

## **MANUAL 03**

### **PROCEDURE FOLLOWED IN DECISION MAKING PROCESS**

#### **[Section 4(1)(b)(iii) ]**

#### **1.3**

I. The Similar procedure for decision making of all the Department concerned i.e. HODs concerned put up the proposal to the Director. The same is examined by the Administration as per the established rule position and if required financial vetting is done by the Accounts Functionary than the proposal through the concerned department to the Director for consideration and directions. The Policy matter will be discussed first in the Staff Council and Core Group Meeting thereafter the proposal is submitted to Executive Council, IHBAS; if financial matter involved than the agenda item will be put up through SF&BC to EC, IHBAS.

**Manual 3**  
**Procedure followed in decision-making process**  
**[Section 4(1)(b)(iii)]**

**Flow Process Chart for issue of OPD Card**

| Sl. No. | Activity  | Level of action`   | Time frame |
|---------|---|--|------------|
| 1       | 2   | 3  | 4          |
|         | Patient collects the Token from the respective token machine for new and Follow-up visits.  |  |            |
| 2.      | Patient registration according to their complaint.  | Counter Clerk  | -do-       |
| 3.      | <p>All demographic details of the patient are necessary to enter in the computer.</p> <p>After the registration a File prepared and sent to the concerned department.</p> <p>In the followup cases the medical record attendant is retrieve the file and sent to respect department after proper file movement.</p> <p>The treating Doctor examines the Patient and prescribed the medicine according to their illness.</p> <p>The patient collects the token for medicine distribution.</p> <p>The Pharmacist issue the medicine to the Patient according to the doctor's prescription</p> | <p>Counter Clerk</p> <p>Attendant</p> <p>Treating Doctor</p> | -do-       |
| 4.      | Fee of Rs. 10/- is received   | Counter Clerk  | -do-       |
| 5.      | His/her file is made and send to respective rooms of JRs/SRs for treatment  | Housekeeping Attendant                                       | -do-       |
| 6.      | Prescription is given or patient is instructed to meet the psychologists, or sample collection room for   | JR/SR  | -do-       |

|    |  |                   |      |
|----|--|-------------------|------|
|    | investigations if needed   |                   |      |
| 7. | File of the patient is placed back in the record room for safe custody | Record Room Clerk | -do- |

**OPD Schedule:-**

**General OPD Morning Clinics :**

**Token distribution for OPD Registration (New Patient and Follow-up Patient) Timing :-**

**Monday to Saturday: 7:30 A.M to 10.30 A.M**

**Registration Timing: - Monday to Saturday= 8.00 A.M onwards (till last patient who had got the Token.)**

| Services  | Room No.                         | Days   |
|---|----------------------------------|--|
| Psychiatry OPD<br>Walk-In- Clinic(New Patients) | 4A, 4,5,11 and 12                | Monday to Saturday   |
| Psychiatry Follow-up<br>& work-up               | 6,6A,7,8,9,10 & 10 A             | Monday to Saturday   |
| Neurology                                       | 18,20,21,24,25 & 26              | Monday to Saturday   |
| Neurosurgery                                    | 23                               | Monday to Saturday   |
| Clinical Psychology                             | 13,15,16 & 17                    | Monday to Saturday   |
| Psychiatric Social Worker                       | 1, 4B                            | Monday to Saturday   |
| Physiotherapy &<br>occupational Therapy         | 22 & O.T Block<br>19, & OT Block | Monday to Saturday   |
| Speech Therapy                                  | 19                               | Monday to Saturday   |
| Yoga Therapy                                    | 28 B & O.T Block                 | Monday to Saturday   |
| Sample collection Room                          | 27                               | Monday to Saturday   |
| Injection Room                                  | 28                               | Monday to Saturday   |
| Pharmacy  | 29                               | Monday to Saturday   |
| Help Desk                                       | OPD Block                        | Monday to Saturday   |
| Ayush Clinic(Homeopathy,<br>Unani, Ayurveda)    | 13                               | Monday to Saturday<br>Homeopathy : Monday &<br>Thursday<br>Ayurveda : Tuesday &<br>Friday<br>Unani : Wed &<br>Saturday |

**SPECIAL OPD SERVICES AT IHBAS(Afternoon Clinics):**

Registration Timing: 1.30 P.M to 3.00 P.M

| <b>Name of Clinics</b>                                      | <b>Room No.</b>         | <b>Departments</b>                                       | <b>Days</b>                              |
|---|-------------------------|--|--|
| Mental Retardation Clinic (MRC)                             | 1, 4 B, 4 A to 17       | Psychiatry,Clinical Psychology & Psychiatric Social Work | Every Wednesday                          |
| Child and Adolescents Psychiatric Clinic (CAPC)             | 1, 4 B, 4 A to 17       | Psychiatry,Clinical Psychology & Psychiatric Social Work | Every Monday afternoon                   |
| Drug De-addiction Treatment & Rehabilitation Clinic (DATRC) | 1, 4 B, 4 A to 17       | Psychiatry,Clinical Psychology & Psychiatric Social Work | Every Friday afternoon                   |
| Marital Psychosexual Clinic (MPC)                           | 12                      | Psychiatry,Clinical Psychology & Psychiatric Social Work | Every Saturday (11.00 a.m to 12.00 noon) |
| Tobacco Cessation Clinic (TCC)                              | 14                      | Psychiatry,Clinical Psychology & Psychiatric Social Work | Every Monday afternoon                   |
| Neuro Behaviour Clinic (NBC)                                | 15, 18 to 21 and 25, 26 | Neurology,Clinical Psychology & Medical Social Work      | Every Friday afternoon                   |
| Movement Disorder Clinic                                    | 15, 18 to 21 and 25, 26 | Neurology,Clinical Psychology & Medical Social Work      | Every Wednesday afternoon                |
| Epilepsy Clinic   | 15, 18 to 21 and 25, 26 | Neurology,Clinical Psychology & Medical Social Work      | Every Monday afternoon                   |
| *Pain Relief Clinic   | 23                      | Neuro-anaesthesiology Department                         | Every Monday and Friday afternoon.       |
| *Pre-Anaesthetic Check-up Clinic                            | 23                      | Neuro-anaesthesiology Department                         | Every Monday and Friday afternoon        |

\*Patients attending this clinic are referred from department of Psychiatry, Neurology & Neurosurgery.

