REPORT OF THE ENQUIRY COMMISSION SUBMITTED TO THE DIRECTOR (ACTING) I.I.T KHARAGPUR

MAY 2009

To
Prof. M.Chakraborty
Director (Acting)
Professor of Metallurgical & Materials Engineering
Indian Institute of Technology
Kharagpur 721 302, India Date : 02.05.09

Sir,
In response to your letter dated March 30th and 31st 2009, the two members of the Enquiry Commission as constituted by you, submit their report according to the predetermined scope of the Enquiry Commission, for your necessary action. The members of the Enquiry Commission went to Indian Institute of Technology Kharagpur on 8th, 13th and 29th April, 2009 and prepared the report on the basis of –

A) Minutes of the meeting (enclosed) with :

1. Professors – Prof. D. Acharya, Prof. M. Chakraborty, Prof. M.Bhattacharya, Prof. A. Goswami, Prof. A. Routray, Prof. V.R. Desai, Prof. P.K.Dutta, Prof. Gautam Sinha, Prof. B.K.Mathur, Prof. B. Maity and Prof. N.R.Mondal.
2. Students - Mr.Sourabh Bhati, Mr.Vidya Bhusan, Mr.Priya Ranjan Kumar, Mr. Arnav, Mr.Jayant Kumar Jha.
3. Doctors - Dr. Nirmal Kumar Som, Dr.Richard Gavin.
4. Ambulance Driver - Mr.Anup Mishra,
5. Security Guard - Mr.Kapildeo Mahato.
6. Rickshaw puller - Mr.Ashok Datta.
7. Pharmacist - Mr.Bhaskar Sahoo.

B) Members of the Enquiry Commission visited following places –

1. Tracing back Rohit's path from B.C.Roy Technology Hospital to L.L.R Hall
2. B.C.Roy Technology Hospital, Kharagpur.
3. School of Medical Science and Technology.
4. Kharagpur Subdivisional Hospital.
5. Railway Hospital, Kharagpur.

C) Other documents from I.I.T, Kharagpur

1. Acts & Statutes, Indian Institute of Technology Kharagpur.
2. Minutes of the meeting on 22.03.09 in the Board Room of I.I.T Kharagpur.
3. Proposals for upgrading existing health care delivery system.

The two members of the Enquiry Commission thank the Professors, students and others for their kind cooperation. The members of the Enquiry Commission may be contacted for further clarification, if necessary.

Thanking You
Yours Sincerely,

Dr.(Mrs) Bibhukalyani Das Dr.Sitesh Das Gupta.

I. Scope of the Enquiry Commission

'To study the circumstances under which Mr.Rohit died and arrive at conclusion for the possible cause (s) of his death.'

A. Sequence of events : [Encl. 3.8 means Enclosure(s) number 3 and paragraph 8]

1. On March 20th , 2009 at about 8.00 p.m. Rohit went to B.C.Roy Technology Hospital for mild headache without fever, nausea and vomiting; clinically the patient was okay and Tablet Brufen was prescribed (Encl.2.3, 3.26, 11.1, 11.2, 11.3, and 16.2).

2. On 21.03.09 Rohit attended class and took part in Basket Ball in the evening and he did not sustain any injury (Encl.5.2 and 2.2). March 22nd, 2009 was Sunday.

3. On 22nd March at Emergency Out Patient Department at B.C.Roy Technology, Dr. Nirmal Kumar Som attended Rohit at about 10.10 a.m. with a history of episodic headache over left side of forehead for last couple of days without history of fever, nausea, vomiting or dim vision.
Dr.N.K. Som on examination found his Blood Pressure was 130 / 80, no focal weakness or neck rigidity.
Dr.N.K. Som prescribed Nimesulide, Roxid and Cetrizine (Encl.3.1).

4. Rohit after consultation with the doctor, called a rickshaw puller, and came towards the rickshaw walking normally and got into the rickshaw without any difficulty ; Rohit told the rickshaw puller that he wanted to go to L.L.R Hall ; during the journey there was no talk between them ; the rickshaw came to a halt in front of L.L.R Hall gate (Encl.9.1, 9.2, 9.3, 9.4 and 1.2)

5. Mr.Kapildeo Mahato, the security guard of L.L.R Hall, saw from his station that the head of the student sitting in the rickshaw, turned to the right side of his body. He ran towards the student as he found that his body was bent down and he was about to fall from the rickshaw (Encl.12.1, 12.2 and 12.3).

During this period, the rickshaw puller turned around and heard a sound from the student's mouth and saw his body was leaning forwards (Encl.9.5, 9.6).

6. The rickshaw puller also saw that all the four limbs of the student were very stiff and were shaking vigorously and froth was coming out from the student's mouth.

Before the rickshaw puller and security guard could help the student, he fell from the rickshaw onto the ground. The student was unconscious at that time and was bleeding profusely from forehead wound (Encl. 9.6, 12.4, 12.5, 12.6, 3.7 and 1.2).

7. The rickshaw puller and the security guard with the help of another security guard put the student on a table near the counter of the security guard (Encl.9.8 and 12.6).

8. The security guard informed the Hall President of L.L.R Hall and the ambulance over phone (Encl.12.8 and 1.3).
Mr. Saurabh Bhati, the Hall President of L.L.R.Hall, ran to the place from his room and found that Rohit was unconscious, he was bleeding from left side of his face , face was swollen and there was tightening of the arms and legs with frothing from the mouth (Encl. 1.1).
The ambulance came within few minutes (at about 10.50 a.m.) and Mr. Bhati took Rohit to B.C.Roy Technology Hospital (Encl.1.3, 9.9, 9.10, 7.2 and 12.8).

9. Rohit reached B.C.Roy Technology Hospital at 11.00 a.m. (Encl. 16.1).

10. Dr. Nirmal Kumar Som noted in the Emergency Department and at I.C.U that Rohit was (Encl.1.4, 3.3, 3.10, 16.1 and 16.2) -

- **i.** Unconscious.
- **ii.** Large hematoma over left forehead, bleeding from temporal region and from oral cavity.
- **iii.** Pupils were dilated and not reacting to light.
- **iv.** The limbs were in tonic spasms with clenching of teeth.
- **v.** Blood Pressure was 130 / 80 and pulse 50 per minute.
- **vi.** Cleaned the wound and sucked the blood from Rohit's mouth.

11. Dr. Nirmal Kumar Som diagnosed the case as "Head injury following convulsion" (Encl.16.2) on 22nd March 2009 at about 11.00 a.m.

B. Retrospective analysis –

1. Certificate of Death : The cause of death in Certificate of Death given on 08.04.09, is not written (please see the 'note' – Encl.16.8)

2. Postmortem Report (excluding chemical examination report) :

i. At lateral end of left eye brow a wound of 0.5″ in length was closed by one stitch ; at left cheek a wound of 0.5″ in length was closed by one stitch; one abrasion over the tip of left shoulder.

ii. Left sided black eye.

iii. Extravasations of blood below the left side of the frontal region of the scalp tissue.

iv. A 3″ linear fracture involving the frontal bone.

v. Subarachnoid and subdural hemorrhage with blood clots all over the left hemisphere of the brain and convolutions of brain were congested.

vi. Esophagus, trachea, bronchi and lungs were congested.

vii. According to Dr.Somnath Das who conducted postmortem examination on 23.03.09 – "Death was due to the effect of head injury" (Encl.16.9, 16.10 and 16.11).

