**May 8, 2025**

**MODIFICATIONS REQUIRED**

**LOG IN / OUT ON SAME PC**

1. While logging in on the same PC, prompt should be given that you have been logged out from ().

**USERS / USER SETUP**

1. Email duplication should be checked across the system while creating or editing user (in both user and employee setup tables)

**GENERAL**

1. Codes can be entered in selected tables at user’s choice
2. Should give Exit or Cancel Button on each screen with correct navigation
3. Territories Setup should be uploaded completely
4. Effective Datetime should be current datetime by default
5. View Log should be able to see previous entries along with new one

**ORGANIZATION / ORGANIZATION SETUP**

1. Cropping of logo and banner in a rectangular shape should be enabled.
2. Edited logo is not updated.
3. Banner image is not displayed.
4. Image can be removed without clicking update.

**SERVICES / SERVICE MODES**

1. Select Billing Mode: Direct Billing or Indirect Billing Service Modes (Diagnostic and Blood Transfusion Services are Indirect Billing Service Modes)

**SERVICES / SERVICE CODE DIRECTORY SETUP**

1. Unit should be closed text with options of Per Service, Per Hour, Per Day. – Should be a separate “Service Unit Setup”
2. A few special characters can be allowed in Description -, ‘s, ()
3. Remove ICD Code while adding a service

**ACTIVATIONS / COST CENTERS**

1. The cost centers should be displayed in three columns a) Direct Billing Clinical Cost Centers (Y,Y), b) Indirect Billing Clinical Cost Centers (N,Y), c) Indirect Billing Non-Clinical Cost Centers (N,N) (run query on basis of Table M-12 on Master Setup Sheet)
2. Even without selecting the organization and site, the list of cost centers with those selected previously, are displayed with same user.
3. First a bunch of cost centers were activated, but then second bunch was selected but could not be added giving message “Cost center already activated”. It allowed only when previously activated cost centers were unchecked.
4. When login through another user, none of the already selected cost centers were checked.
5. Site field gets blank on returning from the selection of cost centers form.
6. To address all of the above, one should not be able to click cost center until site is selected. Then two options a) Select New Cost Centers, b) Edit Existing Cost Centers. Then those with adding rights, should be able to select from those remaining, and those from Edit rights should also be able to uncheck previously selected or select new. Edit button on first screen will remain active to change effective date time of any particular cost center.
7. On first screen, along with name, type of cost center should also be displayed before name

**ACTIVATIONS / SERVICES**

1. The user interface needs to be revamped. It has to be a four-step process as follows:
2. After selecting one organization (for developers only), and one site, the list of all services should be displayed in a table. First step is to select one or many or all services (ordered by Type, Group and Service) as follows, Cannot / Can Save at this stage:
3. Give Select All Option

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Type** | **Service Group** | **Service Description** | |  | | --- | | **Select All** | |
| Encounters | Awareness Sessions | Awareness And Counseling |  |
| Encounters | Clinic Visits | General Clinic |  |
| Encounters | Clinic Visits | Specialty Clinic |  |
| Encounters | Healthcare Worker Visits | Screening |  |
| Investigations | Investigations, Laboratory | Complete Blood Count (CBC) |  |
| Investigations | Investigations, Laboratory | Serum Creatinine |  |
| Investigations | Investigations, Radiology, Ultrasounds | Ultrasound Fetal Well Being (FWB) |  |
| Investigations | Investigations, Radiology, Ultrasounds | Ultrasound Kidney Ureter Bladder (KUB) |  |
| Investigations | Investigations, Radiology, Ultrasounds | Ultrasound Pelvis |  |
| Investigations | Investigations, Radiology, Ultrasounds | Ultrasound Whole Abdomen |  |
| Investigations | Investigations, Radiology, X-rays | X-Ray Chest |  |
| Procedures | Medicine Administration | Injections Or Infusions |  |
| Procedures | Medicine Administration | Nebulization |  |
| Procedures | Procedures, Medical | Blood Products Transfusion |  |
| Procedures | Procedures, Rehabilitation | Neuro Rehab, Spine |  |
| Procedures | Procedures, Rehabilitation | Neuro Rehab, Stroke |  |
| Procedures | Procedures, Rehabilitation | Ortho Rehab, Fracture |  |
| Procedures | Procedures, Rehabilitation | Ortho Rehab, Peri-Surgical |  |
| Procedures | Procedures, Rehabilitation | Pain Management, Joint Mobilization |  |
| Procedures | Procedures, Rehabilitation | Pain Management, Microwave Diathermy |  |
| Procedures | Procedures, Rehabilitation | Pain Management, Short Wave Diathermy |  |
| Procedures | Procedures, Rehabilitation | Pain Management, Stretching Exercises |  |
| Procedures | Procedures, Rehabilitation | Pain Management, Ultrasound Therapy |  |
| Procedures | Procedures, Rehabilitation | Pediatric Rehab, Cerebral Palsy |  |
| Procedures | Procedures, Rehabilitation | Pediatric Rehab, Congenital Conditions |  |
| Procedures | Procedures, Rehabilitation | Pediatric Rehab, Down Syndrome |  |
| Procedures | Procedures, Rehabilitation | Pediatric Rehab, Erb Palsy |  |
| Procedures | Procedures, Rehabilitation | Pediatric Rehab, GB Syndrome |  |
| Procedures | Procedures, Rehabilitation | Physiotherapy, Arthritis |  |
| Procedures | Procedures, Rehabilitation | Physiotherapy, Cartilage Tear |  |
| Procedures | Procedures, Rehabilitation | Physiotherapy, Ligament Sprain |  |
| Procedures | Procedures, Surgical | Dressing |  |
| Procedures | Procedures, Surgical | Incision And Drainage |  |
| Procedures | Surgeries | Anterior Chamber Washout |  |
| Procedures | Surgeries | Drainage Of Chalazion |  |
| Procedures | Surgeries | Excision Of Dermoid Cyst |  |
| Procedures | Surgeries | Extracapsular Cataract Extraction |  |
| Procedures | Surgeries | Extracapsular Cataract Extraction With IOL |  |
| Procedures | Surgeries | Intracapsular Cataract Extraction |  |
| Procedures | Surgeries | Intracapsular Cataract Extraction With IOL |  |
| Procedures | Surgeries | Laser Excision Or Photocoagulation |  |
| Procedures | Surgeries | Laser For Retinopathy Of Prematurity |  |
| Procedures | Surgeries | Phacoemulsification |  |
| Procedures | Surgeries | Phacoemulsification With IOL |  |
| Procedures | Vaccinations | BCG - Bacillus Calmette-Guerin Vaccine |  |
| Procedures | Vaccinations | Hepatitis B Vaccine |  |
| Procedures | Vaccinations | IPV - Inactivated Polio Vaccine |  |
| Procedures | Vaccinations | MR - Measles And Rubella Vaccine |  |
| Procedures | Vaccinations | OPV - Oral Polio Vaccine |  |
| Procedures | Vaccinations | PCV - Pneumococcal Vaccine |  |
| Procedures | Vaccinations | Pentavalent Vaccine |  |
| Procedures | Vaccinations | Rotavirus Vaccine |  |
| Procedures | Vaccinations | Typhoid Vaccine |  |

1. Second step is to select cost centers (no save at this stage). For each selected service, there should be two options, select Billing Cost Centers, and select Performing Cost Centers. The options in these fields should be filtered through Cost Center Setup (refer to Table M-12 on Master Setup Sheet) + Cost Center Activation for that site. Both Billing & Performing CC should be multi-select (one, many or all).
2. Give Select All Option
3. Show Organization and Site Below Service Description

|  |  |  |
| --- | --- | --- |
| **Service Type**  **Service Group**  **Service** | **Select Billing Cost Center**  **(Filtered List)** | **Select Performing Cost Center**  **(Filtered List)** |
| Encounters  Awareness Sessions  Awareness And Counseling | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Encounters  Clinic Visits  General Clinic | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Encounters  Clinic Visits  Specialty Clinic | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Encounters  Healthcare Worker Visits  Screening | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Laboratory  Complete Blood Count (CBC) | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Laboratory  Serum Creatinine | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Fetal Well Being (FWB) | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Kidney Ureter Bladder (KUB) | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Pelvis | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Whole Abdomen | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Investigations  Investigations, Radiology, X-rays  X-Ray Chest | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Procedures  Medicine Administration  Injections Or Infusions | Multi-Select with option of Select All | Multi-Select with option of Select All |
| Procedures  Medicine Administration  Nebulization | Multi-Select with option of Select All | Multi-Select with option of Select All |

1. Third step is to select service mode (activated and for Direct Billing) – Can Save

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Type**  **Service Group**  **Service** | **Billing Cost Centers** | **Performing Cost Centers** | **Primary Service Modes (Multi-Select)** |
| Encounters  Awareness Sessions  Awareness And Counseling |  |  | Outpatient Services  Day Care Services |
| Encounters  Clinic Visits  General Clinic |  |  | Outpatient Services  Day Care Services |
| Encounters  Clinic Visits  Specialty Clinic |  |  | Outpatient Services  Day Care Services |
| Encounters  Healthcare Worker Visits  Screening |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Laboratory  Complete Blood Count (CBC) |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Laboratory  Serum Creatinine |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Fetal Well Being (FWB) |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Kidney Ureter Bladder (KUB) |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Pelvis |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Whole Abdomen |  |  | Outpatient Services  Day Care Services |
| Investigations  Investigations, Radiology, X-rays  X-Ray Chest |  |  | Outpatient Services  Day Care Services |
| Procedures  Medicine Administration  Injections Or Infusions |  |  | Outpatient Services  Day Care Services |
| Procedures  Medicine Administration  Nebulization |  |  | Outpatient Services  Day Care Services |

1. Can Merge second and third steps. Then save or submit button should be at third step.
2. Once this activation is done for services in a site then, it should be displayed on first page (similar to the grid below with Edit option), but should not be visible under new service activation. Edit is different from new record entry.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Type**  **Service Group**  **Service** | **Billing Cost Centers** | **Performing Cost Centers** | **Primary Service Modes** |  |
| Encounters  Awareness Sessions  Awareness and Counseling |  |  | Outpatient Services | **EDIT Button** |

