FOURTEENTH KERALA LEGISLATIVE ASSEMBLY

COMMITTEE
ON
PUBLIC ACCOUNTS
(2016-2019)

EIGHTEENTH REPORT

On

Paragraphs relating to Health and Family Welfare Department contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March, 2013 (General and Social Sector)

736/2018.

CONTENTS

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Shri P. P. Shahnawas, Deputy Secretary.

INTRODUCTION

I, the Chairman, Committee on Public Accounts, having been authorised by the Committee to present this Report, on their behalf present the 18th Report on paragraphs relating to Department contained in the Report of the Comptroller and Auditor General of India for the year ended 31st March 2013 (General and Social Sector).

The Reports of the Comptroller and Auditor General of India for the year ended 31st March 2013 (General and Social Sector) was laid on the Table of the House on 10th June, 2014.

The Committee considered and finalised this Report at the meeting held on 19-3-2018.

The Committee place on record their appreciation of the assistance rendered to them by the Accountant General in the examination of the Audit Report.

V. D. SATHEESAN,
Chairman,
Committee on Public Accounts.

Thiruvananthapuram,
19th March, 2018.

REPORT

HEALTH AND FAMILY WELFARE DEPARTMENT

AUDIT PARAGRAPH

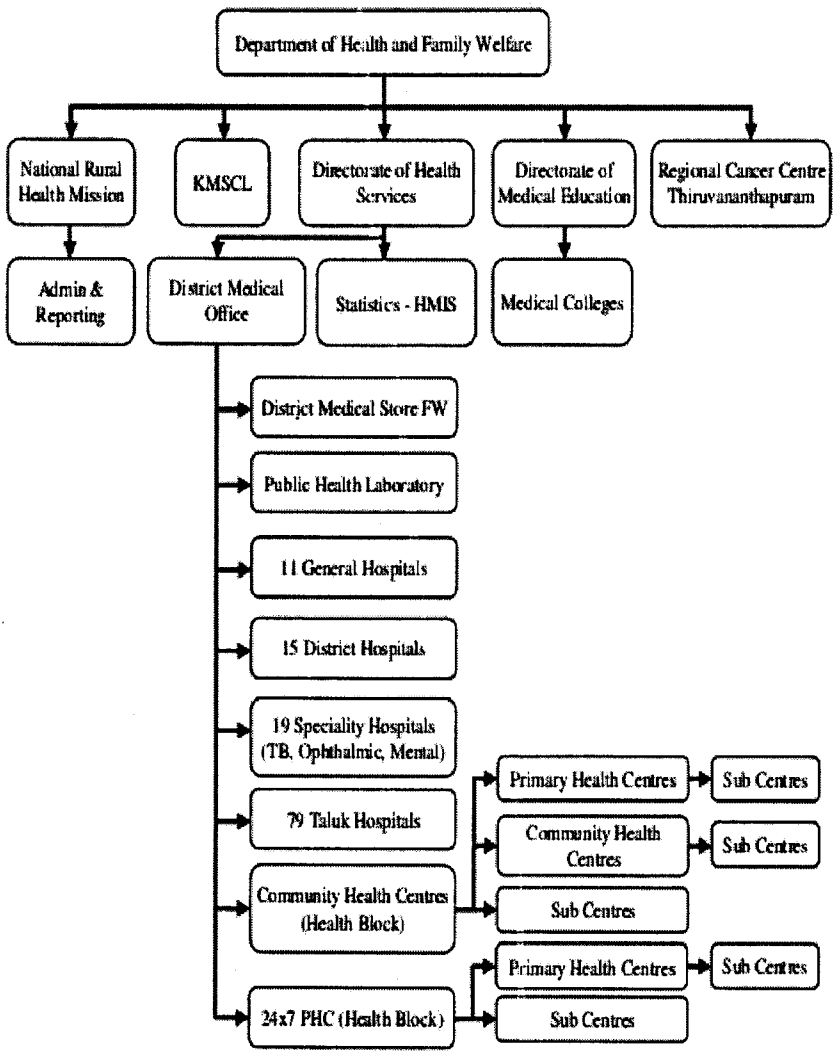
Health care Services in Government Hospitals

Introduction

Healthcare services are generally classified into preventive, promotive and curative services. The preventive and promotive services are delivered through primary level institutions such as Sub-Centres, Primary Health Centres and Community Health Centres. All institutions deliver curative services in varying capacity and standards.

Organisational set-up

The Secretary to Government, Health and Family Welfare Department is in overall charge of the health services in the State. The Director of Health Services (DHS) and the Director of Medical Education (DME) together are in administrative control of health institutions under the Government Sector. The organisational set up of Health and Family Welfare Department under which public health institutions are functioning is given in the organogram below:



Management of taluk hospitals within the Block Panchayath/Municipal area is vested with the concerned Block Panchayath/Municipal Corporation. The management of District Hospitals is vested with the respective District Panchayath.

Audit Objectives

The audit objectives of conducting performance audit were to assess whether:

- the planning process was adequate to improve quality of healthcare services;
- the financial resources were adequate and effectively used;
- adequate infrastructure and manpower were available to deliver the healthcare services in hospitals;
- proper system existed to ensure quality and adequacy in procurement and inventory management of drugs and equipments; and
- disposal of solid and bio-medical wastes generated by hospitals was as per norms.

Audit Criteria

Audit findings were benchmarked against the following criteria:

- Policies/strategies of the Directorate of Health Services in the annual plan;
- Budget documents, Appropriation and Finance Accounts and records of KMSCL;
- Norms for staff, infrastructure and other facilities for the hospitals as prescribed in the Standardisation Report approved by the State Government in 2008;
- Guidelines/instructions issued by the Central/State Governments for procurement of medical equipment and drugs;
- Provisions for the quality of drugs envisaged in the Drugs and Cosmetics Act, 1940, as amended from time to time; and
- Provisions in the Bio-Medical Waste (Management & Handling) Rules, 1998 for the disposal of solid and bio-medical waste.

Scope and methodology

Mention was made in the Audit Reports of C&AG of India, Government of Kerala (Civil) for the year ended 31 March 2009 and 31 March 2010 on the

implementation of the National Rural Health Mission (Paragraph 1.2) covering Primary Health Centres (PHCs) and Community Health Centres (CHCs) and functioning of the medical college hospitals (Paragraph 3.1) in the State respectively. The current performance audit on healthcare services in Government hospitals covered Taluk hospitals (TH), District Hospitals (DH), General Hospitals (GH) and Women and Children (W&C) Hospitals in the State under the control of DHS. Performance audit covering the period 2008-2013 was carried out from April 2013 to July 2013 by test check of records in the Department, the DHS, the District Medical Offices (DMOs), the KMSCL and 33[1] Health institutions selected from five[2] out of 14 districts. The sample health institutions were selected for detailed audit by adopting three-tier stratification sampling and PPSWOR[3]. As part of gathering evidence, physical verifications were conducted along with the departmental Officers and photographic evidence was obtained wherever possible.

An entry conference was held with the Principal Secretary to Government, Health and Family Welfare Department in April 2013 during which the audit objectives and criteria were discussed and audit methodology explained.

An exit conference was held in October 2013 with the Secretary to Government, Health and Family Welfare Department during which the audit findings were discussed in detail. Views of the State Government and replies of the departmental officers were taken into consideration while finalising the report.

AUDIT FINDINGS

Planning

State Government approved (May 2008) the Report of the Standardisation Committee[4] prescribing the standardisation norms for Medical Institutions in the State. For the early attainment of the norms fixed for infrastructure, manpower,

1. Five District hospitals, three General hospitals, 23 Taluk Hospitals and two W&C hospitals
2. Alappuzha, Idukki, Kasaragod, Thiruvananthapuram and Thrissur,
3. Probability Proportional to Size Without Replacement
4. A committee constituted by the Government (May 2002) to recommend standards for service delivery, infrastructure, equipment and staff pattern under the Health Services Department. Meanwhile, GOI issued (February 2007), Indian Public Health Standards (IPHS) for institutions like PHCs, CHCs and Sub-Centres which was adopted by State Government. In respect of Taluk, District, General and Speciality Hospitals for which IPHS was not applicable, State Government accepted (May 2008) the Standardisation Committee Report of 2002 as the basic document for upgradation. IPHS for District Hospitals was issued by GOI in 2011

etc., in health institutions, an effective planning process was essential for the Health Department to marshal its financial and human resources. Audit noticed that no appraisal was conducted by the department to identify the current status of the hospitals vis-a-vis the standardisation norms of the State Government. A comprehensive picture at the State level on the availability of major diagnostic services in the hospitals was not available with the DHS. A perspective plan prescribing a time frame for attaining the standardisation norms in the health institutions was not prepared by the Department. While the Department had an Annual Plan as part of the five year plan of the Department, it did not prescribe methodologies or lay a timeline to achieve the standardisation norms. Further, on the lines of the National Health Policy, 2002, only a draft Health policy was formulated which is yet to be adopted by the State Government (December 2013).

In the exit conference (October 2013), Secretary stated that an expert committee had been constituted to make an indepth study on the draft health policy, which would be finalised by December 2013. However, the policy has not been finalised so far (January 2014).

Funding

Consequent to adoption of the Kerala Panchayathi Raj Act, 1994, management of medical institutions upto DHs in the State had been transferred to Panchayathi Raj Institutions (PRIs). The expenditure on electricity and water charges, dietary charges, repairs/maintenance of buildings, day-to-day expenditure of hospitals were met by the PRIs from their budgetary allocations and by Hospital Development Committees (HDC)[5] from the collection charges on various services rendered by them. Salaries of doctors and staff, cost of drugs and equipment were met by the State Government. Since 2008-09, procurement of all drugs and equipment for the Government hospitals in the State was made through KMSCL, a State Government undertaking. While funds for the purchase of drugs for supply to hospitals under DHS/DME were made available to KMSCL by the State Government through budget allocation, the cost of equipment to be purchased for Government hospitals was released to KMSCL by the DHS on getting specific

5 HDCs are democratically constituted bodies which would maintain constant vigil on the working of the hospital concerned

sanctions from the State Government. Details of funds provided by the State Government for pay and allowances of staff of hospitals under DHS, funds released by the State Government/DHS to KMSCL for procurement of drugs and equipment and expenditure incurred during 2008-2013 are as given in Table below:

Table Details of funds provided and expenditure

(₹ in crore)

Year	Pay & Allowances		Drugs			Equipment	
	Budget provision	Expenditure	Budget Provision by the Government	Amount received by KMSCL from Government	Expenditure[6] incurred by KMSCL	Amount[7] received by KMSCL from DHS	Expenditure incurred by KMSCL
2008-09	926.35	929.69	129.67	95.03	134.79	-	-
2009-10	1032.11	1025.19	130.00	130.00	159.83	10.64	8.49
2010-11	1235.87	1260.83	145.00	145.00	167.04	15.83	12.75
2011-12	1762.35	1730.16	174.00	174.00	190.28	43.29	17.46
2012-13	1911.65	1897.21	200.00	200.00	333.51	14.64	7.84
TOTAL			**778.67**	**744.03**	**985.45**	**84.40**	**46.54[8]**

Source: Appropriation accounts and data obtained from KMSCL

Audit observed the following:

- The release of funds by State Government for the procurement of drugs was inadequate during 2008-2013. KMSCL spent ₹985.45 crore as against the release of ₹744.03 crore from State Government. KMSCL

6 Expenditure on drugs includes seven *per cent* service charges

7 Separate budget allocation for procurement of equipment is not available and it is clubbed with the sub-head 'Other Charges'

8 Expenditure on equipment includes ₹3.23 crore collected by KMSCL towards seven per cent service charges

stated that the shortfall was managed by utilising funds provided by State Government for equipment, other GOI/State Government schemes and funds from own sources such as service charges, penalties levied from suppliers, etc.

- Out of ₹84.40 crore received for procurement of equipment, KMSCL utilised only ₹46.54 crore. Equipment like ECG/X-ray machines, Ultra sound scanners, cytoscopy instruments, light source, etc., indented by the DHS were not procured leading to shortage of critical equipment in various hospitals as brought out in paragraph 2.1.9.2.

State Government introduced a scheme (November 2012) for distribution of free generic drugs to all patients (other than those who pay income tax) including those in pay wards. The scheme envisaged that expenditure for the scheme would be met from one per cent cess to be collected by the Kerala State Beverages Corporation Limited (KSBCL). Though KSBCL collected and remitted ₹26.01 crore to the State Government account, the amount was not transferred by State Government to KMSCL as of July 2013.

In the exit conference (October 2013), Secretary stated that modalities would be worked out in consultation with the Finance Department for releasing the amount to KMSCL.

