

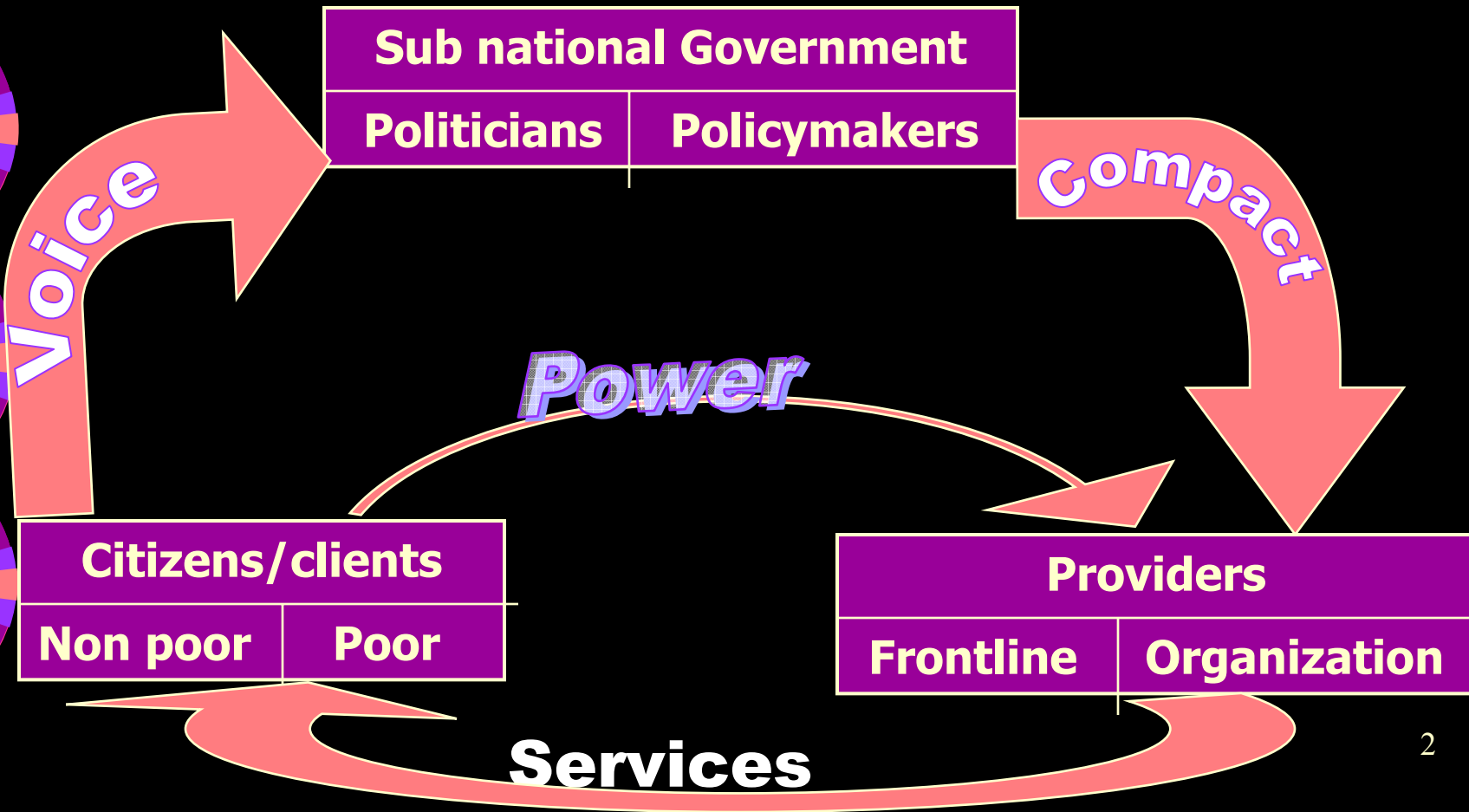
National Workshop Accreditation and Standardization of Health Services