**ACTIVATIONS / REPLICATION**

1. Option to replicate site-based modules to another site

**FINANCE / SERVICE RATES**

1. Fourth step is to enter two types of rates of each service by Finance in that service mode, a) Cost, b) Bill Amount (if service is chargeable), and c) Rate Calculation Methodology (per unit or per hour). This module “**Service Rates**” will come under Finance. Ideally this data should be saved in a separate table (see Table FN-20) because rates are revised periodically with a future effective date that will be different from the effective date of Services Activation. Moreover, Per Unit or Per Hour Charging has to be applied

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Type**  **Service Group**  **Service** | **Billing Cost Centers** | **Perform Cost Centers** | **Primary Service Modes (Multi-Select)** | **Unit Cost** | **Unit Billed Amount** | **Charging (Per Unit / Per Hour)** |
| Encounters  Awareness Sessions  Awareness And Counseling |  |  | Outpatient Services  Day Care Services |  |  |  |
| Encounters  Clinic Visits  General Clinic |  |  | Outpatient Services  Day Care Services |  |  |  |
| Encounters  Clinic Visits  Specialty Clinic |  |  | Outpatient Services  Day Care Services |  |  |  |
| Encounters  Healthcare Worker Visits  Screening |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Laboratory  Complete Blood Count (CBC) |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Laboratory  Serum Creatinine |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Fetal Well Being (FWB) |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Kidney Ureter Bladder (KUB) |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Pelvis |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Whole Abdomen |  |  | Outpatient Services  Day Care Services |  |  |  |
| Investigations  Investigations, Radiology, X-rays  X-Ray Chest |  |  | Outpatient Services  Day Care Services |  |  |  |
| Procedures  Medicine Administration  Injections Or Infusions |  |  | Outpatient Services  Day Care Services |  |  |  |
| Procedures  Medicine Administration  Nebulization |  |  | Outpatient Services  Day Care Services |  |  |  |

**HUMAN RESOURCE / EMPLOYEE SETUP**

1. Cursor not moving properly on Tab, should be highlighted or blinking
2. Province, Division, District should be under address
3. Employee email duplication with previous user (non-employee) should be checked
4. Email address should be an optional field
5. Image should be passport size
6. View Log should be able to see previous entries along with new one
7. CNIC Expiry to be added
8. Two addresses: Present Address and Mailing Address
9. Rename Site & Cost Center as Headcount Site & Headcount Cost Center
10. Employee List should be displayed as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** | **Placement** | **Work Status** | **Contact** |
| Emp. Code:  (Name)  (Gender)  Profile % | Site:  Head Count CC:  Cadre:  Position: | DOJ:  Working Status:  Employee Status: | Cell No:  Email:  Address (with District, Division, Province): |

**HUMAN RESOURCE / SALARY SETUP**

1. Salary calculation should be from Payroll Additions and Deductions

**HUMAN RESOURCE / EMPLOYEE COST CENTER ALLOCATION**

1. There should be one effective date time for one collection of cost centers.
2. Site will also be allocated with Cost Center and percentage
3. Site & Cost Center entered through Employee Setup will be displayed on top as “Headcount Site” & “Headcount Cost Center”
4. View Log should be able to see previous entries along with new one

**HUMAN RESOURCE / EMPLOYEE DOCUMENTS**

1. There should be an option to scan any documents of employee (below Employee Qualification)

**HUMAN RESOURCE / EMPLOYEE SERVICE ALLOCATION**

1. Activated Services for that site should be displayed in the grid. Fetch all the services, where the Billing Cost Center is in Employee’s Cost Center Allocation.
2. Option for Select All should be there

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Type**  **Service Group**  **Service** | **Billing Cost Centers** | **Performing Cost Centers** | **Primary Service Modes** | **Service Allocation to Employee** |
| Encounters  Awareness Sessions  Awareness and Counseling |  |  | Outpatient Services |  |
| Encounters  Clinic Visits  General Clinic |  |  | Outpatient Services |  |
| Encounters  Clinic Visits  Specialty Clinic |  |  | Outpatient Services |  |
| Encounters  Healthcare Worker Visits  Screening |  |  | Outpatient Services |  |
| Investigations  Investigations, Laboratory  Complete Blood Count (CBC) |  |  | Outpatient Services  Day Care Services |  |
| Investigations  Investigations, Laboratory  Serum Creatinine |  |  | Outpatient Services  Day Care Services |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Fetal Well Being (FWB) |  |  | Outpatient Services  Day Care Services |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Kidney Ureter Bladder (KUB) |  |  | Outpatient Services  Day Care Services |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Pelvis |  |  | Outpatient Services  Day Care Services |  |
| Investigations  Investigations, Radiology, Ultrasounds  Ultrasound Whole Abdomen |  |  | Outpatient Services  Day Care Services |  |
| Investigations  Investigations, Radiology, X-rays  X-Ray Chest |  |  | Outpatient Services  Day Care Services |  |
| Procedures  Medicine Administration  Injections Or Infusions |  |  | Day Care Services |  |
| Procedures  Medicine Administration  Nebulization |  |  | Day Care Services |  |

1. How to trace the pending employees for which above 5 activities have not been done?

**HUMAN RESOURCE / EMPLOYEE INVENTORY LOCATION ALLOCATION**

1. A new form needs to be developed, see Table H-13.
2. After selecting an organization (developer only), site (which can be multiple) and employee, a drop down should display all inventory locations (no non-inventory location) with multi-select option. Can have different locations at different site. Should be a two-step process. If any employee is not allocated Inventory location, he will not be able to make or request inventory transactions.

**FRONT DESK / SERVICE LOCATION SETUP**

1. Site Code should be removed from here as we are not going to create parent-child relationship, but a combination of site and location codes to ensure more flexibility, e.g., all pharmacies will have same code but different site code. Organization Code will stay, see Table F-1.
2. This will be moved to a separate module “Locations” below Cost Centers
3. A new form “Locations Activation” will be created to activate multiple locations at a site (just like cost centers). Multi-select should show two groups “Inventory Locations” and “Non-Inventory Locations”
4. Option for “Select All” should be there while activating locations

**FRONT DESK / SCHEDULING PATTERN SETUP**

1. Check Google Calendar to setup Frequency, Repetition and Ending

**FRONT DESK / SERVICE LOCATION SCHEDULING**

1. The cheque of New + Follow up, or Routine + Urgent to match total should be enabled only when total no. is entered. If total no. is left blank, then this check should not work.
2. Designated Physician should be optional (It is a field showing preference)
3. Service Scheduling should look like following

|  |  |  |
| --- | --- | --- |
| **Service Description** | **Timings & Venue** | **Patient Limits** |
| (Description)  (Designated Physician)  (Site / Organization) | Start Time:  End Time:  (Pattern)  (Location) | Total Patient Limit:  New Patient limit:  Follow Up Patient Limit:  Routine Patient Limit:  Urgent Patient Limit: |

**FRONT DESK / PATIENT REGISTRATION**

1. Site should be first or last thing to select, not in between patient data
2. Province, Division, District should be under address
3. CNIC & Family no. entry should be optional
4. Next of Kin should not be mandatory
5. Age should be auto-calculated and displayed
6. Remove Guardian & Relation, Enter Father/Husband Name and Relation (like Employee Setup)
7. Drop Down in Language (Urdu, Sindhi, Balochi, Punjabi, Pashto, Hindko, Siraiki, Memoni, Gujrati)
8. The grid should look like this, one MR, one entry (current grid will not be used here)

|  |  |  |
| --- | --- | --- |
| **Patient** | **Identity** | **Contact** |
| MR Code:  (Name)  (Gender)  (Age) | CNIC:  Family No.: | Cell No:  Email:  Address (with District, Division, Province): |

**ACTIVATIONS / SERVICES REQUISITION SETUP**

1. A new form should be developed to setup Services Requisition Setup for any organization whether it should be Closed (Front Desk cannot book or execute any service at its own until requested) or Open (Front Desk can book or execute any service at its own without request). See Excel File, Table F-5.
2. This should be linked to Services Activation – Data should be automatically saved from there whenever a new service is activated in an organization (irrespective of the site) with request mandatory ‘Yes’.
3. Add Service Requisition Button will be removed.
4. This form will be shifted to Activations Module.

**FRONT DESK / SERVICES BOOKING**

1. Site should be the first thing to select with option of MR no. to further filter the results or see all results for that site.
2. MR No. Format: Organization Code and “-“ should be fixed, with option to either enter numbers or search and select MR no. or name or cell no.
3. The grid should fetch data from three tables; a) Patient Arrival and Departure Table (F-7) to find out those already arrived and cannot be booked, b) Services Booking Table (F-6) to find out those already booked but not yet arrived, and c) Services Requisition table in Patient Medical Record (P-12) to find out those requested but not booked yet. Final compilation will be as follows without any duplication of MR no, Arrival (if no, then Booking) Date, Service Mode, Service Code, Billing CC and Responsible Person. Performing Cost Center, Person, Service Completion time will be updated from Patient Arrival status if done.

|  |  |  |
| --- | --- | --- |
| **Patient Details** | **Service Booking Details** | **Service Details** |
| MR Code:  (Name)  (Gender)  DOB:  CNIC:  Cell No:  Email:  Address (with District, Division, Province): | If Unbooked and not arrived yet, then Schedule Service Button or *if booked, then display following details*  (Service Description)  (Designated Physician)  (Site / Organization)  Start Time:  End Time:  (Pattern & Location)  Patient Status:  Patient Priority:  Remarks: | (Service Mode)  (Service Description)  Specialty: (Billing Cost Center)  Responsible Person:  *Patient Not Yet Arrived* or *Patient Arrived at: (Schedule Service Button will be disabled, once patient arrived)*  (*Service Not Yet Completed* or  *Service Performed by*:  Performing Cost Center Name  Performing Person Name  Service End Time: ) |

1. From the grid above, “Schedule Service” Button (also an add privilege) will add only that specific service through second form where Service Mode, Group, Code, Billing Cost Center, Responsible Person) will be auto-filled in.
2. Patient Status and Priority, for booked patients, should be auto-fetched while clicking “Confirm Patient Arrival” in the above grid.
3. From the grid below, “Confirm Patient Arrival” Button, Service Booking Details should be auto-fetched, if booking is already done
4. For any given MR no., more than one services can be active but in one service mode.
5. If same service mode, then all services in that mode can be marked for arrival through single click.
6. If there are different service modes, then display message “Patient already arrived in “---" service mode, please end that service first”. “Confirm Patient Arrival” link should not be displayed in this case.
7. “Add Service Booking” Button on top will continue working but will be able to add only those types of Services through second form that are allowed (Mandatory request is No) as per Service Requisition Setup (Table F-5).
8. Here one will have to select Service Mode, Group, Code, Billing Cost Center, and Responsible Person as per employee cost center and service allocation.
9. In both scenarios, Location, Schedule Description, will be selected from the second form. Remarks should be optional, and in the last.

