

Version 1



Department of Health & Family Welfare
Government of West Bengal



24 x 7 Health helpline Operation Guide

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Standard Operating Protocols

Protocol I: Inclusion & exclusion criteria

Query or facilitation requests originated by a caller regarding healthcare provided by the healthcare establishment of DHFW of GOWB will be entertained by the Health Helpline Operator [HHO] [as per following criteria:]

A. Exclusion criteria

1. Outside West Bengal
2. Hospitals run by other deptt of GOWB like ESI hospitals, Municipalities etc.
1. Hospitals/health centres below secondary care level like Sub-centre/ PHC/BPHC/Rural Hospital
2. Dental and AYUSH Medical Colleges [may be included in future upscaling plan]
3. Specialized hospitals (TB, Mental, ID hospitals under DHS) [may be included in future upscaling plan]
4. Healthcare other than hospital care like medical education
5. Healthcare by any specific named Healthcare provider [HCP]
6. Medical condition of a specific patient [may be included in future upscaling plan]
7. Any medical advice or opinion
8. List of blood donors/ other patient support group [may be included in future upscaling plan]
9. Anonymous caller

B. Inclusion Criteria:

1. Hospitals run by Health & FW Deptt only
2. Any location-specific Query or facilitation requests like “is ENT emergency available at Uluberia Hospital?”
3. Any discipline-specific Query or facilitation requestss like “Where I can get facility for Neuro-surgery?”
4. Hospitals include all tertiary care hospitals and secondary care hospitals like MCH/ Medical teaching institutions other than medical Colleges/DH/ SDH/ SGH/ Decentralized Hospitals/ Blood bank / Polyclinic/ Payclinic etc.
5. Govt. Empanelled private Ambulance/Matryyan services
6. Govt. Empanelled private Diagnostic centres of PPP model
7. Govt. Empanelled private Blood Banks
8. Govt. Empanelled private Healthcare establishments providing RSBY
9. Govt. empanelled medicine shop (Fair price medicine shops)
10. Medical camps or outbreak/disaster response team constituted by health deptt.
11. List of name/other details of victims of mass casualty attended or admitted by the hospitals

Protocol II. Fields related Call logs and records

Relevant Information regarding call and caller will be recorded both automatically and manually by the Health Helpline Operator [HHO] [which include following:]

A. Minimum Information:

1. Inbound Call log: Phone Number from which the call was originated (automatic capture from caller ID). HHO will utilize this phone number for any future contact
2. Inbound Call log Date: Date of call (automatic capture)
3. Inbound Call log Time of originating call (automatic capture)

4. Inbound Call log registration number (automatic capture): HHO will intimate the caller about this number by voice call during conversation and send a SMS. The caller may use this number for any future reference. This number will act an acknowledgement number.
5. Inbound Call log Time of terminating call (automatic capture)
6. Name of the Caller (to be asked and recorded by HHO). If refused, HHO will inform the caller politely that his (caller's) request for information or assistance cannot be entertained as per govt. protocol.
7. From where he is calling (to be recorded as stated. If required later, detail address)
- B. Additional Information [need based]:
 1. Detail address of the Caller (if required for query or facilitation requests)
 2. Details of patient: Registration No. of OPD/IPD
 3. Details of patient: Bed Number
 4. Details of patient: Ward Number
 5. Details of patient: Attending doctor(s)
- C. Verification: after recording the information, the HHO will repeat those information to the caller like his name, address and phone number (as shown in caller ID) for verification.

Protocol III. Standard Response

The HHO will give a set of standard polite and client friendly responses in a suave and composed manner [described below]

- A. Soft skill
 1. Response shall be timely i.e. all call will be attended within the 5 seconds of ring tone
 2. Response shall be prompt i.e. caller be asked to hold his call only for minimum period to search the correct response
 3. Response shall include appropriate greetings (soft skill) like "Good morning, you are welcome to the Health helpline of GOWB. I am so and so (name of the HHO), How can I help you?"
 4. Response shall include appropriate direction in question form (soft skill) like "May I know your name?"
 5. Response shall include appropriate statements of empathy like "I fully understand your problem"
 6. Response shall include appropriate positive statement of facts like "As per rule OPD will remain opened till the last patient is served"
 7. Response shall include appropriate negative statement of facts like "Sorry, we cannot give information regarding status of your patient as it is not available with us".
 8. If there is a chance of collecting the required information later, then the Response shall include appropriate negative statement of facts followed by an assurance to call back like "Sorry, right now we cannot give information regarding the amount of User charges of MRI at SSKMH as it is not available with us but I can try to obtain the information and I will call you back within 1 hour"
- B. Language
 9. The HHO should be able to speak fluently in Bengali, Hindi and English
 10. In future upscaling plan, conversation in Nepali and Urdu may be added.

Protocol IV. Process flow of Inbound call

HHO will handle all the inbound calls in correct manner [in the following manner]

- A. Common pathway
 1. HHO will listen to the inbound call very carefully.

2. Then [after step IV.A.1.] the HHO will classify the inbound calls into following categories such as (a) query, (b) facilitation requests; (c) repeat call from the caller; (d) Feedback call from the facility manager; or (e) hoax and other calls
 3. Then [after step IV.A.2.] the HHO will record the query/facilitation requests either by typing or by selecting from a pre-existing list [dropdown box] in a cascade manner from database 01 or Database 02
 4. Then [After classifying the caller's statement either as 'query' or 'facilitation requests'], the HHO will select the corresponding pathway
- B. Query pathway: He will follow the protocol V
- C. Facilitation requests pathway: He will follow the protocol VI
- D. Repeat call: Caller may make a repeat call [narrating the same facilitation request if his problem is not solved] or is yet to receive answer to his query as assured by the HHO. Such call has to be classified as repeat call. In cal log a new registration number will be generated but the acknowledgement number will not be necessary

Protocol V. Process flow of Response to query

HHO will follow the Standard pathway for response to query [in the following manner]

- A. Pathway to handle if information is available
 1. He will search the answer by selecting from a pre-existing list [dropdown box] in a cascade manner from database 03
 2. Then [after step V.A.1.] the [HHO will give appropriate positive response, if information is available,] or [HHO will give appropriate negative response, if information is not available as per protocol V.B.]
 3. Then [After giving positive or negative response to a particular query] the HHO will ask the client whether he (HHO) can be of further assistance and if any further query, he (the HHO) will follow the step Protocol IV.A.1.
 4. Then [after step V.A.4.] the HHO will terminate the call with a suitable ending statement like "Thank you for calling. Goodnight" The call will be marked as "Response complete : closed"
- B. Pathway to handle if Information is not available
 1. If information is not available and there is no chance to collect such information from facility manager, the HHO will give appropriate negative response after step A.1. and then proceed to step A.3.
 2. If information is not available and there is a chance to collect such information from facility manager, the HHO will give an assurance to caller that the information is not available at present but He [the HHO] is trying to obtain such information and he [the HHO] will call back as soon as he collects the information. In that case the call will be marked as 'response pending'
 3. Then the HHO will make an outbound collect call to the facility manager as per protocol VII.E.
 4. If the HHO is able to collect the information from the facility manager he will give appropriate positive response and then proceed to step A.3.
 5. If the HHO is unable to collect the information from the facility manager he will give appropriate negative response as per step B.1. and then proceed to step A.3.
 6. In case of information not available, even after step B.2. such query will be flagged as material for future inclusion component of database and HHO will give an assurance to call back as per protocol 3.III. In that case the call will be marked as 'response pending'

Protocol VI. Process flow of Response to facilitation requests

HHO will follow the Standard pathway for response to facilitation requests [in the following manner]

A. Pathway to handle inbound Call

1. HHO will select the appropriate hospital's Facility Manager from Database 04.
2. Then [after step VI.A.1.] the HHO will contact the Facility Manager following the escalation logic as per protocol VII.B. through voice call and intimate him by narrating the facilitation request to the Facility manager and ask him to do the needful for resolving the facilitation requests. Against the outgoing call log, it will be marked as intimation call [Date and time]
3. Then [after giving intimation over voice call] the HHO will prepare the SMS narrating facilitation requests either typing the whole message or using pre-existing template
4. Then [after step VI.A.5.] the HHO will send a SMS to the same Facility manager.
5. After sending the SMS, HHO will confirm that the 'resolution status as per Facility manager' against the facilitation requests is showing 'unresolved' [time will be recorded automatically] and generate 'Field # of Performance Report'
6. Then [After receiving the facilitation requests from HHO by voice call and SMS,] the Facility manager will take prompt action to resolve the facilitation requests as per protocol VIII.
7. Then [After resolving the facilitation requests] the Facility manager will inform the HHO accordingly by voicemail and SMS that the facilitation requests is resolved.
8. Then [After receiving such intimation from the Facility Manager] the HHO will record the change of the 'resolution status as per Facility manager' against the facilitation requests as 'resolved' [time will be recorded automatically]. Such call will be marked as "response complete"
9. If the intimation from the Facility Manager as described above is not received within a stipulated time [which may vary according to the urgency of facilitation request], the HHO will give a reminder to the facility manager as per protocol. Against the outgoing call log, it will be marked as reminder call [Date and time].

Protocol VII. Process flow of Outbound calls

HHO will handle all the outbound calls in correct manner [in the following manner]

A. Common protocol

1. HHO will make outbound call or SMS only when it is necessary to do so as per the demand of the protocol.
2. He will make no personal call or SMS.
3. HHO will make all the outbound call after making suitable preparation.
4. HHO will classify the outbound calls into following categories such as (a) Intimation call; (b) 'reminder call; (c) Verification call; (d) collect call; and (e) other calls

B. Outbound 'Intimation' call:

1. The HHO will make this call to intimate the facility manager asking him (the facility manager) to take prompt action regarding facilitation request.
2. The HHO will contact the Facility Manager 01. If HHO is unable to contact the Facility Manager 01 he will try to connect the Facility Manager 02 and then Facility Manager 03
3. If HHO cannot contact any Facility Manager, he will try to contact the concerned 'Head of Office'
4. If he is unable to contact even the Head of Office, It will be flagged as 'not intimated' against call log. Then the HHO will repeat the process (try to contact Facility Manager 01) after one hour.

C. Outbound 'reminder' call: The HHO will make this call to remind the facility manager about the resolution pending cases of facilitation requests as per protocol VI.

