

15 -ാം കേരള നിയമസഭ

14 -ാം സമ്മേളനം

നക്ഷത്രചിഹ്നമിട്ട ചോദ്യം നം. 1

16-09-2025 - ൽ മറുപടിയ്ക്ക്

സർക്കാർ ആശുപത്രികളിൽ രോഗികൾ ചികിത്സാ ഉപകരണങ്ങൾ വാങ്ങി നൽകേണ്ടതായ സാഹചര്യം പരിഹരിക്കാൻ നടപടി

ചോദ്യം	ഉത്തരം
<p align="center">ശ്രീ. എ. പി. അനിൽ കുമാർ , ശ്രീ. ഐ. സി. ബാലകൃഷ്ണൻ , ശ്രീ. സനീഷ്കുമാർ ജോസഫ്, ശ്രീ. സി. ആർ. മഹേഷ്</p>	<p align="center">ശ്രീമതി വീണാ ജോർജ്ജ് (ആരോഗ്യ- വനിത-ശിശുവികസന വകുപ്പ് മന്ത്രി)</p>
<p>(എ) തിരുവനന്തപുരം മെഡിക്കൽ കോളേജ് അടക്കമുള്ള സർക്കാർ ആശുപത്രികളിൽ എന്തു നവീകരണ കാര്യങ്ങൾ ആരോഗ്യസുരക്ഷാ പദ്ധതിയിൽ അംഗങ്ങളായവർ ഉൾപ്പെടെയുള്ള രോഗികൾ സ്വന്തം ചെലവിൽ ചികിത്സാ ഉപകരണങ്ങൾ വാങ്ങി നൽകേണ്ടതായ സാഹചര്യമുള്ളതായി ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ടോ; എങ്കിൽ ഇത് ഗൗരവമായി കാണുന്നുണ്ടോ; വ്യക്തമാക്കാമോ;</p>	<p>(എ) സംസ്ഥാനത്തെ എല്ലാ സർക്കാർ ആശുപത്രികളിലും കാര്യങ്ങൾ ആരോഗ്യ സുരക്ഷാ പദ്ധതി ഉൾപ്പെടെ വിവിധ സൗജന്യ ആരോഗ്യ ചികിത്സാ പദ്ധതികൾ പ്രകാരം അർഹരായ രോഗികൾക്ക് പദ്ധതി മാനദണ്ഡ പ്രകാരമുള്ള സൗജന്യ ചികിത്സ നൽകി വരുന്നുണ്ട്. ഇത്തരത്തിലുള്ള രോഗികൾക്കാവശ്യമായ വിവിധ പരിശോധനകൾ, മരുന്നുകൾ, ഇംപ്ലാന്റുകൾ, ചികിത്സാഉപകരണങ്ങൾ എന്നിവ ആശുപത്രി സൂപ്രണ്ടുമാർ നടപടിക്രമം പാലിച്ച് വാങ്ങി ലഭ്യമാക്കണം എന്നതാണ് വ്യവസ്ഥ. ആയതിനാൽ സ്കീമുകളിൽ ഉൾപ്പെടുന്ന രോഗികൾക്ക് സ്വന്തം ചെലവിൽ ഉപകരണങ്ങൾ വാങ്ങേണ്ട സാഹചര്യം ഉണ്ടാകേണ്ടതില്ല.</p> <p>തിരുവനന്തപുരം മെഡിക്കൽ കോളേജിലെ യൂറോളജി വിഭാഗവുമായി ബന്ധപ്പെട്ട് നിയോഗിച്ച വിദഗ്ദ്ധ സമിതിയുടെ റിപ്പോർട്ടിൽ മൂത്രാശയ കല്ല് പൊടിക്കുന്ന "flexiscope" എന്ന ഉപകരണം രോഗികളിൽ നിന്ന് പണം ഈടാക്കി വാങ്ങുന്നതായി കണ്ടെത്തിയതായി പരാമർശിക്കുന്നുണ്ട്. സൗജന്യ ചികിത്സാ പദ്ധതിയിൽ ഉൾപ്പെട്ട രോഗികൾ സ്വന്തം നിലയ്ക്ക് ഉപകരണങ്ങൾ വാങ്ങുന്നത് സർക്കാർ മാർഗ്ഗ നിർദ്ദേശങ്ങൾക്ക് അനുസൃതമല്ല. രോഗികളിൽ നിന്ന് പണം ഈടാക്കി Flexiscope വാങ്ങുന്നത് നിരുത്സാഹപ്പെടുത്തണമെന്നും അങ്ങനെ വാങ്ങേണ്ട സാഹചര്യം ഉണ്ടായാൽ ഡിപ്പാർട്ട്മെന്റ്, മെഡിക്കൽ കോളേജ് അധികൃതരെ നിർബന്ധമായും അറിയിച്ചിരിക്കണമെന്നും സമിതി ശുപാർശ ചെയ്തിട്ടുണ്ട്.</p>

