



OPERATIONAL MANUAL-2018

ESIC

DISPENSARY CUM BRANCH OFFICE

(DCBO)

INDEX

S.No.	Description	Page No.
1.	Introduction	3
2.	Administrative set up	4
3	General Guidelines	5
4	Dispensary/Medical functions	6
5	Branch Office functions	8
6	Financial powers	9
7	Inventory management	9
8	Monthly Report	11
9	Citizen Charter	11
10	Standards Of Service	11
11	General Information	11
12	Complaints & Grievances	12
13.	Responsibilities of the user	13

INTRODUCTION

The Employees' State Insurance Act, 1948 envisages an integrated need based social insurance scheme that guarantees reasonable medical care to the workers and their dependent family members and protects their interest in contingencies of sickness, injury and death etc. However health being a State subject, provision for medical care under the Scheme is dependent upon the State Governments as per provisions of section 58 of the ESI Act, 1948.

The ESI Scheme has witnessed unprecedented expansion in the last couple of years and provision for the medical care has not been keeping desired pace. ESIC has drawn up a VISION – 2022 to extend the social security coverage under the ESI Act to the entire country by 2022. It has therefore, become mandatory for providers of social security to make arrangement for provision of medical care. Accordingly, the ESI Corporation in its 174th meeting held on 29.05.2018 has approved setting up a Dispensary Cum Branch Office (DCBO) in every district to make presence of ESIC for primary care service in each district, irrespective of whether a district has been partially or fully implemented or existence of a State run Dispensary in the area.

A DCBO would perform the functions of both dispensary and branch office. Besides providing medicines to patient attending DCBO, it would distribute medicines to IMP/Mod-IMP/Mod- EUD referred patients. It would also make referrals for secondary care, payment of bills of empanelled chemist/diagnostic center and would provide IT help care services to IPs/employers. 100% of the establishment and operational cost of DCBO would be borne by ESIC and the State concerned would not be bearing any expenditure under this head.

1. ADMINISTRATIVE SET UP

The DCBO will be under the control of the Regional Director of the State Concerned and will have the following minimum manpower.

SI No	Description of post	No. of posts	
1	GDMO*	1 doctor for 3000 IP/50 OPD, 2 doctors for 50~150 OPD; 3 doctors above 150 OPDs	
2	Asst. Director	If, IP > 20,000	
3	Social Security Officer (SSO)	1	
4	ANM/Dresser	2	up to 3 doctors
5	Pharmacist	1	
6	Asstt	1	
7	UDC	2	
8	MTS/Peon	2 (outsourced)	

The above norms are minimum manpower requirement which will be reviewed at regular intervals but initially after 6 months and depending upon the footfall, manpower will be augmented for proper delivery of services.

- Senior most General Duty Medical Officer (GDMO) would be the head of the DCBO and report to the Regional Director of the State.
- The Manager Gr.I (Asst. Director)/Manager Gr.II (SSO) of the Branch office shall be responsible for benefit payment & financial functions. He will report to the DCBO in charge.
- Pay & allowances and other service matters, the officers and staff will be under the control of the Regional Office. Concerned Regional Office / Sub-Regional Office will be the accounting unit.
- A GDMO of the DCBO will act as the PG Officer for all medical matters of the IPs in the area and the Branch Manager regarding benefit payments issues.

2. GENERAL GUIDELINES

A DCBO has two functional branches:

- A. Dispensary,**
- B. Branch Office.**

Generally these are two separate units but in case of a DCBO these will act as single unit providing Out Patient Services and cash benefit payments under one roof. The OPD services, whether in a hospital or in a dispensary are preventive, diagnostic, curative and rehabilitative. The ESIC-DCBO is conceptualized to provide primary care along with the preventive, diagnostic, referral, curative as well as rehabilitative services to the Insured persons & families who are expected to visit in large numbers for availing primary care. The care and attention provided to them in a DCBO would go a long way building up the reputation and trust of the stakeholders of the scheme.

- The Dispensary of the DCBO shall preferably be on ground floor.
- Dispensary timing should be 9 AM to 4 PM (13.00 hrs to 13.30hrs lunch) from Monday to Friday and 9 AM to 1.00 PM on Saturday. Timing should be prominently displayed at the registration counter, pharmacy along with registration hours for OPD. If two shifts are to be run, the timing shall preferably be from 7.30am to 1.30 pm and 1.30pm to 7.30pm with no lunch break in each shift.
- Senior citizen/seriously ill /physically challenged/ women/patients who sought appointment may be given priority for registration and consultation.
- The patient should be prescribed medicines as per the formulary list of OPD medicines issued by ESIC from time to time.
- A patient shall be given medicine usually for 3-4 days and not more than 7 days at a stretch to prevent wastage/misuse. However in case of chronic illness 30 days medicine shall be dispensed.

- All the entitled staff should wear uniform with name badge/identity card as applicable for identification
- Wheel chair and stretchers should be available.
- Adequate drinking water facilities should be available
- Payments/reimbursement are made to the bank account of the beneficiary/ third party through ECS and therefore, it is mandatory to provide the bank account number for the purpose.
- The name and address of empanelled chemist and Lab should be displayed.

