



**ORIGINAL RESEARCH PAPER**

**Community Medicine**

**AVAILABILITY OF SERVICES IN ACCORDANCE WITH IPHS GUIDELINES 2012 AT SUBDISTRICT HOSPITAL LEH : A CROSSECTIONAL STUDY.**

**KEY WORDS:** IPHS, Services, Training, Standards, Quality

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**ABSTRACT**

The objective of the study was to assess the service delivery component at facility level as per IPHS guidelines 2012. The present study was conducted at Khaltsi block of Leh district. Checklist for facility survey of Sub district hospital was used for assessment of facility based services .It was based on observation and interview of the staff members. Surgery, paediatrics, radiologist and ENT facility were not available .Minor cases are being managed by ISM doctors and other consultant as general duty medical officer was not available at the hospital. In addition, there was no provision for other services like ICTC and USG facilities. Most of the ancillary services were found to be in accordance with the existing guidelines except waste management and handling. Infectious and hazardous wastes needs tie up with Common biomedical waste treatment facility. Constitution of infection control committee, setting of blood storage facility and provision of USG Facility and ICTC facility should be emphasized. Paediatrics and surgeon should be posted in addition to the existing manpower for better coverage of services and to improve quality of care and up gradation of the facility .Training of health workers should be done from time to time.

**Introduction:**

The National Rural Health Mission (NRHM) was launched nationwide in 2005 and one of its commitments was to make all facilities fully equipped according to Indian Public Health Standards (IPHS).<sup>1</sup> Indian public health standards (IPHS) are asset of standards envisaged to improve the quality of health care delivery in the country. Standards are a means of describing the level of quality the health care organizations are expected to meet or aspire to. Sub district hospital are below district level and above the block level(CHC) hospitals and serve as first referral unit(FRU). In bigger districts the Sub-district hospitals fills the gap between the block level hospitals and the district hospitals.The main objective is to provide comprehensive health care at secondary level, to maintain standard of quality of care and to make the services more sensitive and responsive to the needs of people.<sup>2</sup>

**Objective :**

To assess the service delivery component at facility level as per IPHS guidelines 2012.

**About the study area.**

The present study was conducted at Khaltsi block of Leh district. It is located 76 kms towards west from Leh and is the block headquarter. It caters a population of 18,385 approximately with 30 sub centres, 2 Allopathic dispensary and one CHC. Accessibility wise, it is located at the main national highway and it receives patients from all the subcentres, CHC and many outsiders(tourists, labourers) with peak patient load during summer season. It provides 24 x7 services. The hospital was chosen as it serves as the main link between lower centres and district hospital Leh.

**Study Design:** It was a crosssectional study done during the month of June 2014.

**Study Material :** Checklist for facility survey of Sub district hospital formulated by Directorate General Health Services, Ministry of health and family welfare, Indian Public health standard guidelines(2012) was used for assessment of facility based services . It was based on observation and interview of the staff members.

**Results :**

The service delivery component have been tabulated into three major component namely outpatient department services(OPD) , Ancillary services and patient safety and infection control.

**Table 1: Availability of OPD Services**

Services	Availability	
	Available	Not available
General Medicine	Yes	
General Surgery		No
Accidents and emergency services	Yes	

General Orthopaedics	Yes	
Obstetrics and Gynaecology	Yes	
FP services like counselling, Tubectomy, NSV,IUCD, OCP,* Condom, ECP etc	Yes	
Paediatrics		No
Ophthalmology	Yes	
Dental care	Yes	
DOT centre	Yes	
Designated Microscopy centre(DMC)	Yes	
AYUSH	Yes	

\*NSV: No scalpel vasectomy, IUCD: Intrauterine contraceptive device, OCP: Oral contraceptive pill.

**Continued : OPD SERVICES**

Integrated counselling testing centre (ICTC)		No
Services provided under National Health Programmes including lifestyle disorders	Yes	
Laboratory services	Yes	
X Ray	Yes	
Ultrasound		No
ECG	Yes	
Blood Storage facility	Yes	

Surgery, paediatrics, radiologist and ENT facility was not available and they use to refer complicated cases to the concerned speciality at District hospital leh. Minor cases are being managed by ISM doctors and other consultant as general duty medical officer was not available at the hospital. In addition, there was no provision for other services like ICTC and USG facilities.

**Table 2: Availability of Ancillary Services**

Services	Availability	
Finance (financial accounting and auditing)	Yes	
Medico legal / Post-mortem	Yes	
Ambulance services	Yes	
Dietary services	Yes	
Laundry services	Yes	
Security services	Yes	
Housekeeping and sanitation	Yes	
Medical store and Inventory management	Yes	
Waste management (as per 2016 guidelines)		No
Medical record department (MRD) including Management Information System	Yes	
Power back up facility	Yes	
Office management(Computerized Medical records with Antivirus facility) and manual record maintenance	Yes	

Most of the ancillary services were found to be in accordance with the existing guidelines except waste management and handling .Final disposal was done either by burning, dumping and sharp pit. colour coding bins were not as per 2016 guidelines. Dietary services were being provided to JSSK beneficiaries. Linen washing is being managed with washing machine. Since the bed turnover rate was found to be low, outsourcing for laundry was not existing. Security service was being managed by chowkidar. Provision was kept for power back up facility. Overall, management of OPD cases, stabilization of emergency cases to some extent and normal delivery cases are dealt with.

There was no constitution of Infection control committee, Biomedical waste management committee and no provision for blood storage facility. No training (formal or informal) for updation of knowledge was given to the staff.

**Patient safety and Infection control**

Particular	Availability	
Hand washing facilities in all sections	Yes	
Safe clinical practices as per Standard protocols	Yes	
Infection control team		No
Safe Injection administration practices as per the prescribed protocols	Yes	
Safe blood transfusion practices*		Not applicable
Disposal of Biomedical Waste (2016)guidelines		No
Spill management guidelines (Blood and Mercury)	Yes	
Training of Health care workers in patient safety, Infection control and Biomedical waste management		No

\*No blood storage facility.

**Conclusion and recommendation:**

The study was an attempt to get an overall picture of availability of various services at facility as per the standard guidelines.It identified lacunae in some aspects like surgical OPD, USG Facility and blood storage facility. Infectious and hazardous wastes needs tie up with Common biomedical waste treatment facility. Constitution of infection control committee, setting of blood storage facility and provision of USG Facility and ICTC facility should be emphasized. Paediatrics and surgeon should be posted in addition to the existing manpower for better coverage of services and to improve quality of care and up gradation of the facility. Training of health workers about latest guidelines should be done from time to time.

**References:**

- 1) The National Population Policy 2000. [http:// www. populationcommission.nic.in/npp.htm](http://www.populationcommission.nic.in/npp.htm)
- 2) IPHS Guidelines for sub district / sub divisional Hospitals 31- 100 bedded ,2012: Directorate General of Health ServicesMinistry of Health & Family Welfare Government of India