

Proceedings of the Civil Surgeon's Conference held under the Chairmanship of Hon'ble Health & Family Welfare Minister Punjab Sh.Satpal Gosain, on 2-7-2011 at Circuit House, Ludhiana

List of the participants is annexed.

Hon'ble Health and Family Welfare Minister, Sh. Satpal Gosain launched "Atal Swasthya Sewa Ambulance Project" (Emergency Response services-Dial 108) at Civil Hospital Ludhiana on Mobile or Landline at 10 AM, free sewa to all the citizens of the State on emergencies such as natural disasters, man-made disasters, delivery calls, animal bites, snake bites, cardiac emergency, road side traumas, farm accidents, suicides, burns etc.

Hon'ble HM in his keynote address warned to take stern action against doctors if they fail to perform their duties well or acted irresponsibly. He also told that dispensaries are being constructed in some cities and Rs.350 crore will be spent on these.

PSHFW directed the Civil Surgeons to send the ACRs of doctors by Saturday to State Headquarter.

- Data of specialist doctors/ specialty wise be sent to State HQ by 15.7.2011.
- Three Gynaecologists are posted at Jalandhar, withdraw one of them and utilize the services of specialist doctors properly.
- Present position of staff on deputation be sent to the State Headquarter immediately.
- MCTS may be taken up seriously and accuracy of data be maintained. For this purpose the calls may be made on telephone numbers.

Dr. Ashok Nayyar, Director Health and Family Welfare, Punjab welcomed Sh. Satpal Gosain, Hon'ble Health and Family Welfare Minister, Principal Secretary Health and Family Welfare, Managing Director PHSC, Mission Director NRHM for sparing their valuable time to participate in the conference. He assured the Hon'ble HM that whatever directions/ guidelines given by him will be implemented in letter and spirit by all the officers.

- Nobody knows about referral transport system of transporting pregnant mothers and patients to the referred health institutions.
- The funds be allotted to all the blocks of districts under Mata Kaushalaya Scheme.
- Reports about infant death and maternal deaths be compiled and prepared properly.
- Every patient which comes to the health institution should be treated properly.
- Surakhya Jenepa Yojna: Now Rs.4000/- will be paid to the Gynacologists of Pvt. Hospitals for each operation of delivery cases in the 12 districts. Remaining districts will pay Rs.2500/- only.
- Two Staff Nurses should be deployed for each CHC for evening/ night duty.
- Mamta Divas: Rs.100/- should be given to ASHA Worker for one session who achieved the 100% target and the Mamta Divas be celebrated on 1st and 3rd Wednesday every month 8-11 AM in Summer and 9-12 Noon in winter at every Sub Centre.
- Select the good ASHA Workers for appreciation.
- Funds should be released on line to every Block.
- Mother and Child Protection Card should be issued at each health institution.
- Identity Cards should be issued to each ASHA Worker free of cost.
- World Population Day should be celebrated on 11.7.2011 and fortnight from 11.7.11 to 24.7.11 be organized under Family Welfare Programme in which registration of eligible couples be done and an exhibition be arranged to give awareness about IEC activities to the public. Targets for sterilization and other activities be allocated to all the District Hospitals and CHCs.
- Organize a Health Mela in the high focus districts like Faridkot, Mukatsar, Jalandhar and SBS Nagar and Rs.5 lakh be given to each district for this mela.

Regular agenda was discussed and decisions taken are as under:

1. MOTHER & CHILD HEALTH (MCH)

- Programme Officer was asked to prepare improved agenda regarding Vit.A first dose and remaining doses. He was further asked to supply spoon alongwith Vit. A solution according to GOI directions in DHs, SDHs and Sub Centres.
- Instructions were given to ensure supply of IFA tablets in DHs, SDHs, and CHCs.

- Directions were given to Mass Media Branch about the necessary action regarding IEC/BCC activities after deliveries about Mata Kaushalaya Kalyan Yojna and JSY.

