

**INSTITUTE OF NEPHRO-UROLOGY  
VICTORIA HOSPITAL CAMPUS, BANGALORE-02.**



**INFORMATION**

**UNDER SECTION 4 (1) (B) OF  
RIGHT TO INFORMATION ACT 2005**

**PUBLISHED BY**

**INSTITUTE OF NEPHRO-UROLOGY**

**(AUTONOMOUS INSTITUTE)**

**VICTORIA HOSPITAL CAMPUS,  
BANGALORE – 560 002.**

**DIR OFF: 080 26701717**

**OFF PH : 080-26700527, 26702021**

**OFF FAX: 080-26706777, 26705474**

**Website : [www.nephrourology.in](http://www.nephrourology.in)**

**E-MAIL : [nephrourology.institute@gmail.com](mailto:nephrourology.institute@gmail.com)**

## **CHAPTER - I**

### **The particulars of Institute of Nephro-Urology organization, functions and duties:**

Institute of Nephro-Urology is a premier organization promoting Health Care Services in the field of Nephrology and Urology. It is an autonomous body of the Government of Karnataka, registered under Karnataka Societies Registration Act 1960 as “Institute of Nephro-Urology, Karnataka and on 19.01.2004 and its Governing Council is headed by the Hon’ble Chief Minister, Government of Karnataka. It is a non-profit organization funded by the Government of Karnataka and dedicated to Nation on 09.04.2007. At present the institute has 162 beds and is equipped with modernized technology offering special treatment facilities.

#### **OBJECTIVES:**

The main objectives of the Institute are:

- (1) To establish, maintain and develop an Institute of international standards to provide relief from diseases related to Urology & Nephrology.
- (2) To provide advanced treatment and comprehensive care to Urology & Nephrology patients.
- (3) To promote, support and encourage study, research and training programmes relating to prevention, diagnosis and treatment in the field of Urology & Nephrology.
- (4) To provide treatment for the diseases relating to Urology, Kidney Failure & Renal Transplant.
- (5) To establish branches of the institute at different places in Karnataka.
- (6) To arrange exchange program with other similar institutions situated within or outside India with a view to combine the varied experience of different specialists and super-specialists.
- (7) To establish screening program for the detection of diseases connected with Nephrology and Urology.

- (8) To provide referral center for the benefit of persons suffering from diseases connected with Nephrology and Urology.
- (9) To educate the public regarding the prevention and control of diseases connected with Nephrology and Urology.
- (10) To offer consultation services to other Health Care Units and to support clinical and basic research program relating to diagnosis and the treatment of diseases of Nephrology and Urology.
- (11) To develop the Institute as a center for Post Graduate Training in the field of Urology and Nephrology.
- (12) To maintain books, Journals and other literature on Nephrology & Urological diseases.
- (13) To support, organize and encourage scientific meetings, seminars, symposia and workshops relating to Nephrology & Urological subjects.
- (14) To institute prizes, awards, scholarships, travel grants, research grants and stipends in furtherance of the objects of the Institute.
- (15) To provide assistance for publications of journals, research papers, public educational leaflets, brochures, handbooks and text books on various aspects of Nephrology & Urological subjects.
- (16) To educate the public on all aspects relating to the causes, control and prevention of Nephro-Urological diseases.
- (17) To organize and to promote exhibitions on Nephrology & Urological subjects.
- (18) To invite representatives of Governments, Universities and other organizations in India and from abroad to fulfill the above objectives of the Institute.
- (19) To develop fruitful inter-relationship with similar institutions and agencies within India.
- (20) To initiate and develop lines of communications on personnel, material and data among national and international institutions and agencies.
- (21) To develop co-operative efforts with international institutions or agencies engaged in similar work and objectives and establish lines of communication for interchange of expertise, personnel, material and data.

- (22) To accept grants, securities and properties of any kind on such terms as may be expedient and to issue appeals and apply for money and funds in furtherance of the objects of the Institute and to raise or collect funds by gifts, donations, subscriptions or otherwise of cash and securities and any property either movable or immovable and to grant such rights and privileges to the donors, subscribers and other benefactors as the Institute may consider fit and proper.
- (23) To raise loans and advances from banks or any other financial public or private undertakings with or without securities for development of the Institute.
- (24) To acquire and hold by gift, purchase, exchange, lease, hire or otherwise, movable or immovable property which may be necessary for the purpose of the Institute and to build, construct, improve, alter, demolish and repair such buildings, works and constructions as may be necessary for carrying out the objects of the Institute.
- (25) To sell, mortgage, lease, exchange and otherwise transfer to dispose of all or any property, movable or immovable of the Institute for the furtherance of its objects or any of them subject to the prior approval of the Government of Karnataka.
- (26) To accept and undertake the management of any endowment or trust fund or donation to further the objectives of the Institute.
- (27) To do such other acts and things either alone or in conjunction with other organizations or persons as the Institute may consider necessary, incidental or conducive to the above mentioned objectives or any of them.

### **FUNCTIONS:**

The main functions of the Institute are to;

- 1) To provide comprehensive and quality care to Nephrology & Urology patients.
- 2) Training of Post Graduate students in the Super speciality of Urology & Nephrology subjects.
- 3) Treating of patients in the speciality of Urology & Nephrology.
- 4) Organize scientific meetings, seminars, symposia, workshops etc., in Urology and Nephrology.
- 5) Research programmes relating to diagnosis and treatment of Urology & Nephrology ailments.

## CHAPTER-II

### **THE POWERS AND DUTIES OF THE OFFICERS AND EMPLOYEES WORKING IN THE INSTITUTE OF NEPHRO-UROLOGY**

#### **(1) DIRECTOR:**

##### **The powers & duties of Director are as under:**

1. Setting up & maintaining high standard of administration, excellence & professional conduct in the institute.
2. Planning, teaching, Medical consultation & Co-ordination of all the departments in the institute.
3. Planning and administering rules & regulations to maintain efficient medical services of the hospital under the guidance of the finance committee & governing council of the Institution.
4. Implementation of recommendations and regulations that are issued from time to time by the Government or any other regulatory bodies & authorities.
5. The Financial powers of the Director Specified by the Finance committee and Governing council and these cannot be delegated.
6. The matters of general principles and policy in hospital administration, sanction of all kinds of leave to all Group A, B, C staffs of the institute (Except casual leaves of the Group B & C office staff).

#### **(2) MEDICAL SUPERINTENDENT:**

##### **The powers & duties of Medical Superintendent are as under:**

1. Day to day routine medical administration of the hospital subject to the control and general supervision of the Director.
2. Medical Examination (Overall in-charge of Medical Board).
3. Matters concerning treatment of patients enquiries, complaints and their related to legislative & parliamentary questions.

4. Medical records for medico-legal cases and Court summons relating to them.
5. Matters relating to Central Sterilization Room.
6. Medical Stores responsibilities, surprise stock verification of stores.
7. Detailing of ambulances with designated driver, security and firefighting and Sanitation.
8. Attending to legal matters concerned with treatment of patients and issue of copies of documents concerned with treatment of patients.
9. Member of purchase committee of the hospital and incharge indenting officer for hospital equipment, consumables, drugs and chemicals.
10. Any other duty that may be specified by the Director from time to time.