**FRONT DESK / PATIENT ARRIVAL & DEPARTURE**

1. Site should be the first thing to select with option of MR no. to further filter the results or see all results for that site.
2. MR No. Format: Organization Code and “-“ should be fixed, with option to either enter numbers or search and select MR no. or name or cell no.
3. The grid should fetch data from three tables; a) Patient Arrival and Departure Table (F-7) to find out those already arrived and cannot be marked arrival again, b) Services Booking Table (F-6) to find out those already booked but not yet arrived, and c) Services Requisition table in Patient Medical Record (P-12) to find out those requested but not arrived yet. Final compilation will be as follows without any duplication of MR no, Arrival (if no, then Booking) Date, Service Mode, Service Code, Billing CC and Responsible Person. Performing Cost Center, Person, Service Completion time will be updated from Patient Arrival status if done.

|  |  |  |
| --- | --- | --- |
| **Patient Details** | **Service Booking Details** | **Arrival & Departure Details** |
| MR Code:  (Name)  (Gender)  DOB:  CNIC:  Cell No:  Email:  Address (with District, Division, Province): | *Unbooked* or  *if booked, then display following details*  (Description)  (Designated Physician)  (Site / Organization)  Start Time:  End Time:  (Pattern & Location)  Patient Status:  Patient Priority:  Remarks: | (Service Mode)  (Service Description)  Specialty: (Billing Cost Center)  Responsible Person:  (Confirm Patient Arrival Button or *Patient Arrived at*: )  (*Service Not Yet Completed* or  *Service Performed by*:  Performing Cost Center Name  Performing Person Name  Service End Time: ) |

1. “Add Patient Arrival” Button on top will continue working but will be able to add only those types of Services through second form that are allowed as per Service Requisition Setup (Table F-5). Here one will have to select Service Mode, Group, Code, Billing Cost Center, and Responsible Person as per employee cost center and service allocation.
2. From the grid below, “Confirm Patient Arrival” Button (also an add privilege) will add only that specific service through second form where Service Mode, Group, Code, Billing Cost Center, Responsible Person) will be auto-filled in.
3. From the grid below, “Confirm Patient Arrival” Button, Service Booking Details should be auto-fetched, if booking is already done
4. For any given MR no., more than one services can be active but in one service mode.
5. If same service mode, then all services in that mode can be marked for arrival through single click.
6. If there are different service modes, then display message “Patient already arrived in “---" service mode, please end that service first”. “Confirm Patient Arrival” link should not be displayed in this case.
7. In both scenarios, Booked/Unbooked Status and Service Start Time will be auto recorded. Current scheme of entering MR number on second form and showing message “Patient Arrival & Departure Details already exists” will be aborted.
8. ~~Following fields will be displayed and their data will be recorded in MSD Master table along with other service details.~~
   1. ~~Service Start Time, End Time, LOS~~
   2. ~~Unit Service Cost and Unit Service Billed Amount~~
   3. ~~Service Unit~~
   4. ~~Service Cost and Service Billed Amount will be calculated by multiplying unit cost or unit billed amount with either LOS or no. of units (as decided at the time of service activation last step). Service Billed Amount will be considered as Debit amount for Finance.~~
9. Display Unit Billed Amount of that service, and following data will be saved in Financial Transactions / Receiving (FN-16).
   1. Reference Document No. will be Service ID (recently generated) auto-filled and saved.
   2. Transaction Type Code will be “Service Fees Charged from Patients” auto-filled and saved.
   3. Ledger Code will be auto-filled for that Transaction type.
   4. Transaction Instrument will have to be selected from Cash / Card / Transfer.
   5. Instrument Details will have to be entered (Cheque no. or Transfer Approval no.), Not mandatory for Cash.
   6. Remarks will be Open Text and optional.
   7. Service Billed Amount will be saved as Debit amount
   8. This amount is editable or not, will be decided by Financial Transaction Type Setup
   9. If editable, the ceiling of editing will be guided by Financial Transaction Type Setup
   10. Discount allowed or not, will be decided by Financial Transaction Type Setup
   11. If discount is allowed, it will be saved in separate column in Financial Transactions
   12. Net Debit amount will be calculated (Unit Billed amount minus Discount), and will be saved in Financial Transactions
   13. Remarks are not Mandatory

**PATIENT MEDICAL RECORD / MEDICAL CODING**

1. Rename ICD Coding as Medical Coding in the form name and all headings.
2. Upload Diagnosis Medical Coding Data
3. No mapping of services while adding Medical Code

**ACTIVATIONS / PROCEDURE CODING**

1. All procedures activated for an organization (irrespective of the site) will be filtered and will have an option to be mapped with Medical Code (multi-select) (See Table P-1)
2. Use command “Assign Medical Codes” instead of “Mapped Medical Codes” while activating Procedure Coding
3. Recheck data of all 18000+ records and filters

**PATIENT MEDICAL RECORD / VITAL SIGNS**

1. MR No. Format: Organization Code and “-“ should be fixed, with option to either enter numbers or search and select MR no. or name or cell no.
2. If patient is arrived then Entry Mode, otherwise view only
3. Billing Cost Center, Performing Cost Center should be written without abbreviation
4. In the Grid Below, use “/” instead of “&” like Outpatient Services / Clinic Visits
5. Minimum & Maximum Values of Vitals should be validated
   1. SBP 0 300
   2. DBP 0 200
   3. Pulse 0 350
   4. Temp 90 110
   5. Resp Rate 0 50
   6. Weight (kg) 0.1 250
   7. Pain Score 1 10
   8. Height (cm) 20 200
6. Body Mass Index (BMI) and Body Surface Area (BSA) to be self-calculated as follows:

BMI = Weight (in kg) / (Height (in meters) x Height (in meters))

BSA = Weight (in kg)0.425 × height (in cm)0.725 × 0.007184

**FRONT DESK SERVICES / PATIENT REGISTRATION**

1. Patient Cell no. and House no. should be optional
2. Entering Age should also be possible on front-end (it should be converted to DOB and saved accordingly)
3. Province Sindh, Division Karachi should be selected by Default

**PATIENT MEDICAL RECORD / ENCOUNTERS & PROCEDURES**

1. MR No. Format: Organization Code and “-“ should be fixed, with option to either enter numbers or search and select MR no. or name or cell no.
2. For any given MR no., more than one services can be active (but in one service mode). If more than one, option to select service should be there.
3. If patient is arrived then Entry Mode, otherwise view only
4. Caption of Complaints should be corrected to “Symptoms”
5. Caption in Medical Diagnosis History should be corrected to Medical Diagnosis
6. Caption in Past History should be correct…. Date instead of Dose
7. In all fields, possibility of future date entry should NOT be there.
8. Complaints should reflect only Complaints (Symptoms) while Diagnosis should filter only Diagnosis from the list of Medical Coding. Both should be multi-select field.
9. In both Complaints and Medical Diagnosis, just write “Code” and “Description”
10. In the grid below, change Action to Details in right most column
11. The data being displayed on clicking View Detail is not correct (showing complaint code, even if not entered)
12. In visit-based details, if procedure is being entered, instead of Symptoms, the Procedure multi-select field should be created with name of “Procedures” that should display list of Medical Coding with Service which is mapped in the Activations/Procedure Coding.
13. For **Encounter**, symptom code, notes and plan, all are mandatory while for **Procedures,** procedure code, notes and plan are mandatory
14. The buttons should be following:

|  |  |  |
| --- | --- | --- |
| Encounter Request | Procedure Planning | Investigation Order |
| Medicine Requisition | Attachments | Investigations Tracking |
| Edit or Update | View Log | Save |

1. BMI and BSA should be visible on main Encounter or Procedure screen (in the vitals section)
2. View Log is not working properly.
3. The “Attachments” button will lead to another form that will allow attaching any file (jpg, pdf, etc.) after entering description and date. This form will be accessible from button on Patient Medical Record filtering records of that patient only. See Excel File, P-13 table.
4. Any type of file can be attached.
5. Clicking “Save” Button will terminate the Encounter or Procedure service, sending end datetime to patient arrival table. All save buttons on master and child forms will be disabled, and the patient medical record will become non-editable till patient arrives again.
6. The Effective Datetime in whole patient medical record will be autosaved. The datetime at the time of Saving Encounter or Procedures will be saved as Effective Datetime on master and all child forms including Vital signs, Visit-based details, Diagnosis history, Allergies history, Immunization history, Drug history, Past history, Obstetrics history, Social history, all four types of requisitions, and attachments.

**PATIENT MEDICAL RECORD / ENCOUNTERS & PROCEDURES / REQUISITIONS**

1. If patient is arrived then Entry Mode, otherwise view only
2. For further requisitions (encounter, procedure, investigation, medication), the existing Service ID will be saved in the requisitions).
3. Request an Encounter should lead to another page where:
   1. Site to be selected
   2. Services Type will be fixed as Encounter.
   3. Service Mode, Group and Code will need to be selected.
   4. Service Mode to be selected first, then service
   5. The services data will be filtered as per services activated for that site.
   6. Specialty (Billing Cost Center) and Responsible Physician / Person will have to be selected.
   7. While requesting encounter or planning a procedure, the designated physician and remarks are not mandatory.
   8. Service Request Datetime should be visible in the grid below
4. Plan a Procedure and Order an Investigation should lead to another page where:
   1. Site to be selected
   2. Services Type will be fixed as Procedure or Investigation.
   3. Service Mode, Group and Code will need to be selected.
   4. Service Mode to be selected first, then service
   5. The services data will be filtered as per; i) Services activated for that site, and ii) Services allocated to that employee.
   6. Specialty (Billing Cost Center) and Responsible Physician or Person will be that on the patient medical record and will be auto-displayed. Remarks should not be mandatory
   7. List of investigations to be ordered should be displayed with multi-select option
   8. Service Request Datetime should be visible in the grid below
5. After requisition, service can be or cannot be booked, but should be reflected in Service Booking as requests list
6. After requisition, patient arrival can be directly confirmed without booking, but should be reflected in Patient Arrival as request & booking list down. However, Patient Arrival Confirmation is must to generate a new service ID for each investigation.