C. Scientific analysis of the case as described above -

1. Mr. Vidya Bhusan who happened to be in the same school with Rohit and studied together at Kota noted to the best of his knowledge that Rohit was in good health (Encl.2.1). Rohit took part in Basket Ball in the evening (Encl 2.2) and he did not sustain any injury (Encl.5.2).

2. Headache from 20th March, 2009 was not severe enough to inhibit him playing (Encl. 2.2) and was not associated with fever or vomiting (Encl.11.2 and 3.1) that would suggest a serious underlying disorder as detailed in text books (Harrison's Principles of Internal Medicine 17th edition page 95 - Annexure 1.1).

3. Rohit stayed on 2nd floor, C-Top East Room No.344. He came out walking without any help from B.C.Roy Technology Hospital on 22.04.09 (Encl.9.1 and 9.2).

4. If a person falls from a height in an alert state of mind the most common site of injury is his upper limbs which are reflexly stretched to protect himself. In this particular case there was no injury to upper or lower limbs, chest and abdomen (postmortem report – Encl.16.10).

5. In this particular case all the injuries were confined to his face and head areas as he fell from rickshaw on his head.

6. Thus Rohit lost consciousness before he fell from rickshaw and sustained a very severe injury over his face and head (postmortem report – Encl.16.10).

D. Textbook description of epilepsy (Adams And Victor's Principles of Neurology 8th edition page 273 – Annexure 2.1) –

1. According to the text book "Most often, seizure strikes 'out of blue' i.e. without warning" – in the present case the seizure occurred out of blue.

2. According to the text book "in more than half the cases, there is some type of movement for a few seconds before consciousness is lost (turning of head or eyes or whole body …)" – in the present case the student's head 'turned to the right side of his body' (Encl.12.2).

3. According to the text book "There may be a piercing cry as the whole musculature is seized into a spasm and air is forcibly emitted through the closed vocal cords." - in the present case the rickshaw puller 'heard a sound from the student's mouth' (Encl.9.6).

4. According to the text book "The initial motor signs are a brief flexion of the trunk …" - in the present case the security guard 'found that his body was bent down' (Encl.9.5 and 12.3).

5. According to the text book "Most often the seizure .... beginning with a sudden loss of consciousness, and fall to the ground" - in the present case there was 'loss of consciousness' (Encl.12.5) and 'he fell from the rickshaw onto the ground' (Encl.12.4 and 9.6).

6. According to the text book "a more protracted extension (tonic) phase, involving back and neck, then the arms and legs .... then occurs a transition from the tonic to clonic phase of convulsion ... repetitive relaxation of tonic contraction .... and agitate the entire body ... clonic jerks"- in the present case the rickshaw puller found that 'all the four limbs of the student were very stiff (tonic phase) and were shaking vigorously' (tonic-clonic phase that agitate the entire body leading to clonic jerks) (Encl.9.6).
Thus it was a case of Generalized Convulsive Seizure.

7. According to the text book "salivation ... are abundant" - in the present case 'froth was coming out from the student's mouth' (Encl.9.6).

8. According to the text book "often the tongue was bitten" - in the present case there was bleeding from the mouth probably from tongue bite (Encl.3.6 and 16.2).

9. According to the text book "The pupils are dilated and unreactive to light" - in the present case Dr. Nirmal Kumar Som noted that 'Pupils were dilated and not reacting to light' (Encl.3.4 and 16.2).

Dr.N.K.Som on 22.04.09 at 11.00 a.m. diagnosed the case as 'Head injury following convulsion' (Encl.16.2).

10. According to text book "headache, constipation, or diarrhea have also been prodromal status (i.e. before the onset of seizure), but we have not found them consistently enough to be helpful" - in the present case though headache was present prior to loss of consciousness and epilepsy, even for an astute physician it is not possible to diagnose the case as epilepsy at that point of time.
Moreover, headache may be from a variety of other more common causes.

E. Rohit had a severe form of epilepsy i.e. Status Epilepticus

1. It is evident from the 'Sequence of Events' as described above, that epilepsy started sometime after Rohit came out from B.C.Roy Technology Hospital at 10.10 a.m. on 22.04.09 (Encl. 3.1) and epilepsy lasted even after Rohit was admitted at B.C.Roy Technology Hospital at 11.00 a.m (Dr.N.K.Som noted on 11.00 a.m. that – 'The limbs were in tonic spasms with clenching of teeth' - Encl.3.3). There was no regain of consciousness as noted by Dr.Som at 12.15 p.m (Encl 16.4).

Thus in this particular case epilepsy lasted for at least 15 to 30 minutes without regaining consciousness.

2. Status epilepticus is defined as "The duration of seizure activity sufficient to meet the definition of Status Epilepticus has traditionally been specified as 15 – 30 minutes. For GCSE (Generalized Convulsive Status Epilepticus – the type of seizure that Rohit had) this is typically when seizures last beyond 5 minutes." (Harrison's Principles of Internal Medicine 17th edition page 2510 – Annexure 1.4).

3. According to Adams And Victor's Principles of Neurology 8th edition page 273 (Annexure 2.1) –"Sometimes the first outburst of seizures takes the form of convulsive status."

F. Cause(s) of epilepsy in the present case

1. Rohit was 19 years of age (Encl.16.2).

2. According to Harrison's Principles of Internal Medicine 17th edition pages 2502 and 2503 (Annexures 1.2, 1.3) –

"Causes of Seizure – Young Adults (18 to 35 years) : Trauma, Alcohol withdrawal, Illicit drug use, Brain tumor, Idiopathic"

Postmortem examination excluded brain tumor.
Alcohol withdrawal and illicit drug use need confirmation from chemical analysis (report of which is not yet available).
Idiopathic (cause is unknown) – In the initial stage, this is the cause of epilepsy in the present case (unless otherwise proved by chemical analysis).

3. "Head trauma is a common cause of epilepsy. A patient with a .... intracranial hemorrhage (in the present case - subarachnoid and subdural hemorrhage with blood clots all over the left hemisphere of the of the brain as found in postmortem) has a 40 – 50 % risk of developing epilepsy" (Harrison's Principles of Internal Medicine 17th edition page 2503 (Annexure 1.3).
[Dura and arachnoid are two outer coverings of brain and protect brain from injury ; subarachnoid space has all the major blood vessels supplying the brain.]
According to Adams And Victor's Principles of Neurology 8th edition page 757 (Annexure 2.4) severe head injury is associated with Subarachnoid and Subdural hemorrhages as found in the present case and death from head injury may occur within few hours.

4. Conclusion **-** Thus initially Rohit had idiopathic epilepsy following which he sustained head injury. It is well established that head injury is a common cause of epilepsy.

G. Mortality rate from epilepsy and severe head injury

1. According to Adams And Victor's Principles of Neurology 8th edition pages 296 & 297 (Annexure 2.2, 2.3) – Status epilepticus " an overall mortality rate of 20 to 30 percent ... Most patients who die of epilepsy do so because of uncontrolled seizures of this type complicated by effects of ... an injury sustained as a result of seizure" (in the present case it was head injury).

