Strengthening health system through outsourcing of non-clinical services: inputs for improving management

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Abstract

Background: Public-Private Partnership (PPP) as a strategic management policy to improve hospital health services standards to the Indian Public Health Standards level, specially the non-clinical services. The studies on the qualitative as well quantitative aspects of services by identifying components that are suitable for execution Public-Private partnerships for improving hospital services specially for non-clinical services are needed. There is also a need to identify probable modalities for the sustainability of the same. **Objectives:** The aim was to propose management inputs in improving non-clinical services of cleaning, security, diet, driver, and laundry in the hospitals under Public Health Department Maharashtra. The objectives were to assess the scope and feasibility of specific managerial inputs to promote the Public-Private Partnership under the National Rural Health Mission in emphasizing the qualitative aspect of service. To identify components where Public-Private Partnership can be evolved for hospital services, develop probable modalities for sustainability. **Material and methods:** The study adopted an experimental, epidemiological study design involving a study and control group. The study group of six sub-districts hospitals received an intervention package, and the control group of 14 sub-district hospitals did not receive an intervention package. Which included interventions to improve performance of clinical quality indicators, training, monitoring, and corrections. The author randomly selected the hospitals from better-performing hospitals. The focus was mainly on “outsourcing" components such as non-clinical services and their impact on the quality of services. In the evaluation of non-clinical services, the focus was on the quality of performance and cost-saving, compared to expenditure if regularly appointed employees would have delivered the services. **Results and impact:** Only 25% of patients were satisfied with non-clinical services. The contractors did not pay as per Minimum Wages Act 1948. The department accepted the checklist for monitoring cleaning and security services and disseminated it across the state as a circular.

Keywords: Public Private Partnership, Nonclinical services

Introduction

The conceptual gamut of Public-Private Partnership (PPP) strategies and implementation is exhaustive. Quality improvement is the core domain for PPP. It gained impetus after the launch of NRHM. Janani Suraksha Yojana and Indian Public Health Standards (IPHS) are the best areas for PPP implementation[(1)]. In the initial phases, the good performing hospitals were selected for up-gradation to Indian Public Health Standards as per norms framed by National Rural Health Mission. The present status of PPP in detail at the Global, National, and State level describing different PPP modes with different angles, including Strengths, weaknesses, Opportunities, Threats (SWOT analysis) is documented[(2)]. The micro details for implementation and monitoring are seldom available for health administrators. Cost containment is driving hospital reforms in most counties[(3)]. The study was a part of the thesis[(4)]. A part of the present study describing the gross management inputs and comparing two arms has already been published[(5)]. The current paper describes the framework and results of the tools used specifically for non-clinical services for the study.

Aim

To study the scope of PPP as a strategic management policy to improve standards of health services in the hospital to IPHS level[1]. The research question was formulated as "PPP strategies with specified management inputs would positively contribute to improved quality of hospitals' healthcare services."

Material and methods

The primary study adopted an experimental, epidemiological study design involving the study and control group. It included the qualitative component of interviews. The study was conducted in health institutions under the Directorate of Health Services, Public Health Department of Government of Maharashtra. The author included only sub-district hospitals. The bed strength in these hospitals ranges from 50 to 100. The selection frame was generally better-performing sub-district hospitals as per Health Management Information System. The author randomly selected six sub-district and 14 sub-district hospitals for inclusion in the study and comparison group. Following interventions executed;

1. Interventions to improve performance of clinical quality indicators
2. Training of health care providers
3. Technical flaw corrections
4. Monitoring non-clinical services such as cleaning, security, diet, laundry, and driver services by formulation of checklist to improve quality of services.

The author prepared interview schedules and a checklist of visits after discussion with a specialist from the Community Medicine Department. The patients, key informers, specialists on a contract basis, private non-clinical service providers, and Medical Superintendents were interviewed. The study group of six hospitals received the intervention package mentioned above, and a control group of 14 sub-district hospitals did not receive an intervention package. It was decided to evaluate the probable effect of PPP strategies in randomly selected hospitals. The author chose clinical and non-clinical areas and identified indicators for monitoring. The focus was mainly on outsourcing non-clinical services and their impact on the quality of services. In the evaluation of non-clinical services, the focus was on cost-saving, in comparison to expenditure if regularly appointed employees would have delivered the services. The author obtained approval from the institutional ethics committee.

