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## ROLE OF STANDARDISATION IN PLANNING AND DEVELOPMENT OF HOSPITAL SERVICES

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The National Health Policy has recognised that the network of hospitals need to be further strengthened gradually towards the objective of one bed per 1000 population. At present the number of beds per 1000 population is 0.70 in the country as a whole and 0.67 in Andhra Pradesh. The desired level of bed population ratio will have to be achieved, by (i) establishment of new hospitals and (ii) expansion of existing hospitals.

There has been wide criticism that hospitals established in the Public Sector do not have initially the facilities commensurate with the expectations they generate at the time of being set up.

In the absence of a minimum standard for different size of hospitals, the State Administration cannot resist the temptation of opening up a large number of hospitals by diluting the contents of each. In the absence of any standard, it is also very difficult for planners and administrators to make financial projections and implement hospital projects quickly. As regards expansion of existing hospitals is concerned, it is pertinent to note that many public hospitals have been having a tendency to grow in an unplanned manner. Unlike other public institutions, hospitals have a tendency to grow with the help of philanthropy, charities and people's contribution. In the absence of a clear cut direction, the actual growth of public hospital takes place in accordance with the perception of the philanthropists and local elite. For example there is a very strong tendency for hospitals to add I.C., C.U., Air conditioned rooms, incubators etc., even though morbidity pattern of the hospital clientele is different. These facilities are awe inspiring and give status to the hospitals, but may not be able to contribute towards the service.

Medical Professionals, In-charge of the hospitals also contribute their perceptions and

preferences to the growth pattern of a hospital. The speciality to which the Superintendent or such other administrative authority belongs tend to get disproportionately high growth. Departments are added based on the specialisation of the influential ones among the available professionals instead of professionals being found for existing specialities. In order to ensure appropriate and balanced growth and development of hospitals, it is desirable to classify the hospitals and determine the normative range of services for each category of hospitals. The normative range will consist of a minimum level and maximum level for each type of facility. Many a times, members of public approach a hospital for a service that is beyond its scope. When they find that the service is not available, they develop a grievance against the hospital. Such aberrations in consumer perception is quite normal as there is no known standard of service, that the consumer can associate with different category of public hospitals. Aberrations in consumer perception will ultimately affect people's support to the growth plans of the public hospital. It will also ultimately cause frustration among hospital employees, thereby leading to reduction in quality of services. Standards can also act as a tool in the hands of medical administrators to monitor the level of conformity of their institution and take timely remedial measures.

The problems of Private Sector Hospitals (popularly called as Nursing Homes) vis-a-vis standardisation is altogether different. The deficiency in range of services and capacity to handle contingencies by private hospitals becomes visible to the public only rarely when some mishap occurs in such hospitals. But the public have a stake in the capacity of a private hospital to mobilise additional professional as well as material resources in times of emergency.

Financing Institutions and private hospital project planners would require a minimum stan-

dard for various category of hospitals to do the financial analysis of any hospital project. Comparison of financial indicators of different hospital projects will also become easy. Pragmatically speaking it will be naive to expect private hospitals to provide the full range of low return public health services that a public hospital is expected to provide. A private hospital will normally give more emphasis to purely curative services which generate more revenue. Private hospitals may not be able to provide the desired level of health promo-

tional services as a public hospital can. Hence the standards meant for private hospitals has to take this factor into account.

Role of standardisation for planning and development of hospital services in public and private sector respectively has to be appreciated against the above background. Table - 1 gives a summary of the relative utility of standardisation in planning and development of hospitals in both the sectors.

