	Document Ref.:	Issue Date:
	CU/SOP/MEDD/29	25 <sup>th</sup> March, 2013
	Issue No.:	Revision No.:
	02	00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL CARE		

# CHUKA UNIVERSITY

## Standard Operating Procedure


For

### Medical Care CU/SOP/MEDD/29

#### Document Review Sheet

The signatures below certify that this Standard Operating Procedure has been reviewed and accepted, and demonstrate that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision.


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## 2.0 GENERAL

### 2.1 Purpose

The purpose of this procedure is to ensure that all medical activities are managed effectively to ensure compliance with this International Standard and the Ministries' of Medical Services, Public Health & Sanitation, WHO procedures and guidelines.

### 2.2 Scope


This procedure applies to and defines all the activities carried out by the Medical Department.

### 2.3 References

- (i) Advanced First Aid & Emergency Care (Red Cross)
- (ii) AMREF Manual
- (iii) Clinical Methods Manual by Hutchison
- (iv) CU Charter, 2013
- (v) CU Quality Manual
- (vi) Current CU Students' Handbook
- (vii) Drug index for Health Care Practitioners
- (viii) Egerton University Act, 1987
- (ix) ISO 9001:2008 Standard Clauses 7.1, 7.2, 7.6, 8.0
- (x) Live Saver International First Aid Course (St. John's Ambulance)
- (xi) Nursing Council of Kenya Procedure Manual
- (xii) VCT Guide
- (xiii) WHO Manual

### 2.4 Abbreviations

AIDS	=	Acquired Immune Deficiency Syndrome
AMREF	=	African Medical Research Foundation
CMO	=	Chief Medical Officer
CDH	=	Chuka District Hospital
HCT	=	HIV Counseling and Testing
HIV	=	Human Immune-Deficiency Virus
HOD	=	Head of Department
HRIO	=	Health Records Information Officer
KRCHN	=	Kenya Registered Community Health Nurse
MLT	=	Medical Lab Technologist
RCO	=	Registered Clinical Officer
SOPs	=	Standard Operating Procedures
VCT	=	Voluntary Counseling and Testing
WHO	=	World Health Organization

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## 2.5 Definitions

**SSP Students:** Students who do not benefit fully from government fees subsidy

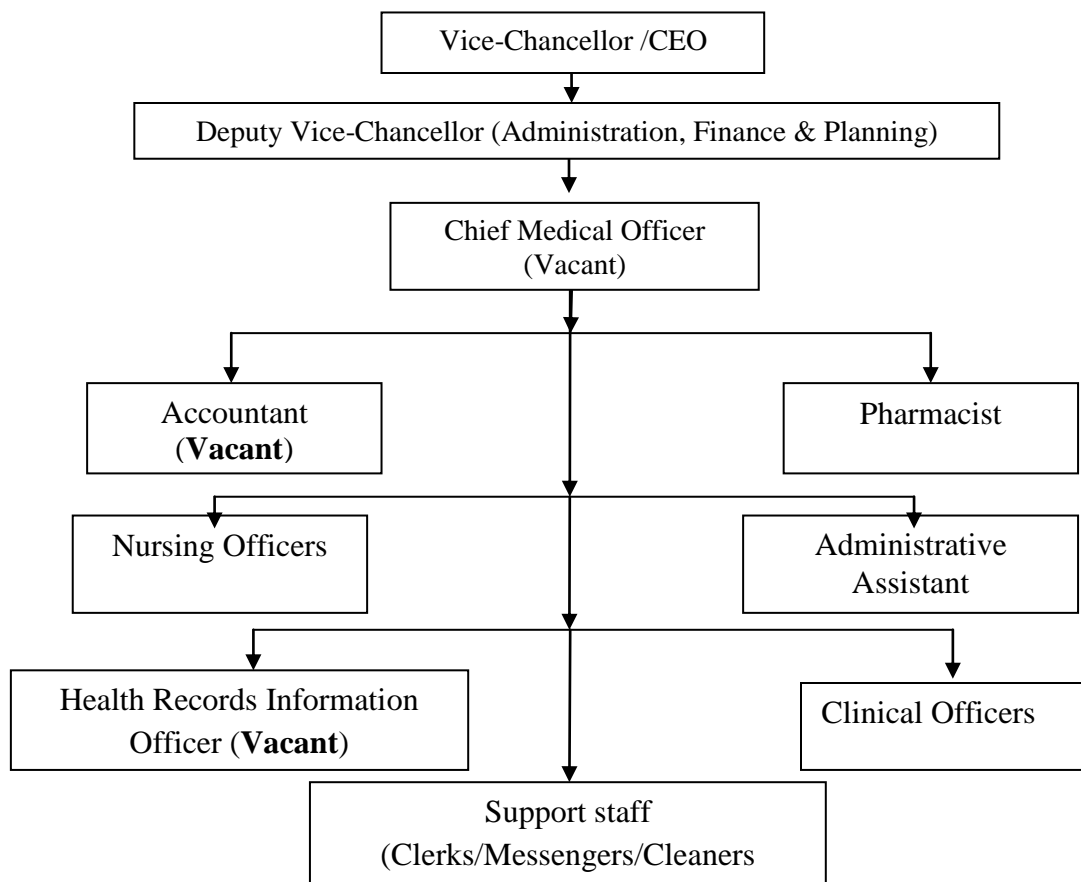
**JAB Students:** Government Sponsored Students-Students who are admitted by JAB and benefit from Government fees subsidy


