenance. As these machines have been lying out of order for a number of years, the Committee would like to know whether this matter was brought to the notice of the Ministry of Health for advice. In

any case the Ministry may conduct a probe into the working of these machines since their purchase. The Committee may be informed about the findings.

[Sl. No. 70 (Para 6.28) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Please see the Action Taken Note on Para 6.29.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

Since the procedure for haemo-dialysis has undergone improvement in recent years and sophisticated and easy to operate machines have come in the market, the Ministry should examined if newer machines could be acquired in place of those which have become obsolete. Alongside the acquisition of modern and sophisticated machines, the Ministry should take early action to build up a cadre of suitably trained persons to operate these machines. The D.G.H.S. should draw up a coordinated programme for the repair|replacement of sick|obsolete machines well in time so that the working efficiency of the various services|specialities of the hospitals does not suffer for want of equipment, machinery and necessary qualified staff to handle them.

[Serial No. 71 (Para 6.29) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

6.28 & 6.29: Efforts were made to get the machines repaired through GDR Engineers and the Central Scientific Instruments Organisation. However, due to the non-availability of spare parts the defective machine could not be got repaired timely. The Matter was not brought to the notice of the Ministry of Health and Family Welfare because in such matters of routine, day-to-day functioning, the Medical Superintendents of Hospitals have full powers to take necessary action.

Arrangements have now been made in Safdarjang Hospital for repairs and maintenance of these machines by specially qualified staff of the C.P.W.D. An engineer has been specially got trained from Bangalore to handle sophisticated and costly equipments.

As regards the other observations of the Committee, the Dte. General of Health Services have been asked to procure detailed periodic reports from the Hospitals to ensure against the occurrence

of failures and delays in future. The question of obtaining newer better performance machines is also being gone into.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (PT) Dated 31-7-1978]

Recommendation

The Committee also recommend that each hospital should maintain an inventory, which unfortunately was not being done, of sophisticated and costly machines including artificial kidney machines and the respective Hospital authorities should submit a half-yearly return to the Ministry regarding the working conditions of each such machine.

[Serial No. 72 (Para 6.30) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The inventories of all the machines and sophisticated and costly equipments are being maintained in all the three Delhi Hospitals. Instructions have been issued to the hospital authorities to submit-half yearly returns regarding the working condition of all such machines, as suggested by the Committee.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

The Committee note that the three Government Hospitals namely, Safdarjang, Willingdon and Irwin Hospitals procured medicines including surgical dressings to meet their requirements through the Medical Stores Depot, Karnal, firms on the DGS&D rate contracts and the open market. They are unhappy to find that due to the incapacity of the Medical Stores Depot, Karnal, to meet the demands which is the main supplier of medicines, these hospitals had to resort to open market purchases. It is observed that during 1974-75, the percentage of expenditure on purchases made on medicines from the open market as compared to the total expenditure incurred by the Safdarjang, Willingdon and Irwin Hospitals was 57 per cent, 59 per cent and 83 per cent respectively. The extra expenditure incurred on purchase of medicines from open market was to the tune of Rs. 2.30 lakhs in 1974-75. During the same year the three hospitals had indented 837 items of the value of Rs. 41.53 lakhs to the Medical Stores Depot, Karnal and the Depot had been able to supply in full only 431 items of the value of Rs. 10.45 lakhs; 209 items worth of Rs. 4.41 lakhs were supplied in part and

the remaining 287 items (about 33 percent) of the vaule of Rs. 18.54 lakhs had not been supplied at all. The reasons attributed for the non-supply or part supply by the Medical Stores Depot were stated to be (i) inadequacy of funds, (ii) dependence on the DGS & D for bulk purchases and (iii) policy of the Depot to achieve widest distribution of its available stocks giving preference to small units located in rural and semi-urban areas which constituted its vast clientele. The Committee have been informed that the Medical Stores Depot suffered from certain disabilities inasmuch as it has no revolving fund. The yearly allocation was exhausted during the first three months of the year on the purchase of medicines and whatever was received by way of sale of medicines was credited to the exchequer, with the result that for 6 months in a year there was hardly any medicines. To meet the situation it has now been decided to increase the allocation of funds from Rs. 10 crores to Rs. 15 crores.

[Serial No. 77 (Para 7.41) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Please see the Action Taken Report on para 7.42.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (pt) Dated 31-7-1978]

Recommendation

The Committee are distressed to note that the Medical Stores Depot with its inherent shortcomings had not been able to fulfil its obligation to meet the demands of the three hospitals, with the result that Government had to incur heavy expenditure on the purchase of medicines from open market. They are surprised to find that although the shortcomings noticed in the working of the Depot were in the knowledge of the Ministry for a long time nothing was done to improve the situation. What is more disconcerting is that though the Administrative Staff College, Hyderabad who were asked in 1971 to study the working of the Stores Depots had recommended in May, 1973 the conversion of the Organisation into a company, it was only in 1976 that Government could take a decision against conversion. Even the suggestions made then by the Ministry of Finance to effect improvements in the functioning of the Medical Stores Depot are still under consideration. The Committee take a serious view of the casual manner in which the vital question of streamlining the functioning of the Stores Depot had been kept in abeyance all these years. They, therefore, like that the reasons for

the delay in taking an early decision in the matter should be identified and responsibility fixed for the delay. They would also like to know what specific improvements have been made in the functioning of the Stores Depot so as to ensure that the hospitals receive their supply of medicines without any interruption.

[Serial No. 78 (Para 7.42) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

7.41 & 7.42: The Report of Administrative Staff College, Hyderabad received in May, 1973 suffered from a number of deficiencies. These deficiencies were pointed out to the representatives of the Administrative Staff College during their discussions with the officers of the Directorate General of Health Services and the Health Ministry. In May, 1974, a detailed letter was sent to the Principal, Administrative Staff College specifying the deficiencies, In November, 1974, the college authorities replied stating that they were taking a second look at their findings and that revised recommendations would be submitted incorporating the changes. In the meantime, in May, 1974, the then Health Minister appointed a Task Force to examine the re-organisation of the Medical Stores Depots. The Task Force comprising of representatives drawn from the Ministries of Health and Family Welfare, Finance, Petroleum & Chemicals, Company Affairs and DGS&D etc., recommended the conversion of Medical Stores Organisation into a section 25 Company. The Report of the Task Force was circulated to the Ministries concerned who raised various points and the matter remained under correspondence for a considerable time. Thereafter, the question was thoroughly considered in this Ministry and a final view was taken that the best solution lay in restructuring the Medical Stores Organisation into a Section 25 company. A note for the Cabinet was prepared and circulated to various Ministries in April, 1975. On account of difference of opinion between various Ministries concerned on the question of conversion of Medical Stores Organisation into a Company the proposal did not make headway. In the meanwhile, a high powered Board with full powers of the Ministry of Health was set up in September, 1976 to look after the functioning of the Medical Store Depots. This Board, did not, however, prove very effective because it was also beset with various constraints which the formation of a company may have minimised.