9 February 2005

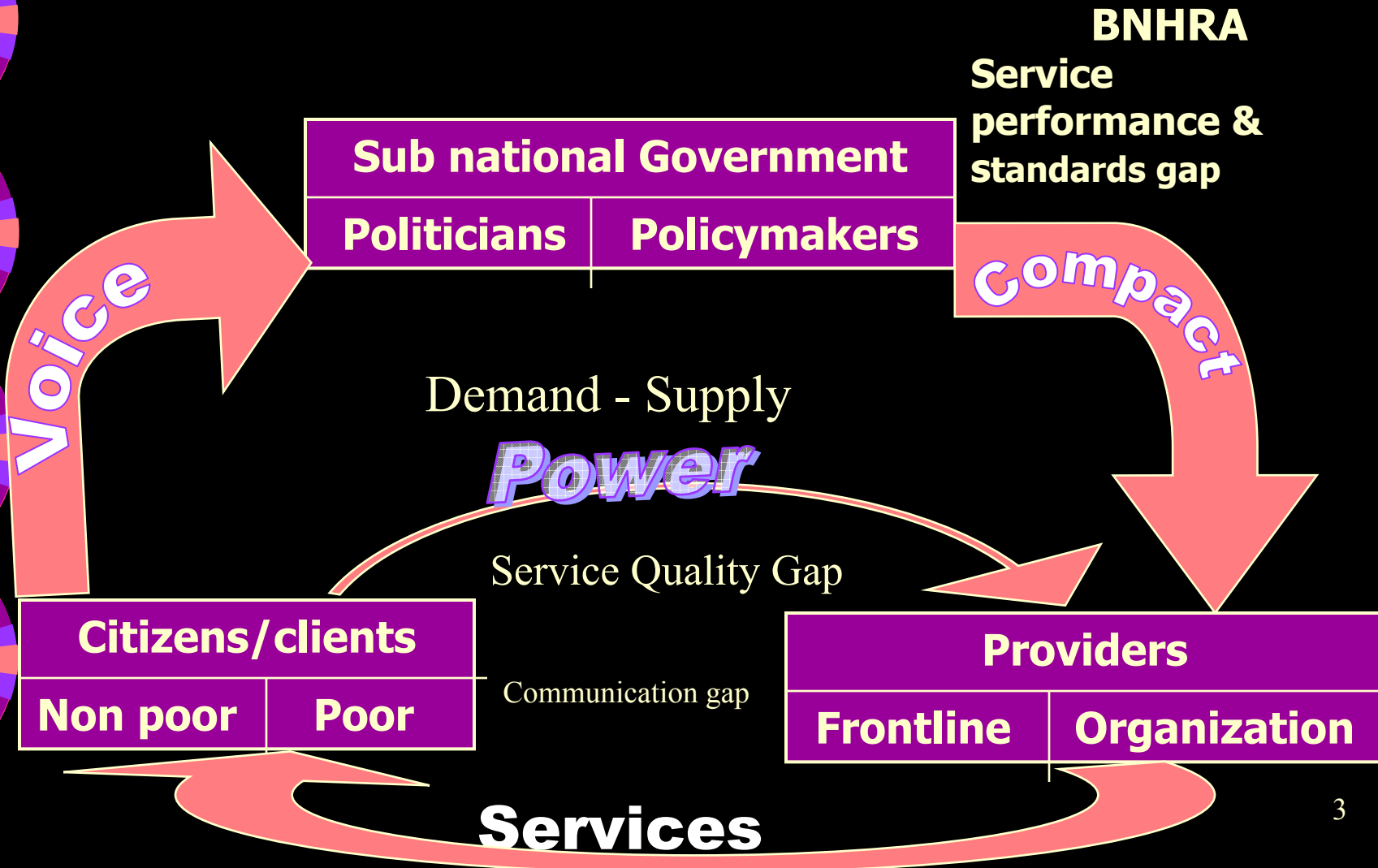
Legislation for Health care facilities

**Dr. R. M. Jotkar,
Directorate of Health Services,
Govt.. of Maharashtra**

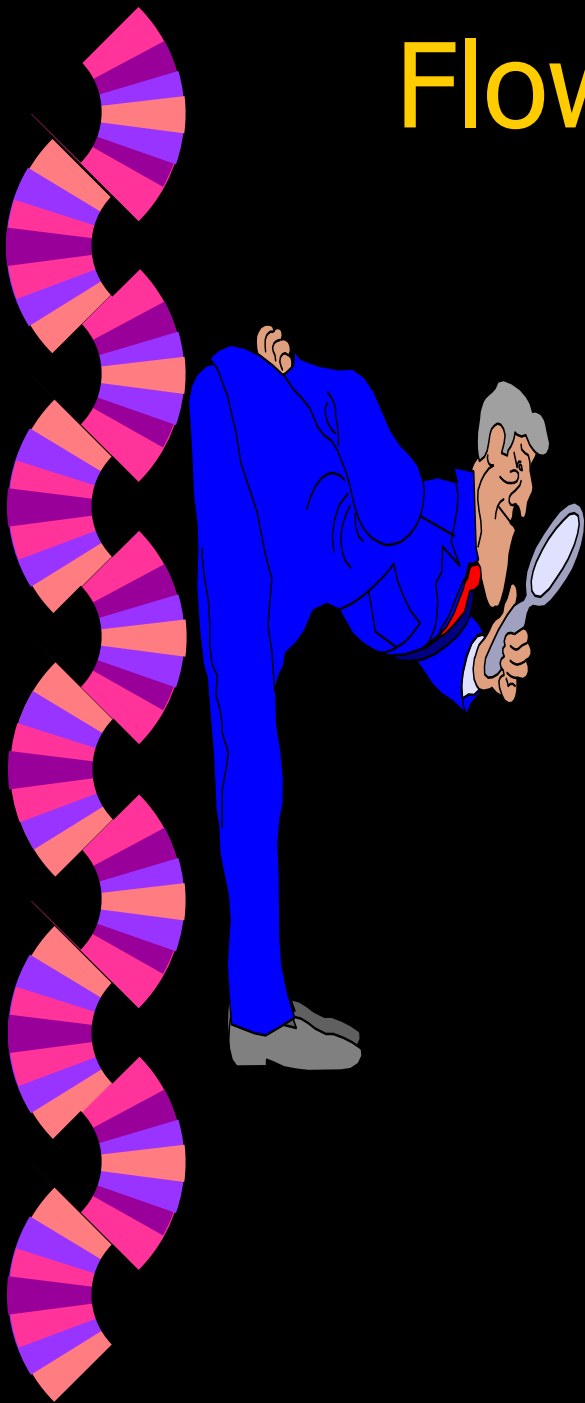
Accountability framework: Private and Public health sector