Observations, discussion, and recommendations

The details of interviewed personnel are given in Table 1.

The author studied the impact of interventions on the following 15 clinical quality indicators between control and study group of hospitals between 2007-10 (Refer Table 2).

The indicators of non-clinical services which were identified and monitored are given in Table 3.

Outsourcing of non-clinical services

Awareness

The patients and staff know about the non-clinical services are given by private contractors. This awareness is a better sign for community participation and monitoring by people.

Effectivity

Present study shows that the outsourcing of non-clinical services is not 100% effective. About 75% of patients are satisfied with outsourcing clinical services as against 25% patients with outsourcing of non-clinical services.

Table 1. Participants from the hospitals in the study, 2007-10, Maharashtra, India

Sr. No.	Type	Category	Study	Comparison	Total
1	Beneficiaries	Patients	90	210	300
2	Non beneficiaries	Key informers	80	190	270
3	Non beneficiaries	Specialists on contract basis	5	5	10
4	Non beneficiaries	Private nonclinical service providers	5	5	10
5	Non beneficiaries	Medical Superintendents	5	5	10
	Total		185	415	600

Table 2: Identified clinical quality indicators for quality in hospitals in the years 2007-2010, Maharashtra, India

Sr. No.	Name of indicator	Type	Formula
1	Call book response time	Process indicator	Sum of difference between medical officer reporting time and call sent time expressed in minutes / Total number of call sent in a month
2	Surgical wound sepsis	Outcome indicator	Total cases of surgical wound sepsis secondary to major elective surgery / Total number of major elective surgeries x 100
3	Deaths in low birth babies	Outcome indicator	Deaths occurring in live births with births weights less than 2500 gms. / Total live births with births weights less than 2500 gms. x 100
4	Preoperative average length of stay	Process indicator	Preoperative length of stay for major elective surgery patients / total number of major elective surgeries
5	Postponed elective surgeries	Process indicator	Total number of postponed or cancelled surgeries / total number of scheduled elective surgeries x 100
6	Left against medical advice	Process indicator	Total number of patients who left against medical advice / total number of admissions x 100
7	Average OPD per day	Process indicator	Total number of outpatients attended / days in a year or month
8	Bed occupancy rate	Process indicator	Sum of daily census of patients admitted (measured at 12 midnight) / number of sanctioned beds x days in year x 100
9	Average length of stay in days	Process indicator	Summation of daily census / total discharges + deaths + referrals + LAMA
10	Carried over admissions per bed	Indicator for data validation	(New admissions) - (discharges + deaths + LAMA + referrals) / Number of sanctioned beds x no of days in month
11	% of referred in to admissions	Process indicator	Total inpatients referred in / total admissions x 100
12	Imaging / 100 OPD and IPD	Process indicator	Total X-rays + Sonography / OPD + IPD x 100
13	Percent of major surgeries to admission	Process indicator	Major surgeries / Total IPD X 100
14	% of deliveries to admission	Process indicator	Total deliveries + LSCS / Total IPD X 100
15	Emergency entry ratio	Process indicator	Emergency admissions / Total IPD x 100

Abbreviations: LAMA – Left Against Medical Advice

Reasons for effective service provision

Non-clinical services are effective in the study hospitals because they are timely and regular due to effective monitoring and supervision using prepared quality output by checklist. cleaning and laundry services need a lot of improvement.

Reasons for non-effective services

Main reason was missing micro details in MOU. Whenever a memorandum of understanding of contractual service is being prepared, there shall be mention of the operative procedure, the scope of work, defining quality standards, sustainability, and the patient feedback on a day-to-day basis.

Cost-Benefit Analysis

It was observed that contractors do not pay due wages to employees according to the Minimum Wages Act 1948 as the cost of contract decided in tendering process is significantly less. The cost containment should not be at the cost of quality[3].

