

GSR HOSPITAL -AAC MANUAL

**GSR INSTITUTE OF CRANIOMAXILLOFACIAL
AND FACIAL PLASTIC SURGERY**

AAC MANUAL

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SCOPE OF SERVICES

1.0 POLICY:

Elaboration on the scope of services provided to the community by the hospital.

2.0 Purpose

To define the Scope of Services provided by GSR Institute of Plastic Surgery

3.0 Scope

It includes all Staff and patients of GSR Institute of Plastic Surgery

4.0 Responsibility

All department Heads, All Supervisory level Staff, Front office.

5.0 Distribution

All department Heads, All Supervisory level Staff, Front office

Scope and Facilities

- The services have state of the art technology and equipment, high level of Environmental controls and fully trained and experienced staffs who are dedicated to the care of patients.
- There are 48 beds dedicated for Care of patients with maximum specialties and related illnesses. The bed distribution is:

Name of Unit / Ward	Number of beds	Type of Care
General Ward	35	General Care
Private Rooms	07	Private Care
RECOVERY	06	Post operation

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Service provided in Hospital:

1. Craniofacial Surgery
2. Dental Procedures (Only orthodontic treatment)

1. Maxillofacial Surgery

- Laboratory (OUT SOURCED)
- Clinical Pathology
- Microbiology
- Biochemistry
- Haematology
- Histopathology
- Imaging Services (OUT SOURCED)
- Ultrasound
- X-ray
- CT Scan.
- Other Facilities(OUTSOURCED)
- Emergency & Ambulance
- Pharmacy
- Specialist Cover in all Specialties

Support Services:

- Front office
- Nursing
- Housekeeping
- Medical Records Department
- Security
- HR & Training
- Administration

The defined services are prominently displayed at various places so that they are easily visible to the patients entering the organization. The various methods used by the organization to make the patients aware and educated that what all services are provided by the organization.

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- Handouts and procedure presentation are available at various areas in the front office detailing about the scope of the services provided.
- Display board is present at the front office which displays prominently the services provided by the organization.

6.0 RECORDS AND FORMATS:

To define the scope of services provided by GSR Institute Of Facial Plastic Surgery

Policy

- A. GSR Institute of Facial Plastic Surgery is a Surgical care and Orthodontic treatment Hospital.
- B. GSR Institute of Facial Plastic Surgery has an emergency unit which shall cater to all types of post operative emergency. After providing initial assessment and emergency treatment to patients, for non-available services, patient are referred to facilities which offer those services.

Services provided at GSR INSTITUTE OF FACIAL PLASTIC SURGERY

A. Maxillofacial Procedures

Services **Not** Provided at GSR Institute Of Facial Plastic Surgery

1. No medical emergencies are attended here
2. Surgeries requiring use of super-specialties
3. Treatment procedures in General surgery
4. Treatment procedures where use of PICU/ICCU is mandatory

Purpose:

To have a uniform registration of patients and to maintained the records of patients coming to GSR Institute of Facial Plastic Surgery

Scope:

Scope of registration includes all patients in OPD

Policy:

All patients are registered with a unique registration number (OPD Number). Registrations are done for OPD consultation, Investigations

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Surgical post operative Emergency care is provided 24 hrs a day and 365 days a year.

Following timing is followed for registration and OPD consultation

Registration in OPD: - 9 AM to 4 PM

OPD consultation – As per time specified

Patients are registered only if the treatment requirement is within the scope of services of the hospital. If patient's requirement is outside hospital's scope, patient shall be informed on same.

Procedure

S. No.	Procedural steps	Responsibility
1.	Check if the patient is a new patient or a follow up patient	OPD Staff/Receptionist
2.	For follow up patient enter the OPD number of patient in HMIS	OPD Staff/Receptionist
3.	For new patients, ask details of the patient Name, Age, Address and Problems.	OPD Staff/Receptionist
4.	Enquire for referral letter	OPD Staff/Receptionist
5.	Register for the specialty as asked by patient or as per referral	OPD Staff/Receptionist
	Slip	
6.	In case specialty is not known, take the patient to admission officer and Follow the decision of admission officer for registering in a particular specialty	OPD executive
7.	Enter the details, in the computer software	OPD Staff
8.	Enter the service to be rendered	OPD Staff / Receptionist
9.	Hand over the Case paper to the patient / relatives and Send to Concerned Doctor	Nursing
10.	Direct the patient to consultation room	Nursing Staff

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Admission Policy:

To ensure that the patient gets right treatment immediately on admission based on initial nursing assessment & consultant's order

Attachments: Medical Data Sheet, Doctor Visit Sheet, Ward Procedure Sheet

Responsibility: Reg. / Adm. Department, Nursing Unit, Billing

Time Limit: Within 30 min

Schedule of new admission

Patient admitted from admission department -OPD

Registration Procedure (In admission dept.)

