Summer Training Report

on

Adherence of the active patient files to the NABH guidelines before and after intervention and gauging their improvements in BMCHRC.

By Rushi S Joshi

Specific Objectives

To conduct an internal auditing of the active patient files of the admitted patients in the IPD.

To understand the adherence of the active patient files to the NABH guidelines and quality indicators on these.

Analyse the data for the compliance rate and prepare a plan for intervention at the organisational level, team level, process level which will be the changes that will be at the meso level and the micro level.

The interventions which will be in the form of training workshops, counselling to the HOD's and other staffs and other appropriate measures.
Conducting an internal auditing post the intervention and analysing the collected data.

Comparing the two sets of collected data and understanding if the intervention had any improvements on the adherence to the quality indicators

Research Methodology

- The research is based on inductive reasoning wherein, we are beginning from observations and reaching the theory.
- Since, we are comparing the active patient files at the beginning and after the intervention, **it is analytical in nature and is a cohort study.**
- IPD Patient files will be audited in the beginning and their adherence to the quality indicators of NABH will be gauged and analysis made.
- Based on this, there will be intervention programs, mainly counselling that will be given to the dept. HOD like Nursing HOD, floor nursing in charge, floor operations in charge and so on for all the related dept that intervention is to be made.
- Apart from this, capacity building programs will be given by the quality assurance dept. and infection control dept. among others.
- Post intervention, there will be an audit again and improvements gauged.

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Sample Size

A sample size of 300 active patient files was used for the initial internal auditing.
Post intervention, a sample size of 305 active patient files was used.

Sampling Procedure

Simple probability sampling technique was used wherein, during the internal auditing, random patient files were picked up and analysed.

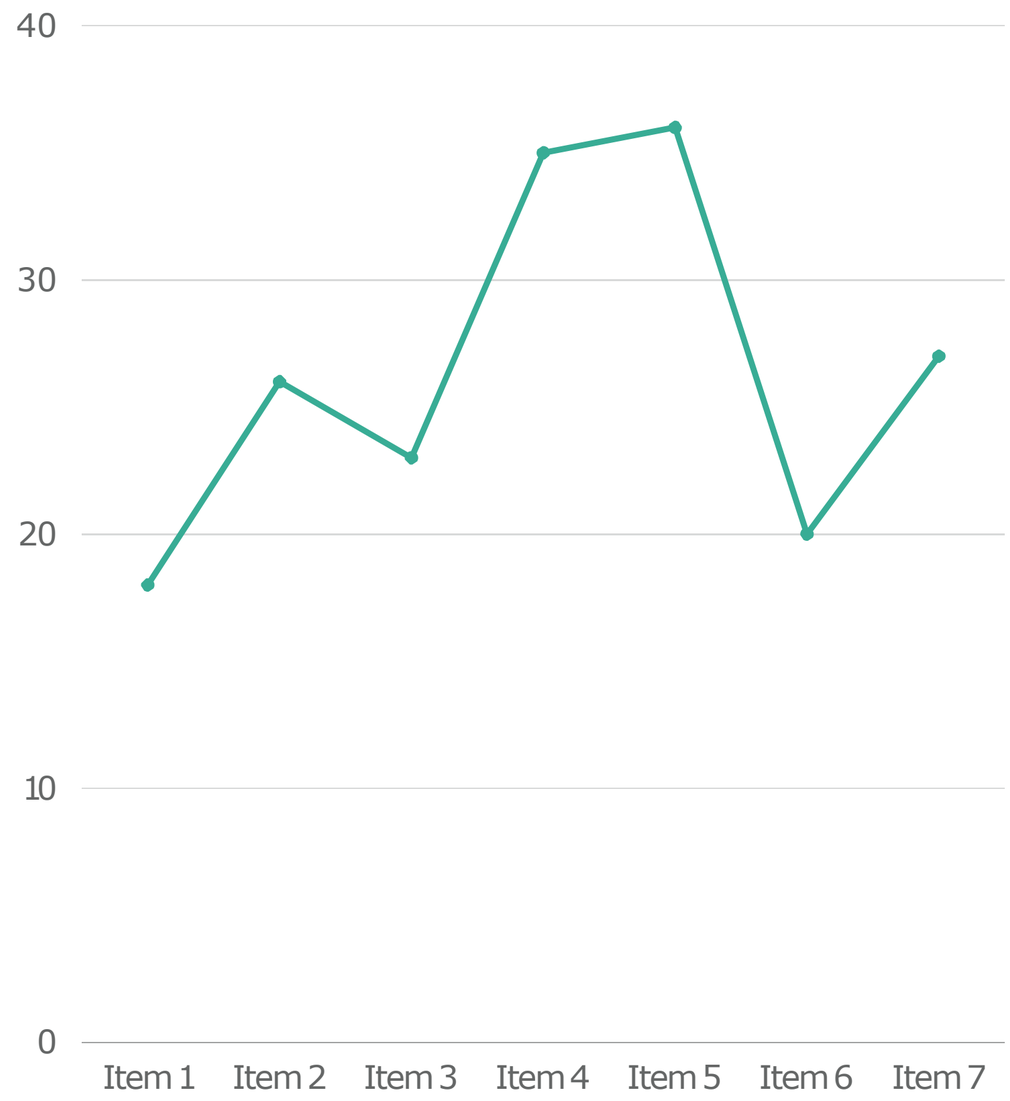
Mode of Data Collection

The primary data was collected by questionnaires which were approved by the concerned department.
The data was collected in person by visiting the various wards and floors of the hospital.

