

DEPARTMENT OF MEDICAL HEALTH & FAMILY WELFARE, GOVERNMENT
OF UTTAR PRADESH

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शय्या सेतु

Shayya Setu

District Nodal Officer Operational Manual

Standard Operating Guidelines for CMOs, District Nodal Officers, Referral Desk, and Command
Room Staff

Standard Operating Procedure (SOP) Compendium

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Chapter 1: Login and District Scope

1. Purpose

To authenticate the Chief Medical Officer, District Health Officer, and Command Room Operators to oversee bed availability across public and private hospitals.

2. Scope

All administrative blocks, CHCs, District Hospitals, Medical Colleges, and empanelled private healthcare institutions within the district.

3. Responsibility

Chief Medical Officer (CMO), District Nodal Officer, and Command Center Operators.

4. Prerequisites

District-level administrative credentials and two-factor authenticated access.

5. Procedure

1. Navigate to <http://127.0.0.1:8000/login>.

The screenshot shows the login interface of the Shayya Setu portal. At the top, there is a header with the logo and text 'शय्या सेतु | Shayya Setu' and 'चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश'. On the right, there are links for 'नागरिक पोर्टल', 'हिन्दी', 'English', and 'लॉगिन / Login'. The main content area is a light blue box with a central login form. The form has a title 'शय्या सेतु पोर्टल लॉगिन' and a subtitle 'अस्पताल शैया उपलब्धता एवं रेफरल नेटवर्क (आगरा पायलट)'. It includes input fields for 'ईमेल पता / मोबाइल नंबर (Email / Mobile)' with the value 'bedmanager.snmc@shayyasetu.up.gov.in' and 'पासवर्ड (Password)' with masked characters. Below these is a 'लॉगिन करें (Sign In)' button. Underneath, there is a 'QUICK DEMO LOGIN' section with a list of roles and their corresponding buttons: SNMC Bed Manager, CMO / District Nodal, Medical Superintendent, Consultant Doctor, Pushpanjali Pvt Hospital, State PMU Admin, Staff Nurse (ICU), and Super Administrator.

Figure Reference: district/d01_login | Date: 27-09-2026

1. Enter registered District Nodal credentials or use the designated quick-select button in training mode.
2. The system redirects to the A2 District Command Centre at `/district/dashboard`.
3. Verify the assigned district name and affiliated hospital count in the header bar.

6. Timelines / SLA

Command operations run continuously 24x7. Handover verifications occur at 8-hour shift intervals.

7. Troubleshooting and Escalation

If geographical scope discrepancies occur, contact the State Health Directorate helpdesk immediately.

8. Records Kept

District command session records, operator activity logs, and secure access audits.

Chapter 2: Reading the Command Centre: Tiles and Freshness

1. Purpose

To interpret high-level district capacity metrics, specialty bed availability cards, and data freshness telemetry.

2. Scope

Aggregated inpatient capacity across all public and empanelled facilities in the district.

3. Responsibility

District Nodal Officer and Command Room Operators.

4. Prerequisites

Active command center dashboard session.

5. Procedure

1. Access the District Command Centre at /district/dashboard.

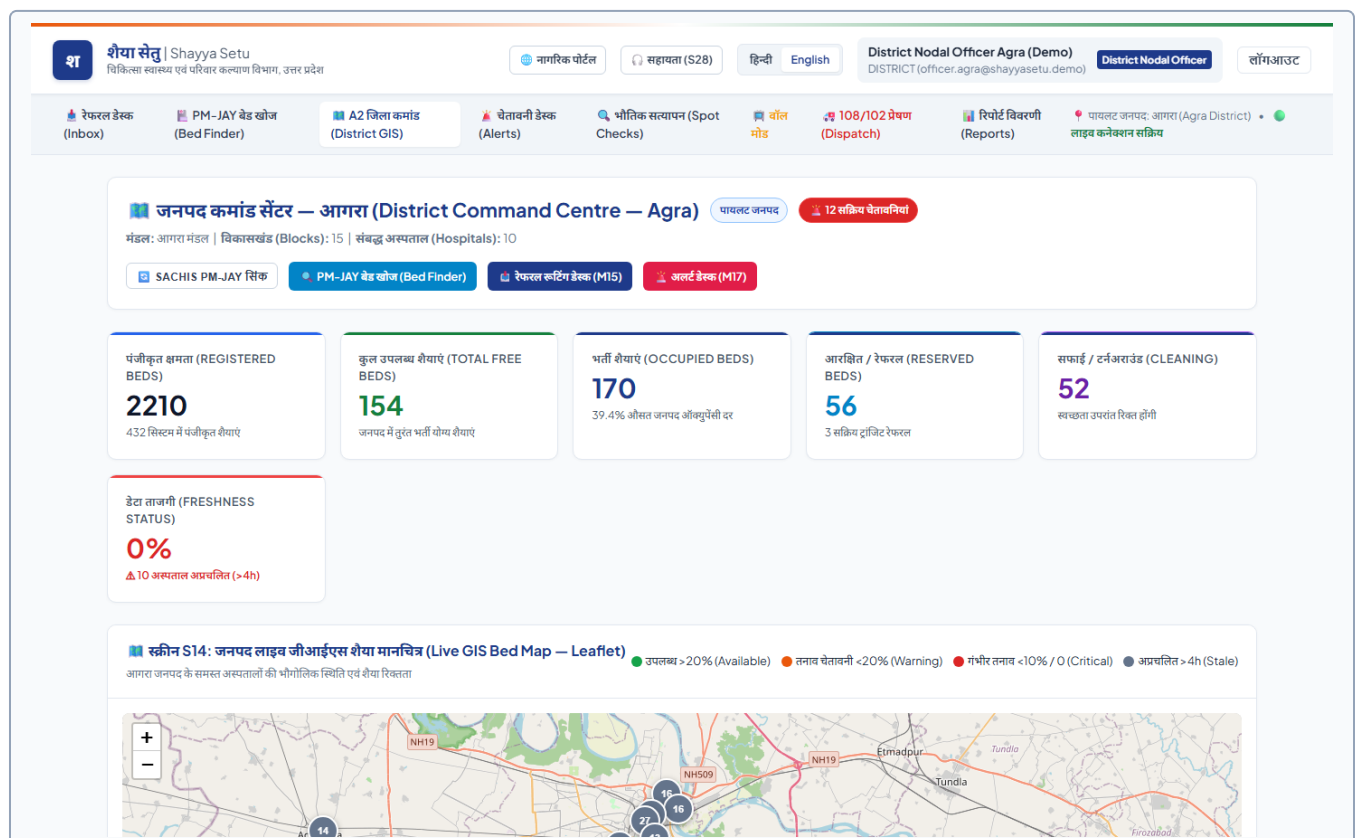


Figure Reference: district/d02_command_centre | Date: 27-09-2026

1. Review primary operational summary cards:
 - Total registered capacity versus active vacancies across categories
 - Critical care availability metrics (ICU, HDU, Ventilators)
 - Active inbound referral tickets and pending response clocks
 - Data freshness counter highlighting hospitals without updates in the last 60 minutes
1. Grey indicators flag institutions whose telemetry heartbeat is stale beyond acceptable thresholds.

6. Timelines / SLA

Dashboard polls every 30 seconds. Formal operational reviews conducted every 15 minutes.

7. Troubleshooting and Escalation

If real-time updates stall, perform a hard refresh or click the manual poll trigger on the navigation bar.

8. Records Kept

Automated snapshot archives and operator shift log entries.

Chapter 3: GIS Map: Colour, Ring and Hospital Type

1. Purpose

To interpret the standardized GIS map symbology encoding bed availability, PM-JAY empanelment, and institutional ownership.

2. Scope

All mapped geospatial healthcare facilities across the district.

3. Responsibility

Command Room Operators and Emergency Dispatchers.

4. Prerequisites

Interactive Leaflet GIS map rendering on the command console.

