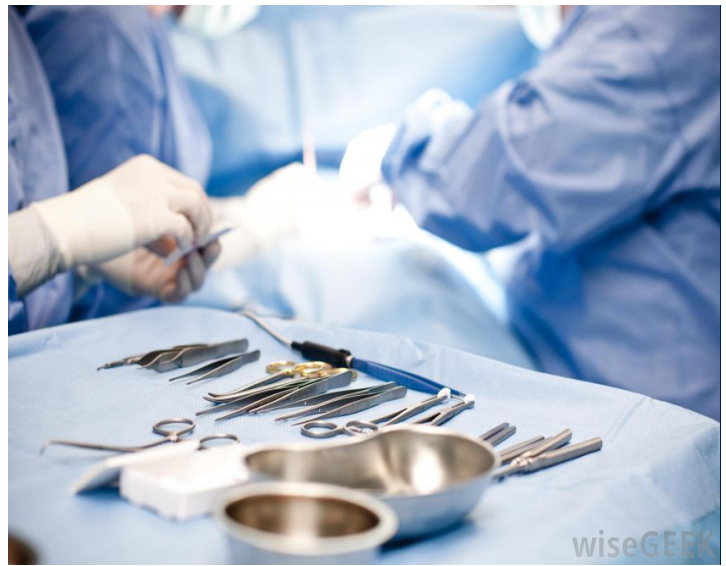




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OPERATION THEATER MANUAL

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/OTM/1	Content	1	1	20-Nov-22	No Any change review completed	1	20-Nov-23	No Any change review completed	No Any Amendment History
2	SDH/OTM/2	Departmental Organizational Chart	1	1	20-Nov-22		1	20-Nov-23		
3	SDH/OTM/3	Roles and Responsibilities	1	1	20-Nov-22		1	20-Nov-23		
4	SDH/OTM/4	Standard Operating Procedures	1	1	20-Nov-22		1	20-Nov-23		
5	SDH/OTM/4.1	Slotting and Scheduling Of Surgeries	1	1	20-Nov-22		1	20-Nov-23		
6	SDH/OTM/4.2	Insurance Clearance	1	1	20-Nov-22		1	20-Nov-23		
7	SDH/OTM/4.3	Financial Clearance	1	1	20-Nov-22		1	20-Nov-23		
8	SDH/OTM/4.4	Pre-Anesthesia Checkup & Surgical Fitness Process	1	1	20-Nov-22		1	20-Nov-23		
9	SDH/OTM/4.5	Pre-operative Process	1	1	20-Nov-22		1	20-Nov-23		
10	SDH/OTM/4.6	Intra-Operative Process	1	1	20-Nov-22		1	20-Nov-23		
11	SDH/OTM/4.7	Post Operative Process	1	1	20-Nov-22		1	20-Nov-23		
12	SDH/OTM/4.8	Cleaning And Disinfection	1	1	20-Nov-22		1	20-Nov-23		
13	SDH/OTM/4.9	Materials Management in OT	1	1	20-Nov-22		1	20-Nov-23		
14	SDH/OTM/4.10	Performance appraisal	1	1	20-Nov-22		1	20-Nov-23		
15	SDH/OTM/5	Records	1	1	20-Nov-22		1	20-Nov-23		
		Original Date	Effective Date		Next date of revision		Issue NO			
		01-Nov-21	20 November 2023		20 November 2023		1			
Reviewed & Prepared By			Recommended By				Approved By			
Dr.Sangita Kulkarni		Mrs.Shraddha suryavanshi	Dr.H.Kalgaonkar				Dr.S.S.Deepak			
OT HOD (Anesthetist)		Quality Co-ordinator	Chief Medical Administartor				Chairman & Managing Director			

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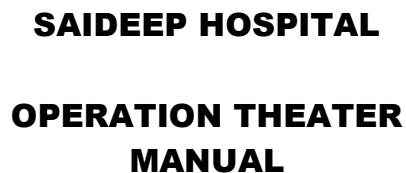
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Amendment Sheet



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Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
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4.3 Financial Clearance
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4.5 Pre-operative process
4.6 Intra-operative process
4.7 Post Operative process
4.8 Cleaning and Disinfection
4.9 Materials Management in OT
4.10 Performance Management
5. Records
6. Annexures

