

Beneficiary

OPD Registrar

Staff Nurse

RMA/MO

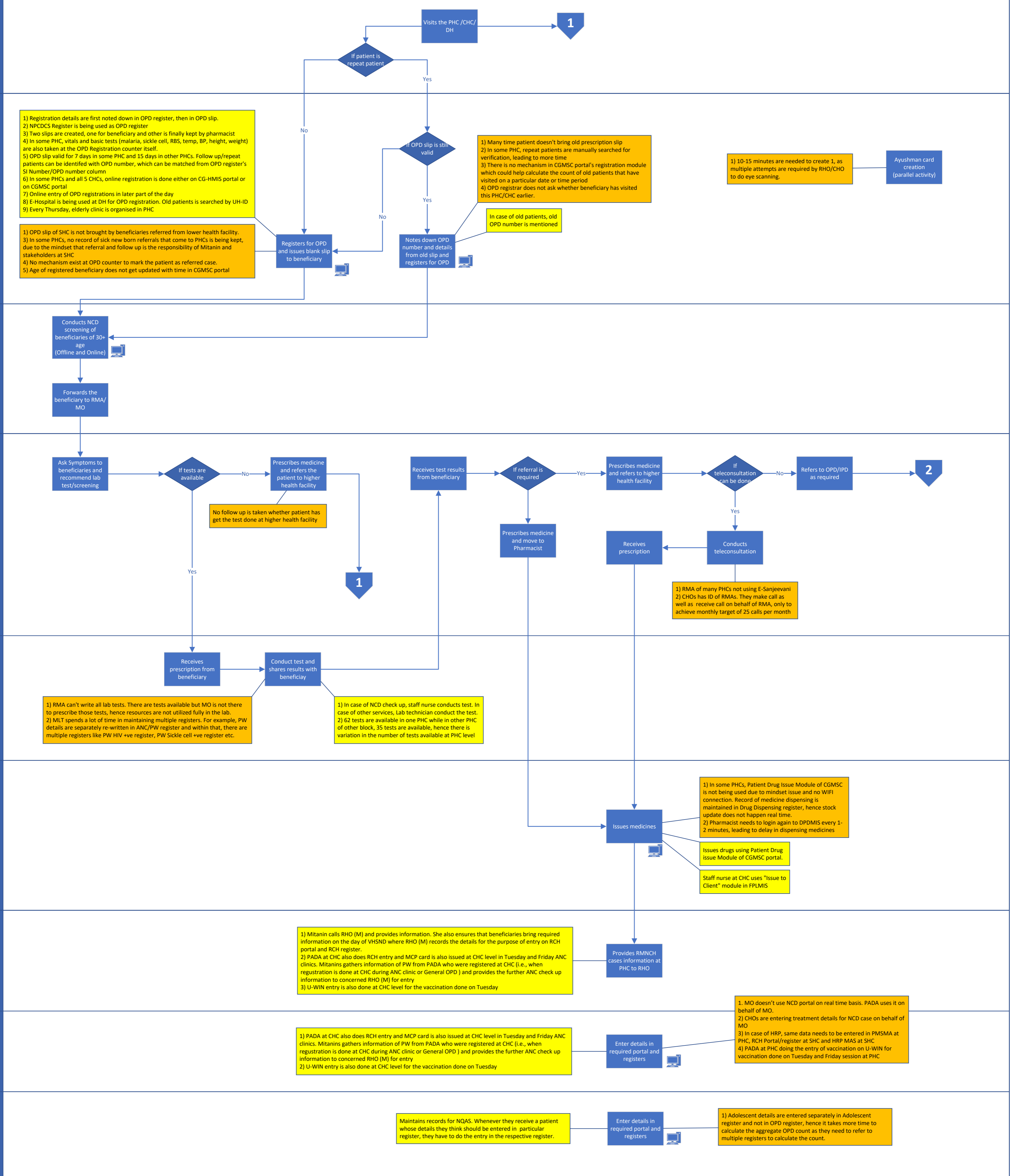
MLT

Pharmacist

Mitanin

PADA/DEO

Staff Nurse



1) Registration details are first noted down in OPD register, then in OPD slip.  
 2) NPCDCS Register is being used as OPD register  
 3) Two slips are created, one for beneficiary and other is finally kept by pharmacist  
 4) In some PHC, vitals and basic tests (malaria, sickle cell, RBS, temp, BP, height, weight) are also taken at the OPD Registration counter itself.  
 5) OPD slip valid for 7 days in some PHC and 15 days in other PHCs. Follow up/repeat patients can be identified with OPD number, which can be matched from OPD register's SI Number/OPD number column  
 6) In some PHCs and all 5 CHCs, online registration is done either on CG-HMIS portal or on CGMSC portal  
 7) Online entry of OPD registrations in later part of the day  
 8) E-Hospital is being used at DH for OPD registration. Old patients is searched by UH-ID  
 9) Every Thursday, elderly clinic is organised in PHC

