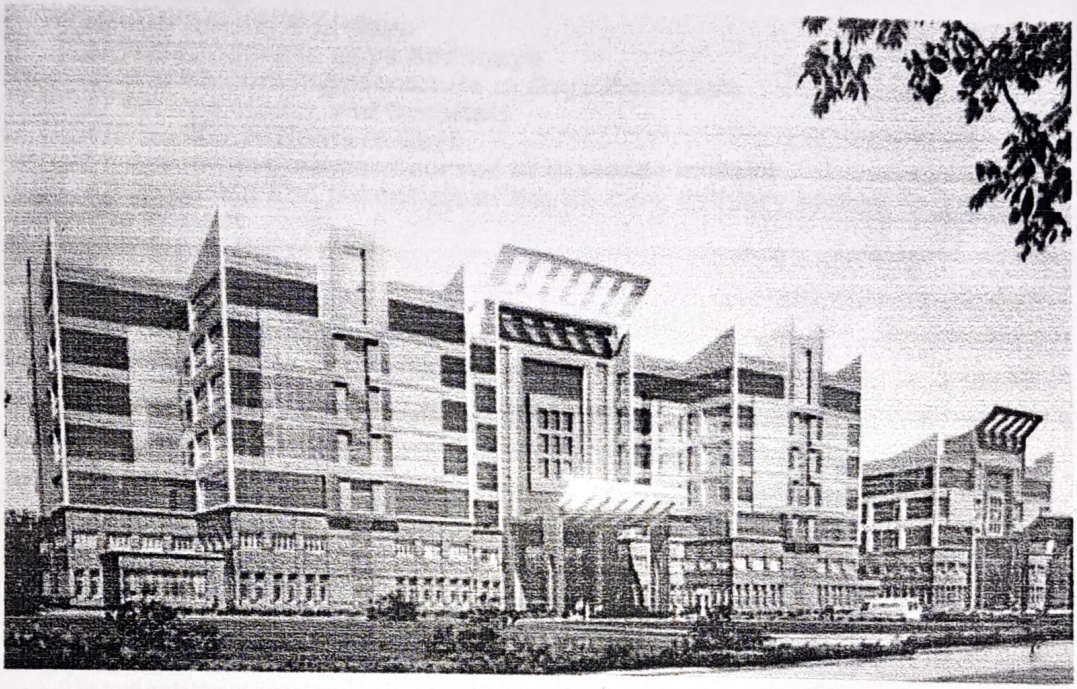
PROJECT REPORT

OF

NISHCHY SUPER SPECIALITY HOSPITAL

Introduced by : BVVS

In Gaya (Bihar)



AN INTRODUCTION:

1. Name of the Project : Nishchy Super Speciality Hospital
2. Project Area : Gaya, Bihar
3. Implementing Agency : Buddha Viklang Vikash Sansthan
4. Registered Head office : Gaya, Bihar
5. Constitution : Society
6. Registration No.& Date : Cert. No.-3169 Dated 22-02-1997
7. FCRA Registration No.& Dote :
8. Total Project Cost : 2500,00,00,000.00 i.e (Twenty Five HundredCr.)
9. Duration of the Project : 10 Years
10. Beneficiary Type : Semi Urban & Rural
11. Means of finance : Loan of RS. 2500 cr.

CONTENTS:

⇒ **Details of the working capital**
⇒ **Details of Consumables**
⇒ **Statement of Utilities & Overhead**
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- **Introduction:**

Bihar Hindustani pronunciation is an Indian state considered to be a part of Eastern as well as Northern India. It is the 13th-largest state of India, with an area of 94,163 km2 (36,357 sq mi). The third-largest state of India by population, it is contiguous with Uttar Pradesh to its west, Nepal to the north, the northern part of West Bengal to the east, with Jharkhand to the south. The Bihar plain is split by the river Ganges which flows from west to east.[11] Bihar is an amalgamation of three main distinct regions, these are Magadh, Mithila and Bhojpur.

On 15 November 2000, southern Bihar was ceded to form the new state of Jharkhand.[17] Only 11.3% of the population of Bihar lives in urban areas, which is the lowest in India after Himachal Pradesh. Additionally, almost 58% of Biharis are below the age of 25, giving Bihar the highest proportion of young people of any Indian state.

- **The people:**

After the 2011 Census, Bihar was the third most populous state of India with total population of 104,099,452 (54,278,157 male and 49,821,295 female). Nearly 89% of Bihar's population lived in rural areas. The density was 1,106. ...

Almost 58% of Bihar's population was below 25 years age, which is the highest in India.

Since the late 1970s, Bihar has lagged far behind other Indian states in terms of social and economic development. Many economists and social scientists claim that this is a direct result of the policies of the central government, such as the Freight equalisation policy, its apathy towards Bihar, lack of Bihari sub-nationalism, and the Permanent Settlement of 1793 by the British East India Company.[29] The state government has, however, made significant strides in developing the state.[34] Improved governance has led to an economic revival in the state through increased investment in infrastructure,[35] better health care facilities, greater emphasis on education, and a reduction in crime and corruption.

