BHAKTIVEDANTA
HOSPITAL & RESEARCH INSTITUTE

Summer Training

At

BhaktiVedanta Hospital & Research Institute

(May 10 to July 10,2021)

A Report on

Study on the Clinical audits of the Hospital.

By

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MBA in Health and Hospital Management

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IIHMR UNIVERSITY

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Date: 12th July 2021

To WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Kirti Chauhan, student of of IIHMR University, Jaipur has completed her internship at Bhaktivedanta Hospital and Research Institute, Mira Road from 10th may 2021 to 10th July 2021 for clinical audits of the hospital under the supervision of Dr Ila Ghosh.

We wish her all the best for future endeavours.

For Bhaktivedanta Hospital and research institute, Mira road

BHAKTIVEDANTA HOSPITAL AND RESEARCH INSTITUTE MIRA ROAD

Dr Ila Ghosh

Manager (Medical Admin)

ACKNOWLEDGEMENT

The Summer Training was a great learning experience for me which provided me with knowledge and insights of the daily managerial skills of this renowned hospital. I am very grateful to interact and learn with the higher authorities and staff members of the hospital, who always encouraged and guided me with support and knowledge.

At the outset of the project, I would like to express my sincere gratitude to the people, without their help, completion of the project would not have been possible.

Firstly, I would like to express my thanks to **Bhaktivedanta Hospital & Research Centre** to give me this opportunity to work with them.

I am very grateful to **Mr. Praveen Mule**, through him I could work in this organisation, thank you for giving me this opportunity. I would like to thank **Dr Ila Ghosh**, my organisation mentor, who guided and assisted me in the whole journey. I would thank **Dr Pratibha Ubale** who helped me in my project work. I would like to thank all the staff members in departments I worked including Medical records department, the TPA department, all the nurses and staff in the wards who would cooperate during my learning process.

I would like to thank the whole medical and non-medical staff of the Hospital for showing immense support during my learning period.

I would like to thank my college **(IIHMR University)** for giving me this opportunity to enhance my learning. I would like to thank my college mentor and guide **Dr Neetu Purohit** for guiding in me and providing constant support in the whole internship period.

Lastly, I would like to thank my friends and family for their constant support in the whole learning journey and to everyone who directly or indirectly supported me in this journey.

Sincerely,

Kirti Chauhan

(MBA HM-25)

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LIST OF ABBREVIATIONS

1. OPD	Outpatient department
2. IPD	In patient department
3. TAT	Turnaround time
4. TPA	Third party Administration
5. MRD	Medical records department
6. UHID	Unique Hospital Identification Number
7. LAMA	Leave against medical advice
8. BTR	Bed Turnover Rate
9. HAI	Hospital acquired infection
10. HIS	Hospital information system
11. ICCU	Intensive Coronary Care Unit
12. ICD	International Classification of diseases
13. NICU	Neonatal Intensive care unit
14. PDSA	Improvement cycle (Plan, do, study, act)
15. PSMP	Patient safety management system
16. QCI	Quality Council of India
17. SOP	Standard operating procedure
18. SIRE	Systematic incident reconstruction and analysis
19. VDRL	Venereal disease research laboratory
20. NABH	National Accreditation Board for Hospitals & Healthcare Providers.

BHAKTIVEDANTA HOSPITAL AND RESEARCH INSTITUTE

(Observational Learning)

INTRODUCTION

Bhaktivedanta Hospital and Research Institute is a Not-for-Profit organisation committed to provide holistic healthcare based on the treatment for the body, mind and soul. The hospital is owned by Sri Chaitanya Seva Trust and was inaugurated on 11 January 1998. The hospital has attained the prestigious NABH accreditation w.e.f. July 3,2016 and is the first hospital from Borivali till Dahanu in Mumbai to receive accreditation. The hospital believes in ensuring the safety of its patients and providing them with high quality of care, this accreditation assures delivery of quality healthcare as per global standards.

Bhaktivedanta Hospital is primarily a 200 bedded Super speciality Hospital providing state of art healthcare facilities using Hi-Tech technology and services. It is supported by 100+ consultants helping to cater to a population of over 8 million people of Mira-Bhayander and beyond.

Keeping pace with changing times the hospital continuously developing its equipments, services and infrastructure with the help of philanthropically committed donors and supporters. The hospital offers twin advantage of ultra-modern medicinal care together with the ancient knowledge of various alternative therapies to provide a holistic approach to patient care.

MISSION STATEMENT

“With love and devotion, we will offer everyone a modern, scientific and holistic health care service based on true awareness and understanding of the needs of the body, mind and soul.”

VISION

- We shall have organisational culture based on spirituality.
- We shall be leading healthcare provider of quality medical services.
- We shall be known for district community work.
- We shall achieve this by innovative resourcing and funding activities.

VALUES

- Compassionate Care
- Integrity
- Humility
- Spirituality

UNIQUE SERVICE PROPOSITION (USP) (GENERAL FINDINGS)

- The hospital offers Allopathic as well as alternative therapies like Ayurveda (including Panchakarma), Homeopathy, Acupuncture, Pain Management and Yoga Therapy all under one roof.
- Department of Spiritual Care.
- Department of Palliative Care.
- Share your care.
- BhaktiVedanta Hospital and Research Institute Health Forum.
- BhaktiVedanta Hospital and Research Institute Youth foundation.

HOSPITAL SPECIALIZATIONS

- Anaesthesiology
- Adult & Child Psychology
- Pulmonary Medicine
- Paediatrics
- Dermatology & Venerology
- Dentistry
- Internal Medicines
- General Surgery
- Gynaecology & Obstetrics
- Intensive Care (ICU)
- Ophthalmology
- E.N.T
- Palliative Care
- Psychiatry
- Spiritual Care services with O.P clinic

ALTERNATIVE MEDICINE & THERAPY

- Acupuncture
- Ayurveda & Panchakarma
- Homeopathy
- Naturopathy
- Yoga Consultation & Therapy

DIAGNOSTIC SERVICES

- 2D/3D/4D Echo & Colour Doppler
- OPG (Dental X-ray)
- Digital Mammography

SUPER SPECIALITIES

- Cardiac Anaesthesia
- Cardiology
- Angiography & Angioplasty
- Cardiovascular Thoracic Surgery
- Cancer Care
- Medical Oncology
- Surgical Oncology
- Haematology
- Maxillofacial Surgery
- Medical Gastroenterology
- Minimal Invasive surgery
- Laparoscopy & Endoscopy
- Medical Endocrinology
- Diabetic Care
- Surgical Endocrinology
- Neonatology
- Nephrology
- Neurology
- Neuroradiology
- Neurosurgery
- Orthopaedics
- Arthroscopy
- Joint Replacement
- Spine Surgery
- Paediatric Cardiology
- Paediatric Neurology
- Paediatric Surgery
- Plastic and Reconstructive surgery
- Transplantation services
- Urology