2. Mortality rate from severe head injury –
"Over 85% of patients with aggregate scores of 3 or 4 (Glasgow Coma Scale) die within 24 hours" (Neurology In Clinical Medicine 16th edition page 231 – Annexure 3). According to the clinical findings recorded by Dr.N.K.Som, Rohit's Glasgow Coma Scale was 3 to 4.

H. Final Conclusion

1. The cause of head injury was due to fall from rickshaw in an unconscious state from an attack of epilepsy (idiopathic cause), possibly for the first time.
Head injury could further led to epilepsy.

2. Death was due to the effect of head injury.

II. Scope of the Enquiry Commission

'To assign the responsibility, if any, to the Hospital in general and to any particular staff (including the doctors) in particular, for Mr.Rohit Kumar's death'.

A. Dr. Nirmal Kumar Som

1. Rohit came to B.C.Roy Technology Hospital on 22.04.09 at 10.10 a.m (Encl. 3.1).

i. From the prescription (Antibiotic as Roxid, Analgesic as Nimesulide and Anti-allergic as Cetirizine) of Dr.Som on 22.04.09 at 10.10a.m, it was evident that he diagnosed the cause of headache as Acute sinusitis.

ii. Even for an astute physician with the clinical presentation as that of Rohit at about 10.10 a.m. - with a history of headache (not severe enough to prevent him from usual duties) over left side of forehead for last couple of days without history of fever, nausea, vomiting, dim vision or loss of consciousness, it is difficult to consider life threatening causes of headache at that point of time.

iii. None of the features as discussed in Harrison's Principles of Internal Medicine under 'Headache symptoms that suggest a serious underlying disorder' (Harrison's Principles of Internal Medicine 17th edition page 95 – Annexure 1.1) were present in Rohit's case on 22.04.09 at 10.10 a.m.

2. Rohit came to B.C.Roy Technology Hospital on 22.04.09 at 11.00 a.m. (Encl 16.1 to 16.7)

i. Dr.Som (Encl.27) made a correct diagnosis 'Head injury following convulsion'.

ii. Dr.Som sucked blood from the mouth and put stitches to the wounds.

iii. Dr.Som treated with moist oxygen, intravenous fluid, anti-tetanus measures, antibiotic (Taxim), injection Rantac.

iv. Dr.Som also prescribed injection Eptoin to control epilepsy.

v. Dr.Som admitted the patient at I.C.U.

vi. Dr.Som monitored Rohit's vital signs.

vii. Dr.Som advised CT Scan brain at Spandan at Kharagpur but it could not be done at that point of time as there was no technician to do the CT Scan (Encl.3.14).

viii. Dr.Som also tried to contact a Neurosurgeon at Spandan, Midnapur but they informed that they have no neurosurgeon (Encl.3.15).

3. On 22.04.09 at 11.20 a.m and thereafter

i. At 11.20 a.m. Dr.Som wrote "Refd (referred) to Apollo Gleneagles, Kolkata for admission and necessary management." Dr. Som wrote a letter to Officer in Charge, Hijli P.S (Encl.16.7).

ii. Mr.Bhati requested Rohit's friend to go to his room and to collect some clean clothes and his mobile before transporting the patient to Kolkata (Encl.1.11). At about 12.00 p.m. Mr.Vidya Bhusan and Mr.Priya Ranjan Kumar went to their room to take their clothes (Encl.2.7).

iii. Dr.Som also gave Rs.3,000/ to bear the immediate cost (Encl. 1.13).

iv. At 12.15 p.m. the patient along with a pharmacist and two students and with some emergency medicines, oxygen, foot sucker machine left B.C.Roy Technology Hospital (Encl. 3.16, 16.4, 4.4).

v. Dr. Som also advised pharmacist and ambulance driver over phone (Encl. 3.18 to 3.23) regarding further management of Rohit.

4. None of the following students - Mr.Saurabh Bhati, Mr.Vidya Bhusan and Mr.Priya Ranjan Kumar - directly involved with Rohit's case during this critical period have any allegation against Dr.N.K.Som regarding his management of this particular case.

5. Conclusion

Dr. N.K.Som made a correct diagnosis ; his line of management with available resources, in this particular case, was correct, and he did not waste time to refer the case to higher medical center for necessary investigations (CT Scan) and management. Members of the Enquiry Commission consider that though the pharmacist knows how to operate the sucker machine and can regulate

the flow of oxygen, considering the critical condition of the patient it would have been wiser if a doctor or a trained sister had accompany the patient.

B. Mr.Saurabh Bhati, Mr.Vidya Bhusan and Mr.Priya Ranjan Kumar

The two members of the Commission appreciate the role played by Mr. Saurabh Bhati, Mr.Vidya Bhusan and Mr.Priya Ranjan Kumar during this very critical period.
Mr.Vidya Bhusan and Mr.Priya Ranjan Kumar had allegation against the pharmacist that he was seated by the side of the ambulance driver when the patient needed oxygen and suction from mouth due to bleeding (Encl.1.14, 2.9, 2.12 and 2.13). However, the Pharmacist said that he himself sucked the patient's mouth and the oxygen was on from the starting point (Encl.15.1) and he requested the students to regulate the flow rate of oxygen.

C. Prof D. Acharya, Prof. M.Chakrabarty and Prof M.Bhattacharya

1. Rohit died in between 1.45 p.m. to 2.15 p.m. (Encl.8.2, 3.21 and 4.5). Rohit's sad demise can be considered as an accident as explained above.

2. Prof D. Acharya said he had no knowledge about Rohit until 2.30 p.m. on 22.04.09 (Encl. 8.1). He got the information from Prof M.Chakrabarty (Encl.8.2 and 10.7).

3. Prof. M.Chakrabarty and Prof M.Bhattacharya were informed about the sad demise of Rohit at about 2.00 to 2.30 p.m.(Encl. 10.1).

4. Thus Prof D. Acharya, Prof. M.Chakrabarty and Prof M.Bhattacharya came to know about the incident after the death of Rohit.

5. Prof D. Acharya, Prof. M.Chakrabarty and Prof M.Bhattacharya are not responsible for the sad demise of Rohit.

The two members of the Enquiry Commission noted that only a very few academicians came forward when the students and others surrounded the Director's residence, injured him, forced him to resign and destroyed the property of I.I.T Kharagpur from approximately 3.00 p.m. onwards on

22.03.09 - even after the Director assured them that he would form an Enquiry Commission regarding the sad demise of Rohit (Encl. 8, 10 and 17).
According to Dr.N.K.Som, he submitted a development plan of B.C.R.T Hospital in the year 2006 (Encl.23) and this was not probably taken seriously.

D. B.C.Roy Technology Hospital.

1. The I.C.U at B.C.Roy Technology has Pulse Oxymeter, Multichannel Patient Monitor and Defibrillator but there is no Ventilator.

2. Following specialists are not available at B.C.Roy Technology Hospital
- Pathologist, Anaesthetists, Specialist in different branches of Medicines and Surgery (including neurosurgeon).
No surgery was done at B.C.Roy Technology Hospital, in last few years.

3. There are no training facilities (Continuous Medical Education Program) – even for Doctors and paramedical staff in the field of Basic Life Support.

