SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Medical Records Department Manual

Manual ID No:

Copy No:

Copy Holder :

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	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
	SDH/MRD/04	**Standard Operating Procedures**						20-Nov-22		
4	SDH/MRD/4.1	Retention Of Medical records	**1**	**1**	05-Mar-21	No Any Change	**2**	20-Nov-22	As par amendment	NO any Amendment History
5	SDH/MRD/4.2	Custody of MLC & Death Cases records	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
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8	SDH/MRD/4.5	Confidentiality Policy	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
9	SDH/MRD/4.6	Destruction of Medical records	**1**	**1**	05-Mar-21	No Any Change	**2**	20-Nov-22	As par amendment	NO any Amendment History
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12	SDH/MRD/4.9	Control of PMR forms	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
13	SDH/MRD/4.10	Complication and Maintenance of MR Folder	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
14	SDH/MRD/4.11	Deficiency Check	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History

15	SDH/MRD/4.12	ICD Coding	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
16	SDH/MRD/4.13	Filing of Medical records	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
17	SDH/MRD/4.14	Retrieval of Medical records	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
18	SDH/MRD/4.15	Inspection of the Filing System	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
19	SDH/MRD/4.16	Hospital Census & Statistics	1	1	05-Mar-21	No Any Change	1	20-Nov-22	As par amendment	NO any Amendment History
20	SDH/MRD/4.18	Authorized Staff Make the entry in the medical record	1	1	05-Mar-21	No Any Change	**2**	20-Nov-22	As par amendment	NO any Amendment History

		Original Date	**Effective Date**	**Next date of revision**	**Issue NO**		
		05-Mar-2021	**20 November 2022**	**20 November 2023**	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 Administrator		Chairman & Managing Director		
							

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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
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									audit NC	
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21	SDH/MRD/4.18	Authorized Staff Make the entry in the medical record	1	1	20-Nov-22	Authorized staff list add	2	20-Nov-23	Master List updates	Authorizing who can make entry list added

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Dr. Monali Gore	Mrs. Shraddha suryavanshi	Dr. H. Kalgaonkar	Dr. S. S. Deepak
MRD HOD	Quality Co-ordinator	Chief Medical Administrator	Chairman & Managing Director
			

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MRD HOD	Quality Co-ordinator	Chief Medical Administrator	Chairman & Managing Director
			

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Reviewed & Prepared By		Recommended By	Approved By
Dr. Monali Gore	Mrs. Renuka Sonawane	Dr. H. Kalgaonkar	Dr. S. S. Deepak
MRD HOD	Quality Co-ordinator	Quality Head	Chairman & Managing Director
			

	SAIDEEP HOSPITAL MRD MANUAL	Doc No	SDH/MRD/01
		Issue No	01
		Rev No.	02
		Date	1 Jan 2026
		Page	1
	Amendment Sheet		

Sr.No	Page No	Clause No	Date of Amendment	Amendment Made	Reasons	Signature of Approval Authority
01.						

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

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		Rev No.	02
		Date	01 Jan 2026
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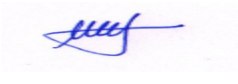
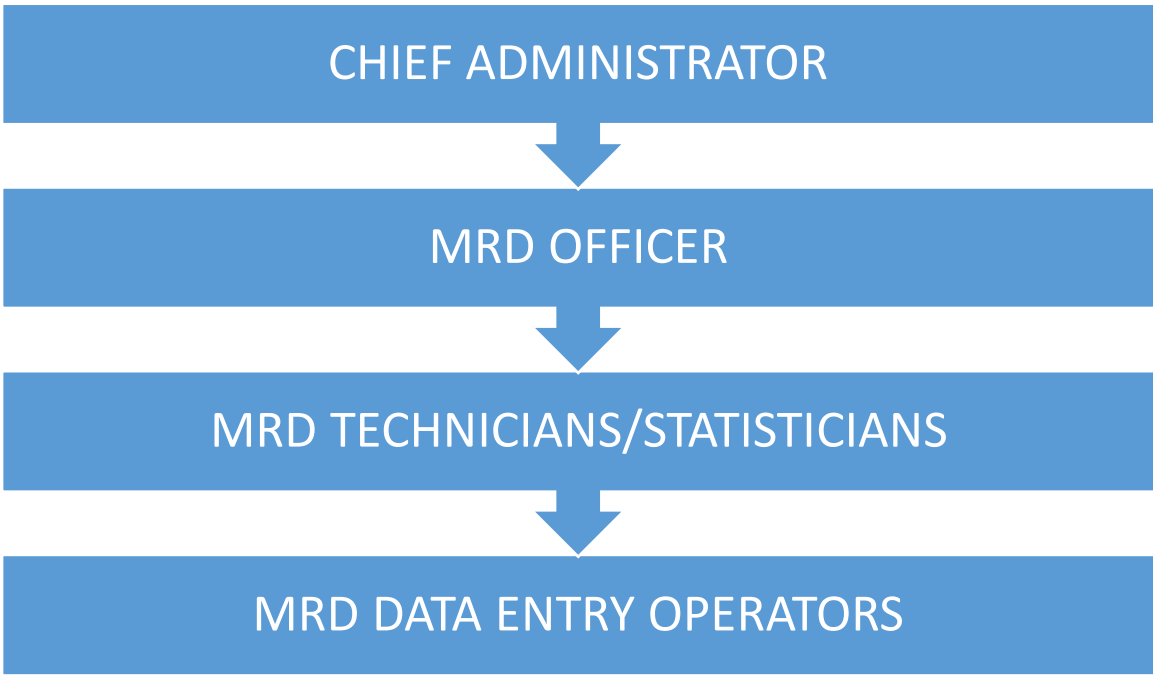
	Contents		

