CHAPTER XIV

Hospital Administration in Rural Health Centres

The physical arrangement and provision of staff, equipments and the existing facilities in the different types of health centre hospitals have been described in Chapter VII. In the present Chapter the administrative plans and policies in actual practice will be described.

A. Duties of hospital staff

1. Duties of medical officer - In the 50-bedded hospitals usually four medical officers are posted and one of them is given the charge of the entire health centre. Generally he looks after the in-door of the hospital and overall administration. Emergency cases are attended by all the medical officers but the overall responsibility of treatment of all types of cases rests with the medical officer-in-charge. In case any lady medical officer is posted, she is usually given the charge of the female ward, maternity and child health and family planning, male sterilisation operations being done by the male medical officers. The other medical officers (two or three) manage the OPD, public health and special clinics like maternity and child health, T.B. and school health. Family planning work is often shared by all the medical officers of the health centre with 50-bedded hospitals, where no lady medical officer is posted.
In some places part-time medical officer is also appointed. He is given duty usually in the OPD.

Of the three medical officers, posted in health centres with 20-bedded hospital, the medical officer-in-charge looks after the in-door and administration, while the OPD, public health work and special clinics are managed by the other medical officers. Family planning work is done by all of them. If one part-time medical officer is posted he is placed in the OPD. Emergency cases are however attended by all of them by local arrangement.

Two medical officers are placed in health centres with 10-bedded hospital. One of them is given the charge of the health centre, and he is responsible for the in-door patients and overall administration. The other medical officer looks after the OPD, public health work, the special clinics, and as in other hospitals family planning work is done by both the medical officers. The part-time medical officer, if and when posted in a primary health centre with 10-bedded hospital, he is placed in the OPD. Emergency cases are however attended by the regular medical officers.

In all subsidiary health centres with 10 or 4 beds only one medical officer is posted and he is responsible for the in-door, OPD, emergency cases, public health work, family planning work, special clinics and administration.
The medical officer-in-charge of any health centre looks after admission, treatment, transfer and discharge of patients. Only uncomplicated labour cases with labour pain are admitted provisionally by the attending nurses. No discharge certificate is issued to patients unless demanded.

Other duties:

(a) The medical officer-in-charge is to present the pay bills of the health centre staff at the end of every month to the district chief medical officer of health who is the drawing and disbursing officer of all the non-gazetted staff of the district. He has to bring the cash from the district head-quarter and disburse the salary to the staff on behalf of the chief medical officer of health. Any cash left undisbursed is to be kept with him until disposed. A cash book giving the details of the salary of staff disbursed or undisbursed, is also maintained by him.

(b) Quarterly indents for medicine, instruments, linens, bedding, mattress etc. are to be placed before the chief medical officer of health, in advance. Daily indents for the articles for the preparation of diet of the patients are to be prepared and sent to the local diet contractor in advance. Contingency articles are also obtained through indents placed by the medical officer-in-charge to the contingency contractor.
The medical officer-in-charge has to send weekly, monthly and annual reports regarding the activities of health centre to different officers. One of his important duties is to prepare and despatch the reports in proper time. He has to send indents to the office of the West Bengal Press for the supply of out-door ticket, various printed forms for the preparation of reports, forms for the in-door patients, pay bills etc. It has been observed in the present study that there was chronic shortage of forms and tickets in most of the health centres. It was noted during this study that the O.P.D.'s at many health centres were using had written tickets for the patients.

No special allowance is given to the medical officer-in-charge for the extra work that he has to do as an administrator. The medical officers are whole-time workers and no day off is allowed to them.

2. **Duties of Nurse** - The number of nurses posted in different health centre hospitals varies according to the number of beds attached to them being ten in 50-bedded, four in 20-bedded, three in 10-bedded and two in 4-bedded hospitals. They perform eight hourly duties according the duty roster prepared by the medical officer-in-charge and get a day off in a week. In the 50-bedded hospital she is asked to perform duties either in the out-patient department or in-door. In the in-door the nurses perform duties in three shifts namely morning, evening
and night. In the 20, 10 and 4-bedded hospital the nurses perform shift duties in the in-door of the hospital. In these health centres the nurse on duty in the ward, during the morning hours, assists the medical officer in the out-patient department which is situated in the same building as the in-door. One nurse is usually put on duty in the out-patient department, where it is detached from the main hospital building. The duties of nurse consist of bed making, giving medicines and injections, conducting labour cases, dressing and maintaining the report register.

