Summer Internship Program at Sri Balaji Action Medical Institute
Audit of VTE risk assessment and Prophylaxis and in ICU

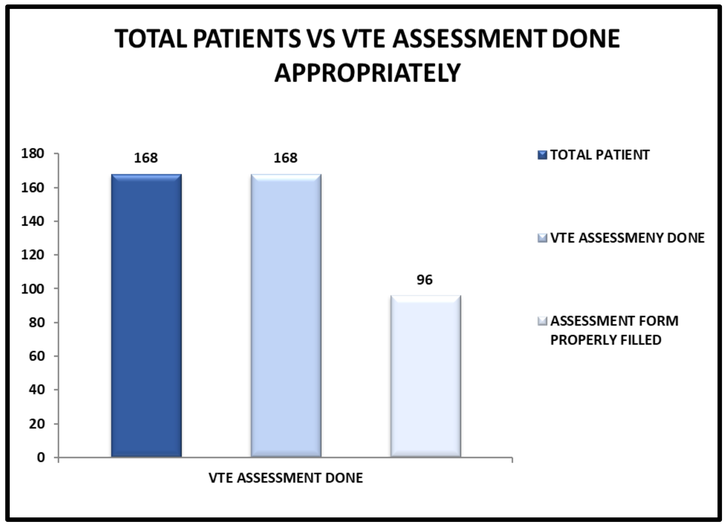
IIHMR UNIVERSITY

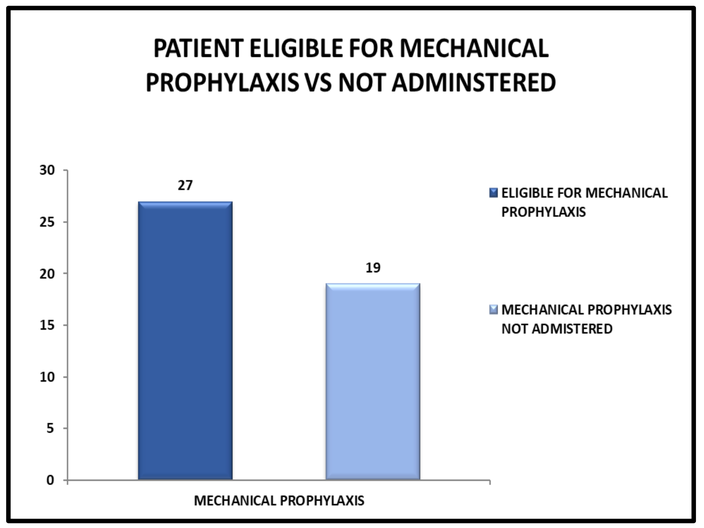
ABOUT THE ORGANISATION

Sri Balaji Action Medical Institute was founded in 2005.
In 2005 Action Group of companies forayed into the healthcare sector with the launch of Sri Balaji Action Medical Institute, Paschim Vihar.
In 2010 Action Cancer Hospital was started to develop in specialised cancer care centre with all cancer care specialities under one roof. The hospital also started imparting training through the Diplomate of National Board (DNB) programme. The hospital also started a nursing training facility under the name of Ginni Devi Action School of Nursing.
In 2011 Sri Balaji Action Medical Institute announce a cashless facility
In 2014 Dept. of Neurology of Sri Balaji Action Medical Institute organised ENDOSPINECON. It was two days conference aimed at training young spine surgeons to enhance their knowledge and skills in endoscopic spine surgery.
In 2015, Sri Balaji Action Medical Institute is listed of 52 Delhi hospitals that are obligated to provide free treatment to those who belong to the Economically Weaker Section, which means household income of less than 1 lakh per annum.
Sri Balaji Action Medical Institute has been established with a mission to provide world-class integrated healthcare facilities to all sections of society with a humanitarian touch while maintaining a high standard of ethical practice and professional competency with emphasis on training and education leading to research. "The Institute will impart free Medicare to the poor and needy people with an aim to run the institute on no profit no loss basis".
"The Institute has been promoted by Lala Munni Lal Mange Ram Charitable Trust of Action Group of Companies. The chairman of the trust Lala Mange Ram Agarwal, a great philanthropist had a strong desire to build a hospital for the service of mankind".
The Logo of the Institute portrays its philosophy; it consists of a hand embracing the flame of life with a sphere in the background. The Human Hand represents the healing touch and health care our dedicated teams of professionals provide to brighten the lives of those who come to us. The Flame denotes the traditional values of honesty and selfless service towards our patients. The Sphere in the background reflects our commitment to maintaining international standards of excellence

