

NEWS LETTER – RSCWS / CHD

Quarterly News Bulletin of the **RAILWAYS SENIOR CITIZENS WELFARE SOCIETY (Regd.)** CHANDIGARH - PANCHKULA & MOHALI

(Estd. 1991, Regd. No. 1881 under Societies Registration Act)

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FOR MEMBERS ONLY

RSCWS TO HOLD SEMINAR ON “CONSUMER GRIEVANCES & REDRESSAL” - CASES OF MEDICAL NEGLIGENCE & OTHER COMMON PROBLEMS RELATING TO SENIOR CITIZENS & HOUSEWIVES

RAILWAY SENIOR CITIZENS WELFARE SOCIETY (RSCWS), CHANDIGARH, WILL HOLD A SPECIAL GENERAL BODY MEETING & A SEMINAR ON “*CONSUMER GRIEVANCES & REDRESSAL THEREOF*” ON SUNDAY, THE 29TH JULY, 2007, FROM 4.30 PM TO 6.30PM, AT THE GOVERNMENT MUSEUM & ART GALLERY (AUDITORIUM), SECTOR 10, CHANDIGARH. ALL MEMBERS OF RSCWS ARE REQUESTED TO ATTEND, POSITIVELY, ALONG WITH THEIR SPOUSES AND OTHER SENIOR CITIZENS OF RAILWAYS.

Sh H. S. Walia, Former Member & Judge, Consumer Court, UT, Chandigarh will be the main speaker. He is a prominent Advocate and presently Legal Adviser to the Consumer Forum, Chandigarh. He will deliver a comprehensive lecture on the rights of “Consumer”, and procedure for redressal of grievance. He will also talk about cases of Medical Negligence and other related issues - with special reference to common problems of Senior Citizens & those of housewives etc.

“We are all ‘consumers’ – as we have to purchase goods or hire services of various types – like banking, insurance, transport, housing and most importantly medical services where negligence on the part of the medical practitioners & hospitals causes much agony, loss and injury to the patients. Older people are effected more and are at a greater risk due to more frequent need of medical services, Similarly there are numerous other areas where requisite awareness of our rights can help us from exploitation by suppliers of goods and providers of service” says Mr. Walia.

Members of RSCWS and other senior citizen of Railways, are requested to attend the Seminar positively with their spouses and friends. Seminar will be followed by tea & snacks.

Sixth Pay Commission not in favour of recommending Interim Relief

Sixth Central Pay Commission, headed by Justice B. N. Krishna, has practically turned down the demand for recommending grant of Interim Relief to Central Government employees and Pensioners. Both JCM and the Pensioner representatives in their “One Memorandum” had pleaded for grant of an Interim Relief of atleast 15 % of Basic Pay or Pension as applicable with a minimum of Rs 1000 for serving and half of that for the Pensioners. Chairman SCPC has however assured that the Commission would submit its report by the end of the current year.

REPLIES OF RAILWAY BOARD ON ISSUES RAISED UNDER RTI BY RSCWS CH

1. Reg. Recognition of Private Hospitals by Railways

Railway Board’s letter No.2006/H-1/13nRTI dated 19.04.07 to Sh Harchandan Singh (Secretary RSCWS)

Question (1) (a) List of Private Hospitals and Diagnostic Centers recognized by the Railways – Station wise for treatment of Railway employees, their dependents and Retirees {covered under the RELHS}.

Answer: The list as available in Railway Board is attached. Annexure ‘A’ (Eleven pages).

Very shortly, this list will be posted on Website and will be kept updated so that it is accessible to everybody.

More information can be obtained from respective Zonal Headquarters of Indian Railways.

(b) Which of these provide “Cashless” treatment against direct payment by the Railways and which of them do not provide this facility?)

All the private recognized Hospitals provide “Cashless” treatment against direct payment by the Railways.

Question(2) What are the a) criteria, b) guidelines, c) policy and d) procedure for recognition of Private Hospitals and Diagnostic Centers of the Railways?

Following criteria, guidelines, policy & procedures are followed:-

1.Necessity of recognizing a Private Hospital/Diagnostic Centre is assessed based on:- - - Number of times services required to be availed from a Private Hospital/Diagnostic Centre on regular basis.

- How far in the nearest Raillyway Hospital / Health Unit where such Services are available.

2.Locally available suitable Private Hospital/other Centres are short listed based on availability of quality of services and the convenience of Railway beneficiaries to travel upto the centre.

Amongst the Private Hospital/other Centres providing quality services the centre”, offering is considered. On many occasions more than one centre is recognized.

