



आ.व. २०८०/०८१ को वार्षिक प्रतिवेदन



बागमती प्रदेश सरकार

स्वास्थ्य मन्त्रालय

स्वास्थ्य निर्देशनालय

**पशुपती चौलागाईं स्मृति अस्पताल**

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## Acknowledgement

A 37 year old female presented to the hospital with a history of pain abdomen and vaginal bleeding after amenorrhea for 2 months was diagnosed with suspected ectopic pregnancy. Emergency exploratory laparotomy revealed ectopic pregnancy in the left ovary with significant hemoperitoneum. Timely intervention despite the unavailability of advanced setup in a rural setting saved a life. Ovarian ectopic pregnancy is a rare entity constituting 0.5-3% of all ectopic pregnancies.

We wish to acknowledge the invaluable insights gained from the case study of a rare ovarian ectopic pregnancy. This case has enriched our understanding of this uncommon condition and highlighted the importance of early diagnosis and intervention in rural settings. The collaborative efforts of the medical team in managing this complex case underscore the critical role of teamwork and expertise in achieving successful outcomes.

We extend our heartfelt gratitude to all those who have supported and contributed to this work. Our deepest appreciation goes to the healthcare professionals and community workers in rural Nepal, whose dedication and resilience have been instrumental in providing essential medical services in challenging environments. Their unwavering commitment to improving healthcare access and outcomes in remote areas has been a source of inspiration and learning.

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Dr Laxman Khadka  
Medical Superintendent  
Pashupati Chaulagain Memorial Hospital

## Introduction

Pashupati Chaulagain Memorial Hospital is Situated in Charikot, the headquarter of Dolakha district and 133 kilometers northeast of Kathmandu, the capital city of Nepal. This hospital is dedicated to continuous patient care and service. The roots of this hospital were planted in 2031 BS as Dolakha Health Centre which was later promoted as Charikot Primary Health Care Centre in 2065 BS and finally, after the mega earthquake of 2072 Baisakh, it was converted to an Emergency Hospital with Surgical Facility in collaboration with Medicines Sans Frontiers, Belgium which provided economic and technical support. On Magh 5th 2072, an MOU was signed between the Ministry of Health and Nyaya Health Nepal INGO to provide health service 50 bedded hospital with a consultant visit facility. In 2077 Kartik 15, Nyaya Health Nepal terminated the MOU with prior notice raising the financial issue then Bhimeshwor Municipality took the ownership and governance of this hospital.

In the fiscal year 2077/78, the Ministry of Social Development, Bagmati Province owned ownership of this hospital as a Provincial hospital on Falgun 13, 2077 as stated by the Cabinet of Ministers of Central Federal Government on Mangsir 18, 2077. Then after this hospital got approval for 50 beds to run for regular services. The new hospital structure and organogram of this hospital have been approved by the Office of Chief Minister and Council of Ministers, Bagmati Province in 2080/09/03.

Since this hospital is located in the headquarter of Dolakha, this is a secondary referral centre for the entire district, it is a challenge to provide service for around 400 patients per day on average. Besides it is a great deal to manage healthcare workers, security personnel, and administrative staff and provide them with salary and incentives which has drained the funds in the hospital development committee to zero level. However, by various means and resources was free, and health care was provided continuously till Poush 2079.

### Aim of the Hospital

- † To improve access to health care and enabling environment to reach underserved Communities in Dolakha with WHO Recommended guidelines to build a robust Government Health care System and Provide Quality Health Service with Free of cost.



integrated with Hospital-based care via the Hospital's own Electronic Health Record (EHR) network/system. This Approach is also to create an enabling environment to reach underserved Communities in Dolakha with WHO Recommended guidelines to build a robust Government Health care System.

Although The constitution of Nepal envisages free health care, due to financial constraints, the Hospital facility operational Management committee decided to provide Quality health service at a minimum fee but despite that safe Motherhood programme is a free health service. At present hospital is Treating more than 150 patients per day for minimum cost.

## Hospital Services

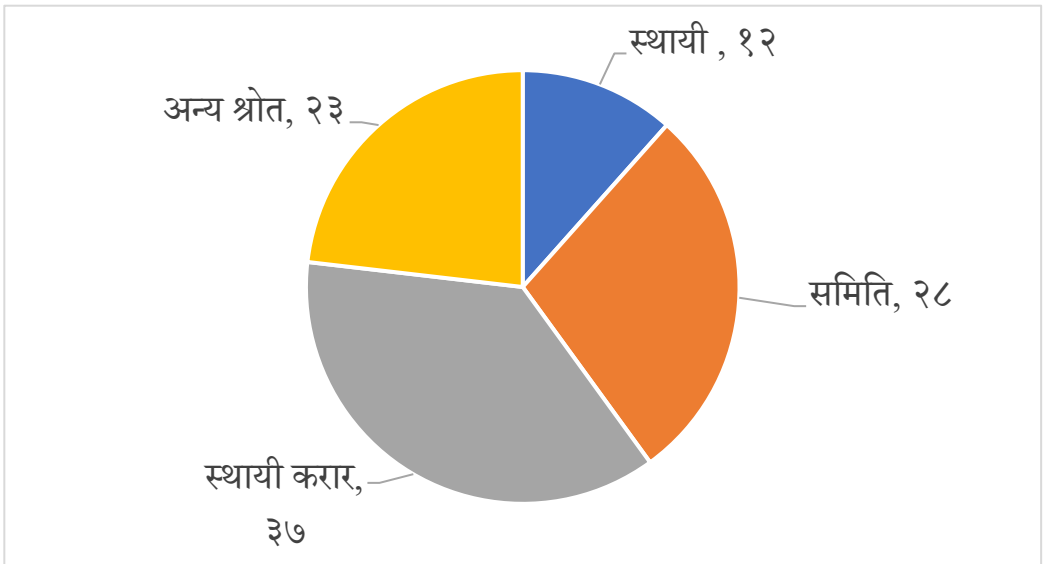
Like most primary healthcare facilities as well as Specialized Services, Pashupati Chaulagain Memorial Hospital provides all the necessary health services to meet the diverse needs of our communities. These services include:

- Inpatient with HDU Department
- Outpatient Department
- Surgical & Emergency care
- Lab services
- X-Ray & ultrasound services
- HIV, TB, Safe Motherhood, etc.
- C-section, ultrasound, family planning methods, postpartum counseling
- General surgery, orthopedic surgery & lab services focused on risk and complications assessment
- Outpatient services for chronic diseases & outpatient mental health services
- Lab investigations for chronic diseases
- Pharmacy
- Dental Service
- Physiotherapy, Mortuary and Ambulance services
- Oxygen plant

## Human Resource

At present, there are 96 employees in this hospital including Physician, Surgeon, Anesthesiologist, Orthopaedical, MDGP Consultant, Medical officer, Nurse, Paramedics, Radiographer, lab technician, biomedical equipment technician, medical recorder and office assistant. Apart from the Permanent post, the management of the employees has been done by the hospital management committee, Bagmati Province Health Ministry and Nick Simon Institute.

तह	स्थाई		बिकाश समिति		प्रदेश स्थाई करार		अन्य स्रोत (छात्रवृत्ती, कार्यक्रम...)		जम्मा	
	दरबन्दी	कार्यरत	दरबन्दी	कार्यरत	दरबन्दी	कार्यरत	दरबन्दी	कार्यरत	दरबन्दी	कार्यरत
९/१० औं	६	१				१		३	६	५
८ औं (मे.अ.)	८	२				६		६	८	१४
७/८ औं (मे.अ. बाहेक)	३					३		६	३	९
५/६/७ औं	२१	२	५	५		१८		६	२६	३१
४/५/६ औं	९	६	१२	१२		३			२१	२१
५/६ औं (प्रशासन/लेखा)	२	१							२	१
श्रेणी विहिन	३		१०	१०		४		१	१३	१५
<b>जम्मा</b>	<b>५२</b>	<b>१२</b>	<b>२७</b>	<b>२७</b>		<b>३५</b>		<b>२२</b>	<b>६९</b>	<b>९६</b>



## Description of Beds

Description	Total
<b>Sanctioned Beds</b>	५०
<b>Total operational Beds</b>	४२
<b>Inpatient Department</b>	३६
<b>Maternity</b>	८
<b>HDU</b>	६
<b>Emergency</b>	५
<b>SNCU</b>	५
<b>OT beds</b>	३
<b>Other</b>	३(Delivery)
<b>Grand Total</b>	४२

## Hospital Physical Infrastructure and Instruments

Total land: 17.5 Ropani

Department	Name of equipments	Number of functional eq.	Number of non functional eq.
Operation Theater	OT Table	1	
	Cautery Machine	1	
	Patient Monitor	1	
	CS Set	5	
	Ortho Set	1	



	I & D	2	
Laboratory	Molecular Lab Set	1	
	Binocular Microscope	1	1
	Erba Lyte Caplus	1	
	Semi Auto Biochemistry Analyzar	1	
	Coagulation Analyzar	1	
	Haemotology Analyzar (3 Part)	1	
	Gene-xpert Machine Set Up	1	
	Protein Analyzar	1	
	ABG Machine	1	

Department	Name of equipments	Number of functional eq.	Number of non functional eq.
Emergency	Patient bed	5	
	ECG Machine	1	
	Patient Monitor	2	
	Defibrillator	1	
OPD	BP Set	10	
	Thermometer	5	
	Otoscope	2	
	USG Machine	1	
	Laptop	24	

Department	Name of equipments	Number of functional eq.	Number of non functional eq.
	Bed	5	
	Incubator	1	
	Neonatal Laryngoscope	1	
SNCU	Phototherapy	1	
	Baby Warmer	5	
	Monitor	1	
	Infusion Pump	1	
	Syringe Pump	1	

Department	Name of equipments	Number of functional eq.	Number of non functional eq.
Radiology	CR Machine	1	
	Portable Xray	1	
	X ray Cassette	3	2
Ward	BIPAP	1	
	CPAP	2	
	USG machine	1	

Department	Name of equipments	Number of functional eq.	Number of non functional eq.
Ward	Concentrator	6	
	Monitor	2	
	Laryngoscope	2	
	ECG Machine	1	
	Cashcard Trolley	5	

Department	Name of equipments	Number of functional eq.	Number of non functional eq.
	Bed	7	
	Defibrillator	1	
	Laryngoscope	2	
HDU	Monitor	7	
	Bipap	1	
	Warmer	1	
	Ventilator	3	
	Infusion Pump	1	
	Syringe Pump	1	

### Ambulance Services

Type of Ambulance	Number	Functional	Number of Trained Drivers
Type A	1	1	
Type B	1	1	1
Type C (Vehicle use for patient transfer)	0	0	

### Financial Status of HMC

क्र.सं.	विवरण	वास्तविक आम्दानी रकम रू
१	गत आ.व. को शुरु मौज्दात	<b>7,159,405.21</b>
२	सेवा शुल्क वापत आम्दानी	<b>3,354,573.28</b>
३	फार्मेसीमा औषधि बिक्रि वापतको आम्दानी	<b>3,431,580.00</b>
४	एम्बुलेन्स तथा सव वाहन भाडा	<b>989,050.00</b>

