

<b>LOGO</b> <b>CENTRE NAME</b> <b>CENTRE ADDRESS</b>	<b>Quality Operating Process</b>	<b>Document No :JAS/07</b>
	<b>Hospital Discharge policy</b>	<b>Date of Issue : 18/06/2021</b> <b>Issue No. : JAS/I//07</b> <b>Date of Revision: 17/06 /2022</b> <b>Revision No. : 00</b>

<b>SERVICE NAME :</b>	<b>HOSPITAL DISCHARGE POLICY</b>
<b>DATE CREATED :</b>	<b>18/06/2021</b>
<b>APPROVED BY :</b>	<b>DOCTOR NAME</b>
<b>RESPONSIBILITY OF UPDATING :</b>	<b>RECEPTIONIST NAME</b>

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**AMENDMENT SHEET**

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**A.Purpose:**

To provide guideline instructions for Patient discharge related process with the aims that:

- Need and expectations of patients are established
- Patient satisfaction is enhanced on continual basis

**A. Scope:**

It covers all patients getting discharge from the hospital.

**B. Responsibility Person:**

Treating Consultant is the responsible person.

**C. Process:**

**1. Discharge Decision:**

Decision regarding discharging the patients rest with the primary treating consultant of the patient who make such decision during his evening rounds on the previous day prior to the discharge of patient and the same is communicated to the patient, relatives, the concerned ward nursing staff / on duty Medical Officer. However the final decision regarding discharge is made on the basis of the condition of the patient during the morning round of the primary consultant on the scheduled day of discharge.

On the scheduled day of discharge the primary treating consultant during his consultation examines the condition of the patient to ascertain whether the patient can be discharged. After conforming the patients fit to be discharged on that day the same is communicated to Panchkarma Coordinator and the medical officer on duty.

**2. Preparation of Discharge Summary**

After final decision to discharge the patient is taken, the treating consultant prepares the discharge summary of the patient which contains the following information:

- a. Reasons for Admission
- b. Investigations performed and summarized information about the results of the investigations
- c. Diagnosis made
- d. Record of any Panchkarma procedures performed
- e. Condition of the patient at the time of discharge
- f. Medication instructions
- g. Follow up Advice
- h. Emergency contact number of the hospital

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One copy of the Discharge Summary is handed over to the patient/relatives and the other copy is attached to the patient's case file.

As per the instructions of the treating consultant in the Discharge Summary, patient relatives are advised by the Panchkarma Coordinator to collect the medicine from the pharmacy as per the discharge medicines indicated by the treating consultant of the doctor.

### **3. Billing for Patient Admitted:**

In case of discharge of patients admitted in the hospital, Panchkarma Coordinator forwards the Patient File along with the Discharge summary to the Accounts for clearance.

Accounts departments prepare the final bill of the patient adjusting the advance paid by the patient/relatives at the time of admission. In case any refund has to be made the same is done or the balance if any is collected from the patient / relatives at the accounts section. Final settlement of payment is done, cash receipt prepared and hand over to the patient/relatives.

### **4. Patient Counseling:**

Prior to final discharge of patient from the hospital the Panchkarma Coordinator counsels the patient regarding the diet, medications, follow up procedure etc as mentioned in the discharge summary. Patient follow up visit dates are clearly informed. Patients discharge records are entered in the Ward Admission /Discharge register.

Patient along with the relatives leave the hospital. In case of old patients, delivery patients etc they are taken to the hospital exit area in wheel chairs by the ward attendants and seen off.

### **5. Leave against Medical Advance (LAMA)**

In case patient/relatives want to get discharged against medical advice; the same is indicated in the patients case record by the primary treating consultant/medical officer. Records are entered in the LAMA register of the respective patient ward and a written consent is taken from the patient/relatives. Discharge Summary is prepared and the above mentioned steps are followed.

### **6. Patient Expiry**

In case of expiry of the patient the primary treating consultant/medical officers/Technician staff informs the patient relatives. Patients relatives are allowed time with the body.

Technician makes necessary preparation for cleaning the body. Body is cleaned by designated staff and wrapped in clean sheet. The on duty medical officer prepares two copies of the Death Certificate and the Death Summary .The Death Certificate and Death Summary is stamped. Body handed over to the relatives along with one copy of Death Summary and Death Certificate and the other copy is attached to the patient case records.

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**7. Records Generated:**

1. Patients Case File
2. Discharge Summary
3. Death Certificate
4. Death Summary
5. LAMA Register
6. LAMA consent form
6. Admission Discharge Register
7. Final Bill