

ABOUT FORTIS ESCORT HOSPITAL, JAIPUR

Fortis Hospital Jaipur is a 275-bed NABH-accredited multi-specialty hospital in Rajasthan, offering advanced medical care across specialties like cardiology, neurology, oncology, and critical care. Known for its patient-centric approach and clinical excellence, it combines modern technology with compassionate care.

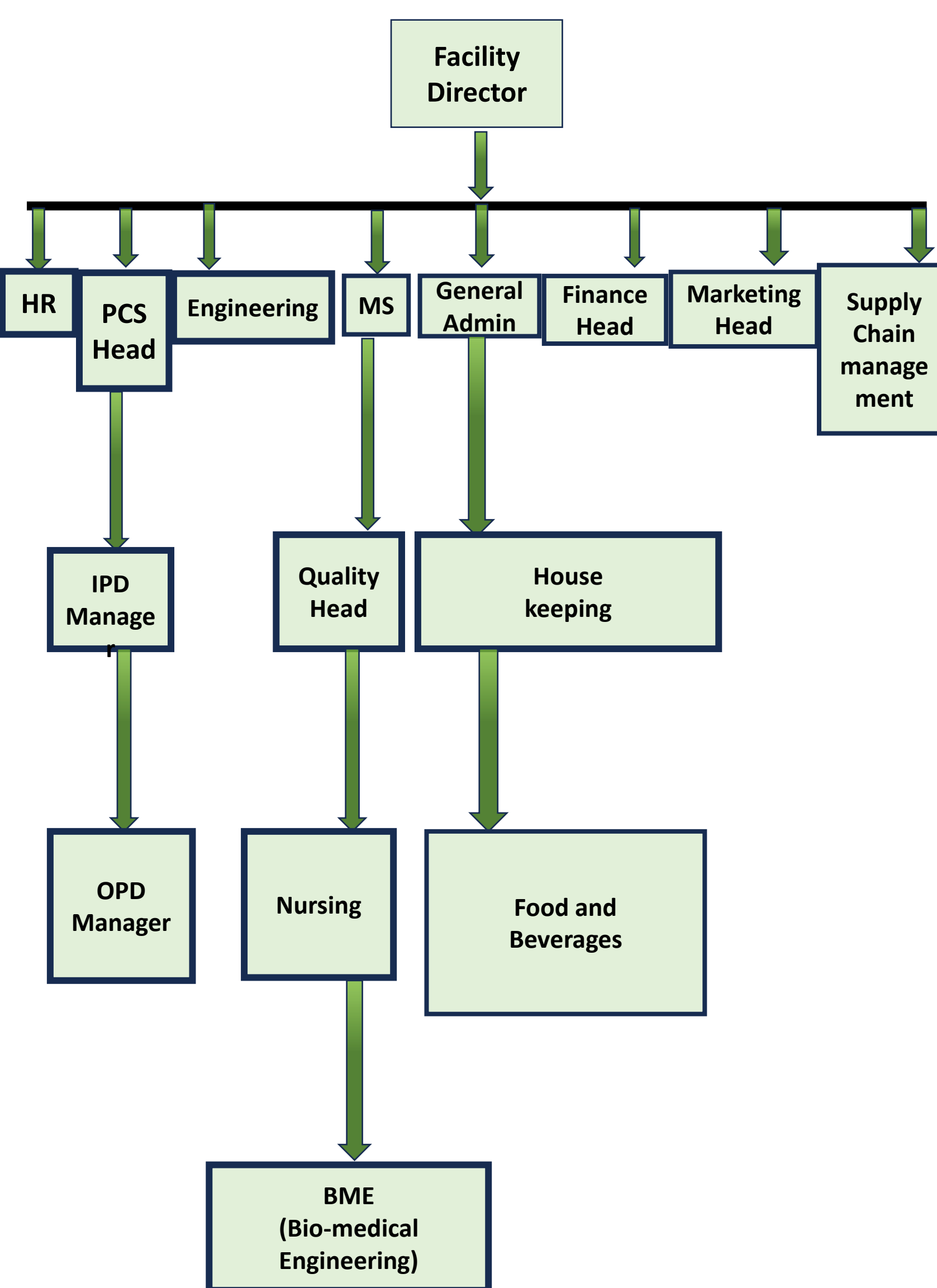
VISION

- To become globally respected healthcare organization known for clinical excellence and distinctive patient care.