OTHER SERVICES

- Sleep Study (Diagnostic and Therapeutic)
- Cardiopulmonary Rehabilitation
- Physiotherapy
- Occupational Therapy
- Speech & Audiology
- Optical Services
- Pain Management Clinic
- Electroencephalogram (EEG)
- Weight Loss Clinic

EMERGENCY SERVICES (24×7)

- Ambulance
- Emergency Medicine (Casualty Services)
- Pharmacy
- X-ray/CT scan/ Sonography
- Pathology Services
- Blood Storage Services

COMMUNITY SERVICES

- Medical camps
- Mahatma Jyotiba Phule Jan Arogya Yojana
- Social and Family Counsellor

OUTSOURCED SERVICES (IN THE HOSPITAL)

- AKD Unit
- Blood Storage Centre
- Clinical Biochemistry
- Clinical Microbiology & Serology
- Clinical Haematology
- Clinical Pathology
- CYTO Pathology
- Histopathology
- Canteen Services
- Security Services

OUTSOURCED SERVICES (OUTSIDE HOSPITAL)

- MRI
- Genetics
- Molecular Biology
- Toxicology
- Management of Bio-Medical

SERVICES NOT AVAILABLE

- PET Scan
- Radiation Therapy
- Burns Unit
- Eye Bank

FLOOR WISE DISTRIBUTION OF THE DEPARTMENTS

GROUND FLOOR DEPARTMENT	**WING**	**FIRST FLOOR DEPARTMENT**	**WING**
OPD	A	PATHOLOGY COLLECTION CENTRE	A
PHARMACY	B	BLOOD BANK	A
PANCHKARMA ROOM	B	P.F.T./SLEEP STUDY	A
EMERGENCY	C	E.E.G.	A
OPTICAL SHOP	C	CANTEEN	B
OPTHAL DEPARTMENT	C	OPD & CARDIOLOGY DEPT	C
HEALTH CHECK UP	D	AKD DEPT (DIALYSIS UNIT)	C
RADIOLOGY	D	REHABILATION CENTRE	D
SECOND FLOOR DEPARTMENT	**WING**	ADMINISTRATION	D
OPERATION THEATRE	A	**THIRD FLOOR DEPARTMENT**	**WING**
O.T. PHARMACY	A	NEW AC WARD	A
I.C.C.U.	B	TWIN SHARING AC WARD	A
I.C.U.	C	PALLIATIVE CARE DEPT.	A
HEART CENTRE (CATHLAB)	D	ECO PRIVILAGE	B
UROLOGY DEPT.	D	ISOLATION WARD	B
RECEPTION	D	ECO AC WARD	C
FOURTH FLOOR DEPARTMENT	**WING**	OPTHAL WARD	C
TWIN SHARING AC WARD	A	AC SURGIC AL WARD	D
TRIPLE SHARING AC WARD	A	SUPER DELUXE WARD	D
MATERNITY WARD	B	**FIFTH FLOOR DEPARTMENT**	**WING**
PAEDIATRIC WARD	C	AUDITORIUM	A
DELUXE WARD	D	MEDICAL RESEARCH DEPT.	B
SIXTH FLOOR DEPARTMENT	**WING**	C.S.S.D. DEPT.	B
COMMUNITY WARD	A/B	GENERAL WARD	C
YOGA ROOM	C	**OTHER DEPARTMENTS**	
MEDICAL RESEARCH DEPT	D	AYURVEDA	
PATHOLOGY	D	SECURITY OFFICE	
		AXIS BANK ATM	
		MORTUARY	
		SWASTHYA (ORGANIC PRODUCTS)	

SWOT ANALYSIS OF THE HOSPITAL (CONCLUSIVE LEARNING)

STRENGTHS:

- Multi-speciality tertiary care that augments its equipment, services and infrastructure to keep along with the changing times and offers patient-centred care.
- The hospital consists of well qualified, trained and experienced medical and para-medical consultants and nurses.
- Department of Spiritual care plays an active role in treating the mind and soul to bring about holistic healing of patients and reduces their stay at the hospital.
- Palliative care unit is one of the best in and around the Mumbai.
- The hospital has its own Nursing college and Research institute.
- The hospitals community outreach healthcare services are positively impacting the lives of the underprivileged section of the society.
- As the patient demand is increasing the hospital is expanding with one more building with 200 bed capacity.

WEAKNESSES:

- 200 bed capacity which is offered by the hospital is not enough to meet the rising demand of quality healthcare services.
- Magnetic Resonance Imaging (MRI) is not available at the hospital.

OPPORTUNITIES:

- As people majorly from within Mumbai are shifting and residing in the Mira road-Virar belt there is an increase in the population which led to the increase in the demand for quality healthcare services.
- The hospital offers alternative therapies along with allopathic therapy under one roof. It is faced with the opportunity of capitalising on this unique feature.
- Medical tourism is increasing in India; hence the hospital focuses on these activities leveraging its alternative therapies offering.

THREATS:

- Growing competition from major competitors i.e., Umrao Hospitals and Thunga Hospitals as well as the reputed practitioners.
- Growing government rules and regulations like NABH etc.

(PROJECT REPORT)

STUDY ON THE CLINICAL AUDITS OF THE HOSPITAL

INTRODUCTION

India has a made a great and remarkable political, economic, and cultural transformation over the past few decades has made it a geopolitical force. Healthcare Services is one of the industries that marks this strengthened global presence. Healthcare services are defined as the services aimed at prevention, treatment, and rehabilitation of illness through the services provided by different healthcare practitioners in all settings of care from personal to non-personal where a hospital plays a vital role. Improving access, coverage and quality of services depends on the key resources that are money, staff, equipment, and drugs being available; on the ways services are organized and managed, and on incentives influencing providers and users.

INPATIENT DEPARTMENT

An inpatient department (IPD) is a unit of a hospital or a healthcare facility where patients are admitted for medical conditions that require appropriate medical care and attention. An Inpatient Department of the hospital is equipped with beds, medical equipments and round the clock availability of concerned doctors and nurses for treatment of the patient. A patient is referred for an IPD admission in the ward of the hospital either from the OPD, emergency or a referral doctor for a planned procedure. A patient seeking consultation from a specialist for a medical problem can be referred for admission in the IPD for their further treatment. A patient who arrives at an emergency unit of the hospital is shifted to the IPD for further treatment if it is required. Patients who have a procedure or a surgery advised in the hospital may get admitted for the same for a preoperative check-up and preparation for the procedure.

