

IMS

Chapter Book





SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

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/IMS/1.A	The organisation identifies the information needs of the patients, visitors, staff, management external agencies and community.	1	1	1-NOV-22	No Any change review completed	1	1-NOV-23	No Any change review completed	No Any Amendment History
2	SDH/IMS/2.D	The organisation stores and retrieves data according to its information needs.	1	1	1-NOV-22		1	1-NOV-23		
3	SDH/IMS/3.B	The contents of the medical record are identified and documented.	1	1	1-NOV-22		1	1-NOV-23		
4	SDH/IMS/3.D	Authorised staff make the entry in the medical record.	1	1	1-NOV-22		1	1-NOV-23		
5	SDH/IMS/5.A	The organisation maintains the confidentiality of records, data and information.	1	1	1-NOV-22		1	1-NOV-23		
6	SDH/IMA/5.B	The organisation maintains the integrity of records, data and information.	1	1	1-NOV-22		1	1-NOV-23		
7	SDH/IMA/5.C	The organisation maintains the security of records, data	1	1	1-NOV-22		1	1-NOV-23		

		and information.						
8	SDH/IMS/5.F	Request for access to information in the medical records by patients/physicians and other public agencies are addressed consistently.	1	1	1-NOV-22		1	1-NOV-23
9	SDH/IMS/6.A	The organization has an effective process for document control.	1	1	1-NOV-22		1	1-NOV-23
10	SDH/IMS/6.B	The Organization retains patients clinical records, data and information according to its requirements	1	1	1-NOV-22		1	1-NOV-23
11	SDH/IMS/6.D	The destruction of medical records, data and information are in accordance with the written guidance.	1	1	1-NOV-22		1	1-NOV-23
		Original Date	Effective Date	Next date of revision			Issue NO	
		<u>01 Nov 20</u>	<u>20 November 2023</u>	<u>20 November 2024</u>			1	
Reviewed & Prepared By			Recommended By			Approved By		
Mrs.Shraddha suryavanshi			Dr.H.Kalgaonkar			Dr.S.S.Deepak		
Quality Co-ordinator			Chief Medical Administartor			Chairman & Managing Director		

Suryavanshi⁶





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2	SDH/IMS/2.D	The organisation stores and retrieves data according to its information needs.	1	1	1-NOV-21		1	1-NOV-22		
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2	SDH/IMS/2.D	The organisation stores and retrieves data according to its information needs.	1	1	1-NOV-20		1	1-NOV-21		
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7	SDH/IMA/5.C	The organisation maintains the security of records, data	1	1	1-NOV-20		1	1-NOV-21		


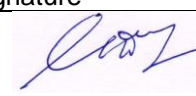
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Reviewed & Prepared By			Recommended By			Approved By			
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 <p>SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.</p>	SAIDEEP HOSPITAL HOSPITAL POLICIES	Doc No	SDH/IMS/03
		Issue No	01
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2	Policy of data management	IMS 2.D	1 to 2
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5	Confidentiality integrity & security of data and information	IMS 5.A,B,C,F MRD Manual, IT Manual	---
6	Process for Documents Control	IMS 6.A	1 to 1
7	Policy Of retention & destruction of on medical record data & Information according to its requirements	IMS 6.B & D MRD Manual	1 to 1

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





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SAIDEEP HOSPITAL
HOSPITAL POLICIES

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CHAPTER NAME – IMS 1.A

The organization identifies the information needs of the patients, visitors, staff, management external agencies and community.

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Chief Medical Administrator		Chairman & Managing Director	



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Policies on Information Needs of Patients, Visitors, Staff, Management and External Agencies

Introduction

Information requirements of the are met through Hospital Information system and paper records maintained in various departments. This is applicable for information needs of care providers, management of organizations as well as other agencies that require data and information from the organization

Policy

1. Information required within the organization as per the scope of hospital shall be made available to the relevant dept. /personnel through HMIS.
2. The hospital develops and maintain census and utilisation reports which are compiled by the Medical Records Department staff.
3. HMIS shall be in accordance with IT Act 2000.
4. Information needs of the organization are identified by studying Current Workflows and Current Input/output reports

Procedure

Handling Request for MIS Data

- Any department may request for data relevant to their area of working for purpose of planning, analysis and research.
- The same needs the approval of Medical Superintendent / Medical Administrator for utilization based data and Managing Director in case of financial data
- Relevant output is extracted by asking the users about their requirements and validating the same by IT department
- Different formats of MIS reports for internal users could be customized to meet the user's expectations.
- All reports generated are electronically notified to IT Department

Reporting to External Data Bases

- Following information required to be contributed to external database shall be complied with
 - ✓ Births and Deaths statistics

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



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Policies on Information Needs of Patients, Visitors, Staff, Management and External Agencies

- ✓ Notifiable Disease
- ✓ Immunization programs
- ✓ Disease Registries
- ✓ National Programs
- MRD is responsible for preparing the same
- Reports are to be verified and approved by Medical Administrator before they are submitted to relevant authority

Standard reference

- IMA 1 all objective elements

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





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CHAPTER NAME – IMS 2.D

The organisation stores and retrieves data according to its information needs.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
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Policies & Procedures for Control of Data

Purpose

To establish policy and procedure for effective control and management of data..

Scope

Hospital wide

Policy:

Document & Records Control

All documents and records are identified and controlled by the organization based on following control points

- Headers & Footers – All documents and formats carry the logo and corporate details of the hospital at the header and details of approval in the footer
- Document / Format Title & No – All formats and documents are identified for the intended purpose using the title and tracked using a unique identification numbers
- Version No & Date – All documents and formats carry a version number indicative of the revisions of the document / format and also the date of publishing / circulation of the same
- Amendment History – All documents and manuals carry the amendment history.

Storage & retrieval of Data

Medical Records – The procedure for storage and retrieval of patient data captured in medical record is specified in the MRD Manual

Electronic Data – The procedure for storage and retrieval of electronic data is specified in the IT Department manual.

Sharing of Data

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



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Policies & Procedures for Control of Data

The organization decides upon which data needs to be shared with whom, based on that all the employees are allotted different security groups for generation of various MIS (Management Information system) reports.

Data is entered and stored by the user department.

The user is given different rights in these security groups based on the

- Requirement
- Responsibility
- Seniority
- Access to the data and information needed to carry out their job responsibilities.

Only user department and those authorized to do so can retrieve data with the help of security protocols

The access to the information is driven by user name and password and user rights assigned in HMIS

The reports can be generated as and when required by the user department, as the data is available in the database.

Also the back up of the data are taken at regular interval.

4. References

IMS 2 – NABH Accreditation Standards for Hospitals, Ver 4



Recommended By	Signature	Approved By	Signature
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CHAPTER NAME – IMS 3.B

The contents of the medical record are identified and documented.

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Medical record are identified and documented

Purpose

The Purpose of the policy is to define all content of medical record are identified and documented.

Responsibility –The overall responsibility of implementing the policy rest with the Administrative of the hospital

Policy and procedures -

- Identified all documents of medical record with MRD No on it.
- The Contents of medical record are either hard copy written or in electronic format.
- OPD Documents - Treatment sheet ,OPD Sheet.
- Certificate – If Patients Admitted –
 - Death Certificate
 - Birth Certificate
 - Injury Certificate

Reference - IMS – 3.B

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Chief Medical Administrator		Chairman & Managing Director	



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CHAPTER NAME – IMS 3.D

Authorised staff make the entry in the medical record.

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



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Document Title : Identification of Medical records

MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	RELEASED BY
SD/V4/MRD-01	DOCTOR'S PROGRESS SHEET	RMO & CONSULTANT	PAPER	IN USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD - 02	□□-□□□□ □□□□□□□□□□	RELATIVE / BILLING DEPARTMENT	PAPER	NOT USE	
SD/MRD-03	NURSING PROGRESS SHEET	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD/05	IPD PATIENT FEEDBACK FORM	PATIENT & RELATIVES	PAPER		CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-06	SERVICES BILLING SHEET	RMO & NURSE	PAPER	USE	CHIEF ACCOUNTANT	CHIEF ACCOUNTANT	MRD I/C
SD/MRD-07	CONSENT FOR HIV TESTING	RMO	PAPER	USE	PATHOLOGIST	PATHOLOGIST	MRD I/C
SD/V1/MRD - 08	INFORM CONSENT FOR ADMISSION	REGISTRATION STAFF	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V4/MRD - 09	EMERGENCY : INITIAL ASSESSMENT	CASUALTY RMO	EMR		M.S.	M.S.	MRD I/C
SD/V2/MRD-10	BLOOD TRANSFUSION RECORD	NURSE & RMO	PAPER	USE	M.S.	CONSULTANT	MRD I/C

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SD/V2/MRD-13	CONSENT FOR HEMODIALYSIS			USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/V2/MRD/14	REQUISITION FOR PHOTO COPIES OF IPD/OPD PAPERS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-15	PATIENT MONITORING & NURSING CHART	NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-16	HIGH RISK CONSENT FOR CARDIAC SURGERY	RMO & CONSULTANT	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/V1/MRD-18	OPERATION THEATRE – SWAB COUNT FORM	O.T. NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-19	PERFUSION PROTOCOL	PERFUSIONIST & ANAESTHETIST SURGEON	PAPER	USE	PERFUSIONIST	PERFUSIONIST	MRD I/C
SD/V1/MRD-20	PRE ANAESTHETIC ASSESSMENT CHART (CVST)	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/V1/MRD-21	ANAESTHESIA RECORD FOR CONGENITAL HEART DISEASE	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C

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MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
	(CVST)						
SD/V2/MRD-22	PRE-OPERATIVE CHECK LIST	STAFF NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD-23	SURGERY NOTES	SURGEON	EMR/ PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/V2/MRD-24	CONSENT FOR DISCHARGE AGAINST MEDICAL ADVICE (DAMA)	RMO, PATIENT & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V3/MRD-25	CONSENT FOR REFUSAL OF TREATMENT / LAMA	RMO & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V2/MRD-26	HAEMODIALYSIS FLOW SHEET	NEPHROLOGIST	PAPER		NEPHROLOGIST	NERHROLOGIST	MRD I/C
SD/V4/MRD-27	DISCHARGE CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. &N.S.	MRD I/C
SD/V3/MRD-28	REGULAR MEDICINES CHART	NURSE, RMO & CONSULTANT	PAPER	USE	CONSULTANT & PHARMASIST	CONSULTANT & PHARMASIST	MRD I/C
SD/MRD-29	CONSENT FOR BLOOD	RMO, RELATIVE &	PAPER	USE	M.S.	CONSULTANT	MRD /IC

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	TRANSFUSION	PATIENT					
SD/MRD-30	□□□□□□□□ □□□□□□□□ □□□□□□□□□□ □ □□□ □□□□□□□□ □□□□□□□□□□ □□□□□□□□□□ □□□□□□ □□□□□□	NEONATOLOGIST PEDIATRITION	PAPER	USE	NEONATOLOGIS T	NEONATOLOGIST	MRD I/C
SD/V2/MRD-32	SURGERY SAFETY CHECKLIST	SURGEON, ANAESTHESIST & OT NURSE	PAPER	USE	SURGEON, ANAE THESIST & OT NURSE	SURGEON	MRS I/C
SD/MRD-33	NUTRITIONAL ASSESSMENT	DIETITIAN	PAPER	USE	DIETITIAN	DIETITIAN	MRD I/C
SH/V2/MRD-35	NURSING INITIAL ASSESSMENT	NURSE & RMO	PAPER	NOT USE	N.S.	N.S.	MRD I/C
SH/MRD-36	INTERNAL TRANSFER CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. & N.S.	MRD I/C
SD/MRD/V3/37	INVESTIGATION SHEET	RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-38	ADVICE FOR POST-MORTEM	RELATIVES & RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-39	LETTER TO CIVIL HOSPITAL, AHMEDNAGAR	RMO	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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SD/MRD-40	CONSENT FOR HYSTEROSALPINGOGRAPHY	CONSULTANT, PATIENT RELATIVES	PAPER	USE	GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD-41	CONSENT FOR STRESS TEST	CONSULTANT, PATIENT RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-42	PRE ANAESTHESIA EVALUATION	ANESTHESIOLOGIST	PAPER	NOT USE	ANESTHESIOLOGIST	CHIEF ADMIN	MRD I/C
SD/V2/MRD-43	CONSENT FOR ANAESTHESIA	ANESTHESIOLOGIST & PATIENT	PAPER	USE	ANESTHESIOLOGIST	ANASTHESIOLOGIST	MRD I/C
SD/V3/MRD-44	INFORMED CONSENT FOR SURGERY	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-45	FORM- C		PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-46	CONSENT FOR NARCO	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-47	ADMISSION FORM	PATIENT & RELATIVES	PAPEER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V3/MRD-48	INITIAL ASSESSMENT & PLAN OF CARE	RMO & CONSULTANT	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SD/MRD-49	APPOINTMENT SLIP (DR. RAHUL DHOOT)	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-50	APPOINTMENT SLIP (DR. RAHUL DHOOT) INFORMATION	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/51	CARDIAC DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/52	RENAL DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/53	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/MRD/54	CARDIAC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
SD/MRD/55	RENAL DIET PLAN	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/56	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/V2/MRD-57	CONSENT FOR CORONARY ANGIOPLASTY	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CADIOLOGIST	MRD I/C

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



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SD/MRD-58	CONSENT FOR ANGIOGRAPHY	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-59	CONSENT FOR ANAESTHESIA (CATHLAB)	ANESTHESIOLOGIST PATIENT & RELATIVES	PAPER	USE	ANESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/MRD-60	CONSENT FOR OPTIONS GIVEN FOR IMPLANTS /VALVES/ STENTS/ PACEMAKER	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST,	CARDIOLOGIST	MRD I/C
SH/V2/MRD/61	CATHLAB CHECK LIST (FOR ANGIOGRAPHY & ANGIOPLASTY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/V2/MRD/62	CATHLAB CHECK LIST (FOR ANGIOGRAPHY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/MRD/63	□□□□□□ □□□□	MJPJAY – DEP. STAFF	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/64	CONSULTANT – VISIT SHEET	CONSULTANT	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/65	CONSENT FOR OOCYTE RETRIEVALS / EMBRYO TRANSFER	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/66	CONSENT FOR OOCYTE	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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	RETRIEVALS / EMBRYO TRANSFER						
SD/MRD/67	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/68	CONSENT FORM TO BE SIGNED BY THE COUPLE	CONSULTANT, COUPLE	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/69	CONSENT FORM FOR THE DONOR OF EGGS	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/70	CONSENT FORM FOR THE DONOR OF SPERM	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/71	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/72	CONSENT OF HUSBAND	CONSULTANT, HUSBAND	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-73	OUT PATIENT FEEDBACK FORM	PATIENT OF OPD	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/MRD/75	CONSENT FOR TRANSPORTATION OF CRITICALLY ILL PATIENTS FOR INVESTION	CONSULTANT, RELATIVES	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/76	CONSENT FOR EMERGENCY TRANSPORT (AMBULANCE)	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/77	HIGH RISK CONSENT FOR TRANSPORTING PATIENT IN AMBULANCE	CONSULTANT, RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/78	PHYSICAL RESTRAINT FORM	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/79	CONSENT FOR PHYSICAL & CHEMICAL RESTRAINT	NURSE CONSULTANT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/80	DIET PLAN FOR ANAEMIA	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SH/HIC/MRD/82	INFECTION SURVEILLANCE DATA COLLECTION	ICN	PAPER	USE	ICO	I.C.O.	MRD I/C
SD/MRD-84	LOW G.C. CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SH/MRD/90	DIET PLAN FOR LOCTATING	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C

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	MOTHER						
SH/MRD/91	MORTUARY FORM	MORTUARY ATTENDANT	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SH/MRD/94	COVID-19 INVESTIGATION SHEET	RMO	PAPER	STOP			
SD/V2/MRD-95	NEUROSURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	NEUROSURGEON	NEUROSURGEON	MRD I/C
SH/MRD/96	□□□□□□ □□□□ □□□□□□□□□□ □□□□□	RELATIVES & PATIENT	PAPER	STOP			
SD/MRD/98	CHANGE IN PAYMENT CATEGORY LETTER	BILLING I/C, CONSULTANT	PAPER	USE	CONSULTANT,	CHIEF ADMIN	MRD I/C
SD/MRD/99	CONSENT FOR SPERM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/100	CONSENT FOR OVUM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-101	NURSING HANDLING OVER NOTES – IPD	NURSE	EMR	USE	N.S.	CHIEF ADMIN	
SH/MRD/102	□□□□□ □□□□□□□□□□	RELATIVES & PATIENT	PAPER	STOP			

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SH/MRD/105	MONITORING CHART (CVST)	NURSE &RMO	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD/106	PHYSICIAN FITNESS FORM	PHYSICIAN	PAPER	USE	PHYSICIAN	PHYSICIAN	MRD I/C
SD/MRD/109	INFORMED CONSENT TO CHEMOTHERAPY	ONCOLOGIST &PATIENT&RELATIVES	PAPER	USE	ONCOLOGIST	ONCOLOGIST	MRD I /C
SD/MRD/111	SIMPLIFIED PARTOGRAPH	NURSE &RMO	PAPER		GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD/112	HIGH RISK INFORMED CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/113	URINARY CATHETER MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/114	CENTRAL LINE MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/115	VENTILATOR MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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SD/V2/MRD-116	CONSENT FOR CENTRAL LINE /HEMODIALYSIS CANULA INSERTION	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD-117	CONSENT FOR CATARACT SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-118	CONSENT FOR PTERYGIUM SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-119	PATIENT LINEN CHANGE REPORT SHEET	I/C – NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/120	STANDARD REPORTING OF IN-HOSPITAL CARDIOPULMONARY RESUSCITATION	CONSULTANT & RMO	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-121	UPPER GI ENDOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C
SD/MRD-122	COLONOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C

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SD/MRD-123	INFORMED CONSENT FOR IVP	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD- 124	ENDOSCOPY PROCEDURE RECORD	CONSULTANT	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-125	CROSS REFFERAL FORM	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD-126	CONSENT FOR HEMODIALYSIS SESSION	RMO	PAPER	USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/MRD/127	EWS KEY	RMO	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-128	PATIENT & FAMILY EDUCATION / COUNSELLING TRACKER	PATIENT, RELATIVES, RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-129	NURSING CARE PLAN	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/MRD/132	SHORT HISTORY & PHYSICAL EXAMINATION	RMO	PAPER	USE	CONSULTANT	USE	MRD I/C
SD/MRD-134	BLOOD TEST REQUISITION FORM	RMO	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD-135	AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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SD/MRD-136	REFERRAL FORM		PAPER	STOP			
SD/MRD/137	CONSENT FOR LUMBAR PUNCTURE	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/138	PHYSOTHERAPY ASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/139	INFORMED CONSENT FOR PHYSIOTHERAPY TREATMENT	PHYSIOTHERPIST & PATIENT	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/140	PHYSIOTHERAPY REASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/141	CONSENT OF PHYSIOTHERAPY SESSION	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/142	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – TERMINAL CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	

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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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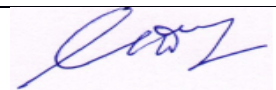
SD/MRD/143	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – DEEP CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/144	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – CLEANING BETWEEN PATIENTS	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER	USE	SURGEON & ACCOUNTANT	SURGEON	MRD I/C
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER		CONSULTANT & ACCOUNTANT	CHIEF ADMIN	
SD/MRD/146	UMBILICAL LINE	NURSE	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/148	MOLE REMOVAL	CONSULTANT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/149	MICRODEMAABRESSION	DERMATOLOGIST	PAPER	USE	DERMATOLOGIS T	DERMATOOGIST	MRD I/C

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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SD/MRD/150	□□□□□□□□ □□□□□□□□□□ (□□□□□□ □□□□□□) □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/151	□□□□□□□□-□□□□□□ □□□□□□ □□□□□□□□□□□□□□□□ □□□□□□ □□□□ □□□□□□□□□□□□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/152	□□□□□□□□ □□□□□□□□ □□□□ □□□□□□□□ (□□□□□□) □□□□□□ □□□□□□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRDI/C
SD/MRD/153	□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C



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SD/MRD/154	IADVL-ACADEMY SIG(□□□□□□ □□□□□□□□ □□) □□□□ □□ □□□□□□ □□□□□□□□ □□□□ □□ □□ □□□□□□□□□□ □□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/155	□□□□□□ □□□□□□□□□□ □□□□□□□□(FRACRIONAL CO2 LASER)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DDERMATOLOGIS T	MRD I/C
SD/MRD/156	□□□□□□□□□□ □□□□□□□□ □□□□□ (LASER OF PIGMENTATION)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/157	□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□ □□□□□ □□□□□ (KELOID ILS)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD-42/A	POST ANAESTHESIA EVALUATION	ANATHESIOLOGIST	PAPER	USE	ANAESTHESIALO GIST	ANAESTHESIALOGI ST	MRD I/C

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SD/MRD/158	IVF FLOW SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I /C
SD/MRD/159	ANC CARD	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/160	GYNAECOLOGIC CYTOLOGY TEST REQUISITION FORM	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/161	FOLLICULAR STUDY REPORT	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/162	IVF PATIENT INVESTIGATION	CONSULTANT & PATIENT	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/163/V1	DOCTOR SHIFT HANDOVER SHEET	RMO &	PAPER	STOP			
SD/MRD-164-VI	CENTRAL LINE INSERTION PRACTICES ADHERENCE MONITORING	RMO & CONSULTANT	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-165-VI	URINARY CATHETER INSERTION PRACTICES ADHERENCE MONITORING	RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C

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SD/MRD-168-V1	CONSULTANT PROGRESS SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/166	CONSENT FOR ENDOTRACHEAL INTUBATION / TRACHEOSTOMY AND USING VANTILATOR	CONSULTANT & RMO	PAPER	USE	M.S & CONSULTANT .	M.S.&CONSULTAN T	MRD I/C
SD/MRD/170	DIET PLAN FOR PREGNANCY	DIETITION	PAPER	USE	DIETITION	DIETITION	MRD I/C
SD/MRD/171	SPIN SURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON,	SURGEON	MRD I/C
SD/MRD/172-V1/E	CONSENT FORM TO BE SIGNED BY THE COUPLE OR WOMEN	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/175-V1/EN	CONSENT FOR FREEZING OF EMBRYOS	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/178-	CONSENT FOR OOCYTE RETRIEVAL	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.18
Issue No	01
Rev No.	01
Date	5/3/2021
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Document Title : Identification of Medical records

V1/EN							
SD/MRD/179-V1/EN	CONSENT FORM FOR THE DONOR OF OOCYTES	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/180	ECT AND ANATHESIA RECORD FORM	PSYCOLOGIST	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C



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



SAIDEEP HOSPITAL
HOSPITAL POLICIES

Doc No	SDH/IMS/05
Issue No	01
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Date of Issue	10 Nov 20
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CHAPTER NAME – IMS 5.A

The organisation maintains the confidentiality of records, data and information.

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



SAIDEEP HOSPITAL
HOSPITAL MANUAL

Doc No	SDH/IMS/03
Issue No	02
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Date	1 Nov 20
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Policies & Procedures for Confidentiality, Integrity and Security of Records, Data & Information

Purpose

Ensure confidentiality, integrity and security of records, data and information maintained at hospital through HMIS, other software packages and IT infrastructure, Physical medical and non medical records etc

Policy and procedures

Patient care

All the hospital staff both directly and indirectly involved in patient care is responsible to maintain the confidentiality of the patient information and also the hospital information. Any details related to patient health such as the diagnosis, investigation reports like laboratory reports, radiology reports, any procedures reports shall be discussed only with patients and authorized relative of the patients. Patient details shall not be discussed loudly within the premises, wards, and critical care areas amongst the staff during handing over the duty.

All employees and also the newly employed staffs are given the information and training regarding the confidentiality policy.

