	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

CHUKA UNIVERSITY

Standard Operating Procedure


For

Medical Services Management 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.

Action	Name & Signature	Position	Date
Prepared by	Caroline Gatwiri Kithinji	CLINICAL OFFICER	20.8.2019
Reviewed by	Prof. D. K. Isutsa	DEPUTY VICE-CHANCELLOR (ARSA)/MR	20.8.2019
Approved by	Prof. E. N. Njoka	VICE-CHANCELLOR	20.8.2019

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

CONTENTS

COVER PAGE.....	1
DOCUMENT REVIEW SHEET.....	1
CONTENTS.....	2
1.0. AMENDMENT RECORD	3
2.0. GENERAL.....	4
2.1 Purpose.....	4
2.2 Scope.....	4
2.3 References.....	4
2.4 Abbreviations	4
2.5 Definitions.....	5
2.6 Responsibility.....	5
3.0. ADMINISTRATIVE STRUCTURE.....	5
4.0. PROCESSES.....	6
4.1 Overview.....	6
4.2 Process for patients’/clients registration and flow.....	6
4.3 Process for consultation	7
4.4 Process for administration of laboratory examination and diagnosis.....	8
4.5 Process for requisition of medical equipment, Pharmaceuticals and lab reagents	9
4.6 Process for administration of pharmaceuticals and injection	9
5.0. RECORDS.....	10
6.0. KEY PERFORMANCE INDICATORS/OBJECTIVES.....	11
6.1. Key Performance Indicators.....	11
6.2. Quality Objectives.....	11
RISK REGISTER.....	12
OPPORTUNITIES REGISTER.....	13
APPENDICES: PROCESS MAPS.....	17


	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

1.0 AMENDMENT RECORD

This Standard Operating Procedure is reviewed regularly to ensure relevance to the systems and process that it defines. A record of contextual additions or omissions is given below.

Amendment Record Sheet

Amendment Date	Issue No.	Revision No.	Page No.	Subject of Review /Modification	Revised By	Reviewed & Approved By
20/8/2019	05	00	6 to 10	Added “resources” in all processes by revising inputs heading to read “inputs/resources” and expanding the section as necessary	HOD	ISO M.R./VC
20/8/2019	05	00	11	Revised KPIs in quality objectives to be “measurable”	HOD	ISO M.R./VC
20/8/2019	05	00	11	Revised quality objectives to distinguish from routine duties and responsibility, & infused actions that will ensure customer satisfaction	HOD	ISO M.R./VC
20/8/2019	05	00	15	Revised risks to capture factually binding and persistent ones	HOD	ISO M.R./VC
20/8/2019	05	00	16	Generated stand-alone Opportunities for the Department and de-linked them from Risks	HOD	ISO M.R./VC

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

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 the 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) CU Charter, 2013
- (ii) CU Statutes, 2014
- (iii) CU Strategic Plan, 2017-2022
- (iv) ISO 9001:2015 Standard Clauses 4 to 10
- (v) CU ISO Quality Management System Manual, 2017
- (vi) CU Students' Information Handbook (Current)
- (vii) Advanced First Aid & Emergency Care (Red Cross)
- (viii) AMREF Manual
- (ix) Clinical Methods Manual by Hutchinson
- (x) Drug index for Health Care Practitioners
- (xi) Live Saver International First Aid Course (St. John's Ambulance)
- (xii) Nursing Council of Kenya Procedure Manual
- (xiii) VCT Guide
- (xiv) WHO Manual

2.4 Abbreviations

AIDS	=	Acquired Immune Deficiency Syndrome
AMREF	=	African Medical Research Foundation
COD	=	Chairperson of Department
CMO	=	Chief Medical Officer
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
VC	=	Vice-Chancellor

