“Gap analysis in Internal Assessment against NABH Standards”
and
“Audit of Documentation of Medical record”
At
Max Super Speciality Hospital, Mohali

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Outline

- Purpose of the Study
- Study design
- Research questions
- Sample and Sample Size
- Types of data and collection method
- Instrument and Scoring criteria
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Topic 1: Gap Analysis in Internal Assessment of the Hospital Against NABH Standards at Max Super Speciality hospital

Purpose of the Study

- To access the gaps in the various departments of the hospital against NABH and hospital standards for NABH re-accreditation .

Methodology

- **Type of Study**
  - Non-experimental, cross-sectional and observational .
- **Location**
  - Max Super-speciality Hospital, Mohali
- **Study Respondents**
  - Nurse, customer care staff, duty doctors and remaining staff of the departments.
- **Type of data**
  - Both Quantitative & Qualitative type.
- **Methods of data collection**
  - Document Review, Physical Observation ,Semi-structured interviews
- **Instruments and Tools used**
  - Checklists for the various NABH standards

- **Research Question**
  - What are the gaps and compliance of the hospital to 3rd Edition NABH & Max Medical Quality Standards?

- **Objectives**
  1. To evaluate Max Hospital – Mohali compliance to 3rd Edition NABH & Max Medical Quality Standards
  2. To assess the gaps in the compliance.
  3. To suggest methods/ action plan for the closure of the gaps.

Results

- The assessment was carried out across all the departments, and the standards were evaluated in an integrated manner, both horizontally and vertically
- 123 gaps found and addressed in the General Audit
- 64 gaps found and addressed in the Internal Audit

Oncology Day Care

Gaps

- Medication for the patient is ordered before the preparation of the medication chart. There is a verbal order given which can cause medication errors.
- Junior Resident present in the department is not BLS trained.
- Expired patient medication was found in the Refrigerator of Admixing Lab.
- MSDS of Ravisol was not available in Brachytherapy Unit.

All the gaps were closed within the required timeframe.

OPD and Front Office

Gaps

- Display for the following was missing:
  - Scope of Services of Hospital
  - Scope of Services for paediatric patients
  - Scope of High Risk Obstetric Patients.
  - Vision, Mission and Values of Hospital
- All these need to be displayed in English as well as vernacular language.
- Hospital Directory needs to be updated.
- Nutritional Screening is not done in OPD patients.

All the gaps were closed within the required timeframe.

Radiology

Gaps

- Expired ETO Item (Biopsy Gun) available in Ultrasound Room.
- There are no proper records in the department for testing of lead aprons and the lead aprons which are discarded.

All the gaps were closed within the required timeframe.

OP Pharmacy

Gaps

- Documented policies for department like procurement, storage, drug formulary are not available in the department.
- The pharmacists who are not yet registered are dispensing medicines at night and signing the bills.
- The camera in OP Pharmacy faces only the cash counter but not towards medication storage. Measures need to be taken to prevent pilferage.

Gaps

- Following discrepancies are observed in storage of High Alert Medication:
  - List of the drugs is not available.
  - High Alert are not colour coded in Refrigerator.
  - Chemotherapeutic Medication are not storage as per high alert colour coding.

All the gaps were closed within the required timeframe.

IP Pharmacy

Gaps

- Bulk Stock to be labelled.
- Separate Red coloured bags for dispensing high alert medication are not been used.

All the gaps were closed within the required timeframe.

SICU-1

Gaps

- Nursing staff to be ACLS trained in ICU.
- Plan of care by doctor is not appropriately mentioned in ICU.
- ICU Chart has a column to monitor and record Sedation Score but this is not recorded by staff.

All the gaps were closed within the required timeframe.

Emergency

Gaps

- Stretcher present in the ER is without locks. This can lead to fall of patient.
- Allergy Assessment for patient (150148822) was not done.
- Expired ETO Items and Near Expiry medication was found in Refrigerator, Ambulance Bag and Code Blue Bag.