5. Procedure

1. Locate the interactive GIS map on the district command console.

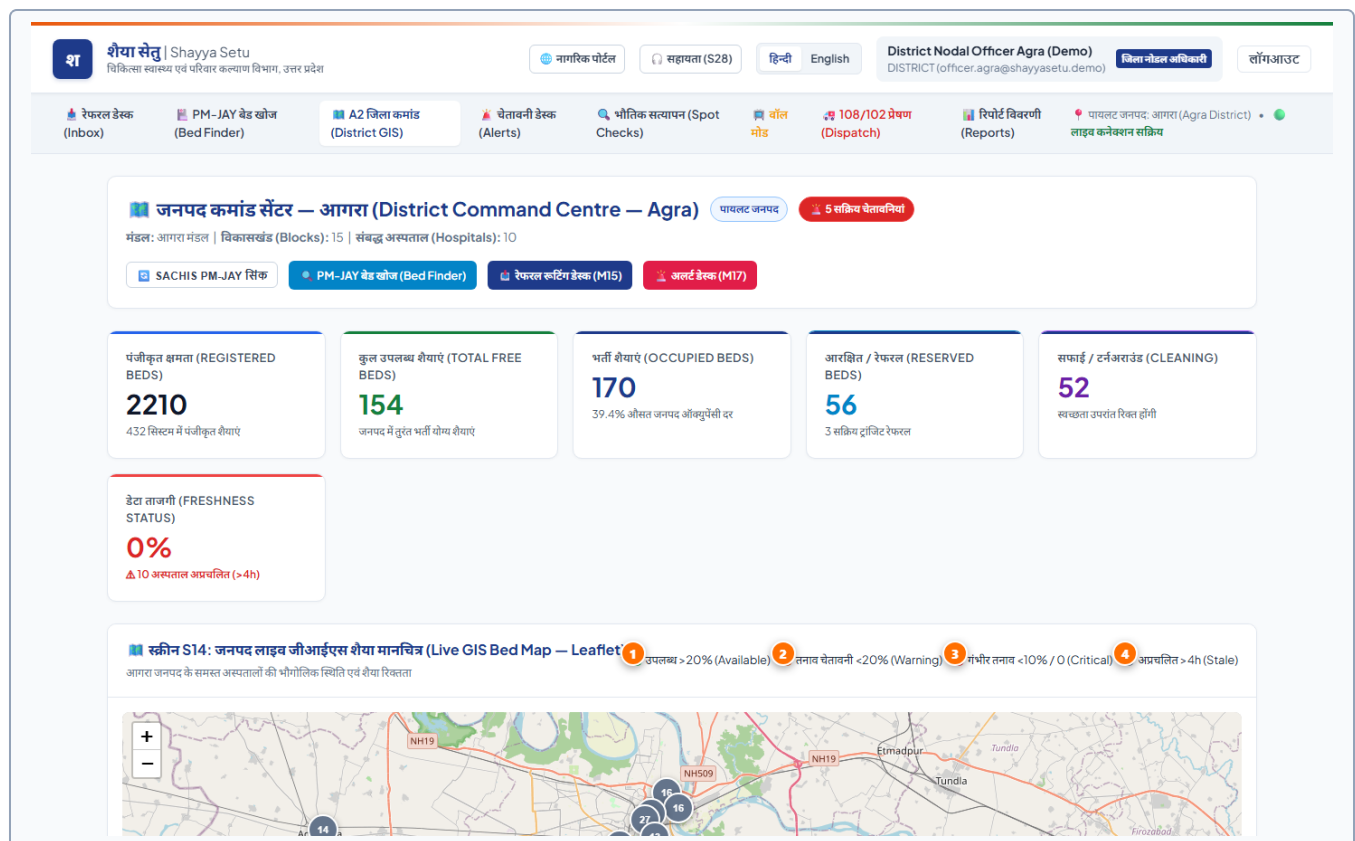


Figure Reference: district/d03_map_legend_annotated | Date: 27-09-2026

1. Interpret the four core symbology rules:

- Callout 1 (Color - Vacancy Rate): Green = healthy vacancies (> 20%), Yellow = constrained (10% to 20%), Red = critical crisis (< 10% or zero), Grey = stale telemetry (> 60 mins).
- Callout 2 (Outer Ring - PM-JAY Status): Green halo ring indicates Ayushman Bharat PM-JAY empanelment; absence indicates non-empanelled.
- Callout 3 (Shape - Governance): Circular pin represents Government facility; Square pin represents Private hospital.
- Callout 4 (Pulsing Red Border): Severe ICU saturation alert requiring immediate intervention.

1. Click any facility marker to open the real-time operational popup.

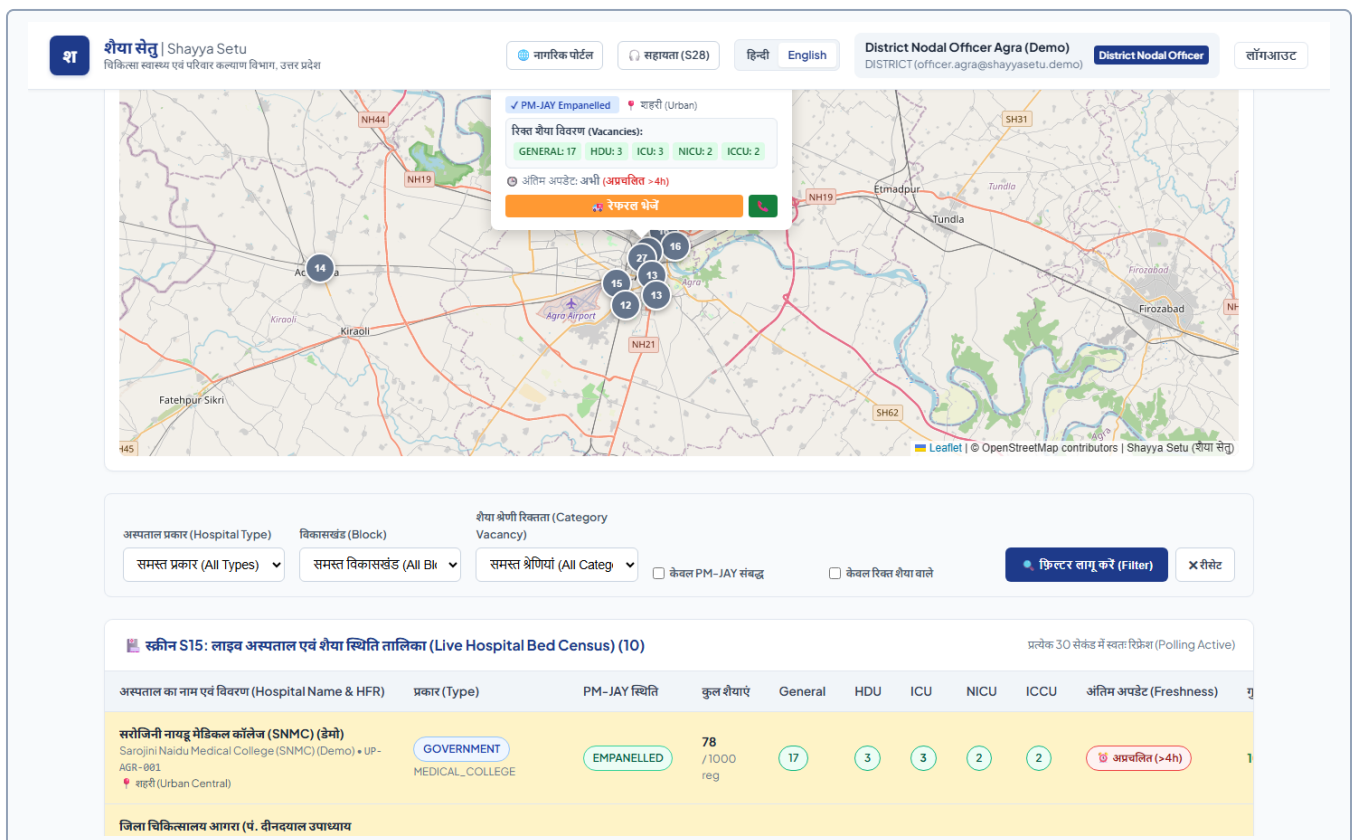


Figure Reference: district/d04_map_popup | Date: 27-09-2026

1. Inspect live bed counts by category, nodal phone contact, and last-update freshness.

6. Timelines / SLA

Symbology identification and popup review under 15 seconds.

7. Troubleshooting and Escalation

If map tiles fail to render due to connectivity limits, toggle to the Hospital Table View tab.

8. Records Kept

Geospatial facility coordinate repository and GIS rendering logs.

Chapter 4: Filters and Hospital Drilldown

1. Purpose

To apply multi-criteria filtering across administrative blocks and bed categories, and execute deep drill-down audits into individual hospital operations.

2. Scope

All administrative blocks and secondary/tertiary facilities.

