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1. **PURPOSE:** To provide guideline instructions for appointment, registration and admission of the patients to the outpatient and inpatient care facility of the hospital.

2. **DEFINITIONS AND ABBREVIATIONS**

Abbreviations:

OP	Out Patient
OPD	Out Patient Department
IP	In Patient
RC	Registration Counter
ED	Emergency Department
EMO	Emergency Medical Officer
PV Ward	Private Ward
SPV Ward	Semi Private Ward

3. **RESPONSIBILITY**

1. Director – Medical Services
2. All Admission Department staff
3. Nursing Director / Chief Nursing Officer / Assistant Chief Nursing Officer
4. Admissions / Outpatient / Emergency Department Heads
5. Admissions / Outpatient /Emergency Department Medical Officers

4. **SCOPE:** This policy is applicable for outdoor, indoor and emergency admission of all patients.

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5. POLICY:

1. Indus Hospital, has established a standardized registration process for in patients.

2. The in-patient admission process has been standardized.

3. The hospital also has established a process for handling in-patient admission through the Emergency unit.

4. The hospital ensures that staff and familiar and follow the admission and registration process through establishment of operating protocols and in-service training.

5. Daily patient attendance is taken by night supervisor during the night round

6. PROCEDURE

6.1. APPOINTMENT PROTOCOL
6.2. OPD PATIENT FLOW
6.3. IPD PATIENT FLOW

6.1 APPOINTMENT PROTOCOLS –

• Front office staff will get regular trainings on the services provided in the hospitals and other protocols of appointment, registration and admission.

• If front office needs clarification on the services provided, they can contact their HOD or Director – Administrative services for it.

6.1.1. APPOINTMENTS TO IPD PATIENTS FOR FOLLOWUP CONSULTATION –

• At the time of patient discharge, consultant gives a follow-up date to the patient which is mentioned on discharge summary of patient.

• Call centre pick the data sheet from software and make the day's wise list of all the appointments on daily basis.

• One-day prior of scheduled appointment a call is done by call centre to the patient to remind about the appointment they also confirm that whether patient is coming for the check-up or not. If patient confirm about same a software generated message is sent on the patient's registered mobile number & The day and time are informed to the patient.

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- If patient refuse to come because of some reason, then he is also informed to reschedule the appointment.

- Second SMS is sent at 12:01 am on the day of the appointment.

6.1.2. APPOINTMENT TO OPD PATIENTS FOR FOLLOW UP CONSULTATION –

- When a patient comes for an OPD consultation, the Consultant documents the date and time of follow up visit in the OPD card.

- The front office staff (1. on ground floor token reception staff, staff 1st floor reception, 3. Staff on lower ground floor reception) documents the date and time of next follow up in his/her records and also update it on the software.

- Call centre open that sheet and make a day's wise list of appointments and upload on the software.

- One-day prior of scheduled appointment a call is done by call centre to the patient to remind about the appointment they also confirm that whether patient is coming for the check-up or not. If patient confirm about same a software generated message is sent on the patient's registered mobile number & The day and time are informed to the patient.

- If patient refuse to come because of some reason, then he is also informed to reschedule the appointment.

- A second SMS is sent at 12:01 am on the day of the appointment.

6.1.3. TELEPHONIC APPOINTMENTS

- Appointments can be fixed over the telephone by call centre or doctors themselves.

- If doctors fix an appointment for some patient, they inform the front office about it so that data is maintained and front office inform the call centre for the same.

- When patient calls the call centre for an appointment, call centre staff write down all the information of the patient .as the appointment fixed a software generated message is sent on the patient's registered mobile number & The day and time are informed to the patient.

- If patient does not appear for the consultation, CALL CENTRE calls the patient to check for reason of non-visit and if possible, fixes up date and time for next appointment.

Remark: time of appointment is fixed only after receiving the OT list (surgery list).

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6.1.4. FOR WALK IN PATIENTS -

• In case of walk in patients who want to see the Consultant on the same day, the OPD staff informs the patient /attendant if the Doctor has an appointment slot free and how much time they will have to wait.

• If patient does not want to wait, they can take appointment for a convenient date.

• If patient is willing to wait to see the Consultant, details of patient are taken and patient is registered and the UHID generated.

• After consultation with doctor, doctor informs patient about next date of review if required.

• Patient/attendant is then asked to confirm their follow up date and time from front office.

• RECEPTION STAFF will update this information in software, so that patient gets a reminder a day prior.

• RECEPTION STAFF will forward this information to the call centre, so that they can make a call to the patient a day before, just to remind them of their appointment with doctor.

• And if patient miss their consultation, and then a call will be given to patient to book for their next appointment

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APPOINTMENT FOR FOLLOW UP CONSULTATION OF OPD PATIENTS

• The PED staff direct the patients/attendants towards the OPD reception.the opd staff (token reception staff at ground floor) write down the appointment date in the record and also update this on the software.

APPOINTMENT OF IPD PATIENTS FOR FOLLOW UP VISIT AFTER DISCHARGE

At the time of patient discharge, consultant gives a follow-up date to the patient which is mentioned on discharge summary of patient.

• Call centre pick the data sheet from software and make the days wise list of all the appointments on daily basis.

One day prior of scheduled appointment a call is done by call centre to the patient to remind about the appointment they also confirm that whether patient is coming for the check-up or not. If patient confirm about same a software generated message is sent on the patient's registered mobile number & The day and time are informed to the patient.

