

## **POLICY ON DURATION OF HOSPITALIZATION**

1. Refer Govt of India, MoD letter No 24(8)/03/US(WE)/D/(Res) dated 19 Dec 03.
2. Hospital admission for a maximum period of 12 days is adequate for most procedures/treatment. Hence, the ibid Govt letter stipulated package deal to include 12 days of hospitalization and consequent high cost of treatment are on the rise. Such bills have attracted adverse observations during scrutiny by the Screening Committee of MoD. While genuine cases can be justified, undesirable practice of prolonged hospitalization even after the finality of treatment has been reached needs to be curbed on priority.
3. Revised procedure to monitor and to accord sanction for extended in patient treatment at empanelled hospitals will be as follows:-
  - (a) Hospitalization beyond 12 days upto a max period of 30 days will be permitted on approval of Stn Cdr. Performa for approval is at Appx 'A'. Following procedures will be followed:-
    - (i) The empanelled hosp will intimate the necessity of extended hospitalization as per format at Appx 'A' to the OIC of referring polyclinic.
    - (ii) Polyclinic MO will visit the patient in the hospital and complete the part II of format at Appx 'A'.
    - (iii) OIC ECHS will accord approval on behalf of Stn Cdr, based on recommendations of polyclinic MO. If considered necessary he may personally visit the patient in the hospital and interact with the treating physician/surgeon.
  - (b) For continuation of treatment beyond 30 days and to ascertain whether the finality of treatment has been reached, a technical committee comprising Polyclinic Medical Officer, rep of SEMO (tech member) and rep of Stn HQ will be formed. This technical committee will visit the patient and consult doctor(s) treating the patient to decide on necessary/otherwise of continued hospitalization.
  - (c) The technical committee will examine whether the finality of treatment has been reached or not. Where the finality of treatment has been reached, the patient will be discharged to home/referred to suitable hospice/rehabilitative and palliative care centre for terminal care. In case the treatment necessitates further hospitalization, the committee will accord approval for continued treatment upto a maximum period of addl 30 days (i.e. total hospitalization period upto 60 days). Performa for approval is at appx 'B'.

(d) Hospitalization beyond 60 days will normally NOT be permitted. Cases requiring in-patient treatment beyond 60 days will be reviewed by the station technical committee again between 45<sup>th</sup> and 60<sup>th</sup> day and in **exceptional circumstance** where hospitalization beyond 60 days is absolutely necessary, their recommendations will be recorded on Performa at Appx 'C' and forwarded to Central Organization for approval by fastest means including by fax and e-mail.

(e) Central Organization will examine the recommendations of the technical committee within five working days and intimate approval/non-approval to Stn Cdr by telephone followed by fax.

4. The onus of obtaining approval for extended hospitalization would be with the empanelled hospital. All Stn Cdrs are requested to intimate the above provisions to their respective empanelled hospitals.

5. Our letter on the subject dated 12 Aug 2009 is hereby superseded.

6. This has the approval of the DGAFMS.

Sd xxxxxxxx  
Dir (Med)  
For MD ECHS

Authority : B/49770/AG/ECHS 15 Mar 2010

ECHS Membership No.....

**APPROVAL FOR EXTENDED DURATION OF HOSPITALIZATION  
UP TO 30 DAYS)**

**Part-I (To be filled by the Empanelled Hospital)**

1. Name(Patient).....
2. Relationship with ECHS member.....
3. No.....
4. Rank.....
5. Name (Member).....
6. Hospital.....
7. Diagnosis.....
8. Treatment modality carried out so far.....
9. Proposed Treatment/Test/Procedure.....
10. Case summary to be attached.....
11. Whether finality of treatment has been attained. If not what is the approx time required.....
12. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....

(Signature of treating Consultant)

Date :

**PART II (To be filled by the Medical Officer of the Polyclinic)  
(For Hospitalization period between 12 days to 30 days)**

13. Patient visited in the hospital on.....
14. Authenticity of treatment modality.....
15. Effect of treatment on patient recovery.....
16. Relevance of Diagnostic Investigation.....
17. Reasons for extended stay beyond 12 days.....
18. Likely date of finality in treatment.....
19. Recommendation/Comments of MO.....

(Signature of MO)

Date :

**APPROVED/NOT APPROVED**

Stn Stamp

OIC, ECHS

Date:

ECHS Membership No.....

**APPROVAL FOR EXTENDED DURATION OF HOSPITALIZATION  
UP TO 60 DAYS)**

**Part-I (To be filled by the Empanelled Hospital)**

1. Name(Patient).....
2. Relationship with ECHS member.....
3. No.....
4. Rank.....
5. Name (Member).....
6. Hospital.....
7. Diagnosis.....
8. Treatment modality carried out so far.....
9. Proposed Treatment/Test/Procedure.....
10. Case summary to be attached.....
11. Whether finality of treatment has been attained. If not what is the approx time required.....
12. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....

(Signature of treating Consultant)

Date :

**PART II (To be filled by Technical committee)  
(For Hospitalization period between 31 days to 60 days)**

13. Patient visited in the hospital on.....
14. Authenticity of treatment modality.....
15. Effect of treatment on patient recovery.....
16. Relevance of Diagnostic Investigation.....
17. Reasons for extended stay beyond 30 days.....
18. Complication if any and likely cause.....
19. Modality or management of complication – Satisfactory/Not satisfactory.....
20. Whether finality of treatment has been attained. If NOT what is the likely date of finality in treatment.....
21. Recommendation/Comments of the Committee.....

.....  
(MO)

.....  
Rep of SEMO

.....  
Rep of Stn HQ

**RECOMMENDED/NOT RECOMMENDED**

**APPROVED/NOT APPROVED**

Jt Dir (Hosp Services)

Dir Regional Centre

Appx 'C'

(Refers to para 3(a) of Central Organisation ECHS  
Letter No B/49770/AG/ECHS dated 15 Mar 10)

ECHS Membership No.....

**APPROVAL FOR EXTENDED DURATION OF HOSPITALIZATION  
UP TO 120 DAYS) IN EXCEPTIONAL CIRCUMSTANCE**

**Part-I (To be filled by the Empanelled Hospital)**

1. Name(Patient).....
2. Relationship with ECHS member.....
3. No.....
4. Rank.....
5. Name (Member).....
6. Hospital.....
7. Diagnosis.....
8. Treatment modality carried out so far.....
9. Proposed Treatment/Test/Procedure.....
- 10 Case summary to be attached.....
11. Whether finality of treatment has been attained. If not what is the approx time required.....
12. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....

(Signature of treating Consultant)

Date :

**PART II (To be filled by Technical committee)**

**(For Hospitalization period between 61 days to 120 days)**

13. Patient visited in the hospital on.....
14. Authenticity of treatment modality.....
15. Effect of treatment on patient recovery.....
16. Relevance of Diagnostic Investigation.....
17. Reasons for extended stay beyond 30 days.....
18. Complication if any and likely cause.....
19. Modality or management of complication – Satisfactory/Not satisfactory.....
- 20 Whether finality of treatment has been attained. If NOT what is the likely date of finality in treatment.....
21. Recommendation/Comments of the Committee.....

.....  
(MO)

.....  
Rep of SEMO

.....  
Rep of Stn HQ

**RECOMMENDED/NOT RECOMMENDED**

Dir(Med), Central Organisation ECHS

**APPROVED/NOT APPROVED**

MD ECHS