All the newly appointed staff and faculties are presented with a **“SaideepHospital Confidentiality Statement”**, which they sign and the copy of it will be stored in their personnel file and a copy shall be given to them.

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



SAIDEEP HOSPITAL
HOSPITAL MANUAL

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Policies & Procedures for Confidentiality, Integrity and Security of Records, Data & Information

Saideep Hospital Confidentiality Statement

- Hospital has the responsibility of safeguarding its patient information and protects it as highly confidential.
- Confidential information is the information maintained in the HMS, manual documentation in any registers, and patient health information like diagnosis, investigation or procedure report.
- I understand that this information are confidential and must be maintained in the strictest of confidence.
- I also understand that all user identification code and password are highly confidential and shall not be disclosed to any other person. Also using another employee's user id and password is a security violation and shall be dealt with accordingly.
- Violation of any of these will be reported to and investigated by the Management Committee of the Hospital.
- After understanding all this, I hereby agree that any time during my affiliation with the hospital I will not disclose any confidential information to any other person, other than the patient or the authorized personnel of the patient.

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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Policies & Procedures for Confidentiality, Integrity and Security of Records, Data & Information

Signature :

Date :

Medical Records

Procedures for ensuring the integrity and security of same are mentioned in MRD Manual

Digital Data

Procedures for ensuring the integrity and security of same are mentioned in IT Manual

STANDARD REFERENCE

IMS – 5

LINKED DOCUMENTS

- MRD Manual
- IT Manual

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



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SAIDEEP HOSPITAL
HOSPITAL POLICIES

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CHAPTER NAME – IMS 5.B

The organisation maintains the integrity of records, data and information.

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CHAPTER NAME – IMS 5.C

The organisation maintains the security of records, data and information.

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Digital Data

Procedures for ensuring the integrity and security of same are mentioned in IT Manual

STANDARD REFERENCE

IMS – 5


LINKED DOCUMENTS

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- IT Manual

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IT MANUAL

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Amendment Sheet


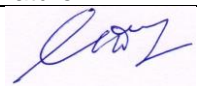
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1. Scope

Information Systems Department provides for the software, hardware and support needs of the patient care providers. This support includes, but is not limited to, the installation of new software systems, along with the hardware and training necessary to utilize such systems, and ongoing maintenance of current hardware and repair of such hardware. The Information Systems Department is an important part of the decision team used in making selections of appropriate software systems to provide support in short and long-term planning for the patient care information needs of the organization. Department is responsible for overseeing the timely processing, completeness, and when necessary, the retrieval of all medical and non-medical data.

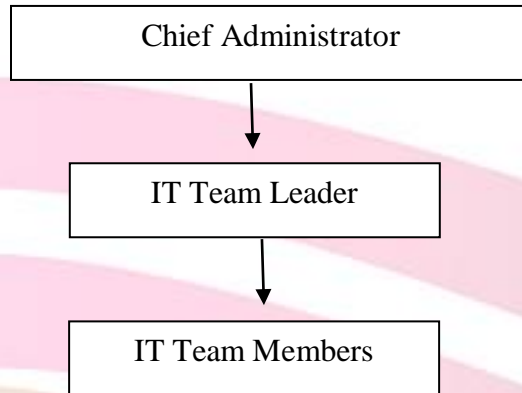
1.1. The scope of services also encompasses efforts made to provide:

- Improved data accuracy.
- Demonstrated balance of proper levels of security versus ease of access.
- Use of aggregate data, available through computerized reporting in the Medical Records/Health Information Management Department, to assist all healthcare providers with information that allows for identification of opportunities to improve performance.
- Accessibility of the medical record at all times to only those authorized persons with a need to know for patient care.
- All documents received will be placed in the chart as soon as possible to ensure timely access to this information.

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2. Organogram



3. HIS Access & Control Procedure

3.1. Purpose


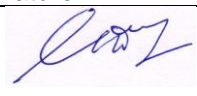
This procedure is to establish the process of control of access to HIS modules by staff.


3.2. Scope

The procedure defines the process for granting access (use ID creation) and privileges, modifying privileges and deleting the access of employees to the HIS.

3.3. Procedure

- A module is authenticated by giving a user id and a password for access.
- The user level – roles are given to each user to limit the access.
- The roles are decided by the Head of the Department

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- The log details, like the logging in and logging off timings of each user is noted for any future verification.
- The Password is decoded and stored, if there is any change in password, a letter from the Head of the department is given, the administrator resets the password.
- If any data is requested by anybody in the Hospital, we get proper requisition letter from the respective HOD and then provide the data.
- Hands on user training for each module are given when the module is installed in the system.
- If there is any change in the role of the employee while moving from one department to another, then the required module is authenticated for the user with the HOD's permission.
- The password is decoded and stored in the system, so as nobody in the IT section has a control over it, they could only reset it by giving a default password.

4. Management of Hardware Assets


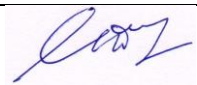
4.1. Purpose


This procedure is established to track, manage and maintain the IT related hardware assets of the hospital like computers, printers, UPS, Scanners etc.

4.2. Scope

The procedure covers the management of the physical components of computers and computer networks, from acquisition through disposal. Common business practices include request and approval process, procurement management, life cycle management, redeployment and disposal management

4.3. Procedure

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Chief Medical Administrator		Chairman & Managing Director	

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4.3.1. Hardware Acquisition Process—Any departments requiring new computer hardware, peripherals etc. will provide a written request to the EDP department. The same has to be approved by the Director. In case the EDP department does not have the required asset in stock or unused in another department; they will take approval of the director for purchase process. The specification will be finalized and at least three quotes will be submitted. Computers and laptops may be purchased from vendors based on pre-approved rates also.

4.3.2. Asset Register and Asset tagging – The EDP will maintain an up to date asset register with details of each asset with the following minimum particulars; make, model, configuration, serial number, asset tag number. Each of the asset will have an Asset Tag marked on a sticker or stenciled on the asset to identify it


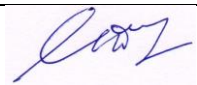
4.3.3. Annual Maintenance &warranty – The EDP staff maintain files regarding AMC coverage of IT assets and also maintain information on the warranty validity of these assets.


4.3.4. Re-use and reconfiguration – Whenever assets are re-configured / upgraded the information regarding the same including details of spares / components used are updated in the asset register. The same applies when parts of the assets are re-used in any manner

4.3.4. Disposal of Assets – For condemning and disposing IT assets the department will raise a request to the EDP department; who will then assess the reparability or re-usability of the asset. In cases where the same is not possible they will recommend for condemnation and seek approval from the Director. On approval from the Director the same will be shifted to the IT scrap storage area. The contents of the scrap storage will be given to authorized e-waste disposal agencies / recyclers.

4.3.5. Records

Asset Register

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5. Management of Software Licenses

5.1. Purpose

This policy and procedure is to advise all the hospital departments on the proper and legal use of computer software and provide various strategies and tactics for managing software license assets and ensure statutory and legal compliances

5.2. Scope

It is the policy of Saideep Healthcare & Research Pvt. Ltd. that the hospital and its departments shall work diligently to prevent and combat computer software piracy in order to give effect to copyrights associated with the computer software as per laws of the land.


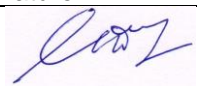
5.3. Definitions


Software License

A **software license** is a legal instrument (usually by way of contract law, with or without printed material) governing the use or redistribution of software. All software is copyright protected, except material in the public domain. A typical software license grants an end-user permission to use one or more copies of software in ways where such a use would otherwise potentially constitute copyright infringement of the software owner's exclusive rights under copyright law

5.4. Procedure

5.4.1. Software License Inventory - The EDP department will maintain the current inventory of the software licenses. The inventory taking will include the analyzing the various software products installed in all the hospital computers. The inventory list of the existing software license should include the

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following; product name, version, type of license, expiration date and purchase reference. Once further additional licenses are required and purchased same shall be included in the inventory.

5.4.2. Bi-Annual Audits of Installed Software – The EDP staff will conduct thorough audits of all software installed in the desktops and laptop computers used in the hospital. The audit will determine whether any of departments are using unlicensed software and also identify that software that are no longer required, and ensure action to eliminate unnecessary license expenses


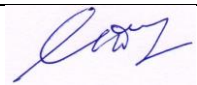
5.4.3. Software License File – The EDP department will maintain a file with proof of ownership for all installed software. These include paid invoices, download records, copies of Proof of Licenses / Certificate of Authenticity (especially for pre-installed software, OS etc.)


5.4.4. Records

- 1 Software Inventory Register
2. Bi-Annual Audit report

6. Storage and Backup

- ✓ The Data is stored in the Server and it is protected by a user name and password.
- ✓ Regular backups are taken on hourly basis and if there is a crash we will be able to recover data to that point of time. No loss of data.
- ✓ A physical backup of the server is taken once in 3 months in order to recover the database in case of failures.
- ✓ A source backup of the HIS modules are taken regularly on daily basis.
- ✓ There is a SAN storage box which takes care of all the data storage which includes for the servers like HIS,PACS& EMR
- ✓ A backup of the data is kept in another machine parallel, so as to minimize the time of recovery

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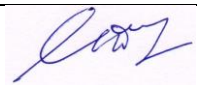
- ✓ We have a HDD backup, a secondary storage device, which is kept in a different location in the same campus.

7. User Training



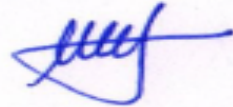

- ✓ Hands on user training for each module are given when the system is installed in the system.
- ✓ Periodically training is given to new employees for their respective modules.
- ✓ Common modules used by all the employees, are given for the training group.
- ✓ Existing employees are given training when an enhancement takes place in the existing modules.

8. Records in the Department



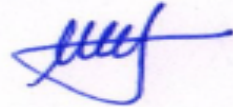

- A. IT Log Book
- B. IT Infra Detail Register
- C. Complaint Register
- D. Component and peripheral issue register
- E. Daily round Report Register
- F. Daily Meeting Register
- G. Hardware Interior Report (softcopy is maintained)
- H. IP Address Details (softcopy is maintained)
- I. HIS Training Record
- J. Service call register
- K. HIS Updation Report
- L. Biometric Backup


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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/IT/01	Scope	1	1	20-Nov-22	No Any change review completed	1	20-Nov-23	No Any change review completed	No Any Amendment History
2		Organogam	1	1	20-Nov-22		1	20-Nov-23		
3		HIS Access & control Procedure	1	1	20-Nov-22		1	20-Nov-23		
4		Management of Hardware Assets	1	1	20-Nov-22		1	20-Nov-23		
5		Management of software licenses	1	1	20-Nov-22		1	20-Nov-23		
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7		User Training	1	1	20-Nov-22		1	20-Nov-23		
		Original Date	Effective Date		Next date of revision		Issue NO			
		05 Mar 21	20 November 2023		20 November 2024		1			
Reviewed & Prepared By			Recommended By				Approved By			
Mr.Shivaji Pulate		Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar				Dr.S.S.Deepak			
IT Head		Quality Co-ordinator	Chief Medical Administartor				Chairman & Managing Director			
 										


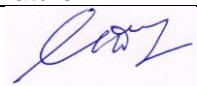
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Reviewed & Prepared By			Recommended By				Approved By				
Mr.Shivaji Pulate		Mrs.Shraddha suryavanshi		Dr.H.Kalgaonkar				Dr.S.S.Deepak			
IT Head		Quality Co-ordinator		Chief Medical Administartor				Chairman & Managing Director			
											

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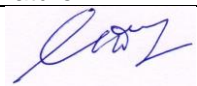
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1. Scope

Information Systems Department provides for the software, hardware and support needs of the patient care providers. This support includes, but is not limited to, the installation of new software systems, along with the hardware and training necessary to utilize such systems, and ongoing maintenance of current hardware and repair of such hardware. The Information Systems Department is an important part of the decision team used in making selections of appropriate software systems to provide support in short and long-term planning for the patient care information needs of the organization. Department is responsible for overseeing the timely processing, completeness, and when necessary, the retrieval of all medical and non-medical data.

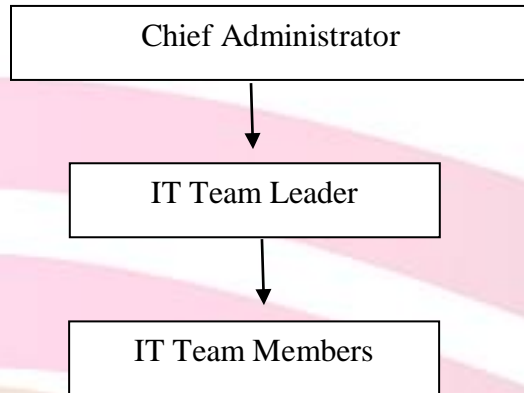
1.1. The scope of services also encompasses efforts made to provide:

- Improved data accuracy.
- Demonstrated balance of proper levels of security versus ease of access.
- Use of aggregate data, available through computerized reporting in the Medical Records/Health Information Management Department, to assist all healthcare providers with information that allows for identification of opportunities to improve performance.
- Accessibility of the medical record at all times to only those authorized persons with a need to know for patient care.
- All documents received will be placed in the chart as soon as possible to ensure timely access to this information.

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

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2. Organogram



3. HIS Access & Control Procedure

3.1. Purpose


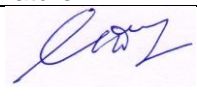
This procedure is to establish the process of control of access to HIS modules by staff.


3.2. Scope

The procedure defines the process for granting access (use ID creation) and privileges, modifying privileges and deleting the access of employees to the HIS.

3.3. Procedure

- A module is authenticated by giving a user id and a password for access.
- The user level – roles are given to each user to limit the access.
- The roles are decided by the Head of the Department

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Chief Medical Administrator		Chairman & Managing Director	

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- The log details, like the logging in and logging off timings of each user is noted for any future verification.
- The Password is decoded and stored, if there is any change in password, a letter from the Head of the department is given, the administrator resets the password.
- If any data is requested by anybody in the Hospital, we get proper requisition letter from the respective HOD and then provide the data.
- Hands on user training for each module are given when the module is installed in the system.
- If there is any change in the role of the employee while moving from one department to another, then the required module is authenticated for the user with the HOD's permission.
- The password is decoded and stored in the system, so as nobody in the IT section has a control over it, they could only reset it by giving a default password.

4. Management of Hardware Assets


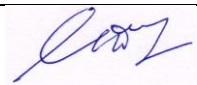
4.1. Purpose


This procedure is established to track, manage and maintain the IT related hardware assets of the hospital like computers, printers, UPS, Scanners etc.

4.2. Scope

The procedure covers the management of the physical components of computers and computer networks, from acquisition through disposal. Common business practices include request and approval process, procurement management, life cycle management, redeployment and disposal management

4.3. Procedure

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

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4.3.1. Hardware Acquisition Process—Any departments requiring new computer hardware, peripherals etc. will provide a written request to the EDP department. The same has to be approved by the Director. In case the EDP department does not have the required asset in stock or unused in another department; they will take approval of the director for purchase process. The specification will be finalized and at least three quotes will be submitted. Computers and laptops may be purchased from vendors based on pre-approved rates also.

4.3.2. Asset Register and Asset tagging – The EDP will maintain an up to date asset register with details of each asset with the following minimum particulars; make, model, configuration, serial number, asset tag number. Each of the asset will have an Asset Tag marked on a sticker or stenciled on the asset to identify it


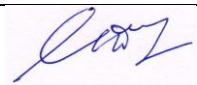
4.3.3. Annual Maintenance &warranty – The EDP staff maintain files regarding AMC coverage of IT assets and also maintain information on the warranty validity of these assets.


4.3.4. Re-use and reconfiguration – Whenever assets are re-configured / upgraded the information regarding the same including details of spares / components used are updated in the asset register. The same applies when parts of the assets are re-used in any manner

4.3.4. Disposal of Assets – For condemning and disposing IT assets the department will raise a request to the EDP department; who will then assess the reparability or re-usability of the asset. In cases where the same is not possible they will recommend for condemnation and seek approval from the Director. On approval from the Director the same will be shifted to the IT scrap storage area. The contents of the scrap storage will be given to authorized e-waste disposal agencies / recyclers.

4.3.5. Records

Asset Register

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

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5. Management of Software Licenses

5.1. Purpose

This policy and procedure is to advise all the hospital departments on the proper and legal use of computer software and provide various strategies and tactics for managing software license assets and ensure statutory and legal compliances

5.2. Scope

It is the policy of Saideep Healthcare & Research Pvt. Ltd. that the hospital and its departments shall work diligently to prevent and combat computer software piracy in order to give effect to copyrights associated with the computer software as per laws of the land.


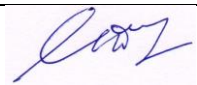
5.3. Definitions


Software License

A **software license** is a legal instrument (usually by way of contract law, with or without printed material) governing the use or redistribution of software. All software is copyright protected, except material in the public domain. A typical software license grants an end-user permission to use one or more copies of software in ways where such a use would otherwise potentially constitute copyright infringement of the software owner's exclusive rights under copyright law

5.4. Procedure

5.4.1. Software License Inventory - The EDP department will maintain the current inventory of the software licenses. The inventory taking will include the analyzing the various software products installed in all the hospital computers. The inventory list of the existing software license should include the

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following; product name, version, type of license, expiration date and purchase reference. Once further additional licenses are required and purchased same shall be included in the inventory.

5.4.2. Bi-Annual Audits of Installed Software – The EDP staff will conduct thorough audits of all software installed in the desktops and laptop computers used in the hospital. The audit will determine whether any of departments are using unlicensed software and also identify that software that are no longer required, and ensure action to eliminate unnecessary license expenses


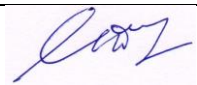
5.4.3. Software License File – The EDP department will maintain a file with proof of ownership for all installed software. These include paid invoices, download records, copies of Proof of Licenses / Certificate of Authenticity (especially for pre-installed software, OS etc.)


5.4.4. Records

- 1 Software Inventory Register
2. Bi-Annual Audit report

6. Storage and Backup

- ✓ The Data is stored in the Server and it is protected by a user name and password.
- ✓ Regular backups are taken on hourly basis and if there is a crash we will be able to recover data to that point of time. No loss of data.
- ✓ A physical backup of the server is taken once in 3 months in order to recover the database in case of failures.
- ✓ A source backup of the HIS modules are taken regularly on daily basis.
- ✓ There is a SAN storage box which takes care of all the data storage which includes for the servers like HIS,PACS& EMR
- ✓ A backup of the data is kept in another machine parallel, so as to minimize the time of recovery

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Chief Medical Administrator		Chairman & Managing Director	

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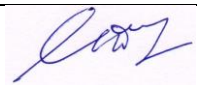
- ✓ We have a HDD backup, a secondary storage device, which is kept in a different location in the same campus.

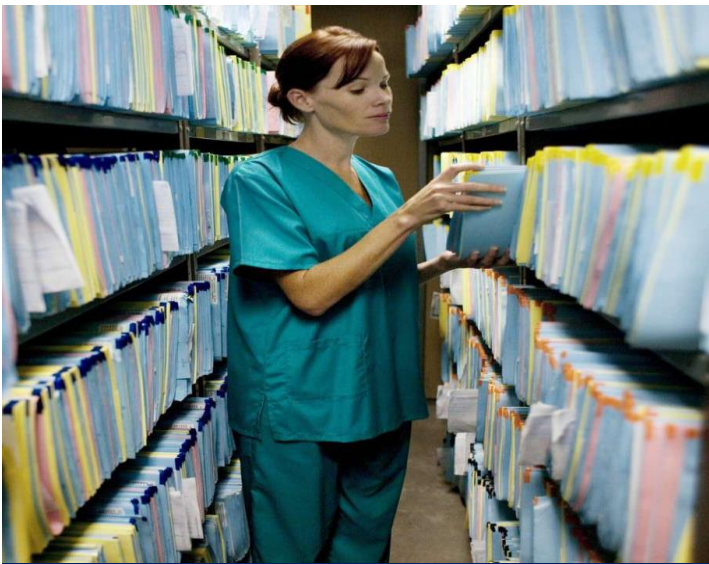
7. User Training

- ✓ Hands on user training for each module are given when the system is installed in the system.
- ✓ Periodically training is given to new employees for their respective modules.
- ✓ Common modules used by all the employees, are given for the training group.
- ✓ Existing employees are given training when an enhancement takes place in the existing modules.

8. Records in the Department

- A. IT Log Book
- B. IT Infra Detail Register
- C. Complaint Register
- D. Component and peripheral issue register
- E. Daily round Report Register
- F. Daily Meeting Register
- G. Hardware Interior Report (softcopy is maintained)
- H. IP Address Details (softcopy is maintained)
- I. HIS Training Record
- J. Service call register
- K. HIS Updation Report
- L. Biometric Backup

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Chief Medical Administrator		Chairman & Managing Director	







MEDICAL RECORDS DEPARTMENT 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/MRD/01	Contents	1	1	20-Nov-22	List Updates	1	20-Nov-23	As per amendment	List Updates
2	SDH/MRD/02	Department Organization Chart	1	1	20-Nov-22	No Any Change	1	20-Nov-23	No Any Change	NO any Amendment History
3	SDH/MRD/03	Role & Responsibilities	1	1	20-Nov-22		1	20-Nov-23		
	SDH/MRD/04	Standard Operating Procedures			20-Nov-22			20-Nov-23		
4	SDH/MRD/4.1	Retention Of Medical records	1	1	20-Nov-22	MTP & Pediatric Case Sheet record Added	2	20-Nov-23	MTP & Pediatric record Added As per NABH Audit NC	MTP & Pediatric case sheet Retention Policy Added.
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	20-Nov-22	No Any Change	1	20-Nov-23	No Any Change	NO any Amendment History
6	SDH/MRD/4.3	Release of Information and PMR Copies	1	1	20-Nov-22		1	20-Nov-23		
7	SDH/MRD/4.4	Issue of Copies in Case of Death	1	1	20-Nov-22		1	20-Nov-23		
8	SDH/MRD/4.5	Confidentiality Policy	1	1	20-Nov-22		1	20-Nov-23		

		Original Date	Effective Date	Next date of revision	Issue NO		
		<u>05-Mar-21</u>	<u>20 November 2023</u>	<u>20 November 2024</u>	1		
Reviewed & Prepared By		Recommended By		Approved By			
Dr.Monali Gore	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar		Dr.S.S.Deepak			
MRD HOD	Quality Co-ordinator	Chief Medical Administartor		Chairman & Managing Director			
							



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	SDH/MRD/04	Standard Operating Procedures						20-Nov-22		
4	SDH/MRD/4.1	Retention Of Medical records	1	1	05-Mar-21		2	20-Nov-22		
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	05-Mar-21		1	20-Nov-22		
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8	SDH/MRD/4.5	Confidentiality Policy	1	1	05-Mar-21		1	20-Nov-22		

9	SDH/MRD/4.6	Destruction of Medical records	1	1	05-Mar-21	2	20-Nov-22		
10	SDH/MRD/4.7	Patient Registration Record Creation of PMR	1	1	05-Mar-21	1	20-Nov-22		
11	SDH/MRD/4.8	Identification of Records	1	1	05-Mar-21	1	20-Nov-22		
12	SDH/MRD/4.9	Control of PMR forms	1	1	05-Mar-21	1	20-Nov-22		
13	SDH/MRD/4.10	Complication and Maintenance of MR Folder	1	1	05-Mar-21	1	20-Nov-22		
14	SDH/MRD/4.11	Deficiency Check	1	1	05-Mar-21	1	20-Nov-22		
15	SDH/MRD/4.12	ICD Coding	1	1	05-Mar-21	1	20-Nov-22		
16	SDH/MRD/4.13	Filing of Medical records	1	1	05-Mar-21	1	20-Nov-22		
17	SDH/MRD/4.14	Retrieval of Medical records	1	1	05-Mar-21	1	20-Nov-22		
18	SDH/MRD/4.15	Inspection of the Filing System	1	1	05-Mar-21	1	20-Nov-22		
19	SDH/MRD/4.16	Hospital Census & Statistics	1	1	05-Mar-21	1	20-Nov-22		
20	SDH/MRD/4.18	Authorized Staff Make the entry in the medical record	1	1	05-Mar-21	2	20-Nov-22		
		Original Date	Effective Date		Next date of revision		Issue NO		