Table 3: Indicators of nonclinical services

	Indicators of cleaning services	Indicators of laundry services
1	Date wise register of Regular Cleaning of hospital	Whether frequency of washing of patient uniforms, towels, draw-sheets, bedsheets, pillow covers etc. is biweekly
2	Daily Ward Cleaning Record maintained	Whether frequency of washing of curtains, Bedside screens is every 7 days
3	Special cleaning time table displayed or available	Whether frequency of washing red woolen blankets every 15 days
4	Whether one sweeper available round the clock for 50 bedded and two for 100 bedded hospital monitored with signature of CMO / MS	Whether linen of labor room and Operation theatre is disinfected with 1% sodium hypochlorite before washing.
5	Whether monthly meeting of committee of Medical superintendent, Senior M.O., Office superintendent, Assistant matron is conducted to monitor quality of services and review problems	Whether hospital linen is given to laundry operator through central linen system.
6	Sufficient stock of detergents, disinfectants, sodium hypochlorite etc.	Whether laundry operator knows that linen of labor room and Operation theatre should be cleaned separately.
7	Whether brooms, mopes, floor scrubbers supplied by contractor are in sufficient quantity	Whether infected and non-infected linen is stored in separate laundry bags.
8	Whether contractor has previous experience	Whether building for laundry available
9	Whether contract sweepers are with uniforms supplied by contractor	If answer to 8 is yes, whether laundry operator washes linen in laundry room
10	Whether identity cards and protective gears supplied by hospital	If answer to 9 is yes, whether Government bears electricity and water charges
11	Whether hygiene of unconscious and serious patient (Urine and fecal matter) is maintained properly	Whether washing machine available or not.
12	Whether financial remuneration given to contractor before 10th of every month.	Whether financial remuneration given to contractor before 10th of every month.
13	Whether office cleaned and mopped at 10 AM and 2 PM on working days	Whether percentage of financial savings in outsourcing against appointment of regular Dhobi is more than 25%
14	Whether Quarterly medical checkup of contract sweepers carried out with record	Whether monthly meeting of committee of Medical superintendent, Senior M.O., Office superintendent, Assistant matron is conducted to monitor quality of services and review problems
15	Whether three doses of Hepatitis B vaccine administered to contract sweepers with record	Whether any scheme for incentives, penalty formulated with approval of Governing body of *Rugna Kalyan Samiti* (RKS).
16	Whether any scheme for incentives, penalty formulated with approval of Governing body of RKS	Whether contract staff is trained in BCC (Behavior Change Communication) training
17	Whether Percentage of financial savings in outsourcing more than 25%	
18	Whether contract staff is trained in BCC (Behavior Change Communication) training	

Table 4: Indicators of Security services

	Indicator
1	Whether contract is given to agencies approved by Security guard board
2	Whether priority is given to associations of ex-army personnel.
3	Whether one security guard available for 50 bedded and two for 100 bedded hospital round the clock monitored with signature of CMO / MS
4	Whether hospital has two entry points, one for entry and other for exit
5	Whether security guards are physically fit and wear uniform while on duty.
6	Whether uniform to security guards is provided by contractor
7	Whether Identity card to security guards is provided by hospital administration.
8	Whether contractor has previous experience
9	Whether care is taken by security guards not to allow stray animals in hospital premises
10	Whether security guards follow the system of not allowing indoor patients to leave the hospital unless discharge card or referral letter is verified.
11	Whether pilferage is decreased since appointment of security guards on contract basis.
12	Whether visiting hours are fixed system of not allowing entry to visitors besides visiting hours is followed by security guards.
13	Whether security guards are vigilant about suspicious person or object entering the hospital and know that it should be informed to the Civil Surgeon or Medical Superintendent.
14	Whether financial remuneration given to contractor before 10th of every month.
15	Whether monthly meeting of committee of Medical superintendent, Senior M.O., Office superintendent, Assistant matron is conducted to monitor quality of services and review problems
16	Whether close circuit T.V. cameras (CCTV) are fitted at entry point of labor room and PNC ward to prevent theft of neonates.
17	Whether entry doors of the neonatal, postnatal and pediatric wards are kept closed and the entry restricted and regulated with entries in the visitors' register about the visitors' name, address and other particulars and the purpose of visit
18	Whether separate female security Guards are available for neonatal, postnatal wards and pediatric wards.
19	Whether security Guard has a mobile with him in order to have constant touch with other staff of the hospital in case of emergency.
20	Whether photographs, addresses and other particulars of the Security Guards are available in the hospitals.
21	Whether staff neonatal, postnatal wards and pediatric wards have distinctive photo identification badges and the said staff wears uniforms of the hospitals.
22	Whether Public address system is installed in wards and passages with pre-recorded audio messages of instructions to prevent theft of neonates and infants
23	Whether CD and DVD players are installed in OPD so that important messages are screened in local languages to prevent theft of neonates and infants.
24	Whether matching identification bands with numbers are attached to the neonate/infant, mother and father to prevent theft of neonates and infants.
25	Whether system of taking footprints of every neonate attested by duty staff nurse has set in to establish identity.
26	Whether security personnel know that Neonate/Infant should not ordinarily be allowed to be taken out of wards and pediatric wards unless discharge card is available. If situation so demands and the infant are required to be taken out of the ward, they should verify that the person leaving the ward with the infant is wearing identification band and such person must be accompanied by the other staff of the ward.
27	Whether security personnel knows that in the night, only a female visitor to whom pass is issued by the hospital should be allowed to stay with the mother in Postnatal Neonatal and Pediatric wards.
28	Whether Percentage of financial savings in outsourcing more than 25%
29	Whether any scheme for incentives, penalty formulated with approval of Governing body of Rugna Kalyan Samiti
30	Whether contract staff is trained in BCC (Behavior Change Communication) training