- **Geography and Climate**

Bihar has a diverse climate. Its temperature is subtropical in general, with hot summers and cool winters. Bihar is a vast stretch of fertile plain. It is drained by the Ganges River, including its northern tributaries Gandak and Koshi, originating in the Nepal Himalayas and the Bagmati originating in the Kathmandu Valley that regularly flood parts of the Bihar plains. The total area covered by the state of Bihar is 94,163 km2 (36,357 sq mi). the state is located between 24°-20'-10" N ~ 27°-31'-15" N latitude and between 83°-19'-50" E ~ 88°-17'-40" E longitude. Its average elevation above sea level is 173 feet (53 m).

The Ganges divides Bihar into two unequal halves and flows through the middle from west to east. Other Ganges tributaries are the Son, Budhi Gandak, Chandan, Orhani and Phalgu. Though the Himalayas begin at the foothills, a short distance inside Nepal and to the north of Bihar, the mountains influence Bihar's landforms, climate, hydrology and culture. Central parts of Bihar have some small hills, for example the Rajgir hills. To the south is the Chota Nagpur plateau, which was part of Bihar until 2000 but now is part of a separate state called Jharkhand.

- **Health Scenario in Gaya:**

In one of the most backward blocks of Gaya, there's a certain Primary Health Centre (PHC) that highlights all that is wrong with the health sector in Bihar and in many ways, all over India. This particular PHC has two buildings -- one is newly constructed with a greater capacity for beds and better infrastructure, while the other is dilapidated and crumbling due to years of neglect. Sadly, the PHC still functions in the old building while the new one remains unused. A big lock hangs

on the main gate of the newly built structure as it awaits some kind of a "deal" between the politically connected contractor and health officials at the block level. Corruption is not uncommon in these corridors. From the disappearance of newly purchased medicines to small "cuts" from the salaries of front-line health workers, the aberrations of the system have become part of the daily tussle of running the entire machinery. Medical officers complain about the lack of doctors, health workers complain about the lack of timely payments, health managers complain about lack of human resources, district officials complain about lack of funds and so on. Amidst all the chaos and complaining, the patient is left out on his own, fending for himself despite the promises made by leaders at different levels of governance.

Horrible stories of deaths due to negligence and malpractice have become such a part of the folklore that people are afraid to go to [Primary Health Centres]...

Around 100km away from Gaya, in Patna, the capital of Bihar, one can find people from all parts of the state flocking for medical treatment. While some of them visit the overcrowded Patna Medical College and Hospital, most have to turn to private hospitals and clinics. In the city, localities such as Doctors' Colony in Kankarbagh have become a hub of private medical establishments and practitioners. These private clinics and hospitals, some of them run by quacks and medical assistants, are very competitive in nature, with each one vying to offer cheaper packages to allure vulnerable customers (read patients).

Most patients arrive here because the PHCs or district-level medical facilities in Bihar don't have specialists. Moreover, horrible stories of deaths due to negligence and malpractice have become such a part of the folklore that people are afraid to go to these facilities even when they are located nearby. Most of the rural poor, though facing an acute lack of resources, take loans or spend all their savings on medical treatment. After all, it's a matter of life or death for them. The greater tragedy occurs when these innocent patients are trapped by private hospitals that charge exorbitant amounts of money in return for very low-quality services. It's not uncommon for patients to come all the way from Siwan or Bettiah and die due to some form of medical negligence in one of these establishments.

Innocent patients are trapped by private hospitals that charge exorbitant amounts of money in return for very low-quality services.

Chandu, a man in his early 30s sits in one of these clinics with his son and wife by his side. He is from Samastipur where he works in a private establishment for a salary of 6000 P/M month. This is his third trip to Patna in as many months. His younger son, a two-year-old toddler, has a chronic pain in his stomach which doctors haven't been able to cure. "We first took him to the local hospital but they nearly killed him there. When his condition became critical we brought him here and admitted him to a private hospital. They kept him for a week and then discharged him. They never told us what the disease was, they just told us that he is fine and we could take him home. The pain returned within days and we had to come back. We came here again last month but weren't able to get an appointment with the big doctor. For this check up, I took an appointment 15 days ago over the phone."

When asked about the financial costs he is incurring, he told me, "What else to do? Can't let him die... I have been taking loans from my employer but it would be difficult for me to keep asking him for an advance every month." Chandu's story is a familiar one that echoes those of many of the 50 other patients sitting in this room, waiting for their number to be called out. The cost of treatment apart, just the expenses of travelling and spending a night in Patna take a toll. Without an overhaul of the system, there is not much hope for millions of Biharis to lead a healthy, happy or stable life. The lack of a functional healthcare system

has a negative impact on the poor, affecting them economically as well as in the quality of life they lead. While new health schemes are framed everyday by the Centre as well as the state government, their effectiveness depends a lot on the quality of healthcare services that the prevalent structures can provide. The current state of these services has left people in the lurch, vulnerable to low-quality private medical establishments and quacks. Without an overhaul of the system, there is not much hope for millions of Biharis to lead a healthy, happy or stable life.

