

G.275 / WSSR – 521819 / 2019-20



**WORK STUDY TO REVIEW THE
STAFF STRENGTH AT
DIVISIONAL RAILWAY HOSPITAL/AJJ
MAS - DIVISION**

SOUTHERN RAILWAY

PLANNING BRANCH

G.275 / WSSR- 521819 / 2019-20

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STAFF STRENGTH AT
DIVISIONAL RAILWAY HOSPITAL / AJJ
MAS DIVISION**

STUDIED BY

**WORK STUDY TEAM
OF
PLANNING BRANCH**

May 2019

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(i)
ACKNOWLEDGEMENT

The work study team acknowledges the valuable guidelines rendered by ACMS/DRH/AJJ (Co-ordinating Officer), OS/DRH/AJJ (Co-ordinating Supervisor), Nursing Staff, Pharmacist and other staff of DRH/AJJ for their valuable guidelines in conducting the work study.

(ii)
AUTHORITY

Annual programme of work studies approved by SDGM for the year 2018-19

(iii)
TERMS OF REFERENCE

Work Study to review the staff strength at Divisional Railway Hospital / AJJ MAS Division.

(iv)
METHODOLOGY

The following methodology has been applied while conducting the study.

1. Collection and compilation of data.
2. Study, Indian Railway Manuals, Instructions and Yardsticks of Medical Department.
3. Observation of field activities and the present system of deployment.

REVISED RECOMMENDATION

The following 6 vacant posts are found excess to the requirement and the same may be surrendered and credited to the vacancy bank.

Sl. No	Category	Grade pay (Rs.)	No. of posts
1	OT Assistant	4200	1
2	Pharmacist III	2800	1
3	Dresser	2800	1
4	Ambulance Driver	2800	2
5	Watchman	1800	1
Total			0

Total No of Posts: 6

CHAPTER – I

1.0 INTRODUCTION

- 1.1 Arakkonam Junction Railway station is the third largest Railway junction in Vellore district next to Jolarpet and Katpadi. It is strategically located at the

intersection of Chennai – Bangalore line and Guntakal – Chennai line which is part of Mumbai – Chennai line. The town has one of the biggest Railway Workshop for southern Railway known as Engineering Workshop (EWS) and the Electrical Loco Shed. In the EWS various process related with Fabrication and processing of various metals components are done for Railways. Most of the machines in this workshop are a century old machines and some of them are still in working condition.

- 1.2 Evolution of Medical Department in Railways: Till 1947, the different Railway companies (numbering about 42) had their own policies, systems with regard to medico – social amenities. Some companies excluded Class IV staff from such facilities and some others the families of Railwaymen. Based on the recommendation of Dr. E. Somasekhar the then CMO/S.Rly, a separate cell was created under an OSD (later converted as JD and then Director / Health) an Organisation with unified procedures and rules was created in 1955. Dr. H.N. Kunzru (Kunzru committee report on Railways 1963) had appreciated the Railway medical service as “being second to none in the country”.
- 1.3 The service of Railways is a continuous, round the clock service, About 58 Lakhs serving employee and 5.6 lakhs retired employee scattered at various points and Places. Hence a separate medical establishment was considered as a welfare activity and it has grown into a large organization in Railways with 121 Railway hospitals (inclusive of Railway Hospital/Divisional Railway Hospital /Sub divisional Railway Hospital) and 586 Health units.
- 1.4 Unlike other central and public sector organizations, Railways has its own fully fledged medical department to take care of the well being of the employees and their dependents. The days are not far off for the railways to have its own Medical College a multi-storied building is being built at Perambur in-housing high standard facilities in par with leading private hospitals and enhanced ward capacity for in-patients, various specialties and also a medical college.

1.5 The need to maintain the organisation in a state of constant readiness to keep pace with exigencies of medical relief to passengers in the event of accidents by providing first aid to injured passengers and shift them to a nearby hospital for further treatment. The Railway Medical Department also ensures maintenance of higher order of sanitation in Railway Stations and colonies. It co-ordinates with the health organization of state government with regard to prevention of communicable diseases, family welfare programme etc., and conducts medical examination for candidates and employees so as to give their best output to the Railways. With the rapid advances in medical technology in the curative field, it has become necessary to update with advancement and ensures that the services rendered at Railway hospital are second to none of their kind. In-fact railway medical department has taken a lead over the others and in particular for treatment to cardio related diseases. The cardiology department not only treats railway employees and their wards but also attends non-railway people on nominal payment as the common public prefers treatment at Railway Hospital for the reason it is not only economical but also for the best services compared to other private hospitals.

1.6 Indian Railway Health care delivery system has to perform following two important functions. 1) Function related to Industrial medicine, 2) Function related to Medical treatment to Railway beneficiaries.

1.6.1 Function related to Industrial medicine

- To attend Railway Accidents & untoward Incidents
- To provide emergency medical treatment to travelling passengers
- Pre employment medical examination to allow only fit & suitable candidates to join services
- Pre medical examination (PME) of serving employee to allow fit person to continue in those job
- Medical board and other certificates of serving employee
- Control on loss of man-days on account of sickness (both normal & HOD) is kept under control by medical officer

- Safe water & food supply at Railway stations
- Ensuring factories act & Workman compensation act
- Certification of dead bodies at Railway stations, Yard lines and Railway lines

1.6.2 Function related to Medical treatment to Railway beneficiaries.

- Curative health care (Primary, Secondary and Tertiary levels)
- Preventive health care
- Promotive health care

1.7 The prime motto of the Planning Branch/HQ/Southern Railway is to right size the man power in all the areas of the Zone on the interest of enhancing the productivity and to make things to achieve the target operation ratio. RITES is also emphasized to conduct regular work studies for rightsizing the Man power and to justify the available Man power by Zero base budgeting.

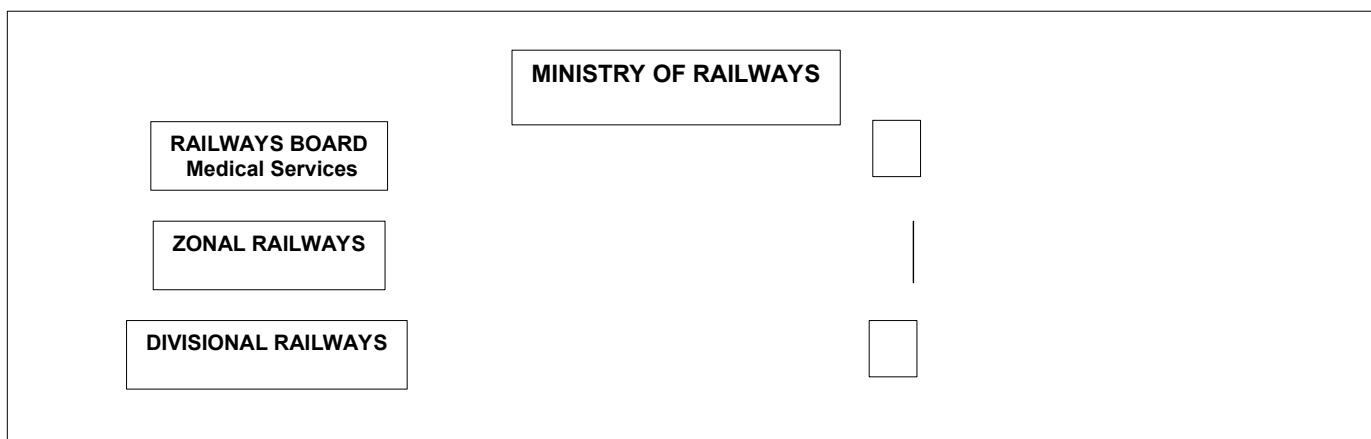
1.8 The present trend of increasing Staff cost after implementation of the 7th Pay Commission will result the higher Operation Ratio further. Since the Staff costs alone took about 45% in the total expenditure, an urge is arise to identify the very optimum Man power in all the Units, in such a way this Work Study is conducted in the Divisional Railway Hospital / AJJ and detailed further

