

SUMMER TRAINING

AT

APOLLO HOSPITAL, NOIDA

(Subunit of INDRAPRASTHA APOLLO, DELHI)

(May 10th – 2nd July 2021)

A Report on

Compliance of consent forms in Secondary Care Hospital

By Dr. Apoorva Bhargava

MBA in Hospital & Health Management

(Batch 2020 – 2022)

SUMMER TRAINING APPROVAL REPORT

I Apoorva Bhargava student of 1st year at IIHMR UNIVERSITY, JAIPUR have completed my necessary Summer training at your renowned organisation Apollo Hospital, Noida from 10th May - 2nd July 2021

Under your guidance I have successfully completed my research report on topic
"Compliance of informed consent at secondary care hospital"

would request you to approve my research report

Dr. Apoorva Bhargava
IIHMR UNIVERSITY
Roll No. 1074


Dr. Neha Minocha
(Head operations, Apollo Noida)

Indraprastha Medical Corporation Limited

(Indraprastha Apollo Hospitals, New Delhi - A Joint Sector Venture of Govt. of Delhi)

Regd. Office : Sarita Vihar, Delhi-Mathura Road, New Delhi-110 076 (India)

Corporate Identity Number : L24232DL1988PLC030958

Phones : 91-11-26925858, 26925801, Fax : 91-11-26823629

E-mail : imcl@apollohospitals.com, Website : apollohospdelhi.com

Date: July 02, 2021

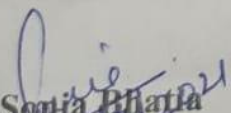
To Whom So Ever It May Concern

This is to certify that Dr. Apoorva Bhargava, student of IIHMR, Jaipur has successfully completed internship program, which is in partial fulfilment of the requirement for MBA – Hospital and Health Management Program, with effective from May 10' 2021 - July 2' 2021.

During this period, she was posted in the Quality Department.

We wish her every success in life

for **Indraprastha Medical Corporation Limited**
(Indraprastha Apollo Hospitals)


Sonia Bhatia
Manager T&D

ACKNOWLEDGEMENT

I consider myself very fortunate to get an opportunity to enhance my observational & practical learning skills by getting a chance to undergo my summer training at such a renowned organization “Apollo hospital, Noida”

My mentor *DR. P.R SODANI* Sir has helped me always with his great vision & experience at each step through this summer training

It is my genuine pleasure in extending my thanks to *Dr. Neha Minocha* (Head Quality & Operations Dept. At Apollo Noida) for being so patient in making me learn & provide guidance & teaching me various aspects of working in a hospital. She always motivated me to believe in myself and learn new things. Her timely advice, great experience & knowledge about this sector helped me to complete this task.

I would also like to express my gratitude to the departmental heads & staff at the hospital who despite of their busy schedule, supported me & helped me in my report completion

PROJECT DECLARATION

I affirm that I am a first-year MBA student at IIHMR University in Jaipur, studying Hospital and Healthcare Management from 2020 to 2022.

have carried out my research on topic “Compliance of consent forms in secondary care hospital “under the guidance of Dr. Neha Minocha (Head operations & quality department) at Apollo Hospital, Noida for the purpose of partial fulfilment of my MBA degree.

The research work is entirely mine, and it has not been submitted to any other institution or institute for the aim of receiving a degree or credential.

APOORVA BHARGAVA

MBA HM 25

2020 - 2022

SERIES OF CONTENTS

Serial Number	Project Area	Page Numbering
1.	Acknowledgement	4
2.	Declaration	5
3.	Hospital Learning & Observational learning	6 - 11
4.	Conclusive learning, limitations & suggestions for improvement	12 - 14
5.	General findings	15 - 17
6.	Introduction	18 - 19
7.	Review of literature	20 - 22
8.	Observations & Analysis	23 - 24
9.	Annexures	25 -26
11	Suggestion	27
12.	References	28

