

Subject- Meeting of Deputy Medical Commissioners - 30/5/2011

1. I briefly attended this meeting. Main observations on some of the important points are given in the following paragraphs: -

2. **Jan Aushadhi Stores-**

- **Licenses for Ludhiana, Patiala and Mohali-** To be expedited.
- Rogi Kalyan Samiti (RKS) is to be registered without any delay for Fatehgarh Sahib, Jalandhar, Kapurthala, Nawanshahr, Ropar, Tarn-Taran. RKS for other District Hospitals, Sub-Divisional Hospitals and Community Health Centres to be registered at the earliest.
- List of items which are not supplied by CPSUs to be sent to Joint Secretary, Government of India.
- Software for Jan Aushadhi to be made functional by 15/6/2011 under all circumstances even if employees are not trained.
- Publicity through TV / Radio spots and press advertisements.
- Jan Aushadhi to be well equipped with all CPSUs items and commonly prescribed non-CPSU items. I suggest that MD PHSC should prepare a list of commonly prescribed non-CPSU items and issue directions to all Jan Aushadhi Stores to keep adequate stock of them through local chemist and display rates.
- Performance of Jan Aushadhi Stores be monitored in the new format.

3. **Dialysis Machine-**

- Performance was poor in Tarn-Taran, Ropar, Ferozepur and Faridkot.
- MD PHSC may kindly give a press advertisement regarding facilities of dialysis in all the district hospitals.

4. **Benchmarks of Doctors-**

- A list of doctors consistently under performing be prepared and sent to Government for necessary action in terms of transfer / Show Cause Notice.
- For Gynaecologist, we will have to show the performance under 3 separate sheets: -
 - Total deliveries of the institute.
 - Deliveries conducted by Gynaecologist.
 - Caesarean performed by them.

I think we should fix benchmarks for total institutional deliveries and caesarean performed by Gynaecologists and should not give a separate benchmark for normal delivery which are expected to be performed by trained nurses and other paramedical staff. This issue may kindly be examined and I feel if the benchmark for normal individual deliveries are fixed then Gynaecologists could be forced to attend to normal deliveries, resulting in wastage of their time.

- Let us upgrade all labour rooms by providing air conditioner and other gadgets. MD PHSC may kindly issue guidelines in this regard and these can be upgraded by utilization of RKS and untied funds.
- Maternity wards etc if situated on top floor should be provided with air coolers (window or common). Any other issues regarding maternity wards may also be addressed.

5. **Maternal Death Audit-** There is lot of confusion about audit of maternal deaths. PHSC should confine all deaths occurring in the secondary level hospitals. Kindly collect all the details from 1/1/2011 and put up the performance in the next meeting of DMCs in the following format.

- Maternal Death
- Investigation Record
- Whether any responsibility needs to be fixed.
- Any suggestion for corrective measures.

6. **Referral System-**

- There was hardly any clarity about the items regarding review of referral system. Kindly revise the formats and also show it to the undersigned. As discussed, the referral system should capture: -
 - Patients received in emergency and referred out.
 - Patients admitted in the hospital and referred out.
 - Total patients received in admission / emergency and referred out.
- Government of India has asked MD NRHM to ensure usage of 2 referral registers. Kindly get the details from MD NRHM and prescribe proper registers and get them printed.
- We need to review the patients being referred out during the evening / night hours.

7. **Emergency Obstetrics Care-** As mentioned in referral system above, we will have to use the following 3 sheets: -

- Patients received in emergency and referred out.
- Patients admitted in the hospital and referred out.
- Total patients received in admission / emergency and referred out.

8. **Performance of Ambulance-**

- Proformas need improvement.
- Performance of each and every ambulance has to be reviewed in a separate sheet and thereafter a consolidated report district-wise under 3 different heads for District Hospital, Sub-Divisional Hospital and Community Health Centres has to be prepared.
- On-line GPS monitoring system for ambulances also needs to be streamlined. The maps being used are Google maps and PHSC may try if actual digital maps as prepared by PAU are used.

- A proper protocol for usage of ambulances under various contingencies has to be formulated. This is extremely important and may kindly be done within a week's time. MD PHSC may kindly put up a draft by calling a meeting of DHS, DFW and other senior Hospital Administrator like Civil Surgeons and Senior Medical Officers.

9. **Sanitation Contracts-** To be monitored vigorously.

10. **On-line monitoring of Equipment-** Kindly fix responsibility where it is not being done.

11. **Condemnation of Unserviceable / Unrepairable / Unusable articles-** Kindly fix responsibility where it is not being done.

12. **Pending Payments-**

- It is good that PHSC has circulated the details of pending payments for want of documents from the hospitals in the districts. Some of the pending payments pertain to the period 2008-09 etc which is really unfortunate and calls for action against the officials who have unnecessarily delayed documents.
- After discussion it was decided that all pending payments till December 2010 should be made by 15/6/2011 and if any document is not received, responsibility be fixed.
- Separately fix responsibility for the pending payment for the year 2008 and 2009. PHSC may kindly complete this work by 30/6/2011.

for A.P.S. for A.P.S. 406
2/6/2011

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2/6/2011

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