(Action by All Civil Surgeons)

2. FAMILY WELFARE PROGRAMME

DDFW asked the Civil Surgeons that the targets for the year 2011-12 have been worked out as per the population data of Census 2011 and has been send to the districts. All the Civil Surgeons were requested to start the work on family planning targets, both permanent and temporary in the right earnest.

(Action by All Civil Surgeons)

3. IMMUNIZATION:

- Hep B Vaccine - Shortage of supply from GoI.
 - It was shared that it is likely that GoI Hep B vaccine supplies will be available in next 2 months.
 - Discussion involved on short term (2 month) procurement of Hep B supply from state level. Proposal sent to NRHM for Hep B vaccine regarding the same needs to be supplemented with additional information such as rate contract etc.
 - It was suggested by MD NRHM to procure the Hep B vaccine from the same manufacturer that supply to GoI. DHS informed that for Hep B vaccine the rate contract with ESI exists of a licensed manufacturer and that the same manufacturer is already supplying Hep B to ESI in Punjab and as desired the same can be approached for the short term procurement. PO to follow up.

(Action by All Civil Surgeons)

4. PC & PNDT ACT

- The Civil Surgeons were asked to conduct regular inspections as per the provisions of the Act after proper home work by analyzing the 'F Form' and collection information through informers.
- The District Appropriate Authorities were asked to regularly hold Advisory Committee Meetings and send the minutes to State PNDT Cell.
- The District Appropriate Authorities were asked to do survey of 'On call' portable machines and to take appropriate action.
- All the Appropriate Authorities should cultivate informers and decoy patients and carry out sting operations on the suspicious centers.

(Action by All Civil Surgeons)

5. MATERNAL DEATH REVIEW

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

- Complete ANC will be the answer to identify high risk pregnancy which contributes to the cause of maternal death.
- Proper and early referral to the institution for management of high risk pregnancy as well as the complications arising out of the pregnancy.
- Early and proper treatment.
- Awareness among the masses for institutional deliveries.

(Action by Civil Surgeons/ Programme Officer/ MD NRHM)

6. JANANI SURAKSHA YOJNA

- 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.

- 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.

7. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

1. RNTCP Performance of various districts was reviewed and following districts were found to have poor performance:-
 - i) Barnala
 - ii) Sangrur
 - iii) Patiala
 - iv) Muktsar
 - v) Ferozepur
2. Poor referral of Ludhiana, Jalandhar, Barnala, Sangrur, Moga, SBS Nagar, FG Sahib and Faridkot districts was discussed and all the districts were asked to bring up referral from 3-5%.
3. The NSP Case Detection Rate and Total Case Detection Rate was found less than Punjab on average in the following districts:
 - i) Muktsar
 - ii) Patiala
 - iii) Sangrur
 - iv) Ludhiana
 - v) Barnala
 - vi) Ferozepur
 - vii) Hoshiarpur
4. In the case of Samana TU, it was reported that the visit of WHO Consultant has brought out the fact that TB Registers, Stocks and other records are not properly kept. Civil Surgeon, Patiala reported that the contract of STS has not been renewed and his services are terminated.

8. BLINDNESS CONTROL PROGRAMME

National Programme for Control of Blindness, performance of districts for the Year 2010-11 (upto May) is as below :-

GRADING		DISTRICTS
I.	Very Good performing districts	ASR 237.0%, Faridkot 194.4%, Kapurthala 141.1%, Bathinda 130.4%, JAL 122.2%,
II.	Good performing districts	Ropar 121.05%, , SBS Nagar 100.6%, Gurdaspur 95.4%, SAS Nagar 94.2%, Mukatsar 91.0%
III.	Satisfactory performing districts	Ludhiana 89.1%, Barnala 85.3%, FZR 80.6%, T.T. 63.4%, Hoshiarpur 58.1%
IV.	Poor Performing districts	Moga 58.0%, Patiala 55.6%, Sangrur 46.4%, Mansa 43.7%, FGS 35.6%

