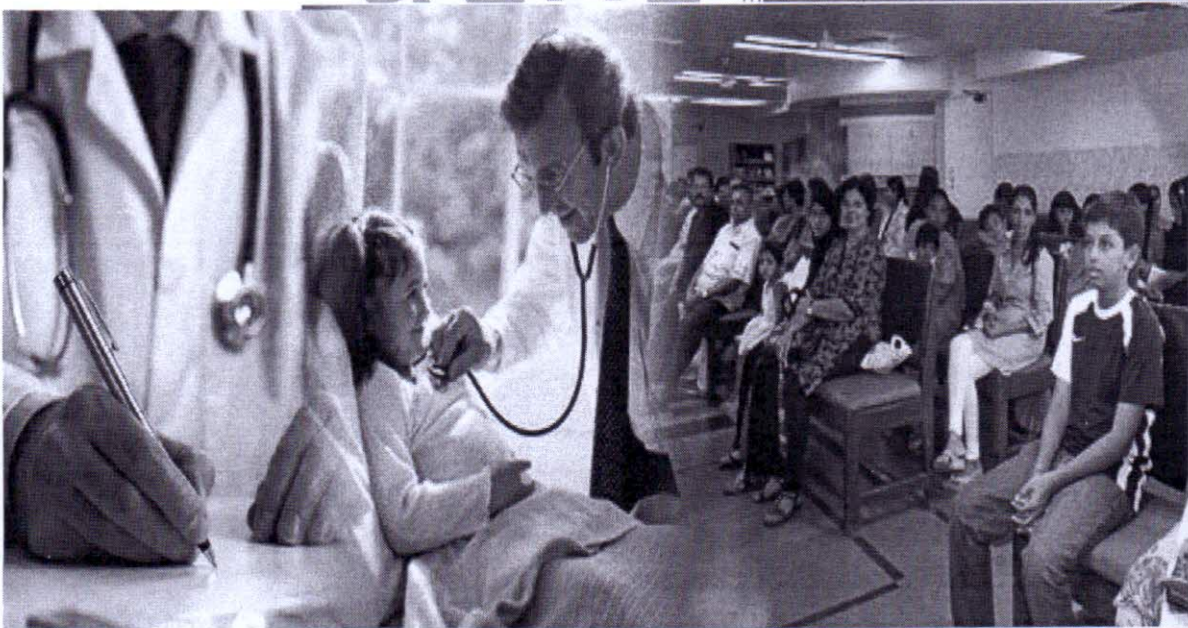


# 2018



## Standard Operating Procedures for Public Health Facilities- Uttar Pradesh



राष्ट्रीय स्वास्थ्य

Out Patients Department

Version No.: 1.0



	Standard Operating Procedure
Outdoor Patient Department	SOP/NQAS/OPD - 1.0

## Out 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.

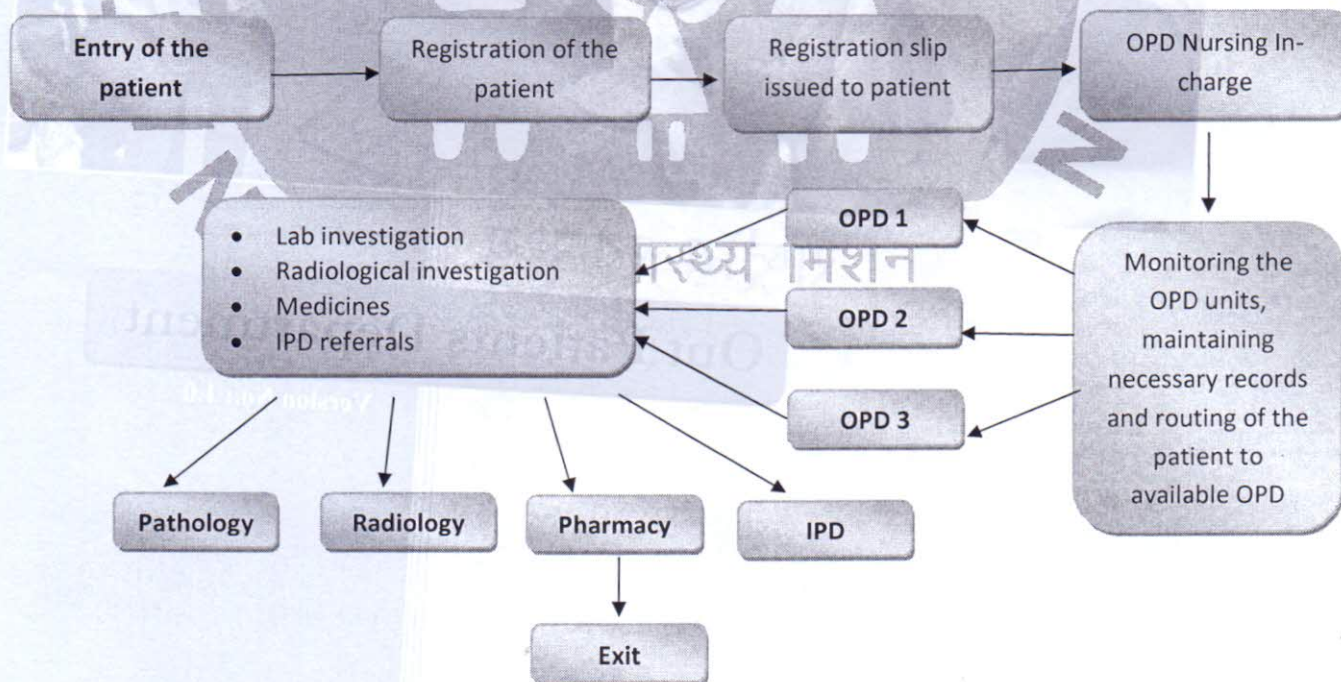
### Scope:

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:



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### 5. Standard Procedure:

S. No.	Activity	Responsibility	Reference Document / Records
5.1	<p>Facility provides OPD services as mandated in minimum assured services by Indian Public Health Standards in respect of the type of Facility.</p> <p>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.</p> <p>This includes-</p> <ol style="list-style-type: none"> <li>1. Antenatal Care including Management of High Risk Pregnancies referred from level 1 and 2 institutions</li> <li>2. 24X7 services for Emergency Obstetric Care &amp; New-born care</li> <li>3. Emergency Care of Sick Children</li> <li>4. Family Planning Services</li> <li>5. Medical Termination of Pregnancy</li> <li>6. Treatment of RTI / STI</li> <li>7. Essential Laboratory Services</li> <li>8. Referral Transport Services</li> </ol> <p>All services available in the Facility are communicated through citizen charter &amp; Enquiry Desk.</p>	CMS	Indian Public Health Standards
<b>Antenatal Care</b>			
	<p><b>Registration and First ANC Visit-</b></p> <ul style="list-style-type: none"> <li>Any patient coming to the facility for Doctor's consultation is registered at registration counter and OPD slip is issued to him / her.</li> <li>Pregnancy is confirmed by conducting physical examination / urine test using pregnancy test kit</li> </ul>	Registration Clerk	OPD registration slip