4. B.C.Roy Technology Hospital unlike other I.I.Ts is far away from the city. Most importantly, it is not feasible to post a neurosurgeon at B.C.Roy Technology Hospital because the number of cases are very few and far between.

Conclusion
On this background of evidences, the two members of the committee concluded that no better treatment could be done not only for Rohit but also, in future, for other staff of I.I.T Kharagpur even for far less acute emergency (specially surgical) cases, with the facilities available at B.C.Roy Technology Hospital Kharagpur.

The onus of moral responsibility to upgrade B.C.Roy Technology Hospital lies on all the staff and students of I.I.T Kharagpur (KGPian) to demand better facilities as is being presently done following the sad demise of Rohit.
The tax payers amongst the staff of I.I.T Kharagpur and guardians of the students should be made aware of the fact that 100% (to be further confirmed from appropriate authority) tax deduction as per rule 80G of income tax act (Encl.32) can be availed on donations for better facilities in their campus.

On 27th June 2007 and again on 31st January 2009 minutes of the meeting of the Board of Governors mentions a proposal for a multispeciality Dr. B.C.Roy Techgnology Hospital. There was also a proposal written to the Ministry of Human Resource Development for Dr.B.C.Roy Multispeciality Medical Research Centre (Encl 31). All these should be considered seriously.

III. Scope of the Enquiry Commission

'To suggest measures, if any, to improve the services of B.C.Roy Technology Hospital of the Institute in relation to the structure, process and staffing, keeping in view the I.I.T Khargpur's medical requirement'

'To study the case mix of the outdoor and indoor patients and suggest that if there is need to incorporate the surrounding community's interest for proper utilization of resources provided to the hospital and for retention of doctors in the Hospital'

A. An overview of B.C.Roy Technology Hospital

1. Facilities available and performance at B.C.Roy Technology Hospital

At I.I.T campus there are about 15,000 to 20,000 people (Enc.10.90 and 25 page 1/6) and is expected to rise in the coming years.

i. Number of beds - B.C.Roy Technology Hospital has 33 beds and 2 I.C.U. Total number of patients admitted at I.C.U in a year was 15 (Encl.13.3). Bed occupancy is 40% (Encl.3.32). Total surgical cases referred outside was about 3 to 5 per month.

ii. Number of doctors - six doctors (5 permanent, 1 contractual). One of the doctors is M.D in Medicine, another in Gynecology and Obstetric and one DNB in Family Medicine. All doctors are residential (Encl.3.30 and 13.8).

Doctors (MB.BS) attached to the department of School of Medical Science and Technology also serve different Halls to asses different medical problems of the students, if any, and attend emergency department at B.C.Roy Technology Hospital between 7 to 9 p.m. (Encl.3.31).

iii. Number of nursing staff - Total number of trained nursing staff is 9 (6 permanent, 3 contractual) (Encl.13.11); sister-in-charge has to act as ward master after the retirement of the ward master.

iv. Number of other staff - 4 pharmacists, 2 physiotherapists (Encl. 3.7 and page 25 3/6), two contractual radiology technicians (Encl.13.7) ; two pathology technicians will retire within few months (Encl 20). There is also one permanent and one contractual Homeopathic doctor (Encl. 13.8).

v. Thus total number of staff is 48 permanent and 16 contractual (Encl.25 page 3/6).

vi. Number of outdoor patients - Total number of outdoor patients in the year 2008 was about 73,000 (Encl.13.1 and 20). Total attendance at outdoor is 250 to 300 per day (Encl.3.32 and 20).

vii. Number of indoor patients - Total number of indoor patients in the year 2008 was about 823 out of which 400 were students (Encl.13.2).

viii. Number of patients referred outside - Total number of patients sent from B.C.Roy Technology Hospital to outside (Kolkata) in the year 2008 was 30 (Encl.13.9).

ix. Total number of death - Total number of death in the year 2008 was 8 (Encl.13.14).

x. Instruments - DC Shock machine, Pulse Oxymeter, Monitor, Nebulizer, X-ray machine, Ultrasound 2D, ECG, Electrolyte analyzer, Dental chair, Innova Calorimeter and Olympus Microscope (Encl.25 page 3/6), Infusion pump.

Echocardiography machine remains underutilized due to lack of Cardiologist (Encl 3.29) ; There is an Eye clinic twice a week and Dental Clinic 5 days a week.

xi. Drugs - Drugs supplied to the eligible members of I.I.T Kharagpur are free of cost (Encl.10.92). When the doctor refers the case outside, the reimbursement is done on the basis of Central Government Health Scheme (Encl. 10.94).

xii. Ambulance - There are four ambulances of which one is rental (Encl.20, page 5 of 13).

2. <u>Facilities not available at B.C.Roy Technology Hospital</u>

i. No operations were done at O.T in last few years (Encl.13.4).

ii. No delivery cases were conducted for last few years (Encl.13.5). However, one M.D in Gynecology and Obstetric is available (Encl. 13.8).

iii Following facilities / Doctors are not available at B.C.Roy Technology Hospital :

- **a.** Pathologist – pathology department is under a technician (Encl.3.27).
- **b.** Biochemist - department is under a technician (Encl.3.27).

c. Physiatrist (Encl.13.6).
d. Psychiatrist and councilor.
e. Radiologist (Encl.13.6).
f. Anesthetist(s) (Encl.3.35).
g. Surgeon (s) (Encl.3.35).
h. Specialists in different branches of Medicines and Surgery (Encl.3.33).
i. There is no Ventilator, Bi-PAP machine, Alcohol Breath Analyzer (Encl. 3.29, 13.8).
j. No Acid Base Gas analysis machine (Encl.13.8).
k. CPK (Creatine Phosphokinase) for early diagnosis of myocardial infarction can not be done (13.8).
l. Pharmacy remains closed on holidays.

One technician will retire in April 2009 and another in June 2009 (Encl.13.7).

iv. The monitor and DC shock machine of the ambulance are utilized in I.C.U. The electric circuit of one ambulance is not working.

v. Training facilities : There are no training facilities (Continuous Medical Education Program). No training of Doctors and paramedical staff for Basic Life Support, are given here (Encl. 3.28, 13.10).

B. Grievances against healthcare delivery and suggestions by faculty members and students of I.I.T Khargpur

1. Diagnostic center is to be set up at I.I.T Kharagpur (Encl. 18.6). Prof. Routray, Prof A.Goswami and Prof V.R.Desai suggest that the pathology department should be improved (Encl.4.20, 6.8)

2. The availability and upkeep of ambulances is a major issue (Encl.14.2). Well equipped ambulance is necessary (Encl.3.39).

3. Competence of paramedics is a major issue (Encl.14.2).

4. 24 hour Pharmacy is required with life saving medicines (Encl.14.5, 18.5).

5. Vaccines and medicines for communicable diseases should be available at all times (Encl.14.8).

6. The hospital should be able to provide healthcare services round the clock. Presently students are asked to visit only during specified hours in the morning and evening (Encl. 14.1).

7. According to Prof Rouray and Dr.N.K.Som whenever a critical patient is to be sent to Kolkata it is very difficult to get information regarding the vacancy of bed and under whom the patient is to get admission (Encl.4.21, 3.38).

