



GOVERNMENT OF ODISHA  
HEALTH & FAMILY WELFARE DEPARTMENT

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NOTIFICATION

No. HFW-SCH-TRAUMA-0001-2017 27086 /H, Dated 28.X.2019

**Sub: Guidelines for Free Treatment to Trauma Patients in 1<sup>st</sup> 48 hours of treatment from Free Treatment for Trauma Fund (FTTF).**

Whereas the persons suffering from trauma due to Road Traffic Accidents are in an increasing trend in the state, the Health & FW Department, Commerce & Transport Department, the Road Engineering Department i.e. NHAI, the Enforcement Department i.e. the Police and Fire have put their hands together to reduce the fatality rate due to road accidents. It has been well understood that the condition in first 48 hours is usually very critical and leads to death if not managed properly and timely.

In order to facilitate prompt treatment and assist in the management in such critical hours, it is decided to render the medical/ surgical /critical care to such trauma patients free of cost so that no lacunae remains in the treatment for financial constraints of the patient. The fund shall be provided from the Road Safety Fund.

As all the treatments and investigations have been made free in all Government Health institutions in the state, this provision of free treatment shall be applicable in private hospitals only.

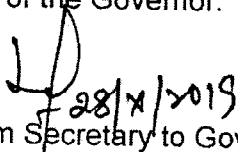
To start with, this shall be made on a pilot basis for six months in Ashwini Hospital, Cuttack / Apollo Hospital, Bhubaneswar and AMRI Hospital, Bhubaneswar to assess the annual financial implication and to take a decision for further continuance of such scheme in Trauma Care Centers in whole of the state. The detail operating guidelines shall be as under:

1. The patients suffering from Trauma due to Road Traffic Accident shall be picked up by any private or public Ambulances or Good Samaritan.
2. The patient shall be taken to the nearest Trauma Care Center.
3. If the Trauma Care Centre happens to be a private one, the hospital will start immediate appropriate treatment (stabilization, emergency medical or surgical management including intensive care etc.) and intimate the DMET, Odisha for such arrival of the patient describing briefly the time of admission, nature of injury and condition of the patient & the approximate estimate of expenditure thereon that may occur during 48 hours in **FORM -A** annexed as **(Annexure-1)**.

4. The DMET, Odisha shall release a formal permission letter to go ahead with the treatment either by email or any electronic media in **FORM -B** annexed as **(Annexure-2)**.
5. At the end of 48 hours from the time of admission, the private hospital shall submit the claim in **FORM-C** annexed as **(Annexure-3)** along with supporting documents for examination & reimbursement of the cost of treatment. The documents shall include the copy of Bed Ticket describing the details of the condition of the patient in first 48 hours mentioning the time of examination and the treatment advised, discharge summary, final bills and a declaration in **FORM-D** annexed as **(Annexure-4)**, to the effect that no money has been collected from the patient during this 48 hours of treatment. The final bill must indicate the real time of generation of the bill which should not be beyond the 48 hours time from the time of admission. The maintenance of the ticket must be as per MCI guidelines i.e. the name, address, age, diagnosis, contact address, time of admission, time of discharge or referral and name of admitting doctor must be in capital letters. The admitting doctor must put his full signature. A brief complain and examination findings of the patient at time of admission must be written clearly. All prescriptions shall be in generic name and in capital letter. Time to time examination findings and the prescription must be clearly written with full signature of the advising doctor.
6. The DMET, Odisha, after examination shall release the settled claim amount to the concerned hospital. If required, the opinion of the Technical Committee constituted for the purpose in the o/o DMET, Odisha shall be obtained.  
Provided that in case the treatment has started in one private hospital and the patient is transferred to another hospital due to any reason, then the 48 hours of time shall be calculated from the time of admission in the first hospital.  
  
Provided that if the patient is treated initially in a Government Hospital and then referred to a private hospital then the treatment time shall be calculated from the time of admission in Government Hospital.  
  
