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HOSPITAL

INDIAN MEDICAL ASSOCIATION

JUNE 2020, ISSUE-1

HBI e-Newsletter

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DR. RAJAN SHARMA
National President, IMA

Dear Doctor's,

It gives me great pleasure to write a message for the 1st issue of eNewsletter of HBI. This was in the works for some time and it will be a mouthpiece for the IMA members as well as all the hospital owners. This shall be circulated in soft copy format and shall be available to all the members.

Today, HOSPITAL BOARD of INDIA (HBI) is an essential and integral part of our association. We thank and acknowledge Dr. Vinay Aggarwal, whose visionary thinking formed the HBI. Subsequently, many issues were taken up by the wing which helped all the small and medium hospital owner- members to a great extent.

During the COVID-19 pandemic, HBI is playing a crucial role and giving regular updates to the members. We invite all our members to join the HBI and take advantage of the support from IMA and HBI.

In the post COVID era, all doctors will have to modify the clinics and hospitals to best suit the environment, and ventilation for which separate module is being developed. It shall be also released and sent to all members.

We shall regularly release the eNewsletter issue which will give important information about the BMW, Hospital accreditations, Insurance and such other issues where our members need information and guidance.

HBI Team is closely working with IMA HQ team for the continuous progress of this wing.

I wish the HBI e-newsletter grand success to their first and subsequent issues. I am sure this e-newsletter will serve as reference to all members whenever needed.

Thank you all

DR. RAJAN SHARMA
National President, IMA



DR. R. V. ASOKAN
Hon. Secretary General, IMA

Dear Colleague,

IMA HBI is the biggest evolutionary adaptation of IMA. The advent of HBI helps us to retain the leadership of the medical profession specially in an environment where Health is increasingly considered as a service industry.

IMAHBI is a great and essential value addition service for the local and regional nursing home forums. The lack of a national leadership had left a vacuum. IMA HBI attempts to fill in this vacuum. IMA HBI newsletter is a stepping stone in the right direction.

Wishing this seminal effort all success.

JAI IMA

JAI HIND

DR. R. V. ASOKAN
Hon. Secretary General, IMA

**PROF. DR. KETAN DESAI**

Past President World Medical Association, Past President MCI, Past Nat President IMA

Dear Friends,

I am immensely pleased to note that HBI under the aegis of IMA have ventured into releasing a e-Newsletter, which is indeed a very laudable initiative. The various activities of the IMA Hospital Board are bound to be reflected in the same as it is the need of the hour especially in context of the material fact that hospitals and institutions are of prime and utmost importance.

As a matter of inevitable reality, the Hospitals are the Temples of the present day. These temples aim at serving only one God i.e. the Patient. It is in this context that the hospitals need to be very ethical and scientific in their approach to their patients, as a part of their legitimate entitlement, under the rubric of a doctrine of legitimacy of expectations. The recent C-19 crisis has underlined the importance of Health worldwide. As such, one can hope that from now on, health will be top most on the agenda and priority of all the Nation's in the near future. This has also brought to fore the fact that the traditional modes of care and cure will not work as they have not proved to be sufficient. A new paradigm shift is vital whereby newer health care delivery models will be an unavoidable necessity. The entire mode of care and cure has to be blended with Augmented Intelligence, Robotics, Telemedicine, Digital platforms, which are bound to be taken as 'New Normal'.

This has also brought out another glaring reality, which we need to decipher for ourselves, is that newer economic models for the subsistence of hospitals will have to be evolved and the existing models will have to be revamped in an all-round manner. It has also brought into an acute focus that it is the public health, which is of utmost importance and has to be prioritized, whereby the preventive services turn out to be the cardinal area of emphasis rather than the hitherto pattern, where curative services were most dominant. In this changed context and scenario, and a desired emphasis on altered priorities the HBI will have to bear the onus and responsibilities of guiding and preparing its members to stand true to all these challenges that are confronting all of us. I am sure that Team HBI, under the guidance of the National office bearers of IMA, will definitely rise to this occasion and dispense this historic responsibility in an elegant and exemplary manner. I wish all success for this e-Newsletter and assure of any and every co-operation from my side as the initiative amounts to scripting history for a new horizon in the interest of man and mankind.

Best wishes,

PROF. DR. KETAN DESAI

Past President World Medical Association,
Past President MCI, Past Nat President IMA

**DR. VINAY AGGARWAL**

Past National President, IMA,
Founder President, HBI

Dear Dr. Monga / Dr. Lele,

It is hearting to note that IMA HBI is coming out with its first monthly e-newsletter which was long overdue. Congratulations for the same. IMA HBI was created around eleven years back as many doctors and their small and medium hospitals were facing lots of problems and there was no national body to look into their problems. Over the years it has done a lot of service by making its presence felt in a big way especially in educating about quality management, patient safety and accreditation. A lot has been done but a lot is yet to be achieved. I wished it to become an umbrella organization of all healthcare providers and a unified voice of the profession. At this juncture, when India is facing a corona epidemic, HBI can play a vital role in combating it. It can be a guiding force in formulating policies with the government and issuing technical SOPs for various activities in healthcare establishments. The issue of violence on the profession and a registry of morbidity and mortality because of corona should also be taken up. I hope this newsletter will be a source of authentic information to our doctors on vital issues pertaining to the practical aspects in our profession.

DR. VINAY AGGARWAL

Past National President, IMA,
Founder President, HBI



**DR. A. MATHANDA
PILLAY**

Past National President, IMA

Dear Doctor,

The Covid-19 which originated from Wuhan province in China in early January has spread to 186 countries as a pandemic.