Infrastructure

Development of infrastructure facilities in public health institutions as per standardisation norms is essential for providing quality medical services. PRIs in the State were entrusted with the management of hospitals upto district level. While PRIs meet recurring and maintenance charges of these hospitals, State Government and National Rural Health Mission (NRHM) meet expenditure on major civil works.

Uneven distribution of hospitals

As per the Report of Standardisation Committee, each taluk should have a TH and each district should have a DH. Against 63 taluks in the State, there were

80 THs as of March 2013. While seven taluks[9] did not have Taluk level hospitals, taluks such as Chirayankeezhu (Thiruvananthapuram district), Hosdurg (Kasaragod district), Thalappilly and Mukundapuram taluks (Thrissur district) were having more than one TH.

Inadequacies in infrastructure

The major items of infrastructure facilities to be provided in the THs, DHs, GHs and W&C hospitals as per the standardisation norms and the position of availability in respect of 33[10] hospitals test-checked are given in **Appendix III**.

Some of the shortcomings in the available infrastructure noticed in the test-checked hospitals were as under:

- Out of the 23 THs test-checked, Communicable diseases ward and Geriatric and Palliative care ward were available only in four and three THs respectively. Only three out of five DHs have Communicable diseases ward and none of the DHs have Geriatric and Palliative care ward.
- DH Mavelikkara -Buildings housing the various departments like the out-patient departments, pay wards, maternity, female surgical and post-operative wards were spread over an area of eight acres. They were not interconnected causing difficulty in shifting patients during emergencies. All buildings were in dilapidated conditions and the roof of the paediatric ward was leaking. In some places, plastering of the ceiling had fallen down exposing the paediatric patients to the risk of roof collapse. A small narrow room in an old tiled building was converted into an Intensive Care Unit (ICU). The ICU was not air-conditioned. The DHS stated (November 2013) that necessary directions would be issued to rectify the defects.
- Mortuary facilities were not available in 15[11] test-checked hospitals. In

9 Adoor, Kasaragod, Kozhencherry, Mananthavady, Mavelikkara, Thrissur and Tirur

10 Taluk Hospital:23; District Hospital: 5; General Hospital: 3 and W&C Hospital:2

11 DH Idukki, GH Alappuzha, TH Attingal, TH Chavakkad, TH Chelakkara, TH Chengannur, TH Irinjalakuda, TH Kayamkulam, TH Nemom, TH Nileshwaram, TH Peerumade, TH Pulinkunnu, TH Thuravur, TH Thrikkarippur and TH Vadakkanchery

GH Thiruvananthapuram, a freezer with four compartments to preserve four bodies was available. However, on the day of visit, audit noticed eleven bodies preserved against the total capacity of four. DHS stated (November 2013) that deficiency of facilities in GH Thiruvananthapuram, would be sorted out.

- Power laundry was not available in 26 out of the 33 hospitals test-checked. In the absence of power laundry, supply of clean linen to patients and hospital staff could not be ensured. In the exit conference (October 2013), Secretary agreed with the audit view on the need for providing power laundries in hospitals.

- Generators were not available in six[12] out of the 33 hospitals test-checked. Audit noticed that no operations were carried out in these hospitals because of non-functional theatres, lack of equipment, absence of surgeons/gynaecologists, etc. In DH Idukki, even though there was generator to service the Operation Theatre, out-patient departments were not supported with any power backup. Audit noticed crowded out-patient departments with doctors examining patients in candle light.

- According to the standardisation norms, need-based diet should be supplied to patients in Government hospitals. However, audit noticed that four[13] hospitals in the test-checked districts did not provide any diet. DHS stated (November 2013) that PRIs were to supply the dietary articles in these hospitals. However, the fact remained that supply of need-based diet to the patients was not ensured either by the State Government or PRIs.

Bed strength in hospitals

The Standardisation Committee envisaged THs with bed strength of 250 and the DHs and GHs with bed strengths of 500. The available bed strength in hospitals with reference to the standardisation norms and sanctioned bed strength in the test-checked hospitals are given in Appendix III.

A comparison of sanctioned bed strength in hospitals with the standardisation norms revealed that the sanctioned bed strengths were less than norms in respect of all test-checked hospitals except in the case of TH Cherthala and GH Thiruvananthapuram.

12 TH Attingal, TH Nileshwaram, TH Nemom, TH Pulinkunnu, TH Puthukad, and TH Thuravur

13 TH Nedumkandam, TH Pulinkunnu, TH Peerumedu and TH Thuravoor

Fourteen out of the remaining 22 THs and two out of the five DHs test-checked had sanctioned bed strength of less than 50 per cent of the prescribed norms. In respect of three GHs test-checked, GH Kasaragod had bed strength 50 *per cent* less than the prescribed norms.

Further analysis showed that, even the reduced sanctioned strength of beds was not provided in six out of the 23 THs test-checked.

DHS stated (November 2013) that action was being taken for enhancement of bed strength in hospitals.

Medical Equipment and its availability in hospitals

Medical Equipment

Medical equipment constitute an integral part of diagnostic and treatment procedure in hospitals. Audit noticed that 93 medical items like C-Arm Mobile Image Intensifier, Ophthalmic operating microscope, equipment for trauma care unit, etc., remained unutilised in 11[14] test-checked hospitals. On analysis it was seen that 36 out of the 93 equipment were lying idle in TH Haripad (21) and TH Thrikkaripur (15) for periods ranging between 2.5 and 3.5 years. In four hospitals, 15 items were lying idle for more than five years.

It was noticed that the equipment were not utilised mainly due to non-functioning of infrastructure facilities like operation theatre, labour room, blood storage units, etc., and shortage of staff. The department had not furnished any specific reply for the steps taken for making the equipment functional.

Availability of diagnostic equipment

ECG, X-ray and Ultra Sound Scanners are essential diagnostic equipment for providing quality medical care to patients. Audit noticed that Ultra Sound scanners were not available in 19 out of the 23 THs test-checked. None of the above facilities were available in THs Nemom and Attingal. The status of availability of diagnostic services in the test-checked hospitals is given in **Appendix III**.

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14 DH Mavelikkara, GH Alappuzha, TH Chengannur, TH Haripad, TH Irinjalakuda, TH Kayamkulam, TH Kodungallur, TH Puthukad, TH Thodupuzha, TH Thrikkaripur and TH Vadakanchery

The Standardisation Committee recommended for making available CT Scanners in all District and General Hospitals. Audit noticed that CT Scanners were not available in the GH Alappuzha and in any of the DHs test-checked.

Safety measures in X-Ray centres

Atomic Energy Regulatory Board (AERB) guidelines (August 2004) on licensing of X-ray units provide for issuing of licence for operating radiation installations after inspecting the working practices being followed to ensure adherence to prescribed safety standards, availability of appropriate radiation monitors and dosimetry devices for purposes of radiation surveillance, etc. In Kerala, the Director of Radiation Safety (DRS) is the authorised agency to issue licences on behalf of AERB.

Audit noticed that 27 out of 33 hospitals test-checked offered X-ray services. However, in 18[15] out of the 27 hospitals, X-Ray machines were operated without obtaining Certification of Safety from the DRS. Superintendents of four[16] hospitals stated that necessary steps were being taken to obtain certification from DRS and to provide Thermo Luminescence Dosimeter (TLD) film badges to technicians.

Audit noticed that the technicians manning the X-ray units in 17[17] hospitals were not provided with TLD film badges to indicate levels of exposure to radiation. In the absence of TLD badges and safety certification from the DRS, audit could not obtain reasonable assurance that patients and technicians were not being exposed to more than permissible radiation levels.

DRS stated (August 2013) that most of the public sector medical institutions neglected the mandatory conditions despite issue of repeated directions.

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15 DH Mavelikkara, DH Peroorkada, DH Thrissur, GH Alappuzha , TH Adimaly, TH Chalakudy, TH Chavakkad, TH Chelakkara, TH Chengannur, TH Haripad, TH Irinjalakuda, TH Kayamkulam, TH Nedumkandam, TH Peerumade, TH Thodupuzha, TH Thuravur, TH Vadakkancherry and TH Varkala

16 DH Mavelikkara, TH Chavakkad, TH Haripad and TH Thodupuzha

17 DH Idukki, DH Kanhangad, DH Mavelikkara, DH Thrissur, GH Thiruvananthapuram, TH Adimali, TH Chelakkara, TH Chengannur, TH Haripad, TH Irinjalakuda, TH Kayamkulam, TH Kodungallur, TH Kunnamkulam, TH Pulinkunnu, TH Thuravur, TH Vadakkancherry, and TH Varkala

Procurement and management of drugs and medical devices

Procurement of drugs without the stipulated shelf-life

Tender conditions of KMSCL required that the drugs supplied should have the stipulated shelf-life. There was also provision in the tender documents that the tenderers shall take back drugs which were not utilised by KMSCL within the shelf-life period based on mutual agreement. To minimise the expiry of drugs in the hospitals and warehouses, an efficient system of First Expiry First Out (FEFO) method was to be followed by KMSCL.

Audit scrutiny revealed that KMSCL procured 321 drugs comprising 16,529 batches costing ₹92.66 crore without the stipulated shelf-life during 2008-2013. KMSCL was also not following an effective FEFO method for issue of drugs to hospitals. During 2008-2013, drugs costing ₹ 2.91 crore became time expired and the KMSCL did not take any action to get the same replaced by the suppliers as stipulated in the tender conditions. Thus, failure on the part of KMSCL to follow the tender conditions resulted in a loss of ₹2.91 crore to State Government.

In the exit conference, Secretary agreed with the audit findings and stated that a detailed audit would be conducted at the KMSCL after consultation with the Finance Department.

Testing of drugs

According to the procedure prescribed and followed by KMSCL, all batches of drugs procured were to be subjected to quality tests through its empanelled laboratories. According to the standard operating procedure followed by KMSCL for ensuring quality of drugs, the empanelled quality testing laboratories were required to submit test reports of sterile and non-sterile[18] samples within 15 and 30 days respectively from the date of receipt of the samples by them. Drugs declared as 'Not of Standard Quality (NSQ)' were to be frozen and not to be issued to hospitals. It was also seen that out of 37,112 batches, in 25,342 batches the empanelled laboratories failed to submit the test result within the stipulated time. Analysis revealed that, in 970 batches the delay ranged from 50 to 100 days, in 155 batches the delay ranged from 101 to 200 days, in 41 batches the delay ranged from 201 to 300 days and in four batches the delay was between 300 and 395 days.

18 Sterile products refer to products that are free from microbial organisms eg. Injection, sutures, etc. and products which are not sterile are termed as non-sterile

Audit noticed that during 2008-2013, only 37,112 out of 47,650 batches of 1,158 drugs procured were tested for quality and 382 batches were declared as NSQ. Out of the above, only 260 batches of drugs were frozen at the warehouses of KMSCL and the remaining 122 batches of the substandard drugs were issued to hospitals due to delay in receipt of test results. In 23 out of the 33 hospitals test-checked, it was noticed that the delay in receipt of intimation of NSQ drugs resulted in administration of sub-standard drugs to patients.

Audit scrutiny also revealed that certain drugs like insulin, anti-venom and anti-rabies vaccine, paracetamol, antibiotics, etc., purchased by KMSCL were not subjected to quality tests despite KMSCL collecting Handling and Testing charges of ₹ 3.58 crore from the suppliers of these drugs during review period. By not conducting the required quality tests, the risk of patients consuming substandard drugs cannot be ruled out. The Secretary in the exit conference stated that the delay in obtaining results from the laboratories would be looked into. He also agreed that the risk of administering NSQ drugs to patients was a very serious issue and would be taken care of on priority basis.

Regarding non-testing of drugs, KMSCL stated (September 2013) that drugs requiring cold storage conditions, X-ray films and chemicals, etc., were not tested as no empanelled laboratory had provisions for their testing. However, the reply does not explain why drugs like paracetamol, antibiotics etc. were not sent for testing.

Presence of expired drugs in hospital wards

Drugs with expired shelf life were to be reckoned as bio-medical waste and not to be consumed. Audit noticed that in six[19] hospitals, lack of monitoring of the life cycle of drugs resulted in their time expiry. Expired drugs were stored in various nursing stations and wards along with normal drugs for eventual distribution to patients. In TH Attingal, expired drugs like Metoclopramide Injection and Adrenaline Injection were kept along with normal drugs in the ward. In the exit conference, the Secretary stated that presence of expired drugs in hospital wards was due to lack of computerisation of pharmacies and stores and assured that necessary instructions would be issued to hospitals.