APPOINTMENT THROUGH TELEPHONE

• The patient/attendant call up call centre and takes an appointment directly

WALK IN PATIENTS

If PAtient walks in without appointment ; he /she either waits till Consultant can see him/her or they take an appointment for another day and time which is fed into software

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PATIENT FLOW

1.0 Setting up an appointment for OPD services.
1.1 Patient Fixes OPD Consult or Diagnostics Appointment over phone / walk in.
1.2 Appointment fixed in Appointment schedule / Diagnostic schedule
1.3 Patient visits the facility and is guided to the Registration counter for Registration process.
2.0 Patient Registration & Invoice Generation
2.1   Registration will be done at the OPD reception. OPD Card can be purchased from here. UHID is generated and patient is sent for nursing assessment after which the patient can go for Consultation.
PATIENTS WITH APPOINTMENT are seen as per appointment. However, **out of turn consultation may be provided in case of emergency or to senior citizens**.   **PATIENTS WITHOUT APPOINTMENT** are also seen in case the Consultant does not have too many appointments. In case , Consultant does not have time, an appointment is given
2.2 Patient Details entered in HIS by the FO staff.
2.3 Patient pays by Cash / Credit Card or Credit bill raised if corporate patient.
2.4 Patient invoice generated (as per applicable Indus Tariff list) with the UHID.
2.5 If wrong entry is made or test could not be conducted, there is provision of refund of that Invoice.
2.6 Manual invoice generated as per approved pricing policy in case HIS is not working or if any new service or tariff introduced.
2.7 The new service/ tariff as and when introduced is intimated to IT for incorporation into HIS.
2.7.1 Manual invoices are updated and incorporated in HIS on the same day.
2.7.2 If not incorporated in HIS then approval from accounts is taken to update the HIS when new service/ tariff incorporated in HIS and scroll is signed by Duty Manager / Shift Supervisor
2.8 At the End of shift, FO takes out cash scroll from HIS and submits to the cashier.
2.9 The same procedure is followed by the front office and Emergency for registration of patients

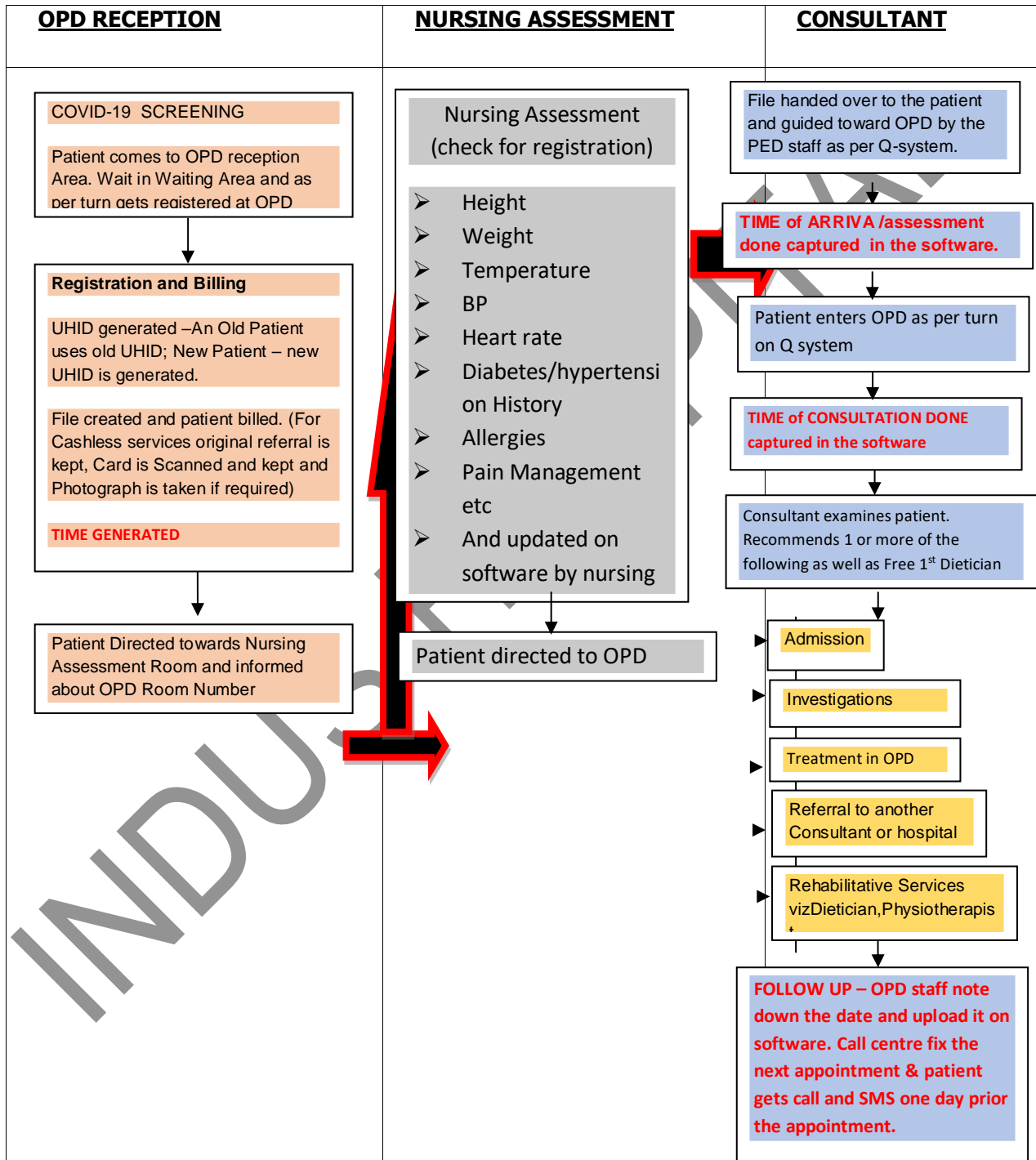| ![INDUS logo]	**POLICY**	**IH.AAC.002 – APPOINTMENT, REGISTRATION, ADMISSION OF PATIENTS**		
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6.2 REGISTRATION FOR OPD Patients

REGISTRATION OF PATIENTS and GENERATION OF UHID

• SCREENING OF ALL PATIENT due to COVID-19 pandemic- each and every patient goes through temperature screening by security personal on duty at the entrance of the hospital. If temperature is >99, then patient is first sent to flue corner for full screening and after full screening patient sent to clinician.

• ACOVID-19 screening form declaration has to be given by every patient in a form regarding travel history medical history at flu corner.

• After screening the patient visit the OPD reception of the hospital.

• All Patients (whether OPD or IPD) are to be registered before Consultation.

• UHID is generated for each patient which remains the same for every visit of the patient.

• This helps in ensuring continuity of care and retrieval of old records.