	<u>05-Mar-21</u>	<u>20 November 2022</u>	<u>20 November 2023</u>	1	
Reviewed & Prepared By		Recommended By		Approved By	
Dr.Monali Gore	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar		Dr.S.S.Deepak	
MRD HOD	Quality Co-ordinator	Chief Medical Administartor		Chairman & Managing Director	
					



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Amendment Sheet

Sr.No	Page No	Clause No	Date of Amendment	Amendment Made	Reasons	Signature of Approval Authority
01	4.1	IMS 6.	20-Nov-22	Retention Of Medical records	MTP & Paediatric Case Sheet record Added as per NABH NC	
02	4.6	IMS 6.D	20-Nov-22	Destruction of Medical records	Destruction policy update as per Pre Assessment audit NC	
03	4.17	IMS	20-Nov-22	New Policy	MTP Policy Made As per NABH Audit NC	
04	4.18	IMS 3.D/F	20-Nov-22	Authorized Staff Make the entry in the medical record	Master List updates	

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



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03.	Roles & Responsibilities
04.	Standard Operating Procedures
4.1	Retention of Medical Records
4.2	Custody of MLC & Death Case Files
4.3	Release of Information & PMR Copies
4.4	Issue of PMR Copies in Case of Death
4.5	Confidentiality – Policies & procedures
4.6	Destruction of Medical Records
4.7	Patient Registration & Creation of PMR
4.8	Identification of records
4.9	Control of PMR Forms
4.10	Compilation and Maintenance of PMR Folder
4.11	Deficiency Check
4.12	ICD Coding
4.13	Filing of Medical Records
4.14	Retrieval of Medical Records
4.15	Inspection of Filing System
4.16	Hospital Census & Statistics
4.17	Registration of a Patients for MTP
4.18	Authorized staff make the entry in the medical Record

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



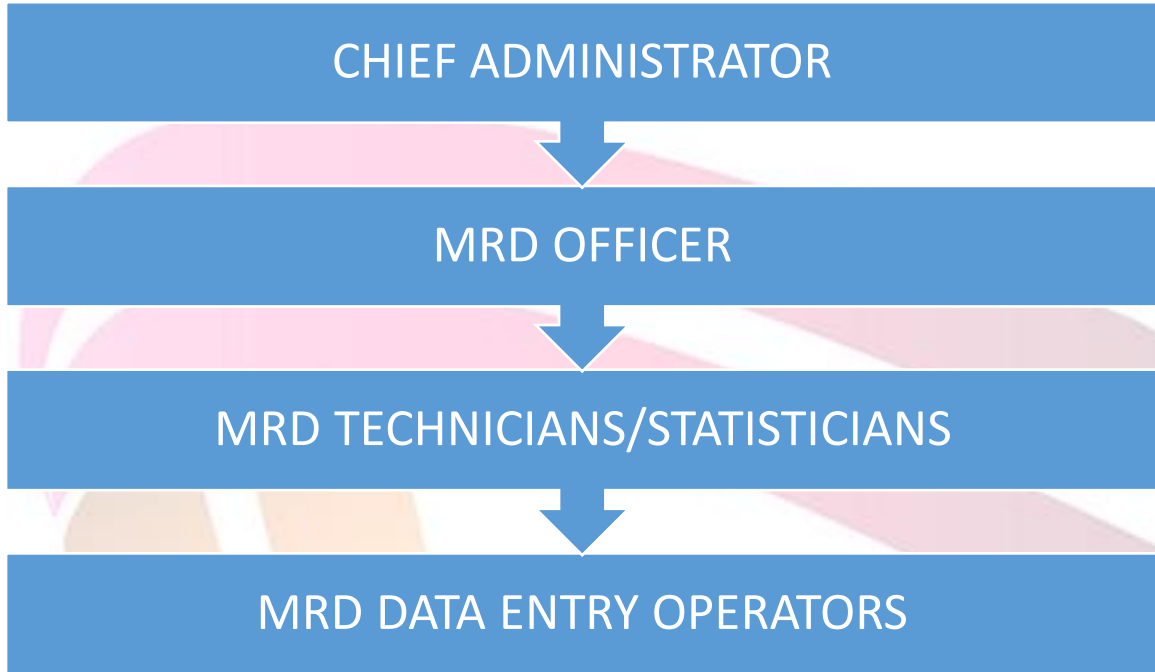
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Organisational Chart – MRD

Organisational Chart



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



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Document Title : MRD

PURPOSE AND SCOPE

The purpose of the policy is to define the roles and responsibilities of the MRD Staff

RESPONSIBILITIES

Director Administration

The overall responsibility of implementing the policy rests with the AD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Medical Record Officer
- Plans, Organize, direct, coordinates and supervises the operation of medical record unit and other administrative and medical office support activities.
- Development and implements policies and procedures relating to the management, retention and storage of medical records.
- Supervises, directs, trains and assigns the work of clinical, medical records and other assigned staff, either directly or through subordinates and supervisors and lead staff.
- Evaluate employee performance and recommends employee selection, initiate disciplinary action and other personnel activities.
- To establish, organize, manage a MRD with appropriate system to provide an effective service in the hospital.
- To develop policies and procedures relating to MRD in accordance with the legal or Government policies.
- To review the medical records of OP and IP to ensure that they include all important documents and pertinent information.
- To cooperate with the medical, nursing and other staffs in completing patient medical records.
- To assist in quality assurance utilization review, infection control and other committee and programs.

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



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- To prepare monthly statistical report concerning the hospital activities carried out and to submit to concerned authorities and suggestion for improvement.
- To ensure confidentiality of information.
- To effectively control the movement of the patient files to achieve a unit record system and protect medical records in accordance with the policies relating to preservation and destruction.
- Interdepartmental relations relating to the patient flow, maintenance of medical records and other documents like nursing, laboratory, radiology, administrative, public relations, medical social service and doctors.
- Plan, develops and administers health information system for health care facility consistent with standards of accrediting and regulatory agencies and requirements of health care systems.
- Develops and implements policies and procedures for documenting, storing and retrieving information and for processing medical legal documents, insurance data and correspondence requests in conformance with federal, state and local statutes.
- Coordinates medical care evaluation with medical staff and develops criteria and methods for such evaluation.
- Prepare and conducts training sessions in medical records maintenance, processing, retention and release of the departmental staffs.

MRD ATTENDERS

- Responsible for filing and retrieval of medical records
- Responsible for dispatch & return of medical records to and from the concerned OPD.
- To cross-check and ensure all issued case sheets are returned to MRD.
- To check the case sheet if it is filed properly.
- To safeguard the medical records and ensure the confidentiality of information in the medical records.

MRD TECHNICIANS

- Classifies and verifies coding of diseases and operations in accordance with the coding of standard nomenclature and classification systems.
- Review medical records and identifies inconsistencies in diagnosis and treatment criteria per government and insurance company reimbursement policies.
- Practice policies and procedures relating to confidentiality and the protection of personal and sensitive data of patients, colleagues and others.

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



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- Assist MRO for planning, auditing and other day to day activities in medical records department.
- Overall supervision of medical records department and staffs in absence of MRO.
- To transfer the demographic and other data of the discharged patients from manual file to the computer system after coding of diseases and operations.
- To co-ordinate and do inactive medical records separation & movement to inactive storage area.
- Conduct random audits of medical records along with the MRD in regular intervals to determine the completeness of the medical record
- Offer general assistance to the practice team and project a positive and friendly atmosphere to patients and other visitors either in person or via the telephone.
- To ensure confidentiality of information.

REFERENCES

Standards

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



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MEDICAL RECORDS UNIT

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Document Title :Retention & Destruction Policy

PURPOSE AND SCOPE:

The purpose of the policy is to define the policy on retention of medical records

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Outpatient records are discarded if the patient has not visited the hospital for a period of five years after his last visit.
- Inpatient records are discarded after 7 years from the date of admission.
- If a patient has registered several times resulting in multiple out patient records, then the records are amalgamated into one record with cross references to the others. The retained record is as per the following priority
 - Medico legal case
 - Death
 - Any other admission
 - Medico legal case sheets and Death case sheets are maintained indefinite.
- In pediatric cases, the record is retained till the patient reaches 18 years of age and then the PMR is retained for 3 more years and then destroyed as per the policy mentioned above.
- Records of MTP are maintained as per MTP act requirements
- Destruction of medical record can be done after the retention period is over and after taking approval from the Medical Director.
- Before destruction advertisement in 2 local news papers is published and time is given to patient to ask for the documents before shredding and keeping records.
- Medical Records are destroyed through proper shredding at the presence of the MRO.

REFERENCES

IMS 6 – NABH Accreditation Standards for Hospitals, Ver 5

Recommended By	Signature	Approved By	Signature
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MEDICAL RECORDS UNIT

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Document Title : Custody of MLC & Death Case Records

PURPOSE AND SCOPE

The purpose of the policy is to define policies for handling Medico Legal Cases and Death Records by the MRD.

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Medico legal case sheets and Death case sheets are kept under the custody of the Medical Records Officer in the Medical Record Department.
- In case any clinician wants to review the death files,
- they shall approach the Medical Records Department. If these files are to be moved from the premises of the medical records department for purposes of research works, they shall obtain written permission from RMO / Medical Superintendent.
- For the purposes of insurance and issue of certificates, the medical records of death cases shall be issued to the concerned department after approval from Deputy Medical Superintendent/ Medical Superintendent.

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The MLC/ Death Case Sheets are kept in a locked cupboard under lock and key. The files are arranged in the cupboard in a chronological order	MRD Technician	
2	A duplicate of the MLC/Death Case Sheet cupboard is	Medical	

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 : Custody of MLC & Death Case Records

	maintained with the Medical Administrator	administrator	
3	The approved request for issue of MLC/ death files for research / death audit purposes are filed in separated files maintained for the purpose	MRD In-Charge	
4	The MLC / death case sheet issues from the MRD is recorded in a register maintained for the purpose with the details – Person / Department Issued, Date, Purpose, Sign of receiving person. MLC/Death case sheet shall be issued only directly to the person for whom it is approved and shall not be handed over to any other staff for purpose of transport etc	MRD Technician	MLC/Death Case Sheet Issue register

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDHMRD/4.3
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Document Title : Release of Information and Medical Record Copies

PURPOSE AND SCOPE

The purpose of the policy is to provide guidance to MRD staff on release of patient information and copies of Medical records

POLICIES

- The hospital accepts the right of the patient to obtain a copy of his medical record
- The PMR copies can be released to patient only based on approval by Medical Superintendent who shall provide approval for same after consulting on same with the treating doctor of the case.
- The medical record shall be issued within 72 hours after getting the approval from the Medical Superintendent
- Original PMR shall not be issued in any case and certified copies shall be provided to the patient.
- Investigation reports like X-rays, Scan reports, ECG, Echo and TMT reports can be given to patient after ensuring a copy of the same is filed in the patient record folder.

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	For release of PMR copies a written request must be submitted to the Medical Superintendent specifying the purpose for the release of PMR copy. In cases where patient cannot be personally present the PMR copies may be issued to next of kin based on written request of patient with attached with patient attested copy of of government issued ID card of the person receiving the PMR copy on behalf of patient	MS	
2	In cases where patients are not in a medical condition to make a request themselves / pediatric	MS	

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 : Release of Information and Medical Record Copies

	cases / mentally unstable cases, the next of kin, parents, guardians can make a request on behalf of patient as per procedure mentioned above		
3	On request for a copy of PMR the MS will request for release of the original case file from MRD and sent the same to the attending clinician for his / her opinion	MS	
4	Based on consultation with clinician the approval for release may be granted. In cases where necessary approval from MD and legal opinion may be sought before issue of PMR copy	MS	
5	After approval the MS shall instruct the MRD In-charge to prepare a photocopy of the PMR.	MRD In-Charge	
6	All pages of the copied PMR would be marked using a stamp as "PHOTOCOPY". All pages will be sealed with hospital seal and initialed by MS prior to issue of the copy	MRD In-Charge	
7	The MRD In-Charge will issue the copy of PMR to patient / approved representative and take his signature in the appropriate Issue register	MRD In-Charge	PMR Copy Issue Register

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORD MANUAL

Doc No	SDH/MRD/4.4
Issue No	01
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Document Title : Issue of Copies in case of Death

PURPOSE AND SCOPE

The purpose of the policy is to provide guidance on release of medical records in case of Death Cases

POLICIES

- The Medical Records Officer can issue the copies of relevant records after obtaining the signature of the receiver in the concerned register. This shall be done in consultation with the concerned clinician.
- The copies of other medical records in cases of death shall be issued after getting written authorization from the concerned clinician.
- PROCEDURES
- Procedure for issue of copies of PMR in death cases shall be same as that specified for normal cases in SDH/MRD/4.3

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.5
Issue No	01
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Document Title : Policy on Confidentiality

PURPOSE AND SCOPE

The purpose of the policy is to define confidentiality requirements to be followed in handling Medical records

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

POLICIES

- It is the duty of each and every staff member to safe guard the medical records and ensures the confidentiality of information they come across while performing their duty.
- No staff member shall approach the medical records department directly for obtaining their / or their families medical records. They shall follow the guidelines for issue of medical records and approach the reception for the same.
- In case a staff member finds a medical record misplaced anywhere in the hospital, they shall immediately hand it over to the custody of the medical records department.
- In no case shall a medical record or the medical record folder as a whole be given in the hands of the patients or their family.
- In cases where the confidentiality violation is observed; an incident report on same shall be raised.
- PROCEDURES
- Nil

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORD MANUAL

Doc No	SDH/MRD/4.6
Issue No	01
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Document Title : Destruction of Medical records

PURPOSE AND SCOPE

The purpose of the policy is to guide the hospital MRD staff on procedure for destruction of medical records

POLICIES: Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The MRD Technician shall track the records that to be discarded every six months based on retention policy and tracking the activity of the records. After collecting the data he shall send a request to Medical Superintendent for approval	MRD Technician	
2	The MS will review the same after consulting with various clinicians and MD; and approve the list with changes where necessary	MS	
3	After approval MS shall sent a circular to all clinical departments with the list of PMR approved for destroying. A week time would be given to the departments to respond to same if for any reason any of the PMR needs to be retained.	MS	
4	After the review period for clinical departments is over MS shall sent the list to MRD with approval note for destruction of listed PMR	MS	
5	The MRD in-charge will personally oversee destruction of Medical records. The method used for destruction shall only be shredding using a paper shredder.	MRD In-Charge	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.7
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Document Title : Patient Registration and MR Creation

PURPOSE AND SCOPE

The purpose of the policy is to define process of registration of patient and creation of his / her inpatient or outpatient record

POLICIES

Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	If the patient is visiting the hospital for the first time a new out patient record is created and issued to the relevant department.	Registration Counters	
2	The OP record / file of the patient is handed over to him	Registration Counters	
3	The hospital maintains details of all patient visits including patient assessments and advice on the EMR module of HIS for all OP patients	Doctors	
4	Inpatient records are created for each admission	Admission Counter	
5	After a patient is discharged, the Inpatient records are returned to the Medical Record Department for processing and filing	Ward In-Charges	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORD UNIT

Doc No	SDH/MRD/4.8
Issue No	01
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Document Title : Identification of Medical records

PURPOSE AND SCOPE

The purpose of the policy is to guide hospital staff on identification system for medical records for their traceability

POLICIES

- The OPD Medical record is tracked using a Unique Hospital Identification No (UHID No). The MRD folders and its components shall bear this no for easy identification
- All pages of a case sheet / PMR will be noted with the Hospital Number for identification.
- IP case records are identified by their IPD number and stored chronologically.
- Additionally all MLC cases are tagged PINK for easy identification in HIS software.

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.9
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Document Title : Control of Patient Medical Records Forms

PURPOSE AND SCOPE

The purpose of the policy is to define process for the control of various forms and formats that constitute the Patient Medical Records

POLICIES

- The Medical Records Officer is responsible for ensuring the control of the various formats used by various patient care units for documentation of patient care activities, which forms the medical record of the patient.
- The Medical Record Officer shall maintain and update a List of Medical Records (Refer to annexure) with the details of the various records used by the hospital including record numbers, titles and revision status.
- The Medical Record officer shall maintain a catalogue of the master formats of all the medical records used by the hospital. The master formats shall have the approval of the appropriate authority for approval of the format.

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The Medical Records Officer is responsible for ensuring the control of the various formats used by various patient care units for documentation of patient care activities, which forms the medical record of the patient.	MRD In-Charge	
2	The Medical Record Officer shall maintain and update a List of Medical Records (Refer to annexure) with the details of the various records used by the hospital including record numbers, titles and revision status.	MRD In-Charge	
3	Any Changes to any forms / component of PMR has to	Chief Medical	

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Control of Patient Medical Records Forms

	be approved by the Chief Medical Administrator	Administrator	
4	In-case of any new PMR form or change to PMR form the clinical department concerned has to put up an application to MS with a draft design on the format	MS	
5	On approval from MS; the MRD In-Charge would provide a unique ID no for the format and assign version number based on changes / revisions made. The format no and version would be printed on the bottom right corner of all PMR formats to ensure proper tracking of same	MRD In-Charge	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.10
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Document Title : Compilation and Maintenance of Medical Record Folder

PURPOSE AND SCOPE

The purpose of the policy is to guide hospital staff on compilation and maintenance of the Medical record Folders.

POLICIES: Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The patient record folder is compiled by addition of the required record sheet by the nursing staff of the patient care unit or the concerned department technicians in cases of diagnostic and therapeutic units.	MRD In-Charge	
2	Proper identification shall be made on each record by noting down details like patient name, Hospital number, age & sex etc.	MRD In-Charge	
3	The various medical records shall be arranged with the patient record folder as per the pre-determined Sorting Order of Medical Records (Refer to annexure).	MS	
4	The various investigations reports and consent forms shall be properly mounted by the nursing staff as specified.	MS	
5	The PMR shall be arranged as per the sorting order described in the Annexure	MRD In-Charge	
6	The nurses after discharge shall arrange the PMR as per the sorting order before sending the same to MRD		

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Deficiency Check

PURPOSE AND SCOPE

The purpose of the document is to guide the MRD staff on checking the deficiencies of the Medical Records post discharge prior to filing the same.

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical record technicians shall perform a deficiency check for each medical record folder received. The deficiency check shall verify; <ul style="list-style-type: none">- Sorting order of the folder- Completeness of the reports- Signature of the consultants / clinicians- Completeness of Diagnosis and discharge status- Completeness of the consent forms- Completeness of operation reports- Missing diagnostic reports	MRD Technicians	
2	The deficiency check shall be documented using a Deficiency Check List. (Refer to attached format)	MRD Technicians	PMR Deficiency Check Sheet
3	In case of any deficiencies the same shall be noted in the checklist and the concerned department requested to ensure the completeness of the records.	MRD Technicians	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
MEDICAL RECORDS
DEPARTMENT

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Document Title : ICD Coding

PURPOSE AND SCOPE

The purpose of the policy is to define the parameters and policy of coding of medical records using the International Coding of Diseases

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The RMO after verifying with Admitting Consultant shall fill in the primary and allied diagnosis in the face sheet of PMR of patients post discharge. They shall then check for the appropriate code as per International Classification of Diseases - Tenth Revision (ICD 10) published by the World Health Organization. The coding shall cover primary, secondary and final diagnosis.	RMO / Consultants	PMR Face Sheet
2	The RMOs shall subsequently get the signature of the concerned consultant on face sheet of PMR before handing over the same to nurses for hand over to MRD	RMO / Consultants	PMR Deficiency Check Sheet
3	On receiving the case sheet the MRD technicians will check the face sheet for entry of the appropriate diagnosis and coding	MRD Technicians	

REFERENCES:

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Filing of Medical record Folders

PURPOSE AND SCOPE

The purpose of the document is to guide the process of filing of the Medical records in the Medical record Storage area

POLICIES

Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The IP files shall be kept according to the IP Number. An index of multiple IP Case Sheets is maintained at the HIS level enabling retrieval of all IP Case Sheets under a unique Hospital ID	MRD Technicians	
2	The filing order for the various files shall be mapped in the medical records file-tracking feature of the hospital management system. The filing of the records shall be done in sequential order according to their hospital numbers.	MRD In-Charge	
3	All the shelves and racks used for filing of the records shall be appropriately labeled / numbered to facilitate easy filing and retrieval of records.	MRD Technicians	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Retrieval of Medical records Folder

PURPOSE AND SCOPE

The purpose of the document is to provide guidance to MRD staff in retrieving of records

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical records shall be retrieved based on requests generated through the hospital information systems.	MRD Technicians	
2	On retrieval of a patient record from its designated area a tracer card shall be placed to indicate its removal.	MRD In-Charge	
3	All medical records are entered in a register.	MRD Technicians	MRD Issue Register
4	The retrieval and issue of the patient records shall be updated in the hospital information system to keep a track of issued records.	MRD Technicians	
5	Special request for records from any other departments like insurance are entered in a special register called case sheet movement register	MRD Technicians	Case Sheet Movement register
6	Retrieval during non-working hours are done by the night managers who has access to the MRD through key from security. The details of the retrieved records are entered in Case Sheet Movement register with signature of the night manager	Night Manager	

REFERENCES:

Standards

Recommended By	Signature	Approved By	Signature
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SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.15
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Document Title : Inspection of Filing System

PURPOSE AND SCOPE

The purpose of the document is to provide guidelines for inspection of the Medical; Record filing system

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical records officer shall periodically conduct physical inspection of the filing system. This shall include: Tallying of outstanding records Appropriateness of filing system Missing records Cleanliness of filing area and pest control Arrangements for movement of inactive files	MRD In-Charge	
2	All deviations / non-conformities are reported to Chief Medical Administrator	MRD In-Charge	

REFERENCES:

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNITS

Doc No	SDH/MRD/4.16
Issue No	01
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Document Title : Compilation of Hospital Census and Statistics

PURPOSE AND SCOPE

The purpose of the guidelines for compilation of the hospital statistics and census

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	<p>Collection and preparation of statistics</p> <p>The data necessary for preparations of statistical summaries and reports shall be obtained from the hospital information systems, various units and by the analysis of the patient records. The medical records department shall act as the coordination point for generation and reporting of various types of hospital statistics as required by management and clinicians for purpose of operational effectiveness and medical research.</p>	MRD In-Charge	
2	<p>Daily Census</p> <p>The medical record department shall prepare a daily census report of the hospital services covering the following aspects. This shall be done for a 24 hour period ending at midnight every day.</p> <ul style="list-style-type: none">• Number of admissions department wise• Number of discharges• OP attendance consultant wise• Number of emergency case <p>The cut off time for daily census is 12 AM midnight</p>	MRD In-Charge	

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNITS

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Document Title : Compilation of Hospital Census and Statistics

3	<p>Statistical Reports</p> <p>The medical record department shall compile and publish statistical reports on the following areas.</p> <ul style="list-style-type: none">• Hospital Census – the hospital census report shall cover total number of admissions and discharges, total number of out-patients and inpatients, total number of births and deaths, hospital death rate, Bed occupancy rate, average length of stay (ALOS) etc.• Disease and demographic statistics – The report on disease and demographic patterns shall include consolidated classification of diseases and various operations performed, number of interventional procedures done unit wise, number of notifiable diseases, high light or new or rare diseases / conditions treated etc.• Outcome Analysis – Outcome analysis reporting shall highlight the following factors; Mortality census and rates, Hospital acquired infection census and rates, number of normal and abnormal deliveries, number of live born and sill born and other relevant medical / surgical statistics.	MRD In-Charge	
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REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL

MEDICAL RECORDS UNIT

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Policy of registration of a patient for MTP (Medical Termination of pregnancy)

SUMMARY	This document provides instruction and guidance to clinicians, nurses, managers and others on policies of registration of MTP patients within the hospital.
DISTRIBUTION	To all departments, units and wards through the Hospital Manual.

