

COMMITTEE ON HEALTH AND FAMILY WELFARE**Functioning of New AIIMS (Phase-1) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)****ONE HUNDRED ELEVENTH REPORT****CHAPTER-I INTRODUCTION**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was announced in 2003 with the objective to improve tertiary healthcare services and quality of medical education in the country. In 2006, The Cabinet Committee on Economic Affairs (CCEA) was established for setting up of six AIIMS like (AL) Institutions in the States of Bihar (Patna), Madhya Pradesh (Bhopal), Odisha (Bhubaneswar), Rajasthan (Jodhpur), Chhattisgarh (Raipur) and Uttarakhand (Rishikesh) at a cost of ` 332.00 crore per AL institution. The scheme will be implemented in a phase-wise manner. Phase I comprises six AIIMS like institutions and the up gradation of 13 existing State Government Medical Colleges/ Institutions (GMCs). Development of trauma centres and superspeciality blocks, as well as the purchase of medical equipment for a few existing GMCs, will upgrade GMCs as intended for improvements to the health infrastructure. The plan called for the Centre to fully fund the establishment of new AIIMS, while the Central and State Governments would split the cost of upgrading GMCs.

IMPLEMENTATION FRAMEWORK OF PMSSY

At the Central Government level, The Ministry of Health engaged an in-house consultant to provide technical assistance for the establishment of six new AIIMS (All India Institutes of Medical Sciences) during Phase-I in 2007. Each AIIMS had a Design and Detailed Project Report Consultant (DDPRC) and a Project Consultant responsible for various tasks, while the state is required to provide its share of funds, land and other infrastructural facilities.

STATUS OF NEW AIIMS

Budgetary Allocation

The total budgetary allocation for all the six AIIMS has been 6750.80 crore out of which 4987.55 crore has been released.

Upgradation Programme Under PMSSY

The State/UT Governments are responsible for managing the construction of Super Specialty Blocks/Trauma Centers, acquiring medical equipment, creating post-graduate seats and faculty positions.

However, challenges faced include delays in site availability, release of state funds, and decision-making on project scope by GMCs/State Governments. So far, 73 GMCs have been approved under different phases of PMSSY.

Purpose of the Report

Despite the establishment of six new AIIMS-like institutions, many facilities are still unavailable to patients. These institutions, announced in 2003, are yet to become fully functional as Institutes of National Importance like AIIMS, Delhi. The government has announced over 20 similar institutions in phases, but the phase I projects suffer from significant deficiencies and inadequate facilities. Concerned about these issues, it was decided to assess the ground realities. Discrepancies were found between the information provided by the Ministry and the respective AIIMS, leading to errors and distorted data.

CHAPTER-II : AIIMS, BHOPAL

The infrastructure is functional to an extent, although construction is still going on. With average OPD footfall of 1924 patients and 9212 IPD admissions, the hospital has 511 bed strength only.

In case of budget utilisation, there was an underutilization of funds in the year 2015-16 due to lags in construction activity, recruitment and hospital services. However, 2017-18 saw an increase in utilisation of funds.

The institute was allotted 154 acres by the state government out of which the institute could take possession of only 138.42 acres of land as the remaining area was under encroachment. The State government was suggested to look into the encroachment issue and construction work must be continued and a monitoring institute must be established.

It was recommended to buy equipment with CE/BIS certification which are easily available and promote the 'Make in India' initiative. A multiple-bidding approach should also be followed in case of procurement of equipment. The ministry should use ABC analysis (Always a better control) by the Technical Specification Committees to ensure much needed synchronisation and coordination of activities with regard to procurement and installation of equipment.

In case of faculty recruitment, out of 305 sanctioned faculty posts, 164 posts were lying vacant. The Departments of Rheumatology, TB and Chest, Gastroenterology, Surgical Gastroenterology, Urology, Medical Oncology, Clinical Hematology and Neonatology were still not functional. Specialty and Super Specialty Departments must start functioning as early as possible to address the sufferings of patients.

