

Standard Operating Procedures

for assuring medicines and consumables
availability in health institutions in GNCTD



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Standard Operating Protocols for assuring availability medicines and consumables in health institutions in GNCTD

The government is committed towards assuring the availability of all essential medicines and consumables at all health institutions in GNCTD.

This mandate has several interdependent components. On one hand the clinicians have to ensure adherence to rational, ethical EDL items while prescribing. At the same time the procurement and stock management hierarchy from Central Procurement Agency to the Store managers and staff have to exhibit high responsiveness to the clinical needs and great efficiency in making available safe, effective, quality, generic medicines and consumables. The Essential Drug List and Essential Consumables List have to be kept updated and timely procurement, efficient logistics and stock management ensured. At the last mile the ward nurses and OPO pharmacy counter managers need to be the gatekeepers of the mandate of the government and ensure that there is absolutely no occasion when citizens is required to procure medicines and consumables through out of pocket expense. At the same time highest levels of courtesy and customer friendliness needs to be maintained in all engagements with the citizens.

In order to streamline all procurement, the task has been allocated to an empowered Central Procurement Agency that is expected to be the precursor to the Medical Supplies Corporation. The CPA has been procuring medicines through the software Nirantar and is rapidly developing capacity to procure all consumables (surgical as well as non-surgical general consumables).

The government has announced that all essential medicines and consumables shall be available to the citizens in adequate quantities in the public health delivery system in the state. This assured availability has to be ensured from 1st February 2016 onwards. A system for reporting stock out by the citizens is being put in place and shall be available through a phone call or an app.

In order to ensure that all essential items are available in the pharmacies of health institutions the following set of Standard Operating Protocols for each stakeholder in the hierarchy have been developed.

Standard Operating Protocols for CPA

- List of EDL should be published
- Essential consumables List (ECL) should be finalised and published.
- Regular meetings of Special Technical Committee should be convened to enlarge and rationalise the EDL and ECL(essential consumables list).
- Rate contract of all EDL items should be available with CPA. If required, CPA would obtain valid RC of hospitals and adopt them.
- If valid RC is there then CPA will do risk purchase to meet any shortfall of any item required by any institution.
- In case there is possibility of stock out of an item for which there is no valid RC available (either with CPA or with any health institution in the state) CPA should undertake limited tender after codal formalities.
- Non supply/short supply should be monitored by the CPA. Ensure that the provisions relating to risk purchase including deduction of payment relating to amount spent above the RC should be ensured and monitored.
- Tender term and conditions (rules for receiving/monitoring quality etc) should be made available for information of all units that receive supply from any vendor.
- Ensure constant storage of three months consumption amount of LNH at warehouse of CPA. If any hospital asks for any item in emergency the same is supplied from that warehouse.
- Continuous compilation of demands raised in Nirantar from all participating units should be ensured.
- Drugs which face frequent supply bottlenecks at the end of suppliers should be listed and extra buffer stock maintained. In such cases. Also, timely supply order should be placed.
- Identify defaulting suppliers and take action as per rules.
- Institutions should be allowed to raise demand on Nirantar at all times. The total demand of each item from various institutions may be collated by the software and the order triggered when the appropriate threshold is reached.
- Maintain daily status of budget available Vs budget spent. Submit revised demands as per need.
- Convene Store Manager Conference at DGHS periodically.
- Convene capacity building sessions for all stakeholders on regular basis.
- Nirantar shall be modified and upgraded to meet the new requirement.
- Regular training of store keepers and store in charges about Nirantar.

