



UNIVERSITY OF KABIANGA
ISO 9001:2015 BASED QUALITY MANAGEMENT SYSTEM
PROCEDURE ON PROVISION OF HEALTH SERVICES
REF: UoK/PM/MR/016

1.0 GENERAL

1.1 PURPOSE

To ensure effectiveness and consistency in the provision of health care services in University of Kabianga.

1.2 SCOPE

Applies to the provision of health services at University of Kabianga.

1.3 REFERENCES

- a) Quality Manual – UoK/QM/MR/002.
- b) University of Kabianga Terms and Conditions of service
- c) Current University of Kabianga Students Handbook

1.4 TERMS AND DEFINITIONS

- a) **Clerk:** Process of taking client history, physical examination, with the aim of coming up with diagnosis.
- b) **Diagnosis:** Process of determining the nature of a disorder by considering the client's signs and symptoms medical background and results of laboratory tests.
- c) **Investigations:** procedures/tests carried out to determine the cause of disorder.
- d) **clients-** students, staff, staff dependents' seeking health services
- e) **Identification:** the client produces the Identification card, whereas the dependent is confirmed from the staff dependent data.

1.5 PRINCIPAL RESPONSIBILITY

The Head of health services shall ensure adherence to this procedure

2.0 STEPS

- 2.1 This procedure shall start with the head of health services preparing the health unit's procurement plan before the beginning of any financial year
- 2.2 In preparing the procurement plan, the head of health services shall be guided by;
 - a) Epidemiology of disease pattern
 - b) Client population
 - c) Approved unit budget
 - d) Report from the Pharmacy on drug stock
- 2.3 The head of health services shall submit the procurement plan to the procurement section for incorporation in the University procurement plan
- 2.4 On receipt of the approved procurement plan the head of health services, shall plan with UoK clinics departments for implementation.

- 2.5 At the beginning of every semester, the head of health services shall raise a requisition of the required drugs, medical tools and equipment for the semester.
- 2.6 On arrival of the client at the clinic, the records clerk shall ask the client to produce identification card.
- 2.7 Upon identification, the records clerk shall retrieve the client file. On retrieval / opening, the records clerk shall refer the client to the medical officer on duty for taking of, where applicable, vital signs including blood pressure, temperature, pulse and oxygen and weight.
- 2.8 Upon taking vital signs, the medical officer on duty shall *clerk* the client and record in the patient continuation /progress form. *See 3.2 for a patient history and progress form.*
- 2.9 On *clerking*, if the client requires any investigation the medical officer on duty shall refer the client to the laboratory with a duly filled laboratory request form. *See 3.3 for sample laboratory request form.*
- 2.10 The laboratory technician shall undertake investigative procedure on the client and refer the client back to the nurse on duty with the results.
- 2.11 On clerking /receipt of results from the laboratory the medical officer on duty shall review the client with results and makes a diagnosis and the treatment plan which may include;
- a) Making of prescription
 - b) Referral
- 2.12 In case of prescription, the medical officer on duty shall fill the prescription form and refer the client to the pharmacy/pharmacist for drug dispensation. *See 3.4 for a sample prescription form.*
- 2.13 In the event the drug/drugs are not available the client shall be advised to purchase the drugs and fill in a medical expense claim form and attached prescription and receipts (*see 3.5 for a sample of medical expense form*)
- 2.14 Upon filling the medical claim form, it is counter signed by the HOD (medical officer) then forwarded to finance for processing.
- 2.15 In case of referral the medical officer on duty shall fill the referral form to the relevant approved hospital by the University and capture referral in the referral book. *See 3.6 for sample referral form and 3.7 sample page format of referral book.*

- 2.16 In case of a client seeking services and is not within the approved hospitals. The client shall seek consent from the medical officer on duty upon which it shall be recorded on the occurrence book. This shall be used for verification on medical claims.
- 2.17 In case a client requires a medical sick – off, the medical officer shall issue him/her with a sick – off sheet with copies to the Head of Department, Human Resource Office/Dean of Students Office and Medical file. *See 3.8 for a sample sick off sheet.*
- 2.19 For emergency referral the following shall be done;
- a) *Students shall be referred to district hospital using the university ambulance or any other appropriate means and incurred expenditure in the Hospital shall be met by the parent / guardians as per UNIVERSITY OF KABIANGA students' handbook.*
 - b) *Staff and their dependants shall be referred to an approved hospital using the college ambulance or any other appropriate as per the University of Kabianga terms and conditions of service.*

NB Any sick – offs awarded by other external Medical Personnel shall be authenticated by the University Medical Officer

2 APPENDICES**3.1 Daily attendance register page format****UoK/F/HUS/004**

UNIVERSITY OF KABIANGA HEALTH SERVICES DEPARTMENT

DAILY ATTENDANCE FORM FOR STAFF/DEPENDANTS AND STUDENTS

DOCTOR/CLINICIAN.....

DATE.....

DATE	PF NO. /STUDENT NO.	AGE	SEX	DIAGNOSIS	CADRE	REMARKS
1.						
2.						
3.						
4.						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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24						
25						
26						
28						
30						

3.2 Patient history and progress sheet

UoK/F/HUS/005



UNIVERSITY OF KABIANGA
HEALTH SERVICES

HISTORY AND PROGRESS SHEET

NAME

DEPARTMENT

PF/STD/REG.NO.

3.3 Laboratory Request Form

UoK/F/HUS/007



**UNIVERSITY OF KABIANGA
HEALTH SERVICES**

Laboratory Request Form

NAME:

AGE:..... SEX:.....