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19 GH Thiruvananthapuram, TH Adimali, TH Attingal, TH Irinjalakuda, TH Nemom and TH Thrikkarippur

Stock-out of drugs in warehouses/hospitals

Ensuring the uninterrupted supply of essential drugs to hospitals plays a vital role in the delivery of quality healthcare services in hospitals. KMSCL was to ensure stocking of sufficient quantity of essential drugs in its warehouses. Analysis of the stock of essential drugs in KMSCL as on 31 March of each year during the period 2008-2012[20] revealed that essential items of drugs including vital drugs such as Amoxycillin, Ampicillin, Cloxacillin, etc., were out of stock in the warehouses. It was observed that there was stock-out of 35 to 48 per cent of items of essential drugs in the warehouses as on 31 March of each year during the period 2008-2012. Maximum shortage of drugs ranging from 61 to 66 per cent was noticed in the Wayanad and Kasaragod district warehouses of KMSCL. Stock-out of drugs in warehouses resulted in stock-out of drugs in hospitals. In test-checked hospitals, audit noticed stock-out of essential drugs on the dates of visit by audit. The stock-out of drugs resulted in purchase of drugs by the patients from private medical shops. The Superintendent, W&C hospital, Alappuzha attributed the stock-out of drugs in the hospital to irregular supply of drugs by KMSCL.

Huge variation in physical stock and system stock of drugs

Audit analysis revealed that KMSCL had not conducted the annual/periodical physical verification of stock with the system stock from its inception in November 2007. The statutory auditors of KMSCL pointed out the variation in physical stock vis-à-vis system stock of KMSCL in the audit reports for 2008-09 and 2009-10. But, KMSCL conducted a detailed stock taking of drugs only in March 2013. The physical stock taking by KMSCL in its drug warehouses revealed variations to the extent of ₹21.23 crore between the actual stock available in the warehouses vis-à-vis system stock maintained in KMSCL. KMSCL decided to introduce a process wherein the excess and shortage would be nullified and making the system stock equal to the stock physically available in the warehouses as on 1 April, 2013. For this, it was decided to create fictitious purchase orders (POs)/Material Issue Notes (MINs) in the name of fictitious suppliers/institutions. Based on these fictitious POs and MINs, the net shortage of stock of ₹21.23 crore in the warehouses was nullified and physical stock was taken as system stock. This is not a standard accounting procedure to set right a system stock, and hence the possibility of using this practice for stock misappropriation could not be ruled out.

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20 Figures relating to 2012-13 were not available at the time of audit

The Governing Body of KMSCL while ratifying the action of the Managing Director in making the system stock equal to the stock physically available in warehouses as on 1 April 2013, directed to find out the reasons for the variation. But KMSCL did not analyse the causes of variation as of September 2013.

Audit observed that the deficiency in inventory management could have been rectified, if stock taking had been done periodically. Due to non-conducting of stock taking, there was accumulation of huge shortage of stock over the years making it difficult for KMSCL to evaluate the reasons for variation and take corrective measures.

Audit noticed that while in the case of time expired drugs, KMSCL obtained orders from the State Government to write off ₹1.13 crore, but shortage of stock worth ₹ 21.23 crore was nullified by the Governing Body without obtaining any orders from State Government. This requires detailed investigation.

In the exit conference, Secretary stated that a detailed audit would be conducted in consultation with the Finance Department.

Procurement of medical devices at higher price

KMSCL in its tender documents stipulated that the type, nature and quality of evaluation tests were the prerogative of its technical committee. Audit noticed that in the case of supply of medical devices for 2011-12, tenders of 10 out of 11 firms were rejected on technical grounds. There was undue delay in finalisation of tenders and placing purchase orders resulting in stock-out position in warehouses and hospitals during 2011-12. Citing urgency of the situation, KMSCL placed supply orders with M/s B. Braun Medicals India Ltd., the only firm approved by the Technical Committee for 10 items of medical devices. The rates quoted and approved for procurement of six items from this supplier during 2011-12 were higher than the prices at which these products were procured by the MCT[21] during the same period by ₹4.35 crore. Similarly, during 2011-12 the KMSCL procured IV set with needle at the rate of ₹ 24 per unit. KMSCL procured the same item during 2010-11 and 2012-13 at the rate of ₹3.28 and ₹10.10 per unit respectively. As the MCT rate was not available, audit made a cost comparison of this item purchased in 2011-12 with respect to the cost of the item procured in 2012-13 and

21 Medical College Thiruvananthapuram

found that the KMSCL incurred an extra expenditure of ₹3.05 crore. Thus, KMSCL incurred an additional expenditure to the tune of ₹7.40 crore in the above purchases. KMSCL admitted the audit observations and stated that they were forced to procure the drugs from M/s B.Braun Medicals India Ltd. due to acute short fall of drugs in hospitals.

The reply is not acceptable as KMSCL also admitted that it had not fixed any timeline for finalisation of tenders. The delay in finalisation of tenders and resultant additional expenditure of ₹ 7.40 crore could have been prevented if specific timeline for finalisation of tenders was stipulated and adhered to.

Services

The standardisation norms of the State Government stipulated making available casualty services in THs also. Audit noticed that two[22] out of 33 hospitals test-checked did not provide casualty services in THs. General, District and W&C hospitals must provide 24x7 services in laboratory, pharmacy, blood bank/blood storage, X-ray and ECG while THs were to provide these services at least till 5 PM. Major services in hospitals were analysed in audit and the results are given in succeeding paragraphs.

Trauma Care and Emergency Medical Services

The standardisation norms provided for availability of Trauma Care and Emergency Medical Services in the THs, DHs and GHs. Audit noticed the following:

- Trauma Care and Emergency Medical Services were not available in 22 THs, five DHs and three GHs test-checked.
- In the GH Alappuzha, a building exclusively for Trauma Care Unit was completed (February 2011) at a cost of ₹ 1.83 crore but the unit has not yet started functioning (July 2013) due to lack of equipment and additional manpower.
- A building for Trauma Care constructed in TH Haripad at a cost of ₹49.56 lakh was completed in November 2009 and was not functional due to lack of manpower. Instead, it currently accommodates a casualty wing and an operation theatre.

22 TH Thuravur in Alappuzha and TH Nileshwaram in Kasaragod districts

The importance of having a fully equipped Trauma Care Unit can be gauged from the fact that the number of persons admitted to the GH Thiruvananthapuram, as a result of injuries sustained in road accidents shot up from 212 cases in 2009-10 to 2204 in 2012-13. However, the hospital still does not have a Trauma Care Unit.

Speciality services in hospitals

According to the standardisation norms THs, DHs, GHs and W&C hospitals were to offer stipulated speciality services[23].

Audit noticed that except DH Kanhangad, DH Thrissur, GH Kasaragod, TH Chalakudy and TH Thodupuzha, no other Government hospital in the test-checked districts provided all the required speciality out-patient (OP) services as per standardisation norms. The details of speciality OP services not available in the other test-checked hospitals are given in **Appendix III.**

Blood banks

Blood banks/storage centres are an essential element in the functioning of Taluk, District, General and W&C hospitals as stipulated in the Standardisation Committee Report and Government order dated 22 February 2010. Licence issued by the Drugs Controller (DC) is mandatory to run a blood bank. Application for blood bank licence should be submitted by the hospital authorities to the DC along with a 'No Objection Certificate (NOC)' from Kerala State Blood Transfusion Council. On receipt of the application, the DC may issue the licence. Application for renewal should be submitted three months before the expiry of licence following the same procedure. Audit noticed the following:

- There was no blood bank in GH Alappuzha. The blood banks at DH Thrissur, GH Thiruvananthapuram, GH Kasaragod and W&C hospitals at Thiruvananthapuram and Alappuzha were functioning without renewing their licences. The Blood Storage Centre at DH Mavelikkara was non-functional since July 2012 due to equipment failure.

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23 Taluk hospitals: General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics, Anesthesia, ENT, Ophthalmology, Dermatology, Orthopedics, Psychiatry, Clinical Pathology and Dental Surgery
Additional services in District and General Hospitals: Radiology, Forensic medicine, Physical Medicine & Rehabilitation
W&C hospital: Medical, Surgery, Gynaecology, Paediatrics, Anesthesia, Clinical Pathology and Radiology.

- Out of the 23 THs test-checked, only TH Irinjalakuda had blood storage centre. Further, audit noticed that the blood bank/blood storage centres sanctioned by State Government in six[24] THs, were not functioning due to lack of infrastructure facilities/trained manpower.

In the absence of blood banks in the hospitals, patients had to depend on private blood banks for obtaining blood.

In the reply, DHS stated (November 2013) that action was being taken to operationalise blood banks/storage centres in respect of the six hospitals by obtaining NOC from the authorities concerned.

Hospital Infection Control Standards

Accreditation of hospitals by NABH[25] requires that the hospitals take adequate measures to prevent or reduce the risk of hospital associated infection among employees and in-patients. Two[26] of the hospitals test-checked were having NABH accreditation and hence required to adhere to Hospital Associated Infection Control. Audit noticed that in these hospitals, 219 children had contracted sepsis/pneumonia during 2012-13. The Superintendent, TH Cherthala attributed it to overcrowding in the obstetric wards, heavy rush of bystanders and the ward being situated on the top floor and consequent extreme heat. Superintendent of W&C hospital, Thiruvananthapuram, stated that the figures were high on account of reporting of all presumed cases to the higher authorities.

Disposal of bio-medical waste

Disposal of bio-medical waste in hospitals

In 30 out of 33 test-checked hospitals, an agency named 'IMAGE' was engaged for disposal of bio-medical wastes. Under the programme, the hospitals were to segregate waste, store it in containers and bags and label it to be lifted daily by the personnel of IMAGE for disposal.

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24 TH Chalakkudy, TH Chavakkad, TH Cherthala, TH Kodungalloor, TH Peerumedu and TH Thodupuzha

25 National Accreditation Board for Hospitals & Healthcare Providers

26 TH Cherthala in Alappuzha district and the W&C Hospital in Thiruvananthapuram district

According to the Bio-Medical Waste (Management and Handling Rules) 1998, wastes from laboratory cultures, wastes from production of biological toxins, dishes and devices used for transfer of cultures were to be disposed of by local autoclaving/microwaving or incineration. However, it was seen during physical verification that untreated laboratory wastes and used IV tubes were being disposed off into drains and into the open causing danger to public health. Major observations were as under:

- In TH Chavakkad, the waste water from labour room, operation theatre, Kerala Health Research and Welfare Society pay ward, female and paediatric wards, mortuary etc., was released into the nearby open drain without any pre-treatment.
- In TH Haripad, the Dialysis Unit with two dialysis machines, generated an average of 40 litres of bio-medical waste per patient, which was released into an open drain thereby polluting the nearby water bodies. Bio-medical liquid waste from the mortuary was also being released into the public drainage system.
- In TH, Nileswaram, even though bio-medical waste was being disposed of through IMAGE, used IV Tubes with needles attached to them were seen dumped behind the Tuberculosis Wards. In GH Alappuzha, empties of IV bottles along with used needles were seen dumped in the hospital premises. The hospital authorities reported (November 2013) that the wastes mentioned by audit has been removed.

The DHS stated (November 2013) that ₹ 50 lakh has been allotted in 2013-14 for setting up of a sewage treatment plant in TH Chavakkad.

Preservation of viscera by Hospitals contrary to norms

Bio-Medical Waste (Management and Handling) Rules 1998 requires Human anatomical waste to be disposed either by incineration or deep burial. The Kerala Medico-Legal Code of the State Government stipulated that the medical officer was not bound to preserve the viscera in the mortuary for more than three months from the date of postmortem examination. However, audit noticed that the test-checked hospitals of DH Idukki, the THs at Peerumade and Nedumkandam and the GH at Thiruvananthapuram preserved viscera for long periods.

In the exit conference, Secretary stated that problem of preservation of viscera within the hospital premises beyond a reasonable time period would be resolved in consultation with the police authorities.

Human Resources

Availability of doctors

The availability and quality of healthcare services in hospitals largely depends on the adequacy of manpower in hospitals. Though State Government upgraded certain hospitals, audit noticed that necessary additional posts were not created in the upgraded hospitals. Against the request of the DHS (November 2010) to accord sanction for 2514 posts to improve the poor services delivered by hospitals, 1626 (65 per cent) posts of various categories were sanctioned.