Table 5: Indicators for Diet services and driver services

	Indicators for diet services	Indicators for driver services
1	Whether food supplied is hot till it reaches patient and in steel trays	Whether one driver is available round the clock.
2	Whether day wise food testing time table planned and executed (MS./CMO/AO/ Dietician/Assistant Matron/Staff Nurse) Time table displayed in kitchen.	Whether technical abilities of driver are checked by foreman at District hospital and medical fitness is given by Civil Surgeon
3	Maintenance of hygiene standards such as wears when on duty.	Whether uniform given by contractor and driver
	1) Apron, cap should be used while cooking and serving	
	2) Nails removed regularly	
	3) System of keeping utensils with food on kitchen platform followed (and not on floor).	
	4) System of covering utensils containing food in place.	
	5) System of using separate towel followed.	
	6) Quarterly medical checkup of food handlers such as Widal test, deworming	
4	Regularly food samples should be sent to FDA with feedback of reports	Whether identity card given by Medical superintendent.
5	Whether weight and measures approved by legal Metrology department once in a year.	If contractor wants to change Selected drivers whether he takes permission of Civil Surgeon.
6	Whether cooks in kitchen wear uniforms.	Whether driver's insurance is got done by contractor.
7	Whether identity card provided to cook by hospital.	Whether history book and log book of vehicle is up to date.
8	Whether food items bear AGMARK.	Whether Review of this facility taken by governing body of *Rugna Kalyan Samiti* RKS
9	Whether contractor submits daily signed copies of Dietitian / Sister In-charge to office regarding number of patients whom diet is provided along with remarks about food quality.	Whether running of vehicle in Kilometers of last three years since agency employed, increasing.
10	Cleanliness of kitchen Up to mark	Whether number of days in a year when driver was not available or traceable in emergency has decreased since contracting in of services
11	Whether different types of food items in diet like salt free diet, high protein diet, and diabetic diet are provided.	Whether average of vehicle in kilometers after agency employed has increased.
12	Whether any scheme for incentives, penalty formulated with approval of Governing body of RKS	Whether expenditure on repairs of vehicle after agency employed has decreased.
13	Whether financial remuneration given to contractor before 10th of every month.	Whether number of vehicle accidents have decreased after contracting in.
14	Whether percentage of financial savings in outsourcing against appointment of regular cook more than 25%.	Whether committee consisting of Medical superintendent, senior medical officer, service engineer or foreman, representative of contractor monitors driver's quality performance.
15	Monthly meeting of diet committee consisting of Medical superintendent, senior medical officer, assistant matron, office superintendent, dietician.	Whether percentage of financial savings in outsourcing against appointment of regular driver is more than 25%.
16	Whether Review of diet facility taken by RKS Governing body	Whether contract staff is trained in BCC (Behavior Change Communication) training
17	Whether contract staff is trained in BCC (Behavior Change Communication) training	

Role of Staff

The study shows that the staff still needs to be oriented with their roles and responsibilities.

Training in Behavior Change Communication (BCC)

There is a need to train contract workers in BCC. Training needs to be a part of the contract agreement.

Motivation to the contractor

There should be a clause of incentive and penalty in all five non-clinical services studied, the terms and conditions of which should be approved by the Governing Body of *Rugna Kalyan Samiti* (RKS).

