OFFICE OF MONITORING COMMITTEE, GAS RAHAT
01, Shivaji Nagar, Bhopal-462016.

Report of Inspection Visit of Kamla Nehru Hospital by Monitoring Committee on 27/02/2019

Following members were present:

1. Justice V.K. Agarwal - Chairman
2. Dr. Nirmay Shrivastava - Member
3. Dr. Bhanu Dubey - Member
4. Shri Purnendu Shukla - Member

Kamla Nehru Hospital was established by the Department of Gas Relief & Rehabilitation and is supposedly a Super-Speciality Hospital. The Director of Hospital is Shri K.K. Dubey while Dr. Banjare is the Superintendent. The sanctioned post in the Hospital are as per the table below:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Category (Medical)</th>
<th>Vacant Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Class-I</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Class-II</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Class-III</td>
<td>53</td>
</tr>
<tr>
<td>4</td>
<td>Class-IV</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>79</td>
</tr>
</tbody>
</table>

However, large number of posts are lying vacant and 23 posts of Medical Specialist/Officers are vacant.

Vacancy position in this Hospital requires that post sanctioned earlier should be filled up. Recruitment should not be made by filling up of sanctioned posts on contract basis which could be resorted to only by way of Interim arrangement, for a short period. The posts should be filled up through regular channel.
Having recognized the need and necessity of Gas Victim Patients suffering from serious diseases, establishment of Kamla Nehru Hospital was conceptualized for according high level specialized treatment. With that end in view, requisite provisions were made and budget for doctors, staff, gadget was allotted and purchase of necessary equipments were also made at high cost. Large numbers of Medical and Para-medical posts of Staff were also sanctioned.

However, it is deplorable that the need for such a medical institution which was felt more than 18 years back and which was established with the avowed object to establish Super Specialty Hospital for treating Gas Victim Patients suffering from serious ailments and also for the patients referred to this institute from other hospitals, has never been able to achieve its object and purpose. At present the existence of Super Specialty Hospital, remains in the name only, but the same has failed to provide any facility whatsoever for the tertiary care in so much so, that number of posts of Super Specialists are lying vacant right from the very beginning. The Staff position is also dismal and infact virtually no specialized treatment is being afforded in the Hospital.

**OPD:** In OPD 159 patients had reported till the time of inspection 9020 patients from 1st February 2019 to 26th February, 2019 while in the month of January, 2019, total 9004 patients came to the Hospital for treatment.

**IPD:** So far as the indoor patients are concerned, in the month of February, 2019 total 304 patients were admitted in the Hospital while in the month of January, 2019 total 353 patients got admitted. Considering the capacity of the Hospital, number of patients as above approaching the
Hospital for treatment, seems to be on the lower side and the capacity of the Hospital seems to be underutilized.

**Medical Ward:** Eleven patients were found admitted in the Female Medical Ward. On enquiry being made a patient Jebunisha admitted in the Female Medical Ward, who was suffering from diabetes, nephrological problem etc. expressed satisfaction, regarding the treatment being given to her as well as availability of medicines etc.

However, bed sheets, blankets provided to the patients were not clean and some were also found partly torn. Even dustbins were not provided near the beds which possibly resulted in unhygienic conditions in the ward caused by the Patients and their Attendants throwing waste paper etc. and attaching polythene in the window grills. Cooler, fan etc. in the ward were found dysfunctional. Necessary equipments should be provided in all the wards, and kept functional.

**ICU:** ICU of the Hospital is 10 bedded, 08 beds were found occupied. It was informed that only 01 Doctor has to render duty for all the 24 hours in ICU ward. This is most un-satisfactory. Appropriate and required number of Doctors should be posted in ICU, so as to ensure due attention to the Patients. Ten Paramedic staff are attached to the ICU. This also seems to be inadequate and the number of Paramedics deserves to be increased as per requirement and so as to ensure proper attention to the patients.

