

Chapter-1

1. SOP for OPD Services

1.a. Introduction:

Out patient departments (OPD) provide Medicare services to the ambulatory patients. Acute and seriously ill patients must not be referred to the OPD. Majority of the patients received services from the OPD. So it is of maximum importance to serve the people with highest possible quality services to fulfill their need and reduce their sufferings. Efficient OPD service can greatly reduce the burden to the other sections of the hospital services. Out patient services are rendered through the Male / Female / Children / Dental & Family planning out patient departments.

As majority of the people come in contact with the OPD services of the hospitals so it is the area of importance to satisfy and address the people demand accordingly and in an effective way.

Rural peoples come to the Government Hospitals with high expectations and in many situations it was observed that peoples expectations superset the real situation which gives raise to many problems and often confrontation with the service providers. So the mentioning of standard operating procedure with setting up of norms and standards for the OPD will be helpful for both the clients and service providers to be realistic. It will also help the supervisors to measure their institutional service standards.

1.b. Standard Operating Procedure (SOP) of OPD

	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance rate
GENERAL	a) Time table display, sign posting & Display around registration desk.	Before intervention	Superintendent	RMO	*
	b) Registration counter remain closed--	1.00 PM	Superintendent	RMO	*
	c) Ticket will be marked -- by colour pen or providing colourde ticket/seal for each area	Before intervention	Superintendent	RMO	*
STEP-1	A. Registration counter/Desk • Registration in waiting place of OPD area	1 Minutes	Clerk responsible for registration	Second clerk	*
	• Ticket will be provided to patient as	9-00 AM	Clerk assigned for registration	Second clerk	*
	• Patient can be sent to ORT corner or emergency directly if necessary	2 Minutes	Clerk assigned for registration	Second clerk	*
STEP-2	Waiting Place a) Sitting arrangement	Male-10 Femel-10 (for 20 person 5	Superintendent	RMO	*
	b) Waste basket	According to monthly	Do	RMO	*
	c) Sputum box	Two	Do	RMO	*
	d) Safe drinking water facilities	One	Do	RMO	*
	e) Toilet facilities	one for male one for female	Do	RMO	*
	F) Health education's ---- Audio ---- Video ---- Poster	9.00 AM to 2.00 PM	Do	RMO	*

	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance rate
	g) Sign marking with same colour ticket/seal or room/area number towards respective OPD	All activities will be done before intervention	Do	RMO	*
STEP-3	Consultation/Examination room a) Privacy arrangement		Do	RMO	*
	b) Examination facilities— ---- BP. instrument ---- Stethoscope	Before intervention	Superintendent	RMO	*
	---- Tongue depressor ---- Thermometer with antiseptic lotion ---- Weight machine ---- Height tape ---- Torch light ---- Hammer ---- Aural speculum ---- Gloves ---- Vaginal speculum Examination white table covered with Clean white cloth	Do	Do	Do	*
	c) Sitting arrangement for Doctor, chair & table covered with cloth d) Dental surgeon - Dental chair & instrument	Before intervention	Superintendent	RMO	*
	e) Sitting arrangement for patient	Before intervention	Superintendent	RMO	*
	f) other facilities— ---- Waste basket ---- Basin ---- Soap ---- Light	One for each	Superintendent	RMO	*
	Examination : a) Second registration with sl-no, name, age, sex, address, timing of in & exit date	clearly written 2Min	Concerned physician	RMO	*

	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance rate
	b) Filled up histories sheet • Chief complaints • History of present illness -- History of past illness • Family History • Physical examination • Investigation • Provisional Diagnosis • Treatment & • Advice clearly written • Counseling by providers	4—6 minutes	Concerned Physician	RMO	*
STEP-4	(A) X-ray Services a) Registration & code number is properly filled on investigation slip with brief history b) First come first serve c) Maintain Que.		Radiology Technician	RMO	*
STEP-5	Dispensing of Drugh: a) First come First serve b) Patient will be in Queue by sex c) Pharmacist collect ticket & Register the ticket number d) Dispense drugs & with dose written clearly e) Proper counseling	2—3 minuets Regularly	Concerned pharmacist	Second Pharmacist	* *
	d) Reports are sent back to respective Doctor:- * Plain X-ray, --- Chest --- abdomen --- Bone & joint --- Special X-ray --- Others * Emergency X-ray	Next day Within 6 hours Within 30 minutes	Medical Technologist	RMO	*