3. Responsibility

District Nodal Officers and Data Analysts.

4. Prerequisites

Active district dashboard session.

5. Procedure

1. Access the multi-criteria filter bar at /district/dashboard.

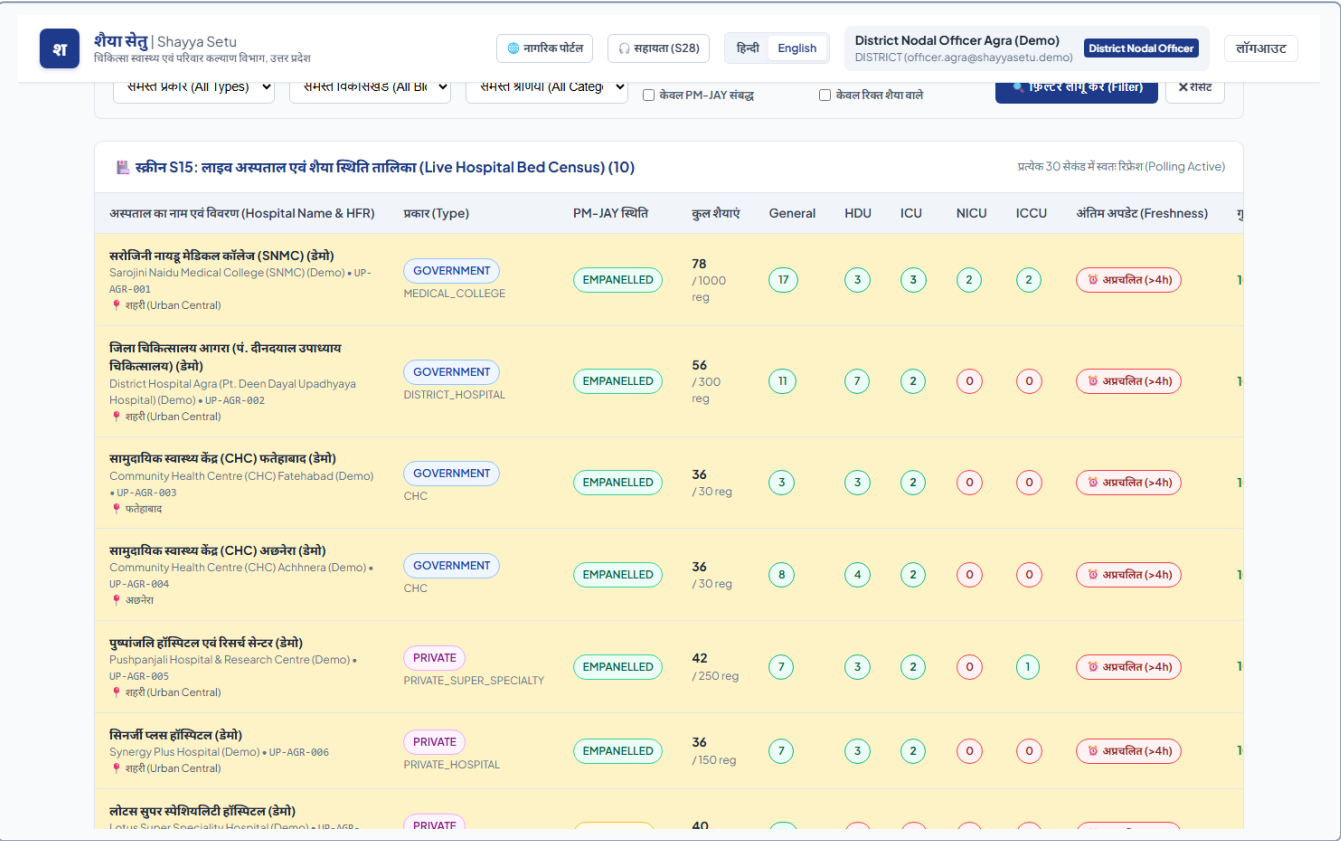


Figure Reference: district/d05_filters | Date: 27-09-2026

1. Select filtering parameters: target block, bed category (e.g., ICU only), or facility type (Govt vs Private).
2. Review filtered results in the responsive Hospital Table.

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शैया सेतु | Shayya Setu

चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश

नागरिक पोर्टल

सहायता (S2B)

हिन्दीEnglish

District Nodal Officer Agra (Demo)
DISTRICT (officer.agra@shayyasetu.demo)

District Nodal Officer

लॉगआउट

अस्पताल का नाम एवं विवरण (Hospital Name & HFR)	प्रकार (Type)	PM-JAY स्थिति	कुल सीटें	General	HDU	ICU	NICU	ICCU	आंशिक अपडेट (Freshness)	रू
सरोजिनी नायडू मेडिकल कॉलेज (SNMC) (डेमो) Sarojini Naidu Medical College (SNMC) (Demo) • UP - AGR-001 📍 शहरी (Urban Central)	GOVERNMENT MEDICAL_COLLEGE	EMPANELLED	78 / 1000 reg	17	3	3	2	2	अप्रचलित (>4h)	1
जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) District Hospital Agra (Pt. Deen Dayal Upadhyaya Hospital) (Demo) • UP - AGR-002 📍 शहरी (Urban Central)	GOVERNMENT DISTRICT_HOSPITAL	EMPANELLED	56 / 300 reg	11	7	2	0	0	अप्रचलित (>4h)	1
सामुदायिक स्वास्थ्य केंद्र (CHC) फतेहाबाद (डेमो) Community Health Centre (CHC) Fatehabad (Demo) • UP - AGR-003 📍 फतेहाबाद	GOVERNMENT CHC	EMPANELLED	36 / 30 reg	3	3	2	0	0	अप्रचलित (>4h)	1
सामुदायिक स्वास्थ्य केंद्र (CHC) अछनेरा (डेमो) Community Health Centre (CHC) Achhnera (Demo) • UP - AGR-004 📍 अछनेरा	GOVERNMENT CHC	EMPANELLED	36 / 30 reg	8	4	2	0	0	अप्रचलित (>4h)	1
पुष्पांजलि हॉस्पिटल एवं रिसर्च सेंटर (डेमो) Pushpanjali Hospital & Research Centre (Demo) • UP - AGR-005 📍 शहरी (Urban Central)	PRIVATE PRIVATE_SUPER_SPECIALTY	EMPANELLED	42 / 250 reg	7	3	2	0	1	अप्रचलित (>4h)	1
सिनर्जी प्लस हॉस्पिटल (डेमो) Synergy Plus Hospital (Demo) • UP - AGR-006 📍 शहरी (Urban Central)	PRIVATE PRIVATE_HOSPITAL	EMPANELLED	36 / 150 reg	7	3	2	0	0	अप्रचलित (>4h)	1
लोटस सुपर स्पेशियलिटी हॉस्पिटल (डेमो) Lotus Super Speciality Hospital (Demo) • UP - AGR-007 📍 एमसदपुर	PRIVATE PRIVATE_HOSPITAL	UNVERIFIED	40 / 100 reg	16	0	0	0	0	अप्रचलित (>4h)	1
यमुना केयर हॉस्पिटल (डेमो) Yamuna Care Hospital (Demo) • UP - AGR-008 📍 शहरी (Urban Central)	PRIVATE PRIVATE_HOSPITAL	EMPANELLED	36 / 120 reg	4	6	3	0	0	अप्रचलित (>4h)	1