In the ICU patients suffering from different diseases are admitted, though 02 Central Monitors have been provided to constantly monitor the conditions of the patients admitted in ICU by the Doctor and Sister on duty. Moreover, central monitor was not duly attended by trained staff, which virtually render their availability in ICU purposeless. The Central Monitors can be useful only when the ICU has an alarm system which can
be controlled from the Central Monitoring Station. An alert index should be maintained by the Staff Nurse posted on the Central Monitor Window. The Sister Incharge should also maintain a register, with particulars of treatment i.e. bed no. of patients etc. as well as particulars of alert received/given from time to time. A doctor on the other Central Monitor Window should himself be alert and aware of the condition of patients and could also be alerted by the duty Nurse, so as to attend the urgent needs of the patients admitted in ICU immediately.

Electrolyte study facility is also not provided in ICU. Only 01 technician is posted in the ICU though large number of ECGs take place. Sufficient number of Technicians for ECG are not available and there was no technician for ventilator operation which is being done by Staff Nurse, posted in ICU. This is not satisfactory. Ventilator technicians in adequate numbers be provided to operate ventilators. ABG machine of the ICU was also found to be out of order.

Obviously, ICU is under-staffed and necessary augmentation in the strength of staff is required to be made in terms of duty doctor, trained staff nurse (Nurse, Technicians, Ward Boy and Sweepers). Patients admitted in ICU mostly suffer from Cardiology, Pulmonary, Nephrological and infection problems. However, no Specialist for Pulmonary diseases nor any Nephrologists is posted in the Hospital.

**Medicines:** Availability of all medicines was reported by the Director and the Superintendent to be adequate. The Director and the Superintendent also informed that if medicines are not available they are provided to the patients after local purchase. However, some patients in the OPD stated that all the prescribed medicines are not being dispensed to them. The Superintendent should look into the matter and ensure that
all prescribed medicines of the patients are provided to them, and system should be streamlined so that patients have no complaints in this regard.

**Dialysis Facility:** Facility of dialysis is also available in the Hospital. In all 10 dialysis machines are in dialysis units. At the time of inspection 08 patients were receiving dialysis. Most of the patients expressed that they have been receiving dialysis for a long period. No patient expressed dissatisfaction about the dialysis procedure given to them. It was informed that there is no waiting list of patients required to take dialysis.

Though ideally, a machine should be dedicated for HIV+ve patients requiring dialysis. However, no such dedicated machine is kept in the Unit. In the above connection, it was explained by the Director and the Superintendent that very few HIV+ve patients report for dialysis and therefore, even if separate 02 dedicated dialysis machines is kept reserved for such patients, the same would remain idle for most of the time and thus other normal patients (non-HIV+ve) would be deprived of the benefit of such machine.

It was further informed that possibility of infection, despite precautions cannot be eliminated. It was also explained that as and when such HIV+ve patients who requires dialysis, report in the Hospital, they are sent to Hamidia/JP Hospitals, where such a patient is given dialysis.

Though the Unit has 10 dialysis machines yet no Nephrologist is posted. Dr. Banjare is reportedly trained and has received special training for the procedure and he handles and supervises the treatment and dialysis procedure of patients. It was noticed that R.O. room attached to the Dialysis Unit is very small. This results in difficulty in sanitizing the consumables to be used for dialysis. Moreover, the false ceiling indicated
stains of seepage and peeling paints, the unhygienic condition of the rooms should be urgently attended to.

**Dental Department:** Earlier Dental Surgeon was not available in the Dentistry department but now a Dental Surgeon is posted recently since around one year.

**Pathology Department:** Pathology department in the Hospital appears very busy. 15273 pathological tests were conducted in the pathology department in the month of February, 2019. Beckman Coulter Machine was non-operational earlier on account of mal-function of the battery. However, it was informed that it has now been repaired and the machine has become functional and is being put to use.

**Eye Department:** OCT machine is available in the department. However, earlier patients were not being given reports of test conducted through this machine, because the printer thereof was out of order. However, it was reported that printer is now being repaired and patients are being given test reports of this machine also.

