

DRAFT

**Indian Public Health Standards (IPHS)
For
101 to 200 bedded District Hospitals**

**GUIDELINES
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**Directorate General of Health Services
Ministry of Health & Family Welfare
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1. Introduction

India's Public Health System has been developed over the years as 3-tier system, namely primary, secondary and tertiary level of health care. District Health System is the fundamental basis for implementing various health policies and delivery of healthcare, management of health services for defined geographic area. District hospital is an essential component of the district health system and functions as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district.

Every district is expected to have a district hospital linked with the public hospitals/health centres down below the district such as Sub-district/Sub-divisional hospitals, Community Health Centres, Primary Health Centers and Sub-centres. As per the information available, 609 districts in the country at present are having about 615 district hospitals. However, some of the medical college hospitals or a sub-divisional hospital is found to serve as a district hospital where a district hospital as such (particularly the newly created district) has not been established. Few districts have also more than one district hospital.

The Government of India is strongly committed to strengthen the health sector for improving the health status of the population. A number of steps have been taken to that effect in the post independence era. One such step is strengthening of referral services and provision of specialty services at district and sub-district hospitals. Various specialists like surgeon, physicians, obstetricians and gynecologists, pediatrics, orthopedic surgeon, ophthalmologists, anesthetics, ENT specialists and dentists have been placed in the district headquarter hospitals.

The district hospitals cater to the people living in urban (district headquarters town and adjoining areas) and the rural people in the district. District hospital system is required to work not only as a curative centre but at the same time should be able to build interface with the institutions external to it including those controlled by non-government and private voluntary health organization. In the first changing scenario, the objectives of a district hospital need to unify scientific thought with practical operations which aim to integrate management techniques, interpersonal behaviour and decision making models to serve the system and improve its efficiency and effectiveness.

The current functioning of the most of the district hospitals in the public sector are not up to the expectation especially in relation to availability, accessibility and quality. The staff strength, beds strength, equipment supply and service availability and population coverage are not uniform among all the district hospitals.

As per Census 2001, the population of a district varies from as low as 32,000 (Yanam in Pondicherry, Lahau; & Spiti in Himachal Pradesh) to as high as 30 lakhs (Ludhiana, Amritsar districts). The bed strength also varies from 75 to 500 beds depending on the size, terrain and population of the district. As per the second phase of the facility survey undertaken by the Ministry of Health & Family Welfare, Government of India, covering 370 district hospitals from 26 states have revealed that 59% of the surveyed district hospitals have tap water facility. The electricity facility is available in 97% of the districts

with a stand by generator facility in 92% of the cases. Almost all the DHs in India have one operation theatre and 48% of them have an OT specifically for gynecological purpose. About 73% of the surveyed district hospitals have laboratories. A separate aseptic labor room is found in only 45% of the surveyed district hospitals. Only half of the total number of district hospitals have OPD facility for RTI/STI. As regards manpower 10% of the district hospitals do not have O&G specialists and pediatricians. 80% of the DHs have at least one pathologists and 83% of the total DHs have at least one anesthetist. The position of general duty officers, staff nurses, female health workers and laboratory technicians are available in almost all district hospitals. Only 68% of the district hospitals have linkage with the district blood banks.

Most of the district hospitals suffer from large number of constraint such as:

- Buildings are either very old and in dilapidated conditions or are not maintained properly.
- The facilities at district hospitals require continuation upgradation to keep pace with the advances in medical knowledge, diagnostic procedures, storage and retrieval of information. It has been observed that development of hospitals is not keeping pace with the scientific development.
- A typical district hospital lacks modern diagnostic and therapeutic equipments, proper emergency services, intensive care units, essential pharmaceuticals and supplies, referral support and resources.
- There is a lack of trained and qualified staff for hospitals management and for the management of other ancillary and supportive services viz. medical records, central sterilization department, laundry, house keeping, dietary and management of nursing services.
- There is lack of community participation and ownership, management and accountability of district hospitals through hospital management committees.

District Hospitals have come under constantly increasing pressure due to increased utilization as a result of rapid growth in population, increase awareness among common consumers, biomedical advancement, resulting in the use of sophisticated and advanced technology in diagnosis and therapies, and constantly rising expectation level of the use of the services. The need for evaluating the care being rendered through district hospitals has gained strength of late. There is an urgent need to provide guidance to those concerned with quality assurance in district hospitals services to ensure efficiency and effectiveness of the services rendered.

Standards are a means of describing the level of quality that health care organization are expected to meet or aspire to. The key aim of the standard is to underpin the delivery of quality services which are fair and responsive to client's needs, which should be provided equitably and which deliver improvements in health and well being of the population. Standards are the main driver for continuous improvements in quality. The performance of district hospitals can be assessed against a set of standards.

The National Rural Health Mission (NRHM) has provided the opportunity to set Indian Public Health Standards (IPHS) for various health institutions at various levels starting from Sub-centres, Primary Health Centres, and Community Health Centres and so on up to the district level hospitals. IPHS for CHC and Sub-centres have been finalized available on the ministry's website www.mohfw.nic.in.

The present draft guidelines are an effort to prepare Indian Public health Standards for the District Hospitals. This is not to say the standards for various hospitals do not exist in the country. The Bureau of Indian Standards (BIS) have developed standards for hospitals services for 30 bedded and 100 bedded hospitals and standards for 250 bedded, 500 bedded teaching and non teaching and 750 bedded teaching and non teaching will be published by BIS later. However, these standards are considered very resource intensive and lack the processes to ensure community involvement, accountability, the hospital management, and citizens charter etc peculiar to the public hospitals. In this context a set of standards are being recommended for district hospitals to be called as **Indian Public Health Standards (IPHS) for District Hospitals**.