६	एन्टिजेन र PCR चेक शुल्क	-
७	क्यान्टिन भाडा	515,000.00
८	विद्युत महसुल	-
९	निरोगिताको प्रमाणपत्र वितरण	190,500.00
१०	NSI सहायता	3,825,453.00
११	अक्सिजन रिफिल सानो र ठुलो	411,500.00
१२	आमा सुरक्षा व्यवस्थापन कार्यक्रम शोधभर्ना	1,950,200.00
१३	सुरक्षित गर्भपतन सेवा शोधभर्ना	172,600.00
१४	OCMC उपचार शोधभर्ना	44,831.00
१५	मुख्यमन्त्री जनता कार्यक्रम शोधभर्ना	1,800,000.00
१६	ART कार्यक्रमबाट उपचार शोधभर्ना	-
१७	प्रयोगात्मक अभ्यास शुल्क	120,000.00
१८	सामाजिक सेवा इकाई मार्फत निःशुल्क उपचार व्यवस्थापन	928,620.00
१९	नवजात शिशु स्वास्थ्य स्क्रीनिंग तथा उपचार व्यवस्थापन कार्यक्रम	328,130.00
२०	भीमेश्वर नगरपालिकाबाट सहायता	179,673.00
<b>जम्मा आम्दानी</b>		<b>25,401,115.49</b>

क्र.सं.	विवरण	वास्तविक खर्च रकम रू
१	अन्य कार्यालय सञ्चालन सम्बन्धी खर्च	2,668,739.00
२	आमा सुरक्षा व्यवस्थापन खर्च	1,754,972.00
३	विशेषज्ञ चिकित्सकहरुलाई आवासिय भत्ता	180,000.00
४	सवारी साधन इन्धन	741,683.00
५	एम्बुलेन्स र सव वाहन चालक भत्ता	79,500.00
६	करार कर्मचारीहरुको पारिश्रमिक र सुविधा	8,114,527.00

७	निक साइमन्स कर्मचारी तलव	3,862,868.00
८	सवारी साधन मर्मत	271,532.00
९	आमा सुरक्षा प्रोत्साहन भत्ता	556,514.00
१०	सुरक्षित गर्भपतन सेवा व्यवस्थापन	298,846.00
११	निरोगिताको प्रमाणपत्र भत्ता	66,600.00
१२	फार्मोसी सञ्चालनका लागि विरु पुंजी	1,756,081.00
१३	फार्मोसी व्यवस्थापन खर्च	2,985,277.00
१४	गत वर्षको भुक्तानी बाँकी	199,197.72
१५	मुख्यमन्त्री जनता कार्यक्रम व्यवस्थापन	1,840,769.00
१६	घर बहाल कर खर्च (गत वर्षको समेत)	149,941.00
१७	इन्टरनेट तथा विद्युत महसुल	200,000.00
१८	ल्याव तथा एक्सरेमा आवश्यक सामग्रीहरुको खरिद	1,500,000.00
१९	कर्मचारी तथा पदाधिकारी दैनिक भ्रमण भत्ता	94,550.00
२०	सामाजिक सेवा इकाइ मार्फत निःशुल्क उपचार व्यवस्थापन	75,425.00
२१	नवजात शिशु स्वास्थ्य स्क्रिनिंग तथा उपचार व्यवस्थापन कार्यक्रम	25,935.00
२२	अध्यक्ष सञ्चार खर्च	-
२३	अध्यक्ष अतिथी सत्कार खर्च	60,000.00
२४	शल्यक्रिया वापतको भत्ता	450,825.00
२५	एक्स रे तथा अन्य उपकरण मर्मत	500,000.00
२६	विविध खर्च	150,000.00
<b>जम्मा खर्च</b>		<b>28,583,781.72</b>

## Progress of Federal and Provincial Budget

बजेट उपशिर्षक नं.	कार्यक्रम	विनियोजित बजेट	खर्च	वार्षिक भौतिक प्रगति	वार्षिक वित्तीय प्रगति
संघ सशर्त अनुदान					
३७०९११२१३	उपचारात्मक सेवा कार्यक्रम	१६,००,०००	११,३२,५२६	८३.३३	७१
३७०९११२६३	महामारी नियन्त्रण	१८,५०,०००	१०,०८,९३१	८३.३३	५४.५४
३७०९११२२३	नर्सिङ तथा सामाजिक सुरक्षा शाखा	२४,४२,०००	२२,५०,०००	१००.००	९२.१४
३७०९११२७३	स्वास्थ्य शिक्षा सुचना तथा संचार	१,००,०००	५६०००	८५.००	७४.६७
३७०९११२०३	क्षयरोग नियन्त्रण	६३,३२,०००	४०,५१,६३०	८१.००	६४.
३७०९११२८	परिवार कल्याण	५,३२,५२,०००	२,३२,१९,३३७	६८.१८	४४
३७०९११२३३	स्वास्थ्य व्यवस्थापन कार्यक्रम	१०,८०,०००	९,४९,२१३	१००.००	८८
३७०९११२४३	अपाङ्गता तथा कुष्ठरोग निवारण कार्यक्रम	२,००,०००	१,००,०००	३३.३३	५०.
संघ सशर्त अनुदान जम्मा		६,६८,५६,०००	३,२७,६७,६३७	७९.१३	४९.०१
३७०००१०१३/१४	संघ विशेष अनुदान	१,१४,५५,०००	९६,६८,०७७	८९.४७	८४.४१
३७००१०१३३/३४	प्रदेश	५,०८,०९,०००	३,८३,१७,२३५	९८.५०	७५.४
कुल जम्मा		१२,९१,२०,०००	८,०७,५२,९४९	८९.०३	६३

## Hospital services utilization

Indicators	2078/79	2079/80	2080/81
Monthly Reporting Status (%)	१००%	१००%	१००%
Timeliness (%) of Monthly Report	४९ %	६८.९%	६६.७%
EWARS Reporting rate (%)	१००%	१००%	१००%
EWARS Timeliness rate (%)	-	९६%	९४%
Average daily OPD visit (Number)	१०७	८५	८३
Average length of stay (Days)	३.२	४.१	३.२
Through output of patients	२.६	४.२	४.१
Bed turnover interval (Days)	१८६.१	१२२.९	१३७.७
Bed occupancy rate (%)	२०.४	३९.४	२७.५

