DEDER GENERAL HOSPITAL

PATIENT ORIENTATION PROTOCOL

PREPARED BY*: *HSQU

JULY 2016 E.C

DEDER, EASTERN ETHIOPIA

PROTOCOL APPROVAL SHEET

NAME OF PROTOCOL: PATIENT ORIENTATION PROTOCOL

PREPARRED BY			
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1	Nureddin Yigezu (BSc, MPH)	Chief Executive Officer (CEO)	
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THIS PROTOCOL IS EFFECTIVE FROM JULY 2016 E.C TO JUNE 2018 E.C

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BACKGROUND

Health care systems are complex and include multiple stakeholders and providers. People using health care services have an essential role as co-producers of their health and indeed they represent the only consistent factor throughout the care pathway.

Patient engagement is increasingly recognized as an integral part of health care and a critical component of safe people-centered services. Engaged patients are better able to make informed decisions about their care options. In addition, resources may be better used if they are aligned with patients' priorities and this is critical for the sustainability of health systems worldwide.

People using health services are increasingly asking for more responsive, open and transparent health care systems. They expect practitioners to engage them in the decision-making process, although individual patients may vary substantially in their preferences for such involvement.

Patient engagement may also promote mutual accountability and understanding between the patients and health care providers.

COMPONENTS OF ORIENTATION

1. Establish rapport with patient by introducing herself.
2. Mentions the name of the ward to him.
3. Introduces patient to ward staff around and other patients.
4. Shows patient the nurses office, shows patient his bed.
5. Shows patient the bathroom and the toilet.
6. Shows patient dining hall and dayroom.
7. Shows patient the patients' cupboard and bed locker.
8. Informs patient of ward activities.
9. Tells patient whom to contact for any information.
10. Encourages patient to ask questions.
11. Thank patient and put him to bed.

Procedures of Orientation of the patients

1. After the patient hand overing from runner and assigned reception nurse at ward
2. The accepting nurse give the bed the patients and continue with Orientation checklist provided below

PATIENT RIGHTS WHILE SEEKING OR RECEIVING SERVICES

Everyone has the right to be treated with dignity and respect, as well as receive excellent care.

Deder General Hospital will make every effort to ensure that the rights of everyone seeking or receiving services are not violated. **Your rights include:**

- Right to being treated with dignity and respect
- Right to privacy
- Right to considerate, respectful and safe care.
- Right to be well informed about your illness, possible treatments, likely outcomes and unexpected outcomes and to discuss this information with your doctor.
- Right to know the names and roles of people treating you.
- Right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.

COMPLAINT HANDLING PROCEDURES

While receiving services at Deder General Hospital, clients have the right to file complaint if they are unhappy, if they feel that have been disrespected, or if they feel they have been treated in a manner that is harmful or unethical. They have to be informed about their right as "If you encounter a problem with your care, we ask that you share with the Hospital in the following ways":

- Speak with you service provider first.
- If, after speaking with your provider, you do not feel that your concerns are addressed, you may ask to speak with a supervisor.

- If, after speaking with a supervisor, you are still not satisfied, you may file a complaint
- You may also call the complaint phone lines posted at each service areas.

FINANCIAL POLICIES

Deder General Hospital will only collect financial information from you in order to determine coverage and payer coverage for your services. Hospital staff will provide you payment information upon admission for all persons seeking services. Payment for all services is expected at the time they are rendered, including with cash, insurance or credit service with different organizations.

The nurse in charge or medical team should provide information on(**estimated cost** based on **length of stay, admission cost**, need for **ICU admission**, procedure fee other medical care need.

APPOINTMENT PROCEDURES

If client served in our Hospital is to be seen again in follow-up, he/she has to obtain appointment needed from nurse or liaison officer in charge on discharge.

If a client is scheduled for appointment, the nurse in charge must confirm the scheduled appointment as **2:30 _ 6:30 DLT** in the morning **and 7:30 – 11:30DLT** in the afternoon. Remainder for the appointment can be done by:

- Calling the Customer directly, or
- Sending the remainder text

COORDINATION OF CARE OR MEDICAL INTERVENTION AND EXPECTED OUTCOME

Clients served in Deder General Hospital should be informed of their management plan from time of evaluation to discharge. They also have to be informed that, in an effort to provide comprehensive care, primary care providers will evaluate and start care with further evaluation care provision after consulting Hospital consultants of respective department.