8. According to Prof A.Goswami and Prof V.R.Desai, B.C.Roy Technology Hospital lacks proper manpower to serve the members of I.I.T Kharagpur (Encl.6.9).

9. Specialists in different departments of medicine and surgery are required (Encl.3.33, 14.6). Prof.Routray suggested specialists from different departments should visit I.I.T Kharagpur once a week (Encl.4.22).

10. Scope to upgrade B.C.Roy Technology Hospital –

a. Services from local doctors, particularly from Railway Hospital, and other hospitals, nursing homes along with investigations should also be explored (Encl.3.36, 14.7).

Prof. Routray suggested that there should be a list of doctors of Kolkata and Midnapur who agree to cooperate with B.C.Roy Technology Hospital (Encl.4.22). Prof. Routray suggested that all the medical records of all the members of I.I.T Kharagpur must be computerized and regularly updated (Encl. 4.20). Prof. Routray suggested telemedicine facilities (Encl.4.21).

Prof A.Goswami and Prof V.R.Desai suggested some hospitals should be earmarked and also there must be a list of panel doctors in different specialities (Encl.6.10).

Prof A.Goswami and Prof V.R.Desai suggested a liaison practitioner(s) in Kolkata who can arrange for hospitals and the doctors at Kolkata for those cases where the travel time between Kharagpur and Kolkata is critical for patient's survival (Encl.6.11).

Dr.N.K.Som on 22.05.06 (Encl.23 and 3.28) submitted a proposal for the development of the hospital but it was not taken seriously. He also submitted a proposal (Encl. 22) on 24.03.09 for the development of the hospital.

Prof. Routray suggested that doctors at B.C.Roy Technology Hospital must get some extra benefit so that good doctors can be appointed (Encl.4.23).

b. Prof D Acharya said that it is quite natural that specialist may not like to work at B.C.Roy Technology Hospital as it provides little professional

opportunity. Moreover, there is no scope for utilization of specialist doctors at I.I.T Kharagpur Campus (Encl. 8.17).
Prof. M.Chakroborty and Prof M.Bhattyacharya – in response to more doctors to be appointed at I.I.T campus, none of the specialist doctors turned up ; even MB.BS. doctors did not turn up (Encl.10.93).

11. Scope for multispeciality hospital at Kharagpur

a. Prof D Acharya also suggested a multispeciality hospital at I.I.T Campus not only for the I.I.T community but also for the people of surrounding area for better treatment which is not available in the locality. The hospital must be a referral facility for industries / establishments around I.I.T. It should give access to outsiders. I.I.T should provide land, electricity at cost. He has already contacted possible industry partners (Encl.8.18).

b. Prof A.Goswami, Prof V.R.Desai and Dr.A.K.Som suggested in future a multispeciality hospital is required (Encl.6.12) for serving not only I.I.T Staff but also the surrounding area (Encl.3 40 and 6.12,).

c. Prof.P.K.Dutta Head School of Medical Science and Technology, suggested a multispeciality hospital and this will enrich both the Hospital and School of Medical Science and Technology (Encl.15.1).

d. Prof. Routray, Prof A.Goswami, Prof V.R.Desai Pof. Gautam Sinha, Prof.B.K.Mathur, Prof.B.Maity and Prof. N.R.Mondal said that in the surrounding area there is no good hospital (Encl.4.25, 6.8, 15.3).

e. Dr.N.K.Som suggested a multispecialty hospital to serve also the populace of the surrounding area (Encl.3.40).

f. Outside I.I.T campus I.I.T authority has 30 acres of land near bypass (1 km. from I.I.T), 35 acres at Balarampur and another land of 47 acres (2 Km from I.I.T) (Encl.10.91).

12. Others

a. Prof. Routray suggested health awareness program by well known doctors in different specialties (Encl.4.23).

b. Prof. Routray suggested that the Hall Council should decide to create an information system through which wardens and the administration can know about the students who are sick on a daily basis (Encl.4.24).

C. Suggestions by the members of the Enquiry Committee to improve the healthcare delivery.

1. Immediate steps to be taken :

i. A fully Automated Blood Analyzer, Acid Base Gas Analyzer and ELISA :

a. Under the supervision of a Lecturer / Associate Professor of the School of Medical Science & Technology. Its AMC will be done by the School of Medical Science & Technology.

b. Posting of three qualified (passed DMLT) & registered technical staff to handle the instruments and prepare the reports.
The technical staff will be under the School of Medical Science & Technology.
To note that two technical staff are going to retire within few months.

c. MB.BS students of School of Medical Science & Technology can be in charge on rotation basis.

d. The facilities can be given to the community at large. However, a system should be evolved so that security of the I.I.T campus is not hampered (sample collection and report can be served at the gate of I.I.T campus).

e. The sample collection should be for 24 hours. Unless it is an emergency case, as suggested by the Doctor, the report is to be served at 9.00 a.m and 4.00 p.m. The staff of I.I.T Kharagpur and B.C.Roy Technology Hospital can get the report through internet connections.

f. After installation of the machine there should be proper advertisement so that doctors in Midnapore and the local population come to know about it.

g. A part time Pathologist (MD in pathology) who will visit I.I.T Khargpur daily (except holidays) can be appointed from the locality / Midnapur Medical College.

ii. Culture & Sensitivity test & others : Facilities for culture & sensitivity of various body secretions, routine stool, urine examinations, tests for Malaria parasites Dengue, Chikungunya and PCR for Tuberculosis and Herpes are necessary.

a. Same as III.C1 ia to ig.

b. Special care should be taken for transportation of the samples.

c. Transport media or sterile container must be available at B.C.Roy Technology Hospital and at the gate of I.I.T campus for the local community.

iii. To have prior arrangement with laboratories for investigations not done at I.I.T Kharagpur Laboratory.

a. The laboratory must have NABL India certification.

b. The sample can be sent through courier services.

c. The Institute can have the report through internet.

iv. Pharmacy

a. Pharmacy should be open for 7 x 24 hours (Encl.4.5 and 18.5).

b. A duty roster should be made in consultation with Dr.N.K.Som. The printed duty roster must be made available in front of the pharmacy.

c. Vaccines both for children and adults should be available (Encl.14.8). At I.I.T Bombay, following vaccines are given – Hepatitis B, Typhoid, Hepatitis A, Chicken Pox, DPT+ Hepatitis B, DPT+HIB, HIB, MMR, Tetanus Toxoid and Vaccination for pets at a minimum cost.

d. Special steps to be taken during purchase of medicines (Encl. 28) so that their expiry date is long.

e. Before every financial year, a list of expiry medicines should be made and to find out its cause and necessary remedial measures is to be taken.

f. Doctors permanently posted at B.C.Roy Technology Hospital will be in charge for proper functioning of Pharmacy on yearly rotation basis.

v. Ambulance

a. The committee members found that the facilities available in the two

ambulances are not up to the mark. When they went to check the ambulances there was no additional facilities other than carrying the patients. The oxygen cylinders and sucker machine were not in the ambulance and it was learnt that when necessary they are taken from the hospital. The electrical connections are not working.

b. At least two modern ambulances with following facilities are necessary –

Air-condition.
Mobile phone.
Portable ventilator.
DC shock machine.
Hooter and Beacon.
Sucker machine and its accessories.
Separate hooks for intravenous fluids.
Patient's bed should be of adequate size.
Emergency medicines and Blood pressure instrument.
Ambu resuscitator, Airway, Endotracheal intubation cart.
Oxygen cylinders (two) with accessories for oxygen therapy.