Gaps

- Clinical Pathways for various emergencies like Acute MI, GI Bleed and Trauma to be framed and displayed in ER.
- The nursing staff in ER is only BLS trained and that too the training was conducted 2 years back.

All the gaps were closed within the required timeframe.

Ambulance

Gaps

- Near Expiry medication found in the ambulance and medication was not removed from ambulance after arrival.
- There is no list of defined medication to be kept for outsourced ambulance. It is done on need base.
- There is no clarity to the department on the ownership of the outsourced ambulance. There were expired medication found in outsourced ambulance.

All the gaps were closed within the required timeframe.

Nuclear Medicine

Gaps

- Reporting time for Routine or Emergency studies need to be defined in the department.
- Nuclear Medicine manual needs to be updated.
- The humidifiers in department are filled with water since a week. This is a source of infection if used.

All the gaps were closed within the required timeframe.

Labour Room

Gaps

- Initial Medical Assessment of patients in Labour Room was not done. JRs/ SRs to complete within 1 hr.
- Sharp container in Delivery Room was lying there since 27th Jan 2016.

All the gaps were closed within the required timeframe.

NICU and Nursery

Gaps

- Staff needs to be trained on NALS.
- Neonates are administered Midazolam for sedation. It needs to be discussed and decided whether the consent to be taken and monitoring to be done for neonates for the same.

All the gaps were closed within the required timeframe.

Cath Lab

Gaps

- Surgical Hand Rub poster is missing on scrub station.
- Staff to be made aware on Cath Lab and Radiation Safety Manual.
- Turn Around Time for reporting of CAG is not defined in Cath Lab.

All the gaps were closed within the required timeframe.

MRD

Gaps

- TAT for retrieval of files from Warehouse needs to be defined in case of emergency and routine requirement.
- When to obtain urgent care in discharge summary is missing in most files audited in MRD.

All the gaps were closed within the required timeframe.

Physiotherapy

Gaps

- MoU with Max Hospital should be available in department with the In charge.
- The consent for physiotherapy procedures need to be signed by the patient and not relatives.
- Staff needs to be trained on BLS.

All the gaps were closed within the required timeframe.

OT 2nd Floor

Gaps

- Aldrete Score sheet to be filled for the patients while shifting them out of recovery area to ward.
- 2 different types of PAC forms are used in OT.

All the gaps were closed within the required timeframe.

CCU

Gaps

- There are no blood transfusion notes or verification by doctor in case of transfusion. Also, consent does not specify the product being transfused.
- The consent for CAG was not signed for patient 150150423.
- Also, Nursing IP Assessment not documented in the same patient.

Gaps

- The consent for IABP, Central Line, Intubation and HIV was not signed by the doctor and also was not filled appropriately as person performing the procedure was missing. (150150584)
- Doctors and Nurses in CCU to be trained in ACLS.
- MSDS was not available for Diethyl ether.

All the gaps were closed within the required timeframe.

Housekeeping

Gaps

- Housekeeping SOPs need to be updated.
- Infected linen is being transported in Blue or Black bags as observed but it is yellow as per Max Policy.
- There are lots of caps, masks and gloves found in OT linen and then these are mixed and thrown in one bag in the segregation area in laundry. These are later segregated as told by staff. This is a wrong practice.

All the gaps were closed within the required timeframe.

Findings

- The Compliances, partial compliances and non compliances were recorded as per the given standards.
- The major non-compliance as observed was due to lack of documented procedures and policies.
- A major gap regarding training and orientation of the staff was observed.
- Medication stock was not updated and stored as per the SOP’s in few areas
- Display of essential posters like MSDS were lacking in some areas in the hospital
- Appropriate signage were missing at some places such as display of tariff, OPD timings, etc.