Complaint redressal

The patients must know where to complain. The mention of that should be made in citizen's charter displayed in the hospital.

The capacity of private partner

If a service provider cannot provide services as is observed, especially in rural areas, the contractor stops services prematurely. Cleaning and laundry services need to be given to a single contractor centrally.

Management Inputs recommended for effective PPP are as follows;

1. Capacity Building

This includes capacity related to management such as legal (for framing of PPP contracts), arbitration and settlement, financial matters, and skills in monitoring and evaluation. Clearly defined aims and objectives, a specification of incentives, linking payment to performance, penalties are essential. Capacity building has to be undertaken in both public and private partners to ensure optimal performance of effective planning, management, and delivery of services. The public sector should be trained to conceptualize, plan, and operationalize partnerships, learn, and monitor the process. State PPP cells should prepare model bid documents and a memorandum of understanding for each outsourced service. Public-Private Partnerships can be a win-win situation if incentive and penalty clauses are enforced through Governing body of RKS.

Technical Scrutiny

Prospective bidders can give false information about the conditions mentioned in the tender. To scrutinize the document, we need expert staff. Technical scrutiny is vital to find out eligible/effective agencies. Training needs to be given to sort out difficulties while processing the tender. There should be an explicit mention of asset ownership in the tender document.

Technical Skills

One of the primary aims of PPP is to ensure the availability of good quality services at affordable prices, including maintaining standards of care, hiring experts to provide specialist services, and ensuring their regular availability. After confirming availability improving the technical efficiency of the system through Continuing Medical Education and Continuing Professional Education for the staff of state and franchiser is essential.

Problem-solving skills

The workforce has to be responsive to local needs. Responsiveness ensures developing their capabilities for quick decision making, optimum utilization of resources. This will require training and capacity building at different levels to increase efficiency and deliver the best service.

Financial systems management

It will include setting guidelines for fund management, disbursement, utilization, developing new software packages, or adopting pre-existing packages for efficient financial management information systems.

Developing capabilities of professional associations like the Indian Medical Association

Training and capacity building of members of associations are also necessary for indirect external monitoring and as prospective sources of contractual clinical services.

Build technical capacities

The center can also undertake capacity building of state management units for the implementation of PPP mechanisms. The center can also attend to request technical assistance from states on various aspects such as preparing contracts and MOU draft. For addressing the lack of organizational capacity and provide regulation, Bihar state has enacted Bihar State Infrastructure Development Enabling Act, 2006, and the Infrastructure Development Authority (financial,

service, and technical) regulations 2007. The government declared Infrastructure Development Authority (IDA) as the nodal agency for all PPP activities.

Training

Identify relevant training institutions in the private sector, especially private medical colleges, to provide hands-on training for medical professionals.

2. Advocacy

Advocacy aimed at stakeholders for creating a positive environment

There is a need for extensive advocacy aimed at stakeholders involved to ensure that they understand and can relate to program goals and objectives. A user-friendly interface is needed to encourage any private partner.

Advocacy for scaling up the initiative of PPP

Ongoing documentation and analysis of successes and failures will be required to attract agencies for scaling up.

Advocacy for successful PPP in action

It is essential to disseminate the strategies employed (employee relocation, employee support, local people's participation, etc.)

Advocacy for the benefits of PPP to the poor and inaccessible areas

Intense advocacy to encourage PPP to ensure access and greater penetration of good quality services in inaccessible areas.

Demand generation through advocacy

Special drives will have to be followed to attract people to branded clinics/hospitals. The strategies have to be innovative and user-friendly to attract illiterate clients.

3. Accreditation

Evidence-based quality monitoring mechanism includes laying down protocols for quality assurance. The guidelines shall be made with minimum standards of quality and Gold standards of quality. The quality council of India also can be approached.

ISO certification

It is essential to obtain ISO certification or NABH Accreditation of hospitals under the Public Health Department. These Accreditation bodies set the system and protocols in place, which require no additional financial burden.

Branding

Branding health care institutions.

Interim accreditation

Government of India has developed Indian Public Health standards for sub-centers to hospitals with more than 400 beds.

4. Regulation

PPPs should not be viewed as an alternative for good governance[6]. Private provisioning and public funding need regulation in the form of service standards and quality. Further, there is a lack of standardization in its practices[7]. Alternatively, existing bodies in the different social sectors like Quality Council of India may be given this responsibility. There is a need to approve Rules under the Bombay Nursing Home Registration (Amendment 2005) Act or implement the central Clinical Establishments (Registration and Regulation) Act 2010, applicable for all clinical establishments, including Nursing Homes and Maternity Homes.