Figure Reference: district/d06_hospital_table | Date: 27-09-2026

1. Click Drilldown on the target hospital row.

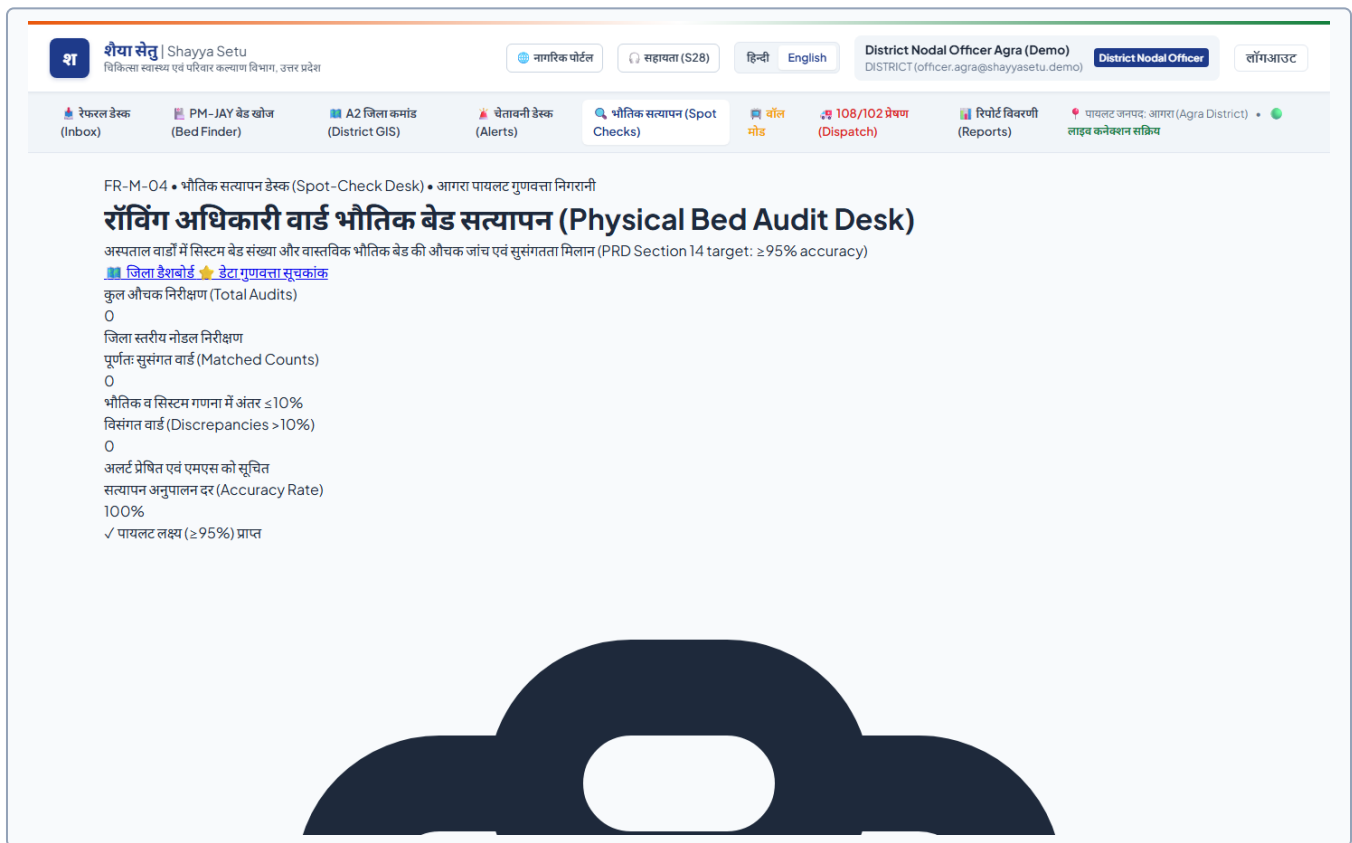


Figure Reference: district/d07_hospital_drilldown | Date: 27-09-2026

1. Examine ward-level occupancy, active shift rosters, recent referral outcomes, and cleaning turnaround charts.

6. Timelines / SLA

Filter query and drill-down rendering completed under 3 seconds.

7. Troubleshooting and Escalation

If filtered results yield empty sets, click Clear Filters to reset search criteria.

8. Records Kept

Hospital master index and block-wise bed capacity registries.

Chapter 5: Referral Desk: Match, Override and Inter-District Escalation

1. Purpose

To oversee district referral queues, validate automated geospatial matching, execute administrative Life-at-Risk overrides, and escalate unfillable tickets to neighbouring districts.

2. Scope

All inbound and outbound critical emergency referrals across the district.

3. Responsibility

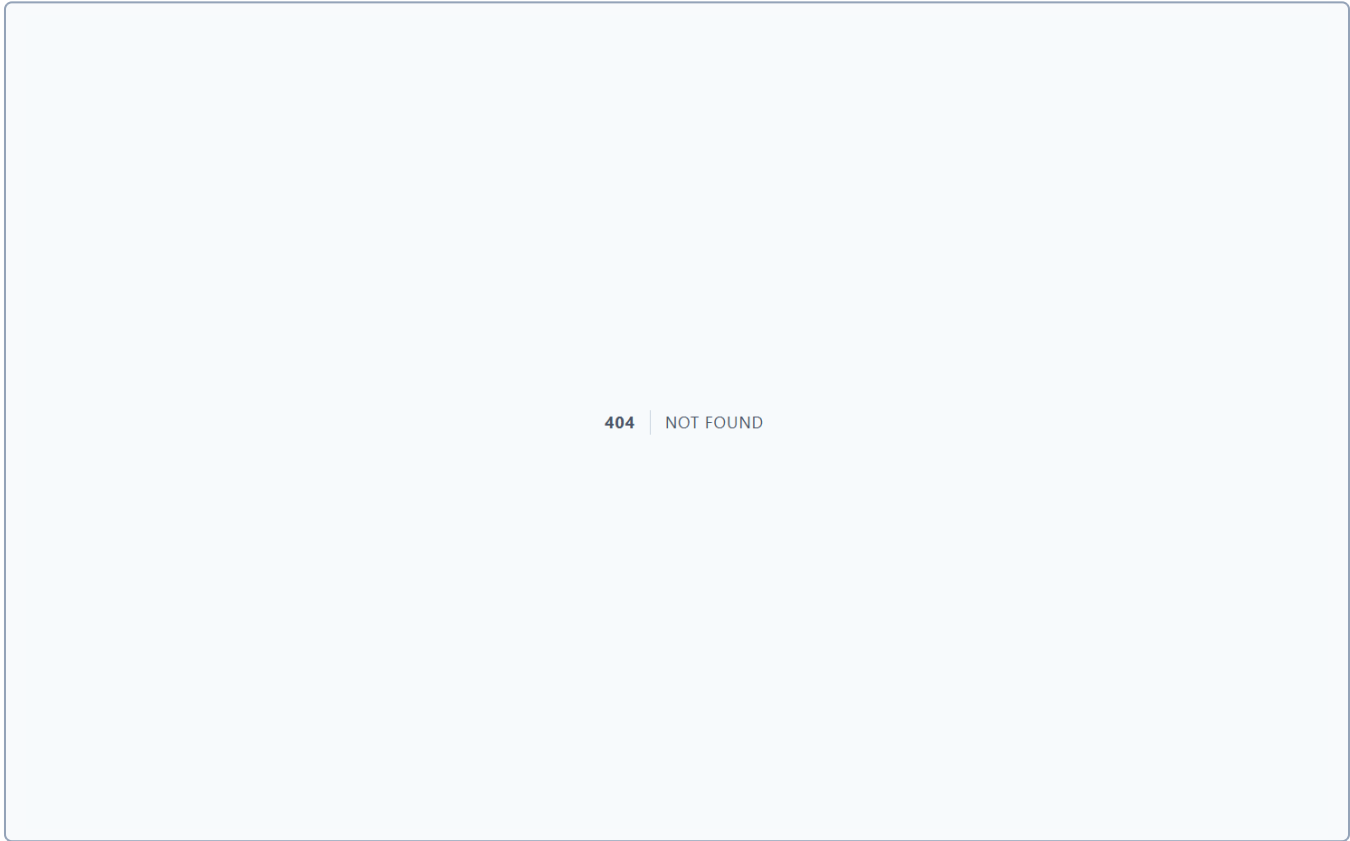
District Nodal Officer and Dedicated Referral Desk Operators.

4. Prerequisites

Referral desk operational console and priority hotline connectivity.

5. Procedure

1. Access the District Referral Desk at `/district/dashboard`.



404 | NOT FOUND

Figure Reference: district/d08_referral_desk_queue | **Date:** 27-09-2026

Callout 1: Live ticket queue showing real-time countdown clocks and urgency levels. Callout 2: Referring and target hospital pairs with transit distances. Callout 3: Automated ranking engine recommendations sorted by Haversine proximity and capacity.

404 | NOT FOUND

Figure Reference: district/d09_referral_match | **Date:** 27-09-2026

1. In life-threatening situations where facilities stall, invoke the Life-at-Risk Override.

404 | NOT FOUND

Figure Reference: district/d10_referral_override | **Date:** 27-09-2026

1. The override immediately forces a binding reservation at the designated destination hospital.
2. If no local facility can accommodate the specialty need, click Escalate to State / Neighbouring District.

6. Timelines / SLA

Continuous queue monitoring. Administrative override executed under 5 minutes.

