

**Summer Training at
Narayana Multispeciality Hospital,
Jaipur**

**Quality on Standardization of Discharge Summaries as per JCI Consideration
and Preparation of Audit Checklist According JCI Chapters ASC & AOP**

**By
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**Under the guidance of
Dr. Arindam Das**

**MBA Hospital and Health Management
2015-2017**



**The IIHMR University, Jaipur
2016**

CERTIFICATE

This is to certify that **Dr Nimish Tomar** student of **MBA in Health and Hospital Management** from the **IIHMR University, Jaipur** has undergone summer training at **Narayana Multispecialty Hospital, Jaipur, Rajasthan** from 5th April to 6th June, 2016.

The candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish him all success in future endeavours.



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NHHRD-Off/2015/297

Date: 6th June 2016

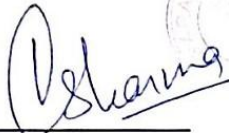
TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Nimish Tomar** has completed his summer internship training in Quality on "Standardization of discharge summaries as per JCI consideration and Preparation of audit checklist according JCI chapters ASC & AOP " Successfully in Narayana Multispecialty Hospital, Jaipur from 5th April 2016 to 6th June 2016.

His work during the Period was commendable and appreciable. His character and conduct was good.

We wish him success in his future endeavors.

For Narayana Multispecialty Hospital, Jaipur



Vishnupriya Sharma
Deputy General Manager-Human Resources



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- Consultant E N T
 - Dr Sanjay Agarwal
- Consultant Paediatric Medicine
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 - Dr Rajesh Pathak
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Quality on Standardization of Discharge Summaries as per JCI Consideration

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Acronyms / Abbreviations

- H . L. M. – Heart Lung Machine
- M . R .D. – Medical Records Department
- A .N .C. – Antenatal Clinic
- C .T .V .S. – Cardiothoracic and Vascular Surgery
- N .I .C .U. – Neonatal Intensive-Care Unit
- P .I .C .U. – Paediatric Intensive Care Unit
- I .T .U. - Intensive Therapy Unit
- I .P .D - In-patient Department
- C .C .U - Coronary Care Unit
- M .I .C .U. - Medical Intensive Care Unit
- J C I – Joint Commission International
- I .P . Services – In Patient Services
- P & SCM – purchase and supply chain management
- ICU - Intensive Care Unit
- PFT – Pulmonary Function Test
- H . L. M blood purifier - heart lung machine
- M .R .D. – Medical Record Department

Main Text

- **Observational Learning:**
- **Section (i) Introduction : Rationale, Research Question and Specific Objectives**

Hospital Profile – Narayana Multispeciality Hospital, Jaipur is a multispecialty tertiary care hospital offering high quality affordable medical care to the people of Rajasthan and bordering states. It is the first hospital in Rajasthan to get Joint Commission International (JCI) Accreditation for meeting the international Benchmarks in Healthcare.

Narayana Health formerly known as Narayana Hrudayalaya, is a multi-speciality hospital chain in India, headquartered in the city of Bengaluru.

Narayana Health is also a renowned centre for telemedicine; the services rendered are free of cost. It is known as a low cost and high quality Indian healthcare service provider.

Since then it has expanded its presence to 23 hospitals in 14 cities.

Narayana Health was founded in 2001 by Dr. Devi Shetty under the aegis of the Asian Heart Foundation (AHF).

Key specialties offered are -:

Cardiology & Cardiac Surgery,

Orthopaedics,

Neurology

and Renal Sciences.

Vision & Values -: Narayana Health's vision is “ To provide high quality health care, with care and compassion, at an affordable cost on a large scale. The core values of the organization are represented by the acronym iCare.

I – Innovation and efficiency: To continuously reduce the cost of delivery of healthcare and improve reach.

C – Compassionate Care: To provide accessible care that makes a difference to our patients.

A – Accountability: To honour our commitments with integrity and transparency to our patients, employees and investors.

R – Respect for all: To recognize the contribution of every employee and respect the rights and the dignity of every patient and employee.

E – Excellence as a Culture: To create a culture of ensuring the highest quality of consistent and reliable services to our patients and sustainable value for our stakeholders.

Mission Statement: - Dream at Narayana Hrudalaya is “A Dream Of Making Quality Health Care Available To The Masses World-wide”.

To make the dream a reality we commit ourselves to :-

- Being a tertiary care referral centre for complex medical and surgical problems.
- Developing a health City Model, to be replicated nationally and internationally.
- Excelling as an Education, Training and Research Centre in Medical, Paramedical & Allied Specialities.

Innovations of Narayana Health :- Improvements in quality of clinical outcomes since clinicians are exposed to a variety of medical conditions

Reduced cost per surgery by using shared resources like Laboratory, Radiology, Infection, and Quality Control Teams, Administrative Overheads ideal for resident doctors, clinicians to receive onsite training which helps in reducing salary costs and build succession plans.

Leadership : - Dr. Devi Shetty, Chairman in 2001, Dr. Devi Prasad Shetty, Chairman, Narayana Health stepped in to make a difference to the Indian Healthcare and he put into place a dream hospital project called Narayana Hrudalaya.

He has leveraged economies of scale to provide affordable healthcare.

He believes that the cost of healthcare can be reduced by 50 percent in the next 5 – 10 years if hospitals adopt the idea of economies of scale.

Dr. Shetty focused on the fact that 70% of India’s population lives in villages but 70 % of the country’s doctors lives in cities. He therefore persuaded the Indian

Space Research Organization in Bangalore to provide satellite connections that allowed NH to establish a telemedicine network between city hospitals and villages.

Conclusion :-

Narayana health aims to treat middle class and rural patients at low cost and provides good services.

In spite of providing good services at comparatively low profits, the hospital earns high revenues due to reasonable pricing structure and effective and efficient utilization of resource.

Objectives Of The Observational Learning –

To understand the workflow of the following Departments as part of the Intern Orientation Program Schedule which are as: -

- Hospital Services
- Quality
- M. R .D.
- Nursing
- Dialysis
- P & SCM
- Cathlab
- O.P .D
- O.T.
- I .P. Services

Research Questions:-

- What is the normal flow chart of a Department?
- What are the requirements in a department?
- Where are various department Located?
- How is the requirement in a department calculated?
- How is the hygiene maintained in department?
- How is the waste discarded?

Section – (ii) Mode Of Data Collection (Research Methodology) :-

Location – Narayana Multispeciality Hospital, Jaipur

Duration – 2 months (April 1 to May 31st, 2016)

Study Type – Analytical Studies

Study Areas -

O .P .D.	Hospital Services
Cathlab	O .T.
I .P . Services	Quality
M. R .D	Nursing
Dialysis	P & SCM

Sample Size : 10 Department In charges

Primary Data -

Sources Of Data: Interpersonal Interviews of ten Department In charges and Observation of Processes carried out over the study period.

Focused Group Discussion –

A good amount of Quality data was collected with Group Discussion with Departmental In charges and supporting staff.

Secondary Data –

Internet Searches, Literatures Review.

Data Collection Tools & Techniques –

Questionnaires

Section – (iii) General Findings On Learning :-

Floor wise facility distribution –

- **Second Floor** - C .T .V .S. Ward (Male & Female)
 - Neurosurgery Ward
 - Orthopedic Ward
 - Biomedical Department
 - Private Room 201 – 218
 - O .T. 07 - 09
- **First Floor** - A .N .C. Ward
 - Labor Room
 - Pediatrics Ward
 - Library
 - N .I .C .U.
 - P .I .C .U.
 - Semi Private Room 101 - 118
 - Female Surgical & Medical General Ward
 - O .T. 1 - 5
 - I .T .U.
- **Ground Floor** - O .P. D. 001 - 034
 - Pharmacy
 - I .P .D.
 - Billing
 - Blood Bank
 - Laboratory
 - Sample Collection
 - Cath Lab
 - C .C .U
 - M .I .C .U
 - Procedure Room
 - Sonography
 - Admission Office

- T .P .A. / Corporate Desk
- E .C .G.
- ECHO
- T .M .T.
- Guest Lounge
- Administration
- M .R .D. – Medical Record Department
- Training Room 1 - 3
- **Lower Ground Floor** – Dialysis
 - Physiotherapy
 - O .P .D. – 036 – 040
 - P .F .T.
 - Endoscopy
 - Bronchoscopy
 - Food Court
 - Male Surgical & Medical Ward
 - Emergency
 - X – Ray
 - CT – Scan
 - M . R. I.
 - Mammography
 - Academic Hall
 - Store – Purchase
 - Mortuary

I **O.T.** -: There are:-

- a) Five O. T's on the first floor
- b) Three O. T's on the second floor
in the Hospital.

- The types of O.T. are :- 3 Cardiac

- 2 General
- 1 Joint
- 1 Laparoscopic

- There are: - Pre – op bed areas
Post – op bed areas

- Manpower Hierarchy is as follows :-
 - Nursing staff – 52
 - OT Technicians – 20
 - Anaesthetist – 18-20
 - OT Manager – 1
 - Chief HOD – 1
 - Daily/ Weekly – 480/500/month

- There are 2 Types of lifts in the O. T area especially dedicated for the supply of materials to and from C .S .S .D. which areas follows:-

- Sterile Lift - For transport of sterile Instruments
- Non Sterile Lift – For transport on non sterile or used materials after operations.
 - This helps in controlling infection spread.
- In small Operations 3 – 4 Staff Nurses are involved.
- In Bigger Surgeries 6 – 7 Staff Nurses are involved.
- One O. T Technician is also involved to carry on the smooth functioning of the Operations.
- Two types of Nurses are also involved in the Operations.

which are: - i) Floor Nurse

ii) Scrub Nurse.

- Temperature of Operation Theatre maintained is 19 – 23

degrees Celsius

- Positive Pressure of the Room is maintained which is 25 – 45 mm
- Tubing used in O T are of three types which are as follows:-
 - Blue for Nitrous Oxide
 - Yellow for Vacuum
 - White for Oxygen
 - and Green for Air.
- There is a single O T table in single O T room.
- The size of O T room is 20 *20.
- Ventilator and Anaesthesia are delivered to patient by a single Unit which is Detex Ohmeda by G E company.
- Earlier Boyles machine was used for the purpose which is a hand machine.
- ECG, Pulse, B. P., Temperature, Respiration, CO₂, O₂, NO gas.
- The fresh air in to O. T is delivered by Laminar Flow through HEPA Filters located on the ceiling.
- The exhaust is located just above the floor in the form of grills which are small sized.
- There is a H. L. M., these acts as blood purifier.
- There is Activated Clotting Machine.
- There is a pendant which is suspended from ceiling containing the following :-
 - Blue for Nitrous Oxide
 - Yellow for Vacuum
 - White for Oxygen
 - and Green for Air.
- There is a T. C. M. Temperature Control Machine inside the O. T.
- There is a Store located in the O. T. for the supplies required during operation.
- It consists of following -

1. Betadine
2. Hand Wash
3. Mask
4. Bed Sheets
5. Biopsy Containers – S – Small

M – Medium

L – Large

6. Sharp Containers
7. Sanitizers

- The Protocol which is followed in O. T. is as follows for the patient going in for surgery are as follows:-
 - Finance
 - Serology
 - PAC – Pre Anaesthetic Care
 - Consent
- There are specific areas for Light Switches and Cylinders for Oxygen Supply.
 - The most crucial aspect for O T is i) Temperature
 - ii) Humidity
 - iii) Positive Pressure
 - Sterlization of O T is done on Saturday and Sunday which includes Deep Cleaning, Fumigation and Lab Culture.
 - In Positive cases Fumigation and Deep Cleaning is done till thoroughly cleaned.

II) I.P . Services – It consists of

- I C U,

- ANC
- NICU
- PICU
- General Wards - It consists of Male-
- Female-
- CTVS
- Semi Private-
- Private-
- Ortho -
- Neuro –

On Lower Ground Floor there are :-

- Male I – 19 patients
- Male II – 16 patients
- Emergency –
 - 10 beds
 - 9Triage
 - 1Isolation

On Ground Floor –

- CCV is 18 beds.

On First Floor –

- Semi Private - 32 beds (Twin Sharing)
 - 4 beds (Day Care)
- ANC – 8 beds
- Paediatric – 5 beds
- PICU – 5 beds
- NICU- 6 beds
- Female General Ward – 36 beds
 - Medical – 18 beds
 - Surgical – 18 beds

On First Floor –

- ITU

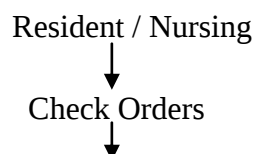
On Second Floor –

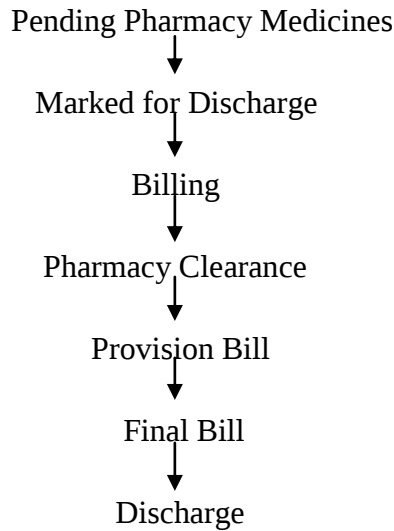
- Surgical ICU
- CTVS – 23 beds
- Ortho – 5 beds
- Neuro – 5 beds
 - Private – 18 beds
 - MICU – 20 beds
- There is a Nursing Station – It consists of
 - Crash Cart,
 - Cardiac Monitor,
 - ECG
 - BP
 - Computer,
 - Printer,
 - Records

• The Manpower is as follows:-

- Nursing
- Resident Doctors
- House Keeping
- Dietician
- Pharmacist
- Data Entry Operator

Discharge Process – It is as follows:-

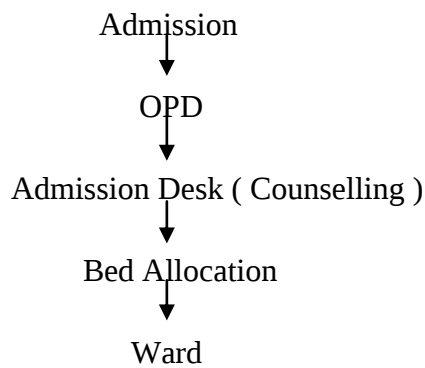




- **The daily audit takes place in case I P Services.**

- It consists of :-
 - a) Monitoring
 - b) Check listing
 - c) Discharge Process
 - d) Bed Booking Process
 - e) Admission
 - f) Financial Counselling Process

- **The flow process is as follows : -**



- The patients for admission are requested to bring their toiletries example soap, toothpaste, brush, shampoo, shaving kit, moisturizer oil and bathroom slippers.
- Inpatient charges does not include food for the patients attendant.
- Outside food is not allowed in indoor patient area.

- Cooking is not allowed in the rooms.
- Rooms have to be vacated on the day of surgery or during stay in ITU or CCU or MICU or NICU or Critical Care Areas.
- Washing and drying of clothes are not allowed in the rooms or wards.
- Visiting hours for a) General Ward is 11 am – 12 pm

5 pm – 7 pm

b) CCU/ MICU is 5 pm – 6 pm

- Meeting patient in ITU is not allowed. Patient can be seen from 5.00 pm – 6.00 pm through camera.
- Discharge process requires 3 – 4 hours.

III) Nursing – The nursing forms the core of the work flow process in Wards.

The Medicines administered, Patient orientation, Attending to Patients needs are all taken care by nursing staff.

The workflow process of General Ward includes the following:-

- Patient Height/ Weight is measured.
- Counselling is done by Duty Doctor.
- Notes of the patient is taken by Duty Doctor.
- Patient is oriented for information about washrooms, Calls and Attendees.
- On the basis of Doctors Investigations are carried out which are

i) Blood Samples

ii) Medicines (Pharmacy)

iii) X Ray

iv) Vitals like B.P.

Pulse,

Respiration,

Pain

Oxygen Level Saturation

- O T counselling is done where the patient is advised to be on empty stomach.
- Anaesthetic order is given by doctor which is administered by Anesthetist.
- Treatment in form of medicines is given by Doctor whose duration is 2 Hourly, 15 Hourly. Cross Check is done by Staff.
- Dietary information regarding the patient is taken and is provided by diet which is dependent upon parameters like :-
 - Hypertension/ Decreased Salt
 - Diabetes
 - Increased Protein Diet
 - Normal Diet

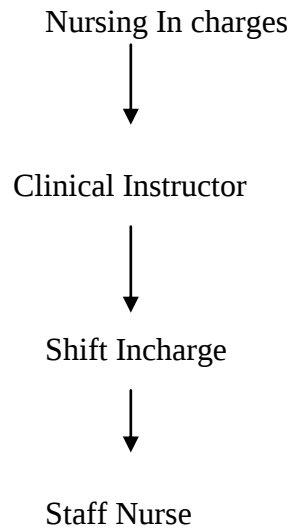
Nursing Hierarchy

Deputy Nursing Superintendent



Deputy Nursing Supervisor





IV) Quality –

- It refers to the patients expectations.
- It refers to What - Right thing doing
 - Whom - To right person (patient)
 - When - At right time
 - With proper documentation and in safe environment.
- It is basically centred around Patient and Management.
 - There are generally 16 Audit Points.
- Assessment of patient is based on the following:-
 - Surgical Services
 - Verbal Orders
 - Medication Policy
 - Abbreviations
 - Dating Legibility
 - Patient and Family Education
- The Hospital is Accredited by the following:-
 - J . C. I. which is having 8 Chapters.
 - N A B H which is having 10 Chapters.
 - Health Care Quality is new term introduced in Health Care Services Delivery.
 1. J C I is a U S based Not For Profit Organization.
 2. It deals with Patients Rights and Treatment and Infection Control.