The problems of the Medical Store Depots have, meanwhile, continued to receive the urgent attention of the Ministry. The various Ministries/Organisations which had earlier opposed the conversion

of Medical Store Depots into a Company have again been addressed, at high level, to persuade them to withdraw their objections.

In view of the position explained above, there has been no delay on the part of any particular individual in coming to a final decision on the question of re-organisation of the Medical Stores Organisation and as such the question fixing responsibility does not arise.

As regards the supply of medicines for Safdarjang and Willingdon Hospitals it has since been decided that they would follow a system of joint purchasing and would no longer draw their supplies from the Medical Store Depot, Karnal. This decision was taken primarily on the ground that drawal of supplies from Karnal was logistically a wrong proposition as all the principle suppliers of Medical Stores were situated nearer Delhi than Karnal and the supplies from Karnal involved additional two way freight between Delhi and Karnal, packing and handling charges, etc.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

The Committee have considered the plea advanced in favour of conversion of the Medical Stores Depot into a company and are of the view that in order to give greater flexibility and autonomy to the organisation in its day-to-day dealings, financing as well as management matters, the question of conversion of the Stores Depot into a company set up under the Indian Companies Act, with a revolving fund at its credit, may be examined thoroughly in consultation with the Ministry of Finance and Planning Commission. The Committee would like to be apprised of the decision taken in this regard.

[Serial No. 79 (Para 7.43) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The proposal for re-structuring the Medical Stores Organisation into a Company is still under consideration of the Government. The detailed position has been explained in the comments against para 7.41 and 7.42.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

The Committee are distressed to note certain medicines consumed by patients in the Hospitals were substandard. From the particulars furnished by Audit they observe that in Willingdon and

Irwin Hospitals, samples of certain medicines were drawn for testing after their receipt in the hospitals and before the receipt of the test reports, a bulk of them had already been consumed. The Committee would like to have a full explanation as to why these medicines were issued to the hospitals without proper testing and secondly why their consumption in the hospitals was not held in abeyance till the results of the samples drawn were known. They would like this matter to be fully investigated and responsibility fixed for the lapses. The Committee would also like to know what conclusive measures have been taken to ensure that only genuine and fully tested medicines|drugs are issued to patients in the hospitals.

[Serial No. 83 (Para 7.43) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The hospitals receive their supplies of medicines from three sources:—

1. D.G.S. & D.
2. Medical Store Depots &
3. Local Purchases.

The medicines procured from the Medical Store Depots are pre-tested. In regard to medicines purchased through DGS&D there is a provision in the contract that 95 per cent to 98 per cent payment is made only after the stores have been inspected by and authorised inspector. This ensures pre-testing of medicines.

It is only with regard to local purchases, which have to be made to meet the urgent requirements of certain medicines, that there is no time for testing and the drugs as purchased have to be consumed in emergency. While the local purchases are generally made from reputed chemists only there is, nevertheless, in an element of trial and error in the use of these medicines. Because of the emergent need for the medicines, on account of which the local purchases are resorted to there is no time for pre-testing of these medicines. However, if any adverse reaction is noticed by the use of any particular drug, further use of that medicine is immediately stopped, and a sample of the same is sent for testing immediately Instructions have been issued to the Medical Superintendents to draw out a plan, in consultation with the Drugs controller, Delhi, so as to ensure that 1-2 per cent of the drugs received from any source, *i.e.*, D.G.S. & D.| Medical Store Depots|Local Purchases are tested periodically. They

have been further instructed to send reports of sub-standard drugs and make their recommendations regarding black listing of the concerned for future purchases.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 8-8-1978]

Recommendation

The Committee are constrained to note that despite the recommendations made by the Health Survey and Planning Committee (1959-61) and the Delhi Hospital Review Committee (April 1968) to appoint a medical audit committee in every hospital with a pathologist, a surgeon, a physician and a medical record officer to function as a patient care evaluation cell, no such committee has been constituted in any of the three hospitals so far. The Committee also note that the Ministry had informed the audit in December 1975 that action was being taken to introduce medical audit committees wherever it was not done. As the appointment of such committees will ensure specific checks on the standard of the work performed in the hospitals, the Committee would like to be informed whether such committees have since been constituted in each of the three hospitals.

[Serial No. 94 (Para 9.9) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Kindly see Action Taken note on para 9. 10.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

The Committee regret to note that although the recommendation of the Review Committee for carrying out hospital mortality review periodically was accepted by the Government in February 1970, it was only after a lapse of six years (May 1976) that the mortality review committee started functioning in Willingdon Hospital. The Committee hope that the deficiencies in documentation pointed out by the Review Committee would receive the careful attention of the concerned medical officers.

[Serial No. 95 (Para 9.10) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

9.9 & 9.10. Basically, medical audit is a system adopted to increase the effectiveness and efficiency of the Hospital as a unit of delivery of health care and to maintain technical, quality control of its various services. This can be introduced only if an appropriate base, in the form of an efficient system of medical records management and a system of cost accounting exists in the hospital. Unfortunately, neither of these systems exists in any of our hospitals except in a very rudimentary form. It has, therefore, not been possible to introduce the system of medical audit in spite of the felt need for introduction of such a system. The question of suitably strengthening the medical records management and introducing cost accounting system in the hospitals will be examined in the light of the report of the Delhi Hospital Review Committee appointed under the Chairmanship of Dr. M. M. S. Sid M.P. to look into the functioning of Delhi Hospitals.

In the meanwhile, Mortality Review Committees have been set up in the 3 Delhi Hospitals. These Committees also undertake the review of other important cases in the hospitals.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 31-7-1978]

CHAPTER V

RECOMMENDATION/OBSERVATIONS IN RESPECT OF WHICH GOVERNMENT HAVE FURNISHED INTERIM REPLIES

Recommendation

The Committee note that in Safdarjang Hospital all the three Oxygen tents meant for giving oxgen-rich environment, purchased at a cost of Rs. 20,000|- have been out of use since January 1973 (two) and December, 1974 (one) because of the non-availability of canopy which is an imported item.

[Serial No. 28 (Para 2.77) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Kindly see action taken note on Para 2.78

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt) Dated 8-8-1978]

Recommendation

The Committee are unable to accept this plea and desire that if the canopy is essential for the working of the oxygen tents which were purchased in the interests of saving the lives of patients, it should have been possible to arrange most expeditiously for the canopies whether from indigenous sources or from abroad. Canopies may be arranged without further delay and the Committee informed of the dates when these three oxygen tents have again been pressed into service.

