

Agenda item no 1,2 PROCUREMENT WING

Minutes of DMC Meeting held on 19.04.2024 at 11:00 am in the O/o Punjab Health Systems Corporation.

Director Procurement appraises the DMCs regarding E-Aushadhi portal and the latest Drug updates available in the Government Facilities of Punjab.

The following Points were discussed during this Meeting:

1. MD, PHSC directed that the Training for E-Aushadhi portal may be provided to all the DMCs and other staff members once in a month on 15th of every month or next day if 15th is a holiday as discussed with NO (IT cell), to make sure the proper availability of medicines to all the Health facilities.
2. DMCs to send their requests through E-mail for access to E-Aushadhi Login and Password to IT cell and Director Procurement, PHSC.
3. All the DMCs and SMOs are requested that any kind of purchase demand should be sent through the office of DHS and copy to Director Procurement, PHSC.
4. MD, PHSC directed to DMC, Ferozpur along with SE, PHSC to access the land for Drug Warehouse at CHC Ferozshah, Ferozpur.
5. All the DMCs are directed that Local Purchase of Medicines and Hospital consumables to be entered on E-Aushadhi portal.
6. All the DMCs are directed to send the letter regarding repair of Equipment to BME, PHSC.
7. Before condemnation of any Equipment letter must be sent to BME, PHSC.

ਏਜੰਡਾ ਨੰ 3 ਅਤੇ 4 ਲੇਖਾ ਸ਼ਾਖਾ ਨਾਲ ਸਬੰਧਤ ਦੀ ਕਾਰਵਾਈ ਸਬੰਧੀ ਰਿਪੋਰਟ:

ਮਾਨਯੋਗ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਨੂੰ ਜਾਣੂ ਕਰਵਾਇਆ ਗਿਆ ਕਿ ਥਵ ਦੀ ਭਚਕਦਕ;ਜਅਕ ਮੁਤਾਬਿਕ ਹਸਪਤਾਲਾ ਵਲੋ ਥਵ ਦੀ ਰਕਮ ਜਮਾ ਨਹੀ ਕਰਵਾਈ ਜਾ ਰਹੀ ਹੈ।ਇਸ ਸਬੰਧੀ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਵੱਲੋ ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਨੂੰ ਸੱਖਤ ਹਦਾਇਤ ਕੀਤੀ ਗਈ ਕਿ ਉਹ ਆਪਣੇ ਜਿੱਲੇ ਦੇ ਅਧੀਨ ਅੰਾਉਦੇ ਹਸਪਤਾਲਾਂ ਦਾ ਬਣਦਾ ਬਕਾਇਆ ਥਵ ਦਾ ਹਿਸਾ ਤੁਰੰਤ ਜਮਾ ਕਰਵਾਉਣ ਅਤੇ ਇਸ ਬਾਰੇ ਮੁੱਖ ਦਫ਼ਤਰ ਨੂੰ ਵੀ ਸੂਚਿਤ ਕੀਤਾ ਜਾਵੇ।

ਮਿਤੀ 1H04H2024 ਨੂੰ ਜਾਰੀ ਹਦਾਇਤਾ ਅਨੁਸਾਰ ਹਰ ਹਸਪਤਾਲ ਨੂੰ ਰਾਜ ਦੇ ਖਜਾਨੇ ਵਿੱਚ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਰਕਮ ਜਮਾਹ ਕਰਵਾਉਣ ਲਈ ਕਿਹਾ ਗਿਆ ਸੀ।ਮਾਨਯੋਗ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਨੂੰ ਇਸ ਬਾਰੇ ਜਾਣੂ ਕਰਵਾਇਆ ਗਿਆ ਕਿ ਹਸਪਤਾਲਾ ਵੱਲੋ ਇਨ੍ਹਾ ਹਦਾਇਤਾ ਦੀ ਪਾਲਣਾ ਨਹੀ ਕੀਤੀ ਜਾ ਰਹੀ।ਕੁਝ ਹਸਪਤਾਲਾ ਵਲੋ ਘੱਟ (ਖਰਚਾ ਕਰਣ ਤੋਂ ਬਾਅਦ) ਅਤੇ ਕੁੱਝ ਵਲੋ ਬਿਲਕੁਲ ਵੀ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਕੁਲੈਕਸ਼ਨ ਦੀ ਰਕਮ ਜਮਾ ਨਹੀ ਕਰਵਾਈ ਜਾ ਰਹੀ ਹੈ। ਮਾਨਯੋਗ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਵੱਲੋ ਸੱਖਤ ਹਦਾਇਤ ਕੀਤੀ ਗਈ ਹੈ ਕਿ ਵਿੱਤ ਵਿਭਾਗ ਵੱਲੋ ਜਾਰੀ ਹਦਾਇਤਾ ਦੀ ਇਨ^ਬਿਨ ਪਾਲਣਾ ਕੀਤੀ ਜਾਵੇ। ਉਹਨਾ ਵੱਲੋ ਹੁਕਮ ਕੀਤੇ ਗਏ ਹਨ ਕਿ ਲੇਖਾ ਸ਼ਾਖਾ ਵੱਲੋ ਇਕ ਵਾਰੀ ਫੇਰ ਇਸ ਬਾਰੇ ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਨੂੰ ਹਦਾਇਤਾਂ ਜਾਰੀ ਕੀਤੀਆਂ ਜਾਣ।

ਮਾਨਯੋਗ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਨੂੰ ਦਸਿਆ ਗਿਆ ਕਿ ਸੱਬ ਡਵੀਜ਼ਨਲ ਹਸਪਤਾਲ ਖਰੜ (ਐਸਮਏਮਐਸ ਨਗਰ) ਅਤੇ ਸੱਬ ਡਵੀਜ਼ਨਲ ਹਸਪਤਾਲ ਜੀਰਾ (ਫਿਰੋਜ਼ਪੁਰ) ਵੱਲੋ ਨਵੰਬਰ 22 ਤੋਂ ਬਾਅਦ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਮਹੀਨਾਵਾਰ ਰਿਪੋਰਟਾਂ ਨਹੀ ਭੇਜੀਆਂ ਗਈਆਂ ਹਨ। ਇਸ ਬਾਰੇ ਡੀਮਐਮਸੀਮ ਫਿਰੋਜ਼ਪੁਰ ਅਤੇ ਐਸਮਏਮਐਸ ਨਗਰ ਨੂੰ ਕਿਹਾ ਗਿਆ ਕਿ ਤੁਸੀ ਇਸ ਤੇ ਨਿੱਜੀ ਧਿਆਨ ਦਿੰਦੇ ਹੋਏ ਦੋਵੇ ਹਸਪਤਾਲਾਂ ਦੀਆਂ ਪੈਡਿੰਗ ਮਹੀਨਾਵਾਰ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀਆਂ ਰਿਪੋਰਟਾਂ ਨੂੰ ਤੁਰੰਤ ਇਸ ਦਫ਼ਤਰ ਨੂੰ ਭੇਜਿਆ ਜਾਣ।