The total number of medical officers in the hospitals depends on the number of speciality departments and the number of units under each department. The details of the number of doctors sanctioned and available are given in Table below:

Table –Shortfall of doctors against sanctioned strength

District	Taluk Hospital			District Hospital			General Hospital			W&C Hospital		
	Sanctioned Strength	Men in Position	Shortfall	Sanctioned Strength	Men in Position	Shortfall	Sanctioned Strength	Men in Position	Shortfall	Sanctioned Strength	Men in Position	Shortfall
Thiruvananthapuram	28	28	0	32	31	1	60	56	4	34	32	2
Alappuzha	90	78	12	27	24	3	45	39	6	25	24	1
Idukki	60	41	19	38	25	13	NA	NA	NA	NA	NA	NA
Thrissur	132	113	19	53	44	9	NA	NA	NA	NA	NA	NA
Kasaragod	16	14	2	39	25	14	39	18	21	NA	NA	NA

(Source: Details collected from the hospitals)

NA –Not applicable as there is no such hospital in the district

Audit analysis of the availability of doctors with reference to the sanctioned strength revealed the following:

- The number of doctors available in THs, DHs and GH in Thiruvananthapuram district and that in W&C hospitals was very close to the sanctioned strength.
- There was a shortfall of 19 doctors each in THs in Idukki and Thrissur districts against the sanctioned strength of 60 and 132 respectively. Regarding DHs in Idukki and Kasaragod districts, the shortage in number of doctors were 13 and 14 against the sanctioned strength of 38 and 39 respectively. In GH Kasaragod only 18 doctors were available against the sanctioned strength of 39 doctors.

In the exit conference, Secretary stated that measures such as better incentives, liberalisation of recruitment criteria, etc., were being taken to address the problem of shortage of doctors.

Inadequate posts of Medical Record Librarians

A medical record is an essential component in the treatment of patients which contains information required to plan, provide and evaluate the care given to patients. Medical Record Librarians (MRLs) are entrusted with accurate maintenance of medical records and statistics. However, audit noticed that posts of MRLs were not sanctioned in 22 of the 33 hospitals test-checked. Major institutions like the DH Idukki, DH Kanhangad and GH Kasaragod were functioning without the services of an MRL. In the absence of qualified MRLs, only minimal record maintenance services were being carried out through nursing assistants, etc.

In the exit conference, the Secretary stated that this matter would be taken care of once the project on e-Health[27] gets implemented.

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27 E-health is a newly conceived project of the Health and Family Welfare Department to capture the demographic data, automate hospital processes and bring all information into a centralised State Health Information System.

Conclusion

Absence of a perspective plan and failure to prescribe a time frame for attainment of standardisation norms resulted in inability of the department to optimally utilise its financial resources to enhance service delivery in Government hospitals. Lack of infrastructure and deficiency in human resources affected the quality of services delivered by hospitals. There was shortage of doctors in the hospitals test-checked. Blood storage centre was available only in one of the 23 THs test-checked. Basic facilities like availability of beds, diet, generator, power laundry, etc., were lacking in many hospitals. Presence of expired drugs in hospital wards, stock-out of drugs in pharmacies and non-adherence to timings in laboratory, pharmacy, X-ray and ECG centres affected the quality of services provided to patients. Trauma care and emergency medical services were not available in 30 hospitals test-checked.

The performance audit revealed instances of KMSCL procuring drugs without the stipulated shelf-life, procurement of drugs at higher prices, non-testing of drugs for quality and issue of sub-standard drugs to hospitals. During 2008-2013, drugs costing ₹ 2.91crore became time expired and the KMSCL did not take any action to get the same replaced by the suppliers as stipulated in the tender conditions.

Recommendations

State Government may consider:

- drawing a timeframe to enable early achievement of standardisation norms for infrastructure and human resources in Government hospitals;
- early intervention to address the acute shortage of critical health personnel in hospitals;
- setting up Trauma Care Centres in all hospitals;
- KMSCL enforcing standard operating procedures to expedite the testing process and avoid sub-standard drugs being issued to the hospitals; and

- KMSCL streamlining procurement procedure and stipulating timeline for finalising tenders in order to ensure timely and economic procurement of quality drugs and avoiding stock-out in warehouses/hospitals.

The above issues were referred to Government in October 2013; their reply had not been received (January 2014).

[Audit paragraph 2.1 contained in the report of the Comprtoller and Auditor General of India for the year ended 31 March 2013 (General & Social Sector)] Notes received from the Government on the above audit paragraph is inculded as Appendix II.

1. To a query regarding the Draft Health Policy formulated by State Government, the Secretary, Health & Family Welfare Department submitted that the major issues specified in the policy especially public health protection was started even though the health policy was not finalised yet.

2. Regarding funding to KMSCL, the Secretary, Health & Family Welfare Department submitted that the department was in the expectation that the one per cent cess from Kerala State Beverages Corportation Limited (KSBCL) could be utilized for infrastructure development. But the contention of Finance Department was that the budgetary support was being increased every year which was inclusive of the cess and the matter was still in dispute. The Witness added that there was a problem in connection with the purchase of medical equipments because each institution purchasing equipment with different specifications which lead to lose of discount on volume purchase. Now a committee has been constituted to purchase the equipment. An order had been given that purchase should be done invariably based on the same generic specification. Now purchase had become more easy. A Committee had been constituted for the purchase of medicines for Kerala Medical Service Corporation Limited (KMSCL). The Committee opined that it was better to discuss all these matters with the Chief Minister in order to settle the norms.

3. To a query regarding the lack of sufficient doctors and infrastructure in hospitals, the Secretary, Health & Family Welfare Department submitted that standardisation norms were fixed anticipating the financial assistance from

European Commission, but assistance could not be obtained from European Commission as envisaged, later it was decided to achieve these standards with the fund received from the NRHM but could only made some improvements. For comprehensive changes the Department needs huge funds in addition to budgetary support. He added that the number of people utilizing public sector hospitals was increased by 10 per cent in the last 3 years because of factors like the free distribution of drugs, affordable rate for CT, MRI scanning etc. He deposed that Government Sector hospitals were faced with dearth of professionals. Attractive offer from private sector and options for PG course studies had taken doctors away from public sector even though they are bound to pay ₹ 5 - 10 lakh as bond. Then the Committee directed to take necessary steps to improve infrastructure facilities in every hospital.

4. Regarding inadequacies in infrastructure, the Secretary, Health & Family Welfare Department submitted that the budgetary provision and NRHM fund allotted for each year was not at all enough for infrastructure developments. The Committee directed the department to take earnest efforts to rectify the deficiencies regarding infrastructure development.

5. Regarding bed strength in Hospitals, the Secretary, Health & Family Welfare Department submitted that, to increase the bed strength in Hospitals, number of buildings, staff strength and fund allotted were also to be increased. The existing staff strength was fixed in 1961. Major share of budgetary expenditure centers around 12 components especially equipments and diagnostics, training, materials and supplies etc. The Committee directed the Health & Family Welfare Department to take necessary steps to get more budget allocation.

6. To a query the Secretary, Health & Family Welfare Department submitted that though the assistance for Trauma Care was received from 13th Finance Commission, the scheme was abolished in 14th Finance Commission, and he added that the department is planning to set up Trauma Care facilities in all the DHS, THS and GHS.

7. When the Committee enquired the details regarding the blood storage centres, the Secretary, Health & Family Welfare Department submitted that the main issues were the lack of trained manpower, poor infrastructure and lack of fund for the repairing and calibration of equipments after AMC period, without which the renewal of licence could not be completed . Though 4,47,000 units of blood being collected in an year, about 27,000 units were being discarded due to surplus blood availability. He assured that prime importance would be given to improve the quality of blood banks and blood storage units.

8. To a query the Secretary, Health & Family Welfare Department submitted that an agency named 'IMAGE' was engaged for the disposal of biomedical waste and they wanted to increase their rate. As it was objected by the Finance Department, a second plant was started in Palakkad. Though another plant was planned in Thiruvananthapuram, it was being protested by the public. The Committee directed the Department to take steps to establish one more plant at Kochi.

Conclusions/Recommendations

9. The Committee notes with serious concern that the department neither prepared a perspective plan prescribing the time frame to achieve the standarisation norms according to the Report of the Standarisation Committee nor finalised the Health Policy on the basis of the draft policy formulated in line with the National Health Policy 2002. The Committee also expresses its disapproval on implementing the major issues envisaged in the draft policy without finalising the same. Therefore, the Committee recommends that the draft health policy formulated in line with the National Health Policy 2002 should be finalised immediately.

10. The Committee observes that insufficient budget allocation forced KMSCL to utilise other funds for the procurement of drugs during 2008-13 and regrets to note that more fund was allotted for the procurement of equipment rather than procurement of drugs. Therefore, the Committee recommends that sufficient fund should be allotted for the procurement of drugs rather than procurement of equipment inorder to overcome the grave situation of shortage of medicines.

11. The Committee is aggrieved to note that due to various reasons the department did not receive 1% cess collected by KSBCL which was earmarked for the improvement of infrastructure facilities in KMSCL evenafter the amount had

been remitted to State Government by KSBCL. Therefore, the Committee recommends that the whole amount should be released to KMSCL and directs the department to make policy level discussions to settle the issues.

12. The Committee perceives that inorder to provide quality medical services in public health institutions, infrastructure facilities according to the standardisation norms is necessary. The Committee observes with displeasure that many hospitals lack those infrastructure facilities which adversely affects the quality medical services to the public. Hence, the Committee directs that department should take necessary steps to improve infrastructure facilities in every hospitals inorder to provide quality medical services.

13. The Committee also observes that budget provision and allocation of NRHM funds are not sufficient for infrastructure development. Therefore, the Committee directs that department should always be careful that there is no shortfall in providing funds for infrastructure developments.

14. The Committee views the audit observation that sanctioned bed strength according to the Standardisation Committee was less than standardisation norms. Hence, the Committee directs that inorder to increase the bed strength in hospitals, the department should take necessary steps to get more budget allocation for increasing the number of buildings, staff strength etc.

15. The Committee is astound to note that Trauma Care Units are not available in all hospitals eventhough the number of persons seeking admission in the hospitals are increasing day-by-day. Therefore, the Committee wants the report on the action plan for providing Trauma Care facilities in all the DHs, THs and GHs.

16. The Committee observes that many hospitals lack blood banks and many blood banks are functioning without renewing their licenses. The Committee wants to know the present position and hence it directs the department to submit a report on the steps taken for the improvement and renewal of licenses of blood banks and blood storage centres.

17.The Committee directs the department to take steps to establish one more sewage treatment plant at Ernakulam for disposal of biomedical waste.

V. D. SATHEESAN,
Chairman,
Committee on Public Accounts.

Thiruvananthapuram,
19th March 2018.

APPENDIX-I

SUMMARY OF MAIN CONCLUSIONS/RECOMMENDATIONS

SI No.	Para No.	Department concerned	Conclusion/ Recommendation
(1)	(2)	(3)	(4)
1	9	Health and Family Welfare Department	The Committee notes with serious concern that the department neither prepared a perspective plan prescribing the time frame to achieve the standarisation norms according to the Report of the Standarisation Committee nor 'finalised the Health Policy on the basis of the draft policy formulated in line with the National Health Policy 2002. The Committee also expresses its disapproval on implementing the major issues envisaged in the draft policy without finalising the same. Therefore, the Committee recommends that the draft health policy formulated in line with the National Health Policy 2002 should be finalised immediately.
2	10	Health and Family Welfare Department	The Committee observes that insufficient budget allocation forced KMSCL to utilise other funds for the procurement of drugs during 2008-2013 and regrets to note that more fund was allotted for the procurement of equipment rather than procurement of drugs. Therefore, the Committee recommends that sufficient fund should be allotted for the procurement of drugs rather than procurement of equipment inorder to overcome the grave situation of shortage of medicines.

3	11	Health and Family Welfare Department	The Committee is aggrieved to note that due to various reasons the department did not receive 1% cess collected by KSBCL which was earmarked for the improvement of infrastructure facilities in KMSCL evenafter the amount had been remitted to State Government by KSBCL. Therefore, the Committee recommends that the whole amount should be released to KMSCL and directs the department to make policy level discussions to settle the issues.
4	12	Health and Family Welfare Department	The Committee perceives that inorder to provide quality medical services in public health institutions, infrastructure facilities according to the standardisation norms is necessary. The Committee observes with displeasure that many hospitals lack those infrastructure facilities which adversely affects the quality medical services to the public. Hence, the Committee directs that department should take necessary steps to improve infrastructure facilities in every hospitals inorder to provide quality medical services.
5	13	Health and Family Welfare Department	The Committee also observes that budget provision and allocation of NRHM funds are not sufficient for infrastructure development. Therefore, the Committee directs that department should always be careful that there is no shortfall in providing funds for infrastructure developments.

