

No. ECR/Vig./System Improvement/50

Office of the General Manager(Vig.) Hajipur

Dated 14.09.2023

PCMD, ECR/HJP.

Sub: System improvement to ensure proper speaking order while rejecting the medical reimbursement claim.

During the course of vigilance investigation of case pertaining to medical reimbursement claim it is noticed that competent doctor while deciding the emergency in the case merely write that "Emergency is not established in this case". Reason of rejection is unknown to the claimant. This act may result in pick and chose in certification of emergency.

As per the Sr. No. 12 para of JPO dated 10.07.12 on medical reimbursement claim, claims with vague, incoherent information & incomplete data with no dates and not complying with Rly Bd's guidelines shall be summarily rejected with competent authorities' clear speaking order.

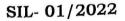
In view of above facts and to bring transparency in system it is evident that concern doctor should write the clear reason, why the emergency is not established in the case so that competent authority may intimate to concern claimant along with other information, if any.

In order to prevent reoccurrence of same in future, the system improvement suggestion may be implemented scrupulously. Action taken in this regard may please be appraised to this office for information and record.

> (Udyachal Kumar) Dy. Chief Vigilance officer(S)

ECR/HJP

NO. ECR/V-4/ HB/M/ 11-22/PC/AK/19





Office of the General Manager (Vigilance) Hajipur

No. ECR/Vig/System Improvement/50

Dated- 17.01.2022

Principal Chief Medical Director East Central Railway, Hajipur

<u>Sub</u>- System Improvement on taking Patient's choice in writing for private empaneled hospitals before making referral.

During preventive checks, it was noted that there is no uniform practice at different hospital units of ECR in taking option/choice of private hospitals from patients/relatives in writing being followed. Some units used to take option/choice on a separate proforma and some on referral paper itself. To bring uniformity and avoid discrepancies in future in this regard, following system improvement needs to be implemented:-

(i) The existing proforma of the Referral Form does not have a column to mention the patient's choice of private empanelled hospitals. Therefore, the existing proforma should be modified by including an additional column so that patients can be facilitated to specify their option of referral private hospitals. List of existing private hospitals with their specialties should be printed on the overleaf of the Referral Form for convenience of the patients. The specimen of additional column is as below-

** Patient's Choice:

I voluntarily chooseHospital for treatment o self or my (as given in the annexure backside). My dependent family members may be extended treatment as per Railway Board rules Further, I shall/will be responsible for any false declaration as the case may be.	
Employee/patient's signature	

(ii) The list of private empaneled hospitals were found to be displayed in A-4 size of paper, which is too small in size. It should be displayed prominently on appropriate size of board at all hospital units of ECR. The list of empaneled hospitals as displayed on the board should be checked and updated time to time.

The above system improvement suggestion may be circulated & implemented scrupulously. Action taken in this regard may be intimated to this office at the earliest.

(Udyachal Kumar) / Dy. Chief Vigilance Officer (S)

For General Manager (Vig)

Office of the GM (Vigilance) Hajipur

Dated: 19.08.21

No ECR/Vig/System Improvement/50

PCMD East Central Railway, Hajipur

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Sub- System improvement in enlistment of private hospital for referring of Railway beneficiaries and procedure to refer the patients to private hospitals.

Ref.:- Railway Board's letter No. 2014/H-1/19/3/PNM dated-05.10.2015, L/No. 2016/H $1/11/69/Hospital\ Recognition\ dated - 23.12.2016\ and\ RBd's\ L/No.\ 2016/H-1/11/58/Policy\ dated$ 25,04,2018.

In reference to above Railway board's letter, preventive checks were conducted in the unit of Central Hospital, Patna and all Divisional Railway Hospitals like DRH/DDU, DNR, SEE, SPJ and DHN to check the procedure of enlistment of Private Hospitals for referral of Railway beneficiaries and procedure to refer the patients to private hospitals, some irregularities have been noted.

