

NEW HOSPITAL POLICY

INTRODUCTION:

The need to improve on the quality of care given to patients and the level of monitored outcome has informed the formulation of this policy document. This document will help to foster the principles and values of SERVICOM.

ADMISSIONS

All patients eligible for and requiring or seeking admission should be given the opportunity to do so provided that they meet all the necessary admission requirements.

ADMISSION GUIDELINES

All admissions should be done by any doctor on duty subject to the supervision of a Senior Register and should be endorsed by the unit/firm's Consultant.

Admissions during calls, weekends and holidays should be brought to the notice of the consultant in-charge before such admission process is completed. This should be done within 24 hours.

- The hospital rules, regulations and policies for admission must be followed by all professionals/support staff involved in the process.
- All admission paper work/documents (including legal documents) must be completed by all attending professionals/support staff before admission is effected.
- All patients being admitted should be properly searched for prohibited/dangerous items such as: Valuables, cash, personal effects, knives etc. These items should be retrieved from them with appropriate documentation of valuables for safe keeping while dangerous items are appropriately discarded.
- The admitting nurse should ensure that rules and requirements specific to certain wards (e.g. Child & Adolescent, DATER I & II) are strictly adhered to:
- Admitting doctor must carry out a thorough physical examination (apart from THE usual mental state examination) before concluding the admission process.
- Visitation should be open. Relatives should be allowed to visit anytime between the hours of 8.00am. – 7.00p.m provided that ward activities such as ward rounds are not ongoing or disrupted.

DISCHARGES

- All discharges shall be preceded by a documentation of the final diagnosis and a summary of the case and treatment at discharge to be done by the unit/firm's doctors. A pro forma for this shall be provided in each case file.

- Case files/drug charts of all discharged patients shall be sent to revenue/pharmacy for assessment to determine final bill/and or indebtedness.
- In the event that the bill is not wholly paid, the level of indebtedness should be documented on the case file and the backup debtor database (mentioned elsewhere in this document) with the accounts and clinical services departments.

ESCAPEES

- In the event of escape from the ward, the patient shall **not** be re-admitted until a clinical re-evaluation by the doctors' in-charge/doctor on call.
- Escapee beds are to remain open for a maximum of 72hours (i.e. 3 days) before being declared vacant.
- The files of escaped patients should be assessed for indebtedness. Indebted escapees should pay up debts before re-admission.
- Processing escaped patients cases:
 - Escape from the ward must be reported immediately by the nurse on duty to a supervising/superior nurse and the doctor on call.
 - The doctor on call should inform the consultant in charge for onward transmission to the HOD Clinical Services and Medical Director.
 - The supervising/superior nurse in charge should report to the HOD, Nursing Services Department for onward transmission to the Medical Director.
 - A search for the escaped patient should be conducted by nurses with assistance of the security unit.
 - An escapee form should be filled by the supervising nurse. The form shall be in triplicates.
 - A copy of the form shall be taken to the Public Relations Unit of the MD's Office for processing.
 - The nurse/supervising nurse, social workers and the PRO shall report the case to the police.
 - The duplicate shall be sent to the social welfare unit. The social welfare unit shall make contact with relatives with a view to informing them and determining whether or not patient arrived home.

CORRESPONDENCE FOR PATIENTS

In view of the increasing volume of request for letters/medical reports, it has become necessary to review the procedure vis-à-vis the cost of the service to make it more effective and efficient.

- All medical reports, transfer letters should be requested formally by the patient/care givers via a letter of request duly signed and MUST contain the name of the patient, the case file number and a contact telephone number(s).
- If next of kin or other caregivers are requesting medical reports and transfer letter on behalf of the patient, they MUST fill the caregiver/next of kin/Relatives Medical Report form.
- The next of kin/caregiver should provide proof of identification such as National ID, Driver's License, International Passport and a passport size photograph.
- The request letters should be addressed to the medical director and submitted at the office of the Medical Director or Head, Clinical Services Department (as the case may be) after making appropriate payments.
- The request letters must be submitted along with a copy of the receipt of appropriate payment.
- The HOD Clinical shall sort and process such requests
- All Forensic/Police/Prison related requests shall be referred to the Medical Director's Office for further vetting before processing.
- Referral letters made necessary because of organic illness, may be initiated by the supervising consultant without a request by patient/relatives. This is especially for in-patients/outpatients. This is not a paid for service.
- Referrals from the emergency unit for patients who are yet to be clerked should be via a pro forma. The pro forma can be rapidly filled in duplicates for emergency referral from emergency unit, especially on weekends, calls and public holidays.

