SUMMER TRAINING

AT

FORTIS HOSPITAL, ANANDAPUR

FROM 10/05/2021 TO 02/07/2021

STUDY ON MEDICAL REGULATORY PROCESSES IN HOSPITAL

&

GAP ANALYSIS IN THE DOCUMENTATION

BY

DR. SHRADDHA GAWANDE

UNDER GUIDANCE OF

DR. MONIKA CHAUDHARY

MBA – HOSPITAL & HEALTH MANAGEMENT

2020-22

IIHMRU/2021/04/SIP
Date: 28-Apr-2021

To,
Human Resource Manager
Fortis Healthcare Limited
Anandapur, Kolkata

Sub: Request letter for Summer Training at Fortis Healthcare Limited Anandapur, Kolkata

Dear Madam,

This is to certify that **Dr. Shraddha Gawande** No. 1201, is a student of IIHMR University Jaipur, India studying in 1st year MBA Hospital & Health Management Program.

This certificate is issued with reference to the application for Summer Training in your esteemed organization. The student needs to undergo this dissertation and internship as a part of partial fulfilment towards completion of the aforesaid academic program. The duration of the summer training is typically two months. The preferred commencement date is 10th May 2021. The performance of the student shall be assessed by IIHMR University based on feedback from your esteemed organization along with a report presentation by the student in the University.

IIHMR University Jaipur has no objection towards **Dr. Shraddha Gawande** doing the Summer Training at your organization. The student shall abide by both - IIHMR University's and your organization's rules and regulations and must keep up the values, ethics and work-culture without compromising on integrity and self-discipline.

Thanking you,

Yours Sincerely,

Authorised Signature
placements@iihmr.edu.in

Fortis

Fortis Hospital
730 Anandapur, EM Bypass Road,
Kolkata - 700 107, West Bengal
Tel : +91 33 6628 4444
Fax : +91 33 6628 4242
Emergency : 105711
E-mail : enquiries@fortishealthcare.com
Website : www.fortishealthcare.com

MS/TC/2021/006

Date: -02.07.2021

TO WHOMSOEVER IT MAY CONCERN

*This is to certify that **Dr. Shraddha Gawande** student of **IIHMR, Jaipur** has completed her two months' summer training in the hospital **from May 10th, 2021 to July 2nd,2021** in order of partial fulfilment of her study on MBA Hospital & Health Management Program.*

*During her internship she was placed in the **Medical Administration.***

We Wish her Success in life.

Dr Arafat Faisal

Head Medical Services

Fortis Hospital, Anandapur, Kolkata

Dr. Arafat Faisal
Head-Medical Services
FORTIS HOSPITAL LTD.
Kolkata-700107

ACKNOWLEDGEMENT

I express my sincere gratitude towards Ms. Richa Dasgupta Ma'am, Chief of Operations & Strategy and Mr. Pratyush Srivastava Sir, Zonal Director for providing me the opportunity to learn and develop professionally. I am also grateful to Dr. Arafat Faisal Sir, Medical Superintendent for allowing me to do the internship under his team.

I would also like to thank my Organizational Mentor, Dr. Suchanda Gadre Ma'am, Deputy Medical Superintendent; Dr. Somrita Ganguly Ma'am, Assistant Medical Administrator and Mr. Sudipto Chattopadhyay Sir, Team Leader, Medical Administrator for being a constant support and always providing me the guidance I needed. Everything that I learned about the organistaion or the work culture, I learned it from the above mentioned people. I would also like to thank Mrs. Shruti Sinha Ma'am, Academic Co-ordinator for selecting me as an Intern in the first place and providing me this precious opportunity. This acknowledgement won't be complete without acknowledging Ms. Banrishisha Basaiawmoit Ma'am, Quality Department Head and Ms. Maumita Saha Ma'am, Head Quality Nurse for the guidance and knowledge they provided. I am thankful for all the freedom of thoughts, expressions and trust that was shown upon me.

I would also like to sincerely thank my academic mentor Dr. Monika Chaudhary Ma'am, Associate professor at IIHMR University, Jaipur for her constructive suggestions and encouragement to complete this study.

Last but not the least, I would like to thank my Parents for supporting me to do this internship inspite of having an ongoing pandemic and thanks to the almighty God for keeping me and my family safe.

Dr. Shraddha Gawande

MBA Hospital and Health Management

2020-2022 batch

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Abbreviations:

Dept. – Department

OT- Operation Theatre

Govt- Government

LMP- Last Menstrual Period

HOSPITAL PROFILE

FORTIS HOSPITAL, Anandapur, Kolkata

"Fortis Hospital, Anandapur, Kolkata is a world-class Super-Speciality NABH accredited tertiary care healthcare hospital. The 10-storied, 400 bedded hospital (operational 200 Bed) is built on a 3 lakh square feet area, equipped with the latest technologies in the medical world."[1]

"This state-of-the-art facility specialises in cardiology and cardiac surgery, pulmonology, urology, nephrology, neurosciences, orthopaedics, digestive, emergency and critical care."[1]

"Among the various amenities, the hospital has a 24-hour accident and emergency service including trauma treatment, critical care ambulance service, blood bank, cardiac operation theatre, preventive health check, diagnostic and catheterisation laboratory, critical and emergency care, diet counselling, physiotherapy and rehabilitation, laboratory and microbiological services, stress management, 24x7 pharmacy, endoscopy unit and emergency room."[1]

"The intensive care unit (ICU) is well-equipped with over 70 beds that include a Medical Intensive Care Unit (MICU), Coronary Care Unit (CCU), and recovery and isolation beds, with separate high-dependency units. The hospital also has a nephrology department with over 28 advanced dialysis units. The hospital, governed by Integrated Building Management System (IBMS), has a pneumatic chute system, for quick vertical and horizontal transportation between floors, facilitating speedy transfer of patient specimens, documents, reports, and medicines to the concerned departments. This saves time for rendering effective and efficient healthcare to the patients."[1]

VISION:

"Saving & Enriching Lives"

MISSION:

"To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care"

VALUES:

Patient Centricity

"Commit to 'best outcomes and experience' for our patients.
Treat patients and their caregivers with compassion, care and understanding.
Our patients' needs will come first"[1]

Integrity

"Be principled, open and honest..
Model and live our 'Values'.
Demonstrate moral courage to speak up and do the right things."[1]

Teamwork

" Proactively support each other and operate as one team.
Respect and value people at all levels with different opinions, experiences and backgrounds.
Put organization needs' before department / self interest."[1]

Ownership

" Be responsible and take pride in our actions.
Take initiative and go beyond the call of duty.
Deliver commitment and agreement made.

Innovation

Continuously improve and innovate to exceed expectations.

Adopt a 'can-do' attitude.

