



Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

AMALA COLLEGE OF NURSING AQAR (2022-2023)



CRITERION 4 – Infrastructure and Learning Resources

**Key Indicator 4.2 – Clinical, Equipment and Laboratory
Learning Resources**

**Metric No. 4.2.2- Number of patients per year treated as outpatients
and inpatients in the teaching hospital for the year**

SUBMITTED TO



National Assessment and Accreditation Council

HOSPITAL MANAGEMENT SYSTEM



Amala COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar, Thrissur – 680 555, Kerala

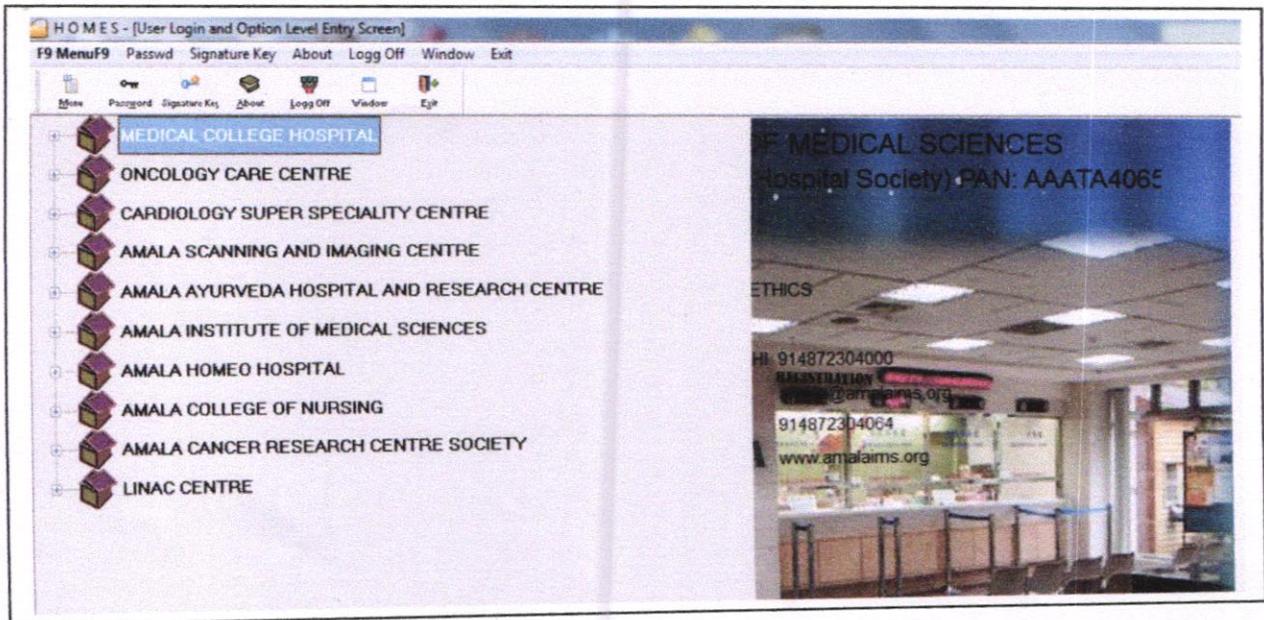
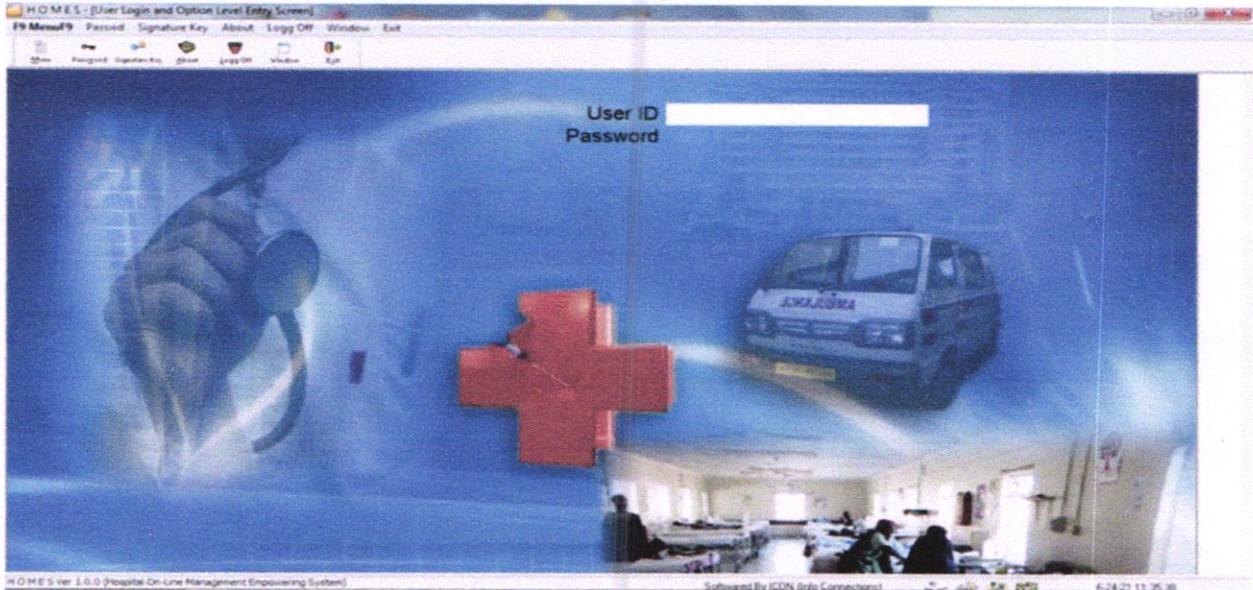
First Nursing College accredited by NAAC with A grade in the first cycle (RAF)