1) OPD slip of SHC is not brought by beneficiaries referred from lower health facility.  
 2) In some PHCs, no record of sick new born referrals that come to PHCs is being kept, due to the mindset that referral and follow up is the responsibility of Mitanin and stakeholders at SHC  
 3) No mechanism exist at OPD counter to mark the patient as referred case.  
 4) Age of registered beneficiary does not get updated with time in CGMSC portal

1) Many time patient doesn't bring old prescription slip  
 2) In some PHC, repeat patients are manually searched for verification, leading to more time  
 3) There is no mechanism in CGMSC portal's registration module which could help calculate the count of old patients that have visited on a particular date or time period  
 4) OPD registrar does not ask whether beneficiary has visited this PHC/CHC earlier.

In case of old patients, old OPD number is mentioned

1) 10-15 minutes are needed to create 1, as multiple attempts are required by RHO/CHO to do eye scanning.

Ayushman card creation (parallel activity)

No follow up is taken whether patient has get the test done at higher health facility

1) RMA of many PHCs not using E-Sanjeevani  
 2) CHOs has ID of RMAs. They make call as well as receive call on behalf of RMA, only to achieve monthly target of 25 calls per month

1) RMA can't write all lab tests. There are tests available but MO is not there to prescribe those tests, hence resources are not utilized fully in the lab.  
 2) MLT spends a lot of time in maintaining multiple registers. For example, PW details are separately re-written in ANC/PW register and within that, there are multiple registers like PW HIV +ve register, PW Sickle cell +ve register etc.

1) In case of NCD check up, staff nurse conducts test. In case of other services, Lab technician conduct the test.  
 2) 62 tests are available in one PHC while in other PHC of other block, 35 tests are available, hence there is variation in the number of tests available at PHC level

1) In some PHCs, Patient Drug Issue Module of CGMSC is not being used due to mindset issue and no WIFI connection. Record of medicine dispensing is maintained in Drug Dispensing register, hence stock update does not happen real time.  
 2) Pharmacist needs to login again to DPDMIS every 1-2 minutes, leading to delay in dispensing medicines

Issues drugs using Patient Drug issue Module of CGMSC portal.  
 Staff nurse at CHC uses "Issue to Client" module in FPLMIS

1) Mitanin calls RHO (M) and provides information. She also ensures that beneficiaries bring required information on the day of VHSND where RHO (M) records the details for the purpose of entry on RCH portal and RCH register.  
 2) PADA at CHC also does RCH entry and MCP card is also issued at CHC level in Tuesday and Friday ANC clinics. Mitanins gathers information of PW from PADA who were registered at CHC (i.e., when registration is done at CHC during ANC clinic or General OPD ) and provides the further ANC check up information to concerned RHO (M) for entry  
 3) U-WIN entry is also done at CHC level for the vaccination done on Tuesday

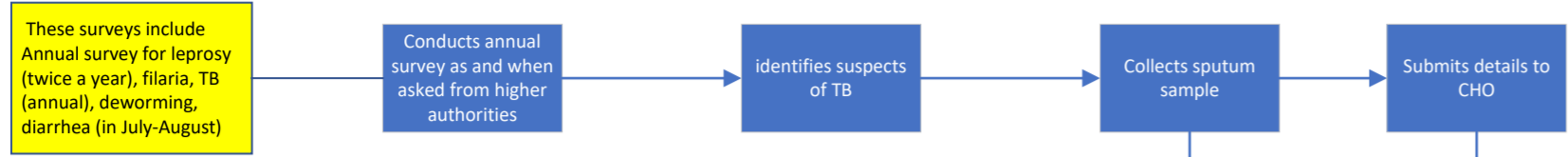
1. MO doesn't use NCD portal on real time basis. PADA uses it on behalf of MO.  
 2) CHOs are entering treatment details for NCD case on behalf of MO  
 3) In case of HRP, same data needs to be entered in PMSMA at PHC, RCH Portal/register at SHC and HRP MAS at SHC  
 4) PADA at PHC doing the entry of vaccination on U-WIN for vaccination done on Tuesday and Friday session at PHC

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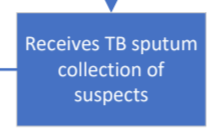
Maintains records for NQAS. Whenever they receive a patient whose details they think should be entered in particular register, they have to do the entry in the respective register.

1) Adolescent details are entered separately in Adolescent register and not in OPD register, hence it takes more time to calculate the aggregate OPD count as they need to refer to multiple registers to calculate the count.

Mitanin



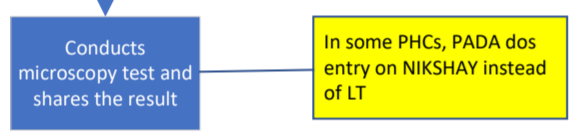
Sample Collector (CHC)



CHO



MLT



Pharmacist

Mitanin

PADA/DEO

Staff Nurse