

<b>LOGO</b> <b>CENTRE NAME</b> <b>CENTRE ADDRESS</b>	<b>Quality Operating Process</b>	<b>Document No :JAS/017</b>  <b>Manual of Operations</b> <b>Registration and Admission</b> <b>Policy</b>  <b>Date of Issue : 11/06 /2021</b> <b>Issue No. : JAS/I//017</b> <b>Date of Revision: 10/06/2022</b> <b>Revision No. : 00</b>
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## REGISTRATION AND ADMISSION POLICY

SERVICE NAME :	REGISTRATION AND ADMISSION POLICY
DATE CREATED :	11/06 /2021
APPROVED BY :	DOCTOR NAME
RESPONSIBILITY OF UPDATING :	RECEPTIONIST NAME

## **AMENDMENT SHEET**

## **2. DEFINITIONS:**

- 2.1. **Registration:** This is the procedure of obtaining personal details of the person seeking medical or nursing services in our hospital, entering the details in to our data management system and allotting an outpatient registration number.
- 2.2. **Admission:** This is the procedure of following up a visiting or a full time consultants request to admit the patient for medical and nursing services; the person is issued an inpatient number, a case file is created and he is allotted a suitable bed in the hospital.
- 2.3. **Out patients:** Patients who visit the hospital for consultation, investigations and/or treatment and leave without getting admitted.
- 2.4. **In patients:** Patients who are admitted to hospital for the purpose of investigation and/or management of the disease.
- 2.5. **Emergency patients:** Patients who seek services and treatment of dangerous or serious condition such as an accident which happens suddenly and unexpectedly and needs immediate action in order to avoid harmful results.
- 2.6. **Non availability** – Inability to obtain or use appropriate bed for admission of patient to suite his/her needs

## **3. PURPOSE**

- 3.1. To provide a mechanism for admission and registration in a manner that the patient can avail healthcare need.
- 3.2. To lay down clear guidelines for management of patients during non availability of beds.
- 3.3. To avoid any miscommunication in the admission and registration process.

## **4. SCOPE**

This policy shall be applicable to

- Registration
- Admission
  - i. Planned Admission
  - ii. Unplanned Admission
  - iii. Emergency Admission

## **RESPONSIBILITY**

Front Office staff, Guest Relation Executive, Doctors, Nurses, Maintenance staff, Housekeeping staff and the administration department

### **5. POLICY:**

#### **5.1. Registration and admission**

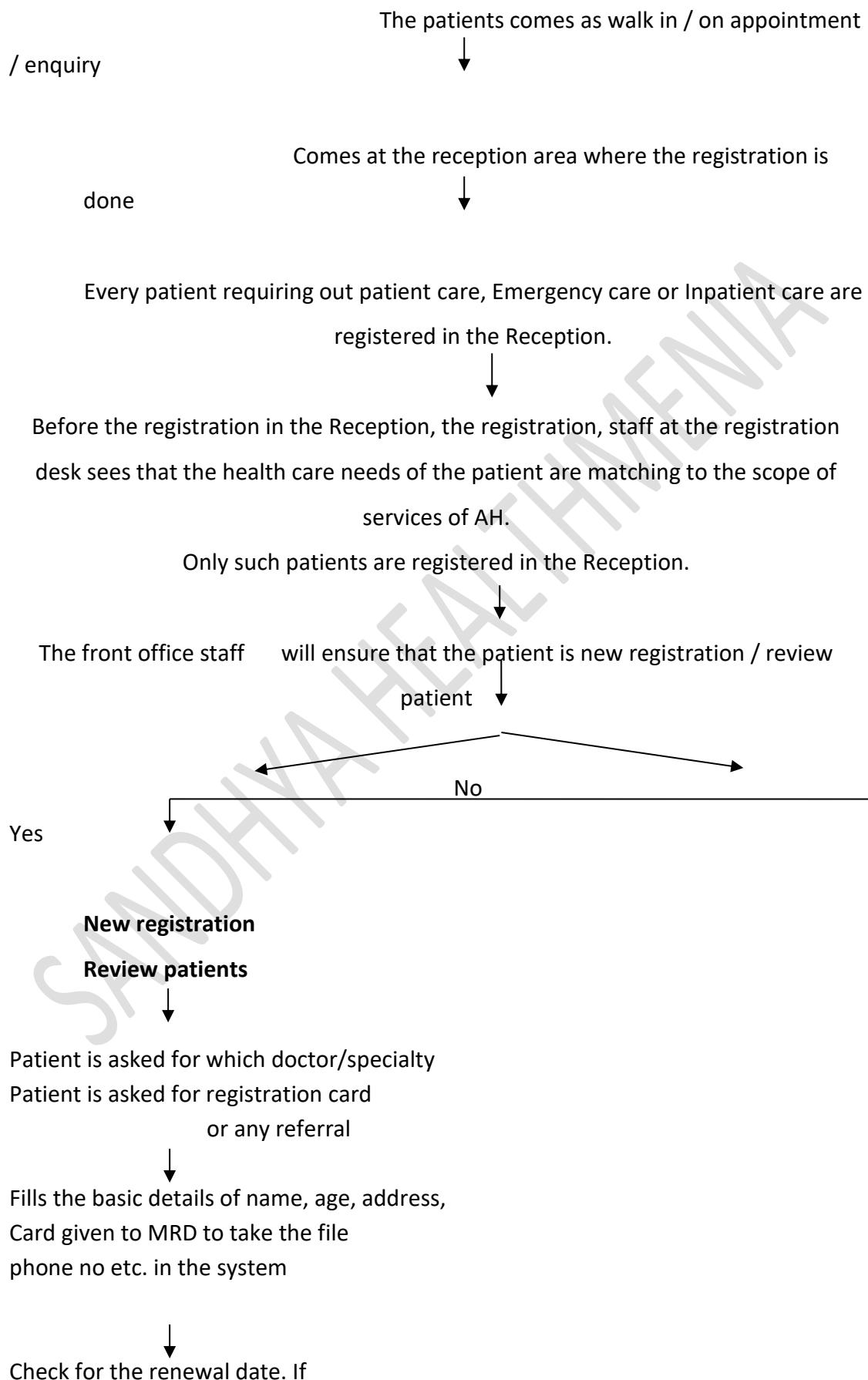
- 5.1.1. Hospital will register and admit those patients that match the scope of the services.
- 5.1.2. If patient's requirement is outside the hospital's scope, patient shall be informed of the same.
- 5.1.3. The hospital will register and admit patients according to the procedure laid down.
- 5.1.4. All patients are registered with a Medical Record number.
- 5.1.5. Registration shall be done for OPD consultation, emergency patients and IP admission.
- 5.1.6. No patient is to be denied admission due to race, color, religion, ancestry, or national origin.
- 5.1.7. Admissions are accepted 24 hours a day, 7 days a week including public holidays.
- 5.1.8. A separate daily record of Bed occupancy shall be maintained.