The Following Suggestions were made in the meeting regarding NPCB:

- I.** Regarding Demand of Foldable IOLs for Phaco surgeries. The issue was raised by MD- PHSC
As per GOI Guidelines, Rs 200/- is available for purchase of IOLs plus Visco Elastic. No Foldable IOL is available in the market in this amount. PSHFW decided in the CS Conference that foldable IOLs may be purchased by utilizing user charges available with SMOs. (MD- PHSC)
- II. YAG Laser training of Eye Surgeon:**
A two day training for YAG Laser will be conducted by all three Govt. Medical Colleges. Principal GMC / HOD Ophthalmology may be contacted for Schedule of training. (CSs/DPMs- NPCB)
- III. 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 GMCs & other Govt. Institutes for treatment of diseases other than cataract.

- NGOs & PP to be paid GIA @ of Rs. 1000/- per treated patient.
(Action by All Civil Surgeons/ Programme Officer)

IV. 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/ DPMs - NPCB)

V. Un-served area through NGOs

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

(Action by All Civil Surgeons/ Programme Officer)

VI. Screening of School Children

It has been pointed out many times that every month there is a discrepancy between the reports sent to NPCB and school health programme. So kindly see to it that the reports are reconciled before sending. Distt.: Amritsar, Faridkot, Hoshiarpur, Moga, Sangrur, SAS Nagar, Tarn Taran who have less than 50% distribution of spectacles.

- Mobile Medical Units to be equipped for eye screening by MMU staff,

(Action by All P.Os. - School Health P.O. - NPCB)

VII. 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)

VIII. List of non operating eye surgeons: Send a proposal for their ECCE & SICS training if they have not already done by 20.07.2011.

(Action by All Civil Surgeons/ Programme Officer)

IX. Utilization of Funds has been poor in districts Hoshiarpur, Jalandhar, Ludhiana, Mansa, Mukatsar, Patiala, Ropar, Taran Taran. DPM (NPCB) to ensure timely disbursement of GIA to NGOs/PPs.

(Action by All DPMs-NPCB)

X. CS Conference Agenda (NPCB) on proper Performa:

CS conference agenda is not being received on proper Performa from Districts Jalandhar, Fatehgarh Sahib, Ferozepur, Barnala.

XI. Distribution of Posters (IEC Materials) received from GOI:

Posters were distributed from SHQ to all the districts please ensure that these are sent to all DHs/ SDHs/ CHCs.

9. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME

MALARIA:-

Blood Slide Collection of the fever cases was discussed. It was told that during the month of May 2011, 287715 blood slides were collected throughout the State which were 127% of the target for May 2011. Up to May 2011, 1263082 blood slides were collected throughout the State which were 124% of the target. The following are the Districts whose achievement of blood slide collection is less than the target for the month of May 2011:

S. No.	District	Monthly Target	Achievement	%age of Achievement
1	Moga	8205	6235	76%
2	Patiala	14532	13686	94%
3	Ferozepur	17086	14368	84%

Districts in which Increase in cases of malaria has been reported in May 2011 as compared to May 2010.

S. No.	District	Malaria cases upto May 2010	Malaria cases upto May 2011	Progress in Malaria cases
1	Amritsar	5	7	2
2	Barnala	0	3	3
3	Faridkot	12	24	12
4	Hoshiarpur	7	17	10
5	Kapurthala	1	3	2
6	Ludhiana	3	12	9
7	Mohali	3	9	6

8	Mukatsar	28	64	36
9	Nawanshahar	0	7	7
10	Patiala	1	5	4
11	Sangrur	4	7	3
12	Tarn Taran	35	45	10

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.

DENGUE:-

It was informed by the Deputy Director of NVBDCP that till Dec 2010, 4012 confirmed cases of Dengue and 15 deaths due to Dengue had been reported in Punjab. It was informed that 11 confirmed Dengue cases had been reported from District Shri Mukatsar Sahib Up to May 2011 and 51 confirmed Dengue cases have been reported up to 1/7/2011. 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 Testing.