REFERRALS

1. All patients coming to Emergency and Assessment (E and A) should be screened by a doctor with the E and A pro forma for a provisional diagnosis and to determine if eligible/suitable for further clinical assessment towards admission or otherwise.
2. Patients with gross systemic or surgical organic features should be referred appropriately after proper psycho education of patients and care givers on the need for the referral.
3. Patients on admission who are diagnosed with organic/surgical problems deemed to be beyond the resources (i.e. beyond the expertise/ facilities) of the hospital should be referred after endorsement of the unit/firm's consultant.

REPATRIATIONS

1. If patients are granted leave, the nurse on duty should inform the social welfare unit. The social welfare unit shall inform the care givers within 24hrs.
2. Patients not taken away by the care givers after one week of being granted leave shall be eligible for repatriation.
3. All patients living in Benin City and its environs shall be repatriated after one week of being granted leave if the care givers are not forthcoming.
4. Patients living outside Benin City but within 100km radius from the hospital (e.g Warri, Auchi, Sapele, Ughelli, Iguobazuwa, Udo, Agbor, Ekpoma, Agenebode etc) shall be repatriated after 2 weeks on failure of the care givers to take such patient(s) away.
5. Patients living outside Edo state shall be eligible for repatriation after 3 weeks of being granted.
6. The appropriate repatriation fees shall be charged to repatriated cases.
7. Patients previously repatriated shall be tagged as such and subsequent re-admission MUST be endorsed by the consultant in charge of the case before admission process(es) are completed.
8. If a patient has been previously repatriated 2 or more times, subsequent readmissions MUST be endorsed and assented to by the Head of clinical services department before admission process(es) are completed.
9. Patients unable to pay the monthly charges for hospital stay shall be repatriated after a maximum of two (2) weeks of default.

PAYMENTS/FEES FOR REPORTS AND LETTERS

- | | |
|--|--------------|
| ➤ Regular letters/medical reports | – ₦2,000.00 |
| ➤ Forensic/Prison/Police reports/letters | – ₦5,000.00 |
| ➤ International letters/reports | – ₦10,000.00 |
- All letters shall be vetted and reviewed by the consultant in-charge of the patient. The letters shall be written in triplicates: the original copy shall be collected by the patient, duplicate in the patient's file and the triplicate in the hospital's medical file for record purposes.
 - All patients requesting for letters/reports must have their case file assessed for debts verification which they must offset before becoming eligible for any such letter/report.
 - Letter from criminal/civil justice system shall be written without application of above fees.

Note: For cases requiring court appearance as expert witness, the following charges shall apply

- Within Benin City – ~~N~~10,000.00 per appearance
- Outside Benin City – ~~N~~25,000.00 per appearance (Southern States)
- Northern States – ~~N~~35,000.000 per appearance

DEBTORS AND DEBT MONITORING

There should be a renewed and concerted effort to entrench a culture of speedy, consistent and sustainable debt monitoring and recovery approach by all professionals/staff of the hospital. This has become imperative against the backdrop of a rising debt profile among hospital patients.

- There shall be a debt monitoring and recovery team/unit/committee to be drawn up by the Medical Director.
- The team shall be responsible for monitoring and recovering of monies owed the hospital by patients.
- The current practice of assessing case files and documenting the credit/debit state on the back page alone should be modified as follows:
 - The details should be on the back page but also reflected on a backup register of patients to be kept by both the accounts and Clinical Services Department.
 - An electronic data sheet of debtors should be maintained by the accounts and Clinical Services Department, which can easily access debtor's history. It shall be a searchable database.