In India, by now there are 1.74 Lacs cases with a mortality of 4971 about 2.85%. The doubling time has slowed down, but flattening of the curve is yet to be achieved. WHO has declared that the world has to live with Covid-19 and it may never go away. The Covid related activities has been largely happening in the government health sector.

Private practitioners, small and medium clinical establishments have been closed down. Patients with non- Covid illnesses have been denied proper treatment in the process. Hospital Board of India has a crucial role to play to revive the private sector. Hospitals have to start working with new norms, following strict infection control programs and personal protection equipment's. The initiatives taken by HBI towards this is commendable.

I wish all success in this endeavour.

DR. A. MATHANDA PILLAY

Past National President, IMA



DR. RAVI WANKHEDKAR

Treasurer, World Medical Association 2018-2020,
President, SAARC Medical Association 2018-2020,
IMA National President 2018,
Nat Secretary IMA HBI 2014-16.

Dear Doctor,

Congratulations to IMA HBI for Newsletter, your progress and activities are really commendable. Issues of hospitals, especially small and medium hospitals are of prime importance today.

Various draconian government policies and quixotic laws are leading to closure of this important sector. The doctor/doctor family owned hospitals are the backbone of providing secondary healthcare as these "Friendly Neighbourhood" Nursing homes provide 24x7 Affordable, Ethical, Accountable & Accessible healthcare.

IMA is fast changing gears and becoming a force to reckon with. Brand IMA is now recognized by all the opinion and law makers of the country. We need to continue this momentum by further strengthening our unity.

IMA is a voluntary & fraternity association and hence all should have this feeling that while working in IMA we should be making friends, not enemies. Petty differences and politics over posts and awards are detrimental to the organization.

We are fighting a much bigger enemy in form of public, press and government. Let's join our energies to fight the external forces.

I am sure with fresh blood coming into IMA at all levels, our profession will regain its dignity and glory and IMA will become the sole voice of the entire fraternity.

Long Live Doctor's Unity,

Long Live IMA...

DR. RAVI WANKHEDKAR

Treasurer, World Medical Association 2018-2020
President, SAARC Medical Association 2018-2020
IMA National President 2018
Nat Secretary IMA HBI 2014-16

Message from Team IMA HBI



DR. V. K. MONGA
Chairman, IMA HBI



DR. JAYESH M. LELE
Hony. Secretary, IMA HBI



DR. MANGESH PATE
Treasurer, IMA HBI

Greetings from IMA HBI!

We are happy to share with you the first copy of Hospital Board of India Newsletter in a digital format. As a matter of fact, this was to be released in the Central Working Committee meeting in Varanasi last month, but could not be, because of the prevailing circumstances.

Friends, Hospital Board of India wing was created around 11 years back with the intent to take care of the various issues/problems being faced by our small and medium hospitals throughout the country. There was a wing of General Practitioners' and another for Medical Specialists of IMA but there was nobody to take care of the interest of hospitals owned by IMA members. Keeping this in mind Dr. Vinay Aggarwal, Past National President, IMA came up with the idea of forming the Hospital Board of India. Over the years, HBI has been able to discuss and solve many issues facing our small and medical hospitals like Fire Safety, Registration, Quality and Accreditation by various agencies. HBI has appointed co-ordinators in almost all states of the country and through them we are tackling many issues related to the states.

Friends, we are facing a global epidemic and India is also reeling under the Corona epidemic. These are the testing times for all health care workers of the country and the Indian Medical Association, in its various meetings with the Government, has assured that our hospitals and doctors are with Government at this critical juncture and will contribute by all means possible with the Government requirements. Some of our members are running Covid Centers, while some are running labs for Covid testing also. At this time when the country needs our services, we have to be ready to work for the mitigation of human sufferings. But, the irony is that there is no uniformity in various orders/directions by the Governments. The directions vary from State to State and many places from District to District in the same state. Still all our members across the country, in their small and medium set ups are working very positively to take care of the patients. They are conducting their OPDs with the required safety precautions and even doing operative procedures as prescribed by the Government from time to time. We must also keep in mind that Corona is not going away soon and hence we have to be prepared for the long haul and be ready to even risk our lives in this fight.

This newsletter contains various issues connected with our safe practices, combating Corona disaster and many other issues. We will be publishing the e-newsletter every month and give more information about the practical aspects and issues concerned with our practice.

Kindly give your reactions and suggestions to make our bulletin more informative.

DR. V. K. MONGA
Chairman, IMA HBI

DR. JAYESH M. LELE
Hony. Secretary, IMA HBI

DR. MANGESH PATE
Treasurer, IMA HBI

"Guidelines for Air-Conditioning & Ventilation"



DR. JAYESH M. LELE

Hony. Secretary, IMA HBI

Dear Doctors,

This is IMA HBI e-Newsletter which is being sent as a soft copy to all the IMA members. This will also be uploaded on both the websites IMA HQ : <http://www.ima-india.org/ima/index.php> and IMA HBI: <http://imahbi.in/>

You will also be receiving regular information about various hospital issues and details of the workings of HBI. At present, there are a lot of issues with regards to air-conditioning and the spread of COVID-19, so we are releasing special information for the same.

