

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

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शय्या सेतु

Shayya Setu

State Command Centre Operational Manual

Statewide Command and Policy Governance Manual for Directorate, NHM PMU, and Divisional
Reviewers

Standard Operating Procedure (SOP) Compendium

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Chapter 1: State and Divisional Login and Roles

1. Purpose

To authenticate the State Directorate of Medical Health, National Health Mission PMU, and 18 Divisional Additional Directors for statewide governance.

2. Scope

All 75 districts, 18 administrative divisions, and state headquarters across Uttar Pradesh.

3. Responsibility

Principal Secretary (Health), Mission Director (NHM), Director General (Medical Health), Divisional Additional Directors, and State Administrators.

4. Prerequisites

State administrative credentials, secure network tunnel, and two-factor authentication.

5. Procedure

1. Access the administrative login console at /login.

The screenshot displays the 'शय्या सेतु पोर्टल लॉगिन' (Shayya Setu Portal Login) interface. At the top, there is a header with the 'शय्या सेतु | Shayya Setu' logo and navigation links for 'नागरिक पोर्टल', 'हिन्दी', 'English', and 'लॉगिन / Login'. The main content area features a central login card with the following elements:

- Header:** 'शय्या सेतु पोर्टल लॉगिन' and a subtitle 'अस्पताल शय्या उपलब्धता एवं रेफरल नेटवर्क (आगरा पायलट)'.
- Input Fields:** 'ईमेल पता / मोबाइल नंबर (Email / Mobile)' with the value 'bedmanager.snmc@shayyasetu.up.gov.in' and 'पासवर्ड (Password)' with masked characters '*****'.
- Buttons:** A prominent 'लॉगिन करें (Sign In)' button.
- Quick Demo Login Section:** A section titled 'पायलट परीक्षण भूमिका चुनें (QUICK DEMO LOGIN)' containing a grid of role-based login 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: state/s01_login | Date: 27-09-2026

1. Enter State Admin credentials or select the designated role button in training mode.
2. The system redirects to the A3 State Command Centre at /state/dashboard.
3. Verify operational jurisdiction (Statewide or Divisional) displayed in the executive header.

6. Timelines / SLA

State Command operates continuously 24x7. Executive authentication completes under 30 seconds.

7. Troubleshooting and Escalation

If divisional views fail to aggregate, verify user role scope in the central administrative registry.

8. Records Kept

Executive access logs, administrative role modification records, and session audit trails.

Chapter 2: Statewide 75 District Heat Grid and Drilldown

1. Purpose

To visualize real-time bed capacity and occupancy pressure across all 75 districts grouped into 18 administrative divisions, enabling one-click drill-down to district level.

2. Scope

All healthcare facilities across the 75 districts of Uttar Pradesh.

3. Responsibility

Director General Health Services, Mission Director NHM, and State Operations Analysts.

4. Prerequisites

Active state command session rendered on high-resolution displays.

5. Procedure

1. Open the State Command Centre at `/state/dashboard`.

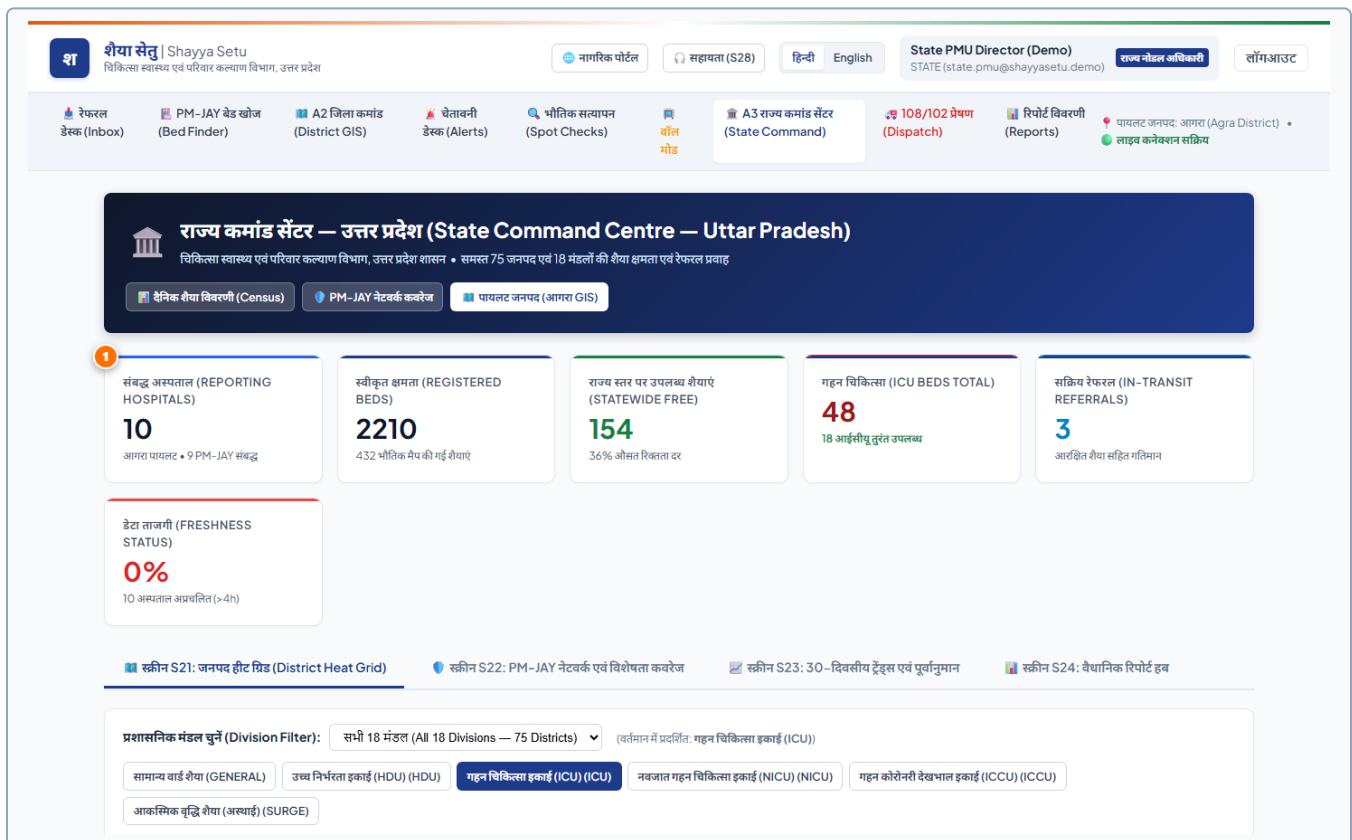


Figure Reference: state/s02_heat_grid_annotated | Date: 27-09-2026

1. Inspect the four key Heat Grid components:

- Callout 1: 75 district occupancy tiles structured across 18 administrative divisions.
- Callout 2: Color saturation indicators: Green (healthy vacancy), Yellow (moderate load), Red (saturated > 85%), Deep Maroon (critical depletion > 95% or zero ICU).
- Callout 3: Divisional aggregate capacity meters.
- Callout 4: Fast district locator and specialty filter.