REVIEW OF HOSPITAL CHARGES

The last review of hospital charges was in 2009. In view of the inflationary trends in the country resulting in higher costs of running the hospital, it is imperative to review charges/fees

Proposed New Charges and Fees

The new charge regimen should be broken down into unit charged and to daily charges

Admission fee

Please note that the deposit is not refundable. It should be included in the signed document. Initial deposit should be for a month, which will include:

| BREAKDOWN OF ADMISSION FEES | | |
|------------------------------------|---|-------------------|
| Feeding fees | – ₦600 per day x 30 days | ₦18,000.00 |
| Bed fees | – ₦500 per day x 30 days | ₦15,000.00 |
| Laboratory fees | - ₦ 3,000.00 deposit | ₦3,000.00 |
| Psychotherapy fees | – ₦ 2,000.00 per month | ₦2,000.00 |
| Occupational therapy fees | – ₦ 1,500.00 per month | ₦1,500.00 |
| Laundry fees | – ₦ 750.00 per month | ₦ 750.00 |
| Professional fees | – ₦ 3,000.00 per month | ₦ 3,000.00 |
| ECT fees | – ₦ 500.00 per session x 4 = ₦ 2,000.00 per month | ₦ 2,000.00 |
| Service charge | – ₦ 800.00 per month | ₦ 800.00 |
| Case note fees | – ₦ 1,000.00 | ₦ 1,000.00 |
| Repatriation fees | ₦3,000.00 (Benin) ₦10,000.00 (Southern States) ₦15,000.00 (Northern States) | ₦3,000.00 |
| Security deposit | – ₦5,000.00 | ₦5,000.00 |
| Drugs | – ₦7,000 deposit | ₦7,000.00 |
| TOTAL | | ₦62,050.00 |

- Initial admission deposit should be the calculated fees spanning One (1) month i.e. – ₦62, 050.00.
- After the first one month, patient shall be required to pay the sum of ₦46,500.00 monthly (see breakdown below) until discharge when a final assessment shall be done.

| COST BREAKDOWN (AFTER FIRST ONE MONTH) | (₦) |
|---|------------------|
| ○ Feeding } ○ Bed } | 33,000.00 |
| ○ Psychotherapy | 2,000.00 |
| ○ O. T. fees | 1,500.00 |
| ○ Professional fees | 3,000.00 |
| ○ Drugs | 7,000.00 |
| TOTAL | 46,500.00 |

- Patients unable to pay the monthly fee after two (2) weeks into the new month shall be repatriated.

OUTPATIENT CHARGES

- Case notes - ₦800.00
- Consultation fees - ₦200.00 per visit

FEEES FOR DRUG ABUSE TREATMENT EDUCATION AND RESEARCH

(DATER) OUT-PATIENT SERVICES

| S/NO | DATER OUT-PATIENT SERVICES | CURRENT CHARGES (₦) |
|-------------|-----------------------------------|----------------------------|
| 1. | REGISTRATION | 1,000.00 |
| 2. | OCCUPATIONAL THERAPY ASSESSMENT | 1,500.00 |
| 3. | PSYCHOTHERAPY | 5,000.00 |
| 4. | PROFESSIONAL FEES | 8,000.00 |
| | TOTAL | 15,000.00 |

EMERGENCY

The maximum period of stay in the emergency unit is 72 hours.

| | EMERGENCY TREATMENT CHARGES | BREAKDOWN OF CHARGES |
|-------|------------------------------------|--|
| DAY 1 | ₦2,400.00 | ₦ per day for feeding ₦500 per day for bed ₦300 for utility ₦1,000 for professional charges |
| DAY 2 | ₦1,400.00 | ₦600 per day for feeding ₦500 per day for bed ₦300 for utility |
| DAY 3 | ₦12,400.00 | ₦600 per day for feeding ₦500 per day for bed ₦300 for utility |

CHILD AND ADOECENT (C&A) FEE CHARGES

| DAY | CHARGES | BREAKDOWN OF CHARGES |
|------------|----------------|---|
| 1 | ₦1,600.00 | ₦600.00 per day for feeding ₦500.00 per day for bed ₦500.00 per day for professional fees |
| 2. | ₦1,100.00 | ₦600.00 per day for feeding ₦500.00 per day for professional fees ₦300.00 per day for utility |
| 3. | ₦1,400.00 | ₦600.00 per day for feeding ₦500.00 per day for bed |

| | | |
|--|--|-----------------------------|
| | | ₦300.00 per day for utility |
|--|--|-----------------------------|

DAY ADMISSION FEES/CHARGES FOR THE CHILD AND ADOLESCENT UNIT

₦800.00 (Eight Hundred Naira) per day, between the hours of 8.00 a.m. – 4.00 p.m., Mondays – Fridays **ONLY**.

- These charges do not include drugs (Patients are to obtain drugs at the hospital's Pharmacy)
- If a patient needs to stay beyond 72 hours, then he/she must be admitted into the wards or proceed on home treatment or referral as appropriate.

