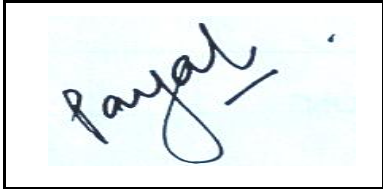







# OPD SERVICES MANUAL

## Annual Documents adequacy & Change Requirements Review

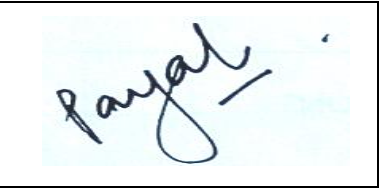


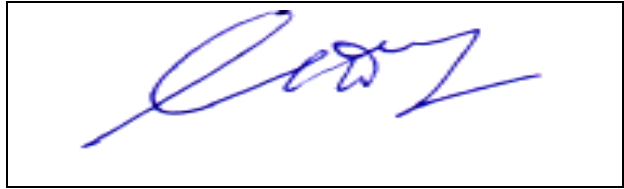
Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/OPD/01	Content	1	1	20-Nov-22	No Any change review completed	1	20-Nov-23	No Any change review completed	No Any Amendment History
2	SDH/OPD/01	General Policies and Guidelines	1	1	20-Nov-22		1	20-Nov-23		
3	SDH/OPD/02	Staff Grooming	1	1	20-Nov-22		1	20-Nov-23		
4	SDH/OPD/03	Scope of services	1	1	20-Nov-22		1	20-Nov-23		
5	SDH/OPD/04	Telephone Etiquettes	1	1	20-Nov-22		1	20-Nov-23		
6	SDH/OPD/05	Opening and closing of OPD Clusters	1	1	20-Nov-22		1	20-Nov-23		
7	SDH/OPD/06	Management of Consultation rooms	1	1	20-Nov-22		1	20-Nov-23		
8	SDH/OPD/07	Registration in OPD	1	1	20-Nov-22		1	20-Nov-23		
9	SDH/OPD/08	Billing Process	1	1	20-Nov-22		1	20-Nov-23		
10	SDH/OPD/09	Consultations	1	1	20-Nov-22		1	20-Nov-23		
11	SDH/OPD/10	Initial Assessment			20-Nov-22		1	20-Nov-23		
12	SDH/OPD/11	OPD Procedures			20-Nov-22		1	20-Nov-23		
13	SDH/OPD/12	Referring Patients	1	1	20-Nov-22		1	20-Nov-23		
14	SDH/OPD/13	Managing Consultant leave	1	1	20-Nov-22		1	20-Nov-23		
15	SDH/OPD/14	Cancelling and Rescheduling of OPD by Consultants	1	1	20-Nov-22		1	20-Nov-23		

16	SDH/OPD/15	General Policies and Guidelines	1	1	20-Nov-22	1	20-Nov-23		
17	SDH/OPD/16	Terminal cleaning and pest control	1	1	20-Nov-22	1	20-Nov-23		
		<b>Original Date</b>	<b>Effective Date</b>		<b>Next date of revision</b>		<b>Issue NO</b>		
		<b>01-Nov-21</b>	<b>20 November 2023</b>		<b>20 November 2024</b>		1		
<b>Reviewed &amp; Prepared By</b>			<b>Recommended By</b>			<b>Approved By</b>			
Dr.Payal Dhoot		Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar			Dr.S.S.Deepak			
Director (OPD -HOD)		Quality Co-ordinator	Chief Medical Administartor			Chairman & Managing Director			
									

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8	SDH/OPD/07	Registration in OPD	1	1	01-Nov-21		1	20-Nov-22		
9	SDH/OPD/08	Billing Process	1	1	01-Nov-21		1	20-Nov-22		
10	SDH/OPD/09	Consultations	1	1	01-Nov-21		1	20-Nov-22		
11	SDH/OPD/10	Initial Assessment					1	20-Nov-22		
12	SDH/OPD/11	OPD Procedures					1	20-Nov-22		
13	SDH/OPD/12	Referring Patients	1	1	01-Nov-21		1	20-Nov-22		
14	SDH/OPD/13	Managing Consultant leave	1	1	01-Nov-21		1	20-Nov-22		
15	SDH/OPD/14	Cancelling and Reschedullng of OPD by Consultants	1	1	01-Nov-21		1	20-Nov-22		



16	SDH/OPD/15	General Policies and Guidelines	1	1	01-Nov-21	1	20-Nov-22		
17	SDH/OPD/16	Terminal cleaning and pest control	1	1	01-Nov-21	1	20-Nov-22		
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Dr.Payal Dhoot		Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar			Dr.S.S.Deepak			
Director (OPD -HOD)		Quality Co-ordinator	Chief Medical Administartor			Chairman & Managing Director			
									





**SAIDEEP HOSPITAL**  
**OPD SERVICES MANUAL**

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5	Opening and closing of OPD clusters
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11	OPD Procedures
12	Referring Patients
13	Managing consultant leave
14	Cancelling and Rescheduling of OPD by consultants
15	General Policies and Guidelines
16	Terminal cleaning and pest control

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Chief Medical Administrator		Chairman & Managing Director	



**SAIDEEP HOSPITAL**  
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Document Title : General Policies and Guidelines

**1.0 Policy:**

All desk associate staff shall follow the general workplace guidelines.

**2.0 Purpose:**

To maintain a uniform & a standardized work pattern across the hospital

**3.0 Scope:**

All front office, hospital wide

**4.0 Responsibility:**

- Desk associate
- OPD Supervisor
- Executive
- Sr. Executive
- GM-Operations

**5.0 Definitions and Abbreviations:**

- OPD: Outpatient department
- IT: Information Technology
- HIS: Hospital Information system
- ID: Identity
- GM: General Manager

**6.0 Procedure:**

6.1 Identity Cards: Should be worn around the neck at all the time in the Hospital and while on duty.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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### 6.2 Timings

- 6.2.1 All front office staff must punch in 15 minutes before the start of the shift time for getting ready in their uniform and grooming neatly.
- 6.2.2 Front office staff must be seen at the cluster at all times while on duty. Unnecessary loitering around in the hospital will not be permitted.
- 6.2.3 At the end of the shift you are expected to leave for home. No 'hanging around' anywhere in the hospital will be tolerated especially in any inpatient areas.

### 6.3 Breaks

- 6.3.1 All meal breaks must be strictly observed for half an hour only.
- 6.3.2 Tea/Coffee break can be taken for 10 minutes provided the counter is manned adequately. This must include the washroom intervals as well
- 6.3.3 No two staff from the same counter will go for lunch at the same time.

### 6.4 Mobile Phones

- 6.4.1 All the front desk staff are also to strictly refrain from using their mobile phones while on duty or even keeping it on the counter or in the drawer.
- 6.4.2 No charging of phones at the counter will be permitted either.
- 6.4.3 Staff usage of their mobile phones will be permitted only in the Staff Lounge/while on coffee or lunch breaks and after duty.
- 6.4.4 Staff who have given Consultant's their numbers are here further requested to inform Consultant's to call only on the hospital landline for all official/patient related queries since using personal mobile numbers for official work is not permitted by the hospital.

### 6.5 HIS ID

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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6.5.1 The HIS ID provided by the IT department is highly personalized and hence the password of the same must be kept secret & confidential.

6.5.2 Any mishaps taking place from your ID will hold you accountable for what-so-ever be the event, even if you are absent on the day or haven't used your ID.

6.6 Leave:

6.6.1 For any planned leave an application for the same must be submitted at least 15 days in advance. Planned leave which is taken on immediate basis will not be permitted.

6.6.2 Emergency leave can be permitted provided information is conveyed to the GM Operations (Outpatient Services) at least an hour before the start of the shift.

6.7 Miscellaneous

6.7.1 The volume of your voice moderate when talking.

6.7.2 All the Nurses must be addressed as Sister (NAME).

6.7.3 All patients must be addressed as Mrs. (NAME) / Mr. (NAME) Or Sir/Madam.

6.7.4 Do not argue/quarrel with any colleagues in front of patients.

6.7.5 Do not use local/regional languages in front of patients for any reason.

6.7.6 Co-ordinate with cluster colleagues properly.

6.7.7 No food will be eaten at the counters for whatever reasons.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	





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Document Title : Staff Grooming

**1.0 Policy:**

All the desk associate staff shall follow the standard protocol for grooming.

**2.0 Purpose:**

To establish standards of appropriate attire within the workplace to encourage uniformity, simplicity, neatness and consistency to help generate a positive image of the organization.

**3.0 Scope:**

All desk associate Executives and Officers in the hospital.

**4.0 Responsibility:**

- Desk Associate
- OPD supervisor
- Executive
- Sr. Executive
- GM-Operations

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

**6.1** All Desk Associate and Officers will follow the standard rules for grooming as follows:

Can be categorized as Grooming Standards for Gentlemen and Ladies.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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## 6.2 GENTLEMEN

### 6.2.1 Dress Code

6.2.1.1 Dress code as specified by the management should be followed.

6.2.1.2 The shirt should be clean and neat and should be tucked within the trouser. The shirt should be washed regularly and properly ironed. Washing and ironing of the shirt must be done at home. Shirt sleeves should be buttoned, not folded up.

6.2.1.2 Pants should be of a conservative style. The trouser must be of a dark shade preferably Black or Navy Blue. Refrain from using brown, beige, grey or dark shades of brown/green. No jeans of any colour, corduroys, cargo's or three – fourths will be allowed.

6.2.1.3 Tie to complement the shirt. A blue contrasting tie can be worn with the shirt as well if possible.

6.2.1.4 A black formal belt with a small & decent buckle is allowed. No causal/sports belts with flashy buckles are permitted.

6.2.1.5 Two sets of shirts are provided by the Hospital.

6.2.1.6 The uniform has to be worn on all working days and when on duty only - Mondays to Saturday (and on Sunday if applicable).

### 6.2.2 Shoes & Socks

6.2.2.1 Black laced formal shoes with matching colored socks must be worn. Sneakers/ sports shoes etc. are not acceptable.