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Criteria 4.2.2

Login into the HMS

This is login page of the HMS Software with Username and Password can log into the HMS Main Page.



This is the Main Page of the HMS Software and there are total 26 modules available.



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555



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Male/Female Registration -1st Module New Registration

H O M E S - [PATIENT REGISTRATION]

NewF3 SaveF12 DeleteF9 RefreshF5 Card Label ChartIssue SearchF8 Patient Booking Bed Exit

Ref # No 0 Bk # No 0 Doctor DR.ABEL FRANCIS Rg Doctor DR.ABEL FRANCIS

Type CONSULTANT Category CONSULTANT(150) SU MO TU WE TH FR SA Renewal Period Total No. No. Reg Total Calling

21 21 6 150 0

Medi Unit DERMATOLOGY

Morning 05.00 To 16.00 Evening To To

ID 0 Unit#No 0 Reg Last Visit Renewal REGISTRATION

Name Second Name DOB 00/00/0000 Yrs Mon Days Sex

Residence Details General Details

House Name Religion

Father HUSBAND No P.O. Street KUNNAMKULAM Parish

No P.O. PIN Occup

Dist. THRISSUR State KERALA country Status MARRIED

Communication Details Insurance NO CREDIT

Phone () Mob e-mail

Conces NORMAL

Payment CASH

Rec # No 36925	Date 24/06/21 11:38
Facility	Charge Conc. Amount
REGISTRATION CHARGE	50 0 50
CONSULTATION FIRST VISIT(150)	170 0 170

Consultation Credit Comparison Phone Normal Emergency Special Chemo

Patient No Patient Name House Name Father Husband Consultant Date Age

Old Registration

H O M E S - [PATIENT REGISTRATION]

NewF3 SaveF12 DeleteF9 RefreshF5 Card Label ChartIssue SearchF8 Patient Booking Bed Exit

Ref # No 0 Bk # No 0 Doctor DR.ABEL FRANCIS Rg Doctor S & S CONSULTANT

Type CONSULTANT Category CONSULTANT(150) SU MO TU WE TH FR SA Renewal Period Total No. No. Reg Total Calling

21 21 6 150 0

Medi Unit DERMATOLOGY

Morning 05.00 To 16.00 Evening To To

ID 2491541 2964425 Unit#No 1977 Reg 27/08/15 Last Visit 14/06/2021 Renewal 15/07/2021 RENEWAL

Name ALITTA JIJU Second Name VARGHESE DOB 01/01/1989 Yrs 32 Mon 0 Days 0 Sex FEMALE