- The patient comes with a consultant/admission note at the time of admission.
- During admission, name of both admitting and attending consultants has to be written according to the admission note brought by the patient from the consultant.
- If the patient does not come with the consultant note, the admission officer has to take information from the patient or his relative about the treatment plan.
- If the patient comes directly to the hospital i.e. he/she does not come with any referral note or through phone call, then he will be referred to OPD, and thereafter the patient will be recommended further for admission if required.
- After completion of admission procedure, an inpatient no. is allotted to the patient.
- An admission form is filled in the patient's medical record file.
- Admission fee (if required) is collected from the patient at the time of admission.
- The admission officer has to explain the patient/relative about the services available at the hospital to make an inform decision.
- Rights and responsibilities of the patient
- Minimum deposit at the time of admission
- Class of room & their charges
- Number of patients per room
- Facilities available to patient
- The surcharge applicable to particular class
- Visitor's policy
- Upgrading or degrading of class, i.e. if the patient upgrades the class, the charges for the higher class will be applicable form the day of admission.

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- Grade of surgeries and other associated charges
- Other necessary information
- The different types of packages,
- Information Regarding the inclusions & exclusions of pac

Room facilities

Bed is allotted to the patient

No Nurse Administrator has the right to allocate bed to the patient. This authority lies with the Admission department only.

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A. Admission Procedure:

The patient can be admitted in the hospital from out-patient department for admission.

1. Routine admission

- Admission officer has to inform the concern-nursing unit and Medical coordinator about new admission.
- Housekeeping department has to arrange the unit and intimate to admission department. regarding readiness of the unit.
- Admission officer has to inform the nursing unit about the details of new admission. It includes patient's name, gender, and class & case type.
- Nurse administrator has to assign the staff for new admission patient.
- Nurse Administrator has to make sure that room is prepared before receiving the patient.
- The moment patient get admitted, admission officer accompanies the patient to the respective unit along with the admission file. The file contains record file with "Patient admission Form," Medical Data Sheet, Doctor Visit sheet & Service given to patient sheet.
- Primary Nurse has to check the details in "Patient admission Form," and if any discrepancy is found, get it corrected from the Admission officer.
- Admission officer has to explain about the details of hospital facility
- Admission officer has to orient the patient and relative about necessary services.

If written treatment orders are already there, she has to initiate the treatment according to medication administration policy.

Primary Nurse has to hand over valuables to patient's relatives and take their signature in

Patient Valuable form. (Refer Valuable Policy)

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Medical coordinator has to inform to the Admitting and Attending consultant about patient arrival time.

- Primary Nurse has to prepare Nursing plan as per consultant's order and nursing assessment
 - Primary Nurse has to prepare patient file according to the sequence of MRD sheet.
 - Patient Admission form
 - History sheet
 - Treatment sheet
 - Progress sheet
 - Consultant sheet
 - Vital Signs and I/O Chart
 - Nursing treatment sheet
 - Service Sheet
 - Doctor visit sheet
 - Primary Nurse has to transfer the documents from In-patient record file (received from Admission Dept.) to ward file.
 - Primary Nurse has to enter required details in the Admission Book.

To ensure that the form is completely filled and cross checked for all the details required for hospital records.

1. **Admission forms to be filled up only by with information taken from the patients or their relatives.**
2. **Name should be filled in block letter (block letters means in large letters, not in running handwriting)**
 - Name - First Name, Middle Name & last Name.
 - Address1 : Should contain the Flat / House number and the name of the flats / society.
 - Address2: Should contain the name of the Road. For eg: Katni Road, and a Landmark. This is a hint for easy identification which may contain Off / Behind / Opp / Near etc. to a famous place like a temple, bank, institute etc.
 - Area: The area like Ghamapur etc
 - City: Name of the city from where the patient is - try to maintain one standard correct spelling

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- Pin code: 6 digit numbers for pin codes - Zip code to be used for NRI/NRG patients PIN CODE must match the area. E.g. if address is in ADHARTAL, the pin code must be 482001 or if for CIVIL LINES then PC-482002.
- Country: Name of the country
- Contact Number: Landline - Should be with the city and country code, STD code and telephone number - eg: +91 - 0761 -
- **Mobile number: 10 digit number**
- E-mail: Please ask the patient if they have e-mail id. If yes, fill it up accordingly depending on capital or small letters used along with numbers or special characters used if any

Transfer of patients:

- Patients needing transfer include those already admitted but now require care in other organization or being shifted for diagnostic tests.
- Transfer is done in a safe manner with requisite facilities and accompanying staff.
- Patient is shifted in an properly equipped ambulance with a paramedic staff.
- The staff accompanying should be a trained nurse/staff who is well versed with the basic CPR as appropriate.
- The organization gives a referral letter with the patients file mentioning the significant findings and treatment given to patients for further diagnostic and therapeutic purposes.
- In case of patients being discharged from the organization for other care, discharge summary is given to patients excluding those going against medical advice. A copy of the same is retained and declaration of the patient/attendant is taken.