## 2.6 Responsibility

The Chief Medical Officer has the primary responsibility of ensuring that this procedure is implemented and remains adequate for its intended purpose. The Chief Medical Officer also has the primary responsibility for providing the information from which the documentation for the medical processes can be compiled and for initiating action to keep them up to date. All departmental staff are responsible for implementing and ensuring that this procedure is followed.

## 3.0 ADMINISTRATIVE STRUCTURE

Medical Department is one of the Departments within the University. The current administrative structure for the Department is as shown below:



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## 4.0 PROCESSES


### 4.1 Overview

The core activities of the Department include:

- (i) Clerking and examination of patients and keeping medical records up-to-date
- (ii) Evaluation/monitoring progress of patients on treatment
- (iii) Generating income through medical charges from staff, Ndagani Secondary School students and staff and SSP students
- (iv) Offering preventive and curative services
- (v) Laboratory diagnosis
- (vi) Prescribing and dispensing of drugs
- (vii) Requisition of medical drugs and equipment
- (viii) Offering medical counseling to patients and clients with special needs, including VCT/HCT and referring them

### 4.2 Process for patients'/clients registration and flow

- (i) During registration clients i.e. S.S.P, staff and JAB students bring their completed medical bio data forms signed by a recognized medical representative or practitioner.
- (ii) The Medical bio data forms and personal details form containing passport photos from the clients are pinned together
- (iii) The HRIO opens a medical file for each client/student
  - (a) Daily decontamination of working benches, tables and chairs, cleaning of the floor & windows is done before patients start flowing.
- (ii) During registration clients and JAB students bring their completed medical bio data forms signed by a recognized medical representative or practitioner.
- (iii) JAB students attach detail forms with passport photos.
- (iv) The AA opens a medical file for each client/student.
- (v) The patient is received at the customer care desk in the waiting bay by the HRIO.
- (vi) Each patient presents identification to the AA for file retrieval and then proceeds to the consultation room.
- (vii) The HRIO then forwards the file to the consultation room.
- (viii) The clinician takes the patient's particulars, notes the presenting complaints and history of illness, and makes an examination and diagnosis (Refer to Clinical Methods Manual).
- (ix) Depending on the clinical diagnosis the patient is managed or referred to Chuka District Hospital for serious cases.
- (x) Cases handled within the dispensary are sent to the cash office for payment.
- (xi) The patient upon presenting the prescriptions and/or requisition form is costed, charged and receipted for the service accordingly using a receipt in triplicate.

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- (xii) The accounts clerk then records the transaction.
- (xiii) Upon payment, patient moves to pharmacy, injection room or laboratory as advised.
- (xiv) Cases from the laboratory bring back their results and are prescribed drugs which they pay for at the cash office.