Financial regulation

The payment should be performance-based[8]. Experience has shown that maintaining the private partners' managerial autonomy improves the outcome.

Service quality regulation

The service quality of clinical and non-clinical services is critical for the initiative's success. The economics of scale will cut the cost, but it needs to be ensured that this does not happen at the cost of quality. Social security to contract employees also complies with the legal responsibility of Government as a Principle Employer. This clause needs to be put in a tender document for contracting out non-clinical services. All non-clinical services such as cleaning, security, linen, diet, and driver should be tendered centrally to have transparency, cost-saving, and effective delivery.

Ethical regulation

It is essential to strictly follow the ethical guidelines for clinical examination, treatment initiation and

continuation, resource allocation, and financial disbursement[7].

Market-based regulation

The state PPP cell should be formed. The NHSRC may document and analyze the experiences from various states and share them with partners to allow replication of successful strategies[9].

5. Demand Generation

Role of center

The center will initiate and operate a PPP venture through the NHSRC (National Health Systems Resource Center) PPP unit[10].

Developing standards and mechanisms for quality control

Technical divisions of GOI in consultation with Federation of Obstetricians and Gynecology Societies of India and IMA and other professional bodies would formulate guidelines, protocols and document appropriate ways of providing health care.

Provide budget heads and mechanisms of fund flow, including e-banking

There is a need to develop financial and accounting systems, procedures for quick verification of claims and reimbursements.

Stakeholder dialogue for policy development

The Government shall ensure continuous dialogue with Public and Private Partners to develop the policy to have a holistic approach to PPP.

Creating a user-friendly website

The PPP initiative may have a separate section on the website of the State Government. The success stories should be documented, analyzed, and disseminated, and strategies to rapidly scale up successful interventions should be prepared[11].

Role of states, State PPP Cell and State Health Systems Resource Center (SHSRC)

The State PPP cell and SHSRC will carry out the "implementation task," which will involve micromanagement of the program.

Monitoring

The state PPP unit must be responsible for the monitoring of the quality of services. State PPP units will also ensure that PPP mechanisms follow standard protocols and ethical procedures with specific performance indicators. The public sector is both judge and party, so there should be third-party monitoring. A certain percentage of the project cost should be earmarked for monitoring. In case of PPP models[12]. It should be ensured that enough financial resources are dedicated to monitoring contracts.

Proposed incentive and penalty clauses of non-clinical services to be approved with concurrence of RKS (Refer Table 6, 7, 8).

There should be a provision of penalty for Civil Surgeon / Medical Superintendent of Hospital if payment of agency is not made before 10th of every month which will be decided by the Governing body of RKS and payment will be made from RKS.

Nobody of either the public or private sector will win the race of development of state if they work in isolation. If they work together as they complement each other, they will win the race of development of the state[13].

An interesting example is the race between tortoise and rabbit in the present scenario. If they run alone, nobody will win the race. If they run together, they will win the race by giving inputs to everybody's strength. While running the race on the ground, the rabbit will run, and the tortoise will sit on the rabbit; and while running the race on the river, the rabbit will sit on the tortoise and complete the river's journey. By running together, tortoise and rabbit both will win the race.

Impact of interventions

The outcome has generated Government Resolutions, circulars, and guidelines that have indirectly supported the author's observations and recommendations.

1. Checklist for monitoring of cleaning and security services was accepted by the department, and it was circulated across the state as circular.

2. As per earlier Government Resolution 16 January 2003 of Public Health Department, the cost of a contractor of non-clinical services shall be less than 50% of the salary of concerned staff if they would have been appointed regularly. This was violating the minimum wages act 1948, and due to less salary paid by

Table 6: Penalty and incentive clauses for sweeping services and security services

