INPATIENT-PRESCRIPTION AUDIT IN A SUPER-SPECIALITY HOSPITAL -A DESCRIPTIVE STUDY

BRIEF HISTORY OF ORGANISATION

Established in the year 2010,Action cancer hospital in Paschim Vihar ,Delhi is a top notch player in the category of cancer centers in Delhi. The Chairman of the hospital, Shri Mange Ram Agarwal is a great philanthropist who had a strong desire a hospital for the service of mankind .The belief that customer satisfaction is as important as their products & services, have helped this establishment garner a vast base of customers, which continue to grow by day.

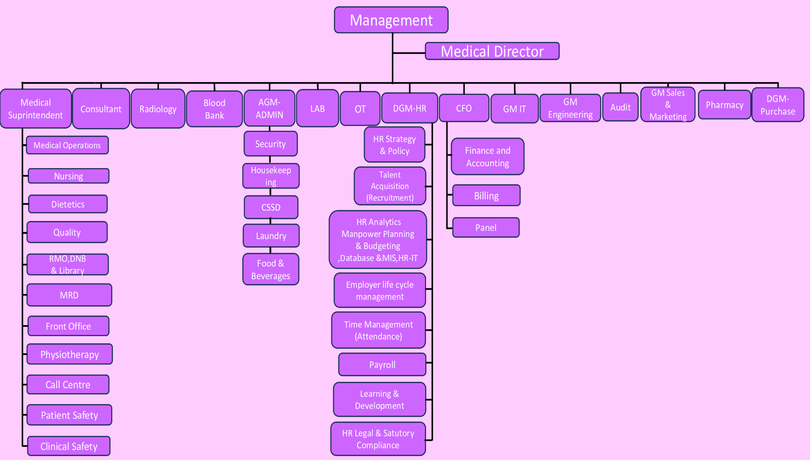
VISION

To become one of the leading cancer hospital in North India with a human touch.

MISSION

Action Cancer Hospital has been established with a mission to provide world-class affordable cancer treatment to all selections of the society with a humanitarian touch.Whilst maintaining the high standards of Ethical practices and professional competency with emphasis on education & Research.

ORGANISATION STRUCTURE



THEORY V/S PRACTICAL

- If any issue or problem that occur on the floor, there is a proper protocol to be followed to solve it.
- Discharge process is started once the consultant give discharge orders.

- Many issues can be solved on the ground level through personal co-ordination.
- The nurses & admin staff start the discharge process in advance for the patients whose treatments are about to finish (Planned Discharge)

SWOT ANALYSIS OF HOUSEKEEPING DEPARTMENT

STRENGTHS

- Essential for infection control
- Expertise in specialized cleaning protocol
- Timely response
- Obedience with regulations
- Proper hierarchy

WEAKNESSES

- Staff turnover and training
- Budget allocation
- Co-ordination with other department

OPPORTUNITIES

- Advanced technology
- Increase education
- Daily evaluation of cleanliness
- Regular training of employees

THREATS

- Threats of infectious disease outbreaks
- Staffing challenges
- Budgetary constraints

LEARNINGS DURING INTERNSHIP

AIM OF THE STUDY

To ensure that there is a good practice of prescribing medicines in a safe manner by reducing the possibilities of human error.

OBJECTIVE

➢Detection of prescribing errors with their reasons like irrational usage of antibiotics, syrups, injections, etc.

➢To identify opportunities for the improvement and developing benchmarks at the facility level, district, state and national.

AUDIT PROCESS

RANDOMLY SELECTED PRESCRIPTION

↓

CHECK ALL THE PARAMETERS OF PRESCRIPTION AUDIT AS PER CHECKLIST

↓ After checking prescription

FILL THE PRESCRIPTION AUDIT CHECKLIST

↓ Analyze retrieved data

SUBMITTED TO HOSPITAL PHARMACY DEPARTMENT AND QUALITY COMMITTEE

METHODOLOGY

- Area of study-IP Floors of Action Cancer Hospital
- Study Design-Descriptive and Cross –sectional
- Duration of Study -1 Month
- Sample Size-100 patients
- Sample Technique-Simple Random Sampling
- Inclusion Criteria-Patients admitted on the 2 3 and B block of ACH.
- Data Collection Method- Primary Data Collected through audit

ANALYSIS

MEASURES	SAMPLES SEEN	COMPLETENESS OF PRESCRIPTIONS	% OF INCOMPLETENESS
-Drugs written in **capital** in **Drug sheet**	100	96	4%
-**Date** mentioned in **Drug sheet**	100	99	1%
-**Time** mentioned in **Drug sheet**	100	95	5%
-Drugs written in **capital** in **Progress sheet**	100	84	16%
-**Dose** mentioned in **Progress sheet**	100	99	1%
-**Antibiotics** written in **RED INK**	100	95	5%
-**Allergy Mentioned**	100	85	15%

CONCLUSION

- The checklist of the prescription audit had 10 parameters.
- Seen in the table above are the parameters in which deficiencies were found.
- The analysis of the audit was forwarded to the Quality and Pharmacy Department.
- Trainings of Doctors will be conducted by them and corrective measures will be taken.

KEY LEARNINGS

✓Learned the roles and responsibilities that comes under the floor admins.
✓Learned how to handle the problems and issues that may arise on the floor and how to solve and handle them.
✓Learned about the protocol that has to be followed while writing the IP Prescriptions.
✓Learned the how to do active and passive audits of the patient's files and also learned the difference between the two.
✓Learned the discharge process that is followed in the hospital and alculated discharge TAT.
✓Leaned the importance of good communication skills.
✓Learned how to analyze the patient's feedbacks and how to reach to the RCA and further plan the CAPA.

USEFULNESS OF INTERNSHIP

- Exposure of the hospital environment and the Operations department.
- Opportunity to apply my theoretical knowledge into practical work.
- Opportunity to work with and interact with people working in different departments and backgrounds.
- Understanding that why is hospital called a complex organization.
- Acquired and learned about many useful skills needed to be a good manager.

SUGGESTIONS

- According to my observation and interactions with the housekeeping supervisors, the number of housekeeping staff should be increased in B-Block of ACH especially for up & down work.
- I also think that if a chemo-mixing lab can be made in B-Block for mixing of chemo medicines of the patients there, a lot of time of the patient's as well as the staff can be saved.

CHALLENGES FACED

➢Tracking the discharge process initially was a challenge for me as I had to ask the nursing staff for every step, but now I am well versed with the process and can track the process at an individual level.

➢Taking the bed-side rounds for the patients in the morning was something that I had no experience in, but now I know how to communicate with the patients & attendings and even used to take bed-side rounds individually also.

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