7. Troubleshooting and Escalation

Overrides require recorded administrative justification and are subject to Directorate clinical audit.

8. Records Kept

Command referral audit log, emergency override certificates, and inter-district transfer logs.

Chapter 6: PM-JAY Bed Finder

1. Purpose

To identify vacant specialty beds across Ayushman Bharat PM-JAY empanelled facilities and guide cashless emergency admissions.

2. Scope

All public and empanelled private hospitals within the district and adjacent border corridors.

3. Responsibility

District Nodal Officer, Ayushman Mitras, and Emergency 108 Dispatchers.

4. Prerequisites

Verified PM-JAY beneficiary status and clinical specialty requirement.

5. Procedure

1. Navigate to PM-JAY Bed Finder at /pmjay/finder.

शय्या सेतु | Shayya Setu

विकिसा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश

नागरिक चार्टर

सहायता (S28)

हिन्दी

English

District Nodal Officer Agra (Demo)

DISTRICT (officer.agra@shayyasetu.demo)

District Nodal Officer

लॉगआउट

रेफरल डेस्क (Inbox)

PM-JAY बेड खोज (Bed Finder)

A2 जिला कमांड (District GIS)

चेतावनी डैस्क (Alerts)

भौतिक सत्यापन (Spot Checks)

वॉल मोड

108/102 ड्रेषन (Dispatch)

रिपोर्ट विवरणी (Reports)

पावरलैड जनपद: आगरा (Agra District)

लाइव कनेक्शन सक्रिय

PM-JAY आयुष्मान भारत बेड खोजकर्ता (PM-JAY Bed Finder)

SACHIS सिंक

जिला कमांड सेंटर (GIS)

जनपद: आगरा (Agra) • SACHIS सत्यापित संबद्ध अस्पताल एवं वास्तविक समय शैया उपलब्धता

आवश्यक शैया श्रेणी (Bed Category)
समस्त श्रेणियां (Default: ICU)

विशेषज्ञता पैकेज (Specialty Package)
समस्त विशेषज्ञताएं (All Specialties)

अस्पताल प्रकार (Hospital Type)
सभी (सरकारी + निजी)

PM-JAY संबद्धता स्थिति
✓ संबद्ध (Empanelled)

अधिकतम दूरी (Max Distance)
कोई सीमा नहीं (Any Distance)

☐ केवल रिक्त शैया वाले अस्पताल दिखाएं (Vacancies Only)

खोजें (Search Beds)

रीसेट

उपलब्ध PM-JAY संबद्ध अस्पताल (9 परिणाम)

दूरी एवं शैया उपलब्धता के आधार पर क्रमबद्ध

सरोजिनी नायडू मेडिकल कॉलेज (SNMC) (डेमो) GOVERNMENT ✓ PM-JAY: PMJAY-UP-0012

Sarojini Naidu Medical College (SNMC) (Demo) • HFR ID: UP-AGR-001 • MEDICAL_COLLEGE

Moti Katra, Mantola, Agra, Uttar Pradesh 282002, आगरा शहरी | ~0 किमी दूरी

संबद्ध विशेषज्ञताएं (Empanelled Specialties):

सामान्य चिकित्सा (General Medicine) सामान्य शल्य चिकित्सा (General Surgery) हृदय रोग (Cardiology) Neurosurgery बाल रोग (Paediatrics)

हड्डी एवं जोड़ (Orthopaedics)

गहन चिकित्सा इकाई (ICU) (ICU) रिक्त शैयाएं: **3** / 6

कुल उपलब्ध (All Beds): 27

0562-2260353

रेफरल भेजें (Refer)

जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) GOVERNMENT ✓ PM-JAY: PMJAY-UP-0045

District Hospital Agra (Pt. Deen Dayal Upadhyaya Hospital) (Demo) • HFR ID: UP-AGR-002 • DISTRICT_HOSPITAL

Near Collectorate, Agra, Uttar Pradesh 282001, आगरा शहरी | ~0.7 किमी दूरी

संबद्ध विशेषज्ञताएं (Empanelled Specialties):

सामान्य चिकित्सा (General Medicine) सामान्य शल्य चिकित्सा (General Surgery) बाल रोग (Paediatrics) Gynaecology

गहन चिकित्सा इकाई (ICU) (ICU) रिक्त शैयाएं: **2** / 6

कुल उपलब्ध (All Beds): 20

0562-2420102

रेफरल भेजें (Refer)

Figure Reference: district/d11_bed_finder | Date: 27-09-2026

1. Enter search criteria: clinical specialty, required bed category, and radius limit.
2. Click Search. The matching engine filters active empanelled institutions.

PM-JAY आयुष्मान भारत बेड खोजकर्ता (PM-JAY Bed Finder)

जनपद: आगरा (Agra) • SACHIS सत्यापित संबद्ध अस्पताल एवं वास्तविक समय शैया उपलब्धता

आवश्यक शैया श्रेणी (Bed Category): **समस्त श्रेणियां (Default: ICU)** | विशेषज्ञता पैकेज (Specialty Package): **समस्त विशेषज्ञताएं (All Specialties)** | अस्पताल प्रकार (Hospital Type): **समी (सरकारी + निजी)** | PM-JAY संबद्धता स्थिति: **✓ संबद्ध (Empanelled)** | अधिकतम दूरी (Max Distance): **कोई सीमा नहीं (Any Distance)**

☐ केवल रिक्त शैया वाले अस्पताल दिखाएं (Vacancies Only) खोजें (Search Beds) ✕ रीसेट

उपलब्ध PM-JAY संबद्ध अस्पताल (0 परिणाम) दूरी एवं शैया उपलब्धता के आधार पर क्रमबद्ध

कोई संबद्ध अस्पताल नहीं मिला

चयनित विशेषज्ञता अथवा शैया श्रेणी के अनुसार कोई PM-JAY संबद्ध अस्पताल उपलब्ध नहीं है। कृपया दूरी सीमा बढ़ाएं या अन्य श्रेणियां देखें।

समस्त फिल्टर साफ करें

Figure Reference: district/d12_bed_finder_results | Date: 27-09-2026

1. Review free bed tallies, transit ETA, and nodal phone lines. Suspended or stale facilities are transparently excluded.

6. Timelines / SLA

Search queries return in under 2 seconds.

7. Troubleshooting and Escalation

If an empanelled hospital reports zero beds despite valid capacity, cross-reference with their last update timestamp.

8. Records Kept

Beneficiary bed query logs, SACHIS empanelment status records, and referral audit trails.

Chapter 7: Alerts and Automated Escalation Desk

1. Purpose

To triage automated alerts regarding ICU saturation (> 90%), telemetry dropouts (> 60 mins), and referral SLA breaches.

2. Scope

All district inpatient facilities and referral transfer routes.

3. Responsibility

District Nodal Officer and Alert Desk Duty Officers.

4. Prerequisites

Real-time alert monitoring subscription enabled.

5. Procedure

1. Access Alerts Desk at /district/alerts.

The screenshot displays the 'Shayya Setu' Alerts Desk interface. The header includes the user's name 'शय्या सेतु | Shayya Setu', their role 'District Nodal Officer Agra (Demo)', and a 'Log Out' button. Below the header, there are several navigation tabs: 'Inbox', 'PM-JAY Bed Finder', 'District GIS', 'Alerts', 'Spot Checks', 'Dispatch', 'Reports', and 'Agra District'. The main section is titled 'जनपद चेतावनी एवं क्षमता तनाव डेस्क (Screen S18: Alerts Desk)'. It shows a list of active alerts requiring action, including warnings for ICU saturation and referral SLA breaches. Each alert entry includes a title, description, and a 'Resolve' button.