CHAPTER-II

2.0 PRESENT SCENARIO

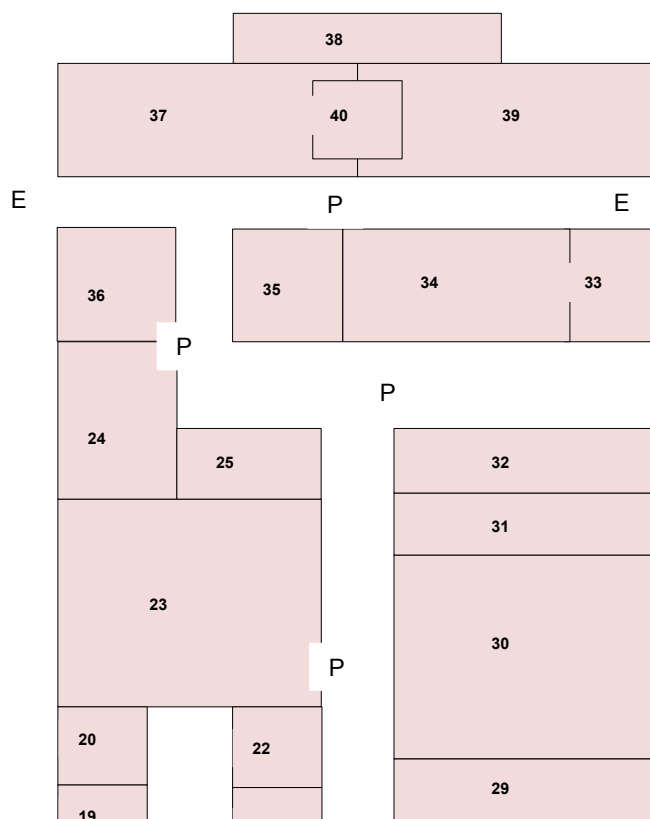
2.1 CMS is the in charge of the Medical Department of the Division. The Office of CMS/MAS is situated in the premises of Health unit/MS. ACMS/AJJ is in charge for this Divisional Railway Hospital/AJJ.

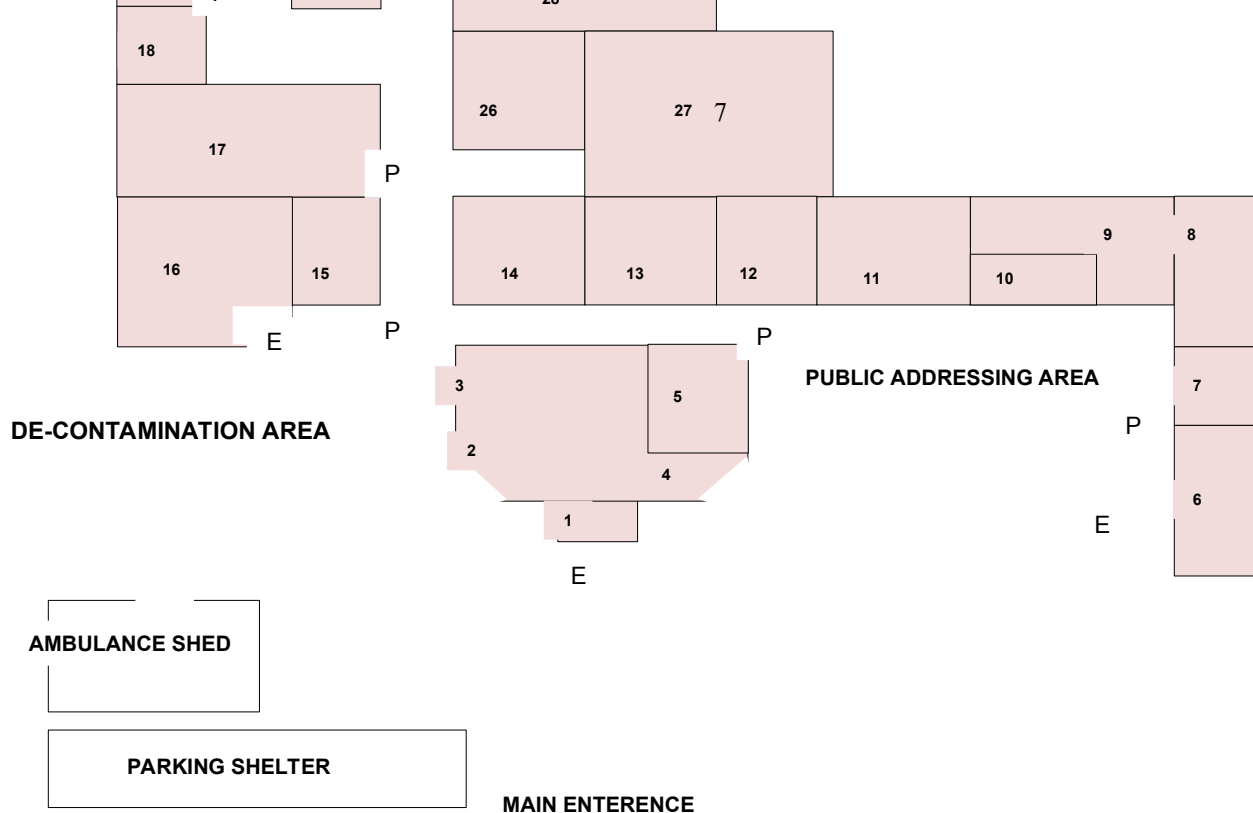
2.2 Hierarchical set up of Medical Department in Railways



Health units

2.2 LAY-OUT OF DIVISIONAL RAILWAY HOSPITAL/AJJ





2.3 Statement of Sanction Actual Vacant & Excess

S.No	Designation	Pay (Rs)	Sanction	Actual	Vacant	Excess
Medical Officers						
1	ACMS	10000	1	1	0	0
2	Doctors - ADMO	5400	6	4	2	0
Total			7	5	2	0
Para-Medical Staff						
3	Chief Matrons	5400	12	12	0	0
4	Nursing Sisters	4800	1	1	0	0
5	Staff Nurses	4600	1	1	0	0
6	Head Health Visitors	4200	1	1	0	0
7	OT Assistant	4200	1	0	1	0
8	Pharmacists I	4600	8	1	2	0
	Pharmacists II	4200		4		
	Pharmacists III	2800		1		
9	Dressers	2800	6	2	4	0
10	Lab Assistant	2000	2	1	1	0
11	Office	4200	2	1	1	0

	Superintendent					
12	Radiographer	4600	1	0	1	0
13	Ambulance Driver II	2800	2	0	2	0
14	Hospital attendants I	2400	20	3	9	0
	Hospital attendants II	2000		5		
	Hospital attendants III	1900		3		
15	Safaiwalas I	2000	10	0	4	0
	Safaiwalas II	1900		1		
	Safaiwalas III	1800		5		
16	Watchman	1800	1	0	1	0
Total			0	0	0	0

2.4 Population availing Medical care at Divisional Railway Hospital/AJJ

Number of Serving Employees = 3000

Number of Retired employees = 4690

The actual number of Serving Employees is 3000, considering an average of 3 Dependents /employee which is the total Serving and their family members are 12000.

The actual number of Registered RELHS is 4690, considering an average of 1 dependent/ Retired Employee which is the total of 9380.

Together the **total number of beneficiaries in this Unit is 21380**

2.5 The Ward wise beds distribution is shown as:-

Male Surgical Ward I = 10

Male Medical Ward II = 07

Male ward Isolation = 01

Female Ward = 09

Female ward Isolation = 02

ICU = 02

Observation ward = 06

Casualty = 01

Antenatal Case = 01

Recovery Room = 02

Injection Room = 01

The Total number of beds available in the DRH/AJJ is 42.

2.6 General Outlook of DRH/AJJ

OP Timings	
08.30 -12.30 Hrs and 15.30 – 17.30 Hrs	Monday to Saturday
08.30 -12.30 Hrs	Sunday and other National holidays
Emergency	At all days & time

- a) After 2010 there no child delivered in this DRH/AJJ
- b) After 2014 there was no Laparoscopic done at DRH/AJJ
- c) After 2014 there was no Major surgery done in DRH/AJJ
- d) **In 2017-18 totally 57 ANC cases** out of which 39 are spouse of Railway men. Remaining 18 are outsiders
- e) About duty roaster

General shift	07.00 – 12.00 & 15.00 – 18.00 hrs
Morning Shift	06.00 – 14.00 hrs
Evening Shift	14.00 – 22.00 hrs
Night Shift	22.00 – 06.00 hrs

- f) Regular Health awareness Programs were conducted by DRH/AJJ. The number of awareness programs for last 5 years is appended below