1. Click any district tile (e.g., Agra, Lucknow, Varanasi) to execute an instant administrative drill-down.

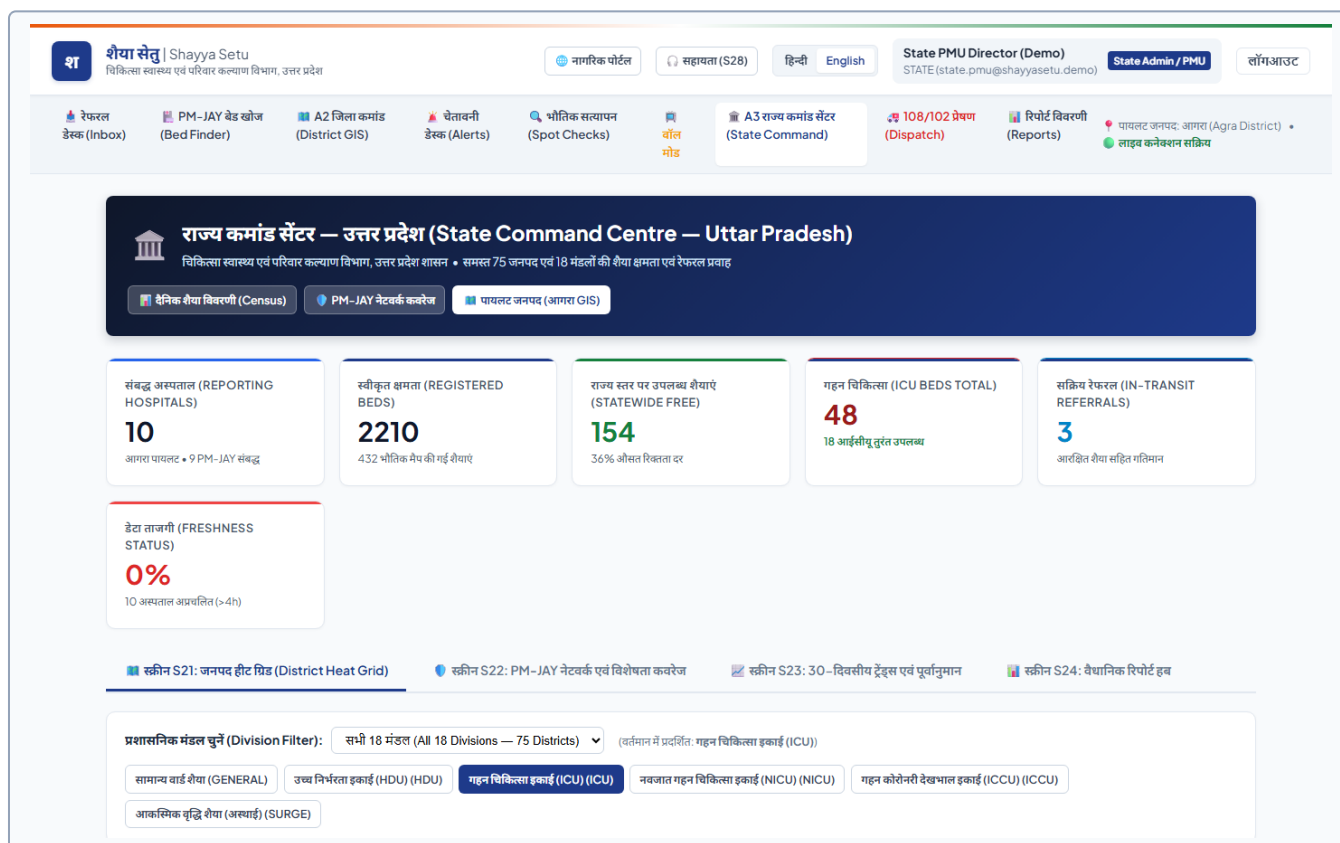


Figure Reference: state/s03_district_drilldown | Date: 27-09-2026

1. Inspect facility-level distributions, critical care availability, active referrals, and local alerts.

6. Timelines / SLA

State Heat Grid auto-refreshes every 30 seconds. District drill-down renders under 2 seconds.

7. Troubleshooting and Escalation

If a district renders in grey, more than 50% of its facilities have stale telemetry. Issue an automated notification to the respective CMO.

8. Records Kept

Statewide capacity snapshots, historical occupancy logs, and divisional performance indices.

Chapter 3: PM-JAY Network and Specialty Coverage

1. Purpose

To map empanelled hospital coverage under Ayushman Bharat PM-JAY statewide, audit specialty distribution, and identify critical care cold spots.

2. Scope

All public and private empanelled healthcare facilities in Uttar Pradesh.

3. Responsibility

Chief Executive Officer SACHIS, State PM-JAY Nodal Officer, and Health Systems Planners.

4. Prerequisites

Daily SACHIS master database synchronization.