3. It is a good process to prevent mistakes.

- **Quality refers to the following: -**

- Medication
- Administration
- Right Patient
- Right Medicine
- Right Surgery
- Right Time
- Right People
- Right Documentation
- Safe Environment

According to J C I manual : -

- Patient Centred refers to – Patient Family Education
 - Medication Management Use
 - Anaesthetic Surgical Care
 - Care Of Patient
 - Assessment of Patient
 - Management Centred refers to –
 - Quality Improvement and Patient Safety
 - Prevention for Control of Infection
 - Governance Leadership and Direction
 - Facility Management & Safety
 - Staff Quality Management
 - Management Of Information
- HAZMAT refers to Hazardous Material Management
- MSDS refers to Material Safety Data Sheet.
- **Facility Management refers to the following :-**
 - Safety Rounds
 - Safety Committee
 - Safety Manual
 - Disaster Plan
 - Mock Drill – External and Internal

- Policy for Hazardous Material

- **Patient Education Refers to: -**
 - Education Needs of Patients,
 - Removing Barriers to Education,
 - Understanding and Records.
 - Education provided refer to giving
 - Informed Consent and ensure Participation in
 - Health.
 - Education on safe use of meds, safety tips in Hospital.
 - Codes used in Hospital are: - Blue – Cardiac Arrest
 - Orange – External Disaster
 - Red – Internal Disaster
 - Pink – Child Abduction
 - Purple – Imminent Physical Altercation
 - Safety Issues – R – Race
 - A – Alarm
 - C – Confine Fire
 - E – Extinguish
 - Common Assembly Point –
 - Main Lobby
 - Near Flag Hoisting Area

- **Health Care Errors –**
 - Nosocomial Infection
 - Patient Fall
 - Pressure Sores
 - Restraint Related Strangulation
 - Preventable Suicide
 - Prophylaxis Failure To Provide
 - Failure to Diagnose
 - Failure to Utilize/Ad on Diagnostic Test

- Inappropriate use of diagnostic test
- Failure to monitor or provide follow up Treatment,
- Wrong Side Surgery
- Transfusion Mistake,
- **Sentinel Events** – Patient Safety events not related to natural course of patient/ Illness/ Underlying Condition reaches Patient resulting in Death/Permanent Harm/ Severe Temporary Harm.

Types –

Surgical – Wrong Surgery

Device – Patient Death, Disability caused by Drugs

Patient – Suicide, Infant Discharge,

Environment – Patient Death/ Seriousness Disability by Burn.

Care – Medication Error

- **Reporting Of Incident** –
 - a. All Sentinel Event,
 - b. All/ No Harm Event,
 - c. All Issue Related to Security Theft,
 - d. All Falls,
 - e. Any Untoward Incident,

V) M R D – It refers to Medical Records Department It is the place where all

Records pertaining to patients are maintained.

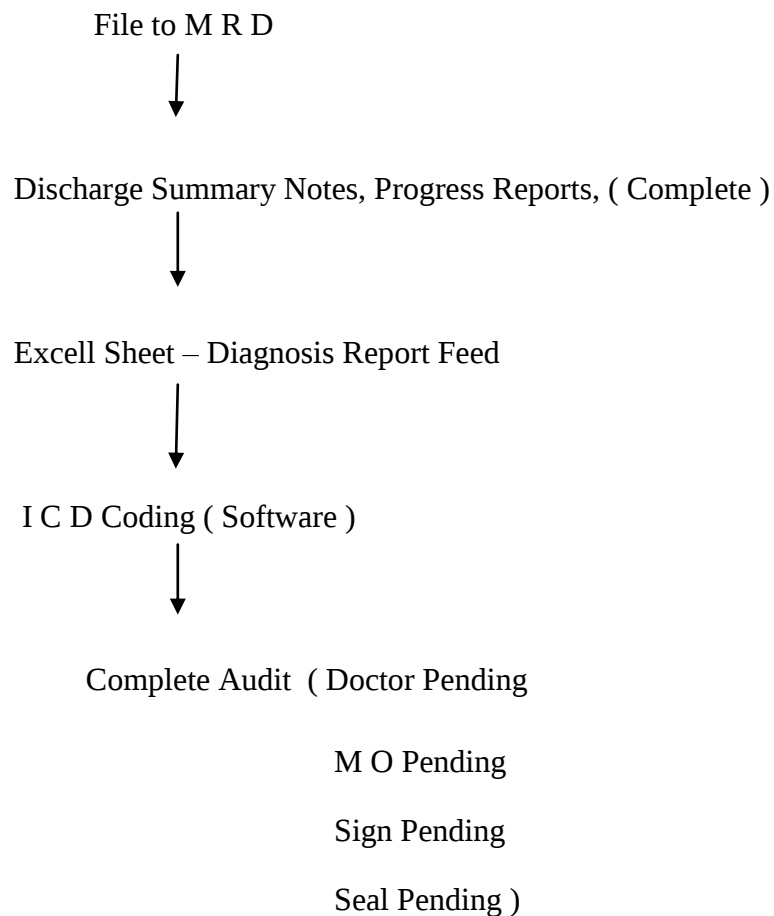
Filing is done according to following three ways: -

- Normal - Files are maintained for 5 Yrs and after which they are destroyed.
- Medico Legal Case – Maintained forever
- Death Case - Maintained forever

The Flow Process in M R D is as follows :-

Patient Discharge





VI) Dialysis - In this department various kinds of kidney disorders are treated which includes acute and chronic kidney diseases,

Kidney Transplantation,
Hypertension,
Acid – Base Electrolyte Disorders,
Nephrolithiasis (Kidney Stones)
Complex Procedures (Renal Denervation for uncontrolled
Hypertension)

Pertaining to Dialysis the following treatments are carried out

Continuous Renal Replacement Therapy (C R R T)
Peritoneal Dialysis (CPD)
Plasma Dialysis (Plasmapheresis)
Liver Dialysis (MARS Therapy)

Daily dialysis taking place in department are on 56 Patients.

Before Dialysis of patient the patients are filtered on the basis of blood test results.

Hepatitis infected patients are treated differently with different machines

Normal Patients are treated with normal machines.

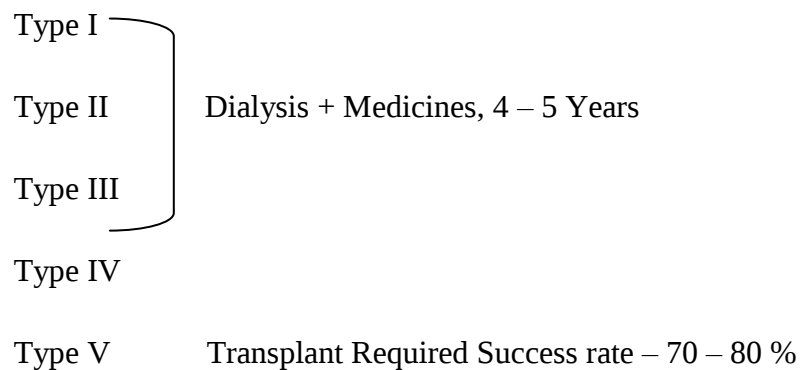
There is a window of 3 Months where machines cannot detect freshly infected Hepatitis Patient.

This method counters the spread of infection from one patient to other.

In emergency dialysis is avoided.

Regular Dialysis takes place in 2 – 3 weeks

There are 5 Types of Chronic Kidney Disease



This is called as Ckd -5

There are two types of Dialysis Machines.

One type of machine is used in normal patients.

Other type of machine is used in Hepatitis B and Hepatitis C patients.

There are overall 30 Dialysis Machines.

24 Dialysis Machines are used in normal Cases

6 Dialysis Machines are used in Hepatitis B and Hepatitis C patients.

Post Dialysis Care involves lot of protein loss which needs to be replenished.

It is done by the intake of following a) Dal

b) Rasgulla

c) Chana

d) Paneer

e) Egg

Low salt Diet is advised

Phosphorous level has to be increased by intake of dairy products including:-

Cake

Butter

Ghee

VII) Hospital Services – It involves the following 6 Departments which are as follows :-

- a) **Maintenance**
- b) **House Keeping**
- c) **Food & Beverages**
- d) **Security**
- e) **Linen & Laundry**

a) **Maintenance Department** – It deals with the Electricity, Water, Civil and Air.

Air Handling Units are there to provide fresh air to all departments.

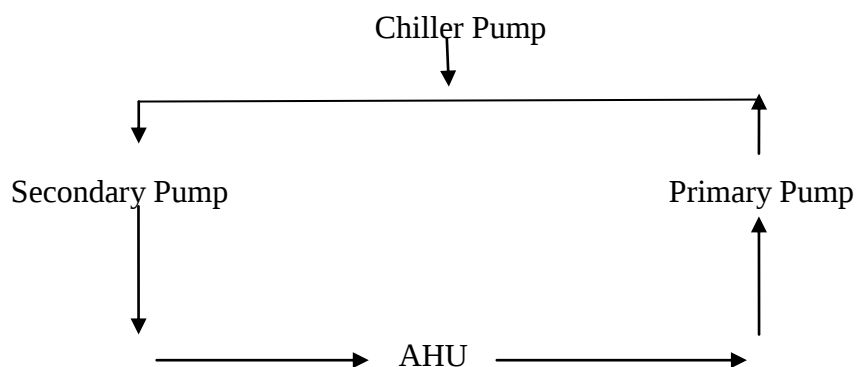
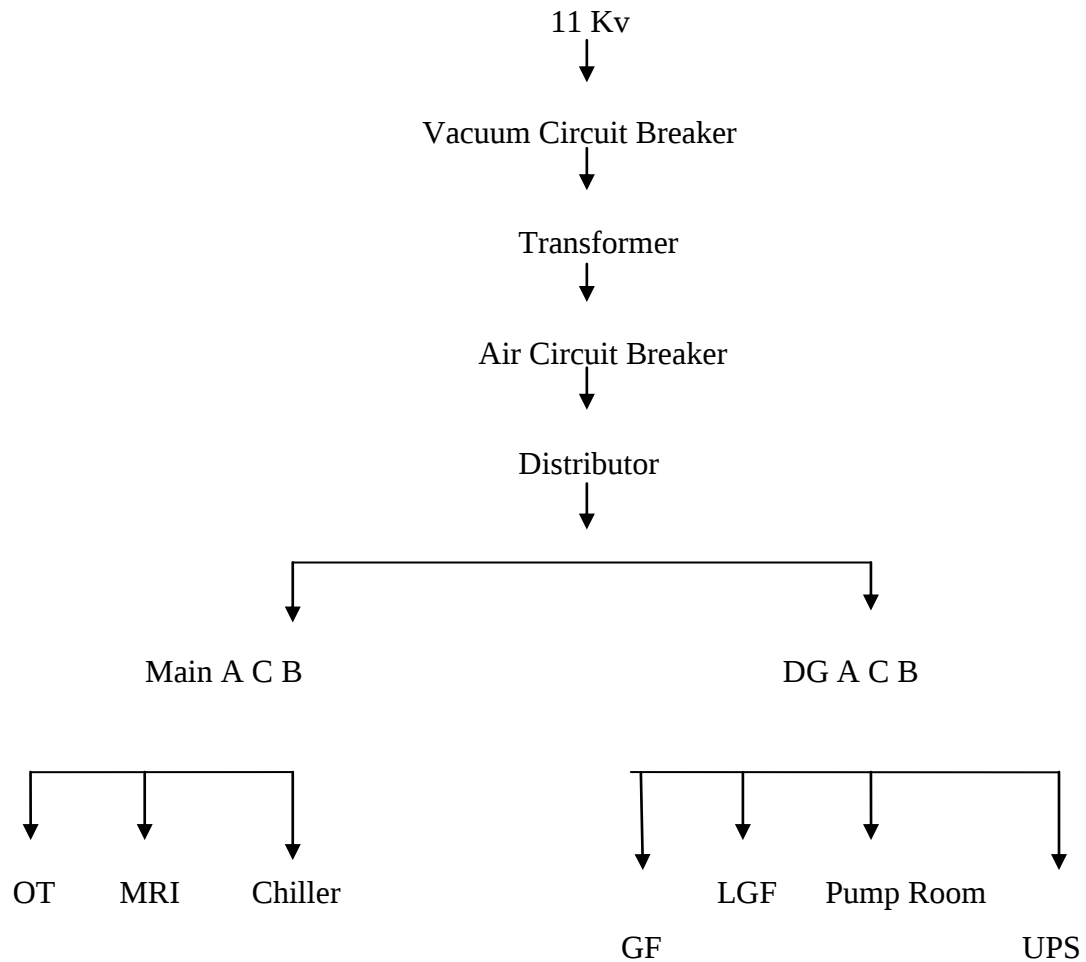
There is a chiller plant which supplies cooled water to Air Handling Units via Ducts to help in circulation of Cool Air.

There is a 5 Stage Filtration Plant which deals with Rain Water Harvesting.

Rain Water is Collected and reused in Flush and Gardening.

There are Solar Heating Panels to provide warm Temperature of Water.

In case of Electricity the following flow chart applies.



b) **House Keeping** :- The housekeeping is outsourced to 3 companies namely i) VIBGYOR

ii) KFMS

iii) GTFM

BMW waste or Biomedical Waste is taken care by Instrometix whose plant is at Kanota.

There are colour coding for disposal of wastes which are as follows –

Black – General Waste

Red – Plastic Item

Yellow – Gauze Pieces

Body Fluids

Body Parts

Blood

Blue – The bottles are used for the purpose.

The bottle is filled with 1/3 solution which is Hypo saline 1% Biohazard Sticker is applied on the bottle.

Glasses

Burnt Blades

Sharp Containers

The 80 Litres drum is used for the purpose.

The manpower handling the waste are provided with special Protective Equipment which safeguards the manpower from damages.

Ringers trolley is used for the purpose of collecting waste.

Manpower dedicated for the purpose are as follows :-

GTFM – Green Tag Facility Management

Ground Floor – It is managed by the following:- GTFM

VIBGYOR

Lower Ground Floor - GTFM

First Floor – VIBGYOR

Second Floor – KFMS Krishna Facility Management
Service

The wastes are collected two times in a day 6 a.m. & 6 p.m.

c) **Linen & Laundry** :-

The linen is supplied to various departments in Morning and in Evening time.

The clean Green Linen is supplied to CSSD where they are Autoclaved. After being autoclaved they are supplied to O.T.

The clean linen is directly supplied to General Ward

The Inventory is maintained regarding i) General &

ii) Clean Linen

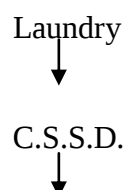
every fortnightly.

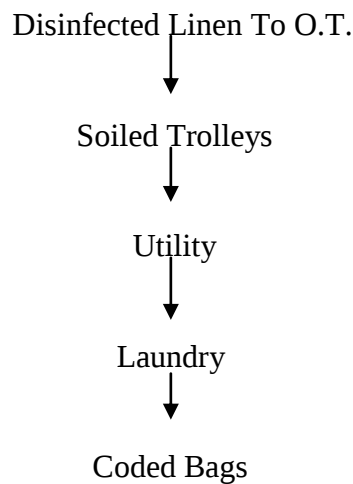
The ratio used in this case is

Number of Beds * 2 – Circulation

According to Linen quota being provided the quantity ordered should be justified.

The soiled linen flow chain process is as follows :-





3) **Food & Beverages** – The food supplies entering in to premises of hospital are checked for their Quality.

The quality is of topmost priority as it will affect the patients health.

The food supplies are checked for Batches and Expiry dates.

The sample of food is checked by the Departments.

The dietary foods are not procured from outside instead they are developed over here due to quality concerns.

The Quality Check is maintained by periodic Inspection which are recorded both electronically and in document format.

The Department is Outsourced.

VIII) P & SCM – It is also called as Procurement and Supply Chain Management.

Receiving – The procurement is ordered by mail. The vendor is checked at the main gate whether extra or deficient (Batch wise)

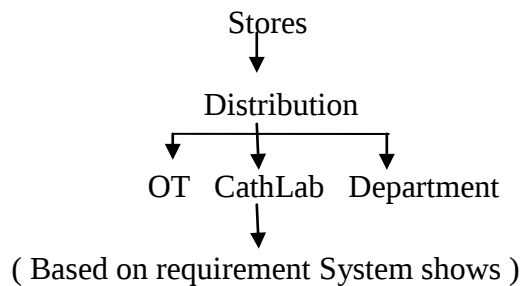
Storing – In the stores after the goods are received, it is fed in to the system as Goods Received Notes. The main stores are Central Stores.

Issuing Material – The material is issued by HINAI software.

List of Material – It is made according to ward wise on the consumption basis.

- a) On Wednesday ward consumption is analysed.
- b) On daily basis IPD, OT, Cathlab requirement is analysed as per requirement of patient.