Standard Operating Protocols for Medical Superintendents

Name of the medical superintendent-

Phone no.-

- Valid RC of all items available in the institution should be made available to CPA.
- Direct all clinical departments to only prescribe out of EDL. If any non EDL item is prescribed by any doctor, he/she should intimate the MS who should undertake purchase at his/her end. If required regularly, the recommendation to include the item in EDL/ECL should be made.
- Direct the departmental experts to participate in STC (special technical committee) as and when advised.
- Ensure the demands are raised on Nirantar in timely manner.
- Keep monitoring the available stock of essential items on regular basis (buffer stock, late supply, non-supply, mismatch between demand and consumption, expiry, pilferage)
- Conduct periodic conference between store staff, HODs and store managers for rationalizing demand versus utilization and indents. As far as possible, items that are ordered on Nirantar must be used in the OPD/wards. If there is any error in ordering, it should come to notice early so that the stock can be redeployed.
- List of officers deputed to be in charge of OPD, pharmacy, injection room should be displayed prominently in the appropriate locations. The work of these in charges should be supervised.
- Depute additional staff in the pharmacy during OPD hours.
- Ensure that the Pharmacy has adequate HR and IT support including internet access.
- Since prescriptions are with patients, a system is devised to scan random 2% prescriptions for auditing prescribing habits. This can be done through mobile phones or other available means.

Standard Operating Protocols for Store Managers of Hospitals and district stores

- Ensure timely raising of demand on Nirantar. Where the volume/value of demand is small, the demand for six or twelve months be raised in one go for compliance by suppliers. Care shall be taken to see that these items do not have short expiry.
- Monitor the stock as reflected on Nirantar at other institutions so as to be aware of the location from where emergency loan of any item may be taken to tide over any immediate crisis.
- Ensure that available stock of essential items is maintained (keep close watch on buffer stock, late supply, non-supply, mismatch between demand and consumption, expiry, pilferage)
- Timely verification of supply on Nirantar so that timely billing can take place.
- Identification of late supply and penalties
- Maintain the stock in organised manner with clear labels on racks. No stock should be lost because of poor storage.
- Maintain adequate buffer stock (minimum three months of medicines and consumables. If space permits, this may be for six months)
- Ensure that expiry date of buffer stock is monitored so that no items are expired.
- If stock of any item goes below one month consumption level that condition should be treated as stock out and CPA informed. The CPA would supply through emergency procurement or diverting from its buffer warehouse. Such incidents should be intimated to the MS and recurrence avoided.
- Receive supply as per order and tender conditions (GNCTD logo, hologram/ and govt supply not for sale label etc as per tender conditions/supply order)
- Non supply/mismatch of demand Vs supply or demand Vs actual consumption should be monitored by the store manager.
- Items supplied by vendors shall be taken into inventory within 7 days of arrival.

Standard Operating Protocols for Medical Officer in charge -Stores

- Supervise the work of store managers closely.
- Intimate possibility of any stock shortage and other issues to the MS on daily basis.
- Items supplied by vendors shall be taken into inventory within 7 days of arrival to ensure timely payment to the vendors.

Standard Operating Protocols for Head of Departments in Hospitals

- Direct all prescribing doctors to write prescriptions in clear, legible handwriting and affix their name and stamp with date on the same.
- Recommend rational prescription involving only generic medicines which are in the EDL.
- If any doctor prescribes any items that are not on EDL the HOD must know and the MS should be informed of each such case.
- An audit record of prescribing habits of all doctors should be maintained and in case any default remedial actions taken against the clinician
- Regular departmental meetings should be convened to brief the clinicians about the need to comply to the basic principles of assured medicine and consumables availability,
- The Heads of Units, ward in charges and Sister In charges must be briefed about the need to comply to the basic principles of assured medicine and consumables availability. Only EDL should be used in the wards and assured, in-house supply must never be violated.

Standard Operating Protocols for clinical prescribing doctors

- Write prescriptions in clear, legible handwriting and affix their name and stamp with date on the same.
- Ensure rational prescription involving only generic medicines which are in the EDL.
- If any non EDL item is prescribed then the HOD must be informed.
- In case they feel that some non EDL item should be include in the EDL a short write up along with technical justification should be submitted to the MS through the HOD. In no case should the treatment of the patient be compromised.

Standard Operating Protocols for Injection Room in charge

- Maintain clean injection room well stocked with all injections.
- The in charge should ensure that cold chain is maintained at all times.
- Emergency tray should be well maintained and stocked.
- Check labels and expiry dates before use.
- Ensure that there are no stock outs of any items. Adequate buffer be maintained.