5. Procedure

1. Open the PM-JAY Network layer on the state console.

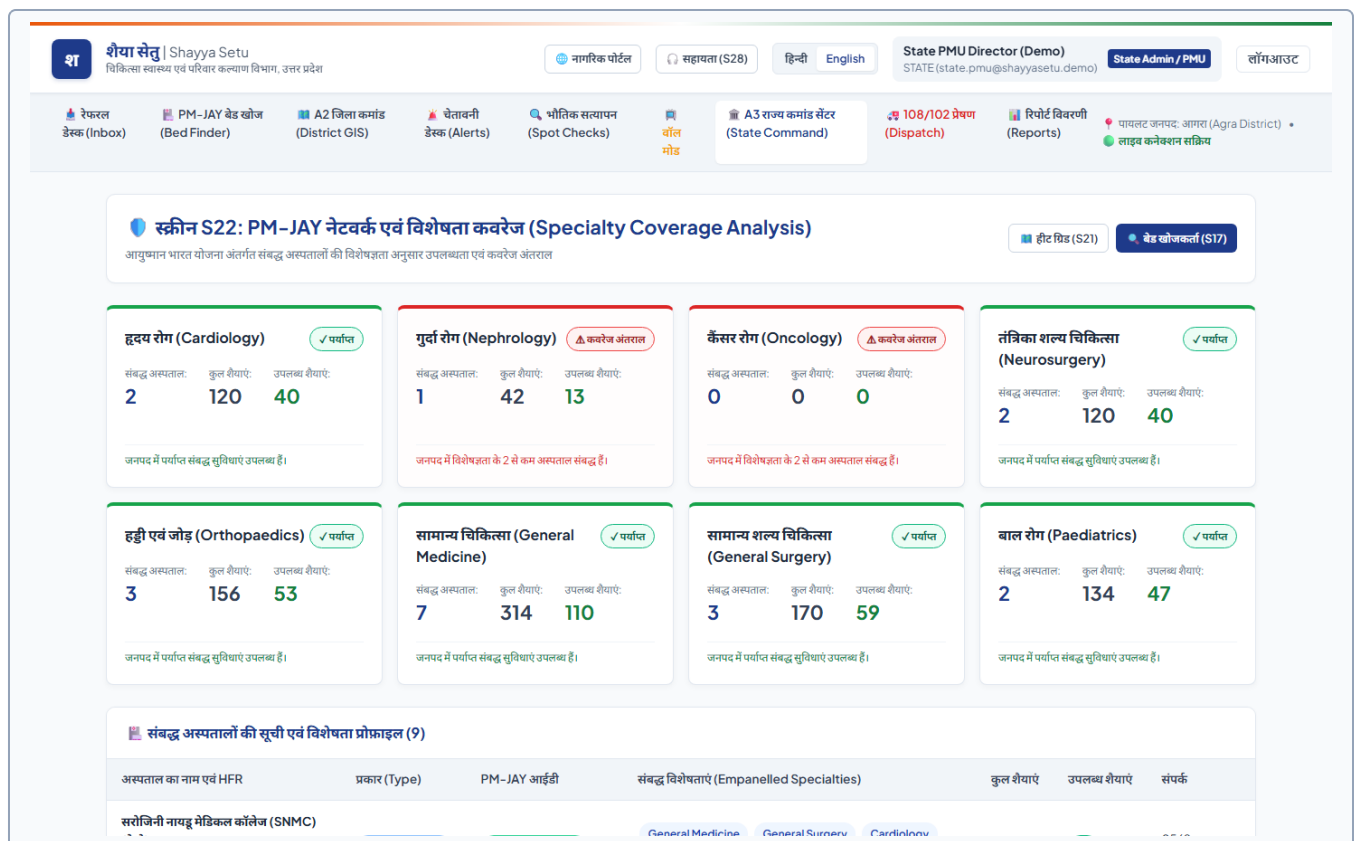


Figure Reference: state/s04_pmjay_network | Date: 27-09-2026

1. Review geospatial clustering of empanelled facilities statewide.
2. Navigate to the Specialty Coverage module.

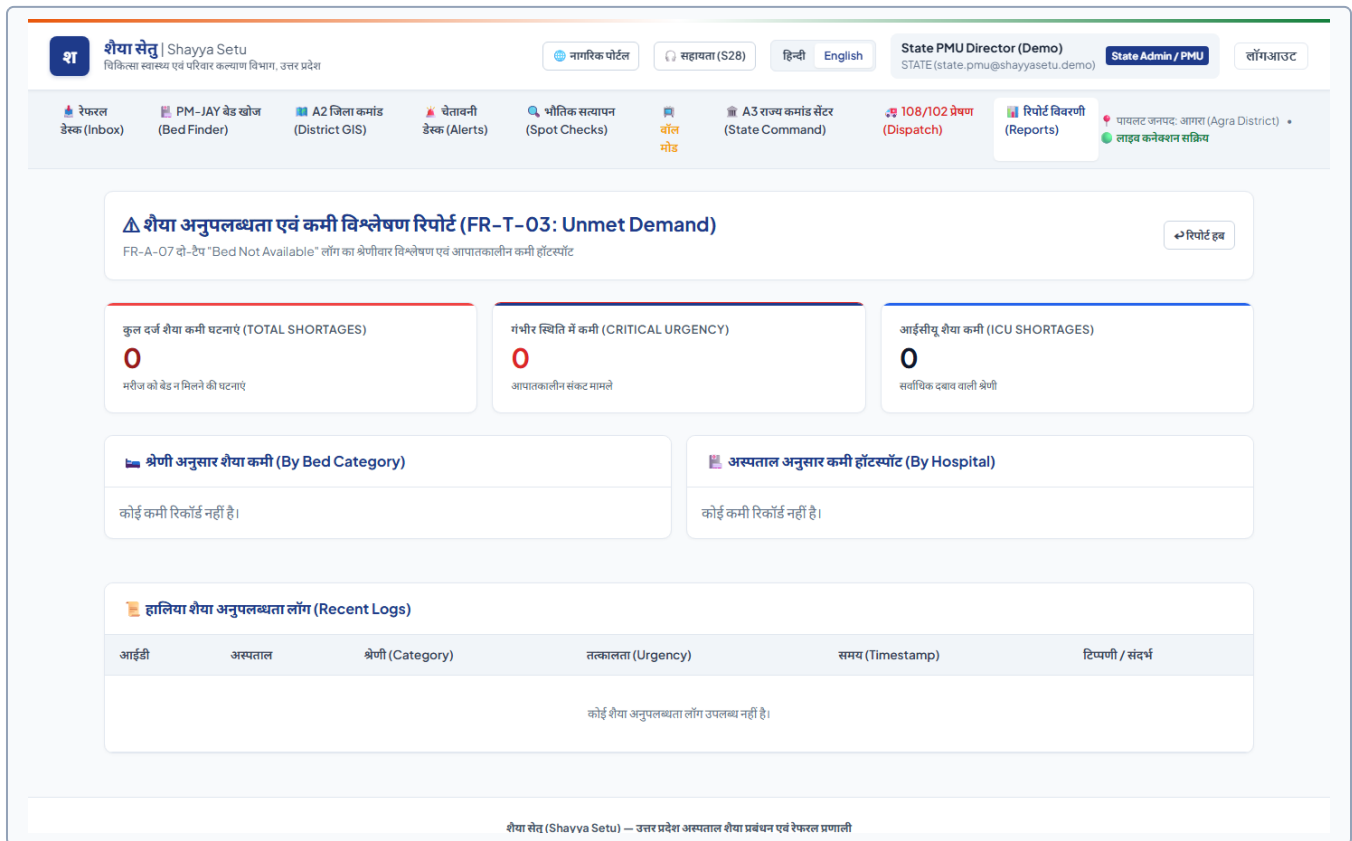


Figure Reference: state/s05_specialty_coverage | Date: 27-09-2026

1. Select advanced clinical specialties (e.g., Neurosurgery, Interventional Cardiology, Pediatric ICU) to map service deficits.
2. Identify geographic corridors where beneficiaries lack access within a 50 km travel radius to prioritize targeted empanelment.

6. Timelines / SLA

Specialty audit conducted weekly. SACHIS sync executes daily at midnight.

7. Troubleshooting and Escalation

If an empanelled institution is missing from the GIS layer, verify its active accreditation status in the SACHIS portal.

8. Records Kept

State PM-JAY bed inventory, specialty gap analysis reports, and empanelment sync registries.

Chapter 4: Statewide Occupancy and Demand Trends

1. Purpose

To analyze 7-day, 30-day, and seasonal occupancy trajectories across Uttar Pradesh, forecasting epidemic pressures and regional capacity bottlenecks.

2. Scope

Aggregated longitudinal time-series data across all 75 districts.

3. Responsibility

State Epidemiologist, Integrated Disease Surveillance Programme (IDSP) Incharge, and NHM Planners.

4. Prerequisites

Historical bed transition event logs and predictive analytics dashboard.