MEDICAL RECORDS DEPARTMENT

The Medical Records Department (MRD) is an important part of a hospital setup which primarily stores records of the patents who have been treated in the IPD or Emergency unit of the hospital. The MRD is essentially required by the patients to retrieve any previous medical records in case of damage or loss, or for the further treatment by the medical practitioners to study various disease and recovery from them. From the hospitals point of view, it is important to evaluate the proficiency of the staff for administrative and clinical purpose. To follow the norms and standards accepted by the hospital. For administrative records and performance of the health workers and for the development of the hospital. It is very important in legal purposes such as documentary evidence, claim insurance, document signifying the patient and his families will to catch malpractices and as a consent to help in criminal cases.

THIRD PARTY ADMINISTRATION (TPA)

The Third Party administration is a body that helps in the processes insurance claims relevant under the Mediclaim policy. The TPA will take care of the hospital bills and other over all expenses. During the time of admission to the hospital the insured person can produce this card and intimidate the occurrence of the claim either to the insurer or TPA. The TPA is responsible to expedite the claim after it is intimidated by the insured as soon as possible. It can ask for as much information as is needed to cross verify the details. The settlement of the claim will be either cashless or through reimbursement basis. Whatever the case is the TPA is responsible to check all the documents. Along with the claim processing and card insurance, a TPA also arranges for other services and amenities like ambulance, wellness programs.

CLINICAL AUDITS IN A HOSPITAL

"Clinical audit is a part of the continuous quality improvement process. It consists in measuring a clinical outcome or a process against well-defined standards, established using the principles of evidence-based medicine. The comparison between clinical practice and standards leads to the formulation of strategies, in order to improve daily care quality. It helps to examines the basis of clinical audit and the data about the efficacy of the methodology focusing on medical issues. A clinical audit could offer to the modern practitioners a useful tool to monitor and advance their clinical practice."

The process of auditing involves:

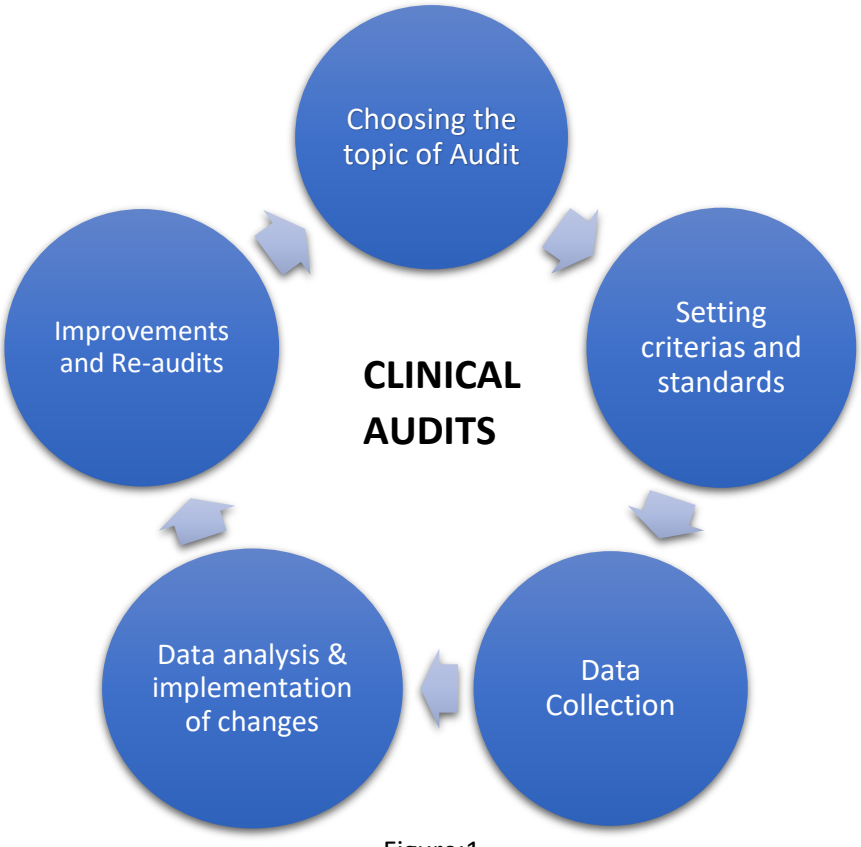

Figure:1

BACKGROUND

In a hospital when a patient is admitted for treatment, an IPD file is maintained by the ward nurses and doctors involved. The IPD file consists of the details of the patient, related disease and the ongoing treatment of the patient. Therefore, it is very important for the hospital to maintain the file properly with accurate information. When the patient is admitted it very important for the consulting doctor to fill the Indoor case paper of the patient immediately or within 2 hours of admitting the patient. The Indoor case paper consists of the details of the patient, the department involved in the medication, consulting doctors and RMOs involved in the medication, the patients ward details and patient code is mentioned in the ICP. The patient file consists of all the daily rounds of the doctor and consultant, the drug sheet of the ongoing medication, the nurses assessing sheet, daily vitals check-up sheet, operations and consent form related to the operation if any.

After the patient is getting a discharge, it is important for the nurses and the medical officer involved to create an accurate discharge summary with all the details including the provisional diagnosis and final diagnosis of the patient, the treatment involved during the stay and to include emergency care help in the discharge summary.

It is very important for the doctors and the nurses to always maintain this file and keep accurate information in it. It not only benefits the patients for their further medical needs and for the corporate insurance purpose but also benefits the hospital by maintaining proper records of the patients which helps in improvement in the quality of the services provide by the hospital by identifying the area of improvement needed in patient through the patient file.

Conducting regular clinical audits for the compliance of the patient file is very important for achieving a benchmark in quality services. Keeping the records of the medical files enables the healthcare provider to plan and the evaluation of the patient's treatment and is helpful in the continuity of treatment among multiple health providers. Maintaining a complete record not only required for accreditation and licencing requirements but also helps the healthcare provider to ensure that the patient received proper treatment during the hospital stay.

Hence, Clinical audits plays a vital role in the quality improvement in the services of the hospital through a systematic review of the care provided and to always keep a check of the guidelines and protocols of the hospital is abided.

The definition of clinical audit as per the National Institute of Clinical Excellence (NICE) states that "A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and implementation of change."

REVIEW OF LITERATURE

According to Madhav M Singh (2017), the study was conducted in a super speciality hospital in India and the sample size was 320 case sheets, 40 from each department. A Systematic Random sampling was done through which it could be concluded that the records of the Paediatric department and Gynaecology were not found appropriate. The Dermatology and the Psychiatry record keeping was found to be appropriate as per the laid guidelines of the hospital. The Planned care in the surgery department was not found appropriate as per the given protocol. Hence recommended the hospital to sensitize the staff the importance of proper documentation.

