

Hospital Management Committee

A. INTRODUCTION

Hospital Advisory Committee consisting of members nominated by the Govt. from the public at large and representatives of the staff been in existence in the state for a long time. But, these committees were functionally ineffective and seldom used to meet. No constructive or developmental activities were undertaken by them. Hence Govt. replaced these committees by HOSPITAL WELFARE AND ADVISORY COMMITTEES. The high power committee headed by Dr. K.N. Pai recommended that peoples involvement can be activated only by democratically constituted bodies and have envisaged the concept of HOSPITAL DEVELOPMENT COMMITTEE in the place of Hospital Welfare and Advisory Committee.

B. OBJECT

- 1. To keep constant vigil on the working of the institution concerned.**
- 2. To render whatever assistance is necessary by way of voluntary service or financial contribution so as to meet exigencies.**
- 3. To ensure steady development of the institution and**
- 4. To take up certain responsibilities for the better functioning and improvement of the institution**

Rights and Responsibilities of the Committee.

- 1. To find out defects if any amenities and functioning of the institution and devise ways of remedying them**
- 2. To strive to maintain orderliness and cleanliness in the institution and its surroundings.**
- 3. To assess monetary requirements for improvements and organise ways and means to collect funds.**
- 4. To exercise proper control and keep up vigilance in preventing malpractice
To help Organise Health Education and Mass Medical Campaigns**
- 6. To organise voluntary Blood Banks and Drug Banks, public comfort stations and bye slanders dormitories,**
- 7. To run Canteens and medical-shops to provide supplies at fair prices.
Initiate welfare and development activities and to mobilise donations individuals / voluntary organisations,**
- 9. Maintain social discipline in hospitals**
- 10. Takeup construction and repair works not exceeding Rs. 10000/- (Rupees Ten Thousand Only) and supply of diet, (Regarding the details and conditions of constructions works and supply of diet, separate orders will be issued)**

Rules & Procedures

I. Membership

- a) **Nomination shall be made by the Govt, or by the authority empowered by the Govt, nominations made against vacancies arising in the middle of the term should be limited to the period by which the term of the other nominated members of the committee expires.**
- b) **If a nominated member absent himself/herself for three consecutive meetings, the member shall be liable to be removed from the committee. The committee may recommend the restoration of membership of a member, so removed on application by the individual concerned. if the committee is satisfied that there were sufficient reasons for the absence. The chairman may restore the membership on such recommendations of the committee.**
- c) **In the case of an official member, when he is unable to attend the meeting due to other pre-occupations, he may depute one of his subordinates to represent him at the meeting.**
- d) **Dist. collectors may depute one of the Deputy collectors to represent them at the meeting when they themselves are unable to attend. They may do so when such nomination becomes inevitable, .**
- e) **If a member of Legislative Assembly nominated as a Non-official member of the committee absents himself/herself from the meetings for more than 3 times due to other inevitable pre-occupations, it should not be taken as sufficient reason for his/her removal from the committee on the ground that he/she has absented himself/herself for more than three consecutive meetings.**

Note: If the Local M.L.A. happens to be a Minister or Hon'ble Speaker they will be represented by a person nominated by them in the concerned Hospital Development Committee. (G.O.(MS) 168/88 II & FWD. Dated 29-9-88 of Health & F W (E) Dept.)

II. Meeting

The committee shall meet atleast once in 3 months. The proceedings / recommendations of the committee relating to:

1. **Medical College Hospital shall be forwarded to secretary to Govt. Health & FW Dept.**
2. **Dist. Hospitals & Special Hospitals shall be forwarded to DHS**
3. **Taluk Level & Taluk Hospitals shall be forwarded to DHS & DMOH Concerned**
4. **Govt. Dispensaries, P.M. Centres shall be forwarded to secretary to DMOH Concerned & P**

III. Quorum of the Meeting

One fourth ($\frac{1}{4}$ th) of the members shall form the quorum of the committee subject to the condition that at least one of the members present should be a non-official, the Chairman shall normally preside over the meetings. In the absence of the chairman, the members present shall elect a chairman for the particular meeting.

IV. Scope of Meeting

- (a) **The meetings shall be convened by the secretary & Treasurer in consultation with the chairman. The committees may discuss topics of public interest and importance connected with the institutions concerned. It shall be open to any member of the committee to forward to the secretary his remarks or suggestions to be placed before the committee for discussion.**
- (b) **All Suggestions and recommendations for the improvement of the institutions and for the welfare of patients may be brought before the committee for discussion and decision by a majority. In case of equality of votes, the chairman casting vote.**
- (c) **The minutes of the meeting shall be recorded in a book and shall be signed by the chairman or the member who presides over the meeting in the of the chairman.**
- (d) **At the beginning of each year the Supt. and the M-OS in charge of institutions should place before the committee, the budget provisions for the different activities that may propose to organise during the year to enable the Non-official members to know the limitations under which the institution is working, so that discussions will be realistic. When committee meet once in 3 months a review of the activities of the since the last meeting may be made and it should chalk out advance programme for the coming three months.**
- (e) **It shall be the duty of the Supt. and M.O. etc. of the institution concerned to point out the impracticability of any suggestion mooted during the committee's decision then and there so that there may not be any room for future complaint that the recommendations of the committee were not given due consideration. They will be responsible for the implementation of the recommendations as approved by the committee. If the Supt. and the M.O. etc. concerned are not able to implement any of the recommendations, they should make a report at the next meeting explaining the reasons therefore. The committee will have the right to discuss the report and record their findings as to whether they are satisfied with the report or not if they are not satisfied, the fact should be reported to the higher authorities together with the views of the committee on the matter.**

Institution Visits

- (a) **The individual members of the committee may arrange with the Suprt. and M.O. in charge to visit the institution at any time during working hours at least once in a month.**
- (b) **They have access to every section or branch of the institution except operation theatre, labour room and examination room.**
- (c) **The members may also pay surprise visits to the hospitals.**
- (d) **A visitor's book shall be opened in each institution for the members to note their**

remarks.

- (e) **The Suptt. / M.O. should forward a copy of the remarks recorded by the visitors, especially when it is not complimentary to the DMOH or to the concerned officers.**
- (f) **Identity cards shall be issued to the members by the Suptt. / M.O. I/c concerned.**

V. Constitution of Hospital Management Committees

1. Medical College Hospitals

A. Official Members

1. District Collector - Chairman

2. Superintendent of M.C. Hospital - Secretary and Treasurer

3. Principal, Medical College

4. Superintendent of oilier Teaching Hospitals under the control of the Principal of concerned Medical College. ,

5. Dist. Medical Officer of Health of the district in which the Medical College is situated.

6. Local Executive Engineer (P.W.D., B.L.R.)

7. Local Executive Engineer (PHED)

8. Local Executive Engineer KSEB

9. Nursing Superintendent of Medical College Hospital

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B. Non-Official Members

1. Mayor of the corporation or chairman of the Municipality in which the Medical College Hospital is situated.

2. Local M.L.A.

3. Seven representatives of major political parties.

4. Three representatives of Rotary/Lions club or similar organisation.

5. One Journalist

6. Two representatives from among the public.

// District Hospitals

A. Official Members

i. District Collector - Chairman

2. Superintendent of Dist. Hospital - Secretary and Treasurer

3. Superintendent of Women & Children Hospital of the district.

4. Dist. Medical Officer of health.

5. Local Executive Engineer - PWD (B & R)

6. Local Executive Engineer - (PHED)

7. Local Executive Engineer (KSEB)

8. Nursing Superintendent of District Hospitals

B. Non Official Members

1. **Mayor of the corporation or chairman of the Municipality in which the Medical College Hospital is situated.**
2. **Local M.L.A.**
3. **Seven representatives of major political parties.**
4. **Three representatives of Rotary/Lions club or similar organisation.**
5. **One Journalist**
6. **Two representatives from among the public.**