INTRODUCTION

As per The Medical Termination of Pregnancy (Amendment) Act, 2021, 5A:

1. No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorized by any law for the time being in force.
2. Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment which may extend to one year, or with fine, or with both

Hence Saideep Healthcare & Research Pvt. Ltd. has following policy for the registration for MTP cases

PURPOSE AND SCOPE

The purpose of the policy is to ensure that the whole process is carried out in an efficient and easy way so as that there is no delay in rendering the service to the MTP patient and abiding the provisions of the law.

1) Unregistered female

- She is registered under a MTP CODE NUMBER from the MTP register and no other details are saved in the HIS.
- She is then directed to the concerned gynecologist who notes down her Name, Age and Address etc. details on a separate paper sheet along with the patient's signed informed consent form.
- These documents are sealed in an envelope and only the CODE NUMBER is written on it to hide the patient's identity.
- The same CODE NUMBER is written on the IPD case sheet and no other details of the patient are mentioned.
- Only the gynecologist has the access to the true identity of the patient.

2) Previously Registered female

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Chief Medical Administrator		Dr. S.S. Deepak	



SAIDEEP HOSPITAL

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Policy of registration of a patient for MTP (Medical Termination of pregnancy)

- She is registered under a new MTP CODE NUMBER from the MTP register and no other details are saved in the HIS.
- The concerned gynecologist then notes down her Name, Age and Address etc. details on a separate paper sheet along with the patient's signed informed consent form.
- These documents are sealed in an envelope and only the CODE NUMBER is written on it to hide the patient's identity.
- The same CODE NUMBER is written on the IPD case sheet and no other details of the patient are mentioned.

3) Currently registered and already admitted female

- If a female is already admitted and she is to undergo an MTP procedure, then a separate entry is shown in the HIS using a MTP CODE NUMBER from the MTP register.
- The MTP procedure notes and other relevant documents contain only the CODE NUMBER and no other details of the patient.
- After the MTP procedure the patient is shown to be discharged from the system and all her MTP related documents are kept sealed.
- If for any reasons e.g. insurance, reimbursement etc. the female requests her identity details revealed on hospital bill, prescription, lab reports then citing the above stated MTP act amendment 2021, the request shall be denied.
- Only authorized persons by the existing law can demand the hospital records containing the names and other details of the MTP cases. There shall be no exceptions.

References:

THE MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) ACT, 2021 (An Act further to amend the Medical Termination of Pregnancy Act, 1971) 25th March, 2021

NABH 5E Standard PRE 2. D

AAC 2A

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Identification of Medical records

MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	RELEASED BY
SD/V4/MRD-01	DOCTOR'S PROGRESS SHEET	RMO & CONSULTANT	PAPER	IN USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD - 02	□□-□□□□ □□□□□□□□□□	RELATIVE / BILLING DEPARTMENT	PAPER	NOT USE	
SD/MRD-03	NURSING PROGRESS SHEET	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD/05	IPD PATIENT FEEDBACK FORM	PATIENT & RELATIVES	PAPER		CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-06	SERVICES BILLING SHEET	RMO & NURSE	PAPER	USE	CHIEF ACCOUNTANT	CHIEF ACCOUNTANT	MRD I/C
SD/MRD-07	CONSENT FOR HIV TESTING	RMO	PAPER	USE	PATHOLOGIST	PATHOLOGIST	MRD I/C
SD/V1/MRD - 08	INFORM CONSENT FOR ADMISSION	REGISTRATION STAFF	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V4/MRD - 09	EMERGENCY : INITIAL ASSESSMENT	CASUALTY RMO	EMR		M.S.	M.S.	MRD I/C
SD/V2/MRD-10	BLOOD TRANSFUSION RECORD	NURSE & RMO	PAPER	USE	M.S.	CONSULTANT	MRD I/C

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Identification of Medical records

SD/V2/MRD-13	CONSENT FOR HEMODIALYSIS			USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/V2/MRD/14	REQUISITION FOR PHOTO COPIES OF IPD/OPD PAPERS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-15	PATIENT MONITORING & NURSING CHART	NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-16	HIGH RISK CONSENT FOR CARDIAC SURGERY	RMO & CONSULTANT	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/V1/MRD-18	OPERATION THEATRE – SWAB COUNT FORM	O.T. NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-19	PERFUSION PROTOCOL	PERFUSIONIST & ANAESTHETIST SURGEON	PAPER	USE	PERFUSIONIST	PERFUSIONIST	MRD I/C
SD/V1/MRD-20	PRE ANAESTHETIC ASSESSMENT CHART (CVST)	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/V1/MRD-21	ANAESTHESIA RECORD FOR CONGENITAL HEART DISEASE	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C

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



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MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
	(CVST)						
SD/V2/MRD-22	PRE-OPERATIVE CHECK LIST	STAFF NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD-23	SURGERY NOTES	SURGEON	EMR/ PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/V2/MRD-24	CONSENT FOR DISCHARGE AGAINST MEDICAL ADVICE (DAMA)	RMO, PATIENT & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V3/MRD-25	CONSENT FOR REFUSAL OF TREATMENT / LAMA	RMO & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V2/MRD-26	HAEMODIALYSIS FLOW SHEET	NEPHROLOGIST	PAPER		NEPHROLOGIST	NERHROLOGIST	MRD I/C
SD/V4/MRD-27	DISCHARGE CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. &N.S.	MRD I/C
SD/V3/MRD-28	REGULAR MEDICINES CHART	NURSE, RMO & CONSULTANT	PAPER	USE	CONSULTANT & PHARMASIST	CONSULTANT & PHARMASIST	MRD I/C
SD/MRD-29	CONSENT FOR BLOOD	RMO, RELATIVE &	PAPER	USE	M.S.	CONSULTANT	MRD /IC

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	TRANSFUSION	PATIENT					
SD/MRD-30	□□□□□□□ □□□□□□□□ □□□□□□□□□□ □ □□□ □□□□□□□□ □□□□□□□□□□ □□□□□□□□□□ □□□□□□ □□□□□□	NEONATOLOGIST PEDIATRITION	PAPER	USE	NEONATOLOGIS T	NEONATOLOGIST	MRD I/C
SD/V2/MRD-32	SURGERY SAFETY CHECKLIST	SURGEON, ANAESTHESIST & OT NURSE	PAPER	USE	SURGEON, ANAE THESIST & OT NURSE	SURGEON	MRS I/C
SD/MRD-33	NUTRITIONAL ASSESSMENT	DIETITIAN	PAPER	USE	DIETITIAN	DIETITIAN	MRD I/C
SH/V2/MRD-35	NURSING INITIAL ASSESSMENT	NURSE & RMO	PAPER	NOT USE	N.S.	N.S.	MRD I/C
SH/MRD-36	INTERNAL TRANSFER CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. & N.S.	MRD I/C
SD/MRD/V3/37	INVESTIGATION SHEET	RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-38	ADVICE FOR POST-MORTEM	RELATIVES & RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-39	LETTER TO CIVIL HOSPITAL, AHMEDNAGAR	RMO	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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SD/MRD-40	CONSENT FOR HYSTEROSALPINGOGRAPHY	CONSULTANT, PATIENT RELATIVES	PAPER	USE	GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD-41	CONSENT FOR STRESS TEST	CONSULTANT, PATIENT RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-42	PRE ANAESTHESIA EVALUATION	ANESTHESIOLOGIST	PAPER	NOT USE	ANESTHESIOLOGIST	CHIEF ADMIN	MRD I/C
SD/V2/MRD-43	CONSENT FOR ANAESTHESIA	ANESTHESIOLOGIST & PATIENT	PAPER	USE	ANESTHESIOLOGIST	ANASTHESIOLOGIST	MRD I/C
SD/V3/MRD-44	INFORMED CONSENT FOR SURGERY	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-45	FORM- C		PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-46	CONSENT FOR NARCO	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-47	ADMISSION FORM	PATIENT & RELATIVES	PAPEER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V3/MRD-48	INITIAL ASSESSMENT & PLAN OF CARE	RMO & CONSULTANT	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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SD/MRD-49	APPOINTMENT SLIP (DR. RAHUL DHOOT)	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-50	APPOINTMENT SLIP (DR. RAHUL DHOOT) INFORMATION	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/51	CARDIAC DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/52	RENAL DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/53	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/MRD/54	CARDIAC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
SD/MRD/55	RENAL DIET PLAN	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/56	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/V2/MRD-57	CONSENT FOR CORONARY ANGIOPLASTY	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CADIOLOGIST	MRD I/C

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SD/MRD-58	CONSENT FOR ANGIOGRAPHY	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-59	CONSENT FOR ANAESTHESIA (CATHLAB)	ANESTHESIOLOGIST PATIENT & RELATIVES	PAPER	USE	ANESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/MRD-60	CONSENT FOR OPTIONS GIVEN FOR IMPLANTS /VALVES/ STENTS/ PACEMAKER	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST,	CARDIOLOGIST	MRD I/C
SH/V2/MRD/61	CATHLAB CHECK LIST (FOR ANGIOGRAPHY & ANGIOPLASTY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/V2/MRD/62	CATHLAB CHECK LIST (FOR ANGIOGRAPHY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/MRD/63	□□□□□□ □□□□	MJPJAY – DEP. STAFF	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/64	CONSULTANT – VISIT SHEET	CONSULTANT	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/65	CONSENT FOR OOCYTE RETRIEVALS / EMBRYO TRANSFER	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/66	CONSENT FOR OOCYTE	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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SD/MRD/67	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/68	CONSENT FORM TO BE SIGNED BY THE COUPLE	CONSULTANT, COUPLE	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/69	CONSENT FORM FOR THE DONOR OF EGGS	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/70	CONSENT FORM FOR THE DONOR OF SPERM	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/71	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/72	CONSENT OF HUSBAND	CONSULTANT, HUSBAND	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-73	OUT PATIENT FEEDBACK FORM	PATIENT OF OPD	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/MRD/75	CONSENT FOR TRANSPORTATION OF CRITICALLY ILL PATIENTS FOR INVESTION	CONSULTANT, RELATIVES	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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SD/MRD/76	CONSENT FOR EMERGENCY TRANSPORT (AMBULANCE)	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/77	HIGH RISK CONSENT FOR TRANSPORTING PATIENT IN AMBULANCE	CONSULTANT, RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/78	PHYSICAL RESTRAINT FORM	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/79	CONSENT FOR PHYSICAL & CHEMICAL RESTRAINT	NURSE CONSULTANT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/80	DIET PLAN FOR ANAEMIA	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SH/HIC/MRD/82	INFECTION SURVEILLANCE DATA COLLECTION	ICN	PAPER	USE	ICO	I.C.O.	MRD I/C
SD/MRD-84	LOW G.C. CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SH/MRD/90	DIET PLAN FOR LOCTATING	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C

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	MOTHER						
SH/MRD/91	MORTUARY FORM	MORTUARY ATTENDANT	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SH/MRD/94	COVID-19 INVESTIGATION SHEET	RMO	PAPER	STOP			
SD/V2/MRD-95	NEUROSURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	NEUROSURGEON	NEUROSURGEON	MRD I/C
SH/MRD/96	□□□□□□ □□□□ □□□□□□□□□□ □□□□□	RELATIVES & PATIENT	PAPER	STOP			
SD/MRD/98	CHANGE IN PAYMENT CATEGORY LETTER	BILLING I/C, CONSULTANT	PAPER	USE	CONSULTANT,	CHIEF ADMIN	MRD I/C
SD/MRD/99	CONSENT FOR SPERM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/100	CONSENT FOR OVUM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-101	NURSING HANDLING OVER NOTES – IPD	NURSE	EMR	USE	N.S.	CHIEF ADMIN	
SH/MRD/102	□□□□□ □□□□□□□□□□	RELATIVES & PATIENT	PAPER	STOP			

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SH/MRD/105	MONITORING CHART (CVST)	NURSE &RMO	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD/106	PHYSICIAN FITNESS FORM	PHYSICIAN	PAPER	USE	PHYSICIAN	PHYSICIAN	MRD I/C
SD/MRD/109	INFORMED CONSENT TO CHEMOTHERAPY	ONCOLOGIST &PATIENT&RELATIVES	PAPER	USE	ONCOLOGIST	ONCOLOGIST	MRD I /C
SD/MRD/111	SIMPLIFIED PARTOGRAPH	NURSE &RMO	PAPER		GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD/112	HIGH RISK INFORMED CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/113	URINARY CATHETER MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/114	CENTRAL LINE MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/115	VENTILATOR MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C

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SD/V2/MRD-116	CONSENT FOR CENTRAL LINE /HEMODIALYSIS CANULA INSERTION	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD-117	CONSENT FOR CATARACT SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-118	CONSENT FOR PTERYGIUM SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-119	PATIENT LINEN CHANGE REPORT SHEET	I/C – NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/120	STANDARD REPORTING OF IN-HOSPITAL CARDIOPULMONARY RESUSCITATION	CONSULTANT & RMO	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-121	UPPER GI ENDOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C
SD/MRD-122	COLONOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C

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SD/MRD-123	INFORMED CONSENT FOR IVP	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD- 124	ENDOSCOPY PROCEDURE RECORD	CONSULTANT	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-125	CROSS REFFERAL FORM	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD-126	CONSENT FOR HEMODIALYSIS SESSION	RMO	PAPER	USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/MRD/127	EWS KEY	RMO	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-128	PATIENT & FAMILY EDUCATION / COUNSELLING TRACKER	PATIENT, RELATIVES, RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-129	NURSING CARE PLAN	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/MRD/132	SHORT HISTORY & PHYSICAL EXAMINATION	RMO	PAPER	USE	CONSULTANT	USE	MRD I/C
SD/MRD-134	BLOOD TEST REQUISITION FORM	RMO	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD-135	AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C

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SD/MRD-136	REFERRAL FORM		PAPER	STOP			
SD/MRD/137	CONSENT FOR LUMBAR PUNCTURE	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/138	PHYSOTHERAPY ASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/139	INFORMED CONSENT FOR PHYSIOTHERAPY TREATMENT	PHYSIOTHERPIST & PATIENT	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/140	PHYSIOTHERAPY REASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/141	CONSENT OF PHYSIOTHERAPY SESSION	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/142	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – TERMINAL CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	

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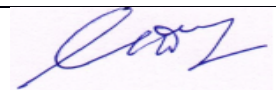
SD/MRD/143	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – DEEP CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/144	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – CLEANING BETWEEN PATIENTS	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER	USE	SURGEON & ACCOUNTANT	SURGEON	MRD I/C
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER		CONSULTANT & ACCOUNTANT	CHIEF ADMIN	
SD/MRD/146	UMBILICAL LINE	NURSE	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/148	MOLE REMOVAL	CONSULTANT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/149	MICRODEMAABRESSION	DERMATOLOGIST	PAPER	USE	DERMATOLOGIS T	DERMATOOGIST	MRD I/C

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

 <p>SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.</p>	<p>SAIDEEP HOSPITAL</p> <p>MEDICAL RECORDS UNIT</p>	Doc No	SDH/MRD/4.18
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SD/MRD/150	□□□□□□□□ □□□□□□□□□□ (□□□□□□ □□□□□□) □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/151	□□□□□□□□-□□□□□□ □□□□□□ □□□□□□□□□□□□□□□□ □□□□□□ □□□□ □□□□□□□□□□□□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/152	□□□□□□□□ □□□□□□□□ □□□□ □□□□□□□□ (□□□□□□) □□□□□□ □□□□□□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRDI/C
SD/MRD/153	□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C



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



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SD/MRD/154	IADVL-ACADEMY SIG(□□□□□□ □□□□□□□□ □□) □□□□ □□ □□□□□□ □□□□□□ □□□□ □□ □□ □□□□□□□□ □□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/155	□□□□□□ □□□□□□□□□□ □□□□□□□□(FRACRIONAL CO2 LASER)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DDERMATOLOGIS T	MRD I/C
SD/MRD/156	□□□□□□□□□□ □□□□□□□□ □□□□□ (LASER OF PIGMENTATION)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/157	□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□ □□□□□ □□□□□ (KELOID ILS)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD-42/A	POST ANAESTHESIA EVALUATION	ANATHESIOLOGIST	PAPER	USE	ANAESTHESIALO GIST	ANAESTHESIALOGI ST	MRD I/C

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



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SD/MRD/158	IVF FLOW SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I /C
SD/MRD/159	ANC CARD	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/160	GYNAECOLOGIC CYTOLOGY TEST REQUISITION FORM	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/161	FOLLICULAR STUDY REPORT	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/162	IVF PATIENT INVESTIGATION	CONSULTANT & PATIENT	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/163/V1	DOCTOR SHIFT HANDOVER SHEET	RMO &	PAPER	STOP			
SD/MRD-164-VI	CENTRAL LINE INSERTION PRACTICES ADHERENCE MONITORING	RMO & CONSULTANT	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-165-VI	URINARY CATHETER INSERTION PRACTICES ADHERENCE MONITORING	RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C

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



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SD/MRD-168-V1	CONSULTANT PROGRESS SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/166	CONSENT FOR ENDOTRACHEAL INTUBATION / TRACHEOSTOMY AND USING VANTILATOR	CONSULTANT & RMO	PAPER	USE	M.S & CONSULTANT .	M.S.&CONSULTAN T	MRD I/C
SD/MRD/170	DIET PLAN FOR PREGNANCY	DIETITION	PAPER	USE	DIETITION	DIETITION	MRD I/C
SD/MRD/171	SPIN SURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON,	SURGEON	MRD I/C
SD/MRD/172-V1/E	CONSENT FORM TO BE SIGNED BY THE COUPLE OR WOMEN	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/175-V1/EN	CONSENT FOR FREEZING OF EMBRYOS	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/178-	CONSENT FOR OOCYTE RETRIEVAL	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C

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



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V1/EN							
SD/MRD/179-V1/EN	CONSENT FORM FOR THE DONOR OF OOCYTES	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/180	ECT AND ANATHESIA RECORD FORM	PSYCOLOGIST	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C



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



SAIDEEP HOSPITAL
HOSPITAL POLICIES

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CHAPTER NAME – IMS 5.F

Request for access to information in the medical records by patients/physicians and other public agencies are addressed consistently.

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



SAIDEEP HOSPITAL
HOSPITAL MANUAL

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Policy on Requesting and Issue of Medical Records

1.0 Purpose

Medical Records Department (MRD) is the custodian of all the discharged/ expired medical records. It follows a set of rules & regulations while allowing access to the records to the care providers within the hospital.

2.0 Scope

Hospital wide

3.0 Policy

3.1 Access of Information to Internal Staff of Hospital:

3.1.1 Access of information is allowed to the following internal staff


- Doctors
- Medical students

3.1.2 The treating consultants and the other clinical doctors are authorized to have access to the discharged inpatient medical records. When a patient is re-admitted the treating doctor can request for previous admission file.

3.1.3 The non – clinical and other administrative staff can access the patient medical records with the written approval of the Medical Superintendent.

3.1.4 Medical students can have access to medical record with permission from their HOD

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

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Policy on Requesting and Issue of Medical Records			

3.1.5 .A form named “Requisition for disclosure of Medical Records” is filled by the concerned to request for the patient medical records. It is submitted to the MRD (Medical Records Department) and is filed in the patient records when the patients file is returned.


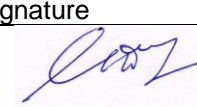
3.2 Reason for borrowing: Can be readmission, study/ review, court evidence, further medical care, and insurance claim, research or any other reason. The file will be loaned for 7 days excluding the borrowing day. The borrower should duly sign the completed form with date and time.


The required medical record file is issued to the concerned person and the requisition form is placed in lieu for that particular inpatient file. After the file is returned to the MRD, return date and time is written on the form with the signature of the receiver and the form is filed in the patient’s file.

3.3 Access of Information to patient:

Patient relatives will require a written authorization from the patient for obtaining information from the medical records. The written form should be submitted to the PRO with the approval from the concerned doctor. However such information would not be given in original, a Photostat copy of the same would be handed over to the patient and signature taken in specific format.

3.4 Insurance Companies / Third Party Administrators / Schemes

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

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Policy on Requesting and Issue of Medical Records			

Hospital provides access to insurance companies, TPAs and schemes like Mahatma Phule Scheme, ECHS etc to records of their beneficiaries to the extent of their agreements with the beneficiaries and the hospital

3.5 MLC Cases

Hospital provides access to MLC case records as per specifications of IPC/CRPC/ Indian Evidence Act

3.5 Other than instances specified above, the hospital does not provide access to Medical Records to any entity / group other than based on orders from a competent court of law

Procedures


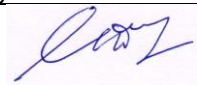
- Procedures for issue of Medical records are described in the MRD manual.