• In case of multiple visits of a patient, UHID remains the same but different OPD/ IPD numbers are generated linked to the UHID number

• In case of Emergency , the patient is first stabilized and then the Registration formalities are completed

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OPD REGISTRATION PROCESS FLOW

OPD RECEPTION	NURSING ASSESSMENT	CONSULTANT
COVID-19 SCREENING Patient comes to OPD reception Area. Wait in Waiting Area and as per turn gets registered at OPD	Nursing Assessment (check for registration) ➢ Height ➢ Weight ➢ Temperature ➢ BP ➢ Heart rate ➢ Diabetes/hypertension History ➢ Allergies ➢ Pain Management etc ➢ And updated on software by nursing	File handed over to the patient and guided toward OPD by the PED staff as per Q-system.
Registration and Billing UHID generated –An Old Patient uses old UHID; New Patient – new UHID is generated. File created and patient billed. (For Cashless services original referral is kept, Card is Scanned and kept and Photograph is taken if required) **TIME GENERATED**		**TIME of ARRIVA /assessment done captured in the software.** Patient enters OPD as per turn on Q system **TIME of CONSULTATION DONE captured in the software**
Patient Directed towards Nursing Assessment Room and informed about OPD Room Number	Patient directed to OPD	Consultant examines patient. Recommends 1 or more of the following as well as Free 1st Dietician Admission Investigations Treatment in OPD Referral to another Consultant or hospital Rehabilitative Services vizDietician,Physiotherapist **FOLLOW UP – OPD staff note down the date and upload it on software. Call centre fix the next appointment & patient gets call and SMS one day prior the appointment.**

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6.3 REGISTRATION AND ADMISSION PROCESS FLOW FOR IPD PATIENTS

1 REGISTRATION OF PATIENTS and GENERATION OF UHID

- SCREENING OF ALL PATIENT due to COVID-19 pandemic- each and every patient goes through temperature screening by security personal on duty at the entrance of the hospital. If temperature is >99, then patient is first sent to flue corner for full screening and after full screening patient sent to clinician.

- ACOVID-19 screening form declaration has to be given by every patient in a form regarding travel history medical history at flu corner.

- All Patients (whether OPD or IPD) are to be registered before Consultation.

- UHID is generated for each patient which remains the same for every visit of the patient.

- This helps in ensuring continuity of care and retrieval of old records.

- In case of multiple visits of a patient, UHID remains the same but different OPD/ IPD numbers are generated linked to the UHID number

- In case of Emergency, the patient is first stabilized and then the Registration formalities are completed

Policy: The Indus Hospital, welcomes all patients. No patient is denied admission due to race, colour, religion, ancestry, financial class or national origin.

- Patients can be admitted to IH Hospital, by Senior Consultants / Consultants

- The IPD staff registers the patient by recording his/her complete details in the "Information Sheet"; Name of patient, Name of attendant, Name of company etc.

- Patient information is taken from ID PROOF (AADHAR CARD, VOTER CARD ETC).

- The patient is registered and a Unique Identification Number/IPD number is given for future reference.

- In case of old patient previous UHID is used and new IPD no is created.

- The IPD staffs then assigns a ward/ bed/ private room to the patient depending on the patient's request.

- A patient file is prepared

- Relevant Consent forms are filled in by the patient and everything e.g. Diagnosis, prognosis, course of treatment, expected expenses and expected duration of stay is explained to the patient by the RMO / Consultant /Anaesthetist.

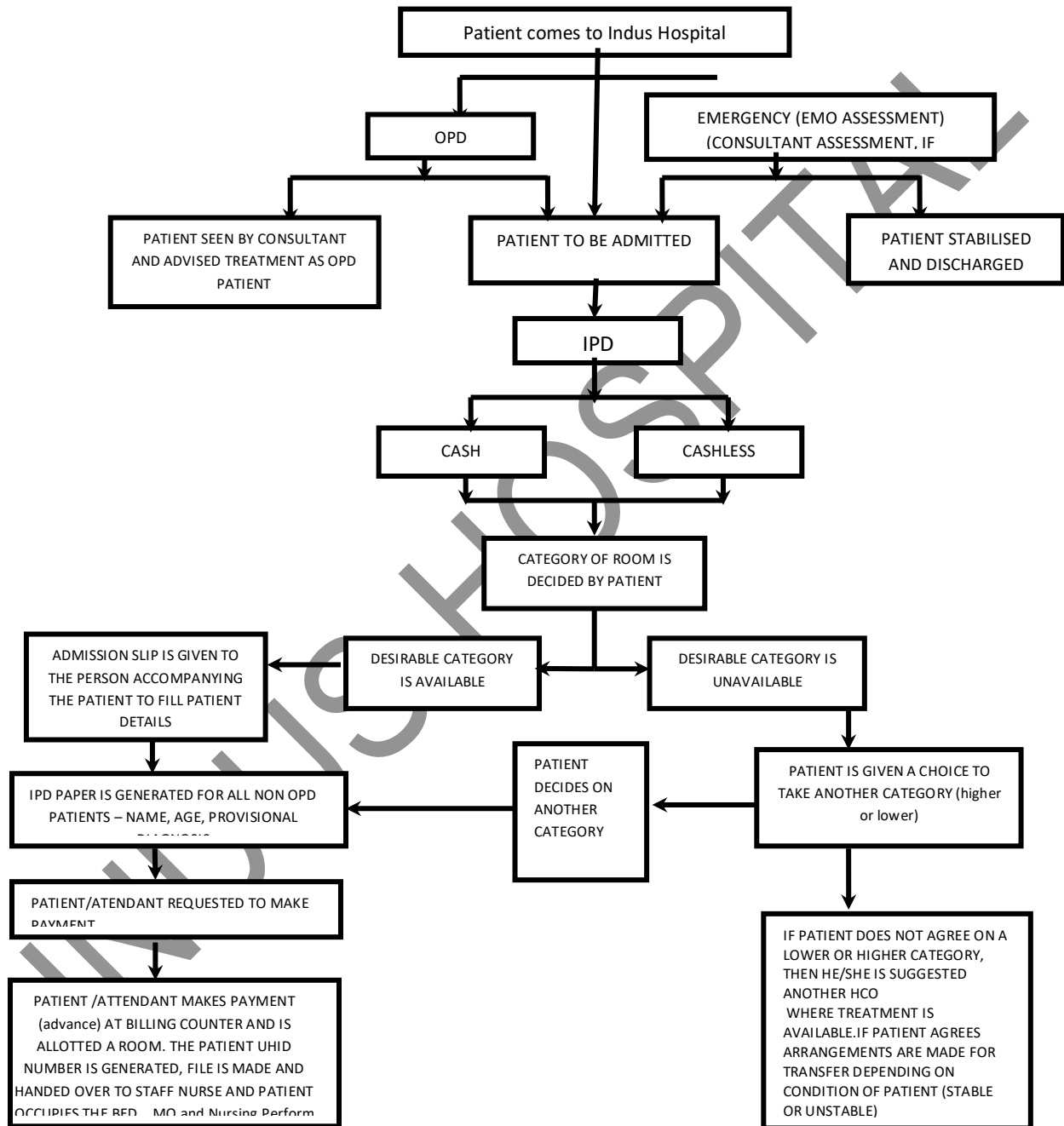|	POLICY	IH.AAC.002 – APPOINTMENT, REGISTRATION, ADMISSION OF PATIENTS	
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- The patient is then escorted to the room by the assigned nurse or the IPD staff. The file, the identification wrist band **(*BLUE for normal and ORANGE for vulnerable patients*)** etc. are handed over to the nurse.