Process of transferring in and out of patient through a referral

Treating doctor of hospital shares a communication with the referred doctor/hospital



Issues a referral letter to the referred hospital/doctor about patient history and disease and present condition.



Discussion of transportation of patient from hospital with requisite facilities or external facility patient's/relatives preference shall be considered depending on the condition of patient.

The ambulance service is outsourced and is available 24 hrs.

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ASSESSMENTS FOR THE OUT-PATIENTS, INPATIENTS.

1.0 POLICY:

The hospital will register and admit a patient according to the process lay down and according to the scope of the services provided by the hospital.

2.0 PURPOSE

To provide a mechanism for admission in a manner that the patient can avail healthcare need.
To avoid any miscommunication in the admission process.

3.0 SCOPE

This policy shall be applicable to all kinds of admission viz: -

- Planned Admission
- Unplanned Admission

4.0 RESPONSIBILITY

Front Office, Duty Doctors, Nurses

5.0 DISTRIBUTION

Front Office Staff, Doctors, Nurses

6.0 PROCESS DETAILS

No medical emergencies are attended at GSR hospital

The patient would be admitted only under the doctor who has the privilege of admitting the patient at GSR Institute Of Facial Plastic Surgery Patient and family shall be explained about the reason for admission. The general consent shall be taken for admission

The patient would be admitted as per level of care required.

No patient is to be denied admission due to race, color, religion, ancestry, or national origin.
Patients will be admitted under doctors with admitting privileges only.

All patients requiring admission will be screened by the admitting doctor to decide the bed category (General Ward/ Private ward), and necessary examination to establish a provisional diagnosis or valid need for admission based on the scope of services.

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Admissions are accepted 24 hours a day, 7 days a week, irrespective of any holidays.

Prioritization of admissions

Patients shall be admitted to the Hospital on the basis of the following order of priorities when there is a shortage of available beds:

Emergency: No medical emergencies are attended here

Routine: For routine surgical or other treatment and waiting will not affect the patient's medical condition.

Admissions to special care units shall be in accordance with established criteria.

Exceptions shall be approved by the Head of Department/ Administrator.

Admission criteria:

GSR INSTITUTE OF FACIAL PLASTIC SURGERY provides services that include both monitoring and treatment for patients with surgical needs. During times of high utilization and scarce beds, patients requiring **treatment (priority 1)** have priority over **monitoring (priority 2)**

Eligibility for GSR INSTITUTE OF FACIAL PLASTIC SURGERY admission and discharge is also based upon clinical condition as well as the likely benefits of GSR institute of facial plastic surgery treatment and expectation of recovery. This will be assessed mutually by treating doctor and pediatrician

It is the responsibility of the GSR INSTITUTE OF FACIAL PLASTIC SURGERY consultant or their nominated deputies to decide if a patient meets eligibility requirements for admission at GSR INSTITUTE OF FACIAL PLASTIC SURGERY. In case of conflict regarding admission criteria, the GSR INSTITUTE OF FACIAL PLASTIC SURGERY consultant will decide which patient should be given priority.

Some patients are admitted here only under unusual circumstances, at the discretion of the GSR INSTITUTE OF FACIAL PLASTIC SURGERY consultant,

6.1 Patient & family education on admission

During admission the patient and /or the family members are educated to make informed decisions, by all members of the team, as appropriate.

This shall include but not be limited to:

Plan of care or proposed as decided by the doctor is to be discussed and explained to the family members and it has to be documented and signed by the concerned doctor (consultant).

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The patient and the family members are explained about the outcomes and possible complications (if any) of the treatment. An explanation about the medical condition.

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

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6.2 procedure:

S. No.	Steps	Responsibility
1	Admission is done through reception. In case of conflict or further clarification, patient care executive shall be contacted.	Front desk executive
2	Decision for admitting a patient is made by treating consultant. The reason for the admission is explained to the patient.	consultant
3	The admission is recorded in opd card case paper and the bed type is mentioned in the admission sheet.	Consultant
4	All admissions are done at opd admission counter.	Front desk executive
5	Enter all patient related details in register and in admission module of HMS.	Front desk executive
6	Following details of patient's are entered in HMS. Name Age Admission under Tpa details Address Consultant in charge	Front desk executive
7	Patient is directed to the concerned ward/floor where the bed is allocated. In case no bed is available confirm the admission urgency with the admitting consultant and follow process. Need for stretcher / wheelchair / ward boy shall be identified and provided to the patient.	Front desk executive, opd in charge
8	Nursing staff & housekeeping should make sure that room is clean and bed is pre arranged for the patient.	Staff nurse on duty house keeping
9	Patient and relatives should be explained about the nurse call system and other facilities available in ward.	Ipd incharge
10	Staff nurses of the ward checks the inpatient documents, receipt of payment and inform Medical coordinator for screening/assessment of patient/ basic parameter are recorded in nursing progress sheet.	Primary nurse
11	Treatment as advised in inpatient documents is started	Primary nurse
12	Admission is recorded in admission register	Primary nurse
13	Dietician is informed for nutritional assessment on need ;	Primary nurse
14	Patient and its medication details are entered in treatment book.	Primary nurse
15	Consultant is informed about the admission of patient.	Primary nurse

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POLICY ON INITIAL ASSESSMENT OF PATIENTS

1.0 POLICY:

Every patient of the clinic (OPD) shall be appropriately assessed for his / her clinical conditions on the basis of standard norms of medical practice. The initial assessment shall result in a plan of care. These assessment and plan of care shall be documented with sign, name, date and time duly endorsed by the person making the entry.

2.0 PURPOSE:

To follow a uniform protocol for initial clinical assessments of patients requiring healthcare service in OPD

3.0 SCOPE

Patients, Patient care Department, Clinical and Non Clinical Staff

4.0 RESPONSIBILITY

All clinical and Non-Clinical Staff of Clinic.

5.0 DISTRIBUTION

Head of the department, Staff Nurse, Technician

6.0 PROCESS DETAIL

6.1 Initial assessment at OPD

Initial assessment at OPD shall be carried out by concerned doctor / staff nurse. In no case the time should exceed 1 hour after registration.

- All patients coming to OPD for first time shall be assessed for following
- History of illness
- Height and weight
- Temperature, Blood Pressure and Respiration
- Allergies or any associated disease

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Following initial assessments and timelines shall be followed for every patient admitted.

S. No.	Assessment	Person authorized and responsible for assessment	Time lines for assessment and its documentation
1	OPD Patients	Consultant	Within 4 hrs admission
2	IPD Patients	Medical coordinator	Within 24 hours of admission

7.1 ACTIVITIES AND RESPONSIBILITY

S. No.	Procedural steps	Responsibility
	Initial assessment for OPD	
1	Each patient is initially screened on following parameters: History of illness Height and weight Temperature, pressure and respiration Allergies or any associated disease	Doctor or authorized paramedical staff.
2	Resident doctor shall write the progress notes, investigation, prescribe treatment or refer to required specialty as per initial assessment. All these shall be documented and signed, named, dated and timed by Resident doctor	Consulting Doctor
3	Each patient shall be assessed as per their disease process	Consulting Doctor
4	Patient's physical, psychological, social status and nutritional needs shall be assessed.	Consulting Doctor
5	The assessment process for an infant, child, or adolescent patient shall be individualized.	Consulting Doctor
6	Special needs of the patients who are receiving treatment for emotional or behavioral disorders shall be addressed.	Consulting Doctor
7	Special needs of patients who are possible victims of alleged or suspected abuse or neglect shall be addressed	Consulting Doctor
8	Based on assessments, treating Dentist or assistant shall document plan of care for the patient.	Consulting Doctor
9	These records shall be signed, named, timed and dated by person who is entering in the record.	Consulting doctor

8.0 REFERENCES:

9.0 RECORDS AND FORMATS:

Initial Assessment Form

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Initial Assessment

Purpose-

To define the system for initial assessment & reassessment at the time of admission, for initiating treatment and nursing care plan provided to the patient.

Policy: To ensure initial assessment within the given time frame, by primary nurse for appropriate nursing intervention.

Area for Patient Assessment:

Ward patient assessment.

Operation room patient assessment.

Attachments:

Nursing admission assessment

Nursing treatment sheet

Vital sign and intake output chart

Clinical History

Department involve:

Nursing department

Medical staff

Responsibility

Primary nurse

Clinical supervisors

Time limit:

Initial assessment: Within 15 to 30 minutes.

Reassessment: Every 4 hour or as per Consultant orders.

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Procedure

Patient assessment is an ongoing process that begins when the patient gets admitted and continues throughout the tenure of hospitalization.

Once the patient arrives in the unit, primary nurse has to do an initial assessment within a moment the first 15-minute to determine immediate care.

Initial assessment has to complete by primary nurse.

Primary nurse will take history from in Nursing Assessment form from Patient and relatives.