HOSPITAL LEARNING & OBSERVATIONAL LEARNING



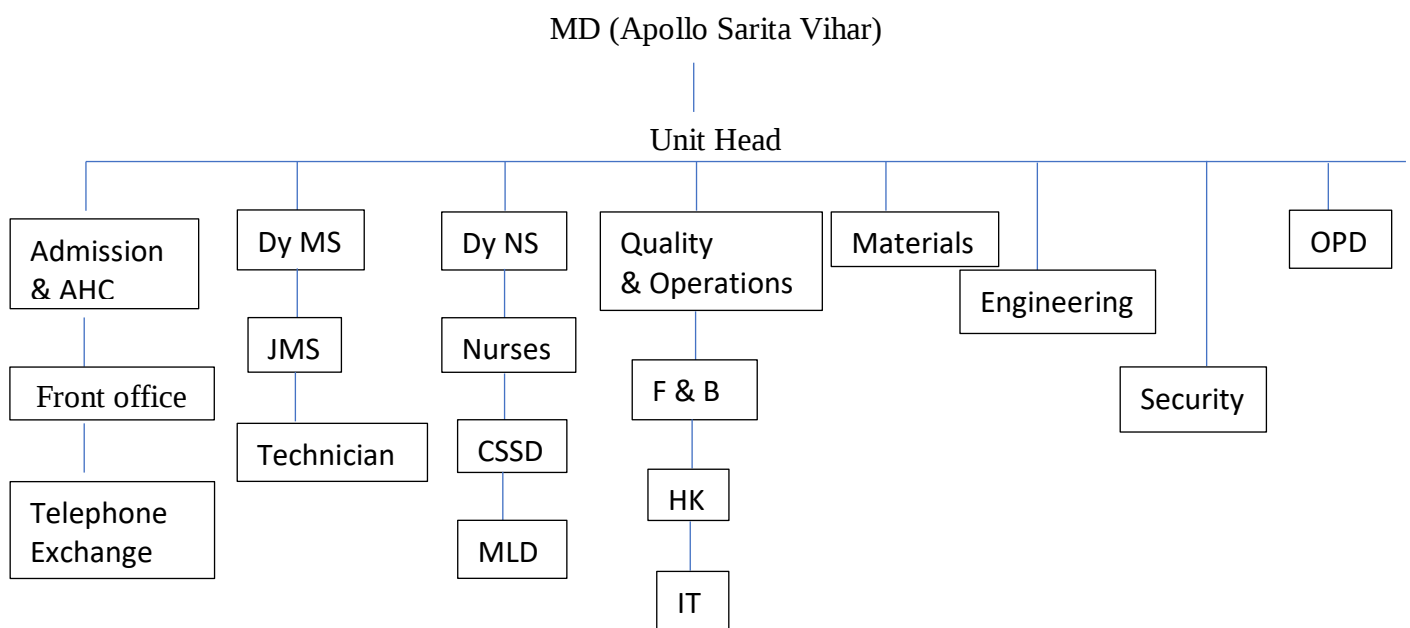
APOLLO HOSPITAL, NOIDA

(Subunit of Indraprastha Apollo Hospital, Delhi)

APOLLO GROUP OF HOSPITALS

Apollo Hospitals is at the cutting edge of medical technology and knowledge, they offer a comprehensive range of cutting-edge diagnostic, pharmacological, and surgical services. The hospital brings together some of the country's brightest medical minds, as well as a dedicated team of doctors dedicated to giving the best possible treatment to patients.

Apollo Hospitals, Noida is a 71-bed hospital that offers a wide range of medical and surgical treatments. The hospital is NABH-certified and offers speciality care in the areas of Mother and Child Care, Orthopaedics, Joint Replacement & Spinal Surgery, Kidney Transplantation & Renal Diseases, Bariatric surgery



ORGANOGRAM (APOLLO HOSPITAL, NOIDA)

JOURNEY OF APOLLO GROUP OF HOSPITALS

In the 30 years afterwards, it has written one of India's most illustrious success stories. The Apollo Group is not only one of the region's leading integrated healthcare providers, but it also helped to kickstart the country's private healthcare revolution. Today, Apollo has fulfilled every part of its lofty objective, touching and enhancing the lives of 37 million people from 120 countries, Apollo began with the goal of offering high-quality healthcare to India at a reasonable cost to Indians. Treatment in Apollo cost a tenth of what it did in the Western world. Today, as the Group plots its course to bring healthcare to a billion people, the emphasis on delivering a compelling value proposition remains constant.

The incredible narrative of Apollo has captivated India's attention. The Group was honoured with a commemorative postage stamp in its honour for its contributions to the nation. The Government of India awarded Dr. Prathap C Reddy the Padma Vibhushan, the second highest civilian award, for his unwavering pursuit of excellence in healthcare.