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

2.5 Definitions

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

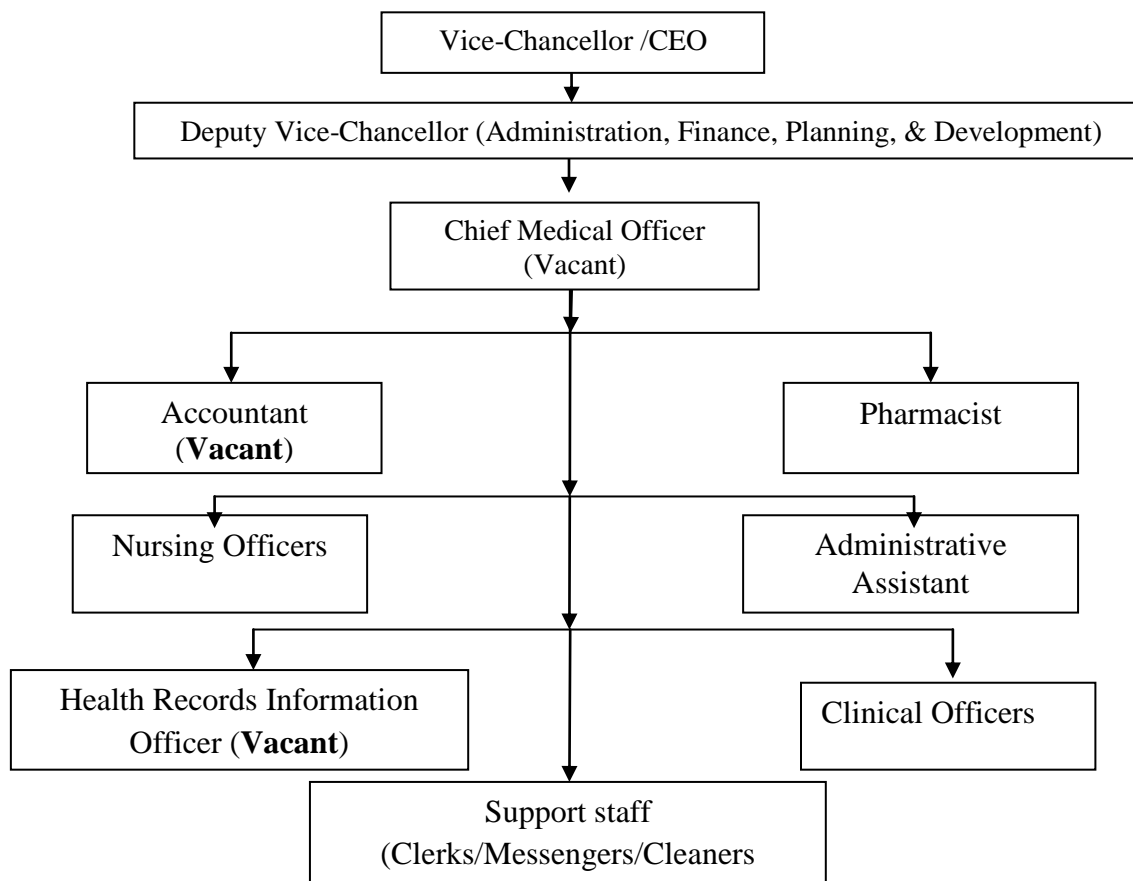
KUCCPS Students: Government Sponsored Students-Students who are admitted by Kenya universities and colleges' placement service and benefit from Government fees subsidy


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:



	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

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 Clients Registration and Flow

4.2.1 Source

Patients

4.2.2 Resources/Inputs

- Medical biodata and personal details forms
- Passports
- Client and Outpatient registers
- Clerk

4.2.3 Expected Outputs


- Personal file

4.2.4 Receivers

Patients

4.2.5 Process Details

No.	Description	Output	Responsibility
1.	During registration or admission of clients in the university i.e. S.S.P, staff and KUCCPS students bring their completed medical biodata forms signed by a recognized medical representative or practitioner.	Client biodata	Clerk/HRIO
2.	The Medical biodata forms and personal details form containing passport photos from the clients are pinned together	Assembly of biodata documents	Clerk
3.	The HRIO /clerk opens a personal file for each client bearing the official names and payroll/registration number/	Personal file	HRIO/clerk