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**TABLE - 1**

**UTILITY OF STANDARDISATION IN PLANNING AND DEVELOPMENT OF HOSPITAL SERVICES IN PUBLIC AND PRIVATE SECTOR.:**

<b>PUBLIC SECTOR</b>	<b>PRIVATE SECTOR</b>
i. To direct public resources towards provision of the prescribed minimum range and level of services.	i. To act as a tool of accreditation for conformity to minimum standards.
ii. To discourage investments for introduction of any facility outside the maximum range and level until and unless the range are themselves fully satisfied.	ii. A tool of financial analysis and project planning.
iii. Offer to the public a minimum guaranteed range and level of services.	iii. To offer to the clientele a minimum guaranteed range and level of services.
iv. To act as an administrative tool for planning, execution and monitoring of hospital services.	iv. To help management in monitoring the range and level of services.

The Bureau of Indian Standards have developed two important standards for Hospitals, I.S. 12377/1988 is the standard on classification and matrix for various categories of hospitals. I.S. 12433/1988 is the standard on Basic requirements for 30 bedded hospitals. Both the standards aim to provide a broad frame work at the national level and to provide for modification depending on the local resources as well as morbidity patterns. The Standard matrix for various

categories of hospitals, as in I.S. 12377/1988 provides for a very large number of specialities even in small hospitals. Considering the current level of socio economic development and resource position in India, the matrix looks very ambitious. However, the primary role of the matrix in providing a broad frame work and a general model for preparation of such matrixes for different regions and localities in the country is quite satisfied.

**TABLE - 2**

**SYSTEM OF CLASSIFICATION, NOMENCLATURE AND NORMATIVE RANGE (MATRIX)  
OF SERVICES OF A.P.V.V.P. HOSPITALS**

Nomenclature and Category	Beds	CLINICAL SERVICES		LABORATORY & OTHER SERVICES	
		Minimum	Maximum	Minimum	Maximum
Community Hospitals	30	Gen. Medicine Gen. Surgery Obst. & Gynaec	Fam. Plg. Dentistry Paediatrics Anaesthesia.	Clinical Pathology Bleeding Facility Radio-Diagnosis.	Blood Bank
Area Hospitals	100	Gen. Medicine Obst. & Gynaec Post-Partum & Family Plg. Gen. Surgery Dentistry, Paediatrics Anaesthesiology	Orthopaedics Ophthalmology ENT, Skin & VD Gen. Emergency Ward	Clinical Pathology Clinical Bio-Chemistry Blood Bank Radio-Diagnosis.	Bio-Chemistry
District Hospitals	250	Gen. Medicine Paediatrics Skin & VD Obst. & Gynaec. Post Partum & Family Plg. Gen. Surgery Orthopaedics Ophthalmology ENT, Dentistry Anaesthesia.	Traumatology Emergency medicine Cardiology Psychiatry Chest Diseases and T.B.	Bio-Chemistry Blood Bank Micro-Biology Pathology Radio-diagnosis	Ultrasonography Endoscopy Radio-therapy Forensic Medicine & Toxicology
Upgraded District Hospitals	500	Gen. Medicine Paediatrics Cardiology Skin & VD Chest Diseases & T.B. Psychiatry Emergency Med. Obst. & Gynaec. Post Partum and Family Plg. General Surgery Orthopaedics Ophthalmology ENT, Traumatology Neurosurgery	Clinical Psychology Gastro-Enterology Medical-Oncology (C) Cardiothoracic surgery Urology Paediatric surgery Plastic surgery	Bio-Chemistry Blood Bank Micro-Biology Pathology Radio-diagnosis Ultrasonography Endoscopy.	Haematology Forensic Medicine and Toxicology.

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The Andhra Pradesh Vaidya Vidhana Parishad (Commissionerate of Medical Services) has adopted a system of nomenclature and standard matrix for various categories of hospitals. The A.P. Vaidya Vidhana Parishad has officially adopted the objectives of standardisation, similar to the ones discussed above under public hospitals. Table – 2 shows the system of nomenclature and normative range of services (Matrix) for various categories of hospitals adopted by the A.P. Vaidya Vidhana Parishad. It is to be noted that the A.P. Vaidya Vidhana Parishad has adopted the system of classification of hospitals of bed strength as provided in I.S. 12377/1988.