

**No.HFW-H(VI)B(15)47/2015/Citizen Charter
Health and Family Welfare Department
Himachal Pradesh**

To

**All the Chief Medical Officers
Himachal Pradesh,**

**The Medical Superintendent
Zonal Hospital Dharamshala, Mandi and Shimla**

Dated Shimla-9 the: 25-7-2016

Subject: - Regarding revision of Citizen's Charter for completion of work in time bound and transparent manner.

Memorandum,

Your attention is invited to this directorate letter of even number dated 15-1-2016 vide which a copy of Citizen Charter was sent with a direction to implement it after filling all the entries in the performa and send the filled performa to this directorate.

In this connection, it is pointed out that no feedback has been received from you. However, a copy of the same is again attached herewith and advised to implement the same in ZH/RH after filling up the same and a filled copy (duly signed) be returned to this directorate within three days positively, failing which matter will be informed to the Govt accordingly.

**Director of Health Services
Himachal Pradesh**

No.HFW-H(VI)B(15)47/2015/Citizen Charter/ dated Shimla-9 the 25-7-2016

Copy to the Superintendent (PMIS) for information and further necessary action. He is requested to upload the enclosed proforma in official website of the department and remove the proforma already loaded in the website.

**Director of Health Services
Himachal Pradesh**

District (ZONAL / REGIONAL HOSPITAL) – CITIZEN CHARTER

<p align="center"><u>VISION</u></p> <p>To provide affordable, effective, efficient & quality healthcare to the Citizens</p> <p align="center"><u>WEIGHTAGE / PRIORITY</u></p> <p>Serious & Emergency Cases / Roadside Accidents / Senior Citizens / Disabled Patients / Children / Routine Cases/ Paper Work</p> <p><u>GENERAL INFORMATION</u></p> <p>Emergency services available 24X7</p> <p>This Hospital has</p> <ul style="list-style-type: none"> -----Beds ----- Doctors -----Nurses ----- Ambulances 	<p align="center"><u>MISSION</u></p> <ul style="list-style-type: none"> • To reduce Infant Mortality Rate (IMR) & Maternal Mortality Ratio (MMR). • To reduce the incidence of Communicable & Non-communicable diseases. • To improve the overall sex ratio. <p align="center"><u>YOUR RIGHTS IN THE HOSPITAL</u></p> <ul style="list-style-type: none"> • Right to access all the services provided by the Hospital. • Right to information, including relating to his/ her treatment. • Right for safe & secure treatment as per SOPs • Right of privacy & confidentiality. • Right to religious & cultural freedom. • Right of grievance redressal.
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INQUIRY & INFORMATION

	Block & Room No.	Contact person/MO In charge:	Contact No.
Emergency / Casualty Services (24 X 7):			
Blood Bank (24 X 7):			
Inquiry Counter/may I help you desk/ Customer Information Centre (24 X 7):			
Registration -[(24 X 7):Emergency cases] 9AM-1PM and 1.30 PM -3.30 PM (routine)			
Grievance Redressal Cell: You may lodge your suggestion(s) / grievance(s).			
Central Cash Counter (24 X 7):			
Ambulances:	Belong To	No.	Contact Person
	Hospital		
	108		108
	102		102
	Red Cross		
	NGOs		
	Others		
	Total		
Other			

Drinking Water Facility: Situated on all floors, in all the Blocks	Toilet Facility: Male Toilets situated on ----- Specify the place. Female Toilets situated on ----- Specify the place.
Guide Maps: Situating at the ----- (Specify the place)	OPD Timings: 9.30 AM – 1.30 PM & 2.00 PM – 4.00 PM on all working days. (Closed at Sundays and all Gazetted holidays)
Timings For Getting Medical Bills verified: 3PM- 4 PM (timings for working days)	Visiting Hours For attendants 12PM -1 PM 4PM-6 PM
User Charges: Charges for various services have been displayed in concerned Departments & Central Cash Counter. (To be displayed-----)	
Feedback Forms: Available at the Inquiry / Information Counter, the Customer & Grievance redresal Cell and all Wards.	