A study was conducted in 2009 by Mr Kumarendran in a hospital in Sri Lanka. A random sampling of total 243 cases was done to note the trend of head injury in children from the year 2003 to 2008 and to see the rate of compliant documentation of the noted cases. Where it was observed that the documentation of the IPD files of these cases need improvement to improve the quality standards of the hospital.

Accordingly, a study was conducted by P. Naveen Kumar in 2013 in a Medical college and Hospital (Karnataka) with the sample size of 240 files per session. A Systematic Random sampling was done through which it was reported that there were issues in the accuracy, clarity, compliance, accessibility, and completeness in the documents. To overcome these issues a CAPA form was made by them for the departments and proper training was given to the staff.

A study was done by Sana Iqbal in 2019 in the Oral and Maxillofacial department of a hospital in Karachi. It is a random sampling done with a sample size of 239 cases. From the results it could be noted that through the cases and through the concerned department that the results were considerable with improvement to be made in the department that would be concluded through training program in the hospital.

RATIONALE

After the literature review it can be concluded that most of the hospitals are facing the issue of poor documentation practices. Therefore, a study needs to be conducted in BhaktiVedanta Hospital to study the documentation practices of patient files, which is one of the important factors effecting quality services in patient care. After the study the area of concern can be identified, and proper actions can be taken to improve the services in the targeted area.

STANDARD

The main purpose of the conduction of the study is to conduct a clinical audit of the documentation of the patient files in IPD and identify and overcome the gaps occurring in the process of clinical audits. This study is a part of summer training project as the partial fulfilment of the degree. The Hospital has set the standard of the compliance rate till 90% compliance.

AIMS AND OBJECTIVES

- To conduct a Clinical Audit of the documentation of inpatient medical records in BhaktiVedanta Hospital.

- To study the gaps identified in the process of audits and to overcome them by doing proper CAPA.

METHODOLOGY

- **Area of Study:** The study of active audits was conducted in all the patient wards (The Eco A.C ward, Eco privilege wards, Deluxe ward and the General wards.) Whereas the passive audits of the discharged patients was conducted in the Medical records department.

- **Duration of Study:** 10 May 2021 to 10 July 2021

- **Sample size:** 40 patient files for pre audits.
  40 patient files for post audits.

- **Sample Technique:** Convenient Sampling.

- **Inclusion Criteria:** TPA and general cash patients, planned and unplanned admission and discharge patients of 3rd and 4th floor.

- **Exclusion Criteria:** Day care patients and NICU patients.

MODE OF DATA COLLECTION

- **Source of Data:** Primary
- **Data Type:** Quantitative data
- **Data collection tool:** Audit documentation checklist prepared in google forms.
- **Data Entry:** An MS-Excel sheet was prepared.

CHECKLIST QUESTTIONARE

A checklist of questions was already prepared by the medical department of the hospital in a google form for easy access and the details of the google form was systematically saved in a excel sheet. Hereby, mentioning only the important considerable questions of the checklist.

1) Patient UHID as per Green Sheet
2) Admitted under Consultant Doctor
3) RMO names
4) Signature verification sheet of
    a) Primary consultant
    b) Referral consultant
    c) All RMO involved
5) History Sheet of the patient
6) RMO rounds with SNDT
   Daily Consultant round with SNDT
7) Drug sheet (medicine fresh order)
8) All Consent forms if applicable
9) Blood transfusion forms
10) Discharge summary with all details.

FINDINGS AND OBSERVATIONS

A Pre audit was done from 14 May to 26 May of the active and then passive files of the patients respectively with the help of a checklist prepared. After the study of the pre audits few gaps were identified. Taking the findings of the audits into consideration a series of CAPA was performed by the medical department of the hospital. After few days of the pre audits, a post audit study was conducted to verify for the improvement in the gaps of the documentation from 06 June to 22 June of the active and passive files. Accordingly, after both the audits a comparative study was done with the help of the data collected through the excel report.

DATA ANALYSIS AND INTERPRETATION

A comparative study was done to analyse the difference in the outcome through the post and pre audits of the active and passive files respectively.

Active Audits

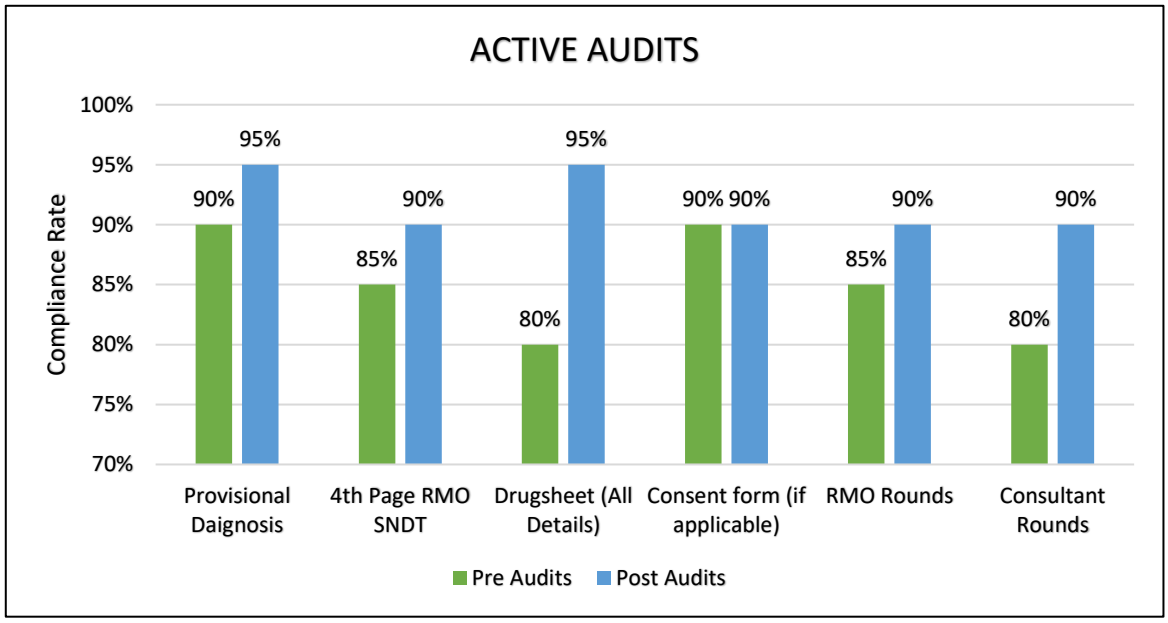

Figure 2

The above graph signifies the active audits of both the pre and post audits respectively. The green bars shows the pre audits whereas the blue bars are the post audits. The study was conducted with 20 files for pre and post each in the wards of the hospital. Here, the six majorly important criteria for the compliance of an active file are considered, studying which the data is prepared. First is the **Provisional diagnosis,** in this during the pre-audits 18 out of the 20 files were compliant which is considerable and after the CAPA done 19 files out of 20 were compliant. The compliant rate increased from 90% to 95% which is a good statistic. Followed by the **4th Page RMO SNDT** the compliance rate increased from 17 files to 18 files i.e., 85% to 90% which is considerably a good statistic. For **Drugsheet (All Details)** the compliance rate was observed as 16 files to 19 files i.e., from 80% to 95% which is a

