

DRAFT

**Indian Public Health Standards (IPHS)
For
51 to 100 Bedded
Sub-District/Sub-Divisional Hospitals**

GUIDELINES
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**Directorate General of Health Services
Ministry of Health & Family Welfare
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Contents

1. Introduction	3
2. Objectives of IPHS for Sub-District Hospitals	4
3. Definition of Sub-District Hospital	4
4. Grading of Sub-District Hospital	4
5. Functions	5
6. Essential Services	5
7. Physical Infrastructure	26
8. Manpower	36
9. Equipment	39
10. Laboratory Services	52
11. Recommended allocation of bed strength at various levels	55
12. List of Drugs	56
13. Capacity Building	67
14. Quality Assurance in Services	67
15. Rogi Kalyan Samities / Hospital Management Committee	68
16. Citizen's Charter	68
Annexure – I: Guidelines for Bio-Medical Waste Management	78
Annexure – II: Reference Laboratory Networks	82
List of Abbreviations	87
References	88

1. Introduction

Sub-district (Sub-divisional) hospitals are below the district and above the block level (CHC) hospitals and act as First Referral Units. Specialist services are provided through these sub-district hospitals. 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 into two or three sub divisions. A subdivision hospital caters to about 5-6 lakhs people. In bigger districts the sub-district hospitals fill 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 (51-100 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. Grading 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 grading the size of the hospitals as per the number of beds.

Grade I: Sub District hospitals norms for 100 beds or more

Grade II: Sub District hospitals norms for 50 beds not exceeding 100 beds

The Sub District hospitals having less than 50 beds may follow the IPHS standards prescribed for CHCs. Similarly, Sub District Hospitals having more than 100 beds should follow IPHS for District Hospitals. The minimum functional grade of the two different grades of sub district hospitals requiring the physical infrastructure, manpower, diagnostic and investigation facilities, equipment norms, drugs and other supportive services etc. have been given.

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 district level such as Sub-divisional Hospitals, 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, emergency services.

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

Consultation services with following specialists:

General Medicine

General Surgery

O&G

Paediatrics

Emergency/A&E

Critical care

Anaesthesia

Ophthalmology

ENT

Dermatology and Venerology (Skin & VD) RTI/STI

Orthopaedics

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:

- ◆ Medico legal/postmortem
- ◆ Ambulance services
- ◆ Dietary services
- ◆ Laundry services
- ◆ Security services
- ◆ Housekeeping and sanitation
- ◆ 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.
- ◆ Finance*
- ◆ 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.15.00 lakhs for repair/upgrading 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
2	Skin scraping for fungus / AFB
3	Skin Biopsies
4	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
11	Blood Transfusion
12	Hydrotherapy
13	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)
2	Services related to new borne care
2.1	- only cradle
2.2	- Incubator
2.3	- Radiant Heat Warmer
2.4	- Phototherapy
2.5	- Gases (oxygen)
2.10	- Cut down
2.12	- Ventilator
Cardiology Procedures and Diagnostic Tests	
1	ECG
2	Defibrillator Shock
3	Laproscopy (Diagnostic and Therapeutic)
Physiotherapy Services	
1	With Electrical Equipments
1.1	- Short wave diathermy
1.2	- Electrical Stimulator

1.3	- Ultra Sonic Therapy
1.4	- Infra Red Lamp (Therapy)
1.5	- Electric Vibrator
2	With Mechanical Gadgets/Exercises
2.1	- Mechanical Traction (Lumber & Cervical)
2.2	- Exercycle
2.3	- Shoulder Wheel
2.4	- Walking Bars
2.5	- Post Polio Exercise
Eye Specialist Services (Ophthalmology)	
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	- Wart Excision
1.14	- Styte
1.15	- Cauterization (Thermal)
1.16	- Conjunctival Resuturing
1.17	- Corneal Scarping
1.18	- I & D Lid Abscess
1.19	- Uncomplicated Lid Tear
1.20	- Indirect Ophthalmoscopy
1.21	- Retinoscopy
2	IPD Procedures
2.1	- Cataract Extraction
2.2	- Glaucoma (Trabeculectomy)
2.3	- Small Lid Turnour Excision
2.4	- Conjunctival Cyst
ENT Services	
1	OPD Procedures
1.1	- Foreign Body Removal (Ear and Nose)
1.2	- Syringing of Ear
1.3	- Chemical Cauterization (Nose & Ear)

