

Government of India
Ministry of Railways
Railway Board
3rd Floor, Health Directorate
Pragati Maidan Metro Station Building

No. 2019/H-I/11/9/Med. Audit.

New Delhi, dated 13.12.2019

Pr. Chief Medical Directors/ Officers,
All Indian Railways/ PUs.

Sub: - Medical Audit of referral cases to referral hospitals.

The referral cases to Private empanelled hospitals have been found to rapidly increasing and have nearly tripled from the year of 2017, despite addition of Doctors, Para Medical Staff and equipments as per gap analysis. The amount spent on referral hospitals has also nearly tripled from the year 2016-17.

The above scenario is worrying and at it needs constant and effective monitoring. In view of this, it has been decided that Medical Audit of all referral cases shall be done hospital-wise as provided in MoU by the concerned zones on a monthly basis. Findings of the audit and corrective action shall be sent to Railway Board along with monthly returns.

As an additional measure, a team of audit of different zones as decided by Railway Board shall be sent.

In this direction, a team of 3 doctors who are considered effective and fit from each Zone/PU may be nominated by PCMD and sent to Railway Board by 20th December, 2019 without fail. Board will separately arrange inter-zonal audit every 6 months.

The Medical Audit team both from the Zonal and inter-zonal levels will specifically look into and comment on each of the 20 para meter listed below. Any additional parameter can be decided by the audit team. The report of inter-zonal audit team should be sent to the Board in a confidential cover.

1.	Identification of the patient, whether patient is identified by our referral letter.
2.	Significant history at the point of referral.
3.	Significant diagnosis/ lab. Findings at the time of referral.
4.	Nature of disease/ treatment rendered within 6-12 hours of admission.
5.	Whether such treatment was possible at railway hospitals by utilizing IRMS specialists/ Consultants/ HVS.
6.	Whether continuation of the treatment could have been undertaken in railway hospital.
7.	Whether established diagnosis were treated or any other adjuvant findings were also treated.
8.	The length of stay in hospital, is it justified, which is consistent with the diagnosis with/ without complication.
9.	The treatment rendered for complications, if so whether it has been billed to railways?
10.	Whether the investigations done are repeated, are they warranted or necessary.
11.	Whether the drugs used were absolutely essential for recovery of the patient.
12.	Whether billing was done for individual items or package rates of CGHS.
13.	Random (Es. Case at Sl. No. 7) to be taken for auditing.
14.	All the high value case > Rs. 1 lakh to be audited.
15.	All the uncoded procedure billed to be audited.
16.	ALS of > 7 days to be audited.
17.	All ICD (Intra Cardiac Device) cases to be audited.

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11/12/19
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18.	Audit should be done for the financial year.
19.	The audit should include for what procedure the case has been referred and the procedure done to patient (which is billed to Railways).
20.	Outcomings and corrective action for each case audited.

The audit team of Medical Officers are at liberty to add any other relevant parameter to above list.

This has the approval of Director General/ RHS.

Vijay Kumar
11/1/18
(Dr. Vijay Kumar)
Executive Director/Health (G)
Railway Board.

Copy to: General Managers/All Indian Railways/PUs.