**(3) ADMINISTRATIVE OFFICER/CHIEF ADMINISTRATIVE OFFICER:**

**The powers & duties of Administrative Officer are as under:**

1. To maintain the establishment, administrative work, looking after legal matters and all other works relating to the office under the guidance & control of the Director.
2. Sanction of Casual leave to Group B & C employees of the Institution except Medical & Para Medical Staff.
3. Making arrangement for smooth conducting of various committees of the Institute.
4. Maintenance of hospital buildings in liaison with Engineering Department.
5. Assistance to Director in planning and development of the hospital and preparation of Capital budget and processing of tenders.
6. Store responsibilities pertaining to Stationery, General Equipments etc.
7. Supervising the up keeping of proper maintenance of records of the institute.
8. Preparation of agendas, notes, proceedings of the meetings.
9. Member secretary of purchase committee of the institute.

10. Transport-controlling, maintenance of repair of institute Ambulances and other vehicles.
11. To be responsible for proper maintenance of service register, leave accounts, annual property report and annual performance report of all the staff coming under the control of the institute.
12. To look after court matters, Right to Information Act, matters relating to Human Rights, labour problems, outsourcing problems etc.
13. Such administrative matters as are specifically delegated to Administrative Officer by the Director of the Institute.

**(4) NURSING SUPERINTENDENT:**

The Nursing Superintendent is a professional nurse who is responsible for entire nursing care and nursing administration of the hospital and she is In-charge of nursing service Department under the supervision of Medical Superintendent.

**The powers & duties of Nursing Superintendent are as under:**

1. Organizing and supervising nursing care activities of the departments or floor according to hospital policies and service needs.
2. To plan staffing pattern and the other necessary requirements of her/ his department.
3. To compile and submit nursing statistics to the concern authorities.
4. To conduct and attend to departmental and inter-departmental meetings/ conferences from time to time.
5. To make regular rounds of her/his department.
6. To supervise the safety and general cleanliness of the department.
7. To look into general comforts of the patient and relatives.
8. To help in allocation and rotation plan of nursing staff under supervision of her/ his superior.
9. To plan ward management with the senior staff nurse of the ward/ unit.

10. Supervises the proper use and care of the equipments and supplies in the department.
11. To keep informed the needs and problems of her/his department to concerned authority through proper channel.
12. To assist in planning for participation in staff development programme.
13. To escort the superiors during their visit to the department.
14. To carry out duties as assigned by the superiors.
15. To maintain discipline among nursing personnel, counseling, guidance of staff and students.
16. To assist in recruitment of staff and student's selection.
17. To keep records and reports of the nursing services.
18. To act as a liaison officer between the nursing superintendent and the nursing staff of the hospital.
19. Supervision of disposal of bio-medical waste as per existing norms.

### **DUTIES AND RESPONSIBILITIES OF THE TEACHING & MEDICAL STAFF**

#### **(5) HEADS OF DEPARTMENTS:**

The Heads of Departments will be responsible for the efficient functioning of their departments, keeping in view the objectives of the institute and specific needs of clinical services.

For the purpose they are responsible:

#### **The powers & duties of Head of the Departments are as under:**

1. To deploy and utilize staff and equipment, etc., and to delegate functions in any manner as and when they consider it is necessary in the best interest of the institution and functioning of the constituent units.

2. For academic activities of their department and are responsible for conducting research activities in the department and to publish their data in National & International Journals.
3. To consult the Director when major administrative & policy decisions are to be made which would have a bearing on the objectives of the institute.
4. To correspond with Medical Council of India and affiliated university regarding the recognition of post graduate courses running in the department and also for timely renewal of the currently running courses.
5. For conduct of the examination of the Post graduate courses as per the specifications of Medical Council of India and affiliated university.
6. For regularly conducting classes for Post graduate students and also to assign teaching work to other faculty in the department.
7. For regular appraisal of the progress of the Post graduate students in their department.
8. For conduct of academic programs like CME/Workshop/Conferences in the institute.
9. Departmental correspondence as well as leave applications of the staff will be submitted to the Director through proper channel. The head of the department will ensure that satisfactory internal arrangements have been made before forwarding the leave applications.
10. The Head of Department will perform duties as assigned by the director from time to time.

**(6) HEAD OF UNITS:**

**The Powers and duties of the Head of the Units are as under:**

1. The head of the unit will be responsible for efficient functioning of their unit.
2. To oversee proper medical care is delivered to all patients who are registered in their unit.
3. The patients will be admitted and discharged only on instructions of head of units.
4. In emergency situations, the admission of a deserving patient can be done by

the duty doctor in consultation with faculty on duty.

5. To be responsible for the proper documentation of cases admitted in their unit & will ensure that the requisite document is complete before being dispatched to medical records section.
6. To be responsible for the care of the critically ill patient and such list will be notified to the central admission registry daily.
7. To be responsible for training & teaching of the Post graduate students in their unit and will perform regular appraisal of the progress of the post graduate.
8. To ensure consultation with his colleagues of other departments in case of need. The consultations requested will be so recorded.
9. To take responsibility of conducting research activity delegated by the department in consultation with other colleagues in the unit.
10. To be responsible for delegation of duty to other faculty in the unit and will ensure that standard operating procedures are followed in case of emergencies for efficient functioning of the unit.
11. The Head of the unit will perform duties as assigned by the Director.

**(7) ASSOCIATE PROFESSOR:**

**The duties and responsibilities of the Associate Professor are as under:**

1. The Associate Professor of the unit in collaboration with the Assistant Professor / Senior Resident / Tutor of the unit and supervise the day to day work of the Assistant Professor / Senior Resident / Tutor / PG's.
2. To accompany the Head of the Unit for ward rounds.
3. On the day the Head of the Unit is not available for ward rounds, the Associate Professor will take rounds of his own ward. It would be his responsibility to contact the Head of the Unit and discuss about the serious cases in the ward and if necessary to show these cases to the Head of the Unit.
4. To scrutinize the clinical documents compiled and to go through all the case notes written by the Assistant Professor / Senior Resident / Tutor / PG's and make corrections where necessary.
5. To ensure that all patients registered in the unit have received attention and report to the Head of the Unit.

6. To attend teaching, training and research activities.
7. The Associate Professor will perform duties as assigned by the Director.

**(8) ASSISTANT PROFESSOR / LECTURER:**

**The duties and responsibilities of the Assistant Professor/Lecturer are as under:**

1. To work in collaboration with Professor and Associate Professor of the Unit. He will responsible for supervision of routine patient care in the ward by the Tutor / Residents.
2. To accompany the unit heads for the ward rounds.
3. On the day unit head is not available Assistant Professor / Lecturer will accompany the Associate Professor for the ward rounds. It would be his responsibility to do the ward rounds in absence of unit head and Associate Professor.
4. To discuss about the critically ill patients with the unit heads and seek his opinion.
5. To scrutinize the clinical case documents completed by Residents / Tutors and make corrections when necessary.
6. To be on call duty on the respective admission day. He will ensure that all patients receive necessary attention and care by the Residents / Tutors in Emergency Ward.
7. To be responsible attending to calls referred from other departments and seek opinion of Unit head or Associate professor whenever it is necessary.