noteworthy improvement in the statistics. For the **Consent form** details the compliance rate was 18 files in both the audits i.e., 90% in both which shows there was no improvement through the CAPA done. In **RMO Rounds** the compliance rate increased by 17 to 18 files that is 85% to 90% which is a considerable improvement. For the **Consultant rounds** there was a considerable improvement from 16 files to 18 files that is 80% to 90% improvement in the compliance.

PASSIVE/RETROSPECTIVE AUDITS

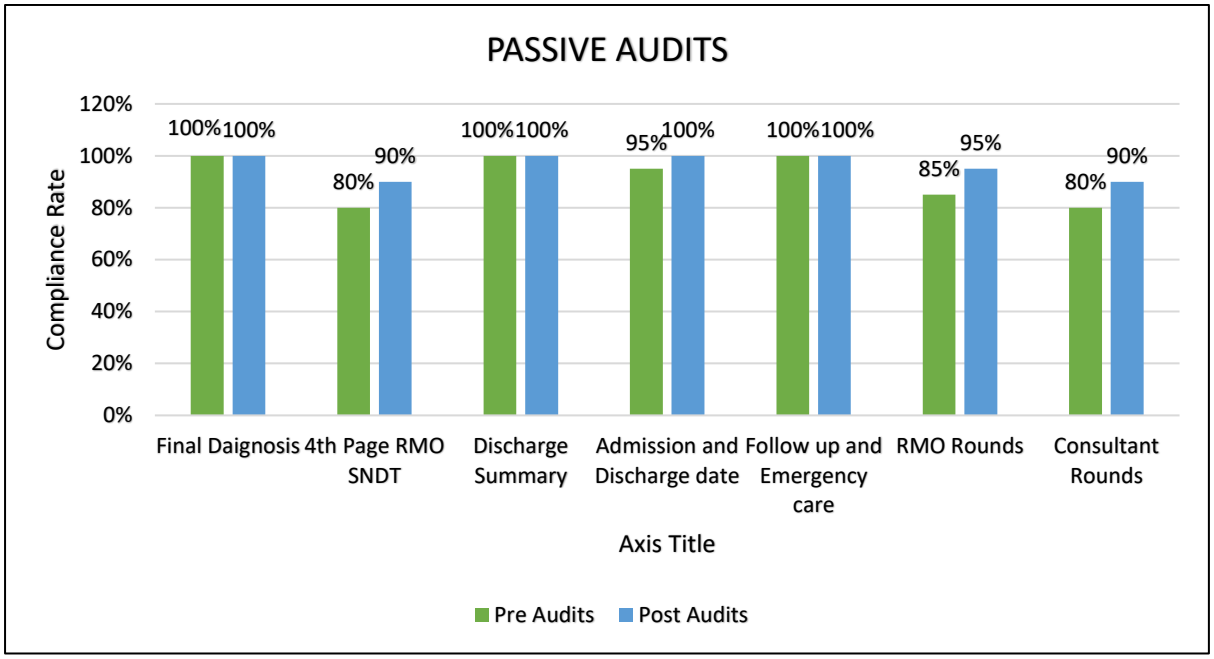

Figure 3

The passive audits were performed in the Medical records department. Through the graph it can be observed that the **Final Diagnosis** 100% compliant in both audits that is all the 20 files were compliant in the both audits. For the **4th Page RMO SNDT** the compliance rate increased from 16 files to 18 files that it increased by 80% to 90%. The **Discharge summary** was 100% compliant in both the audits which is a noteworthy statistic. The **Admission and Discharge date** compliance was from 19 files to 20 files that is 95% to 100%. **The Follow up and Emergency care** was 100% compliant. For the **RMO Rounds** the compliance rate was from 17to 19 files that is 85% to 95% which is a considerable improvement. For the Consultant Rounds the improvement could be seen from 16 to 18 files that is 80% to 90% compliance rate.

The CAPA which was performed after the pre audits to identify and overcome the gaps in the audits were:

- To follow up with concerned doctor for the compliance of the file as most of the non-compliance referred with the signatures in the file.
- By keeping a training program for the medical staff to train and guide them about the importance of compliance of the medical records for the patient as well as for the hospital.
- By making the medical staff realise that maintaining the records compliance will help acquiring quality services and even their performance can be assessed through the record compliance.
- Lastly not burdening the medical staff by giving this as responsibility but as part of their routine by filling the information accurately and get used to the procedure so that the records are complete and accurate.

RECOMMENDATION

1) Identifying and analysing the root cause responsible for the gaps in the certain departments.
2) Sensitize the whole medical staff to let them know the importance of accurate record keeping for patient care and research purpose with the help of training programmes.
3) Standardising the medical records documents including the admission and discharge summary in the whole hospital.
4) Praising and rewarding the best performing department or the staff for their performance.
5) Performing monthly medical audits of the documentation procedure.
6) A monthly checking of the documentation of the medical records by the consultant incharge for the assurity of the compliance of the documents.

CONCLUSION

Medical Records prove to be the valid health records of the patient which adheres to assure the overall accurate description of the patient's detail of the care given from the hospital and the healthcare provider. From the hospital point of view, it is one of the important records or documents it has as a proof of the patient's treatment. These records are very important for legal purposes and even for the future care of patient if needed. Therefore, it is very important for the hospital to maintain and store these records systematically. Timely audits should be done which helps in the determination of all the gaps and inaccuracy in the medical records, which when identified can be rectified and worked upon by the medical staff of the hospital. The medical records department in the hospital takes the responsibility of the passive audits/Files of the discharged patient of the hospital. Its main function is the maintenance and proper storage of the records of the patient. The department makes sure that all the required documents in the patient file is available and arranged in proper order before the storage of the files. The medical records ensures that the patient file is stored for the required years and then they are carefully discarded when the years are fulfilled. A soft copy of the patients' medical records is also maintained by department for any emergency purpose or if the patient requires them in the future. Many legal cases arise which the department helps to resolve.

