

SHRI JESUDASU SEELAM: Sir, the Minister has highlighted the efforts made by the Government under the NRHM. I would like to draw the kind attention of the hon. Minister to the fact that some States like Andhra Pradesh introduced what is called a mobile clinic where the paramedical staff and doctors will go as per the schedule to a particular habitation and take care of the medical needs of the population, prepare a chart and then refer them to a city hospital or a district hospital. That is the only way to reach them till you complete this task of recruiting, promoting and giving incentives. We have seen this promotional incentive scheme. There was a concept of 'barefoot doctor.' You make it compulsory that before getting a job or allowing private practice, one should serve these areas. Could you not think of that possibility? One is mobile clinic and the second is this compulsory condition.

SHRI DINESH TRIVEDI: Sir, mobile clinic is prevalent in many States. And, as I just mentioned, many States on their own are adopting different methodology and this is a continuous learning process for all the States. Of course, I agree that it is a good thing to exchange ideas on which State is doing what and come up with the best solution.

डा. नारायण सिंह मानकलाव: सभापति महोदय, ग्रामीण क्षेत्रों और सुदूर क्षेत्रों में सदा मेडिकल डॉक्टर्स और नर्सिंग स्टाफ की कमी रहती है। सभी लोग यह मानते हैं कि इसके चलते स्वास्थ्य सेवाएं बहुत प्रभावित होती हैं। मैं मंत्री महोदय से आपके माध्यम से यह जानना चाहता हूँ कि क्या आपकी सरकार राज्य सरकारों को इस प्रकार का निर्देश देने या ऐसी कोई योजना बनाने की सोच रही है, जिसमें ग्रामीण सेवा अलग से हो, उसका अपोइन्टमेंट ग्रामीण क्षेत्रों में हो और वह यह सोचकर आए कि मुझे ग्रामीण क्षेत्रों में ही काम करना है? दो या तीन साल का जो स्टे अरेंजमेंट किया जाता है, यह सक्सेसफुल नहीं हो रहा है। क्या ऐसा कोई उपचार है कि ग्रामीण सेवाओं, अरबन सेवाओं के लिए अलग से कोई व्यवस्था हो?

श्री दिनेश त्रिवेदी: सर, एन.आर.एच.एम. प्रोग्राम में हमने ग्रामीण सेवा में प्राथमिकता दी है, फिलहाल जहां तक डॉक्टरों का सवाल है, सेंट्रली स्पॉन्सर्ड ऐसी कोई कम्पल्सरी स्कीम नहीं है। यदि आइडियाज अच्छे होते हैं और हम सब मिलकर सोचते हैं कि यह करना चाहिए, तो हमें इस पर डिसकशन करना आवश्यक होता है।

Oxygen cylinders missing from RML hospital

*302. SHRI VIJAY JAWAHARLAL DARDA:

SHRIMATI SHOBHANA BHARTIA:††

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a large number of oxygen cylinders are missing from the Anesthesia Department at RML hospital, New Delhi, which are required for influenza patients;

(b) if so, the facts and details thereof;

(c) whether a large number of equipments in various departments are either missing or not functioning in RML hospital;

(d) if so, the facts thereof; and

(e) the corrective steps taken by Government to fix responsibility in case of missing of equipments as well as their nonfunctioning in RML hospital?

††The question was actually asked on the floor of the House by the Shrimati Shobhana Bhartia.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e) A statement is laid on the Table of the House.

Statement

The firm *i.e.* M/s Inox Air Products Ltd., supplying oxygen gas cylinders to Dr. RML Hospital, had complained that oxygen gas cylinders supplied to the hospital had not been returned to the company after consuming the gas. The company has alleged that these cylinders have been lost by the hospital administration. An enquiry committee was set up by the hospital administration to enquire into the complaint. The Committee recommended that enquiry into the alleged theft of cylinders may be handed over to some authorised investigating agency. Accordingly, an FIR has been lodged with Police Station, Mandir Marg, New Delhi. The Senior O.T. Technician in charge has, in the meanwhile, been placed under suspension. The health security of patients suffering from Influenza including H1N1 has in no way been compromised with. There is no report of any equipment being missing from the hospital. Only two equipments are reported to be non-functional in the hospital.

SHRIMATI SHOBHANA BHARTIA: Sir, I would like to ask the hon. Minister: Is it true that the trauma centre that was inaugurated at Ram Manohar Lohia Hospital in 2008 had three functioning Operating Theatres, out of which, two are not in use at all? They had procured over 80 highly specialised ICU beds. More than 50 per cent of these have rusted. Out of the ten x-ray machines, 2-3 are out of order at any given point in time. What corrective steps are you planning to take, and more importantly to fix the responsibility, in case of not only missing equipment but also in case of those equipment which malfunction? Hospitals are supposed to put up a notice of non-functioning equipment outside the relevant department, whether it is Operating Theatre or diagnostic room or OPD. Is this practice being followed on a regular basis?

