



INODAYA Hospitals - Kakinada

Documentation code:

INH/COP .Doc.No:01

Policy on Uniform Care

Prepared Date: 05/09/2023

Reference: COP.01.NABH Standards – 5th Edition

Issue date: 05/09/2023

Issue no:2

Review NO:01

Review Date: 04/09/2024

Policy on Uniform Care

1.0 PURPOSE:

To provide uniform clinical care to patients across various settings of the hospital - irrespective of their Caste, Religion, Region, Paying capacity & Ward category

2.0 SCOPE:

Across the hospital covering all OP, IP, Day Care & Emergency area patients

3.0 RESPONSIBILITY:

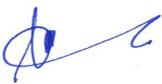
Consultants, Resident Doctors, Nursing Dept& Support Staff

4.0 DISTRUBUTION:

All patient care areas (IP, OP, Wards & ICUs)

POLICY:

- Every patient in our hospital is provided with uniform clinical care across various settings of the hospital - irrespective of their Caste, Religion, Region, Paying capacity & Ward category.
- Patients with same health problem receives the same quality of health care treatment across the hospital
- Health care providers across the hospital follow best practices in accordance with standard norms of medical practice
- Uniform clinical care for all emergency patients is defined as below:
 - i. Any patient seeking emergency medical services shall be screened & first aid care will be provided if required

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Dr.D.N.S.Prakash	Mrs. Lakshmi Lavanya	Dr.G.Rammohan
Medical Director	Chief Executive officer	Managing Director



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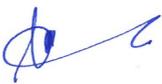
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- ii. First aid shall be provided to the emergency patient, which shall be continued until the patient is stabilized
 - iii. Patient or his relatives are counseled with regards to further treatment necessary for the patient concerned and if needed patient is admitted for further care
 - iv. All medico-legal cases shall be informed to the police as per local regulations
 - v. Initial assessment of the patient shall be done in the Emergency area – Casualty
 - vi. The patient shall be escorted from the Emergency dept. to the related wards/ICU under the supervision of Emergency personnel
 - vii. Further comprehensive assessment of the patient shall be done at respective wards and detailed line of treatment plan shall be received from admitting consultant and will be explained to the patient
 - viii. Scope of services of our hospital are explained to the patients across various settings in our hospital – including Emergency areas
 - ix. In case of non affordable patients further treatment after stabilization at emergency shall be dependent on decision of Casualty Medical Officer, Patient & their relatives
- Every patient admitted in our hospital has an identified care provider (primary consultant) who bears the responsibility to provide complete & uniform clinical care to the patient
 - Cardiopulmonary Resuscitation is provided to the patients governed by the code blue & MET protocols
 - The planning and provision of care shall be based on individual patient assessment and shall focus on the patient's response to actual or potential alterations to health.
 - The planning of care shall provide for documentation of pertinent problems/needs, delineation of age-appropriate interventions to meet these needs, and effectiveness of the interventions in the medical record.

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- **Integration of the plan** shall be accomplished through collaboration with various disciplines/departments, and shall be communicated through assessments, physician's orders, consultations, progress notes, discharge plans and interdisciplinary meetings.
- The planning and provision of care shall consider the rights of patients to make informed decisions regarding their care, including the right to accept or refuse care. The care for each patient shall be planned by the responsible physician, nurse and other health care worker, within 24 hours of admission as an inpatient.
- **The plan of care and its documentation** shall follow the following policy-
- The plan shall be individualized based on the patient's initial assessment data and identified needs;
- Updated or revised and reviewed by the multidisciplinary (treating) team based on the reassessment of the patient by the health care practitioners;
- The initial or reviewed plan of care (when revised based on changes in patient's condition by the multidisciplinary (treating) team) shall be documented and are evident in patient's medical record;
- There shall be uniform process for prescribing patient orders as specified in Section for Non Drug Orders and Diagnostic Imaging & Clinical Laboratory test orders as specified in Section 5.12; and
- All verbal or telephonic orders shall follow the Policy on IP SG 2.
- **Policy on Orders Transmitted through Text Messages:** The hospitals shall NOT allow orders to be transmitted through text messages as the systems & processes associated with such orders are currently not secured.