**(9) TUTORS / RESIDENTS:**

**The duties and responsibilities of the Tutors / Residents are as under:**

1. To be responsible for direct supervision of patient care in respective units.
2. To consult the senior faculty to seek opinion of patient admitted in their unit.
3. To be responsible for completion of case sheet including history, examination, daily progress notes, operation records and discharge summary etc.,

4. To monitor the progress of patient admitted and will take rounds late in the evening which will be communicated to senior faculty in the unit.
5. To attend to cases referred for opinion from other departments.
6. To ensure that the opinion regarding this is had after consulting Assistant Professor / Associate Professor / Unit Head.
7. In event of death of patient, complete the documentation on time and write a brief death summary in the case sheet which will be scrutinized by Assistant Professor.
8. To certify the death of the patient.
9. To maintain a daily record of patient in his charge and make note of the progress and seek opinion of senior faculty in respect of patient treatment.
10. On admission days Tutor/Resident will be responsible for attending to emergency cases after outpatient hours.
11. To be on duty both day and night to cover emergencies and to attend calls referred from other departments.
12. When on night duty, will appraise the unit head and other senior faculties of the cases treated during the night, and seek opinion regarding admitted patient in emergency.
13. To write a report of the night duty and record it in the register which will be submitted to Head of Department after scrutiny by Unit head.
14. To be responsible for getting all the relevant investigation of patient admitted after filling up of the necessary forms.
15. The log book of Tutors / Residents will be scrutinized by the unit head every week which will be reviewed by Head of Department every month.
16. To attend the academic programmes and will engage themselves in research and academic activities of the department.

**(10) POST GRADUATE STUDENTS:**

**The Duties and responsibilities of Post graduate students are as under:**

1. To take advice Guidance from Professors/Associate Professors/Assistant

Professors in the efficient execution of their work and in professional care of the patients.

2. In the OPD after examination of the patients, the PG's will refer the case to the senior faculty on duty with a short history and physical findings of the case written on the OPD book.
3. Shall be primarily responsible for the case allotted to him/her. Besides, he/she will have a general idea of all the cases in the ward. As soon as a case is admitted, patient will be examined by the PG student who will complete the case sheet in all detail. He/she will see that all necessary investigations are done in time, and entered in the case sheet.
4. In case of acutely ill patients, it is his responsibility to show the case immediately to the senior faculty. He will see that all necessary investigations are done in time, and entered in the case sheet.
5. To enter the daily follow up of the case in case-sheet. In case of seriously ill patients the progress of the case will be recorded every time the patient is examined and suitable opinion is taken by Sr. faculty in time in the management of case and the same is recorded in the case sheet.
6. On Sundays and gazetted holidays, all PG students will come for rounds and will be on duty as per the rosters.
8. Laboratory and X-ray investigations -- Requisition forms for Laboratory and X-ray investigations will be filled in the previous evening with full clinical notes for all routine cases. In emergency it will be done immediately. The reports for investigations will be collected in time to be useful during rounds.
9. Work done satisfactory report about PG students signed by the Unit Chief will be submitted to the Director through the head of the department on or before 26th of every month.
10. To involve himself in teaching programmes as per guidance of unit heads and department head
11. To be on duty during working hours and after working hours as per duty roster prepared by the department.

## **NURSING AND PARAMEDICAL AND OTHER STAFF**

### **(11) MEDICAL SOCIAL WORKERS**

**The duties & responsibilities of Medical Social Workers are as under:**

1. To identify and assist the patients coming to the hospital in availing smooth medical treatment.
2. To assess the Socio-economic status of the patient and to counsel him regarding the different schemes and other payment procedures.
3. To act as a bridge between the patients/his attendants & relatives and the treating medical team in the hospital.
4. To counsel on long term Hospitalization (Supportive therapy and counseling, insight oriented individual therapy, family therapy and group therapy).
5. To counsel for prospective renal transplantation recipient and donor.
6. To attend on call in case of any emergencies
7. To maintain public relations in the hospital.
8. To monitor the implementation of different schemes in the hospital and to guide the scheme case worker in the discharge of his duties.
9. To contact and Network with Government & Non-Governmental organizations for treatment of their staff in the institution.
10. To assist in fund raising for the institute.
11. To counsel MSW students in case of need.
12. To do any other work that may be assigned by the higher authorities of the Institute.

### **(12) MEDICAL RECORD TECHNICIAN:**

**The duties and responsibilities of Medical Record Technician are as under:**

1. To prepare the statistical reports.
2. To scrutinize, review and maintain all medical records and to ensure presence of all component parts.

3. To code diseases and operations according to the accepted classifications.
4. To prepare Daily Hospital Census.
5. To compile the data for research from records.
6. To analyse records of discharged patients and admissions also.
8. To compile monthly and annual statistical reports.
9. To scrutinize the Death reports received from the wards.
- 10 To maintain the Death register.
- 11 To supervise the incomplete records control desk.
12. To supervise the filing area.
13. To retrieve the medical records in case of need.
14. To attend Medico-legal works while working in the Medical Records Department, as under:
  - (a) To receive medico-legal registers from the Emergency Ward when such registers are complete.
  - (b) To get the incomplete medico-legal reports, duly completed by the doctors on duty.
  - (c) To prepare a list of all those medico-legal reports which are not completed in spite of personal efforts, doctor-wise and submitting the same to Medical Superintendent for necessary.
  - (d) To maintain issue of medico-legal registers.
  - (e) To issue medico-legal reports to the police authorities as and when required.
  - (g) To supply blank medico-legal registers to the Emergency Ward.
  - (h) To attend courts and producing records there, as and when summons are received.
  - (i) To keep all the medico-legal documents.
15. To do any other work that may be assigned by the higher authorities of the Institute.

### **(13) STAFF NURSE / SENIOR STAFF NURSE.**

Staff Nurse is a first level professional nurse who provides direct patient care to patients assigned during her/his shift. Staff Nurse will work in shifts allotted to them. Staff Nurse is directly responsible to the Nursing Superintendent. The duties and responsibilities of staff nurses vary according to the placement and specialty of the unit like Operation Theatre, Post-Operation Unit, Intensive Care Unit, Dialysis Unit etc.

#### **The duties and responsibilities of Staff Nurses are as under:**

1. To admit and discharge of patients with relevant recordings under the directions and guidance of the doctors.
2. To hand over and takeover of the charges of Inventories and Patient from bed to bed in each shift.
3. To assist the doctors in rounds, medical examination and treatment.
4. To inform the doctors on duty immediately about any problem of the in patient.
5. To provide nursing care to patients as identified or assigned to her/him.
6. To provide clean and safe environment for the patients.
7. To maintain personal hygiene and comfort of the patient.
8. To maintain nutritional need of the patients.
9. To provide pre and post-operative care.
10. To impart health education to patients and their relatives.
11. To perform technical tasks as assigned to her/him.
12. To administer medication and oxygen etc.
13. To record vital signs.
14. To assist transfusion and to maintain of intake-output charts.
15. Collecting, labelling and sending samples in specific containers as prescribed by doctors.

16. To prepare and administer tube feeds.
17. To assist doctors during surgical dressings, invasive and non-invasive procedures.
18. To assist doctors in intimating the Medico legal cases.
19. To escort (Transfer-Out & Transfer- In) patients to and from departments.
20. To maintain patient's records and reports.
21. To maintain medication and inventory accounts of ward/unit including narcotics.
22. To report the defective equipments to the Nursing Superintendent.
23. To co-ordinate patients care with various health team members.
24. To assist in orientation to the clients, junior nursing personnel and Students.
25. To assist non-clinical duties and taking assistance in clinical duties by Group-D / Housekeeping personnel.
26. To maintain appropriate infection measures for providing aseptic care to patients.
27. To bring to the notice of the Nursing Superintendent any incidental events.
28. To carry out duties as assigned by the superiors.
29. To participate in Staff Education programme, Workshops and Meetings as informed timely.
30. To assist in research activities.
31. To take care of terminally ill patients.
32. To prepare and wrap the certified dead body and to accompany the body for its keeping in the mortuary after making proper entries in the death register.
33. To ensure that the dead body of the medico legal cases will not be handed over to the relatives directly.

