Internship
at
Sub District Hospital, Kharar
Punjab

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INTERNSHIP REPORT

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1.1 OVERVIEW OF PUNJAB HEALTH SYSTEM CORPORATION (PHSC)

The Punjab Health Systems Corporation was incorporated by the State Govt. in the year 1996 through enactment of Legislative Act, "The Punjab Health Systems Corporation Act, 1996" (Punjab Act No.6 of 1996), with the main objective of implementation of a World Bank assisted Health Systems Development Project for revamping of existing secondary level health care services. Under this project modernization and updation of 157 hospitals was envisaged through systems supports such as Computerization, HMIS, Disease Surveillance, Training of Personnel, Quality Assurance, Bio-waste Management, Strengthening of Physical Infrastructure (Buildings & Equipments) etc.

Now the Corporation has taken over 166 Institutions which includes District Hospitals, Sub-Divisional Hospitals and Community Health Centers. The 86 Medical Institutions are situated in rural areas and 80 are in Urban areas. In addition, two Training Institutes viz. State Institute of Health and Family Welfare, Mohali, Distt. Ropar and State Institute of Nursing and Paramedical Sciences, Badal, Distt. Mukatsar as well as the Institute of Mental Health Amritsar have also come under the control of the Corporation.

Brief History of the Punjab Health Systems Corporation -

Hospital Services at the Secondary level play a vital and complementary role. After prevention, the cure is only remedy. The Government sector is mainly taking care of preventive measures and insignificant sum of the total is being spent on curative part. It was noticed that district Hospitals, Sub-Divisional Hospitals and Community Health Centers lack the basic medical equipment, and having critical gaps in buildings and unable to provide the required diagnostic services. To revamp the whole system, a proposal was drafted seeking aid from the World Bank. The TEAM visited Punjab in March 1995, held discussions with His Excellency the Governor, the then Chief Minister, the then Health Minister, the then Chief Secretary and the then Secretaries of the Finance & Planning Department and visited a number of medical institutions. As per recommendations, a workshop was held to ascertain kinds of improvement required for providing better health care facilities to the people of the State.

OBJECTIVES OF PHSC

- Formulate and implement the schemes for the comprehensive development of the dispensaries and hospitals.
- Construct and maintain dispensaries and hospitals and maintenance of cleanliness therein.
- Implement National Health Programmes as per the directions of the State. The State Government and Central Government shall make available funds for this purpose.
- Purchase, maintain and allocate quality equipment to various dispensaries and hospitals.
- Procure stock and distribute drugs, diet, linen and other consumables among the dispensaries and hospitals.
- Provide services of specialists and super specialists in various hospitals.
- Enter into collaboration for super specialties with health institutions both within the country or abroad to provide better medical care.
- Receive donations, funds and the like from the general public and institutions from both within and outside India and receive grants or contributions, this may be made by Government on such conditions as it may impose.
- Provide for construction of houses to the employees of the dispensaries and hospitals and the maintenance thereof by mobilizing resources for financing institutions.
- Plan, construct and maintain commercial complexes, paying wards and providing diagnostic services and treatment on payment basis and to utilize the receipts for the improvement of the hospitals and dispensaries.

1.2 Civil Hospital, Kharar (Punjab) - Place of Internship

Sub District Hospital, Kharar caters to the people living in urban and rural people in the district Mohali. Sub District hospital system is required to work not only as a curative centre but at the same time should be able to build interface with the institutions external to it including those controlled by non-government and private voluntary health organization. This hospital is situated in district Mohali (Punjab). It acts as a First Referral hospital for Primary Health centre & Sub-centers. It covers the 6 PHC, 28SC. Approximately, It Caters to 3.5- 4 lakh population. The number of beds available in the Hospital is 50. The Hospital compound is good and enough area for patients care. Environment is good surrounding of the hospital. Available of all departments is the positive point of the hospital but not in good condition and need to properly maintain. Transporting facility is good and the road is very good in condition. Patient comes easily in the hospital.

Table No:1 Block Map Detail

S.no	Institution	Count of Institution	Name of Institutions
1	DH	1	Mohali
2	SDH	1	Kharar
3	CHC(PHSC)	1	Kurali
4	CHC (DHS)	0	
5	BLOCK PHC	1	Gharuan
6	PHC	6	1. Gharuan, 2. Chandon , 3. Mullapur, 4. 3 B1, 5. Landran 6. Majat
7	RH	0	
8	SHC	17	1. Sakrullapur, 2. Chadiala, 3. Jhanjeri, 4. Saneta, 5.Bhagomajra, 6. Nayagaon, 7. Daon, 8. Batta, 9. Bassian,10. Machli, 11. Manauli, 12. N.S Badali, 13. Tangori, 14. Bakerpur, 15. Daun majra, 16. Sohana, 17. Gharanga