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(Nischay)	Medical Officer	Mother & Child Protection Card
<ul style="list-style-type: none"> <li>Last Menstrual Period (LMP) is recorded and Expected Date of Delivery (EDD) is calculated for pregnant woman.</li> <li>Pregnant Women's present and past history taken including any illness or complication during present &amp; previous pregnancy.</li> </ul>		
<p><b><u>Mother &amp; Child Protection Card-</u></b></p> <p>For each ANC registration, a Mother &amp; Child Protection Card is issued to pregnant women.</p> <p>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.</p>	Medical Officer	Mother & Child Protection Card
<p><b><u>Schedule of Visit-</u></b></p> <p>4 ANC visit of every registered pregnant woman is ensured as per following schedule</p> <p><b>1st Visit- Within 12 Weeks</b></p> <p><b>2nd Visit – Between 14-26 Weeks</b></p> <p><b>3rd Visit – Between 28-34 Weeks</b></p> <p><b>4th Visit – Between 36 Weeks and term.</b></p> <p>If a woman comes for registration later in her pregnancy the care is provided according to gestational age</p>	Medical Officer	Mother & Child Protection Card
<p><b><u>Antenatal Check-up</u></b></p> <ul style="list-style-type: none"> <li>On each visit Patient's history &amp; complaints are taken and physical examination, weight, blood pressure, respiratory rate, pallor, oedema and icterus is done.</li> <li>On each visit abdominal palpation for foetal growth, foetal lie and auscultation for foetal heart sound and breast examination is done.</li> </ul>	Medical Officer	SOP for Lab Investigation