	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance rate
	(B) Pathology a) First come first serve b) Maintain Que. c) Registration with code number with arrival time d) Routine Exam:- --- Stool R/E --- Urine R/E --- Blood for TC. DC. ESR & Hb % --- Sputum AFB --- MP --- Blood group and cross matching	4 Hours after collecting sample after 72 hours Same day	Medical Technologist (Senior person)	Other MT	
STEP-6	A. Admission a) All patients is respective of their income are eligible for admission b) Acutely ill. patients are admitted on priority basis c) Admission board will admit the patient	Same day	Admission board/RMO/MO on duty	Superintendent	*
	B. Referrals from OPD a) Exact problem for which the patient is being referred, write properly the area of referral including the documents & short history	Same day	Admission board/RM/MO on duty	Superintendent	*

*** Compliance rate:**

Quality of care will be measure by Compliance rate is

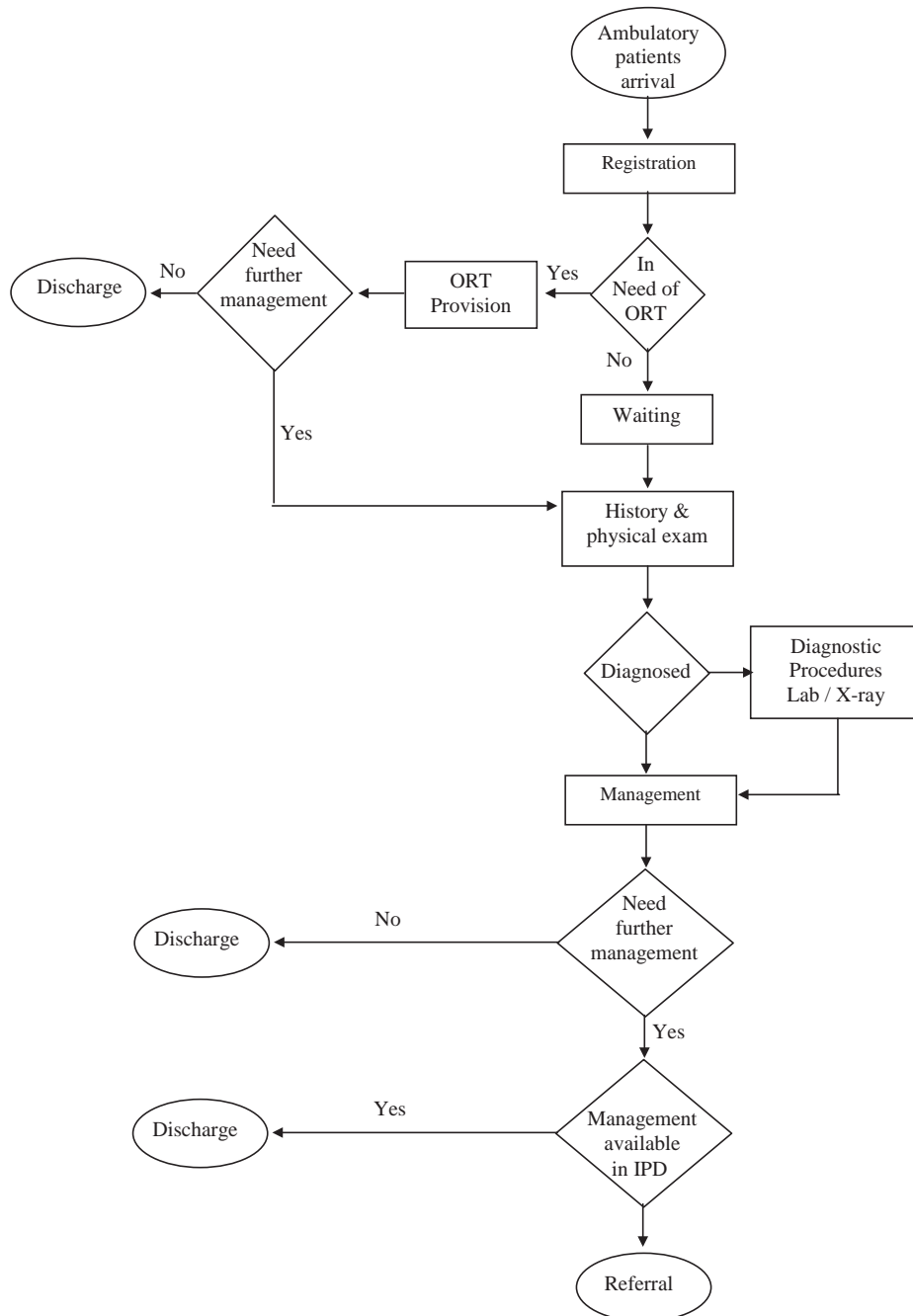
Excellent : 91—100%

Very Good : 76—90%

Good : 50—76%

Bad : < 50%

1.c. Patient Flow Chart In OPD Services



Working Procedures of 1.d. Out Patient Department

Registration

There should be a central desk at the OPD where patients will be provided OPD slips after preliminary registration. This desk may also serve as the booth for hospital information and health education. One nurse/relevant staff with skill in human interactions may be deployed there. After taking brief history of patient's illness he/she will direct them to the respective OPDs. Final registration of patients will be done in the concerned OPDs.

Working rules

The patient treated in the OPD are usually ambulatory. Acutely ill patients must not be referred to the out patient department. They must be managed in the emergency. In OPD, a short clinical examination is done and documented in the OPD slip. It must include a clearly written provisional or clinical diagnosis as well as the advice and treatment given to the patient. A list of investigation planned may also be written on the slip for convenience of the patients. The patients are given correctly and completely filled investigation forms. It must be explained to the patients where Investigation Center is located for all the OPD investigations (blood, urine and stool etc.), and the time when samples are collected, and also how the reports are distributed at the OPD. As in usual procedure, a patient will require to wait till the next OPD day. A way should be found out in consultation with the clinical laboratory and radiology department so that reports of majority of investigations may be available on the same day. This will enable the clinicians to advise treatment to the OPD patients on the same day without awaiting too much. For X-rays, the patients should be clearly directed to communicate to the respective counter in the department and to follow the preparatory instructions which will be given there.