**PATIENT MEDICAL RECORD / INVESTIGATIONS TRACKING**

1. If patient is arrived then Entry Mode, otherwise view only
2. Once Patient Arrival is confirmed for any investigation and a new service ID for each investigation is generated with start datetime recorded
3. Then Investigation Confirmation (lab sample collection or imaging procedure acknowledgement) will be done through “Investigations Tracking Form” that will end the service and record end datetime in patient arrival. The effective datetime will also be this time both for Investigations Tracking and Patient Arrival & Departure (See Excel File, P-14 table).
4. This form “Investigations Tracking”, will handle sample collection and report attachment for investigations, same form will be viewable to see investigations results. This form will be accessible from button on Patient Medical Record filtering records of that patient only.

**MATERIAL MANAGEMENT / ITEM SETUP**

1. All five forms related to Item setup will be placed in this module

**MATERIAL MANAGEMENT / THIRD PARTY REGISTRATION**

1. Both Vendor & Donor Registration should be merged and placed here
2. Add Vendor & Donor Category (Corporate or Individual)
3. Current Description will be renamed as Corporate Name, and will be enabled only if Corporate is selected
4. Land line no., & Remarks should not be mandatory
5. Few fields will be added later

**MATERIAL MANAGEMENT / INVENTORY CONSUMPTION SETUP / CONSUMPTION GROUPS**

1. A new form needs to be created, see Table I-6
2. Inventory Consumption Group (Consumables vs Fixed Assets) should be defined for an organization, no need to record Site Code

**MATERIAL MANAGEMENT / INVENTORY CONSUMPTION SETUP / CONSUMPTION METHODS**

1. A new form needs to be created, see Table I-7
2. Inventory Consumption Method should be defined for an organization, no need to record Site Code
3. Inventory Consumption Method has to be linked with Consumables vs Fixed Assets

**MATERIAL MANAGEMENT / INVENTORY CONSUMPTION SETUP / STOCK MONITORING**

1. A new form needs to be created, see Table I-17
2. For an organization (for developer only), Site and Location, one can select a generic (and / or brand), and set min, max. stock levels
3. Only Inventory Locations activated for that site should be displayed in the dropdown
4. For an organization (for developer only), and Site (Location will be disabled), one can set max. monthly ceiling as well as min level for reordering
5. Two email addresses to send emails in case of breach of Min Stock Level & Monthly Consumption level
6. Prompts in all four conditions with proceed / stop as defined in Excel (on Issue/Dispense and Consumption forms)
7. Status will activate or inactivate this check

**MATERIAL MANAGEMENT / INVENTORY TRANSACTION SETUP / INVENTORY SOURCE OR DESTINATION TYPE**

1. A new form needs to be created, see Table I-18
2. Inventory Source or Destination Type should be defined for an organization, no need to record Site Code
3. Inventory Source or Destination Type will be used in setting up Inventory Transaction Type in next table

**MATERIAL MANAGEMENT / INVENTORY TRANSACTION SETUP / TRANSACTION ACTIVITY**

1. A new form needs to be created, see Table I-8
2. Inventory Activity should be defined for an organization, no need to record Site Code
3. Inventory Activity Type will be used in setting up Inventory Transaction Type in next table

**MATERIAL MANAGEMENT / INVENTORY TRANSACTION SETUP / TRANSACTION TYPES**

1. No need to record Site Code
2. Activity type to be selected from the above table, not as a closed dropdown option that is currently existing as Transaction Type in the form
3. Those requiring mandatory requests should be marked “Y”. If yes, then those transaction types requiring mandatory requesting location should be marked “Y”
4. Source and Destination type must be selected for each transaction. If the type is Inventory Location, only then addition or subtraction will be selected, else will be not applicable or reverse
5. Allotted Inventory Locations should be selected (multi-select)
6. These Allotted Inventory Locations should be applicable to Source, Destination or Not Applicable

**MATERIAL MANAGEMENT / ITEM CATEGORY**

1. Add Consumption Group Code from newly created table (not through existing hardcoded drop down) and Consumption Method Code to various Item categories, see Table I-1
2. No need to record Site Code

**MATERIAL MANAGEMENT / ITEM GENERIC SETUP**

1. Instead of Consumption Type, add Patient MR No. Mandatory (Yes or No).

**FINANCE / ITEM RATES**

1. Two types of rates should be entered by Finance for each item brand and batch no., a) Cost, b) Bill Amount. Rate Calculation Methodology will remain Per Unit, so no need to specify. This module “**Item Rates**” will come under Finance. Ideally this data should be saved in a separate table (see table FN-21) because rates are revised periodically with a future effective date that will be different from the effective date of Item Brand Setup.

**MATERIAL MANAGEMENT / PAYMENT ORDER**

1. While adding Payment Order, labelling should be corrected for “Effective Datetime”, and instead of Brand, write “Item Brand Name”.
2. Net Payable should be displayed on this new form, and cannot be in negative (This means Discount Received cannot be greater than Amount)
3. Remarks should not be mandatory
4. The rights for approval are not displayed while assigning rights in User Roles setup
5. Payment Order No. and Date (Effective Datetime) should be displayed on first screen
6. The Payment Order should be printable on A4 size letterhead of the organization, so there should be a Save as PDF option showing all the fields as below:
   1. Organization Name, Site Name, Vendor Name, PO No., PO Date
   2. Details of items being purchased as shown in the grid (with six columns: Item, Quantity, Amount, Discount, Net Payable, Remarks)
   3. Approved By (Name) and Disclaimer that “It’s a computer-generated document, does not require any signature”

**MATERIAL MANAGEMENT / WORK ORDER**

1. While adding Work Order, Transaction Type is not required
2. Net Payable should be displayed on this new form, and cannot be in negative (This means Discount Received cannot be greater than Amount)
3. Remarks should not be mandatory but have to be there (currently no Remarks field)
4. The rights for approval are not displayed while assigning rights in User Roles setup
5. Work Order No. and Date (Effective Datetime) should be displayed on first screen
6. The Work Order should be printable on A4 size letterhead of the organization, so there should be a Save as PDF option showing all the fields as below:
   1. Organization Name, Site Name, Vendor Name, WO No., WO Date
   2. Details of Work being ordered as shown in the grid (but with five columns: Particulars, Amount, Discount, Net Payable, Remarks)
   3. Approved By (Name) and Disclaimer that “It’s a computer-generated document, does not require any signature”

**PATIENT MEDICAL RECORD / MEDICINE REQUISITION**

1. This form can be accessed through Patient Medical Record only.
2. The form will display Site (and Organization for developers), MR no., Name, Age and Gender in the top panel, and all the requisitions made so far for that patient in the grid below as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Status** |
| (Requisition Code)  Request for (Transaction Type)  (Requesting Location, if any)  (Site)  Request Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Dose, Route, Frequency, Duration, 2. Generic Name, Dose, Route, Frequency, Duration, 3. Generic Name, Dose, Route, Frequency, Duration, 4. Generic Name, Dose, Route, Frequency, Duration, I |  |

1. Clicking “Add Medicine Requisition” in the top panel, should take to another form where following fields should be auto-filled in the top panel on opening of new form:
   1. “Requested Transaction”, the dropdown will show only those transaction types where request is mandatory, see Table I-9
   2. If the selected transaction also requires mandatory requesting location (Table I-9), then another dropdown should display with allotted inventory locations for that employee as per site
   3. Remarks, NOT mandatory
2. Transaction datetime will be saved as Effective Datetime.
3. In the same top panel, following fields will have to be entered:
   1. Org. Code Display (for developers only), Save
   2. Site Code Display, Save
   3. MR no. Display, Save
   4. Patient Name Display, Do not Save
   5. Age Display, Save
   6. Gender Display, Save
   7. Service ID Background, Save
   8. Service Mode Code Background, Save
   9. Service Type Code Background, Save
   10. Service Group Code Background, Save
   11. Service Code Background, Save
   12. Resp. Physician Name Display, Do not Save
   13. Resp. Physician Code Background, Save
   14. Billing CC Name Display, Do not Save (Heading should be “Specialty”)
   15. Billing CC Code Background, Save
4. Below the top panel, following fields will be entered in a tabular way. This means one requisition may have multiple medicines entry like below. Only those generics, with item category Medicines (Table I-1) and MR no. mandatory marked as Yes (Table I-4) will appear in the dropdown.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic Name** | **Dose** | **Route** | **Frequency** | **Duration (Days)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**MATERIAL MANAGEMENT / MATERIAL REQUISITION**

1. This form can be accessed through main module of Material Management (It’s new name is “Requisition for Material Consumption”)
2. The form will display all the requisitions made so far for in the following grid. Fields highlighted in Blue can be absent, if that requisition was not MR based. There will be no top panel, like previous form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Status** |
| (Requisition Code)  Request for (Transaction Type)  (Requesting Location, if any)  (Site)  Request Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Demand Qty, 2. Generic Name, Demand Qty, 3. Generic Name, Demand Qty, 4. Generic Name, Demand Qty, |  |

