

MINUTES OF MEETING REGARDING PRELIMINARY GAP ANALYSIS REPORTS SUBMITTED BY STATE GOVERNMENTS ON PMSSY UPGRADATION-PHASE-III HELD ON 21 OCTOBER 2014 AT 10 AM IN ROOM NO. 249-A, NIRMAN BHAWAN, NEW DELHI

A meeting, convened with advance notice, on Preliminary Gap Analysis Reports under Phase-III of Pradhan Mantri Swasthya Suraksha Yojana up-gradation, submitted by the respective State Governments in respect of the following Government Medical Colleges/institutions(GMCI), was held in Room No. 249, 2nd Floor, A Wing, Nirman Bhawan New Delhi on 21st October, 2014 at 10.00AM: **Assam**: Gauhati Medical College, Guwahati and Assam Medical College, Dibrugarh; **Karnataka**: Vijayanagar Institute of Medical Sciences, Bellary and Karnataka Institute of Medical Sciences, Hubli; **Kerala**: TD Medical College, Alappuzha; **Madhya Pradesh**: Govt. Medical College, Rewa; Netaji Subhash Ch. Bose Medical College, Jabalpur, GR Medical college, Gwalior; **Maharashtra**: Govt. Medical College, Aurangabad; Govt Medical College, Latur; Govt Medical College, Akola and Shri Vasantnao Naik Govt. Medical College, Yavatmal; **Odisha**: MKCG Medical College, Berhampur and VSS Medical College, Burla; **Punjab**: Govt. Medical College, Patiala; **West Bengal**: BS Medical College, Bankura; Govt. Medical College, Malda and North Bengal Medical College, Darjeeling. The meeting was co-chaired by Joint Secretary (PMSSY), Directors of AIIMS-Bhopal/AIIMS- Bhubaneswar/AIIMS-Patna/ AIIMS-Raipur .The Participants list is at Annex-A.

2. JS (PMSSY) welcomed the participants and recapitulated the process involved in up-gradation programme under Phase-III of PMSSY. He also spoke about the time lines (of December, 2014 for start of construction on ground) given by higher authorities for time bound execution of the projects in a cost-effective, environment friendly, transparent, equitable and statutory/regulatory compliant manner while also adopting IPHS guidelines as applicable(ref minutes at Annex-B). He added that the outcome of the exercise would be placed before Secretary HFW for orders. It was stated that in the light of decision taken by the IPC headed by Secretary HFW in its meeting held on 16 September 2014, it had been directed by IPC that the technical specifications approved for six new AIIMS shall be adopted for all the PMSSY up-gradation projects for similar equipment and there should not be any deviation in specifications approved for AIIMS. It was stated by the State Government side that their Governments were committed to the guidelines on PMSSY Ph-3 already conveyed by Ministry.

3. Thereafter, each of the States made detailed presentation on their preliminary gap analysis report Government Medical College/institution wise. It was noted that the State governments had accepted the guidelines on PMSSY Ph-3 conveyed from time to time including Secretary HFW DO dated 2 January 2014 to respective Chief Secretaries. It was also noted that respective State Government would create and fill posts in a time bound manner. Based on the presentations detailed discussion took place and decisions or agreed positions were arrived at.

4. In respect of medical equipment it was decided that the respective GMCI/State Governments would get the list vetted by the Apex Institute of national Importance assigned for the purpose keeping in mind the cost ceiling meant for medical equipment. It was agreed that there would be no civil constructions scattered here and there but, would be in the form of a unified Super Specialty Block (SSB). Medical equipment can be provided to existing departments also for their up-gradation within cost ceiling/ The agreed positions arrived at, in respect of each GMCI are summarized as follows:

State	Govt. Med College/ Institution	No. of Super Specialty DEPARTMENTS to be considered under PMSSY-3	No. of ADDITIONAL PG seats to be created in relation to PMSSY Phase-3	No. of BEDSs related to Super Specialty Deptt to be additionally created under PMSSY-3	No. of ICU BEDS related to Super Specialty Deptt to be additionally created under PMSSY-3	No. of OPERATION THEATRE related to Super Specialty Deptt to be additionally created under PMSSY-3	CIVIL WORKS (includes Electrical etc.) component ceiling in Rs. Cr	MEDICAL EQUIPMENT ceiling in Rs. Cr
Assam	Gauhati MC, Guwahati	SIX	27	180	60	6	80	60
Assam	Assam MC, Dibrugarh	SIX	18	120	60	6	80	60
Karnataka	VIMS, Bellary	TEN	27	120 inc ICU		6	65	75
Karnataka	KIMS, Hubli	EIGHT	30	160	40	6	75	65