2013-14	2014-15	2015-16	2016-17	2017-18
17	18	17	17	22

- g) Railway Ambulance is not available at DRH/AJJ. As per requirement contract Ambulance is hired through Impress cash
- h) Calculation formulae for

$$\begin{aligned}
 & \text{1. Average Length Statement (ALS) = } \frac{\text{No. of days of all discharged patients}}{\text{No. of discharge}} \\
 & \text{2. Bed Occupation (BO) Rate = } \frac{\text{No. patients admitted X ALS X 100}}{\text{No. of beds X No. of days in the bed}} \\
 & \text{3. Bed Occupation (BO) Ratio = } \frac{\text{No. patients hospitalized X 1000}}{\text{No. of Railway population}}
 \end{aligned}$$

- i) Total Hospital building and surrounding area 44,800 Sq.ft Every day Hospital (Wards, ICU, OP Block, Dr Rest Rooms) and premises are being cleaned. In which Garden area is 12064 Sq.ft
- j) The different rooms in DRH/AJJ are

➤ OPD counter	➤ Mini OT	➤ Labour Room
➤ Male Dispensary	➤ Causality	➤ Matron Office
➤ Sick Counter	➤ Laboratory	➤ Nursing Station

➤ Female dispensary	➤ Female Ward	➤ Observation Ward
➤ Dresser Room	➤ Nursing Room	➤ Tele Medical Room
➤ Female OP Room	➤ Doctors Room	➤ Staff Rest Room
➤ PME Room	➤ Steralised Room	➤ Store Room
➤ X-Ray Room	➤ Linen Room	➤ Meeting Hall
➤ Main Store	➤ Instrument Room	➤ USG Room
➤ POMKA	➤ Operation Theater	➤ Lady Doctor Room
➤ Male OP Room	➤ ACMS Room	➤ Male Ward - I
➤ Office	➤ AC Plant	➤ Patients Rest Room
➤ Staff Room	➤ ICU	➤ Male Ward - II
➤ Ambulance shed	➤ Parking Shelter	➤ Nursing Station
➤ Public addressing area		➤ De-contamination area

2.7 Vital Statistics of DRH/AJJ

2.7.1 In patient Details

2.7.1a No. of Male Patients

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Avg Per Month	Avg Per Day
2013-14	40	42	43	41	39	43	39	30	43	32	29	69	490	40.83	1.361
2014-15	17	37	42	23	32	34	21	35	46	46	39	40	412	34.33	1.144
2015-16	32	32	44	34	37	45	47	42	36	20	30	24	423	35.25	1.175
2016-17	32	32	44	34	37	45	47	42	36	20	30	24	423	35.25	1.175
2017-18	69	69	66	62	65	80	41	62	58	43	50	53	718	59.83	1.994
Average Male Patients/Month is 41.1							Average Male Patients/Day is 1.37								

2.7.1b No. of Female Patients

2013-14	39	44	42	38	43	42	37	30	46	24	22	84	491	40.92	1.364
2014-15	21	31	39	42	35	35	17	31	40	35	43	46	415	34.58	1.153
2015-16	45	38	46	35	43	44	46	32	21	26	27	28	431	35.92	1.197
2016-17	45	38	46	35	43	44	46	32	21	26	27	28	431	35.92	1.197
2017-18	58	61	54	68	64	52	45	69	42	49	31	54	647	53.92	1.797
Average Female Patients/Month is 40.25							Average Female Patients/Day is 1.34								

2.7.1c Total No. of children (Day care)

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Avg Per Month	Avg Per Day
2013-14	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
2014-15	-	-	-	-	-	01	01	-	01	-	-	-	03	0.25	0.008
2015-16	-	-	-	-	-	-	03	01	-	-	-	-	04	0.33	0.011
2016-17	-	-	-	-	02	-	-	-	-	01	03	01	07	0.58	0.019
2017-18	-	-	-	01	01	01	04	04	-	-	03	02	16	1.33	0.044
Average Children /Month is 0.498							Average Children /Day is 0.016								

2.7.1d Total No. of Outsiders

2013-14	-	-	-	-	-	-	-	-	-	-	-	08	08	0.67	0.022
2014-15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2015-16	30	57	50	60	40	30	30	38	75	87	70	74	641	53.42	1.781
2016-17	61	62	51	53	57	56	48	75	60	50	36	68	677	56.42	1.881
2017-18	62	50	-	-	26	-	-	-	-	-	-	-	138	11.5	0.383
Average Outsiders /Month is 24.402							Average Outsiders /Day is 0.813								

2.7.1e Total No. of Death

2013-14	01	-	-	01	01	02	-	-	03	-	03	01	12	1.00	0.033
2014-15	01	01	01	01	-	-	01	-	01	01	-	-	07	0.58	0.019

2015-16	02	Nil	-	01	-	01	02	02	02	02	02	01	15	1.25	0.041
2016-17	03	-	01	03	-	02	-	02	01	-	01	-	13	1.08	0.036
2017-18	01	01	01	01	-	01	-	-	-	01	01	01	08	0.67	0.022
Average Death /Month is 0.916							Average Death /Day is 0.03								

2.7.1f ALS Details

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Avg/ Month	Avg / Day
2013-14	9.18	6.80	7.72	8.60	9.00	8.20	9.00	10.69	9.46	11.62	12.74	9.50	112.5	9.376	0.313
2014-15	8.60	8.10	11.10	9.34	8.69	7.78	6.15	9.43	7.43	7.27	7.34	7.07	98.3	8.192	0.273
2015-16	8.88	8.08	8.52	7.22	7.23	7.91	7.18	7.00	7.37	4.50	7.45	7.31	88.65	7.388	0.246
2016-17	7.25	7.35	7.53	7.01	7.04	7.18	7.14	7.15	7.17	7.36	7.53	7.40	87.11	7.259	0.242
2017-18	7.50	7.52	8.41	7.04	7.35	7.20	6.50	6.20	8.50	9.40	8.00	7.80	91.42	7.618	0.254
Average ALS /Month is 7.967							Average ALS /Day is 0.266								

2.7.1g Bed Occupation Rate

2013-14	59.40	46.24	53.16	56.18	56.35	52.90	54.00	57.93	56.12	41.98	41.78	54.21	630.3	52.521	1.751
2014-15	53.81	79.92	76.62	50.00	48.21	69.76	52.89	66.63	61.56	63.78	64.40	68.68	756.3	63.022	2.101

2015-16	75.05	68.40	76.95	62.09	61.10	69.08	69.88	63.46	66.82	67.64	64.40	68.56	813.4	67.786	2.260
2016-17	63.15	67.62	70.28	65.42	62.67	63.18	62.18	67.32	82.69	78.65	61.21	66.07	810.4	67.537	2.251
2017-18	61.45	65.17	65.10	61.48	61.64	61.78	70.63	60.80	64.60	62.46	50.00	64.48	749.6	62.466	2.082
Average BO Rate /Month is 62.67							Average BO Rate /Day is 2.09								

2.7.1h Bed Occupation Ratio

2013-14	140.8	135.6	176.3	185.3	164.0	164.0	153.7	158.6	168.4	136.7	115.3	130.5	1829.2	152.43	5.08
2014-15	110.0	164.5	165.2	126.4	141.4	146.9	120.5	162.6	162.6	142.4	149.0	166.4	1757.9	146.49	4.88
2015-16	153.3	156.7	156.7	138.3	113.3	145.5	161.7	136.9	136.5	125.4	130.4	110.6	1665.3	138.78	4.63
2016-17	82.9	110.7	140.5	122.9	121.9	102.4	107.6	107.4	107.9	102.6	99.7	74.3	1280.8	106.73	3.56
2017-18	93.3	100.7	89.0	88.6	91.0	130.2	119.3	114.0	81.4	80.4	76.7	80.7	1145.3	95.44	3.18
Average BO Ratio /Month is 127.98							Average BO Ratio /Day is 4.27								

2.7.2 Out-Patients Details

2.7.2a Out-patients Male

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Avg/ Month	Avg / Day
2013-14	1937	2309	2403	2071	2260	2249	2124	2302	2367	2338	1960	2483	26803	2233.6	74.5

2014-15	1787	1989	2287	1965	1924	2169	2015	2178	2013	1841	2208	2046	24422	2035.2	67.8
2015-16	1640	2132	2586	2604	2346	2079	2081	2169	1889	2225	2251	1911	25913	2159.4	72.0
2016-17	1559	1951	2133	2199	2117	1995	2143	2105	2081	2214	2134	2271	24902	2075.2	69.2
2017-18	1286	1725	2020	2195	2011	2128	1960	2043	2640	3108	2017	1950	25083	2090.3	69.7
Average Male /Month is 2118.7							Average Male /Day is 70.6								