Penalty clauses for Sweeping Services			Penalty clauses for Security Services	
Sr. No.	**Clause**	**Penalty per fault**	**Clause**	**Penalty per fault**
1	Availability- If at any given time, during surprise inspection, or otherwise, it is found that the availability of the prescribed infrastructure, manpower and process is not followed	Rs. --------- per day	Not keeping required number of security guards as per agreement	Rs.. ------------- per employee.
2	If the cleaning cycles are not completed in time every day.	Rs.------- per occasion per day	Occasions of finding stray animals in campus If the staff of the	Rs. ------------- per occasion.
3	Not attending ward complaints within five minutes for cleaning from wards or other workstations.	Rs.------ per complaint per day	contractor is found without prescribed uniform and ID cards or if an improper conduct of the staff is observed.	Rs. ---------- per instance will be levied. This will be in addition to the rights of the hospital administration to remove such staff from the hospital premises
4	Non maintenance of attendance registers of employees.	Rs. ------------ per day.	Allowing indoor patients to leave the hospital without verification of discharge card or referral letter Occasions of	Rs. ------------- per occasion. Rs. ------------- per
5	Not following cleaning time table of interior and exterior of hospital for morning, afternoon and evening	Rs. ------------ per occasion.	pilferage	occasion.
6	Not following day wise cleaning time table of wards and other workstations	Rs. ------------ per day.	Allowing entry to visitors besides visiting hours	Rs. ------------- per occasion.
7	Not keeping sufficient stock of detergents, disinfectants, sodium hypochlorite etc.	Rs. ------------ per day.	Complaints from staff or patients	Rs.. -------- per valid complaint.
8	Not providing brooms, mopes, floor scrubbers to workers in sufficient quantity	Rs. ------------ per day.	Allowing visitor to enter neonatal, postnatal and pediatric wards unless proper entries are made in the visitors' register about the visitor's name, address and other particulars and the purpose of visit.	Rs. ------------- per occasion.
9	If the staff of the contractor is found without prescribed uniform and ID cards or if an improper conduct of the staff is observed.	Rs. ---------- per instance will be levied. This will be in addition to the rights of the hospital administration to remove such staff from the hospital premises	Non-availability of female security guards for all the 24 hours outside neonatal and postnatal wards and pediatric wards.	Rs. ------------- per occasion.
10	Non maintenance of hygiene of unconscious and serious patient (Urine and fecal matter)	Rs. ------------- per day	Non-availability of mobile phone with security guards so that he/she can be in constant touch with other staff of the hospital in case of emergency.	Rs. ------------- per occasion.
11	Noncompliance of Quarterly medical checkup of contract sweepers carried out with record	Rs. ------------- per quarter.	Allowing infant to be taken out of neonatal and postnatal and pediatric wards without verifying that the person leaving the ward with the infant is wearing identification band and such person must be accompanied by the other staff of the ward.	Rs. ------------- per occasion.
12	Noncompliance of three doses of Hepatitis B vaccine administered to contract sweepers with record	Rs. --------- per employee.		
13	Complaints from staff or patients	Rs. -------- per valid complaint.		
	Incentive clauses for Sweeping Services		**Incentive clauses for Security Services**	
	Not having complaints as per above 13 points of checklist	---- Percent of amount agreed in tender to be decided by Governing body of RKS	Not having complaints as per above 11 points of checklist	---- Percent of amount agreed in tender to be decided by Governing body of RKS