9	SC	28	1. Swara, 2. Chadiala, 3. lakhnaur, 4. Kumbra, 5. Durali, 6.Bakarpur , 7. Tangori , 8. Kurdi, 9. Nawan Graon 10. Batta,11. Sante majra, 12. Matour, 13. Shakrulapur , 14. Popna ,15. allapur , 16. jhanjeri, 17. kandala , 18. moli , 19.garanga, 20. baroli , 21. n.s. badali , 22. saneta, 23.mullapur , 24. chandon, 25. bhagomajra, 26. daun , 27.Hulka , 28. Devinag
	TOTAL	54	

Table No. 2 – Fact Sheet of Sub District Hospital, Kharar

S.NO	Area	Number
1.	Total population covered	2,50,000
2	Total area of the hospital	3 acres
3	Total Beds	50
4	Total Functional Beds	60
5	Total Doctors	15
6	Total Nurses	19
7	Total Pharmacist	3
8	Total Indoor patients/ month	480
9	Total Outdoor patients/month	8477
10	Fee collection/month	3,53,617
11	Total Emergency patients/month	1576
12	Total referred patients/month	69
13	Total Operations Family Planning	59
14	N.S.V	1
15	General Operations (Major)	125
16	General Operations(Minor)	371
17	Total Still birth/month	0
18	Total caesarean section/month	27
19	Total Normal Delivery / month	45

20	Total Intrauterine deaths/ month	1
21	Total Immunization mother/month	162
22	Total immunization child/month	777
23	TB Positive cases/month	8
24	TB Negative cases/month	62
25	Govt X- Rays	867

1.3 The Departments and Services available on the hospital are:

Specialist services available in the hospital

- General Medicine
- General Surgery
- Obstetrics & Gynecology: Family Planning, Antenatal checkup, Intra natal care 24 hour Delivery services and Post Natal Care
- Pediatrics including Neonatology
- Emergency (Accident & other emergency/ Casualty)
- Anesthesia
- Ophthalmology
- ENT
- Dermatology and Venerology (Skin & VD) RTI / STI
- Orthopedics
- Radiology
- Dental Care
- Public Health Management
- School Health Services

Para Clinical Services / Diagnostics

- Laboratory services
- Blood Bank (Blood transfusion and storage)
- Drugs and Pharmacy
- X- Ray
- Ultrasound

Support Services

- Medico-Legal/ Post -Mortem
- Ambulance Services
- Dietary Services
- Laundry Services
- Nursing Services

- Housekeeping and Sanitation
- Waste Management
- Finance
- Office Management

National Health program

- Universal Immunization Program
- Janani Sishu Suraksha Yojana(JSSK)
- Revised National Tuberculosis Control Program
- National AIDS Control Program
- National Leprosy Eradication Program
- National Program for Control of Blindness
- Integrated Disease Surveillance Project (IDSP)
- National Vector Borne Disease Control Programme (NVBDCP)
- National Programme for Prevention and Control of Deafness (NPPCD)
- National Programme on Prevention and Control of Diabetes, CVD and Stroke (NPDCS)
- National Iodine Deficiency Disorders Control Programme (NIDDCP)
- National Tobacco Control Programme (NTCP)

Table No. 3 : List of Inhouse and Outsourced Clinical, Utility and Support services

	Clinical Services	Support Services	Utility Services
In house	• Outpatient services • In-patient services • Emergency services • Surgical services: major and minor surgeries, caesarian sections	1.Laboratory services • Hematology • Clinical Pathology • Serology • Biochemistry 2.Diagnostic services • X- ray • E.C.G 3.Immunization 4.Integrated Counseling and Testing Centre 5.Pharmacy 6. Family Planning 7. Blood Bank 8. Post Partum care	1 Laundry services 2 Medical Record Department 3 Ambulance services
Outsourced		Ultrasound	Housekeeping Dietary Waste Management

The hospital has 50 sanctioned beds in IP area which are distributes as followed:

Table No:4 – Distribution of Beds at Civil Hospital, Kharar

Ward	Number of beds
Female Ward – 1	9
Female Ward – 2	9
Antenatal Ward	5
Emergency Ward	12(6+6)
Male Ward – 1	7
Male Ward - 2	7

Private Ward	1
TOTAL	50 BEDS

TABLE NO: 5 USER CHARGES RATE LIST OF THE HOSPITAL

Sr. No.	Particulars	Rates of PHSC
1	Purchee fee	Rs. 2/- (Valid for one month)
2	Admission charges	Rs. 10/- for General Ward and Rs. 50/- for Private Ward
3	Visiting fee charges	Rs. 5/- for General Ward and Rs. 25/- for Private Ward
4	Room Rent	Rs. 25/- per day
5	Room AC charges	Rs. 50/- per day
6	Room Cooler	Rs. 10/- per day
7	Room Heater	Rs. 10/- per day
8	Diet Charges	Rs. 10/- per day
9	*Operation Charges*	
	Minor Operation	Rs. 50/-
	Major Operation	Rs. 375/-
	Special Surgical Operation	Rs. 500/-
	Cataract Surgery	Rs. 200/-
	* TUR	Rs. 500/-
10	Confinement Charges	Free
11	Medico Legal Examination Charges where applicable	Rs. 50/-