Residence Details General Details

House Name CHUNGATH Religion CHRISTIAN

Father HUSBAND No P.O. Street KUNNAMKULAM Parish

No P.O. PIN Occup

Dist. THRISSUR State KERALA country Status MARRIED

Communication Details Insurance NO CREDIT

Phone () Mob 9633760468 e-mail

Conces NORMAL

Payment CASH

Rec # No 36925	Date 24/06/21 11:39
Facility	Charge Conc. Amount
CONSULTATION REVISIT(150)	170 0 170

Ref # No	Rec# No	Date	Consultant	Clinical Unit	Nature	ID
8919785	8939005	14/06/21	DR.NEYIL VARGHESE	ENT	FREE	9
8904960	8925804	04/06/21	DR.NEYIL VARGHESE	ENT	REVISIT	10
8890553	8918372	26/05/21	DR.LATHEEKA.T.K.	OPHTHALMOLOGY	REVISIT	73

Consultation Credit Comparison Phone Normal Emergency Special Chemo

Edit Patient

H O M E S - [PATIENT DETAILS MODIFY]

NewF3 SaveF12 DeleteF9 RefreshF5 Card Label ChartIssue SearchF8 Patient Bed Window Exit

ID 2491541 New ID 2491541 Type FREE CONSULTANT Doctor S & S CONSULTANT

Name ALITTA JIJU Second Name VARGHESE DOB 01/01/1989 Yrs 32 Mon 0 Days 0 Sex FEMALE

Residence Details General Details

House Name CHUNGATH Religion CHRISTIAN

Father HUSBAND No P.O. Street KUNNAMKULAM Parish

No P.O. PIN Occup

Dist. THRISSUR State KERALA Country 87155692 Status MARRIED

Communication Details Insurance NO CREDIT

Phone () Mob 9633760468 e-mail

Lyga

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Admission -4th module

H O M E S - [ADMISSION]

F3 NewF3 F12 SaveF12 F9 DeleteF9 F5 RefreshF5 F8 PatientF8 Admission Details Bed Search Multi Label Window Exit

F3 New F12 Save F9 Delete F5 Refresh F8 Patient Bed Multi Label Layer Exit

ADMISSION

Patient Details
 Patient No: _____ In Patient No: _____ Reg. Doctor: _____ Reg. Date: _____ Time: _____
 Name: _____ Age: _____ Mon: _____ Day: _____ Sex: _____ Place: _____

Admission Details
 Doctor: _____ Clinical Unit: _____ Admit Date: **24/06/2021** Time: **11:42**

Bed Details
 Pref. Catg: _____ Bed No: _____ Ward: _____ Section: _____
 Block: _____ Bed Catg: _____ Bill Catg: _____

Nominee Details
 Name: _____ Relation: _____ Address: _____ Phone: _____

Payment Details
 Payment: _____ Due Ceiling/Exceeding Details: _____ Conc: _____

Remarks: _____ Due Patient

Patient Consultation Concession Admission Receipt/Voucher Surgery Credit Booking Discharge Chart Specimen Investigation Investigation Results

Patient contact Details

H O M E S - [ADMISSION]

F3 NewF3 F12 SaveF12 F9 DeleteF9 F5 RefreshF5 F8 PatientF8 Admission Details Bed Search Multi Label Window Exit

F3 New F12 Save F9 Delete F5 Refresh F8 Patient Bed Multi Label Layer Exit

ADMISSION

Patient Details
 Patient No: **2491541** In Patient No: **2040133** Reg. Doctor: **S & S CONSULTANT** Reg. Date: **27/08/2015** Time: **11:04**
 Name: **ALITTA JIJU** Age: **32** Mon: **0** Day: **0** Sex: **FEMALE** Place: **KUNNAMKULAM**

Admission Details
 Doctor: _____ Clinical Unit: _____ Admit Date: **24/06/2021** Time: **11:43**

