COMPLIANCE AUDIT OF PATIENT RECORDS IN A TERTIARY CARE HOSPITAL

By
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MBA HOM
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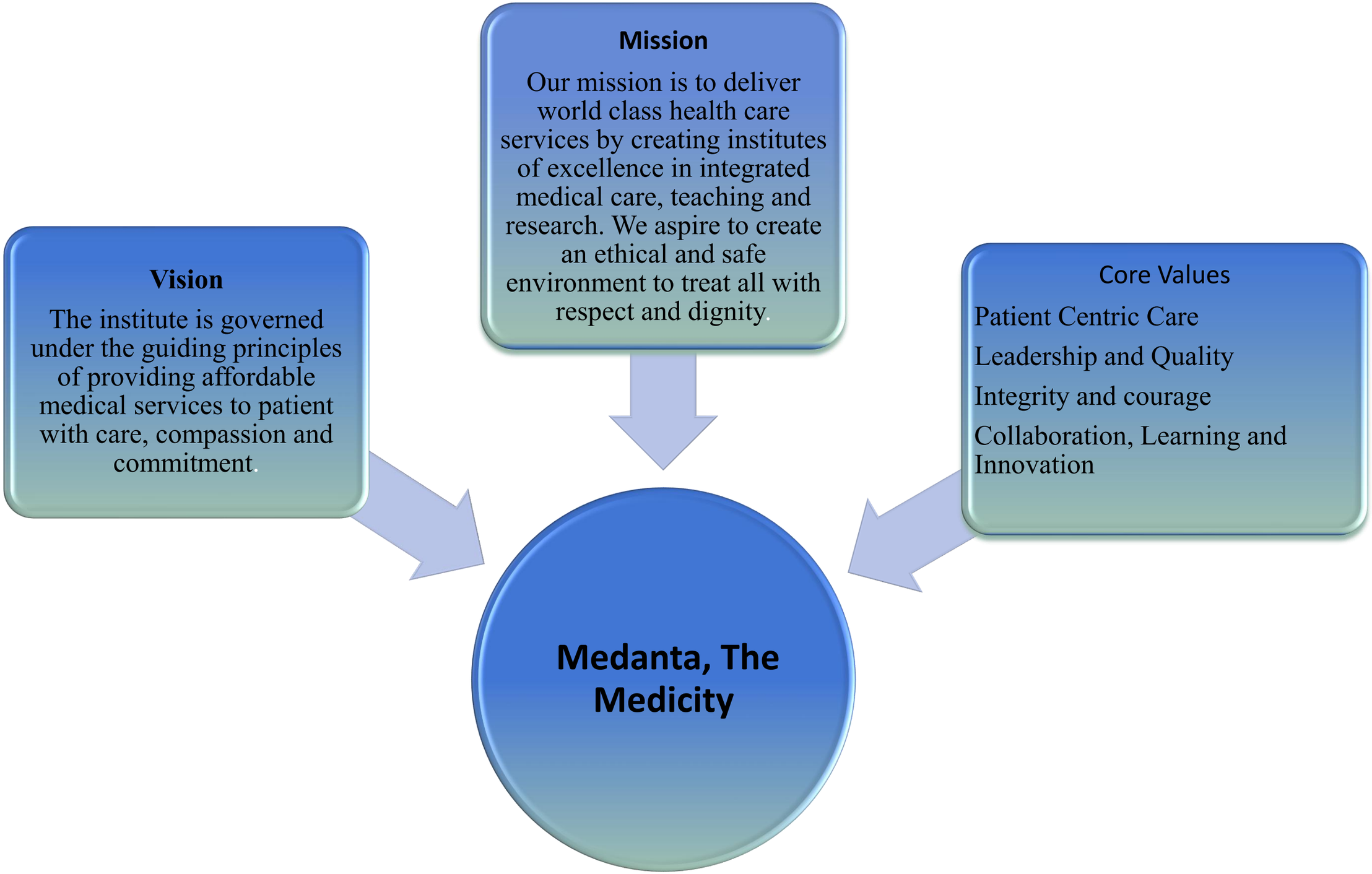

Mission
Our mission is to deliver world class health care services by creating institutes of excellence in integrated medical care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.
Vision
The institute is governed under the guiding principles of providing affordable medical services to patient with care, compassion and commitment.
Core Values
Patient Centric Care
Leadership and Quality
Integrity and courage
Collaboration, Learning and Innovation
Medanta, The Medicity

Introduction

- This project, undertaken as part of the Quality Department's continuous improvement initiative, focuses on auditing and enhancing documentation compliance in accordance with the standards laid out by the National Accreditation Board for Hospitals & Healthcare Providers (NABH).

- The study was conducted in a phased manner with Phase I as the pre intervention phase followed by the intervention phase and eventually the phase III to evaluate the result of intervention.

Research Questions

What is the level of compliance in patient records at Medanta hospital, Gurgaon?
What are the gaps in patient record?
How to improve quality of documentation?

Objectives:

i. To review the NABH audit guidelines related to cross reference, medical and surgical consent forms and critical alert value.
ii. To analyse/ calculate the level of compliance in patient record.
iii. To conduct audit for patient record with special focus on consent documentation, cross referencing and critical alert in a tertiary care hospital such as Medanta.
iv. To find out gaps in compliance with institutional and NABH documentation standards.
v. To suggest actionable recommendations for improving documentation compliance

Literature Review Highlights

1. 2023: Electronic Health Records and Critical Alert Flagging: An ICU Audit from Haryana

   Taneja et al. found 35% missed critical alert flags due to lack of EHR protocols.

2. 2022: Audit of Surgical Consent Forms in Tertiary Care Settings: Exploring Gaps and Solutions

   Sharma & Khurana noted 12% missing time/date stamps on consent forms.

3. 2021: NABH Compliance Audit in Critical Care Units: Focus on Documentation Standards

   Banerjee et al. reported 21% of consent forms lacked physician signatures.

4. 2019: Audit of Clinical Documentation Accuracy in Inpatient Records at a Tertiary Hospital in Chennai

   K. Shrinivas and M. Rajan. reported 24% Critical values were documented after one hour.

5. 2018: Documentation of Cross-Reference and Interdepartmental Consultation in ICU: A Compliance Audit Audit

   Patidar et al. found 40% cross-referrals lacked specialist comments.

Methodology and Study Design

1 Study setting

The study was conducted at Medanta – The Medicity, Gurgaon, a quaternary care, NABH-accredited, multi-specialty hospital in Haryana, India.

2 Study Population

The study population comprised inpatient files from the six departments which include Gastroenterology, Cardiology. Urology. Nephrology, internal Medicine and Respiratory and Sleep Medicine.

3 Duration of the Study

The data collection was done over a six-week period from 11th April to 20th May

4 Study Approach

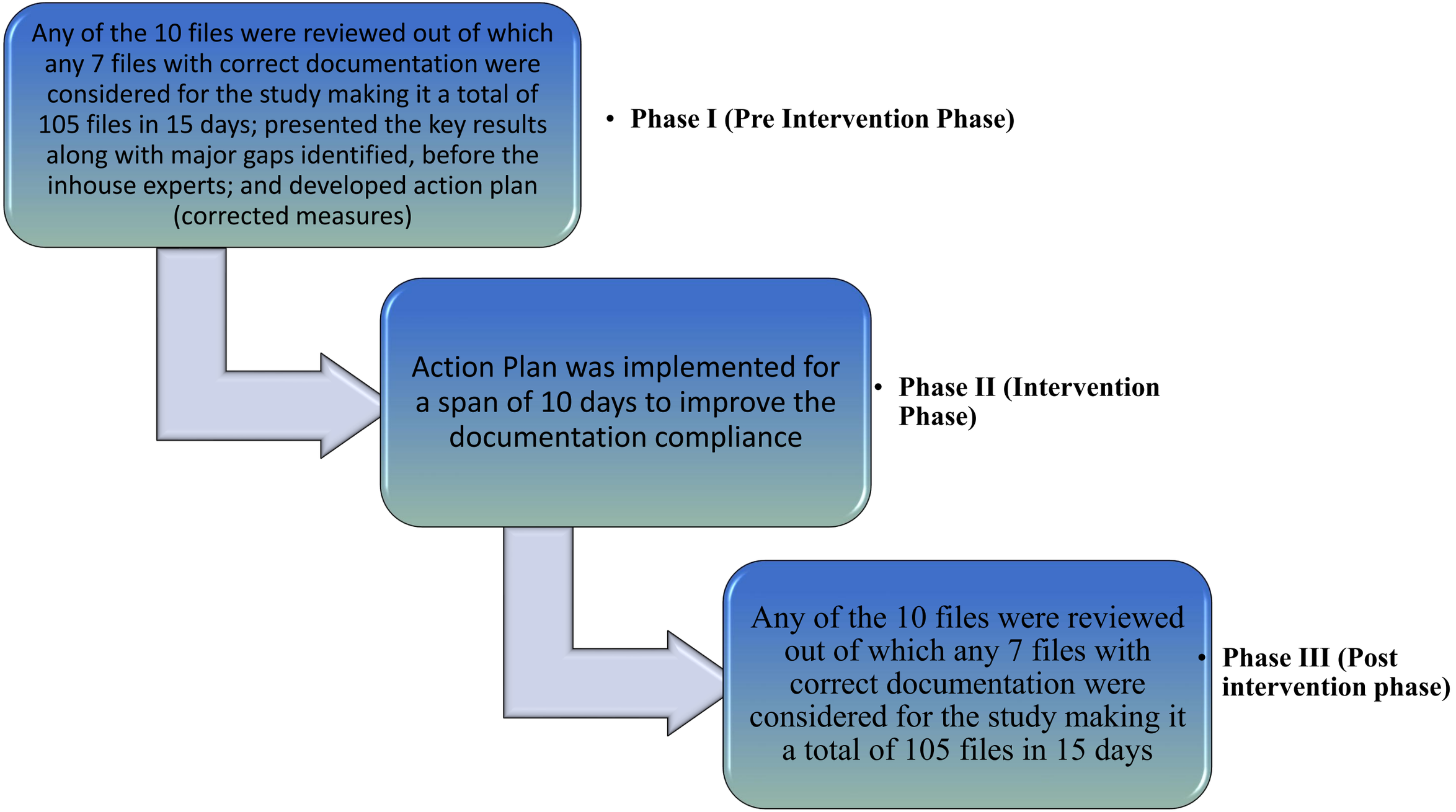
The study adopted a quantitative research approach to systematically assess the level of compliance in patient records

