

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

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शय्या सेतु

Shayya Setu

Hospital Staff Operational Manual

Standard Operating Procedures (SOP) for Bed Managers, Staff Nurses, Duty Doctors, and Medical
Superintendents

Standard Operating Procedure (SOP) Compendium

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Chapter 1: Login and User Roles

1. Purpose

To provide secure authentication and role-based console access for authorised hospital personnel including Registration Staff, Bed Managers, Staff Nurses, Doctors, and Medical Superintendents.

2. Scope

All inpatient wards, emergency departments, intensive care units, and administrative desks of empanelled government and private healthcare facilities.

3. Responsibility

Bed Managers, Registration Clerks, Duty Staff Nurses, Inpatient Medical Officers, and the Medical Superintendent.

4. Prerequisites

Authorised user identity (official email or registered 10-digit mobile number), verified password, and active roster assignment.

5. Procedure

1. Navigate to <http://127.0.0.1:8000/login> on your workstation or launch the Shayya Setu mobile application.
2. Enter your assigned login identifier and secure authentication key in the respective fields.

The screenshot shows the 'शय्या सेतु पोर्टल लॉगिन' (Shayya Setu Portal Login) page. At the top, there's a header with the 'श' logo and 'शय्या सेतु | Shayya Setu' text, followed by 'विक्रिस्ता स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश'. On the right, there are links for 'नागरिक पोर्टल', language options 'हिन्दी' and 'English', and a 'लॉगिन / Login' button. The main content area contains a central white box with the 'श' logo and the title 'शय्या सेतु पोर्टल लॉगिन'. Below the title is the subtitle 'अस्पताल शैया उपलब्धता एवं रेफरल नेटवर्क (आगरा पायलट)'. The login form includes two input fields: 'ईमेल पता / मोबाइल नंबर (Email / Mobile)' with the value 'bedmanager.snmc@shayyasetu.up.gov.in' and 'पासवर्ड (Password)' with masked characters. A blue 'लॉगिन करें (Sign In)' button is below the fields. Underneath is a section titled 'पायलट परीक्षण भूमिका चुनें (QUICK DEMO LOGIN)' with a grid of role-based 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: hospital/h01_login | Date: 27-09-2026

- Callout 1: Enter your registered staff credentials in the user login field.
- Callout 2: Click the primary Login button to authenticate. In demo mode, preset one-tap role buttons are available for training.

1. Upon verification, the system inspects your operational role and opens your designated console.

6. Timelines / SLA

Authentication must complete within 30 seconds. Shift handover verifications must occur 5 minutes before scheduled duty changes.

7. Troubleshooting and Escalation

In case of invalid credentials, verify caps lock or initiate reset through the system administrator. Accounts lock for 15 minutes after 5 successive incorrect submissions.

8. Records Kept

Immutable audit log recording user identifier, timestamp, source IP, role ladder rank, and session status.

Chapter 2: Bed Board and Six Bed Statuses

1. Purpose

To govern real-time inpatient bed tracking across six standardized finite-state machine (FSM) statuses: Available, Reserved, Occupied, Cleaning, Maintenance, and Blocked.

2. Scope

All functional, physical, and surge inpatient beds across General, HDU, ICU, NICU, and ICCU wards.

3. Responsibility

Hospital Bed Managers and Ward Staff Nurses.

4. Prerequisites

Ward access credentials and verified real-time network connectivity to the command server.

5. Procedure

1. Open the Ward Bed Board console at /hospital.
2. Filter by target clinical department or bed category from the horizontal selector tab.

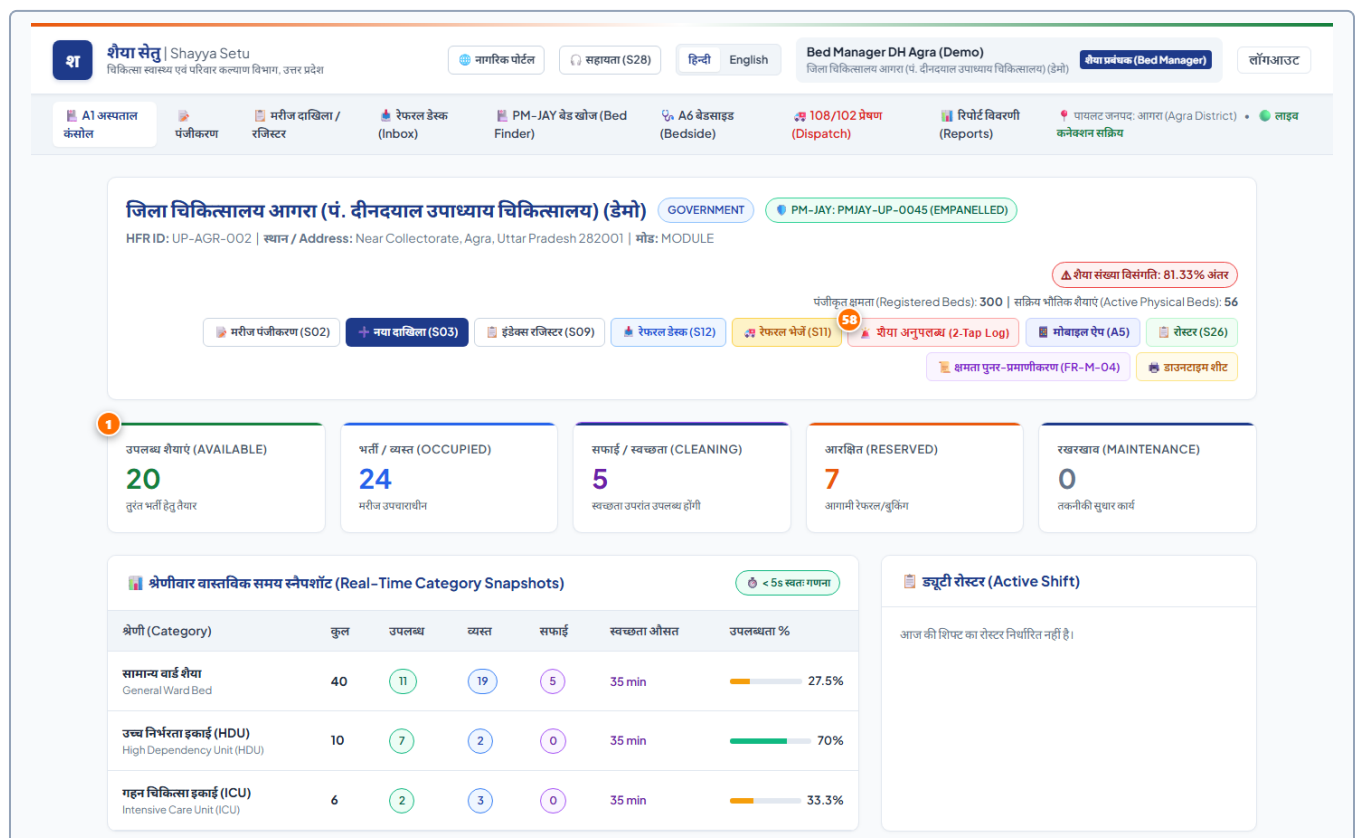


Figure Reference: hospital/h02_bed_board_annotated | Date: 27-09-2026

- Callout 1: Department and ward switcher dropdown allowing quick navigation.
- Callout 2: High-contrast bed tile grid showing live colour-coded occupancy indicators.
- Callout 3: Real-time category summary tally showing vacant versus occupied totals.

1. Click or tap on the target bed tile to open the quick action modal.

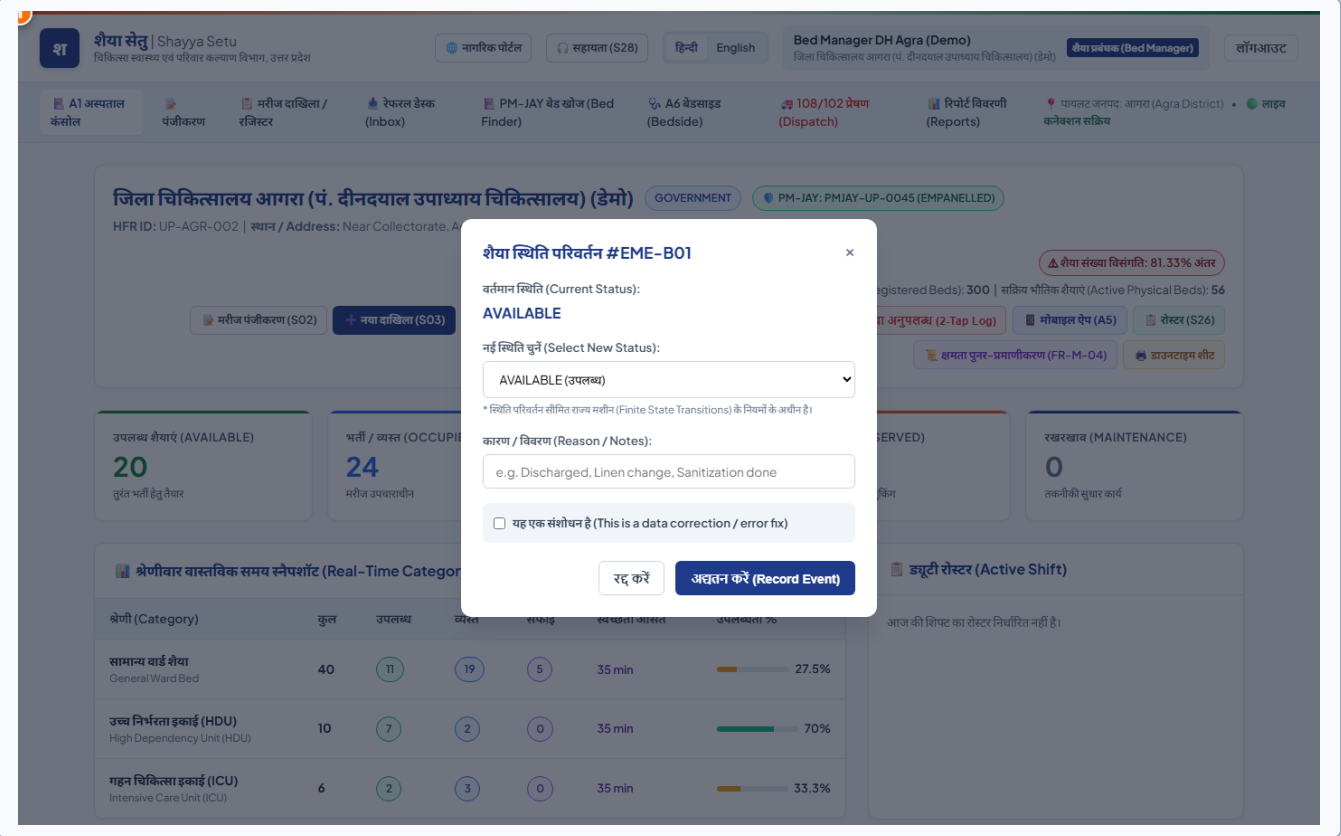


Figure Reference: hospital/h03_bed_action_sheet_annotated | Date: 27-09-2026

- Callout 1: Selected bed identifier and physical location details.
- Callout 2: Valid target status options enforcing finite state machine rules.
- Callout 3: Commit transition button with mandatory reason capture if required.

