

102/c

MANUAL 03

PROCEDURE FOLLOWED IN DECISION MAKING PROCESS
[Section 4(1) (b) (iii)]

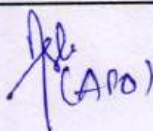
PURCHASE DEPARTMENT

1. Delhi State Cancer Institute has a Purchase Policy following all the rules of GFR 2017 and General Procurement Rules. All the Purchases are made as per rules laid down there in.
2. Delhi State Cancer Institute has a Hospital Purchase Committee (HPC) which is headed by the Chairman of the HPC along with other members of HPC (Accounts, Purchase and the concerned stores). Requirements for Drugs/Medicines, Consumables (Lab Items-Surgical Items), reagents & chemicals and various other items are procured on the basis of the recommendations of the Hospital Purchase Committee
3. All advertisements and tender documents placed on the website of the Government of Delhi.
4. Procurement is made through GEM (Bid system), Open Tenders, Local Tenders, Local Chemist, etc are followed for procurement of the various items which are needed for patient care at DSCI.
5. Explicit criteria laid down for evaluation of tenders. Price bids of only those participants are opened who fulfill the evaluation process and technical criteria.
6. Technical specifications of the equipment are duly approved by the Technical Advisory Committee consisting of 2 experts from outside the Institute with a representative from DSCI. Performance Bank Guarantees, FDRs and Earnest Money Deposit of the respective firms are being released after fulfillment of all terms and conditions.
7. Maintenance of the equipment is under the Heads of the respective User Departments after the approval from the Competent Authority.





Purchase Officer
Delhi State Cancer Institute
Dilshad Garden, Delhi-110095


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Manual 3

Procedure followed in decision making process

[Section 4(1) (b) (iii)]

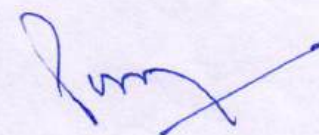
OPD Schedule:-

General OPD

Services	Room No.	Days
OPD Pharmacy	Ground Floor	Monday to Saturday (9AM to 5PM)

Hospital Pharmacy

1. All essential drugs are dispensed free of cost to patient attending DSCI.
2. All essential drugs are dispensed for the duration prescribed by the Doctors.
3. Availability of vital essential drugs is monitored on continual basis and is maintained at 100%
4. List of essential drugs available at pharmacy displayed in the OPD and the same is also circulated to all faculty members and units head in the first week of every month.
5. In the pharmacy there are separate queue for females and elderly patients.
6. Availability of drugs is regularly monitored to avoid major stock outs by the Pharmacists.
7. Regular stock verification is done in OPD Pharmacy. First expiry first out method is followed for issuing drugs.
8. Stock registers are maintained and updated on daily basis.



Dr Pankaj Tyagi
In-charge Pharmacy
Delhi State Cancer Institute
Dilshad Garden, Delhi-110095

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[Section 4(1)(b)(iii)]

DIAGNOSTIC SERVICES	WORKING HOURS
<ul style="list-style-type: none">• Onco Pathology (Hematopathology)	24x7(Round the clock)
<ul style="list-style-type: none">• Lab Medicine(Bio-Chemistry and Microbiology)	

- **Sample collection: Phlebotomist.**
- **Screening: Lab Technologist, Senior Resident.**
- **Reporting and signing out: Senior Resident, Assistant Professor.**

MANUAL 03

PROCEDURE FOLLOWED IN DECISION MAKING PROCESS [Section 4(1)(b)(iii)]

DIAGNOSTIC SERVICES	WORKING HOURS
Blood Storage Centre	Monday to Friday - 09:00AM TO 05:00PM Saturday - 09:00AM TO 02:00PM

- Sample collection: Phlebotomist.
- Screening: Lab Technologist, Senior Resident.
- Reporting and signing out: Senior Resident, Assistant Professor.