Name	Clinical Unit	Consultation Category	Status
DR.ALVIN TREASA GEORGE	GENERAL MEDICINE	CONSULTANT(150)	ACTIVE
DR.AHMULU S.	GYNAECOLOGY & OBST.	CONSULTANT(130)	ACTIVE
DR.ANISH S.	GENERAL MEDICINE	CONSULTANT(150)	ACTIVE
DR.ANTHONY T.P.	GENERAL MEDICINE	SENIOR CONSULTANT(180)	ACTIVE
DR.CHARLES K.SKARIAH	OPHTHALMOLOGY	H.O.D.(150)	ACTIVE

Section: _____ Bill Catg: _____

Payment Details
 Payment: **CASH** Due Ceiling/Exceeding Details: _____ Conc: **NORMAL**

Remarks: _____ Due Patient

Patient Consultation Concession Admission Receipt/Voucher Surgery Credit Booking Discharge Chart Specimen Investigation Investigation Results

Patient Communication Details
 H.No: _____ Street: **KUNNAMKUL** Ph(L): _____ (M): **9633760468** Nominee Details
 Name: **JIJU** Cont: _____
 Parish: _____ e-mail: _____ Financial Assistance: _____

Patient Doctor Allotment

Admission Details

Doctor: _____ Clinical Unit: _____ Admit Date: **24/06/2021** Time: **11:43**

Name	Clinical Unit	Consultation Category	Status
DR.ALVIN TREASA GEORGE	GENERAL MEDICINE	CONSULTANT(150)	ACTIVE
DR.AHMULU S.	GYNAECOLOGY & OBST.	CONSULTANT(130)	ACTIVE
DR.ANISH S.	GENERAL MEDICINE	CONSULTANT(150)	ACTIVE
DR.ANTHONY T.P.	GENERAL MEDICINE	SENIOR CONSULTANT(180)	ACTIVE
DR.CHARLES K.SKARIAH	OPHTHALMOLOGY	H.O.D.(150)	ACTIVE

Section: _____ Bill Catg: _____

Payment Details
 Payment: **CASH** Due Ceiling/Exceeding Details: _____ Conc: **NORMAL**

Phone: _____



Rajan
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Patient Transfer

(Patient transfer to from any ward to other ward)

TRANSFERR

HOMES - [TRANSFER]

F3 NewF3 F12 SaveF12 F9 DeleteF9 F5 RefreshF5 F8 PatientF8 Adm...

Patient Details

Patient No: **2927264** In Patient No: **2039939** Reg. Doctor: GENERAL CREDIT REGISTRATION Reg. Date: 28/01/2021 Time: 10:30
 Name: **MARYKUTTY GEORGE** Age: 70 Mon 0 Day 0 Sex: FEMALE Place: MATHILAKAM

Admission Details

Doctor: **DR.BETSY THOMAS** Clinical Unit: GYNAECOLOGY & OBST. Admit Date: 21/06/2021 Time: 12:04

Payment Details

Payment: CREDIT Conc: CREDIT REGISTRATION Credit: ECHS

Bed Details

Pref. Catg: CHAVARA SINGLE ROOM Bed No: 104 Ward: GYNAECOLOGY Section: ONCOLOGY
 Block: CHAVARA BLOCK Transfer: 5041 Bed Catg: CARDIAC SPECIAL-A ROOM
 Bill Catg: CARDIAC SPECIAL-A ROOM
 Vacant Occupied Retained Discharged

Nominee Details

Name: Relation: Address:

Remarks:

TRANSFERR

CARDIAC SPECIAL BED (WITH ADDL BED) [17]
 CARDIAC SPECIAL-A ROOM [5]
 50 WARD [CARDIOLOGY] [5]
 5041
 5046
 5047
 5063
 5064
 CARDIAC SPECIAL-A ROOM + BALCONY [4]
 CARDIAC SPECIAL-A ROOM SHAPE + BALCON [59]

Patient Consultation Concession Admission Receipt/Voucher Surgery Credit Booking Discharge

Patient Communication Details

H.No: Street: MATHILAKA Ph.(L): (M) 9744999426 Name: Cont: Ph: Rel: Patient Status Remarks:

Parish: P.O: MATHILAKAM Religion: CHRISTIAN

District: THRISSUR Occupation: State: KERALA Ph: Ind Status: MARRIED

Patient General Status Details

Social: Economy:

Reports

- Dept wise
- Specialization wise
- Discharge wise
- City wise
- State wise
- Sub dept wise (Admission, discharge, death)
- On bed status report
- Bed status selected dates

HOMES - WARD OCCUPANCY SUMMARY

AMALA COLLEGE OF NURSING

AMALA DISTRICT OF MEDICAL SCIENCES

AMALANAGAR, THRISSUR

Ward: ONCOLOGY

SELECT ALL SECTIONS
 Ward: ONCOLOGY
 Day: SELECT ALL
 Date: SELECT ALL
 Type: SELECT ALL
 Report Level: SELECT ALL

HOMES - [HOMES]

Print Setup Zoom First Pg Next Pg Prev Pg Last Pg F11 PrintF11 Print File F8 SearchF8 F10 SortF10 F4 FilterF4 Window Exit

Booking Ref # No Requestion Ref # No Surgery Ref # No Advance Ref # No Provisional B# Ref # No OP B# Ref # No IP B# Ref # No Specimen Ref # No Old Patient No
 Admission Date Receipt No Voucher No Requestion No Surgery No Parish Name Post Office Land Phone Mobile Phone Consultation Ref # No Consultant
 Patient No Urk Patient No In Patient No Patient Name House Name Father/Husband Name Registration Date Visit Date Clinical Unit Consultant

Patient Search Criteria Patient No: **2491541** Patient Summary Admitted Detail(s)

Patient No	Patient Name	Age	Sex	Mobile No	Consultation Doctor	Ward Name	Bed No	Admission Date	Admitted Doctor

Patient Consultation Concession Admission Receipt/Voucher Surgery Credit Booking Discharge Chart Specimen Investigation Investigation Results
 Ref # No Urk # No Doctor Visit Status Date Last Visit Date Assessment Date

ENT
 INTERNAL MEDICINE
 ENT
 RADIOLOGY
 INTERNAL MEDICINE
 SURGERY
 SURGERY
 SURGERY
 SURGERY

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Bed Selection					
<input checked="" type="radio"/> Ward	<input type="radio"/> Bed No	<input type="radio"/> Patient Name	<input type="radio"/> Place	<input type="radio"/> Doctor Name	<input type="radio"/> Clinical Unit
<input type="radio"/> Bed Category	<input type="radio"/> Patient No	<input type="radio"/> Father/Husband	<input type="radio"/> House Name	<input type="radio"/> Admitted Date	
Search: _____					
⊕1 GYNAECOLOGY	[55]	[14]	[0]	[0]	[69]
⊕11 NEURO/PLASTIC/DEN	[0]	[8]	[2]	[0]	[10]
⊕12 GASTROENTEROLOGY	[7]	[11]	[1]	[0]	[19]
⊕12 GASTRO-ICU	[2]	[4]	[0]	[0]	[6]
⊕14 GENERAL SURGERY	[19]	[1]	[0]	[0]	[20]
⊕15 COMMON	[12]	[0]	[0]	[0]	[12]
⊕15 SURGICAL-ICU	[9]	[3]	[0]	[0]	[12]
⊕16 ONCOLOGY	[0]	[12]	[3]	[1]	[15]
⊕18 ONCOLOGY	[20]	[1]	[0]	[0]	[21]
⊕2 GYNAECOLOGY	[1]	[5]	[2]	[0]	[8]
⊕21 SURGERY	[22]	[0]	[0]	[0]	[22]

This form shows the details of Available and Occupied bed details in each ward.

Here 'GREEN' denotes the Available bed and 'RED' denotes the occupied bed.

This Form is used to generate the Reports of the Inpatients. The Reports of the Inpatients are in different types. Here we need to select from date and to date. These reports will be generated in two ways i.e., in Summary and Detail.

Report Classifications: Dept Wise, Specialization Wise, Discharge Patients, District Wise, State Wise, Country Wise, Sub Dept Wise Admissions, Sub Dept Wise

EMPLOYEE TRACKER:

This is the main page of Employee Tracker Module. From this Page we can manage the Employee Information. This is the form of Employee Details. If we want to add a New Employee click on new button. This form is used to create the new Employee. We need to fill the all details on this page to add a new Employee.