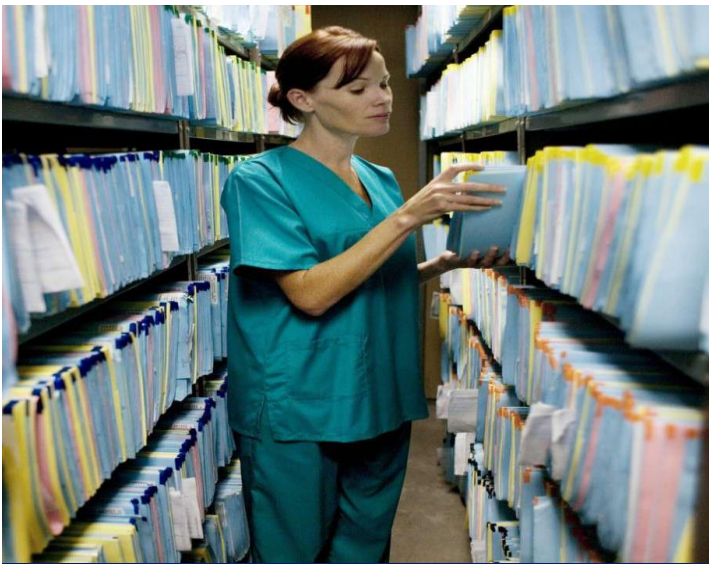
Standard Reference

- IMS 5 g

Linked Documents

- MRD Manual

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







MEDICAL RECORDS DEPARTMENT 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/MRD/01	Contents	1	1	20-Nov-22	List Updates	1	20-Nov-23	As per amendment	List Updates
2	SDH/MRD/02	Department Organization Chart	1	1	20-Nov-22	No Any Change	1	20-Nov-23	No Any Change	NO any Amendment History
3	SDH/MRD/03	Role & Responsibilities	1	1	20-Nov-22		1	20-Nov-23		
	SDH/MRD/04	Standard Operating Procedures			20-Nov-22			20-Nov-23		
4	SDH/MRD/4.1	Retention Of Medical records	1	1	20-Nov-22	MTP & Pediatric Case Sheet record Added	2	20-Nov-23	MTP & Pediatric record Added As per NABH Audit NC	MTP & Pediatric case sheet Retention Policy Added.
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	20-Nov-22	No Any Change	1	20-Nov-23	No Any Change	NO any Amendment History
6	SDH/MRD/4.3	Release of Information and PMR Copies	1	1	20-Nov-22		1	20-Nov-23		
7	SDH/MRD/4.4	Issue of Copies in Case of Death	1	1	20-Nov-22		1	20-Nov-23		
8	SDH/MRD/4.5	Confidentiality Policy	1	1	20-Nov-22		1	20-Nov-23		

		Original Date	Effective Date	Next date of revision	Issue NO		
		<u>05-Mar-21</u>	<u>20 November 2023</u>	<u>20 November 2024</u>	1		
Reviewed & Prepared By		Recommended By		Approved By			
Dr.Monali Gore	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar		Dr.S.S.Deepak			
MRD HOD	Quality Co-ordinator	Chief Medical Administartor		Chairman & Managing Director			
							



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
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2	SDH/MRD/02	Department Organization Chart	1	1	05-Mar-21	No Any Change	1	20-Nov-22	No Any Change	NO any Amendment History
3	SDH/MRD/03	Role & Responsibilities	1	1	05-Mar-21		1	20-Nov-22		
	SDH/MRD/04	Standard Operating Procedures						20-Nov-22		
4	SDH/MRD/4.1	Retention Of Medical records	1	1	05-Mar-21		2	20-Nov-22		
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	05-Mar-21		1	20-Nov-22		
6	SDH/MRD/4.3	Release of Information and PMR Copies	1	1	05-Mar-21		1	20-Nov-22		
7	SDH/MRD/4.4	Issue of Copies in Case of Death	1	1	05-Mar-21		1	20-Nov-22		
8	SDH/MRD/4.5	Confidentiality Policy	1	1	05-Mar-21		1	20-Nov-22		

9	SDH/MRD/4.6	Destruction of Medical records	1	1	05-Mar-21	2	20-Nov-22		
10	SDH/MRD/4.7	Patient Registration Record Creation of PMR	1	1	05-Mar-21	1	20-Nov-22		
11	SDH/MRD/4.8	Identification of Records	1	1	05-Mar-21	1	20-Nov-22		
12	SDH/MRD/4.9	Control of PMR forms	1	1	05-Mar-21	1	20-Nov-22		
13	SDH/MRD/4.10	Complication and Maintenance of MR Folder	1	1	05-Mar-21	1	20-Nov-22		
14	SDH/MRD/4.11	Deficiency Check	1	1	05-Mar-21	1	20-Nov-22		
15	SDH/MRD/4.12	ICD Coding	1	1	05-Mar-21	1	20-Nov-22		
16	SDH/MRD/4.13	Filing of Medical records	1	1	05-Mar-21	1	20-Nov-22		
17	SDH/MRD/4.14	Retrieval of Medical records	1	1	05-Mar-21	1	20-Nov-22		
18	SDH/MRD/4.15	Inspection of the Filing System	1	1	05-Mar-21	1	20-Nov-22		
19	SDH/MRD/4.16	Hospital Census & Statistics	1	1	05-Mar-21	1	20-Nov-22		
20	SDH/MRD/4.18	Authorized Staff Make the entry in the medical record	1	1	05-Mar-21	2	20-Nov-22		
		Original Date	Effective Date		Next date of revision		Issue NO		

	<u>05-Mar-21</u>	<u>20 November 2022</u>	<u>20 November 2023</u>	1	
Reviewed & Prepared By		Recommended By		Approved By	
Dr.Monali Gore	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar		Dr.S.S.Deepak	
MRD HOD	Quality Co-ordinator	Chief Medical Administartor		Chairman & Managing Director	
					



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Amendment Sheet

Sr.No	Page No	Clause No	Date of Amendment	Amendment Made	Reasons	Signature of Approval Authority
01	4.1	IMS 6.	20-Nov-22	Retention Of Medical records	MTP & Paediatric Case Sheet record Added as per NABH NC	
02	4.6	IMS 6.D	20-Nov-22	Destruction of Medical records	Destruction policy update as per Pre Assessment audit NC	
03	4.17	IMS	20-Nov-22	New Policy	MTP Policy Made As per NABH Audit NC	
04	4.18	IMS 3.D/F	20-Nov-22	Authorized Staff Make the entry in the medical record	Master List updates	

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



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03.	Roles & Responsibilities
04.	Standard Operating Procedures
4.1	Retention of Medical Records
4.2	Custody of MLC & Death Case Files
4.3	Release of Information & PMR Copies
4.4	Issue of PMR Copies in Case of Death
4.5	Confidentiality – Policies & procedures
4.6	Destruction of Medical Records
4.7	Patient Registration & Creation of PMR
4.8	Identification of records
4.9	Control of PMR Forms
4.10	Compilation and Maintenance of PMR Folder
4.11	Deficiency Check
4.12	ICD Coding
4.13	Filing of Medical Records
4.14	Retrieval of Medical Records
4.15	Inspection of Filing System
4.16	Hospital Census & Statistics
4.17	Registration of a Patients for MTP
4.18	Authorized staff make the entry in the medical Record

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



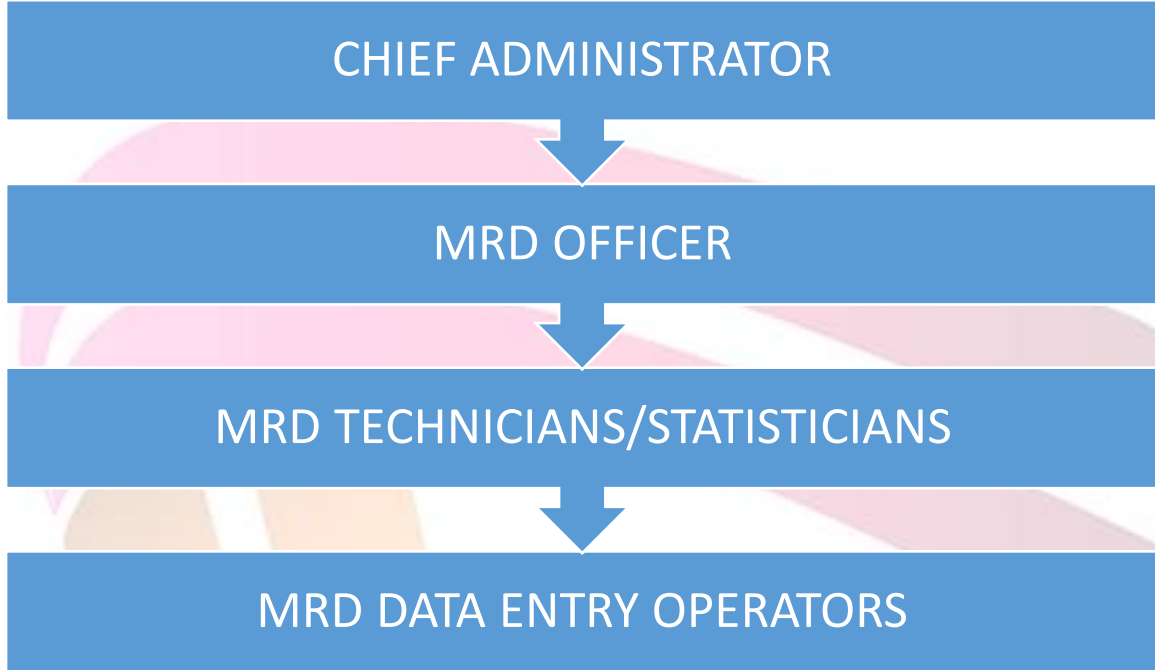
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Organisational Chart – MRD

Organisational Chart



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



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Document Title : MRD

PURPOSE AND SCOPE

The purpose of the policy is to define the roles and responsibilities of the MRD Staff

RESPONSIBILITIES

Director Administration

The overall responsibility of implementing the policy rests with the AD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Medical Record Officer
- Plans, Organize, direct, coordinates and supervises the operation of medical record unit and other administrative and medical office support activities.
- Development and implements policies and procedures relating to the management, retention and storage of medical records.
- Supervises, directs, trains and assigns the work of clinical, medical records and other assigned staff, either directly or through subordinates and supervisors and lead staff.
- Evaluate employee performance and recommends employee selection, initiate disciplinary action and other personnel activities.
- To establish, organize, manage a MRD with appropriate system to provide an effective service in the hospital.
- To develop policies and procedures relating to MRD in accordance with the legal or Government policies.
- To review the medical records of OP and IP to ensure that they include all important documents and pertinent information.
- To cooperate with the medical, nursing and other staffs in completing patient medical records.
- To assist in quality assurance utilization review, infection control and other committee and programs.

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



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- To prepare monthly statistical report concerning the hospital activities carried out and to submit to concerned authorities and suggestion for improvement.
- To ensure confidentiality of information.
- To effectively control the movement of the patient files to achieve a unit record system and protect medical records in accordance with the policies relating to preservation and destruction.
- Interdepartmental relations relating to the patient flow, maintenance of medical records and other documents like nursing, laboratory, radiology, administrative, public relations, medical social service and doctors.
- Plan, develops and administers health information system for health care facility consistent with standards of accrediting and regulatory agencies and requirements of health care systems.
- Develops and implements policies and procedures for documenting, storing and retrieving information and for processing medical legal documents, insurance data and correspondence requests in conformance with federal, state and local statutes.
- Coordinates medical care evaluation with medical staff and develops criteria and methods for such evaluation.
- Prepare and conducts training sessions in medical records maintenance, processing, retention and release of the departmental staffs.

MRD ATTENDERS

- Responsible for filing and retrieval of medical records
- Responsible for dispatch & return of medical records to and from the concerned OPD.
- To cross-check and ensure all issued case sheets are returned to MRD.
- To check the case sheet if it is filed properly.
- To safeguard the medical records and ensure the confidentiality of information in the medical records.

MRD TECHNICIANS

- Classifies and verifies coding of diseases and operations in accordance with the coding of standard nomenclature and classification systems.
- Review medical records and identifies inconsistencies in diagnosis and treatment criteria per government and insurance company reimbursement policies.
- Practice policies and procedures relating to confidentiality and the protection of personal and sensitive data of patients, colleagues and others.

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



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- Assist MRO for planning, auditing and other day to day activities in medical records department.
- Overall supervision of medical records department and staffs in absence of MRO.
- To transfer the demographic and other data of the discharged patients from manual file to the computer system after coding of diseases and operations.
- To co-ordinate and do inactive medical records separation & movement to inactive storage area.
- Conduct random audits of medical records along with the MRD in regular intervals to determine the completeness of the medical record
- Offer general assistance to the practice team and project a positive and friendly atmosphere to patients and other visitors either in person or via the telephone.
- To ensure confidentiality of information.

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title :Retention & Destruction Policy

PURPOSE AND SCOPE:

The purpose of the policy is to define the policy on retention of medical records

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Outpatient records are discarded if the patient has not visited the hospital for a period of five years after his last visit.
- Inpatient records are discarded after 7 years from the date of admission.
- If a patient has registered several times resulting in multiple out patient records, then the records are amalgamated into one record with cross references to the others. The retained record is as per the following priority
 - Medico legal case
 - Death
 - Any other admission
 - Medico legal case sheets and Death case sheets are maintained indefinite.
- In pediatric cases, the record is retained till the patient reaches 18 years of age and then the PMR is retained for 3 more years and then destroyed as per the policy mentioned above.
- Records of MTP are maintained as per MTP act requirements
- Destruction of medical record can be done after the retention period is over and after taking approval from the Medical Director.
- Before destruction advertisement in 2 local news papers is published and time is given to patient to ask for the documents before shredding and keeping records.
- Medical Records are destroyed through proper shredding at the presence of the MRO.

REFERENCES

IMS 6 – NABH Accreditation Standards for Hospitals, Ver 5

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Custody of MLC & Death Case Records

PURPOSE AND SCOPE

The purpose of the policy is to define policies for handling Medico Legal Cases and Death Records by the MRD.

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Medico legal case sheets and Death case sheets are kept under the custody of the Medical Records Officer in the Medical Record Department.
- In case any clinician wants to review the death files,
- they shall approach the Medical Records Department. If these files are to be moved from the premises of the medical records department for purposes of research works, they shall obtain written permission from RMO / Medical Superintendent.
- For the purposes of insurance and issue of certificates, the medical records of death cases shall be issued to the concerned department after approval from Deputy Medical Superintendent/ Medical Superintendent.

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The MLC/ Death Case Sheets are kept in a locked cupboard under lock and key. The files are arranged in the cupboard in a chronological order	MRD Technician	
2	A duplicate of the MLC/Death Case Sheet cupboard is	Medical	

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 : Custody of MLC & Death Case Records

	maintained with the Medical Administrator	administrator	
3	The approved request for issue of MLC/ death files for research / death audit purposes are filed in separated files maintained for the purpose	MRD In-Charge	
4	The MLC / death case sheet issues from the MRD is recorded in a register maintained for the purpose with the details – Person / Department Issued, Date, Purpose, Sign of receiving person. MLC/Death case sheet shall be issued only directly to the person for whom it is approved and shall not be handed over to any other staff for purpose of transport etc	MRD Technician	MLC/Death Case Sheet Issue register

REFERENCES

Standards

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 : Release of Information and Medical Record Copies

PURPOSE AND SCOPE

The purpose of the policy is to provide guidance to MRD staff on release of patient information and copies of Medical records

POLICIES

- The hospital accepts the right of the patient to obtain a copy of his medical record
- The PMR copies can be released to patient only based on approval by Medical Superintendent who shall provide approval for same after consulting on same with the treating doctor of the case.
- The medical record shall be issued within 72 hours after getting the approval from the Medical Superintendent
- Original PMR shall not be issued in any case and certified copies shall be provided to the patient.
- Investigation reports like X-rays, Scan reports, ECG, Echo and TMT reports can be given to patient after ensuring a copy of the same is filed in the patient record folder.

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	For release of PMR copies a written request must be submitted to the Medical Superintendent specifying the purpose for the release of PMR copy. In cases where patient cannot be personally present the PMR copies may be issued to next of kin based on written request of patient with attached with patient attested copy of of government issued ID card of the person receiving the PMR copy on behalf of patient	MS	
2	In cases where patients are not in a medical condition to make a request themselves / pediatric	MS	

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



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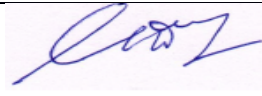
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Document Title : Release of Information and Medical Record Copies

	cases / mentally unstable cases, the next of kin, parents, guardians can make a request on behalf of patient as per procedure mentioned above		
3	On request for a copy of PMR the MS will request for release of the original case file from MRD and sent the same to the attending clinician for his / her opinion	MS	
4	Based on consultation with clinician the approval for release may be granted. In cases where necessary approval from MD and legal opinion may be sought before issue of PMR copy	MS	
5	After approval the MS shall instruct the MRD In-charge to prepare a photocopy of the PMR.	MRD In-Charge	
6	All pages of the copied PMR would be marked using a stamp as "PHOTOCOPY". All pages will be sealed with hospital seal and initialed by MS prior to issue of the copy	MRD In-Charge	
7	The MRD In-Charge will issue the copy of PMR to patient / approved representative and take his signature in the appropriate Issue register	MRD In-Charge	PMR Copy Issue Register

REFERENCES

Standards

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 : Issue of Copies in case of Death

PURPOSE AND SCOPE

The purpose of the policy is to provide guidance on release of medical records in case of Death Cases

POLICIES

- The Medical Records Officer can issue the copies of relevant records after obtaining the signature of the receiver in the concerned register. This shall be done in consultation with the concerned clinician.
- The copies of other medical records in cases of death shall be issued after getting written authorization from the concerned clinician.
- PROCEDURES
- Procedure for issue of copies of PMR in death cases shall be same as that specified for normal cases in SDH/MRD/4.3

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
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SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Policy on Confidentiality

PURPOSE AND SCOPE

The purpose of the policy is to define confidentiality requirements to be followed in handling Medical records

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

POLICIES

- It is the duty of each and every staff member to safe guard the medical records and ensures the confidentiality of information they come across while performing their duty.
- No staff member shall approach the medical records department directly for obtaining their / or their families medical records. They shall follow the guidelines for issue of medical records and approach the reception for the same.
- In case a staff member finds a medical record misplaced anywhere in the hospital, they shall immediately hand it over to the custody of the medical records department.
- In no case shall a medical record or the medical record folder as a whole be given in the hands of the patients or their family.
- In cases where the confidentiality violation is observed; an incident report on same shall be raised.
- PROCEDURES
- Nil

REFERENCES

Standards

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



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MEDICAL RECORD MANUAL

Doc No	SDH/MRD/4.6
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Document Title : Destruction of Medical records

PURPOSE AND SCOPE

The purpose of the policy is to guide the hospital MRD staff on procedure for destruction of medical records

POLICIES: Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The MRD Technician shall track the records that to be discarded every six months based on retention policy and tracking the activity of the records. After collecting the data he shall send a request to Medical Superintendent for approval	MRD Technician	
2	The MS will review the same after consulting with various clinicians and MD; and approve the list with changes where necessary	MS	
3	After approval MS shall sent a circular to all clinical departments with the list of PMR approved for destroying. A week time would be given to the departments to respond to same if for any reason any of the PMR needs to be retained.	MS	
4	After the review period for clinical departments is over MS shall sent the list to MRD with approval note for destruction of listed PMR	MS	
5	The MRD in-charge will personally oversee destruction of Medical records. The method used for destruction shall only be shredding using a paper shredder.	MRD In-Charge	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Patient Registration and MR Creation

PURPOSE AND SCOPE

The purpose of the policy is to define process of registration of patient and creation of his / her inpatient or outpatient record

POLICIES

Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	If the patient is visiting the hospital for the first time a new out patient record is created and issued to the relevant department.	Registration Counters	
2	The OP record / file of the patient is handed over to him	Registration Counters	
3	The hospital maintains details of all patient visits including patient assessments and advice on the EMR module of HIS for all OP patients	Doctors	
4	Inpatient records are created for each admission	Admission Counter	
5	After a patient is discharged, the Inpatient records are returned to the Medical Record Department for processing and filing	Ward In-Charges	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
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SAIDEEP HOSPITAL
MEDICAL RECORD UNIT

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Document Title : Identification of Medical records

PURPOSE AND SCOPE

The purpose of the policy is to guide hospital staff on identification system for medical records for their traceability

POLICIES

- The OPD Medical record is tracked using a Unique Hospital Identification No (UHID No). The MRD folders and its components shall bear this no for easy identification
- All pages of a case sheet / PMR will be noted with the Hospital Number for identification.
- IP case records are identified by their IPD number and stored chronologically.
- Additionally all MLC cases are tagged PINK for easy identification in HIS software.

REFERENCES

Standards

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 : Control of Patient Medical Records Forms

PURPOSE AND SCOPE

The purpose of the policy is to define process for the control of various forms and formats that constitute the Patient Medical Records

POLICIES

- The Medical Records Officer is responsible for ensuring the control of the various formats used by various patient care units for documentation of patient care activities, which forms the medical record of the patient.
- The Medical Record Officer shall maintain and update a List of Medical Records (Refer to annexure) with the details of the various records used by the hospital including record numbers, titles and revision status.
- The Medical Record officer shall maintain a catalogue of the master formats of all the medical records used by the hospital. The master formats shall have the approval of the appropriate authority for approval of the format.

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The Medical Records Officer is responsible for ensuring the control of the various formats used by various patient care units for documentation of patient care activities, which forms the medical record of the patient.	MRD In-Charge	
2	The Medical Record Officer shall maintain and update a List of Medical Records (Refer to annexure) with the details of the various records used by the hospital including record numbers, titles and revision status.	MRD In-Charge	
3	Any Changes to any forms / component of PMR has to	Chief Medical	

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 : Control of Patient Medical Records Forms

	be approved by the Chief Medical Administrator	Administrator	
4	In-case of any new PMR form or change to PMR form the clinical department concerned has to put up an application to MS with a draft design on the format	MS	
5	On approval from MS; the MRD In-Charge would provide a unique ID no for the format and assign version number based on changes / revisions made. The format no and version would be printed on the bottom right corner of all PMR formats to ensure proper tracking of same	MRD In-Charge	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Compilation and Maintenance of Medical Record Folder

PURPOSE AND SCOPE

The purpose of the policy is to guide hospital staff on compilation and maintenance of the Medical record Folders.

POLICIES: Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The patient record folder is compiled by addition of the required record sheet by the nursing staff of the patient care unit or the concerned department technicians in cases of diagnostic and therapeutic units.	MRD In-Charge	
2	Proper identification shall be made on each record by noting down details like patient name, Hospital number, age & sex etc.	MRD In-Charge	
3	The various medical records shall be arranged with the patient record folder as per the pre-determined Sorting Order of Medical Records (Refer to annexure).	MS	
4	The various investigations reports and consent forms shall be properly mounted by the nursing staff as specified.	MS	
5	The PMR shall be arranged as per the sorting order described in the Annexure	MRD In-Charge	
6	The nurses after discharge shall arrange the PMR as per the sorting order before sending the same to MRD		

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Deficiency Check

PURPOSE AND SCOPE

The purpose of the document is to guide the MRD staff on checking the deficiencies of the Medical Records post discharge prior to filing the same.

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical record technicians shall perform a deficiency check for each medical record folder received. The deficiency check shall verify; <ul style="list-style-type: none">- Sorting order of the folder- Completeness of the reports- Signature of the consultants / clinicians- Completeness of Diagnosis and discharge status- Completeness of the consent forms- Completeness of operation reports- Missing diagnostic reports	MRD Technicians	
2	The deficiency check shall be documented using a Deficiency Check List. (Refer to attached format)	MRD Technicians	PMR Deficiency Check Sheet
3	In case of any deficiencies the same shall be noted in the checklist and the concerned department requested to ensure the completeness of the records.	MRD Technicians	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
MEDICAL RECORDS
DEPARTMENT

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Document Title : ICD Coding

PURPOSE AND SCOPE

The purpose of the policy is to define the parameters and policy of coding of medical records using the International Coding of Diseases

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The RMO after verifying with Admitting Consultant shall fill in the primary and allied diagnosis in the face sheet of PMR of patients post discharge. They shall then check for the appropriate code as per International Classification of Diseases - Tenth Revision (ICD 10) published by the World Health Organization. The coding shall cover primary, secondary and final diagnosis.	RMO / Consultants	PMR Face Sheet
2	The RMOs shall subsequently get the signature of the concerned consultant on face sheet of PMR before handing over the same to nurses for hand over to MRD	RMO / Consultants	PMR Deficiency Check Sheet
3	On receiving the case sheet the MRD technicians will check the face sheet for entry of the appropriate diagnosis and coding	MRD Technicians	

REFERENCES:

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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MEDICAL RECORDS UNIT

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Document Title : Filing of Medical record Folders

PURPOSE AND SCOPE

The purpose of the document is to guide the process of filing of the Medical records in the Medical record Storage area

POLICIES

Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The IP files shall be kept according to the IP Number. An index of multiple IP Case Sheets is maintained at the HIS level enabling retrieval of all IP Case Sheets under a unique Hospital ID	MRD Technicians	
2	The filing order for the various files shall be mapped in the medical records file-tracking feature of the hospital management system. The filing of the records shall be done in sequential order according to their hospital numbers.	MRD In-Charge	
3	All the shelves and racks used for filing of the records shall be appropriately labeled / numbered to facilitate easy filing and retrieval of records.	MRD Technicians	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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Document Title : Retrieval of Medical records Folder

PURPOSE AND SCOPE

The purpose of the document is to provide guidance to MRD staff in retrieving of records

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical records shall be retrieved based on requests generated through the hospital information systems.	MRD Technicians	
2	On retrieval of a patient record from its designated area a tracer card shall be placed to indicate its removal.	MRD In-Charge	
3	All medical records are entered in a register.	MRD Technicians	MRD Issue Register
4	The retrieval and issue of the patient records shall be updated in the hospital information system to keep a track of issued records.	MRD Technicians	
5	Special request for records from any other departments like insurance are entered in a special register called case sheet movement register	MRD Technicians	Case Sheet Movement register
6	Retrieval during non-working hours are done by the night managers who has access to the MRD through key from security. The details of the retrieved records are entered in Case Sheet Movement register with signature of the night manager	Night Manager	

REFERENCES:

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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Document Title : Inspection of Filing System

PURPOSE AND SCOPE

The purpose of the document is to provide guidelines for inspection of the Medical; Record filing system

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical records officer shall periodically conduct physical inspection of the filing system. This shall include: Tallying of outstanding records Appropriateness of filing system Missing records Cleanliness of filing area and pest control Arrangements for movement of inactive files	MRD In-Charge	
2	All deviations / non-conformities are reported to Chief Medical Administrator	MRD In-Charge	

REFERENCES:

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
MEDICAL RECORDS UNITS

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Document Title : Compilation of Hospital Census and Statistics

PURPOSE AND SCOPE

The purpose of the guidelines for compilation of the hospital statistics and census

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	<p>Collection and preparation of statistics</p> <p>The data necessary for preparations of statistical summaries and reports shall be obtained from the hospital information systems, various units and by the analysis of the patient records. The medical records department shall act as the coordination point for generation and reporting of various types of hospital statistics as required by management and clinicians for purpose of operational effectiveness and medical research.</p>	MRD In-Charge	
2	<p>Daily Census</p> <p>The medical record department shall prepare a daily census report of the hospital services covering the following aspects. This shall be done for a 24 hour period ending at midnight every day.</p> <ul style="list-style-type: none">• Number of admissions department wise• Number of discharges• OP attendance consultant wise• Number of emergency case <p>The cut off time for daily census is 12 AM midnight</p>	MRD In-Charge	

Recommended By	Signature	Approved By	Signature
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MEDICAL RECORDS UNITS

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Document Title : Compilation of Hospital Census and Statistics

3	<p>Statistical Reports</p> <p>The medical record department shall compile and publish statistical reports on the following areas.</p> <ul style="list-style-type: none">• Hospital Census – the hospital census report shall cover total number of admissions and discharges, total number of out-patients and inpatients, total number of births and deaths, hospital death rate, Bed occupancy rate, average length of stay (ALOS) etc.• Disease and demographic statistics – The report on disease and demographic patterns shall include consolidated classification of diseases and various operations performed, number of interventional procedures done unit wise, number of notifiable diseases, high light or new or rare diseases / conditions treated etc.• Outcome Analysis – Outcome analysis reporting shall highlight the following factors; Mortality census and rates, Hospital acquired infection census and rates, number of normal and abnormal deliveries, number of live born and still born and other relevant medical / surgical statistics.	MRD In-Charge	
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REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL

MEDICAL RECORDS UNIT

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Policy of registration of a patient for MTP (Medical Termination of pregnancy)

SUMMARY	This document provides instruction and guidance to clinicians, nurses, managers and others on policies of registration of MTP patients within the hospital.
DISTRIBUTION	To all departments, units and wards through the Hospital Manual.

