



# BRUHATH BENGALURU MAHANAGARA PALIKE

Office of the Chief Commissioner, NRSquare, Bengaluru-02

080-2222 1286 / 2297 5550 [ccmm@bbmp.gov.in](mailto:ccmm@bbmp.gov.in)

No: CC/PSR/52/2021-22

Dated: 08-05-2021

## OFFICE ORDER

Sub: Improvement of Bed Blocking and patient shifting process in BBMP.

Ref: 1. This Office Order No. CC/PSR/41/2021-22, Dated: 03-05-2021

2. Recommendations by CHBMS Committee dated: 07-05-2021

A Committee was formed vide ref (1) above to conduct a thorough study on the existing practices in Bed Allotment by the Central Hospital Bed Management System (CHBMS) application and to recommend how the CHBMS can be made transparent and robust.

The said committee has gone through the issues encountered in the CHBMS and submitted recommendations which will help in plugging loopholes in the software and to make changes needed in the Covid management practices adopted vide ref (2).

In this context the following Responsibility Matrix is issued to implement the Recommendations for Improvement of Bed Blocking and patient shifting process in BBMP.

S N	Recommendation Category	S N	Recommendation	Implementation Responsibility	Timeline
1	Strengthen Access Controls to CHBMS	1	Restrict application write access to Doctors authorised to carryout triaging for the purpose of bed allocation. a. Create unique user ID for every authorised user with 2 factor authentication with OTP as the second factor. Implement captcha at login. b. Restrict application access to computers identified for use by authorised users. Authorised machines should be white-listed.	Sri. Randeep D Sri. Kumar Pushkar	8-May
		2	Conduct Application security audit of the CHBMS software immediately, with the support of E-Governance department.	Sri. Randeep D Sri. Vipin Singh	15-May
2	Improve bed allocation process	3	Hospital and CCC beds should be allocated only after triaging at the zone. The patient record should be bucketed in CPT 1 and CPT 2 as the case may be in index app. CHBMS should allow bed blocking from CPT 1 and CPT 2 buckets only.	Sri. Randeep D Sri. Pankaj Kumar Pandey Sri. Kumar Pushkar	13-May

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		4	For blocking of a bed, preference should be given to the hospitals in the same zone. Reason shall be recorded in CHBMS for preferring a hospital outside the zone.	Sri. Randeep D Sri. Kumar Pushkar	12-May
		5	In case of non availability of bed at the time of allocation, a wait list of patients (approval of the patient should be taken before putting him in the wait list) for a particular type of bed should be created in the system. A protocol on reasonable length of queue and managing bed allocation to the wait listed patients should be prepared. It is suggested bed allocation to wait listed patients, should be done by central war room.	Sri. Randeep D Sri. Kumar Pushkar	15-May
		6	BBMP's Public portal should display the wait list under the 4 categories of beds, Zone-wise.	Sri. Randeep D Sri. Rajendra Cholan Sri. Kumar Pushkar	15-May
		7	On allocation of a bed, the patient should be intimated through a system generated SMS and an IVRS system.	Sri. Kumar Pushkar Sri. Vipin Singh	8-May
		8	Looking at the unusually large number of auto-unblocks in the system, it is suggested that the auto-unblock window of 10 hours may be reduced to 6 hours to increase bed utilisation efficiency. This may be reduced after analysing the data.	Sri. Randeep D Sri. Kumar Pushkar	8-May
		9	Auto-unblocked beds must be auto-re allocated to the wait listed patients and should not be available for re-allotment by staff.	Sri. Randeep D Sri. Kumar Pushkar	15-May
		10	Normally bed blocking should not be allowed for (1) BU numbers which are generated more than 10 days back and (2) Records pending in the CPT3 to CPT 9 buckets. The records which are in CPT 3-9 should be first transferred to CPT1 or CPT2, as the case may be and then should be dealt as per the queue or the time stamp of coming in CPT 1 or 2.	Sri. Randeep D Sri. Kumar Pushkar	15-May
		11	The Central war room should do the triaging and verification of specific cases which require bed blocking after	Sri. Randeep D Sri. Kumar Pushkar	13-May

