

Proceedings of the Civil Surgeon's Conference held under the Chairpersonship of the Hon'ble Health & Family Welfare Minister Punjab on 27-4-2011 at Committee Room, PHSC, Phase VI, Mohali

List of the participants is annexed.

Regular agenda was discussed and decisions taken are as under:

GENERAL DECISIONS:

- **Maintenance of Headquarters:-** Civil Surgeons should ensure maintenance of their headquarters and prior permission from DHS be taken, otherwise strict action will be taken. SMOs should also be asked to maintain their headquarters. **(Action by All Civil Surgeons)**
- **Untoward incidences/ Outbreaks:-** All cases of any untoward incidence in the districts or any outbreak of any disease be immediately reported to the DHS, PSHFW and Hon'ble HM.
- **Deputation:-** No deputation of any employee be done at district level, if any deputation is required that should be ratified from the State Headquarters. **(Action by All Civil Surgeons)**
- **Permission to Visit State Headquarter:-** Instructions be issued to all the SMOs that if any employee want to visit the State Headquarter for personal work, prior permission be taken from authorities.
- **Complaints:-** All types of complaints be dealt in a time bound manner and a register be maintained for this purpose and it should be monitored every month. From the next month, it will be a part of the agenda. **(Action by All Civil Surgeons)**
- **Surprise Raids:-** Every week, surprise raids be conducted to check the attendance of medical and para medical staff. Civil Surgeons should also check the institutions in night at least once in a week. **(Action by All Civil Surgeons)**
- **Identification of 24x7 PHCs:-** Primary Health Centres which were declared as 24x7 PHC and not functioning properly be identified immediately so that a decision be taken for its de-notification. **(Action by All Civil Surgeons)**
- **Summer Season:-** In the coming season, cases of diarrhoea/ gastro enteritis may occur, Rapid Response Teams may be reactivated to face the any challenge. **(Action by All Civil Surgeons)**
- **Signage:-** All signage at district hospitals, sub divisional hospitals and all other institutions which needs repainting be immediately done. **(Action by All Civil Surgeons)**
- **APRs: -** Annual Performance Appraisal Reports of all employees be reported by 30th June, 2011 positively and a certificate be sent to the Headquarter that all APRs of employees have been recorded. **(Action by All Civil Surgeons)**
- **Relocation of Local Dispensaries:-** All Civil Surgeons should undertake an exercise of the institutions which are functioning near the main institution, so that a decision may be taken for relocation of these dispensaries to other uncovered areas. **(Action by All Civil Surgeons)**
- **Emergency Duty by Medical Officer of Local Dispensaries: -** All the Civil Surgeons are requested to ensure that doctors posted in local dispensaries are also deputed to perform emergency duties on rotation basis at district/ sub district hospitals. **(Action by All Civil Surgeons)**
- **Issuance of Births & Deaths Certificates:-** Civil Surgeons were asked to monitor the work of issuance of certificates, delayed registration and correction cases every week and take steps to mitigate the sufferings of the common people. **(Action by All Civil Surgeons)**
- **Availability of Specialist Doctors on Call at Night & Maintenance of Call Registers:-** Civil Surgeons were asked to maintain a Call Register at emergency and all call made to the specialists doctor be recorded alongwith the time at which it was attended. **(Action by All Civil Surgeons)**
- **Medico legal work & Constitution of Board for self inflicting injuries.** Civil Surgeons were also asked to constitute a Medical Board for the self inflicting injury. **(Action by All Civil Surgeons)**
- **Non availability of ECG Machines, Gluco Meters in Emergency.** Civil Surgeons should ensure availability of the machines in emergency. **(Action by All Civil Surgeons)**

1. MOTHER & CHILD HEALTH (MCH)

Detailed discussion of poor performing PHCs and CHCs under MCH was done.

PSHFW desired that doctors, *gynecologists, female medical officers and staff nurses whose achievements are very good, be honored or commendation certificates be issued to them.* Manager (M& E) NRHM was directed to prepare the report and Deputy Director MCH was asked to coordinate with Manager. **(Action by Manager (M & E/ D.D. MCH)**

Smt. Meenu Lakhanpal was directed to prepare information about centres working under Surakhya Janepa Yojna and analyze it thoroughly. **(Action by PO, NGO)**

Deputy Director MCH was asked to ensure that Civil Surgeons be asked to connect more hospitals with Surakhya Janepa Yojna especially where there is shortage of gynaecologists continuously. Maternal Death Review reports relating to MCH be analyzed at district level.

(Action by DD, MCH)

2. IMMUNIZATION:

- Monitoring by district level officers such as DIOs & Urban Nodal Officers is not upto the mark.
- All Civil Surgeons need to look into the reasons as to why the monitoring tours are not being undertaken as per guidelines.
- Serious concern was shown on the performance of Ref Mechanic tour to vaccine storage points.

(Action by Civil Surgeons)

3. PC & PNDT ACT

Yearly performance regarding implementation of PNDT was reviewed. Overall performance is appreciated obtaining 115 suspensions, 12 cancellations under Section 20 and 7 court cases launched in the year 2010-11. But some districts has shown poor performance i.e. Amritsar, Mansa, Moga and Patiala districts having no suspension, cancellation or court case launched throughout the year.

DHS, Dr. Nayyar briefed the Civil Surgeons regarding the points that came up in the PC PNDT meeting held at Delhi on 20-04-2011. Civil Surgeons were asked to follow these and strict implementation of the PC PNDT Act in their Districts:

- Sub-divisional level should have Appropriate Authority and Advisory Committee which should meet at least every two months or within 60 days.
- Dedicated PNDT Cells at State and District levels.
- A sound case is very important before launching a case in the court.
- No provision for on call centres i.e. carrying machine to various hospitals/ centres. Mobile machine only in MMU.
- Multiple Registrations i.e. one Radiologist registered at more than one centre. Timings should be scrutinized and inspected.
- Renewal of Registrations. Look into the data every month. Failure for renewal is serious and should invite action. Non-submission of applications for renewal should not be condoned at all.
- F form, data, analysis. Very important.
- To look into all cases of self referral
- Monthly sales record should also be scrutinized and cross checking done.
- Monitoring of MTP Centres. Monthly report of MTP Centres should be procured and analyzed.
- No amnesty drive.
- IEC activity. Should be done. But focus should remain on enforcement of PC & PNDT Act.
- Inspection and Monitoring Committees at all levels.
- Involvement of Aanganwari Workers in Registration and tracking of pregnant mothers.
- It was reported that MCI head was called and 6 months training and one year experience issue discussed. Solution will be found.

