

भारत सरकार/**GOVERNMENT OF INDIA**
रेल मंत्रालय/**MINISTRY OF RAILWAYS**
रेलवे बोर्ड/**RAILWAY BOARD**

No.2018/TransCell/Health/CGHS (eOff.No.3270783)

Dt: 28/12/2020

The General Manager, All Indian Railways/PUs, NF(Con), CORE
The DG/RDSO/Lucknow, DG/NAIR/Vadodara
CAOs, DMW/Patiala, WPO/Patna, COFMOW/NDLS, RWP/Bela, CAO/IROAF
CMD/RailTel.

**Sub : Improvement of Health Delivery System & Emergency Treatment in
Railway Empanelled Private Hospitals**

Several representations have been received from Railway Medical Beneficiaries including retired officials regarding problems being faced during treatment in emergency at empanelled Hospitals. In order to improve the Health Delivery System on Indian Railways and streamline the treatment in emergency at Railway empanelled hospitals, following have been approved:

1. Railway medical beneficiaries (serving/retired) under emergency condition can get admission in any railway empanelled hospital without any prior referral. The empanelled hospital should not insist on referral from railway hospitals or demand advance in emergency conditions and the hospital will provide cashless/Credit medical facilities to patients.
2. The emergency conditions are defined in Memorandum of Understanding between CGHS empanelled hospitals and Government of India (CGHS Authorities) (Annexure-I) or as amended by CGHS from time to time and same will be applicable in Indian Railways.
3. The valid UMID Card/CTSE Card issued will be treated as identification as Railway Medical Beneficiary. Railways have to make sure that these cards are accepted in the empanelled hospital under the jurisdiction/empanelment.
4. Situation may arise where Railway hospital, after scrutinising admission report submitted by empanelled hospital, finds that the patient is not suffering from an emergency. In such cases the patient can continue to avail treatment at the empanelled hospital, if so desired, by paying CGHS rates or hospital rates, whichever is less on the patient's cost.
5. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion.
6. The Hospital will intimate all instances of patients admitted as emergencies (without prior permission) to the Railway authorities, at the earliest and within 24 hours and Railway will revert within next 24 hours, otherwise it will be treated as deemed approval. The empanelled hospital will clearly mention/certify the emergency condition as per MoU.

Ujjain Kumar
28/12/20

BSE
28.12.2020

7. Railway Hospital as well as empanelled hospital will share the contact number and email address for communication for this purpose and will ensure to put on the website of Railways as well as of the hospital. The documents and approvals will be shared on the email to save the time and difficulties faced by the patients. The empanelled Hospital will not insist to patients to get the approval of referral/extension from the Railway Hospital. Same will be coordinated and approved on the contact number and email by the empanelled Hospital and Railway Hospital.
8. Railway hospitals shall refer to the empanelled hospital for appropriate duration as per the package. In case of additional stay for treatment, same procedure will be followed as per Para 6 & 7 above.
9. Also, the empanelled hospitals will provide the necessary treatment in OPD or otherwise to valid Railway Medical Beneficiary at the CGHS approved rates or hospital rates, whichever is less for the treatment in non-referral and non-emergency case at Railway Medical Beneficiary's cost.
10. Zonal Railways shall include provisions for conditions given from 4.1 to 4.9 above, in their MoU with the referral hospitals and also include that refusal to provide treatment to bonafide railway medical beneficiaries in emergency cases without valid ground would attract disqualification for continuation of empanelment. Also, MoU to be updated including removal of ambiguities accordingly.

This issues with the approval of Board.

Kindly acknowledge and ensure compliance.

Encl: as above.

Vijay Kumar
28/12/20
(Dr Vijay Kumar)
Principal Exec. Dir/Health
Railway Board

Umesh Balonda
28.12.2020
(Umesh Balonda)
Executive Director/S&T
Transformation Cell

No.2018/TransCell/Health/CGHS (eOff.No.3270783)

Dt: 28/12/2020

1. PFAs, All Indian Railways & Production Units
2. The ADAI (Railways), New Delhi
3. The Director of Audit, All Indian Railways

Ajeet Kumar Srivastava
28/12/20
(Ajeet Kumar Srivastava)
Executive Director Accounts
Transformation Cell

Copy: As per list attached.

Copy to:


1. The ADAI (Railways), New Delhi
2. The Director of Audit, All Indian Railways
3. The Director, Indian Railway Institute of Civil Engineering, Pune.
4. The Director, Indian Railway Institute of Mechanical and Electrical Engineering, Jamalpur.
5. The Director, Indian Railway Institute of Signal Engineering and Telecommunications, Secunderabad.
6. The Director, Indian Railway Institute of Electrical Engineering, Nasik.
7. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
8. The Director, Indian Railway Institute of Transport Management, Lucknow.
9. The Registrar, Railway Claims Tribunal, Delhi.
10. The General Secretary, IRCA, New Delhi.
11. The Chief Commissioner of Railway Safety, Lucknow.
12. The Secretary, Railway Rates Tribunal, Chennai.
13. The Chairman, Railway Recruitment Board, Ahmedabad, Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneshwar, Chandigarh, Chennai, Gorakhpur, Guwahati, jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad and Trivandrum.
14. Managing Director, CRIS, Chanakyapuri, New Delhi

Copy to:

1. The Genl. Secy., AIRF, Room No. 248, & NFIR Room No. 256-C, Rail Bhavan
2. The Secy. Genl., IRPOF, Room No. 268, FROA, Room No. 256-D & AIRPFA, Room No. 256-D Rail Bhavan

Copy to:

1. PS to MR
2. CRB, MF, M/Infra, M/T&RS, M/O&BD, SECY, DG/HR, DG (RHS), DG (RPF)
3. All AMs, Principal Executive Director & Executive Directors of Railway Board


28.12.2020
(Umesh Balonda)
Executive Director/S&T
Transformation Cell

TREATMENT IN EMERGENCY

The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient:

- ❖ Acute Coronary Syndromes (Coronary Artery Bypass Graft/ Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke/ Aortic Dissection.
- ❖ Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
- ❖ Cerebro-Vascular attack-Stroke, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- ❖ Acute Abdomen pain.
- ❖ Road Traffic Accidents / with injuries including fall.
- ❖ Severe Hemorrhage due to any cause.
- ❖ Acute poisoning.
- ❖ Acute Renal Failure.
- ❖ Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies.
- ❖ Electric shock.
- ❖ Any other life threatening condition.

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28.12.2020