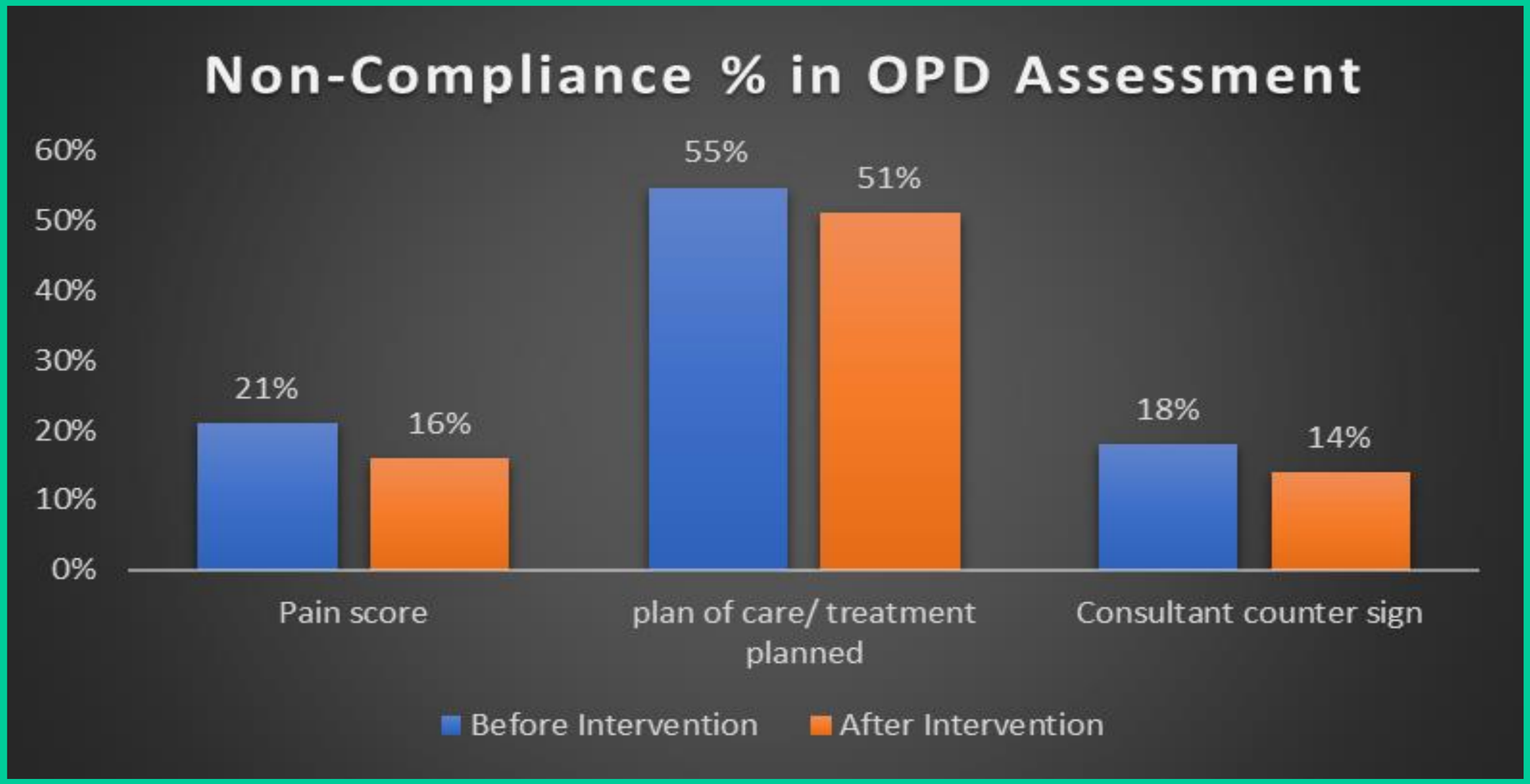
Computer-Assisted Personal Interviewing (CAPI) mode of data collection was used, wherein, the patient files were checked for the established standards

Analysis for the data collected.

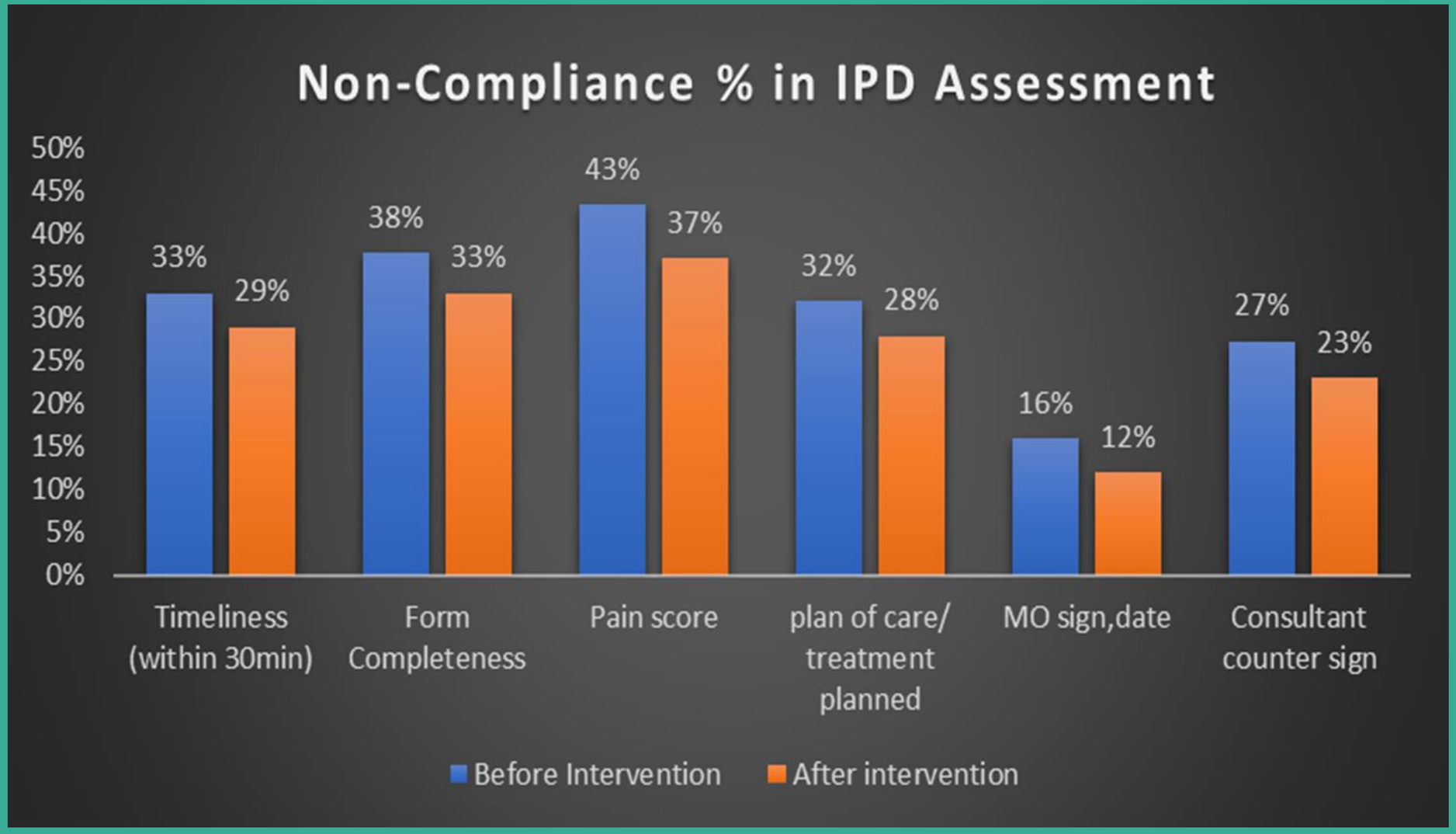
- The data collected through the questionnaires through the google forms where the patient files were audited for each quality indicator and the recorded data is cleaned up in the MS excel first.
- Since the data is collected in the dichotomous form wherein, they're either yes or not with the option of NA given at certain places.
- Analysis was done through excel through the functions
- Repeated for both sets of data.