Hospital Brand & Logo



Nurses at Apollo are the torchbearers, forerunners, crusaders, and changemakers, as evidenced by the logo. Tender Loving Care is the heart of Apollo Hospitals model for patient care, and remains the magic that gives patients hope, warmth, and a sense of comfort.

Scope of Services offered at APOLLO HOSPITAL, NOIDA

Specialties	Services Available
Anaesthesiology	Biochemistry
Cardiology	Clinical Pathology
Dental	Haematology
Dental Surgery	Microbiology
Dermatology	ECG
Endocrinology	TMT
ENT	PFT
ENT Surgery	ECHO

Gastroenterology	Stress-Echo
Gastro Surgery	Foetal ECHO
General Surgery	Color-Doppler
Laparoscopic Surgery	Hysterosalpingography (HSG)
Bariatric surgery	Mammography
Vascular surgery	X-Ray
Internal Medicine	Digital X-Ray
Oncology	Ultrasound
Medical Oncology	
Surgical Oncology	
Radiation oncology	
Nephrology & spine Surgery	
Obstetrics & Gynaecology	
Ophthalmology	
Ophthalmology Surgery	
Orthopaedics & Joint Replacement	
Paediatrics	
Paediatrics surgery	
Plastic surgery	
Psychiatry	
Clinical Psychology	
Rheumatology	
Respiratory	
Kidney Transplant	
Urology	

VISION, MISSION & VALUE

(Apollo Group of Hospitals)

VISION & MISSION - The purpose is to deliver international-standard healthcare to every individual, as well as a dedication to developing and maintaining excellence in education, research, and healthcare for the benefit of mankind as a whole. Our goal is to revolutionize the field of curative medicine. We are going beyond medicine by focusing on preventive care & hold firm in our commitment to constructing infrastructure that will protect and nurture future generations.

VALUES

- Progressive Attitude
- Proactive Involvement
- World Class Excellence
- A Trustworthy Spirit
- Care with compassion

Mode of Data Collection:

1. Checklist was made to carry out the audit
2. collection of data from various departments of the hospital
3. analysis of data for all the parameters & interpretations was made
4. Recommendation for further improvement were conveyed to the hospital & a report was made

Conclusive Learning, Suggestions for improvement & Limitations

(Weekly Work Report)

At Apollo hospital I have worked in the department of operations under my mentor Dr. Neha Minocha

Week 1	General observations of different departments	For understanding hospital layout & functioning
Week 2	Various IPD Files data analysis post patient discharge	To understand various sections of an IPD post discharge of a patient
Week 3	Execution of MRD file audit post patient discharge	MRD file audit to find out various deficiencies in IPD file of a patient in terms of various entries to be made by all the concerned departments
Week 4	Suggestions to improve the completion of file entries	To get a proper insight of patient management & treatment during his/her hospital stay
Week 5	Literature Review & formulation of sample size to conduct the survey	To formulate a study plan to observe & analyse the inpatient treatment & stay at the hospital
Week 6	Data collection by auditing various IPD Files	To obtain data from the IPD records of the patient
Week 7	Continued data collection by auditing various files according to the Checklist	For continuous evaluation of inpatient treatment & stay adhering to various protocols set by the hospital

	Learn various other new skills such as Clinical Pathway, Service Excellence (ADCA, VOC), worked on Quality indicators for various departments in the hospital	& NABH accreditation board
Week 8	Final compilation of all the collected data & presenting it in front of the hospital management & formulate a plan of improvement & how to execute it Final execution of the plan	To formulate an execution plan with the hospital management based on the various findings during the survey Final execution of the plan for the improvement of the drawbacks found.

GENERAL OBSERVATIONS:

1. Front Office

- It is first contact point between patient / their attendants with hospital facility
- Give directions for the various departments in the hospital
- Helps in timely admission process & discharge process prior consulting the doctor
- Does IPD & OPD Registration for the patients
- Manages insurance process for the patients
- Scheduling & giving appointments to the patients for the consultation & various health check up

Challenge

- Waiting time for the admission & discharge process needs to be reduced
- Shortage of staff at the front desk
- Staff not able to manage the patient crowd during busy hours

2. OPD Department

- Opd front desk with various consultant chambers for doctors & patients
- All new patients are directed to the concerned departments where the Nursing staff and a junior doctor takes patient history & does pre examination with vital monitoring to reduce the burden on the senior consultant
- Old patient needs to take prior appointment with the doctor at front desk