1. Clicking “Add Material Requisition” at the right top corner should take to another form where following fields will have to be entered in the top panel of new form:
   1. “Requested Transaction”, the dropdown will show only those transaction types where request is mandatory, see Table I-9
   2. If the selected transaction also requires mandatory requesting location (Table I-9), then another dropdown should display with allotted inventory locations for that employee as per site
   3. Remarks, NOT mandatory
2. Transaction datetime will be saved as Effective Datetime.
3. In the same top panel, following fields will have to be entered:
   1. Org. Code Display (for developers only), Select one, Save
   2. Site Code Display, Select One, Save
   3. MR no. Optional, Enter One, Save
   4. Patient Name Display, if MR no. entered, Do not Save
   5. Age Display, if MR no. entered, Save
   6. Gender Display, if MR no. entered, Save
   7. Service ID Display active Service IDs for that MR no., Select one, Save
   8. Service Mode Code Display as per Service ID, Save
   9. Service Type Code Display as per Service ID, Save
   10. Service Group Code Display as per Service ID, Save
   11. Service Code Display as per Service ID, Save
   12. Resp. Physician Name Display as per Service ID, Do not Save
   13. Resp. Physician Code Background as per Service ID, Save
   14. Billing CC Name Display as per Service ID, Do not Save (Heading should be “Specialty”)
   15. Billing CC Code Background as per Service ID, Save
4. Below the top panel, following fields will be entered in a tabular way. This means one requisition may have multiple medicines entry like below. Only those generics, with item category other than Medicines (Table I-1) will appear in the dropdown. ~~This list will be further filtered as per mandatory MR. no. marked as “Yes”, if MR no. is entered, or “No”, if MR no. is not entered (Table I-4).~~

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Generic Name** | **Demand Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MATERIAL MANAGEMENT / ISSUE AND DISPENSE**

1. This form can be accessed through main module of Material Management (It’s one of the forms for Inventory Management that will handle only the transactions with activity marked as Issue and Dispense)
2. Four aspects need to be considered:
   1. Whether Issue or Dispense is Requisition based or not (depends upon the Transaction Type Setup). If only requisition based, then will have to Respond to requisitions individually, else New Issue or Dispense Button will be visible at right upper corner.
   2. Is the item a Medicine or other than Medicine? Both have separate requisition forms but issue or dispense can be handled together.
   3. Is this Issue or Dispense? This will be decided through Transaction Type auto-filled, if requisition based, or selected, if new transaction.
   4. Is the issue MR based or not? Direct dispense to patient is only MR no. based while Issue to a location may or may not be MR based, depending on the generic being issued.
3. The form will start by selecting Site (and Organization for developers), and Transaction type. Only those transactions will be visible in dropdown that are marked as Issue & Dispense, see Table I-9.
4. The form will display MR no., Name, Age and Gender in the top panel. One has to enter MR no. (optional) to see the filtered results in the grid below top panel.
5. If MR no. is entered, then data will be filtered for that MR no. only. If MR no is not entered then all the data not having MR no. will be displayed in the grid, and the fields highlighted in Blue can be absent.
6. If the Issue and Dispense transactions for an organization are requisition-based (Table I-9) then all the requisitions will be displayed in the grid below. Else, all the transactions made for Issue & Dispense will be displayed with fields from requisition not present (highlighted in Green).
7. We can have “Fetch Data” Button

The grid for Medicines will be as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Status** |
| (Requisition Code)  Ref: (Reference Document no.)  Request for (Transaction Type)  (Requesting Location, if any)  (Site)  Request Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty | Pending, Partially Completed or Completed  If issued quantity is null, then activate  **RESPOND Button** |

The grid for Other than Medicines will be as follows (both the grids can be merged as only third column is a bit different)

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Status** |
| (Requisition Code)  Ref: (Reference Document no.)  Request for (Transaction Type)  (Requesting Location, if any)  (Site)  Request Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 4. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty | Pending, Partially Completed or Completed  If issued quantity is less than demand quantity, then activate  **RESPOND Button** |

1. On the first form, “Respond” Button will remain active if Demand minus Issue Quantity is more than zero
2. Updated Balances for Organization, Site, Source and Inventory Location will be displayed when cursor is moved on the grid of first page
3. Clicking “New Issue or Dispense” at the right top corner (that will be visible only if requisition is not mandatory for issue or dispense) or clicking the “Respond” button in the grid should take to second form where following fields will have to be *either entered (first case) or auto-displayed (second case)* in the top panel of new form (should be compact like Medical Record):
   1. Requested Transaction Display, Save
   2. Reference Document Requisition no. being responded (not applicable for new)
   3. Org. Code Display (for developers only), Select one, Save
   4. Site Code Display, Select One, Save
   5. MR no. Optional, Enter One, Save
   6. Patient Name Display, if MR no. entered, Do not Save
   7. Age Display, if MR no. entered, Do not Save
   8. Gender Display, if MR no. entered, Do not Save
   9. Service ID Display active Service IDs for that MR no., Select one, Save
   10. Service Mode Code Display as per Service ID, Save
   11. Service Type Code Display as per Service ID, Save
   12. Service Group Code Display as per Service ID, Save
   13. Service Code Display as per Service ID, Save
   14. Resp. Physician Code Background as per Service ID, Save
   15. Resp. Physician Name Display as per Service ID, Do not Save
   16. Billing CC Code Background as per Service ID, Save
   17. Billing CC Name Display as per Service ID, Do not Save (Heading should be “Specialty”)
   18. Performer Name Display this Employee Name, Do not Save
   19. Performer Code Background, Employee Code, Save
   20. Performing CC Name Display as per Emp., if more than one, select one, Do not Save
   21. Performing CC Code Background as per selected Performing CC Name, Save
   22. Display Inventory Source and Destination Type as per requested Transaction (Vendor, Donor, Patient, Inventory Location, General, Reversal), Do not Save
   23. If Inventory Source Type is Inventory Location, like in this case, then display Source Inventory Location in dropdown as per a) allotted inventory locations in the transaction type setup (I-9, Column DK), then b) allotted inventory location for that employee and site (H-13); Save
   24. If Inventory Destination Type is Inventory Location, like in the case of *Issue*, then a) display Destination Inventory Location auto-filled as per requisition, or if new then b) in dropdown display all Inventory Locations allotted to the employees of this site; Save
   25. Inventory Destination Type is Patient in case of *Direct Dispense* to Patient.
   26. Remarks, NOT mandatory
4. Below the top panel on this second form, following fields will be entered in a tabular way. One of the two grids will be visible as per request being honored.

For medicines

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic Details** | **Brand** | **Batch No.** | **Expiry** | **Issue or Dispense Quantity** |
|  | Generic Name, Brand Name, Dose, Route, Frequency, Duration |  |  |  | (Transaction Quantity) |
|  | Generic Name, Brand Name, Dose, Route, Frequency, Duration |  |  |  | (Transaction Quantity) |
|  | Generic Name, Brand Name, Dose, Route, Frequency, Duration |  |  |  | (Transaction Quantity) |

For other than Medicine

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic Details** | **Brand** | **Batch No.** | **Expiry** | **Issue or Dispense Quantity** |
|  | Generic Name, Brand Name, Demand Quantity |  |  |  | (Transaction Quantity) |
|  | Generic Name, Brand Name, Demand Quantity |  |  |  | (Transaction Quantity) |
|  | Generic Name, Brand Name, Demand Quantity |  |  |  | (Transaction Quantity) |

1. For each item, Brand should be selected. Batch No. and Expiry should be auto-filled as per consumption method.
2. Expiry check: whether this transaction can or cannot happen for expired items.
3. *Display Organization Balance, Site Balance, Source Location Balance and Destination Location Balance*
4. At the time of entering Transaction Quantity, three checks should be there: a) Transaction Quantity cannot be more than existing balance of source destination, b) Transaction Quantity cannot be more than Demand minus Issue Quantity (if applicable), c) Transaction Quantity cannot increase the balance of source destination more than what is allotted (Table I-17) If not entered for that item, then ignore this last check
5. Effective Datetime: If there is any MR no. and Service ID, then Service End Date time should be updated as Effective Datetime at the end of service, else the Transaction datetime will be saved as Effective Datetime.
6. MSD Check: If the transaction type has the *destination location type defined as Patient*, then following data will be saved into MSD Master Table also. And if the transaction type has the *source location type defined as Patient*, then following data will be saved into MSD Master Table also but with quantity in negative.
   1. SERVICE ID
   2. ORG CODE
   3. SITE CODE
   4. PATIENT MR CODE
   5. GENDER
   6. AGE
   7. CURRENT WELFARE STATUS
   8. BOOKED OR UNBOOKED
   9. SERVICE BOOKING CODE
   10. SRV MODE CODE
   11. SRV TYPE CODE
   12. SRV GROUP CODE
   13. SERVICE CODE
   14. BILLING CC CODE
   15. PERFORMING CC CODE
   16. RESPONSIBLE PHYSICIAN CODE
   17. PERFORMER CODE
   18. SERVICE START TIME
   19. SERVICE END TIME (if service still active then will be updated on ending the service)
   20. SERVICE LOS (if service still active then will be updated on ending the service)
   21. ITEM BRAND CODE
   22. ITEM UNIT COST
   23. ITEM UNIT BILLED AMOUNT
   24. ITEM QUANTITY
   25. ITEM COST (VOSR) (Unit Cost x Quantity)
   26. ITEM BILLED AMOUNT (Unit Bill x Quantity)
   27. DISCOUNT GIVEN
   28. NET BILLED AMOUNT

**MATERIAL MANAGEMENT / CONSUMPTION**

1. This form can be accessed through main module of Material Management (It’s one of the forms for Inventory Management that will handle only the transactions with activity marked as Consumption)
2. The form will start by selecting Site (and Organization for developers), and Transaction type. Only those transactions will be visible in dropdown that are marked as Consumption, see Table I-9.
3. The form will display MR no., Name, Age and Gender in the top panel. One has to enter MR no. (optional) to see the filtered results in the grid below top panel.
4. If MR no. is entered, then data will be filtered for that MR no. only. If MR no is not entered then all the data not having MR no. will be displayed in the grid, and the fields highlighted in Blue can be absent.