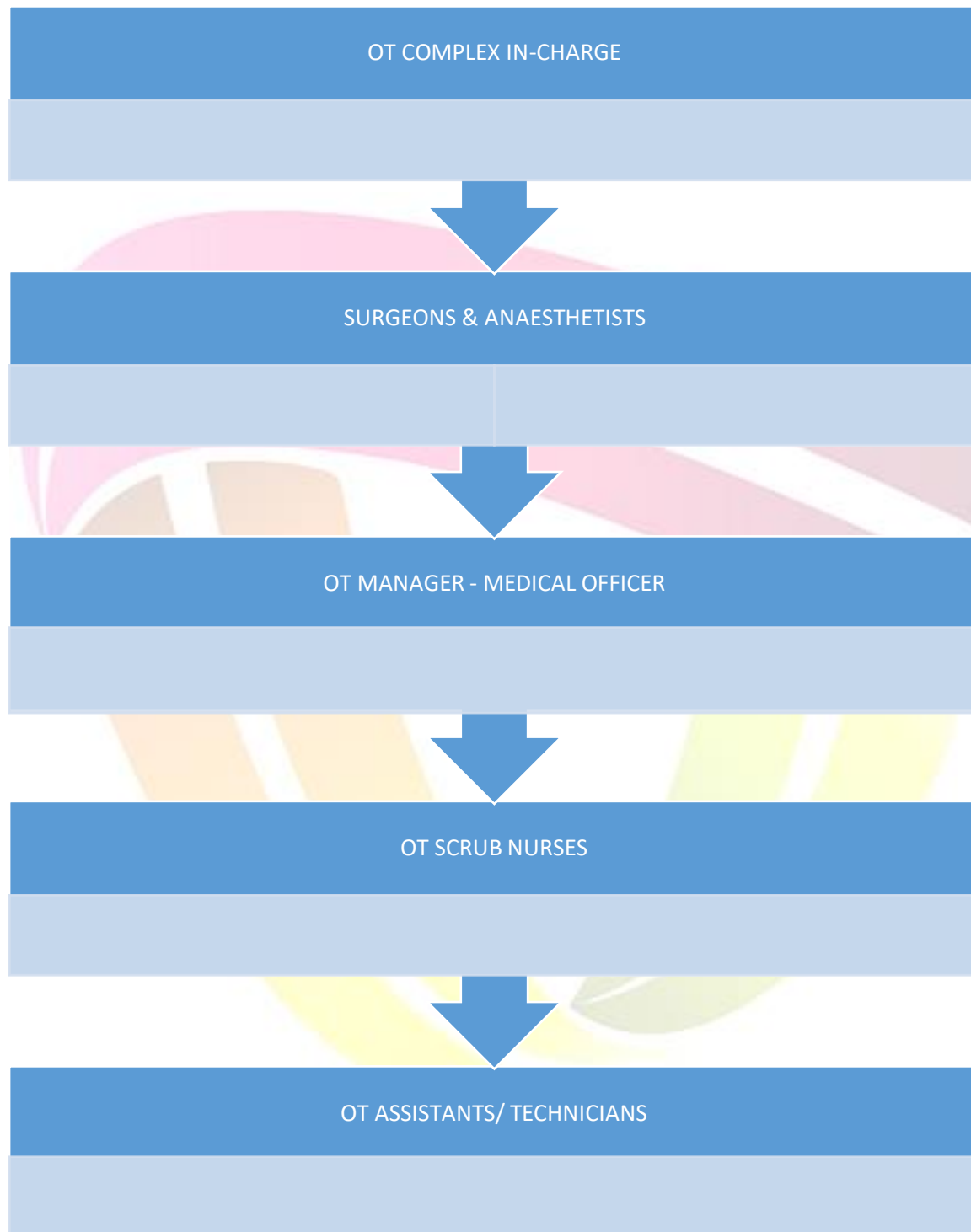
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Organisational Chart – Operation Theatre



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Roles & Responsibilities – Operation Theatre

Surgeons

Processes / Activities	Roles & Responsibilities
Pre-Surgery Phase Activities	<ul style="list-style-type: none"> - Recommend Surgery and Request for Slots - Ensure Pre-Insurance forms are filled for TPA / Corporate / Scheme patients - Recommend additional surgical screening / fitness tests if required - Review surgical fitness reviews - Ensure patient and family education on surgery and ensure informed consent process is followed - Ensure surgical site markings and pre-surgery preparation activities
Surgery Phase Activities	<ul style="list-style-type: none"> - Review adequacy of surgery arrangements prior to surgery - Ensure adherence to safe surgery protocols and ensure WHO Safe Surgery Checklist use - Ensure that a provisional surgery note and post operative care instructions are documented prior to shift of patients to recovery / post operative care - Ensure samples / biopsies are properly labelled
Post Surgery Phase Activities	<ul style="list-style-type: none"> - Patient and Family education on patient status and expected prognosis - Monitor post operative care through planned rounds and reviews - Ensure finalization of the Surgery Notes
Administrative Support	<ul style="list-style-type: none"> - Participate in the OT coordination activities to ensure smooth scheduling and coordination of the multi-disciplinary OT complex - Ensure active participation and ensure compliance to the hospital's Quality and Patient Safety program including infection control activities - Ensure proper documentation as per requirements related to medical documentation and documentation related to hospital quality control, infection control and risk management practices

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Roles & Responsibilities – Operation Theatre

Anesthetists

Processes / Activities	Roles & Responsibilities
Pre-Surgery Phase Activities	<ul style="list-style-type: none"> - Ensure completion and proper documentation of Pre-Anesthesia Check Up Activities - Review and ensure patient fitness for surgery and recommend for further reviews / cross referrals as required - Ensure patient and family education on anesthesia process and ensure informed consent process for anesthesia is followed
Surgery Phase Activities	<ul style="list-style-type: none"> - Perform and document an immediate pre-operative evaluation of the patient. - Ensure adherence to safe surgery protocols and ensure WHO Safe Surgery Checklist use - Manage perioperative anesthesia process is managed and documented as per standards
Post Surgery Phase Activities	<ul style="list-style-type: none"> - Oversee patient transfer and handover process from OT to recovery / Post operative care units. - Provide instructions for post operative care of patients and ensure same is documented - Use a criteria based scoring for transfer of patient from recovery areas and ensure same is documented in the patient charts. Ensure post operative care instructions are adequately documented prior to shifting out from the post operative care units
Administrative Support	<ul style="list-style-type: none"> - Participate in the OT coordination activities to ensure smooth scheduling and coordination of the multi-disciplinary OT complex - Ensure active participation and ensure compliance to the hospital's Quality and Patient Safety program including infection control activities - Ensure proper documentation as per requirements related to medical documentation and documentation related to hospital quality control, infection control and risk management practices

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Roles & Responsibilities – Operation Theatre

OT Manager

Processes / Activities	Roles & Responsibilities
Pre-Surgery Phase Activities	<ul style="list-style-type: none"> - Coordinate with surgeons, billing staff and insurance / corporate staff to ensure that the financial clearance is ensured for each patient - Coordinate the OT slot booking process and ensure that the final OT list is prepared and communicated to following by 6 PM of previous day – Surgeons, Anesthetists, Billing, Administration, Pharmacy, CSSD, Stores, Nursing Administration, All Nursing Units, Day Care Surgery Coordinators etc - Ensure that required items (Medications, Consumables, Implants etc) for each surgery is available - Coordinate with patient family and ward nurses to ensure that process for issue of required medications and materials from OT pharmacy is ensured - Run readiness check for the dayssurgery prior to first surgery for the day
Surgery Phase Activities	<ul style="list-style-type: none"> - Oversee the coordination of patients transfer and handovers from wards to OT as per the surgery schedules; while addressing needs of emergency postings and ensuring minimum waiting time for patients post handover with in the OT. - Ensure that pre-operative protocols are completed as per checklist for each patients and no patients are accepted at OT with outadherence to all points of the checklist - Ensure adequacy of nursing and technical staff in the Operating Rooms to support each surgery - Over see smooth turn over of the surgeries in each OR room and ensure that adequate housekeeping staff are stationed to ensure the turn over process - Ensure timely movement of unsterile and sterile items to ensure optimal work flow and infection control
Post Surgery Phase Activities	<ul style="list-style-type: none"> - Ensure timely transfer out and handover of the patents from OT to recovery / post operative care unit. - Ensure that items used and resource utilization is recorded for each surgery and same is entered in the HIS for billing purposes - Ensure completion of appropriate records for each