INTRODUCTION

As per The Medical Termination of Pregnancy (Amendment) Act, 2021, 5A:

1. No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorized by any law for the time being in force.
2. Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment which may extend to one year, or with fine, or with both

Hence Saideep Healthcare & Research Pvt. Ltd. has following policy for the registration for MTP cases

PURPOSE AND SCOPE

The purpose of the policy is to ensure that the whole process is carried out in an efficient and easy way so as that there is no delay in rendering the service to the MTP patient and abiding the provisions of the law.

1) Unregistered female

- She is registered under a MTP CODE NUMBER from the MTP register and no other details are saved in the HIS.
- She is then directed to the concerned gynecologist who notes down her Name, Age and Address etc. details on a separate paper sheet along with the patient's signed informed consent form.
- These documents are sealed in an envelope and only the CODE NUMBER is written on it to hide the patient's identity.
- The same CODE NUMBER is written on the IPD case sheet and no other details of the patient are mentioned.
- Only the gynecologist has the access to the true identity of the patient.

2) Previously Registered female

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Policy of registration of a patient for MTP (Medical Termination of pregnancy)

- She is registered under a new MTP CODE NUMBER from the MTP register and no other details are saved in the HIS.
- The concerned gynecologist then notes down her Name, Age and Address etc. details on a separate paper sheet along with the patient's signed informed consent form.
- These documents are sealed in an envelope and only the CODE NUMBER is written on it to hide the patient's identity.
- The same CODE NUMBER is written on the IPD case sheet and no other details of the patient are mentioned.

3) Currently registered and already admitted female

- If a female is already admitted and she is to undergo an MTP procedure, then a separate entry is shown in the HIS using a MTP CODE NUMBER from the MTP register.
- The MTP procedure notes and other relevant documents contain only the CODE NUMBER and no other details of the patient.
- After the MTP procedure the patient is shown to be discharged from the system and all her MTP related documents are kept sealed.
- If for any reasons e.g. insurance, reimbursement etc. the female requests her identity details revealed on hospital bill, prescription, lab reports then citing the above stated MTP act amendment 2021, the request shall be denied.
- Only authorized persons by the existing law can demand the hospital records containing the names and other details of the MTP cases. There shall be no exceptions.

References:

THE MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) ACT, 2021 (An Act further to amend the Medical Termination of Pregnancy Act, 1971) 25th March, 2021

NABH 5E Standard PRE 2. D

AAC 2A

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	RELEASED BY
SD/V4/MRD-01	DOCTOR'S PROGRESS SHEET	RMO & CONSULTANT	PAPER	IN USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD - 02	□□-□□□□ □□□□□□□□□□	RELATIVE / BILLING DEPARTMENT	PAPER	NOT USE	
SD/MRD-03	NURSING PROGRESS SHEET	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD/05	IPD PATIENT FEEDBACK FORM	PATIENT & RELATIVES	PAPER		CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-06	SERVICES BILLING SHEET	RMO & NURSE	PAPER	USE	CHIEF ACCOUNTANT	CHIEF ACCOUNTANT	MRD I/C
SD/MRD-07	CONSENT FOR HIV TESTING	RMO	PAPER	USE	PATHOLOGIST	PATHOLOGIST	MRD I/C
SD/V1/MRD - 08	INFORM CONSENT FOR ADMISSION	REGISTRATION STAFF	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V4/MRD - 09	EMERGENCY : INITIAL ASSESSMENT	CASUALTY RMO	EMR		M.S.	M.S.	MRD I/C
SD/V2/MRD-10	BLOOD TRANSFUSION RECORD	NURSE & RMO	PAPER	USE	M.S.	CONSULTANT	MRD I/C

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



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SD/V2/MRD-13	CONSENT FOR HEMODIALYSIS			USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/V2/MRD/14	REQUISITION FOR PHOTO COPIES OF IPD/OPD PAPERS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-15	PATIENT MONITORING & NURSING CHART	NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-16	HIGH RISK CONSENT FOR CARDIAC SURGERY	RMO & CONSULTANT	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/V1/MRD-18	OPERATION THEATRE – SWAB COUNT FORM	O.T. NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-19	PERFUSION PROTOCOL	PERFUSIONIST & ANAESTHETIST SURGEON	PAPER	USE	PERFUSIONIST	PERFUSIONIST	MRD I/C
SD/V1/MRD-20	PRE ANAESTHETIC ASSESSMENT CHART (CVST)	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/V1/MRD-21	ANAESTHESIA RECORD FOR CONGENITAL HEART DISEASE	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C

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



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	(CVST)						
SD/V2/MRD-22	PRE-OPERATIVE CHECK LIST	STAFF NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD-23	SURGERY NOTES	SURGEON	EMR/ PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/V2/MRD-24	CONSENT FOR DISCHARGE AGAINST MEDICAL ADVICE (DAMA)	RMO, PATIENT & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V3/MRD-25	CONSENT FOR REFUSAL OF TREATMENT / LAMA	RMO & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V2/MRD-26	HAEMODIALYSIS FLOW SHEET	NEPHROLOGIST	PAPER		NEPHROLOGIST	NERHROLOGIST	MRD I/C
SD/V4/MRD-27	DISCHARGE CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. &N.S.	MRD I/C
SD/V3/MRD-28	REGULAR MEDICINES CHART	NURSE, RMO & CONSULTANT	PAPER	USE	CONSULTANT & PHARMASIST	CONSULTANT & PHARMASIST	MRD I/C
SD/MRD-29	CONSENT FOR BLOOD	RMO, RELATIVE &	PAPER	USE	M.S.	CONSULTANT	MRD /IC

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	TRANSFUSION	PATIENT					
SD/MRD-30	□□□□□□□□ □□□□□□□□ □□□□□□□□□□ □ □□□ □□□□□□□□ □□□□□□□□□□ □□□□□□□□□□ □□□□□□ □□□□□□	NEONATOLOGIST PEDIATRITION	PAPER	USE	NEONATOLOGIS T	NEONATOLOGIST	MRD I/C
SD/V2/MRD-32	SURGERY SAFETY CHECKLIST	SURGEON, ANAESTHESIST & OT NURSE	PAPER	USE	SURGEON, ANAE THESIST & OT NURSE	SURGEON	MRS I/C
SD/MRD-33	NUTRITIONAL ASSESSMENT	DIETITIAN	PAPER	USE	DIETITIAN	DIETITIAN	MRD I/C
SH/V2/MRD-35	NURSING INITIAL ASSESSMENT	NURSE & RMO	PAPER	NOT USE	N.S.	N.S.	MRD I/C
SH/MRD-36	INTERNAL TRANSFER CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. & N.S.	MRD I/C
SD/MRD/V3/37	INVESTIGATION SHEET	RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-38	ADVICE FOR POST-MORTEM	RELATIVES & RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-39	LETTER TO CIVIL HOSPITAL, AHMEDNAGAR	RMO	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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SD/MRD-40	CONSENT FOR HYSTEROSALPINGOGRAPHY	CONSULTANT, PATIENT RELATIVES	PAPER	USE	GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD-41	CONSENT FOR STRESS TEST	CONSULTANT, PATIENT RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-42	PRE ANAESTHESIA EVALUATION	ANESTHESIOLOGIST	PAPER	NOT USE	ANESTHESIOLOGIST	CHIEF ADMIN	MRD I/C
SD/V2/MRD-43	CONSENT FOR ANAESTHESIA	ANESTHESIOLOGIST & PATIENT	PAPER	USE	ANESTHESIOLOGIST	ANASTHESIOLOGIST	MRD I/C
SD/V3/MRD-44	INFORMED CONSENT FOR SURGERY	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-45	FORM- C		PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-46	CONSENT FOR NARCO	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-47	ADMISSION FORM	PATIENT & RELATIVES	PAPEER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V3/MRD-48	INITIAL ASSESSMENT & PLAN OF CARE	RMO & CONSULTANT	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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SD/MRD-49	APPOINTMENT SLIP (DR. RAHUL DHOOT)	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-50	APPOINTMENT SLIP (DR. RAHUL DHOOT) INFORMATION	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/51	CARDIAC DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/52	RENAL DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/53	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/MRD/54	CARDIAC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
SD/MRD/55	RENAL DIET PLAN	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/56	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/V2/MRD-57	CONSENT FOR CORONARY ANGIOPLASTY	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CADIOLOGIST	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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SD/MRD-58	CONSENT FOR ANGIOGRAPHY	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-59	CONSENT FOR ANAESTHESIA (CATHLAB)	ANESTHESIOLOGIST PATIENT & RELATIVES	PAPER	USE	ANESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/MRD-60	CONSENT FOR OPTIONS GIVEN FOR IMPLANTS /VALVES/ STENTS/ PACEMAKER	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST,	CARDIOLOGIST	MRD I/C
SH/V2/MRD/61	CATHLAB CHECK LIST (FOR ANGIOGRAPHY & ANGIOPLASTY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/V2/MRD/62	CATHLAB CHECK LIST (FOR ANGIOGRAPHY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/MRD/63	□□□□□□ □□□□	MJPJAY – DEP. STAFF	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/64	CONSULTANT – VISIT SHEET	CONSULTANT	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/65	CONSENT FOR OOCYTE RETRIEVALS / EMBRYO TRANSFER	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/66	CONSENT FOR OOCYTE	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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



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SD/MRD/67	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/68	CONSENT FORM TO BE SIGNED BY THE COUPLE	CONSULTANT, COUPLE	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/69	CONSENT FORM FOR THE DONOR OF EGGS	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/70	CONSENT FORM FOR THE DONOR OF SPERM	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/71	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/72	CONSENT OF HUSBAND	CONSULTANT, HUSBAND	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-73	OUT PATIENT FEEDBACK FORM	PATIENT OF OPD	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/MRD/75	CONSENT FOR TRANSPORTATION OF CRITICALLY ILL PATIENTS FOR INVESTION	CONSULTANT, RELATIVES	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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



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MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/76	CONSENT FOR EMERGENCY TRANSPORT (AMBULANCE)	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/77	HIGH RISK CONSENT FOR TRANSPORTING PATIENT IN AMBULANCE	CONSULTANT, RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/78	PHYSICAL RESTRAINT FORM	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/79	CONSENT FOR PHYSICAL & CHEMICAL RESTRAINT	NURSE CONSULTANT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/80	DIET PLAN FOR ANAEMIA	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SH/HIC/MRD/82	INFECTION SURVEILLANCE DATA COLLECTION	ICN	PAPER	USE	ICO	I.C.O.	MRD I/C
SD/MRD-84	LOW G.C. CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SH/MRD/90	DIET PLAN FOR LOCTATING	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C

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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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	MOTHER						
SH/MRD/91	MORTUARY FORM	MORTUARY ATTENDANT	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SH/MRD/94	COVID-19 INVESTIGATION SHEET	RMO	PAPER	STOP			
SD/V2/MRD-95	NEUROSURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	NEUROSURGEON	NEUROSURGEON	MRD I/C
SH/MRD/96	□□□□□□ □□□□ □□□□□□□□□□ □□□□□	RELATIVES & PATIENT	PAPER	STOP			
SD/MRD/98	CHANGE IN PAYMENT CATEGORY LETTER	BILLING I/C, CONSULTANT	PAPER	USE	CONSULTANT,	CHIEF ADMIN	MRD I/C
SD/MRD/99	CONSENT FOR SPERM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/100	CONSENT FOR OVUM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-101	NURSING HANDLING OVER NOTES – IPD	NURSE	EMR	USE	N.S.	CHIEF ADMIN	
SH/MRD/102	□□□□□ □□□□□□□□□□	RELATIVES & PATIENT	PAPER	STOP			

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SH/MRD/105	MONITORING CHART (CVST)	NURSE &RMO	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD/106	PHYSICIAN FITNESS FORM	PHYSICIAN	PAPER	USE	PHYSICIAN	PHYSICIAN	MRD I/C
SD/MRD/109	INFORMED CONSENT TO CHEMOTHERAPY	ONCOLOGIST &PATIENT&RELATIVES	PAPER	USE	ONCOLOGIST	ONCOLOGIST	MRD I /C
SD/MRD/111	SIMPLIFIED PARTOGRAPH	NURSE &RMO	PAPER		GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD/112	HIGH RISK INFORMED CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/113	URINARY CATHETER MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/114	CENTRAL LINE MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/115	VENTILATOR MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C

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SD/V2/MRD-116	CONSENT FOR CENTRAL LINE /HEMODIALYSIS CANULA INSERTION	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD-117	CONSENT FOR CATARACT SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-118	CONSENT FOR PTERYGIUM SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-119	PATIENT LINEN CHANGE REPORT SHEET	I/C – NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/120	STANDARD REPORTING OF IN-HOSPITAL CARDIOPULMONARY RESUSCITATION	CONSULTANT & RMO	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-121	UPPER GI ENDOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C
SD/MRD-122	COLONOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C

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SD/MRD-123	INFORMED CONSENT FOR IVP	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD- 124	ENDOSCOPY PROCEDURE RECORD	CONSULTANT	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-125	CROSS REFFERAL FORM	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD-126	CONSENT FOR HEMODIALYSIS SESSION	RMO	PAPER	USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/MRD/127	EWS KEY	RMO	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-128	PATIENT & FAMILY EDUCATION / COUNSELLING TRACKER	PATIENT, RELATIVES, RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-129	NURSING CARE PLAN	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/MRD/132	SHORT HISTORY & PHYSICAL EXAMINATION	RMO	PAPER	USE	CONSULTANT	USE	MRD I/C
SD/MRD-134	BLOOD TEST REQUISITION FORM	RMO	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD-135	AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C

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SD/MRD-136	REFERRAL FORM		PAPER	STOP			
SD/MRD/137	CONSENT FOR LUMBAR PUNCTURE	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/138	PHYSOTHERAPY ASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/139	INFORMED CONSENT FOR PHYSIOTHERAPY TREATMENT	PHYSIOTHERPIST & PATIENT	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/140	PHYSIOTHERAPY REASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/141	CONSENT OF PHYSIOTHERAPY SESSION	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/142	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – TERMINAL CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	

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




SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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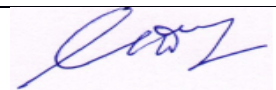
SD/MRD/143	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – DEEP CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/144	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – CLEANING BETWEEN PATIENTS	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER	USE	SURGEON & ACCOUNTANT	SURGEON	MRD I/C
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER		CONSULTANT & ACCOUNTANT	CHIEF ADMIN	
SD/MRD/146	UMBILICAL LINE	NURSE	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/148	MOLE REMOVAL	CONSULTANT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/149	MICRODEMAABRESSION	DERMATOLOGIST	PAPER	USE	DERMATOLOGIS T	DERMATOOGIST	MRD I/C

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 <p>SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.</p>	<p>SAIDEEP HOSPITAL</p> <p>MEDICAL RECORDS UNIT</p>	Doc No	SDH/MRD/4.18
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SD/MRD/150	□□□□□□□□ □□□□□□□□□□ (□□□□□□ □□□□□□) □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/151	□□□□□□□□-□□□□□□ □□□□□□ □□□□□□□□□□□□□□□□ □□□□□□ □□□□ □□□□□□□□□□□□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/152	□□□□□□□□ □□□□□□□□ □□□□ □□□□□□□□ (□□□□□□) □□□□□□ □□□□□□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRDI/C
SD/MRD/153	□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C

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



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SD/MRD/155	□□□□□□ □□□□□□□□□□ □□□□□□□□(FRACRIONAL CO2 LASER)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DDERMATOLOGIS T	MRD I/C
SD/MRD/156	□□□□□□□□□□ □□□□□□□□ □□□□□ (LASER OF PIGMENTATION)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/157	□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□ □□□□□ □□□□□ (KELOID ILS)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD-42/A	POST ANAESTHESIA EVALUATION	ANATHESIOLOGIST	PAPER	USE	ANAESTHESIALO GIST	ANAESTHESIALOGI ST	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



SAIDEEP HOSPITAL
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SD/MRD/158	IVF FLOW SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I /C
SD/MRD/159	ANC CARD	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/160	GYNAECOLOGIC CYTOLOGY TEST REQUISITION FORM	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/161	FOLLICULAR STUDY REPORT	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/162	IVF PATIENT INVESTIGATION	CONSULTANT & PATIENT	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/163/V1	DOCTOR SHIFT HANDOVER SHEET	RMO &	PAPER	STOP			
SD/MRD-164-VI	CENTRAL LINE INSERTION PRACTICES ADHERENCE MONITORING	RMO & CONSULTANT	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-165-VI	URINARY CATHETER INSERTION PRACTICES ADHERENCE MONITORING	RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C

Recommended By	Signature	Approved By	Signature
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SAIDEEP HOSPITAL
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SD/MRD-168-V1	CONSULTANT PROGRESS SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/166	CONSENT FOR ENDOTRACHEAL INTUBATION / TRACHEOSTOMY AND USING VANTILATOR	CONSULTANT & RMO	PAPER	USE	M.S & CONSULTANT .	M.S.&CONSULTAN T	MRD I/C
SD/MRD/170	DIET PLAN FOR PREGNANCY	DIETITION	PAPER	USE	DIETITION	DIETITION	MRD I/C
SD/MRD/171	SPIN SURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON,	SURGEON	MRD I/C
SD/MRD/172-V1/E	CONSENT FORM TO BE SIGNED BY THE COUPLE OR WOMEN	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/175-V1/EN	CONSENT FOR FREEZING OF EMBRYOS	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/178-	CONSENT FOR OOCYTE RETRIEVAL	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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V1/EN							
SD/MRD/179-V1/EN	CONSENT FORM FOR THE DONOR OF OOCYTES	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/180	ECT AND ANATHESIA RECORD FORM	PSYCOLOGIST	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C



Recommended By	Signature	Approved By	Signature
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Chief Medical Administrator		Chairman & Managing Director	



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SAIDEEP HOSPITAL
HOSPITAL POLICIES

Doc No	SDH/IMS/06
Issue No	01
Rev No.	01
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CHAPTER NAME – IMS 6.A

The organisation has an effective process for document control.

Recommended By	Signature	Approved By	Signature
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Chief Medical Administrator		Chairman & Managing Director	

 <p>SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.</p>	SAIDEEP HOSPITAL HOSPITAL MANUAL	Doc No	SDH/IMS/04
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Process For Documents Control			

Purpose –

The purpose of policy is to defined effective process for documents control

Responsibility –

Responsibility of implementing the policy rest with Administrative of the hospital.


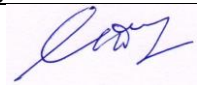
HOD- MRD- Is Responsible to ensure that the policies pertaining to MRD services are implemented.

Policy –

- All documents including forms & formats, Consent in use are current & relevant.
- They Are Created & released by designated individuals.
- All approved documents are identifiable.
- MRD no printed on every approved documents.