- D. Outbound 'Verification' calls
 - 1. The HHO will contact 10% of the caller and ask him whether his facilitation requests is resolved or not.
 - 2. The HHO will record the 'verification' against the resolution status as per caller' against the facilitation requests and generate 'Field # of Performance Report'
- E. Outbound 'collect calls': After step V.B.2. the HHO will make this call to the facility manager to collect additional information to supplement the database against query as per protocol

Protocol VIII. Process flow by Facility Manager

The Facility manager will process the intimation by HHO in a standard manner [as described below]

- A. Queries/ Requests for Assistance received from the Patients, Patient Parties or the general public would be populated in the customized software by Helpline Operators and forwarded immediately though voice call and/or SMS to the Hospital Authority concerned, to ensure that appropriate action to satisfy the query or resolve the problem can be taken expeditiously.
- B. Each Hospital Authority would be duty-bound to satisfy the query or address the request as soon as possible, and report compliance to the Helpline so that a feedback can be provided to the caller.
- C. Establishment of a 24X7 channel of communication between the Health Helpline and the Facility is therefore imperative. Each Health Facility would have to identify Facility Manager(s) who will
 - 1. remain responsible for responding to each call from the Health Helpline on behalf of the Hospital Authority.
 - 2. also have to remain responsible for updating the static database related to availability of Hospital Services.
- D. As the Facility Manager(s) will have to attend calls from the Health Helpline round the clock, Hospital Authorities are advised to recommend the names of at least 3 (three) responsible functionaries from amongst the Medical Superintendent cum Vice Principal; Superintendent; Deputy Superintendent, Nursing Superintendent; Deputy Nursing Superintendent; Assistant Superintendent or the Ward Masters - in hospitals where no Assistant Superintendent is posted, as Facility Managers.
- E. Hospital Authorities shall send the Names and Contact Telephone Numbers (Mobile) of the Facility Manager(s) or changes thereof to Deputy Director of Health Services (Hospital Administration).

Protocol IX. Standard Definitions

Service providers, Client, HHO and facility managers will follow the Standard Definition of terms [as described below].

[C]

- 1. Care Delivery counters: A particular location where a single encounter took place between patient or patient party and Healthcare provider. It is a discreet part of a larger departmental setting. Registration counter is a Care Delivery counter which is part of Outpatient department. Clinic (consultation/examination) room or cubicle is another counter which is part of Outpatient department. Cash collection counter is a Care Delivery counter which is part of administrative department.

2. Care Delivery Departments [CDD]: A particular location where the patient encounter took place in a coordinated manner to complete a series of transaction or encounter. Outpatient department, inpatient department, emergency department, Administrative department are some example of Care Delivery Departments.
3. Client: The Governor of West Bengal represented by the Health & Family Welfare Department, Government of West Bengal, Swasthya Bhawan, GN 29, Sector – V, Bidhannagar, Kolkata – 700091 hereinafter referred to as the Client.

[D]

1. discharge on request bond means the certificate issued as per the standard admission/discharge protocol and shall include the 'Discharge against medical advice'
2. Discrimination: "Discrimination" shall mean any act or omission, distinction, exclusion or restriction which directly or indirectly, expressly or by effect, immediately or over a period of time: (i) imposes burdens, obligations, liabilities, disabilities or disadvantages on, or (ii) denies or withholds benefits, opportunities or advantages, from, or (iii) compels or forces the adoption of a particular course of action by any patient which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by the person, on a basis of equality, of human rights and fundamental freedoms
3. Detriment includes (i) personal injury or prejudice to safety ; and (ii) property damage or loss; and (iii) intimidation or harassment; and (iv) adverse discrimination, disadvantage or adverse service; and (iv) threats of detriment; of or to the patient.
4. Doctor: A registered medical practitioner of any discipline which includes junior doctors like house-staff, interneees, post-graduate trainees.

[E]

1. Encounter: A clinical encounter is defined as an instance of contact between a patient and a practitioner resulting in an interaction regardless of the setting. Encounter serves as a focal point linking clinical, administrative and financial transaction. Encounters occur in many different settings like ambulatory care, inpatient care, emergency care, home health care, field and virtual (telemedicine).
2. Episode of care: An episode of care consists of all clinically related services for one patient for a discrete diagnostic condition from the onset of symptoms until the treatment is complete. Thus, for every new problem or set of problems that a person visits his clinical care provider, it is considered a new episode. Within that episode the patient will have one to many encounters with his clinical care providers till the treatment for that episode is complete. Even before the resolution of an episode, the person may have a new episode that is considered as a distinctly separate event altogether. Thus, there may be none, one or several ongoing active episodes. All resolved episodes are considered inactive. Hence they become part of the patient's past history. This is different from episode of disease.

[F]

1. Facilitation request: Request made by any caller who is dissatisfied with the service due to delay, denial, discrimination, detriment. Caller is asking for facilitation or any kind of intervention so that he or his patient can get a redress.

2. Facility Manager: Each Health Facility would have to identify Facility Manager(s) who would remain responsible for responding to each call from the Health Helpline on behalf of the Hospital Authority. S/he will also have to remain responsible for updating the static database related to availability of Hospital Services. As the Facility Manager(s) will have to attend calls from the Health Helpline round the clock, Hospital Authorities are advised to recommend the names of at least 3 (three) responsible functionaries from amongst the Medical Superintendent cum Vice Principal; Superintendent; Deputy Superintendent, Nursing Superintendent; Deputy Nursing Superintendent; Assistant Superintendent or the Ward Masters - in hospitals where no Assistant Superintendent is posted, as Facility Managers

[H]

1. Health Care, Healthcare : Care, services, and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, or any other care or services provided or contemplated to be provided to a patient for, determination, restoration or maintenance of his state of health including services specified in schedule I, part 1; but excluding services specified in schedule I, part 2; Healthcare also includes the sale and dispensing of prescription drugs or devices.
2. Healthcare Establishment [HCE]: Healthcare establishment means (1) a hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognised system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or (2) a place established as an independent entity or part of an establishment referred to above, in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not. It shall include Blood bank also.
3. Health Helpline Operator [HHO]: The Helpline Operators are call centre executives deployed by the 'service provider' for running the 24X7 Helpline by attending and handling the incoming calls. They have to make contact with the facility managers and callers by outgoing calls and SMS also.
4. Healthcare provider [HCP]: A health care provider is an individual who provides health care in a systematic way to individuals, families or communities. An individual health care provider may be a health care professional, an allied health professional, a community health worker, any or other person trained and knowledgeable in medicine, nursing or other allied health professions, or public/community health workers like , ASHA, ANM, midwives, paramedical staff, OT/lab/radio-diagnostic technicians, etc.

[I]

1. Inpatient Department: It is a Care Delivery department where healthcare is given to a patient who is confined to bed already admitted as per advise of the doctor or to be admitted as per advise of the doctor or to be admitted as perceived by the patient or patient party.

[M]

1. Medical supplies: “medical supplies” means artificial limbs, teeth or eyes, or any prosthesis, orthopedic or surgical appliances or supplies, optical appliances, supplies or equipment, devices for aid of hearing, or any other medical devices, drugs, medication or any other goods, consumables, or supplies prescribed for medical diagnosis, care or treatment. It can be supplied by the pharmacy of the hospital or fair price medicine shop of PPP but does not include supplies supplied by other private agencies.

[O]

1. Outpatient Department: It is a Care Delivery department where healthcare is given to a patient who is not confined to bed. It is also called ambulatory care. Many surgeries and treatments are now provided on an outpatient basis, while previously they had been considered reason for inpatient hospitalization. It includes clinics, plyclinics, pay clinics etc.

[P]

1. Patient: A person who is under medical care or treatment. A person who is in need of medical care or treatment as perceived by him or his party is also considered to be a patient for the purpose of this protocol.
2. Personal health record [PHR]: A personal health record or PHR is typically a health record that is initiated and maintained by an individual. An ideal PHR would provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online
3. Principal Diagnosis: The medical condition that is ultimately determined to have caused a patient’s admission to the hospital. The principal diagnosis is used to assign every patient to a diagnosis related group. This diagnosis may differ from the admitting and major diagnoses.
4. Primary Care: Basic or general health care usually rendered by general practitioners, family practitioners, internists, obstetricians and pediatricians who are often referred to as primary care practitioners or PCPs. Professional and related services administered by an internist, family practitioner, obstetrician-gynecologist or pediatrician in an ambulatory setting, with referral to secondary care specialists, as necessary.

[S]

1. SOP: Standard operating procedures or protocols
2. Secondary Care: Services provided by medical specialists who generally do not have first contact with patients (e.g., Surgeon dermatologists). In our country., however, there has been a trend toward self-referral by patients for these services, rather than referral by primary care providers. In our state, different district hospitals, Sub-divisional hospitals, State general hospitals are some examples of Healthcare establishments providing secondary level of care of secondary care
3. Service Provider: Service Provider is a Limited Company dealing with Global IT services and experienced in operation of Call Centers/ Help lines for and on behalf of several Government and Non-Government entities and having due approval for undertaking such operations from the appropriate authorities, has expressed their interest to be engaged/ entrusted with the job of operating 24X7 Health Helpline on a turnkey basis for and behalf

of the Client, on being selected as the lowest bidder in accordance with the selection procedure prescribed in the Bid Document

[]

1. Tertiary Care: Services provided by medical specialists (medical teachers/faculties) who generally provide care to the patients with complicated cases referred by primary or secondary care owing to their knowledge and skill in super-specialty. In our state all the medical college hospitals and other medical teaching establishments like School of tropical Medicine or BC Roy Children institutes are some examples of Healthcare establishments providing tertiary level of care of tertiary care.
2. Treatment Episode: The period of treatment between admission and discharge from a modality (department), e.g., inpatient, emergency department, outpatient, or any partial hospitalization or the period of time between the first procedure and last procedure on an outpatient basis for a given diagnosis.
3. Treatment: The provision of health care by one or more health care providers. Treatment includes any consultation, referral or other exchanges of information to manage a patient's care.

Reference Tables

Reference Table I: List of standard services to be declared as Healthcare services

- A. Services to be declared as Healthcare services
1. Core healthcare services provided by registered healthcare providers of Modern Medicine, AYUSH and Dentistry;
 2. Allied healthcare services registered healthcare providers like Diagnostic Laboratory Services, Diagnostic Imaging Services and different non-pharmacological therapy like physiotherapy, radiotherapy, acupuncture etc.;
 3. Auxiliary healthcare services provided by qualified healthcare provider like nursing staff, pharmacist, dietitians, audiologists, audiometrists, prosthetists, Medical technician/technologist(lab), Medical technician/technologist(optometry), child guidance therapists, psychotherapists, therapeutic counselors, Oral hygienist, , Medical technician/technologist(lab), Medical technician/technologist(optometry), and services provided by other professional, technical and operational persons that directly contribute to the provision of a health service;
 4. Supportive healthcare services like registration, reception, enquiry, collection of user charges, disbursement of cash assistance catering, security, laundry, cleaning, scavenging, housekeeping or other patient amenities and other hospitality related support services which affect the care or treatment of patients etc;
 5. Statutory healthcare services like documentation, related services; Medico-legal services; handicap certification and other certification related services;
 6. Public health related preventive, promotive and curative services including supply of aids, appliances and commodity assistance envisaged under different National or State level disease control; outbreak control or reproductive child health programme;
 7. Mass causality and disaster management related services
 8. Social work, welfare, recreational or leisure services, if provided as part of a health service;
 9. Ambulance Services;
 10. Blood banking services; and
 11. Any other out-patient based, in-patient based, Emergency based and Outreach or camp based services as be notified from time to time
- B. Services to be declared as non-Healthcare services
1. Services provided by an employee of a department other than the Health & FW department;
 2. Services provided by the government employees, volunteers or any other person in mass casualty or disaster management;

3. Maintenance, repair, construction, procurement, transportation under referral transport scheme; and
4. Any such services as may be notified from time to time.