III Taluk and Taluk Level Hospitals

A. Official Members

1. **Superintendent of the hospital, Secretary & Treasurer.**
2. **Local Tahasildar**
3. **Local Asst. Executive Engineer - PWD (B & K)**
4. **Local Asst. Executive Engineer - PIIED**
- x **Local Asst. Executive Engineer - KSEB**
11. **Nursing Superintendent or Senior Most Head Nurse of the hospital.**

B. Non Official Members

1. **Local M.L.A.**
2. **Chairman of the Municipality or President of Panchayat in which the hospital is situated.**
3. **Seven representatives of Major Political Parties, one whom will be the chairman.**
4. **One representatives of Rotary / Lions Club / Similar organisation.**
5. **One Journalist.**
6. **Two representatives from among the public.**

IV Rural Hospitals, P.H. Centres

A. Official Members

1. **Medical Officer in charge - Secretary & Treasurer.**
2. **Block Development Officer.**
3. **Local Asst. Engineer PWD B & R**
4. **Local Asst. Engineer PHED**
5. **Local Asst. Engineer KSEB**
6. **Senior most Nurse or ANM of the institution.**

B. Un Official Members

1. **Local M.L.A.**
2. **Chairman of the Municipality or the President of the Panchayat in which the institution is situated.**
3. **Seven representatives of major political parties of which one will be nominated as chairman.**
4. **One or two representatives of Rotary / Lions club / Social organisations where ever they exists.**
5. **One journalist.**
6. **Two representalives from among the public.**

V Special Hospitals (Mental, TB, Leprosy)

A. Official Members

1. **District Collector - Chairman**
2. **Superintendent of the Hospital - Secretary & Treasurer**
3. **Deputy Director of Health Services / Asst. Director of Health Services of the Concerned Speciality.**
4. **Dist. Medical Officer of Health.**
5. **Local Executive Engineer, B & R**
6. **Local Executive Engineer, PHED**
7. **Local Executive Engineer, KSEB**
8. **Nursing Superintendent of the hospital**

B. Un-official Members

1. **Mayor of the Corporation or Chairman of the Municipality or President of the Panchayat in which the hospital is situated.**
2. **Local M.L.A.**
3. **Seven representatives of major political parties.**
4. **One or two representatives of Rotary / Lions Club / Social Organisations.**
5. **One Journalist.**
6. **Two representatives from among the public.**

C. Authority to constitute Management Committees

Govt, will constitute the Development Committees of the following institutions.

1. **Medical College Hospitals**
2. **District Hospitals**
3. **Special Hospitals**
4. **Taluk Hospitals**

District Collectors will constitute the Development Committees for the following instruction on the recommendations of the DMOH

1. **Hospitals other than those covered under item 1 above**
2. **Primary Health Centres**

3. **Govt. Dispensaries**

G. Term of the Committee

The term of the Hospital Development Committee shall be 3 (Three) years.

Note : Mayor of the Corporation, Chairman of the Municipality. Zilla Panchayat President, Local M.L.A. & M.P. Representatives of Political Parties, Media. Rotary / Lions Clubs etc. are

NON - OFFICIAL MEMBERS whereas, District collector, Sprts.. / M.O. incharge of institution Engineers of PWD (B&R) PHED, KSEB, Block Development officer / Tahasildar etc. are **OFFICIAL MEMBERS**.

AMENDMENTS

So many amendments were made by the Govt. about the constitution of Hospital Develop Committees as well as about the Authorities empowered to constitute these committees at various levels of institutions. Following are important amendments in this regard.

1. **G.O. (MS) 304/83/HD dated 17-11-1983**

- In the place of 7 representatives of major political parties, 15 (Fifteen) representatives of Political parties, on the principle of one representative for one party will be nominated.
- The Hospital Development committees in respect of all Hospitals will be constituted by District Collectors,
- The President of the District Journalists Union / Association concerned will nominate the journalist to the committee.
- In the Hospital Development Committee of T.H.Q. Hospital, Rural Hospitals. P.H Centre, Sub Collectors / Asst. Collectors / R DO'S will be the chairman of the committee.

2. **G.O. (MS) 217/85/HD dated 27-12-1985**

Dist. Collectors will nominate the chairman of the Hospital Development Committees in respect of T.H.Q. Hospitals and other Taluk Level Hospitals from among the categories of officers not below the rank of Deputy Collectors and P.H. Centre and other Hospitals from among the Block Development Officers of the area.

3. **G.O. (MS) 177/87/ H & FWD dated 29-8-1987**

Local M.P. will be included as Non - Official Member in the Hospital Development committees or institutions at various levels in the various parliamentary constituencies and in the place of 15 representatives of political parties representative of each political parties those having representative in legislator.

4. **G.O. (MS) 212/87/H & FWD dated 31-10-1987**

All M.L.A.'s and M.P.'s of the district will be included in the Hospital Development Committees of Medical College Hospitals, District Hospitals and General Hospitals.

5. **G.O. (MS) 168/88/H & FWD dated 29-9-1988**

If the local M.L.A. happens to be a Minister or Hon'ble Speaker, they will be represented by a person nominated by them in the concerned Hospital Development Committee.

6. **G.O. (MS) 22/92/H & FWD dated 13-2-1992**

One Journalist is substituted by the work one representative from the Press/Media.

7. **G.O. (MS) 92/92/H & FWD dated 25-6-1992**

Two representatives from among the public in the Hospital Development Committee will be nominated by Govt, instead of by Dist. Collector.

- 8. G.O. (MS) 74/97/H & FWD dated 5-3-1997**
Govt, have clarified that the President of the Panchayat (Block or Grama) which has immediate control over the institution will be the chairman of the Hospital Development Committee.
- 9. G.O. (MS) 172/97/11 & FWD dated 8-6-1997**
The Mayors of City Corporation will be the authority to constitute / re-constitute the Hospital Development Committees of the hospitals in which administrative control is transferred to city corporation under their chairmanship.
- 10. G.O. (MS) 265/97/H & FWD dated 17-9-1997**
All M.L.A's M.P.'s and Dist. Panchayat Presidents of the concerned district will be included among the Non-Official Members of all Medical College Hospitals and District Hospitals.
- 11. Circular No. 39510/EI/97/H & FWD dated 11-9-1997**
Invite representatives of K.G.M.O.A. (one each) as special invites in HDC Meetings and give representation to the I.M.A (one each) as nominees of the voluntary organisations.
- 12. G.O. (MS) 281/99/H & FWD dated 12-7-1999** Local M.P.'s will be included among the Non-Official Members in the H.D.C's of the Health Institutions situated in their constituency. The Zilla Panchayat President shall also be included among the Non-Official Members in the H.D.C's of Dist. Hospitals, W & C Hospitals and Speciality Hospitals.
- 13. G.O. (MS) No.436/99/H & FWD dated 25-10-1999**
Zilla Panchayat Presidents shall be the chairman (Non-Official Member) and District Collector an Official Member in the Hospital Development Committee of District Hospital.
- 14. G.O. (MS) 44/2000/11 & FWD dated 19-2-2000**
Zilla Panchayat President shall constitute HDC in District Hospitals also Lay Secretary & Treasurer of Dist. Hospitals shall be the Treasurer of the Hospital Development Committee.
- 7 A G.O. (MS) No. 146/96/H & FWD dated 19-3**
 - 1. The representatives of Ex-Servicemen and Vyapari Vyavasai Ekopanasamithi will be included in all H.D.C's, who in turn will be nominated by the Dist. Sainik Welfare Board and Dist. Committee of the Vyapari Vyavasai Ekopanasamathi in writing, for which the list shall be called for.**
 - 2. The Chairman of H.D.C. of Medical Colleges and District Hospitals will be the Principal of the Medical College and the Dist. Medical Officer of the respectively.**
 - 3. Dist. Panchayat President and the Corporation Mayor/ Municipal Chairman (Where the hospital is situated) will be members of H.D.C's of M.C.H. / Dist. Hospital / General Hospitals / W & C Hospitals.**
 - 4. The Chairman of the H.D.C. of T.H.Q. Hospitals will be the respective Municipal Chairman / Block Panchayat President.**
 - 5. The Chairman of the H.D.C. of the C.H.C. will be the Municipal Chairman / Block Panchayat President as the case may be.**