2. A. Dispensary/Medical Function of DCBO

- Delivery of medical services and benefits payments to the beneficiaries/IPs irrespective of whether the IPs are tagged to the DCBO or otherwise.
- Collect medicines from the attached nodal ESIC Hospital for use at DCBO and modified EUD/IMP.
- Supply of Medicine to Modified EUD/ IMP.
- **The medicines of DGESIC Rate Contract should be made available as far as possible, however in unavoidable circumstances where DGESIC RC medicine is not available then it should be arranged/procured from the empanelled chemist.**
- **Medicine which is not available in DGESIC Rate Contract and if required then it should be arranged/procured through local purchase from empanelled chemist.**
- **Patients of modified EUD/modified IMP/ IMP attending DCBO with prescription indicating non-availability of medicine should also be dispensed such medicine.**
- The medicines must be distributed to beneficiaries attending State run **ESIS** dispensaries also if the beneficiaries approach DCBO with the prescription indicating non-availability of medicine in their parent dispensary.

- Reimburse the medical reimbursement claim bills of beneficiaries of medicines and lab bills outside the approved list of medicines and lab tests but prescribed by the modified EUD and modified IMP/IMP. The prescribing doctor of these units should duly verify these bills.
- **Online Referral to tie-up hospitals and generation of P-1 form for cases of DCBO and referred by modified EUD, modified IMP/IMP& ESIS dispensaries for secondary care services.**
- **As prescribed, to function as Medical Referee for online/offline verification of sickness certificate beyond 7 days, issued by the modified EUD, modified IMP/ IMP.**
- Coordinate with RD/ State Medical Officer of the State for empanelment of chemist and lab for DCBO, modified EUD and modified IMP in the district.
- **To verify the claim submitted by the modified EUD/modified IMP/IMP and make the payments on monthly basis. The number of IPs should be determined on the basis of average number of IPs online on first and last day of the month for the purpose of payment for that month. The payment should be restricted to 2000 IPs in case of modified IMP/IMP and 5000 IPs in case of modified EUD.**
- **To verify claim bills of empanelled chemist and laboratory of DCBO/ modified IMP and make the payment accordingly.**
- **To verify the secondary care bills of tie-up hospitals submitted through online UTI module and forward it to Regional Office for further verification and payment.**
- **To scrutinize the medical reimbursement claim bills of IPs and make the payments.**
- Acceptance and scrutiny of secondary care bills from tie-up hospitals submitted at DCBO. Thereafter forwarding the bills to RD for payment.
- Verification of the directly admitted patients, in emergency in tie-up hospitals and issuance of online referral and generation of P.1 form.

- Monitoring/inspection of modified EUD/modified IMP unit in the district.
- **The DCBO In-charge should ensure for IT infrastructure in coordination with RO Office and all the transactions concerned for data documentation.** The certificates are to be issued online for benefit payments.
- DCBO shall retain all records / bills pertains to the expenditure incurred for providing medical service for the verification of the audit, except that of secondary care bills that are to be submitted to the Regional Office concerned.

2.-B-Branch Office functions of DCBO

- Discharge all the functions of a Branch Office as provided in Branch Office manual. While doing so, the Manager will exercise the powers delegated to the Branch office manager limited to cash benefit payments. It will observe working hours same as that of the Regional Office of the State concerned.
- The IPs of the districts who visits the DCBO for medical consultation will have the option to take benefit payments, if any, from the same DCBO.
- Medical reimbursement Claim bills of IPs and bills of empanelled chemist/Lab shall be received, diarized properly, scrutinized and forwarded to DCBO In-charge for further verification and approval.
- Bills of reimbursement to IPs may be kept separately and all the bills should be cleared in time bound manner on First In First Out basis.
- To inform Regional Director and Finance Officer of the Region about the expenditure under different heads incurred during the month, in addition to the schedule of payments submitted to the F&A Branch of the Region concerned.
- Ensure proper sanction for every payment/or for drawing cash from bank.

- Keep Record of reimbursement made to IPs, M-IMP, M-EUD, Empanelled Chemist and Lab separately.
- All the payments, including reimbursement to IPs are to be made electronically.
- Branch manager shall be jointly responsible, along with cashier, for all cash/ bank transactions and custody of cash.

3. FINANCIAL POWERS – Head of DCBO

Description of powers	Extent of powers
To sanction bills of the empanelled diagnostic center/Chemist.	Full powers as per the approved rate at the time of empanelment.
To sanction reimbursement claims of IPs in respect of medicines purchased from empanelled chemist/ Diagnostic center	Full powers subject to ceiling of Rs. 10,000/- in each case.
To incur contingency expenses.	Full powers subject to the ceiling of Rs. 5,000/- in each case for medical related emergency.
To sanction statutory payments/taxes to local authority	Full powers
To sanction payment to MOD-EUD/Mod-IMP/IMP in the district	Full powers, as per system driven information of IPs attached.
Imprest Amount for DCBO	Rs. 10000/- (In case of existing Branch Office upgraded to DCBO, the current imprest amount would be enhanced to Rs. 10000/-)

3. Inventory Management

The pharmacy store should maintain stock of all the listed medicines for the DCBO. The inventory stock level should be drawn keeping the shelf life of the medicines, essential drugs, fast moving drugs, Lead Time, Buffer Stock, average consumption for a period, number of IMPs and Mod-EUDs to which the DCBO provide drugs and the number of beneficiaries attached to each of them. This is only indicative. Due diligence must be ensured.

