

GOVERNMENT PUBLIC HEALTH SERVICES**IGI-Inferior governance index2**

Note: This is a modelling, done based upon analysis of existing facts and evolving reasoning, as to how the 'Government' and 'Constituents of Governance' are likely to behave and function 'influenced by normal human attributes' under different 'probable conditions' and does not imply projection or criticism of 'any particular government system in the world'. Any explanation in this 'coinciding with any working Government system' shall be an unintentional coincidence only.

Government norms IGI	Does COG include that providing high quality health services but affordable financially to every citizen is the responsibility of government	Yes=150 ; No=(-)400
	Has Government accepted the responsibility of providing effective health services to the people notified publicly and on public domain	Yes=100; No=(-)150
	Has Government committed to provide high quality health services at affordable cost, <10% of revenue earnings; as cost of health management for the family per annum	Yes=100; No=(-)150
	Has Government notified the place and the display of official symbols alongwith which and wherefrom, a statement given by a representative shall be taken as official statement of the Government	Yes=100; No=(-)100
	Has Government confirmed that effective health services shall be aimed at prevention of disease, no recurrence of disease subsequent year, disease treatment infrastructure, healthy creative brain and average healthy physique as per medical standards	Yes=100; No=(-)150
	Has government notified procedure to measure and verify above aims	Yes=100; No=(-)100 each attribute
	Has Government presented analysis to the citizen regarding cost paid by a citizen for medical treatment of one person (CostofHealthServices-CHS-G) for selected 20 disease and 5 surgeries for which maximum people came for treatment in Government hospital during last five years	Yes=100; No=(-)250
	Has government presented its cost CHS-Govt for these disease which is paid by a person for treatment in Government hospital, on government public domain	Yes=100; No=(-)150
	Has Government presented analysis to the citizen regarding cost to be paid by citizen for medical treatment of one person (CostofHealthServices-CHS-P) for same disease and same health services in private hospital	Yes=100; No=(-)150
	Has the Government made Rules that private hospital would put the CHS ratio = (CHS-its cost/CHS-Govt) on its public domain	Yes=100; No=(-)150
	Is CHS Ratio increasing compared to last year	Yes=(-)150; No=100



agents	Does government works out figures for private hospitals by taking average of the corresponding figures of five hospitals of different groups having treated maximum number of patients-indoor treatment	Yes=100; No=(-)400
	Does government works out the legitimate charges to be levied by hospitals for various tests X-Ray, ECG, CT Scan, MRI etc based upon 'principle of minimum exploitation' POMIE and notify publicly	Yes=100; No=(-)400
	Does government works out the legitimate charges to be levied by hospitals for indoor beds/accomodation based upon 'principle of minimum exploitation' POMIE and notify publicly	Yes=100; No=(-)400
	Does hospital certify with details that POMIE is complied in principle and charges of all tests, diagnostics are based upon same	Yes=100; No=(-)400
	Has government instituted laws to follow 'ten to twenty rule' in the hospitals for recovering charges from patients	Yes=100; No=(-)400
	Does hospital maintains record of declared income of patient's family monthwise for six months previous to the treatment	Yes=100; No=(-)150
	How much % is total money paid on health (in private sector hospital) to annual income of family during last one year, extractable from hospital records	>15%= (-)20 each % higher
	Are there schemes for providing loans or financial support for getting access to health services	Yes=(-)150; No=100
	How much % of money from patients has come through health loan/ insurance schemes out of total earnings of private hospital	>20%=(-)20 each % higher
	Percent of people who have availed money through loan for the treatment in the private hospital	>20%=(-)20 each % higher
Government RAA	Is this put up on public domain of hospital	Yes=100; No=(-)150
	Has government instituted law for 'Hospital Responsibility and Accountability' and notified provisions to public on public	Yes=200; No=(-)500
	Do Government notify the 20 diseases which effected maximum number of people in the region (district) last year and total persons effected disease wise	Yes=100; No=(-)100
	Do Government notify and confirm that there will be a reduction of 50% in the number of persons effected by the same disease in current year at the time of start of the year	Yes=200; No=(-)200
	Do Government notify and confirm minimum two disease out of 5 diseases which effected the people worst three years back would not occur this year	Yes=200; No=(-)250
	Has Government recognized hospitals in different 'category' depending upon 1. The wide base of type of disease it can treat 2. All type of diagnostics facilities, labs and equipments available 3. Availability of specialist doctors for all type of disease it can treat 4. Treatment sincerity	Yes=100 ; No=(-)150

