



**HEADQUARTERS OFFICE  
EMPLOYEES' STATE INSURANCE CORPORATION  
(ISO 9001-2008 CERTIFIED)**

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File No. V-14/11/15/2014 – Med – I (Policy)

Dated: 19.09.2014

To

The Additional Commissioner  
ICT Division  
ESI Corporation, Head Quarters Office  
CIG Road, New Delhi-110002

**Subject: Decisions taken by the ESI Corporation at its 162<sup>nd</sup> meeting  
held on 31.07.2014, for overall improvement in delivery of  
medical care under the ESI Scheme.**

**Sir,**

Action is required to be taken on the following points with respect to the subject mentioned above:

1. Mobile No. of IPs attached to IMP shall be seeded in a time bound manner. Mobile no should be incorporated as mandatory in I.P registration field. The telephone no. in respect of existing IPs may be taken from the employer and to be seeded in the system. (2.2.3)
2. ESIC shall have a robust Public Grievance Redressal system, duly utilizing SMS, Call Centre and IT technologies. The ESIC shall have automatic SMS alert on the pattern of CGHS. IMP shall be duly covered under this. There shall be a uniform toll free no. throughout India and it shall be given due publicity. (2.2.7)
3. Beneficiary Feedback System shall also be integrated with the IT Platform of ESIC. (2.2.9)

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4. Please establish a 24x7 telephone line for Grievances redressal alongwith robust on-line monitoring system of public grievances. 24x7 Call Centre shall also be engaged and they need to be integrated to IP portal. (2.2.9)
5. Regarding Telemedicine a system similar to a channel for each specialty with fixed time of telecast on the web may be developed and shall telecast to all ESI Hospitals for upgrading their knowledge and skills. A dash board shall be created for interactive sessions. (3.8)
6. The eligibility of IPs for ESI benefits should be determined from the date of registration on IP portal. (5.16 b)

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7. The feasibility of making referrals for Secondary care/Tertiary care on line mandatorily shall be examined. (5.20)
8. The feasibility of receiving bills from tie up hospitals on line with a view to integrate it with Project Panchdeep shall be examined, to avoid duplicate payment of bills. (5.23 c)
9. The feasibility of obtaining specialists consultation online prior to SST referral may be examined. (5.2c i)
10. The State Executive committee shall report to a National level Committee headed by Director General, ESIC, which in turn may also constitute sub-committees on specific subjects like Construction, Grievances, Training, IT etc. (2.2.32)

### **Dhanwantri**

1. System Integrator should ensure that all the host-PCs/Stand-alone PCs are functioning all the time. If any such Host PC / Stand-alone PC is not functioning, it should be considered as hardware problem

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and should be followed up and reasons found out. Based on online monitoring of Router and Host PC at the dispensaries and information coming from ticketing system on host PCs being down, SSMC and DIMS should be informed on a daily basis about equipment not getting switched-on. This data may also be part of SLA dashboard and should be reviewed with the System Integrator (Wipro) on a regular basis. The System Integrator should carry out prescribed preventive maintenance and replacement of equipment as per the contract. The record of such replacement and Preventive Maintenance should be maintained physically at the Dispensary/Hospital level. In addition, it should be made available in the system (as reports/exceptions in a dashboard) to be made available to SSMC/DIMS, etc., on monthly basis. Necessary reporting system should, if required, be developed, so that it is a part of the overall system. (2)

2. A small IT Cell under the control of SSMC should be created in each State for expeditious implementation of Dhanwantri. It will be a two member cell; one person looking after "applications" and the second person looking after the rest of the issues. They may be hired from the market through NISG under MoU between ESIC and NISG. They will work under the overall supervision and control of the PMU at ESIC. (3)

3. It is noted that no regular meetings of the erstwhile State Level Coordination Committee (State Implementation Committee (SIC) are being held for IT roll out. This is the right forum to raise and resolve issues concerning support from the State Governments and coordination with ESIC. In order to make this forum effective, the following steps are to be followed: (4)

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- a. Frequent visit by SMCs/SNO(IT)s to hospitals and dispensaries
- b. Invite the SI to the SIC meeting and discuss about quick disposal of complaint tickets & replacement of faulty equipments, training, etc.
- c. Escalation by the Member Secretary to ESIC authorities at Hqrs office for proper intervention in case meetings is not being held.
- d. Requesting concerned Government to delegate adequate financial powers to State ESIS Heads (MS/IMOI/c/Director) for procurement of paper and consumables, etc

4. Some other proactive measures may be taken by the Location Head for better adoption are as under: (10.6)

- i. Forwarding all IT infra/Application issues to IT helpdesk.
  - ii. Internal monitoring on daily/weekly/monthly basis on the usage of application in relation to actual work done.
  - iii. Implementing orders on mandatory usage of application & corrective action plan for non-adoption of application.
  - iv. Mandatory capturing of all patients' clinical data, etc. in OPD; admissions, discharges, etc. in IPD application for statistical purpose.
  - v. Creation of frequently used packs, profiles by department staff under the guidance of HOD's.
  - vi Suggesting value added changes in application through the SPOC.
5. The Centralized Dhanwantri Master data management team at Hqrs. Office needs to be strengthened by adding additional manpower such as one pharmacist and one doctor to facilitate timely up-dation of newer medical master data, requested from all the locations, pan-India. (10.7)

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6. Performance parameters shall be monitored through SLA dashboard. Quarterly payment to System Integrator needs to be linked to deliverables specified from time to time. One SPOC must be identified by ESIC for each module of Panchdeep. Also one SPOC each from ESIC, PMU & WIPRO needs to be identified and made responsible to address various issues related to Panchdeep like:- (10.10)
- a. Change request
  - b. AMC with WIPRO
  - c. Complaint disposal
  - d. Surprise Inspection and statement from WIPRO
  - e. Review and coordination with WIPRO
7. A White Paper on functioning of Dhanwantri Module, its deficiencies and remedial measures to rectify the deficiencies may be prepared by ESIC and placed before the Standing Committee. (10.12)
8. In order to avoid misuse of Medical benefits by I.P. & their families due to generation of TIC directly by the Employer, the entire issue of TIC needs to be re-examined de novo and simultaneously ICT Division shall also launch a campaign for clearing the backlog of Pehchan Cards in specific time period. (10.13)
9. A separate provision is recommended to be made in Insurance Module of Project Panchdeep for identifying the contract workers in the concerned establishment which can be validated from the return of the respective manpower supplier who is registered with ESIC establishment. The said provision will enable validation of contract employees supplied by man power supplier across principal employer. (10.14)

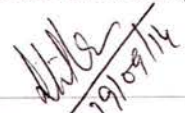
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10. Complaint matrix need to be examined on periodical basis by PMU for analysis and further corrective action. Similarly other reports on various modules to be examined by PMU on periodical basis.

11. Any other reports as required by ESIC on modules would also be taken up by PMU. On periodical basis PMU will report to ESIC on performance of the project and also for corrective actions. (10.15)

This issues with the approval of competent authority

Yours faithfully



(Dr. S.K. Raju)  
**DMC (MS-II)**

**Note:** The numbers in brackets at the end of each of the above points refer to the paragraph number of the " Report of the Sub-Committee on MSME", submitted for consideration of the Corporation at its 162<sup>nd</sup> Meeting held on 31.07.2014.