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File No.:DSCI-J012(13)/1/2020-CL(DSCI)-O/o DIR(DSCI)

Blood Storage Centre Policy Department of Transfusion Medicine

Document Name	Blood Storage Centre Policy.
Document Version No:	Version 1.0
No. of pages:	07
Date of activation	13-10-2023
Prepared by:	Dr. Aditi Goel (SR Blood Bank) Sachin Dhingra (Technologist LM/Path) Signature:
Checked and proposed by:	Dr. Monica Gupta (Assistant Professor Onco-Pathology) Signature:
Approved by:	Dr. Vatsala Aggarwal (Director and CEO, DSCI) Signature:
Responsibility of updating	Deptt. Of Transfusion Medicine

The holder of a copy of this document is responsible for maintaining it in good and safe condition; a readily identifiable and retrievable form and compliance to the standard procedure. The document is updated as required to match institutional policies and procedures, preferably every 2 years. The first version of the Blood Storage centre policy document is assigned version no 1.0; subsequent versions will be serially numbered e.g 2.0 and so no. Document after any minor revision will be assigned version number by serially increasing the number in the digits to the right of "e.g. 1.0 will be followed by 1.1 and so on.



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POLICY FOR BLOOD STORAGE UNIT

Scope:

To provide safe Blood and Blood components to the patients admitted in Delhi State Cancer Institute.

Facilities available :

- o Whole Human Blood
- o Fresh Frozen plasma
- o Packed RBC

Limitations:

- o No bleeding facility, Every donor has to go to the Mother Blood Transfusion Centre (GTB Hospital) for donation and collect the donor card.

Beneficiaries:

OPD & IPD patients who need transfusion at DSCI.

Responsibility:

- The availability and compatibility testing is the responsibility of Blood Storage Unit In charge.
- The responsibility of motivating donors for Blood donation and transfusion of Blood and its components is the responsibility of the respective Department Head and doctor on duty.

Procedure:

- Operational timings of Blood Storage facility at DSCI shall be 9AM- 5PM on all working weekdays and 9AM- 2PM on Saturdays.

M 2 *[Signature]* *[Signature]*



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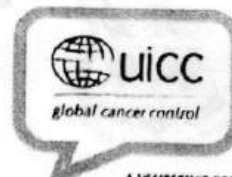
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- Request for Blood/Blood components are sent to mother Blood Transfusion Centre, GTB Hospital, Delhi, as per requirement of the hospital.
- Every Blood storage centre can keep available five units of A,B,O (Positive), two units of AB(Positive) and one unit of A,B,O(negative) whole blood. This can be modified according to the actual requirements.
- The whole Blood/Blood components are procured from the mother centre along with issuing letter which matches the blood bag number written on blood units and special attention given by the BSU Technician to check blood units for hemolysis, leakage, turbidity and change in colour if any.
- Ensure that the issued blood units have been tested for Malaria, HBsAg,HCV, Syphilis and HIV and found non-reactive.
- The Blood units are brought to Blood storage Centre in transport carrier under recommended cold chain.
- Thereafter, these blood units are kept in refrigerators according to respective Blood / Blood component shelf.

1. Request

- a. To ensure patients safety, Blood/Blood components should not be prescribed unless there is a real indication.
- b. **Request should be made by a Consultant /Senior Residents.**
- c. Blood transfusion request form should be filled completely by the doctor on duty.
- d. Consent for transfusion should be taken from patient/guardian after explaining the transfusion requirement and adverse effects of Blood transfusion by the doctor on duty.

3



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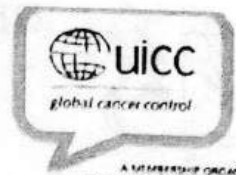
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- e. In case of unaccompanied or unconscious patients who are incapable of giving consent it can be given by minimum two treating doctors stating that transfusion is absolutely necessary to save the life of the patient.
- f. Blood sample should be taken for ABO & Rh grouping and cross matching and labelled at bedside in both **EDTA and serum vials**.
- g. Attendant should be motivated for Blood donation.
- h. The request for Blood/Blood component should be sent to the Blood Storage Centre with completely filled form along with the prospective Blood donor. The request form sent to the Blood Storage will be checked by the technical staff posted and the availability of Blood/Blood components shall be checked & the processing charges payable shall be documented on the request form.
- i. The payment shall be made by the patient at the designated cash counter and a receipt shall be issued.
- j. The donor shall be directed to GTB Blood centre for Blood donation where he will be issued a donor card post Blood donation.
- k. Blood will only be released after showing the payment receipt & donor card at the Blood storage unit.
- l. The Blood/Blood components will be released on exchange basis i.e one donor per request.
- m. **Blood Components will be released without donor only in emergency life threatening situation with proper justification by the dealing Consultant /SR with signature and stamp**