The grid for Medicines will be as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Action** |
| (Issue or Dispense Code)  Ref: (Reference Document no.)  (Issue or Dispense Transaction Type)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty | **CONSUME Button** |

The grid for Other than Medicines (both the grids can be merged as only third column is a bit different)

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Action** |
| (Issue or Dispense Code)  Ref: (Reference Document no.)  (Issue or Dispense Transaction Type)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 4. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty | **CONSUME Button** |

1. On the first form, “Consume” Button will remain active if Issue minus Consumption Quantity is more than zero
2. Updated Balances for Organization, Site, Source and Inventory Location will be displayed when cursor is moved on the grid of first page
3. Clicking the “Consume” Button will lead to another form where the consumption quantity will be entered in a tabular way. One of the two grids will be visible as per request being honored.
4. Next step will be to select, in the top panel, Inventory Source and Destination Location as guided by the selected transaction type.
5. If Inventory Source Type is Inventory Location, like in this case, then display Source Inventory Location in dropdown as per a) allotted inventory locations in the transaction type setup, then b) allotted inventory location for that employee and site
6. If the Inventory Destination type is Patient or General, like in this case, there will be no Inventory Location, but MR no., Name, Age and Gender will appear in the top panel in case of patient consumption.
7. Remarks, NOT mandatory

For medicines

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Generic Details** | **Brand, Batch No., Expiry** | **Issue or Dispense Quantity** | **Consumption Quantity** |
|  | Generic Name, Dose, Route, Frequency, Duration |  |  | (Transaction Quantity) |
|  | Generic Name, Dose, Route, Frequency, Duration |  |  | (Transaction Quantity) |

For other than Medicine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Generic Details** | **Brand, Batch No., Expiry** | **Issue or Dispense Quantity** | **Consumption Quantity** |
|  | Generic Name, Demand Quantity |  |  | (Transaction Quantity) |
|  | Generic Name, Demand Quantity |  |  | (Transaction Quantity) |

1. For each item, Brand, Batch No., Expiry and Issue Quantity should be auto-filled.
2. Expiry check: whether this transaction can or cannot happen for expired items.
3. *Display Organization Balance, Site Balance, Source Location Balance and Destination Location Balance*
4. At the time of entering Transaction Quantity, two checks should be there: a) Transaction Quantity cannot be more than existing balance of source destination, b) Transaction Quantity cannot be more than Issue minus Consumption Quantity
5. Effective Datetime: If there is any MR no. and Service ID, then Service End Date time should be updated as Effective Datetime at the end of service, else the Transaction datetime will be saved as Effective Datetime.
6. Following fields will be *auto-displayed and saved* through this second form*.*
7. Transaction Display, Save
8. Reference Document Issue or Dispense no. being responded
9. Org. Code Display (for developers only), Save
10. Site Code Display, Save
11. MR no. Display, Save
12. Patient Name Display, if MR no. entered, Do not Save
13. Age Display, if MR no. entered, Do not Save
14. Gender Display, if MR no. entered, Do not Save
15. Service ID Display active Service IDs for that MR no., Save
16. Service Mode Code Display as per Service ID, Save
17. Service Type Code Display as per Service ID, Save
18. Service Group Code Display as per Service ID, Save
19. Service Code Display as per Service ID, Save
20. Resp. Physician Code Background as per Service ID, Save
21. Resp. Physician Name Display as per Service ID, Do not Save
22. Billing CC Code Background as per Service ID, Save
23. Billing CC Name Display as per Service ID, Do not Save (Heading should be “Specialty”)
24. Performer Name Display Employee Name, Do not Save
25. Performer Code Background, Employee Code, Save
26. Performing CC Name Display as per Emp., if more than one, select one, Do not Save
27. Performing CC Code Background as per selected Performing CC Name, Save
28. MSD Check: If the transaction type has the *destination location type defined as Patient*, then following data will be saved into MSD Master Table also. And if the transaction type has the *source location type defined as Patient*, then following data will be saved into MSD Master Table also but with quantity in negative.
    1. SERVICE ID
    2. ORG CODE
    3. SITE CODE
    4. PATIENT MR CODE
    5. GENDER
    6. AGE
    7. CURRENT WELFARE STATUS
    8. BOOKED OR UNBOOKED
    9. SERVICE BOOKING CODE
    10. SRV MODE CODE
    11. SRV TYPE CODE
    12. SRV GROUP CODE
    13. SERVICE CODE
    14. BILLING CC CODE
    15. PERFORMING CC CODE
    16. RESPONSIBLE PHYSICIAN CODE
    17. PERFORMER CODE
    18. SERVICE START TIME
    19. SERVICE END TIME (if service still active then will be updated on ending the service)
    20. SERVICE LOS (if service still active then will be updated on ending the service)
    21. ITEM BRAND CODE
    22. ITEM UNIT COST
    23. ITEM UNIT BILLED AMOUNT
    24. ITEM QUANTITY
    25. ITEM COST (VOSR) (Unit Cost x Quantity)
    26. ITEM BILLED AMOUNT (Unit Bill x Quantity)
    27. DISCOUNT GIVEN
    28. NET BILLED AMOUNT

**MATERIAL MANAGEMENT / RETURN**

1. This form can be accessed through main module of Material Management (It’s one of the forms for Inventory Management that will handle only the transactions with activity marked as Return)
2. The form will start by selecting Site (and Organization for developers), and Transaction type. Only those transactions will be visible in dropdown that are marked as Return, see Table I-9.
3. The form will display MR no., Name, Age and Gender in the top panel. One has to enter MR no. (optional) to see the filtered results in the grid below top panel.
4. If MR no. is entered, then data will be filtered for that MR no. only. If MR no is not entered then all the data not having MR no. will be displayed in the grid, and the fields highlighted in Blue can be absent.

The grid for Medicines will be as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Action** |
| (Issue or Dispense Code)  Ref: (Reference Document no.)  (Issue or Dispense Transaction Type)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Dose, Route, Frequency, Duration, Issued Qty, Consumed Qty, Returned Qty | **RETURN Button** |

The grid for Other than Medicines will be as follows (both the grids can be merged as only third column is a bit different)

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Action** |
| (Issue or Dispense Code)  Ref: (Reference Document no.)  (Issue or Dispense Transaction Type)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Group Description)  (Service Description)  (Responsible Physician)  (Billing CC) | 1. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty | **RETURN Button** |

1. On the first form, “Return” Button will remain active if Issue minus Consumption Quantity is more than zero
2. Updated Balances for Organization, Site, Source and Inventory Location will be displayed when cursor is moved on the grid of first page
3. Clicking the “Return” Button will lead to another form where the Return quantity will be entered in a tabular way. One of the two grids will be visible as per request being honored.
4. Next step will be to select Inventory Source and Destination Location as guided by the selected transaction type.
5. If Inventory Destination Type is Inventory Location, like in this case, then display Destination Inventory Location in dropdown as per a) allotted inventory locations in the transaction type setup, then b) allotted inventory location for that employee and site
6. If Inventory Source Type is Inventory Location, like in the case of Return after Issue, then display all active inventory locations for that site
7. If the Inventory Source type is Patient, like in the case of Return after Direct Dispense, there will be no Inventory Location, but MR no., Name, Age and Gender will have to be entered in the top panel.
8. Remarks, NOT mandatory

For medicines

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic Details** | **Brand, Batch No., Expiry** | **Issue or Dispense Quantity** | **Consumed Quantity** | **Return Quantity** |
|  | Generic Name, Dose, Route, Frequency, Duration |  |  |  | (Transaction Quantity) |
|  | Generic Name, Dose, Route, Frequency, Duration |  |  |  | (Transaction Quantity) |

For other than Medicine

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic Details** | **Brand, Batch No., Expiry** | **Issue or Dispense Quantity** | **Consumed Quantity** | **Return Quantity** |
|  | Generic Name, Demand Quantity |  |  |  | (Transaction Quantity) |
|  | Generic Name, Demand Quantity |  |  |  | (Transaction Quantity) |

1. For each item, Brand, Batch No., Expiry and Issue Quantity should be auto-filled.
2. Expiry check: whether this transaction can or cannot happen for expired items.
3. *Display Organization Balance, Site Balance, Source Location Balance and Destination Location Balance*
4. At the time of entering Transaction Quantity, two checks should be there: a) Transaction Quantity cannot be more than existing balance of source destination, b) Transaction Quantity cannot be more than Issue minus Consumption Quantity
5. Effective Datetime will be the Transaction datetime.
6. Following fields will be *auto-displayed and saved.*
7. Transaction Display, Save
8. Reference Document Issue or Dispense no. being responded
9. Org. Code Display (for developers only), Save
10. Site Code Display, Save
11. MR no. Display, Save
12. Patient Name Display, if MR no. entered, Do not Save
13. Age Display, if MR no. entered, Do not Save
14. Gender Display, if MR no. entered, Do not Save
15. Service ID Display active Service IDs for that MR no., Save
16. Service Mode Code Display as per Service ID, Save
17. Service Type Code Display as per Service ID, Save
18. Service Group Code Display as per Service ID, Save
19. Service Code Display as per Service ID, Save
20. Resp. Physician Code Background as per Service ID, Save
21. Resp. Physician Name Display as per Service ID, Do not Save
22. Billing CC Code Background as per Service ID, Save
23. Billing CC Name Display as per Service ID, Do not Save (Heading should be “Specialty”)
24. Performer Name Display Employee Name, Do not Save
25. Performer Code Background, Employee Code, Save
26. Performing CC Name Display as per Emp., if more than one, select one, Do not Save
27. Performing CC Code Background as per selected Performing CC Name, Save
28. MSD Check: If the transaction type has the *destination location type defined as Patient*, then following data will be saved into MSD Master Table also. And if the transaction type has the *source location type defined as Patient*, then following data will be saved into MSD Master Table also but with quantity in negative.
29. SERVICE ID
30. ORG CODE
31. SITE CODE
32. PATIENT MR CODE
33. GENDER
34. AGE
35. CURRENT WELFARE STATUS
36. BOOKED OR UNBOOKED
37. SERVICE BOOKING CODE
38. SRV MODE CODE
39. SRV TYPE CODE
40. SRV GROUP CODE
41. SERVICE CODE
42. BILLING CC CODE
43. PERFORMING CC CODE
44. RESPONSIBLE PHYSICIAN CODE
45. PERFORMER CODE
46. SERVICE START TIME
47. SERVICE END TIME (if service still active then will be updated on ending the service)
48. SERVICE LOS (if service still active then will be updated on ending the service)
49. ITEM BRAND CODE
50. ITEM UNIT COST
51. ITEM UNIT BILLED AMOUNT
52. ITEM QUANTITY
53. ITEM COST (VOSR) (Unit Cost x Quantity)
54. ITEM BILLED AMOUNT (Unit Bill x Quantity)
55. DISCOUNT GIVEN
56. NET BILLED AMOUNT