AMALA CANCER HOSPITAL SOCIETY AMALA NAGAR - 680 555, THRISSUR DUTY ROSTER OF WARD 1 FOR THE MONTH OF JANUARY 2018																														
January 01, 1900 00:00																														
Sl No	Employee Name	Shift	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1	ALPHONSA K T	S	<input checked="" type="checkbox"/>																											
2		A	<input checked="" type="checkbox"/>																											
3	ARJANA P S	N-O	<input type="checkbox"/>																											
4		OFF	<input type="checkbox"/>																											
5		N-O	<input type="checkbox"/>																											
6		B	<input type="checkbox"/>																											
7		N-O	<input type="checkbox"/>																											
8	BONCY MATHEW	B	<input type="checkbox"/>																											
9		A	<input checked="" type="checkbox"/>																											
10		OFF	<input type="checkbox"/>																											
11		N-O	<input type="checkbox"/>																											
12		N	<input type="checkbox"/>																											
13	INDITHA A	B	<input checked="" type="checkbox"/>																											
14		N-O	<input type="checkbox"/>																											
15		N-O	<input type="checkbox"/>																											



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Out Patient Billing and inpatient billing

This is the main page of the Outpatient Module. By entering the OPID no of the patient we can get the information of the patient. This form generates a Unique Op Bill No also. In this Billing page No Special Charity is default if any concession have to give to the patient we need to select Whole Bill, here Concession is in two ways i.e., Percentage and Value after completion of billing Receipt click on Receipts. Then it automatically gives the print out of the bill and Service Items. This IP Billing Page is used to generate the final bill and discharge the Patient. By entering the IP Id, the details will display after that by selecting the Discharge Status and click the Discharge Button the patient will be discharged.

HOMES - [OUTPATIENT PROCEDURE BILLING]

Ref # No 0 Patient ID 2956983 Req #Ref 0 Rec# No 46075 Date 24/06/2021

Name SHIBU K. Age 45 Mon 0 Day 0 Sex MALE

Details KUNNIATH Doctor

Payment CASH

Conc NORMAL NORMAL 0%

Remarks

Sl.	Procedure/Facility	Rate	No.	Charge	Conc.	Total
1	IGM.ANTI H.PYLORI	430			0	

Doctor Remarks

HOMES - [PROVISIONAL BILL]

Save F12 Setup Zoom FB Patient FB Bed Search FS Refresh FS Credit Request Medicine Rent Utilities Window Exit

Patient Details ID 2602820 Name ANUSREE IP No 2040049 Provisional 0 Bill Ref Date 23/06/2021

Age 25 Sex FEMALE Address KOTTARAPAT, MARATHAMKODE Ward ONCOLOGY NEUTROPENIA ICU Bed 9104

AMALA INSTITUTE OF MEDICAL SCIENCES
(An undertaking of Amala Cancer Hospital Society) PAN: AAATA40658
AMALA NAGAR, Ph : 91-4872304000

PAYMENT REQUEST FOR WEEKLY BILL
പണമടയ്ക്കാനുള്ള അറിയിപ്പ്

No: Date: 24 Jun 2021 15:37

Patient Details ID 2602820 IP ID : 2040049 Doctor DR. ANOJ KATTUKARAN Dept: GYNAECOLOGY & OB: Ward: ONCOLOGY NEUTROPENIA ICU Bed No 9104

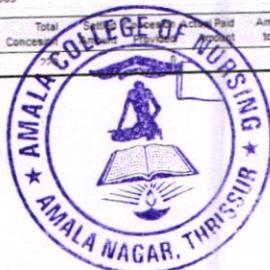
Name ANUSREE Age 26 Yrs Date: 23 Jun 2021 Time 09:25

House KOTTARAPAT, MARATHAMKODE Sex: FEMALE Category: ICU

Dist. THRISSUR PIN: Mob: 960-587-5965

Total Amount	Total Concession	Amount to Pay	Concession Allowed	Balance Amount
7700	7700	7700	7700	4000

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AMALA NAGAR, THRISSUR



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