EIGHTH QUARTERLY REPORT OF MONITORING COMMITTEE
FOR GAS RELIEF HOSPITALS

The Monitoring Committee during this quarter held meetings on 29/01/2016, 05/04/2016, 29/04/2016, & 28/05/2016. The minutes of the meetings are from Annexure 1 to 4.

Paucity of doctors/specialists in BMHRC and Hospitals of the State Government under the Gas Relief and Rehabilitation Department:

Monitoring committee visited BMHRC on 27/02/2016. In the said visit (Proceeding ANN-5), issues of scarcity of doctors/specialists in major departments as well as some life saving equipments in the hospital, resulting in inadequate facility of treatment, was considered. As has been mentioned in the said Proceeding (ANN-5), Director, BMHRC Dr. Manoj Pandey informed that there is no specialist in the departments of Neurology, Nephrology and General Medicine. He also informed that cardiologist Dr. Vivek Tripathi has also submitted his resignation. As a result there would also be no cardiologist in BMHRC.

It cannot be over emphasized that the above situation deserves serious attention and deserves to be improved without delay; otherwise treatment of the gas victim patients as also of others would be seriously affected. As suggested in
the Proceeding dtd: 27/02/2016 (ANN-5), the Administration may for the time being, consider filling up of posts by deputation.

The matter of shortage of specialists and doctors was again considered in the meeting of Monitoring Committee dated 29/04/2016 (ANN-3). In the said meeting the minutes of joint meeting dtd.14/03/2016 convened by Secretary, DHR, GOI were also taken note of. The Monitoring Committee expressed again that the matter of filling up of posts in BMHRC should be directed to be executed within a fixed time frame.

In the meeting of Monitoring Committee dated 28/05/2016 (ANN. A-4) it was noticed that posts of doctors in many of the hospital run by State Govt. in the Department of Gas Relief & Rehabilitation, were lying vacant for a considerable period. It was directed that the posts of doctors should be filled up in a fixed time frame.

A suitable direction with time frame to fill the posts in the above matter therefore appears to be called for.

** Equipments:

During visit of BMHRC dated 27/02/2016 (Proceeding ANN-5), the Monitoring Committee noticed that Central Monitoring System in ICU was not functional. As a result, Doctors on duty cannot monitor and cannot keep constant vigil on the health condition on various parameters such as ECG,
B.P., Pulse Rate and Respiratory Rate of different patients admitted in the ICU. Similarly, though there are seven ventilators in the ICCU; however, only four ventilators were found to be in working condition, and that remaining three ventilators were not functioning.

As informed by Director, BMHRC Dr. Pandey, four ventilators which were functioning on the date of visit, were also out dated and have outlived their life and immediate replacement thereof was required.

Only two dialysis machines on the date of inspection dtd. 27/02/2016 (Proceeding ANN-5) were found functional. However, looking to the need of the patients, additional units of dialysis are required to be provided and necessary extension in the dialysis units is urgently called for.

Similarly as disclosed from the report of Director, Kamla Nehru Hospital relating to availability of machines etc. (ANN-6), it was noticed that CT Scan machine in the hospital is dysfunctional since April, 2015. The Monitoring Committee considered the matter in its meeting dtd. 28/05/2016 (Minutes ANN-4) and directed that it be brought to the notice of Director, Gas Relief & Rehabilitation and remedial measures to be taken urgently. In the above reference, Monitoring Committee observed that similarly repair/replacement of other dysfunctional gadgets be also taken up on urgent
footing, so as to make them functional and useful for treatment of patients.

**Computerization:**

The matter of computerization and inter linking of computerized data, between BMHRC and Gas Rahat Hospitals has also been for a long time under consideration of the Monitoring Committee, and several directions and recommendations from time to time have been issued, in the past. However, the matter does not appear to have reached its logical conclusion so far.

The said matter was again considered in the meeting dated 28/05/2016 (Minutes, ANN-4) in which letters of Director, Kamla Nehru Hospital dated 21/03/2016 (ANN-7) and 21/04/2016 (ANN-8) were considered. It was observed that the matter is of serious concern, which though has been expressed several times by the Monitoring Committee; still the same has not so far been satisfactorily resolved. As recorded in the minutes of the said meeting (ANN-4), the Monitoring Committee is of the view that GOI and Government of M.P. are not taking this issue seriously, as apparently there is no change in the status achieved and positive result is not seen.

The matter of computerization in various Gas Rahat Hospitals was also considered in the meeting of Monitoring Committee held on 05/04/2016 (Minutes ANN-2). Various
deficiencies of computerization by NIC were pointed out in the meeting held on 18/02/2016. It was reiterated by the Monitoring Committee that the exercise of computerization undertaken is not satisfactory and the same requires upgradation and improvement. It was further suggested that each gas victim patient should be allocated Unique Identification Number (UIN), duly recorded in the data base of each of the patient, which would ensure that whenever a patient appears for treatment, in any Hospital run by Gas Relief & Rehabilitation or BMHRC his/her data can be easily and conveniently accessed and extracted, which would be helpful in knowing his case history, and thus would facilitate his further treatment.

**Treatment protocol and emergency treatment:**

Matter of treatment in emergency cases was considered by the Monitoring Committee in reference to letter of Mr. Abdul Jabbar dated 04/01/2016 (ANN-9) in which the said issue of non-availability of proper and adequate emergency treatment was raised in reference to a particular patient.