MISSION

- Saving and enriching lives

ORGANISATION STRUCTURE



FACULTY MEMBER



ABOUT THE PROJECT

AIM:

To conduct a NABH aligned live file audit of 100 inpatient records, verify accreditation standards compliance, fill in any gaps, and ensure documentation completeness

OBJECTIVE:

- Real time-gap detection.
- On going quality improvement support.
- Team Accountability.
- Lowering the risk of associated with medico-legal documentation

METHODOLOGY:

- Study design- Consecutive Sampling
- Sample Size- 100
- Inclusion Criteria- Active inpatient file only.
- Exclusion Criteria- Discharged Patient File.
- Data Collection Method- Prospective Clinical Audit of live inpatient records.
- Tool Used- NABH- aligned audit checklist.

STRUCTURE-PROCESS-OUTCOME FRAMEWORK

- STRUCTURE:** Fortis Jaipur, 4th and 5th floors audit team, NABH-aligned checklist.
- PROCESS:** Live audit of 100 files, checklist scoring, gap identification.
- OUTCOME:** % Compliance per form , medico-legal risk reduction.

SWOT ANALYSIS

STRENGTH

- The NABH complaint auditing tool
- Using real-time AI to ensure accuracy
- Integrated feedback loop for employees

WEAKNESSES

- The amount of manual labor
- Possible incomplete files or data mistake
- Variability in Record Quality

OPPORTUNITIES

- Electronic instruments and format
- Cooperation among institution (CQI)
- Publication and benchmarking on possible.

THREATS

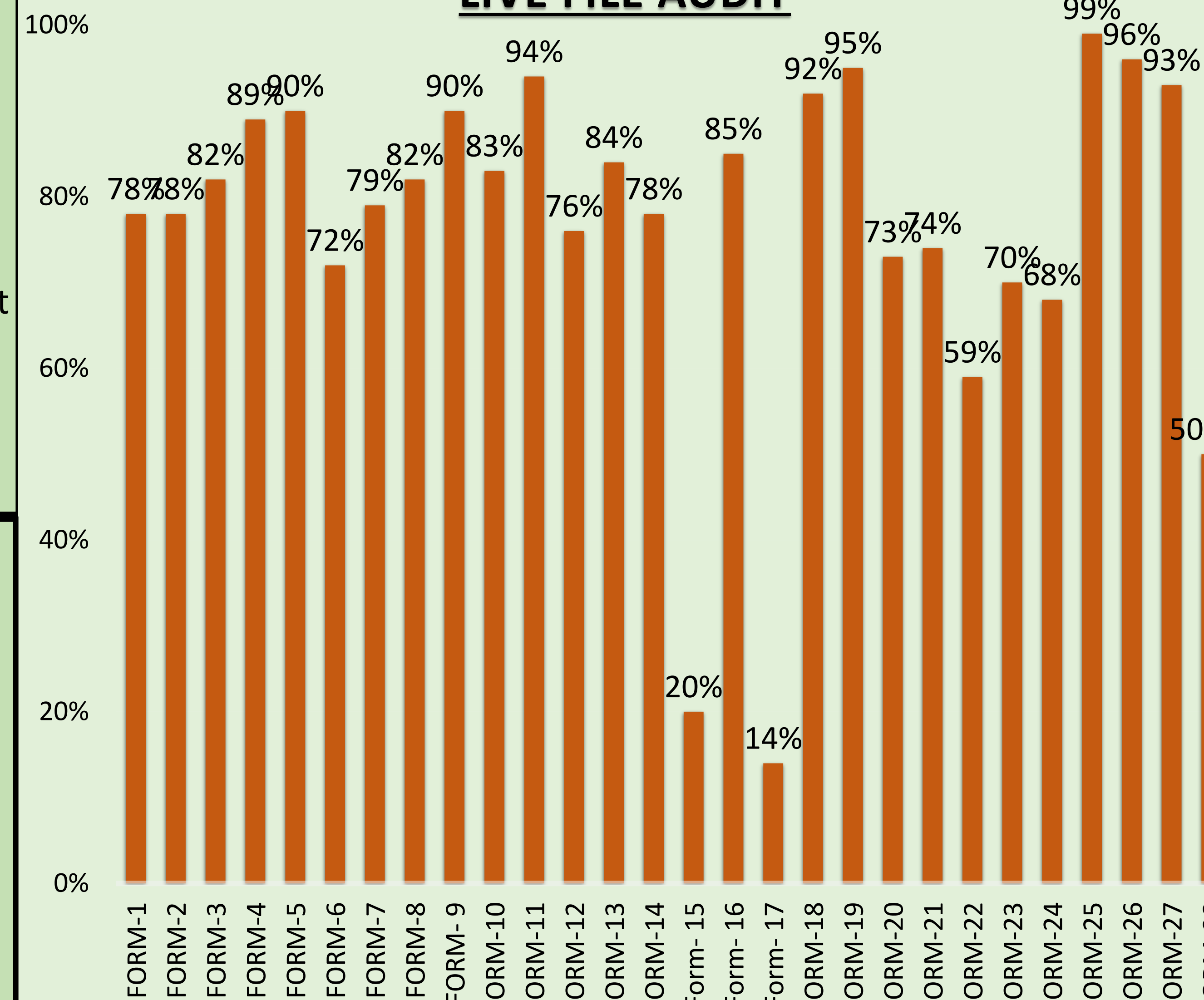
- Employee opposition for NABH
- Standard charges for NABH
- Postponed accreditation due to legal pressure.