- All credit patients require an authorization letter (in case of planned admission).

- At the time of admission, the patient is required to undergo certain formalities at IPD reception in order to render details that would facilitate in his treatment. These are:

Process	Details of Information
• Patient Information Sheet	• Name, Age, Sex, Address, Mother name, Father name, contact no, emergency contact no, consultant name. • Information documented in Admission Slip facilitates the organization to understand the type to service to be rendered to the patient e.g. Medical, Surgical
• Counselling	• Counselling facilitates the patients to decide on Category of room for stay during hospitalization and makes them aware of estimated cost and in their understandable language.
• Billing	• General consent is taken from the patient in case of surgery

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6.3.2 Policy on Admission Process

Admission Process

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6.3.1 Different modes of admission:

- Direct Admission from OPD (Appointments /walk–in patients)
- Elective Admission
- Emergency Admission
- Patients with Cashless Services
- Unidentified persons

6.3.1.1. Admission from OPD –

Patient visits the OPD departments of the hospital for consultation, If the patient is coming for the first time, registration is done and UHID generated

- Patient is assessed by the Consultant and decision regarding the need to admit the patient in the IP facility of the hospital is taken by the treating consultant.

- All patients shall be screened with appropriate Clinical, physiological and diagnostic test criteria prior to admission to the hospital. The opinion of the treating physician (Consultant) shall always be considered for patient's admission in the hospital.

- Patients are admitted only if the required medical care is available in the hospital. In case of any discrepancy in the same, the Operational manager/Director - clinical services is informed by the consultant doctor for clarification.

- The doctor informs the patient and the relatives about the need for admission and indicates the same in the OP case sheet of the patient

- The patient/relatives visit the IPD RECEPTION of the hospital for admission of the patient. (either on the same day or another day depending on urgency for admission)

- The patient/relative provides the OP case sheet of the patient to the admission clerk who checks the same to ensure that IPD admission is advised in writing by the treating consultant of the patient.

- Indus Hospital, i welcomes all patients. No patient shall be denied admission due to race, color, religion, ancestry, financial class or national origin. Patients shall be admitted to Indus Hospital by Consultants with admitting privileges. A list of such consultants shall be available with the admission desk.

- Direct referral could be internal or can be referred by an external doctor.

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The admission receptionist enquires from the patient about their preferred ward or Room is allotted according or to the patient's medical condition which is:

i.   General Ward

ii.   Semi Private Ward
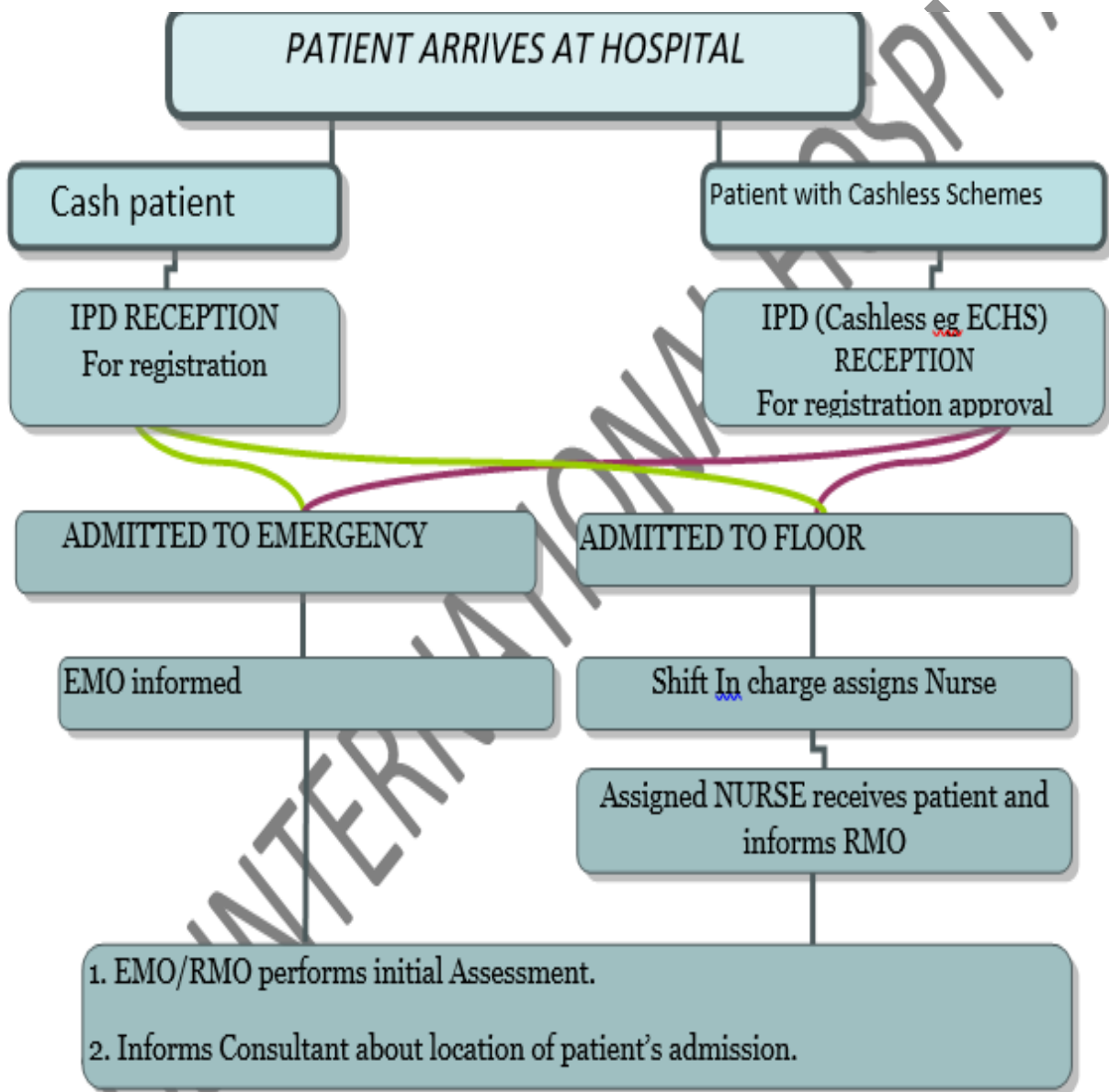
ii.   Private Ward.