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

Organisational Chart



Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Quality Head		Chairman & Managing Director	

	SAIDEEP HOSPITAL MRD MANUAL	Doc No	SDH/MRD/03
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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.

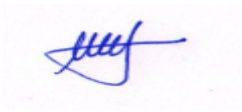
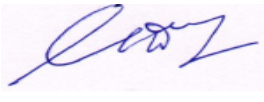
HOD - MRD

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		Dr. S. S. Deepak	
Quality Head		Chairman & Managing Director	

- 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.
- 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

	SAIDEEP HOSPITAL HOSPITAL POLICIES	Doc No	SDH/MRD /4.1
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	Retention of Patient Clinical Records, Data and Information Policy		

1. Purpose

To define the retention period for each category of patient clinical records, data, and information; to ensure retention is in consonance with rules laid down by the National Medical Commission (NMC) and the respective state authority; and to ensure that the retention process provides expected confidentiality and security, in compliance with NABH IMS 6th Edition Standards IMS.6.B (CORE) and IMS.6.C (Commitment).

2. Scope

This policy applies to all patient clinical records generated and maintained by the hospital, including:

- Outpatient (OPD), Inpatient (IPD), Emergency (ER), and Day Care records
- Medico-Legal Case (MLC) records
- Speciality records: Psychiatric, MTP, IVF/ART, Paediatric/Neonatal
- Diagnostic records: Laboratory, Radiology/PACS, Pathology
- Registers, forms, and formats used to capture clinical data
- Electronic records in HIS/EMR (Mednet 2.0), PACS, LIS

It applies to all formats: paper-based, electronic, hybrid, and digitised records.

3. Definitions

- Retention Period: Minimum period for which a record must be preserved before it may be considered for destruction.
- UHID: Unique Health Identification Number assigned to each patient.
- Active Records: Records of patients currently under care or within the standard access period.
- Archival: Transfer of records from active storage to secure long-term storage after the active period.
- Legal Hold: Instruction to preserve specific records beyond the standard retention period due to litigation or regulatory inquiry.
- NMC: National Medical Commission of India — sets minimum retention standards for medical records.

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	

4. Policy Statement

The hospital shall define and implement a retention period for each category of medical records, data, and formats used to capture clinical data. Retention periods shall be in consonance with rules laid down by the National Medical Commission and the respective state authority. The retention process shall provide expected confidentiality and security for both manual and electronic records.

5. Retention Schedule

The following minimum retention periods shall apply. Where state regulations or the NMC specify longer periods, the more conservative (longer) period shall apply. Retention periods are measured from the date of last active encounter or discharge unless stated otherwise.

OPD Medical Records	5 years from last visit	Paediatric: till majority + 3 yrs	Extend as directed
IPD Medical Records	7 years from discharge	Paediatric: till majority + 3 yrs	Extend as directed
Medico-Legal Case (MLC)	Permanent — never destroyed	Lock & key; restricted access	Permanent hold
Psychiatric Records	7 years min; per MHA 2017	Special access controls apply	Extend per MHA 2017
MTP Records	5 years per MTP Act 1971	Restricted; under OBG custody	As per statute
IVF / ART Records	10 years from last treatment	Per ICMR Guidelines 2021	Extend as directed
Laboratory / Pathology	5 years	Critical results: 7 years min	Extend as directed
Radiology / PACS (digital)	7 years	Mammography: 10 years	Extend as directed
Consent Forms	Coterminous with parent record	Retained as part of IPD file	With parent record
ICU / HDU Records	7 years from discharge	Ventilator & drug charts included	Extend as directed

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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	

Death Records / PMRs	10 years minimum	MLC deaths: Permanent	Permanent if MLC
Electronic HIS / EMR Data	Per applicable category above	Applies to all digitised records	Extend as directed

Note: Paediatric is defined as any patient under 18 years of age at the time of care. Majority is defined as 18 years of age.