			<p>സൗജന്യ ചികിത്സ സ്കീമുകളിൽ ഉൾപ്പെട്ട രോഗികൾക്ക് “Flexiscope” ഉൾപ്പെടെയുള്ള ഉപകരണങ്ങൾ സൗജന്യമായി ലഭിക്കുന്നുവെന്ന് സ്ഥാപനങ്ങൾ ഉറപ്പു വരുത്തേണ്ടതാണ്. ഏതെങ്കിലും സ്ഥാപനമോ വകുപ്പോ ഇത്തരത്തിൽ സൗജന്യ ചികിത്സയ്ക്ക് അർഹരായ രോഗികളിൽ നിന്ന് പണം ഈടാക്കി ഉപകരണങ്ങൾ വാങ്ങുന്നുണ്ടെങ്കിൽ, അത് സർക്കാർ നയത്തിന് വിരുദ്ധമാണ്, ആയത് സർക്കാർ ഗൗരവമായി കാണുന്നതാണ്.</p> <p>ഈ സർക്കാരിന്റെ കാലയളവിൽ തീരുവനന്തപുരം മെഡിക്കൽ കോളേജിൽ മാത്രമായി കാസ്റ്റ് മുഖാന്തരം 373.36 കോടി രൂപയുടെ സൗജന്യ ചികിത്സ നൽകുകയും 81.82 കോടി രൂപയുടെ മെഡിക്കൽ ഉപകരണങ്ങൾ ലഭ്യമാക്കുകയും ചെയ്തിട്ടുണ്ട്.</p>
(ബി)	എങ്കിൽ പ്രസ്തുത സാഹചര്യം ഉണ്ടാകാനുള്ള കാരണം പരിശോധിച്ചിട്ടുണ്ടോ; വിശദമാക്കാമോ;	(ബി)	ഉത്തരം (എ) പിരിവിൽ ചേർത്തിരിക്കുന്നു
(സി)	പ്രസ്തുത പ്രശ്നം പരിഹരിക്കുന്നതിനുള്ള നടപടികൾ സ്വീകരിക്കുമോ; വ്യക്തമാക്കാമോ?	(സി)	ഉത്തരം (എ) പിരിവിൽ ചേർത്തിരിക്കുന്നു

സെക്ഷൻ ഓഫീസർ

Enquiry Report

As per G.O.(Rt)1790/2025/H&FWD, dtd.29/06/2025 an enquiry committee was constituted by the Government to enquire about the functioning of Department of Urology, Govt.Medical College, Thiruvananthapuram and issues raised by Dr.Haris C.H, Head of Department of Urology in social and visual media and related matters.

The enquiry was conducted on 30.06.2025 and 02.07.2025 in the Super Specialty Block of Govt.Medical College Hospital, Thiruvananthapuram. The following members were present.