G.O. (MS) No. 277/01/11 & FWD dated 5-11-2001

Govt, have ordered for the reconstitution of all the Hospital Development Committees / Hospital Development Societies in the state with immediate effect in accordance with the existing guidelines

- I. (a) District Collectors shall reconstitute the Hospital Development Committees, Hospital Development Societies in respect of Medical College Hospitals (Allopathy, Homeo & Ayurveda), General Hospitals, Speciality Hospitals, Ayurvedic College hospitals and Homeo Medical College Hospital under their chairmanship.**
- (b) Zilla Panchayat Presidents shall reconstitute the H.D.C.'s in District Hospitals**
- (c) Municipal Chairman / Block Panchayat Presidents shall reconstitute the hospital Development Committees in respect of T.H.Q. Hospitals, Taluk Level Hospitals, Community Health Centres and Block Primary Health Centres as the case may be under their chairmanship.**
- d) Grama Panchayat Presidents shall reconstitute the Hospital Development Committees in respect of the primary Health Centres / Dispensaries within their jurisdiction under their chairmanship.**
- (e) The mayors of city corporation shall reconstitute the HDC of the Hospitals falling under the jurisdiction of the City corporations under their chairmanship.**
- II. (a) H.D.C.'s / H.D.S.'S. shall not incur an expenditure of more than 35% of its revenue on establishment.**
- (b) They shall deposit their revenue in anyone of the nationalized banks in the joint account of the chairman and the secretary.**
- (c) They can collect contributions from the public in cash and kind for the betterment of the hospital.**
- (d) They shall constitute a "Public Relation Committee" which will be bridge between the staff of the hospital and the public.**
- III. The term of the committee shall be for a period of three years from the date of orders of reconstitution of the committee. The committee shall meet at least once on three months failing which the committee shall automatically get dissolved.**

The following modifications are also ordered.

- IV. An executive committee shall be constituted which would periodically meet and take decision on day today affairs. The corruptions of the Executive Committee shall be as follows.**
- (1) Medical College Hospitals**
In addition to official members of H.D.C., non official members in serial 1, 2,8 and two other members of the HDC to be nominated by the Govt.
- (2) General Hospitals / Ayurvedic / Homeo Hospitals**
In addition to official members, non-official members in serial number 1,2,3,9 and two other members of H.D.C. to be nominated by Govt.
- (3) District Hospital**
In addition to official members, non-official members in serial number 1,2,3,9 &

two oilier members of H.D.C. to be nominated by Govt.

Specialty Hospitals (Mental/TIJ/Leprosy

In addition to official members, non-official members in serial number 1,2,3,10 and two oilier members to. be nominated by Govt.

(5) Taluk Level Hospitals CHCS/PHCS

In addition to official members and non-official members in serial No: 1,2,7 & two other members of H.D.C. to be nominated by Dist. Collector.

(6) Rural Hospital / P.H.C.'s / Dispensaries (Including Ayurvedic & Homeo)

In addition to official members, non-official members in serial number 1,2,4 and two other members of H.D.C. to be nominated by Dist. Collector.

V. The Chairman of the H.D.C. / H.D.S. shall also be the chairman of the executive committee.

VI. All the powers of H.D.C.'s / H.D.S. except the following shall be exercised by the executive committee subject to the overall guidance and control of H.D.C.

(a) Approval of budget estimate.

(b) Approval of annual audited statement.

(c) Any other matters of importance reserved by the chairman for the consideration of H.D.C.

VII. Any member who consecutively absent for three meetings would loose his membership <>I

H.D.C. / Executive Committee and for renomination. Govt, permission would be required.

VIII.It would be the personal responsibility of the superintendent of the hospital who is also the secretary of the committee to ensure that establishment expenditure does not exceed 35% the total revenue. For any appointment exceeding the limit, Secretary and Treasurer should not disburse salary. If any payment is effected contrary to these orders the excess amount paid would be treated as their personal liability, for any relaxation of the rule. Govt, sanction should be obtained.

IX. HDC should forward the quarterly report of their activity to the DMO in the case of Health Services Dept. and to the DME in the case of medical college hospital.

X. Where ever Lay Secretary is shown as Treasurer of H.D.C./H.D.S., Chairman of the H.D.C./H.D.S. may nominate an accountant of the hospital as Treasurer if necessary, in the place of Lay Secretary.

XI. In the IIDS the Executive Committee shall come into existence only after suitable amendment of bye-laws.

A comprehensive list of official and Non-official members to be included in the various

II DC/ IIDS is a appended to this order.

Appendix

I. Medical College Hospitals

A. Official Members

1. **District Collector Chairman**
2. **Principal, Medical College or in his absence vice principal, vice chairman.**
3. **Superintendent of Medical College Hospital, Secretary**
4. **Lay Secretary, Treasurer**
5. **Superintendent of other Teaching hospitals under the control of the Principal of the concerned Medical College.**
6. **Dist. Medical Officer (H) of the district in which the Medical College is situated.**
7. **Local Executive Engineer (B & R)**
8. **Local Executive Engineer, Kerala Water Authority**
9. **Local Executive Engineer, K.S.E.B.**
10. **Asst. Executive Engineer, PWD (Electrical Wing)**
11. **Nursing Superintendent of Medical College Hospital.**

B. Non-Official Members

1. **Mayor of the Corporation / Chairman of the Municipality / President of Block and Grama Panchayat in which the Medical College Hospital is situated.**
2. **Local MLA of the area (if the local MLA is a Minister/Speaker he will be represented by his nominee)**
Representatives of major political parties (List attached)
4. **One representative each from Rotary Club, Lions Club, Y's Men International.**
5. **One accredited journalist from among the three local Malayalam Dailies.**
6. **One representative from each of Ex-Service Men and Vyapari Vyavasayi Ekopana Samithi of the District.**
7. **Four eminent representatives among the public. Two nominees of Dist. Collector and two nominees of the DMOH**

Note : One recognised representatives of Tamil Linguistic minority will be included in the H.D.S. of Tvpm. Medical College subject to the condition that none of the non-official member belongs to this category.