In case of medical education, all the vacant seats in various departments must be filled and further improve the teacher-student ratio while assuring exposure to medical cases and clinical skills. The Ministry must introduce paramedical education and training courses at AIIMS, Bhopal on an urgent basis to address the problem of shortage of technical manpower in clinical fields.

The prolonged waiting time in surgical procedures and limited availability of operation theatres, mere two faculty to deal with trauma/emergency cases strength of beds amounting to only 50%, were causes of concern. An increase in Dialysis machines from 2 is also essential. Also, no further delay in a fully functional blood bank was expected. AYUSH centres being popular also require permanent staff in place of a contract one.

The merger of Bhopal Memorial Hospital and Research Centre (BMHRC) and AIIMS, Bhopal was considered an essential step.

CHAPTER-III : AIIMS, RISHIKESH

AIIMS, Rishikesh was inaugurated in 2012 and is since then providing quality education and services for the neighbouring states. However, in case of budget allocation, a more optimum cost-benefit analysis needs to be done. In case of construction work, almost all projects have been delayed mostly because of irresponsible contractors and contractors must be deployed based on their previous work. There is no preparation for a system of medical gas pipelines, sewer lines that pass through operating rooms or basement planning, which ignores water table problems. The structural and design flaws of AIIMS Rishikesh be repaired to the greatest extent practical and that any future growth be carried out with extreme caution and close oversight. A thorough space audit must be conducted to ensure optimal land use.

The issue of the faculty and staff shortage must be addressed seriously and the required steps must be taken as soon as possible. The Committee believes that in order to improve the healthcare services provided by the Institute, sufficient incentives should be provided at the Super Specialty level to entice senior faculty from prestigious institutions like AIIMS, Delhi, JIPMER, PGI, etc. The Committee further suggests encouraging professors from AIIMS, Delhi or a comparable institution to regularly teach at AIIMS, Rishikesh as visiting or guest faculty.

In case of seats in the Institute, the increase in the PG seats at the Institute should be done only after ensuring that AIIMS, Rishikesh meets at least the minimum benchmarks as per MCI norms applicable to other medical colleges throughout the country.

There are only 47 beds, 18 ventilators, and 31 monitors in ICUs across seven Departments, suggesting that even with 100% occupancy at any given moment, the number of monitors and ventilators does not correspond to the number of beds in ICUs. Thus, in order to have unique and specialist medical care facilities, more intensive care units need to be established in various departments.

Due to the lack of a trauma centre, AIIMS, Rishikesh is not equipped to handle a significant number of casualties in the event of a calamity. The administration of AIIMS, Rishikesh sped up the building of a trauma centre for the treatment of victims in the event of an emergency.

CHAPTER-IV : AIIMS, JODHPUR

The foundation stone of AIIMS, Jodhpur was laid in 2004 with an aim to provide quality education and medical services.

In case of budget allocation, the funds provided by the Ministry were sufficient and the main problem lay with the timely execution of projects. An ineffective financial control and monitoring of actual utilisation lead to fund misappropriation. Such a deviation equates to the theft of funds allotted for the specified purpose, appropriate norms must be created to limit the divergence. In this regard, strengthening of financial management, adoption of adequate accounting procedures, and the establishment of efficient monitoring mechanisms was needed.

In case of construction work, faulty design of the building as well as price escalation in violation of contract, release of payment despite poor workmanship, repeated grant of time extension, advance and avoidable/extra contractual payments were observed. The Ministry must conduct a detailed investigation of the site, hold meetings regularly and formulate a monitoring mechanism to ensure that there is efficient management.

Advanced centres should be considered for establishment when the institute achieves at least 50% of the OPD footfall of AIIMS Delhi subject to approval by CIB.

In case of procurement of equipment, a proper cost-benefit analysis must be done before procurement, the space for installation should also be kept in mind before procurement. Apart from this, multiple bid approaches should be considered to get good quality equipment at a fair price. Equipment must be bought with CE/BIS certification which are easily available and promote the 'Make in India' initiative.

In case of faculty recruitment, 160 posts are lying vacant and 2059 posts are vacant in non-faculty staff. To improve the healthcare services provided by the Institute, sufficient incentives should be provided at the Super Specialty level to entice senior faculty from prestigious institutions like AIIMS, Delhi, JIPMER, PGI, etc, also encouraging professors from AIIMS, Delhi or a comparable institution to regularly teach at AIIMS, Jodhpur as visiting or guest faculty.