Challenge ourselves to do things differently."[1]

Brand & Logo:

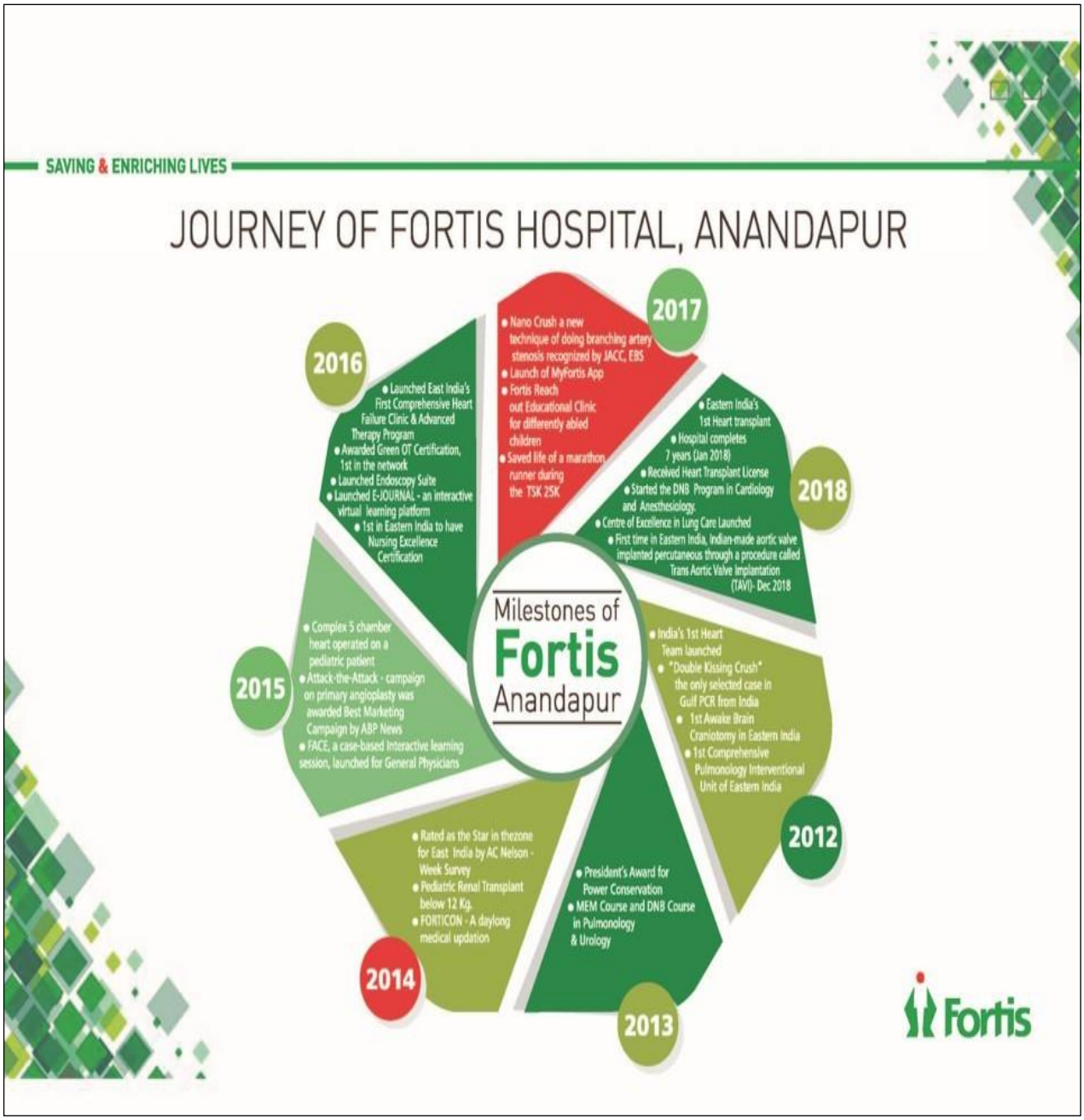
"The Fortis brand with its distinctive logo is a synthesis of human values of trust, ethics and service and quality healthcare. We project clinical excellence, distinctive patient care, transparency in actions & high level of integrity and excellence in all that we do.

Our logo projects these very values. The integration of the hands (in a distinctive 'green' with a 'red dot') and the human figure is completely seamless and is representative of 'Fortis' responsive approach to healthcare. The green colour of hands is representative of health, wellbeing, compassion, nurturing and generosity while the red dot gives an immediate association to our Indian roots, while it also represents energy, spirituality, courage and symbol of good luck."[1]

"At Fortis, we intrinsically believe that excellence is not a destination – but a journey."[1]

Recent Achievements:

- ✓ Fortis Hospital, Anandapur, Kolkata, received the AHPI Award 2019 for 'Quality Beyond Accreditation.'
- ✓ It was the First Hospital to conduct Heart Transplant in East India in 2018. [1]



Floor Plan of the Hospital:

- Level (-2) = 4-Wheeler Parking.
- Level (-1) = 2-Wheeler Parking, Maintenance, Call centre, Mortuary, Changing room (Male/Female).
- Level (1) = Emergency, Billing desk, Co-Operate desk, OP Pharmacy, Main reception, GYN & Amp; OPD, Orthopaedic, Neurology, CT scan, MRI, X-ray, USG, Bronchoscopy, Day-care (emergency), Security in-charge office.
- Level (2) = Blood Bank, Dialysis, High Dependency Unit, Physiotherapy, Laboratory, Urology, Surgery, OPD, Nephrology OPD, VC room (Meeting room)..
- Level (3) = MICU, HDU, RCU, Cardiac Ward, IPD Pharmacy.
- Level (4) = CATH lab, CATH lab (Day-care), CCU, CSSD, ECG, EG, MCV, Internal Medicine OPD, Cardiac OPD, Reception.

- Level (5) = PACU, Reception, SICU, OT, Changing room, Nursing Room, Doctors Room, Pre-operative Anaesthesia doctor's room, nursing (ANS).
- Level (6) = Pantry, Cafeteria, IT Department, Dietitian.
- Level (7) = 7A, 7B, 7C (nursing station ward), Day-care, Endoscopy, Colonoscopy, Doctor OPD, Changing Room, Waiting room, PWD room, Pharmacist room.
- Level (8) = NICU, Labour room, Doctors' room.
    - 8A- single room / royal suit / executive room
    - 8B- Twins / multi / executive / royal Suit rooms
    - 8C- (Gynaecology & paediatrics)
- Level (9) =
    - 9A-Single/Royal/executive rooms.
    - 9B- Multi / Twin rooms.
    - 9C- Twin / Multi / Executive / Royal rooms.
- Level (10) = Administrative Block:

    - Vice-President's Office, Zonal Director, General Admin, Head-Medical Services, Medical Administration, Head-Unit Sales & Marketing, Branding & Communication, Finance & MIS, Finance Controller, Head-HR, HR, Head- Engineer & Head- Biomedical, Chief Nursing Officer, Quality Department, Credit Cell, Purchase, Store, MRD, Clinical Research Cell, Training room, Library, Housekeeping.