6	14	Health and Family Welfare Department	The Committee views the audit observation that sanctioned bed strength according to the Standardisation Committee was less than standardisation norms. Hence, the Committee directs that inorder to increase the bed strength in hospitals, the department should take necessary steps to get more budget allocation for increasing the number of buildings, staff strength etc.
7	15	Health and Family Welfare Department	The Committee is astound to note that Trauma Care Units are not available in all hospitals eventhough the number of persons seeking admission in the hospitals are increasing day-by-day. Therefore, the Committee wants the report on the action plan for providing Trauma Care facilities in all the DHs, THs and GHs.
8	16	Health and Family Welfare Department	The Committee observes that many hospitals lack blood banks and many blood banks are functioning without renewing their licenses. The Committee wants to know the present position and hence it directs the department to submit a report on the steps taken for the improvement and renewal of licenses of blood banks and blood storage centres.
9	17	Health and Family Welfare Department	The Committee directs the department to take steps to establish one more sewage treatment plant at Ernakulam for disposal of biomedical waste.

Appendix II

Notes Furnished by Government

PUBLIC ACCOUNTS COMMITTEE (2014-2016)

ACTION TAKEN STATEMENT ON THE

REPORT OF COMPTROLLER AND AUDITOR GENERAL OF INDIA ON GENERAL AND SOCIAL SECTOR FOR THE YEAR ENDED 31ST MARCH 2013

Sl. No.	Para No.	Recommendations	Action Taken Report
1	2.1.6	**Planning** State Government approved (May 2008) the Report of the Standardisation Committe prescribing the standardisation norms for Medical Institutions in the State. For the early attainment of the norms fixed for infrastructure, manpower, etc., in health institutions, an effective planning process was essential for the Health Department to marshal its financial and human resources. Audit noticed that no appraisal was conducted by the department to identify the current status of the hospitals *vis-a-vis* the standardisation norms of the State Government. A comprehensive picture at the State level on the availability of major diagnostic services in the hospitals was not available with the DHS. A perspective plan prescribing a time frame for attaining the standardisation norms in the health institutions was not prepared by the Department. While the Department had an Annual Plan as part of the five year plan of the Department, it did not prescribe methodologies or lay a timeline to achieve the standardisation norms. Further, on the lines of the National Health Policy, 2002, only a draft Health policy was formulated which is yet to be adopted by the State Government (December 2013). In the exit conference (October 2013), Secretary stated that an expert committee had been constituted to make an indepth study on the draft health policy, which would be finalised by December 2013. However, the policy has not been finalized so far (January 2014).	Standardisation of health care institutions in the Health Services Department is done as per the G.O(MS) No.568/08/H&FWD dated 06/11/2008, vide this G.O, health care institutions were classified into seven categories viz. Primary Health Centre, 24x7 Primary Health Centres, Community Health Centres, Taluk Hospitals, District/General Hospitals, W&C Hospitals and Speciality Hospitals (Mental Health Leprosy, TB etc). The control of Health Care Institutions from Primary Health Centre up to District Hospitals were handed over to Panchayath Raj as per Panchayath Raj Act 1995. Due to the up gradation of Block Primary Health Centres and Community Health Centres a situation had arisen wherein one Local Self Government Institution got under its control more than one hospital. This has made the funds provided to the Local Self Government Institutions insufficient. A proposal received from the DHS for transfering the control of upgraded hospitals to the concerned Local Self Government Institutions is under consideration of the government. Further 564 posts were created in Primary Health Centres and Community Health Centres and 1667 posts were created in the major hospitals viz. Taluk Hospitals, District Hospitals and Government Hospitals and 154 hospitals (one hospital in each CD block) have been selected for providing speciality service to the patients.

			Out of these 154 hospitals, 82 hospitals are those that have been provided with infrastructure facilities to the level of IPHS NRHM. Among these 82 hospitals there are two 24x7 Primary Health Centres, sixty eight Community Health Centres and 12 Taluk Hospitals/Taluk Head Quarters Hospitals. However, an appraisal of the current status of the hospitals standardisation norms has not been conducted yet. Since National Rural Health Mission is involved in implementing the Indian Public Health Standards in the hospitals in the State and Kerala Accreditation Standards for Hospitals (KASH), a time frame can be worked out only with the support of National Rural Health Mission, and LSGD (PRT's). Hence steps will be taken to constitute a state level committee with members from the Government, Directorate of Health Services, National Rural Health Mission and District Level Committee including members from District Medical Office of Health, DPM (NRHM) and head of hospitals and institution level committee with members from the hospital authorities and the LSGI authorities. So that the progress of standardisation process can be evaluated and plan can be formulated for the timely attainment of the standardisation objectives. The draft Health policy formulated by the State Government has not been finalized so far.
2	3.6	Misappropriation of insurance money received under Rashtriya Swasthya Bima Yojana. Failure of the Superintendent to exercise the prescribed checks laid down in the financial rules/instructions led to fraudulent drawal of ₹ 9.05 lakh by the Lower Division Clerk from the funds received under Rashtriya Swasthya Bima	Sri. Eby.K, the Clerk who was fraudulently drawn the money (₹ 9.05 lakh) from the funds received under RSBY in the Govt. General Hospital, Kasaragod, was terminated from serivce with retrospective effect from 29/11/2012. Memo of charges were given to Dr. Narayana Naik, the then Superintendent of the Hospital.

		Yojana in the Government General Hospital, Kasaragod.	Direction was given by the District Collector, Alappuzha to conduct Revenue Recovery to recover ₹ 12,91,630 (Twelve lakh ninety one thousand six hundred and thirty only) (ie., the misappropriated amount ₹ 9,04,875/- and its 18% interest) from Sri.Eby.K, clerk. Direction has already given to the DHS to comply the directions of the C&AG report to maintain all registers including the pass book, cheque book, cash book etc as per the provisions of KTC.

GOVERNMENT OF KERALA

HEALTH & FAMILY WELFARE (E) DEPARTMENT

STATEMENT OF REMEDIAL MEASURES TAKEN ON THE OBSERVATIONS CONTAINED IN THE REPORT OF COMPTROLLER & AUDITOR GENERAL (GENERAL AND SOCIAL SECTOR) FOR THE YEAR ENDED 31st MARCH 2013

Para	Observation	Action Taken
2.1.8.1	**Uneven distribution of hospitals** As per the Report of Standardisation Committee, each taluk should have a Taluk Hospital and each district should have a District Hospital. Against 63 taluks in the State, there were 80 Taluk Hospitals as of March 2013. While seven taluks did not have Taluk level hospitals, taluks such as Chirayankeezhu (Thiruvananthapuram, District), Hosdurg (Kasargode District), Thalappilly and Mukundapuram taluks (Thrissur District) were having more than one Taluk Hospital.	There are highly facilitated General Hospitals in Adoor, Kasargode and Wayanad. Moreover, the infrastructure facilities in District Hospitals in Mavelikkara, Thrissur, and Kozhencherry were higher than that of General Hospitals. Taluk Hospital, Kuttippuram is functioning at Tirur Taluk. In addition to this, action for upgradation of Health Centres at Kattakada in Thiruvananthapuram, Mankada and Kondotty in Malappuram and Parappu in Vellarikundu Taluk in Kasargode District is being taken.
2.1.8.2	**Inadequacies in infrastructure.** The major items of infrastructure facilities to be provided in the Taluk Hospitals, District Hospitals, General Hospitals, and Women and Children Hospitals as per the standardisation norms and the position of availability in respect of 33 hospitals test – checked are given in Appendix 2.1	At District Hospital, Mavelikkara, architectural design for a new five storied building which would solve the defects mentioned has been prepared for which the rough cost estimate prepared by Public Works Department is for 33 Crores.. The foundation itself would cost 7 Crore, and no fund is available at present

	some of the shortcomings in the available infrastructure noticed in the test- checked hospitals were as under. • Out of the 23 Taluk Hospitals test-checked, Communicable diseases ward and Geriatric and Palliative care ward were available only in four and three Taluk Hospitals respectively. Only three out of five District Hospitals have Communicable diseases ward and none of the District Hospitals have Geriatric and Palliative care ward. • District Hospital, Mavelikkara- Buildings housing the various departments like the Out-Patient departments, Pay wards, Maternity, female Surgical and post-operative wards were spread over an area of eight acres. They were not interconnected causing difficulty in shifting patients during emergencies. All buildings were in dilapidated conditions and the roof of the paediatric ward was leaking. In some places, plastering of the ceiling had fallen down exposing the paediatric patients to the risk of roof collapse. A small narrow room in an old tiled building was converted into an Intensive Care Unit (ICU). The ICU was not air conditioned. The Director of Health Services Stated (November 2013) that necessary directions would be issued to rectify the defects. • Mortuary facilities were not available in 15 test-checked hospitals. In General Hospital, Thiruvananthapuram, a freezer with four compartments to preserve four bodies was available. However, on the day of visit, audit noticed eleven bodies preserved against the total capacity of four.	for this. The maintenance works of the old buildings are being done by the Jilla Panchayath Alappuzha in a step by step manner, of which medical ward including the ICU alone is being done this year. Proposals for maintenance of other buildings are being processed. Purchase of equipment machinery is strictly based on the annual indent furnished by the institution. Deficiency of Mortuary facility in General Hospital, Thiruvananthapuram was sorted out by providing a new freezer with sufficient capacity. None of the other institutions have given any requirement for providing freezer. One of the main hurdles in installing the power laundry is lack of infrastructure and manpower. In this year, department is going to purchase power laundry for the following institutions. 1. District Hospital, Aluva – Ernakulam. 2. Taluk Head Quarters Hospital, Sasthamkotta – Kollam. 3. District Hospital, Kozhancherry – Pathanamthitta. 4. Taluk Hospital, Kayamkulam- Alappuzha. 5. Taluk Hospital, Kanjirapilly – Kottayam. 6. Taluk Hospital, Kodungalloor – Thrissur. Other institutions will also be considered in due course. Regarding Generators, Taluk Hospital, Attingal, Taluk Hospital, Nileshwaram, Taluk Hospital, Nemom, Taluk Hospital, Pulinkunnu, Taluk Hospital, Puthukad, Taluk Hospital Thuravur and District Hospital, Idukki have not given any request for providing Generators so far.

		Director of Health Services stated (November 2013) that deficiency of facilities in General Hospital, Thiruvananthapuram, would be sorted out. • Power laundry was not available in 26 out of 33 hospitals test-checked. In the absence of power laundry, supply of clean linen to patients and hospital staff could not be ensured. In the exit conference (October 2013), Secretary agreed with the audit view on the need for providing power laundries in hospitals. • Generators were not available in six out of the 33 hospitals test-checked. Audit noticed that no operations were carried out in these hospitals because of non-functional theatres, lack of equipment, absence of surgeons/ gynaecologists, etc. In District Hospital Idukki, even though there was generator to service the Operation Theatre, Out-Patient departments were not supported with any power back up, Audit noticed crowded Out-Patient departments with doctors examining patients in candle light. • According to the Standardisation norms, need- based diet should be supplied to patients in Government Hospitals. However, audit noticed that four hospitals in the test-checked districts did not provide any diet. Director of Health Services stated (November 2013) that PRIs were to supply the dietary articles in these hospitals. However, the fact remained that supply of need-based diet to the patients was not ensured either by the State Government or PRIs. •	Geriatric and Elderly care programme are going on in the State, in lieu with the State ageing policy. In 2012-13 and 2013-14, fund was provided to all districts, from 13th Finance Commission Award, for constructing Geriatric care wards in one major hospital in every district. Fund was also given to set up elderly friendly toilets in all sub district level hospitals. Setting up of Geriatric clinic, supply of artificial hearing aids were also done. Prime priority in the recent years under NPHCE Programme (National Programme for Health Care of Elderly) was to set up Geriatric wards Geriatric wards were set up in Pathanamthitta General Hospital, Alappuzha General Hospital, General Hospitals Thrissur and Idukki. Geriatric clinic were also set up in these districts on 6 days/week with fully functional physiotherapy unit. So far, Geriatric wards were not constructed in Taluk Hospitals. But beds are reserved for Geriatric Patients in majority of these hospitals. Palliative care units are functional in 95 secondary care hospitals in the State More than 80% of the beneficiaries are palliative care patients. Fund has been allotted for construction of palliative care ward in General Hospital, Ernakulam, District Hospital Kottayam and District Hospital, Palakkad, Palliative care corners are available in most of the District Hospitals and Taluk Hospitals. Efforts will be taken to strengthen the facilities for geriatric care in hospitals and ensure that Geriatric ward and OP are functioning properly in the hospitals.

