

Medicine and Society

Periodic condemnations in hospital: Why are they so important?

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INTRODUCTION

Condemnation and disposal is an important process in the materials management cycle. A systematic, planned, scheduled condemnation process can greatly reduce the holding costs of non-functional equipment/items and contribute to increased space in the stores, and patient-care areas of a hospital.¹ It should be an integral step in planning the purchase of new equipment or bulky store item(s), and should be done periodically, at least every 3 months. Any one or more of the following criteria is essential for condemnation of equipment:

1. Non-functional and obsolete
2. Non-functional and beyond economical repair
3. Functional but obsolete
4. Functional but hazardous
5. Functional but no longer required.

Certain other items have different criteria for condemnation, e.g. vehicular condemnation in the public sector is done on the basis of kilometres travelled or expected life whichever is later.² The newly introduced 'scrapage policy' of the Government of India is likely to change the scenario of condemnation and disposal of vehicles.³ Linen items, though not equipment, are condemned to avoid pilferage. Electronic items such as personal computers, printers, scanners, tablets and mobile phones are considered as 'e-waste' and disposed as per extant rules.⁴

Unfortunately, the condemnation process is not undertaken with the regularity and enthusiasm as required in hospital settings. The reasons are possibly (i) lack of an institute/hospital policy for condemnation; (ii) condemnation of old, non-functional equipment not being a mandatory prerequisite for their replacement; (iii) lack of awareness or apathy regarding the holding costs of obsolete items; and (iv) lack of vital piece of information about the equipment such as date of procurement, purchase cost, source and costs incurred on maintenance and repair. The situation is rather grim in healthcare facilities in the public sector where this activity is often considered a 'wasteful' task, of no 'value' which consumes the time and energy of those assigned to do it. The sight of heaps of broken, dilapidated

furniture and equipment lying in the open or occupying precious room space at various places in the campuses of teaching hospitals/institutes is testimony to the neglect of this activity. These items rot in open spaces and get rusted at times. The dumping sites of these condemned materials lying in open spaces are not only 'eyesores' but become potential grounds for breeding of mosquitoes, pests, rodents, etc. The unused, non-functional equipment/items are sometimes pushed into the central and external corridors of the patient-care areas, which engulf their 'breathing spaces'. At times, these items are stacked and forgotten near lift banks and fire-safety exit routes where they completely obstruct them, which compromises the safety of both patients and staff working in the hospital. The infamous AMRI hospital fire resulted due to obsolete material that acted as a source of fire, stored in the basement.⁵

The delays in periodic condemnations have an implied opportunity cost hidden with cannibalization; a process through which parts of the condemned equipment may be used to make other equipment functional, which remains unutilized. The rapidly evolving technology leading to replacement of the existing functional equipment/items, especially in tertiary-care teaching hospitals, need not result at the end of their life cycle and could be explored as a possibility to further utilize these items. A typical example could be hospital beds, which could be easily donated to primary/secondary healthcare settings, which often face resource-constraints, to meet their needs for such items.

The adoption of scientific purchase procedures such as buying only if a need exists, buying the latest, buying with spares and adequate maintenance contract and application of simulation techniques for assessing the quantity requirements can greatly help to minimize the generation of surplus and condemnable items. Application of the 5S principle 'Sort, Set, Shine, Standardize, and Sustain', aimed at improving the work environment in hospital settings, emphasizes the role of periodic condemnations of unwanted materials as one of the crucial steps.⁶ The national guidelines on clean hospitals, such as Kayakalp Guidelines mandate identification and timely condemnation of junk material and articles beyond use.⁷

The disastrous results of not carrying out timely and scientific disposal of items are usually not highlighted. The accident at the Mayapuri⁸ Scrap Market in New Delhi in 2010 may be recalled where a scrap dealer unknowingly handled a radioactive source procured as scrap from a university laboratory, which otherwise should not have been there in the first place. Similarly, reports of fatalities caused due to the sale of military-grade ammunition^{9,10} as scrap and its improper handling have been reported by the print and electronic media too often to be termed as aberrations. Had these items been condemned properly and timely, such events would never have happened.

There is an urgent need to change the perception surrounding

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condemnation proceedings. It is a revenue-generating exercise for the organization since auction is the invariable outcome. As per one report, scrap is a multibillion-dollar industry worldwide.¹¹ The economic value can be gauged by the fact that it became a matter of an audit observation in the institute to which one of the authors belongs as to why the condemnation was delayed leading to loss to the exchequer.

In resource-limited settings, where the institute/hospital is often functioning in the prime estate of the city in terms of its cost per square feet, it becomes imperative to gainfully utilize the piece of land and its buildings in the most efficient manner. There is a need to have in place, a well-defined condemnation policy with proper guidelines, standard operating procedures and terms of references for the condemnation board members and most importantly, the generation of awareness about the importance of this activity, which in itself is indispensable. The activity needs to be incentivized for the individuals and the institute to facilitate this process.

Conflicts of interest. None declared

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