[Serial No. 29 (Para 2.78) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

2.77 & 2.78: Oxygen tents were purchased in 1965 at a cost of Rs. 6,000|-. These went out of order in 1974, and could not be re-

paired because the Canopies required for the purpose were not available. Attempts were made to have them made locally but the material prepared and supplied to the hospital proved thoroughly unsatisfactory. No standard firm agreed to undertake the preparation of only 3 pieces of this item required by the hospital.

The Oxygen Thearapy devices with canopy are now considered to have become out-moded on technical grounds. Besides, the equipment has out-lived its utility and the same has been condemned. These will be replaced by suitable substitutes. A further report in the matter shall be submitted to the Committee as soon as this is done.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) Dated 8-8-1978]

Recommendation

In a study by Department of Administrative Reforms of the Outpatient Departments of Safdarjang Hospital in 1972, it was revealed that "patients start arriving from 6 A. M. onwards and nearly 63 per cent of the new patients and 49 per cent of the old patients are in the queue before the conmencement of the registration." The Committee find that more or less the same situation continues in the OPDs of the three hospitals, thus resulting in over-crowding particularly during the first two hours of the usual OPD timings of four hours. Therefore, the Committee feel that additional doctors may be made available during the first two hours at each OPD of the hospitals, and the process of examination of old and new patients so rationalised that the waiting time is considerably minimised. The Committee also observe from the Audit para that a new and old patient normally spend about 105 and 58 minutes respectively for registration and 50 and 115 minutes more in waiting for consultation. The ratio of new and old patients coming to OPD for treatment was 56 : 44 The Committee feel that it would be more appropriate if the strength of the doctors is also fixed taking into account the ratio of new and old patients. In fact, the Committee consider that there should be an in-built organisational arrangement to deploy more doctors if and when there is unusual rush. Norms should be laid down on the number of patients a doctor can conveniently examine per hour and accordingly the strength of the doctors may be suitably fixed so as to bring down the minimum waiting time of out-patients to half an hour at the most. The Committee would like to emphasise that Ministry should not sit on the

fence when human sufferings continue to mount. If need be the strength of doctros should be suitably augmented without any loss of time so that the social benefits of the hospitals percolate to the lower strata of the population in and around Delhi.

[Serial No. 37 (Para 3.49) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The long waiting time in the Safdarjang Hospital is on account of the heavy over crowding of patients and the concentration of the rush in the first few hours of the OPD. While every attempt is being made to provide additional doctors in the rush hours by internal adjustment this is not adequate to meet the pressure in the opening hours of the OPD. Since the strength of doctors is fixed on the basis of the average over all work load, the "Rush Hour" problem has to be faced. No practical inbuilt organisational arrangement is possible for deploying more doctors at times/places of unusual rush. To examine the needs of various categories of medical para-medical staff in the hospital a Committee has been appointed under the Chairmanship of Additional Director General of Health Services. Further action for sanctioning additional staff will be taken in the light of this Committee's Report.

[Ministry of Health & Family Welfare D. O. No. G. 25020/1/78-Hosp. (Pt.) Dated 31-7-1978]

Recommendation

The Committee note that in order to cope with the increasing rush in the OPDs of the respective hospitals, the evening OPD was started in the three hospitals. This scheme, however, has not proved a success as is evident from the fact that the average daily number of patients who were attended to by the three main disciplines of medical, surgery and paediatries in the evening OPDs of the Safdarjang and Willingdon Hospitals during the six months from January, 1976 to June 1976 came to 41 in Safdarjang and 54 in Willingdon as against daily average of 2500 to 3500 out-patients visiting the OPDs of these hospitals respectively. It was stated during evidence that the workload was fairly heavy in the beginning but slowly it dwindled off. The Committee would like the Ministry of Health to

investigate the specific reasons for this decline in workload in spite of initial good start and take suitable remedial measures.

[Sl. No. 40 (Para 3.52) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Please see the Action Taken Report for Para 3.53.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are unhappy to note that although the proposal for additional staff for the evening OPD in the respective hospitals was under active consideration in December, 1975 it has not yet been sanctioned as it is being contended that the evening OPDs are on experimental basis and the necessary measures in this direction will be taken if it is to be kept on a permanent bais. The Committee feel that the reasons for poor response in the evening OPDs are non-existence of essential facilities like X-ray units and laboratory facilities because of shortage of staff and equipment. Further, the specialist services are also not available in the evening. The Committee are not convinced by the reply of the Ministry that creation of laboratory facilities in the evening has limited utility as patients are not in a position to give blood on empty stomach, stool, etc. because these difficulties are experienced in the morning OPDs also. The Committee feel that more and more patients can be attracted to avail of the evening OPD facility by strengthening the laboratory and radiological services and extending specialist services. Further, to make it more popular adequate publicity of the availability of these services also needs consideration. These steps may be taken as the saturation point has already been reached in the morning and an effective decentralisation of the services being the long term solution, is the need of the hour.

[Sl. No. 41 (Para 3.53) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

3.52. & 3.53. The National Institute of Health and Family Welfare was asked to conduct study of the working of evening OPD in the

3 hospitals. The Institute has submitted a report which has come to the following conclusions:—

1. There is under utilization of this service.

2. 66 percent of the patients attending morning OPD are not aware about the existence of this service in the hospitals.

3. If this service is to continue in the hospitals and is required to be utilised by people, a vigorous effort to publicise it through important mass media would be essential.

4. It is essential that the services of senior doctors may also be made available in the evening OPD.

5. The people in general have not as yet accepted this service and consider it as an extention of the existing casualty Department.

6. There is lack of supportive services.

7. There is lack of resources in terms of manpower material and other facilities at present. Extra input are needed to make service more meaningful.

In view of these findings, the Dte. General of Health Services has been asked to formulate a proposal for revamping the functioning of evening OPDs.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The efficiency of yoga in promoting health and building up resistance to disease has been widely demonstrated and recognised. The Committee need hardly point out that when patients flock to OPD's of hospitals for treatment, they are anxious not only to get well but also to take recourse to such treatment and measures which would help them to build up resistance against recurrence of the disease. This receptivity of mind could well be taken advantage of by the authorities to provide knowledge of cheap easily available health building diets and Yoga exercises. Practical demonstration in Yoga exercises could be given by persons who are well versed in this ancient science in close coordination with the medical authorities. The Committee suggest that the matter may be gone into carefully

and the scheme sincerely tried out on pilot basis in Irwin Hospital care being taken to publicise the facility amongst the outdoor patients so as to rouse and sustain their interest. The Committee would like to be informed of the action taken in pursuance of the recommendations and the result of the experiment.

