

CHAPTER - XI

MATERIALS MANAGEMENT

11.1 The hospital should have separate Stores and Purchase Sections under this department, each one headed by separate officers of a suitable rank. Both these sections should function under the supervision of a Additional Medical Superintendent, who in turn should report to Medical Superintendent / Principal.

11.2 The Purchase Section to be directly supervised by an Office Superintendent/Head Clerk as the case may be. This section is responsible for compilation of all the demands, finalisation of specifications, floating of tender enquiry, placement of indents to GMSD/DGS&D, issue of expenditure sanction, supply orders, monitoring of liabilities, record keeping regarding payment of bills, audit reports and Parliament Questions, etc. The Section will ensure that all the GFR, delegation of financial power rules and other instructions issued by the Government from time to time are followed in purchase practices.

11.3 The Store section should be supervised by a Store Officer (in case the post exists) and under the control of an officer equal to the rank of Chief Medical Officer/Associate Professor/ DMS. One or two officers depending upon the workload may assist the CMO. The storekeepers and other staff will function under this section. This section is responsible for initiation and compilation of demands, receipt of goods, testing and quality control, record keeping in stock ledgers, issue of goods, bill verification, maintaining continuous and uninterrupted supply (avoiding stock out position). This section should formulate their own standard operating procedures to make the functions smooth and uniform. A model SOP's are enclosed as per Appendix-III which can be modified by the individual hospitals depending upon their local circumstances and requirements. The inventory of the hospital should be computerized to the extent feasible.

11.4 The officers/officials posted in the Purchase & Store department should be periodically shifted and no one person should preferably stay on one seat for more than two years. The personnel posted there should be frequently sent on training in materials management.

DIETARY STORE

11.5 As the requirement for the dietary item is of a different nature, a separate set up should exist for its procurement, storage and issue under the charge of Dietician.

11.6 As in the main store, there should be separate personnel dealing with procurement and storage of these items.

11.7 All the supplies received to be inspected for quantity and quality by the dietician I/c of the respective hospitals and the relevant entries to this effect should be made in inspection/quality control register.

11.8 All the supplies received should be entered in stock register and the dietician should countersign each entry.

11.9 All bills of dietary department to be verified by the Dietician I/C.

EQUIPMENT MAINTENANCE AND REPAIR

11.10 A separate section or a desk should exist in each hospital to deal with all matters relating to maintenance and repair of equipments. An officer of suitable level, preferably a Bio-Medical Engineer (If the post exist), should be designated to supervise this important activity.

11.11 A maintenance & repair committee should be constituted in each hospital to finalize the contracts for repair and maintenance of all equipments. The tenders for the maintenance contract should preferably be invited by "Double Bid system". Efforts should be made to bring all the sophisticated equipments under annual maintenance contract to the extent feasible.

11.12 A history sheet of all expensive and hi-tech equipments should be maintained in each department indicating the cost of equipment, date of purchase, source of purchase, details of repairs done, cost incurred on repairs/spares/consumable, period when the equipment remained out of orders, etc.

11.13 A periodic review of status of functioning of all equipments in the hospital should be done at the highest level. Prompt action should be taken so that equipments are in functional status optimally. The status of all-important equipments should be displayed prominently in the hospital.

11.14 HOD of concerned Department should be responsible for the repair of the equipment in a reasonable period of time.

ANNUAL PHYSICAL STOCK VERIFICATION

11.15 An annual stock verification of all the stores, wards, departments, units, etc., to be got done by deputing various officers within the hospital.

11.16 The ground balance should be checked with the balance in stock ledger of the stores/wards/departments and the entries checked and initialed.

11.17 Major losses and heavy surplus should be noted and informed to the head of the institutions who in turn should take appropriate action to fix the responsibilities.

11.18 The responsibility of getting the annual physical verification done rests with the head of the organisations.

CONDEMNATION OF MATERIALS

11.19 A condemnation board should be constituted to condemn the non-consumable items in the hospital. This board should meet at frequent intervals so that timely condemnation of unserviceable goods can be done.

11.20 This board should declare items condemned after proper scrutiny of records, physical inspection, unserviceable report, etc. The board will issue a proper condemnation certificate as prescribed in the GFR.

11.21 Each department will maintain proper records of all the items condemned in their departments and will make proper entries in their stock ledgers.

11.22 The condemned items will be stored separately under lock and key and should be disposed of by auction as early as possible. The infected linen and other infected articles should be disposed off separately as per standard guidelines. Adequate precautions should be taken to prevent the recycling of condemned articles.