

Report on the visit of Justice Y. Bhaskar Rao, Member and Shri Chaman Lal, Special Rapporteur to the G.B. Pant Hospital Agartala on 12th June, 2004

NHRC Team comprising Justice Y. Bhaskar Rao, Member and Shri Chaman Lal, Special Rapporteur visited the G.B. Pant Hospital, Agartala on 12th June 2004 to study the hospital infrastructure available facilities and treatment and care of patients. The visit was organized by Shri S.K. Roy, IAS, Commissioner (Health and Family Welfare Department), Government of Tripura. Before escorting the visiting Team to various wings of the Hospital, Shri Roy made a brief presentation on the Hospital infrastructure and its functioning. Dr. N. Das, Director of Health Services, Dr. T.K. Das, Director Family Welfare and Preventive Medicine, Dr. J. Chakraborty, Medical Supdt., Dr. N. Deb Barman, Project Director, Tripura Super Speciality Hospital Agartala, Shri A.K. Sinha, CPO Directorate of Health Services, Shri S. Das, Joint Director., I.T. Department and Shri K. Ambully, Joint Secretary (Home), Government of Tripura were present. The team found the presentation quite comprehensive and extremely useful to the purpose of its visit. The observations/suggestions of the team are as under:

G.B. Pant Hospital was set up in 1961 with 250 Beds. It is the largest referral Hospital in the State provided with modern equipment and State-of-art facilities. It provides services in specialties like general medicine, general surgery/Anesthesiology, ENT, TB/Chest diseases, psychiatry, skin, STD and physical medical rehabilitation. It is also providing limited services in some super specialities like Cardiology, Neurology, Endocrinology, Cardiac Pacing, Laproscopic surgery and Dialysis. It is running a Blook Bank of its own. It has a 4 bedded ICU with support system and has also established Tele-medicine facilities.

The Hospital has well-developed diagnostic services including CT Scan, Ultrasound, EEG and TMT. The following comparative statements will be found useful in assessing the workload of the hospital and growth of its services:

OPD Services

Year	Total	Daily average
2001-02	1,82,164	651
2002-03	1,93,708	692
2003-04	2,13,356	761

IPD Services

Year	Total	Daily Average
2001-02	29,640	80.88
2002-03	30,932	85.02
2003-04	32,972	91.18

The Hospital bed capacity is 686. The occupancy was 102.37% in 2001-02, o 100.37 in 2002-03 and 104.58 in 2003-04. The bed turnover was 43.2, 45.1 and 48.1 respectively in these years. The average length of stay is 8.2 days.

Deaths

1738 patients had died in 2001-02 giving a gross death rate of 5.86%. The death of 1327 patients in 2002-03 gives a death rate of 4.2%. In 2003-04, a total of 1950 patients died presenting a death rate of 5.91%. Shri S.K. Roy remarked that the death rate is less than the national average. The Special Rapporteur has found out from the Ministry of Health and Family Welfare that the gross death rate of Safdarjang Hospital was 6.40% in 2002-03. It was 5.9 for Ram Manohar Lohia Hospital. The Team wanted to know whether any Death Reviews have been made by the hospital. No information could be readily furnished. The Member explained the significance of such reviews and advised that they should be held periodically as a measure of self-check.

Diagnostic Services

The following figures are a clear testimony to steadily growing utilization of established facilities:

Services	2001-02	2002-03	2003-04
CT Scan	4148	3785	4989
USG	3724	4175	3714
Echo	702	1154	1559
TMT	136	173	301
Endoscopy	976	1008	755
Pacemaker	Not started	22	29
Pathology	108617	146132	156459

Surgery

3267 major and 5906 minor operations were carried out in 2001-02. The number went up to 3348 and 6834 in 2002-03. The figures for 2003-04 are 3746 and 10624.

The Team visited the OTs and Surgical wards and was impressed with the modern facilities and highly professional attitude and conduct of the medical and paramedical staff.

OPD & CASUALTY

Despite the constraint of space causing congestion, the OPD services were found being run efficiently. A 20 bedded Casualty Unit is an important feature of the hospital.

Tele-Medicine

The Team visited the Tele-medicine Section and saw the newly developed facility in operation. Transmission of a patient's Echo Pictures from the care Hospital, Hyderabad was demonstrated. The Team felt that the use of Tele-medicine could be more profitable if the facilities are extended to the other Districts and Sub Divisional Hqrs. Hospitals of the State. Mr. S.K. Roy confirmed that this is being planned.

