



GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

No. PT1-HFW-MEI-CASE-0062-2024 4974 /H., Dated 20.2.26
From

Ms. Aswathy S., IAS,
Commissioner-cum-Secretary to Government

To

The Director, VIMSAR, Burla
The Director, PGIMER & CH, Bhubaneswar
The Director, AHPGIC, Cuttack
The Superintendents, all Government Medical College and Hospitals

Sub: Interdepartmental Coordination for Strengthening Patient Care and Optimal Utilization of Resources.

Madam/Sir,

In inviting reference to the subject cited above, it is intimated that the Hon'ble High Court, while adjudicating the matter, has directed vide Order No. 365-A dated 11.12.2025 to suggest and implement appropriate remedial measures to address the issues of lack of inter-departmental coordination and non-involvement of senior faculty. Accordingly, all concerned are hereby directed to strictly comply with the following instructions to ensure smooth, coordinated, and comprehensive patient care management. These instructions shall come into force with immediate effect and shall be complied with in letter and spirit. Any deviation or non-compliance shall be viewed seriously and shall entail fixation of responsibility and initiation of appropriate disciplinary action against the concerned officers.

1. Monitoring of 24x7 Duty Roster

A comprehensive round-the-clock duty roster shall be prepared and strictly implemented in all clinical and critical care departments.

- Emergency and critical care units shall function with the physical presence of a faculty member not below the rank of Assistant Professor at all times.
- An **Associate Professor or Professor shall remain on-call at all times** and, whenever required, must reach the hospital within the shortest possible time.
- The 24x7 duty roster shall be monitored overall by the **Medical Superintendent**, and strict adherence to the approved duty chart shall be ensured at all times.
- The Head of each Department with Emergency shall certify weekly that roster compliance is being maintained without deviation.

2. Night Duty Management

- A Faculty member shall be designated as the Night Duty Manager for each night shift for every department.
- He/she shall be personally responsible for supervision of emergency admissions, interdepartmental coordination, escalation of critical cases, and ensuring availability of required manpower and equipment.
- Any lapse in emergency response, absence from duty, or failure in coordination during night hours shall be viewed seriously.

3. Anaesthesia Department – Emergency Care

Considering the critical role of Anaesthesia in emergency, trauma, post-operative and ICU management:

- The Department of Anaesthesia shall prepare a **24x7 duty list** indicating deployment to OT, ICU, SDU, CTVS, trauma wards, post-operative wards.
- A senior anaesthesia faculty shall be designated as **Post-Operative Management Coordinator** to monitor deployment and availability.
- The department must ensure 24x7 availability of trained anaesthesia residents and faculty in critical areas.
- Responsibility for ensuring presence and timely response of anaesthesia personnel shall lie jointly with the Head of Department and the Medical Superintendent.

4. Attendance Monitoring and Biometric Compliance

- The Medical Superintendent shall ensure strict, continuous, and verifiable monitoring of attendance of all doctors, including OMHS doctors, residents, anaesthesia staff, and emergency personnel, and any absence or irregularity shall invite immediate accountability.
- All physical attendance sheets and work certificates must be countersigned by the Superintendent.
- The **Biometric Attendance System (AEBAS/FRBAS)** shall be mandatorily implemented and reviewed on a monthly basis by the Director of Medical Education & Training (DMET).
- Any discrepancy between physical presence and biometric record shall be examined and responsibility fixed.

5. Monthly Death Audit

Every department shall conduct a mandatory monthly death audit encompassing a comprehensive analysis of the cause of death, evaluation of screening and triage processes, assessment of timeliness of emergency response, review of availability and deployment of human resources, and examination of adequacy and functionality of equipment and instruments.

The audit shall also assess infection prevention and control practices, identify any adverse events arising from lack of interdepartmental coordination, and evaluate overall quality of care. The findings of the audit shall be duly documented and placed before the institutional review committee for appropriate corrective and preventive measures.

6. Inter-departmental Management in Emergency

In case of acute shortage of any manpower, instrument, equipment, medicine, or consumable required for immediate patient management: The Medical Superintendent is authorized to temporarily reallocate resources from departments where such items are not in active use after maintaining proper record.

7. Monthly Departmental Coordination Meeting

- A **Departmental Coordination Meeting** shall be held on the **15th of every month** to be convened by the Medical Superintendent and chaired by the Dean & Principal.

- The meeting shall review interdepartmental coordination, emergency response gaps, referral management, post-operative care, manpower deployment, infection control, and death audit findings including the suggestions.
- Action Taken Reports shall be mandatorily circulated to all concerned and a copy shall be submitted to the Department and DMET(O).

8. Rational Deployment of Nursing & Paramedical Staff

The Medical Superintendent shall ensure rational and skill-based deployment of nursing and paramedical personnel in accordance with workload, patient acuity, and critical care requirements.

The Director of Medical Education & Training (DMET) shall strictly monitor compliance with these instructions. Non-compliance with the above instructions shall be viewed seriously and responsibility shall be fixed accordingly.

Yours faithfully,

WY 20/2/26
Commissioner-cum-Secretary to Govt.

Memo No. 4975 /H., Dated 20.2.26

Copy forwarded to Additional Secretary to Government, In-charge of ME-I/DMET(O) for information and necessary action.

AL 20/2/26
Deputy Secretary to Government