Primary nurse has to record chief complaints and brief history for the patient during their assessment, e.g. diminution of vision

Primary nurse has to write patient condition and any legal status about the patient, in nursing treatment sheet. e.g. MLC case.

After initial assessment, she is fully responsible to inform medical coordinator or consultant about the patient details.

For reassessment, primary nurse has to check again all-important criteria like initial assessment.

During reassessment if primary nurse noticed any deviation from the normal assessment, she has to inform on duty medical coordinator immediately.

Primary nurse has to start medical treatment at earliest possible.

Primary nurse has to document results of the initial assessment and reassessment in each patient's medical record.

The assessment of infants, children and adolescent patients is individualized to the patient's age and needs

The scope and intensity of any further assessment will be based on the patient's diagnosis and condition.

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At OPERATION ROOM

Pre operative phase:

Initial assessment: Within 15-30 minutes

Reassessment: Every 2 hours and as per consultant orders.

Primary nurse has to inform patient and their relatives that what procedure has been going on.

Determine the following during initial assessment of the patient's physical and psychological status like patient's past and present medical history.

Primary nurse will inform Consultant about patient condition if she/he having fever, cold or any other physical discomfort.

o **Primary nurse will check -----**

Do not ingest food or fluid from mid night previous to the day of surgery-in case of general anesthesia or as advised

Do not wear make -up or nail polish.

Wear Patient's Uniform

Clear procedure for valuables or jewelry.

Check that TWO responsible adult person are with patient.

Post operative

Initial assessment: Immediate on arrival

Reassessment: Every 2 hourly and as per Consultant orders.

Primary nurse has to verify the patient's identify the operative procedure and the surgeon who performed the procedure.

Primary nurse has to evaluate the following vital sign of patient

Respiratory status.

Circulatory status.

Pulse, Temperature, Oxygen saturation level, Hemodynamic values.

Primary nurse has to check patient level of consciousness and stimuli.

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Primary nurse has to evaluate the patient's any lines, tubes, or drains estimated blood loss, condition of the wound.

Primary nurse has to evaluate the patient's comfort and safety by indicators such as pain and protective reflexes.

Primary nurse has to perform safety checks to verify that padded side rails are in place, and restraints properly applied, as needed, for infusions, transfusions etc.

Primary nurse has to evaluate activity status; movement of extremities.

Review health care provider orders.

Primary nurse has to change patient's position and progress activity like—LOC, dizziness, and nausea.

Primary nurse has to orient to patient about time, place and person when he/she become the conscious.

Note: it is important for the nurse to know the patients native language to provide an accurate assessment. Interpreters can also solve the problem.

Reassessment:

- OPD reassessment-The patients who are treated in the OPD are informed for their next reassessment or follow up by noting the date and time on the opd paper as well as on the appointment software application that connects patients as well as doctors through which the patient as well as the doctor receives the intimation via text message on the date when the appointment has been given.
- For IPD patients during reassessment the care plan is monitored on a daily basis and is modified when found necessary.
- Any change in the care plan is documented by the treating doctor with date time and signature as well as the diagnosis can be changed during the course of the treatment by the consultant where found necessary.

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GSR INSTITUTE OF FACIAL PLASTIC SURGERY outsources the laboratory services.

The service is available in the hospital premises to ensure uninterrupted patient care.

The staff employed in the laboratory is suitably qualified and trained to carry out the test results.

Requisition slip of the test results of IPD for a particular patient contains name, age, UHID, date and time of collection to ensure correct identity.

Critical results are intimated to the treating doctor immediately via telephone and are documented so that prompt action could be taken. The laboratory has reference intervals for various tests which are mentioned in the laboratory as well as in the general ward for reference.

The report is reported in a standardized manner on the laboratory letter head with mention of lab no., name of patient, UHID, age, referral doctor.

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GSR INSTITUTE OF FACIAL PLASTIC SURGERY has outsourced the imaging services. make sure that a portable machine is in place in the hospital premises for emergency patients. Imaging services comply with all the legal and other requirements.

The SHCO has procured & installed a Portable X-Ray Machine (Small health care organization)

All the statutory requirements are met with AERB.(Atomic energy regulatory board) Lead shields, dosimeter, all the signage, displays are there in place, TLD badges are continuously monitored on a regular basis.(thermo luminescent dosimeter) Process for TAT have been put in place (turn around time).

The organization has a RSO. The imaging partner also has TLD Badge. (Radiology safety officer) The organization addresses periodic peer review of the images internally as well as externally. The organization hold all the QA and calibrations of equipment's and machine in a periodic manner.

Patients are appropriately screened before taking any xray.

Proper precautions are being taken if the patient is pregnant.

A lead apron and a thyroid collar is in place whenever required.

There is a TLD badge in dental unit as well as in the OT which is monitored every three months and is mentioned in the management review committee.