**Department of Psychiatry OPD Services****Morning OPD****Registration Timings:****Consultants: Room No. 7, 8 and 9 (OPD Block)****Senior Resident: 4, 4A, 5, 6, 6A, 10,10A, 11, 12 & 14 (OPD Block)**

| <b>Days</b> | <b>Consultants</b>                    |
|-------------|---------------------------------------|
| Monday      | Dr. (Prof.) NG Desai, Dr. Manoj,      |
| Tuesday     | Dr. Vijender Singh,                   |
| Wednesday   | Dr. Omprakash, Dr. Amit Khanna.       |
| Thursday    | Dr. Deepak Kumar, Dr. Vijender Singh, |
| Friday      | Dr. Omprakash, Dr. Amit Khanna.       |
| Saturday    | Dr. Deepak Kumar,                     |

**Specialty Clinics: (Department of Psychiatry)**

**Registration Timings: 1.30 P.M to 3.00 P.M**

**Consultants: Room No. 7, 8 and 9 (OPD Block)**

**Senior Resident: Room No. 4, 4A, 5, 6, 6A, 10A, 11, 12 & 14 (OPD Block)**

| <b>Days</b> | <b>Clinic</b>                                | <b>Consultant's Name</b>           |
|-------------|--|------------------------------------|
| Monday      | Child & Adolescent Psychiatric Clinic (CAPC) | Dr. Deepak Kumar, Dr. Amit Khanna. |
| Monday      | Tobacco Cessation Clinic                     | Dr. Om Prakash                     |
| Wednesday   | Mental Retardation Clinic                    | Dr. Amit Khanna                    |
| Friday      | DATRC  | Dr. Manoj Kumar,                   |
| Saturday    | Marital and Psychosexual clinic              | Dr. Vijendra Singh                 |

**Department of Neurology OPD services**

**Morning OPD**

**Registration Timings: 8.30 A.M to 12.00 Noon**

**Consultants: Room No. 26 (OPD Block)**

**Senior Resident: Room No. 4, 4A, 5, 6, 6A, 10, 10A, 11, 12 & 14 (OPD Block)**

| <b>Days</b> | <b>Consultants</b>           |
|-------------|------------------------------|
| Monday      | Dr. Aldrin Anthony Dung Dung |
| Tuesday     | Dr. Aldrin Anthony Dung Dung |
| Wednesday   | Dr. Suman Kushwaha           |
| Thursday    | Dr. Siddharth Maheshwari     |
| Friday      | Dr. Suman Kushwaha           |
| Saturday    | Dr. Siddharth Maheshwari,    |

### **Specialty Clinics**

**Registration Timings: 1.30 P.M to 3.00 P.M**

| <b>Days</b> | <b>Clinic</b>                 | <b>Consultant's Name</b>                             |
|-------------|-------------------------------|--|
| Monday      | EPILEPSY Clinic               | Dr. Aldrin Anthony Dung Dung                         |
| Wednesday   | Movement Disorder Clinic(MDC) | Dr. Suman Kushwaha/Dr. Aldrin                        |
| Friday      | Neuro-Behaviour Clinic(NBC)   | Dr. Suman Kushwaha ,<br>Dr. Aldrin Anthony Dung Dung |

### **Department of Clinical Psychology**

**Location: Room No. 13, 15, 16 & 17 (OPD Block)**

**Services available:**

1. IQ Assessment
2. Psychological assessments of personality, cognitive functions, Neuropsychological functions, learning disability
3. Psychological Therapies and counseling- supportive psychotherapy, behaviour Therapy, Cognitive Behaviour therapy etc.

### **Outpatient Services (Morning OPD)**

| <b>Mental Health Unit</b>   | <b>Clinical Psychologist</b>  | <b>Days</b>                 |
|-----------------------------|---|-----------------------------|
| Unit-I                      | Dr. Uday Kr. Sinha, Dr. Pooja Sharma, Dr. Ruchi Verma                   | Monday, Wednesday, Friday   |
| Unit -II                    | Dr. Naveen Grover, Dr. Jagdish Sadiza, Dr. Manisha Jha                  | Tuesday, Thursday, Saturday |
| <b>Neuropsychology unit</b> | <b>Consultant Psychologist</b>  | <b>Days</b>                 |
| Unit-I                      | Dr. Uday Kr. Sinha, Dr. Vibha Sharma, Dr. Ruchi Verma, Mr. Pooja Sharma | Monday, Wednesday, Friday   |
| Unit -II                    | Dr. Naveen Grover, Dr. Jagdish Sadiza, Dr. Manisha Jha                  | Tuesday, Thursday, Saturday |
| Behaviour Therapy Unit      | Dr. Jagdish Sadiza, Dr. Manisha Jha, Dr. Ruchi Verma, Ms. Pooja Sharma  | Tuesday, Thursday, Saturday |

### **Specialty Clinics**

**Registration Timings: 1.30 P.M to 3.00 P.M**

| <b>Clinic</b>                        | <b>Consultant</b>                                      | <b>Day( Afternoon)</b> |
|--------------------------------------|--|------------------------|
| Child & Adolescent Psychiatry Clinic | Dr. Uday K.Sinha, Dr. Ruchi varma, Dr. Jagdish Sadiza, | Monday                 |

|                                 |  |                    |
|---------------------------------|--|--------------------|
| Mental Retardation Clinic       | Dr. Uday K.Sinha, Dr. Jagdish Sadiza                   | Wednesday          |
| DATRC                           | Dr. Naveen Grover, Dr. Jagdish Sadiza, Dr. Manisha Jha | Wednesday & Friday |
| Marital and Psychosexual Clinic | Dr. Vibha sharma, Dr. Jagdish Sadiza                   | Friday             |
| Epilepsy Clinic                 | Dr. Vibha Sharma, Dr. Manisha Jha                      | Monday             |
| Movement Disorder Clinic        | Dr. Vibha Sharma, Dr. Manisha Jha                      | Tuesday            |
| Neuro Behaviour Clinic          | Dr. Vibha Sharma, Dr. Manisha Jha                      | Friday             |

#### **DAY CARE ACTIVITY SCHEDULING (Monday - Friday)**

|               |   |
|---------------|---|
| 9:30 – 10:00  | Prayer / Exercise   |
| 10:00 – 10:45 | Orientation / Newspaper Reading / ADL Session   |
| 10:45 – 11:30 | Vocational Activity/Group Activity (Candle Making, Envelope Making, Arts & Crafts, Embroidery, Tailoring & Stitching) |
| 11:30 – 12:00 | Individual Sessions   |
| 12:00 – 1:00  | Psychosocial intervention/ Cognitive Activity/ Social Skills Training   |
| 1:00 – 2:00   | L u n c h / Rest  |
| 2:00 – 2:45   | Group Sessions (Discussion Group, Collage Group Etc.)   |
| 2:45 – 3:30   | Play/Recreational Activity (Tambola, Ludo, Musical Chair, Games & Sports Etc.)  |