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Roles & Responsibilities – Operation Theatre

	surgery and related process as per the hospital protocols and ensure that these are signed and verified by all doctors and staff involved as required
Administrative Support	<ul style="list-style-type: none"> - Prepare the rosters and staff assignments plans every month / week and obtain approvals form HOD – OT and Medical Administrator. - Oversee the OT cleaning and disinfection activities and ensure the assignment of adequate house keeping staff in coordination with hospital administration - Ensure periodic surveillance of the OT as per Hospital Infection Control policies in coordination with Infection Control Nurse overseeing OT complex - Oversee materials management in OT in coordination with OT Pharmacy, Central Pharmacy & Stores and consignment suppliers. Ensure stock checking, compliance to MSL/RL for every items. - Ensure coordination with CSSD to ensure optimal flow of sterile supplies. - Ensure coordination with Biomedical Engineering and Facility Maintenance for ensuring preventive and operational maintenance for equipment, HVAC system and other utility systems with in OT complex - Address training requirements of the OT staff as per hospital protocols

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Roles & Responsibilities – Operation Theatre

OT Nurses

Processes / Activities	Roles & Responsibilities
Pre-Surgery Phase Activities	<ul style="list-style-type: none"> - Ensure OT are prepped for surgery with placements of required equipment, instruments, sterile items, medicines and consumables - Receive the patients transferred in to the OT, ensure hand over protocols and pre-operative checklist compliance. - Complete pre-operative processes for the patient as per protocol
Surgery Phase Activities	<ul style="list-style-type: none"> - Ensure intra-operative activities in terms of patient preparation and surgery assistance is undertaken as per Floor Nurse / Scrub Nurse roles - Oversees the OT turnover cleaning, disinfection and preparation activities between surgeries
Post Surgery Phase Activities	<ul style="list-style-type: none"> - Manages transfer and hand over of the patient to recovery / post operative care unit
Administrative Support	<ul style="list-style-type: none"> - Supervises and checks the OT cleaning and disinfection processes - Turn around Cleaning and Disinfection process, Terminal Cleaning and Disinfection process and Deep Cleaning Process - Performs daily / weekly and monthly checks of materials used in OT – Medications, Consumables, Sterile Supplies, Linen, Instruments etc - Up to date maintenance of OT records as per protocols and ensuring clinicians and other persons approvals / signatures are documented as per protocol

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	SOP – Scheduling and Posting of Surgeries		

Objective


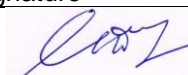
- Optimize surgery slot booking process and ensure adherence to scheduling


Scope

- Improve coordination between surgeons and utilization of OT infrastructure
- Improve coordination between various stake holders – Surgeons, OT Staff, Billing, Insurance, Anesthesia, Pharmacy to ensure proper scheduling and readiness for surgery
- Not applicable for emergency cases



Expected Outcomes


- Reduce time to confirm slots and schedule elective surgeries
- Publish and circulate daily surgery schedule on previous day by 6 PM to ensure optimal preparation
- Reduce delay in surgery schedules

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	On confirmation of requirement of surgery, the respective consultant advises the patient on need for surgery and the elective surgery scheduling requirements	Consultants	
2	The patient is advised on the following from the surgical OPDs <ul style="list-style-type: none">- Insurance / Scheme Requirements- Financial Clearance Process- Pre-Anesthesia Check-Up and Surgical Fitness Process	Consultants / Jr. Surgeons / Staff	
3	The surgical team makes a request for slot with details of surgery through the HMIS	Consultants / Jr. Surgeons / Staff	HMIS
4	The IP Services / Admission team counsels the patient on the financial aspects and advance payment requirements and billing process.	IP Services / Admissions Desk	
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	SOP – Scheduling and Posting of Surgeries		

5	If patients are eligible under insurance, schemes or corporate tie-ups the patients is guided to the appropriate desk	IP Services / Admissions Desk	
6	Insurance / Corporate desk coordinates the required clearance / pre-authorization process for the patient	Insurance & Corporate Patient Desk	
7	Patient is guided on the PAC and surgical fitness process.	Surgical OP Staff / IP Services	
8	Financial / Insurance clearance is obtained by the patient	Billing / Financial Clearance Desk	<ul style="list-style-type: none"> - HMIS - Financial Clearance Form
9	Physicians and Anesthetist complete the surgical fitness and PAC process including cross consultations referrals to specialists where needed. Same is updated in the HMIS	Physicians / Anesthetists	<ul style="list-style-type: none"> - Surgery Fitness Form - PAC Form - HMIS
10	OT Manager coordinates the following <ul style="list-style-type: none"> - PAC Completion - Financial Clearance - Bed Availability - Equipment Availability - Surgeon and Anesthetist Availability - Patient Availability 	OT Manager	
11	Patient / Family is called on the previous day to confirm their availability for surgery.	OT Manager	
12	Surgery slots are confirmed and surgery schedule is finalized by 6 PM previous day. Copy of schedules are sent to – Surgeons, Anesthetists, Medical Administrator, Pharmacies, Wards, Nursing Office, IP Services Coordinator, CSSD etc	OT Manager	<ul style="list-style-type: none"> - Surgery Schedule

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		SOP – Insurance Patients Clearance	