5. Procedure

1. Open Trends and Analytics at `/state/dashboard`.

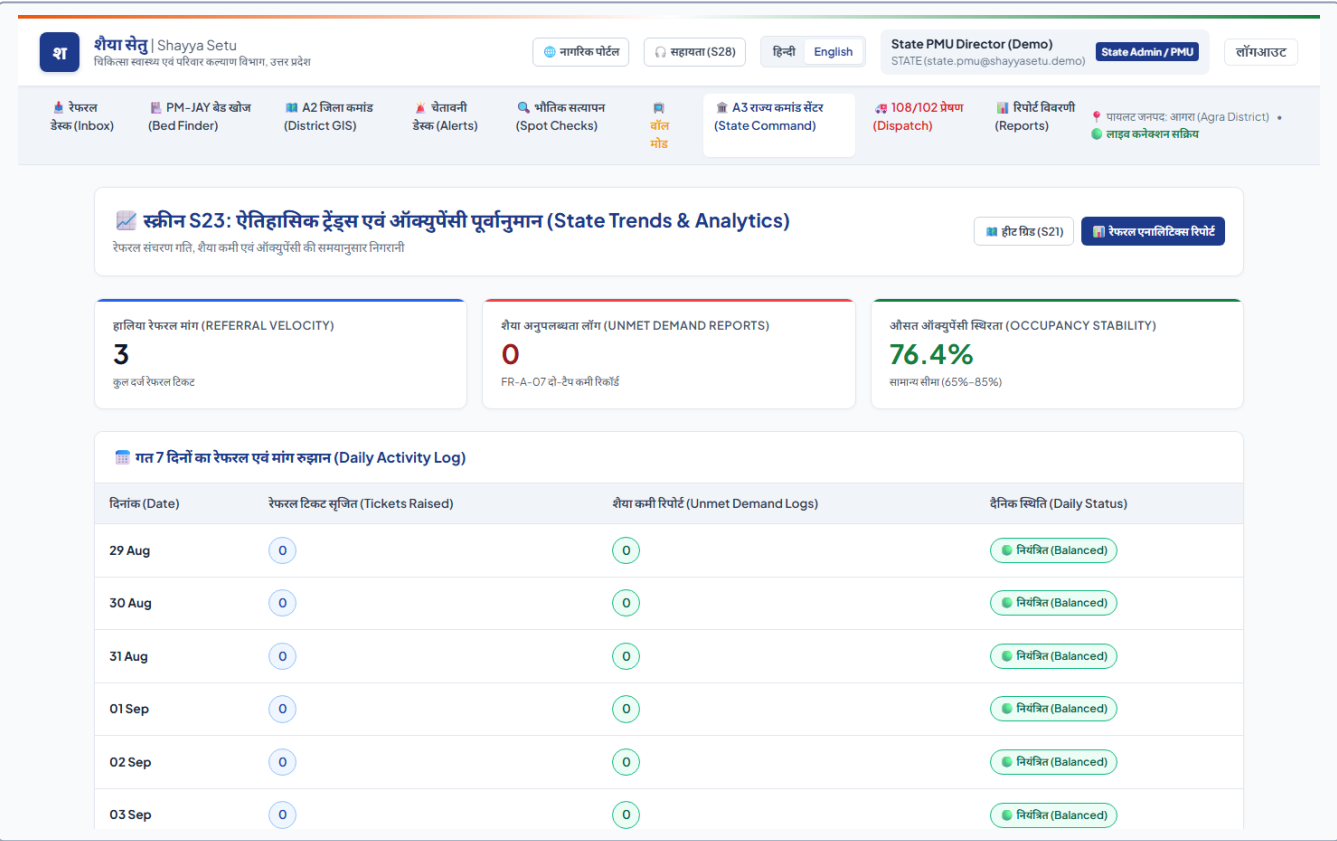


Figure Reference: state/s06_trends | Date: 27-09-2026

1. Examine occupancy trajectories across General, HDU, ICU, and NICU classifications.
2. Detect anomalous velocity spikes across specific districts indicating localized outbreaks (e.g., Dengue, viral encephalitis).
3. Issue targeted pre-surge directives to divisional additional directors to mobilize reserve capacity.

6. Timelines / SLA

Weekly trend briefings submitted to the Executive Steering Committee every Friday.

7. Troubleshooting and Escalation

Sudden atypical spikes must be cross-checked with hospital discharge backlogs before declaring an epidemic anomaly.

8. Records Kept

Longitudinal capacity archives, epidemic surge models, and official health advisories.

Chapter 5: Escalated Referrals and Inter-District Support

1. Purpose

To resolve escalated critical referrals where district SLAs expired or local facilities lack specialty capability, re-routing patients across district lines to tertiary centers.

2. Scope

All inter-district and tertiary emergency referral transfers statewide.

3. Responsibility

State Referral Nodal Officer and 108 State Dispatch Coordinators.

4. Prerequisites

State escalated referral console access and priority inter-district communications line.