- (i) Two Railway units i.e. DRH /DHN & DRH/DDU of ECR have empaneled M/s Popular Health Care Limited, Varanasi separately for same facilities on different discounts i.e. 15% & 20% on hospital tariff in case of deviation from CGHS rates respectively which is violation of instructions of para 5 of Railway Bd's L/No. 2016/H 1/11/69/Hospital Recognition dated-23.12.2016.
- (ii) Performance register of private empanelled hospitals was not being maintained in all DRHs & CSSH, Patna of ECR though mandated in Railway Bd's L/No. 2016/H 1/11/58/Policy dated 25.04.2018.
- (iii) Feedbacks was also not being obtained from the patient treated at recognized private hospitals either at Private empanciled Hospital or at Railway Hospitals which is necessary at the time of renewal of recognition in view of Railway Bd's L/No. 2016/H-1/11/58/Policy dated-25.04.2018.
- (iv) Procedure of referral of patient as mentioned at Annexure 1.6 of common format of MoU in reference to Railway Bd's L/No. 2016/H-1/11/69/Hospital Recognition dated 23.12.2016 is not being followed.
- Referral paper for referring the patient to empaneled private hospital was still being prepared offline whereas as per MoU, it has to be prepared online from UTHTSL website after following due procedure of the referral.
- (vi) List of empaneled private hospitals is not being displayed prominently on the first web page of Medical Department in Zonal website of East Central Railway. Due to which Railway beneficiaries are still not well aware about availability of super specialty facilities in such private hospitals for referral. The above list should be updated on UTHTSL website too.

In view of above, it is advised to ensure the implementation of provisions contained in Railway Board Letter No. 2014/H 1/19/3/PNM dated 05.10.2015, L/No. 2016/H 1/11/69/Hospital Recognition dated 23.12.2016 and L/No. 2016/H-1/11/58/Policy dated-25.04.2018.

The above system improvement suggestion may be implemented scrapulously. A copy of instructions issued may be sent to this office for information and record

> (Udyachal Kumar) Dy. Chief Vigilance Officer (S)

> For Ganeral Manager (Vig)

File No.

- ECR/Vig/V-4/H/HQ/9-20/PC/IA/05 (IRVINS No.20200901233) (i)
- (ii) ECR/Vig/V-4/H/DNR/11-20/PC/PK/09 (IRVINS No.2020100491) (iii) ECR/Vig/V-4/H/DHN/11-20/PC/PK/11 (IRVINS No. 202011000413) (iv) ECR/Vig/V-4/H/SEE /11-20/PC/PK/10 (IRVINS No.20201101054)
- (v) ECR/Vig/V-4/H/DDU/12-20/PC/PK/12 (IRVINS No 2020120021

SIL- 14 /2020

पूर्व मध्य रेल EAST CENTRAL RAILWAY



Office of the GM (Vigilance) East Central Railway Hajipur

No ECR/Vig/System Improvement/50

Dated: 09.09.2020

Principal Chief Medical Director East Central Railway, Hajipur

Sub-Irregularities in issuing Sick-Fit Certificate.

In the course of investigation of a complaint, some procedural lapses in issuing sick certificates were observed which are as below:-

- (i) In violation of the terms & conditions of contract with Contract Medical Practitioner, two CMPs issued sick-fit certificates to the employees of other zones for a sick period longer than 7 days (in some cases, it was 50 days) without obtaining counter signature of a regular Railway Medical officer available at the nearest Hospital/dispensary/Health Units.
- (ii) In violation of Para 541 (4) of IRMM, relevant case papers of sick listed employees were not sent to the Railway doctor at the Headquarter station of employee in cases where RMC Certificates were issued for a sick period longer than 10 days. This anomaly was observed in health units/hospitals of four divisions of ECR.
- (iii) Sick/unfit certificate was initially issued for a period of three/seven days. Further, without issuing continuation sick certificate, fit certificate was found to be issued beyond the prescribed period of three/seven days. This is violation of the instructions of para 539 of IRMM. On this aspect, a system improvement letter vide L/No. ECR/Vig/system Improvement/50 dated 13.03.2018 (SIL-04/2018) was issued earlier but the same is found to be not implemented also.

It is, therefore, advised to issue necessary guidelines on the above lapses for their non-repetition in future. Action taken in this regard may be intimated to this office at the earliest.