Objective

- Coordinate the process for insurance / Government Scheme / Corporate clearance of patients scheduled for surgery


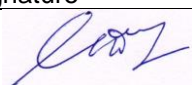
Scope


- Improve coordination between Insurance & Schemes Cell, patients, OT Management and IP Services of the hospital

Expected Outcomes


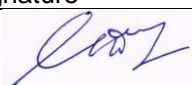
- Reduce time to obtain clearance from the insurance / scheme / corporate TPA/ other approval authorities


No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	On confirmation of requirement of surgery, the respective consultant advises the patient on need for surgery and the elective surgery scheduling requirements	Consultants	
2	The patient is provided a Pre-Insurance Form and advised to provide the details. The patients is guided to IP Services for Financial Counseling	Consultants / Jr. Surgeons / Staff	Pre-Insurance Forms
3	The IP Services Desk provide the financial counseling for the patients – package details, room eligibilities, inclusions / exclusions etc. Patient is guided to Insurance and Schemes desk for obtaining clearance. They also provide information on room / bed availabilities.	IP Services / Admissions Desk	HMIS
4	The Insurance and Schemes desk helps the patients and surgeons in completing the various required forms	IP Services / Admissions Desk	
5	The required forms are faxed to TPAs and followed up for authorisation	Insurance & Schemes Desk	
6	Insurance / Corporate desk coordinates the required	Insurance &	

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	SOP – Insurance Patients Clearance		

	clearance / pre-authorization process for the patient	Schemes Desk	
7	The bed availability is coordinated with the IP / Admission Services	Insurance & Schemes Desk	
8	The OT Manager is informed about the potential date of receiving TPA clearance and bed availability	Insurance & Schemes Desk	
9	The OT Manager, patient and financial clearance desk is informed once the clearance is received from the TPA	Insurance & Schemes Desk	
10	The Financial Clearance Desk updates the financial clearance for the surgery in the HIMS / issue Financial Clearance Form	Financial Clearance Desk	

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	SOP – Financial Clearance		

Objective

- Coordinate the process for financial clearance of self paying patients.


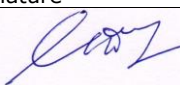
Scope


- Ensure coordination and information to surgery patients regarding billing and payment matters.

Expected Outcomes

- Improve patient and family satisfaction with billing process and reduce time and efforts for the same.
- Reduce billing dispute and instances of payments non-compliances.

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	On confirmation of requirement of surgery, the respective consultant advises the patient on need for surgery and the elective surgery scheduling requirements	Consultants	
2	The patient is guided to the IP Services / Admission Desk for financial counseling.	Consultants / Jr. Surgeons / Staff	Pre-Insurance Forms
3	The IP Services Desk provide the financial counseling for the patients – package details, room eligibilities, inclusions / exclusions etc. They also provide information on room / bed availabilities.	IP Services / Admissions Desk	HMIS
4	IP Services coordinates with the OT Manager for coordinating the OT scheduling.	IP Services / Admissions Desk	
5	The patient is guided to IP Services billing to pay the required advance and obtain financial clearance	IP Services / Admissions Desk	
9	The OT Manager, patient and financial clearance desk is informed once the clearance is received from the TPA	IP Services / Admissions Desk	
10	The Financial Clearance Desk updates the financial clearance for the surgery in the HIMS / issue Financial Clearance Form	Financial Clearance Desk	

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	SOP – PAC & Surgical Fitness		

Objective

- Ensure that surgical fitness and PAC process is done in all cases of elective surgery to ensure patient safety.



Scope


- Ensure coordination between surgery, anesthesia, evaluation physicians and specialists for cross consultants to ensure effective surgery fitness evaluation and PAC process.

Expected Outcomes



- Ensure PAC and surgical fitness is done as per protocol for all surgical patients.


No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	On confirmation of requirement of surgery, the respective consultant advises the patient on need for surgery fitness evaluation and PAC as mandatory for posting the surgery	Consultants	
2	The patient is advised to pay for Surgery Fitness evaluations and PAC check up and tests and guided to OPD payment counter.	IP Services / Admissions Desk	
3	In case of insurance / scheme patients they are advised for Surgical Fitness and PAC post authorization is received from TPA	IP Services / Admissions Desk	
4	The patient is guided to the sample collection area for the specimen collection. If the sample is given before 2 PM then the patient is advised to wait for the reports. In cases where collection takes place post 2 PM patient is advised to come next day for report collection and consultations	IP Services / Admissions Desk	
5	On receiving the laboratory and other reports the patient is guided to the Medicine OPD for fitness evaluation	IP Services / Admissions Desk	

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	SOP – PAC & Surgical Fitness		

9	The patient is guided for further investigations or cross consultations as per normal OPD process	OP Services	
10	The physicians provide his report on Surgical Fitness Evaluation and forward the the same to the Anesthetists	Medicine Consultants	Surgery Fitness Evaluation forms
11	The patient is guided the PAC OPD Clinic which operates in two slots – 2 Hours in the morning and 2 hours in the evening. In the intervening hours the patients are guided to the counselling area attached to the OT depending on anesthetist availability after confirming same with OT Manager	OP Staff	
12	<p>The anesthetists conducts the PAC and documents the same taking into consideration the Surgical Fitness Evaluation provided by the physicians.</p> <p>Additional cross consultations or investigations are advised where necessary.</p> <p>Medications are prescribed where necessary,</p> <p>Patients are advised to return with reports / re-evaluations post medications and given follow up dates for same</p>	PAC Clinic	PAC Form
13	Anesthetists provides final surgical fitness and PAC clearance and updates same in the HMIS	Anesthetists	HMIS

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	SOP – Pre-Operative Process		

Objective

- Ensure pre-operative processes related to transfer, patient preparation, immediate pre-operative conditions evaluation and risk checks are effectively done.


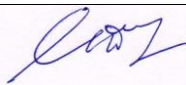
Scope

- Ensuring Coordination between OT and Wards for pre-operative care.