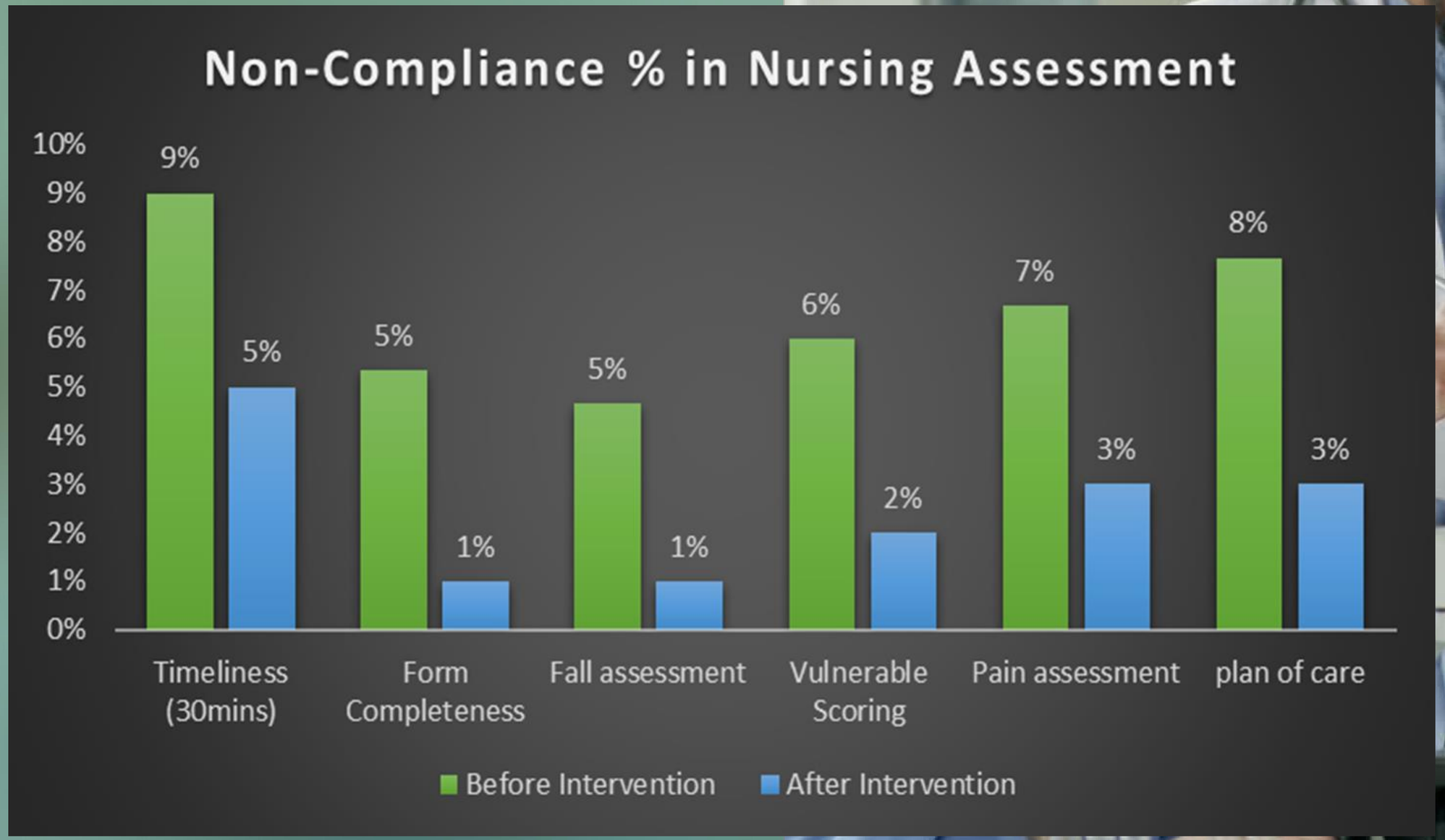


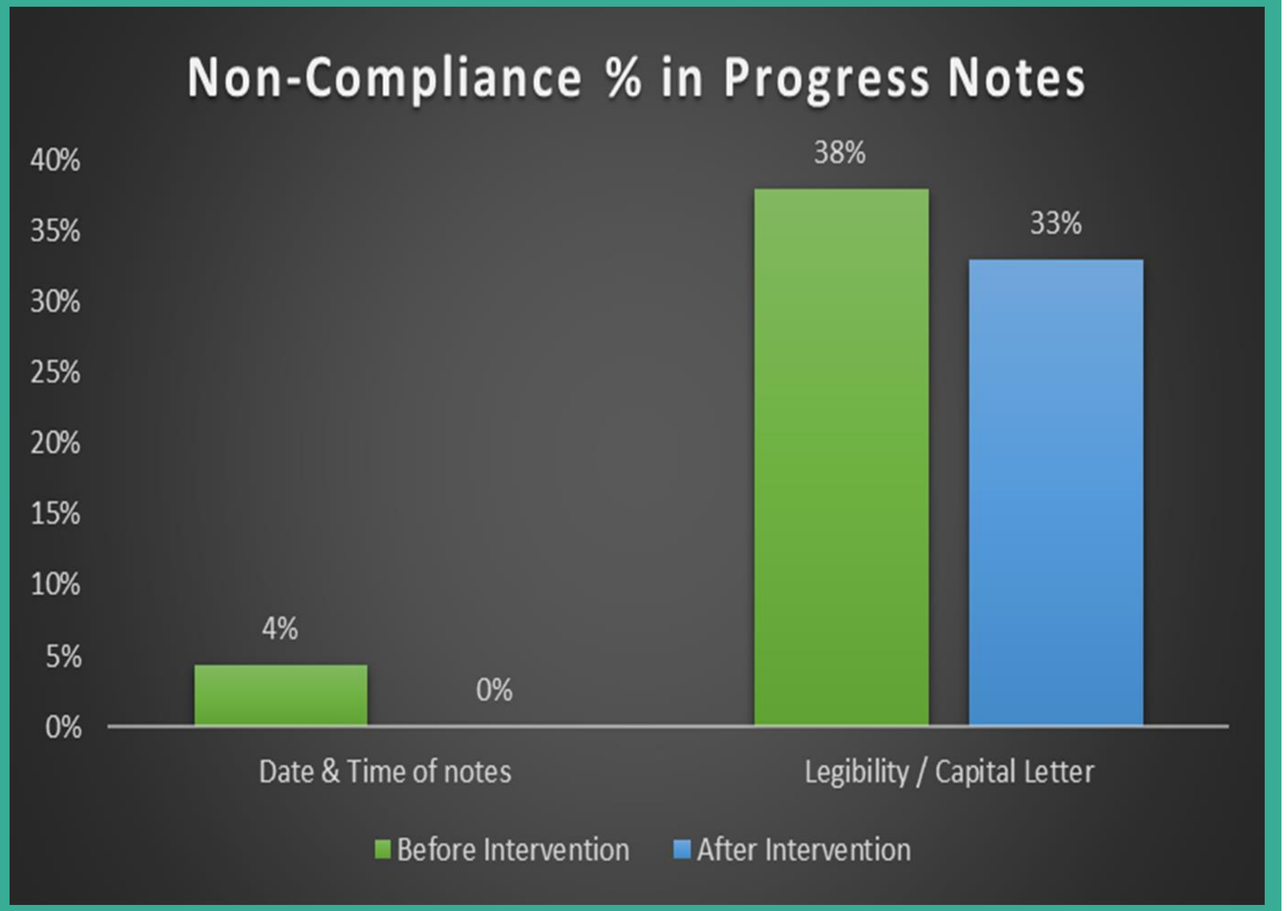
OPD Assessment

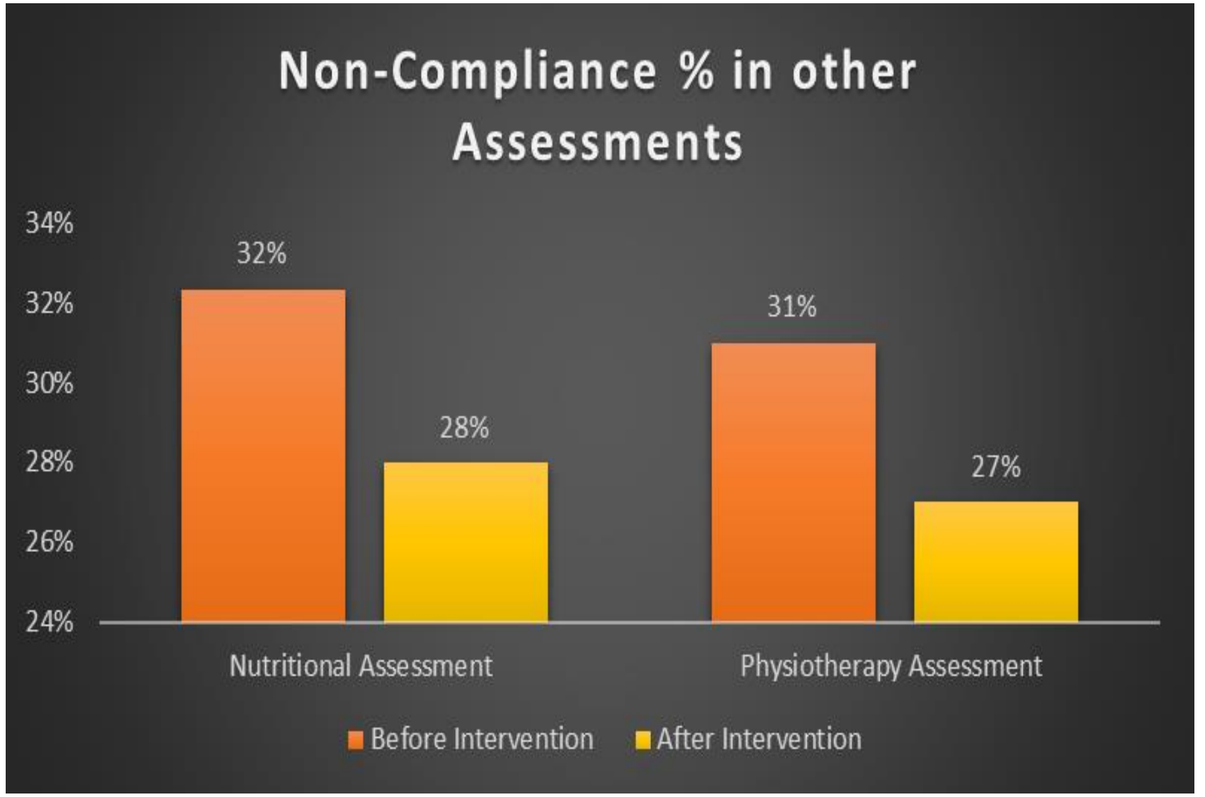