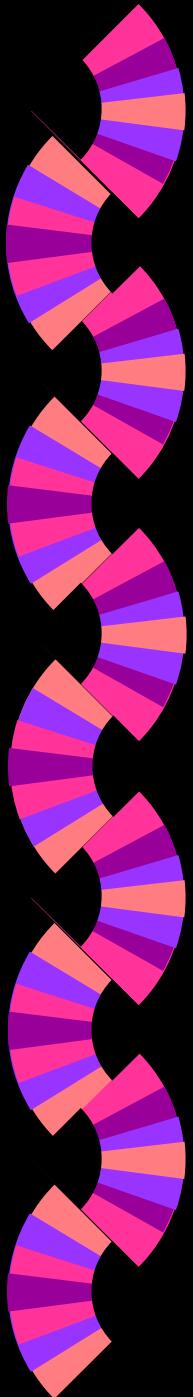
Regulation to address the Gaps



Flow of the presentation



- I. Private health sector: Size, structure, and functioning
- II. Present status of existing legislation
- III. Reaction of internal groups like IMA
- IV. Widening the scope of BNHRA 1949
- v. Considerations for not revising the BNHRA
- VI. Success of regulation



I. Private health Sector : Size of Facilities

- ◆ **Gigantic private sector**
- ◆ **Total 75938 beds in Pvt..**
- ◆ **82 beds / lakh pop**
- ◆ **District wise variation : Mumbai (203), A'vati (154), Pune (151), while G'chiroli (10), O'bad(15)**
- ◆ **Private Health spending : 4.7 % of SDP**

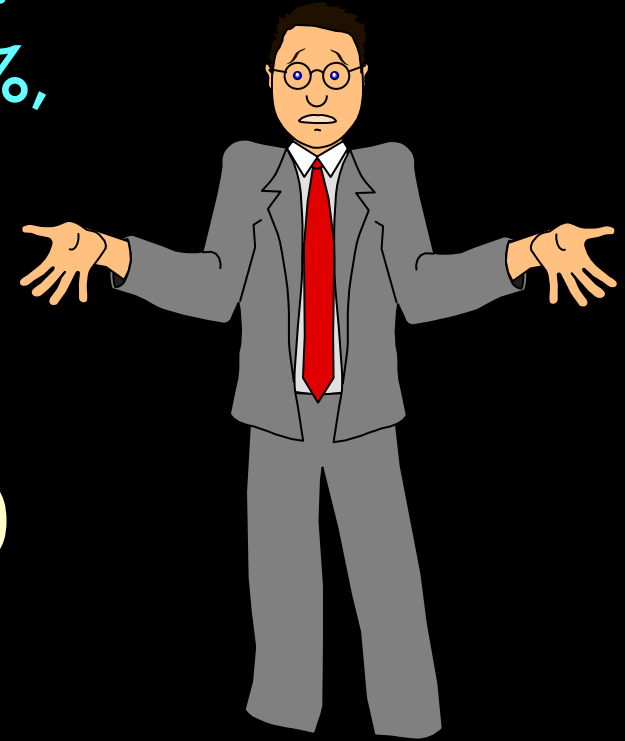
I. Private health Sector : Size of Facilities (Contd..)

- ◆ **Urban concentration.(77%)**
- ◆ **Doctor Ownership (91%), Partnership (6%), Charitable (2%)
Corporate (1 %)**
- ◆ **24 % facilities with beds < 5**
- ◆ **50 % facilities with beds < 15**
- ◆ **25 % facilities with beds < 25**
- ◆ **12 % facilities with beds > 25**



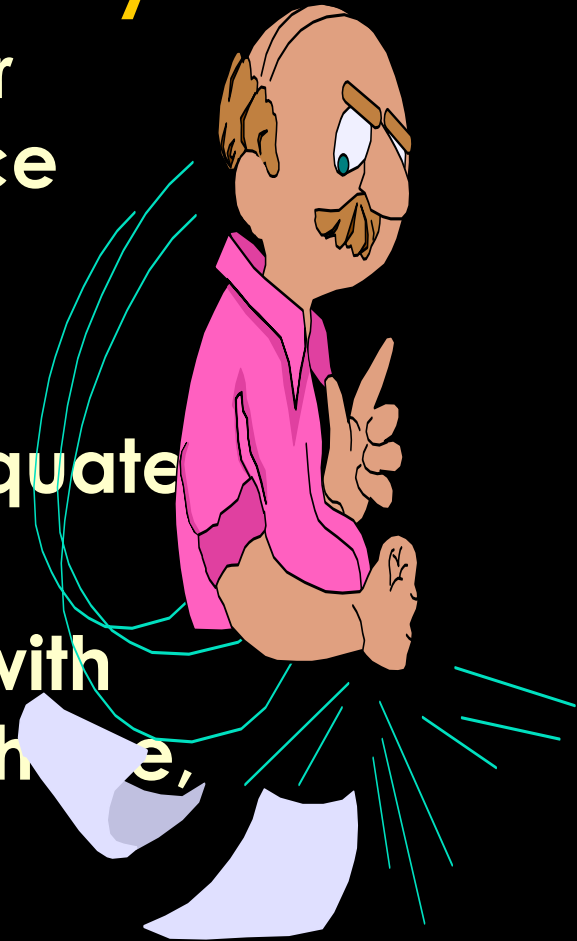
I. Private health Sector : Size of Human Resource

- ◆ 80 % of all registered Drs.
- ◆ Allopathic 50 %, ISM 30 %, Unqualified 20 %
- ◆ 20 % qualified Drs. not registered
- ◆ Shortage of qualified nurses (33 % unqualified)
- ◆ 17 % unqualified pharmacists