2.1.8.3	**Bed Strength in hospitals** The Standardisation Committee envisaged Taluk Hospitals with bed strength of 250 and the District Hospitals and General Hospitals with bed strengths of 500. The available bed strength in hospitals with reference to standardisation norms and sanctioned bed strength in the test-checked hospitals are given in Appendix 2.2. A comparison of sanctioned bed strength in hospitals with the standardisation norms revealed that the sanctioned bed strengths were less than norms in respect of all test-checked hospitals except in the case of Taluk Hospital Cherthala and General Hospital, Thiruvananthapuram. Fourteen out of the remaining 22 Taluk Hospitals and two out of the five District Hospitals test-checked had sanctioned bed strength of less than 50 per cent of the prescribed norms. In respect of three General Hospitals test-checked, General Hospital, Kasaragod had bed strength 50 per cent less than the prescribed norms. Further analysis showed that, even the reduced sanctioned strength of beds was not provided in six out of the 23 Taluk Hospitals test-checked/ Director of Health Services stated (November 2013) that action was being taken for enhancement of bed strength in hospitals.	As per the Comptroller and Auditor General Report, it is noted that sanctioned bed strength were less than standardization norms. But the department were following the standardization norms issued by the Government vide Order GO (Ms) No. 568/08/H&FWD dated 06-11-2008. As per this order, ,Taluk Hospitals need bed strength 100, and General Hospital/ District Hospitals need bed strength 250.

HEALTH & FAMILY WELFARE [M] DEPARTMENT

PUBLIC ACCOUNTS COMMITTEE [2014-16] C&AG REPORT FOR THE YEAR ENDED 31.03.2013 ACTION TAKEN REPORT PARA 2.1.8.3 &2.1.12

<table>
<tr><th>Para No</th><th>Recommendation</th><th>Action Taken Report</th></tr>
<tr><td>2.1.8.3</td><td><u>Bed strength in hospitals</u>
The standardisation Committee envisaged Taluk Hospitals with bed strength of 250 and District Hospitals and General Hospitals with bed strengths of 500. The available bed strength in hospitals with reference to the standardisation norms and sanctioned bed strength in the test-checked hospitals are given in Appendix 2.2.
A comparison of sanctioned bed strength in hospitals with the standardisation norms revealed that the sanctioned bed strengths were less than norms in respect of all test-checked hospitals except in the case of Taluk Hospital, Cherthala and General Hospital, Thiruvananthapuram.
Fourteen out of the remaining 22 Taluk Hospitals and two out of the five District Hospitals test-checked had sanctioned bed strength of less than 50 percent of the prescribed norms. In respect of three General Hospitals test-checked, General Hospital, Kasargod had bed strength 50 percent less than the prescribed norms.
Further analysis showed that, even the reduced sanctioned strength of beds was not provided in six out of the 23 Taluk Hospitals test-checked.
Director of Health Services stated (November 2013) that action was being taken for enhancement of bed strength in hospitals.
Appendix 2.2
<u>Status of bed strength in hospitals</u>
<table><tr><th>Sl No</th><th>Hospital</th><th>Proposed as per norms</th><th>Sanctioned</th><th>No. of beds available</th></tr><tr><td colspan="5">Taluk Hospitals</td></tr><tr><td colspan="5">Thiruvananthapuram</td></tr><tr><td>1</td><td>TH Nemom</td><td>250</td><td>61</td><td>59</td></tr><tr><td>2</td><td>TH Varkala</td><td>250</td><td>64</td><td>105</td></tr><tr><td>3</td><td>T H Attingal</td><td>250</td><td>60</td><td>60</td></tr><tr><td colspan="5">Alappuzha</td></tr><tr><td>4</td><td>T H Kayamkulam</td><td>250</td><td>125</td><td>134</td></tr><tr><td>5</td><td>T H Chengannur</td><td>250</td><td>140</td><td>104</td></tr><tr><td>6</td><td>T H Haripad</td><td>250</td><td>150</td><td>150</td></tr></table></td><td>As per the C&AG report it is noted that sanctioned bed strength were less than standardisation norms. But the department were following the standardisation norms issued by the Government vide order GO(MS)No.568/08/H&FWD dated: 06.11.2008. Vide this order Taluk Hospitals needs bed strength of 100 and General Hospital/ District Hospitals need bed strength of 250. For the smooth functioning of these hospitals additional staff is to be required and the proposal for the same in this regard is received in Government from the DHS. The proposals are scrutinised in consultation with Finance Department. It has been found that the Financial commitment do not permit Government to take a positive decision at this time as the state is meeting with Financial Stringency. Maximum effort is made to give better services with the existing facilities available.</td></tr>
</table>

7	T H Cherthala	250	251	231
8	T H Thuravur	250	24	21
9	T H Pulinkunnu	250	106	106
Kasargod				
10	T H Thrikkarippur	250	42	42
11	T H Nileswaram	250	48	48
Idukki				
12	T H Thodupuzha	250	144	204
13	T H Admali	250	66	117
14	TH Peerumedu	250	54	68
15	T H Nedumkandam	250	106	106
Thrissur				
16	T H Chelakkara	250	32	49
17	T H Irinjalakuda	250	216	216
18	TH Kodungalloor	250	176	176
19	TH Chavakkad	250	140	126
20	TH Chalakudy	250	144	121
21	TH Vadakkanchery	250	117	117
22	TH Pudukkad	250	75	75
23	TH Kunnamkulam	250	124	124
District Hospitals				
24	DH Peroorkada	500	337	337
25	DH Idukki	500	130	155
26	DH Kanhangad	500	400	292
27	DH Mavelikkara	500	347	317
28	DH Thrissur	500	240	350
General Hospitals				
29	GH Kasargod	500	212	246
30	GH Alappuzha	500	470	470
31	GH Thiruvananthapuram	500	747	666
W & C Hospitals				
32	W&C Alappuzha	500	308	308
33	W&C Thiruvananthapuram	500	428	428

2.1. 12.1

Disposal of bio-medical waste in hospitals

In 30 out of 33 test-ckecked hospitals, an agency named 'IMAGE' was engaged for disposal of bio-medical waste. Under the programme, the hospitals were to segregate waste, store it in containers and bags and label it to be lifted daily by the personnel of IMAGE for disposal.

According to the Bio-Medical Waste (Management and Handling Rules) 1998, wastes from laboratory cultures, wastes from production of biological toxins, dishes and devices used for transfer of cultures were to be disposed of by local autoclaving/microwaving or incineration. However, it was seen during physical

The Superintendent of Taluk Hospital Chavakkad and Haripad has reported that the waste water is not released in to the open drain how. It is disinfected and collected in separate cement tank. The work for the installation of sewage treatment plants is on progress in these two institutions.

The Superintendent of Taluk Hospital, Nileswaram has reported that was mentioned

	verification that untreated laboratory wastes and used IV tubes were being disposed off into drains and into the open causing danger to public health. Major observations were as under. • In Taluk Hospital, Chavakkad, the waste water from labour room, operation theatre, Kerala Health Research and Welfare Society pay ward, female and paediatric wards, mortury etc, was released into the nearby open drain without any pre-treatment. • In Taluk Hospital, Haripad, the Dialysis Unit with two dialysis machines, generated an average of 40 litres of bio-medical waste per patient, which was released into an open drain thereby polluting the nearby water bodies. Bio-medical liquid waste from the mortury was also being released into the public drainage system. • In Taluk Hospital, Nileswaram, even though bio-medical waste was being disposed of through IMAGE, used IV Tubes with needles attached to them were seen dumped behind the Tuberculosis Wards. In General Hospital Alappuzha, empties of IV bottles along with used needles were seen dumped in the hospital premises. The hospital authorities reported (November 2013) that the wastes mentioned by audit has been removed. The DHS stated (November 2013) that Rs.50 lakh has been allotted in 2013-14 for setting up of a sewage treatment plant in Taluk Hospital, Chavakkad.	in the report has been removed. Instructions were given to hospitals for adherence of waste management protocols.
2.1. 12.2	**Preservation of viscera by Hospitals contrary to norms** Bio-Medical Waste Management and Handling) Rules 1998 requires Human anatomical waste to be disposed either by incineration or deep burial, The Kerala Medico-Legal Code of the State Government stipulated that the medical officer was not bound to preserve the viscera in the mortuary for more than three months from the date of postmortem examination. However, audit noticed that the test-checked hospitals of DH Idukki, the THs at Peerumade and	The Superintendent, General Hospital Thiruvananthapuram has informed that there are no visceras kept in the mortuary. Such circumstances has not occured previously except on Hartal days. They keep in touch with Police authority and transfer viscera soon after autopsy examination. District Medical Officer in charge, Idukki reported that the preserving visceras for more than three months in the mortuary from the

	Nedumkandam and the GH at Thiruvananthapuram preserved viscera for long periods. In the exit conference, Secretary stated that problem of preservation of viscera within the hospital premises beyond a reasonable time period would be resolved in consultation with the police authorities.	date of postmortem examination in the hospitals, District Hospital Idukki, Taluk Hospital, Peerumedu and Nedumkandam are due to delay in the part of police authorities. The hospital authorities inform the police authorities mandately after autopsy examination, but it is due to the delay on the part of police in transferring the viscera after part of police in transferring the viscera after autopsy examination.

GOVERNMENT OF KERALA
Health & Family Welfare (J) Department
COMMITTEE ON PUBLIC ACCOUNTS (2014-16)

STATEMENT OF ACTION TAKEN ON RECOMMENDATIONS

Sl. No	Para No.	Dept. Concerned	Conclusion/Recommendations	Action Taken
1	2	3	4	5
1	2.1.9.2	Health & Family Welfare (J) Department	**Availability of diagnostic equipment :** ECG, X-ray and Ultra Sound Scanners are essential diagnostic equipment for providing quality medical care to patients. Audit noticed that Ultra Sound scanners were not available in 19 out of the 23 THs test-checked. None of the above facilities were available in THs Nemom and Attingal. The status of availability of diagnostic services in the test-checked hospitals is given in Appendix 2.3. The Standardisation Committee recommended for making available CT Scanners in all District and General Hospitals. Audit noticed that CT Scanners were not available in the GH Alappuzha and in any of the DHs test-checked.	The purchase and procurement of equipments / machineries are strictly based on requirement furnished by the concerned hospital authorities and availability of funds. If the department suomoto to take step to supply the equipments the institutions\ will not accept. The same, as a result the machines will be idling for avoiding such incidents, before issuing the Hospital requirements is to be ensured that sufficient infrastructure facilities are availbale on the hospital, trained etc., at the details regarding each machine, X-ray and Ultra sound scanner is as follows : a) ECG Machine : Taluk Head Quarters Hospital, Nemom has not given any request / indent for the supply, purchase of the same will be considered based on their necessity. b) X-Ray : There are six institutions were X-ray is not available. The supply to those institutions will be considered as and when the infrastructure and manpower is provided by the institution. c) Ultra Sound Scanner : There are 19 Institutions where Ultra Sound Scanners are not available out of it, supply was made to the following 4 institutions. 1. Taluk Head Quarters Hospital, Kayamkulam. 2. Taluk Head Quarters Hosptial, Cherthala 3. Taluk Head Quarters Hosptial, Peerumedu. 4. Taluk Head Quarters Hosptial, Chavakkadu. Supply will be made to Taluk Hospital, Varkala and Taluk Hospital, Attingal in this financial years.

			d) CT Scan : Many of the institutions are being upgraded to District Hospital / General Hospital status due to various reasons, proportionate manpower and infrastructure are not available in such institutions. Hence uniform standardisation cannot be made by the department. The following District Hospitals are already having CT Scan, District Hospital, Kottayam, Tirur, Palakkad.	It is clarified that, Licence / Registration is mandatory for the operation of all radiation generating units including X-ray, units, as per Rule 3 of Atomic Energy (Radiation Protection) Rules – 2004. Though AERB is the competent authority in India to issue the Licence / Registration, DRS in Kerala has been authorised by AERB to carry out some of the statutory functions including Site inspection and Approval. The Site approval Certificate issued by DRS is only a provisional permission to install and energize the equipment, which is valid for 6 months and will void if Registration / Licence from AERB is not taken by the institutions. Report of Quality Assurance test of equipment and radiation survey, availability of designated Radiological Safety Officer etc., are essential for obtaining Registration / Licence from AERB. The prolonged time of six months allotted by the Director of Radiation Safety after the Site Approval and installation of unit is to facilitate the institution to comply with these statutory requirements and to obtain Registration / Licence. It is clarified that, most of the Government hospitals under health services department are functioning without Licence / Registration from AERB and not even a Site Approval Certificate from DRS which is highly illegal and may be viewed seriously in radiation safety point of view. A few have complied with all statutory requirements and obtained Licence / Registration are coming AERB. While private and co-operative institutions are coming under the purview of penal action including fine, penalty, power disconnection and provisional closure etc., the relevant Government Order spares Government Institutions from fine / penalty and even from fees for Approval / Licence / Registration, which has naturally fuelled the negligence from hospital, authorities. DRS conduct periodic regulatory inspections and instructions / Inspection report are issued for the rectification
2	2.1.9.3	"	Safety measures in X-Ray centres : Atomic Energy Regulatory Board (AERB) guidelines (August 2004) on licensing of X-ray units provide for issuing of licence for operating radiation installations after inspecting the working practices being followed to ensure adherence to prescribed safety standards, availability of appropriate radiation monitors and dosimetry devices for purposes of radiation surveillance, etc. In Kerala, the Director of Radiation Safety (DRS) is the authorised agency to issue licences on behalf of AERB. Audit noticed that 27 out of 33 hospitals test-checked offered X-ray services. However, in 1822 out of the 27 hospitals, X-Ray machines were operated without obtaining Certification of Safety from the DRS. Superintendents of four23 hospitals stated that necessary steps were being taken to obtain certification from DRS and to provide Thermo Luminescence Dosimeter (TLD) film badges to technicians. Audit noticed that the technicians manning the X-ray units in 1724 hospitals were not provided with TLD film badges to indicate levels of exposure to radiation. In the absence of TLD badges and safety certification from the DRS, audit could not obtain reasonable assurance that patients and technicians were not being exposed to more than permissible radiation levels.	

				every time. Special emphasis is given to the availability of TLD badges. Apart from this, training programs for Radiographers, Administrators including Medical Doctors, Bio Medical Engineers, and Public Relation Officers etc., are also conducted to generate radiation safety awareness which in turn help the institution in getting rergistration / Licence to all X-ray Units.