1.4	- Eustachian Tube Function Test
1.5	- Vestibular Function Test/Caloric Test
2	Minor Procedures
2.1	- Therapeutic Removal of Granulations (Nasal, Aural, Oropharynx)
2.2	- Cautrization (Oral, Oropharynx, Aural & nasal)
3	Nose Surgery
3.1	- Packing (Anterior & Posterior Nasal)
3.2	- Antral Punchure (Unilateral & Bilateral)
3.3	- I & D Septal Abscess (Unilateral & Bilateral)
3.4	- S M R
3.5	- Septoplasty
3.6	- Fracture Reduction Nose
3.7	- Fracture Reduction Nose with Septal Correction
4	Ear Surgery
4.1	- Ear Piercing
4.2	- Hearing Aid Analysis and Selection
5	Throat Surgery
5.1	- Adenoidectomy
5.2	- Tonsillectomy
5.3	- Adenoidectomy + Tonsillectomy
5.4	- Tongue Tie excision
6	Endoscopic ENT Procedures
6.1	- Direct Laryngoscopy
6.2	- Hypopharyngoscopy
6.3	- Broncoscopic Diagnostic
6.4	- Broncoscopic & F B Removal
7	General ENT Surgery
7.1	- Sticking of LCW (Nose & Ear)
7.2	- Preauricular Sinus Excision
7.3	- Tracheostomy
8	Audiometry
8.1	- Audiogram (Pure tone and Impedence)
Obstetric & Gynecology Specialist Services	
1	Episiotomy
2	Forceps delivery, VECC
3	Craniotomy-Dead Fetus/Hydrocephalus
4	Caeserean section
5	Female Sterilisation (Mini Laparotomy & Laparoscopic)
7	D&C

8	MTP
10	Bartholin Cyst Excision
11	Suturing Perimeal Tears
16	Assisted Breech Delivery
17	Cervical Cautery
18	Nomal Delivery
19	Casserian
20	E U A
21	Midtrimestor Abortion
22	Ectopic Pregnancy Ruptured
23	Retain Placenta
24	Suturing Cervical Tear
25	Assisted Twin Delivery
Dental Services	
1	Dental Caries/Dental Abcess/Gingivitis
2	Periodontitis <ul style="list-style-type: none"> → Cleaning → Surgery
3	Minor Surgeries, Impaction, Flap
4	Trauma including Vehicular Accidents
5	Sub Mucus Fibrosis (SMF)
6	Scaling and Polishing
7	Root Canal Treatment
8	Extractions
9	Light Cure
10	Amalgum Filling (Silver)
11	Sub Luxation and Arthritis of Temporomandibular Joints
12	Pre Cancerous Lesions and Leukoplakias
13	Intra oral X-ray
14	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	Diagnostic Laparoscopy
11	Cysts and Benign Tumour of the Palate
12	Excision Submucous Cysts
Breast	
1	Excision fibroadenoma – Lump
Hernia	
1	Ingunial Hernia repair reinforcement
2	Ingunial Hernia repair with mesh
3	Femoral Hernia repair
4	Recurrent Ingunial Hernia repair
5	Strangulated Ventral or Incisional Hernia/Ingunial
Abdomen	
1	Exploratory Laparotomy
2	Gastrostomy or Jejuncstomy
3	Simple Closure of Perforated Ulcer
4	Burst Abdomen Repair
Appendix	
1	Emergency Appendisectomy
2	Interval Appendisectomy
3	Appendicular Abscess Drainage
Small Intestine	
1	Resection and Anastomosis
2	Multiple Resection and Anaestomosis
3	Intestinal Performation
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 ane low level
2	Fistula in ane high level