6.2.2.2 Shoes must be always clean and polished and in good condition.

### 6.2.3 Hair

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Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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6.2.3.1 Hair should always be of a short conservative length, not to touch the collar, should be tapered above ears. Men should be clean-shaven or have a trimmed moustache (not to extend below lip line of upper lip). Beards are not acceptable (appropriate trimmed beards accepted for Sikhs, Muslims). Side burns, if worn should be mid-ear length.

**6.2.4 Accessories**

6.2.4.1 Thin chain, watch and wedding rings are permissible. Earrings, flashy finger rings etc. not acceptable.

**6.3 LADIES**

**6.3.1 Dress Code**

6.3.1.1 Dress code as specified by management should be followed. The pallu of the sari should be neatly pinned with the blouse; sari should be worn above the navel. A matching colour petticoat needs to be worn with the sari. Any other colour is not acceptable. The blouse should be closed at the back with sleeves just above the elbow. Two sets of sari as well as two blouse pieces are provided by the Hospital. The personnel should get the blouse pieces tailored personally.

6.3.1.2 The aspects of the sari blouse which must be kept in mind include: Neckline must be standing collar high neck with a front 'V' (Chinese Collar), the blouse must be front open with hooks and eyes, length of sleeves: 1" above the elbow line.

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Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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**6.3.2 Shoes**

6.3.2.1 Black or brown sandals / formal shoes need to be worn with no / low heels. Flashy chappals, high heels, slippers etc. are not acceptable. Shoes should be clean at all times and should not be noisy.

**6.3.3 Hair**

6.3.3.1 Length of hair should be above the chin line, neatly combed/pinned to give a formal look. Below chin line length should not be left open, should be neatly tied with a band or net. Flashy hair accessories / coloring /streaking and use of flowers to adorn the hair are not allowed.

**6.3.4 Cosmetics**

6.3.4.1 Light make-up for women, no neon colours to be used. Lipstick used should be matte brown or maroon. No glossy/flashy lipsticks should be used.

6.3.4.2 Small bindis (maroon/black) can be worn. Flashy/coloured designer lengthy bindis etc... are not acceptable.

6.3.4.3 Tattoos and mehendi (except for newly married women) are not allowed.

**6.3.5 Accessories**

6.3.5.1 Small stud earrings (only in the earlobe), thin chain around the neck, thin bracelet, one ring in each hand (not flashy) and watch are permissible.

6.3.5.2 Dangling earrings, rings above the earlobe are not acceptable.

6.3.5.3 Married ladies can wear wedding band, mangalsutra and few bangles.

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**6.4 COMMON FOR LADIES AND GENTLEMEN:**

**6.4.1 Identity Cards**

6.4.1.1 Identity cards should be worn at all times during work timings in visible place (round the neck or shirt pocket). The Identity card is provided by the Hospital.

**6.5 REQUISITION/ DISCARD OF UNIFORM:**

6.5.1 New uniforms are issued to newly joined front office staff on filling in the requisition form.

6.5.2 Two uniforms are provided to the staff (and four blouse pieces incase of female).

6.5.3 Uniforms that have torn or are frayed will be replaced by the staff writing an application for replacement of uniform and showing the defect.

6.5.4 If approved by the Senior Executive then a new uniform can be issued to the staff by the Administrative Co-ordinator

6.5.5 All torn/old or frayed uniforms are stored in an allotted place and finally disposed off.

**6.6 PERSONAL HYGIENE & HEALTHY HABITS**

6.6.1 Neat, clean, ironed uniforms should be worn at all times by the personnel.

6.6.2 Nails should be neatly trimmed, lengthy nails, chipped nails not allowed. Nail varnish is allowed for women only, however flashy polish/ chipped nail varnish is unacceptable.

6.6.2 Body odour and bad breath at work are very unprofessional, use of deodorants and mouth fresheners are advised for personnel.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	





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- 6.6.3 Handkerchiefs should be carried at all times. The same should be used for covering the mouth while coughing, sneezing etc.
- 6.6.4 Do not clean ears/nose in public.
- 6.6.5 Carry a pen at all times.
- 6.6.6 Abrasions, cuts, wounds etc. should be covered completely, unless there is an exceptional case.
- 6.6.7 Chewing of gum or eating at desk is not permissible
- 6.6.8 Personnel should groom themselves before starting work. Combing hair, applying make-up etc. while at work is not permissible.
- 6.6.9 Personnel working for more than one shift should groom themselves before attending to the next shift.
- 6.6.10 Mobile phones should always be kept in silent mode.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	





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**OPD SERVICES MANUAL**

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Document Title : OPD – Scope of Services

**LOCATION:**

Outpatient Departments are located on the 1<sup>st</sup> Floor of the hospital building and main reception is located on ground floor.

**DAYS AND HOURS OF OPERATIONS:**

Working Days: For Main Reception - All days (Including Sunday),  
For OPD cluster & other desk - All working days (Mon – Sat)

Timing: For Main Reception - 7:00 am – 9:00 pm  
For OPD clusters & other Desk: 8.00 am to 9.00pm

**DEPARTMENTAL CONTACT DETAILS:**

Board Line : 0241-2775700  
Service Mobile : 6262900900

**PURPOSE:**

Desk Associate provides a predetermined location & the first points of contact where patients, customers or visitors can make enquiry and understand where they would be able to get the required services or facilities. It also describes the operational coverage of the Main Reception & Front Office / Customer Care Department.

The main purpose of outpatient department is to facilitate doctor consultations & aid with any additional investigations & pharmacy services. It also includes guiding patients about various services & various places around the hospital.

**1.0 SCOPE:**

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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Document Title : OPD – Scope of Services

It comprises of all the departments on the 1<sup>st</sup> Floor – General Medicine OPD, Cardiology OPD, Oncology OPD, Orthopedics & Neurology OPD, Paediatric OPD, and Organ Transplant OPD. It also includes new & follow up consultation for adults and pediatrics, OAE Test , wound procedures, Audiometry test, ECG, 2D echo, Stress test, EEG studies, EMG studies, BERA studies, NCV, SSEP, weight, height & BMI check and main reception at ground floor.

**2.0 RESPONSIBILITES AND AUTHORITY:**

Supervisor

Desk Associate

(All the front office staffs are referred as Desk associate in all related SOP's)

Staff Nurse

**3.0 ABBREVIATIONS AND DEFINITION:**

Refer Annexure B.

**4.0 GOAL OF THE DEPARTMENT**

- 4.1 To provide quality service with assurance.
- 4.2 To assist Patients and Visitors to respective department.
- 4.3 To facilitate the smooth flow of patients to meet the respective doctors
- 4.4 To maximize utilization of OPD services for the local community.
- 4.5 To ensure no patient leaves the hospital without consultation of required specialty during the OPD hours.

**5.0 LIST OF SERVICES**

**5.1 Consultations**

Cardio-vascular & Thoracic Surgeon

Clinical & Surgical Oncologist

Clinical Oncology Physician

Dermatologist

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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- |                                      |                      |
|--------------------------------------|----------------------|
| Endocrinologist                      | Neurologist          |
| ENT Surgeon                          | Neurosurgeon         |
| Gastroenterologist                   | Orthopaedics Surgeon |
| General Physician                    | Pediatrician         |
| Gynecologist                         | Plastic Surgeon      |
| Interventional Cardiologist          | Psychiatrist         |
| Laparoscopic Surgeon                 | Rheumatologist       |
| Maxillofacial Surgeon & Orthodontist | Urologist            |

**5.2**

**Procedures**

- |                      |                                 |
|----------------------|---------------------------------|
| Minor Dressing       | PR Examination                  |
| Major Dressing       | IUI (Intrauterine Insemination) |
| Suturing & Removal   | I & D                           |
| Plastering & Removal | HSG                             |
| PAP smear            | Wound swab culture              |
| FNAC                 | Urethral Dilatation             |
| Biopsy               | Aspiration                      |
| Copper T insertion   | Vaccination                     |
| PV Examination       | Drain-removal                   |

**5.3**

**Audiometry test**

**5.4 Neurological investigation – EEG, EMG, NCV, VEP, SSEP, BERA**

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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Document Title : OPD – Scope of Services



Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



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**OPD SERVICES MANUAL**

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Document Title : Telephone Etiquettes

**1.0 Policy:**

All the Desk associate staff shall follow the basic Telephone Etiquettes.

**2.0 Purpose:**

To ensure that all phone calls in SaideepHospital are answered in a systematic and standard manner.

**3.0 Scope:**

This policy applies to all the employees attending the phones in Saideep Hospital.

**4.0 Responsibility:**

- Desk Associate
- OPD Supervisor
- Executive
- Sr. Executive
- GM-Operations

**5.0 Abbreviations and Definitions:**

Nil

**6.0 PROCEDURE:**

**6.1 Answering the Phone**

Answer promptly before the 3<sup>rd</sup> ring.

**6.2 Identify Yourself**

Answer by giving the department name and your own name. Example: "Dept, *Your Name* speaking." The caller should then identify himself/herself and give a reason for calling. Pronounce the caller's name distinctly and repeat it frequently. The sweetest music to a person is the sound of his/her own name!

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Chief Medical Administrator		Dr. S.S. Deepak Chairman & Managing Director	



**SAIDEEP HOSPITAL**  
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Document Title : Telephone Etiquettes

**6.3 STANDARD PHRASES TO BE USED:-**

Answer your own telephone and answer within 3 rings. There are a number of ways to identify yourself and your organization:

- TELEPHONE OPERATOR – ***“Thank you for calling Saideep Hospital. How May I help you?”***
- DEPARTMENTS – ***“Greet, (dept name), Your name, speaking?”***
- TELEPHONE OPERATOR – ***“Good Morning, Saideep Hospital, Your Name, How may I assist you?”***

**6.4 PLACING CALLERS ON HOLD**

- Remember to **ask** your caller ***“May I put you on hold?”*** before doing so.
- If you take the time to ask your caller to hold, be sure to **listen** to the response.
- After placing your caller on hold, **check back** periodically (between **30-45 seconds**). Give them the **option to continue** to hold if it will take longer to find information OR offer to **call them back**.
- When returning to your caller, remember to **thank them** for waiting.
- If your caller cannot hold, **offer to take a message**; transfer to another party; or arrange for them to return the call at a specific time.
- If you are not in a position to ask your caller to hold, tell the caller, ***“Please Hold”*** before depressing the hold button. NOTE: When placing multiple calls on hold, remember to return to the first caller you placed on hold first!!

