Standard Operating Procedures for Public Health Facilities - Uttar Pradesh

Out Patients Department

Version No.: 1.0
Outdoor Patient Department

Purpose:
To create a friendly, caring and efficient atmosphere and to maintain a high standard of care to all patients attending the outpatient department as per the need and expectations of the patients and to enhance patient satisfaction.

Scope:
It covers the persons who visit the OPD facility (new and follow up patients) for treatment, investigation, consultation, check-up and immunization.

Responsibility:
- The registration clerks are responsible for issuing registration slip and providing consultation appointments.
- The OPD Nursing In-charge is responsible for monitoring the respective OPD unit functioning, maintaining necessary records and assisting the consultants.
- The Consultants are responsible for examination of the patients and for determining the line of management of the ailment / case thereof.

Process Map:

1. Entry of the patient
2. Registration of the patient
3. Registration slip issued to patient
4. OPD Nursing In-charge
5. Monitoring the OPD units, maintaining necessary records and routing of the patient to available OPD

- Lab investigation
- Radiological investigation
- Medicines
- IPD referrals

- Pathology
- Radiology
- Pharmacy
- IPD

Exit
5. **Standard Procedure:**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activity</th>
<th>Responsibility</th>
<th>Reference Document / Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Facility provides OPD services as mandated in minimum assured services by Indian Public Health Standards in respect of the type of Facility. All the maternal and Child Health Services are provided as per IPHS for District Facilities and Operation Guidelines for Maternal &amp; Child Health issued by MoHFW, Government of India. This includes:</td>
<td></td>
<td>Indian Public Health Standards</td>
</tr>
<tr>
<td></td>
<td>1. Antenatal Care including Management of High Risk Pregnancies referred from level 1 and 2 institutions</td>
<td>CMS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. 24X7 services for Emergency Obstetric Care &amp; New-born care</td>
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<td></td>
<td>3. Emergency Care of Sick Children</td>
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<td>4. Family Planning Services</td>
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<td></td>
<td>5. Medical Termination of Pregnancy</td>
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<td></td>
<td>6. Treatment of RTI / STI</td>
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<td></td>
<td>7. Essential Laboratory Services</td>
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<td></td>
<td>8. Referral Transport Services</td>
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<tr>
<td></td>
<td>All services available in the facility are communicated through citizen charter &amp; Enquiry Desk.</td>
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</tbody>
</table>

### Antenatal Care

**Registration and First ANC Visit:**
- Any patient coming to the facility for Doctor’s consultation is registered at registration counter and OPD slip is issued to him / her.
- Pregnancy is confirmed by conducting physical examination / urine test using pregnancy test kit

<table>
<thead>
<tr>
<th>Registration Clerk</th>
<th>OPD registration slip</th>
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</table>

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(Nischay)

- Last Menstrual Period (LMP) is recorded and Expected Date of Delivery (EDD) is calculated for pregnant woman.
- Pregnant Women’s present and past history taken including any illness or complication during present & previous pregnancy.

<table>
<thead>
<tr>
<th>Medical Officer</th>
<th>Mother &amp; Child Protection Card</th>
</tr>
</thead>
</table>

**Mother & Child Protection Card**

For each ANC registration, a Mother & Child Protection Card is issued to pregnant women. All the details including demographic, pregnancy records, institutional identification, next due date of ANC visit, findings of ANC examination and investigations, post natal care, care of baby, details of immunization, growth chart etc. is recorded on this card at different stages of ante and post natal care.

<table>
<thead>
<tr>
<th>Medical Officer</th>
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</tr>
</thead>
</table>

**Schedule of Visit**

4 ANC visit of every registered pregnant woman is ensured as per following schedule

1st Visit - Within 12 Weeks
2nd Visit – Between 14-26 Weeks
3rd Visit – Between 28-34 Weeks
4th Visit – Between 36 Weeks and term.

If a woman comes for registration later in her pregnancy the care is provided according to gestational age

<table>
<thead>
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<th>Medical Officer</th>
<th>Mother &amp; Child Protection Card</th>
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</thead>
</table>

**Antenatal Check-up**

- On each visit Patient’s history & complaints are taken and physical examination, weight, blood pressure, respiratory rate, pallor, oedema and icterus is done.
- On each visit abdominal palpation for foetal growth, foetal lie and auscultation for foetal heart sound and breast examination is done.