Digitally signed by SUNNY SINHA Date: (Stanny Silfing: 34 IST 2020 Digital Ligitange Officer (S) For General Manager (Vig)



SIL- 10 /2020

Office of the G M (Vigilance) Hajipur

No ECR/Vig/System Improvement/50

Dated: 01.06.2020

principal Chief Medical Director, East Central Railway, Hajipur

sub- System improvement in local purchase of drug items.

During preventive check conducted in divisional hospitals on aspect of local purchase of drug items, some anomalies were noted. In order to avoid these anomalies, following system improvement measures are suggested:-

(i) Rotational transfer of Procurement Pharmacists every four years is mandated vide RB/Vig's L/No. (i) 2008/V-1/CVC/1/4 dated: 11.09.08, (ii) 2008/V-1/CVC/1/4 dated: 18.02.09 & (iii) 2017/V-1/ALSL/1/1 dated: 10.12.19. Despite that, Sri Sanjeet Kumar, Pharmacist and Md. Abdulla Iqbal, Chief Pharmacist both have been retained by their respective units i.e. CSSH/PNBE & DRH/SPJ respectively in their respective units as Procurement Pharmacists for a period beyond four years and thereby above directives RB/Vigilance has been violated by above two units. The above two officials needs to be transferred from the above sensitive post with immediate effect.

(ii) Except DRH/SPJ, all other DRHs are inviting e-tenders for procurement of medicines on IREPS portal. DRH/SPJ is still inviting manual tenders. Since, manual ténders defeat the goal of transparency as well as end to end digitalization of procurement system as envisaged by Railway Board time to time, it is suggested to ensure procurement of medicines on IREPS portal in place of existing practice of manual tenders by DRH/SPJ. All DRHs may also be advised to ensure end to end digitalization of procurement system so as to ensure transparency.

The above system improvement suggestion may be implemented scrupulously. A copy of instructions issued may be sent to this office for information and record.

Dy. Chief Vigilance Officer (S)

For General Manager (Vig)

[File No. ECR/Vig/V-4/H/HQ/11-19/PC/MKK/21]

गोपनीय

SIL 06 /2020

पूर्व मध्य रेल

कार्यालय महाप्रबन्धक / सतर्कता हाजीपुर दिनांक 18.03.2020

पत्र सं० ईसीआर/विज्/प्रणाली सुधार/50 प्रधान मुख्य चिकित्सा निदेशक पुमरे / हाजीपुर।

> विषय : पैनलबद्घ निजी अस्पतालों में रेफर करने के पूर्व रोगी या उनके परिचर से विकल्प लिये जाने के पहलू पर प्रणाली सुधार।

पूर्व मध्य रेल के मुगलसराय, सोनपुर, दानापुर, धनबाद, एवं समस्तीपुर स्थित मंडल रेल अस्पतालों तथा सीएसएसएच पटना में रेलवे बोर्ड के पत्र सं0 2016/एच—1/11 / 58 /पॉलिसी दिनांक 21.06.18 के आलोक में रोगी को पैनलबद्घ निजी अस्पतालों में रेफर करने के पूर्व रोगी या उनके परिचर से विकल्प लिये जाने के पहलू पर निवारक जाँच के दौरान निम्न तथ्य प्रकाश में आये:--