**6.5 TRANSFERRING CALLS**

- Tell the caller the **REASON** you are transferring the call before you do so. Then **ASK** if it is all right to transfer their call.
- Call the department or person where you are transferring a call and make sure that they can take the call. If they are able to take the call, give them the person’s name, their request, and any other relevant information.
- Then, return to your caller and give them the name of the person they are being transferred to, the department and the telephone number (if possible).
- When you’re not sure to whom a call should be transferred, take their name and number and find out where the call needs to be directed. Also, give them your name and number as a reference in case the appropriate party does not contact them.

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Chief Medical Administrator		Chairman & Managing Director	





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### 6.6 VERBAL ABUSE BY CALLER

There is one small group of irate callers that has to be addressed here. You may not get them very often, but when you do, how do you handle them? Here are a couple of suggestions:

First, call attention to the vulgar language by saying, "Sir/madam, I can handle your problem, but I am not able to handle this swearing. I respectfully ask that you stop." In most instances, making callers aware of what they are saying will halt the swearing. However, if it does not stop, **you can observe the policy of "three strikes and you're out" rule.** If you ask the person to stop swearing twice more and the caller doesn't, then hang up. Three strikes, the caller's out, hang up. No one should have to listen to verbal abuse.

### 6.7 PROPER TELEPHONE LANGUAGE

Instead of saying (What You Mean):	Use the Phrases (Tell the Caller):
"He is out."	"He is not in the office at the moment. Would you like to leave a message for him?"
"I don't know where he is."	"He has stepped out of the office. Would you like to leave a message?"
"He is in the men's room."	"He has stepped out of the office. Would you like to leave a message?"
"He hasn't come in yet."	"I expect him shortly. Would you like to leave a message?"
"She took the day off."	"She is out of the office for the day. Can someone else help you or would you like to leave a message for her?"
"He doesn't want to be disturbed."	"He is unavailable at the moment. Would you like to leave a message?"
"She is busy"	"She is unavailable at the moment. Would you like to leave a message?"
"You have to"...	"You need to"
"Why didn't you"?	"Will you please... would you please"?
"Your Problem" or "Your complaint"	"Your question", "Your concern", "this situation"
"I can't do that" or "it's not my job"	"While I'm not able to establish policy on this matter, I will speak to my manager about your concern"

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"Hang on." "Hold on."	"May I put you on hold?"
"Who's calling?"	"May I know who is calling please?"
"I can't hear you, speak up!"	"I am having a little difficulty hearing you. Can you please speak up?"
"I can't help you. You'll have to speak to someone else."	"I need to transfer your call to (dept.) so that they can answer your question. May I do so?"

Although we tell our callers a lot through our voice tone, the words and phrases we use convey a message. Unfortunately, sometimes we send a negative message to our caller. Be aware of the language you are using.

**16 Words and Phrases That Keep Patients/Customers Cool**

"Hello!	"I'm sorry to keep you waiting"
"Good morning!	"Thank you for waiting"
"Please..."	"It was nice talking with you"
"Thank you.	"Is there anything else I can do for you"?
"I'm very sorry.	Thank you for coming in (or calling)"
"Excuse me.	It's been a pleasure to serve you"
"You're welcome.	I'd be happy to do that for you"
"May I help you"?	We appreciate"

**6.8 COMPLAINT CALL HANDLING PROCEDURE:-**

The following procedure has to be followed and this will help you handle telephone complaint calls with poise.

- 6.8.1 Smile when you talk. Can you hear a smile? You bet! And a cheery disposition on your end of the telephone line is likely to head off gruffness from a caller who has a complaint.
- 6.8.2 Identify yourself and try as quickly as possible to learn with whom you are speaking.
- 6.8.3 Maintain a cheerful and considerate attitude toward each telephone caller. A caller usually can recognize if you seem bored. This is discourteous and paints a poor image of you and the organization.
- 6.8.4 Keep your lips about ½ to 1 inch from the mouthpiece. Pronounce letters, numbers, and names clearly. Spell out names if they could be misunderstood.

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6.8.5 Return calls. If you must leave the telephone during a conversation and won't be able to return immediately, say that you will call back and then **follow through** .

6.8.6 Say "THANK YOU" pleasantly and replace the receiver gently. The person making the call should end the conversation.

6.8.7 And in your responses, avoid these **forbidden** phrases:

- **"I don't know."** It sounds as if you're closing the door on the caller or that you're not sure what's going on in your own office. Better to say: *"That's a valid point. Let me check and find out."*
- **"We can't do that."** This sentence is extremely negative. Be positive. Use: *"That's a tough one. Let's see what we can do."*
- **"You'll have to..."** sounds accusatory. Use: *"Here's how we can help you."*
- **"No,"** when it begins any sentence. It sounds as though you're not willing to help. You may not be able to do **one** thing, but you **can** do **something**. *"We aren't able to do that, but we can...."*(Because there's **always** something you can do.)

6.9 A FINAL WORD....

When you receive a complaint call, remember to lend an **EAR** -- Empathize with the caller, **A** apologize and acknowledges the problem, and accept **R**esponsibility. Handling any telephone call -- whether complaint or regular calls -- means respecting others. It's the Golden Rule: Do unto others as you would have them do to you. If you keep that in mind, you should effectively handle all telephone calls with poise.

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Document Title : Opening and Closing of OPD Clusters

**1.0 Policy:**

All the OPDs shall function on working days from 8.00 am to 9.00pm

All the OPDs shall be closed on Sunday and other holidays as specified by Management.

**2.0 Purpose:**

To standardize the process by which an OPD cluster is started and closed so that there is no break of uniformity throughout the OPD in this function.

**3.0 Scope:**

It encompasses all the cluster providing services to outpatients.

**4.0 Responsibility:**

Desk associate

Desk supervisor

OPD Supervisors

**5.0 Definitions & Abbreviations: - -**

**6.0 Procedure**

An OPD cluster comprises of a reception desk present in each and every section of the OPD according to specialty.

**6.1 Opening of a Cluster – Morning Shift**

6.1.1 The appointment book is collected from the console by the Desk Associate staff coming for duty.

6.1.2 The department keys to the cluster are collected from the main reception.

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6.1.3 The cluster is opened, all the necessary stationary is arranged and the computer is switched on.

6.1.4 The OPD rooms are checked for the necessary parameters such as room cleanliness, stationary, maintenance, smell, dustbin, toiletries etc...

6.1.5 The staff nurse is then made to check the OPD rooms for equipments such as BP Apparatus, trays, stethoscope etc...

6.1.5.1 The Desk associate staff will check the room readiness every morning for -

- General cleanliness
- Trash Cans Clearance
- Files / Letterheads / Pen / pencils.
- Lab Coats
- Name Plates
- Specialist Examination Treys ( with OPD Nurse )
- Personal Computer
- Leave Forms

6.1.6 All the magazines, brochures and other educational material is collected and arranged neatly.

6.1.7 Only once all the above are organized the phone line is connected. If a transfer to another line was made the previous evening that is removed.

6.1.8 Return calls are made to all the enquiries recorded in the appointment book collected from the console.

6.1.9 Desk associates takes the print out of all the appointment lists for respective consultants, in their OPD, scheduled from morning 8.00 am to 3.00 pm.

6.1.10 Desk associate shall note down any important messages, in & out time of consultants , sequence of arrival of the patients, in the appointment list.

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6.1.11 Confirmation calls are made to all patients who have appointments with various doctors for the day. The morning shift staff covers appointments that are scheduled till 3:00pm.

6.1.12 Reminder calls are made to all Consultants for the number of appointments they may have scheduled for them and also to check their arrival time in the OPD.

6.1.13 The registration forms and patient files are neatly arranged for use in the cluster desk.

6.1.14 All the records, namely – cash register, doctors signature register, handover register, quality indicator file and writing pad are organized accordingly.

6.1.15 The full time consultants are provided with a list of Out patients & admitted patients under them.

6.1.16 The OPD then begins as per the appointment timings and patients are managed appropriately.

**6.2 Closing of a Cluster – Evening Shift**

6.2.1 Once the 2<sup>nd</sup> shift begins at 12:30pm, the desk associate staff on 2<sup>nd</sup> shift duty takes an over from the morning shift staff. The over must specify the number of patients waiting for the respective doctor, the doctors present in the OPD, the doctors who are expected shortly and any other special or important messages.

6.2.2 Desk associates takes the print out of all the appointment lists for respective consultants, in their OPD, scheduled from 3.00 pm to 9.00 pm.

6.2.3 Desk associate shall note down any important messages, in & out time of consultants , sequence of arrival of the patients, in the appointment list.

6.2.4 Confirmation calls are made to all patients having appointments scheduled from 3:00pm to 9:00pm. This takes place at 1:00pm

6.2.5 Reminder calls are made to all Consultants for the number of appointments they may have scheduled for them and also to check their arrival time in the OPD or any

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other special message. This takes place immediately after the patient confirmation calls.

6.2.6 The OPD rooms are once again checked for the necessary parameters such as room cleanliness, stationary, maintenance, smell, dustbin, toiletries etc...

6.2.7 The handover book is read by the 2<sup>nd</sup> shift staff and all doubts are cleared. The morning shift staff is relieved for half an hour lunch break and the 2<sup>nd</sup> shift staff takes over the functions of the cluster.

6.2.8 In the evening, when the cluster has to be closed all the registers, stationary and other inventory is kept in their respective drawers. The handover register is updated with any important messages, if nothing a 'NIL' must be marked.

6.2.9 The phone lines are disconnected.

6.2.10 The computer is switched off and the cluster is locked.

6.2.11 All the OPD rooms are locked by the security in the presence of the Desk Associate and will be opened only for cleaning purpose thereafter.