iii. ICU

6.3.1.2 *Planned or Elective admission –*

• A planned admission is an inpatient admission pre-planned in advance of the patient's presentation for inpatient care.

• All required admission paperwork (including the Authorization letter incase of the TPA, ECHS etc) is submitted either prior to the date upon which the patient is to be admitted or at the time of admission.

• The admission case sheet is printed and the patient is escorted to the appropriate inpatient area.

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PROCESS FLOW FOR IPD (Planned Admission)

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6.3.1.3 REGISTRATION AND ADMISSION PROCEDURE IN EMERGENCY:

OPD PATIENTS DURING NON OPD HOURS -

• During OPD working hours, if a non-critical patient walks into emergency he is directed to go to the concerned OPD after registration at the general OPD registration counter of the hospital,

• whereas during NON OPD hours and holidays all patients walking into the hospital are screened by the EMO in the Emergency, treated and the same is documented. The patient's registration is done and UHID NO is generated.

• Entry of patient done in emergency register and if converted to IPD patient then enetery also done in IPD admission and discharge registration.

• Following parameters are captured during registration: Name, Age, Sex, Address and time of admission.

• For referred in patients, same is mentioned on the OPD card along with details of the facility from where referred and reason for referral. Referral slip if available is retained in hospital records.

TREATMENT AND REGISTRATION OF CRITICAL PATIENTS IN EMERGENCY

• ***Classification of Emergency Cases***
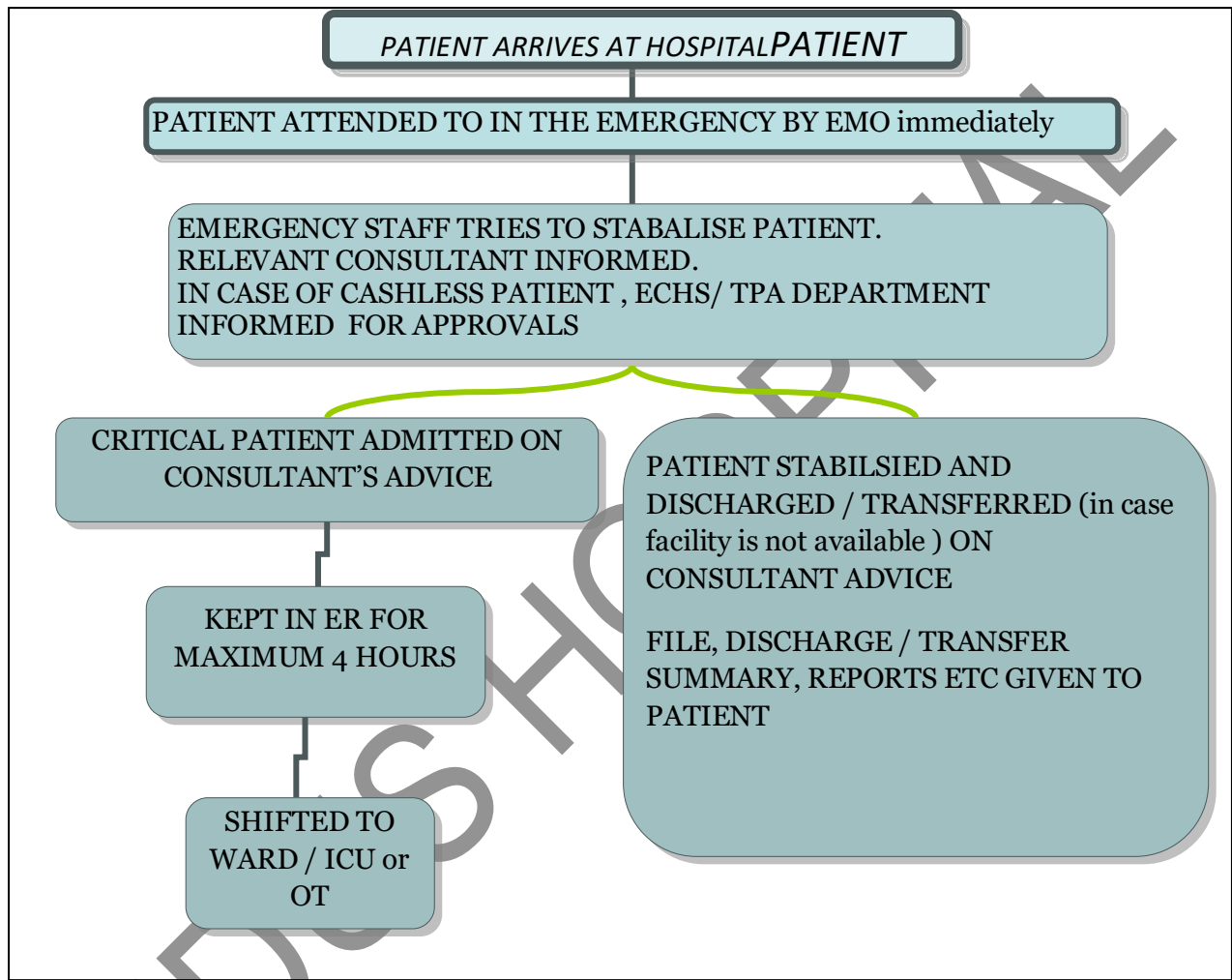
1. Trauma