Psychiatry Unit

The incidence of serious mental illness in Tripura is roughly 1% and minor mental disorder about 10% of the population. The State does not have a Govt. Mental Hospital. This Hospital has a 20 bedded Psychiatric ward. However, the diagnostic and therapeutic facilities need to be upgraded by providing clinical Psychologists and Psychiatric Social workers. Presently, only the services of Psychiatrists are available. It is heartening to note that Tripura (West) and Tripura (North) Districts have been included in the National Mental Health Programme fully funded by the Government of India. While the target for the 10th Plan is to cover 100 Districts out of a total of 600 in the country under the Mental Health Programme, 2 out of 4 Districts of Tripura are covered under this programme. However, the staff and diagnostic therapeutic facilities are yet to be arranged as per the scale sanctioned in accordance with the provisions of the Mental Health Act. The Team was informed that a 89-bedded Govt. Psychiatric Hospital is also being set-up in Tripura as per the directions of the Supreme Court.

Major Deficiencies

The hospital does not have an Incinerator for waste disposal. The team was informed that an incinerator is proposed to be arranged through the Central Pollution Control Board. While the Team agrees with Mr. S.K. Roy that the State should go for the latest technology in the field, it recommends immediate procurement of a conventional incinerator to remove this major deficiency. A fully automated Haematology Analyser is another urgent need of the hospital. The Hospital also needs a mechanized laundry which is an essential component of any modern Hospital. The team was informed that this is included in the expansion plan. The Plan also provides for establishment of a Trauma Centre. Although computerization has been introduced, its application is very much limited. The hospital should establish network programming in OPD Registration Medical and General Stores, Laboratories and Medical Record Section.

The Team was conducted by Shri Roy and others to the various wings of the Hospital. It interacted with the Doctors and Nurses on duty and some patients. The patients and their families were found satisfied with the level of treatment and the care provided by the hospital staff. Inquiries were made specifically about free supply of medicines. The standard of sanitation, supply of water and service of food for patients were found very satisfactory.

The Team was informed that diagnostic tests are priced but the rates are kept lower than the market rates. The BPL patients are exempted from such payment. The Team requested for a comparative statement for the years 2001-02, 2002-03 and 2003-04 giving the total number of BPL patients who were provided CT Scan, USG and other diagnostic services. The year-wise percentage of indoor patients of BPL category would also be required.

A delegation of the Indigenous Nationalist Party of Tripura (INPT) called on the Member and submitted the following information on deaths due to Gastro-enteritis reported during the period March to May 2004.in different parts of Tripura.

Sl. No.	Name of Sub Division	District	Total number Of Death	Remarks
1.	Ambassa	Dhalai	15 people	Locality Ganganagar
2.	Longtharai Valley	Dhalai	151 people	In Chammanu-Govindabari Areas
3.	Kanchanpur	North Tripura	65 people	-
4.	Sadar	West Tripura	9 people	In Baramura areas
5.	Khowai	West Tripura	26 people	In Kakrachhera-Noona Chhera
6.	Amarpur	South Tripura	15 people	In Karbook-Jatanbari Areas.
		Total	281 people	

Shri S.K. Roy admitted the recurring incidence of Gastro-enteritis in some parts of Tripura. He was requested to furnish to the Commission the number of reported cases and deaths due to Gastro-enteritis in the State District-wise for the years 2001-02, 2002-03 and 2003-04. Similar information in respect of detection of TB cases and their treatment under the DOT system was also sought and promised to be supplied.

HIV/AIDS

The was given to understand that Tripura is not facing any serious threat from HIV/AIDS popularly believed to be a major health hazard of the North-East. Shri Roy was requested to furnish to the Commission year-wise number of detection and treatment of HIV/AIDS cases for the last three years.

SUPER SPECIALITY HOSPITAL

Tripura Super Speciality Hospital is coming up at a site adjacent to the GB Hospital. The building for the hospital has been completed. It is proposed to provide OPD services, diagnostic services and inpatient services in super specialties like Cardiology, Cardiothoracic Surgery, Neurology, Neuro Surgery, Nephrology, Urology and Gastro-entriology. The Hospital will have 176 beds including 35 surgical beds and 22 beds meant for ICU /ICCU/ITU. There would be 9 Operation Theatres for Cardiothoracic surgery, Neuro-surgery and Uro-surgery.

The OPD services in the New Hospital have been started from 1st May 2003. Investigation services are presently available in Bio-chemistry and Clinical Pathology. It is proposed to introduce Microbiology. ECG and ECHO-diagnostic facilities have also been set up. It is proposed to have the modern Radio-diagnostic facilities like MRI, CT Scan, X-ray, Ultra-chorography and Neuro-diagnostic services; EMG, EEG and NCV. The Super Speciality Hospital would also have the facilities of pace-making and Dialysis.

Chl
25.6.04

(Chaman Lal)
Special Rapporteur