

ISSUED FOR USE ON:

HEALTH PROCEDURE MANUAL

REF: RU/ADM/HS/017



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**QUALITY MANAGEMENT SYSTEM BASED ON ISO 9001:2015**

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**HEALTH SERVICE PROCEDURE MANUAL**

**RU/ADM/HS/017**

<b>AUTHORIZED BY: Prof. Samuel Gudu Vice - Chancellor</b>	<b>Sign: _____</b>	<b>Date:</b>
<b>ISSUED BY: Prof. Stanley Shitote Quality Management Representative (QMR)</b>	<b>Sign: _____</b>	<b>Date:</b>

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## PROCEDURE NUMBER 1: TREATMENT AND REFERRAL

### 1.0 GENERAL

#### 1.1 PURPOSE

The purpose of this procedure is to ensure efficiency and effectiveness in the provision of quality health care services.

#### 1.2 SCOPE

This procedure applies to treatment and referral of customers at Rongo University health facility.

#### 1.3 REFERENCES

- a) Ministry of Health Outpatient Manual
- b) Relevant laws, regulations and guidelines
- c) Relevant Rongo University policies
- d) Health Service Charter

#### 1.4 TERMS AND DEFINITIONS

- a) Emergency – Sudden serious and life-threatening situations that needs to be dealt with immediately.
- b) Investigations – Laboratory procedures designed to detect the presence or absence of disease.
- c) Clerking – History taking and physical examination of the patient.
- d) Triage - The assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.
- e) HoF – Head of Facility
- f) Clinician – CO/NO
- g) AR-HR Assistant Registrar –Human Resource
- h) HRIO – Health Records Information Officer
- i) CO – Clinical Officer
- j) NO – Nursing Officer
- k) MLT – Medical Laboratory Technologist
- l) Lab – Laboratory

- m) MOH – Ministry of Health
- n) OPD – Outpatient Department

### 1.5 RESPONSIBILITY

- a) The DVC(AFP) is responsible for the supervision of this procedure.
- b) The officer in charge of Health Services is responsible for implantation and adherence to this procedure.

### 2.0 PROCESS INPUTS

- a) Student and staff identification documents
- b) Medical file
- c) Medical equipment, tools and supplies
- d) Laboratory reagents and drugs
- e) Protective wear
- f) Budget

### 3.0 METHOD

#### 3.1 Treatment

- 3.1.1 The HRIO shall receive a patient at the registry office.
- 3.1.2 Upon receipt, the HRIO shall:
  - a) confirm patient’s identity by verifying the identification document,
  - b) Triage the patient, and
  - c) retrieve the patient’s medical file or open a new file for new clients
- 3.1.3 In the event that the patient is unauthorized, the HRIO shall advise the patient appropriately.
- 3.1.4 Upon retrieval of the patient’s medical file, the HRIO shall refer the patient to the clinician.
- 3.1.5 Upon receipt of the patient, the clinician shall treat clinically, request for lab investigation or refer.
- 3.1.6 If the clinician decides to treat the patient clinically, he/she shall issue duly filled prescription form to the patient and direct them to the pharmacy for oral drugs and/or to the procedure room for parenteral drugs administration.

- 3.1.7 If the clinician decides to request for lab investigations, he/she shall fill the lab request form and send the patient to the lab.
- 3.1.8 Upon receipt of the patient, the MLT shall perform the requested investigation and forward the results to the clinician.
- 3.1.9 Upon receipt of the results, the clinician shall interpret them and then treat the patient as in 3.1.6.
- 3.1.10 Based on the condition of the patient (member of staff), the Clinician shall issue a sick off to the patient and ensure copies are forwarded to the AR-HR.
- 3.1.11 The HRIO shall update the outpatient registers daily.

**3.2 Referral Procedure**

- 3.2.1 Upon deciding to refer the patient, the clinician shall fill the medical referral form and update the referral register.
- 3.2.2 In case of emergency referral(s), the clinician shall: -
  - a) Take and record vital signs.
  - b) Based on the patient’s condition, offer emergency treatment.
  - c) Clerk the patient.
  - d) Update the referral register.
  - e) Accompany the patient to the referral health facility.

