

One day visit to AIIMS Bhopal for orientation on MCH layout, Obstetric HDU/ICU and LDR.

22 Aug 2019

AIIMS Bhopal is one of the seven AIIMS apex healthcare institutes established by the Ministry of Health & Family Welfare, Government of India under the *Pradhan Mantri Swasthya Suraksha Yojna* (PMSSY). The institute has always been active and supportive in carrying out various national and state level programs and initiatives. Funds have been sanctioned under NHM, to AIIMS Bhopal for creating LDRs, Obstetric HDU and ICU. These services need to be operationalized so that MCH Wing of AIIMS Bhopal serves as a Center of Excellence and fulfills the need of the state.

Therefore on the request of the Government of Madhya Pradesh and AIIMS Bhopal, a one-day visit was made to the institution, on **22nd Aug 2019** by **Dr. Himanshu Bhushan**, Advisor PHA, and his team members **Dr. Kalpana Pawalia** and **Dr. Shifa Arora**. The objective of the visit was to orient and guide the faculties, planners, architects and engineers regarding process flow and infrastructural requirement for creating these facilities. The opportunity was also utilized to discuss the institutional MoU between AIIMS Bhopal and NHSRC for future technical collaborations.

An initial meeting was held with **Dr Sarman Singh**, Director of the institute, wherein the purpose of the visit was explained. The rationale behind evolution of Labour rooms to LDR concept was also discussed with the Director. AIIMS being a premier institute should serve as an ideal model for other health facilities and replicate the technical protocols. It was also discussed that AIIMS should ideally have a separate 200 bedded MCH wing in its campus as part of prospective plan of expansion. While affirming these views, Director also suggested that the doctors should be involved in hospital planning from the very beginning so that the designs and layouts are as per patient's convenience.

It was then followed by an orientation to faculty, engineers and architects under chairpersonship of the director. **Dr. Pushpalatha**, HOD, OBGY presented on the existing layout plans and the sanctions given under NHM. **Dr. Archana Mishra**, Deputy Director, MH, NHM MP explained about the present status of maternal health and need for active involvement of AIIMS Bhopal in the management of High Risk cases. The state is looking forward for AIIMS to become role model for MCH. She also shared that JSSK should be implemented fully and expenditure on the patients, if any, need to be met by the AIIMS if required with additional support from NHM.

Before taking sessions on concept and layout plan of LDR, Obstetric HDU, ICU, OT etc, a presentation was made by Dr. Himanshu Bhushan on Respectful Maternity Care. It was emphasized that how the care given with dignity and respect helps in the cognitive development of child. The deliberations also involved discussion on the layout plan of the 200 bedded MCH Wing, HDU, ICU and OT .He further emphasized on the need for a robust comprehensive layout plan so as to provide efficient and quality service delivery envisaged under IPHS 2019. It was deliberated that the hospitals should do prospective planning based on the disease burden of the area, range of services and population to be catered.

This was followed by visit of the critical areas of the hospital and also the OPD area, Labor room, ANC PNC ward, HDU, ICU and Neonatal ward etc.

The key action points that were discussed are as follows-

- The institute will share the revised plan and layouts of maternity and child care area.
- A non-financial MoU will be prepared by NHSRC for technical support between NHSRC and AIIMS in various areas of public health including RCH services. The signing will take place after legal vetting by the two institutes.
- Preparing a prospective plan by AIIMS for developing it as an apex institute for MCH services which serves as a center of excellence.
- To establish department specific standard operating procedures and protocols to provide quality services.

Some of the observations for the consideration are:

1. The waiting area need to have chairs which are sleeker and covers lesser space.
2. More space needs to be allotted to patient care area rather than for the service provider area. Space needs to be cleared and rearranged from the doctors' area.
3. Service area should not have stores. The storage of supplies of 5-7 days is adequate for the service area.
4. Separate room for nursing area and breastfeeding room need to be allotted so that enough space is provided to the patient's privacy and treatment.
5. The outflow for the ETP and STP needs to be separate for effective treatment of the effluents. This will further reduce the cost of the setup.
6. Zoning and infection protocol need to be established at all the critical areas in the hospital.
7. It was advised to identify space for "point of care" treatment at the OPD area. The blood collection and sampling facility can be conducted in the OPD to decrease the patient load the laboratory.
8. Separate room for pediatric examination room need to be identified.
9. The citizen charter needs to be displayed at the OPD/Entrance area.
10. Lifts meant only for ferrying patients need to be demarcated.
11. A separate counselling room for group as well as individual counselling sessions need to be identified and setup at the OPD area.
12. Doctors name plate, which can be changed on daily /weekly basis based on the availability of doctors need to be placed outside the OPD rooms.
13. One separate USG machine need to be set up in the Labor ward.
14. The existing labor rooms and antenatal wards were suggested to be converted into LDR rooms. Out of the existing 5 rooms, 10 LDR beds can be established. This was calculated after proper discussion with the engineers and the Medical Superintendent of the hospital.

15. Similarly, a convenient reallocation plan for child health, neonatal and maternal health units were also discussed and suggested with architects, engineers and faculty.
16. It was suggested that in the existing vacant space for the patients' attendants near LR will have beds for Post-natal Mothers, since another separate space for patients' attendants is available.
17. Neonatal wing is suggested to be shifted and the area meant for Child Health department to be reallocated to the area demarcated for Classroom and Academics, as a separate new Academic wing is being constructed.
18. It was discussed that there should be Triage area in all critical areas including MCH wing. All Triage beds should be labour beds.
19. A common room meant for treating both isolation and eclampsia cases can be identified.
20. The staff present at the hospital were well versed with the firefighting skills and displayed skills to function the gas cylinder.
21. Plan to include DEIC unit and MNCU was also discussed. It was suggested that MNCU should have one and a half times the beds of MNCU.

The proposed layout design was discussed in consultation with the MS, HOD OBGY, Engineers, Architects and the service providers.

After the visit, a debriefing meeting was also held with director, AIIMS where it was agreed that all the JSSK drugs and diagnostics will be made a part of MIIMS Essential Drugs and Diagnostics list. In addition, if required, National Health Mission, Government of MP can give funds on normative basis for any additional expenses beyond EDL. Rs.200 for drugs and Rs. 100 for diagnostics, Rs. 1000 for C- section, Rs. 200 for newborn drugs and Rs. 100 for new born investigations can be given o AIIMS on normative basis , for which a proposal needs to be shared with Principal Secretary, NHM MP from the director. The amount suggested herein, is only indicative and can be reworked as per the suggestions from the state.