Expected Outcomes

- Reduce delays in shifting patients from wards to OT
- Reduce waiting time for patient with in the OT for surgery
- Prevent delay in surgery and schedule variations
- Improve quality of care for patient and risk management process in OT.

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	OT Manager circulates the surgery schedule to all wards on previous day evening to ensure patient preparations are done	OT Manager	
2	The patient is prepared for surgery as per the surgery schedule. A surgical checklist is used to ensure patient is prepared for the surgery	Ward Nurses	Surgery Preparation Checklist
2	On information from OT the ward nurses initiates transfer of patient to OT and ensure hand over as per protocol. A transfer to OT cannot take place without clearance of all points in the Surgery Preparation Checklist	Ward Nurses	
3	On receiving the patient the following are checked – Patient Identification, Required Consent, PAC, Surgery Fitness, Investigation Reports, Blood Reports, Patient Preparation, Financial Clearance. In case of any of the following is missed patient is sent back to ward.	Pre-Operative Area Nurse	
4	The patient is shifted from the ward trolley to the pre-	Pre-Operative	

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SOP – Pre-Operative Process

	operative area trolleys	Area Nurse	
5	Patient is shifted to the pre-operative holding area	Pre-Operative Area Nurse	
6	The patient is guided for further investigations or cross consultations as per normal OPD process	Pre-Operative Area Nurse	
7	Patient is connected to electrodes and IV lines are connected as required	Pre-Operative Area Nurse	
8	Patient Baseline Vitals are recorded – Temperature, Non-Invasive BP, Saturation	Pre-Operative Area Nurse	
9	The anesthetists conducts immediate pre-operative evaluation of the patient. Patient and relatives are counselled in case of any change in the risk status of the patients. Anesthetist clears patient for shift to OR	Anesthetists	

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	SOP – Intra-Operative Process		

Objective

- Ensure better utilization of OT resources and better clinical outcomes


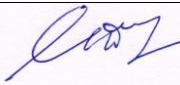
Scope

- Coordination between surgical team for all surgeries

Expected Outcomes

- Reduce overall time for all surgeries
- Quality of clinical care
- Quality of patient experience with in OT

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	Patient is received in the OR and transferred to table	Floor Nurse	
2	The checklist of items received with patient is checked and verified. If any item is missed same is ensured from pre-operative holding area	Floor Nurse	Surgery Preparation Checklist
2	Anesthetist performs the first time out checks as per WHO Surgical Safety Checklist and documents the same	Anesthetists	WHO Surgical Safety Checklist
3	Floor Nurse scrubs herself and scrubs the patient. Catheters are checked and inserted where needed	Floor Nurse	
4	The instrument trays and trolleys are checked	Scrub Nurse	
5	Patient is positioned and provided GA / SA	Anesthetists	
6	Patient is draped	Scrub Nurse	
7	The second time out as per WHO surgical checklist is performed by the surgeon and anesthetists and same is recorded	Floor Nurse	
8	Surgeon scrubs the patient with betadine	Surgeon	
9	Surgery is performed	Surgeon	
10	On completion of surgery gauze and instrument count is performed	Floor Nurse	

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SOP – Intra-Operative Process

11	If count mismatch occurs; surgeon examines the surgery area of patient body for missing items	Surgeon	
12	Patient dressing is performed	Surgeon	
13	A provisional surgical note is dictated and documented including post operative instruction. Same is signed on behalf of surgeon by assistants	Surgeons	
14	Third Time Out as per WHO Surgical Safety Checklist is performed	Floor Nurse	
15	Anesthesia is reversed	Anesthetists	
16	Stock record is completed to track usage of items	Floor Nurse	
17	Patient is moved to trolley under supervision	Anesthetists	
18	Patient is cleared for transfer to post operative care	Anesthetists	
19	Surgeon meets the patient family to brief them	Surgeon	

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		SOP – Post-Operative Process	

Objective

- Ensure effective and safe post operative care for patients



Scope

- Coordination between OT and recovery area

Expected Outcomes

- Reduce overall time for post operative care
- Quality of clinical care
- Quality of patient experience with in OT

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	Patient is wheeled out of OT	Anesthetists	
2	If patient is on ventilation; he is shifted to SICU ventilation and monitors attached. SICU MO is briefed on post operative requirements	Anesthetists	
2	If patient is not on ventilator, oxygenation is ensured and monitors connected. SICU MO is briefed on post operative requirements	Anesthetists	
3	Patients are monitored	Recovery MO / Recovery Nurse	
4	If biopsy was done or parts removed the patient attenders are informed and consent for disposal is taken	OT Nurse	Organ / Tissue Disposal Consent
5	Biopsy samples are sent to the lab.	OT Nurse	
6	Patient are reviewed for stability for shifting to wards.	Recovery MO	
7	Patients are moved out from recovery stage / SICU based on a Modified Aldrette Score and	Anesthetists	

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SOP – Post-Operative Process

	same is documented		
8	Post Operative Care instructions are documented in the case sheets	Recovery MO / Anesthetists	
9	Day care patients may be directly discharged from the recovery beds post clearance on payments and / or insurance. In such cases the discharge summary is issued from SICU.	Recovery MO	
10	The respective ward is informed for transfer of surgical patients	Recovery Nurse	
11	Handover of patients is done as per protocol to the Ward Nurses by the SICU Nurse	Recovery Nurse	

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	SOP – Cleaning and Disinfection Process & Dilution Protocol		

Objective


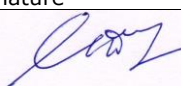
- Ensure cleaning and disinfection of the OR

Scope

- Cleaning of OR and adjoining spaces of OT complex

Expected Outcomes

- Reduction in Surgical Site Infections
- No growth of organisms as evidenced in OT microbiological survey