6. Timelines / SLA

Physical ward events must be updated on the console within 5 minutes. Bed turnover cleaning must complete within 20 minutes.

7. Troubleshooting and Escalation

Direct transitions from Occupied to Available are rejected by FSM constraints. Discharged beds must route through Cleaning status before becoming Available.

8. Records Kept

Append-only bed event logs recording actor ID, originating status, target status, timestamp, and optional discrepancy reasons.

Chapter 3: Patient Registration and Unknown Patients

1. Purpose

To govern patient demographic intake, UHID issuance, ABHA verification, and the rapid registration of unidentified emergency patients.

2. Scope

Emergency triage counters, outpatient registration desks, and trauma admission intake.

3. Responsibility

Registration Staff, Emergency Medical Officers, and Admitting Clerks.

4. Prerequisites

Patient demographic details, government photo identification or Aadhaar/ABHA credentials.

5. Procedure

1. Open Patient Registration at `/clinical/patients/create`.

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

नागरिक पोर्टलसहायता (S28)हिन्दीEnglish

Bed Manager DH Agra (Demo)
जिला चिकित्सालय अग्रा (च. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)

बीमा प्रबंधक (Bed Manager)लॉगआउट

A1 अस्पताल कंसोल

पंजीकरण

मरीज दाखिला / रजिस्टर

रेकल ड्रेस्क (Inbox)

PM-JAY बेड खोज (Bed Finder)

A6 बेडसाइड (Bedside)

108/102 प्रेषण (Dispatch)

रिपोर्ट विवरणी (Reports)

घायल जनपद: अग्रा (Agra District) लाइव कनेक्शन सक्रिय

मरीज पंजीकरण (Patient Registration — S02) UHID & ABHA

अस्पताल स्तर पर मरीज जनसांख्यिकी पंजीकरण (Clinical Store Partition — DPDP Act 2023)

अस्पताल कंसोल पर वापस

सीधा दाखिला (Admit Patient)

नया मरीज पंजीकृत करें (New Registration)

1

उम्र का पूरा नाम (Full Name) *

e.g. Ramesh Kumar / अज्ञात (Unknown)

आयु (Age in Years) *

लिंग (Sex) *

e.g. 42

पुरुष (Male)

ABHA नंबर / पता (Ayushman Bharat Health Account)

e.g. 14-digit ABHA (Optional)

मोबाइल नंबर (Contact Phone)

e.g. 9876543210

निवास का पता (Address)

e.g. Ward 4, Shamsabad, Agra

2

अज्ञात / आपातकालीन अस्थाई मरीज (Temporary / Unknown Patient ID)

* अज्ञात मरीज को अस्थाई आईडी आवंटित होती जिसे पहचान स्थापित होने पर मुख्य रिकॉर्ड से मर्ज किया जा सकेगा।

पंजीकृत मरीज सूची (Registered Patients)

UHID या नाम से खोजें...

खोजें

UHID / प्रकार	नाम एवं जनसांख्यिकी	ABHA नंबर	संपर्क	पंजीकरण समय	कार्रवाई
UP-AGR-002-2026-0005 ✓ Verified UHID	Demo Patient Suresh Verma 64 वर्ष • पुरुष (M)	—	9876543213	26 Sep 2026, 17:20	दाखिला
UP-AGR-002-2026-0004 ✓ Verified UHID	Demo Patient Anita Devi 29 वर्ष • महिला (F)	—	9876543212	26 Sep 2026, 17:20	दाखिला
UP-AGR-002-2026-0003 Temporary ID	Demo Patient Unknown Male 50 50 वर्ष • पुरुष (M)	—	—	26 Sep 2026, 17:20	दाखिलामर्ज
UP-AGR-002-2026-0002 ✓ Verified UHID	Demo Patient Sunita Sharma 38 वर्ष • महिला (F)	—	9876543211	26 Sep 2026, 17:20	दाखिला
UP-AGR-002-2026-0001 ✓ Verified UHID	Demo Patient Ramesh Kumar 45 वर्ष • पुरुष (M)	—	9876543210	26 Sep 2026, 17:20	दाखिला

Figure Reference: hospital/h05_registration_annotated | Date: 27-09-2026

- Callout 1: Primary demographics entry fields including full name, age, gender, and contact phone.
- Callout 2: ABHA verification input field with instant ABDM registry query button.
- Callout 3: Ayushman Bharat PM-JAY beneficiary verification toggle.

1. For trauma or unconscious victims arriving without identification, select Unknown Patient.

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

नागरिक पोर्टल सहायता (S2B) हिन्दी English Bed Manager DH Agra (Demo) जिला चिकित्सालय आगरा (पे. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) Hospital Bed Manager लॉगआउट

A1 अस्पताल कंसोल पंजीकरण मरीज दाखिला / रजिस्टर रेकॉर्ड ड्रैफ्ट (Inbox) PM-JAY बेड खोज (Bed Finder) A6 बेडसाइड (Bedside) 108/102 प्रेषण (Dispatch) रिपोर्ट विवरणी (Reports) घायल जनपद: आगरा (Agra District) लाइव कनेक्शन सक्रिय

मरीज पंजीकरण (Patient Registration — S02) UHID & ABHA
अस्पताल स्तर पर मरीज जनसांख्यिकी पंजीकरण (Clinical Store Partition — DPDP Act 2023)

— अस्पताल कंसोल पर वापस + सीधा दाखिला (Admit Patient)

+ नया मरीज पंजीकृत करें (New Registration)

मरीज का पूरा नाम (Full Name) *
e.g. Ramesh Kumar / अज्ञात (Unknown)

आयु (Age in Years) * लिंग (Sex) *
e.g. 42 पुरुष (Male)

ABHA नंबर / पता (Ayushman Bharat Health Account)
e.g. 14-digit ABHA (Optional)

मोबाइल नंबर (Contact Phone)
e.g. 9876543210

निवास का पता (Address)
e.g. Ward 4, Shamsabad, Agra

☒ अज्ञात / आपातकालीन अस्थायी मरीज (Temporary / Unknown Patient ID)
* अज्ञात मरीज को अस्थायी आईडी आवंटित होती जिसे पहचान स्थापित होने पर मुख्य रिकॉर्ड से मर्ज किया जा सकेगा।

पंजीकृत मरीज सूची (Registered Patients) UHID या नाम से खोजें... खोजें

UHID / प्रकार	नाम एवं जनसांख्यिकी	ABHA नंबर	संपर्क	पंजीकरण समय	कार्रवाई
UP-AGR-002-2026-0005 ✓ Verified UHID	Demo Patient Suresh Verma 64 वर्ष • पुरुष (M)	—	9876543213	26 Sep 2026, 17:20	दाखिला
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UP-AGR-002-2026-0003 Temporary ID	Demo Patient Unknown Male 50 50 वर्ष • पुरुष (M)	—	—	26 Sep 2026, 17:20	दाखिला मर्ज
UP-AGR-002-2026-0002 ✓ Verified UHID	Demo Patient Sunita Sharma 38 वर्ष • महिला (F)	—	9876543211	26 Sep 2026, 17:20	दाखिला
UP-AGR-002-2026-0001 ✓ Verified UHID	Demo Patient Ramesh Kumar 45 वर्ष • पुरुष (M)	—	9876543210	26 Sep 2026, 17:20	दाखिला

Figure Reference: hospital/h06_unknown_patient | Date: 27-09-2026

- The system generates a temporary UHID (e.g., UNK-AGR-2026-0042) and prompts for physical descriptors and escort details.

6. Timelines / SLA

Standard intake completed under 3 minutes. Emergency unknown patient record created within 60 seconds.

7. Troubleshooting and Escalation

If ABHA OTP transmission fails, proceed with demographic registration. When the patient is identified later, utilize the patient merge workflow.

8. Records Kept

Master patient index on isolated clinical connection, unknown patient incident register, and identity verification logs.

Chapter 4: Admission: Emergency, Elective and No Bed Recording

1. Purpose

To execute patient admissions across emergency and elective pathways, enforce senior doctor approvals for critical care, and record unmet bed demand when at capacity.

2. Scope

Emergency casualty units, elective admission counters, and specialty inpatient wards.

3. Responsibility

Admitting Doctors, Specialty Consultants, and Head Nurses.

4. Prerequisites

Valid patient UHID, provisional diagnostic entry, and verified vacant bed allocation.

5. Procedure

1. Access New Admission at `/clinical/admissions/create`.

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चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश

नागरिक पोर्टल सहायता (S28) हिन्दी English Bed Manager DH Agra (Demo)
जिला चिकित्सालय अग्रा (च. दोनदयाल उपाध्याय चिकित्सालय) (डेमो)

शय्या प्रबंधक (Bed Manager) लॉगआउट

A1 अस्पताल कंसोल पंजीकरण मरीज दाखिला / रजिस्टर रेकल डेस्क (Inbox) PM-JAY बेड खोज (Bed Finder) A6 बेडसाइड (Bedside) 108/102 प्रेषण (Dispatch) रिपोर्ट विवरणी (Reports) घायलट जनपद: अग्रा (Agra District) लाइव कनेक्शन सक्रिय

मरीज दाखिला अनुरोध (Admission Request — S03) Triage & Bed Suggestion

विभाग चयन, ट्रायज स्तर, परामर्शदाता अनुमोदन एवं शैया आवंटन

— अस्पताल कंसोल पर वापस मरीज सूची

दाखिला विवरण (Admission Details)

1. रज का चयन करें (Select Patient) *

-- पंजीकृत मरीज चुनें (Select by UHID/Name) --

विभाग (Department) *

आपातकालीन (Emergency)

आवश्यक शैया श्रेणी (Required Bed Category) *

सामान्य वाई शैया (GENERAL)

ट्रायज स्तर (Triage Level) *

YELLOW — अत्यावश्यक (Urgent / High Priority)

दाखिला चिकित्सक (Admitting Doctor)

Medical Superintendent DH Agra (Demo) (MEDICAL_)

2. शैया आवंटन (Bed Allocation — FR-A-03)

उचित शैया सुझाएँ (Suggest Bed)

-- शैया चुनें (Select Bed) --

प्रारंभिक नैदानिक टिप्पणी (Clinical Admission Notes)

e.g. Admitted with acute respiratory distress, SpO2 88%, started on oxygen therapy.