Doctor Patient ratio in OPD		१:६२	१:७३
Nurse: In-patient ratio in OPD	-	-	-
Doctor: In patient ratio	-	१:२६	१:२९
Nurse inpatient ratio	-	१:१२	१:१
% Of Surgeries among In-Patients			
Infection rate among surgical cases	६.६७%	२.२८%	१.३%
OT per month (Number)	१७	२६	१३
Major OT %			
Deaths within 48 hours of admission (Number)	०	१०	५
Deaths after 48 hours of admission (Number)	८	५	२
Surgery related death rate	०	०	०
Maternal Death	०	०	०
Neonatal Death	०	१	०
Under 5 deaths	०	०	०
Total death in the hospital	८	१५	७

#### Average number of radiographic images per day

Indicators	2078/79	2079/80	2080/81
Total number of X ray	५००१	४९११	४४४०
Total number of USG	१२५०	१५९९	२७३५
Average number of MRI	०	०	०

<b>Average number of CT scan</b>	°	°	°
<b>Average number of Mammogram</b>	°	°	°
<b>Average number of Endoscopy</b>	°	°	°
<b>Average number of Colonoscopy</b>	°	°	°
<b>Average number of Bronchoscopy</b>	°	°	°

**Average number of laboratory tests per day**

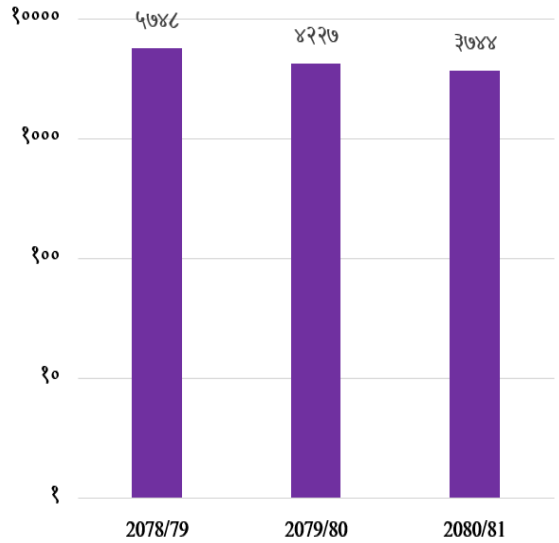
<b>Indicators</b>	<b>2078/79</b>	<b>2079/80</b>	<b>2080/81</b>
<b>Hematology tests</b>	୩୫୪୮	୩୫୦୩	୫୮୬୩
<b>Immunology tests</b>	୨୪୭୬	୨୪୫୭	୨୪୮୯
<b>Biochemistry tests</b>	୮୨୧୩	୭୪୧୬	୨୫୧୪୨
<b>Bacteriology tests</b>	୫୫	୪୨	୪୭
<b>Virology tests</b>	୨୦୨୧	୧୫୩୨	୨୩୭୨
<b>Parasitology tests</b>	୩୬୭୯	୪୨୫୯	୫୭୧୪
<b>Immunohistochemistry</b>	°		୪
<b>Hormone-endocrine</b>	°	୫୮୪	୧୮୪୩
<b>Drug Analysis (Culture Sensitivity)</b>			