5. Procedure

1. Access the Escalated Referral Queue at `/state/dashboard`.

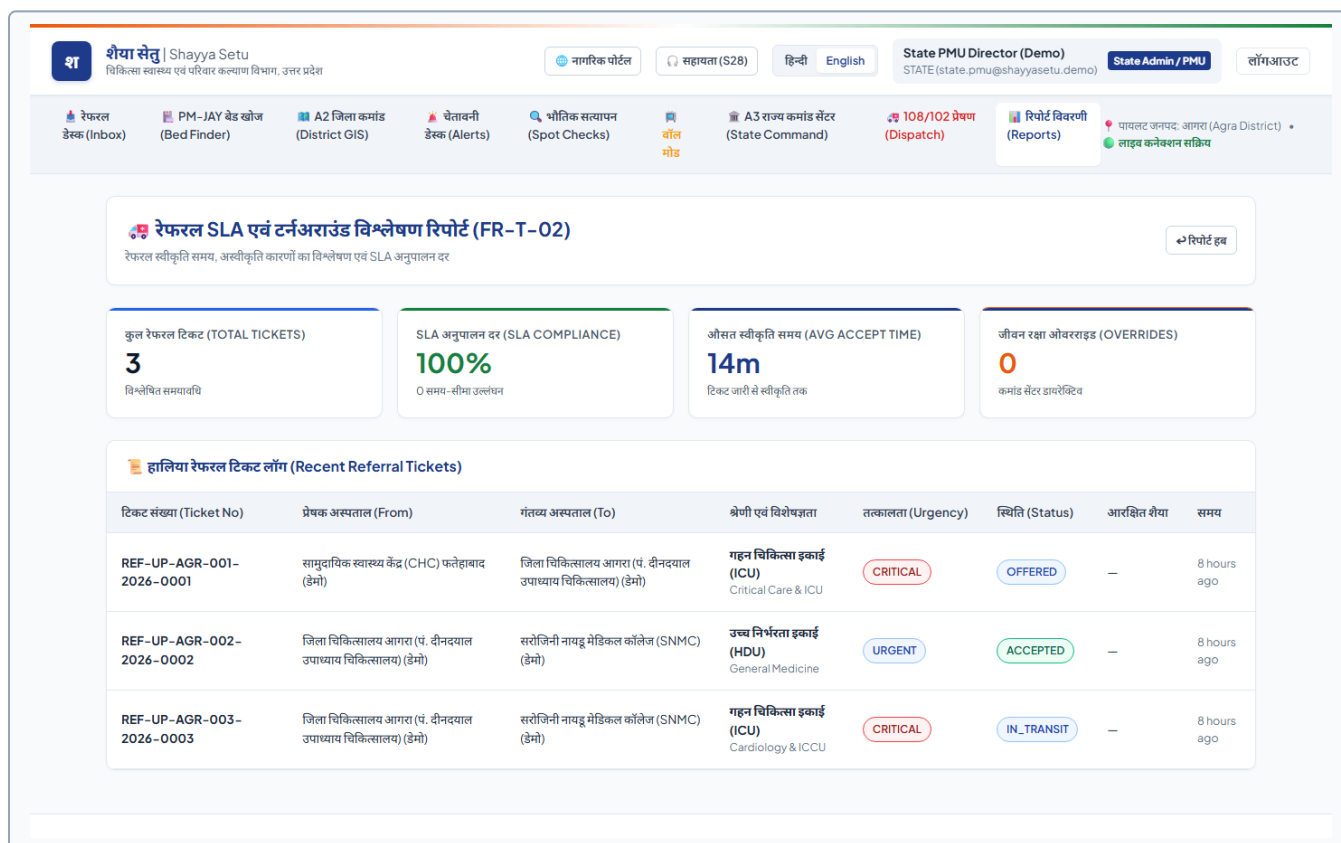


Figure Reference: state/s07_escalated_referrals | Date: 27-09-2026

1. Review red-flagged tickets where district-level SLAs have breached 100%.
2. Identify available ICU and ventilator capacity in adjacent districts or regional government medical colleges.
3. Execute State Administrative Allocation to force reservation and re-route the attending 108 ALS ambulance.

6. Timelines / SLA

State-level re-allocation executed within 15 minutes of queue breach.

7. Troubleshooting and Escalation

If regional government teaching hospitals are at capacity, mandate emergency cashless admission at an empanelled private tertiary center.

8. Records Kept

State escalation logs, inter-district transfer orders, and 108 ambulance coordination audits.

Chapter 6: Statewide Alert Management

1. Purpose

To govern the centralized statewide alert stream monitoring multi-district crises, systemic telecommunication outages, and regional critical care shortages.

2. Scope

Aggregated alert telemetry from all 75 districts.

3. Responsibility

State Command Centre Director and Senior Executive Duty Officers.

4. Prerequisites

State alert aggregation console and automated SMS/Voice blast integrations.

5. Procedure

1. Open State Alerts at /state/dashboard.

The screenshot shows the 'State Alert Management Dashboard' (Screen S18: Alerts Desk). The dashboard is designed for monitoring and managing statewide alerts. It features a header with the user's name 'शय्या सेतु | Shayya Setu' and a navigation bar with various tabs: 'रेफरल डेस्क (Inbox)', 'PM-JAY बेड खोज (Bed Finder)', 'A2 जिला कमांड (District GIS)', 'चेतावनी डेस्क (Alerts)', 'भौतिक सत्यापन (Spot Checks)', 'A3 राज्य कमांड सेंटर (State Command)', '108/102 डेपच (Dispatch)', 'रिपोर्ट विवरणी (Reports)', and 'पावलट जनपद: आगरा (Agra District)'. The main section is titled 'जनपद चेतावनी एवं क्षमता तनाव डेस्क (Screen S18: Alerts Desk)' and displays a list of active alerts requiring action. The alerts are categorized by status: 'समस्त सक्रिय चेतावनियां (All Open) (12)', 'संभार तनाव (Critical)', and 'मध्यम चेतावनी (Warning)'. The first alert is a 'WARNING' for 'अग्रचलन एवं कनेक्टिविटी बाधित: आगरा मातृ एवं शिशु चिकित्सालय (डेमो)' (Agra Mother & Child Hospital (Demo)). It includes details like 'अस्पताल आगरा मातृ एवं शिशु चिकित्सालय (डेमो) (HFR: UP-AGR-010) से 4 घंटे से अधिक समय से कोई डेटा प्राप्त नहीं हुआ है। वास्तविक शैया स्थिति की पुष्टि करें।' (Hospital Agra Mother & Child Hospital (Demo) (HFR: UP-AGR-010) has not received any data for more than 4 hours. Please confirm the actual bed status.) and 'आगरा मातृ एवं शिशु चिकित्सालय (डेमो) (Agra Mother & Child Hospital (Demo))' (Agra Mother & Child Hospital (Demo)). The second alert is a 'WARNING' for 'अग्रचलन एवं कनेक्टिविटी बाधित: शांति हॉस्पिटल (डेमो)' (Shanti Hospital (Demo)). It includes details like 'अस्पताल शांति हॉस्पिटल (डेमो) (HFR: UP-AGR-009) से 4 घंटे से अधिक समय से कोई डेटा प्राप्त नहीं हुआ है। वास्तविक शैया स्थिति की पुष्टि करें।' (Hospital Shanti Hospital (Demo) (HFR: UP-AGR-009) has not received any data for more than 4 hours. Please confirm the actual bed status.) and 'शांति हॉस्पिटल (डेमो) (Shanti Hospital (Demo))' (Shanti Hospital (Demo)). Each alert has buttons for 'संज्ञान में लें (Ack)' (Acknowledge), 'निस्तारित करें (Resolve)' (Resolve), and 'रेफरल डायवर्जन' (Referral Diversion).

Figure Reference: state/s08_alerts | Date: 27-09-2026

1. Analyze active alerts categorized by district and operational severity.
2. Detect multi-hospital cluster outages indicating municipal infrastructure or connectivity failures.
3. Transmit executive escalation alerts directly to District Magistrates and CMOs for immediate administrative intervention.

6. Timelines / SLA

State alert triage within 5 minutes. Executive notification within 10 minutes.

7. Troubleshooting and Escalation

In case of State Data Centre infrastructure alerts, immediately initiate the secondary Disaster Recovery failover protocol.

8. Records Kept

Statewide incident logs, executive alert dispatches, and infrastructure remediation reports.

Chapter 7: Daily Bed Census and State Reports

1. Purpose

To compile the official Government of Uttar Pradesh Daily Bed Census report for executive briefing to the Hon. Health Minister and Principal Secretary.

2. Scope

Statutory bed census across all 75 districts.

3. Responsibility

State Statistical Officer and Directorate Reporting Cell.

4. Prerequisites

State Reporting console with automated mPDF document generation engine.

5. Procedure

1. Navigate to Reports Cell at / reports.

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

नागरिक पोर्टलसहायता (S2B)हिन्दीEnglish

State PMU Director (Demo)
STATE(state.pmu@shayyasetu.demo)

State Admin / PMUलॉगआउट

रेफरल डेस्क (Inbox)PM-JAY बेड खोज (Bed Finder)A2 जिला कमांड (District GIS)चेतावनी डेस्क (Alerts)भौतिक सत्यापन (Spot Checks)A3 राज्य कमांड सेंटर (State Command)108/102 डेपच (Dispatch)रिपोर्ट विवरणी (Reports)

पायलट जनापद: आगरा (Agra District)लाइव कनेक्शन सक्रिय

स्क्रीन S24: वैधानिक रिपोर्ट एवं एनालिटिक्स हब (Statutory Reports Hub)

उत्तर प्रदेश शासन के मानक प्रारूपों में दैनिक शैया विवरणी, रेफरल SLA निष्पादन एवं शैया कमी विश्लेषण

दैनिक शैया गणना विवरणी (FR-T-01)