Many hospitals due to poor documentation face issues in providing proper patient care services the hospitals quality services are affected. Auditing in every department helps identify the issues which are affecting in the lowered level of quality. Preparation of a checklist by covering all the important points which should be involved in the auditing and given importance should be mentioned. This helps in giving attention to all required points and to work upon them if they are lacking in it.

Respectively every hospital should be consisting of a quality department which looks after the quality working of the hospital. Every department should conduct an audit by their self in their department to analyse their performance and to overcome the gaps by the protocols setup by hospital. Auditing helps in hospital to function properly according to the protocols set up the hospital and NABH.

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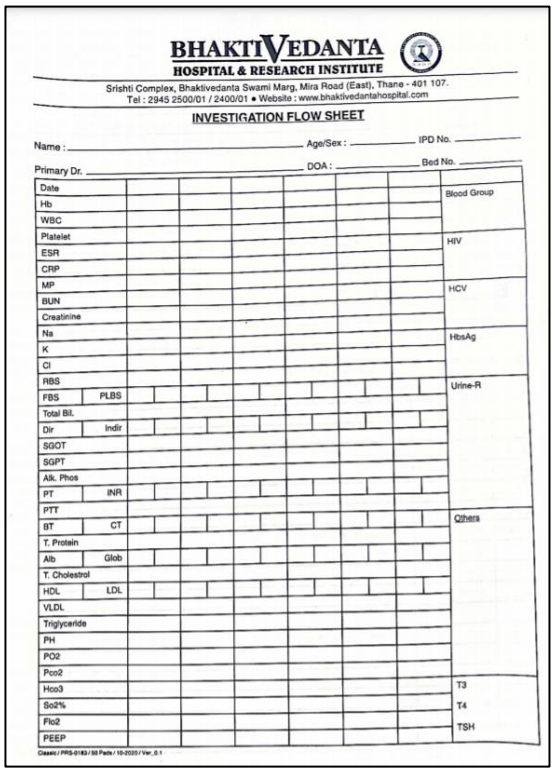
ANNEXURE



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Tel : 2945 2500/01 / 2400/01 • Website : www.bhaktivedantahospital.com

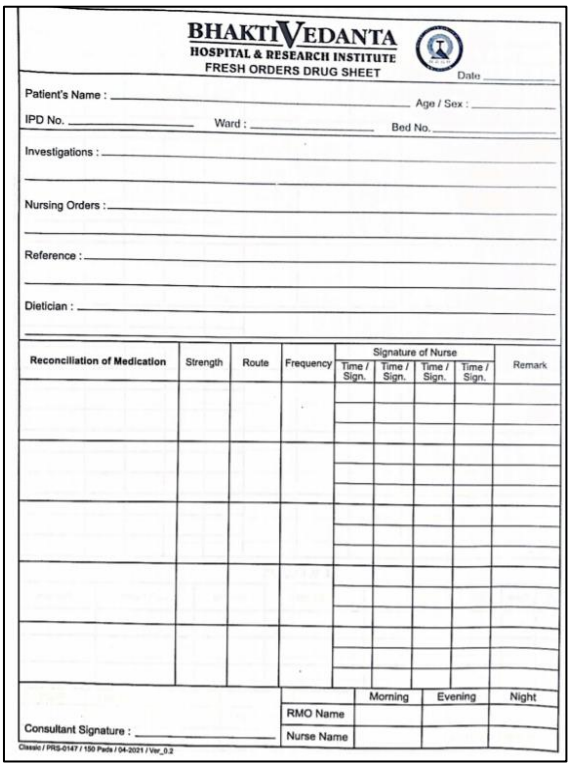
INVESTIGATION FLOW SHEET

Name : _____ Age/Sex : _____ IPD No. _____

Primary Dr. _____ DOA : _____ Bed No. _____

Date							Blood Group
Hb							
WBC							
Platelet							HIV
ESR							
CRP							
MP							HCV
BUN							
Creatinine							
Na							HbsAg
K							
Cl							
RBS							Urine-R
FBS / PLBS							
Total Bil.							
Dir / Indir							
SGOT							
SGPT							
Alk. Phos							
PT / INR							
PTT							
BT / CT							Others
T. Protein							
Alb / Glob							
T. Cholestrol							
HDL / LDL							
VLDL							
Triglyceride							
PH							
PO2							
Pco2							
Hco3							T3
So2%							T4
Flo2							TSH
PEEP							

Classic / PRS-0183 / 50 Pads / 10-2020 / Ver_0.1



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FRESH ORDERS DRUG SHEET

Date _____

Patient's Name : _____ Age / Sex : _____

IPD No. _____ Ward : _____ Bed No. _____

Investigations : _____

Nursing Orders : _____

Reference : _____

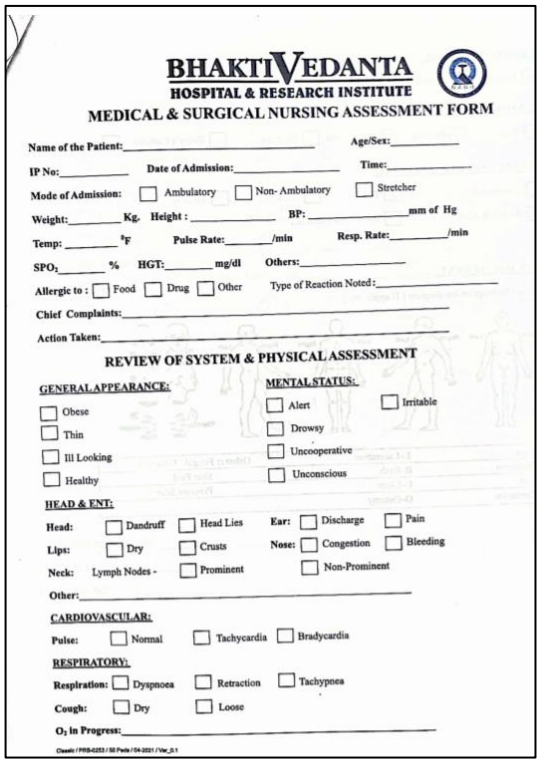
Dietician : _____

Reconciliation of Medication	Strength	Route	Frequency	Signature of Nurse Time / Sign.	Time / Sign.	Time / Sign.	Time / Sign.	Remark