शैया अनुपलब्धता दर्ज करें (Bed Not Available — FR-A-07)

यदि आवश्यक श्रेणी में कोई शैया रिक्त नहीं है, तो मात्र 2 टैप में unmet-demand दर्ज करें। यह डेटा कमांड सेंटर को तुरंत सूचित करता है।

श्रेणी (Category)

सामान्य वाई शैया (GENERAL)

आपात स्तर (Urgency)

URGENT (अति आवश्यक)

e.g. ICU bed required for acute trauma patient

शैया अनुपलब्धता रिपोर्ट करें (Log Unmet Demand)

Figure Reference: hospital/h07_admission_request_annotated | Date: 27-09-2026

- Callout 1: Patient lookup selector querying active registration records.
- Callout 2: Triage urgency selection: Red (Immediate Resuscitation), Yellow (Urgent), Green (Stable Inpatient).
- Callout 3: Ward category and physical bed selector.

1. For ICU or ventilator bed admissions, the consultant verification gate is displayed.

The screenshot displays the 'Bed Manager DH Agra (Demo)' interface. At the top, there's a header with the hospital name 'शय्या सेतु | Shayya Setu', navigation tabs like 'नगरिक पोर्टल', 'सहायता (S2B)', and language options 'हिन्दी' and 'English'. Below this is a dashboard with various icons for A1 अस्पताल, मरीज दाखिला/रजिस्टर, रेकल डेस्क, PM-JAY बेड खोज, A6 बेडसाइड, 108/102 प्रेषण, रिपोर्ट विवरणी, and चामलट जनपद. The main section is for 'Demo Patient Ramesh Kumar' (UP-AGR-002-2026-0001), showing his admission status and current bed allocation (#MED-B03). It includes a table for 'शैया स्थानांतरण इतिहास' (Movement History) and a 'नैदानिक प्रगति नोट्स' (Clinical Notes) section. On the right, there are buttons for 'आंतरिक स्थानांतरण' (Internal Transfer) and 'मरीज डिस्चार्ज करें' (Patient Discharge).

Figure Reference: hospital/h08_approval | Date: 27-09-2026

1. If no vacant bed is available in the required specialty, tap the No Bed Available button.

The screenshot shows a 'Log Unmet Demand' dialog box overlaid on the main interface. The dialog has a title bar with a red icon and a close button. The main text explains that if no vacant bed is available in the required specialty, the user should log the unmet demand. It includes fields for 'वांछित शैया श्रेणी (Required Bed Category)' (set to 'सामान्य वार्ड शैया (GENERAL)'), 'आपातकालीन प्राथमिकता (Urgency Level)' (set to 'URGENT (संभार / त्वरित आवश्यकता)'), and an optional note field with the text 'e.g. Full ICU bed refused, patient transferred to private'. At the bottom, there are two buttons: 'रद्द करें' (Cancel) and 'दर्ज करें (Submit Demand)' (Submit Demand).

Figure Reference: hospital/h04_no_bed | Date: 27-09-2026

1. This two-tap action immediately transmits an anonymous unmet demand counter to District and State dashboards without creating clinical overhead.

6. Timelines / SLA

Emergency Red triage admission confirmed within 5 minutes. Consultant approval logged under 15 minutes. Unmet demand registered under 10 seconds.

7. Troubleshooting and Escalation

When a designated consultant is in surgery, the on-duty Chief Medical Officer can apply emergency administrative approval with recorded rationale.

8. Records Kept

Clinical admission ledger, consultant approval timestamps, and command store unmet demand aggregation counts.

Chapter 5: Bed and Ward Transfer

1. Purpose

To execute internal patient relocations between beds, wards, and clinical units as atomic transactions ensuring uninterrupted clinical continuity.

2. Scope

Step-down transfers from ICU to general wards, post-operative relocations, and specialty isolation ward moves.

3. Responsibility

Transferring Ward Nurse, Receiving Ward Nurse, and the Bed Manager.

4. Prerequisites

Doctor internal transfer order and confirmed vacant bed in target unit.

5. Procedure

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शैया सेतु | Shैया Setu

चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश

नागरिक पोर्टल

सहायता (S2B)

हिन्दीEnglish

Bed Manager DH Agra (Demo)

जिला चिकित्सालय आगरा (प. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)

Hospital Bed Manager

लॉगआउट

A1 अस्थायी कंसोल

पंजीकरण

मरीज दाखिला / रजिस्टर

रेफरल डेस्क (Inbox)

PM-JAY बेड खोज (Bed Finder)

A6 बेडसाइड (Bedside)

108/102 प्रेषण (Dispatch)

रिपोर्ट विवरणी (Reports)

पायलट जनपद: आगरा (Agra District)

लाइव कनेक्शन सक्रिय

👤 Demo Patient Ramesh Kumar

UP-AGR-002-2026-0001

ADMITTED

45 वर्ष • पुरुष (Male) | दाखिला समय: 24 Sep 2026, 17:20 | द्रव्यज: YELLOW

🏠 वर्तमान शैया स्थिति (Current Bed Allocation)

#MED-B03 — चिकित्सा पुरुष वार्ड

शैया संख्या #MED-B03

चिकित्सा • चिकित्सा पुरुष वार्ड (सामान्य वार्ड शैया)

2nd Floor • Room R-1

✓ शैया रिक्त करें (Mark Vacated — FR-D-05)

📅 शैया स्थानांतरण इतिहास (Movement History — FR-D-02)

अपरिवर्तनीय रिकॉर्ड

समय	पूर्व शैया (From)	नवीन शैया (To)	स्थानांतरण कारण (Reason)	स्थानांतरणकर्ता
कोई स्थानांतरण रिकॉर्ड नहीं है।				

📝 नैदानिक प्रगति नोट्स (Clinical Notes)

ROUTINE

26 Sep 2026, 13:20

Patient afebrile for last 24h. Vitals: BP 120/80, SpO2 98% on room air. Plan for discharge tomorrow morning.

🔄 आंतरिक स्थानांतरण (Internal Transfer — FR-D-01)

नवीन उपलब्ध शैया चुनें (Select New Bed) *

-- रिक्त शैया चुनें --

* स्थानांतरण पर चुनी शैया स्वतः सफाई (Cleaning) एवं नई शैया स्वतः (Occupied) होगी।

स्थानांतरण का कारण (Reason) *

e.g. Upgraded to ICU, Shifted to general male ward

🔒 स्थानांतरण निष्पादित करें (Atomic Transfer)

🏠 मरीज डिस्चार्ज करें (Patient Discharge — FR-D-04)

डिस्चार्ज का प्रकार (Discharge Type) *

सामान्य डिस्चार्ज (Standard / Recovered)

डिस्चार्ज सारांश / अंतिम निर्देश (Summary) *

Figure Reference: hospital/h10 transfer | **Date:** 27-09-2026

- Callout 1: Originating bed, department, and current admission identifier.
- Callout 2: Destination ward and verified vacant target bed selector.
- Callout 3: Clinical reason for transfer dropdown.

1. Click Commit Transfer. The system atomically sets the originating bed to Cleaning and marks the destination bed as Occupied.

6. Timelines / SLA

Electronic record updated within 10 minutes of physical stretcher movement.

7. Troubleshooting and Escalation

If target bed status shifts to Occupied before transfer execution, the system rolls back and prompts for an alternate vacant bed.

8. Records Kept

Patient internal transfer ledger, bed movement log, and originating ward vacation timestamp.

Chapter 6: Expected Discharges Forecast

1. Purpose

To capture morning ward round discharge forecasts across bed categories, providing District and State command centers with reliable forward capacity estimates.

2. Scope

All inpatient departments, postoperative recovery wards, and step-down units.

3. Responsibility

Ward Incharge Nurses and Unit Medical Officers.

4. Prerequisites

Completion of morning clinical consultant rounds.

5. Procedure

1. Open the Expected Discharges module at /hospital/expected-discharges before 09:00 AM daily.

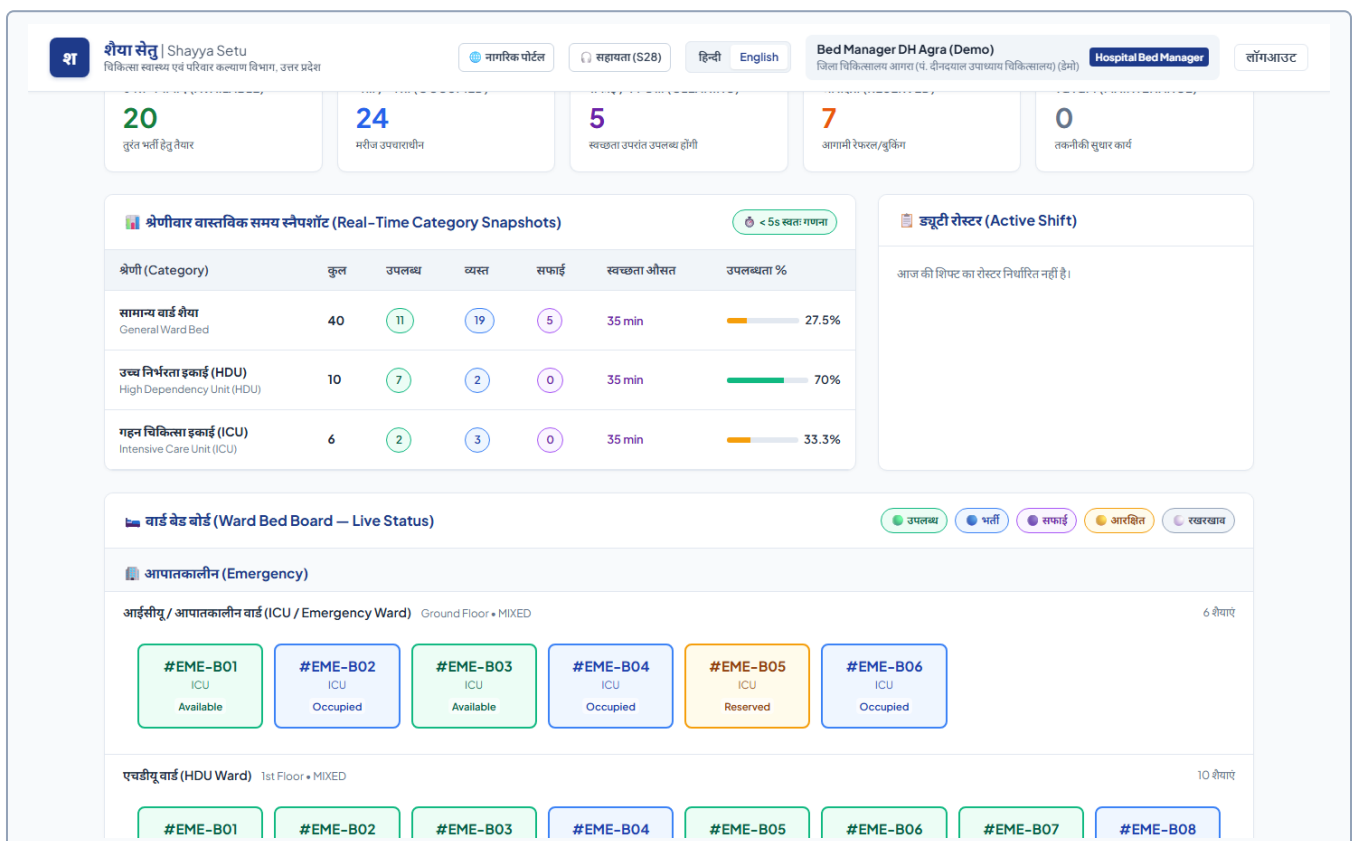


Figure Reference: hospital/h11_expected_discharges | Date: 27-09-2026

1. Enter expected discharge counts per ward and category for the current operating date.
2. Optionally flag specific individual beds slated for morning release.
3. Click Save Forecast to publish projected vacancies to the District allocation model.