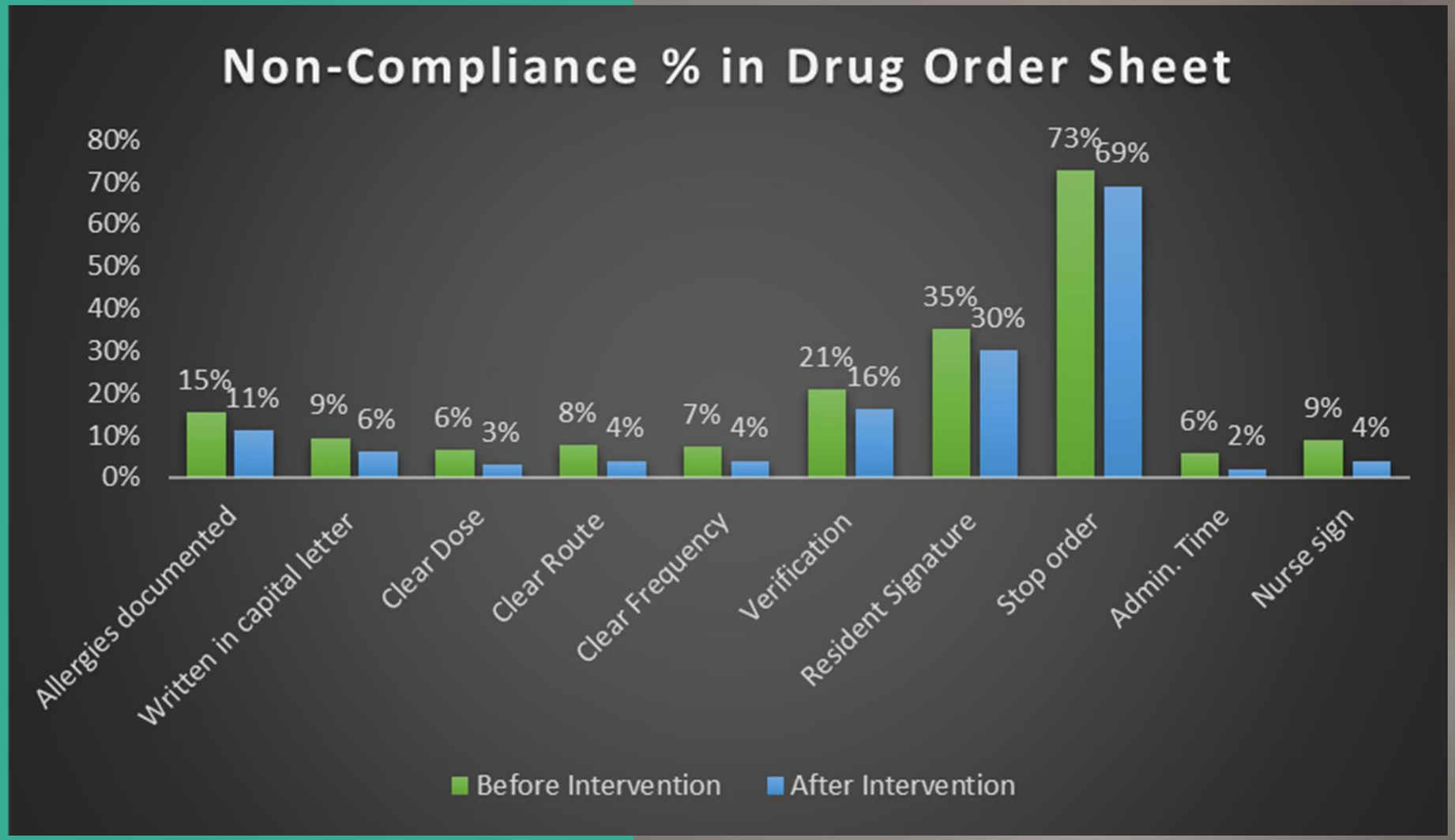
IPD Assessment

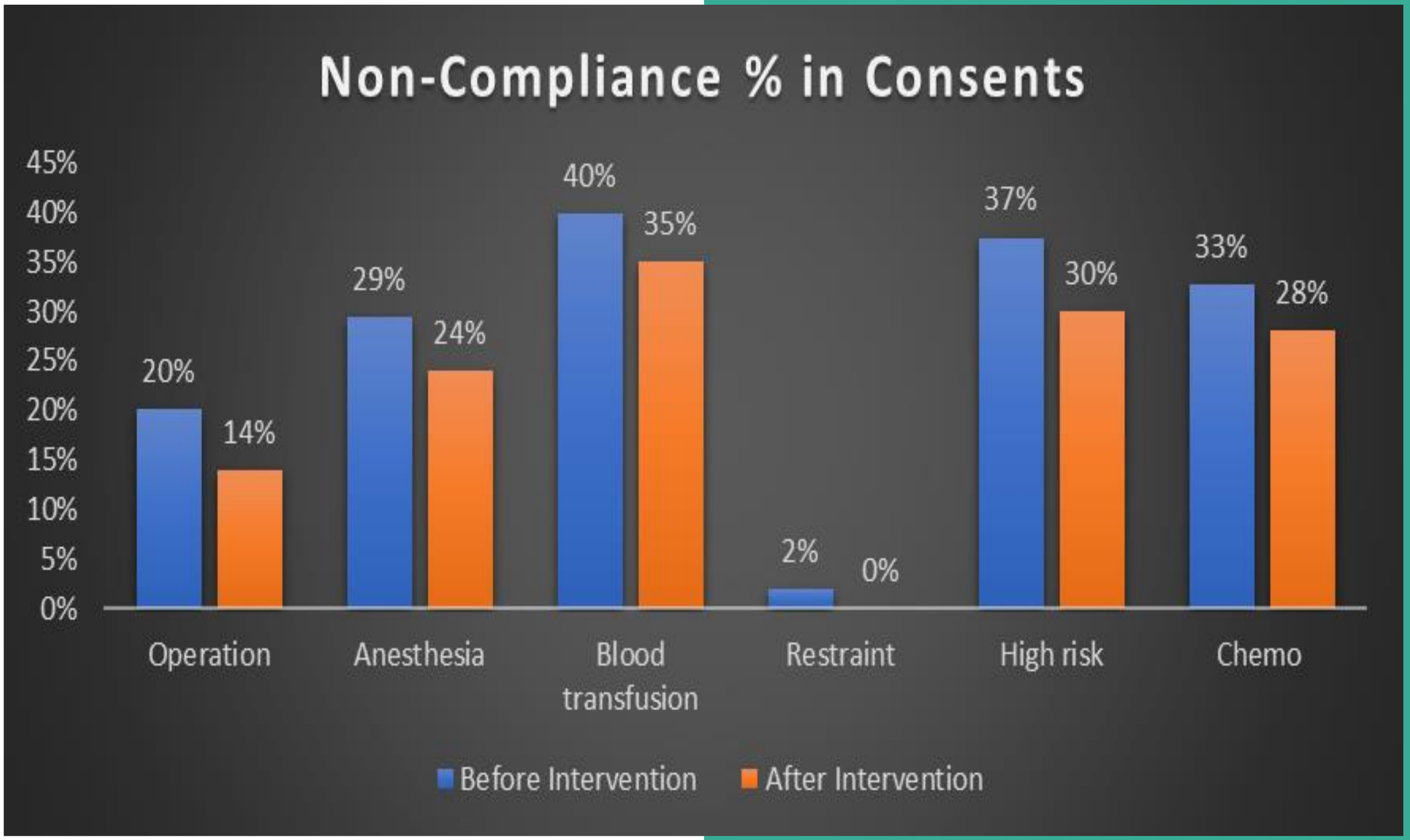


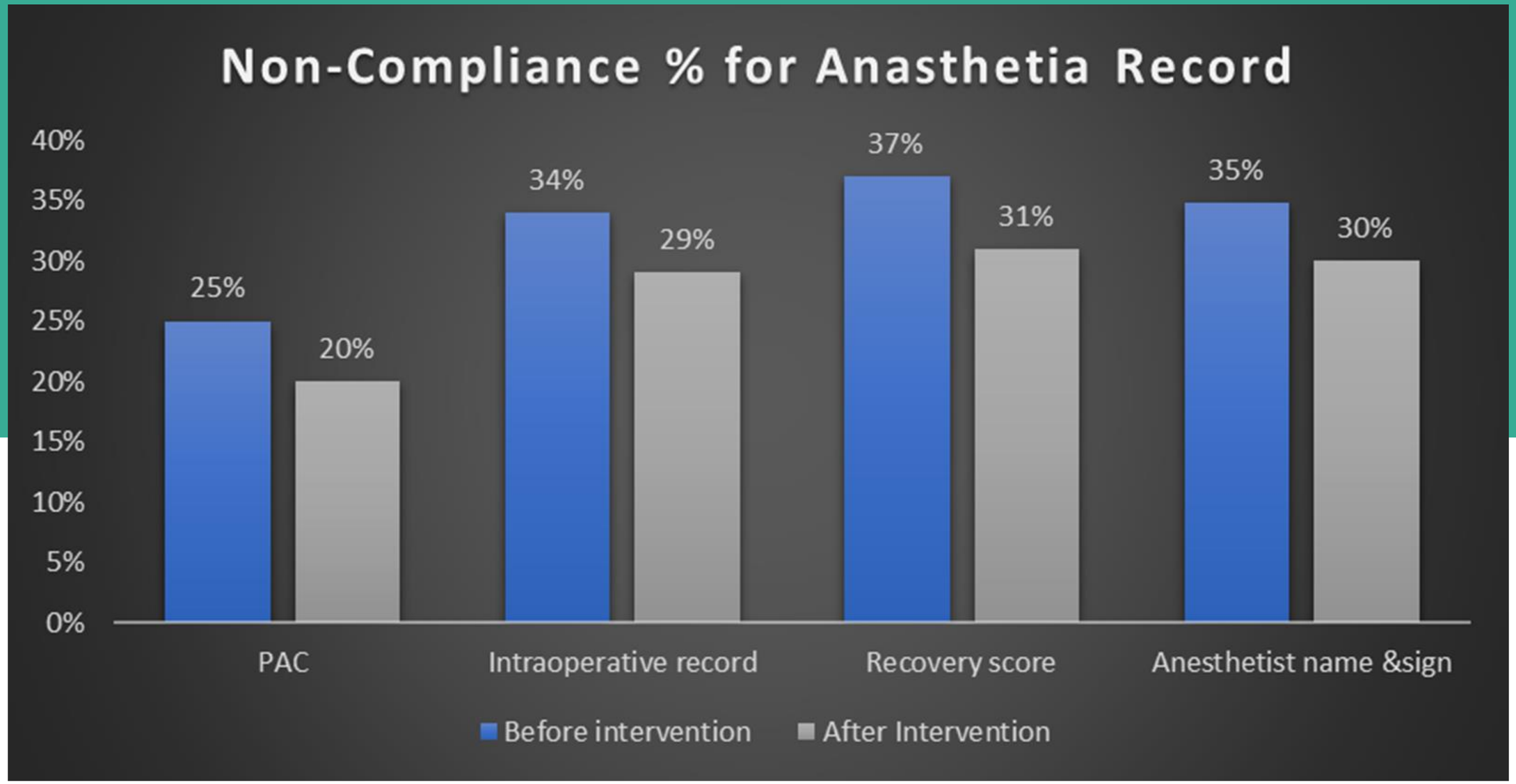

Non-Compliance % in Nursing Assessment