Figure Reference: district/d13_alerts | Date: 27-09-2026

1. Triage notifications by operational severity:

- Red: Critical ICU capacity depletion or 100% referral SLA expiration
- Yellow: Facility telemetry stale beyond 60 minutes
- Blue: Informational surge capacity activation notices

1. Contact the facility superintendent or bed manager via telephone.

2. Record corrective action taken and click Acknowledge Alert.

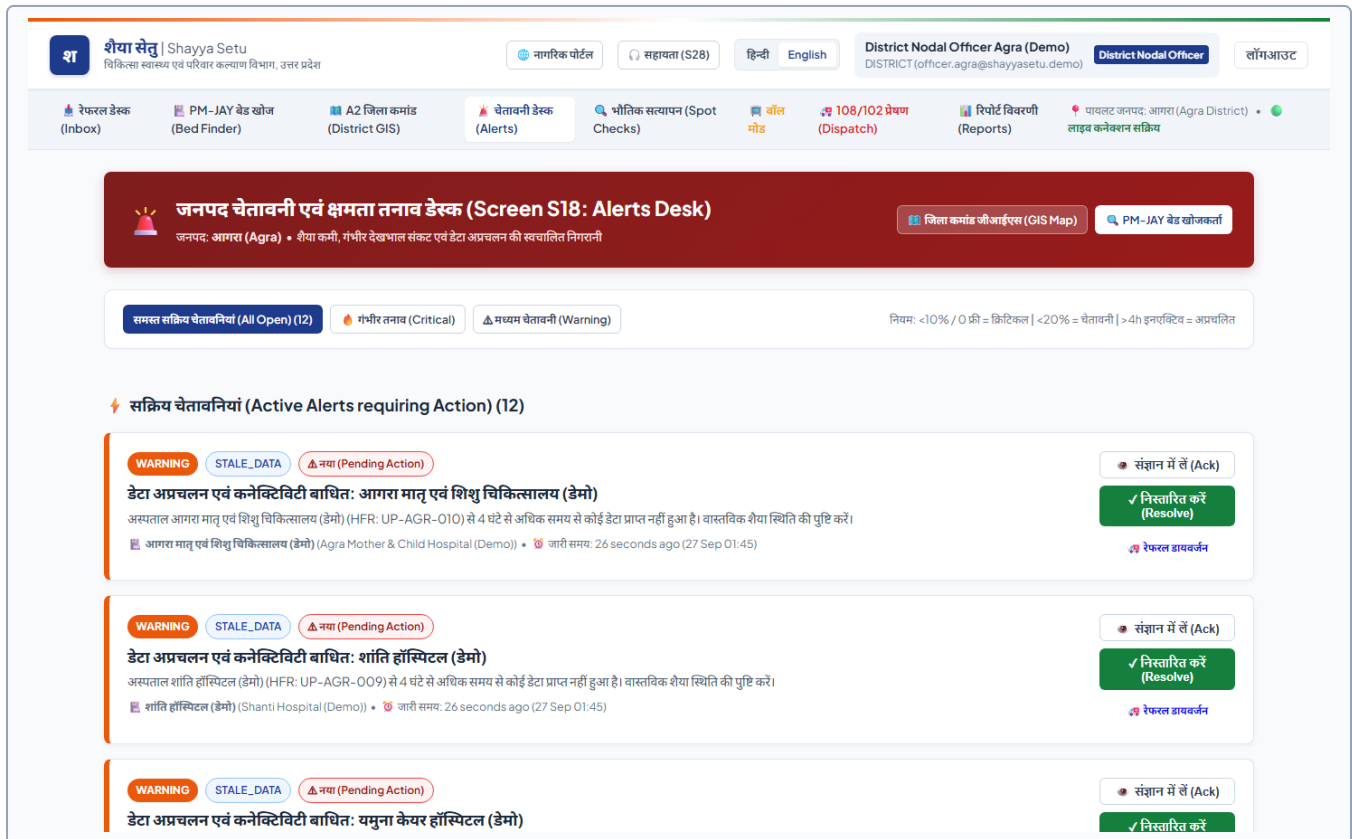


Figure Reference: district/d14_alert_ack | Date: 27-09-2026

6. Timelines / SLA

Red alert initial response within 10 minutes. Yellow alert follow-up within 30 minutes.

7. Troubleshooting and Escalation

If a facility remains unresponsive, dispatch the Block Medical Officer to conduct an on-site spot check.

8. Records Kept

Alert dispatch logs, acknowledgment notes, and resolution duration telemetry.

Chapter 8: Data Quality and Stale Hospital Follow-up

1. Purpose

To enforce timely telemetry updates, maintain the district data quality score above 90%, and resolve stale facility reporting.

2. Scope

All reporting public and private inpatient healthcare facilities.

3. Responsibility

District Nodal Officer and Quality Assurance Incharge.

4. Prerequisites

Access to the Data Quality Analytics console.

5. Procedure

1. Open Data Quality Monitor at /district/dashboard.

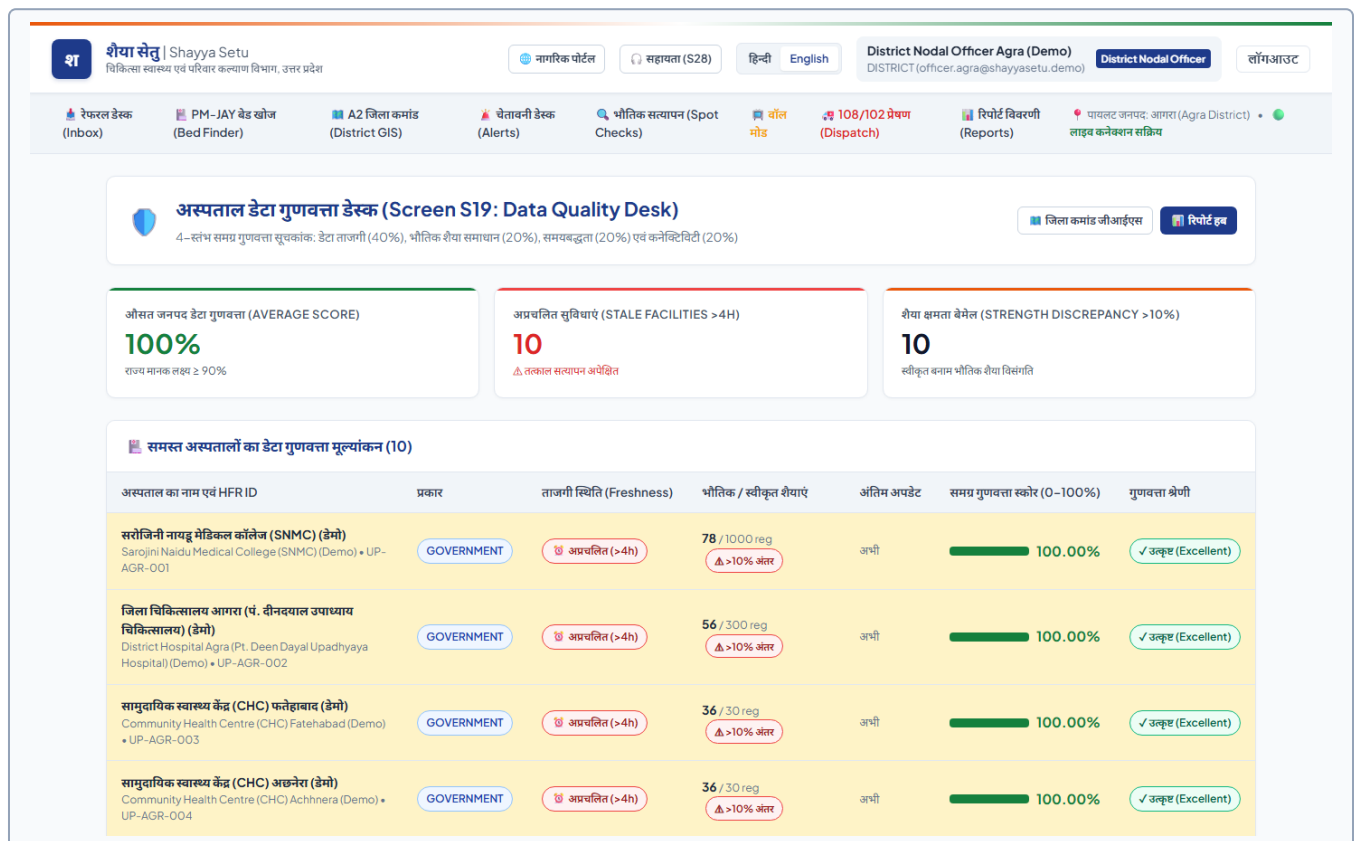


Figure Reference: district/d15_data_quality | Date: 27-09-2026

1. Inspect facility compliance metrics:

- Green (90% to 100%): Exemplary compliance with fresh telemetry
- Amber (75% to 89%): Moderate delay requiring caution
- Red (< 75%): Chronic telemetry deficit requiring administrative intervention

1. Generate the stale hospital list and initiate direct phone calls.
2. Schedule unannounced roving officer spot checks to cross-verify physical ward registers against digital counts.

