FORTIS HOSPITAL, ANANDAPUR

Summer Training Project Report

- Dr. Shraddha Gawande

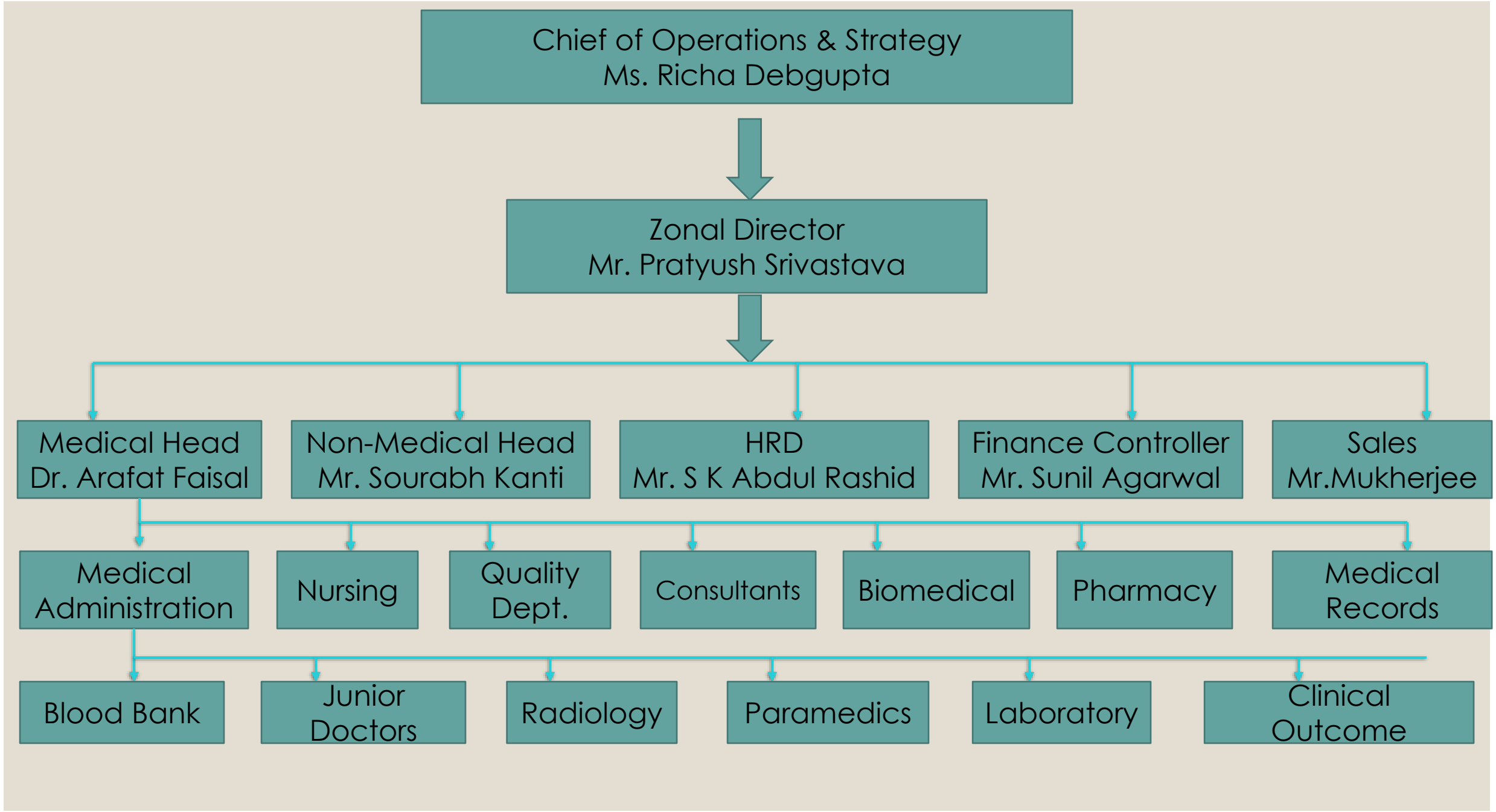
About Fortis:

- Vision: Saving & Enriching Lives.
- Mission: To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive patient care.
- Recent Achievements:
  - It was the First Hospital to conduct Heart Transplant surgery in East India in 2018.
  - It also received the AHPI Award 2019 for "Quality Beyond Accreditation".

S.T.P for Fortis Hospital

- Segmentation, Targeting and Positioning. Every hospital has their own STP model.
- As per my observation, Fortis, Anandapur comes under the following STP model:
- **Segment (S):** Geographical segment- People from East side of the country (West Bengal, Bihar, Jharkhand, Odisha and other North Eastern states). They also aim to cater health services to neighbouring countries like Bhutan, Bangladesh, Nepal.
- **Target (T):** People seeking Medical help.
- **Positioning (P):** They provide various health services like Cardiac, Dental, Dermatology, Endocrinology, ENT, Gastroenterology, Orthopaedics, etc. However, they are successful in positioning themselves as an hospital specializing in Cardiothoracic Vascular surgery, Nephrology & Urology surgeries, Critical care, Neurosurgery and Pulmonology.