6.2.12 The cluster keys are handed over to the main reception

6.2.13 The appointment book is given to the console by the Desk Associate finishing duty.

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Document Title : Management of Consultation Rooms

**1.0 Policy:**

Desk associate shall ensure cleanliness, readiness of the cluster and consultant room.

**2.0 Purpose:**

To maintain cleanliness & decorum at the work station as well as in the consultation cabins

**3.0 Scope:**

All Desk Associates

**4.0 Responsibility:**

- Desk associate
- OPD supervisor
- Executive
- Sr. Executive
- GM-Operations

**5.0 Definitions & Abbreviations:**

- OPD: Outpatient Department
- GM: General Manager

**6.0 Procedure:**

6.1 It is the duty of the Desk Associates to check the Consultant's cabin in their respective OPD for cleanliness, furnishings and stationary.

6.2 No one other than the Consultant is authorized to sit in the Consultant's cabin at any point of time for any reason in his/her absence or presence.

6.3 When a Consultant is not present in the hospital, his/her cabin must be locked always.

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- 6.4 No outsiders/visitors should be allowed to enter the Consultants cabin in the absence/ presence of the Consultant. Any pilferages taking place because of this will become the responsibility of the Desk Associate on duty.
- 6.5 The Consultation rooms are locked in the evening once the consultation is done for the day. The respective rooms are cleaned and locked in the presence of the Desk Associate.
- 6.6 In case any consultation room is not cleaned in the evening hours, the same needs to be done before 9am in the morning in the presence of the Desk Associate.
- 6.7 It is also the sole responsibility of the Desk Associates on duty to keep the cluster orderly and neat at all times. No cluttering of papers at the cluster must be seen.
- 6.8 The waiting area in the respective work station must also be kept clean at all times. In case it gets dirty for some reason, it must be cleaned immediately.
- 6.9 Besides the Desk Associates staff and the staff nurse, no other staff anywhere from Jupiter Hospital must be seen loitering and just passing time in your cluster.
- 6.10 The housekeeping staff provided on the floor must be doing only floor work.
- 6.11 No food will be eaten at the counters for whatever reasons.

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Document Title : Appointments System

**1.0 Policy:**

All the appointments shall be scheduled as per the availability of the appointments.

All cancellation and rescheduling of the OPD's shall be informed in advance to all the patients with prior appointment.

Appointment shall be booked for the consultant as per the patient choice.

Emergency cases should be given the option of consultation by the Casualty Medical Officer

**2.0 Purpose:**

To facilitate ease in coordinating patient-consultant meetings.

**3.0 Scope**

All the patients who would like to have consultations in Saideep Hospital.

**4.0 Responsibility:**

Desk associate

Desk supervisor

OPD Supervisors

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

**6.1 Appointment Booking & Enquiry:**

6.1.1 Appointments for Consultation may be taken over phone or in person. The care facilitator taking the call will record the patient on system. Appointments will be given only during the OPD slot of the requested consultant.

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- 6.1.2 All pre-registered patient will be asked their MR No and booked in the doctor's scheduler accordingly.
- 6.1.3 Non-registered patients shall be booked on the HIS by taking down their complete name, age and contact number. The time slot will be given to them according to the availability of the consultant. The scheduled slot will be informed to the patient and the patient will be informed to come in for appointment at least 10 min prior so as to finish the billing formalities.
- 6.1.4 Walk in patients will be informed of the consultants scheduled in the OPD in that time slot and on the available doctor's status in the OPD – the choice of consultant is at the discretion of the patient and availability of the consultant. All patients directed from health check, diagnostic areas and post operatively will be treated as walk in patients.
- 6.1.5 In case of Emergency patients visiting the OPD , the OPD Staff Nurse checks the patient and guides them to casualty for consultation with Casualty Medical Officer who in turn coordinates with the respective consultant for further care. In case Pediatric patients the staff nurse coordinates with the available consultant & as per the advise by the consultant guides the patient for further medication / consultation with intensivist in PICU / consultation with the casualty Medical Officer for further care.
- 6.1.6 Telephonic / Verbal enquiries for consultations shall be informed to the patient ( Full and Part time ) without any preference given to any doctor or any specialty The patient will make the choice of the doctor and the day which will be recorded on the HIS scheduler.
- 6.1.7 Names of the consultants will be read out in alphabetical order. The desk associate staff shall move down the list by one consultant with every enquiry.
- 6.1.8 In case of cancellations/delay in appointments the desk associate staff in the OPD reception shall call and inform the patients well in advance about the cancellations /

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delays and reschedule the patients. If the patient's call not reachable / switched off the Desk associate can convey the message through the OPD supervisor's mobile by SMS.

6.1.9 On arrival the patient will be billed for the service by the Desk associate staff at the respective OPD counter and will be given a receipt along with the file with MR No and Name written on it. The patient is educated on the significance of the MR No. by the Desk associate Staff or Staff Nurse.

6.1.9 On patient's turns he/she will be directed to the consultant room at the appropriate time.

**6.2 Appointment Entry & Rescheduling:**

Start the HIS and select Outpatient – Select OPD Counter – Select Unit Xyz Hospital - Select 'Appointment' Select New and specify the date – Select the Clinic and the Doctor's name below – On the appropriate timing slot, right click and choose New

**6.2.1 If the patient already has a MR No.:**

In the task pane enter the MR No. On pressing the Tab key all the patient details will appear. Confirm the details and enter the latest Phone No. - Click on Save.

**6.2.2 If the patient does not have an MR No.:**

In the task pane, Choose the 'New Patient' option – Enter the Salutation – Enter all the details which have the asterisk (\*) mark – Enter the Phone No. and Save the appointment.

**6.2.3 If an appointment is cancelled:**

Start the HIS and select Outpatient – Select OPD Counter - Select Unit Xyz Hospital - Select 'Appointment' - Select New – Select the Date, clinic and Doctor's name –

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Choose the slot time on which the appointment has to be cancelled, right click and choose Cancel. Click on the Confirm button.

**6.2.4 Changing the Appointment:**

6.2.4.1 If an appointment time and already been fixed, or is fixed on a particular time slot accidentally, it must be changed immediately.

6.2.4.2 Start the HIS and select Outpatient – Select OPD Counter - Select Unit Saideep Hospital - Select 'Appointment' - Select New – Select the Date, clinic and Doctor's name – Choose the slot time on which the appointment is currently booked, right click and choose Change.

6.2.4.3 Click on the timing for which the appointment must be booked. Click on the Update button.

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Document Title : Registration in OPD

**1.0 Policy:**

All the patients coming to the hospital shall be registered through creating new MR No.

**2.0 Purpose:**

To record and maintain all the medical and personal details of the patient visiting Saideep Hospital.

**3.0 Scope:**

Generation of Medical Record number is applicable to all the patients entering the hospital and availing its consultation and health check up facilities.

**4.0 Responsibility:**

- Desk associate
- Desk supervisor
- OPD Supervisors

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

6.1.1 Every patient who comes to the hospital for the first time and is unregistered will be given a Medical Record number only once. This is the number that must be used by the patient all the time whenever he visits the hospital.

6.2.2 Patient will fill up the registration form details.

6.2.3 The method to register the patient is as follows: HIS – Outpatient – Select OPD counter – Select Unit Saideep Hospital - Select Registration & Consultation and then Registration – Select New - Select patient category – Enter details in the columns

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marked with an asterisk (\*) and also the Doctors Name and Phone nos. - 'Save' button will get activated on entering all the necessary details – Save the entry and generate the MR No. (Make note of the MR No. for generation of bills before clicking OK)

- 6.2.4 Before registering a patient it is crucial to cross check the HIS to see if the patient's details already exist.
- 6.2.5 In case there is a double registration of a single patient, the latest MR No. must be cancelled compulsorily. No one patient can have two registrations numbers.
- 6.2.6 All registration numbers will be generated at a fee decided at the discretion of the management which will be revised as and when.

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Document Title : Billing Process

**1.0 Policy:**

Desk associate shall be responsible for handling cash transactions.

Payment shall be accepted by Cash/ Credit / Debit Card.

Cheque is not accepted.

**2.0 Purpose:**

To record and maintain all the medical and personal details of the patient visiting Saideep Hospital.

**3.0 Scope:**

Generation of Medical Record number is applicable to all the patients entering the hospital and availing its consultation and health check up facilities.

**4.0 Responsibility:**

- Desk associate
- Desk supervisor
- Staff Nurse
- OPD Supervisor

**5.0 Procedure:**

The entire process of billing followed in the OPD is done only through the Hospital Information System. Patient categories for billing include pay patients and credit company patients. All staff availing consultations from doctors are entitled to a 30% discount or otherwise at the discretion of the consultant.

**5.1 Accounts**

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- 5.1.1 All bills must be generated before the patient meets the Consultant unless otherwise told by GM – Operations (Outpatient Services) or the Consultant.
- 5.1.2 If the above is not followed and a patient doesn't pay the consultation amount after the consultation the staff will have to bear the amount
- 5.1.3 The cash book/Accounts register must be completed on a daily basis. For whatever reason there must be no back log.
- 5.1.4 All discounted/concession bills must bear the signature of the Consultant as well as the GM – Operations (Outpatient Services)
- 5.1.5 All cancelled bills must also bear the signature of the GM – Operations (Outpatient Services) and the reason for cancellation must be stated on the bill.
- 5.1.6 Incase of an error in the bill and it needs to be cancelled then a fresh bill must be made and both the bills must be brought to the GM Operations (Outpatient Services) for authorization.
- 5.1.7 No discounts will be sanctioned without the permission/instruction of the CEO or the Consultant or the GM – Operations (Outpatient Services)

**5.2 GENERATION OF MEDICAL RECORD NUMBER:**

- 5.2.1 Every patient who comes to the hospital for the first time and is unregistered will be given a Medical Record number only once.
- 5.2.2 Patient will fill up the registration form details.
- 5.2.3 The method to register the patient is as follows: HIS – Outpatient – Select OPD counter – Select Registration & Consultation and then Registration – Select New - Select patient category – Enter details in the columns marked with an asterisk (\*)

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and also the Doctors Name and Phone nos. - 'Save' button will get activated on entering all the necessary details – Save the entry and generate the MR No. (Make note of the MR No. for generation of bills before clicking OK)



- 5.2.4 Before registering a patient it is crucial to cross check the HIS to see if the patient's details already exist.
- 5.2.5 In case there is a double registration of a single patient, the latest MR No. must be cancelled compulsorily.