GOVERNMENT OF KERALA
Health & Family Welfare (J) Department
COMMITTEE ON PUBLIC ACCOUNTS (2014-16)

STATEMENT OF ACTION TAKEN ON RECOMMENDATIONS

Sl. No	Para No.	Dept. Concerned	Conclusion/Recommendations	Action Taken
1	2	3	4	5
1	2.1.10.3	Health & Family Welfare (J) Department	**Presence of expired drugs in Hospital wards :** Drugs with expired shelf life were to be released as bio medical waste and not to be consumed. Audit noticed that the six hospitals lack of monitoring of the life cycle of drugs resulted in their time expiry. Expired drugs were stored in various nursing stations and wards along with normal drugs for eventual distribution to patients. In TH Attingal, expired drugs like metoclopramide injection and adrenaline injection were kept along with normal drugs in the ward. In the exit conference the Secretary stated that presence of expired drugs in hospital wards was due to lack of computerization of pharmacists and stores and assured that necessary instruction would be issued to hospitals.	District store verification team will not be able to cover all the institutions in a financial year. Being so, Government directed to constitute verification team with the existing Staff. As per the Government direction institutional store verification team were constituted and a circular in this regard has been issued for avoiding such kind of incidence in future. Computerization of pharmacies will be done through e-Health Programme.

HEALTH & FAMILY WELFARE (M) DEPARTMENT
PUBLIC ACCOUNTS COMMITTEE (2014-16), C&AG REPORT FOR THE YEAR ENDED 31/03/2013
ACTION TAKEN REPORT PARA 2.1.11.1

Para No.	RECOMMENDATION	Action Taken Report
2.1.11.1	**Trauma Care and Emergency Medical Services** The standardisation norms provided for availability of Trauma Care and Emergency Medical Services in the THs, DHs and GHs. Audit noticed the following. • Trauma Care and Emergency Medical Services were not available in 22 THs, five DHs and three GHS test-checked. • In the GH Alappuzha, a building exclusively for Trauma Care Unit was completed (February 2011) at a cost of ₹ 1.83 core but the unit has not yet started functioning (july 2013) due to lack of equipment and additional manpower. • A building for Trauma Care constructed in TH Haripad at a cost of ₹ 49.56 lakh was completed in November 2009 and was not functional due to lack of manpower. Instead, it currently accomodates a casualty wing and an operation theatre. The imporatnce of having a fully equipped Trauma Care unit can be gauged from the fact that the number of persons admitted to the GH Thiruvananthapuram, as a result of injuries sustained in road accidents shot up from 212 cases in 2009-10 to 2204 in 2012-13. However, the hospital still does not have a Trauma Care Unit.	Government have started setting up of Trauma Care facilities from 2011-12 financial year with the fund of 13th Finance Commission Award. Trauma Care facilities have provided in phased manner in the following institutions 2011-14 1. DH Peroorkada 2. DH Kollam 3.THQH Kayamkulam 4. THQH Thiruvalla 5. DH Kottayam 6. THQH Chalakudy 7. THQH Alathur 8.THQH Thamarassery 9. DH Kannur 10.GH Kasargode 11.THQH Chirayinkil 12.THQH Karunagapally 13.GH Alappuzha 14.THQH Thodupuzha 15.THQH North Paravoor 16.THQH Ottapalam 17.THQH Koyilandy 18.THQH Tirur 19. THQH Nilambur 20. THQH Sultan Bathery 21.THQH Attingal

		As per standardized norms of Government Allopathic medical institutions 2012, Health Department have 11 General Hospitals, 15 District Hospitals and 80 Taluk Hospitals. Apart from the Finance Commission Award there are 5 Trauma Care facilities under Kerala Road Safety Fund in THQH Vadakara, THQH Payyannur, TH Haripad, CHC Kuttipuram, GH Pathanamthitta and 2 Trauma Care facilties under GOI Fund (National Highway Authority) ie DH Palakkad and DH Neyyattinkara. Now Trauma Care faciltieis available in 6 District Hospitals, 3 General Hospitals and 17 Taluk Hospitals. For the period 2014-15 Government have selected 5 institutions to make level III Trauma Care Units where specialists Doctors are available (GH Alappuzha, GH Ernakulam, DH Kanjanhad, DH Palakkad and DH Neyyatinkara). GH Alappuzha has been taken as one of the 5 Trauma Care Centres for the periods of 2014-15 as 13th Finance Commission Award. The budget allocation is for an amount of ₹ 92,41,836/-. The work will be started soon and able to function the Trauma Care in a short period. The department is planning to setup the Trauma Care facilties in all the District Hospitals, Taluk Hospitals and General Hospitals in a phased manner and will be completed within few years.

REPORT OF THE C&AG ON GENERAL AND SOCIAL SECTOR FOR THE YEARD ENDED MARCH 2013 – STATEMENT OF REMEDIAL MEASURES TAKEN

Paras No.	AUDIT OBSERVATIONS	ACTION TAKEN
2.1.11.2	**Speciality services in hospitals** According to the standardisation norms, THs, DHs, GHs and W&C hospitals were to offer stipulated speciality services. Audit notices that except DH, Kanhangad, DH, Thrissur, GH, Kasargod, TH, Chalakudy and TH, Thodupuzha, no other Government hospital in the test checked districts provided all the required speciality out-patient (OP) services as per standardisation norms. The details of speciality OP services not available in other test-checked hospitals are given in **Appendix 2.4.**	Though the Director of Health Services had furnished many proposals for additional post creation to provide stipulated speciality services according to standardisation norms, due to financial stringency and resource constraint of the Government, the proposals were not considered favourbaly. Additional post creation causes huge recurring financial commitment to Government. At present, Government are not in a position to create additional posts with the limited resources of the State, and hence all required speciality out patient services cannot be provided at a stretch in all Government hospitals.

2.1.13.1	**Availability of doctors** The availability and qualify of health care services in hospitals largely depends on the adequacy of manpower in hospitals. Though State Government upgraded certain hospitals, audit noticed that necessary additional posts were not created in the upgraded hospitals. Against the request of the DHS (November 2010) to accord sanction for 2,514 posts to improve the poor services delivered by hospitals, 1,626 (65 per cent) posts of various categories were sanctioned. The total number of medical officers in the hospitals depends on the number of speciality departments and the number of units under each department. Audit analysis of the availability of doctors with reference to the sanctioned strength revealed the following: • The number of doctors available in THs, DHs, and GH in Thiruvananthapuram	In order to give proper care for the patients, Government have introduced speciality cadre in 2010, and after that various categories have been created in Health Services Department. The sanctioned posts of various categories of doctors in Health Services Department are as follows: Chief Consultant – 18 Senior Consultant – 53 Consultant – 645 Junior Consultant – 1295 Civil Surgeon – 819 Assistant Surgeon – 2150 Administrative Cadre – 234 Out of these sanctioned posts, the following vacancies are existing for various categories Chief Consultant – 3 Senior Consultant – 5 Consultant – 123 Junior Consultant 195

	district and that in W&C hospitals was very close to the sanctioned strength. • There was a shortfall of 19 doctors each in THs in Idukki and Thrissur districts against the sanctioned strength of 60 and 132 respectively. Regarding DHs in Idukki and Kasargod districts, the shortage in number of doctors were 13 and 14 against the sanctioned strength of 38 and 39 respectively. In GH, Kasaragod, only 18 doctors were available against the sanctioned strength of 39 doctors. In the exist conference, Secretary stated that measures such as better incentives, liberalisation of recruitment criteria etc., were being taken to address the problem of shortage of doctors.	Assistant Surgeon – 150 Administrative Cadre – 6 From 2010 to 2014, 3547 candidates were advised by the Public Service Commission, for the post of Assistant Surgeon, out of which 2709 candidates joined duty. Junior Consultants are being recruited through the Public Service Commission, and in addition to that, existing Assistant Surgeons who possess PG qualification were given chance to opt in their respective specialitites, and are given placements to various specialities. Promotion vacancies were filled after getting advice from DPC. Vacancies were filled appropriately through Adhoc posting through NRHM.

REPORT OF COMPTROLLER & AUDITOR GENERAL OF INDIA (GENERAL & SOCIAL SECTOR) FOR THE YEAR ENDED 31/03/2013-ACTION TAKEN REPORT ON PARA 2.1.11.3 & 2.1.11.4

SL. No.	Para	Recommendation	Action Taken
1	2.1.11.3	**Blood Banks** Blood banks/storage centres are an essential element in the functioning of Taluk, District, General and W & C hospitals as stipulated in the Standardisation Committee Report and Government order dated 22/02/2010. Licence issued by the Drugs Controller (DC) is mandatory to run a blood bank. Application for blood bank licence should be submitted by the hospital authorities to the Drugs Controller along with a 'No objection Certificate (NOC)' from Kerala State Blood Transfusion Council. On receipt of the application, the Drugs Controller may issue the licence. Application for renewal should be submitted three months before the expiry of licence following the same procedure. Audit noticed the following:- • There was no blood bank in GH Alappuzha. The blood banks at DH Thrissur, GH Thiruvananthapuram, GH Kasargod and W &C hospitals at Thiruvananthapuram and Alappuzha were functioning without renewing	The Superintendent, General Hospital, Alappuzha has forwarded proposal for Blood Bank Unit to Kerala Aids Control Society. The License of Blood Bank is renewed by the Drugs Controller, Kerala State Blood Transfusion Council (KSBTC) will issue NOC on receipt of the application and subsequent inspection. NOC for nenewal of blood bank license for District Hospital, Thrissur, General Hospital, Thiruvananthapuram and W & C Hospital, Thiruvananthapuram has already been issued from Kerala State Blood Transfusion Council and application from General Hospital, Kasargode and W & C Hospital, Alappuzha is received recently and NOC for the same will be issued soon. Blood storage centre at Taluk Hospital, Chavakkad and Cherthala are functioning now. The other hospitals as stated in the audit para are presently not functioning due to lack of infrastructure/trained manpower. The Director of Health Services has been directed to provide necessary infrastructure facilities and trained manpower for the proper functioning of the blood storage centres.

		their licences. The Blood Storage Centre at DH Mavelikkara was non-functional since July 2012 due to equipment failure. • Out of the 23 THs Test-checked, only TH Irinjalakuda had blood storage centre. Further, audit noticed that the blood bank/blood storage centres sanctioned by State Government in six THs were not functioning due to lack of infrastructure facilities/trained manpower. In the absence of blood banks in the hospitals, patients had to depend on private blood banks for obtaining blood. In the reply, Director of Health Services stated that action was being taken to operationalise blood banks/storage centres in respect of the six hospitals by obtaining NOC from the authorites concerend.	
	2..1.11.4	**Hospital Infection Control Standards** Accreditation of hospitals by NABH requires that the hospitals take adequate measures to prevent or reduce the risk of hospital associated infection among employees and in-patients. Two of the hospitals test-checked were having NABH accreditation and hence required to adhere to Hospital Associated Infection Control. Audit noticed that in these hospitals, 219 children had contracted sepsis/pneumonia during 2012-13. The Superintendent, TH Cherthala artributed it to overcrowding in the obstetric wards, heavy rush of bystanders and the ward being situated on the top floor and consequent	The Superintendent W & CH Thycaud reported that strict infection control measures are functioning in the hospital. The details are as follows:- 1. Disposable delivery kits and disposable caesarean kits and cord lamps is used in labour room and operation theatre. 2. Strict cleaning methods and standared waste management techniques were undertaken. 3. Fumigation of operation theatre, labour room and new born nursery done monthly, swabs taken and measures taken accordingly. 4. Staff training programmes conducted with

		extreme heat. Superintendent of W &C Hospital, Thiruvanthapuram, stated that the figures were high on account of reporting of all presumed cases to the higher authorities.	emphasis on prevention of Hospital infections. 5. Public awareness increased with public information boards distribution of pamphlets and daily frequent announcements through PA systems 6. Visitors and by- standers restricted. 7. During the period 2012-2013 all new born fever cases were mistakenly reported as sepsis. Now blood samples were taken for culture and sensitivity from all cases of clinically suspected cases and only culture positive cases are reported as sepsis. **The rate of sepsis** / **Total birth** / **sepsis rate** **July 2013- December 2013** / **3133** / **2.23** **January 2014-June 2014** / **3107** / **1.93** The Superintendent, Taluk Head Quarters Hospital Cherthala reported that no information is available in the relevant documents of the institutions about occurrence of sepsis pneumonia in new born children during 2012-13. The Director of Health Services and Superintendent, Taluk Hospital, Cherthala have been directed to take adequate meaures to prevent or reduce the risk of hospital associated infection among employees and in-patients and to implement strict infection control measures in Taluk Hospital, Cherthala and other hospitals urgently.

