Third Party Audit of Eight Autonomous Hospitals of Government of NCT of Delhi

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Government of National Capital Territory of Delhi

Submitted by

Indian Institute of Public Administration
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Preface

This study on Third Party Audit (TPA) of Eight Autonomous Hospitals of Govt. of NCT of Delhi was assigned to IIPA by GNCTD as part of compliance of order of Hon'ble High Court of Delhi Order in WP(C)-9350/2014 Ramesh Chander V/s UOI & Ors. The purpose of TPA is to analyse efficiency of respective hospitals vis-à-vis objectives as per MoA (Memorandum of Association), identify barriers in the achievement of objective and suggest corrective measures accordingly.

Recent years have witnessed increasing attention on public expenditure on curative health. Govt. of National Capital Territory of Delhi (GNCTD) is also making significant efforts to expand curative health which includes autonomy to eight hospitals along with specific MoA (Memorandum of Association).

The study has analysed the efficiency of hospitals under six specific points (i) Governance and Management, (ii) Human Resource (Faculty, Paramedical Staff and Administrative Staff), (iii) Infrastructure, Equipment and Supplies, (iv) Patient Services, (v) Teaching and Training; and (vi) Resource Mobilisation.

The study has noted and underlined that there is scope of improvement in granting effective autonomy, deployment and retention of human resources, development and upkeep of infrastructure, equipments and supplies, patient services, teaching and training facilities including capacity building and resource mobilisation. At the same time, inter-hospital experience sharing, exchange of best practices and coordination to handle patients are also emerging as potential areas of follow up. Further, long-term plan is suggested in view of the changing times and emerging role of insurance sector, CSR, NGO's and education in the sector.

We are thankful to Govt. of Delhi to assign the study to IIPA and provide necessary support, information and guidance at different stages of TPA. At the same time, senior management, faculty and staff of respective hospitals also deserve our appreciation for their valuable inputs. Our thanks are also due to Dr. Shalini Manocha, Consultant who provided useful inputs in the information collection, analysis, interpretation and writing of report. Thanks are equally due to Shri Anand Singh, Research Assistant and Shri Vikas, Computer Operator for collection of information and analysis.

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List of Abbreviations

AAMC	*:*	*Aam Aadmi Mohalla Clinic*
AGCR	*:*	*Auditor General of Central Revenue*
AGM	*:*	*Annual General Meeting*
AHPI	*:*	*Association of Healthcare Providers India*
AIIMS	*:*	*All India Institute of Medical Sciences*
AMC	*:*	*Annual Maintenance Contract*
BAMS	*:*	*Bachelor of Ayurvedic Medicine and Surgery*
BDS	*:*	*Bachelor of Dental Surgery*
BPL	*:*	*Below Poverty Line*
BSES	*:*	*Bombay Suburban Electric Supply*
CAD	*:*	*Computer-aided design*
CAG	*:*	*Chief Auditor General*
CAPEX	*:*	*Capital Expenditure*
CBPACS	*:*	*Chaudhary Brahm Prakash Ayurved Charak Sansthan*
CCIM	*:*	*Central Council of Indian Medicine*
CCRAS	*:*	*The Central Council for Research in Ayurvedic Sciences*
CEO	*:*	*Chief Executive Officer*
CGHS	*:*	*Central Government Health Scheme*
CMC	*:*	*Comprehensive Maintenance Contract*
CNBC	*:*	*Chacha Nehru Bal Chiktsalay*
CNMD	*:*	*Centre for Neuromuscular Disorder*
CPC	*:*	*Central Pay Commission*
CSIR	*:*	*Council of Scientific & Industrial Research*
CSR	*:*	*Corporate Social Responsibility*
CSSD	*:*	*The Central Sterile Services Department*
CT	*:*	*Computed Tomography*
DA	*:*	*Dearness Allowance*
DDA	*:*	*Delhi Development Authority*
DEAS	*:*	*Double Entry Accounting System*
DEO	*:*	*Data Entry Operator*
DHFW	*:*	*Department of Health and Family Welfare*
DJB	*:*	*Delhi Jal Board*
DM	*:*	*Doctorate of Medicine*

DMHP	*:*	*District Mental Health Programme*
DNB	*:*	*Diplomate National Board*
DoIT	*:*	*Department of Information Technology*
DoPT	*:*	*Department of Personnel & Training*
DPR	*:*	*Detailed Project Report*
DSA	*:*	*Digital subtraction angiography*
DSCI	*:*	*Delhi State Cancer Institute*
DSIIDC	*:*	*Delhi State Industrial and Infrastructure Development Corporation*
DSSSB	*:*	*Delhi Subordinate Staff Selection Board*
DST	*:*	*Department of Science and Technology*
DTC	*:*	*Delhi Transport Corporation*
EC	*:*	*Executive Council*
ECG	*:*	*Electrocardiography*
ECHO	*:*	*Echocardiogram*
EDL	*:*	*Essential Drug List*
EdCil	*:*	*Educational Consultants India*
EEG	*:*	*Electroencephalogram*
EMG	*:*	*Electromyography*
ENT	*:*	*Ear-Nose-Throat*
ERP	*:*	*Enterprise resource planning*
ESI	*:*	*Employee's State Insurance*
ETP	*:*	*Effluent Treatment Plant*
EWS	*:*	*Economically Weaker Section*
FAR	*:*	*Floor area ratio*
FC	*:*	*Finance Committee*
FICCI	*:*	*Federation of Indian Chambers of Commerce & Industry*
GC	*:*	*Governing Council*
GeM	*:*	*Government eMarketplace*
GFR	*:*	*General Financial Rules*
GIA	*:*	*Grant in Aid*
GNCTD	*:*	*Government of National Capital Territory of Delhi*
GO	*:*	*Government Order*
GoI	*:*	*Government of India*
GTB	*:*	*Guru Tegh Bahadur*
GTBH	*:*	*Guru Tegh Bahadur Hospital*
H&FW	*:*	*Housing & Family Welfare*

HMD	*:*	*Hospital for Mental Diseases*
HMIS	*:*	*Hospital Management Information System*
HoD	*:*	*Head of Department*
HR	*:*	*Human Resource*
ICT	*:*	*Information & Communication Technology*
ICU	*:*	*Intensive Care Unit*
IGRT	*:*	*Image Guided Radiation Therapy*
IHBAS	*:*	*Institute of Human Behavior and Allied Sciences*
IIPA	*:*	*Indian Institute of Public Administration*
ILBS	*:*	*Institute of Liver and Biliary Sciences*
IMRT	*:*	*Intensity modulated radiation therapy*
IPD	*:*	*Inner Patient Department*
IT	*:*	*Information Technology*
JSSH	*:*	*Janakpuri Super Specialty Hospital*
KLD	*:*	*Kilo Litres Per Day*
LAN	*:*	*Local Area Network*
LCD	*:*	*Liquid Crystal Display*
LDC	*:*	*Lower Division Clerk*
LIG	*:*	*Low Income Group*
LINAC	*:*	*Linear Accelerator*
LIS	*:*	*Library and Information Science*
LTC	*:*	*Local Travel Concession*
MAIDS	*:*	*Maulana Azad Institute of Dental Sciences*
MAMC	*:*	*Maulana Azad Medical College*
MCh	*:*	*Master of Surgery*
MCI	*:*	*Medical Council of India*
MDS	*:*	*Master of Dental Surgery*
MFDS	*:*	*The Diploma of Membership of the Faculty of Dental Surgery*
MHRD	*:*	*Ministry of Human Resource Development*
MoA/U	*:*	*Memorandum of Association/Undertaking*
MRDA	*:*	*Marketing and Development Research Associates*
MRI	*:*	*Magnetic resonance imaging*
MTNL	*:*	*Mahanagar Telephone Nigam Limited*
NAAC	*:*	*National Assessment and Accreditation Council*
NABH	*:*	*National Accreditation Board for Hospitals*
NABL	*:*	*National Accreditation Board for Testing and Calibration Laboratories*

NCD	*:*	*Non- Communicable Diseases*
NICU	*:*	*Neonatal Intensive Care Unit*
NIMHANS	*:*	*National Institute of Mental Health and Neuro-Sciences*
NMHP	*:*	*National Mental Health Programme*
NQAS	*:*	*National Quality Assurance Standards*
OPD	*:*	*Out Patient Department*
OT	*:*	*Operation Theatre*
PDCC	*:*	*Post-Doctoral Certificate Course*
PG	*:*	*Post-Graduation*
PGCC	*:*	*Post Graduate Certificate Course*
PHD	*:*	*Doctor of Philosophy*
PPP	*:*	*Public Private Partnership*
PRO	*:*	*Public Relation Officer*
PSU	*:*	*Public Sector Undertaking*
PWD	*:*	*Public Work Department*
RCI	*:*	*Rehabilitation Council of India*
RCTC	*:*	*Resource Centre for Tobacco Control*
RGSSH	*:*	*Rajiv Gandhi Super Specialty Hospital*
RWHS	*:*	*Rain Water Harvesting Structures*
SAP	*:*	*Systems Applications and Products*
SMHA	*:*	*State Mental Health Authority*
SR	*:*	*Senior Resident*
SRHCH	*:*	*Satyawadi Raja Harish Chandra Hospital*
STP	*:*	*S*ewage Treatment Plant
TOD	*:*	*Transit Oriented Development*
UCMS	*:*	*University College of Medical Sciences*
UDC	*:*	*Upper Division Clerk*
UG	*:*	*Under Graduation*
USA	*:*	*United State of America*
USG	*:*	*Ultrasonography*
WAPCOS	*:*	*Water and Power Consultancy Services*
WHO	*:*	*World Health Organisation*
WHOCC	*:*	*WHO Collaborating Centres*

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Third Party Audit of Eight Autonomous Hospitals of Government of National Capital Territory of Delhi

Executive Summary

1. This report on third party audit of eight hospitals of Government of National Capital Territory of Delhi (GNCTD) brings together the efficiency, barriers therein and corrective measures to achieve the objectives as per respective Memorandum of Association/Undertaking (MoA/U). It is noted that autonomous status was granted to each of the hospitals, in line with the public policy to transform public sector as a facilitator in the overall context of efficiency, productivity and equity. It was also expected that autonomous body can expedite efficiency & productivity while maintaining equity in the larger interest of common man.

2. The efficiency has been examined in the six main areas of objectives of respective hospitals namely (i) Governance and Management (ii) Human Resources (Faculty, Paramedical and administrative support), (iii) Infrastructure, Equipment and Supplies, (iv) Patient Services (v) Teaching and Training (vi) Resource Mobilisation.

3. It was noted that despite a colossal amount of GNCTD investment, the follow up in each of these areas varies considerably. Efficiency of Governing Council (GC), empowerment of Director and local management, backlog in the professional and administrative manpower, capacity building of faculty and staff, mis-match between available space and facilities and upkeep (including technical manpower), service delivery, facilities to patients' registration, parking, canteen, medical facilities, commencement of reorientation education as per MoU and alternate methods of resource mobilisation are important areas of common attention to promote efficiency. Further, a long-term perspective plan is missing. It is also noted that nature and dimension of public support need suitable transformation in the light of public policy shift towards insurance cover to a larger segment of population and expanding coverage of health insurance across the households.

4. In the light of efficiency barriers and the nature and dimension of public support specific recommendation on each of the six focus areas are as follow:

Governance and Management

(i) A monitoring committee should be set up at apex level headed by Chief Secretary to meet once in six months to have feedback on timely conduct of GC meetings and sort out any major inter-institutional issue. This meeting may include Chairperson and Director/Principal of 8 hospitals along with Principal Secretary, Health, Finance & PWD.

(ii) There is a need to ensure that periodic meetings of GC are held regularly. Other committees should also be constituted as per MoA and standard norms.

(iii) Items once approved by GC should be final and if any process is required in the GNCTD, it should be done in advance before the matter is placed for the consideration of GC.

(iv) GC should be chaired by a person who is conveniently available. Recently Government of India has decided that Chairman of respective AIIMS will be a reputed Health Professional in place of Union Health Minister.[1] Accordingly, the GC of respective hospitals may also have chairperson from medical background along with one senior government functionary or his representative as a member.

(v) While some in the concerned institutes suggested that the minister be the chairman of the highest decision-making body i.e. Governing Council or Governing Body, the study team is of the view that a super specialist as the head of such a body would be more appropriate to understand the needs of the respective institute and would be more useful in helping these institutes in attaining greater heights. As mentioned earlier, various AIIMS have adopted this practice.

(vi) GC meeting should be held at least once in six months[2] (more frequent meetings can be organised in case of needs). The meeting should be held in the premises of respective hospital/institute so that EC members can see and feel the real issues institute is facing.

(vii) The Director should be given more powers/free hand, autonomy and accountability to fulfil his/her responsibilities as per the mandate of the institute.

(viii) The selection committee for the faculty positions (whether permanent or contractual) should be headed by eminent health professional with other members, subject matter expert and director as member secretary. The power to appoint selection committee should remain with GC. Decision of Selection Committee should be treated as final. Appointment letter can be issued by the director of the institute with post-facto approval of GC.

(ix) Authority to create, change and scrap any position should be with GC in consultation with FC. Files for the same should not go to GNCTD for approvals. It may be noted that there is already provision of Account functionary in the institute, who is on deputation from the accounts cadre of GNCTD and FC(Finance Committee) is headed by the Principal Secretary Finance.

a. The creation of new post (other than already sanctioned) need not be referred to the GNCTD at any stage, if there is no need of financial commitment from the government, i.e. the institute can meet the additional funds requirement from its own resources (revenue generated from extra budgetary sources).

[1] http://www.millenniumpost.in/nation/health-min-no-longer-chairman-of-all-aiims-328350 and http://www.newindianexpress.com/nation/2018/nov/22/ten-new-aiims-to-be-set-up-across-india-well-known-doctors-to-be-appointed-as-chairpersons-1901596.html

[2] Presently most of institutes have norms of GC meeting is once in a quarter and most of them not able to adhere to this norm.

b. If the budgetary support is needed for creation of the post, the matter should not be referred to the GNCTD at any stage after prior approval of finance department of GNCTD has been obtained as stipulated in Finance (Accounts) Department Government Order No. F.12/3/2010-AC/dsfa/DS III/914-921 dated 18-07-2011

(x) All administrative and financial powers other than budgetary support, need to be vested in the FC and GC. For each society hospital, the government has made commitment for providing CAPEX and salary expenditure. It can be presumed that the commitment is based on the projections made in the plan of the hospital itself. The expenditure thereafter should be left to the FC and GC and no file should be going to the government subject to audit of the expenditure as per norms. Any other additional expenditure may be referred to the government before the meeting of the FC and should be decided based on the concurrence of the department.

(xi) It may be noted that Finance (Accounts) Department Government Order No. F.12/3/2010-AC/dsfa/DS III/914-921 dated 18-07-2011 regarding Instructions and Guidelines regarding expenditure management is very old and applicable in general to all autonomous entities of the GNCTD. However, the requirements in providing healthcare are distinctly different and often obstruct the efficient functioning of these institutes. Therefore, the said G.O. needs to be amended.

(xii) As mentioned, a lot of ambiguity may be attributed to inadequate provisions for various things relating to Governance and Management, recruitment, promotion, pattern of assistance etc. in the MoA. The confusion thus prevailing has been compounded by the different interpretations of provisions by different parties. Each society hospital, at this stage may introduce/incorporate amendments so that subsequent actions to achieve efficiencies do not face any problem.

Human Resource (Faculty, Paramedical Staff and Administrative Staff)

(i) Every Institute should finalize its HR policy consisting of recruitment rules, reservations policy, promotion rules, leave rules, capacity building and continuous medical education programs, performance appraisals, incentives, rewards and revenue sharing models etc.

(ii) Pending promotions and transfer of posts related issues should be addressed within next 3 months.

(iii) Prepare a plan to fill faculty and nurses positions in a time bound manner along with necessary paramedical staff. The action on this should not be delayed beyond 6 months.

(iv) Once the group B&C posts are sanctioned, the institute may get the recruitment done through their own HR department. This will also allow them to customize the Job description for such positions. By any means the recruitment should be made within specified time frame, which should also be indicated in the MOU between DHFW and the institute (signed at the beginning of each year).

(v) The institute may adopt the system rolling advertisement on their websites to ensure no post should remain vacant. After initial rounds of recruitment, the vacant

positions may remain posted on the website of the Institute till they are filled ensuring that such positions get filled as soon as a suitable candidate is available.

(vi) Institutes which have provision of hiring contractual faculty and staff should appoint faculty and staff for minimum 5 years with regular pay scales equivalent to AIIMS New Delhi with annual increments and other benefits. During this contract period due promotion should be given with due procedure. The renewal of the contract in case of satisfactory performance should again be for the same period.

(vii) Also create and fill administrative positions in a similar manner. It should specifically include finance, procurement and general establishment.

(viii) Finalise terms and conditions of appointment in line with MCI guidelines or norms of respective university (giving affiliation to the institute). These may include necessary perks, leaves, other benefits and revenue sharing on research and consultancy assignments. Care should be taken that these are adequately attractive as compared to AIIMS or other benchmark as adopted by ILBS.

(ix) Also include appointment of retired Senior Doctors from teaching background as Professor or Additional Professors as already decided by Govt. of India for AIIMS in the country[3]. It may be done for the transition period till Associate Professors are eligible for promotion in a natural process of career progression.

(x) Specific funds should be earmarked for training and capacity building @ 2.5% of salary budget as already suggested by DoPT (Department of Personnel & Training) as part of National Training Policy 2012.

(xi) Exchange visits, publications, research and patent by faculty and participation in the in-house/outside workshops, seminars, and roundtables should be encouraged and rewarded.

(xii) Incentive system consisting of minimum level of performance expectations and rewards for high performance should be developed. These performances can be rewarded from the additional revenue generated by taking consultancy assignments from private sector on revenue sharing basis with faculty, generating revenue from extramural research grants, conducting short training program for private sector etc.

(xiii) Specific case studies should be documented on critical cases to have a feedback for institutional memory and future treatment in the similar cases.

(xiv) Inter institutional/hospital coordination should be established for referral system, faculty and student exchanges, capacity building, research, mutual attachment, seminars, workshops on relevant issues among different hospitals. This should also include sharing of high cost equipment and resources.

[3] http://www.newindianexpress.com/nation/2018/aug/21/centre-tries-slew-of-measures-to-get-faculty-for-six-new-aiims-1860863.html

Infrastructure, Equipments and Supplies

(i) Prepare a plan in a phased/time bound manner for infrastructure development under two categories considering a scenario for next 20 to 30 years in each hospital (i) physical infrastructure and services (ii) equipment and machinery. It (I&II) should include Library, canteen, parking, health club, outdoor activities, landscaping and green area etc.

(ii) Pending additional land/building transfer and approval of construction plan should be done on priority basis in case of DSCI, CNBC and ILBS.

(iii) The infrastructure Development Plan should also include ETP, STP, rain water harvesting and solar energy.

(iv) Depreciated Machines should be replaced immediately. AMC/CMC should be updated as per requirement Once CAPEX is approved by the GNCTD, files for procurement of any equipment need not be sent to the GNCTD.

(v) Similar to new AIIMS directors, director of institute should be empowered to procure all equipment or contract less than Rs. 5 crores advised by technical procurement committee consisting of finance department officials, medical experts from outside, bio-medical engineering experts, HOD of User Department, procurement and administration officials. Any equipment/contract beyond that amount can be procured after permission of GC.

(vi) The plan should also include outsourcing/PPP models under alternate scenario for provision and up keep of equipments. Equipment which are outsourced/PPP Model, usage and supervisory right and right to use should be with hospital itself (As in case of JSSH).

(vii) Applicability of TOD (Transit Oriented Development) should be explored for expansion of campus. It may provide extra space for necessary use including residential accommodation for hospital staff.

(viii) Convergence of various state and central government schemes and programmes should also be done to tap vast potential to expand services, outreach activities and visibility.

Patient Services

(i) Initiate a more effective on-line registration system which may also be linked with Municipal Corporation and other GNCTD hospitals along with the current system of off-line registration.

(ii) Integration of Mohalla clinics and other government health system for better referral system and reducing overcrowding at these institutes.

(iii) Increase bed capacity with required faculty and staff for better patient services.

(iv) Give special treatment to senior citizens in the registration and user-friendly movement as practiced by MAIDS/RGSSH/JSSH etc. Senior Citizens clinics should be run by a team of multi-disciplinary doctors.

(v) Provide proper place for waiting for patients and attendants.

(vi) Ensure suitable canteen and dietary services for patients/attendants maintaining standards of hygiene and health.

(vii) Construction of Dharmashala in institutes where patient requires long-term treatment.

(viii) Monitoring on patient facilitation should include WhatsApp groups connected with Nurses, Doctors and senior functionaries of hospitals.

(ix) Initiate encouragement for patient care through encouragement or award and appreciation as employee of the month and notification for best care of patients. It may include Doctors, Nurses, and other relevant staff.

(x) Organize public awareness lecture series and community outreach activities including behaviour change communication (BCC) components for better public health outcomes and effective referral system.

Teaching and Training

(i) Initiate postgraduate/Super speciality doctoral courses as per mandate.

(ii) Develop specialised short courses as per specific fields for additional revenue generation.

(iii) Develop residential facilities for students where so ever required.

(iv) Promote campus placement system for students in different medical disciplines.

(v) Prepare a long-term plan to create 'Deemed University Status' in respective field (like ILBS).

(vi) Develop networking with similar institutions within Delhi, India and elsewhere to share latest developments in the sector. It should include short-term attachment of students, virtual teaching, joint seminars, workshops, research and case study development.

Resource Mobilisation

(i) Prepare a suitable financial plan including extra-budgetary resources.

(ii) Do stakeholder mapping and potential (i) above.

(iii) Work-out cost and revenue (charges) in case of individual patients to identify subsidy and better targeting of support for equity & distributive justice. Each institute may develop a viable business model considering their requirements by focussing on following points:

a. GNCTD should support the CAPEX for new developments and salary expenditure of the institutes for sanctioned positions.

b. Calculate operational cost of services i.e. cost of drugs, consumables, operational and maintenance cost provided to patients for each process

including OPD and IPD so that a proper estimate of expenditure on each patient can be made. This cost estimate should not include salary and capital cost of equipment as it will be borne by the government directly.

c. Add a reasonable margin (say approx. 10%) of the cost of each product/ service offered to the patients to determine the price.

d. For each patient billing should be done on the above calculated price.

e. As per policy GNCTD may reimburse the bill of BPL and other agreed groups of patients to the hospital on monthly basis. Patients which are covered under other health insurance cover of Central Government, CGHS, DGHS, PSUs or private insurance will pay to hospital on the billed amount through insurance company/organisation. Uninsured and uncovered patients shall pay in cash. The hospital can waive and finance a patient who they feel is really needy and not covered under any plan from the pool of 10% margin created.

f. Revisit pricing annually to update, revise or do differential pricing as per need.

(iv) Explore CSR funds for patient care, creating infrastructure, buying high cost equipment and creation of 'chair professor' to develop departments and faculty in the specific area of expertise.

(v) Use revenue model in the infrastructure development (as applied by JSSH) by outsourcing high cost facilities and medical services. This can include private ward, commercial use of available space and space for certain medical/clinical services.

(vi) The government may also appoint a committee or commission a study to assess the revenue generation potential of each society hospital, as some of the hospitals like ILBS or DSCI may have greater opportunities, the hospital like IBHAS may find it difficult in view of the nature of illness being catered to and state's obligation to provide Mental Health Care.

Long-term Measures

5. Corrective measures as identified above are under a short/short-medium term perspective. However, respective institutes being autonomous bodies should also plan with long term perspective. While planning for long-term scenario certain considerations need to be guiding factor such as:

a. The respective hospital needs to generate more resources on their own and budgetary support may decline gradually.

b. Health care is an important area of public intervention. Yet, the nature and dimensions of support do not remain same. Accordingly, the public support modalities as existed at the time of GNCTD decision (early 2000s) to give autonomy to hospitals have changed considerably. Mohalla clinic scheme of GNCTD (and similar efforts from other states) and Ayushman Bharat provide a larger support through insurance cover. At the same time direct coverage under health insurance

policies for lower and middle income group is also expanding considerably. Financial support through suitable insurance cover is now emerging as a supplement to basic support under budgetary allocation to hospitals.

c. This scenario will further change in the years to come and support to eligible non-earning or low earning segment of households will be largely supported by insurance cover. Therefore, the direct support from government will gradually decline.

d. In the light of the above suggested business model, in resource mobilization section, a suitable mechanism of cost-recovery, resource mobilisation and self-reliance should be explored which may be initiated in due course.

e. Participatory funding and convergence would continue to be another source of extra budgetary support to ease the problem of declining funding (public sector support) from the government.

f. Each hospital, therefore, should prepare a long-term plan covering expansion, development of campus, human resources, infrastructure, equipment/machines and other activities along with suitable resource mobilisation in a phased manner.

Barriers

	DSCI			CNBC			CBPACS			JSS			IBHAS			ILBS			MAIDS			RGSSH		
Management Control and Follow up	Only 13 Governing council meetings held so far whereas 38 meetings supposed to hold. Director post – contractual			Only 8 governing council meetings have been conducted against expected minimum 20 meetings			Full time Director post for most of its existence has remained vacant			Director working on diverted capacity. 5 GC meetings held so far whereas 21 meetings supposed to be held.			58 meetings of EC have been conducted. In recent past the number of meetings of EC has also reduced in a year only one meetings is being convened.			44 GC meetings held since 2002. 11 meetings held in last 5 years			31 GC meetings held whereas 51 meetings were supposed to hold.			Only 3 GC meetings held so far whereas21 meetings should have been held so far.		
Placement of Manpower		Sanctioned	Deployed		Sanctioned	Deployed		Sanctioned	Deployed		Sanctioned	Deployed		Sanctioned	Deployed		Sanctioned	Deployed		Sanctioned	Deployed		Sanctioned	Deployed
	Faculty	284	130	Faculty	50	35	Faculty	84	57	Faculty	158	67	Faculty	253	128	Faculty	247	67	Faculty	98	67	Faculty	252	89
	54% vacancy in the faculty post			Paramedics	520	269	Paramedics	98	51	Paramedics	264	34	Paramedics	117	89	Administrative staff	401	97	Paramedics	59	47	Paramedics	568	64
																Paramedics	291	117						
										Administrative staff	35	29	Administrative staff	59	41	**72%** vacancy in faculty post. **75%** vacancy in administrative post. **59%** vacancy in paramedics posts.			Administrative staff	42	23	Administrative staff	83	8
				Administrative staff	74	29	Administrative staff	53	05															
				60% vacancy is seen in administrative posts. Dy Director Admin post is vacant. Need to increase the paramedical staff to run the radiology, laboratory services round the clock.			**90%** vacancy is seen in administrative posts. Non availability of Radiologist despite repeated advertisements.			**57%** vacancy in the faculty post. **87%** vacancy in paramedics post			There is no medical superintendent						There is no Assistant Nursing Superintendent			**64%** vacancy in the faculty post. **90%** vacancy is seen in administrative posts. 88% vacancy in paramedics post		
Service Conditions of Faculty and staff	It is important to note that all faculties, resident doctors and staff positions created in DSCI are contractual in nature as per MOA. Faculty is appointed for a period of five year contract basis till the age of superannuation. No faculty recruitment and promotion has been done in last 5 years. No medical benefits			For the contractual faculty -Terms of employment related to every year renewal of contract after first 4 year creates a lot of dissatisfaction. Faculty is not clear with regard to leave rules. They have not given with any medical benefits and social benefits like provident fund, health insurance etc. There is no provision for intramural grants to faculty to start of initiate any research.			The salaries and other incentives are provided as per Delhi Govt proposed pay structure, which is mentioned in the MoA also. But many perks like pensionary benefits, health facility, LTC etc. are not available to the staff. Faculties are allowed to attend conferences and are entitled for 10 days of academic leaves but are not provided with any financial aid for the same.			The contract period of the employees is 1 year against 5 years as stipulated in rules. There is no perks or increment for the faculty on contract. For attending seminars / conferences only Academic Leaves are granted, no financial support is given.			Interesting, even though unlike most of the other autonomous health sector institutes of GNCTD, all faculty positions in IBHAS are permanent still IBHAS is not able to retain and recruit talented faculty. This is mainly due to poor faculty promotion avenues and unclear recruitment rules.			There is no promotion policy on the ground that all the staff including doctors are appointed on contract basis for a period of four years, extendable based on performance.			The key positions are filled on deputation/contract basis leading to dilution of accountability and institutional memory along with a systematic transfer of responsibilities			At present only 11 faculty members are working due to lack of comparable salary structure (not revised since 2004), lack of promotional aspects or any other incentives like LTC (Leave Travel Concession), Earned Leave, deduction of Provident Fund etc. It is also noted that salary structure is contractual and the appointment can continue fill the age of		

	DSCI	CNBC	CBPACS	JSS	IBHAS	ILBS	MAIDS	RGSSH
								superannuation. Entire hospital is running in a purely adhoc manner. The Assistant Professor is appointed on contractual basis and is also used to occupy senior positions without giving their promotion in due course.
Infrastructure	Shortage of space There is no place for increasing OPD rooms indoor beds, several supportive services, parking etc. Over utilisation of available ground space. Ground coverage is already over 43%. Need at least 1,000 more beds. Treatment could be started in most of the patients immediately, if histopathology available and other parameters are suitable – NOW HAVING WAITING LIST TILL March'19 – EQPTS NEEDED	Construction of waiting area still pending with PWD for about 7 years.	No Telephone land line from MTNL. No Piped Water supply from Delhi Jal Board. HMIS and e-governance is not well developed.	Challenges faced by them: - Establishment of Cath / DSA Labs and Modular OTs. Starting IPD	Non-availability of MRI and LAN facility.	Lack of housing for faculty	In certain cases it was noted that CMC is note done.	Centralized AC plant repair was stopped due to delay in Grant-Aid leading to shut down of services in Hospital like laboratory, OT, ECHO, USG and Endoscopy services. Modular OT repair State-of-the-art OT's were constructed by PWD but maintenance not being done. MGPS and UPS need urgent repair whereas civil maintenance work is also affected. Rain water draining system and CCTV surveillance system and LAN & Voice communication server systems needs repair as well.
Patients facilitation	Space for sitting for the patients and attendants are provided but not sufficient. Hospital does not have adopted any complete HMIS system, online OPD IPD registration, Lab Management Information System, Inventory Management Information system.	Proper sitting place for patients is available but place and facilities for the attendants are not available. The principle of 'One bed-one patient ratio' is not being followed in CNBC as many times two or three patients are there on one bed.	No Ambulance facility. No whatsapp group existing.	No outreach programme was organised by the hospital in last 3 years.	Online registration system is not there in the hospital. Offline Computerized Patient Registration was done only. No whatsapp group existing.		Availability of parking facility is poor for overwhelming number of patients.	Construction of ramp is still under progress. Space provided but not sufficient in OPD waiting area and atrium area.
Teaching	Courses planned but not yet started. Hostel facility for students is not there.	As per MoA, post graduate and post-doctoral courses in various fields were planned but institute is not able to start MCh and DM courses.	It was also planned to have MD courses in all fields but it is not yet started.	As per MoA it was planned to initiate academic curricula of post graduate and post-doctoral courses but not yet started. No classrooms, labs, auditorium and no hostel		Less enrolment in Certificate courses No increase in seats by MCI in spite of repeated requests.		As per MoA it was planned to initiate academic curricula of post graduate and post-doctoral courses but not yet started. Hostel facility for students is not there.

	DSCI	CNBC	CBPACS	JSS	IBHAS	ILBS	MAIDS	RGSSH
				facility for students are there. There was no publication by any faculty member, indicating that no researches are being carried out at present.				
Resource Mobilisation.	A proportion of patients as decided by the GC patients would be seen free or at concessional rates and remaining would pay for the services at the rates laid down by GC.	Despite approval of CGHS rates to be implemented as user charges for the patients as per the POA document, it has yet not been ratified by the government	A proportion of patients as decided by the GC patients would be seen free or at concessional rates and remaining would pay for the services at the rates laid down by GC.		OPD Registration- Rs 10per visit. All the user charges are free of cost, however the patients who prefer to admit in private ward, charges are applicable.	user charges-60% of ganga ram rates Revenue sharing is not available to entire staff.		
Long term plans	Planned for future expansion to add a separate OPD Block and additional 1000 bedded indoor block at DSCI complete with all supportive services including a multi-level parking block.	Expansion plan for hospital building is planned. A plot measuring Approximately 10, 000 SQM has been allotted. Construction to be started. It is proposed to develop super specialities which are not currently available and to strengthen the present facilities. Develop academic programmes	To be a premier research centre in upcoming years. To established affiliations with recognised universities and institutions of higher learning. To serve as a resource centre for Ayurveda and to establish affiliations from international centres for Ayurveda.	Filling up all the vacant post and 100% recruitment Creation of surgical branches posts. Development of lecture theatres for students. Development of Auditorium.	Develop institutional complex into an autonomous body with HMD, UCMS & GTBH forming into its component wing.	Getting more patients as bed occupancy is 75% Completion of 2nd phase	MAIDS has laid down future plan under alternate scenario i.e. 2018-23, 2023-28 and 2028-2033. This includes a new block (almost ready to occupy) of 171000 sq.ft. on 10 Acres of land, mobile bans (6) for school oral health, recruitment of faculty to have 1:1 ration (students to teaching staff) and two more labs.	

Inter hospital Initiatives for Mutual Adaptation and Follow Up

	DSCI	CNBC	CBPACS	JSS	IBHAS	ILBS	MAIDS	RGSSH
Management Control and Follow up	Proactive role of director to arrange facilities.			Proactive role of director to arrange facilities.	Proactive role of director	Good management and control by the director.	Proactive role of director to commence GC meetings. Good management and control	
Placement of manpower			Post approved RRs, recruitment of faculty on regular basis.			Appointment of staff is fairly good with perks, training and approval for participation in seminars etc.	Most staff is on regular scale.	
Infrastructure		NABH Accreditation: first public sector hospital in the country to get NABH Accreditation in 2009 Hostel facility, auditorium, classrooms available. There are several Whatsapp group among faculty and staff for daily updates and continuous sharing of information.		HMIS and e-governance is well developed- Digitalization – LIS, printed reports, paperless EEG. Baby day care centre for institutional employees.	Hostel facility for students. Auditorium, class room and activity room are available.	Received- NABH Accreditation on 4th January,2012 & NABL Accreditation on 20th January,2013. NAAC- A Grade University	enough space for research, treatment and related services NABH	
Patients facilitation	OPD & related services commence by 7 AM without any time limit for closing till the last patient is seen usually upto 8 PM. DSCI provides meals at just about Rs. 10 per plate and tea/coffee at just about Rs. 5 per cup at 'no profit-no loss basis' for the waiting patients and their attendants. Other than this DSCI tied up with some NGOs for free community meals to be served to about 700 – 800 persons waiting in OPD on every Wednesday, Thursday & Friday.	Training Programs conducted for Students in various schools. CNBC started unique initiative named Medical Clowning. In which Counselors Visit CNBC every week to cheer up kids and educate parents	Priority arrangement for senior citizens and women are earmarked with separate counters.	2013 Airport Benches &Chairs and Separate Senior Citizen Line and Clinic. Centralized sample collection room Central trolley station Has SMS Services for viewing reports on smart phone in view of patient care. Separate OPD registration and pharmacy counters for differently abled patients. An elderly patient won't have to visit doctors of various specialties separately; rather Doctors from various	Half way homes for homeless patients. Institute does not have any space constraint.	Token numbers at billing counters. Good waiting area, Help Desk The institute has WhatsApp group for communication amongst doctors, nurses and paramedics for better monitoring of patients and facilitation. The facility is also being utilised for streamlining of hospital services to provide better patient care.	Senior Citizens are given special care during registration and subsequent treatment along with availability of Ramps and wheelchairs. Each floor also has a rest room, halt room and seating arrangement. Besides, there is recreation area in three floors and canteen.	Major signage facilities are available in the hospital.

	DSCI	CNBC	CBPACS	JSS	IBHAS	ILBS	MAIDS	RGSSH
				specialties will sit under one roof and examine the elderly patient under one roof to avoid inconvenience to them. Tele consult- Video-conferencing patient can access specialist and super specialist care if he is located at a remote place E-payment mode process has started				
Education		1.DNB Pediatrics: 10 per session 2. DNB Pediatric surgery: 3 per session 3. FNB (Pediatric Nephrology) : One per session 4. Fellowship in Pediatric anesthesia: 2 per year 5. Fellowship in Pediatric Orthopedics: One per session 6. Fellowship in Pediatric Infectious diseases: One per session. The faculty has published more than 130 research publication in last 5 years. However, very few publications are published in impact factor more than 4.	UG and PG courses are currently running.		i)MD Psychiatry course started from 2003 with Two students per year. Now it has been increased to 08 students. ii) DM Neurology course started from 2008 with One candidate per. Now the seats have been increased to 03 candidates/per iii) M. Phil. (Clinical Psychology) course started from October with 10 students at present	ILBS is a deemed university under the UGC act	Courses offered by the MAIDS are BDS, MDS, PG Diploma in Implantology and advanced Endodontic, clinical Assistant, Dental Operatory Room Assistants. No of BDS students has gave up from 20 to 40.	
Resource Mobilisation.	All patients in General OPD/Ward receive free treatment including drugs – about 1,500 patients daily – DSCI discharging Social Responsibility on behalf of the Govt. as most of these patients are poor or reach totally 'broke'					CSR funds for the poor people.	Resources are also mobilised from CSR of private sector.	

PART – I

Key Findings and Recommendations

Contents

PART-I

Key Findings and Recommendations

The Background and Methodology

1. This report on third party audit of eight autonomous hospitals of Government of National Capital Territory of Delhi (GNCTD) is based on the assignment undertaken by Indian Institute of Public Administration (IIPA) at the instance of GNCTD. The audit covered three important objectives from process evaluation perspective, namely:
   (i) Efficiency of hospitals vis-à-vis objectives as per MoA (Memorandum of Association)
   (ii) Barriers existing in the achievement of the set objectives, and
   (iii) Corrective measures to remove the barriers in a short and long-term perspective.
2. The audit was done in a participatory manner involving visits to individual institutes (Annexure-I) to physically observe and interact will all concerned stakeholders. Requisite information was collected on a predesigned datasheet (Annexure II) and specific discussions with the key stakeholders included Director/Principal, Faculty, medical staff, Paramedical Staff, Administrative Staff and Students (wherever applicable). In addition, patients/attendants' feedback were also taken from both OPD and IPD on their facilitation, interaction with faculty (doctors) and other functionaries of respective hospital (Annexure-III). The key issues related to the study were also discussed with senior functionaries in the department of Health and Family Welfare, GNCTD and representatives of respective hospitals. Feedback on draft report was also taken from respective hospitals to finalise the report. (Annexure IV) Based on these interactions and collected information a detailed analysis of each hospital is separately given in Part II of this report.
3. It is noted that efficiency of respective hospitals varies significantly from one to another. Important areas of common attention and correction include (i) Governance and Management (ii) Human Resource (Faculty, Paramedical and administrative support), (iii) Infrastructure and Equipments, (iv) Patient Services. (v) Teaching and Training, and (vi) Resource Mobilisation. The key points on main barriers as observed during the audit under these six specific areas have been discussed in this part.
4. At the same time, it is also observed that individual hospitals are also taking measures to efficiently perform in each of these six areas. Finally, on the basis of barriers and efficiency parameters within the hospitals and elsewhere specific corrective measures in terms of short and long-term actions are suggested for suitable follow up. Further, long-term actions are also suggested in continuation of MoU, efficiency, barriers and short-term corrections.

Governance and Management

5. MoA provides for constitution of a Governing Council (GC) (Executive Council in case of IHBAS) as a final authority for management and control of each of the hospitals with Chief Secretary GNCTD as its Chairman (Minister H&FW in case of CBPACS) and Director (Principal) of Hospital as Member Secretary. In addition, hospitals also have executive committee/selection committee/finance committee/ethics committee which function under the overall control of GC.

6. It is noted that GC and other committees (finance/selection) responsible for Governance and Management are by and large not effectively operating to trace the progress and initiate corrective measures to bridge the efficiency gap in a periodic and time bound manner. Yet, positive results are drawn and a relatively better coordination is achieved. Main points of efficiency barriers, attention and correction in this regard are as follow:

Efficiency Barriers

a. GCs do not have their regular meetings. There are significant gaps which vary from one hospital to other. Thus, the progress is not assessed timely and issues multiply in nature and implications. The decisions taken by GCs are also not timely implemented due to further processing in the state government. There is ambiguity in the MOA of many hospitals and further orders issues by GNCTD that decisions taken by GC and FC require further approval of the GNCTD. Therefore, the desired and required autonomy given to the institutes to become real centre of excellence does not exist. GC of the institutes has been empowered to create or abolish positions of faculty and staff as per their needs, but they have to seek approval of the government again.

b. The Director/Principal of institute does not have adequate powers including recruitment, expenditure and planning. His role is diluted along with committees as indicated in (5) and (6) above. It is also noted that often Director is not deployed full time (Ch. Brahm Prakash Ayurved Charak Sansthan {CBPACS}).

c. Senior positions in faculty like professor and HODs and administration like Medical Superintendent and Deputy Director Administration are either vacant or filled by officers on deputation/contract or are assigned to fairly senior officers leaving a significant gap for ownership, continuity, accountability and institutional memory.

Corrections

(i) A monitoring committee should be set up at apex level headed by Chief Secretary to meet once in six months to have feedback on timely conduct of GC meetings and sort out any major inter-institutional issue. This meeting may include Chairperson and Director/Principal of 8 hospitals along with Principal Secretary, Health, Finance & PWD.

(ii) There is a need to ensure that periodic meetings of GC are held regularly. Other committees should also be constituted as per MoA and standard norms.

(iii) Items once approved by GC should be final and if any process is required in the GNCTD, it should be done in advance before the matter is placed for the consideration of GC.

(iv) GC should be chaired by a person who is conveniently available. Recently Government of India has decided that Chairman of respective AIIMS will be a reputed Health Professional in place of Union Health Minister.[4] Accordingly, the GC of respective hospitals may also have chairperson from medical background along with one senior government functionary or his representative as a member.

(v) While some in the concerned institutes suggested that the minister be the chairman of the highest decision making body i.e. Governing Council or Governing Body, the study team is of the view that a super specialist as the head of such a body would be more appropriate to understand the needs of the respective institute and would be more useful in helping these institutes in attaining greater heights. As mentioned earlier, various AIIMS have adopted this practice.

(vi) GC meeting should be held at least once in six months[5] (more frequent meetings can be organised in case of needs). The meeting should be held in the premises of respective hospital/institute so that EC members can see and feel the real issues, that institute is facing.

(vii) The Director should be given more powers/free hand, autonomy and accountability to fulfil his/her responsibilities as per the mandate of the institute.

(viii) The selection committee for the faculty positions (whether permanent or contractual) should be headed by eminent health professional with other members, subject matter expert and director as member secretary. The power to appoint selection committee should remain with GC. Decision of Selection Committee should be treated as final. Appointment letter can be issued by the director of the institute with post-facto approval of GC.

(ix) Authority to create, change and scrap any position should be with GC in consultation with FC. Files for the same should not go to GNCTD for approvals. It can be safely assumed that present sanctioned strength of staff was part of the plan when each of the 8 hospitals was conceived. It may be noted that there is already provision of Account functionary in the institute, who is on deputation from the accounts cadre of GNCTD and FC is headed by the Principal Secretary Finance.

a. The creation of new post (other than already sanctioned) need not be referred to the GNCTD at any stage, if there is no need of financial commitment from the government, i.e. the institute can meet the additional funds requirement from its own resources (revenue generated from extra budgetary sources).

b. If the budgetary support is needed for creation of the post, the matter should not be referred to the GNCTD at any stage after prior approval of finance

[4] http://www.millenniumpost.in/nation/health-min-no-longer-chairman-of-all-aiims-328350 and http://www.newindianexpress.com/nation/2018/nov/22/ten-new-aiims-to-be-set-up-across-india-well-known-doctors-to-be-appointed-as-chairpersons-1901596.html

[5] Presently most of institutes have norms of GC meeting is once in a quarter and most of them not able to adhere to this norm.

department of GNCTD has been obtained as stipulated in Finance (Accounts) Department Government Order No. F.12/3/2010-AC/dsfa/DS III/914-921 dated 18-07-2011

(x) All administrative and financial powers other than budgetary support need to be vested in the FC and GC. For each society hospital, the government has made commitment for providing CAPEX and salary expenditure. It can be presumed that the commitment is based on the projections made in the plan of the hospital itself. The expenditure thereafter should be left to the FC and GC and no file should be going to the government subject to audit of the expenditure as per norms. Any other additional expenditure may be referred to the government before the meeting of the FC and should be decided based on the concurrence of the department.

(xi) It may be noted that Finance (Accounts) Department Government Order No. F.12/3/2010-AC/dsfa/DS III/914-921 dated 18-07-2011 regarding Instructions and Guidelines regarding expenditure management is very old and applicable in general to all autonomous entities of the GNCTD. However, the requirements in providing healthcare are distinctly different and often obstruct the efficient functioning of these institutes. Therefore, the said G.O. needs to be amended.