6. Timelines / SLA

Daily audit conducted at 11:00 AM. Corrective action confirmed within 2 hours.

7. Troubleshooting and Escalation

Persistent non-reporting private hospitals are recommended to the State Directorate for PM-JAY suspension.

8. Records Kept

District data quality audit index, physical spot-check discrepancy records, and formal warnings.

Chapter 9: Onboarding Private Hospitals

1. Purpose

To register private nursing homes and hospitals onto Shayya Setu, verify HFR credentials, and issue Bed Manager access.

2. Scope

All registered private healthcare establishments within the district.

3. Responsibility

Chief Medical Officer, District Nodal Officer, and Private Hospital Directors.

4. Prerequisites

Clinical Establishments Act registration, ABDM HFR identifier, and authorized manager contact details.

5. Procedure

1. Open Private Hospital Onboarding at /district/dashboard.

शय्या सेतु | Shayya Setu
विकिसि स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश

नागरिक पोर्टलसहायता (S28)हिन्दीEnglish

District Nodal Officer Agra (Demo)
DISTRICT (officer.agra@shayyasetu.demo)District Nodal Officerलॉगआउट

रेफरल डेस्क (Inbox)PM-JAY बेड खोज (Bed Finder)A2 जिला कमांड (District GIS)चेतावनी डेस्क (Alerts)भौतिक सत्यापन (Spot Checks)बॉल मोड108/102 ड्रेषन (Dispatch)रिपोर्ट विवरणी (Reports)पावस्ट जनपद, आगरा (Agra District)लाइव कनेक्शन सक्रिय

निजी अस्पताल ऑनबोर्डिंग विज़ार्ड (Screen S20: Private Hospital Onboarding)
नए निजी अस्पताल का पंजीकरण, बेड मास्टर संरचना, PM-JAY संबद्धता एवं एकीकरण क्रेडेंशियल्स

1. अस्पताल विवरण एवं राष्ट्रीय स्वास्थ्य सुविधा रजिस्ट्री (HFR)

अस्पताल का नाम (हिन्दी में) *उदा. हेरिटेज हॉस्पिटल

अस्पताल का नाम (अंग्रेजी में) *उदा. Heritage Hospital & Heart Institute

HFR ID (राष्ट्रीय सुविधा ID) *उदा. UP-AGR-008

जनपद (District) *आगरा (Agra)

स्वीकृत शैया क्षमता (Registered) *50

पूरा पता (Full Address) *सड़क, क्षेत्र, पिन कोड

अक्षांश (Latitude) *27.1750000

देशांतर (Longitude) *78.0100000

2. संपर्क सूत्र एवं एकीकरण माध्यम (Integration Mode)

नोडल अधिकारी का नाम *उदा. डॉ. आर.एस. शर्मा

मोबाइल नंबर (24x7) *9876543210

कनेक्शन मोड (Mode) *API Integration (निजी HIS एकीकरण)

3. आयुष्मान भारत (PM-JAY) संबद्धता

☒ यह अस्पताल PM-JAY आयुष्मान भारत योजना अंतर्गत संबद्ध है

PM-JAY हॉस्पिटल आईडीPMJAY-UP-PVT-099

संबद्ध विशेषताएं (Empanelled Specialties)
☒ Cardiology ☒ Neurosurgery ☒ Nephrology ☒ Orthopaedics ☒ General Medicine

Figure Reference: district/d16_private_onboarding | Date: 27-09-2026

Department of Medical Health & Family Welfare, Government of Uttar Pradesh

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1. Enter facility name, HFR ID, registered bed capacity, and category breakdown.
2. Designate the facility Bed Manager by entering official mobile and email credentials.
3. Click Issue Credentials to dispatch onboarding authentication details via automated SMS.
4. Provide orientation on the lightweight Bed Manager console and mobile application.

6. Timelines / SLA

Onboarding completed within 48 hours of formal application submission.

7. Troubleshooting and Escalation

For facilities operating proprietary Hospital Information Systems, issue API tokens for direct system-to-system telemetry sync.

8. Records Kept

Private hospital onboarding register, API key issuance ledgers, and compliance acknowledgments.

Chapter 10: Wall Mode for Command Room

1. Purpose

To operate the high-contrast 1920x1080 Wall Mode projection display in the district emergency room for collective 24x7 monitoring.

2. Scope

District Emergency Operations Center, CMO Control Room, and Disaster Management Cell.

3. Responsibility

Command Room Duty Operators and Technical Support Engineers.

4. Prerequisites

Dedicated display PC connected to a Full HD (1080p) wall display with UPS backing.

5. Procedure

1. Launch Wall Mode at `/district/wall` on the projection workstation.
2. Press F11 to engage borderless fullscreen display.

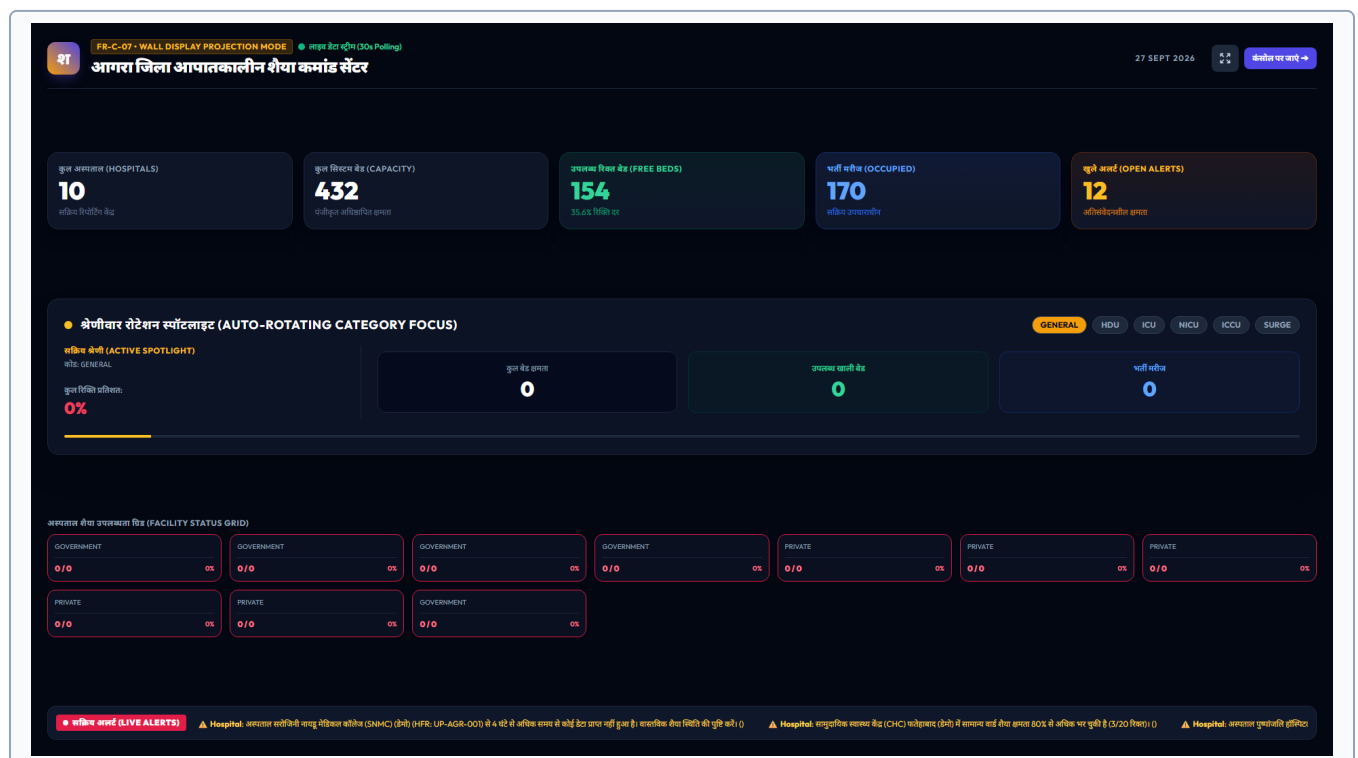


Figure Reference: district/d17_wall_mode | Date: 27-09-2026

1. The high-contrast display projects district vacancies, ICU saturation, and active referral countdowns in large

typography.

2. Incoming Critical referrals or saturation alerts trigger automated audio chimes and red ambient visual borders.

6. Timelines / SLA

Continuous 24x7 operation with automated 30-second polling.