Reference Table II: Category: List of Frequently asked queries (FAQ)

A. Sub-category: OPD related

Q1. How can I see/ visit/ consult a/ any doctor at OPD/ general OPD/ specialist OPD/ Polyclinic/ Payclinic?

A1. Any consultation with a doctor at OPD/ general OPD/ specialist OPD/ Polyclinic/ Payclinic can be done within OPD hours as detailed below after registration , for details of the registration procedure – see answer to Q 2.

Q2. What is the registration fee for OPD/ general OPD/ specialist OPD?

A2. The patients attending OPD will be charged Rs.2/- (Rupees two) for OPD ticket in all secondary and tertiary care hospitals. In case of referral from one department to other in the same institution, no charge for new OPD ticket shall be levied. (Vide HF/O/MS/121/W-10/2001 Dt. 18.03.2002).

Q3. How many times I can use one OPD card/ ticket?

A3. It depends. Usually 4 times. May be used for a maximum of times till the space for writing in the OPD ticket is depleted or the ticket is in writing condition.

Q4. For how long one OPD card/ ticket/ Registration will remain valid?

A4. There is no mention of any specific period of validity of OPD ticket, so long as there is sufficient space for writing the ticket remains valid.

Q5. What is the time of enrolment/Registration for OPD/ general OPD/ specialist OPD Patients ?

A5. OPD patients' registration (both new & old) remains open from 8.30AM to 2.00 PM on each working day. (Vide Annexure to GO No HF/O/GA/1936/W-153/11 Dated 26.07.2011)

Q6. What is the time of Collection of User charges (cash collection counters)?

A6. Collection of User charges (cash collection counters) remains open round the clock. (Vide Annexure to GO No HF/O/GA/1936/W-153/11 Dated 26.07.2011)

Q7. What is the time period during which OPD/General OPD remain open?

A7. General OPD remains open on all working days including AYUSH clinic, if any from 9 AM to 2.00 PM or the last patient is served whichever is later. (Vide Annexure to GO No HF/O/GA/1936/W-153/11 Dated 26.07.2011)

Q8.What is the time period for Consultation/Therapy clinics for outpatients in specialist OPD ?

A8. Specialist OPD remains open on all working days including AYUSH clinic, from 9 AM to 2.00 PM or the last patient is served whichever is later. (Vide Annexure to GO No HF/O/GA/1936/W-153/11 Dated 26.07.2011)

Q9. On which days of the week specialist OPD remain open?

A9. Specialist OPD and clinics like Chest, Dental, STD, and Physiotherapy etc. remain open for those fixed days per week as declared by the Superintendent of that specific hospital.(Vide Annexure to GO No HF/O/GA/1936/W-153/11 Dated 26.07.2011) See table XXX

Q10. Which days OPD remain closed?

A10. The outpatient based services remain closed on Sundays and holidays notified by the department for this specific purpose from time to time. Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011. Usually the dates on which OPD remains closed are Id uz joha, Id ul fitre, Good Friday, Christmas day, Nababarsho (Bengali New Year's day), Dol jatra, May day, Mahashtomi, 26th January and 15th August.

Q11. What is the time period during which Afternoon pay clinic remains open?

A11. There is one session daily (except on Sundays and other notified closure days), usually after OPD hours, starting from 4.00 PM of three hour duration in the Pay Clinics. Patients are examined by previous appointment only. OPD tickets are issued everyday for all pay clinics before start of pay clinic. (Vide GOno:HF/O/MS/558/W-10/2001 Dt. 29.11.2001).It is available in selected centres.

Q12. Whether Emergency cases are attended at Afternoon pay clinic?

A12. Emergency cases shall not be taken into the Afternoon Pay Clinics and they shall be treated in the Emergency Ward itself.

Q13. What is the registration fee of Afternoon pay clinic?

A13. There is no registration charge, but all patients to be treated in the Afternoon Pay Clinics shall be treated on prior payment of consultation charges, as prescribed in the rate chart mentioned below (Vide GO no- HF/O/MS/558/W-10/2001 Dt. 29.11.2001)

CONSULTATION CHARGES	OPD
New Visit (Kolkata)	100
New Visit (Outside Kolkata)	50
Subsequent Visit (Cycle will repeat after 5th visit)(Kolkata)	50
Subsequent Visit (Cycle will repeat after 5th visit)(Outside Kolkata)	25

Q14. What is the time of functioning of Polyclinic?

A14. The Outdoor Clinics of Polyclinics function from 9A.M. to 4 P.M. or till all the patients are attended to, whichever is earlier.(Vide Memo no. Medl./V/4555/6D-22/72 dated, Calcutta, the 8th August, 1972.)

Q15. What is the opening/ closing time of Investigation facility /Diagnostic Services (Laboratory, Imaging & Others) like Biochemistry, Pathology, X-Ray, ECG, USG for outpatients of OPD/General OPD/specialist OPD?

A15. All Diagnostic Services (Laboratory, Imaging & Others) like Biochemistry, Pathology, X-Ray, ECG, USG etc. for out-patients remain open from 8AM to 2 PM on each working day. Vide- Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011

Q16. Whether emergency laboratory/ X-ray services are available (after OPD hours)?

A16. At some facilities some emergency laboratory/ X ray/ ECG services are available; this is facility specific, so please contact facility manager to collect further information.

Q17. What is the time of getting medicines from pharmacy?

A17. The drug dispensing counter at the main pharmacy remains open during Morning shift from 8.30AM to 2.30 PM on all working days or till the last registered out-patient is served whichever is later. The drug dispensing counter (acting as Pharmacy) in/ adjoining the Emergency Room remains open round the clock in same three shifts throughout the year. Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011

Q18. I have been treated at Emergency, doctor has prescribed me medicines. Where can I get them?

A18. The medicines prescribed by the Emergency Medical Officer are available at the drug dispensing counter (acting as Pharmacy) in/ adjoining the Emergency Room. This counter remains open round the clock.

Q19. What is the time of getting laboratory services in Polyclinic?

A19. The Diagnostic Section of the Poly Clinics functions from 9.A.M. to 4 P. M.The Specialist's Section of the Poly Clinics function from 4 P.M. to 9 P.M. (Vide Memo no. Medl./N/4555/6D-22/72 dated, Calcutta, the 8th August, 1972.)

Q20. How long the doctor will remain available at OPD/ general OPD?

A20. As all clinics will remain open from 9AM to 2 PM or till the last registered out-patient is served whichever is later, the doctor will remain available at OPD/ general OPD/ specialist OPD during the said period.

Q21. How long the doctor will remain available at specialist OPD?

A21. Specialist OPD and clinics like Chest, Dental, STD, and Physiotherapy etc. remains open for those fixed days per week as declared by the Superintendent. As all clinics will remain open from 9AM to 2 PM or till the last registered out-patient is served whichever is later, the doctor will remain available at specialist OPD during the said period. (Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011)

Q22. How long the doctor will remain available at Afternoon pay clinic?

A22. There is one session daily (except on Sundays and other notified closure days), usually after OPD, starting from 4.00 PM of three hour duration in the Pay Clinics. Patients would be examined by previous appointment only. OPD tickets would be issued from 3.00 p.m. to 4.00 p.m. every day for all pay clinics. Usually pay clinics start after completion of outdoor.(Vide GO no HF/O/MS/558/W-10/2001,Dated Kolkata, the 29th November, 2001)

Q23. Is there any provision of evening OPD clinic/ Polyclinic/ Payclinic?

A23. IPGMER Polyclinic, B C Roy Polyclinic, Moore Avenue Polyclinic (right now not functional), for specific information contact facility manager.

Q24. Today/ tomorrow is a holiday, will the OPD remain open?

A24. OPDs remain closed only on Sundays and those holidays as notified by the Department for this specific purpose from time to time. Usually the dates on which OPD remains closed are Id uz joha, Id ul fitre, Good Friday, Christmas day, Nababarsho (Bengali New Year's day), Dol jatra, May day, Mahashtomi, 26th January and 15th August (Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011)

Q25. When /What is the time/ weekly calendar/schedule of a particular specialty/ discipline/ type (name of the OPD) of OPD?

A25. Contact facility manager and see table XXX.

Q26. When /What is the time/ weekly calendar/ schedule of a particular doctor's (his name) of OPD?

A26. Contact facility manager and see table XXX.

Q27. I have got a pregnant patient in my house. How can I see/ visit/ consult a/ any doctor at OPD/ general OPD/ specialist OPD ?

A27. Pregnant mother may register like usual OPD patients during OPD patients' registration (both new & old) hours which remain open from 8.30AM to 2.00 PM on each working day, for specialist (obstetrics) services. Patient may also directly report at PP unit/Urban Family Welfare Centre attached to many hospitals.

Q28. In case of pregnancy what is the perfect time to register the pregnancy case?

A28. For antenatal registration, pregnant woman should visit a facility either nearby sub-center or any hospital as early in her pregnancy as possible.

Q29. When can I avail services of Post Partum Unit or PP unit?

A29. The P.P. Unit of hospital (where such units exist) remains open from 9 AM to 4 PM on all working days. Specific services for out-patient/in-patient like ANC, PNC, Immunization, Family Planning are available in PP unit as declared by the Superintendent (Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011)

Q30. What (how much) is the doctors visit [fee/ user charge] in OPD/ general OPD/ specialist OPD/ Polyclinic/ Payclinic?

A30. After registration for OPD, no separate charge is payable as consultation fees for consultation of doctor in OPD/ general OPD/ specialist OPD. For afternoon pay clinic, there is no registration charge, but all patients to be treated in the Afternoon Pay Clinics shall be treated on prior payment of consultation charges, as prescribed in the rate chart mentioned below /Polyclinic/Payclinic.

CONSULTATION CHARGES IN AFTERNOON PAYCLINIC	OPD
New Visit (Kolkata)	100
New Visit (Outside Kolkata)	50
Subsequent Visit (Cycle will repeat after 5th visit)(Kolkata)	50
Subsequent Visit (Cycle will repeat after 5th visit)(Outside Kolkata)	25

But for investigation and other services separate user charges are applicable. For user charges see table....

Q31. I am already registered and/ or have made a OPD card/ticket/Registration; do I have to get registered again/ make another OPD card/ticket/Registration for my next/ another visit today/ tomorrow/ next time?

A31. Yes, every time one visits OPD for any service (consultation, showing investigation reports) the ticket will have to be renewed at the registration counter which is free of cost if there is space for writing in it. If not, a new registration will have to be done.

Q32. I have lost my OPD card/ ticket; what shall I do?