1. Dr.Padmakumar B, Principal, Govt.Medical College, Alappuzha
2. Dr.Jayakumar T.K, Medical Superintendent, Govt.Medical College, Kottayam
3. Dr.Gomathy S, HOD, Department of Nephrology, Govt.Medical College, Alappuzha
4. Dr.Renju Raveendran, Professor and HOD of Forensic Medicine, Govt.Medical College, Kollam

Since Dr.Rajeevan, Professor of Urology, Govt.Medical College, Kottayam was out of station, Dr.Renju Raveendran, Professor and HOD of Forensic Medicine, Govt.Medical College, Kollam was co-opted by the committee.

Enquiry committee conducted interviews with Dr.Haris, doctors available in the Urology Department, Nurses and patients in the department, Hospital Administration and HDS Office, HODs of Super Specialty Departments and Medical College Administration. The committee members also visited Urology ward and statements were taken from patients admitted.

The committee has also verified various records available in the department as well as that of the Hospital Development Society. List of various documents related to the enquiry is listed in the following Annexures.

Annexure I – Various documents from the Urology Department

Annexure II – Documents from Hospital Development Society

Annexure III – Statements from related officers/staff

Annexure IV – other documents

Annexure V - Copy of FB post and print media articles related to the Incident

Department details

In the urology department of GMC Trivandrum there are 6 faculties and 20 senior residents. Dr. Haris. CH is the professor and HOD. Dr. Saju. P. R is another professor in the department. Dr. Madhavan. N and Dr. Nirmal. K. P are associate professors and Dr. Tony Thomas John and Dr. Sunil are the assistant professors. At present there is no faculty deficiency in the department.

The department is functioning as 3 units and during 2024 there were 57116 OP patients, 2482 IP patients and 1821 major surgeries and 1077 minor surgeries were done in the department. The department is doing all urology related procedures and have a long waiting list, for unit 1, till September 4 2025 and for unit 3 till August 5. The enquiry committee has noticed that a positive and encouraging work environment is existing in the department.

The alleged incident which has led to issues happened on 27.06.2025 when Pneumatic probe for Lithoclast was damaged during a procedure in the Urology OT/procedure room. Since there was no spare probes, remaining 2 cases posted on the same day which requires this particular instrument was postponed which included a college student about whom Dr. Haris has mentioned in his FB post.

Observations made by the committee about this incident are as follows.

Equipment required to remove the ureteric stone used in the Urology Department is Lithoclast Pneumatic Ultrasonic with suction which was installed in December 2018 and is in working condition, covered under CAMC. To perform the procedure urologist needs pneumatic lithoclast probe which can be used in varying number of procedures (30-50) and then it gets damaged. So a regular supply of pneumatic lithoclast probes is essential to ensure continuous, uninterrupted patient care. Such an incident was reported by HOD in the letter dated 20/07/2024 addressed to Superintendent, HDS. In this letter he has informed that the supplier firm Trivandrum Surgicals has not supplied the probe in time and the patient care was interrupted from 16.07.2024. But from HDS records it was noticed that probe was supplied on 20.07.2024 itself. Thereafter the HOD has requested for probes on 25.10.2024 and probes were supplied on 09.01.2025 and 15.02.2025. Next request given on 18.03.2025.

13

Timeline of various requests, supplies and communication are as follows.