Three Departments of AIIMS, Jodhpur, including Medical Gastroenterology, Medical Oncology, and Nuclear Medicine, are not operating. These Departments are significant medical specialties and an essential component of any institution offering public healthcare and must be put into operation.

Admissions to the MBBS and nursing programmes at AIIMS, Jodhpur have been 100%. In the meantime, the number of PG course seats rose from 56 to 114 in 2018. However, just 84 of the 114 available seats have been occupied. The reasons for PG seats not being filled could be lack of faculty and clinical training. Therefore, **faculty must be increased and clinical training introduced.**

In case of emergency services, OTs are in critical conditions and having 17 ventilators available compared to 19 beds would not be sufficient in the event of 100% occupancy at any given time. Under normal circumstances, even with only 19 beds in the ICUs, 100% bed occupancy, all units would be fully occupied, making it impossible to handle emergencies. The ICU's beds must be expanded to accommodate all critically sick patients who are admitted to the facility. Despite the trauma building's completion in 2014–15, emergency services have yet to begin operating on a 24-hour-per-day, 365–day basis, and only referral cases are currently being handled. **The Institute was urged to launch 24-hour trauma/emergency treatment. Lastly, a burn unit must be established as well as ensure that AYUSH services are provided by the Institute.**

CHAPTER-V : AIIMS, PATNA

AIIMS Patna was inaugurated in 2012 with the aim to provide quality education and medical services. However, its construction and electricity connection remains incomplete leading to an increase in cost expenditure. There is a lack of management and evaluation shown from the Institute's side should be ratified. The necessity of allocating the necessary funds to AIIMS Patna for infrastructure construction was highlighted and the Ministry should hold regular review meetings to track the new construction projects in order to avoid repeating the errors made in the first phase of construction activities. It should also conduct routine inspections with a monthly report from the Institute on the projects' status and development.

The Institute and the Procurement Support Agency are responsible for the equipment's delayed operationalization and it should ensure delivery and installation of equipment on time. Equipment must be bought with CE/BIS certification which are easily available and promote the 'Make in India' initiative.

In case of faculty recruitment, among all the new AIIMS constructed under Phase 1 of PMSSY, AIIMS Patna has the fewest faculty members. It also lacks Speciality and Super Speciality Departments. In order to serve the state's citizens, the Institute should launch the Specialty and Super Speciality Departments as soon as possible. Further, AIIMS Patna lacks professors as well as service programs. As a result, it should establish a Human Resource Development Cell that will provide staff members with regular training. Additionally, the Institute must provide patients with additional training to ensure palliative care.

The Institute has zero working trauma centres, there is a lack of OTs, MRI machines, AYUSH services and some departments have very low numbers of beds. Minor concerns, such as the lack of centralised air conditioning and equipment purchases, have slowed down the development of AIIMS Patna's mortuary service, which is essential for the preservation and forensic/pathological examination of the dead body. As a result, **AIIMS Patna must expedite the last-minute tasks at the mortuary building and submit the request for a building inspection right now. To ensure that Mortuary Service is offered on time, all equipment needs to be purchased and installed in advance.** Additionally, **AIIMS Patna should make sure that the deadline for finishing the Burns and Plastic Surgery Department is met and that unjustified delays do not impair the Department's ability to function.** Further, **effective monitoring mechanisms** are also required. AIIMS Patna was commended for its initiative in hosting medical camps in rural regions and offering medical consultations via telecommunications, both of which have benefited patients from remote areas of the State.

CHAPTER-VI : AIIMS, RAIPUR

AIIMS Raipur started in 2012 with the aim to become the centre for excellence for providing tertiary services as well as medical teaching. The ratio of patient to bed is 1:2 while that of doctor to patient is 1:7 as of 2018. However, construction activity has been stagnant due to under utilisation of funds. The main reasons for delay in construction work include construction agencies' abandonment of projects and other agencies' lack of coordination. Further, the lack of study and expansion of plan for phase II led to unplanned construction.