**MATERIAL MANAGEMENT / EXTERNAL TRANSACTIONS**

1. This form can be accessed through main module of Material Management (It’s one of the forms for Inventory Management that will handle only the transactions with activity marked as External Transactions)
2. The form will start by selecting Site (and Organization for developers), and Transaction type. Only those transactions will be visible in dropdown that are marked as External Transactions, see Table I-9.
3. The grid on main form lower section should look like below, reflecting all transactions made so far for the given type.

|  |  |
| --- | --- |
| **Transaction Details** | **Item Details** |
| (Transaction Code)  Ref: (Reference Document no.)  (Transaction Type)  (Source Location, if any)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | 1. Generic Name, Brand, Batch, Expiry, Transaction Quantity 2. Generic Name, Brand, Batch, Expiry, Transaction Quantity 3. Generic Name, Brand, Batch, Expiry, Transaction Quantity 4. Generic Name, Brand, Batch, Expiry, Transaction Quantity 5. Generic Name, Brand, Batch, Expiry, Transaction Quantity |

1. Updated Balances for Organization, Site, Source and Inventory Location will be displayed when cursor is moved on the grid of first page
2. Latest Item Cost and Bill Rate should be displayed, if entered by Finance
3. Clicking “New Transaction” at the right top corner will lead to another form where the details of new transaction will be entered
4. On this second form, first step will be to select Inventory Source and Destination Location as guided by the selected transaction type.
5. If Inventory Source or Destination Type is Inventory Location, then display Destination Inventory Location in dropdown as per a) allotted inventory locations in the transaction type setup, then b) allotted inventory location for that employee and site
6. If Inventory Source or Destination Type is Vendor, Vendor Regn. Code will be fetched from Vendor Registration table, or if it is Donor, then Donor Regn. Code will be fetched from Donor Registration table. In both cases, this code will be saved in Inventory Management Table
7. Reference Document no. will have to be entered (Purchase Order No.). For transaction like opening balance where no PO is available, can enter “None”
8. Following fields will be *auto-displayed and saved.*
9. Transaction Display, Save
10. Org. Code Display (for developers only), Save
11. Site Code Display, Save
12. Performer Name Display Employee Name, Do not Save
13. Performer Code Background, Employee Code, Save
14. Performing CC Name Display as per Emp., if more than one, select one, Do not Save
15. Performing CC Code Background as per selected Performing CC Name, Save
16. Remarks, NOT mandatory
17. Below the top panel, following fields will be entered in a tabular way.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic** | **Brand** | **Batch No.** | **Expiry** | **Transaction Quantity** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. For each item, Brand, Batch No. and Expiry should be entered (for receiving) or selected (for return).
2. Expiry check: whether this transaction can or cannot happen for expired items.
3. *Display Organization Balance, Site Balance, Source Location Balance and Destination Location Balance*
4. Enter Transaction Quantity
5. Transaction datetime will be saved as Effective Datetime.

**MATERIAL MANAGEMENT / REQUISITION FOR OTHER TRANSACTIONS**

1. A new form will be created that can be accessed through main module of Material Management with name of “Requisition for Other Transactions”.
2. This form will be used to Request for Internal Transfer or Condemnation (or any other transaction labelled as Other Transaction)
3. Practically this will be copy of “Requisition for Material Consumption” wit the difference that no patient or service details are required, see Table I-19.
4. The form will display all the requisitions made so far for in the following grid. There will be no top panel, like previous form.

|  |  |  |
| --- | --- | --- |
| **Transaction Details** | **Item Details** | **Status** |
| (Requisition Code)  Request for (Transaction Type)  (Requesting Location, if any)  (Site)  Request Date:  Effective Date:  Remarks (if any) | 1. Generic Name, Requested Qty, Addressed Qty 2. Generic Name, Requested Qty, Addressed Qty 3. Generic Name, Requested Qty, Addressed Qty 4. Generic Name, Requested Qty, Addressed Qty | Pending or Addressed |

1. Clicking “Add Other Transactions Requisition” at the right top corner should take to another form where following fields will have to be entered in the top panel of new form:
   1. “Requested Transaction”, the dropdown will show only those transaction types which are tagged with other transactions and where request is mandatory, see Table I-9
   2. If the selected transaction also requires mandatory requesting location (Table I-9), then another dropdown should display with allotted inventory locations for that employee as per site
   3. Remarks, NOT mandatory
2. Transaction datetime will be saved as Effective Datetime.
3. In the same top panel, following fields will have to be entered:
   1. Org. Code Display (for developers only), Select one, Save
   2. Site Code Display, Select One, Save
4. Below the top panel, following fields will be entered in a tabular way. This means one requisition may have multiple entries like below. All generics (medical and/or general) will appear in the dropdown.

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Generic Name** | **Requested Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |

**MATERIAL MANAGEMENT / OTHER TRANSACTIONS**

1. This form can be accessed through main module of Material Management (It’s one of the forms for Inventory Management that will handle only the transactions with activity marked as Other Transactions)
2. The form will start by selecting Site (and Organization for developers), and Transaction type. Only those transactions will be visible in dropdown that are marked as Other Transactions, see Table I-9.
3. The grid on main form lower section should look like below, reflecting all transactions made so far for the given type.

|  |  |
| --- | --- |
| **Transaction Details** | **Item Details** |
| (Transaction Code)  Ref: (Reference Document no.)  (Transaction Type)  (Source Location, if any)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | 1. Generic Name, Brand, Batch, Expiry, Transaction Quantity 2. Generic Name, Brand, Batch, Expiry, Transaction Quantity 3. Generic Name, Brand, Batch, Expiry, Transaction Quantity 4. Generic Name, Brand, Batch, Expiry, Transaction Quantity 5. Generic Name, Brand, Batch, Expiry, Transaction Quantity |

1. Updated Balances for Organization, Site, Source and Inventory Location will be displayed when cursor is moved on the grid of first page
2. Latest Item Cost and Bill Rate should be displayed, if entered by Finance
3. Clicking “New Transaction” at the right top corner will lead to another form where the details of new transaction will be entered
4. On this second form, first step will be to select Inventory Source and Destination Location as guided by the selected transaction type.
5. If Inventory Source Type is Inventory Location, then display Source Inventory Location in dropdown as per a) allotted inventory locations in the transaction type setup, then b) allotted inventory location for that employee and site
6. If Inventory Destination Type is Inventory Location, then display all Inventory Locations allotted to the employees of this site
7. If Inventory Destination Type is “Not Specified”, no Destination Location will be saved in Inventory Management Table
8. Reference Document no. will have to be entered (if possible)
9. Following fields will be *auto-displayed and saved.*
10. Transaction Display, Save
11. Org. Code Display (for developers only), Save
12. Site Code Display, Save
13. Performer Name Display Employee Name, Do not Save
14. Performer Code Background, Employee Code, Save
15. Performing CC Name Display as per Emp., if more than one, select one, Do not Save
16. Performing CC Code Background as per selected Performing CC Name, Save
17. Remarks, NOT mandatory
18. Below the top panel, following fields will be entered in a tabular way.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Generic** | **Brand** | **Batch No.** | **Expiry** | **Transaction Quantity** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. For each item, Brand, Batch No. and Expiry should be selected (cannot be entered).
2. Expiry check: whether this transaction can or cannot happen for expired items.
3. *Display Organization Balance, Site Balance, Source Location Balance and Destination Location Balance*
4. Enter Transaction Quantity
5. Transaction datetime will be saved as Effective Datetime.

**MATERIAL MANAGEMENT / REVERSAL OF TRANSACTION**

1. This form can be accessed through main module of Material Management (It’s one of the forms for Inventory Management that will handle only the transactions with activity marked as Reversal of Transaction)
2. The form will start by selecting Site (and Organization for developers), and *the Transaction type that needs to be reversed*.
3. All the transactions with the selected type from the Inventory Management Table will appear in the grid below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Details** | **Patient Details** | **Item Details** | **Action** |
| (Transaction Type)  (Source Location, if any)  (Destination Location, if any)  (Site)  Issue Date:  Effective Date:  Remarks (if any) | MR No.:  (Name)  (Service Mode Description)  (Service Description)  (Service Group Description)  (Responsible Physician)  (Billing CC)  (Performer)  (Performing CC) | 1. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 2. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 3. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty 4. Generic Name, Demand Quantity, Issued Qty, Consumed Qty, Returned Qty | **REVERSE Button** |

1. Updated Balances for Organization, Site, Source and Inventory Location will be displayed when cursor is moved on the grid
2. Clicking the “Reverse” button will create an equal transaction in opposite direction to balance the inventory
3. Inventory Source will become Inventory Destination and vice versa while all other details will remain the same, including transaction details, item details, patient details, service details, etc.
4. However, Performing CC Code and Performer Code will be of that person who is reversing the transaction
5. *Remarks should be mandatory while reversing the transaction*
6. Expiry check: whether this transaction can or cannot happen for expired items.
7. Effective Datetime will be the Transaction datetime.
8. The reversed transaction will be added to the list of transactions.
9. MSD Check: If the transaction type has the *destination location type defined as Patient*, then following data will be saved into MSD Master Table also. And if the transaction type has the *source location type defined as Patient*, then following data will be saved into MSD Master Table also but with quantity in negative.
10. SERVICE ID
11. ORG CODE
12. SITE CODE
13. PATIENT MR CODE
14. GENDER
15. AGE
16. CURRENT WELFARE STATUS
17. BOOKED OR UNBOOKED
18. SERVICE BOOKING CODE
19. SRV MODE CODE
20. SRV TYPE CODE
21. SRV GROUP CODE
22. SERVICE CODE
23. BILLING CC CODE
24. PERFORMING CC CODE
25. RESPONSIBLE PHYSICIAN CODE
26. PERFORMER CODE
27. SERVICE START TIME
28. SERVICE END TIME (if service still active then will be updated on ending the service)
29. SERVICE LOS (if service still active then will be updated on ending the service)
30. ITEM BRAND CODE
31. ITEM UNIT COST
32. ITEM UNIT BILLED AMOUNT
33. ITEM QUANTITY
34. ITEM COST (VOSR) (Unit Cost x Quantity)
35. ITEM BILLED AMOUNT (Unit Bill x Quantity)
36. DISCOUNT GIVEN
37. NET BILLED AMOUNT

**HUMAN RESOURCE / PREFIX SETUP**

1. A new form will be created for Prefix Setup, see Table H-14
2. This Prefix filed will be available before Name in a) Employee Setup / Add Employee, b) Third Party Registration / Register a Third Party
3. Both Employee names and Third-Party Focal Person’s names will be displayed by joining prefix with name everywhere.