In case of an emergency arising in the OPD, the in charge should be provided with necessary first aid, drugs and investigations. After the first aid given, it is advisable to shift the patient to the emergency department immediately.

To make things easy for the patients, it is advisable to fix a definite date mentioning time & place for the next appointment which should be written down on the slip. It must be remembered that quality of care provided at the OPD should be comparable to in-patient care, and it should be the aim of the hospital to deliver significant medical care to the community through the OPD.

Necessary patient information must be written in the CPO register and acceptable out-patient record with diagnosis be available.

Referrals from OPD

For obtaining the opinion of The Consultant the exact problem for which the patient is being referred must be written down on the OPD slip and the patient should be directed to the relevant OPD. While referring the patient to any other specialty, please make sure that the result of the investigations done and the list of investigations requested should accompany by the patient. This will save repetition of the investigations, time, laboratories' time and also save further discomfort to the patient.

Admission of patients from OPD

A patient needing admission to the wards for further management will be admitted from the OPD through the admission board and send the patient to the respective ward.

Reminders for Unit Heads (RMO/Superintendent)

Please.....

- ☞ Display up-to-date organgram
- ☞ Display other information charts, viz. schedules general and visitors' policy, activity report Service data for guidance and transparency
- ☞ Schedule for routine daily and weekly activities at fixed time
- ☞ Monitor and supervise staff performance, cleanliness, equipment maintenance and resources at the unit as per checklists
- ☞ Send daily bed statement along with serious patients' list
- ☞ Maintain staff morale, punctuality, interpersonal relationship, quest for sound professional knowledge & practice and their good behavior to patients and people
- ☞ Maintain records properly
- ☞ Apply mechanism to receive feedback on users' feelings and complaints
- ☞ Hold regular co-ordination meeting Keep minutes and ensure follow up
- ☞ Send report to Director (Hospital), DGHS & HCQA office by 6th day each month as per specific report form.