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
9%
5%
5%
1%
5%
1%
6%
2%
7%
3%
8%
3%
Timeliness (30mins)
Form Completeness
Fall assessment
Vulnerable Scoring
Pain assessment
plan of care
Before Intervention
After Intervention

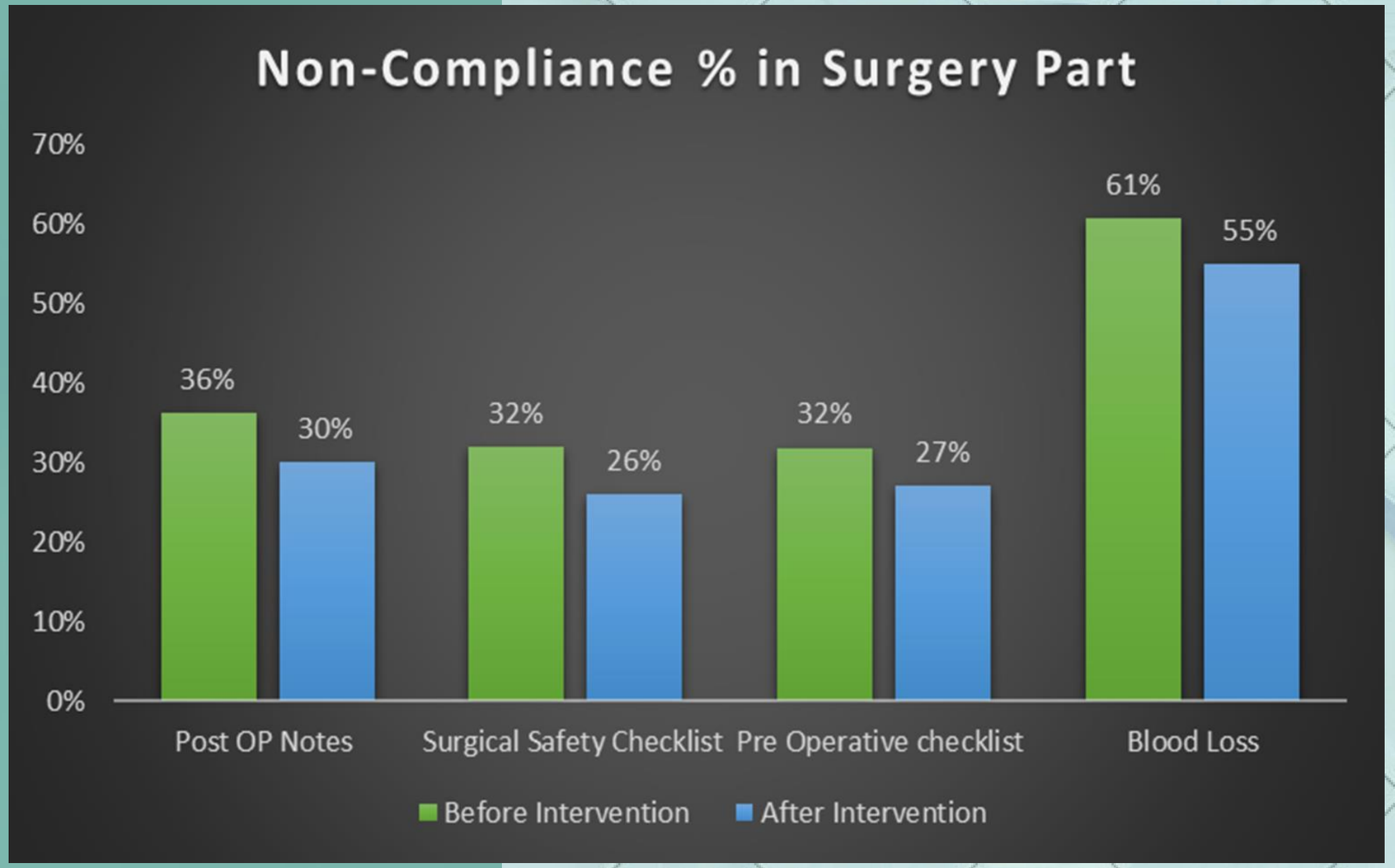

Non-Compliance % in Progress Notes
40%
35%
30%
25%
20%
15%
10%
5%
0%
4%
0%
38%
33%
Date & Time of notes
Legibility / Capital Letter
Before Intervention
After Intervention