GAP ANALYSIS

DOCUMENTATION COMPLIANCE

- NABH requires at least 90% completeness but found only 60% completeness
- Major gaps in forms 22 & 28 (40% below target)
- Minor gaps in form scoring 72-89% (example- Form 6,7,16,20 etc)

LIVE FILE AUDIT



- FORM 1 – Prescription
- FORM 2 – Admission
- FORM 3 – Triage Doctor Assessment
- FORM 4 - Doctor Initial Assessment
- FORM 5 – Treatment Sheet (Hand- Written)
- FORM 6 – Process Note
- FORM 7 – Pre-Operative Anesthesia
- FORM 8 – Anesthesia Record
- FORM 9 – Surgical Safety Checklist as per WHO
- FORM 10 – OT Notes
- FORM 11 – Consent Form
- FORM 12 – Triage Nursing Assessment
- FORM 13 – Nursing Admission Assesment
- FORM 14 – Daily Nusing Assesment
- FORM 15 – Growth & Development Chart
- FORM 16 – In-House Transfer Form
- FORM 17- Home Medication Declaration Form
- FORM 18 – Patient & Family Education Form
- FORM 19 – Dept. of critical care relative communication
- FORM 20 – Blood Transfusion Monitoring Form
- Blood Transfusion Consent- Name and Quantity of component
- FORM 22 – Restrain Consent
- FORM 23 – Cath lab procedure notes
- FORM 24 – Bundle of care checklist
- FORM 25 – Nutrition assessment is done within 24 hours of admission
- FORM 26 – Physiotherapy assessment is performed by physiotherapist where applicable
- FORM 27 – Physiotherapy care pathway
- FORM 28 – Discharge Summary

CHALLENGES FACED

- Extensive manual review
- Verifying quality of documentation
- A feedback loop that is delayed
- Staff resistance and engagement

USEFULNESS OF THE INTERNSHIP

- A practical introduction to clinical audits
- Gaining proficiency in data collecting and analysis
- A deeper comprehension of accreditation requirement
- Growth on both a professional and interpersonal level
- Long- term effect and preparedness for job

SUGGESTION

- Promote timely Point-of-care Documentation
- Introduce peer review and feedback mechanism
- Strengthen Staff Competency and Engagement
- Implement Ongoing Training Programs