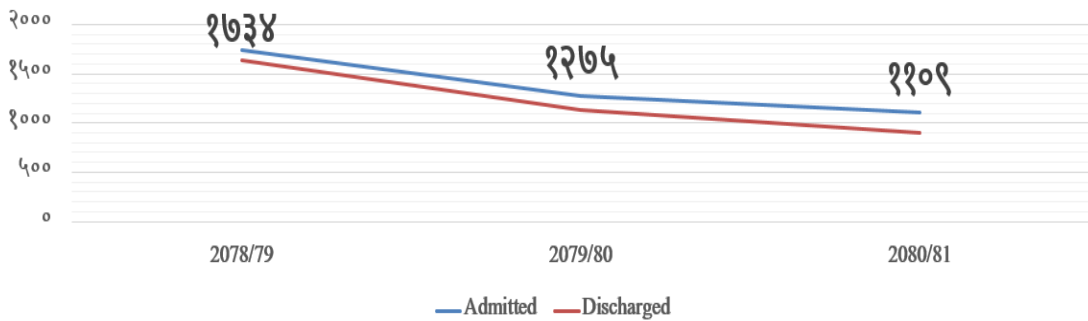
## Trend in OPD visits



## Trend in EMERGENCY visits

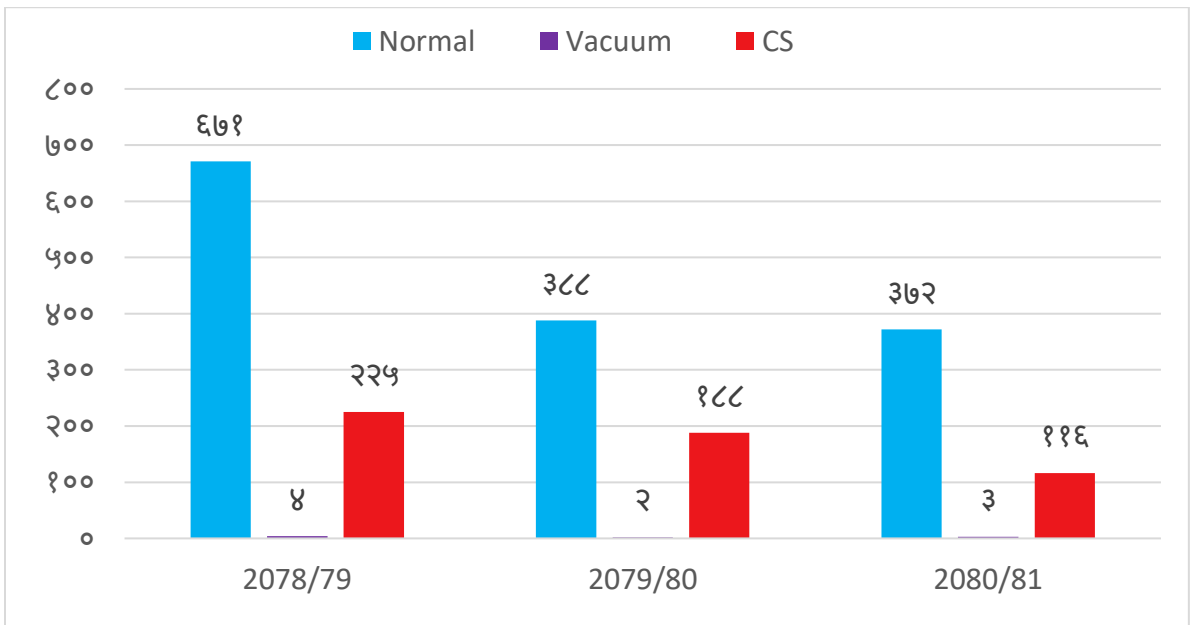
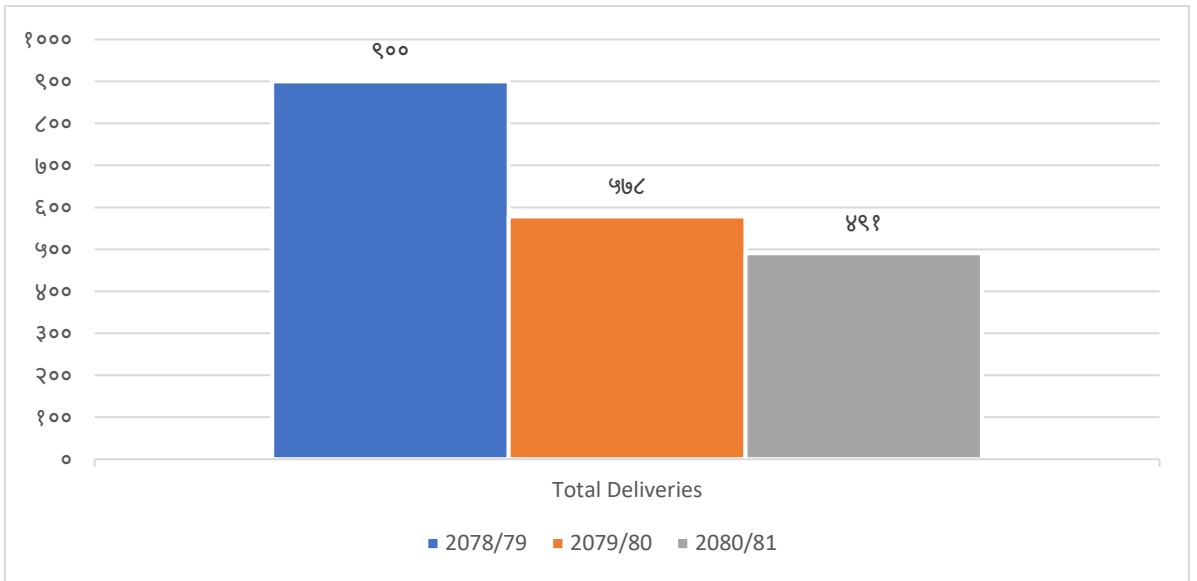


## Trend on Admission and Discharge



Fiscal Year	Leave Against Medical Advice (LAMA)	Discharge on Patient Request (DOPR)	Refer out	Death	Others
2078/79	46		66	6	
2079/80	39		66	14	
2080/81	106		64	9	

## Trend Number of Hospital Deliveries



## OCMC service

Gender-Based Violence (GBV) is a global challenge and is affecting 1 in 3 women in their lifetime. GBV mainly includes physical and domestic violence, rape, mental torture, child marriage, and human trafficking. There are very few specific programs to address GBV in Nepal and the One-Stop Crisis Management (OCMC) program has been started Pashupati Chaulagain Memorial Hospital since 2014/15, with promising support in addressing gender-based issues.

Out of 750 cases over last 5 years, 695(92.7%) were female, 272(36.2%) were sexual assault cases followed by 259 (34.5%) of physical assault most women age group of OCMC victims were 15-49 years (73.6%) and most commonly affected ethnicity group among janajati (40%) and Brahmin/Chhetri (39.5%). Almost total victims 15% had some form of disability. Twenty-one women had difficulties finding safe homes and 7 women committed suicide. In the year 2080/081, 26 cases were sexual assault, 29 cases were physical assault and 18 cases were domestic violence

Fig: OCMC service



Various services given by OCMC

Type of crime	Total number of cases (New)		
	2078/79	2079/80	2080/81
<b>Sexual Assault</b>	୩୨	୫୭	୨୬
<b>Physical Assault</b>	୪୫	୨୨	୨୨
<b>Domestic Violence</b>	୪୨	୩୨	୨୮
<b>Self-harm</b>	୦	୦	୦
<b>Child / Forced Marriage</b>	୦	୦	୦
<b>Harmful Traditional Practices</b>	୦	୦	୦
<b>Denial of Resources, Opportunities/ Services</b>	୦	୦	୦
<b>Emotional</b>	୦	୦	୦
<b>Others</b>	୨୨	୨୦	୨୫
<b>Total</b>	୧୪୦	୧୩୦	୮୮

**Top 10 OPD Morbidity in FY 2080/81**

	Disease Rank wise (2080/81)	Rank in FY 079/80	Rank in FY 078/79
1	<b>Gastritis</b>	3	2
2	<b>Hypertension</b>	6	8
3	<b>Myalgia/Backace</b>	2	2

4	UTI	5	7
5	URTI	1	1
6	COPD	13	13
7	Diabetes	9	14
8	Fever	10	6
9	Dog bite	7	9
10	Cut injury	11	12

#### Top 10 IPD Morbidity in FY 2080/81

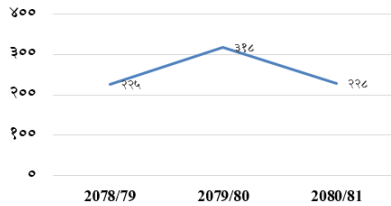
SN	Disease Rank wise (2080/81)	Rank in FY 079/80	Rank in FY 078/79
1.	COPD	2	6
2.	Gastritis	1	7
3.	AGE	10	2
4.	Epistaxis	7	8
5.	Soft tissue disorder	3	1
6.	Abdominal Pain	4	4