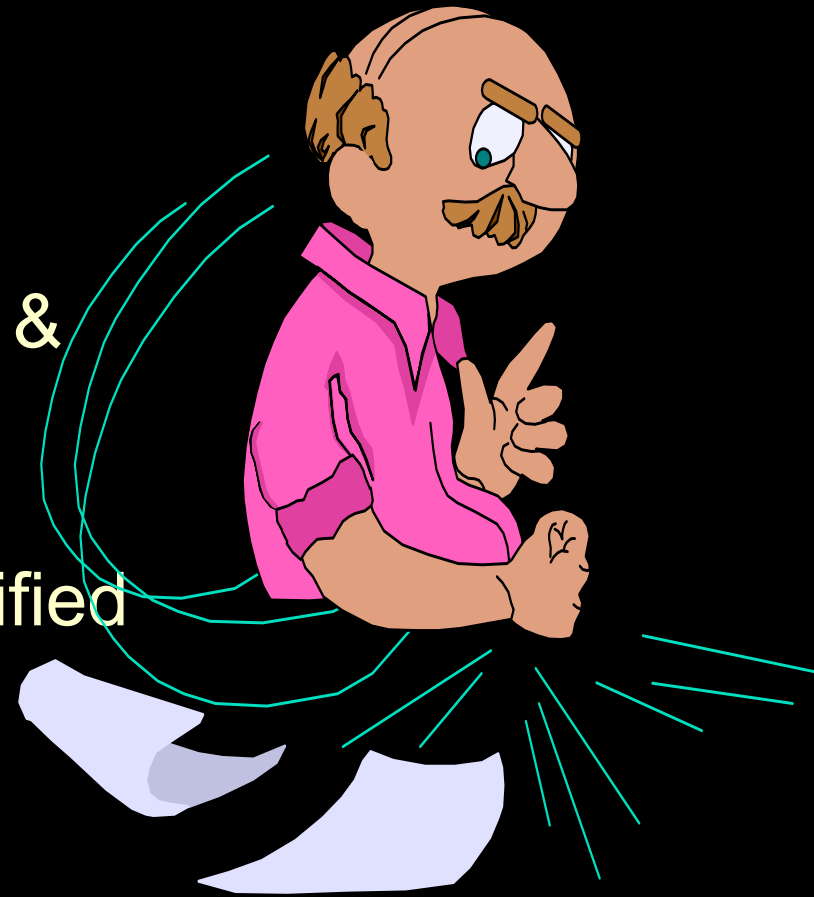
I. Private health Sector :Structure of Facility

- ◆ 82% of facilities located near market & 16 % near residence
- ◆ 36 % facilities in residential / commercial building ,
- ◆ Only 6 % facilities have adequate space
- ◆ 73 % facilities with OT, 16 % with Labor room, 78 % with telephone, 1 % ambulance



I. Private health Sector :Structure of Human Resource

- ◆ Allopathic generalists & specialists
- ◆ ISM
- ◆ Less Than Fully Qualified (LTFQ)
- ◆ Dr. : Nurse :: 1:1



I. Private health Sector : Functioning of Facilities

- Private Sector caters to 75 % of Primary & 54 % of Institutional care
- Caseload OP 40 / day, weekly admission 12,
- ALOS 13 days, BOR 51 %
- 38% facilities maintained Case records
- Services provided : Medical (20 %), Ob. Gy. (14 %), Surgery (12%),
- Ambulatory OP primary care
- Fee for service
- Growing dissatisfaction about QOC at NHs
- Current legislation is inadequate, incomplete

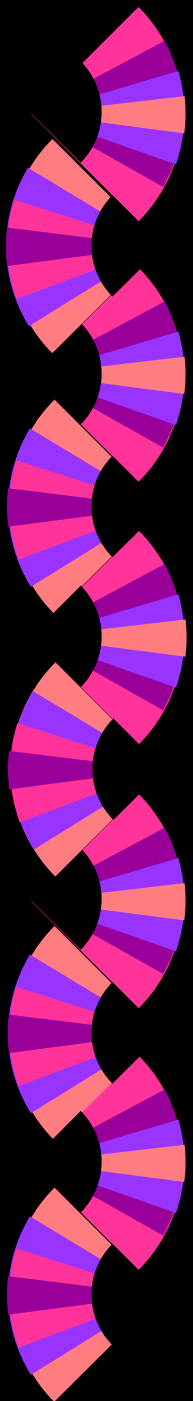
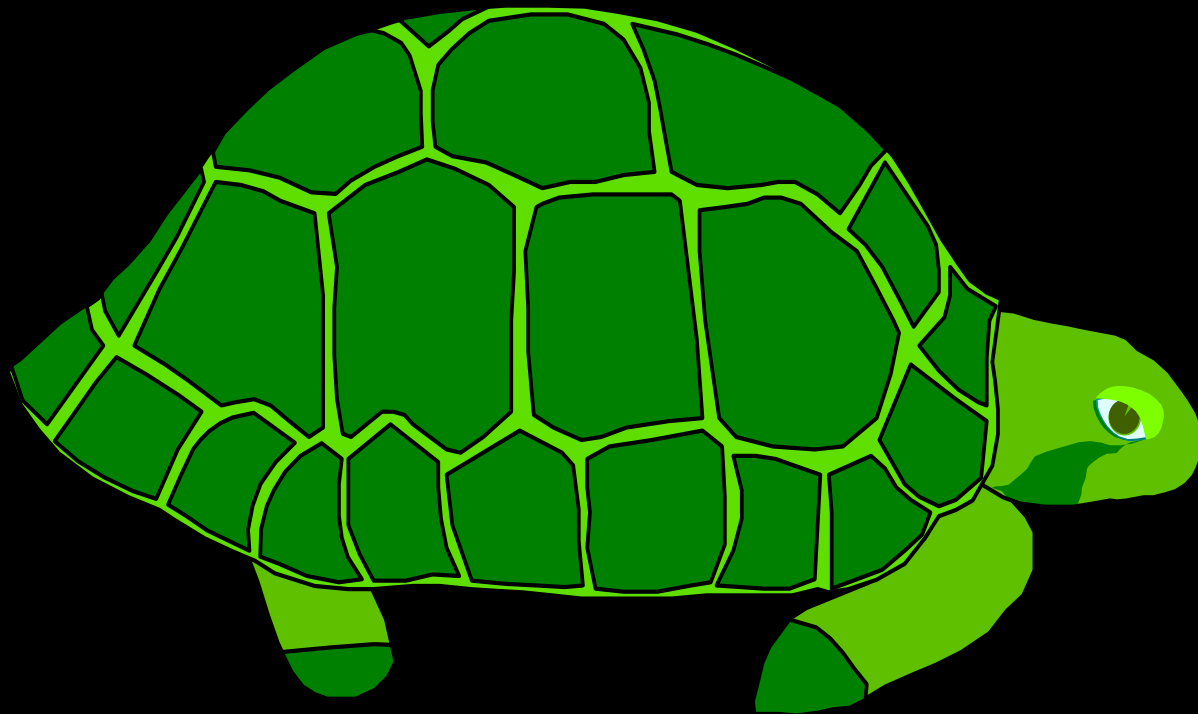
I. Private health Sector : Functioning of Human resource