ਵਿੱਤ ਵਿਭਾਗ ਦੇ ਜ਼ਫ਼ਫ਼ ਸ਼ਰਗਵ; ਅਤੇ ਡੀਮਐਮਸੀਮ ਵੱਲੋ ਭੇਜੀ ਗਈ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਖਜਾਨੇ ਵਿੱਚ ਜਮਾ ਕਰਵਾਈ ਗਈ ਰਕਮ ਦੀ ਰਿਪੋਰਟਾਂ ਦੀ ਗਕਫਰਅਫਜ; ਵਜਰਅ ਕੀਤੀ ਗਈ, ਜੋਕਿ ਆਪਸ ਵਿੱਚ ਮੇਲ ਨਹੀ ਸੀ ਕਰ ਰਹੀ। ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਨੂੰ ਜਾਣੂ ਕਰਵਾਇਆ ਗਿਆ ਕਿ ਇਹ ਰਿਪੋਰਟਾਂ ਇਕਸਾਰ ਨਾ ਹੋਣ ਦੇ ਕਾਰਣ^

ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫ਼ਸਰ ਵੱਲੋ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਕੁਲੈਕਸ਼ਨ ਦੀ ਰਕਮ ਗਲਤ ਹੈਂਡ ਵਿੱਚ ਜਮਾ ਕਰਵਾਉਣਾ ਹੈ

ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫ਼ਸਰ ਵੱਲੋ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਕੁਲੈਕਸ਼ਨ ਦੀ ਰਕਮ ਘੱਟ ਜਮਾ ਕਰਵਾ ਕੇ ਵੱਧ ਰਕਮ ਤੀਰਮ ਕਰਨਾ ਹੈ।

ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਨੂੰ ਹਦਾਇਤ ਕੀਤੀ ਗਈ ਕਿ ਉਹ ਜਮਾ ਕਰਵਾਈ ਗਈ ਰਕਮ ਦੇ ਚਲਾਨਾ ਨੂੰ ਚੈਕ ਕਰਣ ਕਿ ਇਹ ਰਕਮ ਸਹੀ ਹੈਂਡ ਵਿੱਚ ਜਮਾ ਹੋਈ ਹੈ ਕੇ ਨਹੀ, ਜੇਕਰ ਇਹ ਰਕਮ ਗਲਤ ਹੈਂਡ ਵਿੱਚ ਜਮਾ ਹੋਈ ਹੈ ਤਾਂ ਸਬੰਧਤ ਹਸਪਤਾਲ ਦੇ ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫ਼ਸਰ ਨੂੰ ਕਿਹਾ ਜਾਵੇ ਕਿ ਆਪਣੇ ਜਿਲ੍ਹੇ ਦੇ ਖਜਾਨਾ ਅਫ਼ਸਰ ਨਾਲ ਤਾਲਮੇਲ ਕਰਕੇ ਇਸ ਰਕਮ ਨੂੰ ਸਹੀ ਹੈਂਡ ਵਿੱਚ ਦੋ ਦਿਨਾਂ ਵਿੱਚ ਟ੍ਰਾਂਸਫਰ ਕਰਵਾਕੇ ਮੁੱਖ ਦਫ਼ਤਰ ਨੂੰ ਸੂਚਿਤ ਕੀਤਾ ਜਾਵੇ ਅਤੇ ਹਸਪਤਾਲਾ ਦੀ ਪਾਸਬੁੱਕ ਨੂੰ ਚੈਕ ਕਰਕੇ ਜਮਾ ਕਰਵਾਈ ਗਈ ਰਕਮ ਦਾ ਮਿਲਾਨ ਕੀਤਾ ਜਾਵੇ।

ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਨੂੰ ਹਦਾਇਤ ਕੀਤੀ ਗਈ ਕਿ ਉਹ ਤਿੰਨ ਦਿਨਾਂ ਦੇ ਅੰਦਰ, ਬਿਜਲੀ ਦੇ ਬਿਲਾਂ ਲਈ ਗਕ;ਕਤਕ ਕੀਤੀ ਗਈ ਰਕਮ ਦਾ ਵਰਤੋਂ ਸਰਟੀਫਿਕੇਟ ਭੇਜ ਦੇਣ ਅਤੇ ਭਵਿੱਖ ਵਿੱਚ ਵੀ ਇਸ ਦੀ ਸੱਖਤੀ ਨਾਲ ਪਾਲਣਾ ਕੀਤੀ ਜਾਵੇ।

ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਨੂੰ ਇਹ ਜਾਣੂ ਕਰਵਾਇਆ ਗਿਆ ਕਿ ਹਸਪਤਾਲਾ ਵੱਲੋ ਯੂਜ਼ਰ ਚਾਰਜਿੰਜ ਦੀ ਰਿਪੋਰਟ ਬਿਨਾਂ ਚੈਕ ਕੀਤੇ ਮੁੱਖ ਦਫ਼ਤਰ ਵਿੱਚ ਭੇਜੀ ਜਾ ਰਹੀ ਹੈ। ਜਿਸ ਵਿੱਚ ਕਾਫੀ ਖਾਮੀਆਂ ਹੁੰਦਿਆਂ ਹਨ। ਮੈਡੀਕਲ ਸੁਪਰੀਟੈਂਡੈਂਟ, ਮਾਤਾ ਕੁਸ਼ਲਿਆ ਪਟਿਆਲਾ ਵੱਲੋ ਸੁਝਾਵ ਦਿਤਾ ਗਿਆ ਕਿ ਸਾਰੇ ਜਿਲਿਆਂ ਦੇ ਲੇਖਾਕਾਰਾਂ ਦੀ ਮਰਗਾਤੀਰਬ ਲਈ ਜਾਵੇ। ਜਿਸ ਬਾਰੇ ਮਾਨਯੋਗ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਵੱਲੋ ਸਹਮਤੀ ਪ੍ਰਗਟ ਕੀਤੀ ਗਈ।