(Action by All Civil Surgeons)

4. MATERNAL DEATH REVIEW

A detail presentation on maternal mortality was shown by Dr.Karanjeet Singh, Deputy Director (MCH). During the presentation it was shown that while reviewing Maternal Death for various districts, it was observed that majority of the columns in review of CBMDR as well as FBMDR were left blank by the District Review Committee. It was also observed that in majority of the maternal death in respect of FBMDR, direct obstetrics causes of death, indirect obstetrics causes and contributed causes were not mentioned properly.

However, while reviewing all the deaths, majority of the District Review Committees were of the opinion that

- a) Complete ANC will be the answer to identify high risk pregnancy which contributes to the cause of maternal death.
- b) Proper and early referral to the institution for management of high risk pregnancy as well as the complications arising out of the pregnancy.
- c) Early and proper treatment.
- d) Awareness among the masses for institutional deliveries.
- e) PSHFW advised that by reviewing the MDR in future, State level recommendation should be made and these recommendations should be implemented in letters and spirit.
- f) PSHFW asked the Programme Officer to revise the reporting performa separately for Civil Surgeon and Deputy Commissioner to review the performance of poor performing districts and he also asked the Civil Surgeons to personally conduct investigations of atleast one maternal death case and all cases be reviewed within 15 days. **(Action by Civil Surgeons/ Programme Officer/ MD NRHM)**

5. JANANI SURAKSHA YOJNA

- Good Physical Achievement by all the districts during 2010-11 each achieving more than 100% targets.
- District wise ELA to be reviewed and revised, if required, by the State.
- The ANMs do not prepare the lists of beneficiaries on the prescribed proforma- **LB** already circulated to all districts.
- The ANMs neither fill the JSY Cards at the time of Registration nor do they sensitize the mothers to carry the card to the institutions due to which the beneficiaries come for delivery without the required documents and hence payments are not made before her discharge from hospital after delivery.
- SMOs do not check the JSY Cards in the ANMs' monthly meetings.
- No system is in place so as to make the payments by the local staff conducting the deliveries. On the contrary, Clerk/ Accountant of the head quarter is deputed due to which the beneficiaries are not getting the payments in time.
- Patients are discharged early from the hospital after delivery due to which a min. stay of 48 hours after delivery is not achieved.
- Proper delivery registers printed and issued by the government are not used by all the institutions and wherever they are in use, many columns are left blank.
- Blocks and districts are not sending the reports of Physical verification which means either the Officers are not doing it (as per guidelines Block Officers are to verify 10% and District Officers, 5% of the JSY Beneficiaries every month on the prescribed proforma-**PVF**) or they are not reporting due to some reasons known to them only.
- Districts are sending the reports very late. As per guidelines, reports should reach the state through email by 7th of every month and to be followed by its hard copy by 10th without fail. No district is using the prescribed proforma-**DRF** for reporting to the state.

PSHFW asked the Programe Officer to include agenda of this item in the next Civil Surgeons Conference. **(Action by All Civil Surgeons)**

6. FAMILY WELFARE PROGRAMME

Civil Surgeons of the poor performing districts were asked to improve the performance by holding more camps and more emphasis be given to NSV cases. **(Action by Civil Surgeons)**

7. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

- **Programme Officer** was asked to identify the poor performing TB Units in the year 2010 and a list of the same be prepared. **(Action by PO RNTCP)**
- **PSHFW** enquired about the vacant contractual posts under RNTCP and directed that No. of vacant contractual posts should be sent to NRHM office. **(Action by PO RNTCP)**
- The overall performance for the month of March 2011 was discussed and found satisfactory.

(Action by Civil Surgeons)

8. BLINDNESS CONTROL PROGRAMME

Performance of districts for the Year 2010-11 (upto March) were reviewed and detail is as under :-

| GRADING | | DISTRICTS |
|---------|-----------------------------------|---|
| I. | Very Good performing districts | ASR 230.5%, Faridkot 200.6%, JAL 170.1%, SAS Nagar 120.8%, Patiala 119.7%, |
| II. | Good performing districts | T.T. 116.1%, Barnala 106.5%, Ropar 106.02%, Kapurthala 105.9%, SBS Nagar 97.4%, |
| III. | Satisfactory performing districts | Gurdaspur 95.3%, FGS 95.1%, Sangrur 93.7%, Bathinda 91.0%, Hoshiarpur 89.3%, |
| IV. | Poor Performing districts | Ludhiana 83.6%, Moga 81.8%, Mansa 78.2%, FZR 66.6%, Mukatsar 59.7%, |

The Following Suggestions were made in the meeting regarding NPCB:

i. Comprehensive Eye care

- to involve NGOs/Pvt. Practitioners & Govt. Medical Colleges in the treatment of Diabetic Retinopathy, Glaucoma & Squint etc.
- get demand of consumables from GMC & other Govt. Institutes for treatment of disease other than cataract.
- NGOs & PP to be paid GIA @ of Rs. 1000/- per treated patient.

(Action by All Civil Surgeons/ Programme Officer)

ii. Screening of above 50 years population

Blind Register to be maintained by MPH(M) & ASHA workers at Sub Centres/PHCs for screening of above 50 year age population for Cataract & Other Eye Diseases leading to blindness.

(Action by All Civil Surgeons/ Programme Officer)

iii. Un-served area through NGOs

Send comprehensive list of 1) NGOs having own eye hospital & 2) NGOs utilizing service of Govt. Institutes for Eye Camps. Sign MOU with NGOs

(Action by All Civil Surgeons/ Programme Officer)

iv. Screening of School Children

Distt.: Amritsar, Faridkot, Hoshiarpur, Jalandhar, Kapurthala, Moga, Mukatsar, SBS Nagar, SAS Nagar, Tarn Taran who have less than 50% distribution of spectacles.

- Prepare a micro plan for visits of Opth. Off for Eye Screening Opth. Officers to visit all the schools once a year for eye screening so that backlog of spectacles distribution is minimized.
- Mobile Medical Units to be equipped for eye screening by MMU staff,.