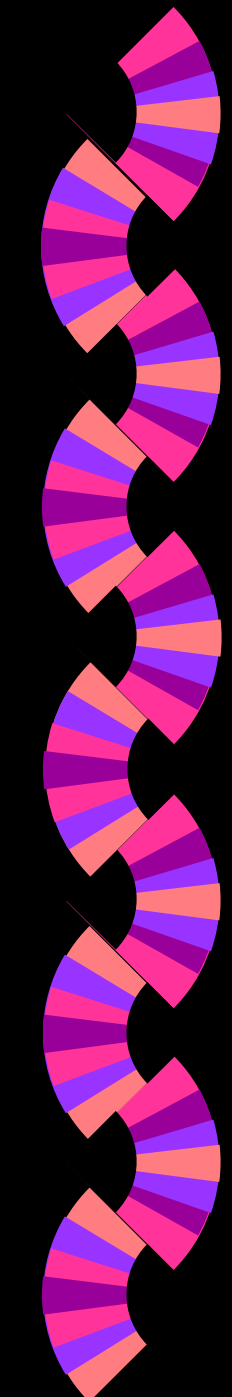
- ◆ Dr. owner / visiting specialists
- ◆ Caseload OP 20 / day/ Dr (Mansoon OP 35)
- ◆ Daily Hours of work : 10
- ◆ 35 % Drs. have indoor facility
- ◆ Fee for service



II. Present status of existing legislation

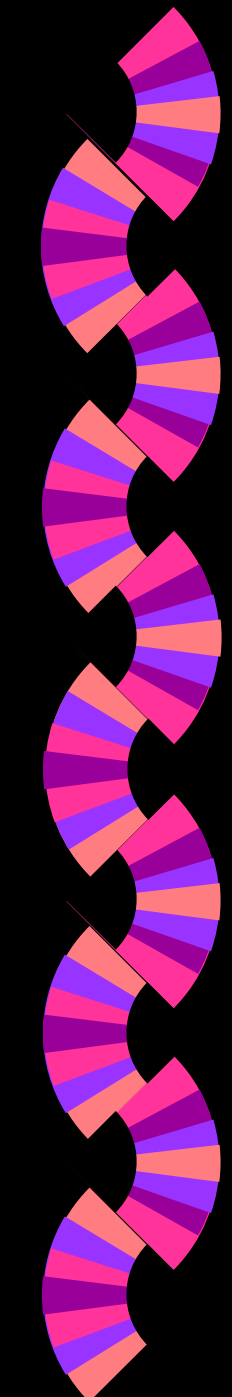
Bombay Nursing Home Registration Act, 1949





II. Present status of existing legislation : BNHRA, 1949

- ◆ Of all the Medical Acts, Bombay Nursing Home Act, 1949 is oldest.
- ◆ Simply not registration but regulation act
- ◆ The purpose of enactment
 - Registration of NH
 - Affect inspection of NH
 - Provide other purposes connected with registration and inspections of NH



II. Present status of existing legislation : BNHRA, 1949

ACT PROVIDES

- ◆ Constitution of supervising authority for registration, inspection of nursing homes
- ◆ Define procedures for registration & renewal
- ◆ Powers to supervise, inspect, reject, cancel and penalty
- ◆ Authority to frame the by laws



II. Present status of existing legislation : Definitions

- ◆ Nursing Homes (NHs) : as any premises used or intended to be used for the reception of persons suffering from any sickness, injury or infirmity and providing of treatment and nursing. This includes Maternity Homes.
- ◆ Maternity Homes (MHs) : as any premise used or intended to be used for reception of pregnant women or women in or immediately after the child birth