5 Ethical Considerations

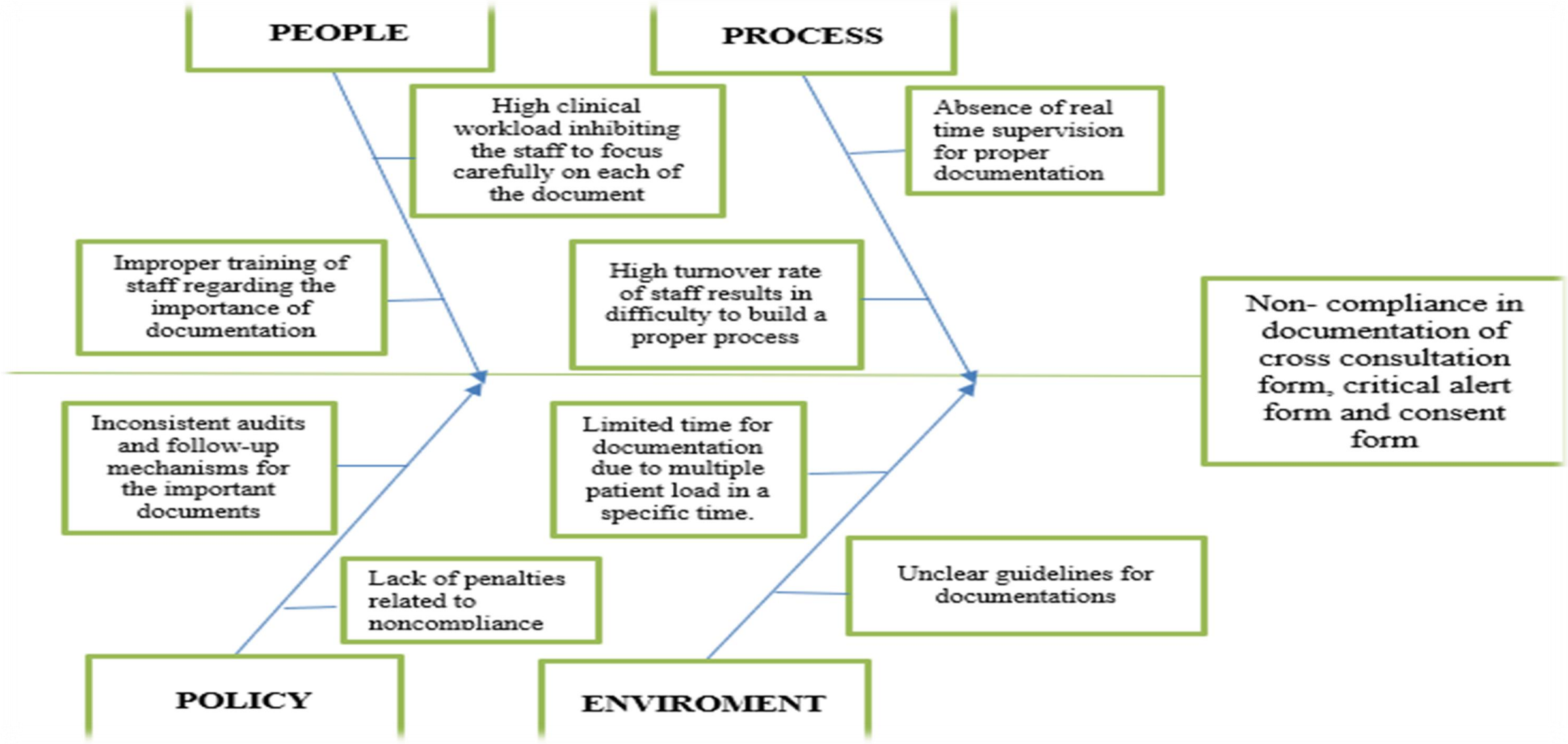
Informed consent, privacy confidentiality, and anonymity

SAMPLE AND SAMPLING TECHNIQUES

Department	Number of files reviewed	
	Pre-intervention Phase (April 11-25, 2025)	Post-intervention Phase (May 5-20, 2025)
Gastroenterology	18	18
Internal Medicine	17	17
Cardiology	18	18
Nephrology	17	17
Urology	17	17
Respiratory and Sleep Medicine	18	18
Total files	105	105


Any of the 10 files were reviewed out of which any 7 files with correct documentation were considered for the study making it a total of 105 files in 15 days; presented the key results along with major gaps identified, before the inhouse experts; and developed action plan (corrected measures)
• Phase I (Pre Intervention Phase)
Action Plan was implemented for a span of 10 days to improve the documentation compliance
• Phase II (Intervention Phase)
Any of the 10 files were reviewed out of which any 7 files with correct documentation were considered for the study making it a total of 105 files in 15 days
• Phase III (Post intervention phase)

The Gaps Identified



Data Collection Tool

Two core instruments were developed and validated under the study:

Audit Checklist

- Developed based on NABH documentation standards and hospital policies.
- Categories: Consent, Critical Alerts, Cross-Referencing.
- Marked for presence, completeness, and timeliness of documentation.

Data Collection Sheet

- Used to systematically enter compliance data from each file in a excel sheet.
- Designed to support digital entry and statistical processing.
- Facilitated inter-departmental comparisons.

Key recommendations by the inhouse experts/actions

i. Feedback sessions with departmental heads.
ii. assigning nursing staff to each department to check inpatient file before sending it to the MRD department for proper documentation.
iii. Training the duty doctor to remind the consultant on their daily rounds to properly fill the various documents.
iv. Regularly informing the quality champion of each doctor’s team regarding the non-compliances seen in the files of patient admitted under them.

RESULTS

Guidelines related to documentation of various Forms in patient files

Cross Consultation Form

- The consultant addressing the request should close the reference within the turnaround time
- The date and time of request with the purpose of consultation should be documented by the consultant raising the reference.
- The addressing physicians name, signature and employee id should be clearly visible.

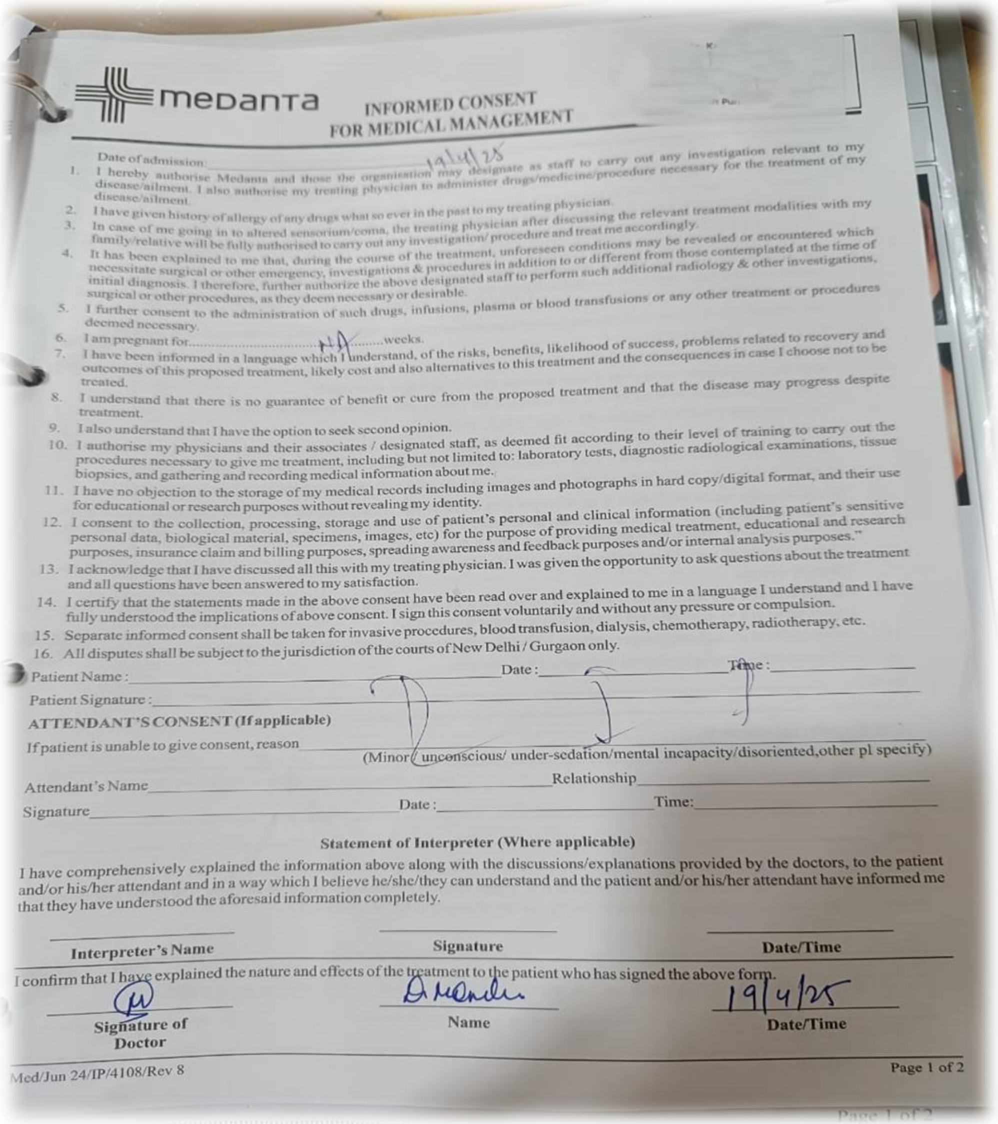
Consent

- The consent should be written in capital letters.
- Surgical consent should take before any surgery by the patient or by the attendant if the patient is minor.
- Witness sign should be mandatory if the attendant has given the consent with the proper reason for giving the consent.

Critical Alert Value

- A critical Value is notified by the investigation machine in the laboratory.
- An automatic call goes to the operation command Centre at 2000.
- OCC informs the same to the respective department within 30 mins

Pre intervention Phase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INFORMED CONSENT
FOR MEDICAL MANAGEMENT

Date of admission: 19/4/25

1. I hereby authorise Medanta and those the organisation may designate as staff to carry out any investigation relevant to my disease/ailment. I also authorise my treating physician to administer drugs/medicine/procedure necessary for the treatment of my disease/ailment.
2. I have given history of allergy of any drugs what so ever in the past to my treating physician.
3. In case of me going in to altered sensorium/coma, the treating physician after discussing the relevant treatment modalities with my family/relative will be fully authorised to carry out any investigation/ procedure and treat me accordingly.
4. It has been explained to me that, during the course of the treatment, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency, investigations & procedures in addition to or different from those contemplated at the time of initial diagnosis. I therefore, further authorize the above designated staff to perform such additional radiology & other investigations, surgical or other procedures, as they deem necessary or desirable.
5. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.
6. I am pregnant for.......NA.......weeks.
7. I have been informed in a language which I understand, of the risks, benefits, likelihood of success, problems related to recovery and outcomes of this proposed treatment, likely cost and also alternatives to this treatment and the consequences in case I choose not to be treated.
8. I understand that there is no guarantee of benefit or cure from the proposed treatment and that the disease may progress despite treatment.
9. I also understand that I have the option to seek second opinion.
10. I authorise my physicians and their associates / designated staff, as deemed fit according to their level of training to carry out the procedures necessary to give me treatment, including but not limited to: laboratory tests, diagnostic radiological examinations, tissue biopsies, and gathering and recording medical information about me.
11. I have no objection to the storage of my medical records including images and photographs in hard copy/digital format, and their use for educational or research purposes without revealing my identity.
12. I consent to the collection, processing, storage and use of patient's personal and clinical information (including patient's sensitive personal data, biological material, specimens, images, etc) for the purpose of providing medical treatment, educational and research purposes, insurance claim and billing purposes, spreading awareness and feedback purposes and/or internal analysis purposes."
13. I acknowledge that I have discussed all this with my treating physician. I was given the opportunity to ask questions about the treatment and all questions have been answered to my satisfaction.
14. I certify that the statements made in the above consent have been read over and explained to me in a language I understand and I have fully understood the implications of above consent. I sign this consent voluntarily and without any pressure or compulsion.
15. Separate informed consent shall be taken for invasive procedures, blood transfusion, dialysis, chemotherapy, radiotherapy, etc.
16. All disputes shall be subject to the jurisdiction of the courts of New Delhi / Gurgaon only.