Introduction To Medical Administration


Chief of Operations & Strategy
Ms. Richa Debgupta
Zonal Director
Mr. Pratyush Srivastava
Medical Head
Dr. Arafat Faisal
Non-Medical Head
Mr. Sourabh Kanti
HRD
Mr. S K Abdul Rashid
Finance Controller
Mr. Sunil Agarwal
Sales
Mr.Mukherjee
Medical Administration
Nursing
Quality Dept.
Consultants
Biomedical
Pharmacy
Medical Records
Blood Bank
Junior Doctors
Radiology
Paramedics
Laboratory
Clinical Outcome

The job of an Administrator is always adapting to the needs of the hospital. It's their hard work and keen observation that runs the hospital smoothly.

- **Mission:** To create a balanced work environment between the Doctors, Nurses, staff members, technicians and administration to perform their primary duties of looking after patients, professionally and ethically.
- **Vision:** Motivating the medical teams and allied staff members to perform their roles, tasks and functions to the best of their abilities to make the patients feel comfortable at all times.
- **Responsibilities:**
  - Overseeing the day-to-day operations of the hospital and working with employees at every level of the business.
  - Making ROSTER for resident Doctors and placing them in departments where the efficiency of their work increases and benefits the assigned patient and the dept.
  - They have to collaborate with vendors, contractors, suppliers and other partners on a regular basis. Keeping the hospital stocked with drugs, medicines, food items, equipment's and machineries is a fundamental thing.

Observational Learning

Functioning of Blood Bank

- Fortis Hospital, Anandapur has an In-house Blood centre where blood is donated, stored as well as collected for transfusion. It is open 24 hours. They currently have 1 medical officer and 7 technicians doing 24 hours coverage.

- They cater the following items:
- Whole blood (WB)
- Packed red blood cell (PRBC)
- Fresh Frozen Plasma (FFP)
- Platelet concentrate
- Cryoprecipitate

Suggested Action Plan:

- To increase voluntary donations, non-monetary incentives can be given to the employees like:
  - Giving leave the next day of donation.
  - 50% discount on Annual Health Checkup.

To attract patient's from outside, Hospital can increase the frequency of blood donation camps. It can be done in Colleges, Offices, Societies, Corporate tie ups.

OPD Pharmacy Issue

- OPD Pharmacy mostly generates it's revenue by selling medicines to the discharged patients.
- As per my observation, sales of OPD pharmacy are stagnant. Patient's getting discharge/ LAMA, generally walk out of the hospital without taking medicines from OPD Pharmacy which has thereby reduced the revenue generation.

- **Suggested Action Plan:**
  1. While discharge, the patient's family should be guided towards the pharmacy for purchasing the prescribed medicines.
  2. Instead of handling over the discharge summary or the prescription to the patient or their family, it should be directly mailed or indented to the pharmacy which would automatically direct the patient family towards OPD Pharmacy.
  3. Pharmacy can provide some incentive on billing of Rs. 3000/- and above. Either giving 20% off on their next billing or by providing them some free blood test on their next visit can encourage them to buy from us.

Fire Mock Drill

- Conducted on- 11th June, 2021
- Location- OT

- Learnings-
  a. Class A fires→ Fire involving solid combustible materials of organic nature like wood, paper, rubber, plastics, etc.
  b. Class B fires→ Fire involving flammable liquids or liquefiable solids.
  c. Class C fires→ Fire involving flammable gases under pressure including liquefied gases.
  d. Class D fires→ Fire involving combustible metals such as Magnesium, Aluminium, Zinc, Sodium, etc. These fires require special techniques to extinguish.

- Types of Fire Extinguishers in this Hospital:

  - Water based- For Class A fire.
  - Powder based- For Class B & C fire.
  - CO_2 based- For Class B & C fire.

How to use CO_2 Extinguisher:

- Pull out the safety pin.
- Hold the discharge pipe and keep it straight facing towards the fire.
- Rotate the knob anti-clockwise.
- Direct the discharge pipe at the base of fire.

Action Plan during Fire Emergency:

- Ring the Fire Alarm

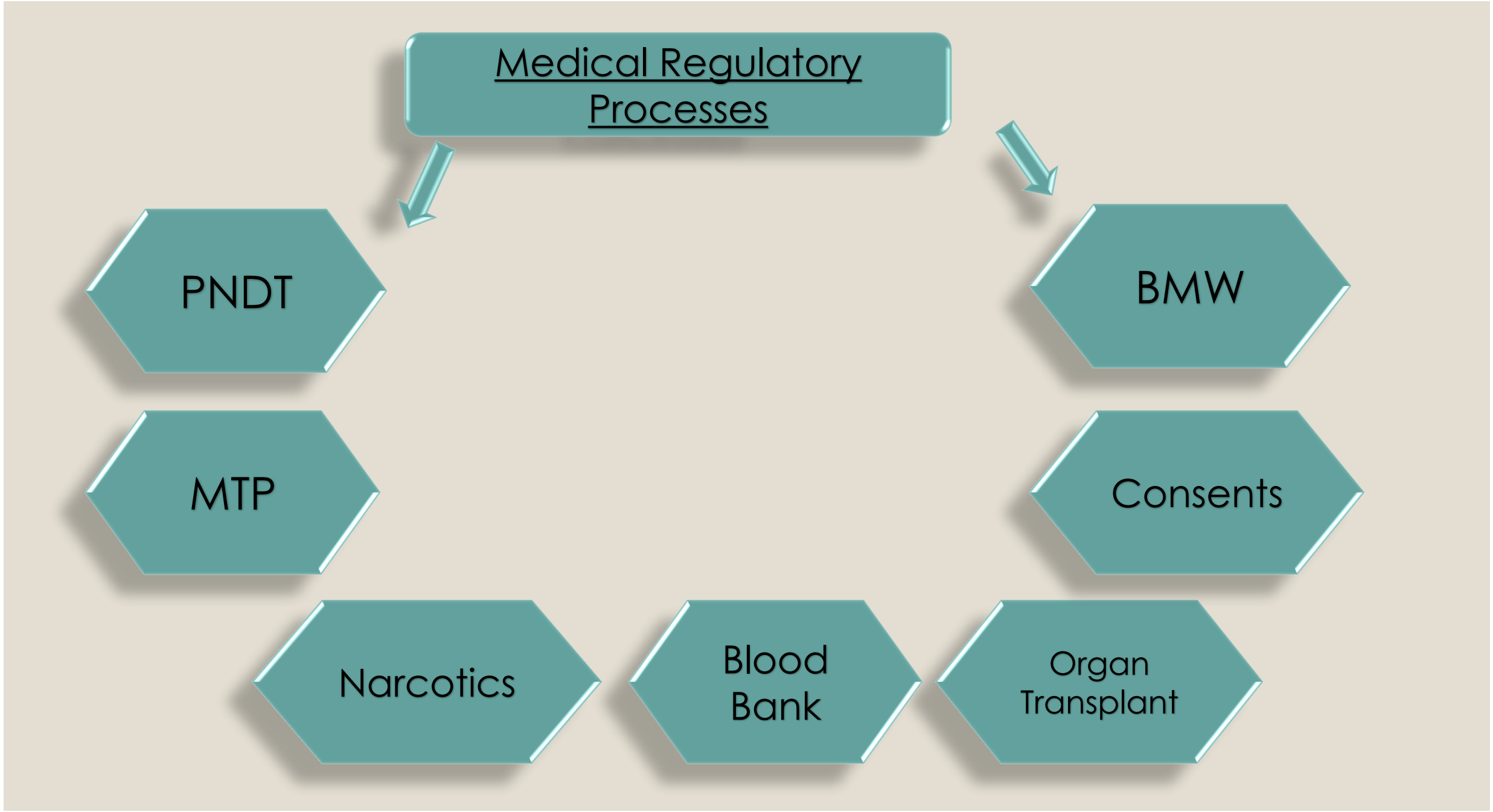
- Dial the safety number & call security for help.

- Use the Extinguisher at the base of the fire.

- Evacuate pt. & staff through Fire exit

Study Of Medical Regulatory Processes

Project Topic


Medical Regulatory Processes
PNDT
MTP
Narcotics
Blood Bank
Organ Transplant
BMW
Consents

PNDT (Pre-Natal Diagnostic Technique)

- It is a diagnostic technique for detecting growth of the foetus, genetic abnormalities, metabolic disorders or chromosomal abnormalities of the foetus.
- PNDT Act forbids any test or procedures for Sex determination of the foetus.

- **Prenatal Diagnostic Procedures:**

- Ultrasound
- Amniocentesis
- Chorionic villi biopsy
- Fetoscopy
- Foetal skin or organ biopsy
- Cordocentesis

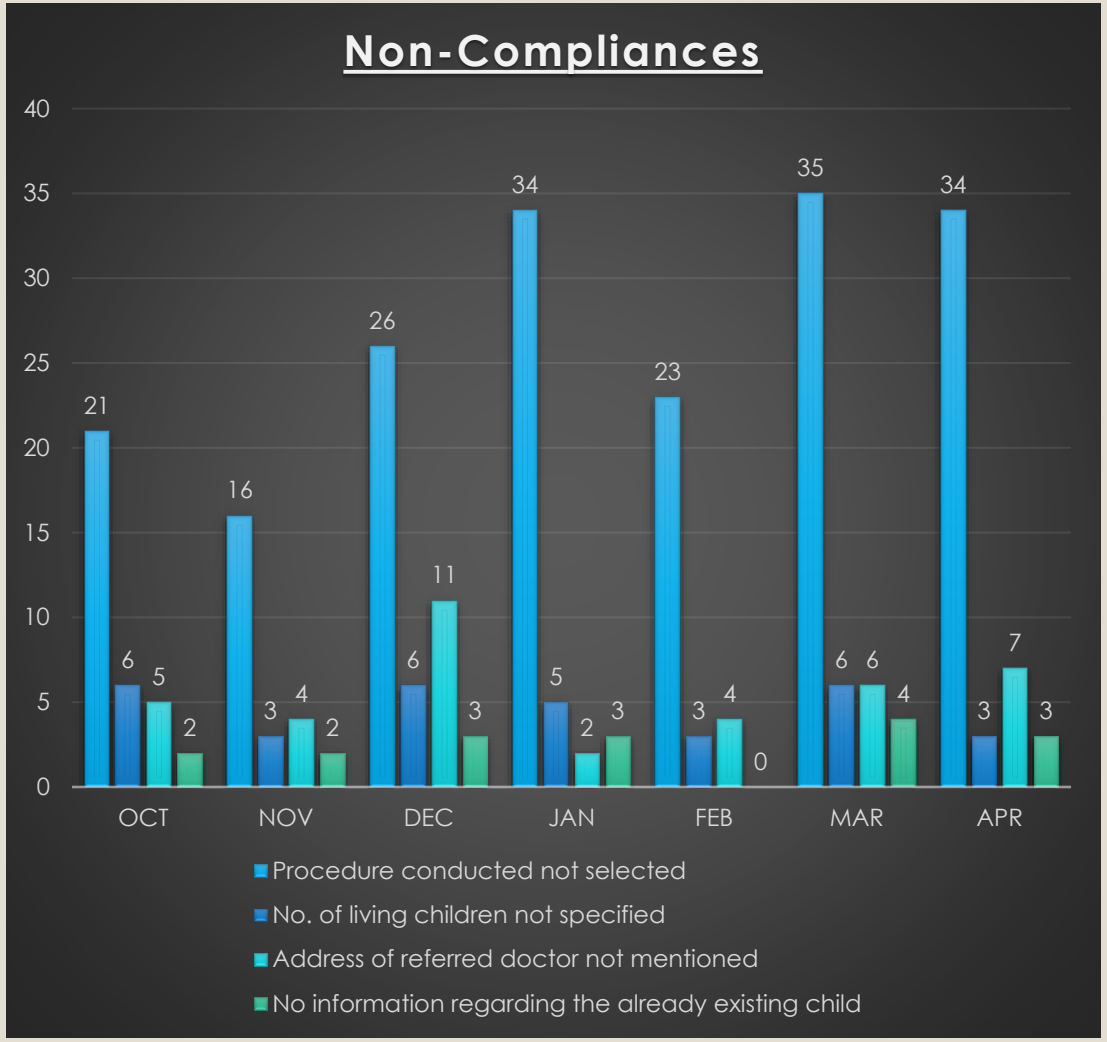
Qualified Persons:

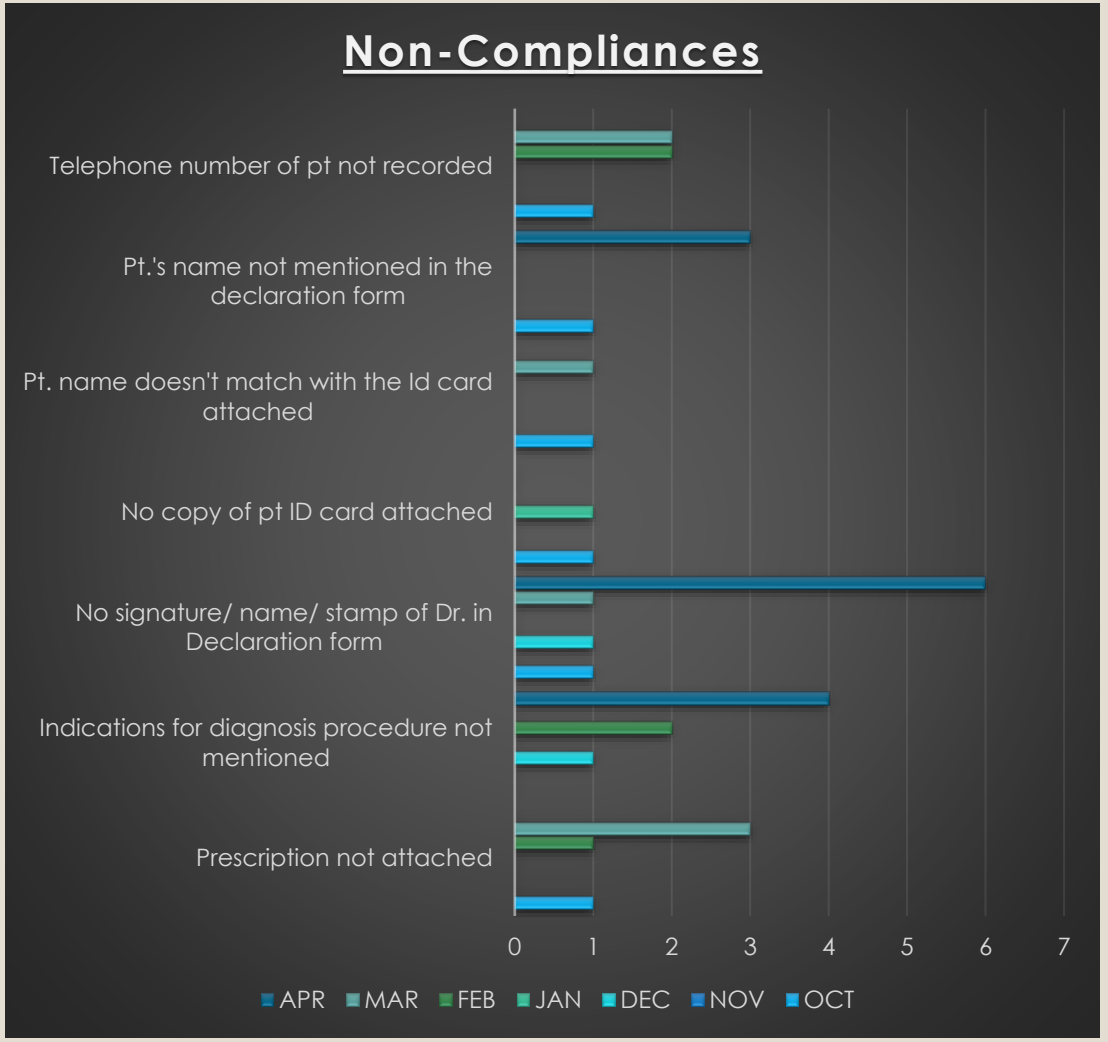
- Radiologist
- Sonologist/ Imaging specialist
- Gynecologist
- Registered Medical Practioner (having Post graduate degree or diploma or six months training of PND techniques)
- Medical Geneticist

Study of Adherence towards PNDT Act

- According to the PNDT Act, diagnostic centres will have to maintain documentation of the procedures. “Form F” is mandated to be filled by the centres.