Health Care practitioners should ensure that communication with patients, patients' cares and relatives is fully and accurately recorded in the patient's clinical notes. Such records must show that the patient has been fully involved in the process of **planning their care, management options or any invasive procedures** recommended based on clinical condition. At least after initial clinical evaluation, possible or 0expected clinical outcome has to be informed for patients or family members.

The client/family has to be informed of all patient/family responsibilities and procedures to help ensure a safe and good outcome. These responsibilities include bringing all drugs & supplies needed, adhere to all recommendations given by medical team, pay or bring his/her insurance for any financial requests so on.

Health Care Practitioners must respect the patient's right to refuse care, even if this is against medical advice and may be detrimental to a patient's health and well-being. A patient's reason/s for refusal, along with the advice Health Care Practitioners have offered in such cases, must be fully documented in the patient's clinical notes. The patient's consultant must also be contacted at the first opportunity.

DISCHARGE PLANNING

A target discharge date to which all health care workers can work whilst recognising that the date may change according to the patient's needs/clinical status. An EDD should be set at the first Consultant review and no later than the first Consultant post take ward round the next morning. **Patient progress towards EDD** should be assessed every day ,at ward

round led by a senior clinical decision maker (consultant) while **informing and involving the patient or family at every stage** of clinical decision.

Discharge plan should be part of initial care plan and should be documented and communicated to all admitted clients based on discharge planning format.

VISITORS AND VISITING HOURS

- While in the Hospital admission, unit the clients have to be informed to have one designate care giver and two visitors at a time.
- The visit hours of the Hospital has to be informed. Patients have also be informed that people who have any kind of infection or symptoms of illness may not visit them.
- Visitors must not touch IV pumps or any other equipment or medication. Visitors must not use the bathroom or shower in your room. While Coved 19 precautions are in place all visitors must wear a mask and remain inside your room.

MATERIALS TO BRING AND HOSPITAL ENVIRONMENT

Clients have to be informed to be bringing their own pajamas or wear Hospital pajamas, pair of clean slippers, blanket and bed sheet of your own or Hospital and other consumables. Clients have to be informed about facilities available in the Hospital and how and where to get them. These include, water for drink, electricity, toilet or bath room, nursing station, cafeteria and whom to get in case of need. These could also include meal times, meal ordering, medical rounds times.

NURSING Care Plan

- After the nursing diagnoses and collaborative problems have been identified, they are recorded on the plan of nursing care.
- The care plan is a record of interventions that will address the identified problems. It should be based on the problem identification and the diagnoses, and should be individualized or tailored to the patient's/community's health problems.

- The care plan guides each nurse/midwife to intervene in a manner congruent with individual or community needs and goals and provides outcome criteria for measurement of progress.

This phase entails the following:

1. Assigning priorities to the nursing/midwifery diagnoses and collaborative problems.
2. Specifying expected outcomes.
3. Specifying the immediate, intermediate, and long-term goals of nursing action.
4. 4. Identifying specific nursing/midwifery interventions appropriate for attaining the outcomes.
5. Identifying interdependent interventions.
6. Documenting the nursing/midwifery diagnoses, collaborative problems, expected outcomes, nursing goals, and nursing/midwifery interventions on the plan of nursing care.
7. Communicating to appropriate personnel any assessment data that point to health needs that can best be met by other members of the health care team.

The plan of nursing/midwifery care serves as the basis for implementation:

- The immediate,
- Intermediate, and
- Long-term goals are used, and, are the focus for the implementation of the designated nursing interventions.
- The following aspects of nursing care should be considered when developing and implementing a nursing care plan:

1. ***Therapeutic relationship***

The development of a therapeutic relationship between the nurse/midwife and the patient/client promotes engagement and motivation for self-care. It contributes to patient/client cooperation with the nurse/midwife, in the preventive and therapeutic regime and this improves patient/client bonding. It includes self-introduction, orientation of the room, explanation of procedures, etc.

2. Counseling

The counseling role is part of nursing/midwifery practice and reinforces healthy behavior and interaction patterns, helps the individual to modify or discontinue unhealthy ones and promotes the individual and social integration.

3. Promoting self-care/group activities The nurse/midwife needs to ensure that:

- The self-care interventions assist the client in meeting their unique needs and assuming personal responsibility for activities.
- The group interventions are aimed at maintaining and improving the community functional status, and for referral purposes to the community and social support network resources.

4. Psychobiological interventions

Psychobiological interventions provide the foundation for the treatment regime, clients' feelings and concerns.