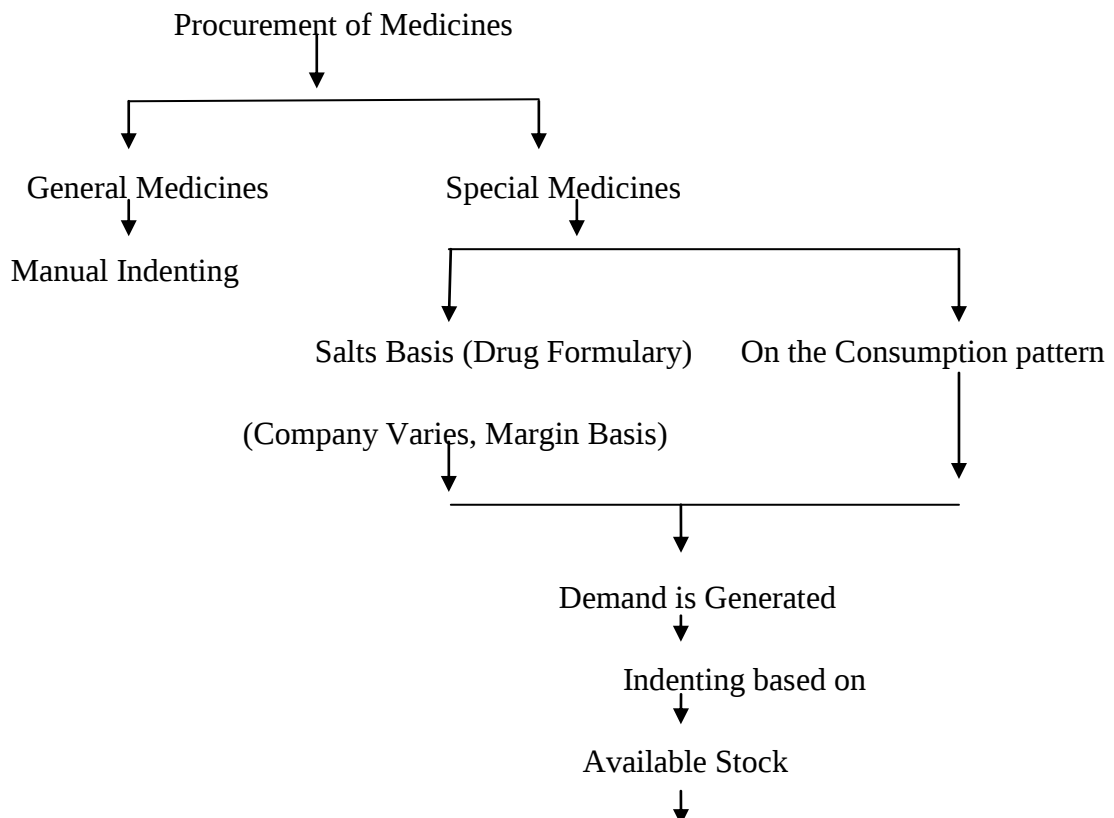
From Stores the distribution is done in the following basis

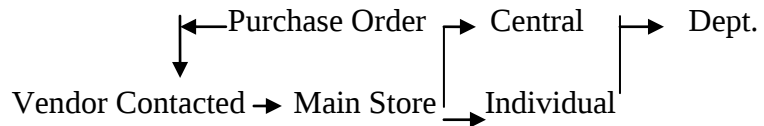


Quotations of two or three vendors are compared and the most economical one is selected.

Narcotics are procured from the authorised stockist.

For Special Medicines on the following basis Demand is generated.





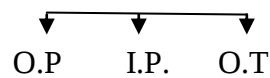
Validation -: It is done by checking. The batch Checking is done. Individually

Medicines are cross verified for price.

Audit is done by ABC analysis.

The method used is FIFO which signifies First In First Out.

Main Store Supply (Based on Indent)



There are dead stocks which means medicines which are not used for a certain set period for example 3 months in Narayana Multispecialty Hospital are returned back to vendor.

The monthly requirement of particular medicine is calculated after looking at 3 months consumption pattern for each medicine.

After 3 months the day requirement is calculated by dividing total consumption in 3 months by 90.

This is daily consumption pattern of various medicines used in the hospital.

On this basis the fresh stocks are ordered.

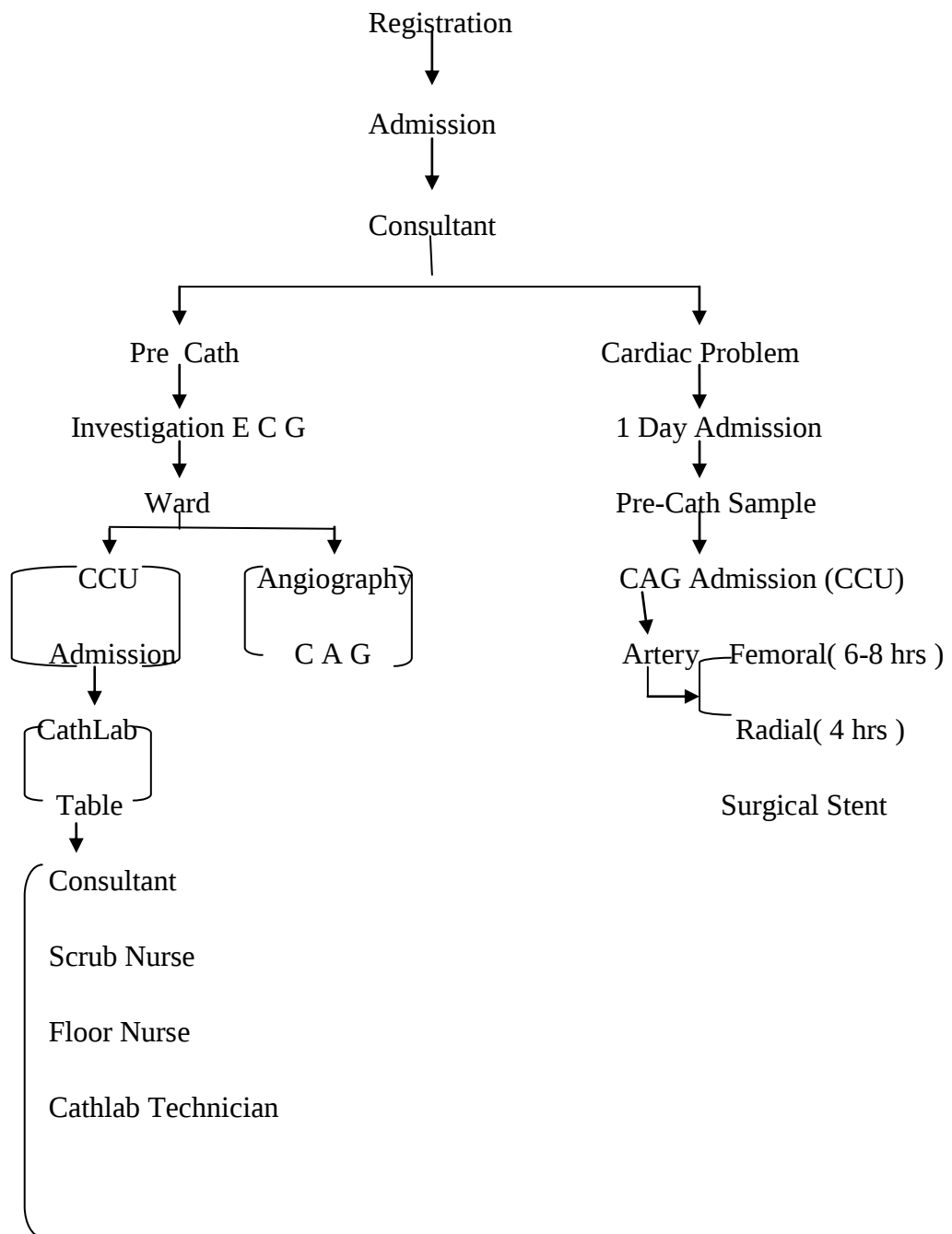
The medicines nearing expiry which is close to 3 months are returned back to vendor by contacting them.

IX) Cathlab -: The temperature of cathlab is maintained (17 – 20)*c. Access to cathlab area is allowed after wearing clean linen as provided by hospital.

No shoes or outside footwear are allowed in the area. Patients can be seen by their relatives from the room with glass window.

The flow chart of the Cathlab is as follows :-

Flow Chart Of CathLab



Housekeeping

Procedure Report → Anaesthetist

Average number of cases handled are 10 – 12 / day, 300 – 325 / month

{ Angiography - 10 – 15 minutes
Angioplasty - Variable

A regular maintenance of Three Months is required.

Quality Indicators – Turnaround time between two cases is usually 45 – 50 minutes

Cath lab Utilization → 24 hrs Data

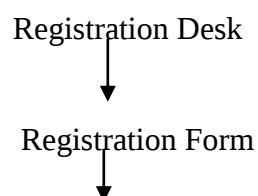
A Crash Cart is maintained which consists of the following :-

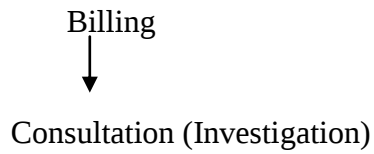
- a) Ambu Bag
- b) Laryngoscope
- c) Defibrillator Phillips FD 10
Phillips Santron FD 20
PTC Consent (CCU)

X) OPD :- It is also called as Out Patient Department.

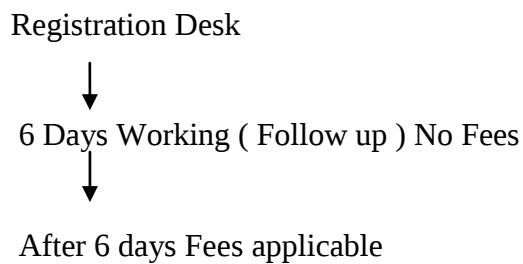
The flow process of OPD is as follows :-

1) **For New Patients :-**





2) **For Follow - Up Patients :-**



There are overall 40 OPD's in the Hospital.

There are following blocks in the hospital:-

- a) South
- b) North
- c) North Back

The following departments are there on ground floor –

- a) Cardiac OPD
- b) Cardiac Surgeon OPD
- c) Dermatologist OPD
- d) Neurologist OPD
- e) General Surgeon OPD
- f) Orthopaedic Surgeon OPD
- g) Gynaecologist OPD

The following departments are there on lower ground floor –

- a) Nephrology OPD
- b) Radiology OPD

XI) Security – It is under the in charge of G. M. who is Colonel.

There are 28 persons are in charge during day time

There are 16 persons are in charge during night time

There are 6 supervisors.

There are 2 Head Guards

(I) Specific Project Findings :-

Section – 1: Introduction: Rationale, research question, and specific objectives

Introduction:

Hospital discharge summaries serve as the primary documents communicating a patient's care plan to the post-hospital care team.

High-quality discharge summaries are generally thought to be essential for promoting patient safety during transitions between care settings, particularly during the initial post-hospital period.

Objectives: The Joint Commission mandates that six components be present in discharge summaries. Despite the critical importance of discharge summaries in care transitions and patient safety, no studies have examined how well discharge summaries adhere to Joint Commission standards.

The Joint Commission has established standards (Standard IM.6.10, EP 7) outlining the components that each hospital discharge summary should contain six.

These components are:

1. Reason for hospitalization.
2. Significant findings.
3. Procedures and treatment provided.
4. Patient's discharge condition.
5. Patient and family instructions (as appropriate).
6. Attending physician's signature.

Discharge Summary Requirements

Discharge summaries are a vital part of the patient record. It demonstrates that the patient, family or other healthcare facility is receiving the information they need to continue appropriate, individualized, quality care after discharge from the hospital.

The regulations require that specific elements be addressed in the discharge summary.

According to the Joint Commission discharge summaries will address, at a minimum, the following:

- a. Summarization of the hospital clinical course of the patient
- b. Dietary instructions, if any
- c. Recommended medications
- d. Disposition and follow-up recommendations
- b) Documentation of pertinent diagnostic findings during the course of the patient's admission
- c) Condition of the patient at the time of discharge
- d) Discharge diagnoses

We are conducting a study designed to examine the completeness of discharge summary documentation in Narayana Multispeciality Hospital for patients discharged and adding the missing components or consensus definitions after discussing with the Doctors of respective Speciality.

In this document, we provide an overview of the study methods, including definitions for the Joint Commission-mandated discharge summary components, Discharge summaries of Individual Doctors of all Departments.

Research Questions include the following:-

- 2) What Individual Consultant feels regarding the discharge summary of the patients?

Section – (ii) Mode Of Data Collection (Research Methodology):-

Location – Narayana Multispeciality Hospital, Jaipur

Duration – 2 months (April 1 to May 31st, 2016)

Study Type – Analytical Studies

Study Areas -

- 1 Consultant Cardiac Surgeon
- 2 Consultant General Medicine
- 3 Consultant Gastroenterologist
- 4 Consultant Cardiologist
- 5 Consultant Gynecologist
- 6 Consultant Neurology
- 7 Consultant Urology
- 8 Consultant Orthopaedics
- 9 Consultant Pulmonologist
- 10 Consultant E N T
- 11 Consultant Paediatric Medicine
- 12 Consultant Neuro Surgeon
- 13 Consultant Endocrinologist
- 14 Consultant Nephrology
- 15 Consultant General Surgeon
- 16 Consultant Cardiology Paediatric
- 17 Consultant Rheumatology

Sample Size: All 17 Departments

Primary Data -

Sources Of Data: Interpersonal Interviews of all 17 Department Consultants and updating the Discharge Summaries on the basis of Joint Commission Mandated Components and Consensus Definitions.

Focused Discussion with the Consultant –

A good amount of Quality data was collected with focussed Discussion with departmental In charges.

Secondary Data –

Internet Searches, Literatures Review

Data Collection Tools & Techniques –

Questionnaires

Section 3 Data Compilation, analysis and interpretation

There are Three Types of Discharge Summaries existing in the hospital.

They are as Follows:-

- i. General Summary
 - ii. Leave Against Medical Advice (L. A. M. A.) /
Discharge Against Medical Advice (D. A. M. A.) Summary
 - iii. Death Summary
- i) The General Discharge Summaries was collected from any one Patient Discharge Summary File of all the Consultants of various departments and compiled together as given below:-
- ii) The Leave Against Medical Advice (L. A. M. A.) or also known as Discharge Against Medical Advice (D. A. M. A.) Summary is generally same of all consultants in a Department. Hence L. A. M. A. / D. A. M. A, of Departments is compiled together and presented following the General Discharge Summary.
- iii) Death Summary is formulated inside the department and hence will not be considered in the Generalization of Summaries.

i)General Discharge Summaries Of All Individual Consultants Of All Departments

1) Consultant Cardiac Surgeon

i) Dr C P Srivastava

- Name -
- Age –
- Address –
- D. O. A. –

- D. O. O. –
- Admitting Consultant –
- MRN NO. –
- Sex –
- D. O. D. –
- Admitting Consultant –

- Final Diagnosis –

- Case History –

- General Examination –

- S. No. Name of Investigation Pre Op Post Op

- Pre Op 2D Echo –

- Carotid Doppler –
- Coronary Angiography –
- Procedure –
- Findings & Description –
- Post OP Echo –
- Post OP Recovery –
- Discharge Medication –
- Condition Of Discharge –
- Advice On Discharge –
- Warning Signs –

ii) **Dr Alok Mathur**

- Name -
- Age –

- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- MRN NO. –
- Sex –
- D. O. D. –
- Admitting Consultant –
- Final Diagnosis –
- Case History –
- General Examination –
- S. No. Name of Investigation Pre Op Post Op
- Pre Op 2D Echo –
- Carotid Doppler –
- Coronary Angiography –
- Operation Notes
- Procedure –
- Findings & Description –
- Post Op Echo –
- Post Op Recovery –
- Discharge Medication –
- Rx
- Medicine Dosage Instruction
- Condition On Discharge –
- Advice On Discharge –
- Warning Signs –

iii) **Dr Ankit Mathur**

- Name -

- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- MRN NO. –
- Sex –
- D. O. D. –
- Admitting Consultant –
- Final Diagnosis –
- Case History –
- General Examination –
- S. No. Name of Investigation Pre Op Post Op

- Pre Op 2D Echo –
- Carotid Doppler –
- Coronary Angiography –
 - Operation Notes
- Procedure –
- Findings & Description –
- Post Op Echo –
- Post Op Recovery –
- Discharge Medication –
- Rx
- Medicine Dosage Instruction

- Condition On Discharge –
- Advice On Discharge –
- Warning Signs –

2) Consultant General Medicine

i) **Dr Arun Agarwal**

- Name –
- Age/Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –

- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –

Gc –

Temp –

BP –

PR –

Chest –

CVS –

GIT –

CNS –

- Investigation Details –
- Course In Hospital –
- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
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- Condition at Discharge –
- Discharge Instructions About When & How to Obtain Urgent Care-
- Advice On Discharge / Followup Instructions –

- Review With OPD with Dr.....
- Other Instructions –

ii) **Dr. Ajay Nair**

- Name –
- Age [Y – M – D] –
- Address –
- DOA –
- Admitting Consultant –
- Admission Number –
- Sex –
- Village –
- DOD –
- Final Diagnosis –
- Case History –
- General Examination –
- Investigations –
- Medications Being Given –
- Rx. –
- Advice On Discharge –

3) **Consultant Gastroenterology**

i) **Dr Amit Sanghi –**

- Patient Name –
- Age/Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN NO. –
- DOA –
- DOD –

- Diagnosis –
- History –
- Past History –
- General Examination –
- Investigation –
- Course in Hospital –
- Discharge Medication –
- Rx
- Medicines Dosage Instructions No. Of Days
- Condition At Discharge –
- Advice on Discharge –
- Follow Up –

ii) **Dr Saket Agarwal –**

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMNo. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
 - G .C. –
 - B . P. –
 - P. R. –
 - Chest –