**4.0 PROCESS OUTPUTS**

- a) Updated outpatient reports
- b) Filled patient Card
- c) Laboratory reports
- d) Prescription reports
- e) Referral report
- f) Updated drug dispensation reports

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**5.0 DOCUMENT CHANGE HISTORY**

<b>Supersedes Revision</b>	<b>Revision – (Clause &amp; Details)</b>	<b>Current Rev.</b>	<b>Reviewer's name</b>	<b>Date</b>

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**OBJECTIVES REGISTER FOR HEALTHSERVICES SECTION**

<b>OBJECTIVES REGISTER FOR HEALTHSERVICES SECTION</b>										
<b>Department:</b>	<b>Health services</b>									
<b>Rev. Status</b>										
<b>Issue Date:</b>										
<b>Created By:</b>	<b>Head of Health Section</b>			<b>Reviewed By:</b>			<b>Approved By:</b>			
<b>S.No</b>	<b>Key Result Area</b>	<b>Strategic Objective</b>	<b>Objective</b>	<b>Strategies</b>	<b>Key Performance Indicator</b>	<b>Resources Required</b>	<b>Timeline</b>	<b>Deliverable</b>	<b>Frequency of M &amp; E</b>	<b>Responsibility</b>
	Institutional capacity	To engage, train and retain quality and competent human resources	To sensitize all permanent clinical staff on updated treatment guidelines by the end of December 2019	Avail updated treatment guideline; Develop sensitization programme; conduct sensitization;	Number of permanent clinical staff sensitized	Laptop, Projector, resource person, sensitization programme, updated treatment/clinical guidelines	By December 2019	Training attendance registers, Sensitization report;	Quarterly	Head of Health Services
	Research and Community Service	To Strengthen Research, Innovation and Community Service	To conduct at least 6 community health outreach sessions annually	Identify the needs of the community; identification of partners; Develop and implement an outreach schedule.	Number of community health outreach sessions conducted	Medical supplies, medical staff, community health volunteers (CHV's)	By end of fiscal year	Outreach photos, outreach report	Monthly	Head of Health Services
	Financial Sustainability	To improve financial sustainability through diversification of revenue streams and prudent financial management	To sensitize staff, students and community on RU clinic NHIF accreditation status by December 2019	Develop a sensitization programme; develop materials for sensitization material; implement the sensitization programme	Number of staff sensitized, Number of students sensitized; community sensitized	Sensitization schedule, Recourse persons, sensitization content	By end of December 2019	sensitization programme; sensitization material; communications ; Duly filled attendance list, Sensitization Report	Quarterly	Head of Health Services

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**RISK REGISTER FOR HEALTH SERVICES**

<b>RISK REGISTER FOR HEALTH SERVICES</b>													
<b>Department:</b>	<b>Health Services</b>												
<b>Rev. Status</b>													
<b>Issue Date:</b>													
<b>Created By:</b>				<b>Reviewed By:</b>				<b>Approved By:</b>					
S.No	Process	Risk	Causes	Existing Controls	Probability	Impact	Risk Rate	Risk Level	Additional Controls	Frequency of M & E	Opportunities	Responsibility	
	Treatment	Failure to correctly identify the client	Lack of proper identification documents	Clients file well maintained, Clients have to produce relevant Identification Documents	1	4	4	Low	Biometric identification	continuous	Use of available technology to enhance client identification	Head of Health Services	
		Failure to Locate clients file from Registry	Poor filing method	Proper file indexing in place	1	4	4	Low	Automate the filing system	continuous	Use of available technology to enhance client identification	Head of Health Services	
		Wrong Diagnosis of client	Lack of proper history of patients condition	Proper maintenance of client file	1	4	4	Low	Automate the filing system	continuous	Use of available technology to enhance client identification	Head of Health Services	
				Use of inappropriate equipment and supplies	Regular servicing and maintenance of lab equipment, inventory management of supplies	1	4	4	Low	Monitor the equipment servicing and inventory management plan	continuous	use of available technology to enhance inventory management	Head of Health Services
				Incompetent Medical Staff	Qualified and experienced staff in place, use of duty rosters	1	4	4	Low	Continuous professional development, Locum	Continuous	Tapping from medical practitioners in the market, use of enhanced technology for diagnosis	Head of Health Services
		Contamination of samples	Poor sample handling practices, inappropriate sample	Indexing of samples, proper storage of the samples	1	4	4	Low	Retraining of personnel	continuous		Head of Health Services	