(Action by All Civil Surgeons/ Programme Officer)

v. Eye OTs in District Hospitals

Send list of Distt. Hospitals not having separate Eye OT.

(Action by All Civil Surgeons/ Programme Officer)

vi. Maintenance of equipments

minor repairs upto Rs. 10,000/- to be undertaken at the distt. level & for AMC/major repairs request may be sent to PHSC under intimation to SPO, NPCB.

(Action by All Civil Surgeons/ Programme Officer)

vii. List of non operating eye surgeons:

Send a proposal for their ECCE & SICS training if they have not already done by 20.5.2011.

(Action by All Civil Surgeons/ Programme Officer)

viii. Utilization of Funds

has been poor in districts Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Moga & SPB Nagar. DPM (NPCB) to ensure timely disbursement of GIA to NGOs/PPs.

(Action by All Programme Officer)

9. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME

- 1. MALARIA:** Blood Slide Collection of the fever cases was discussed. It was told that during the month of March 2011, 264366 blood slides were collected throughout the State which were 117% of the target for March 2011. The following are the Districts whose achievement of blood slide collection is less than the target for the month of March 2011:

| S. No. | District | Monthly Target | Achievement | % age of Achievement |
|--------|-------------|----------------|-------------|----------------------|
| 1 | Moga | 8250 | 6465 | 79% |
| 2 | Patiala | 14532 | 11700 | 80.51% |
| 3 | Nawanshahar | 5778 | 4643 | 91% |

It was stressed that blood slide collection of all the fever cases under active and passive surveillance should be increased so that the target of ABER (Annual Blood Examination Rate) of 10% is achieved by the State and all the fever cases are brought under surveillance for early diagnosis and treatment of Malaria. It was informed that the cases of falciparum malaria have to be given treatment with ACT as per the drug policy 2010 and the same can be procured by the districts from the State Headquarter.

(Action by All Civil Surgeons)

- 2. DENGUE:** It was informed by the State Epidemiologist that till Dec 2010, 4012 confirmed cases of Dengue and 15 deaths due to Dengue had been reported in Punjab. It was informed that no suspected or confirmed case of dengue has been reported in March 2011. PSHFW directed that all the districts should stress on IEC activities regarding Dengue and a close liaison should be maintained with the Department of Local bodies for prevention of mosquito breeding. GOI has approved 4 new SSHs at GMC Faridkot, CH Gurdaspur, CH Hoshiarpur and CH Sangrur. The State has now 10 SSHs for dengue diagnosed.

- 3. Fund utilization:** State Epidemiologist informed the chair that GOI gives funds under NRHM and the same are distributed to the districts for carrying out various activities. The following districts have low utilization of the budget upto March 2011:

| S. No. | District | Available Budget | Expenditure up to Dec 2010 | % Expenditure |
|--------|-----------------|------------------|----------------------------|---------------|
| 1 | Ludhiana | 381996 | 22848 | 32.16% |
| 2 | SAS Nagar | 205793 | 75500 | 36.69% |
| 3 | Nawanshehar | 162740 | 64416 | 39.58% |
| 4 | Ferozepur | 181179 | 80796 | 44.59% |
| 5 | Moga | 156352 | 70227 | 44.92% |
| 6 | Fatehgarh Sahib | 160693 | 75572 | 47.03% |
| 7 | Ropar | 158528 | 80503 | 50.78% |
| 8 | Barnala | 142426 | 73915 | 51.90% |
| 9 | Kapurthala | 158158 | 84161 | 52.21% |
| 10 | Patiala | 227277 | 126135 | 55.50% |
| 11 | Mansa | 162009 | 103228 | 63.72% |
| 12 | Sangrur | 170451 | 109298 | 64.12% |
| 13 | Mukatsar | 150581 | 118983 | 72.02% |

PSHFW directed all the *civil surgeons to ensure that the available budget under NVBDCP is utilized appropriately and all were directed to send the SOEs upto March immediately.*

He stressed that Vector Borne diseases have increased throughout the State, so, the Civil Surgeons *should activate the Rapid Response Teams to investigate and control any outbreak related to Vector Borne diseases.* Fever surveys of the flood affected areas should be conducted and insecticides are to be sprayed as per the technical requirement and awareness should be imparted to the public regarding prevention of the communicable diseases. *Daily and timely reporting under NVBDCP was stressed in the last. (Action by All Civil Surgeons)*

10. IDSP

PSHFW emphasized that the IEC activities and awareness among the masses was the key point, besides surveillance to control the diseases through curative and preventive measures.

Rapid Response Teams (RRTs), already formulated in all the districts, will be kept activated.

1. It was emphasized to update the Reporting Units on *IDSP Portal by the districts and continue reporting on the Portal on weekly basis as reporting by e-mail will be stopped once the portal is fully functional.*
2. District Hoshiarpur who had not entered data on the Portal was instructed to look into the matter.
3. It was observed that in compiled report for month of March District Amritsar, Ferozepur, Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala and Patiala showed increased number of cases for Acute Diarrheal Disease.
4. Time trend for Acute Diarrheal Disease (ADD) in all the districts were studied and it was observed that:-
 - District Amritsar, Kapurthala showed the rising trend in ADD.
 - District Gurdaspur, Hoshiarpur showed sudden increase in cases for ADD for which it was stressed to identify the RUs which might have reported higher number of cases and look for outbreak, if any and find the cause.
 - Distt. Tarn Taran had not reported comparable number of cases for ADD. It was emphasized to report actual number of ADD cases.
 - It was also appraised that all the districts had reported confirmed cases of enteric fever and it was stressed that there is need to control and prevent further rise in cases.
5. In all outbreaks these points are very important to take into consideration:-
 - “Timelines of investigation” within 48 hours of first case information (FIR).
 - Adequate human samples to be sent for “Laboratory Confirmation” within 4 days.
 - Sending of “Final Outbreak Investigation report” to State Surveillance Unit. It should include analysis based on Time, Place and person.
6. *Every doctor is mandated to write provisional diagnosis for each case and clinician is supposed to advice an appropriate lab tests in hospitals in referral labs.*
7. Leptospirosis cases which are diagnosed and reported from DMC, Ludhiana should be compiled in DSU and then sent to State Surveillance Unit.
8. It was also emphasized to *involve at least one private practitioner per block by districts.*
9. All the districts were instructed to give the feedback regarding the reporting by their units on weekly basis as per analyzed data.
10. The gradation of the districts for implementation of various components as is done in World Bank Rankings under IDSP was discussed and the marks as granted to each district was intimated to *Civil Surgeon with directions to complete the pending activities such as submission of Final Reports for outbreaks reported as per schedule.*