Provided that if the treatment is started after 48 hours of trauma in a hospital then the patient will not be eligible for free treatment under the FTTF. However, in exceptional cases the decision of the Technical Committee with proper justification shall be final, subject to post facto approval of the Government.
7. If the patient requires further continuation of treatment beyond 48 hours it shall be continued and the cost shall be borne by the patient. In case of financial constraints the patient shall be transferred to a Government Hospital where the treatment will be free of cost. The private hospital must assess the condition of the patients before completion of 48 hours and inform the patient and make arrangement of such shift. If the patient happens to be eligible for OSTF, the treatment may continue in the private hospital as an OSTF patient and treatment shall be cashless from the expiry of 1<sup>st</sup> 48 hours of treatment.

8. The settled claim in 1<sup>st</sup> 48 hours shall be released within one week of claim from Free Treatment for Trauma Fund. The settlement of claim under OSTF shall be settled by OSTF Cell as per OSTF guidelines.
9. The fund shall be provided by the Commerce & Transport Department and shall be deposited in one account opened in the SBI for the purpose, in the name and style of "Free Treatment for Trauma Fund (FTTF) to be maintained by DMET Odisha, jointly operated by the DMET, Odisha and Jt. DMET, Odisha cum State Nodal Officer for Trauma.
10. A cashbook shall be maintained for the detail transactions of fund.
11. The State Nodal Officer for Trauma Care (SNO) and the Programme Assistant (PA) shall be the contacting persons for such claims by the hospitals. The contact numbers of SNO and PA shall be 9439991170 and 9437232987 respectively. The emergency number for public shall be as notified by DMET, Odisha from time to time.
12. The designated e-mail ID for submission of such claim and issue of permissions by DMET, Odisha shall be [fttdmet@gmail.com](mailto:fttdmet@gmail.com). The other electronic media like WhatsApp may be used for timely communication.
13. Any dispute in claim settlement shall be resolved by immediate personal hearing of the hospital authority by DMET, Odisha.
14. Government may change any of the above procedures for convenience and greater interest of the state and to notify from time to time.

By order of the Governor.

  
Commissioner cum Secretary to Government.

Memo No. 27087 /H, Dated

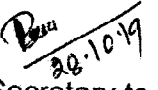
28.X.2019

Copy forwarded to the Gazette Cell, Lok Seva Bhavan, C/o. Commerce Department, Bhubaneswar with a request to publish this notification in the extraordinary issue of the Odisha Gazette and supply 100 (One Hundred) copies of the same to this Department for record.

Memo No. 27088 /H, Dated

28.X.2019

Copy forwarded to Accountant General (A&E), Odisha, Bhubaneswar for information and necessary action.

  
Deputy Secretary to Government.

Memo No. 27089 /H, Dated

28. X. 2019

Copy forwarded to all Directors under Health & FW Department / MD, NHM, Odisha, Bhubaneswar / MD, OSMCL, Bhubaneswar / Project Director, OSACS, Bhubaneswar for information and necessary action.

*Pran*  
28.10.19

Memo No. 27090 /H, Dated

28. X. 2019  
Deputy Secretary to Government.

Copy forwarded to the DMET, Odisha, Bhubaneswar / Jt. DMET Odisha- cum- State Nodal Officer for Trauma Care, Odisha, Bhubaneswar for information and necessary follow up action.

*Pran*  
28.10.19

Memo No. 27091 /H, Dated

28. X. 2019  
Deputy Secretary to Government.

Copy forwarded to all Departments/ all collectors & DM / all Superintendents of Govt. Medical Colleges/ all CDM&PHOs / all sections of Health & FW Department for information and necessary action.

*Pran*  
28.10.19

Memo No. 27092 /H, Dated

28. X. 2019  
Deputy Secretary to Government.

Copy forwarded to the Head, State Portal Group, I.T. Centre, Lok Seva Bhavan / IT cell of this Deptt. with a request to post the order in the website <https://health.odisha.gov.in/>.