2.7.2b Out-patients Female

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2013-14	2341	2301	2861	2177	2400	2586	2264	2574	2315	2440	2169	2802	29230	2435.8	81.2
2014-15	2209	2228	2173	1915	1456	1944	1987	2281	1906	1760	2030	1911	23800	1983.3	66.1
2015-16	2051	2011	2400	2000	1789	1913	2208	1908	1847	2152	2070	1835	24184	2015.3	67.2
2016-17	1539	1899	2065	2202	1957	1739	1705	1889	1945	2089	1753	1824	22606	1883.8	62.8
2017-18	1115	1325	1844	1747	1599	1706	1405	1570	1639	1865	1475	1424	18714	1559.5	52.0
Average Female /Month is 1975.6							Average Female /Day is 65.9								

2.7.2c Out-patients Children

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Avg/ Month	Avg / Day
2013-14	226	249	231	236	229	305	184	289	265	201	205	287	2907	242.3	8.1
2014-15	163	190	186	163	229	243	214	202	288	227	247	231	2583	215.3	7.2

2015-16	181	294	193	192	193	196	264	243	227	302	299	230	2814	234.5	7.8
2016-17	129	265	282	254	279	202	225	312	321	275	303	313	3160	263.3	8.8
2017-18	167	182	265	337	327	330	266	255	333	279	316	258	3315	276.3	9.2
Average Children /Month is 246.3							Average Children /Day is 8.2								

2.7.2d Retired out-patients

2013-14	2136	2045	1973	2000	1956	1911	1486	2044	2027	1931	2094	2215	23818	1984.8	66.2
2014-15	2388	2262	2148	2030	2259	2334	2504	2752	2513	2553	3015	2785	29543	2461.9	82.1
2015-16	3040	3009	3208	2866	2878	2902	2512	3020	2515	3048	3143	2715	34856	2904.7	96.8
2016-17	2699	2893	3140	2949	3280	2866	3005	3117	3018	3193	3188	3132	36480	3040.0	101.3
2017-18	2726	2868	3307	3453	3808	3647	3235	3499	3513	3520	3672	3457	40705	3392.1	113.1
Average Retired Staff /Month is 2756.7							Average Retired Staff /Day is 91.9								

2.7.2e Emergency Out-patients (Casualty)

Year	2013-14	2014-15	2015-16	2016-17	2017-18	Total	Avg/Month	Avg/Day
Emergency OP	2856	2317	3991	3648	5475	18287	304.78	10.16

2.8 Investigation Wise Statistic

		2013-14	2014-15	2015-16	2016-17	2017-18
HAEMATOLOGY	CBC/TC/DC/ESR/Hb	3258	2286	3008	4029	5990
	MP/MF	1548	1134	1402	2042	1882
	Blood Grouping RH type	20	24	13	11	18
BIOCHEMISTRY	Sugar AC/PC	5768	3716	4574	7079	7021
	Urea/Creatinine	1578	912	1438	3688	6102
URINE	Bile salts/Bile pigment/Albumin Sugar/Deposits Pregnancy test	5287	3179	5042	4303	3406
COAGULATION	BT/CT	30	2	2	-	8
SEROLOGY	HIV	33	33	56	133	107
	HBsAg	19	-	-	25	19
	Widal	-	6	-	-	8
	Dengu IgM	-	-	-	18	40
	Sputum	160	155	262	422	356
	SP Gravity	36	18	16	5	9
Total		17737	11465	15813	21755	24966
Per Month		1478.08	955.42	1317.75	1812.92	2080.50
Per Day		49.27	31.85	43.93	60.43	69.35

2.9 INJECTION PARTICULARS

Month	2013	2014	2015	2016	2017
Jan	1299	1317	1302	1316	1306
Feb	1293	1229	1241	1258	1222
Mar	1297	1279	1260	1271	1279
Apr	1311	1285	1273	1219	1231
May	1293	1292	1281	1292	1282
Jun	1295	1299	1286	1278	1273
Jul	1319	1307	1293	1289	1287
Aug	1333	1327	1308	1331	1343
Sep	1323	1305	1306	1313	1331
Oct	1261	1295	1296	1278	1255
Nov	1329	1319	1320	1302	1281
Dec	1311	1189	1251	1230	1309
Per Year	15664	15443	15417	15377	15399
Per Month	1305.33	1286.92	1284.75	1281.42	1283.25
Per Day	43.51	42.90	42.83	42.71	42.78

2.10 LAB PARTICULARS

Month	2013-14	2014-15	2015-16	2016-17	2017-18
Apr	1563	795	903	1243	1406
May	1286	945	977	1564	1324
Jun	757	959	1206	1813	1372

Jul	1744	1117	1298	1308	1593
Aug	1731	905	1065	1281	1467
Sep	2087	1073	1230	1405	1695
Oct	2014	866	1878	1603	1788
Nov	1693	1254	1749	1423	1580
Dec	1646	1119	1021	1428	4644
Jan	1367	875	1600	1537	5195
Feb	1122	864	1579	1752	1273
Mar	992	696	1640	1418	1627
Per Year	18002	11468	16146	17775	24964
Per Month	1500.17	955.67	1345.50	1481.25	2080.33
Per Day	50.01	31.86	44.85	49.38	69.34

2.11 ECG PARTICULARS

Year	2013	2014	2015	2016	2017
	2388	1572	2309	1589	5076
	Referred to RH/PER		699	704	715
	Referred to GH/AJJ		03	04	03
Per Year	2388	1572	3011	2297	5794
Per Month	199	131	250.92	191.42	482.83
Per Day	6.63	4.37	8.36	6.38	16.09

2.12 X-Ray PARTICULARS

Month	2014	2015	2016	2017	2018
Jan	112	143	116	94	148
Feb	66	118	115	93	99
Mar	111	171	106	107	123
Apr	67	187	73	89	93
May	85	153	99	90	126
Jun	84	508	126	52	120
Jul	78	470	98	59	71
Aug	100	460	94	70	75
Sep	125	209	81	88	105
Oct	104	146	165	69	104
Nov	192	104	94	116	22
Dec	145	113	94	93	-
Per Year	1269	2782	1261	1020	1086
Per Month	105.75	231.83	105.08	85.00	98.73
Per Day	3.53	7.73	3.50	2.83	3.29

2.13 No. of Dressings done at DRH/AJJ

Year	2013	2014	2015	2016	2017
Per Year	7153	7231	7125	7062	7343
Per Month	596.08	602.58	593.75	588.50	611.92
Per Day	19.87	20.09	19.79	19.62	20.40

2.14 I&D Suture Particulars

Month	2013	2014	2015	2016	2017
Apr	24	30	29	36	34
May	29	24	22	29	30
Jun	20	27	26	36	36
Jul	27	20	30	30	34
Aug	30	33	25	26	36
Sep	22	31	39	29	39
Oct	26	34	32	36	32
Nov	24	29	26	29	36
Dec	31	27	31	30	38
Jan	30	30	24	39	41
Feb	24	26	19	34	44
Mar	28	30	27	35	35
Per Year	315	341	330	389	435
Per Month	26.25	28.42	27.50	32.42	36.25
Per Day	0.88	0.95	0.92	1.08	1.21

2.15 Various Duties of Medical Staff

2.15.1 Matrons Staff Nurses and Nursing Sisters

i) Duties of Matron :-

- Supervision of the work and maintenance of discipline in the wards of the sub-ordinates.
- Checking of Muster Roll and presence of staff at assigned places and times
- Ensuring the prescribed nursing services by the nurses
- Go on rounds with medical officers and ensure the complaints of their instructions.
- Accompany during the visits of CMD, Government Medical Officers & VIPs
- Ensure cleanliness of the hospital and related areas, linen, patient cloths and keep the dhobi account.
- Being in-charge of surgical equipments, linen, clothes, beds, furniture, and utensils and all other tools and plants and maintain the registers thereof.
- Proper requisition and replacement of materials
- Check the quality of food, served to the patients

- j. Assist the surgeons during operations
- k. Carryout any other duties entrusted by the medical officer

ii) **Nursing Sister / Staff Nurse**

- a. Provide full range of nursing services commensurate to her training, qualification and to the requirements of the patients.
- b. Dressing of female patients, douching, plugging etc for gynecological cases
- c. Giving injections for indoor / outdoor patients
- d. Assist operations, ensure sterilization of all equipments
- e. Formulation of accurate and intelligent report for ward patients
- f. Evaluation of diet requirements and getting acknowledgement from patients for its receipt
- g. Observe visiting hours strictly
- h. Ensure courtesy and help to patients, relatives and visitors to the ward
- i. Accompany medical officers during their rounds
- j. Maintain ward stock of dressings, drugs, stores etc and get replenishment whenever required.
- k. Maintain registers / records
- l. Supervise duties of Group "D" staff working in the ward
- m. Ensure supply of medicines, dressings etc.
- n. Ensure cleanliness of operation theatre, surgical instruments and sterilization
- o. Preparations splints and any other specialized duties

2.15.2 **Pharmacists:**

- a. Preparation of lotion, ointments and application for surgical dressings
- b. Rendering first aid in emergencies
- c. Maintain dispensing room in order and distribute medicines to patients
- d. Keep accounts of medicines, dressings, consumables and perishables received, consumed and distributed.