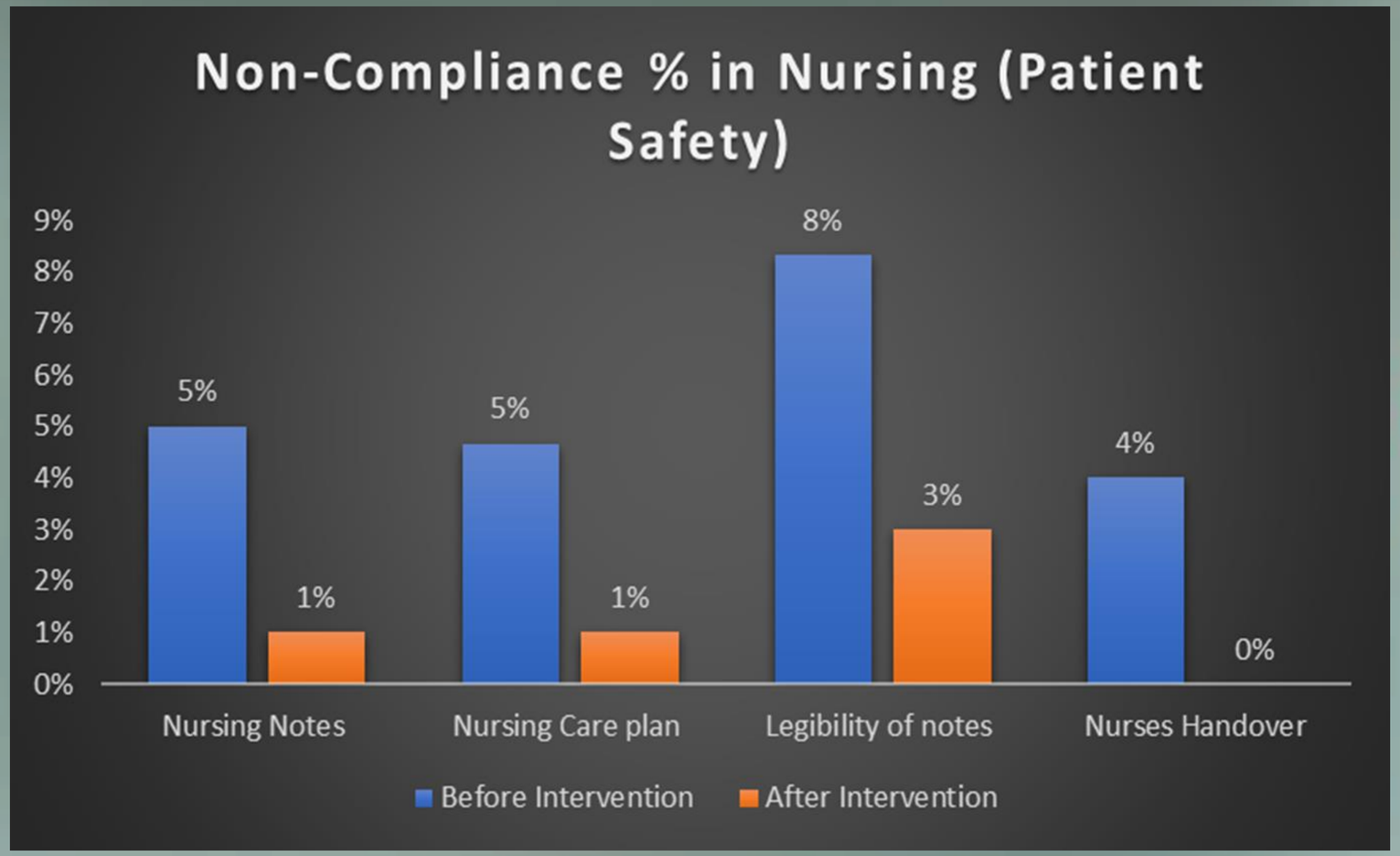

Non-Compliance % in other Assessments
34%
32%
30%
28%
26%
24%
32%
28%
31%
27%
Nutritional Assessment
Physiotherapy Assessment
Before Intervention
After Intervention


Non-Compliance % in Drug Order Sheet
80%
70%
60%
50%
40%
30%
20%
10%
0%
15%
11%
9%
6%
6%
3%
8%
4%
7%
4%
21%
16%
35%
30%
73%
69%
6%
2%
9%
4%
Allergies documented
Written in capital letter
Clear Dose
Clear Route
Clear Frequency
Verification
Resident Signature
Stop order
Admin. Time
Nurse sign
Before Intervention
After Intervention


Non-Compliance % in Consents
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
20%
14%
29%
24%
40%
35%
2%
0%
37%
30%
33%
28%
Operation
Anesthesia
Blood transfusion
Restraint
High risk
Chemo
Before Intervention
After Intervention


Non-Compliance % for Anasthetia Record
40%
35%
30%
25%
20%
15%
10%
5%
0%
25%
20%
34%
29%
37%
31%
35%
30%
PAC
Intraoperative record
Recovery score
Anesthetist name &sign
Before intervention
After Intervention


Non-Compliance % in Surgery Part
70%
60%
50%
40%
30%
20%
10%
0%
36%
30%
32%
26%
32%
27%
61%
55%
Post OP Notes
Surgical Safety Checklist
Pre Operative checklist
Blood Loss
Before Intervention
After Intervention


Non-Compliance % in Nursing (Patient Safety)
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
5%
1%
5%
1%
8%
3%
4%
0%
Nursing Notes
Nursing Care plan
Legibility of notes
Nurses Handover
Before Intervention
After Intervention

Conclusion

- The audit was an attempt to understand the compliance of the IPD patient files to the quality indicators of NABH and analysing the results and introducing an intervention program.
- This intervention programs consisted of counselling to the dept. HOD who would then percolate the same to the whole of the dept. and also capacity exercises to other staffs.
- The re-auditing and the analysis yielded an improvement for average 4-5% across the quality indicators which is a significant improvement.
- Current steps need to be enforced more and more accountabilities will help avoid any complacency in the development of compliance

Thank You