#### **Department of Neurosurgery**

##### **Outpatient Services**

**Registration Timings: 8.30 A.M to 12.00 Noon**

**Location: Room No. 23(OPD Block)**

| <b>Days</b> | <b>Consultants</b>                               |
|-------------|--|
| Monday      | Dr. Pankaj K. Upadhyay & Senior Resident Doctors |
| Tuesday     | Dr. Vinod K.S Gautam and Senior Resident Doctors |
| Wednesday   | Dr. Pankaj K. Upadhyay & Senior Resident Doctors |
| Thursday    | Dr. Vinod K.S Gautam & Senior Resident Doctors   |
| Friday      | Dr. Vinod K.S Gautam & Senior Resident Doctors   |
| Saturday    | Dr. Vinod K.S Gautam & Senior Resident Doctors   |

Neurosurgery Minor OT: Room No.23 A (OPD Block)

## **Department of Psychiatric Social Work :**

**Location: Room No. 1 & 4B (OPD Block).**

The Clinical services by Department of Psychiatric Social Work are provided in form of psychosocial interventions both on out-patient and in-patient basis. The following interventions are offered by the Department:

### **Interventions:**

- \*Case Work.
- \*Group Work with Caregivers
- \*Family Counseling.
- \*Psycho-education.
- \*Family Therapy.
- \*Mental Therapy.
- \*Schizophrenia Support Groups.
- \*Crisis Intervention.
- \*Pre-admission Counseling.
- \*Social Skill Training.
- \*Psychiatric Rehabilitation Planning.
- \*Home Visit for registered patient of IHBAS.
- \*Liaison and Network with different Government and Non-Government Agencies for the Purpose of Rehabilitation of Patients/re-integration of Patients in Society..

## **Diagnostic Services**

| Diagnostic Services     | Working Hours                         |
|-------------------------|---------------------------------------|
| Pathology               | 9.00 AM to 4.00 PM (Monday to Friday) |
| Neurochemistry          | 9.00 AM to 1.00 PM (Saturday)         |
| Microbiology            | Gazetted Holidays and Sundays closed. |
| Neuropsychopharmacology |                                       |
| Electrophysiology       |                                       |
| Psychodiagnostic        |                                       |
| Neuroelectrophysiology  |                                       |

**Emergency Services:** IHBAS Provides Emergency Services 24 hour and 7 days. The Institute offers 24 hours Emergency services in Psychiatry, Neurology and Neurosurgery. A 10 bedded Short Observation Facility(SOF) is available for patients of psychiatry and neurology. There is an emergency laboratory providing routine investigations facility.

**Mental Health, Neurosciences & Allied sciences services are available at IHBAS**

**As IHBAS is not General Hospital so these services are not available at IHBAS.**



1. **Road Traffic accident, polu-trauma & emergency neurosurgery services.**
2. **Gynecology, maternity care and general pediatric services.**
3. **General medical, general surgical conditions TB & chest illnesses.**
4. **Super specialty care in Cardiology, urology and endocrinology diseases.**
5. **Eye, ENT, Skin, Dental and Orthopedic care.**
6. **Mortuary services.**

### **OTHER INFORMATION**

|   |   |
|---|---|
| Sample Collection Timings :             | 9 AM to 2.00 P.M on all working days in Room No. 27 in OPD  |
| Neuro Electro Physiology :              | Various tests for patients with muscle disease, nerve diseases, multiple sclerosis, motor neuron disease and others. Investigation includes E.E.G., E.M.G. N.C.V., V.E.P., S.S.E.P., B.E.R.A. and Quantitative Sensory Testing on T.S.A.-II   |
| Psychodiagnostic Tests & Therapy :      | Behaviour Therapy, Psychotherapy, Neuro Psychological Assessment, IQ Assessment, Cognitive & Specific Function Test, Specific Learning Disability Test,   |
| Physiotherapy :                         | Services of Physiotherapy/Occupational Therapy are available in OT Block during OPD timings.  |
| New Registration                        | <p>(i) All new psychiatric patients are registered at the counter no 1 to 5 . They are allotted walk-in-clinic no. and seen in room no. 4,5, 11 &amp; 12.</p> <p>(ii) All New Neurology and Neuro-surgery patients are registered at the counter 1 to 5 and 10. They are seen in room no. 18 to 21, 24,25, 26 for Neurology by consultants &amp; SRs. And for Neurosurgery they are seen in room no.23.</p> |
| Follow-Up Cases                         | All Follow-up cases for Psychiatry, Neurology and Neurosurgery are registered at the counter no 1, 2, 6 to 9 and 10.  |
| Detailed workup for Psychiatric Patient | In Follow-up visit the appointment for detailed workup are to be given to the Patient if required. The detailed work-up registration is done at Counter no- 11.   |
| Medicine Supply                         | Medicines provided free of cost to OPD visiting patients as per the OPD Card.   |
| Admission Procedure                     | <p>i) <b>Patients seeking voluntary admissions are admitted u/s 85, &amp; 86 of Mental Health Care Act (MHA),2017.</b></p> <p>ii) In case of adult patients who are unable to give their written consent,</p>   |

admission is done as per act 89 of Mental Health Care Act-2017 special circumstance u/s 19 of MHA, 1987.

iii) Court/ Jail referred patients are admitted through reception order issued by court u/s 20 to 30 of MHA, 1987.

iv) Patients below 18 years of age (minors) can only be admitted on written consent of his/her parent/guardian u/s 16 & 17 of MHA, 1987.

|                          |   |
|--------------------------|---|
| Pre Admission Counseling | Before each admission, the family and patients may opt for Pre-Admission Counseling (PAC), done by our Psychiatric Social Worker at room no. 1 in OPD block. The counseling involves information on admission, ward and illness related issues. |
| Visiting Hours           | Relatives of indoor patients can visit Psychiatry and Neurology wards from 8.00 AM to 8.00 PM with a valid visitor pass. Visiting timing for DATRC ward are from 3.00 PM to 5.00 PM only and for Neurology ward from 4.00 PM to 6.00 PM.        |

## **DEPARTMENT OF PSYCHIATRY, IHBAS**

### **General Logistics**

At present in IHBAS three departments are functioning i.e Psychiatry, Neurology & Neurosurgery. All the departments functions in the model of multidisciplinary care for the patients with mental & neurological disorders. The departments have emergency outpatient and inpatient services.

When an individual with or without family members visits the hospital he or she first guided by the security to approach the reception counter of registration as a new patient. The staff at the registration counter inquire about patient's medical complaints. Accordingly, given a white card for psychiatry and green card for neurology & yellow card for senior citizen. The patient is then sent to the respective OPDs which are located in the main OPD block. Then the patient is examined by the qualified specialist and given medical treatment and further advise to come for detailed evaluation.