<table>
<thead>
<tr>
<th>Medical Officer</th>
<th>SOP for Lab Investigation</th>
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</thead>
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<table>
<thead>
<tr>
<th>Prepared by: Department In-charge</th>
<th>Approved by:</th>
<th>Issue Date</th>
<th>Version No.: 1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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</table>

Page 4
- Laboratory test for Haemoglobin, urine albumin & urine sugar etc. is done on each visit. Tests for blood group and Rh factor, Syphilis (VDRL/ RPR), HIV, blood sugar, malaria & Hepatitis B are also done for each pregnant woman.

- Regular dose of Folic Acid is given in 1st trimester and Iron + Folic Acid on subsequent trimester for at least 100 days.

- First dose of Tetanus Toxoid injection (Inj. TT) is given as soon as possible after ANC registration. A second dose is given one month after the 1st dose.

- At each ANC visit pregnant women is counselled for nutritional requirement, recognizing danger sign of pregnancy, birth preparedness, institutional delivery, arrangement of referral transport, breast feeding, family planning etc.

- If the case is abortion procedure is done within the ambit of MTP act.

Guideline/ WI for Ante Natal Check-up & Examination
Guidelines for pregnancy care and management of common obstetric complications by Medical Officer
Guidelines for Antenatal care and skilled attendance at Birth by ANMs/HVs/SNs

Medical Termination of Pregnancy
- If a pregnant woman wants medical termination of Pregnancy, consent is taken from her in form C prescribed under MTP Act.

Ultrasonography- during pregnancy
- Ultrasonography of pregnant women, if required, is performed. The reason for performing Ultrasound must be covered under any of the 23 indication prescribed in PC & PNDT Act 1994.

- A declaration is taken on form F from doctor as well as from pregnant woman.

X-Ray-
- X-ray of pregnant woman is avoided, it is allowed only if approved by radiologist or physician who

Registration certificate of USG machine/
Registration of facility under PC-
PNDT / Liaisoning letter with MMG Facility

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overweighs the benefit against risk of performing X-ray.
- Pregnancy status of woman is confirmed before performing the procedure by radiographer. A notice for this purpose is displayed at X-Ray room. Lead shield is provided if X-ray procedure is performed on pregnant woman.

**Management of High Risk Pregnancy**
- If any sign of high risk pregnancy is identified during ANC the case is referred to in house Obstetrician / Gynaecologist and treatment is started as per Standard Treatment Guidelines as early as possible.
- If the management cannot be done at the facility, patient is referred to Medical College / Tertiary Care Facility.

**Display of Information**
Information regarding OPD clinics, doctors and their timings, room no. and directional signage’s for clinics are displayed at the entrance and other relevant locations.

**5.3 OPD CONSULTATION PROCESS**

<table>
<thead>
<tr>
<th>5.3.1</th>
<th>After the patient is registered, registration number is generated at registration counter. The patient is directed to the doctor for OPD consultation.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Registration Clerk</td>
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</table>

<table>
<thead>
<tr>
<th>5.3.2</th>
<th>Patient is directed to different OPDs by registration clerk based on his assessment of the patient's requirement. If he/she is not sure patient is directed to general OPD clinic where doctors screen the patient and refer to specialist if required</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Help Desk Staff/ Volunteer</td>
</tr>
</tbody>
</table>

| 5.3.3 | **Patient Calling System**  
Patient waits outside concerned doctor's room for his/her turn. Patient is called by Doctors/attendant as per his/her turn on the basis of “first come first examine” basis. If clinic caters to both male and female patient a definite turn is fixed for female and |
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<tbody>
<tr>
<td></td>
<td>Duty staff</td>
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<tr>
<td>Standard Operating Procedure</td>
<td>SOP/NQAS/OPD - 1.0</td>
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<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Outdoor Patient Department</td>
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</tbody>
</table>

old patient. Two patients are not allowed at one time in clinic. For clinics having heavy patient load manual / electronic calling system is implemented. Attendant/Guard is provided on priority basis for such clinics to manage crowd. For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis.