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

4.	When the client is ill he/she presents the identification card for file retrieval	Treatment sheet	HRIO/clerk
5.	The file is taken to the clinician in the consultation room	Consultation	HRIO/clerk

4.3. Process for Consultation

4.3.1 Source

Patients; CU/SOP/DVCF/02; CU/SOP/VCIM/01

4.3.2 Resources/Inputs

- Clinician
- Personal file/Patients history
- Lab results
- Diagnostic equipment

4.3.3 Expected Outputs


- Prescription
- Laboratory request
- Referral letter
- Sick off form
- Counseling report

4.3.4 Receivers

Patients; CU/SOP/DVCF/02; CU/SOP/VCIM/01

4.3.5 Process Details

No.	Description	Output	Responsibility
1.	The clinician takes the patient's particulars, notes the presenting complaints, takes history of presenting illness indicating the duration of the illness and examines the patient.	Diagnosis	Clinician
2.	Depending on the clinical diagnosis the patient is managed or referred elsewhere for serious cases and a referral letter is written.	Referral letter	Clinician
3.	Depending on the patient's condition, the clinician sends the patient to the laboratory with a lab request form or a prescription form to the pharmacy for cases not referred	Laboratory request form Prescription form Sick off	HRIO/clerk
4.	The patient sent to the laboratory returns the lab results to the clinician after investigations	Diagnosis	Laboratory technologist
5.	The clinician prescribes the drugs to the client	Prescription form	Clinician

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

4.4 Process for Laboratory Examination and Diagnosis

4.4.1 Source

Patients

4.4.2 Resources/Inputs

- Client
- Medical laboratory technologist
- Specimen
- Laboratory register
- Laboratory equipment/machines
- Lab reagents

4.4.3 Expected Outputs


- Laboratory results
- Laboratory reports

4.4.4 Receivers

Patients

4.4.5 Process Details

No.	Description	Output	Responsibility
1.	The patient presents the laboratory request form to the MLT, who explains the procedure/type of specimen to be collected, labels the specimen containers and the requisition form	Specimen/ sample	Medical Laboratory Technologist
2.	The investigation are then charged and patient is issued with a receipt by the accounts clerk	Receipt	Cashier
3.	The specimen is then collected by the MLT who instructs the patient to wait for the results depending on the duration of the analysis	Analyzed Results	Medical Laboratory Technologist
4.	The MLT analyses specimen following instructions in WHO and AMREF Manuals (a) The equipment used in testing include a Haematology Analyser-Medonic Series Calibrated annually by Medipharm East African Ltd. (b) The others are Centrifuge 90-2, Incubator, Microscope, Armblood Digital and Mercury (Sphygmomanometer) Blood Pressure Monitors, and Stethoscope Monitor, all Calibrated every six (6) months by Collinbet Electech Mechanical	Quality results	Medical Laboratory Technologist

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

	Engineering accredited by the Chuka District Hospital licensed by the Ministry of Medical Service		
5.	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.	Laboratory results	Medical Laboratory Technologist

4.5 Process for Requisition of Medical Equipment, Pharmaceuticals and Lab Reagents

4.5.1 Source

Patients; CU/SOP/DVCF/02; CU/SOP/VCIM/01

4.5.2 Resources/Inputs

- Approved letter
- Bin cards
- MLT/Pharmacist/in charge medical dept
- Stores requisition book
- Goods and services requisition book

4.5.3 Expected outputs

- Delivery of requested commodities

4.5.3 Receivers

Patients; CU/SOP/DVCF/02; CU/SOP/VCIM/01

4.5.5 Process Details


No.	Description	Output	Responsibility
1.	Drugs/reagents out of stock are identified from the bin card and listed by the /MLT Pharmaceutical technologist	List of items	MLT/pharmacist
2.	The request for approval letter is raised	Approved letter	MLT/Pharmacist HOD, DVC(AFPD)
3.	The approval letter is taken to the procurement office for purchase and the goods and services requisition note is written (CU/SOP/PROD/25).	LPO	Procurement Officer, Vice-Chancellor
4.	Procurement procedure is followed	Delivery of goods	PO; Inspection & Acceptance Committee