In Case of Emergency Dial 108 (Toll free) For Ambulance

Janani express call No 102 for free transportation of delivered mothers along with newborns (upto one year of age) from Hospital to home after delivery of new born.

SERVICES: Routine services are available only on working days.

Sr. No.	Name of Service/Public Service	Designated Officer	Format of the application	List of documents required to obtain service	Person who can request for service	Time limit for service	First Appellate Authority	Remarks
1	2	3	4	5	6	7	8	9
OPD Slip								
1.	OPD Slips/ Tickets	Designated Staff Authorized by Head of Instt.	NA	No	Patient /attendant	With in 30 Minutes	RH - CMO ZH-Sr. MS	Free of cost
Emergency Call attending								
2.	Emergency call attending in peripheral Institutions on call	Designated Medical Officer Authorized by Head of Instt.	OPD Slips	OPD Slips	Patient/attendant	1 hour	RH - CMO ZH-Sr.MS	-
	Emergency call attending in institutions on call	Designated Medical Officer Authorized by Head of Instt.	OPD Slips	OPD Slips	Patient/attendant	15 min.	RH - CMO ZH-Sr.MS	-
Discharge of patient								
3.	Discharge of patient	Authorized by Head of Instt.	NA	NA	Patient/attend	With in 4 hours	RH - CMO	-

					ant on completion of the treatment	and 30 mintues on request of patient's attendant	ZH-Sr.MS	
Lab. Testing Reporting								
4.	Lab. Testing reporting routine	Lab. Technician authorized by Head of instt.	Lab Invest igation slip issued to the patient by concerned Instt.	Lab. Investigation slip issued to the patient by concerned Instt.	Patient/ attendant	Same day by 3 PM	RH-CMO ZH-Sr.MS	Free as prescribe by RKS concerned
	Lab. Testing reporting Emergency	Lab. Technician authorized by Head of instt.	Lab Invest igation slip issued to the patient by concerned Instt.	Lab. Investigation slip issued to the patient by concerned Instt.	Patient/ attendant	Same day with in 2 hours (if test is feasible in two hours)	RH - CMO ZH-Sr.MS	Free as prescribe by RKS concerned

Maternal & New-Born Services

- **FREE TREATMENT FOR MOTHER & NEW-BORN ,upto 1 year of age (Under JSSK & other NHM Schemes)**

Services	Block & Room No.	Days	Contact Person
MCH Services			
Ante Natal Check-Up		-----	
Family Planning		Vasectomy ----- Tubectomy – ----- IUCD-----	
Immunization		Children – ----- ANC – -----	

Multi-Specialty Outdoor Services

Details of the Medical Officers with contact No. – Displayed on the notice board

S.No.	Speciality/ Gen Duty Officers	Name of the Medical Officer	Contact No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

SNo.	DEPARTMENT/ OPD	BLOCK & ROOM No.	
1	Female OPD (General)		Doctors on routine Duty - displayed outside the OPDs. Doctors on Emergency Duty --will be displayed outside the Casualty department
2	Male OPD (General)		
3	Gynae. & Obs.		
4	Pediatrics		
5	Medicine		
6	General Surgery		
7	Orthopedics		
8	ENT		
9	Eye		
10	Skin		
11	Dental		
12	Radiology		
13	Special OPDfor senior Citizen		
14	Others - Specify		

Other OPD Services

No.	SERVICE	BLOCK & ROOM No.	Contact person	Phone No.
1	Physiotherapy			
2	De addiction Clinic / centre			
3	Geriatric Counseling			

4	Diet Counseling			
5	ICTC Counselors Adolescent counseling / (YPKs)			
6				

Diagnostic Services

- USER CHARGES for different tests are displayed at concerned Departments & Central Cash Counter.
- List of the laboratory tests is displayed at Room No ----- (Laboratory No. ----)
- List of X Ray / USG / other radiological investigation displayed at Room No ----- (In radiology department)