3. In Patient Department

- The process of admission occurs in 2 ways: Emergency department
Through OPD
- If doctor advises an inpatient treatment, an admission slip is issued by the doctor with treatment details, length of stay and an estimate cost for the treatment & other patient care services.
- Patient then goes to the admission desk located on the ground floor where his admission file is made & the admission staff allots the room according to patients need & availability
- The IPD Rooms in the hospital are of various category according to patients comfort & affordability spread over 2 floors
 1. Deluxe Room
 2. Semi-Deluxe / Double Sharing
 3. Triple Sharing Ward
 4. General Ward
 5. Dialysis ward
 6. ICU

All Rooms are Airconditioned & are fitted with oxygen supply & Monitors for measuring the patient's vitals.

- Every floor has a Nursing Station where patient can contact the staff whenever required and Nurses can take better care of the patient
- On each floor there is a display board at nursing station giving information about the Doctor on duty, Nurse on Duty with their duty schedule, Ward Secretary, Administration Staff
- The patient can call out for any help whenever required with the help of a call bell put beside the patient's bed which when pressed shows indication at the nursing station & the staff can go to the patient's room and attend him/her
- There are various forms kept at the nursing station which are required to be filled in order to carry out the treatment procedure smoothly such as investigation forms, consent forms, blood request form, PAC form, inventory files & registers

4. **Dialysis Department**

- There is a separate dialysis unit in the hospital with 3 Beds with a dialysis unit to carry out dialysis in patients suffering with kidney Disorders

5. **Lab Services**

- A high-quality lab service is an integral & most important part for the patient diagnosis & management
- Labs are NABL Accredited ensuring best safety measures, equipped with the latest equipment's providing a high-quality lab services for the Opd & In patient.
- Various lab services
 1. Haematology
 2. Histopathology
 3. Microbiology
 4. Biochemistry
 5. Transfusion Services

6. **Other Departments**

- *BIOMEDICAL ENGINEERING* - Department maintains all the medical equipment's in a cost effective & efficient way & look after any recommendations needed for the purchase of new equipment

- *INFORMATION TECHNOLOGY DEPT.* - Provide services to various departments for the IT Infrastructure, Hardware, Software, Antivirus & Internet services
- *FOOD & BEVERAGE* - The department provides food to the in patients and other staff of the hospital, there is a cafeteria inside the hospital where the patients attendants can go & have required meals & beverages , An audit is done daily to see that various food hygiene requirements are met or not , the cleanliness of kitchen area , food quality , Service timing
- *FINANCE DEPT.* - It gathers income, paying of bills, and provides a financial overview & according to the analysis the top executives make data-driven decisions about a company's survival and growth in long term.
- *PHARMACY* - Goal of pharmacy is to provide prescribed medications & surgical items for the patients, It serves various departments of the hospital such as ICU, OT, IPD & to the day care patients
- *HOUSEKEEPING DEPT.* - Goal is to maintain proper hygiene and cleanliness in various wards & patient rooms and inside various departments of the hospital, Services provided are cleaning, waste disposal, pest control
- *MEDICAL RECORD DEPT.* - It maintains all the records for the admitted patients in the hospital and treatment outcome, ensure confidentiality, storage, preservation, analytical evaluation & extraction of records whenever required. It is managed by a professional person trained for the MRD data management
- *HUMAN RESOURCE DEPT.* - Providing adequate & professional manpower for the patient care & the hospital
- *RADIOLOGY DEPT.* - Various radiology services like Digital XRAY, CT SCAN, MRI SCAN, DEXA SCAN are provided in the hospital for the patients, A trained & qualified radiology technician conducts all the investigations & are sent to the senior Radiologist for reporting
- *QUALITY & OPERATIONS DEPT.* - The Role is to ensure that the hospital & the staff are functioning according the various rules, regulations & criteria laid down by the hospital & the NABH Accreditation Board.
- *CSSD DEPT.* - Provide clean & sterile supplies to various departments in the hospital to reduce the infection rate & improve the quality care.

STUDY ON

Compliance of Consent Forms in Secondary Care Hospital

AT

APOLLO HOSPITAL, NOIDA

INTRODUCTION:

"A competent individual's voluntary and revocable decision to participate in a therapeutic or research process, based on an appropriate understanding of the technique's nature, goal, and repercussions," according to the definition of informed consent.

