

BHAMASHAH SWASTHYA BIMA YOJANA

CHECK LIST FOR DRY RUN

Name of the officer: Designation:.....Mobile No.....

District:..... Name of institution:..... Date:.....

1. Is BSBY desk established in the institute? If yes provide the number of counters.

Yes/No.

2. Checklist for Hardware at each counter:

S.No	Item	Yes/No.	Remark
1	Computer		
2	UPS		
3	Multi function Printer (Printer cum Scanner)		
4	Internet connection (Min. 2MBPS)		
5	Web Camera		
6	Digital camera		
7	Sitting chairs at least 2		
8	Table		
9	stationary		

3. Human resource : Swasthya margdarshak (one swasthya margdarshak 24X7 on an IPD of upto 50 patients/day on each BSBY desk)

Avg. IPD Load/day	Required	Available	Vacant	Alternate option	Remark if any

4. Location of BSBY desk (easily accessible for the patient)

Yes/No.

5. Training given to swasthya margdarshak? If yes how many have been trained? Yes/No

6. Nodal Office details:

a. Name of the nodal officer :

b. Designation of the nodal officer:.....

c. Mobile No.:.....

d. Is the Nodal officer trained under BSBY?

Yes/No.

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7. OPD findings :

- a. Is the concerned consultant marking the package code on the patient prescription slip while recommending the patient in IPD? Yes/No.
- b. Is the code written on the prescription is readable. Yes/No.
- c. Does the doctor/consultant know the scheme thoroughly with all the details? Yes/No.

8. In-door patient Department Findings :

- a. How many patients are admitted on the date and out of them how many are benefitted under BSBY scheme? (No. of pts under BSBY/Total No. of pts) /

- b. Is there any information provided to the patient by other means i.e doctors, nursing staff, ward boys.

Please mention.....

9. What challenges were faced by the staff (including Swasthya margdarshak) in hospital during the DRY run of the BSBY scheme?

- a. PMO :.....
.....
- b. Nodal Officer:.....
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- c. Doctors:.....
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- d. Nursing Staff:.....
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- e. Swasthya Margdarshak.....
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10. Is the patient bringing any identity related to BSBY to the institute? Yes/No

11. Kindly provide your suggestions for smooth implementation of BSBY Scheme in the hospital:

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Signature of the officer

Date :