जनपद एवं अस्पतालवार वास्तविक समय भौतिक क्षमता, उपलब्ध, भर्ती, आरक्षित एवं सफाई स्थिति का विस्तृत विवरण।
प्रारूप: वेब विवरणी • UP Govt Letter-Headed PDF • Excel / CSV

वेब विवरणी देखेंPDF डाउनलोड

CSV / Excel

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।
विशेषता: 'Bed Shown In Error' स्वतः सुधार एवं जीवन रक्षा ओवरराइड रिकॉर्ड।

रेफरल विश्लेषण देखें

शैया अनुपलब्धता एवं मांग रिपोर्ट (FR-T-03)

FR-A-07 दो-रैप "Bed Not Available" लॉग का श्रेणीवार विश्लेषण। किन अस्पतालों में किस श्रेणी (ICU/HDU) की कमी सर्वाधिक है।
फोकस: मंभीर आयातकालीन मांग एवं क्षमता विस्तार योजना।

मांग रिपोर्ट देखें

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%)।
लक्ष्य: ≥ 90% डेटा गुणवत्ता एवं <4h ताजगी दर सुनिश्चित करना।

डेटा गुणवत्ता डेस्क खोलें

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 वार्डवार मूल्यांकन।
मानक SLA: ≤ 30 मिनट में विसंक्रमण पूर्ण।

टर्नअराउंड विश्लेषण देखें

दैनिक राज्य स्वास्थ्य एवं परिचालन डाइजैस्ट (M22, NFR-04)

स्वास्थ्य निदेशालय एवं शासन के शीर्ष नेतृत्व हेतु चौबीस घंटे का संकलित दैनिक स्वास्थ्य सारंश, आईसीयू उपलब्धता एवं रेफरल मेट्रिक्स।
प्रारूप: आधिकारिक UP शासन सौलभंद कार्यपालक डाइजैस्ट PDF (mPDF)

दैनिक डीजैस्ट PDF डाउनलोड

Figure Reference: state/s09_reports | Date: 27-09-2026

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

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1. Select Statewide Daily Bed Census Report.
2. Specify operational date and click Generate Official PDF.

उत्तर प्रदेश शासन (GOVERNMENT OF UTTAR PRADESH) चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग शय्या सेतु - दैनिक शय्या गणना विवरणी (DAILY INPATIENT BED CENSUS) चुनन तिथि: 27/09/2026 01:46 क्षेत्र: समस्त उत्तर प्रदेश													
बनस्पद सारांश (Consolidated Summary): संकट अस्पताल: 10 स्वीकृत क्षमता: 2210 कुल निर्यात: 432 कुल उपचार: 154 भर्ती मरीज: 170 अंतरिक्ष (Transit): 56 सफाई (Cleaning): 52 औसत अतिथि: 39.4%													
क्र.	अस्पताल का नाम एवं भर्ता	प्रकार	स्वीकृत	निर्यात	उपचार	भर्ती	General	HDU	ICU	NICU	ICCU	औसत	टेरा स्कोर
1	सरोजिनी वाइड मेडिकल कॉलेज (SNMC) (डेमो) Sarojini Naidu Medical College (SNMC) (Demo) (UP-AGR-001)	GOVERNMENT	1000	78	27	26	17 / 50	3 / 10	3 / 6	2 / 6	2 / 6	33.3%	100.00%
2	सिता चिकित्सालय आगरा (व. दीनदयाल उपाध्याय चिकित्सालय) (डेमो) District Hospital Agra (Pt. Deen Dayal Upadhyaya Hospital) (Demo) (UP-AGR-002)	GOVERNMENT	300	56	28	24	11 / 40	7 / 10	2 / 6	0 / 0	0 / 0	42.9%	100.00%
3	सामुदायिक स्वास्थ्य केंद्र (CHC) फतेहाबाद (डेमो) Community Health Centre (CHC) Fatehabad (Demo) (UP-AGR-003)	GOVERNMENT	30	36	8	18	3 / 20	3 / 10	2 / 6	0 / 0	0 / 0	44.4%	100.00%
4	सामुदायिक स्वास्थ्य केंद्र (CHC) अकनैत (डेमो) Community Health Centre (CHC) Aakhet (Demo) (UP-AGR-004)	GOVERNMENT	30	36	14	15	8 / 20	4 / 10	2 / 6	0 / 0	0 / 0	41.7%	100.00%
5	पुष्पावती हॉस्पिटल एवं रिसर्च सेंटर (डेमो) Pushpawati Hospital & Research Centre (Demo) (UP-AGR-005)	PRIVATE	250	42	13	16	7 / 20	3 / 10	2 / 6	0 / 0	1 / 6	38.1%	100.00%
6	सिनर्जी प्लस हॉस्पिटल (डेमो) Synergy Plus Hospital (Demo) (UP-AGR-006)	PRIVATE	150	36	12	17	7 / 20	3 / 10	2 / 6	0 / 0	0 / 0	47.2%	100.00%
7	लोटस स्पेशलिटी हॉस्पिटल (डेमो) Lotus Speciality Hospital (Demo) (UP-AGR-007)	PRIVATE	100	40	16	18	18 / 40	0 / 0	0 / 0	0 / 0	0 / 0	40%	100.00%
8	यमुना केयर हॉस्पिटल (डेमो) Yamuna Care Hospital (Demo) (UP-AGR-008)	PRIVATE	120	36	13	15	4 / 20	6 / 10	3 / 6	0 / 0	0 / 0	41.7%	100.00%
9	शारदा हॉस्पिटल (डेमो) Sharda Hospital (Demo) (UP-AGR-009)	PRIVATE	80	36	16	10	10 / 20	4 / 10	2 / 6	0 / 0	0 / 0	27.8%	100.00%
10	आगरा मातृ एवं शिशु चिकित्सालय (डेमो) Agra Mother & Child Hospital (Demo) (UP-AGR-010)	GOVERNMENT	150	36	15	15	11 / 30	0 / 0	0 / 0	4 / 6	0 / 0	41.7%	100.00%

* यह विवरणी शय्या सेतु (Shayya Setu) पोर्टल से स्वतः संचालित है।

* DPDP Act 2023 के तहत यह विवरणी में कोई व्यक्तिगत मूल्य प्रदान नहीं करता है।

नियंत्रण अधिकारी / मुख्य चिकित्सा अधिकारी
बनस्पद सारांश, चिकित्सा स्वास्थ्य विभाग

Figure Reference: state/s10_census_pdf | Date: 27-09-2026

1. Verify the official UP Government header, divisional totals, ICU occupancy ratios, and 24-hour admission/discharge volumes.
2. Dispatch the sealed brief to the executive secretariat prior to the morning 09:00 AM briefing.

6. Timelines / SLA

Daily census finalized and archived by 08:30 AM every morning.

7. Troubleshooting and Escalation

If a district reports partial data, annotate the entry as Provisional and demand an immediate 60-minute reconciliation.

8. Records Kept

Cryptographically sealed daily census PDF archive and annual health intelligence registers.

Chapter 8: System Configuration: Thresholds, SLAs and Categories

1. Purpose

To govern global operational parameters including referral SLAs, telemetry timeout thresholds, bed reservation holds, and clinical taxonomy.

2. Scope

Entire Shayya Setu infrastructure across web consoles, mobile apps, and integration APIs.

