

**MAHESHWARA MEDICAL COLLEGE & HOSPITAL
CHITKUL, MEDAK DISTRICT, TELANGANA STATE – 502 307**

(ALLETI SHRUNITHA EDUCATIONAL SOCIETY)

**STATUS OF COMPLIANCE WITH MINIMUM STANDARD
REGULATIONS**

FACULTY & RESIDENTS		
Sl. No.	Deficiency Pointed by MCI Executive Committee	Submission of College on Deficiencies
1.	Shortage of Residents 100% as detailed in the report.	All the Senior and Junior Residents are residing in the Resident's Quarters / Hostel as they are instrumental for the Hospital day to day operations. Hence there is no deficiency.
2	Deficiency of faculty was 6.15% as detailed in the report.	We recruited the faculty as per the Minimum Standard Regulations of Medical Council of India for 150 MBBS Admissions. The Assessors ignored the Faculty requirement in the Department of Anaesthesia (Professor: Associate Professor: Assistant Professor is 0: 2: 2). We are having Professor-1, Associate Professor-1 & Assistant Professor-3. Assessors overlooked the counting available Professor against Associate Professor. Hence there is no such deficiency
3	Medical Superintendent does not have relieving order from previous Institute.	Dr. D. S. Ramachandra, Professor of Anaesthesia is re-designated as Medical Superintendent. He is having adequate experience for Medical Superintendent as per MCI Norms. Hence the deficiency is rectified
CLINICAL MATERIAL		
S. No.	Deficiency Pointed by MCI Executive Committee	Submission of College on Deficiencies
4	Bed Occupancy 43.33% on the day of assessment against requirement of 60%.	Bed Occupancy on the day of Assessment was 75%. On the day of inspection the assessors are completely biased and taking video/photos of vacant beds and avoided capturing occupied beds. Hence there is no deficiency.
5	OPD attendance was 584 on the day of assessment against requirement of 600. There were not many patients at OPD Counters around 10:25am.	Total number of Outpatients on the day of assessment was 650 (Review OP - 43 & New OP - 607). Hence there is no deficiency.
6	There was only ONE Major & NIL Minor operation on the day of assessment till 11.00am	Total number of 12 Major Surgeries & 34 Minor surgeries including Outpatient Procedures done on the day of assessment. Assessors visited only one operation and ignored the rest of Operation Theaters. Assessors have also collected OT list from Anaesthesia department and Display Board.

		Hence there is no deficiency.																																														
7	There was NIL Normal Delivery & NIL Caesarean Section on the day of assessment	There were 1 Normal Delivery and 1 Caesarean Section on the day of assessment. Hence there is no deficiency.																																														
8	Radiological & Laboratory investigations workload is inadequate. Deficiency remains as it is.	The Radiological & Laboratory investigations done on the day assessment are as mentioned below.																																														
		<table border="1"> <thead> <tr> <th rowspan="2">S. No.</th> <th rowspan="2">Investigation</th> <th colspan="2">No.</th> </tr> <tr> <th>OPD</th> <th>IPD</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>X-Ray</td> <td>74</td> <td>26</td> </tr> <tr> <td>2</td> <td>USG</td> <td>42</td> <td>10</td> </tr> <tr> <td>3</td> <td>Special Investigations</td> <td>5</td> <td>2</td> </tr> <tr> <td>4</td> <td>Biochemistry</td> <td>271</td> <td>186</td> </tr> <tr> <td>5</td> <td>Bacteriology</td> <td>20</td> <td>10</td> </tr> <tr> <td>6</td> <td>Serology</td> <td>86</td> <td>76</td> </tr> <tr> <td>7</td> <td>Haematology</td> <td>562</td> <td>243</td> </tr> <tr> <td>8</td> <td>Clinical pathology</td> <td>198</td> <td>105</td> </tr> <tr> <td>9</td> <td>Histopathology</td> <td colspan="2">6</td> </tr> <tr> <td>10</td> <td>Cytopathology</td> <td colspan="2">14</td> </tr> </tbody> </table>	S. No.	Investigation	No.		OPD	IPD	1	X-Ray	74	26	2	USG	42	10	3	Special Investigations	5	2	4	Biochemistry	271	186	5	Bacteriology	20	10	6	Serology	86	76	7	Haematology	562	243	8	Clinical pathology	198	105	9	Histopathology	6		10	Cytopathology	14	
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We have Digital X-ray system facility and the X-rays will be online to all the consultants in OPD's. Intern they advise and admit the patients based on the X-ray findings.																																																
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9	Histopathology & Cytopathology workload is NIL on the day of assessment	There were 6 Histopathology and 14 Cytopathology Investigations done on the day of assessment. Hence there is no deficiency.																																														
10	Casualty: Patients in Casualty were having minor complaints like giddiness, body ache, weakness which did not require admission in Casualty	There were 7 admissions in the casualty on the day of assessment. It is not true to say that patients with trivial complaints like giddiness, body ache and weakness were admitted but cases like Accelerated Hypertension, Acute Gastro Enteritis and Trauma etc. are admitted. After the admission they are transferred to the respective wards. Hence there is no deficiency.																																														
11	ICU's: There were only 1 patient in NICU & 2 in ICCU on the day of assessment	There were two patients in NICU, two patients in ICCU. Hence point justified.																																														
12	Data of Clinical material provided by Institute are inflated	Same as Sl. No 4, 5, 7, 8, 9 & 10. Hence there is no deficiency.																																														

