Enhancing Inpatient Safety: Analysis of Clinical Record and Nursing Care

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DESCRIPTION OF ORGANIZATION

Established in 2024, Fortis Hospital, Manesar is a modern, multi-specialty hospital focused on delivering high-quality, patient-centered care.
Key Features:

- 350 beds (including 95 ICU beds)
- 9 advanced operation theatres
- 2 Cath Labs for heart procedures
- Specialized units: Neuro ICU, NICU (for newborns), and Dialysis

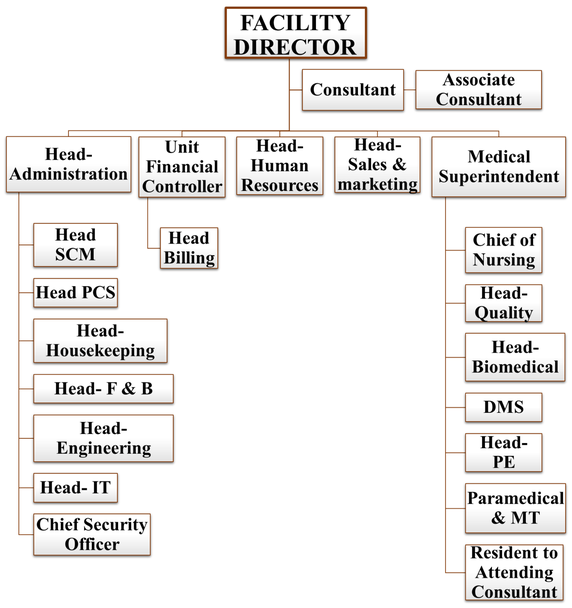
VISION

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

MISSION

To be a globally respected healthcare organization known for Clinical excellence and Distinctive Patient Care

ORGANIZATION STRUCTURE



SWOT ANALYSIS

STRENGTH

- Strong focus on patient documentation and SOP-based care
- Use of EMR systems for documentation and tracking
- Active efforts in quality assurance and documentation auditing
- Multidisciplinary learning and collaboration across departments

WEAKNESSES

- Non-compliance with SOPs (e.g., delayed initial assessments by physicians and nurses)
- Staff shortage, especially GDA staff, affecting patient flow and care quality
- Documentation errors (e.g., incorrect or missing signatures, incomplete transfer forms)
- Poor communication and coordination among staff

SWOT

OPPORTUNITIES

- Implement real-time EMR alerts/reminders for pending assessments and VTE form
- Conduct structured training programs for nurses, GDAs, and physicians
- Introduce motivation programs to enhance employee engagement
- Introduce recognition and motivation programs to enhance employee engagement

THREATS

- Continued non-compliance could affect patient safety and accreditation standards
- Low employee satisfaction and poor motivation may result in higher staff turnover
- Delays in patient treatment due to incomplete documentation
- Poor interdepartmental coordination can increase patient risk and reduce overall experience

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

- Theoretical learning presents an ideal setup, but real hospital settings revealed practical challenges like delays, gaps, and staff-related issues.
- Theoretical concepts are well-organized, but actual hospital operations are influenced by human behavior and limited resources.

METHODOLOGY AND DATA COLLECTION

❑**Nature of Data**:

- Primary data was collected of 204 IPD patients by tracking new admissions from their arrival on the floor till they received their first medication.
- Audited active files which included new admissions and ICU to ward transfers for incomplete consents.

❑**Study Design:** Observational, Descriptive and Cross-sectional study
❑Only new admissions between 9 am to 6 pm are considered for study.
❑**Duration**:60 days

OBJECTIVE

- To track patient journey from floor arrival to administration of first medication
- To assess clinical record of patient files for completeness

WORKFLOW PROCESS

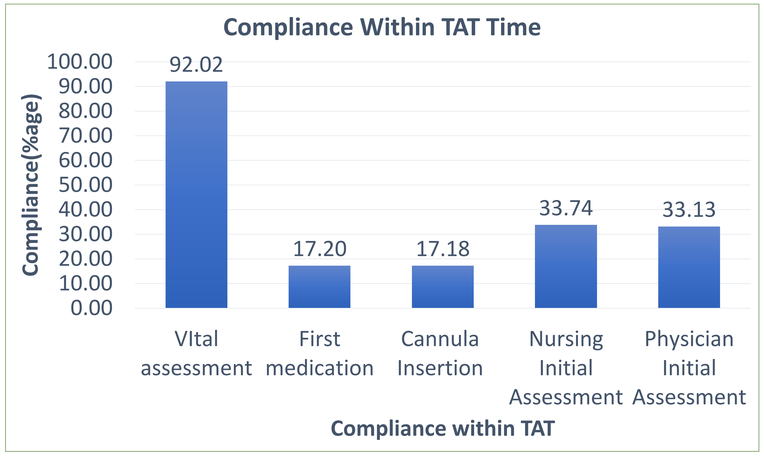
Patient Admission
↓
Reception at Nursing Counter
↓
Initial Nursing Assessment
↓
Initial Physician Assessment
↓
Cannula Insertion
↓
Medication Indent And Dispensing
↓
First Medication Administration

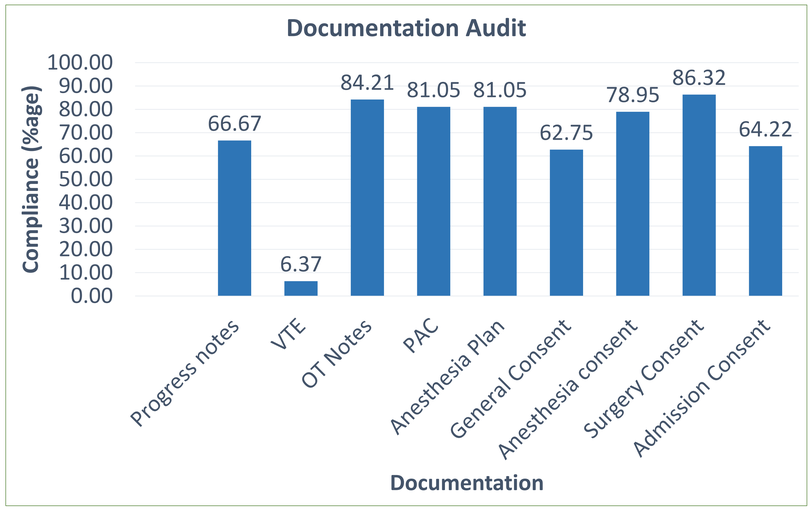
DATA ANALYSIS

- 204 IPD patients are taken for study, the patient's initial nursing assessment, initial physician assessment, vital assessment, cannula insertion, medication indent and administration are observed.
- The new admissions were compared with standard TAT time i.e., 30 minutes for receiving first medication. Those exceeding 30 minutes are considered non-compliant.
- Patient files having incomplete clinical records are considered as non-compliant with organization's SOPs and guidelines.

SUGGESTIONS

- Use EMR-based alerts or reminders for pending initial assessments.
- Nurse patient ratio must be followed.
- GDA staff should be given proper training.
- The VTE Risk Assessment form should be included at the time of admission.





CHALLENGES FACED DURING INTERNSHIP

- Lack of Cooperation from Nursing Staff
- Limited Responsiveness from Physicians
- Repeated Errors by GDA Staff

KEY LEARNINGS

- Gained hands-on experience in auditing files, verifying consent forms, and tracking medication timelines.
- Learned how delays in assessment and medication can impact patient care quality.
- Saw how SOPs guide hospital operations, but are not always followed in practice.
- Identified gaps like poor coordination, staff shortages, and incomplete documentation.