5.3.4 **Receiving the patient in clinic**
Doctor/Attendant greets the patient and guides him to sit on patient stool/chair by his side. No consultation should be given to Patient while standing. If patient is accompanied by Relatives / attendant as per facility policy they are also offered seats. But if patient wants to take consultation alone and Doctor also feels that it is necessary he can ask other person to wait outside.

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Medical Officer/ Specialist</td>
<td>OPD Slip</td>
</tr>
</tbody>
</table>

5.3.5 **History Taking**
Doctor reads the referral documents / other treatment related documents if provided by the patient. Doctor takes the history including the present problem, past medical history, family history, occupational history, habits like smoking & alcohol, allergies, drugs and other treatment history and other bodily systems that are not covered in present complaints. In case of complaint of pain details including site, radiation, severity, time course, aggravating factors, relieving factors and associated symptoms are asked as required. Doctor notes down the relevant history on the OPD slip.

5.3.6 **Physical Examination**
Examination table with footsteps and screens for privacy have been provided in the clinics. Daylight is preferred over artificial light for examination. A female attendant / nurse /relative is required to accompany the female patient at a time of examination, in case the examining doctor is male. While doing examination of private parts it is essential. Doctor takes a verbal consent before examining the patient. Physical examination

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</tr>
</tbody>
</table>
including examination of temperature, pulse is done as required. Doctors note down the relevant findings of examination on the OPD slip.

5.3.7 **Risk Assessment & Differential Diagnosis**

Based on data gathered for History and Physical examination, severity of problem is assessed. Differential diagnosis is made on the basis of collected information. If patient requires some urgent treatment / procedure, same is arranged at OPD or patient is shifted to emergency/ OT/ Dressing Room/ Injection room as required. If the patient requires admission he/she and accompanying person is informed and patient is shifted to labour room. If patient requires such interventions / consultation which are not available in the facility patient is referred to higher centre.

| Procedure for Patient registration, admission and discharge |
| Medical Officer/ Specialist |

5.3.8 **Investigations**

In case laboratory/ radiology investigations are required to be performed, investigation is written by the doctor/ OPD attendant. Only those investigations which are not available in facility and essential for arriving at the diagnosis are advised to be done at District Facility. After the investigation patient comes back to OPD for the consultation. Final Diagnosis is arrived on the basis of investigation reports and clinical findings.

| Medical Officer/ Specialist |

5.3.9 **Prescription**

Doctor prescribes the drugs/ procedures after arriving at provisional diagnosis / final diagnosis. If required drugs are part of essential drug list and available in the facility pharmacy they are prescribed in generic name & patient is directed to collect it from OPD dispensary. If required drugs are not part of essential drug list / not available at facility in house pharmacy, they are prescribed in generic name and patient is directed to generic drugstore/ Pharmacy, if available in the Facility. In exceptional conditions only, when

| OPD Slip/ Prescription |
| Medical Officer/ Specialist |

<p>| Procedure for Pharmacy Management |</p>
<table>
<thead>
<tr>
<th>Outdoor Patient Department</th>
<th>Standard Operating Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required drugs are not available in house Pharmacy. It is brought to the notice of the facility in charge who takes further action to locally procure the drugs. Doctor mentions his/her name, initials, date &amp; registration no. on the prescription. A stamp for Local purchase has to be put on Local purchase slip.</td>
<td></td>
</tr>
</tbody>
</table>

### 5.4 **Drug Dispensing**

If medicines are prescribed, the patient goes to the pharmacy to collect it.

### 5.5 **Follow Up**

Cases where follow up visit is required. It is mentioned in the OPD slip and the patient is informed by the doctor about the date and time.

<table>
<thead>
<tr>
<th>5.6 <strong>Nursing Process in OPD</strong></th>
</tr>
</thead>
</table>

#### 5.6.1

Dresser/Nurse on duty performs dressing as per Medical officer’s advice. They enter the details in dressing register. Patients are advised by dressing personnel for next visit for dressing.

| Dresser/Nurse on duty | Dressing register |

#### 5.6.2

Nurse on duty generates an immunization card and immunizes the patient and details are entered in the Immunization card and Immunization register.

| Nurses | Immunization Card Immunization register |

#### 5.6.3

Injections as instructed by the treating doctor are administered by the Nursing staff.

| Nurses | Injection Register |

### 5.7 **Patient Privacy and Confidentiality**

Patient’s privacy should be maintained during all OPD procedures including consultation, examination, counseling and procedures like injection and dressing. Screens and curtains have been provided at all such areas of OPD. Information and records pertaining to diagnosis and treatment of patients are not shared with anybody except clinical staff involved in treatment.