C V S –

G I T –

C N S –

- Investigation Details –
- Course In Hospital –
- Medication On Discharge –
- Medicine Name Dose Frequency No. Of Days
- Condition Discharge –
- Discharge Instructions about when & how to obtain urgent care –
- Advice On Discharge/ Follow up instruction –
- Other Instructions –

iii) **Dr Saurabh Kalia**

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –

B P

P R

Chest

GIT

CNS

- Course In Hospital –
- Medication On Discharge
Medicine Name Dose Frequency No. Of Days
- Conditions On Discharge –
- Discharge Instructions about when and how to obtain urgent care –

iv) Dr Kapileshwar

- Name –
- Age –
- Address –
- D. O. A. –
- Admission No. –
- Sex –
- D. O. D. –
- Admitting Consultant –
- Final Diagnosis –
- Case History –
- General Examination – On Discharge
- Non Invasive Investigations –
- Discharge Medications –
- Follow Up –

4) Consultant Cardiology

i) Dr Pradeep Singhal

- Name –
- Age –
- Address –
- D. O. A. –

- Admitting Consultant –
- Admission Number –
- Sex –
- Contact –
- D. O. D. –
- D. O. O. –
- Allergic –
- Final Diagnosis –
- Brief History –
- Rx Discharge Medications –
- Advice –
- Follow Up –

ii) Dr Nikhil Choudhary

- Name –
- Age –
- Address –
- D. O. A. –
- D. O .O. –
- AdmittingConsultant –
- Operator –
- Admission Number –
- Sex –
- Contact Number –
- D. O. D. –
- Allergic –
- Brief History –
- Rx –
- Discharge Medication –
- Follow Up –
- Final Diagnosis –
- Case History –

- General Examination –
- Cardiovascular System –
- Non Invasive Investigation –
- Invasive Investigations –
- Discharge Medication –
- Rx
- Medicine Dosage Instructions For Days
- Advice On Discharge –
- Condition At Discharge –
- Follow Up –

iii) Dr Nitin Kansal

- Name –
- Age –
- Address –
- D. O. A. –
- AdmittingConsultant –
- Allergic –
- Sex –
- Contact Number –
- D. O. D –
- D. O .O. –
- Final Diagnosis –
- Brief Story –
- Rx -
- Discharge Medications –
- Follow Up –

iv) Dr Rahul Sharma

- Name –
- Age –
- Address –
- D. O. A. –
- AdmittingConsultant –
- Allergic –
- Admission Number –
- Sex –
- Contact Number –
- D. O. D. –
- D. O. O. –
- Allergic –
- Final Diagnosis –
- Brief History –
- Rx –
- Discharge Medication –
- Follow Up –

v) Dr Ashok Jain

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Operator –
- Admission Number –
- Sex –
- Mob. Number –
- D. O. D. –
- Final Diagnosis –
- Allergy –

- Case History –
- General Examination–
- Cardiovascular System –
- Non Invasive Investigation –
- Discharge Medication –
- Rx –
- Advice On Discharge –
- Condition At Discharge –
- Follow Up –

vi) Dr Ram Chitlangia

- Name –
- Age –
- Address –
- D. O. A. –
- Admitting Consultant –
- Allergic –
- Admission Number –
- Sex –
- Contact Number –
- D. O. D. –
- D. O. O. –
- Allergic –
- Final Diagnosis –
- Brief History –
- Rx –
- Discharge Medication –
- Follow Up –

5) Consultant Gynecologist

i) Dr Manju Goyal

- Name –

- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –
- Sex –
- D. O. D. –
- Admitting Consultant –
- Final Diagnosis –
- Allergy –
- Case History –
- General Examination –
- Investigation –
 - Blood group –
 - HIV, HBs Ag –
 - PT/INR –
 - Urine –
 - Hb –
 - TLC –
 - TPC –
 - TSH –
 - RBS –
 - Urine –
- Treatment Given –
- Discharge Medication –
 - Rx –
- Condition At Discharge –
- Discharge Instructions about when and how to obtain
 - urgent care –
- Advice On Discharge –
- Follow Up –

ii) **Dr Mridul Gehlot**

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –
- Sex –
- D. O. D. –
- Final Diagnosis –
- Case History –
- General Examination –
- Investigation –
- Procedure & Treatment –
- Discharge Medication –
- Condition At Discharge –
- Advice At Discharge –
- Discharge Instructions about when and how to obtain
- urgent care –
- Follow Up –

iii) **Dr Usha Agarwal**

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –

- Sex –
- D. O. D. –
- Final Diagnosis –
- Allergy –
- Case History –
- General Examination –
- Investigation –
- Procedure –
- Discharge Medication –
- Condition At Discharge –
- Advice On Discharge –
- Follow Up –

iv) Dr Richa Choudhary

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –
- Sex –
- D. O. D. –
- Final Diagnosis –
- Case History –
- General Examination –
- Investigation –
 1. PT/INR –
 2. Serology –
 3. Hb –
 4. TLC –
 5. TPC –
 6. SGOT / SGPT –

7. RBS –

8. USG –

- Treatment Given –
- Discharge Medication –
- Condition At Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Advice On Discharge –
- Follow Up –

v) **Dr Rakhi Jain**

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –
- Sex –
- D. O. D. –
- Final Diagnosis –
- Allergy –
- Case History –
- General Examination –
- Investigation –
- Procedure Done –
- Indication –
- Discharge Medication –

Rx

Medicine	Dosage	Instructions
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- Condition At Discharge –
- Advice At Discharge –

- Discharge Instructions about when and how to obtain urgent care –
- Follow Up –

6) Consultant Neurology

i) Dr Prithvi Giri

- Name –
 - Age/ Gender –
 - Address –
 - Consultant –
 - MRN No. –
 - ADMN No. –
 - D. O. A. –
 - D. O. D. –
 - Diagnosis –
 - History Of Present Illness –
 - Past History –
 - Personal History –
 - Family History –
 - Examination
-
- General Physical Examination

Parameters	On Admission	On Discharge
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 - CNS Examination

Cranial Nerve Function	On Admission	On Discharge
------------------------	--------------	--------------

 - Motor System –
 - Reflexes –
 - Coordination –
 - Investigation –
 - Course In Hospital –

- Medication On Discharge -

Medicine Name	Dose	Frequency	No. Of Days
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- On Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Advice On Discharge/ Follow Up Instructions –
- Diet Instructions -
- Physical Activity -

ii) Dr. S. P. Patidar

- Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN No. –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Diagnosis –
- Allergies –
- Presented With History –
- Past History –
- Family History –
- On Examination –
- CNS Examination –
- Motor Examination –
- Sensory Examination –
- Gait On Bed –
- Spine –
- Fundus Examination –

- Per Abdominal Examination –
- Respiratory System –
- C V S –
- Investigation Details –
- Course In Hospital –
- Medication On Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Advice On Discharge/ Follow Up Instructions –
- Diet Instructions -
- Physical Activity-

7) **Consultant Urology**

i) Dr Harish Kaswan

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN No. –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Diagnosis –
- Allergies –
- History Of Present Illness–
- Previous History –
- Family History –
- General & System Examination –
- Investigation Details –
- Course In Hospital –

- Pre op –
 - Procedure Done –
 - Finding –
 - Post op –
 - Medication On Discharge
- | Medicine Name | Dose | Frequency | No of Days |
|---------------|------|-----------|------------|
| | | | |
- Conditions At Discharge –
 - Discharge Instructions about when and how to obtain urgent care –
 - Advice On Discharge/ Follow Up Instructions –
 - Diet Instructions -
 - Physical Activity -
 - Other Instructions –

iii) **Dr Amit Kotia**

- Patient Name –
- Age/ Gender –
- Address –
- Phone –
- Admitting Consultant –
- MRN No. –
- ADMN No. –
- D. O. A. –
- D. O. O. –
- D. O. D. –
- Diagnosis –
- Allergies –
- History Of Present Illness–
- Previous History –

- Family History –
- Significant Physical And Other Findings –
- General & System Examination –
- Investigation Details –
- Course In Hospital –
- Pre op –
- Procedure Done –
- Post op –

- Medication On Discharge

Medicine Name	Dose	Frequency	No of Days
---------------	------	-----------	------------

- Conditions At Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Advice On Discharge/ Follow Up Instructions –
 - Diet Instructions -
 - Physical Activity -
- Dressing As Advised –
- Other Instructions –

8) **Consultant Orthopaedics**

i) **Dr Lalit Sharma**

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –

- D. O. D. –
- Sex –
- D. O. D. –
- Diagnosis –
- Allergies –
- Reason For Admission –
- History Of Present Illness –
- Case History –
- Previous History –
- General and System Examination –
- Investigation Details–
- Course In Hospital –
- Pre op –
- Procedure Done –
- Post op –

- Medication On Discharge –
- Medicine Name Dose Frequency No of Days

- Conditions At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care :
- Advice On Discharge/ follow up instructions –
- Other Instructions –

ii) Dr Saurabh Mathur

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –

- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Diagnosis –
- History Of Present Illness –
- Previous History –
- General and System Examination –
- Local Examination –
- Investigation Details–
- Course In Hospital –
- Pre operative –
- Procedure Done –
- Post operative –

- Medication On Discharge –

Medicine Name	Dose	Frequency	No of Days
---------------	------	-----------	------------

- Conditions At Discharge –

Discharge Instructions	About When And How To
Obtain Urgent Care :	
- Advice On Discharge/ follow up instructions –

iii) Dr Neeraj Agarwal

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- MRN No. –
- Sex –

- D. O. D. –
- Diagnosis –
- Case History –
- Past History –
- General Examination –
- Local Examination –
- Investigation –
- Procedure & Treatment Given –
- Course In Hospital –
- Pre op –
- Procedure Done –
- Post op –
- Discharge Medication –
- Rx

Medicine Name	Dose	Frequency	No of Days
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- Advice On Discharge –
- Conditions At Discharge –
- Follow Up –

iv) Dr Girish Gupta

- Patient Name –
- Age / Gender–
- Address –
- D. O. A. –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. D. –

- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
- On Examination –
- Investigation Details –
- Course In Hospital (details of medications And other treatment given) -
- During Hospitalization –
- Condition At Discharge –

v) Dr Vijay Sharma

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- MRN No. –
- Sex –
- D. O. D. –
- Diagnosis –
- Case History –
- Past History –
- General Examination –
- Local Examination –
- Investigation –
- Procedure & Treatment Given –
- Course In Hospital –

- Pre op –
 - Procedure Done –
 - Post op –
 - Discharge Medication –
Rx
- | Medicine Name | Dose | Frequency | No of Days |
|---------------|------|-----------|------------|
|---------------|------|-----------|------------|
- Advice On Discharge –
 - Conditions At Discharge –
 - Follow Up –

9) **Consultant Pulmonology**

i) **Dr Shubhranshu**

- Patient Name –
- Age / Sex –
- Address –
- Admitting Consultant –
- MRN No. –
- Admission Number –
- D. O. A. –
- D. O. D. –
- Final Diagnosis –
- Drug Allergy –
- Case History –
- Past History –
- General Examination –
- Investigation –
- Course In Hospital –
- Discharge Medication –
- Rx

Medicine Name	Dosage	Instructions	No of Days
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- Advise—
- Follow Up —

10) Consultant E N T

i) Dr Sanjay Agarwal

- Patient Name —
- Age / Gender —
- Address —
- Phone No. —
- Admitting Consultant —
- MRN —
- ADMN No. —
- D. O. A. —
- D. O. O. —
- D. O. D. —
- Diagnosis —
- Allergies —
- History Of Present Illness —
- General and System Examination —
- Investigations —
- Course In Hospital —
- Pre Op —
- Procedure Done —
- Findings —
- Post Op -
- Cross Referral Consultant Advice —
- Medication On Discharge —

Medicine Name Dose Frequency No. Of Days

- Conditions At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care :
- Advice On Discharge/ Follow Up Instructions/ –
- Diet Instructions –
- Physical Activity –
- Other Instructions –

11) Consultant Paediatric Medicine

i) Dr Vijay Shankar

- Name –
- Age / Gender –
- Address –
- Father Name –
- Admitting Consultant –
- D. O. B. –
- T. O. B. –
- D. O. A. –
- D. O. D. –
- Wt(On Birth)
- Admission Number –
- MRN No. –
- Diagnosis –
- Reason For Admission –
- History Of Present Illness –
- Antenatal History –
- General Examination –

- Review Of Body System –
 1. Cardiovascular System -
 2. Respiratory System -
 3. Gastro Intestinal System -
 4. Central Nervous System -
- Investigations -
- Course In Hospital –
- Treatment Given -
- Immunization -
- Condition At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care :
- Advice On Discharge –
- Diet Instructions –
- Treatment Advised –
- Other Instructions –
- Follow Up Immunizations On -
- Oxygen Saturation On Discharge –
- Summary Done By -
- Consultant Name -
- Consultant Signature -

ii) **Dr Rajesh Pathak**

- Name –
- Age / Gender –
- Address –
- Father Name –
- Admitting Consultant –
- D. O. A. –
- D. O. D. –

- Wt(On Birth) -
- Admission Number –
- MRN –
- Diagnosis –
- Reason For Admission –
- History Of Present Illness –
- Past History –
- General Examination –
- Review Of Body System –
- Respiratory System -
- Gastro Intestinal System -
- Central Nervous System -
- Genitourinary System -
- Investigations -
- Course In Hospital –
- Condition At Discharge –
- Treatment Given –
- Treatment Advised –
- Advice At Discharge –
- Review With –
- Consultant Name -
- Consultant Signature -

12) Consultant Neuro Surgeon

i) Dr K K Bansal

- Patient Name –
- Age / Gender –
- Address –
- Admitting Consultant –
- MRN –

- ADMN No. –
- D. O. A. –
- D. O. D. –
- Allergies –
- History Of Present Illness –
- Previous History –
- FamilyHistory –
- General Examination –
- Investigations Details –
- Course In Hospital –
- Pre Op –
- Procedure –
- Post Op –
- Medication On Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care -
- Diet Instructions -
- Physical Activity -
- Other Instructions -

13) **Consultant Endocrinology**

i) **Dr P P Patidar**

- Patient Name –
- Age / Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –

- Diagnosis -
- Allergies –
- History Of Present Illness –
- Previous History –
- General and System Examination –
- Investigations Details –
- Course In Hospital –
- Medication On Discharge –

Name of Medicine	Dose	Frequency	No. Of Days
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- Conditions At Discharge -
- Discharge Instructions About When And How To Obtain Urgent Care -
- Advice On Discharge / Follow Up Instructions -
- Diet Instructions -
- Physical Activity -
- Other Instructions -

14) **Consultant Nephrology**

i) **Dr S. B Jain**

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADM No. –
- DOA –
- DOD –
- Diagnosis –

- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
- Investigation –
- Course In Hospital –
- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
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- Discharge Instructions about when & how to obtain urgent care –
- Advice On Discharge/ Follow up instruction –
- Other Instructions –

ii) **Dr K K Kaswan**

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADM No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
- Investigation Details –
- Course In Hospital –
- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
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- Advice On Discharge -
- Discharge Instructions about when & how to obtain urgent care –
- Advice On Discharge/ Follow up instruction –
- Other Instructions –

15) Consultant General Surgeon

i) Dr J M Mehta

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
 - i. B P -
 - ii. P R -
 - iii. Chest -
 - iv. GIT -
 - v. CNS -
- Investigation Details –
- Course In Hospital –
- Pre op -

- Procedure Done -
- Post Op -
- Medication On Discharge

Medicine Name	Dose	Frequency	No. Of Days
- Conditions On Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Other Instructions –

16) Consultant Cardiology Paediatric

i) Dr Prashant Mahawar

- Name –
- Age [Y-M-D] –
- Address –
- D.O.A. –
- D.O.O. –
- Consultant –
- ADMISSION No. –
- MRN –
- Sex-
- Body Weight –
- D. O. D. –
- Final Diagnosis –
- Past History –
- General & Examination –
- Invasive Investigation –
- Hospital Stay –
- Discharge Medications

Medicine Name	Dose	Frequency	No. Of Days

- Advice On Discharge –
- Conditions At Discharge -

Consultant Rheumatology

i) Dr Rahul Jain

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
 - i. B P -
 - ii. P R -
 - iii. Chest -
 - iv. GIT -
 - v. CNS -
- Investigation Details –
- Course In Hospital –
- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
- Conditions On Discharge –
- Other Instructions –

- ii) Similarly Discharge Summaries of (L. A. M. A.) Leave Against Medical Advice and Discharge Against Medical Advice (D. A. M. A.) is also collected but as mentioned in statement (ii) above is taken of Departments and compiled as below.