Note : instruments in the ambulance must not be shared with the B.C.Roy Technology Hospital.

c. A duty roster of the doctors should be made for regular checkup of the medical instruments and expiry dates of the medicines in the ambulances and to report to the authority immediately for necessary action.

d. Drivers of the ambulances should report daily regarding the condition of the ambulance and this report should be noted by the authority as appointed by the administrator of I.I.T.

e. A yearly report of the ambulances should be given to the administrator so that he can take further steps regarding the maintenance cost or purchase of a new one.

f. On the basis of gravity of the case the doctor in charge must decide whether patient should be accompanied by a pharmacist, sister or even by a doctor.

g. Regular training of Basic Life Support should be given by authorized bodies (Indian Society of Critical Care Medicine Kolkata, Indian Society of Anaesthesiologists W.B.) to the pharmacists, ambulance drivers, sisters, doctors, students and preferably to all the staff of I.I.T and even to the school students at I.I.T campus. Books and CD in this regard are available.

vi. The members of the Enquiry Committee collected following data :

- The members of the committee visited Kharagpur Subdivisional Hospital and found there is no I.C.U.
  The members of the committee visited Railway Hospital, Kharagpur and discussed with Dr.A.Patnaik Senior DMO and found that at present there is only one anesthetist and they have an acute shortage of staff.

- The number of doctors and supporting staff at B.C.Roy Technology Hospital in the year 2005-06 was 64, in the year 2006-07 was 55 and in the year 2007-08 was 50 (Encl.19.2).

- The medical reimbursement to the staff at B.C.Roy Technology Hospital in the year 2006-07 was Rs. 80.91 Lakhs, in the year 2007-08 was Rs. 86.31 Lakhs (Encl.19.2) and in the year 2008-09 was 87.26 Lakhs (Encl. 19.1).
  Medical traveling allowances at B.C.Roy Technology Hospital in the year 2006-07 was Rs. 5.77 Lakhs, in the year 2007-08 was Rs. 6.33 Lakhs and in the year 2008-09 was 5.75 Lakhs (Encl.19.2).

- At B.C.Roy Technology Hospital there is no facility for operations and delivery as there is neither any surgeon nor anesthetist. At B.C.Roy Technology Hospital there is no ventilator, autoanalyzer and Acid Base Gas Analyzer. B.C.Roy Technology Hospital has Echocardiography machine but there is no cardiologist to operate it.

- B.C.Roy Technology Hospital is not involved in any research work conducted by the various departments of I.I.T Kharagpur as done at I.I.T Madras – hospital soft ware development, hospital waste management, antioxidants in nutrients etc.

- Vidyasagar Institute of Health, Rangamati, Midnapore offers courses in medical and paramedical technology.

vii. Suggestions of the members of the Enquiry Committee – after discussing with different specialists and residential medical officers attached to I.C.U at different hospitals and nursing homes at Kolkata :

Scope of upgrading surgical department at B.C.Roy Technology Hospital

- Total number of operations necessary for I.I.T staff in a year are very few. Unlike other I.I.Ts, the hospital is situated far away from Kolkata.

Not only for the reason that there is neither O.T. nor anesthetist at B.C.Roy Technology Hospital but also as the responsibility of any post operative complications is on the operating surgeon, no surgeon is likely to take this risk and stay back for 5 to 7 days, if such situation arises.

- Though desirable for a permanent post for an anesthetist and a surgeon, it is impractical as number of operative cases at I.I.T are very few and the staff of I.I.T will favor to get the operation at Kolkata because if complications arise during operation or postoperative period it can be adequately managed there. Even if the consultant is allowed to practice outside he may not be present at the time of emergency.

- So to carry out operations at B.C.Roy Technology Hospital a team of surgeons, anesthetists, O.T sisters and other supporting staff is necessary.

- Even if the facilities for operations at B.C.Roy Technology Hospital are open to the people of Midnapur, it is not desirable as it may hamper the security of I.I.T and I.I.T authority may find it difficult to handle the various problems created by the patient party.

- There is no scope for appointing specialist surgeons (Neurosurgeon, Cardiac Surgeon) at B.C.Roy Technology Hospital as number of such cases are very few and far between.

- As C-Arm is not available it is not desirable to do even fracture cases.

- However, it is better to start with Cataract Surgery camp and this facility can also be given to the people of Midnapur and then gradually develop the surgical unit (General Surgeons -2, Anesthetists-2, MB.BS Doctors with 2 years experience in surgery or allied sciences, Nursing staff -8, O.T technologists -4 and Group D staff as per rule).

Upgrading I.C.U & medical department at B.C.RoyTechnology Hospital

a. Instruments required :

Ventilator, Bi-PAP - one each.
Digital X-Ray - one.
Autoanalyzer - one (discussed in the section IIIC.1i).
Acid Base Gas Analyzer – one (discussed in the section IIIC.1i).
Differential Hematology Analyzer – one (Encl.29).
Alcohol Breath Analyzer – one.
C-Arm Image Intensifier - one (desirable for temporary pacemaker; simple fracture cases by a part time.

Orthopedic specialist can also be done).

Auto-refractometer, Refraction unit – one each.

Physiotherapy unit - Lumbar traction, cervical traction, IFT, Ultrasound therapy, Wax bath, TENS.

Operating Microscope - One for cataract surgery.

Operation Theatre - All purpose O.T table, anesthetic work station, overhead light, multichannel patient monitor, linear airflow & scavenging facilities

Note : Technical persons and doctors should be appointed for consultations before purchase of the instruments.

b. Superintendent -

One post for Superintendent with experience in hospital management, is necessary. Superintendent's job is administrative for smooth functioning of the hospital.

c. Doctors -

Permanent post for another Doctor (MD in General Medicine) is necessary for proper functioning. I.I.T Bombay has 4 doctors with M.D degree.

With the help of PACS at SMST and Digital signature of Radiologist and Ultrasonologist at Kolkata, I.I.T can cater patients from Midnapore.

Four permanent Residential Medical officers (MB.BS) with following experiences (Encl.25 page 1 / 6):

Technique of placing long line.
Technique of giving DC Shock.
Technique of Basic Life Support.
Technique of temporary pacing.
Intubation and preliminary settings of ventilator.
Preferably has experience in the department of anaesthesia.

In very critical cases one of the two Residential Medical officers may have to accompany a patient to Kolkata.

A permanent Psychiatrist post (as in I.I.T Delhi) is necessary for counseling the students (Encl. 25 page 1/6) regarding - adjusting to campus life, problems in relationship, being shy, feeling lonely, anxious, depressed, suicidal thought etc.

To note that I.I.T Bombay has – 8 doctors (4 M.D and 4 MB.BS), 4 part time medical officers (MB.BS), 27 Honorary Consultants.

d. Nursing staff -

Two Nursing staff (BSc.) on permanent basis.
Two Nursing staff (G.N.M) on permanent basis.