Patient who are acutely disturbed are directly seen by the doctors and offered immediate medical treatment, while the relatives sent to the reception counter for registration. Patient requiring treatments beyond OPD hours seen by the qualified doctors in emergency. Patient requiring both neurology and psychiatry care are referred for necessary consultation within the hospital. Those requiring help of psychologists and Social Workers are sent within the hospital for the required consultation. Those requiring other medical help are sent to GTB hospital or SDN hospital (both are within 1 km distance from IHBAS) for the necessary consultation.

## **SOP FOR PATIENT STAFF GROUP MEETING**

The department of psychiatry at IHBAS has been conducting regular patient staff group meetings in all the psychiatric wards. These meetings are held on monthly basis and the schedule of each ward is prefixed, that has been circulated in other communication. This standard operating procedure (SOP) handout is aimed to orient the new members joining in the team so that they understand what it is, why it is being conducted and how.

### **Objectives**

In departmental staff meeting of department of psychiatry three main objectives were identified for PSGM. These are:

1. Issues related with day- to-day problems and their solution.
2. To explain the treatment related issues to the patients and their family members.
3. To utilize this opportunity in making after discharge follow-up plan.

**Composition of Group** : For each ward one senior resident is identified who is responsible to conduct the PSGM in that ward. The following constitutes the group:

#### **Essential components**

- (1) All patients of the wards who are fit to participate.
- (2) Family members/care takers of the patients admitted in the ward.
- (3) Treating team, SR, JR, staff nurse, PSW
- (4) Dietician, civil and electrical engineer.
- (5) House keeping supervisor
- (6) Security Officer (supervisor) {Male C & DATRC ward only}

#### **Desirable components**

- (1) Ward consultants
- (2) Clinical psychologist assigned to the ward

**Schedule** The meeting is scheduled to be conducted for about one hour. A convenient schedule for each ward is provided. All the participants of the meetings are requested to assemble in the ward without any separate intimation at the scheduled time and date.

If the meeting is not held on scheduled date due to some unavoidable problem a contingency plan is provided for most of the wards according to which the PSGM should be conducted on a later day.

**Process of the meeting:** SR in-charge and psychiatric social worker will conduct the meeting as group leaders. After explaining the purpose of the group meeting to the participant they must encourage the group to participate actively. Initially the day-to-day problems of wards must be addressed quickly and their on the spot solution is sought with the help of the supporting staff. Problems that requires the intervention of higher administration are identified.

The group leader should direct the group to discuss the treatment related issues, such as psycho-education involvement of family members in the management plan and to discuss the after discharge plans in details.

**Records and reporting:** The minutes of the meetings will be recorded in the PSGM register of the ward. A copy of the minutes is to be submitted to the PSGM coordinator.

A performa for recording the minutes is suggested below for the purpose of uniformity and convenience both in recording and interpretation.

- A. Issues related to wards
- B. Issues related to persons
- C. Recurring issues
- D. Issues requiring consideration by higher authority
- E. Points of psycho-education stressed eg: Nature of illness, compliance need
- F. Plan agreed to involve the family in treatment process.
- G. After discharge plan discussed in the meeting.

**PSGM Coordinator:** One SR of the department is given the responsibility to coordinate the functioning of PSGM in all the wards. The PSGM coordinator will keep record of all the meetings held in the wards and ensure the implementation of any decision taken in departmental staff meeting in reference to PSGM. In case of any practical difficulty in conducting the PSGM the SR incharges are suggested to contact the coordinator or the head, department of psychiatry

## **STANDARD OPERATING PROCEDURE FOR THE MEDICAL BOARD**

IHBAS is a Neuropsychiatric Institute and several patients are referred from the Jail/Court and other Dept. with request to examine the patient from Medical Board, which is a highly sensitive case. So, it is necessary to modify the current system/formalities of medical board which is being

done. In view of the above, it has been decided that the following guidelines may be followed in the Institute before putting up such type of cases to the medical board:-

1. The request letter should be clear for which, the board is to be conducted, if required may request to concerned authority for clarification.
  - a) Fitness to Stand Trial
  - b) Fitness for job
  - c) Ability to take care of person and property
  - d) Current mental State and its implication
  - e) Any other (specified)
2. All cases coming for medical board be registered at the institute and worked up in detail as per the standard procedure. The consultation for the case should be done preferably by a consultant.
3. If a senior resident has provided initial consultation and then he should discuss the case with a consultant and record the discussion on the patients file.
4. Psychometric assessment of the case should be done until considered otherwise due to any specific reasons.
5. 2-3 cross consultations within the unit should be completed for the case before proceeding further.
6. Notes of the consulting doctors of the case clearly mention the following information:
  - Referring agency
  - Intent/purpose of the 1,2&3 etc. referral to the medical board expressed by the referring agency.
  - Diagnosis of the patient's condition
  - Report of the psychometric assessment if considered necessary
  - Discussion with consultant (in case of SR)
  - Opinion of the consulting doctor regarding the purpose of the referral
7. SR in room No. 6 (OPD) or consulting SR should coordinate arranging for date of medical board and any other formalities specific to the case, with the reception.
8. Request for Medical Board to be entertainment for court or other institution or employer.
9. In instances of Jail case (under trial on convict) the patient should first be admitted in the ward along with escort, for observation (minimum 10 days). All such admission should only be done after getting appropriate reception orders for the same. Formalities of admission are direct responsibilities of the consulting doctor.
10. All formalities for correspondence assigning dates, gathering photographs and board fees etc. are direct responsibilities of the Reception.
11. The Medical Board Performa of all cases assigned date of the medical board should be completed by the concerned SR of the case. The opinion of the treating team for mentioned in the Performa.
12. The SR in-charge of the case would present the case to the medical board and would write the final report and get it signed by the Board members.
13. Reception is responsible for printing of the final report, getting it duly signed and sending it with forwarding letter to respective referring agency as soon as possible.
14. Reception is responsible for calling & informing board member and the concerned SR about the cases to be examined.

## **STANDARD OPERATING PROCEDURE FOR THE DISABILITY BOARD**

IHBAS is a Neuropsychiatric Institute & many patients are request to issue the disability certificate for getting the facility provided by the Govt. So it is necessary to complete the file and examine the patient in details. In this connection it has been decided that the following Standard Operating Procedure may be adopted by the Institute before any such case is referred to the Disability Board.