[Sl. No. 44 (Para 3.56) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The Committee's observations have been noted. However, on account of the acute shortage of space and the fact that the Lok Nayak Jai Prakash Narayan Hospital is situated at a considerable distance from the Central Research Institute for Yoga, New Delhi, it is proposed to introduce a system of evaluation of the effect of Yoga exercises on certain diseases, by means of coordinated action between Dr. Ram Manohar Lohia Hospital and the Central Research Institute for Yoga, New Delhi, which are situated in close proximity to each other. Results achieved shall be duly communicated to the Committee, in due course.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that the cost of diet in the General Wards though supplied free of cost varies from hospital to hospital. During 1974-75 the average cost of diet in General Wards in Safdarjang, Willingdon and Irwin Hospitals was Rs. 2.81, Rs. 2.95 and Rs. 2.30 respectively. The Ministry have stated that the difference in cost on diet in one hospital as compared with the other is sometimes due to such factors as location, nearness to market, contracts offered, facilities provided, etc. Another reason contributing to this variation in costs which has been put forward by the Ministry is that in Willingdon Hospital, non-vegetarian diet is also provided along with vegetarian diet whereas Safdarjang and Irwin Hospitals provide only vegetarian diet. It has also come to the notice of the Committee that as a measure of economy in Safdarjang Hospital the prescribed quantum of diet has been reduced from 400 gms. to 300 gms. whereas no such reduction has been carried out in the other two hospitals. The Committee cannot but conclude that no uniform system in the quantum and type of diet is being followed in the three hospitals. From the facts disclosed the Committee are led to the conclusion that there is no rational approach in regard to the dietary in the three hospitals. For the health and well-being of the patients the hospital

authorities should have settled in consultation with expert dieticians the contents and quantities of diet keeping in view its calorific and therapeutic value.

[Sl. No. 45 (Para 4.49) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

Kindly see action taken note on Para 4.50.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) Dated 8-8-1978]

Recommendation

The Committee are concerned to note that on the plea of economy, the quantum of diet in Safdarjang Hospital was reduced from 400 gms. to 300 gms. Any reduction in diet for the sick and the needy should have been preceded by an expert examination of the issue from the nutritional point of view. The Committee, however, note in this connection that the Secretary, Ministry of Health has assured during evidence that the Director General, Health Services, the Adviser (Nutrition) and the three Medical Superintendents would jointly work out a formula so that the procedure regarding diet could be systematised and followed uniformly in all the hospitals of Delhi. The Committee would like to be informed of the outcome of the joint discussions.

[Sl. No. 46 (Para 4.50) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

4.49 & 4.50. On an investigation made by the Adviser Nutrition, Dte. G.H.S., it has been found that the diet schedule of Safdarjang Hospital has not been decreased from 400 gms. to 300 gms. of cereals as stated in these paras. For wheat eating patients 300 gms. of Atta and 75 gms. of bread is being given, whereas for rice eating patients 400 gms. of rice and 75 gms of bread are given. There is no hard and fast rule for rice and wheat diet and usually the patients can have a mixture of both. In Lok Nayak J. P. Hospital the scale of cereal diets is 350 gms. and in Dr. R. M. L. Hospital it is 300 gms. The Advisor, Nutrition has confirmed that from the nutritional point of view all the 3 hospitals seem to provide fairly adequate calories and protiens except in the case of Dr. R. M. L. Hospital where the calorific value of food supplied to patients is marginally lower than the accepted norms. The question of improving the diet to the requisite

standard of nutrition in this hospital is under examination in consultation with the Adviser, Nutrition.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) Dated 8-8-1978]

Recommendation

The Committee are concerned to note that although the expenditure on diet cost per patient per day in Nursing Home came to Rs. 13.59, only Rs. 7 (fixed in 1954) were being recovered as diet charges both from CGHS beneficiaries and the members of the public making use of the Nursing Home. What is more distressing is the fact that the question of revision of the rate of Rs. 7/- has been under consideration since July, 1974 and it was only in April 1976 that orders for revision of the rates that is Rs. 10 per day for vegetarian and Rs. 12 for non-vegetarian diet were issued. The Committee find no justification whatsoever for giving gratuitous benefits to the affluent sections of the society who could afford to pay for a higher food bill, by recovering a paltry sum of Rs. 7/- as diet charges from patients admitted to the Nursing Home. It is inexplicable how a rate fixed in 1954 should have continued without a change till 1976. The special consideration shown to a special class of patients is indefensible.

[Sl. No. 49 (Para 4.53) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The observations made by the Committee have been taken note of. The question of further enhancement of the charges for special diets in the nursing home is under consideration of the Dte General of Health Services. It shall also be ensured by the Dte. General of Health Services that appropriate standing orders issue regarding periodic review of costs and charges at specified intervals.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 31-7-1978.]

Recommendation

The Committee note that patients from the general public can make use of 10 per cent of the rooms in the Nursing Home on payment of room rent and clinical charges. With the augmentation of accommodation in the Nursing Home as mentioned in the previous Chapter, the Committee hope that it would be possible to admit a larger number of patients from the general public. The criteria of admission should be not the social status of the patients but the

gravity of the illness. The Committee desire that a set of guidelines governing the admission to the Nursing Home should be worked out for general application.

[Sl. No. 50 (Para 4.54) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

A proposal for adding 76 rooms to the Nursing Home in Dr. Ram Manohar Lohia Hospital is under consideration. After these additional rooms become available it may be possible to allow a larger number of general public patients to avail of the nursing home facilities in this hospital. The criteria for admission to the Nursing Home is primarily the nature of the illness and the urgency of medical requirements of the patient. The Medical Superintendent of the hospital is incharge of admissions and allots nursing home accommodation strictly according to the requirements of the cases. However, appropriate instructions, keeping in view the Committee's observations, are being issued afresh to the Medical Superintendent, Dr. Ram Manohar Lohia Hospital.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

It has come to the notice of the Committee that supply of artificial limbs and other appliances does not form a part of the treatment and as such they are not given free to any patients. It has, however, been stated by the Ministry of Health that they try their best to help poor patients by supplying these appliances at as low a cost as possible. The Committee desire that the patients seeking artificial appliances should be categorised in different groups on the basis of their monthly income. For extremely poor patients the supply of these appliances may be treated as part of the medical treatment and such appliances supplied free of cost.

[Sl. No. 62 (Para 5.12) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The appliances needed by the handicapped persons are made available at cost price. In the case of poor and deserving patients the cost is subsidised by suitable grant from the Poor Funds. However, keeping in view the Committee's views, the existing policy is being reviewed.