Standard Operating Protocols for Pharmacist and Pharmacy in charge

- All the drugs available in store as per EDL list as prescribed in OPD should be made available in pharmacy.
- Distribution and instruction to patients as per prescription in polite and courteous way.
- There should be sufficient HR in the pharmacy and in the store. During OPD hours, additional staff should be deployed.
- Sufficient counters for drug distribution should be established to avoid long waiting period.
- Separate counter for senior citizen and handicap person.
- Counter should be functional well before the start of OPD and should remain open till last patient is attended.
- Every day after the OPD hours, the drugs prescribed outside the EDL or those that are not available should be brought to the notice of pharmacy in charge and store keeper.

NAME OF STAFF POSTED IN INJECTION ROOM ALONG WITH THEIR INCHARGES AND THEIR PHONE NO TO BE DISPLYATED

Standard Operating Protocols for procuring Consumables:

- Consumables supplied by CPA should be used by the hospitals.
- Consumables that do not figure in the list of Essential Consumables List then CPA should be requested to update the ECL, until the inclusion of the items in ECL is finalized, RCs available at LNH should be utilized for making purchases of these consumables. For this purpose the validity of RCs of LNH may be extended (if necessary) up to 31.03.2016.
- Consumables that are not available through CPA/ local hospital tender should be procured from authorized chemists/limited tender with codal formalities.

Standard Operating Protocols for meeting situations of imminent stock out of essential medicines and consumables required for patient care

- For super specialties with GIPMER, GIPMER shall procure the requisite medicines and consumables till 31.3.2016 from its own tender. For this purpose, the RCs of GIPMER may be extended (if necessary) up to 31.3.2016. Super specialty departments of other hospitals shall indent it from GIPMER.
- **EDL drugs with CPA RC and not being supplied-** CPA shall undertake risk purchase.
- **EDL drugs with CPA RC but stock out:** Look at Nirantar and borrow from others. Some reserve is with DHS store too. Take small qty.
- **EDL and no CPA RC, but with hot RC of some health institution of GNCTD-** CPA should order
- **EDL but no valid RC is available with CPA or any institution:** Validity of old RCs should be extended up to 31.03.2016. If even that cannot be done then the institution should buy from Local chemist/limited tender for 2 months with codal formalities and due justification.

- **Medicine out of EDL list-** PI check if there is alternative/substitute in EDL and ask doctors to prescribe that only without compromising treatment of patient.
- **No substitute in EDL in above group-** Hospitals should submit the details with tentative quantity for 3 months to CPA who shall float tender or use the valid RC of any institution. If CPA is not able to procure then respective institution may procure from authorized chemist/limited tender with codal formalities and due justification. Bills may be sent to CPA. Shall be paid by CPA within 15 days.
- **Items which are not in EDL as of January 2016 but are routinely used by institutions:** Hospitals should seek to use the replacements that are available in EDL. Meanwhile CPA shall convene Technical Committee to consider including these in the EDL. In the interim, these items shall be procured by CPA through tendering or using the valid RC of any institution. If CPA is not able to procure these items then the respective institution may proceed to procure them from any authorized chemist/limited tender with codal formalities and due justification. Bills may be sent to CPA. Shall be paid by CPA within 15 days.
- **Proprietary items:** Institution shall buy, if certified by user dept and bills shall be paid by CPA within 15 days.
- Medicines that are expensive and that are not available (for example anti-cancer drugs, IVF hormonal drugs) and do not figure in the EDL, and also not in the hospital tender may be continued to be prescribed for direct purchase by patients.
- Provision of implants and similar surgical items shall continue as per existing policies till these are reviewed by Health Department.
- Whenever exceptional emergency purchase is made by any institution, the same should be followed up with a stock audit of the institution to prevent recurrence. In case the incident repeats, then appropriate audit trail of the reasons should be maintained.