	Morning	Evening	Night
RMO Name			
Nurse Name			

Consultant Signature : _____

Classic / PRS-0147 / 150 Pads / 04-2021 / Ver_0.2



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MEDICAL & SURGICAL NURSING ASSESSMENT FORM

Name of the Patient:_____ **Age/Sex:**_____

IP No:_____ **Date of Admission:**_____ **Time:**_____

Mode of Admission: ☐ Ambulatory ☐ Non- Ambulatory ☐ Stretcher

Weight:_____**Kg.** **Height :** _____ **BP:** _____**mm of Hg**

Temp: _____ **°F** **Pulse Rate:**_____**/min** **Resp. Rate:**_____**/min**

SPO_2:_____ **%** **HGT:**_____ **mg/dl** **Others:**_____

Allergic to : ☐ Food ☐ Drug ☐ Other **Type of Reaction Noted:**_____

Chief Complaints:_____

Action Taken:_____

REVIEW OF SYSTEM & PHYSICAL ASSESSMENT

GENERAL APPEARANCE:
☐ Obese
☐ Thin
☐ Ill Looking
☐ Healthy

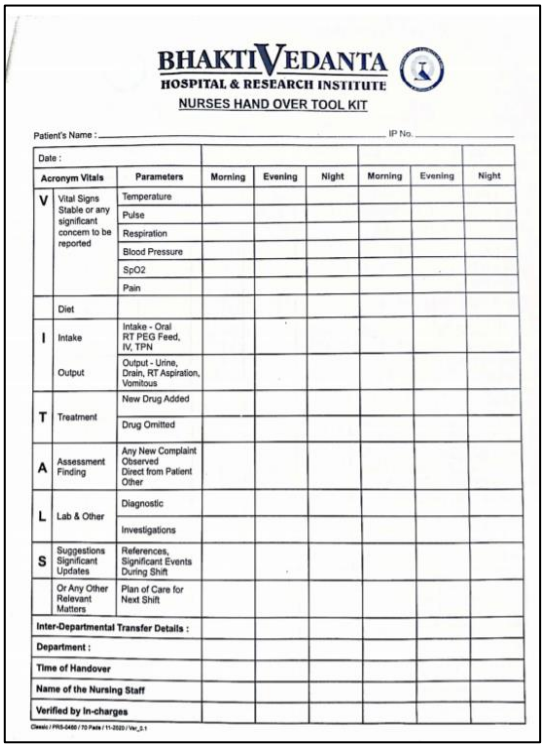
MENTAL STATUS:
☐ Alert ☐ Irritable
☐ Drowsy
☐ Uncooperative
☐ Unconscious

HEAD & ENT:
Head: ☐ Dandruff ☐ Head Lies **Ear:** ☐ Discharge ☐ Pain
Lips: ☐ Dry ☐ Crusts **Nose:** ☐ Congestion ☐ Bleeding
Neck: Lymph Nodes - ☐ Prominent ☐ Non-Prominent
Other:_____

CARDIOVASCULAR:
Pulse: ☐ Normal ☐ Tachycardia ☐ Bradycardia

RESPIRATORY:
Respiration: ☐ Dyspnoea ☐ Retraction ☐ Tachypnea
Cough: ☐ Dry ☐ Loose
O_2 in Progress:_____

Classic / PRS-0253 / 50 Pads / 04-2021 / Ver_0.1



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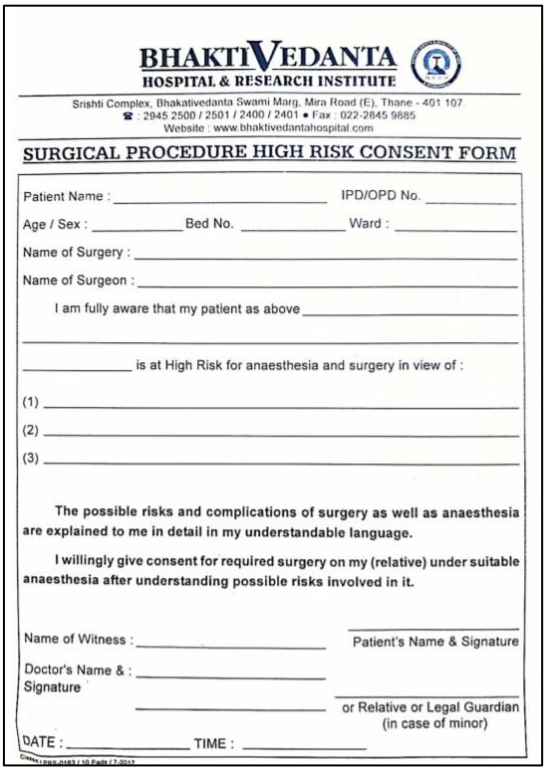
NURSES HAND OVER TOOL KIT

Patient's Name : _____ IP No. _____

Date :								
Acronym Vitals		Parameters	Morning	Evening	Night	Morning	Evening	Night
V	Vital Signs Stable or any significant concern to be reported	Temperature						
		Pulse						
		Respiration						
		Blood Pressure						
		SpO2						
		Pain						
	Diet							
I	Intake	Intake - Oral RT PEG Feed, IV, TPN						
	Output	Output - Urine, Drain, RT Aspiration, Vomitous						
T	Treatment	New Drug Added						
		Drug Omitted						
A	Assessment Finding	Any New Complaint Observed Direct from Patient Other						
L	Lab & Other	Diagnostic						
		Investigations						
S	Suggestions Significant Updates	References, Significant Events During Shift						
	Or Any Other Relevant Matters	Plan of Care for Next Shift						
Inter-Departmental Transfer Details :								
Department :								
Time of Handover								
Name of the Nursing Staff								
Verified by In-charges								

Classic / PRS-0450 / 70 Pads / 11-2020 / Ver_0.1



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SURGICAL PROCEDURE HIGH RISK CONSENT FORM

Patient Name : _____ IPD/OPD No. _____

Age / Sex : _____ Bed No. _____ Ward : _____

Name of Surgery : _____

Name of Surgeon : _____

I am fully aware that my patient as above _____

_____

_____ is at High Risk for anaesthesia and surgery in view of :

(1) _____

(2) _____

(3) _____

The possible risks and complications of surgery as well as anaesthesia are explained to me in detail in my understandable language.

I willingly give consent for required surgery on my (relative) under suitable anaesthesia after understanding possible risks involved in it.

