

## Minutes of Meeting

A meeting was held on 23rd April 2019 under the chairpersonship of Dr. Nitin Kulkarni (Principal Secretary, Health, Jharkhand) to discuss observations made during visit of NHSRC team to Jamshedpur and to firm further course of action. Dr. Himanshu Bhushan, Advisor, PHA, NHSRC and his team along with state program manager, and other state nodal officers participated in the meeting. List of participants is annexed.

### Key discussion points were as under:

1. **Model Health District-** There has been a significant improvement in ambience of District Hospital, East Singhbhum. It was heartening to note that the OPD load has increased, waiting area and patients were managed efficiently. Protocols were also found to be in place. Civil Surgeon and his team recalled contribution of Ms. Vasundhra Bharti, who was a fellow posted by NHSRC in 2016-17 in bringing the change which is being sustained. They requested for her deputation in the district for a month so that similar support can be provided to other facilities as well.

### Action Point:

- a. Such best practices should be documented and presented on a national platform.
  - b. NHSRC will depute Ms. Vasundhra Bharti at Jamshedpur and West Singhbhum to support the district in carrying forward the initiative. District to provide logistic support. Mr. Bhavesh Jha, fellow posted in Jharkhand will also handhold the district in improving flow of services.
2. **Comprehensive and prospective planning of District Hospitals:**
    - a. It was agreed that steps will be initiated for placing assured critical services in the district hospital.
    - b. Rs. 230 lakhs have been approved in RoP 2019-20 for preparing a comprehensive District Hospital Plan @ Rs. 10 lakh per district for 23 districts. Architects/ Hospital Planners to be hired from NHSRC's empaneled list to prepare prospective plans of District Hospitals. Aspirational and Model Health Districts such as West Singhbhum/ East Singhbhum/ Gumla/ Hazaribagh/ Bokaro can be prioritized.
    - c. The plan will incorporate critical care wing, LDR, MNCU, support areas like CSSD, Mechanized laundry and dietary services as per GoI guidelines.

### Action Point:

NHSRC to share the list of empaneled architects as early as possible so that state can utilize the fund provided for preparing the comprehensive layout. In the meantime, state nodal officer will interact with NHSRC to understand the layout plan of a district hospital with flow and processes for various areas. This will help them in guiding and monitoring the architects chosen for district prospective plan.

3. **DNB-** MoU has been signed between state of Jharkhand, NHSRC and PHFI. Steps to initiate DNB courses in district hospitals will be prioritized. Regional/State level workshop with NBE can be organized for hands on training on accreditation process.

### Action Point:

- a. State to accelerate implementation process for districts that have been approved for initiating the course.
- b. Roadmap to be prepared for districts where it is yet to be initiated.

- c. Orientation for districts where DNB has been approved for ensuring quality of teaching and training

#### **4. DH strengthening**

All secondary care services need to be operationalized at district hospitals. Field visit indicates that some services can easily be operationalized if local empowerment is given to the Civil Surgeon for hiring need based/ part time HR or purchase of particular equipment etc. to operationalize the services.

#### **Action Points:**

- a. Government Order (G.O.) to be issued so that those districts who are willing to hire private practitioners on a part time/ fixed day basis can hire them. If required, proposal can be put up in PIP.
  - b. Districts to analyze their existing health facilities in terms of availability of Equipment and Human Resource. A G.O. to be issued by state regarding the same. This will help in rational deployment and adequate utilization.
  - c. Non- functional or underperforming facilities to be operationalized by training the HR on various procedures/multiskilling. Civil surgeons can plan the trainings as per local needs. E.g. Eye surgeon to be trained for glaucoma and cataract management, MBBS doctors can be trained for EmOC/ LSAS.
  - d. A team of nodal officers like CS, DS, HM from East and West Singhbhum led by state nodal officer can visit JIPMER- Puducherry, MCH wing of MGIMS Wardha- Maharashtra and Ichhawar CHC – Madhya Pradesh for cross learnings.
5. **Strengthening tertiary care institutes** – The meeting clearly highlighted a concern about quality of services at medical colleges particularly MGM. There was unanimous agreement to bring improvement.

#### **Action Point:**

- a. Mr. Ajit from NHSRC will discuss with state about the organogram of Directorate of Medical Education under the guidance of PS (Health).
  - b. A nodal officer from state shall be nominated for this.
  - c. NHSRC will suggest possible names for a committee that will be formed to discuss steps and way forward to revamp the quality of services at Medical Colleges.
6. **Ambulance services**- regular monitoring for effective functioning of ambulance needs to be streamlined. Necessary order in this regard to be issued by state.
7. **District East Singhbhum:**
- a. DH East Singhbhum is spread over 6-7 vertical wings (Mortuary, Post mortem, AYUSH wing, DEIC, MDR-TB ward etc.) which are mostly unutilized. A comprehensive plan consisting of critical care wing and MCH wing can be prepared. The existing top floor can be extended to include more service areas.
  - b. **MCH wing**- Since bed occupancy rate of DH is more than 70% and 4 obstetrics/gynecology surgeons are available, a 100 bedded MCH wing including MNCU/SNCU and DEIC can be proposed in the facility.
  - c. **Blood Bank**: provision for component separation unit is recommended.
  - d. Provision of auto-analyzer/semiauto-analyzer will help improve in diagnostic services in the district.
  - e. National level quality certification of DH to be prioritized.

Meeting ended with thanks to the Chair.