Question (3) Is there a proposal / policy decision to recognize more Private Hospitals and Diagnostic Centers by the Railways.

Answer: Yes, there is a policy decision to recognize more Private Hospitals and other Diagnostic Centres. (Please see copies of related letters sent by Railway Board on Page 2, 3 & 4).

2. Reg: MEDICAL CONDITION CONSIDERED AS EMERGENCY BY RAILWAYS

Rly. Bd's letter No.2006/H-1/13(RTI) dated 17.4.07 (RTI Cell / 2007/60) to Sh Harchandan Singh, Secy. RSCWS Q (1). Whether following conditions are considered to be an "emergency" by the Railways, for reimbursement of medical expenses for treatment in Private/Government Hospitals;

CONDITIONS OF EMERGENCY – UNDER ECHS

- * Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra-ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/Severe congestive Cardiac Failure, Accelerated hypertension, Complete dissection.
- * Vascular Catastrophes including Acute limb ischemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- * Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including coma, cerebro meningeal infections, convulsions, Acute paralysis, Acute visual loss.
- * Acute respiratory Emergencies indulging respiratory failure and decompensated lung disease.
- * Acute abdomen including acute obstetrical and gynecologist emergencies
- * Life threatening injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and Thermal Injuries.
- * Acute poisoning and Snake bite
- * Acute endocrine emergencies including Diabetic Ketoacidosis
- * Heat stroke and cold injuries of Life threatening nature
- * Acute Renal Failure
- * Severe infections, leading to life threatening sequel-including Septicemia, disseminated TB.
- * Any other condition, in which delay could result in loss of life or limb.

Ans. All the conditions enlisted in the application as "emergency" (under ECHS) are considered as emergency conditions by Railways also.

While issuing the circular No. 2005/H/6- 4/Policy-I1 dated 31.01.07 by Railway administration, all the conditions (under ECHS) have been included and considered by defining in a separate pattern. The pattern in which they are considered is given in the above mentioned circular.

The copy of the said Board's letter dated: 31.01.07 IS attached (Annexure 'A') for ready reference.

Copy of RAILWAY BOARD's letter no No. 2005/H/6-4/Policy-II dated: 31.01.2007

Sub: REIMBURSEMENT OF MEDICAL EXPENSES- PROCEDURE OF DISPOSAL.

The issue of bringing in objectivity, consistency and transparency in disposal of reimbursement cases, where the treatment has been taken in emergency without consultation with the Authorized Medical Officer, has been under consideration of the Board

The Railway Board after thorough review of the whole subject of reimbursement has taken the following decisions which are to be implemented with immediate effect.

Any instructions on this subject as available in IRMM 2000 or any office order issued prior to this office order and will stand modified accordingly.

I The cases to be considered for sanction of reimbursement claim

To provide proper medical treatment, the Indian Railway Health Care Delivery system has 121 number of Railway Hospitals and 586 No. of Railway Health Units established all over India. In addition to this, all Govt. Hospitals and more than 15 private hospitals all over the country have been recognized to provide necessary medical treatment to Railway beneficiaries.

As per extant rules, a railway beneficiary must report to Railway Medical Officer for his/her and dependents' medical treatment. The Authorized Medical Officer will make necessary arrangements for medical treatment through Railway Hospital/Govt. Hospital / Pvt. Recognized Hospital. In exceptional situations, CMOs of Zonal Railways can obtain special permission from Railway Board for treatment in any Private Hospital on case to case basis. Hence, there is no scope available for any railway beneficiary to go to any private hospital himself/herself or their dependents on their own volition, except in case of real emergency situation.

"Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient. Some examples are- Road accidents, other types of accidents, acute heart attack etc. Under such conditions, when the Railway beneficiary feels that there is no scope of reporting to his/her authorized Railway Medical Officer and avails treatment in the nearest and suitable private Hospital, the reimbursement claims are to be processed for sanction, after the condition of the emergency is confirmed by the authorized Railway Medical officer ex-postfacto.

In order to establish the emergency condition, following parameters are to be examined on record:-

(a) Admission details:-

- (i) Date and time of admission.
- (ii) Admitted through OPD service/ emergency service.
- (iii) Admitted to an ICU bed or general bed or cabin bed.

(b) Clinical findings at the time of admission. Following findings should be made available and critically evaluated:-

(i) Pulse rate.	(vi) Any other feature of shock.
(ii) B.P.	(vii) Body temperature
(iii) Level of consciousness	(viii) Extant of external wound
(iv) Any convulsive feature.	(ix) Extant of active bleeding.
(v) Urine output	(x) Extant of Chest pain or pain in other parts of the body.