- An Audit was conducted to check whether all the parameters given in Form F are met with the requirement. A Sample size of 236 cases was taken from October 2020 to April 2021.
- Non-Compliance was observed in various components of the documentation.


Non-Compliances
40
35
30
25
20
15
10
5
0
21
6
5
2
16
3
4
2
26
6
11
3
34
5
2
3
23
3
4
0
35
6
6
4
34
3
7
3
OCT
NOV
DEC
JAN
FEB
MAR
APR
Procedure conducted not selected
No. of living children not specified
Address of referred doctor not mentioned
No information regarding the already existing child


Non-Compliances
Telephone number of pt not recorded
Pt.'s name not mentioned in the declaration form
Pt. name doesn't match with the Id card attached
No copy of pt ID card attached
No signature/ name/ stamp of Dr. in Declaration form
Indications for diagnosis procedure not mentioned
Prescription not attached
0
1
2
3
4
5
6
7
APR
MAR
FEB
JAN
DEC
NOV
OCT

Inference

- The graph depicts there is a constant habit of not filling these criteria's:

- "Procedure not conducted"- being one of the major parameter, it should be filled in every patient form. Out of 236 forms, 189 forms didn't mention about this parameter.
- "Number of living children"- This parameter gives an idea about the time gap between the two children. Hence, it is important to record this parameter for conducting safe delivery. 32 files didn't have this parameter filled.
- "Address of referred Dr. not mentioned"- 39 files didn't record the address of referred Dr. Being a parameter in the 'Form F', it should be filled for proper documentation.
- "No information regarding the already existing child"- 17 files didn't register this information in the file.
- "Prescription not attached"- This is a Major Non-Compliance and it should be taken care of. 5 case files doesn't have prescription attached.
- All the above mentioned parameters are mandatory to be filled but there is a Non-compliance which shows the documentation is not satisfactory.

MTP

- MTP is a procedure of Medical Termination of Pregnancy.
- As per the SOP of MTP, Patient's Confidentiality has to be maintained right from the Admission to the Discharge.
- According to the SOP, a Checklist has to be attached in the patient Case file which is to be filled and verified at every level.
- Form 1 and Form C should be filled and kept in a sealed envelope.
- Admission Register is to be filled with all the parameters mentioned in the SOP.
- Any unfilled/ unsigned parameter will be considered as a Non-Compliance in the documentation process.

- From 3rd February 2020 till 16th May 2021, 10 MTP procedures were performed.

- An Audit was conducted to check if there are Non-Compliances in the Admission Register.
- Parameters to be mentioned in Admission Register:

FORM III

(See Regulation 5)