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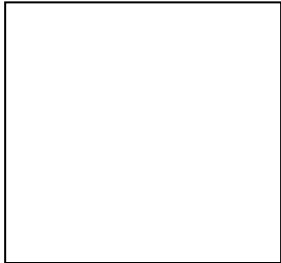
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**RISK REGISTER FOR HEALTH SERVICES**

<b>RISK REGISTER FOR HEALTH SERVICES</b>												
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S.No	Process	Risk	Causes	Existing Controls	Probability	Impact	Risk Rate	Risk Level	Additional Controls	Frequency of M & E	Opportunities	Responsibility
			handling/processing equipment and materials									
		Infection	poor medical practices, lack of appropriate protective equipment	Adherence to proper medical practices	1	4	4	Low	Monitoring of medical practices	continuous		Head of Health Services
		Wrong Prescription to clients	Wrong Diagnosis of client	Qualified and experienced staff in place	1	4	4	Low		continuous		Head of Health Services
			Incompetent Medical Staff	Qualified and experienced staff in place, use of duty rosters	1	4	4	Low	Continuous professional development, Locum	Continuous	Tapping from medical practitioners in the market, use of enhanced technology for diagnosis	Head of Health Services
		Lack of appropriate/sufficient supplies	Inadequate budget	Adequate budget	1	4	4	Low	review and monitor Inventory control management programme	continuous	Automation	Head of Health Services
		Pilferage of drugs	Weak internal controls, integrity and lifestyle of staff	Reconciliations	1	3	3	Low	Daily reconciliation and Security checks	continuous	Automation	Head of Health Services
	Referral	Failure to refer a deserving condition	Wrong assessment of patient	Qualified and experienced staff in place	1	4	4	Low	Referrals	continuous	Collaborative arrangement with other health service providers	Head of Health Services

## **APPLICABLE FORMS**



**STUDENTS ENTRANCE MEDICAL EXAMINATION**

**IMPORTANT:**

Students are requested to complete Part I of this Form; Part II should be completed by the medical Officer examining the student. The completed form should be forwarded to the Medical Officer, **(Fill in capital letters. Attach a colored passport size photograph taken on a yellow background)**

**PART 1**

a) Student's Name: \_\_\_\_\_

	Surname	Middle	First
Date and Place of Birth _____			
Nationality _____		Sex _____	
Admission No: _____			
Student's phone No. _____			
Faculty _____			
Single/Married _____			
Name, Address and Telephone Number of Parent/Guardian/Next of kin _____			

b) Have you ever been admitted into a hospital \_\_\_\_\_  
 If so, state reason for admission and  
 date \_\_\_\_\_

c) Have you had any of the following illnesses? (Delete as necessary)

Tuberculosis or other chest infection? ..... Yes/No

Fits, Nervous disease or fainting attacks ..... Yes/No

Heart Disease or Rheumatic Fever ..... Yes/No

Any disease of the Digestive System ..... Yes/No

Allergies to food or drugs ..... Yes/No

Malaria ..... Yes/No

Sexually Transmitted diseases ..... Yes/No

Poliomyelitis ..... Yes/No

If the answer to any of the above is yes, please give details with dates

\_\_\_\_\_

If there are any other – relevant details of your medical history not covered by the above questions, please give particulars.