(xii) As mentioned, a lot of ambiguity may be attributed to inadequate provisions for various things relating to Governance and Management, recruitment, promotion, pattern of assistance etc. in the MoA. The confusion thus prevailing has been compounded by the different interpretations of provisions by different parties. Each society hospital, at this stage may introduce/incorporate amendments so that subsequent actions to achieve efficiencies do not face any problem.

Human Resource (Faculty, Paramedical Staff and Administrative Staff)

8. Quality and required number of human resources is the key determinant of efficiency in the respective hospitals/institutes. IHBAS, CBPACS and MAIDS have regular permanent faculty and staff members with proper scales, whereas ILBS and DSCI appoint faculty and staff in the contractual mode renewed after stipulated term with proper scales, perks/amenities, training, participation in seminars/workshop, research and publication at the credit of faculty Other three institutes do not give proper scales and just give consolidated pay with different contract which will be annually renewed till superannuation without any annual increment and promotion. It is also noted that all hospitals have high faculty and staff attrition rate. Accordingly, main points of efficiency barriers and correction are as follow:

Efficiency Barriers

a. Faculty is appointed on contract with consolidated salary. Faculty is paid in certain cases (RGSS Hospital, JSS Hospital, and CNBC) lower salary than SRs. Many important perks (pensionary benefits, Leave encashment, and health insurance coverage) are not included. There is no breakup of salary given resulting into high incidence of income tax on salary. On top of it the terms of appointment in RGSSH, JSSH and CNBC show the appointment on contract may be extended annually till the age of superannuation. Faculty and staff are not provided with several academic benefits

such as financial support to attend international/national conferences and workshops, LRAs etc.

b. Institutes like IHBAS, DSCI, CNBC, MAIDS and RGSSH faculty are not given promotions due to lack of or unclear career advancement scheme in these institutes.

c. There is a wide gap between posts sanctioned and filled leading to heavy work load across the hospitals and leading to deterioration of quality of patient services offered, increased waiting time and patient dissatisfaction.

d. Recruitment of group B & C positions has often been entrusted to agencies like Delhi Subordinate Services Selection Board (DSSSB) or EdCil (Educational Consultants India) in the past and even now. However, many a time the process has either taken too long or not being completed leading to delay in appointment which affects the functioning of the hospital.

e. Most of these hospitals are dealing with super-specialities, human resource for these types of facilities are in high demand in both private sector and public sector. Due to shortage, there is a need to offer good lucrative salary packages and incentives to attract the talent.

f. All of the above points prove to be counterproductive for retention of employees and attraction of talent.

g. Institutes like RGSSH, JSSH, and DSCI are not able to start planned teaching courses due to non-appointment of senior faculty (Professor Positions mandatory for MCI approval) which also leads to less research and publications.

h. Limited exposure and lack of opportunities for capacity building are also common barriers in the institutions other than MAIDS/ILBS. These are noted across the employees. It is also noted that backlog in the deployment is fairly wide across the faculty, paramedical staff and administrative wing.

i. The terms and conditions of appointment of Para-medical and administrative staff are not better leading to low deployment, low perks and heavy workload. In one case outsourced staff appointed as 'nursing orderly' was actually working as Staff Nurses and receiving only Rs. 14000/- per month which is significantly lower than a normal salary.

Corrections

A host of corrective measures are suggested in this regard such as:

(i) Every Institute should finalize its HR policy consisting of recruitment rules, reservations policy, promotion rules, leave rules, capacity building and continuous medical education programs, performance appraisals, incentives, rewards and revenue sharing models etc.

(ii) Pending promotions and transfer of posts related issues should be addressed within next 3 months.

(iii) Prepare a plan to fill faculty and nurses' positions in a time bound manner along with necessary paramedical staff. The action on this should not be delayed beyond 6 months.

(iv) Once the group B&C posts are sanctioned, the institute may get the recruitment done through their own HR department. This will also allow them to customize the Job description for such positions. By any means the recruitment should be made within specified time frame, which should also be indicated in the MOU between DHFW and the institute (signed at the beginning of each year).

(v) The institute may adopt the system of rolling advertisements on their websites to ensure that no post remains vacant. After initial rounds of recruitment, the vacant positions may remain posted on the website of the Institute till they are filled ensuring that such positions get filled as soon as a suitable candidate is available.

(vi) Institutes which have provision of hiring contractual faculty and staff should appoint faculty and staff for minimum 5 years with regular pay scales equivalent to AIIMS New Delhi with annual increments and other benefits. During this contract period due promotion should be given with due procedure. The renewal of the contract in case of satisfactory performance should again be for the same period.

(vii) Also create and fill administrative positions in a similar manner. It should specifically include finance, procurement and general establishment.

(viii) Finalise terms and conditions of appointment in line with MCI guidelines or norms of respective university (giving affiliation to the institute). These may include necessary perks, leaves, other benefits and revenue sharing on research and consultancy assignments. Care should be taken that these are adequately attractive as compared to AIIMS or other benchmark as adopted by ILBS.

(ix) Also include appointment of retired Senior Doctors from teaching background as Professor or Additional Professors as already decided by Govt. of India for AIIMS in the country[6]. It may be done for the transition period till Associate Professors are eligible for promotion in a natural process of career progression.

(x) Specific funds should be earmarked for training and capacity building @ 2.5% of salary budget as already suggested by DoPT (Department of Personnel & Training) as part of National Training Policy 2012.

(xi) Exchange visits, publications, research and patent by faculty and participation in the in-house/outside workshops, seminars, and roundtables should be encouraged and rewarded.

(xii) Incentive system consisting of minimum level of performance expectations and rewards for high performance should be developed. These performances can be rewarded from the additional revenue generated by taking consultancy assignments from private sector on revenue sharing basis with faculty, generating revenue from extramural research grants, conducting short training programs for private sector etc.

(xiii) Specific case studies should be documented on critical cases to have a feedback for institutional memory and future treatment in the similar cases.

[6] http://www.newindianexpress.com/nation/2018/aug/21/centre-tries-slew-of-measures-to-get-faculty-for-six-new-aiims-1860863.html

(xiv) Inter institutional/hospital coordination should be established for referral system, faculty and student exchanges, capacity building, research, mutual attachment, seminars, workshops on relevant issues among different hospitals. This should also include sharing of high cost equipment and resources.

Infrastructure, Equipments and Supplies

9. Infrastructure includes the physical structure of campus (class-room, office, residential complex etc.) services (Central Sterile Supply Department (CSSD), Medical Gas Pipeline System (MGPS), AHU, STP, ETP, Bio-medical waste management equipment, water, power, electricity etc.) and development of facilities Reception, Emergency Wards, OPD and IPD Blocks, OT, ICUs, Waiting Rooms, Hostel, Residential Accommodation, Lab, Library, Blood Bank etc. Supplies includes all consumables, drugs and outsourced services. It is noted that by and large campuses are developed as per plan with suitable physical structure. Yet, many facilities are not provided in the plan itself or not taken up as per plan.

Efficiency Barriers

The main efficiency barriers noted in this regard are:

a. It is noted that a large part of campus is lying vacant and equipment are not being used optimally (RGSSH, JSSH).

b. It is also noted that space is inadequate for smooth functioning of even hospital services and require expansion (CNBC, DSCI).

c. Similarly, necessary back up of electricity, water, network etc. is inadequate or there are issues of coordination with PWD/DSIIDC of GNCTD which is responsible for capital and O&M expenditure on such services.

d. Accommodation to manpower is another feature of common concern (except for CBPACS and IHBAS accommodation is not provided in a planned manner). MAIDS is sharing hostel accommodation for students with MAMC.

e. There is also a mismatch between equipment and manpower exclusively kept for their up keep. At couple of places Senior SR/JR are also given the task to handle ultra sound, MRI etc. in addition to their routine assignment due to unavailability of technicians. CNBC has closed a section of NICU due to shortage of doctors, technical staff and nurses. Further, due to shortage of radiologist it is not able to offer various key services on time. It has also not provided with specialised child care ambulance services.

f. Closure of facilities due to loss of equipment (DSCI) or inadequate planning for the service (MRI at IHBAS) has often led to delivery of medical services being affected.

g. The process of procurement of supplies, equipment, consumables and drugs are procured largely following government directives. The institutes are facing some issues while procuring through Government e-Marketplace (GeM). Supplies under GeM are often not of standard quality. For example, DSCI procured shaving kit (used before surgery) which promised a lot on the GeM portal, but supplied only a simple razor. The return policy of GeM i.e. intimating the vendors within 10 days is

problematic when supplies are bulk. ILBS is not procuring through GeM. They have adopted a tendering process with a committee to ensure transparency and efficiency.

h. It is also noted that certain environment friendly services are not provided in some institutes e.g. solar energy (CBPACS), rain water harvesting and establishment of ETP and STP.

i. CBPACS has issues related to road and metro connectivity that leads to a lot of problem to public in approaching the facility.

j. Parking of vehicles is a major issue for facility like MAIDS, DSCI, and CNBC. RGSS and JSSH have been designed as a hospital; they do not have any wing for PG teaching especially DM and MCh courses, which is one of the mandates of the institutes.

Corrections

i. Prepare a plan in a phased/time bound manner for infrastructure development under two categories considering a scenario for next 20 to 30 years in each hospital (i) physical infrastructure and services (ii) equipment and machinery. It (I&II) should include Library, canteen, parking, health club, outdoor activities, landscaping and green area etc.

ii. Pending additional land/building transfer and approval of construction plan should be done on priority basis in case of DSCI, CNBC and ILBS.

iii. The infrastructure Development Plan should also include ETP, STP, rain water harvesting and solar energy.

iv. Depreciated Machines should be replaced immediately. AMC/CMC should be updated as per requirement Once CAPEX is approved by the GNCTD, files for procurement of any equipment need not be sent to the GNCTD.

v. Similar to new AIIMS directors, director of institute should be empowered to procure all equipment or contract less than Rs. 5 crores advised by technical procurement committee consisting of finance department officials, medical experts from outside, bio-medical engineering experts, HOD of User Department, procurement and administration officials. Any equipment/contract beyond that amount can be procured after permission of GC.

vi. The plan should also include outsourcing/PPP models under alternate scenario for provision and up keep of equipments. Equipments which are outsourced/PPP Model, usage and supervisory right and right to use should be with hospital itself (As in case of JSSH).

vii. The autonomous institutes may be given the freedom to develop and adopt an appropriate procurement procedure ensuring quality, transparency and efficiency.

viii. Applicability of TOD (Transit Oriented Development) should be explored for expansion of campus. It may provide extra space for necessary use including residential accommodation for hospital staff.

ix. Convergence of various state and central government schemes and programmes should also be done to tap vast potential to expand services, outreach activities and visibility.

Patient Services

10. Patient services are core aspect of health service delivery. Activities under facilitation vary from hospital to hospital. Some of the institutes have online registration and delivery of lab report through Mobile App. Further, special attention to senior citizens through multi-speciality OPD is important practices that need to be recognised. Yet, there are couple of efficiency barriers noted among different hospitals such as:

Efficiency Barriers

a. Unified on-line system for registration of patients is not in use.

b. All modules of HMIS are not working in any of the institute. No computerised records of the patient services have been maintained. Institutes like IHBAS and CBPACS do not have even LAN internet connectivity in the hospitals.

c. No effective referral linkages exist between Mohalla Clinics, Municipality Clinics, PHCs, other government run secondary-care hospitals and between these autonomous hospitals.

d. Hosting website of Institutes on GNCTD server is not an effective system, which leads to delays in information sharing and a static website.

e. Lack of adequate waiting place for patients and attendants in some of the places.

f. Lack of number of required beds leads to overcrowding and deterioration of service quality.

g. Overload and over working due to lack of doctors and staff increase waiting time and patient dissatisfaction.

h. Absence of suitable canteen facilities in conformity with standards of health and hygiene. RGSSH does not have even in-house dietary services for patients getting treatment which require therapeutic diet.

i. Absence of Dharmashala is an issue with JSSH, RGSSH, and ILBS for patients requiring long-term treatment.

j. e-Governance and m-Governance tools are not used to communicate with patients.

Corrections

A range of actions are needed to minimise efficiency barriers on patient services which include:

(i) Initiate a more effective on-line registration system which may also be linked with Municipal Corporation and other GNCTD hospitals along with the current system of off-line registration.

(ii) Integration of Mohalla clinics and other government health system for better referral system and reducing overcrowding at these institutes.

(iii) Increase bed capacity with required faculty and staff for better patient services.

(iv) Give special treatment to senior citizens in the registration and user-friendly movement as practiced by MAIDS/RGSSH/JSSH etc. Senior Citizens clinics should be run by a team of multi-disciplinary doctors.

(v) Provide proper place for waiting for patients and attendants.

(vi) Ensure suitable canteen and dietary services for patients/attendants maintaining standards of hygiene and health.

(vii) Construction of Dharmashala in institutes where patients require long-term treatment.

(viii) Monitoring of patient facilitation should include WhatsApp groups connected with Nurses, Doctors and senior functionaries of hospitals.

(ix) Initiate encouragement for patient care through encouragement or award and appreciation as employee of the month and notification for best care of patients. It may include Doctors, Nurses, and other relevant staff.

(x) Organize public awareness lecture series and community outreach activities including behaviour change communication (BCC) components for better public health outcomes and effective referral system.

Teaching and Training

11. Although MoU with respective hospitals envisage teaching as one of main objectives, it is still found at initial stages of development in most of the cases. Patient care and medical education are mutually beneficial. Therefore, 'teaching' was kept as one of the important focus areas of respective autonomous institute. However, the progress in this regard is far from satisfactory except for ILBS, MAIDS and CBPACS. The main efficiency barriers noted in this regard are:

Efficiency Barriers

a. Except for ILBS, CBPACS, and MAIDS, Post Graduate super-speciality courses have not started along with patient care initiative.

b. The potential of short-term specialised courses is not being utilised fully.

c. Residential facilities do not exist for PG students in some of the institutes.

d. On-line certificate courses are not planned to cater to a larger clientele.

e. No web-based/ video-conferencing based sharing of critical case treatment and other important learning outcome with other medical colleges/institutes in India or abroad (except ILBS).

f. The potential of networking for educational and professional skills for mutual learning and sharing of experiences is not realised fully.

Corrections

Specific actions are suggested to develop high quality education as per the scope in the respective field of health care. These include:

(i) Initiate postgraduate/Super speciality doctoral courses as per mandate.

(ii) Develop specialised short courses as per specific fields for additional revenue generation.

(iii) Develop residential facilities for students where so ever required.

(iv) Promote campus placement system for students in different medical disciplines.

(v) Prepare a long-term plan to create 'Deemed University Status' in respective field (like ILBS).

(vi) Develop networking with similar institutions within Delhi, India and elsewhere to share latest developments in the sector. It should include short-term attachment of students, virtual teaching, joint seminars, workshops, research and case study development.

Resource Mobilisation

12. Resource mobilisation needs special attention across the institutions. ILBS is effectively using CSR (Corporate Social Responsibility) funds (for poor patients of liver and renal), user fees for services, donations received exempted from income tax, targeting potential paid clientele (PSU's etc.) and raising funds through extramural research projects and consultancies. The potential of resource mobilisation is fairly high. The progress in this regard is taking place in bits and pieces. The main barriers noted in this regard are:

Efficiency Barriers

a. Although hospitals have double entry approval based accounting but its application to establish income and cost centres is not done as per potential.

b. Cost of services offered to patients or subsidy (direct recovery, cross-subsidy and resource gap) is not calculated.

c. Pricing is static and does not have suitable variation on different attributes (income and use of facility).

d. Extra-budgetary resources are not planned as part of financial management along with targeting and mapping of stakeholders.

e. Potential of CSR and donations is not adequately exploited.

f. Convergence of resources is not planned in annual budget.

g. A revenue model (using PPP/outsourcing) is not applied taking into account equity and distributive justice.

h. A suitable plan for self-sustainability in a long-term perspective does not exist.

Corrections

Accordingly, specific actions to be taken in the area of resource mobilisation are as follow:

(i) Prepare a suitable financial plan including extra-budgetary resources.

(ii) Do stakeholder mapping and potential (i) above.

(iii) Work-out cost and revenue (charges) in case of individual patients to identify subsidy and better targeting of support for equity & distributive justice. Each institute may develop a viable business model considering their requirements by focussing on following points:

a. GNCTD should support the CAPEX for new developments and salary expenditure of the institutes for sanctioned positions.

b. Calculate operational cost of services i.e. cost of drugs, consumables, operational and maintenance cost provided to patients for each process including OPD and IPD so that a proper estimate of expenditure on each patient can be made. This cost estimate should not include salary and capital cost of equipment as it will be borne by the government directly.

c. Add a reasonable margin (say approx. 10%) of the cost of each product/ service offered to the patients to determine the price.

d. For each patient billing should be done on the above calculated price.

e. As per policy GNCTD may reimburse the bill of BPL and other agreed groups of patients to the hospital on monthly basis. Patients which are covered under other health insurance cover of Central Government, CGHS, DGHS, PSUs or private insurance will pay to hospital on the billed amount through insurance company/organisation. Uninsured and uncovered patients shall pay in cash. The hospital can waive and finance a patient who they feel is really needy and not covered under any plan from the pool of 10% margin created.

f. Revisit pricing annually to update, revise or do differential pricing as per need.

(iv) Explore CSR funds for patient care, creating infrastructure, buying high cost equipment and creation of 'chair professor' to develop departments and faculty in the specific area of expertise.

(v) Use revenue model in the infrastructure development (as applied by JSSH) by outsourcing high cost facilities and medical services. This can include private ward, commercial use of available space and space for certain medical/clinical services.

(vi) The government may also appoint a committee or commission a study to assess the revenue generation potential of each society hospital, as some of the hospitals like ILBS or DSCI may have greater opportunities, the hospital like IBHAS may find it difficult in view of the nature of illness being catered to and state's obligation to provide Mental Health Care.

Long-term Measures

13. Corrective measures as identified above are under a short/short-medium term perspective. However, respective institutes being autonomous bodies should also plan with long term perspective. While planning for long-term scenario certain considerations need to be guiding factor such as:

a. The respective hospital needs to generate more resources on their own and budgetary support may decline gradually.

b. Health care is an important area of public intervention. Yet, the nature and dimensions of support do not remain same. Accordingly, the public support modalities as existed at the time of GNCTD decision (early 2000s) to give autonomy to hospitals have changed considerably. Mohalla clinic scheme of GNCTD (and similar efforts from other states) and Ayushman Bharat provide a larger support through insurance cover. At the same time direct coverage under health insurance policies for lower and middle income group is also expanding considerably. Financial support through suitable insurance cover is now emerging as a supplement to basic support under budgetary allocation to hospitals.

c. This scenario will further change in the years to come and support to eligible non-earning or low earning segment of households will be largely supported by insurance cover. Therefore, the direct support from government will gradually decline.

d. In the light of the above suggested business model, in resource mobilization section, a suitable mechanism of cost-recovery, resource mobilisation and self-reliance should be explored which may be initiated in due course.

e. Participatory funding and convergence would continue to be another source of extra budgetary support to ease the problem of declining funding (public sector support) from the government.

f. Each hospital, therefore, should prepare a long-term plan covering expansion, development of campus, human resources, infrastructure, equipment/machines and other activities along with suitable resource mobilisation in a phased manner.

PART – II
Reports on Individual Hospitals

Contents

Institute of Liver and Biliary Sciences

The Background

The Institute envisions "to develop a world class state of the art facility which would comprehensively provide a modern set up for dedicated research and advance training as well as diagnosis/treatment in the field of liver and biliary diseases". It aims at amalgamating the academic skills of a university, clinical acumen of the super-specialists and the managerial skills of the corporate world to achieve its objectives.

Conceived in 2002, the Institute started operations in 2009 with OPD and IPD and 82 beds.[7] It was planned to be developed in two phases. The second phase has started from 2017 with the addition of new block, which houses OPD, registration, medicines etc.

Milestones

- 2002 – GNCTD approval to set up the Institute
- 2004 – DPR prepared by the Hospital Services Consultancy Corporation
- 2006 – Government approval for the Business Model to give it a corporate character
- 2009 – Beginning of Phase 1: OPD, IPD and 82 Beds
    - DPR for 2nd Phase prepared and submitted
- 2010 – Inaugurated on January 14 as a 155 bedded hospital with state-of-the-art laboratories, 3T MRI, Spectral CT and other medical and surgical facilities.
    - Deemed to be University status
- 2012 – NABH accreditation
- 2013 – NABL accreditation
- 2014 – Designated as WHO Collaborating Centre (WHOCC) on Viral Hepatitis & Liver Diseases
- 2016 – National Liver Bio-bank, College of Nursing
- 2017 – Phase II started, DST- Centre of Liver Excellence

[7] Approved to be set up by the GNCTD vide Cabinet decision no. 749 dtd. 07.10.2002 for world class comprehensive healthcare and research and teaching in the field of Liver & Biliary Sciences. The first meeting of Governing Council was convened on 23.10.2002.

ILBS has committed to provide the highest levels of patient satisfaction, healthcare and staff and patient safety through continual improvement by ensuring:

- Evidence-based clinical practices of highest standard.
- Transparent management processes, facilitating patient satisfaction & ensuring dignity and rights of patients.
- Safe and conducive work environment for staff, and
- Establishing a dedicated centre of excellence in healthcare, teaching/training & research in the field of Liver and Biliary Diseases.

Governance and Management

The affairs of the Institute are being managed, administered, directed and controlled subject to rules, byelaws and orders of the Governing Council**.** Final detailed Project Report Phase II (2009) reiterates that to accomplish the objectives, for which the Institute has been established, it should have complete professional independence and say / control over policy and financial matters, with Governing Council (GC) playing the crucial advisory role.

Governing Council (GC) of the Institute is fairly broad-based with eminent persons holding or having held eminent positions in National level organizations being members. It consists of 17 members and may have special invitees as per need. As per the Bye-laws of the Institute, a distinguished Hepatologist of international repute would be the Director of the Institute for 5 years, extendable by 5 years at a given time. The GC is stipulated to meet at least once in every three months or more if required. Since Oct. 2002, it has met 44 times till Sept. 2018. In the last 5 years, it has met 11 times with only 1 meeting in 2015 and 2017 each. In fact, except 2012, since the operations of the Institute started, it has never met four times a year. The post of the Director has never been vacant and there is no sanctioned post of Dy. Director.

ILBS has been able to garner full support to its activities from the GNCTD since beginning as it was an experiment to have a corporate like Government hospital in the tertiary health care. A perusal of the minutes of some meetings of GC reveals that most of the proposals have been accepted by the members.

There are other committees also to manage the various affairs of the Institute:

a. **Academic Council** is the principal academic body of the ILBS which is responsible for the maintenance of standards of education, teaching and training, inter-department co-ordination, research, examinations and tests within the Institute.

b. **Advisory Committee** to help in the day-to-day functioning of the institute. It has mainly a role in the development of infrastructure of the institute. The decisions taken by the advisory committee are placed before the Governing Council for consideration.

c. An independent **Institutional Ethics Committee** (Institutional Review Board). The IRB is constituted as per the standard guidelines. It ensures that all patients, subjects, biological material recruited for clinical trials or research is conforming to the standard guidelines and best ethical standards.

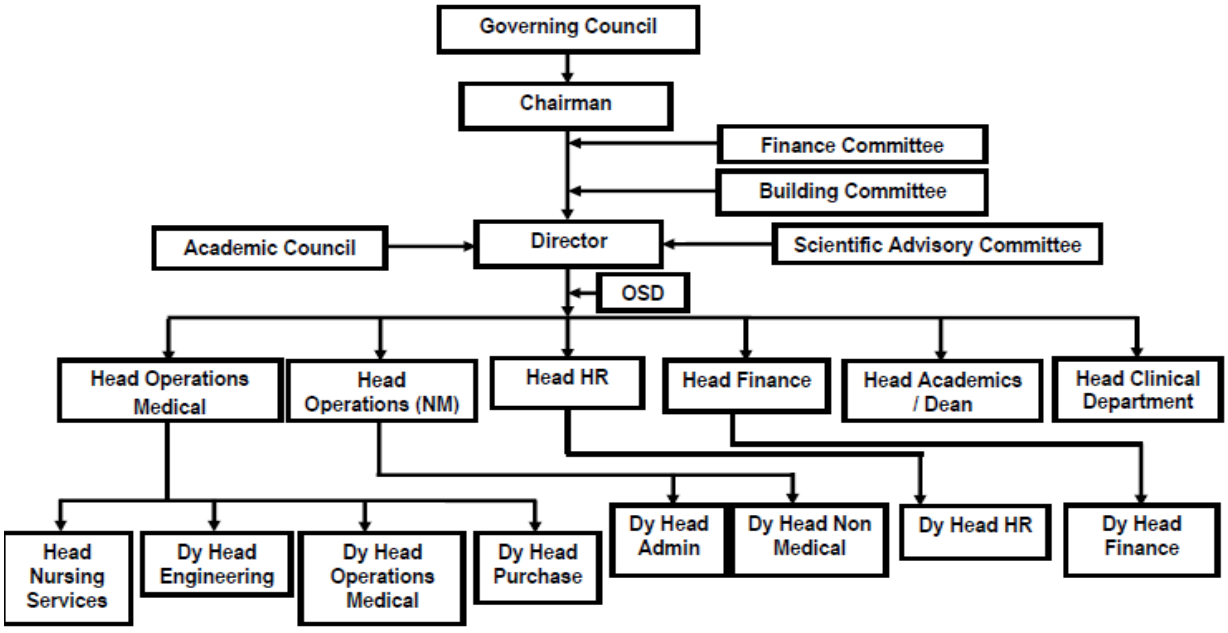
d. **Finance Committee** is constituted to give direction to the financial affairs of ILBS by making recommendations to the Governing Council regarding the financial matters of the institute.

Besides these there are Building Committee, Finance Committee, Project Implementation Committee, Scientific Advisory Committee, Hospital Transplant Committee, Institutional Animal Ethics Committee, Institutional Committee for Stem Cell Research and Scientific Research Review Board.

The Institute

The overall structure of the organization is given below:

Organizational Structure



It has been organized to achieve efficiencies in different spheres like Administration, HR, Finance and Medical both clinical and academics, with clearly delineated responsibilities under the overall control of the Director. This is important because establishing world class institution requires specialized persons for specific responsibilities.

Human Resources

The business Model approved for the Hospital provides for-

(i) Hiring of all doctors and staff on a contract basis for 4 years, extendable based on performance.

(ii) Salary structure comparable to AIIMS excluding that of consultants and Professors, for whom it was proposed to be lump sum package for the next level of post.

This was proposed to be so to attract best of the talents. At present, the faculty strength is far less than the sanctioned as can be seen in the following table.

Table 1
Sanctioned and Deployed Faculty

Position	Sanctioned	Deployed (% of Sanctioned)	Vacant (% of Sanctioned)
Professor / Sr. Prof./Director/ Sr. Consultant	45	11 (24.4)	34 (75.6)
Additional Professor	29	11 (37.9)	18 (62.1)
Associate Professor	71	12 (16.9)	59 (83.1)
Assistant Professor	95	28 (29.5)	67 (70.5)
Consultant	4	4 (100)	0 (0.0)
Specialist	2	1 (50.0)	1 (50.0)
Scientist	1	0 (0.0)	1 (100)
Total	**247**	**67[8] (27.1)**	**180 (72.9)**

82 faculty members have resigned since 2008. In 2017 alone, 19 faculty members resigned. Of present 67 faculty members, 27 (40%) have been in the Institute for more than 4 years, while 32 (47%) have been there for 2 years or less.

The sanctioned strength of the nursing staff is 742, against which the deployment is 353, that is less than half the sanctioned strength. Similarly, the paramedical staff is 117 against the sanctioned positions of 291, which also is far less than half. Administrative staff is less than one-fourth of the sanctioned- 97 deployed against 401 sanctioned. It may be noted that important positions like Medical Superintendent, Additional Medical Superintendent and Registrar are vacant.

[8] It includes Director

The Institute has adopted different nomenclature of positions which are otherwise available in private hospitals (except for faculty members) to ward off demand towards parity in wages, perks and working conditions, had the nomenclature remained the same as in the government controlled autonomous institutions or in government hospitals.[9] The Recruitment Rules of the Institute are as per MCI norms and more or less correspond to AIIMS qualifications. However, there is special emphasis on publications in many posts for faculty.

To create a high-quality work environment, all non-core activities have been outsourced. For example, IT, Engineering, Housekeeping and Laundry Services, Security, Driver and Kitchen & Cafeteria Services.

Service Conditions of the staff

As the Consultants and Professors are on contract, the lump sum package for their remuneration is for the next level of post as compared to AIIMS. A percentage of revenue-sharing has been built in the remuneration package, but this is limited to few of the staff. There is yearly increment in the salary.

Working hours are long for the employees and they have six-day week. Besides that the employees get lesser leaves- 21 Earned Leaves, 8 Casual Leaves, 8 Gazetted Holidays, 3 National Holidays and 10 Medical Leaves. There is no Child Care Leave. Faculty members get 28 days Academic Leave in addition for participating in various academic activities.

There is no promotion policy on the ground that all the staff including doctors are appointed on contract basis for a period of four years, extendable based on performance. The performance assessment is very comprehensive, as per the format used for the performance assessment. However, the staff can apply as and when the vacancy is advertised for a higher post and the staff fulfils the eligibility criteria.

The age of superannuation for group – I & II staff is 62 years, while it is 60 years for the employees other than mentioned in the Bye-laws. However, there is flexibility in the superannuation age of the employees-

(i) Group I & II staff retiring at 62 may be given extension if the interests of the Institute so warrants;

(ii) Specialised technicians/ Para-medical staff may be given extension of 2 years; and

(iii) No reference to upper age limits for ILBs specialists/professionals.

[9] Human Resource Mannual, ILBS.

The Institute raised the entry age limit of Sr. Professor/Professor/Sr. consultant from 58 to 66 years to take advantage of highly skilled and experiences faculty members who retire from government run institutions at the age of 65 years, as the MCI has increased the retirement age of teachers to 70 years.[10] "The Governing Council gave its post-facto approval in January 2012, after the chairman had approved it.[11]

Self-Development and Capacity-Building for the faculty memers and staff

The Institute has taken several measures to enable / facilitate the specialists and faculty members to upgrade their skills and contribute to the goals of the Institute: -

(i) Participation in the Conferences / Seminars is encouraged and supported by the Institute. There is financial support to faculty members, who are not part of revenue sharing model to attend 2 International and 4 National level conferences / seminars. There is different financing mechanism for those who are part of revenue sharing.

(ii) Faculty members are encouraged to publish also. For most of the faculty positions, authorship is criteria in the Recruitment Rules.

Policy for Training and Development of Staff is there to ensure that all the functionaries are appropriately trained on the functional aspects of the job and that induction training is imparted to all new recruits of the Institute.

Table 2
Capacity Building Programme

Year	Paramedical Nursing Staff		Administrative Staff	
	No. of Programmes	No. of Participants	No. of Programmes	No. of Participants
2015-16	8	13	5	8
2016-17	5	38	4	12
2017-18	16	26	3	3

Infrastructure, Equipments and Supplies

Infrastructure

ILBS has state of the art infrastructure with auditorium, lecture/seminar rooms and multi-purpose hall etc., all equipped with modern ICT facilities, like SMART boards, audio-visual

[10] Gazette Notification No. MCI-34(41)/2010-Med./29127 dated 17th Sept., 2010.
[11] Governing Council meeting held on January 14, 2012.

teaching aids, computers and LCD projectors, etc. Additionally, it has independent laboratories in each Department.

It is also connected with 74 medical colleges through teleconferencing for various academic activities.

Equipment

The Institute has been inducting state of the art machinery since beginning. It has a comprehensive policy of AMC and CMC of equipments, which has led to their downtime to be very low. Besides several other equipments, the following seven are there to enable advanced healthcare for patients.

- CT
- MRI
- PET Scan
- Dexa Scan
- Fibroscan
- Body Composition Analysis
- Linear Accelerator

However, it may be noted that there are many facilities which are not being used optimally, because there are not enough patients.

The faculty members expressed satisfaction with the purchase and subsequent maintenance of the equipments.

Procurement

There is a Purchase Department, which is responsible for timely acquisition of goods and services required by various departments through tendering. It is done at the hospital level and is not dependent on GeM. There is a Pharmaceutical and Therapeutic Committee, on whose recommendation, the procurements are made through following modes:

i. Annual Rate Contract
ii. Short term rate contract
iii. Local purchase
iv. Installation of equipments at 'no cost' basis against purchase of consumables
v. Catalogue based rate contract
vi. Proprietary items purchase
vii. Consignment basis

The faculty members were satisfied with the quality of the equipments and materials purchased.

Patient Services

The number of patients coming to the Institute is showing steady increase. In 5 years' time, the patients coming to OPD have increased by more than 50%.

Table 3
Total No. of OPD Patients

2013-14	2014-15	2015-16	2016-17	2017-18
62265	75902	91017	99771	100240

Majority of patients in OPD came to Hepatology department and for HPB surgery because it is a speciality hospital in that field, but other departments have been established to cover for the linkages. Similarly, more than three fourth IPD patients have also been admitted for these departments.

Table 4
Total No. of IPD Patients

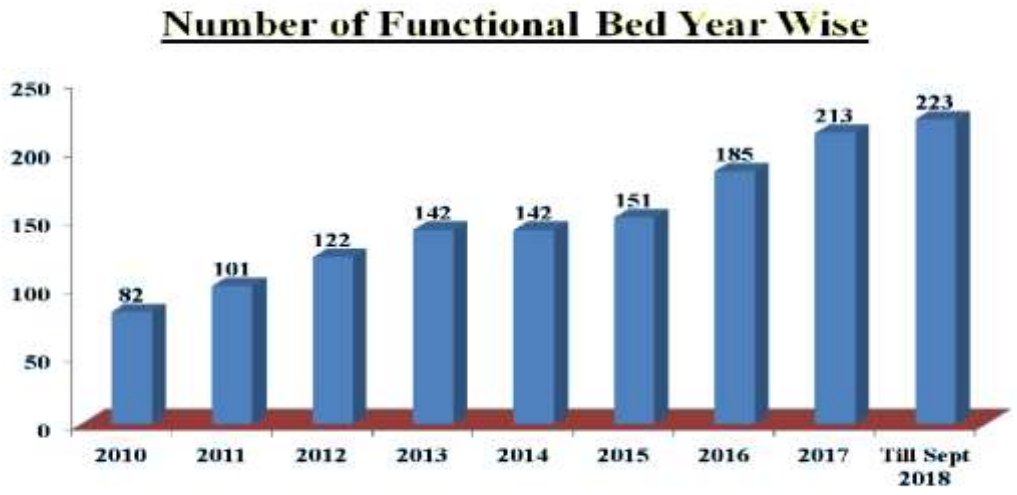
2013-14	2014-15	2015-16	2016-17	2017-18
5435	5458	6086	6995	7725

Bed Strength

Total 223 hospital beds are functional as on date, of which 104 beds since Phase I and 119 beds now under Phase II are functional. The 1st Phase was to have 180 beds.

Table 5
No. of Functional Beds

2013-14	2014-15	2015-16	2016-17	2017-18
143	143	151	191	217



Source: ILBS

At the same time, the bed occupancy has been around 75-80% in the last five years.

Table 6
Bed occupancy

2013-14	2014-15	2015-16	2016-17	2017-18
77 %	80 %	82 %	80 %	72 %

Source: ILBS

It implies that there is scope of expanding activities. It may be noted that the Institute has planned it to be 549 bedded (phase I & II combined).[12] The 2nd phase had been planned to be completely operational by 2018, but it is way behind, as far as the number of beds is concerned.

Inclusive healthcare

Two factors seem to be keeping poor people away from the Hospital (i) low awareness about ILBS that it is a government hospital, and (ii) concept of paying patient. Presently, as can be seen in the following table, a very small EWS population is accessing the services of the Institute.

[12] Annual Report 2017, ILBS, p. 233.

Table 7
EWS category accessing the Services of ILBS

Year	2015		2016		2017	
Department	**Total**	**EWS (%)**	**Total**	**EWS (%)**	**Total**	**EWS (%)**
OPD	87338	5178 (5.93)	96467	9663 (10.02)	99983	10513 (10.51)
IPD	5926	347 (5.86)	6605	409 (6.19)	7686	462 (6.01)

The Institute has often pleaded with the government to ask its other hospitals to refer patients to ILBS, whenever they have to refer such patients who are afflicted with liver and biliary related ailments. This would also ensure that the Institute would get paid up such patients by the Delhi government, as per their approved business model.

Extent of computerization and online services

Hospital Information System at ILBS is in advanced stage. Proper statistics are maintained and available on various parameters. Similarly, measures have been taken to render efficient online services to the patients.

Table 8
Services and facilities available online

Sr.	e-Governance	Functional (Yes/No)	Since	Service Provider	Training to Staff
1.	Hospital's website	Yes	2009	M/s Cyfuture India Pvt Ltd	Yes
2.	Registration	Yes	2009	M/s Wipro	Yes
3.	Appointment scheduling	Yes	2009	M/s Wipro & M/s Quikwell	Yes
4.	Consultation	Yes	2009	M/s Wipro	Yes
5.	Post consultation	Yes	2009	M/s Wipro	Yes
6.	Billing	Yes	2009	M/s Wipro	Yes
7.	Pharmacy	Yes	2009	M/s Wipro	Yes
8.	Assets management	No			
9.	Hospital finance and accounts	Yes	2009	M/s Wipro & Tally	Yes
10.	E-Office	No			
11.	ERP/SAP Solution	Yes	2009	M/s Wipro & M/s Intelliob	Yes
12.	Inventory management system	Yes	2009	M/s Wipro	Yes

Visibility and Outreach Activities

ILBS website is comparatively comprehensive and regularly updated. It also runs SMS campaigns to apprise its patients of various events. It organizes free annual screening camps on Hepatitis Day, Foundation Day, World Hepatitis day, World Kidney Day, World Asthma Day, etc.

The Institute is collaborating with corporates to run some important programmes like Project ECHO, Project 'Empathy' with Airports Authority of India, Project Prakash with CIPLA, etc.

Teaching and Training

ILBS has got Deemed-to-be-University status. As an academic institution, courses have been launched focusing on liver and biliary diseases. 6 Batches of Post-Doctoral Degree courses of three years duration and 12 batches of Post-Doctoral Certificate Course of one year duration have been completed. Year-wise details are given below:

Table 9

No. of Enrolment in various courses at ILBS

Year	PDCC / PGCC / Certificate		DM / M.Ch. / DNB		Ph.D.	
	Approved Intake	Enrollment	Approved Intake	Enrollment	Approved Intake	Enrollment
2018	93	35	11	11	16	6
2017		28		11		5
2016		24		9		4
2015		20		9		24
2014		18		9		2

In 2018, enrolment of students in DM / M.Ch./ DNB courses is full against the approved intake per year. However, there are less enrolments in its various PDCC / PGCC / Certificate Courses. In 18 such courses, there are 35 enrolments against the approved intake of 93 seats (38%). There are less registrations in Ph.D. also- 6 against the approved intake of 16. In fact, till now only 4 persons have completed their Ph.D., while 3 have resigned. The others are at various stages of their researches.

The faculty strength of ILBS has enabled it to seek increase in seats for its DM / M.Ch. courses. It has requested MCI to increase the intake from existing 9 to 24.

Publications

The number of publications by faculty members, each year, is given below:

Table 10
Number of publications by the faculty members / Doctors

Publications	2013	2014	2015	2016	2017
Total Number	103	113	77	144	157
Publications having Impact Factor ≥4	17	27	17	28	33

There are many publications which have high impact factor, which is praiseworthy, given the size of faculty and the workload with each of them.

Conferences / Seminars attended by the Faculty Members

As stated earlier, faculty members are encouraged to participate and present papers in the conferences and seminars, which is evident from the following two tables.

Table 11
No. of conferences / seminars attended by the faculty members

Year	National		International	
	Number	Participants	Number	Participants
2016-17	1	1	34	25
2017-18	68	24	33	20

Source: ILBS

Table 12
Conferences / Seminars attended by the Senior Residents

Year	National		International	
	Number	Participants	Number	Participants
2016	2	2	12	12
2017	6	5	12	11

Source: ILBS

Resource Mobilisation

ILBS has significant income from its own sources. It fact, the budgetary support (Grant-in-aid) has been showing a decreasing trend in the last three years, whereas its receipts through fee and charges (hospital generated revenue and academic income) are showing an increasing trend.

Table 13
Receipts of ILBS

(In Rs. Lacs)

Financial Year	Grant-in-aid (%)	Resource generated by ILBS (%)	Total
2013-14	3050.00 (26.34)	8527.32 (73.66)	11577.32
2014-15	7200.00 (40.71)	10486.01 (59.29)	17686.01
2015-16	13400.00 (51.32)	12709.59 (48.68)	26109.59
2016-17	12000.00 (45.35)	14436.46 (54.61)	26436.46
2017-18	6000.00 (27.99)	15504.60 (72.10)	21504.60

Source: *Information collected from ILBS and Annual Report 2017*

Table 14
Expenditure

(In Rs. Lacs)

Financial Year	Capital Expenditure (M & E)	Capital Expenditure (L & B Phase II)	Salaries	Other expenditure	Total
2013-14	834.36	8000.00	4741.32	7072.51	20648.19
2014-15	746.15	9250.00	5523.98	7730.38	23250.51
2015-16	772.00	3000.00	6952.61	9692.84	20417.45
2016-17	47072.34	-	7026.59	11884.73	65983.66
2017-18	4190.77	-	9910.61	12306.64	26408.02

Revenue generated from own sources has been more than the grant-in-aid in the last five years (except in 2015-16), because the hospital is able to charge the patients at higher rates. A cabinet decision was taken by the Council of Ministers, GNCTD vide Cabinet decision No. 1071 dated 23-05-2006, to approve a business model for the hospital with a view to enable the Institute to generate resources to achieve self-sustaining goals, while providing world class modern health care and academic activities in the field of liver and biliary diseases.

The business model was prepared by Hospital Services Consultancy Corporation, who hired the services of M/s Feedback Ventures. Some salient features of the model need to be noted-

(i) The capital cost and the cost of procuring medical equipment for both Phase –I (Hospital) and Phase II (Research Institute and Post-Doctoral Medical College) would be borne by the Govt. of NCT of Delhi.

(ii) ILBS would aim to be economically independent by the 8th years of its operation.

(iii) The running cost would be given as grant-in-aid annually till such time as ILBS starts making profits.

(iv) All patients would be paying patients. The Govt. of NCT of Delhi would reimburse to ILBS the cost for treatment of the poor patients it refers to ILBS.

Subsequently, the charges for various procedures were pegged at approximately 60% of the charges prevalent at that time at Gangaram Hospital. The charges are less than one has to pay at private hospitals.

ILBS has also adopted some innovative approaches to mobilize funds.

ii. It has tried to tap funding from the corporate sector under their CSR commitments.[13]

iii. It has also designed some preventive health packages, which are source of income for the Institute.

iv. The Institute has also got itself empanelled with several government institutions, corporates and insurers.

The Medical Record Department provides assistance to the patient and their relatives for getting claims from their departments/ insurance companies, correction & modifications of the patient details and other concerned needs.

Awards and Achievements

ILBS has been able to make significant achievements in a short span of time. Some of which are mentioned below:

- NABH Accreditation- 4th January,2012
- NABL Accreditation- 20th January,2013
- FICCI –Healthcare Excellence Award -2013
- ranked 27th amongst the Indian Universities in the National Institutional Ranking Framework (NIRF), Ministry of Human Resource Development (MHRD), Govt. of India in the Year 2016
- graded 'A' in the Year 2017 by the National Assessment and Accreditation Council (NAAC)
- ranked 8th under "Medical Category" in the National Institutional Ranking Framework (NIRF), Ministry of Human Resource Development (MHRD), Govt. of India in the Year 2018

[13] ILBS has MoU with WAPCOS, a Central PSU, to fund the cost of Liver Transplant Surgeries at ILBS for 6 patients per year, with an annual expenditure upto Rs. 84 lakhs per year (@ Rs. 14 lakhs per transplant) for a period of 5 years.

- AHPI Award 2018 for Green Hospital – 2017 & 2018 by Association of Healthcare Providers (India)

Good Practices

- Wastewater treatment is a good practice in the Institute. There are two Sewage Treatment Plants- 150 KLD for Ph-I and 280 KLD for Ph-II. The treated water is used for flushing of toilets and cooling towers of Chillier Plants. Similarly, treated water from 1 Effluent Treatment Plant (ETP) of 50 KLD capacity is used for horticulture purpose.
- There are 12 Nos. of rain water harvesting structures (RWHS) which are constructed around the ILBS campus to attempt Zero Liquid Discharge.
- Similarly, 3 Solar Water Heating systems of 5000 ltr. capacity each and solar panels for external Electrical Poles are installed at ILBS.
- The ILBS manages its Bio-Medical Waste as per Bio-Medical Rules 2016 and has engaged Biotic Waste Solutions Pvt. Ltd for the purpose.

Findings

The Institute has been able to carve out a niche status in its speciality area. The leadership of the Institute has been visionary and proactive, possibly because of the vast experience of the people at the helm of the affairs both in the subject matter and the administration. Additionally, the Institute has been able to muster support from all quarters for its activities from time to time.

The membership of the GC is very broad based and eminent persons of repute have been its members, which probably helps in carrying out the decisions approved in the meetings. However, the GC has not met at the frequency stipulated in the Bye laws of the Institute. This has often happened because of the unavailability of the Chairman to conduct the meeting.