We had held a very informative webinar about the use of Air-conditioning and Ventilation with exclusive focus on various Health establishments along with ISHRAE, Indian Society for Heating, Refrigerating & Air conditioning Engineers. We are very thankful to ISHRAE team for preparing the guideline document, which is available for all the members at <http://imahbi.in/guidelines-for-air-conditioning-and-ventilation/>

This very useful and informative booklet is prepared by the team, keeping in mind COVID-19 issues in particular, as well as general guidelines for the Ventilation system in the Health establishments. Our clinics and hospitals need special attention towards the Humidity, Temperature, Filtration and air handling. This booklet shall serve as reference guide for all your establishments. You will also find help as how to modify the existing infrastructure.

We thank the ISHRAE Team and IMA Team lead by National President Dr. Rajan Sharma, HSG Dr. R. V. Asokan, Past President Dr. K. K. Agarwal & Dr. Ketan Mehta in helping make the webinar a great success.

Kindly use the above links to download the soft copies.

Thanking you

DR. JAYESH M. LELE

Hony. Secretary, IMA HBI

LINK:



<http://imahbi.in/guidelines-for-air-conditioning-and-ventilation/>

IMA HOSPITAL BOARD OF INDIA (HBI)



IMA HOSPITAL BOARD OF INDIA (HBI) is the special wing created to safeguard and help the interests of private hospitals. IMA has represented all doctors in the country effectively for almost the whole of the last century. Increased healthcare demands, progress of healthcare science extended the reach of healthcare beyond primary care. Introduction & advance of secondary & Tertiary healthcare has increased the number of Healthcare Establishments. India has three types of establishments today: Government Public Healthcare Units, Corporate Hospitals & Small, Mid-sized Private Hospitals.

The IMA leadership over the years have realized the need for a specific body to look after the interests of Hospitals and Nursing homes at a local, State & National level. The issues pertaining to the healthcare establishments have become increasingly complex and have aggravated in variety and intensity. For this purpose, the Hospital Board of India was formed by IMA. Undoubtedly, the leadership in healthcare delivery has slowly and steadily been passing into the hands of entrepreneurs of all backgrounds and the medical profession is at risk of being side-lined.

The pre-eminent and dominant position of medical professionals in this vital sector needs to be redefined and emphasized.

The Government Public Healthcare sector is serving with constraints of limited financial allocations by

IMA Leadership over the years have realized need for a specific body to look after the interests of Hospitals and Nursing homes at a local, State and National level

successive governments. These units mainly cater limited primary care with limited human resources, stagnated infrastructure & lack of dedicated machinery.

The Corporate healthcare sector, which was initiated as 'everything in healthcare under one roof', has deviated from service orientation & professionalism towards business

modules. The multibed big private hospitals & corporate hospitals provide lucrative ambience, attractive functioning styles & are providing healthcare at high cost. Healthcare cost difference between these corporate, multibed hospitals & small/mid-sector hospitals is humongous.

An undeveloped, uncontrolled healthcare insurance sector is not useful to cut "out of pocket healthcare expenditure" for people. Display of bias towards small HCEs as compared to corporates is suppressing small HCEs.

The third healthcare sector of the country, i.e. Small, mid-sized Private Hospitals is the largest sector amongst all three & caters to more than 90% of healthcare. Being small in size & well attended by registered practitioners, these SHCOs provide accessible, affordable & personal Healthcare to people.

IMA HBI is the representation of all HCEs in the country.

Hospital care is important because when people suffer from illnesses and accidents requiring advanced care, most Indians, almost 90%, prefer personal, accessible care by private HCEs.

AIMS & Objectives of HBI

- To assist and equip all healthcare institutions to provide quality healthcare by various means, including Accreditation.
- To represent and safeguard the interests of all healthcare institutions and their personnel,
- To monitor and intervene in all legislations regarding hospitals being considered by the Parliament or State legislatures.
- To represent and negotiate on behalf of the hospitals, issues of concern to hospitals, with Governments and other appropriate local, state, national and international authorities.
- To develop, adopt and endorse standards and protocols for hospital services.
- Identify Issues related to Hospitals in various states
- Segregate issues with National & State character
- Study & organize discussions of various issues on HBI forums.
- Address Guidelines for solutions of issues.
- Plan of Action for addressing issues of HCEs.

Activities of HBI

Quality, Safety, Ethicality & Professionalism

Affordable, Efficient & Quality healthcare can be achieved through Accreditation of healthcare.

Accreditation is the process in which certification of competency, authority, or credibility is Presented.

Accreditation means official recognition of the everyday things we do in healthcare; something that meets official standards. IRDA has notified that all hospitals shall have Entry Level Certification or Accreditation for availing enrolment of insurance facilities for patients in hospitals.

Hospital Board of India resolves to establish safety of professionals, safety of hospitals & safety of people through accredited quality healthcare. HBI shall assist all hospitals of the

country to attain the accreditation & to avail the benefits of it. IMA HBI Accreditation Initiative aims to improve the quality of healthcare in professional ways & to reduce the stresses through channelizing the hospital practices. It also aims to shield the hospitals & professionals by accreditation of their services.

- Healthcare Accreditation improves Quality.
- It innovates the routine medical practices in rationale, channelized one resulting in righteousness in process and better outcomes.
- It yields consistency, fairness and transparency in healthcare delivery.
- Accreditation is a continuous process that helps maintain your healthcare organization at the forefront of quality care.
- Accreditation means you deliver quality, safety to patients and community.
- Accreditation signifies that you are committed to the highest level of quality care with high level of safety.
- Accreditation yields reduction in infections, discharge times, readmissions, staff turnover, communication gaps or errors and documentation gaps.
- It actually reduces operating costs.
- Improves patient satisfaction and results in positive fame for you.
- Makes it easier for your hospital to obtain insurance empanelment & better costs.