3. Responsibility

State Super Administrator and Health Informatics Steering Committee.

4. Prerequisites

Super Administrator credentials and signed departmental policy directives.

5. Procedure

1. Open System Configuration at `/admin/config`.

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

नागरिक पोर्टल सहायता (S28) हिन्दी English State PMU Director (Demo) STATE (state.pmu@shayyasetu.demo) State Admin / PMU लॉगआउट

रेफरल डेस्क (Inbox) PM-JAY बेड खोज (Bed Finder) A2 जिला कमांड (District GIS) चेतावनी डेस्क (Alerts) भौतिक सत्यापन (Spot Checks) A3 राज्य कमांड सेंटर (State Command) 108/102 प्रेषण (Dispatch) रिपोर्ट विवरणी (Reports) पायलट जनपद: आगरा (Agra District) लाइव कनेक्शन सक्रिय

गतिशील प्रणाली विन्यास एवं सीमा निर्धारण (S27: Dynamic System Configuration Editor) FR-M-06
राज्य एवं जनपद स्तर पर शैया चेतावनी सीमा, रेफरल SLA, होल्ड टाइमर तथा डेटा स्टैलेनेस नियमों का वास्तविक समय प्रबंधन।
प्रशासन कंसोल ऑडिट लॉग (S29)

शैया क्षमता एवं तनाव चेतावनी सीमाएं (Capacity & Strain Thresholds) FR-L-01

bed_warning_threshold_pct	bed_district_alert_threshold_pct	bed_critical_threshold_pct
Hospital alert when free beds drop below this percentage (FR-L-01) 20 %	District alert when free beds drop below this percentage (FR-L-01) 10 %	Critical emergency alert when 0 beds are available in category 0 %

नीति एवं सुरक्षा प्रोटोकॉल (Policy & Governance)
प्रणाली विन्यास में किए गए प्रत्येक परिवर्तन का ऑडिट ट्रेल में अपरिवर्तनीय अंकन (Append-only Audit Log) दर्ज होता है।
• **Warning Threshold:** बेड रिक्ति इस प्रतिशत से कम होने पर अस्पताल स्तर पर चेतावनी जारी होती है।
• **District Alert:** 10% से कम रिक्ति पर जिला कमांड केंद्र में 'CAPACITY_STRAIN' अलार्म बजता है।
• **SLA Escalation:** 50% समय बीतने पर MS एवं शैया प्रबंधक को SMS चेतावनी प्रेषित की जाती है।

रेफरल प्रतिक्रिया समय सीमा (Referral Response SLAs) FR-R-03

referral_sla_critical_minutes	referral_sla_urgent_minutes	referral_sla_routine_minutes
SLA for receiving hospital to respond to critical referral ticket (FR-R-03) 10 मिनट	SLA for receiving hospital to respond to urgent referral ticket (FR-R-03) 30 मिनट	SLA for receiving hospital to respond to routine referral ticket (FR-R-03) 120 मिनट

हालिया विन्यास परिवर्तन (Audit Log) 0 लॉग
हाल ही में कोई विन्यास परिवर्तन दर्ज नहीं किया गया।

डेटा स्टैलेनेस एवं हार्टबीट नियम (Stale Data Window Timers) FR-L-02 / FR-C-04

state_hospital_monitor_timer	state_hospital_monitor_timer

Figure Reference: state/s11_admin_thresholds | Date: 27-09-2026

1. Audit and adjust core statewide parameters:

- Referral SLAs: Critical = 10 mins, Urgent = 30 mins, Routine = 120 mins
- Data Stale Heartbeat Threshold: 60 minutes
- ICU Critical Saturation Threshold: 90% occupancy
- Inbound Referral Bed Reservation Hold: 120 minutes

1. Enter departmental administrative order reference and click Commit Configuration.

6. Timelines / SLA

Configuration updates take immediate effect across all distributed application nodes.

7. Troubleshooting and Escalation

Parameter alterations are strictly blocked without administrative order metadata.

8. Records Kept

Immutable configuration change audit ledger, government order archive, and parameter history.

Chapter 9: SACHIS PM-JAY Sync and Hospital Master

1. Purpose

To govern the automated daily synchronization with the State Agency for Comprehensive Health and Integrated Services (SACHIS) database for empanelment accuracy.

2. Scope

All PM-JAY empanelled facilities statewide.

3. Responsibility

SACHIS Data Manager and State Technical Lead.

4. Prerequisites

Secure SACHIS API tokens and active daily synchronization cron.