II. Present status of existing legislation : Definitions(contd..)

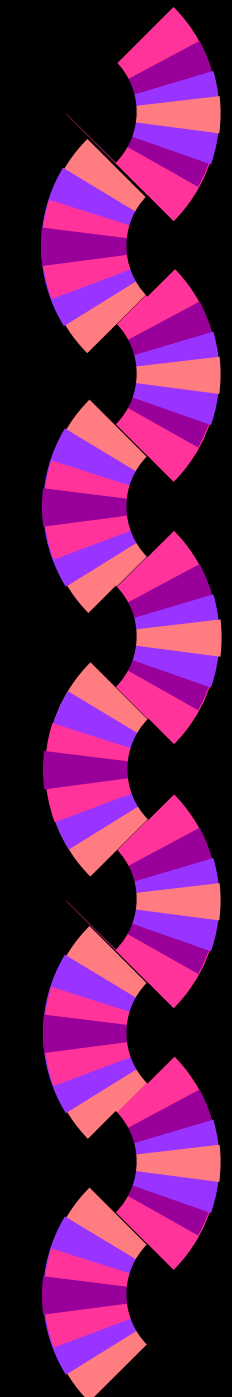
- ☞ “ Qualified medical practitioner means medical practitioner registered under the Bombay Medical Act, 1912”
- ☞ “ A qualified nurse means a nurse registered under Bombay Midwives & Health Visitors Registration Act,1935
- ☞ Keeping the patients only for day care and providing nursing care are included in NHs.
- ☞ Consulting rooms and clinics providing outpatient care are excluded from the Act.
- ☞ All Nursing homes are hospitals and all hospitals are nursing homes



II. Present status of existing legislation : Definitions(contd..)

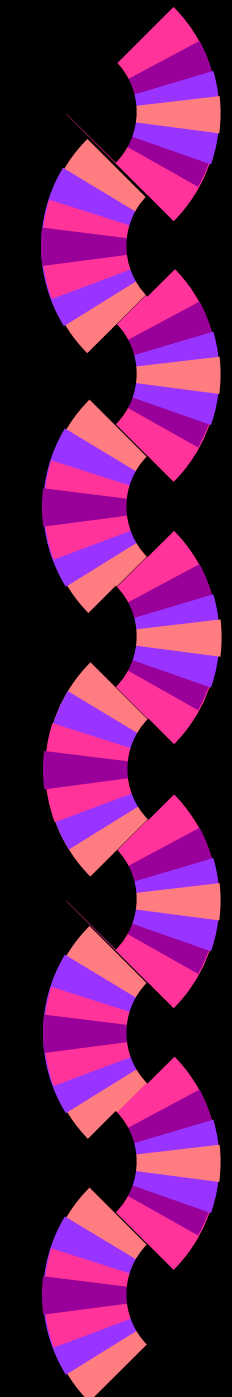
Local Supervisory Authority

- ◆ The Municipal Corporations for cities of Greater Mumbai, Pune, Nagpur, Solapur are empowered to act as Local Supervisory Authorities.
- ◆ Other municipal and rural areas are not covered under the Act.



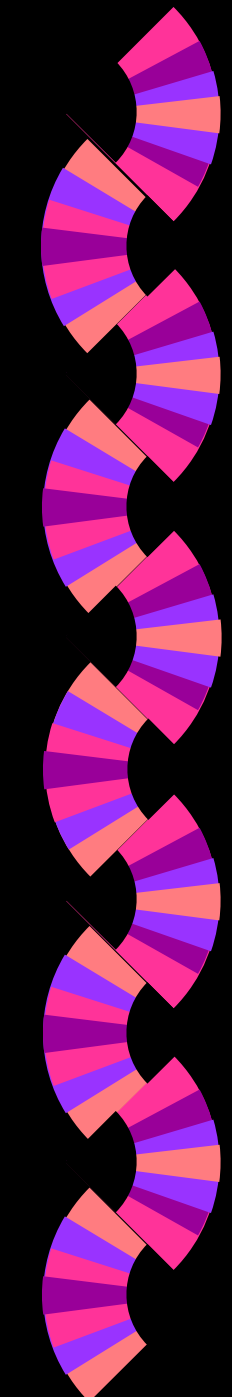
II. Present status of existing legislation : Non applicability of Act

- ◆ Nursing Homes run by
 - ↓ Government
 - ↓ Local Authorities
 - ↓ Any others approved by State Government
 - ↓ Lunatic Asylums
- ↓ Affixing a certificate of registration at prominent place in NH is mandatory.



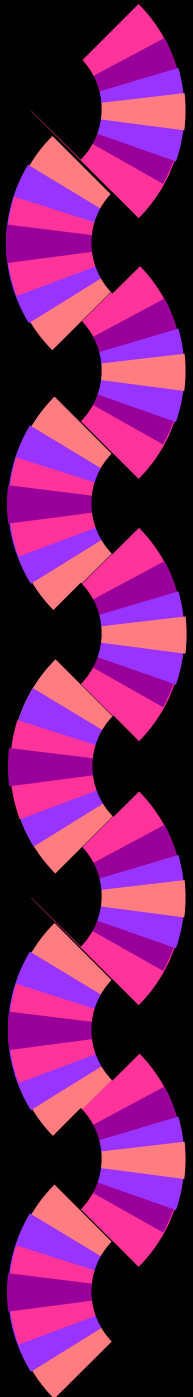
II. Present status of existing legislation : Maharashtra Nursing Home Registration Rules , 1973

- ◆ Act empowers State to make Rules
 - Local Supervising Authority to maintain register - form "A"
 - Prescribe application for registration, renewal of NHs - form " B "
 - Grant of Certificate of Registration in Form -"C"
 - Fees for registration and renewal every year
 - Transfer of ownership, change in address or staff or lost certificate, inform Local Authority.