- d) Has any members of your family suffered from:
- i) Tuberculosis ..... Yes/No
  - ii) Insanity or mental illness ..... Yes/No
  - iii) Diabetes Mellitus ..... Yes/No
  - iv) Heart Diseases ..... Yes/No
- e) Have you been immunized against any of the following:-
- i) Small pox ..... Yes/No
  - ii) Tetanus ..... Yes/No
  - iii) Poliomyelitis ..... Yes/No

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**PART II (TO BE COMPLETED BY THE EXAMINING MEDICAL OFFICER)**

- a) Height \_\_\_\_\_ Weight \_\_\_\_\_
- b) VISUAL ACUITY
  - Without glasses
  - With glasses                      R.6                      L.6
  - With glasses                      R/6                      L.6
- c) Hearing                              Right Ear                      Left Ear
- d) Condition of:
  - Teeth    Throat
  - Ears    lymphatic glands
  - Nose
- e) Circulatory system:
  - Pulse
  - Heart
  - Blood pressure                      systolic \_\_\_\_\_ Diastolic \_\_\_\_\_
- f) Respiratory system
  - Chest X – Ray (Optional depending on Clinical findings)
- g) Abdomen; any palpable masses – Physiological or Pathological?
  - Liver \_\_\_\_\_
  - Spleen \_\_\_\_\_
  - Uterus \_\_\_\_\_ L.M.P \_\_\_\_\_
- h) Urine: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_
  - i) Is the student on any treatment?
  - ii) Any other observation of importance \_\_\_\_\_
  - Name of Medical Officer \_\_\_\_\_
  - Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III**

(To be completed by Rongo University Medical Doctor, after the student has registered with the University)

Special Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student fit for University Education \_\_\_\_\_ Yes/No

Date \_\_\_\_\_ University Doctor \_\_\_\_\_  
(NAME)

Signature \_\_\_\_\_



**HEALTH SERVICES  
HISTORY AND PROGRESS SHEET**

<u>Name</u>	<u>Department</u>	<u>PF/STD/REG No.</u>



**PRESCRIPTION FORM**

Patients Name.....

PF/Students No:.....

Patients Age/Sex.....Date.....

Prescriber's initials.....

Diagnosis.....

Rx



**HEALTH SERVICES  
LABORATORY REQUEST FORM**

NAME.....AGE.....SEX.....

PF/STD No.....

BRIEF Hx.....

SPECIMEN (S).....

INVESTIGATION (S).....

REQUESTING OFFICER.....SIGNATURE.....DATE.....

**SAMPLE COLLECTED / RECEIVED**

BY.....SIGNATURE.....DATE.....TIME.....  
.....

1. BS.....

2. Stool o/c Macroscopy.....

Microscopy.....

3. Salmonella Antigen Test (SAT).....

4. VDRL.....

5. Pregnancy Test Urine HCG.....

6. *H Pylori*.....

7. Brucella Test: *Brucella arbutus*.....Titre.....

*Brucella mellitensis*.....Titre.....

8. Rheumatoid factor.....

9. Hb.....

10. Blood Group.....Rhesus.....

11. HTS.....

12. Random Blood Sugar.....

13. Others.....

.....  
.....  
.....

Technologist's Name.....Sign.....Date.....Time.....





**HEALTH SERVICES**  
**PATIENT CLINIC CARD**

Surname \_\_\_\_\_ Other names \_\_\_\_\_

PF/STD/No. \_\_\_\_\_ Designation \_\_\_\_\_

Sex \_\_\_\_\_ D.O.B \_\_\_\_\_ Cadre \_\_\_\_\_

ADDRESS \_\_\_\_\_

Dept/Faculty \_\_\_\_\_ RES/HALL \_\_\_\_\_

**PREVIOUS MEDICAL HISTORY**

Hospital admission YES/NO \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Reason for admission \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**DOES THE PATIENT SUFFER FROM THE FOLLOWING**

Hypertension \_\_\_\_\_ Asthma \_\_\_\_\_

VISION RE \_\_\_\_\_ LE \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Diabetes \_\_\_\_\_

HEARING RE \_\_\_\_\_ LE \_\_\_\_\_

Mental ILLNESS \_\_\_\_\_ Heart disease \_\_\_\_\_ ALLERGIES \_\_\_\_\_