1. A written request should be made from the Patient, Patient's relative or any Guardian address to the M.S. / Director IHBAS.
2. All cases coming for Disability Certificate should be registered at the institute and worked up in details as per the standard procedure. A consultant should do the consultation for the case.
3. If a senior resident has provided initial consultation then the he should discuss the case with a consultant and record the discussion on the patient life.
4. Disabilities of the patient should be determined as per IDEAS- Senior Resident concerned and non-faculty Psychiatry Social Worker to do the assessment as per IDEAS format.
5. Psychometric evaluation including Neuropsychological assessment of the case should be done if required.
6. Notes of consulting doctors of the case should be clearly mentioned in the file.
  - a. Referring agency.
  - b. Diagnosis of the patient's condition.
  - c. Report of the psychometric assessment if considered necessary.
  - d. Discussion with consultant (in case of SR).
  - e. Psychological Assessment testing done if required
7. Concerned SR should coordinate arranging for disability board and any other formalities specific of the case, with reception.
8. All formalities for correspondence, assigning dates, gathering photographs and certificate fees etc are the direct responsibilities of the Reception.
9. The Disability assessment should preferably be done on OPD basis in all cases. The opinion of the treating team for inpatients and OPD patients regarding the purpose of referral should be clearly mentioned in the Proforma.
10. The SR in charge of the case would present the case to the disability board and would write the final report and get it signed by the appropriate authority.
11. Reception is responsible for issuing the final certificate, getting it duly signed by the board members.
12. Reception is responsible for calling & informing board member and the concerned SR about the cases to be examined.

## **SOP FOR INPATIENTS MODE OF ADMISSION**

### **OPD ADMISSION**

From Walk-in clinic or follow up clinic

Admission recommended by SR or Consultant referred to DMO who on the basis of the bed availability and indication for the admission decides on admission as in patient or keep in SOF

Preadmission counseling by PSW

## **ADMISSION FROM EMERGENCY**

Admission Advised by SR DMO or Consultant

Pre admission counseling done by SR/ JR DMO

## **SECTIONS OF MHA UNDER WHICH PATIENTS ARE ADMITTED**

- Voluntary 15/17
- Special circumstances 19
- Magistrate order 24
- Jail Suptd. Order 26

### **Indications for Admission**

- Suicidal/ Homicidal attempt
- Requiring acute symptomatic management
- Diagnostic Clarification
- Complicated withdrawal in SUD
- Dual Diagnosis
- Other specific clinical or management Issues

### **Protocol following admission**

- Admission note including brief history and examination details by SR & JR on the same day
- Review by consultant on post OPD evening rounds to check on Immediate medical management issues
- Detailed work up by JR the next day
- Detailed work up to be discussed with SR and consultant in service rounds. Final diagnosis and management plan discussed.
- Psychological interventions as well as psychosocial interventions initiated where indicated
- Ward Observations and noting the progress with daily assessments by SR & JR with periodic assessment by consultant.
- Selected cases with diagnostic dilemma or difficulties in management or medico-legal issues to be discussed in Grand Rounds.
- Duration of inpatient stay on an average is one month.
- Once patient is clinically stable and does not require further inpatient stay discharge is planned
- Pre discharge counseling including psycho educative session on nature & course of illness, need for treatment & regular follow up with treating team
- Follow up plan discussed with the patient and relatives.

### **Mode of Discharge**

- Voluntary
- MM order under Section “ 40 after relatives have traced or through been court order
- Discharge on request
- LAMA if discharge sought against medical advice

### **Chart Meeting**

Discussion of silent aspects of cases e.g. to discuss course of illness during ward stay, revising post discharge management plan.

## **PRE-ADMISSION COUNSELLING (PAC) FOR FAMILIES OF INPATIENTS**

### **CLINICAL / SCIENTIFIC ASPECTS**

- Expected duration of the treatment/ hospitalization, preamble of the type of the illness.
- Concept of interdisciplinary and interdisciplinary team functioning.
- Component / various modes of treatment.
- Importance of family member’s active participation in the hospitalization, specially during initial stages like, providing adequate history and other information.
- Briefing about available medicines/ other investigation facility.
- Admission and discharge is entirely decided by the team.

### **ADMINISTRATIVE/ ORGANIZATIONAL ASPECTS**

- Briefing about unit functioning, OPD days, ward rounds including availability of Residents, Senior Residents and Consultants.
- Approximate hospital expenses, relatives/ care giver’s stay in general wards/ private wards, depositing amount time to time and getting receipt for the payment, visiting hours, visiting pass.
- To involve family members actively in the treatment process and to motivate them for dialogue with administration or clinical staff, to brief about PSGM, to make them aware about Right of the information etc.
- To make them aware about existing rule for the common people, like security, keeping the hospital clean, no smoking zone, prohibition on drugs etc.

### **MUTUAL EXPECTATION**

- To understand about their concern for admission and expectation from the hospital.
- To brief about their required stay in the hospital in consultation with the doctors like in acute/ stabilization state and it’s needful intervention.
- For voluntary patients, to brief the relatives for providing essential items to the patient like soap, oil, tooth paste, brush, towel and clothes.



- Encourage family members in the hospital treatment process and to brief about important things about aftercare.

## **PRE ADMISSION COUNSELLING PROFORMA FOR FAMILY'S OF INPATIENTS**

Who so ever fills this Proforma, please ensure that they should not leave any gaps in filling this Proforma. Kindly note your observation under the following heads :

- I. Clinical / scientific aspects
  - II. Administration and organizational aspects
  - III. Mutual expectations
  - IV. Any other information
  - V. Suggestions for further counselling and remarks
- Signature
- 

### **Department of Neurology**

At present the Department of Neurology has 1 Unit comprising of 3 faculty members i.e. 1 Associate Professor and 2 Assistant Professors. Resident staff consists of 9 senior and 8 junior residents. Indoor services consist of 34 general ward beds and 10 ICU beds. There are 10 beds in the private ward. The department is providing daily OPD services and speciality clinics once a week (**Neuro Behaviour Clinic, Movement Disorder Clinic and Epilepsy Clinic. Teaching, Research and community programmes are regularly being done in department of neurology.**