S.T.P for Fortis Hospital, Anandapur, Kolkata

STP: Though Segmentation, Targeting and Positioning Model is a core model of Marketing, however, it can be applied to more or less any product, organization or person. STP helps in understanding each of the above mentioned things in a better way.

Since each hospital has their own STP models to follow, Fortis Hospital, Anandapur also has their own STP model.

Following is the STP model that was understood and observed during the internship:

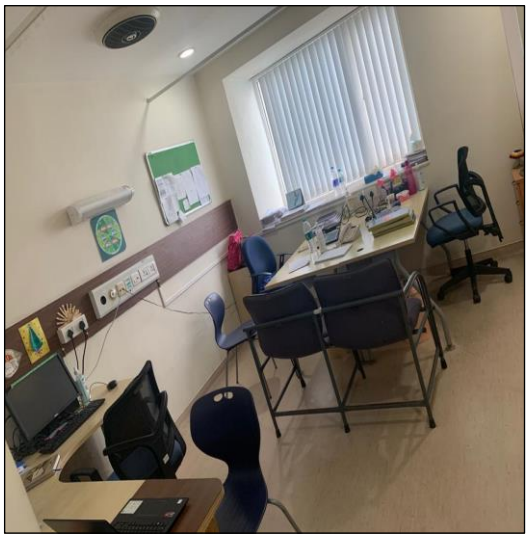
Segment (S): Geographical segment- As Fortis is one of the largest leading healthcare organization, they generally place themselves for geographic segmentation. In this case, the geographical segments are: People from Eastern side of the country (West Bengal, Jharkhand, Bihar, Odisha and other North Eastern States). They also aim to cater health services to neighboring countries like Bhutan, Bangladesh, Nepal.

Target (T): People seeking Medical help.

Positioning (P): They cater health services in various health sciences (Cardiac, Dental, Dermatology, Endocrinology, ENT, Gastroenterology, Orthopaedics, etc.). However, they have been successful in positioning themselves as an Hospital specializing in Cardiothoracic Vascular surgery, Nephrology & Urology surgeries, Critical care, Neurosurgery and Pulmonology.

Introduction to Medical Administration Dept.

(Fortis Hospital, Anandapur)



Medical Administration is the backbone of the Hospital. Their work is not visible to common people but is vitally important for all the Medical as well as Non-Medical staff. The role of an administrator is continually adjusting to the requirements of the hospital. It's their hard work and keen observations that makes the hospital run smoothly.

Mission→

To create a balanced work environment between the Doctors, nurses, staff members, technicians and administration to perform their essential obligation of looking after patients, professionally & ethically.

Vision→

Motivating the clinical teams and associated staff members to perform their jobs, undertakings and capacities to their best level.

Responsibilities→

- Overseeing the everyday functionality of the hospital and working with employees at each level of the business.
- An administrator acts as a liaison among multiple departments to help them in solving their problems.
- They also have to look after the business side of the hospital which encompasses management of Human Resources and work force, setting up policies and procedures, tracking accounts, finance and other organizational frameworks.
- Interacting, engaging and coordinating with Doctors, nurses, health care technicians and medical & staff members involved in the primary care, treatment and rehabilitation of patients.
- 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 also coordinate with external specialists and consultants in case of emergencies and operations. They are considered as LOCUM Dr.'s and are paid separately as per their shifts.
- They take rounds of the floors where patients are admitted or recovering and, if required, they also need to make quick, informed decisions to alleviate patient care.
- They also collaborate with 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. The administrator should have adequate negotiation skills to form the right contracts, follow-up's and to maximize purchasing power with vendors and suppliers.
- They are also involved in various public health campaigns and social advocacy activities like NABH Accreditation, Ethics Committee, Vaccination Drive, Blood donation camps, etc.

The job of Hospital Administrator is not always easy. Sometimes, they have to work for long hours like 10-12 hours as they are the decision makers.

Medical emergencies are frequent in Hospital and they may need to make tough decisions that affects the welfare of the patients.

One of the potential challenge of being an Administrator is to go along with all the rules, regulations and prohibitions of the government and the medical industry.

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

Collection of Blood:

Blood is collected in Bio-mixer machine which takes care of exact blood volume collection, flow of blood & proper mixing of blood with anticoagulant, after collection the blood unit is sealed to maintain sterility of donor unit. Donor's blood samples collected in sterile disposable Vacutainer for TTI screening in the blood bank against recycled test tubes done by outsourced blood banks leads to false +ve or false -ve results.

Hemoglobin percentage of each donor is checked before blood collection.

They collect blood in SAGM bag which improves the quality of packed cells.

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:

On 11th June 2021, a Fire Mock Drill was conducted in OT in association with the Fire Safety Dept. The drill was conducted according to the norms of fire & safety readiness and was centered around safe patient evacuation in case of an emergency.

Thorough knowledge of the Fire Extinguisher and it's usage was given to the staff of OT.

Class of Fires→

a. Class A fire— Flames including strong flammable materials of natural nature like wood, paper, elastic, plastics, and so on, where the cooling impact of water is fundamental for eradication of flames.
b. Class B fire— Flames including combustible fluids or liquefiable solids or the like where a covering impact is fundamental.
c. Class C fire— Flames including combustible gases under tension including liquefied gases, where it is important to repress the consuming gas at quick rate with an inert gas, powder or disintegrating fluid for extinguishment.
d. Class D fire— "Fires involving combustible metals, such as magnesium, aluminium, zinc, sodium, potassium, etc, when the burring metals are reactive to water and water containing agents and in certain cases carbon dioxide, halogenated hydrocarbons and ordinary dry powders. These fires require special media and techniques to extinguish". [2]

Types of Extinguishers in this Hospital →

- Water based
- Powder based
- CO2 based

Water Based

Water Fire Extinguishers are profoundly suitable for fighting Class A type of fire which includes wood, paper, textiles, etc.

“Electrical equipment should be avoided when using a water extinguisher as water is a conductor”.

Powder Based

Powder based Extinguishers should be used for Class B & Class C type of fire and also in electrical fire.

“However, there is a risk of inhalation when using powder extinguishers indoors. Powder fire extinguishers are therefore not recommended for use within small rooms”.

CO2 Based

CO2 Fire Extinguishers are designed to use on Class B & Class C fire especially on flammable liquid fire.

"They are ideal for electrical fires, as CO2 is not a conductor and they do not leave behind any harmful residue".