(Action by all Civil Surgeons)

11. SCHOOL HEALTH PROGRAMME

- **Medical Check-up:** - Under this programme 32,240 Schools have been covered and 32,99,030 Students (covering primary school children twice) have been examined till March,2011.
- **Districts with poor performance:**- Ferozepur, Hoshiarpur, Moga and Tarn Taran are districts with poor performance.
- **Districts with good performance:**- Kapurthala, Muktsar, Ropar, Sangrur and Gurdaspur are districts with good Performance. **(Action by the Concerned Districts)**
- **RHD/CHD:** - Till March, 11 total no of 1191 Cases suffering from RHD/CHD have been referred to various empanelled hospitals.
- **Cancer Cases:** - Till March, 2011 total no of 126 Cases suffering from cancer have been referred and getting treatment in various empanelled hospitals.
- **Thalasemia Cases:-** Till March, 2011 total no of 33 Cases suffering from Thallasemia have been referred and getting treatment in PGI and 5 Thallasemia Societies of Punjab .
- **PSHFW** directed all Civil Surgeons to complete online entry of Schools visited during the year 2010-11 within 10 days so that the performance can be reviewed during the Meeting of School Health Medical Officers and Coordinator likely to be held in the mid of May, 2011.
- *Civil Surgeons were directed to instruct the concerned institutions to maintain the record of Children referred through Referral Cards and no purchase fee be charged from the referred school children.*

(Action by Civil Surgeons)

12. ATTENDANCE OF MEDICAL & PARA MEDICAL STAFF

- Night checking of health institutions be continued.
- Surprise raids for checking of attendance of medical and para medical staff be conducted every fortnightly.
- Action must be taken and intimated to the State Head Quarter about the persons found absent or where the institution is found locked. **(Action by All the Civil Surgeons)**

13 BIRTHS & DEATHS REGISTRATION

- Civil Surgeons were requested to *collect record pertaining to the period 2010 from the Panchyat Secretaries as well as from ANMs.* **(Action by All the Civil Surgeons)**
- Civil Surgeon of Ludhiana district was requested to kindly take the matter with respective Deputy Commissioners, BDPOs for depositing the pending record.
- The record which is already *computerized be got validated & computerized certificate be generated.* **(Action by All the Civil Surgeons)**
- The work of CRAs be daily monitored & ensure that all *CRAs are doing computerization of old Births & Deaths record, preparation of computerized reports pertaining to Birth & Death registration & issuance of certificate.* **(Action by All the Civil Surgeons)**
- Civil Surgeons were requested to ensure timely issuance of Births & Deaths certificate to the public. A board/ wall painting depicting various procedures for delay registration & correction be installed in their office for the convenience of the public. **(Action by All the Civil Surgeons)**
- Wherever sub registration centre in the Civil Hospitals, CHCs or PHCs have been opened, the *first copy of Births certificate be issued at the time of discharge be also ensured.* **(Action by All the Civil Surgeons)**

14. INSPECTION

Civil Surgeons were requested to send *monthly reports of sub centre, PHC, CHC and Hospital inspected by SMOs/ Officer from District HQ on the prescribed formats by 7th of every month.*
(Action by Concerned Civil Surgeons)

15. ONLINE UPDATION OF OPD

Civil Surgeons were asked for regulating the Daily OPD and DPM be instructed that OPD Should be entered on the Same Day upto 5:00 PM

- DPM should be asked to present the daily OPD report to the Civil Surgeon on daily basis.
- Update the contact details/doctors phone number/BSAs etc. should be updated regularly.
- *Online entry of Daily OPD should be cross checked by the institutes with actual OPD and report should be submitted on weekly basis by the CS/DFPO/DPM to the State Headquarter.*

16. PREVENTION OF FOOD ADULTERATION

- Pending Court cases must be launched immediately and all *Civil Surgeons should monitor the launching of court cases on time.*
- Sample be seized as per norm and loose samples be taken with more stress be laid on milk products and loose products samples. *A special campaign be launched on 29.4.2011/30.4.2011 to seize samples of eatables from institutions/ mess & jails etc.*

PSHFW asked the Civil Surgeons to follow up the cases pertaining to food adulteration strictly.
(Action by Civil Surgeons/ Programme Officer)

17. DENTAL HEALTH CARE PROGRAMME

- 34 new Medical Officer (Dental) will be recruitment shortly. *Civil Surgeons were asked to ensure that the dental clinics are in ready condition. If any dental chair or dental unit requires repair then it should be brought to the notice of Addl. Director (Dental) so that it is in working condition or demand for purchasing new dental chairs be sent to Punjab Health Systems Corporation.*
- Where DDHOs are not posted on regular basis, there newly appointed Nodal Officer (Dental) will work under the guidance of Civil Surgeon at district level.
- Civil Surgeons were asked to *give demand for dental material and instruments.*
(Action by Civil Surgeons)