6. Retention of Formats and Registers

Retention periods apply to clinical registers and formats used for capturing clinical data (e.g., admission registers, discharge registers, OT registers, drug administration records). Minimum retention is 5 years from the date of the last entry, or coterminous with the associated patient records, whichever is longer.

7. Confidentiality and Security During Retention (IMS.6.C)

The retention process shall ensure expected confidentiality and security for both manual and electronic records throughout the retention period.

7.1 Physical Records

- Stored in the designated, secured MRD storage area accessible only to authorised staff.
- Protected against dust, moisture, pests, rodents, and fire through regular maintenance, pest control, fire-safe cabinets, and fire-fighting equipment.
- Special records (MLC, Psychiatric, MTP) stored under lock and key with strictly controlled, logged access.
- A tracer card system shall track movement of physical files in and out of the MRD.

7.2 Electronic Records

- Stored on the primary server with redundant backup on a secondary server and external backup media.
- Access governed by Role-Based Access Control (RBAC) with unique login credentials for each user.
- Automatic log-off features enabled on all HIS terminals.
- Audit trails maintained for all access and modifications.

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Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	

- Protection against viruses and cyber-attacks through updated antivirus software and security patches.
- Daily incremental and weekly full backups; backup media stored in a separate secure location.
- Disaster recovery plan tested at minimum annually.

7.3 Special Access Controls

- Psychiatric records: Access limited to treating psychiatrist and authorised clinical staff; disclosure governed by the Mental Healthcare Act, 2017.
- MTP records: Maintained under custody of the treating Obstetrician; statutory confidentiality per MTP Act, 1971.
- MLC records: Under lock and key; access logged; disclosure only on statutory authority orders.

8. Storage Tiers

- Active Storage: Records of patients with visits within the last 2 years maintained in the active MRD area for immediate retrieval.
- Near-Archive Storage: Records from 2 to 5 years maintained in a near-archive section of the MRD.
- Deep Archive: Records beyond 5 years transferred to deep archive storage (secure physical store or off-site digital archive).
- Electronic records are stored in tiered storage within the HIS with automated archiving processes.

9. Legal Hold

Records involved in litigation, court orders, RTI applications, police or NHRC inquiries, insurance disputes, or regulatory audits shall NOT be destroyed regardless of whether the standard retention period has elapsed. Legal holds shall be:

- Recorded in the Legal Hold Register maintained by the Medical Superintendent's office.
- Flagged in the HIS/MRD system to prevent inadvertent destruction.
- Released only upon written confirmation from the Medical Superintendent and/or legal counsel that the matter is resolved.

10. Record Retrieval During Retention Period

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- Active records (within 2 years): within 30 minutes for clinical care; within 72 hours for certified copy requests.
- Near-archive records (2–5 years): within 24 hours for clinical care; within 72 hours for other requests.
- Deep archive records (beyond 5 years): within 48 hours.

All retrievals shall be documented in the MRD Retrieval Register capturing: requestor identity, purpose, date, records provided, and return date for physical records.

11. Roles and Responsibilities

- MRD In-charge: Custodian of physical records; ensures compliance with retention schedules; maintains Retention Register.
- IT Department: Maintains electronic storage; ensures backup, disaster recovery, security, and tiered archiving.
- Quality Manager: Audits retention compliance; reviews policy; reports to management.
- Medical Superintendent: Authorises retention schedule; approves legal holds and extensions.
- All Clinical Staff: Ensure records are complete before submission to MRD.
- Legal Advisor: Advises on legal holds and statutory retention requirements.

12. Legal and Regulatory Compliance

- NABH 6th Edition IMS Standards — IMS.6.B (CORE) and IMS.6.C (Commitment)
- National Medical Commission (NMC) guidelines on medical record retention
- Digital Personal Data Protection Act, 2023
- Information Technology Act, 2000 (Sections 43A, 72A)
- EHR Standards for India, 2016
- Mental Healthcare Act, 2017
- MTP Act, 1971 as amended
- Applicable state health regulations and medico-legal requirements

13. Audit and Monitoring

The Quality team shall conduct at least one internal audit per year to verify: adherence to retention periods, physical and electronic storage conditions, RBAC and access log review, backup and recovery testing, and legal hold register accuracy. Findings shall be presented to the Quality Committee with corrective action plans.

Recommended By	Signature	Approved By	Signature
Dr.Hrishikesh kalgaonkar		Dr.S.S.Deepak	
Quality Head		Chairman & Managing Director	

AMENDMENT HISTORY

Sl No	Current Revision			Nature of Change
	Edition No	Revision No.	Date	
1	01	00	1 Oct 2019	First issue as per NABH Hospital Accreditation Standards – 4th Edition
2	01	00	1 Nov 2020	Minor Revisions, updating Doc No. and updating for compliance as per NABH Hospital Standards 5th Edition
3	01	01	1 Jan 2022	No changes.
4	01	02	1 Jan 2025	Amended as per the 6th Edition.