Instructions of using CO2 Extinguisher:

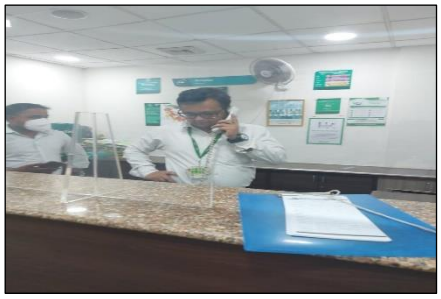
- Pull out the safety pin.
- Hold the discharge pipe and keep it straight facing towards the fire.
- Rotate the knob anti-clockwise.
- Direct the discharge pipe at the base of fire.

Action plan during Fire Emergency:

- Ring the Fire alarm.

- Dial the safety number (4090) and tell the location.

- Call the security for help.



- Find the extinguisher and use it towards the base of the fire.

- Evacuate the patients and the staff through Fire exit.

During mock drill, Dummy patients were evacuated from the OT on a stretcher to outside of the hospital through the Iron stairs (to be used only during evacuation).

Hospital staff participated in the fire prevention rehearsal with full enthusiasm under the guidance and instruction of Fire Department. This drill was intended to train the staff in a practical way so that they are able to respond during an emergency, and know how to navigate everyone out of the dangerous and risky area and gain order & security.

Study of Medical Regulatory Processes

Study Setting: Fortis Hospital, Anandapur

Study Design: Observational & Cross-sectional study.

Study Duration: 2 months.

Objective:

1. To assess the Compliances & Non-Compliances in Documentation in Medical records as per the SOP's of the Hospital.
2. To identify gap in the Documentation and suggest some action plan to address it.

Medical Regulatory Processes includes:

- PNDT (Pre-Natal Diagnostic Technique)
- MTP (Medical Termination of Pregnancy)
- NARCOTICS
- BMW (Bio-Medical Waste Management)
- CONSENTS

- TRANSPLANT OF HUMAN ORGANS
- BLOOD BANK

PNDT (Pre-Natal Diagnostic Technique):

It is "An act to provide for the prohibition of sex selection, before or after conception, and for regulation of pre-natal diagnostic techniques for the purpose of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto." [3]

Centre's performing the diagnosis:

- Genetic Counselling Centre
- Genetic Laboratory
- Genetic Clinic
- Ultrasound Clinic and Imaging Centre
- Nursing Home
- Hospital
- Mobile Medical Unit
- Mobile Genetic Clinic

Registration of the Diagnostic Centres:

"Form A, in duplicate, should be made to the appropriate authority with an Affidavit containing an undertaking that the centres shall not conduct any test or procedure, by whatever name called, for selection of sex before or after conception or for detection of sex of foetus. It should also be displayed prominently as a notice in the centres".

"Application fee of Rs. 25,000/- is to be given for Genetic Counselling Centre, Laboratory, Clinic, Ultrasound Clinic or Imaging Centre".

"Application fee of Rs. 35,000/- is to be given for an Institute, Hospital, Nursing hom"e.

"Every certificate of registration shall be valid for a period of 5 years from the date of it's issue. Renewal of certificate of registration should be applied 30 days before the date of expiry of registration by submitting Form A in duplicate".

"The fees payable for renewal of certificate of registration shall be one-half of the application fees".

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

Maintenance and Preservation of Records:

Every diagnostic centre is supposed to maintain record of the procedures performed. As per the PNDT Act, 'Form F' has to be filled along with the declaration form which is to be signed by the patient as well as the doctor performing the procedure.

Objective: To study the adherence towards PNDT act in the hospital.

Methodology: The data was collected by conducting an audit of the PNDT procedures performed in the hospital.

Study Design: Observational and Cross-sectional study

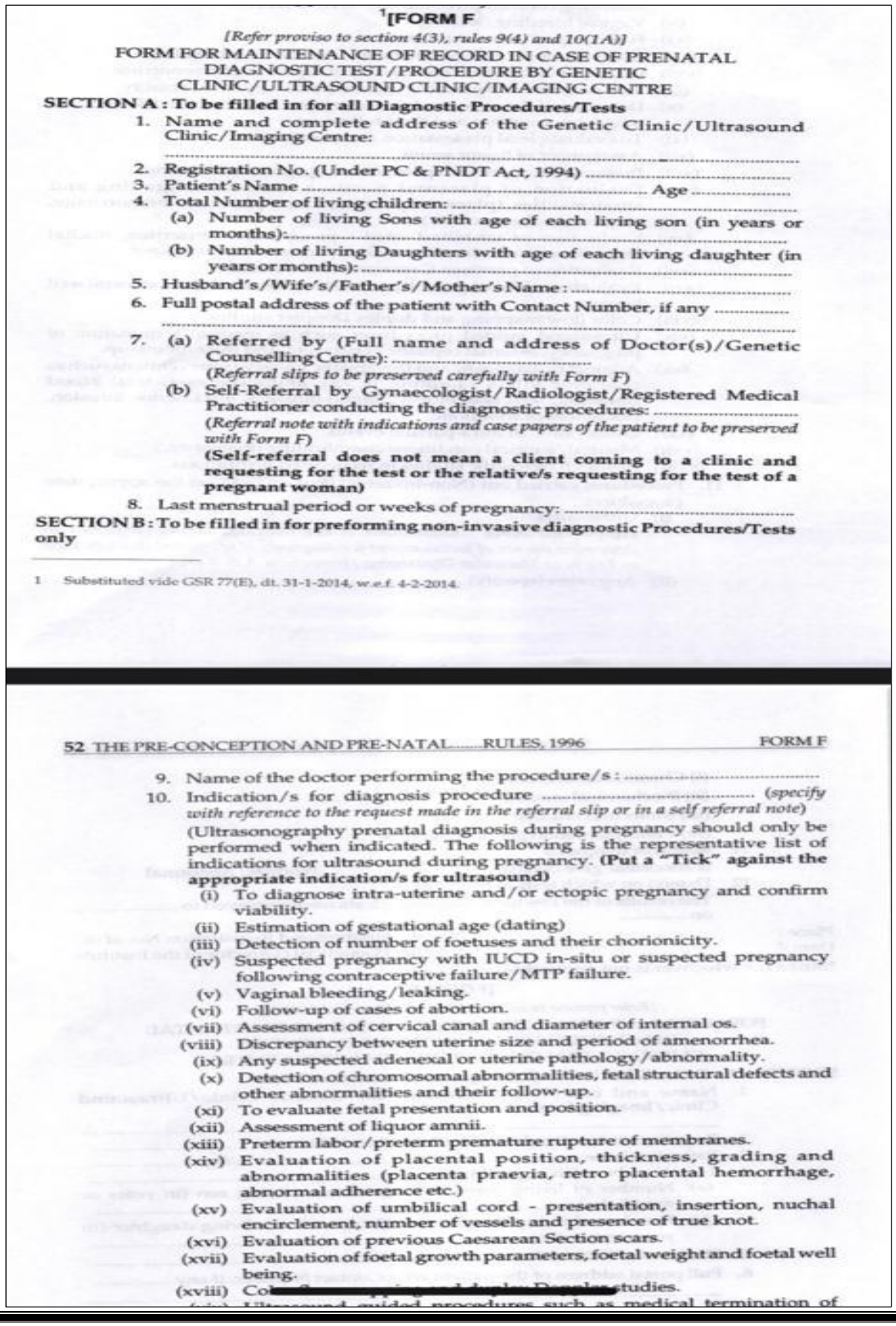
Study Duration: 2 months

Sample Size: 236 cases (from October 2020 to April 2021)

Variables taken: In this study, two variables are stated- Compliance and Non-Compliance. Compliance means whether the parameter is being met with the requirement & Non-Compliance means the parameter does not meet the requirement and is not satisfiable.