18. PHSC

1. Utilization of major equipment :-

- The newly joined Eye Surgeon posted at Civil Hospital Fatehgarh Sahib is not trained for Phaco machine. Presently, Dr. Jaswant Singh who is working as SMO I/c is using the machine. Training be organized for him and for other eye surgeons. (Action by DMC)
- PSHFW desired that timely **online** reports of utilization of major equipment should be sent from all districts. He noted with displeasure the 'RNR' against some districts. (Action by PHSC)
- PSHFW directed that all the dialysis centres be provided with Air Conditioners and two Fowler beds each immediately. (Action by PHSC)
- All dialysis machines and the RO systems should be under CMC, Please ensure. (Action by PHSC)
- PHSC HQ should give an advertisement in respect of dialysis machines. (Action by PHSC)
- Civil Surgeons Bathinda and Mohali informed that only one doctor is trained for dialysis. So a second Medical Specialist may be trained. This may be carried out for all districts. (Action by concerned Civil Surgeons)
- Civil Surgeon Muktsar desired that for reporting of Mammography films a tie up should be made with the Medical College Faridkot, as there is a shortage of Radiologists. (Action by CS)
- PSHFW asked PHSC to fix responsibility for lapses where blood bank licence has expired. This was discussed in the context of optimum utilization of blood cell separators. (Action by PHSC/BB)
- Civil Surgeon Nawanshahr requested that a trained technical supervisor is required for blood cell separator machine (Banga). (Action by CS)
- Detailed position of Banga Blood Cell Separator be put up after studying field situation. (Action by PHSC)
- Civil Surgeon Jalandhar has informed that the blood cell separator is not working since 1 ½ months and expenditure of 1.40 Lakh is required for its repair. (Action by PHSC)
- Due to overall poor performance of Baba Bakala, Distt. Amritsar it was desired that a team from DHS should visit and submit a report. However, the matter be examined in detail at PHSC level. (Action by Civil Surgeons)

2. EMERGEYCNY RESPONSE SERVICES:-

- PSHFW directed that details of deployment, feedback on response of Civil Hospitals and instructions for attending to patients brought in '108' ambulances be circulated. (Action by PHSC)
- PSHFW asked for an on-line monitoring mechanism to be established for the Ambulance Project (ERS-108). (Action by PHSC)

3. JAN AUSHADHI :-

- PSHFW directed that the procedure be started to shift all the existing JAS from DRCS to RKS. (Action by Civil Surgeons)
(In PHSC: by Mr. M.P.Singh)
- PSHFW asked all Civil Surgeons to take immediate measures to increase store sales as well as institutional sales under JAS. (Action by Civil Surgeons)
(Monitoring in PHSC: by Mr. M.P.Singh)
- Strict action be taken against doctors prescribing branded medicines. (Action by Civil Surgeons)
- PSHFW director all District Heads to ensure that JAS reports reach PHSC office by 10th of every month positively. If delayed, strict action be taken against the official responsible for the delay. (Action by -PHSC)
- PSHFW also reviewed the opening of new stores and told Civil Surgeons to speed up the process and to complete it by month end.

(Action by Civil Surgeons/PHSC)

- MD, PHSC pointed out that many anomalies have arisen due to cancellation of deputations. So all the Civil Surgeons were asked to send recommendations within 48 hours for deputation of personnel within their respective districts, if hospital services have been affected. **(Action by PHSC)**

4. Hospital Performance Indicators :-

The hospital performance indicators relating to the activities performed in District Hospitals, Sub Divisional Hospitals and Community Health Centres for the month of March 2011 were reviewed in comparison with that of the corresponding period of the last year i.e. March 2010 and previous month of the same year i.e. February 2011. The Activity indicators, Clinical and Diagnostic indicators of all the District Hospitals were discussed separately in detail.

Performance of District hospitals for the month of March 2011

| Indicators | Maximum Performing | Minimum Performing |
|-----------------------------|--|--|
| Admissions | Faridkot, W&C Hosp, Bathinda (232 %), (177 %) | Mohali, Jalandhar (78 %), (94 %) |
| OPD | Tarn Taran, Hoshiarpur (236 %), (198 %) | Jalandhar, Ferozepur (102 %), (117 %) |
| BOR | Faridkot, Patiala (158 %), (137 %) | Muksar, Mohali (45 %), (48 %) |
| Minor Surgeries | Tarn Taran, Fatehgarh Sahib (397 %), (371 %) | Ropar, Mansa (101 %), (107 %) |
| Major Surgeries | Muksar, Amritsar (234 %), (217 %) | Ropar, W&C Hosp, Bathinda (51 %), (62 %) |
| Deliveries | Amritsar, W&C Hosp, Bathinda (345 %), (322 %) | Tarn Taran, Jalandhar (68 %), (81 %) |
| Radiological Investigations | Patiala, Amritsar (208 %), (208 %) | W&C Hosp, Bathinda, Ferozepur (79 %), (105 %) |
| Lab Tests | Amritsar, Tarn Taran (273 %), (254 %) | Ferozepur, Ropar (88 %), (119 %) |

Performance of Sub Divisional hospitals for the month of March 2011

| Indicators | Maximum Performing | Minimum Performing |
|-----------------------------|---|--|
| Admissions | Anandpur Sahib (Ropar), Sardulgarh (Mansa) (339 %), (335 %) | Baba Bakala (Amritsar), Gidderbaha (Muksar) (59 %), (62 %) |
| OPD | Patti (Tarn Taran), Nakodar (Jalandhar) (394 %), (302 %) | Zira (Ferozepur), Gidderbaha (Muksar) (65 %), (83 %) |
| BOR | Samana (Patiala), Fazilka (Ferozepur) (216 %), (128 %) | Baba Bakala (Amritsar), Jaitu (Faridkot) (20 %), (23 %) |
| Minor Surgeries | Nurmahal (Jalandhar), Mukerian (Hoshiarpur) (864 %), (712 %) | Sardulgarh (Mansa), Talwandi Sabo (Bathinda) (38 %), (45 %) |
| Major Surgeries | Balachaur (Nawanshahr), Patti (Tarn Taran) (403 %), (353 %) | Talwandi Sabo (Bathinda), Zira (Ferozepur) (10 %), (13 %) |
| Deliveries | Dasuya (Hoshiarpur), Malerkotla (Sangrur) (179 %), (149 %) | Phillaur (Jalandhar), Gidderbaha (Muksar) (14 %), (22 %) |
| Radiological Investigations | Sardulgarh (Mansa), Patti (Tarn Taran) (700 %), (542 %) | Baba Bakala (Amritsar), Sunam (Sangrur) (0 %), (27 %) |
| Lab Tests | Patti (Tarn Taran), Nurmahal (Jalandhar) (459 %), (368 %) | Gidderbaha (Muksar), Abohar (Ferozepur) (46 %), (56 %) |

