



Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

AMALA COLLEGE OF NURSING

AQAR (2023-2024)



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

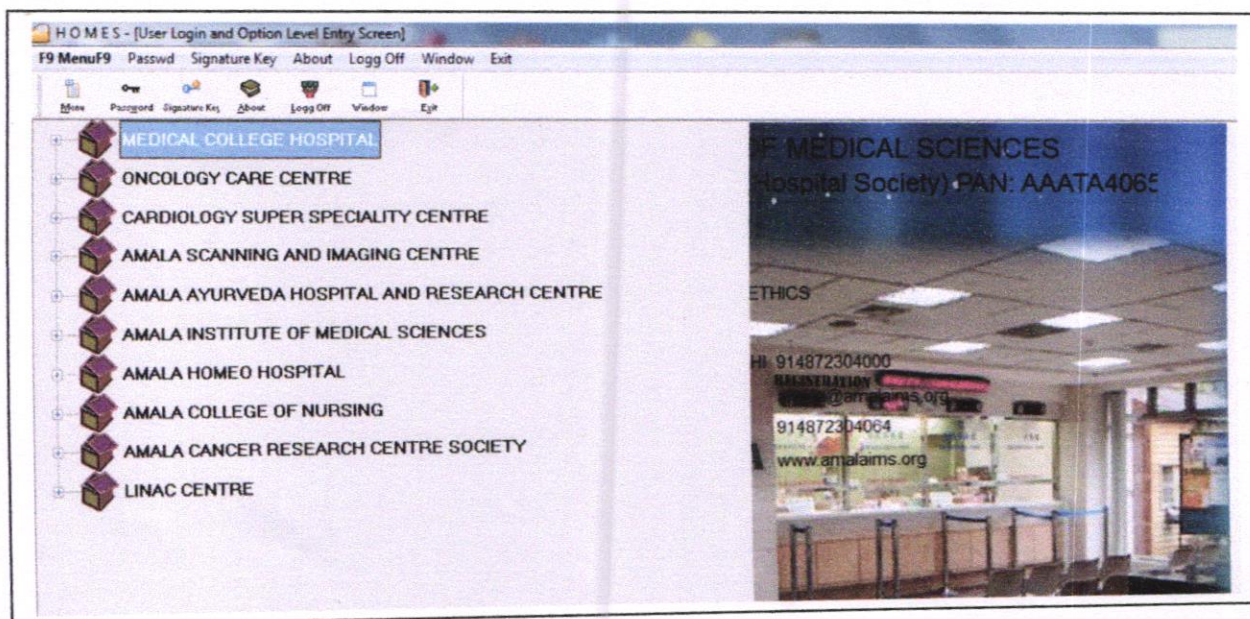
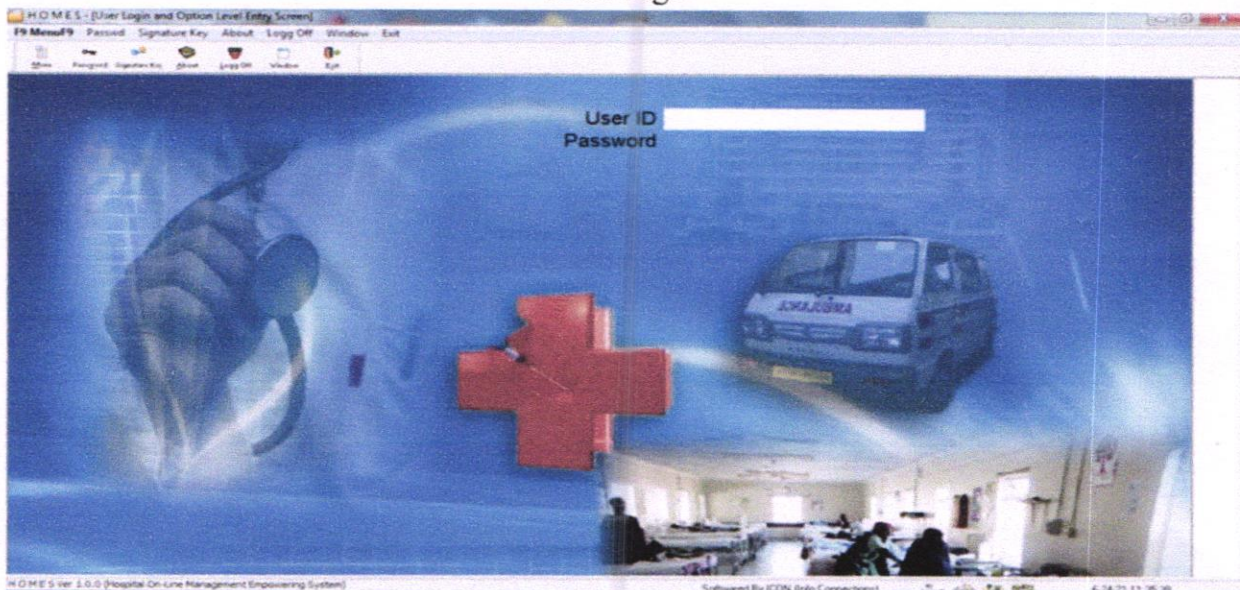
First Nursing College accredited by NAAC with A grade in the first cycle (RAF)

