TITLE: SUGESSIONS FOR PROCESS RE-ENGINEERING OF MEDICAL RECORD DEPARTMENT AT HCC VADODARA

INTRODUCTION OF PROJECT:

- "**Patient forgets but record remembers**"

The project is about the detailed study of Medical Record Department (MRD) at HCG Cancer Centre, Vadodara and suggesting improvements to bridge the gaps in current practices and ensuring consistency in medical records documentation. To give a brief background on MRD ; it is a document that contains the patient's medical history during his hospitalization written by different healthcare professionals like doctors, Nurses, Physiotherapist etc.

- Bridges the gap between medical and non-medical departments.
- Enables continuity of care to the patients without difficulty at appropriate time.

AIM OF STUDY

To give the suggestions for the process re-engineering of existing MRD process in HCG Cancer Centre, Vadodara in order to maintain and store the Medical Records in the most accurate and appropriate way.

OBJECTIVE OF STUDY

- The objective of this research project is to ensure improvement in Medical Records Department (MRD) process at HCG Cancer Centre Vadodara hospital.
- To reduce Noncompliance level of MRD documents

RESEARCH METHODOLOGY:

Study design:- Prospective Observational Study

Study duration:- 3rd April to 2nd June 2017

Study site:- The subject study was conducted at HCG Cancer Centre, Vadodara.

Study Tool:- *Quantitative*

- By checking medical record with the help of Checklist
- By tabulating in excel, graphical studies and observing process flow

Sampling Method: Simple Random Sampling

Sample size: 103 indoor patient's medical record as a sample. Audit and analysis was done with the help of prepared Checklist.

Types of Data:- Mix of both the primary source and secondary source data

Primary Data:

- Self-Observation
- Unstructured interviews of medical record staff.

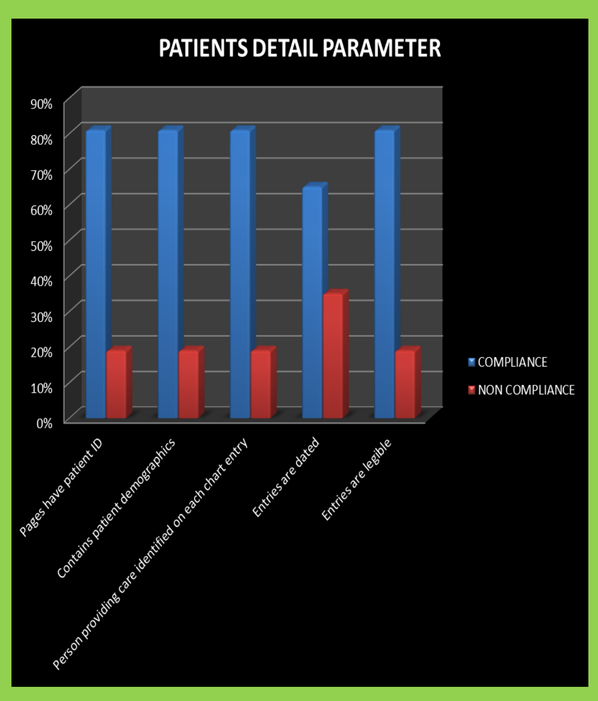
Secondary Data:

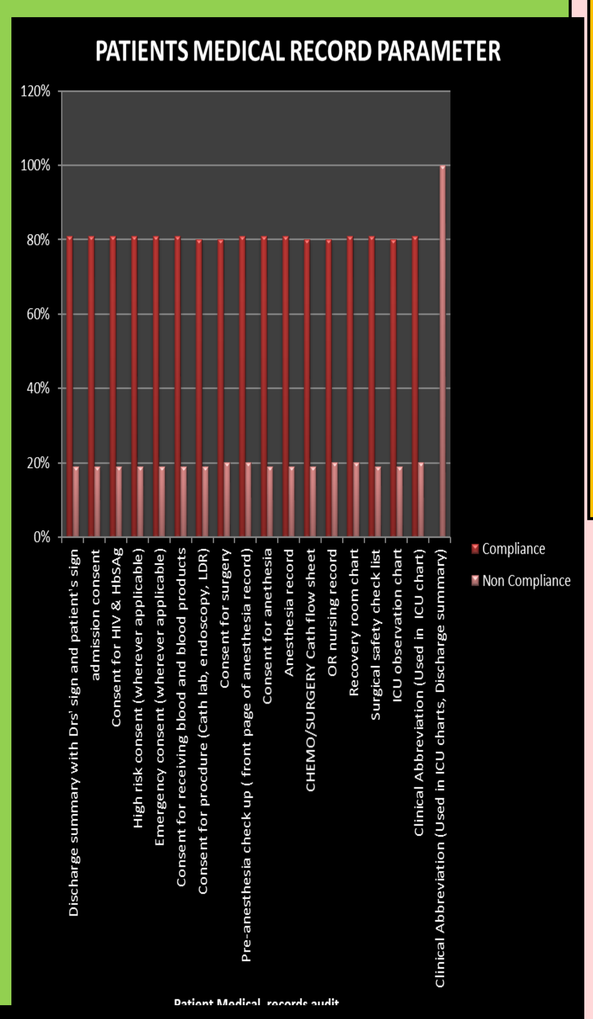
- Retrospective study was used for collection of secondary data.
- It is collected through review of patient records.

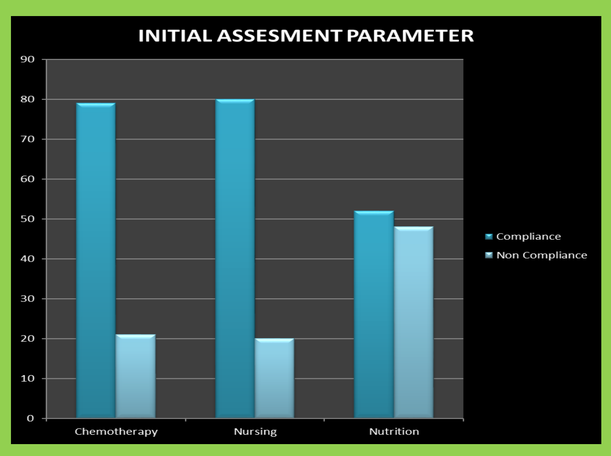
SOURCES OF DATA

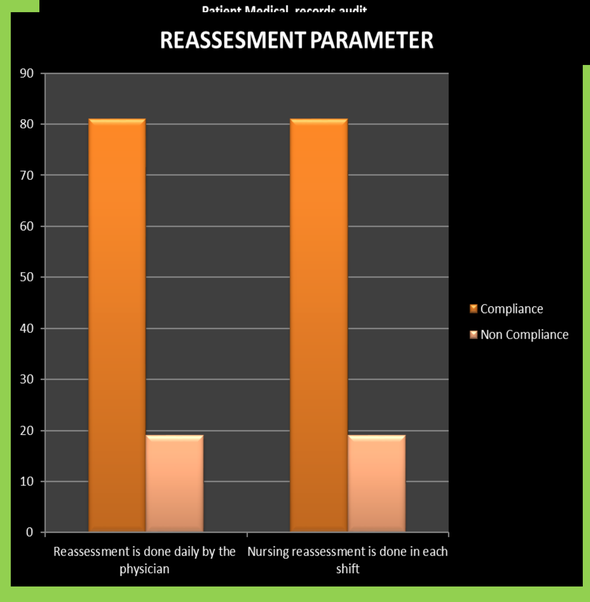
From the Active IP files of patients in hospital