In case of faculty, there is a high number of vacancies for both staff and non-staff members. There are currently 2636 open positions out of the 4089 total sanctioned positions, which is more than 64% of the total sanctioned positions. **The Institute must continuously examine the disparity between supply and demand for human resources and take appropriate steps/measures to close the gap.** Critical Super Specialty Departments, including Surgical Gastroenterology, Nephrology, Medical Oncology/Hematology, Surgical Oncology, and Gastroenterology, are not operating.

The Institute is responsible for the equipment's delayed operationalization. It should ensure delivery and installation of equipment on time. The Institute should avoid buying equipment with US FDA certification and instead buy equipment with CE/BIS certification which are easily available and promote the 'Make in India' initiative. Harsh action must be taken against manufacturers who provide equipment late or that is defective. In order to ensure openness and public confidence in the medical equipment procurement system, single bid purchases must be prevented.

Apart from vacancy in faculty positions, there are also vacant seats in PG courses due to lack of clinical training. Status of Operation Theatre (OTs) and Intensive Care Unit (ICUs) is also lapsing considerably with only 8 operational theatres as well as scarcity of beds. **The Institute should provide more beds in order to prevent critically ill patients from being turned away from ICU care owing to a lack of available beds and to maximise the use of all available resources.** There is further lack of Dialysis facilities and only the Ayurveda sector is functional from AYUSH services.

CHAPTER-VII : AIIMS, BHUBANESWAR

AIIMS, Bhubaneswar was established in 2012 with the average OPD traffic - 2949, and the number of functional beds was 716 in 2018. At the Institute, 32 of the 53 sanctioned wards are operational. From 2016–17 onward, there was a pitiful increase in the percentage of funds used, but it stayed below 75% of the total amount of funds available. Further, the construction work has been delayed due to procrastination by the construction agency, however all the construction work under the four phases have been completed. AIIMS Bhubaneswar management has looked into the possibility of private residential housing in the surrounding areas.

Equipment must be procured with CE/BIS certification which are easily available and promote the ‘Make in India’ initiative. Further, a cost-benefit analysis was not taken before procurement of equipment should be done for the same. A multiple-bidding approach should also be followed in case of procurement of equipment.

The status of faculty and non-faculty strength was a cause of concern. Almost 40% of faculty positions and 78% of non-faculty positions are unfilled and of 24 Departments, just 17 of the 54 sanctioned Professor positions have been filled. Furthermore, an Associate Professor or an Assistant Professor oversees 13 Departments.

Most of the Speciality and Super Speciality Sectors, although functional, lack proper faculty. AIIMS Bhubaneswar was also advised to have a proper Surgical Gastroenterology Department in place. Only 45 of the 86 authorised PG seats have been filled, despite the fact that there has been 100% admission to the MBBS and nursing programmes. However, the Institute should identify the specific reasons why the PG seats at the Institute aren't filled and to take quick action to remove any barriers in doing so with immediate effect. The lack of equipment in trauma centres and lack of beds in OTs was observed. Adding on, only Yoga and Ayurveda OPD services are operational at the AIIMS, Bhubaneswar, out of the five AYUSH services.

CHAPTER-VIII : UPGRADATION OF GOVERNMENT MEDICAL COLLEGES/ INSTITUTIONS UNDER PMSSY

One of the two components of the PMSSY is the upgrading of numerous existing Government Medical Colleges/Institutions in various States across the nation. The following are generally included in the programme for upgrading Government Medical Colleges/Institutions (GMCIs): (i) building trauma centres and superspecialty blocks; (ii) purchasing medical equipment; (iii) creating employment opportunities; and (iv) increasing the number of seats for graduate and postgraduate courses at GMCs under PMSSY.

The Ministry of Health and Family Welfare has released a total of '5239.71 crore for the PMSSY, and the Committee takes into consideration the budgetary allocation and funding pattern of 73 GMCs that have been chosen for five phases of the programme. However, in the case of GMCs, the State contribution for Phase III upgrade work is still pending in around 50% of the cases.