Patient Name: Date: Time:
Patient Signature:

ATTENDANT'S CONSENT (If applicable)

If patient is unable to give consent, reason
(Minor/ unconscious/ under-sedation/mental incapacity/disoriented, other pl specify)
Attendant's Name Relationship
Signature Date: Time:

Statement of Interpreter (Where applicable)

I have comprehensively explained the information above along with the discussions/explanations provided by the doctors, to the patient and/or his/her attendant and in a way which I believe he/she/they can understand and the patient and/or his/her attendant have informed me that they have understood the aforesaid information completely.

Interpreter's Name | Signature | Date/Time

I confirm that I have explained the nature and effects of the treatment to the patient who has signed the above form.

Signature of Doctor | Name | Date/Time 19/4/25

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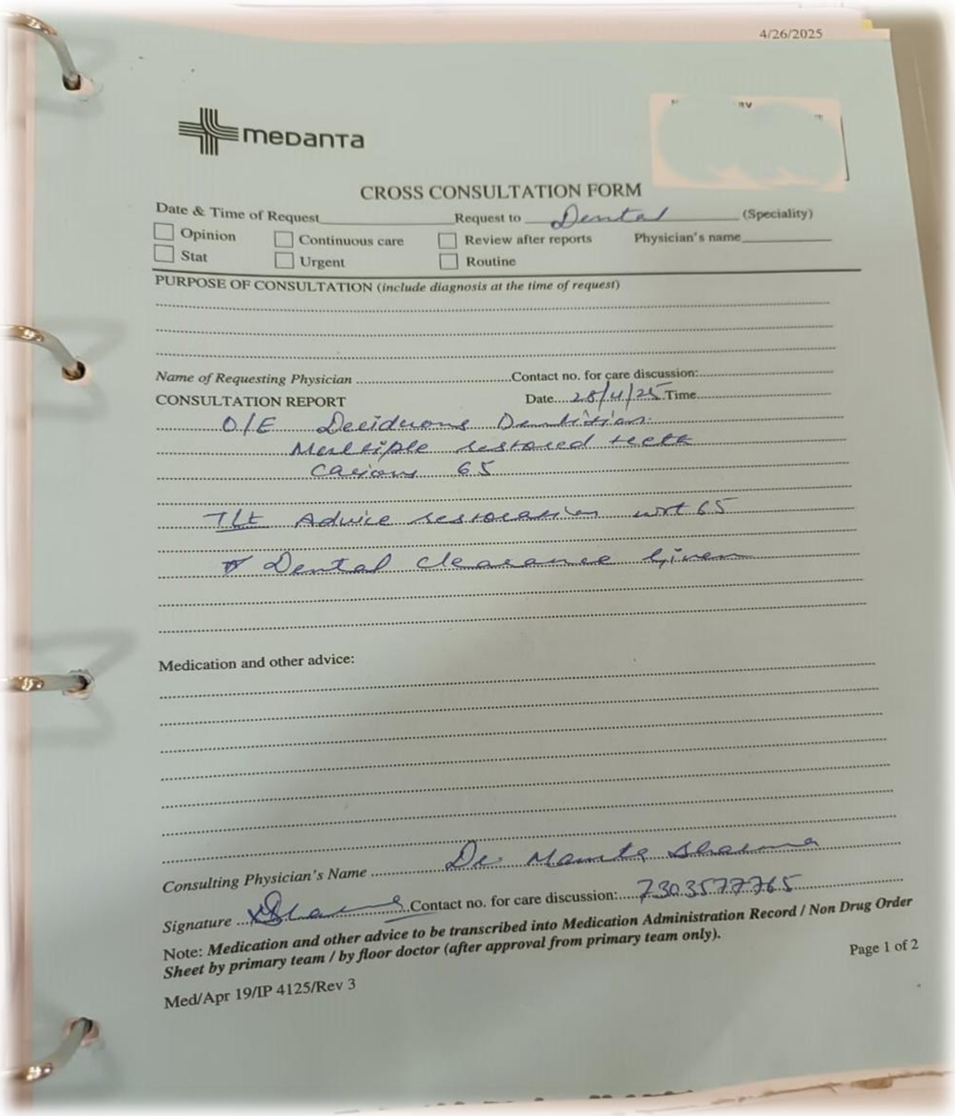
Medical Management Consent


4/26/2025

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CROSS CONSULTATION FORM

Date & Time of Request ______ Request to Dental (Speciality)
☐ Opinion ☐ Continuous care ☐ Review after reports Physician's name ______
☐ Stat ☐ Urgent ☐ Routine

PURPOSE OF CONSULTATION (*include diagnosis at the time of request*)

Name of Requesting Physician ...... Contact no. for care discussion: ......

CONSULTATION REPORT Date 28/4/25 Time ......

O/E Deciduous Dentition

Medication and other advice:

Consulting Physician's Name ......
Signature ...... Contact no. for care discussion: ......

Note: ***Medication and other advice to be transcribed into Medication Administration Record / Non Drug Order Sheet by primary team / by floor doctor (after approval from primary team only).***

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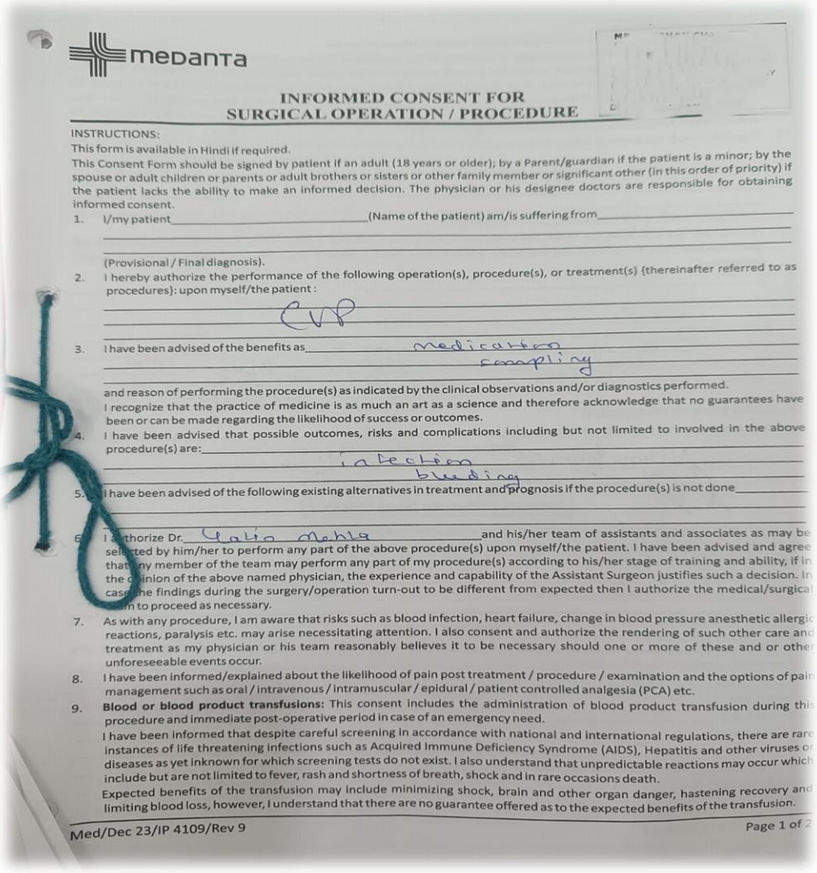
Cross Consultation Form



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INFORMED CONSENT FOR
SURGICAL OPERATION / PROCEDURE

INSTRUCTIONS:
This form is available in Hindi if required.
This Consent Form should be signed by patient if an adult (18 years or older); by a Parent/guardian if the patient is a minor; by the spouse or adult children or parents or adult brothers or sisters or other family member or significant other (in this order of priority) if the patient lacks the ability to make an informed decision. The physician or his designee doctors are responsible for obtaining informed consent.

1. I/my patient_____(Name of the patient) am/is suffering from_____
(Provisional / Final diagnosis).
2. I hereby authorize the performance of the following operation(s), procedure(s), or treatment(s) (thereinafter referred to as procedures): upon myself/the patient : CVP
3. I have been advised of the benefits as medication sampling
and reason of performing the procedure(s) as indicated by the clinical observations and/or diagnostics performed.
I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
4. I have been advised that possible outcomes, risks and complications including but not limited to involved in the above procedure(s) are: infection bleeding
5. I have been advised of the following existing alternatives in treatment and prognosis if the procedure(s) is not done
6. I authorize Dr. Gatin Mehla and his/her team of assistants and associates as may be selected by him/her to perform any part of the above procedure(s) upon myself/the patient. I have been advised and agree that any member of the team may perform any part of my procedure(s) according to his/her stage of training and ability, if in the opinion of the above named physician, the experience and capability of the Assistant Surgeon justifies such a decision. In case the findings during the surgery/operation turn-out to be different from expected then I authorize the medical/surgical team to proceed as necessary.
7. As with any procedure, I am aware that risks such as blood infection, heart failure, change in blood pressure anesthetic allergic reactions, paralysis etc. may arise necessitating attention. I also consent and authorize the rendering of such other care and treatment as my physician or his team reasonably believes it to be necessary should one or more of these and or other unforeseeable events occur.
8. I have been informed/explained about the likelihood of pain post treatment / procedure / examination and the options of pain management such as oral / intravenous / intramuscular / epidural / patient controlled analgesia (PCA) etc.
9. **Blood or blood product transfusions:** This consent includes the administration of blood product transfusion during this procedure and immediate post-operative period in case of an emergency need.
I have been informed that despite careful screening in accordance with national and international regulations, there are rare instances of life threatening infections such as Acquired Immune Deficiency Syndrome (AIDS), Hepatitis and other viruses or diseases as yet inknown for which screening tests do not exist. I also understand that unpredictable reactions may occur which include but are not limited to fever, rash and shortness of breath, shock and in rare occasions death.
Expected benefits of the transfusion may include minimizing shock, brain and other organ danger, hastening recovery and limiting blood loss, however, I understand that there are no guarantee offered as to the expected benefits of the transfusion.