Change in nomenclature of employees was to avoid any demand for pay parity with other similar organizations. Working conditions of the staff, especially paramedic staff and the administrative staff, are very stiff. At the same time, some essential perks like health facility are not available to them.

Key Issues

i. The second rung of leadership has not been planned. This may create succession problems.

ii. The Institute got its Business Model approved by the Council of Ministers to have paying patients. Due to this, it has been able to generate significant revenue on its own. However, this business model has led to exclusion of poor in accessing the services. There is still scope of more patients that can be treated with the given infrastructure. It has been more than a decade that this model was planned.

iii. A modified Business Model may also help its expansion plans. A lot of sanctioned posts are available for filling up, which may be speeded up if there are more patients and which would also lead to increase in intake in various courses and thus more teaching and research.

iv. Revenue sharing is not available to entire staff. This may create resentment in staff in long term. Besides that, in the long run there is always danger of unethical practices creeping in, if the revenue generation is emphasized beyond a point.

v. Opportunities of self development for staff are good, especially the faculty members are encouraged to engage in researches, participate in conferences / seminars, etc. However, career progression is problematic, as higher posts are not filled up. Attrition rate is high, which may be due to this also. Subsequently, the work-load on the remaining employees increases.

vi. Similarly, working conditions are also very stiff. Long working hours every day and less leaves may create stressful conditions for the employees. Studies have indicated that such situations may lead to gradual decrease in productivity.

vii. While outreach programmes are conducted by the Institute, its visibility is among the people is low. There are many who are not even aware of the existence of the Institute. There are enough competitors in the market, who may be getting advantage of this.

viii. At the moment, there do not seem to be many takers for the Certificate courses of the Institute, as the enrolment has been less than the capacity.

ix. There is presently no referral of cases from Delhi Government & other Government bodies e.g. ESI / Railways etc.

Recommendations

i) While the composition of GC is good and must be retained, the chairmanship may be thought of on the lines that have now been planned for AIIMS. A reputed Hepatologist may be made the chairman of the GC, who would be in a better position to assess the needs of the Institute.

ii) Leadership planning at the Institute level needs to be done, so that operations may be continued smoothly with the change in management.

iii) A relook at the Business Model may help it get more patients. Some patients who can afford it may be charged even higher, as is being done in private hospitals, but for others the rates may be pegged at the affordable levels.

iv) Attrition rate needs to be brought down. The HR department may plan career progression of the employees, so that if the internal candidates are eligible, the unfilled higher level posts may be advertised to enable them to apply.

v) Revenue sharing mechanism may be altered slightly to create a pool, where a fix percentage of revenue generated is put, from which the employees, not covered presently, also get some share.

vi) Working conditions need to be modified to create a stress free environment for the employees. Some perks may also be planned, which are currently not available in the Institute, but available to others outside and which are important in the city context.

vii) The Institute needs to establish linkages with other hospitals and agencies to get referral patients. It also needs to increase its visibility through active campaigns in various locations not only within the city but in other cities also. This may require an exclusive business development team, as they are there in private hospitals. ILBS may think of it as it is functioning in corporate mode.

Chacha Nehru Bal Chikitsalaya

The Background

Chacha Nehru Bal Chikitsalaya (CNBC) has been developed as super-specialty Pediatric hospital to provide preventive, promotive and curative services to children up to age of 12 years. CNBC was established in 2003, it became an autonomous institute under Government of NCT of Delhi (GNCTD) in society mode since 2013. It is located at Geeta Colony, Delhi in an area of 1.6 hectare. CNBC has a bed strength of 221 beds to provide comprehensive medical care for all paediatrics related medical and surgical illnesses under one roof. Besides providing medical facilities it is being developed as a Post Graduate Teaching/Training institute. The vision of CNBC is to be recognized as leader in health care, to provide a healthy environment, patient-centred, cost effective healthcare, working towards healthy child wealthy future. To achieve this vision CNBC missions are:

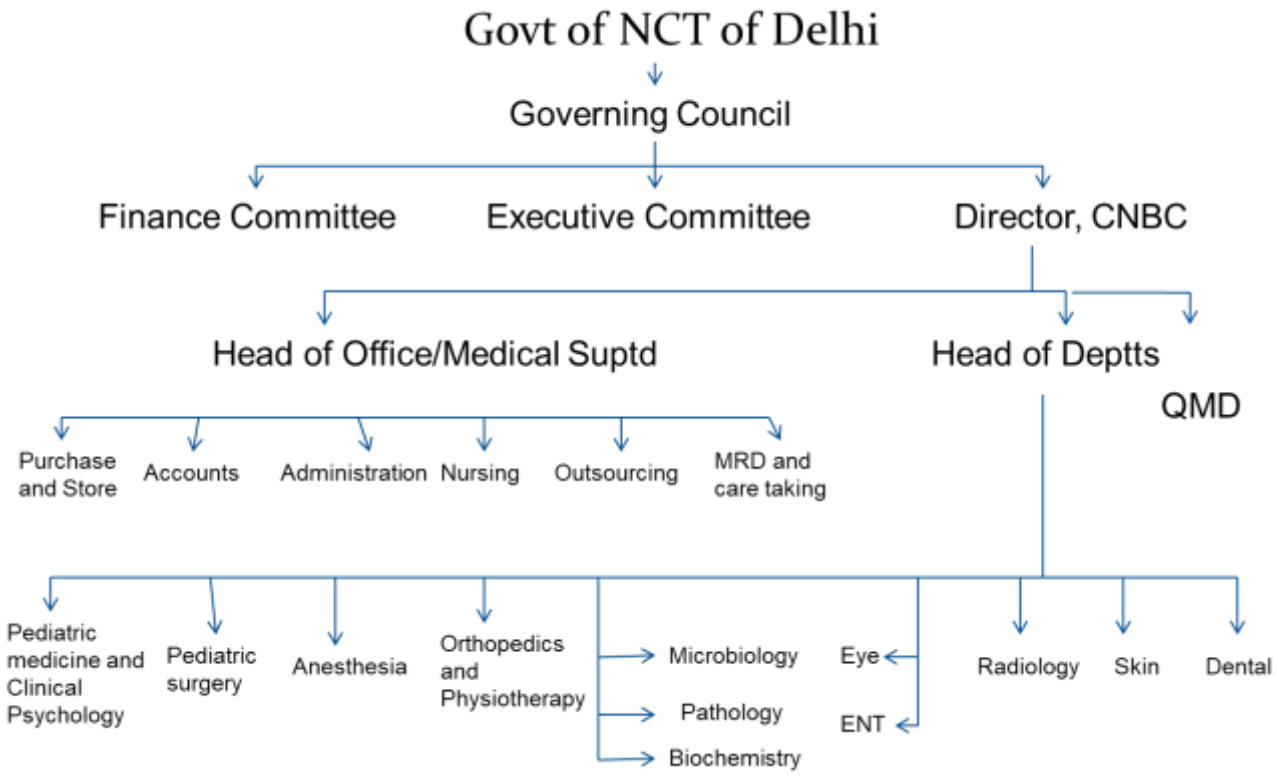
- To provide super specialty services using state of art technology.
- Committed to improve health and satisfaction level of our patients by ensuring continuous improvement by:
    - Training of all categories of staff
    - Latest treatment technologies
- To provide Teaching and Research facility in paediatric sub specialties.
- To develop as a leading paediatric referral centre.

Governance and Management

The society is managed, administered, directed and controlled, subject rules, byelaws and orders, by the Governing Council (GC) and GNCTD. The governing and organisational structure of CNBC is given in figure 1. The governing council is headed by Chief Secretary, GNCTD with other members from GNCTD departments, representatives from MAMC, GTB hospital, reputed person from private sector hospitals. Director of Chacha Nehru Bal Chikisalaya is the member secretary of GC. So far only 8 governing council meetings have been conducted against expected minimum 20 meetings. The first meeting of GC was held on 22/10/2013 whereas the last meeting was held on May, 24 2018. In addition, institute also has finance committee which was headed by Pr. Secretary (finance), GNCTD, as chairman. Memorandum of Association

(MoA) of CNBC does not give it required autonomy to the institute for its smooth functioning. These issues are mainly related to appointment of human resources and procurement of key equipment. Since most of the decision taken by GC (headed by Chief Secretary of GNCTD) and FC (Headed by Principal Secretary) require approval and clearance of GNCTD department, then in that case role of GC and FC becomes irrelevant.

Figure 1
Organizational Structure CNBC



Human Resources

There are three categories of human resources working in CNBC:

- Regular employees of Government of NCT of Delhi on deemed deputation to CNBC. However, these employees have not being paid their deputation allowance.
- Contractual employees which were recruited before CNBC turned autonomous. There services were continued with approval of GNCTD. It is not clear to whom this staff belongs to CNBC or GNCTD?
- Contractual staff who were recruited by CNBC Society against the vacant posts.

With three above categories, it creates a lot discontent, dissatisfaction and mistrust among employees as people working at same level performing same duties getting different salaries and perks.

Considering the patient load there is a need for increase in the number of sanctioned post for medical staff i.e. doctors and paramedical staff to run the radiology, laboratory services round the clock.

Faculty

As per the bye-laws of the society, all appointment of doctors, nurses, paramedical staff, technical and allied healthcare staff/ministerial/executive staff, if not outsources are engaged initially on a contract for a period of 5 years with a notice period of 3 months from either side for severance of contract. Further, the extension will be based on annual performance appraisal report up to the age of superannuation. The institute does not have any recruitment rules and promotion policy so far. As per government order salary of faculty recruited in society has been fixed at a consolidated amount per month. This consolidated figure does not give any breakup to the faculty, this lead to higher amount of income tax deduction. Further, there is no increment in the salary of the employees from last 5 years. GC proposed an annual increment of up to 8 percent of the consolidated amount to faculty. However, finance department of GNCTD approved an annual increment of 3.5 % for Assistant and Associate Professors and 4% for Professors. CNBC proposed that equal rate should be applicable to all, GC advised to resubmit the file to Finance Department of GNCTD for reconsideration.

During in-depth interaction with faculty it was found that faculty is not able to apply for research projects as they are not permanent employees, they are not sure whether they will be continue to work with CNBC or not as most of projects normally have duration for 3 years. Terms of employment related to every year renewal of contract after first 4 year creates a lot of dissatisfaction. Faculty is not clear with regard to leave rules. They have not given with any medical benefits and social benefits like provident fund, health insurance etc. There is no provision for intramural grants to faculty to start of initiate any research. Table 1 shows department wise present sanctioned faculty position and actual employment of faculty and doctors. Almost 30% of positions are vacant. The main reason for vacancy is high faculty and staff attrition rate. Every year 5-6 faculty and nearly 10 staff members leave CNBC job.

Most of the investment by the CNBC on capacity building of faculty and staff go in to vain as most of faculty and doctor resign as they get permanent and regular positions.

Table 1
Deployment of Faculty Department wise

Department	Faculty Posts (As on August, 2018)	
	Sanctioned	**Deployed**
Director	1	1
Pediatrics	16	11
Pediatrics Surgery	6	4
Anesthesia	5	4 (02 posts are filled with non-teaching specialist)
ENT	2	2
Ophthalmology	2	1
Microbiology	2	2
Pathology	3	2
Biochemistry	2	2
Radiology	3	-
Dermatology	2	1
Orthopedics	2	2
Clinical Psychology	2	2
Civil Assistant Surgeon (Dental)	2	1
TOTAL	**50**	**35**

Paramedics

Total deployment of paramedic staff is 269 posts as against 520 sanctioned posts. Out of 269 posts 120 members are deployed on regular basis whereas 149 members are deployed on contractual basis. Similarly on the deployment of administration staff just 29 (10 regular and 19 contractual) positions are filled against the sanctioned strength of 74. It is important to note that key position of Deputy Director Administration is also lying vacant since beginning. Due to less number of nursing and other support staff, one of the Neonatal ICU is lying closed. There are not positions to cater to the leave vacancy by regular employees.

Very recently i.e. in September 2018, after more than 4 years posts of GNCTD employees has been transferred to CNBC by Department of Health of GNCTD now CNBC will relieving Delhi Government Officials and recruit its own employees in phased manner.

Capacity Building, Research and Publications

CNBC is putting a lot of efforts on continuous medical education for its faculty and staff. The faculty has published more than 130 research publication in last 5 years. However, very few publications are published in impact factor more than 4.

Infrastructure and Equipments

Building

CNBC is spread over just 1.6 hectares of land. The current campus space is completely insufficient to cater about 1200-1500 patients per day in OPD and 40-50 admissions daily in IPD. DDA has allotted an additional piece of land of 1250 square meters to CNBC for which a payment of Rs. 9.25 crore has been made in 2010 but still possession of land is pending.

Construction of waiting area for patients and their attendants is pending with PWD for about 7 years. It is causing hardships to the relatives and mothers of patients in NICU/ wards and deterrent to maintenance of cleanliness in hospital.

Equipment

Major equipment available with CNBC include Advance anaesthesia machine, dialysis Machines, Neonatal ventilators, paediatric ventilators, DC Defibrillator machines, fiber optic anaesthesia, bronchoscope, anaesthesia monitors, Video EEG machine, GI Video endoscopes, BERA Machine, Cystoscope, Ophthalmic A-B scan ultrasound, CT Scan, Video Arthroscopy System, Video Urodynamic System, Ophthalmic Operating Microscope, Laparoscope, Battery cum electricity powered drill and saw system, ENT Operating Microscope, Mobile C-Arm and Image intensifier, Deep Freezers (-80˚ C), X ray machines, Mobile X Ray machine, Automatic Biochemistry analyzer etc. Most of the equipment are under Comprehensive warranty and AMCs are renewed annually for the equipment which are not under warranty. Average length of stay in emergency is half day, where as in surgery and NICU varies from 12 to 14 days.

On the day of visit Ultra sound equipment was not functional. For X-ray due to shortage of paediatric radiologist X-Ray is scheduled with waiting period of a day, ultra sound has a waiting period of 10 days and CT scan a waiting period of 3 days.

Utilization of Infrastructure

In terms of bed capacity CNBC has 225 beds. But 15 beds NICU is functional due to shortage of required staff. In emergency and Paediatric Surgical ward bed occupancy is almost 150%. Where in other department is almost 95%. Patients has complained that they have been asked for long waiting time for services because of non-availability of beds. In lab services waiting period is again one day. In lab services quality control practices are followed from very beginning of services i.e. since 2004.

IT infrastructure

The institute has its website which gives specific details about the hospital. Website is updated regularly. Online registration system is available at CNBC. However, usage and awareness level among patients and their attendants about the same is very less. There are several WhatsApp groups among faculty and staff for daily updates and continuous sharing of information.

Table 2
Extent of computerization and online services at CNBC

Sr.	e-Governance	Functional (Yes/No)	Since	Service Provider	Training to Staff (Yes/No)
1.	Hospital's website	YES	2009		YES
2.	Registration	YES			YES
3.	Appointment scheduling	NO			
4.	Consultation	NO		GTI Services	
5.	Post consultation	NO			
6.	Billing	NA			
7.	Pharmacy	YES			YES
8.	Assets management	YES			YES
9.	Hospital finance and accounts	YES			YES
10.	E-Office	YES			YES
11.	ERP/SAP Solution	NO			
12.	Inventory management system	YES			YES

Patient Services

CNBC was the first public sector hospital in the country to get NABH Accreditation for quality of services. It has been renewed for the fourth cycle w.e.f. February 2018. CNBC has been awarded with 2nd prize in Kayakalp award: 2015-16 by government of India for cleanliness in hospital. CNBC provide following services to its patients:

- OPD Services and Special Clinics
- 221 bedded indoor and Medical Emergency Services
- ICU and Neonatal Intensive care
- Routine Surgeries in Pediatric Surgery, ENT, Orthopaedics, Eye
- Emergency Surgical Services, till 4 p.m. (Provision to open theatres in emergency)
- CT & Ultrasound, 9.00am to 4 p.m.
- X- Ray and Laboratory services: round the clock
- Bronchoscopy
- G.I. Video-endoscopy
- Video-EEG and BERA services
- Cystoscopy
- Speech Therapy
- Child psychology

- Physiotherapy / Occupational Therapy
- Dietetics, Medical Social Work

OPD starts from 9:00 am to 1:00 pm. Pharmacy operate from 9:00 am to 8:00 pm. Radiology works only from 9:00 am to 11:30 pm. Daily average OPD varies from 1200 to 1400 patients. Pharmacy has an essential drug list of 510 items. 95% medicines are available on demand. The institute has its own antibiotic policy which it review and update every year on the basis of clinical findings. On average every day CNBC receive 250+ referral cases. However, data for the same is not maintained. The trends for OPD and IPD attendance are given in figure 2 & 3.

Figure 2
OPD attendance at CNBC

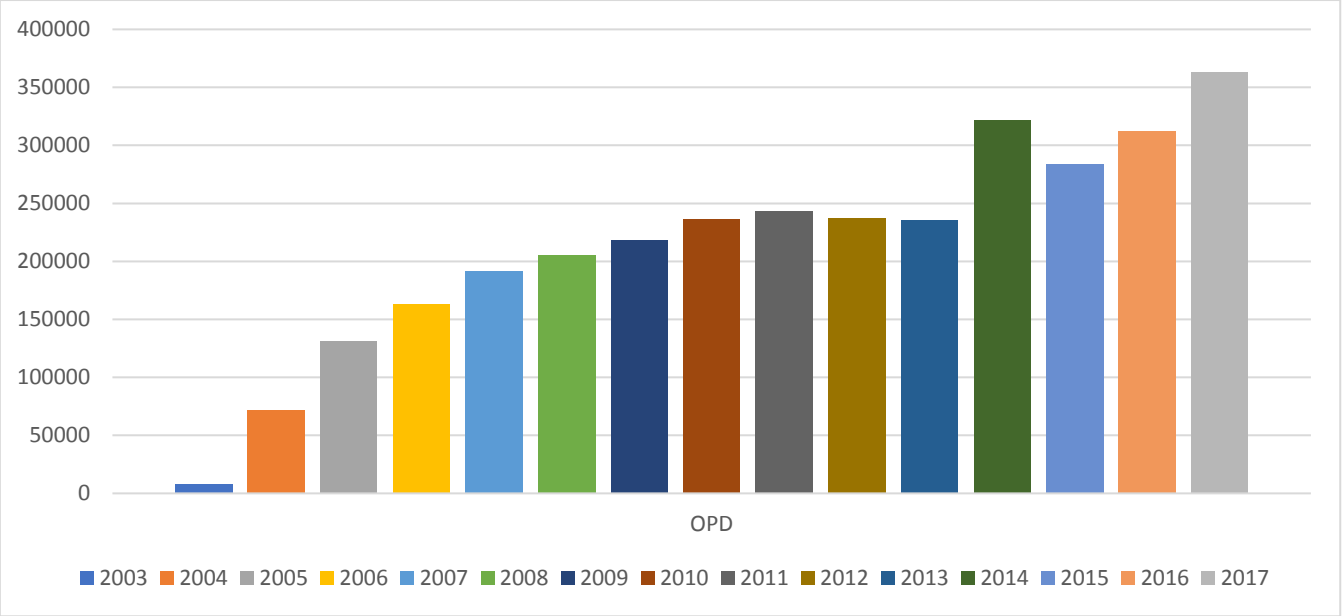
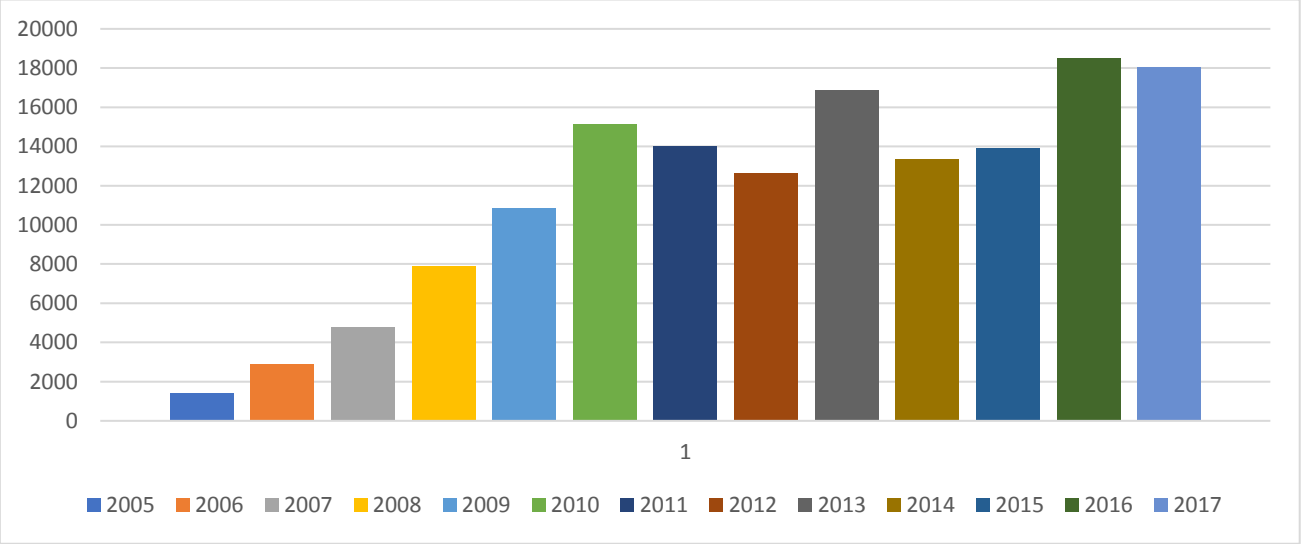


Figure 3
IPD attendance at CNBC



Patient Facilitation

- Major signage facilities are available in the hospital.
- Proper sitting place for patients is available but place and facilities for the attendants are not available.
- Construction of Ramps for disabled patients is there.
- Dharamshala Facility for patients/attendants is not available
- CNBC organize several public lectures and community awareness activities
- CNBC started unique initiative named Medical Clowning. In which Clownselors Visit CNBC every week to cheer up kids and educate parents

The principle of 'One bed-one patient ratio' is not being followed in CNBC as many times two or three patients are there on one bed. This practice can lead to cross infection from one child to another, fall from bed/accidents and patient dissatisfactions.

Patient Experience Feedback

While accessing the quality of healthcare in facilities patient sat was considered to be the important factor. Patients were interviewed with regard to their experience with regard to various aspects of services delivered with the help of pre-tested semi-structured interview schedule (Table 3). It was observed that on average respondents felt good with the registration system and locating departments and ok in reaching the hospital. Respondents felt ok with the waiting time for registration, meeting the doctor, test & examination and for report collection. Respondents felt good with the availability of doctor, nurses, attendant/staff, drugs/medicine, drinking water and parking facility. But for canteen and availability of supplies and consumables they rated their experience as ok. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment. Feedback received for nurses, other paramedical staffs on interaction with patients are also good. The queries are well answered and respondents felt good and satisfied with it. Respondents felt great with the Payment for OPD services, IPD services and diagnostics. On average respondents felt good with the cleanliness of building, IPD room, wards & corridors along with safety, comfort and privacy. Cleanliness in washrooms was just ok according to respondents.

Table 3
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Good	Friendly and helpful to you	Good
Convenience in reaching hospital	Good	Answers your questions	Good
Convenience to locate various departments	Ok	***All Others:***	
Waiting:		Friendly and helpful to you	Good
Time for registration	Ok	Answers your questions	Good
Waiting time for meeting with the doctor	Ok	**Payment for:**	
Waiting time for test and examinations	Ok	OPD services	Great
Waiting time for report collection	Ok	IPD services	Great
Waiting time for hospitalization and major surgeries	Good	Diagnostics	Great
Availability of:		**Facility**:	
Doctor	Good	Neat and clean building	Good
Nurses	Good	Comfort and Safety while waiting	Good
Attendants/staff	Good	Privacy	Good
Drugs/medicines	Good	Cleanliness of washrooms	Ok
Drinking water	Good	Cleanliness of IPD rooms	Good
Canteen facility	Ok	Cleanliness of wards	Good
Parking facility	Good	Cleanliness of corridors	Good
Provider: (Physician)			
Listens to you	Great		
Gives enough time with you	Great		
Explains what you want to know	Great		
Gives you good advice and treatment	Great		

Teaching

Besides providing medical facilities it is being developed as a Post Graduate Teaching/Training institute. Following courses are presently running-

1. DNB Pediatrics: 10 per session
2. DNB pediatric surgery: 3 per session
3. FNB (Pediatric Nephrology) : One per session
4. Fellowship in Pediatric anesthesia: 2 per year
5. Fellowship in Paediatric Orthopaedics: One per session
6. Fellowship in Pediatric Infectious diseases: One per session

However, CNBC is not able to start MCh and DM courses.

Financial Resource Mobilization

The institute is operating on Double Entry Accounting System (DEAS) which has paved way for automation of accounts. Capital expenditure is incurred as per requirement/availability of funds and varies accordingly. Salaries and Operations maintenance expenses are continuously rising. The institute has yet not given 7th pay commission salary to faculty members. However, no CAPEX expenditure in 2014 to 2016. Accounts are regular audited by internal and external auditors. Government Grant –In Aid is the major source of revenue for CNBC. However, it has raised funds from mobilising Corporate Social Responsibility funds of companies especially for buying capital equipment.

Table 4
Pattern of Expenditure

(Rupees in Crores)

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Capital Expenditure	0.85	0	0	2.15	1.49
Salaries	27.89	30.69	34.5	38.69	41.97
Other O&M Expenditure	13	21.98	18.03	23.25	21.61

User charges

Despite GC has approved the implementation CGHS rates as user charges for the patients in past. But still as per the MOA, it has yet not been ratified by the government. This has precluded not only generation of revenue and controlling the number of patients.

Recommendation

1. Governing Structure

Minimum required meetings of GC and FC should be happened to discuss and resolve pending issues without delays. Full autonomy in true sense should be given to the Institute. For this purpose, MOA of the society should be amended appropriately to empower GC for recruitment and other service matters. Since all of the appointment are contractual in nature, even after creation of sanctioned post, as per bye laws selection committee should be appointed by GC to avoid delay the process of recruitment of faculty and staff. Creation and deletion of new post should be in control of GC no approval of government department should be sorted. No file other than Budget approval should go to GNCTD. Approved budget file should go to the GNCTD for financing after approval of FC and GC.

2. Human Resources

All faculty and staff should be given with five year contract services and renewal of it for same duration in case satisfactory performance. Consolidated salary structure should be abolished immediately. Salary structure equivalent to AIIMS New Delhi should be implemented with all benefits to faculty and staff related to capacity building and growth. Institute HR policy consisting of Recruitment rules, Career Advancement, Leave Rules etc. for faculty and staff should be designed. Recommendation of 7th CPC should be implemented immediately. All vacant posts should be filled at the earliest.

3. Infrastructure and Equipments

Pending possession of land and construction of new wings at the adjacent land should be done immediately. Construction of pending patient waiting area, Dharamshala should be done without any delays. Acquisition and repair of required Ultra sound machines and other required equipment should be done without any delay.

4. Patient Services

CNBC should be seen as super specialized tertiary child care hospital. It should run more like a referral center. Therefore, to reduce heavy patient at CNBC following step should be implanted:

1. Strong linkage between Mohalla Clinics and other Delhi hospitals so that maximum referral patients should come to CNBC
2. As development of referral system take time as it require a lot behavior change programs CNBC should also be given additional land to construct an additional OPD block for running screening clinic to avoid heavy rush.

5. Resource Mobilization

Instead of blindly implementing CGHS rate as user charges, a comprehensive business model need to made to implement at CNBC so that required financing need of the hospitals and its programs should be met. It requires a comprehensive cost analysis study. Business model as suggested for user fees in chapter 1 should be implemented.

Delhi State Cancer Institute

The Background

There were very few facilities for comprehensive care for cancer patients in and around Delhi to cater to the needs of a large number of poor patients till 2006. Delhi State Cancer Institute (DSCI) has been established for providing comprehensive cancer management facility with the latest and most advanced techniques available under one roof for patients suffering from cancers. DSCI was conceived as 'centre of excellence' for comprehensive treatment of cancer including teaching, training, research at par with some of the best such institutions in the country as well as at international level. DSCI provides ultra-modern comprehensive diagnosis and treatment facilities to all types of cancer patients with strong emphasis on Human Resource Development, Research & Development and Community Service programs.

Governance Structure

The institute is governed by a Governing Council (GC) headed by Chief Secretary of GNCTD and twelve other members. Similar to other autonomous health society institutions of GNCTD, meetings of Governing Council is not happening regularly. The first meeting was held on 05.05.2006 and since than 13 meetings have been held against required minimum 48 meetings. Last meeting of GC was held on 19.04.2018. In addition, institute has following committees for its functions-

- Finance committee
- Academic committee
- Scientific advisory committee or research committee
- Public welfare committee

Most of the meetings of GC and FC happened in Delhi Secretariat only than in DSCI campus. Due to lack of meetings of GC and FC, DSCI is facing several challenges related to delays in decision making. These delays are not only hampering the long term sustainable growth of the institute but also it is impacting the day to day patient care. GC and FC of DSCI do not work in autonomous manner as per MOA of the institute. Many decisions of GCs and FCs are forwarded to respective departments of GNCTD for approvals and clarifications.

Human Resources

Faculty

All the posts for Professor and Associate professor are vacant, the institute is running with just 09 faculty members i.e. 8 Asst. Professor and 1 Associate professor and team of JRs and SRs. For a decade the institute was running with a sanctioned strength of 14 faculty and 71 Junior and Senior residents with actual strength of nearly 50%. Considering the rising load at DSCI (East) and creation of facility at DSCI (West) and 93 new post of faculty members have been added for DSCI (EAST) but still positions for DSCI (WEST) has not been approved. Further, so far no actual position is filled so far. The recruitment and selection process is delayed due to unnecessary bureaucratic process like delays in creation of posts, constituents of selection committee etc.

It is important to note that all faculty, resident doctors and staff positions created in DSCI are contractual in nature as per MOA. Faculty is appointed for a period of five year contract basis till the age of superannuation. Salary of faculty is fixed at equivalent to AIIMS, New Delhi, it is revised annually with consideration of DA and annual increment. Though, appointment of faculty is on contractual basis but the faculty is appointment process include selection of faculty by selection committee which was earlier headed Secretary Health of GNCTD. Later this process was relaxed and it was decided that selection committee will be headed by an eminent professional. But the file for approval of chairman and members of selection committee needs approval of GCs, Health Department and Hon'ble Lieutenant Governor of Delhi. Creation and approval of selection committee has taken a period more than 4 years. No faculty recruitment and promotion has been done in last 5 years.

Table 1
Deployment of Faculty

Post	No of sanctioned posts (existing)	No of sanctioned posts as on 13.02.2017	Total	Filled	Vacant
Professor	-	14	14	-	14
Associate Professor	01	48	49	01	48
Assistant Professor	13	31	50	08	42
Total	**14**	**93**	**113**	**09**	**104**

Table 2
Deployment of Residents

Post	No of sanctioned posts(existing)	No of sanctioned posts as on 13.02.2017	Total	Filled	Vacant
Senior Residents	44	58	102	58	44
Junior Residents	27	40	67	60	07
All	**71**	**98**	**169**	**118**	**51**

Further, after interviewing faculty and staff it was found that atmosphere for them is not very conducive. Most of the faculty and staff members feel position at DSCI a practicing palace (for trial and errors) as there nothing is fixed. As per recruitment rules of the institute each and every position in institute including director is on contract basis. None of the faculty member has been given with promotion or career advancement. During in-depth interview with faculty members one of the faculty member describe the state of their working with following words:

> *"There is no job security, no career advancement, no medical benefits, less payment (compare to private sector), stressful (due to overworking) and on top of it experience of this place is not counted in case they apply for permanent positions in teaching institutes like New AIIMS or other medical colleges (as teaching courses such as DM and MCh has not started)."*

Table 1 also shows the same thing that faculty deployment is fairly inadequate against the work load requirements. Further, faculty is also loaded with several administrative responsibilities due to shortage of staff at other levels. Even due to odd circumstances many faculty members and Senior Residents have continued their work at DSCI (EAST) from last 8 to 10 years at same levels.

Nursing, Paramedic and Other Administrative Staff

Similar trend to resident doctors positions out total 538 sanctioned positions other than faculty and resident doctors, 312 positions are lying vacant. However, these non-filled positions are mainly in newly created positions, which were created on 13 February, 2017, as out of old 251 sanctioned post 226 posts were filled. Shortage of staff nurses is being handled with the help of 'nursing orderly'

Faculty Development and Capacity Building

Due to high patient load on faculty and residents doctors and absence of senior faculty culture of research and publication at DSCI has not been started. Despite of large scale availability of

critical cases, which can be a good data source for research to resolve many mysteries related to different type cancer, DSCI is not able to do much research. Table 3 given below shows very few research publications of DSCI. Further, due to heavy patient care load faculty members are not able get time to attend conferences and faculty development programs to upgrade their knowledge and skills. Faculty has also not applied and obtained grants for doing funded research projects which is part of the mandate of the institute.

However, institute has done great efforts of institutional collaborations with national and international institutes, which give good exposure to the faculty to work with national and international experts in different fields. DSCI has signed a comprehensive MOU with the MD Anderson Cancer Center, which is globally the most reputed cancer center, for collaboration in various aspects of Oncology. DSCI has also signed MoUs with other hospitals and NGOs such Dnip care, Navonathan cancer foundation and Indian Cancer Society etc. for collaborations and information sharing.

Table 3
Research and Publications of DSCI

Publications	**2013**	**2014**	**2015**	**2016**	**2017**
Total Number	4	9	3	10	16
Publications having Impact Factor ≥ 4	-	1	-	1	-
Citations till date	18	19	5	14	8

Infrastructure and Equipments

Physical Structure

DSCI is presently functioning from two campuses i.e. DSCI (East) Dilshad Garden area next to GTB Hospital and DSCI (West) in Janakpuri Area in the Janakpuri Super-Speciality campus. DSCI (East) is fully functional cancer 185 bedded hospital whereas at DSCI (west) is a 50 – bedded facility presently functional with OPD and Day Care Services only, commenced since 13th March 2013. It has also been proposed to open DSCI (North) campus by converting Satyavadi Raja Harish Chandra Hospital at Narela into 400-bedded cancer hospital. There are also proposal to allot adequate pieces of lands to DSCI in other parts of Delhi to set up DSCI (South), and DSCI (Central). These centres can be integrated with each other to provide state-of-the-art facilities for comprehensive treatment of cancer patients – covering all aspects like clinical, academic, research and community-based outreach program for IEC, early detection, rehabilitation and home-based palliative care programs.

DSCI (EAST) has just 3.5 acres of land at its disposal and the institute was setup to cater to 200-300 OPD patients. All good efforts of small dedicated team of DSCI (EAST) is handling on an average 1200-1800 OPD patient daily. Such large OPD is running in just five OPD rooms. DSCI East has a bed capacity of full air conditioned 185 beds out of which 110 beds are General Ward beds and 61 beds are in private wards and uniquely designed 7-Beds are for Nuclear Medicine High Dosage Therapy Ward. Bed capacity at DSCI (EAST) has been recently increased from 102 in year 2016-17 to 185. Further, DSCI (EAST) has 53 recliner chairs for day care chemotherapy. However, this bed capacity does not seems sufficient considering rapidly rising load of cancer patients in Delhi-NCR and India.

The physical infrastructure and the ambience created at DSCI (East) is amongst the best facilities. DSCI (EAST) was awarded with 7th CIDC Vishwakarma Awards in 2015 under categories of (i) best constructed, (ii) best maintained and (iii) best managed project by the Construction Industry Development Council (CIDC) of the Govt of India.

But at the time, a large number of patients coming to the DSCI (EAST) are critically ill and need immediate admission are not able to get admitted due to non-availability of beds. On an average there is a waiting period of almost 3-4 months. Further, there is no space for increasing OPD rooms, indoor beds and several supportive services. Further, hospital does not has any parking space or any open space for inhaling fresh air by these advanced stage cancer patients. The space constraint is making critical cancer patient service more painful.

At DSCI (West) just OPD and Day Care Services have been commenced from 2013, nearly 150 patients daily come for OPD and daycare procedures. But the 50 bedded indoor facilities and Radiotherapy and Diagnostic facilities are yet not functional due to required positions of medical, para-medical and support staff has not been approved by GNCTD.

Similarly, proposal for transfer of Satyavadi Raja Harish Chandra Hospital at Narela make DSCI (North) is pending with GNCTD from almost 5 years. Similarly, no plan has been approved for setting up DSCI (South).

Equipment

From day one, DSCI (EAST) started with LINAC based technology, modular operation theatres, high tech imaging and advanced clinical labs setup. DSCI (east) has

- 128-Slice CT Scanner with RT Simulation
- Fully digital X-Ray unit with digital fluoroscopy
- Digital Mammography with largest detector, CAD and digitally-guided stereotactic biopsy system

- High end Ultrasonography unit with Breast Elastography
- Complete Picture Archiving and Communication System (PACS) for all the X-ray & Imaging equipment
- Three Linear Accelerators with latest IGRT & IMRT facilities
- Four fully integrated modular operation theatres, with frozen section and gamma probe facilities, ICU and Bone Marrow Transplant units
- da Vinci Xi Robotic Surgical System
- High Dose Rate Brachytherapy unit-Varisource with Simulator
- Nuclear Medicine set up including PET-CT with Cyclotron and Gamma Camera with SPECT

Most of the above the major equipment were procured in 2008 to 2010 period with 10 years comprehensive warranty for the key components. DSCI (East) is maintaining 96 – 98 % uptime for most of the equipment. During the visit to DSCI (East) it was found that following equipment are not functional from year 2016 which were put to use since 2005-06 onwards:

- RT Simulator
- Radiation Field Analyzers
- Radiation Dosimeter
- 3-D Radiation Tt Planning System
- RT Treatment Verification and interfacing system

Since all of the above equipment had completed their life span and require to be replaced. But replacement decision to procure these new equipment is pending with GC and FC. Further, it is important to note that other above mentioned key equipment mentioned were purchased in 2008 to 2010 period. Therefore, there life is also about to be finished. Therefore, fast decision-making process is required to procure above equipment so that patient services should not get hampered.

IT Infrastructure

DSCI (EAST) has successful implemented NIC's e-office system for administrative work and computerized OPD registration. However, hospital does not have adopted any complete HMIS system, online OPD IPD registration, Lab Management Information System, Inventory Management Information system. Therefore, most of the medical records of patients are kept manual. The institute has its website which gives specific details about the hospital. Website is updated as and when required. Hospital staff is also using WhatsApp groups intensively.

Patient Services

The Institute is providing treatment facilities with Radiotherapy and Chemotherapy to cancer patients – both in the OPD as well as in the wards. The OPD services, chemotherapy day care services as well as radiotherapy services start from 7.00 am to till late evenings daily with emergency services round the clock. No patient is returned unattended because of any time limits. All blood test reports are being made available within 3 - 4 hours. At present all patients in General OPD and General Ward for comprehensive treatment for cancer including investigations, chemotherapy, radiotherapy and surgery are given free of cost (after the orders of the present government). In private OPD and Wards services are charged at subsidized defined user fees.

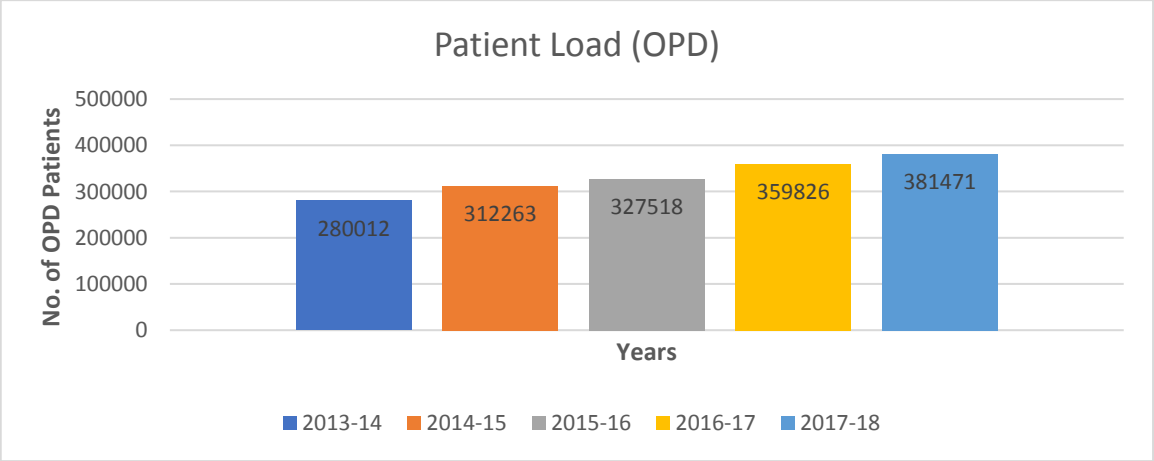
Table 4
Incidence of Patients at OPD

Name of Department	No. of OPD Patients				
	2013-14	2014-15	2015-16	2016-17	2017-18
Oncology	280012	312263	327518	359826	381471

Number of patients has increased significantly from 280012 in 2013-14 to 381471 in 2017-18 as displayed in below graph. Similarly, number of major surgeries has also gone up from 114 (2013-14) to 724 (2017-18). For general ward beds, bed occupancy rate is 95-100% whereas overall bed occupancy rate is 70-80%. Similarly, average length of stay is varying from 4 to 5 days.

Due to lack of space and faculty members the institutes have not started several surgical procedures and super-specialities and teaching courses.

Figure 1
OPD patient Load at DSCI



Medicines and Lab Investigations

As indicated by the hospital more than 99 percent of medicines are supplied to the patients against prescribed in the institute. Reports for the most of the routine investigations are conducted on the same day and patients get the line of management/treatment on the same day.

Patient Facilitation

Signage facilities are available in the hospital. Ramps to facilitate the movement of disabled persons have been provided at various locations as per requirements. Space for sitting for the patients and attendants are provided but not sufficient. DSCI provides meals at just about Rs. 10 per plate and tea/coffee at just about Rs. 5 per cup at 'no profit-no loss basis' for the waiting patients and their attendants. Other than this DSCI tied up with some NGOs for free community meals to be served to about 700 – 800 persons waiting in OPD on every Wednesday, Thursday & Friday.

Outreach Activities and Social Welfare Activities

At present due to shortage of faculty, staff and space DSCI is not doing much activities in the area of public awareness, prevention, screening, early detection, palliative care. However, DSCI (East) has set a Dharamshala for patients and their attendants on nominal payment basis and started organizing Skill Development courses for admitted children/attendants with support of National Skill Development Council.

Patient Experience Feedback

While accessing the quality of healthcare in facilities patient sat was considered to be the important factor. Patients were interviewed with regard to their experience with regard to various aspects of services delivered with the help of pre-tested semi-structured interview schedule. It was observed that: most of the respondents felt good with the registration system and great in locating various departments whereas, respondents felt ok in reaching hospital. Respondents were satisfied with waiting time for registration, test and examinations, report collection, and for hospitalization and major surgeries but their experience for meeting with the doctor were ok. On average respondents felt great with the availability of doctor, attendant/staff, drugs/medicine, and drinking water. Canteen facility was good but availability of parking facility and other supplies/consumables was fair. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment. Feedback received for nurses, other paramedical staffs on interaction with patients

are well appreciated. Their overall experience was great with them. The queries are well answered and respondents were more than satisfied with it. Respondents felt great for the Payment for OPD services, IPD services and diagnostics. It is equally important to note that respondents felt great for cleanliness of building, washroom, IPD room, wards & corridors along with great safety and good comfort and privacy.

Table 5
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Good	Friendly and helpful to you	Great
Convenience in reaching hospital	OK	Answers your questions	Great
Convenience to locate various departments	Great	***All Others:***	
Waiting:		Friendly and helpful to you	Great
Time for registration	Great	Answers your questions	Great
Waiting time for meeting with the doctor	OK	**Payment for:**	
Waiting time for test and examinations	Good	OPD services	Great
Waiting time for report collection	Good	IPD services	Great
Waiting time for hospitalization and major surgeries	Great	Diagnostics	Great
Availability of:		**Facility**:	
Doctor	Great	Neat and clean building	Great
Nurses	Great	Comfort and Safety while waiting	Good
Attendants/staff	Great	Privacy	Great
Drugs/medicines	Great	Cleanliness of washrooms	Great
Drinking water	Great	Cleanliness of IPD rooms	Great
Canteen facility	Good	Cleanliness of wards	Great
Parking facility	Fair	Cleanliness of corridors	Great
Provider: (Physician)			
Listens to you	Fair		
Gives enough time with you	Good		
Explains what you want to know	OK		
Gives you good advice and treatment	Great		

Financial Resource Mobilization

The institute is operating on Double Entry Accounting System (DEAS) which has paved way for automation of accounts. Capital expenditure is incurred as per requirement/availability of funds and varies accordingly (Table 10) salaries show a regular increase from year to year basis. Internal and external audits are done timely. Initially, DSCI was generating revenue by

charging user fee for its services from every user. However, from last two year revenue share of DSCI from user fees has gone done significantly as GNCTD has told them not charge user fees in general wards and OPDs (Table 6).