ਮਾਨਯੋਗ ਪ੍ਰਬੰਧਕੀ ਨਿਰਦੇਸ਼ਕ ਜੀ ਵੱਲੋਂ ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਨੂੰ ਉਪਰੋਕਤ ਬਰਜਅਵਤ, ਦੇ ਸਬੰਧ ਵਿੱਚ ਇਨਬਿੰਨ ਪਾਲਣਾ ਕਰਨ ਲਈ ਕਿਹਾ ਗਿਆ ਅਤੇ ਜੇਕਰ ਹਦਾਇਤਾਂ ਦੀ ਪਾਲਣਾ ਨਹੀਂ ਕੀਤੀ ਜਾਵੇਗੀ ਤਾਂ ਸਬੰਧਤ ਡੀਮਐਮਸੀਮ ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਵਿਰੁੱਧ ਸਖਤ ਕਾਰਵਾਈ ਕੀਤੀ ਜਾਵੇਗੀ।

ਮੀਟਿੰਗ ਦੌਰਾਨ ਇਹ ਵੀ ਫੈਸਲਾ ਲਿਆ ਗਿਆ ਕਿ ਸਾਰੇ ਡੀਮਐਮਸੀਮ ਮਹੀਨੇ ਵਿੱਚ ਇਕ ਵਾਰ ਆਪਣੇ ਪੱਧਰ ਤੇ ਆਪਣੇ ਜਿਲ੍ਹੇ ਦੇ ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਨਾਲ ਦਫਤਰ ਦੇ ਕੰਮ ਸਬੰਧੀ ਮੀਟਿੰਗ ਕਰਣਗੇ ਅਤੇ ਇਸ ਸਬੰਧੀ ਇਕ ਮਹੀਨੇ ਵਿੱਚ ਸਟੇਸ਼ਨਰੀ ਲਈ 3000\$^ਰੁਪਏ ਅਤੇ ਮੀਟਿੰਗ ਵਿੱਚ ਚਾਹ ਪਾਣੀ ਲਈ 2000\$^ਰੁਪਏ ਤੱਕ ਦਾ ਖਰਚਾ ਆਪਣੇ ਦਫਤਰ ਦੇ ਜ਼ਅਵਕਗਅ; ਫਰਗਾਚ; ਵਿੱਚੋਂ ਕਰ ਸਕਦੇ ਹਨ, ਜਿਸ ਦੀ ਇਕ ਮੁਸ਼ਤ ਪ੍ਰਵਾਨਗੀ ਮੁੱਖ ਦਫਤਰ ਤੋਂ ਲੈ ਲਈ ਜਾਵੇ।

Agenda item no 5-9 Engg Wing

1. Construction of 3 no new Drug ware houses at Sunam, Ferozepur & Dasuya :-

The work for construction of 3 no. new Drug ware houses at Sunam, Ferozepur & Dasuya have been approved total amounting to Rs. 1188.00 lakhs in the NHM PIP for FY 2024-25. Worthy MD, PHSC has directed the SE, PHSC to take/complete all the necessary approvals by 03.05.2024 and submit the report to his office, so the tenders can be floated immediately after model code of conduct will over.

As DMC, Ferozepur reported that Critical Care Block is under construction adjoining the proposed site of new drug ware house at DH Ferozepur moreover MCH and DEIC Buildings will also be going to start in DH Ferozepur in this financial year. So due to many upcoming new increase in buildings and patients footfall at DH Ferozepur, the vehicular movement of heavy vehicles like trucks upto the Drug Ware House may sometimes will face hindrance and timely receipt and dispatch of medicines from Dug Ware House may be effected. So it is proposed in the meeting that new Drug Ware house may be constructed at CHC Ferozshah Distt. Ferozepur, which is about 20-25 Km from DH Ferozepur. Worthy MD, PHSC directed to Director (Procurement) PHSC & Superintending Engineer, PHSC to visit the CHC Ferozshah by dated 24.04.2024 and submit their report.

2. Handing Over of constructed buildings:- The Medical authority are not taking over the completed buildings after the repeated requests by Engineering Wing. The work for renovation & up gradation of Mortuary in C.H. Jalandhar was completed on dated 10.04.2021 and Executive Engineer (C), PHSC, Jalandhar hence requested so many times to take over the building but after the lapse of three years till date the mortuary building has not taken over by the medical authority and now in the meeting Medical Superintendent, DH Jalandhar has intimated that the flooring of this mortuary has been settled, so this building is not taken over but MS Jalandhar has never taken on record regarding this.

Worthy MD, PHSC has directed to Medical Superintendent, Jalandhar to take over the building immediately with mentioning the defects/ short coming found in the Mortuary and directed to Superintending Engineer, PHSC to rectify the same within 7 days. Worthy MD, PHSC also directed all Medical Authorities to take over all the completed building within one week and if there may be seen any defect/shortcoming by mentioning it in the taken over certificate. If the building will not take over immediately strict action will be initiated against concerned.

On request of DMCs worthy MD, PHSC directed that warranty card of items as Air conditioner, DG Set, motors, lifts, accessory etc. should be submitted to concerned SMO during the handing over of buildings to medical authorities.

3 Changes in Drawings or Scope of work:- There are so many cases of variation/ enhancement/ pending/under process for approval, which variation have been executed at site without prior approval from competent authority or instructions issue time to time by the head office. Worthy MD, PHSC has directed that if any variation/ enhancement in scope

of work has been made without prior approval from competent authority, the disciplinary action should be taken against the concern officer/ official.

As request of DMCs, worthy MD, PHSC directed to SE, PHSC that in future concerned Executive Engineer(Civil), PHSC should be share the scope of work with concerned DMC & SMO.