The Ministry should develop scientific standards or specifications for choosing GMCs for the PMSSY. The socioeconomic criteria, particularly the existence of tertiary healthcare facilities that are currently in operation, should also be taken into consideration.

Many Institutes' construction projects are being delayed and the reasons for delays are numerous and include :

- The lack of encumbrance-free land
- The time it takes to obtain excavation clearances
- The time it takes to clear tree cutting and other site-related conditions
- Changes to the scope and quantity of work
- Changes made after the contract was signed
- The time it takes to provide drawings
- The time it takes to release mobilisation advances and payments to the contractor
- A labour scarcity that causes a work delay
- Alterations in the site after the contract was awarded
- A delay in the shifting of existing electrical connections
- Internal disturbances in some states

There can be a few practical challenges that arise on the job site but the significant delays in planning and starting work on all stages of upgrading GMCs under PMSSY, as well as the slow progress at both planning and contracting stages, show that both work planning and contract management were insufficient and improper, which had a negative impact on service delivery.

The Ministry should concentrate on hiring faculty while also increasing the number of PG seats to achieve the desired faculty-to-student ratio.

Nine of the GMCs (58) certified under the first three phases of the upgrade project do not offer Super Specialty Services. Therefore, the mandatory requirements for the formation of PMCs, State Level Steering Committees, and the Third Party Quality Assurance (TPQA) system should be adhered to in order to create a robust monitoring mechanism for the efficient and effective execution of upgrade projects in all GMCs.

All AIIMS-like Institutions and Government Medical Colleges face a severe lack of specialists. There is a requirement for creating unique incentives and packages to entice professionals to work in this area of the region.

The GMCs' upgrade project, which was funded by PMSSY, did not yield the promised outcomes. There is a significant gap between planning and project execution because there is poor activity synchronisation and coordination, as well as significant gaps between planning and scheme implementation. Poor project management and associated delays hindered the achievement of the anticipated advantages for the enhancement of the health infrastructure. **The inability to find encumbrance-free land, delays in obtaining approvals for excavation and tree cutting as well as other site-related conditions, changes made to the scope and quantity of work, and delays in finalising/tendering medical equipment are the main causes of delays in upgrading projects.** In addition to all of these factors, delayed GMC upgrades were caused by ineffective planning and coordination. **Precise planning and constant work are essential for timely execution and completion of projects and preliminary work should be done in advance, including a realistic assessment of the need for equipment, the availability of a location, an appraisal of manpower, and the use of finances for the intended purpose.** The Ministry should coordinate its efforts with those of the State Governments in order to complete the goal and mission of upgrading GMCs as envisioned in PMSSY.

CHAPTER-IX : OBSERVATIONS/RECOMMENDATIONS ON COMMON ISSUES

Financial Assessment

Skewed financial assessment was observed in the programme. **Proper and practical financial assessment** must be conducted with respect to the capital cost of new AIIMS like institutions in the subsequent phases.

Site Selection

Several places like Guwahati, Patna and now in Madurai (where a new AIIMS has just been announced) the Government had already selected GMCs for the upgradation programme under PMSSY, and the critical gap in the tertiary health care is already being filled by private sector. While air connectivity has been considered as a criterion stating it as a factor attracting employment, faculty retention is still a problem. **The Ministry must consider the area's already-existing healthcare infrastructure when selecting where to site the new AIIMS in order to prevent having duplicate medical services.**

Selection of Project Consultants/Contractors

Careless selection of the Project consultants has caused unwarranted delays in the construction activity. Unprofessionalism and delay in almost all the projects being executed by HSCC has been repeatedly observed. **The Ministry should employ a fair and open selection process for the project consultants and make sure the organizations engaged are technically capable of finishing such major infrastructure projects.** The Ministry should make sure that the project is finished on schedule and with sufficient planning. The Institute should always carry out thorough site investigations while closely monitoring, working together, and coordinating with all parties involved. There should also be an arbitration mechanism/cell to be institutionalized in the Ministry that would deal with all the arbitration cases and ensure speedy resolution.