3. **Duties of Pharmacist** - Only one pharmacist is posted in each health centre irrespective of the category of hospital attached to it. His job is to give medicine in the out-patient department and also for in-door patients according to the indents placed. He is called upon to supply medicine for emergency patients at any time of the day. In subsidiary health centres he also acts as a clerk. Like the medical officer, he does not get any day-off.

4. **Duties of Clerk** - One clerk is posted in each hospital attached to primary health centre. He performs all the clerical job and maintains a register for the in-door patients. In some health centres he is authorised by the medical officer-in-charge to cash the pay bills of
the health centre staff and bring the money for disbursement amongst them by the medical officer-in-charge. He gets a day off on Sundays. No clerk is provided in the subsidiary health centre.

5. **Duties of General Duty Attendant** - The General Duty Attendant performs multifarious duties in ward, kitchen, office and he has also to clean the jeep. He has to accompany the female field workers such as trained dai, midwife public health nurse etc. in their field duties for security purposes. The GDA’S work by turn for different types of services according to roster prepared by the medical officer-in-charge. They get a day off in a week.

   The female General Duty Attendants clean the dishes of patients and are given duties in the female ward.

6. **Duties of Sweeper** - Besides his stereotyped work the sweeper in some subsidiary health centres are asked to wash the patient’s spoiled bedsheets, linens etc. in the absence of washerman. They get a day off in a week.

7. **Duties of Public Health Nurse** - One public health nurse is posted in each primary health centre. Her job is to assist the doctor to conduct maternity and child health, family planning, T.B. and school health clinics and to follow up the cases at home.

8. **Duties of Trained Dai** - The main function of the trained dai is to attend the maternity and child health clinics and to follow up the cases at home. Domiciliary confinement by trained dai is less practised now-a-days.
9. **Duties of Social Worker** - One social worker is placed in each primary health centre. The main function of a social worker is to contact cases in the OPD, followed them up at home but he or she is not being utilised properly in the health centres. They have not been provided with quarters in some of the health centres.

10. **Sanitary Inspector** - In the present study it was seen that not all the primary health centres were provided with sanitary inspector. His function is to supervise the work of the health-assistants and to take antiepidemic measures in his area.

For the block area, a separate arrangement for public health work as prevalent before the introduction of health centre system, is still being maintained. One sanitary inspector and a few health assistants are posted here to give vaccination, inoculation and to take anti-epidemic measures in the areas not attended by health centre staff. The responsibility of taking any legal action against any body for violating the Food Adulteration Act etc. rests with the sanitary inspector of the Block area. This arrangement causes certain amount of confusion and is apparently uneconomical.

11. **Health Assistant** - The Health Assistants are entrusted with the duties of epidemic control - inoculation, vaccination, disinfection, and maintenance of birth and death register of the area.

All the public health workers get dayoff on sundays.
B. **Leave Rules** - The staff of the health centre has to apply for any kind of leave to the medical officer who can grant only casual leave provisionally. The final authority for sanctioning any leave to the health centre staff is the District chief medical officer of health. Earned leave of gazetted medical officers is sanctioned from the Directorate of Health Services at Calcutta.

C. **Bedding, linens etc.** - The medical officer-in-charge has to send an indent for bedding, mattress and linens to the chief medical officer of health. The supply had been irregular and inadequate in at least 50-percent of the health centres under present study. Moreover, the standard of quality of the above materials have deteriorated considerably and in some cases their maintenance were not satisfactory.