- 4 **Audit of Electrical Load in Hospitals:-** It is come to know that as per report from PSPCL regarding sanction load and connected load of some hospitals, there is too much variation at DH Ludhina, DH Sangrur, Longowal, Lehragaga, Moonak, Kalajhar, Shutrana, Sherpur etc. in sanctioned load and connected load. Due to this any short circuit/ any incident may happened, penalty and financial burden can be imposed by PHSC, if the sanction load is less than the connected load. Also where the connected load is much less than the sanctioned load, there are financial loss to that hospital. In the meeting worthy MD, PHSC directed to issue the letter to all DMCs of PHSC regarding audit of Electrical Load in Hospitals.
- 5 **To provide the Automation system to Water Tanks :-** During the visit of higher authority in some hospitals it is found that there is dampness in slab, water logging at terrace due to overflow of water from overhead tanks placed as terrace. Also it is the waste of precious water. In the meeting worthy MD, PHSC directed to issue the instructions to all DMCs, PHSC to provide the automation system to Water Tanks placed at terrace of hospitals.
- 6 **Installation of ETP plants in hospitals:-** In the meeting it was intimated by the Superintending Engineer, PHSC that the ETP plants in all District hospitals & Sub divisional hospitals have been installed, except at CHC Apra, Khamano & Shimlapuri (Ludhiana) where sites are not available for installation of ETP and the funds for installation of ETP at remaining 3 CHCs at Alamwala, Civil Surgeon complex Ludhiana & Doraha have been approved in NHM PIP 2024-25 & tender will be floated after model code of conduct. DMC Gurdaspur requested to install the ETP at newly upgraded UCHC Gurdaspur which is now taken over by PHSC. Worthy MD, PHSC directed to put the proposal to install the ETP at UCHC Gurdaspur.

Regarding ETP are exclusive use for Effluent treatment or used for both effluent and sewage treatment, worthy MD, PHSC , directed to the SE, PHSC to collect the report from field and submit to his office in 15 days.

7. **Fire Fighting System:-** As summer season has been started and there are chances of short circuit in hospital, so in the meeting worthy MD, PHSC has directed to all DMCs to check the functioning of existing fire fighting system in the consultation with concerned Executive Engineers in the all health care facilities and mock drill of firefighting system must be performed.

8. **AMC of Lifts:-** It has been come to the notice that in so many hospitals the lifts are not functional and AMC case are not sent to competent authority for approval well within time. So the all DMCs were directed that the case for annual maintenance of lifts should be send before the 3 month from validity of AMC of lifts with detail of funds available with concerned hospital.

Agenda Item no 10,11,12 (HPI, MIS, LAB-EQAS)	
POINTS DISCUSSED	ACTION TO BE TAKEN AND TIMELINE

<p>Beds:</p> <p>Director, PHSC, took a special note of functional beds to be equated to sanctioned beds as all targets of Hospital Performance Indicators are calculated on sanctioned bed capacity.</p> <p>Increase in number of beds as per sanctioned bed strength, will not be accepted as a reason for low performance.</p>	All DMCs
<p>District Bathinda:</p> <p>Director PHSC, noted the poor performance of this district in -</p> <p>DH Bathinda - Surgeries</p> <p>SDH Ghudda - Admissions and Deliveries</p> <p>CHC Goniana - Admissions, Radiological Investigations, Surgeries and Deliveries. Show cause notice to be issued.</p> <p>CHC Mehraj - Admissions and Lab Tests</p>	<p>Admn PHSC for SCN to DMC Bathinda regarding low performance of CHC Goniana</p> <p>DMC Bathinda</p>
<p>District Ferozepur:</p> <p>Director PHSC, commented DMC Ferozepur that non compliance of Specialist doctors to give reasons for their poor performance will not be accepted, if repeated in future, SCN to DMC will be issued</p>	DMC Ferozepur
<p>District Tarn Taran:</p> <p>DMC Tarn Taran requested that SDH Khadoor Sahib, to be taken under management of PHSC</p>	Notification no. 3A/161/2012-3C7/43076/1 dated 18/4/2013 has been mailed to DMC Tarn Taran for information
<p>Major Equipment:</p> <p>DD(HMIS) laid stress on trainings of Specialist doctors for Phaco and Dialysis</p>	All DMCs
<p>Lab EQAS of New Labs:</p> <p>Request to be sent within 1 week keeping in consideration fulfillment of all criteria's for lab EQAS</p>	All DMCs Within 1 week

Agenda Item no 13,14,15,16,17,18

- National Quality Assurance Programme,
- Kayakalp
- Aspirational Block Programme
- AERB compliance
- Biomedical Waste Management
- 104 Medical Helpline
- Rogi Kalyan Samiti

The Discussions and outcomes of the topics were as follows:

Sr No	Programme	Discussions	Action to be taken	Timeline
1.	NQAS	Status update of NQAS Certifications of all Healthcare Facilities was discussed.	<p>1. District annual plan with quarterly targeted health facilities DH/ SDH/ CHC/ PHC/ UPHC/ HWC-SC in accordance to the targets in NHM ROP 2024-25.</p> <p>2. Baseline Gap Assessment using ODK toolkit w.r.t IPHS 2022 norms. Link shared. Prioritization to be done by Districts for NQAS certifications (State/ National).</p> <p>3. Lagging Districts with NO/ minimal NQAS certification. FGS, Fazilka, Ferozepur, Kapurthala, Malerkotla, Moga, Ropar, Sangrur, SMS, Tarn Taran</p>	<p>1. By 30th April 2024</p> <p>2. On Monthly basis- Routine process, monthly basis internal Assessments with ATR</p> <p>On Quarterly basis- State/ National Assessments w.r.t NHM targets in ROP</p> <p>3. Minimum 10 State Assessment every month of HCF</p>
2.	Kayakalp	Performance of Kayakalp FY 2023-24 of all Health Care Facilities was discussed	<p>1. All districts must ensure 100% HCF be Assessed (Internal on monthly basis and Peer Assessment on Yearly basis)</p> <p>2. Lagging District <25% achievement in DH/ SDH/ CHC – FGS, Fazilka, Ferozepur, Mansa, Pathankot, Ropar, Sangrur, Tarn Taran</p> <p>3. Lagging District <10% achievement in PHC/ UPHC/ HWC_SC– Fazilka, Ferozepur, Kapurthala, Malerkotla, Mansa, Moga, Ropar, SAS Nagar, SMS</p>	<p>On Monthly basis- Internal Assessment is mandatory for Urban Health Facilities DH/ SDH/ UCHC/ UPHC with Corrective and Preventive action taken report.</p> <p>On Monthly basis- Full compliance Score on HMIS for cleanliness be only given if Kayakalp Qualified and based on Feedback status of Mera Aspataal</p> <p>On Annual basis- Peer Assessment of all HCF and Final Assessment of Peer Qualified only.</p>