HBI Accreditation Initiative

Has been among the most noted and effective accreditation drive throughout the country. Since National Accreditation Board for Hospitals and Healthcare Providers (NABH) is the only accrediting body in the country, IMA HBI entered in to agreement with NABH in 2015. Doors to accreditation were opened for SHCOs with this MOU. Separate set of standards were crafted to implement accreditation in SHCOs.

Importance of SHCOs is noted & marked repeatedly by NABH & Quality

Council as backbone of Indian Healthcare. The accreditation process of the country saw upsurge only after involving SHCOs.

HBI with the help of professional team is carrying out hand holding process for all hospitals to assist them in the process of accreditation. HBI has made it economically affordable by adopting a cluster based approach.

HBI stands proud today having the maximum member hospitals accredited under this initiative. The documented figures in last 2 years have shown that nearly 90% accredited hospitals are HBI hospitals in country.

Hospital Registration Issues

All hospitals need to register under the State Nursing Home Act. The format of hospital registration or renewal of registration process varies across all states. It also varies across the different civic bodies in any single state. Lack of uniformity makes hospitals vulnerable to unnecessary troubles from civic bodies or competent authorities which include the corrupt practices for different necessities for hospital registration process. IMA Hospital Board of India aims to make the registration process a uniform one & also utilize the benefits of accreditation to reduce the undue demands for registrations by local civic bodies.

Compulsion of additional Medical Officer for SHCOs - In few parts of the country, it is compulsory for SHCOs to have additional resident Medical Officer. Most of the hospitals & nursing homes are managed by single and couple doctors. Doctors' run SHCOs are catering personalised healthcare. While doctor themselves stay near the premises there should be no need of additional resident medical officer.

Compulsion of trained nurses, staff & other human resources - Demand of GNM, ANM, B.Sc. Nurses is impossible. Qualified Nursing Staff & other Human resources in private hospitals are demanded for registration. It has been categorically submitted to the government that there are less than 1800 nursing colleges & institutes in

the country out of which nearly 1250 are UG & rest are PG nursing institutes. Few are accredited by NAAC or by MCI or by UGC. Every year, very few new trained nurses are available in Maharashtra. The requirement of trained staff is very high at present to comply with minimum norms which is beyond scope of private hospitals in view of unavailable trained human resources practically. Out of trained human resources, nearly 80% or more are unavailable for private sector due to lucrative corporate offers & availability of jobs abroad. Unless, the Government is in position to supply ample trained staff, it cannot be made compulsory for the hospitals.

Urban Development or infrastructural red clamps under slated CEA - These norms have infrastructural compulsions & are as per the regulations from Urban Development Regulation for Municipal Councils. Urbanisation, population explosion has compelled government in various states to formulate the development regulations.

There should be no connection between hospital registration renewal and these new development rules. These are under two separate acts vide; i) State Nursing Homes Act & ii) New Urban Development Regulation rules.

The retrospective applications of these rules on older hospitals will have serious impact on functioning of these hospitals & in turn will jeopardize the healthcare of the state. For years together, these hospitals are providing healthcare to people & providing them their 'right to health'. State or civic bodies should assess the impact of closing down small or mid-sector hospitals. The end impact is going to be negative for the common man. All such newly introduced structural norms shall be enforced with prospective effect. Those nursing homes which are already registered shall be exempt from the new rules, else small and medium hospitals may be forced to close down.

Miscellaneous objections –

(a) Private hospitals are delivering healthcare services. This needs substantial financial investments. Only way to sustain the debts due to

investments & ongoing maintenance is from doctors' & hospital fees. Compulsive waving off of professional fees in case of hospital deaths is unacceptable. Death of serious patient is inevitable in spite of heroic efforts of doctors. ICU, hospitals are the places to witness such sad incidences. No doctor ever wishes bad for patients' health & prognosis. Death is definitely an emotional trauma to the relatives. But the same is true for the treating doctors as well; after all they are also human. The increasing trends of healthcare violence & common tendency of not paying doctors' or hospital charges are witnessed every day. Clauses of waving off of professional fees in case of hospital deaths shall increase the incidences of non-payment & also the violence following that.

Any service or business is chargeable anywhere in the world. Even Government hospitals charge patients in advance before the patient is given service there. Considering all above facts, clauses to wave off professional fees are uncalled for. These clauses amount to injustice to the service oriented medical professionals.

There is no mechanism suggested with these clauses to recover the unpaid professional fees later. For enactment of such clauses, the doctors & hospitals should be protected by a legal mechanism to recover the unpaid hospital professional fees. After such legal safety such clauses may be considered.

(b) Some clause puts the onus of availability of blood from blood banks on hospitals & doctors. Blood banks & hospitals are two separate work places. The availability of blood or blood parts at other workplace is practically not in hands of hospitals or doctors. In case of unavailability of blood in one blood bank, it is the relative's responsibility to search for the same with other blood banks. Hospitals & doctors can only guide the relatives to the nearby blood banks.

(c) Doctors, as a professional community have always served the country. The charity of all the intellectual professionals is unimaginable & is unfortunately unnoticed. Doctors will comply with the National Health Programs

provided the same does not harm their wellbeing in any form. Participation in National programs by private doctors at the cost of economic charity in own their hospitals is an unwelcome expectation.

Patient's Rights definitely are obeyed by all doctors & we are advocates of the same. The responsibilities of patients should also be included in these pre-conditions at par with Rights. Charter of Doctors' rights is the need of hour.