34. To hand over the correct dead body along with acknowledgment certified by doctor to the attendants of the deceased or the police in case of Medico legal cases.

**(14) X-RAY TECHNICIANS:**

**The duties and responsibilities of X-Ray Technicians are as under:**

1. To take diagnostic radiographs of the patients as required by faculty.
2. To advise patients or ward staff regarding preparation of patient before X-ray.
3. To develop and dry the exposed X-ray films.
4. To load cassettes with X-ray films.
5. To store unexposed X-ray films properly.
6. To keep account of X-ray films and other supplies.
7. To maintain record of X-ray reports of the patients referred.
8. To send radiographs and the opinions of the Radiologist to the department concerned.
9. To receive back the X-ray films after the discharge of the patient and filing them in such a way that retrieval is easy.
10. To take precaution to protect himself, patients and other workers of the department from the hazards of X-ray.
11. To wear the film badge at all times of working in the department.
12. To carry the portable X-ray apparatus to other departments of the hospital and taking the radiographs of the patients seriously ill.
13. To keep the premises of the department clean and adequately stocked with forms and stationary required.
14. To maintain cordial public relations.
15. To perform duties as may be assigned by the hospital authorities.
16. To follow PNDT Act Application.

17. To follow guidelines of radiation safety.
18. To wear radiation badge at all times of working in the department.
19. To do any other work that may be assigned by the higher authorities of the Institute.

**(15) LABORATORY TECHNICIANS:**

**The duties and responsibilities of Laboratory Technicians are as under:**

1. To collect specimens.
2. To record patient details to include clinical features with relevant history and emergency requests.
3. To record gross details of the samples received, comments on its adequacy, rejection of samples, request for repeat samples.
4. To conduct the tests as per the established protocol.
5. To maintain the instruments in the respective sections and to issue break down calls whenever necessary.
6. To observe panic value protocol.
7. To verify the completed test results and to dispatch the reports.
8. To maintain routine records connected with the laboratory work.
9. To do related data entry and public relation work.
10. To do any other work that may be assigned by the higher authorities of the Institute.

**(16) OPERATION THEATRE TECHNICIANS:**

**The duties and responsibilities of Operation Theatre Technicians are as under:**

1. To be responsible for storage, maintenance and accounting of instruments tables and other supplies belonging to the operating theatre and recovery room
2. To arrange needles, syringes, dressing gloves, ward and theatre instruments,

catheters, trolley etc.

3. To keep proper account of receipt and issuing of various articles dealt with in the Central Sterilization Room and Central Manifold Room.
4. To maintain relevant records and charts.
5. To check all anaesthesia machines, monitors and equipment.
6. To oversee the central manifold room, supply of medical gas cylinders.
7. To assist in disinfection procedure.
8. To do any other work that may be assigned by the higher authorities of the Institute.

**(17) DIALYSIS TECHNICIANS:**

**The duties and responsibilities of Dialysis Technicians are as under:**

1. To work directly under the supervision of faculty who is Dialysis incharge in Department of Nephrology.
2. To operate and maintain dialysis machines and R.O. Plant.
3. To fully understand the operation of the kidney dialysis machines. They are also responsible to monitor patient's general condition including blood pressure monitoring during dialysis. They have to inform the concerned authority in case of abnormal condition of patients.
4. To be responsible for the operation, cleaning, sterilization and maintenance of all the equipments in dialysis unit including reprocessing.
5. To monitor and record weight and vital signs before, during, and after the dialysis.
6. To counsel the patients about treatment / peritoneal dialysis (CAPD) to be done at their residence. Because, dialysis technicians work with blood, they exercise strict safety universal precautions against infectious diseases such as hepatitis, AIDS.
7. To do any other work that may be assigned by the higher authorities of the Institute.

**(18) PHARMACIST:**

**The duties and responsibilities of Pharmacist are as under:**

1. To work directly under the control of Medical Superintendent.
2. To be responsible for initiating the indents, storage and maintenance of stocks and accounting of medical supplies and appliance under his charge.
3. To be incharge of main stores and looks after distribution of drugs to the wards and departments and also for in-patients.
4. To maintain all the stock registers pertaining to Equipment, Instruments, Consumables, Drugs, Disposables, Miscellaneous items, Sutures, Linen, HNS, Lab chemicals and reagents etc.,
5. To maintain expiry drug register and also Narcotic Register.
6. To be responsible to weeded out time expired drugs.
7. To perform such other duties as may be assigned by the Medical Superintendent.

**OFFICE AND ALL OTHER STAFF**

**(19) OFFICE SUPERINTENDENT:**

**The duties and responsibilities of Office Superintendent are as under:**

1. To work directly under the control of Administrative Officer/Chief Administrative Officer.
2. To relieve the Administrative Officer/Chief Administrative Officer of most of the day-to-day routine work in regard to this office.
3. To place before the Administrative Officer/Chief Administrative Officer all correspondence which he carries on with officers of equal or higher status and all other matters where, statutorily, the Head of the Office is responsible for decisions and to be generally responsible for the efficient management of work.
4. To exercise general supervision over his Section in regard to the dispatch of business.

5. To help the inexperienced clerks by guiding them in their day-to-day work.
6. To be conversant with the more important files pending in his section and see that these are not delayed.
7. To concentrate his attention where it is most required and see that, his Section works smoothly and efficiently;
8. To see that the case-worker maintains his 'Case Register' properly and up-to-date.
9. To make certain that the dispatch of outgoing periodicals is not delayed and that incoming periodicals are obtained by timely reminders.
10. To be responsible for the proper maintenance of special registers
11. To ensure that the monthly arrear lists of cases and the weekly arrears statements of pending papers are properly compiled and duly submitted.
12. To advise the staff under him on all difficult and intricate cases and to help them in drafting important references.
13. To see that the case-worker has arranged papers in order in a file, stating briefly the issues to be decided, pointing out the deficiencies or omissions in the correspondence and quoted the standing orders and precedents applicable to the case.
14. To ensure that whenever reports called from subordinate officers, the specific points on which information or comments are required are clearly stated by the case-workers in the reference to be issued.
15. To ensure that the time limit is kept by the case-workers in respect of urgent cases and to provide guidelines for the disposal of important cases.
16. To deal personally with complicated cases.
17. To do some original work himself where the duty of supervision is not a fulltime job.
18. To ensure that whenever there is a transfer of a case-worker in his section, a detailed charge list of all the pending papers is prepared and full responsibility assumed by the incoming official.
19. To inspect the work of every case-worker under him once a month.

20. Any other duties that may be specified by the higher officers & Director of the institute from time to time.

**(20) ACCOUNTS SUPERINTENDENT:**

**The duties and responsibilities of the Accounts Superintendent are as under:**

1. To prepare the hospitals Annual Revenue Budget.
2. To process cases of drawal and disbursement of various advances admissible to and claimed by staff.
3. To scrutinize store purchases /salary bills etc. and all other financial bills in detail.
4. To maintain all the financial accounts.
5. To process and collect all the dues of the hospital.
6. To maintain, scrutinize and finalize the accounts of relating to Government as well as Non-Government funds.
7. To supervise the preparation of salary bills and cases regarding pension.
8. To be a Joint custodian of cash exceeding Rs.5000/- along with the cashier.
9. To endorse the service books of staff in token of having checked them with the pay bills.
10. To give technical advice in matters relating to Accounts, Audit and Costing.
11. To provide assistance and be responsible for production of records before the audit.
12. Any other duty specified by the Superior officers or Director of the institute from time to time.