2. Grouping

- a. All patients should be grouped in case:
 - i. Any intermediate or major surgery is planned
 - ii. Any invasive procedures are planned where a risk exists and blood transfusion is a possibility
 - iii. Transfusion of Blood/Blood components is planned
 - iv. The patient is diagnosed with disease with likelihood of Blood/ Blood components transfusion requirement.
 - v. For FFP and Platelets only grouping is recommended.



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3. Blood Reservation

- i. Blood should be reserved before all elective surgeries & the procedure will be as under:
- ii. The requisition for blood and the blood sample will be sent to the Blood storage centre immediately on admission/when the need for transfusion is established.
- iii. Availability of the donor (for replacement) must be provided by the requesting doctor.
- iv. The Blood storage centre will ascertain availability of stocks and inform the same to the Consultant/ Ward nurse.
- v. Cross matching and issue of blood will be done only on receiving the issue slip from the ward.
- vi. In case of rare blood groups ('AB' Rh positive and all Rh negative blood groups), the treating Consultant need to discuss with the Medical Officer In charge/ Senior Resident of Blood storage centre for availability before the patient's admission in order that suitable arrangements can be made in advance.
- vii. In case of non-availability of required blood group, Blood storage facility will try to arrange the same from mother transfusion centre. In case of non availability of the required Blood group at the mother transfusion centre, the patient's attendant may arrange Blood from any other reputed licensed Blood Centre.
- viii. The reserved Blood units will be available for 24hours only, after that it will be taken back into the Blood Storage inventory.

1. Issuing Blood

- a. Blood and Blood components will be issued from the BSU only after compatibility testing which normally would take 45-60 minutes. However for all planned surgeries and requirements the requests for compatibility should be sent well in advance and during routine working hrs only. Issuing will be done on receiving issue slip from the department concerned.

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- b. The Platelet concentrates needs to be arranged at the time of requirement only. They shall not be pre-stored due to short shelf life.
- c. Blood compatibility slip with reaction Performa will be issued by the Blood storage Centre along with all blood products. This has to be kept in patient's file and responsibility of the document will be that of the In charge Nurse of the floor/ward.
- d. After completion of the transfusion, duly filled transfusion reaction/feedback Performa has to be submitted to the Blood Storage Centre with in 24 hrs of transfusion.
- e. The date of collection and expiry of all units of blood /FFP etc. will be mentioned on all units & these will be issued as per inventory maintenance, observing 'First in – first out' (FIFO) policy in order to optimize blood usage.
- f. BSU should follow all the technical procedure as per Blood Bank SOP.

2. Procedure before Transfusion

- a. Blood /Blood components should be checked by the doctor and the following details should be verified: blood bag with patient's Blood group & name for correct identification of recipient and counter checked.
- b. Check BP/Pulse/Temperature and record in the case file before transfusion.