- e. Preparation of indents, condemnation of items and submission there of.
- f. Receive stores from parcel / goods office or delivery clerk
- g. Make entries in all outdoor tickets and injury sheets
- h. Prepare sick and fit certificates
- i. Receive and process all applications for medical examination and take their weight / height and chest measurements of the candidates when required.
- j. Maintenance of Hospital Portable Medical Kit for Accident (POMKA) and VIP First Aid Box-Replacement of medicines.
- k. Issuance of various Certificates i.e Transfer Sick Certificate, WCA Sick and Fit Certificate, PMC, Food Handlers Certificate etc.

2.15.3 Lab Assistant

The main tests are

- a) Urine, Blood and Stool tests
- b) Hematology Investigation
- c) Bio-Chemistry and Immunology
- d) Urine Investigation and Stool Investigation

Standardisation/Calibration of equipments related to bio-chemical estimation is to be done regularly. They are also called up on during emergencies and for special camps.

2.15.4 Ministerial staff

There is one Office superintendent available for DRH/AJJ.

The duties of Office superintendent are as follows:-

- a) Maintaining various Imprest (General – Rs.1000, Blood Sample Analysis – Rs. 2400 & Petrol – Rs.2000)
- b) Maintaining various Files and Registers.

- c) PME, RELHS, RECHS Registration and issuing Identity Cards
- d) Maintaining Leave account of Staff
- e) Maintaining Muster Roll
- f) Issue of Passes and PTOs
- g) Maintaining Staff Quarters seniority
- h) Preparation of various Monthly Statements etc.

2.15.5 Duties of Radiographers

- a) Registration of X-ray cases
- b) Setting dark room for developing x-ray films

2.15.6 Dressers

Duties of the dresser are as follows

- a) Attend the dressings of all types of wounds and injuries
- b) Sterilization of equipments
- c) Auto-clave of dressing materials
- d) Preparation and application of splints and undertake cutting and rolling of bandages.
- e) Any other instructions assigned by superiors viz., staff nurse /nursing sister / matron / medical officer (Refer item No.10, Chapter – II, Vol.-I of IRMM).

2.15.7 Duties of Hospital Safaiwalas

- a) Sweep the roads, ground, floor etc
- b) Frequent cleaning of the floors of the wards with wet clothes and also doors, windows, window panes etc
- c) Clean and bed pan, sputum cups, urinals, commodes, latrines etc
- d) Supply of bed pans, urine bottles to the patients and clean them after use

- e) Carry the patients and stretches in the hospitals and from station to hospital and back
- f) Carry hospital stores
- g) Carry out any other orders given by his / her supervisors.

2.15.8 **Hospital Attendants**

- a) Cleaning and Keep the ward neat and tidy
- b) Sponge the patients where there is no Nurse.
- c) Prepare beds and other arrangements for patient
- d) Assist Dressers, Nurses for their duty
- e) Take / assist temperature, pulse, respiration etc.
- f) Carry and transfer injured patients / sick patients
- g) Assist in X-ray unit, laboratories , stores, clinics and other needy areas
- h) Deliver letters, report to required places
- i) Assist to record, register, data / entries like sick / OP / counters.

2.15.9 **List of Registers maintained in the Ward**

1. Admission register
 - For employee
 - For retired employee
2. Ward report book.
3. Ward census book.
4. Ward diet indent book.
5. Ward diet checking book.
6. Dispensary indent book.
7. Store indent book.
8. Minor OT register.
9. Male ward rounds book.
10. Female ward rounds book.
11. Casualty register.
12. Train calls register.
13. Scan register.

- 14. Sick book register.
- 15. Health education registers.
- 16. X ray & ECG book.
- 17. Death registers.

CHAPTER-III**3.0 CRITICAL ANALYSIS:**

- 3.1 The 7th Pay Commission implementation going to hit in the current year also. The staff cost in the part of Medical Department is about 4% in the total expenditure. Though medical department of Indian Railways was branded as a non core activity department by Malhotra and Rakesh Mohan Committee reports on Railway reforms, the policy initiated for health insurance & privatization of Health Department system for Railway men, Government of India and Ministry of Railways has not accepted due to the complexity of the issues. Instead, the optimum utilization of man power is initiated in medical department as like in other departments, which is carefully analyzed here for DRH/AJJ.

To arrive man power requirement the criteria considered are;

1. Railway Board Yard stick – Man power requirement for Medical Department
2. Observing the present deployment and arrive optimum Manpower on need basis

3.2 Medical Officers:

The **extent minimum service prescribed by yard stick for DRH** and the **actual available services at DRH/AJJ** are tabulated below:

Medical Terminology	Definition	DRH/AJJ
General Medicine	Deals with Prevention, Diagnosis & treatment for adult disease	Available
General Surgery	Deals with Abdominal contents like Esophagus, Stomach, Small bowel, Colon, Liver, Pancreas, Gallbladder, Appendix & Bile ducts & often Thyroid glands	Un-Available
Gyne. & Obst.	Gynecologist – Deals with treatment & diseases of Female reproductive organs	Un-Available
	Obstetrics – Deals with deliveries of babies	
	Only ANC done here	
Anesthesiology	Deals with Pre-operative care of Patients before, during & after surgery.	Un-Available

Dental Surgery	Deals with Teeth/Dentistry	Un-Available
Pediatrics	Deals with Children & their diseases	Available
Orthopedic surgery	Deals with Correction of deformity of Bones/Muscles	Un-Available
Orthopedic surgeon		Available
Ophthalmology	Deals with disorder and diseases of Eye	Un-Available
Chest medicine	Deals with diseases of Respiratory tract	Un-Available
ENT Surgery	Deals with diseases of Ear, Nose & Throat	Un-Available
Radiology	Deals with X-Rays & other high energy radiations	Un-Available
	Deals with X-Rays only	Available
Pathology	Deals with Laboratories examinations of tissue & body fluids	Available

3.3 DRH/AJJ renders the general Medical facilities only with the available five Medical Officers. ACMS/DRH/AJJ is the in-charge of this DRH/AJJ, who takes care of all administrative works along with conducting general clinic. The other four Doctors are in the category of ADMO, These ADMO's also conduct general clinic, general medicine, medical examination and surgery in trivial manner. The operation theater is not functioning now, after 2014 there were no major surgeries and Laparoscopic dealt. The last delivery attended during the year 2010 at DRH/AJJ.

The major test, surgeries and deliveries were referred to RH/PER, being the Zonal hospital for Southern Railways which is in Chennai. The patients are also moved to referral Hospital GH/AJJ according to the requirement of treatment. The Doctors used to conduct the Clinic in day time and also attend the night hours, if situation demands.

This study is confined to the man power requirement of Para-medical staff of DRH/AJJ only.