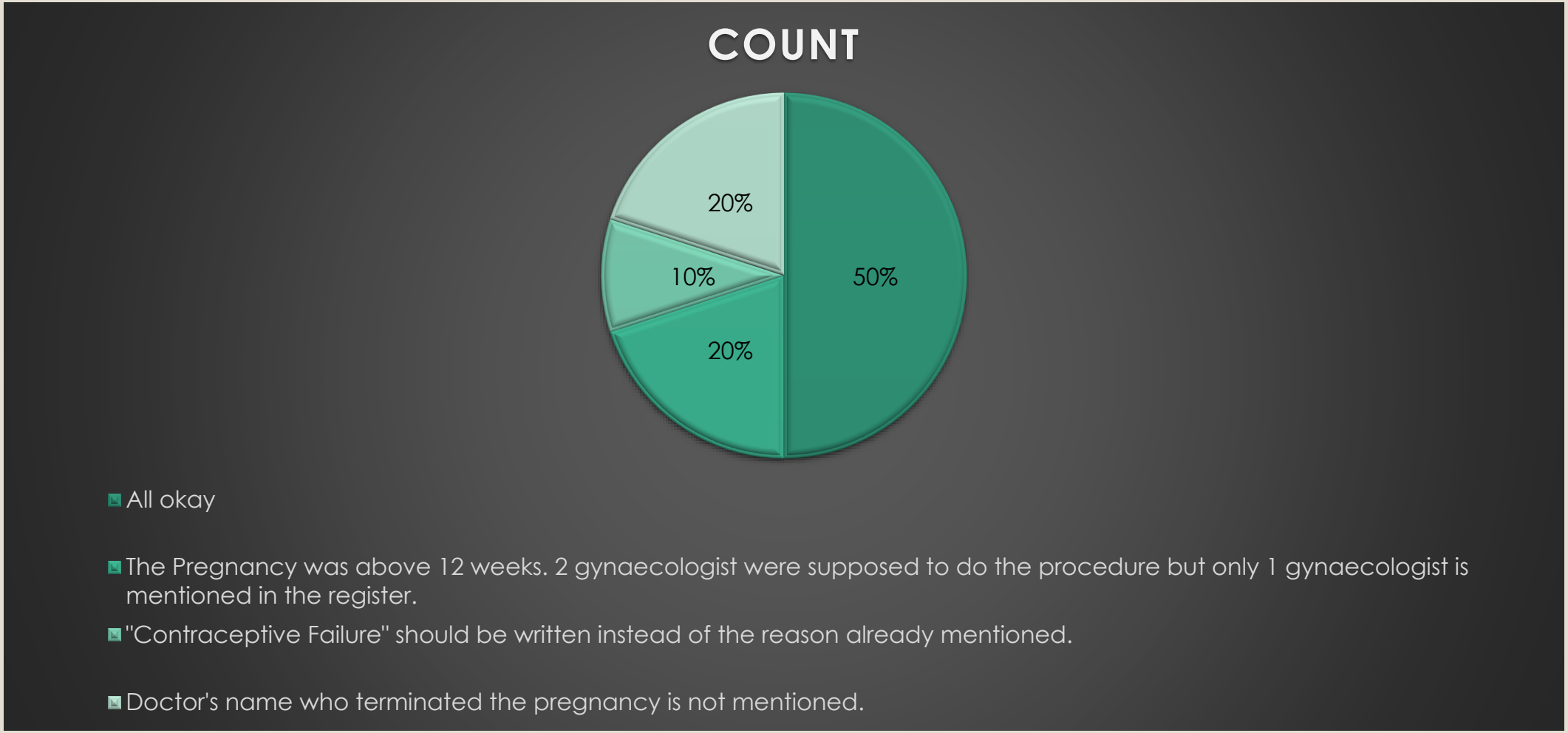
ADMISSION REGISTER

(To be destroyed on the expiry of five years from the dated of the last entry in the Register)

1	2	3	4	5	6	7
S. No.	Date of Admission	Name of the Patient	Wife/Daughter of	Age	Religion	Address

8	9	10	11	12	13	14
Duration of Pregnancy	Reasons on which Pregnancy is terminated	Date of termination of Pregnancy	Date of discharge of patient	Result and Remarks	Name of Registered Medical Practitioner (s) by who the opinion is formed	Name of Registered Medical Practitioner (s) by whom Pregnancy is terminated

Compliances & Non-Compliances Observed



Transplant of Organs

Organ Transplant comes under some of the renowned surgeries of Fortis Hospital.

Every step of the procedure is followed according to the SOP.

Since January 2021 to April 2021, 5 Transplant surgeries were conducted.

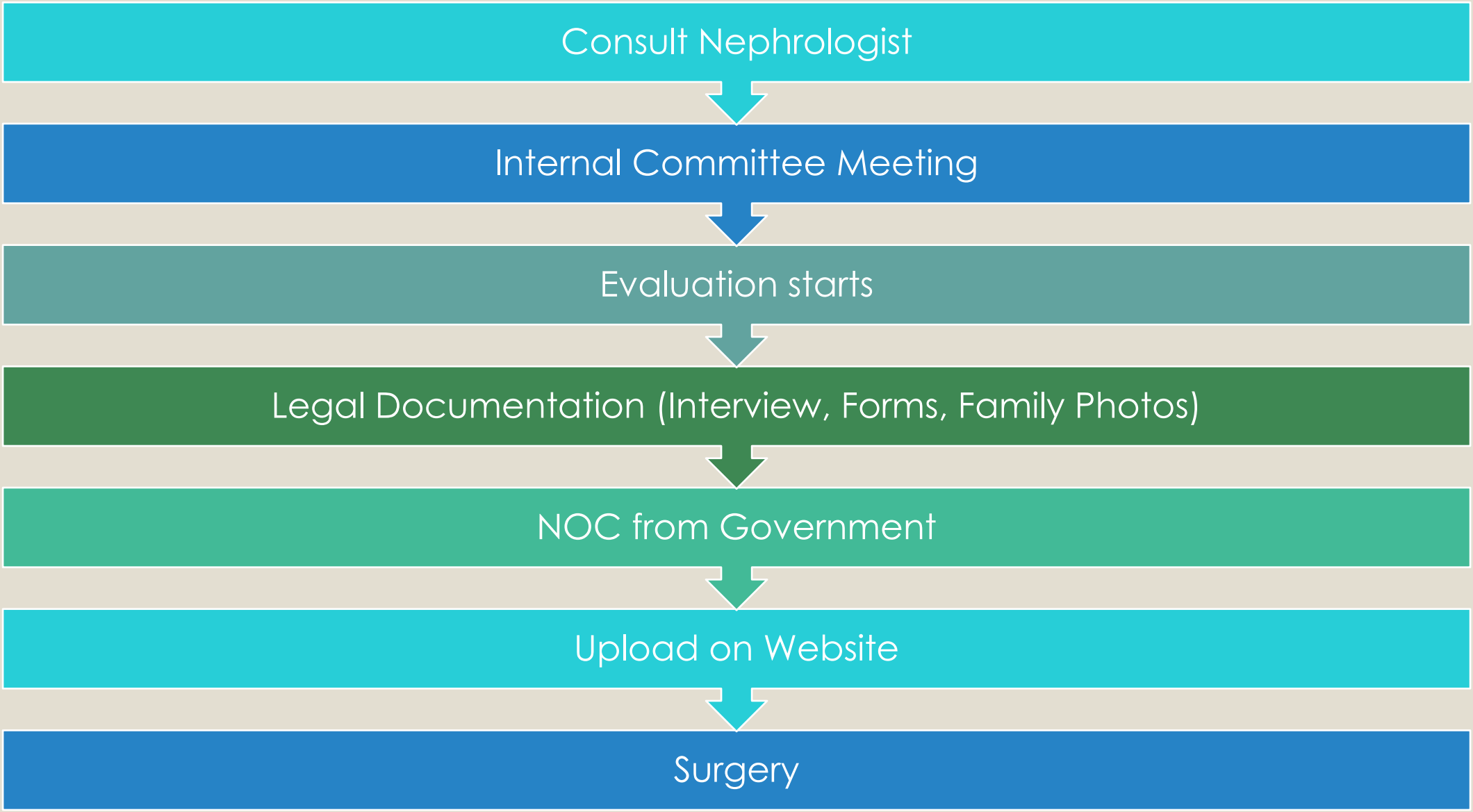
A Checklist is to be filled by the staff and other respective members whose signatures are required on the Checklist.