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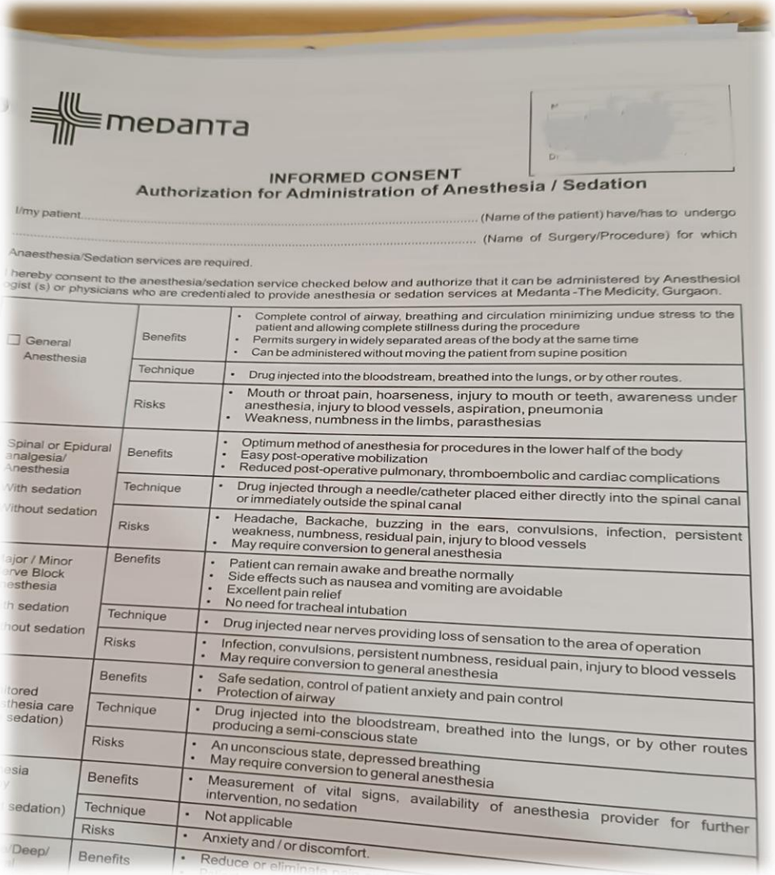
Surgical Consent Form



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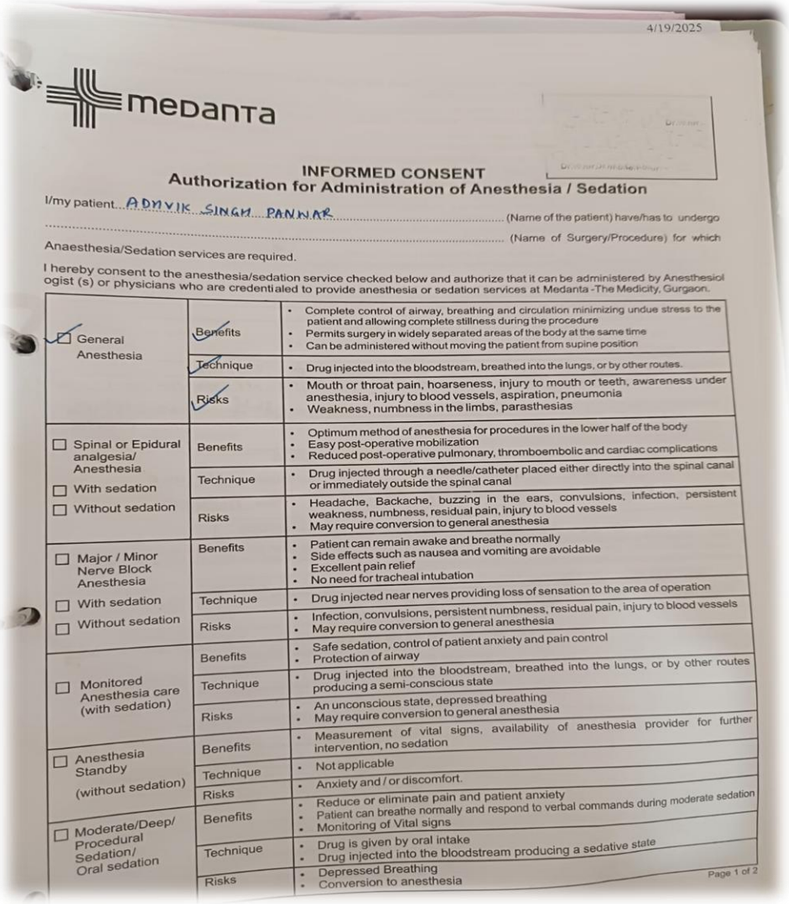
INFORMED CONSENT
Authorization for Administration of Anesthesia / Sedation

I/my patient..... (Name of the patient) have/has to undergo
..... (Name of Surgery/Procedure) for which Anaesthesia/Sedation services are required.
I hereby consent to the anesthesia/sedation service checked below and authorize that it can be administered by Anesthesiol gist (s) or physicians who are credentialed to provide anesthesia or sedation services at Medanta -The Medicity, Gurgaon.

☐ General Anesthesia	Benefits	• Complete control of airway, breathing and circulation minimizing undue stress to the patient and allowing complete stillness during the procedure • Permits surgery in widely separated areas of the body at the same time • Can be administered without moving the patient from supine position
	Technique	• Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	• Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia • Weakness, numbness in the limbs, parasthesias
Spinal or Epidural analgesia/ Anesthesia	Benefits	• Optimum method of anesthesia for procedures in the lower half of the body • Easy post-operative mobilization • Reduced post-operative pulmonary, thromboembolic and cardiac complications
With sedation	Technique	• Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal
Without sedation	Risks	• Headache, Backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels • May require conversion to general anesthesia
ajor / Minor rve Block esthesia	Benefits	• Patient can remain awake and breathe normally • Side effects such as nausea and vomiting are avoidable • Excellent pain relief • No need for tracheal intubation
n sedation	Technique	• Drug injected near nerves providing loss of sensation to the area of operation
hout sedation	Risks	• Infection, convulsions, persistent numbness, residual pain, injury to blood vessels • May require conversion to general anesthesia
tored thesia care sedation)	Benefits	• Safe sedation, control of patient anxiety and pain control • Protection of airway
	Technique	• Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
	Risks	• An unconscious state, depressed breathing • May require conversion to general anesthesia
sia	Benefits	• Measurement of vital signs, availability of anesthesia provider for further intervention, no sedation
sedation)	Technique	• Not applicable
	Risks	• Anxiety and / or discomfort.
Deep/	Benefits	• Reduce or eliminate

Anaesthesia Consent Form

Intervention Phase



4/19/2025

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INFORMED CONSENT
Authorization for Administration of Anesthesia / Sedation

I/my patient ADVIK SINGH PANWAR (Name of the patient) have/has to undergo ..... (Name of Surgery/Procedure) for which Anaesthesia/Sedation services are required.

I hereby consent to the anesthesia/sedation service checked below and authorize that it can be administered by Anesthesiologist (s) or physicians who are credentialed to provide anesthesia or sedation services at Medanta -The Medicity, Gurgaon.

☑ General Anesthesia	Benefits	• Complete control of airway, breathing and circulation minimizing undue stress to the patient and allowing complete stillness during the procedure • Permits surgery in widely separated areas of the body at the same time • Can be administered without moving the patient from supine position
	Technique	• Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	• Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia • Weakness, numbness in the limbs, parasthesias
☐ Spinal or Epidural analgesia/ Anesthesia ☐ With sedation ☐ Without sedation	Benefits	• Optimum method of anesthesia for procedures in the lower half of the body • Easy post-operative mobilization • Reduced post-operative pulmonary, thromboembolic and cardiac complications
	Technique	• Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal
	Risks	• Headache, Backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels • May require conversion to general anesthesia
☐ Major / Minor Nerve Block Anesthesia ☐ With sedation ☐ Without sedation	Benefits	• Patient can remain awake and breathe normally • Side effects such as nausea and vomiting are avoidable • Excellent pain relief • No need for tracheal intubation
	Technique	• Drug injected near nerves providing loss of sensation to the area of operation
	Risks	• Infection, convulsions, persistent numbness, residual pain, injury to blood vessels • May require conversion to general anesthesia
☐ Monitored Anesthesia care (with sedation)	Benefits	• Safe sedation, control of patient anxiety and pain control • Protection of airway
	Technique	• Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
	Risks	• An unconscious state, depressed breathing • May require conversion to general anesthesia
☐ Anesthesia Standby (without sedation)	Benefits	• Measurement of vital signs, availability of anesthesia provider for further intervention, no sedation
	Technique	• Not applicable
	Risks	• Anxiety and / or discomfort.
☐ Moderate/Deep/ Procedural Sedation/ Oral sedation	Benefits	• Reduce or eliminate pain and patient anxiety • Patient can breathe normally and respond to verbal commands during moderate sedation • Monitoring of Vital signs
	Technique	• Drug is given by oral intake • Drug injected into the bloodstream producing a sedative state
	Risks	• Depressed Breathing • Conversion to anesthesia

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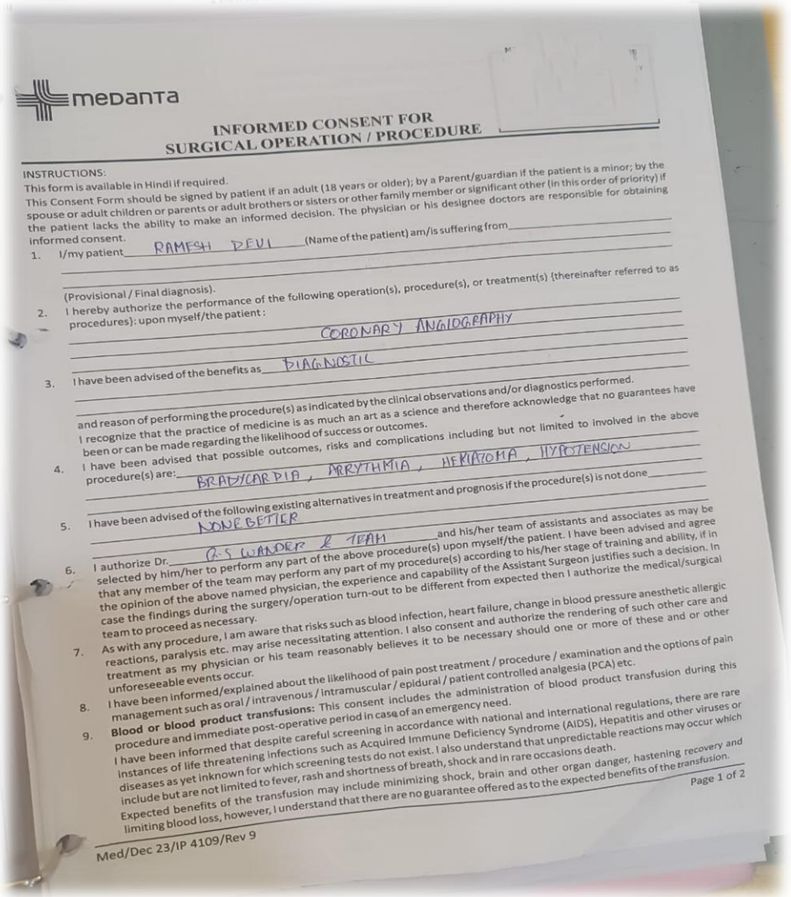
Anaesthesia Consent Form



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INFORMED CONSENT FOR SURGICAL OPERATION / PROCEDURE

INSTRUCTIONS:
This form is available in Hindi if required.
This Consent Form should be signed by patient if an adult (18 years or older); by a Parent/guardian if the patient is a minor; by the spouse or adult children or parents or adult brothers or sisters or other family member or significant other (in this order of priority) if the patient lacks the ability to make an informed decision. The physician or his designee doctors are responsible for obtaining informed consent.