Understanding the Parameter:

"As per the SOP of govt, there are certain parameters on which the documentation standard depends on. Each parameter has been judged with two variables, 'Compliance' & 'Non-Compliance'. If a parameter has higher Non-Compliance rate then, that area needs to be more focused for maintaining a better documentation standard. The parameters for the audit are stated in the "Form F" of the PNDT Act".



[1][FORM F

[Refer proviso to section 4(3), rules 9(4) and 10(1A)]

FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST/PROCEDURE BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

SECTION A : To be filled in for all Diagnostic Procedures/Tests

1. Name and complete address of the Genetic Clinic/Ultrasound Clinic/Imaging Centre:
   .....
2. Registration No. (Under PC & PNDT Act, 1994) .....
3. Patient's Name ..... Age .....
4. Total Number of living children: .....
   (a) Number of living Sons with age of each living son (in years or months):.....
   (b) Number of living Daughters with age of each living daughter (in years or months): .....
5. Husband's/Wife's/Father's/Mother's Name : .....
6. Full postal address of the patient with Contact Number, if any .....
   .....
7. (a) Referred by (Full name and address of Doctor(s)/Genetic Counselling Centre): .....
   (Referral slips to be preserved carefully with Form F)
   (b) Self-Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures: .....
   (Referral note with indications and case papers of the patient to be preserved with Form F)
   (Self-referral does not mean a client coming to a clinic and requesting for the test or the relative/s requesting for the test of a pregnant woman)
8. Last menstrual period or weeks of pregnancy: .....

SECTION B : To be filled in for preforming non-invasive diagnostic Procedures/Tests only

1 Substituted vide GSR 77(E), dt. 31-1-2014, w.e.f. 4-2-2014.

9. Name of the doctor performing the procedure/s : .....
10. Indication/s for diagnosis procedure ..... (*specify with reference to the request made in the referral slip or in a self referral note*)
    (Ultrasonography prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy. **(Put a "Tick" against the appropriate indication/s for ultrasound)**
    (i) To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
    (ii) Estimation of gestational age (dating)
    (iii) Detection of number of foetuses and their chorionicity.
    (iv) Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
    (v) Vaginal bleeding/leaking.
    (vi) Follow-up of cases of abortion.
    (vii) Assessment of cervical canal and diameter of internal os.
    (viii) Discrepancy between uterine size and period of amenorrhea.
    (ix) Any suspected adenexal or uterine pathology/abnormality.
    (x) Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
    (xi) To evaluate fetal presentation and position.
    (xii) Assessment of liquor amnii.
    (xiii) Preterm labor/preterm premature rupture of membranes.
    (xiv) Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.)
    (xv) Evaluation of umbilical cord - presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
    (xvi) Evaluation of previous Caesarean Section scars.
    (xvii) Evaluation of foetal growth parameters, foetal weight and foetal well being.
    (xviii) Co[redacted] studies.
    (xix) Ultrasound guided procedures such as medical termination of

(xvii) Evaluation of foetal growth parameters, foetal weight and foetal well being.
(xviii) Color flow mapping and duplex Doppler studies.
(xix) Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
(xx) Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, fetal blood sampling, fetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts etc.
(xxi) Observation of intra-partum events.
(xxii) Medical/surgical conditions complicating pregnancy.
(xxiii) Research/scientific studies in recognised institutions.

11. Procedures carried out (Non-Invasive) (Put a "Tick" on the appropriate procedure)
    (i) Ultrasound
    (Important Note : *Ultrasound is not indicated/advised/performed to determine the sex of foetus except for diagnosis of sex-linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)*
    (ii) Any other (specify) .....

12. Date on which declaration of pregnant woman/person was obtained: .....
13. Date on which procedures carried out : .....
14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out)
    .....
15. The result of pre-natal diagnostic procedures was conveyed to ..... on .....
16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests.....

Date:
Place:

Name, Signature and Registration Number with Seal of the Gynaecologist/Radiologist/Registered Medical Practitioner performing Diagnostic Procedure/s

SECTION C : To be filled for performing invasive Procedures/Tests only

17. Name of the doctor/s performing the procedure/s : .....
18. History of genetic/medical disease in the family (specify): .....
    Basis of diagnosis ("Tick" on appropriate basis of diagnosis):
    (a) Clinical (b) Bio-chemical
    (c) Cytogenetic (d) other (e.g. radiological, ultrasonography etc. - specify)
19. Indication/s for the diagnosis procedure ("Tick" on appropriate indication/s):
    A. Previous child/children with:
    (i) Chromosomal disorders (ii) Metabolic disorders
    (iii) Congenital anomaly (iv) Mental Disability
    (v) Haemoglobinopathy (vi) Sex linked disorders
    (vii) Single gene disorder (viii) Any other (specify)
    B. Advanced maternal age (35 years)
    C. Mother/father/sibling has genetic disease (specify)
    D. Other (specify) .....
20. Date on which consent of pregnant woman/person was obtained in Form G prescribed in PC & PNDT Act, 1994: .....
21. Invasive procedures carried out ("Tick" on appropriate indication/s)
    (i) Amniocentesis (ii) Chorionic Villi aspiration
    (iii) Foetal biopsy (iv) Cordocentesis
    (v) Any other (specify)
22. Any complication/s of invasive procedure (specify) : .....
    .....
23. Additional tests recommended (Please mention if applicable)
    (i) Chromosomal studies (ii) Biochemical studies
    (iii) Molecular studies (iv) Pre-implantation gender diagnosis
    (v) Any other (specify)
24. Result of the Procedures/Tests carried out (report in brief of the invasive tests/procedures carried out) .....
25. Date on which procedures carried out: .....

26. The result of pre-natal diagnostic procedures was conveyed to ..... on .....

27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests.....