13	In Orthopaedics ward, not a single patient with POP or Back slab was found. Many patients with minor complaints like fever, Body ache were admitted in General Medicine, Paediatrics and Orthopaedics.	Patients with minor fractures like Colle's where POP is done are mostly outpatient and are not admitted. We get non-union or malunion patients. We are adopting latest methods of surgical treatment as per requirement. We are also performing high end surgeries and planning for the replacement surgery. Hence there is no deficiency.
14	In male General Surgery ward, patient name B Raju M/28, OPD # 160131, IPD # 16020809, admitted in Unit I was given fake diagnosis of Lipoma of Abdominal wall; on examination it was observed it was not a Lipoma at all.	The case is not a fake case or fake diagnosis. Initially the Junior Resident made the provisional diagnosis as Lipoma. Even our Chief Surgeon confirmed that in the case sheet that it is not a Lipoma after the differential diagnosis based on detailed examination .It is diagnosed as Sebaceous Cyst. Hence clarified.
INFRASTRUCTURE		
S. No.	Deficiency Pointed by MCI Executive Committee	Submission of College on Deficiencies
15	Wards: Wards of TB & Chest, Skin & VD and Ophthalmology are not as per MSR regulations as ancillary facilities are not available. Deficiency remains the same.	Ancillary facilities are created after the first inspection held on 29 th & 30 th December 2015. Ancillary facilities in the wards of TB and Chest, Skin and VD and Ophthalmology were available on the day of inspection. Hence there is no deficiency.
16	Student's Hostel: Rooms were not furnished	Hostel Rooms are completely furnished. Hence the deficiency is rectified.
17	All the Assessors visited the Resident's hostel & found that not a single Resident was staying in the room	All the Senior and Junior Residents are residing in the Resident's Quarters / Hostel as they are instrumental for the Hospital day to day operations. Hence there is no deficiency.
18	Residential Quarters: They are not furnished	Residential Quarters are furnished completely. Hence the deficiency is rectified.
OTHER REQUIREMENTS		
S. No.	Deficiency Pointed by MCI Executive Committee	Submission of College on Deficiencies

19.	Many wards are manned by Student Nurses.	<p>We have adequate nursing staff in our hospital which has been checked by the MCI inspectors in both the inspections. We regularly take teaching and training programme for the nurses by senior nursing staff and also by various faculty members. The Assessors assumed that training class in the morning is for the student nurses. We do not have any student nurses as there is no nursing college in this Hospital.</p> <p>Hence the point doesn't arise.</p>
20.	Dean refused to sign SAF after reading the same.	<p>The points were incorrect.</p> <p>The Assessors prevented the Dean to sign in SAF with his objections.</p>