1. I/my patient RAMESH DEVI (Name of the patient) am/is suffering from ..... (Provisional / Final diagnosis).
2. I hereby authorize the performance of the following operation(s), procedure(s), or treatment(s) (thereinafter referred to as procedures): upon myself/the patient : CORONARY ANGIOGRAPHY
3. I have been advised of the benefits as DIAGNOSTIC and reason of performing the procedure(s) as indicated by the clinical observations and/or diagnostics performed.
I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
4. I have been advised that possible outcomes, risks and complications including but not limited to involved in the above procedure(s) are: BRADYCARDIA, ARRYTHMIA, HEMATOMA, HYPOTENSION
5. I have been advised of the following existing alternatives in treatment and prognosis if the procedure(s) is not done ANNE BETTER
6. I authorize Dr. D.S WANDER & TEAM and his/her team of assistants and associates as may be selected by him/her to perform any part of the above procedure(s) upon myself/the patient. I have been advised and agree that any member of the team may perform any part of my procedure(s) according to his/her stage of training and ability, if in the opinion of the above named physician, the experience and capability of the Assistant Surgeon justifies such a decision. In case the findings during the surgery/operation turn-out to be different from expected then I authorize the medical/surgical team to proceed as necessary.
7. As with any procedure, I am aware that risks such as blood infection, heart failure, change in blood pressure anesthetic allergic reactions, paralysis etc. may arise necessitating attention. I also consent and authorize the rendering of such other care and treatment as my physician or his team reasonably believes it to be necessary should one or more of these and or other unforeseeable events occur.
8. I have been informed/explained about the likelihood of pain post treatment / procedure / examination and the options of pain management such as oral / intravenous / intramuscular / epidural / patient controlled analgesia (PCA) etc.
9. **Blood or blood product transfusions:** This consent includes the administration of blood product transfusion during this procedure and immediate post-operative period in case of an emergency need.
I have been informed that despite careful screening in accordance with national and international regulations, there are rare instances of life threatening infections such as Acquired Immune Deficiency Syndrome (AIDS), Hepatitis and other viruses or diseases as yet unknown for which screening tests do not exist. I also understand that unpredictable reactions may occur which include but are not limited to fever, rash and shortness of breath, shock and in rare occasions death.
Expected benefits of the transfusion may include minimizing shock, brain and other organ danger, hastening recovery and limiting blood loss, however, I understand that there are no guarantee offered as to the expected benefits of the transfusion.

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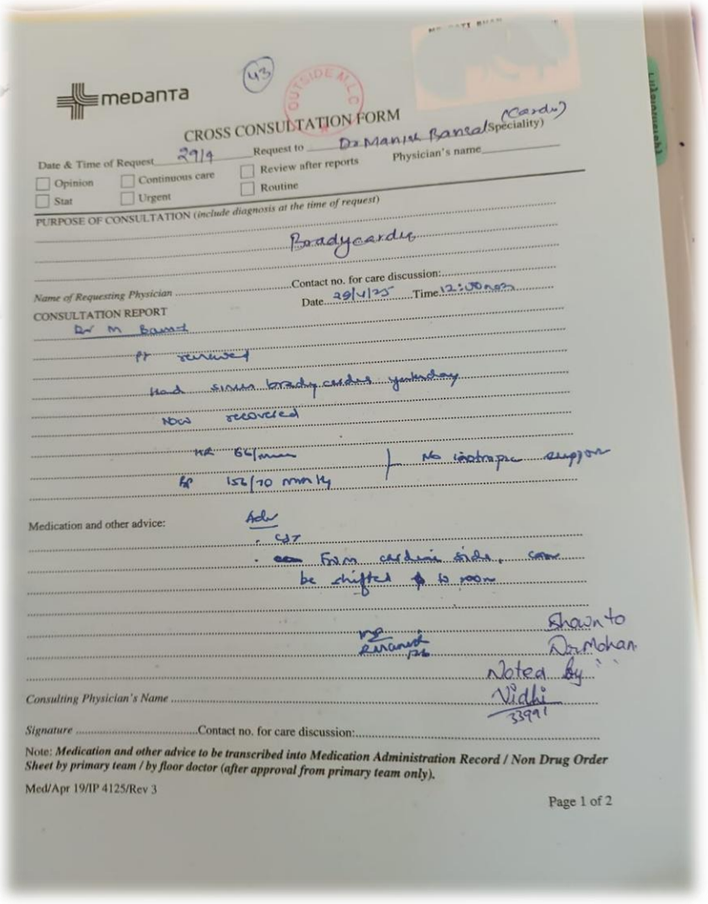
Surgical Consent Form



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CROSS CONSULTATION FORM

Date & Time of Request 29/4 Request to Dr Manik Bansal (Cardio) Physician's name .....
☐ Opinion ☐ Continuous care ☐ Review after reports
☐ Stat ☐ Urgent ☐ Routine

PURPOSE OF CONSULTATION (include diagnosis at the time of request)
Bradycardia

Name of Requesting Physician ..... Contact no. for care discussion: .....
Date 29/4/25 Time 12:00 noon

CONSULTATION REPORT
Dr M Bansal
pt reviewed
had sinus bradycardia yesterday
now recovered
HR 64/min
BP 132/90 mm Hg
no symptoms

Medication and other advice: Adv
- can be shifted to room.

Shown to Dr Mohan
Noted by Vidhi 33991

Consulting Physician's Name .....
Signature ..... Contact no. for care discussion: .....

Note: *Medication and other advice to be transcribed into Medication Administration Record / Non Drug Order Sheet by primary team / by floor doctor (after approval from primary team only).*

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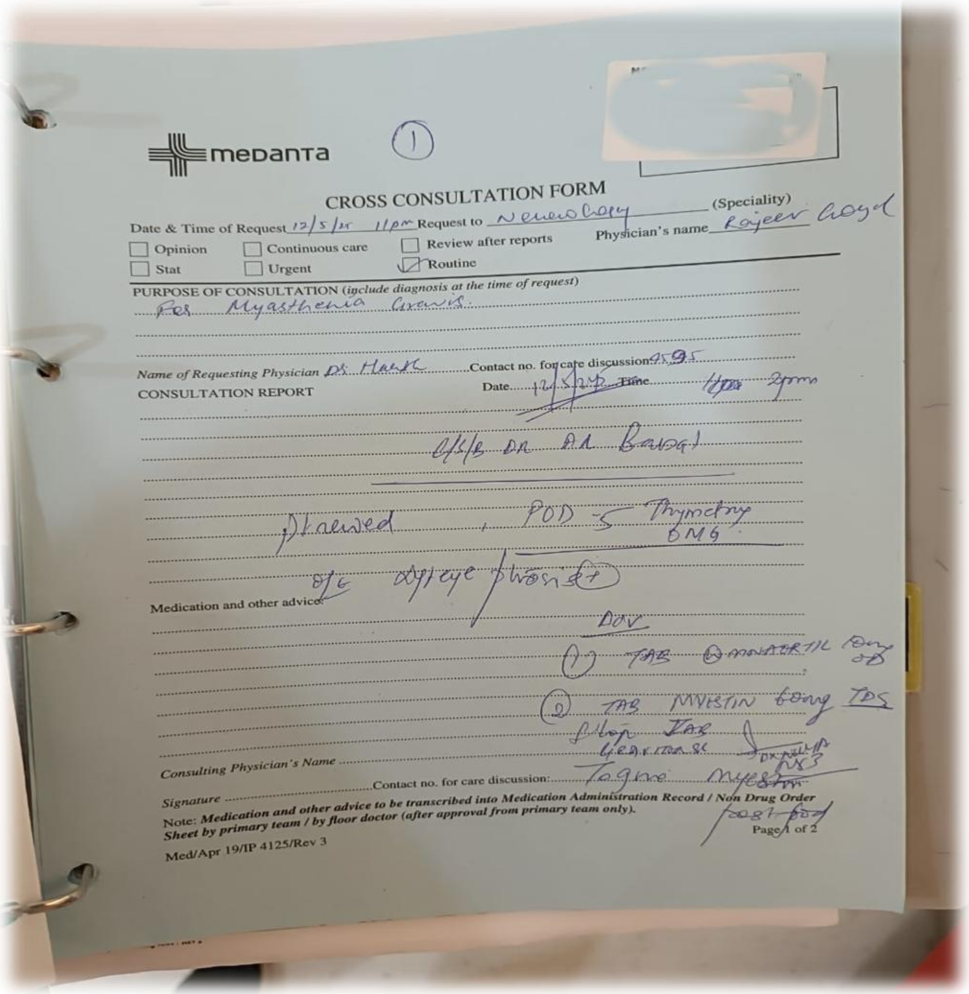
Cross Consultation Form

Post Intervention Phase



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CROSS CONSULTATION FORM

Date & Time of Request 12/5/25 11pm Request to Neurology (Speciality) Physician's name Rajeev Goyal

☐ Opinion ☐ Continuous care ☐ Review after reports

☐ Stat ☐ Urgent ☑ Routine

PURPOSE OF CONSULTATION (include diagnosis at the time of request)

For Myasthenia Gravis.

Name of Requesting Physician Dr. Harsh Contact no. for care discussion 9595

CONSULTATION REPORT Date 12/5/25 Time 2pm

Medication and other advice

TAB MYESTIN 60mg TDS

Consulting Physician's Name

Signature Contact no. for care discussion:

Note: ***Medication and other advice to be transcribed into Medication Administration Record / Non Drug Order Sheet by primary team / by floor doctor (after approval from primary team only).***

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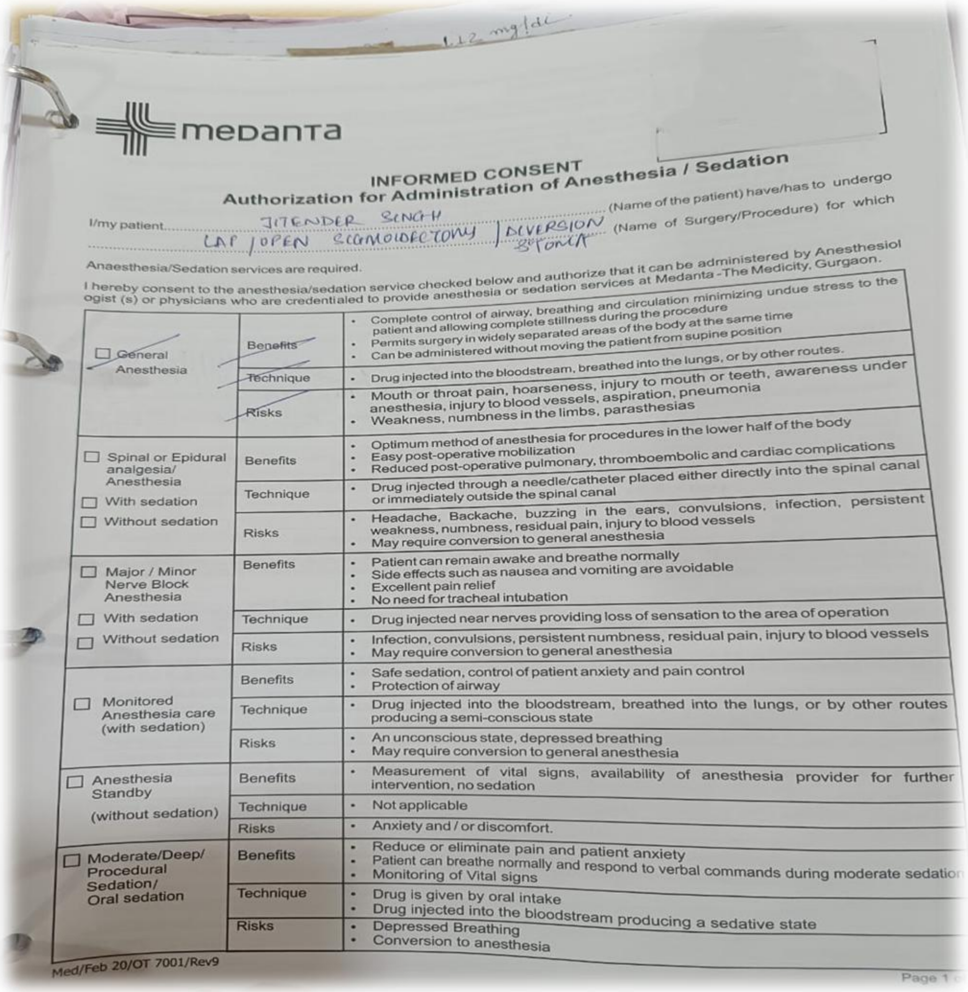
Cross Consultation Form



