COMPLIANCE AUDIT FOR TOTAL KNEE REPLACEMENT CLINICAL PATHWAY

Presented By : Dr. Surbhi Handa MBA HM 26 (ROLL NO:1425)

Guided by: Dr. Arindam Das

About Fortis Hospital, Mohali

- Fortis Healthcare Limited is an Indian multinational chain of private hospitals headquartered in India.
- Fortis started its health care operations from Mohali where first Fortis hospital was started.
- Fortis Mohali was established in 2001 and the hospital has successfully Managed to develop world class facilities
- The hospital has been accredited by Joint Commission International (JCI) Since 2007 and National Accreditation Board of Hospitals (NABH), India (Renewed for the 4th time in 2014)
- 348 bedded hospital.

Organization Vision and Mission

- **VISION** – "Saving and Enriching lives."
- **MISSION** -"To be a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care.

Challenges Faced

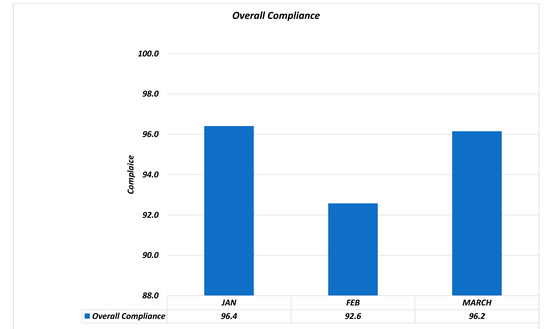
- During the initial phase of my internship, it was difficult for me to understand the clinical terms in the live files when I was asked to audit.

I was unaware about the File Auditing procedures.

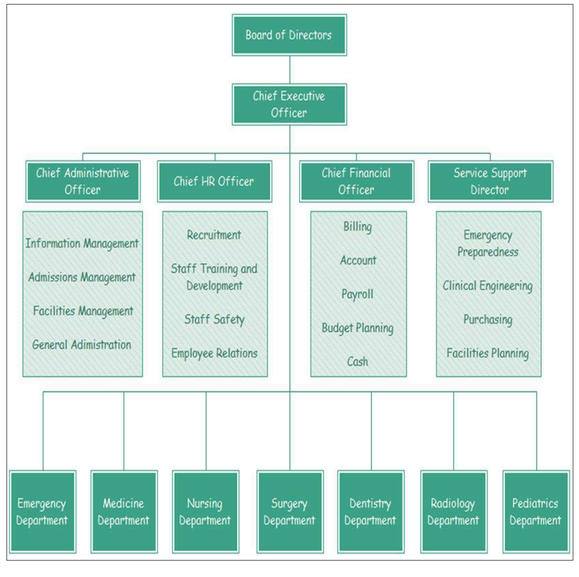
Objectives

- To check whether all the guidelines of NABH and Checklist provided by the quality assurance department.
- To do file auditing of patient's files of Total Knee Replacement.
- To identify if there are any drawbacks or problems occurring in the files considering all the parameters/checklist.

Overall Compliance



Organizational Structure



Theoretical Exposure

- Identification of gaps in the documentation of the clinical pathway of TKR using NABH checklist
- Auditing the live MRD documentations of wards and ICU department on daily basis

NEED FOR RESEARCH

- Clinical audit plays a crucial role in the quality improvement process. It usually measures a clinical outcome or a clinical process against hospital standards. This comparison between clinical practice and standards leads to the formulation of strategies, which further improves daily care quality. This method of auditing examines the efficacy of the medical procedures performed.

Swot Analysis

STRENGTH	WEAKNESS
Competent staff Ortho patient care Quality accreditations	Patient perceived fortis as expensive hospital
OPPURTUNITY	**THREATS**
Economy of the country is growing. Improving awareness about the need for Total Knee Replacement surgery.	Competition, prohibitive healthcare costs Regulatory framework and processes are lengthy.

Suggestions

1. Proper documentation discharge planning and implementation of physiotherapy form. The findings can be discussed in Quality & patient safety meeting and shared with the concerned team.
2. Training and re-education of the nurses and entire team involved during the process of TKR surgery every quarter to discuss the solutions to the reported shortcomings.
3. Re-audit henceforth can be planned from 'May 22–July'22.

Limitations

1. There was no interaction with the patients it can lead to biased outcome.
2. Could not assess the patients who were undergoing the procedure for total knee replacement so study was limited to the files of the patients who were discharged after procedure.
3. Longitudinal effect-This study was conducted for 3months so it was constraint by the due date.

