

DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR VI, ROHINI, DELHI-85

F.No. 5(108)/2018/BSAH/Mera Aaspatal

20875

Dated: 8/8/18

CIRCULAR

"Mera Aaspatal" is a Government of India initiative to empower citizens to have their voices heard & to involve them in making healthcare system accountable and creating a system that acts on their feedbacks. The ultimate goal of this application is to provide patient-centric care and to improve the quality of services at healthcare facilities.

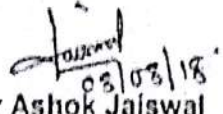
The scheme has been operationalised & our hospital is participating in it w.e.f 01/07/2018. The patients feedback are being obtained using IVRS/SMS/direct telephonic interactions with them and the analysed response obtained thereof along with other parameters will be considered for DH(District Hospital) Ranking.

The feedback responses of patients and valuable inputs shall be utilised for improving the patients satisfaction and also in addressing the reason for any dissatisfaction.

In order to make our hospital user friendly and that services are provided to the best and as per the norms, it is requested that-

- All should be polite, courteous and caring to the patients.
- Punctuality to be ensured by all and concerned Incharges to monitor the same.
- Special attention to be given to senior /very senior citizens/differently abled and transgenders.
- Proper sitting arrangement in patient waiting areas with adequate visitors chairs, wheel chairs, stretchers and availability of fan/drinking water is to be ensured.
- The SAFE I/NABH guidelines are to be followed for quality care.
- It is further requested that Doctors be more communicative with the patient/ relatives regarding explaining the condition of patient particularly serious patients in Labour room, wards, ICU, CCU, etc.
- Doctors are requested to attend all calls made for examining the serious patients either in casualty, labour room, wards etc should be attended at the earliest and it should be documented.
- Cleanliness should be ensured in all the areas of the Hospital.

In this regard please find enclosed the minutes of meeting held under chairmanship of Secretary Health & Family Welfare on 23-07-18 for information & necessary action on part of all concerned.


03/08/18
Dr Ashok Jaiswal

Add. Medical Superintendent(I)

Encl:- Minutes of meeting (as above)

F.No. 5(108)/2018/BSAH/Mera Aaspatal

Dated:

Copy to:-

1. PS to MD for information
2. AMS(A) for information
3. AMS(S)/AMS(P)/AMS(OPD)/OSD/DMS(A)/DMS(S)
4. MS (A&E), MS (Surg & Allied)
5. All HOD's for complinace of the minutes of meeting
6. HOD (Blood Bank) for necessary action
7. Nodal Officer KAYAKALP, NQAS, HICC for necessary action
8. All MOI/C Store's for necessary action
9. DNS/ANS/ All Sister incharges for necessary action
10. I/C MRD for necessary action
11. AD Planning for necessary action
12. Programmer for uploading the circular on Hospital website.
13. Notice Board Display.

Dr Ashok Jaiswal
Add. Medical Superintendent(I)

Govt. of National Capital Territory of Delhi
Health and Family Welfare Department
Delhi State Health Mission
6th Floor, A&B Wing, Vikas Bhawan-II
Civil lines, Delhi-110054



E Comp.No.: 2542 (Mera Aspataal)

File No. F11-13/2017/M&E 3995/2018

Date: 3/08/2018

Minutes of Meeting held on 23-07-2018

Meeting was held under the chairmanship of Secretary Health & Family Welfare, GNCT of Delhi on 23-07-2018 at 11:30 AM in Conference Hall No. 3, Delhi Secretariat to share the details of District Hospital Ranking Initiative being undertaken by Niti Aayog and review the status of Mera Aspataal implementation with the Medical Superintendents of all the Hospitals. Director General of Health Services, GNCTD was also present in the meeting. List of participants is annexed.

Important initiatives - DH Ranking and Mera Aspataal portal were discussed in the meeting.