[Ministry of Health & Family Welfare D.O. No. G.25020/1/78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee are concerned to note a steep decline in the number of eyes collected and transplantation operations carried out in Irwin Hospital as they find that against 305 eyes collected in 1973, the number had fallen to 172 in 1974 and 105 in 1975. Similarly, against 289 eye transplantation operations conducted in 1973, the figures for the years 1974-75 were only 156 and 97. Though the position has improved in 1976 (as 107 eyes have been collected and 93 operations carried out upto September, 1976), it is still far from satisfactory considering the gigantic magnitude of the problem. The Committee have been informed that the reasons for substantial decline in the number of eyes collected and transplantation operations carried in 1974 was that against the strength of two Professors (one Professor and one Assistant Professor) in the Eye Bank Unit, one Professor went on leave from May, 1974 and resigned later in the year. The Committee are surprised that instead of filling up the vacancy the lone Associate Professor was sent on training abroad for 4 months in 1975 without making alternate arrangement and this further handicapped the Eye Bank in its work. During their visit to the Irwin Hospital on 14th October, 1976, the Committee were given to understand that there were more donors of eyes than the capacity of the Unit to handle which was limited due to paucity of the staff. The Committee feel that the delay in filling up the vacancy created in 1974 cannot be the only reason for the declining trend in collection of eyes and carrying out operations during 1974 and 1975 as it can be seen from the fact that the position in this respect has improved in 1976 even though the Department still continues to function with one Associate Professor. The Committee would like the Ministry of Health to investigate the specific reasons for this decline and take suitable remedial measures in this behalf. In order that the Eye Bank and Keratoplastry Unit are able to serve a large number of patients, the Committee desire that the Ministry of Health should examine as to how the existing facilities can be augmented for the betterment of the community in general and the poorer sections of the population in particular.

[Serial No. 63 (Para 5.28) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The position regarding transplanatation of eyes in Lok Nayak J. P.

Hospital has considerably improved as will be evident from the data given below:—

Year	Eyes Collected	Transplantations done
1977	144	114
1978 (as on 9-6-78)	79	68

An Eye Specialist is engaged in collecting as well as in transplanting operations. A senior Eye Specialist has recently joined Eye Department of this hospital and the position is likely to improve further.

To further implement the observations of the Committee the Directorate General of Health Services has been asked to review the entire position in all the hospitals and suggest suitable measures.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee have been informed during evidence that the Central Health Transport Organisation, which is responsible for carrying out repairs to ambulances, is "not doing very well" as it is not equipped fully, with the result that ambulances are not repaired in time. This Organisation has also no revolving fund to buy spare parts and as such the hospital authorities are asked every time to buy spare parts for their vehicles. This procedure takes a long time in carrying out the required repairs. The Committee need hardly emphasise that the working of the Central Transport Organisation may be reviewed urgently with a view to bring out deficiencies and short-coming, for remedial action. The Committee would like to be assured that this organisation has been provided with the requisite facilities for carrying out repairs to hospital vehicles promptly and efficiently.

[Sl. No. 74 (Para 6.47) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The working of the Central Health Transport Organisation has been reviewed in the light of the report of a Committee set up to examine its functioning in detail. As a result of the review, the responsibility of the C.H.T.O. has now been limited to the repair and maintenance of the fleet of vehicles working for the Health & Family Welfare programmes in Delhi. Earlier, vehicles pertaining to other departments were also being looked after by this workshop.

The C.H.T.O workshop is also operating three Static Maintenance Units, one each at Dr. Ram Manohar Lohia Hospital, Lok Nayak Jai Prakash Narayan Hospital and Nirman Bhavan. This helps in providing immediate repair and maintenance services to the vehicles operating in these areas. Short-comings and other problems of the workshop have also been taken care of on the basis of the recommendations of the review Committee.

Proposals for (1) sanction of floating fund with a view to keep stock of fast moving spare parts, (2) construction of a working shed and administrative block to accommodate the administrative staff at the workshop premises itself are under consideration in the Ministry. In order to improve the function of the workshop, it was also considered necessary to screen the existing workshop staff and a committee has been appointed to evaluate the capacity and suitability of the existing staff for their continued retention in the workshop.

The re-organisation of the C.H.T.O. has been done *w.e.f.* the last week of March, 1978 and various plans are in the process of taking shape.

It is expected that the functioning of the Health Transport Workshop will improve and it will provide satisfactory facilities for the repair and maintenance of Ambulances and other vehicles of the hospitals.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 8-8-1978]

Recommendation

The Committee also recommend, that Government should urgently and seriously consider the feasibility of establishing an organised central ambulances service to meet the needs of people of the city. Such an organisation should have functional coordination with other bodies like Red Cross, Police, Fire Brigade etc. so that ambulances may be available from a number of sources and patients may not suffer on this account. The Committee would like to be informed of the Government's decision in this regard. Incidently the Committee would like to stress that the ambulances should be road worthy at all times and their maintenance should be looked after by a senior functionary of the hospitals. This officer should maintain a proper log book and register for all the ambulances and also keep a record of distances covered and P.O.L. used.

[Serial No. 75 (Para 6.48) of Appendix III to 49th Report (6th Lok Sabha)]

Action Taken

The matter regarding provision of ambulances for removal of casualties other than road accidents was discussed in a meeting presided over by the Lt. Governor, Delhi, in May, 1978. Various aspects of a centralised ambulance service for the metropolis, as pointed out by the Committee, were considered in great detail. A sub-Group under the Director of Health Services, Delhi has been set up to formulate a scheme to effect improvements in the up-keep and effective utilisation of ambulances. This sub-Group has also been asked to find out the desirability of merging of the ambulance services with the police accident|removal service. Meanwhile, the Committee's observation regarding maintenance of log-books, proper up-keep of vehicles etc. has been communicated to the Hospitals for strict compliance.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1|78-Hosp. (Pt.) dated 31-7-1978]

Recommendation

The Committee note that of the three hospitals, only Irwin Hospital has one ambulance with medical equipments and life saving drugs to provide medical care to the serious patients during their removal to the hospital. The Committee desire that more such ambulances should be provided in other hospitals as well.

[Serial No. 76 (Para 6.49) of Appendix III, to 49th Report (6th Lok Sabha)]

Action Taken

The observations made by the Committee have been noted and the question of providing more ambulances equipped with life saving drugs/equipments and essential medical and para medical staff is under consideration.

[Ministry of Health & Family Welfare D. O. No. G. 25020|1|78-Hosp. (Pt.) dated 31|7|1978]

Recommendation

The Committee have been informed in August, 1977 that during the last three years the rate contract holders failed eleven times to fulfil the contractual obligations in regard to supply of medicines etc. The value of these eleven supply orders amounted to Rs. 2.89 lakhs. It has been stated by the Ministry that the matter has been reported to the D.G.S.&D. who are examining in consultation with the Ministry of Law the possibility of recovering damages from the firms concerned. The Committee would like to know within 6

months the decision arrived at in the matter and the conclusive action taken against the defaulting suppliers including the recovery of the damages from them.