3. Procedure during Transfusion

- a. Monitoring of vitals can be done by Doctor/Nurse.
- b. Visual observation is often the best way of accessing the patient during transfusion.
- c. Record base line observations at the start of each unit and of each transfusion. Temperature/Pulse should be measured 15 minutes after the start of each unit and hourly thereafter. Monitor rate of flow to ensure transfusion progress. Under no circumstances should any drug be administered through the same IV line.
- d. Management of Blood transfusion reactions:
 - o Step 1- Stop transfusion
 - o Step 2- Keep IV line open with 0.9% NaCl

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- Step 3- Notify attending physician and Blood Bank, if transfusion is terminated
 - Step 4- Send freshly collected post-transfusion sample of blood in EDTA and plain vials (preferably from opposite arm) and sample of urine to BSU.
 - Step 5- send the residual blood component unit along with administration set to BSU.
- e. If no transfusion reactions then after complete transfusion, fill the feedback form and send it to the Blood Storage Centre.
- f. Whole blood/ packed cells can be transfused over 3-4hours.
- g. FFP: Can be transfused over 30 minutes
- h. Blood should be transfused immediately after receiving. Blood must not be warmed by insertion in hot water, microwave or a radiator.
- i. Blood transfusion set must be changed every 2 units or at least every 12 hourly

4. Policy of returning unused blood to Mother Transfusion centre

Whole blood/components are returned to same mother blood bank atleast 07 days before expiry.

5. Policy for discard of expired/contaminated/homolysed blood bags/partially used blood bags

All contaminated, hemolysed, expired blood and partially used blood bags are sent for autoclaving first and then dispose off as per BMW guidelines.

6. Policy of Quality Control

Quality control of Blood and blood product is maintained by the mother blood transfusion centre.

7. Laws governing blood transfusion services:

Blood Bank rules Schedule –F Part XII B of Drug and Cosmetic Rules 1945.

8. REFERENCE:

NACO Guidelines for setting up Blood Storage Centre, 2007

Manual 3

Procedure followed in Decision Making Process

[Section 4(1)(b)(iii)]

Department of Chest and Respiratory Medicine

Services	Working hours
<ul style="list-style-type: none">• OPD	Wednesday, Friday (9 AM to 4 PM)
<ul style="list-style-type: none">• IPD (Chest Ward) & HDU	Daily (24*7)
<ul style="list-style-type: none">• Bronchoscopy (FOB, TBLB, EBB, EBUS TBNA)• Fluoroscopic Guided procedures	Monday, Thursday (9AM to 4PM)
<ul style="list-style-type: none">• USG guided Procedures (lung biopsies, Effusion aspiration, ICD insertion)• Closed Pleural Biopsy	Tuesday(9AM to 4PM) Saturday (9AM to 2PM)

PROCEDURE FOLLOWED IN DECISION MAKING

[Section 4 (1) (B) (ii)]

Majority of decisions are taken by the MOIC and SDE pertaining to the functioning of the department with further approval from the director.

Deepthi Lahoti
14/8/2023
 **Deepthi Lahoti**
Senior Dietary Executive
Delhi State Cancer Institute
Dilshad Garden, Delhi-110095

1/79273/2023

MANUAL 03**PROCEDURE FOLLOWED IN DECISION MAKING PROCESS****[Section 4(1)(b)(iii)]**

Procedure for decision making of Store Department is concerned with the HODs i.e. Store Officer.

In case any decision need to be taken by the Store officer, matter proposed by the Junior Pharmacy Executive/ LDC of Store and same are routed through Senior Store Keepers to the Store Officer and as per the delegation of power and Authority, proposal are forwarded to the Joint Director, Admin for further submission to Worthy Director, DSCI for approval.



Neeraj Kumar
Store Officer
Delhi State Cancer Institute
Dilshad Garden, Delhi-110095

MANUAL 03**PROCEDURE FOLLOWED IN DECISION MAKING PROCESS**
[Section 4(1)(b)(iii)]

DIAGNOSTIC SERVICES	WORKING HOURS
Lab Medicine (Bio- Chemistry and Microbiology)	24X7 (Round the clock)

- Sample Collection: Phlebotomist.
- Screening: Lab Technologist, Senior Resident.
- Reporting and signing out: Technologist, Senior Resident and Assistant Professor.



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DEPARTMENT OF NURSING

MANUAL-3

PROCEDURE FOLLOWED IN DECISION MAKING [Section 4 (1) (b) (iii)]

REPORT FOR NURSING DEPARTMENT

Bed Strength of OPD & IPD Oncology Departments - 236.

