



Fact Finding Report of Burns Unit, District Hospital, Hanumangarh (Rajasthan)

Date of Fact Finding: 18/07/2019



Burns Unit, District Hospital, Hanumangarh

Fact Finding Report by Prayas

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Acronyms

CMHO	Chief Medical and Health Officer
DGHS	Directorate General of Health Services
DH	District Hospital
FYP	Five Year Plan
GoI	Government of India
IPHS	Indian Public Health Standards
MoHFW	Ministry of Health and Family Welfare
MO I/C	Medical officer in-charge
NHM	National Health Mission
NPPMBI	National Programme for Prevention and Management of Burn Injuries
NRHM	National Rural Health Mission
SDH	Sub-Divisional Hospital
SN	Staff Nurse

Introduction¹

Burn injury is a big public health problem, though not acknowledged as one so far and not yet addressed enough in our country. Unlike other injuries, burn injury is accompanied by trauma, scars and disfigurement, which takes years to heal both physically and psychologically. Many of the burn injury patients require counselling as well as physiotherapeutic rehabilitation and repeated plastic surgeries for many years, thus, augmenting their financial hardship. Moreover, specialised treatment facility for burn cases is not available in many of the medical colleges, consequently leading to high mortality and morbidity.

In fact, more people die due to burn injuries than malaria and tuberculosis. In India alone, around 70 lakh persons suffer from burn injuries, out of which, 7 lakh need hospital admission and 2.4 lakh become disabled. As per the data extrapolated from the information received from three major government hospitals in Delhi, approximately 1.4 lakh people die of burn injuries annually. This comes to one death every 4 minutes due to burns; however, burn injury is mostly unrecognised in our country. Only media reports highlight cases during Diwali festivals, bride burning cases and chemical burn injuries due to acid/alkali attacks.

Moreover, no treatment facilities specific for burn injuries are available in most parts of India, and all such cases are treated by General Practitioners and Quacks. Most of the burn victims belong to vulnerable group of the society. The misery of burn patients is further aggravated as the treatment requires prolonged hospitalisation and multiple corrective plastic surgeries, leading to economic hardship.

However, the death and disability due to burn injury is preventable to a great extent provided timely and appropriate treatment is given by trained personnel. The management of burns is a distinct branch of medical super specialty. However, trained personnel as well as dedicated burn units are restricted to bigger cities, and that too in a few tertiary care hospitals in our country. Under such circumstances, and keeping in view the rising number of deaths due to burn injuries, a project was initiated during the 11th Five Year Plan, in Oct 2010 by the Directorate General of Health Services, Ministry of Health and Family Welfare, for the development of burn units in the identified medical colleges and district hospitals. Under the project, 100% financial assistance was provided by the Central government to the identified medical colleges and district hospitals for the construction/renovation/up-gradation of the burn units, and for the procurement of equipment and

¹ Operational Guidelines for Establishment of Burn Units at District Hospitals under National Programme for Prevention & Management of Burn Injuries (NPPMBI)-12th five year plan

contractual human resource. The project was approved for continuation as a full-fledged national programme in the name of National Programme for Prevention and Management of Burn Injuries (NPPMBI) during the 12th FYP, covering 67 state government medical colleges and 19 district hospitals during the 12th FYP period.

Objectives and Methodology

The fact finding was conducted by the Prayas team members between November 2018 and July 2019 with the following objectives:

- To find out the reasons behind closure of the burns unit in the district hospital, Hanumangarh.
- To advocate with the district authorities to restart the burns unit and resume its services.

The fact-finding team comprised:

- Mr. Krishna Kumar Jhaajaria
- Mr. Rameshwar Lal

The fact-finding team conducted:

- Site visits to the district hospital of Hanumangarh
- Interviews with doctors and other staff members
- Observation of the quality of care provided to burns patients in the DH

The Case

The burns unit in the DH, Hanumangarh had been functioning well till October 2018. Patients with burns were admitted in the unit, and doctors and nursing staff posted in the unit provided the required treatment to the patients. The burns unit had two wards with five cabins each and two air-conditioners. All other necessary facilities were also available like the staff room, medicine store, duty staff room etc. However, the burns unit was closed in November 2018.

The fact finding team visited the DH in November 2018 itself to find out the reason behind the closure of the burns unit. The team met Dr. Deepak Saini, the PMO of the hospital, who informed that the unit was closed due to the shortage of staff. He added that the unit could be reopened if he had the staff. When asked if there was a directive from somewhere to close the unit, he responded that there was no directive from anywhere and that it was his decision to close the burns unit.

Due to the closure of the unit, burn patients were forced to either seek treatment in the private hospitals, incurring huge financial burden in the process or forego treatment.

patients of ward C were shifted to the burns unit temporarily, and therefore burn patients could not be admitted there. He also mentioned that alternative arrangement had been made to admit the burns patients in ward A and ward B for the time being.



