IMPLEMENTATION OF STANDARDIZED MORTALITY RATIO IN INTENSIVE CARE UNITS

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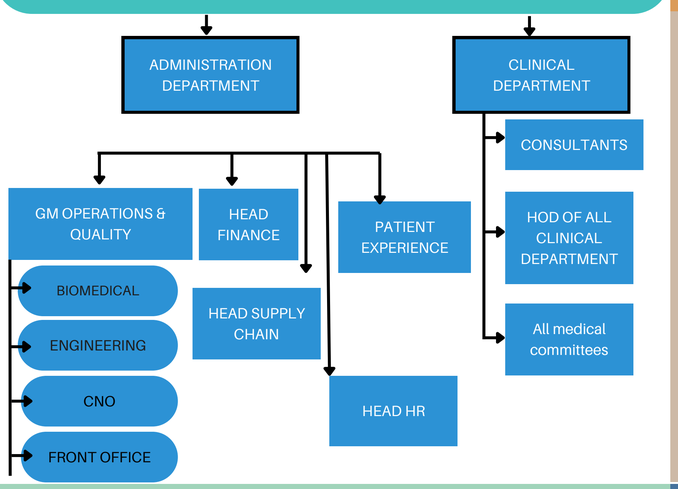
ABOUT THE ORGANISATION

Max Super Speciality Hospital, Mohali (Unit of Hometrail Buildtech Pvt. Ltd.) is a NABH & NABL-accredited, ISO-certified hospital with 217+ beds, including 83 ICU beds and 8 modular OTs. It offers expert care in Neurosciences, Cardiac Sciences, Cancer, Orthopaedics, and more, supported by 80+ doctors and 350+ nurses using advanced medical technology.

QRANISATION STRUCTURE



VISION AND MISSION

VISION -To be the most well regarded healthcare provider in India committed to the highest standards of Clinical Excellence and Patient Care supported by the latest technology and cutting edge research.

MISSION - To serve, to excel

WHAT IS SMR

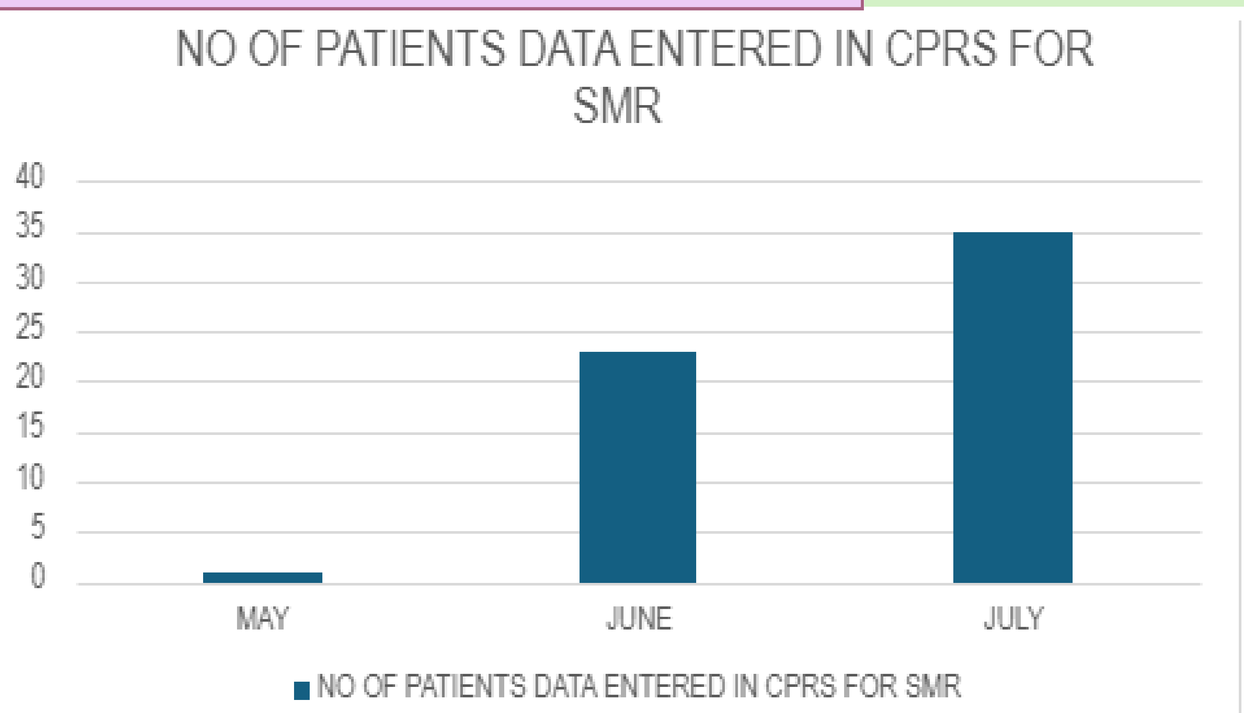
- It is the ratio of actual deaths in ICU to predicated deaths in ICU.
- $\text{SMR} = \frac{\text{ACTUAL DEATHS}}{\text{PREDICTED DEATHS}}$