3.	Aspirational Block Programme	Current Status of Aspirational Block Programmes	<p>1. Targets defined in NHM RoP FY 2024-25, out of 200 HCF 169 are HWC- SC, so minimum 15 no. Of HCF to be Assessed/ applied for State NQAS Assessment every month.</p> <p>2. About 8 no of CHC and 23 no PHC to be assessed by 1st Quarter FY</p>	<p>1. On Monthly basis- Concerned 7 Districts must ensure / prioritized the HCF for gap closures, hands on training/ support w.r.t infrastructure and HR to achieve NQAS certifications.</p> <p>2. On Quarterly basis- CHC/ PHC be applied for State/ National Assessment in 2nd and 3rd Quarter of FY and thereafter for National in 4th Quarter FY.</p>																
4.	NHM ROP Target FY 2024-25	<p>Targets of NHM</p> <p>NQAS - Percentage of categorized HCF to be certified (State + National)</p> <p>Kayakalp - 279 HCF to be Qualified</p>	<table border="1"> <thead> <tr> <th data-bbox="652 857 813 983">HCF</th> <th data-bbox="813 857 1149 983">Desired Target no. Yet to Achieve FY 2025</th> </tr> </thead> <tbody> <tr> <td data-bbox="652 983 813 1042">DH</td> <td data-bbox="813 983 1149 1042">8</td> </tr> <tr> <td data-bbox="652 1042 813 1102">SDH</td> <td data-bbox="813 1042 1149 1102">14</td> </tr> <tr> <td data-bbox="652 1102 813 1161">R CHC</td> <td data-bbox="813 1102 1149 1161">70</td> </tr> <tr> <td data-bbox="652 1161 813 1220">U CHC</td> <td data-bbox="813 1161 1149 1220">6</td> </tr> <tr> <td data-bbox="652 1220 813 1279">R PHC</td> <td data-bbox="813 1220 1149 1279">209</td> </tr> <tr> <td data-bbox="652 1279 813 1338">U PHC</td> <td data-bbox="813 1279 1149 1338">42</td> </tr> <tr> <td data-bbox="652 1338 813 1446">R HWC-SC</td> <td data-bbox="813 1338 1149 1446">1121</td> </tr> </tbody> </table>	HCF	Desired Target no. Yet to Achieve FY 2025	DH	8	SDH	14	R CHC	70	U CHC	6	R PHC	209	U PHC	42	R HWC-SC	1121	<p>On Monthly Basis- Districts shall plan accordingly, prioritized using ODK toolkit.</p>
HCF	Desired Target no. Yet to Achieve FY 2025																			
DH	8																			
SDH	14																			
R CHC	70																			
U CHC	6																			
R PHC	209																			
U PHC	42																			
R HWC-SC	1121																			
5.	Biomedical Waste Management	<p>Status of BMWM Authorization- 109 Authorizations are expired</p> <p>More than Rs 87 lakhs pending bills of BMWM,</p> <p>Consent Fee for NOC under Air and Water Act</p> <p>Logistics required</p>	<p>1. All pending payments of Monthly BMWM bills to be cleared.</p> <p>2. Monthly reports of BMWM to be sent properly compiled with updated and correct information.</p> <p>3. Hands on Training records to be well maintained by HCF as directed by NGT orders.</p> <p>4. Consent fee under Air and Water Act to be deposited to PPCB from User charges of HCF on Annual basis as per orders of MD PHSC.</p> <p>5. Polybags for Biomedical waste collection to be procured from 2 vendors authorized by PHSC.</p> <p>6. BMWM meeting and compliance to BMWM rules 2016.</p>	<p>1. By 30th April 2024.</p> <p>2. DMC shall crosscheck BMWM records during visit to HCF.</p> <p>3. Compliance by HCF, DMC to monitor/ supervise</p> <p>4. Compliance by HCF, DMC to ensure and verify.</p> <p>5. No polybags to be procured from other vendors or at local level, DMC to ensure and verify.</p> <p>6. Add BMWM agenda point in monthly CS-SMO meetings and record in proceedings.</p>																

6.	Rogi Kalyan Samiti under the Civil Society Act	<p>Status Update on RKS</p> <ul style="list-style-type: none"> - Governing and Executive meetings NOT held w.r.t annual minimum targets. 	<p>1. All Districts to add agenda item of RKS Governing body in District Health Society meeting under chairmanship of respective DC which shall include the proceeding of Executive body meetings conducted in health facilities.</p> <p>2. All DH/ SDH/ CHC and Block PHC must have registered RKS and to conduct minimum 4 meetings annually, once every FY quarter.</p>	<p>1. On monthly basis- DMC shall agenda item in DHS monthly meeting/ proceedings to be shared to state HQ.</p> <p>2. On monthly / Quarterly basis- concerned SMO is responsible, DMC to monitor/ supervise and send a compiled report of district to HQ every Quarterly</p>
7.	AERB Compliance	<p>The AERB License status - 71 X-ray machines are unlicensed due to multiple reasons-</p> <ul style="list-style-type: none"> Older X-ray machines with No records. Non-availability of lead lining on the doors. Intra state Shifting of X-ray machines without prior approval from AERB 	<p>1. SMO I/c of HCF is responsible for AERB compliance in health facility.</p> <p>2. Any requirement pertaining to Radiation safety gears (lead apron/ sheets/ lining / glass) except TLD badges.</p> <p>3. All 25 new X-ray machines to be installed at earliest possible</p>	<p>1. 100% compliance to be achieved by all Districts against the 75-80%.</p> <p>2. Funds requirement to be justified/ rectify and verified by DMC before sending to PHSC/ DHS.</p> <p>3. by 30th April 2024 last strictly.</p>
8.	104 MHL	<p>Status Update - Pending Grivances</p>	<p>All Pending Grivances to be disposed off by 30th April 2024</p> <p>Updated list of all officers to be shared to PHSC by all districts on 1st of every month</p>	<p>By 30th April 2024.</p> <p>1st day of every month.</p>

Agenda Item no 19 ERS 108

Performance of ERS 108 ambulance was discussed for the period April 2023 to Feb 2024.

- Inspection report for the period of Jan'24 to Mar'24 for District Fatehgarh Sahib has been received through Mail dated 18.04.2024. Inspection report for the above mentioned period is still awaited for rest of 22 districts.
- It was also discussed that Emergency Medical Officers are to be strictly directed that referral slip should have clear and complete information like Patient detail & medication history, Referral destination etc. Also Referral slip should be duly signed with stamp along with referral Doctor's name & contact no, so that attending doctor at tertiary hospital can call if any additional information is required.