Leave Against Medical Advice (LAMA)/ Discharge Against Medical

Advice Summaries -

Consultant Cardiac Surgeon

- MRN NO. –
- Name - Age – Sex –
- Address –
- D. O. A. – D. O. O. – D. O. D. –
- Admitting Consultant –
- Primary Consultant/ Consulting Doctor -
- Admitting Consultant –
- Final Diagnosis –
- Case History –
- General Examination –
- S. No. Name of Investigation Pre Op Post Op
- Pre Op 2D Echo –
- Carotid Doppler –
- Coronary Angiography –
- Procedure –
- Findings & Description –
- Post OP Echo –
- Intra Stay Course–
- Discharge Medication –
- Condition Of Discharge –

- Advice On Discharge –
- Warning Signs –
- Follow Up Instructions -

Consultant General Medicine

- Name –
- Age/Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Final Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- Significant Findings -
- General & System Examination –
 - Gc –
 - Temp –
 - BP –
 - PR –
 - Chest –
 - CVS –
 - GIT –
 - CNS –
- Investigation Details –
- Course In Hospital –
- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
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- Condition at Discharge –
- Discharge Instructions About When & How to Obtain Urgent Care –
- Advice On Discharge / Followup Instructions –
- Review With OPD -
- Other Instructions –

Consultant Gastroenterologist

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMNo. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
 1. G .C. –
 2. B . P. –
 3. P. R. –
 4. Chest –
 5. C V S –
 6. G I T –
 7. C N S –
- Investigation Details –
- Course In Hospital –
 - Other Consultant Reference Taken -
 - Procedure -
 - Findings –

- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
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- Condition Discharge –
- Discharge Instructions about when & how to obtain urgent care –
- Advice On Discharge/ Follow up instruction –
- Other Instructions –

Consultant Cardiologist

- Name –
- Age –
- Address –
- D. O. A. –
- D. O .O. –
- Admitting Consultant –
- Operator –
- Admission Number –
- Sex –
- Contact Number –
- D. O. D. –
- Allergic –
- Brief History – 2 D Echo Findings -
- Coronary Angioplasty -
- P T C A Details -
- Final Diagnosis –
- Case History –
- General Examination –
- Cardiovascular System / ECHO –
- Non Invasive Investigation –

- Invasive Investigations –
- Discharge Medication –
- Rx
- Medicine Dosage Instructions For Days
- Advice On Discharge –
- Blood Investigation / Procedure / Dietary Advice
- Condition At Discharge –
- Follow Up – If Post Procedure (Stented Patient) Advice Not to Stop Rx

Consultant Gynaecologist

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –
- Sex –
- D. O. D. –
- Previous Diagnosis -
- Final Diagnosis –
- H/O Allergy – H/O Genital Cancer In Family -
- Case History –
- Obs. History -
- General Examination –
- Procedure & Treatment -
- Investigation after Operation -
- H. P. R. of Specimen -
- Investigation –

- Blood group –
- HIV, HBs Ag –
- PT/INR –
- CBC - Hb-
- ABO Rh Typing -
- TLC –
- TPC –
- TSH –
- SGOT / SGPT –
- RBS –
- USG –
- Urine R/E –
- Serology – VDRL-
- Management–
- Discharge Medication –
- Condition At Discharge –
- Discharge Instructions about when and how to obtain
- urgent care –
- Advice On Discharge –
- Follow Up –

Consultant Neurologist

- Name –
- Age/ Gender –
- Address –
- Consultant –
- MRN No. –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Diagnosis –
- History Of Present Illness –

- Past History –
- Personal History –
- Family History –
- General Physical Examination-

Parameters	On Admission	On Discharge
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- CNS Examination

Higher Mental Functions	On Admission	On Discharge
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- Level Of Consciousness
(Alert/ Drowsy/ Stupor/ Coma)
- Speech -
- Delusion / Hallucination -
-
- Other Higher Mental Dysfunction
- Cranial Nerve Function

	On Admission	On Discharge
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- Motor System – On Discharge

Right	Left
-------	------
- Reflexes –
- Coordination –
- Sensory Examination -
- Gait On Bed -
- Spine -
- Fundus Examination -
- Per Abdominal Examination -
- Respiratory System -
- Investigation –
- Course In Hospital –
- Medication On Discharge -
- Medicine Name Dose Frequency No. Of Days
- On Discharge –
- Discharge Instructions about when and how to obtain urgent care –

- Advice On Discharge/ Follow Up Instructions –
- Diet Instructions
- Physical Activity

Consultant Urologist

- Patient Name –
 - Age/ Gender –
 - Address –
 - Admitting Consultant –
 - MRN No. –
 - ADMN No. –
 - D. O. A. –
 - D. O. Operation -
 - Diagnosis –
 - Procedure Done In Short With Main Findings -
 - Discharge Instructions (Stent) -
 - Discharge Medicines -
 - Date Of Follow Up -
 - D. O. D. –
 - Allergies –
 - History Of Present Illness–
 - Previous History –
 - Family History –
 - General & System Examination –
 - Investigation Details –
 - Course In Hospital –
 - Pre op –
 - Procedure Done – In short Including Specific Findings
 - Finding -
 - Post op –
 - Medication On Discharge -
- | Medicine Name | Dose | Frequency | No. Of Days |
|---------------|------|-----------|-------------|
|---------------|------|-----------|-------------|

- Conditions At Discharge –
- Discharge Instructions (Catheter & Stent) about when and how to obtain urgent care –
- Discharge Medicines -
- Date of Followup Stent-
- Advice On Discharge/ Follow Up Instructions –
- Diet Instructions -
- Physical Activity -
- Dressing As Advised -
- Other Instructions –

Consultant Orthopaedics

- Patient Name –
- Age – Weight - BMI -
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- D. O. Surgery/Operation –
- Sex –
- Diagnosis –
- Allergies –
- Reason For Admission –
- History Of Present Illness –
- Case History –
- Previous History –
- General and System Examination –
- Local Examination -

- Investigation Details –
 - Course In Hospital – (Details Of Medications And Other Treatment Given)
 - Pre operative –
 - Procedure & Rx Given –
 - Post Op -
 - O. T. Notes
 - Intra O.P. Findings -
 - Post operative –
 - During Hospitalization -
 - Medication On Discharge – Physiotherapy
- | Medicine Name | Dose | Frequency | No of Days |
|---------------|------|-----------|------------|
| | | | |
- Conditions At Discharge –
 - Discharge Instructions About When And How To Obtain Urgent Care:
 - Advice On Discharge/ follow up instructions –
 - Other Instructions –
 - Follow Up –

Consultant Pulmonologist

- Patient Name –
- Age / Sex –
- Address –
- Admitting Consultant –
- MRN No. –
- Admission Number –
- D. O. A. –
- D. O. D. –
- Final Diagnosis –
- Drug Allergy – Vaccination –

- Discharge Medication –
 - Rx
- | Medicine Name | Dosage | Instructions | No of Days |
|---------------|--------|--------------|------------|
| | | | |
- Advise–
 - Follow Up –

- Patient Name –
- Age / Gender –
- Address –
- Phone No. –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. O. –
- D. O. D. –
- Diagnosis –
- Surgery (Procedure Performed)

- Allergies –
- History Of Present Illness –
- Local Examination -
- General and System Examination –
- Investigations –
- Course In Hospital –
- Pre Op –
- Procedure Done –
- Findings –
- Post Op
- Cross Referral Consultant Advice –
- Medication On Discharge –
- Medicine Name Dose Frequency No. Of Days

- Conditions At Discharge –
- Discharge Instructions About When And How To Obtain Urgent
- Care :
- Advice On Discharge/ Follow Up Instructions/ –
- Diet Instructions –
- Physical Activity –
- Other Instructions –

Consultant Paediatric Medicine

- Name –
- Age / Gender –
- Address –
- Father Name –
- Admitting Consultant –
- D. O. B. –
- T. O. B. –
- D. O. A. –

- D. O. B. –
- Wt(On Birth)
- Admission Number –
- MRN No. –
- Diagnosis –
- Reason For Admission –
- History Of Present Illness –
- Past History-
- Dietary History -
- Immunization -
- Developmental History -
- General Examination –
- Review Of Body System –
- Cardiovascular System-
- Respiratory System-
- Gastro Intestinal System -
- Central Nervous System -
- Investigations -
- Course In Hospital –
- Treatment Given -
- Immunization -
- Condition At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care -:
- Advice On Discharge –
- Diet Instructions –
- Treatment Advised –
- Other Instructions –
- Follow Up Immunizations On -
- Oxygen Saturation On Discharge –
- Summary Done By -
- Consultant Name -
- Consultant Signature -

Consultant Neuro Surgeon

- Patient Name –
- Age / Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Allergies –
- History Of Present Illness –
- Previous History –
- Family History –
- General Examination –
- Investigations Details –
- Course In Hospital –
- Pre Op –
- Procedure –
- Post Op –
- Medication On Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care -
- Diet Instructions -
- Physical Activity -
- Other Instructions -

Consultant Endocrinologist

- Patient Name –
- Age / Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –

- D. O. A. –
- D. O. D. –
- Diagnosis
- Allergies –
- History Of Present Illness –
- Previous History –
- General and System Examination –
- Investigations Details –
- Course In Hospital –
- Medication On Discharge –
- Name of Medicine Dose Frequency No. Of Days

- Conditions At Discharge -
- Discharge Instructions About When And How To Obtain Urgent Care
- Advice On Discharge / Follow Up Instructions -
- Diet Instructions -
- Physical Activity-
- Other Instruction-
-

Consultant Nephrologists

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADM No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –

- History Of Present Illness –
 - Previous History –
 - General & System Examination –
 - Investigation Details –
 - Course In Hospital –
-
- Medication On Discharge –
 - Medicine Name Dose Frequency No. Of Days
-
- Discharge Instructions about when & how to obtain urgent care –
 - Advice On Discharge/ Follow up instruction –
 - Other Instructions –

Consultant General Surgeon

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –

- B P -
- P R -
- Chest -
- GIT -
- CNS -
- Investigation Details –
- Course In Hospital –
 - Pre op -
 - Procedure Done -
 - Post Op -
- Medication On Discharge
- Medicine Name Dose Frequency No. Of Days
- Conditions On Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Other Instructions –

Consultant Cardiology Paediatric

- Name –
- Age [Y-M-D] –
- Address –
- D.O.A. –
- D.O.Procedure. –
- Consultant –
- ADMISSION No. –
- MRN –
- Sex-
- Body Weight –

- D. O. D. –
- Final Diagnosis –
- Past History –
- General & Examination –
- Invasive Investigation –
- Hospital Stay –
- Discharge Medications
- Medicine Name Dose Frequency No. Of Days

- Advice On Discharge –
- Conditions At Discharge -

Consultant Rheumatologist

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
 - B P -
 - P R -
 - Chest -

- GIT -
 - CNS -
- Investigation Details –
- Course In Hospital –
- Medication On Discharge
- | | | | |
|---------------|------|-----------|-------------|
| Medicine Name | Dose | Frequency | No. Of Days |
|---------------|------|-----------|-------------|
- Conditions On Discharge –
- Other Instructions –

THE PROCESS FLOW

- After the Compilation of General Discharge Summaries of any one patient of all the Consultants is done, the print of the above General discharge summaries is taken in the form of document.
- This printed Discharge Summaries is presented to all the Consultants of all the Departments by approaching them individually.
- The print of Leave Against Medical Advice is not taken as in Standardisation we will consider General Discharge Summary as the standard. This document is only for reference purpose for us about the kind of documentation being done before standardization of Discharge summaries.
- The Consultants then analysed the above document (Discharge Summaries) and provided their individual inputs to improve the Discharge Summaries.
- The Final Inputs of all the Consultants of all the Departments were then finally incorporated in to the document.
- A Standardized Discharge Summary of all the Departments was then created of Every Department after taking in to consideration all the Consultants Individual Inputs pertaining to the Department.
- The Compiled Form of Final Standardized Discharge Summary as recommended by JCI of all the Departments which was created is as below :-

FINAL STANDARDIZED DISCHARGE SUMMARIES TEMPLATES

i) General Discharge Summaries

- **Department Cardiac Surgery**

- MRN NO. –
- Name - Age – Sex –
- Address –
- D. O. A. – D. O. O. – D. O. D. –
- Admitting Consultant –
- Primary Consultant/ Consulting Doctor -
- Admitting Consultant –
- Final Diagnosis –
- Case History –
- General Examination –

S. No.	Name of Investigation	Pre Op	Post Op
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- Pre Op 2D Echo –
- Carotid Doppler –
- Coronary Angiography –
- Procedure –
- Findings & Description –
- Post OP Echo –
- Intra Stay Course–
- Discharge Medication –
- Condition Of Discharge –
- Advice On Discharge –
- Warning Signs –
- Follow Up Instructions -

Department General Medicine

- Name –

- Age/Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Final Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- Significant Findings -
- General & System Examination –
 - Gc –
 - Temp –
 - BP –
 - PR –
 - Chest –
 - CVS –
 - GIT –
 - CNS –
- Investigation Details –
- Course In Hospital –
- Medication On Discharge –
- Medicine Name Dose Frequency No. Of Days

- Condition at Discharge –
- Discharge Instructions About When & How to Obtain-
- Urgent Care –
- Advice On Discharge / Followup Instructions –
- Review With OPD -

- Other Instructions –

Department Gastroenterology

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMNo. –
- DOA –
- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –
- G .C. –
- B . P. –
- P. R. –
- Chest –
- C V S –
- G I T –
- C N S –
- Investigation Details –
- Course In Hospital –
- Other Consultant Reference Taken -
- Procedure -
- Findings -
- Medication On Discharge –

Medicine Name	Dose	Frequency	No. Of Days
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- Condition Discharge –
- Discharge Instructions about when & how to obtain urgent care –
- Advice On Discharge/ Follow up instruction –
- Other Instructions –

Department Cardiology

- Name –
- Age –
- Address –
- D. O. A. –
- D. O .O. –
- Admitting Consultant –
- Operator –
- Admission Number –
- Sex –
- Contact Number –
- D. O. D. –
- Allergic –
- Brief History – 2 D Echo Findings -
 - Coronary Angioplasty -
 - P T C A Details -
- Final Diagnosis –
- Case History –
- General Examination –
- Cardiovascular System / ECHO –
- Non Invasive Investigation –
- Invasive Investigations –
- Discharge Medication –

- Rx
Medicine Dosage Instructions For Days
- Advice On Discharge –
- Blood Investigation / Procedure / Dietary Advice
- Condition At Discharge –
- Follow Up – If Post Procedure (StentedPatient)
Advice Not to Stop Rx

Department Gynaecology

- Name –
- Age –
- Address –
- D. O. A. –
- D. O. O. –
- Admitting Consultant –
- Admission Number –
- Sex –
- D. O. D. –
- Previous Diagnosis –
- Final Diagnosis –
- H/O Allergy – H/O Genital Cancer In Family –
- Case History –
- Obs. History –
- General Examination –
- Procedure & Treatment -
- Investigation after Operation -
- H. P. R. of Specimen -
- Investigation –

- i. Blood group –
- ii. HIV, HBs Ag –
- iii. PT/INR –
- iv. CBC - Hb-
- v. ABO Rh Typing -
- vi. TLC –
- vii. TPC –
- viii. TSH –
- ix. SGOT / SGPT –
- x. RBS –
- xi. USG –
- xii. Urine R/E –
- xiii. Serology – VDRL-

- Management–
- Discharge Medication –
- Condition At Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Advice On Discharge –
- Follow Up –

Department Neurology

- Name –
- Age/ Gender –
- Address –
- Consultant –
- MRN No. –
- ADMN No. –
- D. O. A. –
- D. O. D. –

- Diagnosis –
- History Of Present Illness –
- Past History –
- Personal History –
- Family History –
- General Physical Examination

Parameters	On Admission	On Discharge
------------	--------------	--------------
- CNS Examination

Higher Mental Functions	On Admission	On Discharge
-------------------------	--------------	--------------
- Level Of Consciousness
- (Alert/ Drowsy/ Stupor/ Coma)
- Speech -
- Delusion / Hallucination -
- Other Higher Mental Dysfunction -

Cranial Nerve Function	On Admission	On Discharge
------------------------	--------------	--------------
- Motor System – On Discharge
- Right Left
- Reflexes –
- Coordination –
- Sensory Examination -
- Gait On Bed -
- Spine -
- Fundus Examination -
- Per Abdominal Examination -
- Respiratory System -
- Investigation –
- Course In Hospital –
- Medication On Discharge -

Medicine Name	Dose	Frequency	No. Of Days
---------------	------	-----------	-------------
- On Discharge –

Discharge Instructions about when and how to obtain urgent care –

- Advice On Discharge/ Follow Up Instructions –
- Diet Instructions -
- Physical Activity –

Department Urology

- Patient Name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN No. –
- ADMN No. –
- D. O. A. –
- D. O. Operation -
- Diagnosis –
- Procedure Done In Short With Main Findings -
- Discharge Instructions (Stent) -
- Discharge Medicines -
- Date Of Follow Up -
- D. O. D. –
- Allergies –
- History Of Present Illness–
- Previous History –
- Family History –
- General & System Examination –
- Investigation Details –
- Course In Hospital –
- Pre op –
- Procedure Done – In short Including Specific Findings
- Finding -
- Post op –
- Medication On Discharge -

Medicine Name	Dose	Frequency	No. Of Days
---------------	------	-----------	-------------

- Conditions At Discharge –
- Discharge Instructions (Catheter & Stent)
about when and how to obtain urgent care –

Discharge Medicines -

Date of Followup Stent -

- Advice On Discharge/ Follow Up Instructions –
 - Diet Instructions -
 - Physical Activity -
- Dressing As Advised -
- Other Instructions -

Department Orthopaedics

- Patient Name –
- Age – Weight - BMI -
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- D. O. Surgery/Operation –
- Sex –
- Diagnosis –
- Allergies –
- Reason For Admission –
- History Of Present Illness –

- Case History –
- Previous History –
- General and System Examination –
- Local Examination -
- Investigation Details–
- Course In Hospital – (Details Of Medications And Other Treatment Given)
 - a. Pre operative –
 - b. Procedure & Rx Given –
 - c. Post Op -
- O. T. Notes -
- Intra O.P. Findings -
- Post operative –
- During Hospitalization -
- Medication On Discharge – Physiotherapy
- Medicine Name Dose Frequency No of Days
- Conditions At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care :
- Advice On Discharge/ follow up instructions –
- Other Instructions –
- Follow Up –

