

Minutes of the meetings of the State level committee to review Routine Immunisation and Quality Assurance Programmes

Venue: Conference Hall, Secretariat, Porvorim-Goa

Date & Time: 22nd November 2018 at 3.00 pm

Members and Invitees Present:

1.	Shri. J. Ashok Kumar	Secretary (Health)	Chairperson
2.	Smt. Rajananda Desai	OSD to Health Minister	Invitee
3.	Shri Gopal A. Parsekar	Additional Collector North Goa, Representing District Collector, North Goa	Member
4.	Shri. Surendra F. Naik	Additional Collector South Goa, Representing District Collector, South Goa	Member
5.	Dr. Pradeep Naik	Dean, Goa Medical College, Bambolim	Member
6.	Dr. Sanjeev Dalvi	Director, Directorate of Health Services, Panaji	Member
7.	Dr. Jose D'Sa	Dy. Director (PH), Directorate of Health Services, Panaji	Member
8.	Ms. Deepali Naik	Director, WCD, Panaji	Member
9.	Dr. Mimi Silveira	Prof.& HOD, Dept. of Paediatrics, GMC, Bambolim	Member
10.	Dr. Guruprasad Pednekar	Prof.& HOD of OBG Department, GMC, Bambolim	Member
11.	Dr. Shaila Kamat	Prof.& HOD of Anaesthesiology Department, GMC, Bambolim	Member
12.	Dr. Shivanand Bandekar	Medical Superintendent, Goa Medical College	Member
13.	Dr. Girish Pednekar	Representing Medical Superintendent, North Goa District Hospital, Mapusa	Member
14.	Dr. Ira Almeida	Medical Superintendent, Hospicio Hospital, Margao	Member
15.	Dr. Dwen Dias	Medical Superintendent, Sub District Hospital, Ponda	Member
16.	Dr. Chetna Khemani	Sr. Paediatrician, NGDH – Mapusa	Member
17.	Dr. Ram Murthy Shastri	Sr. Paediatrician, SDH Ponda	Member

18.	Dr. Shekhar Salkar	Member of IMA Representing President of State IMA	Member
19.	Dr. Swapnil Usgaonkar	Member of IAP Representing President of State IAP	Member
20.	Dr. Shilpa Joglekar	Associate Professor, Dept of Paediatrics, GMC, Bambolim	Member
21.	Dr. Doreen Noronha	District Immunization Officer, SFWB, DHS	Member
22.	Dr. Hemant Kharnare	SMO, NPSP Unit, Goa	Member
23.	Dr. Lalitha Umraskar	Lady Medical Officer, SFWB, DHS	
24.	Dr. Sweta Kanekar	Consultant (PM), SFWB, DHS	
25.	Dr. Kiran Gad Tari	Consultant (PM), SFWB, DHS	
26.	Mr. Umesh Kholkar	Extension Educator, SFWB, DHS	

The meeting commenced with a welcome by Dr. Jose D'Sa, Dy. Director (PH). During this meeting a review of Immunization and Quality Assurance Programme ^{was taken.} ~~were~~ conducted. The following deliberations were held:

QUALITY ASSURANCE AND ITS COMPONENTS

Dr. Jose D'Sa, Dy. Director (PH) made a presentation on Quality Assurance and its components. The following points were discussed:

- Dr. Jose D'Sa put forth the main components of Quality which are National Quality Assurance Programme(NQAS), Kayakalp, Key Performance Indicators(KPI), LaQshya and Swachh Bharat Abhiyaan.
- He informed that the last State level meeting to review Quality Assurance Programme was held on 14th July 2017 at Conference Hall, Secretariat, Porvorim ^{and status of} ~~where following~~ ^{points were discussed and action was to be taken: ~~action~~ taken is as follows:}
 - a) **Component Separator in NGDH Blood bank-** ~~was proposed but got~~ approved for Hospicio Hospital Margao. It will be installed in new premises of Hospicio Hospital Margao as their Laboratory test load is more. Also certain requirements have to be completed before getting the license from DFDA.
 - b) **Proposing NGDH Blood bank for NQAS accreditation-** Ministry has instructed to club 7-8 departments when applying for NQAS Accreditation. Hence following the state level NQAS assessment of District Hospitals for FY 2018-19, 12-16 departments of DH will be applying for National accreditation.
 - c) **Assigning timelines for closure of observed gaps and regular monitoring to ensure sustainability of achieved results-** Initiated and monitored
- Secretary (Health) suggested installation of the Component Separator in the existing Hospicio Hospital premises, to which Dr. Ira, MS Hospicio Hospital informed that the

space is not sufficient in the existing premises for the machine and FDA on inspection also reported the same.