Kerala	TD MC, Alappuzha	NINE	15	200	45	8	80	60
Kerala	GMC Kozhikode	EIGHT	10	200	40	8	80	60
Maharashtra	GMC, Aurangabad	EIGHT	24	160	50	6	75	65
Maharashtra	GMC; Latur	SEVEN	21	160	50	6	75	65
Maharashtra	GMC, Akola	SEVEN	21	160	50	6	75	65
Maharashtra	SVN GMC, Yavatmal	SEVEN	21	160	50	6	75	65
Odisha	MKCG MC, Berhampur	EIGHT	24	180	60	6	80	60
Odisha	VSS MC, Burla	NINE	27	180	60	6	80	60
W.B.	BS MC, Bankura	NINE	27	180	60	6	80	60
W.B.	GMC, Malda	Trauma Emer Med, Onco	--	120 in TEM incl ICU, HDU 60 in Onco	--	6	65	75
W.B.	NB MC, Darjeeling	SEVEN	21	140	70	8	80	60

4.1. In respect of Government Medical College, Rewa, Netaji Subhash Chandra Bose Medical College, Jabalpur and GR Medical College, Gwalior in Madhya Pradesh, the Preliminary Gap Analysis reports were found to be not in accordance with the guidelines and hence not accepted. The State Government will re-work and re-submit.

5. The respective Project Management & Supervision Consultants (CPWD/HLL/HSCC) assigned the GMCI would submit Project Reports for Civil Works component for each GMCI to MoHFW through the respective State Governments by **07 November 2014**. In addition, HSCC would submit Detailed Project Report for civil works for Government Medical College, Patiala through State Govt. by **27 Oct 2014**.

6. GMCIs including GMC, Patiala would also complete their exercise of getting the medical equipment lists vetted by Apex Institutions and forward the same to MoHFW through the respective State Governments by **21 November 2014**

These minutes have been seen by Secretary HFW before issue.



(Amrit Lal)

Director

Email: AMRIT.L@NIC.IN

Telephone: 23062655

To

1. Principal Secretary to the Government of Assam/ Karnataka/ Kerala/ Madhya Pradesh/ Maharashtra/ Odisha/ Punjab/ West Bengal, Medical Education Department
2. Director, JIPMER, Puducherry; PGIMER, Chandigarh; AIIMS-Bhopal/AIIMS- Bhubaneswar/AIIMS-Patna/ AIIMS-Raipur (Co-Chairs of Central Committee on Gap Analysis)
3. Principal / Dean / Head of the respective Government Medical College/Institutions
4. ADG CPWD ER-I Kolkata; ADG CPWD WR-I(Mumbai)
5. CMD, HLL Noida
6. CMD, HSCC Noida
7. Superintending Engineer, JIPMER, Puducherry; PGIMER, Chandigarh; AIIMS-Bhopal /AIIMS- Bhubaneswar/ AIIMS-Patna/ AIIMS-Raipur.
8. Medical Superintendent, JIPMER, Puducherry; PGIMER, Chandigarh; AIIMS-Bhopal /AIIMS- Bhubaneswar/ AIIMS-Patna/ AIIMS-Raipur












Copy to PPS to Secretary (HFW)/ AS (H)/ JS(PMSSY), PMSSY Section, PMSSY website.

Meeting on: **PMSSY Up-gradation Phase-III: Preliminary Gap Analysis by States: Meeting**

Annexure - A










Venue: 249, Committee Room, 2nd Floor, Nirman Bhavan, MoHFW Date: 21 October 2014 Time: 1000 hrs

Sl No	Name	Designation & Organization	Mobile number	Email id	Signature
1					
2	Dr. Anu Mahapatra	Director PAINA, BBSR	9438884111		
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36	S.A. Nsmvani	GM (P&OE) H&EE	9871144077	s.a.nsmvani@hsccltd.com	

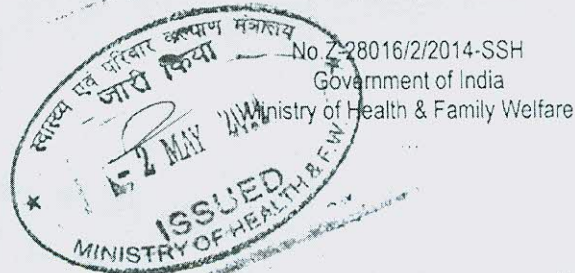
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ANNEX-B

