

DRAFT

**Indian Public Health Standards (IPHS)
For
31 to 50 Bedded
Sub-District/Sub-Divisional Hospitals**

GUIDELINES
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**Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India**

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1. Introduction

Sub-district (Sub-divisional) hospitals are below the district and above the block level (CHC) hospitals and act as First Referral Units for the Tehsil /Taluk /block population in which they are geographically located. Specialist services are provided through these sub-district hospitals and they receive referred in cases from neighboring CHCs. These hospitals should play an important referral link between the Community Health Centres, Primary Health Centres and sub-centres. They have an important role to play as First Referral Units in providing emergency obstetrics care and neonatal care and help in bringing down the Maternal Mortality and Infant Mortality. It also saves the travel time for the cases needing emergency care and reduces the workload of the district hospital. In some of the states, each district is subdivided in to two or three sub divisions. A subdivision hospital caters to about 5-6 lakhs people. In bigger districts the sub-district hospitals fills the gap between the block level hospitals and the district hospitals. There are about 1200 such hospitals in the country with a varying strength of number of beds ranging from 50 to 100 beds or more.

The Government of India is strongly committed to strengthen the health sector for improving the availability, accessibility of affordable quality health services to the people. In order to improve the quality and accountability of health services a set of standards need to be there for all health service institutions including sub-district hospitals.

Standards are a means of describing the level of quality that health care organizations are expected to meet or aspire to. The key aim of 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 Sub-district hospitals can be assessed against a set of standards.

There has been effort to set standards for 30 and 100 bedded hospitals by the Bureau of Indian Standards (BIS). However, these standards are considered very resource intensive and lack the process to ensure community involvement, accountability and citizens charter issues that are important for public hospitals.

Under the National Rural Health Mission (NRHM), the concept of Indian Public Health Standards (IPHS) for the Health Centres/ Hospitals functioning in the country. IPHS for CHC, PHC and Sub-centres have been finalized available on the ministry's website www.mohfw.nic.in.

The current effort is to prepare Indian Public Health Standards for the Sub-district Hospitals. Reference has been made to the BIS Standard for 100 bedded hospitals; Rationalisation 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 Health Standards (IPHS) for Community Health Centres. Setting standards is a dynamic process. This document contains the standards to bring the Sub-district Hospitals to a minimum acceptable functional grade with scope for further improvement in it. These standards are flexible as per the requirements and resources available to the concerned State/UT Government. The timeframe for implementation and achievement of these Standards could be extended for five years and to be done in phases.

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 construction 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)

2. Objectives of Indian Public Health Standards (IPHS) for Sub-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 Sub District Hospitals are:

- i. To provide comprehensive secondary health care (specialist and referral services) to the community through the Sub 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 act as the First Referral Unit (FRU) for the hospitals/centers from which the cases are referred to the Sub District hospitals

3. Definition of Sub District hospitals

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

4. Categorizing of Sub District hospitals

The size of a sub 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 sub district varies from 1,00,000 to 5,00,000. 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 sub district having a population of 5 lakhs will be around 100-150 beds. However, as the population of the sub district varies a lot, it would be prudent to prescribe norms by categorizing the size of the hospitals as per the number

of beds. For the purpose of classification, we have arbitrarily leveled Sub-district Hospitals as Category-I (31-50) and Category II (51-100). We presume that above 100 beds strength, health care facility will constitute District Hospital Group.

Category I: Sub District hospitals norms for 51-100 beds.

Category II: Sub District hospitals norms for 31 to 50 beds.

The minimum functional requirement of sub district hospitals (31-50 bedded) is given as under.

5. Functions

A sub district hospital has the following functions:

1. It provides effective, affordable healthcare 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 (sub divisional headquarter town) and the rural population of the sub division.
2. Function as a referral centre for the public health institutions below the tehsel / taluka level such as Community Health Centres, Primary Health Centres and Sub-centres.
3. Provide education and training for primary health care staff.

6. Essential Services (Minimum Assured Services)

Services include OPD, indoor and emergency services.

