Initial Assessment And Prescription Audit Of In-Patient Department

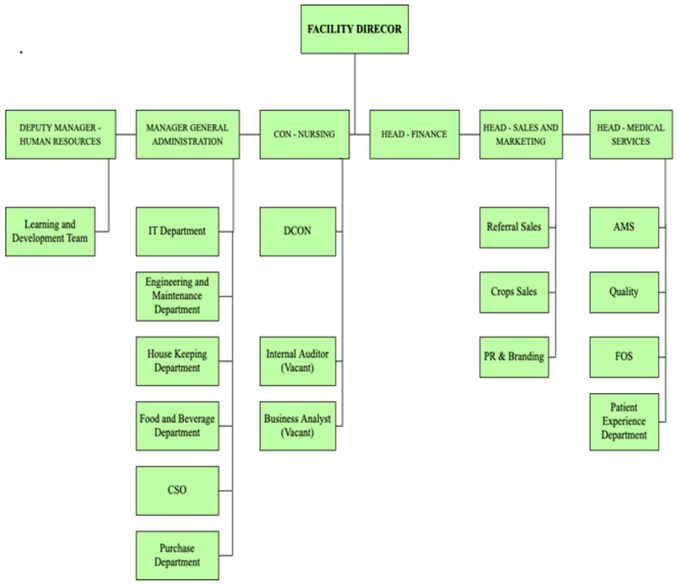
Brief history:

Fortis Healthcare Limited (FHL) was incorporated in 1996. It is one of the largest healthcare organizations in the country. The Fortis Memorial Research Institute hospital at Gurgaon is the headquarter and flagship hospital of Fortis Healthcare. Fortis Hospital CG road was established in 1990. It is a tertiary care hospital. It is known for interventional cardiology and cardiac surgery

Vision : "Saving and Enriching Lives"

Mission : To be a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care"

Organization Structure:



Difference between theoretical and Practical work

Theoretical work is very important to understand the fundamental concepts and have know-how about how something works and its mechanism, but without practice, one is not able to perform the activity as well as he could. Practical knowledge guarantees that you are able to actually do something instead of simply knowing how to do it.

Presented by : Priyanka Prakash (1355)
MBA-HM-26

Objectives:

To asses the compliance and non-compliance In-patient prescriptions with respect to different types of Prescription Audit parameters of different departments.

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Initial Assessment Analysis (Auditing):

Department	*Parameters*
Medical Oncology	Diet & Nutrition Assessment=85%, Plan of Care=85%
General Medicine/Surgeon	Diet & Nutrition Assessment=25%
Ortho	Diet & Nutrition Assessment=56%
Urology	Diet & Nutrition Assessment=30%, Plan of Care=90%
Cardio	Diet & Nutrition Assessment=50%

Initial Assessment Analysis (Re-Auditing):

Department	*Parameters*
Medical Oncology	Diet & Nutrition Assessment=90%
General Medicine/Surgeon	All parameters=100%
Ortho	Diet & Nutrition Assessment=80%
Urology	All parameters=100%
Cardio	All parameters=100%

Faculty Mentor : Dr. Seema Mehta
Industry Mentor : Dr. Aparna B A (Unit Head- Medical Services)

SWOT Analysis :

S - Strength	W - Weakness	O - Opportunities	T - Threats
• Experienced Doctors • Quality Accreditation • Largest diagnostic player in India	• Lack of manpower • expensive lab services	• Growing health concerns • Medical Tourism • Corporate Tie-ups	• Rising Competition • Prohibitive Healthcare costs

Method-observation study :

- Sample size- 110
- Initial Assessment parameters that were observed are department, doctor's name, IPID, Date & Time of Admission, Doctor& Nurse Assessment, Diet & Nutrition Assessment, Physio, Pain, Plan of care, Diagnosis, sx/rx.
- Prescription Audit parameters that were observed are Department, doctor name, IPID, Name of drug, Dosage, Route of Admission, Frequency, Allergic history, Doctors sign.

Suggestions :

1). Adhere to the best prescription practice as per the standard, for better quality and efficiency of the In-Patient Department.
2). Diet and Nutrition Assessment should be done on timely basis for better patient care of the IP-Department.
3) Implementation of Electronic Medical Record (EMR) to record patient's history which enables quick access to patient records for more coordinated, efficient care.
4) Lack of Manpower was the main cause; this needs to be investigated by appointing sufficient staff wherever required for better health care facility of patients of In-Patient Department.

Challenges Faced During Internship :

- Collection of data for assessment was hard when the In-Patient files were taken by the doctor for rounds.

Learning and Value Addition During Internship:

- Prescription Auditing skills
- Initial Assessment of In-Patient files
- Built a professional network
- Exposure of different departments in hospitals