5. Procedure

1. Open SACHIS PM-JAY Integration on the state console.

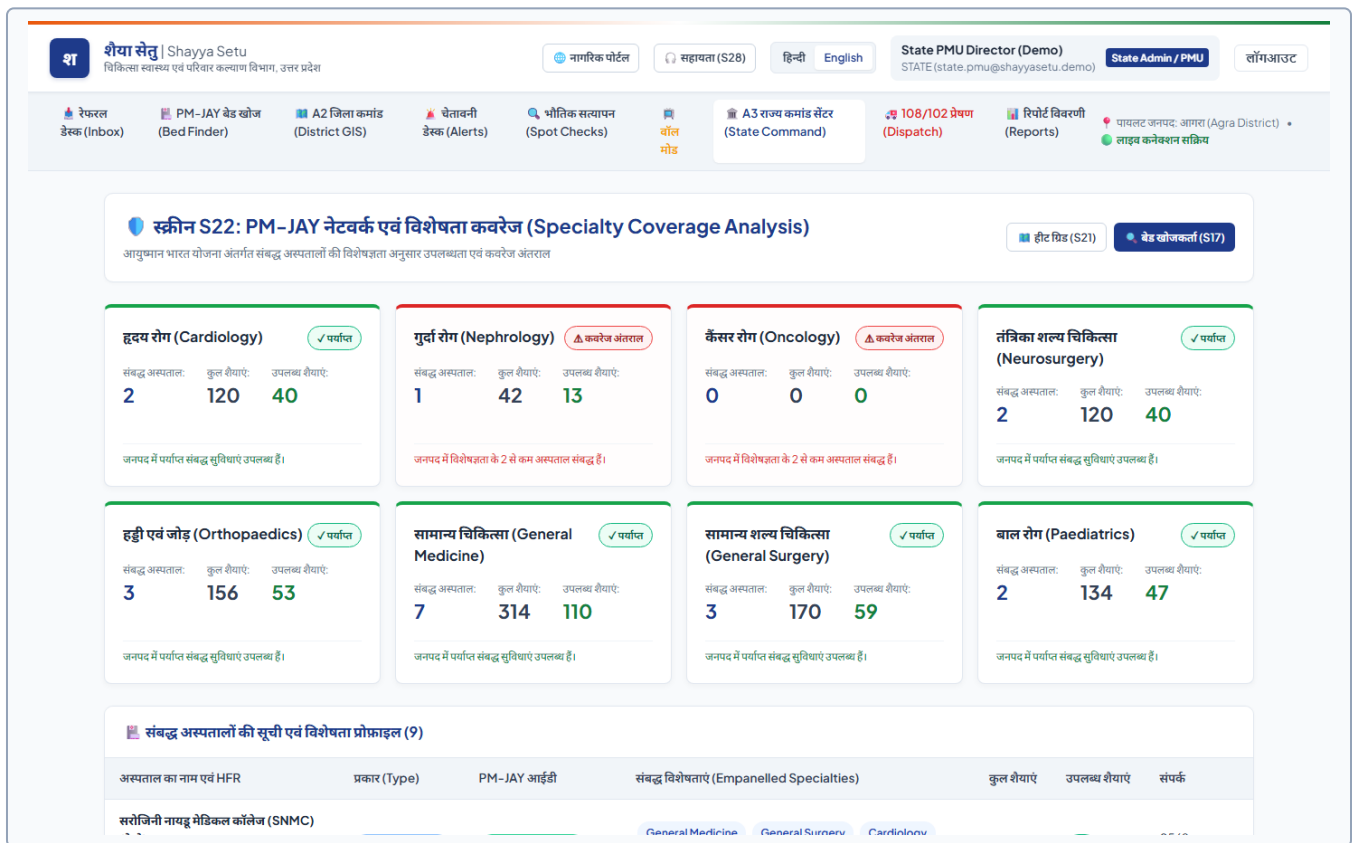


Figure Reference: state/s04_pmjay_network | Date: 27-09-2026

1. Review daily synchronization results:

- Newly approved empanelled healthcare providers
- Expanded clinical specialty packages
- Suspended or de-empanelled private institutions

- Suspended institutions automatically lose their active PM-JAY halo on maps and are excluded from Bed Finder results.
- Trigger Manual Master Sync if midday empanelment updates require immediate propagation.

6. Timelines / SLA

Automated nightly sync at 01:00 AM. Reconciliation log published at 07:00 AM.

7. Troubleshooting and Escalation

If upstream SACHIS endpoints timeout, the system maintains the last verified state and generates an alert.

8. Records Kept

Master sync execution logs, empanelment status transition histories, and API payload archives.

Chapter 10: State Directorate Monthly Review Checklist

1. Purpose

To execute the executive monthly review chaired by the Principal Secretary (Health) and Mission Director (NHM) driving statewide infrastructure and policy decisions.

2. Scope

All 75 Chief Medical Officers, 18 Divisional Additional Directors, and Medical College Principals.

3. Responsibility

Principal Secretary (Health), Mission Director (NHM), Director General (Medical Health), and State Nodal Officers.

4. Prerequisites

Aggregated monthly performance indices and statewide unmet demand analytics.

5. Procedure

1. Convene the high-level monthly Video Conference on the first Thursday of every month.
2. Guide discussions utilizing the live State Command Centre:

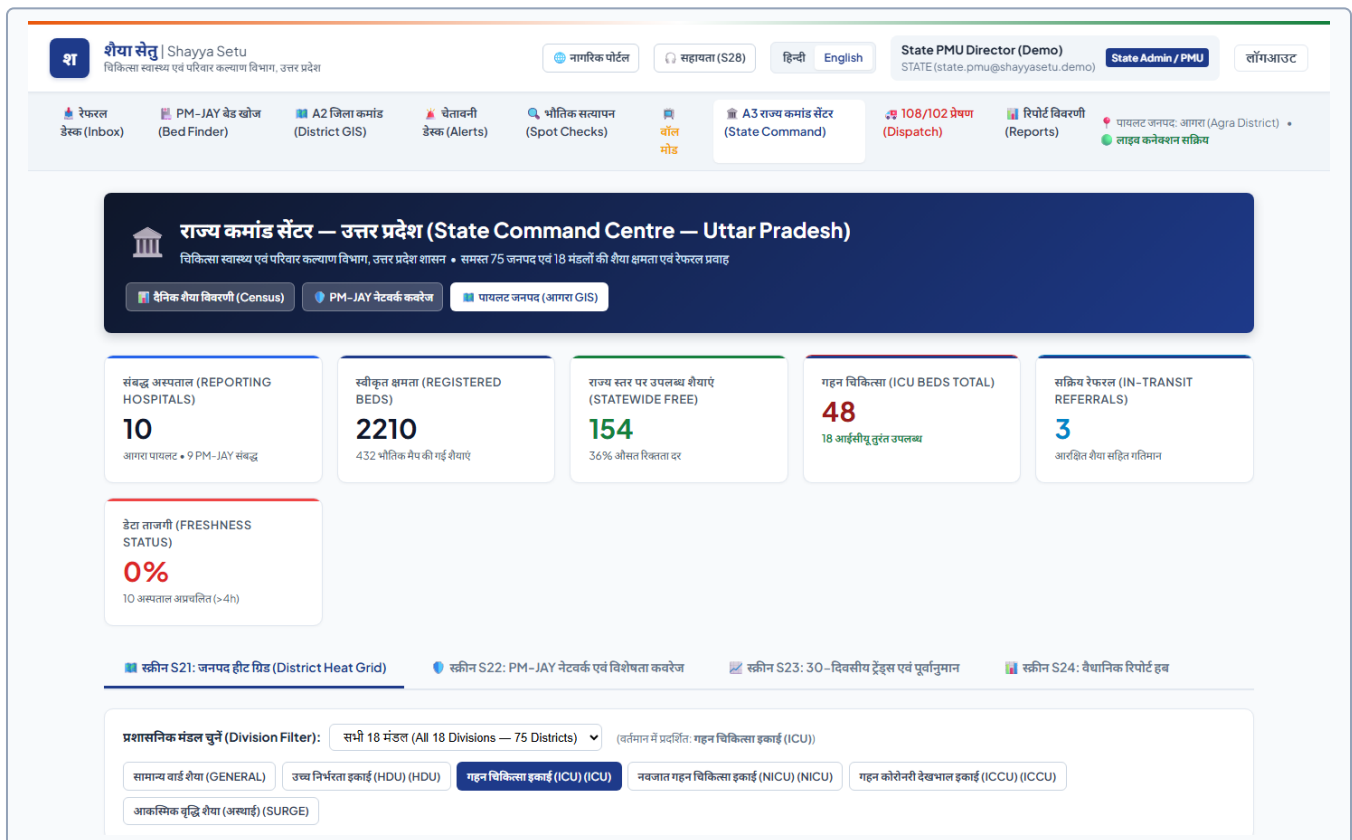


Figure Reference: state/s02_heat_grid | Date: 27-09-2026

- District Reporting Compliance:** Enforce accountability on CMOs failing the 90% threshold.
- Critical Care Capacity:** Authorize Critical Care Blocks (CCB) for districts experiencing persistent saturation.
- Referral Golden Hour Response:** Audit facilities with acceptance latencies exceeding 10 minutes.
- Unmet Demand Heatmap:** Allocate specialist physicians to regional deficit zones.
- Private Hospital Onboarding:** Drive compliance towards the statutory 80% private reporting benchmark.
- Publish official Government Minutes and performance rankings within 48 hours.

6. Timelines / SLA

Monthly review held on the first Thursday. Executive directives published within 48 hours.

7. Troubleshooting and Escalation

Districts exhibiting recurring performance deficits across two consecutive cycles face administrative enquiry.

8. Records Kept

Signed executive minutes, departmental compliance directives, and statewide ranking scorecards.