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

Consultation services with following specialists:

General Medicine

General Surgery

Obstetric & Gynecology

Pediatrics

Anesthesia

Orthopedics

ENT

Radiologist and Ultrasonologist

Ophthalmology

Community Health

Dermatology and Venerology (Skin & VD) RTI/STI

Dental care

AYUSH

Diagnostic and other Para clinical services regarding:

Lab, X-ray, Ultrasound, ECG, Blood transfusion and storage, and physiotherapy

Support Services: Following ancillary services shall be ensured:

- ◆ Finance*
- ◆ Medico legal/postmortem
- ◆ Ambulance services
- ◆ Dietary services
- ◆ Laundry services
- ◆ Security services
- ◆ Housekeeping and Sanitation
- ◆ Inventory Management
- ◆ Waste management
- ◆ Office Management (Provision should be made for computerized medical records with anti-virus facilities whereas alternate records should also be maintained)
- ◆ Counseling services for domestic violence, gender violence, adolescents, etc. Gender and socially sensitive service delivery be assured.

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

Finalcial powers of Head of the Institution

Medical Superintendent to be authorized to incur and expenditure up to Rs.15.00 lakhs for repair/upgradating of impaired equipments/instruments with the approval of executive committee of RKS.

No equipment/instruments 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.

Following services mix of procedures in medical and surgical specialties would be available:

SERVICE MIX OF PROCEDURES IN MEDICAL AND SURGICAL SPECIALITIES

| MEDICAL | |
|----------------|--------------------|
| 1 | Pleural Aspiration |

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|---|--|
| 2 | Lumbar Puncture |
| 3 | Skin scraping for fungus / AFB |
| 4 | Skin Biopsies |
| 5 | Abdominal tapping |
| OPD Procedures (Including IPD) | |
| 1 | Dressing (Small, Medium and Large) |
| 2 | Injection (I/M & I/V) |
| 3 | Catheterisation |
| 4 | Steam Inhalation |
| 5 | Cut down (Adult) |
| 6 | Enema |
| 7 | Stomach Wash |
| 8 | Douche |
| 9 | Sitz bath |
| 10 | Blood Transfusion |
| 11 | Hydrotherapy |
| 12 | Bowel Wash |
| Skin Procedures | |
| 1 | Chemical Cautery |
| 2 | Electro Cautery |
| 3 | Intra Lesional Injection |
| 4 | Biopsy |
| Paediatric Procedures | |
| 1 | Immunization (BCG, OPV, DPT, Measles, DT) / CH/ORT corner |
| 2 | Services related to new borne care + All procedures as mentioned in Medical |
| 2.1 | - only cradle |
| 2.2 | - Incubator Nebulization equipment |
| 2.3 | - Radiant Heat Warmer |
| 2.4 | - Phototherapy |
| 2.5 | - Gases (oxygen) |
| 2.6 | - Cut down |
| Cardiology Procedures and Diagnostic Tests | |
| 1 | ECG |
| 2 | Defibrillator Shock |
| Physiotherapy Services | |
| 1 | With Electrical Equipments |
| 1.1 | - Short wave diathermy |
| 1.2 | - Ultra Sonic Therapy |
| 1.3 | - Infra Red Lamp (Therapy) |
| 1.4 | - Electric Vibrator |
| Eye Specialist Services (Ophthalmology) | |