	Has government classified hospitals in different grades A, B, C, D; A are big hospitals with 100 bed or more with all facilities /diagnostics ; B are hospitals are medium size in colonies 40 to 99 beds with all basic and immediate facilities and immediate essential diagnostics to analyze condition of vital organs; C are hospitals upto 39 beds with facilities of immediate attention and investigations by doctors and treating common infections/disease; D are hospitals primarily for outdoor treatment but with few beds for immediate injections etc and; E shall be primarily diagnostic centres -- A sample classification at the end of this	Yes=200; No=(-)400
	Has government regulated and notified the cost of a lab test and diagnostic test the hospital incurs and profit charged is not exceeding 10%.	Yes=100 ; No=(-)150
	Has government regulated and notified the cost of indoor accomodation in the hospital of different grades ensuring the profit not exceeding 10%	Yes=100 ; No=(-)150
	Has government instituted regulations that the running expenditures of the hospitals to be managed within 10% profit similar to the spendings made by a common person/family	Yes=100 ; No=(-)200
	Has government instituted regulations that the payments, all, by hospital shall be made through electronic transactions like cost of equipment, cost of work, payment to staff and doctors	Yes=100 ; No=(-)250
	Has government defined and notified the consultancy charges of a doctor of the hospital	Yes=100 ; No=(-)150
	Has the government ensured that the hospitals are providing other services like medicines shops, eating places, communication at the cost without earning any profit treating these as public services to be provided and not as 'source of earning'	Yes=100 ; No=(-)200
	Has government instituted regulations that the earning through these sources should be charged tax by government at double the rate	Yes=100 ; No=(-)200
	Has the government ensured making regulations that the hospitals are providing medicines from shops located within premissis of the hospital at a subsidized rates by reducing the profit margin	Yes=100 ; No=(-)150
	Is there a law that hospitals need to cover every area inside and outside hospital premissis by CCTV with recording. (only area which may be exempted is operation theatre if hospital requests)	Yes=100 ; No=(-)150
	Are there standing government guidelines that the diagnosis and medication/ treatment details should be advised to the first relation everyday and should be permitted to take a copy	Yes=100 ; No=(-)150
Government services	Are there Government public health system PHS existing	Yes=100 ; No=(-)150
	Are the rules and procedures are equally applicable to both government and non-government hospitals and health services without exception	Yes=100; No=(-)250
	Are objectives of the PHS defined by the government and placed on its public domain	Yes=150 ; No=(-)200
	Do the government own hospitals under PHS	Yes=100 ; No=(-)150
	Total patients to be treated outdoor (minimum 2% of population=Po per day	

Total OPD hours say =Oh2; number of chambers with doctors
 OPD=C1; total doctors to be physically available in
 OPD=D1=General+General+ENT+Respiratory+eyes+ortho=6
 nos minimum; So total Doctor hours=6*5=30 minimum
 With Average time per patient 10 minutes Total patients hours=
 Po*1/6 *30 say Ph2 per day

Total hospitals/health centres with Outdoor treatment with six
 doctors at a time required= $Po/30=H1$ and compare with
 available hospitals say= Ha and calculate ratio $H1/Ha$
 Has government issued norms/rules that a hospital shall be
 recognized outdoor hospital unit OHU if the OPD has minimum
 six doctors from different fields regularly
 Actual total OPD patient hours visibly available in the hospitals
 say Ph1 and calculate $30/Ph1$
 With 5 hrs per counters, Nos of OPD checking counters
 required
 For minimum one doctor required per chamber in OPD, the
 Number of doctors required on duty=6 or the number of
 chambers whichever is higher=say=D1
 Doctors required for indoor patients one doctor on five patients
 Are locations of all hospitals of all levels/ grades available on
 internet

