

## In-Patient Department

Service Name :	Scope of services being provided by the hospital
Date Approved :	01.07.2017
Approved By :	<i>Principal</i> SCB Dental College & Hospital Name :Prof J K Dash Signature :
Reviewed By :	..... Name :Dr. .... Signature :
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Responsibility of Updating :	

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### AMENDMENT SHEET

No.	Section and Page	Date	Amendment	Signature

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## In Patient Care Dental Care Related Process

### A. Purpose

To provide guideline instructions for In Patient Dental Care Related Process with the aims that

- ❖ Needs and expectations of customers are established,
- ❖ Customer satisfaction is enhanced on continual basis, and
- ❖ Feedback loop is established for continuous improvements.

### B. Scope

It covers all In Patients undergoing in patient dental treatment

### C. Responsibility

Consultant in Charge / Treating Consultant

### D. Quality Objectives

S.No.	Quality Objectives	Performance Indicators	Measurement Criteria	
			Criteria	Frequency
1	Service Level	Staff availability (Doctors, Nurses & Support)	Duty Roster / Attendance Record	Monthly
		Bed availability & Turnover time	Nurses Ward census record Admission Desk Register	Monthly
		Investigation time	Patient case record / Nurse's notes / Laboratory records / Patient's feedback form.	Monthly
		Investigation Reporting time	Nurse's notes / Patient file	Monthly
		Drug administration time	Patient case file	Monthly
		Diet quality, appropriateness and waiting time	Patient Feedback form	Monthly

		Bath and Hygiene service	Nurse's notes Patient Feedback form	Monthly
		Medication administration (Right medication and dosage, allergic / adverse reactions, drug interactions)	Notation in patient case file Patient Daily Drug sheet	Monthly
		Other Diagnostic Procedures – interventional (Complications, perforations, infection at site, measure of discomfort or pain)	Notation in Patient case file / Nurse's notes.	Monthly
		Coordination between all staff for treatment and procedures	Patient feedback form	Monthly
3	Clinical Excellence	Accuracy of Diagnosis (Initial provisional diagnoses and treatment plans)	Patient Medical Records Patient feedback form	Quarterly
		Appropriateness of treatment	Prediction of Average length of stay Patient Medical Records	Quarterly

#### E. Description

S.No.	Activity	Responsibility
<b>1.0</b>	<b>Receiving Patient in Ward</b>	
1.2	Admission notice received from Admission counter	Ward nurse
1.3	Patient room / bed readied – ensuring cleanliness and readiness	Ward nurse
1.4	Patient received in ward and escorted to bed	Ward nurse
1.5	Checking Patient name, IPD number, consultant and treatment details on patient file	Ward nurse
<b>1.6</b>	<b>Securing patient IPD tag on patient's wrist</b>	<b>Ward nurse</b>
1.7	Entry of patient name into Ward register	Ward nurse
<b>2.0</b>	<b>Initiation of Patient treatment</b>	
2.1	Duty / floor doctor informed about patient arrival	nurse
2.2	Patient file checked for investigations to be done and immediate treatment plan	Ward nurse

S.No.	Activity	Responsibility
2.3	For investigations – necessary investigations slips made, stamped, signed, specimen taken, requests and sample sent to Lab	Ward nurse / Duty Doctor / Nursing aid
2.4	For Radiology – request filled and signed and sent to Radiology	Duty doctor / nurse Nursing aid from ward to send requisition, Ward boy to wheel patient/guide to and fro from Radiology Dept if needed
2.5	Vital signs checked and recorded	Nurse
2.6	Detailed history taken and systems' examination done	Duty/ Floor doctor
2.7	Admitting / treating consultant or senior resident informed about bed number and patient status	Duty/ Floor doctor
2.8	Pharmacy request for drugs and consumables as prescribed in patient file and as per patient type (paid, package, corporate etc.)	Nurse
2.9	Dietician informed for diet	Nurse
2.10	Patient treatment plan reviewed, new additions / deletions to the plan made, plan of treatment discussed at length with patient, including possible length of stay, disease course, prognosis, medications, etc.	Treating consultant & Senior resident/RMO
2.11	Other specialist consultant referrals if necessary	Primary consultant / ward nurse
<b>3.0</b>	<b>Continuity of Patient treatment and care</b>	
3.1	Investigation reports received – nurse signs under received column in lab register	Lab attendant / Ward nurse
3.2	Report entered into patient case file on investigation sheet and report placed in patient file.	Nurse
3.2	Patient reviewed <ul style="list-style-type: none"> <li>at least twice a day for progress</li> <li>treatment plan updated</li> <li>investigation reports checked</li> </ul>	Primary consultant / Senior Resident
3.3	Treatments including primary and supportive given Patient's vitals monitored every 4 hours or as per doctor's orders and documented Patient diet, hygiene, treatment and progress documented in nurse's chart and case file.	Ward nurse
3.4	Co-ordination of treatment between different treating consultant	Nurse/RMO
<b>4.0</b>	<b>Emergency alert process</b>	
4.1	Patient emergency in the ward due to sudden drop in vital signs, loss of consciousness, excessive bleeding, cardiac arrest - Telephone operator contacted and concerned doctors are given a call	Ward nurse / telephone operator/RMO
4.2	Emergency measures instituted, patient stabilized	Nurse / Paged doctors team
<b>5.0</b>	<b>Patient shifting to ICU in an emergency</b>	
5.1	OT /ICU nurse in charge consulted about bed / OT availability and informed about transfer	Nurse / Primary consultant
5.2	Patient shifted to OT / ICU	Nurse / Anaesthetist /

S.No.	Activity	Responsibility
		Nursing aid / Senior resident
<b>6.0</b>	<b>Other Ward activities</b>	
6.1	Patient census checked at midnight and sent to Admission desk	Night Duty nurse / Nurse manager
6.2	Admission and discharge for the last 24 hours checked and tallied with patient census to maintain bed availability status for next day	Admission desk staff
<b>7.0</b>	<b>Patient discharge from hospital (refer to process</b>	
<b>F</b>	<b>Records Generated</b>	
	Patient IPD tag Initial assessment Sheet Investigation request slip – Laboratory & Radiology, other investigations Investigation report – Laboratory & Radiology Drugs Procurement Slip Nurse's Medication & Patient Daily Drug Sheet record Nurse's Daily records Day/ Evening /Night Report Nurses' Patient census record In take & Out-Put Records Diabetic Chart Consultation Record Progress & Doctor's Orders Daily Consultation's Visit Diet chart CSSD & Laundry indent Register	
<b>G</b>	<b>Associated Processes</b>	
	Pre operative process : CSSD process : Laundry process : Pharmacy and stores related process : Bill generation & payment process : Dietician & Food Management process : Infection Control Process : Patient discharge process :	