1. Fund utilization: Deputy Director (Malaria) 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 budget up to May 2011.

S. No.	District	Available Budget	Expenditure up to March 2011	% Expenditure
1	Ludhiana	456148	0	0.00%
2	Ropar	130775	0	0.00%
3	Nawanshehar	159074	0	0.00%
4	F.G. Sahib	214343	0	0.00%
5	Hoshiarpur	143818	0	0.00%
6	Jalandhar	190409	0	0.00%
7	Patiala	232902	3000	1.29%
8	Faridkot	117423	1676	1.43%

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 May 2011 immediately.

It was 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 guidelines 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. SCHOOL HEALTH PROGRAMME

PSHFW directed all Civil Surgeons to improve their district performance for school health programme and complete online data entry work of school health for the year 2010-11 and 2011-12 at the earliest.

Progress of School Health Programme May, 2011

- 1. Medical Check-up:** - Under this programme 6324 Schools have been covered and 604633 Students have been examined till May, 2011.
- 2. Districts with poor performance:-** Amritsar, Ferozepur, Hoshiarpur, Ludhiana, Moga, Ropar, Sangrur, SAS Nagar, Sangrur and Tarntaran are districts with poor performance as they have backlog of more than 50 Schools.
- 3. Districts with good performance:-** Patiala, Gurdaspur and Kapurthala are districts with good Performance.
- 4. RHD/CHD:** - Till May, 11 total no of 1297 Cases suffering from RHD/CHD have been referred to various empanelled hospitals.
- 5. Cancer Cases:** - Till May, 2011 total no of 159 Cases suffering from cancer have been referred and getting treatment in various empanelled hospitals.

Thalassemia Cases:- Till May, 2011 total no of 63 Cases suffering from Thalassemia have been referred and getting treatment in PGI and 5 Thalassemia Societies of Punjab.

11. 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)**

12. BIRTHS & DEATHS REGISTRATION

- Civil Surgeons were requested to collect record pertaining to the period 2010 from the Panchyat Secretaries as well as from ANMs. Civil Surgeons of District Amritsar, Ferozepur, Gurdaspur, Hoshiarpur, Patiala and Mohali were asked to collect the old births and deaths record from the BDPO office by 15th July, 2011. **(Action by Concerned 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)**
- All Civil Surgeons are requested to *ensure timely and date wise issuance of Births & Deaths certificate to the public. A board/ wall painting depicting various procedures for delay registration & correction be installed in your 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)**

13. 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

- In case of OPD not filled up on regular basis then the concerned SMO/BSA will be held responsible.
- DPM should be asked to present the daily OPD report to the Civil Surgeon on daily basis.
- For updating the contact details/doctors phone number/BSAs *telephone numbers of System Analyst Sh.Harpreet Singh 8872090033 was given for contacting him in case of any queries.*
- *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.*
- *This is the personal responsibility of the Civil Surgeons to check the accuracy of OPD being entered, no. of doctors, and sanctioned strength of all the doctors and other details of their respective districts. If any mismatch is found by the State Headquarter during monitoring the concerned Civil Surgeon will be held responsible and action will be taken accordingly.*

(Action by All Civil Surgeons)

14. 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.

PSHFW asked the Civil Surgeons to follow up the cases pertaining to food adulteration strictly.

(Action by Civil Surgeons/ Programme Officer)

16. NATIONAL DENTAL HEALTH CARE PROGRAMME

- Civil Surgeons were told that the dental fortnight will be celebrated from 15.7.2011 to 30.7.2011 and they were asked to make it successful.
- Civil Surgeons were also told that funds for this dental fortnight from NRHM has been sent to Civil Surgeons through e-banking.
- Targets of dentures making and a copy of instructions regarding budget were given to Civil Surgeons.