Performance of Community Health Centres for the month of March 2011

| Indicators | Maximum Performing | Minimum Performing |
|-----------------------------|--|--|
| Admissions | Dhudan Sadan (Patiala), Dera Bassi (Mohali) (848 %), (459 %) | Apra (Jalandhar), Kot Santokh Rai (Gurdaspur) (36 %), (40 %) |
| OPD | Sarhali (Tarn Taran), Kotise Khan (Moga) (326 %), (272 %) | Sarawan Bodla (Muksar), Bhol Kalota (Hoshiarpur) (32 %), (48 %) |
| BOR | Dhudan Sadhan (Patiala), Bhuchho Mandi (Bathinda) (267 %), (237 %) | Bundala (Jalandhar), Longowal (Sangrur) (6 %), (6 %) |
| Minor Surgeries | Bada Pind (Jalandhar), Malaud (Ludhiana) (940 %), (720 %) | Kairon (Tarn Taran), Bhikhi (Mansa) (14 %), (15 %) |
| Major Surgeries | Dhudan Sadhan (Patiala), Bassi Pathana (F Sahib) (420 %), (253 %) | Bagha Purana (Moga), D B Nanak (Gurdaspur) (7 %), (7 %) |
| Deliveries | Kotise Khan (Moga), Dhudan Sadhan (Patiala) (440 %), (390 %) | Bundala (Jalandhar), Dinanagar (Gurdaspur) (9 %), (9 %) |
| Radiological Investigations | Ghuman (Gurdaspur), Dera Bassi (Mohali) (872 %), (449 %) | Ghanaur (Patiala), Chak Sherewala (Muksar) (11 %), (13 %) |
| Lab Tests | N M Singh (Gurdaspur), Bhadson (Patiala) (930 %), (819 %) | Kot Santokh Rai (Gurdaspur), Badal (Muksar) (43 %), (43 %) |

*(Action by Civil Surgeons and PHSCs)***5. Core Quality Indicators:-**

| AGENDA- CORE QUALITY INDICATORS: MARCH 2011 | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| GRADINGS AT A GLANCE: COMPARISON FEBRUARY 2011 AND MARCH 2011 | | | | | | | | | | |
| TYPE OF HOSPITAL | A+ | | A | | B | | C | | D | |
| | Feb-11 | Mar-11 | Feb-11 | Mar-11 | Feb-11 | Mar-11 | Feb-11 | Mar-11 | Feb-11 | Mar-11 |
| DISTRICT HOSPITALS (21) | 17 | 19 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUB DIVISIONAL HOSPITALS (39) | 16 | 22 | 15 | 11 | 5 | 6 | 3 | 0 | 0 | 0 |
| COMMUNITY HEALTH CENTRES (106) | 29 | 38 | 44 | 48 | 21 | 14 | 12 | 3 | 0 | 0 |

SUMMARY OF GRADING OF PHSC HOSPITALS - MARCH 2011

| Out of 21 DHs, 1 institution is below acceptable grade A+ | | | | |
|---|-------|--------------------|-----------------|---|
| Name of the District | S.No. | Name of the Instt. | Functional Beds | Areas in which indicators are low |
| 1 in Grade "A" | | | | |
| MOHALI | 1 | MOHALI | 120 | IPD (9/15) (622/800), Major Surgeries (12/15) (172/200), User Charges (8/10) (0), (Current 4.77 Last 4.83) |
| Report of DH Barnala for the month of March 2011, not received till 21.4.11. | | | | |
| Out of 39 SDHs, 6 institutions are below acceptable grade A | | | | |
| 6 in Grade "B" | | | | |
| AMRITSAR | 1 | BABA BAKALA | 50 | OPD (4/5) (4131/5000), IPD (5/15) (177/300), Major Surgeries (12/15) (82/100), Deliveries (3/10) (27/50), Radio Invest (0/650) (0/10), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5) |
| BATHINDA | 2 | TALWANDI SABO | 50 | IPD (12/15) (292/300), Minor Surgeries (2/5) (64/100), Major Surgeries (3/15) (45/100), Deliveries (2/10) (24/50), Radio Invest (3/10) (340/650), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), Comments regarding doctors (4/5) |
| FEROZEPUR | 3 | ABOHAR | 100 | OPD (4/5) (8745/10,000), IPD (9/15) (596/800), Minor Surgeries (2/5) (273/400), Major Surgeries (6/15) (135/200), Deliveries (8/10) (71/80), Radio Invest. (6/10) (1136/1500), Lab tests (3/10) (4496/8000), User Charges (4/10) (-11) (Current 231420, Last 260282) |
| HOSHIARPUR | 4 | GARSHANKAR | 50 | IPD (12/15) (279/300), Major Surgeries (6/15) (69/100), Deliveries (0/10) (14/50), Cleanliness & Swab tests (3/5) User Charges (0/10) (-38), (Current 157316 Last 257845) |
| MUKTSAR | 5 | GIDERBAHA | 50 | OPD (2/5) (3310/5000), IPD (6/15) (186/300), Major Surgeries (12/15) (93/100), Deliveries (0/10) (11/50), Radio Invest (8/10) (522/650), Lab tests (2/10) (1859/4000), Comments regarding doctors (3/5) |
| SANGRUR | 6 | SUNAM | 50 | OPD (4/5) (4327/5000), IPD (12/15), (256/300), Major Surgeries (9/15) (71/100), Deliveries (0/10) (12/50), Radio Invest (0/10) (177/650), Lab tests (8/10) (3458/4000) |
| Out of 106 CHCs, 3 institutions are below acceptable grade B | | | | |
| 12 in Grade "C" | | | | |
| HOSHIARPUR | 1 | BHOL KALOTA | 12 | OPD (0/5) (759/2000), IPD (9/15) (39/50), Minor Surgeries (2/5) (11/20), Major Surgeries (0/15) (1/10), Deliveries (0/10) (3/10), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), Comments regarding doctors (3/5), User Charges (0/10) (-63) (Current 14073 Last 38049) |
| JALANDHAR | 2 | APRA | 30 | OPD (3/5) (2174/3000), IPD (0/15) (36/100), Minor Surgeries (0/5) (8/50), Major Surgeries (0/15) (6/30), Deliveries (2/10) (17/35), Lab tests (8/10) (884/1000) |
| SANGRUR | 3 | KAUHRIAN | 30 | OPD (2/5) (1649/3000), IPD (12/15) (94/100), Minor Surgeries (0/5) (11/50), Deliveries (0/10) (7/35), Radio Invest (0/10) (23/150), Lab tests (6/10) (722/1000), User Charges (0/10) (-58) (Current 6428 Last 15160) |
| Report of DH Barnala for the month of March 2011, not received till 21.4.11. | | | | |

All Civil Surgeons were asked to look out for these institutions which are not in the acceptable grade and make efforts to improve the performance of the hospitals.