### **COMMUNITY PROGRAMMES**

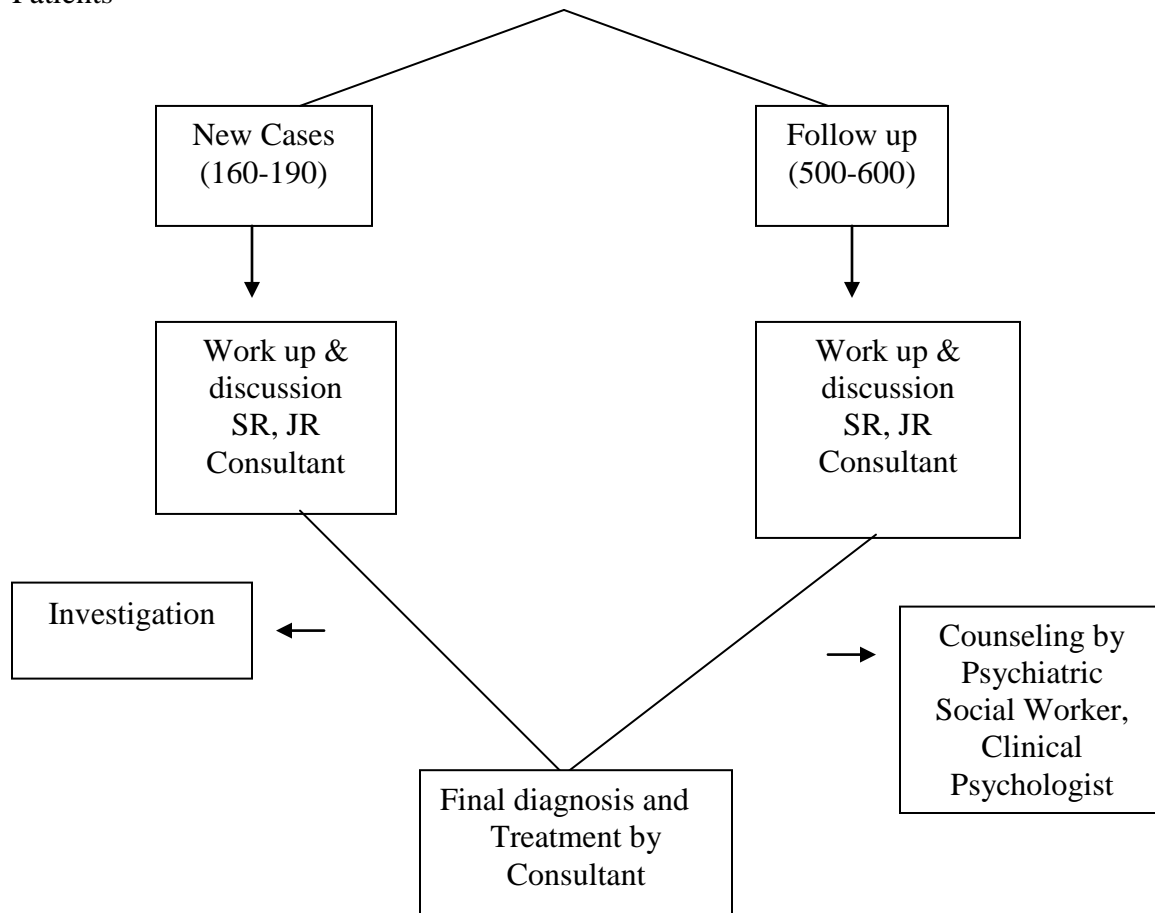
The Community programmes are regularly organized by neurology department in nearby community in order to increase the awareness of the neurological disorders. This is also a step to give the basic treatment at the door step in community.

### **OPD SERVICES**

Walk in clinic is held every day in Room No.20 from 9:00 A.M to 1:00 P.M. All the patients attending the walk-in-clinic are screened by Senior Residents and subsequently discussed with consultant. The non neurological patients are referred to the respective departments.

## OUT PATIENT SERVICES Including Specialty clinics

Patients

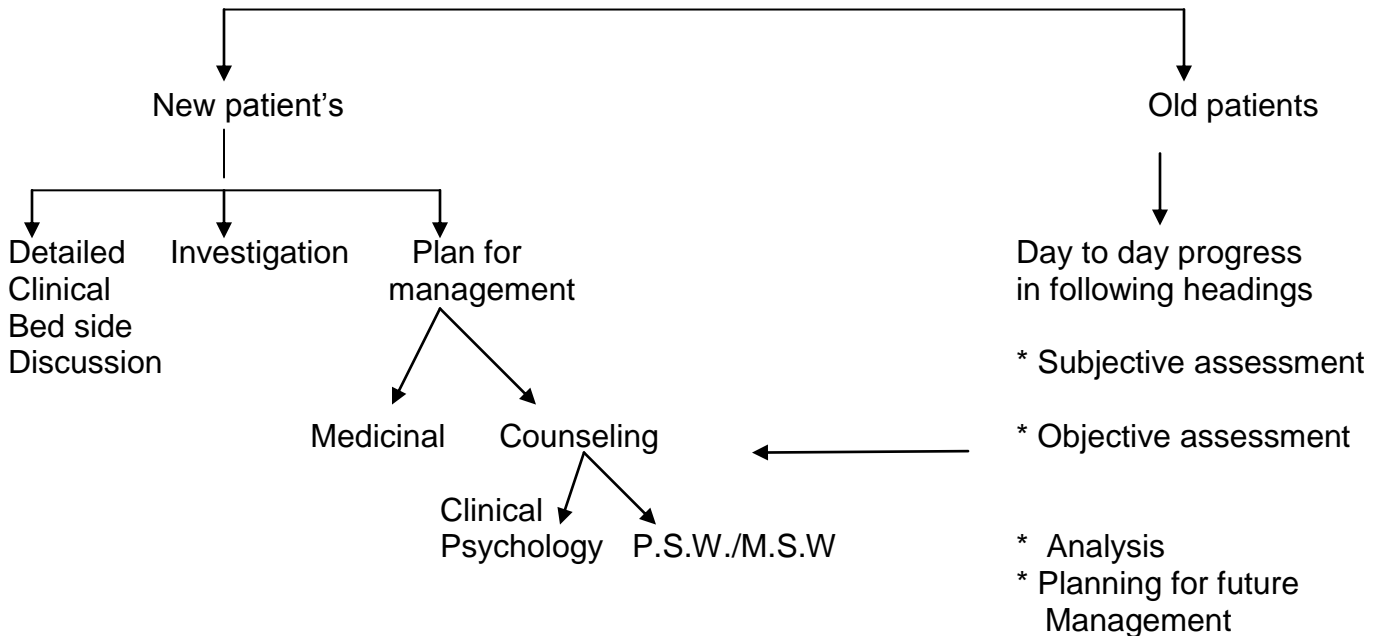


OPD starts at 9.00 a.m. daily on all working days. The attendance of OPD consists of 160 – 190 new cases/day and 500 - 600 follow up cases/day. Each patient is evaluated in detail by taking detailed history and doing clinical examination by the senior or junior residents. Then the respective senior or junior resident discusses the case history and clinical finding with the faculty member. After that a plan is formulated for further investigation and management. All new cases are examined and discussed with SR/JR each faculty member in OPD. The follow up (i.e. old patient) management is primarily done by 4 junior residents. Approximately 500-600 follow up patients attend OPD regularly. All these cases are discussed briefly with the faculty member. No junior or senior resident handles the case independently.

## 2. INPATIENT & INTENSIVE CARE SERVICES

### Neurology ICU Working

Indoor



One senior and one junior resident are on duty round the clock to take care of critically ill patients. Each faculty member takes detailed round twice a week. The critically ill patients are evaluated in detail.

The neurology ward has 44 beds. Two senior and four junior residents are posted in ward to manage the indoor patients. The senior residents in ward take the detailed history, examine the patient, send all the required investigations and discuss the management of patient with faculty member.