Department Pulmonology

- Patient Name –
- Age / Sex –
- Address –
- Admitting Consultant –
- MRN No. –
- Admission Number –

- D. O. A. –
 - D. O. D. –
 - Final Diagnosis –
 - Drug Allergy – Vaccination -
 - Case History –
 - Past History –
 - General Examination –
 - Investigation – (ABG, Ph, po2, pCo2, Hco3)
 - Course In Hospital –
 - Opinion of other Consultant -
 - Advice by Other Consultant –
 - Discharge Medication –
 - Rx
- | Medicine Name | Dosage | Instructions | No of Days |
|---------------|--------|--------------|------------|
| Advise– | | | |
| Follow Up – | | | |

Department E N T

- Patient Name –
- Age / Gender –
- Address –
- Phone No. –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. O. –
- D. O. D. –
- Diagnosis –
- Surgery (Procedure Performed) -

- Allergies –
- History Of Present Illness –
- Local Examination -
- General and System Examination –

- Investigations –
- Course In Hospital –
- Pre Op –
- Procedure Done –
- Findings –
- Post Op
- Cross Referral Consultant Advice –
- Medication On Discharge –

- | | | | |
|-----------------|------|-----------|-------------|
| • Medicine Name | Dose | Frequency | No. Of Days |
|-----------------|------|-----------|-------------|

- Conditions At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care :
- Advice On Discharge/ Follow Up Instructions/ –
- Diet Instructions –
- Physical Activity –
- Other Instructions –

Department Paediatric Medicine

- Name –
- Age / Gender –
- Address –
- Father Name –
- Admitting Consultant –

- D. O. B. –
- T. O. B. –
- D. O. A. –
- D. O. D. –
- Wt(On Birth)
- Admission Number –
- MRN No. –
- Diagnosis –
- Reason For Admission –
- History Of Present Illness –
- Past History-
- Dietary History -
- Immunization -
- Developmental History -
- General Examination –
- Review Of Body System –
- Cardiovascular System -
- Respiratory System -
- Gastro Intestinal System –
- Central Nervous System -
- Investigations
- Course In Hospital –
- Treatment Given -
- Immunization -
- Condition At Discharge –
- Discharge Instructions About When And How To Obtain Urgent Care :
- Advice On Discharge –
 1. Diet Instructions –
 2. Treatment Advised –
 3. Other Instructions –
- Follow Up Immunizations On -
- Oxygen Saturation On Discharge –

- Summary Done By -
- Consultant Name -
- Consultant Signature -

Department Neuro Surgery

- Patient Name –
- Age / Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Allergies –
- History Of Present Illness –
- Previous History –
- FamilyHistory –
- General Examination –
- Investigations Details –
- Course In Hospital –
 - a. Pre Op –
 - b. Procedure –
 - c. Post Op –
- Medication On Discharge –
 - Discharge Instructions About When And How To Obtain Urgent Care -
- Diet Instructions -
- Physical Activity -
 - Other Instruction -

Department Endocrinology

- Patient Name –
- Age / Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- D. O. A. –
- D. O. D. –
- Diagnosis
- Allergies –
- History Of Present Illness –
- Previous History –
- General and System Examination –
- Investigations Details –
- Course In Hospital –
- Medication On Discharge –
- Name of Medicine Dose Frequency No. Of Days
- Conditions At Discharge -
- Discharge Instructions About When And How To Obtain Urgent Care -
- Advice On Discharge / Follow Up Instructions -
- Diet Instructions -
- Physical Activity-
- Other Instructions-

Department Nephrology

- Patient Name –
- Age/ Gender –
- Address –

- Admitting Consultant –
 - MRN –
 - ADMNo. –
 - DOA –
 - DOD –
 - Diagnosis –
 - Allergies –
 - History Of Present Illness –
 - Previous History –
 - General & System Examination –
 - Investigation Details –
 - Course In Hospital –
-
- Medication On Discharge –
 - Medicine Name Dose Frequency No. Of Days
-
- Discharge Instructions about when & how to obtain urgent care –
 - Advice On Discharge/ Follow up instruction –
 - Other Instructions –

Department General Surgery

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –

- DOD –
- Diagnosis –
- Allergies –
- History Of Present Illness –
- Previous History –

- General & System Examination –
 - i. B P -
 - ii. P R -
 - iii. Chest -
 - iv. GIT -
 - v. CNS -

- Investigation Details –
- Course In Hospital –
- Pre op -
- Procedure Done -
- Post Op -
- Medication On Discharge -
- Medicine Name Dose Frequency No. Of Days

- Conditions On Discharge –
- Discharge Instructions about when and how to obtain urgent care –
- Other Instructions –

Department Paediatric Cardiology

- Name –
- Age [Y-M-D] –
- Address –
- D.O.A. –

- D.O.Procedure. –
- Consultant –
- ADMISSION No. –
- MRN –
- Sex-
- Body Weight –
- D. O. D. –
- Final Diagnosis –
- Past History –
- General & Examination –
- Invasive Investigation –
- Hospital Stay –
- Discharge Medications

Medicine Name	Dose	Frequency	No. Of Days
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- Advice On Discharge –
- Conditions At Discharge -

Department Rheumatology

- Patient name –
- Age/ Gender –
- Address –
- Admitting Consultant –
- MRN –
- ADMN No. –
- DOA –
- DOD –
- Diagnosis –

- Allergies –
- History Of Present Illness –
- Previous History –
- General & System Examination –

i. B P -

ii. P R -

iii. Chest -

iv. GIT -

v. CNS -

- Investigation Details –
- Course In Hospital –
- Medication On Discharge

- Medicine Name Dose Frequency No. Of Days

- Conditions On Discharge –
- Other Instructions -

Section – 4 Conclusions: Overall, discharge summaries adhere well to Joint Commission discharge summary component standards. However, given the discharge summary’s pivotal communication role in care transitions, even a small frequency of omitted patient discharge condition information is a concern and may affect patient safety.

References

- i. General Discharge Summaries of all consultants of all the departments.
- ii. <http://www.ncbi.nlm.nih.gov/books/NBK43715/>
- iii. <http://www.stmarys.org/documents/Newsletters/Article%20for%20Medical%20Staff%20Newsletter%20-%20Discharge%20Summary.pdf>
- iv. http://www.ahrq.gov/downloads/pub/advances2/vol2/advances-kind_31.pdf

Annexure				
S. No.	Name Of Department	Date Of Visit	Time Spent	Interacted with Name & Designation
1	O.P.D.	5-4-2016	2 hrs	Mr Ashish Sharma, Incharge
2	O.T.	5-4-2016	2 hrs	Mr. Gaurav Shiva, Incharge
3	I.P. Services	5-4-2016	2hrs	Dr. Manikant Jain, Incharge
4	Hospital Services	5-4-2016	1hr	Ms Arpita
5	Quality	6-4-2016	2hr	Ms Nabanila Dutta
6	M.R.D.	6-4-2016	2hr	Mr. Nathulal Prajapati
7	Nursing	7-4-2016	4hr	Sis. Lyni
8	Dialysis	7-4-2016	2hr	Ms Nidhi Anand
9	P&SCM	8-4-2016	2hr	Mr Sanjay Agarwal
10	Cathlab	8-4-2016	2hr	Ms Priyadarshini
11	Cardiac Surgeon O.P.D.	11-4-2016	10mins	Dr.C.P.Shrivastav Incharge
12	General Medicine	11-4-2016	10mins	Dr. Arun Agarwal

				Incharge
13	General Medicine	11-4-2016	10mins	Dr. Ajay Nair Incharge
14	Gastroenterology	11-4-2016	10mins	Dr. Amit Sanghi Incharge
15	Gastroenterology	11-4-2016	10mins	Dr. Saket Agarwal Incharge
16	Gastroenterology	11-4-2016	10mins	Dr. Saurabh Kalia Incharge
17	Gastroenterology	11-4-2016	10mins	Dr. Kapileshwar Incharge
18	Cardiology	11-4-2016	10mins	Dr. Pradeep Singhal Incharge
19	Cardiology	11-4-2016	10mins	Dr. Nikhil Chaudhary Incharge
20	Cardiology	11-4-2016	10mins	Dr. Nitin Kansal Incharge
21	Cardiology	11-4-2016	10mins	Dr. Rahul Sharma Incharge
22	Cardiology	11-4-2016	10mins	Dr. Ashok Jain Incharge
23	Cardiology	11-4-2016	10mins	Dr. Ram Chitlangia

				Incharge
24	Gynaecology	11-4-2016	10mins	Dr. Manju Goyal Incharge
25	Gynaecology	11-4-2016	10mins	Dr. Mridul Gehlot Incharge
26	Gynaecology	11-4-2016	10mins	Dr. Usha Agarwal Incharge
27	Gynaecology	11-4-2016	10mins	Dr. Richa Chaudhary Incharge
28	Urology	11-4-2016	10mins	Dr. Harish Kaswan Incharge
29	Orthopaedics	11-4-2016	10mins	Dr. Lalit Sharma Incharge
30	Orthopaedics	11-4-2016	10mins	Dr. Saurabh Mathur Incharge
31	Orthopaedics	11-4-2016	10mins	Dr. Neeraj Agarwal Incharge
32	Orthopaedics	11-4-2016	10mins	Dr. Girish Gupta Incharge
33	Orthopaedics	11-4-2016	10mins	Dr. Vijay Sharma Incharge
34	Pulmonologist	12-4-2016	10mins	Dr. Shubhranshu Incharge

35	Paediatric Medicine	12-4-2016	10mins	Dr. Vijay Shankar Incharge
36	Paediatric Medicine	12-4-2016	10mins	Dr. Rajesh Pathak Incharge
37	Neurosurgeo	12-4-2016	10mins	Dr. K.K. Bansal Incharge
38	Nephrology	12-4-2016	10mins	Dr. S. B. Jain Incharge
39	Nephrology	12-4-2016	10mins	Dr. K. K. Kaswan Incharge
40	General Surgeon	12-4-2016	10mins	Dr. J. M. Mehta Incharge
41	Paediatric Cardiology	12-4-2016	10mins	Dr. Prashant Mahawar Incharge
42	Rheumatology	12-4-2016	10mins	Dr. Rahul Jain Incharge
43	Cardiac Surgeon	12-4-2016	10mins	Dr. Alok Mathur Incharge
44	Cardiac Surgeon	12-4-2016	10mins	Dr. Ankit Mathur Incharge
45	E. N. T	12-4-2016	10mins	Dr. Sanjay Agarwal Incharge

46	Paediatric Medicine	12-4-2016	10mins	Dr. Vijay Shankar Incharge
47	Paediatric Medicine	12-4-2016	10mins	Dr. Rajesh Pathak Incharge
48	Neurosurgeon	12-4-2016	10mins	Dr. K. K. Bansal Incharge
49	Endocrinology	12-4-2016	10mins	Dr. P. P. Patidar Incharge
50	Nephrology	12-4-2016	10mins	Dr. S. B. Jain Incharge
51	Nephrology	12-4-2016	10mins	Dr. K.K. Kaswan Incharge
52	General Surgeon	12-4-2016	10mins	Dr. J. M. Mehta Incharge
53	Paediatric Cardiology	12-4-2016	10mins	Dr. Prashanth Mahawar Incharge
54	Rheumatology	12-4-2016	10mins	Dr. Rahul Jain Incharge
55	Neurology	12-4-2016	10mins	Dr. Prithvi Giri Incharge
56	Neurology	12-4-2016	10mins	Dr. S. P. Patidar Incharge
57	Urology	12-4-2016	10mins	Dr. K. K. Sharma Incharge

Preparation of Audit Checklist According JCI Chapters ASC & AOP

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Main Text

- **Observational Learning:**
- **Section (i) Introduction : Rationale, Research Question and Specific Objectives**

Hospital Profile – Narayana Multispeciality Hospital, Jaipur is a multispecialty tertiary care hospital offering high quality affordable medical care to the people of Rajasthan and bordering states. It is the first hospital in Rajasthan to get Joint Commission International (JCI) Accreditation for meeting the international Benchmarks in Healthcare.

Narayana Health formerly known as Narayana Hrudayalaya, is a multi-speciality hospital chain in India, headquartered in the city of Bengaluru.

Narayana Health is also a renowned centre for telemedicine; the services rendered are free of cost. It is known as a low cost and high quality Indian healthcare service provider.

Since then it has expanded its presence to 23 hospitals in 14 cities.

Narayana Health was founded in 2001 by Dr. Devi Shetty under the aegis of the Asian Heart Foundation (AHF).

Key specialties offered are -:

Cardiology & Cardiac Surgery,

Orthopaedics,

Neurology

and Renal Sciences.

Vision & Values -: Narayana Health's vision is “ To provide high quality health care, with care and compassion, at an affordable cost on a large scale. The core values of the organization are represented by the acronym iCare.

I – Innovation and efficiency: To continuously reduce the cost of delivery of healthcare and improve reach.

C – Compassionate Care: To provide accessible care that makes a difference to our patients.

A – Accountability: To honour our commitments with integrity and transparency to our patients, employees and investors.

R – Respect for all: To recognize the contribution of every employee and respect the rights and the dignity of every patient and employee.

E – Excellence as a Culture: To create a culture of ensuring the highest quality of consistent and reliable services to our patients and sustainable value for our stakeholders.

Mission Statement: - Dream at Narayana Hrudalaya is “A Dream Of Making Quality Health Care Available To The Masses World-wide”.

To make the dream a reality we commit ourselves to :-

- Being a tertiary care referral centre for complex medical and surgical problems.
- Developing a health City Model, to be replicated nationally and internationally.
- Excelling as an Education, Training and Research Centre in Medical, Paramedical & Allied Specialities.

Innovations of Narayana Health :- Improvements in quality of clinical outcomes since clinicians are exposed to a variety of medical conditions

Reduced cost per surgery by using shared resources like Laboratory, Radiology, Infection, and Quality Control Teams, Administrative Overheads ideal for resident doctors, clinicians to receive onsite training which helps in reducing salary costs and build succession plans.

Leadership : - Dr. Devi Shetty, Chairman in 2001, Dr. Devi Prasad Shetty, Chairman, Narayana Health stepped in to make a difference to the Indian Healthcare and he put into place a dream hospital project called Narayana Hrudalaya.

He has leveraged economies of scale to provide affordable healthcare.

He believes that the cost of healthcare can be reduced by 50 percent in the next 5 – 10 years if hospitals adopt the idea of economies of scale.

Dr. Shetty focused on the fact that 70% of India’s population lives in villages but 70 % of the country’s doctors lives in cities. He therefore persuaded the Indian

Space Research Organization in Bangalore to provide satellite connections that allowed NH to establish a telemedicine network between city hospitals and villages.

Conclusion :-

Narayana health aims to treat middle class and rural patients at low cost and provides good services.

In spite of providing good services at comparatively low profits, the hospital earns high revenues due to reasonable pricing structure and effective and efficient utilization of resource.

Floor wise facility distribution –

- **Second Floor - C .T .V .S. Ward (Male & Female)**
 - Neurosurgery Ward
 - Orthopedic Ward
 - Biomedical Department
 - Private Room 201 – 218
 - O .T. 07 - 09
- **First Floor - A .N .C. Ward**
 - Labor Room
 - Pediatrics Ward
 - Library
 - N .I .C .U.
 - P .I .C .U.
 - Semi Private Room 101 - 118
 - Female Surgical & Medical General Ward
 - O .T. 1 - 5
 - I .T .U.
- **Ground Floor - O .P. D. 001 - 034**
 - Pharmacy
 - I .P .D.
 - Billing
 - Blood Bank
 - Laboratory
 - Sample Collection
 - Cath Lab
 - C .C .U

- M .I .C .U
- Procedure Room
- Sonography
- Admission Office
- T .P .A. / Corporate Desk
- E .C .G.
- ECHO
- T .M .T.
- Guest Lounge
- Administration
- M .R .D. – Medical Record Department
- Training Room 1 - 3
- **Lower Ground Floor – Dialysis**
 - Physiotherapy
 - O .P .D. – 036 – 040
 - P .F .T.
 - Endoscopy
 - Bronchoscopy
 - Food Court
 - Male Surgical & Medical Ward
 - Emergency
 - X – Ray
 - CT – Scan
 - M . R. I.
 - Mammography
 - Academic Hall
 - Store – Purchase
 - Mortuary

Objectives Of The Observational Learning –

To understand the workflow of the following Departments as part of the Intern Orientation Program Schedule which are as: -

- Hospital Services
- Quality
- M. R .D.
- Nursing
- Dialysis
- P & SCM
- Cathlab
- O.P .D
- O.T.
- I .P. Services

Research Questions:-

- What is the normal flow chart of a Department?
- What are the requirements in a department?
- Where are various department Located?
- How is the requirement in a department calculated?
- How is the hygiene maintained in department?
- How is the waste discarded?

Section – (ii) Mode Of Data Collection (Research Methodology) :-

Location – Narayana Multispeciality Hospital, Jaipur

Duration – 2 months (April 1 to May 31st, 2016)

Study Type – Analytical Studies

Study Areas -

O .P .D.	Cathlab	O .T.
I .P . Services	Hospital Services	
Quality	M. R .D	Nursing
Dialysis	P & SCM	

Sample Size : 10 Department In charges

Primary Data -

Sources Of Data: Interpersonal Interviews of ten Department In charges and Observation of Processes carried out over the study period.

Focused Group Discussion –

A good amount of Quality data was collected with Group Discussion with Departmental In charges and supporting staff.