Setting standards is a dynamic process. The current effort is only to workout standards for a minimum functional grade level district hospital. Reference has been made to the BIS Standard for 100 bedded hospitals, Rationalization of Service Norms for Secondary Care Hospitals prepared by Govt. of Tamil Nadu, District Health Facilities, Guidelines for Development and Operations, WHO, 1998 and Indian Public Standards (IPHS) for Community Health Centre. This document contains the standards to bring the District Hospitals to a minimum acceptable functional grade with scope for further improvement in it.

Most of the existing hospitals below district level (31-50 Bed category) are located in older buildings in urbanized areas/towns as compared to most Primary Health Centres/Sub Centres. The expansions already done have resulted in constriction touching the boundaries walls with no scope of further expansions. As far as possible, States should not dislocate the said hospitals to a new location (in case of dislocating to a new location, the original client group will not be able to have same access to the desired health facilities),

Setting standards is a dynamic process. This document contains the standards to bring the District Hospitals to a minimum acceptable functional grade with scope for further improvement in it. These standards are flexible as per the requirement and resources available to the concerned State/UT Government. The time frame for implementation and achievement of these Standards could be extended for five years and to be done in phases.

2. **Objectives of Indian Public Health Standards (IPHS) for District Hospitals:**

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for DHs are:

- i. To provide comprehensive secondary health care (specialist and referral services) to the community through the District Hospital.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals.

3. Definition

The term District Hospital is used here to mean a hospital at the secondary referral level responsible for a district of a defined geographical area containing a defined population.

4. Grading of District Hospitals:

The size of a district hospital is a function of the hospital bed requirement, which in turn is a function of the size of the population it serves. In India the population size of a district varies from 35,000 to 30,00,000 (Census 2001). Based on the assumptions of the annual rate of admission as 1 per 50 populations and average length of stay in a hospital as 5 days, the number of beds required for a district having a population of 10 lakhs will be around 300 beds. However, as the population of the district varies a lot, it would be prudent to prescribe norms by grading the size of the hospitals as per the number of beds.

Grade I: District hospitals norms for 500 beds

Grade II: District hospitals norms for 300 beds

Grade III: District hospitals norms for 200 beds

Grade IV: District hospitals norms for 100 beds

The disease prevalence in a district varies widely in type and complexities. It is not possible to treat all of them at district hospitals. Some may require the intervention of highly specialist services and use of sophisticated expensive medical equipments. Patients with such diseases can be transferred to tertiary and other specialized hospitals.

A district hospital should however be able to serve 85-95% of the medical needs in the districts. It is expected that the hospital bed occupancy rate should be at least 80%.

The minimum functional grade of the different grades of district hospitals requiring the physical infrastructure, manpower, diagnostic and investigation facilities, equipment norms, drugs and other supportive services etc. has been given.

5. Functions

A district hospital has the following functions:

1. It provides effective, affordable health care services (curative including specialist services, preventive and promotive) for a defined population, with their full participation and in co-operation with agencies in the district that have similar concern. It covers both urban population (district headquarter town) and the rural population in the district.
2. Function as a secondary level referral centre for the public health institutions below the district level such as Sub-divisional Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.
3. To provide wide ranging technical and administrative support and education and training for primary health care.

6. Essential Services

Services include OPD, indoor, emergency services.

Secondary level health care services regarding following specialties will be assured at hospital:

Consultation services with following specialists:

- General Medicine
- General Surgery
- Obs & Gyne
- Pediatrics including Neonatology
- Emergency (Accident & other emergency) (Casualty)
- Critical care (ICU)
- Anaesthesia
- Ophthalmology
- ENT
- Dermatology and Venereology including STI/RTI
- Orthopaedics
- Radiology
- Dental care
- Public Health Management

Paraclinical services

- Laboratory Services
- X-ray facility
- Sonography (Ultrasound)
- ECG
- Blood transfusion and storage facilities
- Physiotherapy
- Dental Technology (Dental Hygiene)
- Drugs and Pharmacy

Support Services

Medico-legal/postmortem
Ambulance services
Dietary services
Laundry services
Security services
Counseling services for domestic violence, gender violence, adolescents, etc.
Gender and socially sensitive service delivery be assured.

Waste management
Ware housing/central store
Maintenance and repair
Electric supply (power generation and stabilization)
Water supply (plumbing)
Heating, ventilation and air conditioning
Transport
Communication
Medical social work
Nursing services
Sterilization and Disinfection
Horticulture (Landscaping)
Lift and vertical transport
Refrigeration

Administrative services

- (i) Finance
- (ii) Medical records (Provision should be made for computerized medical records with anti-virus facilities whereas alternate records should also be maintained)
- (iii) Procurement
- (iv) Personnel
- (v) Housekeeping and Sanitation
- (vi) Education and Training
- (vii) Inventory Management

*Financial accounting and auditing be carried out as per the rules along with timely submission of SOEs/UCs.

Financial powers of Head of the Institution

Medical Superintendent to be authorized to incur and expenditure up to Rs.17.00 lakhs for repair/upgrading of impaired equipments/instruments with the approval of executive committee of RKS.

No equipment/instrument should remain non-functional for more than 30 days. It will amount to suspension of status of IPHS of the concerned institutions for absence period.

Outsourcing of services like laundry, ambulance, dietary, housekeeping and sanitation, waste disposal etc. to be arranged by hospital itself. Manpower and outsourcing work could be done through local tender mechanism.

6.5 Services under various National Health and Family Welfare Programmes

6.6 Epidemic Control and Disaster Preparedness