All the imaging signage is displayed prominently wherever required.

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Purpose

To streamline the entire discharge process for maximum efficiency

Scope

All patients getting discharged from the wards

Responsibility

Consultant / Medical Coordinator / Staff Nurse / Nurse Administrator/ Assistant Manager

Definitions and Abbreviations:

Nil

Procedure

- a. Discharge advised & documented in the patient's record by consultant.
- b. Nursing staff shall inform the same to the respective medical coordinator and receptionist for the posting formalities and discharge summary.
- c. Patient & relatives explained about the discharge procedure by medical coordinator.
- d. Medical coordinator has to prepare manual discharge summary
- e. Drug return sent to pharmacy (If any) by nurse/ attendant.
- f. Medical coordinator has to check with the relatives the mode of transportation.
- g. Nurse keeps the patient record ready with all the reports and arranges the patient's in file
- h. Once all the formalities get finished from floor level, nurse send the file to Pharmacy department and at last to billing department for the clearance.
- i. Nurse has to do follow up with the billing department and send the relatives for the final bill settlement to billing department.
- j. On receipt of discharge slip, Nurse Administrator and medical coordinator have to explain discharge medicine to the patient.
- k. Nurse hands over discharge file with Discharge summary and other reports to patient or relative and signature taken in the discharge documents handover form.
- l. Nurse ensures that the after-care treatment is clear to the patient & relative.

Once the patient and relative are ready to leave, hospital attendant accompanies the patient.

Ensure that no patient is discharged unless accompanied by a relative.

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- Nurse checks that all the records are complete and kept for dispatch to Medical records department.
- Ensure that the terminal disinfection of the unit is done and the unit is kept ready to receive the next patient.
- In case of death, the discharge summary also includes the cause of death.

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DISCHARGE PROCESS IN CASE OF UNPLANNED DISCHARGE

Staff nurse/medical coordinator



Prepare file according to MRD Sheet immediately



Get all forms and reports photo-copied
Start preparing patient
For physical discharge



Prepare both the files (patient file) and check for posting status and pharmacy clearance



Send file to billing department



After receiving authorization slip/clearance memo do PHYSICAL DISCHARGE

DISCHARGE PROCESS IN CASE OF PLANNED DISCHARGE

Complete file documentation one day in advance before schedule date of discharge



Inform relative one day in advance and check inventory of used and unused medicines and document it.



First arrange the file according to Check list, get all forms and reports photocopied and then mark discharge check list on the day of schedule date.



start preparing patient for physical discharge and Manager wards to inform medical coordinator



Send the file to billing department for final settlement of bill



After receiving file from billing, verify billing clearance and then do physical discharge

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NOTES

- 1.0 Separate record is to be maintained regarding time of sending file to billing and receiving back
- 2.0 Separate record is to be maintained regarding time of sending medicine and obtaining pharmacy clearance. (if required)
- 3.0 To make sure discharge summary is received in duplicate.
- 4.0 Signature of the patient/relative is to be obtained regarding receiving of reports and all necessary documents on authorization slip/clearance memo
- 5.0 File must be prepared
- 6.0 Security guard to check room just prior to physical discharge of patient
- 7.0 Turn over time for entire discharge process is 2 hours.
- 8.0 Ward in charge to ensure complete and properly filled file reaches on day to day basis.

- 10.0 There should be proper record of hospital property used for patient and must be received back with proper record.

Expected cost of the treatment

Policy:

The patients and family shall be explained in detail about the expected cost of the treatment. This shall be given in written as estimated expenses of the treatment. (Preferably at the time of admission)

The patient's estimated expenses shall be calculated on the basis of uniform pricing policy and schedule of charges.

The tariff list shall be made available to patient if requested for.

In case of change in patient condition or plan of treatment or treatment setting which has financial implications, same shall be intimated to the patient / relative in advance. This also shall be given in written if requested for.

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S. No.	Procedural steps	Responsibility
1.	At the time of admission room charges for various categories is informed to patient or his/her custodian.	MEDICAL COORDINATOR
2.	Patient shall be informed regarding Consultant visit charges at the time of admission.	MEDICAL COORDINATOR
3.	Patient shall be informed about the detailed procedure & its associated charges whenever it is planned for.	MEDICAL COORDINATOR
4.	Patient shall be informed about investigation & Pharmacy charges as and when required.	MEDICAL COORDINATOR
5.	Any other charges as and when required shall be informed to the patients.	MEDICAL COORDINATOR