• Health Care In Gaya

India, the largest democratic republic in the world, possesses 2.4% of the world's land area and supports 16% of the world population in which Bihar is the most populous state. Govt. of Bihar follows the statement - The First Wealth is Health. Hence Health & Welfare are of prime concerns for the Government of Bihar.

Over the years, the government has introduced various health programmes and policies to better the standard of life of its citizens. This has improved the life expectancy of males and females at birth every year and there has been a good decline in infant mortality rate as well.

The government has also been able to control and cure illnesses such as tuberculosis, malaria, pneumonia and water borne diseases to a certain extent. But before getting into the nuances of various policies started/undertaken by the government let us first understand that what is health? The World Healthy Assembly (WHA) defined 'Health' in 1948 as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

In 1986, the WHO, in the Ottawa Charter for health promotion, said that health is "a resource for everyday life, not the objective of living. Health is positive concept emphasizing social and personal resources, as well as physical capacities."

Family Welfare is responsible for aspects relating to family welfare, especially in reproductive health, maternal health, pediatrics, information; cooperation with NGOs and international aid groups; and rural health services.

The Health Department is working towards providing health care "to the last household and to the last person of the state", .i.e., Govt. of Bihar is totally committed in building healthy people, not only by making available quality Medicare facilities at the door step of every citizen in the remotest corner of the state, but also by providing medical facilities of the highest order, keeping pace with rapid technological developments in the field of medicine.

• Reason for rampant spread of Disease in Gaya

- Myths, superstitions and stigma associated with much disease which is widely prevalent.

- There are widespread misconceptions about the cause and method of spread of the disease.

- There is low awareness of availability of treatment or drugs and there is greater reliance on indigenous medical practices.

- Knowledge regarding symptoms.

- Widespread poverty and malnutrition, lack pf personal hygine, absence of safe drinking water, unsanitary living condition and poor health condition, poor maternal and child health sources, and ineffective overage by national health and nutritional sources, has been identified as the main condition responsible for poor health status of the area.

- The influx of the large population of migrant labours coming from the different malicious area importing differencing strain which over a period of time infect individuals with a mixed population of different strains.

- Health conditions and trends, constructed with living conditions, food habit of the people, disease specific preponderance among certain tribes such as leprosy, T.B, STD, proliferation of HIV/AIDS among the youths, utter lack of the family planning practices in the rural sector are areas of very serious concern for research training and extension programs in the state.

- Some of the hospital buildings created in the urbanised areas during the 1960,s and 1970 have become dilapidated due to lack of any maintenance. The Government is unable to provide the funds for construction or maintenance of such hospitals and the public certainty is not in the position to finance such expensive undertakings.

- **Constrain and potentials of health care delivery system in Gaya**

  Various points are mentioned hereunder with regard to the constraints as well as the potentials of t health care delivery systems in the context of the state of Bihar.

1) With the rapid growth in population in Gaya, there is an equal rise of

ailments of various kinds with complications which requires active medical intervention of the latest technology and approach.

2) With the increasing sedentary life style the most people have adopted there is an increasing rate of ailments and its complications like heart attacks, strokes, diabetes, hypertension etc. which requires active management by specialized team in a set up.

3) With the increase in law and order problems and vehicular crisis situation with regard to road accident, gunshot injuries, burn assaults are on the rise which on many occasion require emergency intensive care.
4) Though Gaya is a dry state, illicit of alcohol of various strengths are free available. Moreover, because of the state's close proximity with the "Golden Triangle' 'countries, drugs too are easily accessible by user adding to the list of ailments and its complications

5) Cases such as those mentioned cannot be admitted in ordinary government hospitals as they require constant monitoring and special care services.

• THE PROJECT:

In view of the prevailing situations "**Buddha Viklang Vikash Sansthan**" a registered NGO proposes to set up a modern hospital complete with all amenities and facilities supported by well trained specialist and state of the art equipments at the District GAYA through the support and assistant of the central government and their funding agencies.

@ TITLE OF THE PROJECT:

The title of the project shall be called "**Nishchy Super Speciality Hospital and Research Centre".**

@ LOCATION OF THE PROJECT:

The project will be located at **"Kewali "**about 3.5 KM away from Gaya city, which is one of the most largest District of Bihar and also the main administrative and the seat of the state government. It is one of the main commercial centres of the state, away 98 KM from the State capital Patna. It is linked to many other cities of Bihar. Gaya is the town in the state which is connected by both air and rail. The population of the town comprises of all communities and profession numbering 2 cr. or more. In addition to the local residents, there are also a large number of transit populations comprising of officials, businessman, students and tourist of both national and international origin. The state government, on its part has been giving all efforts in setting up all necessary infrastructures development for the capital. Despite the crunch in the state's financial offer.

In spite of the efforts of the government, the numerous medical facilities available to the public of the Gaya such as proper investigative & diagnostic facilities are lacking, together with the lack of adequate treatment amenities, which have still not improved ad general health conditions of the common people. Moreover, many patients from nearby villages and town visit Gaya particularly for the treatment since it is more accessible for the majority of the rural people.

