

# **Hospital Policy & Procedures Manual**

## **Approved Version – Administrative Control Copy**

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### **1. Information Management System (IMS)**

#### **1.1 Confidentiality Policy**

All medical records, data and privileged health information are treated as confidential. Confidentiality and privacy of records are strictly maintained in compliance with applicable regulations.

#### **1.2 Access Control Procedure**

Access to medical records is restricted to authorized personnel only. Role-based access control is implemented in the electronic medical records system. Access rights are defined based on job responsibilities. Unauthorized access is strictly prohibited.

#### **1.3 Security Controls**

Physical medical records are stored in a secured record room with restricted entry. Electronic medical records are protected through password authentication and periodic access review. Data security measures are in place to prevent loss, destruction, or tampering.

#### **1.4 Retention and Destruction Policy**

The hospital has a defined retention period for each type of record including OPD, IPD, MLC and death records. Records are retained as per regulatory requirements.

Upon completion of the retention period, records are securely destroyed through shredding (physical records) or secure data disposal procedures (electronic records). Destruction is documented and supervised.

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### **2. Continuous Quality Improvement (CQI)**

#### **2.1 Quality Improvement Programme**

The hospital has a structured Quality Improvement Programme applicable to all departments.

The programme includes:

- Defined quality indicators (e.g., OPD waiting time, medication error rate, OT utilization).

- A documented data collection mechanism.
- Monthly monitoring and measurement of indicators.
- Periodic analysis and review of collected data.
- Corrective action and preventive action plans based on analysis results.
- Documentation of improvement initiatives and follow-up evaluation.

Corrective actions are implemented and effectiveness is reviewed in subsequent meetings.

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### **3. Human Resource Management (HRM)**

#### **3.1 Job Descriptions**

All cadres of employees have written job descriptions. Roles and responsibilities are clearly defined. Job descriptions are signed by the Head of Department and acknowledged by the employee.

#### **3.2 Employee Records**

The hospital maintains personal staff files for all employees. Each file includes:

- Qualification documents
- Bio-data
- Appointment letters
- Training records
- Leave records

- - Health check-up records

### **3.3 Grievance and Disciplinary Mechanism**

The hospital has a documented grievance handling procedure. A grievance redressal committee is constituted. Timelines for grievance resolution are defined. Disciplinary procedures are clearly documented.

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## **4. Administrative Review**

All policies are reviewed annually. Records of review and updates are maintained.