<b>7.</b>	<b>Headache</b>	<b>13</b>	<b>5</b>
<b>8.</b>	<b>Fever</b>	<b>9</b>	<b>3</b>
<b>9.</b>	<b>Hypertension</b>	<b>12</b>	<b>18</b>
<b>10.</b>	<b>Snake Bite</b>	<b>16</b>	<b>14</b>

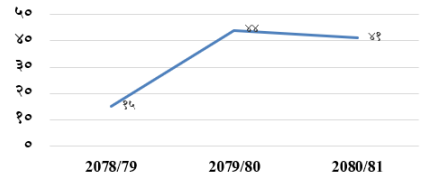
### **Top 10 EMERGENCY Morbidity in FY 2080/81**

	<b>Disease Rank wise (080/81)</b>	<b>Rank in FY 079/80</b>	<b>Rank in FY 078/79</b>
<b>1.</b>	<b>Dog Bite</b>	<b>4</b>	<b>2</b>
<b>2.</b>	<b>Fever</b>	<b>3</b>	<b>7</b>
<b>3.</b>	<b>Fracture</b>	<b>1</b>	<b>5</b>
<b>4.</b>	<b>COPD</b>	<b>2</b>	<b>1</b>
<b>5.</b>	<b>URTI</b>	<b>6</b>	<b>8</b>
<b>6.</b>	<b>AGE</b>	<b>11</b>	<b>10</b>
<b>7.</b>	<b>Hypertension</b>	<b>10</b>	<b>3</b>
<b>8.</b>	<b>Acute Tonsillitis</b>	<b>12</b>	<b>15</b>
<b>9.</b>	<b>Abdominal Pain</b>	<b>5</b>	<b>4</b>
<b>10.</b>	<b>Appendicitis</b>	<b>18</b>	<b>17</b>

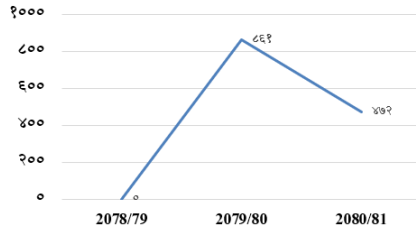
# Trend in Surgery



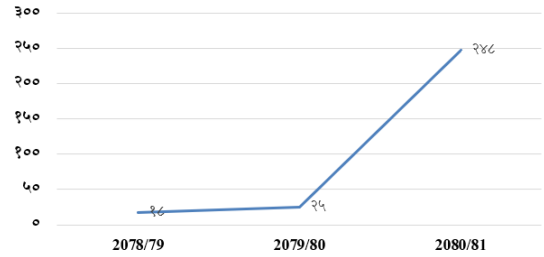
**Inpatient Major Surgeries**



**Inpatient Minor Surgeries**



**Emergency Minor surgeries**



**OPD Minor surgeries**

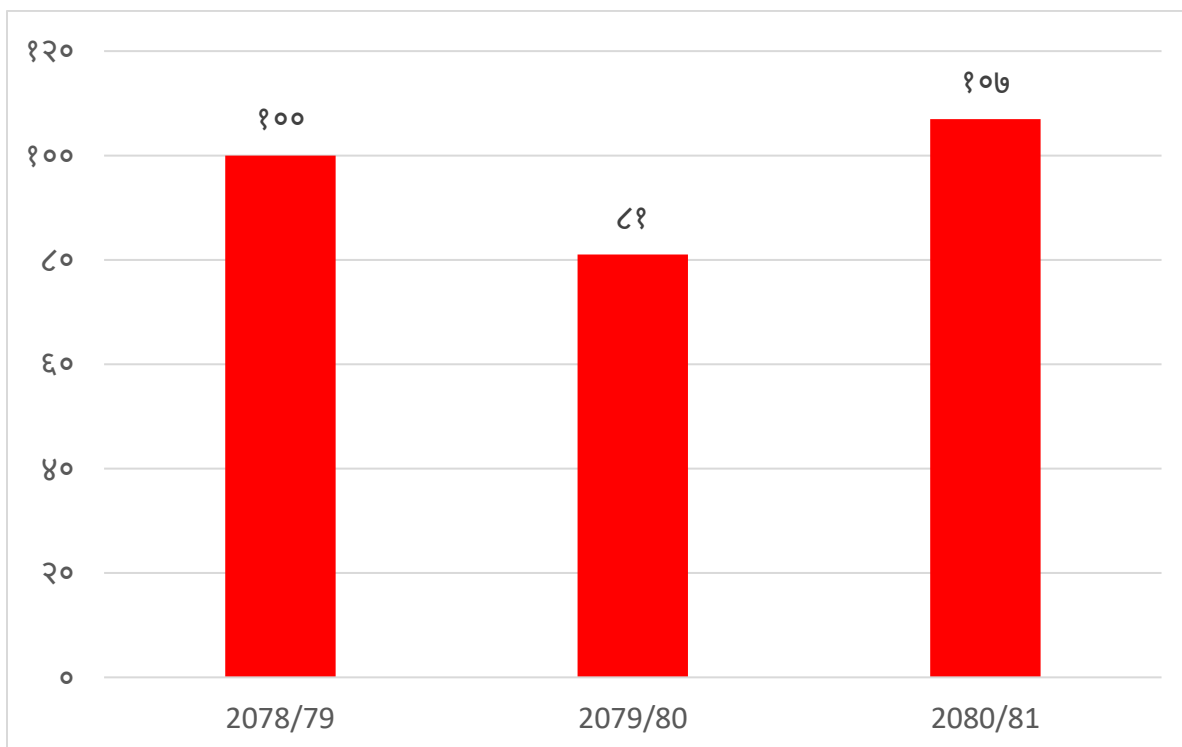
## Causes of Death

CAUSE/ DISEASE	Number		
	Female	Male	Total
Cardiac arrest	0	1	1
respiratory failure type 2	0	1	1
Cardio pulmonary arrest		2	2
Septic Shock	0	1	1
Severe Hyponatremia	0	1	1
Aspiration pneumonia	0	1	1