PUBLIC ACCOUNTS COMMITTEE (2014-2016)
HEALTH & FMAILY WELFARE (M) DEPARTMENT
AUDIT REPORT OF C& AG FOR THE YEAR ENDED 31st MARCH 2013
AUDIT PARA 3.7 – ACTION TAKEN REPORT

Audit Para	Subject	Action Taken Report
3.7	Misappropriation of Hospital Development Committee Fund. Lack of proper supervisory checks led to misappropriation and manipulation of vouchers amounting to ₹ 18.70 lakh from the Hospital Development Committee funds by the Lower Divison Clerk.	Based on the Audit Report a reconcilation of Hospital Development Committee of Govt. General Hospital, Thiruvananthapuram was made with RSBY Accounts, cash book, pass book etc and the shortage of ₹ 5,18,864 has been detected. Director of Health Services has issued necessary direction to the authorities concerned to initiate recovery procedures against the following deliquent officers and to furnish the recovery particulars and the liability fixed against the officer concerned. 1. 5,11,790/- Liability fixed against equally to Dr.Fazilath Beevi (Superintendent), Sri.J.W.Winstone (LS&T) and Sri.Thankaraj (HC Clerk) 2.6930/- Sri.Baijukumar, Health Supervisor 3.299/- Dr. Mary Alosious, Blood Bank Medical Officer. The present status of disciplinary procedures initiated against the officers are as follows. a). Sri.J.W.Winstone, Lay Secretary & Treasurer, Sri.S. Thankaraj, Lower Division Clerk (H.G) were suspended from service on 16.04.2013. Memo of charges issued to the officers. On the basis of reply furnished by Sri.J.W.Winstone, LS&T, he was reinstated in service and posted to District Medical Office (Health) Kottayam. b). Sri.Thankaraj.S LDC (H.G) expired while in suspension period. Government have initiated disciplinary action against the Superintendent (Dr.Fazeelath Beevi) Memo of charges issued vide letter No.26897/A2/13/H&FWD dated 05.09.2013. The Officer has furnished statement of defence pending final decision. Director of Health Service has pointed out in the Audit Report that ₹3.75 lakh was drawn from RSBY accounts as a stop gap arrangement

for the payment of wages of HDC staff on 12/04/2012, 12/05/2012 and 13/06/2012 based on the direction of Superintendent. But the same amounts were shown as drawn from HDC Cash book also on these dates for the same purpose. This was drawn from RSBY accounts. ₹ 3.70 lakh was deposited in the HDC accounts on these dates. In this respect a shortage of ₹ 5,000/- was only stated as liability.

An Amount of ₹ 30,000/- paid as per cheque No.475528 on 19.11.2012 is not seen entered in the cash book. It is not known that to whom and what purpose the payment was made. Hence ₹ 30,000/- is stated as liability.

Following amounts are drawn from the RSBY fund for meeting the salary of HDC staff. But these amounts are not seen recouped yet. The Superintendent of the hospital is given direction to recoup the amount at earliest.

Sl No.	Date	Amount	Cheque No.
1.	09.11.2011	2,00,000	755852
2	08.12.2011	4,28,000	755524
3	07.01.2012	4,39,030	755574
4	12.04.2012	1,00,000	22083
5	13.06.2012	1,25,000	23259
6	11.10.2012	1,58,750	475461
7	07.11.2012	2,22,350	475514
8	06.12.2012	1,77,265	47555
9	12.05.2012	1,50,000	021851
Total		20,00,995	

As per the Audit Report an amount of ₹ 5.33 lakh was found short in HDC. On verification of HDC cash book it is found that the cash book was not written properly and the closing balance is shown without deducting the daily expenditure. Hence a lot of difference is observed in

		closing and opening balance. The special audit conducted by the internal Audit wing of the Health Department pointed out misappropriation of ₹ 24,36,683/-. The Superintendent in her letter dated 10.10.2013 reported that the misplaced vouchers were found and posted on 31.07.2012 and the vouchers objected for want of authentication by the competent officer/procedure irregulation etc have been rectified. In the Audit Report as per the closing balance of HDC cash book on 27/07/2013 there was a cash balance of ₹ 7.93 lakh. On physical verification there was only ₹ 0.39 lakh. Subsequently temporary advance receipt amounting to 2.21 lakh were produced before a audit. But on subsequent verification, the receipt of ₹ 2.70 lakh produced for verification, these vouchers were also found admissible. Hence the amount of misappropriation of HDC is ₹4,83,864/- instead of ₹ 5.33 lakh as stated in the Audit Report. Present position of liability amount is as follows. RSBY ₹35,000/- HDC ₹4,83,864 Total ₹5,18,864

Appendix III
Appendices from Audit report

Appendix 2.1
Availability of Infrastructure
(Reference: Paragraph 2.1.8.2; Page 16)

Sl. No.	Particulars	Taluk Hospital		District Hospital		General Hospital		W&C Hospital	
		Required as per norms	Available	Required as per norms	Available	Required as per norms	Available	Required as per norms	Available
1	Operation Theatres	23	14	5	5	3	3	2	2
2	Labour Rooms	23	17	5	4	3	1	2	2
3	Laboratory	23	22	5	5	3	3	2	2
4	Communicable diseases ward	23	4	5	3	3	2	2	2
5	Geriatric & Palliative care ward	23	3	5	0	3	2	2	1
6	Limb fitting Centre	0	0	5	0	3	2	0	0
7	Burns Unit	0	0	5	0	3	0	0	0
8	Infertility Clinic	0	0	0	0	0	0	2	1

Appendix 2.2
Status of bed strength in hospitals
(Reference: Paragraph 2.1.8.3; Page 18)

Sl. No.	Hospital	Proposed as per norms	Sanctioned	Number of beds available
Taluk Hospitals				
Thiruvananthapuram				
1	TH Nemom	250	61	59
2	TH Varkala	250	64	105
3	TH Attingal	250	60	60
Alappuzha				
4	TH Kayamkulam	250	125	134
5	TH Chengannur	250	140	104
6	TH Haripad	250	150	150
7	TH Cherthala	250	251	231
8	TH Thuravur	250	24	21
9	TH Pulinkunnu	250	106	106
Kasaragod				
10	TH Thrikkarippur	250	42	42
11	TH Nileshwaram	250	48	48
Idukki				
12	TH Thodupuzha	250	144	204
13	TH Adimali	250	66	117
14	TH Peerumedu	250	54	68
15	TH Nedumkandam	250	106	106
Thrissur				
16	TH Chelakkara	250	32	49
17	TH Irinjalakuda	250	216	216
18	TH Kodungallur	250	176	176
19	TH Chavakkad	250	140	126
20	TH Chalakudy	250	144	121
21	TH Vadakkanchery	250	117	117
22	TH Pudukkad	250	75	75
23	TH Kunnamkulam	250	124	124
District Hospitals				
24	DH Peroorkada	500	337	337
25	DH Idukki	500	130	155
26	DH Kanhangad	500	400	292
27	DH Mavelikkara	500	347	317
28	DH Thrissur	500	240	350
General Hospitals				
29	GH Kasaragod	500	212	246
30	GH Alappuzha	500	470	470
31	GH Thiruvananthapuram	500	747	666
W&C Hospitals				
32	W&C Alappuzha	500	308	308
33	W&C Thiruvananthapuram	500	428	428

Appendix 2.3
Status of diagnostic equipment
(Reference: Paragraph 2.1.9.2; Page 19)

Sl. No.	Name of Hospital	ECG	X-Ray	Ultra Sound Scanner
Taluk Hospital				
1	TH Nemom	X	X	X
2	TH Varkala	✓	✓	X
3	TH Attingal	X	X	X
4	TH Kayamkulam	✓	✓	X
5	TH Chengannur	✓	✓	X
6	TH Haripad	✓	✓	X
7	TH Cherthala	✓	✓	X
8	TH Thuravur	✓	✓	X
9	TH Pulinkunnu	✓	✓	✓
10	TH Thrikkarippur	✓	X	X
11	TH Nileshwaram	✓	X	X
12	TH Thodupuzha	✓	✓	✓
13	TH Adimali	✓	✓	✓
14	TH Peerumade	✓	✓	X
15	TH Nedumkandam	✓	✓	X
16	TH Chelakkara	✓	✓	X
17	TH Irinjalakuda	✓	✓	X
18	TH Kodungallur	✓	✓	X
19	TH Chavakkad	✓	✓	X
20	TH Chalakudy	✓	✓	✓
21	TH Vadakkancherry	✓	✓	✓
22	TH Pudukad	✓	X	X
23	TH Kunnamkulam	✓	✓	✓
Other Hospitals				
24	DH Peroorkada	✓	✓	✓
25	DH Idukki	✓	✓	✓
26	DH Kanhangad	✓	✓	✓
27	DH Mavelikkara	✓	✓	X
28	DH Thrissur	✓	✓	✓
29	GH Kasaragod	✓	✓	X
30	GH Alappuzha	✓	✓	✓
31	GH Thiruvananthapuram	✓	✓	✓
32	W&C Alappuzha	✓	X	✓
33	W&C Thiruvananthapuram	✓	✓	✓

✓ - Available
X - Not Available

Appendix 2.4
Speciality OP services not available in hospitals
(Reference: Paragraph 2.1.11.2; Page 24)

Sl. No.	Name of the Hospital	OP Services not available
I.	**Taluk Hospitals**	
	a. Thiruvananthapuram	
1	TH Nemom	Surgery, Gynaecology, Paediatric, Ortho, ENT, Eye, Skin, Psychiatry
2	TH Varkala	Surgery, Skin
3	TH Attingal	ENT, Skin, Psychiatry
	b. Alappuzha	
4	TH Kayamkulam	Surgery, Skin, Psychiatry
5	TH Chengannur	Psychiatry
6	TH Haripad	Surgery, Skin, Psychiatry
7	TH Cherthala	Psychiatry
8	TH Thuravur	Surgery, Gynaecology, Eye, Psychiatry
9	TH Pulinkunnu	Surgery, ENT, Skin, Psychiatry
	c. Kasaragod	
10	TH Thrikkkarippur	Surgery, Ortho, ENT, Dental, Eye, Skin
11	TH Nileshwaram	Surgery, Gynaecology, Paediatric, Ortho, ENT, Dental, Eye, Skin, Psychiatry
	d. Idukki	
12	TH Adimali	Skin, Psychiatry
13	TH Peerumedu	Surgery, ENT, Dental, Eye, Skin
14	TH Nedumkandam	Surgery, ENT, Dental, Skin, Psychiatry
	e. Thrissur	
15	TH Chelakkara	Surgery, ENT, Dental, Eye, Skin, Psychiatry
16	TH Irinjalakuda	Psychiatry
17	TH Kodungallur	Psychiatry
18	TH Chavakkad	Surgery, Skin, Psychiatry
19	TH Vadakkanchery	Skin, Psychiatry
20	TH Pudukkad	Surgery, Ortho, ENT, Dental, Eye, Skin, Psychiatry
21	TH Kunnamkulam	Skin, Dental
II.	**District Hospital**	
22	DH Peroorkada	Psychiatry
23	DH Idukki	Skin, Psychiatry
24	DH Mavelikkara	Skin
III.	**General Hospital**	
25	GH Alappuzha	Gynaecology
26	GH Thiruvananthapuram	Gynaecology
IV.	**W&C Hospital**	
27	W&C Alappuzha	Medical, Surgery
28	W&C Thiruvananthapuram	Surgery