1. 28.05.2024 - Request from HOD, Urology
2. 29.06.2024 - Order placed for 2 type probes
EL – 044 - 3Nos
EL – 0464 - 3 Nos
Total - 6 Nos – Rs.2,26,200/-
3. 20.07.2024 - Complaint received from HOD – Not supply of probe – dereliction of company
4. 20.07.2024 - Probe supplied
5. 25.10.2024 - Request received for 3 probes (046)
6. 19.12.2024 - Letter to District Collector for AS
7. 23.12.2024 - Order issued to Trivandrum Surgicals
8. 09.01.2025 - 2 probes supplied
9. 15.02.2025 - 1 probe supplied Total – 3 probes supplied
- 10.18.03.2025 - Request received from HOD for 3 probes
- 11.25.04.2025 - Letter to District Collector for AS
- 12.16.06.2025 - Request received from HOD for 2 probes and rate hike estimate attached along with this request
- 13.23.06.2025 - AS received from District collector (for 19.12.2024)
- 14.23.06.2025 - Letter to Trivandrum Surgicals for Price Negotiation
- 15.25.06.2025 - Negotiation letter received from Trivandrum Surgicals
- 16.25.06.2025 - Clarification for price hike – letter to company
- 17.28.06.2025 - Clarification letter submitted through email by Trivandrum Surgicals
- 18.28.06.2025 - Supply order issued for 3 probes

From these timelines it can be observed that the requests were sent to District Collector for Administrative Sanction (AS), as the financial delegation of the Secretary is upto one lakh in the institution.

There is a significant delay in getting AS for the request given on 19.12.2024. AS was sanctioned only on 23.06.2025. Considering the urgency of the situation, Secretary of HDS has taken the initiative to issue supply order even without an AS, so that patient care is not interrupted. HOD has given request for 3 probes on 18.03.2025 well in advance anticipating probable life period of

15
available probes. The HDS has forwarded request for AS to the Collector on 25.04.2025 which is a reasonable time considering the inadequacy of the staff and the workload of the HDS office (See Annexure II item 9). While awaiting the AS, HOD has again given a request for 2 probes on 16.06.2025 indicating a price hike.

A letter was given to supplier firm on 23.06.2025 for price negotiation and it was followed up closely and order issued on 28.06.2025.

Based on the above facts and observations, issue related to purchase procedures are as follows.

1. HOD has given timely requests anticipating the usual delay in the office.
2. When the timelines of the procurement process is examined, there was one month time gap between request from HOD and supply order in the first instance, 2 months in the second instance and 3 months in the third instance. Every time there is almost one month gap in supplying the item after issuing the order. The 3 months gap in issuing the order which had occurred in the last instance was due to a price hike of the probe and the delay in getting AS.

In this connection, it may be noted that AS for this essential item was received on 23.06.2025 for a request which was submitted to the office of the Collector on 19.12.2024. Considering the urgency of the situation in a hospital setting the financial power of the HDS Secretary may be hiked in tune with the institutional requirements and there should be a close monitoring system for such files in the office of the Collector.

The committee has examined the operation registers of the main Operation Theatre (Copy of which is attached as Annexure V). It seems that 3 cases of URS which requires the Pneumatic probe was postponed on 27.06.2025, but similar cases were done on the next day by Dr.Saju, Unit 2 Chief. In this statement he has informed (on whatsapp call, he being out of station) that he has kept a less costly equipment (worth around 1 lakh and 2,000/- for the probe) as a standby when such crises happen. So he could do the case without any interruption on that day. A whatsapp video call was also made with Unit 3 Chief, as he was on earned leave. Dr.Madhavan informed that once in a while there are issue related to equipments and cases get postponed during that time.

The committee raised following questions to Dr.Haris after verifying the all documents and hearing from all concerned.

1. Why social and other media were utilized?
2. The committee could not identify any written or mail communications to HDS/higher authorities about the non availability of

17
accessories/urgency of the situation other than the request on 18.03.2025 and 16.06.2025.

3. Why you have posted cases on 01.07.2025 in spite of the fact that the accessories were not available?
4. Explanation for not utilizing alternate facility available with Unit 2 with which they performed the procedure on 27.06.2025.
5. Have you informed the hospital authorities regarding the purchase of equipments/accessories (flexiscope) by collecting money from patients?
6. Any other complaints or suggestions

A detailed answer was given by him which is recorded and signed in the presence of the committee members. He has also given additional statements at his own will, which is also attached herewith.