**5.3 BILLING FOR MEDICAL REGISTRATION NUMBER:**

- 5.3.1 Open the HIS – Outpatient – Select the OPD Counter – Select Billing and click on New – Enter the MR No, press Tab and all the details show. Confirm the mode of payment (if Cash or Credit Card). Enter the Service name in the space of the Service Code and Save the bill.
- 5.3.2 Print one copy of the bill which is to be placed in the patients file for the patient record

**5.4 BILLING FOR OPD NEW CONSULTATION:**

- 5.4.1 Check if the patient is registered or unregistered (has an MR No.) and do the needful accordingly.
- 5.4.2 Start the HIS and select Outpatient – Select OPD Counter - Select 'Registration & Consultation' - Select Consultation – Click on New - Enter MR. Number and check the Patient category box (It must reflect Pay Patient) – Change the department & consultant name as per requirement - Check Visit Type - Print Letterhead Option –

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Change the Pay Mode as per need - Check Consultation Amount – Collect the Amount - Save the bill.

5.4.3 Print one copy of the bill which is to be placed in the patients file for the patient record

**5.5 BILLING FOR OPD FOLLOW UP CONSULTATION:**

5.5.1 Start the HIS and select Outpatient – Select OPD Counter - Select 'Registration & Consultation' - Select Consultation – Click on New - Enter MR. Number and check the Patient category box (It must reflect as Pay Patient) – Change the department & consultant name as per requirement - Check Visit Type - Print Letterhead Option – Change the Pay Mode as per need - Check Consultation Amount - Collect the Amount - Save the bill.

5.5.2 Print one copy of the bill which is to be placed in the patients file for the patient record

**5.6 BILLING FOR CORPORATE COMPANY PATIENT:**

5.6.1 Patient submits/shows the Original Company Letter – The letter must bear the signature of Marketing Head/Authorized Marketing Staff.

5.6.2 Check if the patient is unregistered or registered (has an MR No.).

5.6.3 If the patient is a pay patient as per the earlier registration, it needs to be changed to Credit Company Patient.

5.6.3.1 Start the HIS and select Outpatient – Select OPD Counter – Select 'Registration & Consultation'- Select Registration – Select Change – Enter the MR No. and change the Patient Category from Pay Patient to Credit Company Patient.

5.6.3.2 Click on the Information button and select the company from the list. Check

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if there is any Member ID, Employee ID and Limit mentioned on the Company Letter. Fill in details & Update.

5.6.4 If the patient is not registered, generate the MR. No. as per normal registration forms with the Patient Category as Credit Company Patient. Enter all the details with the asterisk mark (\*).

5.6.4.1 Click on the Information button and select the company from the list. Check if there is any Member ID, Employee ID and Limit mentioned on the Company Letter. Fill in details & Save. Note the MR. No. before clicking OK.

5.6.5 Select 'Registration & Consultation' - Select Consultation – Click on New - Enter MR. Number and check the Patient category box (It must reflect as Credit Company Patient) – Change the department & consultant name as per requirement - Print Letterhead Option - Check Visit Type – Check Consultation Amount - Select Pay Mode (which should be 'CREDIT') - Save the bill

5.6.6 Three prints of this bill are taken and two xerox copies of the Company letter are taken.

5.6.6.1 1<sup>st</sup> & 2<sup>nd</sup> copy of bill – To Marketing Head/Authorized staff of marketing department along with the original copy of the Company letter

5.6.6.2 3<sup>rd</sup> copy of bill – To an Authorized staff of Accounts department along with the 1<sup>st</sup> Xerox copy of the Company letter.

5.6.6.3 The patient is not given a copy of either the bill or the company letter. However, if he/she asks for a copy of the bill, a 'duplicate copy' of the bill only can be given.

**5.7 BILLING FOR PROCEDURES/DRESSINGS:**

5.7.1 Start the HIS – Select Outpatient – Select the OPD Counter – Select Billing and click

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on New – Enter the MR No, press Tab and all the details show. Confirm the mode of payment (if Cash or Credit Card) Enter the Service name in the space of the Service Code - Enter the Quantity used and Save the bill.

- 5.7.2 Two copies of each bill must be taken; one copy is to be handed over to the patient and the other copy is to be maintained for hospital record.
- 5.7.3 This billing is done for Suture Removal, Minor Dressing, Gauze, Gamji Pad, Gamji Roll etc...

**5.8 BILLING FOR DRESSING MATERIAL USED FROM THE STORES:**

- 5.8.1 Start the HIS – Select Store Management – Select the respective counter store – Select Outpatient Activities – Select Cash Sales – Choose New – Enter the MR No. and press Tab key – Enter the Material name in the space provided for the Material Code name – Enter the Sales Quantity (or the quantity used) – Choose the Payment Mode - Save the bill – System will ask the bill print – select ‘NO’ – List of the already billed patients will appear on the screen – Right click on patient name – Choose the display option – Details of the patient will appear on the screen – Click on the ‘print laser’ option for bill print.
- 5.8.2 Two copies of each bill must be taken; one copy is to be handed over to the patient and the other copy is to be maintained for hospital record.
- 5.8.3 This billing is done for Sterile Gloves, Tegaderm, Normal Saline, Band-aid, Patch Regular/Washproof, Soft Roll, POP, Surgical Blade etc...

**5.9 GENERATING FREE BILLS:**

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- 5.9.1 Check if the patient is registered or unregistered (has an MR No.) and do the needful accordingly.
- 5.9.2 Start the HIS and select Outpatient – Select OPD Counter - Select 'Registration & Consultation' - Select Consultation – Click on New - Enter MR. Number and check the Patient category box (It must reflect as Pay Patient) – Change the department & consultant name as per requirement - Check Visit Type - Print Letterhead Option – Change the Pay Mode as per need - Check Consultation Amount – In the box of the 'Discount Amount' put the full amount payable so that value in the 'Net Amount' box reflects a zero – In the Remarks box, mention the reason for the discount. Save the bill
- 5.9.3 Print the two copies of the bill; one for the patient record which is placed in the patients file and the other for hospital record.
- 5.9.4 Free bills are generated when:
- 5.9.4.1 A Consultant decides not to charge a patient
  - 5.9.4.2 When a special message/permission is given from the OPD HOD to make a free bill.

**5.10 GENERATING DISCOUNT BILLS:**

- 5.10.1 Check if the patient is registered or unregistered (has an MR No.) and do the needful accordingly.
- 5.10.2 Start the HIS and select Outpatient – Select OPD Counter - Select 'Registration & Consultation' - Select Consultation – Click on New - Enter MR. Number and check the Patient category box (It must reflect as Pay Patient) – Change the department & consultant name as per requirement - Check Visit Type - Print Letterhead Option – Change the Pay Mode as per need - Check Consultation Amount – In the box of the

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'Discount Amount' put the discount amount payable so that value in the 'Net Amount' box reflects the payable amount– In the Remarks box, mention the reason for the discount. Save the bill

5.10.3 Print the two copies of the bill; one for the patient record which is placed in the patients file and the other for hospital record.

**5.11 CANCELLATION OF BILLS:**

5.11.1 Bills are cancelled for the following reasons:

- If the Patient category, age, name, gender is wrong.
- If the Consultant name & department is wrong
- If the Payment Mode is incorrect
- If the Visit Type is incorrect
- If the Consultant authorizes for a discount
- If the Consultant authorizes for a partial/complete refund

IT Data  
Correction  
Form

Cancellation  
process to  
be followed

5.11.2 The wrong bill is immediately taken from the patient and a fresh bill is issued to them.

5.11.3 All bills are cancelled in the Accounts department or by the Billing Manager on the very same day and if possible within an hour.

5.11.4 A note of the mistake has to be made on the bill with the staff signature and the Head of Departments signature has to be taken.

5.11.5 This bill is taken to either Accounts department/Billing Manager and the mistake is explained and corrected and their signature is taken.

5.11.6 The original bill is kept with the Accounts Department/Billing Manager and a xerox copy of the same bill is kept in the department file for record.

5.11.7 If a bill needs to be cancelled for any reason like discount or change of consultant,

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the bill needs to be signed by Consultant for the required change and it will be carried out through accounts department.

5.11.8 All bills that need to be cancelled must, as much as possible are cancelled on the very same day.

5.11.9 If the bill cancellation occurs in the evening shift and there is no authorization personnel, in such a case the bill must be cancelled on the next day. All the cash collected by the staff on the evening shift is counted and matched with her/his collection on the HIS and is submitted to Customer Support. Two printed scroll sheets of the collection are put inside an envelope along with the cash and submitted to customer support. The cancelled bill must be marked on the scroll sheet. The new corresponding bill must also be generated. Only after the Desk associate cancels the bill by authorizing it from the OPD operational head, can it be cancelled through accounts department. After the completion of the bill cancellation & signature of the accounts, one copy of the scroll sheet is kept in the accounts department and the other is signed and submitted to the respective Desk associate by the Accounts staff the next day.

5.11.10 If the generated bill has an error in the data (only for evening shift), the changes can be made through IT department by calling and informing of the error. A mail has tosent to IT department regarding the change and must be carbon copied to the Operational Head. However, it is mandatory that the IT data correction form is filled in the next day with the authorization of the Operational Head.

**5.12 REFUNDING CASH:**

5.12.1 When a refund is authorized, the cash voucher is filled and the patient's signature is taken from it and cash is refunded.

5.12.2 This cash voucher is then submitted to Accounts department along with the

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cancelled bill bearing the Consultant's signature.

### 5.13 GENERATING DUE BILLS

- 5.13.1 Open the HIS – Outpatient – Select the OPD Counter – Select Billing and click on New.
- 5.13.2 Enter the details in all the columns marked with asterisk (\*) - Enter the service name in the service code column – Choose the pay mode as Cash.
- 5.13.3 In the box against the Paying Amount, the figure entered must be zero. On doing so the amount automatically appears in the box against Due amount. The bill is saved.
- 5.13.4 Two copies of each bill must be taken; one copy is to be handed over to the patient and the other copy is to be maintained for hospital record.