6. Timelines / SLA

Mandatory daily submission by 09:30 AM.

7. Troubleshooting and Escalation

If a patient condition unexpectedly deteriorates, update the forecast immediately to prevent premature inbound referral holds.

8. Records Kept

Daily discharge forecast archive and district capacity projection logs.

Chapter 7: Discharge Types, LAMA, Absconded and Death

1. Purpose

To govern patient departure workflows across five legal categories: Standard Discharge, LAMA, Absconded, Referred Out, and Inpatient Death.

2. Scope

All inpatient wards, high dependency units, intensive care facilities, and mortuary dispatch.

3. Responsibility

Ward Attending Doctors, Staff Nurses, and Medical Records Department staff.

4. Prerequisites

Clinical discharge order and finalized clinical outcome summary.

5. Procedure

1. Open patient record from the Bed Board and select Discharge Patient.

श

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

नागरिक पोर्टल
सहायता (S2B)
हिन्दी English

Bed Manager DH Agra (Demo)
जिला चिकित्सालय आगरा (च. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)

Hospital Bed Manager
लॉगआउट

राया सख्या #FIELD-000
चिकित्सा • चिकित्सा पुरुष वार्ड (सामान्य वार्ड शैया)
2nd Floor • Room R-1

शैया रिक्त करें (Mark Vacated — FR-D-05)

नवीन उपलब्ध शैया चुनें (Select New Bed) *
-- रिक्त शैया चुनें --

* स्थानांतरण पर पुनः शैया स्वतः स्वच्छ (Cleaning) एवं नई शैया व्यवस्था (Occupied) होगी।

स्थानांतरण का कारण (Reason) *
e.g. Upgraded to ICU, Shifted to general male ward

स्थानांतरण निष्पादित करें (Atomic Transfer)

शैया स्थानांतरण इतिहास (Movement History — FR-D-02)
अपरिवर्तनीय रिकॉर्ड

समय	पूर्व शैया (From)	नवीन शैया (To)	स्थानांतरण कारण (Reason)	स्थानांतरणकर्ता
कोई स्थानांतरण रिकॉर्ड नहीं है।				

नैदानिक प्रगति नोट्स (Clinical Notes)

ROUTINE 26 Sep 2026, 13:20
Patient afebrile for last 24h. Vitals: BP 120/80, SpO2 98% on room air. Plan for discharge tomorrow morning.

मरीज डिस्चार्ज करें (Patient Discharge — FR-D-04)

डिस्चार्ज का प्रकार (Discharge Type) *
सामान्य डिस्चार्ज (Standard / Recovered)

डिस्चार्ज सारांश / अंतिम निवेदन (Summary) *
e.g. Patient hemodynamically stable, discharge on oral medications. Follow up after 7 days.

✓ डिस्चार्ज पूर्ण करें एवं सारांश बनाएं

शय्या सेतु (Shayya Setu) — उत्तर प्रदेश अस्पताल शैया प्रबंधन एवं रेकल प्रणाली
राष्ट्रीय स्वास्थ्य मिशन (NHM), चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश शासन
गोपनीयता नियम: DPDP अधिनियम 2023 के तहत मरीज का विवरण केवल संबंधित अस्पताल तक ही सुरक्षित रहता है।

Figure Reference: hospital/h12_discharge_types | Date: 27-09-2026

1. Select the statutory disposition outcome:

- Standard Medical Discharge
- Left Against Medical Advice (LAMA)
- Absconded (Unannounced Departure)
- Referred Out to Higher Center
- Deceased / Inpatient Death

1. Selecting Deceased initiates the mandatory statutory MCCD Form 4/4A workflow.

2. Review generated clinical discharge summary and print official mPDF documentation.

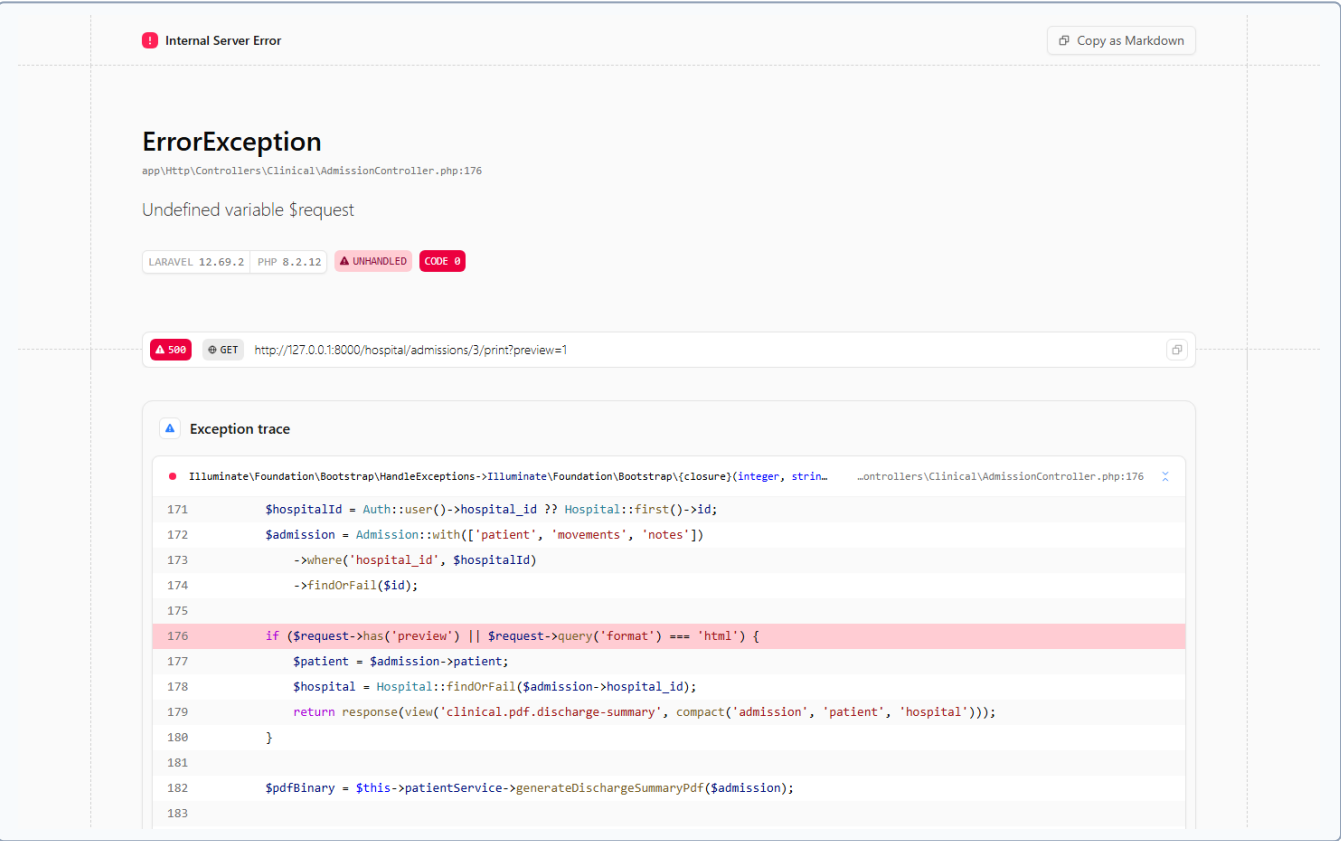


Figure Reference: hospital/h13_discharge_summary_pdf | Date: 27-09-2026

- 1. The vacated bed automatically transitions to Cleaning status.

6. Timelines / SLA

Electronic departure logged within 15 minutes of ward discharge. Death registration logged within 30 minutes.

7. Troubleshooting and Escalation

For LAMA or Absconded departures, ensure written refusal forms or police notifications are referenced in the departure comments.

8. Records Kept

Discharge summary archive, MCCD statutory death records, and legal consent forms.

Chapter 8: Raising an Outbound Emergency Referral

1. Purpose

To originate structured outbound emergency referral tickets with binding SLAs, ensuring guaranteed bed reservation before patient transport.

2. Scope

Emergency departments, Community Health Centres, Sub-District Hospitals, and District Hospitals.

3. Responsibility

Referring Medical Officers and Emergency Bed Managers.

4. Prerequisites

Clinical stabilization assessment, transport suitability verification, and 108 ambulance dispatch linkage.