PF/STD NO.....

BRIEF Hx.....

PROVISIONAL DX.....

SPECIMEN(S).....

INVESTIGATION.....

DATE:..... SIGNATURE.....

3.4 Prescription form

UoK/F/HUS/008



UNIVERSITY OF KABIANGA

**Tel: 0202172665
 Fax: 051-8003970
 P.O. BOX 2030-20200
 KERICHO**

PRESCRIPTION FORM

NAME:

AGE:..... SEX:.....

PF/STD NO:

Date:

R_x

Name: _____

Signature: _____

3.5 Medical expense claim form

UoK/F/HUS/002



**UNIVERSITY OF KABIANGA
HEALTH SERVICE UNIT**

FROM:..... DEPARTMENT:.....

 TO: FINANCE OFFICER DATE:.....

BANK BRANCH.....A/C

RE: REFUND OF MEDICAL EXPENSES

Kindly arrange to refund Kshs..... (Amount in
 words)..... being money spend on purchasing
 drugs/laboratory/x-ray services as per the attached receipts.

Signature..... PF/Admission No. Designation

Pharmacist Comments

Signature

Date.....

APPROVED/NOT APPROVED

Doctor's Signature

Date.....

3.6 Referral register

UoK/R/HUS/006



UNIVERSITY OF KABIANGA

HEALTH SERVICES

REFERRAL REGISTER

S/NO.	DATE	PATIENT NAME	PROVISIONAL DIAGNOSIS	HOSPITAL REFERRED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

3.7 Medical referral form

UoK/F/HUS/001



UNIVERSITY OF KABIANGA

TEL: 020-2172665
 FAX: 051-8003970
 E-MAIL:vc@kabianga.ac.ke

P.O.BOX 2030-20200
 KERICHO

Sr.No

MEDICAL REFERRAL FORM

PART A (To be retained by consultant/hospital)

- i. Staff/Dependant/Student's Name.....Pf/STD NO.....
 Is hereby referred to Prof/Dr/Mr.....Hospital
- ii. Clinical History.....
- iii. Examination finding
- iv. Investigations Done.....
- v. Provisional diagnosis.....
- vi. Present treatment
- vii. Comments.....

REASON(S) FOR REFERRAL

- a) Opinion/Advice.....
- b) Investigations (Specify).....
- c) Further Management.....
- d) For review.....

NAME..... Signature /Stamp..... Date.....

FOR: CHIEF MEDICAL OFFICER

PART B: CONFIDENTIAL REPORT (PART B&C TO BE RETURNED TO UNIVERSITY CLINIC BY PATIENT)

PATIENT'S NAME..... Clinical/Laboratory finding.....	Sr.No. Doctors Name.....
Diagnosis..... Further investigation required (if any)....	Sign..... Date.....
Treatment started	Official rubber stamp
Other Remarks.....	

PARTC: To be attached to medical claim

Sr. No

Staff/Departments Name..... Pf. No.
 Name of Consultant/Specialist.....
 Signature..... Date/Stamp.....

3.8 Sick leave certificate

UoK/F/HUS/006



UNIVERSITY OF KABIANGA

HEALTH SERVICE DEPARTMENT

P. O. BOX 1-20201

KABIANGA

TEL:020172665

SICK LEAVE CERTIFICATE

Date:

This is to certify that

Prof/Dr/Mr./Mrs./Miss..... PF NO. /STD NO.....

DEPARTMENT/FACULTY has been givenDays/Weeks
sick off on account of illness.

For review on.....

CHIEF MEDICAL OFFICER

In Triplicate - Original to Head of Department

- Duplicate to Staff file (Personnel)

- Triplicate to patients file (Clinic)



UoK/F/MR/003

**UNIVERSITY OF KABIANGA
ANNEX INDICATING CHANGES MADE IN THE PROCEDURES**

Proc.No and clause	Date	Details of changes		Comment	Authorizing Officer
		Initial clause details	Current approved clause details		
Proc. 1 cl. 2.8	18/04/13officer on duty for taking of, vital signs.....	...officer on duty for taking of, where applicable, vital signs.....	Approved	
Proc.1 Cl. 2.9	18/04/13Clinical officer.....Medical Officer...	Approved	
Cl. 2.13	18/04/13	.. refer the client to the pharmacy for drug dispensation	----refer the client to the pharmacy/pharmacist for drug dispensation	Approved	
Cl. 2.2	18/04/13	d) Outstanding stock as per the bin cards	d) Outstanding stock as per the bin cards/drug record book	Approved	
Proc. 1 cl. 2.17		-	In case of a client seeking services and is not within the approved hospitals. The client shall seek consent from the medical officer on duty upon which it shall be recorded on the occurrence book .These shall be used for verification on medical claims.	Approved	
Clauses as applicable		Kabiangauniversitycollege@gmail.com	vc@kabianga.ac.ke	Approved	
	18/04/13	Kabianga University College (KUC)	University of Kabianga (UoK)	Approved	
	18/04/13	Principal	Vice Chancellor	Approved	
	18/04/13	Deputy Principal (AP&F)	Deputy Vice Chancellor (A&F)	Approved	
	26/03/2018	ISO 9001:2008 International Standard requirements	ISO 9001:2015 International Standard requirements	Approved	

Approval

I _____ the Vice Chancellor UoK, having read and understood the content of the foregoing document, do hereby approve and authorize it for use in UoK Main Campus and its other Campuses on this _____ day of (Month) _____ (year) _____.

Signed: _____ Date: _____