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	OT Turn-Around Cleaning – Done between two surgeries. Focus is removal of waste, contaminated items, cleaning of surgical field, wiping of the tables and visible contamination of trolleys	Floor Nurse	OT Turn Around Cleaning and Disinfection Instructions and Checklist
2	OT Terminal Cleaning – Performed for all OT at the end of day post last surgery	OT Nurse In-Charge / OT Nurses	OT terminal Cleaning and Disinfection Instructions and Checklist
3	OT Deep Cleaning – Performed once a week or as per requirements	OT Nurse In-Charge / OT Nurses	OT Deep Cleaning and Disinfection Instructions and Checklist
4	Allied Areas Cleaning – OT Corridor, Clean Utility, Dirty Utility and Pre-operative holding rooms OT Nurse In-Charge / OT Nurses are cleaned and disinfected once a day. Same is recorded in a register	OT Nurse In-Charge / OT Nurses	OT Allied area cleaning Register
5	Removal of Biomedical Waste – Biomedical wastes are removed from the OTs as and when required through out the days and stored in the bigger bins located in	Floor Nurse	
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SOP – Cleaning and Disinfection Process & Dilution Protocol

	the Dirty Utility area		
	Same is removed twice in a day to the main BMW storage area of the hospital.		
6	OT Linen – Are removed and stored in the dirty utility area. Same is sent to laundry at the end of the day	OT Nurse In-Charge / OT Nurses	
6	Instruments and SUDs for reprocessing – Used instruments and reusable items are removed at end of each surgery and pre-soaked in covered steel basin containing water mixed with enzymatic detergents to ensure that blood is not dried.	Scrub Nurses	
7	The instruments and reusable items are handed over to the CSSD (three to four times a day) for decontamination, cleaning and sterilization	OT Nurse In-Charge / OT Nurses	

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	SOP – Materials Management		

Objective

- Ensure control of OT materials – Surgical and Non-Surgical Consumables, Implants and Medications with in OT


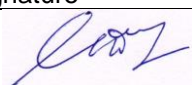
Scope


- Covers OT stocks. Not applicable to OT pharmacy

Expected Outcomes


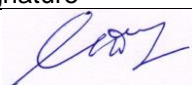
- Ensuring optimal stock of items with in the OT
- Reducing material loss and write downs


No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	OT Stock – OT wise stock of items to be maintained would be finalized. The OT stock should not be more than two days average consumption	OT Manager	
2	Daily Stock Check of items in each OT will be performed prior to start of surgery each day	OT Nurse In-Charge / OT Nurses	
3	Material / Item usage sheet / register will be updated after each surgery. Details of same is entered in the HMIS	OT Manager / OT Data Assistant	
4	OT Stock maintained in clean utility are checked on a weekly basis (Non-Medical items)	OT Nurse In-Charge / OT Nurses	
5	Removal check for expiry items (90 days limit) would be done with in first three days of every month. Record of expiry items returned to pharmacy / stores will be maintained	OT Manager	
6	Stock audits will be performed twice a year covering all instruments, medications, consumables, linen etc.	OT Manager	

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	SOP – Materials Management		

	Reports of same would be maintained		
7	Condemnation process for unstable items would be done twice in a year. Record of same shall be maintained	OT Manager	

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	OT Quality and Performance Improvement		

Objective


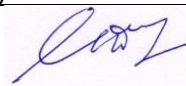
- Appropriate data collection and review as required by hospital MIS requirements and QPS requirements

Scope

- MIS & QPS Systems of hospital

Expected Outcomes

- Timely reporting and analysis of MIS / Utilization data
- Collection of QPS process data and KPIs

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	Daily / Weekly and Monthly Utilization Report Compilation of utilization statistics is done and sent to Head – Hospital Administration as per define frequency	OT Manager	OT Utilization Reports
2	Key Performance Indicators Following KPI are reported with back up details to the QPS department on a monthly basis <ul style="list-style-type: none">- Adverse Anesthesia Events- Percentage of Conversion for Anesthesia Plans- Mortality Related to Anesthesia- Percentage of Delays and Postponement of Surgery- Percentage of Unplanned returns to Surgery	OT Manager	<ul style="list-style-type: none">- HQ Pulse Reporting System- Adverse Anesthesia Event Reports- OT records
3	Incidents / Adverse Events To be reported using standard formats as required by	OT Manager / OT Data Assistant	HQ Pulse System
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OT Quality and Performance Improvement

	Incident Reporting and Risk Management system of the hospital		
4	<p>Corrective and Preventive Actions</p> <p>CA/PA is ensured based on monthly analysis of the OT performance and quality ensures and follow ups ensured.</p>		

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





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OT Quality and Performance Improvement

Adverse Anesthesia event register

Sr No	UHID	Patients Name , Age, Sex	Type of Surgery	Surgeon	Anaesthetist	Type of Anaesthesia Planned	Any changes/Modifications in plan of Anaesthesia	Adverse Anaesthesia Event (If Any)	Remarks
-------	------	--------------------------	-----------------	---------	--------------	-----------------------------	--	------------------------------------	---------

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OT Quality and Performance Improvement

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IMPLANT REGISTER

Sr No	Date and Time	Reg No/UHID	Name Of Patient	Name of Surgeon and OT Incharge	Title Of Surgery	OT No	Name of Implant/Details of Implant	Implant Identification Details/ Sticker	Sign of user	Remarks
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OT Quality and Performance Improvement

OT Inventory Registry

OT MIS REPORT	
1	Major Surgeries
2	Minor Surgeries
3	Day Care Surgeries
4	Emergency Surgeries
5	IPD Surgeries
6	Percentages of cases with surgery on admission date
7	OT Utilization During Day Shift
8	Average Time Between Surgeries
9	Number of PAC done before Slot Booking
10	Number of Surgeries Scheduled and Cancelled/Postponed beyond the day
11	Percentage of surgeries delayed > 30 mins
12	Percentage of surgeries delayed beyond the stipulated time allotted

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OT Quality and Performance Improvement

OT MIS REPORT

Major Surgeries
Minor Surgeries
Day Care Surgeries
Emergency Surgeries
IPD Surgeries
Percentages of cases with surgery on admission date
OT Utilization During Day Shift
Average Time Between Surgeries
Number of PAC done before Slot Booking
Number of Surgeries Scheduled and Cancelled/Postponed beyond the day
Percentage of surgeries delayed > 30 mins
Percentage of surgeries delayed beyond the stipulated time allotted
Percentage of attendant not met by surgeon immediately after surgery
Number of adverse incidences