1. No entry of patient or accompanying person without a mask
2. Provide sanitiser to the patient and attendant at the entry itself
3. Opd to start at 9 am to 4 pm
4. The accompanying person should not be more than one and if the patient is well oriented and ambulatory the attendant can be asked to wait in the basement and can be called when needed
5. In case of more patients provision should be made in the basement area where people can wait until their turn
6. No crowding at the opd door and this needs to be strictly followed
7. Not more than one attendant inside the opd with the patient
8. The staff sitting outside the opd to collect files should not go inside and assist in patients they should only give the files from the door
9. The staff outside should clean wear the protective barrier with gloves a must to wipe every file using a sanitizer before sending inside the opd

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10. The opd assistant should not come outside the opd to collect files or to talk to the patient
11. Files should not be collected and kept it should be taken at the time wiped and then handed over to opd whether new or old
12. Place should be marked at the reception area outside the opd reception table maintaining proper distancing
13. While the opd is on there should be intervals at every 1 hour for minimum 10 minutes for mopping the floor cleaning the door handles tables examination table and chairs etc
14. Well assistance of ground staff is required for the smooth entry and exit of patient and to manage patients from basement to the opd
15. The reception people should wear proper barrier clothing including a face shield and gloves
16. The keyboards and switches have to be cleaned and wiped.
17. Minimum use of mobile phones unless important during the opd hours and when wearing protective barriers
18. The files should be collected or given maintaining the distance with people standing at marked places.
19. Not more than two people should be present at the reception
20. Number tokens can be made and provided to the patient with the file so that they are well aware of their turn.
21. Inter connection should be provided among the staff in the ground floor also so that numbers can be called out as their turn and it will also help to call or inform the attendants of patients waiting in the waiting area
22. The chairs at the waiting area should be marked as well to maintain distancing
23. At least 4 face shields should be kept at the opd reception to provide one to patient and one to attendant so that when they will go inside and remove mask there is still a barrier present
24. Travel history and last episode of fever cough is a must for every patient

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25. At no point of time crowding should be entertained at the reception and waiting area and the guards and the ground staff should ensure that it is followed strictly
26. All the windows and door should be open for ventilation
27. One staff should be constantly present at the reception area at the time of opd to ensure cleaning of surfaces and furniture's, wiping away the chair as soon as a person gets up and before the other occupies it.
28. At no point of time the patient attendant should move around without a mask
29. The mask should be removed after entering the opd when required
30. The consultant should be present wearing proper ppe in the opd as well even if not doing procedure
31. Gloves should be used for examination for every patient and changed with every individual
32. Use of ac should be minimized and if in use should be cooled enough to maintain a pleasant condition but not to cool enough.
33. Appointments should be given at an interval of half an hour each and no of appointments should be restricted to 5 in a day to accommodate new opds and to avoid overcrowding

This guidance is for infection prevention and control (IPC) in oral and dental healthcare settings when corona virus disease (COVID-19) is suspected. It is adapted from WHO's interim guidance for infection prevention and control during health care when severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) infection is suspected,^{1, 2} based on current knowledge of the situation of its global spread. This guidance is intended for oral healthcare service providers (OHSPs). These include dentists, dental assistants, patients.

The key recommendations for safety of patients, dentists and dental auxiliaries have been suggested in these Guidelines.

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The recommendations are divided under 3 major headings-

- 1] Patient selection guidelines
- 2] Waiting/ Reception area Protocols
- 3] Operatory Protocols

Patient selection guidelines

Consultation of patients who come under our scope of services.

To facilitate early identification of suspect cases, oral healthcare facilities should:

1. encourage OHSPs to adopt a high level of clinical suspicion;
2. introduce a screening questionnaire (history of travel to any country or Indian state that has reported COVID-19 cases); and
3. Put up posters in public areas reminding symptomatic patients to alert OHSPs during their visit.
4. Promotion of hand hygiene and respiratory hygiene are essential preventive measures and include “cough etiquette”.

Suspected COVID-19 patients should be referred to a nearby designated hospital with isolation facilities, along with appropriate intimation to the designated officials in the Health Department.

Waiting reception area protocols

1. No entry of patient or accompanying person without a mask
2. provide sanitizer to the patient and attendant at the entry itself
3. opd to start early with not more than 10 appointments at a time
4. the accompanying person should not be more than one and if the patient is well oriented and ambulatory the attendant can be asked to wait in the basement and can be called when needed
5. no crowding at the opd chamber door and this needs to be strictly followed
6. not more than one attendant inside the opd with the patient
7. the staff sitting outside the dental opd to collect files should not go inside and assist in patients also they should only give the files from the door
8. the staff outside should wear the protective barrier with gloves, it is a must to wipe every file using a sanitizer before sending inside the opd