2. Acute pain

3. Medical emergencies

• Priority is given to the patient who comes in as an "emergency".

• The patients are assessed at the Emergency department following triage criteria.

• Patient is received by the staff nurse and E.M.O on duty.

• Emergency initial assessment done by both EMO and nursing staff immediately/ within 15 minutes. History is taken and vital signs are checked and documented by staff nurse.

• E.M.O examines the patient and decides whether the patient needs admission or just a medical treatment in casualty.

• Treatment is started without waiting for registration in case of critical patients.

• If the E.M.O is unable to manage the patient alone he will take the required assistant, especially in serious causalities or in extremely Critical cases the specific Consultant is called.

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- If a patient coming to emergency needs immediate treatment/ lifesaving treatment, then treatment shall be initiated before deciding whether to accept the patient or not. After first aid patient can be transferred to the appropriate facility for further treatment.

- After examination he/she will recommend first aid / necessary investigations and treatment.

- If any investigations have to be outsourced then nursing staff and/or RMO/EMT, as per requirements will accompany the patient in the ambulance.

- The entire diagnosis, nature of investigations, course that the treatment might take is explained to the patient and relatives.

- The time frame within which the initial assessment is completed does not exceed more than 30mins and the documentation of same is done within 4 hrs.

- Diet chart is given where it is deemed necessary for the treatment and recovery of patient

- When an unstable patient is to be shifted to another facility, he/she is escorted by a doctor/sister/ward boy or as per the requirements in a fully equipped ambulance.

- A stable patient can be shifted alone with his / her relative.

- Kind and humane treatment is meted out taking into account individual beliefs and values.

- The patient and / or family is involved in the decision making process regarding the treatment.

- Informed consent is taken for whatever procedures have to be undertaken for the treatment.

- Expected expenses are explained to the patient and/or relatives.

- First Aid services or provided whether the patient has paid the fee or not.

- If it is decided by treating doctor that patient needs to be admitted then patient's attendant are directed to IPD reception counter where admission file is prepared and IP number is generated.

- Following information is captured on patient file- Name, age, sex, address, Mother name, Father Name/ Husband Name, speciality/consultant under which admitted, contact no and 2nd emergency contact no, date and time of admission, photocopy of patient Aadhar card is also taken by IPD staff.

- An ID band is applied to patient's wrist (BLUE for stable patient & ORANGE for vulnerable patients) having following detail- Name, age, sex, UHID, IPD

- For Medico legal cases, MLC is mentioned on the OPD card and MLC protocols are followed.

- Relatives are informed accordingly.

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PROCESS FLOW FOR EMERGENCY

PATIENT ARRIVES AT HOSPITALPATIENT

PATIENT ATTENDED TO IN THE EMERGENCY BY EMO immediately

EMERGENCY STAFF TRIES TO STABALISE PATIENT.
RELEVANT CONSULTANT INFORMED.
IN CASE OF CASHLESS PATIENT , ECHS/ TPA DEPARTMENT INFORMED FOR APPROVALS

CRITICAL PATIENT ADMITTED ON CONSULTANT'S ADVICE

PATIENT STABILSIED AND DISCHARGED / TRANSFERRED (in case facility is not available) ON CONSULTANT ADVICE

FILE, DISCHARGE / TRANSFER SUMMARY, REPORTS ETC GIVEN TO PATIENT

KEPT IN ER FOR MAXIMUM 4 HOURS

SHIFTED TO WARD / ICU or OT

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DURING EMERGENCIES

- If the patient is in ***cardiac arrest***, C.P.R initiated to the patient immediately, patient intubated and then the patient is directly sent to the I.C.U accompanied by the R.M.O for further management.

- Relatives are later on subjected to complete the admission formalities.

- If any ***head injury or multiple fracture*** patients come a thorough examination is done for any wounds, abrasions, fractures, if necessary a CT scan is done.

- If ***wound*** is present, cleaning and CLW suturing is done. Prior to that a Tetanus Toxoid injection is administered.

- If ***multiple fractures*** are present, then the orthopaedic consultant is informed. He comes and examines the patient and the necessary precautions i.e.: immobilizing, the fractured part is taken care of.

- Sometimes if necessary then, X-ray of the required part is taken and then the patient is shifted to the room/ward.

- In ***mass trauma casualties*** the patient will be triaged following the triage policy. First Aid provided to all patients and shifted to different area as per need.

- Those requiring immediate surgery will be sent to ICU for resuscitation and then for surgery.

- The other cases will be sent to the ward for further management.

- For mass casualties, the EMO will inform the Director: Clinical Services/ Unit Head, and the available medical team will attend the patients in the hospital.

- If any unknown patient is brought by the police to the casualty, the Director: Clinical Services/ Unit Head is informed and accordingly the admission procedure is done.

- In case an accident case , poisoning case or suicide case is brought in , the Police is informed and it is treated as a MEDICO LEGAL CASE

- The EMO will inform the specialist concerned about the cases after emergency management and will also enter the details in the CASUALTY REGISTER.