On an average 2-5 new cases are admitted daily in ward along with 1-2 cases in Neuro ICU. Faculty member takes the detailed round of all the patients admitted in concerned unit. The senior residents present the new cases to the faculty members on rounds. The detailed history examination and management is discussed during the bedside teaching sessions in the detailed round which takes around 2-3 hours. The old admitted patients are evaluated for the progress in their management in each round. The total time required to take round is 4-5 hrs.

**DEPARTMENT OF PSYCHIATRIC SOCIAL WORK**

The Department of Psychiatric Social Work is involved in clinical services, teaching, training and research. The clinical services are provided in the form of Psycho-social Intervention both on Out-patient and In-patient basis. The services include:

**A. Assessment of cases**

- i. Assessment of Socio-economic status of the patients,
- ii. Assessment of Family environment in relation to the patient's illness,
- iii. Assessment of Disability/ Dysfunctions,
- iv. Psycho-Social Assessment
- v. Assessment of residual skills and strengths of patients.,

**B. Interventions**

- i. Psycho-education
- ii. Skills- training
- iii. Crisis intervention
- iv. Home visits
- v. Psychiatric rehabilitation planning
- vi. Case Work counseling and therapeutic services with individuals and families.
- vii. Group work with patients and / or caregivers
- viii. Liaison with different Governmental & Non-governmental agencies for the purpose of rehabilitation of patients / reintegration of patients in the society
- ix. Pre-admission Counseling
- x. Pre-discharge Counseling
- xi. Resource Mobilization

**Standard Operative Procedures followed at Out-Patient Level:**

- 1) Screening upon referral,
- 2) Assessment and Psycho-social formulation and diagnosis,
- 3) Planning and execution of appropriate Psycho-social intervention,
- 4) Indications if any, requiring services of professionals other than PSWs, e.g., Psychological assessment, then the case is referred to the concerned department.
- 5) In specific cases, feedback of psychosocial assessment findings will be provided to the referring team for appropriate management at their end.

**In-patient level:**

At In-patient level, services of PSWs are both referral based as well as direct / suo-motu.

**For voluntary/involuntary (under special circumstances) patients**

- 1) Cases are taken up requiring PSW services directly and also upon discussion during rounds with Consultant Psychiatrists / Neurologists,
- 2) Assessment and Intervention starts as soon as the case is taken up.
- 3) PSW first assesses the case to explore possibilities of the Psycho-social interventions and then intervene accordingly,

**Persons admitted through Reception Order:**

- 1) In such cases wherein patients are brought without an acquaintance, PSW to conduct a detailed interview to gather the patient's background, information about the illness and

circumstances leading to current admission etc. so as to help the treating team in getting relevant information for better insight into the case.

- 2) Upon reduction in symptoms and improvement noticed in the patient, contact details of patient's family and significant members to be gathered and consistency established.
- 3) Corroboration attempted by making telephone calls/ phonograms/ registered letters/ to family members or/ and local Police station and Panchayat/ Non governmental organisations.
- 4) Regular liaison and facilitation with various stakeholders to trace the family and involve them in the treatment process.
- 5) Arranging for funds to family who are unable to afford the travel expenses.
- 6) Once family arrives, detailed session conducted to provide pre-discharge counseling, compliance and follow up.
- 7) Other efforts also initiated to rehabilitate the patient once he/she has been reintegrated into the community with the help of local NGOs.

#### **Indications for Court-visits:**

- i) When the case is required to be advocated for any rehabilitation plan that requires court order,
- ii) When involvement of I.O. is required for the purpose of discharge or verification of patient's address,
- iii) When the patient has to be produced in person in the court.
- iv) Where there is a conflict between the patient's rights and interests.
- v) Where ethical issues are involved.

#### **Indications for Home-visits**

- i. When significant family members need to be contacted for understanding family dynamics.
- ii. When family members need to be involved in the patient's treatment process, like ensuring drug compliance, healthy family environment etc.
- iii. When patient's social and family environment needs to be assessed in detail.
- iv. When guidance needs to be provided regarding certain physical changes to be made within the home-environment.
- v. When patient's community resources and other tertiary support need to be explored for the purpose of rehabilitation.

#### **Standard Operative Procedures followed in Teaching & Training:**

- 1) Letter from Social Work Institutes or Department of Social Work of Universities seeking permission for Field-work / Block-placement have to be received by the Department of Psychiatric Social Work, IHBAS at least two months in advance,
- 2) To ensure that the letter mentions clearly about the duration of training / placement required, number of students seeking training / placement and the date from which training / placement is sought,
- 8) Upon discussion in the departmental meeting feasibility of training under Psychiatric Social Workers, as Field-work Supervisors, and upon identifying persons responsible for the same, letter of acceptance is sent to colleges / University departments
- 9) Confirmation through letter, phone call or e-mail from the college / University department needs to reach two weeks prior to the commencement of training / placement.

The department is functioning in a multidisciplinary set up where the intervention by Psychiatric Social Workers is part of the comprehensive treatment programme –

| Intervention procedure  | Person responsible                       |
|---|--|
| 1. Referral for psychosocial intervention (inpatient and outpatient)                              | Psychiatric consultant/Senior Resident   |
| 2. Screening and assessment   | Unit PSW concerned                       |
| 3. Planning and execution of appropriate intervention   | Unit PSW concerned                       |
| 4. Supervision of intervention and clinical services.   | Unit PSW Consultant i.e., Faculty member |
| 5. Cases requiring administrative approval/ Sanction and overall supervision of service delivery. | HOD - PSW                                |

## **Department of Occupational Therapy**

### **Occupational Therapy Department Standard Operating Procedures**

#### **Present Existing post of occupational therapy Staff**

1. OIC OT/DCC - 01 (HOD clinical psychology)
2. Clinical Psychologist - 01 (posted from dept. of clinical psychology)
3. Occupational Therapists - 06 (2-permanent, 4- contractual)
4. Artist – 01
5. Occupational Therapy Attendants - 03

#### **Duties and responsibilities**

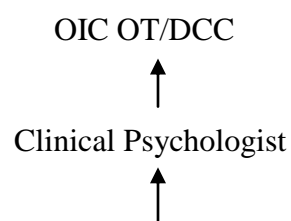
Occupational Therapists share the responsibility of devising treatment plan as compliant to the referral sources.

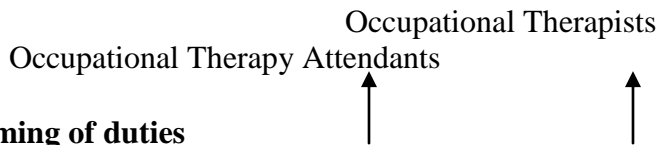
Artist helps in providing skills training in arts and crafts.

