DEDER GENERAL HOSPITAL

PROTOCOL FOR AUDITING AND CO-SIGNING OF ALL NEW ADMISSIONS BY DAY TIME AND DUTY TIME ASSIGNED SENIOR PHYSICIANS

PREPARED BY*: *HSQU

JULY 2016 E.C

DEDER, EASTERN ETHIOPIA

PROTOCOL APPROVEAL SHEET

NAME OF PROTOCOL: *PROTOCOL FOR AUDITING AND CO-SIGNING OF ALL NEW ADMISSIONS BY DAY TIME AND DUTY TIME ASSIGNED SENIOR PHYSICIANS*

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THIS PROTOCOL IS EFFECTIVE FROM JULY 2016 E.C TO JUNE 2018 E.C

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1. PURPOSE

To ensure the accuracy, completeness, and consistency of medical records for all new admissions by requiring auditing and co-signing by senior physicians during both daytime and duty time.

2. Scope:

This protocol applies to all healthcare personnel involved in the patient admission process, including but not limited to junior physicians, resident doctors, and senior physicians assigned to both daytime and duty time shifts.

3. Objective:

To ensure that all new patient admissions are audited and co-signed by designated senior physicians during both daytime and duty time, thereby maintaining the highest standards of patient care, safety, and compliance with hospital policies.

4. Definitions:

- **Junior Physician/Resident Doctor:** A physician or resident who is in training and responsible for initial patient assessment and admission documentation.
- **Senior Physician:** An experienced physician assigned to supervise and co-sign patient admissions during both daytime and duty time shifts.
- **Daytime Shift:** The period during regular working hours, typically from **8:00 AM to 6:00 PM.**
- **Duty Time Shift:** The period outside of regular working hours, including nights, weekends, and holidays.

5. Procedure:

5.1. Initial Admission Documentation:

- Upon admission, the junior physician or resident doctor must complete a thorough assessment of the patient, including history, physical examination, differential diagnosis, and an initial management plan.
- **The admission note should be detailed and include:**
  - ☞ Patient's demographic information
  - ☞ Chief complaint and history of present illness
  - ☞ Past medical history, family history, and social history
  - ☞ Review of systems
  - ☞ Physical examination findings
  - ☞ Diagnostic impressions
  - ☞ Initial treatment plan and any immediate interventions
  - ☞ Any relevant laboratory or imaging results available at the time of admission

5.2.Notification of Assigned Senior Physician:

- Once the initial documentation is completed, the junior physician must notify the assigned senior physician of the new admission.
- Notification methods include:
  - ☞ **EHR alerts**
  - ☞ **Pager or direct phone call**
  - ☞ **Secure messaging systems**

- The junior physician must document the time and method of notification in the patient's medical record.

5.3. Review and Co-signing by Senior Physician:

5.3.1. **Daytime Admissions**:

- The senior physician on duty during daytime hours must review the admission documentation within **4 hours** of notification.
- **The review includes:**
  - ☞ A reassessment of the patient, if necessary,
  - ☞ Confirmation of the initial diagnosis, and
  - ☞ Approval or modification of the treatment plan.

5.3.2. Duty Time Admissions:

- For admissions occurring outside of regular hours, the duty time senior physician must review the admission within **6 hours** of notification.
- After review, the senior physician must either:
  - ☞ **Co-sign the admission note** if they agree with the assessment and plan.
  - ☞ **Provide feedback or request modifications** if any aspect of the documentation or management plan needs adjustment.
- The co-signature indicates the senior physician's final approval of the admission documentation and the initial management plan.

6. Documentation of Review:

- The senior physician must document their review in the patient's medical record, noting any changes made to the initial plan or any additional assessments performed.

- The junior physician is responsible for updating the admission documentation based on the senior physician's feedback and for making any necessary changes to the treatment plan.

7. Escalation Procedure:

- If the assigned senior physician is unavailable or cannot complete the review within the required timeframe, the junior physician must escalate the issue by:

  ☞ Contacting the next available senior physician.
  ☞ Notifying the department head or on-call supervisor if necessary.

- Any delay in the review process must be documented in the patient's medical record, including the reason for the delay and the steps taken to resolve it.

8. Compliance Monitoring:

- The hospital's Quality Assurance (QA) team will conduct regular audits of new admissions to ensure compliance with this protocol.
- The QA team will review:

  ☞ Timeliness of the senior physician's review and co-signing.
  ☞ Accuracy and completeness of the admission documentation.
  ☞ Documentation of any escalations or delays.

- Non-compliance will be reported to the relevant department heads, and corrective actions will be implemented, which may include additional training or disciplinary action.

9. Education and Training:

- All junior physicians and resident doctors must receive training on this protocol during their orientation to the hospital.
- Regular refresher training sessions will be provided to ensure ongoing adherence to the protocol, with updates communicated promptly to all staff.
- Senior physicians will also be briefed on their responsibilities under this protocol and the importance of timely review and co-signing of admissions.

11. **Responsibilities**:

- **Junior Physicians/Residents:** Responsible for completing initial admission documentation, notifying the senior physician, and incorporating any feedback into the patient's care plan.
- **Assigned Senior Physicians:** Responsible for timely review, co-signing of admissions, and providing constructive feedback to junior staff.
- **Quality Assurance Team:** Responsible for auditing compliance with this protocol and reporting findings to hospital leadership.

11. Review and Updates:

- This protocol will be reviewed **annually** by the hospital's Quality Improvement Committee and updated as necessary based on audit findings, feedback from staff, and changes in best practices.
- Any revisions will be communicated to all relevant healthcare providers.