3.4 Summary of Chapter II

S.No	Description	Data	Ref.No
1	Population availing Medical care at DRH/AJJ	21380.0	2.4

		0	
2	Total number of Beds DRH/AJJ	42.00	2.5
3	Average ANC/Year	57.00	2.6.d
4	Average Health awareness programs conducted/ year	18.20	2.6.f
5	Total Hospital floor area Sq.Ft	32736.0 0	2.6.i
6	Total Hospital garden area Sq.Ft	12064.0 0	2.6.i
7	Total cleaning area in Sq.Ft	44800.0 0	2.6.i
8	Average Male in-patients /Day	1.37	2.7.1a
9	Average Female in-patients /Day	1.34	2.7.1b
10	Average Child in-patients /Day	0.02	2.7.1c
11	Average Outsiders in-patients /Day	0.81	2.7.1d
12	Average Total in-patients /Day	3.54	-
13	Average Death rate /Month	0.92	2.7.1e
14	Average ALS /Month	7.97	2.7.1f
15	Average Bed Occupancy Rate /Day	2.09	2.7.1g
16	Average Bed Occupancy Ratio /Day	4.27	2.7.1h
17	Average Male out-patients /Day	70.60	2.7.2a
18	Average Female out-patients /Day	65.90	2.7.2b
19	Average Child out-patients /Day	8.20	2.7.2c
20	Average Retired out-patients /Day	91.90	2.7.2d
21	Average Total out-patients /Day	236.60	-
22	Average Casualty /Day	10.16	2.7.2e
23	Average investigation wise statistics/day	50.96	2.8
24	Average Injection/Day	42.95	2.9
25	Average ECG/Day	8.37	2.11
26	Average X-Ray/Day	4.18	2.12
27	Average Dressings/Day	19.95	2.13
28	Average I&D sutures/Day	1.01	2.14

3.5 Man Power Requirement as per Yardstick of ED/Health (P)/RB Ir.No.2013/H/14/5/1/Policy Dt. 11.03.2013

The yardstick elaborately proposes the Man power requirement for Indian Railway Medical Department based on functional Unit under job requirement. In the Chapter C.2.3 of Executive Director, Health (P)/RB No.2013/H/14/5/1/ Policy, Dt.: 11.03.2.013 The paramedical staff requirement is arrived from various factors like level of the Hospitals, no of beds, OPD & IPD statistics, availability of ICUs, No. of Clinics conducted, type of Laboratory units, Area of the buildings etc.,

The present number of Para-Medical staff actually available at DRH/ AJJ is 42 to cater the medical aid about 21,380 registered persons. **Though this hospital is categories as Divisional Railway Hospital, the actual medical services provided is about to the level of Sub-Divisional Railway Hospital (described in Chapter C.2.1 of Executive Director, Health (P)/RB No.2013/H/14/5/1/ Policy, Dt.: 11.03.2.013.)** due to various factors like, Non availabilities of specialty doctors, limited infrastructure, trend of railway staff strength working in AJJ area, patients preference to avail treatment in RH/PER, Present policies of hospitals in railway board level etc.

As per the yardstick the man power has to be arrived to the DRH category which is facilitated for 100 beds. But this unit is having only 42 beds and the data also highlighting the average No. of In-patients stay in a day is only 4. That is equal to 10% of the beds available.

If man power is provided as per the divisional level hospital the requirement of man power would be very high which is not required for this unit with the present available services. Hence with reference to the present available services and considering Scale of Railways in yard stick C.2.1 (Sub-Divisional Railway Hospital & other Railway Hospital with less than 50 beds) is applied to find the requirement for the Para-medical staff & assistants is detailed below:-

3.6 The Bare Minimum Requirement for SDRH & other Railway Hospital with less than 50 beds

Yard stick Reference No.	Description	Chief Matron	Nurses	OT Asst	Pharmacist	Lab Asst	Office Staff	Radiographer	Amb. Driver	Hos. Attendant	Dresser	Safaiwalas	Watchman	Group "C"
C.3.2.(i)	Casualty Service*	-	-	-	-	-	-	-	1x3	1x3	1x3	1x3	-	-
C.3.2.(ii)(b)	Addl. Para medical staff were not required for this DRH as the services provided is that of SDRH													
C.4.2(b)	Registration (1 per 150 OPD) The Average OPD is 237/Day	-	-	-	-	-	-	-	-	2	-	-	-	-
C.4.2(c)	Indoor Record Room	-	-	-	-	-	-	-	-	-	-	-	-	1
C.5.1.(ii)	Incharge of OPD&Casualty	1	-	-	-	-	-	-	-	-	-	-	-	-
C.5.1.(iii)	Male & Female OPD	-	-	-	-	-	-	-	-	2	-	-	-	-
	Safaiwalas (for OPD Building)	-	-	-	-	-	-	-	-	-	-	2	-	-
C.6.2.(iii)	X-Ray (As per workload)	-	-	-	-	-	-	1	-	-	-	-	-	-
C.6.2.(v)	USG	-	-	-	-	-	-	-	-	-	-	1	-	-
C.7.1.3	Pathology	-	-	-	-	1	-	-	-	-	-	-	-	-
C.7.3.(ii)	Generate computer LAB report	-	-	-	-	-	-	-	-	-	-	-	-	1
C.7.4.(iv)	Lab & Collection Centre	-	-	-	-	-	-	-	-	-	-	1	-	-
C.10.2.(v)	Sr.Matron	1	-	-	-	-	-	-	-	-	-	-	-	-
C.10.3	Office Staff	-	-	-	-	-	3	-	-	1	-	-	-	-
C.11.3	Medical Store	-	-	-	1	-	-	-	-	1	-	-	-	-
C.11.5	Dispensary	-	-	-	2	-	-	-	-	1	-	-	-	-
C.17.1(iii)	Clinical Work*(20 Bedded ward) For 42 bedded	-	4x2	-	-	-	-	-	-	4x2	-	2x3	-	-
C.23	Hosp. waste management	1	-	-	-	-	-	-	-	1	-	-	-	-
Category wise Total		0	8	0	3	1	3	1	3	19	3	13	0	2

3.7 As per the Table above the individual Category wise Man Power requirement is calculated as

3.7.1 NURSING STAFF

Working Area		Yardstick proposes	Staff Requirement
1	Clinical Ward (For Every 20 bed) (Morning:2, Evening:1 & Night:1)	For 42 Indoor Beds (Morning:4, Evening:2 & Night:2)	8.0
		RG 16.66%	1.3
2	Hospital Administrative wing	Sr.Matron –Upto 50 beds	1.0
3	General OPD services	Incharge of OPD & Casualty	1.0
4	Hospital Waste Management	Matron Incharge	1.0
		Sub Total	12.3
		LR 20%	2.5
		Total	14.8

Total requirement of Nursing Staff is 15

3.7.2 PHARMACIST

Working Area		Yardstick proposes	Staff Requirement
1	Indoor Sub store	1 post	1.0
2	Dispensing Unit (1 post for 100 OPD)	For 237 OPD	2.4
		Sub total	3.4
		LR 12.5%	0.4
		Total	3.8

Total Requirement of Pharmacist is 4

3.7.3 LAB/PATHOLOGY ASSISTANT

Working Area		Yardstick proposes	Staff Requirement
1	Clinical Hematology	75 samples/ day/person	1.0
2	Generate computer report	1 Group 'C'	1.0
		Total	2.0

Total Requirement of Pathology Technician is 2

3.7.4 Ministerial Staff

Working Area		Yardstick proposes	Staff Requirement
1	Administrative Wing	3 posts – 50 beds	3.0
		Total	3.0

Total Requirement of Ministerial Staff is 3

3.7.5 RADIOGRAPHER

Working Area		Yardstick proposes	Staff Requirement
1	X - Ray	One post required (Placed on call Duty)	1.0
Total			1.0

Total Requirement of Radiographer is 1

3.7.6 AMBULANCE DRIVER

Working Area		Yardstick proposes	Staff Requirement
1	Casualty	1 post - 8 hrs shift- Round the clock (RG included)	3.5
LR 12.5%			0.4
Total			4.0

Total requirement of Ambulance Driver is 4

3.7.7 HOSPITAL ATTENDANT

Working Area		Yardstick proposes	Staff Required
1	Indoor Ward (For 20 beds) (Morning:2, Evening:1 & Night:1)	For 42 beds – (Morning:4, Evening:2 & Night:2)	8.0
2	Casualty Service	1 post round the clock in 8 hrs shift	3.0
Sub Total			11.0
RG 16.66%			1.8
3	Registration	1 post /150 OPD- Average 237	2.0
4	Male & Female OPD	1 post – Male OPD& 1 post – Female OPD	2.0
5	Hosp. waste management	1 post	1.0
6	Hospital Administrative wing	1 post - less than 50 beds	1.0
7	Indoor Medical store	1 post	1.0
8	Dispensing pharmacy	1 post	1.0
Sub total			20.8
LR 12.5%			2.6
Total			23.4

Total requirement of Hospital Attendants is 24

3.7.8 DRESSER

Working Area		Yardstick proposes	Staff Requirement
1	Dresser room	1 post-8 hrs shift- Round the clock (RG included)	3.5
Sub total			3.5
LR 12.5%			0.5
Total			4.0

Total requirement of Dresser is 4

3.7.9 SAFAIWALAS

Working Area		Yardstick proposes	Staff Requirement
1	Casualty	(1 post / 8 hrs shift) For 3 shift	3.0
2	Indoor Ward	1 post / every 20 beds / 8 hrs-shift For 42 bed/3 Shift	6.0
Sub Total			9.0
RG 16.66%			1.5
3	OPD area	(1 post /5000Sq.ft) For 10000Sq.ft	2.0
4	Lab	1 post / Pathology lab & Collection Centre	1.0
5	USG	1 post (1 lady group-D required per radiologist)	1.0
Total			14.5
LR 12.5%			1.8
Total			16.3

Total requirement of Safaiwalas is 17

3.7.10 IN-DOOR RECORD ROOM

Working Area		Yardstick proposes	Staff Requirement
1	Indoor record room	1 Post – Group 'C'	1.0
Total			1.0

Total Requirement of Record room sorter is 1.