DOMICILIARY SERVICES (HOME VISITS)

- Patients within Benin City - ₦10,000 per visit
- Patients within Benin City - ₦15,000 per visit and for evacuation to hospital
- Medications (when necessary) - ₦3,000 per sedation

EEG CHARGES

| S/NO | CATEGORY OF PATIENT | CURRENT CHARGES |
|------|-------------------------|-----------------|
| 1. | IN-PATIENTS (ADMISSION) | ₦5,000.00 |
| 2. | OUT-PATIENTS | ₦ 7,500.00 |
| 3. | CORPORATE BODY | ₦12,000.00 |

ECG TEST FEES

| S/NO | CATEGORY OF PATIENT | CURRENT CHARGES |
|------|---------------------|-----------------|
| 1. | IN-PATIENTS | ₦2,000.00 |
| 2. | OUT-PATIENTS | ₦2,000.00 |

OCCUPATHIONAL THERAPY ASSESSMENT/TEST FEES

| S/NO. | CATEGORY OF PATIENT | CURRENT CHARGES |
|-------|---|-----------------|
| 1. | Assessment for both Child and adolescent, Adult | ₦2,000.00 |
| 2. | O.T. for both Adult Patients | ₦7,000.00 |
| 3. | O.T. for Child and Adolescent | ₦4,000.00 |

CLINICAL PSYCHOLOGY UNIT/PSYCHOLOGICAL TEST/ASSESSMENT FEES

1. I.Q. Assessment

- WAIS – III - ₦2,500.00
- WISC – IV - ₦2,500.00

| | | |
|----------|---|-----------------------|
| KBIT | - | N 2,500.00 |
| WPPSC | - | N 2,500.00 |
| VINELAND | - | N 4,000.00 |

2. Personality Assessment

| | | |
|-----------------------|---|-----------------------|
| MMPI – 2 | - | N 2,500.00 |
| MMPI – A | - | N 2,500.00 |
| MCMII – III | - | N 2,500.00 |
| All other assessments | - | N 2,500.00 |

3. Psychotherapy

| | | |
|-----------------------|---|------------------------------|
| N 500.00 | - | One session |
| N 2,500.00 | - | Block session (six sessions) |

X-RAY UNIT TEST FEES

| S/NO. | TYPE OF X-RAY | PRICE LIST FOR ADULTS N | PRICE LIST OR CHILDREN (0-9 YRS) |
|-------|----------------------------|----------------------------|----------------------------------|
| 1. | FOOT | 1,500.00 | 50% of adult price |
| 2. | FINGER OR HAND | 1,500.00 | -Do- |
| 3. | WRIST OR ELBOW | 1,500.00 | “ |
| 4. | FOREARM | 1,500.00 | “ |
| 5. | CHEST (PA ONLY) | 2,000.00 | “ |
| 6. | ABDOMEN (SUPINE ONLY) | 2,000.00 | “ |
| 7. | KNEE (AP CAT) | 1,500.00 | “ |
| 8. | ANKLE (AP CAT) | 1,500.00 | “ |
| 9. | SHOULDER OR CLAVICLE | 1,500.00 | “ |
| 10. | HEMERUS | 1,500.00 | “ |
| 11. | PELVIS | 3,000.00 | “ |
| 12. | PREGNANT ABDOMEN | 2,000.00 | NA |
| 13. | SINUSES | 2,600.00 | “ |
| 14. | CERVICAL SPINE OR NECK | 2,500.00 | “ |
| 15. | SKULL | 2,600.00 | “ |
| 16. | HIP (AP AND LATERAL) | 3,000.00 | “ |
| 17. | CHEST (PA AND LATERAL) | 4,000.00 | “ |
| 18. | TIBIA AND FIBULA OR LEG | 2,800.00 | “ |
| 19. | ABDOMEN (ERECT AND SUPINE) | 3,000.00 | “ |