[Serial No. 82(Para 7.46) of Appendix III, to 49th Report (6th Lok Sabha)]

Action Taken

The matter has been examined by the DGS&D in detail. They have stated that according to the legal opinion, rate contracts finalised by the DGS&D are in the nature of standing offers and it is only when a supply order is placed by an indentor against the rate contract that a supply order becomes a contract. Normally these supply orders are placed by the indentors indicating a certain delivery period, in the supply order itself. When such delivery period is not acceptable to the firm they correspond with the Indentor and, thereafter, the supply order is to be amended by the Indentor stipulating the mutually agreed delivery period. Only after the supply order has become a binding contract that, if the contractor does not supply the stores by the mutually agreed delivery period, it can be considered to be a breach of contract, entitling the indentor for damages.

On a scrutiny of the 11 supply orders in question it has been found that there was no concluded contract in 7 cases and hence the question of breach|failure on the part of the contractors and the claiming of damages from them does not arise. In respect of another supply order the legal advise is that risk purchases or claiming of damages is not possible since the indentor has not extended the delivery period after changing the inspection clause. The position in regard to the remaining 3 cases is being further examined by the DGS&D in order to finally ascertain whether the responsibility for breach of the contract, if any, is on the part of firm and whether it is legally permissible to recover any damages from them.

[Ministry of Health & Family Welfare D.O. No. G. 25020|1| 78-Hosp. (Pt) dated 25-9-1978]

NEW DELHI;
December 13, 1978.
Agrahayana 22, 1900 (S).

P. V. NARASIMHA RAO,
Chairman,
Public Accounts Committee.

APPENDIX

CONCLUSIONS/RECOMMENDATIONS

Sl. No.	Para No.	Ministry concerned	Conclusions/Recommendations
1	2	3	4
1	1.3	Health and Family Welfare (Deptt. of Health)	The Committee regret to observe that even after a lapse of more than ten months since the presentation of the Forty-Ninth Report (6th Lok Sabha) to the House in December 1977, they are yet to be informed of the final action taken by Government on 16 (out of 96) recommendations/observations contained therein. The Committee need hardly emphasise that it should be the endeavour of the Ministries/Departments to see that all action is completed and final replies to recommendations duly vetted by Audit are sent to this Committee within the prescribed limit of six months. The Committee therefore expect that final replies to those recommendations/observations in respect of which only interim replies have so far been furnished in this case will be submitted to them expeditiously.
2.	1.4	-do-	The Committee have been informed by the Audit that none of the Action Taken Notes furnished by the Ministry have been vetted by them (Audit). The Committee take a serious view of the

1	2	3	4
			failure of the Ministry to furnish to them vetted replies to the recommendations and in this connection, they would like to draw attention of the Ministry to para 1.3 of the 94th Report (Sixth Lok Sabha) wherein they have again emphasised for submission of Action Taken Notes duly vetted by Audit.
3.	1.8	Health and Family Welfare (Deptt. of Health)	The Committee had stressed that in order to attend quickly and effectively the emergencies it was necessary to have an efficient set up, well-knit with other departments of the hospitals with well laid out procedures and work distribution. The three hospitals namely Safdarjung, Dr. Ram Manohar Lohia and Lok Nayak Jai Prakash Narain hospitals did not have a separate strength of doctors for manning the emergency services. In reply, the Ministry of Health and Family Welfare have *inter-alia* stated that "while emergency services are no doubt important as the first point of contact, the main burden of actual treatment is in the wards to which all patients are sent after preliminary screening in the casualty. It is neither necessary nor desirable to have a separate strength of doctors earmarked for emergency and casualty services.
			While the Committee do not want to insist on separate strength to man the Emergency Services, they would, however, emphasise that there should be adequate strength of doctors in the hospital to attend to patients immediately on their reporting to the Casualty

			and Emergency Wards, even if this needs increase in the overall strength of doctors in the hospitals. Not only experienced and competent doctors should be posted in Casualty and Emergency Wards but surprise checks should also be carried out to improve their working so as to remove other shortages.
4.	1.11	-do-	The Committee had observed that doctor-patient ratio and nurse-patient ratio in the Emergency Wards of Safdarjung and Dr. Ram Manohar Lohia Hospitals during April 1975 to June 1975 were 1:16, 1:23 and 1:33 and 1:19 respectively which were in no way near the norm of doctor-patient ratio of 1:10 and nurse-patient ratio of 1:5. The Ministry of Health and Family Welfare in their Action Taken Note have stated that the doctor-patient ratio mentioned is only a rough indicator. The actual number of doctors deployed depends upon the types of cases required to be handled. It has also been stated that the norms of the nurse-patient ratio is 1:5 for the hospital as a whole in the case of non-teaching hospitals. This is calculated on the basis of the number of beds available in a hospital. Judged by this criteria and also on the basis of the study of the work-load the number of nurses in the three hospitals is stated to be adequate on an over all basis. The Committee also note from the reply furnished by the Ministry that 15 posts of doctors and 3 posts of nurses have been sanctioned for Emergency and Casualty Department in Safdarjung Hospital and 11 posts of doctors and 2 posts of nurses for Emergency and Casualty Department in Dr. Ram Manohar Lohia Hospital. The Committee would like to be informed categorically whether with this increase in the

2	3	4
		number of doctors and nurses in the Emergency and Casualty Departments of Safdarjung and Dr. Ram Manohar Lohia Hospitals, the doctor-patient ratio and nurse-patient ratio in the Emergency Wards of the two hospitals would be as per norms worked out by Government.
5. 1.12	Health and Family Welfare (Deptt. of Health)	The Committee would also like to be apprised urgently of the findings of the Committee set up under the Chairmanship of Additional Director General of Health Services to review the existing staff strength and assess the need for additional staff and the action taken by Government thereon.
6. 1.15	-do-	The Committee had expressed their concern over the emigration of nurses to foreign countries. They had desired that the working conditions, housing and environment for the nurses should be improved so that the service of efficient and devoted nursing staff was maintained. The Ministry of Health and Family Welfare have stated in the Action Taken Note that the pay scale of the nursing staff had been substantially improved as a result of the implementation of the Third Pay Commission's Report and that efforts were also made to improve their working conditions. Since, however, there is a big gap between the emoluments paid in foreign countries and the salary earned within the country, a large number of nurses seek employment abroad. As the improvements in salaries

and working conditions of nursing staff in India cannot go beyond a point, which will always be far behind the service condition available abroad, the exodus of nurses cannot be altogether prevented. The Ministry have also stated that the position of availability of nurses in the hospitals under the report has been by and large satisfactory. The Committee are not happy with the explanation given and the helplessness expressed by the Ministry to stop the exodus of nurses and would like to emphasise that effective steps should be taken by the Ministry in consultation with the Department of Personnel/Ministry of External Affairs to check the drain out of nurses to foreign countries so that the country is not deprived of experienced nurses. It gives no consolation to the Committee that fresh nurses are recruited by losing experienced ones before the latter reach their age of superannuation.

