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|  | Doc. No. | E / NABH / BEH / AAC / 01 - 08 |
| | Issue No. | 01 |
| | Rev. No. | 00 |
| | Date | 01/1/2024 |
| | | POLICIES & PROCEDURES ON AAC |

AAC 02 - POLICY AND PROCEDURE ON REGISTRATION, ADMISSION AND TRANSFER OF PATIENTS

1.0 PURPOSE

To define Policy & Procedure for Registration, Admission and transfer of the patients at Balaji Eye Hospital.

2.0 SCOPE

This Policy & procedure is applicable to all patient approaching Balaji eye hospital for health care related problems.

3.0 RESPONSIBILITIES

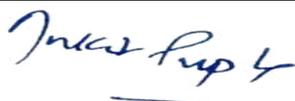
Front Office staff, Nursing Superintendent, OP staff are responsible to implement this Policy and Procedure.

4.0 POLICY AND PROCEDURES

4.1 Processes at Front Office

Major processes involved are:

- i. Reception/ Information
- ii. Appointment
- iii. Registration- OPD, Procedures
- iv. Billing- OPD, Procedures, IPD Services (including Day Care) and other facilities provided

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- v. Report/ Document (written records/ information) delivery- Procedure reports, Medical records
- vi. Discharge
- vii. Patient feedback
- viii. Complaint handling/ Grievance Redressal
- ix. Tracking patients waiting time, discharge time and patient satisfaction index.
- x. Record and dissemination of info on fire/ ambulance/ police station and other emergency services

4.2 Guidelines for Reception

- a) Employees to be at station before start of shift in full uniform.
- b) All phones to be responded to within three rings by using standard phrases.
- c) Communication with patient policy: To give all possible care with a “SMILE”. To ensure the smooth flow of patient All Front Office employees must acknowledge patients presence in the facility by making eye contact, a nod and a smile and proactively wishing time of day as the visitor approaches: -Smile, Acknowledge presence, Make eye contact and say.....‘Good Morning Sir/Madam, May I help you’
- d) If on the phone when patient approaches, acknowledge, greet consumer non-verbally and endeavor to bring conversation to a speedy closure.
- e) For conversations with another patient, that cannot be terminated, to excuse himself/herself with waiting patient – non-verbally.

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f) Handle politely all personal and face-to-face contacts with visitors and their queries.

g) Keep complete and updated information about hospital services

- i. Regarding hospital (location, people, telephone/fax/Email-ID,etc.)
- ii. Availability of doctors at different locations.
- iii. Schedules of doctors
- iv. Kinds of procedures and their charges.
- v. Packages and bundled services
- vi. Provide brochures of the hospital and to politely guide the patient
- vii. All Front office employees are expected to anticipate patient's needs and offer help to visitors who appear lost or have been waiting a long time.

h) Patient feedback/ complaint handling:

- i. The feedback form will be given by the RECEPTIONIST and will politely explain the patient to fill the questionnaire.
- ii. Proper care and attention is rendered for each and every complaint by the Administrator.
- iii. Every complaint received verbally should be immediately taken care off & complaint received in written form is to be responded immediately within 24 hrs. over phone.

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- i) Ensure that equipment at your duty station is switched off at the end of each day.
- j) Smoking inside hospital premises is PROHIBITED

4.3 Appointment:

- a. Patients are given appointment telephonically, online & via mobile application as per the availability of consultant.
- b. Appointment patients are given priority over walk- in patients.
- c. Also vulnerable patients & patients requiring urgent clinical care are given priority irrespective of whether the patient is walk- in or has taken appointment.

4.4 Registration

4.4.1 Registration: the process of registration involves allocation of a unique MRD no. to a patient. Allocation of the MRD facilitates opening of an electronic medical records file. The file contains demographic, clinical, and investigation details of the patient

4.4.2 Reactivation of registration: during revisit/ admission of the patient the registration number is reactivated to enable data entry (progress notes, investigation reports etc

4.4.3 Patient might come for

- b. Consultation

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c. Investigations (diagnostics)

d. Surgery

e. Follow Up Review

4.4.4 Patient approaches Reception to avail consultation

4.4.5 Reception staff to check with patient whether it is patient's first visit or subsequent visit.

4.4.6 Patient information is software to generate the unique Hospital ID

4.4.7 If it is not first visit, reception staff enquires to patient for the registration number. The following is done to retrieve the number and confirm with the patient: a. Search by name. Search by address. Search by Phone Number

4.4.8 If registration detail is not available, a new registration number is given to Patient for the consultation.

4.4.9 If the patient is already having UHID his/her past medical record are retrieved from the MRD by authorized front office staff and then patient transferred to outpatient clinic for consultation. His/ her past medical record is carried by authorized staff and handed over to OP staff.

4.4.10 AT NO TIME THE PATIENTS MEDICAL RECORD IS LEFT UNATTENDED OR HANDED OVER TO NON HOSPITAL PERSONEL

4.5 ADMISSION

4.5.1 Patients are admitted at Balaji Eye Hospital only if the Hospital can provide the required services to the patient.

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4.5.2 All patients, out-patients, in-patients and emergency who are willing to avail services at Balaji Eye Hospital should undergo Registration / Admission process. In case of Emergency, the same to be carried out in parallel to treatment.

4.5.3 Patient shall be registered only if they match the hospital services

4.5.4 When there is no provision to treat the patient in the hospital, or in cases of non availability of beds assist to transfer the patient to other Hospitals where provision exists. For this a list of nearby Hospitals shall be maintained at the Front Office.

4.5.5 Admissions are referred from OP department and emergency.

4.5.6 The doctor advices for the admission in the Admission note form for OP patients.

4.5.7 Billing staff explain the tariff details and availability of type of bed.

4.6 Registration of Emergency pts including MLC cases:

4.6.1 In case of an emergency patient, without wasting much time on registration, patient is direct to doctor. In case of any trauma patient requiring care/ service which is out of scope, then hospital gives first aid care and shift to multispecialty or tertiary care hospital for further treatment

4.6.2 For unidentified patients/ Medico legal cases ,In case of any trauma or accident, Hospital has to attend the patient ASAP and inform the police

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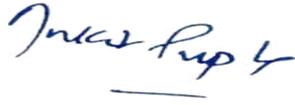
simultaneously so police can come and prepare MLC papers and do the further as per their policy.

4.6.3 For trauma/ accidental cases, triage zone is defined in Hospital & pts are categorized on the basis of Urgency of care required & care is provided accordingly. The patients requiring advanced care not in scope of hospital are immediately shifted to nearby multispecialty hospitals in hospital ambulance manned by staff.

- Red Zone: Urgent care
- Yellow zone: intermediate Care
- Green Zone: Minimal care

The following multispecialty hospitals are present in 1 km radius where immediate referrals can be done:

- SRI RAM SUPERSPECIALITY HOSPITAL
- KAMALA NEHRU HOSPITAL
- BONE AND JOINT HOSPITAL
- MAA KHADIJA HOSPITAL
- MDM HOSPITAL

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