- Further Members were briefed regarding the Quality Assurance Committees- All Committees are constituted. State Level Quality Assurance Committee (SQAC) - meets half yearly and District Level Quality Assurance Committees (DQAC) of North Goa and South Goa- meets quarterly. It was informed that Family planning and Indemnity Subcommittee is subsumed in DQAC and meetings are held quarterly.
- To which Secretary (Health) enquired whether the DQAC reviews the activities related to Quality Assurance and advised to ensure that the observed gaps during assessment are closed within the stipulated time whilst reviewing claims and compensations of family planning activities. It was informed to Secretary (Health) that the DQAC reviews QA activities but stresses more on reviewing claims and compensations of family planning activities, sterilization failures and also Maternal deaths.
- Members were briefed regarding the NQAS Assessment Protocol and the status for the state of Goa. Regular Internal Assessment is taken up at all facilities on quarterly basis.

State level Quality assessment is planned for both the District Hospitals in December 2018 for FY 2018-19. Following the State level assessment scores, District Hospital will be proposed for National Level Accreditation.

- The State level assessment scores of both the District hospitals for the FY 2017-18 were presented, where aggregate score for NGDH Mapusa was 71% and Hospicio Hospital Margao was 70%. However, as the individual department scores were not 70% in all the departments we could not propose the DHs for National certification. The criteria for applying for National Level certification were also presented and discussed.
 - a) Criterion 1- Aggregate score of the Health Facility $\geq 70\%$
 - b) Criterion 2- Score of each Department of the Health facility $\geq 70\%$
 - c) Criterion 3- Segregated score in each Area of concern (Service Provision, Patient's Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$
 - d) Criterion 4- Score of Standard A2, Standard B5 and Standard D10 is $\geq 70\%$ in each applicable department.
 - e) Criterion 5- Individual standard wise score $\geq 50\%$
 - f) Criterion 6- Patient satisfaction score of 70% in the preceding quarter or more (Satisfied or highly satisfied on Mera Aspataal) or score of 3.5 on Likert scale.
- Secretary (Health) sought further clarification on Mera Aspataal App, to which he was informed that Mera Aspataal is operational for OPD services to begin with for the State of Goa and is not yet initiated for IPD Services. However, data on In patient satisfaction is collected through Patient satisfaction forms which are given to patients at the time of discharge.
- The members were further briefed regarding **Kayakalp**, its objectives and the Committees under Kayakalp i.e. State Level Award Committee and Cleanliness & Infection Control Committee for District Hospitals, Sub-District Hospitals, Community Health Centres. All Committees are constituted
- He informed regarding the Kayakalp Assessment status for the state of Goa. Regular Self-Assessment is taken up at all facilities on quarterly basis and those facilities with an average score of 70% or more on self-assessment would

undergo peer assessment by adjacent facility. Total 34 Health facilities have been proposed for peer assessment for FY 2018-19 i.e. 2DHs, 2SDHs, 4CHCs, 3 UHCs, 13 PHCs (24x7), 10 PHCs (non bedded).

- Those facilities scoring 70% or more in Peer assessment are assessed by State to validate the scores generated through peer assessment and to identify the top ranked facility for the Kayakalp award. The awards would be distributed based on the performance of the facility on various parameters like Hospital Upkeep, Sanitation and Hygiene, Waste Management, Infection Control, Support Services, Hygiene Promotion etc.
- Members were informed that for FY 2016-17, only 24x7 PHCs were chosen for Kayakalp assessment and 2 Best PHCs, 1 from North Goa i.e. PHC Bicholim and 1 from South Goa i.e. PHC Dharbandora were selected and were given prize money of Rs.2 lakhs each. For FY 2017-18 only DHs, SDHs and CHCs were chosen for Kayakalp assessment and based on State level assessment scores NGDH Mapusa is selected for commendation award for District hospital of Rs. 3 lakhs, CHC Canacona is selected for award for Best CHC/SDH of Rs.15 lakhs, and CHC Pernem is selected for Commendation award for CHC/SDH of Rs.1 Lakh.
- Dr. Shekhar Salkar, Representative from IMA enquired as to why there is a huge gap in prize money of Rs.3 Lakhs for a District Hospital and 15 Lakhs for a CHC/SDH, to which he was informed that Large States in India having more than 10 districts are eligible for an award of Rs. 50 Lakhs for Best District Hospital whereas Goa being a small State of less than 10 districts is eligible for only a commendation award of Rs. 3 Lakhs for its District Hospital.
- Key Performance Indicators (KPIs)- On monthly basis all Health facilities compile their Key Performance Indicators as per the KPI checklist to assess and measure its performance so that necessary action may be initiated for further improvement in areas in which the health facilities score less. These filled checklists are forwarded to the state every month for further analysis by the state.
- Members were briefed about LaQshya-The National Labour Room Quality Improvement Initiative which aims to adopt a holistic and comprehensive approach at all levels of care to improve and strengthen Quality of Care (QoC) during intrapartum and immediate post-partum periods.

