2e. POLICY AND PROCEDURE TO ACCESS TO THE HEALTHCARE SERVICES IN THE ORGANIZATION IS PRIORITIZED ACCORDING TO THE CLINICAL NEEDS OF THE PATIENTS

1.0 PURPOSE

To ensure that patients presenting **to Inodaya Hospital** with **clinical problems warranting an earlier response** are promptly **identified, prioritized, and managed** across all care settings including **Outpatient Departments (OPD) and Diagnostic Services**, in order to prevent clinical deterioration and ensure patient safety.

2.0 SCOPE

This policy applies to:

- Outpatient Departments (OPD)
- Diagnostic areas (Laboratory, Radiology, Imaging)
- All clinical and non-clinical staff involved in patient care and patient flow

3.0 RESPONSIBLITIES

Front Ofce staf, ER Doctors & Nursing staff, Nursing Superintendent, OP staf (Paramedical & Non-paramedical staff also)are responsible to implement this Policy and Procedure.

4.0 POLICY AND PROCEDURE

- **Inodaya Hospital** shall ensure that patients with **urgent clinical needs** are **identified early and prioritized for care**, irrespective of their position in the queue or service area.
- Patients with symptoms indicating potential clinical instability (e.g., giddiness, chest pain, breathlessness, altered consciousness) and **vulnerable patients** shall receive **expedited assessment and care**.
- All staff shall be **aware of and comply with this policy and procedure**.

5. DEFINITIONS

- **Early Response:** Prompt clinical attention provided ahead of routine waiting times due to patient condition.
- **Vulnerable Patient:** Includes elderly, pregnant women, pediatric patients, patients with disabilities, or those with known co morbidities.
- **Fast Tracking:** Expedited movement of a patient through assessment or diagnostic services due to clinical need.

6. PROCEDURE

6.1 Identification of Patients Requiring Early Response

All patients presenting to **Inodaya Hospital** shall be continuously observed for clinical conditions that may require an **early medical response.** Patients shall be identified for prioritization based on the presence of one or more of the following criteria:

- Presenting complaints suggestive of acute or potentially serious conditions, such as giddiness, chest pain, shortness of breath, loss of consciousness, or severe pain
- Visible signs of distress, discomfort, or clinical instability observed while waiting in any patient care area
- Abnormal vital signs, including but not limited to altered pulse rate, blood pressure, respiratory rate, oxygen saturation, or level of consciousness

- Vulnerable status, including elderly patients, pediatric patients, pregnant women, patients with disabilities, or patients with known co morbid conditions

Any staff member identifying such patients shall promptly initiate the prioritization process.

6.2 Prioritization in Outpatient Department (OPD)

Patients waiting in the OPD who complain of acute symptoms such as giddiness or appear unwell shall be **immediately brought to the attention of the nursing staff**. The nursing staff shall perform a **rapid clinical assessment**, including recording vital signs where clinically indicated.

Based on the assessment, the patient shall be **prioritized and referred to the treating doctor at the earliest opportunity**, irrespective of routine waiting order. Patients identified as requiring urgent attention shall be seen by the doctor **as soon as possible** to ensure timely evaluation and management.

6.3 Prioritization in Diagnostic Services

Patients presenting to diagnostic service areas who are identified as **vulnerable or clinically unstable** shall be promptly recognized by diagnostic staff. Such patients shall be **fast-tracked for required investigations** to minimize waiting time and prevent clinical deterioration.

If any abnormal findings, signs of distress, or clinical deterioration are observed during the diagnostic process, the patient shall be **immediately referred back to the treating clinician or nursing staff** for further assessment and appropriate intervention.

6.4 Escalation and Reassessment

Any patient who demonstrates **clinical deterioration while waiting for consultation or during diagnostic procedures** shall trigger an immediate escalation process. The concerned staff shall promptly inform the nursing or medical team for urgent review.

The patient's priority status shall be **reassessed and upgraded as necessary**, and continuous clinical monitoring shall be ensured until appropriate care is delivered and the patient is stabilized.

6.5 Documentation

All clinical assessments, prioritization decisions, escalation actions, and fast-tracking measures shall be **clearly documented** in the relevant patient records. Documentation shall include:

- OPD records maintained by the treating clinician
- Nursing notes documenting assessments, vital signs, and interventions
- Diagnostic service records, where applicable, noting prioritization, fast-tracking, and any observed clinical changes

Accurate and timely documentation shall be maintained to ensure continuity of care, patient safety, and compliance with hospital and accreditation requirements.

7.0 REFERENCE

❖ Guide book to Accreditation standards for Hospitals-6th Edition

Document Revision History

DOCUMENT REVISION HISTORY		
Version	**Date of issue**	**Reason for Revision**
Original version - 1	10/03/2022	Prepared 5th edition
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