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o/c
02/05/14



Nirman Bhawan, New Delhi-110108

Dated, the 30th of April, 2014

Minutes of meeting held on 18.3.2014 at 11.00 AM with stakeholders to discuss Draft Guidelines for Multi-Specialty Hospitals for PMSSY Phase-III Upgradation Projects, based on IPHS Guidelines, 2012

A meeting with advance notice, and, circulated agenda including draft guidelines, was held under the chairmanship of Joint Secretary (PMSSY), Ministry of Health & Family Welfare, on 18.3.2014 at 11.00 AM with stakeholders to discuss the Draft Guidelines for Multi-specialty Hospitals for PMSSY Phase-III Upgradation Projects, based on IPHS Guidelines 2012, recommended by the Committee of Experts constituted by the Ministry for the purpose. The list of officers participated in the meeting is enclosed at Annex -I.

2. After welcoming the participants, Joint Secretary (PMSSY) explained the background of the proposal for adoption of IPHS Guidelines into civil constructions at 39 Government Medical Colleges/Institutions under PMSSY Phase-III Upgradation Programme.

3. The Draft Guidelines recommended by the Committee of Experts had been circulated amongst all stakeholders including the invitees to the meeting. Subsequently, the Planning Commission had furnished their comments on the Draft Guidelines (Annex -II). These comments were also circulated for discussion. Research Associate (Health), Planning Commission, explained the Commission's comments on the Draft Guidelines in detail. It was decided that comments given by Planning Commission need to be considered and incorporated as far as possible in the draft Guidelines.

4. Chief Architect, Central Design Bureau, MoHFW, (who chaired the committee for framing draft IPHS guidelines for PMSSY phase-III) made a presentation of the main points included in the Draft Guidelines. Detailed discussions were held on each of the points.

5. Director, JIPMER, suggested that the bed capacity of ICU may be restricted to 8 to 20% of total bed strength instead of 15 to 20% as suggested in the Draft Guidelines, depending upon the requirement of each Medical College/Institution. He stated that lowering the minimum requirement of bed strength will result in effective utilisation of funds.

5.1 Joint Secretary (PMSSY), MoHFW, was of the view that PMSSY phase-III upgradation involved 39 State Government Medical Colleges and the decision regarding bed strength of ICUs could be left to the Gap Analysis Committee constituted for each Medical College/ Institutions and the State Government concerned.

6. Director, JIPMER, further suggested that Nursing Stations should be situated at points which were most convenient to the patients. Chief Architect, Central Design Bureau, MoHFW stated that these had been taken care of.

7. Director (PFD), Ministry of Finance (Department of Expenditure), expressed concerns about the cost specifications of Heating Ventilation Air Conditioning (HVAC). She suggested that since HVAC was costly, installation of the system should be restricted to areas where it is absolutely necessary, like ICU etc. Consultant (Engg.) PMSSY also pointed out that provision of additional UVGI, PHI or HEPA as part of HVAC design would further add to the cost besides these were vendor specific also. After detailed discussions, it was decided keeping public expenditure and limited resources in view, that such high cost items should not be adopted and NO VENDOR SPECIFIC specifications should be adopted in the entire draft guidelines (including HVAC) as it may amount to discouraging competition.

8. Consultant (Engg.), PMSSY, MoHFW, made following observations on the specifications attached as Annexure - A to the Draft Guidelines:

- (i) The provision of item of anti-bacterial tiles in areas like OPD, Diagnostic, Corridors, etc. will not only add enormously to the cost but was also vendor specific. This may be restricted to areas like ICU, etc.
- (ii) The specifications of Toilet Doors as mentioned at Sl. No.9 is "PVC Doors Rajashri make or equivalent as per DSR of CPWD" needs to be replaced with "PVC doors conforming to CPWD specifications" so that these are not vendor specific.

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- (iii) The specifications of internal partition walls as mentioned at Sl. No.22 of attached specifications are in variance with those mentioned in Para titled "Structures" on page 3 of the Guidelines. This needs to be corrected and specifications as mentioned in Para titled "Structures" need to be adopted so that specifications are not vendor specific.

9. Joint Secretary (PMSSY) also clarified that as per the policy of the Ministry, no vendor specific items be incorporated in the specifications and tenders.

10. The Draft Guideline under the heading "XII) Building Maintenance" reads as follows "... Any new construction should have maintenance component in built in the tender stage as per MoHFW order No.70-2/2011-CDB/Estt.I dated 10th March, 2011". Consultant (Engg.), PMSSY, MoHFW, stated that since maintenance of the new facilities created under PMSSY Phase-III Upgradation would be the responsibility of the State Government concerned, necessary changes should be made to this condition.