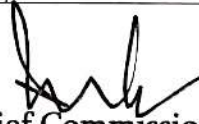
S N	Recommendation Category	S N	Recommendation	Implementation Responsibility	Timeline
			10 days of the generation of BU Numbers.		
		12	Normally manual unblocking of a bed must not be allowed. Under special circumstances Central War room may unblock a bed with reasons to be recorded in the system.	Sri. Randeep D Sri. Kumar Pushkar	13-May
		13	Re-blocking of bed more than once for a person should not be allowed.	Sri. Randeep D Sri. Kumar Pushkar	15-May
		14	Re-blocking must not be allowed for a patient unless it is necessitated due to upgradation suggested during triaging or non-availability of blocked bed due to step-up by hospitals or denial of admission by hospitals due to any constraints, for which auto re-blocking should be initiated and the patient must be intimated immediately.	Sri. Randeep D Sri. Kumar Pushkar	15-May
		15	Protocol for bed blocking by Central War room should be clearly laid out.	Sri. Randeep D Sri. Kumar Pushkar	13-May
		16	Suggest implementation of a system to accept request for bed blocking from a patient along with the parameters required for assessment.	Sri. Pankaj Kumar Pandey Sri. Kumar Pushkar	15-May
		17	A public friendly dashboard should be created on the BBMP website to display Bed management related reports, which should include number of beds available, blocked, unblocked, admissions and discharges and wait list every day for each bed type, for all hospitals. The reports may be near real-time or updated every 2 hours or so.	Sri. Rajendra Cholan Sri. Kumar Pushkar	15-May
		18	A separate helpline number for CHBMS system to be integrated to 1912.	Sri. Randeep D Sri. Kumar Pushkar Sri. Vipin Singh	11-May
3	Improve Monitoring and Oversight	19	Generate Daily MIS and Exception reports for Zonal Officers (Commissioners/Joint Commissioners) and the concerned officers of the BBMP Head office.	Sri. Rajendra Cholan Sri. Kumar Pushkar	11-May

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		20	Make use of data analytics to gather insights and help improve the monitoring. Assistance of eGovernance Department may be taken in this regard.	Sri. Randeep D Sri. Kumar Pushkar Sri. Vipin Singh	12-May
		21	Undertake data reconciliation including Hospital Master data among Index, CHBMS and SAST application to identify discrepancies.	Sri. Kumar Pushkar Smt. NT Abroo Sri. Vipin Singh	12-May
		22	From the perspective of future, action may be taken to develop a single application for Covid/Pandemic management to replace multiple applications being used now starting from the API integration with ICMR till the discharge of the patient. It is recommended to integrate multiple helplines 1912, 104, 108, SAST, Ambulances, 108, etc. with this application. The development of new software may be taken up by involving a competent IT agency and should be completed in time bound manner. Once the new software is ready for deployment, the data from the existing software systems should be migrated to the new software. This software should be designed in such a manner that even the Districts can use it.	Sri. Randeep D	20-May
		23	Read only login in CHBMS application may be provided to Zonal Commissioners, to facilitate monitoring.	Sri. Randeep D Sri. Kumar Pushkar	12-May
		24	SAST should make a provision to download or export all admitted patients and blocked bed patients list from their hospital interface (FMS) to enable the Arogyamithra or IAS/IPS Officers team and Hospital Nodal officers to cross verify the patients and bed status.	Sri. Randeep D Smt. NT Abroo	15-May
4	Administrative Change Recommendations	25	The quality of triaging can be improved by implementing physical triaging at CCC /zonal / ward level.	Sri. Rajendra Cholan Sri. Ponnuraj Sri. Pankaj Pandey	15-May