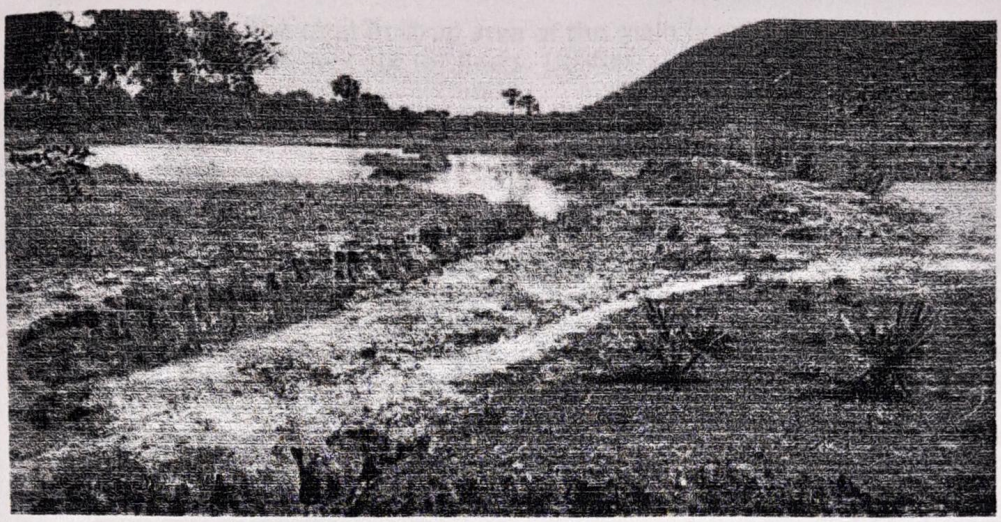
There are very urgent and desperate necessity of the people has inspired this project to materialize in order to meet the medical requirement of the people. The selection of the has also been considered in Gaya on account of its strategic location and accessibility to neighbouring habitations.


Gaya - Dobhi Road
Kujapi
कुजपी
Bageshwari Temple
बागेश्वरी मंदिर
Kendriya Vidyalaya 1
7
7
Kashyap Niwas
कश्यप निवास
Katari Hill Rd
Gaya Museum
Magadh
Sanskritik Kendra
Hotel Gharana
GB Rd
Khel Parisar
Vishnupad Mandir
विष्णुपद मंदिर
22
Tikuna Bypass Road

As medical science advances, the need for better diagnostic & therapeutic aids and treatment facilities increase. Without these, a doctor's ability to diagnosis and treat a patient is both difficult and slow, often not yielding the desired result that is expected from today's advanced world of medicine.

Once the "**Nishchy Super Speciality Hospital and Research Centre**" functions, the same investigation can be done without the patient having to pay the extra money. There will be excellent modern medical services to the people of Gaya in particular and Jahanabad in general and also adjoining the part of the state of Jharkhand which will help save precious time and money. Timely and proper medical care in our own home town will benefit the people socio-economically. Moreover, it will generate employment opportunity both for trained and unskilled personal alleviating the heavy load on the state government to some extent.

The charitable aim of the hospital would be instrumental providing health care to the people at their doorstep at an affordable price.



@ OBJECTIVE OF THE PROJECT:

The humble objective of the project is not only to provide the facilities built a equality service for the target group of the people at an affordable price at their doorstep. More over by providing these services at their doorstep, many patients would avoid a lot of unnecessary travel expenditure, which is usually expanded when people go for the treatment to other destinations.

'As mentioned earlier, even the infrastructures have increased, the quality of health care is still a great concern because of the trained health care providers, the absence of adequate instruments for investigations and diagnostics etc, As such, another goal of the project is to install the latest technologies in diagnostic and treatment facilities together with the able knowledge of local as well as outside experts for the well being of the masses.

The state's indigenous health care practices still play an important role in health promotion even today. Traditional healers and doctors, still occupy positions of respect rural communities, Their holistic approach in treatment knowledge of local herbs, accumulated experiences, familiarity with local health conditions draw people to them for assessment and care particularly in the tune with the local scenario

Other objectives are to provide doctors a centre where they can practice their skills to their utmost satisfaction for the welfare of the people and also to serve as a centre for medical research and continuing medical education. It also aims to provide quality facilities where ever the poorest can avail the medical core. It will also help pivots employment in various areas.

As such, once the Hospital and Research centre becomes fully operational, there is a future plan to start a Nursing college as well as medical college.

@COMPONENTS OF THE PROJECT:

BUILDINGS: The total Built-up area of the main hospital is about 2.55,000 Sq, M, and spread out over six (6) floors. Utilities such as power supply, HVAC (heating, ventilation and air conditioning) system, maintenances, kitchen, laundry and a bank shall be accommodated in the male hospital whereas, other structures will include guest house, staff housing, nursing college, medical college and buildings housing services and other utilities.