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ADMISSION -

• A patient can be kept in the Emergency until 4 hours. In case, the patient needs treatment which requires more than that, then he/she must be admitted in the hospital room/wards/ICU depending upon the requirement

• For the patients **requiring admission**, Emergency Admission Note is send across to admission desk. Patient / patient family is informed about the registration and admission. Patient details like patient's name, address, and all other relevant details are collected in the Registration Form. Enquiry is done whether the patient falls in cash/credit category. The patient is admitted under the consultant as per the roster

• Vacancy in the ward is confirmed from the admission counter and then information is given to the concerned department regarding the admission of the patient.

• If the patient needs emergency attention, e.g.: Hypotension, Acute Breathlessness, Acute abdominal pain, emergency intubation, etc then the E.M.O delivers the immediate treatment and the patient is then sent to the respective ward that is allotted.

• Relatives are directed to the admission counter with the note from the E.M.O. for making the I.P.D paper.

• The I.P.D paper is brought to the casualty for stamping the admission note.

• Admission counter prepares the Indoor paper.

• Once the admission paper is ready, it is taken to the concerned ward.

6.3.1.4 *Patients with Cashless Services in IPD* -

▪ The consultant authorizes the pre- authorization form with the assistance of the cashless services department.

▪ This is sent to TPA for approval of the claim.

▪ Usually the pre-authorization is approved within 24-48 hrs.

▪ In case of emergency, confirmation is done on phone from the TPA authority and the treatment is started. The estimated cost and stay is mentioned on the pre-authorization form.

▪ The patient gets discharged from the hospital and the cheque from the TPA is received by the hospital within 3-4 months.

▪ In case the patient is denied authorization, the reason is explained and then the patient can get treatment by paying from his own pocket and can get reimbursement later.

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6.3.1.4 *Admissions in case of unidentified persons involved in an accident etc–*

In case an unidentified patient is brought to the hospital in case of an accident etc it becomes a medico – legal case and the nearest police station is informed about it before the treatment is begun. **(Ref: Policy on Medico Legal Cases)**

6.3.1.4.1 Unidentified Patients

The Identification of Patients-

When a patient is brought to the Emergency Department without any identification and is not able to self- identify, or is unwilling to self-identify the nurse or designate:

- searches the belongings for identification information
- determines the patient is unknown
- pulls the appropriate unidentified packet -male or female.
- Registration will be done using identifiers as
- o Name- Unknown/ unidentified 1
- o UHID will be generated
- o Age - Approx.

    (Unknown 1/Uhid/Approx. 30)

Once the patient has been identified - EMO notifies the police of the identification of patient as necessary. If the patient is to be admitted to an inpatient bed and the patient is still unidentified; continue to use the unknown patient IDENTIFIERS.

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6.3.2 Flow Chart of Admission Process

1. PATIENT WITH LETTER FOR ADMISSION FROM PHYSICIAN WITH ADMISSION PRIVELEGES 2. EMERGENCY MEDICAL OFFICER REQUEST	Admitting Doctor → Handover to escort-	→ Completion of Multidisciplinary Care Plan (<90 minutes)

RECEPTIONIST	**ADMITTING DOCTOR (in case patient goes to ER)**	**WARD SISTER (NURSES STATION)**	**NURSE**	**WARD DOCTOR**
ADMISSION COUNTER	**EMERGENCY**	**WARD**		
- **Preferred Language** - **Check Letters** - **Match with Services** - **Registration** - **Confirm Admitting Consultant** - **Confirm Affordable Packages** - **Confirm Payment Method** (Self/Insurance	- **Identity Confirmation** - **Request for past records if any** - **Patient is stabilised** - **If Surgery , PAC , pre surgery**	- Receives Patient - Identity Confirmation with Wrist band	- Nurse escorts to ward/room - Identity Confirmation Care Plan - Fills Nursing Assessment Sheet and Nursing	- IPD Initial Assessment form filled by , Doctor and Consultant • Consultant Plan

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/3rd Party)	Intervention form	- Family Member Identification for Emergency Contact	- Educate patient and family on	• Write orders By Medical Officer
- **Bed Assignment (Room Types)**	- **Patient and Family Education**		**: Rights and Responsibilities**	
- **Signatures (Consent for Admission and Counselling)**	>*Plan of Care* >*Outcome of Care* >*Possible Cost and Duration*	- **Allocate Nurse**	**: Orient to room regarding calling for Emergencies**	
- **Request medical Records for Patient file (Not 1st Visit)**	- **Either discharge /OT/Ward /ICU**		**:Nurse initial Assessment form**	
- **Sticker ID band**	- **Escort takes patient to WARD if required / or discharge from ER**			
- **Wrist Band Placement**				
- **Patient file**				
- **Hand over all to Nurse**				

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6.3.3 PRE ADMISSION COUNSELLING

The pre-admission counsellor explains to the patient / patient relatives about the kind of package details in their understandable language. He/she then consults with the admitting doctor for clarification of cash estimation given to the patient/ patient relatives. The pre-admission counsellor sees to it that the patient / patient relatives understand the formalities to be completed to pay the minimum cash estimation

6.3.4 PATIENT/RELATIVE INFORMATION ON ADMISSION

Once patient is admitted the following steps to be followed

• ADMISSION COUNSELLING FORM is filled by IPD on the sheet meant for IPD Information

• IPD staff informs PED/housekeeping/AREA INCHARGE to prepare the room. In case the patient is reactive – information must be given so that room is prepared accordingly.

• Once room is prepared , housekeeping informs IPD and the patient is escorted to the room either by the IPD staff or a ward helper

• The Manager - patient Experience department visit the patient within 2 hours of admission to inform him /her about hospital protocols and also inform the patient and **relatives about the patient right and responsibilities in their understandable language.**

• ADMISSION COUNSELLING FORM is filled by PED on the sheet meant for PED Information

• For admissions that take place during night, the night manager familiarises the patient on hospital protocols

Patient & Family Education on Admission

Before / during admission the patient and /or **family members are educated about their right and responsibility and to make informed decisions**, by all members of the team, as appropriate. This shall include but not be limited to:

- An explanation about the medical condition of the patient.

- Proposed care, including procedures to be carried out, expected length of stay, where it can be anticipated.

- Expected results and risks of complication.

- An estimate of the costs will be provided in package or planned procedures where expected length of stay / treatment is known.