4.6 Process for Administration of Pharmaceuticals and Injections

4.6.1 Source

4.6.2 Resources/Inputs

- Bin cards

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

- Pharmacist/nurse
- Client
- Prescription form
- Pharmaceuticals

4.6.3 Expected outputs

- Injection administration
- Dispensed drugs

4.6.4 Receivers

Patients; CU/SOP/DVCF/02; CU/SOP/VCIM/01


4.6.5 Process Details

	Description	Output	Responsibility
1.	Patient presents prescription to the Pharmaceutical technologist for verification and preparation	Prescription	Pharmaceutical Technologist
2.	Pharmaceutical technologist prepares the medication as per the prescription and charges appropriately where applicable	Medical charge	Pharmaceutical Technologist
3.	Pharmaceutical technologist dispenses the drugs prescribed with instructions on use.	Drugs and drug use counseling	Pharmaceutical Technologist
4.	The patient is notified by the Pharmaceutical technologist the injections to administered and directs him/her to the injection room	Injection instructions	Pharmaceutical Technologist
5.	The procedure for injection is explained to the patient and the injection is administered (a) Sharps are taken to Chuka District Hospital for incineration while solid waste is burnt in a deep compost pit. (b)Quality control is performed daily.	Injection	Nurse

5.0 RECORDS/RETAINED DOCUMENTED INFORMATION

Resources/Inputs

- (1) Bin cards
- (2) Equipment calibration contracts and verification results
- (3) HCT register MOH 362
- (4) Laboratory register MOH 240
- (5) Monthly Report
- (6) Client attendance register
- (7) Outpatient register, over 5years MOH204B
- (8) Outpatient over 5 yr tally sheet MOH701B
- (9) Outpatient over yr summary 705B

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

- (10) Patient files
- (11) Petty cash book
- (12) Receipt books
- (13) Revenue collection register
- (14) Stock taking form
- (15) TB treatment register
- (16) Weekly epidemic monitoring register
- (17) Consumption data report MOH 643


6.0 KEY PERFORMANCE INDICATORS AND OBJECTIVES

6.1 Indicators

- (i) Number of laboratory tests done
- (ii) Number of drugs/condoms dispensed
- (iii) Number of patients seen at any given time
- (iv) Number of complains/compliments registered
- (v) Percentage care givers with accidents
- (vi) Number of IEC distributed

6.2 Quality Objectives

Linked Strategic Objectives			
SO 3: Enhancement of Academic Competitiveness of the University			
SO 24: Development and Projection of a Positive Image of the University			
SO 25: Maintenance and Improvement of Quality Assurance			
SO 27: Compliance with Statutory Requirements			
1. Quality Objective: To reduce waiting time of patients by at least 10 minutes down from 30 minutes at the waiting bay.			
Strategy (Actions/Activities required to achieve the objective)			
Training of reception staff on proper record keeping			
Increase the no of clerks/HRIO at the reception			
Treat patient on first come first served			
Responsibility	Resources Required	Timeline	Measure of Success (KPIs)
Management	Human, facilitators	Annually	Length of time taken to attend to patients Percentage patients with compliments/complaints
Human resource	Finances Facility Writing materials		
Review dates:	Quarterly		
Linked Strategic Objectives			
SO 3: Enhancement of Academic Competitiveness of the University			
SO 24: Development and Projection of a Positive Image of the University			
SO 25: Maintenance and Improvement of Quality Assurance			
SO 27: Compliance with Statutory Requirements			
2. Quality Objective: To disseminate 60 flyers up from 30 flyers with health education information on HIV/AIDS and other health issues to patients twice per week.			