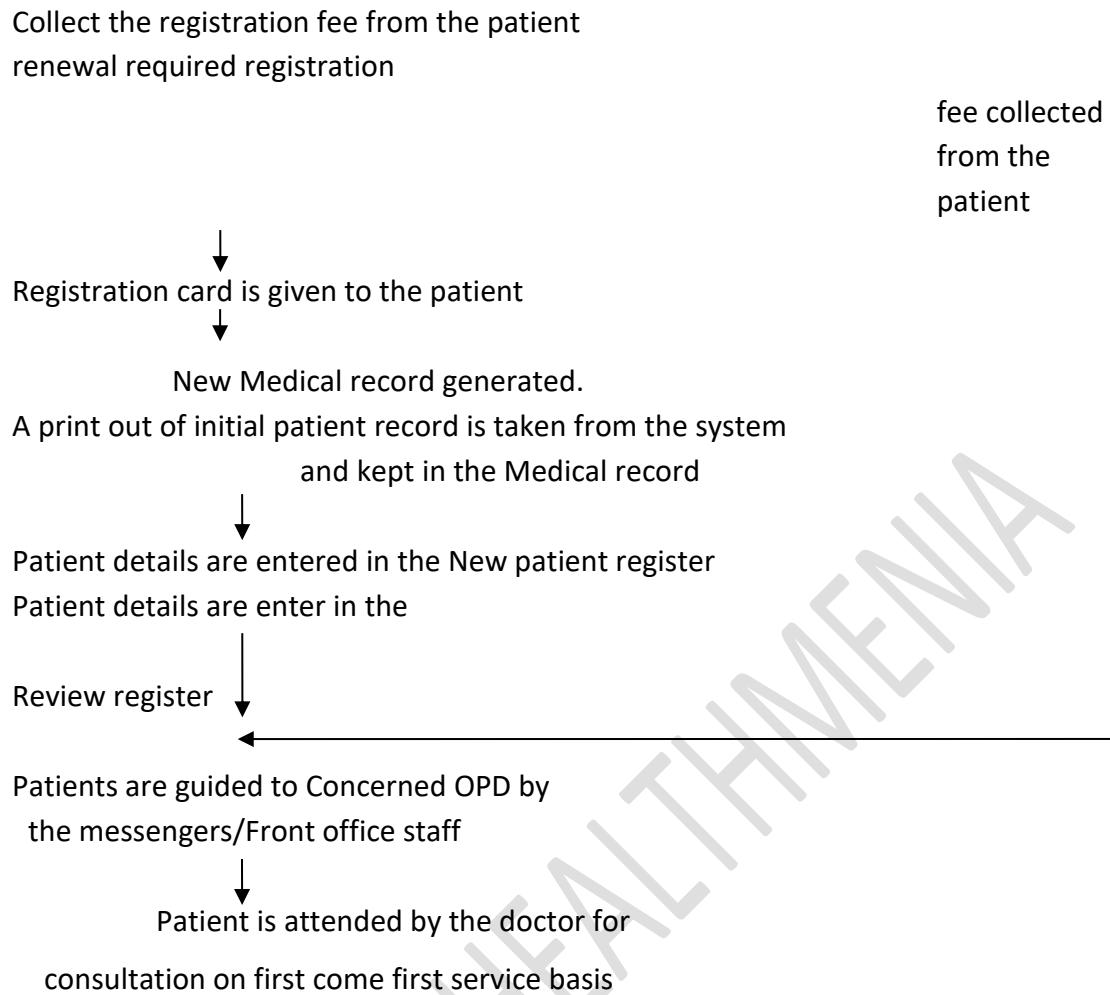
#### **5.2. Managing Patient During Non Availability of Beds**