5. Procedure

1. Navigate to Raise Referral at /referrals/create.

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

नागरिक पोर्टलसहायता (S28)हिन्दीEnglish

Bed Manager DH Agra (Demo)
जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)

Hospital Bed Managerलॉगआउट

A1 अस्पताल
कंसोल

पंजीकरण

मरीज दाखिला /
रजिस्टर

रेफरल टिकट
(Inbox)

PM-JAY बेड खोज (Bed
Finder)

A6 बेडसाइड
(Bedside)

108/102 प्रेषण
(Dispatch)

रिपोर्ट विवरणी
(Reports)

पायलट जनपद: आगरा (Agra District) • लाइव
कनेक्शन सक्रिय

नया रेफरल टिकट सृजित करें (Raise Referral Ticket — S11)

प्रेषक अस्पताल: जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) | DPDP Act: रेफरल टिकट में मरीज का कोई पहचान डेटा (नाम/फोन/UHID) दर्ज न करें।

रेफरल इनबॉक्स (S12 Inbox)

1. मरीज की चिकित्सकीय आवश्यकताएं (Non-Identifying Criteria)

वांछित शैया श्रेणी (Required Bed Category) *

सामान्य वार्ड शैया (GENERAL)

विशिष्टता (Specialty) *

General Medicine (सामान्य चिकित्सा)

आपातकालीन स्तर एवं SLA (Urgency Level)

URGENT — 30 मिनट SLA (त्वरित आवश्यक)

आयु वर्ग (Age Band) *

ADULT (वयस्क 13 - 59 वर्ष)

लिंग (Sex) *

पुरुष (Male)

☐ ऑक्सीजन अनिवार्य (Oxygen Need)

☐ वेंटिलेटर अनिवार्य (Ventilator Need)

आयुष्मान (PM-JAY) लाभार्थी स्थिति *

ज्ञात नहीं (Not Known)

संक्षिप्त चिकित्सकीय कारण (Non-Identifying Clinical Reason)

e.g. Acute subdural hematoma requiring immediate neurosurgical craniotomy. No patient names or contact details here.

* डेटा बाउंड्री कायम रखें: यदि मरीज का नाम या फोन नंबर लिखा जाएगा तो सिस्टम अनुरोध अस्वीकार कर देगा।

2. उपयुक्त अस्पताल चयन (Geospatial Matching Engine)

FR-R-02 Live Distance

आगरा जनपद के अस्पताल वास्तविक सड़क दूरी (Haversine Distance) एवं लाइव शैया उपलब्धता के अनुसार क्रमबद्ध हैं। सुस्त/ऑफलाइन अस्पताल स्वतः बाहर कर दिए गए हैं।

आगरा में इस श्रेणी की कोई रिक्त शैया उपलब्ध नहीं है।

यह टिकट जनपद कमांड सेंटर में स्वचालित रूप से आपातकालीन पुनर्निर्देशन हेतु अद्यतित होगा।

रद्द करें

रेफरल टिकट प्रेषित करें (Raise & Offer Ticket)

Figure Reference: hospital/h14_raise_referral | Date: 27-09-2026

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

Page 21 of 50

- Callout 1: Urgency level classification:
 - Critical: 10-minute SLA (acute life threat, ventilator requirement)
 - Urgent: 30-minute SLA (urgent stabilization needed)
 - Routine: 120-minute SLA (hemodynamically stable transfer)
 - Callout 2: Specialty requirement, oxygen necessity, and ventilator support toggles.
 - Callout 3: PM-JAY Bed Finder proximity selector displaying nearest empanelled facilities.
1. Click Submit Referral Ticket. The system issues a sequential tracking number (e.g., REF - UP - AGR-001-20260927-0012).

6. Timelines / SLA

Ticket submission within 2 minutes of referral decision. Target acceptance within 10 minutes.

7. Troubleshooting and Escalation

If ticket remains pending at 50% SLA expiration, automated escalation flags District Command and triggers secondary facility matching.

8. Records Kept

Zero-PII command store ticket ledger, clinical referral link record, and timestamped transit dispatch audit.

Chapter 9: Receiving Referrals: Inbox, SLA, Accept and Arrival

1. Purpose

To manage inbound emergency referral tickets, enforce strict acceptance/decline SLAs, hold automated bed reservations, and process ambulance arrivals.

2. Scope

Tertiary medical colleges, District Hospitals, and empanelled private specialty centers.

3. Responsibility

Receiving Bed Managers, Emergency Medical Officers, and Triage Sisters.

4. Prerequisites

Active referral audio chime alert enabled on desktop workstation.

5. Procedure

1. Open Referral Inbox at `/referrals/inbox`. Incoming tickets trigger an audio chime.

शय्या सेतु | Shayya Setu

चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश

नागरिक पोर्टल

सहायता (S2B)

हिन्दी

English

Bed Manager DH Agra (Demo)

जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)

शैया प्रबंधक (Bed Manager)

लॉगआउट

A1 अस्पताल कंसोल

पंजीकरण

मरीज दाखिला / रजिस्टर

रेफरल डेस्क (Inbox)

PM-JAY बेड खोज (Bed Finder)

A6 बेडसाइड (Bedside)

108/102 प्रेषण (Dispatch)

रिपोर्ट विवरणी (Reports)

घायलट जनपद: आगरा (Agra District)

लाइव कनेक्शन सक्रिय

रेफरल रूटिंग इनबॉक्स (Hospital Referral Desk — S12)

1 आपातकालीन प्रस्ताव विचारार्थी

ध्वनि परीक्षण (Chime)

नया रेफरल टिकट भेजें (Raise Referral)

अस्पताल: जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) | आगरा रेफरल नेटवर्क (M15 Live Routing Desk)

आवक रेफरल अनुरोध (Inbound Tickets Offered To This Hospital)

प्रत्येक टिकट का सख्त SLA समय सीमा निर्धारित है। 50% समय भीतने पर एम्एस अलर्ट, 100% पर स्वतः पुनर्निर्देशन।

1 कुल सक्रिय

टिकट क्रमांक & प्राथमिकता	प्रेषक अस्पताल	श्रेणी & विशिष्टता	मरीज विवरण (Non-ID)	SLA कार्डेटडाउन	स्थिति	कार्यवाही (Actions)
REF-UP-AGR-001-2026-0001 CRITICAL	सामुदायिक स्वास्थ्य केंद्र (CHC) फतेहाबाद (डेमो) HFR: UP-AGR-003	गहन चिकित्सा इकाई (ICU) Critical Care & ICU	40-60 / M O2 Vent PM-JAY	SLA BREACHED 10m limit	OFFERED	स्वीकार / अस्वीकार

जावक रेफरल अनुरोध (Outbound Tickets Raised by जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो))

2 इलिया अनुरोध

टिकट क्रमांक	प्राप्तकर्ता अस्पताल	श्रेणी & विशिष्टता	प्राथमिकता स्थिति (Status)	सृजन समय	कार्यवाही
REF-UP-AGR-003-2026-0003 HFR: UP-AGR-001	सरोजिनी नायडू मेडिकल कॉलेज (SNMC) (डेमो)	गहन चिकित्सा इकाई (ICU) Cardiology & ICCU	CRITICAL IN_TRANSIT	26 Sep 17:20	विवरण
REF-UP-AGR-002-2026-0002 HFR: UP-AGR-001	सरोजिनी नायडू मेडिकल कॉलेज (SNMC) (डेमो)	उच्च निर्भरता इकाई (HCU) General Medicine	URGENT ACCEPTED	26 Sep 17:20	प्रस्थान दर्ज करें (Depart) विवरण

शय्या सेतु (Shayya Setu) — उत्तर प्रदेश अस्पताल शैया प्रबंधन एवं रेफरल प्रणाली

राष्ट्रीय स्वास्थ्य मिशन (NHM), चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश शासन

गोपनीयता नियम: DPDP अधिनियम 2023 के तहत मरीज का विवरण केवल संबंधित अस्पताल तक ही पुष्टि रहता है।

Figure Reference: hospital/h15_referral_inbox_annotated | Date: 27-09-2026

- Callout 1: Active countdown timer displaying remaining SLA response window.
- Callout 2: Anonymous clinical profile (age band, gender, ventilator need, PM-JAY status).
- Callout 3: Accept and Decline action controls.

1. Click Accept to hold an automated bed reservation in the appropriate ward category.
2. To decline, select a mandatory standardized reason code (e.g., Specialist Unavailable, Equipment Failure). If Bed Shown in Error is chosen, the bed finite-state machine forces immediate bed correction.
3. Upon ambulance arrival at the casualty bay, click Mark Arrived to transition the reserved bed directly to Occupied.

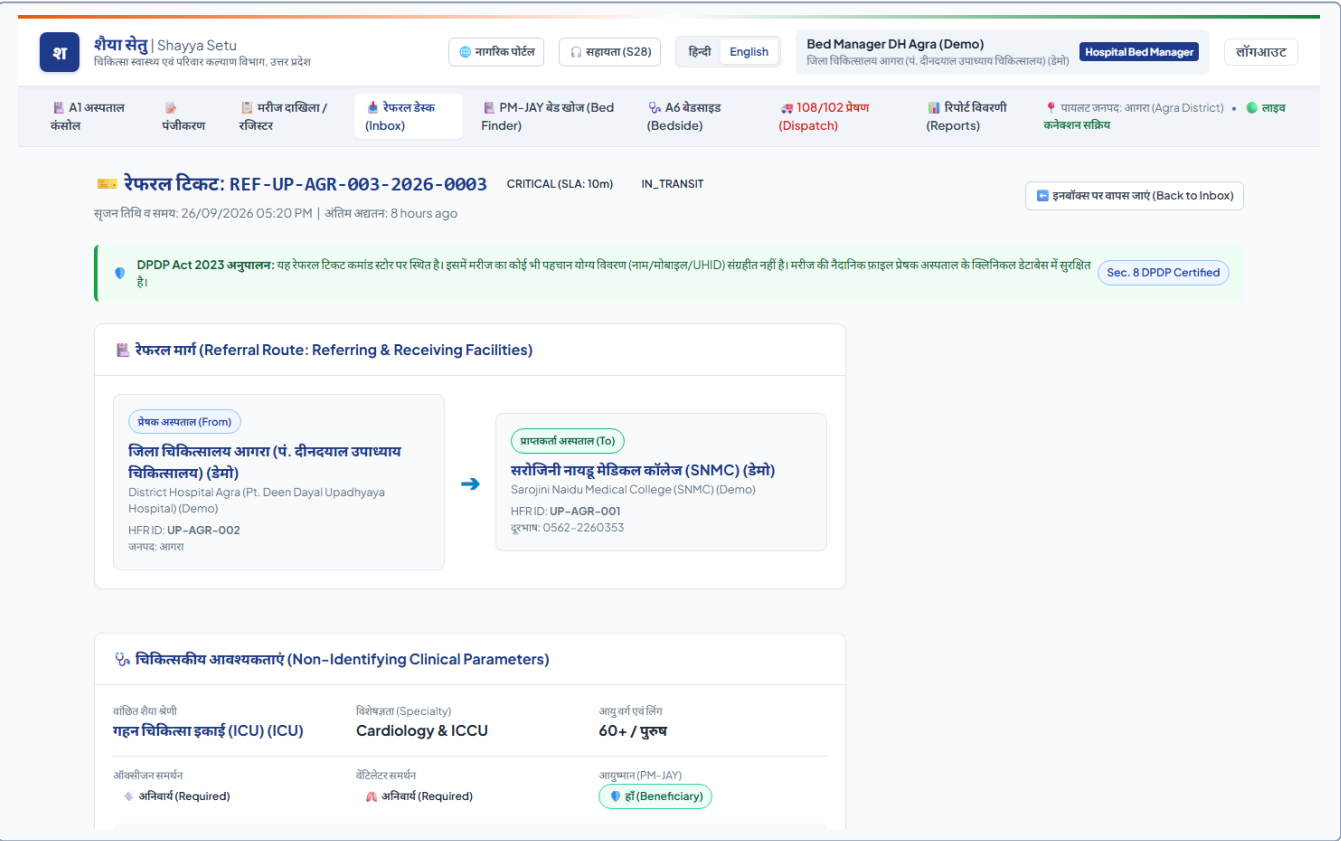


Figure Reference: hospital/h16_referral_arrival | Date: 27-09-2026

6. Timelines / SLA

Response decision within 10 minutes for Critical tickets. Bed placement under 5 minutes upon physical arrival.