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I Types of medical treatment given immediately after admission.

- (i) List of Emergency medicines used immediately after admission.
- (ii) Type of surgical procedure done immediately after admission.

II Calculation of the amount of reimbursement to be sanctioned out of the claimed amount:-

Once the emergency is established beyond doubt, then the case should be further processed for calculating the amount/money to be sanctioned.

For that, following guidelines are given:-

- a) Treatment taken in Govt. Hospital – Full admissible amount should be recommended for sanction.
- b) Treatment taken in Recognized Private Hospital for an ailment for which it is recognized – Rate as approved by Railway should be processed for sanction.
- c) Treatment taken in a Recognized Private Hospital but for an ailment for which it is not recognized or treatment taken in a non- recognized Private Hospital:-Reimbursement should be made at the CGHS rates of that city or nearest city. CGHS (Central Govt. Health Scheme) approved rates are to be recommended/processed as an upper limit for sanction.

III The approved rates of private hospitals recognized by Railway should be put on the Web sites of the Zonal Railways so that at all levels of processing/sanction these are accessible to all concerned.

IV In Medical Science, no list can be fully exhaustive. Hence, it is likely that there will be few occasions when a claim has been submitted which is not appearing exactly in the CGHS rate list. On these cases, the MD/CMS/MS in charge of Divisions will apply their mind and will come to a logical conclusion. Then, they will pass a speaking order to certify the rate/s being recommended, in consultation with Associate Finance.

V All the reimbursement cases be processed as per check-list issued earlier to avoid back reference.

VI These instructions shall be effective from the date of issue of this letter. Past cases, already decided, shall not be re-opened.

RAILWAY BOAR'S Letter No 2005/H/1-11/Policy dated: 07.08.2006

Sub: DELEGATION OF POWERS IN MEDICAL MATTERS.

In terms of this office letter No. 2003/H-1/13/1 dated 11.3.03, powers were partially delegated to General Managers of the Zonal Railways to extend the recognition of contracts of private hospitals, in cases where Board had cleared the original proposals for the recognition of the private hospitals for the 1st term and where the terms & conditions remain unaltered and tariffs are not raised by more than 5% over the previous year. However, such powers were restricted upto two extensions of one-year duration each. For further continued recognition, proposals were to be sent again to Board for sanction.

2. The matter has been reconsidered by the Board and it has been decided to enhance the powers delegated to General Managers. Henceforth, General Managers can 'extend the recognition of contracts with the private hospitals, with same terms & conditions as given in para-1 above, for five, extensions of one- year duration each subject to the conditions that tariffs are not raised by more than 5% over the previous year. While extending recognition of the contract, the Zonal Railways shall have to satisfy themselves about the performance of the hospital under consideration. On completion of five extensions (Le. After 6 years), the Zonal Railways shall send the proposal to Railway Board for revalidation. Once revalidated by the Railway Board for the 7th year, the General Managers may continue to give yearly extension for the next five years as per directives given above and the same procedure will be adopted after completion of each term of 6 yea

3. This issues with the concurrence of the Finance Directorate of the Ministry of Railways.

RAILWAY BOARD'S Letter No. 2005/H/6-4/Policy-II , dated: 16.04.2007

SUB: MEDICAL TREATMENT TO RAILWAY BENEFICIARIES

The Medical Department of Indian Railways have two main duties and responsibilities.

- 3. Provision of proper Industrial Medicine: To provide proper Industrial Medicine. (Rly. Accident, attending traveling Sick Passengers, Medical examination of new candidates, P.M.E., Medical Boards, Issue of RMC, HOD, Medical Fitness, Safe water and food at Railway Stations, Factories Implementation Act 1948, & WCAetc.)

II. Provision of proper medial treatment to Railway beneficiaries.

To provide proper medical treatment to railway beneficiaries has become a very challenging task. Railway beneficiaries being located all over the length and breadth of the country and development of newer patient friendly technologies at a very fast rate are making the test extremely difficult for us.

We need to face the challenge and prove our department as efficient department delivering very good quality health care and providing it efficiently.

I would like to give certain guidelines to help you to achieve the above targets.

1. Upgradation of surgical O.T : To upgrade surgical O.T. to a great extent in all the Railway Hospitals. The medical Equipments are required to be of very high quality and of adequate quantity. Railway Hospitals with number of IRMS sanctioned posts 9 or below, can get anesthetist from private sector without keeping any post earmarked as anesthetist. But, in other Railway Hospitals adequate number of IRMS posts need to be earmarked as anesthetist posts. This should be done for all the Railway Hospitals.