- 5.2.1. All efforts shall be made to accommodate to patient admission as far as possible.
- 5.2.2. The hospital doctors shall try to discharge the recovered patients in time to manage the beds for new admission.
- 5.2.3. In case of non-availability of beds of particular room, the patients are admitted to the next level of room till the required room becomes vacant.
- 5.2.4. The charges till then will be of the room they have occupied.

## 6. PROCEDURE:

### 6.1. REGISTERING OF PATIENTS





#### 6.1.1. ADMISSION OF IP

- Patients are attended by the physician on first come first service basis.
- The patient would be admitted only under the doctor who has the privilege of admitting the patient at AH.
- Initial assessment shall be carried out by the concerned Doctor
- Consultant shall decide for admission
- Patient admission order is written in the OP case record
- Consulting doctor informs Reception /Front office staff about the patient admission
- The admission details are entered in the system by the front office staff
- Patient admission is informed to IP nursing station
- Patient file collected from the OPD by the messengers / GRE

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- Patients are guided to the office of GRE
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- Admission form is filled by the GRE and they explain about the Expected costs, approximate duration of stay, Room details, general rules and regulations of the hospital such as patient visiting hours etc
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- Patient selects suitable ward/room
- 
- Admission record is filled by the GRE
- 
- Patients are sent to cash for advance payments
- 
- Patients are guided to IP by the GRE, In case of wheel chair patients; messengers shift the patient to the IP
- 
- Hand over the patient record and other relevant information to the staff nurse/Incharge
- 
- Admission details are entered in the IP register by the staff nurse
- 
- Patient is admitted in the allotted bed.
- 
- Nursing assessment is completed by the staff nurse and Record it in the patient medical record

#### **6.1.1.1. AFTER ADMISSION:**

- a. The initial assessment for in-patients (including nutritional needs) documented within 24 hours which includes screening for nutritional needs.
- b. The re assessment was done by treating physician or medical officer on duty at least once a day.
- c. Based on the reassessment the treating physician will determine their response to treatment and to plan further treatment or discharge.

#### **6.1.2. EMERGENCY ADMISSION:**

Whenever a patient arrives in the casualty or Emergency, the casualty medical officer on duty shall prioritize and immediately assess the patient.

Medical Officer on duty and staff on duty shall initiate treatment immediately.



Casualty nurse will check the vitals



Hospital will register and admit those patients that match the scope of the facilities.