**(21) ACCOUNTANT:**

**The duties and responsibilities of the Accountant are as under:**

1. To maintain cash book and ledgers related to accounts.
2. To prepare receipts and payments etc.
3. To assist in preparation of salary bills and other bills.

4. To scrutinize the store purchases and there payments.
5. To maintain financial accounts.
6. To assist the accounts superintendent in all other matters relating to accounts department.
7. Any other duty specified by the Superior officers or Director of the institute from time to time.

**(22) STENOGRAPHER:**

**The duties and responsibilities of the Stenographer are as under:**

1. To take dictations and prepare the draft copies of the notes taken by the immediately superior officers.
2. To take care of the personal sections of the superior officers.
3. To attend the meetings as directed and to take note of the proceedings and later prepare the typed copy of the notes taken in the meeting.
4. To assist the superior officers and remind them of any meetings and important matters etc. from time to time.
5. Any other duty specified by the superior officers or Director of the institute from time to time.

**(23) FIRST DIVISION ASSISTANTS:**

**The duties and responsibilities of the First Divisions Assistants are as under:**

1. To work directly under the control of Office superintendent.
2. To be in-charge of and be responsible for the work connected with one or more compilations entrusted to him.
3. To arrange papers and cases in order, state briefly the issues to be decided, point out the deficiencies found in the correspondence and quote the standing orders and precedents applicable to the case.
4. To be conversant with the laws, rules and regulations, standing orders, circulars, precedents, etc., relating to the compilations entrusted to him.

5. To ensure that the papers and files he is dealing with are promptly submitted for orders and not delayed.
6. To maintain all the prescribed registers for the proper accountability and disposal of the papers received and dealt with by him.
7. To be well acquainted with the prescribed procedure.
8. To type and prepare all fair copies, ensure their correctness and see that these are delivered for dispatch after signatures of the officers concerned.
9. To prepare, whenever there is a transfer of charge, a detailed charge list of all the papers and cases pending with him with reference to the Special Registers, Periodical Register and Case Register and hand over complete charge of these records and registers to his successor.
10. Any other duty specified by the Superior officers or Director of the institute from time to time.

**(24) JUNIOR ASSISTANT CUM DATA ENTRY OPERATORS:**

**The duties and responsibilities of the Junior Assistant cum Data Entry Operator are as under:**

**ADMINISTRATIVE OFFICE DUTIES:**

1. To work directly under the control of Office Superintendent.
2. To be in-charge of and be responsible for the work connected with one or more compilations entrusted to him.
3. To arrange papers and cases in order, state briefly the issues to be decided, point out the deficiencies found in the correspondence and quote the standing orders and precedents applicable to the case.
4. To be conversant with the laws, rules and regulations, standing orders, circulars, precedents, etc., relating to the compilations entrusted to him.
5. To ensure that the papers and files he is dealing with are promptly submitted for orders and not delayed.
6. To maintain all the prescribed registers for the proper accountability and disposal of the papers received and dealt with by him.

7. To be well acquainted with the prescribed procedure.
8. To ensure that all the petitions received by him are properly stamped with the requisite court-fee stamps as required under law.
9. To compare fair copies, ensure their correctness and see that these are delivered for dispatch.
10. To prepare, whenever there is a transfer of charge, a detailed charge list of all the papers and cases pending with him with reference to the Special Registers, Periodical Register and Case Register and hand over complete charge of these records and registers to his successor.
11. Any other duties that may be specified by the higher officers from time to time.

#### **RECEPTION COUNTER DUTIES:**

1. To register and prepare the OPD records of all the new patients and to renew the visiting OPD records as and when required.
2. To guide the patients to various OPD's / Clinics / Departments in relation to their diseases.
3. To receive the cash from the patients as per the User charge list/ rate list.
4. To prepare the admission records of all patients to be admitted.
5. To maintain the Central Admission Register.
6. To send messages or contact on phone for patient relatives and doctor as and when required.
7. To maintain furniture, equipment, stationery medical records forms, etc., lying in the Reception counter.
8. To make announcements on the calling system.
9. To remit the cash collected immediately after their shifts to the cashier/account section.
10. To inform the new patients of the different schemes and other benefits that can be availed in the hospital.

11. Any other duties that may be specified by the higher officers and director of the institute from time to time.

**(25) DRIVERS:**

**The duties and responsibilities of the Drivers are as under:**

1. To look after the vehicles / ambulances and attend to the driving of the vehicles as per the shifts assigned to him.
2. To bring to the notice of the office regarding any repairs and service promptly and get them repaired in road worthy conditions.
3. To get the vehicles / ambulances serviced from agencies, approved as per office orders and norms issued from time to time.
4. To record the log book and to record all the repairs etc. in the log book and to get it certified from the officers concerned as per the rules.
5. To see that all the vehicle / ambulance records like insurance, other mandatory transport certificates have been obtained and to inform the office whenever it is have to be renewed.
6. To recover bill charges from the patient/attendants and credit them to the hospital promptly.
7. To request for indent for petrol/diesel/lubricant as per mileage.
8. To park the vehicle / ambulance promptly in the prescribed institute premises.
9. To report to the Medical Superintendent about their movements.
10. Any other duties that may be specified by the higher officers and director of the institute from time to time.

### **CHAPTER - III**

#### **The procedure followed in the decision making process, including channels of supervision and accountability;**

The Institute has two main constitutional bodies, namely, the Annual General Body and Governing Council. The Annual General body formulates overall policies while the Governing Council is responsible for the management and administration of the Institute. Both these bodies comprise members nominated by the Government of Karnataka from time to time. The Chairman of the Annual General Body is the Chairman of the Governing Council. The Director of the Institute is its administrative and academic Head.

The Finance Committee, Building Committees are constituted by the Governing Council to consider and to recommend matters for approval of the governing council with regard to matters related to the respective committees. Tender Inviting Committee and Tender Accepting Committees shall take decision for the procurement of goods and services.

## CHAPTER – IV

### **The norms set by Institute of Nephro-Urology for the discharge of its functions:**

1. Registration Counter is open round the clock.
2. The OPD of Institute of Nephro-Urology works from 9.00 A.M. to 4.00 P.M with Lunch break between 1.00 P.M to 2.00 P.M. and emergency services are provided round the clock.
3. The emergency and accident department is maintained for treatment of patients suffering from urological and nephrological condition requiring immediate care and will be admitted concerned units.
4. Cases requiring admission will be sent to the emergency ward.
5. Doctors on duty will admit patients requiring hospitalization, cases requiring intensive therapy will be promptly admitted into the intensive care unit and started on immediate treatment.
6. The unit heads are responsible for clearance of the emergency ward by 10.00 A.M every day when their emergency duty is over.
7. Doctors will not examine a lady patient alone in the examination room. A female staff nurse or the patient's attendant will be present on such occasions.