A32. New registration will have to be done for any further consultation. If it relates to Police case, inform attending Medical Officer on duty of the attending hospital and also inform nearest Police station, with particulars.

Q33. Is there any system of advance booking for OPD clinic?

A33. There is no system of advance booking.

Q34. Is there any provision for queue jumping for deserve candidates like old/ pregnant women/ seriously ill etc at OPD clinic?

A34. Only in case of elderly (60 years and above) queue jumping is allowed , but this practice is not operational in most of the hospitals. In cases of serious airborne infections queue jumping may be allowed at the discretion of physician attending the patient/s.

Q35. I have been seen in General OPD, and I have been referred to a Specialist OPD in the same hospital today. Do I require a new registration?

A35. No. In case of referral from one department to other in the same institution, no charge for new OPD ticket shall be levied.

Q36. I have been seen in General OPD, and I have been referred to a Specialist OPD in the SAME hospital. The specialist OPD is scheduled 2 or 3 days later. Do I require a new registration when I visit on that day?

A36. New registration is not required. But the ticket has to be renewed at the ticket counter. And you can straightaway avail the specialist services.

Q37. I have been seen in General OPD of a district hospital, and I have been referred to a Specialist OPD in a Medical College. Do I require a new registration?

A37. Yes. You have to register again in Medical College and make a OPD ticket in the Medical College, citing the specialty you want to avail.

Q38. I have been seen in a Specialist OPD in a Medical College, and I have been referred to a super speciality OPD in another Medical College. Do I require a new registration?

A38. Yes. You have to register again in the second Medical College and make a OPD ticket there, citing the super specialty you want to avail.

Q39. I have been seen in a Specialist OPD in a Medical College, and I have been asked to do regular dressing in a district hospital close to my house. Do I require a new registration in the district hospital?

A39. Yes.

B. Sub-category: Emergency Department related:

Q1. How can I see/ visit/ consult a/ any doctor at emergency?

A1. Emergency Patients' registration remains open round the clock.

Q2. How to get Registration for emergency?

A2. Emergency remains open round the clock.

Q3. Is there any registration fee for consultation /registration in Emergency?

A3. In case of emergency, there shall be no charges for consultation.

Q4. Is there any charge for investigation in Emergency?

A4. In case of emergency, there shall be no charges for investigation.

But once such emergency patients are admitted they will be levied usual user charges except in case of moribund and urgent emergency situations at the discretion of the Superintendent of the concerned Hospital. Vide GO no No. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002

Q5. What is the opening/ closing time of emergency?

A5. Emergency Patients' registration remains open round the clock.

Q6. What (how many)days the emergency department will remain open/closed ?

A6. Emergency Patients' registration remains open round the clock.

Q7. Today/ tomorrow is a holiday, will the emergency deptt. remain open?

A7. Even if today or tomorrow is a holiday, Emergency will remain open.

Q8. When /What is the time/ weekly calendar/schedule of a particular specialty/ discipline/ type [name of the emergency] of emergency?

A8. Please contact facility manager. See table.....

Q9. What [how much] is the doctors visit/fee/ user charge in emergency?

A9. Nil. In case of emergency, there shall be no charges for investigation. But once such emergency patients are admitted they will be levied usual user charges except in case of moribund and urgent emergency situations at the discretion of the Superintendent of the concerned Hospital.

Vide GO no No. HF/O/MS/121/W-10/2001,dated Kolkata, 18th March, 2002

Q10. I have lost my emergency card/ ticket; what shall I do?

A10. If it relates to Police case, inform EMO (Emergency Medical Officer) on duty of the attending hospital and also nearest Police station immediately, with particulars.

If it is not related to Police case, inform EMO with particulars.

Q11. Where the general emergency/ a particular specialist emergency (name of the emergency/ name of the specialty/ discipline/ type) is located in a particular hospital (name of the hospital)?

A11. Contact facility manager for details. See table.....

Q12. Where (what is the name of the hospital) a particular specialist emergency (name of the clinic/ name of the specialty/ discipline/ type) is located nearby?

A12. For emergency services, consult/contact nearby hospital, for specialist EMERGENCY services of any specified hospital, see table

Q13. Is there any provision for queue jumping for deserve candidates like old/ pregnant women/ seriously ill etc at emergency?

A13. It is at the discretion of EMO.

Q14. What is the opening/ closing time of Investigation facility /Diagnostic Services (Laboratory, Imaging & Others) like Biochemistry, Pathology, X-Ray, ECG, USG for IPD patients?

A14. All Diagnostic Services (Laboratory, Imaging & Others) like Biochemistry, Pathology, X-Ray, ECG, USG etc. for in-patients remain open from 8AM to 2 PM on each working day.(Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011)

C. Sub-category: Inpatient department (IPD) & admission related:

Q1. I have been advised admission and refused bed as no bed is vacant. Where (what is the name of the hospital) a particular specialist IPD bed (name of the c specialty/ discipline/ type) is located nearby] or [Is there any vacant bed in a particular hospital (Name of the hospital)?

A1. HHO has to connect the facility manager of the respective health care establishment to collect relevant data.Facility manager will have to maintain real time data of admission.See table.... Contact number of hospital. See table.....

Q2. How (where, when) can I get admission in bed?

A2. Depending on the emergency status of the patient, the patient may be either 1) advised admission or 2) be advised treatment and asked to follow up in next OPD. After having been advised admission, the patient will get admission depending on availability of beds vacant.

Q3. I am admitted in floor, How can I get shifted to bed?

A3. Patients are shifted from floor to bed depending on first come first served basis. HHO has to connect the facility manager of the respective health care establishment to collect relevant data. Facility manager will have to maintain real time data of bed vacancy status. See table....Contact number of hospital. See table.....

Q4. I am in a bed sharing with others, How can I get shifted to a single bed?

A4. Depending on availability of vacant beds, and on first come first served basis, patients may be shifted to single bed. However HHO has to connect the facility manager of the respective health care establishment to know the real position of vacancy of beds.

Q5. I am in a paying bed though I am BPL/poor; Can I get shifted to a free bed?

A5. Yes, BPL patients who are admitted in "Paying bed/ wards" may be shifted to "free beds/ wards" as and when there is a vacancy in free beds. (Vide:GO. No. HF/O/MS/351/W-74/06 Dt. 15-09-2006).

Q6. I am in a paying bed though I am BPL/poor; How can I get shifted to a free bed?

A6. A priority list of such BPL patients on first come first served basis shall be prepared by the hospital authorities and patients be shifted to free beds on the basis of this list. Such patients will be given over-riding priority for admission to free beds over fresh patients. (Vide:GO. No. HF/O/MS/351/W-74/06 Dt. 15-09-2006)

Q7. How long IPD Patient registration functions?

A7. IPD Patient registration remains open round the clock

Q8. I am in a paying bed though I am BPL/poor, now I have been shifted to a free bed. Can I get back the amount deposited by me already?

A8. Additional amount deposited by such BPL patients admitted to "Paying beds/ wards" and later shifted to "free beds/ wards" shall be reimbursed depending on the number of days spent in "Paying beds/ wards". (Vide:GO. No. HF/O/MS/351/W-74/06 Dt. 15-09-2006)

Q9. How (Where, when) we can meet the attending doctor as a patient party?

A9. Patient Party will have the opportunity to meet with the concerned Doctor at scheduled hour of patient party meet during morning/evening as declared by the Superintendent. After completion of each round, the bed in charge is scheduled to meet the patient party at a place fixed by the Superintendent.(Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011).

Q10. When (What is the time) of Doctor visiting (round) at IPD/Ward?

A10. Bed-in-charge gives rounds in the wards twice daily starting from 8 AM in the morning and at 6 PM in the evening. After completion of each round, s/he is scheduled to meet the patient party at a place fixed by the Superintendent.(Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011).

Q11. When (What is the time) patient party can meet with Doctor?

A11. Bed-in-charge gives rounds in the wards twice daily starting from 8 AM in the morning and at 6 PM in the evening. After completion of each round, s/he is scheduled to meet the patient party at a place fixed by the Superintendent.

Vide Annexure to GO no HF/O/GA/1936/W-153/11dated 26-07-2011

Q12. [Is there any system of] or [can I go for] or [Is it allowed for] advance booking for admission? and [If so How]?

A12. No. There is no system of advance booking for admission.

Q13. [Is there any provision] or [can I go for] or [Is it allowed for] home supplied diet for patient admitted in IPD/ward? and [If so How]?

A13. Yes. At the time of admission of the patients, they shall be requested to indicate whether they would like to take the Diet provided by the Hospital. Only those patients who opt for Diet (meal-wise) provided by the Hospital shall be supplied the Diet from the Hospital. Vide GO no. HF/O/MS/549/5S-1/2001, dated Kolkata, the 26th November, 2001.

Q14. [Is there any provision] or [can I go for] or [Is it allowed for] rented Ayah/ Special attendant/ Private nurse for patient admitted in IPD/ward? and [If so How]?

A14. No. The rule says that no "Special Attendant" or "Aayah" will be allowed by the Govt. in the Hospital as Attendant to the patients. If the patient party so desires, he/she may nominate one person, who may be allowed to stay with the patient as an attendant. Vide: No : A 8636 , Kolkata, the 13.11.2001)

Q15. [Is there any provision] or [can I go for] or [Is it allowed for] stay of patient party for patient admitted in IPD/ward? and [If so How]?

A15. There is a provision for patient party to stay by bed side of patient. The authorized patient party has to be provided with "Permit Cards for Visitors" as well as for 'patient's attendant Card' on demand. These two cards are of different colours. All the patient parties are to be offered two Visitor Cards and one attendant card. If the patient party so desires, then their attendant may stay in the wards from 8 a.m. to 8 p.m. beyond that period no attendant shall be allowed to stay within the wards, unless specifically permitted by the concerned bed-in-charge/Superintendent of the Hospital, that too taking into consideration of the general condition of the particular patient. However no male person will be allowed to stay in female ward and vice-versa (Vide: No : A 8636 , Kolkata, the 13.11.2001)

Q16. What is the time of discharge?

A16. Other than the transfer of patient for emergency referral or 'Discharge against Medical Advice' (Discharge on Request Bond) the admitted patient will normally be discharged before 1 PM. Vide Annexure to GO no HF/O/GA/1936/W-153/11 dated 26-07-2011

Q17. How (where, when) can I get my patient discharged?

A17. Other than the transfer of patient for emergency referral or 'Discharge against Medical Advice' (Discharge on Request Bond), the admitted patient will normally be discharged before 1 PM. (Vide Annexure to GO no HF/O/GA/1936/W-153/11 dated 26-07-2011)

Q18. What papers (documents) will I get at the time of discharge?