Proceedings of the meeting are recorded below:

I. District Hospital Ranking System :

1. A brief presentation (attached with the minutes) was made on the District Hospital ranking initiative of GOI which aims at assessing the functionality, efficiency and quality of care in public hospitals across the country through sixteen indicators identified by NITI Ayog. The hospitals are to be ranked according to them. These 16 indicators are broadly categorized under following heads:

1. Structure (15% weightage)
2. Process (10% weightage)
3. Outcomes (85% weightage)

The DH Ranking presentation shared earlier is once again annexed.

2. **Correct and timely updation of HMIS Data :** Major chunk of the data for calculating these indicators shall be taken directly from the HMIS portal. Therefore it is imperative that the data is accurate, complete and fed timely on the portal. Primary aim of the meeting was to sensitize and make the Medical Superintendents aware of the significance of the correct and timely data updation / submission of monthly HMIS report.

- The staff and services data is also being picked from the HMIS. The services being provided by the hospital and the sanctioned and in-place human resource whether from GNCTD or MCD or NHM must be filled in respective staff categories. The Medical Superintendent of the hospital must go through the Infrastructure page for his / her institution and ensure that the data filled therein is correct. This is one time exercise to be updated annually / SOS and many indicators depend upon the correctness of this data.

- For the correct productivity indicators, it is also important to ensure that OPD figures / the lab tests done are collected from all work areas, compiled and uploaded on the portal. Missing out an OPD or a Lab test component will result in a lower value for the indicator and lower scores.

ACTION

I/c MRD

AD Planning

- For calculation of correct **Bed Occupancy ratio**, the sanctioned operationalized bed strength is to be used. Also the correct record of daily inpatient midnight headcount must be maintained and data from all IPD areas (as per the indicator definition) must be obtained at the end of the month, compiled and fed in HMIS monthly report. The MRD Personnel should also calculate the Bed occupancy rate for review by the HODs and Medical Superintendent.

The annual infrastructure report for FY 2017-18 is still incomplete for following Hospitals:

1. Babu Jagjeevan Ram Memorial Hospital Jahgirpuri, North District (GNCTD)
2. Swami Dayanand Hospital, Shahdara District MCD.

Action : All Medical Superintendents, Hospital Nodal Officers, MRD Incharges.

3. Data sets not being entered by many hospitals :

a. **Surgical Site infection rate (SSI)** is one of the Indicators for DH-Ranking. It was observed that most of the hospitals are not feeding this indicator on the portal. All hospitals have Hospital Infection Control Committees (HICC) in place. One of the important functions of the committee is to carry out surveillance for the Hospital acquired Infections; Surgical Site Infection (SSI) being one of them. MRD Incharges must ask for this data from the HICC of their hospitals and feed the same in the portal. Medical Superintendents must ensure that HICC has functional surveillance mechanisms in place if not already existing and is sharing the report with the concerned officers for review and with MRD for uploading on the portal.

Action : All Medical Superintendents, Hospital Infection Control Committee Incharge.

b. **Stockout Rate :** Similarly the Stock-out rate is another indicator which is not being captured by many hospitals. The process for calculation was explained to those present and is also detailed in attached Annexure-2. MS must instruct the store Incharges to calculate the Stockout rates and share the information for review at his level and also for uploading on HMIS portal.

Action : All Medical Superintendents, Store Incharges.

c. **Blood Units issued against replacement** is another data set which must be recorded in the Blood Banks / Blood Storage units so that this data is available for calculation of the related indicator. In case of the hospitals having Blood storage units, the blood is being taken from attached Blood banks and stocked in the storage units and issued to the patients. The patient attendant / relative is sent to the Blood bank for donation. For uniformity and in order to avoid duplication, the units issued against replacement through the storage unit shall be reported by the hospital having Blood storage unit and not by the attached blood banks.

Action : All Medical Superintendents, Blood Bank Incharges.

4. **The Kayakalp and NQAS Scores** : Assessment of robustness of hospital processes is being done through the Kayakalp and NQAS Scores. Hospital QA Cell must provide the information to the MRD Incharges.