He explained that he approached the media because he felt that his grievances were not addressed by the authorities in spite of repeated requests. He was never sending reminders or mails but was utilizing his Scientific Assistant for communication with authorities and this was confirmed by the Scientific Assistant in her statement. He posted cases on 01.07.2025 with the belief that he will be able to mobilize accessories from the other hospitals in the city. He was not aware of the alternate facility in Unit 2. He mentioned that he informed regarding the purchase of flexiscope utilizing money from patients to HDS member, hospital authorities and has made the decision after a departmental meeting. He also informed that he mentioned the same matter as an answer to LA question. His other major complaints were related to non procurement of various equipments he proposed under the plan head/KIIFB fund/NOTTO, equipment repairs, CAMC payments and purchase of spares. Due to this the department is unable to perform various urological procedures for patients referred from various parts of the state.

The committee has interviewed HODs of the following Super Specialty Departments – Nephrology, Neurology, Gastroenterology (Medical & Surgical), Neurosurgery. All the HODs are of the opinion that streamlining CAMC formalities of equipments is highly essential for the smooth functioning of the departments. Financial delegation power of HDS Secretary – The Superintendent has to be raised to meet the requirements of the departments at the institutional level itself without any delay.

The committee has also interviewed patients admitted in the Urology ward and they were satisfied with the approach and management of staff and faculties. They mentioned that they were also aware money collection worth Rs.4,000/- for

19
purchase of some equipments in the ward and also they have to purchase some consumables unavailable under KASP scheme.

The PRO, NHM was also summoned. He informed that all the patients registered under KASP scheme should be given free treatment. So even the costly consumables and disposables intended by various departments like Gastro, Neurosurgery, Dermatology etc are being purchased and supplied. He has not noticed any such request from the department of Urology. He also identified the case sheet of the college student Mr. Anandhu and agreed that this patient is registered under KASP. He also informed that due to non availability of funds some patients may have out of pocket expenditure.

The HDS staff were interviewed and they produced all the supporting documents related to the purchase of Pneumatic probe and has given the timelines related to the file movements. They denied any follow up calls indicating the emergency situation by the HOD/Faculty of the Urology Department. The major constraints they observed are

1. In adequate financial delegations to the Superintendent.
2. Delay in getting AS.
3. The limited number of staff in HDS and excess workload.

The Principal along with the Accounts Officer informed that they were not aware of any such short comings in the department of Urology, as stated by the HOD in media. There is no written or verbal communication to his office regarding the same. There was a college committee meeting on 20.02.2025 and 24.06.2025 which was attended by Dr. Haris also. Dr. Haris has not raised any issues pertaining to the department. The Principal is not informed about the department practice of procuring equipment/flexiscope by pooling money from patients.

The Superintendent informed that he has taken extra efforts in providing adequate number of probes by issuing supply orders surpassing his financial delegations considering the urgency of the situations during the last two purchases. While processing the application submitted in March, HOD, Urology has informed that there is a price hike for the probes. So the Superintendent had to take extra efforts in ensuring the purchase of probes by appointing a Technical Committee, getting clarification of the company and price negotiations to effect the purchase. Superintendent also pointed out that the index case was a KASP beneficiary and the probes must have purchased through KASP as done in other departments.

The committee has also verified the procurement of major equipments to the department of Urology utilizing plan fund. From 2011 to 2016 total amount

21
spend for purchasing such equipments was Rs.26,90,325/-. From 2018 to 2022 it was Rs.1,43,73,085/-. From 2022 to 2024 it was Rs.1,12,63,955/-. The HDS has also procured various items for the Urology department worth Rs.31,72,822/-. The HDS has already sanctioned purchase of ESWL for Rs.2 crores and the file is pending with the government for necessary AS.

The committee has enquired about Tissue Morcillator with Morcilloscope which was purchased utilizing Rs.12 lakhs from MP fund which was allegedly missing from the department. HOD has agreed that it is partly missing and however it is not a machine constantly used.