COMPLIANIANCE OF TOTAL KNEE REPLACEMENT CLINICAL PATHWAY

Presented By : Dr. SURBHI HANDA MBA HM 26 (ROLL NO:1425)

Guided by: Under the guidance of: Dr. Arindam Das

INTRODUCTION

The implementation and utilities of clinical care pathway in a total knee replacement and highlight its role in the control critical outcomes like wound dressing, antibiotic prophylaxis etc. It also indicates the importance of timelines and key performance indicators of hospital administrators, effectiveness of clinical decision making of medical professionals and their overall contribution in quality improvement of healthcare and thus hospital management

LITERATURE REVIEW

Why are patients dissatisfied following a total knee replacement? A systematic review: The systematic review identified 181 relevant articles in total. A history of mental health problems was the most frequently reported factor affecting patient satisfaction (13 reporting's). When the results of the quality assessment were taken into consideration, a negative history of mental health problems, use of a mobile-bearing insert, patellar resurfacing, severe pre-operative radiological degenerative change, negative history of low back pain, no/less post-operative pain, good post-operative physical function, and pre-operative expectations being met were important factors leading to better patient satisfaction following a TKR.

RESEARCH QUESTION

What are the gaps in the file documentation in the month of Jan, Feb and March?

NEED FOR RESEARCH

Clinical audit plays a crucial role in the quality improvement process. It usually measures a clinical outcome or a clinical process against hospital standards. This comparison between clinical practice and standards leads to the formulation of strategies, which further improves daily care quality. This method of auditing examines the efficacy of the medical procedures performed. It enables the Quality Control department to find out the shortcomings among various procedures performed by tracking few key components from the patient live files. Clinical audit acts as a helpful tool to monitor and advance the clinical practice of doctors and nurses.

OBJECTIVES

- To do file auditing of patient's files of Total Knee Replacement.
- To check whether all the guidelines of NABH and Checklist provided by the quality assurance department.
- To identify if there are any drawbacks or problems occurring in the files considering all the parameters/checklist.
- To provide suggestions for the betterment of the respective problem.

METHODOLOGY

Restructuring of care pathway: Literature review of various hospitals across the world and existing hospital processes were studied. They were further discussed with the team members to make few changes in the existing TKR pathway

Study: Retrospective Study

Sampling: 100% TKR cases (175 cases)

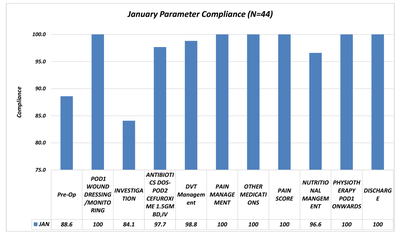
Duration: Jan 22-March 22(3 months)

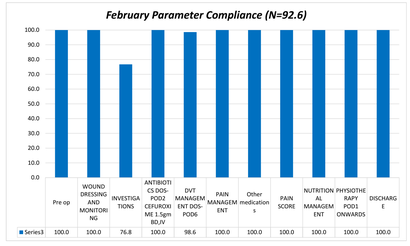
- If the documentation is totally incomplete then, a score of zero (0) is generally given.
- If the documentation is partially incomplete, we mark it as (0.5)
- If it is complete then we will mark it as ten (10)

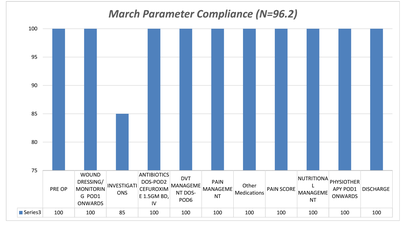
INCLUSION:

All patients who underwent Total knee Replacement surgery

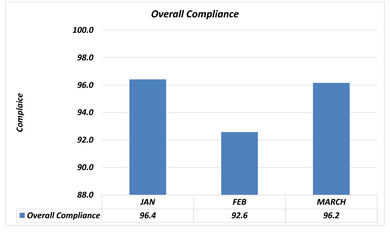
RESULTS & ANALYSIS







COMBINED COMPLIANCEs



CONCLUSION

All patients who underwent Total knee Replacement Surgery were included The findings showed that the outcomes were not in accordance with Compliance for Pre op, Physiotherapy, Discharge plan. Average Compliance for the month of January, February, March was 96.4%, 92.6%and 96.2% respectively. Also, there was low compliance was for some parameters in clinical pathway which was documentation error.

Thereafter, there was low compliance to Pre op, Pain score and management, Investigation plan average compliance for these parameters was low as compared to other parameters, respectively. The findings can be discussed in Monthly Quality Steering meeting and shared with the concerned team, thirdly re-audit can be planned from 'may'22 – july'22, lastly training and re-education of the nurses and entire team involved during the process of TKR surgery should be given quarterly to discuss the solutions to the reported shortcomings.

LIMITATIONS

1. There was no interaction with the patients it can lead to biased outcome.
2. Longitudinal effect-This study was conducted for 3months, so it was constraint by the due date.
3. Could not assess the patients who were undergoing the procedure for total knee replacement, so study was limited to the files of the patients who were discharged after procedure.

REFERENCES

REFERENCE - https://link.springer.com/article/10.1007/s00264-020-04607-9

Reference : https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01061/full