The Monitoring Committee has been considering the matter of emergency treatment for quite some time and drawn attention of authorities in that regard. The matter was again considered in the light of the above letter.
The Monitoring Committee on consideration of the matter desired and directed that proper emergency treatment deserves to be made available to all gas victim patients, and necessary and proper arrangements in that regard is required to be made, without further delay. It was also observed by the Monitoring Committee that though Monitoring Committee has been emphasizing the need for proper emergency treatment, yet complaints continued to be received by it. In the meeting dated 05/04/2016 (ANN-2), the Director Gas Relief & Rehabilitation should be directed to take appropriate steps towards framing emergency treatment protocol in order to avoid sufferance by the gas victim patients and that they are not required to go from pillar to post in search of specialist/doctors for treatment.

Following recommendations and suggestions were made in the above regard:

(a) The Director, Gas Relief & Rehabilitation should take appropriate steps towards framing ‘emergency treatment protocol’ so that patients coming for emergency treatment have not to suffer and are not required to go from pillar to post in search of proper treatment or doctors.

(b) A hot line telephone facility – landline and/ or mobile in Gas Relief Hospitals should be installed which be interlinked with all Gas Relief Hospitals with
accountability of official in charge, being clearly spelt out. This would ensure availability of treatment to the patients requiring emergency treatment and in case of non-availability of requisite treatment facility, their referral to a hospital, where such treatment is available.

(c) Availability of doctor/specialist at least in one of the Gas Relief Hospitals located in the central part of the city, should be ensured. Similarly availability of operational ambulance should also be ensured.

Monitoring Committee is of the opinion that the exercise in the above regard, should materialize within the upper limit of three months.

**Non-availability of Post Operative Treatment facilities to cancer patients:**

In the meeting dated 05/04/2016 (ANN-2), the matter of non-availability of post operative treatment for cancer patients in BMHRC was considered. It was observed that since facility of radiotherapy etc. required after surgery of cancer patients was not available, therefore, Department of Gas Relief & Rehabilitation, should evolve a Management Module ensuring, further treatment free of cost to them, without delay after surgery.

**Policy framework for serious diseases:**
It has been noticed that patients suffering from serious diseases such as kidney, cancer, liver etc. do not get immediate financial aid and relief from the Government. Therefore Director, Gas Relief & Rehabilitation, was directed to frame a policy in the above regard. In that context a letter dated 02/03/2016 from Director, Gas Relief & Rehabilitation (ANN-10) was received which was considered in the meeting dated 05/04/2016 (ANN-2).

By the said letter it was informed that a Committee has been constituted for the said purpose. The Monitoring Committee hopes that early decision by the committee formed for the purpose is taken and policy framed in the above referred matter.

The Monitoring Committee therefore suggests and recommends as below:

1. Appropriate direction to fill post of doctors and specialists in BMHRC as well as hospitals run by State Government in the Department of Gas Relief & Rehabilitation, is required to be issued with time frame for compliance thereof.

2. Non-functional and old equipments in BMHRC and Gas Relief & Rehabilitation hospitals should be directed to be repaired/replaced and other life saving equipments which are required to be installed, without undue delay.
Dialysis Unit in BMHRC to be extended and its capacity enhanced.

Exercise of computerization be expedited and data available with BMHRC as well as Hospitals run by Department of Gas Relief & Rehabilitation, be interlinked and upgraded so as to meet patient's requirements. Preferably each gas victim patient be allocated Unique Identification Number (UIN).

Treatment protocol be evolved and facility of emergency treatment be upgraded.

Following direction may be asked to be complied with, in the above reference:

(a) The Director, Gas Relief & Rehabilitation should take appropriate steps towards framing 'emergency treatment protocol' so that patients coming for emergency treatment have not to suffer and are not required to go from pillar to post, in search of proper treatment or doctors.

(b) A hot line telephone facility – landline and/or mobile in Gas Relief Hospitals should be installed which should be interlinked with all Gas Relief Hospitals, with the accountability of official in-charge being clearly spelt out. This would
ensure availability of treatment to the patients requiring emergency treatment and in case of non-availability of requisite treatment facility, their referral to a hospital, where such treatment is available.

(c) Availability of doctor/specialist at least in one of the Gas Relief Hospitals located in the central part of the city for emergency treatment, should be ensured. Similarly availability of operational ambulance should also be ensured.

6 Committee set up for formulating policy framework for serious diseases should be directed to submit its report within fixed time frame and preferably within one month.

7 Post operative cancer facility should be made available and management module should be evolved, ensuring follow up treatment in BMHRC after cancer surgery of the patients.

8 As the Monitoring Committee is experiencing paucity of space especially for accommodating staff and maintenance and upkeep of the record of the Monitoring Committee, it is requested that Director Gas Relief & Rehabilitation may be asked to allot a furnished portion in the newly constructed upper floor of building facing Aarushi side.
9 Honorarium of members of Monitoring Committee was fixed by the order dated 09/08/2012 of Hon'ble Supreme Court at Rs. 1,000/- (One Thousand only/-) per sitting. The Members of Monitoring Committee expressed that the said amount is inadequate, and deserves to be revised. It is therefore requested to direct appropriate revision of the honorarium of the members.

(Justice V.K. Agarwal)  
Chairman

(Dr. Nirbhay Shrivastya)  
Member

(Dr. B.P. Dubey)  
Member

(Purnendu Shukla)  
Member

(Dr. K.K. Thassu)  
Member Secretary & Convener