Date:
Place:

Name, Signature and Registration Number with Seal of the Gynaecologist/Radiologist/Registered Medical Practitioner performing Diagnostic Procedure/s

SECTION D : Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/PROCEDURE

I, Mrs./Mr. ..... declare that by undergoing ..... Prenatal Diagnostic Test/Procedure. I do not want to know the sex of my foetus.

Date

Signature/Thumb impression of the person undergoing the Prenatal Diagnostic Test/Procedure

In Case of thumb Impression

Identified by (Name) ..... Age : ..... Sex : .....
Relation (if any) : ..... Address & Contact No. : .....
.....
Signature of a person attesting thumb impression : ..... Dated : .....

DECLARATION OF DOCTOR/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

I, ...(name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on M/s./Mr. ..... (name of the pregnant woman or the person undergoing pre natal diagnostic procedure/test), I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Signature.....

Date :

.....

Name in Capitals, Registration Number with Seal of the Gynaecologist/Radiologist/Registered Medical Practitioner Conducting Diagnostic procedure]

[1][FORM G

[Refer rule 10]

CONSENT

(For invasive techniques)

I, ..., wife/daugher of ..... Age .....years residing at .....hereby state that I have been explained fully the probable side effects and after effects of the pre-natal diagnostic procedures.

I wish to undergo the preimplantation/pre-natal diagnostic technique/test/procedures in my own interest to find out the possibility of any abnormality (i.e. disease/deformity/disorder) in the child I am carrying.

1 Substituted vide GSR 109(E), dt. 14-2-2003, w.e.f. 14-2-2003.

I undertake not to terminate the pregnancy if the pre-natal procedure/technique/test conducted show the absence of disease/deformity/disorder.

I understand that the sex of the foetus will not be disclosed to me.

I understand that breach of this undertaking will make me liable to penalty as prescribed in the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994)[1] and rules framed thereunder.

Date :
Place :

Signature of the pregnant woman.

I have explained the contents of the above to the patient and her companion (Name ..... Address .....
Relationship .....) in a language she/they understand.

Name, Signature and/Registration Number of Gynaecologist/Medical Geneticist/Radiologist/Paediatrician/Director of the Clinic/Centre/Laboratory

Date :

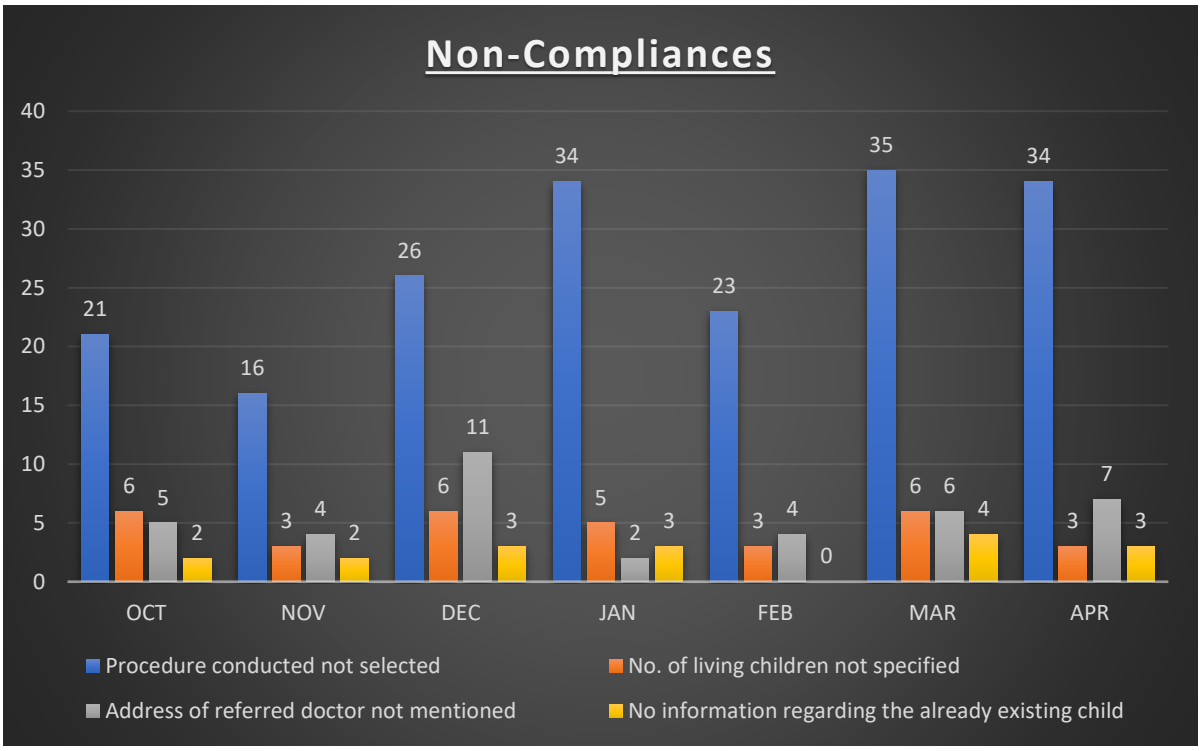
Name, Address and Registration number of Genetic Clinic/Institute

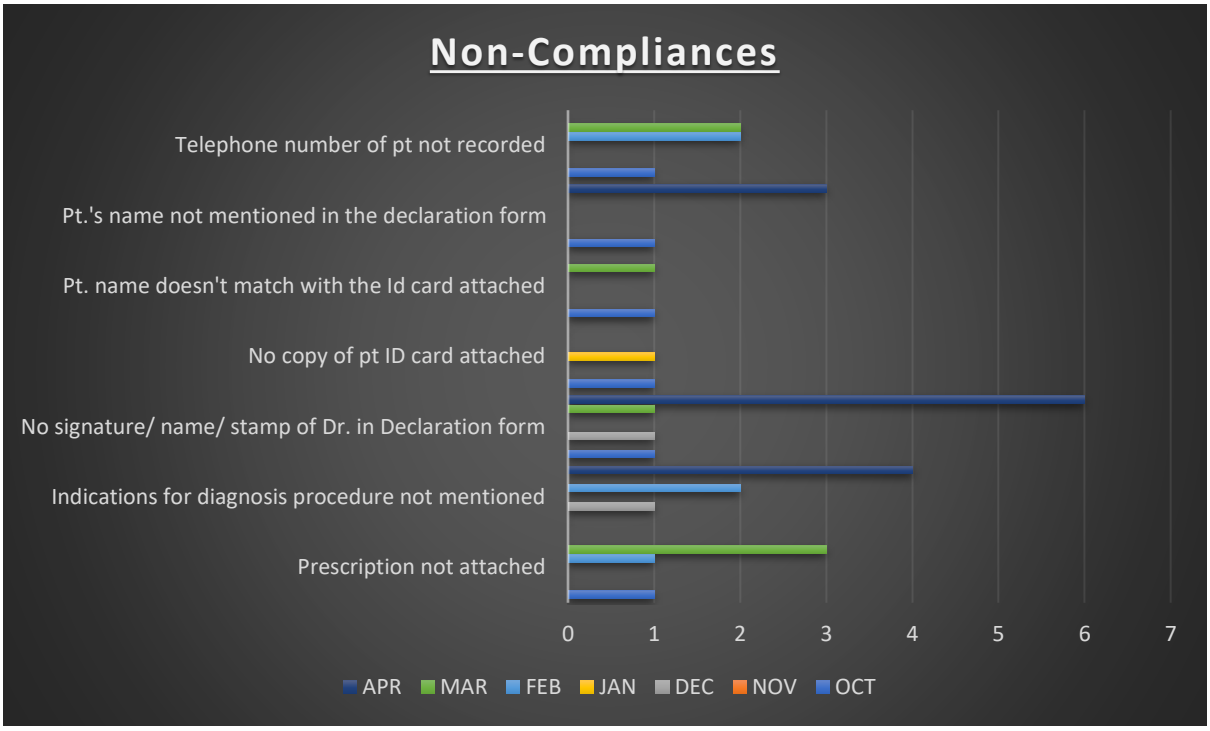
Data Analysis and Interpretation:

236 samples were taken with the above mentioned parameters and it was observed that there are various components which shows Non-Compliance in the documentation.

Major components observed are:

- Procedure conducted not selected
- Number of living children not specified
- Address of referred Dr. not mentioned
- No information regarding the already existing child
- Prescription not attached
- Indications for diagnosis procedure not mentioned
- No signature/ name/ stamp of Dr. in declaration form
- Telephone number of patient not recorded





Inference:

The above 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 (Medical Termination of Pregnancy)

It is a Medical procedure for terminating the pregnancy. It has an MTP Act which is supposed to be followed during any MTP surgery. Though MTP has become increasingly safer, it is still carries considerable Patient, Doctor and Organization risk, if MTP laws and regulations are not compiled with.

Maintaining Confidentiality of the patient is the upmost priority.

As per the SOP of MTP, certain rules are to be followed from admission of the patient till the discharge.

Process to be followed for MTP Cases:

1. Head of the Hospital→ Shall keep in safe custody the Admission register for MTP, and the Sealed Envelopes containing Form 1 & Form C.
2. Patients will be directed by the Front Office to the Custodian of the MTP Admission Register.
3. Custodian of the MTP Admission Register→
    a. Shall enter the patient's name in the register and assign a serial number to the patient.
    b. Initiate a 'Checklist for MTP Cases' and mark the response in the respective column.
    c. After completion and signing, send the Checklist to the Front Office.
4. Front Office→
    a. Create a new UHID for the patient and Admit her.
    b. Inform the Medical Head regarding a new admission for MTP.
    c. Attach the Checklist with the Case file of the patient and sign on the respective column.
    d. Send the Cast file to the designated ward.
5. The Gynecologist→
    a. Write the stated LMP of the patient in the Checklist.
    b. Fill all other details of the patient in the checklist.
    c. Get the Form C filled and signed by the patient.
    d. Take the Informed Procedure Consent.
    e. Initiate the Form 1 in cases where:
        i. Length of the pregnancy is within 12 weeks, One Gynecologist forms an opinion and signs Form 1.
        ii. Length of the pregnancy is above 12 weeks but not more than 20 weeks, two Gynecologist form such opinion and both sign Form 1.
    f. Sign the respective column in the Checklist.
6. The Medical Superintendent→ Verify the Checklist and check that the Pregnancy is not more than 20 weeks. Give Clearance for the Procedure if the pregnancy is less than 20 weeks.

7. The Zonal Director→ Verify the Checklist and check that the Pregnancy is not more than 20 weeks. Give Clearance for the Procedure if the pregnancy is less than 20 weeks.
8. The Assigned Nurse→ Check if the clearance has been given by the Medical Superintendent and Zonal Director. Shift the patient to OT or to the designated ward.
9. The OT Manager→ Accept the patient in OT only when the Checklist is complete and due clearance has been given by the Medical Superintendent and the Zonal Director.
10. The Gynecologist→
    a. Shall Ensure the signed Form 1 & Form C is sealed in the envelope.
    b. Shall ensure the envelope has all of the following things written:
        i. SECRET
        ii. Assigned Serial Number as per the Admission register
        iii. Name & Address of the Gynecologist (s) (If Pregnancy is less than 12 week- One Gynecologist and if pregnancy is between 12-20 weeks- Two Gynecologists).
        iv. Date on which Pregnancy was terminated.
    c. Ensure the envelope is sealed and is attached to the Checklist.
11. The Assigned Nurse (at the time of discharge)→
    a. Confirm that the identity of the patient is nowhere revealed.
    b. Sign the checklist and send the case sheet, checklist and the sealed envelope to the Custodian of sealed envelopes.
12. Custodian of the Sealed Envelopes→
    a. Receive the sealed envelope.
    b. Sign the checklist and send it to the Custodian of the MTP Admission Register.
13. Custodian of the MTP Admission Register: Sign in the Checklist and send the Case sheet to MS.
14. Medical Superintendent→
    a. Check the documents in the case sheet are in order.
    b. Sign in the Checklist.
    c. E-mail a scanned copy of the Checklist to the Regional Medical Director.
    d. Send the Case sheet to MRD.
15. Medical Records Department→ Shall:
    a. Accept Case File only if the Checklist is all signed and complete.
    b. Retain the Checklist as a part of Medical Record.

An Audit was conducted to check if there are any Non-Compliance in the Admission Register.

From the month of February 2020 to May 2021, 10 MTP procedures were performed.

Parameters to be mentioned in Admission register:

FORM III

(See Regulation 5)