## Cause of Death by Age Group

Age Group	Total Number	%	
		Female	Male
0-5 yrs	0	0	0
6-14 yrs	१	0	१४
15-49 yrs	२	0	२८
50-59 yrs	0	0	0
60 and above	४	0	५८

## Trend in Post Mortem Examination





## Top 5 Causes of Death in Postmortem Examination

Top 5 Causes of Death	
1	Hanging
2	Poisoning
3	Trauma
4	Drowning
5	Natural Disaster

## Safe Abortion Service

Safe Abortion Care	2078/79	2079/80	2080/81	(+, -,=)
Total of CAC (Surgical Abortion & Medical )	२७१	२४९	१४८	
Proportion of CAC (Medical Abortion) in %				
The proportion of <20 years women receiving abortion service	०.०४	०.०६	०.०३	
No of abortion complication	१	४	३	
No of PAC	६८	६५	३२	

## Outbreak response in disaster

<b>Diseases</b>	<b>Tested cases</b>	<b>Positive cases</b>	<b>Death Cases</b>
<b>Dengue</b>	୨୭୬	୩୪	
<b>Malaria</b>	୬୪	୦	
<b>AGE</b>	୫୧	୫୧	

## Electronic Health Record

All of our services are underpinned by the enrollment of patients in our integrated Electronic Health Record. All Health-Related indicators are recorded through Electronic Health Record. This has helped the hospital to become paperless and Helped in Generating data in fast track.

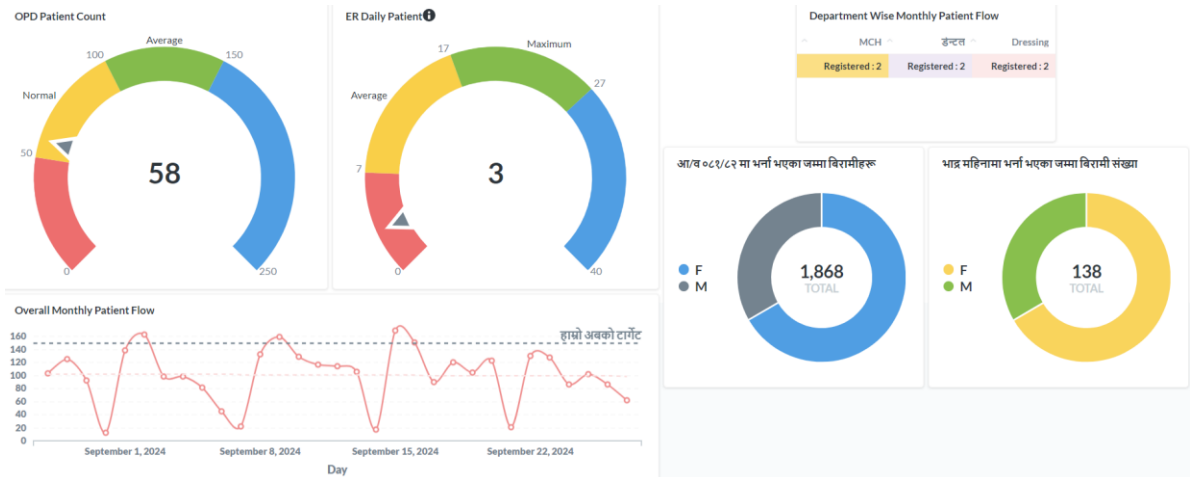


Fig: EHR system in hospital

## Challenges:

Trained human resources.

- At the beginning this hospital was providing free health services – OPD, In patient, Operations, Laboratory services, Dental services, Imaging and diagnostic imaging with financial support of Nyaye Health Nepal. Budgeting, Hospital management, logistic, human resources, and other services including academics was running through the Nyaye health Nepal in collaboration of Nepal Government with understanding of MOU Agreement. Now days this hospital is providing services as per government rules and regulation. And now days Patients still hope for free, quality health services. But at moment we are not being able to meet their expectations. Our major challenge is to meet their expectation and provide quality specialty service to them.

## Social service Unit

Social service unit has been established in this hospital from the FY 2080/081 as per 'Social Service Unit Establishment and Operational Guidelines, 2069' are enacted to facilitate the above tasks and to update the 'Social Service Unit Establishment and Implementation Guidelines, 2067 for the poor, helpless and the target group.

Altogether 396 people avail of hospital services from SSU in FY 2080/081, out of which 9 people were from marginalized/ endangered group, 148 were helpless, 48 were disabled, 70 were senior citizens, 15 were prisoners and remaining 103 people were deprived emergency citizens.



Target Group	Number		
	Female	Male	Total
Marginalized/endangered group	४	५	९
Helpless	९२	५६	१४८
Person with Disability	२०	२८	४८
Senior Citizen	३३	४०	७०
Prisoners	०	१५	१५
Deprived emergency patients	५३	५०	१०३
<b>Total</b>	<b>१८३</b>	<b>१६७</b>	<b>३५०</b>

## Health Insurance Program

Health insurance program has been implemented in this hospital from 2079/10/01 as a priority programme. The health insurance program is an important social security program brought by the government under the concept of providing financial protection for risky advance unplanned expenditures incurred in the course of health service utilization. Social Health Security was launched in 2072 with the objective of providing accessible quality health services to all Nepali citizens and improving health service consumption on the basis of Social Health Insurance. The program hopes to play an important role in achieving the 2030 Summit Development Goals in moving Nepal towards achieving Universal Health Coverage (UHC). The Constitution of Nepal guarantees free access to basic health care and social security.