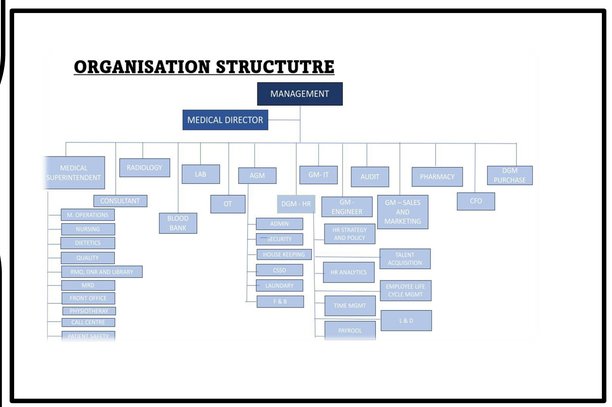
Introduction to the Project

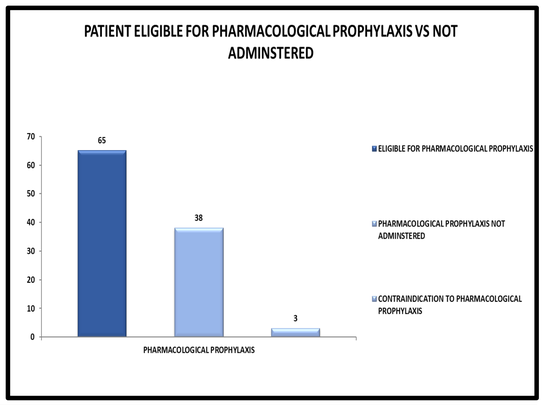
- **TOPIC:** Audit of VTE Risk Assessment and Prophylaxis in ICU.
- **AIM:** To prevent the occurrence of VTE in ICU patients and increase the rate of compliance in the documentation and management of VTE
- **OBJECTIVE:**
- To report the findings of the complete audit cycle on VTE risk assessment and prophylaxis in the ICU.
- Review the literature concerning the factors which cause DVT.
- Root cause analysis followed by determining the areas of quality improvement.
- To close the gap between optimal care and which is being delivered. Compliance in the documentation and management of VTE.





TOTAL PATIENT	VTE FORM PRESENT IN FILE	VTE FORM FILLED APPROPRIATELY	PATIENT ELIGIBLE FOR MECHANICAL PROPHYLAXSIS	ELIGIBLE PATIENT NOT ADMINSTERED MECHANICAL PROPHYLAXSIS	PATIENT ELIGIBLE FOR PHARMAC-OLOGICAL PROPHYLAXSIS	ELIGIBLE PATIENT NOT ADMINSTERED PHARMACO-LOGICAL PROPHYLAXSIS
168	168	96	27	19	65	38
COMPLIANCE RATE OF MECHANICAL PROPHYLAXSIS- 29.62%				NON-COMPLIANCE RATE OF MECHANICAL PROPHYLAXIS- 70.37%		
COMPLIANCE RATE OF PHARMACOLOGICAL PROPHYLAXSIS- 41.53%				NON-COMPLIANCE RATE OF PHARMACOLOGICAL PROPHYLAXSIS – 58.46%		
COMPLIANCE RATE OF FILLING VTE FORM APPROPRIATELY – 57.14%				NON-COMPLIANCE RATE OF FILLING VTE FORM APPROPRIATELY – 42.85%		





SWOT ANALYSIS

STRENGTH:
- The department utilize data analysis and quality metrics to identify areas for improvement and track progress over time.
- Knowledgeable professionals who are well-versed in healthcare quality improvement methodologies and regulations.

WEAKNESS:
- Implementing quality improvement initiatives may face resistance from healthcare professionals who are accustomed to existing practices, potentially hindering progress.
- Ineffective communication with other hospital department lead to delays in quality concerns

OPPORTUNITIES:
- Identifying and optimizing operational processes can lead to streamlined workflows, reduced errors, and improved patient outcomes.

THREATS:
- Evolving healthcare regulations and compliance requirements may pose challenges to the quality department in maintaining compliance and adapting to new standards.

Learning and value Addition done during the internship:
- Gained skills in collecting and analysis of data, understanding performance indicators, and using statistical methods to measure and monitor quality indicators.
- Learned about patient safety initiatives, including protocols for medication reconciliation, infection control measures, incident reporting systems, and the implementation of evidence-based practices to reduce medical errors

The usefulness of internship:
- Exposure to the working environment.
- It gave me insights into the quality department of Sri Balaji Action Medical Institute.

Challenges faced during the internship:
- Changes to improve quality faced resistance from staff members who are comfortable with the existing systems.
- Hospitals operate with limited staff and time. This can make it challenging to implement and sustain quality improvement initiatives effectively

ROOT CAUSE ANALYSIS:
- Some patients develop complications after the initial assessment form does not have an option for re-assessment of VTE. (e.g.: patients develop the risk of VTE after surgical intervention although it was not present at the time of initial assessment.)
- Lack of awareness about proper documentation of VTE Form.
- Primary team prescribes Prophylaxis as per the condition of the patient.

CORRECTIVE ACTION AND PREVENTIVE ACTION:
- VTE form is revised for re-assessment of the patient.
- Strengthen the practice of filling out the VTE assessment form appropriately.
- Duty doctors are sensitized to discuss with the primary team once whether to take any precautionary measure after the surgical interventional or any other relevant procedure for DVT.

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