No.	Service	Block & Room No.	Timings	Contact Person
1	CT Scan		-----	
2	ECG – Hospital		9.30 AM – 4.00 PM	
3	Laboratory – Hospital		Collection: 9.30 AM – 12 Noon Reporting: 2.30 PM – 4.00 PM	
4	Laboratory - PPP		Collection: 12 Noon – 9.00 AM Reporting: 12 Noon – 9.00 AM	
5	Ultrasound		-----	
6	X-Ray			

Pharmacy Services

- List of available medicines are displayed in room no. ----- Dispensary/ Pharmacy
- Mapping /Updating is done weekly/fortnightly specify the days-----

No.	SERVICE	BLOCK & ROOM No.	TIMINGS	CONTACT PERSON With Ph No
1	Pharmacy			
2	Jan Aushudhi		-----	
3	others		-----	

Multi-Specialty Indoor Services

- Bed position is displayed in each ward.-----
- Specialists are contact persons for their respective wards (duty roster to be displayed at----- ----specify place).
- After written advice for admission by treating Doctor patients have to report to concerned Ward In charge.

S. .No.	WARD	BLOCK & ROOM No.	No. of Beds
1	Cardiac Care Unit		
2	Casualty		
3	Children		
4	Employee Sick Room		
5	Female ENT		
6	Female Eye		
7	Female Medical		
8	Female Ortho		
9	Female Surgical		
10	Gynae		

11	Isolation		
12	Male ENT		
13	Male Eye		
14	Male Medical		
15	Male Ortho		
16	Male Surgical		
17	Maternity		
18	Post-Operative		
19	Sick Newborn Care Unit		
20	Special Ward		
21	TB ward		
22	Geriatric Ward		
	TOTAL		

Operation Theater Services

- Timings – emergency – 24 x 7 (except during fumigation/ Sterlisation). Mention The day of fumigation / Sterlisation -----
- Timings – routine – ----- Specify timings
- OT shall remain closed for fumigation/ Sterlisation every (-----)
- Days of specialties to be displayed.-----

S. No.	Service	Block & Room No.	Days /	Specialties	Contact Person
1	Major OT		Monday	-----	Anesthetist/ OTA Names with Contact No.
			Tuesday	-----	
			Wednesday	-----	
			Thursday	-----	
			Friday	-----	
			Saturday	-----	
2	Minor OT		All days		

PROGRAMMES UNDER NHM

- Services are provided as per standard National guidelines.
- Service benefits of the programmes are displayed in the premises -----

No.	PROGRAMME	BLOCK & ROOM No.	PROGRAMME OFFICER Name / Contact No.
1	RMNCH + A		
	Adolescent Health		
	Child Health		

	Immunization including Routine Immunization Pulse Polio		
	Family Planning		
	Maternal Health & Newborn (JSSK & JSY)		
	Rashtriya Bal Swasthya Karyakaram (RBSK)		
	Rashtriya Swasthya Bima Yojna (RSBY)		
2	NATIONAL DISEASE CONTROL PROGRAMME (NDCP)		
	Integrated Disease Surveillance Project		
	National Iodine Deficiency Disorder CP		
	National Leprosy Eradication Programme		
	National Mental Health Policy		
	National Programme for Control of Blindness		
	National Vector Borne Disease CP		
	Revised National Tuberculosis CP		
3	Non-communicable disease control programme		
4	Aids control Programme		

CERTIFICATES

- **Forms** can be obtained from room no.: -----

Sr. No.	Name of Service	Service/Public	Designated Officer	Format of the application	List of documents required to obtain service	Person who can request for service	Time limit for service	First Appellate Authority	Fee
1.	2.		3.	4.	5.	6.	7.	8.	9.
1) Issuance of Medical Certificates									
	a) Post (Illness- (Fitness)		Concerned treating Medical Officer	No application required	OPD Slip / Discharge Slip	Patient	Same Day during working hours	Medical Superintendent / SMO Incharge	No Fee prescribed
	b) Medical Certificate of Fitness for Driving License		Zonal Hospital Medical Superintendent District Hospital- SMO In charge	Prescribed Application From	Two recent passport size Photographs along with medical report	Applicant	Within 2 working days after the submission of the application from and documents	Medical Superintendent / SMO In charge	Fee-----Rs (as prescribed byRKS concerned)
	c) Service Entry Fitness		Zonal Hospital- Medical Superintendent	Request from Appointing	Medical Examination Report	Appointed person	Within three working days	District Hospital-CMO, Zonal Hospital,	Fee-----Rs/ as Prescribed