**PATIENT MEDICAL RECORD / VITAL SIGNS**

1. Add O2 Saturation and Nursing Notes (optional)

**HUMAN RESOURCE / EMPLOYEE SETUP**

1. The email should be editable, but as soon as it is modified, a pop-up should give message “The email address of this employee has been modified, a new password has been emailed to the employee for login”.
2. At the backend, a) email will be updated in User setup, b) current session will be logged out, c) email will be sent to employee with new password.

**HUMAN RESOURCE / EMPLOYEE COST CENTER ALLOCATION**

1. Headcount Cost Center should be displayed on Cost Allocation when Employee is selected to avoid any mistake in selection

**GENERAL / FILTERS ON MULTIPLE SCREENS ABOVE THE GRID**

1. Apply filters in following screens in a sequential manner
   1. Item Setup/Item Sub-Category Setup: Category
   2. Item Setup/Item Type Setup: Category & Sub-Category
   3. Item Setup/Item Generic Setup: Category, Sub-Category & Type
   4. Item Setup/Item Brand Setup: Category, Sub-Category, Type & Generic
   5. Services/Service Groups: Service Type
   6. Services/Service Code Directory: Service Type & Group
   7. Activations/Cost Centers Activation: Site & CC Type
   8. Activations/Service Location Activation: Site
   9. Human Resource/Position Setup: Cadre
   10. Territories/Divisions: Province
   11. Territories/Districts: Province & Division
   12. Cost Centers/Cost Center Setup: CC Type
   13. Key Performance Indicators/KPI Types: KPI Group & Dimension
   14. Key Performance Indicators/KPI Setup: KPI Group, Dimension & Type
   15. Material Management/Stock Monitoring: Generic & Brand

**FRONT DESK SERVICES / OUTSOURCED SERVICES**

1. A new form will be created in Front Desk module to record Outsourced Services on receiving of their bill, see Table F-9
2. Service ID will be generated (just like Patient Arrival & Departure Form)
3. Along with other details, will have to enter Referral Site Code
4. Service Mode will be Outsourced by Default (how to avoid Hard Code)
5. Service Type, Group and Code can be entered (Optional), if available in Service Code Directory
6. If the above fields are not filled, then an Open Text field will appear to record Service Description
7. Remarks will be Optional
8. Service Start Time, End Time and Billed Amount will have to entered

**ORGANIZATION / REFERRAL SITE SETUP**

1. A new form will be created in Organization module, similar to Site setup but with lesser fields, see Table M-20
2. Remarks and Contact numbers will be optional

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASKS HANDED OVER SO FAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PATIENT MEDICAL RECORD / EXIT DISPOSITION SETUP**

1. A new form will be created in PMR module, below Medical Coding, see Table P-15
2. While defining an Exit Disposition, two further fields will also need to be defined; a) Other Site, b) Referral Site

**PATIENT MEDICAL RECORD / ENCOUNTERS & PROCEDURES / EXIT DISPOSITION**

1. On clicking save at Encounters & Procedures, a pop-up should appear to enter exit disposition.
2. The exit dispositions may be multiple for any single visit-based details (a patient can be followed in same clinic, as well as referred outside)
3. The pop-up will enable recording Exit Disposition, see Table P-16. If that requires to enter site, then one of the sites in the organization will have to be selected. Similarly, if that requires to enter any other healthcare facility, then one of the referral sites will have to be selected.

**FRONT DESK SERVICES / PATIENT WELFARE**

1. A new form needs to be created, see Table F-8
2. Select Organization (for developer only), select site
3. Enter MR no. of the patient, display name, age, gender
4. Ask if he/she is willing to take Zakat, if “No”, label as Non-Zakat, and go to Save
5. If “Yes”, then go to following assessment
   1. Check Religion of the patient from Registration table, if other than Islam, then display message, jump to last point, label as Non-Zakat (non-editable), and go to Save
   2. Yearly savings more than Nisab for Zakat (Yes/No) If “Yes”, then label as Non-Zakat, and go to Save
   3. Enter the details of earning members of the family and relation with him/her (multiple entries – Add more concept, starting with self, if applicable)
      1. Name, Father/Husband name, DOB, gender, relation, religion
      2. Self-employed / Salaried / On Daily Wages?
      3. Monthly income?
      4. Marital Status (Married / Unmarried / Divorced) like patient regn. table
      5. No. of Dependents
      6. Details of Dependents (Parents, Spouse, Siblings, Children, if any)
6. Remarks, if any, not mandatory
7. Final Status Zakat Eligible (Yes/No)
8. Effective Date till when this assessment is valid, after which the status will become inactive

**REPORTS / MSD COMPREHENSIVE REPORT**

1. Data will be saved in parallel in MSD table (See Table R-1) at the time of execution of any clinical service
   1. When saving the Encounter or Procedure
   2. When confirming sample collection for any lab investigation
   3. When acknowledging any radiology or non-invasive investigation
   4. When consuming any material on patient
   5. When direct dispensing any material to patient
   6. When reversing any transaction where source or inventory type is patient
2. The data includes (see Table R-1)
   1. Patient details (including Welfare Status)
   2. Service Details
   3. Cost & Billing Details
3. Select Format: Report or Data
4. Report Format
   1. Service Volumes & Cost
      1. Select From Date and To Date (refers to Effective Date)
      2. All filters will be active, select any combination of eight filters
      3. Columns will be following:
         1. Service Volumes
         2. Patient Volumes
         3. Service Cost
         4. Service Cost per Patient
         5. Consumables Cost
         6. Consumables Cost per Patient
         7. Total Value of Services Rendered (VOSR)
         8. VOSR per Patient
   2. Patient Bill
      1. Select MR no.
      2. Select From Date and To Date (refers to Effective Date)
      3. Fetch all the services against that MR no. First six filters will become headings in parent-child manner
      4. Only two columns of Service Cost and Consumables
5. Data Format
   1. Services Data
      1. Select From Date and To Date (refers to Effective Date)
      2. All filters will be active, select any combination of eight filters
      3. Fetch all the data from MSD Reports Table, all columns
   2. Consumables Data
      1. Select From Date and To Date (refers to Effective Date)
      2. All filters will be active, select any combination of eight filters
      3. Fetch all the data from Inventory Management Table, all columns
6. Filters
   1. Site
   2. Cost Centers
   3. Service Modes
   4. Service Types
   5. Service Groups
   6. Services Description (Service Codes)
   7. Responsible Physician / Person
   8. MR no.

**KEY PERFORMANCE INDICATORS / KPI SETUP**

1. While setting up (adding new) KPIs for an organization, the first step should be to select organization (for developers only).
2. Next step is to select KPI Group, Dimension and Type
3. Now the name of KPI will be typed (Open Text Description)
4. Is this KPI a Percentage or Value? Will be entered.
5. If Percentage, then additional two fields will be entered
   1. Numerator (Open Text Description)
   2. Denominator (Open Text Description)
6. The grid on first page should look like below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KPI Group** | **KPI Dimension** | **KPI Type** | **KPI Description** | **KPI Details** |
|  |  |  |  | (Percentage or Value)  If percentage, then when cursor moves here, display (Numerator Denominator) |

**KEY PERFORMANCE INDICATORS / KPI MONITORING**

1. Two new forms need to be created, see Table M-23 & M-24
2. Frequency and Duration should be linked in Parent-Child relationship

**ACTIVATIONS / KPI ACTIVATION**

1. While activating KPIs for an organization, the first step should be to select organization (for developers only), and then select KPI to be activated
2. Next step is to select cost center for which this KPI will be activated
3. If the selected cost center belongs to a type where Performing CC is marked “Y”, then three more fields will be displayed, and selection will be made in each of these fields (select one).
   1. Service Mode
   2. Service Type
   3. Service Group
4. If the selected cost center belongs to a type where Performing CC is marked “N”, then the above three fields will not be displayed
5. Then select monitoring frequency
6. Now set the Benchmark (which may be a percentage or a number, depending upon the KPI details)
7. KPI Weightage should now be selected
8. Now one can multi-select sites where this KPI will be applicable
9. The grid on first page should look like below. Second column highlighted in Blue will be blank in non-clinical cost centers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Center & Sites** | **Service Details** | **KPI Details** | **KPI Monitoring** |
| (Organization)  (Cost Center)  Sites: | (Service Mode)  (Service Type)  (Service Group) | (KPI Group)  (KPI Dimension)  (KPI Type)  (KPI Description)  (Percentage or Value)  If percentage, then when cursor moves here, display (Numerator Denominator) | (Frequency)  (Benchmark)  (Weightage) |

**KEY PERFORMANCE INDICATORS / KPI DATA ENTRY**

1. A new form needs to be created, see Table M-25
2. Select Organization (for developer only), select site and cost center
3. The list of all activated KPIs for this combination of cost center and site should be displayed with an option of entering Data. Second column highlighted in Blue will be blank in non-clinical cost centers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Center & Sites** | **Service Details** | **KPI Details** | **KPI Monitoring** | **Action** |
| (Organization)  (Cost Center)  (Site) | (Service Mode)  (Service Type)  (Service Group) | (KPI Group)  (KPI Dimension)  (KPI Type)  (KPI Description)  (Percentage or Value)  If percentage, then when cursor moves here, display (Numerator Denominator) | (Frequency)  (Benchmark)  (Weightage) | **DATA ENTRY Button** |

1. Clicking “Data Entry” should take to a second form where following fields will be entered
   1. Enter Year (4-digit number) not less than 2020
   2. Select Duration
   3. If Value, enter Value
   4. If Percentage, enter Numerator and Denominator (display its description)
2. Transaction datetime will be saved as Effective Datetime.