6. Benchmarks :-

The benchmarks of all the Specialist Doctors who did not achieve the targets during the month of March 2011 were discussed. There were 18 doctors in the state whose achievement was less than 100%. The authorities were directed to call the explanation of the doctors and ask them to improve their performance. *The CSs were asked to make alternative arrangements from the field in case of short leave of specialist doctors, so that the post of specialist doctor of the district level hospitals is not vacant.*

(Action to be taken by CSs)

19. NRHM

HRD Department

- ANM and staff nurse recruitment is complete. The resultant vacant posts of mostly reserve category will be re-advertised.
- The advertisement for recruitment of 20 MO (Female) for School Health has been issued in the newspaper.

Finance:-

Upto 31st March 2011 in 12 months 100% of the PIP should be spent ideally but many districts have spent between 75% - 85% of the PIP. The utilization shown by the following districts are low then the state average.

| S. No. | District | % Utilization against pip of F/Y 2010-11 |
|--------|-----------|--|
| 1. | Amritsar | 75.08 |
| 2. | Jalandhar | 78.50 |
| 3. | Ludhiana | 85.58 |
| 4. | Mansa | 75.21 |
| 5. | Moga | 81.03 |

| | | |
|----|------------|-------|
| 6. | Muktsar | 84.18 |
| 7. | Ropar | 85.34 |
| 8. | Sangrur | 80.89 |
| 9. | Tarn Taran | 75.03 |

Entry Status of Tally ERP 9 (Customized Version) as on 30th April, 2011

| SN | District | District HQ | No. of block | Total institution | No. of inst. Where entries started on tally ERP9 | No. of inst. Where entries on tally not yet started | No. of inst. Where entries completed upto 31 st March 2011 |
|-----|----------------------|-------------|--------------|-------------------|--|---|---|
| 1. | Amritsar | 1 | 8 | 9 | 9 | 0 | 0 |
| 2. | Barnala | 1 | 3 | 4 | 4 | 0 | 2 |
| 3. | Bathinda | 1 | 6 | 7 | 7 | 0 | 2 |
| 4. | Faridkot | 1 | 2 | 3 | 3 | 0 | 3 |
| 5. | F.G. Sahib | 1 | 2 | 3 | 2 | 1 | 2 |
| 6. | Ferozepur | 1 | 8 | 9 | 8 | 1 | 1 |
| 7. | Gurdaspur | 1 | 13 | 14 | 11 | 3 | 1 |
| 8. | Hoshiarpur | 1 | 9 | 10 | 10 | 0 | 1 |
| 9. | Jalandhar | 1 | 9 | 10 | 10 | 0 | 0 |
| 10. | Kapurthala | 1 | 4 | 5 | 4 | 1 | 0 |
| 11. | Ludhiana | 1 | 10 | 11 | 11 | 0 | 0 |
| 12. | Mansa | 1 | 3 | 4 | 4 | 0 | 2 |
| 13. | Moga | 1 | 5 | 6 | 6 | 0 | 3 |
| 14. | Mohali | 1 | 3 | 4 | 4 | 0 | 0 |
| 15. | Mukatsar | 1 | 4 | 5 | 4 | 1 | 2 |
| 16. | N.Shahar (SBS Nagar) | 1 | 5 | 6 | 6 | 0 | 1 |
| 17. | Patiala | 1 | 6 | 7 | 7 | 0 | 4 |
| 18. | Ropar | 1 | 4 | 5 | 5 | 0 | 4 |
| 19. | Sangrur | 1 | 7 | 8 | 5 | 3 | 1 |
| 20. | Tarn Taran | 1 | 8 | 9 | 9 | 0 | 0 |

District Fatehgarh Sahib, Ferozepur, Gurdaspur, Kapurthala, Muktsar, and Sangrur in some of the institutes entries on tally has still not started, which is a serious concern.

All the districts except one or two are lacking behind the schedule for the completion of the entries on tally.

The Status of agency registration under CPSMS portal as on 03.05.2011 is as under:-

| SN | Districts | Total no. of institutions (CHC/PHC/Sub Centres/VHSC) | CHC Block registered | PHC/CHC registered | Sub Centre registered | VHSC registered | Total agencies registered |
|-----|------------|--|----------------------|--------------------|-----------------------|-----------------|---------------------------|
| 1. | Amritsar | 1032 | 7 | 20 | 15 | 0 | 42 |
| 2. | Barnala | 256 | 3 | 18 | 73 | 152 | 246 |
| 3. | Bathinda | 476 | 9 | 20 | 90 | 57 | 176 |
| 4. | Faridkot | 261 | 11 | 8 | 63 | 185 | 267 |
| 5. | F.G. Sahib | 526 | 11 | 12 | 68 | 16 | 107 |
| 6. | Ferozepur | 1487 | 10 | 47 | 223 | 772 | 1052 |
| 7. | Gurdaspur | 2044 | 41 | 190 | 593 | 206 | 1030 |
| 8. | Hoshiarpur | 1702 | 18 | 33 | 243 | 707 | 1001 |
| 9. | Jalandhar | 1149 | 9 | 11 | 82 | 71 | 173 |
| 10. | Kapurthala | 686 | 7 | 21 | 4 | | 32 |
| 11. | Ludhiana | 1167 | 10 | 31 | 102 | 84 | 227 |
| 12. | Mansa | 363 | 4 | 16 | 103 | 200 | 323 |
| 13. | Moga | 471 | 8 | 19 | 106 | 190 | 323 |
| 14. | Mohali | 514 | 3 | 45 | 26 | 140 | 214 |

| | | | | | | | |
|-----|-------------------------|--------------|------------|------------|-------------|-------------|-------------|
| 15. | Mukatsar | 385 | 6 | 3 | | | 9 |
| 16. | N.Shahar (SBS Nagar) | 581 | 14 | 17 | 96 | 468 | 595 |
| 17. | Patiala | 1175 | 22 | 35 | 183 | 241 | 481 |
| 18. | Ropar | 697 | 4 | 15 | 56 | 103 | 178 |
| 19. | Sangrur | 805 | 13 | 16 | | 1 | 30 |
| 20. | Tarn Taran | 687 | 8 | 3 | 0 | 0 | 11 |
| | Total | 16464 | 218 | 580 | 2126 | 3593 | 6517 |

From the above table it is clear that around 40% registration is completed.