Two Nursing staff (A.N.M) on permanent basis.
In very critical cases one of the Nursing staff may have to accompany the patient to Kolkata.

e. Technicians and Ward Master-

Two qualified persons in physical medicine (MTP/DPT/BPT) is necessary.
Two qualified radiology technicians (DRD).
Two qualified laboratory technicians (DMLT Tech).
One optometrist (D.Optm / DOS).

Six or three months certificate / orientation course for the technicians who passed DMLT Tech, by the Department of Medical Science and Technology may attract students who can also give service to B.C.Roy Technology Hospital. The Department of Medical Science and Technology along with other relevant Departments have instruments (example – Auto analyser, HPLC, PCR etc) of clinical importance that are not present in the Institutes from where they are trained.
One ward master having experience of a large hospital, is necessary. At present the Sister-in-charge at B.C.Roy Technology Hospital in addition to her usual workload, has to act as ward master after the retirement of the ward master.

f. Attendants

Two more female and two more male attendants are necessary.

Note : Family quarter should be given to all the permanent staff.
The pay scale and promotion to the staff of the B.C.Roy Technology Hospital should be taken seriously (as per CGHS scale / pay scale at I.I.T Bombay or Delhi). To consider if the doctors attached to B.C.Roy Technology Hospital, can practice outside after their duty hours as done in State Hospitals.

g. Referral doctors

B.C.Roy Technology Hospital should maintain a list of investigation centers and specialists in different disciplines in the district of Midnapur who agree to give their opinion at a pre-settled honorarium. Their transport cost should be borne by I.I.T Kharagpur (Encl.30).

Specialist doctors including Radiologist, Pathologist from Midnapur Medical College can visit B.C.Roy Technology Hospital on an honorarium basis. Even non-practicing doctors can apply (vide Rule 62 of West Bengal Service Rule - Annexure 4).
A list of specialists from major disciplines (Cardiology, Neurology, Gastroenterology, Rheumatology, Pulmonology, Physical Medicine,

Psychiatry, Dermatology etc) and practicing general physicians can be made who agree to be consulted over telephone and visit I.I.T campus at least once a month on an fixed monthly honorarium basis.
There must be good understanding between the specialists as well as with the practicing general physicians. It is possible to pickup all the doctors from Kolkata on a particular day – this will help the I.I.T staff because they do not have to wait if there is further referral by a specialist (This is done for patients at Haldia Port Trust Hospital). The specialists can deliver lectures periodically and can also train the local doctors and paramedics.
It is essential that at least two General Practitioners at Kolkata act as liaison officer who can fix a bed in a Nursing Home, carry out initial management and can contact a consultant, even at odd hours on a fixed monthly honorarium basis.

Note : I.I.T Bombay has following special clinics - Acupuncture Clinic, Asthma Clinic and Well-Baby Clinic. I.I.T Delhi has also arranged for a number of special clinics.

h. Others

The medical records (Encl.26) of all the staff should be computerized and updated. At I.I.T Madras a multi-user, multi-modular soft ware has been developed under an IRDFIC & SR project for inventory control, registration of members, medical reimbursement etc.

A lift for B.C.Roy Technology Hospital is required (Encl.25 page 5/6).

Continuing Medical Education Programme at I.I.T Kharagpur is necessary. At I.I.T Madras, Continuing Medical Education Programme, held every month helps the doctors of the Institute to keep pace with the advancement in medical technology. An in-house training programme is also conducted for staff nurses and paramedical staff.

Recent medical books and journals and a library with internet facility at the B.C.Roy Technology Hospital are essential (Encl.15.2).
The scope for Telemedicine should be explored.

I.I.T Madras Hospital conducts periodical public health education programs on stress management of students, smoking, alcohol etc and frequent health camps for benefit of the staff. This can be done at I.I.T Kharagpur.

2. Scope for Multispeciality hospital at Kharagpur.

i. Data collected from the staff and students of I.I.T Kharagpur

- There is a demand for Multispecialty hospital from the staff and students of I.I.T Kharagpur. It is discussed in the section IIIB.11.
- Prof. Routray, Prof A.Goswami and Prof V.R.Desai said that in the surrounding area there is no good hospital (Encl.4.25 and 6.8).
- Availability of land : Outside I.I.T Kharagpur campus I.I.T authority has 30 acres of land near bypass (1 km. from I.I.T), 35 acres at Balarampur and another land of 47 acres (2 Km from I.I.T) (Encl.10.91).
- I.I.T Kharagpur, unlike other I.I.Ts, is far away from the city. So, the Institute has been making all efforts to have a muliti-speciality hospital at Kharagpur, during the past few years and contacted a number of organizations (Encl.18.4) but till date there is no confirmation.

ii. The Enquiry Commission has following observations and suggestions :

- The cost of developing & maintaining a modern multispeciality hospital is huge. Anything less than a modern hospital will not attract KGPians.
- The socio-economic status of the staff and students can not be compared with that of general population of Midnapur. Thus the cost of establishing such a multispeciality hospital by a corporate house, is not likely to be profitable even if the hospital caters to the people of Midnapur. Hospitals in Kolkata get a large number of patients from Bangladesh, Nepal, all over West Bengal and North East India which is not expected at newly built multispeciality hospital at Kharagpur.
- However, certain disease states need intervention within 3 hours to revive the injured tissues as for example – Acute Myocardial Infarction, Cerebral Stroke etc. It will take more than 3 hours to get admitted at any hospital in Kolkata after all the formalities and basic investigations.
- According to IIT Foundation, I.I.T Kharagpur has over 30, 000 alumni. Other I.I.Ts and PAN I.I.T Alumni India (a registered society) has 80G of I.T. with cent percent tax deduction (Encl.32).
- The research areas of the Department of Biotechnology includes such subjects as Molecular Genetics, Immunology and Molecular Biology, Virology and Molecular Biology, Microbial Chemotherapy and developed Herbal Skin

Nourishing Gel. Humanities and Social Science Department has research areas in Clinical Psychology. Chemical Engineering Department has research areas in the field of Biomedical Engineering.

The mission of the Department of Medical Science and Technology is -"The spectacular advancements in the realm of medical science & technology that our globe has witnessed in the recent decades have been largely possible because of a marriage between medicine & technology. Millions of people all over the globe have been able to enhance their quality of life, yet billions more are still waiting to enjoy the fruits of this revolution." "Our mission is to provide a platform of **interdisciplinary teaching and research in the field of medical science & technology, which can lead to a better integrated healthcare delivery system**." "Our vision is to have a medical academic institute with a multi-specialty research centre at its core with the motto of education and collaboration for biomedical research and development **alongside treatment and healthcare delivery to the patients**." "The School has collaboration with some of the best medical research institutes and medical industries from all over the world."

Prof.P.K.Dutta Head School of Medical Science and Technology, suggested a multispeciality hospital and this will enrich both the Hospital and School of Medical Science and Technology (Encl.15.1).

- Thus a multispeciality hospital is essential to carry out research work with other departments that already exist at I.I.T Kharagpur – and *such hospital will be unique in serving the nation.*

- It is suggested that such a hospital that caters not only to KGPians including retired persons but also to other patients in Midnapur (not only to be financially self sufficient in future but also to have a large number of patients with a variety of disease states), should be outside the I.I.T campus for security reasons of the staff and students of I.I.T. Kharagpur.