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Quality Head		Chairman & Managing Director	

	SAIDEEP HOSPITAL MEDICAL RECORDS UNIT	Doc No	SDHMRD/4.2
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
		Page	1
	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.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Quality Head		Chairman & Managing Director	

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 maintained with the Medical Administrator	Medical 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	
Quality Head		Chairman & Managing Director	

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	MS	

	receiving the PMR copy on behalf of patient		
2	In cases where patients are not in a medical condition to make a request themselves / pediatric cases / mentally unstable cases, the next of kin, parents, guardians can make a request on behalf of patient as per procedure mentioned above	MS	
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

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

	SAIDEEP HOSPITAL MEDICAL RECORDS UNIT	Doc No	SDH/MRD/4.5
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
		Page	1
	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.

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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.

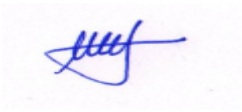
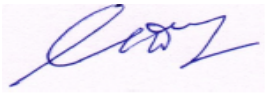
In case a staff member finds a medical record misplaced anywhere in the hospital, they shall immediately hand it over to the custody of the medical records department.

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.

REFERENCES

Standards

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Quality Head		Chairman & Managing Director	

PURPOSE AND SCOPE

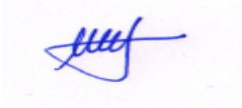
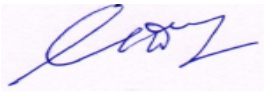
The purpose of the policy is to guide the hospital MRD staff on procedure for destruction of medical records

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 Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

SAIDEEP HEALTHCARE & RESEARCH PVT. LTD.	**SAIDEEP HOSPITAL** **MEDICAL RECORDS UNIT**	Doc No	SDH/MRD/4.7
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
		Page	1
	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

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

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Quality Head		Chairman & Managing Director	

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		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
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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

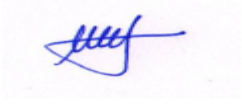
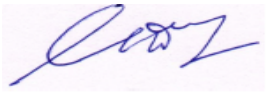
All pages of a case sheet / PMR will be noted with the Hospital Number for identification.

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	
Quality Head		Chairman & Managing Director	

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 be approved by the Chief Medical Administrator	Chief Medical 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 aunique 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

PURPOSE AND SCOPE

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

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

	SAIDEEP HOSPITAL MEDICAL RECORDS UNIT	Doc No	SDH/MRD/4.11
		Issue No	01
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	Document Title : Deficiency Check		

PURPOSE AND SCOPE

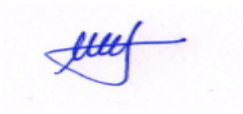
The purpose of the document is to guide the MRD staff on checking the deficiencies of the Medical Records post discharge prior to filing the same.

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; 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 Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

	SAIDEEP HOSPITAL MEDICALM RECORDS DEPARTMENT	Doc No	SDH/MRD/4.12
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
		Page	1
	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

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 Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

	SAIDEEP HOSPITAL MEDICAL RECORDS UNIT	Doc No	SDH/MRD/4.13
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
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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

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 Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

	SAIDEEP HOSPITAL MEDICAL RECORDS UNIT	Doc No	SDH/MRD/4.14
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
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	Document Title : Retrieval of Medical records Folder		

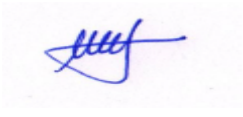
PURPOSE AND SCOPE

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

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 Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

	SAIDEEP HOSPITAL MEDICAL RECORDS UNIT	Doc No	SDH/MRD/4.15
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
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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

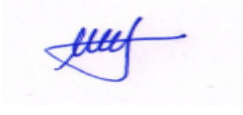
Medical Director
The overall responsibility of implementing the policy rests with the MD of the hospital.

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

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 Quality Head		Dr. S. S. Deepak Chairman & Managing Director	

	SAIDEEP HOSPITAL MEDICAL RECORDS UNITS	Doc No	SDH/MRD/4.16
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
		Page	1
	Document Title : Compilation of Hospital Census and Statistics		

PURPOSE AND SCOPE

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

PROCEDURES

No	Process Step / Activity	Responsibility	Outputs/ Records / Connections
1	**Collection and preparation of statistics** 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.	MRD In-Charge	
2	**Daily Census** 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. 1. Number of admissions department wise 2. Number of discharges 3. OP attendance consultant wise 4. Number of emergency case The cut off time for daily census is 12 AM midnight	MRD In-Charge	

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Quality Head		Chairman & Managing Director	

3	**Statistical Reports** The medical record department shall compile and publish statistical reports on the following areas. • 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	

REFERENCES

Standards-----

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S. S. Deepak Chairman & Managing Director	