Standard Reference

IMS 6 A

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







MEDICAL RECORDS DEPARTMENT 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/MRD/01	Contents	1	1	20-Nov-22	List Updates	1	20-Nov-23	As per amendment	List Updates
2	SDH/MRD/02	Department Organization Chart	1	1	20-Nov-22	No Any Change	1	20-Nov-23	No Any Change	NO any Amendment History
3	SDH/MRD/03	Role & Responsibilities	1	1	20-Nov-22		1	20-Nov-23		
	SDH/MRD/04	Standard Operating Procedures			20-Nov-22			20-Nov-23		
4	SDH/MRD/4.1	Retention Of Medical records	1	1	20-Nov-22	MTP & Pediatric Case Sheet record Added	2	20-Nov-23	MTP & Pediatric record Added As per NABH Audit NC	MTP & Pediatric case sheet Retention Policy Added.
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	20-Nov-22	No Any Change	1	20-Nov-23	No Any Change	NO any Amendment History
6	SDH/MRD/4.3	Release of Information and PMR Copies	1	1	20-Nov-22		1	20-Nov-23		
7	SDH/MRD/4.4	Issue of Copies in Case of Death	1	1	20-Nov-22		1	20-Nov-23		
8	SDH/MRD/4.5	Confidentiality Policy	1	1	20-Nov-22		1	20-Nov-23		

		Original Date	Effective Date	Next date of revision	Issue NO		
		<u>05-Mar-21</u>	<u>20 November 2023</u>	<u>20 November 2024</u>	1		
Reviewed & Prepared By		Recommended By		Approved By			
Dr.Monali Gore	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar		Dr.S.S.Deepak			
MRD HOD	Quality Co-ordinator	Chief Medical Administartor		Chairman & Managing Director			
							



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/MRD/01	Contents	1	1	05-Mar-21	List Updates	1	20-Nov-22	As par amendment	List Updates
2	SDH/MRD/02	Department Organization Chart	1	1	05-Mar-21	No Any Change	1	20-Nov-22	No Any Change	NO any Amendment History
3	SDH/MRD/03	Role & Responsibilities	1	1	05-Mar-21		1	20-Nov-22		
	SDH/MRD/04	Standard Operating Procedures						20-Nov-22		
4	SDH/MRD/4.1	Retention Of Medical records	1	1	05-Mar-21		2	20-Nov-22		
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	05-Mar-21		1	20-Nov-22		
6	SDH/MRD/4.3	Release of Information and PMR Copies	1	1	05-Mar-21		1	20-Nov-22		
7	SDH/MRD/4.4	Issue of Copies in Case of Death	1	1	05-Mar-21		1	20-Nov-22		
8	SDH/MRD/4.5	Confidentiality Policy	1	1	05-Mar-21		1	20-Nov-22		

9	SDH/MRD/4.6	Destruction of Medical records	1	1	05-Mar-21	2	20-Nov-22		
10	SDH/MRD/4.7	Patient Registration Record Creation of PMR	1	1	05-Mar-21	1	20-Nov-22		
11	SDH/MRD/4.8	Identification of Records	1	1	05-Mar-21	1	20-Nov-22		
12	SDH/MRD/4.9	Control of PMR forms	1	1	05-Mar-21	1	20-Nov-22		
13	SDH/MRD/4.10	Complication and Maintenance of MR Folder	1	1	05-Mar-21	1	20-Nov-22		
14	SDH/MRD/4.11	Deficiency Check	1	1	05-Mar-21	1	20-Nov-22		
15	SDH/MRD/4.12	ICD Coding	1	1	05-Mar-21	1	20-Nov-22		
16	SDH/MRD/4.13	Filing of Medical records	1	1	05-Mar-21	1	20-Nov-22		
17	SDH/MRD/4.14	Retrieval of Medical records	1	1	05-Mar-21	1	20-Nov-22		
18	SDH/MRD/4.15	Inspection of the Filing System	1	1	05-Mar-21	1	20-Nov-22		
19	SDH/MRD/4.16	Hospital Census & Statistics	1	1	05-Mar-21	1	20-Nov-22		
20	SDH/MRD/4.18	Authorized Staff Make the entry in the medical record	1	1	05-Mar-21	2	20-Nov-22		
		Original Date	Effective Date		Next date of revision		Issue NO		

	<u>05-Mar-21</u>	<u>20 November 2022</u>	<u>20 November 2023</u>	1	
Reviewed & Prepared By		Recommended By		Approved By	
Dr.Monali Gore	Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar		Dr.S.S.Deepak	
MRD HOD	Quality Co-ordinator	Chief Medical Administartor		Chairman & Managing Director	
					



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MRD MANUAL

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03.	Roles & Responsibilities
04.	Standard Operating Procedures
4.1	Retention of Medical Records
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4.3	Release of Information & PMR Copies
4.4	Issue of PMR Copies in Case of Death
4.5	Confidentiality – Policies & procedures
4.6	Destruction of Medical Records
4.7	Patient Registration & Creation of PMR
4.8	Identification of records
4.9	Control of PMR Forms
4.10	Compilation and Maintenance of PMR Folder
4.11	Deficiency Check
4.12	ICD Coding
4.13	Filing of Medical Records
4.14	Retrieval of Medical Records
4.15	Inspection of Filing System
4.16	Hospital Census & Statistics
4.17	Registration of a Patients for MTP
4.18	Authorized staff make the entry in the medical Record

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



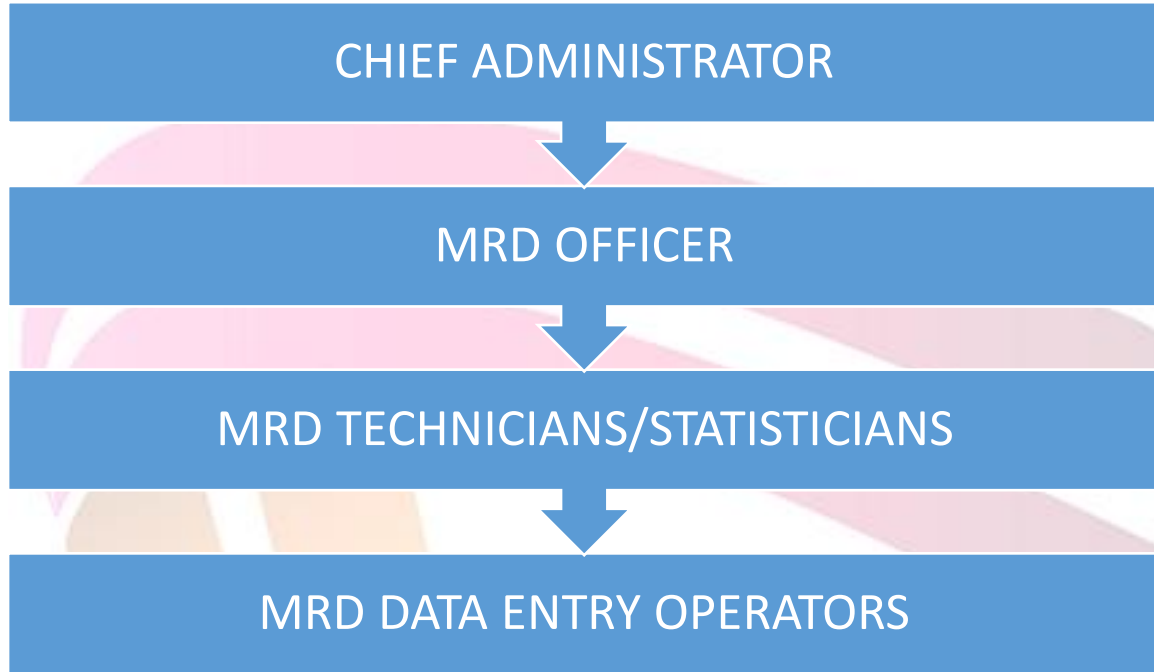
SAIDEEP HOSPITAL

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Organisational Chart – MRD

Organisational Chart



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



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PURPOSE AND SCOPE

The purpose of the policy is to define the roles and responsibilities of the MRD Staff

RESPONSIBILITIES

Director Administration

The overall responsibility of implementing the policy rests with the AD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Medical Record Officer
- Plans, Organize, direct, coordinates and supervises the operation of medical record unit and other administrative and medical office support activities.
- Development and implements policies and procedures relating to the management, retention and storage of medical records.
- Supervises, directs, trains and assigns the work of clinical, medical records and other assigned staff, either directly or through subordinates and supervisors and lead staff.
- Evaluate employee performance and recommends employee selection, initiate disciplinary action and other personnel activities.
- To establish, organize, manage a MRD with appropriate system to provide an effective service in the hospital.
- To develop policies and procedures relating to MRD in accordance with the legal or Government policies.
- To review the medical records of OP and IP to ensure that they include all important documents and pertinent information.
- To cooperate with the medical, nursing and other staffs in completing patient medical records.
- To assist in quality assurance utilization review, infection control and other committee and programs.

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



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- To prepare monthly statistical report concerning the hospital activities carried out and to submit to concerned authorities and suggestion for improvement.
- To ensure confidentiality of information.
- To effectively control the movement of the patient files to achieve a unit record system and protect medical records in accordance with the policies relating to preservation and destruction.
- Interdepartmental relations relating to the patient flow, maintenance of medical records and other documents like nursing, laboratory, radiology, administrative, public relations, medical social service and doctors.
- Plan, develops and administers health information system for health care facility consistent with standards of accrediting and regulatory agencies and requirements of health care systems.
- Develops and implements policies and procedures for documenting, storing and retrieving information and for processing medical legal documents, insurance data and correspondence requests in conformance with federal, state and local statutes.
- Coordinates medical care evaluation with medical staff and develops criteria and methods for such evaluation.
- Prepare and conducts training sessions in medical records maintenance, processing, retention and release of the departmental staffs.

MRD ATTENDERS

- Responsible for filing and retrieval of medical records
- Responsible for dispatch & return of medical records to and from the concerned OPD.
- To cross-check and ensure all issued case sheets are returned to MRD.
- To check the case sheet if it is filed properly.
- To safeguard the medical records and ensure the confidentiality of information in the medical records.

MRD TECHNICIANS

- Classifies and verifies coding of diseases and operations in accordance with the coding of standard nomenclature and classification systems.
- Review medical records and identifies inconsistencies in diagnosis and treatment criteria per government and insurance company reimbursement policies.
- Practice policies and procedures relating to confidentiality and the protection of personal and sensitive data of patients, colleagues and others.

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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- Assist MRO for planning, auditing and other day to day activities in medical records department.
- Overall supervision of medical records department and staffs in absence of MRO.
- To transfer the demographic and other data of the discharged patients from manual file to the computer system after coding of diseases and operations.
- To co-ordinate and do inactive medical records separation & movement to inactive storage area.
- Conduct random audits of medical records along with the MRD in regular intervals to determine the completeness of the medical record
- Offer general assistance to the practice team and project a positive and friendly atmosphere to patients and other visitors either in person or via the telephone.
- To ensure confidentiality of information.

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title :Retention & Destruction Policy

PURPOSE AND SCOPE:

The purpose of the policy is to define the policy on retention of medical records

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Outpatient records are discarded if the patient has not visited the hospital for a period of five years after his last visit.
- Inpatient records are discarded after 7 years from the date of admission.
- If a patient has registered several times resulting in multiple out patient records, then the records are amalgamated into one record with cross references to the others. The retained record is as per the following priority
 - Medico legal case
 - Death
 - Any other admission
 - Medico legal case sheets and Death case sheets are maintained indefinite.
- In pediatric cases, the record is retained till the patient reaches 18 years of age and then the PMR is retained for 3 more years and then destroyed as per the policy mentioned above.
- Records of MTP are maintained as per MTP act requirements
- Destruction of medical record can be done after the retention period is over and after taking approval from the Medical Director.
- Before destruction advertisement in 2 local news papers is published and time is given to patient to ask for the documents before shredding and keeping records.
- Medical Records are destroyed through proper shredding at the presence of the MRO.

REFERENCES

IMS 6 – NABH Accreditation Standards for Hospitals, Ver 5

Recommended By	Signature	Approved By	Signature
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SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Custody of MLC & Death Case Records

PURPOSE AND SCOPE

The purpose of the policy is to define policies for handling Medico Legal Cases and Death Records by the MRD.

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

- Medico legal case sheets and Death case sheets are kept under the custody of the Medical Records Officer in the Medical Record Department.
- In case any clinician wants to review the death files,
- they shall approach the Medical Records Department. If these files are to be moved from the premises of the medical records department for purposes of research works, they shall obtain written permission from RMO / Medical Superintendent.
- For the purposes of insurance and issue of certificates, the medical records of death cases shall be issued to the concerned department after approval from Deputy Medical Superintendent/ Medical Superintendent.

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The MLC/ Death Case Sheets are kept in a locked cupboard under lock and key. The files are arranged in the cupboard in a chronological order	MRD Technician	
2	A duplicate of the MLC/Death Case Sheet cupboard is	Medical	

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 : Custody of MLC & Death Case Records

	maintained with the Medical Administrator	administrator	
3	The approved request for issue of MLC/ death files for research / death audit purposes are filed in separated files maintained for the purpose	MRD In-Charge	
4	The MLC / death case sheet issues from the MRD is recorded in a register maintained for the purpose with the details – Person / Department Issued, Date, Purpose, Sign of receiving person. MLC/Death case sheet shall be issued only directly to the person for whom it is approved and shall not be handed over to any other staff for purpose of transport etc	MRD Technician	MLC/Death Case Sheet Issue register

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDHMRD/4.3
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Document Title : Release of Information and Medical Record Copies

PURPOSE AND SCOPE

The purpose of the policy is to provide guidance to MRD staff on release of patient information and copies of Medical records

POLICIES

- The hospital accepts the right of the patient to obtain a copy of his medical record
- The PMR copies can be released to patient only based on approval by Medical Superintendent who shall provide approval for same after consulting on same with the treating doctor of the case.
- The medical record shall be issued within 72 hours after getting the approval from the Medical Superintendent
- Original PMR shall not be issued in any case and certified copies shall be provided to the patient.
- Investigation reports like X-rays, Scan reports, ECG, Echo and TMT reports can be given to patient after ensuring a copy of the same is filed in the patient record folder.

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	For release of PMR copies a written request must be submitted to the Medical Superintendent specifying the purpose for the release of PMR copy. In cases where patient cannot be personally present the PMR copies may be issued to next of kin based on written request of patient with attached with patient attested copy of of government issued ID card of the person receiving the PMR copy on behalf of patient	MS	
2	In cases where patients are not in a medical condition to make a request themselves / pediatric	MS	

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 : Release of Information and Medical Record Copies

	cases / mentally unstable cases, the next of kin, parents, guardians can make a request on behalf of patient as per procedure mentioned above		
3	On request for a copy of PMR the MS will request for release of the original case file from MRD and sent the same to the attending clinician for his / her opinion	MS	
4	Based on consultation with clinician the approval for release may be granted. In cases where necessary approval from MD and legal opinion may be sought before issue of PMR copy	MS	
5	After approval the MS shall instruct the MRD In-charge to prepare a photocopy of the PMR.	MRD In-Charge	
6	All pages of the copied PMR would be marked using a stamp as "PHOTOCOPY". All pages will be sealed with hospital seal and initialed by MS prior to issue of the copy	MRD In-Charge	
7	The MRD In-Charge will issue the copy of PMR to patient / approved representative and take his signature in the appropriate Issue register	MRD In-Charge	PMR Copy Issue Register

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
MEDICAL RECORD MANUAL

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Document Title : Issue of Copies in case of Death

PURPOSE AND SCOPE

The purpose of the policy is to provide guidance on release of medical records in case of Death Cases

POLICIES

- The Medical Records Officer can issue the copies of relevant records after obtaining the signature of the receiver in the concerned register. This shall be done in consultation with the concerned clinician.
- The copies of other medical records in cases of death shall be issued after getting written authorization from the concerned clinician.
- PROCEDURES
- Procedure for issue of copies of PMR in death cases shall be same as that specified for normal cases in SDH/MRD/4.3

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Policy on Confidentiality

PURPOSE AND SCOPE

The purpose of the policy is to define confidentiality requirements to be followed in handling Medical records

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

POLICIES

- It is the duty of each and every staff member to safe guard the medical records and ensures the confidentiality of information they come across while performing their duty.
- No staff member shall approach the medical records department directly for obtaining their / or their families medical records. They shall follow the guidelines for issue of medical records and approach the reception for the same.
- In case a staff member finds a medical record misplaced anywhere in the hospital, they shall immediately hand it over to the custody of the medical records department.
- In no case shall a medical record or the medical record folder as a whole be given in the hands of the patients or their family.
- In cases where the confidentiality violation is observed; an incident report on same shall be raised.
- PROCEDURES
- Nil

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORD MANUAL

Doc No	SDH/MRD/4.6
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Document Title : Destruction of Medical records

PURPOSE AND SCOPE

The purpose of the policy is to guide the hospital MRD staff on procedure for destruction of medical records

POLICIES: Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The MRD Technician shall track the records that to be discarded every six months based on retention policy and tracking the activity of the records. After collecting the data he shall send a request to Medical Superintendent for approval	MRD Technician	
2	The MS will review the same after consulting with various clinicians and MD; and approve the list with changes where necessary	MS	
3	After approval MS shall sent a circular to all clinical departments with the list of PMR approved for destroying. A week time would be given to the departments to respond to same if for any reason any of the PMR needs to be retained.	MS	
4	After the review period for clinical departments is over MS shall sent the list to MRD with approval note for destruction of listed PMR	MS	
5	The MRD in-charge will personally oversee destruction of Medical records. The method used for destruction shall only be shredding using a paper shredder.	MRD In-Charge	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Patient Registration and MR Creation

PURPOSE AND SCOPE

The purpose of the policy is to define process of registration of patient and creation of his / her inpatient or outpatient record

POLICIES

Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	If the patient is visiting the hospital for the first time a new out patient record is created and issued to the relevant department.	Registration Counters	
2	The OP record / file of the patient is handed over to him	Registration Counters	
3	The hospital maintains details of all patient visits including patient assessments and advice on the EMR module of HIS for all OP patients	Doctors	
4	Inpatient records are created for each admission	Admission Counter	
5	After a patient is discharged, the Inpatient records are returned to the Medical Record Department for processing and filing	Ward In-Charges	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
MEDICAL RECORD UNIT

Doc No	SDH/MRD/4.8
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Document Title : Identification of Medical records

PURPOSE AND SCOPE

The purpose of the policy is to guide hospital staff on identification system for medical records for their traceability

POLICIES

- The OPD Medical record is tracked using a Unique Hospital Identification No (UHID No). The MRD folders and its components shall bear this no for easy identification
- All pages of a case sheet / PMR will be noted with the Hospital Number for identification.
- IP case records are identified by their IPD number and stored chronologically.
- Additionally all MLC cases are tagged PINK for easy identification in HIS software.

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Control of Patient Medical Records Forms

PURPOSE AND SCOPE

The purpose of the policy is to define process for the control of various forms and formats that constitute the Patient Medical Records

POLICIES

- The Medical Records Officer is responsible for ensuring the control of the various formats used by various patient care units for documentation of patient care activities, which forms the medical record of the patient.
- The Medical Record Officer shall maintain and update a List of Medical Records (Refer to annexure) with the details of the various records used by the hospital including record numbers, titles and revision status.
- The Medical Record officer shall maintain a catalogue of the master formats of all the medical records used by the hospital. The master formats shall have the approval of the appropriate authority for approval of the format.

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The Medical Records Officer is responsible for ensuring the control of the various formats used by various patient care units for documentation of patient care activities, which forms the medical record of the patient.	MRD In-Charge	
2	The Medical Record Officer shall maintain and update a List of Medical Records (Refer to annexure) with the details of the various records used by the hospital including record numbers, titles and revision status.	MRD In-Charge	
3	Any Changes to any forms / component of PMR has to	Chief Medical	

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Control of Patient Medical Records Forms

	be approved by the Chief Medical Administrator	Administrator	
4	In-case of any new PMR form or change to PMR form the clinical department concerned has to put up an application to MS with a draft design on the format	MS	
5	On approval from MS; the MRD In-Charge would provide a unique ID no for the format and assign version number based on changes / revisions made. The format no and version would be printed on the bottom right corner of all PMR formats to ensure proper tracking of same	MRD In-Charge	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

Doc No	SDH/MRD/4.10
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Document Title : Compilation and Maintenance of Medical Record Folder

PURPOSE AND SCOPE

The purpose of the policy is to guide hospital staff on compilation and maintenance of the Medical record Folders.

POLICIES: Nil

PROCEDURE

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The patient record folder is compiled by addition of the required record sheet by the nursing staff of the patient care unit or the concerned department technicians in cases of diagnostic and therapeutic units.	MRD In-Charge	
2	Proper identification shall be made on each record by noting down details like patient name, Hospital number, age & sex etc.	MRD In-Charge	
3	The various medical records shall be arranged with the patient record folder as per the pre-determined Sorting Order of Medical Records (Refer to annexure).	MS	
4	The various investigations reports and consent forms shall be properly mounted by the nursing staff as specified.	MS	
5	The PMR shall be arranged as per the sorting order described in the Annexure	MRD In-Charge	
6	The nurses after discharge shall arrange the PMR as per the sorting order before sending the same to MRD		

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Deficiency Check

PURPOSE AND SCOPE

The purpose of the document is to guide the MRD staff on checking the deficiencies of the Medical Records post discharge prior to filing the same.

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical record technicians shall perform a deficiency check for each medical record folder received. The deficiency check shall verify; <ul style="list-style-type: none">- Sorting order of the folder- Completeness of the reports- Signature of the consultants / clinicians- Completeness of Diagnosis and discharge status- Completeness of the consent forms- Completeness of operation reports- Missing diagnostic reports	MRD Technicians	
2	The deficiency check shall be documented using a Deficiency Check List. (Refer to attached format)	MRD Technicians	PMR Deficiency Check Sheet
3	In case of any deficiencies the same shall be noted in the checklist and the concerned department requested to ensure the completeness of the records.	MRD Technicians	

REFERENCES

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS
DEPARTMENT

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Document Title : ICD Coding

PURPOSE AND SCOPE

The purpose of the policy is to define the parameters and policy of coding of medical records using the International Coding of Diseases

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The RMO after verifying with Admitting Consultant shall fill in the primary and allied diagnosis in the face sheet of PMR of patients post discharge. They shall then check for the appropriate code as per International Classification of Diseases - Tenth Revision (ICD 10) published by the World Health Organization. The coding shall cover primary, secondary and final diagnosis.	RMO / Consultants	PMR Face Sheet
2	The RMOs shall subsequently get the signature of the concerned consultant on face sheet of PMR before handing over the same to nurses for hand over to MRD	RMO / Consultants	PMR Deficiency Check Sheet
3	On receiving the case sheet the MRD technicians will check the face sheet for entry of the appropriate diagnosis and coding	MRD Technicians	

REFERENCES:

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Filing of Medical record Folders

PURPOSE AND SCOPE

The purpose of the document is to guide the process of filing of the Medical records in the Medical record Storage area

POLICIES

Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The IP files shall be kept according to the IP Number. An index of multiple IP Case Sheets is maintained at the HIS level enabling retrieval of all IP Case Sheets under a unique Hospital ID	MRD Technicians	
2	The filing order for the various files shall be mapped in the medical records file-tracking feature of the hospital management system. The filing of the records shall be done in sequential order according to their hospital numbers.	MRD In-Charge	
3	All the shelves and racks used for filing of the records shall be appropriately labeled / numbered to facilitate easy filing and retrieval of records.	MRD Technicians	

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL
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Document Title : Retrieval of Medical records Folder

PURPOSE AND SCOPE

The purpose of the document is to provide guidance to MRD staff in retrieving of records

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical records shall be retrieved based on requests generated through the hospital information systems.	MRD Technicians	
2	On retrieval of a patient record from its designated area a tracer card shall be placed to indicate its removal.	MRD In-Charge	
3	All medical records are entered in a register.	MRD Technicians	MRD Issue Register
4	The retrieval and issue of the patient records shall be updated in the hospital information system to keep a track of issued records.	MRD Technicians	
5	Special request for records from any other departments like insurance are entered in a special register called case sheet movement register	MRD Technicians	Case Sheet Movement register
6	Retrieval during non-working hours are done by the night managers who has access to the MRD through key from security. The details of the retrieved records are entered in Case Sheet Movement register with signature of the night manager	Night Manager	

REFERENCES:

Standards

Recommended By	Signature	Approved By	Signature
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SAIDEEP HOSPITAL
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Document Title : Inspection of Filing System

PURPOSE AND SCOPE

The purpose of the document is to provide guidelines for inspection of the Medical; Record filing system

RESPONSIBILITIES

Medical Director

The overall responsibility of implementing the policy rests with the MD of the hospital.

HOD - MRD

Is responsible to ensure that the policies pertaining to MRD services are implemented.

POLICIES

Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	The medical records officer shall periodically conduct physical inspection of the filing system. This shall include: Tallying of outstanding records Appropriateness of filing system Missing records Cleanliness of filing area and pest control Arrangements for movement of inactive files	MRD In-Charge	
2	All deviations / non-conformities are reported to Chief Medical Administrator	MRD In-Charge	

REFERENCES:

Standards

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNITS

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Document Title : Compilation of Hospital Census and Statistics

PURPOSE AND SCOPE

The purpose of the guidelines for compilation of the hospital statistics and census

POLICIES: Nil

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	<p>Collection and preparation of statistics</p> <p>The data necessary for preparations of statistical summaries and reports shall be obtained from the hospital information systems, various units and by the analysis of the patient records. The medical records department shall act as the coordination point for generation and reporting of various types of hospital statistics as required by management and clinicians for purpose of operational effectiveness and medical research.</p>	MRD In-Charge	
2	<p>Daily Census</p> <p>The medical record department shall prepare a daily census report of the hospital services covering the following aspects. This shall be done for a 24 hour period ending at midnight every day.</p> <ul style="list-style-type: none">• Number of admissions department wise• Number of discharges• OP attendance consultant wise• Number of emergency case <p>The cut off time for daily census is 12 AM midnight</p>	MRD In-Charge	

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



SAIDEEP HOSPITAL
MEDICAL RECORDS UNITS

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Document Title : Compilation of Hospital Census and Statistics

3	<p>Statistical Reports</p> <p>The medical record department shall compile and publish statistical reports on the following areas.</p> <ul style="list-style-type: none">• Hospital Census – the hospital census report shall cover total number of admissions and discharges, total number of out-patients and inpatients, total number of births and deaths, hospital death rate, Bed occupancy rate, average length of stay (ALOS) etc.• Disease and demographic statistics – The report on disease and demographic patterns shall include consolidated classification of diseases and various operations performed, number of interventional procedures done unit wise, number of notifiable diseases, high light or new or rare diseases / conditions treated etc.• Outcome Analysis – Outcome analysis reporting shall highlight the following factors; Mortality census and rates, Hospital acquired infection census and rates, number of normal and abnormal deliveries, number of live born and still born and other relevant medical / surgical statistics.	MRD In-Charge	
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REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SAIDEEP HOSPITAL

MEDICAL RECORDS UNIT

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Policy of registration of a patient for MTP (Medical Termination of pregnancy)

SUMMARY	This document provides instruction and guidance to clinicians, nurses, managers and others on policies of registration of MTP patients within the hospital.
DISTRIBUTION	To all departments, units and wards through the Hospital Manual.