#### **(1) MEDICO LEGAL CASES:**

1. All medico – legal cases will be stamped MLC
2. Two copies of the medico legal case report will be prepared. Original copy will be handed over to the concerned police officer and the duplicate will be filled and kept in safe custody. The report will be written by the PG/Faculty/Unit head who first examines the patient. He will sign and date the report, and print his name and designation underneath.
3. The doctor who first examines the case is responsible for the completion and handing over the medico-legal report to the police within 48 hours of the arrival of the patient.
4. First aid treatment for the casualties will promptly be given before documentation.

5. The radiologist report will be attached to the relevant medico legal papers by the doctor who initially examines the patient. He is also responsible for collecting additional information regarding medico legal cases admitted to the hospital from the specialists concerned.
6. Completed medico legal report only will be given to the police after obtaining the acknowledgement from them. Preliminary or interim report will not be given to anyone or to the police.
7. If conscious patient refuses the case to be made M.L.C and if his condition is not serious, the fact will be recorded in the casualty register with reasons under his signature. However, if such a patient is admitted the case will be made M.L.C.
8. All the medical records and investigations will be retained in the institute.
9. Any patient, brought dead will be made M.L.C and subjected to Post Mortem.

**(2) EMERGENCY WARD:**

**The following documents will be maintained in this department:**

1. Ward inventory of non- expendable stores
2. Expendable stores register
3. Linen register
4. Call book
5. Night report
6. Treatment register
7. M.L.C register and
8. Duty list of Post Graduate student and on call nephrologist and urologist.

**(3) DOCTORS ON DUTY:**

1. To be on duty in the ward of the accident and emergency department round the clock to receive patients and to carry out treatment as advised by the unit head.
2. To write the case sheet neatly without omitting any detail.
3. To seek the advice of the unit head in the treatment of seriously ill patient as often as warranted.
4. To be present at the time of death of the patient.

**(4) SWEEPER:**

1. To keep the area spick and span.
2. To promptly give spotlessly clean urinals and bed pans as and when required by the patients.
3. To collect urine and stool specimens, take them to the laboratory for investigation and being the reports.
4. To transport dead bodies to mortuaries and dispose of specimens and organs removed during operations.
5. To assist in cleaning and disinfection of soiled linen, mattress and other articles.
6. To assist the nurse in looking after the patient
7. To transport the patient to the various areas of the hospital as and when asked.
8. To run errands and carry messages.
9. To clean and dust beds, doors, window and other furniture
10. To arrange transportation to shift the dead bodies to the mortuary and assist in terminal disinfection.
11. To be polite and courteous under all circumstances.
12. To do any duty as desired by his superiors in the interest of patient care.

**(5) WARD MANAGEMENT – I**

1. Visiting Hours to all inpatient:

Breakfast: 7.00 A.M to 8.00 A.M

Lunch: 12.00 Noon to 1.00 P.M

Evening: 5.00 P.M to 6.00P.M

Patient Attendant Passes will be issued as and when required.

2. Admissions through OPD or otherwise to the hospital will be centralized where possible. Admissions to emergency or wards after the OPD hours will be done by duty doctors on call.

3. Patients will be advised not to bring valuable things to the hospital.
4. The Unit head/faculty incharge of the patient will be promptly informed of his arrival by the PG/Tutor/Doctor on duty.
5. Vitals will be recorded by the attending nurse while admitting the patient.
6. Transfer of a patient to another ward in the hospital will be done on consultation with unit head /faculty.
7. Along with medical records and belongings the patient will be sent to the area concerned.
8. The receiving staff nurse will inform enquiry, telephone operator and the business office of the admission of all paying patients.

**(A) TREATMENT:**

1. Treatment will commence on the advice of the unit head/faculty. There will, however, be no delay in the commencement of the treatment.
2. Oral or telephonic orders regarding treatment by the faculty will be committed to writing by the doctor on duty.
3. The faculty visit to the patient will be recorded in the case sheet.
4. The faculty will ensure that this instruction orders are meticulously complied with by the PG/Resident and nursing staff.
5. The nursing staff will write in the treatment book the prescription ordered by the PG/Resident/Faculty and carry out the orders as directed.
6. The nursing staff will be responsible for patient care as introduced by the faculty.
7. Periodical bacteriological test will be done and appropriate measures taken to control infection by the ward Staff Nurse.

**(B) DISCHARGES:**

1. Bed Charges will be charged for the patients on 24 hours basis.
2. Discharge instructions will be given by the unit head/faculty on the case record.

3. Discharge summary will be prepared by PG/Residents and signed by Unit Head / Faculty, and instructions for the patient will be clearly indicated in the order.
4. Discharge summary for patient will not be given unless all dues are paid by the patient.
5. The relevant documents and investigation will be handed over to the patient after obtaining the due acknowledgement by the ward Staff Nurse and the same will be mentioned in the discharge summary.
6. Discharge against medical advice will be done after taking in writing from the patient or his relation appropriate undertaking, with a case summary and relevant investigation.
7. Investigations of academic interest will be retained in the institute.

**(C) DEATHS:**

1. Doctor on duty will be present for the care of critically ill patients.
2. Attending duty doctor will pronounce the patient as dead.
3. Death certificate will be given by the duty doctor only after lapse of an hour of pronouncing death.
4. Copy of the death report will be sent to the local authorities without delay.
5. The nearest relative of the patient will be informed of the death by the staff nurse or the duty doctor promptly either through a messenger or by phonogram.
6. Autopsy reports must be discussed in the mortality meeting over which the chief of the hospital or his nominee will preside.
7. Patient in event of death of patient will be shifted to mortuary after informing Administrative Officer / Medical Superintendent.

**(6) WARD MANAGEMENT – II**

**(A) SURGICAL WARD:**

1. Intimation regarding operation of patient will be received by the staff nurse incharge of the ward, 12 hours before the commencement. The operation list

will include name of patient, bed number, ward diagnosis and operating theatre number. This will be written neatly in block letter or type written.

2. No elective operations will be scheduled in the O.T. on Sundays and designated holidays except emergency cases.
3. Patient will be admitted to the hospital suitable time before the day of operation.
4. Preoperative routine like arranging blood, collecting laboratory and x-ray reports , writing the history in the case record, is the responsibility of PG's/Residents. Clear instructions in this regard will be given to the concerned unit head/Faculty.
5. Patients will be sent to the operating theatre on receipt of a message from the theatre and will not be allowed to remain in the corridor of the theatre unnecessarily.
6. The case record of the patient will accompany the patient to the theatre and returned to the ward with the patient after the operation with clear instructions regarding post operative treatment.
7. No visitor will be allowed in the post operative ward / I.C.U. Doctors and Staff Nurses entering the post operative ward / I.C.U must wear gowns. If they are suffering from upper respiratory infections, they must also wear masks.
8. Proper consent to be taken by the PG /Resident / Faculty incharge explaining the details about the procedures and Post-Op complications will be taken.
9. Patient will pay necessary bill amount for specialized surgery before the day of surgery to avoid inconvenience.
10. Surgical Site marking is mandatory.
11. Special consent will be taken by PG/Resident/Faculty incharge in case of organ removal.
12. Admission to surgical ward / I.C.U is subject to availability of vacant bed in concerned urology unit.
13. Patients who are utilizing the schemes like Yeshaswini / CGHS / ESI / Vajpeyee Arogyashree etc., will get approval / necessary clearance before admission.

14. Visiting Hours to all inpatient:

Breakfast: 7.00 A.M to 8.00 A.M

Lunch: 12.00 Noon to 1.00 P.M

Evening: 5.00 P.M to 6.00P.M

Patient Attendant Passes will be issued as and when required.