The facilities selected for Goa under LaQshya are Goa Medical College and Hospital, Bambolim, both District Hospitals-North Goa District Hospital- Mapusa, Hospicio Hospital- Margao and both SDHs – Sub District Hospital Ponda and Sub District Hospital Chicalim.

Dr. Jose D'Sa informed the members regarding the status of LaQshya in the State of Goa. Preparatory activities including Dissemination of Guidelines, Team formation, Orientation and Quality circles formation have been completed.

Assessment activities- Baseline Assessment of the Labour Room and Maternity OT using LaQshya NQAS checklists is completed by NGDH Mapusa, SGDH Margao, Sub District Hospital Ponda, Sub District Hospital Chicalim and Goa Medical College and Hospital Bambolim (except Maternity Operation Theatre). Dr. Guruprasad Pednekar, Professor and HOD, Department of OBG, GMC replied that they will take up baseline assessment of Maternity Operation Theatre using LaQshya NQAS checklist and complete the same by December 2018.

LaQshya Peer assessment is initiated and will be completed by November 2018 followed by State certification.

Rapid improvement cycles, and coaching team visits under LaQshya will be initiated.

Evaluation Phase- Evaluation of achievements and applying for final certification will be done when all assessments are completed.

- To which Secretary (Health) enquired about approximate period needed for completing State level assessments and further applying for National level certification. He stated that we should be able to achieve National level certification at least before the end of this Financial year 2018-19. Also Secretary Health enquired about the validity of this certificate once achieved, to which it was informed that the validity is for 3 years followed by recertification to be done every year.
- Other activities on going in Goa for Quality Improvement are Preparation of Laboratories in GMC Bambolim, NGDH Mapusa and SDH Ponda for NABL Accreditation. Documentation is in process and other things related to procurement, hiring is being done too. Dr. Rajnanda Desai, OSD to HM informed that there is a need for Laboratory Information Software (LIS) to maintain the huge database of the Laboratory tests. She further informed that SDH Ponda is almost ready with its documentation but LIS is needed. To which Secretary (Health) suggested LIS may initially be implemented in the two facilities i.e. North Goa District Hospital, Mapusa and Sub District Hospital, Ponda using State Funds and consider LIS in GMC subsequently.
- Members were informed about the various activities conducted at State level and peripheral level under Swachh Bharat Abhiyaan, and that it is a continuous activity. Swachhata Pledge taken, various competitions like best out of waste, swachh office competition, painting competition, slogan competition etc. were conducted in various schools, offices etc. Cleanliness drives and rallies were conducted in various health facilities. Trainings on Biomedical waste management, sanitation and hygiene, standard practices of cleaning etc. were conducted.
- Secretary(Health) concluded by ^{directing} ~~suggesting~~ that both the District Hospitals should apply for External NQAS Certification and all 5 facilities under LaQshya should apply for External LaQshya Accreditation before the end of the Financial year 2018-19.

(Action: By all concerned)

ROUTINE IMMUNISATION

Review of Routine Immunization was done by the District Immunization Officer and the following deliberations were held:

I. Action taken on previous minutes were as follows:

1. Case based surveillance on measles rubella has been initiated. Details of same are mentioned later.
2. Regarding Introduction of Pneumococcal vaccine, queries in UIP were put up by the Public Health Department regarding clause no. 10,15,23,24, which are answered and file will be resubmitted to Public Health Department.
3. Regarding notification from private practitioners, meetings were held with the private sector doctors, representatives of Indian Medical Association & Association of Private Nursing Homes regarding notification of cases by them. Common reporting format for each program has been emailed to them and some doctors have started reporting

II. RMNCH+A Program indicators were presented for Goa

1. Infant Mortality Rate (8/1000 live births),
Maternal Mortality Rate (61 per lakh live births)
Total fertility rate (1.7)
2. The achievements in vaccine administration for 2018-19 were presented. As regards Hepatitis B birth dose, which is 37%, the Private Paediatricians were requested to administer birth dose of Hepatitis B as per guidelines. A query was raised by the representative of the IAP and HOD paediatric department GMC replied that there should be a uniformity in immunization in the public and private sector. Assurance was given by him for the same.
3. Immunization coverage is less than 90% in Goa and it was attributed to the beneficiaries who receive the services in centres other than where they are registered. A system will be set up to streamline this issue.