OBJECTIVES

To implement Standardized Mortality Ratio (SMR) monitoring in the ICU by promoting the use of the existing digital scoring system in CPRS, aligning it with NABH 6th edition quality indicators, and identifying challenges in clinical adoption and documentation.

WHAT ALL WAS DONE FOR IMPLEMENTATION

- DAILY MEETINGS
- DAILY DATA COLLECTION
- ONLINE TRAINING - Via video training
- OFFLINE ONE TO ONE TRANING WITH DOCTORS



Theoretical Knowledge	Practical Learning
SMR as indicator exists	Understood how digital systems like CPRS already have inbuilt scoring tools and the challenges in clinical adoption
Hospital workflow is in coordination	Experienced inter-departmental coordination, especially in implementing quality-related tools
Ideal communication flow	Faced real-time challenges like clinical resistance, time constraints, and staff sensitization

LEARNINGS DURING THE INTERNSHIP

- Exposure to hospital operations
- Practical application of NABH standards
- Learned how documentation gaps can directly affect data tracking and quality metrics

SWOT

S

- NABH & NABL Accredited, ISO Certified
- Advanced Medical Technology
- Expert Team of doctors

W

- Lack of Regular Staff Training
- Resistance from Clinical Staff
- Time-consuming Discharge Process
- Long waiting time in OPD and less no of chairs in waiting area

O

- Scope for Full Digital Transformation
- Medical Tourism Growth

T

- High Operational Costs
- Patient Expectations
- High staff turnover

TOWS

SO

- Leverage NABH/NABL accreditation & tech to push digital transformation
- Promote expert doctors to attract international patients (medical tourism)

ST

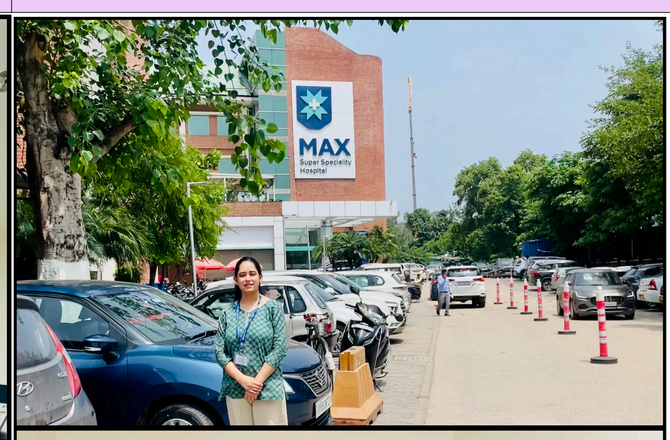
- Showcase certifications & expert team to meet rising patient expectations and enhance trust.
- Use strong brand reputation to attract and retain skilled staff, reducing turnover.

WO

- Implement digital tools to streamline discharge and OPD processes
- Use digital platforms to provide regular staff training

WT

- Introduce staff retention programs & training to reduce turnover
- Improve waiting areas and services to meet patient expectations



CHALLENGES

- SMR software exists (as per NABH requirement) but there is underutilization of software for SMR entry
- Time constraints during busy ICU shifts
- Difficulty in getting predicted mortality
- Lack of integration with routine reporting processes
- Inconsistent form-filling
- Resistance from clinical team – Initially many clinicians were hesitant to adopt SMR tracking viewing it as extra task.

SUGGESTIONS

- Regular staff training.
- More staff is needed
- Need to optimise the consultant schedule so that patient does not sit in OPD waiting .