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<ul style="list-style-type: none"> <li>Laboratory test for Haemoglobin, urine albumin &amp; urine sugar etc. is done on each visit. Tests for blood group and Rh factor, Syphilis (VDRL/ RPR), HIV, blood sugar, malaria &amp; Hepatitis B are also done for each pregnant woman.</li> <li>Regular dose of Folic Acid is given in 1st trimester and Iron + Folic Acid on subsequent trimester for at least 100 days.</li> <li>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.</li> <li>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.</li> <li>If the case is abortion procedure is done within the ambit of MTP act.</li> </ul>		<p>Guideline/ WI for Ante Natal Check- up &amp; Examination</p> <p>Guidelines for pregnancy care and management of common obstetric complications by Medical Officer</p> <p>Guidelines for Antenatal care and skilled attendance at Birth by ANMs/HVs/S Ns</p>
<p><b><u>Medical Termination of Pregnancy</u></b></p> <ul style="list-style-type: none"> <li>If a pregnant woman wants medical termination of Pregnancy, consent is taken from her in form C prescribed under MTP Act.</li> </ul>		
<p><b><u>Ultrasonography- during pregnancy</u></b></p> <ul style="list-style-type: none"> <li>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 &amp; PNDT Act 1994.</li> <li>A declaration is taken on form F from doctor as well as from pregnant woman.</li> </ul> <p><b><u>X-Ray-</u></b></p> <ul style="list-style-type: none"> <li>X-ray of pregnant woman is avoided, it is allowed only if approved by radiologist or physician who</li> </ul>	<p>(For Ultrasound, patients are referred to Department of Radiology, District Facility)</p>	<p>Registration certificate of USG machine/ Registration of facility under PC- PNDT / Liaisoning letter with MMG Facility</p>

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	<p>overweighs the benefit against risk of performing X-ray.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>		AERB approval
	<p><b><u>Management of High Risk Pregnancy</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>If the management cannot be done at the facility, patient is referred to Medical College / Tertiary Care Facility.</li> </ul>	Medical Officer	
5.2	<p><b><u>Display of Information-</u></b></p> <p>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.</p>	Facility Manager	
<b>5.3 OPD CONSULTATION PROCESS</b>			
5.3.1	After the patient is registered, registration number is generated at registration counter. The patient is directed to the doctor for OPD consultation.	Registration Clerk	OPD slip
5.3.2	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	Help Desk Staff/ Volunteer	
5.3.3	<p><b><u>Patient Calling System</u></b></p> <p>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</p>	Duty staff	

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	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	<b><u>Receiving the patient in clinic</u></b> 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.	Medical Officer/ Specialist	
5.3.5	<b><u>History Taking</u></b> 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.	Medical Officer/ Specialist	OPD Slip
5.3.6	<b><u>Physical Examination</u></b> 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	Medical Officer/ Specialist	OPD Slip