| | | | |
|-------------------------------|---------------------------------------|------------------------------------|---|
| 20. | THORACIC SPINE (PA AND LATERAL) | 2,800.00 | “ |
| 21. | LUMBAR SPINE (PA AND LATERAL) | 2,800.00 | “ |
| 22. | HIP (AP AND LATERAL) | 3,300.00 | “ |
| 23. | PELVIS (PA AND LATERAL) | 3,300.00 | “ |
| 24. | THIGH OR FEMUR | 3,800.00 | “ |
| 25. | MANDIBLES | 3,800.00 | “ |
| 26. | MAXILLAE | 3,800.00 | “ |
| 27. | JAWS | 3,800.00 | “ |
| 28. | MASTOIDS | 3,800.00 | “ |
| S/NO. | TYPE OF X-RAY | PRICE LIST FOR ADULTS N | PRICE LIST OR CHILDREN (0-9 YRS) |
| 29. | PELVIMETRY | 3,800.00 | “ |
| 30. | T.M.J. (MANDIBLES PLUS & EXTRA FILMS) | 5,500.00 | “ |
| 31. | REPLACEMENT OF MISSING REPORT | 500.00 | “ |
| SPECIAL INVESTIGATIONS | | | |
| 32. | MAMMOGRAM | 5,500.00 | “ |
| 33. | HYSTEOSALPINGOGRAM | 12,000.00 | “ |
| 34. | BARIUM MEAL OR SWALLOW | 12,000.00 | “ |
| 35. | BARIUM MEAL WITH FOLLOW THROUGH | 14,000.00 | “ |
| 36. | BARIUM ENEMA | 15,000.00 | “ |
| 37. | INTRAVENOUS UROGRAM | 15,000.00 | “ |
| 38. | CYSTOURETHROGRAM | 13,000.00 | “ |
| 39. | MICTURATING CYSTOURTHROGRAM | 13,000.00 | “ |

MEDICAL LABORATORY PRICE LIST

| S/NO. | TYPES OF INVESTIGATION | PRICE IN NAIRA N |
|--------------|-------------------------------|-----------------------------|
| 1. | FBC | 1,200.00 |
| 2. | URINALYSIS | 600.00 |

| | | |
|--------------|-------------------------------|-----------------------------------|
| 3. | BISPOT I & II | 1,000.00 |
| 4. | FBS | 800.00 |
| 5. | TOXICOLOGY SCREENING | 4,500.00 |
| 6. | M.P | 500.00 |
| 7. | RBS | 800.00 |
| 8. | E/U/CR | 2,300.00 |
| 9. | LFT | 2,000.00 |
| 10. | CHOLESTEROL | 1,500.00 |
| 11. | LIPID PROFILE | 6,000.00 |
| 12. | PCV | 400.00 |
| 13. | WIDAL TEST | 800.00 |
| S/NO. | TYPES OF INVESTIGATION | PRICE IN NAIRA ₦ |
| 14. | SERUM CALCIUM | 1,000.00 |
| 15. | URINE M.C.S | 1,000.00 |
| 16. | ESR | 500.00 |
| 17. | PHOSPHATE | 1,000.00 |
| 18. | STOOL M/C/S | 1,200.00 |
| 19. | SPUTU M/C/S | 1,500.00 |
| 20. | HVS M/C/S | 1,200.00 |
| 21. | 2 HPP | 800.00 |
| 22. | BLOOD GROUPING | 800.00 |
| 23. | HB ESTIMATION | 400.00 |
| 24. | WOUND SWAB | 1,200.00 |
| 25. | PREGNANCY TEST | 500.00 |

CLINICAL ATTACHMENT/PRACTICUM FEE

- 1) Resident Doctors - ₦5,000.00 per Doctor per week
- 2) Postgraduate Students - ₦2,500.00 per student per week
- 3) Undergraduate Students - ₦1,000.00 per student per week

ETHICAL CLEARANCE FEES

- 1) Undergraduate Students - ₦1,000.00 per student per topic
- 2) Postgraduate Students - ₦2,000.00 per student per topic

RELATIVE/CAREGIVER MEDICAL REPORT FORM

Attach
Passport
Photograph
here

This form should be filled by relatives and caregivers of patients by providing the information below.

Payment Receipt No.....

Date of Application:.....

Full Name of Patient: _____ Patient's File No: _____
(Surname)

Age: _____ Sex: Male Female

Name of Relative/Caregiver: _____

Occupation: _____

Home Address: _____

Office Address: _____

GSM 1: _____ GSM 2: _____

Email: _____

Relationship to patient _____

Reason for requesting report: _____

Name and Address of Recipient of report (e.g. School, hospital, embassy, law firm etc):

Mode of Identification (as applicable)

- International Passport
- Driver's Licence
- National ID Card

Signature/Date