### 5.8 **Duty Roster**

A duty roster is prepared weekly for deputation of Doctors and Nurses in OPD. Information of Doctors availability is updated as per the roster. In case of

| OPD incharge Doctor/Medical Superintendent | Duty Roster |

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### 5.9 Punctuality, Dress Code and Identity
OPD in-charge Doctor / Medical Superintendent monitors that all the doctors are present at their clinic at scheduled time. Any Discrepancy is reported to Medical Superintendent who takes corrective action in this regard. Same measures are also taken for Nursing and support staff. All the staff wear their respective uniform / Apron with name plate/ I-Card.

### 5.10 Disable Friendly OPD
Ramps with handrails have been provided at entrance and for other elevated area. Wheelchairs / Trolleys have been provided on entrance/ reception. Disable friendly toilets with handrail and two way swing doors have been provided at OPD.

### 5.11 Hand Hygiene
Doctor / Nurse staff wash hands between examining two patients with soap following the steps and duration. Alternately alcohol based hand rub is used for the same. Hand washing facilities with running water and soap. Hand rub have been made available at all point of use.

### 5.12 Clinic Management
Facility Manager/ Pharmacist ensures that all necessary instruments/ equipment/ furniture/ consumables including patient stool, thermometer, BP apparatus, examination table, other examination equipment, hand washing facility, X-ray view box, examination gloves, screens and curtains are available in the clinic before start of day. Any deficiency is noted and discussed with medical superintendent for corrective action.

### 5.13 Patient Amenities
Patient amenities like safe drinking water, adequate chairs in waiting area, clean toilets, fan and air
cooling / heating are made available as stipulated in
IPHS and monitored for their functionality and
adequacy on regular basis. A May I Help You Desk
has been provided at OPD with dedicated staff.

5.14 **Prohibition of Smoking**
Smoking is prohibited in OPD as well as other areas
of Facility under Prohibition of Smoking in Public
Places rules 2008. A 60 by 30 cm board saying, “No
Smoking Area – Smoking Here is an Offence” is
prominently displayed at each entrance, floors,
staircases, entrance of the lifts and at conspicuous
place(s) inside. Name of the person to whom a
complaint may be made is prominently displayed.
Any person found smoking is fined Rs. 200 as per
the provision of rules. Medical superintendent or
Facility manager is authorized to collect this fine
against receipt/ challan.

5.15 **Administrative and Non clinical work at OPD**
Administrative work like attestation of certificates
and issue of medical certificates are not entertained
in the OPD timing. Medical representatives from
pharmaceutical companies are not entertained in
OPD timing. Notice for the same is displayed at the
OPD.

5.16 **Immunization**
- The facility immunization facility under universal
immunization programme for children/ new born/
neonates which includes all vaccines e.g. OPV,
IPV, Trivalent, DOT, TT, BCG, Measles etc. and
register is maintained in the department by Health
Visitor & ANM.
- Details of immunization given are entered on
immunization card.
- Auto disable syringes are used for immunization.
- Any serious adverse event following
immunization such as death, hospitalization,
disability and other serious events that are thought
to be related with immunization are immediately

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reported to MS by Phone.

- Other Serious AEFIIs such as anaphylaxis, TSS, AFP, encephalopathy, sepsis, event occurring in cluster are reported to district immunization officer within the prescribed time in a prescribed format.

- All the serious AEFI (Adverse Effects Following Immunization) cases are investigated by appropriate authorities and corrective action is taken.

- After each immunization parents are informed about-
  - What vaccine is given and it prevents what.
  - What are minor side effects and how to deal with them?
  - When to come for next visit
  - To keep Mother and Child Protection card safe and bring it on next visit.

### 5.17 Patient Satisfaction Survey

#### 5.17.1 Sample Size

Sample size for patient satisfaction survey is calculated on the basis of case load of previous three months.