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INFORMED CONSENT
Authorization for Administration of Anesthesia / Sedation

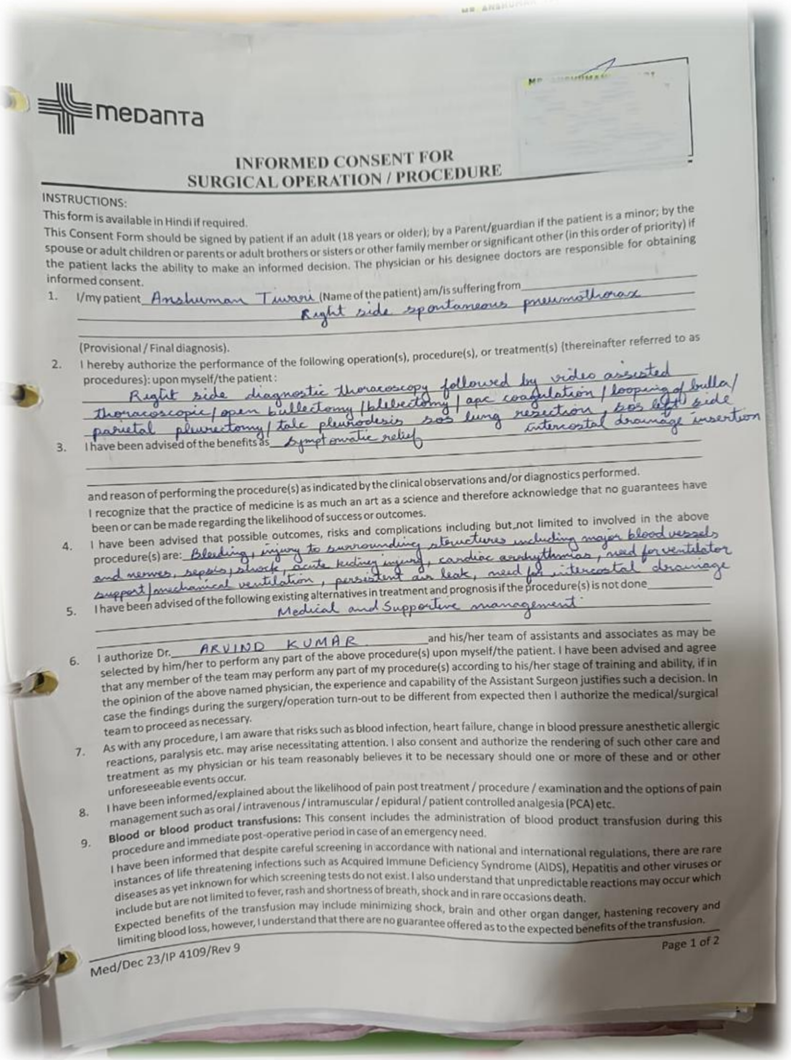
I/my patient JITENDER SINGH (Name of the patient) have/has to undergo LAP / OPEN SIGMOIDECTOMY / DIVERSION STOMA (Name of Surgery/Procedure) for which Anaesthesia/Sedation services are required.

I hereby consent to the anesthesia/sedation service checked below and authorize that it can be administered by Anesthesiologist (s) or physicians who are credentialed to provide anesthesia or sedation services at Medanta -The Medicity, Gurgaon.

☐ General Anesthesia	Benefits	• Complete control of airway, breathing and circulation minimizing undue stress to the patient and allowing complete stillness during the procedure • Permits surgery in widely separated areas of the body at the same time • Can be administered without moving the patient from supine position
	Technique	• Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks	• Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia • Weakness, numbness in the limbs, parasthesias
☐ Spinal or Epidural analgesia/ Anesthesia ☐ With sedation ☐ Without sedation	Benefits	• Optimum method of anesthesia for procedures in the lower half of the body • Easy post-operative mobilization • Reduced post-operative pulmonary, thromboembolic and cardiac complications
	Technique	• Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal
	Risks	• Headache, Backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels • May require conversion to general anesthesia
☐ Major / Minor Nerve Block Anesthesia ☐ With sedation ☐ Without sedation	Benefits	• Patient can remain awake and breathe normally • Side effects such as nausea and vomiting are avoidable • Excellent pain relief • No need for tracheal intubation
	Technique	• Drug injected near nerves providing loss of sensation to the area of operation
	Risks	• Infection, convulsions, persistent numbness, residual pain, injury to blood vessels • May require conversion to general anesthesia
☐ Monitored Anesthesia care (with sedation)	Benefits	• Safe sedation, control of patient anxiety and pain control • Protection of airway
	Technique	• Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
	Risks	• An unconscious state, depressed breathing • May require conversion to general anesthesia
☐ Anesthesia Standby (without sedation)	Benefits	• Measurement of vital signs, availability of anesthesia provider for further intervention, no sedation
	Technique	• Not applicable
	Risks	• Anxiety and / or discomfort.
☐ Moderate/Deep/ Procedural Sedation/ Oral sedation	Benefits	• Reduce or eliminate pain and patient anxiety • Patient can breathe normally and respond to verbal commands during moderate sedation • Monitoring of Vital signs
	Technique	• Drug is given by oral intake • Drug injected into the bloodstream producing a sedative state
	Risks	• Depressed Breathing • Conversion to anesthesia

Med/Feb 20/OT 7001/Rev9

Anaesthesia Consent Form



medanta

INFORMED CONSENT FOR SURGICAL OPERATION / PROCEDURE

INSTRUCTIONS:
This form is available in Hindi if required.
This Consent Form should be signed by patient if an adult (18 years or older); by a Parent/guardian if the patient is a minor; by the spouse or adult children or parents or adult brothers or sisters or other family member or significant other (in this order of priority) if the patient lacks the ability to make an informed decision. The physician or his designee doctors are responsible for obtaining informed consent.

1. I/my patient Anshuman Tiwari (Name of the patient) am/is suffering from Right side spontaneous pneumothorax (Provisional / Final diagnosis).
2. I hereby authorize the performance of the following operation(s), procedure(s), or treatment(s) (thereinafter referred to as procedures): upon myself/the patient: Right side diagnostic thoracoscopy followed by video assisted thoracoscopic/open bullectomy/blebectomy/apc coagulation/looping of bulla/parietal pleurectomy/talc pleurodesis sos lung resection, sos left side intercostal drainage insertion
3. I have been advised of the benefits as symptomatic relief and reason of performing the procedure(s) as indicated by the clinical observations and/or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
4. I have been advised that possible outcomes, risks and complications including but not limited to involved in the above procedure(s) are: Bleeding, injury to surrounding structures including major blood vessels and nerves, sepsis, shock, acute kidney injury, cardiac arrhythmias, need for ventilator support/mechanical ventilation, persistent air leak, need for intercostal drainage
5. I have been advised of the following existing alternatives in treatment and prognosis if the procedure(s) is not done Medical and Supportive management
6. I authorize Dr. ARVIND KUMAR and his/her team of assistants and associates as may be selected by him/her to perform any part of the above procedure(s) upon myself/the patient. I have been advised and agree that any member of the team may perform any part of my procedure(s) according to his/her stage of training and ability, if in the opinion of the above named physician, the experience and capability of the Assistant Surgeon justifies such a decision. In case the findings during the surgery/operation turn-out to be different from expected then I authorize the medical/surgical team to proceed as necessary.
7. As with any procedure, I am aware that risks such as blood infection, heart failure, change in blood pressure anesthetic allergic reactions, paralysis etc. may arise necessitating attention. I also consent and authorize the rendering of such other care and treatment as my physician or his team reasonably believes it to be necessary should one or more of these and or other unforeseeable events occur.
8. I have been informed/explained about the likelihood of pain post treatment / procedure / examination and the options of pain management such as oral / intravenous / intramuscular / epidural / patient controlled analgesia (PCA) etc.
9. **Blood or blood product transfusions:** This consent includes the administration of blood product transfusion during this procedure and immediate post-operative period in case of an emergency need. I have been informed that despite careful screening in accordance with national and international regulations, there are rare instances of life threatening infections such as Acquired Immune Deficiency Syndrome (AIDS), Hepatitis and other viruses or diseases as yet inknown for which screening tests do not exist. I also understand that unpredictable reactions may occur which include but are not limited to fever, rash and shortness of breath, shock and in rare occasions death. Expected benefits of the transfusion may include minimizing shock, brain and other organ danger, hastening recovery and limiting blood loss, however, I understand that there are no guarantee offered as to the expected benefits of the transfusion.

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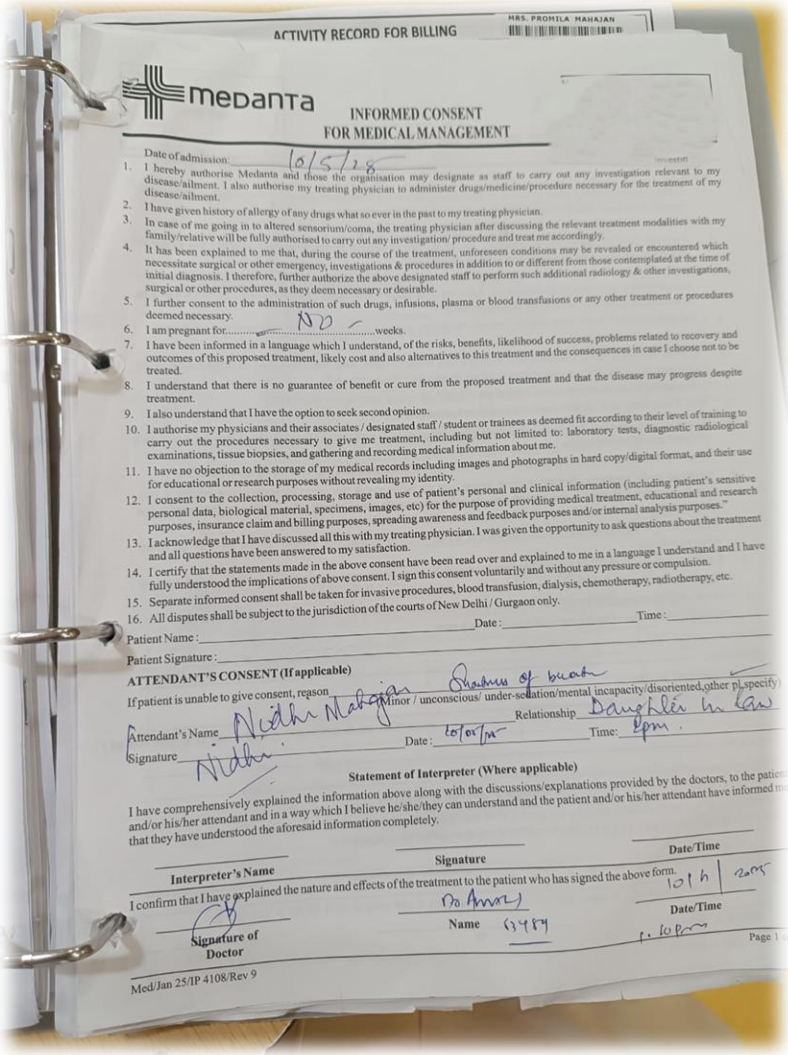
Surgical Consent Form