Importantly, DSCI is also accepting donations from various donors as DSCI is able get certification from Income Tax Department for section 80G exemptions in income tax for donations for the cause of curing cancer. However, revenue from this source is not very high which can be further tapped. So far, DSCI has not tapped CSR funds for companies.

Table 6
Source of Income of DSCI

Year	Budgetary Support (In crores)	CSR	Donation/ Contribution/ Generated Revenue (In Crores)	Total (In Crores)
2013-14	27.50	-	29.50	57.00
2014-15	21.00	-	15.31	36.31
2015-16	Nil	-	20.48	20.48
2016-17	58.75	-	10.75	69.50
2017-18	44.35	-	12.51	56.86

It is important to note DSCI (EAST) is presently working with less than 10% of total sanctioned faculty strength with recruitment against sanctioned strength the total salary, operations and maintenance budget will increase manifold. Further, as mentioned above five major equipment are not functional and other equipment whose life span is going to get over in next one or two year required to be purchased incoming financial year. In addition DSCI also need funds to develop new space for EAST, WEST and NORTH campuses. Overall, DSCI requires huge CAPEX and OPEX investment in coming years. Therefore, a well-thought business model is needed to finance the growth and sustainable development of DSCI considering rapidly growing cancer incidences in Delhi and India.

Table 7
Details of Annual Expenditures of DSCI

(in Rs.)

Item		2013-14	2014-15	2015-16	2016-17	2017-18
Salary		16,88,17,553	20,66,21,591	24,48,86,119	28,81,01,313	37,12,69,741
General head	**OE**	11,53,05,989	11,59,09,551	16,18,25,398	17,86,51,170	23,59,57,690
	M&S	9,62,21,277	12,96,30,862	7,13,87,431	6,98,85,675	11,35,81,566
Creation of capital assets	**Capital work**	6,52,88,379	4,93,76,568	3,41,95,369	3,19,45,982	4,22,64,923
	M&E	2,64,22,824	29,98,87,344	40,70,89,984	28,49,41,221	6,35,25,816
TOTAL		**47,20,56,022**	**80,14,25,916**	**91,93,84,211**	**85,35,25,361**	**82,65,99,736**

Recommendations

1. Allocation of Further Land for Expansion

Considering the present requirements and rapidly growing future needs additional land required for expansion and better future planning at DSCI (EAST) and DSCI (WEST) in continuity should be done from immediate effect. Similarly, the process of conversion of SRHCH, Narela to DSCI North should be done to avoid public health emergency due to cancer. It important that simultaneous planning and approval of faculty, staff and equipment should be DSCI done for DSCI (WEST) and DSCI (North) to avoid any delay in commissioning of facilities.

2. Empowerment and Re-structuring of Governing and Finance Committees

Considering level of delays and slow decision-making process the number meetings GC should be increased. Further, it is important that meeting of GC and FC should happen in the institute campus so that chair and members can understand on ground realities and situations. As availability of Chairman of GC i.e. Chief Secretary of GNCTD as is one of the major reasons for less meeting, GC should be structured to fasten the process of decision making. Further, GC and FC should be empowered to make DSCI a real autonomous institute. Files approved by GC and FC should not be sent to GNCTD departments. GNCTD should only approve the overall total budget proposal send by hospital for sanctions.

3. Empowerment of Director for Faculty Recruitment

For selection of faculty GC should approve the selection committee and file should not go to GNCTD for approval and on selection made by selection committee, director should empower to issue appointment letter with post-facto information to GC. For selection of staff positions Director should be the chairman of selection committee to fasten the process of recruitment at DSCI.

4. Faculty and Staff Promotion

Recruitment rules and MOA of the institute do not have consistency on tenure and terms of employment of faculty and staff. Therefore, it is recommended that a comprehensive Human Resource (HR) policy should made in the institute which will include all HR issues like recruitment, selection process, promotion, leave rules, salary and other benefits etc.

5. Procurement of Key Equipment

For procurement of key equipment, a technical committee should be formed which should be headed by a professional expert in the field of oncology. This committee should further consist of members from finance department, expert from bio-medical engineering, director of DSCI,

Medical Superintendent of DSCI as member secretary and concerned departmental HOD should be made member. On the basis committee decisions equipment should be procure following GFR rules. Files for procurement should not go GNCTD departments for concurrence and approval.

6. **Development of Business Model** as mentioned in Chapter 1 for Long term Sustainable Financing of the institute is very important.

Janakpuri Super Specialty Hospital

The Background

Janakpuri super speciality hospital was envisaged to be a 300 bedded Hospital in Janakpuri West Delhi, with a view to provide tertiary level health care to people of Delhi and NCR. The Hospital was inaugurated 18th Sept., 2008 with the objective to develop this hospital as a Centre of Excellence in the field of curative, rehabilitative, palliative and preventive health care; to provide modern and technologically advance infrastructure for diagnosis and treatment of all types of Cardiology, Cardiothoracic & vascular Surgery, Neurology, Neurosurgery, Nephrology, Urology, Gastroenterology, GI Surgery, Genetics, Endocrinology along with support specialities such as Radiology, Nuclear Medicine, Pathology, Microbiology, Biochemistry etc. Initially, the government had planned to run it under PPP model, but then the plan was dropped and the Union Health Ministry was approached to run it. Finally in 2012, it was decided to run it through a Society'.

Governance Structure

On 20.09.2013, the first Governing Council (GC) was constituted with 13 members. The society is managed, administered, directed and controlled, subject rules, byelaws and orders, by the GC. It is headed by the Chief Secretary, GNCTD with other members being from the government and senior professionals from other hospitals of Govt. of Delhi and Director of JSSHS. It is supposed to meet at least once in every 3 months. However, so far it has met only 5 times, i.e. on an average one meeting per year. The GC can create and abolish posts after obtaining approval of the GNCTD. After that it has the powers to appoint functionaries at all levels. The institute also have Executive committee which is headed by Director, JSSHS as chairman, Medical Superintendent as Member Secretary with Dy. Director (admin), Dy. Controller of accountant/financial advisor, two faculty members and other eminent persons as members. Executive Committee (EC) meets once in a month and when required. Total 27 EC meetings have been conducted since the first meeting which was held in the year 2014 whereas the last one was conducted in September 2018. In addition, the other committees of the Institute include Finance Committee, Academic Committee, Public Welfare, Institutional Review Board & Institutional Ethics Committee. However, not all of these have been constituted as yet. For example, Ethics Committee is in the process of being set up. It is stipulated that an MoU

between the government and the Society will be signed before the beginning of each financial year wherein the Society will enlist the targets and plans for the said year.

Human Resources

The Director

As per the MoA of the Hospital, the Director, a distinguished doctor, is appointed for a period of 3 years and the term is extendable by 1 year at a time. As a CEO, the Director is to exercise superintendence and control over all the activities.

Faculty

The hospital has more vacant posts than the current strength of faculty. This may be seen from Table 1 that out of 158 sanctioned posts only 67 are filled. As against 8 posts for Assistant Professors only 2 persons have been recruited whereas all posts for Professor and Associate Professor are vacant. Overall hospital has more than 50 percent vacancy in various positions of the Institute. The MoA says that the manpower at all levels can be employed by the society permanently, temporarily, contractual or on honorary basis.

Table 1
Deployment of Faculty

Name of the post	**Faculty Posts (As on August, 2018)**		**Remarks**
	Sanctioned	**Deployed**	
Director	1	1	Working on diverted capacity
Medical Superintendent	1	0	Senior medical Officer is designated as M.S.
Deputy Medical Superintendent	1	0	Senior medical Officer is designated as D.M.S (on diverted capacity)
Chief Medical Officer	1	0	
Medical officer	8	6	
Professor	8	0	
Associates Professor	8	0	
Assistant Professor	8	2	
Specialist Gr-III	15	3	One specialist working on diverted capacity. One deputy director(admin) working on deputation basis against the post of specialist, Gr. III (Oncology)
SRs	77	36	Two SMOs are working against the post of S.R. (one SMO is taking salary from this hospital and other is on diverted capacity)
JR	30	20	
Total	**158***	**68**	

* Includes the Director
Source: JSSH

There is no perks or increment for the faculty on contract.

Paramedics

Only 34 posts are filled for paramedics (at different levels) against 264 sanctioned positions. Out of 34, 13 members have been recruited on regular basis. Most of the paramedical posts are vacant as can be seen from Table 2.

Table 2
Deployment of paramedic staff

Position	Sanctioned	Deployed	
		Regular	Contractual
Asstt. Nursing Superintendent	3	0	1
Nursing Sister	24	0	0
Staff Nurse	147	8	7
Technical Assistant (Radiology)	1	0	0
Assistant Dietician	1	0	0
Clinical Psychologist	2	0	0
Physiotherapist	1	0	1
Occupational Therapist	1	0	0
Speech Therapist	1	0	0
Senior. Radiographer (Radiology)	11	0	0
Senior Radiographer	1	1	0
Junior Radiographer	12	0	1
Dark Room Attendant	2	0	0
Lab Technician (Gr.III)	4	0	0
Technical Assistant Lab (Gr.III)	4	2	0
Technical Assistant (Gr.IV)	3	0	0
Lab Technician (Gr.IV)	6	0	3
Lab Assistant	8	1	4
Lab Attendant	8	0	0
ECG Technician	5	0	1
EEG & EMG Technician	3	0	0
CSSD Technician	3	0	0
CSSD Assistant	3	0	0
Pharmacist	8	1	3
Dresser	2	0	0
Total	**264**	**13**	**21**

Working condition of the paramedic staff or technician needs to be improved. For example, several technicians work on contract of 89 days, which is then renewed after a day's break.

Administrative Staff

The deployment of Administrative staff is 29 as against 35 sanctioned posts. Comparatively, the administrative positions are in better shape. The Society has decided that all appointments of doctors, nurses, paramedical staff, technical and allied healthcare staff and

ministerial/executive staff, if not outsourced, shall be engaged initially on a contract for a period 5 years with a notice period of 3 months from either side of severance of contract. Further extension will be based on annual performance appraisal report up to the age of superannuation in the NCT Government of Delhi.

Table 3
Deployment of Administrative Staff

Position	Sanctioned	Deployment		
		Regular	Contractual	Adhoc
DCA	1	1	0	0
Accounts Officer	1	1	0	0
Administrative Officer	1	0	0	0
Assistant Accounts Officer	1	0	0	0
Office Superintendent	2	1	0	1
Stenographer, (Gr.I)	1	1	0	0
Public Relation Officer	1	0	0	1
Statistical Officer (Medical Record)	1	1	0	0
Statistical Officer (Planning)	1	0	0	0
Statistical Assistant (SA)	3	1	0	1
Stenographer (Gr.II)	1	0	0	1
Head Clerk / Assistant, (Gr-II)	2	1	0	0
Stenographer (Gr.II)	1	0	0	1
Upper Division Clerk	5	2	0	2
Lower Division Clerk	11	0	10	1
Medical Record Sorter	2	0	0	2
Total	**35**	**9**	**10**	**10**

It is important to note that eligible persons are reluctant to join due to lack of comparable salary structure, lack of promotional avenues or other perks which are available elsewhere. The existing Recruitment Rules have pegged the compensation package at very low levels. The consolidated salary of contractual faculty has been fixed at Rs. 2.00 lakhs for Professor, Rs. 1.65 lakhs for Associate Professor and Rs. 1.25 lakhs for Assistant Professor. The criteria of fixing the amount is not given and is apparently very low. Similarly some posts have consolidated salary and some are on scale. The contract period of the employees is 1 year against 5 years as stipulated in rules.

Faculty and staff Turnover

Number of faculty and staff who left the institute in last 5 years is very few as shown in table 9. Only one LDC and one assistant professor left because of getting good job opportunity and some personal reasons respectively. However, it may be kept in mind that there is only skeletal staff.

Table 4
Faculty and staff Turnover

		2013-14	2014-15	2015-16	2016-17	2017-18
Faculty	Professor	-	-	-	-	-
	Assistant Professor	-	-	-	-	**1**
	Associate Professor	-	-	-	-	-
Staff	LDC	-	-	**1**	-	-
	Lab Technician	-	-	-	-	-
	Nurses	-	-	-	-	-

Capacity building programmes

Various training programmes were organised by the institute for the faculty, paramedical staff and for administrative staff as shown in following table 5 which helps them in improving their efficiency & motivation and in skill development.

Table 5
Training Programmes

	Faculty			**Paramedics**			**Administrative staff**		
Year	**No. of programmes**	**Duration**	**No. of participants**	**No. of programmes**	**Duration**	**No. of participants**	**No. of programmes**	**Duration**	**No. of participants**
2017	74	Almost every programme is for one day except for two programmes which is of 2 days & 3 days respectively	Senior Residents of diff departments	-	-	-	3	1 day	50
2018	4	One programme for two days and one for three days and two programmes for 1 day	Senior Residents of diff departments	14	Almost every programme is for one day except for four programmes which is of 2 days	1-2 in each programme	13	Four programmes for two days, 6 for one day, two for 3 days and one programmes for 5 day	1-2

There is provision of support for professional development of faculty staff on the pattern obtaining in pre-eminent institutions, which can be used for attending seminars / conferences. However, only Academic Leaves are granted, no financial support is given.

Infrastructure and Equipments

The Hospital has been constructed on an area of 8.82 Acres (36,000 sq. meters). Total covered area is 9000 sq. meters.

- Bar code scanning and registration is done
- Central Trolley Station for issuing Wheelchairs and Trolleys.
- Preferably all payments in e-mode
- Electronic display boards in OPDs to display information of Medicines and diagnostic services.
- Digitization was seen in this hospital. For example - Paperless EEG, Printed reports, LIS (Laboratory Information System) etc.
- Baby day care centre for hospital employees - The centre has excellent and hygienic care services for children providing an all-inclusive, safe, and caring environment for children.
- AMC and CMC have been done for most of equipments. However, in certain cases it was noted that CMC is not done. Average downtime of almost all equipments is less than 2%.
- It is equally important to note that not all the necessary equipments relating to various specialities proposed in the Hospital have been purchased, because the people to use them have not been recruited.

Patient Services

The patients coming to OPD has shown an increasing trend in the last 5 years despite the fact that not all the services envisioned are available.

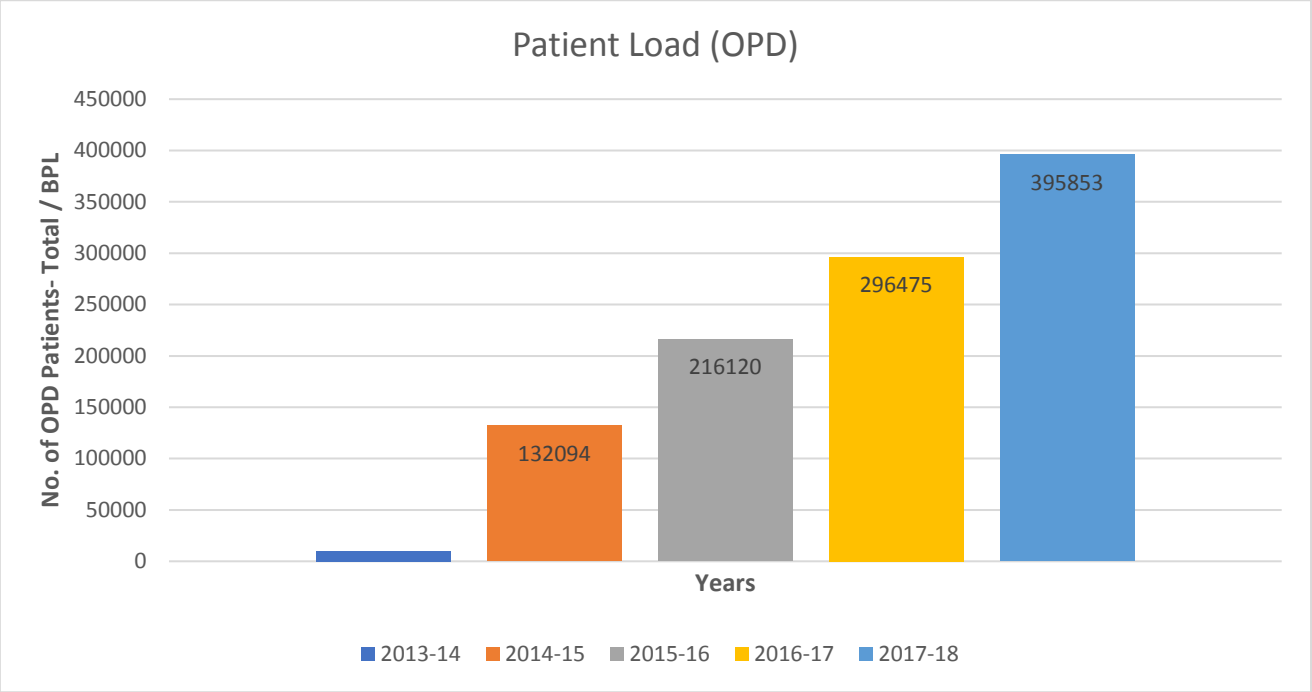
Table 6
Incidence of Patients at OPD

Name of Department	No. of OPD Patients				
	2013-14	2014-15	2015-16	2016-17	2017-18
Cardiology	Total	77848	130335	170436	181418
Neurology	-	51749	71873	88868	103198
Nephrology	10044	2497	5047	9148	17916
Gastroenterology	-	--	8865	28023	45538
Nuclear Medicine	-	-	-	-	11783
Total	10044	132094	216120	296475	395853

The trends for OPD attendance are given in graph -figure1.

Number of OPD attendance in the hospital was 10044 patients in 2013-14, attendance increased approx. 40 fold in 2017-18 to 395853. However, there is big waiting time for limited services also. For example, Echo has 2 months' waiting period.

Figure 1
Year wise OPD attendance



Medicines

As indicated by the hospital 98.6 percent of medicines were supplied to the patients against prescribed.

Patient Facilitation

- Major signage facilities are available in the hospital.
- A state-of-the-art lifts have been set up with good lighting and sitting facility (one of its type structure).
- Ramp caters to the needs of the patients who are unable to climb the stairs and for visually impaired patients
- An elderly patient doesn't have to visit doctors of various specialties separately, rather Doctors from various specialties sit under one roof and examine the elderly patients under one roof to avoid inconvenience to them.
- Separate OPD registration and pharmacy counters, Separate Vital station centre and Separate ECG and physiotherapy facilities for senior citizens (above 70 years)
- There is no waiting time for the services. Patient is getting all their required services on the same day.

Patient Feedback

While accessing the quality of healthcare in facilities patient satisfaction was considered to be the important factor. Patients were interviewed with the help of pre-tested semi-structured interview schedule (Table 7)

It was observed that:

1. Respondents felt great with the registration system, locating departments and for reaching the hospital.
2. Respondents felt great with the waiting time for registration, meeting the doctor, test & examinations, report collection and hospitalization & major surgeries
3. Respondents were fully satisfied with the availability of doctor, nurses, attendant/staff and drinking water, drugs/medicines, canteen and parking facility. They rated their experience as great.
4. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment.
5. Feedback received for nurses, other paramedical staffs on interaction with patients are well appreciated. The queries are well answered and respondents felt great and satisfied with it.
6. Respondents felt great with the Payment for OPD services and IPD services. But for other payments and for diagnostics they rated their experience as ok.
7. It is equally important to note that respondents felt great with the cleanliness of building, IPD room, washrooms, wards & corridors along with safety, comfort and privacy.

Table 7
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Great	Friendly and helpful to you	Great
Convenience in reaching hospital	Great	Answers your questions	Great
Convenience to locate various departments	Great	***All Others:***	
Waiting:		Friendly and helpful to you	Great
Time for registration	Great	Answers your questions	Great
Waiting time for meeting with the doctor	Great	**Payment for:**	
Waiting time for test and examinations	Great	OPD services	Great
Waiting time for report collection	Great	IPD services	Great

Waiting time for hospitalization and major surgeries	Great	Diagnostics	Ok
Availability of:		Any other payments	Ok
Doctor	Great	**Facility**:	
Nurses	Great	Neat and clean building	Great
Attendants/staff	Great	Comfort and Safety while waiting	Great
Drugs/medicines	Great	Privacy	Great
Drinking water	Great	Cleanliness of washrooms	Great
Canteen facility	Great	Cleanliness of IPD rooms	Great
Parking facility	Great	Cleanliness of wards	Great
Other supplies/consumables	Great	Cleanliness of corridors	Great
Staff:			
Provider: (Physician)			
Listens to you	Great		
Gives enough time with you	Great		
Explains what you want to know	Great		
Gives you good advice and treatment	Great		

HMIS

This hospital has limited and e-governance related activities. They have their website. Registration, billing and appointment scheduling can be done online. They provide printed reports and paperless EEG.

Table 8
Status of e-Governance

S. No.	e-Governance	Functional (Yes/No)
1.	Hospital's website	Yes
2.	Registration	Yes
3.	Appointment scheduling	Yes
4.	Consultation	No
5.	Post Consultation	
6.	Billing	Yes
7.	Pharmacy	No
8.	Assets management	
9.	Hospital finance and accounts	Yes
10	E-Office	Yes
11.	ERP/SAP Solution	-
12	Inventory management system	-

Teaching

The mandate of the Society is to run training and teaching programmes at the graduate, post graduate and post-doctoral level in the super specialities available at the Hospital. So it may run DM, MCh, Ph.D., DNB, MD, paramedical and nursing courses. However, all these activities are yet to start, as the requisite manpower is not there. There was no publication by any faculty member, indicating that no researches are being carried out at present. One journal is being published at the moment.

Outreach

No effective outreach programme can be conducted due to lack of adequate staff.

Performance Measurement

The Hospital has developed indicators in terms of 'Outputs' and 'Outcomes', which would help in performance assessment. It can be seen in the given table:

Table 9
Performance Indicator

Outputs				Outcomes			
Indicator	**Target 2017-18**	**Status 2017-18**	**Achievements 2018-19**	**Indicator**	**Target 2017-18**	**Status 2017-18**	**Achievements 2018-19**
Total bed capacity (not including floating beds)	150	100	100	Bed occupancy rate per month	50%	29%	43%
Percentage of filled posts against sanctioned posts for specialist doctors-Specialists, Senior Residents	80	47	45	Average number of patients in in-patient department (IPD) per month.	1000	183	337
Percentage of filled posts against sanctioned posts for non-specialist doctors-GDMOs, Jar Residents	80	66	80	Average number of patients in Out- Patient department (OPD) per month	32000	28953	34970
Percentage of filled posts against sanctioned posts for nurses (Sanctioned posts – 147)	60	24	60	Average number of patients in casualty / emergency per month.	100	0	0
				Average number of patients per doctor per month	1400	1114	1248
Percentage of filled posts against sanctioned posts for all other staff(sanctioned posts – 123)	80	52	57	Average waiting time for OPD patients (minutes)	20	25	25
				Average waiting time for major surgeries(days)	15	-	-
				Average number of deaths in hospital per month	NA	1	1
Number of X-Ray machines available	3	2	2	Average number of X-Rays per month	2000	1358	1290
% downtime of X-Ray Machines(no. of machines-hours of downtime/total machine-hours)	0	0	0	Average waiting time for X –Ray(minutes)	10	10	10
Number of Ventilators available	30	10	10	Average number of patients using the ventilator per month	7	2	3
% downtime of ventilators(no. of machines-hours of downtime/total machine-hours)	0	0	0				
Total number of minor Operating Theatre (OT) tables	5	5	5	Average number of minor surgeries per month	15	0	0
Total number of major OT tables	5	5	5	Average number of major surgeries per month	15	0	0
Lead time to replenish drugs in EDL(number of days after request is placed)	45	45	0	Average number of patients who received medicine per month	3000	27786	33571
Number of blood bank units collected(only whole blood per month(Ave monthly basis)	100	0	0	Number of blood bank units utilized by patients per month.	100	0	0
% of blood bank units passing quality check per month	100	0	0				
Number of complaints received from people/patients	0	4	0	Percentage of complaints redressed within 15 days	100%	100%	100%
				Average number of blood tests conducted per month(Pathology)	9112	33454	52,098
				Average revenue cost per patient served per month(Revenue Expenditure in Rs./Total number of patients)	400	1085	763

This matrix may also form the basis of MoU with the Government that has to be signed between the two at the beginning of each year,

Resource Mobilisation

The MoA says that the Institute shall be provided Grant-in-Aid on the basis of the MoU and Pattern of Assistance approved by the Government. Moreover, the funding of the Institute shall be on not deficit basis. The institute is operating on Double Entry Accounting System (DEAS) which has paved way for automation of accounts. Capital expenditure is incurred as per requirement/availability of funds and varies accordingly. (Table 11)

Table 10
Sources of Income

Year	Receipts			
	Budgetary Support/GIA	**CSR**	**Donation/ Contribution**	**Total**
2013-14	4.30	-	-	4.30
2014-15	14.85	-	-	14.85
2015-16	18.92	-	-	18.92
2016-17	28.79	-	-	28.79
2017-18	39.13	-	-	39.13

Table 11
Pattern of Expenditure

(Rs. Cr.)

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Capital Expenditure(Rs. In Crores)	Nil	4.71	1.81	12.81	7.91
Salaries(Rs. In Crores)	Nil	5.79	8.74	11.36	14.95
Other O&M Expenditure(Rs. In Crores)	Nil	4.35	8.38	4.62	16.27
Total	NIL	14.85	18.93	28.79	39.13

The Hospital has not been able to spend the money available to it. Budget Estimate in 2014-15 was Rs. 80 crores but actual expenditure was only to the tune of 14.91 crores as neither the men nor the facilities were available. Against 300 beds only 26 were functional. There too the occupancy was nearly 50%. Manpower was very less. Medical staff was approx. 1/3rd of the sanctioned and miniscule para-medical staff was available. Similar figures for 2015-16 were that the Budget Estimates was Rs. 85 crores and the expenditure Rs. 25.54 crores. The

sanctioned beds now became 250 beds[14] of which 50 beds were functional. Again, the occupancy was less than 50% at 20-21/day. Manpower too was short- 57 medical staff against 158 sanctioned and nursing staff was 12 against 174 sanctioned.

In 2016-17, the budget estimates was reduced to Rs. 56.4 crores and the actual expenditure was Rs. 26.68 crores. The functional beds increased to 100 but occupancy remined less than 50% at 40-45/day. This increase was probably due to increase in manpower which now became for medical 74 against 158 sanctioned and 35 nursing staff against sanctioned 171.

In 2017-18, the budget estimates was Rs. 45.25 crores and the actual expenditure Rs. 39.14 crores. It may be noted that the expenditure increased by almost 50%, even when the manpower reduced to- medical 41 and nursing staff to 36.

It may be mentioned here that these figures do not match with the audit reports. This again may be due to the lack of trained manpower, who can manage proper data. Audit had also raised certain queries, which still stand- "CAG audit dated 15.11.2017 has also pointed out that the JSSH utilized only 25% grant in 2015-16 and 51% in 2016-17 of the grants available. JSSH response was that 'due to non-availability of medical specialized staff, procurement of equipment done to the extent of need based only. The audit did not accept that the recruitment could not be made due to delayed approval of the proposal. It pointed out that the MoA of the Hospital mentions that the govt. approval is required for creation of posts, after that the recruitment is to be done by the Selection Committee constituted by GC".

User charges

As per the MoA the Finance Committee may recommend fixing, levying and reviewing user charges of various services rendered by the Institute to the GC for its consideration and approval. However, the govt. may give directions to the Society to make amendments in user charges, in the overall public interest. It is important to mention here that the rules of the Society stipulate that the EC shall finalize user charges to be levied for the services. Rules also stipulate that 'a proportion of the patients would be seen free or at concessional rates and the remaining would pay for the services at the rates laid down by GC'.

- Patient transferred from any Delhi govt hospital to JSSHS are eligible for free treatment w.r.t all services available therein the lowest category.
- All patients will be provided free OPD
- All patients will be provided free generic medicine as per EDL

[14] 50 beds were transferred to Delhi State Cancer Institute

- All patients will be provided free diagnostic test as per AAMC list.
- Rs. 1272730 were received as user charges in 2016-17 and Rs. 867142 in 2017-18.
- The Institute also provides various services as per the direction of the Govt., for which costs are borne on the already approved budget.[15]
- From August 1, 2018 user charges have been imposed for some procedures/investigating.[16]

Awards and Appreciation

Janakpuri Super Specialty hospital society has won following accolades-

- FICCI Healthcare Excellence Award 2014 in Customer Service Improvement in Public
- NABH Quality Certification for the Biochemistry, Hematology and Microbiology Laboratories recommended received in 2014
- NABL Accreditation for the Biochemistry, Hematology and Microbiology Laboratories received in November 2015

Good Practices

1. Development of indicators in terms of 'Outputs' and 'Outcomes', which may form the basis for MoU to be signed between the government and the Hospital.
2. Multi-speciality team for attending elderly patients, to avoid inconvenience to them. At the same time, it would help in appropriate diagnosis in the least time.

Findings

1. As per the MoA, this hospital has been envisioned as a multi-superspecialty tertiary care hospital. However, the MoA is very rigid, not giving enough flexibility required for running an autonomous organization. Rules are too detailed and sometimes ambiguous also. It talks about an AGM of the members every year, but it is not clear as to who would be the general members of the Society. The autonomy is further curtailed with the provision that 'not withstanding any provision to the contrary, the government. shall retain the right to issue directions on policy and financial matters, where necessary, in the public interest.
2. The meetings of GC and EC have not taken place as per schedule. The institute has two separate committees for recruitment of faculty/staff. Yet, the committees failed to meet the requirement.
3. Another problem has been observed in the planning of Infrastructure of this proposed teaching super specialty hospital. This hospital should have been planned and designed

[15] Vide Office Order No. F.3 (18)/UserCharges/Plng./JSSHS/2015/3777 dated 31.07.2018, 4670 dated 17.09.2018 and 4138

[16] The Hospital was designated to implement Pradhan Mantri National Dialysis Programme, under some procedures have to be conducted at the Hospital.

as per MCI standards. MCI standards for academic activities have not been considered while planning of hospital. Moreover, due to multiple issues the construction work was not completed on time.

4. It was planned to start DM and MCh Courses as well as PHD and DNB courses and MD in a few disciplines.
5. The Hospital which was proposed to be a referral hospital has received none. Actually it is referring patients to other hospitals.
6. Faculty recruitment plan was found to be inappropriate with salary structure not at par with the market. Recruitment of other allied technical and non-technical staff also lagged behind. Permanent full time senior administrative staff is also not deployed leading to lack of institutional memory and lack of accountability.
7. A super speciality hospital needs highly skilled staff, which would command good compensation package, however, the working conditions are not at par with the market. This may lead to employees at all levels leaving their jobs to join elsewhere.
8. Maintenance of the Infrastructure and Equipments now appear to be a bigger issue.
9. The capacity bed strength is only partly utilized.
10. There was provision of developing a viable business model for running the Institute, which would be reviewed from time to time, but it has not happened so far.

Recommendations

1. The governance structure needs to be modified for better functioning.
2. The Governing Council should be restructured to ensure timely intervention and decisive role. The meetings need to be held at regular interval.
3. The hospital should be replanned and modifications made as per MCI standards, so that the proposed medical education and post graduate education can be started.
4. GC should be 'Chaired' by a person who is a specialist and internationally known in any of the fields available at the hospital. In this regard, a co-chairperson of another speciality may also be appointed with suitable background.
5. Payments to faculty need to be restructured to motivate the faculty to stay and do their work with passion and sincerity. There is scarcity of high-skilled professionals suitable for super-speciality facilities in which the society seeks to engage them. There are competitors also in the city itself. The purpose of creating a society and granting autonomy was that decisions can be taken in a speedy manner. Therefore, there is need to relook into the compensation package and working conditions to attract best talent.
6. HR policy should be developed keeping in mind the market and prospects for growth of employees at all levels. This should clearly specify appointment, promotion, rotation, leaves, perks, assessment procedure, incentives and penalties.

7. Vacancies in the faculty and staff should be filled with immediate effect so that the operations can be carried out as per requirement.
8. Certain technical services may be given on outsourcing as per proper plan of operations
9. A Business Model needs to be developed so that the services remain sustainable in the long run. The issue of free vis a vis cross subsidization may also be part of it. Charges should vary as per income status of patients. In this regard a pricing policy using differential and graduated pricing should be applied.
10. CSR funds have vast potential. Aggressive strategy should be prepared to attract CSR for Chair (faculty position), equipments and reimbursement of expenditure on EWS/LIG.
11. The recruitment of paramedical staff should be taken up as per rules. The current system of outsourcing for nurses for example is counterproductive and against the rules of minimum wages.
12. The institute has immense scope for reforms and expansion and the services provided/resources deployed are highly underutilized and inadequate. The potential needs to be harnessed in the letter and spirit of MoU.

Maulana Azad Institute of Dental Sciences

The Background

Maulana Azad Institute of Dental Sciences (MAIDS) appears to be by and large meeting its objectives as included in the MoU at the time of granting the autonomous status in 2005. It is running nine specialities of dental sciences with modern know how and do how, matching infrastructure deployment of faculty and wider outreach to a cross-section of stakeholders. The OPD of institute on an average has 1500-2000 patients per day. The institute is sharing knowledge and skills with sister institutions within and outside country, developing synergy with govt schemes/programmes in the health sector and generating extra budget and resources from alternate methods i.e. research, consultancy and convergence with other stakeholders. The institute is running well planned and equipped teaching courses in BDS (Bachelor in Dental Surgery) and MDS (Master in Dental Surgery).

The institute is all set to launch its second phase with the completion of its adjacent building. With the current pace of progress institute is eligible for further upgradation and suitable follow-up should be initiated to convert it into University in due course. At the same time, reforms are needed in the management and control system with reconstitution of Governance Council and other committees and devolution of more powers and authority to Director/Principal to manage the institute more effectively. The terms and conditions of faculty and staff should also be modified to attract and retain the field in the long-term interest of institute to develop ownership, belongingness and institutional memory.

The Maulana Azad Institute of Dental Sciences (MAIDS) in one of the oldest dental care centre in India. The institute in its current form was notified as autonomous body in the year 2005 to carry out four main objectives namely: -

(a) Provide high quality specialized services in different areas of dental sciences.

(b) To collaborate with other institutions of eminence in India and abroad.

(c) To develop high tech treatment modalities.

(d) To strengthen, expand and optimize the deployment of existing resources, generate additional funds, facilitate growth and provide autonomy, flexibility and effective management.

Box : 1
MAIDS Historical Overview

Maulana Azad Institute of Dental Sciences (MAIDS), the only tertiary care centre of Delhi, traces it's history on dental department of Irwin Hospital created in January 1936. Subsequently it was converted into dental college in 1983 with (i) annual intake of 20 students and (ii) 3 Doctors and 4 Paramedics. The institute was given independent status on 4th July, 2003 with a nine-storey building in its possession. Subsequently on 1st July, 2005 the MAIDS was notified as autonomous institution.

Organisational structure

The institute has a well-developed organizational structure which includes faculty, paramedical staff, administration personnel finance etc. Professional set up of the institute includes Director/ Principal, Professors/ Head of Department, Associate Professors, Lecturers/ Demonstration and Nursing staff.

In addition, institute also has Senior Residents/Junior Residents, and Interns/under graduation students (Chart I) and professional set-up (Chart II). Para medicals are divided into five main categories namely (i) Dental Mechanics (ii) Dental Hygienist (iii) Laboratory Staff (iv)Miscellaneous (v) Nursing Staff. These are 19 categories of staff under the five broad classifications (Chart III).

Chart I
Organizational Structure

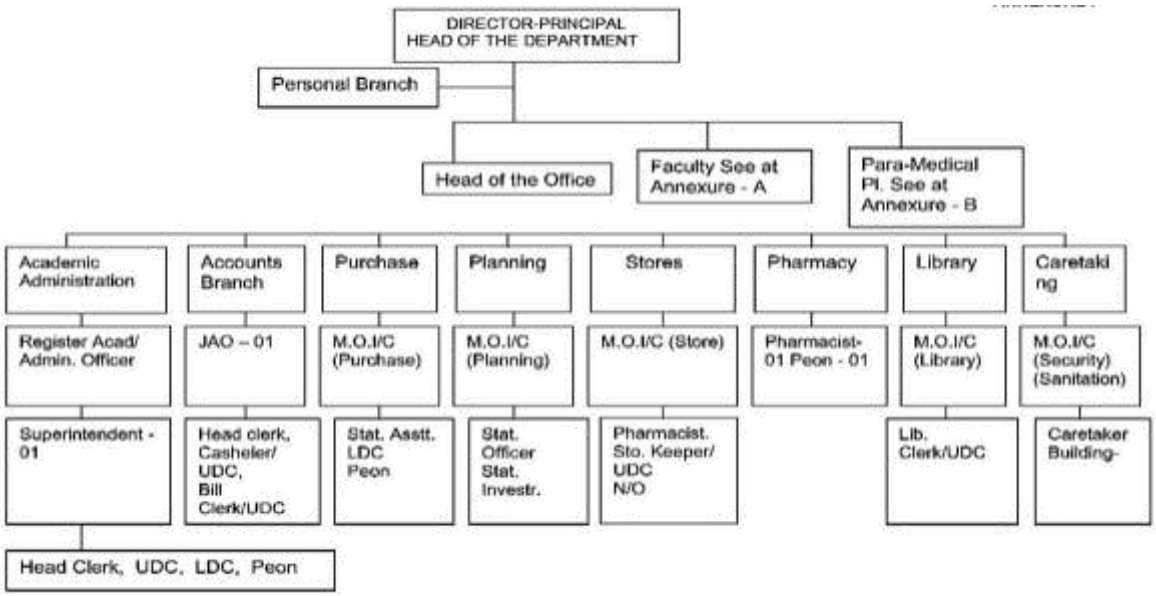


Chart II
Professional Setup

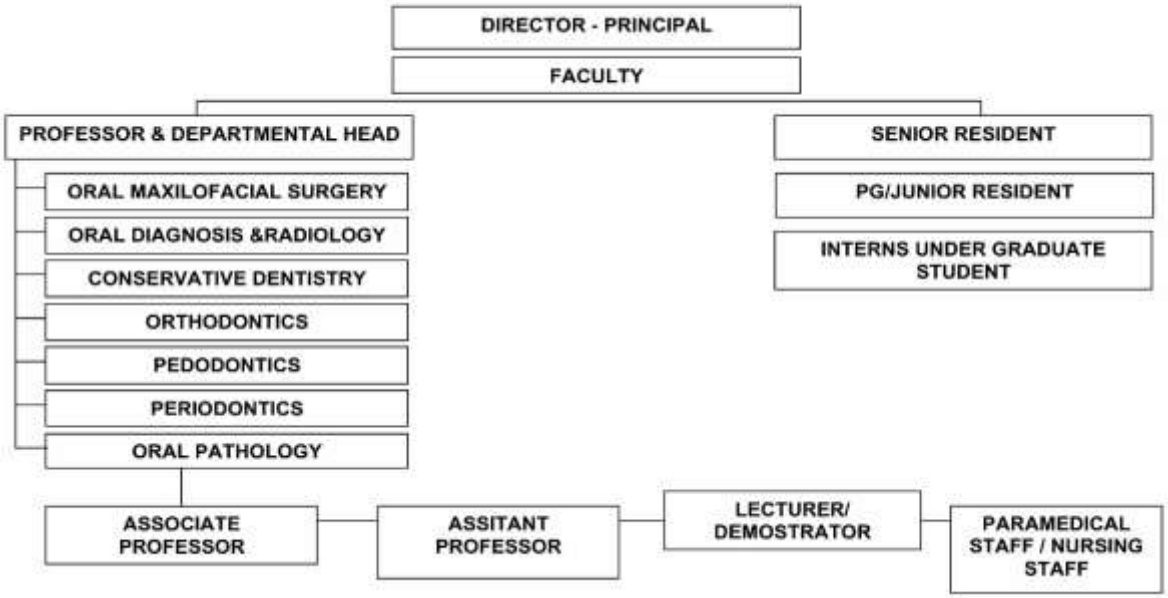
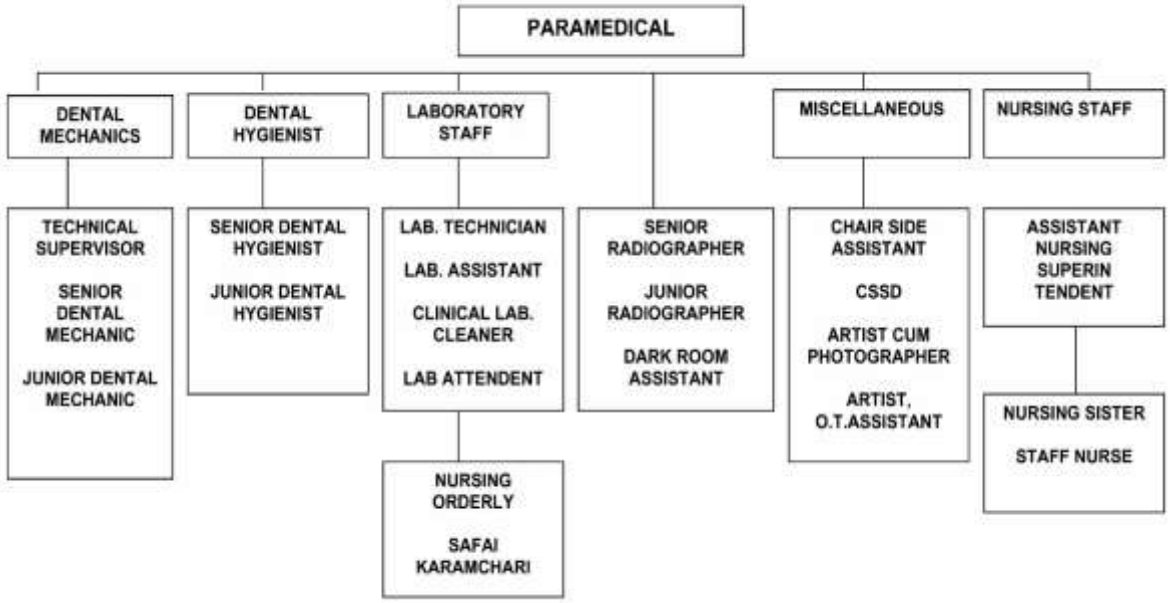


Chart III
Paramedical Staff



Presently MAIDS provides primary, secondary and tertiary services. 4 MAIDS centers had been proposed which could provide primary and secondary dental services and the main center can focus on tertiary treatment and on academics.

Governance and Management

Governance structure under autonomous status of MAIDS is a bit complex. The institute is governed by a Governing Council (GC) headed by Chief Secretary of GNCTD and eight other

members. (Annexure-V) The meetings of GC are not held regularly. Further, it is noted that decision take by GC is not final and subject to further processing in the GNCTD.

The first meeting of GC was held on 17.05.2006 whereas the latest was held on 19th December, 2018. On the whole 31 meetings have been held whereas 51 meetings were supposed to be held during this period. In addition, institute has finance committee and Institutional Ethics Committee. The finance committee includes secretary/ Principal Secretary finance Health and PWD and Director/Principal MAIDS.

Human Resources

Faculty

The institute has 11 Professors and 10 Associate Professors with even number of sanctioned posts whereas only 9 Assistant Professors are appointed as against 25 sanctioned posts. (Table 1). Demonstrator 9 posts are lying vacant. MAIDS proposed to convert Demonstrator posts into SR.

It is noted that scarcity of faculty (Associate Professors, Assistant Professor, and Dentist) is affecting treatment, teaching and outreach activities of India's most important dental institute.

Table 1
Deployment of Faculty

Post	Sanctioned	Deployed
Professor	11	11
Associate Professor	10	10
Assistant Professor	25	9
Senior Residents	31	31
Demonstrators	15	6
All	**92**	**67**

Paramedics

The deployment of paramedic staff covers 49 regulars and 7 contractual as against 59 sanctioned positions. There is no Assistant Nursing Superintendent. There are only 6 technicians (at different level) against 12 posts, no Sr. Dental Hygienist and only two pharmacists against 4 positions. Thus, there are only 47 positions occupied under paramedics as against 59 sanctioned posts. The backlog in the positions filled creates pressure on existing technicians leading to longer working hours and multitasking.

Table 2
Deployment of Paramedics

Position	Sanctioned	Deployment	
		Regular	Contractual
Assistant Nursing Supdt.	01	Nil	Nil
Nursing sister	05	04	Nil
Staff Nurse	23	16	06
Tech. Supervisor (Dental Mechanic)	01	Nil	Nil
Sr. Dental Mechanic	02	Nil	Nil
Dental Mechanic	09	06	Nil
Sr. Dental Hygienist	02	Nil	01
Dental Hygienist	09	09	Nil
O.T. Technician	03	03	Nil
Pharmacist	04	02	Nil
All	**59**	**40**	**7**

Administrative Staff

It is striking to note the positions filled in the administration are a little over 50% of sanctioned positions whereas the workload is increasing on a regular basis. Further, the key positions are filled on deputation/contract basis leading to dilution of accountability and institutional memory along with a systematic transfer of responsibilities.

The deployment of Administrative staff is 23 (14 regular and 9 contractual) as against 42 positions. It is important to note that Registrar, Deputy Registrar and PRO are on a contractual position. There are only 2 head clerks against 4 positions, one stenographer against 5 and 1 UDC/Storekeeper against 6 positions. Similarly, 4 position of LDC are vacant.