II. Present status of existing legislation : *Maharashtra Nursing Home Registration Rules , 1976 (Amended)*

- ◆ Fee for registration
 - For beds < 10 : Rs. 50 / facility
 - For beds > 10 : Rs. 100 / facility
- ◆ Fee for renewal
 - For beds < 10 : Rs. 25 / facility
 - For beds > 10 : Rs. 50 / facility



II. Present status of existing legislation : *Grounds for rejection for registration or renewal*

- ◆ Unqualified medical practitioners
- ◆ NH not under management of proper qualified medical practitioners or nurses
- ◆ MH with unqualified midwives
- ◆ Inadequate accommodation, staffing, equipment.



II. Present status of existing legislation : *Penalty for Contravention*

- ◆ Refusal to allow inspection or obstructing it is an offense
- ◆ Running of NH without registration : a fine of Rs.500/-
- ◆ Offense committed again : fine/ imprisonment up to three months
- ◆ Contravention to any provision of the Act : fine Rs. 50/- and continued offence is punishable by a fine of Rs.15/- per day



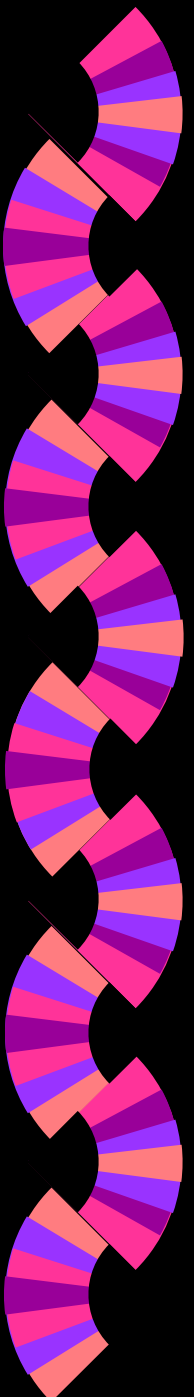
II. Present status of existing legislation : Present Act is deficient in

- ◆ **Medical exam of employee**
- ◆ **Availability of complaint book**
- ◆ **Display of service fees at prominent place**
- ◆ **Ensuring the non-involvement of Govt. Servant**
- ◆ **Registration number of NH in all records and registers**
- ◆ **Immediate reporting of communicable diseases**
- ◆ **Reporting of vital events**



III. Reaction of internal groups like IMA to the legislation

- ❖ **Public interest litigation in the Bombay High court for the implementation of BNHRA**
- ◆ **Only positive reaction for non implementation of the Act by B M C**
- ◆ **Bombay High court appointed a Committee under Dr. Maduskar, Dy. Mun. Commissioner, BMC**



III. Reaction of internal groups like IMA to the legislation

Observations of Committee

- ◆ Physical standards not met
- ◆ Unskilled Human power
- ◆ Poor sanitary conditions & Waste disposal
- ◆ ILL equipped & lack of resuscitation equipment
- ◆ Irrational and unethical practices related to investigations and treatment.
- ◆ Poor record keeping
- ◆ No monitoring & accountability

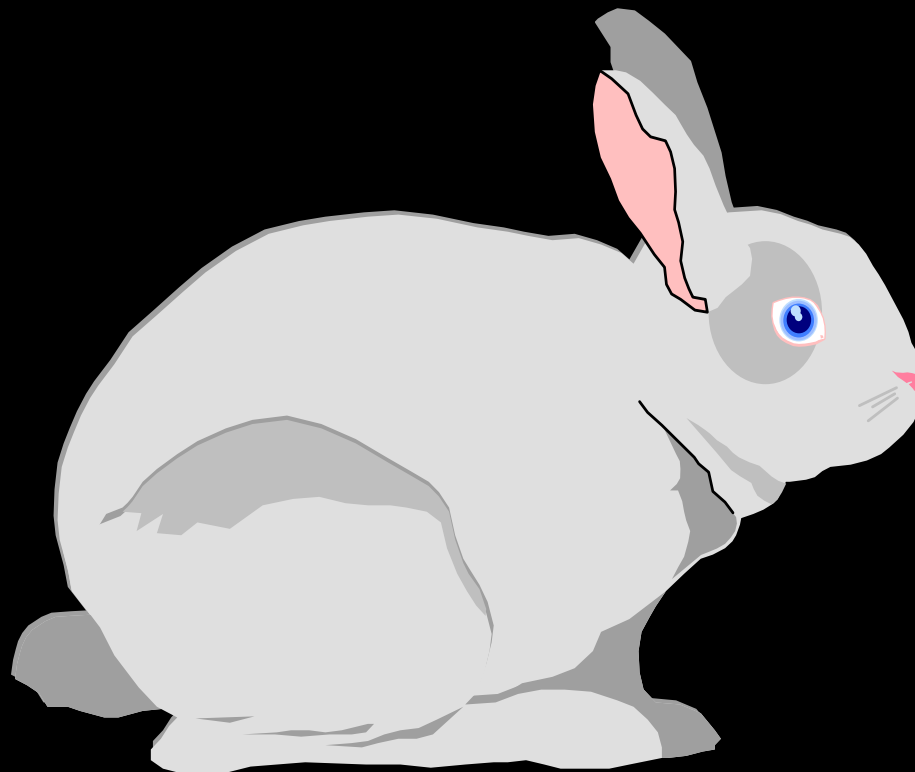


III. Reaction of internal groups :

Recommendations of Apex Committee

- ◆ Minimum standards and profile of NH
 - Space norms
 - Facilities (O.T. Labor room, Blood Bank)
 - Staff employed
 - Sanitary conditions
 - Equipment
 - Supportive services
 - Waste Management

IV. Widening the scope of BNHRA 1949



Proposed Maharashtra Private Clinical Establishments
Registration & Regulation Act,