#### **4.3. Process for laboratory examination and diagnosis**

- (i) The patient presents the laboratory requisition sheet to the MLT, who explains the procedure/type of specimen to be collected, labels the specimen containers and the requisition form.
- (ii) The specimen is then collected by the MLT who instructs the patient to wait for the results depending on the duration of the analysis.
- (iii) The MLT analyses specimen following instructions in WHO and AMREF Manuals.
- (iv) The MLT records the results in the laboratory register and request form which is given back to the patient who then takes it to the consultation room.
  - (a) The equipment used in testing include a Heamatology Analyser-Medonic Series Calibrated annually by Medipharm East African Ltd.
  - (b) The others are Centrifuge 90-2, Incubator, Microscope, Armblood Digital and Mercury (Sphigmimonometer) Blood Pressure Monitors, and Stethoscope Monitor, all Calibrated every six (6) months by Collinbet Electech Mechanical Engineering accredited by the Chuka District Hospital licensed by the Ministry of Medical Services.

#### **4.4. Process for injection and pharmaceuticals administration**

- (i) Drugs/reagents out of stock are identified and listed by the Pharmacist/MLT.
- (ii) The Pharmacist/MLT raises a requisition to the DVC (AFP) through the HOD.
- (iii) The requisition is taken to the procurement office after the DVC (AFP) approves and procurement procedures follow (Refer to CU/SOP/PROD/25).
- (iv) The nurse explains the procedure to the patient prepares and administers the injection and updates stock records.
  - (a) Sharps are taken to Chuka District Hospital for incineration while solid waste is burnt in a deep compost pit.
- (v) Quality control is performed daily.
- (vi) Patient presents prescription and payment receipt from cash office to the pharmacist
- (vii) Pharmacist enters the drugs in the computer
- (viii) Pharmacist dispenses the drugs prescribed with instructions pertaining to use.

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#### 4.5. Process for referral of patients

The Dispensary liaises with other medical institutions for updates and other medical progress. Cases beyond the ability of the University dispensary are referred to CDH

- (i) The patient is prepared psychologically for referral through oral counseling.
- (ii) The Dispensary in-charge calls the Matron in-charge of CDH alerting him/her of the case to be referred and its nature meanwhile arranging for transport to the hospital.
- (iii) The officer accompanying the patient carries the necessary documents for referral.

#### 5.0 RECORDS

- (i) Bin cards
- (ii) Equipment calibration contracts and verification results
- (iii) HCT register
- (iv) Laboratory register
- (v) Monthly Report
- (vi) Outpatient register
- (vii) Outpatient summary, over 5years MOH705B
- (viii) Patient files
- (ix) Petty cash book
- (x) Receipt books
- (xi) Revenue collection register
- (xii) Stock taking register
- (xiii) TB treatment register
- (xiv) Weekly epidemic monitoring register

#### 6.0 KEY PERFORMANCE INDICATORS AND OBJECTIVES


##### (a) Indicators

- (i) Availability of drugs and reagents
- (ii) Customer feedback
- (iii) Number of patients seen
- (iv) Refer to the Departmental Annual Work Plan.

##### (b) Objectives


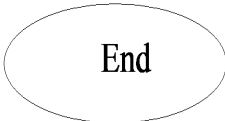
- (i) To offer quality health care services for the general welfare of student and staff
- (ii) To develop promotive, preventive and curative services to cater for students and staff
- (iii) To ensure infection control measures are observed at all times
- (iv) To liaise with other medical institutions to ensure each and every individual student and staff achieve their medical care.
- (v) To disseminate HIV/AIDS prevention and control message among students and staff.
- (vi) To promote behaviour change among youths.




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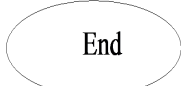
## APPENDICES: PROCESS MAPS