It was also informed that earlier the load on this department is very heavy as earlier the machine at Hamidia/BMHRC were not functional. Hence, OCT of patients of those Hospitals also being done was connected in this Hospital. However, possibly because the machines in the said Hospitals have become functional, now patients from those Hospital namely Hamidia/BMHRC are not referred to this Hospital, because and therefore work load has normalized.

**CT Scan/MRI Machine:** So far as Radiographic tests are concerned, the required facilities are available through outsourcing. However, the Director informed that CT and MRI machines installed in this Hospital are
not being utilized, because State Government has taken a policy decision not to repair such machines after they went out of order and to get the said tests conducted by outsourcing. Some Hospitals in Bhopal have been empanelled for the purpose.

In the opinion of the Monitoring Committee, the practice of outsourcing, in such a super-specialty hospital is not desirable and not conducive in the interest of the patients who are having urgent need of investigation, who might be deprived of prompt tests and results thereof. The matter of outsourcing of tests, therefore needs rethinking and reconsideration. The machines could be put to use either by replacement or repair. At least one CT and one MRI machine could be made available, for urgent and emergent needs of patients.

**Referral System:** Patients have to be referred from a Hospital to another, for treatment of such diseases, the treatment of which are not available in this Hospital. However, referral system of the patients to other Hospitals is not satisfactory.

Monitoring Committee is not satisfied with the referral system and as suggested and directed earlier also; the Director of the Hospital should ensure that patients coming to a Hospital run by the Department of Gas Relief & Rehabilitation for treatment of such diseases which are not available in that Hospital should be referred to such other Hospital where such treatment is available. On referral Ambulance should be provided to the patient by the referring Hospital. Moreover, follow up of the treatment should be maintained.

Since, the Director Kamla Nehru Hospital also administratively controls other Hospitals run by Department of Gas Relief & Rehabilitation.
Certain other issues and requirement of KNH as well as other Gas Relief Hospitals were discussed.

The Monitoring Committee has been receiving complaints that the gas victim patients are not getting services of Ambulance, as 108 ambulance is either non-responsive or not made available while the Ambulances attached to the Hospitals are also either not available or driver is not on duty. The Monitoring Committee is of the opinion that services of functional Ambulance for the needs of patients is imperative. It is therefore decided and directed that at least two equipped Ambulances be made available for the use of patients. If all the Hospitals cannot be provided with an Ambulance, atleast two Ambulances with drivers be available, all the 24 hours are made available for the use of all Gas Rahat Hospitals and may be located at a centralized hospital/hospitals, with information of its availability at that place/places to all the Hospitals.

It was also emphasized on behalf of the Monitoring Committee that post of doctors in all the Hospital should be reviewed and rationalized, as per requirement.

Since treatment of all diseases in all the Gas Rahat Hospitals is not possible, the matter of giving specialized treatment at particular Hospital and posting of appropriate staff including Doctors and Para-medics should be considered and various departments set up in Gas Relief Hospitals be operationalized and made functional by posting appropriate number of Doctors as per requirement of each of the Hospitals.

All the medical gadgets and equipments at various Hospitals should be repaired and should be brought in working condition.
Recommendations and Suggestions:

1. Sanctioned posts lying vacant should be filled up by way of regular recruitment and not on contract basis.
2. Post of Doctors and Paramedics should be reviewed in all the Gas Relief Hospitals.
3. Referral system of Patients should be streamlined.
4. System in ICU should be improved and up graded, as mentioned above.
5. Shortcomings in the dialysis unit should be rectified.
6. Atleast two ambulances with drivers should be made available for the patients all the 24 hours.
7. The outsourcing of tests such as CT and MRI as per the present practice, need to be reconsidered and reviewed as pointed above.

(Justice V.K. Agarwal)
Chairman

(Dr. Nibhaya Shrivastava)
Member

(Dr. Bhanu Prakash Dubey)
Member

(Purnendu Shukla)
Member