7. Troubleshooting and Escalation

Expired tickets trigger automated escalation to the District Nodal Officer and reflect on hospital data quality compliance scoring.

8. Records Kept

Inbound referral resolution log, bed reservation timestamps, decline justification audits, and casualty arrival records.

Chapter 10: Hospital Command Centre and Surge Beds (MS)

1. Purpose

To equip the Medical Superintendent with real-time institutional operational oversight, cleaning turnaround analytics, and rapid epidemic surge capacity activation.

2. Scope

Hospital Superintendent Office, Emergency Operations Center, and disaster response teams.

3. Responsibility

Medical Superintendent, Nursing Superintendent, and Hospital Operations Manager.

4. Prerequisites

Administrative access credentials and institutional disaster contingency mandate.

5. Procedure

1. Open Hospital Command Centre at `/hospital/command-centre`.

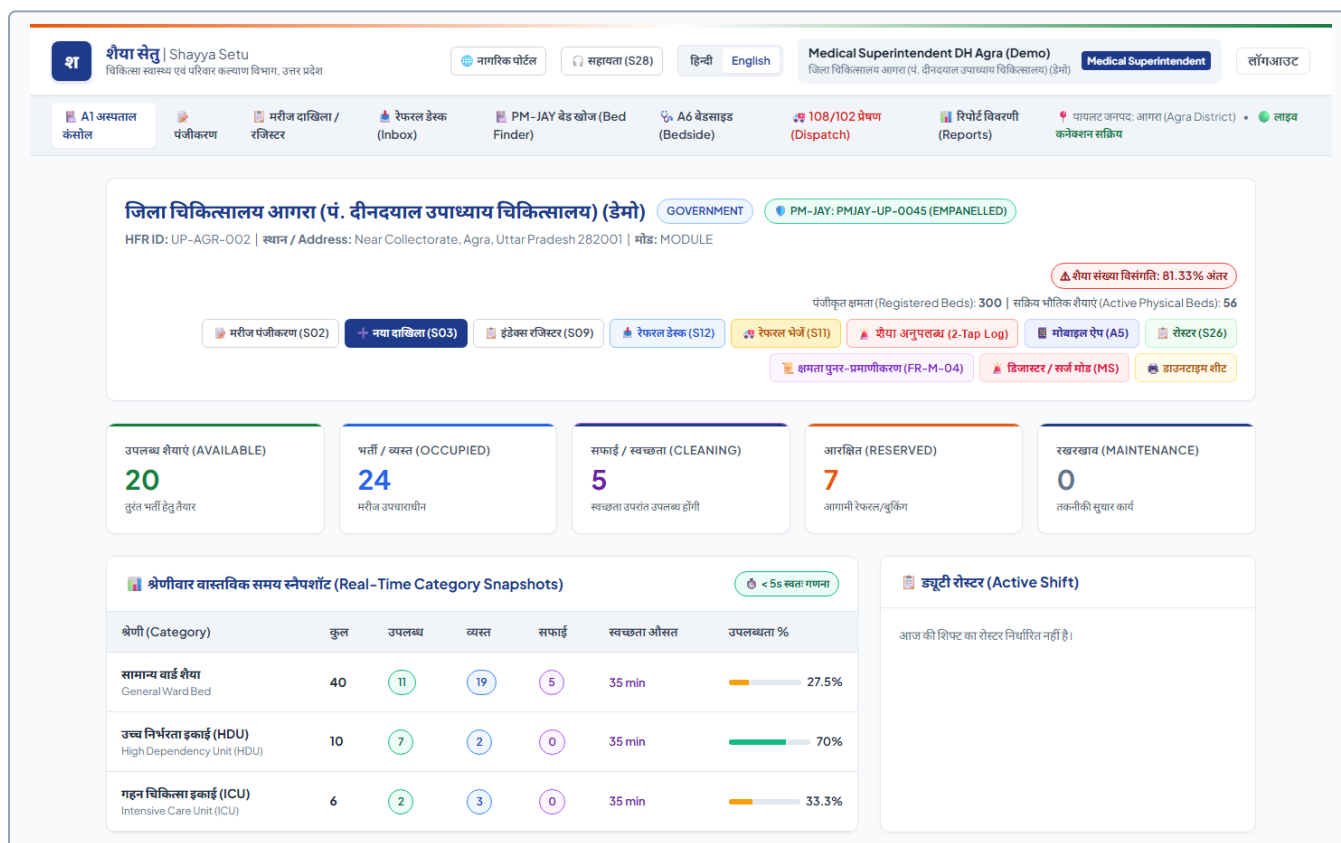


Figure Reference: hospital/h17_hospital_command_centre | Date: 27-09-2026

- Callout 1: Whole-hospital capacity meter and category breakdown.
- Callout 2: Bed cleaning turnaround performance tracker with benchmark targets.
- Callout 3: Staffing roster compliance and HPR practitioner verification feed.

1. During epidemic outbreaks or mass casualty events, open Surge Mode (/hospital/surge-mode).

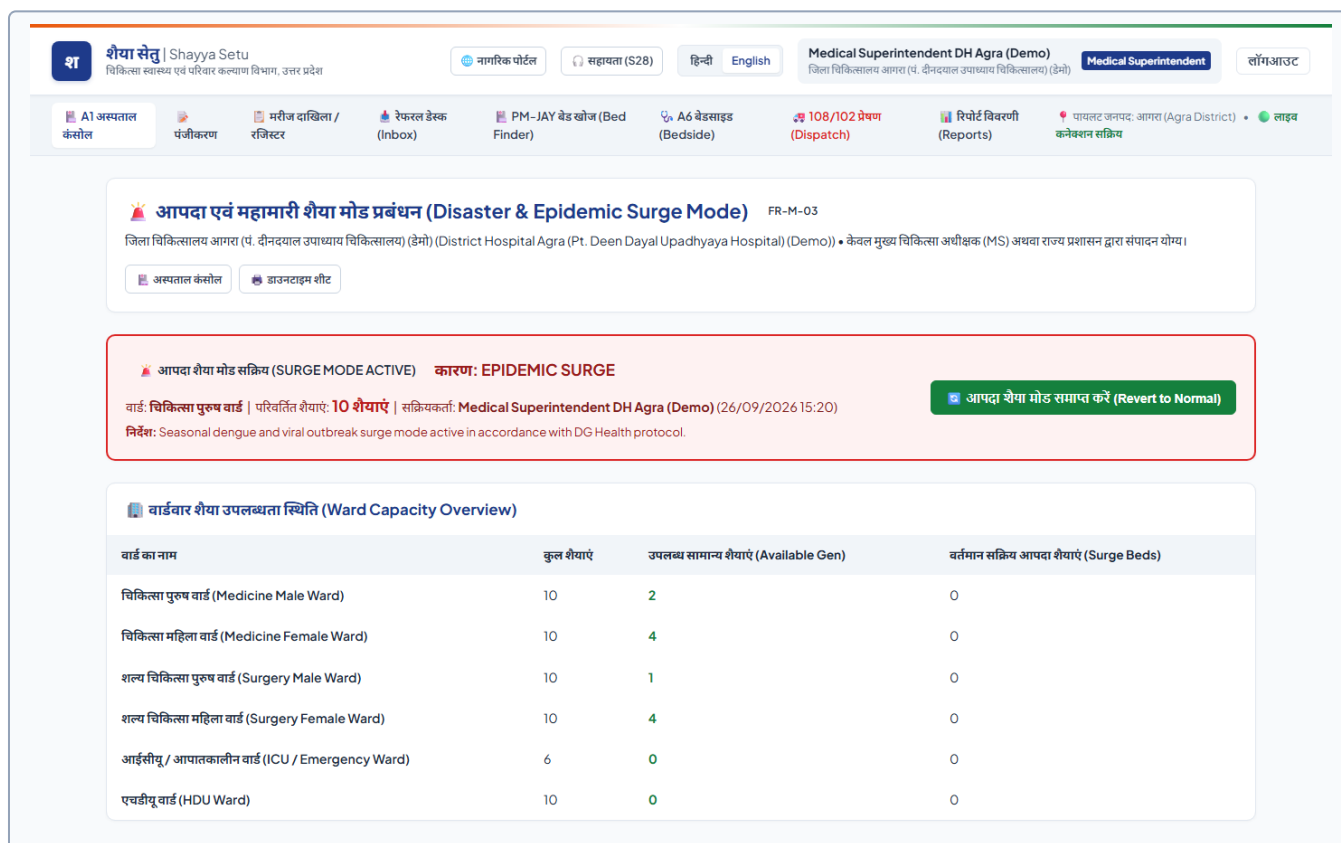


Figure Reference: hospital/h18_surge_beds | Date: 27-09-2026

1. Specify surge bed count, designated ward area, and target specialty category, then click Activate Surge Capacity. District and State dashboards reflect the updated capacity instantly.

6. Timelines / SLA

Institutional review twice daily. Surge capacity published within 15 minutes of administrative order.

7. Troubleshooting and Escalation

Surge beds cannot be deactivated while holding active patient admissions. Vacate and clean all surge beds before deactivating the surge protocol.

8. Records Kept

Hospital command operational logs, statutory surge activation orders, and turnaround audit summaries.

Chapter 11: Bed Manager Mobile App, Offline Use and Sync

1. Purpose

To operate the bedside mobile application (App A5) for bed status updates, maintain uninterrupted local operations during network outages, and resolve synchronization conflicts.

2. Scope

All inpatient ward corridors, basements, and connectivity-constrained healthcare settings.

3. Responsibility

Mobile Bed Managers and Rounding Staff Nurses.

4. Prerequisites

Android smartphone (version 8.0+) with Shayya Setu mobile application installed.