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	including examination of temperature, pulse is done as required. Doctors note down the relevant findings of examination on the OPD slip.		
5.3.7	<p><b><u>Risk Assessment &amp; Differential Diagnosis</u></b></p> <p>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.</p>	Medical Officer/ Specialist	<p>Procedure for Patient registration, admission and discharge</p> <p>Procedure for Referral Management</p>
5.3.8	<p><b><u>Investigations</u></b></p> <p>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.</p>	Medical Officer/ Specialist	
5.3.9	<p><b><u>Prescription</u></b></p> <p>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 &amp; 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</p>	Medical Officer/ Specialist	<p>OPD Slip/ Prescription</p> <p>Procedure for Pharmacy Management</p>

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	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 & registration no. on the prescription. A stamp for Local purchase has to be put on Local purchase slip.		
5.4	<b><u>Drug Dispensing</u></b> If medicines are prescribed, the patient goes to the pharmacy to collect it.		Procedure for Pharmacy
5.5	<b><u>Follow Up</u></b> 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.	Medical Officer/ Specialist	OPD Slip
<b>5.6 Nursing Process in OPD</b>			
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/ Nurses 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	<b><u>Patient Privacy and Confidentiality</u></b> 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	<b><u>Duty Roster</u></b> 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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	non-availability of any Doctor alternate arrangements are made if possible. If clinic remains unattended information is displayed on the notice board.		
5.9	<b><u>Punctuality, Dress Code and Identity</u></b> 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.	Medical Superintendent / OPD in charge Doctor	
5.10	<b><u>Disability Friendly OPD</u></b> Ramps with handrails have been provided at entrance and for other elevated area. Wheelchairs / Trolleys have been provided on entrance/ reception. Disability friendly toilets with handrail and two way swing doors have been provided at OPD.	Medical Superintendent / Facility Manager	
5.11	<b><u>Hand Hygiene</u></b> 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.	Medical Officer/ Specialist	
5.12	<b><u>Clinic Management</u></b> 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.	Facility Manager / Pharmacist	
5.13	<b><u>Patient Amenities</u></b> Patient amenities like safe drinking water, adequate chairs in waiting area, clean toilets, fan and air	Facility Manager /Medical Superintendent	

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	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	<p><b><u>Prohibition of Smoking</u></b></p> <p>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.</p>	Facility Superintendent / Facility Manager	<p>Prohibition of Smoking in Public Places rules 2008.</p> <p>Format for receipt/ Challan for fine</p>
5.15	<p><b><u>Administrative and Non clinical work at OPD</u></b></p> <p>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.</p>	Facility Manager/ Medical Officer/	
5.16	<p><b><u>Immunization</u></b></p> <ul style="list-style-type: none"> <li>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 &amp; ANM.</li> <li>Details of immunization given are entered on immunization card.</li> <li>Auto disable syringes are used for immunization.</li> <li>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</li> </ul>	Immunization Nurse/ANM	<p>Universal Immunization programme</p> <p>Mother and Child Protection Card</p>

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	<p>reported to MS by Phone.</p> <ul style="list-style-type: none"> <li>Other Serious AEFIs 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.</li> <li>All the serious AEFI (Adverse Effects Following Immunization) cases are investigated by appropriate authorities and corrective action is taken.</li> <li>After each immunization parents are informed about- <ul style="list-style-type: none"> <li>What vaccine is given and it prevents what.</li> <li>What are minor side effects and how to deal with them?</li> <li>When to come for next visit</li> <li>To keep Mother and Child Protection card safe and bring it on next visit.</li> </ul> </li> </ul>		
<b>5.17 Patient Satisfaction Survey</b>			
<b>5.17.1</b>	<p><b><u>Sample Size</u></b></p> <p>Sample size for patient satisfaction survey is calculated on the basis of case load of previous three months.</p>	Facility Manager	Sample Size calculator.
<b>5.17.2</b>	<p><b><u>Data Collection</u></b></p> <p>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.</p>	Facility Manager/ Enquiry Counter Personnel	OPD Feedback format
<b>5.18</b>	<p><b><u>Monitoring of waiting times</u></b></p> <p>Waiting time for registration, consultation, investigations, pharmacy and consultation time are monitored through time motion study and data is</p>	Facility Manager	

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	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.		
<b>5.19 Infection Prevention</b>			
	<p><b>Hand Hygiene:</b></p> <p>Adequate hand washing facility is available in all patient care areas. Taps and washbasin and soap are available in service provider's room &amp; 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.</p>	Housekeeping staff involved in patient care.	