### 5.14 DUE COLLECTION

- 5.14.1 When the patient pays the amount, it needs to updated and the necessary changes need to be recorded.
- 5.14.2 Open the HIS – Outpatient – Select the OPD Counter – Select Billing – Select Patient Due Amount - Click on New.
- 5.14.3 Enter the MR. No. in the Bill No. box and press the Tab key.
- 5.14.4 The list of patient who have due amounts appears in a new box.
- 5.14.5 Choose the appropriate patient making the payment
- 5.14.6 Verify the amount being paid and enter the details in the Amount paid box
- 5.14.7 Choose the Pay Mode
- 5.14.8 Save this Due Collection Receipt.
- 5.14.9 Two copies of each bill must be taken; one copy is to be handed over to the patient and the other copy is to be maintained for hospital record.

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### 5.15 OP DEPOSITS

- 5.15.1 When a patient makes a deposit payment, the following process is to be followed:
- 5.15.2 Open the HIS – Outpatient – Select the OPD Counter – Select Billing – Select OP Deposits - Click on New. Enter the Patient Info, Receipt Info and Payment Details.
- 5.15.3 The Deposit Type is OP Deposit.
- 5.15.4 The Payment mode is selected as Cash/Credit Card.
- 5.15.5 The Payment details are entered if it is a Credit Card.
- 5.15.6 Save the changes made.

### 5.16 DEBITING PAYMENTS FROM OP DEPOSITS

- 5.16.1 When a patient makes a deposit payment, the following process is to be followed:
- 5.16.2 Open the HIS – Outpatient – Select the OPD Counter – Select Billing – Select Bill - Click on New.
- 5.16.3 Enter the MR. No. and press Tab
- 5.16.4 Enter the Service Code as per requirement.
- 5.16.5 Choose the Payment mode as Cash
- 5.16.6 Click on the box aside Deposit info.
- 5.16.7 The OP Advance Details Deposit Info appears on screen.
- 5.16.8 Click on the box aside Tick for Deposit Adjustment
- 5.16.9 Save the Bill.
- 5.16.10 The amount automatically gets deducted from the deposit.
- 5.16.11 Two copies of each bill must be taken; one copy is to be handed over to the patient and the other copy is to be maintained for hospital record.

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### Consultation

#### 1.0 Policy:

Billing shall be done prior to Consultation.

Female patient shall be examined in presence of another female attendant.

Clinical data shall be documented in Consultation Sheet.

#### 2.0 Purpose:

To standardize the process of consultation among all the hospital staff to avoid confusion during the consultation process.

#### 3.0 Scope:

It encompasses all the consultations that take place in any allotted consultation room across the hospital.

#### 4.0 Responsibility:

- Desk Associate
- Desk Supervisors
- OPD Supervisor

#### 5.0 Definitions & Abbreviations: --

#### 6.0 Procedure:

##### 6.1 CONSULTATIONS

6.1.1 On arrival in the OPD the patient is greeted by the Desk associates.

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6.1.2 The Desk associate asks the patient if he/she has an appointment or is a walk-in patient.

**6.1.3 PRESCHEDULED APPOINTEMENTS**

6.1.3.1 The Desk associate then asks for previous hospital file if any.

6.1.3.2 If the patient is coming to Saideep hospital for the first time, he/she is guided on the registration process & its importance. The patient is also guided on the consultation charges and the payment modes available.

6.1.3.3 If the patient has regularly been visiting the hospital, he/she is advised about the follow up charges.

6.1.3.4 The patient will be billed for the service by the Desk associate at the respective OPD counter and will be given a receipt along with the file with MR No and Name written on it.

6.1.3.5 The patient is informed on the doctor's status in the OPD, his/her turn and the waiting period. He/she will be directed to the consultant room.

6.1.3.6 The examination of all female patients by a male doctor can be conducted in the presence of another female attendant. All physical examination will take place with adequate precaution to maintain the dignity and privacy of the patient. All sensitive information will be shared with patient and his/her family inside the consultant room for auditory privacy.

6.1.3.7 The Desk associate requests each patient to kindly switch off/turn their mobile into a silent mode before entering the Consultants cabin. She/he also instructs them that no calls must be attended too once inside the Consultants cabin.

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**6.1.4 WALK-IN PATIENTS**

6.1.4.1 If the patient is coming to hospital for the first time, he/she is guided on the registration process & its importance. The patient is also guided on the consultation charges and the payment modes available.

6.1.4.2 If the patient has regularly been visiting the hospital, he/she is advised about the follow up charges.

6.1.4.3 The patient is informed on the available doctor's status in the OPD, his/her turn and the waiting period. He/she will be directed to the consultant room.

6.1.4.4 In case of Emergency patients visiting the OPD , the OPD Staff Nurse checks the patient and guides them to casualty for consultation with Casualty Medical Officer who in turn coordinates with the respective consultant for further care. In case Pediatric patients the staff nurse coordinates with the available consultant & as per the advise by the consultant guides the patient for further medication / consultation.

6.1.4.5 The patient will be billed for the service by the Desk associate staff at the respective OPD counter and will be given a receipt along with the file with MR No and Name written on it.

6.1.4.6 The Desk Associate requests each patient to kindly switch off/turn their mobile into a silent mode before entering the Consultants cabin. She/he also instructs them that no calls must be attended too once inside the Consultants cabin.

6.1.4.7 The examination of all female patients by a male doctor can be conducted in the presence of another female attendant. All physical examination will take place with adequate precaution to maintain the dignity and privacy of the patient. All sensitive information will be shared with patient and his/her family inside the consultant room for auditory privacy. Staff nurse takes

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height and weight of the patient before consultation and documents the same in patient's file.

6.1.4.8 Staff nurse checks the patient file for any previous medical records, consultation paper in case of follow up patient.

6.1.4.9 Consultant examines the patient, notes down the history, relevant clinical finding in HIS/Clinical/OPD Module

6.1.4.11 At the end of consultation Staff Nurse checks the patient file for prescribed medications, pathology investigation or any other investigation and guides the patient accordingly.

**6.1.5** At the end of consultants OPD, doctors sign book must be updated after the consultant finishes his/her OPD patients for the day and must be signed from him/her before he/she leaves the OPD cluster.

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Document Title : Initial Assessment

**1.0 Policy:**

Initial assessment shall be documented in Consultation Sheet by Staff Nurse / consultant.

**2.0 Purpose:**

To carry out the process of initial assessment for all the patients to aid the consultation process.

**3.0 Scope:**

It encompasses all the patients going for consultations across the hospital.

**4.0 Responsibility:**

Desk Associate

Staff Nurse

Consultant

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

**6.1 CONSULTATIONS**

6.1.1 On arrival in the OPD the patient is greeted by the Desk associates.

6.1.2 The Desk associate asks the patient if he/she has an appointment or is a walk-in patient.

**6.1.3 PROCESS FOR INITIAL ASSESSMENT**

6.1.3.1 The Desk associate then asks for previous hospital file if any.

6.1.3.2 If the patient is coming to Saideep hospital for the first time, he/she is guided on

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the registration process & its importance. The patient is also guided on the consultation charges and the payment modes available.

- 6.1.3.3 If the patient has regularly been visiting the hospital, he/she is advised about the follow up charges.
- 6.1.3.4 The patient will be billed for the service by the Desk associate at the respective OPD counter and will be given a receipt along with the file with MR No and Name written on it.
- 6.1.3.5 The patient is informed on the doctor's status in the OPD, his/her turn and the waiting period.
- 6.1.3.6 The Desk associate requests each patient to kindly switch off/turn their mobile into a silent mode before entering the Consultants cabin. She/he also instructs them that no calls must be attended too once inside the Consultants cabin.
- 6.1.3.7 Staff nurse checks the patient file for any previous medical records, consultation paper in case of follow up patient.
- 6.1.3.8 Staff Nurse notes the initial assessment as per the Parameters defined for each Speciality .

**PARAMETERS FOR INITIAL ASSESSMENT :**

Speciality	Parametrs	Time Period for assessment	Responsibility
Paediatric OPD	- Allergy - Weight - Height - Temp - Vulnerability assessment	- First 20 mins from registration - For every visit	Staff Nurse Doctor
General Medicine	- Allergy - BP - Pulse - Weight	First 20 mins from registration - every visit	Staff Nurse Doctor

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Gynaecology	- Allergy - BP - Pulse - Weight	First 20 mins from registration - every visit	Staff Nurse Doctor
Cardiology	- Allergy - BP - Pulse - Weight - SPO2	First 20 mins from registration - every visit	Staff Nurse Doctor
Orthopaedic	- Allergy - Weight -Pain Status	First 20 mins from registration	Staff Nurse Doctor
General Surgery	- Allergy - BP - Pulse - Weight	First 20 mins from registration - every visit	Staff Nurse Doctor

6.1.3.10 In case of Emergency patients visiting the OPD , the OPD Staff Nurse checks the patient and guides them to casualty for consultation with Casualty Medical Officer who in turn coordinates with the respective consultant for further care. In caPediatric patients the staff nurse coordinates with the available consultant & as per the advise by the consultant guides the patient for further medication / consultation with intensivist in PICU / consultation with the casualty Medical Officer for further care.