One or
 $>1=150$; (-
 $)100$ each 0.1
 higher

Yes=100 ;
 No=(-)150
 one=100; $<1=(-$
 $)150$

Yes=100 ;
 No=(-)150

Has government notified the services, facilities, medical aids to
 be available on the bed itself to count it as one bed available in
 hospital for treatment of patients
 Do the government standardize the minimum facilities to be
 available on bed as 1.tilting/raising/lowering with lever 2.Oxygen
 pipeline with oxygen 3. clean/washed bed sheet with no
 previous use before washing 4. clean/washed blanket with no
 previous use before washing 5.Ventilation with clean fresh air
 as per standards 6. floor area 4 times the bed area open
 around bed 7.medicine drawer table 8. curtain around bed
 Number of beds required in hospital 10% of $Po=0.2\%$ of
 population= Br = Beds required
 Number of beds available= Ba

Yes=100 ;
 No=(-)150

Yes=150 ;
 No=(-)250

Hospital beds index $B1=\text{ratio of } Br/Ba$

one=100; (-)50
 each 0.1 more

Hospital beds Index $B2= \text{Ratio of } Br/Ba \cdot Pi$
 Total number of beds announced say N and Actual number of
 beds in Hospitals with designated facilities available on the bed
 say= M

one=100; (-)50
 each 0.1 more

% Ratio $N/M \cdot 100=Pi$
 Total hospital beds with designated facilities- Bed-A and Beds
 not with designated facilities= $Bed-0$ and calculate ratio
 $(BedA+Bed0)/BedA$

$<100\%=(-)50$
 each % less
 one=150; $>1=(-$
 $)50$ each 0.1
 higher

1 Nurse required on duty per 5 indoor patients x 3 (shifts)=say
 $N1$ =Number of nurses

1 Nurse required per 30 outdoor patients (30
 patients*10minutes/60)*6 for 5hrs shift of OPD- required =6 OR
 Number of outdoor chambers whichever higher say $N2$

	Total nurses required for diagnostics and operation theatre = $2 \times N1 =$ say $N3$	one=150; $>1=(-)$ 50 each 0.1 higher
	ratio of total nurses required $(N1+N2+N3)/$ total nurse available	one=150; $>1=(-)$ 50 each 0.1 higher
	The number of doctors determined based upon the same parameters as for nurses and the ratio of doctors required/total doctors available	one=150; $>1=(-)$ 50 each 0.1 higher
	Are doctors in highly specialized category available at least 40% of the total requirement of doctors for district hospitals and higher size hospitals	Yes=100; No=(-)200
Hospital index	Is there a procedure of preliminary self-registration by patients and hospital provides dedicated stations at entrance and hospital has to entertain the case after this	Yes=100 ; No=(-)250
	Is category of hospital assigned by government	Yes=100 ; No=(-)250
	Is Grade of hospital assigned by government	Yes=100 ; No=(-)250
	Has the implemented the conformance/compliance of 'Hospital responsibility and accountability Act'	Yes=100 ; No=(-)250
	Are the hospital classified in different grades based upon the medical facilities available	Yes=100 ; No=(-)150
	Are the hospital classified in different grades based upon the care available	Yes=100 ; No=(-)150
	Are the hospital classified in different grades based upon the cleanliness available	Yes=100 ; No=(-)150
	Are the hospital classified in different grades based upon the full time availability of doctors with stipulated qualifications	Yes=100 ; No=(-)150
	Are the hospital classified in different grades based upon the full time availability of nurses with stipulated qualifications	Yes=100 ; No=(-)150
	Are the hospitals classified in different grades based upon the patients validation of medicines received	Yes=100 ; No=(-)150
	Are the hospitals classified in different grades based upon the on-line registration and handing over documents regarding treatment every day to patients	Yes=100 ; No=(-)150
	Are the hospitals classified in different grades based upon the presentation of procedures regarding outdoor and indoor treatment	Yes=100 ; No=(-)150
	Does the hospital claims to specialize in specific field of medical care and does not treat the other patients of 10 most common disease	Yes=(-)100 ; No=100
	Actual total OPD patient hours visibly available in a hospital say $h1$ and calculate $30/h1$	one or $>1=100$; $<1=(-)$ 150
	hospital beds with designated facilities- Bed-A and Beds not with designated facilities=Bed-0 and calculate ratio $(BedA+Bed0)/BedA$	one=150; $>1=(-)$ 50 each 0.1 higher
	Does hospital have recognized OHU	Yes=100 ; No=(-)150
	Number of beds required in hospital 0.02% of population it is designed/developed and 0.02% population of district/unit region for smaller hospital/District hospital=Br= Beds required Number of beds available=Ba	
	Hospital beds index $B1=$ ratio of Br/Ba	one=100; $(-)$ 50 each 0.1 more