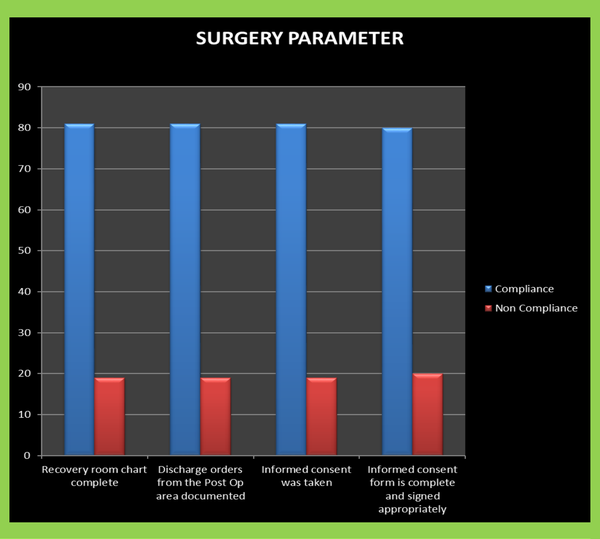
DATA ANALYSIS & FINDINGS

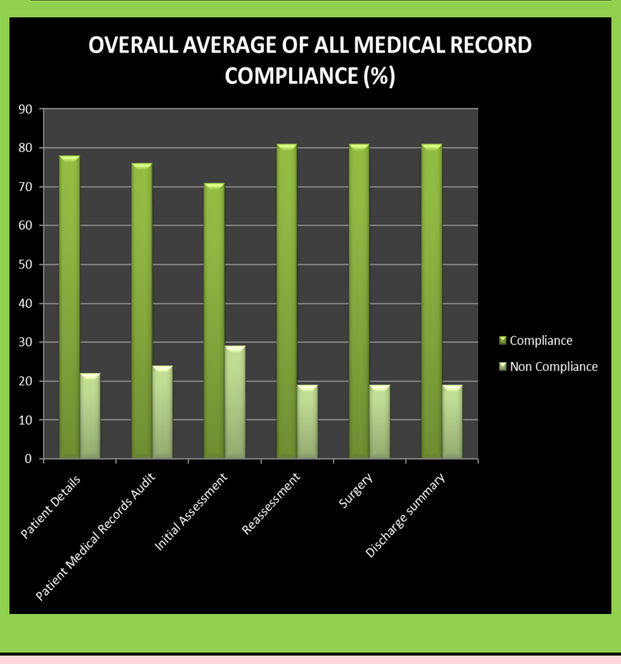


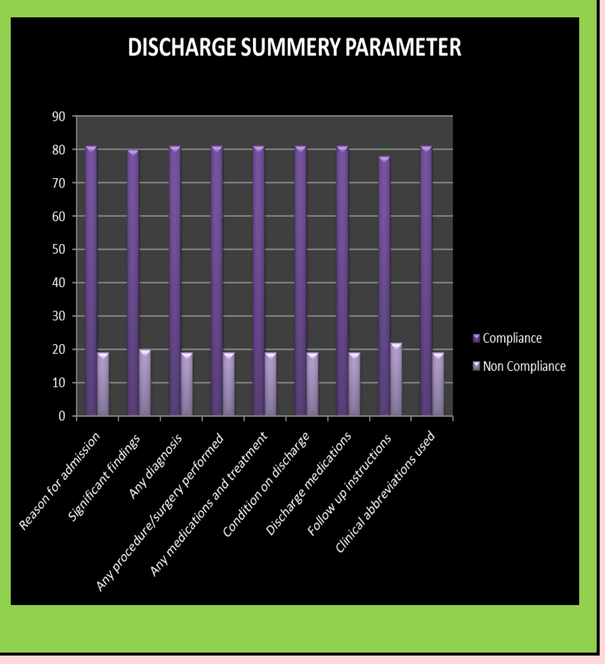












REASONS FOR MEDICAL RECORD ERRORS AT MRD DEPT AT HCC VADODARA

- **Performance deficit**: due to increased workload, high activity, stress environment and rushing.
- **Untrained staff:** Posting of junior untrained medical record executive is another major cause accounting for adverse events.
- **Poor communication between different departments:** between different departments is the cause of medical record errors. Sometimes typing errors are also found to have occurred in medical records like patient details, discharge summary etc.
- **Unclear order:** in maintaining record documentation.
- **Increased workload on medical record executives:** The majority of executives felt overburdened by the amount of work they were assigned.
- **High activity & stress environment, rushing & distraction in work:** Majority of staff and executives mentioned complexity of the patients needs, interruptions, stressful envi-