(Action by All Civil Surgeons)

17. TRAINING

- Training Calendar has been sent to all the districts. Hence all the districts were requested to start their trainings as per the Calendar provided. It was also pointed out that the expenditure for the trainings should be met out of the funds already available with the districts and the budget for the current financial year would be released soon.
- Request made for the nomination of appropriate candidates for the trainings at the State level institutes. It was also requested that:
 - a. All participants must report at the SIHFW and HFWTC on time.
 - b. If one nominated person was unable to report for training due to some reason, the replacement should be nominated for the same.
 - c. It was also proposed by the Director, Health and Family Welfare that the nominations should preferably be sent from the State level.
- Request was made for the proper utilization of services of trainers trained at the State level for various trainings.
- Request was made for the utilization of services of LSAS Trained Medical Officers.

(Action by All Civil Surgeons)

18. NATIONAL RURAL HEALTH MISSION

MD NRHM discussed the institutional deliveries at District Hospital, Sub Divisional Hospitals, Community Health Centres, Primary Health Centres and other health institutions. He directed all the Civil Surgeons to personally monitor the health institutions to improve the deliveries in health institutions. He also directed Civil Surgeons to issue instructions to all the SMOs and MOs to monitor the work of LHV's regularly.

(Action by All Civil Surgeons)

MD NRHM directed that SMOs should check the record of every ANM and LHV at the time of routine visits to Sub Centre and PHCs. Explanation be called from the Gynecologists who have not done any delivery.

(Action by All Civil Surgeons)

19. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

1. The Hon'ble Health Minister, Punjab and worthy PSHFW briefed about the outbreaks, reported cases, including deployment of RRT, its lab confirmation various activities undertaken during the routine weekly surveillance in all institutions as Sub center, CHC, PHC and Hospitals as well as management of cases during 2011, as received from all the Civil Surgeons.
2. It was also informed that there were 2762 RUs for Form-S, 1221 RUs for Form-P and 460 RUs for Form-L who were reporting weekly disease data for surveillance.
3. The gradation of the districts for implementation of various components as is done in World Bank Rankings under IDSP was discussed and the grades 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. District Mohali was showing gradation at top while Hoshiarpur not reporting on portal was at the bottom gradation.
4. Worthy 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.
5. It was emphasized that Rapid Response Teams (RRTs), already formulated in all the districts, will be kept activated.
6. It was emphasized to update the Reporting Units on IDSP Portal by the districts and continue reporting on the Portal on weekly basis. The reporting status on portal for the month of May, 2011 for each district was discussed. It was emphasized that in any case, reporting should not be less than 80% along with the consistency. District Hoshiarpur who had not entered data on the Portal due to broadband disconnectivity initiate necessary steps immediately and enter data from July, 2011 onwards. It has noticed that with the internet connectivity now, district Hoshiarpur had also started the portal entry while it was earlier sending reports only on e-mail.
7. In all outbreaks these points were advised to be adhered:-
 - "Timeliness of investigation" within 48 hours of first case information (FIR), through deployment of Rapid Response Team..
 - Adequate human samples to be sent for "Laboratory Confirmation" within 4 days. The referral labs under IDSP were all conducting investigation in reported outbreaks.

- Sending of “Final Outbreak Investigation report” to State Surveillance Unit. It should include analysis based on Time, Place and person.
- Each doctor is mandated to write provisional diagnosis for every patient and clinician is supposed to advice an appropriate lab tests in hospitals in referral labs.
 - It was also emphasized to involve at least one private practitioner per block by districts.
 - All the districts were instructed to give the feedback as surveillance news letter, regarding the reporting by their units on weekly basis as per analyzed data.