Fire Safety Issue

Fire Acts in various states carry impractical norms & the local fire safety authorities draw subjective meanings out of the State fire acts. This results in corrupt practices in issuing the fire safety certificates & no fire safety in real sense.

NBC laid norms are compiled by states for their respective state acts. The rules or regulations part is directed to the local civic bodies. This is the origin of corruption. Small Hospitals need to be protected from unwarranted fire safety clauses.

Practical Issues because of Fire Safety Acts -

- Fire Safety Equipment – NEW
- Overpricing of equipment
- Training of Doctors & Staff
- Maintenance

Civic / Infrastructural Issues following Fire Safety Acts

- Separate Staircase
- Width of Staircase / Corridors
- Separate Exit
- OC / CC
- Ramp
- DC Rules
- Change of User
- Sanctioned Plans
- Structural Audits
- Adjacent abutting Road size

Fire Audit Issues

- Fire NOC by Fire Officer
- Fire audit by Government approved agency.

HBI shall make the norms uniform all across with making safety equipment available for hospitals at minimum costs. HBI reiterates its resolve for the safety of hospitals.

Insurance/TPA Issues

Health insurance sector is pushing hospitals against wall. Insurance companies, TPAs are causing many problems for hospital owners. HBI shall address all issues related to insurance & TPA through dialogue with all stake holders. HBI will address all issues from empanelment to rates & shall develop a communication portal between hospitals & insurance companies or TPAs.

Architectural/ Infrastructural Norms

Civic bodies display different strategies for architectural or infrastructural norms for hospitals across the country. This causes functioning difficulty for hospitals. Many such norms are

un-visionary. HBI shall develop unique norms for small & mid-sized hospitals across country.

Bio Medical Waste Disposal

This is a big issue in all parts of the country. Third parties managing the BMW for government civic bodies are creating problems for hospital owners. STPs/ETPs for all hospitals may create a big infrastructural issue. HBI through state chapters shall handle this problem. The Ministry of Environment, Forest and Climate Change (MoEFCC) amended the BMW rules of 2016 on February 19, 2019, to improve compliance and strengthen the implementation of the policy, which mainly include,

(1) All bedded healthcare facilities (HCFs), irrespective of their number of beds have to regularly update the BMW register; display the monthly record on its website, based on the colour coded scheme (Schedule I) and have to make available the annual

report on its website within a period of two years from the date of publication of the BMW (Amendment) Rules, 2018. Data Collection of the total number of HCFs and the quantity of their waste generation. (website, online publication of data etc.)

(2) HCFs which have beds less than 10 shall have to comply with the output discharge standard for liquid waste generated, latest by December 31, 2019.

IMA HBI has given its representation to CPCB & to the Union Minister for the adverse effects of these rule.

IMA HBI is holding Nurses' Training Programs all across. Security against Healthcare Violence is being addressed through the local safety mechanisms & efforts to bring in the effective central law.

Indemnity Insurance, Health & Life Insurance for doctors is on cards for HBI. Guidance for New Hospital Owners is provided through the Hospitals' Start up book. HBI will enter in to the Procurement Issues for all hospitals in the country.





Mumbai Fertility Clinic & IVF Center



Dr. Jatin P. Shah

MD. DGO (Director)
Specialist - ART (IVF & ICSI)
Obstetrician - Gynaecologist




A "Silver Jubilee" of IVF success

"Focusing on constant upgrading and patient comfort", Mumbai Fertility Clinic today is a tertiary level clinic having all facilities under one roof and offering services like;

- ▶ In Vitro fertilization and embryo transfer (IVF)
- ▶ Intracytoplasmic sperm injection (ICSI)
- ▶ Intrauterine Insemination (IUI)
- ▶ Oocyte (egg) Donation | Embryo donation
- ▶ Sperm Donation | Surrogacy



Mumbai Fertility Clinic & IVF Center is a premiere institute for the treatment of infertility. The center was established in 1993 by Dr Jatin P. Shah with a mission statement of alleviating infertility in the quickest, most successful and cost effective manner. Since inception, Mumbai Fertility Clinic has been instrumental in bringing joy and happiness to more than 17000 infertile couples over the past two decades.

KAMALA POLYCLINIC & NURSING HOME

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25 Practical Learnings in COVID-19 of use in Medical Establishment So Far



Dr. K. K. Aggarwal

President CMAAO, HCFI and Past National President IMA

(1) It's a COVID-19 Pandemic due to SARS 2 Beta Corona Viruses (different from SARS 1 where spread was only in serious cases); with over 13 virus sequences floating; has affected up to 5% of the population; Causes Mild or Asymptomatic Illness in 82%, Moderate to Severe Illness in 15%, Critical Illness in 3% and Death in 2.3% cases (15% of admitted serious cases, 71% with comorbidity < Male > Females); affects all ages but Predominantly Males (56%, 87% aged 30-79, 10% Aged < 20, 3% aged > 80); with Variable Incubation Period days (2-14; mean 5.2 days); Mean Time to Symptoms 5 days; Mean Time to Pneumonia 9 days, Mean Time to Death 14 days, Mean Time to CT changes 4 Days, Reproductive Number R_0 1.5 to 3 (Flu 1.2 and SARS 2), Epidemic Doubling Time 7.5 days;

Origin Possibly from Bats (Mammal); Spreads via Human to Human Transmission via Large and Small Droplets and Surface to Human Transmission via Viruses on Surfaces for up to three days. Enters through MM of eyes, nose or mouth and the spike protein gets attached to the ACE2 receptors. ACE2 receptors make a great target because they are found in organs throughout our bodies. Once the virus enters, it turns the cell into a factory, making millions and millions of copies of itself – which can then be breathed or coughed out to infect others.