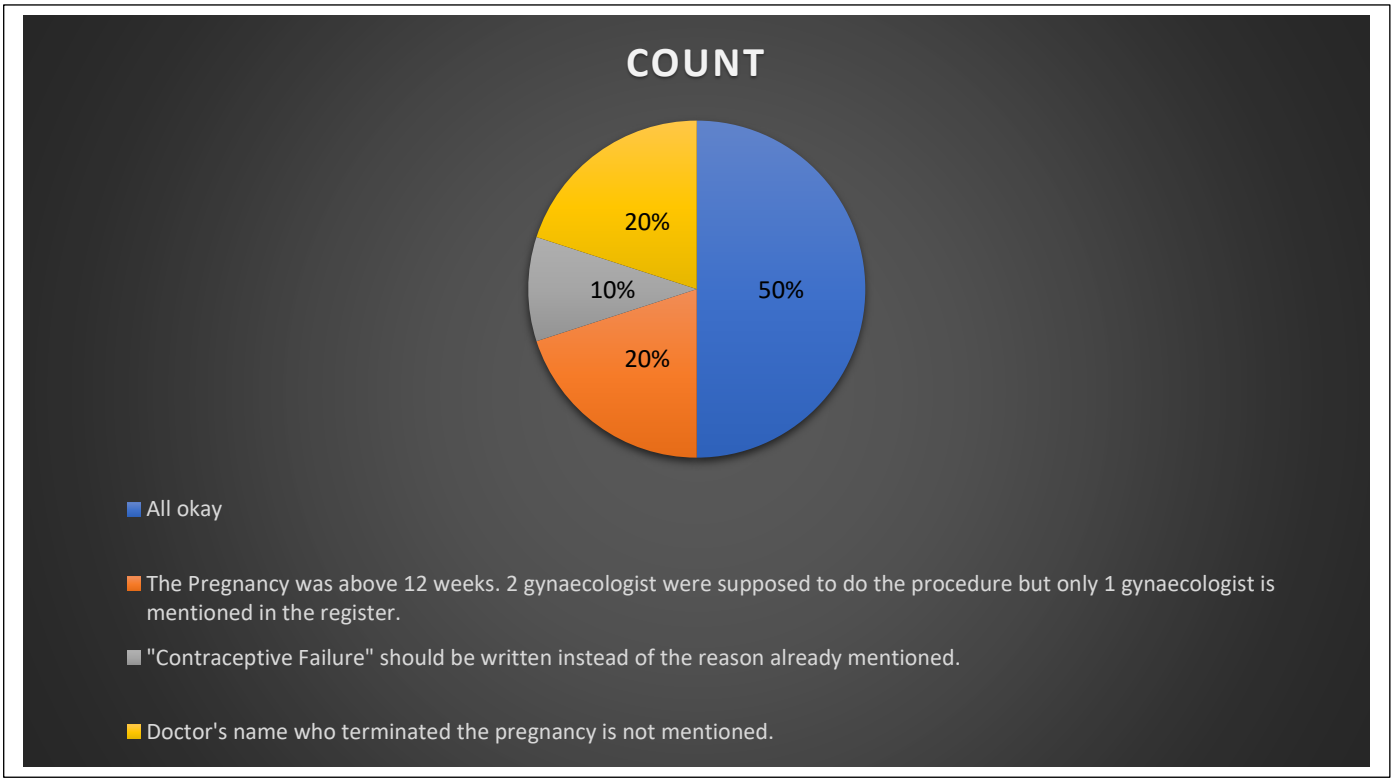
ADMISSION REGISTER

(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.

Process followed for Kidney Transplant is given in Appendix (1).

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) isspecified 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 issubject 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				MSOG/CL-TxLDT/2016/01

Forms to be filled:

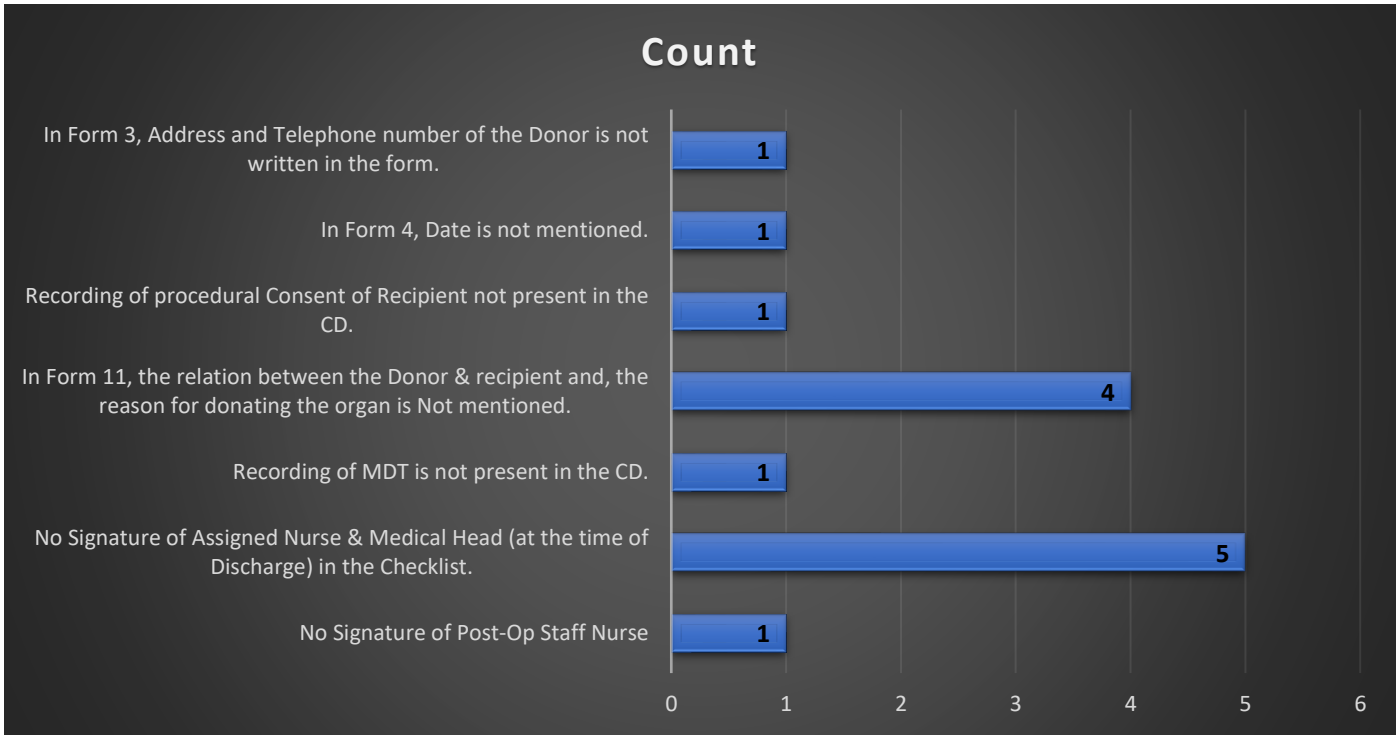
Form 1	• For Near Relatives
Form 2	• Spouse
Form 3	• Not/ Other than Relatives
Form 4	• For Medical Practioner
Form 10/ 11	• Donor Application Form

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 and proper medical record is not just important to follow the accreditation and licensing requirement, but it is also a proof that the patient got adequate care and treatment in the hospital.
- This report emphasizes the area of documentation that needs more concern and attention. Overall the 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.

Appendix (1)

Process for Kidney Transplant

References:

1. *Best Hospitals in Kolkata, West Bengal - Fortis Hospital in Anandapur, Kolkata | Fortis Healthcare*. Fortis Healthcare Limited. (2021). Retrieved 11 July 2021, from https://www.fortishealthcare.com/india/fortis-hospital-in-anandapur-kolkata-west-bengal.
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