The need of informed consent in medical practice is now well recognized.

the requirement of giving informed consent for medical research by fully disclosing study's goals, methodology, projected benefits, potential hazards, and discomfort to the individual.

It is the way to provide relevant information from doctor about diagnosis and treatment requirements to the patient, attendant, guardian, so that the patient/attendant/guardian can take an decision about consent for treatment. According to law, unless it is necessary the treatment and diagnosis cannot be forced on someone who does not want to get it done.

Informed Consent's Legal Elements

From a legal standpoint, complete informed consent usually constitutes of:

- a. medical condition of the patient
- b. A suggested treatment or procedure's nature and purpose
- c. A proposed therapy or procedure's risks and advantages
- d. Alternatives, as well as the risks and rewards that come with them
- e. The benefits and drawbacks of refusing to receive or undergo a treatment or operation.
- f. precautions that must be taken post operatively
- g. The doctor's recommendations
- h. It is critical that this information be presented in clear terms that the patient can comprehend.

the patient should be given the chance to ask questions about his/ her condition , treatment or procedure being proposed.

TYPES OF CONSENT:

1. Informed consent
2. Implied consent
3. Expressed consent
4. Surrogate consent

Consents Used at Apollo Hospital Noida:

1. Procedure consent
2. Blood component consent
3. HIV Testing consent
4. High risk medication consent
5. Anaesthesia consent
6. Sedation consent
7. Haemodialysis consent
8. Attendant policy consent
9. COVID Declaration consent
10. Admission Consent
11. High risk complications related to procedure consent

INFORMED CONSENT:

Consent is obtained through a hospital-defined process in which hospital staff must fill out the consent form by describing every element to the patient in a language that the patient understands, as well as providing an opportunity for the patient to ask questions.

The consent needs to be filled before any procedure, surgery, sedation, blood components requirement

A Witness signature is also mandatory in the various consents obtained.

LITERATURE REVIEW

1) Importance of consent in medicine: A Review (Kusa Kumar Shah, Ambika Prasad Patra, Siddhartha Das)

Informed consent promotes patient rights as autonomous beings by ensuring justice, beneficence, and uttermost respect. importance if ignored has the potential to leading to unethical behaviour and the loss of patient rights.

To avoid being careless or infringing the law, doctor should use his knowledge and skills in a professional and ethical manner. patient's diagnosis and treatment options should be discussed with him. doctor is obligated to offer information regarding the dangers of a proposed medical treatment if a patient asks.

All clinicians and medical researchers should take informed consent seriously for greater interest of the patient-doctor relationship, no compromise should be made in providing details that are not “reasonable” in the eyes of the court.

2) The patient and clinician experience of informed consent for surgery: a systematic review of the qualitative evidence (L. J. Convie, E. Carson, D. McCusker, R. S. McCain, N. McKinley, W. J. Campbell, S. J. Kirk & M. Clarke)

Before every test or therapy, doctors should describe the potential hazards, advantages, and alternatives to the recommended care to patients, Failures in this process can result in discrepancies between the doctor & patient, lawsuit. Legally doctors have to notify the patients about possible hazards which the patient can consider as a "substantial" importance.

3) Knowledge, attitude and practice of informed consent process in biomedical research among postgraduate medical students (Amir Hussain, Abhay Subhashrao Nirgude, Himani Kotian)

The basic goal of informed decision-making is to make better decisions.

Consent ensures a person's safety and protects their rights.

patient/participant in clinical and research settings

As a result, the patient-physician relationship, as well as the patient-physician relationship, exist.

The relationship between the research subject and the investigator should be examined.

exactly the same way the right to informed consent should not be taken for granted.

diverse in terms of both clinical and research activities.

4) Communicating Risks and Benefits in Informed Consent for Research: A Qualitative Study (Lika Nusbaum, Brenda Douglas, Karla Damus)

Several studies have found significant limitations in the informed consent procedure.

According to some sources, the simplicity of consent forms, such as using plain language and a language level appropriate for potential participants, has largely contributed to the improvement. Others noted that improving the consent process includes more than simply creating simple consent forms.