Secondary Data –

Internet Searches, Literatures Review.

Data Collection Tools & Techniques –

Questionnaires

Section – (iii) General Findings On Learning :-

I O.T. :- There are:-

- a) Five O. T's on the first floor
- b) Three O. T's on the second floor
in the Hospital.

- The types of O.T. are :- 3 Cardiac
 - 2 General
 - 1 Joint
 - 1 Laparoscopic
- There are: - Pre – op bed areas
Post – op bed areas
- Manpower Hierarchy is as follows :-
 - Nursing staff – 52
 - OT Technicians – 20
 - Anaesthetist – 18-20
 - OT Manager – 1
 - Chief HOD – 1
 - Daily/ Weekly – 480/500/month
- There are 2 Types of lifts in the O. T area especially dedicated for the supply of materials to and from C .S .S .D. which areas follows:-
- Sterile Lift - For transport of sterile Instruments

- Non Sterile Lift – For transport on non sterile or used materials after operations.
 - This helps in controlling infection spread.
- In small Operations 3 – 4 Staff Nurses are involved.
- In Bigger Surgeries 6 – 7 Staff Nurses are involved.
- One O. T Technician is also involved to carry on the smooth functioning of the Operations.
- Two types of Nurses are also involved in the Operations.

which are: - i) Floor Nurse

ii) Scrub Nurse.

- Temperature of Operation Theatre maintained is 19 – 23 degrees Celsius
- Positive Pressure of the Room is maintained which is 25 – 45 mm
- Tubing used in O T are of three types which are as follows:-
 - Blue for Nitrous Oxide
 - Yellow for Vacuum
 - White for Oxygen
 - and Green for Air.
- There is a single O T table in single O T room.
- The size of O T room is 20 *20.
- Ventilator and Anaesthesia are delivered to patient by a single Unit which is Detex Ohmeda by G E company.
- Earlier Boyles machine was used for the purpose which is a hand machine.
- ECG, Pulse, B. P., Temperature, Respiration, CO₂, O₂, NO gas.
- The fresh air in to O. T is delivered by Laminar Flow through HEPA Filters located on the ceiling.
- The exhaust is located just above the floor in the form of grills which are small sized.

- There is a H. L. M., these acts as blood purifier.
- There is Activated Clotting Machine.
- There is a pendant which is suspended from ceiling containing the following :-

- Blue for Nitrous Oxide
- Yellow for Vacuum
- White for Oxygen
- and Green for Air.

- There is a T. C. M. Temperature Control Machine inside the O. T.
- There is a Store located in the O. T. for the supplies required during operation.

- It consists of following -

1. Betadine
2. Hand Wash
3. Mask
4. Bed Sheets
5. Biopsy Containers – S – Small

M – Medium

L – Large

6. Sharp Containers
7. Sanitizers

- The Protocol which is followed in O. T. is as follows for the patient going in for surgery are as follows:-

- Finance
- Serology
- PAC – Pre Anaesthetic Care
- Consent

- There are specific areas for Light Switches and Cylinders for Oxygen Supply.

- The most crucial aspect for O T is i) Temperature

ii) Humidity

iii) Positive Pressure

- Sterilization of O T is done on Saturday and Sunday which includes Deep Cleaning, Fumigation and Lab Culture.
- In Positive cases Fumigation and Deep Cleaning is done till thoroughly cleaned.

II) I .P . Services – It consists of

- I C U,
- ANC
- NICU
- PICU
- General Wards - It consists of Male-
- Female-
- CTVS
- Semi Private-
- Private-
- Ortho -
- Neuro –

On Lower Ground Floor there are :-

- Male I – 19 patients
- Male II – 16 patients
- Emergency –
 - 10 beds
 - 9Triage
 - 1Isolation

On Ground Floor –

- CCV is 18 beds.

On First Floor –

- Semi Private - 32 beds (Twin Sharing)

4 beds (Day Care)

- ANC – 8 beds
- Paediatric – 5 beds
- PICU – 5 beds
- NICU- 6 beds
- Female General Ward – 36 beds
 - Medical – 18 beds
 - Surgical – 18 beds

On First Floor –

- ITU

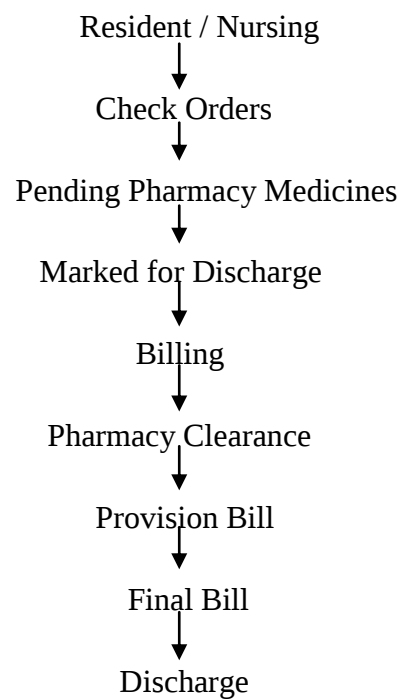
On Second Floor –

- Surgical ICU
- CTVS – 23 beds
- Ortho – 5 beds
- Neuro – 5 beds
 - Private – 18 beds
 - MICU – 20 beds
- There is a Nursing Station – It consists of
 - Crash Cart,
 - Cardiac Monitor,
 - ECG
 - BP
 - Computer,
 - Printer,
 - Records

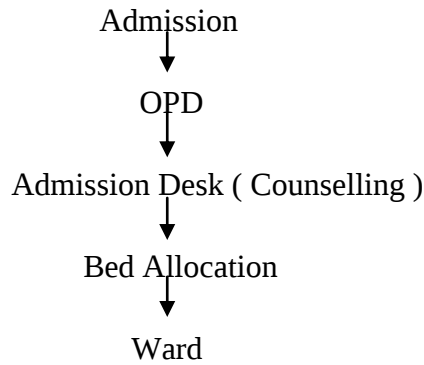
- **The Manpower is as follows:-**

- Nursing
- Resident Doctors
- House Keeping
- Dietician
- Pharmacist
- Data Entry Operator

Discharge Process – It is as follows:-



- **The daily audit takes place in case I P Services.**
 - It consists of :-
 - a) Monitoring
 - b) Check listing
 - c) Discharge Process
 - d) Bed Booking Process
 - e) Admission
 - f) Financial Counselling Process
- **The flow process is as follows : -**



- The patients for admission are requested to bring their toiletries example soap, toothpaste, brush, shampoo, shaving kit, moisturizer oil and bathroom slippers.
- Inpatient charges does not include food for the patients attendant.
- Outside food is not allowed in indoor patient area.
- Cooking is not allowed in the rooms.
- Rooms have to be vacated on the day of surgery or during stay in ITU or CCU or MICU or NICU or Critical Card Areas.
- Washing and drying of clothes are not allowed in the rooms or wards.
- Visiting hours for a) General Ward is 11 am – 12 pm

5 pm – 7 pm

b) CCU/ MICU is 5 pm – 6 pm

- Meeting patient in ITU is not allowed. Patient can be seen from 5.00 pm – 6.00 pm through camera.
- Discharge process requires 3 – 4 hours.

III) Nursing – The nursing forms the core of the work flow process in Wards.

The Medicines administered, Patient orientation, Attending to Patients needs are all taken care by nursing staff.

The workflow process of General Ward includes the following:-

- Patient Height/ Weight is measured.
- Counselling is done by Duty Doctor.
- Notes of the patient is taken by Duty Doctor.
- Patient is oriented for information about washrooms, Calls and Attendees.
- On the basis of Doctors Investigations are carried out which are
 - i) Blood Samples
 - ii) Medicines (Pharmacy)
 - iii) X Ray
 - iv) Vitals like B.P.
 - Pulse,
 - Respiration,
 - Pain
 - Oxygen Level Saturation
- O T counselling is done where the patient is advised to be on empty stomach.
- Anaesthetic order is given by doctor which is administered by Anesthetist.
- Treatment in form of medicines is given by Doctor whose duration is 2 Hourly, 15 Hourly. Cross Check is done by Staff.
- Dietary information regarding the patient is taken and is provided by diet which is dependent upon parameters like :-
 - Hypertension/ Decreased Salt
 - Diabetes
 - Increased Protein Diet

- Normal Diet

Nursing Hierarchy

Deputy Nursing Superintendent



Deputy Nursing Supervisor



Nursing In charges



Clinical Instructor



Shift Incharge



Staff Nurse

IV) Quality –

- It refers to the patients expectations.
- It refers to What - Right thing doing
 - Whom - To right person (patient)
 - When - At right time
 - With proper documentation and in safe environment.
- It is basically centred around Patient and Management.
 - There are generally 16 Audit Points.
- Assessment of patient is based on the following:-

- Surgical Services
- Verbal Orders
- Medication Policy
- Abbreviations
- Dating Legibility
- Patient and Family Education
- The Hospital is Accredited by the following:-
 - J . C. I. which is having 8 Chapters.
 - N A B H which is having 10 Chapters.
 - Health Care Quality is new term introduced in Health Care Services Delivery.
 1. J C I is a U S based Not For Profit Organization.
 2. It deals with Patients Rights and Treatment and Infection Control.
 3. It is a good process to prevent mistakes.
- **Quality refers to the following:** -
 - Medication
 - Administration
 - Right Patient
 - Right Medicine
 - Right Surgery
 - Right Time
 - Right People
 - Right Documentation
 - Safe Environment

According to J C I manual : -

- Patient Centred refers to – Patient Family Education
 - Medication Management Use
 - Anaesthetic Surgical Care
 - Care Of Patient
 - Assessment of Patient
- Management Centred refers to –

Quality Improvement and Patient Safety
Prevention for Control of Infection

Governance Leadership and Direction

Facility Management & Safety

Staff Quality Management

Management Of Information

HAZMAT refers to Hazardous Material
Management

MSDS refers to Material Safety Data Sheet.

- **Facility Management refers to the following :-**

- Safety Rounds
- Safety Committee
- Safety Manual
- Disaster Plan
- Mock Drill – External and Internal
- Policy for Hazardous Material

- **Patient Education Refers to: -**

- Education Needs of Patients,
- Removing Barriers to Education,
- Understanding and Records.
- Education provided refer to giving
- Informed Consent and ensure Participation in
- Health.
- Education on safe use of meds, safety tips in Hospital.
- Codes used in Hospital are: - Blue – Cardiac Arrest
 - Orange – External Disaster
 - Red – Internal Disaster
 - Pink – Child Abduction
 - Purple – Imminent Physical Altercation
- Safety Issues – R – Race
 - A – Alarm
 - C – Confine Fire
 - E – Extinguish
- Common Assembly Point –

Main Lobby

Near Flag Hoisting Area

- **Health Care Errors –**
 - Nosocomial Infection
 - Patient Fall
 - Pressure Sores
 - Restraint Related Strangulation
 - Preventable Suicide
 - Prophylaxis Failure To Provide
 - Failure to Diagnose
 - Failure to Utilize/Ad on Diagnostic Test
 - Inappropriate use of diagnostic test
 - Failure to monitor or provide follow up Treatment,
 - Wrong Side Surgery
 - Transfusion Mistake,
- **Sentinel Events –** Patient Safety events not related to natural course of patient/ Illness/ Underlying Condition reaches Patient resulting in Death/Permanent Harm/ Severe Temporary Harm.
Types –
 - Surgical – Wrong Surgery
 - Device – Patient Death, Disability caused by Drugs
 - Patient – Suicide, Infant Discharge,
 - Environment – Patient Death/ Seriousness Disability by Burn.
 - Care – Medication Error
- **Reporting Of Incident –**
 - a. All Sentinel Event,
 - b. All/ No Harm Event,
 - c. All Issue Related to Security Theft,
 - d. All Falls,

e. Any Untoward Incident,

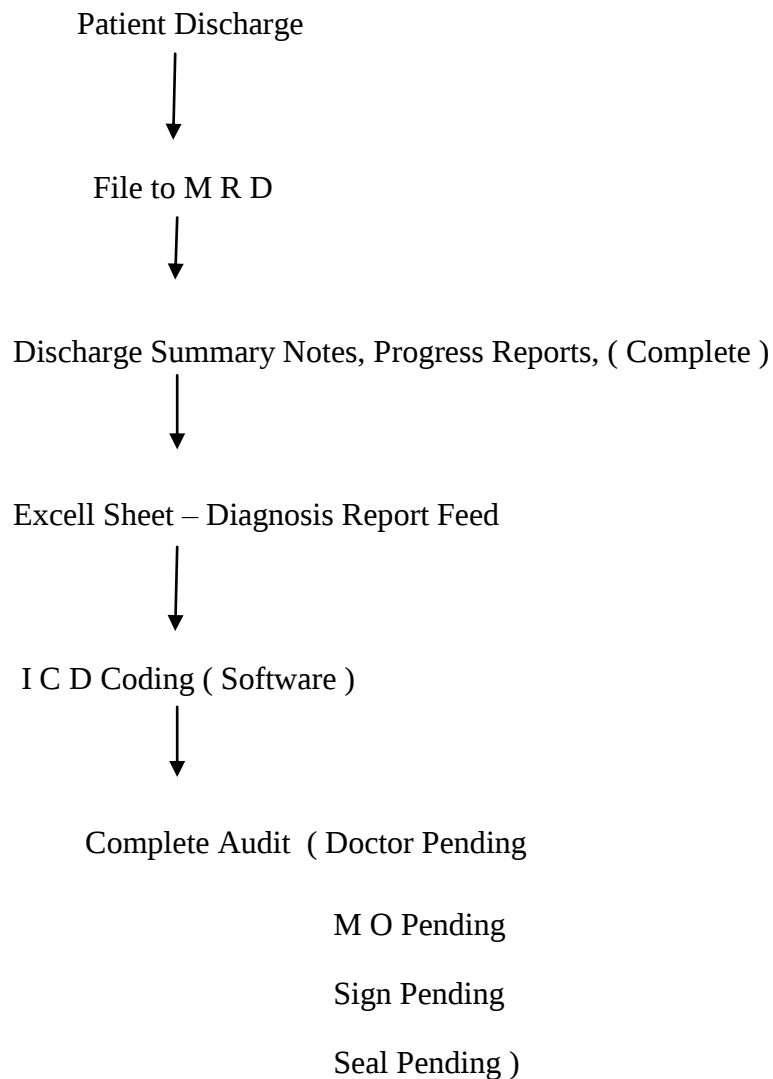
V) M R D – It refers to Medical Records Department It is the place where all

Records pertaining to patients are maintained.

Filing is done according to following three ways: -

- Normal - Files are maintained for 5 Yrs and after which they are destroyed.
- Medico Legal Case – Maintained forever
- Death Case - Maintained forever

The Flow Process in M R D is as follows :-



VI) Dialysis - In this department various kinds of kidney disorders are treated which includes acute and chronic kidney diseases,

Kidney Transplantation,
Hypertension,
Acid – Base Electrolyte Disorders,
Nephrolithiasis (Kidney Stones)
Complex Procedures (Renal Denervation for uncontrolled
Hypertension)

Pertaining to Dialysis the following treatments are carried out

Continuous Renal Replacement Therapy (C R R T)
Peritoneal Dialysis (CPD)
Plasma Dialysis (Plasmapheresis)
Liver Dialysis (MARS Therapy)

Daily dialysis taking place in department are on 56 Patients.

Before Dialysis of patient the patients are filtered on the basis of blood test results.

Hepatitis infected patients are treated differently with different machines

Normal Patients are treated with normal machines.

There is a window of 3 Months where machines cannot detect freshly infected Hepatitis Patient.

This method counters the spread of infection from one patient to other.

In emergency dialysis is avoided.

Regular Dialysis takes place in 2 – 3 weeks

There are 5 Types of Chronic Kidney Disease

Type I	Dialysis + Medicines, 4 – 5 Years
Type II	
Type III	

Type IV

Type V Transplant Required Success rate – 70 – 80 %

This is called as Ckd -5

There are two types of Dialysis Machines.

One type of machine is used in normal patients.

Other type of machine is used in Hepatitis B and Hepatitis C patients.

There are overall 30 Dialysis Machines.

24 Dialysis Machines are used in normal Cases

6 Dialysis Machines are used in Hepatitis B and Hepatitis C patients.

Post Dialysis Care involves lot of protein loss which needs to be replenished.

It is done by the intake of following a) Dal

b) Rasgulla

c) Chana

d) Paneer

e) Egg

Low salt Diet is advised

Phosphorous level has to be increased by intake of dairy

products including:-

Cake

Butter

Ghee

VII) Hospital Services – It involves the following 6 Departments which are as follows :-

a) Maintenance

- b) House Keeping
- c) Food & Beverages
- d) Security
- e) Linen & Laundry

a) **Maintenance Department** – It deals with the Electricity, Water, Civil and Air.

Air Handling Units are there to provide fresh air to all departments.