12	Fee for getting the copy of medico legal report	Rs. 50/-
13	Fee for getting a copy of postmortem	Rs. 50/-
14	Mortuary charges	Rs. 100/- per day air conditioned mortuary unit
15	Ambulance Charges	Rs. 5/- per km (Rs. 50/- minimum charges)
16	Medical Examination Charges for Issuing of Driving License (Rs. 10/- for Blood Grouping, Rs. 5/- for Refraction & Rs. 15/- for Clinical Examination Certificate.)	Rs. 30/-

Table No : 6 UTILIZATION OF USER CHARGES

i. The retained user charges should be utilized as per following percentages.

1.	Drugs consumables and Lab. Regents (45%)	Vital and essential medicines, consumables and Lab. regents as per the list communicated by the PHSC.
2.	Improving facility of the patients (25%)	Washing or replacing of Bed sheets, Purchase of Mattresses etc. Repair/Painting of Hospital Furniture, and repair of Laboratory equipment, cleaning of wards, laboratory, toilets etc. Purchase of water coolers, Desert coolers, water filters, fans, waiting chairs, public address systems, minor hospital furniture, laboratory equipment, other equipment like AC (for hospital use), POL and minor repair to Ambulances for patient
3.	Maintenance of Building (15%)	Emergency repairs of Building, electrical items, Public Health Fittings, Maintenance of lawns etc. Purchase of CCTV cameras, Fire fighting equipment, internal signage, etc

4	Maintenance of equipment (15%)	Minor maintenance of medical or non-medical equipments. Purchase of minor equipment like Stabilizer, minor equipment for laboratory, O.T etc.

ii. No expenditure for which the Government Budget is being provided like: postage, electricity bills, telephone bills (other than allowed), should be made from the user charges. All endeavors should be made for recouping the amount for such expenditure if already paid. The Hospital In-charge will be fully responsible for making such expenditure, which are not a fit charge on user charges.

1.4 Observations During Internship Training

STRENGTHS:

- The hospital is located in the centre of the town and easily approachable. The hospital is in close proximity to bus stand and its just 5 kms from district Mohali.
- The hospital serves as a major Referral Unit caters to large number of patient load.
- The hospital has all the major specialties and trained manpower to deliver the services .
- The staff is very well dedicated to their work and perform their duties efficiently.
- The doctors are working more then there benchmarks for OPD services.
- No shortage of supplies of medicines & consumables.

WEAKNESS:

- The Physical infrastructure is inadequate and needs to be developed and expanded.
- Basic facilities like waiting areas, nursing stations are not properly built .
- Doctors and other staff requirements are not filled as per Patient load and IPHS standard .
- Weak peripheral health care system increased patient load and hence departments have not been developed as per the subdistrict hospital standards.

- Centralized decision making at state level leads to delay in approval and implementation.
- Job roles and responsibilities are not clearly known to paramedical staff members.
- No existing documented quality management system .
- Lack of system for proper data capture, and analysis
- Clinical Audits and Medical Record Management system is not in place

OPPORTUNITIES:

- Availability of free land space for the development of hospital.
- Proper planning and coordination with DHS, NRHM and PHSC can lead to development of services and better delivery of health care in an integrated way.
- Willingness of Government to Empower the Leadership.
- Devolution of powers at local level for smooth functioning.
- Involvement of Local Population in Development.

CHALLENGES FACED:

- Decentralization of decision making at the Hospital level.
- Following all legal requirements such as AERB, BARC, etc.
- Adherence to Biomedical Waste Management rules 1998
- Following infection control practices.
- Upkeep and Sanitation of Hospital building and environment.
- Rearrangement of the various facilities as per the flow of the patient.

The main tasks performed as a Hospital Administrator are :

- Process Mapping & Gap Analysis
- Assessment against IPHS standard and National Quality assurance standards.
- Preparation of Action Plan
- Training Need Assessment of the employee of the Hospital.
- Collection of Forms and Format of the Hospital
- Patient Satisfaction Survey
- Formation of committees and SOP's for various departments.
- Solving the basic day to day issues of the staff members.

LEARNINGS from the training

- Understanding of the Quality Certification process .
- Detailed Process mapping and process flow of all departments of Hospital
- Gap identification & Gap analysis of all departments of the hospital for quality improvement.
- Implementation of the quality process in hospitals
- Preparation of the action plan.
- Understanding of the Fund flow from State level .