Affiliated to Kerala University of Health Sciences and recognized by Kerala Nurses and Midwives Council & Indian Nursing Council
(Certificate No. 18-16/2893-INC)

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

HOMES - [PATIENT REGISTRATION]

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

F3 New F12 Save F9 Delete F5 Refresh F5 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 Reg Total Calling

Unit DERMATOLOGY Medi Unit DERMATOLOGY Consultation ☒ ☒ ☒ ☒ ☒ ☒ ☒ Surgery ☐ ☐ ☐ ☐ ☐ ☐ ☐ Booking ☒ ☒ ☒ ☒ ☒ ☒ ☒

Morning 05.00 To 16.00 Evening 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 PIN

Dist. THRISSUR State KERALA country

Occup Status

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

HOMES - [PATIENT REGISTRATION]

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

F3 New F12 Save F9 Delete F5 Refresh F5 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 Reg Total Calling

Unit DERMATOLOGY Medi Unit DERMATOLOGY Consultation ☒ ☒ ☒ ☒ ☒ ☒ ☒ Surgery ☐ ☐ ☐ ☐ ☐ ☐ ☐ Booking ☒ ☒ ☒ ☒ ☒ ☒ ☒

Morning 05.00 To 16.00 Evening 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 JIJU Street KUNNAMKULAM

No P.O. KUNNAMKULAM PIN

Dist. THRISSUR State KERALA country 0

Occup Status MARRIED

Communication Details Insurance NO CREDIT

Phone (0) 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

Consultation Credit Comparison Phone Normal Emergency Special Chemo

Ref # No RecNo Date Consultant Clinical Unit Nature ID

8919785 8939205 14/06/21 DR.NEYLA VARGHESE REVIST 9

8904960 8925804 24/06/21 DR.NEYLA VARGHESE REVIST 10

8890553 8913372 26/05/21 DR.LATHEKA T.S. OPHTHALMOLOGY REVIST 73

Edit Patient

HOMES - [PATIENT DETAILS MODIFY]

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

F3 New F12 Save F9 Delete F5 Refresh F5 Card Label ChartIssue SearchF8 Patient Bed Window Exit

ID 2491541 New ID 2491541 Type FREE

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 JIJU Street KUNNAMKULAM

No P.O. KUNNAMKULAM PIN

Dist. THRISSUR State KERALA Country 87155692

Occup Status MARRIED

Communication Details Insurance NO CREDIT

Phone (0) Mob 9633760468 e-mail

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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 F8 Admission Details Bed Search Multi Label Window Exit

ADMISSION

Patient Details
Patient No. In Patient No. Reg. Doctor Age Mon Day Sex Reg. Date Time
Name 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 F8 Admission Details Bed Search Multi Label Window 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

Bed Details
Pref. Catg DR. ALVIN TREASA GEORGE GENERAL MEDICINE CONSULTANT(150) ACTIVE
Block DR. AMHULU S. Gynaecology & Obst. CONSULTANT(130) ACTIVE
DR. ANISH S. GENERAL MEDICINE CONSULTANT(150) ACTIVE
Nominee DR. ANTONY T.P. GENERAL MEDICINE SENIOR CONSULTANT(180) ACTIVE
Name DR. CHARLES K. SKARIAH OPHTHALMOLOGY H.O.D.(150) ACTIVE

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) 0 (M) 9633760468
Parish e-mail

Nominee Details
Name JIJU Cont.