SHRI DINESH TRIVEDI: Your first question is factually incorrect because there were only two equipment which were non-functional and for your kind information, I would give you the details. First one, the name of the equipment is OT Table — FF OT, one quantity — which was non-functional from 17.8.2006 and action taken is, the Indian agent informed that OT table is working and it is under observation; Sister, IC, First Floor OT informed that the table is again not working. So, you know, it was a phase where it was working and not working. But, I agree with you that whatever equipment is not working, people have a right to know about them. But, the report which we have says that there were two equipment which were not functioning during that period. And the second one is known as Elisa processor with computer relating to microbiology. That was not functioning since 22.3.2005. Machine is under demonstration and trials, and whatever is required to be done for repairing of that machine, is being done.

SHRIMATI SHOBHANA BHARTIA: Sir, I beg to differ with that. That is absolutely not correct because 50 per cent of your beds in ICU have rusted. Your OTs do not function. My point is that

the hospital itself was unaware of even the missing cylinders until the AMC actually came in and told them that these have disappeared. How are they in a position even to give you accurate feedback? Although they own the cylinders, yet they did not know that they went missing. It's only when there was an outbreak of flu and the AMC had to come in that they realised that they are missing. There's no physical audit done. In the previous Government's time, the hon. Minister of Health even said that there was no physical verification of the assets. There is no audit or enquiry that goes in.....

MR. CHAIRMAN: What's the question?

SHRIMATI SHOBHANA BHARTIA: Sir, the question is that I do not think that there is even a system where they know what is missing. I want to ask him whether you planned to actually institute some sort of audit to take stock of what you have. The Government of Gujarat, the Government of Maharashtra have out-sourced this to very competent agencies as a counter check. So, would you consider making it mandatory for hospitals to conduct physical audit of the equipment that they have?

SHRI DINESH TRIVEDI: Sir, again, factually, it is incorrect. Trauma Centres OTs are functional all the time, and there are 247 people who are on the job. Even if the smallest equipment in the OT is nonfunctional, that becomes very dangerous for whoever is undergoing operation. And if the OTs were non-functional, then how come we are having so many operations successfully done day-in-and-day-out? As far as the audit is concerned, it is because of the audit system which each hospital has, all these things rightly come to light.

DR. K. MALAISAMY: Sir, before I could ask the question, can I ask a clarification?

MR. CHAIRMAN: No, no. Ask your supplementary, no more.

DR. K. MALAISAMY: Sir, some of the hon. Members are able to get the questions listed so nicely. For example, our nice friend, Shrimati Shobhana Bhartia, Shri N.K. Singh, Shri Santosh Bagrodia and Dr. Subbarami Reddy. These are the people who are able to get one or two questions listed.

MR. CHAIRMAN: If the hon. Member could solve the mystery, the Chair would be delighted.

DR. K. MALAISAMY: Will they tell us the technique, Sir?

MR. CHAIRMAN: Please ask your supplementary.

DR. K. MALAISAMY: What is the technology?

MR. CHAIRMAN: I can ask that question too.

DR. K. MALAISAMY: I am also sending three questions per day. What is the technology to get it listed?

SHRIMATI BRINDA KARAT: Sir, have special audit for that also.

DR. K. MALAISAMY: I am not blaming. Let them tell the technique.

MR. CHAIRMAN: Good point. Please go ahead.

SHRIMATI BRINDA KARAT: Sir, let us have special audit for that because some Members are getting questions and some are not.

DR. K. MALAISAMY: Sir, leave apart Dr. RML Hospital, there are umpteen number of Government hospitals throughout the length and breadth of the country and people are coming and going, thousands of patients are coming and going. In other words, hospitals are humming with a lot of activities. They are dealing with a number of items, including the medicines. My direct question is: whether there is any foolproof or scientific inventory management system in your hospitals. In other words, as a student of management, according to me, the inventory management is the most difficult task. We have come across several cases of misuse of medicines. In such a situation, according to me, your system is defective. I would like to know whether you will think of making a study through an expert and find out a foolproof inventory management system.