1. District Amrtisar, Kapurthala, Muktsar, Sangrur, Tarn Taran, Jalandhar & Ludhiana have poor performance. The districts are not putting serious effort for the online registration of all agencies in the district.
2. District Patiala, Ropar, Mohali, Gurdaspur, Bathinda & F.G.Sahib have slow progress.
3. District Ferozepur, Mansa, Moga & Mansa have average progress.
4. District Barnala, Nawanshahar & Faridkot have completed work of registration.

ASHA Programme

1. **Monthly Reports:-** Monthly reports of ASHA are not sent by the districts on time. District Hoshiarpur has not sent their ASHA monthly reports before CS Conference.
2. **Training of ASHAs:-** Training of ASHAs on Module 5th is not yet started in Sangrur. Training on 5th Module is still pending in District Faridkot. Instructions were already given to all the Civil Surgeons to ensure that training should be given to all ASHAs.
3. **Issuing of I-Cards:-** All Civil Surgeons were directed to issue the I-Cards to all the ASHAs.
4. **Payment through Bank account to all ASHAs:-** All Civil Surgeons were directed to ensure the payment to all the ASHAs through bank accounts only.
5. **Assigning responsibility at block level:-** Civil Surgeons were directed to assign the responsibility of reporting & monitoring of ASHA Programme & Community Participation activities to the block Accountant & Block Statistical Assistant.

COMMUNITY MONITORING

INSTITUTIONAL MECHANISM

1. **Monthly Reports:-** Monthly reports of meetings of Health Monitoring and Planning Committees under Community Monitoring are not sent by the district. Monthly reporting proforma for meetings of Health Monitoring & Planning Committees have already been sent to the districts.
2. **Reports of District Health Society & District Health Mission:-** Mansa, Moga, F.G.Sahib, Ferozepur, SAS Nagar, Sangrur, Rup Nagar, SBS Nagar have sent the minutes of the meeting which were held during January 2011 to march 2011.

Meeting ended with a Vote of Thanks to the Chair.

LIST OF THE PARTICIPATING OFFICERS

| SR. NO. | NAME | DESIGNATION |
|------------|----------------------------|--|
| 1. | Sh.Satish Chandra, IAS | Principal Secretary, Health & Family Welfare, Punjab |
| 2. | Smt.Raji P.Srivastava, IAS | MD PHSC |
| 3. | Dr. Ashok Nayyar | Director Health & Family Welfare |
| 4. | Dr.A.K.Dhawan | ACS Amritsar |
| 5. | Dr. Aklava Gabha | CS Barnala |
| 6. | Dr.Neelam Bajaj | CS Bathinda |
| 7. | Dr.Surinder Kumar | DIO Faridkot |
| 8. | Dr.D.P.Godara | CS Ferozepur |
| 9. | Dr.Devinder Singh | CS F.G. Sahib |
| 10. | Dr.Dalip Kumar | CS Gurdaspur |
| 11. | Dr.Sham Lal Mahajan | CS Hoshiarpur |
| 12. | Dr.Hari Krishan Singla | CS Jalandhar |
| 13. | Dr.Shashi Khera | MS Jalandhar |
| 14. | Dr.Harvinder Singh | CS Kapurthala |
| 15. | Dr.Satwant Bhalla | CS Ludhiana |
| 16. | Dr.Subodh Gupta | SMO Mansa/ CS Moga |
| 17. | Dr.Amarjit Singh Sidhu | CS Moga |
| 18. | Dr.Tirath Ram Goyal | CS Mukatsar |
| 19. | Dr. Bhag Mal | CS Nawanshahar (SBS Nagar) |
| 20. | Dr.Jatinder Kaur | CS Patiala |
| 21. | Dr.Surjit Singh | CS Ropar |
| 22. | Dr. Ramesh Kumar | CS Sangrur |
| 23. | Dr.S.P.Surila | CS SAS Nagar |
| 24. | Dr.D.S.Kalsi | CS Tarn Taran |
| 25. | Dr.Jarnail Singh | Med. Supdt., MKH Patiala |
| | and Programme Officers | |

In the keynote address **Hon'ble Health and Family Welfare Minister Prof. Laxmi Kanta Chawla** desired that wide publicity through multimedia especially cable TV regarding the services provided in far flung areas through 108 ambulances be done among the masses. She told to take serious action against who doesn't attend the patient brought by 108 ambulances. This will be responsibility of all Civil Surgeons to take action within 24 hours.

Hon'ble HM told with heavy heart that corruption is still prevailing in the districts as well as at State Headquarter, "No work without Money" is ruling everywhere. She also added that honesty is the soul of doctors. She stressed upon the need to do night dominance to ensure the presence of night duty staff, to increase raids on ultrasound centres to check female foeticide and raid chemist shops to check the habit forming drugs as Ludhiana had done in previous year.

PSHFW Satish Chandra, IAS asked to procure the required medicines. He told to insert advertisements regarding dialysis, phaco machine, and 108 ambulance facilities provided by the Punjab Govt. also advertisement for the recruitment of technical supervisor for blood cell separator units. He asked why bed occupancy rate is not increasing and to maintain emergency call register in hospitals. He also told to develop software for complaints of 108 ambulances.

PSHFW told Dr.Karanjeet Singh to complete death reviews within 15 days and to provide print material to each ASHA having detail of incentives given to them and also insert advertisement on Maternal Death Review. To enhance the number of JSY beneficiaries, review the SC/ST population in the State. Sufficient supply of MCP & JSY cards must be ensured. Ensure 24 hours stay of post delivery cases in the hospitals. JSY beneficiaries should be verified by SMOs and from State Headquarter 10% and 2% respectively.

PSHFW directed all the Civil Surgeons

- To organize a meeting with their SMOs like the Civil Surgeons Conference.
- Fill up the vacant posts as early as possible.
- Do not issue Deputation orders.
- Review the budget from time to time.
- Review the duties of Medical Officer on night duty.