Informants expressed their concerns about specialists failing to provide significant information to potential participants. They also stated that there is no universally accepted or standard method for communicating this information during an informed consent meeting. The findings of this study were essential in the development of a survey about research nurses experiences with the informed consent process, which will be used in a future study. We expect the study to uncover potential disparities in attitudes, preparedness, and behaviour related to risk and benefit communication among the questioned research nurses, leading to recommendations for improving risk and benefit communication.

Rationale - The study is being performed to see efforts required to improve the process & reduce informed consent errors and improve hospital efficacy.

RESEARCH TOPIC

compliance to informed consent for in patient files with regard to policies & procedures to ensure legibility

AIM

To find out the errors in informed consent & ways to improve them

OBJECTIVE

- Observe compliance towards informed consent in the hospital
- Suggestions to improve the compliance

Problem Statement: Finding out various reasons for the errors

Methodology:

Study Setting: Apollo Hospital, Noida

Study Duration: 8 Weeks (10th May to 2nd July 2021)

Study Design: Descriptive Study Design

Study Methodology: Selection of sample from the convenient population
(Here population is average number of discharges in a month)

Study Population: Number of discharges in a month

Sample Size: 200 In patient files for informed consent audit. (sample for patient file is 10% of number of discharges per month)

Sampling: Convenient sampling

Data collection: Through Direct Observation

Inclusion Criteria: patients admitted for more than 24hours in the hospital

Exclusion Criteria: Day Care patients

Data analysis technique: Using MS Excel & file audit

Nature of Data: Quantitative Data

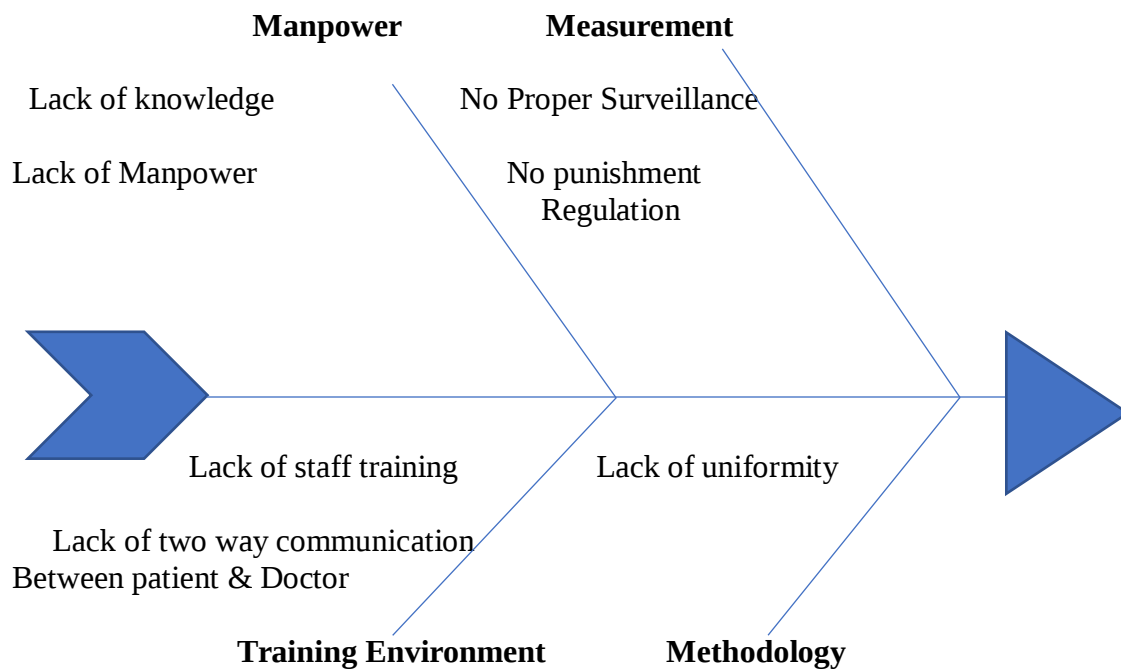
Type of Data: In patient files post discharge of the patient from hospital
Interacting with various hospital staff such as nurses, doctors, technicians
Through Direct observation

