

Aarogyasri Health Care Trust

REVISED HEALTH CAMP POLICY- GUIDELINES

Planning & Scheduling of Health Camps:-

Trust has planned for conducting two health camps per month in each District.

In ITDA Districts, one Mega Health Camp will be planned in ITDA area and another Mega Health Camp will be planned in remote interior scheduled caste hamlet areas (wherever PHC is located (or) in central place of the area selected for the camp).

In non ITDA Districts, two Mega Health Camps will be planned in remote interior scheduled caste hamlet areas (wherever PHC is located (or) in central place of the area selected for the camp).

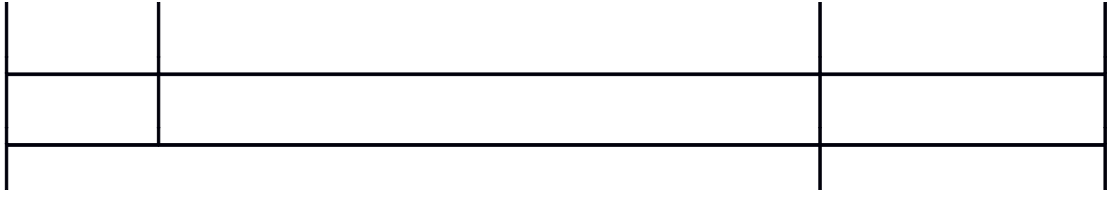
DCs have to identify remote areas based on the disease load in consultation with DM& HOs concerned.

ITDA mega health camp is also being planned based on disease load of that area.

DCs shall coordinate with PO-ITDA, DM&HO & DCHS for identification of ITDA locations to conduct mega health camp, get the approval of PO-ITDA and shall submit action plan for 6 months in advance ITDA camps to Trust office.

DCs shall submit the health camp schedule for 6 months in advance, with the approval of District Collector concerned (both remote area / ITDA mega camps)

Both remote area and ITDA mega health camps should be conducted in PHC premises to mobilise the patients to higher referral centres, and for participation of PHC Medical Officers also.



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The Network Hospitals which are empanelled in the scheme have to participate in at least 2 camps in a month. The Hospital shall conduct the camps as per the schedule given by Trust.

Camps to be conducted with Basic specialties like - OB&G, Paediatrics, ENT, Ophthalmology, General Medicine, Orthopaedics and General Surgery.

DCs shall map NWHs based on the disease load coverage so as to arrange availability of concerned specialist Doctor.

Each Network Hospital shall provide one Specialist Doctor, General Doctor (MBBS) and sufficient no. of paramedical staff.

One Dental Doctor and one Gynac Doctor / MBBS female doctor is mandatory at camps to screen lady patients especially.

Dental Doctor should be mapped from empanelled Hospitals.

Participation of NWHs in camps:-

Four Network Hospitals are being combined to conduct health camps. Out of the four NWHs, two are from Corporate and two are from Government.

DCs have to map 4 NWHs (2 corporate and 2 Govt NWH) to each camp from same District. If number of NWHs is less, then they can map NWHs from nearby Districts within 100 Km to 150 Km range. And see that to arrange different speciality Doctor should come from 4 NWHs to the camp. Hence minimum of 4 specialities can covered from identified above 7 specialities.

If Govt. NWHs are less within the District, Corporate NWH can be mapped to Camps.

IEC Activities:-

Pamphlets

Mike announcement in auto

Dandora / beat of tom-tom

Scroll in local cable networks

Posters

Banners

SHG meetings/ Village meetings

Exhibits on hygiene, general health, prevention of communicable diseases /
Exhibits on early detection and prevention of chronic diseases

Exhibits shall be arranged by PHC MO / SPHO/ DM&HO.

These IEC activities shall be conducted in coordination with the PHC MO and field staff in surrounding villages for 7 days by NWHs.

Facilities in the camp:

Erection of Shamianas (for shade)

Providing pedestal fans (for patients)

Providing sufficient no. of chairs and Tables (for patients to sit)

Drinking water (for patients)

Screening Enclosures (for patients)

Snacks (for patients)

Drugs to be provided at Camp

Drugs should be equally distributed by NWHs and PHCs at camps.

Speciality Drugs to be identified and should be supplied at camps by NWHs.

Distribution of common general drugs by PHC Medical Officer

Distribution of all drugs for children by NWH is mandatory.

Medical Officer Incentive:

Each participated Govt. Medical Officers has to be given an incentive of Rs.500/- camp.