8. **Local M.P. of the constituency which the hospital is situated.**
9. **One representative each of Nehru Yuva Kendra and National Service Scheme.**
10. **A member of the T.B. Association having life membership in the association and nominated by the local T.B. Association**

II. General Hospitals /Ayurvedic / Homoeo Hospitals

A. Official Members

1. **District Collector - Chairman**
2. **Superintendent of General / Ayurvedic Homoeo Hospital - Secretary**

3. **Lay Secretary - Treasurer**
4. **Local Executive Engineer - (B & R)**
5. **Local Executive Engineer - Kerala Water Authority**
6. **Local Executive Engineer - K.S.E.B.**
7. **Nursing Superintendent of each of the above hospital, as the case may be.**

B. Non - Official Members

1. **Mayor of the Corporation or Chariman of the Municipality / President of the Block or Grama Panchayat in which the Ayurvedic Hospital / Homoeo Hospital / General Hospital / W & C is situated.**
2. **Local M.L.A. of the area.**
3. **Zilla Panchayat President in the case of Women & Children Hospital.**
4. **Representatives of Major Political Parties (List attached)**
5. **One recognised representative each from Rotary Club Lion Club and Y'smen international**
6. **One accredited journalist from among the three malayalam dailies.**
7. **One recognised representative each of exservice and Vyapari Vyavasayi Ekopana Samithi of the Dist.**
8. **Four eminent representatives among the public (two nominees of District Collector and two nominees of DMOH)**

Note : A recognised representative from the Tamil Linguist Minority shall be included in the HDC of General Hospital Tvpm., Dist. Hospital Palakkad and Idukki. One recognised representative of Kannada Speaking people will be included in the District Hospital Kasargod if none of the non-official members belong to this communities and this condition will apply in respect of Tamil Linguistic Ministry also in respect of other districts where there population strength is dominant.

9. **Local M.P of the Constituency in which the hospital is situated.**
10. **One representative from the NYK and from NSS.**
11. **A member of the TB association and nominated by the local TB association.**

III. District Hospitals

A. Official Members

1. **District Collector**
2. **Superintendent of Dist. Hospital - Secretary**
3. **Lay Secretary - Treasurer**
4. **Dist. Medical officer of Health**
5. **Local Executive Engineer (B & R)**
6. **Local Executive Engineer, Kerala Water Authority**

7. **Local Executive Engineer, KSEB**
8. **Nursing Superintendent of District Hospital**

B. Non - Official Members

1. **Zilla Panchayat President - Chairman**
2. **Mayor of the Corporation or Chairman of the Municipality / President of Block and Gramma Panchayat in which the District Hospital is situated.**
3. **Local MLA of the area.**
4. **Representatives of major Political Parties (List attached)**
5. **One recognised representative from each of the Rotary Club, Lions Club, Y's Men International Club.**
6. **One accredited journalist from among the three Malayalam Dailies**
7. **One recognised representative each of Ex-Service Men and Vyapari Vyavasai Ekopana Samathi of the District.**
8. **Four eminent representatives among the public (Two nominees of chairman and Two nominees of DMOH)**

Note : Condition stipulated for General Hospital is applicable here also.

9. **Local M.P.of the constituency in which the hospital is situated.**
 10. **A member of T.B. Association having life membership in the Association and nominees by the Local T.B. Association.**
- 1 I. One representative each of N.Y.K. and the N.S.S.**

IV. *Speciality Hospitals (Mental / TB / Leprosy)*

A. Official Members

1. **District Collector - Chairman**
2. **Superintendent of the Hospital - Secretary**
3. **Lay Secretary & Treasurer**
4. **Dy. Director of Health Services / Asst. Director of the Concerned Speciality**
5. **Dist. Medical officer of Health**
6. **Local Executive Engineer (B & R) in his absence Asst. Executive Engineer**
7. **Local Executive Engineer.(KWA) in his absence Asst. Executive KWA**
8. **Local Executive KSEB in his absence Asst. Engineer KSEB**
9. **Nursing Superintendent of the Hospital**

B. Non - Official Members

1. **Mayor of the corporation or chairman of the Municipality / President of Block and Grama Panchayat in which the hospital is situated**
2. **Local MLA of the area**
3. **Zilla Panchayat President**

4. **Representatives of Major Political Parties (List attached)**
5. **One recognised representative each from Rotary Club, Lions Club and Y's Men International.**
6. **One accredited Journalist from among the three local Malayalam Dailies.**
7. **One representative from leading known social organisation.**
8. **One recognised representative each of Ex-Service Men and Vyapari Vyavasayi**

**Ekopana
Samathi.**

9. **Four eminent representatives from among the public (two to be nominees of the chairman and two nominees of DMOH)**
10. **Local M.P. of the constituency in which the hospital is situated.**
11. **One representative each from NYK and NSS**
12. **A member of the T.B. association having life membership in their association and nominated by the local TB Association.**

V. Taluk / Taluk Level Hospital / CHCs / Block PHCs

A. Official Members

1. **Superintendent / Senior Medical Officer of the Hospital - Secretary & Treasurer**
2. **Local Tahsildar**
3. **Local Asst. Executive Engineer (B & R)**
4. **Local Asst. Executive Engineer, KWA**
5. **Local Asst. Executive Engineer, KSEB**
6. **Nursing Superintendent or Senior Most Head Nurse of the Hospital**

B. Non - Official Members

1. **Chairman of the Municipality / President of Block and Grama Panchayat in which the hospital is situated - Chairman**
2. **Local MLA**
3. **Representatives of Major Political Parties (List attached)**
4. **One Representative each from the NYK, NSS, Rotary Club, Lions Club, Y's Men International.**
5. **One accredited Journalist from among the three local Malayalam Dailies.**
6. **Once recognised representative of a known social service organisation.**
7. **Local M.P. of the Constituency in which the hospital is situated.**
8. **Four eminent representatives from among the public (Two to be nominated by the chairman and the (wo by the DMO)**

Note : In respect a Taluk Hospital at Peerumedu, Udumbanchola, Devikulam, Chittoor in Palakkad one recognised representative of Tamil speaking minority shall be included if none the non official already select belongs to this minority Category.

9. Minority language people one recognised representative shall be included in the Kasargod Taluk Hospital Development Committee of none of the Non-Official Members belongs to this category Rural

VI. Rural Hospitals / Primary Health Centres / Dispensaries (Including Ayurveda and Homoeo)

A. Official Members

- 1. Medical Officer in charge - Secretary & Treasurer**
- 2. Block Development Officer**
- 4. Local Asst. Executive Engineer (B & R)**
- 5. Local Asst. Executive Engineer, KWA**
- 6. Senior most Nurse or ANM of the institution**

B. Non-Official Members

- 1. Chairman of the Municipality/President of the Grama Panchayat in which the institution is situated.**
- 2. Local M.L.A.**
- 3. Representative of Major Political Parties (List attached)**
- 4. Local M.P. of the constituency in which Hospital is situated.**
- 5. One representative each from NYK, NSS, Rotary Club, Lions Club and Y's Men International if available.**
- 6 One recognised representative of known local social organisation wherever it exists.**
- 7. One local accredited Journalist of Malayalam News paper.**
- 8. A member of the T.B. Association having life membership in the association and nominated by the local T.B. Association.**

List of Major Political Parties.

- 1. Indian National Congress 1**
- 2. Indian Union Muslim League**
- 3. Kerala Congress (Mani)**
- 4. Janathipathya Samrakshna Samithi**
- 5. Kerala Congress (Jacob)**
- 6. Kerala Congress (B)**
- 7. Revolutionary Socialist Party (B)**
- 8. Communist Marxist Party**
- 9. Communist Party of India (Marxist)**
- 10. Communist Party of India**

11. **Janatha Dal (S)**
12. **National Congress Party**
13. **Kerala Congress (Joseph)**
14. **Revolutionary Socialist Party**
15. **Bharathiya Janatha Party**
16. **G.O. (MS) No. 121/2002/ II & FWD dated 30-5-02**

Sanction accorded for the inclusion of a representative of Red Cross Society in the HDC/ HDS of Dist.Hospitals and HDS of Medical College, Tvpm.

17. **G.O. (MS) No. 157/2002/H & FWD dated 28-6-02**
ARP MFAs of the district and all MPs of the respective district will be included in the HDC / HDS of all Medical College Hospital.