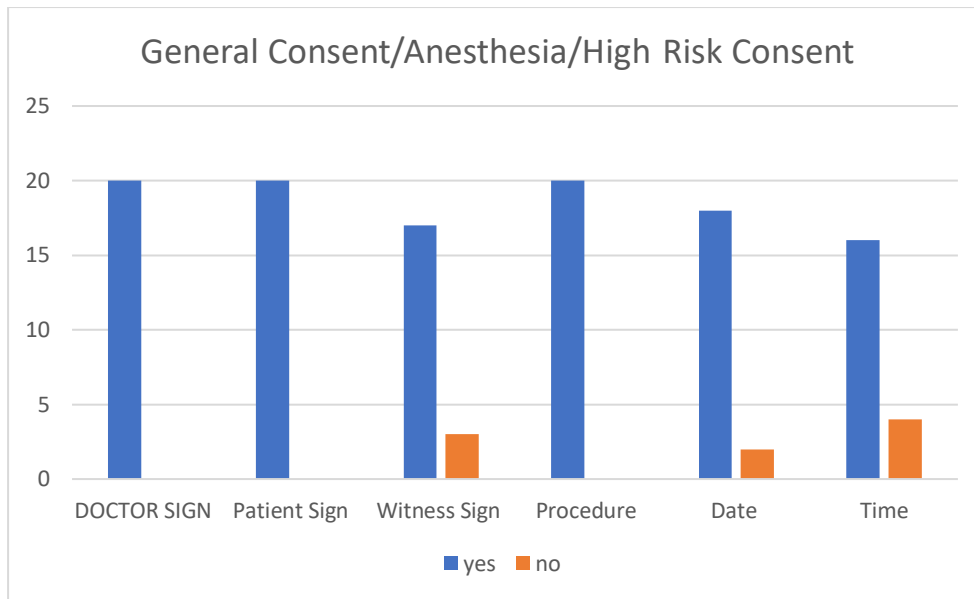
Study Technique & Tool: Proper Checklist was prepared where Yes/No entries were to be made under the hospital guidance & visited patient wards, ICU for further data collection

Data Collection: Through Checklist which was made under guidelines of Apollo Noida Hospital

GENERAL CONSENT/HIGH RISK/ANESTHESIA CONSENT

ANALYSIS: (FISH BONE ANALYSIS)





1) *Compliance in Doctors Signature:* Out of 200 files (10% sample size) 20 out of 20 all in patient files showed compliance to doctors signature in the informed consent - **100%**

2) *Compliance in Patient Signature:* Out of 200 files (10% sample size) 20 out of 20 all in patient files showed compliance to patient signature in the informed consent - **100%**

3) *Compliance in Witness Signature:* Out of 200 files (10% sample size) 17 out of 20 patient files showed compliance to patient signature in the informed consent - **85%**

4) *Time Mentioned:* Out of 200 files (10% sample size) 16 out of 20 patient files showed compliance to time mentioned in the informed consent - **80%**

5) *Date Mentioned:* Out of 200 files (10% sample size) 18 out of 20 patient files showed compliance to date mentioned in the informed consent - **90%**

6) *Procedure Details & Risk Mentioned:* Out of 200 files (10% sample size) 20 out of 20 patient files showed compliance to procedure details & Risk mentioned in the informed consent - **100%**

ANNEXURE 1: MS Excel Table (For Compilation of Data)

Patient IP No.	Age	DOD	Patient Sign	Witness Sign	Doctor Sign	Date	Time	Procedure	Department
NOIIP70997	37/F	28/05/2021	Yes	Yes	Yes	Yes	Yes	Yes	Obs&Gyn
NOIIP70920	31/F	27/05/2021	Yes	No	Yes	Yes	No	Yes	Obs&Gyn
NOIIP71016	68/F	30/05/2021	Yes	yes	yes	yes	yes	yes	Nephrology
NOIIP70939	52/M	25/05/2021	yes	yes	yes	no	no	yes	Nephrology
NOIIP71052	36/M	31/05/2021	yes	yes	yes	yes	yes	yes	General Surgery
NOIIP70672	36/F	15/05/2021	yes	yes	yes	yes	yes	yes	urology
NOIIP70721	46/F	18/05/2021	yes	yes	yes	yes	yes	yes	General Surgery
NOIIP70674	31/M	15/05/2021	Yes	Yes	Yes	yes	no	yes	Orthopaedics
NOIIP70780	32/F	20/05/2021	yes	yes	yes	yes	yes	yes	Obs&Gyn
NOIIP70820	52/F	21/05/2021	yes	yes	yes	yes	yes	yes	orthopaedics
NOIIP71566	51/F	19/06/2021	yes	no	yes	yes	yes	yes	General Surgery
NOIIP71273	45/F	18/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	General Surgery
NOIIP71332	79/M	10/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	Nephrology
NOIIP71542	61/M	17/06/2021	Yes	Yes	Yes	No	No	Yes	nephrology
NOIIP71451	79/M	17/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	general Surgery
NOIIP71277	32/F	10/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	Obs&Gyn
NOIIP71189	32/M	07/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	general Surgery
NOIIP71362	68/F	12/06/2021	Yes	No	Yes	Yes	Yes	Yes	internal medicine