ACTIVITY RECORD FOR BILLING

MRS. PROMILA MAHAJAN

medanta

INFORMED CONSENT FOR MEDICAL MANAGEMENT

Date of admission: 10/5/25

1. I hereby authorise Medanta and those the organisation may designate as staff to carry out any investigation relevant to my disease/ailment. I also authorise my treating physician to administer drugs/medicine/procedure necessary for the treatment of my disease/ailment.
2. I have given history of allergy of any drugs what so ever in the past to my treating physician.
3. In case of me going in to altered sensorium/coma, the treating physician after discussing the relevant treatment modalities with my family/relative will be fully authorised to carry out any investigation/ procedure and treat me accordingly.
4. It has been explained to me that, during the course of the treatment, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency, investigations & procedures in addition to or different from those contemplated at the time of initial diagnosis. I therefore, further authorize the above designated staff to perform such additional radiology & other investigations, surgical or other procedures, as they deem necessary or desirable.
5. I further consent to the administration of such drugs, infusions, plasma or blood transfusions or any other treatment or procedures deemed necessary.
6. I am pregnant for ... NO ... weeks.
7. I have been informed in a language which I understand, of the risks, benefits, likelihood of success, problems related to recovery and outcomes of this proposed treatment, likely cost and also alternatives to this treatment and the consequences in case I choose not to be treated.
8. I understand that there is no guarantee of benefit or cure from the proposed treatment and that the disease may progress despite treatment.
9. I also understand that I have the option to seek second opinion.
10. I authorise my physicians and their associates / designated staff / student or trainees as deemed fit according to their level of training to carry out the procedures necessary to give me treatment, including but not limited to: laboratory tests, diagnostic radiological examinations, tissue biopsies, and gathering and recording medical information about me.
11. I have no objection to the storage of my medical records including images and photographs in hard copy/digital format, and their use for educational or research purposes without revealing my identity.
12. I consent to the collection, processing, storage and use of patient's personal and clinical information (including patient's sensitive personal data, biological material, specimens, images, etc) for the purpose of providing medical treatment, educational and research purposes, insurance claim and billing purposes, spreading awareness and feedback purposes and/or internal analysis purposes.
13. I acknowledge that I have discussed all this with my treating physician. I was given the opportunity to ask questions about the treatment and all questions have been answered to my satisfaction.
14. I certify that the statements made in the above consent have been read over and explained to me in a language I understand and I have fully understood the implications of above consent. I sign this consent voluntarily and without any pressure or compulsion.
15. Separate informed consent shall be taken for invasive procedures, blood transfusion, dialysis, chemotherapy, radiotherapy, etc.
16. All disputes shall be subject to the jurisdiction of the courts of New Delhi / Gurgaon only.

Patient Name: Date: Time:
Patient Signature:

ATTENDANT'S CONSENT (If applicable)
If patient is unable to give consent, reason minor / unconscious / under-sedation/mental incapacity/disoriented, other pl. specify) Shadow of death
Attendant's Name Nidhi Mahajan Relationship Daughter in Law
Signature Nidhi Date: 10/05/25 Time: 6pm

Statement of Interpreter (Where applicable)
I have comprehensively explained the information above along with the discussions/explanations provided by the doctors, to the patient and/or his/her attendant and in a way which I believe he/she/they can understand and the patient and/or his/her attendant have informed me that they have understood the aforesaid information completely.

Interpreter's Name | Signature | Date/Time

I confirm that I have explained the nature and effects of the treatment to the patient who has signed the above form.

Signature of Doctor | Name Dr Anmol | Date/Time 10/5/2025

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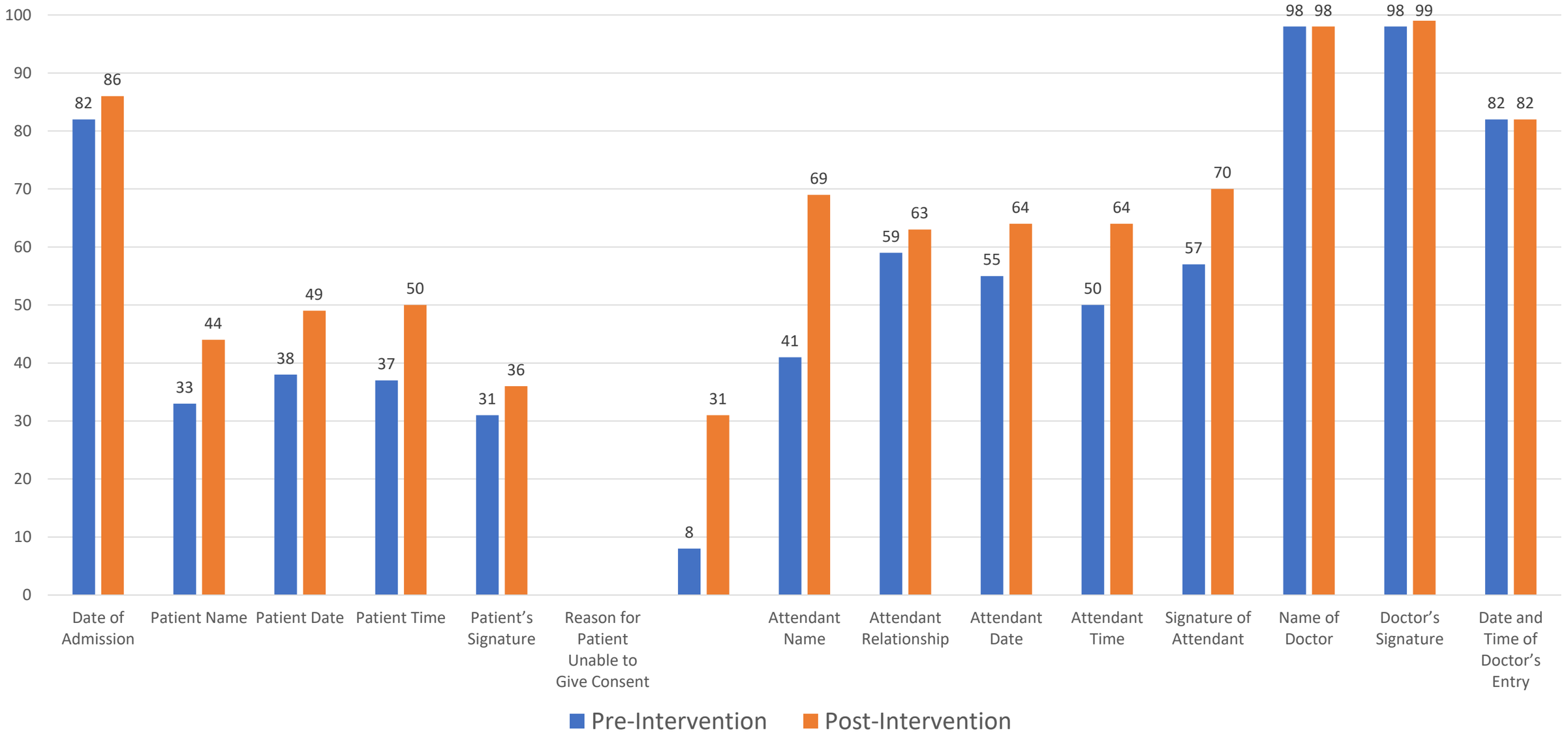
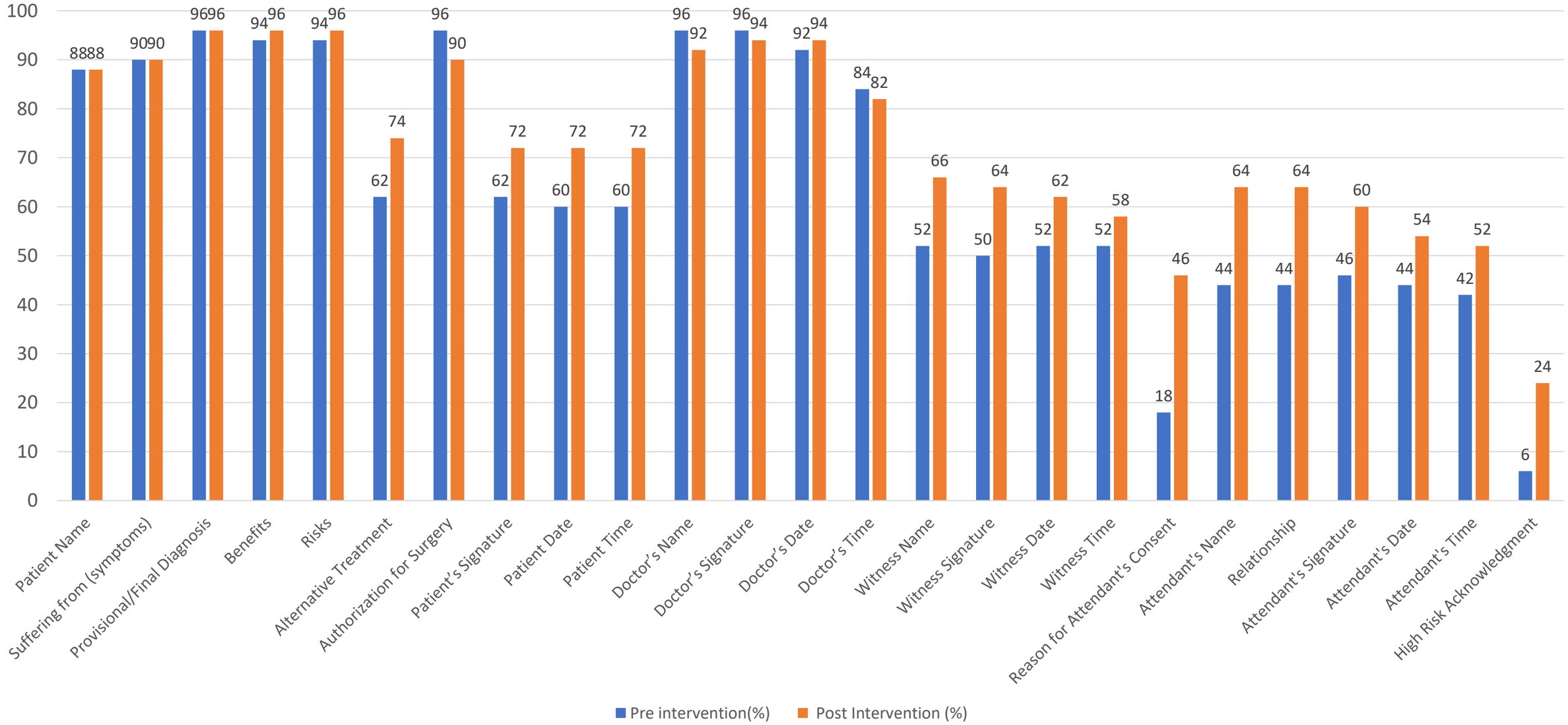
Medical Management Consent Form