At least 4 Medical Officers have to be drawn from PHCs/CHCs/AHs/Govt Hospitals

Equipment's carried to camp by NWH: -

Hospital shall carry necessary diagnostic equipment such as common investigations like CBP, Blood Sugar, CUE and also PAP Smear etc. to these free health camps.

Network hospital will provide services of concerned specialists to the camp to facilitate proper evaluation of the patients.

Allocation of Funds:

The allocation of funds for each Network Hospital is as follows.

S No

Activity

Amount in

Rs./-

1

IEC Activities

1500

2

Basic necessities like Shamiana, chairs,

1000

water, Snacks, Screening Enclosures etc.

3

Common Drugs

2000

4

Incentives to Govt. Medical Officer's /

500

Dental Doctor @ Rs.500/- each (one Doctor)

5

Food and Transport charges to camp venue

1000

6

Payment for Consultant – MBBS

500

7

Payment for Consultant – Specialist Doctor

1000

Total

Rs.7,500

If two or more MBBS doctors participated from NWH then the amount Rs.500/- will be shared among them.

If two or more Specialist Doctor participated from NWH then the amount Rs.1000/-will be shared among them.

Participants in the camp:-

DCs, DM, DTL concerned and 10 Mithras from surrounding PHCs for organising the camp, Host Mithra is responsible for IEC activities and

maintaining the camp details and referrals followup Records and Registers.

PHC Medical Officer, Nursing staff, Technicians, Pharmacists, Optometrist, 2 attenders from PHCs and Aayush Doctor.

PO-ITDA, DM &HO, DCHS, SPHO Concerned have to be attended ITDA mega Health Camps.

NWHs shall refer the patients to nearby Medical College Hospitals either Govt or corporate within a range of 100Kms to 150 KMs.

Roles & Responsibility of District Administration:

District Administration (DPRO) will release press note of Health Camp schedule in the name of the District Collector in the concerned district editions to spread awareness on Health Camps.

All Public Representatives including Ministers, MP's, MLA's,

Zillaparishad Chairman's, ZPTC, MPTC, Sarpanch and others shall be informed of Health Camp schedule in advance so that they also participate in the Camp. The Camp can be inaugurated by local MLA or by other people's representative depending on availability. Sometimes the camp can be earmarked for inauguration.

The D.M&H.O's shall instruct all the PHC Medical Officers and other Paramedical Staff to participate in Camps as per the Health camp Policy of the Trust.

Minimum facilities like drinking water and working food for doctors and staff participating in the camp may be arranged through the Aarogyamithra. The cost of this will be borne by NWHs.

The District Coordinator ensures that the camp schedule timings to be followed strictly from 9 AM to 4 PM.

Separate stall/ partition for each NWH shall be arranged and a Counter for Registration and counselling the patients be arranged in the camps by NWH.

Gathering of Aarogyasri beneficiaries at Camp and collecting feedback letters from them.

Detailed report on camp performance to be sent to AHCT by District Coordinator in consultation with District Collector within 7 days after the camp.

CONFIRMATION OF CAMPS, APPROVAL, ORGANISING, CLAIMING & REIMBURSEMENT:

The entire process of intimation, confirmation, details of camp organization, claim submission and reimbursement of money will be through the 'Health Camp' module in the Trust website (www.aarogyasri.telangana.gov.in)

Trust will communicate the schedule of camps well in advance and the same will be available online in the login of hospitals for the confirmation.

Confirmation and Indenting:

Hospital shall send in website the confirmation for each camp well in advance by the details of doctors and paramedics attending the camp and equipment's being carried along with the confirmation and put up the indent for each camp online detailing the following:

Details of IEC Activities with specific proposals and estimated amount

Details of facilities to be provided for the camps with specific proposals and estimated amount including food & transportation.

Details of common& Speciality drugs to be distributed in the camp with specific proposals and estimated amount.

Incentives to be given to the Government medical officers with the names of the Medical officers tied up for the camp.

Payment to be given to the participating MBBS doctor from NWH with the names

Payment to be given to the participating Speciality Doctor from NWH with the names

Approval: Based on the indent the Trust will approve the amount subject to the maximum of Rs.7,500/- per hospital. The Health Camp status can be viewed online.

Organizing the Camps: The Network Hospitals which are empanelled under the scheme, have to participate in at least 2 health camps in a month. The Hospital shall conduct the camps as per the schedule given by the Trust and by undertaking the activities as per the indent approved by the Trust.

The Hospitals shall ensure that an Aarogyasri Medical Camp Coordinator (AMCCO)/Executive is earmarked for the purpose and send at least 7 days in advance to the camp area to undertake IEC activities as planned and arrange for the facilities to be provided for the camps.