NOIP71439	32/M	14/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	urology
NOIP71352	32/F	12/06/2021	Yes	Yes	Yes	Yes	Yes	Yes	GENERAL SURGERY

ANNEXURE 2: Audit Form

The image shows two medical record audit forms. The left form is titled 'MEDICAL RECORD AUDIT TOOLS' and includes a header for 'Type of Audit: Closed file' with checkboxes for 'Tick if compliant' and 'X if not compliant'. It has columns for 'Column 1', 'CCC', 'Nurses', 'Dietician', 'Physiotherapist', and 'Ward Sec.'. The checklist items include: H&P Sheet, Allergies Listed, Timeliness, History & Review of system complete, Examination complete, Assessment for special Populations, Nutritional screen complete, Functional screen complete, Discharge plan complete, Legibility, Accuracy, Date & Time written, Consultant Signature, Emergency Assessment Sheet, Timeliness, Completeness, Legibility, General Consent / Anesthesia and moderate deep sedation / High Risk, Completeness, Date, Signatures, Witness, Pre-operative assessment, Completeness, Anaesthesia Assessment, Pre-Anesthetic Check Completeness, Time out documented, Immediate Pre-op Check Documented, Preop Vitals Documented, Intraoperative Records, Completeness, Signatures, Operation Notes, Completeness, Legibility, Implantable device sticker present, Difference in Pre operative Diagnosis and Post Operative Diagnosis Yes / No, Recovery Sheet, Completeness, Sign, Progress Notes, Completeness, Legibility, Written daily, Effect of medication documented, Pain Assessment, Care Plan written, Patient education written, Procedure with / without Sedation, Presedation / pre procedure assessment, and Monitoring during sedation / procedure.

The right form is a detailed checklist for various medical record components. It includes sections for: Discharge Summary (Orders Timed, Discharge Summary, Condition of patient documented, Intra Hospital complication documented, Physical activity advice documented, Diet advice documented, Other non-drug advice documented, Completeness, Signatures), Nursing Admission Assessment (Timeliness, Completeness, Legibility, Accuracy of AFRAT score, Consent (Tick where applicable), Nursing Notes, Completeness, Legibility, Pain Assessment, Care Plan written, Discharge Checklist, Completeness, Did patient receive blood? Yes / No, Consent Complete, Assessment and monitoring during transfusion done), Inhouse Transfer Form (Completeness, Accuracy), Restraint Form (Completeness, Type of Restraint, Family Educated, IDTR, Completeness, Timeliness), Patient / Family education sheet (Completeness), Physiotherapy assessment (Completeness, Accuracy), Nutrition Form A (Completeness, Legibility & Accuracy), Nutrition Form B (Completeness, Legibility & Accuracy), File Completion (Final summary in file, All reports filed, Volumes checked and numbered), and a section for nature and ID.

SUGGESTIONS:

- Audits on continuous intervals should take place
- Proper training for the hospital staff with regards to making sure that the consent forms are complete at time of admission & as per required before the procedures
- Staff should be made aware about the consequences that can occur due to inform consent not being signed by patient/Doctor
- If any procedure is associated with any risk doctor should make sure patient/attendants are explained in detail regarding the same & all their questions should be answered
- Consent should be bilingual & in easy understanding language with least terminologies that cannot be understood by a common man
- Proper Action committee should be made to take strict actions in case of fail in signature of informed consent

REFERENCES:

1. <http://saspublisher.com/wp-content/uploads/2013/10/SJAMS15455-463.pdf>
2. IIHMR UNIVERSITY, LIBRARY
3. <https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-020-00501-6>
4. <https://www.ijcmph.com/index.php/ijcmph/article/view/3811>
5. <https://journals.sagepub.com/doi/full/10.1177/2333393617732017>

THANK YOU