- Status of Condemnation of 108 Ambulances is still awaited from all districts.

Agenda item no 20 Demand of Vehicles

- The discussion and outcomes of the topic regarding DMC Vehicles

Action to be taken :- DMC Vehicles related matter in under process.

Agenda No.23 - GNM Nursing Schools

1. Director PHSC directed that the concerned DMC's of the GNM schools visit the mess periodically to taste the food so that the quality of food served to our students is ensured & send the pictures to head office.
2. Sports grounds like volleyball, basketball etc should also be developed in the campus alongwith facilities for indoor games like carom, Table Tennis, Chess, Luddo etc as they are necessary for the overall development of the students.
3. Power back up in the form of generator or interter is must in the hostel premises.
4. Washrooms in all Nursing Schools should be clean and geysers as per the strength of the students should be there in working condition. There should be atleast one washing machine on each floor of the hostel.
5. Fests should be organized for students in the campus including sports meet & students should be motivated to participate in various competitions/activities like painting competitions, declamation contests, Gidha, Bhangra, etc..

Agenda item no 24,25,26,27 (BMMP)

Following points were discussed in the Review meeting with Deputy Medical Commissioners held under the Chairmanship of Worthy Managing Director, PHSC regarding Bio Medical Equipment Maintenance & Management Programme (BMMP) and all DMCs were directed to abide by the guidelines issued by PHSC H.Q. for smooth running of BMMP:

1. It will be the sole responsibility of the Senior Medical Officer Incharge/Dy. Medical Commissioner/Civil Surgeon to keep all the equipment of Health Facility in working order.

For this,. inventory data should be downloaded from the BMMP Dashboard to verify all the equipment in working order on daily basis.

(action to be taken by concerned SMO/DMC/CS)

2. If any equipment is found faulty, the complaint should be lodged on the toll free number of the Service Provider i.e. 1800-419-9938 and get the equipment functional within stipulated period i.e. 7 days as per agreement of the contract (ref. Clause I.1(ii)).

(action to be taken by concerned Deptt. Incharge/Hosp. Nodal Officer/SMO/DMC)

3. If any faulty equipment is not repaired within 7 days, calculate the penalty as per the agreement clause 12.I (Page 7-8 of agreement) and also inform the H.Q.

(Proforma for calculating penalty has already been circulated vide this office letter No. PHSC/BME/506-508 dt. 20.12.2023)

- In case, any lapse in respect of following above points is found, concerned Senior Medical Officer Incharge, respective District Nodal Officer & Dy. Medical Commissioner will be held jointly responsible.

(action to be taken by concerned SMO/DNO/DMC)

SOP:

1. **Designate Nodal Officer in each hospital** and all the data of equipment of respective hospital should be **maintained within Log Book** .

(action to be taken by concerned Pharmacy Officer/Hosp. Nodal Officer)

2. Each equipment having **value more than or equal to Rs.5,000/- should be mapped/coded** under this Bio Medical Equipment Maintenance & Management Programme (BMMP).

(action to be taken by concerned Pharmacy Officer/ Hosp. Nodal Officer /SMO)

3. Ensure that Biomedical equipment present at the facilities as per data available on **BMMP Dashboard is verified (ref. letter No. PHSC/BME/2023/432-441 dt. 29.09.2023).**

*** PI Send the verified lists of equipment of Health Facilities of the concerned district (in PDF format) to H.Q. PHSC by 30th April 2024.**

(action to be taken by concerned Hosp. Nodal Officer /SMO/DMC)

4. All faulty equipment should be lodged mandatorily on the toll free number provided by the Service Provider i.e. 1800-419-9938 so that the complaint is visible on online portal at State level, **otherwise Service Provider would not be liable for any lapse in repair of equipment.**

(action to be taken by concerned Deptt. Incharge/Hosp.Nodal Officer/SMO)

5. Service Report should be signed after satisfactory repair of the faulty equipment by the End User and SMO I/c of the hospital.

(action to be taken by concerned MO/Hosp. Nodal Officer/SMO)

6. If any assistance is required, Divisional Nodal Officers (designated by PHSC) may be contacted as under:

Name/Designation	Districts allocated	Contact Details
Sh. Yadwinder Singh, (ABME) District Nodal Officer	: (i) Amritsar (ii) Barnala (iii) Bathinda (iv) Faridkot (v) Fazilka (vi) Ferozepur (vii) Mukatsar (viii) Tarn Taran	Mob: 94786-97237 Email: yadvindersingh94786@gmail.com
Sh. Gurdeep	: (i) F.G.Sahib	Mob: 98555-01303

Singh, (BMT) District Nodal Officer	(ii) Ludhiana (iii) Mansa (iv) Patiala(v) Sangrur (vi) Malerkotla (vii)Moga	Email: gurdeepsingh21nov@gmail.com
Sh. Shantanu Sharma, (D.E.) District Nodal Officer	(i) Gurdaspur (ii) Hoshiarpur (iii) Jalandhar (iv) Kapurthala (v) Pathankot (vi) Mohali (vii) SBS Nagar (Nawanshehar) (viii) Ropar	Mob: 98551-29800 Email: shantanu.aery@gmail.com

(action to be taken by concerned Pharmacy Officer/MO/Hosp. Nodal Officer/SMO/DMC/CS)

7. If any training/demonstration/QA for Radioactive equipment/calibration/PMS/ tagging of new/un-coded equipment is required to be done, please contact at the following address :

M/s AOV International LLP, #986, 1st Floor, JLPL Industrial Area, Sector-82, SAS Nagar (Mohali) Toll Free No. 1800-419-9938, Customer Support Nos. 9289690101, 9289690100, E-mail: technicalhead.punjab@aovinternational.net info@aovinernatinal.net snsashu@aovexports.com	<u>BMMP Dashboard details :</u> Website : www.pbnhm.com User ID: phsc_bme Password : phsc_bme
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(action to be taken by concerned Pharmacy Officer/MO/Hosp. Nodal Officer/SMO/DMC/CS)

8. **Rodent safety should be ensured.** Each hospital under the District should be **Rodent free** under Pest Control System to prevent damage of equipment (ref. letter dt. 16.08.2022), **otherwise hospital authorities will be responsible for any such Incident.**

(action to be taken by concerned MO/Hosp. Nodal Officer/SMO)