		District Hospital-SMO In charge	Authority				Medical Superintendent	by the RKS concerned
2) Disability Certificate :-								
	1. WITHOUT EXPERT OPINION i. Locomotor disability (by way of Amputation/ loss of limb) ii. Blindness/ complete loss of vision in both or single eye)	Head / In charge of the Hospital or any Doctor Authorized by him. By single Doctor with minimum qualification as MBBS Disability Certificate to be Issued on Form No. VII	Application on plain paper	Three recent passport size photographs, any Residential Proof (Electricity bill/ Telephone bill/Passport / Aadhar Card/Ration Card/ Voter ID Card)	Affected Person/Guardian	Same day during working hours (After the receipt of opinion/ Report)	District Hospital-CMO, Zonal Hospital, Medical Superintendent.	Specify days--- (As per Institution's decision) No fee prescribed
	2. WITH EXPERT OPINION i. Multiple disabilities	Three member Medical Officers board specified by the State Govt.(Medical superintendent/ Head of the District Hospital Apply on Form No. VIII	Application on Plain paper	Three recent passport size photographs, any Residential Proof (Electricity bill/ Telephone bill/ Passport/ Aadhar Card / Ration Card/ Voter ID Card)	Affected Person/ Guardian	30 days	District Hospital-CMO, Zonal Hospital, Medical Superintendent	Specify days---- (As per Institution's decision) No fee prescribed
	Disabilities not mentioned in S.No. 1 and 2 above	Medical board specified by the State Govt. (Medical superintendent/ Head of the District Hospital Doctors having a post graduate degree/ Diploma in the discipline dealing with the relevant disability REPLY ON	Application on Plain paper	Three recent passport size photographs, any Residential Proof (Electricity bill/ Telephone bill/ Passport/ Aadhar Card / Ration Card/ Voter ID Card)	Affected Person/ Guardian	30 days	District Hospital-CMO, Zonal Hospital, Medical Superintendent	District Hospital - CMO Zonal Hospital, Medical Superintendent

		Form No. VIII						
3) Post-mortem Report								
	i) Without Visceral/chemical examination	Medical Officer on duty , assigned by (Zonal Hospital-)Medical Superintendent / (District Hospital-) SMO In charge	Not applicable	Not applicable	Requisition from Police/ Magistrate	Within 24 working Hrs of conducting Post Mortem	District Hospital-CMO, Zonal Hospital-Medical Superintendent	No fee prescribed
	ii) With Visceral/chemical examination	Medical Officer on duty assigned by Medical Superintendent / SMO In charge	Not applicable	Not applicable	Requisition from Police/ Magistrate	Provisional report will be handed over to police within 24 working hrs . Final report will be issued immediately after the receipt of FSL report	District Hospital-CMO, Zonal Hospital-Medical Superintendent	No fee prescribed
4) Issuance of licenses								
	Licenses under FSSA	MOH as designated officer	Form B duly filled along with document	Form B, medical certificates, electricity bill, ID proof, Fee deposited receipt in original, Rent deed, Online printout duly signed affidavit, Site plan , Photographs	Applicant	Within 2 Weeks after the submission of application form and documents	CMO	fee as prescribed by FSSA act
	Licenses of Drug and medicine shop	DI as designated officer	Form No. 19 duly filled along with document	Form 19, Challan medical certificates, electricity bill, ID proof, Rent deed, affidavit, qualified person NOC, Site plan , Constitution of the firm/ partnership deed, Registration copy, Experience certificate, 10th certificate. Diploma/ Degree certificate, Photographs	Applicant	One month after the up location of file in XLN soft ware and generation of ID (In case inspection is OK)	CMO	fee as prescribed by Drug and cosmetic act 3000/-INR