GAPS AND FINDINGS

- Through the thorough analysis of MRD files and records at HCC, Vadodara, it was found that proper maintenance of medical records is not being done and they are not documented well enough to provide adequate continuity of care.
- **FACILITY DEFICIT:** Requires Fire Extinguishers in MRD
- **IT DEFICIT**: Requires Separate Computer, Scanner &Printer for MRD executive, requires Separate extension for MRD
- **HR DEFICIT**: Lack of staff in MRD & **TRAINING & DEVELOPMENT DEFICIT**
- **QUALITY CONTROL DEFICIT**: Not all documents after printing are verified
- Some files are incomplete in the MRD rack & Incoming/outgoing Registers are not maintained properly. Most medical practitioners at HCC still use paper as the predominant medium for MRs.
- **Lack of proper communication** between different hospitals departments due to lack of knowledge of Job description and responsibilities resulting in frequent distractions causing disorganization, increasing turnaround time and inefficient processing of patient information.
- Attending Consulting notes title is being used of Ahmedabad Centre instead of Vadodara Centre and all other stock of the same also have title as Ahmedabad Centre.
- Difficulty in tracing file due to lack of proper process flow and lack of tracer card, MRD keys are not placed properly. Few OPD files for radiotherapy and few IP files for HPE in particular do not carry patient/relative signature
- **Lack of significance to Archive & Statistics units of MRD**, Lack of proper and complete documentation of the MRs that caused improper coding, Lack of Complete Progress sheet in >50% of the MRs (data safety and data-errors subcategory) , Lack of Pathology form of the MRs (information waste category)
- In some files Discharge Authorization slips do not have Hospital seal.

RECOMMENDATIONS

- It is recommended to mark the racks according to numbers & requirement of more skilled manpower in MRD department at HCC
- Systematic flow for the documents in the files is being advised & ICD Coding is suggested
- Proper policies should be formulated and ensured for compliance & Entry should be restricted to authorized persons & formation of proper Audit team is advised
- To address the Performance deficit, Training of the nurses for proper maintenance of patient records in chronological and systematic format
- There should be tracer card attached/printed at the end of the file every time the file is taken from the medical record department.
- Computerized Physician Order Entry: It involves entering medical record entries directly into a computer system rather than on paper. Thus it calls for Electronic Medical Record Management System (EMR) to be implemented for efficient record keeping and also Lean integration shows how this goal can be achieved incrementally and in a sustainable manner.
- Measures to be taken to decrease work load on staff and executives: Measures to be taken for adequacy of staffing and resources, role overload, staff-physician working relations, job security and co-worker support.
- Motivating staff for effective communication: Between different departments, between staff & executives, between executives & department heads etc. & Avoid using abbreviations, and have legible writings.
- Receiving the MRs from different people should not be allowed; they should prepare a list of the names who are allowed to receive these MRs and inform it to the hospital manager for confirmation
- The doctors' credits should be affected by their documentation on the MRs & The MRD should report their activities as feedback to the attending physicians, the interns and the residents
- The correct and standard methods of documentation should be taught to the interns and residents, when they start their jobs in the hospitals through training

CONCLUSION

From the project report study it can be concluded that the HCG Cancer Centre, Vadodara has succeeded in creating a culture where rendering quality medical record data and documentation is its main strategic goal. The organization has put in its concentrated efforts to Re-engineer the MRD process flow by attention to maintaining efficient patient's medical record data or privacy, and information related to his or her hospital visit and by strictly following and adhering to SOP for the flow of MRD documents and processes for Eg. Reducing the documentation time for IP files in MRD which was earlier taking 3-4 days after

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