Hospital shall carry necessary diagnostic equipment such as common investigations like CBP and CUE etc. to these free health camps.

Network hospital will provide services of concerned specialists to the camp to facilitate proper evaluation of the patients.

The AMCCO)/Executive has to conduct meetings with members of the SHGs, ASHA workers, members of voluntary organizations (NGOs) and village Health & sanitation committee members for help in motivation & mobilization of the rural beneficiaries to take part in the health camps.

The following documentation has to be done during the camp:

The patient details will be captured by the Aarogyamithra at Registration counter in A4 Register and will direct the patient to the Network Hospital counter/room/stall by handing over the “OP Ticket” form.

Network Hospital Doctor will examine and enter the complaints, clinical examination, investigation, category of the disease and provisional diagnosis.

Patients are classified into two types.

Non Referred

Referred

Non referred patients will be provided drugs as per the prescription given by the doctor.

Those patients who are referred shall be given RTR with date of reporting to the NWH's, name & address of the hospital, name of the Aarogyamithra of NWH and mobile number (**Annexure – 1**).

At the time of conducting the camp the cases which are identified under 133 procedures will be refer to the participating Govt Hospitals for further management and for other than 133 procedures can be refer to the NWHs (Corporate).

DDR (Drug Dispensing Register):

The details have to be mentioned in the “Drug dispensing register” and the signature/thumb impression of the patient shall be obtained (**Annexure – 2**). A copy of the same duly signed by the government Medical Officer / Aarogyamithra, DTL, District Manager & District Coordinator. The same shall be scanned and upload at the time of claim of camp amount.

The details of all out patients and referred patients will be recorded by the Aarogyamithra in the Health camp register A4 in Duplicate (**Annexure-3**). A copy of the same duly signed by the government Medical Officer / Aarogyamithra, DTL, District Manager & District Coordinator. A copy of the same shall be kept with NWH doctor and same shall be scan and uploaded at the time of claim of camp amount.

At the end of the camp the incentive shall be given to the participating government medical officer and the signature can be obtained in the prescribed proforma - “**Receipt of Incentive for Govt. Medical Officer (PHC/AH/DH) / Dental Doctor**” (**Annexure-4**)

At the end of the camp the incentive / payment shall be given to the participating MBBS Doctor from NWH concerned and the signature can be obtained in the prescribed proforma - **“Receipt of Incentive for participating MBBS Doctor ”** (Annexure-5)

And incentive / payment shall be given to the participating Specialist Doctor from NWH concerned and the signature can be obtained in the prescribed

proforma-“**Receipt of Incentive for participating Specialist Doctor**”
(**Annexure-6**)

The Aarogyasri Medical Camp Coordinator (AMCCO) of the Network hospital shall also take a declaration (**Annexure-7**) as to the successful conduct of the camp signed by the Medical officer of the concerned PHC or the Aarogyamithra. The Network hospital shall upload the same for the claim of camp amount.

Claim: After successful conduct of Health camp, AMCCO shall upload and submit Utilization Certificate (**Annexure-8**). Hospital shall also upload and submit drug dispensing registers, photographs of the camp (venue name with tent & chairs photo, banner showing date of the camp, patients registration, screening patients, drug distribution, snacks & water and IEC photographs), bills/vouchers for IEC activities, Facilities, food and transportation and receipt of incentives to the medical officers participating in the camp in prescribed proforma. The bills/vouchers have to be signed by concerned authorities with seal.

Reimbursement: Hospital shall make the claim online for the camps. Trust based on uploaded and submitted documents will reimburse the total amount through online workflow and transaction.

Time Frame for Submission of Health Camp Claims by the Network Hospitals:

1. NWH has to confirm the health camp online within 45 days from date of camp from AMCCO login.

If Trust has kept pending either in Approval level or in Claim level, NWH has to give clarification within 7 days otherwise camp claim will be Auto cancelled in respective levels.

Once Trust gives approval at approval level, then claim moves to AMCCO login for submitting of claim. NWH has to submit for claim/reimbursement within 45 days' time once approved by Trust. If not submitted, the claim will be Auto cancelled.