PRESENT EXISTING POST NURSING STAFF

ADN (Officiating)	-	02
Senior Nursing Officer	-	05
Nursing Officer	-	85

DUTIES AND RESPONSIBILITIES

Nursing Officers doing shift duty and general duties in inpatient wards, Emergency / Hydration, OPD, Diagnostic Deptt., Minor OT, Major OT, ICU (Post-op), Chemo Day Care, Endoscopy / Bronchoscopy, Brachytherapy Deptt., Post-op ward, Radiation Therapy, Nuclear Medicine and Radiology Deptt.

TIMING OF DUTIES

First Shift	-	8 am - 2 pm
Second Shift	-	2 pm - 8 pm
III rd Shift	-	8 pm - 8 am
General duty	-	8 am - 3 pm, 9 am - 4 pm, 10 am - 5 pm & 1 pm - 8 pm

This hospital follows multidisciplinary high quality nursing care and Nursing Officers take active role in that model of care.

JOB SUMMARY FOR NURSING OFFICERS

- Nursing Officers are the first level professional nurse who provides direct patient care to one patient or group of patients assigned to her/him during duty shift and assist in management of wards.
- Providing care not only at problems associated with the disease and its effects on the patient but also on patient's family.



MANUAL 03

PROCEDURE FOLLOWED IN DECISION MAKING PROCESS [Section 4(1)(b)(iii)]

DIAGNOSTIC SERVICES	WORKING HOURS
Lab Medicine (Bio- Chemistry and Microbiology)	24X7 (Round the clock)

- Sample Collection: Phlebotomist.
- Screening: Lab Technologist, Senior Resident.
- Reporting and signing out: Technologist, Senior Resident and Assistant Professor.



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NIN ID: DSCI (East) - 1112313380 & DSCI (West) - 1115545855



ADMIN (HR) Branch, DSCI

MANUAL - 3

Admin (HR) Branch Channel of Supervision/ Decision Making Authorities Corporate Office

Under Section 4 (1) (b) (iii) of RTI Act, 2005:

1. Proposals are put up by the HE-III's/ DEO's under supervision of Head Clerk.
2. Proposals are vetted by the HE-I/Head Clerk.
3. Proposals are submitted before the Admin Incharge - I / II & Joint Director, DSCI for recommendations and onward approval of worthy Director, DSCI.
4. Proposals involving financial implications are submitted to Accounts Branch for vetting/ examination and for opinion, if any.
5. Finally, proposals are approved by the worthy Director, DSCI as per the power delegated under Delegation of Financial Powers Rules (DFPR-2019), GFR-2017 and Governing Council (GC).
6. Any proposal which requires the approval of the Finance Committee, Governing Council of Govt. of NCT of Delhi are submitted accordingly, through the Director, DSCI.

Enclosure:

1. Delegation of Financial Powers Rules (DFPR-2019).
2. By Laws of DSCI.
3. GFR-2017

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[Section 4(1)(b)(iii)]

Copy of Standard Operating System (SOPs) in r/o Medical Record Department, DSCI is attached herewith.

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PROCEDURE FOLLOWED IN DECISION MAKING PROCESS

[Section 4(1) (b)(iii)]

Clinical Oncology and Radiotherapy

- ❖ Consultant Incharge **Clinical Oncology OPD (Monday to Saturday)**
in OPD room number 1,2,3
 - **Dr Faiz Akram Ansari/ Dr Pragya Shukla/ Shambhavi Sharma**
 - Senior Residents and Junior Resident

- ❖ Consultant Incharge **Radiotherapy OPD (Monday to Saturday)**
 - **Dr Afsana Shah/ Dr Manish Kumar Sharma**
 - Senior Residents and Junior Resident

MANUAL 03

PROCEDURE FOLLOWED IN DECISION MAKING PROCESS

[Section 4(1)(b)(iii)]

- (1) All the advertisements of recruitment are published with the approval of worthy Director.
- (2) All the result of recruitment are published after obtaining the approval of Chief Secretary, GNCTD-cum- Chairperson GC, DSCI