SYNOPSIS

1. TITLE: Auditing Compliance to CABG Clinical Pathway Parameters Using Patient MRD Files at Medanta Hospital

2. INTRODUCTION: Coronary Artery Bypass Grafting (CABG) is a complicated surgical technique that needs defined protocols and interdisciplinary collaboration to guarantee patient safety and high-quality treatment. An organized CABG clinical route is used at Medanta Hospital to track and enhance patient outcomes by following important guidelines during the perioperative phase. Variations have been noted, nevertheless, in documentation and adherence to pathway procedures. Using patient records from the Medical Record Department (MRD), this study attempts to audit compliance across 15 crucial CABG route parameters. To increase adherence, the goal is to find gaps and suggest focused treatments.

3. RESEARCH QUESTION: What is the current compliance rate to the CABG clinical pathway parameters at Medanta, and which specific areas show deviation from standard documentation and care practices?

4. OBJECTIVES:

- To assess the compliance rate for each of the 15 CABG pathway parameters.
- To identify commonly missed or delayed entries in documentation.
- To suggest actionable strategies to improve adherence to the CABG pathway.

5. HYPOTHESIS: There are significant deviations in the documentation and compliance to the CABG clinical pathway parameters, which can be improved through focused auditing and process standardization.

6. MATERIAL AND METHODS: Study Design: Observational cross-sectional audit study

Setting: Medanta - The Medicity, Gurugram, Cardiac Surgery Department

Study Population: Patients who have undergone CABG surgery during the month of March

Inclusion Criteria:

- All patients who underwent CABG at Medanta in the selected month
- Complete MRD files available for review

Exclusion Criteria:

- Incomplete MRD files
- Emergency CABG surgeries with missing pathway applicability

Study Tools: CABG pathway audit checklist comprising 15 parameters:

1. Date of Admission
2. Date of Surgery
3. Date & Time of Extubation
4. Date of Discharge/Death

5. Status on Discharge (Alive/Dead)
6. Documentation in the pathway form complete or not?
7. If not, specify what was not documented
8. Spirometry done prior to surgery?
9. Beta blockers prescribed to POD 1
10. Did patient undergo any re-exploration?
11. If yes, mention the date
12. Specify the reason for re-exploration
13. Re-intubated within 48 hrs of surgery or not
14. If yes, date and time of re-intubation
15. Document the Ejection Fraction value

Duration of Study: Three months

Sample Size: 55 patient MRD files

Sampling Technique: Convenience sampling (consecutive files meeting inclusion criteria)

Data Collection Procedure:

- Review MRD files of 55 CABG patients using the 15-point audit checklist
- Record compliance for each parameter
- Categorize data into complete, incomplete, and missing entries

Operational Definitions:

- Compliance: Presence of complete and timely documentation for a parameter
- Non-Compliance: Partial, delayed, or absent documentation for a parameter
- Re-exploration: Return to operating room due to complications post-CABG

7. DATA ANALYSIS PLAN: Data will be entered in Microsoft Excel and analyzed. Descriptive statistics (frequency, percentage) will be used to summarize compliance levels.

8. ETHICAL CONSIDERATIONS:

- Institutional approval will be obtained for accessing MRD files
- No direct patient contact or identifiable data will be used
- Data confidentiality and anonymity will be strictly maintained

9. IMPLICATIONS OF RESEARCH: The audit will help identify specific compliance gaps in the CABG pathway. Recommendations from the findings can guide policy improvements, enhance clinical documentation, and contribute to quality assurance initiatives in the hospital.

10. REFERENCES:

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