A18. Discharge certificate and all investigations if carried out by patient party from private centres. X-Ray, USG, MRI and CT Scan Plates / Films shall be handed over by hospital authorities to the payees of user charges. Cassettes for Angiography will be available on payment of Rs. 1000/- in addition to the charges fixed for investigation. (Vide GO. No. HF/O/MS/121/W-10/2001 Dt. 18.03.2002)

D. Sub-category: Others query:

Q1. Where a particular specialist service/(name of the service/ name of the specialty/ discipline/ type) related to OPD/ emergency/ IPD/ blood bank/ morgue (post-mortem examination)/ other service is located in a particular hospital (name of the hospital)?

A1. HHO has to connect the facility manager of the respective health care establishment to collect relevant data. Hospital may have more than one campus.

See table....

Q2. Where (what is the name of the hospital) a particular specialist service/(name of the service/ name of the specialty/ discipline/ type) related to OPD/ emergency/ IPD/ blood bank/ morgue/ other service is located nearby or what is the nearest hospital with such facility?

A2. HHO has to see from table to find out which hospital is nearest, then contact respective facility manager to see whether the particular specialist service /(name of the service/ name of the specialty/ discipline/ type) related to OPD/ emergency/ IPD/ blood bank/ morgue/ other service is available in real time. Also see table....

Q3. Whether all investigations / Services covered under National Health Programme are free of cost?

A3. Yes, all investigations / Services covered under National Health Programme are free of charge in case of all patients Even if such patients are admitted in paying beds no charges will be levied. (Vide GO no.HF/O/MS/121/W-10/2001,dated Kolkata, 18th March, 2002)

Q4. In case of emergency, whether usual user charges are to be paid while in emergency?

A4. In case of emergency, there shall be no charges for investigation. But once such emergency patients are admitted they will be levied usual charges except in case of moribund and urgent emergency situations at the discretion of the Superintendent of the concerned Hospital. (Vide GO no. HF/O/MS/121/W-10/2001,dated Kolkata, 18th March, 2002)

Q5. Who are entitled to get exemption from paying Hospital charges?

A5. Patients from low income group families i.e. families having monthly income not exceeding Rs. 2000/- per month may get exemption from payment of Hospital charges, except those which require specific Government Order, on production of ' Income Certificate' from the local public representative, e.g. – Local M.P. / M.L.A. / Sabhadhipati, Zilla Parishad / Sabhapati, Panchayat Samity / Pradhan, Gram Panchayat / Mayor, Deputy Mayor and Councilor of Municipal Corporations / Chairman, Vice-Chairman of Municipalities and Notified Area Authorities and State Government Group – 'A' Officers not below the rank of B.D.O. Superintendents of the Hospitals and Officers duly authorized by them shall have the authority to verify the authenticity and genuineness of such certificates produced for getting exemption from payment of Hospital charges. The income certificates so issued shall remain valid for three months from the date of issuance. (Vide GO no. HF/O/MS/121/W-10/2001,dated Kolkata, 18th March, 2002).Though there is no free bed in SSKM Hospital (which shall mean and include SSKM group of Hospitals), Kolkata, the Surgeon-Superintendent would allow up to a maximum limit of 15% of the paying beds free on production of requisite indigent certificate. (Vide GO no. HF/O/MS/121/W-10/2001,dated Kolkata, 18th March, 2002)

Q6. I have been issued an income certificate today, how long will it remain valid?

A6. Three months (Vide GO no.HF/O/MS/121/W-10/2001,dated Kolkata, 18th March, 2002)

Q7. Who are the persons where I can approach for income certificates for getting exemption from paying hospital charges?

A7. Patients from low income group families having monthly income not exceeding Rs. 2000/- per month may get exemption from payment of Hospital charges, except those which require specific Government

Order, on production of 'Income Certificate' from the local public representative, e.g. – Local M.P. / M.L.A. / Sabhadhipati, Zilla Parishad / Sabhapati, Panchayat Samity / Pradhan, Gram Panchayat / Mayor, Deputy Mayor and Councilor of Municipal Corporations / Chairman, Vice-Chairman of Municipalities and Notified Area Authorities and State Government Group – 'A' Officers not below the rank of B.D.O. Superintendents of the Hospitals and Officers duly authorized by them shall have the authority to verify the authenticity and genuineness of such certificates produced for getting exemption from payment of Hospital charges. The income certificates so issued shall remain valid for three months from the date of issuance. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Q8. The income certificate has been issued in a plain white paper, is it acceptable? Then what has to be done?

A8. No. The income certificates issued shall be acceptable only if :1) In case of MLAs and MPs, they are issued on the official stationary of MLA / MP and are duly signed. 2) In case of other officials and functionaries, they are issued on the official stationary and are duly signed and sealed. 3) The certificate is duly dated and is produced within three months from the date of the issue. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Q9. My patient is admitted in ward. I have got one income certificate issued for my patient. My patient has been advised Xray, USG, Blood tests. Where can I get so many certificates.?

A9. The original certificate is to be produced for In-Patient Department and duly attested copies are to be submitted for each investigation. Even when attested copies are produced for investigations relating to OPD, the original certificate shall have to be shown if asked for. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Q10. As an employee of State Govt/ pensioner, is my family entitled to get free treatment?

A10. Employees of Government of West Bengal and their families, State Government Pensioners and their families / Freedom Fighters, Ministers and their family members, MLAs and their family members, MPs and their family members, Medical Students, including PGT, Internees, Stipendiary House Staff, Trainee Nurses and Prisoners will be treated free of cost subject to the production of requisite certificate. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Q11. What range of facilities are available for patients from low income group patients? Whether there is any hidden cost that has to be borne even if patients belong to low income group?

A11. Free beds in the Hospitals shall be exclusively for patients from low income group families having monthly income not exceeding Rs. 2000/- per month. Patients admitted into free beds shall be treated totally free of cost and no Hospital charges whatsoever (except a couple of those mentioned in Annexure) shall be levied from the patients admitted into free beds. Patients from families having monthly income exceeding Rs. 2000/- per month shall not be admitted into free beds. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Q12. If patient belongs to a low income group, but at the time of admission in emergency, say, at midnight, could not produce the income certificate, will he get the facility of free beds?

A12. The patients relating to emergency cases (including emergency labour) may be admitted in free beds if his guardian / relative / companion claim that the patient belongs to low income group family having monthly income not exceeding Rs. 2000 /- per month and is entitled to treatment in free bed. However, in such cases, the patient or his guardian / relative / companion who claim to avail the facility of free treatment as a patient belonging to low income group family shall have to produce the certificate referred to in sub-para (f) within three days of admission of the patient. If the same is not done the patient shall be shifted to the paying bed. However, if such patients are discharged within three days of admission, no charges will be levied. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Q13. Is there any provision of free beds in a specific hospital?

A13. There are three categories of hospitals in our Health care delivery system-

1) Tertiary care- fully paying – SSKM – fully paying. Also Note-Though there is no free bed in SSKM Hospital (which shall mean and include SSKM group of Hospitals), Kolkata, the Surgeon-Superintendent would allow up to a maximum limit of 15% of the paying beds free on production of requisite indigent certificate. (Vide GO no. HF/O/MS/121/W-10/2001, dated Kolkata, 18th March, 2002)

Tertiary care – other Medical Colleges and Hospitals – both free and paying beds available

2) Secondary care – District Hospitals and S D Hospitals- both free and paying beds available

3) Primary care- all rural, block and primary health centers- fully free

Q14. How can (where, when, what amount of user charge and supporting document to get free service) I get the particular service/ benefit/ provided by government/ non-government agencies.

A14. For Patient service/ benefit provided by Govt. agencies HHO has to contact facility manager of specific hospitals or see table for specialist/ general services.

For user charges of specific services, see table on user charges.

Q15. How can (where, when, what amount of user charge and supporting document to get free service) I get medicine provided by government agencies?

A15. Medicines- free supply as prescribed by attending doctor of that hospital only, medicines are available at dispensary of hospital. Medicines which are not available at dispensary may be available at Fair price Shop attached with hospitals.

Q16. How can (where, when, what amount of user charge and supporting document to get free service) I get the blood products provided by government agencies?

A16. Blood bank-

At present the rate of blood and its components consumed by the General Beds, Paying Beds and Cabin Patients in the Govt. Hospitals are as follows:-

a)	General Beds	-	Rs. 50/-
b)	For Paying Beds	-	Rs.100/-
c)	Cabin	-	Rs.140/-

The rates for blood and its components for the patients of Nursing Homes and other Corporate Hospitals etc. where the rates for whole blood and its components only should be enhanced at the following rates:-

i)	Whole Blood	-	Rs. 500/- Per Unit
ii)	F. F. P.	-	Rs. 400/- " "
iii)	Platelet Concentrate	-	Rs. 400- " "
iv)	Platelet Rich plasma	-	Rs. 400- " "
v)	Packed Cell	-	Rs. 400- Per Unit
vi)	Frozen Plasma	-	Rs. 350- " "
vii)	Cryoprecipitate	-	Rs. 300- " "
viii)	Washed RBC	-	Rs. 400- " "

(vide :GO. No. HF/O/MS/391/W-35/03 Dt. 11.09.2003)

Q17. How can (where, when, what amount of user charge and supporting document to get free service) I get the blood products provided by Non-government agencies?

A17. It will be included later after compilation of data

Q18. How can (where, when, what amount of user charge or supporting document to get free service)I get birth/ death certificate/ injury report/ discharge summary/ handicap certificate/ copy of any other medical/medico-legal records in Hospital?

A18. Birth certificate- From the same hospital, where birth took place. No user charge is levied, In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of section 8 of West Bengal Registration of Birth and Deaths Rules, 2000 (vide GO no H/FW/779/1A-7/2000, dated 20. 9.2000) , the nearest relative of the new born or deceased may collect the extract from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth.

Q19. Who is the authority for delayed registration of births and what are the fees payable for delayed registration ?

A19. Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupees two:

Provided that – where a Sub-Registrar is appointed for the purpose, he shall register such events with the permission of the Registrar.

Any birth or death of which information is given to the Registrar / Sub-Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of

- (a) the District Registrar or the Additional District Registrar in rural area,
- (b) the Chief Municipal Health Officer / Administrator / Chief Executive officer of a Municipal Corporation,
- (c) the Chairman / Administrative Officer / Executive Officer of a Municipality,
- (d) the Chairman / Executive officer of a cantonment or notified area – as the case may be,

and on payment of a late fee of rupees five, and production of an affidavit made before a Notary Public or a First Class Magistrate.

Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of an Executive Magistrate and on payment of a late fee of rupees ten.

Q20. How can (where, when, what amount of user charge or supporting document to get free service)I get death certificate in Hospital?

A20. Death certificate- From the same hospital, where death took place.

Note- As per letter No. 11/7/2008-VS (CRS) Dated 20.07.2012 issued by the Dy. Registrar General, o/o the Registrar General, India, V.S. Division, West Block-I, R. K. Puram, New Delhi-110066, after passing of the order of Hon'ble Supreme Court, Registration Centres have been opened at the delivery Centres such as Hospitals, B.P.H.C(s), P.H.C(s) and Rural Hospitals and Medical Officer in-charge or any other person authorized by him has been declared as the Registrar or Sub-Registrar of Births and Deaths for registration of events and issuance of Birth and Death Certificates for those events which took place in their institutions. Concerned Authorities related to registration of births and deaths as per provisions of 'Registration of Births and Death Act, 1969' are hereby requested to comply with this directive.