Table 3
Deployment of Administrative Staff

Position	Sanctioned	Deployment		All
		Regular	Contractual	
Registrar	1	Nil	1	1
Deputy Dir.	1	Nil	1	1
P.R.O	1	Nil	1	1
Office superintendent	2	2	Nil	2
Statistical Officer	1	1	Nil	1
Assistant account officer	1	1	Nil	1
P.S. To Director Principal	1	Nil	1	1
Assistant Programmer	1	Nil	Nil – 1 outsourced	1
Head Clerk	4	2	Nil	2
Statistical Assistant	2	2	Nil	2
Stenographer	5	1	Nil	1
UDC/ Storekeeper	6	1	Nil	1
LDC	16	4	4	8
All	**42**	**14**	**9**	**23**

It is noted that staff and faculty deployment is fairly inadequate as against the requirement. The main reason is attributed to the absence of rules and policies for manpower and HR deployment. R&R policy is still taken up with GC on case to case basis. At the same time, work load has increased at different levels of deployment and faculty is overloaded with administrative responsibilities including procurement of medicines and other requirements/materials.

Faculty Development and Capacity Building

The institute does not have a training policy per-se. Yet, faculty have taken initiatives to upgrade their skills/knowledge with fairly good amount of publications appeared in the journals of high repute (Table 4). It is important to note that number of publications is increasing year to year basis showing that despite of increasing workload faculty are also sharing knowledge and skills.

Table 4
No. of Faculty Publication

Publications	2013	2014	2015	2016	2017
Total Number	89	82	115	109	120
Publications having Impact Factor ≥4	----	----	01	----	02

Faculty are also participating in the workshops and seminars within India and across the country. Institute also provide following facilities-

a) Academic leave to conduct exam, Conference, Interview, Workshop held within India-28 days in a year.
b) Academic leave to attend International Conference held outside India –actual travel + period of conference.
c) Financial Assistance- Registration fees+ TA/DA for one conference held within India.
d) Reimbursement of Telephone Bills, Internet, Newspapers and Magazines and conveyance charges.

Infrastructure and Upkeep

AMC (Annual Maintenance Contract) and CMC (Comprehensive Maintenance Contract) have been done for most of equipments/software for items as per (Annexure VII). CMC/AMC was renewed as per requirement. However, in certain cases it was noted that CMC is note done. This creates obstacle in the upkeep of respective equipment in a sustainable manner.

MAIDS have 8 class rooms (5 with capacity of 200 persons), three auditorium and 26 labs. This provides enough space for research, treatment and related services.

Upkeep of building is outsourced and monitored suitably. The services include security, sanitation, reception etc. Radiology, Dental Lab Services, Blood & bio-chemistry are also outsourced.

Online stock is not maintained.

Patient Services

The institute has its website which gives specific details about the hospital. Website is updated as and when required. Hospital staff is also using WhatsApp groups intensively for mutual and patient interaction. Further, registration and but OPD admissions are done manually.

Table 5
Incidence of Patients at OPD

Name of Department	No. of OPD Patients				
	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Oral Diagnosis	48398	54475	61491	63491	69887
Oral Surgery	46054	55758	61238	64432	74353
Prosthodontics	22425	25518	28699	30098	31529
Prosthodontics special clinic	2325	2181	2225	1920	1954
Conservative dentistry	59101	68192	76471	76680	92711
Orthodontics	19205	19810	20609	20970	23239
Pedodontics	19186	19970	20463	20047	23675
Periodontics	30636	35468	41054	43332	45017
Oral pathology	5131	5692	6439	7002	8150
Public Health Dentistry	6973	52935	53437	62074	53509
Total	**259434**	**339999**	**372126**	**390046**	**424024**

Number of patients has increased significantly from 259434 in 2013-14 to 424024 in 2017-18. Similarly, number of major surgeries has also gone up from 122 (2013-14) to 1861 (2017-18).

Bed Occupancy

Bed occupancy varies from 32.76% to 177.77% whereas average length of stay is 6.25 to 25.4 days.

Medicines

As per the information provided by MAIDS, almost all the medicines (97-98%) as prescribed are provided/supplied to respective patients.

Patient Facilitation

Senior Citizens are given special care during registration and subsequent treatment along with availability of Ramps and wheelchairs.

Signages are provided along with adequate place of sitting/waiting at each the floor. Each floor also has a rest room, halt room and seating arrangement. Besides, there is recreation area in three floors and canteen. Institute has a canteen which is serving the current requirement but yet they need additional space for full-fledged canteen.

Patient feedback

By and large the patients are satisfied with staff, services and amenities in the hospital. Specific feedback was taken on a pre-designed questionnaire. (Table 6) While accessing the quality of healthcare facilities patient satisfaction was considered to be the important factor. Considering the time frame given convenient sampling of 30 patients (including both OPD and IPD) were done to evaluate patients satisfaction who were attending different specialties of the hospitals selected for the interview. The purpose was to collect qualitative information regarding availability and utilisation of services like diagnostic services, availability of medicines, availability of specialist doctors, staff nurses and other staff in the facilities, cleanliness in wards, toilets and waiting halls, linen services, pharmacy services, canteen services, user charges, etc. Patients were interviewed with the help of pre-tested semi-structured interview schedule. It was observed that:

1. Respondents felt great with the registration system, locating departments and for reaching the hospital.
2. Respondents felt great with the waiting time for registration, meeting the doctor, test and examinations, report collection and hospitalization and major surgeries.
3. Respondents were fully satisfied with the availability of doctor, nurses, attendant/staff, drugs/medicine and drinking water. They rated their experience as great whereas they are disappointed with the canteen and parking facility. For this they rate their experience as fair and poor respectively.
4. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment.
5. Feedback received for nurses, other paramedical staffs on interaction with patients are well appreciated. The queries are well answered and respondents felt great and satisfied with it.
6. Respondents felt great with the Payment for OPD services, IPD services and diagnostics.

7. It is equally important to note that respondents felt great with the cleanliness of building, IPD room, washrooms, wards & corridors along with safety, comfort and privacy.

Table 6
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Great	Friendly and helpful to you	Great
Convenience in reaching hospital	Great	Answers your questions	Great
Convenience to locate various departments	Great	***All Others:***	
Waiting:		Friendly and helpful to you	Great
Time for registration	Great	Answers your questions	Great
Waiting time for meeting with the doctor	Great	**Payment for:**	
Waiting time for test and examinations	Great	OPD services	Great
Waiting time for report collection	Great	IPD services	Great
Waiting time for hospitalization and major surgeries	Great	Diagnostics	Great
Availability of:		Any other payments	Good
Doctor	Great	**Facility**:	
Nurses	Great	Neat and clean building	Great
Attendants/staff	Great	Comfort and Safety while waiting	Great
Drugs/medicines	Great	Privacy	Great
Drinking water	Great	Cleanliness of washrooms	Great
Canteen facility	Fair	Cleanliness of IPD rooms	Great
Parking facility	Poor	Cleanliness of wards	Great
Other supplies/consumables	Good	Cleanliness of corridors	Great
Staff:			
Provider: (Physician)			
Listens to you	Great		
Gives enough time with you	Great		
Explains what you want to know	Great		
Gives you good advice and treatment	Great		

Outdoor Services

Hospital has MoUs with 7 hospitals for necessary cooperation and mutual help. In addition, MAIDS also have a mobile dental clinic service which includes

- Dispensary, B-99, Kanti Nagar, Near Krishan Nagar, Delhi
- Home for Mentally Retarded Persons (Adults), Asha Kiran Complex, Awantika, Sec-1, Rohini, Delhi

- A & U Tibbia College and Hospital, New Delhi
- Prayas children home, New Delhi
- Location with Government Hospitals/Dispensaries in different areas of Delhi
- School Health of Scheme Schools in Delhi

Outreach Services

Institute is running 6 mobile vans for providing awareness and education to people in the community. Out of which 4 vans are for providing Information Education and Communication (IEC) and 2 for mobile dental clinic. These mobile vans are running from Monday to Friday at 8am to 3.30 pm.

Teaching

Courses offered by the MAIDS are BDS, MDS, PG Diploma in Implantology and advanced Endodontic, clinical Assistant, Dental Operatory Room Assistants. No of BDS students has gave up from 20 to 40.

MAIDS is affiliated to University of Delhi. The institute also has MoU for professional cooperation with 8 institutes within and outside India. These include:

1. Temple University Philadelphia, Pennsylvania, USA
2. University of British Columbia, Canada
3. New Jersey Dental School, University of Medicine & Dentistry of New Jersy (Rutgers University), USA
4. Tufts University School of Dental Medicine, USA
5. Hadaasah Faculty of Dental Medicine, Hebrew University, Israel
6. Royal College of Physicians and Surgeons, Glasgow for Conducting MFDS Exam
7. Who Training Centre
8. State University of BUFFALLO, New York, USA

Financial Management

The institute is operating on Double Entry Accounting System (DEAS) which has paved way for automation of accounts. Specific software such as tally, Excel etc. are also used for asset management, payroll, pay-bill services. this has promoted transparency and efficiency in the account of and finance functions.

Capital expenditure is incurred as per requirement/availability of funds and varies accordingly (Table 7). Salaries show a regular increase from year to year basis. Audit is done timely.

Table 7
Pattern of Expenditure at MAIDS

(Rs. In Lakhs)

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Capital Expenditure	160	176	179	121	35
Salaries	1763	1963	2070	2260	2851
Other O&M Expenditure	598	591	613	540	783

Resource Mobilisation

MAIDS is receiving funding from subsidized user Charges, Fees, Interest, Tuition Fees Patient Receipt etc. and different projects. User charges are levied as per O/o dated 15.12.15 (Annexure VI). Rates are fixed and significantly lower than the market.

Resources are also mobilised from CSR of private sector.

Awards and Appreciation

MAIDS is the only tertiary care centre in the field of dentistry in Delhi. The Eight storied building has state of art facilities in dentistry and houses 170 Dental Chairs, State of the art Labs, Library and Auditorium.

The extension of existing building is phase 2 with 11 storied infrastructures for research, special care needs, etc. is at advance stage of completion and all set to start the process of procurement of necessary equipment and staff.

Awards and Honour

MAIDS have stood tall to its status by winning many accolades and associations:

1. 1ST Position for the 5 consecutive years in "Outlook-MRDA Survey" in all Dental Colleges across India
2. 1ST Position in The Week and India Today independent surveys of best dental colleges in India's.
3. Recognized as "WHO Training Centre in South East Asia Region"
4. Designated Nodal Centre and provided polyclinic services at Games Village for XIX Commonwealth Games
5. 22 Awards, 6 Fellowships for faculty and 28 awards for students in 2016
6. More than 8 state awards till now

Future Plans

MAIDS have laid down future plan under three alternate scenarios i.e. 2018-23, 2023-28 and 2028-2033. This includes a new block (almost ready to occupy) of 171000 sq.ft. on 10 Acres of land, mobile bans (6) for school oral health, recruitment of faculty to have 1:1 ratio (students to teaching staff) and two more labs.

School also intends to (2023-28) have 4 another centres (like MAID), increase in research lab, improvement of teaching methodology, clinical training for students, certificate courses on Mercury reduction, dental implants etc. and e-learning modules.

In the long run (2028-33) the institute tends to convert itself in a Dental University along with collaboration with sister universities, convergence with AYUSH system, world health organization, Alumni programme, new diplomas, fellowships and digitalized library.

Findings

Information gathered through data, discussions and visit to MAIDS indicate that since its inception as autonomous institution in May 2005 and establishment of a Governance system (Governing Council) operating from May 2006, the institute has made considerable success in terms of fairly diversified activities covering dental treatment, development of a network of faculty, staff and students. Institutes OPD have nearly 1500-2000 patients daily. As per MAIDS hospital gets accommodation for the faculty, nurses, paramedical staff, BDS students and other staff of MAIDS.

Further, the institute has acquired state of art expertise under nine disciplines of dentistry, outreach to a cross section of stakeholders, consistency in the growth of activities undertaken with the construction of building for second phase. Institute is all set to become a model in the subject area, with commencement of the ambitious expansion in the dentistry care and education in the country.

As regard promotional avenues of faculty. Assistant Professor like any other Assistant Professor of any other Delhi Government Hospital enjoys the same pay scales and promotional avenues under DACP scheme also on promotion under DACP they are given one pay scale higher than other Government Department.

Earlier DACP Scheme for Associate Professors of MAIDS who are in the pay scale level 13 (Delhi Government Associate Professors are in pay scale level 12) did not exist. Now the governing council in its meeting held on 19 Dec 2018 has approved the same scheme as

applicable to other Delhi Government Associate Professor again in higher pay scale level 13-A. The proposal has been sent to Health and Family Welfare Department for obtaining approval of Finance Department.

Professors of MAIDS are also one scale higher than Delhi Government Professors. As per DACP Scheme after 7 years of service they are entitled for next pay scale Level 14 as Professor SAG. Pay Scale of Professor SAG in MAIDS and Delhi Government is similar.

As regards training, Continuing Dental Education Department has been set up by renovating 7th floor through DSIIDC in 2017-2018. To make the department functional 13 Dental Simulators and other equipments are being procured. The Finance Committee in its meeting held under the chairmanship of Pr Secretary (Finance) on 28 Jan 2019 has also approved for procurement of 13 Dental Simulators costing Rs 2.28 crore. Thus, training aspect of the faculty and other paramedical staff is being kept in view.

Key Issues

Yet, a range of barriers exist in the overall growth story of institute which deserve special attention to sustain and improve the momentum of growth, efficiency and excellence. These include:

(i) Functional autonomy per-se is rather limited. There is confusion on controlling authority. The Governance Council which supposed to control the overall management does not meet on a regular interval. Further, the decision taken by GC also remain pending for one or other reason involving clearance from finance/health, PWD or other departments of GNCTD.

(ii) Deployment of faculty at different levels of expertise is nearly two third of sanctioned positions. Similarly, as against 59 positions in the paramedical only 47 are filled

(iii) Deployment of staff on various administrative positions is also low being 21 as against 42 positions. Further the key positions of Registrar, Deputy Registrar, PRO are filled on contractual/deputation not promote ownership and belongingness and also inhibit gradual promotion and institutional memory. Further deployment of dedicated functionary in missing to carry out procurement putting extra burden on faculty.

(iv) Recruitment Rules including promotion avenues and amenities to staff is not in place in a comprehensive manner.

(v) As the primary and secondary care are combined at MAIDS, Hospital at times receive referral cases from all over from all over the Delhi and undue pressure is created on scarce resources.

(vi) User charges have no link with cost recovery and charges are same across the income groups and stages of treatment. However as per MAIDS, BPL category is treated separately and no user charges are payable by them.

Recommendations

1. Functional autonomy should be accorded to MAIDS in true sense. Top Management needs to be made accountable, efficient, and transparent.
2. The Governing Council should be restructured to ensure timely intervention and decisive role.
3. GC should be 'Chaired' by a person who is subject specialist and conveniently available. In this regard, a chairperson/co-chairperson may also be appointed suitably.
4. The meetings need to be held on regular interval and decision taken should be final. Any processing in the GNCTD could be done prior to placement of respective item in the meeting of GC.
5. The powers of GC need to be decentralized. The Director may be allowed to take decision subject to placement in GC for information. It will timely and effecting resolve issues of nature.
6. Vacancies in the faculty and staff should be filled with immediate effect so that the second phase in the new building can be taken up at the earliest and current operations are carried out as per potential requirement of staff.
7. Administration and other support staff should also the filled to enable MAIDS to carry out procurement, O&M, feedback and following suitably. A dedicated procurement officer should be appointed immediately.
8. The equipments should be kept ready with due CMC/AMC so that due use is carried out.
9. Employee housing should be created to accommodate employees within the campus. In this regard, scope of FAR need to be revisited as per TOD (Transit Oriented Development) policy as per Master Plan of Delhi.
10. The services of MAIDS should be confined to tertiary treatment only. Primary care should be taken up by respective hospitals.
11. Certain services like 'prisoners' from Tihar Jail should be attended locally and not in the campus of MAIDS. Suitable arrangements need to be initiated.
12. Resource Mobilisation should be planned in a multi-pronged strategy. It should include:
    a. Capital cost for employee housing to be mobilized through loan as the debt service may include deduction of HRA (House Rent Allowance) from respective employees. It can also include revenue model partly as feasible to mobilize revenue and generate a corpus of funds.
    b. Certain technical services may be given on outsourcing as per proper plan of operations

c. Charges should vary as per income status of patients. In this regard a pricing policy using differential and graduated pricing should be devised.

d. The budget support for GNCTD should be both task specific as well as united so that certain activities can be taken up as per priority on immediate requirement.

e. CSR (Corporate Social Responsibility) funds have vast potential. Aggressive strategy should be prepared to attract CSR for Chair (faculty position), equipments and reimbursement of expenditure on EWS/LIG.

f. Faculty should be encouraged to carry out sponsored research for which suitable incentives should be framed to attract projects and retain faculty within the institute. MAIDS have suggested specific recommendations on research and publications which may be suitably considered. These are –

- Incentive to faculty for research-

i) A token incentive of 5 percent of the "salary" may be given to faculty involved in research projects of various agencies-DST CSIR etc from the grants received from these agencies.

ii) Financial incentives may be granted for publications of Research papers in Indexed journals from GIA of MAIDS, as prevalent in other similarly placed institutions.

iii) Annual Academic Allowance, may be granted from GIA of MAIDS, as prevalent in other similarly placed institutions.

iv) Faculty may be given clerical assistance in discharging their clinical, teaching obligations.

v) Any other facility which is being granted or proposed to be granted to other autonomous Institutions of Excellence may be extended to MAIDS.

13. Patient feedback should be made a regular practice.
14. A detailed study should be undertaken to work out requirements of faculty, staff, equipment and finances in a medium-term perspective taking into account.
15. Considering the ambitious expansion plan, the institute deserves to be converted into a dental university.
16. Finally, the MAIDS has established it reputation and recognition in the sector which need to be harnessed to improve its services further to make it a model institution at international level.

Rajiv Gandhi Super Specialty Hospital

The Background

A large part of the amenities and services to be provided as per MoU are still to be completed in the phase I which is ending in December, 2018. This leads to underutilisation of investment already made in the building of campus. The delay in the functioning of different health services including education is a matter of concern. Though, the physical structure of campus is put in place, the follow-up placement of faculty, paramedical staff, administrative staff and necessary infrastructure is far behind the sanctioned provisions. On these grounds, the efficiency to perform is noted to be low I a range of 1/3rd and 10th as compared to overall (beyond Phase-I) designed capacity. Further, there is mis-match between one component (faculty, other manpower and equipments/facilities) to other leading to underutilisation of respective component.

The reasons of efficiency gap as above are traced in the Management and Control, placement of faculty, paramedical staff, administrative staff and their perks and resource mobilsation. Adequate efforts are not taken to start post graduate and post-doctoral courses. The time-gap in the meeting of Governing Council, effectiveness of selection committee and follow-up are fairly inadequate. The manpower (both faculty and support staff) is recruited in a purely ad-hoc manner leading to backlog and problems of retention as well as efficiency in the work. Suitable perks and incentives in terms of allowances and promotion etc. are also not in place. Thus, the hospital management needs to work out detailed strategy to take follow up action on MoU in the Phase II which is commencing in 2019.

Rajiv Gandhi Super Specialty Hospital is a 650-bed hospital with focus areas: Cardio thoracic & Vascular Sciences, Gastroenterology – GI Surgery, Rheumatology, Nephrology – Urology and Critical Care. The hospital has diagnostic services, including Laboratories, Radiology & Imaging and a Blood Bank. It is planned as a technologically advanced institution designed to international standards and most stringent criteria in creating infrastructure and environmental guidelines. The hospital is supposed to be at the forefront of cutting-edge technology.

The institute was established with three main focus areas (objectives) covering promotion of nine specific tasks:

1) Affordable Quality Healthcare

(e) High end super tertiary care
(f) Access to emergency and elective care
(g) Free healthcare for specific sections of society

2) Effective and Efficient delivery Model

(h) Process design prioritizing patient safety and satisfaction
(i) Institutionalize Key Performance Indicators (KPIs)
(j) Optimum Asset and Material utilization

3) Enhanced Stakeholder Value

(k) Clinical Trials
(l) Preferred Healthcare Provider for citizens and physicians
(m) Integrated medical education, research and training

Governance and Management

The society is managed, administered, directed and controlled, subject rules, byelaws and orders, by the Governing Council. The governing council is headed by Chief Secretary, GNCTD with other members as Pr. Secretary/Secretary (H&FW), GNCTD, Pr. Secretary (Finance), GNCTD, Pr. Secretary (AR), GNCTD, Dean-MAMC, Dr. O.P. Kalra, Principal UCMS, Delhi, Dr. Vinod Puri, Director Professor Neurology GB pant Hospital, Dr. Veena Chowdhury, HOD Radiology Lok Nayak Hospital and director of RGSSH.

Three meetings of GC have been held so far since its inception in the year 2013 whereas 21 meetings should have been held so far.

The Institute also have Executive committee which is headed by director, RGSSH as chairman, medical superintendent as member secretary with Dy. Director (admin), Dy. Controller of accountant/financial advisor, two faculty member and other eminent persons as members. Executive committee meet at-least once in 3 months i.e. 4 times annually. Total 6 executive committee meetings have been conducted since the first meeting which was held in the year 2014 whereas the last one was carried in July 2018.

In addition, Institute also has finance committee with Pr. Secretary (finance), GNCTD, as chairman, dy. Controller of account of the institute as member secretary, with Pr. Secretary/

Secretary (H&FW), GNCTD, Pr. Secretary planning, director of the Institute and two member of the institute as a member.

Human Resources

Faculty

Taking faculty as a parameter/proxy to efficiency, it appears that institute has capacity to perform only around one third level of efficiency. The hospital constitutes more vacant posts than the current strength of faculty. As may be seen from Table 1 that out of 252 sanctioned posts only 89 are filled. As against 64 posts for Assistant Professors only 11 recruited whereas all 28 posts for Professor and Associate Professor are vacant.

Overall hospital has approx. 65% vacancy in various faculty posts. It is further important to note that most of the posts are vacant. 21 faculty members joined the hospital in 2006. At present only 11 faculty members are working due to lack of comparable salary structure (not revised since 2004), lack of promotional aspects or any other incentives like LTC (Leave Travel Concession), Earned Leave, deduction of Provident Fund etc. It is also noted that salary structure is contractual and the appointment can continue fill the age of superannuation. It is also noted salary of Assistant Professor is lower than SR (Senior Resident) Doctors.

It is important to note that entire hospital is run in a purely adhoc manner. The Assistant Professor are appointed on contracted and are also used to occupy senior positions without giving their promotion in due course. Therefore, a sense of continuity, institutional memory and ownership is not built with suitable deployment of faculty in a regular manner.

Table 1
Deployment of Faculty

Post	Sanctioned post	Filled up post	Vacant posts
Professor	12	00	12
Associate Professor	16	00	16
Assistant Professor	64	11	53
Senior Residents	110	37	73
Junior Residents	50	41	09
All	**252**	**89**	**163**

Paramedics

The deployment of paramedical staff is bad to worse as compared to faculty. Salary structure and perks a paramedical staff are no better. As against 9+ positions sanctioned only 1 person is deployed.

These figures indicate that facilities are not adequately provided at par the level of faculty. It is noted that faculty (including SR/JR) handle machines and equiptments.

It is also observed that the service terms of and conditions of paramedical staff are like faculty adhoc and adverse to normal standards e.g. Nurses are appointed on contract through outsourcing @ Rs. 14000/- per month which is highly inadequate for technically trained personnel.

Total 568 positions sanctioned for paramedics (at different levels) but none of them employed on a regular basis and hospital has 64 staff members on contractual/outsourcing basis. It is particularly important that no deployments in Physiotherapists and Clinical Psychological posts were made.

Table 2
Deployment of paramedic staff

Position	**Sanctioned**	**Deployment**	
		Regular	Contractual
OT/ICU nurses/nursing sister/staff nurse	426	-	55(on outsourced)
Dietician	4	-	01(outsourced)
Technician	126	-	6(outsourced)
Pharmacist	8	-	1(contractual) 1(outsourced)
Physiotherapists	3	-	-
Clinical Psychologists	1	-	-
Total	**568**	**0**	**64**

Administrative Staff

It is again striking to note that only one position is filled as against 10 sanctioned post of administrative staff. The deployment of Administration staff is only 8 (4 regular on deputation and 4 contractual). It is important to note that most posts are vacant. (Table 3)

Table 3
Deployment of administrative staff

Position	Sanctioned	Deployment	
		Regular	Contractual
Director	1	1 regular on deputation	
Medical Superintendent	1	-	-
Dy. Medical Superintendent	1	-	-
Deputy Dir. (vigilance)	1	-	-
Dy. Director administration	1	-	-
Medical officer	10	-	2
Administrative Offices	2	-	-
Office Superintendent	7	-	-
Statistical Officers	2	1 on deputation	
Statistical Assistant	5	-	-
Account officer	1	1 on deputation	
Assistant Account officer	1	-	
Assistant Director (Plg.)	1	1 on deputation	
P.S.	1	-	1
Head Clerk	10	-	-
Statiscian	1	-	-
UDCs	6	-	-
LDC	31	-	1
Total	**83**	**4**	**4**

Appointment Conditions

As indicated earlier, it is important to recall that all appointments of doctors, nurses, paramedical staff, technical and allied healthcare staff and ministerial/executive staff, if not outsourced, shall initially on a contract for a period 5 years with a notice period of 3 months from either side of severance of contract. Further extension will be based on annual performance appraisal report up to the age superannuation in the NCT Government of Delhi.

No staff is available at LDC/UDC level in the hospital. Currently all the staff in the cash counter is on outsourced basis.

Infrastructure and Upkeep

State of infrastructure backup confirm the poor efficiency to operate health services as expected. The hospital is spread over (total covered area) 13 acres of land. With few facilities/services are functional whereas few are under progress as described in below table:

Table 4
Details of Infrastructure

Functional	Being Initiated/ Currently not available
1. 10 bedded ICU 2. 4 Modular OTs, 4 bedded post OP area 3. Drug Store Room 4. Linen Store Room 5. CSSD (sterilisation), MGPS plant, Manifold 6. General store, equipment store and surgical store room 7. Central AC plant and UPS room, LAN server room 8. CT scanner system 9. 2 Cath labs 10. 2 General Wards (30 Bedded) 11. Car parking area, canteen 12. AHU, CCTV control room, fire control and security room 13. OPD rooms, registration counter area, cash counter room, waiting hall, pharmacy, x-ray room, ultrasound, endoscopy and ECG room 14. Blood bank, 10 bedded CCU 15. 30 bedded dialysis centre on PPP	1. 16 bedded ICU, RICU (9 bedded) 2. 6 OTs (5 Modular and 1 semi modular OTs) 3. kitchen 4. Urology Area

Backlog in the infrastructure have multiplier effect and affect the efficiency of infrastructure already provided.

1) Centralized AC plant repair was stopped due to delay in Grant-Aid leading to shut down of services in Hospital like laboratory, OT, ECHO, USG and Endoscopy services.
2) Modular OT repair State-of-the-art OT's were constructed by PWD but maintenance not being done timely.
3) MGPS and UPS need urgent repair whereas civil maintenance work is also affected.
4) Rain water draining system and CCTV surveillance system and LAN & Voice communication server systems needs repair as well.
5) AMC and CMC has been done for most of equipments. However, in certain cases it was noted that CMC is note done which affect the efficiency of equiptment.
6) On the whole there is a long list of items pending for support from PWD (Box 1(a)&1(b)) which affect the hospital efficiency adversely.

Box – 1(a)
Maintenance Issues Pending with PWD as on 19.10.2018

Twenty items each are pending with PWD (Electrical). This includes:

1) Six cases on Electric Substation
2) Three cases on DG Sets
3) Five cases of Pump House
4) Three cases of RO Plant
5) Seventeen cases on Centralize AC Plant
6) Three cases on ETP Plant
7) Eight cases on E&M Services
8) One case on APFF (Automatic Power Factor Filter) System
9) One case VRV Air Conditioning System
10) Two cases of Auditorium
11) Two cases on Fire Fighting and Fire Alarm System
12) Two Cases on UPS System
13) One case on Electrical work in Pathology Lab area
14) Two cases on Precision air conditioning work I biochemistry Lab and UPS room basement area
15) Four cases Running operation and comprehensive maintenance of CCTV Surveillance System
16) Renovation for Urology and Rental Transplant Department (Block 3, 2nd Floor) at RGSSH
17) PE of AMC/CMC of MGPS plant
18) PE of AMC/CMC of Lifts
19) PE of Lan server and Voice Communication System
20) Details of Scope of project work with cost

Box 1(b)

The Seventeen cases on Seepages/Leakages with Civil followed by some other problems related to PWD (Civil)

1) Seepage problem in Conference Room, 1st floor of Block 7, Director Office
2) Seepage problem in Auditorium, Ground Floor of Block 7.
3) Seepage problem in Guest House, Ground Floor of Block 7.
4) Repairing of ventilation aluminium windows at Male/Female Toilets, Ground floor of Block 6 and Ground floor to 2nd floor of Block 7.
5) Repairing/replacement of aluminium glass door at Ground floor of Block 6&7.
6) Replacement of broken toughened glass door at Ground floor of Block 5.
7) Repairing of toughened glass door installed at Emergency Ground Floor, Block 4 along with replacement of door handles.
8) Repairing of road within the hospital premises.
9) Repairing of aluminium glass door installed at Block – 6, Ground Floor, main entrance & OPD rooms area, Emergency main entrance, ICU rooms of Block 4, ground floor along with replacement of door handles & door machine
10) Repairing of gypsum/silicate false ceiling in auditorium, ground floor of Block 7, which is damaged due to water leakage & seepage problem.
11) Water leakage problem in basement from CI/MS pipe and expansion joints, needs to be resolved.
12) Water leakage problem in Lift Pits of Block 6.
13) Water leakage problem in Modular OT-3, 2nd floor of Block 4
14) Water leakage problem from ceiling & expansion joints in 16 bedded ICU at 2nd Floor of Block 3
15) Dholpuri stones of the building to be repaired.
16) Replacement & fixing of broken Kota stones of all expansion joints at all floors of Blocks of RGSSH.
17) Cleaning of sewer lines and Rain Water Harvesting Pits are still pending.

Some other problems related to PWD (Civil)

1) PE of addition alternation work of 16 bedded ICU at 2nd floor of block 5
2) Addition and alternation work of Radiology Section (Ultrasound Room) at Ground Floor of Block 3.
3) Development of Urology and Renal Transplant Department at (Block 3, 2nd Floor) at RGSSH

Planning and implementation Mis-match

1) Bed strength 650 planned and 250 in the first phase but at present 64 beds.
2) As per the MOU this hospital has been envisioned as a multi-super specialty tertiary care hospital. It was planned to have 15 super specialty departments along with support diagnostic departments including Nuclear medicine.
3) It was also planned to start DM and MCh Courses.
4) It was also planned to have Ph.D. and DNB courses and MD in a few disciplines.
5) Another lacunae observed in the planning of Infrastructure of this proposed teaching super specialty hospital is non-adherence of MCI standards.
6) Due to various multiple issues the construction work was not completed on time
7) Only 5 departments could be started and functional till today as against 15.
8) The Govt tried to run the hospital on a PPP mode but that also didn't work out suitably.
9) Permanent full time senior administrative staff is not deployed leading to lack of accountability.
10) Faculty recruitment plan was also found to be faulty with salary structure not at par with the market
11) 4 modular OT's are functional but there is no anesthesiologist.
12) Recruitment of other allied technical and non-technical staff also lagged behind. No female NO's are there.

Patient Services

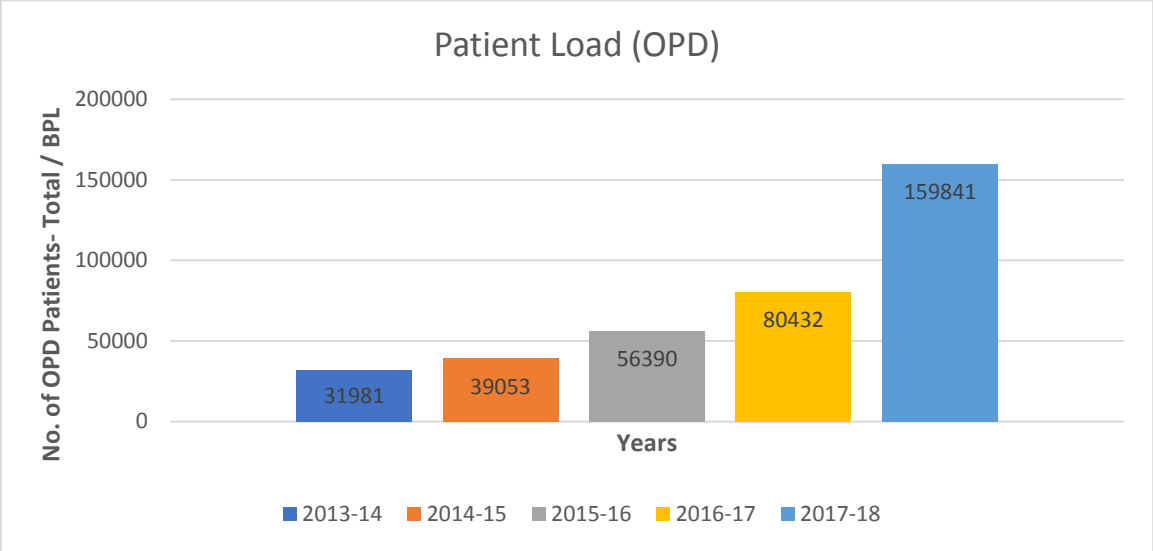
The institute has its website which gives specific details about the hospital. Website is updated as and when required. Online registration system is there in the hospital.

Table 5
Incidence of Patients at OPD

Name of Deptt.	No. of OPD Patients-Total/BPL					No. of IPD Patients-Total/BPL				
Year	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18
Incidence	31981	39053	56390	80432	159841	--	--	--	2515	4839

Despite inadequate deployment of faculty, paramedical/administrative staff and infrastructure, the institute is trying to improve the performance in a regular manner. Number of OPD attendance in the hospital mere 31981 patients in 2013-14, attendance got approx. 5-fold in 2017-18 to 159841. The trends for OPD attendance are given in graph -figure1.

Figure 1
Year wise OPD attendance



Bed Occupancy

Gradual improvement in the patient case is also reflected in the bed occupancy data. Bed occupancy rose to 90 percent in 2017-18 from 72 percent in 2016-17. Patient stayed for longer duration in 2017-18, the average stay was 5 to 7 days whereas in 2016-17 it was 3 to 5 days.

Medicines

As indicated by the hospital 68 percent of medicines were supplied to the patients against prescribed.

Patient Facilitation

Specific steps are taken by the hospital to improve patient facilitation:

(i) Major signage facilities are available in the hospital.
(ii) Senior Citizens are given special care during registration.
(iii) Proper sitting place for patients and as well as for attendants is available.
(iv) Construction of Ramps for disabled patients is still under progress.

Patient Feedback

It appears from the patient's feedback that despite of considerable gaps in the efficiency, the hospital is facilitating patients in a relatively better manner. (Table 6)

Specific points of patient observations are as follows:

1. Respondents felt great with the registration system, locating departments and for reaching the hospital.
2. Respondents felt great with the waiting time for registration, report collection and hospitalization and major surgeries but for waiting time for meeting the doctor and for test & examinations they rated their experience as good.
3. Respondents were fully satisfied with the availability of doctor, nurses, attendant/staff and drinking water and parking facility. They rated their experience as great whereas they are disappointed with the availability of drugs. For this they rate their experience as fair.
4. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment.
5. Feedback received for nurses, other paramedical staffs on interaction with patients are well appreciated. The queries are well answered and respondents were satisfied with it.
6. Respondents felt great with the Payment for OPD services and diagnostics whereas they felt that the payment for the supplies and consumables was ok.
7. It is equally important to note that respondents felt great with the cleanliness of building, IPD room, washrooms, wards & corridors along with safety, comfort and privacy.

Table 6
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Great	Friendly and helpful to you	Good
Convenience in reaching hospital	Great	Answers your questions	Great
Convenience to locate various departments	Great	***All Others:***	
Waiting:		Friendly and helpful to you	Great
Time for registration	Great	Answers your questions	Great
Waiting time for meeting with the doctor	Good	**Payment for:**	
Waiting time for test and examinations	Good	OPD services	Great
Waiting time for report collection	Great	IPD services	Good
Waiting time for hospitalization and major surgeries	Great	Diagnostics	Great
Availability of:		Any other payments	Ok
Doctor	Great	**Facility**:	
Nurses	Great	Neat and clean building	Great
Attendants/staff	Great	Comfort and Safety while waiting	Great
Drugs/medicines	Fair	Privacy	Great
Drinking water	Great	Cleanliness of washrooms	Great
Canteen facility	Good	Cleanliness of IPD rooms	Great
Parking facility	Great	Cleanliness of wards	Great
Other supplies/consumables	Good	Cleanliness of corridors	Great
Staff:			
Provider: (Physician)			
Listens to you	Great		
Gives enough time with you	Great		
Explains what you want to know	Great		
Gives you good advice and treatment	Great		

Financial Management

1. The institute is operating on Double Entry Accounting System (DEAS) which has paved way for automation of accounts.
2. Capital expenditure is incurred as per requirement/availability of funds and varies accordingly (Table 7)
3. Salaries show a regular increase from year to year basis.
4. Audit is done timely.

Table 7
Pattern of Expenditure

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Capital Expenditure	-	-	Rs 15.48 Cr	Rs. 8.95 Cr	Final account under preparation
Salaries	-	-	Rs. 2.00 Cr	Rs. 7.57 Cr	Final account under preparation
Other O&M Expenditure	-	-	Rs. 49.54 Cr	Rs. 20.14 Cr	Final account under preparation

User charges

Institute is trying to serve a large clientele with specific reference to poor and disadvantageous cases. It is important to note that:

(i) User charge applicable on all IPD & OT services at 50% CGHS rates. As per Government policy all referred patients are being provided facilities free of cost.

(ii) Patient transferred from any Delhi govt hospital to RGSSH are eligible for free treatment w.r.t. all services available therein.

(iii) Patient admitted in the economy ward (general ward) are charged at 50% of the prevailing CGHS rates.

(iv) Patient admitted in the semi-private/private ward are charged at prevailing CGHS rates.

(v) All patients are provided free OPD

(vi) All patients are provided free generic medicine as per EDL

(vii) All patients are provided free diagnostic test as per AAMC list.

Awards and Appreciation

Rajiv Gandhi Super Specialty hospital has won some important accolades.

- Best horticulture award in 2013.

- Skoch award for rain water harvesting system in 2018
- Minimum consumption of electricity award BSES in 2018
- Kayakalp (top 3 among autonomous institutes) and "NQAS" guidelines (govt projects)

Findings

1 There is a wide gap in the infrastructure & manpower (faculty and paramedic) deployment as indicated in the planning and implementation mis-match.

2 The Institute is running at a range of one third to one tenth level of efficiency as compared to the planned capacity. Yet, the building is in place but follow up activities are not initiated.

3 Governance, resource mobilization and O&M are another important factor which are fairly lacking in the operations of the hospital.

4 Governance of the socalled autonomous hospital was also observed to be below par. The meetings of governing council and executive council have not taken place as per schedule. The institute has two separate committees for recruitment of faculty/staff. Yet, the committees failed to meet the requirement.

5 The governance structure needs to be therefore revisited and redrafted for better functioning

6 Rationalization of user charges - Gradual and differential structure is needed.

7 Maintenance of the Infrastructure and Equipments now appear to be a bigger issue. It is almost 12 years and both Infrastructure and Equipments demands regular maintenance.

8 The capacity bed strength is only partly utilized.

Recommendations

1) Functional autonomy should be accorded to RGSSH in true sense. Management needs to be made accountable, efficient, and transparent.

2) The Governing Council should be restructured to ensure timely intervention and decisive role. The meetings need to be held on regular interval and decision taken should be final. Any processing in the GNCTD could be done prior to placement of respective item in the meeting of GC.

3) GC should be 'Chaired' by a person who is conveniently available. In this regard, a chairperson/co-chairperson may also be appointed with suitable background such as retired professional/bureaucrat with medical background.

4) The powers of GC need to be decentralized. The Director may be allowed to take decision subject to placement in GC for information.

5) HR (Human Resources) Rules should be framed and finalized to have a transparent and efficient deployment and function of staff including faculty. This should clearly specific appointment, promotion, rotation, leaves, perks, assessment procedure, incentives and penalties.

6) Vacancies in the faculty and staff should be filled with immediate effect so that the second phase in the new building can be taken up at the earliest and current operations are carried out as per potential requirement of staff. Therefore, the institute has immense scope for reforms and expansion and the services provided/resources deployed are highly underutilized and inadequate.

7) The recruitment of paramedical staff should be taken up as per rules. The current system of outsourcing for nurses for example is counterproductive and against the rules of minimum wages.

8) The hospital should be replanned and modifications made as per MCI standards, so that the proposed medical education and post graduate education can be started. At least 30 general beds have to be commissioned as per MCI to start any PG programmes and courses.

9) Pooling and cross sharing of faculty can be planned amongst all the 8 super specialty hospitals. This will make faculty available to all hospitals and improve patient care to the community.

10) Education & Teaching mandate of hospital should be activated.

11) In order to follow MCI standards and day to day proper functioning of hospital, residential accommodation for residents, senior residents, nursing staff and emergency technical staff should be planned and made available within the campus.

12) The equipments should be kept ready with due CMC/AMC so that due use is carried out.

13) Fire completion certificate should be the first priority. No hospital building should be allowed to function without proper fire certificate. Regular fire drills should be conducted.

14) Building completion certificate should be mandatory.

15) The hospital should plan and start NABH accreditation process.

16) Resource Mobilisation should be planned in a multi-pronged strategy. It should include:

    a. Capital cost for employee housing can be mobilized through loan as the debt service may include deduction of HRA (House Rent Allowance) from respective employees.

    b. Certain technical services may be given on outsourcing as per proper plan of operations

c. The issue of free vis a vis cross subsidization need to be looked into.

d. Charges should vary as per income status of patients and use of particular service. In this regard a pricing policy using differential and graduated pricing should be applied. The amount policy of CGHS rates may be revisited in this regard.

17) The budget should be both task specific as well as united so that certain activities can be taken up as per priority immediate requirement.

18) CSR funds have vast potential. Aggressive strategy should be prepared to attract CSR for Chair (faculty position), equipments and reimbursement of expenditure on EWS/LIG.

19) Faculty should be encouraged to carry out sponsored research for which suitable incentives should be framed to attract projects and retain faculty within the institute.

20) Payments to faculty need to be restructured to motivate the faculty to stay and do their work with passion and sincerity.

21) Finally, it appears that the hospital has immense potential which need to be harnessed in the letter and spirit of MoU.

Institute of Human Behaviour and Allied Sciences

The Background

Institute of Human Behaviour & Allied Sciences (IHBAS), formerly known as Hospital for Mental Diseases (HMD), is a tertiary level Medical Institute deals in patient care, teaching and research activities in the field of Mental health, Neuro and other Allied Sciences. IHBAS was upgraded and converted from HMD after the orders of the Hon'ble Supreme Court passed in year 1991 on the pattern of NIMHANS, Bangalore. The institute is providing post graduate courses in the field of psychiatry, psychology and neurology in addition to other training and research programmes. Considering the rapidly increasing burden of mental health issues and changing diseases profile role of IHBAS in national capital region has become important not just for providing quality patient care but also for anchor research and provide qualified manpower in the field of mental health.