Findings

- Some machines were found uncalibrated
- Improper sterilization practices were observed as expired ETO stock was found at some places
- Consents were not being taken appropriately
- Pain score was not being measured in some wards
- Infection Control practices were not as per the SOP's. For example there was no mechanism for surveillance (observed in Dialysis Department)
- Markings for vulnerable patient were missing
- The Abbreviations which were not allowed were being used
- There were gaps in the security system like absence of cameras in the pharmacy area

Recommendations

- ACLS and BLS training should be given to all the staff
- Medication stock should be evaluated in every shift by the nursing team leader
- Essential Posters (like MSDS) should be placed at appropriate places
- Appropriate signage should be displayed
- Doctors need to be sensitized regarding complete filling of informed consents
- Nursing needs to be trained for mandatory pain assessment

Recommendations

- Trainings to be enhanced for nursing for management of vulnerable patients including marking on files
- Allowed list of abbreviations need to be displayed in the doctors OPS's
- Documentation of surveillance mechanism needs to be strengthened
- Special training sessions should be conducted for doctors and nurses regarding the importance of complete and effective documentation

TOPIC 2: Audit of Documentation of Medical record

Conducted from 11th April to 20th April.

Area: Multi Speciality Wards, ICUs, Ortho Ward, Economy Ward and other In Patient area

Purpose of the study:

- To assess the effectiveness of efficiency of health programmmes and practices
- To plan future course of action.
- Regulatory in nature.

Research Question

- Is the existing documentation procedure in accordance with the SOP's established by the hospital and what is the compliance of the same?

Objectives

- To assess whether the documentation is being done as per the SOPs of the hospital
- To recommend effective solution wherever required

Methodology

Type of study

Descriptive, cross-sectional and prospective study.

Location of Study

Max Super Speciality Hospital, Mohali

Sampling: Convenience Sampling (Non–Probability)

Sample size

206 files of in-patients from the period of 11th April to 20th April

Type of data

Both Quantitative & Qualitative.

Methods of data collection

An Audit tool with a structured checklist was developed keeping few of the quality indicators as the benchmark.

Instruments and Tool Used

Audit tool

List of Variables Used

1. Face sheet
2. Admission Request
3. Referral Consultant
4. Initial assessment/ Initial history and IP Record
5. Doctor’s Progress Notes
6. Informed consent/High risk consent form
7. List of preoperative investigations
8. Blood transfusion Notes
9. Anaesthesia Record
10. Pre Operative Notes/Operative notes/Post Operative Notes
11. Medication order sheet
12. Vulnerable patient
13. VTE assessment

Data Analysis

PHYSICIAN DOCUMENTS		COMPLIANCE	PERCENTAGE
Face sheet	Signature of SR/Treating Consultant	**180/206**	**87.3**
	Provisional diagnosis	**175/206**	**84.9**
			86.1
Admission Request	Provisional diagnosis	**187/206**	**90.7**
	Name of physician	**180/206**	**87.3**
	Signature of physician	**172/206**	**83.4**
	Procedure /Reason for admission	**187/206**	**90.7**
	Proposed Date of admission	**179/206**	**86.8**
			87.78
Refferal Consultant	Name of consultant	**135/157**	**85.9**
	Sign of consultant	**139/157**	**88.5**
	Date/Time	**120/156**	**76.9**
			83.766667
Initial assessment / Inpatient history and IP Record	Signature of source of history	**205/206**	**99.5**
	Date/Time	**205/206**	**99.5**
	Counter sign/Consultant signature and date /Time	**176/206**	**85.4**
			94.8
Doctor's Progress Notes	Date/Time	**200/202**	**99**
	Name of SR/Consultant	**200/203**	**98.5**
	Counter signature of Consultant for SR Notes	**174/203**	**67.9**
			88.466667