RESOURCES OF HDC/HDS

According to the Rights & Responsibilities of HDC, its is upto them.

1. **To assess monetary requirements for improvements and organic ways and means to collect fund (Clause (C) (c) of G.O. MS 26/83/HD dated 29-1-1983).**
2. **To initiate welfare and development activities and to mobilize donations from individuals/ voluntary organisations (clause (C) (h) of G.O. MS 26/83/HD dated 29-1-1983.**
3. **Collect contributions from the public in cash and kind for the betterment of the hospitals (Clause 11(C) of G.O.MS 227/0/H & FWD dated 5-11-2001.**

For the mobilisation of funds, to achieve the above aims and objective, Govt, have issued

further instructions as noted below.

- **The committee can raise funds by way of Tokens, Cleanliness Charges, Charity Fund Collections, Contribution from visitors etc. by Circular No. 5205/J2/84/HD dated 30-11-1984.**
- **The committee can raise resources by means of Visitors Pass, Ambulance Service, O.P. Ticket Charges etc. and also through contributions wide. G.O. (MS) No. 78/93/IF&FWD crated 30-1-1993 (It is ordered to charge the O.P. Ticket Fees upto Rs. 3/- subject to the decision of H.D.C as per G.O. (MS) 84/93/H & FWD**
- **dated 21-8-1993.**
- **The committee is given freedom to charge Parking fee for Vehicles not exceeding Rs. 5/- per vehicles but not collect it compulsorily from Doctors, Staff and Govt Vehicles vide G.O.(MS) No. 349/96/H & FWD dated 29-10-1996.**
- **Funds collected on account of Hospital Stoppage and ancilliary charges except that of cost of special Medicines as per Kerala Medical Attendance Rules are ordered to be transferred to the credit of this fund.**
- **The committee can hire departmental ambulance subject to certain condition (details noted separately) as per G.O.(MS) No. 113/96/H & FWD dated 12-3-1996 .**
- **Though Govt, have dispensed the collection of O.P. Ticket charges as per G.O**

(MS) 288/96/11 & FWD dated 1-8-1996, clearance issued for the collection of O.P. Ticket charges subject to the decision of HDC of each institution.

DEPOSIT OF FUNDS

Funds collected by the HDC / HDS should have been deposited in Treasury Savings

Bank Account to be maintained jointly by the chairman and the secretary as per circular 53072/E1/87/H & 7WD dated 3-5-1988.

G.O.(MS) No. 2272001/H & FWD dated 28-6-2001

Govt, have accorded sanction to the HDC/HDS to deposit their collections in Nationalised Banks in the Joint Account of the Chairman and the Secretary.

UTILISATION OF FUNDS (Later revised vide GO MS 64/2004 II 9-3-04

Govt, have issued various orders and instructions with regard to the utilisation of funds collected by the HDC/HDS . Some of the selected orders are reproduced below.

I. In the original order - G.O. (MS) No. 26/83/ HD dated 29-1-1983, it was instructed to take up construction and repair works not exceeding Rs. 10000/- (This monetary limit has been revised as noted below)

Upto Rs. 10000/-	Rs. 50000/-	G.O. (MS) No.26/834/ HD dated 29-1-1983	
Upto Rs. 1,00,000/-		G.O. (MS) No. 28/93/ H & FWD dated 30-7-1993	
		G.O. (MS) No. 92/94 H & FWD dated 26-4-1994	
		(HDCS/HDS of MC H, D.H. and General Hospitals were at liberty to spend without Govt, sanction)	
Upto Rs. 10 lakhs		Medical Colleges and General Hospitals of Tvpm/Ekm/KKD	G.O. (MS) No. 30/99/ H&FWD dated 25-01-1999
Upto Rs. 5 lakhs		Dist. Hospitals & Dist. Level W & C Hospitals	
		T.H.Q. Hospitals	
Upto Rs. 2.5 lakhs		All other Hospitals	
Upto Rs. 1 lakh			

2. Circular No. 53072/E1/87/ H & FWD dated

18-11-1987

Circular to the effect that

- (1) No purchase exceeding Rs. 10000/- shall be made without specific approve from Government.**
- (2) All purchases should be made only in accordance with the financial delegation and subject to observance of S.P. Rules.**
- (3) The HDC will not undertake any construction work / repairs, other than those prescribed as per G.O. (MS) No, 26/83/HD dated 29-1-1983.**

3. Circular No. 53072/EI/87 H & FWD dated 3-5-1988

Circular envisages

- (1) Control of equipments / vehicles - Equipments purchased by the HDC should be handed over to the heads of Institutions concerned**
Prior permission of Govt, should be obtained for the purchase of vehicle.
- (2) Appointment to Pools - The HDC will obtain prior approval of Govt. for creation of posts and appointments. The expenditure will be met from HDC funds.**

4. Circular No. 12691/EI/92/H & FWD dated 4-7-1992

It says that funds collected by HDC/HDS can be utilised for the

- (1) Purpose of Medicines. Bandage, Cotton, Suture Materials. Plaster, Disinfectants, Suction apparatus.**
- (2) Printing of O-P tickets, case sheets essential, Hospital registers.**
- (3) Purchase of utensils like bucket etc.**
- (4) Emergency maintenance of buildings, furniture and equipments**
- (5) Cleaning of Hospital and Premises**
- (6) Purchase of furniture and equipments and**
- (7) Construction of additional infrastructure facilities subject to the terms and conditions in circular No. 53072/EI/87/ H & FWD dated 18-11-1987 and dated 3-5-1988.**

HDC shall appoint security staff and staff for collection of funds from the public subject to the condition that expenditure towards the pay and allowances etc. will be met from HDC Funds. Govt reiterate that no expenditure outside the items specifies above should be made in respect of non dcvelopmental items, expenditure should be incurred without prior approval of the government

- 5. Circular No. 60753/EI/92/H & FWD dated 26-4-93**
Govt, order that the HDC may appoint essential staff to maintain water supply and electricity in Medical Colleges, District Hospitals, General Hospitals, Mental Hospitals, Leprosy Hospitals and T.B. Hospitals meeting its expenditure from the HDC funds subject to the prior clearance of such appointment by Govt and subject to the condition that no expenditure in this account will be met by Govt.
- 6. Circular No. 18055/EI/92/H & FWD dated 5-11-1993**
Govt, reiterate rate that the HDC shall not undertake any construction work/repairs/purchase exceeding the limits prescribed without the prior sanction of Govt.
- 7. Circular No. 51883/EI/93/H & FWD dated 17-11-1993**
 - (1) Govt. Order that the HDC should give priority in the utilisation of funds for keeping hospital premises clean and hygienic and repair of defective / unserviceable equipments or purchase of medicine for the poor etc.**
 - (2) The HDC should not undertake capital construction works as far as possible, Govt. sanction for capital construction works should be issued selectively.**
- 8. Circular No. 28183/KI/94/H & FWD dated 28-12-1994**
Addl. Construction or maintenance of the buildings under the control of PWD should be done by the PWD, as per para 1.1.1 of the Kerala PWD manual.
- 9. Letter NO.2873/EI/95/H & FWD dated 25-1-1995**
Govt, have conveyed the approval to meet the expenditure in respect maintenance and repair work of the ambulance from HDC funds and the expenditure will be included in the purview of the Govt, order No. (P) 27/94/H & FWD dated 8-2-1994
- 10 G. D. (MS) No. 489/95/H & FWD dated 13-10-1995**
Govt, have authorised the HDC to undertake repair works of hospital buildings upto a cost of Rs. 10000 (Rs. Ten Thousand only) directly, without involving the Public works Department.
- 11. G.O. (MS) No. 70/96/ II & FWD dated 19-2-1996**
Govt. have exempted from payment of centage charges to the PWD for all works, including construction and repair and maintenance of buildings of the Health & Family Welfare Dept. the curl of which are met by the HDC or/ and voluntary agencies.