- (1) उपरोक्त पत्र के आलोक में पैनलबद्ध निजी अस्पतालों की सूची ओपीडी एवं कार्यालय में जहाँ पर रेफरल लेटर तैयार किया जाता है, प्रदर्शित किया जाना चाहिए। जबकि दानापुर मंडल में पैनलबद्व निजी अस्पतालों की सूची बाहर एक दीवार पर चिपका हुआ, सीएसएसएच पटना में केवल ओपीडी एरिया में प्रदर्शित किया हुआ पाया गया, धनंबाद मंडल अस्पताल में नोटिस बोर्ड पर एवं आकस्मिक विभाग में प्रदर्शित किया हुआ पाया गया एवं समस्तीपुर मंडल अस्पताल में कार्यालय के गेट पर सटा हुआ पाया गया, जबिक सोनपुर मंडल रेल अस्पताल में कहीं भी नहीं लगा हुआ पाया गया।
- (2) सभी मंडल रेल अस्पतालों में पैनलबद्व निजी अस्पतालों में रेफर से पूर्व लिखित रूप से मरीजों अथवा उनके परिचर से विकल्प लिये जाने तथा इस तथ्य को रेफरल लेटर पर अंकित करने का प्रचलन नहीं पाया गया ।
- (3) सभी मंडल अस्पतालों के द्वारा रेफरल लेटर पर रोगी अथवा उनके परिचर का हस्ताक्षर/बायें या दाहिने हाथ के अगूँठे का निशान भी लिये जाने का प्रचलन नहीं पाया गया।
- (4) कुछ मंडल अस्पताल के द्वारा मरीजों को पैनलबद्व निजी अस्पतालों में रेफर से संबंधित सभी अस्पतालों के लिए एक ही लेजर में मेन्टेन किया जा रहा है जबकि कुछ मंडल अस्पतालों के द्वारा अलग–अलग पैनलबद्व निजी अस्पताल में रेफर से संबंधित अलग–अलग लेजर मेन्टेन किया जा रहा है जबिक समस्तीपुर मंडल अस्पताल के द्वारा रेफर से संबंधित लेजर ही मेन्टेन नहीं किया जा रहा है। अतः सभी मंडल अस्पतालों में एक समान कार्यप्रणाली अपनायी जाए।

अतः रेलवे बोर्ड के पत्र सं0 2016/एच-1/11/58/पॉलिसी दिनांक 21.06.18 में निहित

प्रावधानों के अनुरूप कार्यप्रणाली विकसित की जाए।

उपरोक्त तथ्यों पर समुचित कार्रवाई करते हुए इस कार्यालय को अवगत कृसूयी जाए।

(सन्ती सिन्ही) उप मुख्य सतर्कता अधिकारी (भंडार) कृते महाष्ट्रबंधक(सतर्कता)

File No. ECR/Vig/V-4/H/MGS/11-19/PC/PK/09(IRVINS No.



SIL-03/2020

Office of the G M (Vigilance) Hajipur

No ECR/Vig/System Improvement/50

Dated: 07.02.2020

Principal Chief Personnel Officer E. C. Railway/Hajipur

Sub-Periodical Medical Examinations of Railway employees working under safety category.

During investigation of a vigilance case, it was noted that PMEs of Railway employee working under safety category is not being conducted as per the instructions in IRMM'2000. In one case of an employee under medical category A-3, the same was found to be not conducted since his appointment i.e. for 12 yrs which is violation to the instructions laid down at Para 514 & 515 of IRMM' 2000.

As per Para 514 of IRMM'2000, Railway employees under safety category should be periodically examined throughout their service at the following intervals:-

- (A) Category A-1, A-2 and A-3:-
- (i) At the termination of every period of four years, calculated from the date of appointment, until they attain the age of 45 years, and then every two years until the age of 55 years and then there after annually, until the conclusion of their service.
- (ii) If an employee in Medical category A has been periodically medically examined at any time within two years prior to his attaining the age of 45, his next medical examination should be held two years from the date of the last medical examination and subsequent medical examinations every two years until 55 years and then annually thereafter until retirement. If however such an employee has been medically examined at any time earlier than two years prior to his attaining the age of 45 years, his next medical examination should be held on the date he attains the age of 45 and subsequent medical examinations every two years thereafter.
- (B) Category B-1 and B-2:- On attaining the age of 45 years, and thereafter at the termination of every period of 5 years.

It is pertinent to mention here that as per Para 515 of IRMM, the onus of sending a Railway employee for medical examination is on the employing department or branch.

In view of above, it is advised to ensure conduction of scheduled PMEs as per the instructions laid down at Para 514 & 515 of IRMM'2000.

The above system improvement suggestion may be implemented scrupulously. Action taken in this regard may be intimated to this office at the earliest. $\Lambda \Lambda$.

(Sunny Sinha)

Dy. Chief Vigilance Officer (S)

For General Manager (Vig)

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.Case file No. ECR/VIG/V-4/W/DHN/02-18/PC/PK/02 [IRVINS No. 20180202035]

(17b).