## 6. RECORDS:

S. No.	Name of Records	Record No.	Minimum Retention Period
1	Immunization register		
2	Doctor's OPD Register		
3	Dressing room register		
4	Injection Register		

## 7. PROCESS EFFICIENCY CRITERIA

S. No.	Activity	Process Efficiency Criteria
1	Service Provision	Proportion of OPD Services Available IPHS
2	Consultation	Consultation Time
3	Consultation	OPD Patients per Doctor
4	Prescription	Proportion of drugs prescribed from outside.
5	Patient Information	Patient Right & Information Score
6	Equity	Proportion of BPL OPD Patients
7	Follow Up	Proportion of Old patient Visit
8	Patient Satisfaction	Patient Satisfaction Score for OPD

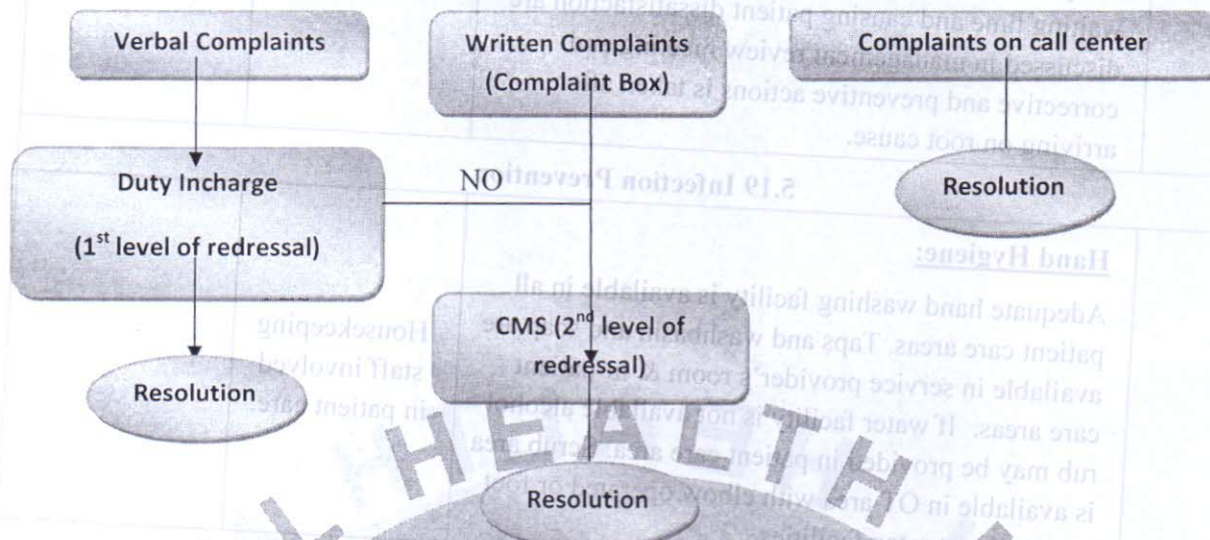
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### Flow Chart of Grievance Redressal for OPD



### Process Mapping

#### Level-1 Map

OUT PATIENT DEPARTMENT SIPOC				
Suppliers	Inputs	Process	Outputs	Customer
Patient	Medical Records	Patient Arrival to Registration counter	Discharge Documents	Patient
OPD Nurse	Patient Symptoms	↓	Prescriptions	Doctor/Hospitalist
Registration Clerk	Rx Information	Register Patient	Physician Notes	Hospital Manager
Nurse		↓		Nurses
Doctor/Hospitalist		Assign Patient to Room		Lab Personnel
		↓		
		Physician Examines Patient		
Security Personnel		↓		
		Physician Orders Tests/medicine		
Immunization staff		↓		
		Physician Treats Patient		
		↓		
		Physician Discharges Patient		

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