Report On Implementing "Mera Aspataal Initiative " In the North Eastern States

A. Introduction and Background

Mera Aspataal (My Hospital) initiative, launched on 29th August 2016, is a simple, intuitive and multi-lingual application that captures patient feedback in a very short time on the services received from both public and empanelled private hospitals. It works through multiple communication channels, including Short Message Service (SMS), Outbound Dialling (OBD), a mobile application and a web portal. The application allows feedback to be consolidated, analyzed and disseminated on a frequently updated dashboard. Analyzed data will be used to improve Quality of services in healthcare facilities. Thus Mera Hospital initiative allows patients to connect with the healthcare providers and policymakers and to have their opinion heard and acted upon. It will support in establishing a patient-driven, responsive and accountable healthcare system, empower patients to make informed decisions when choosing a health facility and establish an environment of healthy competition among providers to provide better quality services.

As on 31st March 2020, Mera Aspataal was integrated in 3 centrally run institutions (Tezpur Mental Hospital in Assam, RIMS in Manipur, NEIGRIHMS in Meghalaya), 27s DHs in 3 (Three) States of Mizoram, Nagaland and Tripura in addition to 2 (Two) more SDHs in Tripura and 2 (Two) UPHCs in Mizoram. The programme need to be further strengthened to increase the awareness among service providers and users and also to increase the response rate in those hospitals which has already been integrated with Mera Aspataal portal.

Moreover as per DO letter NHSRC/14-15/QI/01/Swacchhealthfacilities & Kayakalp dated 12th July 2019 (Annexure I), it has been decided that **15% (fifteen) weightage of patients'** feedback on cleanliness (as captured on the 'Mera-Aspataal portal) are to be added to the final Kayakalp score of the District Hospital level facilities since cleanliness of the health facilities has a major bearing on the overall experience of the patients and treatment outcomes. Therefore there is urgent need to integrate all the 93 DHs in NE States (as per RHS 2019) with Mera Aspataal Portal.

Regional Resource Centre for North Eastern States (RRCNE), branch of NHSRC, Ministry of Health and Family Welfare, Government of India have organised Regional Sensitization Workshop for Mera Aspataal Initiative on digital platform for the North Eastern States in 3 (three) batches for the States of Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura on **28th July, 29th July and 3rd August 2020**. Arunachal Pradesh was covered on 23rd June 2020.

B. Objectives of the workshop:

a. To support the health facilities in NE States for integration with Mera Aspataal initiative so as to improve Quality of care at the healthcare facilities.

b. To popularize Mera Aspataal among health care providers and health care seekers in the community

C. Intended Participants and timeline of the Workshop

The participants of the Workshop were the State Nodal Officers, State and District Quality Consultants, State and District Programme Assistants, Hospital Administrators and Assistant Hospital Administrators in the 7 (Seven) NE States. List of the participants may be found at Annexure I. These Workshops were conducted in three batches as follow:

SL	Batch	States	Number of Participants	Total Participants	Proposed Schedule of the Workshop
1	First Batch	Nagaland	13	32	28th July 2020 2.30PM to 4.30PM
		Sikkim	2		
		Tripura	17		
2	Second Batch	Manipur	11	30	29th July 2020 10 AM – 11.30 AM
		Meghalaya	5		
		Mizoram	14		
3	Third Batch	Assam	28	28	3rd August 2020 2.00PM to 4.00PM
			Total	**88**	

D. Inaugural Address

At the very outset, **Dr Ashoke Roy, Director, RRCNE** welcomed State Nodal Officers namely Dr Baroon Subba (Sikkim), Dr Hunsi Giri (Meghalaya), Dr Lalchawnawma (Mizoram); State QA Consultants namely Dr Vizovotuo Lohe (Nagaland), Mrs. Madhukala Mishra (Sikkim), Dr Anirban Hore (Tripura), Dr Ramananda Singh (Manipur), Dr Napolean (Manipur), Dr Laltliani (Mizoram) and Dr Rohini Kumar (Assam).

Dr Roy also welcomed all the District QA Consultants, Programme Assistants and Hospital Administrators. In his keynote address, Dr Roy emphasised the importance of Mera Aspataal initiatives and need of implementation of e-hospital for easy implementation of Mera Aspataal application. He also shared the decision taken by MOHFW regarding inclusion of Mera Aspataal performance in final calculation of Kayakalp External Assessment Score.