*Pran*  
28.10.19

Memo No. 27093 /H, Dated

28. X. 2019  
Deputy Secretary to Government

Copy forwarded to the P.S. to Hon'ble Chief Minister, Odisha / P.S. to Hon'ble Minister, Health & FW, Odisha for kind information of Hon'ble Chief Minister / Hon'ble Minister, Health & FW respectively.

*Pran*  
28.10.19

Memo No. 27094 /H, Dated

28. X. 2019  
Deputy Secretary to Government.

Copy forwarded to the P.S. to Commissioner-cum-Secretary to Govt., Health & FW Department for kind information of Commissioner-cum-Secretary.

*Pran*  
28.10.19

Deputy Secretary to Government.

FORM- A

Letter No. .... Dt. ....

*(Intimation and application for permission for free treatment in 1<sup>st</sup> 48 hours of trauma)*

To

The DMET, Odisha

Sir,

I am enclosing herewith the details of one road traffic accident victim received in this hospital as under and request for permission for continuing treatment under Free Treatment for Trauma patient scheme.

Sl. No.	Particulars	Information
1	Name of patient	
2	Age & Sex	
3	Address	
4	Name of accompanying person	
5	Date & Time of admission	
6	Nature of Road Traffic Accident (mention the type of vehicle/s involved, e.g. truck-car, car-bike, car-pedestrian etc.)	
7	Time of accident	
8	Place of accident	
9	Brief description of injury	
10	Approximate Estimate of expenditure for treatment in 48 hours	

Authorized Signatory with Seal

FORM -B

(Permission for free treatment from FTTF in 1<sup>st</sup> 48 hours of trauma)

Letter No. .... Dt. ....

From

The DMET, Odisha.

To

The Superintendent,  
(Name of Private Hospital)

Sir,

Permission is hereby accorded for continuance of treatment and reimbursement of expenditures incurred in 1<sup>st</sup> 48 hours of trauma from the **Free Treatment for Trauma Fund** for the patient Sri /Smt/Ms. ....  
son/daughter/wife/husband.....of  
.....of  
.....  
.....admitted in your hospital on Dt. ..../  
time .....

**DMET, Odisha.**

**FORM- C**

*(Reimbursement of cost of expenditures incurred for free treatment in 1<sup>st</sup> 48 hours of trauma)*

To

The DMET, Odisha

Ref: Letter of Permission No. \_\_\_\_\_ /, Dt.

Sir,

I am enclosing herewith the required documents along with details of expenditure incurred for treatment of Sri/Smt/Ms..... under Free Treatment for Trauma patient scheme for reimbursement.

Sl. No.	Particulars	Information
1	Name of patient	
2	Age & Sex	
3	Address	
4	Date & Time of admission	
5	Action plan after 48 hours (discharge, referral to Govt. hospital, continuation under BSKY/OSTF or treatment on own cost)	
6	Total expenditure in 48 hours	
7	Documents enclosed (Photocopies)	1. Bed head ticket (case sheet) 2. Discharge summary/ brief note on treatment given in 48 hrs. 3. Investigations done 4. Final bill in 48 hours 5. Declaration in FORM D
8	Bank Account particulars for transfer of admissible cost of reimbursement from FTTF	A/C No Name of Account Holder IFSC Code Name of bank

**Authorized Signatory with Seal.**

FORM -D

DECLARATION

I do hereby declare that Sri/Smt./Ms.....  
son /daughter /wife /husband of Sri /Smt. ....  
suffered from trauma due to road traffic accident and was admitted on Dt.  
..... At ..... A.M./P.M. During the 1<sup>st</sup> 48 hours of  
treatment he/she was permitted for free treatment from Free Treatment for Trauma  
Fund (FTTF) and no extra money was collected from the patient or relatives / friends of  
the patient for the same treatment.

**Authorized Signatory with Seal.**