Objectives of IHBAS

IHBAS was upgraded with following objectives:

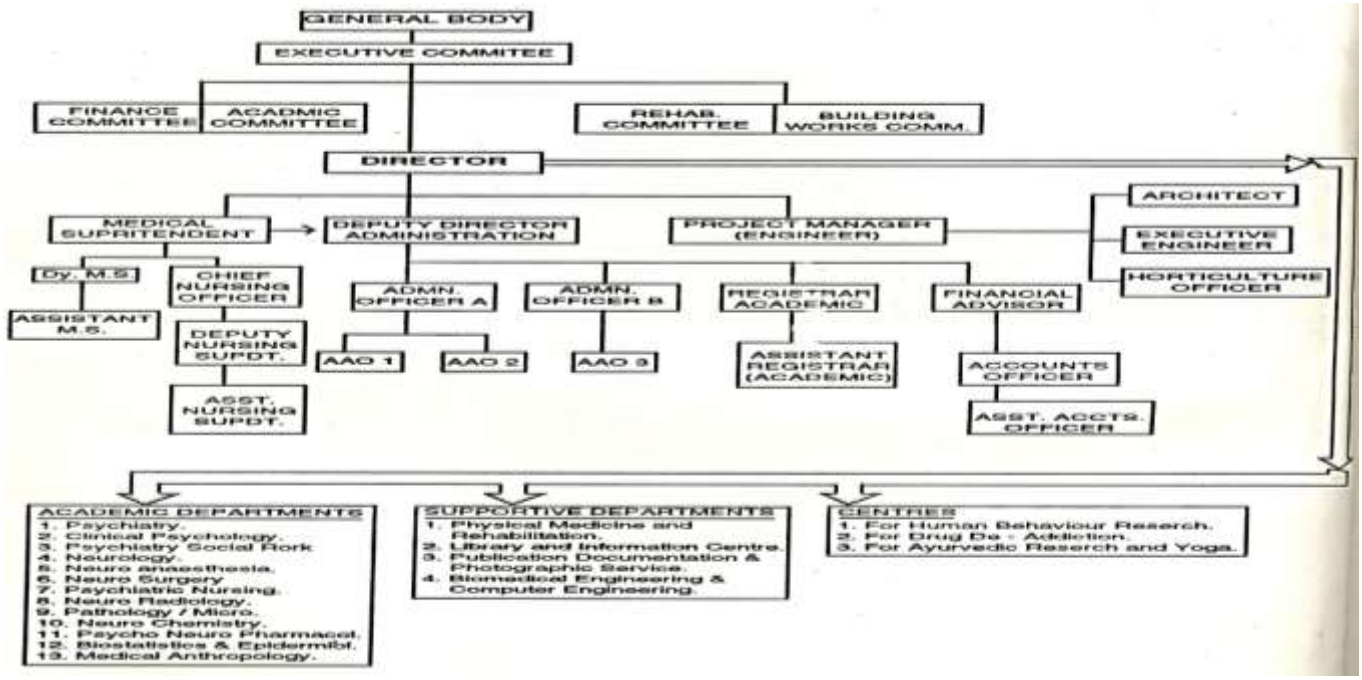
- To promote the growth and development of Mental Health Neurosciences Somoto-Behavioural & Allied Sciences
- To develop and provide advance state of the art facilities for diagnosis, investigation and treatment in the field of Mental Health, Neurosciences, Somoto-Behavioural Sciences for adults, children and the aged, by providing working linkages with UCMS & GTBH.
- To conduct and provide services of Research, evaluation, training, consultation and guidance on aspects of mental Health activities comprising brain-mind-behavior axis and including Psychological, Socio-biological and clinical aspects.
- To develop and disseminate knowledge about prevention and treatment of these disorders in the community and establish community mental health centers.
- To develop linkages with National and International Institutions and outstanding scientists engaged in neurosciences-mental health Somoto-Behavioural sciences research/training and arrange for interchange of scientific data and personnel.
- As a long term plan the objective is to develop the institutional complex into an autonomous body with HMD, UCMS & GTBH forming its component wings.

Governance & Management

Unlike other autonomous health institutes of Government of NCT of Delhi (GNCTD), the General Body of IHBAS is headed by Hon'ble Minister of Health and Family Welfare of GNCTD while the Executive Council is headed by Chief Secretary, GNCTD-cum-Chairman of IHBAS. Governing Body (GB) is supposed to meet annually to review the performance, approve budget and any strategic issues. It important to note there is no meeting of governing body happened after year 2012.

The Executive Council of the Institute is supposed to meet as often as necessary but at least twice in each year. Since up-gradation as autonomous institute i.e. from 1991, EC is meeting regularly, till January 20, 2018, a total number of 58 meetings of EC have been conducted. In recent past the number of meetings of EC has also reduced in a year only one meeting is being convened. The Institute also has a Standing Finance & Budget Committee which is chaired by Secretary Finance, GNCTD and Building & Works Committee, Rehabilitation Committee, Establishment Committee, Academic Committee, Ethics Committee as well.

Figure 1
Organizational Structure of IHBAS



Though it is said that IHBAS is an autonomous institute of GNCTD, however, the Institute lacks autonomy on several grounds due to dualism of decision making. Most of the times Executive Council and Standing Finance & Budget Committee do not take decisions and pass on to finance

and other administrative departments of Government of Delhi for their concurrence and approval lead to delay in key decisions important for functioning of the institute.

Human Resources

Faculty

The hospital faculty constitutes more vacant posts than deployed posts. Table1 shows that out of 103 faculties sanctioned posts just 31 posts are filled up. As against 49 sanctioned posts for Assistant Professors only 19 posts are filled whereas posts for Professor, Additional Professor and Associate Professor are mostly vacant. Most of the work is handled by JRs and SRs as out of 150 resident positions 128 positions are filled. In the absence of senior faculty, the focus of the Assistant Professor and resident staff is mainly on patient care only.

Interestingly, even though unlike most of the other autonomous health sector institutes of GNCTD, all faculty positions in IHBAS are permanent still IHBAS is not able to retain and recruit talented faculty. This is mainly due to poor faculty promotion avenues and unclear recruitment rules. As per the bylaws and Supreme Court rulings the institute's faculty and Staff salary and perks structure ought to be similar to NIMHANS but the same is not being followed in letter and spirit which leads to dissatisfaction among faculty.

Table 1
Deployment of Faculty

Post	Sanctioned	Deployed	Vacancy (%)
Professor	14	3	79%
Additional Professor	9	0	100%
Associate Professor	31	9	71%
Assistant Professor	49	19	61%
Total	103	31	70%

Table 2
Deployment of Residents

Post	Sanctioned	Deployed	Vacancy (%)
Senior Residents	70	44	37%
Junior Residents	80	53	34%
All	**150**	**128**	**35%**

Paramedics

There are total 117 sanctioned paramedics posts (at different level). The Hospital has deployed 89 staff members out of which 64 staff members are deployed on contractual basis and 25 members are on regular basis.

Administrative Staff

Most of the administrative positions are filled at IHBAS. The total deployment of Administrative staff is 41 against 59 sanctioned posts. Out of 41 posts 27 staff members are deployed on regular basis and 4 members are on contractual basis. Few posts (18) are vacant. However, it is important to note that the key position like medical superintendent is vacant from long time.

Table 3
Deployment of Administrative Staff

Position	Sanctioned	Deployment		Total Deployment	Vacancy
		Regular	Contractual		
Director	1	1		1	0
Medical Superintendent	1	0		0	1
Additional Medical Superintendent	1	0		0	1
Joint Director(admin)	1	0		0	1
Administrative Officer	2	1		1	1
Assistant Admin Officer	3	1		1	2
Assistant	16	14		14	2
Sr. stenographer	4	4		4	0
Statistical Assistant	1	0		0	1
Computer Assistant	2	1		1	1
Sr P.S.	1	0		0	1
Photographer	1	0		0	1
Artist	1	1		1	0
DEO Grade-D	3	3		3	0
Data entry operator	18	1	14	15	3
LDC	3	0		0	3
Total	**59**	**27**	**14**	**41**	18

Teaching, Trainings, Research and Publications

IHBAS is organising various training programs with good number of research publications. Seats under MD psychiatry (course) have been pushed to 8 from 4 since its inception in 2003.

Whereas seats in course of DM in neurology has been increased to 3 from July 2010. Both the said degrees are recognized by MCI and under the aegis of Delhi University. M. Phil (Clinical Psychology) course started from October 2004 recognized by Rehabilitation Council of India (RCI) with 10 seats. Faculty have taken initiatives to upgrade their skills/knowledge with fairly good amount of publication appeared in the journals of high repute. But as per institute by-laws IHBAS faculty has follow and publish equivalent to NIMHANS. NIMHANS being old institute has set very high standards in terms of research and publication for faculty and staff 'Assessment Promotion Scheme'. Due to lack of required infrastructure (mentioned in next section), heavy patient load and absence of senior faculty members, many faculty members are not able to fulfil required high quality research and publications (See Table 4). Still with limited resources, good efforts of IHBAS faculty, it has contributed significantly to following national policy programs:

- Urban Mental Health service delivery
- Health care programs/service development for Homeless
- Mental Health services for disaster affected population
- Tobacco cessation services
- HIV/AIDS prevention and control activities
- NCD Prevention and Health promotion
- Campaign against drinking and driving-Key role in a public health problem
- Suicide Prevention Programs

Table 4
Research Publication of IHBAS Faculty

Publications	2013-14	2014-15	2015-16	2016-17
Total Number	82	90	104	75
Publications having Impact Factor ≥4	1			
Citations till date	34	54	53	35

Patient Care Services

IHBAS is the first Neuro-Psychiatric Hospital in India with NABH Accreditation for Quality of Care and Patient safety. Patient care services at IHBAS include OPD, IPD, Emergency and ICU, Day care services, Diagnostic (Lab & Imaging), Community Outreach activities and Disability Certification and other Medico-Legal Mental Health Services.

Out Patient Department (OPD) and In-Patient Department (IPD) Services

In OPD, IHBAS runs mainly runs 3 types OPD services Psychiatry, Neurology and Neurosurgery. Annually OPD attendance at IHBAS is increasing by roughly 10% (See Figure 1). Average daily OPD at IHBAS varies from 1500 to 2000. Similarly, IPD services at IHBAS remain consistent to over last few year. Last few year hospital prefers to reduce number of days of hospitalization and maximize day care cases so that patients feel healthy and get homely atmosphere. Daily admissions are approx 10-12 patients at IHBAS i.e. less than 1% of OPD attendance.

Figure 1
Total Patient Attended OPD at IHBAS (From 2010 to 2018)

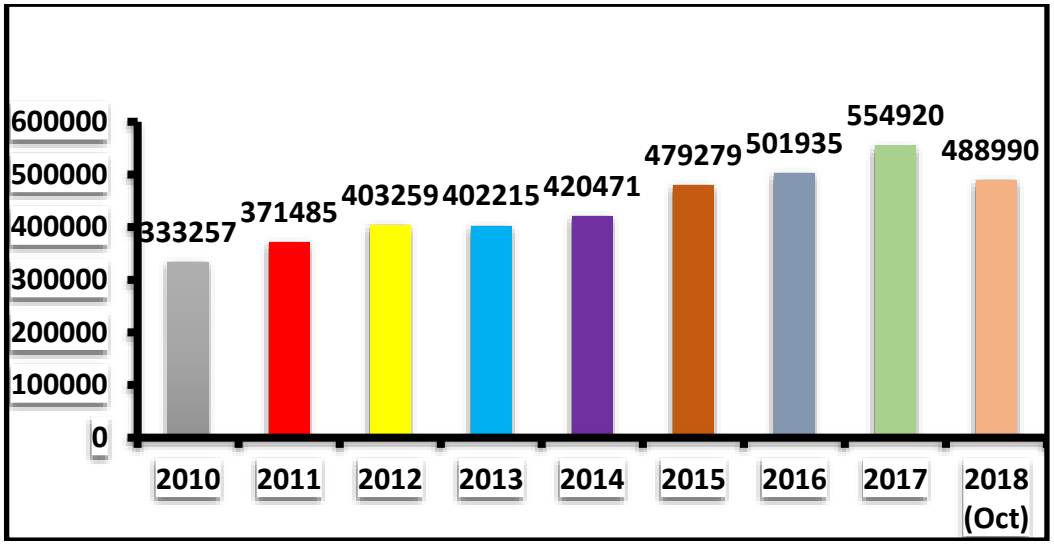
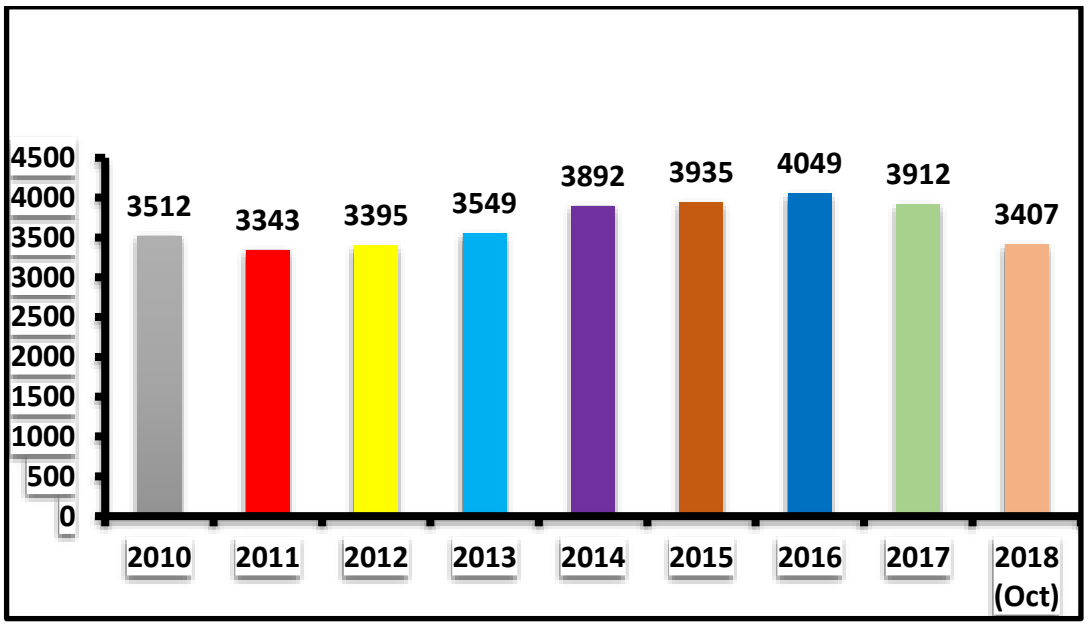


Figure 2
Total Patient Attended IPD at IHBAS (From 2010 to 2018)



Patient Experience Feedback

While accessing the quality of healthcare in facilities patient sat was considered to be the important factor. Patients were interviewed with regard to their experience with regard to various aspects of services delivered with the help of pre-tested semi-structured interview schedule. It was observed that:

Respondents felt great with the registration system and for locating departments whereas they felt not very happy for reaching the hospital. Respondents felt great with the waiting time for registration, test and examinations, report collection, hospitalization and major surgeries and ok for meeting the doctor. Respondents were fully satisfied with the availability of doctor, nurses, attendant/staff, drugs/medicine, drinking water, canteen and parking facility. They rated their experience as great. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment. Feedback received for nurses, other paramedical staffs on interaction with patients are well appreciated. The queries are well answered and respondents felt great and satisfied with it. Respondents felt great with the Payment for OPD services, IPD services and diagnostics. It is equally important to note that respondents felt great with the cleanliness of building, IPD room, wards & corridors along with safety, comfort and privacy.

Table 5
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Great	Friendly and helpful to you	Great
Convenience in reaching hospital	Ok	Answers your questions	Great
Convenience to locate various departments	Great	***All Others:***	
Waiting:		Friendly and helpful to you	Great
Time for registration	Great	Answers your questions	Great
Waiting time for meeting with the doctor	Ok	**Payment for:**	
Waiting time for test and examinations	Great	OPD services	Great
Waiting time for report collection	Great	IPD services	Great
Waiting time for hospitalization and major surgeries	Great	Diagnostics	Great
Availability of:		**Facility**:	
Doctor	Great	Neat and clean building	Great

Facilities	Average Experience	Facilities	Average Experience
Nurses	Great	Comfort and Safety while waiting	Great
Attendants/staff	Great	Privacy	Great
Drugs/medicines	Great	Cleanliness of washrooms	Great
Drinking water	Great	Cleanliness of IPD rooms	Great
Canteen facility	Great	Cleanliness of wards	Great
Parking facility	Great	Cleanliness of corridors	Great
Provider: (Physician)			
Listens to you	Great		
Gives enough time with you	Great		
Explains what you want to know	Great		
Gives you good advice and treatment	Great		

Bed Occupancy

Bed occupancy rose to 94 percent in 2017-18 from 81 percent in 2013-14 in neurology department whereas bed occupancy goes down to 87 percent from 91 percent. The average stay was 10-11 days in neurology department in almost every year.

Table 6
Hospital Statistics of IHBAS

Name of Department	Bed Occupancy Rate					Average length of Stay				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18
Psychiatry	91%	93%	93%	86%	87%	30	26	24	22	23
Neurology	81%	74%	71%	74%	94%	11	12	10	11	11
Neurosurgery	37%	48%	45%	53%	33%	9	12	12	12	14

Medicines

As per the information given by the institute 99 percent of medicines were supplied to the patients against prescribed whereas it is 100 percent when prescribed as per EDL of IHBAS.

Outreach and Community Services

IHBAS strived to expand patient care services beyond the hospital based care to community. This has been achieved through the community outreach services in various parts of Delhi, the awareness campaigns, active liaison with the NGOs, user and career groups, training

programme to involve all the members of society and sensitization programme to facilitate involvement of various stakeholders. IHBAS has established health outreach network in six districts of Delhi and also one of the resource centres for National Mental Health Programme (NMHP) and coordinating centre for District Mental Health Programme (DMHP), Resource centre for Tobacco Control (RCTC) as well as State Mental Health Authority (SMHA) work.

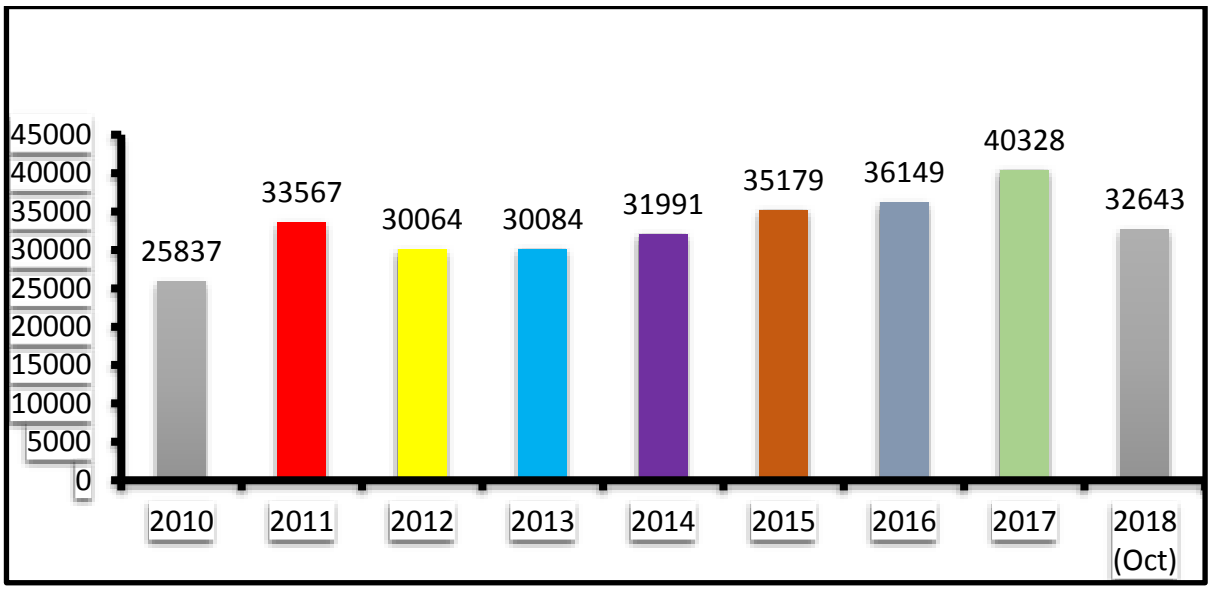
A very unique & innovative component of the community outreach programmes has been the services for the Homeless Mentally III Populations-At Jama Masjid with partner NGOs since the 2000, and through pilot Mobile Mental Health Unit (MMHUs) since 2012.

No. of patients of all outreach clinics is increasing every year rapidly. Patient attendance in these clinics in 2010 was 25837 sharply rose to 40382 in 2017 (See Figure3).

Saksham (Halfway Homes/Long Stay Homes)

Institute of Human Behavoiur and Allied Sciences (IHBAS) has opened two halfway homes/long stay homes on 17/02/07 and named *SAKSHAM* for women and men separately. It is the first government run home in a hospital campus to ensure that mental patients are not neglected. These two Half Way Homes at IHBAS are model for other homes can be evolved in different parts of Delhi and India. These 50-bed home on IHBAS (Institute of Human and Behavioural Sciences) Half-way homes are rehabilitation facilities, where people with mental illness can stay for one to two years after their treatment to help them reintegrate into the society. Long-stay homes, on the other hand, are meant for people who do not have families to go back to.

Figure 3
Total Patients of All Outreach Clinic (From 2010 to 2018)



Infrastructure and Equipments

IHBAS campus is spread over more than 100 Acres land. It does have not any space constraint. It has following major equipment to cater to the patients.

- CT Scan machine (for 16 slice)
- Ultrasound
- EEG Machine
- ECT Machine
- Automated Hematology Analyzer
- Defibrillators
- Fully Automated Coagulation Analyzer
- Digital EMG/EP System

All of the above major equipment are maintained well and are functional with very low downtime. The institute has its website which is not very interactive. It has mainly text content which gives some details about the hospital. Adding new module addition is under the control of DOIT, GNCTD.

Shockingly, at today age of digitalization, IHBAS does not have LAN facility for internet connectivity. The institute does not have any online registration system. The hospital does not have any e-office, hospital information management system, lab information management system, finance and accounts computerized, computerized records etc. Patients are registered with offline and computerized tokens are distributed. Lack of computerization also put forward difficulties in integration community clinics and mobile clinic vans for services to the patients. The institute does not facility of Video Conferencing or interactive boards etc., which affect the quality of teaching, learning and sharing of knowledge, learning and experiences among institutes of excellence in the area of mental health. Files for setting up LAN system is taking rounds from year 2008 from hospital to ministries to vendors due to bureaucratic procedures and lack of autonomy. Similar is the case of MRI Machines.

In diagnostic care, IHBAS does not have MRI service and its CT scan machine is not modern. IHBAS had earlier MRI services, which was outsourced to an agency. Since last year the contract with agency is not continued for which patients are suffering. Recently, after austerity measures by Delhi Government IHBAS is facing difficulties in procurement of items even for patient's services like furniture and beds for patients in upgraded facilities.

Financial Management

The institute is operating on Double Entry Accounting System (DEAS) which has paved way for automation of accounts. Capital expenditure is incurred mainly on re-development, restructuring and up-gradation of building as per requirement/availability of funds. Since number of faculty is declining therefore, no major hike is observed in salary and O&M head. Auditing of IHBAS is done by 03 agencies regularly - Statutory Audit by Charted Accountant of IHBAS, Internal Audit by Dte of Audit, GNCTD and External Audit by AGCR, Delhi.

Table 7
Pattern of Expenditure of IHBAS

(Rupees in crore)

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Capital Expenditure	1.85	0.42	3.08	2.68	4.08
Salaries	32.92	36.66	38.80	40.95	54.23
Other O&M Expenditure	40.10	34.90	38.42	34.33	40.07

Other government grants interest on bank deposits, IHBAS does not have major revenue sources. Though User charges are defined but institute is not earning much revenue from this as it cater mainly to BPL population. . Sources of income are Registration Fee collected from the patients, Pvt. Ward Charges, Rent of Canteen & Few shops and Bank interest on deposits, which is very meager. This contributes only 3% of total budget of the Institute.

Awards and Appreciation

IHBAS has won many accolades

- India HealthCare Award in Year 2012.
- India HealthCare Award in Year 2016.
- Rose of Paracelsus Award (2017).
- Award for First rank among the tertiary care Super-Speciality Hospital for excellence in Kayakalp 2017-2018.
- 3rd Prize for Excellence in Kayakalp (2015-2016).
- AHPI award for Best Patient Friendly Hospital.

Recommendations

IHBAS is providing quality with quantity in patient services in the area of psychiatry and neurology sciences. It is running the largest Psychiatry OPD in the world & the largest

Neurology OPD in India with NABH Accredited since 2012. IHBAS was selected for establishment of Centre of Excellence in its campus by GOI. Following steps immediate and long term measures can resolve issues impeding growth of the institute:

Immediate Measures

- Implementation of Assessment Promotion Scheme with one time relaxation measures to ensure retaining talent and attracting new faculty.
- Procurement of Key equipment like MRI and up-gradation of CT scan, other furniture and required equipment
- Installation of LAN facility
- Vacancies in the faculty and staff should be filled.
- Withdrawal of circular forcing financial austerity measures and Circular dated 18.07.011 (annexure 1) Point No. 25 asking autonomous institutes to take approval of Finance Committee, Governing Council and then again of the Finance Department.
- Funding sources such as CSR and donations exempted under Income Tax should be explored

Long Term Measures

- Functional autonomy should be accorded to IHBAS in true sense. Top Management needs to be made accountable, efficient, and transparent. Decisions taken in the GB, EC and Standing finance committees should not be sent to Delhi government for approvals and re-approvals
- HR (Human Resources) Rules of NIMHANS, Bangalore should be followed completely to avoid any confusion and faculty resentments.
- Faculty should be encouraged to carry out sponsored research for which suitable incentives should be framed to attract projects and retain faculty within the institute.
- Resource Mobilization should be planned in a multi-pronged strategy. It should include CSR Funds, Government Grant in Aid, Reimbursement of Charges for patient services to BPL and Other categories, Utilization of Centre uunds under Ayushman Bharat etc. Business model as suggested for user fees in chapter 1 should be implemented.

Chaudhary Brahm Prakash Ayurvedic Charak Sansthan

The Background

After the establishment of Directorate of Indian Systems of Medicine and Homoeopathy in 1996, a plan was prepared to establish an institute named as "**Delhi Rajkiya Ayurved Charak Sansthan''** and Ninety-five acres of land was acquired at Khera Dabar, Najafgarh, Delhi in the year 1997. Later on, it was decided that an **Ayurvedic Medical College and Hospital;** would be set up here. Today known as Chaudhary Brahm Prakash Ayurvedic Charak Sansthan (CBPACS) it is an autonomous Ayurvedic Medical college and hospital under the govt of NCT of Delhi. The primary mission of the Sansthan is as follow-

To set up a state of Art Ayurved hospital and medical college as a centre of excellence in various disciplines of Ayurveda. For this purpose, the objective are as follow:

a) To develop a facility with international standards, which shall provide a comprehensive, traditional and modern set-up for the diagnosis and treatment of all types of diseases by Ayurvedic system of medicine including yoga and naturopathy; an advanced Sansthan for dedicated research and a resource for advanced training in the field of Ayurveda,

b) The Sansthan aims to provide world-class Aurvedic medical care for patients at affordable costs matching with standards maintained by some of the best available facilities in the field in India and abroad,

c) The Sansthan also aims to provide the services in medical care, teaching, research and technology development by ensuring achievement of the bench mark in being approachable, accessible, appropriate, affordable, accountable and appreciable, and

d) To serve as a 'role model' for health care.

Milestones:

2006: Ch. Brahm Prakash Ayurvedic Society was formed.

2007: Foundation laid and the Institute was renamed as Chaudhary Brahm Prakash Ayurvedic Charak Sansthan. DSIIDC took up the construction work. The maintenance is still with DSIIDC.

2009: OPD was started.

2010: IPD was started.

First BAMS batch started after getting affiliation from Guru Gobind Singh Indraprastha University and recognition from Central Council of Indian Medicine

2012: Hospital and medical college formally inaugurated by Hon'ble President of India

Governance and Management

The affairs of the Sansthan are managed, administered, directed and controlled, subject to rules, byelaws and orders, by the Governing Council (G.C). The director exercises general supervision and disciplinary control over the staff and officers of the Sansthan. The GC is headed by Minister of Health & Family Welfare, Govt of NCT of Delhi. Meetings of GC are expected to be held at least once in six months. However, they are not being held regularly, they are held only on need basis, which leads to delays in decision making. Sansthan also has Finance Committee (FC), which is headed by Principal Secretary (Finance), GNCT of Delhi. In addition, Sansthan has several other committees including Executive Committee, Institutional Ethics Committee etc. as stipulated in the MoA and other government directives.

Human Resources

Faculty

As against 86 sanctioned posts for faculty 57 posts are filled. Several posts of faculty in various departments are vacant as shown in Table 1. Recruitment Rules of the Institute were approved in 2013. It may be noted that the faculty recruited post approval were employed on regular basis whereas faculty recruited before 2013 are on contractual positions. Till now their posts are not regularized. Medical officers are appointed on contract for 11 months.

The salaries and other incentives are provided as per Delhi Govt proposed pay structure, which is mentioned in the MoA also. But many perks like pensionary benefits, health facility, LTC etc.

are not available to the staff. There are not enough incentives comparable to staff of hospitals of GNCTD.

Table 1
Deployment of Faculty

Post	**Sanctioned**	**Deployed**	**Percentage**
Professors	14	09	64
Associate Professors	21	14	66
Assistant Professors	23	22	95
Vaidya I/c OPD	4	3 (contract)	75
Casualty Medical Officer	6	1 (contract)	6
Clinical Registrar	14	6 (contact)	42
Panchkarma Vaidya	4	2 (contract)	50
All	**86**	**57**	**66**

Source: CBPACS

Paramedics

There are 98 sanctioned positions for paramedics (at different levels) but none of them employed on a regular basis and hospital has 51 staff members on outsource basis. Vacancies exist for Nurse, Panchkarma nurse, Panchkarma assistant and physiotherapist posts as can be seen from table 2.

Table 2
Deployment of Paramedical staff

Post	**Sanctioned**	**Deployed (**Contractual)
Matron/ Nursing Superintendent	01	01 Outsourced
Assistant Matron	02	02 Outsourced
Nurse	04	
Staff Nurse	36	27 Outsourced
Panchkarma Nurse	04	
X-Ray Technician	01	
Lab Technician	10	05
Lab Assistant	12	02
Pharmacist	04	04
Kalpak/Pharmacist	10	03
Panchkarma Technician	04	04+03(Unsanctioned)
Panchkarma Assistant	08	
Physiotherapist	02	
Total	**68**	**51 (75%)**

Source: CBPACS

The absence of functionaries like X-ray technician means that the X-ray machine can not be operated, even though it is installed there and it is critical in diagnostics.

Administrative Staff

The administrative staff is highly depleted. The total deployment of Administrative staff is only 05 against 53 sanctioned posts. All 5 posts are on contractual basis. It can be seen in the table given below. So, the administration is being managed with 10% of the required manpower, which leads to faculty members having to share the burden of administrative responsibilities. Moreover, a systematic approach gets compromised.

Table 3
Deployment of Administrative staff

Positions	Sanctioned	Deployed	
		Regular	Contractual
Director Principal	1	1	
Additional Director (Admin)	1	Vacant	
Additional Director (Academic)	1	Vacant	
P.A to Medical Superintendent	1	Vacant	
Dy. Medical Superintendent	1	Vacant	
Deputy Dir. (Horticulture)	1	Vacant	
Dy. Director administration	1	Vacant	
Assistant Director (Horticulture)	1	Vacant	
Administrative Officer	1	Vacant	
Office Superintendent	1	Vacant	
Purchase Officer	1	Vacant	
P.A to Director	1	Vacant	
P.A to Superintendent	1	Vacant	
Stenographer	04		01
Head Clerk	8		1
Statistician	1	Vacant	
UDCs	8		1
LDC	20		2
Total	**53**	**1**	**05**

Source: CBPACS

The visiting team was informed that some of these posts have now been filled, but on contract basis.

Faculty and Staff Turnover

Attrition rate in the Institute is on the higher side. 5 faculty members left the Institute in 2013-14 including 2 Professors. The similar figures for 2014-15, 2015-16, 2016-17 and 2017-18

were 3, 1, 3 and 4 respectively. Other staff like Medical Officer, Vaidya and technicians have also left the jobs, as can be seen in the table given below:

Table 4
Year Wise Details of Faculty and Paramedical Staffs who left CBPACS

			2013-14	2014-15	2015-16	2016-17	2017-18
Faculty	Professor		2	-	-	-	**1**
	Assistant Professor		**1**	**2**		**2**	**3**
	Associate Professor		**2**	**1**	**1**	**1**	
Staff	Medical Superintendent		**1**	-	-	-	-
	MO		-	-	-	**1**	**1**
	Physiotherapist		-	-	-	**1**	**1**
	X-Ray Technician		**1**	-	-	**1**	-
	Panchkarma	Vaidya	**2**	-	-	-	-
		Technician	-	-	**1**	-	-
	Pharmacist		**1**	**2**	-	-	-
	Clinical Registrar		**1**	-	-	-	**1**
	Museum keeper		**1**	-	-	-	-
	Lab Assistant		-	-	-	-	**3**
	Librarian		-	-	-	-	**1**

Source: CBPACS

Faculty Development and Capacity Building

They are allowed to attend conferences and are entitled for 10 days of academic leaves but are not provided with any financial aid for the same. Faculty members of the institute have been contributing good number of publications and research. Many of these publications have appeared in the journals of high repute. Impact factor of the publications may be low because Ayuraveda is not taught or researched in most of the countries of the world and it has got the due thrust only recently in the country.

Table 5
Publications

Publications	2013	2014	2015	2016	2017
Total Number	20	35	41	83	56
Publications having Impact Factor ≥4		6	10	19	11
Citations till date	4	5	4	4	4

Despite the low researched subject at present, it can be seen that some of the disciplines have been able to have good impact factor (in Dravyagun, Panchkarma and Shalya Tantra. Faculty members are also involved in many research projects. Some of the Research projects are mentioned below:

- **Project on development of Herbal Garden** on 70 acres of land at CBPACS. Concept plan worth Rs. 20.17 Crore submitted to GNCTD and NMPB sanctioned Rs. 52 lacs for establishment of herbal garden. Out of Rs. 28 lacs received so for, Rs.20 lacs have been utilized.

- **Project on Ayurgenomics** worth 01 crore (44 lacs + equipments worth approx. 70 lacs) in collaboration with CSIR-Trisutra has completed in 2016.

- **Centre for Neuromuscular Disorder** (CNMD) in the Deptt. of Balroga: about 551 patients with muscular dystrophy registered.

- CCRAS Project – Development and Validation of Prakriti Assessment Questionnaire/Scale completed.

It may be mentioned here that the research data is not stored appropriately.

Additionally, the members of faculty have also participated in conferences both national and international. While some have attended more, some have none, the number seems to be good.

Table 6
No. of conferences / seminars attended by the faculty members

Year	National Conferences		International Conferences	
	Number	No. of Faculty	Number	No. of Faculty
2016	62	22	10	8
2017	99	25	9	8

Faculty members get Academic leave for 10 days every year to attend seminars / conferences / academic activities.

Infrastructure and Upkeep

The institute is spread in a huge 95 acres of lush green eco-friendly campus with total built up area of 47,150 Sq.meters. The institute has separate academic and hospital block each having 4 storied building with central AC plant in basement of hospital complex. The institute has five lecture theatres and 01 seminar hall equipped with audio visual facility.[17] Other amenities are- separate boys and girls hostels, doctors' hostel, central library, sports ground, canteen and housing complex. The entire building is safe with fire alarm system and extinguishers.

- The diagnostic centre of the hospital of Sansthan has centralized clinical laboratory which is well equipped with automatic and semiautomatic analyzer.
- Diagnostic centre also has X-ray unit and Ultra Sonographic unit,
- Institute is covered by CCTV surveillance.
- For Uninterrupted power supply, Sansthan has well equipped by 2 DG sets of 750 KVA.
- Equipments' average down time was Nil.

Key challenges-

- No Telephone land line from MTNL.
- No Piped Water supply from Delhi Jal Board.
- No Proper Approach Road.
- Non availability of Radiologist despite repeated advertisements.
- Non-availability of LAN facility in the institute.
- No Ambulance facility.

Patient Care Services

The trends of OPD attendance for various years were analysed and the results of the table 7 are displayed in graph -figure1.

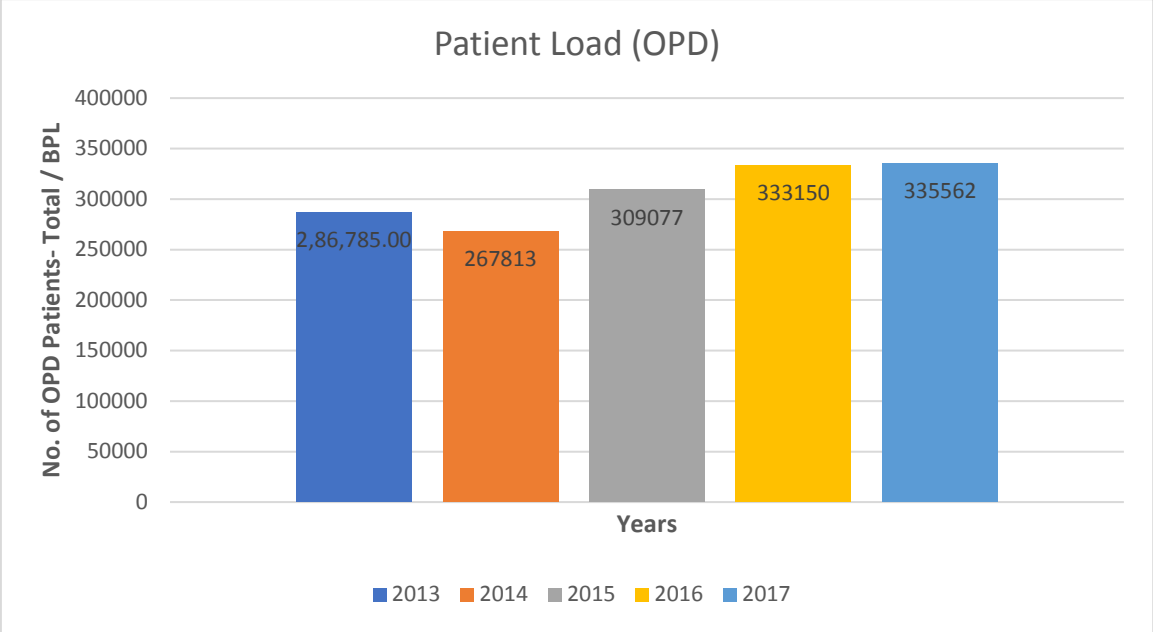
Table 7
Incidence of Patients at OPD

Year	2013-14	2014-15	2015-16	2016-17	2017-18
Number of Patients	286785	267813	309077	333150	335562

[17] In one of the classrooms, the projector was not working.

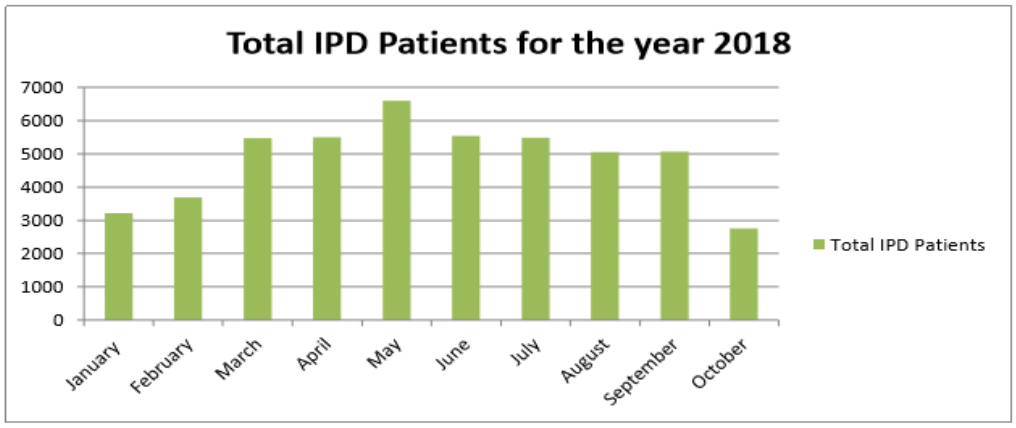
Number of OPD attendance in the hospital was 286785patients in 2013-14, this number was 335562 in 2017-2018. So, in 5 years' time, it has shown an increase of 17%. However, it may be mentioned that the hospital has huge locational disadvantage and reaching there for patients from the city is not easy. In fact, most of the patients are from nearby areas and in some cases from outside Delhi.

Figure 1
Year wise OPD attendance



Bed Occupancy

Ayurveda is different in nature that admission in wards can be planned by the patients and there is seasonality involved. For example, patients may not prefer festival time or due to personal reasons because normal treatments range from 3-12 days. So, occupancy is 100% at times and very low at different points of time. It can be seen from the following picture:



Source: CBPACS website

Medicines

As per the information given by the institute 100 percent of medicines were supplied to the patients against prescribed. It is also because of the GNCTD order that the patients be given the medicines from the hospital. The hospital management keeps an inventory for the purpose and procures its drugs largely from the government companies.

Patient Facilitation

- More than 100 Signages are well placed for direction.
- Sufficient space available for patient and their attendants
- OPD & Pharmacy area, Ward & Canteen services, Token Display, Electronic Displays for patient awareness and education are there in the hospital.
- Priority arrangement for senior citizens and women are earmarked with separate counters.
- Ramps are constructed for disabled people.
- For cerebral palsy patients waiting time for the services is 6 months as there are only 20 beds available and each patient requires minimum 6-8 days sittings.

Patient feedback

In accessing healthcare facilities, the quality of services as per patient's satisfaction is an important factor. Patients were interviewed with the help of pre-tested semi-structured interview schedule. It was observed that:

1. Respondents felt great with the registration system and good for locating departments whereas they felt ok for reaching the hospital.
2. Respondents felt ok with the waiting time for test and examinations, report collection, and for meeting the doctor.
3. Respondents were fully satisfied with the availability of doctor, nurses, attendant/staff, drugs/medicine, drinking water, and parking facility. They rated their experience as great.
4. It is worth mentioning that all respondents felt great with medical advice, listening by Doctors, explanation of assessment and treatment.
5. Feedback received for nurses, other paramedical staffs on interaction with patients are well appreciated. The queries are well answered and respondents felt great and satisfied with it.
6. Respondents felt great with the Payment for OPD services, IPD services and diagnostics.

7. It is equally important to note that respondents felt great with the cleanliness of building, IPD room, wards & corridors along with safety, comfort and privacy.

Table 8
Patients Experience Feedback

Facilities	Average Experience	Facilities	Average Experience
Ease of getting care:		***Nurses and Medical Assistants:***	
Registration system	Great	Friendly and helpful to you	Great
Convenience in reaching hospital	Ok	Answers your questions	Great
Convenience to locate various departments	Good	***All Others:***	
Waiting:		Friendly and helpful to you	Great
Time for registration	Great	Answers your questions	Great
Waiting time for meeting with the doctor	Ok	**Payment for:**	
Waiting time for test and examinations	Ok	OPD services	Great
Waiting time for report collection	Ok	IPD services	Great
Waiting time for hospitalization and major surgeries	Good	Diagnostics	Great
Availability of:		Any other payments	Great
Doctor	Great	**Facility**:	
Nurses	Great	Neat and clean building	Great
Attendants/staff	Great	Comfort and Safety while waiting	Great
Drugs/medicines	Great	Privacy	Good
Drinking water	Great	Cleanliness of washrooms	Good
Canteen facility	Good	Cleanliness of IPD rooms	Great
Parking facility	Great	Cleanliness of wards	Great
Other supplies/consumables	Good	Cleanliness of corridors	Great
Staff:			
Provider: (Physician)			
Listens to you	Great		
Gives enough time with you	Great		
Explains what you want to know	Great		
Gives you good advice and treatment	Great		

Outreach

The awareness about the institute is very low. The problem is compounded by its locational disadvantage. Even nearby metro is far off and auto or cabs are reluctant to go there to drop patients / visitors. DTC has recently started buses from the Hospital on two routes. To provide the medical facilities to the suffering patients at their doorsteps, Sansthan regularly organises medical camps and children health check-up programmes in nearby villages and slum areas of

the city under the banner " **Aspatal Aapke Dwar".** So far approx. 50 such camps have been set up in last 5 years (i.e. @ once per month).

HMIS and e- governance

The institute has its website which gives details about the hospital and some of its activities, though it is not fully updated. However, status of e-governance in this hospital appears to be in infancy. Most of the items are in non-compliance as shown in following table except hospital website and registration which is functional.

Table 9
Status of HMIS

S. No.	e-Governance	Functional (Yes/No)
1.	Hospital's website	Yes
2.	Registration	Yes
3.	Appointment scheduling	No
4.	Consultation	No
5.	Post consultation	No
6.	Billing	No
7.	Pharmacy	No
8.	Assets management	No
9.	Hospital finance and accounts	No
10.	E-Office	No
11.	ERP/SAP Solution	No
12.	Inventory management system	No

Teaching

The institute is currently running a graduate program (B.A.M.S) with annual intake capacity of 100 students. The institute is affiliated to Guru Gobind Singh Indraprastha University, recognized by Central Council of Indian Medicine (CCIM) and approved by Department of AYUSH, Govt. of India. Subsequently the institute has planned to start PG diploma, M.D/M.S and Ph.D program in various specialities of Ayurved in the coming years.

CCIM has sanctioned PG courses in five departments with intake capacity of 29 students. The five departments are -

1.Kriya Sharir (6 seats)

2. Rognidan evum Vikriti Vigyan (6 Seats)

3. Kayachikitsa (6 Seats)

4. Panchkarma (5 Seats)

5. Rachna Sharir (6 Seats)

The college gained International status within one year of its existence with Govt. of India allotting five seats in BAMS course for foreign students from the year 2011. Delegations from Germany, Sri Lanka, USA, Japan, South Korea, Latvia, Trinidad & Tobago, France, Italy, Indonesia and Iran have visited the institute.

Students are satisfied with the teaching and various facilities provided to them but they complained about hygiene in the canteen. Because of no mess in the hostel they have to spend their lot of time for ordering food or going out for the food.

Financial Management

Institute's budgetary support (Grant-in-aid) has increased in 2017-2018 and receipt is showing an increasing trend as shown in table 10.

Table 10
Receipt of CBPACS

Year	Budgetary Support (Grant-in-aid)	Receipt	Donation/ Contribution	Total
2013-14	228750000	17525463	2100	246277563
2014-15	140000000	27833137	-	167833137
2015-16	160100000	31239513	51500	191391013
2016-17	149900000	51270443		201170443
2017-18	410000000	48020415	**-**	458020415

Source: CBPACS

Besides the GIA, fees from the students is a substantial source of income. Capital expenditure is incurred as per requirement/availability of funds and varies accordingly (Table 11). Mandatory audit is done as per norms.