- **SITE DEVELOPEMENT AND DRAINAGE:-** Considering the uneven slope and rocky nature of the site necessary levelling and retaining Walls both in stone masonry and RCC will be extensively constructed to develop the site into build able areas and manageable areas to be utilized for all buildings and horticulture Drainages especially storm Water drainage will be carefully planned out in such a manner that natural resources are meticulously conserved and utilized for maintenance of the project without affecting the equilibrium of the natural topography.

- **UTILITY SYSTEM:-** The utility systems of the hospital blocks and other ancillary building blocks will include the followings:
  - ⇒ Power System
  - ⇒ HVAC Water supply - storage /treatment and distribution
  - ⇒ Sewerages -treatment and disposal
  - ⇒ Solid waste management

The design of these systems has been approached with the following criteria in mind:-

- ⇒ That optimum standards prescribed by ISI and National Building Code /1983 be met and in conformity with other relevant safety codes applicable.
- ⇒ That cost effectiveness and efficiency and feasibility of the operating systems will be balanced.
- ⇒ That at a later stage/ the hospital may be expanded and upgraded to a teaching hospital including a Nursing College and a Medical college.

- **POWER SYSTEM:-** HT power will be drawn of 11 KVa from the power department of the stale government the estimated total power requirement for internal and external lighting elevators HVAC systems complete range of medical equipment water supply kitchen laundry CSSD etc is estimated at 2500 KVa approximately the illumination level in different building and the ventilation system in operation have been suggested as per the National Building Code . The National Building Code 1983 and National Electrical code.

WATER & SEWERAGE SYSTEM:- The total water requirement of the entire hospital for domestic services and horticulture utility is calculated at 750/000 litres per day The main water source will be from the natural spring in the adjoining hill approximately 3KM away and will be augmented by the government supply as well construction of 2 deep bore wells which are expected to yield sufficient water for other services and horticulture requirements other than for drinking purposes.

In under lo avoid environmental hazards and pollution it is proposed to locate the sewage treatment plant on the downstream side of the project site. The project site The sewage will treated within the site by provision of mini treatment plant and septic tanks with appropriate soak pits.

- **CAPTIVE POWER GENERATION:** Generation In case of the main external power failure two numbers of DG set of 500 KVa each shall automatically start up to cater to the essential services loads The second DG set shall be manually synchronized and added to the system to supply power to the other essential services loads which includes operation theatres lifts etc An uninterrupted power supply UPS system with suitable backup battery system would be provided for the operation theatres computers special laboratory facilities etc.

- **LIFT & ELEVATORS:-** For the movement of the patients medical personnel and support services a combination of 2 nos of lifts and a dumb waiter has been provided in various blocks along with a 2/4m wide ramp.

- **BUILDING SYSTEM:-** All the buildings are RCC framed structure on columns and beams with a combination of raft and isolated foundation depending on the site and soil condition. Kohima being in the seismic zone V Necessary provision and precautions has been taken in the structural design for the same. The Whole complex has been designed to respond to the local conditions and provide an efficient and functional unit by utilizing local building materials and technical skills to the optimum extent.

- **FIRE ALARM SYSTEM:-** Fire and smoke alarm [automatic and manual] systems will be installed in all major and service areas in the building as per National Building Code , 1983 with regard to safety against fire hazards.

- **MANPOWER REQUIREMENT:-** Once fully operational , the hospital would employ around 300. About 50% of the manpower would be recruited during the phase-I and further increase in manpower would depend on the future development of the program.

GENERAL DESIGN APPROACH:-

The purpose of this effert is to achieve the integration of the site conditions with the activities ,goal, organizational requirements and the support service facilities of the hospital project effectively and

efficiently .The design elements of the project have been divided into [4] broad categories:-

- ✓ Out patient department
- ✓ In patient deparment
- ✓ Investigation and treatment facilities
- ✓ Supportive services

These four major divisions would form the essential features of the overall system and these characteristics will be reflected in the spatial disposition and the physical design of the facilities within the different blocks.

The approach to the designing would form the hospital is delineated below and t it would apply to the following elements and item specifically;

- Site conditions and layout of the main hospitial building.
- Sufficient staff and visitors parking facilities.
- Water intake, pumping station, storage, treatment system and distribution networks.
- Drainage system, swear system, and sewerage system plant.
- Electrical sub-station, distribution networks and standby generating systems.
- CSSDD, Kitchen incinerator, mortuary, central store etc.
- The utilities like air condition systems, power supply system, elevator system etc. including the maintenance and repair of the same.
- Boundary wall,security posts and associated buildings
- Staff quarters for doctors and consultants
- Staff quarters for para –medical and stff members
- Post office ,Bank Shopping facilities etc
- Nurses hostel
- Doctor's hostel
- Auditorium
- Guest houses for official and relatives of the patients
- Internal communication, documentation and archival systems
- Fire fighting systems
- Other ancillary building and services

- **ARCHITECTURAL:-**

Bihar is land of rich vernacular architectural background . The people consisting of scores of tribes each their own unique in planning and design of living spaces . Unfortunately, most of the sole of construction is restricted to residential and small and medium size constructions. Moreover, before the advent of modern technology in the building industry, building materials were limited to stone , timber and bamboo only. It is their creativity and abundant aesthetic sense that made the people to develop their structures into marvels of beauty and function. On top of the above, Nagaland lies in the sensitive Zone 5 in the seismic map limiting the construction activity and scope to a large extent .Nevertheless, the present project offers an excellent opportunity to

blend the vernacular architecture with the modern construction technology and system.