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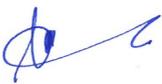
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- Goals for the patient shall be based on assessment, needs, and diagnosis and should be evident in the planning and provision of care as defined by the various disciplines involved in the care.
- The hospital shall ensure the **uniformity of patient care** through –
 - Organization leaders shall prepare and implement clinical pathways and guidelines, prepare and implement entry and exit criteria from Critical Care and Specialized Units, other care related policies and plan to ensure uniformity of care throughout the hospital
 - The uniformity in providing the care shall depend on national, state and local laws and regulation.
 - Access to and appropriateness of care and treatment shall not depend on the patient's ability to pay or the source of payment
 - Access to appropriate care and treatment by qualified physician shall not depend on the day of the week or time of day. A qualified physician, shall assess and plan the care of patient as per the patient needs.
 - The patient's condition shall determine the resources – including staffing according to plan, availability of medical technology and type of unit where patient shall receive care – are allocated to meet the patient's needs.
 - The level of care provided to patients shall be the same throughout the hospital. Patients with the same nursing care needs shall receive comparable and adequate levels of nursing care throughout the hospital.
- Provision of care shall be accomplished by competent staffs, who are permitted by job descriptions, licensure requirements, and hospital policy to perform the task/function.

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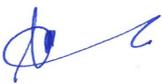
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- The setting for care shall be determined by the patient's problems/needs, diagnosis, and care requirements for that particular patient.
- Admission and discharge criteria for intensive care units (Ref - ICU Manual – Blue Book) shall serve as guides to the care given in planning and providing care.

Policy on Non Drug Orders

- - The non drug clinical orders shall be put on the Doctor's Instruction Sheet for admitted patients by the physician. The diagnostic radiology and laboratory orders shall also be documented on the Doctor's Instruction Sheet. The diet orders shall be written on the page 4 of the Medication Chart, in the area specified by the physician. Physician shall also document the physiotherapy order, if any in the Doctor's Instruction sheet.
 - The order shall be appropriately signed with date and time provided.
 - The non drug orders can be written by the physician only at the Doctor's Instruction Sheet
 - The requisition for the diagnostic radiology shall include the patient's condition and rationale for the test asked for. This applies to radiographs, CT scans, ultrasound, MR tests and other diagnostic radiology. The requisition shall be completed by the physician for better interpretation of tests
 - The requisition for the clinical laboratory shall include the clinical diagnosis and rationale for performing the tests. The requisition shall be completed by the physician for better interpretation of tests.

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Policy on Uniform Location of Prescribing Orders

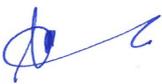
- All orders related to patient care shall be documented in a uniform location such as progress notes/ drug and non-drug order document sheet. The exception to this shall be the Outpatient department, Emergency department and Operation theatres.
- In the OPD the documentation shall be recorded in the Outpatient assessment sheet, in ER the documentation shall be done in the ER sheet and in the OT the documentation shall be done in the Anesthesia chart and OT procedure notes. Procedures done in specialties such as Cathlab, Endoscopy, Bronchoscopy and Radiology shall be documented in the respective procedure notes.
- Clinical and diagnostic procedures and treatments performed, and the results or outcomes shall be documented in the patient's record.
- Physician associated with the care of patient shall be permitted to prescribe orders

Policy on CLINICAL PROTOCOLS

Inodaya hospitals Kakinada follows clinical practice guidelines / clinical protocols / evidence based medicine to guide uniform patient care.

Clinical care pathways were defined for few of the medical and surgical conditions and followed across all settings of care.

Multi disciplinary and multispecialty care is planned based on clinical guidelines and followed across the organization.

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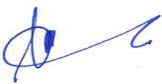
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Document Revision History

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Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition
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Revised version - 3		
Revised version - 4		
Revised version - 5		

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