Table 11
Pattern of Expenditure

(Rs.)

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Creation of Asset	113852938	2724243	5311575	19376412	4062598
GIA Salary	88220451	111862290	117995710	129079673	211433950
GIA General	72731264	57418142	93351562	111528289	217362842
Total	274804653	172004675	216658847	259984374	432859390

Source: CBPACS

Funds have never been a problem and the Sansthan is able to run its operations. However, as mentioned earlier many service benefits are not available to its employees. If that is also factored in, some more money would be required.

User charges

CBPACS is charging Rs 10 for new registration which is valid for 3 months. Charges for beds are Rs 2000 per bed per day for single bedded private ward, Rs 750 per bed per day for two bedded private ward, Rs 400 per bed per day for three bedded private ward and Rs 30 per bed per day for general ward.

Key Issues

1. The MoA of the Sansthan is very ambitious and seeks to establish an Ayurveda Centre of teaching, research and patient care of the world standards. While it has been able to attract good faculty, it is facing organizational issues. The responsibility of management, administration, direction and control has been vested in the GC and not the Director in the MoA. Governance is affected as the meetings of GC and EC have not taken place as per schedule. It is also due to the fact that for most part of its existence, the post of full time Director Principal has been vacant and ad-hoc arrangements were worked out.
2. The issue above has also created problems in developing infrastructure. Work slows down because of unnecessary routing of files through AYUSH department and the Health Department of GNCTD, which was being done because there was no full time Director.
3. There is a lot of vacant space in the hospital building, which may be planned for. A proper planning requires a continuous role of full time functionaries, so recruitment to all vacant post would bring necessary manpower to do so. Recruitment of other allied technical and non-technical staff has also lagged behind.
4. Expansion Plan for the Sansthan had been approved in the 9th GC meeting in 2013, but till now, nothing has happened on that front.
5. While Recruitment rules have been approved and sanctioned posts are already there, recruitments are being made at slow pace. Service conditions of the employees have also been a source of dissatisfaction among them. Some employees left their jobs at the Sansthan for better jobs outside, except for 1 who was terminated. With increasing popularity of Ayurveda, there would be greater challenges in retaining the staff without adequate incentives.
6. The Institute has not been able to forge network with similar other national and international institutes. Exchange of scholars and collaborative researches need to be integral part of the planning, but it has not been focussed upon. For example, Delhi State Cancer Institute has adopted integrative approach in treatment of cancer, but there is presently no joint research or activity of the two.
7. It had also planned to have MD courses in all fields, but because of lack of sufficient faculty members, it could not be done.

8. Some external factors have also hampered the functioning of the Sansthan, like non availability of MTNL line, due to which there is no telephone, no fax etc. or DJB pipe line, or proper approach to the hospital etc.
9. Maintenance of the Sansthan was found to be wanting. There was lack of cleanliness and wards had seepage.

Recommendations

1. The Governing Council should be restructured to ensure timely intervention and decisive role.
2. GC should be 'Chaired' by a person who is conveniently available, and has experience and widely known in the field of Ayurveda, who can provide a vision for the growth of the Institute.
3. The meetings of GC need to be held on regular interval and decision taken should be final.
4. The responsibility of management, administration, direction and control should be vested in the Director with the advisory and policy approval role of the GC. Functional autonomy should be accorded to CBPACS in true sense.
5. Vacancies in the faculty and staff should be filled with immediate effect so that the expansion plan already approved can be started.
6. The Institute needs to devise strategies for retention of the employees including various incentives available to the staff in premier institutions. Payments to faculty need to be restructured to motivate the faculty to stay and do their work with passion and sincerity.
7. HR (Human Resources) Rules should be framed, which should clearly specify appointment, promotion, rotation, leaves, perks, assessment procedure, incentives and penalties.
8. Pooling and cross sharing of faculty amongst all the 8 super specialty hospitals and other hospitals should be planned.
9. Faculty should be encouraged to carry out sponsored research for which suitable incentives should be framed to attract projects and retain faculty within the institute.
10. Scholarships for research should be at par similar to that obtaining in other premier institutions.

Annexure-I

Visits and Contacts during the Third-Party Audit

Sl. No.	Hospital Name and Address	Secretary/ Director/Principal	Nodal Officer	Meetigns with Faculty/ Paramadics/ Students/ Patients
1	Health and Family Welfare Department, 9th Level, A-Wing, IP Extension, Delhi Secretariat, Delhi - 110002	Sh Sanjeev Khirwar, IAS (Tel: 011-23392017)	Shri J.P. Sharma (Mob: 9717233552)	03-12-2018, 25-01-2019
2	Chacha Nehru Bal Chikitsalaya Govt. Of NCT of Delhi. Geeta Colony, Delhi -110031	Dr. Anup Mohta (Mob: 9643308200) Dr. B L Sherwal (from Oct 29, 2018) (Mob: 9868168400)	Dr. Mamta Jaju (Mob: 9643308217)	06-12-2018, 19-09-2018
3	Chaudhary Brahm Prakash Ayurved Charak Sansthan, CBPACS Road, Khera Dabar, New Delhi, Delhi 110073	Prof (Dr.) Vidula Gujjarwar (Tel: 011-65172030)	Dr. Yogesh Pandey (Mob: 9013858523)	04-12-2018, 28-02-2018
4	Rajiv Gandhi Super Speciality Hospital, Tahirpur Road, Dilshad Garden, New Delhi-110093	Dr. B L Sherwal (Mob: 9868168400)	Ms. Shilpa Bhardwaj (Mob: 9899198820)	15-10-2018, 23-02-2018
5	Institute of Human Behaviour and Allied Sciences, Post Box No 9520, Jhilmil, Dilshad Garden, Delhi-110095	Prof. (Dr.) Nimesh G. Desai (Mob: 9868396800)	Shri S.K. Singh (Mob: 9868396900)	16-11-2018
6	Maulana Azad Institute of Dental Sciences, Maulana Azad Medical College Campus, Bahadur Shah Zafar Marg, New Delhi-110 002	Dr. Mahesh Verma (Mob: 9811099095)	Shri Arun Deep Lamba (Mob: 9654700980)	09-10-2018, 27-09-2018, 19-09-2018
7	Delhi State Cancer Institute, 8, GTB Hospital Complex, Dilshad Garden, New Delhi-110095	Dr. R.K. Grover (Mob: 9810170405) Dr. B.L. Sherwal (from Jan 9, 2019) (Mob: 9868168400)	Dr Surinder Arora (Mob: 8800190660)	19-11-2018
8	Institute of Liver and Biliary Sciences, D-1, Acharya Shree Tulsi Marg, Vasant Kunj, New Delhi-110070	Dr. Shiv Kumar Sarin (Tel: 011-26706700)	Col. Vimal Rai Sharma (Mob: 9818862455)	25-10-2018
9	Janakpuri Super Speciality Hospital, C2B, Janakpuri, Lal Sai Mandir Marg, opposite Dussehra ground, New Delhi, 110058	Dr. (Prof.) Man Mohan Mehndiratta (Tel: 011-28504104)	Dr. Ashok Kumar (Mob: 986807261)	22-10-2018

Annexure-II

Third Party Audit of Eight Autonomous Hospitals of Government of NCT of Delhi

Data Sheet

Sponsored by

delhi.gov.in
Govt. of NCT of Delhi

Government of National Capital Territory of Delhi

Conducted by

Indian Institute of Public Administration
IP Estate, Ring Road, New Delhi

THE DATA TO BE PROVIDED BY THE HOSPITAL (more rows or columns may be added as per requirement) (Please write N.A. about items not applicable or add relevant items specific to the hospital)

1. Introduction

1.1. Name of Hospital:_____

1.2. Head of Organization (Hospital):_____

1.3. Contact Details of Head of Hospital

a. Phone:_____

b. Mob:_____

c. Email:_____

d. Fax:_____

1.4. Nodal Officer for the Study (Name):_____

a. Mob:_____

Date:_____ Signature & Seal of Nodal Officer

2. Governance structure

2.1. Objectives for setting up of the hospital as set out in the Memorandum of Association.

2.2. Composition of the Executive Committee and frequency of meetings

2.3. Date of first meeting of EC and other dates of meetings of EC. Total held so far.

2.4. Composition/Details of any other committee involving state government officials or persons outside the hospital

2.5. Long term and short term plans along with measurable targets

2.6. Have following positions ever remained vacant (in last 10 years or since inception) – Specific period separately

Positions	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Full time Director										
Full time Deputy Director										
Chief Financial Adviser										
Chief Vigilance Officer										

3. Human Resources

3.1. Faculty and doctors

a. Sanctioned and present strength department wise

Department	Faculty Posts (As on August, 2018)	
	Sanctioned	Deployed

b. List of Posts scrapped since inception, if any

c. List of faculty members department-wise and their date of joining

Name of Faculty / Doctor	Date of joining	Work experience before joining	Period of present appointment	Type of Appointment (Regular / Contractual)

d. Number of publications by the faculty members / Doctors

Publications	2013	2014	2015	2016	2017
Total Number					
Publications having Impact Factor ≥4					
Citations till date					

e. List of Conferences attended by the faculty members / Doctors in last 2 years

Name of Faculty / Doctor	Year	Name of Conference	National/ International	Duration	Sponsored (In-house/Outside)
	2016				
	2017				
	2016				
	2017				

f. List of Conferences organized by the Hospital in last 3 years

Year	Name of the Conference	National/ International	Duration	Sponsored (In-house/Outside)
2015-16				
2016-17				
2017-18				

g. Capacity building programmes for the faculty

Year	Name of the Programme	Organized at	Duration	No. of participants (nominated from the hospital)	Sponsored (In-house/Outside)
2015-16					
2016-17					
2017-18					

h. Details of faculty exchange programmes, if any (Also specify collaborating institute)

3.2. Para medical staff

a. Sanctioned and present strength: Position and Department wise – Both Regular and Contractual

Department:_____

Position	Sanctioned	Deployment	
		Regular	Contractual

b. Capacity building programmes for the staff

Year	Name of the Programme	Organized at	Duration	No. of participants (nominated from the hospital)	Sponsored (In-house/Outside)
2015-16					
2016-17					
2017-18					

3.3. Administrative staff

a. Sanctioned and present strength position and department wise – both regular and contractual

Department:_____

Position	Sanctioned	Deployment		All
		Regular	Contractual	

b. Capacity building programmes attended

Year	Name of the Programme	Organized at	Duration	No. of participants(nominated from the hospital)	Sponsored (In-house/Outside)
2015-16					
2016-17					
2017-18					

3.4. Faculty and staff turnover ratio in last 5 years

Year	Name of Employee	Designation	Years of service in hospital	Reason for leaving
2013-14				
2014-15				
2015-16				
2016-17				
2017-18				

3.5. List of awards and recognitions for the hospital in the last 5 years

4. Services being provided

4.1. List of services being provided at the hospital at present

4.2. OPD timings and lab / tests timings

Service	Timings	Capacity	Average Scheduling (same day / after no. of days)	Report availability (after no. of days)
OPD				
Medicines delivery				
Radiology				
Ultrasound				
Pathology				
CT scan / MRI				

4.3. Patient load (OPD/IPD)

Name of Department	No. of OPD Patients- Total / BPL					No. of IPD Patients- Total / BPL				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18

Name of Department	No. of Major Surgeries- Total / BPL					No. of Minor Surgeries- Total / BPL				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18

4.4. Bed capacity utilization

Name of speciality	No. of beds sanctioned (Year)	No. of beds established (Year)	No. of Beds Functional				
			2013-14	2014-15	2015-16	2016-17	2017-18

Name of Department	Bed occupancy- Total / BPL					Average length of stay- Total / BPL				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18

4.5. Availability of medicines

a. Percentage of medicines supplied to the patients against prescribed

4.6. Referral and Critical cases handled

Name of Department	No. of Inward referral		No. of Outward referral	
	2016-17	2017-18	2016-17	2017-18

	Unplanned Returns to OT within 24hrs		Cancelled/Postponed Surgeries		Hospital Acquired Infection Cases	
Departments	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18

Departments	Hospital Death Rate				
	2013-14	2014-15	2015-16	2016-17	2017-18

4.7. Patient record management (system) – Please give details

4.8. Extent of computerization and online services

Sr.	e-Governance	Functional (Yes/No)	Since	Service Provider	Training to Staff (Yes/No)
13.	Hospital's website				
14.	Registration				
15.	Appointment scheduling				
16.	Consultation				
17.	Post consultation				
18.	Billing				
19.	Pharmacy				
20.	Assets management				
21.	Hospital finance and accounts				
22.	E-Office				
23.	ERP/SAP Solution				
24.	Inventory management system				

Frequency of updation of website :- Content In-charge:-

4.9. m-Governance

a. Existing WhatsApp Groups (Please Specify)

4.10. Patient friendly measures (Details and since when)

a. Signages

b. Place for sitting

c. Place and facilities for attendants

d. Priority arrangements for senior citizens and women

4.11. Disabled friendly measures

a. Construction of ramps

4.12. Coordination with other hospitals and agencies including NGOs working in the health sector- list of such entities and brief about the arrangements with them

4.13. List of out-sourced services

Service	Cost of outsourcing (₹)		
	2015-16	2016-17	2017-18

5. Infrastructure

5.1. Key Equipments and AMC / CMC

Please give equipment wise details of the hi-tech costly bio-medical equipment/Software costing more than 1 lakh in various departments?

Sr. No.	Name of equipment / Software	Date of Purchase	Functional Since (Date)	Cost of Equipment (Rs.)	Period of AMC/CMC	Average downtime in last 2 years	% of CMC/ AMC cost to total

5.2. List of equipment / software sanctioned but not purchased and the reasons thereof

5.3. Power back up- Total power requirement and List of facilities supported through power back-up

	Jan 18	Feb 18	Mar 18	April 18	May 18	June 18
Power Consumption (units)						
Electricity charges (₹)						
Support from power backup (units)						
Expenditure on power back-up (₹)						

6. Financials

6.1. Type of Accounting System (Single Entry/Double Entry)

6.2. Type of Budget (Line of Incremental/Normative and Performance)

6.3. Structure of Budget

6.4. Sources of Income

Year	*Receipt*							
	Plan				*Non-Plan*			
	Budgetary Support	*CSR*	*Donation/ Contribution*	*Total*	*Budgetary Support*	*Fee & Charges*	*Objection*	*Total*
2013-14								
2014-15								
2015-16								
2016-17								
2017-18								

6.5. Expenditure heads

Item	2013-14	2014-15	2015-16	2016-17	2017-18
Capital Expenditure					
Salaries					
Other O&M Expenditure					

6.6. User charges/Fee (list/rates of charges of various services) – Attach for last five year

6.7. Time lag in payments to vendors

6.8. Latest Report of Audit

6.9. Audit objection in the last 5 years

Years	No. of Objection	No. of Objection Attended
2013-14		
2014-15		
2015-16		
2016-17		
2017-18		

6.10. Budget and Actual on Capacity Building for (a) Faculty, (b) Para Medical and (c) Administrative Staff for last three years.

Staff	Budget	Actual Expenditure
Faculty		
Para Medical		
Administrative		
All		

7. Grievance Redressal Mechanism

7.1. Mechanism

a. No. of complaints received in last 3 years

(i) By patients

(ii) By faculty / doctors and staff

7.2. Patient feedback

a. Format used for collecting feedback

b. Reports of the feedback in last 1 year

8. Others (Kindly provide details about the following)

8.1. Bio medical waste management

a. Total waste generation per day

b. Process of disposal

c. Name of the agency contracted for disposal

8.2. Rain-water harvesting

8.3. Sewage treatment

8.4. Solar energy

a. Capacity installed

b. Cost of installing solar system

c. Power generated

9. Academic details (wherever applicable)

9.1. List of UG and PG courses, along with approved intake and capacity

9.2. Hostel for students

Name of the hostel	Capacity		Occupancy	
	Rooms	Students	Rooms	Students

9.3. No. of classrooms, auditorium and labs

9.4. Other facilities

9.5. No. of batches so far who completed their courses

9.6. No. of Research scholars

Year	No. of registration	No. of who completed research	No. of who discontinued
2012-13			
2013-14			
2014-15			
2015-16			
2016-17			
2017-18		-----	

10. Visibility

10.1. Publicity measures

10.2. Outreach programmes organized by the hospital in last 3 years

Documents to be provided

1. Memorandum of Association
2. A copy of the organizational structure/chart
3. Minutes of the EC meetings of the last 2 years
4. Copy of government directives in last 2 years
5. DPR of the hospital
6. Copy of Recruitment Rules
7. Copy of Faculty and Staff Development Policy
8. Copy of Promotion policy and Rules
9. Income and expenditure statements of the last 5 years
10. Annual report of hospital for last five years
11. Annual/Monthly hospital statistics (bulletins)
12. Format of performance assessment of faculty and staff

Annexure-III

INDIAN INSTITUTE OF PUBLIC ADMINISTRATION

Third Party Audit of Eight Autonomous Hospitals of Government of NCT of Delhi

Hospital: _____

Patient Satisfaction Survey

Name (optional) : _____

Age : _____

Mobile :

Gender :

Male	Female	Transgender

Poverty status

APL	BPL

Monthly Income (Rs)

Below 25000
25000-50000
50000 and above

Availing services for

OPD	IPD	EMERGENCY	DIAGNOSTIC

Address : _____

Please circle how well you think we are doing in the following areas:	**Great 5**	**Good 4**	**Ok 3**	**Fair 2**	**Poor 1**	**Not Available**	**Not Applicable**
Ease of getting care:							
Online registration system	5	4	3	2	1		
Offline registration system	5	4	3	2	1		
Convenience in reaching hospital	5	4	3	2	1		
Convenience to locate various departments	5	4	3	2	1		
Waiting:							
Time for registration	5	4	3	2	1		
Waiting time for meeting with the doctor	5	4	3	2	1		
Waiting time for test and examinations	5	4	3	2	1		
Waiting time for report collection	5	4	3	2	1		
Waiting time for hospitalization and major surgeries	5	4	3	2	1		
Availability of:							
Doctor	5	4	3	2	1		
Nurses	5	4	3	2	1		
Attendants/staff	5	4	3	2	1		
Drugs/medicines	5	4	3	2	1		
Drinking water	5	4	3	2	1		
Canteen facility	5	4	3	2	1		
Parking facility	5	4	3	2	1		
Other supplies/consumables	5	4	3	2	1		
Staff:							
Provider: **(Physician)**							

Please circle how well you think we are doing in the following areas:	**Great 5**	**Good 4**	**Ok 3**	**Fair 2**	**Poor 1**	**Not Available**	**Not Applicable**
Listens to you	5	4	3	2	1		
Gives enough time with you	5	4	3	2	1		
Explains what you want to know	5	4	3	2	1		
Gives you good advice and treatment	5	4	3	2	1		
Nurses and Medical Assistants:							
Friendly and helpful to you	5	4	3	2	1		
Answers your questions	5	4	3	2	1		
All Others:							
Friendly and helpful to you	5	4	3	2	1		
Answers your questions	5	4	3	2	1		
Payment for:							
OPD services	5	4	3	2	1		
IPD services	5	4	3	2	1		
Diagnostics	5	4	3	2	1		
Any other payments	5	4	3	2	1		
Facility:							
Neat and clean building	5	4	3	2	1		
Comfort and Safety while waiting	5	4	3	2	1		
Privacy	5	4	3	2	1		
Cleanliness of washrooms	5	4	3	2	1		
Cleanliness of IPD rooms	5	4	3	2	1		
Cleanliness of wards	5	4	3	2	1		
Cleanliness of corridors	5	4	3	2	1		
Dharmashala	5	4	3	2	1		
Confidentiality:							
Keeping my personal information private	5	4	3	2	1		
The likelihood of referring your friends and relatives to facility:	5	4	3	2	1		
Overall Satisfaction	5	4	3	2	1		

Did any patient welfare official visited you during your admission period? Yes ____ No ___

Do you consider this hospital your regular source of care? Yes ____ No ___

What do you like best about the hospital?

_____

_____

_____

What do you like least about the hospital?

_____

_____

_____

Provide some suggestions for improvement?

_____

_____

_____

Annexure-III

Annexure-IV

Feedback from Hospitals

Institute of Liver and Biliary Sciences (ILBS)

S. No.	Key Issues/Recommendations	Reply
1	The second rung of leadership has not been planned. This may create succession problems.	Health & Family Welfare Department, GNCTD to look as this is a policy decision.
2	The Institute got its Business Model approved by the Council of Ministers to have paying patients. Due to this, it has been able to generate significant revenue on its own. However, this business model has led to exclusion of poor in accessing the services. There is still scope of more patients that can be treated with the given infrastructure. It has been more than a decade that this model was planned.	The ILBS has a Business Model duly approved by Cabinet vide its decision Note No 1071 dated 23 May 2006. The overall vision is to develop a world class State-of-the-Art facility, a dedicated research centre with advance training, diagnosis and treatment in the field of liver and biliary diseases. As per the business model, the capital cost and the cost of procuring medical equipments for both Phase-I & Phase II would be borne by the GNCTD of Delhi. However, the running cost will be given as Grant- in-Aid annually till 8 years of operationalization of the Hospital or such time, ILBS achieves self sustenance. The Business Model mandates that all patients would be paying patients (Pvt, Semi Pvt and Wards). Further, the Govt of NCT of Delhi also reimburses the cost of treatment to ILBS of all patients who are Delhi residents and are holders of Govt issued NFS Card or the income certificate issued by the competent authority of the Revenue Department. The institute is providing free treatment to upto 10% of IPD patients and upto 25% OPD patients belonging to the EWS category.
3	A modified Business Model may also help its expansion plans. A lot of sanctioned posts are available for filling up, which may be speeded up if there are more patients and which would also lead to increase in intake in various courses and thus more teaching and research.	A large number of sanctioned posts are still lying vacant under various categories. This is because of the fact that at present, we have operationalized nearly 220 beds in phase I and phase II (a few areas only) against the total planned bed capacity of 549 beds, which is likely to be made fully functional by the year end. At present, the Institute has adequate number of staff as per the functional hospital beds and the patients load and the vacant posts shall be filed up as and when, more hospital beds are operationalized. This will also increase the students intake under various courses. For the purpose, the Institute has already requested MCI for increase in the number of seats in various super speciality courses.

4	Revenue sharing is not available to entire staff. This may create resentment in staff in long term. Besides that, in the long run there is always danger of unethical practices creeping in, if the revenue generation is emphasized beyond a point.	The revenue sharing is given to all the faculty & consultants based on the revenue sharing model which has been duly approved by the cabinet vide its decision No 2505 dated 01 Sep 2017 and concurred by Hon'ble Lt Governor on 25 Sep 2017. Further, the same Cabinet Decision provides that in order to compensate for working additional days per month on account of more number of working days and lesser number of gazetted holidays & earned leaves and full day working on Saturdays at ILBS, grant of extra remuneration equal to maximum 5 days salary per month to all other ILBS staff, who will not be paid revenue sharing, for putting in extra hours and days of work and helping in generation of extra revenue. The same has been implemented from the succeeding month of approval of the Cabinet.
5	Similarly, working conditions are also very stiff. Long working hours every day and less leaves may create stressful conditions for the employees. Studies have indicated that such situations may lead to gradual decrease in productivity.	The Institute observes the normal working hours for eight and half hours a day with thirty minutes lunch break. The actual hour of working is forty-eight hours a week in accordance with law. Keeping in view the vision and goal of the Institute where it has been envisaged as a world class autonomous, professionally managed, self –sustaining teaching hospital, it is imperative that a fundamental departure is made from the Government controlled autonomous institution. Hence, considering the appointment on contractual basis for all the staff for four years, further extendable on performance, the applicability of all kind of leaves available to others outside is restricted at this Institute, for which adequate monetary compensation has now been provided in the form of revenue sharing or grant of extra remuneration.
6	While outreach programmes are conducted by the Institute, its visibility is among the people is low. There are many who are not even aware of the existence of the Institute. There are enough competitors in the market, who may be getting advantage of this.	Institute conducts various skill development and tele-learning programs under Project ECHO and PRAKASH. Similarly, outreach programs are being regularly organized under Project EMPATHY and Health Liver Healthy Delhi projects. Details of the same are enclosed at Appendix - A
7	There is presently no referral of cases from Delhi Government & other Government bodies e.g. ESI / Railways etc.	There are referral of cases on routine basis from various State Govts, ESI and other Govt bodies since the Institute is on the panel of CGHS and DGEHS.
8	While the composition of GC is good and must be retained, the chairmanship may be thought of on the lines that has now been planned for AIIMS. A reputed Hepatologist may be made the chairman of the GC, who would be in a better position to assess the needs of the Institute.	Health & Family Welfare Department, GNCTD to look, as this is a policy decision.

9	Leadership planning at the Institute level needs to be done, so that operations may be continued smoothly with the change in management.	Health & Family Welfare Department, GNCTD to look, as this is a policy decision.
10	A relook at the Business Model may help it get more patients. Some patients who can afford it may be charged even higher, as is being done in private hospitals, but for others the rates may be pegged at the affordable levels.	The ILBS has a Business Model duly approved by the cabinet vide its note No 1071 dated 23 May 2006. The ILBS follows a multitier tariff approach whereby rates of Semi Pvt ward are taken as standard (i.e. 60% of SGRH, New Delhi rates) and rates of Pvt/ Deluxe/ VIP wards are taken as higher multiple of the Semi Pvt rates whereas rates of general/economy ward are taken at a lower multiple, thereby achieving equitability in charging patients coming from different socio economic strata background.
11	Attrition rate needs to be brought down.	a) As per the Bye Laws of the Institute, the appointment of all the staff in ILBS is made on contractual basis for four years extendable based on performance. The contractual service conditions might have prompted some of the staff to avail the opportunity for the post on regular basis outside the Institute. However the Institute has managed to keep the Overall Attrition Rate very low excluding Residents who are appointed on adhoc basis. The Institute provides ample opportunity for the faculty in particular to keep themselves abreast of latest developments by attending various conferences/seminars/research/ training etc. Currently the Institute has adequate number of staff as per the functional hospital beds and the patients load. The advertisements for filling up the additional posts are published as and when, more hospital beds are operationalized and the appointments are made as per the approved selection procedure. b) Since the service conditions are contractual in nature, the recommendation of IIPA in next para for career progression of internal employees to retain the professionals, may bring the attrition down further in the longer run.
	The HR department may plan career progression of the employees, so that if the internal candidates are eligible, the unfilled higher level posts may be advertised to enable them to apply.	a) The Institute has the provision for internal candidates to apply as and when the vacancy is advertised for a higher post and if the staff fulfils the eligibility criteria. The Internal staff is also eligible for relaxation of age upto 5 years as per HR Manual. Total 28 faculty and 39 non-faculty eligible staff so far have competed with external candidates and have been selected for the higher posts by duly constituted selection committees. b) Besides the selection through open advertisement as mentioned above, the recommendations of IIPA regarding the Career Progression policy for internal staff for merit based promotion to the eligible

		faculty and staff, who have performed consistently over the number of years, will be placed before the Governing Council for their consideration.
12	Revenue sharing mechanism may be altered slightly to create a pool, where a fix percentage of revenue generated is put from which, the employees not covered presently, also get some share.	The revenue sharing is given to all the faculty & consultants based on the revenue sharing model which has been duly approved by the cabinet vide its decision No. 2505 dated 01 Sep 2017 and concurred by Hon'ble Lt Governor on 25 Sep 2017.
13	Working conditions need to be modified to create a stress free environment for the employees. Some perks may also be planned, which are currently not available in the Institute, but available to others outside and which are important in the city context.	The Institute will place the proposal for following perks for the staff for consideration of Governing Council: i) Accommodation facilities for the faculty and Non faculty posts in nearby vicinity of the Institute ii) Free Annual Health Check up for Self and family members iii) Provision for Bus facilities to staff from metro station to the Institute and back
14	The Institute needs to establish linkages with other hospitals and agencies to get referral patients. It also needs to increase its visibility through active campaigns in various locations not only within the city but in other cities also. This may require an exclusive business development team, as they are there in private hospitals. ILBS may think of it as it is functioning in corporate mode.	The hospital has been making constant efforts in getting the patients from other Delhi hospitals referred to ILBS for treatment of Liver and Biliary diseases including Liver/Kidney transplants. In this regard, communication has been sent to the administrative authorities of Delhi hospitals however, the response has not been encouraging. The hospital is providing these treatment facilities at highly subsidized rates compared to the corporate hospitals and it is requested that all such patients who require treatment for liver and biliary diseases may kindly be referred to the ILBS for availing the facilities.
15	No WhatsApp group existing	The institute has WhatsApp group for communication amongst doctors, nurses and paramedics for better monitoring of patients and facilitation. The facility is also being utilised for streamlining of hospital services to provide better patient care.

Rajiv Gandhi Super Speciality Hospital (RGSSH)

Chacha Nehru Bal Chiktsalay (CNBC)

SUBJECT: Promotional Policy for RGSSH & CNBC

1. Autonomous institutes were created with the vision to provide services of excellence at par with premier institutes of the country. As per Memorandum of Association (MOA), the affairs of the society shall be managed, administered, directed and controlled subject to byelaws and orders by the Governing Council.

"The Governing Council shall be the principal executive authority of the institute and shall generally carry out and pursue the objectives of the institute"

2. *As per MOA, clause 7.Human resource: Tenure of Appointment,*

"(7.1)Subject to the Government's general approval in this regard, Doctors, Nurses, Paramedical Staff, technical & allied healthcare staff & ministerial/executive staff, if not outsourced shall be engaged initially on contract for a period of 5 years with a notice period of 3 months from either side for severance of contract. Further extension will be based on annual performance appraisal report upto the age of superannuation in the Government of Delhi."

"(7.2) Extension of contract in respect of all categories of staff would be based on Annual Performance Report. For extension of the contract, redundancy/abolition of the post against which the personnel has been engaged would be taken into consideration"

Clause 31. Terms and conditions of Service of staff:

"Till the governing council frames Conduct Rules and Disciplinary Rules for their applicability on its Doctors and staffs, CCS Conduct Rules & CCS (CCA) Rules will be applicable." It also states that, "In this regard, the faculty & staff would be entitled to benefits on pattern in pre-eminent institutions"

A. Problems faced by these Institutes:

3. The contract is extendable till the age of superannuation but there is no mention of promotion for Faculty.
4. The salary was consolidated as per Govt. order no. F.No.03(137)/JSSH/Estt./2012/1982-92 dated 16.07.2014 as per the then AIIMS pay scale. Fixed remuneration was far above the salary given to other doctors at same post in other Delhi govt. hospitals to attract the super specialists in the hospital but lacked the benefits associated with the grade pay.

5. The 95 faculty posts were sanctioned as regular posts on running grade pay as per CHS. In addition, the competent authoriy has also approve that faculty may be hired on contractual basis on cconsolidated salary till the posts are filled on regular basis. The decision is herby reproduced as; "245. *Regarding the pay scales of Professors, Associate Professors, and Assistant Professors, the competent authority has approved the pay scals of Professors at Rs 2 lacs per month, Associate Professors at Rs 1.65 Lacs per month, and Assistant Professors at Rs 1.25 Lacs per month, in case these posts are filled on contract basis a per order no placed at pg 85/c. This has been concurred by Finance Department on pg 65/N."*
6. Mode of appointment is contractual in nature as per MOA. This leads to lack of sense of responsibility & commitment in the faculty.
7. Moreover, the faculty posts sanctioned for RGSSH are all for lateral entry/feeder cadre posts which result in the stagnation and no growth possibility for the faculty working in RGSSH.
8. There is no retention policy and that is resulting in reduced stability of the system.

B. **Purpose:** to formulate a Retention policy for the faculty working in autonomous institutes which will provide a favourable work environment, enhance self-esteem & promote growth of the Hospital.

C. Guidelines for Retention policy:

1. **Appointment of faculty on REGULAR basis:** As per MOA, clause no. 3(vi), "Appoint, employ and associate persons required for the purpose of the Institute permanently, temporarily, contractually or on honorary basis inter-alia to Professorships, Associate Professorships and Assistant Professorships, Research Scholars, Consultants, Advisors and to all other posts of various descriptions, outsourcing of support services and to pay them prescribed salaries, wages, honorariums, fees, etc", there is provision of permanent employment of staff. So, the Mode of appointment should be changed to REGULAR as is already being followed in IHBAS. It is also recommended if, a percentage may be fixed as per minimum requirements for appointment of some faculty on permanent basis and others on floating/contract basis.

2. **Pay Structure**: DSCI, IHBAS and MAIDS, ILBS has a salary structure based on grade pay instead of consolidated remuneration. It may be adopted for all the autonomous institutes. a higher pay structure as compared to peer groups on regular jobs is a lucrative model to attract faculty.

3. **Promotion of faculty:** All posts shall be considered as promotional posts with an automatic in-built system of promotion for faculty irrespective of vacancy status as below:

Sl. No		Requirement	Promotional Policy	Grade Pay
1.	**Assistant Professor**	**DM/Mch/DNB in super speciality MD/MS with 3 years Senior Residency**		**8700**
		After 3 years of completion, financial up gradation as per 7th CPC		
2.	**Associate Professor**	**Four years of teaching Experience as Assistant Professor or A total of 7 years of teaching experience after post-graduation**		**9000**
		After 3 years of completion, financial up gradation as per 7th CPC		**9500**
3.	**Professor**	**Six years as Associate professor or A total of 10 years of teaching experience after post-graduation**		**10500**

The post of additional professor has been deleted as it is not required to fulfill the MCI criteria.

4. As these are emerging institutes, relaxation in experience, publications and age may be provided as per recommendations of the selection committee on case to case basis.

Delhi State Cancer Institute (DSCI)

File No. DSCI-B013/3/2019-ADMN(DSCI)-O/o DIR(DSCI) (Computer No. 89563) 1

DELHI STATE CANCER INSTITUTES

- centres par excellence in the service of humanity
(A group of autonomous institutions under the Govt. of NCT of Delhi)

EAST: DILSHAD GARDEN, DELHI 110095
EPABX: +91-11-2213 5300, 2213 5700 FAX: +91-11-2211 0005
WEST: C-2/B, JANAKPURI, NEW DELHI 110058
EPABX: +91-11-2550 1111, 2554 1111 FAX: +91-11-25549999
Website: www.dsci.nic.in E-mail: dsc.delhi@yahoo.co.in

As per third party information				As per Delhi State Cancer Institute information		
Management Control and Follow up	Only 13 Governing council meetings held so far whereas 48 meetings supposed to hold.			Please see copy of MOA point No.11.3		
	Director post – Contractual					
Placement of Manpower		Sanctioned	Deployed		Sanctioned	Deployed
	Faculty	282	113	Director (Professor)	01	01
				Professor Emeritus in Medical Physics	01	0
				Professor	14	0
				Associate Professor	49	01
				Assistant Professor	50	08
				Senior Resident	102	58
				Junior Resident	67	60
Service conditions of faculty and staff	59% vacancy in the faculty post It is important to note that all faculties, resident doctors and staff positions created in DSCI are contractual in nature **as per MOA**. Faculty is appointed for a period of five year contract basis till the age of superannuation. No faculty recruitment and promotion has been done in last 5 years. No medical benefits.			Please see copy of MOA point No.25.3 and 25.4		

1

SUBJECT: Promotional Policy for Autonomous Institute viz. Delhi State Cancer Institute (DSCI)

1. Autonomous institutes were created with the vision to provide services of excellence at par with premier institutes of the country. As per Memorandum of Association (MOA), the affairs of the society shall be managed, administered, directed and controlled subject to rules, byelaws and orders of the Governing Council.

"The Governing Council shall be the principal executive authority of the institute and shall generally carry out and pursue the objectives of the institute"

2. *As per MOA, clause 25:Terms and Conditions of service of the staff at the Institute*

"25.1 These would be formed in detail by the Governing Council and form a part of the Byelaws. These would be, by and large, comparable to those applicable to similar categories of employees in other premier Institutions like the AIIMS, PDIMER etc."

"25.2 The employees of the Institute shall be classified into four functional categories on approval of the Governing Council"

"25.3 The four categories proposed are:

i. *Clinical and Teaching Staff*
ii. *Research and Scientific Staff*
iii. *Nursing, Paramedical and Technical Staff including dieticians, social scientists, Record keeping and Statistical Staff and other supportive staff like photographers, artists, peons, nursing orderlies, sweepers, gardeners, drivers etc.*
iv. *Administrative, Finance and Maintenance Staff including Housekeepers and Public Relation Managers."*

"25.4 ***Tenure of appointment:*** *The appointment of all categories of staff will be initially made for 2 years on contract/ probation. A review will be carried out at the end of 2 years to assess the suitability of the candidate for regular appointment thereafter or extension of probation or termination of the contract, as the case may be."*

"25.5 The Governing Council may sanction special allowances to any person/ category as considered necessary with respect to terms and conditions of service. The actual details of pay scales and allowances including special allowances will be

approved by the Governing Council taking into account the special needs and objectives of the Institute. Special privileges honorarium, allowances, payment etc. for specialists coming from overseas/ other states would be ensured. The Director, with the approval of the Governing Council, may appoint experts/ specialists as consultants for specific assignments requiring special expertise."

"25.6 ***Superannuation:*** *The age of superannuation for the Institute's staff shall be at par with other similar institutes in the country like the AIIMS, PGIMER, IHBAS, ILBS etc. It may be extendable, in exceptional cases as per rules, if the interests of the Institute so warrant, with the approval of the Governing Council."*

A. **Problems faced by these Institutes:**

1. The terms of appointment clearly state that after initial probation period of 2 years the appointment will be made regular or probation will be extended or terminated as per assessment made for suitability of the candidate. However, all appointments at the Institute have been made on contract basis and with discrepancies in the period of initial appointment viz. some candidates were appointed initially for a period of 5 years while others in the similar position were appointed for 1 year only, despite going through the same selection procedure against the same advertisement.
2. Even though the appointment can be made regular and superannuation age will like other premier Institutes there is no mention of promotion for Faculty. This has contributed to continued attrition of faculty and other staff.
3. The absence of promotional policy for faculty posts sanctioned DSCI has resulted in stagnation and no growth possibility for the faculty working at DSCI, some of whom have been working for more than 9 years at the same position/ designation.
4. There is no retention policy and that is resulting in reduced stability of the system.

B. **Purpose:** To formulate a Retention policy for the staff working in autonomous institutes which will provide a favourable work environment, enhance self-esteem & promote growth of the Hospital.

C. **Guidelines for Retention policy:**

1. **Appointment of faculty:** As per MOA, clause no. 25.4 "*The appointment of all categories of staff will be initially made for 2 years on contract/ probation. A review will be carried out at the end of 2 years to assess the suitability of the candidate for regular appointment thereafter or extension of probation or termination of the contract, as the case may be.*" There is provision of permanent employment of staff but all appointments are contractual in nature. The Mode of appointment should be changed to REGULAR as is already being followed in IHBAS & MAIDS.
2. **Promotion of faculty:** All posts shall be considered as promotional posts with an automatic in-built system of promotion for faculty, irrespective of vacancy status, and from the back date as of joining, as below:

S. No	Post	Qualification & Experience Required	Basic Pay + Grade Pay (6^{th} CPC) + Allowances as per AIIMS	Maximum Age Limit	Mode (Regular/ Contractual)	Publications
1.	Assistant Professor	In super speciality; DM/Mch/DNB AND In broad speciality; MD/MS/DNB with 3 years Senior Residency	15600-39100+GP 8000	50 Years	Selection/ Deputation Diverted	Nil
		After 3 years of	GP 8700			

		completion, financial up gradation as per 7th CPC				
2.	Associate Professor	Four years Experience as Assistant Professor Or A total of 7 years of teaching experience after post-graduation in broad speciality	37400-67000+ GP 9000	60 years	Promotion/ selection/ deputation/ Diverted	2 Publications in Index journal
		After 3 years of completion, financial up gradation as per 7th CPC	GP 9500	8700		
3.	Professor	Six years as Associate professor or A total of 13 years of teaching experience after post-graduation in broad speciality	37400-67000+ GP 10500	67 years	Promotion/ selection/ deputation/ Diverted	4 Publications Index Journal

3. As these are emerging institutes and have been facing limitations in human resource in face of evident large workload; to allow them a fair opportunity to grow and establish themselves as clinical, research and academic centres at par with others in the

country; case in experience, publications and age may be provided as per recommendations of the selection committee on a case specific manner for otherwise suitable candidates.

Maulana Azad Institute of Dental Sciences (MAIDS)

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES (MAIDS) ,
(An Autonomous Institution under GNCT of Delhi)
MAMC Complex
Bahadur Shah Zafar Marg, New Delhi-110002.

Sub: Comments of MAIDS on the issues raised in Social Audit of MAIDS

S.No.	Issues raised in Social Audit	Comments of MAIDS
1.	Maulana Azad Institute of Dental Sciences (MAIDS) appears to be by and large meeting its objectives as included in the MoU at the time of granting the autonomous status in 2005. It is running nine specialities of dental sciences with modern know how and do how, matching infrastructure deployment of faculty and wider outreach to a cross-section of stakeholders. The OPD of institute on an average has 1500-2000 patients per day. The institute is sharing knowledge and skills with sister institutions within and outside country, developing synergy with govt schemes/programmes in the health sector and generating extra budget and resources from alternate methods i.e. research, consultancy and convergence with other stakeholders. The institute is running well planned and equipped teaching courses in BDS (Bachelor in Dental Surgery) and MDS (Master in Dental Surgery).	MAIDS fully agrees with the findings of the Social Audit.
2.	The institute is all set to launch its second phase with the completion of its adjacent building. With the current pace of progress institute is eligible for further upgradation and suitable follow-up should be initiated to convert it into University in due course. At the same time, reforms are needed in the management and control system with reconstitution of Governance Council and other committees and devolution of more powers and authority to Director/Principal to manage the institute more effectively. The terms and conditions of faculty and staff should also be modified to attract and retain the field in the long-term interest of institute to develop ownership, belongingness and institutional memory	MAIDS fully agrees with the findings of the Social Audit. Support of Govt. of NCT of Delhi would be required for converting the Institute into University, reconstitution of the Governing Council and devolution of more powers to the Director/ Principal for efficient management of the Institute.

3.	The Maulana Azad Institute of Dental Sciences (MAIDS) in one of the oldest dental care centre in India. The institute in its current form was notified as autonomous body in the year 2005 to carry out four main objectives namely: - (a) Provide high quality specialized services in different areas of dental sciences. (b) To collaborate with other institutions of eminence in India and abroad. (c) To develop high tech treatment modalities. (d) To strengthen, expand and optimize the deployment of existing resources, generate additional funds, facilitate growth and provide autonomy, flexibility and effective management.	MAIDS agrees with the findings of the Social Audit.
4.	Maulana Azad Institute of Dental Sciences (MAIDS), the only tertiary care centre of Delhi, traces it's history on dental department of Irwin Hospital created in January 1936. Subsequently it was converted into dental college in 1983 with (i) annual intake of 20 students and (ii) 3 Doctors and 4 Paramedics. The institute was given independent status on 4th July, 2003 with a nine-storey building in its possession. Subsequently on 1st July, 2005 the MAIDS was notified as autonomous institution.	MAIDS agrees with the findings of the Social Audit.
5.	**Organisational structure** The institute has a well-developed organizational structure which include faculty, paramedical staff, administration personnel finance etc. Professional set up of the institute include Director/ Principal, Professors/ Head of Department, Associate Professors, Lecturers/ Demonstration and Nursing staff. In addition, institute also has Senior Residents/Junior Residents, and Interns/Under graduation students (Chart I) and professional set-up (Chart II). Para medicals are divided into five main categories namely (i) Dental Mechanics (ii) Dental Hygienist (iii) Laboratory Staff (iv) Miscellaneous (v) Nursing Staff. These are 19 categories of staff under the five broad classifications (Chart III).	MAIDS agrees with the organizational structure as detailed in Chart I,II and III.

<table>
<tr>
<td>6.</td>
<td>Governance Structure

Governance structure under autonomous status of MAIDS is a bit complex. The institute is governed by a Governing Council (GC) headed by Chief Secretary of GNCTD and eight other members. (Annexure-I) The meetings of GC are not held regularly. Further, it is noted that decision take by GC is not final and subject to further processing in the GNCTD.