Therefore, besides the main hospital and the bigger structures, vernacular architecture and local materials shall be extensive applied in the design process for the residential and smaller structures .Regional motifs shall also be utilized in the large structure wherever applicable.

- **STRUCTURAL DESIGN:**

  The basic design of the multi-storied buildings is of RCC framed structure with cast-in-situ RCC columns and foundation. Suspended floors will be designed as flat slab and beams. Raft foundation as well as isolated column footing shall be used wherever required. The major construction material in partitions will be done bricks with cement plaster

  The entire structural system shall be designed to resist earthquake forces at the site is located in seismic Zone - v (IS - 1893-1975). This will also put limitation on the number of stories as well as the ergonomics of the building. With this fact in mind, without compromising on the functional requirement of the project, all buildings shall be limited to ground +4 floors maximum

  The shapes of the roofs have been designed aesthetically to take care of the heavy rainfall prevalent in the region. A combination of flat and sloping roof has been adopted for the above purpose. Moreover, a comprehensive rain water harvesting unit is also being set up to harness the bountiful supply of water during the monsoon where the overall form of the roof will supplement easy catchment areas of collection. This form also facilitates use of solar panels and its associated equipments at a later stage. The flat portion of the roof also sufficiently sloped with gradual slopes for smooth draining of rain water.

- **SEWERAGE TREATMENT FACILITIES:**

A trunk sewer system loading to a sewerage treatment plant has been proposed for the project. This system would be developed for the hospital complex keeping provision for expansion at a later stage.

A fully modern treatment plant will consist of the following components:-

- Inlet work
- Grit chamber
- Measurement chamber
- Primary clarifier
- Bio-filter, aeration tank
- Secondary clarifier
- Recirculation pump house
- Sludge drying beds and associated works would be provided. The treated waste water would be discharged in a hygienic manner. The treatment plant is proposed for 2500 person capacity. The whole

complex would be separated from the rest of the building by a circular road as well as a green belt.

- **WATER TREATMENT FACILITIES:-**

Water supply for the complex is proposed to be topped from the adjoining hill about 1.0KM form the site An extensive line of GI pipeline from the source to the project is proposed to be laid underground . Treatment plant and reservoirs are also proposed both of the site. The different component of the unit shall consist of the following:

- Inlet work
- Measurement chamber
- Filtration room
- Mixer
- Sedimentation room
- Chemical room
- Clear water reservoir and associated works

- **DEVELOPEMENT STRATEGY:-**

All the facilities are to be developed in phase aong with the building works. Once the services are carefully provided, it will ensure all back-up utilities are available for the complex to evolve into a modern hospital utilizing the latest medical technology to provide efficient health care.

- **MEDICAL SPECIALITIES AND STAFFING PATTERN:-**

The medical specialities and the proposed strength of the staff and number of beds are indicated below:-

MEDICAL SPECIALITIES:

1) General medicines
2) paediatric including neonatology
3) skin, STD
4) Chest diseases
5) Psychiatry
6) Gastro enterology
7) Neurology
8) Oncology
9) Forensic.....175 beds

SURGICAL STRATEGY:-

1) General surgery, hoelogy, Neuro Surgery
2) Paediatric Surgery
3) Plastic Surgery
4) Urology Surgery
5) Gastre Enterology
6) Neuro Surgery
7) Cardiothoracic Surgery.....150 beds

- Obstetric & Generalogy.....100 beds
- Orthopaedics.....50 beds
- ENT.....10 beds
- Eye.....10 beds
- Emergency services.....15 beds
- ICU &ICCU.....15 beds

500beds

Supporting facilities for the specialities:-

Supporting Specialities:
1) Anaesthesiology
2) Radiology- ultra sound, CT scan, MRI, X-ray etc.

TECHNICAL SUPPORTIVE SOURCES(Central Services for all clinical Departments)

1) Laboratory:
   - Clinical pathology
   - Clinical micro- biology, serology, cytology etc.
   - Bio- chemistry
2) Operation theatres
3) Blood banks
4) CSSD (Central sterile supply department)
5) Physiotherapy/ Occupational therapy/ Neuropathy
6) Medical records
7) Library

❖ **General Services:**

⇒ **Group 1**

& Registration services
& Medical Records

⇒ **Group II:**

& Hospital Services
- Kitchen, laundry, store, limen and furnitures
- Drugs, general equipments stores
- Mortuary
- Incinerator

⇒ **Group III:**

& Engineering Services
- Civil, electrical, air conditioning, heating and ventilation
- Electrical sub station, generator room
- Communication system, computer services and documentation