Ward C which is undergoing repair work

In order to confirm the PMO's claim, the fact finding team again visited the DH on 18 July 2019. The team observed that no arrangement had been made to admit the burns patients in the male or female surgical wards. Upon asking, the nursing staff informed that burn patients were not being admitted in the hospital for quite some time as the burns unit was closed, and they were instead being referred to other hospitals.

Guidelines & Guarantees¹

Objectives of the NPPMBI programme:

- To reduce incidence, mortality, morbidity and disability due to burn injuries.
- To improve awareness among the general population and vulnerable groups, especially women, children, industrial and hazardous occupational workers.
- To establish adequate network of infrastructural facilities along with trained personnel for burn management and rehabilitation.
- To carry out research for assessing behavioural, social and other determinants of burn injuries in our country for effective need-based programme planning for burn injuries, monitoring and subsequent evaluation.

The expected outcomes of the programme:

- Dedicated burns care services in 70 medical colleges and 25 district hospitals would be established.
- Availability of skilled human resource at the medical colleges and district hospitals would be ensured.

- Increased awareness regarding prevention of burns Injuries, safety measures and availability of services through IEC.

The Programme has four main components: Prevention, Treatment, Rehabilitation and Training. P

- *Prevention:* Prevention is one of the crucial aspects of any programme; the same is true for the burn programme as well, as a large percentage of burn injuries can be prevented by taking appropriate preventive measures. Hence, in the national programme, it is proposed to undertake the following activities to ensure better awareness through print and electronic media among the general population for prevention of burn injuries- Activities related to electronic media to be undertaken through Doordarshan, Cable TV, Internet, Mobile phone SMS, CCTVs at the railway stations, hospitals, schools and other public places; Activities for print media to be taken up through newspapers, advertisements, magazines, posters, charts, folders for disseminating information; Conventional methods like melas, rallies, quiz, folk dance etc to be utilized; Awareness campaign for school children and college students to be organized; Outdoor publicity to be done through hoardings, wall paintings, neon signs, kiosks, bus panels, etc.
- *Treatment:* Physical Infrastructure in identified district hospitals to be strengthened by establishing/strengthening burns units through the national programme. Grants would be given to the states for construction/alternation/renovation/modification of the existing structure, engagement of human resource and purchase of equipment. The burns unit in a district hospital is stipulated to have 6 beds (4 general beds + 2 acute care beds) and other facilities. In order to prevent infection, packaged type air cooled/water cooled units with requisite number of air changers have to be there.
- *Rehabilitation:* Follow up and rehabilitation services are to be provided to restore functional capacity of burn patients, thereby enabling them to achieve functional independence and better quality of life. Existing physiotherapy units to be strengthened by adding more equipment, and by providing physiotherapists and community based rehabilitation workers for the rehabilitation of burn victims.
- *Training:* Under this component, surgeons, medical officers, paramedics and multi-disciplinary workers are to be imparted hands-on training in “Burn Injury Management” at the identified central and state training centres.

Unlike the pilot project started during the 11th FYP, the programme is no longer 100% centrally sponsored. It has now been merged within the overall ambit of the centrally assisted scheme,

namely, "Human resource in Health and Medical Education". As per the financial norms of this umbrella scheme, the financial assistance between the central and state governments would be shared in the ratio of 75:25. Rs. 50 crore was allocated in the 12th FYP for district hospitals to establish functional burns unit under NHM.

Recommendations

- The well-functioning burns unit in district hospital, Hanumangarh was closed without any official communication, which led to the patients either having to forego treatment or incur huge expense in private hospitals. The burns unit in the DH should be reopened with immediate effect.
- Till the time the burns unit is made fully functional, adequate arrangement should be made to provide the required treatment to burns patients in other wards of the hospital like the surgery wards.
- Burns patients should be provided separate and hygienic facilities in the absence of separate burns unit in order to protect them from infection.
- The district collector and the civil surgeon/CMHO should conduct an enquiry into the ad-hoc closure of the burns unit by the PMO on his sole discretion, without any written official communication from the department.

Conclusion

The arbitrary decision to suddenly close the burns unit at DH, Hanumangarh, taken solely by the PMO created extreme difficulties for the patients. They had to either forego treatment or incur huge expenses in taking treatment at private facilities. The reason that the PMO gave unofficially to the fact finding team was staff shortage though his written response was very different, saying that the burns patients were being treated in other wards of the hospital as the burns unit was catering to patients of the ward that was under renovation. However, the staff in the hospital informed that no burns patients were being treated in the hospital for past few months. The CMHO and the district collector should take note of the PMO's arbitrary decision and order him to open the burns unit immediately. If the unit or the hospital is short on staff, the matter should be raised in appropriate forum and addressed for smooth functioning of the unit and the hospital.