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9. the dental opd assistant should not come outside the opd to collect files or to talk to the patient
10. files should not be collected and kept it should be taken at the time wiped and then handed over to opd whether new or old
11. while the opd is on there should be intervals at every 1 hour for minimum 10 minutes for mopping the floor cleaning the door handles tables examination table and chairs etc
12. Minimum use of mobile phones unless important during the opd hours and when wearing protective barriers
13. the files should be collected or given maintaining the distance with people standing at marked places
14. number tokens can be made and provided to the patient with the file so that they are well aware of their turn
15. the chairs at the waiting area should be marked as well to maintain distancing
16. travel history and last episode of fever cough is a must for every patient
17. at no point of time the patient attendant should move around without a mask
18. the mask should be removed after entering the opd when required
19. the consultant should be present wearing proper ppe in the opd as well even if not doing procedure
20. gloves should be used for examination for every patient and changed with every individual
21. use of ac should be minimised and if in use should be cooled enough to maintain a pleasant condition but not to cool enough
22. appointments should be given at an interval of half and hour each and no of appointments should be restricted to 5 in a day to accommodate new opds and to avoid overcrowding
23. **at the time of aerosol procedures ac should be shut**
24. cling wraps to be put upon light switch light handle chair adjusting buttons aerotors curing light keyboard chair handles
25. every patient sitting on the dental chair should be asked to do mouthwash before examining inside

Application of standard precautions for all patients

1. Standard precautions include: hand and respiratory hygiene;

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2. Use of personal protective equipment (PPE) depending on risk; prevention of needle-stick or sharps injury; safe waste management; environmental cleaning and sterilization of patient care equipment, instruments and linen.
 3. Ensure the following hand and respiratory hygiene measures: - use eye/facial protection, i.e. goggles preferably a face shield; - use a clean, non-sterile, long-sleeved fluid resistant gown; - use gloves; - cover nose and mouth while coughing or sneezing with tissue or flexed elbow; - discard the tissue as per Biomedical Waste Management Rules 2016, amended 2018
 4. perform hand hygiene before and after each patient contact
 5. every patient to gargle using mouthwash before any examination or intervention even for opd consultation.
- 6. Avoid air conditioners while performing aerosol procedures.**

OHSPs should apply WHO's 5 Moments for Hand Hygiene approach (for dental care) before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient and after touching a patient's surroundings. - Hand hygiene includes cleansing hands either with an alcohol-based hand rub (ABHR) or with soap and water;

- Alcohol-based hand rubs are preferred if hands are not visibly soiled;
- Wash hands with soap and water when they are visibly soiled.

OPERATORY PROTOCOL

Advisement Concerning Dental Procedures (adapted from AAOMS 3/17/2020)

1. Asymptomatic patients requesting removal of disease-free teeth with no risk of impairment of the patient's condition or pending treatment should defer treatment to a later date.
3. Asymptomatic patients, patients under investigation, (PUI), and patients tested positive for COVID-19, who have acute oral and maxillofacial infections, active oral and maxillofacial disease, should be treated in facilities where all appropriate PPE, including N-95 masks, are available.
4. Patients with conditions in which a delay in surgical treatment could result in impairment of their condition or impairment of pending treatment (e.g., impairment of

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the restoration of diseased tooth when another tooth that is indicated for removal prevents access to the diseased tooth) should be treated in a timely manner if possible.

COVID 1 EMERGENCY TREATMENT PROTOCOL.

The PPEs are classified into 3 categories-

Primary Protection- Standard protection for staff in the clinic which includes disposable working cap, surgical mask, latex/nitrile gloves, white full sleeves coat, protection goggles or face shields.

Secondary Protection- Advanced protection for dental professionals.

Includes all primary protection plus face shield over eyewear and autoclaved isolation clothing or surgical clothing outside.

Tertiary Protection- Incase of contact with COVID-19 Positive patient or suspected positive for emergency dental treatment.

Although such a patient is not expected to be treated in dental office, if one has to.

This includes all secondary protection with addition of disposable outside wear, eyewear plus face shield and impermeable shoe covers. Ideally an N-95 respirator mask [authenticated by National Institute for Occupational Safety and Health] should be worn, but in view of shortage of these a triple layered surgical mask with a face shield is proposed. A Hazmat Suit, if available should be used for COVID-19 confirmed cases.

CRITERIA FOR COVID POSITIVE

Patients with COVID-19 who have successfully completed home isolation can receive emergency treatment. At least 3 days should have passed since recovery and 7days have passed since symptoms occurred.

For individuals with Lab confirmed COVID-19 who have not had symptoms and at least 7 days have passed since diagnosis and have no symptoms can be treated for emergency work.

NO TREATMENT TO BE GIVEN TO COVID-19 POSITIVE OR SUSPECTED POSITIVE PATIENT IN ROUTINE SURGICAL SETUP. REFER HIM TO A MEDICAL FACILITY FOR HIS COVID-19 TREATMENT.