2. I.C.U. – There has to be adequate number of I.C.U. beds and properly equipped. There should be adequate number of dedicated nursing and other staff.

3. Pathological & Radiological and other type of Diagnostic Investigations.

3.1 Tests to be done by in house system to be identified and put up on Notice Board.

3.2 For other tests required tie up to be done With Govt./Pvt. Hospital/Lab. Payment system should be either by bill system or imprest system. Whatever system is followed, the Railway beneficiary should get cashless services.

RAILWAY BOAR'S LETTER REG. DELEGATION OF POWERS IN MEDICAL MATTERS (Continued from Page 3)

4. Patient friendly system :- These days there are many patient friendly technologies that are available. These are patient friendly because they give same or better relief to the patient without making the patient to suffer. Some examples are :-

- Suture less Cataract Operation with foldable Intra Ocular Lens.
- Use a stapler in place of standard surgeries for rectal piles.
- Laparoscopic cholecystectomy in place of conventional open Abdominal Surgery.
- T.U.R.P. in comparison to total prostatectomy.
- Balloon therapy (Hot Water Balloon) for Dysfunctional uterine bleeding.

There are many more examples.

Patient friendly technologies must be adopted in Railway Hospitals at the earliest so that quality health care as per present day technology can be provided.

5. Cost of Medical treatment:- While taking decision about which technology to be adopted in Railway Hospital cost of treatment should be calculated properly.

It is not proper to decide on an issue based on financial cost only. Other important costs are also to be considered and then a total view is to be taken.

Some of the other costs are :

Cost of suffering by the patient.	Cost of suffering by the relative of the patient.
Cost of Hospital stay.	Cost of loss of man days.
Cost of person remaining sick and not able to do his/her normal function	Cost of loss of reputation of Railway Hospital.
	Cost of "Unsatisfied Railway Men".

6. Providing Medical treatment.

6.1 The Railway beneficiaries should ~ insisted to report to the respective Authorized Medical Attendant only. The Railway Doctor to whom they have reported should take all the steps to attend to his/her medical problems.

Only exception is during acute emergency like Road Accident, Acute Heart Attack, etc., where the situation is such that the loss of time to report to Railway Doctor can cause serious deterioration to the patients' condition. Under such circumstances the railway beneficiary should himself/herself get admitted to nearest suitable Hospital and submit reimbursement claim. He/She should also inform his/her Authorized Medical Officer at the earliest.

6.2 The Railway Doctor to whom the Railway beneficiary has reported for his/her medical problem will decide the line of action plan. The action plan could be :-

It may be possible to provide the medical treatment within the facilities as available within the Health Unit/Railway Hospital set up at a distance which can be traveled by the patient conveniently.

For those cases which can not be managed as per 'A' above, following alternative methods can be adopted.

- B.1) To avail services from Government Hospital.
- B.2) To avail services from Recognized Private Hospital for particular Disease/Diseases.
- B.3) In exceptional cases, it may be essential to avail services from Unrecognized Private Hospital.

Note: Adequate number of proper quality Private Hospital should be recognized to facilitate Railway Doctors to provide proper treatment to Railway patients if in house facilities are not adequate.

6.3 System to be followed to get Medical treatment done from Unrecognized Private Hospital.

A) For those cases where there is no emergency :- Proper proposal with estimate recommended by Standing Medical Board of the Railway Hospital , recommended by MD/CMS/MS incharge of the Hospital, CMD of Zonal Railway and duly concurred by F A&CAO should be sent to Railway Board to obtain prior approval of Railway Board.

B) For those cases where there is an emergency :-

B.1) A proposal from CMD with some rough estimate to be sent to DGIRHS by Fax for administrative approval of DGIRHS. Approval will be send by fax with in hours.

B.2) After office hours and on holidays, administrative approval from DG/RHS to be obtained over telephone. In case DGIRHS is not available, information can be left with EDH/EDH(P). Administrative approval by fax, to be obtained as per para (B.1) on next working day.

B.3) With in next 7-10 days, proper proposal as described in para 6.3/A should be sent to Railway Board for obtaining final approval of Railway Board.

6.4 Detailed guidelines have been issued regarding sanction of reimbursement cases vide Board's letter of even number dated 31.1.07. This circular should be followed and the reimbursement claim cases should be finalized earliest.

I am confident that if all these instructions are followed properly, Railway Doctors will be able to provide proper medical treatment efficiently and of very good quality.

100 copies of this letter are given to each CMD of Zonal Railways. They are requested to give it a wide circulation within their Zones

PRINTED MATTER

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