IV. Widening the scope of BNHRA 1949

- ◆ **"The policy matrix of Maharashtra Health Systems Development Project (Page No. 50 of Project Implementation Plan – copy enclosed) is committed to widen the scope of existing Bombay Nursing Home Registration Act – 1949. In continuation to this, the Project Management has decided to undertake the revision of Bombay Nursing Home Registration Act.**



IV. Widening the scope of BNHRA 1949

Date	Event
12 April 00	Consultant selected on Single Source – Sunil Nandraj CEHAT INDIA
9 March 01	Presentation to selected officers of Directorate
1 July 01	Presentation at the Stakeholders Workshop
17 July 02	Presentation at the Stakeholders Workshop
3 Aug. 02	Sub-committee headed by Addl. Director, MHSDP met to fine tune definitions of the act
04	BNHRA is extended to cover all Districts in State



V. Considerations for not revising the BNHRA:

- i. In view of current resource crunch, enforcement of this act may be **unmanageable** for the State.
- ii. It will be difficult to ensure that **corrupt practices** do not indulge in the enforcement
- iii. After enactment, the State may **face risk of public accountability**; in instance of mishap in **registered private facility**.
- iv. It is documented that India is already an **over regulated country** and legislation is not substitute to administration.

V. Medicine is bio-medical science with substantial variations. Hence the task of deciding the **minimum standards** could be difficult though not impossible.²⁰



VI. Success of regulation

I. Technical expertise to promulgate regulation

II. Cultural attitudes:

- **A. Law abiding nature**
- **B. Voluntary compliance**
- **C. Resistance of solo PP**

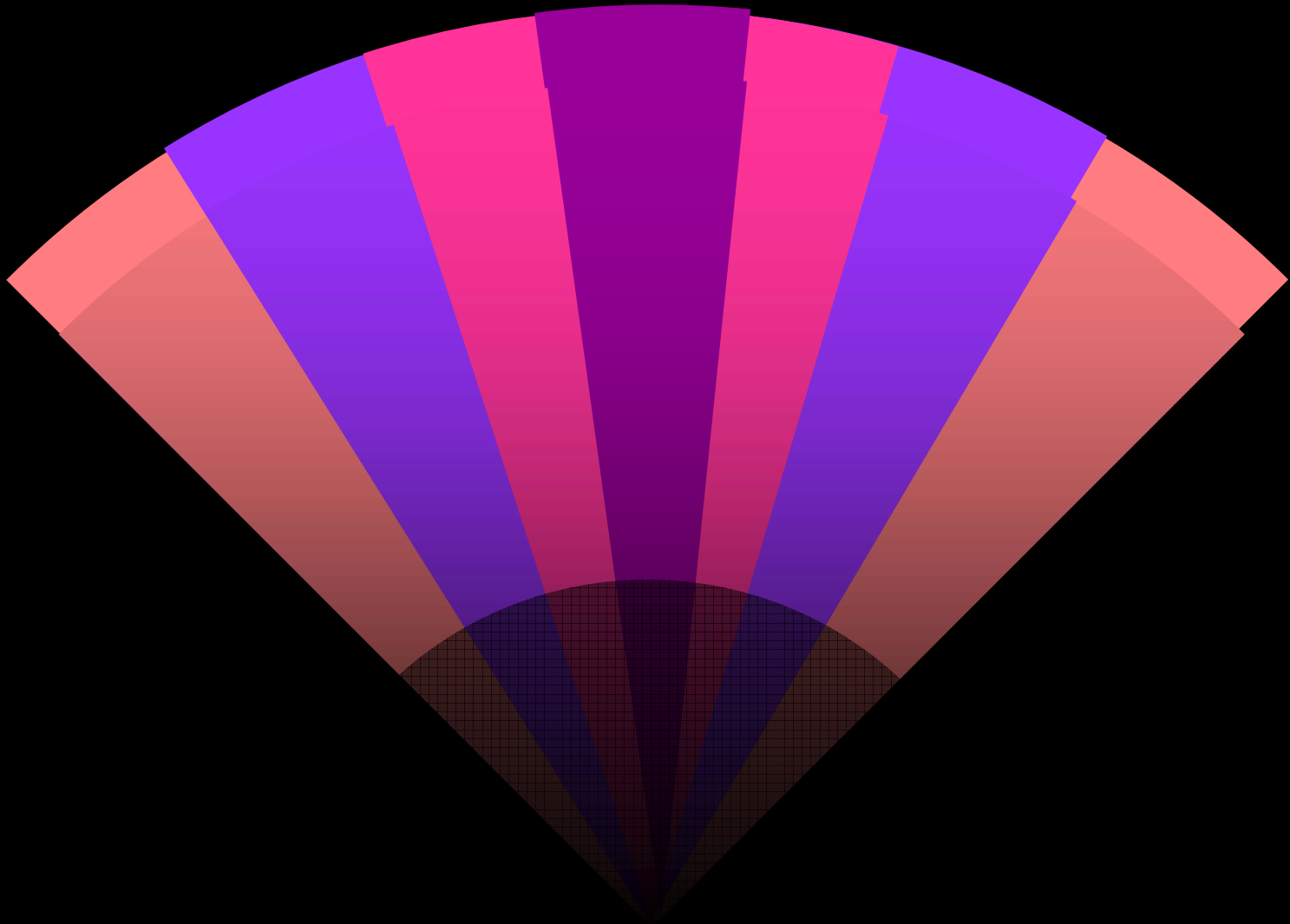
III. Govt. Capacity

a. Enforcing agency

b. Information system

c. Court and sanctions

IV. Political Support



Thank You!