The first meeting of GC was held on 17.05.2006 whereas the latest was held on 19th December, 2018. On the whole 31 meetings have been held whereas 51 meetings were supposed to be held during this period. In addition, institute has finance committee and Institutional Ethics Committee. The finance committee includes secretary/ Principal Secretary finance Health and PWD and Director/Principal MAIDS.</td>
<td>MAIDS would not like to call the Governance Structure a bit complex. The Governing Council is headed by the Chief Secretary GNCTD. This helps in implementation of various decision taken by the Governing Council. As regards not holding the meetings regularly it is submitted that for want of adequate agenda, meetings are not being held as per the schedule.
It is correct the decision taken by the G.C. is not final and subject to further processing in GNCTD.</td>
</tr>
<tr>
<td>7.</td>
<td>Human Resources
Deployment Faculty
<table><tr><th>Post</th><th>Sanctioned</th><th>Deployed</th></tr><tr><td>Professor</td><td>11</td><td>11</td></tr><tr><td>Associate Professor</td><td>10</td><td>10</td></tr><tr><td>Assistant Professor</td><td>25</td><td>9</td></tr><tr><td>Senior Residents</td><td>37 (It should be 31)</td><td>31</td></tr><tr><td>Demonstrators</td><td>15</td><td>6</td></tr><tr><td>All</td><td>98 (92)</td><td>67</td></tr></table></td>
<td>The post are created on recommendation of AR department, Health and Family Welfare Department and Finance Department. It will not be fair to attribute to the shortage of staff to the absence of rules and policies for manpower and HR deployment. R&R policy is still taken up with GC on case to case basis. The Governing Council has taken a policy decision that qualification, age promotional avenues and RRs of the posts of MAIDS will be that of similar posts in the Delhi Government Hospitals.
With regard to vacancies, it is submitted that :-
i) Assistant Professor. 16 post are vacant due to the fact that all these assistant professors had been promoted as Associate Professors under DACP scheme without linkage to vacancies and these posts are not lien free and as such cannot be filled on regular basis. A proposal to fill up the 14 posts on contractual basis has already been processed and the vacancies have been advertised in the leading news papers on 10-12-2018.
ii) Senior Residents. This is a tenure post of three years at any given point of time some post may be vacant. 31 Post of SR are sanctioned and all are filled. There appears to be a</td>
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	It is noted that staff and faculty deployment is fairly inadequate as against the requirement. The main reason is attributed to the absence of rules and policies for manpower and HR deployment. R&R policy is still taken up with GC on case to case basis. At the same time, work load has increased at different levels of deployment and faculty is overloaded with administrative responsibilities including procurement of medicines and other requirements/materials.	topographical error regarding sanctioned posts as 37 in the report. iii) Demonstrator 9 posts are lying vacant As per latest norms of DCI post of Demonstrator no longer exists. We propose to convert these posts into SR. As regards assigning duties of procurement of equipment and medicines, it is submitted that procurement is of highly technical nature and the faculty will always have to be associated with such type of procurements.
8.	**Faculty Development and Capacity Building** The institute does not have a training policy per-se. Yet, faculty have taken initiatives to upgrade their skills/knowledge with fairly good amount of publications appeared in the journals of high repute (Table 4). It is important to note that number of publications is increasing year to year basis showing that despite of increasing workload faculty are also sharing knowledge and skills. Faculty are also participating in the workshops and seminars within India and across the country.	MAIDS has adopted the policy as prevalent in other Delhi Govt. Institutes. As per policy of MAIDS following facilities are being granted to the faculty :- 1 Academic leave to conduct exam, Conference, Interview, Workshop held within India- 28 days in a year. 2 Academic leave to attend International Conference held outside India- actual travel +period of conference. 3 Financial Assistance- Registration fees+ TA/DA for one conference held within India. 4 Reimbursement of Telephone Bills, Internet, Newspapers and Magazines and conveyance charges. As a result of these initiatives faculty has been able to upgrade their skills and knowledge and MAIDS agrees with the findings of the Social Audit that publications published by the faculty are in the journals of high repute.
9.	**Infrastructure and Upkeep** AMC (Annual Maintenance Contract) and CMC (Comprehensive Maintenance Contract) have been done for most of equipments/software for items as per (Annexure II). CMC/AMC were renewed as per requirement. However, in certain cases it was noted that CMC is note done. This creates obstacle in the upkeep of respective equipment in a sustainable manner. MAIDS has 8 class rooms (5 with capacity of 200 persons), three auditorium and 26 labs. This provides enough space for research, treatment and related services. Upkeep of building is outsourced and monitored suitably. The services include security, sanitation, reception etc.	We agree to the findings of the Social Audit that AMC and CMC of most of the equipments has been done and renewed periodically. However, in cases of certain equipments viz. Multi para Monitor, Ultrasonic Scalor, RVG Units etc., the process of AMC/ CMC is under process as AMC and CMC is a continuous process. MAIDS agrees with the other findings of the Social Audit.

10	**Outreach** **Bed Occupancy** **Medicines** **Patient Facilitation** **Patient feedback** **Outdoor Services** **Education** **Future Plans** **Resource Mobilisation** **Awards and Appreciation**	With regard to these observations of Social Audit MAIDS fully agrees with these findings expect following:- **Bed Occupancy** – the position has been correctly pointed out but MAIDS being a Dental Institution instead of Bed Occupancy the criteria should be Dental Chair Occupancy. **Patient Feedback regarding Canteen.** MAIDS is not a general hospital. Most of the services of the Institute are available during day time, as such Bed Occupancy is also low and as such the existing canteen facility is adequate moreover, we do not have additional space for a full fledged canteen.
11	**Findings**	MAIDS fully agrees with the findings of the Social Audit that the institute has made considerable success in terms of fairly diversified activities covering dental treatment, development of a network of faculty, staff and students. Institutes OPD has nearly 1500-2000 patients daily.
12	**Key Issues** (i) Functional autonomy per-se is rather limited. There is a confusion on controlling authority. The Governance Council which supposed to control the overall management, does not meet on a regular interval. Further, the decision taken by GC also remain pending for one or other reason involving clearance from finance/health, PWD or other departments of GNCTD.	Regarding functional autonomy it is a policy matter to be decided by the Government. As regards not holding the meetings regularly it is submitted that for want of adequate agenda, sometimes meetings were not held as per the schedule. It is correct the decision taken by the G.C. is not final and subject to further processing in GNCTD.
	(ii) Deployment of faculty at different levels of expertise is nearly two third of sanctioned positions. Similarly, as against 59 positions in the paramedical only 47 are filled	As already stated in para 7 efforts are being made to fill up the vacant post of Assistant Professor. As regards paramedical posts the vacancy has been notified to DSSSB.

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	(iii) Deployment of staff on various administrative positions is also low being 21 as against 42 positions. Further the key positions of Registrar, Deputy Registrar, PRO are filled on contractual/deputation not promote ownership and belongingness and also inhibit gradual promotion and institutional memory. Further deployment of dedicated functionary in missing to carry out procurement putting extra burden on faculty	LDC- 14 posts of LDC were notified to DSSSB in 2014. DSSSB has been able to fill only 4 post. Stenographer- 4 post were notified to DSSSB in 2014 only two have been sponsored in 2019. ASO- One post was notified to DSSSB in 2009. DSSSB sponsored one candidate in 2017 the candidate has yet not join. Matter is sub judice in Hon'ble High Court of Delhi. UDC- 5 post are vacant. It is a promotional post from LDC. None is eligible for promotion. Sh. S. S. Malhotra, a retired Assistant Director (Planning) has been appointed as Consultant Planning on contract against the post of PRO. The Consultant Planning is looking after purchase.
	(iv) Recruitment Rules including promotion avenues and amenities to staff is not in place in a comprehensive manner.	As per policy decision taken by the Governing Council the recruitment rules, service conditions pay scales, promotional avenues for all categories of staff expect faculty is same as that of other Delhi Government Hospital staff. As regards faculty the pay scale of Associate Professor, Professor is one scale higher than other Delhi Government Hospitals.
	(v) Hospital does not have accommodation to staff whereas it requires emergency services and long hours to work as per specific demand. It takes time to manage the round accordingly the clock and emergency operations.	As per Health & Family Welfare Deptt., GNCTD order No.F.202-DC&H/2002-03/2503 to 2514 dated 4.7.2003 had decided that i) MAIDS will continue to remain a part of the over-all MAMC Complex, ii) Teaching faculty of Basic Sciences of MAMC will also teach the students of Dental College. iii) such services/facilities as are available to Lok Nayak Hospital/MAMC would be shared by the Dental College & Hospital (MAIDS) in a cost effective manner and not replicated. These instruction have been further reiterated by H&FW Deptt. vide their Order No.F.11/19/H&FW/2018/HR-Medical/244-249 dated 26.4.2018. Thus accommodation available in MAMC Complex is being allotted to the faculty, nurses, paramedical staff, BDS students and other staff of MAIDS.

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	(vi) LTC (Leave Travel Concession), Maternity Leave, Earned Leave are not given adequately. Further the promotion avenues are limited and faculty got stuck at the position of Assistant or Associate Professor. Training and related exposure is highly adhoc and limited to funds associated with the external events, if any.	MAIDS does not agree with the finding that LTC, Maternity leave, all leave are not being given adequately. So far none has been denied these facilities. It is however added that as per rule 7 of the CCS (Leave) Rules 1972, leave is not a matter of right and in exigency of public service leave applied/ granted can be refused by the competent authority. As regards promotional avenues of faculty. Assistant Professor like any other Assistant Professor of any other Delhi Government Hospital enjoys the same pay scales and promotional avenues under DACP Scheme also on promotion under DACP they are given one pay scale higher than other Government Department. Earlier DACP Scheme for Associate Professors of MAIDS who are in the pay scale level 13 (Delhi Government Associate Professors are in Pay Scale Level 12) did not exist. Now the Governing Council in its meeting held on 19 Dec 2018 has approved the same scheme as applicable to other Delhi Government Associate Professor again in higher pay scale Level 13-A. The proposal has been sent to Health and Family Welfare Department vide file no F 5/103/MAIDS/ PF on 1-1-2019 for obtaining approval of Finance Department. Professors of MAIDS are also one scale higher than Delhi Government Professors. As per DACP Scheme after 7 years of service they are entitled for next pay scale Level 14 as Professor SAG. Pay Scale of Professor SAG in MAIDS and Delhi Government is similar. As regards training, Continuing Dental Education Department has been set up by renovating 7th floor through DSIIDC in 2017-18. To make the department functional 13 Dental Simulators and other equipments are being procured. The Finance Committee in its meeting held under the chairmanship of Pr Secretary (Finance)on 28 Jan 2019 has also approved for procurement of 13 Dental Simulators costing Rs. 2.28 crore. Thus training aspect of the faculty and other paramedical staff is being kept in view.
		7

	(vii) As the primary and secondary care are combined at MAIDS, Hospital at times receive referral cases from all over from all over the Delhi and undue pressure is created on scarce resources.	To overcome this it has been decided to set up Four MAIDS like centers in Delhi and adequate land is being explored.
	(viii) There is a resource crunch at hospital. Funds are restricted to specific items and not the requirement as may arise during the year.	There is no resource crunch at the level of the Institute as we are getting adequate Grant-in-aid from Delhi Government. However as per Finance Department order, certain items have been grouped and powers of the HOD, Secretary have been specified. In case of MAIDS Director/Principal being HOD has all financial power like any other HOD of Delhi Government. For powers beyond HOD, sanction of finance committee is obtained.
	(ix) User charges have no link with cost recovery and charges are same across the income groups and stages of treatment.	MAIDS being a Government Institution cannot levy market rates for the user charges. As per policy of the Government no User Charges are payable by the BPL Category patients. For other categories of patient nominal User Charges are payable. Apart from BPL Category it is not desirable to segregate the patients on the basis of income groups. The User Charges have been approved by the Government of NCT of Delhi.
13	**Recommendations** 1. Functional autonomy should be accorded to MAIDS in true sense. Top Management needs to be made accountable, efficient, and transparent.	MAIDS agrees with the findings and decision in this regard has to be taken by the Government.
	2. The Governing Council should be restructured to ensure timely intervention and decisive role.	It is a policy matter decision has to be taken by the Government.
	3. GC should be 'Chaired' by a person who is subject specialist and conveniently available. In this regard, a chairperson/co-chairperson may also be appointed suitably.	It is a policy matter decision has to be taken by the Government.
	4. The meetings need to be held on regular interval and decision taken should be final. Any processing in the GNCTD could be done prior to placement of respective item in the meeting of GC.	MAIDS agrees with the recommendations subject to availability of agenda items.

	5. The powers of GC need to be decentralized. The Director may be allowed to take decision subject to placement in GC for information. It will timely and effecting resolve issues of nature.	MAIDS agrees with the recommendations.
	6. Detailed HR (Human Resources) Rules should be framed and finalized to have a transparent and efficient deployment and function of staff including faculty. This should clearly specific appointment, promotion, rotation, leaves, perks, assessment procedure, incentives and penalties. In view of expansion of MAIDS under II Phase, te whole issue of staff requirements and other infrastructure needs a rebook immediately.	MAIDS has transparent HR Rules. The only issue is of grant of promotion under DACP Scheme to Associate Professor. Now the Governing Council in its meeting held on 19 Dec 2018 has approved the same scheme as applicable to other Delhi Government Associate Professor again in higher pay scale Level 13-A. The proposal has been send to Health and Family Welfare Department vide file no F 5/103/MAIDS/ PF on 1-1-2019 for obtaining approval of Finance Department. As regards staff requirement for phase II it is submitted that on recommendations of AR Department, H&FW Deptt., Finance Deptt., GNCTD, and with approval of Hon'ble Lt. Governor, 169 post have already been created. These posts will be functional only after Phase II is commissioned. In case any additional posts are required, proposal will be initiated only after the Phase II is commissioned.
	7. Vacancies in the faculty and staff should be filled with immediate effect so that the second phase in the new building can be taken up at the earliest and current operations are carried out as per potential requirement of staff.	Yes this is being done Post of Assistant Professor have been advertised in the leading Newspapers and further action is been taken.
	8. Administration and other support staff should also the filled to enable MAIDS to carry out procurement, O&M, feedback and following suitably. A dedicated procurement officer should be appointed immediately.	Vacant Post of Administration and other support staff are being filled in some cases requisitions have already been sent to DSSSB and other posts are also being notified.
	9. The equipments should be kept ready with due CMC/AMC so that due use is carried out.	This is already being done. CMC/ AMC is a continuous process. It will be ensured that all equipment are under CMC/ AMC.

	10. Employee housing should be created to accommodate employees within the campus. In this regard, scope of FAR need to be revisited as per TOD (Transit Oriented Development) policy as per Master Plan of Delhi.	MAIDS is not the owner of the land and building. In case additional space is required FAR will be revisited as per TOD policy. Regarding accommodation to employees in campus please refer to comments in para 12 (v).
	11. The services of MAIDS should be confined to tertiary treatment only. Primary care should be taken up by respective hospitals.	MAIDS agrees with the recommendations. This is a policy decision to be taken by H&FW Department. Please also refer to comments in para 12 (vii).
	12. Certain services like 'prisoners' from Tihar Jail should be attended locally and not in the campus of MAIDS. Suitable arrangements need to be initiated.	MAIDS agrees with the recommendations. This is a policy decision to be taken by H&FW Department.
	13. Capital cost for employee housing to be mobilized through loan as the debt service may include Resource Mobilisation should be planned in a multi-pronged strategy. It should include: a. deduction of HRA (House Rent Allowance) from respective employees. It can also include revenue model partly as feasible to mobilize revenue and generate a corpus of funds. b. Certain technical services may be given on outsourcing as per proper plan of operations c. Charges should vary as per income status of patients. In this regard a pricing policy using differential and graduated pricing should be devised. d. The budget support for GNCTD should be both task specific as well as united so that certain activities can be taken up as per priority on immediate requirement. e. CSR (Corporate Social Responsibility) funds have vast potential. Aggressive strategy should be prepared to attract CSR for Chair (faculty position), equipments and reimbursement of expenditure on EWS/LIG. f. Faculty should be encouraged to carry out sponsored research for which suitable incentives should be framed to attract projects and retain faculty within the institute.	(a to e) These are long term recommendations and can be considered for which support of Govt. of NCT would be required. **(f) <u>Incentive to faculty for research</u>** **(i) A token incentive of 5% of the "salary" may be given to faculty involved in research projects of various agencies – DST CSIR etc. from the grant received from these agencies.** **(ii) Financial incentives may be granted for publication of Research papers in Indexed journals from GIA of MAIDS, as prevalent in other similarly placed Institutions.** **(iii) Annual Academic Allowance, may be granted from GIA of MAIDS, as prevalent in other similarly placed Institutions.** **(iv) Faculty may be given clerical assistance in discharging their clinical, teaching obligations.** **(v) Any other facility which is being granted or proposed to be granted to other autonomous Institutions of Excellence, may be extended to MAIDS.**

	14. Patient feedback should be made a regular practice.	Complaint box have been installed in each floor to have patient feedback.
	15. A detailed study should be undertaken to work out requirements of faculty, staff, equipment and finances in a medium-term perspective taking into account.	Centralized PGMS-1031 portal of Delhi Government is also for citizens feedback and this is being regularly monitored. MAIDS agrees with the recommendations, in fact such study is being undertaken by AR Department whenever additional staff is required.
	16. Considering the ambitious expansion plan, the institute deserve to be converted into a dental university.	MAIDS fully agrees with the recommendations. DDA vide letter dated 9-6-2014 had allotted 4.082 hectare of land in Pocket 29 Sector 35 Rohini for establishment of State Dental University. Earlier this land was allotted on the intervention of H& FW Department, the land has now been allotted in the name of H& FW Deptt. DDA was also requested by H& FW Deptt. to change the land use from " establishment of State Dental University" to for setting up Dental/ Oral Health care facilities. DDA has not change the land use so far. For setting up of the Dental University it is suggested that the land measuring 4.082 hectare may be allotted to MAIDS for setting up of Dental University.
14	Finally, the MAIDS has established it reputation and recognition in the sector which need to be harnessed to improve its services further to make it a model institution at international level.	MAIDS fully agrees with the recommendations.

(Dr.Mahesh Verma)
Director-Principal

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Institute of Human Behaviour and Allied Sciences (IHBAS)

1. **Governance and Management:**

a. IHBAS being the first Autonomous body under Dept. of H&FW has different governance structure than other society hospitals. However, recently in the GB meeting held on 22/02/2019 under the President ship of Hon'ble Minister of H&FW, GNCTD, proposal regarding changes in the apex body like General Body and Executive Council has been approved in principal by modifying in MOA of the Institute by proper resolution under the provisions of the MOA. The minutes of the meeting is awaited.

b. IHBAS supports the recommendations regarding Monitoring Committee, Periodic Meetings of GC, holding of meeting in the premises of in respective hospital/Institute, six monthly meeting of GC, more power to Directors and autonomy and accountability, chairing of selection committee by eminent health professionals, subject matter experts and Director as Member Secretary.

c. IHBAS however, suggests that Governing council must be chaired by Hon'ble Minister of Health, Govt. of Delhi and all administrative and financial power must be delegated amongst Director, GC and Executive Committee as per Delegation of Financial Power Rules. As advised by Finance Department of Delhi Govt. time and again, approval of FD be required only for the banned items, However, in essential furniture items, Refrigerator and Air Conditioners for patients, the power should be vested in Director and Standing & Finance Committee without referring the file to FD.

d. IHBAS also supports the amendments in the Finance (Accounts) Department Government Order No. F.12/3/2010-AC/dsfa/DS III/914-921 dated 18/07/20111 as suggested by IIPA.

2. Human Resource (Faculty, Paramedical Staff and Administrative Staff) :

a. In IHBAS like other seven society mode hospitals there are regular pay matrix as per the seventh pay commissions and we are following CCS Rules mutatis-mutandis. As per the decision of Executive Council the Pay-scale and allowances thereon for the faculty members of IHBAS should be as applicable in NIMHANS Bangalore. So far as non-faculty posts are concerned Recruitment Rules as well pay-scale of Govt. of NCT of Delhi should be adopted.

b. The Assessment Promotion Scheme (APS) of Faculty of IHBAS on the pattern of NIMHANS was approved and implemented in IHBAS since 2005–2006 and continued

upto 2010-11. When the Govt. of India approved the Revised Assessment Promotion (APS) for the Faculty of NIMHANS, w.e.f. 01.09.2010, the matter was placed before APEX Bodies like Executive Council, SF&BC several times but the implementation of the Revised Assessment Promotion scheme has been pending since last 8 years which has very demoralizing affect for Faculty of IHBAS. The proposal has recently been placed before GB in its meeting held on 22/02/2019 in which The GB has approved the proposal in principle for immediate implementation of Revised Assessment Promotion Scheme (APS) with suitable modification in the assessment criteria as one time measure for all Faculties eligible for APS for the period from 2011 to 2019.

c. So far as regular recruitment of Group 'B' & 'C' category of staff, it is submitted that this is also pending due to certain issues raised by DSSSB. On the one hand DSSSB has prevented us to make any direct recruitment in Group 'B' & 'C' on the other hand there is tremendous increase in the patients care services which need more Nursing & Paramedical Staff to provide the services smoothly. Under the circumstances IHBAS has recruited employees in these categories on contract basis against the approved sanctioned posts. So far about 200 contractual staff are working in IHBAS which cater to the need of patient care and allied services.

d. There is an urgent need for allowing IHBAS to make recruitment in Group B & C category on its own as approved by GB several times.

e. IHBAS is very much willing to adopt the system of rolling advertisement on their websites to ensure no post should remain vacant.

f. There is also an urgent need to make a suitable policy by IHBAS in consultation with GNCTD for giving weightage to all Group 'B' & 'C' contractual employees of IHBAS working against the sanctioned posts in recruitment along with other suitable candidates to sort out the issues of Contractual appointments.

g. Against the suggestions of IIPA to create and fill administrative positions, it is proposed that now senior positions in IHBAS like Executive and Superintending Engineer, FA & CO, Senior Accounts Officer, Joint Director(Administration), Administrative Officer should be filled up on Direct Recruitment basis (in place of deputation basis) or Promotion basis in the category where feeder grade officer is available.

h. IHBAS supports the recommendation of IIPA for earmarking specific funds for training and capacity building @2.5 % of salary budget as per DOPT guidelines.

i. Faculty of IHBAS should be allowed and encouraged to participate in workshop, seminars, round tables in India and abroad as per the guidelines of NIMHANS .

j. IHBAS in general supports other recommendations of the IIPA given under human resource in general with suggestion to define the role and responsibility of Govt. of Delhi and IHBAS.

3. Infrastructure, Equipment and Supplies:

a. All the suggestions of IIPA under this category are important and IHBAS supports the following:

i. Prepare a plan in a phased/time bound manner for infrastructure development under two categories considering a scenario for next 20 to 30 years in each hospital (i) physical infrastructure and services (ii) equipment and machinery. It (I&II) should include Library, canteen, parking, health club, outdoor activities, landscaping and green area etc.

ii. Depreciated Machines should be replaced immediately. AMC/CMC should be updated as per requirement Once CAPEX is approved by the GNCTD, files for procurement of any equipment need not be sent to the GNCTD.

iii. Similar to new AIIMS directors, director of institute should be empowered to procure all equipment or contract less than Rs. 5 crores advised by technical procurement committee consisting of finance department officials, medical experts from outside, bio-medical engineering experts, HOD of User Department, procurement and administration officials. Any equipment/contract beyond that amount can be procured after permission of GC.

iv. The plan should also include outsourcing/PPP models under alternate scenario for provision and up keep of equipments. Equipment which are outsourced/PPP Model, usage and supervisory right and right to use should be with hospital itself (As in case of JSSH).

v. Applicability of TOD (Transit Oriented Development) should be explored for expansion of campus. It may provide extra space for necessary use including residential accommodation for hospital staff.

vi. Convergence of various state and central government schemes and programmes should also be done to tap vast potential to expand services, outreach activities and visibility.

4. Patient Services:

a. It is pertinent to mention that many of the suggestions of IIPA under this category have all ready been implemented like Token System for Patient Registration and dispensing of Medicines, adequate sitting space for OPD Patient to wait and bed capacity for indoor patient. IHBAS has already robust system of providing dietary

services to its patients maintaining high standard of hygiene and health. The Dharamshala (Vishram Sadan) is available for relatives and patients at a very minimal cost.

b. A very unique & innovative component of the community outreach programmes has been the services for the Homeless Mentally III Populations-At Jama Masjid with partner NGOs since the 2000, and through pilot Mobile Mental Health Unit (MMHUs) since 2012. IHBAS is also planning the following by 2030:-

1) 03 IHBAS Centres in tertiary Hospitals expand
2) NMHP/DMHP form 5 district to all 11 Districts of Delhi
3) 2 MMHUs for each District for Homeless & Home bound PMIs.
4) Tow after Care Homes in each District (by Deptt. of Social Welfare)
5) Integration of Mental Health Services with the Primary & Secondary Care Health Services Specially-through Poly Clincis.
6) Centre for Holistic & Integrative health-IHBAS with GTBH/UCMS Ayush Deptt.

c. IHBAS is also going to implement e-hospital after execution of LAN network which is to start shortly. With the implementation of e-hospital IHBAS would be able to start online registration, Real time Bed status, Online Lab tests reports etc. This is also required in pursuance of the directions of the Hon'ble High Court of Delhi.

d. IHBAS has got the AHPI Award for best Patient Friendly Hospital recently.

5. Teaching & Training :

IHBAS supports the following recommendations of IIPA:

(a) Initiate postgraduate/Super specialty doctoral courses as per mandate.

(b) Develop specialized short courses as per specific fields for additional revenue generation.

(c) Develop residential facilities for students where so ever required.

(d) Promote campus placement system for students in different medical disciplines.

(e) Prepare a long-term plan to create 'Deemed University Status' in respective field (like ILBS).

(f) Develop networking with similar institutions within Delhi, India and elsewhere to share latest developments in the sector. It should include short-term attachment of students, virtual teaching, joint seminars, workshops, research and case study development.

6. Resource Mobilization:

a) Major source of income to run the Institute is Grant-in-aid provided by the Govt. of NCT of Delhi. Other source of income are Registration Fee collected from the patients, Pvt. Ward Charges, Rent of Canteen & Few shops and Bank interest on deposits, which is very meager. This contributes only 3% of total budget of the Institute.

b) IHBAS used to collect user charges at minimum rates in the previous years, but collection of user charges expect Registration Fee of Rs. 10/- per patient per visit was discontinued in compliance of the order of H&FW deptt., However, private Ward Charges are being collected from the patients admitted in private wards, which is also very small amount.

c) Third Party Audit suggested for resource mobilization by preparing a suitable financial plan including extra-budgetary resources, such as, pricing of services, exploring CSR funds use of Business Model, collection of medical service charges through medical insurance cover, development of private wards, commercial use of space and so on. In this regard, it is submitted that majority of patients use to visit for treatment in IHBAS are from BPL families that too from neighboring status.

d) In this connection, Section (18) of the Mental Health Care Act 2017 which says that every person shall have a right to access the Mental Health Care and treatment from Mental Health Services run or funded by the appropriate Government. The right to access mental healthcare and treatment shall mean mental Health services of affordable cost, of good quality, available in sufficient quantity accessible geographically, without discrimination on the basis of gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers. The appropriate Government shall make sufficient provision as may be necessary, for a range of services required by persons with mental illness.

e) (e) It is evident from the provisions of the Mental Health Care Act 2017 as referred above that it is the legal obligation of IHBAS and Govt. to provide quality health care under the Mental Health Care Act 2017 to the mentally ill particularly poor and destitute unlike other categories of patients. Even the most effective insurance scheme would not probably address the financial issues of poor and destitute as it would not be viable for insurance companies to cover these people under the insurance scheme until unless Govt. envisages any separate scheme and modalities are worked out to support them. Therefore, it is very difficult to introduce a fully developed Business Model for IHBAS where mentally ill patients are treated.

f) The Financial support of Govt. is very essential to run the IHBAS. Exploring CSR funds, outsourcing high cost facilities introduction of new courses/facilities/ clinical service etc. can be taken-up at the Institute's level to boost the revenue generation However, major decisions like bringing the BPL families under insurance cover, construction of Pvt. Wards commercial use of available space etc need policy approval by the Govt.

g) IHBAS has already been exempted from payment of Income Tax u/s 12 A of Income Tax Act. Donations to IHBAS are also exempted u/s 80G of Income Tax Act. IHBAS has also an FCRA account and foreign contributions are exempted from Income Tax. Therefore, IHBAS welcomes the donors for making contributions for welfare of mentally ill patients.

h) The soundness of Financial Management & Auditing procedures of IHBAS has been acknowledged by the third party audit. IHBAS is more concerned in utilization of resources with utmost care and responsibly so as to bring financial probity and accountability.

7. Long-term Measures:

a. The suggestion of IIPA to go gradually on business model to generate own resources and funds is difficult for IHBAS due to legal mandates under the mental Health care Act, 2017 which clearly says that "**Mental Health is a right**". However, possibilities may be explored to generate own resource for self sustainability.

II. <u>Comments/suggestions on the recommendation specific to IHBAS</u>:

a. The suggestions of IIPA as given under are fully supported by IHBAS with the comments given above. It is specifically mentioned here that the suggestion of IIPA to go gradually on business model to generate own resources and funds is difficult for IHBAS due to legal mandates under the mental Health care Act,2017 which clearly says that **"Mental Health is a right".** However, possibilities may be explored to generate own resource for self sustainability.

1. Immediate Measures

a. Implementation of Assessment Promotion Scheme with one time relaxation measures to ensure retaining talent and attracting new faculty.

b. Procurement of Key equipment like MRI and up-gradation of CT scan, other furniture and required equipment

c. Installation of LAN facility

d. Vacancies in the faculty and staff should be filled.

e. Withdrawal of circular forcing financial austerity measures and Circular dated 18.07.011 (annexure 1) Point No. 25 asking autonomous institutes to take approval of Finance Committee, Governing Council and then again of the Finance Department.

f. Funding sources such as CSR and donations exempted under Income Tax should be explored.

2. Long Term Measures

a. Functional autonomy should be accorded to IHBAS in true sense. Top Management needs to be made accountable, efficient, and transparent. Decisions taken in the GB, EC and Standing finance committees should not be sent to Delhi government for approvals and re-approvals

b. HR (Human Resources) Rules of NIMHANS, Bangalore should be followed completely to avoid any confusion and faculty resentments.

c. Faculty should be encouraged to carry out sponsored research for which suitable incentives should be framed to attract projects and retain faculty within the institute.

d. Resource Mobilization should be planned in a multi-pronged strategy. It should include CSR Funds, Government Grant in Aid, Reimbursement of Charges for patient services to BPL and Other categories, Utilization of Centre funds under Ayushman Bharat etc.

Chaudhary Brahm Prakash Ayurved Charak Sansthan (CBPACS)

ISO: 9001: 2015 CERTIFIED
CH. BRAHM PRAKASH AYURVED CHARAK SANSTHAN
(Autonomous Institution of Govt. of NCT of Delhi)
Khera Dabar, Najafgarh, New Delhi-110073
Email: cbpayurved@yahoo.co.in, cbpayurved@gmail.com

No. F1(320)/12/CBPACS/Adm./O.o/DP-191 Dated: 04/02/2019

Subject:- Comments on Third Party Audit

1. As such there is not any major organizational issue. As per Memorandum of Association (MOA) of CBPACS, the responsibility of day to day management, administration and control is already with Director- Principal. Since month of April 2019 one GC meeting has already conducted on 19.11.2018. Another meeting is scheduled in current month. At present charge of Director-Principal is given to senior most Professor of Institute who is technically qualified for the post. File for regular appointment of Director is already routed.
2. It is true that work slows down because of unnecessary routing of files through AYUSH Department. It is further recommended that route through AYUSH may be cut down as CBPACS being an autonomous institute. However routing of file through Health Department of GNCTD is justified and necessary as Secretary (H& FW) is vice –chairman of GC, CBPACS also.
3. Utilization of vacant space in hospital- CBPACS is already planned for expansion of hospital capacity by 60 beds. Recruitment process for various regular posts is already initiated.
4. Since present administration has considered the work which was left unseen by previous administration, a file proposal for second phase construction is in process.
5. Salary of the employees in the institute is at par with the employees of other similar institutions. Process for implementation of other benefits and allowances has already been initiated.
6. Forging network with similar other national and international institute is an evolving process that needs a lot of homework and understanding between leaderships, faculty and staff of institutes. CBPACS has put this aspect on its top priority and is in process of materializing same.
7. PG course is already running in 5 streams. LOI visit has already been done for two more streams. As it is an evolving process from strength to strength, it is matter of time only that PG will be started in other streams also.
8. CBPACS is already in talks with MTNL and DJB for land line and pipe line for water supply in institute.
9. Maintenance is accredited to DSIIDC. There are some lapses on part of DSIIDC which are well attended and taken care of.

04/2/19

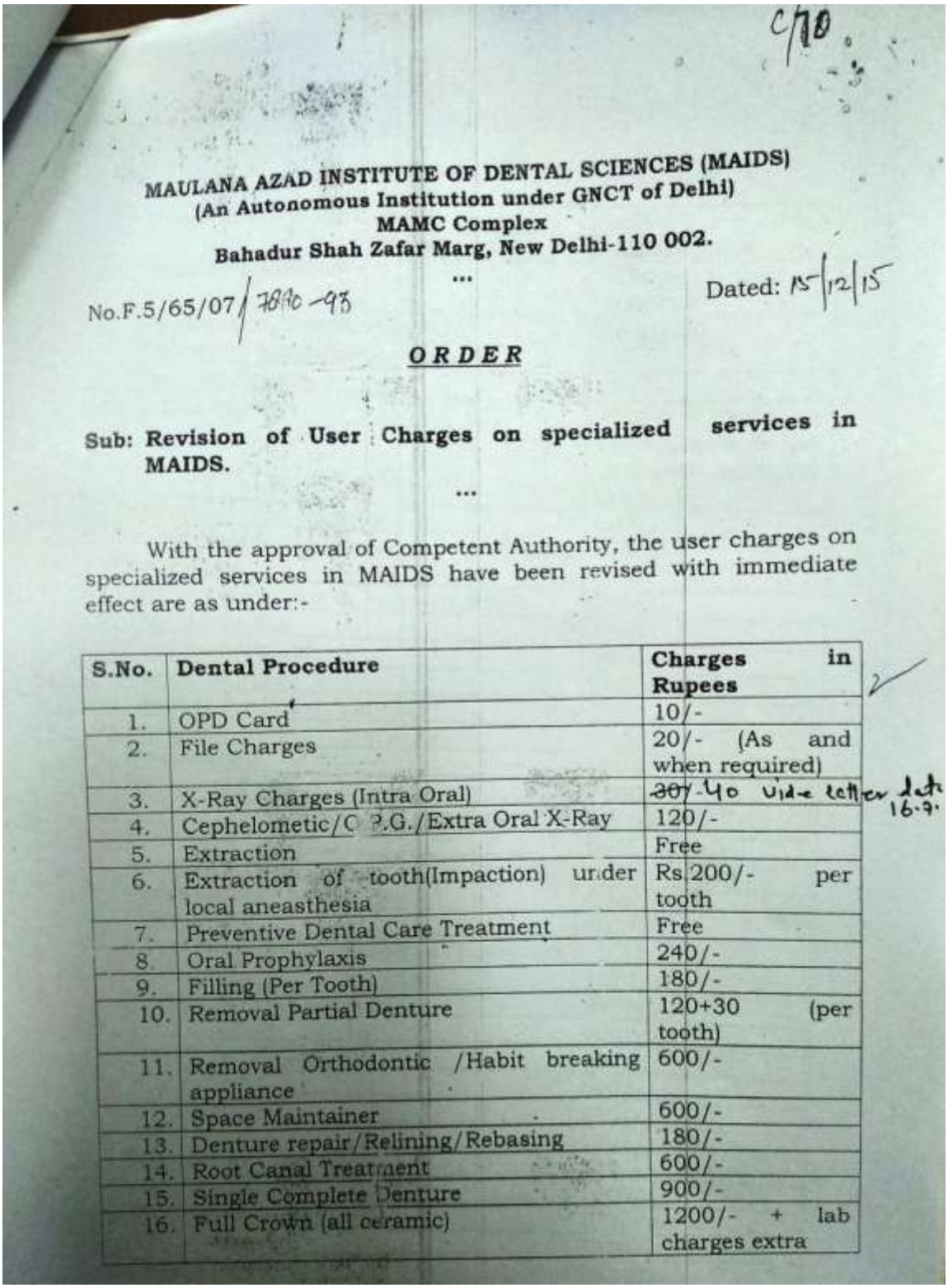
Prof.(Dr.) Vidula Gujjarwar
Director – Principal
CBPACS, Khera Dabar
New Delhi - 110073

Director-Principal
Ch. Brahm Prakash Ayurved Charak Sansthan
(Govt. of NCT of Delhi)
Khera Dabar, Najafgarh, New Delhi-73

Annexure-V

Sl No.	Name	Designation	Affiliation
1.	By Designation	Chief Secretary	Chairperson
2.	----Do-----	Pr. Secretary (Fin.)	Member
3.	----Do-----	Pr. Secreatry (H& FW)	Member
4.	----Do-----	Director General Health Services	Member
5.	----Do-----	Director General, Dental Services, Army Dental Corps	Member
6.	----Do-----	Vice Chancellor, Guru Gobind Singh Indraprastha University	Member
7.	----Do-----	Executive Director, National Board of Examination	Member
8.	----Do-----	President, Delhi Dental Council	Member
9.	----Do-----	The Director- Principal, MAIDS	Member

Annexure-VI



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MAULANA AZAD INSTITUTE OF DENTAL SCIENCES (MAIDS)
(An Autonomous Institution under GNCT of Delhi)
MAMC Complex
Bahadur Shah Zafar Marg, New Delhi-110 002.

...

No.F.5/65/07/ 7890-93 Dated: 15/12/15

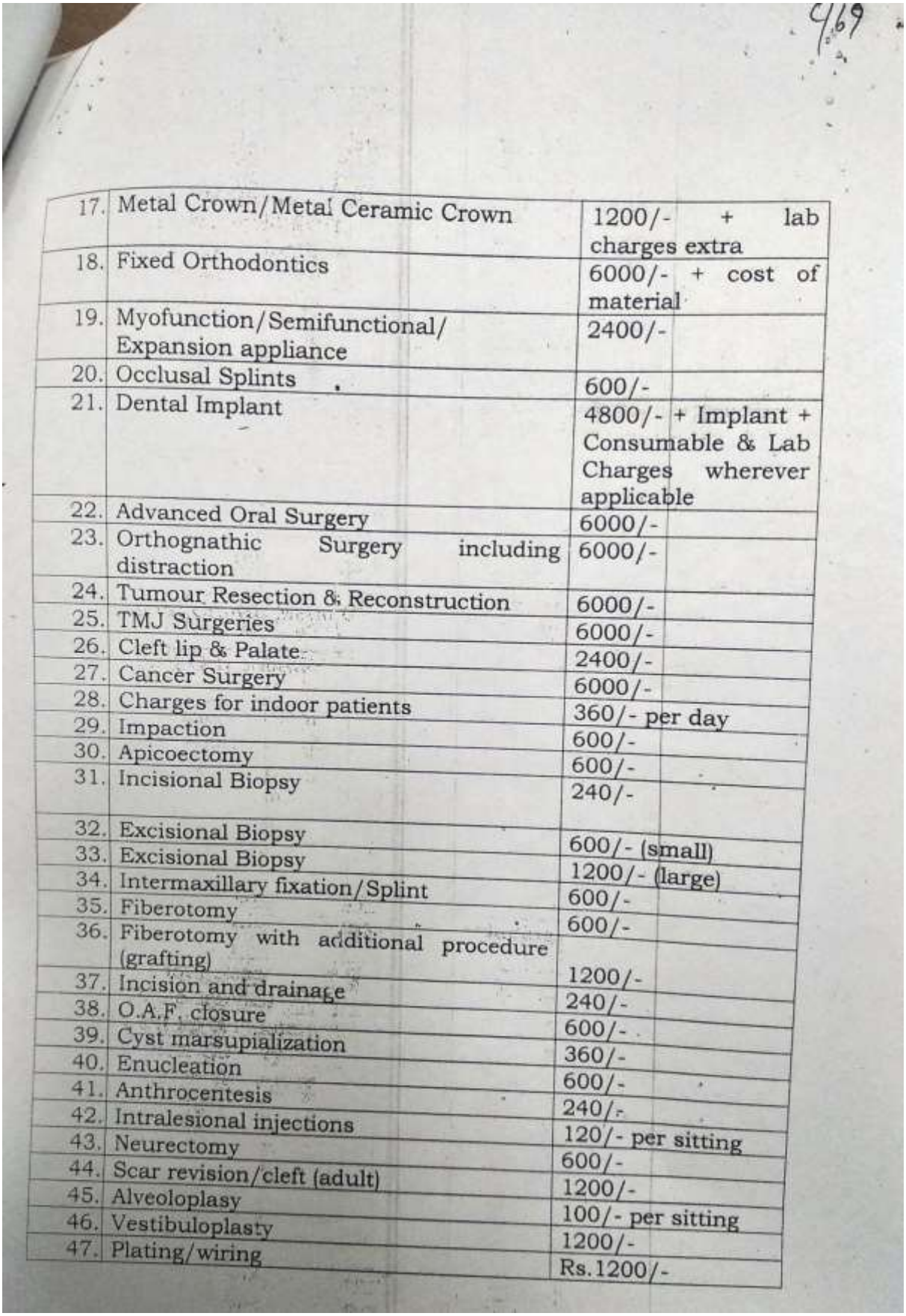
ORDER

Sub: Revision of User Charges on specialized services in MAIDS.

...

With the approval of Competent Authority, the user charges on specialized services in MAIDS have been revised with immediate effect are as under:-

S.No.	Dental Procedure	Charges in Rupees
1.	OPD Card	10/-
2.	File Charges	20/- (As and when required)
3.	X-Ray Charges (Intra Oral)	~~30/-~~ 40 vide letter dt 16.9.
4.	Cephelometic/O.P.G./Extra Oral X-Ray	120/-
5.	Extraction	Free
6.	Extraction of tooth(Impaction) under local aneasthesia	Rs 200/- per tooth
7.	Preventive Dental Care Treatment	Free
8.	Oral Prophylaxis	240/-
9.	Filling (Per Tooth)	180/-
10.	Removal Partial Denture	120+30 (per tooth)
11.	Removal Orthodontic /Habit breaking appliance	600/-
12.	Space Maintainer	600/-
13.	Denture repair/Relining/Rebasing	180/-
14.	Root Canal Treatment	600/-
15.	Single Complete Denture	900/-
16.	Full Crown (all ceramic)	1200/- + lab charges extra



17.	Metal Crown/Metal Ceramic Crown	1200/- + lab charges extra
18.	Fixed Orthodontics	6000/- + cost of material
19.	Myofunction/Semifunctional/ Expansion appliance	2400/-
20.	Occlusal Splints	600/-
21.	Dental Implant	4800/- + Implant + Consumable & Lab Charges wherever applicable
22.	Advanced Oral Surgery	6000/-
23.	Orthognathic Surgery including distraction	6000/-
24.	Tumour Resection & Reconstruction	6000/-
25.	TMJ Surgeries	6000/-
26.	Cleft lip & Palate	2400/-
27.	Cancer Surgery	6000/-
28.	Charges for indoor patients	360/- per day
29.	Impaction	600/-
30.	Apicoectomy	600/-
31.	Incisional Biopsy	240/-
32.	Excisional Biopsy	600/- (small)
33.	Excisional Biopsy	1200/- (large)
34.	Intermaxillary fixation/Splint	600/-
35.	Fiberotomy	600/-
36.	Fiberotomy with additional procedure (grafting)	1200/-
37.	Incision and drainage	240/-
38.	O.A.F. closure	600/-
39.	Cyst marsupialization	360/-
40.	Enucleation	600/-
41.	Anthrocentesis	240/-
42.	Intralesional injections	120/- per sitting
43.	Neurectomy	600/-
44.	Scar revision/cleft (adult)	1200/-
45.	Alveoloplasy	100/- per sitting
46.	Vestibuloplasty	1200/-
47.	Plating/wiring	Rs.1200/-

Annexure-VII

Sr. No.	Name of equipment / Software	Date of Purchase	Functional Since (Date)	Cost of Equipment (Rs.)	Period of AMC/CMC	Average downtime in last 2 years	% of CMC/ AMC cost to total
1.	103 Nos. Gnatus Dental Chairs	20.07.2005	April 2005	2,96,45,374/-	18.08.2015 to 17.08.2020	10%	
2.	23 Nos. Anthos Dental Chairs	02.06.2006	17.09.2007	1,45,64,830/-	01.05.2017 to 30.04.2022	10%	
3.	12 Nos. Dental Chairs	30.03.2009 & 06.09.2009	April – 2009 Sep – 2009	41,80,000/-	01.05.2017 to 30.04.2022	8%	
4.	10 Nos. Phantom Head Units	October 2006	October 2006	45,75,487/-	15.03.2018 to 14.03.2020	5.4% (Approx)	
5.	08 Nos. Autoclave	27.05.2006	June 2006	15,84,289/-	01.01.2018 to 31.012.2019	19.44%	
6.	07 Nos. A-Dec Dental Chairs	14.02.2005	15.07.2005	75,28,599/-	01.02.2016 to 31.01.2021	10%	
7.	10 Nos. Projector	2007	2007	10,00,000/-	15.11.2017 to 14.11.2018	9%	
8.	01-Horizontal Autoclave	27.03.2012	March 2012	4,98,000/-	15.11.2012 to 14.11.2018	10% (Approx)	
9.	Major & Minor O.T.	29.08.2008	11.09.2008	35,04,591%-	01.01.2014 to 31.12.2018	10%	
10.	Gel Documentation System	18.02.2015	18.05.2015	Rs. 6,45,500/-	19.02.20187 to 18.02.2018	Year I – 3% II – 4 % III – 5% IV – 6% V – 7%	
11.	Refrigeration centrifuge	21.01.2015	Do	Rs 5,25,600/-	22.01.2018 to 21.01.2023	Year I – 4% II – 5 % III – 6% IV – 7% V – 8%	