20. Punjab Health Systems Corporation

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 May 2011 were reviewed in comparison with that of the corresponding period of the last year i.e. May 2010 and previous month of the same year i.e. April 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 May 2011

Indicators	Maximum Performing	Minimum Performing
Admissions	Faridkot, W&C Hosp, Bathinda (213 %), (213 %)	Mohali, Muktsar (87 %), (98 %)
OPD	Tarn Taran, Gurdaspur (266 %), (222 %)	Ferozepur, Jalandhar (105%), (114 %)
BOR	Faridkot, Sangrur (151 %), (135 %)	Muktsar, Nawanshahr (31 %), (61 %)
Minor Surgeries	Fatehgarh Sahib, Ludhiana (453 %), (334 %)	Mohali, Mansa (113 %), (117 %)
Major Surgeries	Jalandhar, Muktsar (171 %), (159 %)	Ropar, Barnala (51 %), (52 %)
Deliveries	W&C Hosp, Bathinda, Amritsar (360 %), (286 %)	Muktsar, Tarn Taran (56 %), (60 %)
Radiological Investigations	Tarn Taran, Patiala (212 %), (196 %)	Barnala, W&C Hosp, Bathinda (71 %), (88 %)
Lab Tests	Amritsar, Tarn Taran (271 %), (260 %)	Ferozepur, Ropar (97 %), (102 %)

Performance of Sub Divisional hospitals for the month of May 2011

Indicators	Maximum Performing	Minimum Performing
Admissions	Sardulgarh (Mansa), Budhlada (Mansa) (441 %), (374 %)	Phagwara (Kapurthala), Gidderbaha (Muktsar) (75 %), (82 %)
OPD	Patti (Tarn Taran), Nabha (Patiala) (398 %), (307 %)	Zira (Ferozepur), Gidderbaha (Muktsar) (68 %), (84 %)
BOR	Samana (Patiala), Anandpur Sahib (Ropar) 240 %), (158 %)	Jaitu (Faridkot), Raikot (Ludhiana) (22 %), (27 %)
Minor Surgeries	Nurmahal (Jalandhar), Phillaur (Jalandhar) (812 %), (648 %)	Talwandi Sabo (Bathinda), Sardulgarh (Mansa) (28 %), (62 %)
Major Surgeries	Patti (Tarn Taran), Payal (Ludhiana) (357 %), (217 %)	Jaitu (Faridkot), Talwandi Sabo (Bathinda) (10 %), (13 %)
Deliveries	Dasuya (Hoshiarpur), Batala (Gurdaspur) 168 %), (128 %)	Sunam (Sangrur), Phillaur (Jalandhar) (8 %), (20 %)
Radiological Investigations	Sardulgarh (Mansa), Balachaur (Nawanshahr) (663 %), (621 %)	Sunam (Sangrur), Mandi Gobindgarh (Ftg) (45 %), (48 %)
Lab Tests	Patti (Tarn Taran), Nurmahal (Jalandhar) (659 %), (436 %)	Zira (Ferozepur), Gidderbaha (Muktsar) (56 %), (58 %)

Performance of Community Health Centres for the month of May 2011

Indicators	Maximum Performing	Minimum Performing
Admissions	Badshahpur (Patiala), Dhudan Sadan (Patiala) (1504 %), (790 %)	Khem Karan (Tarn Taran), Badal (Muktsar) (53 %), (56 %)
OPD	Sarhali (Tarn Taran), Kotise Khan (Moga) (305 %), (253 %)	Sarawan Bodla (Muktsar), BM Khan (Gurdaspur) (27 %), (47 %)
BOR	Dhudan Sadhan (Patiala), Bhucho Mandi (Bathinda) (288 %), (208 %)	Bundala (Jalandhar), Lehragaga (Sangrur) (10 %), (11 %)
Minor Surgeries	Bada Pind (Jalandhar), Malaud (Ludhiana) (1045 %), (872 %)	Longowal (Sangrur), Apra (Jalandhar) (10 %), (12 %)
Major Surgeries	Dhudan Sadhan (Patiala), Kotise Khan (Moga) (300 %), (210 %)	Khem Karan (Tarn Taran), Longowal (Sangrur) (3 %), (7 %)
Deliveries	Kotise Khan (Moga), Bhikhi (Mansa) (540 %), (310 %)	D B Nanak (Gurdaspur), Gharota (Gurdaspur) (3 %), (6 %)
Radiological Investigations	Ghuman (Gurdaspur), Dera Bassi (Mohali) (889 %), (697 %)	Sarawan Bodla (Muktsar), Kauhrian (Sangrur) (13 %), (15 %)
Lab Tests	N M Singh (Gurdaspur), Bhadson (Patiala) (987 %), (872 %)	Sarawan Bodla (Muktsar), Maur Mandi (Bathinda) (2 %), (17 %)