1.e. OPD Service Monitoring Checklist

SI No.	Services	As per SOP		Remarks
		Yes	No	
1	Whether provided attention to patients and listed their complaints?			
2	Whether given answers to present Question?			
3	Whether asked chief complaints?			
4	Whether asked present history of illness?			
5	Whether asked past history of illness and related family history?			
6	Whether patient checked for vitals signs?			
7	Whether conducted related physical examinations?			
8	Whether reached a provisional diagnosis?			
9	Whether ordered condition related laboratory tests or X-rays?			
10	Whether provided to the patients / relatives information about the condition and treatment plan?			
11	Whether discussed about the importance of compliance with drug?			
12	Whether adequate time spent for patient consultation?			
13	Whether provider wash hands before and between patient examination?			
14	Whether soiled covers are removed and replaced before examining new patient?			
15	Whether thermometer and tongue depressor are kept soaked in antiseptic solution before examining next patient?			
16	Whether maintained patients discipline (Que)?			
17	Whether patient counseling & health education done?			
18	Whether admission procedure SOP followed?			
19	Whether referral procedure SOP followed?			

Chapter-2

2. In Patient Department (IPD Services)

2.a. Introduction:

From Emergency and Out Patient Departments patients are admitted into the In-Patient Department for further management by keeping the patient under close monitoring. In Upazila Level Hospitals IPD is divided mainly into male ward and female ward with 6 beds for MCH. All the male patients > 12 years age are admitted into the male ward and all the female patients and children age below 12 years are admitted into the female ward. At Upazila level hospitals the duty doctor, nurses and the supporting staffs in the IPD are accountable to RMO for their responsibilities and through RMO to TH & FPO.

Usually the more sick, acute and seriously ill patients are admitted into the IPD for immediate and supervised treatment protocol. They may also need to undergo various diagnostic and or operative procedures and multiple inter related activities are performed to serve an admitted patient. So, it is very much important to coordinate and standardize these various components of IPD services and also the various departments (i.e. doctors, nurses and support service staffs).

During admission, patients and their relatives highly depend on the doctor and other hospital staffs for the well-being and comfort of the patient and they are psychologically more sensitive and vulnerable to various emotional matters. So, beside clinical management of the patient, it is also important to look after various behavioral aspects of the patient and their relatives for their satisfaction and confidence. All concern staffs should be well concern about their dealings with the patients and their attendants by considering the psychological status of the respective person. They should be well tempered and skill in managing emotional and critical situations.

Mention of standard operating procedure with norms and standards will be of great importance to improve the IPD services as well as satisfy the patients expectation and make them more rational about the real situation of the hospital. By be informed about the available services and limitations will give a more harmonious relation between service providers and their clients. It will further improve human relationship, make people confident on the hospital services and also improve the providers satisfaction to serve.

2.b. Standard Operating Procedures (SOP) For in Patient Services (IPD)

Steps	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance Rate
GENERAL					
	A. House keeping <ul style="list-style-type: none"> • Mopped & Swept the floor 	3 Times/24 hrs and when necessary	Cleaner/ Ward in-charge /On duty SSN	RMO	⊕
	<ul style="list-style-type: none"> • Clean toilets • Fans, Walls, Roots, Doors & Windows are cleaned dusted. • Tap water supply 24 h • Attendant (Full time) for serious patient • Visitors as per schedule 	1/shift & when required 2 times / week	Ward boy/Sister / Nursing Supervisor	RMO	⊕ ⊕
	A. Facilities <ul style="list-style-type: none"> • Doctors/Nurse/Aya wear their dress & badges 	All the time	Aya / wardboy / Sister / Nursing Supervisor	RMO	⊕
	<ul style="list-style-type: none"> • Investigation forms/Registers Report, Record in registration History sheet. 	1/patient Should maintain fixed visiting hour for hospital	Do	RMO	⊕
	<ul style="list-style-type: none"> • Discharge forms, Death certificates, Temp chart, intake & output chart, Height & Weight chart, Digoxin chart, Diabetic chart, Paragraph for labour Patient 	During working period All time	Sister incharge / Nursing Supervisor Sister in charge	RMO RMO	
	<ul style="list-style-type: none"> • Bed linen, pillow, pillow cover, Bedside locker, Mosquito net, Mosquito net stand available according to need. 	All the time	Sister in charge / Wardboy / Aya / Nursing Supervisor		
	<ul style="list-style-type: none"> • Stock ledger & required register, like handover & take over of charges (shift wise) made available. 	All the time			
	<ul style="list-style-type: none"> • Diet 	All the time			