- Fire fighting
- Water supply

⇒ **Group IV**

- Administrative office
- Conference hall
- Auditorium

⇒ **Group V**

- **Transport and parking services**
  - Ambulance garage
  - Car, two-wheeler and cycle park

⇒ **Group VI:**

- Hotriculture
- Workshop

❖ **STAFFING PATTERN:**

The medical staff of the wards and departments of the hospital should be arranged wherever practicable on a team basis, particularly in the main specialties of medicine , surgery, obstetrics and Gynaecology . In many developed countries it has been found that a team comprising of a specialist physician or surgeon with an experienced assistant and one or two recently qualified assistants, all working full time ,can look after about sixty [60]beds and the associated out patient services. This proportion may of course vary according to the circumstances and especially under Indian conditions.

❖ **Specialist & Doctors**

⇒ Specialist 25
⇒ General doctors.....30
55 nos.

❖ **NURSING STAFF:**

⇒ Nursing superintendent.....1
⇒ Matron 1
⇒ Dieticion.....2
⇒ Nurses.....60
64 nos.

❖ **Para medical staff:**

⇒ Laboratory assistant.....6
⇒ X- ray technician.....4
⇒ Blood bank assistant.....4
⇒ OT assistant.....10
⇒ CSSD Assistant.....3
⇒ Pharmacist.....4

⇒ Therapist.....2
⇒ Linen assistant.....2

35 nos.

❖ **Technical support staff:**

⇒ Kitchen.....4
⇒ Laundry.....4
⇒ Drivers.....4
⇒ Workshop mechanics.....2

14 nos.

❖ **Class IV staff:**

⇒ Chowkidar & security staff
⇒ Sweeper
⇒ Messenger
⇒ Gardeners

❖ **Administrative staff:**

- Doctors.....1
- Medical superintendent.....1
- Security officer.....1
- Junior officer.....2
- Store keeper.....2
- Clerks.....8
- Medical records.....2
- Bio chemicals & maintenance engineer.....2
- Plant room operator.....4
- Account officer.....2
- Account assistant.....2
- Computer operator.....3
- Technical operator.....2

- Medical record technician.....2

34 nos

- **STAFF FOR MAJOR SPECIALIST:**

  - General medicines.....12
  - General surgery.....12
  - Obstetrics & Gynaecology.....12
  - Paediatrics.....12
  - Paediatrics.....12
  - Orthopaedics.....12
  - Neuron surgery.....11
  - ENT.....4
  - Eye.....4
  - Skin & std.....7
  - Chest diseases.....4
  - Psychiatry.....4
  - Cardiothoracic surgery.....3
  - Neurology.....2
  - Forensic.....3
  - Gastro-enterology.....7
  - Gastro Surgery.....7

127 nos

- **Staff for supportive services for clinical departments:**

  - ⇒ Anaesthesiology.....4
  - ⇒ Radiology.....4
  - ⇒ Clinical pathology
    - ✓ Pathology.....4
    - ✓ Bio-chemistry.....4
    - ✓ Micro-biology.....4
  - ⇒ Blood bank.....4
  - ⇒ ICU.....4
  - ⇒ ICCU.....4

32 nos

❖ MANAGEMENT:

A project committee has been constituted in such a way that all the expert opinion and policy guidance required by the management in carrying out its various program including the present project is adequately represented.

The project will be implemented under the expert guidance and supervision of the members of this committee, which will have representations from the following professions:

1) Financing
2) Medicine
3) Architecture
4) Civil and mechanical engineering
5) Personal management
6) Construction management
7) Government representative

❖ FINANCE:

As the management aspire the project to be developed into an independent full fleged nursing and medical college in the future development plan from the hospital, intially finance from the following agencies and own sources shall be sought.

⇒ Term loan
⇒ Financial assistant from national and international health agencies
⇒ Own sources etc.

❖ CONCLISION:

The primary objective of setting up the "**Nishchy Super Speciality Hospital and Research Centre"** is to take up the immense challenge of the health condition of the people to a new level of satisfaction at an affordable altitude. Therefore, it is the endeavour of the management and the staff to provide this service through sincere and dedicated application of one's knowledge and time to most need public.

Additionally, after the hospital is fully developed and established, it would be the realization of dreams for many aspiring health workers to gain knowledge and spread their professional wings to all corners of the world from this humble establishment.