7. 1.8 -do-

The Committee had observed that there was no discernible norm in the provision of bed strength in the Casualties and Emergency Wards as compared to the total bed strength in the hospitals. The result of this unbalanced strength in beds in Casaulty and Emergency Wards, particularly in Safdarjung Hospital, was that a large number of patients in Casualty and Emergency Wards were not provided with beds at all. The Ministry of Health and Family Welfare have stated in the Action Taken Notes furnished to the Committee that the disparity in bed strength in the Casualty and Emergency Wards of the three hospitals is entirely due to the limitation of space and nature of distribution of the hospital buildings and its campus. The building constructed for housing the casualty department of the Safdarjung Hospital had to be used

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			for temporarily accommodating the University College of Medical Sciences. It has been stated that when the Medical College shifts to its permanent location at Shahdara the situation in respect of availability of beds strength and other facilities in Casualty and Emergency blocks of this hospital is likely to improve considerably. The Committee are unhappy to note that when the Safdarjung Hospital itself is not in a position to provide beds to all the patients for shortage of space in the Casualty and Emergency Wards, the University College of Medical Sciences is allowed to be located in the building constructed for housing the casualty department. The Committee desire that some alternative arrangemetns may be made urgently to locate the University College of Medical Sciences elsewhere so that beds may be provided to the patients admitted in this Department.
8.	1.21	He♦lth and Family Welfare (Deptt. of Health)	The Committee had expressed their concern over the delay in filling up the vacant posts in Safdarjang Hospital and had desired that Government should review the matter and take urgent and effective follow-up measures to fill up the remaining posts without further loss of time. The Committee had stressed that the procedure regarding recruitment of staff etc. in the hospitals might be streamlined in consultation with the concerned authorities so as to obviate such heavy delays in future. While the Ministry of Health and Family Welfare have in their Action Taken Note mentioned the

			various steps taken to fill the vacant posts, the note is silent about the steps taken to streamline the procedure regarding recruitment etc. so as to avoid heavy delays in filling up the vacant posts. The Committee would therefore like to know the specific action taken in this regard.
9.	1.24	-do-	The Committee had adversely commented upon the delay in air-conditioning of the casualty ward of Dr. Ram Manohar Lohia Hospital which was agreed to in principle in 1975. The Committee had desired that a time-bound programme should be drawn up for providing this essential facility. The Ministry of Health and Family Welfare have intimated that the estimates for air-conditioning of casualty and Emergency Department of Dr. Ram Manohar Lohia Hospital have since been received from the CPWD and are under examination with the Finance Division of the Ministry of Health & Family Welfare. The Committee regret that no conclusive action has been taken even after the presentation of their report. About ten months have already passed when they had recommended that a time-bound programme should be drawn up, but to their surprise the Committee find that even at this stage the consultations are going on within the Ministry. The Committee deplore the casual manner in which the programme of air-conditioning the casualty ward of Dr. R. M. L. Hospital is being implemented by Government. The Committee urge that the work of air-conditioning should be started in right earnest without further loss of time.

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10.	1.27	Health and Family Welfare (Deptt. of Health)	The Committee had observed that in Safdarjang and Dr. Ram Manohar Lohia Hospitals on an average the total waiting time of a patient at the point of registration and doctor's cubicle was about 150 minutes. It was also observed that 31 per cent of the patients referred to laboratory and X-ray units had to make second trip on the next day mainly due to the reason that the registration for clinical test closed before the closing hours of OPD. In Dr. Ram Manohar Lohia Hospital, on an average, a patient had to wait for two hours for his turn. The Committee had expressed their anxiety on overcrowding and desired that this problem should be tackled boldly and effectively. The Ministry of Health & Family Welfare in their reply have stated that the overcrowding in these three hospitals will be reduced only after the regional imbalances (caused by faulty dispersal of hospitals) in the availability of hospitals services in the Union Territory of Delhi are corrected. In this direction the Government of India have already decided to set up two 500-bedded hospitals, one each in West Delhi and Trans-Jamuna area. The Delhi Administration has also proposals for setting up seven 100-bedded hospitals to serve the rural population of Delhi. It is stated that meanwhile, working hours of OPDs, Hospital laboratories and X-ray Department have been extended by half-an-hour. The Committee would like to know how far the extension of time of working hours of OPDs has minimised the waiting time of a patient. The Committee would also like to be apprised whether the extension of time of

			working hours of hospital laboratories and X-ray Department has eliminated the re-visit of the patients the next day for X-ray and/or laboratory tests.
11.	1.30	-do-	The Committee had observed that the number of patients treated in Lok Nayak J. P. Hospital was less as compared to Safdarjang Hospital although the former was located in the heart of the city and was close to most thickly populated area of Delhi. The Committee had desired the Ministry of Health and Family Welfare to investigate whether the smaller number of out-patients treated in Lok Nayak J. P. Hospital as compared to Safdarjang Hospital was due to the inadequate medical facilities provided to the out-patients. The Ministry of Health & Family Welfare have stated in their reply that on a scrutiny carried out by the Directorate General of Health Services it has been found that the difference in the number of patients visiting Safdarjang and Lok Nayak J. P. Hospitals is about 2 lakhs in a year giving an approximate average of 600 patients per day. The difference is considered to be due to the situation of the two hospitals, the clientele they are supposed to serve and their respective catchment areas. The Committee are not convinced of this explanation. Since Lok Nayak J. P. Hospital is situated at a place which is approachable from all directions of the city and is also nearer to the railway stations and convenient to the persons coming from rural areas, around Delhi and other places, the Lok Nayak J. P. Hospital as it is situated presently should draw more patients, than the other two main hospitals. Obviously, the Lok Nayak Jaya Pra-