SHRI DINESH TRIVEDI: Hon. Chairman, you will agree that in this world, nothing is foolproof. But there is always a scope for improvement, and each and everyday is a learning process, and in this process, I totally agree with you that we can use lot of technology, lot of management system, lot of information system, and I am sure, most of the hospitals are run by professional people. They are seized with this. And if the hon. Member, being a management expert, has some ideas, we would most welcome that.

SHRI MATILAL SARKAR: Sir, my question is a bit different. In fact, I wanted to raise a supplementary on the previous question.

MR. CHAIRMAN: Oh! But we are now on this question. So, please ask a supplementary on this question.

SHRI MATILAL SARKAR: I have nothing to say on this question.

SHRI SANTOSH BAGRODIA: Sir, when we buy these equipments, the equipments have a guarantee system. The sad thing is, even the latest equipments when they are bought in the hospitals, they never start operating, and if they operate, they go out of order immediately. So, we must have a proper monitoring system. Does he have the monitoring system? For example, Sir, there is a PET scan machine in AIIMS. I would like to know how many patients, on an average, are being handled, per day, — it is a very expensive and a very important equipment— on this machine and what the private operators are doing. On an average, they are handling, probably, one patient against fifteen or twenty in private hospitals. How can we improve this situation? This machine is being installed in the Hospital to help the poorest of the poor. If we have only one machine, naturally, the chance of a patient comes after a month. What does the Government plan to improve upon the maximum use of the equipment and how do we monitor to maintain it properly?

SHRI GHULAM NABI AZAD: Sir, I think, the questions raised by Shobhanaji and others, so also raised by Santoshji, are concerning the inventories, both our equipments and our medicines. It is true that, unfortunately, in Government hospitals, as is happening in many other Government institutions, we do not have that much perfect inventory system like one has in the private institutions because everybody thinks that it is a Government thing; they do not own any responsibility; its wear and tear the Government shall have to pay; If something is being stolen, the Government shall have to pay; there is no onus. But, I think, we have to do something; the responsibility has to be fixed not only in Government hospitals but all across the country as well, for all Government-owned equipments.

Now, it is a good suggestion that there should be outsourcing of inventories. If you give the inventory system to a person, who is doing the mischief, there is no fun in having an inventory. And I would like to confess, here, that we have been receiving complaints not only from 'A' hospital or 'B' hospital but also from all across the country; wherever an equipment, a costly equipment, is there in the hospital, that particular equipment is being made paralysed, is being made non-functional. So, there is connivance between the operator and the doctor with some private agency, and they sit on it; it has gone out of order. There are instruments/equipments worth Rs. 10 cores, Rs. 12 crores, Rs. 15 crores; they are not functioning! So, the private owner can charge Rs. 5,000/-, Rs. 6,000/-, Rs. 7,000/-. I have had a long discussion with a very reputed agency, and I have told them to come out with a proposal. It is an electronic equipment agency of national and international repute, based in Bangalore, of course, based across the world. I have told them to come out with a proposal so that they can put up the equipment; the Government does not have to buy the equipment. We will provide them a room; let them work for 24 hours. And it will be cost-effective also because our machines, our equipments do not work; if, at all, they work, they work for only two hours. First, the operators will come too late; then, they will go for lunch. They will turn up after three hours. The equipment will be out of order. So, if we put some agency with costly equipment and that runs for 24 hours in prestigious hospitals, I think, the people will be benefited and that particular private institution can also be benefited. ...*(Interruptions)*...

SHRI MATILAL SARKAR: Sir, this is not the proper reply. ...*(Interruptions)*...

MR. CHAIRMAN: There is no discussion on this. ...*(Interruptions)*... Shri Kumar Deepak Das. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: Whatever you are saying...*(Interruptions)*... Sir, whatever the hon. Member is saying...*(Interruptions)*...

SHRI PENUMALLI MADHU: Sir, that is a very dangerous proposal. ...*(Interruptions)*...

MR. CHAIRMAN: No, no; no discussion, please. ...*(Interruptions)*... This is not an issue for agitation. ...*(Interruptions)*... Please ask your question. ...*(Interruptions)*... No, no, no. ...*(Interruptions)*...

SHRI SANTOSH BAGRODIA: The problem is, you always oppose the Government's proposal. ...*(Interruptions)*... By doing so, the poor will be benefited. ...*(Interruptions)*... How are you opposing that? ...*(Interruptions)*...

MR. CHAIRMAN: No, no; no discussion, please. ...*(Interruptions)*... No discussion, please. ...*(Interruptions)*... No discussion, please. I am sorry. ...*(Interruptions)*... I am sorry. ...*(Interruptions)*...

श्री सभापति: प्लीज़ आप बैठ जाइए ...*(व्यवधान)*... आप बैठ जाइए ...*(व्यवधान)*... Please ask your question....*(Interruptions)*...