The Total Requirement as per the Railway Board Yardstick was arrived to 75 for this unit

- 3.8 The present Operation Ratio of Southern Railway is 162.36, Hence, Railway Board insisted to take swift action to control the Expenditures to make the Zone a profitable one. As pointed out earlier, the cost of Man power is about 45% in the total expenditure. The responsibility fixed upon Man Power Planning to identify the utmost optimum Man power, over each and every unit of the Zone. And also it is a policy, that to identify and surrendering the possible posts.

From the above Man power calculation, it is noticed that as per Yardstick, **the Man power requirement is 75, whereas the actual available work force at DRH/AJJ is 68.** The aim of the Work Study is not to calculate the Man power as per the Yardstick, but to achieve the Optimum Man power to run the unit smoothly and to identify the excess force for the benefit of the Administration. The present deployment and the staff distribution are observed and the required man power is arrived on need basis.

3.9 Man Power Requirement on need basis

3.9.1 NURSING STAFF

Nursing Station I	(Morning:2, Evening:1 & Night:1)	4.0
Nursing Station II	(Morning:2, Evening:1 & Night:1)	4.0
	RG 16.66%	1.3
	Sub Total	9.3
Chief Matron (Hospital Administrative wing)		1.0
General OPD services		1.0
	Sub Total	11.3
	LR 20%	2.3
	Total	13.6
Total requirement of Nursing Staff is 14		

3.9.2 Head Health Visitor.

Para 2.6.f describes the health awareness programs were conducted at regular intervals. In the year 2017-18 it is seen that the programs were conducted twice in a month. Considering the importance of Health

awareness and the present days hazards to health **the 01 live Post of Head Health Visitor is allowed to continue**

3.9.3 OT Assistant

The data reveals that

- a) After 2010 there was no child delivered in this DRH/AJJ
- b) After 2014 there was no Laparoscopic done at DRH/AJJ
- c) After 2014 there was no Major surgery done in DRH/AJJ

The study team recommends surrendering 01 vacant post of OT assistant

3.9.4 Pharmacist

Central Stores – Indents/Bills/Procurement	1.0
Dispensing Unit (Male & Female counters)	2.0
Pharmacist Handling the Sick Counter & record maintenance	1.0
Rest Giver for TNP, AVD, RPM, CGL & KPD Health units	2.0
Sub Total	6.0
Leave reserve 12.5%	0.8
Total	6.8
Total requirement of Pharmacist is 7	

3.9.5 Dresser

Dresser at DRH/AJJ	2.0
First Aid post at EWS/AJJ	1.0
Rest Giver for TNP, AVD, RPM, CGL & KPD Health units	1.0
Total	04

3.9.6 Lab. Assistant

An average of 51 samples are tested & analyses/day the Sanction is 2 but the actual is 1 the study team consider on need basis that

Testing and Analysis	1.0
Data entering the Lab test	1.0
Total	02

3.9.7 Ministerial staff:

ACMS Office (Staff matters)	1.0
Beneficiaries correspondance	1.0
Total	02

3.9.8 Radiographer:

As per the Yardstick, 1 Radiographer is required for this unit is allowed.

Requirement of Radiographer 1

3.9.9 Ambulance Driver

The Yardstick insisted that, to the extent possible, ambulance services should be organized by hiring the ambulance along with Man power, fuel etc. which is also implemented in this Unit.

Requirement of Ambulance driver	NIL
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3.9.10 Hospital Attendant

Nursing Station I (Morning:1, Evening:1 & Night:1)	3.0
Nursing Station II (Morning:1, Evening:1 & Night:1)	3.0
RG 16.66%	1.0
Sub Total	7.0
Reception	1.0
Sick & Fit Counter	1.0
ACMS Clinic	1.0
Male & Female OPD	2.0
Lab	1.0
X-Ray	1.0
Pharmacist	1.0
Sub Total	15.0
LR 12.5%	1.8
Total	16.8
Total requirement of Hospital attendants is 17	

3.9.11 Safaiwalas

Nursing Station I (Morning:1, Evening:1 & Night:1)	3.0
Nursing Station II (Morning:1, Evening:1 & Night:1)	3.0
RG 16.66%	1.0
Sub Total	7.0
OPD & General	2.0
Sub Total	9.0
LR 12.5%	1.1
Total	10.1

Total requirement of Safaiwalas is 10
--

Medical department is being maintaining various Contracts for cleaning activities at Stations and Colonies, under the supervision of Health Inspectors. Hospital cleaning works also can be outsourced and after the implementation of outsourcing the posts may be surrendered to the vacancy bank.

3.9.11 Watchman

The total sanction of Watchman is 1 and actual is 0 (Zero). As per the Railway board medical yardstick the security system to be out-sourced. This may be adopted for this unit also. Hence the **need of Watchman is NIL**

3.9.12 Record Sorter

As per medical yardstick One Record Sorter post is required for this unit. This unit is **recommended for creation of One Record Sorter post.**

3.10 The composite list of Sanction, Actual and requirement

Sl. No	Category	Sanction	Actual	Vacancy	Requirement	Surplus
		A	B	C=(A-B)	D	E=(A-D)
1	Nursing Staff	14	14	0	14	0
2	Head Health Visitor	1	1	0	1	0
3	OT Assistant	1	0	1	0	1
4	Pharmacists	8	6	2	7	1
5	Dresser	6	2	4	4	2
6	Lab Assistant	2	1	1	2	0
7	Ministerial staff	2	1	1	2	0
8	Radiographer	1	0	1	1	0
9	Ambulance Driver	2	0	2	0	2
10	Hospital Attendant	20	11	9	17	3
11	Safaiwalas	10	6	4	10	0
12	Watchman	1	0	1	0	1
Total		0	0	0	0	0
Division to initiate						
1	Record sorter	0	0	0	1	*1
*Division may initiate to create the above 1 post						

Sanction Vs Requirement

Sanction	Actual	Requirement	Surplus
68	42	58 (58+1 Shortfall Post)	10

SUMMARY OF RECOMMENDATIONS

The following 10 posts are found excess to the requirement and the same may be surrendered and credited to the vacancy bank.

Sl. No	Category	Grade pay (Rs.)	No. of posts
1	OT Assistant	4200	1
2	Pharmacist III	2800	1
3	Dresser	2800	2
4	Ambulance Driver	2800	2
5	Hospital Attendant III	1900	3
6	Watchman	1800	1
Total			0

Total No of Posts: 10

CHAPTER - IV**4.0 PLANNING BRANCH REMARKS ON CO-ORDINATING OFFICER'S****VIEWS:**

The views of ACMS/DRH/AJJ was received vide Lr.No.M/MD/DRH/AJJJ/2018-19 dated 23.02.2019. Based on the work study to review the medical staff strength @DRH/AJJ (G.275/WSSR-521819/2018-19), the same is placed as **Annexure II**. The remarks of Planning Branch over the views of Co-ordinating Officer is appended below

4.1 Co-ordinating Officer's Remarks:-

With reference to the above the draft report of the work study conducted is carefully pursued, the following remarks /comments are here with furnished. The following recommendations may be taken into account and the final recommendations may be modified accordingly.

Pharmacist

Total sanction strength is 8 but at present actual is 6, Among these one Pharmacist most of the times goes on relieving duties to Avadi, NGO/MAS, Chengalpet, Royapuram, Tambaram, Tondiarpet etc one pharmacist may avail leave, dispensing counter, Female dispensing counter, sick counter requires one pharmacist each, per day an average 250 prescriptions are being dispensed with each prescription will have at least 05 items to be dispensed to each patients, dispensing requires more time in advising and counseling medicines with proper usage and advise, total number of sick and fit certificates issued cannot be compared with the disposal of complicated cases which requires more time and work knowledge to solve the issues. The person managing the sick counter has to prepare monthly, quarterly, annual reports of the Divisional hospital as and when required.

Two pharmacists are required at main stores to manage inventory and to issue medicine to male ward, female ward, injection room, X-Ray, laboratory, HU/HFP etc and also preparing annual indents, non stock items, Tools and Plants items as and when required for the day to day functioning of the hospital.