7. Troubleshooting and Escalation

If audio chimes fail to sound, verify that browser media autoplay permissions are granted for the domain.

8. Records Kept

Control room duty logs and daily projection uptime records.

Chapter 11: Reports and Analytical Registers

1. Purpose

To generate official UP Government daily bed census reports, referral rejection analyses, and unmet demand capacity audits.

2. Scope

Historical and operational bed telemetry across all district health facilities.

3. Responsibility

District Nodal Officer, District Statistical Officer, and the CMO.

4. Prerequisites

Reporting module access with mPDF and Excel export permissions.

5. Procedure

1. Open Reports and Analytics at /reports.

The screenshot displays the 'Shayya Setu' web application interface. At the top, there is a header bar with the logo, user name 'Shayya Setu', and navigation links. Below the header, a dashboard titled 'स्क्रीन S24: वैधानिक रिपोर्ट एवं एनालिटिक्स हब (Statutory Reports Hub)' is shown. The dashboard contains several report cards:

- दैनिक शैया गणना विवरणी (FR-T-01)**: जनपद एवं अस्पतालवार वास्तविक समय भौतिक क्षमता, उपलब्ध, भर्ती, आरक्षित एवं सफाई स्थिति का विस्तृत विवरण।
- रेफरल SLA एवं टर्नअराउंड रिपोर्ट (FR-T-02)**: रेफरल टिकटों का स्थिति-वार विश्लेषण, औसत स्वीकृति समय, अस्वीकृति कारणों का वितरण एवं 50%/100% SLA अनुपालन दर।
- शैया अनुपलब्धता एवं मांग रिपोर्ट (FR-T-03)**: FR-A-07 दो-टैप 'Bed Not Available' लॉग का श्रेणीवार विश्लेषण।
- अस्पताल डेटा गुणवत्ता डेस्क (FR-T-04, S19)**: समस्त 7 अस्पतालों का 0-100% डेटा गुणवत्ता स्कोर: ताजगी (40%), भौतिक शैया समाधान (20%), समयबद्धता (20%) एवं कनेक्टिविटी (20%)।
- शैया स्वच्छता एवं टर्नअराउंड रिपोर्ट (FR-B-07, FR-T-05)**: बिस्तर खाली होने से लेकर विसंक्रमण पूर्ण होकर नए मरीज हेतु उपलब्ध होने की समयवधि (Turnaround Minutes) का दैनिक मूल्यांकन।
- दैनिक राज्य स्वास्थ्य एवं परिचालन डाइजेस्ट (M22, NFR-04)**: स्वास्थ्य निदेशालय एवं शासन के शीर्ष नेतृत्व हेतु चौबीस घंटे का संकलित दैनिक स्वास्थ्य सारंश, आईसीयू उपलब्धता एवं रेफरल मेट्रिक्स।

Figure Reference: district/d18_reports | Date: 27-09-2026

1. Select report type: Daily Bed Census, Referral Performance Audit, or Unmet Demand Heatmap.
2. Specify operational date range and facility filters.
3. Click Download Official PDF or Export Excel.
4. Analyze findings and submit summary briefs for the daily CMO administrative review.

6. Timelines / SLA

Daily reports generated and archived by 06:00 PM daily.

7. Troubleshooting and Escalation

For large datasets spanning multiple months, filter by individual block to optimize export execution.

8. Records Kept

Sealed mPDF report archive, monthly analytical files, and Directorate correspondence.

Chapter 12: Weekly and Monthly Review Checklist

1. Purpose

To govern the formal CMO weekly review meeting evaluating hospital reporting discipline, referral adherence, and capacity deficits.

2. Scope

All hospital superintendents, CHC medical officers incharge, and private hospital directors.

3. Responsibility

Chief Medical Officer and District Nodal Officer.

4. Prerequisites

Aggregated weekly performance scorecard and referral audit summaries.

5. Procedure

1. Convene the weekly CMO review every Monday at 11:00 AM.
2. Open the command console to guide the structured agenda:

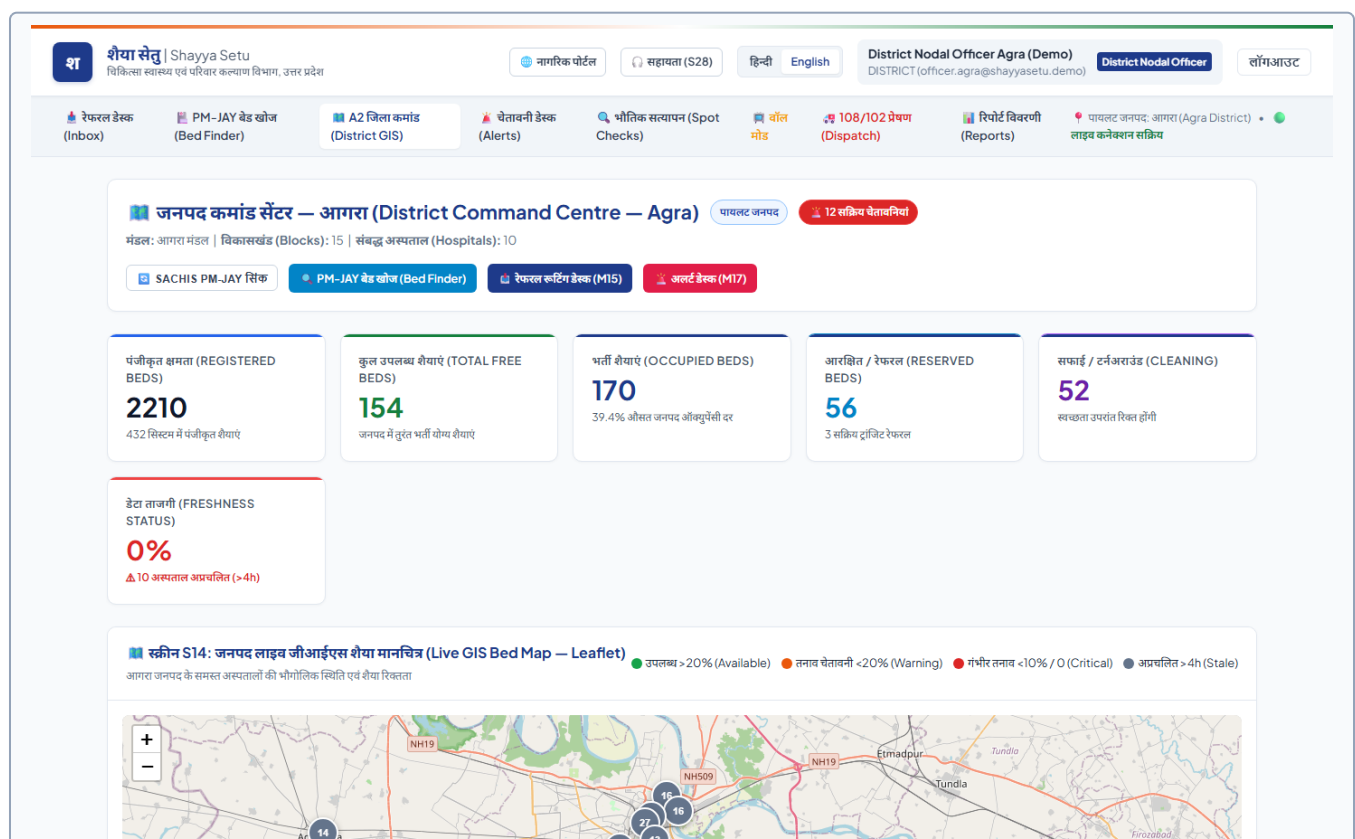


Figure Reference: district/d02_command_centre | Date: 27-09-2026

1. **Reporting Compliance:** Demand explanations from facilities failing the 95% update threshold.
2. **Referral Refusals:** Investigate institutions with elevated rejection tallies.
3. **Cleaning Turnover:** Audit facilities exceeding the 30-minute cleaning turnaround ceiling.
4. **Unmet Demand:** Identify chronic shortages and schedule surge capacity or infrastructure expansion.
5. Issue formal Minutes of the Meeting to all participants and submit a copy to the District Magistrate.

6. Timelines / SLA

Weekly review held every Monday. Minutes published within 24 hours.

7. Troubleshooting and Escalation

Unexcused absences by institutional in-charges trigger administrative compliance notices.

8. Records Kept

Signed review minutes, attendance ledgers, and action taken reports.