	Hospital beds Index B2= Ratio of Br/Ba*Pi Total number of beds announced say N and Actual number of beds in Hospitals with designated facilities available on the bed say=M	one=100; (-)50 each 0.1 more
	% Ratio N/M*100=Pi Total hospital beds with designated facilities- Bed-A and Beds not with designated facilities=Bed-0 and calculate ratio (BedA+Bed0)/BedA 1 Nurse required on duty per 5 indoor patients x 3 (shifts)=say N1a=Number of nurses 1 Nurse required per 30 outdoor patients (30 patients*10minutes/60)*6 for 5hrs shift of OPD- required =6 OR Number of outdoor chambers whichever higher say N2a Total nurses required for diagnostics and operation theatre=2*N1= say N3a	<100%=(-)50 each % less one=150; >1=(-)50 each 0.1 higher
	ratio of total nurses required (N1a+N2a+N3a)/total nurse available The number of doctors determined based upon the same parameters 1 per 2 patients in ICU, 1 per 5 patients in wards and minimum 6 in outdoor checking the ratio of doctors required/total doctors available Are doctors in highly specialized category available at least 40% of the total requirement of doctors for district hospitals and higher size hospitals	one=150; >1=(-)50 each 0.1 higher one=150; >1=(-)50 each 0.1 higher Yes=100; No=(-)200
hospital norms1	Is the treatment in government hospitals available at a cost less than the 20%earnings of a average citizen for the same period Are the best medicines available in the hospitals and given to the patients Has government instituted ruling to make mandatory to place details of availability of medicines/ stock available on public domain Does the statement of availability of medicines auto generate medicine availability index on each month end Has the government defined the type and number of doctors to be appointed and remain in position in each category of hospital Has the government created public domain of each hospital and defined person responsible for updation Has the government have procedure of independent certification of public domain for being latest every three months Has the government placed details regarding availability of doctors in its each hospital Has government confirmed that every place in each hospital is covered under CCTV with recording Is there a procedure of self registration by the patient at the hospital Do the hospital management places details of working condition of all equipments on its public domain updated every week. Is there auomated patient help system to account for the quantities of medicines given to any patient with total issued and balance left Are the entries made in patient help system by the patient by swapping coded details at the end	Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=150 ; No=(-)250 Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=100 ; No=(-)150 Yes=150 ; No=(-)150 Yes=150 ; No=(-)150