SHRI KUMAR DEEPAK DAS: Sir, the RML Hospital is a leading hospital ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: No. Let me make it clear. You should not jump into the conclusion. That is the problem. One should support a good system and not keep one's mind always closed. ...*(Interruptions)*...

MR. CHAIRMAN: All right. Thank you. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: You should have an open system and unless you open yourselves, you will allow the things to deteriorate. ...*(Interruptions)*...

MR. CHAIRMAN: All right. Let us not have a discussion on this. ...*(Interruptions)*... Let us have the next supplementary. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: Please, you have not asked the question and jumped into the conclusion.

श्री सभापति: प्लीज़ आप बैठ जाइए ...*(व्यवधान)*... आप बैठ जाइए ...*(व्यवधान)*... बैठ जाइए ...*(व्यवधान)*...

SHRI GHULAM NABI AZAD: I have said that if the agency has to work, that agency shall have to pay the same amount that the Government has to pay and nothing extra. ...*(Interruptions)*... Without knowing, you have jumped into the conclusion. ...*(Interruptions)*... Please don't keep a closed mind. ...*(Interruptions)*...

MR. CHAIRMAN: Please don't interrupt. ...*(Interruptions)*... Please. Let us have the question, please.

SHRI KUMAR DEEPAK DAS: Sir, the RML Hospital is a leading hospital in Delhi and most of the MPs usually visit this hospital. I have seen that it is not well-equipped and provided with good and renowned physicians. Modern facilities need to be provided in the units. What is the new proposal for the development of the RML Hospital?

SHRI GHULAM NABI AZAD: Sir, modernisation is a continuous process. It is not a one-day affair. It is a time-consuming thing. I have been saying, time and again, not only here but also

outside, that the pressure on these hospitals is tremendous, be that RML Hospital or be that the All India Institute of Medical Sciences. That is why the infrastructure is being developed at all the levels, at the block level and at the tehsil level and at the district level. New institutes like the All India Institute of Medical Sciences are being established across the country and the medical colleges are also being upgraded across the country, maybe, in a phased manner. Once these institutes and medical colleges are upgraded, and the district hospitals, sub-district hospitals and primary health centres are augmented, the pressure on the hospitals in Delhi will be eased to a great extent. I am afraid to say that unless infrastructure is provided at the block level and the district level, and in the State capital, the pressure will continue and the wear and tear of these equipment, which is also directly linked with the cleanliness of the hospital, will continue. What we shall have to do is that all of us should put our heads together and persuade the State Governments to build the infrastructure which is at various stages of augmentation in various parts of the country.

Booking of food items by phone in trains

*303. SHRI MOHD. ALI KHAN: Will the Minister of RAILWAYS be pleased to state:

- (a) whether Government has any proposal to introduce the system of booking food items by phone no. 139 in trains at the time of booking;
- (b) if so, the complete details thereof; and
- (c) by when it would be implemented in the South Central Railway in Andhra Pradesh?

THE MINISTER OF RAILWAYS (KUMARI MAMATA BANERJEE): (a) to (c) A statement is laid on the Table of the Sabha.

Statement

(a) to (c) Railway is a vast organization operating 17,754 trains including 10,385 passenger carrying trains and carrying more than 18 million passengers per day throughout the country. Phone No. 139 is primarily meant for passenger enquiries pertaining to running of trains and reservation status. Due to the vastness of the system ordering of food through this telephone number is not feasible at present. However, orders for food are taken in the running trains and food, as per order, is supplied through pantry cars or at the serving stations.

श्री मोहम्मद अली खान: सर, मंत्री जी ने जो स्टेटमेंट हाउस में रखा है, मैं उससे मुत्तफिक नहीं हूँ, इसीलिए कि रेलवे कैटरिंग के एक जिम्मेदार ऑफिसर ने यह बयान दिया था कि टेलिफोन नं- 139 से फूड आइटम्स बुक कराने की भी फैसिलिटी मिनिस्टर साहिबा इंट्रोड्यूस करेंगी, उस बेसिस पर मैंने यह सवाल किया था। मैं मंत्री जी से यह जानना चाहता हूँ कि अगर यह फूड की जिम्मेदारी रेलवे कैटरिंग की है, तो फिर ऑफिसर ने इस टाइप का स्टेटमेंट क्यों दिया? इससे अवाम में एक बेचैनी पैदा होती है। मैं मिनिस्टर साहब से चाहूँगा कि यह मुझे बतलाएँ कि इसमें 139 की फैसिलिटी हो रही है या नहीं?