Q21. How can (where, when, what amount of user charge or supporting document to get free service)I get injury report in Hospital?

A21. Injury report- From the same hospital

Q22. How can (where, when, what amount of user charge or supporting document to get free service)I get discharge summary in Hospital?

A22. Discharge certificate- From the same hospital, where patient was admitted.

Q23. How can (where, when, what amount of user charge or supporting document to get free service)I get copy of any other medical/medico-legal records in Hospital?

A23. Copy of any other medical records- From Superintendent's office of hospital

Copy of medico legal records- From Police station.

Q24. What amount of user charge or supporting document to get free service)I get handicap certificate in Hospital?

A24. For getting handicap certificate, there is no user charge payable.

Physically handicapped candidates will not be required to deposit any amount either in cash or through Treasury Challan for the purpose. This is applicable in the cases of handicapped persons of the both State and Central Govt. Vide GO no. HF/O/GA/1234/W-31/98 Calcutta, the 30th June, 1998

Q25. I live in Kolkata Municipal area. How can I get handicap certificate in a Medical College Hospital?

A25. The job for issuance of handicapped certificate is entrusted to the Handicapped Boards. The said Boards are constituted in different Teaching Institutions in Calcutta with specialist Medical Officers attached to the concerned hospitals to consider such cases for the following areas.

Sl. No	Name of the Hospital	No. of Wards attached to the Hospital.	Total
01	R.G. Kar M.C.H.	1 to 35	35
02	Medical College Hospital	35 to 71 Except 55 & 59	34
03	N.R.S. M.C.H.	72 to 106 + Ward No.55	36
04	C.N.M.C.H	107 to 141 + ward No.59	36
Total :			141

The Medical Board/s composed for the purpose meet usually twice in a month to examine the handicapped persons. The Physically Handicapped candidates should produce the Ward Commissioner's Certificate before the Medical Board, authenticating that he or she belongs to his/her ward. The respective Superintendent will be the convenor and chairman of the Medical Board. He will call the specialists of different units for the Board. Vide HF/O/GA/107/W-02/98, dated: 15.1.1998

However HHO should contact respective facility manager for operational details.

Q26. What are the supporting documents to get handicap certificate in Hospital?

A26. The Physically Handicapped candidates should produce the Ward Commissioner's Certificate before the Medical Board, authenticating that he or she belongs to his/her ward. Vide HF/O/GA/107/W-02/98, dated: 15.1.1998

Q27. I live in a subdivision of a district. How can I get handicap certificate?

A27. Medical examinations for determining disability of physically handicapped persons are done in district Hospital and S.D. Hospitals of the district /Sub-Division concerned. However HHO should contact respective facility manager for operational details of medical boards to certify handicapped persons.

Q28. How can (where, when, what amount of user charge and supporting document to get free service) I get ambulance/ referral transport/ NISCHAYA YAN provided by government [ambulance run by non-government agencies will be included in future].

A28. THE SCHEME

III.1. The Scheme is basically pooling of resources to maximize utilization of existing resources and enabling the beneficiaries to avail of the same at reasonable prices.

III.2. All Government ambulances, ambulances run under PPP scheme and enlisted & agreeable ambulances from other sources in the district will be used for the Scheme.

III.3. A toll free committed telephone number (102) will be arranged by Health Department.

III.4. Adequate publicity will be arranged so that all beneficiaries are aware of the service and the number to dial.

III.5. Government will facilitate the networking and establish a system that will be continued by the district.

III.6. The rate of the service will be fixed by the District Committee in accordance to existing rate applicable for PPP ambulances running in the district. However, a minimum charges of Rs. 125/- may be charged upon any usage of the services. In case of enhancement of rate for the PPP ambulances, the same will also be applicable for ambulances under Nishchay Yan.

III.7. The existing Voucher Scheme will act as an integral component of this Scheme.

III.8. Beneficiaries will have to pay for the ambulance services at the pre-fixed rates.

III.9. Beneficiaries holding Voucher cards can avail of the ambulance services free of cost as per the norms of the Voucher Scheme. However, BPL/SC/ST pregnant mothers can avail of free delivery transportation to Govt. Health Facilities & those empanelled under Ayushmati Scheme within the district. All neo-natal children between 0-28 days will also be transported free of charge to any Govt. Health Facilities, within the district.

III.10. The Scheme will be operative 24 hrs on all days and will be managed by an efficient and trained NGO. Personnel manning the Call Centre for the Scheme will be adequately trained. The District Control Unit (DCU), will handle calls for ambulance.

III.11. ADM (Development) will be designated as the District Nodal Officer. Operation of the Scheme will be monitored by District Nodal Officer.

III.12. Performance of enlisted ambulances / vehicles will be judged on the number of patients transported by them under the Scheme.

(Reference- <http://www.wbhealth.gov.in/guidelines/Toll%20Free%20108.pdf>, accessed on 29.07.13)

Q29. How can (where, when, what amount of user charge and supporting document to get free service) I get JSY facilities provided by government?

A29. The Janani Surakshya Yojana encourages institutional delivery by providing cash assistance to BPL/SC/ST households. The conditionality associated with parity and minimum age of the mother for institutional deliveries in high performing states as was in existence before, have been removed, vide GO no HFW/NRHM-201/2008/1002 dated 26-06-2013. Once a beneficiary is admitted in a health facility an A/C payee cheque of Rs 1000/- or Rs 900/- as the case may be shall be prepared by the office and handed over to ward sister in charge, the ward sister in charge will enter the name of the beneficiary, date, cheque no in the JSY payment register before /or at the time of discharge of the beneficiary (vide GO no HFW/NRHM-201/2008/923 dated 07-06-2013).

Q30. How can (where, when, what amount of user charge and supporting document to get free service) I get JSSK/ RSBY facilities provided by government/ non-government agencies.

A30. Janani Shishu Suraksha Karyakram (JSSK)- all the pregnant women opting for delivery at public health institution and newborn up to 30 days irrespective of financial and cast status will get free services as:

Entitlements for Pregnant Women:

Free and zero expense Delivery and Caesarean Section.

Free drugs and consumables

Free essential Diagnostics (Blood, Urine test and Ultra- sonography etc).

Free diet during stay in health institutions (Up to 3 days for normal delivery & 7 days for Caesarean Section)

Free provision of blood

Free transport from home to health institution.

Free transport between facilities in case of referral

Drop back from institution to home after 48 hours in case of normal delivery & after 7 days in case of Caesarean Section.

Exemption from all kinds of user charges.

Entitlement for Sick Newborns till 30 days after birth:

Free and zero expense treatment

Free drugs and consumables

Free diagnostics

Free provision of blood.

Free transport from home to health institution.

Free transport between facilities in case of referral.

Free drop back from facility to home.

Exemption from all kinds of user charges.

Regarding Diagnostics:

Both essential and desirable investigations are required to be conducted free of cost for pregnant women during ANC, INC, PNC up to 6 weeks after delivery which includes investigations required prior to both normal delivery and Caesarean Section. Similarly when a neonate is sick and needs urgent and priority treatment for conditions like infection, pneumonia etc is to be conducted free of cost.

Reference Table III: Category: List of Frequently asked requests (FAR)

A. Sub-category: Outpatient department (OPD) related:

Q1. I am waiting for a long time. Now it is 8.31 AM (any time after the scheduled time) but OPD registration/ card/ticket counters not yet open/ long delay.

A1. The facility manager will be contacted right now and your grievance is being brought to his/her notice. Please stand by.

Note reasons for delay in opening of OPD-

- a) Staff reporting for duty late
- b) Some problem in opening of gates/ door locks
- c) Sweeper not attending before opening of counter/ sweeper doing work for which staff at counter has to stand aside
- d) Computer or printer not working
- e) Power cut, generator backup late
- f) OPD tickets depleted, fresh stock has to be obtained from SK

Delay-

- a) Only a single counter operating instead of two/ more
- b) Very old persons or female patients are being given priority
- c) Ticketing is done in a 2 females: 1 male ratio

Q2. I am waiting for a long time. Now it is 9.01 AM (any time after the scheduled time) but there is no doctor/ staff at OPD clinic long delay.

A2. The facility manager will be contacted right now and your grievance is being brought to his/her notice. Please stand by.

Q3. Today is not a holiday but the OPD clinic/ investigation facility (laboratory/ X-ray etc.)/ drug/ medicine (pharmacy) remained closed.

A3. The facility manager will be contacted right now and your grievance is being brought to his/her notice. Please stand by.

1. Date of different medical test/investigation given which will be after the long time.
2. Not getting admission in Hospital even after advice given by OPD doctor.
3. Patient care amenities like sitting arrangements, drinking water etc is not upto the mark or no such facilities or I am dissatisfied with the quality of such facilities.

B. Sub-category: Emergency department related:

1. [No trolley is available in Emergency] or [I have to carry the patient by myself].
2. There is no stretcher / trolley bearer; and I have to move the trolley/ stretcher.
3. After registered for admission there is no HCP to escort the patient to the ward/ IPD or I cannot locate the proper ward/ IPD.
4. Patient is waiting for a long time at emergency to be escorted to the ward/ IPD.

C. Sub-category: Inpatient department (IPD) and admission related:

1. [Doctor is not visiting daily in time] or [doctor not yet visited long delay] or [doctor is visiting at odd hours]
2. Doctor not yet met with patient party as per schedule.
3. Bed is not provided even after admission.
4. [I am not getting operation in Hospital even after advice given by IPD doctor] or [There is a huge delay in getting operation done.

5. I have been denied admission in free bed through I am a BPL card holder/ very poor.
6. I have been denied cabin facilities or discrimination regarding allotment of cabin.
7. I have been denied transfer from floor to bed or discrimination regarding allotment of bed.
8. Patient is visited by doctor other than doctor under whom he is admitted.
9. Patient is compelled to share doubling/ more than one patient per bed admitted in IPD/ward
10. [Patient party is not allowed to stay with patient] or [patient is compelled to rent Ayah/ Special attendant/ Private nurse for patient admitted] in IPD/ward.
11. One Ayah/ Special attendant/ Private nurse is looking after more than one patient.
12. Doctor is directing the patient to get 'Discharge on request bond' and not giving any discharge summery.