	Has government defined standards for cleanliness in the hospital with objective of 'no infection/ germ'	Yes=150 ; No=(-)150
	Do the hospital management obtain views from patients in patient help system regarding doctors attention, staff behaviour, medicines handed over and cleanness without insisting identity	Yes=150 ; No=(-)150
Government role for Private hospital	Has the government assigned the zone and population for each individual hospital. (a patient outside zone shall also be treated)	Yes=100 ; No=(-)150
	Has the government certified that the total indoor beds available in a zone are minimum 1% of population	Yes=100 ; No=(-)150
	Does hospital provides all medicines with discount	Yes=150;
	Does hospital provides all medicines with discount Are there medical stores selling medicines on payment basis outside the hospital within 1 Km	Yes=(-)100;
	Percentage of total persons (P) visited these stores during any week compared to the patients treated in OPD and number of patients for indoor treatment together (Pih) = $P/Pih \times 100$	<10%=0; (-)5 for each % higher
	Are there diagnostic centres, pathological labs, selling services on payment basis outside the hospital within 1 Km	Yes=(-)100;
	Percentage of total persons (P1) visited these centres during any week compared to the patients treated in OPD and number of patients for indoor treatment together (Pih) = $P1/Pih \times 100$	<2%=0; (-)5 for each % higher
	Are there X-Ray, CT Scan, MRI etc selling services on payment basis outside the hospital within 1 Km	Yes=(-)100;
	Percentage of total persons (P2) visited these centres during any week compared to the patients treated in OPD and number of patients for indoor treatment together (Pih) = $P2/Pih \times 100$	(-)5 for each %
	Is there any case reported by citizen that the private hospital turned down admitting patient for any reason	Yes=(-)250 each case
	Is there any case reported by citizen that the private hospital turned down admitting patient for not having deposited the amount they asked	Yes=(-)250 each case
	Is there any case reported by citizen that the private hospital did not admit patient or did not start treatment till making deposit of the amount they asked	Yes=(-)250 each case
	Does he hospital certify the implementation of POMIE for claiming charges for services	
	Is the hospital complying to 'TTT rule' for claiming charges for their services	
	Percentage of total patients treated in non-government health centres/ clinics/ hospitals	<20%=0, >20%=(-)5 each % higher
	Has government regulated and implemented the cost/ price of different pathological tests, at least 20 most common, to be paid by people/patient at non-government clinics/lab/centre/hospital	Yes=100; No=(-)400
	Has government regulated and implemented the cost/ price of different diagnostic tests X-ray, MRI, CT Scan, ultrasound tests, Echo tests to be paid by people/patient at non-government clinics/lab/centre/hospital	Yes=100; No=(-)400
	Has government regulated the cost/ price/ fee to be paid by people/patient at non-government clinics/lab/centre/hospital for doctors consultancy	Yes=100; No=(-)400
	Has government regulated the indoor treatment charges for all facilities and consumables for non-government clinics/ centre/ hospital	Yes=100; No=(-)400

	Has government made rules and procedures to place details of the working of all equipment in the hospital each day and cummulative for a period of last six months, on public domain	Yes=100; No=(-)250
	Does hospital places details of the working of all equipment in the hospital each day and cummulative for a period of last six months, on public domain	Yes=100; No=(-)250
	Does hospital places details of treatment being done everyday on each patient to patient/relative and on public domain	Yes=100; No=(-)400
Medicine company	Has the company confirmed compliance of 'ten to twenty' principle in deciding cost of products	Yes=100; No=(-)150
	Has the government made rule that the sample medicines shall be distributed by company's counters in the hospital free of cost	Yes=100; No=(-)150
	Has government made a rule that in case 'free sample medicines' are distributed by the doctors, they will be responsible to maintain record as regards to the use of medicines and its results	Yes=100; No=(-)150
Hospitals category	Has government made rules to define different category of hospitals like speciality, super speciality, research centres etc	Yes=100; No=(-)250
	Has government instituted regulation that super speciality and research activities can be only with the Grade A hospitals	
	Has government made rules and procedures to assign facilities of medical and social services to each category of hospitals	Yes=100; No=(-)150
	Has government made rules to define prerequisite infrastructural norms for different type of hospitals specially if speciality, super speciality, research centres etc as regards to minimum working equipments, surgery facilities, specialist doctors	Yes=100; No=(-)150
	Has government made rules and procedure to define medical equipment to be available in each category of hospital	Yes=100; No=(-)150
	Has government made rules and procedure to classify Grades i.e. A, B, C..... to the government hospitals in each category	Yes=100; No=(-)250
	defining minimum three categories for differentiation	
	Has government made rules and procedures to assign facilities of medical and social services to each grade of hospitals	Yes=100; No=(-)150
	Has government made rules to define prerequisite infrastructural norms for each grade of hospitals	Yes=100; No=(-)150
	Has government made rules and procedure to define medical equipment to be available in each grade of hospital	Yes=100; No=(-)150
	Has government made rules to name different type of hospitals as 'National.., International.., Global, Best, Number 1, etc	Yes=100; No=(-)150
	Has government made rules to define prerequisite norms for different type of hospitals like speciality, super speciality, research centres etc as regards to minimum level of experience for senior/ specialist/expert doctors	Yes=100; No=(-)150
	If named as research centre, does hospital submit the research papers produced by its doctors to the government every six months	Yes=100; No=(-)150
	If named as research centre, does hospital submit the research papers produced by its doctors for publications in international medical journals/ books every six months and notify on public domain	Yes=100; No=(-)150
Medical Institutes	Has government made rules to define different type of medical college/institute like speciality, super speciality, research centres etc	Yes=100; No=(-)150

