

Chapter-9

Conclusion and Recommendation

District hospitals and Community Health Centres are a central component of the public health system in Uttar Pradesh. These hospitals, therefore, profoundly influence the performance of the entire health system.

However, despite a considerable increase in public health expenditure in Uttar Pradesh during 2013-18, the test-checked hospitals at the primary and secondary care level fared woefully on the outcome indicators relating to productivity, efficiency, service quality and clinical care capability of the hospitals, as evaluated by audit.

In order for the current health system at the district and block level to provide the right care at the right place at the right time, the State Government may consider implementing the following recommendations as quickly as practicable:

Policy framework for healthcare services

- Keeping in view the fact that Health is a State subject, it is imperative that the State Government should prescribe/adopt standards and norms for provisioning of services and resources for different levels of hospitals.
- The number of sanctioned posts in public hospitals in the State should be re-worked to address workforce shortages and asymmetric distribution of human resources based on the current levels of patient utilisation/demand.
- A serious policy response is required to address gaps in
 - The Drug Procurement Policy by including modalities to be followed in case of emergencies necessitating local purchase of drugs and consumables; sampling norms, criteria and periodicity for quality testing of drugs; and
 - The Equipment Procurement Policy by standardising the types of equipment required in the district level hospitals, need analysis in hospitals prior to initiating procurement and also maintenance of equipment.

Out-patient services

- Consultation time per patient in district hospitals and CHCs should be peer reviewed at the State level by the Director General of Medical and Health Services, so that corrective steps may be taken to address the very short per patient consultation period.
- The inequities in the number of registration counters *vis-à-vis* the rising patient demand should be addressed without delay so that wait times for patients are reduced and seating/toilet facilities be increased commensurate to increase in patient load.
- The grievance mechanism should be activated so that hospitals improve performance by tailoring interventions effectively to address the issues related to patient satisfaction.

Diagnostic services

- The availability of essential radiology services *viz.* X-ray and USG and pathology investigations as per IPHS and availability of requisite human resources should be ensured in every hospital/CHC, particularly in view of the increasing reliance on diagnostics for treatment of patients.

- Records pertaining to waiting time and turnaround time in respect of both radiological and pathological investigations should be maintained, so as to monitor the timeliness of the diagnostic services alongside the interpretation and reporting of results for treatment plan and further referral to higher centers.

In-patient services

- Government should proactively synergise availability of specialised in-patient services along with the essential drugs, equipment and human resources in district hospitals and CHCs, so that patients do not face shortages of medical resources and access to quality medical care is boosted.
- The availability of round the clock accident and trauma services in DHs and emergency services in CHCs should be ensured.
- Nutritional care of in-patients, in order to reduce complications and facilitate speedy recovery, should be ensured through availability of the recommended six types of diet in the hospitals.
- The hospitals and CHCs should rigorously adhere to the Uttar Pradesh Manual of Fire Safety Norms 2005.
- The monitoring mechanism- a significant lever for facilitating the responsibility and accountability of the hospitals- should be revamped by including measurement of outcome indicators pertaining to productivity, efficiency, service quality and clinical care capability of the hospitals.

Maternity services

Concerted efforts to reduce the very high infant and maternal mortality rates should focus on achieving a greater level of consistency and performance by

- Strengthening the timeliness, adequacy and quality of Ante Natal Care services in the CHCs;
- Ensuring that all DWHs and CHCs have a well-equipped facility for abortion care, management of RTI/STI, handling C-section deliveries; and intra-partum care is impactful through augmentation of essential resources as well as providing a clinically safe environment; and
- Meticulous monitoring of the delivery of prescribed postpartum care towards minimising adverse pregnancy outcomes, so that women and newborns reach their full potential for health.

Infection control

A culture of infection control management should be embedded in the hospitals through

- Strict adherence to National Quality Assurance Standards;
- Effective implementation as well as documentation of pest/rodent control and sterilisation procedures;
- Adequate availability of clean linen to thwart the spread of hospital acquired infections;
- Rigorous conduct of microbiological surveys to monitor air/surface infections; and
- Active surveillance regarding adherence to Bio-Medical Waste Rules 2016 to identify any potential issues for reducing the spread of infectious diseases.

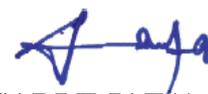
Drug management

- It should be ensured that a formulary of drugs is prepared by each hospital on the basis of disease patterns and inflow of patients, the Essential Drug List (EDL) updated accordingly and the eventuality of stock-out of required drugs forestalled.
- Storage of drugs under conditions prescribed in the Drugs and Cosmetics Rules 1945 to maintain their efficacy should be ensured, before being administered to the patients.
- The free drug distribution initiative of GoUP should be underpinned by the careful maintenance of ward-wise drugs stock book, records of daily distribution of drugs and OPD drugs slips in each hospital, towards ensuring its effective implementation.
- The Department should enter into rate contracts for all drugs under EDL to ensure consistency in prices as well as quality of the drugs supplied.

Building infrastructure

- The Department should as quickly as possible operationalise every newly constructed hospital or a medical facility within its premises, by dovetailing the provision of required human resources and equipment at the planning stage itself.
- Maintenance management of hospitals buildings should be strictly monitored to ensure a conducive environment in the hospitals.

The Government replied that all recommendations were useful and several initiatives in this respect had been taken/proposed. The Government further added that in the light of the recommendations, further necessary action to improve the system would be taken.

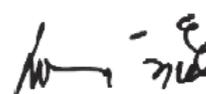


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Uttar Pradesh

ALLAHABAD
THE 02 AUG 2019

COUNTERSIGNED



(RAJIV MEHRISHI)

NEW DELHI
THE 7th August, 2019
Comptroller and Auditor General of India