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

Strategy (Actions/Activities required to achieve the objective) Conducting health talk to patients on waiting bay twice per week			
Responsibility	Resources Required	Timeline	Measure of Success (KPIs)
In-charge medical	IEC materials Models/Newsprint, Felt pen /Facilities	Twice per week	No. of IEC material issued per week
Review dates:	Weekly		

Linked Strategic Objectives
SO 3: Enhancement of Academic Competitiveness of the University
SO 24: Development and Projection of a Positive Image of the University
SO 30: Development of Motivated Staff
SO 34: Production of Holistic Graduates


3. Quality Objective: To provide health services to 50 patients up from 25 patients per day to achieve quality education

Strategy (Actions/Activities required to achieve the objective) Proper clinical diagnosis, accurate analyzing of lab results and rational drug use and counselling			
Responsibility	Resources Required	Timeline	Measure of Success (KPIs)
Clinicians Nurses Lab tech Pharm tech	Pharmaceuticals, Diagnostic reagents, equipment/ machines OPD register	Daily	No. of clients treated per day
Review dates:	Daily		

Linked Strategic Objectives
SO 3: Enhancement of Academic Competitiveness of the University
SO 24: Development and Projection of a Positive Image of the University
SO 30: Development of Motivated Staff
SO 31: Enhancement of Gender and Affirmative Action Compliance
SO 34: Production of Holistic Graduates


4. Quality Objective: To improve reproductive health services by distribution of 20,000 condoms up from 10,0000 condoms per quarter to clients

Strategy (Actions/Activities required to achieve the objective) Allocation of staff to distribute condoms and IEC materials Creating awareness through social media, health education			
Responsibility	Resources Required	Timeline	Measure of Success (KPIs)
In-charge medical	IEC materials Models/Newsprint, Felt pen/Personnel Male/female condoms Condom dispensers	Twice per week	No. of students educated No. of IECs material issued No. of condoms distributed
Review dates:	Weekly		

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

Risk Identification Table


Department: MEDICAL			
Project /Process Name: Laboratory diagnosis and examinations			
SN	Risk	Source (How can the risk occur)	Impact (What is the impact of the risk occurring)
1	Accidental pricking,	During sample collection	Contracting diseases
2	Inhaling of aerosols	Sample collection, analyzing of samples, cultures	Contracting diseases
3	Fire due to inflammable chemicals	When heating/fixing the samples	Burns
4	Loss of cash	Handling of cash by many people	Loss of revenue
5.	Impersonation	SSP using jab students I.D	Loss of revenue
6	Stock out	Delay in procurement procedures	Lack of lab reagents and pharmaceuticals
Project /Process Name: Process for consultation			
1	Communicable diseases e.g TB	Patient coughing without observing cough etiquette	Morbidity and low productivity
2	Harassment by client	Patient dictating his management	Psychological trauma and demoralization
3	Wrong diagnosis	Patient giving wrong history	Wrong treatment and disease progression
4	Irrational drug use	Lack of training on current treatment guidelines	Wastage of resources, drug resistant
Project /Process Name: Process for requisition of medical equipment, pharmaceuticals and lab reagents			
1	Stock out	Delay on procurement procedures	Lack of drugs and lab reagents
Project /Process Name: Process for administration of pharmaceuticals and injections			
1	Contracting communicable diseases e.g. TB	Patient coughing	Morbidity and low productivity
2	Loss of cash	Handling of cash by many people	Loss of revenue
3	Impersonation	SSP using KUCCPS student I.D for treatment	Loss of revenue for the university
4	Accidental needle prick	When injecting an uncooperative patient	Morbidity and low productivity
Project /Process Name: registration of patients and flow of clients at the reception			
1	impersonation	SSP students using KUCCPS I.D to seek treatment	Loss of revenue
2	Communicable diseases e.g. TB	Patient coughing without etiquette	Morbidity and low productivity

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

3	Harassment by clients	Student in a hurry Students coming in large groups after class and demanding to be attended immediately	Psychological trauma
4	Misplacing of files	Lack of enough shelves thus crowding of files making retrieval difficult	Delay in attendance of patients
5	Inaccurate data entry	Untrained reception staff	Inaccurate reports and documentations