E. Technical Sessions

The first Session of the Workshop on **'Overview of Mera Aspataal'** was taken by **Dr R.K. Suchitra, Senior Consultant-QI, RRCNE**. She started her session with the rationale and objective of Mera Aspataal initiative and highlighted that Mera Aspataal is a simple, intuitive and multi lingual application that captures patient feedback in a very short time on the services received from the heath facilities. It works through multiple communication channels, including short message service (SMS), outbound dialling (OBD), a mobile application and a web portal. Once the Mera Aspataal application integrates with the computerized patient registration system of a health facility, it starts receiving patient personal details like age, gender, mobile number, patient ID etc on daily

basis. Offline mode may also can be adopted by the facility which does not have online patient registration system. In the offline mode data on patient details (age, gender, valid mobile number, patient id etc) need to be uploaded in the Mera Aspataal web portal. Each subsequent day after receiving the data, the Mera Aspataal application targets patients through an SMS or call to seek their feedback on the services availed in terms of "Very satisfied", "satisfied" or "not satisfied". The patients replying "not satisfied" further queried to share their feedback on reasons for non-satisfaction such as staff behaviour, cleanliness, cost of treatment, quality of treatment and any other reasons.

Dr Suchitra also explained about how to get the user id and password to access the Mera Aspataal portal. She informed that the State team need to sent details like list of facilities, type of facility, their NIN IDs, Location, list of departments with code, preferred language, name of facility in charges and their mobile number with valid email id, names of data entry operator with their contact number and email address. She also explained NIN ID and the source to obtain this ID; ways to capture longitude and latitude of location of hospitals. Then she explained the uniform method of assigning departmental codes for the health facilities in NE States.

Dr Suchitra also shared the challenges faced in the implementation of the programme in the rest of the States so that such errors could be prevented in future. For example phone numbers, which are being provided by the patients, are mostly invalid, error in entering the phone number delay/error in uploading the data by the facilities and non-utilisation in term of analysis of the data for Quality improvement.

The second session on e-Hospital was taken by **Er. Rajat Bhattacharya, State Nodal Officer, Mera Aspataal and e-hospital for the State of Tripura.** Er Rajat introduced the concept of e-hospital and shared that 21 (twenty-one) hospitals in Tripura are e-hospitals which makes it easier to integrate with Mera Aspataal application. He explained the various functionalities of e-hospital which includes Patient Registration, Casualty and Trauma Management, Admission, transfer and Discharge, Laboratory information System, Radiology information System, Blood bank Management System, OPD and IPD billing etc. He concluded the session by sharing the statistics on performance of e-hospital and the roadmap for FY 2020-21 for the State of Tripura.

Sh. Anup J Basistha, Consultant-QI, RRCNE took the last session on "**Calculation of Kayakalp score by incorporating Mera Aspataal score**". He referred JS (P)'s letter dated 12th July 2019 regarding integration of Mera Aspataal in all District Hospitals as it has been decided that 15 % weightage be given to patients' feedback on cleanliness in the DHs in Mera Aspataal portal. This means final Kayakalp score of a District Hospital will be calculated by taking 85% weightage from final Kayakalp External Assessment score and 15% weightage from Mera Aspataal score on cleanliness. He explained the method of calculation of Mera Aspataal score by using formula and how to extract the percentages of cleanliness from Mera Aspataal portal.

Dr. Suchitra finally shared the "to do list" as a part of the 'Road Map Ahead' for integrating the District Hospitals with Mera Aspataal application. She told that following details need to be shared with RRC-NE team for facilitating the process of integration.

1. Line list of the Facilities with type of facility, NIN ID, location co-ordinate (latitude and longitude), preferred language, department codes.
2. Names of Medical Superintendents and data entry operator of all the facilities with valid mobile numbers and email addresses.
3. Name of State Nodal person for Mera Aspataal programme along with his /her contact number and email address.
4. Each facility which do not have online registration system but desirous of integrating Mera Aspataal application will require computer with internet connection for daily uploading the data.

The Workshop then concluded with the closing remark from the organisers.