D. Sub-category: Others facilitation requests:

1. No HCP/ doctors/ nurse [sister]/ group-D is available at OPD/Emergency/ IPD/Ward.
2. HCP other than doctor is providing services at OPD/Emergency/IPD which should be provided by a doctor only.
3. [There is no at emergency] or [I have to purchase] essential medicine [drug]/ plaster/ gauge/ cotton/ bandage/ saline set/ injection/ oxygen/ any other essential consumables at [OPD/emergency/IPD]
4. Doctor is refusing to advice admission though the patient is seriously ill.
5. Doctor is advising admission but there is no vacant bed.
6. Doctor is advising admission and vacant bed is also available but the authority is refusing to admit or discrimination regarding admission.
7. Doctor is referring the patient elsewhere for further treatment/ admission.
8. Not accepting to admit and referring to other Hospital.
9. I am dissatisfied with the quality of services/ diet/ patient care amenities/Hygiene/cleanliness etc.
10. I am dissatisfied with the behavior of HCP/ doctors/ nurse [sister]/ group-D/ AYAH at OPD/ IPD/ Emergency deptt./ other deptt.
11. I have been mistreated/ misbehavior derogatory/ foul/ abusing/ offensive language by HCP/ doctors/ nurse [sister]/ group-D/ AYAH at OPD/ IPD/ Emergency deptt./ other deptt.
12. I have been harassed sexually/ attempt to rape by [HCP/ doctors/ nurse [sister]/ group-D/ AYAH at OPD/ IPD/ Emergency deptt./ other deptt] or [by other patient/ patient party].

Annexure I: Text of facility manager selection letter



**Government of West Bengal
Health & Family Welfare Department
Strategic Planning & Sector Reform Cell
4th Floor, Wing B, Swasthya Bhawan**

No. HF/SPSRC/49/2013/Hospital Admn/132

Dated 17 June 2013

From: **S.C. Tewary, IAS**
Principal Secretary

To: 1. **Director of Medical Education**
2. **Director of Health Services**

Subject: Creation of Database for 24 x 7 Health Helpline

It has since been decided that the Health & Family Welfare Department will operate 24x7 Health Helpline on an outsourced basis. Patients, Patient Parties or the general public would receive the following two categories of services from the Helpline (a) Information regarding availability of essential service packages in State Government Run Health Facilities and (b) Assistance in availing the service packages rendered by the State Government Run Health Facilities.

2. Queries/ Requests for Assistance received from the Patients, Patient Parties or the general public would be populated in the customized software by Helpline Operators and forwarded immediately through voice call and/or SMS to the Hospital Authority concerned, to ensure that appropriate action to satisfy the query or resolve the problem can be taken expeditiously. Each Hospital Authority would be duty-bound to satisfy the query or address the request as soon as possible, and report compliance to the Helpline so that a feedback can be provided to the caller. Establishment of a 24X7 channel of communication between the Health Helpline and the Facility is therefore imperative.
3. Each Health Facility would have to identify Facility Manager(s) who would remain responsible for responding to each call from the Health Helpline on behalf of the Hospital Authority. S/he will also have to remain responsible for updating the static database related to availability of Hospital Services. As the Facility Manager(s) will have to attend calls from the Health Helpline round the clock, Hospital Authorities are advised to recommend the names of at least 3 (three) responsible functionaries from amongst the Medical Superintendent cum Vice Principal; Superintendent; Deputy Superintendent, Nursing Superintendent; Deputy Nursing Superintendent; Assistant Superintendent or the Ward Masters - in hospitals where no Assistant Superintendent is posted, as Facility Managers.
4. Hospital Authorities may send the Names and Contact Telephone Numbers (Mobile) of the Facility Manager(s) identified in the following format to Dr. Kamalakanta Pati, Deputy Director of Health Services (Hospital Administration) through email addressed to ddhs_ha@wbhealth.gov.in or wbhabr@gmail.com within 21-06-2013 without fail. If no email is received within the date mentioned

above, it would be presumed that the MSVP/ Superintendent of the Facility would act as the Facility Manager.

[S.C. Tewary]
Principal Secretary

Format

Official Name of the Facility (Hospital/Institution):			
Complete Postal Address with PS:			
Head of Office (Principal/Director/ MSVP/ Superintendent)			
Contact Details of Head Of Office			
Mobile /Landline No:			
Name & Designation of Facility Manager 1:		Mobile No.	
Name & Designation of Facility Manager 2:		Mobile No.	
Name & Designation of Facility Manager 3:		Mobile No.	

No. HF/SPSRC/49/2013/Hospital Admn/132/1(15)

Dated 17 June 2013

Copy forwarded for information and necessary action to:

1. Director SPSRC & State Mission Director, NRHM, WB
2. Director of Homeopathy. He is requested to send a copy of this letter to the Supdtt of all tertiary and secondary care health facilities under that directorate
3. Director of Ayurveda. He is requested to send a copy of this letter to the Supdtt of all tertiary and secondary care health facilities under that directorate.
4. Director/Principal (All medical Collages/teaching Institution)
5. MSVP (All medical Collages/teaching Institution)
6. Jt. Secretary (IT)
7. Jt. Director SPSRC, Swasthya Bhawan
8. Jt. DHS(Admn). He is requested to send a copy of this letter to the Supdtt of all secondary care health facilities including decentralized hospitals situated in Kolkata
9. DDHS (HA), Swasthya Bhawan
10. CMOH (All Health Districts). He is requested to send a copy of this letter to the Supdtt of all Secondary Health Care facilities including decentralized hospitals situated in his health district
11. ADHS (Dental). He is requested to send a copy of this letter to the Supdtt of all Dental colleges under that directorate
12. Dr. Samir Sarkar, DADHS (HA), Swasthya Bhawan
13. Dr. S. Sengupta, TO, SPSRC
14. Dr. Suman Biswas, TO, SPSRC
15. System Coordinator, IT Cell.

[Dibyen Mukherjee]
Special Secretary



Government of West Bengal
Health & Family Welfare Department
Strategic Planning & Sector Reform Cell
4th Floor, Wing B, Swasthya Bhawan

No. HF/SPSRC/49/2013/Hospital Admn/135

Dated 18 June 2013

From: **Dibyen Mukherjee, IAS**
Special Secretary

To: 1. **Director of Medical Education**
2. **Director of Health Services**

Subject: State Nodal Officer for 24 x 7 Health Helpline

It has since been decided that the Health & Family Welfare Department will operate 24x7 Health Helpline on an outsourced basis. Patients, Patient Parties or the general public would receive the following two categories of services from the Helpline (a) Information regarding availability of essential service packages in State Government Run Health Facilities and (b) Assistance in availing the service packages rendered by the State Government Run Health Facilities.

2. In order to implement and monitor the above mentioned project, the Deputy Director of Health Services (Hospital Administration) will henceforth act as the State Nodal officer for Health helpline. Beside other responsibilities, he will maintain liaison between the Outsourced agencies and facility managers of different tertiary and secondary tier facilities. Hospital Authorities are expected to comply his request regarding submission of different data related to availability of hospital services, prompt redressal of grievances etc. He will maintain the central database required for call centre with assistance from the System Analyst of the IT Cell of the department. He will organize orientation training for call-centre associates, and functionaries of health department. He will develop and design different 'standard operating procedure'; formats of database; training module etc. with the assistance of different committees to be constituted for the purpose from time to time. He will submit performance report of the call centre to the Jt. Secretary (IT) from time to time.

HF/SPSRC/49/2013/Hospital Admn/135 Dated 18 June 2013

[Dibyen Mukherjee]
Special Secretary

No. HF/SPSRC/49/2013/Hospital Admn/135/1(15)

Dated 18 June 2013

Copy forwarded for information and necessary action to:

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6. Jt. Secretary (IT)
7. Jt. Director SPSRC, Swasthya Bhawan
8. Jt. DHS (Admn). He is requested to send a copy of this letter to the Supdtt of all secondary care health facilities including decentralized hospitals situated in Kolkata
9. DDHS (HA), Swasthya Bhawan
10. CMOH (All Health Districts). He is requested to send a copy of this letter to the Supdtt of all Secondary Health Care facilities including decentralized hospitals situated in his health district
11. ADHS (Dental). He is requested to send a copy of this letter to the Supdtt of all Dental colleges under that directorate
12. Dr. Samir Sarkar, DADHS (HA), Swasthya Bhawan
13. Dr. S. Sengupta, TO, SPSRC
14. Dr. Suman Biswas, TO, SPSRC
15. System Coordinator, IT Cell.

[Dibyen Mukherjee]
Special Secretary

Annexure III: Copy of MOU

This Memorandum of Agreement for operating the 24X7 Health Helpline of the Health and Family Welfare Department of the Government of West Bengal is made on this 11th day of July 2013, between Sparsh BPO Services Limited with its registered office situated at Serco House, Plot CST No. 1406-A/28, Malad (West), Mumbai 400064 or its successors in office or assigns (hereinafter referred to as the **Service Provider**)

And

The Governor of West Bengal represented by the Health & Family Welfare Department, Government of West Bengal, Swasthya Bhawan, GN 29, Sector – V, Bidhannagar, Kolkata – 700091 (hereinafter referred to as the **Client**).

Whereas the **Client** intends to run a 24X7 Health Helpline for providing citizen centric information on the services and facilities available in the Government Run Hospitals spread across the State, through a suitable agency, on a turnkey basis, with the objective of establishing closer liaison between the Health & Family Welfare Department, Hospital Authorities and Patient Parties to facilitate better patient management, particularly in emergency cases.

And Whereas the Client had invited expression of interest from competent agencies for selection of a suitable agency for operating the 24X7 Health Helpline on a turnkey basis, through a competitive bidding,

And Whereas the **Service Provider** which is a Limited Company dealing with Global IT services and experienced in operation of Call Centers/ Help lines for and on behalf of several Government and Non-Government entities and having due approval for undertaking such operations from the appropriate authorities, has expressed their interest to be engaged/ entrusted with the job of operating 24X7 Health Helpline on a turnkey basis for and behalf of the **Client**, on being selected as the lowest bidder in accordance with the selection procedure prescribed in the Bid Document,

NOW THIS INDENTURE WITNESSETH and it is hereby mutually agreed by and between the parties hereto as follows:

THAT this agreement shall initially remain valid for the period from 01/09/2013 to 31/08/2014 (“Term”). The Term of the agreement may however be extended, with a prior written notice of not less than sixty (60) days to the Service Provider, up to two years on the same terms and conditions/ curtailed at the discretion of the **Client** in pursuance of the terms & conditions contained in this agreement and the parties shall mutually agree on the renewal terms beyond the aforesaid period of three years.

This Agreement can be terminated by either party during the Term by way of a prior written notice of sixty (60) days to the other party.

The **Service Provider** and the **Client** do hereby covenant as follows:

Scope of Work

1. The “Service Provider” would have to provide the physical space, manpower and technical solutions required for running the Health Helpline on a turnkey basis.