Other services

S.No.	Certificate	Documents Required	Process	Time Duration	Fee
1	Birth certificate (For Institutional Births)	Application from head of the family with name of father, mother and Complete Home Address along with date of birth of the child	Application along with full details should be deposited in the office of MS/ Medical officer Incharge	Within 21 days	Free of cost for the first time under section 12 of RBD Act 1969
2	Death certificate (For Institutional Deaths)	Application from head of the family with name of the deceased person with father' name and Complete Home Address	Application along with full details should be deposited in the office of MS/ Medical officer Incharge	Within 21 days	Nil
3	First-Aid Training certificate	Application Form	Undergo training for 2 weeks	1 hour	As per RKS (write the amount in Rs)
4	Medical Examination for Promotion	Deptt. Letter/OPD slip	OPD & Lab. Examination report slip	2 days	As per RKS
5	Medico-Legal Certificate	Requisition papers from Police	Doctor on emergency duty will do MLC. Sick patients will have priority over Medicolegal paper work	Provisional Report will be issued Immediately after the examination to the Police . Final report will be given immediately after the reports recieved from FSL	Nil

REDRESSAL OF GRIEVANCE

- You may lodge your suggestion(s) / grievance(s) in the customer care register. placed in grievance redressal centre
- Every suggestion / grievance is valuable, and is duly acknowledged.
- Suggestion / complaint box is also available at the inquiry counter & wards.
- In case of non-compliance of service standards, the service recipients / stake-holders can contact the following **public grievance officer (first appellate authority SMO In charge for regional / Zonal hospital)**

1	Name	-	
2	Address	-	SMO In charge of the Hospital
3	Tel. No.	-	
4	Mobile No.	-	
5	Fax No.	-	
6	E-Mail Id	-	
7	Website Address	-	

- We aim to redress the grievance within 14 working days of receipt. If not, then we shall explain the reasons and further time needed to resolve the matter.
- Final reply on the action taken will be communicated within 14 working days, either by e-mail or hard copy.

REDRESSAL OF ESCALATED GRIEVANCE

- In case the grievance is not redressed finally, the service recipients / stake-holders can take it to a higher level by contacting the following **nodal authority (second appellate authority) : CMO for regional Hospital and MS for zonal):**

1	Name	-	
2	Address	-	
3	Tel. No.	-	
4	Mobile No.	-	
5	Fax No.	-	
6	E-Mail Id	-	
7	Website Address	-	

INDICATIVE EXPECTATIONS FROM SERVICE RECIPIENTS / STAKE HOLDER

- **This Hospital is a ‘no smoking’ & ‘silence’ zone.**
- Please cooperate with the Hospital administration for normalizing the situation in case of an emergency.
- Please provide complete and accurate information about your / your patients’ ailment including past illness or health problems, hospitalization, allergies and current & past use of medications.
- Please beware of Touts. If you come across any such person, please inform the authorities immediately.
- You are not expected to sign any document without reading it. In case you do not understand something, please take the help of some staff member to have the information explained to you, and only then sign any document.
- If you are a Smartcard beneficiary/ BPL patient, you are expected to bring your RSBY card / BPL certificate as & when you visit the hospital.
- Feedback forms are available at the Inquiry counter, the Customer Information & Grievance Redressal Centre and all the Indoor Wards. Kindly provide useful feedback, whether positive or negative and constructive suggestions. Your negative feedback will help to improve the quality of healthcare services, while your positive feedback will help to raise the morale of the staff members.
- You are not expected to misbehave with any of the Hospital staff / interfere with routine work of Hospital.

MONTH & YEAR FOR NEXT REVIEW OF CHARTER

The citizen charter is a joint effort between us & you. We are committed to constantly revise & improve the quality of services being offered under the charter.

Signatures of Chairman