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| 1 | OPD Procedures |
| 1.1 | - Refraction (by using snellen's chart) - Prescription for glasses using Trial frame. |
| 1.2 | - Syringing and Probing |
| 1.3 | - Foreign Body Removal (conjunctival) |
| 1.4 | - Foreign Body Removal (Corneal) |
| 1.5 | - Epilation |
| 1.6 | - Suture Removal |
| 1.7 | - Subconj Injection |
| 1.8 | - Retrobulbar Injection (Alcohol etc.) |
| 1.9 | - Tonometry |
| 1.10 | - Pterygium Excision |
| 1.11 | - Syringing & Probing |
| 1.12 | - I & C of chalazion |
| 1.13 | - Stye |
| 1.14 | - Conjunctival Resuturing |
| 1.15 | - Corneal Scraping |
| 1.16 | - I & D Lid Abscess |
| 1.17 | - Uncomplicated Lid Tear |
| 1.18 | - Indirect Ophthalmoscopy |
| 1.19 | - Retinoscopy |
| Obstetric & Gynecology Specialist Services | |
| 1 | Episiotomy |
| 2 | Forceps delivery |
| 3 | Craniotomy-Dead Fetus/Hydrocephalus |
| 4 | Caesarean section |
| 5 | Female Sterilization (Mini Laparotomy & Laparoscopic) |
| 6 | D&C |
| 7 | MTP |
| 8 | Bartholin Cyst Excision |
| 9 | Suturing Perineal Tears |
| 10 | Assisted Breech Delivery |
| 11 | Cervical Cautery |
| 12 | Normal Delivery |
| 13 | E U A |
| 14 | Retained Placenta & MRP |
| 15 | Suturing Cervical Tear |
| 16 | Assisted Twin Delivery |
| Dental Services | |
| 1 | Dental Caries/Dental Abcess/Gingivitis |
| 2 | Minor Surgeries, Impaction, Flap |

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| 3 | Trauma including Vehicular Accidents |
| 4 | Sub Mucus Fibrosis (SMF) |
| 5 | Scaling and Polishing |
| 6 | Root Canal Treatment |
| 7 | Extractions |
| 8 | Amalgum Filling (Silver) |
| 9 | Intra oral X-ray |
| 10 | Complicated Extractions (including suturing of gums) |
| SURGICAL | |
| 1 | Abcess drainage including breast & perianal |
| 2 | Wound Debridement |
| 3 | Appendicectomy |
| 4 | Fissurotomy or fistulectomy |
| 5 | Hemorrhoidectomy |
| 6 | Circumcision |
| 7 | Hydrocele surgery |
| 8 | Herniorraphy |
| 9 | Suprapubic Cystostomy |
| 10 | Vasectomy |
| 11 | Cysts and Benign Tumour of the Palate |
| 12 | Excision Submucous Cysts |
| Breast | |
| 1 | Excision fibroadenoma – Lump |
| Hernia | |
| 1 | Ingunial Hernia repair reinforcement |
| 2 | Femoral Hernia repair |
| 3 | Strangulated Ventral or Incisional Hernia/Ingunial |
| Abdomen | |
| 1 | Exploratory Laparotomy |
| 2 | Gastrostomy or Jejuncstomy |
| 3 | Simple Closure of Perforated Ulcer |
| Pancreas | |
| 1 | Drainage of Pseudopancreatic Cyst |
| 2 | Retroperitoneal Drainage of Abscess |
| Appendix | |
| 1 | Emergency Appendisectomy |
| 2 | Interval Appendisectomy |

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| 3 | Appendicular Abscess Drainage |
| Small Intestine | |
| 1 | Resection and Anastomosis |
| 2 | Multiple Resection and Anaestomosis |
| 3 | Intestinal Perforation |
| Liver | |
| 1 | Open Drainage of liver abscess |
| 2 | Drainage of Subdia, Abscess/Perigastric Abscess |
| Biliary System | |
| 1 | Cholecystostomy |
| 2 | Cholecystectomy |
| 3 | Cholecystectomy and Choledocholithotomy |
| Colon, Rectum and Anus | |
| 1 | Fistula in anus low level |
| 2 | Catheters |
| 3 | IV Sets |
| 4 | Colostomy Bags |
| 5 | Fistula in ano high level |
| 6 | Perianal Abscess |
| 7 | Ischiorectal Abscess |
| 8 | Ileostomy or colostomy alone |
| 9 | Haemorrhoidectomy |
| 10 | Anal Sphincter Repair after injury |
| Penis, Testes, Scrotum | |
| 1 | Circumcision |
| 2 | Partial amputation of Penis |
| 3 | Total amputation of Penis |
| 4 | Orchidopexy (Unilateral & Bilateral) |
| 5 | Orchidectomy (Unilateral & Bilateral) |
| 6 | Hydrocele (Unilateral & Bilateral) |
| 7 | Excision of Multiple sebaceous cyst of scrotal skin |
| 8 | Reduction of Paraphimosis |
| Other Procedures | |
| 1 | Suture of large laceration |
| 2 | Suturing of small wounds |
| 3 | Excision of sebaceous cyst |