Every month 443 sessions of Routine Immunization are held at fixed sites in Government sector. 238 High Risk Areas (HRA) are identified for the year 2017-2018. Outreach sessions take place on 1st Saturday of every month in these HRAs.

III. Training: Training for newly appointed MPHWs on RI is completed.

Training for AWW in coordination with WCD every Tuesday is ongoing since November 2017.

Training for newly joined Medical Officers is scheduled on 15/01/2019.

Training for newly appointed supervisory staff is scheduled on 17/01/2019.

Monitoring & supportive supervision is done by CMO/DIO/MO (SFWB)

IV. Mission Indradhanush phase II was conducted in South Goa (2015-2016) & there were four rounds. 283 sessions were held & 826 children between (0-2 yrs.) were vaccinated, taking the coverage from 83.3% to 92%.

V. National Immunization Day (NID) 2019 is on 3rd February 2019 with bOPV. Total number of estimated children is 123380. NID coverage for last 3 yrs. was presented. The action plan and timeline of activity for NID 2019 was also presented.

VI. Vaccine logistics management: - there are 40 Cold Chain Points in Goa, 20 in North Goa & 20 in South Goa. There is one Walk in cooler at State level and one Cold Chain Technician for maintenance & repairs of equipment.

VII. Adverse Event Following Immunization (AEFI) Surveillance for the year 2018 till date was presented. Number of AEFI cases reported are 16. Number of AEFI cases discussed are 15. Following the state level meeting, categorisation is of the cases done as follows: Febrile Seizure 5, abscess 2, swelling/induration 5, Traumatic Neuritis 1, AF Bulge 1, Anaphylaxis (general urticarial) 1. The feedback will be given to the respective unit reporting such major AEFIs.

VIII. Acute Flaccid Paralysis (AFP) Surveillance the report from the year 2016, 2017 & 2018 till date was presented. For 2018. till date 19 cases of AFP has been reported

Issues faced in AFP Surveillance include under reporting, inadequate/ untimely stool collections, specially from GMC.

- IX. Measles Surveillance** as per the report for the year 2018 till date, 23 cases of suspected measles have been reported.

It was brought to the notice of the committee that regarding suspected measles cases, samples from GMC are wrongly sent to IDSP. Paediatric Department GMC has been requested to send blood samples to the office of DIO / NPSP WHO for forward submission to ERC Mumbai.

- X. Electronic Vaccine Intelligence Network (eVIN)** – the functioning of eVIN was presented.

A team from UNDP have trained all the Cold Chain handlers for North Goa and South Goa districts.

- XI. Vaccine Adverse Event Information Management System (VAEIMS)** was explained. It was also informed that a workshop was held for Paediatrician and 2 DEOs each from GMC/DH/SDH/Urban and SFWB. User id & Password will be provided after which it will be rolled out in Goa.

- XII. Tetanus Toxoid (TT) to Tetanus diphtheria vaccine (Td)**: TT vaccine is being replaced by Td vaccine. Under RBSK Program TT 10 and TT 16 will be replaced by Td vaccine. Td will also be given to pregnant women (2 doses).

- XIII. Adrenaline by ANMs**: ANMs have been empowered to administer injection adrenaline in case of suspected anaphylaxis, following vaccination. Training has been done for 2 batches of ANMs and HOs/MO Incharges.

In case of suspected anaphylaxis following vaccination, ANMs are to administer one dose of intra muscular injection adrenaline and refer the patient to a higher centre immediately. Anaphylaxis kit should be kept ready at all session sites.

XIV. Issues:

1. Attrition of contractual staff.
2. ANMs have to do survey for multiple programmes because of which house to house survey by ANMs in RCH is not happening.
3. Several posts of MPHWs (Male and Female) are vacant.
4. Migrant population keep moving hence survey not possible.

(Dr. Doreen Noronha)

District Immunisation Officer