5. Procedure

1. Launch the Shayya Setu Bed Manager application.
2. Perform single-tap bed status changes directly at the patient bedside.





Figure Reference: mobile/m03_bed_tiles_framed | **Date:** 27-09-2026

1. When network connectivity is interrupted, the app displays the persistent amber Offline Banner.



श

शैया सेतु |
Shayya Setu
 चिकित्सा स्वास्थ्य
 एवं परिवार
 कल्याण विभाग,
 उत्तर प्रदेश

**नागरिक
पोर्टल**

**सहायता
(S28)**

हिन्दी
English

A1
 अस्पताल
कंसोल

पंजीकरण

**मरीज
दाखिला
/
रजिस्टर**

**रेफरल
डेस्क
(Inbox)**

**PM-
JAY बेड
खोज
(Bed
Finder)**

ऐप A5 •
 मोबाइल बेड
 मैनेजर

ऑफ़लाइन (S30) —
 स्थानीय केश सुरक्षित

जिला चिकित्सालय आगरा
(पं. दीनदयाल उपाध्याय
चिकित्सालय) (डेमो)
 UP-AGR-002 • आगरा

**शैया
अनुपलब्ध**

GENERAL

/ कुल रिक्त
 • भर्ती: • आरक्षित:
 • स्वच्छता:

HDU

/ कुल रिक्त
 • भर्ती: • आरक्षित:
 • स्वच्छता:

Figure Reference: mobile/m09_offline_banner_framed | **Date:** 27-09-2026

1. All transitions are safely recorded locally in the embedded SQLite data store.
2. Upon connectivity restoration, the sync engine dispatches pending events. If concurrent updates occurred on the web console, the Sync Conflict Resolver is presented.



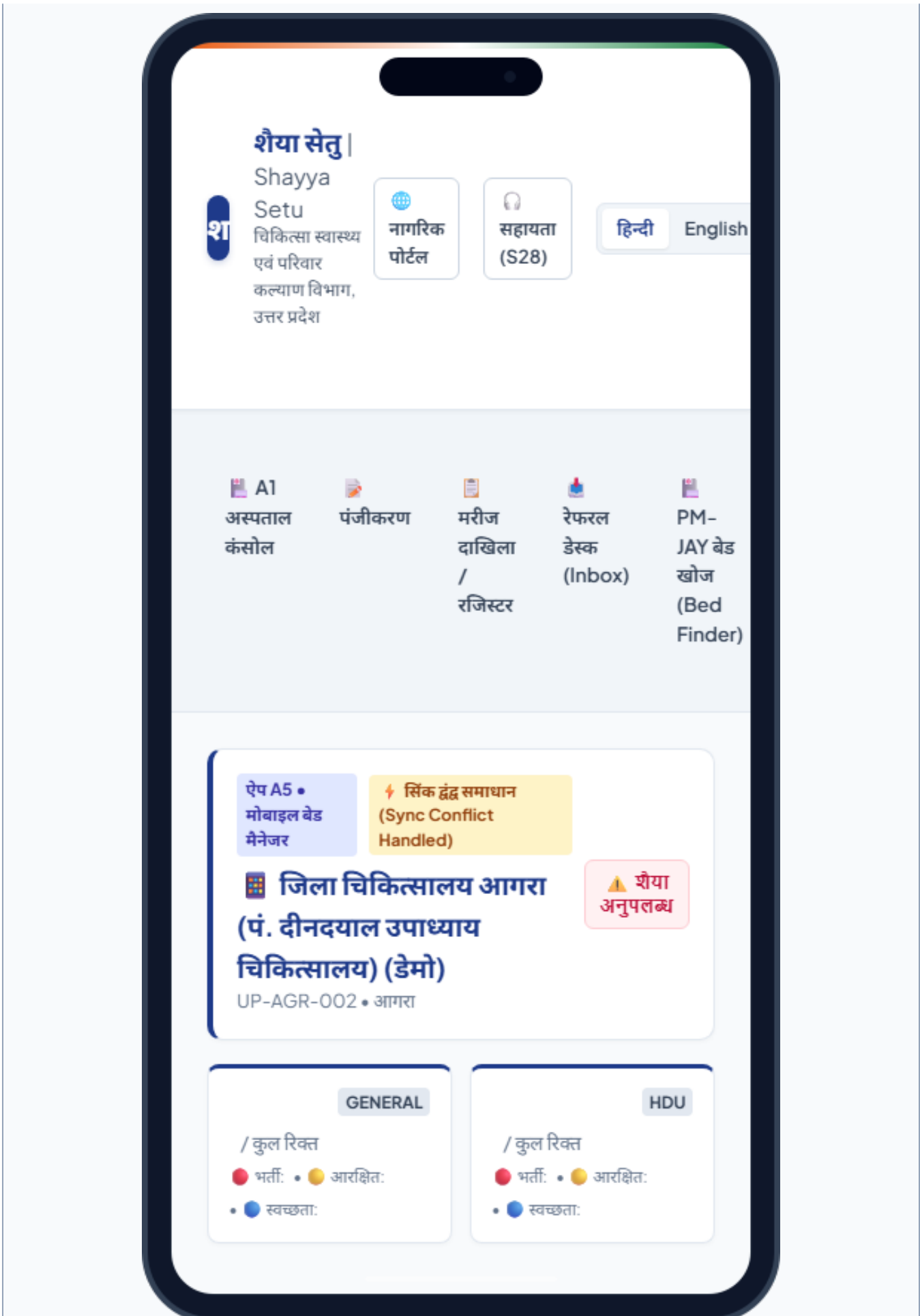


Figure Reference: mobile/m10_sync_conflict_framed | **Date:** 27-09-2026

1. Inspect conflicting timestamps and select the verified physical bedside reality to commit.

6. Timelines / SLA

Zero-latency local transaction storage. Automatic background sync within 30 seconds of reconnect.

7. Troubleshooting and Escalation

Do not clear app cache while offline events remain pending. Verify cellular or WiFi connectivity and tap Manual Sync.

8. Records Kept

Encrypted local SQLite audit cache, conflict resolution history, and API sync timestamps.

Chapter 12: Staff Nurse Ward Bedside Console

1. Purpose

To provide duty staff nurses with a focused bedside interface strictly scoped to their assigned ward for instant patient admission and vacation recording.

2. Scope

All inpatient ward nursing stations and handheld ward tablets.

3. Responsibility

On-duty Staff Nurses and Ward Sisters Incharge.

4. Prerequisites

Staff Nurse authentication and active shift assignment to the specific clinical ward.

5. Procedure

1. Open Nurse Ward Console at /hospital or launch Nurse Mode on the mobile terminal.



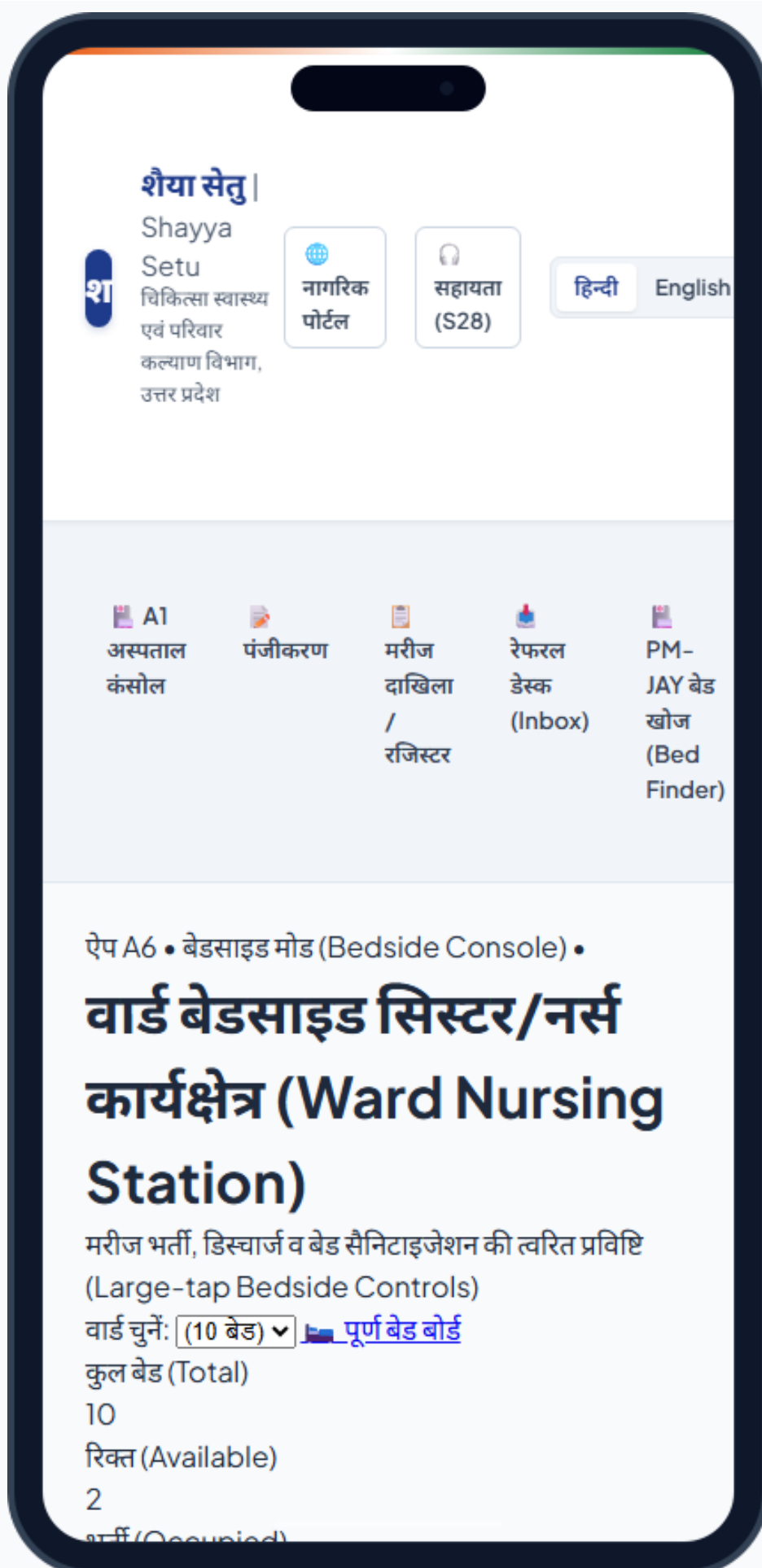


Figure Reference: mobile/m13_nurse_ward_framed | Date: 27-09-2026

1. As the patient physically arrives at the assigned bed, tap the bed tile and confirm Mark Occupied.

The screenshot displays the Hospital Bed Manager interface for a demo patient, Ramesh Kumar. The interface is in Hindi and includes a top navigation bar with various icons and a search bar. The main content area is divided into several sections:

- Patient Information:** Shows the patient's name, ID (UP-AGR-002-2026-0001), and status (ADMITTED). It also displays the patient's age (45 years), gender (Male), and admission date (24 Sep 2026, 17:20).
- Current Bed Allocation:** Shows the current bed allocation as #MED-B03, which is a general ward on the 2nd floor. A button labeled "शय्या रिक्त करें (Mark Vacated — FR-D-05)" is visible.
- Movement History:** A table showing the patient's movement history, including the time, from/to bed, reason, and the staff member who moved the patient. The table is currently empty, with a message "कोई स्थानांतरण रिकॉर्ड नहीं है।" (No transfer records found).
- Clinical Notes:** A section for clinical notes, showing a note dated 26 Sep 2026, 13:20, stating "Patient afebrile for last 24h. Vitals: BP 120/80, SpO2 98% on room air. Plan for discharge tomorrow morning."
- Internal Transfer:** A section for internal transfer, showing a dropdown menu for selecting a new bed. The current selection is "-- रिक्त शैया चुनें --". A button labeled "स्थानांतरण निश्चित करें (Atomic Transfer)" is visible.
- Patient Discharge:** A section for patient discharge, showing a dropdown menu for selecting a discharge type. The current selection is "सामान्य डिस्चार्ज (Standard / Recovered)". A button labeled "डिस्चार्ज सारांश / अंतिम निर्देश (Summary)" is visible.