**(B) OUT-PATIENT DEPARTMENT:**

1. Every patient seen in the OPD must be registered and an OPD card given by the clerk or the house officer, concerned.
2. The OPD consultation will be organized in such a way that there is continuity of treatment to the patient from the outdoor to the indoor.
3. OPD dispensary, X-ray department and laboratory will be located so as to conform to patient flow. Their timings will be prominently indicated.
4. Proper seating will be arranged for OPD patients.
5. Doctor incharge of OPD and the Staff Nurse incharge of OPD will frequently take rounds to ensure smooth working of the OPD.
6. All investigation request forms will be adequately stocked in the OPD.

**(C) MINOR OPERATING THEATRE:**

1. A list of minor operations undertaken in the minor OT will be prominently exhibited outside the theatre.

**(D) OPD LABORATORY:**

1. The work of the department will be organized by appointment system and / or on day and time of sample collection.
2. Laboratory investigations will be made only with reference to the prescriptions of the concerned unit doctors.
3. It will be ensured that charges where liveable are paid first before investigations are done.
4. Types of investigations done in the OPD laboratory will be prominently exhibited.

**(E) OPERATING THEATRES:**

1. Duties of all categories of staff working in the Operation theatres, recovery rooms will be specified and exhibited.
2. Duty roster of Nurses and House Keeping staffs will be prepared by the Nursing Superintendent incharge of operation theatre.
3. All the staff working in the operation theatres will be given periodical exposure to aseptic procedures practiced in the hospital.
4. Operating list for the next day will be consolidated at about 3.00 P.M. in the afternoon of the previous day and prominently exhibited on the notice boards of the theatres.
5. Arrangements will be made for informing the relations of patients about the progress of the operations if necessary.
6. In case of death of a patient on the operating table, the medical Superintendent will be informed by the officer incharge theatres for holding an immediate enquiry and for taking into his custody all relevant records of the case.
7. In the case of postponement of scheduled operations for reasons other than medical, the same will be explained to the patient by the unit head and documented in the case sheet. The Unit head will send a weekly report to the chief of the hospital together with reasons.
8. The head of anaesthesia department will clearly issue written administrative and technical instructions for dealing with emergency operation as well as daily scheduled operations. He would also specify ward and theatre responsibility for preparing patients.
9. Consent for operations and for anaesthesia to be administered will be obtained from the patient or from the nearest relation in case of unconscious patients by the Resident/Faculty in the prescribed form and attached to the case sheet. If no consent is forthcoming, the surgeon concerned will decide the matter on merits of the case. In the case of a minor, written consent of either of the parents or the guardian of the patient is essential.
10. Mobile C-Arm will promptly be made available to operating theatres on request.
11. The following documents will be maintained in the operating theatres and recovery rooms as the case may be:

- i) Surgery register
- ii) Anaesthesia Register
- iii) Sterilisation Inventory of articles and equipment
- iv) Indent books for expenditure and non-expendable stores
- v) Planned preventive maintenance schedules
- vi) Linen account

**(F) RADIOLOGICAL SERVICES:**

1. This service will be organized conforming to work flow. Congestion of patients at any point of time or place will be avoided.
2. Duty roster will be prepared by the senior technician designated for the purpose by the officer incharge of the department and prominently exhibited and will be available for patients perusal.
3. The officer incharge of radiological service will issue clear instructions in easily understandable language regarding preparation of patients for examination or X-ray.
4. The officer incharge will have control of all X-ray machines located in the hospital. He will take particular care to see that all portable X-ray machines are in working order all the time.
5. The technicians will be familiar with routine maintenance of X-ray machines.
6. The doctors viewing the films will indicate on the report whether the exposure was satisfactory. If unsatisfactory, he will inform in writing to the officer incharge of the department who will record the fact in the confidential dossier of the technician concerned, if warranted.
7. Instructions of the Atomic Energy Commission relating to radiation protection will be faithfully compiled with.
8. Storage of exposed X-ray films will be so done that retrieval of the required film is easy and quick. It is advisable that time limits are laid down for the destruction of unwanted films taking into consideration local requirements.
9. MLC X-Ray films taking into consideration local requirement.
10. Radiation warnings will be maintained.
11. Special Investigations and Interventions will be done on prior appointment.

12. X-ray will be taken of OPD cases, particularly of the concerned department with reference to the prescription of the hospital doctors / faculty.
13. It will be ensured that charges where leviable are paid before procedures are undertaken.
14. Nursing staff or a female attendant will be present when X-ray of the female patients are taken.
15. Facilities about various radiology & imaging carried out in the department will be prominently exhibited.
16. The following documents will be maintained in the department:
  - i) X-ray register
  - ii) Inventory of non-expendable stores and equipment
  - iii) Linen inventory
  - iv) Film account
  - v) Expendable stores account
  - vi) Indent books

**(G) LABORATORY SERVICES:**

1. No test will be conducted in the laboratory without a written requisition of a Unit Head/PG/resident. Whosoever sends the requisition will print his name and designation and sign thereon. He will also indicate therein clinical notes of the patient in brief.
2. Requests for laboratory tests for emergency cases will be attended to expeditiously. Faculty / Technicians of the division will see that this facility is not misused by wards and our patient departments. For this purpose he will arrange periodical discussions with the clinical staff particularly in the junior ones.
3. Laboratory reports will be signed by the person who did the procedure and countersigned by the faculty concerned.
4. Responsibility for rendering reliable laboratory reports tests totally on the Faculty / Technician who does the procedure.
5. It is desirable to organize refresher course for all technicians periodically to keep them well informed in the advancement of laboratory practices.

6. Technical procedure manuals will be written for standardizing laboratory techniques. Instructions for preparing the patients will be prepared in easily understandable language.
7. It is desirable that technicians are rotated in the various disciplines of the laboratory periodically so that they may gain all round experience.
8. Procedure for collection of laboratory charges where leviable will be streamlined and made convenient for the patients.
9. In the interest of efficiency, automation will be introduced wherever possible.
10. Distribution of laboratory reports will be systematized to ensure that no report is misplaced for lost and the practice of giving duplicate copy of the report is minimized.
11. Preventive maintenance of all laboratory equipment will be done wherever possible.

#### **(H) MEDICAL RECORDS**

1. The organization of this department will be divided into various desks as follows:
  - i) Central admitting and enquiry services
  - ii) Census of inpatients
  - iii) Assembly of records
  - iv) Typing out discharge list of internal use
  - v) Admission and discharge statistical analysis
  - vi) Completing of records
  - vii) Coding of disease and operative procedures
  - viii) Indexing- diagnostic and operations coding
  - xi) Filing
2. Court summons for production of medical records will be honored. This is the responsibility of the concerned department.
3. The department will compile a monthly report of medical statistics required by hospital administration.
4. The department will assist the medical staff in their research work when needed.
5. There will be a regular task force for weeding out old records. The minimum recommended period of retention is ten years.

6. This department will not part with their records to any outside agency without permission of hospital administration.
7. Medical records will not be issued to hospital staff indiscriminately. They will be issued only on the written requisition of the Head of departments or hospital administration.
8. This department will not divulge the contents of any medical record to anyone without the permission of hospital administration.
9. Doctors only will be competent to sign the report/certificates. All other routine certificates like death certificate may be signed by a trained medical record officer if they do not infringe any statutory requirement.