<table>
<thead>
<tr>
<th>Facility Manager</th>
<th>Sample Size calculator.</th>
</tr>
</thead>
</table>

#### 5.17.2 Data Collection

Patient feedback is taken on OPD Patient Satisfaction format printed in local language on continuous basis. For illiterate patients, Enquiry counter personnel or other designated staff takes the interview and records the feedback on the form. When collecting the feedback it is ensured that all categories of patients e.g. Male, Female, BPL, Old age and revisit patients get representation.

<table>
<thead>
<tr>
<th>Facility Manager/ Enquiry Counter Personnel</th>
<th>OPD Feedback format</th>
</tr>
</thead>
</table>

#### 5.18 Monitoring of waiting times

Waiting time for registration, consultation, investigations, pharmacy and consultation time are monitored through time motion study and data is

<table>
<thead>
<tr>
<th>Facility Manager</th>
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</table>
analyzed on monthly basis. Processes having long waiting time and causing patient dissatisfaction are discussed in management review meeting and corrective and preventive actions is taken after arriving on root cause.

### 5.19 Infection Prevention

**Hand Hygiene:**

Adequate hand washing facility is available in all patient care areas. Taps and washbasin and soap are available in service provider's room & in-patient care areas. If water facility is not available alcohol rub may be provided in patient care area. Scrub area is available in OT area with elbow operated or foot operated water tap facilities. Housekeeping staff involved in patient care.

### 6. RECORDS:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Records</th>
<th>Record No.</th>
<th>Minimum Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immunization register</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Doctor’s OPD Register</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dressing room register</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Injection Register</td>
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</table>

### 7. PROCESS EFFICIENCY CRITERIA

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Activity</th>
<th>Process Efficiency Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Service Provision</td>
<td>Proportion of OPD Services Available IPHS</td>
</tr>
<tr>
<td>2</td>
<td>Consultation</td>
<td>Consultation Time</td>
</tr>
<tr>
<td>3</td>
<td>Consultation</td>
<td>OPD Patients per Doctor</td>
</tr>
<tr>
<td>4</td>
<td>Prescription</td>
<td>Proportion of drugs prescribed from outside.</td>
</tr>
<tr>
<td>5</td>
<td>Patient Information</td>
<td>Patient Right &amp; Information Score</td>
</tr>
<tr>
<td>6</td>
<td>Equity</td>
<td>Proportion of BPL OPD Patients</td>
</tr>
<tr>
<td>7</td>
<td>Follow Up</td>
<td>Proportion of Old patient Visit</td>
</tr>
<tr>
<td>8</td>
<td>Patient Satisfaction</td>
<td>Patient Satisfaction Score for OPD</td>
</tr>
</tbody>
</table>
Flow Chart of Grievance Redressal for OPD

Verbal Complaints

Written Complaints (Complaint Box)

Complaints on call center

Duty Incharge

(1st level of redressal)

NO

Resolution

CMS (2nd level of redressal)

Resolution

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Process Mapping

Level-1 Map

OUTPATIENTDEPARTMENTSIPOC

<table>
<thead>
<tr>
<th>Suppliers</th>
<th>Inputs</th>
<th>Process</th>
<th>Outputs</th>
<th>Customer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Medical Records</td>
<td>Patient Arrival to Registration counter</td>
<td>Discharge Documents</td>
<td>Patient</td>
</tr>
<tr>
<td>OPD Nurse</td>
<td>Patient Symptoms</td>
<td>Register Patient</td>
<td>Prescriptions</td>
<td>Doctor/Hospitalist</td>
</tr>
<tr>
<td>Registration Clerk</td>
<td>Rx information</td>
<td>Assign Patient to Room</td>
<td>Physician Notes</td>
<td>Hospital Manager</td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td>Physician Examines Patient</td>
<td></td>
<td>Nurses</td>
</tr>
<tr>
<td>Doctor/Hospitalist</td>
<td></td>
<td>Physician Orders Tests/medicines</td>
<td></td>
<td>Lab Personnel</td>
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<tr>
<td>Security Personnel</td>
<td></td>
<td>Physician Treats Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Staff</td>
<td></td>
<td>Physician Discharges Patient</td>
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