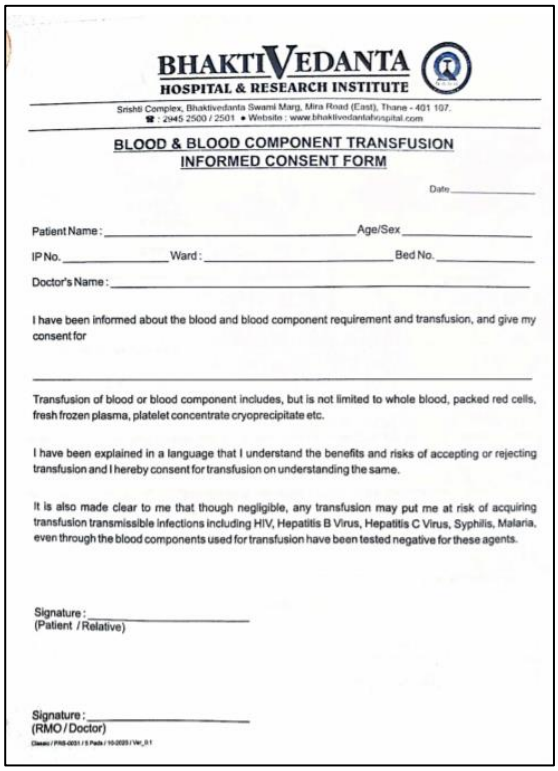
Name of Witness : _____ Patient's Name & Signature

Doctor's Name & Signature : _____

_____ or Relative or Legal Guardian (in case of minor)

DATE : _____ TIME : _____

Classic / PRS-0163 / 10 Pads / 7-2017



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BLOOD & BLOOD COMPONENT TRANSFUSION INFORMED CONSENT FORM

Date _____

Patient Name : _____ Age/Sex _____

IP No. _____ Ward : _____ Bed No. _____

Doctor's Name : _____

I have been informed about the blood and blood component requirement and transfusion, and give my consent for

_____

Transfusion of blood or blood component includes, but is not limited to whole blood, packed red cells, fresh frozen plasma, platelet concentrate cryoprecipitate etc.

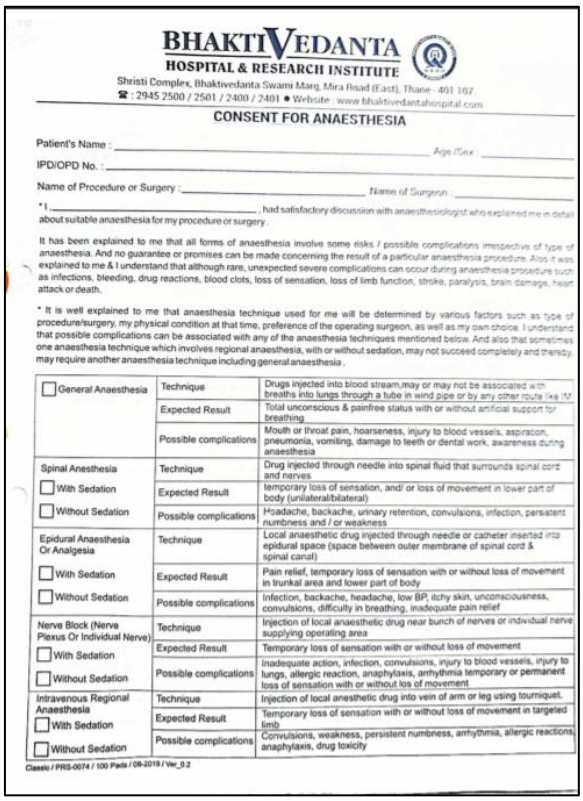
I have been explained in a language that I understand the benefits and risks of accepting or rejecting transfusion and I hereby consent for transfusion on understanding the same.

It is also made clear to me that though negligible, any transfusion may put me at risk of acquiring transfusion transmissible infections including HIV, Hepatitis B Virus, Hepatitis C Virus, Syphilis, Malaria, even through the blood components used for transfusion have been tested negative for these agents.

Signature : _____
(Patient / Relative)

Signature : _____
(RMO / Doctor)

Classic / PRS-0051 / 5 Pads / 10-2020 / Ver_0.1



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CONSENT FOR ANAESTHESIA

Patient's Name : _____ Age /Sex : _____

IPD/OPD No. : _____

Name of Procedure or Surgery : _____ Name of Surgeon : _____

* I _____, had satisfactory discussion with anaesthesiologist who explained me in detail about suitable anaesthesia for my procedure or surgery .

It has been explained to me that all forms of anaesthesia involve some risks / possible complications irrespective of type of anaesthesia. And no guarantee or promises can be made concerning the result of a particular anaesthesia procedure. Also it was explained to me & I understand that although rare, unexpected severe complications can occur during anaesthesia procedure such as infections, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, stroke, paralysis, brain damage, heart attack or death.

* It is well explained to me that anaesthesia technique used for me will be determined by various factors such as type of procedure/surgery, my physical condition at that time, preference of the operating surgeon, as well as my own choice. I understand that possible complications can be associated with any of the anaesthesia techniques mentioned below. And also that sometimes one anaesthesia technique which involves regional anaesthesia, with or without sedation, may not succeed completely and thereby, may require another anaesthesia technique including general anaesthesia .

☐ General Anaesthesia	Technique	Drugs injected into blood stream,may or may not be associated with breaths into lungs through a tube in wind pipe or by any other route like IV
	Expected Result	Total unconscious & painfree status with or without artificial support for breathing
	Possible complications	Mouth or throat pain, hoarseness, injury to blood vessels, aspiration, pneumonia, vomiting, damage to teeth or dental work, awareness during anaesthesia
Spinal Anesthesia	Technique	Drug injected through needle into spinal fluid that surrounds spinal cord and nerves
☐ With Sedation	Expected Result	temporary loss of sensation, and/ or loss of movement in lower part of body (unilateral/bilateral)
☐ Without Sedation	Possible complications	Hoadache, backache, urinary retention, convulsions, infection, persistent numbness and / or weakness
Epidural Anaesthesia Or Analgesia	Technique	Local anaesthetic drug injected through needle or catheter inserted into epidural space (space between outer membrane of spinal cord & spinal canal)
☐ With Sedation	Expected Result	Pain relief, temporary loss of sensation with or without loss of movement in trunkal area and lower part of body
☐ Without Sedation	Possible complications	Infection, backache, headache, low BP, itchy skin, unconsciousness, convulsions, difficulty in breathing, inadequate pain relief
Nerve Block (Nerve Plexus Or Individual Nerve)	Technique	Injection of local anaesthetic drug near bunch of nerves or individual nerve supplying operating area
☐ With Sedation	Expected Result	Temporary loss of sensation with or without loss of movement
☐ Without Sedation	Possible complications	Inadequate action, infection, convulsions, injury to blood vessels, injury to lungs, allergic reaction, anaphylaxis, arrhythmia temporary or permanent loss of sensation with or without los of movement
Intravenous Regional Anaesthesia	Technique	Injection of local anesthetic drug into vein of arm or leg using tourniquet.
☐ With Sedation	Expected Result	Temporary loss of sensation with or without loss of movement in targeted limb
☐ Without Sedation	Possible complications	Convulsions, weakness, persistent numbness, arrhythmia, allergic reactions, anaphylaxis, drug toxicity

Classic / PRS-0074 / 100 Pads / 08-2019 / Ver_0.2