(2) Formulas [Deaths in symptomatic cases 1; Deaths X 100= expected number of symptomatic cases; Cases after seven days: Cases today x 2 (doubling time 7 days); Cases expected in the community: Number of deaths occurring in a five-day period and estimate the number of infections required to generate these deaths based on a 6.91% case fatality rate; Compare that to the number of new cases actually detected in the five-day period. This can then give us an estimate of the total number of cases, confirmed and unconfirmed; Lock down effect = Reduction in cases after average incubation period (5 days); Lock down effect in reduction in deaths: On day 14 (time to death); Requirements of ventilators on day 9: Three percent 3% of number of new cases detected; Requirement of future

oxygen on day seven: 15% of total cases detected today; Number of people which can be managed at home care: 80% of number of cases today; Requirements of ventilators: 3% of Number of cases today; Requirement of oxygen beds today: 15% of total cases today.

(3) COVID 19 presents with protean manifestations

- It has many ways of presentations
- Simple self-limiting viral illness
- Causes cytokine storm like influenza
- HIV like illness with involvement of CD 4 cells, low lymphocytes, low CD 4cells without making CD4 cell as a viral load factory
- Bacteria like properties and many anti-bacterial drugs are used in this condition
- Cause immuno-inflammation raises ESR, CRP and ferritin
- Causes thrombo-inflammation raises factor8, fibrinogen and D dimer
- Causes Walking dead phenomenon: Silent hypoxia with retained brain functions

(4) Effective vaccine must prevent all ways of presentation

(5) Vaccine can be made using whole live virus (not used); inactivated virus, killed virus, RNA part of virus, M RNA (mage genetically); membrane/ envelope parts of virus, spike protein,

spike protein added with other viral platforms or virus like platforms or with a conjugate.

(6) Treat the patient and not the test report

(7) Nasopharyngeal viral load peaks 1 day prior to symptom onset and correlates to peak time of infectiousness. Nonpharmaceutical interventions (masking) are important for epidemic control and economic recovery. Peak infectiousness is probably 1 day prior to symptom onset.

(8) Asymptomatic/pre-symptomatic transmission is substantial. The incubation period is highly variable (median, 5 days). Some asymptomatic people are likely to be pre-symptomatic given the variable and sometimes lengthy incubation period or pass on the symptoms as insignificant.

(9) Minimum contact time 10-30 minutes required with a positive patient to get the infection.

(10) Age-based sheltering is unlikely to be effective without social distancing.

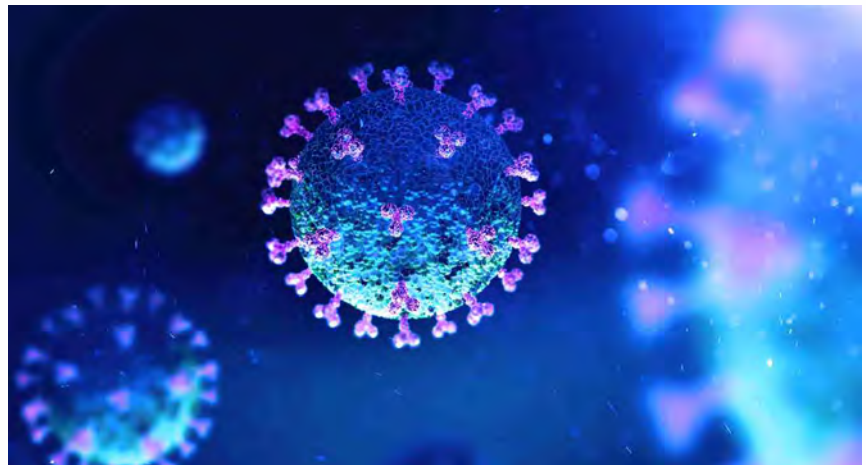
(11) Epidemic control is feasible with contact tracing if minimal delay is achieved.

(12) In mild cases, live virus is isolated up to day 8 after symptom onset. There can be prolonged shedding of viral RNA lasting many weeks, particularly after critical illness. Correlation with infectiousness is unknown. Studies differ on whether severity of illness correlates with viral load.

(13) Saliva is becoming an important sampling site for diagnosis.

(14) SARS-CoV-2 is a descending infection (URTI to LRTI) and in later disease, viral loads are higher in the lower respiratory tract (especially in severe/critical illness). It spares the vocal cords.

(15) In some cases, viral RNA has also been identified in the stool, blood, conjunctiva, urine, cerebrospinal fluid, and pleural fluid.



(16) Studies with (near) universal screening of various populations shows a wide range of asymptomatic people with positive RT-PCR tests [Pregnant women in NYC: 13.5% (87% of total infections); Homeless shelter in Boston: 36% (great majority of infections); Town in Italy: < 1% (41% of total infections); Iceland: < 1% (43% of total infections); Diamond Princess cruise ship: 9% (46% of total infections)]. Varying rates relate to local stage of epidemic, population and sampling, and mitigation strategies in place.

(17) ACE2 is an important receptor for viral cellular entry. TMPRSS2 primes the S protein and allows for efficient cellular entry. An interaction between SARS-CoV-2 and CD147 may facilitate invasion. Many unresolved questions remain regarding the exact role of CD147 in viral entry. Does it directly interact with the S protein or is the interaction mediated by CypA and the N protein, as was found for SARS-CoV?