6.1.3.11 After the initial assessment the Desk Associates guides the patient for the consultation as per the turn.

**6.2 PARAMETERS FOR NUTRITIONAL ASSESSMENT ( PAEDIATRIC OPD)**

Sr. No.	Age of the child	Parameters
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1	0- 6 months	Intake of water , honey , sugar
2	6 – 12 months	Night time feeding
3	12 – 24 months	Breastfeeding , feeding by spoon , bottle feeding , night feeds
4	> 2 yrs	Intake 4 times / day , has breakfast , watching TV while eating

**6.3 PARAMETERS FOR PSYCHOSOCIAL ASSESSMENT ( PAEDIATRIC OPD)**

Sr. No.	Age of the child	Parameters
1	0 – 6 months	Excessive Crying ,Interacts with Parents
2	6 – 1 year	Smiles , Babbles
3	1 – 2 years	Interested in toys,Interact when called
4	2 years onward	Has friends, Any concern from school

**6.4 PARAMETERS FOR VULNERABILITY ASSESSMENT ( PAEDIATRIC OPD)**

Particulars
Is the child excessively sleeping?
Has the child been reacting less than usual?
Is the child passing less frequent urine?
Is the child crying inconsolably?
Is there any other concern which makes you feel that your child should be seen out of turn

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Document Title : OPD Procedures

**1.0 Policy:**

All the OPD procedure/Vaccinations shall be carried out only after consultants order only.

**2.0 Purpose:**

To standardize the process of performing procedures for outpatients in the OPD.

**3.0 Scope:**

It encompasses all the outpatients coming to OPD for the purpose of procedures.

**4.0 Responsibility:**

Consultant Physician

Staff Nurse

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

6.1 Staff Nurse checks, Consultant orders for the course of treatment.

6.2 The patient is explained about the procedure.

6.3 Patient is guided to Procedure room by staff Nurse.

6.4 Staff nurse assists the consultant for the procedure, staff nurse notes down the dressing material utilized for the dressing for particular patient as well as notes down the number of stitches removed if any.

6.4 Patient/relative is directed to Front office for billing purpose.

6.5 Staff Nurse gives the list of inventory used for dressing to the Desk associate for billing purpose.

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- 6.6 Staff nurse discards bio-medical waste as per Hospital Bio-medical waste disposal Policy
- 6.7 Procedure bed is cleaned with 1% bacillocid after each and every procedure.
- 6.8 Cleaning and disinfection of the instrument is carried out in OPD Duo room.
- 6.9 Instruments used during the procedures are washed with soap and water and sent to the CSSD for sterilization.
- 6.10 If Patient is sero-positive, instruments are soaked in 1% Sodium Hypochloride for 20 mins., washed, packed and labeled with patients name and MR No. and then sent to CSSD for sterilization.
- 6.11 Procedure Book CSSD Log File to be maintained daily basis by staff nurses in order to maintain CSSD stock check.
- 6.12 Patient is explained about date of follow up or any other instructions if any.

**6.2 Pediatric Vaccination:**

- 6.2.1 Staff nurse check the consultants order for vaccination
- 6.2.2 As per the written order from the consultant vaccines are with drawn from the cold chain freeze for the use.
- 6.2.3 Consultant pediatrician administers the vaccine to the pediatric patient.
- 6.2.4 Desk associate at pediatric cluster bills the patient accordingly in coordination with pediatric staff Nurse.
- 6.2.5 Daily inventory checks are made to note down the vaccines used for the day, vaccines available in the departmental stock and checks for the indent.

**6.3 Maintenance of Procedure room.**

- 6.3.1 Cold chain freeze in the Procedure room is checked on daily basis to note down the temp., temp. is noted in temperature monitoring chart.

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Document Title : OPD Procedures

- 6.3.2 Any change in the temp. below 2 and above 8 degree Celsius is immediately informed to maintenance department for any further corrective and preventive action.
- 6.3.3 Terminal cleaning is planned on weekly basis.



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Document Title : Referring Patients

**1.0 Policy:**

Primary consent shall be taken from the patients while referring the patient to other physician.

**2.0 Purpose:**

To standardize the process of referring patients from one doctor to another, so as to facilitate a smooth flow of appointments.

**3.0 Scope:**

It encompasses all those patients who are referred from one doctor to another within the OPD.

**4.0 Responsibility:**

Desk associate  
Desk supervisor  
OPD Supervisors

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

- 6.1 A patient meeting a particular doctor for consultation may be directed to another doctor for purpose of getting an opinion to another prevailing medical condition which cannot be reasonable treated by the primary doctor.
- 6.2 In such cases, the primary doctor must mention the referring doctor along with the purpose of reference. He/she must also consent the patient if he is willing to meet another doctor for medical treatment.
- 6.3 As per the urgency/emergency, the primary doctor may coordinate for the meet with the referring doctor directly.

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Document Title : Referring Patients

- 6.4. Alternatively the primary doctor will speak to the Desk Associate and ask to make arrangements to meet the doctor, if present in the OPD.
- 6.5 As per the scheduled appointment, the patient can meet the referring doctor and will be treated as a walk-in patient in that department.
- 6.6 Patient will be treated as patient for New Consultation and will be charged as per the OPD rates.

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Document Title : Continuity of Care

**1.0 Policy:**

Desk associate/Staff Nurse/Consultant shall be guiding the patient in order to maintain continuity of care.

**2.0 Purpose:**

All staff of the department, including the person receiving care, communicates and works with each other to coordinate health care and to set goals for health care.

**3.0 Scope:**

Improving continuity of care requires efforts by the OPD & by the people receiving care.

**4.0 Responsibility:**

Desk associate  
Desk supervisor  
OPD Supervisors  
Consultant  
Staff Nurse

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

- 6.1 The Desk Associate Staff and the Staff Nurse together are involved in the process of continuity of care of the patient
- 6.2 The staff nurse guides and advises patients to health check packages that would be useful for the well being of the patient at special costs.

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- 6.3 Staff Nurse also ensures the patient understands investigations and the follow – up that is needed and communicates with the patient to schedule follow up appointments.
- 6.4 The staff nurse also follows up with the parents/guardians on the regular immunizations of the child at each OPD visit.
- 6.5 A visit to the pediatricians for a follow up is also assisted with by the staff nurse or Desk Associate staff.
- 6.6 Staff Nurse educates the patient in case of referrals to other Physician(Ref. Policy on Referrals)

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Document Title : Managing Consultants Leave

**1.0 Policy:**

Consultant shall arrange for Locum consultant in his absence.

Consultant leave forms shall be submitted to GM-Operations on daily basis.

**2.0 Purpose:**

To guide the process of consultants leave and the arrangement of a locum doctor.

**3.0 Scope:**

All panel doctors in Saideep Hospital.

**4.0 Responsibility**

- Desk associate
- Desk supervisor
- OPD Supervisor
- GM Operations

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

- 6.1 If a consultant goes on leave it is mandatory for all the consultants to fill up the leave form, which is available in each OPD.
- 6.2 The consultant chooses the Locum doctor from the panel of Saideep Hospital.
- 6.3 The consultant confirms with the locum doctor about his/her availability during his leave period.
- 6.4 After confirmation, consultant fills up the leave form which gives detailed information about the consultant name, specialty, leave period, name of locum doctor, with specialty

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and signature of both the consultants, which is to be submitted to the Desk associate staff at the OPD.

- 6.5 The care facilitator reconfirms with the locum doctor about his availability and latter blocks appointments for that specific period.
- 6.6 The Desk associate staff will check the scheduler. If any appointments are given during the leave period they are rescheduled as per the availability of consultant.
- 6.7 The compiled consultant leave note is sent on daily basis from OPD to all the concerned departments across the hospital.
- 6.8 In case if the locum doctor goes on leave in that leave period of primary consultant, then the locum doctor has to appoint another consultant who will be the locum for primary consultant as well as second consultant.
- 6.9 The leave forms are sent to General Manager (Operations), Outpatient services for signatures after checking the leave dates, locum and checking the consultant & locum signature and finally it is handed over to HR department for documentation.
- 6.10 In case the consultant is informing the leave on the phone, he/she needs to provide details of the locum doctor as well. The Desk associate staff fills the leave form and confirms about the consultants leave with the locum doctor, availability of locum doctor and informs the concerned department of the same through the doctors leave report.
- 6.11 Signatures are taken from both the doctors (consultant & locum) on the next visit in the OPD. The locum doctor can either sign for both doctors on the very next visit in the OPD or the Desk associate staff can take up the responsibility and sign for the consultant on leave only.
- 6.12 Emergency on call Rota:
  - 6.12.1 List of on call consultant for the next month is received from HR department on 4<sup>th</sup> week of every month.
  - 6.12.2 Messages are sent to all the consultants in Rota list to inform them the Rota using URL SMS software.

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Document Title : Cancelling and Rescheduling of OPD By Consultants

**1.0 Policy:**

Consultant shall inform the OPD desk associate in case if there is any cancellation or rescheduling of the OPD appointment.

Desk associate shall inform the patient in case of cancellation or rescheduling of the appointment.

**2.0 Purpose:**

To standardize the process of canceling the OPD appointments by doctors so that there is minimum inconvenience to patients and they are appropriately rescheduled.

**3.0 Scope:**

It encompasses all the OPD consultants who may cancel and reschedule their OPD due to some unforeseen circumstance.

**4.0 Responsibility**

- Desk associate
- Desk supervisor
- OPD Supervisor
- Executive-General Operations
- Consultant
- GM Operations

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

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Document Title : Cancelling and Rescheduling of OPD By Consultants

- 6.1 A doctor scheduled to visit the OPD on a particular day and at a particular time may have to cancel the OPD due to an emergency or an unforeseen circumstance.
- 6.2 The doctor would need to call the respective OPD where he/she consults and inform the Desk associate Staff about the cancellation and rescheduling with prior notice.
- 6.3 The Desk associate Staff receiving the call must inform the immediate in-charge of the OPD as well as record the same in daily report that such a cancellation has taken place and also details of the reschedule date along with number of patients cancelled and rescheduled.
- 6.4. The Desk associate Staff must check the appointment list for the doctor for that respective day and must call each and every patient and cancel the appointment for that day & simultaneously inform them of the reschedule date. This must be done on an urgent and important basis without any delay.
- 6.5 If the patient's call not reachable / switched off the Desk associate can convey the message through the OPD supervisor's mobile by SMS.
- 6.6 In case if the patient still arrives in the OPD, Desk associate Staff should apologize for the cancellation of appointment and should assist with providing care by the nursing staff as well as in house physician for basic but needed care.
- 6.7 All the rescheduling and cancellation are reported to OPD supervisors on daily basis by individual desk associates.

