

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD**

No. 2017/H/3/1/M&P

New Delhi, dated: 07.12.2017

**Principal Chief Medical Directors
Chief Medical Officers,
All Indian Railways (including PUs and RDSO).**

Sub: Productivity of Expensive Medical Equipments in Railway Hospitals.

An internal Audit of Indian Railways was conducted for the year 2016-17. In the Audit report of Medical Department on the functioning of costly machines purchased through M&P Programme by the zonal railways the under-mentioned serious drawbacks were revealed:-

1. Machines have been purchased without planning for required manpower to handle the machines resulting in avoidable expenditure.
2. Expensive machines were procured without any uniform yardsticks for procurement in the zones.
3. In a divisional hospital, costly machine was purchased even though no regular doctor to handle the machine was available. As a result the machine remained unused for over five years. The zone even did not make any effort to transfer the machine to the hospital where it could have been utilized properly.
4. In a hospital a costly machine was procured but could not be utilized as accessories required for running of the machine were not the part of purchased order. As a result the costly machines remained unutilized for over two years.
5. A hospital purchased machine with value of over Rs. 14 lakhs even though there was no doctor to operate the same. As a result, the machine is being utilized by HVS who visit the hospital twice in a week and the remaining time the machine remains idled.
6. A hospital purchase machine without requirement resulted in unnecessary blockage of capital and avoidable reference to outside hospital. During the idling part of the machine it became outdated due to change in technology.
7. Delay in commissioned of number of machines procured by various hospitals resulted in unnecessary blockage of capital and idling of costly medical equipments. These machines were commissioned after delay of months together.

As regards, maintenance and operation of the medical equipment the following have been observed:-

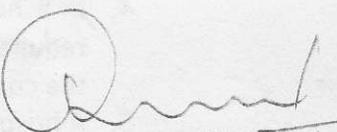
1. Records relating to down time of medical equipment and the expenditure incurred thereon for repairs have not been maintained in violation of provisions laid down in para 410 of IRMM.

P.T.O

2. In some hospitals, the log book and History Cards relating to down time of machines were made but there were no entries in the register.
3. Despite incurring heavy expenditure towards repair and maintenance of machine, instances of failure of medical equipments were observed and machine remained unutilized.

In view of above findings, the zones are desired to take following measures immediately:-

1. Due procedure should be made for provision of medical equipment in different hospitals in the zones depending on various local factors.
2. Expensive medical equipment should be identified for classification as: a) essentially required Equipment. b) Specialist based equipments. c) others.
3. A check-list should be prepared jointly by medical and accounts department for procurement proposals of expensive medical equipments.
4. A centralized database of all expensive medical equipment should be made in the zone.
5. Delay in procurement of sanctioned machine and installment of procured machines should be avoided.
6. Adequate measures should be taken for getting equipments repaired on time.
7. Down time of machine i.e. the time they could not be used when required due to various reasons should be reduced to minimum.
8. History Cards and Log book should be maintained as per IRMM para 410 for all expensive medical equipments.
9. Machines lying idle for long in a hospital due to non availability of specialist should be transferred to other hospitals where they can be of use.


(R.S. Shukla) 07/12/11
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