OT attendants besides the trade activities assist in group and other activities whenever required.

Utilization of items for recreational activities & trades by patients are also monitored by them.

All the three OT attendants keep record of their work done during the month and produce it to OIC OT/DCC through Occupational therapist.





### **Timing of duties**

General duty – 9 am – 4 pm

The inpatients attend the department in two shifts.

This hospital follows multidisciplinary model of care and occupational therapists take active role in that model of care.

### **Standard Operating Procedure**

- 1) The referrals are received by the OT /DCC from OPD and wards from both psychiatry and neurology departments. Following the referral a screening evaluation is done by the therapist.
- 2) Based on the assessment results, a treatment plan is devised as compliant to the referral sources.
- 3) Treatment plan is implemented and regular re-evaluation is done.
- 4) Home Exercise Program (HEP) or Home Maintenance Program (HMP) is demonstrated before discharge.
- 5) Follow up is done to maintain the attained treatment goals following discharge.

## **Department of Physiotherapy**

Physiotherapy is given to patients referred from Neurology, Neurosurgery and Psychiatry OPD, with Neurological deficit and all efforts are made to treat such patients by given electrotherapy and exercise therapy. The Patients are attended & given bed side Physiotherapy in wards regularly by the physiotherapist posted in wards.

### **1. Physiotherapists available**

Seven Physiotherapist (Six against the post of Physiotherapist and one against the post of Senior Physiotherapist), One Chief has been working at present. The total existing posts are as under :-

- |     |                        |          |
|-----|------------------------|----------|
| (a) | Chief Physiotherapist  | One Nos. |
| (b) | Senior Physiotherapist | TwoNos.  |
| (c) | Physiotherapist        | Six Nos. |

### **2. Working Hours**

- (i) O.P.D: New and Followup cases attended in OPD Room No-22 & Physiotherapy OPD: New and follow up cases attended in Physiotherapy department OT block from 9.00 AM to 4.00 PM (Monday to Friday) 9.00 A.M to 1.00 PM (Saturday) except Government Gusseted Holidays I.P.D.
- ii. IPD:- Referred cases from Neurology, Psychiatry & Neurosurgery are attended in Morning and afternoon round.



New and follow up cases attending in O.P.D. hours from 9 A.M. to 4 P.M. daily except holidays. Saturday upto 1 P.M

(ii) Multi-gym for Patients and Staff :-

Staff : 6.00 A.M to 9.00 AM, 1.00 PM to 1.30 P.M & 4 PM to 8 P.M  
Patients: 9 AM to 1 PM & 2 PM to 4 PM  
Sunday Evening Only.

## **Department of Nursing**

### **Report for Nursing Department**

Bed Strength of Psychiatry and Neurology total bed 245 Existing services :-

### **Present Existing post Nursing Staff**

|                |   |    |
|----------------|---|----|
| ANS            | - | 05 |
| Nursing Sister | - | 28 |
| Staff Nurse    | - | 71 |

### **Duties and responsibilities**

Staff Nurses during shift duty and general duties in wards Emergency, OPD, Diagnostic Deptt.

### **Timing of duties**

|                |             |
|----------------|-------------|
| First Shift -  | 8 am - 2 pm |
| Second Shift - | 2 pm – 8 pm |
| IIIrd Shift -  | 8 pm - 8 am |
| General duty - | 9 am – 4 pm |

This hospital follows multidisciplinary model of care and staff nurses take active role in that model of care.

### **Job summery for Staff Nurse**

Staff nurse is a first level professional nurse who provides direct patients care to one patient or group of patients assigned to her/him during duty shift and assist in management of wards

## **Hospital Pharmacy and Medical Store**

1. All essential drugs are dispensed free of cost to patients attending IHBAS.

2. All essential drugs are dispensed for minimum Seven days and maximum for One Month to OPD patients.
3. Availability of vital essential drugs is monitored on continual basis and is maintained at 100%.
4. List of essential drugs available at pharmacy displayed in the OPD and the same is also circulated to all faculty members and units heads in the first week of every month.
5. In the pharmacy there are separate que for females and elderly patients.
6. All essential drugs procured from CPA. If not available from the CPA, drugs are purchased via open tender and limited tenders.
7. Quality of the drugs is ensured through quality assurance programme run by CPA cell. Additional samples for quality assurance drawn if there is complaint or problem.
8. Demand for drugs and other supplies quantified using scientific method reviewed by the Drugs & Therapeutic Committee followed by Purchase Committee and then the Director.
9. Availability of drugs is regularly monitored to avoid major stock outs by the Officer-in-charge Stores and Pharmacy.
10. Regular stock verification done on a 3-4 monthly basis. First expiry first out method followed for issuing drugs.
11. Stock registers are maintained and updated on a daily basis.

### **Purchase**

1. The Institute has a Purchase Policy duly approved by the Executive Council and all purchases are made as per rules laid down in the purchase policy.
2. Purchase Committee is headed by the Medical Superintendent of the Hospital According to the policy all Purchases are made on recommendation of the Purchase Committee.
3. All advertisements and tender documents placed on the website of the Government of Delhi.
4. Two bid system followed for procurement.
5. Explicit criteria laid down for evaluation of tenders. Price bids of only those opened if fulfills the technical criteria.
6. Annual requirements for drugs, reagents, and chemical are procured on the basis of the recommendations of the Drugs & Therapeutic Committee by the Purchase Section. Drugs & Therapeutic Committee is headed by the Deputy Medical Superintendent.
7. Subcommittee with prior approval of the Chairman Purchase Committees reviews the demand from time to time.
8. Technical specifications of the equipments are duly approved by the Technical Advisory Committee consisting of 2 experts from outside the Institute with representatives from the Accounts, Purchase and the concerned stores.
9. Maintenance of the equipments is done by the heads of the respective departments with due approval and sanction from the Director.
10. AMC contract maintained for all equipments and awarded with due approval of the Purchase Committee

### **Diagnostic laboratories**

| Diagnostic Services       | Working Hours   |
|---------------------------|---|
| • Pathology               | 9.00 AM to 4.00 PM (Monday to Friday)<br><br>9.00 AM to 1.00 PM (Saturday)<br><br>Gazetted Holidays and Sundays closed. |
| • Neurochemistry          |   |
| • Microbiology            |   |
| • Neuropsychopharmacology |   |
| • Electrophysiology       |   |
| • Psychodiagnostic        |   |
| • Neuroelectrophysiology  |   |

- Sample collection : Lab Assistants
- Screening : Senior Resident
- Reporting and signing out: Faculty members

## **Engineering Department**

As applicable in CPWD works manual 2003.

The rules, regulations, instructions, manual and records for discharging its functions are applicable as per CPWD manual and day to day circular as issued by D.G., CPWD and Ministry of Urban and Housing Development.