D. **Medicine** - For medicine the medical officer-in-charge has to send an indent quarterly to the chief medical officer of health, but the supply was neither quarterly nor adequate in some health centres. The medical officer-in-charge has no authority to purchase medicine locally when his stock of a particular medicine is very low or exhausted.

E. **Storage of materials** - Health centres are provided with at least one store room where medicines, equipments, bedding, linens, mattress etc. and unserviceable materials are kept. But in some health centres with 10-beds in particular, there is actual shortage of rooms for storage of both serviceable and unserviceable materials.
F. Records - Maintenance of records of patients and their preservation are not satisfactory in many health centres. In fact, it was found in some places that the records of previous years were kept carelessly in the store room. And it was rather very difficult to obtain some records beyond the preceding five years, from many of the health centres. One of the reasons, is of course, shortage of room and another reason is ignorance on the part of the health centre staff regarding the system of maintenance of records.

G. Cleanliness - Most of the health centres are not provided with any boundary wall and many of them contain ponds or tanks. Animals from outside graze the compound and spoil it. Moreover, there is no provision of a gatekeeper in the health centre to check the entry of any trespasser in the compound. The drains and latrines of the hospital and staff quarters, are found lying in unsatisfactory state of repair. All these and the untidy habits of patients, their attendants and the health centre staff have made it really difficult for the medical officer-in-charge to keep the health centre clean and tidy.

H. Hospital building and quarters - As discussed in an earlier chapter there is shortage of accommodation both in the hospital as well as in the staff quarters. Moreover, most of them were not in a satisfactory state of repair. In many subsidiary health centres the out-patient department
is held in the office room and there is no waiting room for patients attending the QPD. There should have been a separate out-patient department and a waiting room with separate sitting arrangements and sanitary conveniences for males and females.

One common office room was shared by the medical officer and other staff of health centre in many places. The shortage of office room was more acute in primary health centre where some family planning staff have been provided. The hospital and most of the staff quarters are not provided with any bathroom. Common latrines were shared by groups of health centre staff causing a lot of inconvenience to female members.

1. **Tubewells** - During the present study it was found that a large number of tubewells were not in working condition. In one place even all the tubewells were in unserviceable condition requiring resinking. The responsibility of repairing the tubewells rests with the public works department and the medical officer can not undertake the repair under his responsibility. Whatever may be the reason, patients for whom the hospital service is meant become the victims of suffering. Deep tubewells should have been sunk in places where water at a shorter depth is unpalatable due to the presence of salt.
J. Maintenance of hospital building and quarters - Maintenance of hospital buildings and quarters is done by the Public Work Department. Repairs are not done as a rule, as and when necessary, but once, usually towards the end of the financial year. Repairs are undertaken by contractors selected by the PWD are sometimes unsatisfactory and incomplete. The maintenance of the hospital building and the quarters being the responsibilities of the PWD, the medical officer-in-charge is greatly handicapped in getting the repair works done properly.

K. Permanent advance - Each health centre was originally provided with a small amount of permanent advance but during the present study it was found that in some health centres the medical officer-in-charge was not keeping any permanent advance and in a few health centres the permanent advance was considerably reduced. The reason given by the medical officer-in-charge for not keeping any permanent advance, was the inability to undertake the extra clerical work involved in maintaining the proper account of the money.

L. Transport - Subsidiary health centres are not provided with any vehicle. A few of the primary health centres with 50-beds have been provided with ambulance which often are not in a satisfactory state of repair. Some primary health centres with 20 or 10 beds have been provided with one UNICEF Jeep each. In some health centres garage was not provided for the vehicle and in some health centre the garage was without any roof.
Last of all the medical officer-in-charge has no authority to take disciplinary action against any staff but he can only report to the higher authority namely the district chief medical officer of health. In 50-bedded hospitals his day to day work involves tackling of not less than 50-patients of different types and their attendants with their volley of questions. Moreover, there are not less than sixty staff in such a health centre, some of whom are displaced persons. Grievances of these staff are many and some of them are legitimate. The medical officer-in-charge has to tackle these problems of health centre with sympathy, skill and judgment to run the health centre peacefully and efficiently.