In the year 2080/081, 3556 people got services from this hospital under health insurance programme.

आ.व. २०८०/८१ मा स्वास्थ्य बिमा कार्यक्रमको विवरण

कुल बिमितले सेवा लिएको संख्या: ३५५६

सेवाको प्रकार अनुसार स्रोत भर्ना :

- ❖ **Doctor Consultation (OPD, Emergency, IPD) :** रु ४८९८२३
- ❖ **Laboratory :** रु ९८८६१०
- ❖ **Surgery:** रु ११२४३५
- ❖ **Radiology :** रु ५०७२४९
- ❖ **Pharmacy :** रु

प्रेषण (सेवाग्राहीहरूको संख्या)

- ❖ **Refer In :**
- ❖ **Refer Out:** ९१८

### कुलस्रोत भर्ना

- ❖ माँग गरेको : रु २१५१४३९.५
- ❖ प्राप्त भएको : रु ५९३०५३.८३
- ❖ बाँकी भएको : रु २११२७७०.८७
- ❖ बेरुजू भएको : रु ४५९०.२२

### Hospital pharmacy

Nepal has promulgated the Drug Act 1978, to prohibit the misuse or abuse of medicines and allied pharmaceutical products as well as false or misleading information relating to efficacy and use of drugs and to regulate and control the production, marketing, distribution, export, import, storage and utilization of those drugs which are not safe for the public use, efficacious and of standard quality. To implement & fulfill the aim and objectives of Drug Act 1978 and various regulations are made under it. With this vision Pharmacy has been established in this hospital.

विवरण	अवस्था
फार्मसी संचालन गरेको मिति	२०७९/१२/०९
फार्मसीमा उपलब्ध औषधिहरूको संख्या	२१७
फार्मसीमा कार्यरत जनशक्ती संख्या (जना)	४
Software को अबस्था (उपलब्धता, अवस्था)	भएको
वार्षिक आमदानी रकम (रु)	३४,३१,५८०
वार्षिक खर्च (औषधि खरिद, कर्मचारी तथा अन्य) रु.	४८,९२,२१९
अस्पतालले औषधी खरिद गर्ने बिधि/ प्रक्रिया	२१,०३,१००

मुख्यमन्त्री जनता स्वास्थ्य कार्यक्रम २०८०/८१

स्क्रिनिङ्ग गरिएको जम्मा सेवा ग्राहीहरूको संख्या			
उमेर समुह	लिङ्ग		
	महिला	पुरुष	अन्य
३०-३९ वर्ष	२०२	९४	
४०-४९ वर्ष	१९५	८०	
५०-५९ वर्ष	१३८	५०	
६० वर्ष वा सो भन्दा माथि	८०	६०	
<b>जम्मा</b>	<b>६१५</b>	<b>२४८</b>	

नयाँ सेवाग्राहीहरूको विश्लेषण			
रोग / अवस्था	निदान	उपचार / व्यवस्थापन	प्रेषण
<b>Hypertension</b>	२६	२६	
<b>Diabetes</b>	२०	२०	
<b>CVDs</b>	०		
<b>Chronic Kidney Disease</b>	०		
<b>Chronic Obstructive Pulmonary Disease</b>	०		
<b>Chronic Liver Disease / Alcoholic Liver Disease</b>	०		
<b>Suspected Ca Breast</b>	०		
<b>Suspected Ca Breast</b>	०		
<b>Others (VIA)</b>	६१५		

## Minimum Service Standard

Indicators	2078/79	2079/80	2080/81
Governance	४५	६१	८४
Clinical service management	५९	७३	८५
Hospital support Service	५७	५३	६९
Overall MSS Score	५६	६७	७९

## Major activities carried out through MSS program

कार्यक्रम / क्रियाकलाप शिर्षकहरू	विनियोजित बजेट	खर्च	कैफियत
1. अस्पतालको सुदृढीकरण लागि गठित समितिको बैठक	७०,०००	५२,५००	
2. सामाजिक परिक्षण	८०,०००		
3. सेवा विस्तारका लागि भौतिक संरचना निर्माण / मर्मत सम्भार	०	०	
4. औजार उपकरण खरिद / मर्मत सम्भार	२०,००,०००	१९,८२,३०१	
5. अस्पतालजन्य फोहोरमैला व्यवस्थापन	२,००,०००	१,९६,४५७	
6. अस्पताल फार्मसी संचालन तथा सुदृढीकरण	२०,००,०००	१६,८६,४४७	
7. CME र CNE मा थप सहयोग कार्यक्रम संचालन	१,००,०००	८०,४३०	
8. अस्पतालको स्वास्थ्य व्यवस्था सुचना प्रणाली सुदृढीकरण	२००,०००	२००,०००	
9. संक्रमण रोकथाम र नियन्त्रण सम्बन्धी कार्य	२,००,०००	१,९९,७८६	
10. नया भवन निर्माण भएका अस्पतालमा फर्निचर	०	०	
11. उपचारात्मक र निधानात्मक सेवा सुधारका लागि आवश्यक अन्य कार्य	१५०,०००	१,४९,३६२	
कुल	५०,००,०००	४५,४७,३१३	



## Hospital Regular Activities



- Hospital CME Class: CME class is held twice a week in the hospital. Which has played an important role in skill transformation along with clinical update.



Establishment of dialysis services



**RRT:** Mock drill exercise conducted in a hospital as a preparation for disaster Management.



➤ Performing The appendectomy in Hospital by our Surgery Team.



Inauguration of SNCU services in PCMH

## Annex

CME: continuous Medical Education

ANC: Anti natal care

PNC: Post natal care

OPD: Outpatient department

EHR: Electronic Health record

OCMC: one step crisis Management committee

HFOMC: Health facility operation Management committee

RRT: Rapid Response Team

IPD: inpatient door

ER: Emergency

PCMH: Pashupati Chaulagain Memorial Hospital