(18) In the absence of therapy/vaccine, intermittent social distancing is likely to be needed for years to avoid overwhelming critical care capacity.

(19) Virus can cause systemic infection. Early studies suggested that viral RNA was rarely found in the blood. Now viremia/RNAemia with extrapulmonary infection is becoming more characterized, but it's still not clear whether it represents systemic infection with infectious virus. It's

currently unknown what proportion of patients have a viremic phase of illness.

(20) Viral endotheliitis and possible complement activation as cause of micro/macro thromboses. Multiple mechanisms of cardiac injury

(21) Obesity is a risk factor for severity of disease.

(22) Hypercoagulability is a key feature of the disease.

(23) The association between thrombosis and COVID-19 is becoming clearer, but the benefit of changing evidence-based anticoagulation strategies is unknown.

(24) Structural inequities around racism and impoverishment are associated with differential outcomes, and more data are urgently needed.

(25) Remdesivir: A small, underpowered study in China found no difference in 28-day clinical improvement or mortality, in contrast to as-yet unpublished data from a larger NIAID study. The benefit of IL-6 inhibitor therapy is unknown. Early treatment to reduce the viral load and prevent cytokine storm using off label use of drugs like hydroxy chloroquine with azithromycin; ivermectin, remdesivir; Tocilizumab interleukin (IL)-6 receptor inhibitor; convalescent plasma therapy (given early; bridge compassionate therapy, donor 14 days symptoms free, single donation can help 4 patients), Lopinavir-ritonavir and Favipiravir).



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15.05.2020

New Delhi

To

**All State Presidents and State Secretaries,
All Presidents and Secretaries of the local branches,
All National Office Bearers,
All Past National Presidents and HSGs,
All CWC members.**

Dear Dr

BMW Management Rules and Amendments had posed huge threat to the existence of private hospitals across the country. IMA had formed a National Working Group consisting of Dr. Mangesh Pate, Dr. A V Jayakrishnan, Dr. Ajay Mahajan, Dr. Rajender Sharma and Dr. Sharafudheen.

The NWG with National President Dr. Rajan Sharma, HSG Dr. R. V. Asokan held series of meetings with Union Minister Hon. Shri. Prakash Jawadekar ji, MoEFCC, CPCB. Many MPs were apprised with the facts and serious issues faced by the hospitals. We are happy to inform you that healthcare establishment has been removed from industrial category. HCEs are now listed as Non-Industrial Category. It was the root cause for all the issues.

Further the order states that CBMWTFs will also be Non-Industrial Category.

HCEs without incinerators &/or < 100 KLD liquid output discharge are now in ORANGE Non-Industrial category.

HCEs with incinerators &/or > 100 KLD liquid output discharge are now in RED Non-Industrial category.

As per the current protocols even small hospitals have to take consent to establish, consent to operate etc like any other industry. But this categorization can take away such restrictions. There can be changes in other requirements like ETP/ STP etc. These require further discussions with officials. IMA HQ is working on it and will follow it up further with CPCB & MoEFCC.

Thanking you

Yours sincerely

Dr Rajan Sharma
National President, IMA

Dr R V Asokan
Hony Secretary General IMA

Protect the Single and Couple Doctor Setups

All communications intended for headquarters office should be addressed to the Honorary Secretary General

BIO-MEDICAL WASTE MANAGEMENT RULES, AMENDMENTS



DR. MANGESH PATE
Treasurer, IMA HBI

As National representation to all hospitals across the country the National IMA working group under leadership of our National President Dr. Rajan Sharma had a brainstorming meeting with CPCB at New Delhi on 21.01.2020 regarding concerns of HCEs regarding BMW rules & Amendments.

CPCB Member Secretary Dr. Prashant Gargava led the team from CPCB. All practical issues in implementation of BMW Act Amendments & their impacts on HCEs were discussed in depth.

During the meeting, National President Dr. Rajan Sharma expressed his concerns regarding adverse effects of BMW Rules & Amendments on the health sector. He also stressed on the urgent need to review these rules which is of utmost importance for survival of small & mid-sector hospitals. All important issues were discussed during the meeting.

The excerpts of the meeting :

(1) Categorisation:

IMA has objected to categorization of hospitals at par with industries & has requested for the separate categorization for HCEs. Healthcare Establishments have been categorized by Central Pollution Control Board into Orange (Bedded HCEs) and Red (Bedded HCEs with water discharge more than 100 KLD). For Red and Orange categories, Consent to Operate (CTO) is required, which causes lots of harassment for the small and medium HCEs. This is arbitrary categorisation as no manufacturing takes place in HCEs and CPCB has no specific data on any excess pollution caused by the healthcare

establishments as revealed by RTI reply obtained. The only special waste generated is Biomedical Waste, for which all HCEs are already authorised separately by PCB and it is disposed of separately.

By nature of their business, HCEs are helping in improving and looking after the health of the society. Hence, HCEs must be categorized as a & Special Category & in the interest of ease of doing business for the good of public health; where there should be no need of Consent to Establish or Consent to

Healthcare Establishments have been categorized by Central Pollution Control Board into Orange (Bedded HCEs) and Red (Bedded HCEs with water discharge more than 100 KLD).

Operate. Authorisation by the Pollution Control Board for Biomedical Waste disposal should be taken as CTE / CTO under Water Act, 1974.

CPCB was kind to agree with the same stating that they will be Categorising hospitals into special category separate from industries will be considered. We are thankful to CPCB for that.