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In others where it is not possible to anticipate expected length of stay or treatment such as patients in ICU, the tariff is also explained to each patient and an interim billing estimate is provided to the attendant alternate days and as and when required.

6.3.5 Deposit Collections

Minimum deposit is collected at the time of admission as per the bed category chosen by the admitting patient. In case of emergency admission, low deposit admission is also allowed after doing the necessary formalities.

6.3.6 Credit Patient /Insured Patient

•   Authorization letter from the concerned company is required for the admission under these categories.

•   The company profile of the patient is then checked.

•   Photocopies of Employee ID and / or the health card are then collected and the category or group of the patient as per the company details is checked.

•   Availability of the category of bed as per the company's norms is checked and the confirmation of the kind of bed is given.

6.4 POINTS TO FOLLOW

•   Patient's will only be admitted, treated, or transferred once the test results are available.

•   Indus Hospital , welcomes all patients. No patient shall be denied admission due to race, color, religion, ancestry, financial class or national origin.

•   Patients are admitted by Doctors with admitting privileges. A list of such doctors is available with the admitting desk. The Consultant mentions 'ADMISSION' on the OPD card if the patient requires Admission

•   Acceptance of non-emergency admissions and transfers shall be made contingent upon verification of available resources through admission desk and protocols which govern accepting transfers from outside the hospital.

•   All credit patients (Corporate, TPA, CGHS etc.) shall require an authorization letter (in case of planned admission).

•   In emergency, a screening for triage of patients will be carried out.

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- Admissions are accepted 24 Hours x 7 days, irrespective of any holidays.

- Patients not registered earlier shall be registered and a UHID shall be generated.

- The admitting desk shall enter the data of the patient in the HIS and the ID Band will be placed on patient by nurse in the ward/inpatient area after identification. (blue for normal ad orange for Vulnerable patients)

- For patients seeking elective admissions, screening and/or diagnostic tests for the specific disease process of that patient should be completed prior to the admission. However exceptions are made based on patients condition and other factors.

- Patient needs for preventive, palliative, curative, and rehabilitative services are prioritized Based on the patient's condition at the time of admission as an inpatient to the organization.

- When patients are considered for admission as an inpatient to the organization, the screening assessment helps staff identify and prioritize the **preventive, curative, rehabilitative, and palliative services** needed by the patient and select the most appropriate service or unit to meet the patient's most urgent or priority needs. The same is achieved by routing all admissions through a triaging system which is located near the Accident & Emergency unit entrance. The health professionals manning the triage unit helps prioritize the patient urgent or priority needs and assist them in addressing them.

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Patient & Family Education on Admission

Before / during admission the patient and /or family members are educated to make informed decisions, by all members of the team, as appropriate. This shall include but not be limited to:

- An explanation about the medical condition of the patient.

- Proposed care, including procedures to be carried out, expected length of stay, where it can be anticipated.

- Expected results and risks of complication.

- An estimate of the costs will be provided in package or planned procedures where expected length of stay / treatment is known.

In others where it is not possible to anticipate expected length of stay or treatment such as patients in ICU, the tariff is also explained to each patient and an interim billing estimate is provided to the attendant alternate days and as and when required.

The following will be ensured / provided on admission:

- Admission orders by Consultant / Physician.
- Completed admission request form either prior to admission or to be provided by the Resident/treating Doctor immediately on admission.
- Allocation of UHID Number and Wristband identifier.
- Allocation of Bed.
- Attendant Briefing checklist.
- HIS generated Admission form which includes Authorization signed by Patient / family for admission and treatment.
- Estimate of Costs for planned packages/Surgeries/procedures.
- In case of Medico legal admissions, a medico legal stamp is placed on all required admission documents.

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6.5 REGISTRATION OF FOREIGN NATIONALS

As per the guidelines of the Foreigners Regional Registration Office (FRRO) For any Foreign Nationals, Form-C is to be filled and submitted within 24 hours to the Registration Authority (SSP Office in Sector 76) and the Form C has to approved by the Registration Authority and Police verification is done.

All foreigners (including foreigners of Indian origin) visiting India for medical treatment Medical Visa are required to get themselves registered with the Foreigners Regional Registration Officer (FRRO)/Foreigners Registration Officer (FRO) concerned having jurisdiction over the place where the foreigner intends to stay, within 14 days of arrival.

SUPPORTING DOCUMENTS TO BE SUBMITTED FOR OBTAINING SERVICE:

1. Applicant's Photo.

2. Photo Page, Page indicating validity, Page bearing arrival Stamp of Indian Immigration, Visa with endorsement.

3. Form C provides the functionality of registration process of Hotel/ Guest House/ Dharmashala /Individual House / University/ Hospital/ Institute/ Others etc. owners for Form-C.

NOTE: Hospital managements need to fill up the foreigner registration form 'C' only when they admit foreign nationals for stay in the hospital during the course of treatment. Hospitals need not fill up the form when only consultation is offered or treatment is administered to a foreign national at the out-patient-department (OPD). As per section 14(6) of Foreign Registration Act, 1939, not filling up the form is violation of visa norms. A penalty can be levied on those who violate the norms.

6.6 Access to the healthcare services in the organization is prioritized according to the clinical needs of the patient.

Prioritizing is done in all clinical settings (OPD, IPD, ER)

There is a signage in the OPD and IPD reception display, explaining the same- *SICK PATIENTS AND PREGNANT WOMEN WILL BE SEEN OUT OF TURN* (senior citizens and pregnant women; for OPD, diagnostics, billing, discounts for senior citizens in OPD pharmacy)

All staff is also trained that

any pregnant lady, senior citizen facing any kind of discomfort or restlessness or

any patient who suddenly develops acute pain or faints will be seen out of turn

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6.7 Daily patient attendance

- Night supervisor, do daily rounds and mark the attendance of patients present in the hospital
- He takes the patient list printout from IPD
- By 10 PM attendance for all the patient is taken.
- In morning Report is submitted to PED In charge.

7.   IMPLEMENTATION

1. Consultants / Medical Officers with Admitting Privileges
2. Admission Nurses
3. Operations Management

8.   POLICY CROSSLINKAGES

Nil