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OT Quality and Performance Improvement

OT REGISTER

Sr No	Date	Time	Reg No	Patient Name	Age/sex	UHID/IPID	Surgeon	Assisting Surgeon	Anesthetist
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Scrub Nurse	Floor Nurse	Patient Time into OT	Aneasthesia Time	Incision Time	Closure Time	Patient Out of OT Timing	Time of Shifiting to Post op
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Sticker Count	10*10 Gauge	20*20 sponge	30*30 sponge	roll gauge	Needles
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OT Quality and Performance Improvement

OT REGISTER

Sr No	Date	Time	Reg No	Patient Name	Age/sex	UHID/IPID	Surgeon	Category major/minor	Surgery
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OT Slot booking	Confirmed Slot	Reason for Rescheduling	Anesthetist	Assistant	PAC	Type of Anesthesia
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Pre op Antibiotic	Remarks
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OT Quality and Performance Improvement

POST OT INVENTORY CHECKLIST

Sr no	Date	Patient Name	Age/sex	UHID/IPID	Procedure	OT No	Surgeon	Item used
Quantity	Drug name	Quantity to be stocked	Blood Product	Blood Group	Bag no and Expiry	Date and time of start of transfusion	Date and time of Completion of transfusion	
Check by	Counter checked by	Empty Bag sent by	Recived By					

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OT Quality and Performance Improvement

POST OT REGISTER

Sr No	Date	Patient Name	Age/sex	UHID/IPID	Surgery	OT NO	Surgeon	Assis. Surgeon
Anaesthetic	Time of shifting out order by anaesthetic	Time of call palaced to ward	time of arrival of ward nurse	Call made to post op nurse/ward nurse	Bill Number for opd	Sent By	received by	
Bill sent to billing	Received By							

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OT Quality and Performance Improvement

PRE OT REGISTER

Sr No	Date	Time	Reg No	Patient Name	Age/sex	UHID/IPID	Surgeon	Skin Condition During Hand over	Items Used
Call By	Call To	Receiving time at Pre op	Receiving Nurse	Ward Nurse	Procedure In Pre op	Time of Shifting to OT	Specimen		
Name of relative	relation	Order No	Sent by	received By					

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OT / Procedure Room Cleaning and Disinfection Instruction Checklist – Deep Cleaning

Date		Start Time	
OT No		End Time	
Name of Cleaning Staff		ID No	

Activity / Procedure Steps	Tick / NA
1. Perform Hand hygiene	
2. Donning PPE	
3. Remove all Items from the OR and ensure through wipe downs of all surfaces with lint free clean microfiber wipes soaked in disinfectant solution	
- General Supply Carts	
- Portable Supply Carts	
- Storage Carts / Shelves	
- Video Equipment Carts	
- Equipment's / Cautery Machines / C-Arm / Portable X-rays	
- Bins and Wire Carts	
4. Mop and clean floors and Walls with warm RO water using clean mop heads	
5. Perform hand hygiene	
6. Rearrange all disinfected equipment and furniture items back in or	
7. Cleaning of laminar flow outlet	

Monitoring Record (To Be Filled in By Floor Nurse / OT Nursing In-Charge)

Remarks			
Signature		Name Designation Employee ID	



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OT /Procedure Room Cleaning & Disinfection Instruction Checklist–Terminal Cleaning

Date		Start Time	
OT No		End Time	
Name of Cleaning Staff		ID No	

Activity / Steps	Tick / NA
1. Perform Hand Hygiene	
2. Donning PPE	
3. Collect linen	
4. Remove gross soil	
5. Remove large debris from floor	
6. Remove trash	
7. MOP Floors with light detergent and warm water. Use a fresh mop head	
8. Disinfect floors using disinfectant solution. Use a clean mop head	
9. Wipe and Disinfect with Lint Free / Microfiber Cloth Dipped in Disinfectant solution	
- Anesthesia carts and equipment	
- Anesthesia machines	
- Patient monitors	
- OR Table	
- Reusable table straps	
- OR table attachments	
- Positioning devices	
- Patient transfer devices	
- Overhead procedure lights	
- Tables and Mayo stands	
- Mobile and fixed equipment	
- Storage cabinets, supply carts, and furniture	
- Light switches	
- Door handles and push plates	
- Telephones and mobile communication devices	
- Computer accessories	
- Chairs, stools, and step stools	



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- Trash and linen receptacles	
- Remove BMW bags and add fresh ones	

Monitoring Record (To Be Filled in By Floor Nurse / OT Nursing In-Charge)

Remarks			
Signature		Name Designation Employee ID	



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OT / Procedure Room Cleaning and Disinfection Instruction Checklist

Date		Start Time	
OT No		End Time	
Name of Cleaning Staff		ID No	

Activities / Steps	Tick / NA
1. Perform hand hygiene	
2. Donning PPE	
3. Collect linen	
4. Remove gross soil	
5. Remove large debris from floor	
6. Remove trash if $\frac{3}{4}$ full	
7. Clean and disinfect using Details of Product)	
a. Anesthesia cart and equipment (IV poles and pumps)	
b. Anesthesia machine	
c. OT Table	
d. OR beds	
e. Reusable table straps	
f. Bed attachments	
g. Positioning devices	
h. Overhead procedure lights	
i. Mayo stands surfaces	
j. Mobile and fixed equipment	
i. Suction regulators	
ii. Medical gas regulators	
iii. Imaging monitors	
iv. Radiology equipment	
v. Electro surgical units	
vi. Microscopes	



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8. Floors and walls if soiled or potentially soiled (splash, splatter or spray)	
9. Remove PPE	
10. Perform hand hygiene	

Monitoring Record (To Be Filled in By Floor Nurse / OT Nursing In-Charge)

