



Subject: Strengthening of Emergency/Casualty Services and Patient Facilities in Associated Hospitals

Order No.: 528-AH of 2026

Dated: 13-10-2026

During the surprise inspection of Associated Hospitals especially SMHS on various occasions, deficiencies relating to staff identification, duty rosters, patient assistance and basic facilities were observed. Accordingly, the following directions are issued for strict and time-bound compliance:

1. Doctors' Attire and Identification:

All doctors on duty in Emergency/Casualty, Triage, wards and other patient-care areas shall wear the prescribed apron/clinical attire and prominently display their institutional photo identity cards and legible name/designation plates. Duty rosters shall be displayed at appropriate locations and updated immediately upon any change. Medical Superintendents shall ensure compliance during routine and surprise inspections.

The requirement is intended to facilitate patient identification and accountability. In *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*, (1996) 4 SCC 37, the Hon'ble Supreme Court emphasised preservation of duty rosters, recording of Medical Officers' arrival and departure, and identification of the attending doctor in treatment records.

Responsibility: All Medical Superintendents.

Timeline: Immediate.

2. Digital Payment Facilities:

QR/UPI payment facilities shall be made available and prominently displayed at all applicable registration, ticketing, investigation and laboratory counters. The concerned officers shall ensure that the facilities are functional and patients are appropriately facilitated. Any expenditure shall be processed under applicable financial rules.

Responsibility: Medical Superintendents and concerned Accounts Officers.

Timeline: Within 2 days.

3. Duty Rosters and Emergency Readiness:

Duty rosters showing names and designations of doctors and other designated staff shall be displayed in Emergency/Casualty and wards preferably on appropriate white boards. Relevant schedules shall be displayed at laboratories, registration and ticketing counters and updated immediately upon change. Actual staff deployment shall be checked against rosters during inspections. A basic Emergency Readiness Checklist shall cover duty staff, Triage, resuscitation, oxygen, essential drugs and consumables, functional equipment, diagnostics, cleanliness and security. Essential equipment shall be checked at the commencement of each shift, and critical deficiencies shall be rectified immediately. The mandatory 5:00 PM daily readiness round shall be conducted by the designated hospital administration.

Responsibility: All Medical Superintendents.

Timeline: Immediately.

4. Functional 24x7 Call Centre and Patient Facilities:

A functional Call Centre shall be maintained round the clock. Its contact number shall be prominently displayed. All calls relating to patient assistance, complaints and hospital services shall be recorded in a Call Centre Log, followed up to

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resolution or appropriate referral, and unresolved matters escalated to the designated supervisory officer. The log shall be reviewed daily

Every call shall be entered in a Call Centre Log in the following format, and followed up until resolution or appropriate referral:

S. No.	Date & Time	Caller Name	Caller Phone	Nature of Complaint	Action Taken / Referral	Resolution Time / Status	Staff Initials
1.	2.	3.	4.	5.	6.	7.	8.

Matters requiring intervention shall be escalated the same day to a supervisory officer designated by the Head of Institution. The Head of Institution, or the officer so designated, shall review and initial the log daily. A weekly summary (calls received, resolved, pending) shall be sent to the office of the Administrator.

Responsibility: Medical Superintendents.

Timeline: Within 3 days.

5. Cleaning and Sanitation:

Cleaning rosters and daily checklists shall be maintained for toilets, corridors and other designated areas. Scheduled cleaning shall be recorded and verified by the concerned sanitation supervisor and cross checked by MS/CMO/RMO. Deficiencies in high-footfall patient-care areas shall be rectified promptly.

Responsibility: Medical Superintendents.

Timeline: Within 2 days.

Compliance and Action taken to be submitted by:

1. All Medical Superintendents, BMO SDH Hazratbal, shall submit a point-wise Action Taken Report within seven days, with photographs.
2. All Medical Superintendents shall assess their respective hospitals and implement applicable directions within the prescribed timelines.
3. The Medical Superintendents shall be responsible for continuous functioning of the prescribed arrangements. Compliance shall be verified during scheduled and surprise inspections.
4. Deficiencies affecting patient safety or continuity of essential services shall be rectified immediately. Avoidable lapses and repeated non-compliance shall invite examination of responsibility and action under applicable rules.

This order shall take effect immediately.

Sd/

Masarat Hashim (JKAS)

Administrator

Associated Hospitals Srinagar

Date: 13-10-2026

No: GMCS-AH/2026/ 5485-92

Copy to:

1. Principal/Dean, GMC Srinagar, for information.
2. All HoDs for information.
3. Medical Superintendent, SMHS Hospital, for immediate compliance.
4. All Medical Superintendents/BMO of Associated Hospitals, for compliance.
5. FA/CAO and Accounts Officers, for necessary action.
6. Personnel Officer and Administrative Officer, for monitoring.
7. Nodal Officer, IT, for necessary technical support, wherever required.
8. IT cell for uploading on official website
9. Office file.

Bashir Ahmad Bhat [JKAS]

Personnel Officer

Associated Hospitals Srinagar