Risk Identification Key

Likelihood	Consequence	Raw Risk (Likelihood x consequence)
1: Low, very unlikely less than 10% chance of occurring	1: insignificant, consequences are very low, can lead to nil/minor disruptions (1 day), leads to no financial losses	1 - 3: Low, managed within existing controls, monitor annually
2: Medium, possible 20% - 60% chance of occurring	2: Moderate, consequences are moderate, disruption can be up to a week, financial loss can be up to \$10,000	4 - 6: Medium, evaluate efficiency of existing controls or implement mitigation plan, monitor quarterly or 6 monthly
3: High, likely to almost certain 70% - 100% chance of occurring	3: Serious, consequences are adverse, can lead to legal prosecutions, media coverage, investigation by statutory body, complete loss of service delivery or financial loss of > \$ 100,000	7 - 9: High, implement mitigation plan immediately, escalate to senior management, monitor weekly or monthly


	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

RISK AND OPPORTUNITIES REGISTER

Note for monitoring, the responses are: What = risk described. Why = prevent/correct consequence. How = mitigations/controls. Who = risk owner.


Risk name/ description	Risk Consequences	Likelihood (L)	Consequence (C)	Potent Risk (LxC)	Mitigations/controls (Opportunities source)	Risk Owner	Monitoring	Actual Risk @ 20/8/2019				
								LA	CA	RI=LA* CA	RR%= RI/PR	EC%
Acquiring communicable diseases like PTB, MDR, HIV/AIDS, hepatitis b	Loss of working hours Isolation Disease spread to other patients, family members and staff Cost implication	2	3	6	Sensitization on infection prevention and control methods Vaccination Medical checkups	Medical Dept staff In-charge Medical Top Management	Continuous	2	0	0	0	100
Medical accidents e.g. needle pricks, blood splash, contact with contaminated blood	Acquire HIV/AIDS infection and hepatitis B	3	3	9	Wearing of gloves Training on pre-cautions to take Use of post exposure prophylaxis Vaccination Safe injection training	Clinicians Laboratory Technologists	Daily Accident occurrence register	2	2	4	44	56
Dysfunction of first aid equipment in the ambulance	Patient disability/death	1	3	3	Renewing or replacement of first aid equipment and drugs	In-Charge Medical Top Management	Continuous	1	1	1	33	67
Pharmaceuticals and non-pharm stock out	Lack of pharmaceuticals/reagents	1	3	3	Efficiency in procurement Large stock purchases	PO In-Charge Medical	Quarterly	1	2	2	67	33
Inaccurate data entry and misplacement of clients files	Inaccurate reports and documentation and delay in treatment	2	2	4	Training of reception staff Adding more shelves Automation of functions	Health record officer/clerk	Continuous	2	1	2	50	50

Key: LA=Likelihood achieved. CA= Consequence achieved. RI= Risk incidence encountered. EC (%) = Effectiveness of Control(%). RR%= Residual Risk Potent Risk (PR): Refers to potential raw risk that is anticipated. EC% = 100% - RR%

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

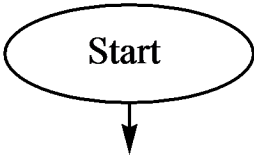
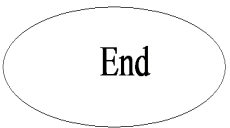
OPPORTUNITIES


s/no	Opportunities	Action plans	Timeline	Effectiveness/status
1	Increasing student and staff population desiring/deserving quality medical care	Organise and implement health talks and seminars. Provision of quality medical care	Quarterly Continuous	80%
2	Linkages with business partners	Strengthening relationship with pharmaceutical and non-pharmaceutical suppliers	Continuous	100%
3	Goodwill from industries	Enhancing relationship with the surrounding health facilities for referral and linkages	Continuous	90%
4	National government and county governments (devolved governments)	Enhancing relationship between the county referral hospital and national hospitals	Continuous	90%
5	Community goodwill and support	Organising screening and testing activities in partnership with various partners	Quarterly	70%