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| 4 | Small superficial tumour |
| 5 | Repair torn ear lobule |
| 6 | Incision and drainage of abscess |
| 7 | Injection Haemorrhoids/Ganglion/Keloids |
| 8 | Removal of foreign body (superficial) |
| 9 | Removal of foreign body (deep) |
| 10 | Excision Multiple Cysts |
| 11 | Tongue Tie |
| 12 | Debridment of wounds |
| 13 | Excision carbuncle |
| 14 | Ingrowing Toe Nail |
| 15 | Diabetic Foot And carbuncle |
| Urology | |
| 1 | Pyelolithotomy |
| 2 | Nephrolithotomy |
| 3 | Uretrolithotomy |
| 4 | Open Prostectomy |
| 5 | Cystolithotomy Superopubic |
| 6 | Dilatation of stricture urethra under GA |
| 7 | Dilatation of stricture urethra without anaesthesia |
| 8 | Meatotomy |
| 9 | Trocar Cystostomy |
| Plastic Surgery | |
| 1 | Burn Dressing Small, medium (10% to 30%), large 30% to 60%, extensive > 60% |
| 2 | Ear lobules repair one side |
| 3 | Simple wound |
| 4 | Complicated wound |
| 5 | Simple injury fingers |
| 6 | Crush injury hand |
| 7 | Polio Surgery |
| 8 | Surgery concerning disability with Leprosy |
| 9 | Surgery concerning with TB |
| Orthopaedic Surgery | |
| 1 | Fractures |
| 1.1 | Open reduction int, fixation of femur, tibia, B. Bone, Forearm Humerus inter-condylar fracture of humerus and femur and open reduction and int. |

| | |
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| | Fixation bimalleolar fracture and fracture dislocation of ankle Monteggia fracture dislocation |
| 1.2 | Medial condyle of humerus fracture lateral condyle of humerus Olecranon fracture, head of radius lower end of radius, medial malleolus patella fracture and fracture of calcaneum talus single forearm, bone fracture |
| 1.3 | Ext. fixation of hand & foot bones |
| 1.4 | Tarsals, Metatarsals, Phalanges carpals, Metacarpals, excision head fibula, lower end of tibia |
| 1.5 | Interlocking nailing of long bones |
| 1.6 | Debridement & Secondary closure |
| 1.7 | Percutaneous Fixation (small and long bones) |
| 2 | Closed Reduction |
| 2.1 | Hand, Foot bone and cervicle |
| 2.2 | Forearm or Arm, Leg, Thigh, Wrist, Ankle |
| 2.3 | Dislocation elbow, shoulder, Hip, Knee |
| 2.4 | Closed Fixation of hand / foot bone |
| 3 | Open Reduction |
| 3.1 | Shoulder dislocation, knee dislocation |
| 3.2 | Acromioclavicular or sternoclavicular Jt. Clavicle |
| 3.3 | Wrist dislocation on intercarpal joints |
| 3.4 | MP & IP Joints |
| 3.5 | Debridement of hand/foot |
| 3.6 | Fibula Radius Ulna (Clavicle) and Wrist, Ankle, Hand foot |
| 3.7 | Amputation (Thigh or arm, leg or forearm, feet or hand, digits) |
| 3.8 | POP Application (Hip Spica, Shoulder spica POP Jacket; A-K/A-E POP; B-K/B-E POP) |
| 3.9 | Patellectomy |

RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS) FOR DIFFERENT ILLNESSES CONCERNING DIFFERENT SPECIALITIES:

Obstetric & Gynecology

| S. No | NAME OF THE ILLNESS | RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS) |
|--------------|----------------------------------|--|
| 1 | Bleeding during first trimester | Diagnose ,Treat |
| 2 | Bleeding during second trimester | Diagnose ,Treat |

| | | |
|--------------------|---|---|
| 3 | Bleeding during third trimester | Diagnose ,Treat & refer |
| 4 | Normal Delivery | Yes |
| 5 | Abnormal labour (Mal presentation ,prolonged labour, PROM, Obstructed labour) | Refer |
| 6 | PPH | Obstetric first aid –IV line /oxytonic Drip SOS / Inj. Ergometrine IV /Inj. Prostaglandin IM and refer Mesopros |
| 7 | Puerperal Sepsis | First Aid ,IV parenteral antibiotics and refer |
| 8 | Ectopic Pregnancy | May refer |
| 9 | Hypertensive disorders | Diagnose and refer |
| 10 | Septic abortion | Diagnose and IV parenteral antibiotics and refer |
| 11 | Medical disorders complicating pregnancy (heart disease ,diabetes ,hepatitis) | Diagnose and refer |
| 12 | Bronchial asthma | Diagnose , first aid and refer |
| Gynaecology | | |
| 1 | RTI / STI | Treat and refer if necessary |
| 2 | DUB | Refer D & C medical management |
| 3 | Benign disorders (fibroid,prolapse ,ovarian masses) Initial investigation at PHC / Gr III level | Initial Investigations and refer |
| 4 | Breast Tumors | Refer |
| 5 | Cancer Cervix screening Initial investigation at PHC / Grade III level | Initial Investigations, Collection of PAP SMEAR and refer |
| 6 | Cancer cervix /ovarian Initial investigation at PHC / Gr III level | Diagnose and refer |
| 7 | Infertility | Basic Workout & Semen Analysis & Refer |
| 8 | Prevention of MTCT | Refer |
| 9 | MTP / MVA services | MVA |
| 10 | Tubectomy | Yes |
| 11 | Pap Smear | Yes |

| | | |
|----|------------------|-----|
| 12 | PPTCT Counseling | Yes |
|----|------------------|-----|

GENERAL MEDICINE

| S. No | NAME OF THE ILLNESS | RECOMMENDED SERVICE MIX (SUGGESTED ACTIONS) |
|----------|---|--|
| 1 | Fever -a) Short duration (<1 week) | Basic investigation and Treatment |
| | Fever -b) Long duration (>1 week) | Investigation and treatment Refer if necessary |
| | c) Typhoid | Treat uncomplicated Complicated cases refer to Gr-II - SDH |
| | d) Malaria / Filaria | Treat |
| | e) Pulmonary Tuberculosis. | Sputum +ve - Treat Sputum -ve - Ref to Gr-II-SDH |
| | f) Viral Hepatitis | Mild icterus, Short duration - Treat/ Long duration, Severe icterus- Refer to Gr-II-SDH |
| | g) Leptospirosis / Meningitis and Haemorrhagic fever | Refer to Gr-I / G-II District level |
| | f) Malignancy | Refer to Gr-I / G-II District |
| 2 | COMMON RESP. ILLNESSES : | |
| | Bronchial Asthma / Pleuraleffusion / Pneumonia / Allergic Bronchitis/COPD | Diagnose and Treat refer if necessary |
| 3 | COMMON CARDIAC PROBLEMS | |
| | a) Chest pain (IHD) | Diagnose and refer to Gr-II Sub district |
| | b) Giddiness (HT) | Diagnose and treat - Emergencies Refer to Gr-IISDH |
| 4 | G I TRACT | |
| a) | G I Bleed / Portal hypertension / Gallbladder disorder | Emergencies - Ref. To Gr-II / Gr-I - District Hospital |
| b) | AGE / Dysentry / Diarrhoeas | Treat |
| 5 | NEUROLOGY | |
| a) | Chronic Hpeadache | Ref. To Gr - I sub district |
| b) | Chronic Vertigo/ CVA/TIA/Hemiplegia/Paraplegia | Ref. To Gr - I / G-II district |