Financial Assistance

Patient Doctor Allotment

Admission Details

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

Bed Details
Name Clinical Unit Consultation Category Status
Pref. Catg DR. ALVIN TREASA GEORGE GENERAL MEDICINE CONSULTANT(150) ACTIVE
Block DR. AMHULU S. Gynaecology & Obst. CONSULTANT(130) ACTIVE
DR. ANISH S. GENERAL MEDICINE CONSULTANT(150) ACTIVE
Nominee DR. ANTONY T.P. GENERAL MEDICINE SENIOR CONSULTANT(180) ACTIVE
Name DR. CHARLES K. SKARIAH OPHTHALMOLOGY H.O.D.(150) ACTIVE

Payment Details
Payment CASH Due Ceiling/Exceeding Details Conc. NORMAL



FIG. DR. RAJEE REGHUNATH
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Patient Transfer

(Patient transfer to from any ward to other ward)

TRANSFER

(Patient transfer to from any ward to other ward)

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**

Nominee Details

Name _____ Relation _____ Address _____

Remarks _____

☐ Patient
 ☐ Consultation
 ☐ Concession
 ☐ Admission
 ☐ Receipt/Voucher
 ☐ Surgery
 ☐ Credit
 ☐ Booking
 ☐ Discharge

Patient Communication Details

H.No _____ Street **MATHILAKA** Ph.(L) _____ (M) **9744999426**

Parish _____ a-mail _____

P.O **MATHILAKAM** Religion **CHRISTIAN**

District **THRISSUR** Occupation _____

State **KERALA** Pin _____ Ind Status **MARRIED**

Patient General Status Details

Social _____ Economy _____

Nominee Details

Name _____

Cont. _____

Ph. _____

Rela. _____

Patient Status Remarks

Financial Assistant

Add _____ Ph. _____

☐ 5046
☐ 5047
☐ 5063
☐ 5064

☐ CARDIAC SPECIAL-A ROOM + BALCONY [4]
☐ CARDIAC SPECIAL-A ROOM SHARP + BALCONY [50]

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

[illegible]

Prof. Dr. RAJEE REGHUNATH

~~PRINCIPAL~~

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Bed Selection

☒ Ward ☐ Bed No ☐ Patient Name ☐ Place ☐ Doctor Name ☐ Clinical Unit
☐ Bed Category ☐ Patient No ☐ Father/Husband ☐ House Name ☐ Admitted Date

Search

	[55]	[14]	[0]	[0]	[69]
+1 GYNAECOLOGY	[0]	[8]	[2]	[0]	[10]
+11 NEURO/PLASTIC/DEN	[7]	[11]	[1]	[0]	[19]
+12 GASTROENTEROLOGY	[2]	[4]	[0]	[0]	[6]
+12 GASTRO-ICU	[19]	[1]	[0]	[0]	[20]
+14 GENERAL SURGERY	[12]	[0]	[0]	[0]	[12]
+15 COMMON	[9]	[3]	[0]	[0]	[12]
+15 SURGICAL-ICU	[0]	[12]	[3]	[1]	[15]
+16 ONCOLOGY	[20]	[1]	[0]	[0]	[21]
+18 ONCOLOGY	[1]	[5]	[2]	[0]	[8]
+2 GYNAECOLOGY	[22]	[0]	[0]	[0]	[22]
+21 SURGERY					

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.

HOMES - [EMPLOYEE SHIFT WISE REPORT]

Setup Zoom First Pg Next Pg Prev Pg Last Pg F11 PrintF11 Print Output F7 CriteriaF7 Utilities Window Exit

Device Zoom First Pg Next Pg Prev Pg Last Pg F11 Print F11 Print F7 Criteria F7 Utilities Window Exit

AMALA CANCER HOSPITAL SOCIETY
 AMALA NAGAR - 680 555, THRISUR
 DUTY ROSTER OF WARD 1 FOR THE MONTH OF JANUARY 2018

January 01, 1900 00:00

Sr 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	ALPHONSE A T	S	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
2		OFF																												
3	AKRANA P S	A	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
4		NO																												
5		OFF																												
6		NO																												
7		B																												
8	BOHICY MATHEW	S	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
9		A	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
10		OFF																												
11		NO																												
12		NO																												
13	BOHITHA A	B	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
14		NO																												
15		NO																												



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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]

F3 NewF3 Bill Search Bed Search Tree View Window Exit

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]

SaveF12 Setup Zoom F8 Patient F8 Bed Search F5 RefreshF5 Credit Request Medicine Rent Utilities Window Exit

Patient Details ID 2602820 Name ANUSREE

Age 25 Sex FEMALE Address KOTTARAPAT, MARATHAMK

Admission Details IP No 2040049 Provisional 0 Date 23/06/2021

Ward ONCOLOGY NEUTROPENIA ICU Bed 9104

AMALA INSTITUTE OF MEDICAL SCIENCES
(An undertaking of Amala Cancer Hospital Society) PAN: AAATA4065B
AMALA NAGAR, Ph: 91-4872304000