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

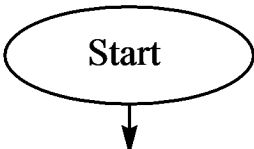
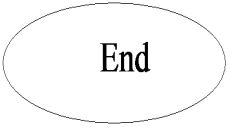
APPENDICES: PROCESS MAPS

i. Patient/client registration and flow

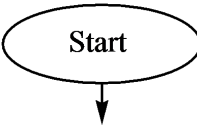
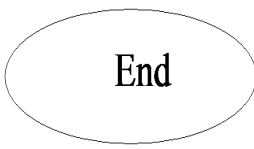
RESPONSIBILITY	ACTION
Patient	 <p>Arrival at dispensary</p>
HRIO (HEALTH RECORDS INFORMATION OFFICER/clerk)	<p>During registration clients i.e. SSP, staff and KUCCPS students bring their completed medical biodata forms signed by a recognized medical representative or practitioner.</p> <p>The Medical biodata and personal details forms containing passport photos from the clients are pinned together</p> <p>The clerk/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)	<p>The patient is received at the customer care desk in the waiting bay by the HRIO/clerk.</p> <p>Each patient presents identification to the HRIO for file retrieval. The HRIO /clerk writes patients particulars in the file and registers him/her in the outpatient register.</p> <p>The HRIO/clerk 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> 


	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

ii. consultation

RESPONSIBILITY	ACTION
	 ↓
CLINICIAN	Taking of the patients history of illness, examines, investigates and makes the diagnosis/impression (refer to clinical methods manual)
MEDICAL OFFICER CLINICAL OFFICER	Depending on the clinical diagnosis patient is managed or referred to a counselor, VCT, or referred for serious cases. A sick off is given for some cases
CASHIER	Depending on the patient's condition, the clinician sends the patient to the laboratory with a lab request form or a prescription form to the pharmacy for cases not referred
NURSES CLINICAL OFFICER LAB TECH PHARM TECH	Upon payment patient proceeds to the pharmacy, injection room or lab 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.
	

(ii) Laboratory examination and diagnosis

RESPONSIBILITY	ACTION
PATIENT /CLIENT	 ↓ Reporting to room
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	Collecting specimen by the MLT and instructs the patient to wait for the results depending on the duration of the analysis. Analysing of the specimen following SOPs (WHO and AMREF manuals 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.
	

	Document Ref.: CU/SOP/MEDD/29	Issue Date: 20th August, 2019
	Issue No.: 05	Revision No.: 00
Document Title: STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT		

(iii) Injection and pharmaceuticals administration

RESPONSIBILITY	ACTION
PHARM TECH	<p style="text-align: center;">Start</p> <p style="text-align: center;">↓</p> <p>The patient presents the prescription for verification and preparation</p>
PHARM TECH	The prescription is prepared for medication as per the prescription and charged appropriately
PHARM TECH	Pharmaceutical technologist dispenses the drugs prescribed with instructions pertaining to use.
PHARM TECH	The patient is notified by the of Pharmaceutical technologist he injections to administered and directs him/her to the injection room
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. Quality control is performed daily
	<p>End</p>

(iv). Requisition of pharmaceuticals lab reagents medical equipment

RESPONSIBILITY	ACTION
Pharmaceutical technologist /MLT	<p style="text-align: center;">Start</p> <p style="text-align: center;">↓</p> <p>Drugs/reagents out of stock are identified from the bincard and listed by the MLT/ Pharmaceutical technologist</p>
MLT/PHARM TECH HOD,DVC(AFP&D)	Request for approval is raised
	The approval letter is taken to the procurement office for purchase and the goods and services requisition note is written CU/SOP/PROD/25).
P.O	Procurement procedure follows