A sample care plan can be found in Appendix B.

Accountability and Responsibility

1. The nurse/midwife remains accountable for his/her own practice as well as for the delivery of the care plan and for ensuring that the overall objectives are met.
2. An aspect of care may be delegated to a person who the nurse/midwife judges as having the competence to undertake it. It is the employer's responsibility to ensure that the employee has sufficient education and training to competently undertake the aspects of care, which were delegated. Having delegated an aspect of care, the person to whom it is now delegated will be responsible to their line manager for the performance of the task. The nurse/midwife delegating an aspect of care has a continuing responsibility to supervise, judge and evaluate the appropriateness of the delegation.
3. Reassessing the condition of the person in their care at appropriate intervals and determining that it remains stable and predictable;
4. Observing the competence of the caregiver(s) and determining that they remain competent to perform the delegated task of care, safely and effectively.

References:

1. Patient Engagement: Technical Series on Safer Primary Care, WHO. 2016
2. NHS. Discharge Planning Policy: M. Roland. 2019.

Deder General Hospital Patient/Family Orientation Checklist

Your nurse will review this information with you, to help you more involved in your Hospital care. If you have any questions, please ask your caregiver nurse.

Dear, _____, I am _____, _____ in my profession providing you an orientation based on initial clinical assessment and current condition.

S/N	Orientation Topics	Major information to be provided
1	**Disease condition**	**Main Diagnosis:**
		Current condition:
		Management option:
		Expected outcome:
		Any lifestyle modification:
2	**Discharge Planning**	**EDD: EDD after consultant review or clinical status:** **If discontinue care without planning, encouraged to resume services any time.**
3	**Financial Policy:** • **Payment in cash or** • **CBHI**	**ICU bed: Ward bed:** **Procedure (if any):** **Drugs & supplies:** **Estimated cost:**
4	**Attendant and**	**One attendant for one patient Policy:**

	Visitors Hour:	Briefing on Posted Visitors Hour:
5	**Condition Help**	**If urgent medical need or an emergency, location of duty room or Nurse station:**

NAME OF CLIENT SUPPORT_____ PHONE _____

Guyyaan_____

HUBANNOO DHUKKUBSATAAN YEROO CIISU ARGACHUU QABU

- ☞ JALQABA BAGA NAGAAN DHUFTAN JECHUUN SIMACHUU
- ☞ QARSHII SIREEF AKKA KAFFALAMU HUBACHIISUU
- ☞ DHUKKUBNI ISAA MAAL AKKA TA'E HUBACHIISUU
- ☞ GUYYAA TURTII ISAA TILMAAMUUN ITTI HIMUU
- ☞ BAASII ISA BARBAACHISU ITTI HIMUU
- ☞ DHUKKUBSATAA TOKKOOF DHUKKUBSACHIISAAN TOKKO QOFTI KAN EYYAMAMU TA'UU
- ☞ ERGA GALANII BOODA BAAJII MALEE DEEMUUN AKKA HIN DANDA'AMNE BEEKSISUU
- ☞ SIREE KENNAMEEFIIN ALA JIJJIIRUUN AKKA HIN DANDA'AMNE TA'UU
- ☞ UFFATNI SIREE DAA'IMMANIIF,HAADHOLII DA'ANIIF AKKASUMAS NAMOOTA SARJIKAALA CIISANIIF GUYYAA GUYYAADHAAN FI KAN BIROOF GUYYAA LAMA LAMAAN AKKA JIJJIIRAMU
- ☞ KOSII GOGGOGAAN BAKKA ITTI GATAMU HUBACHIISUU
- ☞ KOSII DHANGALA'AAN BAKKA ITTI GATAMU HUBACHIISUU
- ☞ BAKKA DHIQANNAA QAAMAA FI UFFATAA AKEEKUU
- ☞ QABEENYA HOSPITAALICHAA BIFA OF EEGGANNOO QABUUN AKKA FAYYADAMANII FI YEROO BA'AN SEERAAN AKKA DEEBISAN
- ☞ QORICHOOTA AJAJAMAN YEROON DHIYEESSUU
- ☞ BAKKA MANNI FINCAANII ITTI ARGAMU AKEEKUU

Maqaa Maamilaa: _____Bilbila _____

Mallattoo Maamilaa/Maatii _____Guyyaa _____

<u>Yaadachiisa Ogeessota garee kanaatiif:</u>

- ✓ Faayilli kun fooldeerii dhukkubsataa keessa galee taa'uu qaba.