9. **Co-operation with the staff/engineer of Service Provider** should be ensured and in addition, one room should be provided for the working of Service Provider at each District Hospital, in the existing premises, for Maintenance of equipment, **who have still not provided till date.**

(action to be taken by concerned Hosp. Nodal Officer/SMO by 30th April 2024)

List of district Hospitals, where room is still required to be provided to the Service Provider is as under:

Sr No	District Name	Status of Service Room Provided(YES/NO)	Remarks
1	AMRITSAR	NO	
2	BARNALA	NO	
3	BATHINDA	NO	
4	FARIDKOT	NO	

Sr No	District Name	Status of Service Room Provided(YES/NO)	Remarks
5	FATEHGARH SAHIB	NO	
6	FAZILKA	NO	
7	FIROZPUR	NO	
8	GURDASPUR	NO	
9	HOSHIARPUR	NO	
10	JALANDHAR	YES	Not sufficient . With sharing with security.
11	KAPURTHALA	NO	
12	LUDHIANA	YES	
13	MALERKOTLA	YES	
14	MANSA	NO	
15	MOGA	NO	
16	MOHALI	NO	
17	MUKTSAR	NO	
18	NAWANSHAHR	NO	
19	PATHANKOT	NO	
20	PATIALA	YES	
21	ROPAR	YES	
22	SANGRUR	NO	
23	TARN TARAN	NO	

10. Equipment under Warranty should also be taken up with OEM i.e. Original Equipment Manufacturer/ authorized dealer for its maintenance/repair followed by Service Provider.

(action to be taken by concerned Hosp. Nodal Officer/SMO)

REQUIREMENTS FROM DMCs:

1. **Physical Verification** of all the equipment of all Health Facilities (DHs/SDHs/CHCs/UHCs/PHCs/UPHCs etc.) under BMMP is to be done by the concerned three Divisional Nodal Officers of PHSC.

- **Till date, all DHs and SDHs have been physically verified by the DNOs. However, cooperation is required from the DMC offices for physical verification of CHCs/UHCs etc., which would be visited soon by the concerned DNOs.**

(action to be taken by concerned Hosp. Nodal Officer/SMO)

2. There is various equipment under BMMP for which Asset value/Purchase value is has not been provided to the Service Provider, due to which the service Provider is not able to raise its final invoice. However, it is the prime responsibility of the concerned Hospital authorities/SMOs to keep all the record/ documents of equipment /inventory within the hospital after collecting it from its issuing authority i.e.DHS/NHM/PHSC/PSACS/CS office/donating agency etc.

➤ It is, therefore, once again directed to send the relevant documents pertaining to the Asset Value of such equipment (District-wise List has already been circulated vide this office letter No. PHSC/BME/2024/37-39 dt. 22.02.2024 (Final Reminder)) **or the concerned Senior Medical Officer Incharge may certify/verify the cost of equipment under his/her signatures, for which the asset value/supporting documents are not available in the hospital/record and send the certified copy of such declaration to PHSC H.Q. in following Profroma (pdf format). The SMO is directed to retain the original copy of certification in Hospital record:**

S N	Name of Health Facilit y	Barc ode	Equip ment Name	Depar tment	Manufa cturer	Make / Model	Install ation Date	Tentati ve Cost (Rs.) excl.GS T	Remarks/ Declaratio n reg.Not available Asset Value
Certified and verified by:									
Stamp/Sign. →									
Pharmacy Officer SMO I/c					Concerned MO				

(action to be taken by Pharmacy Officer/Hosp. Nodal Officer/SMO by 30th April 2024)

3. The Service Provider raises its invoice after completion every quarter. For this, Payment to the Service Provider would be made, **only for the equipment, which are certified by the DMCs that these are not "Under warranty"**.

(action to be taken by Pharmacy Officer/Hosp. Nodal Officer/SMO/DMC on completion of every quarter)

4. If any equipment is declared "Condemnable" by the Service Provider and thereafter by the DNO. **DMCs should ensure that the equipment is removed from the existing equipment list of that respective institution.**

(action to be taken by Pharmacy Officer/Hosp. Nodal Officer/SMO/DMC)

OTHER POINTS:

5. List of Institutions where condemnation of equipment has been done during the FY 2023-24 and FY 2024-25 should be notified to H.Q. PHSC

(action to be taken by SMO/DMC)

6. Ultrasound machines and X-ray machines (new/existing) installed at Health Facilities should be reported to Dy. Director (HMIS), PHSC on daily basis in respect of their Performance and HR (i.e.Radiologists/Sonoligists/Radiographers).

(action to be taken by SMO/DMC)

7. Demand of following equipment was notified during DMC Meeting:

S.N.	Name of District	Health Facilities where reqd.	Equipment demanded
1.	Muktsar	CHC Alamwala, CHC Doda, SDH Malout	CR Systems
2.	Hoshiarpur	CHC Bhol Kalota	Semi Auto Analyzer
3.	Gurdaspur	CHC Bham	Semi Auto Analyzer
4.	Jalandhar	SDH Phillaur	Mortuary Deep Freezer
5.	Ropar	SDH Anandpur Sahib	Boyle's Apparatus
6.	Amritsar	CHC Lopoke	Radiant Baby Warmer

(action to be taken by Proc. Branch,PHSC)

Agenda item no 28 Sanitation

There are 225 Hospitals under PHSC out of which 79 are covered under Sanitation Contract. It has been decided to cover all the institutes under Sanitation Contract by 15th of July 2024.