Table 7: Penalty and incentive clauses for diet services and laundry services

	Penalty clauses for Diet Services		Penalty clauses for Laundry Services	
Sr. No.	**Clause**	**Penalty per fault**	**Clause per fault**	**Penalty**
1	Complaints regarding diet quality from patients or hospital staff.	Replacement of food and Rs. --- per complaint after verification by hospital committee.	Delay - Frequency of washing of various types of linen such as patient uniforms, towels, draw sheets, bedsheets, pillow covers, curtains, Bedside screens, red woolen blankets not followed as per agreement. Non-availability of linen at any time on demand (but supplied within 24 hours)	Rs. -------- per scheduled day on which frequency not followed or a penalty equivalent to ----- times the hiring charges for such item. The penalty will be applicable to the total quantity that was required but was not available. In case the item does not become available even after 24 hours of the demand, penalty will be increased to ---- times the hiring charges for each item.
2	Complaints from staff or patients	Rs. ------ per valid complaint.	Not disinfecting linen of labor room and Operation theatre with 1% sodium hypochlorite before washing.	Rs. ------------- per occasion.
3	Not supplying hot food till it reaches patient and in steel trays	Rs. ------ per person per day.	Not following central linen system.	Rs. ------------- per occasion.
4	Not using apron, cap while cooking and serving and not removing nails of cooks employed weekly.	Rs. ------------- per occasion.	Quality - If the quality of linen (Torn cloths, discoloration, stained cloths etc.) is found to be unsatisfactory, or is torn.	A replacement shall be provided free of cost.
5	System of keeping utensils with food on kitchen platform not followed	Rs. ------------- per occasion.	Complaints from staff or patients	Rs. ----- per valid complaint.
6	Not covering utensils containing food in place.	Rs.. ------------- per occasion	Loading/ unloading - If the movement of the linen in the hospital is not done in rust free trolleys.	A fine of Rs. ---- per instance.
7	System of using separate towel not followed.	Rs. ------------- per occasion.	Collection of Linen - The Contractor is required to collect dirty linen & supply clean linen daily including all Sundays & holidays.	A fine of Rs. ---- per day will be charged.
8	Supply of Diet - If diet provided to patients is incomplete as per approved menu, provided late or missing	Diet will be given by hospital and charges for the same will be deducted from operator's bill	Missing / torn cloth	------ Times the laundry charges for the damaged or missing linen.
9	Supply as Per Time Schedule - If the diet is not supplied as per time schedule.	Food will be purchased by hospital from outside & the payment for the same will be deducted from Operator's monthly bill	Discoloration of linen.	----- Times of the laundry charges of that linen.
10	Deficiency of lapse in hygiene at Preparation Site	Rs. ------------- per occasion.	Failure to remove any stains, blood or otherwise	---- % of laundry charges and the linen will have to be rewashed free of cost, and delivered back in 48 hrs.
11	Uniform / Conduct of Staff - If the staff of the Operator is found without prescribed conduct of the staff is observed	Rs. ------------- per occasion. This will be in addition to the rights of the hospital administration to remove such staff from the hospital premises.		
	Incentive clauses for Diet Services		**Incentive clauses for Laundry Services**	
	Not having complaints as per above 7 points of checklist	---- Percent of amount agreed in tender to be decided by Governing body of RKS	Not having complaints as per above 5 points of checklist	---- Percent of amount agreed in tender to be decided by Governing body of RKS

Table 8: Penalty and incentive clauses for driver services

Sr. No.	Clause	Penalty per fault
Penalty clauses of Driver services		
1	Non availability of driver at the time of call.	Rs. ------------- per occasion.
2	If the staff of the contractor is found withou prescribed uniform and ID cards or if an improper conduct of the staff is observed.	Rs. ---------- Per instance will be levied. This will be in addition to the rights of the hospital administration to remove such staff from the hospital premises
3	Not doing insurance of driver.	Rs. ------------- per occasion.
4	Not maintaining history book and log book of vehicle	Rs. ------------- per occasion.
5	In case accident of vehicle if driver is found guilty by in-house accident investigation committee.	Rs. ------------- per occasion.
Incentive clauses for Driver Services		
	Not having complaints as per above 5 points of checklist	---- Percent of amount agreed in tender to be decided by Governing body of *Rugna Kalyan Samiti*

the contractor, the quality of services was getting diluted. Follow up was made with Finance Department to modify provisions in Government Resolution and Government Resolution of Finance department was released on 2 Feb 13 which states that cost of a contractor of non-clinical services shall be less than 20% of the amount of salary of concerned staff it they would have been appointed regularly.

Summary

1. PPP is not privatization and should not be one-sided, nor should it be with any partner, but the government should dictate terms concerning objectives.
2. It is not with a redundant partner but performance-related and not an alternative to better governance.
3. It is not a substitute but supplementary to public sector, and there should be transparency in the scheme.
4. Cost containment in PPP should not be at the cost of quality.
5. Enforcement of penalty/incentive clause is essential for fulfilling target which improves the quality of service.
6. There should be managerial and technical ability in handholding with a private partner.
7. PPP has enormous potential to deliver targeted services and ensure effective & equitable use of resources for greater economic and social return on public expenditure and a practical and sustainable option to benefit the poor.
8. Public-Private partnerships can promote the use of state-of-the-art technology and can ensure a higher Human Development Index through improving health status.
9. Public-private partnerships can deliver if the private medical sector is regulated in quality, rationality, and care costs.
10. To reduce the out-of-pocket expenditure of poor people, the Health Insurance Scheme as a typical case of PPP is the best option and need of the hour.

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