Last Patient Name and ID		Signature	
Remarks		Name Designation Employee ID	



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Policy for discharge/transfer of patients from Postoperative recovery and discharge from PACU

Policy for discharge/transfer of patients from Postoperative recovery and discharge from PACU

Introduction:


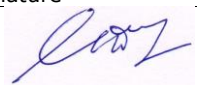
- Recovery is a continual and ongoing process that has been traditionally divided into three distinct yet overlapping phases: early recovery, as the patient emerges from anesthesia; intermediate recovery, when the patient achieves criteria for discharge; and late recovery, when the patient returns to their preoperative physiological state.
- Early recovery (phase I) commences on discontinuation of the anesthetic agent, which allows the patient to awaken, recover protective airway reflexes, and resume motor activity. This phase traditionally occurs in the post anesthesia care unit (PACU) in the presence of close monitoring and supervision by the nursing staff.
- Frequency of assessing and documenting vital signs is at least every 15 minutes during the first hour and then every 30 minutes until discharge from Phase I PACU care. The patient is then transitioned to Phase II, the inpatient setting, or the intensive care unit (ICU) for continued care.

Discharge of patients after General Anaesthesia

- Modified Aldrete scoring system is used for determining when patients are fit for discharge from the PACU.

Item	Answer choices (points)
Consciousness	Fully awake (2) Arousable (1) Not responding (0)
Mobility	Able to move four extremities on command (2) Able to move two extremities on command (1) Able to move 0 extremities on command (0)
Breathing	Able to breathe deeply (2) Dyspnea (1) Apnea (0)
Circulation	Systemic BP \neq 20% of the preanesthetic level (2) Systemic BP between 20% and 49% of the preanesthetic level (1) Systemic BP \neq 50% of the preanesthetic level (0)
Color	Normal (2) Pale, jaundiced, blotchy (1) Cyanotic (0)
O ₂ saturation	Maintaining O ₂ saturation >90% on room air (2) Needs inhalation to maintain O ₂ saturation >90% (1) O ₂ saturation <90% despite O ₂ supplementation (0)

- When a patient has achieved a score of 9, they are fit to be discharged to a step down unit where phase II recovery occurs until they reach the criteria for discharge.
- Phase II care focuses on continued recovery and is based on facility policy and the needs of the patient. The goal of this phase is to prepare the patient to be transferred home or to an extended care facility.
- The frequency of evaluating vital signs is every hour for the first 4 hours and then every 4 hours for the next 24 hours, it begins on arrival and ends at discharge or transfer to another unit.
- During this phase the patient is able to ambulate, take nutrition, and receive education and instructions necessary for self-management of care at home.

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

Policy for discharge/transfer of patients from Postoperative recovery and discharge from PACU

- The drinking of fluids should not be part of a discharge/transfer protocol and may only be necessary for selected patients on a case-by-case basis
- The routine requirement for urination before discharge should not be part of a discharge protocol and may only be necessary for selected patients. When voiding is judged to be an integral part of recovery, patients can be discharged with clear instructions to seek medical help if unable to void within 6 to 8 hours of discharge.

Role of the Anesthesia Professional in Phase I and Phase II Levels of Care

Level of Care	Priorities	Possible Complications	Discharge from Phase Considerations
Phase I	<ul style="list-style-type: none"> Stable airway with adequate ventilation and oxygenation Hemodynamic stability Manage analgesia and PONV Oral intake Discontinue or adapt IV (enhanced recovery protocol) 	<ul style="list-style-type: none"> Airway compromise Cardiovascular depression Pain Side effects: <ul style="list-style-type: none"> Nausea Vomiting Delirium Procedure- specific considerations 	<ul style="list-style-type: none"> Adequate airway and ventilator status Cardiac and hemodynamic stability Ability to move extremities on command Fully awake Adequate oxygen saturation on room air
Phase II	<ul style="list-style-type: none"> Mobility Oral intake Adequate analgesia Education for discharge Prescriptions 	<ul style="list-style-type: none"> Pain Nausea Vomiting 	<ul style="list-style-type: none"> Adequate pain relief and comfort Hemodynamic stability Nausea addressed Takes fluids Ambulates Understands discharge instructions, medications and management of any issues Safe transportation from the facility


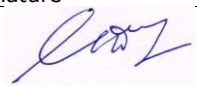
- Phase III recovery occurs after discharge/transfer in ward (for extended stay cases) or at home and continues until the patient has resumed usual everyday activities

After regional anesthesia

- Patients who have received a regional anesthetic need to meet the same discharge criteria as patients who have undergone general anesthesia (GA).

Spinal anesthesia

- Before patients are allowed to walk, it is important to assess whether the motor block has regressed. If there is normal perianal (S4 – 5) sensation, plantar flexion of the foot and proprioception in the great toe, the patient can safely begin to ambulate.

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SAIDEEP HOSPITAL

HOSPITAL MANUAL

Doc No	SDH/COP/01
Issue No	01
Rev No.	01
Date of Issue	1 Nov 2020
Pages	1 of 2


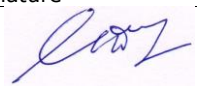
Policy for discharge/transfer of patients from Postoperative recovery and discharge from PACU

Major limb nerve blocks

- These are mainly used in ambulatory procedures (An ambulatory procedure is a nonemergency procedure, performed on carefully selected patients, which is undertaken with all its constituent elements (admission, operation, and discharge home) on the same day, procedures requiring extended stay (i.e. 23-hour stay) cannot be considered true ambulatory surgery). But if the patient is intended to stay in the hospital for > 24 hours then immediate transfer to the recovery / ward is initiated post operatively bypassing PACU.
- Long-acting peripheral nerve blockade results in loss of proprioception and the protective reflex of pain and an insensate extremity has the risk of injury. Also the patients who have received lower extremity nerve block have the risk of fall.
- Such patients are transferred from PACU with clear instructions to monitor pain and protect them from a fall.
- Postoperative pain and postoperative nausea and vomiting may prolong stay after ambulatory surgery hence appropriate drugs/measures are taken to hasten the discharge by overcoming these factors.

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