Report of Utilization of various Equipment

Reports of Mammography unit, Dialysis unit, Phaco Emulsification, Blood Cell Separator and Apheresis unit were discussed in detail. Special emphasis was laid on the districts which had below optimum utilization of Major Equipments.

Core Quality Indicators

AGENDA- CORE QUALITY INDICATORS: MAY 2011										
GRADINGS AT A GLANCE: COMPARISON APRIL 2011 AND MAY 2011										
TYPE OF HOSPITAL	A+		A		B		C		D	
	Apr- 11	May-11	Apr- 11	May-11	Apr- 11	May-11	Apr- 11	May-11	Apr- 11	May-11
DISTRICT HOSPITALS (21)	15	18	6	3	0	0	0	0	0	0
SUB DIVISIONAL HOSPITALS (39)	9	18	22	18	5	3	3	0	0	0
COMMUNITY HEALTH CENTRES (106)	32	39	37	36	26	25	7	6	4	0

AGENDA- CORE QUALITY INDICATORS: MAY 2011

SUMMARY OF GRADING OF PHSC HOSPITALS - MAY 2011

Out of 21 DHs, 3 institution is below acceptable grade A+

Name of the District	S.No.	Name of the Instt.	Functional Beds	Areas in which indicators are low
3 in Grade "A"				
BARNALA	1	BARNALA	100	Major Surgeries (9/15) (154/200), Radio Invest (6/10) (1064/1500), User Charges (8/10) (3), (Current 442965 Last 430330)
GURDASPUR	2	GURDASPUR	100	Major Surgeries (12/15) (180/200), User Charges (0/10) (-20) (Current REPORT NOT RECEIVED, Last 474218)
MOHALI	3	MOHALI	120	IPD (12/15) (694/800), Major Surgeries (9/15) (144/200), Deliveries (8/10) (71/80)
Out of 39 SDHs, 3 institutions are below acceptable grade A				
3 in Grade "B"				
HOSHIARPUR	1	GARSHANKAR	50	Minor Surgeries (2/5) (62/100), Major Surgeries (0/15) (62/100), Deliveries (0/10) (35/50), Cleanliness & Swab tests (3/5)