SL	State	Name of Participants	Designation	Contact Number	Email Address
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SL	State	Name of Participants	Designation	Contact Number	Email Address
1	Assam	Dr Rohini Kumar	State Consultant	9707022599	rohinikumarbarua@gmail.com qualitynhmassam@gmail.com
2		Ms. Kakali Deka	Programme Executive	8638786721	kakali.pe.nhm.assam@gmail.com
3		Rekhashree Dauka	District Consultant, Baksa	8402029307	dcqa.nhm.baksa@gmail.com
4		Bikash Ranjan Dutaa	District Consultant, Barpeta	9864148247	dcqa.nhm.barpeta@gmail.com
5		Hasina Ferdous	District Consultant, Cachar	8618520291	dcqa.nhm.cachar@gmail.com
6		Nazmin Sultana	District Consultant, Jorhat	9864668637	dcqa.nhm.jorhat@gmail.com
7		Rijumoni Barman	District Consultant, Morigaon	7002895372	dcqa.nhm.morigaon@gmail.com
8		Imdadul Islam	District Consultant, Dhubri	8811097251	dcqa.nhm.dhubri@gmail.com
9		Karabi Borgohain	District Consultant, Tinsukia	6002391021	dcqa.nhm.tinsukia@gmail.com
10		Smita Ray	District Program Manager	9101386258	dpm.nhm.bongaigaon@gmail.com
11		Smita Saikia	District Program Manager	9435638981	dpm.nhm.kamruprural@gmail.com
12		Gautam Mahilary	Hospital Administrator	8638167697	ha.nrhm.chirang@gmail.com
13		Chayanika Dutta	Hospital Administrator	9706627004	ha.nrhm.darrang@gmail.com
14		Chironton Pareh	Hospital Administrator	6001877139	ha.nrhm.goalpara@gmail.com
15		Soraisham	Hospital Administrator	7002848122	ha.nrhm.karbianglong@gmail.com
16		Apurba Das	Hospital Administrator	8474840667	ha.nrhm.karimganj@gmail.com
17		Saurav Saikia	Hospital Administrator	8638195699	ha.nrhm.lakhimpur@gmail.com
18		Hemanga medhi	Hospital Administrator	9864983178	ha.nrhm.nagaon@gmail.com
19		Nabadeep Sarma	Hospital Administrator	9864773749	ha.nrhm.nalbari@gmail.com

List of Participants for Regional Workshop on Mera Aspataal Initiative conducted on digital Platform

20		Samiran Sarma	Hospital Administrator	8255026511	ha.nrhm.sivasagar@gmail.com
21		Hemanta Deka	Hospital Administrator	7002255439	ha.nrhm.sonitpur@gmail.com
22		Ajay Kalita	Hospital Administrator	7002476733/ 9957219016	ha.nrhm.udalguri@gmail.com
23	Manipur	Dr. Y. Ramananda Singh	State Consultant-SQAU	8974378601	drramananda.y @gmail.com
24		Dr. T. Napolean	State Consultant-SQAU	8974830758	napoleantakhel@gmail.com
25		Ms. Ng. Harimala Devi	District Consultant-QA	8974006538/ 7005204512	nharimala@gmail.com
26		Irengbam Latish Singh	District Consultant-QA	7005162929/ 9862792457	latish09@gmai.com
27		Mr.Gingoulien	District Consultant-QA	6909502973	lyenlhou@gmail.com
28		Ms.Seltune Priya Anal	District Consultant-QA	8974460132	seltunepriya317@gmail.com
29		Mr.Gaichapou Gangmei	District Consultant-QA	8413018274	gaichapougangmei@gmail.com
30		K. Rameshwori Devi	District Consultant-QA	9862269836	dqac.impwest@gmail.com
31	Meghalaya	Dr.Hunsi Giri	SNO, QA	9436102006	hunsi.giri2013@gmail.com meghalayaqa@gmail.com
32		Dr Steffi C Laloo	State Consultant	9774548985	steffilaloo511@gmail.com
33		Ms. Heavenly	DEO cum Programme Assistant	8794735121	heavenlyjonesm10@gmail.com
34		Dr Joshua	Quality Manager	8822142315	joshsangma128@gmail.com
35		Ms Ewan	Quality Manager	9612722618	ewankaimonmph13@gmail.com
36	Mizoram	Dr Lalchhaunawma	SNO, QA	9862787705	chuchunoma@gmail.com
37		Dr Ahlupuii	State Consultant, PH	9774369091	sqaumizoram@gmail.com
38		Dr. Laltlanliani	State Consultant, QA	8974928622	
39		Mr. Vanlalruata Pautu	State Consultant, QM	9862613975	
40		Ms. Lalsangmawii	State Administrative cum Program Assistant	9774643520	
41		T. Vanlalhruaitluangi	District Programme Assistant, Aizawl West	9774587109	h.ezoztlau@gmail.com