4.1 Demand forecasting

- Demand for medicines should be placed as per pattern of past consumption, lead time and based on demands given by the IMP/Mod-EUD in the area. After stabilization of DCBO, an annual requirement should be prepared by December every year which should be communicated to the ESIC Hospital which makes supply of Drugs to the DCBO. Such demand should also indicate a supply schedule (Preferably be quarterly) of medicines. Excess inventory may lead to wastage of medicines due to expiry of shelf life whereas shortages shall lead to rendering of inappropriate services and local purchases at higher cost.

- In addition to the annual demand, supplementary demands, if any, required to maintain the minimum inventory level, should be made at least two months in advance, from the date the medicine likely to be out of stock. Stock-out of listed medicines and resultant local purchases should be indicated in the monthly report to the Regional Director.

4.2 Receipt of inventory

- The pharmacist will receive goods against a proper indent/supply orders

- The quantity of stores received should tallied with the indent/supply orders and delivery challans. The batch number, date of manufacturing, date of expiry, etc. should be thoroughly checked and recorded in the respective ledgers/inspection registers.

- The Branch Office manager of the DCBO will act as inspecting officer for the stores and it should be verified in the stores only.

- Inspecting officer should check the quantity, batch number, DOM, DOE, shortfall or excess, shelf life of items for acceptance of goods. Inspection should be completed at the earliest, i.e within 2-3 days of receipt of goods. All stores should be brought into account in a reasonable time and not later than 7 days from date of receipt of goods.

4.3 Record keeping

The stock ledger should be maintained by the Pharmacist and should be checked and verified by the In-charge of the DCBO.

4.4 Expiry date register

An expiry date register should be maintained by the Pharmacist for all items having life period and the register should be periodically reviewed.

5. Monthly Report

A monthly report of the working of DCBO should be submitted to the Regional Director of the State Concerned. The report, inter alia, should indicate statistics on functioning of DCBO, support services provided to IMP, Mod-EUD, stock-out of medicines, local purchases during the month, pendency of bills in DCBO and delay, if any, in submission of bills by the service providers, etc, should be provided besides other performance indicators.

6. Citizen Charter

This charter seeks to provide framework which enables our stake holders to know the kind of services that are available in the DCBO, quality of services the beneficiaries are entitled to, the means through which their complaints regarding denial or poor quality of services will be redressed.

6.1 Standards of service:

It is a Dispensary Cum Branch Office, which intends to provide primary care, referral service for specialist care, cash benefit payments as mandated under ESI Act, reimbursement of bills, provide support to the panel doctors (IMP) /**modified IMP/ Modified-EUDs**, all under one roof. **The quality of services should be of optimal level and needs to be reviewed regularly.**

6.2 General Information

- The DCBO will have doctors, pharmacists, Staff Nurse and paramedical staff members besides a Branch Manager and other ministerial staff.
- Doctors wear white apron and Staff Nurse has uniform. The paramedical and ministerial staff wears identity cards.
- Every patient seeking treatment at the DCBO should be an IP registered under the ESI Act or the dependents of the registered worker who is entitled for medical benefit.

- The timings of the DCBO (dispensary and branch Office) are displayed at prominent locations in 3 languages (Local, Hindi & English). If the local language is other than Hindi
- Medicines as per the standard list will be disbursed to the patients free of cost. Specialist medicines, if required, will be provided through local chemist as per availability and /or guidelines.
- Patients who requires specialist's care would be referred to empanelled hospital at the discretion of the doctor in DCBO.
- Unlisted lab services will be provided through empanelled facilities.
- Wheel chair and stretchers are available on request
- Drinking water and toilet facilities are available
- Payment/reimbursement are made to the bank account of the beneficiary and therefore, it is mandatory to provide the bank account number and other details for the purpose.

6.3 Complaints and Grievances

- There will be occasions when the services in the DCBO will not be up to the expectations of the beneficiaries. Please do not hesitate to register your complaint, which will only help us to serve you better.
- Medical officer and the Branch Manager of the DCBO will attend to all the grievances.
- Every grievance will be duly acknowledged.
- SuvidhaSamagam will be held on every second Friday of the month to address the grievances
- The DCBO will make all efforts to settle your genuine grievances in 7 working days
- Suggestions/complaint boxes are also provided in the DCBO

6.4 Responsibilities of the user

- The success of the charter depends on the support it gets from the stake holders
- Please do not inconvenience other patients, wait for your turn.
- Please help us keeping the Dispensary and the Branch office premises clean
- Please use the facilities of the DCBO with care, it is maintained to serve you
- The DCBO premise is a non-smoking zone
- Please refrain from demanding undue favour from the staff
- Please provide useful feedback and constructive suggestions.
- Please HELP US TO HELP YOU.