Establishment Charges

All Institution: - 10% of total monthly collection.
Circular No. 29050/EI/95/11&7WD
&7WD
dated 6-9-95

MCH/DH/GI-HLS - 20% of total monthly collection
THCH/Taluk Level Hospitals.CHCS -25% of total monthly collection
P.H.C.s & Dispensaries - 30% of total monthly collection
All Institutions - 35% of total monthly collection & 7WD dated 30-6-97 w.e.f. 1-7-1997

G.O.(MS) No. 189/ 97/H &FWD dated 16-02-1996 G.O. (MS)

12. G.O. (MS) No. 148/976/H & FWD dated 19-3-1996

Govt, have ordered for the payment of honorarium to one clerk and one peon of Rs. 200/- and Rs. 100/- P.M. respectively from the HDC funds who are entrusted with the additional works relating to the HDC.

13. G.O. (MS) No. 189/97/H & FWD dated 30-6-1997

Govt, have enhanced the existing limit of monthly establishment expenses of HDCs to 35% of the total monthly collection of the HDC in respect of Medical College Hospitals, Dist. / General Hospitals, Taluk Hospitals, C.H.C.s and PH centre w.e.f. 1-7-1997.

14. G.O. (MS) No. 30/99/H & FWD dated 25-1-1999 combined with G.O. (MS) No. 77/99/H & FWD dated 20-2-1999

Govt, have enhanced the monetary limit for purchases, repairs and constructions by HDC/HDS as noted below.

1. For all Medical Colleges and G.P. Hospitals, Tvp., Ekm. & Kkd.

- Rs. 10 lakhs

2. For Dist. Hospitals & Dist. Level Hospitals

- Rs. 5 lakhs

3. For Taluk Hospitals

- Rs. 2.5 lakhs

4. For all other Hospitals

- Rs. 1 lakh

The expenditure on monthly establishment charges shall not exceed 35% of the total

monthly receipts of the HDC also as far as possible the amount and other items as stipulated in the circular No. 53072/EI/87/HD dated 18-11-1987 and circular No. 12691/ EI/92/H & 7WD dated 4-7-1992.

15. G.O. (MS) No. 158/9911 & FWD dated 5-5-1999

Govt, have ordered that the Para Medical Staff appointed provisionally by H.D.C. may be allowed to continue upto a period of one year only after observing 2 days break at every two months interval. GO(MS) 141/97 H&FWD dt. 24.05.27 stands modified to this extent.

16. Circular No. 25900/MS/99/H & FWD dated 4-2-2000

Govt, have issued the following instructions for utilisation of H.D.C. Funds.

1. **No permanent employment shall be made as far as possible the work should be contracted out to other organisations (Eg. Security to Ex-Service Men's League, Cleaning to SEVA etc.) and individuals should not be engaged.**
2. **No purchase of vehicle except Govt, sanction shall be made.**
3. **Funds for revenue expenditure should not be spent if budget provisions are available and have not been exhausted when they are not available due to treasury restrictions, the expenditure may be met from the HDC funds and then recouped.**
4. **TA/DA will not be met from the HDC Funds.**

17. Circular No. 16847/MB/2000/H & FWD dated 8-6-2000

It has been pointed out that the HDCS are employing numerous daily wages staff against sanctioned posts and where no posts exists, paving way for the permanent staff to idle. Also many HDCs are finding it difficult to limit the establishment expenditure to 35% stipulated in the G.O. (MS) No. 169/97/H & FWD dated 30-6-97, leading to request for raise in the limit . Govt have examined the matter & instructed to reduce the number of staff employed by them, where no sanctioned posts exists and to move with the authorities for the creation of additional staff wherever HDCs have created infrastructure facilities.

18. G.O. (MS) No. 141/2000/ II & FWD dated 8-6-2000

The HDCS arc autonomous in nature. No funds from consolidated fund is involved. No Govt, grant or loan is being paid. As such, Govt..cannot impose a rate on the casual labourers engaged by the HDC for managing the day to day affairs of the Hospital die wages of the HDC Staff are met from HDC funds and no posts has been created under HDC. Govt, orders fixing daily wages will be applicable only to those staff who are appointed against Govt, sanctioned posts ie, those posts laying vacant due to dearth of regular PSC/Employment Exchange Hands Wages of daily wages staff under HDCs shall be fixed within the financial capacity of each HDC, the maximum limit being the rate fixed for ant particular post by Govt.

AUDIT OF ACCOUNTS 1

In addition to the Departmental Detailed audit, the credit of Audit of the Hospital Development Committees of various Govt. Hospitals in the state is entrusted to the Accountant General also vide G.O. (MS) No. 155/96/H & FWD dated 28-3-1996.

19. GO. (MS) No. 141/97/11 & 7WD dated 25-4-1997

- (1) **To have a uniform procedure in regard to the appointment and cotinuanace of daily wages staff of HDC/HDS, Govt. are pleased to order this following criterion time contingent.**
- (2) **In regard to substitute arrangements for class IV and part issue contingent employees the HDS will engage such employees for a**

- maximum period of two months when there is no chance for immediate posting and where such posts exists.
- (3) If there are no such sanctioned posts and if the superintendent at the DMOH are jointly satisfied that the services of class 1V/P.T, contingent employee is inevitable the HDC will after passing a resolution to this effect entrust the superintendent to appoint such an employee with requisite qualification for such a post for a maximum period of two months on daily wages.
- (4) In unavoidable cases after terminating such Daily Wages employee, he may be re-appointed after two days for another period of two months more. In such cases of four months employment on Daily Wages a written undertaking from the Daily Wages employee shall be obtained to the effect that he will not raise any claim for regularisation and it shall be recorded in the file and in no case his continuance shall exceed four months as consecutively.
- (5) The continuance of Daily Wages Employee is subject to appointment and actual joining of P.S.C./Employment Exchange Hand in the case of Hospitals/Dispensaries where such posts exists. On their joining such Daily Wages Employees will be terminated.
- (6) In regard to Security Guards/Security Staff such persons will be appointed by the HDC/ HDS on daily wages for a maximum period of six months if there is no such post and such security arrangements are inevitable. If there is no such post, till Employment Exchange Hand/PSC hand joins duty or a maximum period of three months whichever earlier on written undertaking he will not raise any claim for regularisation in the post. Such security staff will be appointed from the list furnished by the District Sainik Welfare Board after interview. His age limit will be 50 at the most. In regard to the Daily Wages, the rates fixed by Govt, in G.O. (P) 1078/95/finance dated 20-12-1195 will apply.
20. Circular No. 38247/MB/98/H & FWD dated 16-2-1999
It has been brought to the notice of the Govt, that in many HDCs/ HDSs. Daily Wages staff have been allowed to continue beyond four months over looking the instructions issued in G.O. (MS) No. 141/97/H & FWD dt. 25-4-1997.
Govt, hereby instruct that G.O.(MS) No. 141/97/H & FWD dated 25-4-1997 will be strictly adhered to and under no circumstances the employees on Daily Wages in HDCs/HDSs will be allowed to continue beyond 4 months.
21. G.O. (MS) No. 158/99/H & FWD dated 5-5-1999
Govt, have examined the case and are pleased to order that the paramedical staff appointed provisionally by HDC/HDS may be allowed to continue upto a period of one year only after observing 2 days break at every two months interval. G.O. (MS) No. 141/97/H & FWD dated 25-4-1997 stands modified to this extent.