Annexure - 1

Registration, Treatment cum Referral card (RTR)

(Annexure - 2) Aarogyasri Health Scheme

Health Camp Drug Dispensing Registered Referral Card form

F.41

Card No : [PHC/HC] District code

8002

1. Patient Details:

Health camp / PHC _____ Date: _____
 Name _____ Age _____ Sex _____ Relationship with family head _____
 Address _____ Tel Phone No

2. Complaints:

Code	Complaints	*Number	**Duration				Code	Complaints	*Number	**Duration			
			A	S	I	C				A	S	I	C
1	Abdominal Distention						24	Itching					
2	Backache						25	Jaundice					
3	Blood in stool						26	Joint Pains					
4	Breathlessness						27	Loose motions					
5	Breathlessness on exertion						28	Loss of appetite/T refusal of feeding					
6	Burning urination						29	Loss of weight					
7	Burns						30	Menstrual irregularities					
8	Chest pain						31	Oedema					
9	Cold						32	Pains					
10	Constipation						33	Redness and watering of eyes					
11	Cough						34	Scanty urine					
12	Deformity						35	Skin rashes					
13	Defective vision						36	Sleeplessness					
14	Difficulty in urination						37	Stomachache					
15	Ear Discharge						38	Sweating					
16	Ear pain						39	Swelling					
17	Excessive crying						40	Tingling and Numbness					
18	Excessive urination						41	Ulcer					
19	Fever						42	Vomiting					
20	Fits						43	Weakness of limbs					
21	Giddiness						44	White discharge					
22	Headache						45	Others					
23	Injury												

*Number: No. of days patient is suffering with complaint.

**Duration: As per the *Number select the code. A-Acute <2Days. S-Sub acute < 7days. I-Insidious < 30 Days. C-Chronic > 30Days.

3. Clinical Findings:

4. Investigations:

CBP CUE ECG Ultrasound 2D Echo Others: _____

5. Categories:

- | | |
|--|--|
| S1 General Surgery <input type="checkbox"/> | S17 Prosthesis <input type="checkbox"/> |
| S2 Ent Surgery <input type="checkbox"/> | M2 General Medicine <input type="checkbox"/> |
| S3 Ophthalmology Surgery <input type="checkbox"/> | M3 Infectious Diseases <input type="checkbox"/> |
| S4 Gynaecology And Obstetrics Surgery <input type="checkbox"/> | M4 Pediatrics <input type="checkbox"/> |
| S5 Orthopedic And Procedures <input type="checkbox"/> | M4.1 Neonatal Intensive Care <input type="checkbox"/> |
| S6 Surgical Gastro Ent-ology <input type="checkbox"/> | M4.2 Pediatric Intensive Care <input type="checkbox"/> |
| S7 Cardiac And Cardiothoracic Surgery <input type="checkbox"/> | M5 Cardiology <input type="checkbox"/> |
| S8 Pediatric Surgeries <input type="checkbox"/> | M6 Nephrology <input type="checkbox"/> |
| S9 Genito Urinary Surgeries <input type="checkbox"/> | M7 Neurology <input type="checkbox"/> |
| S10 Neurosurgery <input type="checkbox"/> | M8 Pulmonology <input type="checkbox"/> |
| S11 Surgical Oncology <input type="checkbox"/> | M9 Dermatology <input type="checkbox"/> |
| S12 Medical Oncology <input type="checkbox"/> | M10 Rheumatology <input type="checkbox"/> |
| S13 Radiation Oncology <input type="checkbox"/> | M11 Endocrinology <input type="checkbox"/> |
| S14 Plastic Surgery <input type="checkbox"/> | M12 Gastroenterology <input type="checkbox"/> |
| S15 Poly Trauma <input type="checkbox"/> | Om1 Psychiatry/others <input type="checkbox"/> |
| S16 Cochlear Implant Surgery <input type="checkbox"/> | |

6. Provisional Diagnosis:

7. Treatment:

Check	Code	Drugs	Qty	Advice	Check	Code	Drugs	Qty	Advice
	1	Antibiotics				10	Antacids		
	2	Anit Pyre tics				11	Anti histamines		
	3	Anit colic drugs				12	Analgesics		
	4	Anit diarrheal				13	Broncho dilators		
	5	Anit emetics				14	Cough syrups		
	6	Anit epileptics				15	Eye/Ear drops		
	7	Anit helminthes				16	Ointments/Lotions		
	8	Anit hypertensive				17	Others		
	9	Anit diabetic drugs							

8. Referral Card

Card No : [PHC/HC] District code

8002

Date of Reporting to Network Hospital: _____
 Name of the Network Hospital: _____
 Address to the Hospital: _____
 Name of Aarogyamithra at Network Hospital and Contact No.: _____
 Name of PHC Aarogyamithra and Contact No.: _____
 Name of PHC MO and Signature: _____

District Codes : 01. SKM 02. VZM 03. VZG 04. EGI 05. WGI 06. KRS 07. GNT 08. PKM 09. NLR 10. CTR 11. YSR 12. ANP 13. KRN 14. MBR 15. RRY 16. HYD 17. MDK 18. NZD 19. ADB 20. KMR 21. WGL 22. KHM 23. NGL

Help Line No : 104

www.aarogyasri.telangana.gov.in

S.