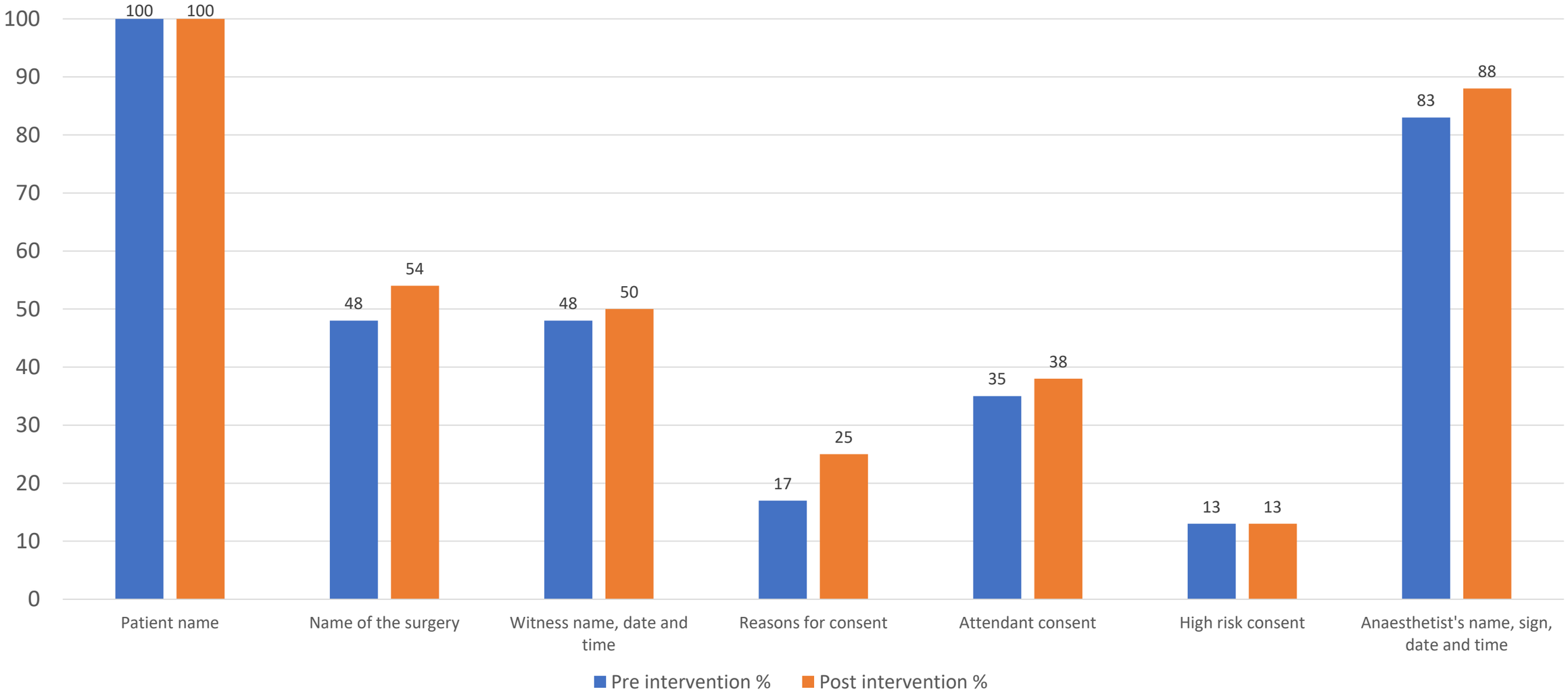
Percentage Change in Compliance in relation to Medical Management Consent Pre and Post intervention



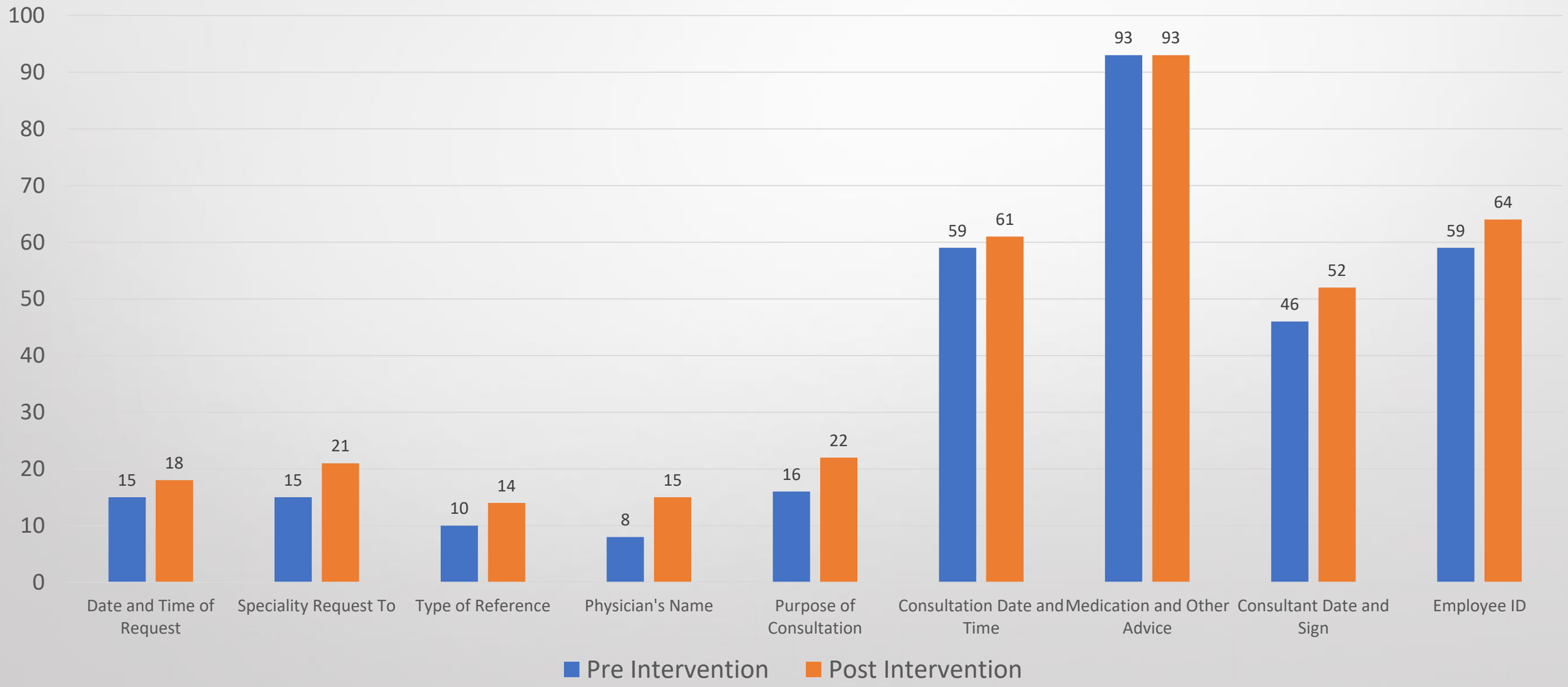
Percentage Change in compliance related to Surgical Consent Form Pre and Post Intervention



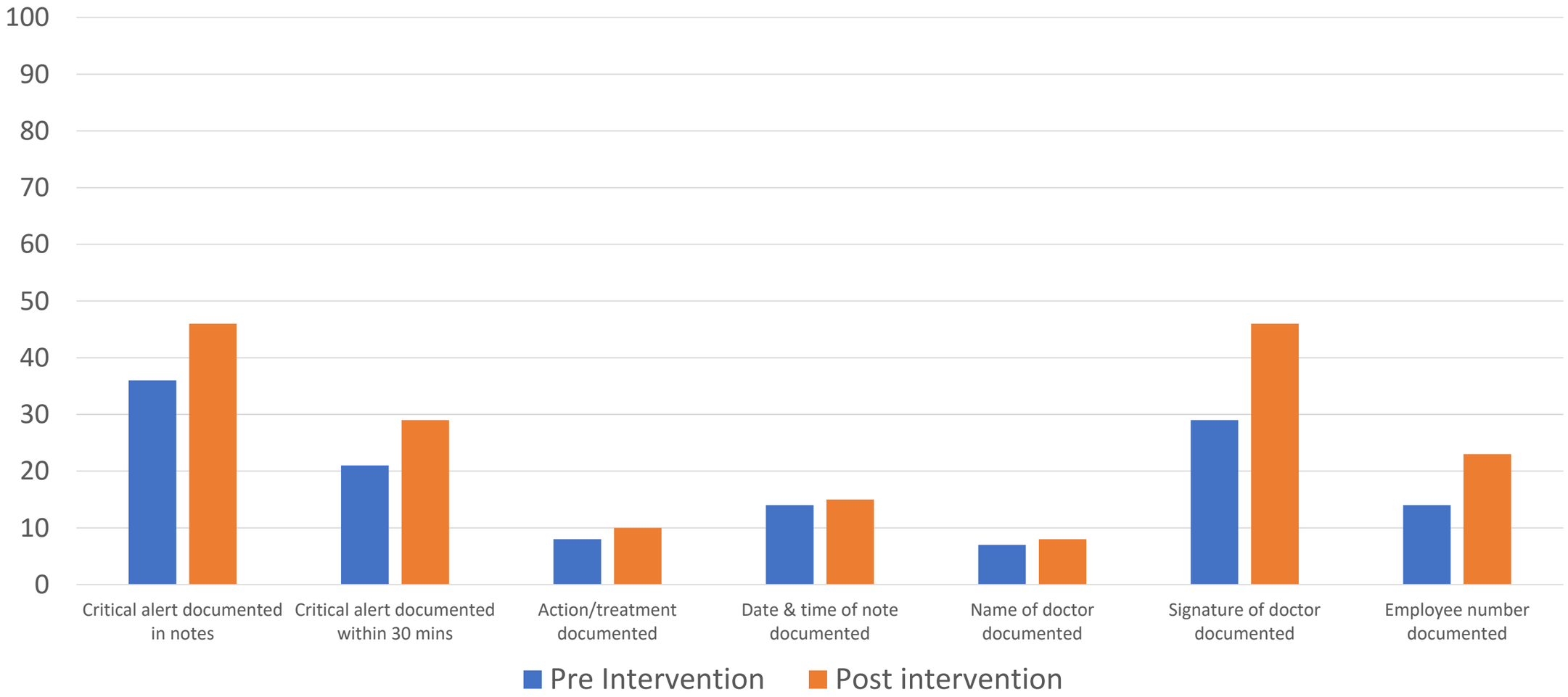
Change in Percentage of Compliance in relation to Anaesthesia Consent Form Pre and Post Intervention



Percentage Change in Compliance related to Cross Consultation Form Pre and Post Intervention



Percentage change in Compliance related to Critical Alert Value Documentation Pre and Post Intervention



Overall Compliance

- The overall Compliance improvement for each document

Documents	Compliance Percentage
Surgical Consent Form	7.8%
Anasthesia Consent Form	4.4%
Cross Reference	9.22%
Medical Management Consent	9.5%
Critical Alert Value	0.4%

CONCLUSION

- Overall, the project successfully met its objectives by identifying documentation gaps, implementing corrective strategies such as staff re-training, real-time audits, and structured feedback loops, and demonstrating measurable improvements in compliance rates
- The Overall compliance improvement Observed were summarized as 7.8% for surgical consent form, 4.4% for Anasthesia Consent for, 9.22% for Cross reference consent.
- The findings support the continuation of regular audit cycles and the integration of documentation compliance as a key performance indicator in clinical governance frameworks.

THANK YOU