	Has the government notified norms as to what minimum facilities the hospital must have for becoming a super speciality hospital	Yes=100; No=(-)150
	Has the government notified norms as to what minimum facilities the hospital must have for becoming a cardiology and/or neurology and/or organs transplant and/or respiratory speciality hospital (similarly other medical specialization)	Yes=100; No=(-)150
	Has government made rules to define the contingent of doctors with qualification and experience who would be permanently attached to medical college/institute like speciality, super speciality, research centres etc	Yes=100; No=(-)150
	Has the government notified rules to define the contingent of doctors with qualification and experience who would be permanently attached to the hospital for becoming a super speciality hospital	Yes=100; No=(-)150
	Has the government notified rules and norms to define the contingent of doctors with qualification and experience who would be permanently attached to hospital for becoming a cardiology and/or neurology and/or organs transplant and/or respiratory speciality hospital (similarly other medical specialization)	Yes=100; No=(-)150
	Has government made rules to define prerequisite norms for different type of medical courses as regards to minimum medical facilities like working equipments in wards, emergency, ICU, Operation theatres for different fields	Yes=100; No=(-)150
	Has government made rules to define prerequisite norms for different type of medical courses as regards to minimum medical experience of senior doctors teaching faculty	Yes=100; No=(-)150
	Are the teaching faculty permanent engaged and payment credited to their bank accounts every month	Yes=100; No=(-)150
Research tag	Does the government define prerequisite requirements for a hospital to name itself as a research organization	Yes=100; No=(-)150
	Does the government define prerequisite requirements for a hospital/institute to name itself as a research organization in terms of internationally accredited and recognized research work done	Yes=100; No=(-)150
	Is there a rule that the institute/hospital designated as research centre must have published its research details in international journals, at least two every year	Yes=100; No=(-)150

	Type of disease	Diagnostics	Doctors	Nursing staff
Grade A	The wide base of type of disease it can treat	All type of diagnostics facilities, labs and equipment available	Availability of specialist doctors for all type of disease it can treat	Minimum: One per patient in ICU; One per two indoor patients always on duty
Grade B	all basic and immediate facilities and immediate essential	Diagnostic Pathological lab, X-ray, ultra sound, ECG body monitoring stations (4numbers)	Availability of four doctors minimum; with	Minimum: One per patient in ICU; One per two indoor patients always

	diagnostics to analyze condition of vital organs, common surgery		specialization /PG	on duty
Grade C	facilities of immediate attention and investigations by doctors and treating common infections/disease;	Pathological lab, ECG body monitoring stations(2numbers)	Availability of two doctors minimum; with specialization /PG	Minimum: One per patient in ICU; One per two indoor patients always on duty
Grade D	Outdoor treatment- minimum six doctors in shift	Pathological lab, ECG	Six doctors in a shift	One assistant to be available with each doctor
Grade E	Outdoor treatment clinic		One minimum	One assistant to be available