42	Mizoram	Michael Lalruatfela	District Programme Assistant, Aizawl East	9862007478	michael.sailo@yahoo.com
43		Malsawmtluangi Khiangte	District Programme Assistant, Lunglei	9862954683	emeskhiangte77@gmail.com
44		Lalhmangaihzuali	District Programme Assistant, Champhai	9862571565	mamiaries130@gmail.com
45		K. Vanlalpeki	District Programme Assistant, Mamit	9366850348 8974770417	peki.khawlhring86@gmail.com
46		Lalduhawmi Chinzah	District Programme Assistant, Lawngtlai	8974304365	ChinzahLalduhawmi@gmail.com
47	Nagaland	Dr Vizovotuo Lohe	State Consultant QA	9436299258	vizolohe13@gmail.com
48		Dr. Toshimongla Longkumer	District consultant Kohima	7721846937 7972401869	qakohima@gmail.com
49		Dr. Thungchanbeni Patton	District Consultant Wokha	8974155170 7005589707	thungchanbenip@gmail.com
50		Ms. Vethipralu Lohe	District consultant Dimapur	8787492783 9706745161	vethilohe123@gmail.com
51		Dr Imnanoktsung Longchar	District Consultant Kiphire	7628083032/ 9366171217	longcharnoktsung@gmail.com
52		Dr Sungtiben Amlari	District Consultant Longleng	7483678887	dpmqalng@gmail.com
53		Tokuli Wotsa	District Consultant Zunheboto	8837014755	tokuliwotsa123@gmail.com
54		Imlinoba Changkiri	District Consultant Mon	9612963920	mondpmqa@gmail.com
55		Dr. Neimetuonuo Kuotsu	District Consultant Peren	8413955149	kuotsuneime@gmail.com
56		Ethungyani Ovung	District Consultant Phek	7577041709	qa.phek19@gmail.com
57	Sikkim	Dr Baroon Subba	SNO, QA	9434117251	drbaroon@yahoo.com
58		Madhukala Mishra	State Consultant QA	9832509039	urimmadhu14@gmail.com
59	Tripura	Dr Anirban Hore	State Consultant QA	8731005959	shfws_tripura_anirban@yahoo.in
60		Smt.Sudipa Paul	Hospital	7005307803	khushi0716@gmail.com

			Administrator		
61		Smt.Tripti Saha	Assistant Hospital Administrator	7005605185	triptisahaaha@gmail.com
62	Tripura	Sri. Sanjib Das	Assistant Hospital Administrator	9862563194/ 7005588267	sdas27244@gmail.com
63		Sri.Prasenjit Datta	Assistant Hospital Administrator	8974678598	datta.prasenjit.gmitc@gmail.com
64		Sri.Swagata Ghosh	Assistant Hospital Administrator	8837096603	swa.gho@gmail.com>
65		Sri Tony Debbarma	Assistant Hospital Administrator	8974741391	tonydebbarma@gmail.com
66		Sri Dipjoy Dhar	Assistant Hospital Administrator	9366981758/ 8256916901	dhardipjoy@gmail.com
67		SmtPuspita Sarkar	Assistant Hospital Administrator	9436574211/ 7085540646	puspitasarkar07@gmail.com
68		Sri Kajal Murasing	Assistant Hospital Administrator	9612339688	murasingkajal3@gmail.com
69		Smt. Snigdha Ghatak	SubdivisionalProgramme Manager, Working as Assistant Hospital Administrator	8730048988	ghataksnigdha86@gmail.com

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