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		26	Appoint a supervising officer, preferably KAS Officer at all Zonal and the Central Command Centres/War Rooms who would be responsible for the process adherence in bed blocking and also collect the signed documents of each CHMBS user on their activities carried out in a day. This KAS officer should be the nodal point of contact and have having administrative control over the staff working in the War Rooms. The mandate and role of these officers to be clearly defined.	Sri. Randeep D	8-May 11-May
		27	Each of the Hospital, small or big, should have a Helpdesk with Arogyamithra and a BBMP official or BBMP appointed official, to help patients in admissions and discharges and also to monitor the real time updation in SAST portal as well as to the BBMP war room. The following option may be explored for capturing the admissions and discharges on real time basis and with 100% accuracy: Admission and discharge in the SAST must be validated through adhar based punching- in system. This can be either a stand alone system or can be integrated with SAST. The protocol for exceptions of adhar non-availability may be defined.	Sri. Randeep D Smt. NT Abroo	13-May
		28	SAST must strengthen their Toll Free grievance number and address the issues like hospitals overcharging, billing and treatment lapses.	Smt. NT Abroo	13-May
		29	Since the role of Arogyamithras is extremely important in Bed management, it is recommended that sufficient number of Arogyamithras are recruited and deployed at all the Hospitals, without any delay. SAST can also engage volunteers to carry out the function of the AMs, if available.	Smt. NT Abroo	15-May

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		30	The Hospital admissions and discharges should be entered in to the SAST portal on real-time basis. The Hospital Administration and the Arogyamithras from SAST must be made responsible for the uploading (Notifying) of the admissions and discharges in real time.	Smt. NT Abroo	13-May
		31	The concerned official at the Hospital must submit a daily report on the admissions and discharges through QW app. The same must be analysed by ED, SAST and the BBMP War Room on daily basis.	Sri. Ponnuraj Smt. NT Abroo	15-May
		32	Recommend patient status reporting by the nurses on duty using Quarantine Watch app.	Sri. Ponnuraj Smt. NT Abroo	15-May
		33	Tele-verification of patients once in 2 days by a dedicated 1912 call out facility to be taken up so that we can ensure that the patients whose names appear in the SAST portal only are there in the beds allocated for govt category and the cross checking of discharge date also happens.	Sri. Vipin Singh Smt. NT Abroo	11-May
		34	The Hospitals may be directed to step up as well as step down the patients, as per requirement, based on the Doctor's recommendation and such records should also be submitted on daily basis by the Hospital and Arogyamithras. Currently we find only step ups happening but the step downs are negligible. The process of step up and step down as well as not discharging the patients beyond stipulated time must be scrutinised in the following way: a. Vital parameters of patients not stepped down from ICU, ICU-V or HDU after 5 days of admission in that category must be reported by hospital using QW app and supporting documents also must be uploaded after 7 days of admission once in 2 days. b. Similar reporting must be done by hospital for the patients not discharged even after 7 days of admission in any category using QW	Sri. Randeep D Sri. Ponnuraj Smt. NT Abroo	11-May

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			app. c. These reports can be scrutinised by team of retired doctors or doctors taken on contract to be hired by SAST/BBMP.		
		35	Hospitals should tie up with nearby Hotels and use these Hotels as Step Down hospitals or DCHCs.	Sri. Randeep D	12-May
5	Other Recommendation	36	The IT Cell of BBMP should be engaged for the management of CHBMS software, and to prepare and analyse reports and submit to the Nodal Officer and Special Commissioner, CHBMS.	Sri. Rajendra Cholan Sri. Kumar Pushkar	15-May

  
**Chief Commissioner**  
 Bruhat Bengaluru Mahanagara Palike

**Copy To:**

1. Honourable Administrator, BBMP for your kind information.
2. Officers identified in the above responsibility matrix for necessary action.
3. All Zonal Commissioners and Joint Commissioners of BBMP for information.