(2) Consent & Authorization :

IMA raised issues of CTO, CTE & Authorization. Authorisation & CTO/CTH serve same purpose & are not different.

It was too agreed during the meeting that Simple and hassle-free procedure for Authorisation with State PCBs will be worked out and same will be recommended to state PCBs.

IMA demanded waiving of fees for authorisation under Water Act 1974 and Air Act and without any need of CA attested assets certificate and Bank Guarantee.

We see no need for additional CTO/CTE in presence of authorisation as both serve the same purpose and do not have any difference.

(3) ETPs & STPs : Liquid Output Discharge Standards :

IMA objected to compulsion on each hospital for individual STP/ETP. IMA expressed concerns about expenses, space constraints, viability & practicality of the same. This compulsion will force closure of hospitals in this sector.

The article 21 of the Constitution of India categorically says that clean environment is the fundamental right of the citizen and it is the responsibility of the local bodies & the states to ensure that public health is preserved by taking all possible steps. Hence, the responsibility of management of sewerage waste also rests with the local civic bodies.

On the other hand, Regional Officers at some places wrongly insist on Sewage Treatment Plant (STP) or Effluent Treatment Plant (ETP) to be set up by individual HCEs. They are putting it across as pre-condition for renewal of hospital registrations. IMA has objected this with CPCB.

CPCB has documented the importance of "Common Effluent

Collection System" along with its advantages in view of compliance, viability, affordability. It clearly writes,

"The genesis of common effluent treatment plants (CETPs) for clusters of small-scale industries (SSIs) dates back to the mid-eighties. The tanneries were not able to put up individual effluent treatment facilities due to lack of funds and space. The common effluent treatment plant designed by CLRI provided a possibility for solution to the problem.

Setting-up of individual full-fledged treatment device is no longer feasible. Hence the desirable option is of the shared or combined treatment, wherein, managerial and operational aspects are collectively addressed and the cost of treatment, becomes affordable as enunciated in the scheme of the common effluent treatment plants, which are proving to be a boon especially for small entrepreneurs, given the methodical planning, regular operation and equitable contribution of member units. Such common facilities also facilitate proper management of effluent and compliance of the effluent quality standards".

IMA carries the same views & ETP/STP compulsion for individual hospitals is not possible to comply with, it should be the responsibility of the local civic bodies.

IMA has urged CPCB to revisit the said guidelines about liquid waste management & requested to instruct the state PCBs against the unwarranted compulsions on hospitals for individual ETP/STP plants by SPCBs.

(4) Bar Coding and Individual Websites:

The BMW Management Rules 2016 & amendments mandate that the Monthly report and Annual report of Biomedical Waste Management should be published on the individual websites of the Healthcare Establishments. It will be difficult for the small healthcare establishments to



host and maintain websites for this purpose. The aim of this regulation is to compile data regarding biomedical waste management scenario of the whole country. To have a real time monitoring of biomedical waste movement, it will be more helpful for the MPCB & CPCB to have a common software for the barcode management, to be provided to all Healthcare Establishments free of cost.

As discussed, Barcoding and individual website of every hospital is not practical. As suggested by IMA & agreed principally by CPCB, Common Bar-Coding software should be provided by CPCB or SPCBs to all hospitals. The common bar-coding software should be provided free to all HCEs.

There should be common website of CPCB & SPCBs where the data of BMW can be uploaded by the concerned CBMWTF. Individual hospital websites are impractical idea & difficult to comply. CPCB agreed into the possibility of erecting their website for data collection/barcoding and reporting rather than compelling HCEs to have their own.

Our demand of Barcoding software be provided by CPCB or SPCB to hospitals free of cost was also kept in the discussion agenda of CPCB with state units.

(5) Environmental Compensation Charges:

CPCB has prepared guidelines for collecting environmental compensation against healthcare establishments. The criteria prepared are vague and non-specific. State regulatory authorities are arbitrarily imposing huge penalties as environmental compensation on HCEs citing non-compliance. This is a fertile ground for corruption. IMA & HBI have not been given hearing before formulation of such charges.

IMA requested that, CPCB should form a committee to look into the issues related to environmental compensation and steps should be taken after their report. IMA should be a part of the committee. There shouldn't be retrospective penalisation; monetary or otherwise.

More than 90% of healthcare delivery in the country is provided by the Private Small Healthcare Establishments (SHCOs). Peoples' Right to Health is addressed by private hospitals (SHCOs) through Accessible, Affordable, Personal & Quality healthcare to the citizens of the country. SHCOs are backbone of Indian Healthcare. IMA Hospital Board will fight the BMW rules & amendments in the best interests of the HCEs.



INDIAN MEDICAL ASSOCIATION, HQS, NEW DELHI

DOCTORS INFECTED WITH COVID 19 DATA SHEET

Name		
Sex / Age	Sex :	Age :
Mobile No.:		
E-Mail Id:		
Address:		
IMA Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch : State :
Speciality:		
Practice:	<input type="checkbox"/> Government	<input type="checkbox"/> Private
Whether HCQ Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Infection & Date		Date:
Symptoms	1. 3.	2. 4.
PPE / Mask Used		
RT/ PCR Result		
Date of Admission		
Isolation / Quarantine		
Treatment Provided		
Details of Family Member If Infected		
Result		
Information provided by (Name, Address, E-mail Id, Mobile No.)		

Please fill all the columns and send email to: imadrcoviddata@gmail.com
or whatsapp to 9444047724



IMA Hospital Board of India



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