INTRODUCTION

As per The Medical Termination of Pregnancy (Amendment) Act, 2021, 5A:

1. No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorized by any law for the time being in force.
2. Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment which may extend to one year, or with fine, or with both

Hence Saideep Healthcare & Research Pvt. Ltd. has following policy for the registration for MTP cases

PURPOSE AND SCOPE

The purpose of the policy is to ensure that the whole process is carried out in an efficient and easy way so as that there is no delay in rendering the service to the MTP patient and abiding the provisions of the law.

1) Unregistered female

- She is registered under a MTP CODE NUMBER from the MTP register and no other details are saved in the HIS.
- She is then directed to the concerned gynecologist who notes down her Name, Age and Address etc. details on a separate paper sheet along with the patient's signed informed consent form.
- These documents are sealed in an envelope and only the CODE NUMBER is written on it to hide the patient's identity.
- The same CODE NUMBER is written on the IPD case sheet and no other details of the patient are mentioned.
- Only the gynecologist has the access to the true identity of the patient.

2) Previously Registered female

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Chief Medical Administrator		Dr. S.S. Deepak	



SAIDEEP HOSPITAL

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Policy of registration of a patient for MTP (Medical Termination of pregnancy)

- She is registered under a new MTP CODE NUMBER from the MTP register and no other details are saved in the HIS.
- The concerned gynecologist then notes down her Name, Age and Address etc. details on a separate paper sheet along with the patient's signed informed consent form.
- These documents are sealed in an envelope and only the CODE NUMBER is written on it to hide the patient's identity.
- The same CODE NUMBER is written on the IPD case sheet and no other details of the patient are mentioned.

3) Currently registered and already admitted female

- If a female is already admitted and she is to undergo an MTP procedure, then a separate entry is shown in the HIS using a MTP CODE NUMBER from the MTP register.
- The MTP procedure notes and other relevant documents contain only the CODE NUMBER and no other details of the patient.
- After the MTP procedure the patient is shown to be discharged from the system and all her MTP related documents are kept sealed.
- If for any reasons e.g. insurance, reimbursement etc. the female requests her identity details revealed on hospital bill, prescription, lab reports then citing the above stated MTP act amendment 2021, the request shall be denied.
- Only authorized persons by the existing law can demand the hospital records containing the names and other details of the MTP cases. There shall be no exceptions.

References:

THE MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) ACT, 2021 (An Act further to amend the Medical Termination of Pregnancy Act, 1971) 25th March, 2021

NABH 5E Standard PRE 2. D

AAC 2A

Recommended By	Signature	Approved By	Signature
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Chief Medical Administrator		Dr. S.S. Deepak	



SAIDEEP HOSPITAL
MEDICAL RECORDS UNIT

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Document Title : Identification of Medical records

MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	RELEASED BY
SD/V4/MRD-01	DOCTOR'S PROGRESS SHEET	RMO & CONSULTANT	PAPER	IN USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD - 02	□□-□□□□ □□□□□□□□□□	RELATIVE / BILLING DEPARTMENT	PAPER	NOT USE	
SD/MRD-03	NURSING PROGRESS SHEET	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD/05	IPD PATIENT FEEDBACK FORM	PATIENT & RELATIVES	PAPER		CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-06	SERVICES BILLING SHEET	RMO & NURSE	PAPER	USE	CHIEF ACCOUNTANT	CHIEF ACCOUNTANT	MRD I/C
SD/MRD-07	CONSENT FOR HIV TESTING	RMO	PAPER	USE	PATHOLOGIST	PATHOLOGIST	MRD I/C
SD/V1/MRD - 08	INFORM CONSENT FOR ADMISSION	REGISTRATION STAFF	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V4/MRD - 09	EMERGENCY : INITIAL ASSESSMENT	CASUALTY RMO	EMR		M.S.	M.S.	MRD I/C
SD/V2/MRD-10	BLOOD TRANSFUSION RECORD	NURSE & RMO	PAPER	USE	M.S.	CONSULTANT	MRD I/C

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



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SD/V2/MRD-13	CONSENT FOR HEMODIALYSIS			USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/V2/MRD/14	REQUISITION FOR PHOTO COPIES OF IPD/OPD PAPERS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V2/MRD-15	PATIENT MONITORING & NURSING CHART	NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-16	HIGH RISK CONSENT FOR CARDIAC SURGERY	RMO & CONSULTANT	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/V1/MRD-18	OPERATION THEATRE – SWAB COUNT FORM	O.T. NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V1/MRD-19	PERFUSION PROTOCOL	PERFUSIONIST & ANAESTHETIST SURGEON	PAPER	USE	PERFUSIONIST	PERFUSIONIST	MRD I/C
SD/V1/MRD-20	PRE ANAESTHETIC ASSESSMENT CHART (CVST)	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/V1/MRD-21	ANAESTHESIA RECORD FOR CONGENITAL HEART DISEASE	ANAESTHESIOLOGIST	PAPER	USE	ANAESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
	(CVST)						
SD/V2/MRD-22	PRE-OPERATIVE CHECK LIST	STAFF NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/V2/MRD-23	SURGERY NOTES	SURGEON	EMR/ PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/V2/MRD-24	CONSENT FOR DISCHARGE AGAINST MEDICAL ADVICE (DAMA)	RMO, PATIENT & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V3/MRD-25	CONSENT FOR REFUSAL OF TREATMENT / LAMA	RMO & RELATIVE	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SD/V2/MRD-26	HAEMODIALYSIS FLOW SHEET	NEPHROLOGIST	PAPER		NEPHROLOGIST	NERHROLOGIST	MRD I/C
SD/V4/MRD-27	DISCHARGE CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. &N.S.	MRD I/C
SD/V3/MRD-28	REGULAR MEDICINES CHART	NURSE, RMO & CONSULTANT	PAPER	USE	CONSULTANT & PHARMASIST	CONSULTANT & PHARMASIST	MRD I/C
SD/MRD-29	CONSENT FOR BLOOD	RMO, RELATIVE &	PAPER	USE	M.S.	CONSULTANT	MRD /IC

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Chief Medical Administrator		Chairman & Managing Director	



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	TRANSFUSION	PATIENT					
SD/MRD-30	□□□□□□ □□□□□□□□ □□□□□□□□□ □ □□ □□□□□□□□ □□□□□□□□ □□□□□□□□□□ □□□□□ □□□□□	NEONATOLOGIST PEDIATRITION	PAPER	USE	NEONATOLOGIS T	NEONATOLOGIST	MRD I/C
SD/V2/MRD-32	SURGERY SAFETY CHECKLIST	SURGEON, ANAESTHESIST & OT NURSE	PAPER	USE	SURGEON, ANAE THESIST & OT NURSE	SURGEON	MRS I/C
SD/MRD-33	NUTRITIONAL ASSESSMENT	DIETITIAN	PAPER	USE	DIETITIAN	DIETITIAN	MRD I/C
SH/V2/MRD-35	NURSING INITIAL ASSESSMENT	NURSE & RMO	PAPER	NOT USE	N.S.	N.S.	MRD I/C
SH/MRD-36	INTERNAL TRANSFER CHECKLIST	NURSE & RMO	PAPER	USE	M.S. & N.S.	M.S. & N.S.	MRD I/C
SD/MRD/V3/37	INVESTIGATION SHEET	RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-38	ADVICE FOR POST-MORTEM	RELATIVES & RMO	PAPER	USE	M.S	M.S.	MRD I/C
SD/MRD-39	LETTER TO CIVIL HOSPITAL, AHMEDNAGAR	RMO	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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



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SD/MRD-40	CONSENT FOR HYSTEROSALPINGOGRAPHY	CONSULTANT, PATIENT RELATIVES	PAPER	USE	GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD-41	CONSENT FOR STRESS TEST	CONSULTANT, PATIENT RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-42	PRE ANAESTHESIA EVALUATION	ANESTHESIOLOGIST	PAPER	NOT USE	ANESTHESIOLOGIST	CHIEF ADMIN	MRD I/C
SD/V2/MRD-43	CONSENT FOR ANAESTHESIA	ANESTHESIOLOGIST & PATIENT	PAPER	USE	ANESTHESIOLOGIST	ANASTHESIOLOGIST	MRD I/C
SD/V3/MRD-44	INFORMED CONSENT FOR SURGERY	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-45	FORM- C		PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-46	CONSENT FOR NARCO	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C
SD/MRD-47	ADMISSION FORM	PATIENT & RELATIVES	PAPEER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/V3/MRD-48	INITIAL ASSESSMENT & PLAN OF CARE	RMO & CONSULTANT	PAPER	USE	M.S	CHIEF ADMIN	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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SD/MRD-49	APPOINTMENT SLIP (DR. RAHUL DHOOT)	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-50	APPOINTMENT SLIP (DR. RAHUL DHOOT) INFORMATION	RECEPTION STAFF	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/51	CARDIAC DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/52	RENAL DIET PLAN (RT FEED)	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/53	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/MRD/54	CARDIAC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CARDIOLOGIST	MRD I/C
SD/MRD/55	RENAL DIET PLAN	DIETITION	PAPER	USE	DIETITION	NEPHROLOGIST	MRD I/C
SD/MRD/56	DIABETIC DIET PLAN	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SD/V2/MRD-57	CONSENT FOR CORONARY ANGIOPLASTY	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CADIOLOGIST	MRD I/C

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Chief Medical Administrator		Chairman & Managing Director	



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SD/MRD-58	CONSENT FOR ANGIOGRAPHY	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD-59	CONSENT FOR ANAESTHESIA (CATHLAB)	ANESTHESIOLOGIST PATIENT & RELATIVES	PAPER	USE	ANESTHESIOLOGIST	ANATHESIOLOGIST	MRD I/C
SD/MRD-60	CONSENT FOR OPTIONS GIVEN FOR IMPLANTS /VALVES/ STENTS/ PACEMAKER	CARDIOLOGIST, PATIENT & RELATIVES	PAPER	USE	CARDIOLOGIST,	CARDIOLOGIST	MRD I/C
SH/V2/MRD/61	CATHLAB CHECK LIST (FOR ANGIOGRAPHY & ANGIOPLASTY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/V2/MRD/62	CATHLAB CHECK LIST (FOR ANGIOGRAPHY)	CATHLAB NURSE & RMO	PAPER	USE	N.S.	N.S.	MRD I/C
SH/MRD/63	□□□□□□ □□□□	MJPJAY – DEP. STAFF	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/64	CONSULTANT – VISIT SHEET	CONSULTANT	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/65	CONSENT FOR OOCYTE RETRIEVALS / EMBRYO TRANSFER	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/66	CONSENT FOR OOCYTE	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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



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SD/MRD/67	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/68	CONSENT FORM TO BE SIGNED BY THE COUPLE	CONSULTANT, COUPLE	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/69	CONSENT FORM FOR THE DONOR OF EGGS	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/70	CONSENT FORM FOR THE DONOR OF SPERM	CONSULTANT, DONOR	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/71	CONSENT FOR FREEZING OF EMBRYOS	CONSULTANT, PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/72	CONSENT OF HUSBAND	CONSULTANT, HUSBAND	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-73	OUT PATIENT FEEDBACK FORM	PATIENT OF OPD	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C
SD/MRD/75	CONSENT FOR TRANSPORTATION OF CRITICALLY ILL PATIENTS FOR INVESTION	CONSULTANT, RELATIVES	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C

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



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SD/MRD/76	CONSENT FOR EMERGENCY TRANSPORT (AMBULANCE)	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/77	HIGH RISK CONSENT FOR TRANSPORTING PATIENT IN AMBULANCE	CONSULTANT, RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD/78	PHYSICAL RESTRAINT FORM	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/79	CONSENT FOR PHYSICAL & CHEMICAL RESTRAINT	NURSE CONSULTANT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/80	DIET PLAN FOR ANAEMIA	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C
SH/HIC/MRD/82	INFECTION SURVEILLANCE DATA COLLECTION	ICN	PAPER	USE	ICO	I.C.O.	MRD I/C
SD/MRD-84	LOW G.C. CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SH/MRD/90	DIET PLAN FOR LOCTATING	DIETITION	PAPER	USE	DIETITION	CONSULTANT	MRD I/C

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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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	MOTHER						
SH/MRD/91	MORTUARY FORM	MORTUARY ATTENDANT	PAPER	USE	M.S.	CHIEF ADMIN	MRD I/C
SH/MRD/94	COVID-19 INVESTIGATION SHEET	RMO	PAPER	STOP			
SD/V2/MRD-95	NEUROSURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	NEUROSURGEON	NEUROSURGEON	MRD I/C
SH/MRD/96	□□□□□□ □□□□ □□□□□□□□□□ □□□□□	RELATIVES & PATIENT	PAPER	STOP			
SD/MRD/98	CHANGE IN PAYMENT CATEGORY LETTER	BILLING I/C, CONSULTANT	PAPER	USE	CONSULTANT,	CHIEF ADMIN	MRD I/C
SD/MRD/99	CONSENT FOR SPERM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/100	CONSENT FOR OVUM RECIPENT	RELATIVES & PATIENT	PAPER	NOT USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-101	NURSING HANDLING OVER NOTES – IPD	NURSE	EMR	USE	N.S.	CHIEF ADMIN	
SH/MRD/102	□□□□□ □□□□□□□□□□	RELATIVES & PATIENT	PAPER	STOP			

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SH/MRD/105	MONITORING CHART (CVST)	NURSE &RMO	PAPER	USE	CARDIOLOGIST	CARDIOLOGIST	MRD I/C
SD/MRD/106	PHYSICIAN FITNESS FORM	PHYSICIAN	PAPER	USE	PHYSICIAN	PHYSICIAN	MRD I/C
SD/MRD/109	INFORMED CONSENT TO CHEMOTHERAPY	ONCOLOGIST &PATIENT&RELATIVES	PAPER	USE	ONCOLOGIST	ONCOLOGIST	MRD I /C
SD/MRD/111	SIMPLIFIED PARTOGRAPH	NURSE &RMO	PAPER		GYNECOLOGIST	GYNECOLOGIST	MRD I/C
SD/MRD/112	HIGH RISK INFORMED CONSENT	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD/113	URINARY CATHETER MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/114	CENTRAL LINE MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/115	VENTILATOR MAINTENANCE BUNDLE	NURSE	PAPER	USE	N.S.	N.S.	MRD I/C

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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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SD/V2/MRD-116	CONSENT FOR CENTRAL LINE /HEMODIALYSIS CANULA INSERTION	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD-117	CONSENT FOR CATARACT SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-118	CONSENT FOR PTERYGIUM SURGERY	SURGEON, RELATIVES & PATIENT	PAPER	USE	OPHTHALAMOLOGIST	OPHTHALAMOLOGIST	MRD I/C
SD/MRD-119	PATIENT LINEN CHANGE REPORT SHEET	I/C – NURSE	PAPER	USE	N.S.	N.S.	MRD I/C
SD/MRD/120	STANDARD REPORTING OF IN-HOSPITAL CARDIOPULMONARY RESUSCITATION	CONSULTANT & RMO	PAPER	USE	CONSULTANT,	CONSULTANT	MRD I/C
SD/MRD-121	UPPER GI ENDOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C
SD/MRD-122	COLONOSCOPY CONSENT	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	SURGEON	CONSULTANT	MRD I/C

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SD/MRD-123	INFORMED CONSENT FOR IVP	CONSULTANT, PATIENT & RELATIVES	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD-124	ENDOSCOPY PROCEDURE RECORD	CONSULTANT	PAPER	USE	SURGEON	SURGEON	MRD I/C
SD/MRD-125	CROSS REFFERAL FORM	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD-126	CONSENT FOR HEMODIALYSIS SESSION	RMO	PAPER	USE	NEPHROLOGIST	NEPHROLOGIST	MRD I/C
SD/MRD/127	EWS KEY	RMO	PAPER	USE	CONSULTANT	CHIEF ADMIN	MRD I/C
SD/MRD-128	PATIENT & FAMILY EDUCATION / COUNSELLING TRACKER	PATIENT, RELATIVES, RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-129	NURSING CARE PLAN	NURSE	EMR	USE	N.S.	N.S.	MRD I/C
SD/MRD/132	SHORT HISTORY & PHYSICAL EXAMINATION	RMO	PAPER	USE	CONSULTANT	USE	MRD I/C
SD/MRD-134	BLOOD TEST REQUISITION FORM	RMO	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD-135	AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS	PATIENT & RELATIVES	PAPER	USE	CHIEF ADMIN	CHIEF ADMIN	MRD I/C

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SD/MRD-136	REFERRAL FORM		PAPER	STOP			
SD/MRD/137	CONSENT FOR LUMBAR PUNCTURE	CONSULTANT, RELATIVES & PATIENT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/138	PHYSOTHERAPY ASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/139	INFORMED CONSENT FOR PHYSIOTHERAPY TREATMENT	PHYSIOTHERPIST & PATIENT	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/140	PHYSIOTHERAPY REASSESSMENT FORM	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/141	CONSENT OF PHYSIOTHERAPY SESSION	PHYSIOTHERPIST	PAPER	USE	PHYSIOTHERIPIS T	PHYSIOTHERPIST	MRD I/C
SD/MRD/142	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – TERMINAL CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	

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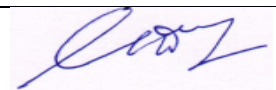
SD/MRD/143	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – DEEP CLEANING	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/144	OT/PROCEDURE ROOM CLEANING & DISINFECTION INSTRUCTION CHECKLIST – CLEANING BETWEEN PATIENTS	I/C OT NURSE	EMR	USE	N.S.	N.S.	
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER	USE	SURGEON & ACCOUNTANT	SURGEON	MRD I/C
SD/MRD/145	SURGERY BUDGET CONSENT	CONSULTANT	PAPER		CONSULTANT & ACCOUNTANT	CHIEF ADMIN	
SD/MRD/146	UMBILICAL LINE	NURSE	PAPER	USE	M.S.	M.S.	MRD I/C
SD/MRD/148	MOLE REMOVAL	CONSULTANT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/149	MICRODEMAABRESSION	DERMATOLOGIST	PAPER	USE	DERMATOLOGIS T	DERMATOOGIST	MRD I/C

Recommended By	Signature	Approved By	Signature
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Chief Medical Administrator		Chairman & Managing Director	

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SD/MRD/150	□□□□□□□□ □□□□□□□□□□ (□□□□□□ □□□□□□) □□□□□□ □□□□□□	DERMATOLOGIST &PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/151	□□□□□□□□-□□□□□□ □□□□□□ □□□□□□□□□□□□□□□□□ □□□□□ □□□□ □□□□□□□□□□□□□□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/152	□□□□□□□□ □□□□□□□□ □□□ □□□□□□□□ (□□□□□□) □□□□□ □□□□□□□□□□□□□□□□ □□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRDI/C
SD/MRD/153	□□□□ □□□□□□□□□□□□ □□□□□□ □□□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C



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SD/MRD/154	IADVL-ACADEMY SIG(□□□□□□ □□□□□□□□ □□) □□□□ □□ □□□□□□ □□□□□□ □□□□ □□ □□ □□□□□□□□ □□□□□	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/155	□□□□□□ □□□□□□□□□□ □□□□□□□□(FRACRIONAL CO2 LASER)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DDERMATOLOGIS T	MRD I/C
SD/MRD/156	□□□□□□□□□□ □□□□□□□□ □□□□□ (LASER OF PIGMENTATION)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD/157	□□□□□□□□□□ □□□□□□□□□□□□□□□□□□□ □□□□□□□□□□□□ □□□□□ □□□□□ (KELOID ILS)	DERMATOLOGIST & PATIENT	PAPER	USE	DERMATOLOGIS T	DERMATOLOGIST	MRD I/C
SD/MRD-42/A	POST ANAESTHESIA EVALUATION	ANATHESIOLOGIST	PAPER	USE	ANAESTHESIALO GIST	ANAESTHESIALOGI ST	MRD I/C

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SD/MRD/158	IVF FLOW SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I /C
SD/MRD/159	ANC CARD	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
MRD NO.	NAME OF CONSENT / FORM	WHOM IS FILLED BY	PAPER OR EMR	STOP OR IN USE	CREATED BY	EDITED BY	
SD/MRD/160	GYNAECOLOGIC CYTOLOGY TEST REQUISITION FORM	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/161	FOLLICULAR STUDY REPORT	GYNAECOLOGIST	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/162	IVF PATIENT INVESTIGATION	CONSULTANT & PATIENT	PAPER	USE	GYNAECOLOGIST	GYNAECOLOGIST	MRD I/C
SD/MRD/163/V1	DOCTOR SHIFT HANDOVER SHEET	RMO &	PAPER	STOP			
SD/MRD-164-VI	CENTRAL LINE INSERTION PRACTICES ADHERENCE MONITORING	RMO & CONSULTANT	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C
SD/MRD-165-VI	URINARY CATHETER INSERTION PRACTICES ADHERENCE MONITORING	RMO & NURSE	PAPER	USE	M.S. & N.S.	M.S.&N.S.	MRD I/C

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SD/MRD-168-V1	CONSULTANT PROGRESS SHEET	CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/166	CONSENT FOR ENDOTRACHEAL INTUBATION / TRACHEOSTOMY AND USING VANTILATOR	CONSULTANT & RMO	PAPER	USE	M.S & CONSULTANT .	M.S.&CONSULTAN T	MRD I/C
SD/MRD/170	DIET PLAN FOR PREGNANCY	DIETITION	PAPER	USE	DIETITION	DIETITION	MRD I/C
SD/MRD/171	SPIN SURGERY CONSENT	SURGEON, PATIENT & RELATIVES	PAPER	USE	SURGEON,	SURGEON	MRD I/C
SD/MRD/172-V1/E	CONSENT FORM TO BE SIGNED BY THE COUPLE OR WOMEN	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/175-V1/EN	CONSENT FOR FREEZING OF EMBRYOS	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/178-	CONSENT FOR OOCYTE RETRIEVAL	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C

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SD/MRD/179-V1/EN	CONSENT FORM FOR THE DONOR OF OOCYTES	PATIENT &CONSULTANT	PAPER	USE	CONSULTANT	CONSULTANT	MRD I/C
SD/MRD/180	ECT AND ANATHESIA RECORD FORM	PSYCOLOGIST	PAPER	USE	PSYCOLOGIST	PSYCOLOGIST	MRD I/C



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Policies on Retention and Destruction of Medical records, data and information			

1.0 Purpose

To establish policy and procedure for retention and destruction of medical records.

2.0 Scope

Hospital wide

3.0 Policy

As per hospital policy



- a) For In-patients if the patient does not visit the hospital for 10 continuous years the records are made inactive and destroyed.
- b) For Out Patients if the patient does not maintain a copy of the medical record and details are stored in EMR. In case any patient does not visit the hospital for 5 continuous years the data are made inactive and deleted
- c) The medical records department keeps a record of all the files, which are destroyed.
- d) The patient index and visit details are maintained in the HIS
- e) Medico-Legal files will not be destroyed.
- f) Files of death cases will be kept for 10 years.
- g) Birth and Death Registers are not destroyed.
- h) Records of MTP are maintained as per MTP act requirements
- i) Files of Clinical Trials will be kept for 15 years.

4.0 Procedures

Procedure for retention, destruction / deletion of records, data and information are specified in MRD and IT manuals

4. References

IMS 6 – NABH Accreditation Standards for Hospitals, Ver 4

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