List of governing body members of the organisation:

Sl no.	Particulars	Designation
01	UMESH PRASAD CHAUDHRI	Chairman
02.		Vice-chairman
03.	Dilip kumar	Secretary
04.		Joint secretary
05.		Treasurer
06.		Advisor (general)
07.		Advisor (Legal)

COST OF THE PROJECT AND MEANS OF FINANCE

SR. NO.	PARTICULAR	AMOUNT(RS IN LAKH)
1	Purchase of land	60,000-/
2.	Construction of hospital (including housing and utility)	170,000-/
3.	Equipments (as per quotation attached)	11041-/
4.	Vehicle (as per quotation attached)	2000-/
5.	Computer (as per quotation attached)	600-/
6.	HVAC & Refrigerators (as per quotation attached)	600-/
7.	Furniture (as per quotation attached)	5000-/
8.	Preliminary and pre-operative expenses (as per detail)	100-/
9.	Margin money for working capital (as per detail)	659-/
	TOTAL	**250,000-/**

MEANS OF FINANCE

Particulars	Particulars	Amount(Rs.in Lakh)
	Grant-in-aid	250000.00
	Total	250000.00

Consolidated Cost of construction & installation of Building Service

sl	units	Unit Area In sqm	Nos.	Total Areas In sqm	Rate In Rs	Amount In Rs
01	Main hospital	255,000	1	255,000	31,500.00	8,032,500,00
02.	Nurse's hostel	4,200	2	84,00	31,500.00	264,600,000
03.	Senior doctor's quarter	245	12	29,40	29,500.00	86,730,000
04.	Junior doctor's quarter	175	18	3,150	29,500.00	92,925,000
05.	Staff quarter- type"D"	245	8	1,960	29,500.00	57,820,000
06.	Staff quarter- type"C"	175	6	1,050	29,500.00	30,975,000
07.	Staff quarter- type"B"	110	20	2,200	29,500.00	64,900,000
08.	Staff quarter- type"A"	64	36	2,304	29,500.00	67,968,000
09.	Auditorium	1,200	1	1,200	31,500.00	37,800,00
10	Recreational centre	1,200	1	1,200	31,500.00	37,800,000
11	Commercial unit	1,450	1	1,450	25,000.00	36,250,000
12	Approach road	5,806	1	5,806	7,500.00	43,544,200
13	Driveway and parking	75,000	1	75,000	18,500.00	1,387,500,000
14	Compound hall	3,806	1	3,020	5,690.00	17,183,800

15	Entrane gate and security room	112	1	112	29,500.00	3,304,000
16	Water supply & Distribution	Lump Sum				45,000,000.00
17	Water Treatment Plant	Lump Sim				12,500,000,00
18	Electrical sub-station	Lump Sum				12,500,000.00
19	Electrical Distribution	Lump Sum				37,500,00.00
20	Sewage Treatment Plant	Lump Sum				1,26,75,00,000.00
21	Storm water Drainage	Lump Sum				1,25,75,00,000.00
22	Rain water Harvesting	Lump Sum				1,26,00,000.00
23	Horticulture	Lump Sum				1,25,45,00,000.00
24	Landccoping	Lump Sum				7,500,000.00
25	Children's Park	Lump Sum				15,000,000.00
26	Primary school	Lump Sum				12,500,000.00
27	Furniture	Lump Sum				75,000,000.00
28	Site Development	Lump Sum				25,000,000.00
29	Medical college	2500	1	25000	31,500	787,500,000
30	Nursing College	1500	1	15000	31,500	472,500,000
31	Hostel College	2400	1	4800	31,500	151,200,000
32	Contingencies		Lump sum			45,000,000
		Grand Total	Cost of Construction =			17,000,000,000.00

Details of Working Capital

(at70%capacity)

Sl	Particulars	Total	Period	Amountrequired
01	Consumobles	60,000,000	6months	30,000,000
02	Salaries&wages	10,000,000	3months	5,000,000
03	Utilities & Overheads	61,800,000	3months	30,9000,000
			Total=	65,900,000

Details of Consumbales (per month)

Sl	Particulars	Amount in Rupees
01	Drugs & Feed for2,500 admitted Patients @Rs.150/-per day per patients	375,000.00
02	Drugs for lope operated 2,500 patients @Rs.100/-per day per patients	375,000.00
03	Drugs for 5,000 out-patients: @Rs.50/-per patients	250,000.00
04	Laboratory Materials	250,000.00

05	Laundry	1,500,000.00
06	Laboratory chemicals, x-ray films and detergents etc,	200,000.00
07	Consumable Medicines	1,400,000.00
	Total per Month=	5,000,000.00
	Total per Year=	60,000,000.00

Statement of utilities & Overloads (per month)

Sl	Particulars	Amount in Rupees
01	Power Consumption of 50,000 kw Hrs @Rs.3/- per Kw Hr.	150,000.00
02	Water consumption of 20,000 kls @Rs.5/- per hour	100,000.00
03	Conveyance and Transportation	500,000.00
04	Miscellenous Expenses	200,000.00
05	Oxygen	500,000.00
06	L.P.G	200,000.00
07	Bandages, Cottons and other Consumable	1000,000.00
08	Administrative expenses	200,000.00
09	Insurances	500,000.00
	Total per month	5,150,000.00
	Total per year	61,800,000.00

Projected profitability statement

Sl.		1	2	3	4	5	6	7	8
Particular		Income	Expenditure salaries	Consumables	Utilities &overheads	Repair& maintenance	Depreciation	Total expenditure	Net profit
1	70%	2844.42	100.00	600.00	618.00	10.00	688.65	2,016.65	827.77
2	75%	2986.64	107.14	642.86	662.14	10.71	688.65	2,111.50	875.14