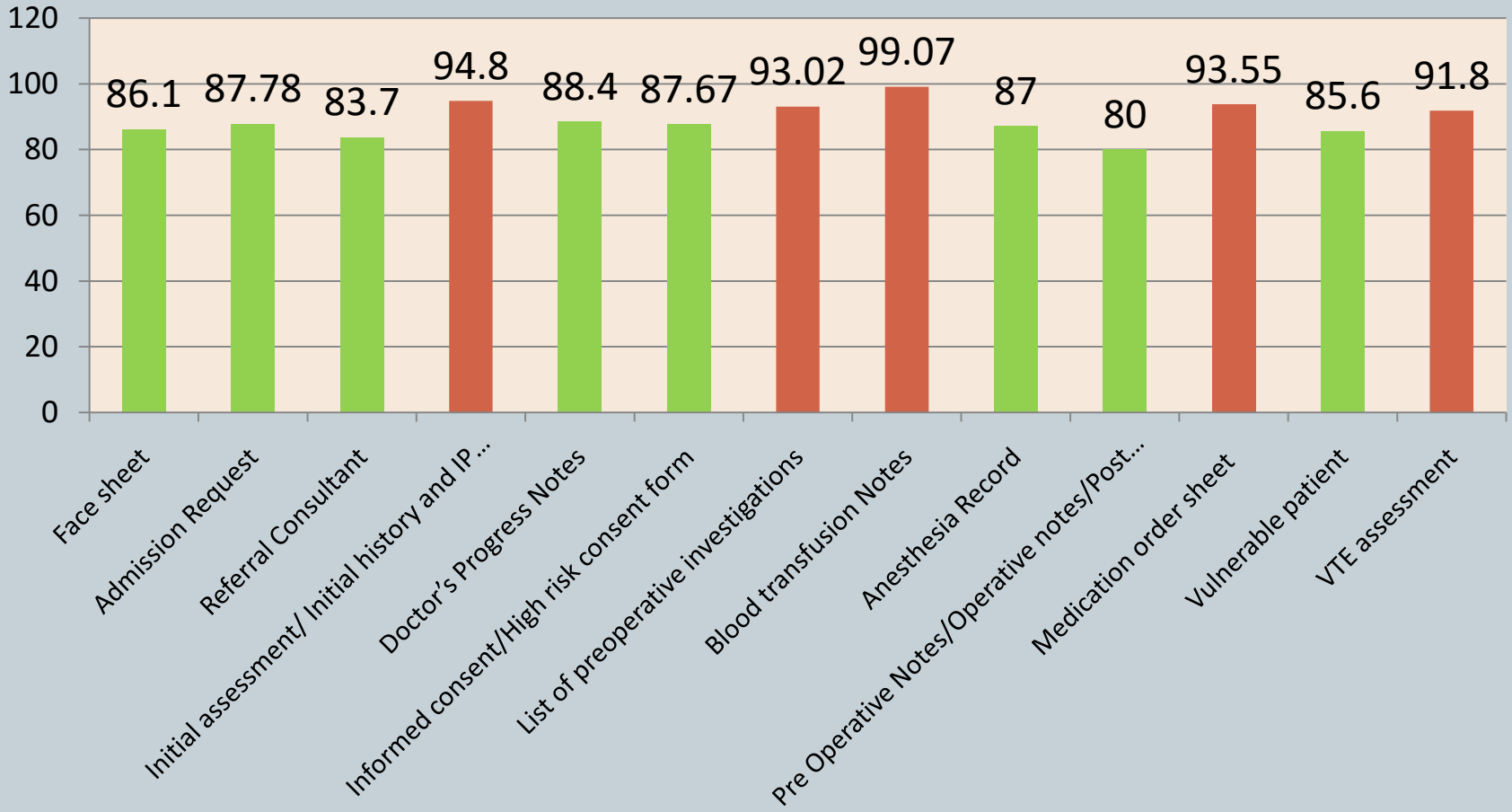
Data Analysis

		COMPLIANCE	PERCENTAGE
Informed consent/High risk consent form	Patient detail	**180/189**	**95.2**
	Diagnosis	**167/188**	**88.8**
	Name of Procedure/Surgery	**166/188**	**88.2**
	Patient Sign	**182/188**	**96.8**
	Witness Sign	**179/188**	**95.2**
	Signature of Doctor	**170/188**	**90.4**
	Name of Doctor	**169/188**	**89.89**
	Date	**173/188**	**92.02**
	Time	**99/188**	**52.6**
			87.678889
List of preop investigations	Date/ on Time	**121/130**	**93.07**
Blood transfusion Notes	doctor's Notes date/time	**50/50**	**100**
	nurse Notes date/time	**50/51**	**98.03**
			99.015
Anaesthesia Record	PAC	**108/110**	**98.1**
	Intraop monitoring	**95/110**	**86.3**
	Post anaesthesia care	**92/110**	**83.6**
	Date/Time	**91/110**	**82.7**
			87.675

Data Analysis

		COMPLIANCE	PERCENTAGE
Pre Operative Notes	Date/ Time/ Notes	**88/110**	**80**
Operative Notes	Date/ Time/ Notes	**88/110**	**80**
	Name of surgeon	**88/110**	**80**
	Sign of surgeon	**87/110**	**80**
	Date/Time	**88/110**	**80**
Post Operative Notes	Date/ Time/ Notes	**88/110**	**80**
			80
Medication order sheet	Date	**200/204**	**98.3**
	Time	**194/204**	**95.9**
	Route	**201/204**	**98.5**
	Frequency	**202/204**	**99.01**
	Dosage	**201/204**	**99.5**
	Signature of SR	**189/204**	**92.6**
	Name of SR	**147/204**	**71.04**
			93.55
Vulnerable patient	Marking (if applicable)	**131/153**	**85.6**
VTE Assessment	Information filled	**171/183**	**93.4**
After 48 hours of admission	Name of Dr	**171/183**	**93.4**
	Signature	**171/183**	**93.4**
	Date	**171/183**	**93.4**
			91.84

Percentage Compliance of Parameters



Observations

- More than 90% compliance was observed in following parameters
  1. List of pre-operative investigations.(93.07%)
  2. Blood transfusion notes(99.01%)
  3. VTE Assessment(91.84%)
