**1. Medical Services:**

Medical services are the sheet anchor of most general hospitals. They are so closely related to all other departments that sharp lines cannot be drawn to delineate specific responsibilities.

Policies and procedures should not only be available in writing but updated periodically. Consultations should be readily available and the organisational relationships with related specialties should be clearly understood.

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Therapeutic procedures must be only on written prescription of clinicians, consultants, and the audit committee must have clear and well-established criteria of professional care.

**2. Surgical Services:**

Surgical services are the most spectacularly visible function of the hospital. In a general hospital, all branches of the surgical services diagnostic, therapeutic and operation theatres are combined as one department.

Again, the policies and procedures should be available in writing. A “credentials committee” the equivalent of medical audit committee of medical services, must have clear criteria regarding surgical procedures to guide it.

All case records, including laboratory reports and consent to surgery must be complete prior to operation. The tissue removed at operations must be sent for pathology and the report available in patient’s record.

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A “tissue committee” should review all such reports. Policies should be laid down and procedures established with regard to hospital infection control, sterile supplies and safety standards.

**3. Obstetrical Services:**

Obstetrical services are also organised like other department with policies and procedures peculiar to its requirement. Qualified staff should be available even off-time with availability of consultants for complicated cases.

Deliveries conducted and births and deaths must be properly documented and records maintained. There should be a system to investigate all maternal and infant deaths.

Maternal death rate (ratio of maternal deaths to obstetrical discharges) in good hospitals does not exceed 0.25 per cent. Some infant deaths are inevitable, but newborn infant deaths should not exceed 3 per cent of all births.

**4. Anesthesiology Services:**

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Anesthesiology service is the least visible service in a hospital, but as important as others. Apart from the high professional knowledge and skill of the anesthesiologists, the service should conform to all the standing policies and procedures.

There must be a preanaesthetic physical check­up including relevant urine and blood examinations.

Safely in operation theatres is normally assigned to anesthesiology service. Standing order on safety regulations must be available and enforced. Deaths indirectly attributable to anesthesia should not exceed one death in 5000 anesthesia’s.

**5. Laboratory Services:**

Services appropriate to the need of the hospital should be available, conducted and supervised by competent technicians and pathologists respectively, with appropriate system of maintenance of records of tests and standing orders and procedures. The calibration of equipment should be carried out regularly.

Evaluation of procedures pertaining to sterile supplies, infection control and functioning of the “infection control committee” to monitor the above

All tissues removed at operations should be examined to establish agreement between preoperative and postoperative diagnosis, to check on normal tissue removed and to evaluate results.

Normal tissue removed including appendectomies, hysterectomies and removal of hernia sacks does not generally exceed 10 per cent all operations.

The tissue committee should establish criteria for surgical interventions for certain operations such as tonsillectomies, appendectomies, hysterectomies, caesarian sections and the like. Caesarian sections usually do not exceed 5 to 10 per cent of total live births.

**6. Paediatric Services:**

Except in large hospitals, this service will generally be a part of medical service. However, in whatever way it is organised, the basic requirement is that it is geared for special attention to the peculiar needs of children and infants.

The physical facilities, policies and procedures should have been geared to these needs.

**7. Radiology Services:**

Facilities, including the number of radiographic machines must be adequate to meet the requirement of the diagnostic and therapeutic procedures, with competent medical and technical paramedical staff.

Policies and standing orders pertaining to radiation safety factors including accidental exposure hazards to personnel must be firmly adhered to. A fool-proof system of records of all radiological investigations should be in operation.

**8. Outpatient Department:**

It should be an extension of the total hospital service itself, for those who do not require hospital bed care.

The quality of care should be of a high standard, and all professional activities should be under supervision of a senior staff member.

Adequate number of physicians should be available, with appropriate coordinated support from laboratory, radiology and pharmacy services.

Adequate medical records including laboratory and radiology reports should not only be maintained, but a system of immediate retrieval should be available.

Waiting time and service time per patient are two important indicators for outpatient care. Emergency and casualty services with appropriate staff should be available round the clock.