Figure Reference: hospital/h09_mark_occupied | Date: 27-09-2026

1. Upon verified patient discharge, tap Vacated to immediately place the bed into Cleaning status.

6. Timelines / SLA

Occupancy recorded within 3 minutes of physical bed placement. Vacation recorded within 5 minutes of discharge.

7. Troubleshooting and Escalation

If an unassigned ward displays upon login, request the Bed Manager to update today shift roster assignment.

8. Records Kept

Nursing bed event log, patient bedside arrival timestamps, and ward occupancy registers.

Chapter 13: Downtime SOP: Paper Register and Back Entry

1. Purpose

To maintain operational bed management during server, network, or power outages using physical paper registers, followed by mandatory back-entry within two hours.

2. Scope

All hospital admitting desks, casualty wards, and specialty inpatient units.

3. Responsibility

All On-duty Clinical Staff, Bed Managers, and IT Facility Incharge.

4. Prerequisites

Pre-printed physical Shayya Setu Contingency Registers available at every nursing station.

5. Procedure

1. If an outage exceeds 15 minutes, initiate physical logging in the designated paper register.
2. Record exact event time, bed identifier, patient UHID, originating status, and target status in ink.

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

नागरिक पोर्टल
सहायता (S2B)
हिन्दी English

Medical Superintendent DH Agra (Demo)
जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)

Medical Superintendent
लॉगआउट

A1 अस्पताल कंसोल
पंजीकरण

मरीज दाखिला / रजिस्टर

रेकल डेस्क (Inbox)

PM-JAY बेड खोज (Bed Finder)

A6 बेडसाइड (Bedside)

108/102 प्रेषण (Dispatch)

रिपोर्ट विवरणी (Reports)

घायल जनपद: आगरा (Agra District) • लाइव कनेक्शन सक्रिय

अस्पताल इंडेक्स रजिस्टर (Hospital Index Register — S09)

वेधानिक अंतरंग जनगणना (Statutory Census)

जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) (UP-AGR-002) | अस्पताल स्तर पर सीमित — बाह्य कमांड सेंटर पर मरीज पहचान साझा नहीं होती।

अस्पताल कंसोल पर वापस
पंजीकरण
नया दाखिला

प्रारंभिक दिनांक (From Date)
अंतिम दिनांक (To Date)
विभाग (Department)
स्थिति (Status)

09/20/2026
09/27/2026
-- सभी विभाग --
-- सभी स्थितियां --
फिल्टर लागू करें
रीसेट

अंतरंग जनगणना सूची (Inpatient Admissions Census)
कुल रिकॉर्ड: 3

दाखिला #	UHID	मरीज का नाम	आयु / लिंग	ट्रायज	वर्तमान शैया	दाखिला समय	स्थिति / डिस्चार्ज	कार्रवाई
#2	UP-AGR-002-2026-0003 Temp	Demo Patient Unknown Male 50	50y / M	RED	Bed #119	26 Sep 2026, 11:20	ADMITTED	
#1	UP-AGR-002-2026-0001	Demo Patient Ramesh Kumar	45y / M	YELLOW	Bed #81	24 Sep 2026, 17:20	ADMITTED	
#3	UP-AGR-002-2026-0005	Demo Patient Suresh Verma	64y / M	GREEN	—	21 Sep 2026, 17:20	DISCHARGED STANDARD	

शय्या सेतु (Shayya Setu) — उत्तर प्रदेश अस्पताल शैया प्रबंधन एवं रेकल प्रणाली
राष्ट्रीय स्वास्थ्य मिशन (NHM), चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश शासन
गोपनीयता निम्न: DPDP अधिनियम 2023 के तहत मरीज का विवरण केवल संबंधित अस्पताल तक ही सुरक्षित रहता है।

Figure Reference: hospital/h19_index_register | Date: 27-09-2026

1. Upon network or power restoration, the Bed Manager initiates electronic back-entry.
2. Enter each logged event using the Late Entry interface, specifying the actual historical event timestamp.
3. All back-entries must be completed within 2 hours of system restoration.

6. Timelines / SLA

Paper logging initiated within 15 minutes of outage. Digital back-entry completed under 2 hours post-recovery.

7. Troubleshooting and Escalation

Where historical events conflict with active bed state, utilize the Correction workflow with mandatory superintendent sign-off.

8. Records Kept

Physical downtime ledger, late-entry audit flags in event store, and post-incident continuity reports.

Chapter 14: Daily Checklists by Role

1. Purpose

To standardize shift routines and operational responsibilities across Registration Clerks, Staff Nurses, Duty Doctors, Bed Managers, and the Medical Superintendent.

2. Scope

All three operating shifts (Morning, Evening, Night) across inpatient facilities.

3. Responsibility

All designated hospital operational roles.

4. Prerequisites

Active shift assignment and verified role permissions.

5. Procedure

1. Verify on-duty presence against the published shift roster at shift inception.

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

नागरिक पोर्टलसहायता (S26)हिन्दीEnglish

Medical Superintendent DH Agra (Demo)
जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो)Medical Superintendentलॉगआउट

A1 अस्पताल कंसोलपंजीकरणमरीज दाखिला / रजिस्टररेकल ड्रेस्क (Inbox)PM-JAY बेड खोज (Bed Finder)A6 बेडसाइड (Bedside)108/102 प्रेषण (Dispatch)रिपोर्ट विवरणी (Reports)पायलट जनपद: आगरा (Agra District)लाइव कनेक्शन सक्रिय

शय्या प्रबंधक पारी रोस्टर एवं दायित्व हस्तांतरण (S26: Shift Rosters & Delegation)FR-M-05डाउनलोड बेड रजिस्टर (PDF)अस्पताल कंसोल

अस्पताल स्तर पर 3 पालियों (प्रातः, सायंकाल, रात्रि) में शय्या प्रबंधकों की तेनाती एवं त्वरित दायित्व हस्तांतरण।

जिला चिकित्सालय आगरा (पं. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) (District Hospital Agra (Pt. Deen Dayal Upadhyaya Hospital) (Demo))रोस्टर दिनांक (Shift Date)09 / 27 / 2026खोजें (Filter)

वर्तमान सक्रिय पाली (Current On-Duty Shift): NIGHTवर्तमान ऑन-ड्यूटी शय्या प्रबंधक (Active Bed Manager): आज की इस पाली हेतु कोई शय्या प्रबंधक आवंटित नहीं है! कृपया नीचे रोस्टर भरें।

प्रातः पाली (Morning Shift)08:00 - 14:00 (6 घंटे)

प्राथमिक शय्या प्रबंधक: अनिर्दिष्ट (Unassigned)बैकअप प्रबंधक: कोई नहीं --

शय्या प्रबंधक चुनें (Primary Bed Manager)

-- शय्या प्रबंधक चुनें --

नामित बैकअप (Designated Backup)

-- बैकअप वैकाल्यक --

विशेष निर्देश / टिप्पणी (Notes)

उदा. आपातकालीन कक्ष एवं ICL

सायंकालीन पाली (Evening Shift)14:00 - 20:00 (6 घंटे)

प्राथमिक शय्या प्रबंधक: अनिर्दिष्ट (Unassigned)बैकअप प्रबंधक: कोई नहीं --

शय्या प्रबंधक चुनें (Primary Bed Manager)

-- शय्या प्रबंधक चुनें --

नामित बैकअप (Designated Backup)

-- बैकअप वैकाल्यक --

विशेष निर्देश / टिप्पणी (Notes)

उदा. आपातकालीन कक्ष एवं ICL

रात्रि पाली (Night Shift)20:00 - 08:00 (12 घंटे)सक्रिय (ACTIVE)

प्राथमिक शय्या प्रबंधक: अनिर्दिष्ट (Unassigned)बैकअप प्रबंधक: कोई नहीं --

शय्या प्रबंधक चुनें (Primary Bed Manager)

-- शय्या प्रबंधक चुनें --

नामित बैकअप (Designated Backup)

-- बैकअप वैकाल्यक --

विशेष निर्देश / टिप्पणी (Notes)

उदा. आपातकालीन कक्ष एवं ICL

Figure Reference: hospital/h20_rosters | Date: 27-09-2026

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

Page 49 of 50

1. Execute the designated role checklist:

1. **Registration Clerk:** Verify ABHA for all admissions, generate temporary IDs for unknown patients, reconcile casualty census.
2. **Staff Nurse:** Mark Occupied upon bed arrival, mark Vacated upon departure, enforce cleaning turnaround under 20 minutes.
3. **Duty Doctor:** Submit expected discharges by 09:00 AM, sign critical care approvals, raise referrals promptly.
4. **Bed Manager:** Monitor Referral Inbox within 10-minute SLA, audit unmet demand counters, complete formal shift handover.
5. **Medical Superintendent:** Conduct 10:00 AM capacity briefing, review turnaround bottlenecks, authorize surge activation as required.

6. Timelines / SLA

Shift handover conducted jointly 15 minutes before scheduled duty changeover.

7. Troubleshooting and Escalation

In case of unplanned staff absence, the roster manager must reassign duties to certified standby personnel immediately.

8. Records Kept

Shift handover logbooks, digital roster duty records, and executive compliance reports.