GOVERNMENT OF KERALA
ABSTRACT

**Health & Family Welfare Department - Hospital Development
Committees/Hospital Development Societies - Duties and
functions Further Orders - orders issued**

HEALTH & FAMILY WELFARE (M) DEPARTMENT

G.O.(MS) No. 64/2U(M /II&FWD Dated, Thiruvananthapuram 09-03-2004

- Read: 1. G.O.(MS) No. 26/83/HD/dated 29-01-1983
2. G.O. (MS) No. 30/99/H&FWD dated 25-01-1999
3. G.O. (MS) No. 277/01/H&FWD dated 05-11-2001**

ORDER

The question of giving more autonomy to Hospital Development Committees / Hospital Development Societies in this state and making their working more effective and accountable has been engaging the attention of government for quiet sometime. After having examined the matter in details, Government issue the following orders in modification of the existing orders in the matter.

1. Financial Matters

- a.. In addition to utilizing 35% of the collection towards establishment charges, as envisaged in Government order read as second and third papers above, the Hospital Development Committees /Hospital Development societies are authorised to incur not more than 10% of their collection towards cleanliness of the Hospitals and their surroundings, repair and maintenance of sewage pipelines, providing adequate chairs/benches.**
- b. Onetime special permission is granted to all Hospital Development Committees / Hospital Development Societies of their collections for putting in place a Bio - medical waste segregation and disposal mechanism in the light of the recent directions of the Hon'ble High Court.**
- c. The ceiling / monetary limit fixed on expenditure by Hospital Development Societies/ Hospital Development Committees as per the Govt, order read as second paper above shall be enhanced**

as follows :

- i) From Rs. 10 Lakhs to Rs. 15 Lakhs in the case of Medical Colleges**
- ii) From 5 Lakhs to 10 Lakhs in the case of District Hospitals and District Level women and Children hospitals**
- iii) From Rs. 2.5 Lakhs to 5 Lakhs in the case of Taluk Hospitals**
- iv) From Rs. 1 Lakh to Rs. 2 Lakh in the case of other Hospitals.**

d. The superintendent of District Hospital/Women and Children Hospitals are empowered to procure medicines in emergencies, to the tune of Rs. 50,000 and the superintendence of Medical Colleges to the tune of Rs. one lakh. The decision to resort to such a procedure shall, however, be taken by a committee consisting of the superintendent of the Hospital, RMO and the Lay Secretary wherever there is a Lay Secretary. After incurring expenditure in emergency situation the matter shall be placed before the Executive Committee of the Hospital Development Committees / Hospital Development Societies for rectification. The Executive committee shall in turn, meet at least once in a month and take appropriate decision on the issue on hand.

e. Hospital Development Committees/ Hospital Development Societies are empowered to by a computer each so as to computerised all accounts. An Appropriate Software shall be development for the purpose and supplied to the hospitals. Hospital Development committies/Hospital Development Societies are also empowered engage a Computer - cum - Accounts Assistant, duly qualified in accountancy and Data Entry subject to usual conditions.

1. Power to Setup Public amenities

Comfort stations for bi standers shall be setup in all hospitals right down to community Health Centres to begin with. Similarly, The Medical Colleges shall also arranged to setup comfort stations. Seating up of comfort stations shall be subject to the following Conditions.

- a. In the Hospitals coming under Directorate of Health Services, a comfort station will consist of five toilets for men and five for women and bathroom each for men and women. In Medical Colleges comfort Stations will have 10 toilets for men, 10 for women 2 bathrooms each for men and women.**
- b. A comfort Stations will be maintained on contract basis by transparent auction.**
- c. The Highest bidder will be permitted to charge Rs. 1 for using the toilet and Rs. 5 for bathing**
- d. For the purpose of ensuring adequate water supply, a borewell / open well will be dug as may be required**
- e. The expenditure towards putting up the above facilities shall be met by local bodies / voluntary agencies. In case the Hospital Development Committies / Hospital Development Societies are not able to succeed in getting support from outside, they shall incur the expenditure from their on collections. The works shall be executed after getting the detailed estimates approved by the Hospital Development Committies / Hospital Development Societies.**

3. Matters Relating to Complaints / Grievance redressal

- a. Hospital Advisory Committees: Each Hospital right down to the Primary Health Centres shall have Hospital Advisory Committee consisting of elected members of the concerned Local body and headed by the President/Mayor as the ease may be of the local body. The .Superintendents Medical Officer of the concerned Hospital shall be**

the convener and the committee shall meet atleast once in a month.

b. Aim and functions of Hospital Advisory Committee: The Primary aim of the hospital advisory

committees shall be to redress the grievances relating to cleanliness, maintenances of infra structure, patient care, availability of drugs, maintenance of equipments, attendance of personnel and their output....The Hospital Advisory Committee shall also hear complaints from individuals / institutions and arrange to redress them locally. In respect of complaints relating to patient care and personnel, (hey shall be examined by the Committee and appropriate recommendations forwarded to Director of Medical Education / Director of Health Services / Director of Ayurveda Medical Education 1/4 Director of Homeopathy / Director of Indian Systems of Medicine / Principal Homeo Medical College.

All District Collections. Head of Departments, Superintendents of Hospitals shall give top priority to implement the above orders and report compliance to Government in a time bound manner. They shall also forward to Government periodical progress reports on the items mentioned above.

**(By order of the
Governor)**

**TOM THOMAS
DEPUTY SECRETARY**



GOVERNMENT OF KERALA

Abstract

**Hospital Development Committees/Hospital Development Societies-
Constitution of
ad-hoc committees in all Government Hospitals and Government
Medical Colleges-
Sanction accorded-Orders issued.**

HEALTH & FAMILY WELFARE (M) DEPARTMENT

**G.O (Rt)No. 1513/2005/H&FWD. Dated, Thiruvananthapuram,
27/5/2005**

**Read: 1) G.O.(MS)No.277/0 I/H&FWD dated 5/11/2001.
2) G.O.(MS)No.308/04/H&FWD dated 29/11/2004.
3) G.O.(MS)No.129/0S/H&FWD.dated 16/5/2005.
4) Letter dated 20/5/2005 from Secretary/Superintendent,
Medical College Hospital, Kottayam.**

ORDER

As per Government Order read as 3rd paper above the term of the Hospital Development Committees/Hospital Development Societies in all Government Hospitals/Government Medical Colleges has been terminated with immediate effect Reports are being received from the Superintendents of various hospitals that necessary maintenance and other matters required for the day to day functioning of the hospitals which were being carried out by the Hospital Development Societies/Hospital Development Committees are stopped due to the liquidation of the Hospital Development Committees/Hospital Development Societies and they have therefore requested for permission to carry out emergency functions of the Hospital Development Committees/Hospital Development Societies by the Superintendents of the hospitals.

2) Government have examined the matter in 'detail and are pleased to order constitution of ad-hoc committees in all the Government Hospitals/Government Medical Colleges including the official members of the respective committees as ordered in the Government Orders read as 1st and 2nd papers above with immediate effect as to carry out the day to day functioning attended to by the Hospital development Societies/Hospital Development Committees in Hospitals.

**(By Order of the Governor)
John Thomas,
Deputy Secretary.**

To

All District Collectors.

All Head of Departments

**All District Medical
Officers(Health)/(Homeo)/(
Ayurved**

**The Director of Information and Public Relations,
Thiruvananthapuram**

The Stock File/OC.

Copy to The P.S to Minister (Health)

The P. A to Addl.Chief Secretary (Health).

Forwarded/By Order;

Section Officer.