Observations of the committee

1. The enquiry committee evaluate that there are restrictions on government employees social media activity in Kerala. Employees are not allowed to publicly express opinions or comments on government policies or activities on social media without proper authorization as per Kerala Government Servants' Conduct Rules, 1960. Government employees are expected to maintain a professional demeanor, avoid conflicts of interest, and uphold the integrity of the public service. Code of conduct has to be maintained to ensure fairness, safety, and productivity, regardless of an individual's intentions. So even though the intention of Dr. Haris is good the enquiry committee observes that there is violation of code of conduct.
2. The major issue related to this particular incident was timely procurement supply of Pneumatic Lithoclast probe. The delay can be attributed to insufficient financial delegation for the HDS Secretary, getting necessary AS and the recent price hike of the item.
3. Even though the HOD, Urology claims that he has informed concerned authorities repeatedly about the need and urgency, the committee could not identify any written or mail communications related to this. The HOD, Urology informed that he utilized the services of the Scientific Assistant to follow up the files but the Superintendent has informed that she is the staff of HDS and it is her duty to do so. Superintendent and Principal denied any communication personally/officially including in the CCM about this issues.
4. The fact that Urology 2 has done a similar case on the very next day of issue indicates that alternative facilities were available in the department itself which were not utilized.
5. The index case was a KASP beneficiary and the PRO assures that he could have provided the probe if it was requested properly. But from the statement given by HOD, Surgical Gastroenterology it may be the general

feeling among the HODs that such items may not be available through KASP due to the financial constraints of the scheme.

General Recommendations

1. Ensuring uninterrupted supply of costly consumables and disposables

By ensuring fund availability through KASP, increasing the HDS income by timely modification of income sources, simplified purchase procedures, enhancing financial delegations and utilization of proper softwares.

2. The practice of purchasing equipment (Flexiscope) by pooling money from different patients has to be discouraged and alternate arrangements may be made. It is mandatory that the hospital/college authorities should be made aware of such practices in the department.

3. Missing Tissue Morcillator with Morcilloscope – A departmental enquiry may be conducted regarding this matter.

4. HDS office staff pattern should be changed and different sections should be introduced and qualified PSC staff should be posted in important sections.

5. Utilization of IT and AI to streamline the entire supply chain management. A hospital information system with software for procurement billing, stock management and distribution will be ideal to stay updated and prevent future such incidents.

6. Pre budget preparedness meeting at department level

A prebudget preparedness meeting at department level shall be convened before preparing budget estimate presided by principal. Apart from HOD, superintendent, BME and section managing purchase should be represented in the meeting. HOD should prepare and present a detailed report of the Equipments and accessories along with justification of the purchase. Availability of funds also should be discussed. Meeting should be minuted.

7. Early availability of AS-

Usually AS for procurement of Equipments from Plan fund will be available by August. If it's available by May purchase process will be hassle free and if any items are unavailable alternatives can be sought and excess funds can be utilised for other purposes. Fund under revamping should be available at the beginning of financial year so that repairs, AMC and CAMC process will not be delayed.

25
8. **Financial Delegation** power of superintendent has to be increased so that in emergency situations Equipments and accessories can be procured utilising HDS fund.

9. **Strengthening of Bio medical department**

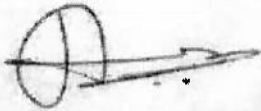
Biomedical department has to be strengthened by adequate man power and infrastructure. In institutions where bio medical engineer is not available BME service shall be assured virtually. Trainees and supporting staff can be taken from engineering colleges, polytechnic's and ITI by giving permission to diploma and degree holders in various disciplines to undergo apprenticeship and training.

Conclusion

Even though the intention of Dr.Haris was good the enquiry committee observes that there is violation of code of conduct which has to be discouraged. Utilizing KASP fund for purchase of such costly equipment for KASP beneficiaries in adequate numbers for a longer period will avoid such incidents in future.

27

The Report signed by members of the Enquiry Committee



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