  4. Medication sheet(93.55%)
  5. Details of Initial assessment(94.8%)

Observations

- Lesser compliance was observed in the following parameters(less than 90%)
  1. Details regarding Referral consults (83.7%)
  2. Pre-operative, Operative, Post-operative Notes(80%)
  3. Details of Facesheet (86.1%)
  4. Details of Admission request(87.78%)
  5. Doctor’s progress notes(88.4%)
  6. Informed consent(87.6%)
  7. Anaesthesia record(87.6%)
  8. Markings for Vulnerable patients(85.6%)

Corrective Actions Taken

1. The compliance rate was discussed with the concerned consultants in MRD committee meet.
2. It was emphasized that date and time should be mentioned by the signing consultant.
3. The results of the audit were shared with the concerned stakeholders to sensitize them.
4. In some files where the date/time/notes were found missing, concerned were asked to fill there and then only.

Corrective Actions Taken

5. As major non-compliance was observed in entering time for various parameters, this parameter was involved in various nursing training programmes.
6. Physicians were asked to positively mention the proposed date for admission in admission request form.
7. Consultants were sensitized for counter signing for SR's notes within the required time frame.
8. Nursing Team Leaders of various departments were instructed to check for vulnerable patient marking (V Stamp).

Preventive Actions Taken

- CME programme was conducted titled relevance importance of documentation w.r.t. Medico-legal cases. Moreover topics related to complete filling of medical consent forms were also discussed.
- It was suggested and decided in MRD Committee Meeting that open file audit shall be conducted regularly once in 3 months.
- Regular sharing of audit results in the concerned committee meetings, shall be done.

THANK YOU