Action : All Medical Superintendents, QA Nodal Officer.

Nodal officer

HICC

MRD I/C

Amc (P)

MS/ Stores

HOD Blood Bank

Nodal officer

Kayakalp

NQAS

5. A meeting with hospital nodal officers and the MRD incharge was held on 11-05-2018 in which contact details of their district MIS experts have been shared for any assistance required for streamlining data collection and its timely uploading on the portal. All MIS experts are interacting regularly with their hospital MRD units to make the staff conversant with the HMIS portal. One CDEO is available in the hospitals for data entry. Medical Superintendent must ensure that the MRD unit is providing accurate and complete data in time. MRD

Action : All Medical Superintendents , MRD Incharge , District MIS experts.

II. Mera Aspataal Initiative :

6. Patient Satisfaction assessment now forms an integral part of all Quality assurance Systems. The District Hospital Ranking devised by NITI Aayog has given prominent place and significant weightage to Patient Satisfaction Scores. In order to assess the same, Government of India has operationalized Patient Feedback System "Mera Aspataal" in which the GOI Team seeks direct feedback from the patient using IVRS / SMS / direct telephonic interactions with the patients regarding their satisfaction with the services being provided at different facilities. A presentation was made describing the basic concept and operationalization of the initiative.

7. At present 20 hospitals of GNCTD and 2 of MCD have become a part of the system and have started uploading the required data on Mera Aspataal portal.

8. For this to be implemented, patient detail in specific "csv" format are required to be uploaded on the Mera Aspataal Portal of GOI on daily basis. This "csv" file can be autogenerated by the existing registration softwares being used in the hospitals. Different vendors functioning in various hospitals have already done the necessary process for that. Once the sample patient data captured as per the csv format is approved by Mera Aspataal Unit, a user id and password is provided to the hospitals for uploading the daily csv format file on the Mera Aspataal. A dashboard giving the satisfaction score and the analysis of causes of dissatisfaction if any is visible to the Hospital Nodal officer / MS through another user ID. The report can be reviewed and used to improving the services by addressing reasons for dissatisfaction.

9. Action Points :

a. Hospitals not onboard the Mera Aspataal portal to initiate necessary process. For assistance Mr. Kuldeep Bhandari, State MIS Assistant (9999412139) and Mr. Manoram Tyagi, District MIS Expert (7838512456) can be contacted.

b. Identify the Nodal Officer. Existing FMIS Nodal can be given the responsibility.

c. Those already onboard must ensure daily uploading of the csv format on the MA Portal.

d. Nodal officer to periodically view that the data is valid and that the visits are not invalid because of wrong dates, absent or invalid mobile numbers etc. There is a separate report on dashboard which shows this. Same was shown to those present.

e. Nodal Officer must generate the dashboard report to be reviewed by the MS along with his HODs for remedial action.

f. Patient Satisfaction Score must be shared with MRD for uploading on the HMIS portal.

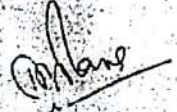
Action : Medical Superintendents , MA Nodal Officer , MRD Incharge.

AMS(OPD)

DNS
for Sensing
the Sistic
of OPD/Indoor
about the
Mera Aspataal.

10. Freezing of the Data for 2017-18: Data for 2017-18 will be frozen after 31st July. correction of the data errors and for filling up the missing data, report can be reset on request with the detail of data item to be corrected. The same must be corrected by 31 July 2018 after which no data entry or correction will be possible for FY 2017-18. All MRD Incharges must ensure that the required corrections are made and the gaps are filled before that.

Meeting end with vote of thanks.



Dr. Monika Rana
State Programme Officer

Copy to:

1. Medical Superintendents (All GNCTD & MCD Hospitals)
2. PS to DGHS
3. PA to Mission Director (DSHM)
4. PS to Secretary (H&FW)