PAYMENT REQUEST FOR WEEKLY BILL
പണമടയ്ക്കാനുള്ള അറിയിപ്പ്

No. 24 Jun 2021 15:37

Patient Details ID 2602820 IP ID: 2040049

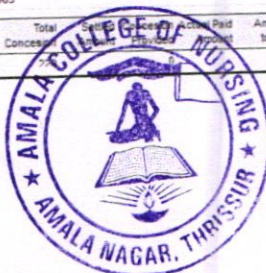
Name ANUSREE Age 26 Yrs Sex FEMALE

House KOTTARAPAT, MARATHAMKODE Dist. THRISSUR PIN: 960-587-5965

Admission Details Doctor DR. ANOJ KATTUKARAN Dept: GYNAECOLOGY & OB: Ward: ONCOLOGY NEUTROPENIA ICU Bed No: 9104 Date: 23 Jun 2021 Time: 09:25 Category: ICU

Total	Total	Amount	Amount	Concession	Balance
Amount	Concession	Allowed	To Pay	Allowed	Amount
2200		2200	2200	2200	4000

PROCEEDURE INVESTIGATION & FACILITY



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This Bed Details Configuration form used to configure the Bed timings. This Form is used generate the Reports of the Inpatient Investigations. These Reports are generated in different ways. Here we need to select from date and to date. This reports will generated in two ways i.e., Summary and Detail.

Sl. No.	Bed No	Bed Category	Billing Bed Category	Process Start	Process End	Duration	Entry User
1	2506	EMERGENCY GENERAL BED	EMERGENCY GENERAL BED	19/06/21 10:52 AM	19/06/21 12:26 PM	1 (H)	FEMIN F
2	3126	GENERAL - BED	GENERAL - BED	19/06/21 12:26 PM	19/06/21 10:29 PM	20 (H)	REYA RAPHAEL
3	6008	ST. MARY'S SPECIAL-A R	ST. MARY'S SPECIAL-A R	19/06/21 10:29 PM	21/06/21 09:08 PM	1 (D) / 22 (H)	REYA T R
4	1411	CHAVARA SINGLE ROOM	CHAVARA SINGLE ROOM	21/06/21 09:08 PM		3 (D) / 13 (H)	REEMOL BINU CARDIO

This is the main page of MIS Reports Module. This form is used to generate the Different type of reports

HOME - [DEPARTMENT WISE DYNAMIC REPORT]

Setup Zoom First Pg Next Pg Prev Pg Last Pg F11 PrintF11 Print Output F7 CriteriaF7 Utilities Window Exit

ENTER DEPARTMENT COLLECTION CRITERIA

Period By: ACCOUNT DATE
From Date: 24/06/2021
To Date: 24/06/2021

Collection Details
Collection Nature: ALL
Bill Type: CREDIT CASH

Report Selection
Credit Company
Concession
Collection

Investigation
SELECT ALL INVESTIGATIONS

Display Order
Collection Name: 2
Ward: 1
Department: 3
Sub Department: 5
Doctor: 6
Investigation: 4
Collection Type: 7
Credit/Cash: 8

Hospitals/Sections
All
AMALA AYURVEDA HOSPITAL AND RE
AMALA CANCER RESEARCH CENTRE
AMALA COLLEGE OF NURSING
AMALA HOMOEO HOSPITAL
AMALA INSTITUTE OF MEDICAL SCI

Department
All
ACUPUNCTURE
ADMISSION ADVANCE
ADVANCE
ANAESTHESIA CHARGES

SubDepartment
All
ACUPUNCTURE
ADMISSION ADVANCE
ADVANCE
ANAESTHESIA CHARGES

Doctor
All
ACUPUNCTURE
ARCH CLINIC

AMALA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT COLLECTION REPORT BY ACCOUNT DATE FROM

Page 1 of 2

Sl. No.	Patient Name	Receipt No.	Receipt Date	Account Date	Total Collection Amount	Receipt Amount	Credit Amount	Credit Balance	Cash Amount	Debit Amount	Net Cash
1	101										
2	102										
3	103										
4	104										
5	105										
6	106										
7	107										
8	108										
9	109										
10	110										
11	111										
12	112										
13	113										
14	114										
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96	196										
97	197										
98	198										
99	199										
100	200										

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