11. Chief Architect, CDB, MoHFW, suggested that preference should be given to escalators over ramps in the new blocks to be constructed under PMSSY Phase-III Upgradation projects. Although this item had not been included in the Draft Guidelines, he stated that this suggestion could be considered as it would result in effective use of space.

12. The representative of the Department of Expenditure suggested the following while conveying approvals for project execution:

- (i) Cost per unit
- (ii) Cost per bed
- (iii) Cost per sqm.
- (iv) Number of units and cost.
- (b) Pursue NABH accreditation.

13. Representatives State Governments suggested the following:

- (i) Standard design of building of SSB to arrive at minimum built up area and land area required.
- (ii) Cost of civil works to be worked out on PAR -2012 of CPWD.
- (iii) NDMA Guidelines to be followed for seismic Zones.
- (iv) Gap analysis –what exists and what need to be added, so that there is no duplication of departments/equipment.
- (v) Dovetailing of different projects of MoHFW (Government of India) for SSB like Burns, Mental Health Programme etc. to be done by State Government.

14. It was decided that the draft guidelines would be revisited by the appointed Committee based on the discussion and final recommendations submitted to Ministry so that further steps were taken by the Ministry.

The meeting ended with a vote of thanks to the Chair.


(Amrit Lal)

Deputy Secretary to the Govt. of India
Tele. 23062655

To

1. DGHS, MoHFW [8425/14]
2. DG, CPWD [2/5/14]
3. Addl CS/ Principal Secretary (Health & Med Edu), Govt. of _____ (all State Governments and Union Territories)
4. Adviser (Health), Planning Commission, Yojana Bhawan, New Delhi — 36087
5. Director (Plan Finance-II), Department of Expenditure — 36088
6. CMD, HLL Lifecare Ltd. 36158
7. CMD, HSCC (I) Ltd. 37174
8. All Participants in the meeting

Copy to:

1. PPS to JS (PMSSY) [2/5/14]
2. Head CDB MoHFW
3. EC PMSSY
4. Head EU HLL

PRINCIPAL SECRETARY - Bihar [35880/14]

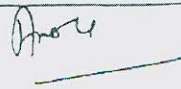
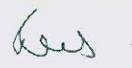

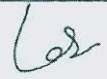
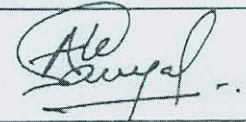




Annex - I

Meeting on Physical infrastructure norms and specification for Multi-Specialty hospital based on IPHS Guidelines 2012 The following members were present:-

Sr.No	Name / Designation	Org.	Telephone	Signature
1.	Shash Kishan Bano RA	Planning Commission	011-23096724	Shash Bano
2.	Soheli Ghosh Nay Director (PFD)	Dept Expenditure	011-23093257	M.
3.	Dr. B. L. SHERWAL DDG(M)	DEGHS/ MOHFW	9868168410	B. Sherwal
4.	DR. S. BADDI NATH Project Consultant	JIPMER	9442642449	J. B. Nath
5.	Dr. T. S. RAVIKUMAR DIRECTOR	JIPMER	9442215378	T. S. Ravikumar
6.	Akhilesh Kumar CE	CPWD	9811420440	A. Kumar
7.	S. M. AMRIT Committee (EGS) Member	MOHFW	9810419285	S. M. Amrit
8.	Anurag Salwan Head, EU (M)	MOHFW	9818900745	A. Salwan
9.	AMARJEET Sinha Deputy Secy	MOHFW	9810450018	A. Sinha
10.	Dr. Rohendra Chakr Chief Architect	CDB MOHFW	23062928	R. Chakr
11.	Sun Deep Nayak	JIPMER	23081773	S. Nayak

d/c

Meeting on Physical infrastructure norms and specification for Multi-Specialty hospital based on IPHS Guidelines 2012 The following members were present:-

Sr.No	Name / Designation	Org.	Telephone	Signature
12	Amerit Lal	M.HFW	23012155	
13	P S Rao Daxm	HSCC	9999691569	
14	S. S. Jofu	HSCC	9891935090	
15	L. K. Gupta	MOHFW	9810306581	
16	ALOKE SANYAL	CDB MOHFW	011-23063546	
17	Chhabi Malhū	CDB MOHFW	011-23063546	
18	O P Sharma	US (Prasng)	011-23061120	
		Continued on next page		

Meeting at 11.00 AM on 18.3.2014 with stakeholders to discuss Draft Guidelines for Multi-Specialty Hospitals for PMSSY Phase-III Upgradation Projects, based on IPHS Guidelines 2012,

ATTENDANCE SHEET

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9					

F NO. 703/2013 H&FW
Planning Commission
(Govt. of India)
Health & Family Welfare Division

Yojana Bhawan, Sansad Marg
New Delhi. Dated 14th, January, 2014

Office Memorandum

Subject: Meeting with Stakeholders to discuss Draft Guidelines for Multi-Specialty Hospitals for PMSSY Phase III, based on IPHS Guidelines 2012

Ministry of H&FW may refer to their communication No.Z-28016/2/2014/SSH/FS-74849 dated 7th, March 2014 on the subject mentioned above.