Affix Patient's Sticker	Patient's Name : Age/Gender : ____yrs / Father's/Husband's Name : Address :	Hospital Name & Logo

Responsibility		CHECKLIST FOR **LIVING DONOR** ORGAN TRANSPLANT CASES	Response Yes/No/NA	Signature
Front Office	Admission	Has the UHID been created/modified using the abovementioned details ?		
		Has the Admission been made with this UHID ?		
		Have you pasted the Patient's Sticker on the Checklist ?		
		Have you attached the Checklist in the Patient File ?		
		Have Informed the Medical Head regarding a patient being admitted for Organ transplant ?		
Transplant Coordinator	Demographic Details	Verified that the Demographic details in Legal File and Admission File match		
	Counselling for Transplant	Dedicated Counselling session has been conducted by the Transplant Surgeon		
		Summary of counselling session (date, time, location, attended by, counselled by etc.) is documented & signed by person(s) providing & receiving counselling.		
	Procedural Consent	There is no overwriting in the form		
		All columns are filled in - where not applicable either NA is written or it is struck out		
		Is the Consent signed by the Transplant Surgeon, Patient/Surrogate, Witness and Interpreter (if applicable)		
		Transplant Surgeon's Stamp is affixed		
		In case of High Risk Cases High Risk Consent has been taken & Reasons for high risk have been documented		
		The procedure mentioned on the Consent form matches the procedure mentioned on Form 10 (Form 11 in states which have adopted 2014 THOTR) & Approval Letter		
		Side of the Organ to be removed (Left / Right) is specified in the consent form (Donor only)		
		The process of explaining & signing the procedural consent has been Video recorded		
	Availablility of documents in Case File	Copy of Approval Letter from relevant Committee is available in the Case File.		
		If Approval is subject to certain document, the copy of such document(s) is available		
		Copy of Form 1a (Form 1) for Near Relatives OR Form 1b (Form 2) for Spousal cases OR Form 1c (fORM 3) for Not/Other Than Near Relatives is available in the Case File		
		Copy of Form 10 (Form 11 in states which have adopted 2014 THOTR) is available in the Case File		
	Video Recording	The proceedings of the committee have been video recorded & is the recording available (for cases approved by Hospital Based Authorization Committee / Internal Committee)		
	Legal Documents	Verified that all checklist points of the Legal File are in order		
	Clearance	I give my clearance after checking that the above points are in order		
Medical Head	Clearance	I give my Clearance after checking that the above points are in order		
Assigned Nurse (Ward)		Have checked that the above Checklist is in Order before shifting the patient to OT		
Medical Head	Clearance	I give my Clearance after checking that the above points are in order		
Assigned Nurse (Ward)		Have checked that the above Checklist is in Order before shifting the patient to OT		
OT Manager	Availablility of documents in Donor Case File	Procedural consent form is complete in all respects (including signature and stamp of operating surgeon), and the procedure mentioned matches the procedure mentioned in Form 10 (Form 11 in states which have adopted 2014 THOTR) & Approval Letter.		
		Have checked that the Blood Group of the Donor & Recipient match		
	Verification of Identity	Verify identity of the persons undergoing the procedure with details in the respective case file. This is to be done by matching the photographs & other details in Form 1a/1b/1c (Form 1/2/3 in states which have adopted 2014 THOTR) with the person(s) actually undergoing the procedure(s).		
	Clearance	I give my Clearance for shifting the patient to OT after checking that the above points are in order		
Post-Op Staff Nurse	Postoperative advice	The Postoperative advice (OT Notes, PACU notes etc.) has Signatures of surgeon and anesthesiologist		
Assigned Nurse (at the time of discharge)		Send the Case File along with the Checklist to Medical Head before submitting to MRD		
Medical Head		I have checked the above case file & it is in order to be filed in MRD		

MRD to accept Case File only once the Check List is complete. This Checklist to be retained as a part of the Case File

Process for Kidney Transplant



Forms to be filled:

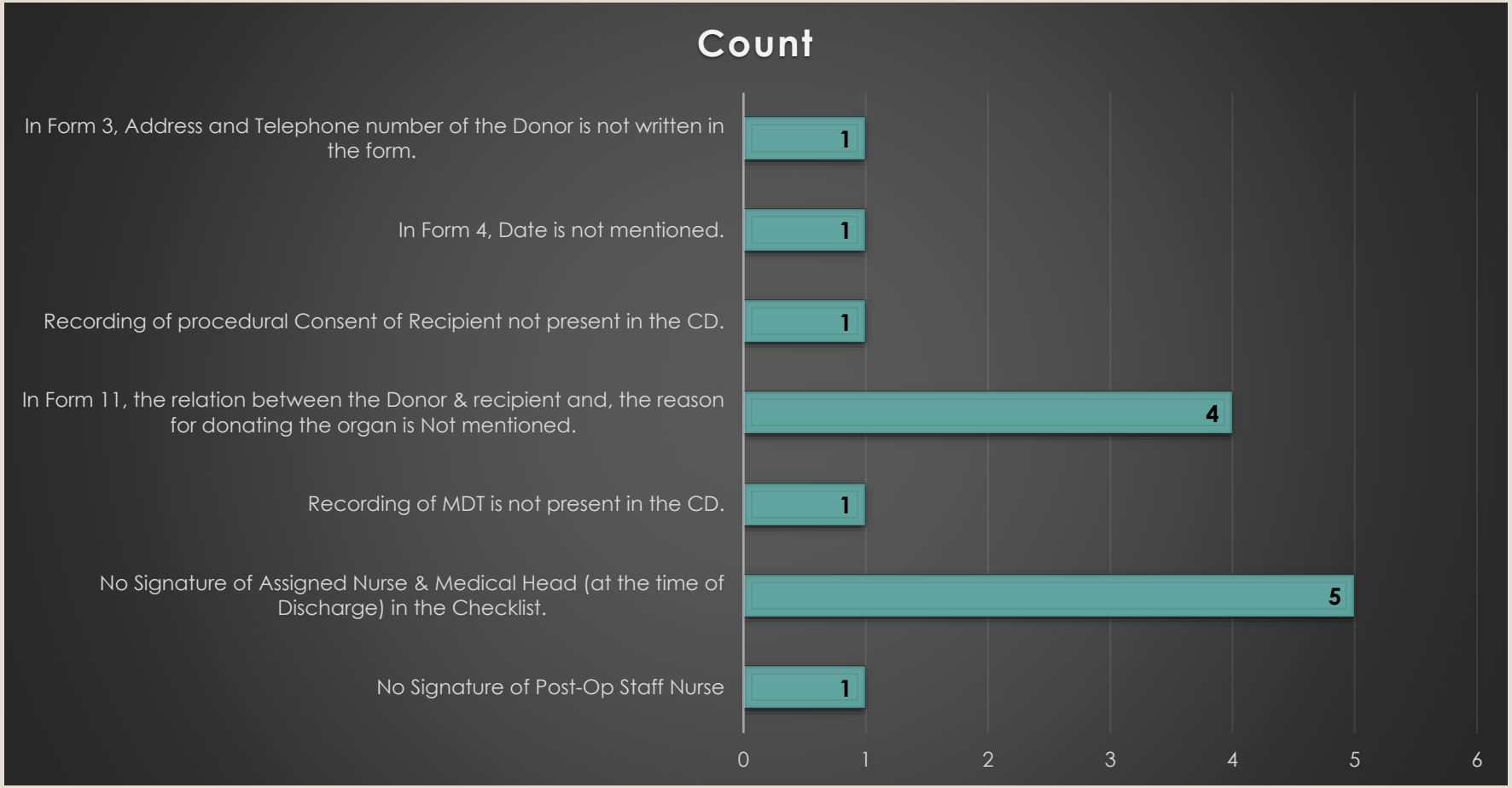
Form 1	• For Near Relatives
Form 2	• Spouse
Form 3	• Not/ Other than Relatives
Form 4	• For Medical Practioner
Form 10/ 11	• Donor Application Form

Parameters Used for Audit

- OT Date
- Name of the Pt.
- UHID
- Donor/ Recepient
- Demographic details
- Checklist attached
- Consent form signed
- Surgeon's Stamp on Consent form
- Side of the organ mentioned
- CD of Video-graphed Procedural Consent
- CD of Video-graphed Authorization Committee Proceedings
- Approval Letter from Relevant Committee
- Form 1/2/3 filled & signed

- Form 4 filled & signed
- Form 10/ 11 filled & signed
- Copy of Form 17 attached
- Clearance of Medical Head after verifying checklist
- Signature of Assigned Nurse (Ward)
- Blood grp of Donor & Recipient are Compatible
- Verification of Identity (Family photos, Id cards)
- Clearance of OT Manager Signature of Post-OP Staff Nurse Signature of Assigned Nurse (at the time of Discharge)
- Signature of Medical Head (after Discharge)
- Financial Clearance
- Transplant Clearance Form

Non-Compliances in Organ Transplant Audit



Suggestions:

- Doctors need to be sensitized regarding complete filling of forms.
- Documentation should be strengthened. Special training sessions should be conducted for Nurses and Doctors regarding the importance of complete & effective documentation.
- In PNDT case files, many vital informations were not recorded. Missing Prescription, ID proof of the patient are Major Non-compliances. These should be taken care off by the Nursing staff.
- Secondary level checking of file should be done. Primarily by the Nursing staff and then cross-checked by the Discharge secretary.
- MRD should check the files as soon as they receive it. It would lessen the hassle of searching missing documents after a prolonged time period.
- Educate the patient regarding the Consent forms and ask them to check for the Doctor's signature before they leave.

Conclusion:

- Maintaining a complete medical record is not only important to comply with accreditation and licensing requirement, but it is also a proof that the patient got adequate care in the hospital.

- This report highlights the area of medical records that need more concern and attention. Overall study shows that the documentation standard in the Hospital is satisfactory.

- To continue with the quality standard, the gap or the findings stated should be managed.

Special Thanks to,

Abhijit Bhaiya

For keeping everyone Active and Energetic by delivering Coffee to everyone's table.

#Small contributions show bigger effects!

THANK YOU