Agenda item no 29 PATIENT SUPPORT SERVICES

- The Director PHSC directed all DMCs to open Canteen and Cycle stand in all PHSC hospitals by 15/07/2024 – **Action to be taken by all DMCs.**
- Canteens of SDH Tapa, CH Faridkot, SDH Kotkapura, CH Ferozepure, SDH Abohar, SDH Phagwara, CH Ludhiana, CH Ropar, SDH Derabassi and SDH Kharar having pending payment issue – The Directed PHSC asked DMC to recover the pending amount within 15 days. – **Action to be taken by DMC Barnala, Faridkot, Ferozepure, Fazilka, Jalandhar, Ludhiana, Ropar and SAS Nagar**
- Cycle stands of CH Amritsar, SDH Tapa, CH Faridkot, CH F Sahib, SDH Mandi Gobindgarh, SDH Phillaur, CH Ludhiana, CH Mansa, CH Pathankot, CH Ropar, SDH Kharar, SDH Kurali having pending payment issue – The Directed PHSC asked DMC to recover the pending amount within 15 days. **Action to be taken by DMC Amritsar, Barnala, Faridkot, F Sahib, Jalandhar, Ludhiana, Mansa, Pathankot, Ropar, SAS Nagar.**
- DMCs were directed by Director PHSC to ensure that all tender/renewal/cancellation case may be sent to PHSC head office for approval, no action to be taken at District or Hospital level. – **Action to be taken by all DMCs.**
- DMCs were also directed by Director PHSC to ensure that all cases sent to HQ must be sent along Video and Checklist provided by head office is duly filled by SMOs with facts & figures and duly signed by DMCs. – **Action to be taken by all DMCs.**
- DMCs and SMOs to give justified reasons for any reduction in reserve price of Canteen and Cycle stands else no reduction will be allowed as conveyed by Director PHSC. – **Action to be taken by all DMC.**

Agenda Item no 30 PMBJP

1. As per directions of Director PHSC, DMCs to ensure that PMBJK are opened in all DH by 15/07/2024 – **Action to be taken by all DMCs**
2. As per directions of Director PHSC, DMCs to ensure that PMBJK are opened in all SDH by 15/09/2024 – **Action to be taken by all DMCs**
3. As PMBJK are not operational in CH Amritsar, Jalandhar, Fazilka and SBS Nagar even after permission given by PHSC head office. The Director PHSC directed concerned officers to make it operational within a week. – **Action to be taken by DMC Amritsar, Jalandhar, Fazilka and SBS Nagar**
4. PMBJK Fatehgarh Sahib, Malerkotla and Tarn Taran did not submit Sales report even after repeated reminders. DMCs were directed by Director PHSC to ensure submission every month else action to be taken against official posted at PMBJK. – **Action to be taken by all DMCs**

5. PMBJK Faridkot, Ferozepur, Mansa, MKH Patiala, Moga, Ropar and Sangrur are having less than Rs. 2 lakh sales, DMCs were directed by Director PHSC to take necessary steps to increase the sales including institutional sales. – **Action to be taken by DMC Faridkot, Ferozepur, Mansa, MKH Patiala, Moga, Ropar and Sangrur**
6. The Director PHSC asked DMC Kapurthala and DMC Ludhiana to intimate the status of Drug License application immediately. – **Action to be taken by DMC Kapurthala and Ludhiana.**

AGENDA Item no 31- DIALYSIS

1. District Gurdaspur has been asked to re-submit the demand of the hospitals for Dialysis Machines.
2. All the Districts were instructed to send the demand of Dialysis Machines, if any, in your respective District at the earliest.
3. In the PIP 2024-25, it has been approved by the Govt. of India that now onwards instead of Rs 750/- Rs.2600/- shall be paid to the hospital for every Dialysis session.

Agenda item no 32 – IT Cell

In the recent DMC Meeting convened on 19-04-2024, the esteemed Managing Director of PHSC has mandated that Manjot Singh, the Nodal Officer (e-Gov.) must ensure the following:

- For enhanced medication management, login IDs for the E- Aushadhi portal will be provided to DMCs to monitor medicine statuses and utilize other portal functionalities. To ensure optimal utilization, a monthly training schedule is imperative to familiarize all DMCs with the comprehensive features of the E-Aushadhi portal, facilitating efficient healthcare service delivery.
- To streamline the accounting and management of user charges, it is essential to implement a robust system accessible to both DMCs and SMOs. This necessitates the development of a new integrated platform tailored to the specific needs of healthcare facilities.
- During the recent meeting, it was agreed that all correspondence, including letters, should be uploaded to the PHSC website's designated sections: CS, DMC, and SMO. This decision aims to streamline document management and ensure accessibility to relevant parties. Implementing this practice will enhance communication efficiency and facilitate easy access to important information for all.
- To streamline procurement processes, it has been mandated that all purchases by SMOs and DMCs must be conducted exclusively through Gem or Punjab e-tender portals. In light of this, it is imperative to ensure comprehensive training for all SMOs and DMCs on the functionalities and procedures of both portals. This initiative aims to promote transparency, efficiency, and adherence to procurement regulations, benefiting the overall procurement ecosystem within the healthcare sector. Therefore, all DMCs are strongly encouraged to prioritize and facilitate the training sessions accordingly.
- PHSC is currently developing a software solution tailored for Healthcare Management Information System (HMIS) benchmarking, designed specifically for doctors. Anticipated for launch next month, this innovative tool aims to enhance performance evaluation within the medical community.
- PHSC has initiated six pilot sites for the HMIS (e-Sushrut application). In response to requests from the DMCs, access to the HMIS portal will soon be extended to them, facilitating seamless integration and data accessibility.
- In a bid to improve equipment monitoring and enhance institutional knowledge, access to the Equipment Maintenance Portal, overseen by AOV, will be extended to all District Medical Officers (DMCs) and Senior Medical Officers (SMOs). This move aims to empower healthcare administrators with real-time insights into equipment status and maintenance activities within their institutions. Additionally, as per the decision made

during recent discussions, all Standard Operating Procedures (SOPs) issued by the headquarters will be readily accessible on the PHSC website.

- A proposal has been put forth suggesting a creative avenue for hospitals to generate revenue by displaying advertisements on LEDs in patient waiting areas, akin to practices observed in public transit hubs like PRTC and railway stations. The proposal entails installing a unipole in common waiting areas, equipped with a minimum of four LEDs. These LEDs would not only display health program guides but also intersperse advertisements, presenting an opportunity for hospitals to supplement their income. This innovative approach aims to optimize the use of waiting areas while potentially boosting financial resources for healthcare facilities, contributing to sustainable healthcare service delivery.
- In an effort to enhance transparency and showcase the societal contributions of government hospitals, it has been proposed to compile a comprehensive list of CSR activities undertaken by these institutions. This list will be prominently featured on the PHSC website, allowing stakeholders and the public to access information about the various social initiatives being implemented across government hospitals.
- To ensure transparency and facilitate effective monitoring of Ayushman Bharat bookings, it has been decided to publish a week-wise list of bookings on the PHSC website. This list will provide detailed information on institutional-wise bookings, allowing stakeholders to track the utilization of Ayushman Bharat services across healthcare facilities.

Agenda item no 33 - Statutory Provisions

It was decided that all the hospitals will get their Statutory Provisions. within one month.