Comments of Health Division:

It is suggested that the guidelines for a 'Multi Specialty Hospital' should also have guidelines on the following:

- 1. Standards for Equipments:** Upgradation of Health Institutions under PMSSY involves upgradation of infrastructure as well as of equipments. The current guidelines have been proposed only for upgradation of health infrastructure. Therefore, IPHS guidelines should also address to upgradation of equipments.
- 2. Access to Essential Medicines in All Public Facilities:** XII Plan document has stated that 'All public health facilities should ensure free of cost availability of essential medicines to achieve affordable health care for bulk of population.' Guidelines need to be issued regarding list as well as sufficient inventory of good quality essential medicines in the Pharmacy of the Hospital. The provision of essential medicines free of cost must be backed by logistics arrangements to procure generic medicines that match pre-qualifying standards.
- 3. Quality Standards to be offered to patients:** The IPHS standards should also incorporate standards of care and service to be offered to patients (both OPD & IPD).
- 4. Quality of Teaching in the Medical Colleges attached to Multi Specialty Hospital:** There has to be inbuilt system of accreditation by an external agency of the quality of teaching imparted in the colleges.
- 5. Adequate Provision for Health Research:** There should be provision of good initial support in the form of fellowship/grant for producing quality health researchers, and improving career

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opportunities of the young researchers. There should be provision for peer review.

All government and publicly financed private health care facilities would be expected to achieve and maintain these standards. An in-house quality management system will be built into the design of each facility, which will regularly measure its quality achievements. Facilities will be provided with an incentive, which they can share with their teams, to achieve and improve their quality rating. The service and quality standards shall be defined, made consistent with requirements under the Clinical Establishment Act, and performance of each registered facility made public, and periodically ranked. The work of quality monitoring will be suitably institutionalized.

6. Health Human Resources: Effective functioning of a 'Multi Specialty Hospital' to a very large extent depends upon the full compliment of specialists, doctors, nurses, paramedics, pharmacists, radiographers etc.

There is a need to specify norms (ratio) w.r.t. specialist, doctors, nurses, paramedics, pharmacists etc keeping in view that these are 24X7 working health facilities and also addressing to emergencies etc. The availability of adequate health personnel should be available in HMIS/Health Portal of the Hospital.

7. Lay out Plan of the Hospital: Lay out Plan of the Hospital should have

- i) Special arrangement for OPD for Sr. citizens/PH.
- ii) Residential facility for doctors/nurses
- iii) Hostels for students/nurses.
- iv) *The space norms should include ladies and gents toilets besides the services areas such as waiting space, entrance hall registration counter.*
- v) *For patient amenities portable drinking water should be available at near reception and at waiting areas.*
- vi) *Besides Bio waste management there should be provision for solid waste management plant and sewerage treatment plant.*
- vii) *Critical Care Unit (CCU) should be there.*

8. Bed Strength of Multi-Specialty Hospital: The proposal states that Bed Strength of Multi Specialty Hospital does not include Emergency beds, ICU beds, High Dependency beds unit (HDU) beds, pre-operative and post-operative beds. In all the AIIMS like institutions, 50 beds have been earmarked for Intensive Care Units (ICUs) & Critical care and the same should be included in overall bed strength.

9. HMIS: There should be Health Management Information system & Electronic case records.

10. **NABH/NABL Accreditation:** There should be Mandatory accreditation to existing standards like NABH NABL.
11. **Autonomy & Financial Flexibility:** Institute should be conferred great autonomy and delegated greater administrative and financial powers and be empowered to function as effective Board managed entity. Institute should be encouraged to develop their own corpus to attain financial flexibility over a period of time by mobilizing contributions (including under Corporate Social Responsibility) and Internal Extra-Budgetary Resources.

It is requested that the proposed guidelines may be finalized early and made an integral component of plan /tender for upgradation all new tertiary care institutions under MoH&FW.

This issues with the approval of Member (Health), Planning Commission

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