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			kash Narain Hospital is not so popular with the out-door-patients as are other two hospitals. The Committee would, therefore, urge the Government to probe into this aspect and report to them.
12.	1.33	Health and Family Welfare (Deptt. of Health)	The Committee had observed in their earlier recommendation that the calories supplied through the diet in General Wards and Nursing Home in Dr. Ram Manohar Lohia Hospital was 2450 and 3959 in case of vegetarian diet and 2650 and 4400-4500 in case of non-vegetarian diet respectively. The Committee had desired that large gaps in the calorific values of diets served to the patients in the Nursing Home and General Wards might be avoided. The Ministry have stated in the Action Taken Note that the quantum of diet and the type of diet consumed by people varies according to their ability to pay for diets with high calorific values and the variety desired by them. In the Nursing Home, the patients come from the higher income groups whose normal daily diets are of high calorific value. The Hospital has to maintain this sustenance diet and also give such therapeutic diet as may be necessary. This does not cast any extra burden on Government as Nursing Home patients pay for their diet. The Committee feel that the undue gap between the two diets is not satisfactorily explained.
13.	1.36	-do-	The Committee had desired that the feasibility of extending the existing Physiotherapy Department in Lok Nayak J. P. Hospital on the lines of Safdarjang Hospital might be examined so as to afford

			greater facilities to handicapped patients of Delhi city. In the Action Taken Note furnished to the Committee, the Ministry of Health and Family Welfare have stated that in Lok Nayak J. P. Hospital there is fulfledged Physiotherapy and Rehabilitation Section under the overall control of the Professor of Orthopaedics. The accommodation position of this section has improved recently and fresh gadgets are under procurement. The Committee however note that specific reply has not been furnished to their original recommendation. They would like to know in specific terms whether the facilities in Physiotherapy Department in Lok Nayak J. P. Hospital have been extended on the lines of Rehabilitation Department in Safdarjang Hospital.
14.	1.39	-do-	The Committee had observed that three out of four artificial kidney machines which were imported at a cost of about Rs. 45 thousand each by Safdarjang Hospital were out of order. The fourth machine which became unserviecable in April, 1973 could be repaired in October, 1975. Similarly, the machine purchased in 1959 for use in Dr. Ram Manohar Lohia Hospital was also out of order and was uneconomical to work. The Committee had further observed that the fact that these costly and sophisticated machines had become unserviceable within a period ranging from one to five years from the date of their purchase indicates that no attention was paid to their maintenance. The Committee had therefore desired the Ministry of Health and Family Welfare to probe into the working of these machines since their purchase. The Committee deeply regret that the Ministry in their reply have not indicated the

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			reasons for unsatisfactory working of the imported artificial kidney machines during all these years. The inference is that no proper care was taken for the maintenance of the machines.
15.		1.42 -do-	The Committee note that the inventories of all the machines and sophisticated and costly equipments are now being maintained in all the three hospitals, as suggested by them. They also note that necessary instrutcions have been issued to the hospital authorities to submit half-yearly returns regarding the working condition of all such machines. The Committee would like to know the result of the scrutiny of the first half-yearly report received from the three hospitals.
16.		1.45 -do-	The Committee had observed that due to the incapacity of the Medical Stores Depot, Karnal, which as the main supplier of medicines, Safdarjang, Dr. R. M. Lohia and Lok Nayak J. P. Hospitals had to resort to open purchases. During 1974-75, the percentage of expenditure on purchases made on medicines from the open market as compared to the total expenditure incurred by Safdarjung, Dr. R. M. Lohia and Lok Nayak Jai Prakash Narain Hospitals was 57 percent, 59 percent and 82 percent respectively. The extra expenditure incurred on purchase of medicines from open market was to the tune of Rs. 2.30 lakhs in 1974-75. The Committee were informed that the Medical Stores Depot suffered from certain disabilities inasmuch as it had no revolving fund. The Administrative Staff College, Hydera-

bad who were asked by Government in 1971 to study the working of the Stores Depot had recommended in May, 1973 the conversion of the organisation into a company. It was only in 1976 that Government had taken a decision against conversion. The Committee had observed that even the suggestions made by the Ministry of Finance to effect improvements in the functioning of the Medical Stores Depot were under consideration. The Committee had recommended that the question of conversion of Stores Depot into a company set up under the Indian Companies Act with a revolving fund at its credit might be examined thoroughly in consultation with the Ministry of Finance and Planning Commission. The Ministry of Health and Family Welfare in their reply have stated that the proposal for re-structuring the Medical Stores Organisation into a company is still under consideration of Government. As regards the supply of medicines for Safdarjung and Dr. R. M. Lohia Hospitals it has been decided that they would follow a system of joint purchasing and would no longer draw their supplies from the Medical Store Depot, Karnal. This decision was taken primarily on the ground that drawal of supplies from Karnal was logistically a wrong proposition as all the principal suppliers of Medical Stores were situated nearer Delhi and Karnal and the Supplies from Karnal involved additional two way freight between Delhi and Karnal, packing and handling charges, etc. The Committee desire that whatever deficiencies the Medical Stores Depot has, should be removed in consultation with the Ministry of Finance.

17.	1.48	Health and Family Welfare (Deptt. of Health)	The Committee had expressed their concern over the consumption of sub-standard medicines by patients in the hospitals. The

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			Committee were informed that in Dr. Ram Manohar Lohia and Lok Nayak Jai Prakash Narain Hospitals, samples of certain medicines were drawn for testing after their receipt in the hospitals and before the receipt of test reports, a bulk of them had already been consumed. The Committee had asked for a full explanation as to why these medicines were issued to the hospitals without proper testing and secondly why their consumption in the hospitals was not held in abeyance till the results of the samples drawn were known. The Committee regret to note that points raised in the recommendation have not been replied specifically and they deplore the callous attitude of the Department.
18.	1.51	Health and Family Welfare (Deptt. of Health)	The Committee had desired to know whether medical audit committees had been constituted in each of the three hospitals with a pathologist, a surgeon, a physician and a medical record officer to function as a patient care evaluation cell, as recommended by the Health Survey and Planning Committee (1959—61) and the Delhi Hospital Reveiw Committee (April 1968). The Ministry of Health and Family Welfare have stated in the Action Taken Note furnished to them that medical audit is a system adopted to increase the effectiveness and efficiency of the Hospital as a unit of delivery of health care and to maintain technical and quality control of its various services. This can be introduced only if an appropriate base, in the form of an efficient system of medical records management and a system of cost accounting exists in the hospital. Un-

fortunately, neither of these systems exists in any of the hospitals except in a very rudimentary form. It has, therefore, not been possible to introduce the system of medical audit in spite of the felt need for introduction of such a system. The Ministry have further stated that the quetsion of suitably strengthening the medical records management and introducing cost accounting system in the hospitals will be examined in the light of the report of the Delhi Hospital Review Committee appointed to look into the functioning of the Delhi Hospitals. The Committee deplore the long delay in the appointment of the medical audit committee in every hospital despite the recommendations made by the Health Survey and Planning Committee (1959—61) and the Delhi Hospital Review Committee (April 1968). The Committee feel that follow up action should have been taking long before and Government should not have waited for the findings of the Delhi Hospital Review Committee appointed recently. They would like to have a full explanation for not implementing this important recommendation and whether any responsibility for this lapse has been fixed. The Committee need hardly emphasise that the medical audit committee should be appointed in every hospital without loss of further time.

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