GOVERNMENT OF KERALA

Abstract

**Public Health Institutions – Constitution of new Hospital Management
Committees – Orders issued.**

Local Self Government (N) Department

G.O. (MS) No. 79/2007/LSGD

Dated

Thiruvananthapuram, 14-3-2007

Read: G.O.(MS) No. 15/2007/H&FWD dated 12-1-2007.

ORDER

**As per the GO read above Government have decided to constitute Hospital
Management Committees for hospitals and dispensaries transferred to local
government from the three streams – Allopathy, Ayurveda and Homoeopathy.
These Hospital Management Committees stipulated in the Kerala Panchayat
Raj Act and Kerala Municipality Act would be constituted by the local
government concerned and the existing Hospital Development Committees
would stand dissolved from the date of registration of the new Hospital
Management Committees and all the assets would be transferred to the**

Hospital Management Committee from that date. The Management Committee may start functioning forthwith, with the ex-officio members.

The composition of the Hospital Management Committee would be as follows:

- 1. The elected head of the Local Government – Chairperson.**
- 2. Chairperson of the Standing Committee in charge of public health in the Local Government – Vice Chairperson.**
- 3. Members of the Standing Committee in charge of public health in the Local Government not exceeding five including two women Members.**
- 4. The elected member of the Local Government representing the area where the**
- 5. Engineers of LSGD, Kerala State Electricity Board and Kerala Water Authority having jurisdiction over the area in which the health institution is situated – Member.**

In the case of Village Panchayat such an Engineer shall not be below the rank of an

Assistant Engineer. In the case of Block Panchayats and Municipalities not below the rank of an Assistant Executive Engineer. In the case of District Panchayat not below the rank of an Executive Engineer.

- 6. Three persons to be nominated by the Local Government having knowledge and interest in the activities of the health institution who are willing to do voluntary social service and residing in the area of the LSGI.**
- 7. One representative each of the political parties having representation in the Assembly from the respective districts or in the respective three-tier Local Government where the health institution is situated.**
- 8. Medical Officer in charge of the medical institution – Member Secretary & Convener.**

The term of the Management Committee shall be coterminous with that of the elected Local Government.

If a nominated Member absents himself/herself for three consecutive meetings without prior permission of the Chairperson his/her membership shall stand automatically terminated. Also a Member shall cease to be a Member if he/she resigns becomes insolvent or if convicted of an offence involving moral turpitude. Vacancies thus arising shall be filled by the Local Government concerned from time to time.

The Management Committee shall be registered as a charitable society.

Model bye laws shall be circulated by Government separately.

Powers and responsibilities of the management Committee.

- 1) It shall any of the Management Committee to give suggestions to the Local Government and the Officers concerned to make effective the working of the Health Institution concerned as part of the performance of the duties in respect of the public health vested in the Local Government under the Act.**
- 2) The Management Committee shall have supervisory power over the constitution works, maintenance of the buildings, vehicles and equipment, water supply, supply of electricity, sanitation, providing amenities to the patients coming for medical treatment, maternity and child care, field level health activities etc., in the Health Institution.**
- 3) The Management Committee shall ensure compliance to minimum standards of facilities; hospital care and treatment protocols prescribed from time to time.**
- 4) The Management Committee shall periodically review Citizens Charter of Health Institution and give suggestions to Local Governments for revision.**
- 5) The Management Committee shall identify problems faced by patients and citizens in the Health Institution.**
- 6) The Management Committee shall acquire instruments, equipments, drugs, consumables, furniture etc., through purchase, donation or any other appropriate means.**
- 7) The Management Committee shall institute an internal grievance redressal mechanism in the Health Institution.**
- 8) The Management Committee shall exercise vigil to prevent malpractices in the functioning of the Health Institution.**
- 9) The Management Committee shall ensure transparency and accountability in the functioning of the Health Institution.**
- 10) The Management Committee shall encourage people's participation in the functioning of the Health Institution.**
- 11) The Management Committee shall ensure transparency in the management of funds.**
- 12) The Management Committee shall organize outreach services, health camps.**
- 13) The Management Committee shall facilitate scientific management of hospital waste and biomedical waste.**
- 14) The Management Committee shall review the functioning of the Health**

Institution.

- 15) The Management Committee may cause to run canteen/fair price medical store in the institution premises.**
- 16) The Secretary shall, if demanded by the Management Committee, be bound to give for inspection, any document in connection with the working of the Health Institution, kept under his custody.**

Provided that the Management Committee shall not have the power to demand for or to inspect any document in respect of the medical treatment of a patient or to issue directions to any Officer in respect of the treatment.

- 17) The Management Committee shall constitute a fund by collecting donations from the public and utilize the same for improving infrastructural facilities or standards of services delivered by the institution.**
- 18) The Management Committee shall facilitate social audit of the Health Institution.**

Procedure of the Meetings of the Management Committee:

- 1) The Convener shall in consultation with the Chairman, convene the meeting of the Management Committee once in three months and also according to needs, in the intervening period.**
- 2) The Convener shall, at least seven days before the due date of the meeting, issue notice to the members of the Management Committee informing them the place, date and time of the meeting and the copy thereof be published on the notice board of the Health Institution.**
- 3) The Convener shall, in consultation with the Chairman, prepare an agenda incorporating the matters to be discussed in the Management Committee and the same shall be given to the members along with the notice of the meeting.**
- 4) The quorum for the meeting of the Meeting Committee shall be one half of the number of members of the Committee.**
- 5) The Chairman or in his absence, the Vice-Chairman shall preside over the meeting of the Management Committee.**
- 6) The Convener shall keep a minutes book for recording the minutes of the proceedings of the meeting and an attendance register for making attendance of the Members present in the meeting.**

Decisions of the Meeting.

The decisions of the subjects discussed in the meeting of the Management Committee shall be taken on the basis of the option of the majority of the

members present in the meeting and the Convener shall send the decisions to the Local Government for information and action there on. If the context so requires, the Convener shall send the decisions of the meeting to the Government or the authority concerned also. The decisions in respect of Health Institutions under the Village Panchayat, Municipality and Corporation would be presented before the Grama Sabha or Ward Sabha as the case may be.

Bank Account:

There shall be Bank Account for the Management Committee which shall be opened in the nationalized Bank having the Health Institution in its service area. The account shall be in the join name of the Chairman and the Member Secretary and shall be operated jointly. All funds of the Management Committee shall be remitted to the account with the appointed bank and shall not be withdrawn except by cheque jointly signed by the Chairman and Secretary.

Accounts:

The Management Committee shall cause regular accounts to be maintained of all its funds and the transactions thereof.

Audit:

The Accounts of the Management Committee shall be annually audited by a Chartered Accountant or any qualified person appointed by government.

Governor

By order of the

Government

**S.M. Vijayanand
Principal Secretary to**

To

The Director of Panchayats, Thiruvananthapuram.

The Director of Urban Affairs, Thiruvananthapuram.

The Commissioner of Rural Development, Thiruvananthapuram.

All Presidents/Secretaries of Grama Panchayats, Block Panchayats and District Panchayats (through DP, Thiruvananthapuram)

All District Collectors.

The Director of Health Services, Thiruvananthapuram.

The Director of Medical Education, Thiruvananthapuram.

The Director of Homoeopathy, Thiruvananthapuram.

KHSMSA KOLLAM

**The Director of Ayurveda Medical Education, Thiruvananthapuram.
All Mayors/All Municipal Chairman (through Director of Urban Affairs)**

Copy to:

P.S. Minister (H&FWD)

P.S. to Minister (LSG)

PA to Secretary (Health)

PA to Special Secretary (Health)

Health Department.

Forwarded by order

Section Officer

KHSMSA KOLLAM