2. The Helpline should be capable of receiving queries/ facilitation requests of all descriptions from the citizens over telephone/ SMS/ internet. The Helpline may be initially commissioned with Phone-in facilities only. SMS/ Internet integration shall be introduced by the Service Provider within a mutually agreed timeframe thereafter.
3. Incoming calls to the Helpline would not be toll free. The complainant would access the helpline from a mobile phone or land line. Caller Identification System should be provided for populating the number of the caller in the software (which shall hereinafter mean and refer to CRM). The identity of each caller would have to be validated by making a return call to the called number; and each and every validated query/ facilitation request would have to be registered in the application software. The caller will have to be given his/her registration number for future reference.
4. Action to satisfy the query or to attend to the facilitation request should be initiated immediately on receipt of the query/ facilitation request, irrespective of the day of the week or the hour of facilitation request, by escalating the issue at the appropriate level in accordance with the protocol specified by the Nodal Officer of the Health & Family Welfare Department in the matter.
5. Information on the action taken on each query/ facilitation request would thereafter have to be incorporated in the application software so that it is visible on the website in real time. Password protected access to the helpline website should be provided to the Administrators in the Health Department and the State run Hospitals and facilities spread across Districts and subdivisions so that status of resolution of any query/ facilitation request can be directly viewed and/or uploaded by them.
6. Periodic reports on the problems resolved and remaining unresolved will also have to be generated in the formats prescribed by the Nodal Officer, posted in the website and transmitted electronically to the functionaries of the Health & Family Welfare Department specified by the Nodal Officer designated for the purpose by the Health & Family Welfare Department.
7. The 24X7 Helpline would remain functional round the clock on all days of the week including Saturdays/ Sundays/ Government Holidays.
8. Initially 3(three) Helpline Operators would have to be deployed in each of the 2 (two) 8 - hour day shifts and 2(two) Helpline Operators in the night shift. This number may gradually be increased as per direction of the Nodal Officer of the Health & Family Welfare Department, depending on the volume of calls received.
9. The Helpline Operators deployed for running the 24X7 Helpline should be capable of handling the incoming calls in a suave and composed manner, escalate the problem at the appropriate level/ facility for redress and revert to the complainant with the solution/ action taken report within the shortest possible time.
10. The Helpline Operators should have ability to converse fluently in Bengali/ English and Hindi Languages.
11. The Helpline Operators deployed by the Service Provider should preferably have experience of having run similar Helpline/ Call Centres in the recent past.
12. If fresh operators are deployed, the Service Provider would have to ensure that they are provided proper training and grooming before actual deployment. The part of the training that relates to

facilitation request handling protocol and the levels of escalation in the Health Hierarchy would be arranged by the Nodal Officer of the Department

13. (a) Payment of wages and other service benefits admissible to the Helpline Operators, including grant of weekly and compensatory holidays, subscription to Social Security Schemes etc. would be governed by the extant orders of the Government of West Bengal and the Service Provider would have to ensure compliance to such norms. The telephone line of the Helpline should preferably be a single number through which up to 10 (ten) Helpline Terminals would be accessible. Hunting facility would have to be inbuilt so that at any point of time, an incoming call can land on one of the free lines. The numerical configuration of the number would have to be such that it is easy to memorise.

(b) Taxes:

(i) The fees for the services provided by Service Provider to Client includes Service Tax applicable on the services provided. If any other tax is subsequently levied or changes in the rate of tax by the competent authority, both Parties will mutually discuss and resolve the same amicably.

(ii) The payment to be made by client is subject to deduction of tax, wherein the client shall ensure to consider the Lower WHT certificate, if any provided by Service Provider. The client shall ensure to provide Certificate (Form 16A) evidencing payment of taxes deducted at source from relevant tax authority.

14. It will have to be ensured that the same telephone number is displayed as Caller Line Identification (CLI) in respect of all outgoing calls originating from any of the terminals of the Helpline to facilitate easy recognition by the Hospital and Health Authorities. The 24X7 Helpline may be made operational with 4 (four) Terminals initially and the system may then be augmented from time to time depending on the actual volume of calls handled.

15. Installation and Rental Charges in respect of the telephone line and the terminals used for the 24X7 Helpline would have to be borne by the Service Provider, but the actual call charges for operation of the Helpline, and proportionate share of taxes etc. would be reimbursed to the Service Provider as a component of the quarterly bills raised by the Service Provider for offering the services. Details of the Telephone Service Provider's Plan, the call log showing the facilitation request number against each call would have to be submitted along with the claims for reimbursement. Charges in respect of non official outgoing calls made from the Helpline Number, if any, would not be reimbursed by the Client.

16. The agreed rate of Rs. 19609 (nineteen thousand six hundred and nine) per peat per month (all inclusive) will be payable to the Service Provider, subject to satisfactory performance of the Helpline, and raising of bills on a quarterly basis. The rate shall remain effective for 3 (three) years from the date of signing the agreement unless terminated earlier. The Helpline will have to handle queries/ facilitation requests of all description/ nature as per actual requirement, during the aforesaid period of three years.

17. The **Client** will designate a Nodal Officer to report regarding all problems faced in connection with operation of 24X7 Helpline. In course of implementation, proper guidelines and Government orders may be required to effectively manage the process & and it shall be obligatory on the part of the Service Provider to follow such orders/guidelines. Web space of appropriate configuration will have to be provided by the Service Provider for installation of the Software to be used for processing the Queries/ Facilitation requests received at the Helpline and the each Helpline Operator will have to be provided with a Thin

Client/ PC/ Laptop linked to the server. High Speed Internet Connectivity should also be provided as per requirement.

18. The software for the helpline should be developed in such a manner as to ensure that it can be web enabled in due course, enabling citizens to lodge facilitation requests/ raise queries and view status of facilitation request resolution by accessing the application from the internet. For this purpose, web security assessment via STQC would have to be performed by the Client. Any cost incurred by the Service Provider for the same shall be borne by Client. The Software should also be capable of accepting Value Added Services like Integrated Voice Response System (IVRS) and SMS (Short Messaging Service) Based Applications for registering requests and disseminating information.

19. The Service Provider will have to develop software for voice recording of all queries/ facilitation requests received through the Helpline, and action taken in each case, in consultation with the Department, using Industry standard database software, and modify it to suit the requirements of the Department as and when required.

Cost of developing the Software for management of the Helpline or purchase of the Call Resource Manager (CRM) Software, as the case may be, is to be borne by the Service Provider, and in case CRM is used, the license of the Software is to be purchased by the Service Provider on behalf of the Health & Family Welfare Department. In cases where the Software is proposed to be developed by the Service Provider, the source code of the software so developed will have to be handed over to the Department on expiry of the contract, One time Knowledge Transfer to such handover will also have to be arranged by the Service Provider during the last 3 months of the contract.

The software should be developed in such a manner as would facilitate integration of the Helpline with the official website of the Department at www.wbhealth.gov.in in due course.

20. The website developed for the 24X7 Helpline should be security compliant in consonance with the Information Technology Act 2000 and have a trustworthy access-control technology and authorization policy, with inbuilt security features. Third Party Security Audit of the developed Web Portal will have to be arranged through any recognized Service Provider like STQC, within a period of 6 (six) months from the date of issue of LOI and cost of such audit shall be borne by the Client. Such audit shall be upon a fifteen (15) days' prior written notice.

21. Penalties for Non-Performance:

If the **Service Provider** fails to perform the stipulated services as per performances obligations during the period of contract, the **Client** shall without prejudice to it, and other remedies under the contract, deduct penalties in terms of financial value to the extent of maximum 20% of the contract value from the contract price.

22. Force Majeure:

The **Service Provider** shall not be liable for penalties, liquidated damages or termination for default if and to the extent that it's delay in performance or other failure to perform its obligations under the contract is the result of an event of Force Majeure or that is attributable to Client.

Force Majeure means an event beyond the control of the **Service Provider** and not involving the Service Provider's fault or negligence and not foreseeable. Such event may include, but are not restricted to, acts of the purchaser in its sovereign capacity, war or revolutions, fires, floods, epidemics & quarantine restrictions.

If a Force Majeure situation arises, the **Service Provider** shall promptly notify the **Client** in writing of such condition and the cause thereof. Unless otherwise directed by the **Client** in writing, the **Service Provider** shall continue to perform its obligations under the contract as far as reasonable and practical and shall seek recourse to all alternative means for performance not prevented by the Force Majeure event.

23. All payment to the **Service Provider** shall be made in account payee cheques.

24. Arbitration:

Either party may opt for arbitration, in case of any dispute arising in this contract, which cannot be settled amicably. A three member Arbitration Board shall be formed consisting of 1(one) member from both of the party & 1(one) member to be nominated by the above 2(two) members. The third member nominated by both the parties shall act as Chairman. The decision of this Arbitration Board shall be binding on both the parties. None of the member shall be a serving Government Officer. The cost of arbitration shall be shared equally by both the parties.

25. Legal Jurisdiction and Governing Law

The legal jurisdiction of this contract shall be restricted to the judicial jurisdiction of the High Court, Kolkata and this contract shall be governed by the laws of India.

26. TERMINATION FOR CONVENIENCE

Service Provider may terminate this Agreement for convenience, in whole or in part, by giving an advance written notice of thirty (30) days to the Client.

27. NON EXCLUSIVE AGREEMENT

The Service Provider shall be free to provide same or similar services as provided under this Agreement to third parties without in any way affecting the Services agreed to be offered under this Agreement.

28. LIMITATION ON LIABILITY

28.1. Notwithstanding anything contrary contained in this Agreement, in no event shall either Party's total, aggregate and cumulative liability under this Agreement, whether based on breach of contract, tort (including negligence) or otherwise, exceed the aggregate amount paid by the Client for Services in the one-month period immediately preceding the month in which the claim or action arose. The Service Provider and the Client further acknowledge and agree that they are entering in to this Agreement on the understanding that the fees for the Services to be provided under this Agreement have been set to reflect the fact that the liability and remedies shall be limited as expressly set forth in this Agreement. Provided that the limitation of liability in this clause 28.1 shall not apply to the liability of the Client for payment of the Services provided hereunder.

28.2. Notwithstanding anything contrary contained in this Agreement, neither Party shall be liable to the other for any indirect, incidental, punitive, special or consequential loss, damage, cost or expense including loss of profits, loss of data, and loss of revenues, of any kind whatsoever and however caused, whether arising under contract, tort (including negligence or breach of statutory duty) or otherwise, even if that Party has been advised of its possibility.

28.3. Where a Claim will or may be made under this Agreement by the Client and the amount of the Claim will or could be affected by the outcome of a dispute with a third party, the Client shall procure that the

Service Provider is promptly informed about the dispute or potential dispute and that its conduct, negotiation, settlement or litigation are carried out in accordance with the wishes of the Service Provider.

29. Severability

If at any time any clause or part of this Agreement, is found by any court, tribunal or administrative body of competent jurisdiction to be wholly or partly illegal, invalid or unenforceable in any respect, such provision will be deemed restated, in accordance with applicable Law, to reflect as nearly as possible the original intention of the Parties, and the remainder of the Agreement shall continue in full force and effect.

In witness whereof the parties hereto have put their seals and signatures on the day, month and year first above written.

**For Health & Family Welfare Department
Government of West Bengal**

For SPARSH BPO SERVICES LIMITED

(Authorized Signatory)

(Authorized Signatory)

Witness:

Witness:

1. _____

1. _____

2. _____

2. _____