Name of the

Signature/

No

patient

Drug Name

Quantity

Thumb

Impression

1.

2.

3.

1.

2.

3.

1.

2.

3.

Signature of the PAM Signature of the Medical Officer
(With Seal)

Signature of the Div Lead

Signature of District Manager Signature of the Dist Coordinator
With Seal

Annexure -3

Health Camp Registers

PHC OP REGISTER

F.40

PHC MITHRA NAME : _____

DATE : _____

S.No.	Name	Sex	Age	Contact no.	Complaint Code	Referred	Yes NWH Code	RTR Card No.
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		
						YES <input type="checkbox"/> No. <input type="checkbox"/>		

Note : Please Tick (✓) at Yes (or) No Box

Annexure - 4)

Aarogyasri Health Scheme

Health Camp

Receipt of Incentive for Govt. Medical Officer (PHC/ AH/ DH) / Dental Doctor

I Dr..... of(PHC/ AH/ DH)/ Dental
Doctor Received with thanks Rs. 500/- (Rupees Five Hundred only) towards
professional incentive for participating in the health camp conducted under

Aarogyasri

Health

Scheme

at.....

(Venue).....

(Village).....

(PHC).....

(Mandal).....District on.....

(Date)

Date: Medical OfficerSignature:

Place: Designation:

Seal:

Signature of District Manager Signature of the Dist Coordinator

With Seal

(Annexure - 5)

Aarogyasri Health Scheme

Health Camp

Receipt of Incentive for participating MBBS Doctor

I Dr..... of(Name of the NWH)
Received with thanks Rs. 500/- (Rupees Five Hundred only) towards professional
incentive for participating in the health camp conducted under Aarogyasri Health
Scheme at.....(Venue).....(Village)

.....

..... (PHC).....(Mandal)..... District

on..... (Date)

Date: Signature:

Place: Name:

Registration No:

Signature of District Manager Signature of the Dist Coordinator

With Seal

(Annexure - 6)

Aarogyasri Health Scheme

Health Camp

Receipt of Incentive for participating Specialist Doctor

I Dr..... of(Name of the NWH) Received
with thanks Rs.1000/- (Rupees Thousand only) towards professional incentive for
participating in the health camp conducted under Aarogyasri Health

Schemat.....

(Venue).....

(Village)..... (PHC).....

(Mandal).....

District on..... (Date)

Date: Signature:

Place: Name:

Registration No:

Name of the speciality:

Signature of District Manager Signature of the Dist Coordinator

With Seal

(Annexure - 7) Aarogyasri Health Scheme Health Camp

DICLARATION BY PHC MEDICAL OFFICER/PHC AAROGYA MITHRA

I,Dr.....hereby declare that the Aarogyasri Health Camp was conducted successfully at venue,located atPlace.....Mandal onDate from

.....AM toPM,by Network Hospitals 1)

2).....

3).....

4).....

The following activities were taken up by the hospital: Please write Yes or No.

S.No

Activity

NWH-1

NWH-2

NWH-3

NWH-4

IEC Activities

Provision of facilities for the patients

Distribution of General Medicines

Incentive to Medical Officers/Dental Doctor

Food and transport charges to camp venue

Payment for Consultant – MBBS

Payment for Consultant – Specialist Doctor

Signature of PHC Medical Officer/PHC Aarogyamithra

Signature of District Manager
Signature of the Dist Coordinator

With Seal

(Annexure - 8)

Aarogyasri Health Scheme

Health Camp

UTILIZATION CERTIFICATE

I hereby submit that Hospital, which has conducted Health Camp under Aarogyasri Health Scheme at..... (Village)

(Venue)..... (Mandal), District on..... (Date) and incurred expenditure of Rs.....(Rupees

.....) for conducting the Health Camp as stated below for various activities:

S No

Activity

Amount in Rs./-

1

IEC Activities

2

Basic necessities like Shamiana, chairs,

water, Snacks, Screening Enclosures etc.

3

Distribution of Medicines

Incentives to Govt. Medical Officer's /

4

Dental Doctor @ Rs.500/- each (one

Doctor)

5

Food and Transport charges to camp

venue

6

Payment for Consultant – MBBS

7

Payment for Consultant – Specialist

Doctor

Total

Signature of the Divisional Leader Signature of District Manager

Signature of the Dist Coordinator Signature of Hospital Authority

With Seal Seal of the Hospital