Steps	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance Rate
STEP-1	Reception and Registration <ul style="list-style-type: none"> • First attend duty room • Registration in IPD Register • Bed allocation & Preparation • Health education & instruction sheet • Send the Patient to bed • Inform Doctor on duty 	3-5 min:	SSN		
STEP-2	A. Examination * Check case sheet supplied from emergency / OPD * Ask chief complaints * History <ul style="list-style-type: none"> ■ Present ■ past ■ Family ■ Personal ■ Menst. & Obst history of female patients Physical examination <ul style="list-style-type: none"> ■ Pulse ■ BP ■ Temperature ■ Dehydration ■ Anaemia ■ Cyanosis ■ Oedema ■ Jaundice ■ Clubbing ■ Koilonechia ■ Height & Weight ■ Heart ■ Lung ■ Liver ■ Spleen ■ Kidney ■ Other systemic examinations if needed. ■ Obst & Gynaecological examinations when necessary 	8-10 min:	Respective doctors	RMO	*
			Respective doctors	RMO	*
		(within Two hours)	Pathologist / Radiologist/ Medical technologist/ Doctors	RMO	*
		Same day (within 24 hrs)	Respective doctors	Nursing Supervisor RMO	*
	• Investigations. * Necessary investigations: <ul style="list-style-type: none"> ■ Urgent ■ Routine 	10-15 minutes (Examination to Diagnosis & treatment)			
		Within 8 a.m 12 noon-1p.m. Within 8 p.m	SSN	RMO	

Steps	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance Rate
	B. Diagnosis * Provisional diagnosis (Clinical diagnosis) * Diagnosis written clearly C. Treatment Treatment will be given after Signature of Doctor D. Diet & Nutrition Break fast Lunch Dinner				
STEP-3	A. Further treatment <ul style="list-style-type: none"> ■ Counseling to the patients need surgical investigation ■ Inform patient / attendants well ahead of surgical procedure <p>-Routine Case</p> <p>-Emergency case at once</p> <p>B. Labour Case</p> <ul style="list-style-type: none"> ■ Place in labour room when pain starts ■ Follow up ■ Maintenance of pantograph <p>C. Transfer</p> <ul style="list-style-type: none"> ■ If the patient is improved then inform the patient regarding discharge. ■ Verbal advice and explanation needed for illiterate patient ■ Follow up ■ If the patient requires specialized 	<p>24 hours before at once</p> <p>Boctors, SSN, Aya, Do Continuously</p> <p>24 hours before</p> <p>Following morning</p> <p>After one week or if needed</p> <p>6 hrs before</p> <p>At once within one hour</p>	<p>Respective doctor</p> <p>Respective doctor</p> <p>Respective doctor</p> <p>ISSN/Doctor on duty</p>	<p>RMO</p> <p>RMO</p> <p>RMO</p> <p>RMO</p>	<p>*</p> <p>*</p> <p>*</p> <p>*</p>

Steps	Activities	Time/No	Responsible Persons	Alternate Responsible Person	Compliance Rate
	<p>services refer with information</p> <p>-----Routine case</p> <p>-----Emergency</p> <p>■ If death, sent to mortuary/death house/isolation place/handed over to relatives.</p>				

Compliance rate:

Quality of Care will be measured by compliance rate.

The Rated is Excellent : 91-100%

Very Good : 76-90%

Good : 50-75%

Bad : <50%