Apart from all the above mentioned work, pharmacist has to manage ARME Scale-II located at station and hospital, which comprises total 06 sets of POMKA. This requires monthly inspections and frequent replacement of medicines with checking expiry dates as and when required.

Assessing the work load of pharmacist it is felt that the surrendering one post of pharmacist is not recommended. Hence it is requested not to surrender the post of pharmacist.

4.1.1 Planning Branch Remarks on Pharmacist

Not Agreed to,

The table 3.2 shows the present available services at DRH/AJJ. Considering the available services the bare minimum is 3 Pharmacist (shown in table 3.6) arrived using the Man Power Requirement as per Yardstick of ED/Health (P)/RB Ir.No.2013/H/14/5/1/Policy Dt. 11.03.2013 including the Leave Reserve it is 4 (shown in table 3.7.2)

But the study team considered the available work load on need basis and identified as 7 (shown in table 3.9.4)

Area of distribution	Requirement as per ACMS/DRH/AJJ	Requirement as per Study team
Central Stores – Indents/Bills/Procurement	2.0	1.0
Dispensing Unit (Male & Female counters)	2.0	2.0
Pharmacist Handling the Sick Counter & record maintenance	1.0	1.0
Rest Giver for TNP, AVD, RPM, CGL & KPD Health units	1.0	2.0
Sub Total	6.0	6.0
Leave reserve 12.5%	1.0	0.8
Total	7.0	6.8
Say		7.0
The requirement of pharmacists	7.0	7.0
POKMA	1.0	
	8.0	

The above table clearly shows that the requirement raised by the ACMS/DRH/AJJ is as equal to that of the identified posts by the study team, except the case of POMKA (**P**ortable **M**edical **K**it for **A**ccidents).

The Pharmacist of Central Stores, The Pharmacist handling the Sick Counter & record maintenance can easily replace 06 sets of POMKA. The monthly inspections and frequent replacement of medicines with checking expiry dates as and when required can be done.

The 07 posts of pharmacist identified by the study team is justified

4.2 Co-ordinating Officer's Remarks:-

Dresser/OT Assistant

The sanction strength of Dresser at DRH/AJJ is 08 but at present only two are available, One dresser to be posted at EWS/AJJ, one dresser each to be present at dressing room, Female ward, Male ward, ICU, apart from these one dresser each required for morning duty, evening duty and night duty, But at present we are managing all these places only with actual 02 dressers which increases the work load and stress to the staff and among those available if one goes on leave the situation will be worse and that will affect the quality of patient care.

In case of accidents, dressers are very essential. So in case of accidents, due to shortage of dressers it will be difficult to spare a dresser.

With the utilization of the available twin operation theatre dresser will be the key persons in taking care of the patients during and after surgery.

Hence it is strongly recommended not to surrender the post of the dressers which will be increase the work load related stress on the available staff who is already over worked due to the existing of vacancies.

4.2.1 Planning Branch Remarks on Dresser/OT Assistant

Partially Agreed to,

From the table 2.13 it is clear that for the past 5 years (2013 – 17) the average dressing done at DRH/AJJ per day is less than 20. But from table 3.7.8 the study team has identified the requirement as 04

The data received from DRH/AJJ shown in 2.6 also indicates that

- 1) After 2010 there was no child delivered in this DRH/AJJ,
- 2) After 2014 there was no Laparoscopic done at DRH/AJJ,
- 3) After 2014 there was no Major surgery done in DRH/AJJ

But the CO's remark it is stated that "In case of accidents, dressers are very essential. So in case of accidents, due to shortage of dressers it will be difficult to spare a dresser" considering the remark on need basis one more dresser is allowed in addition to the dresser requirement.

The final requirement of dresser is 4 + 1 = 5

4.3 Co-ordinating Officer's Remarks:-

Hospital Attendant

Arakkonam Railway Hospital is a 50 bedded hospital with the male ward, Female ward, Female OPD, Male OPD, Hospital attendants has to come general shift (Morning/Evening) Morning shift, Evening shift, Night shift on rotation basis with rest in between, the total number of hospital attendants sanction for DRH/AJJ is 20 but actual only 12 with 60% staff strength we are facing lot of hardship in maintain shift duties without adequate manpower which will affect the quality and satisfaction of patients.

This Division Hospital is said to be improved with specialist and will work in full fledged with utilization of all its potential then the flow of out-patients and In-patients will increase considerably which in turn will increase the work load of the available staff.

Hence it is recommended not to surrender the post of Hospital attendants.

4.3.1 Planning Branch Remarks on Hospital attendant

Agreed to,

In the Draft report total requirement identified is 58 against the sanction strength of 68 and the surplus staff as 10. After the Co-ordinating officer's view, **One Pharmacist and Three Hospital attendants total of four posts are additionally agreed**

Therefore the total requirement is 62 against the sanctioned strength of 68 and **found 6 posts as surplus** to the requirement.

4.4 The composite list of Sanction, Actual and requirement

Sl	Category	Sanctio	Actual		Requiremen	Surplu
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No		n		Vacancy	t	s
		A	B	C=(A-B)	D	E=(A-D)
1	Nursing Staff	14	14	0	14	0
2	Head Health Visitor	1	1	0	1	0
3	OT Assistant	1	0	1	0	1
4	Pharmacists	8	6	2	7	1
5	Dresser	6	2	4	5	1
6	Lab Assistant	2	1	1	2	0
7	Ministerial staff	2	1	1	2	0
8	Radiographer	1	0	1	1	0
9	Ambulance Driver	2	0	2	0	2
10	Hospital Attendant	20	11	9	20	0
11	Safaiwalas	10	6	4	10	0
12	Watchman	1	0	1	0	1
Total		0	0	0	0	0
Division to initiate						
1	Record sorter	0	0	0	1	*1
*Division may initiate to create the above 1 post						

Sanction Vs Requirement

Sanction	Actual	Requirement	Surplus
68	42	62 (62+1 Shortfall Post)	6

REVISED RECOMMENDATION

The following 6 vacant posts are found excess to the requirement and the same may be surrendered and credited to the vacancy bank.

S.No.	Category	Grade pay (Rs.)	No. of posts
1	OT Assistant	4200	1
2	Pharmacist III	2800	1
3	Dresser	2800	1
4	Ambulance Driver	2800	2
5	Watchman	1800	1

Total	0
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Total No of Posts: 6

CHAPTER - V**5.0 FINANCIAL SAVINGS**

5.1 If the recommendations made in the study report are implemented, the annual recurring financial savings will be as under:

Sl. No.	Category	Grade Pay	No. of post	Mean Pay (Rs)	Annual Financial Savings (Rs.)
1	OT Assistant	4200	1	73900	9,66,612
2	Pharmacist III	2800	1	60750	7,94,610
3	Dresser	2800	1	60750	7,94,610
4	Ambulance Driver	2800	2	60750	15,89,220
5	Watchman	1800	1	37450	4,89,846
Total			6		46,34,898

ANNEXURE - I

'S.A.V.E.' STATEMENT OF DIVISIONAL RAILWAY HOSPITAL / AJJ

S.No	Designation	Pay (Rs)	Sanction	Actual	Vacant	Excess
Medical Officers						
1	ACMS	10000	1	1	0	0
2	Doctors - ADMO	5400	6	4	2	0
Total			7	5	2	0
Para-Medical Staff						
3	Chief Matrons	5400	12	12	0	0
4	Nursing Sisters	4800	1	1	0	0
5	Staff Nurses	4600	1	1	0	0
6	Head Health Visitors	4200	1	1	0	0
7	OT Assistant	4200	1	0	1	0
8	Pharmacists I	4600	8	1	2	0
	Pharmacists II	4200		4		
	Pharmacists III	2800		1		
9	Dressers	2800	6	2	4	0
10	Lab Assistant	2000	2	1	1	0
11	Office Superintendent	4200	2	1	1	0
12	Radiographer	4600	1	0	1	0
13	Ambulance Driver II	2800	2	0	2	0
14	Hospital attendants I	2400	20	3	9	0
	Hospital attendants II	2000		5		
	Hospital attendants III	1900		3		
15	Safaiwalas I	2000	10	0	4	0
	Safaiwalas II	1900		1		
	Safaiwalas III	1800		5		
16	Watchman	1800	1	0	1	0
Total			0	0	0	0



**WORK STUDY TO REVIEW THE
STAFF STRENGTH AT
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MAS - DIVISION**

G.275 / WSSR – 521819 / 2019-20



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