MUKTSAR	2	GIDERBAHA	50	OPD (2/5) (3251/5000), IPD (12/15) (247/300), Major Surgeries (12/15) (82/100), Deliveries (2/10) (20/50), Radio Invest (8/10) (533/650), Lab tests (3/10) (2314/4000), Cleanliness & Swab tests (3/5), Comments regarding doctors (3/5)
SANGRUR	3	SUNAM	50	OPD (4/5) (4461/5000), Major Surgeries (9/15) (79/100), Deliveries (0/10) (4/50), Radio Invest (2/10) (293/650), Lab tests (8/10) (3812/4000)
Out of 106 CHCs, 6 institutions are below acceptable grade B				
6 in Grade "C"				
GURDASPUR	1	GHAROTA	20	Minor Surgeries (0/5) (12/50), Major Surgeries (0/15) (8/30), Deliveries (0/10) (2/35), Radio Invest. (4/10) (101/150), User Charges (4/10) (-19) (Current 19014 Last 23332)
HOSHIARPUR	2	BOL KALOTA	12	OPD (2/5) (1001/2000), Minor Surgeries (2/5) (12/20), Major Surgeries (0/15) (0/10), Deliveries (0/10) (2/10), Comments regarding doctors (3/5), User Charges (0/10) (-53) (Current 15407 Last 32492)
MUKTSAR	3	BADAL	50	OPD (3/5) (3589/5000), IPD (5/15) (168/300), Major Surgeries (12/15) (99/100), Deliveries (0/10) (9/50), Lab tests (0/10) (1370/4000), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), User Charges (0/10) (-21) (Current 107225 Last 135765)
MUKTSAR	4	SARAWAN BODLA	5	OPD (0/5) (428/2000), Minor Surgeries (0/5) (0/20), Major Surgeries (0/15) (0/10), Radio Invest. (0/10) (10/75), Lab tests (0/10) (11/500), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), Comments regarding doctors (3/5), User Charges (6/10) (-5) (Current 2029 Last 2125)
PATIALA	5	PATRA	14	Major Surgeries (0/15) (0/10), Deliveries (6/10) (7/10), Radio Invest. (0/10) (0/75), Lab tests (4/10) (309/500), User Charges (0/10) (-43) (Current 12385 Last 21629)
TARN TARAN	6	KHEM KARAN	20	OPD (1/5) (1323/3000), IPD (5/15) (53/100), Minor Surgeries (0/5) (8/50), Major Surgeries (0/15) (6/30), Deliveries (3/10) (18/35), Lab tests (8/10) (992/1000), User Charges (0/10) (-30) (Current 21064 Last 29881)

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

Benchmarks of Specialist Doctors

Benchmarks related to the targets achieved by Specialist Doctors of different institutions of Punjab for the month of May 2011.

- There are 30 Specialist doctors who have not achieved their benchmarks for the m/o April 2011.
- PSHFW desired that the list of Specialist doctors who have not achieved their benchmarks in the First Quarter 2011 to be prepared.
- Total deliveries per institution should be mentioned in remarks column where Gynaecologists are non achiever of benchmarks.

(Action to be taken By AD(HMIS))

Meeting ended with a Vote of Thanks to the Chair.

LIST OF THE PARTICIPATING OFFICERS

SR. NO.	NAME	DESIGNATION
1.	Sh.Avinash Chander, MLA	Chief Parliamentary Secretary (Health)
2.	Sh.Satish Chandra, IAS	Principal Secretary, Health & Family Welfare, Punjab
3.	Smt.Raji P.Srivastava, IAS	MD PHSC
4.	Sh.Krishan Kumar, IAS	MD NRHM
5.	Dr. Ashok Nayyar	Director Health & Family Welfare
6.	Dr.J.P.Singh	DHS FW
7.	Dr.Avtar Singh	CS Amritsar
8.	Dr. Akolwia Gabha	CS Barnala
9.	Dr.Neelam Bajaj	CS Bathinda
10.	Dr.Gurmel Singh Chahal	CS Faridkot
11.	Dr.D.P.Godara	CS Ferozepur
12.	Dr.Devinder Singh	CS F.G. Sahib
13.	Dr.Dalip Kumar	CS Gurdaspur
14.	Dr.Sham Lal Mahajan	CS Hoshiarpur
15.	Dr.Hari Krishan Singla	CS Jalandhar
16.	Dr.Avtar	MS Jalandhar
17.	Dr.Harvinder Singh	CS Kapurthala
18.	Dr.H.S.Bali	CS Ludhiana
19.	Dr.Pritpal Singh	CS Mansa
20.	Dr.Amarjit Singh Sidhu	CS Moga
21.	Dr.Tirath Ram Goyal	CS Mukatsar
22.	Dr. Bhag Mal	CS Nawanshahar (SBS Nagar)
23.	Dr.Jatinder Kaur	CS Patiala
24.	Dr.Surjit Singh	CS Ropar
25.	Dr. Ramesh Kumar	CS Sangrur
26.	Dr.C.J.Garg	CS SAS Nagar
27.	Dr.D.S.Kalsi	CS Tarn Taran
28.	Dr.Jarnail Singh	MS, MKH Patiala
	and Programme Officers	