Document Ref.:
CU/SOP/MEDD/29

Issue Date:
20th August, 2019

Issue No.:
05

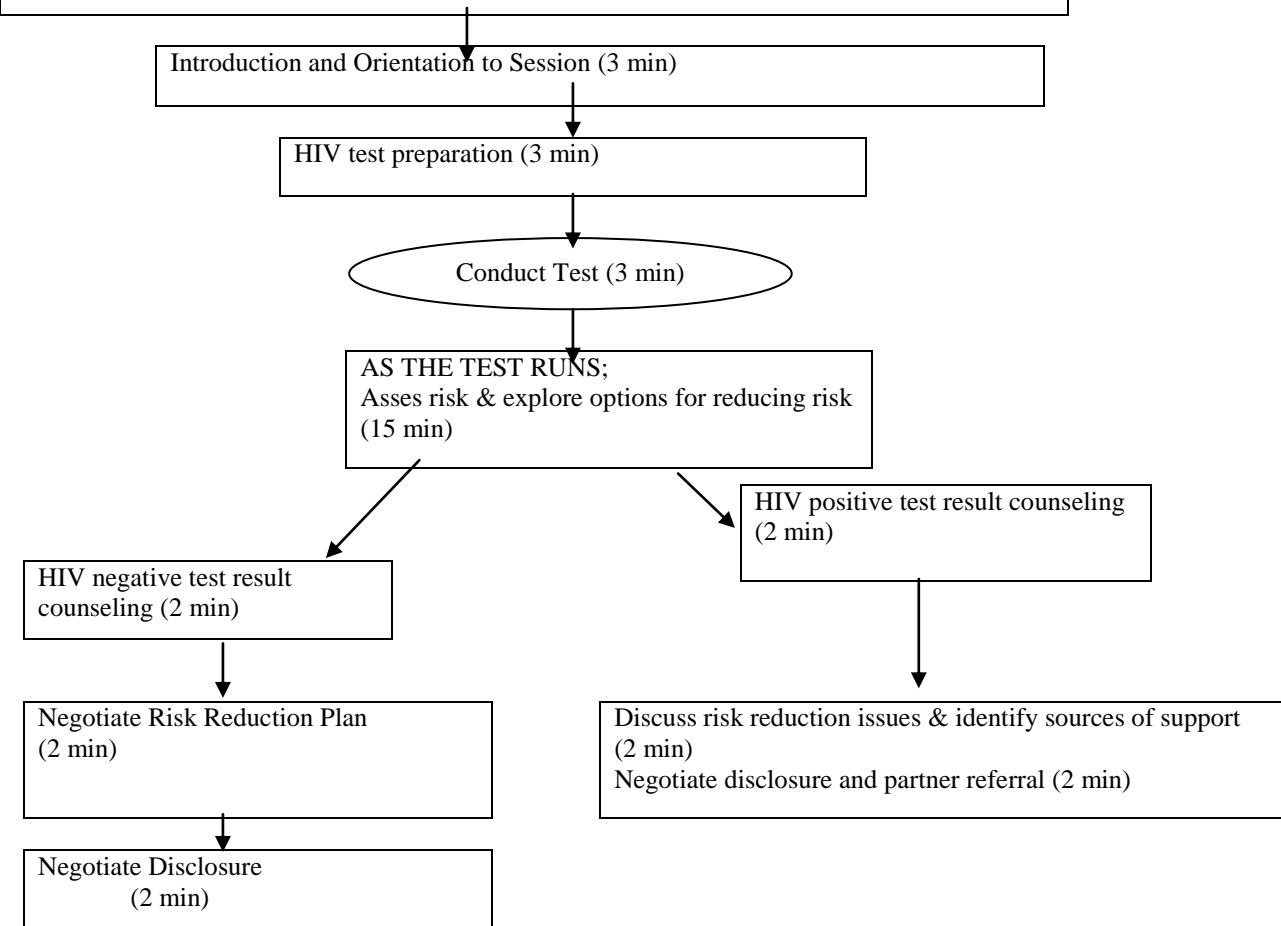
Revision No.:
00

Document Title:

STANDARD OPERATING PROCEDURE FOR MEDICAL SERVICES MANAGEMENT

(v) Voluntary Counselling and Testing

VCT HIV Prevention Intervention Components
HIV Negative and Positive Sessions



Total time for the whole session is 30 minutes