## CHAPTER – V

**The rules, regulations, instructions, manuals and records held by Institute under its control and used by its employees for discharging its functions;**

### **RULES AND REGULATIONS :**

1. The Karnataka Societies Registration Act 1960 and Rules 1961
2. Institute of Nephro-Urology (Society) Rules & Regulations and Bye-laws of the Institute.
3. Karnataka Civil Service Rules
4. Karnataka Financial Code
5. Karnataka Tender Transparency in public procurement act 1999 and rules 2000.
6. Karnataka Government Servants (Medical Attendance) rules 1963.
7. Rajiv Gandhi University of Health Sciences – Curriculum regulations for postgraduate sciences in Urology and Nephrology.
8. National Board of Examinations, New Delhi and its guidelines
9. Medical Council of India regulations
10. Medical Ethics (Medical Council of India)
11. Income Tax act
12. Sales Tax act
13. Customs act
14. Foreign contribution maintenance act
15. Abolition of Contract Labour act
11. Minimum wages act
12. Government orders issued in respect of reservation for appointments and for education under article 16(4) and 15(4) respectively.
13. Hand book of office procedure
14. Hospital manual " "

## CHAPTER – VI

### **A statement of the categories of documents that are held by Institute and under its control**

1. Attendance of PG's, Doctors, Paramedical, Ministerial & other employees.
2. From & To Register
3. Stamp Register
4. Case Register
5. Files pertaining to various compilations (Establishment, Purchase, Accounts, Audit & Affiliation)
6. Files pertaining to Property (Land & Building) of the Institute
7. Cash Book / Cash Voucher File/ Letter/Receipts and Payment Book.
8. Aquittance Roll
9. Recovery Register
10. Bank Reconciliation Register
11. Quarterly Financial Reports
12. Audited Statement of Accounts File
13. Register of Assets
14. Register of valuables
15. Measurement Books
16. Bill Register
17. Receipt Books
18. E.S.I. Stoppage File
19. Chief Minister Medical Relief's Fund Register File/CMMRF cash book/Ledger Receipts & Payment Book
20. Donations Accounts
21. Furniture Stock Book Register
22. Stationery Stock Book Register
23. Linen Stock Book Register

24. Library Stock Register
25. Tender Opening proceedings register
26. EMD & Security Deposit Register
27. Log Book of Vehicles
28. Log Book of Generators
29. Governing Council Meeting Proceedings File
30. Finance Committee Meeting Proceedings File
31. Building Committee Meeting Proceedings File
32. Tender Inviting & Tender Accepting Proceedings File
33. Selection Committee Proceedings File
34. Teaching Programme Register
35. Increment Register
36. Service Books of Officers and Employees
37. Biomedical Waste Management file
38. Pollution Control Board Authorization file
39. MCI recognition file

**O.P.D.**

40. Out Patient Register
41. OPD Doctors Register

**I.P.D.**

42. In Patient Register
43. Register of Major Operation
44. Register of Minor Operation/Diagnostic procedure

**LABORATORY**

45. Laboratory Examination Register

46. Inventory of Non-Expenditure Stores and Equipments
47. Indent Books

### **RADIOLOGY**

48. X-Ray Register
49. Ultra Sonography Register
50. Indent Books
51. Film Account

### **PHARMACY**

52. Stock Register of Drugs
53. Drugs Issue Register
54. Stock Register of Lab Chemicals
55. Lab Chemicals Issue Register
56. Stock Registers of Equipments & Apparatus
57. Stock Verification Return File
58. Indent Books

### **MEDICAL RECORD DEPARTMENTS**

59. Case Record File of In-Patient
60. Completed Returned Out Patient Registers
61. Completed Returned In Patient Registers
62. Census of In-Patients
63. Completing of Records
64. Coding of Diseases
65. Indexing – Diagnostic Coding
66. Medico Legal Cases
67. Statistics (Monthly & Yearly)

68. Register of Absconding Patients
69. Death Register

## **WARDS**

70. Indent Book
71. Ward Inventory of Furniture
72. Ward Inventory of Equipments
73. Ward Inventory of Linen
74. Death Register
75. Medico Legal Cases Register

## **CHAPTER – VII**

**The particulars of any arrangement that exists for consultation with, or representation by the members of the public in relation to formulation of its policy or administration thereof;**

Suggestion boxes are exists in prominent places of the hospital to receive representation by the members of the public.

## CHAPTER – VIII

**A statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part of the purpose of its advise, and as to whether meetings of those boards, councils , committees and other bodies are open to the public, or the minutes of such meetings are accessible for public.**

### **(1) GOVERNING COUNCIL:**

The Administration of the Institute shall be vested in the Governing Council and the following members are part of the committee.

- |        |  |               |
|--------|--|---------------|
| (i)    | Hon'ble Chief Minister of Karnataka,<br>Vidhana Soudha, Bangalore                            | Chairman      |
| (ii)   | Hon'ble Minsiter for Medical Education, Vidhana Soudha, Bangalore                            | Vice-Chairman |
| (iii)  | Principal Secretary / Secretary to Government, H.F.W, Department, M.S. Building, Bangalore   | Member        |
| (iv)   | Principal Secretary / Secretary to Government, Finance Department, Vidhana Soudha, Bangalore | Member        |
| (v)    | Secretary, Medical Education, Vidhana Soudha, Bangalore                                      | Member        |
| (vi)   | Commissioner of Health Services, Anand Rao Circle, Bangalore.                                | Member        |
| (vii)  | Director of Medical Education, Anand Rao Circle, Bangalore.                                  | Member        |
| (viii) | Director of Health Services  | Member        |
| (ix)   | Three members to be nominated by the Chairman in   |               |

consultation with the Director  
of the Institute.

- |     |   |                  |
|-----|---|------------------|
| (x) | Director, Institute of Nephro-Urology, Victoria Hospital Campus | Member Secretary |
|-----|---|------------------|

**(2) FINANCE COMMITTEE:**

**The members of the committee are as following:**

- |       |   |                  |
|-------|---|------------------|
| (i)   | The Commissioner and Principal Secretary, Finance Department Government of Karnataka<br>Vidhana Soudha,<br>Bangalore - 560 001. | Chairman         |
| (ii)  | One nominee of the Secretary to Government, Medical Education Department.   | Member           |
| (iii) | One nominee of the Secretary to Government, Planning Department.  | Member           |
| (iv)  | Director of Medical Education   | Member           |
| (v)   | Director, Institute of Nephro-Urology, Bangalore-02.  | Member Secretary |

**(3) BUILDING COMMITTEE :**

**The members of the committee are as following:**

- |    |   |          |
|----|---|----------|
| 1. | Principal Secretary / Secretary to Government Health & Family Welfare Department, Medical Education, Government of Karnataka, Vidhana Soudha, Bangalore – 01. | Chairman |
| 2. | Superintending Engineer,  | Member   |

PWD Building Circle, K.R.Circle,  
Bangalore.

- |    |   |                     |
|----|---|---------------------|
| 3. | Deputy Secretary to Government<br>Finance Department Vidhana Soudha<br>Bangalore. | Member              |
| 4. | Architect In-Charge of works  | Member              |
| 5. | Director,<br>Institute of Nephro-Urology,<br>Bangalore                            | Member<br>Secretary |

\* The meetings of these boards, councils, committees and other bodies are not open to the public, but the minutes of such meetings are accessible for public.

# INSTITUTE OF NEPHRO-UROLOGY, VICTORIA HOSPITAL CAMPUS, BANGALORE-02.

## ORGANIZATION CHART