Expansion Programme of AIIMS

Hospitals and institutions akin to AIIMS should not be subject to the NBC guidelines, or the guidelines should be amended to permit vertical expansion. This will ensure the optimum utilization of land and an organized set up, while resolving delays caused due to unavailability of land. The OPDs can be operated from the top floors and the other critical centers such as trauma and emergency, ICUs, HDUs, OTs, etc can be functional from the lower floors of the building.

Procurement of Medical Devices and Equipment

The Procurement Support Agency (PSA) utterly failed in its duty to make sure that the medical equipment was delivered and installed on time. A strong monitoring of the function of PSA along with quarterly submission of a status report on the procurement of medical devices/equipment to the Committee was recommended. There is a need to follow a competitive tendering mechanism for procurement of any equipment rather than a single bid tender procurement. **The procurement of equipment/medical devices by the Institutes and the procurement agencies should be determined by quality, price and fair trade practice.**

Shortage of Faculty and Non-Faculty Staff

A centralized hiring process for all non-faculty employees, preferably one that is overseen by AIIMS, Delhi, or by a centralized, reputable organization was recommended.

Quality of Medical Education

Beginning graduate programmes is pointless until the Institute can deliver high-quality instruction under the direction of full-time faculty who are subject matter experts. The value of providing post-graduate students with appropriate clinical training, especially practical training was highlighted. Also, most of the AIIMS do not have any faculty at the HoD/Professor level from AIIMS Delhi or PGI or JIPMER or any premier National Institute.

Low Bed Occupancy Rate

A low bed occupancy rate is a cause of concern. **The bed occupancy rate should be evaluated quarterly across all AIIMS.** Additionally, each AIIMS should provide a status paper outlining the reasons why it has not utilized tertiary care facilities to their full potential and has a low bed occupancy rate.

Governing Body

Regular review and progress meetings ensure a system of checks and balances. **All major decisions by the Director and the President of the Regional AIIMS, should be approved by the IB/ GB,** and vacancy in respect of Members of Parliament in the Governing Body of all new AIIMS must be filled up without further delay.

Monitoring Mechanism

The State Project Monitoring Committee (PMC) should meet frequently, and each Institute should provide the Ministry with a quarterly report outlining the state of its faculty, facilities, and construction projects.

The Ministry should incorporate institutions similar to AIIMS in its Mera Aspataal/My Hospital plan and in order to examine the institutes' operational realities, the Secretary/Divisional Head Level Officers from the PMSSY should make periodic field visits to all AIIMS-like Institutions.

Dialysis Facilities

All new AIIMS should establish a fully equipped Nephrology Department immediately, in view of the rising demand of dialysis services,

Higher Education Financing Agency

Any loan request submitted to HEFA should be carefully reviewed by the CIB following comparisons of the funding sources and servicing capacities of each of the six AIIMS. The accountability for these loans be spelt out clearly to prevent future legal problems. Donations and CSR funding should be used for regional AIIMS projects like Dharmshala, etc.

Speciality/Super Speciality Departments and Advance Centres

In many AIIMS, the required infrastructure is present but due to acute shortage of the medical faculty/specialist, the super-speciality departments are non-functional. With a very low average OPD footfall, the viability of such departments is questionable. **A cost benefit analysis must be undertaken before any proposal for building an advance center in the new AIIMS is passed.**

OPD Footfall

All patients should be given a unique ID, which should serve as the foundation for assessing the patient load in an institute. Institutes must also measure accurately the number of OPD visits and procedures and avoid extrapolating the figures from the OPD and surgeries. **The online registration process must be improved for all institutions similar to AIIMS and working to successfully implement the Hospital Management Information System.**

Operation Theatres and Surgery Issues

All institutions similar to AIIMS must move quickly to build the necessary infrastructure and establish the operation theatres and all AIIMS-like Institutes conduct a thorough examination of their own Institutes' use of the operating room and submit the results. **The Institutes were advised to adhere to standardized criteria for identifying minor and major procedures in order to collect reliable data on the total number of surgeries performed, the creation of policy, the development of a plan, and the formulation of an acceptable course of action for providing health care services at the doorstep, making Ayushman Bharat a successful scheme.**