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Document Title : General Policies and Guidelines

**1.0 Policy:**

All the new consultant joining to OPD area shall be informed to all the hospital department.  
New consultant shall be oriented to all the hospital clinical and administrative areas by allotted desk associate.

**2.0 Purpose:**

To standardize the process by which a New Consultant joins the OPD so that he/she feels comfortable and is aware about the facilities and features of the new surroundings.

**3.0 Scope**

Any consultant who wishes to join the OPD – full time or part time.

**4.0 Responsibility:**

- Desk associate
- Desk supervisor
- OPD Supervisors
- GM Operations

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure**

- 6.1 Following the communication with the HR department and the OPD operational head, the new Consultant is provided with days and time for scheduling his/her OPD appointments. This is done both at the convenience of the doctor and the hospital.
- 6.2 The main reception desk of the hospital and the respective cluster are informed about the joining of the new Consultant. His/her cabin is allotted and kept ready. A circular is passed

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to all concerned department regarding the new Consultant. Necessary updates are made in the HIS.

- 6.3 On the 1<sup>st</sup> day of OPD the new Consultant is greeted by the Operational head of OPD and maybe the Chief HR.
- 6.4 The OPD operational head introduces to the new Consultant the Desk Associate Staff of that cluster and other important members of the unit as well as of the hospital.
- 6.5 The OPD operational head hands over a file to him/her consisting of the extension numbers of the hospital, a consultants schedule and other important hospital details that he/she needs to be aware about.
- 6.6 Any assistance that may be needed by the new Consultant is handled by the OPD Operational head together with the Desk Associate Staff as quickly as possible.
- 6.7 The OPD operational head also allots a Desk Associate staff to orient the new consultant to the various OPD's and also a brief tour of the various areas in the hospital.

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Document Title : Inventory Management

**1.0 Policy:**

Desk associate and staff nurse shall ensure availability of inventory for the department.

No expired drugs shall be stored in the OPD.

All the CSSD equipments shall be sent to CSSD after every use.

All the medicines shall be indented from Hospital Pharmacy only.

**2.0 Purpose:**

To standardize the process of managing the inventory stock within the department

**3.0 Scope:**

It includes the entire inventory stored within the department inclusive of medical items, surgical items, equipments & stationary material

**4.0 Responsibility:**

- Desk associate
- OPD supervisor
- Executive
- Sr. Executive
- GM-Operations

**5.0 Definitions and Abbreviations:**

OPD: Outpatient Department

**6.0 Procedure:**

**6.1 INDENTS:**

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- 6.1.1 Indents are a process that is used for procuring items from pharmacy and central stores.
- 6.1.2 The HIS is opened with the users ID – the Store module is selected – Click on Store Indents – Select Floor/Department Indents – a new window opens. Choose the store (pharmacy, central store or surgical store), enter the code of the material needed and the quantity. Save the request.
- 6.1.3 Choose the indent in the indent list and right click on the indent requisition and verify the indent.
- 6.1.4 The stores accept the indent request and provide the material to the department. The receiver counts and checks the material and acknowledges the stock received.
- 6.1.5 If any particular equipment / material is required by a Consultant, then the material requisition form / capital procurement form is filled up. (Usage of these forms depends on the expense of the good). The form is signed by the Consultant and forwarded to the head of department for approval and authorization following which it is sent to the respective store for purchase.

## 6.2 CONSUMPTION

- 6.2.1 All chargeable items are billed to the patient. Non chargeable items are shown as department consumption. For this, select floor department issues – select the store (pharmacy, central store or surgical store) – select the option of without consumption – enter the remark/reason for consumption.
- 6.2.2. Enter the material code and show the quantity of used material against the physical stock present. Save the entry.

## 6.3 RETURNING EXPIRED MATERIAL

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- 6.3.1 All stock (medical and surgical material) that is going to expire within the next 3 months has to be returned to the pharmacy or surgical store 3 months before its expiry.
- 6.3.2 The material name is entered in the duplicate book and the head of department signature is taken to signify awareness and authorization.
- 6.3.3 The duplicate book is then sent to the respective store with the material for return. The respective staff of the store accepts the material and marks a received signature in the book and returns the book to the respective OPD.

**6.4 MEDICINES STOCK**

- 6.4.1 Medications are checked in every shift by each Staff Nurse daily.
- 6.4.2 If any medications are used to the patient the same must be charged to the patient.
- 6.4.3 All the medicines are indented from the hospital pharmacy itself.

**6.5 C.S.S.D. EQUIPMENTS**

- 6.5.1 All used equipment must be sent to the CSSD for sterilization
- 6.5.2 Soiled equipment is wrapped in the green cloth and a request for sterilization is made in the CSSD form book.
- 6.5.3 If new equipments are needed, a request for the same is made alongside.
- 6.5.4 The equipments are sent to the CSSD and new equipments are brought by the department housekeeping staff.
- 6.5.5 If any new equipment is needed, the requisition for the same must be made 1 day prior.

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6.5.6 CSSD must also be checked for expiry dates and as much as possible be used before such date.

**6.6 BIOMEDICAL EQUIPMENTS:**

6.6.1 A biomedical staff does a daily morning check of the maintenance and accurate working of all the biomedical equipments.

**6.6.2 Other Equipments**

- 6.6.2.1 E.C.G. Trolley
- 6.6.2.2 Dressing Trolley
- 6.6.2.3 Wheelchairs

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Document Title : Patient Education

**1.0 Policy:**

All the patients coming to OPD area shall be explained on cost of the treatment.

All the patients coming to OPD area shall be educated about patient education material.

All the patients coming to OPD area shall be educated about medication dosage, frequency of medicines, contact details in case of emergency.

**2.0 Purpose:**

The main purpose of patient education is to educate people about health. It encompasses physical, mental & psychological health.

**3.0 Scope:**

Hospital wide

**4.0 Responsibility:**

Desk associate

Desk supervisor

OPD Supervisors

Staff Nurse

Consultant

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

6.1 The Desk Associate Staff educates the patient on Medical Record number, its importance and value.

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- 6.2 Patient education also encompasses the concept related to health promotion and disease prevention to enhance health.
- 6.3 The Desk Associate Assistant and the Staff Nurse/Health Care Assistant of the respective clusters are responsible for guiding the patients towards healthy living.
- 6.4 The staff nurse also educates the patient about the medications prescribed (importance & dose) by the doctor post consultation.
- 6.5 The staff nurse directs the patient to diagnostics department for specific investigations mentioned. She also facilitates booking of appointments with the diagnostic departments. Thus she educates the patient on the disease and its future prognosis.
- 6.6 In case of Paediatric patients, the parents/guardians are also educated on the regular immunizations of the child & its importance. The need to visit a pediatrician every few months till the child reaches a certain age is also explained to the patient.
- 6.7 Mandatory Brochures:
- Know Your Hospital
  - Pain Management
  - TPA
  - Health Check
  - Heart Check Up
  - Patient Care Partnership
  - Blood Donation
  - Infection Control
  - Get Active
  - Diet Chart
  - Coronary Angiography
  - Bypass Surgery
  - Chemotherapy
  - Breast cancer
  - Medicine
  - Kidney Disease
  - Joint Care
  - Hospital Booklet

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Document Title : Terminal Cleaning and Pest Control

**1.0 Policy:**

Terminal Cleaning in OPD area shall be done on weekly basis on Saturday.  
Pest control activity shall be undertaken on daily basis.

**2.0 Purpose:**

The purpose of terminal cleaning and pest control is to standardize the process and period for fumigating the department and maintaining the standards for infection control

**3.0 Scope:**

It encompasses the entire area under the department of Daycare.

**4.0 Responsibility**

- Desk associate
- Desk supervisor
- OPD Supervisor
- Staff Nurse
- Housekeeping Supervisor

**5.0 Definitions & Abbreviations: --**

**6.0 Procedure:**

**6.1 TERMINAL CLEANING:**

- 6.1.1 The staff involved in the terminal cleaning process is 1 Housekeeping Supervisor, 1 male Housekeeping staff & a Nursing Staff.
- 6.1.2 Terminal cleaning is done on a weekly basis (Saturday).
- 6.1.3 Rooms being terminally cleaned include: Procedure & Dressing rooms

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- 6.1.4 The terminal cleaning process begins with a thorough scrubbing and cleaning of the room with a solution of 20ml Bacilloid to 1 liter of water.
- 6.1.5 The walls & ceiling of the room, medical equipment & furniture is cleaned with this solution.
- 6.1.6 The room is then closed & sealed for 24 hours.
- 6.1.7 On opening it after 24 hours, a swab sample is taken from any part of the room & is sent to pathology lab for analysis.
- 6.1.8 If the swab samples tests positive the room can be used for patient purposes since it is free from organisms
- 6.1.9 If the swab samples tests negative the room still harbours organisms and needs to be re-cleaned.
- 6.1.10 Fumigation if needed is performed at periodic intervals such as once in 3 months or once in 6 months as per the need.

**6.2 PEST CONTROL:**

- 6.2.1 Pest control is done on a daily basis in the evening.
- 6.2.2 The staff involved for pest control includes the pest control personnel, the Housekeeping Supervisor, 1 Housekeeping staff and the respective Desk associate Staff.
- 6.2.3 The pest control register maintained by the pest control staff is duly signed on daily basis by the Desk associate staff after the completion of pest control.

**6.3 DAILY CLEANING:**

- 6..3.1 Daily cleaning is done in all the OPD consultation rooms from 7pm to 9pm in the presence of the desk associate at the respective OPD cluster.
- 6..3.2 The staff involved for daily cleaning process is 1 Housekeeping Supervisor, Housekeeping staff.

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- 6..3.3 The rooms are locked by the security after the cleaning is done, in the presence of the desk associate.
- 6..3.4 If the rooms are not available for cleaning before 9pm, the desk associate gets the room locked and the cleaning is done by the housekeeping staff the next day morning.
- 6..3.5 In case the rooms are to be opened by the staff/consultant in the absence of the desk associate, the security needs to take a confirmation about the same from the HOD and do the needful.
- 6..3.6 The desk associate mentions the same in the hand over book for the morning staff.

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