- I.I.T authority has 30 acres of land near bypass (1 km. from I.I.T).

- For funding of such multispeciality hospital there are various possibilities and one that will be attractive is to **apply to National Committee for 35 AC** of Income Tax-Act. National Committee even approved appropriate projects of more than Rs. 100 to 300 Crore.

  A project proposal can be sent to The Secretary, National Committee for Promotion of Social and Economic Welfare, Department of Revenue, Ministry of Finance, Government of India, North Block New Delhi 110001.

  Once the hospital starts functioning it will surely get various National and International grants as for example for Drug trials.

Most importantly this hospital can also serve Below Poverty Level patients.

- As I.I.T Kharagpur is an Institute of National Importance, to be at par with this Institute, the Multispeciality Hospital must also satisfy following international criteria so that it is acceptable to the staff and students of I.I.T Kharagpur :

  Approval of Joint Commission International (JCI).
  Guidance of American Institute of Architecture for Design and Construction of Health Care Facility (Hospital Architecture is not in the curriculum of any I.I.T).
  Guidance of ASHRAE.
  Approval of Green Building Status (LEED).

  For world class infrastructure one may approach IIT Foundation which is a non profit organization with a 501(c)(3) status in the USA.

- Such hospital will attract doctors with interest in research work that is not possible either in the state hospitals or in the corporate hospitals.

- It is also expected that students from different departments of I.I.Ts and others will find a proper place for their research work.

- LAOTSE membership allows to exchange students and senior scholars with universities in other countries. I.I.T Kharagpur -- UC Berkeley Collaboration has interests in emerging and neglected diseases (healthcare biotech).

- If such project is accepted, it should be completed within three years.

- In future one may consider a Medical College in the same area.
  The basic requirements and procedures are –

  a. Following organization will be eligible for Medical College – University, State Government, an Autonomous body promoted by Central and State Government or under a Statute etc .

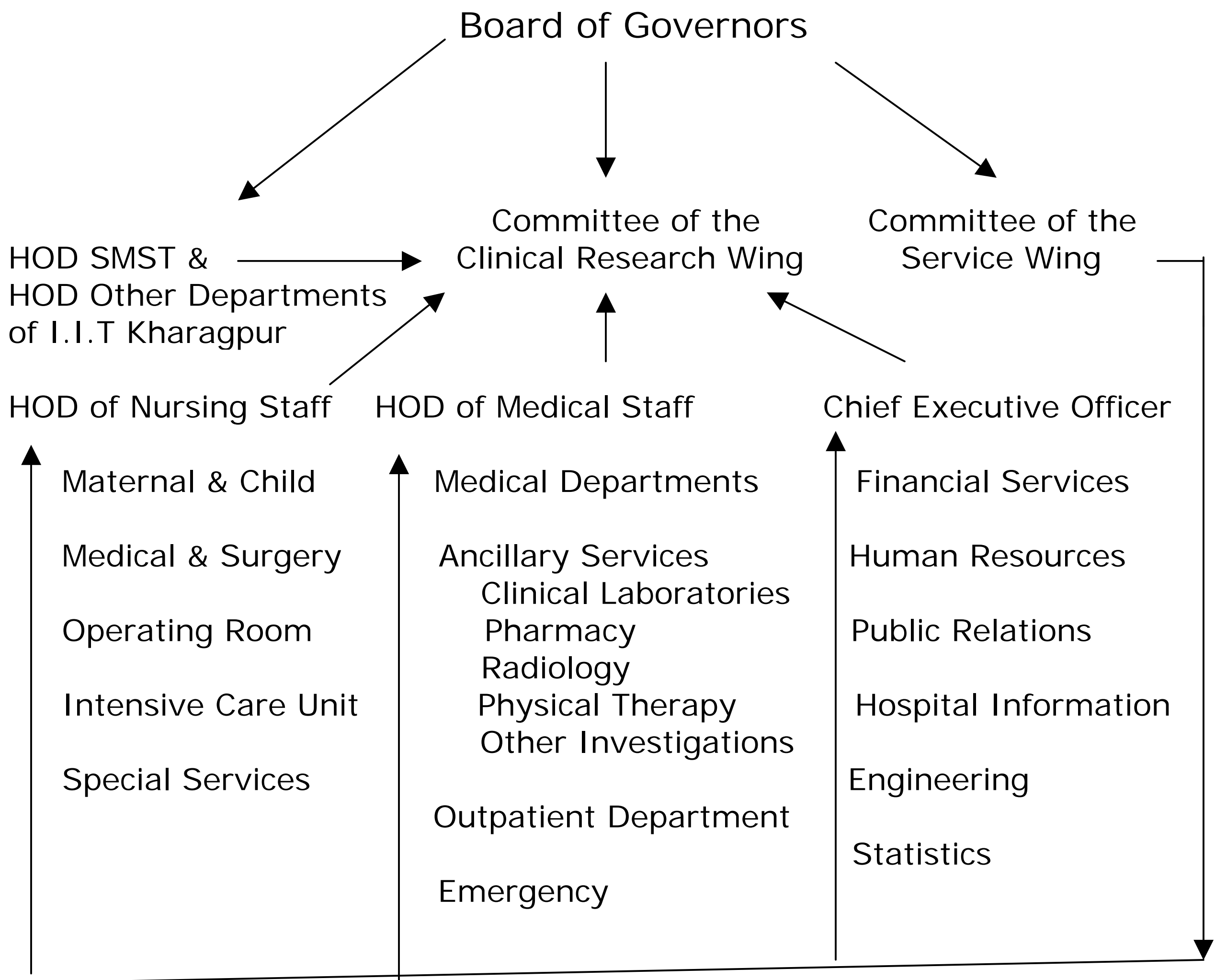
  b. A suitable single plot of land measuring not less than 25 acres. The land earmarked for the hospital is about 30 acres.

  c. A hospital of not less than 300 beds with adequate infrastructure facilities is necessary.

  d. Resolution by the Board of Governors of I.I.T Kharagpur for Medical College, essentiality certificate from DME West Bengal Health Department followed by affiliation by West Bengal Health University and finally submission to Medical Council of India – are necessary.

Proposal For Management Of A Multispeciality Hospital

And Its Relationship With Other Departments of I.I.T Kharagpur



INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

Office Order No.Estt/171/2009 dated 31st March 2009

Consequent upon resignation of Hon'ble Justice U C Banerjee, who was appointed as one man enquiry committee vide order No. ESTT/149/2009 dated March 25, 2009, Chairman Board of Governors, IIT Kharagpur has appointed following doctors to conduct the enquiry:

1. Dr Bibhukalyani Das
2. Dr. Sitesh Dasgupta

Institute shall arrange all assistance in this regard. All expenses towards conduct of enquiry shall be borne by the Institute.

Registrar & Secretary
Board of Governors

To,

1. Dr. Bibhukalyani Das
   Professsor & Head of the Department of Neuroanaesthesia
   Bangur Institute of Neurology & Psychiatry
   52/1A, Sambhu Nath Pandit Street
   Kolkata – 700 025

2. Dr. Sitesh Dasgupta
   Head of Neurology
   ESI Hospital, Maniktala
   Kolkata – 700 054