### (i) Patient/client registration and flow


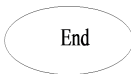
RESPONSIBILITY	ACTION
	 ↓ Arrival at dispensary
HRIO (HEALTH RECORDS INFORMATION OFFICER) ADMINISTRATIVE ASSISTANT	<p>During registration clients i.e. SSP, staff and JAB students bring their completed medical biodata forms signed by a recognized medical representative or practitioner.</p> <p>The Medical biodata and personal details forms containing passport photos from the clients are pinned together</p> <p>The AA/HRIO opens a medical file for each client/student.</p>
CLEANER/ SUB-ORDINATE STAFF	Daily decontamination of working benches, tables and chairs, cleaning of the floors & windows before patients start flowing.
HRIO (HEALTH RECORDS INFORMATION OFFICER) CLERK ADMINISTRATIVE ASSISTANT (AA)	<p>The patient is received at the customer care desk in the waiting bay by the HRIO/AA.</p> <p>Each patient presents identification to the HRIO for file retrieval. The HRIO/AA writes patients particulars in the file and registers him/her in the outpatient register.</p> <p>The HRIO/AA then forwards the file to the consultation room.</p>
CLINICIAN	Taking of the patients history of illness, examines, investigates and makes the diagnosis/impression (refer to clinical methods manual)
MEDICAL OFFICER CLINICAL OFFICER	<p>Depending on the clinical diagnosis patient is managed or referred to a counselor, VCT, or referred to CDH for serious cases.</p> <p>Cases handled in dispensary are sent to the cash office for payment.</p>
CASHIER	<p>The patient upon presenting the prescriptions and or requisition form is costed, charged and receipted for the service accordingly using a receipt in triplicate.</p> <p>The accounts clerk then records the transaction</p>
TECHNOLOGIST PATIENT /CLIENT	<p>Upon payment patient proceeds to the pharmacy, injection room or lab</p> <p>Cases from the lab bring back their results and are prescribed with drugs which they pay for at the cash office or are counseled by the caregivers accordingly.</p>
	


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**(ii) Laboratory examination and diagnosis**

RESPONSIBILITY	ACTION
PATIENT /CLIENT	<p style="text-align: center;">   ↓ </p> <p>Reporting to room</p>
PATIENT /CLIENT	Presenting the lab requisition sheet to the MLT who explains the procedure/the type of specimen to be collected, labels the specimen containers and the requisition form.
MEDICAL LABORATORY TECHNICIAN/ TECHNOLOGIST	<p>Collecting specimen by the MLT and instructs the patient to wait for the results depending on the duration of the analysis.</p> <p>Analysing of the specimen following SOPs (WHO and AMREF manuals)</p> <p>Recording the results in the laboratory register and request form which is given back to the patient who then takes it to the consultation room.</p> <p style="text-align: center;">  </p>

**(iii) Injection and pharmaceuticals administration**

RESPONSIBILITY	ACTION
PHARMACIST	<p style="text-align: center;">   ↓ </p> <p>Drugs/reagents out of stock are identified using the bincard and listed by the Pharmacist.</p> <p>The Pharmacist raises a requisition to the Deputy Vice-Chancellor (A, F &amp; P) through the HOD.</p>
CLINICAL OFFICER DEPUTY VICE-CHANCELLOR (A, F & P).	The HOD recommends the purchase and forwards the requisition letter to the Deputy Vice-Chancellor (A, F & P) for approval. <b>NO/YES.</b>
DEPUTY VICE-CHANCELLOR (A, F & P).	The requisition is taken to the incharge procurement office after the Deputy Vice-Chancellor (A, F & P) approves and procurement procedures follow (Refer to CU/SOP/PROD/25).
PATIENT /CLIENT	The patient presents the prescription and payment receipt from cash office to the pharmacist.
NURSING OFFICER	The nurse explains the procedure to the patient, prepares and administers the injection and updates stocks records.(refer procedure manual for nurses) Sharps are taken to CDH for incineration while solid waste is burnt in a deep compost pit. <u>Quality control is performed daily</u>
PHARMACIST	<p>The pharmacist enters the drugs in the computer.</p> <p>The pharmacist dispenses the drugs prescribed with instructions pertaining to drug use</p> <p style="text-align: center;">  </p>

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**(iv). Referral of patients**

RESPONSIBILITY	ACTION
PATIENT /CLIENT	<p style="text-align: center;">Start</p> <p>The dispensary liaises with other medical institutions for updates and other medical progress. Cases beyond the ability of the facility are referred to CDH</p>
MEDICAL OFFICER/ CLINICAL OFFICER	<p>The patient is prepared psychologically for referral through oral counseling. The in-charge calls the matron in charge CDH alerting him/her of the case to be referred and its nature meanwhile arranging for transport to the hospital. The nursing officer accompanying the patient carries necessary documents for referral</p>

**(v) Voluntary Counselling and Testing**