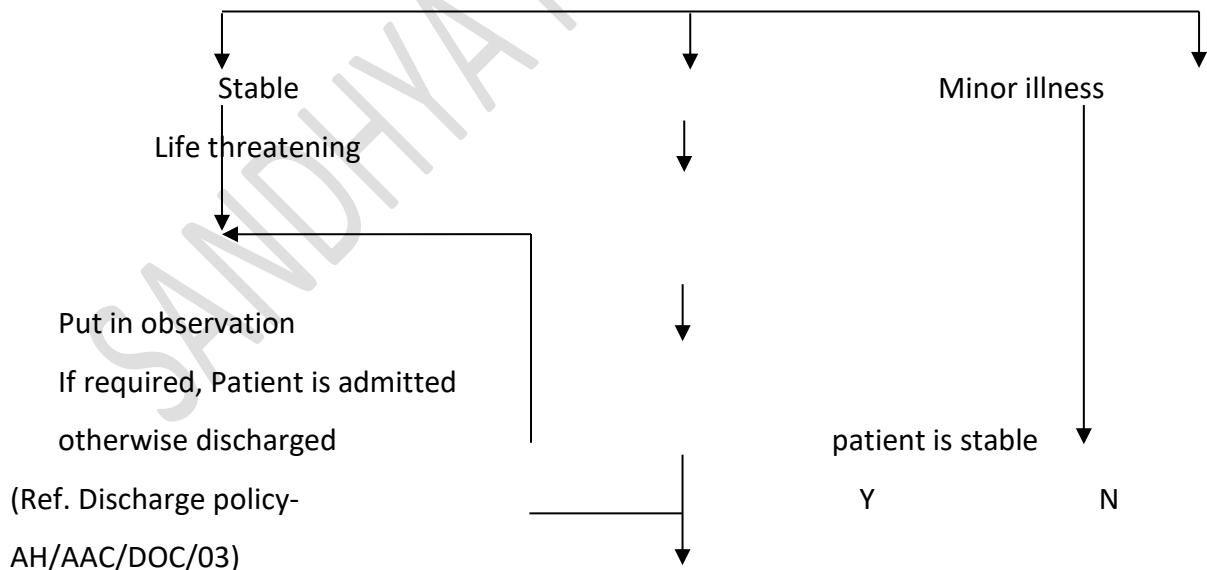
If the Emergency patient's condition matches the scope of the facility, then the Patient attendee shall be asked to complete the formalities of registration. (Ref; Policy for registration )



Consent shall be obtained if any procedures / treatment need to be done.



After the initial assessment the Medical officer shall inform and discuss with the concerned Specialist for further directions on the treatment being provided.



The patient shall be shifted to ADH as per the advice of the Consultant and the findings shall be recorded in the Medical Record of the patient. (Ref: Policy for transfer or referral of patient)

If the patient needs to transfer to any other hospital, necessary arrangements are made (Ref: Policy for transfer or referral of patient)



A referral letter will be provided by the consultant before transferring the patient

Relevant information on patient's condition shall be provided to the patient's attendees.

## 6.2. MANAGING PATIENT DURING NON AVAILABILITY OF BEDS

### 6.2.1. Prioritization of patient registration and admission will be as follows:

- Urgent care requests for a general bed will take priority over an elective walk-in.
- Urgent direct admits will take priority over regular direct admits.

### 6.2.2. Managing Bed Shortages: The following criteria constitute a critical bed shortage:

- The Admitting Desk will immediately notify Medical Superintendent and Administrator when a critical bed shortage occurs. Admitting Desk will continuously monitor the situation and provide updates.
- No request for admission will be refused without the authorization of the Administrator/MS.
- When bed is not available patient will be held in the emergency department. Until the bed is arranged.
- However, in case absolute non availability of beds, the patient is examined, necessary urgently required investigations are done and urgent treatment if required any is given.

### **6.3. PATIENT & FAMILY EDUCATION ON ADMISSION**

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

This shall include but not be limited to:

- 6.3.1. Doctor explains about the medical condition, plan of care, benefits, risks, alternative treatments and possible complications (if any) of the treatment to the patient and family members
- 6.3.2. GRE will explain general information about the procedures, expected costs, approximate duration of stay, Room details, Patient and family rights and responsibility etc.

### **7. RECORDS AND FORMATS:**

- 7.1. General consent form
- 7.2. Initial patient record
- 7.3. Informed consent form
- 7.4. Admission record
- 7.5. General consent
- 7.6. Initial assessment
- 7.7. Panchkarma consent

## Covid-19 Mandatory Self Declaration Form

Name :.....

Date :.....

Address

:.....  
.....

Age :..... Contact Number :..... Gender :M/F.....

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the **CENTRE NAME** to fill-out the self-declaration form below.

### Do you have any of the following flu-like symptoms ?

Fever	Yes	No
Dry Cough	Yes	No
Sore Throat	Yes	No
Diarrhoea	Yes	No
Breathlessness	Yes	No
Asthma	Yes	No
Other : Please specify	Yes	No

- History of travel in the recent one month nationally and internationally?  
\_\_\_\_\_
- Any contact history with a person who had returned from foreign country ? If yes, please specify.  
\_\_\_\_\_
- Purpose of your visit : For consultation, Patient attendant/other reason?  
\_\_\_\_\_
- Have you come in contact with the covid-19 positive patient in last one month?  
\_\_\_\_\_
- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you, please specify.  
\_\_\_\_\_
- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you, please specify.  
\_\_\_\_\_
- Kindly share your status of Aarogya Setu app? Red/Orange/Green.  
\_\_\_\_\_

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and clinic staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.

I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent this from happening but I will not at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

**Signature**

SANDHYA HEALTHMENIA