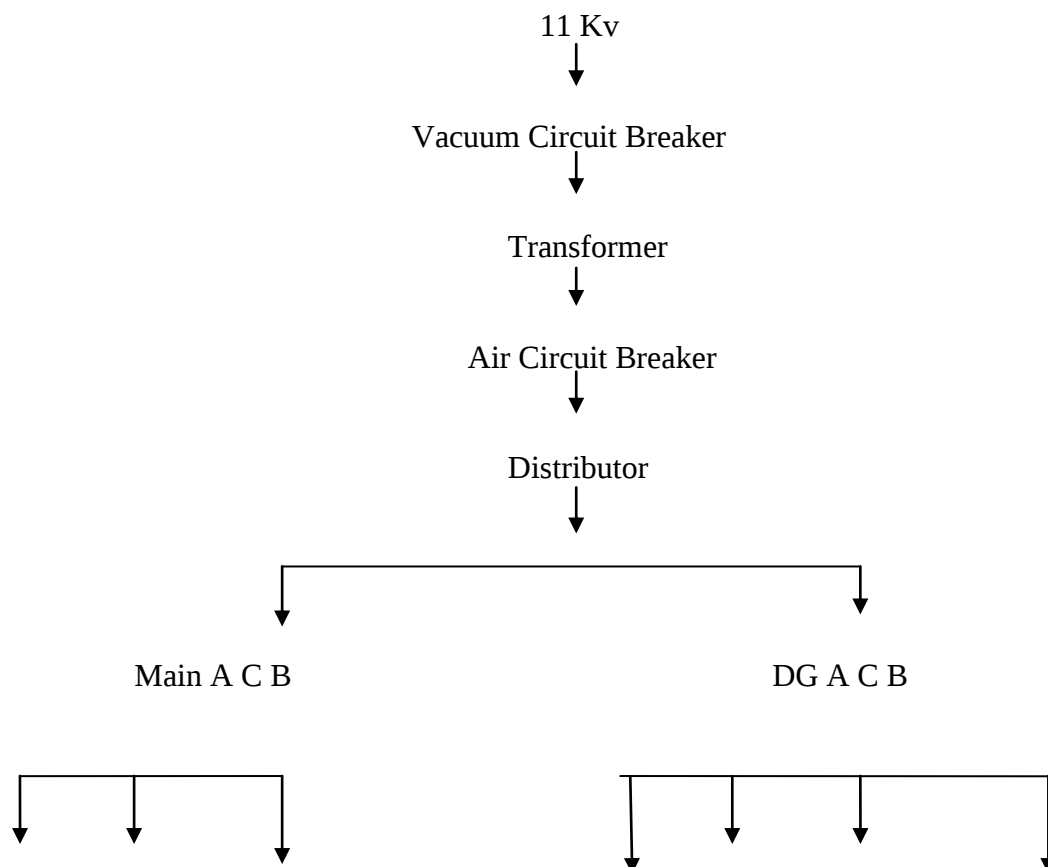
There is a chiller plant which supplies cooled water to Air Handling Units via Ducts to help in circulation of Cool Air.

There is a 5 Stage Filtration Plant which deals with Rain Water Harvesting.

Rain Water is Collected and reused in Flush and Gardening.

There are Solar Heating Panels to provide warm Temperature of Water.

In case of Electricity the following flow chart applies.



Glasses

Burnt Blades

Sharp Containers

The 80 Litres drum is used for the purpose.

The manpower handling the waste are provided with special Protective Equipment which safeguards the manpower from damages.

Ringers trolley is used for the purpose of collecting waste.

Manpower dedicated for the purpose are as follows :-

GTFM – Green Tag Facility Management

Ground Floor – It is managed by the following:- GTFM

VIBGYOR

Lower Ground Floor - GTFM

First Floor – VIBGYOR

Second Floor – KFMS Krishna Facility Management
Service

The wastes are collected two times in a day 6 a.m. & 6 p.m.

c) **Linen & Laundry** :-

The linen is supplied to various departments in Morning and in Evening time.

The clean Green Linen is supplied to CSSD where they are Autoclaved. After being autoclaved they are supplied to O.T.
The clean linen is directly supplied to General Ward

The Inventory is maintained regarding i) General &

ii) Clean Linen

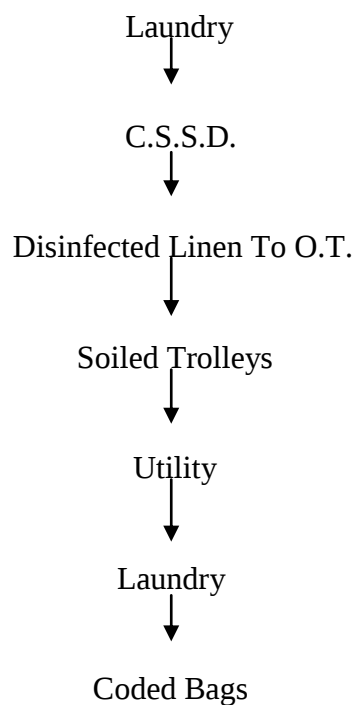
every fortnightly.

The ratio used in this case is

Number of Beds * 2 – Circulation

According to Linen quota being provided the quantity ordered should be justified.

The soiled linen flow chain process is as follows :-



3) **Food & Beverages** – The food supplies entering in to premises of hospital

are checked for their Quality.

The quality is of topmost priority as it will affect the patients health.

The food supplies are checked for Batches and Expiry dates.

The sample of food is checked by the Departments.

The dairy foods are not procured from outside instead they are

developed over here due to quality concerns.

The Quality Check is maintained by periodic Inspection which are recorded both electronically and in document format.

The Department is outsourced.

VIII) P & SCM – It is also called as Procurement and Supply Chain Management.

Receiving – The procurement is ordered by mail. The vendor is checked at the main gate whether extra or deficient (Batch wise)

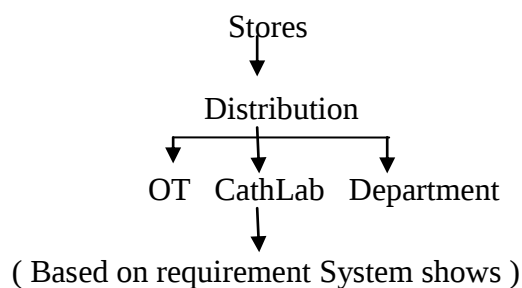
Storing – In the stores after the goods are received, it is fed in to the system as Goods Received Notes. The main stores are Central Stores.

Issuing Material – The material is issued by HINAI software.

List of Material – It is made according to ward wise on the consumption basis.

- a) On Wednesday ward consumption is analysed.
- b) On daily basis IPD, OT, Cathlab requirement is analysed as per requirement of patient.

From Stores the distribution is done in the following basis

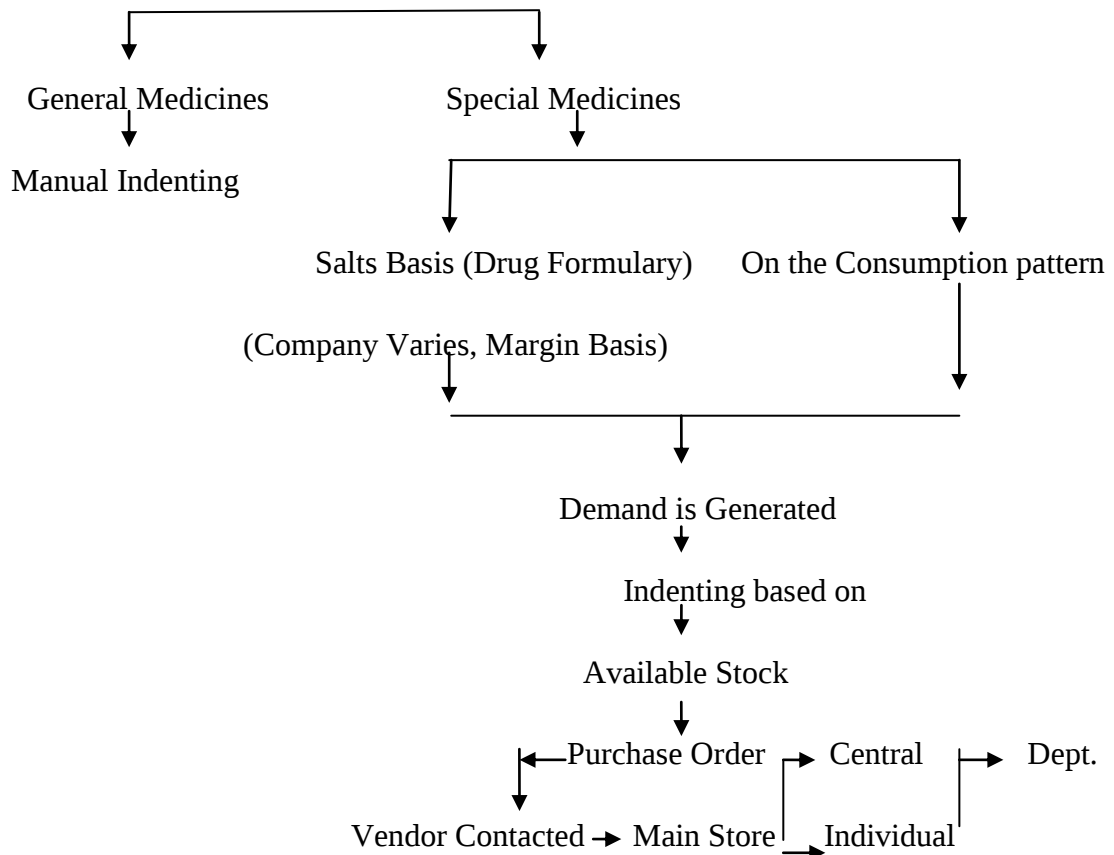


Quotations of two or three vendors are compared and the most economical one is selected.

Narcotics are procured from the authorised stockist.

For Special Medicines on the following basis Demand is generated.

Procurement of Medicines
↓



Validation -: It is done by checking. The batch Checking is done. Individually

Medicines are cross verified for price.

Audit is done by ABC analysis.

The method used is FIFO which signifies First In First Out.

Main Store Supply (Based on Indent)

O.P I.P. O.T

There are dead stocks which means medicines which are not used for a certain set period for example 3 months in Narayana Multispecialty Hospital are returned back to vendor.

The monthly requirement of particular medicine is calculated after looking at 3 months consumption pattern for each medicine.

After 3 months the day requirement is calculated by dividing total consumption in 3 months by 90.

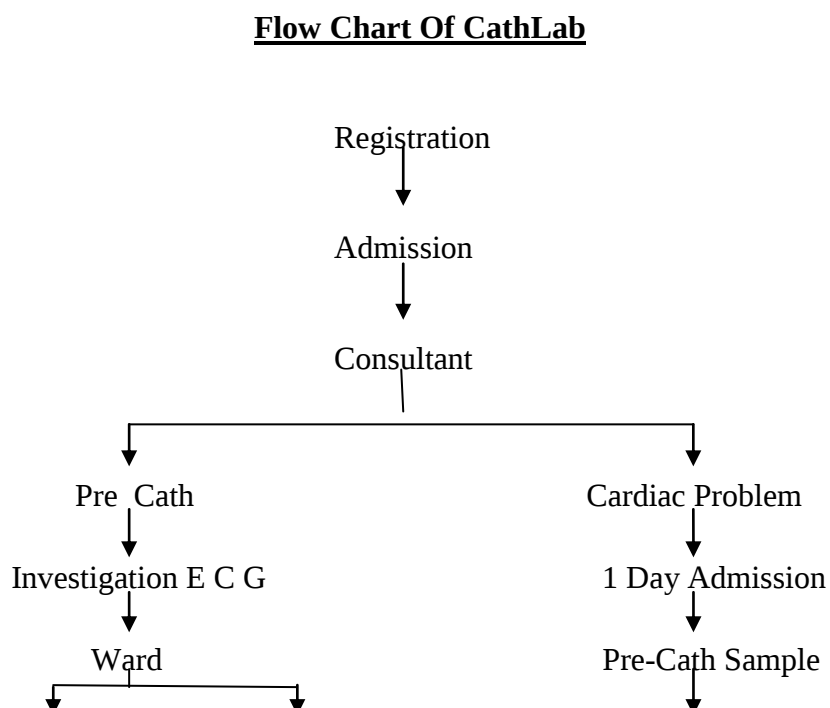
This is daily consumption pattern of various medicines used in the hospital.

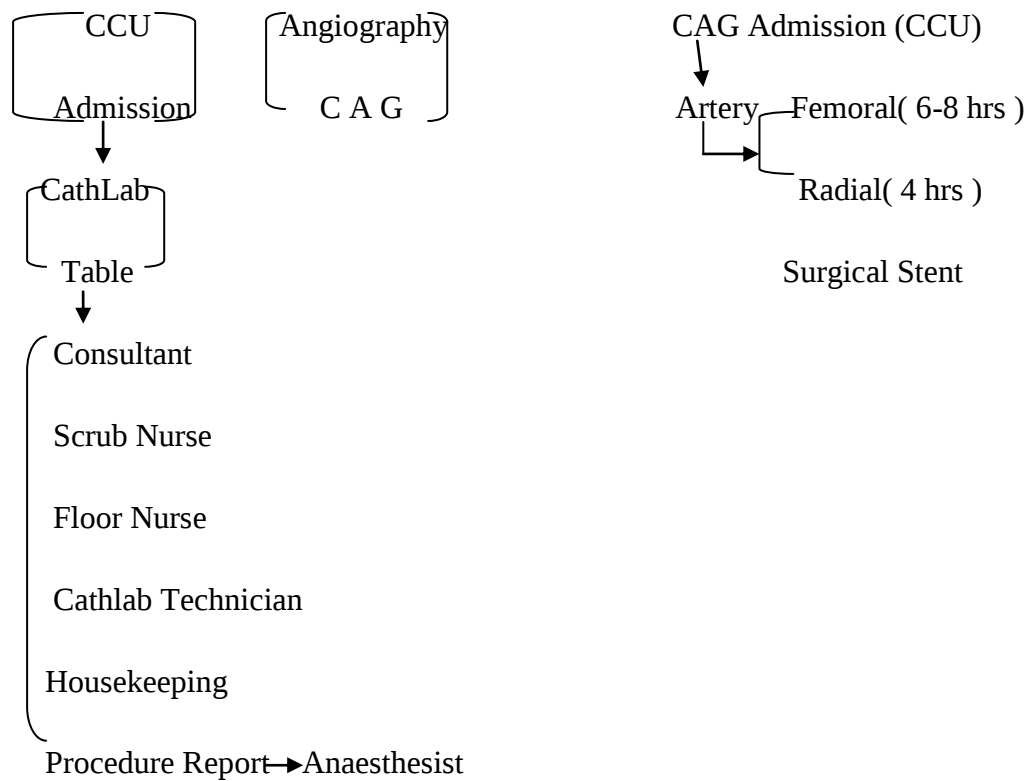
On this basis the fresh stocks are ordered.

The medicines nearing expiry which is close to 3 months are returned back to vendor by contacting them.

IX) Cathlab -: The temperature of cathlab is maintained (17 – 20)*c. Access to cathlab area is allowed after wearing clean linen as provided by hospital. No shoes or outside footwear are allowed in the area. Patients can be seen by their relatives from the room with glass window.

The flow chart of the Cathlab is as follows :-





Average number of cases handled are 10 – 12 / day, 300 – 325 / month

- Angiography - 10 – 15 minutes
- Angioplasty - Variable

A regular maintenance of Three Months is required.

Quality Indicators – Turnaround time between two cases is usually 45 – 50 minutes

Cath lab Utilization → 24 hrs Data

A Crash Cart is maintained which consists of the following :-

- a) Ambu Bag
- b) Laryngoscope
- c) Defibrillator Phillips FD 10

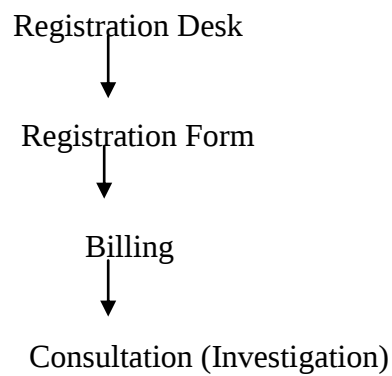
Phillips Santron FD 20

PTC Consent (CCU)

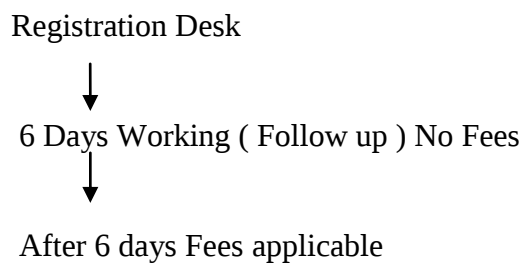
X) **OPD** :- It is also called as Out Patient Department.

The flow process of OPD is as follows :-

1) **For New Patients :-**



2) **For Follow - Up Patients :-**



There are overall 40 OPD's in the Hospital.

There are following blocks in the hospital:-

- a) South
- b) North

c) North Back

The following departments are there on ground floor –

- a) Cardiac OPD
- b) Cardiac Surgeon OPD
- c) Dermatologist OPD
- d) Neurologist OPD
- e) General Surgeon OPD
- f) Orthopaedic Surgeon OPD
- g) Gynaecologist OPD

The following departments are there on lower ground floor –

- a) Nephrology OPD
- b) Radiology OPD

XI) Security – It is under the in charge of G. M. who is Colonel.

There are 28 persons are in charge during day time

There are 16 persons are in charge during night time

There are 6 supervisors.

There are 2 Head Guards

(I) Specific Project Findings :-

Section – 1: Introduction: Rationale, research question, and specific objectives

Introduction:-

Self Assessment Standards:- Organisation is required to provide ‘Self Assessment Report’ in the format 'Self Assessment Standards' with various ‘Measurable Elements’ under it.

All the entries are to be properly filled up.

Objectives:- To prepare audit checklist of various chapters as per JCI guidelines.

Audit Checklist Requirements:-

In this document, we provide the Joint Commission-mandated Assessment Standards as required with various Measurable Elements in each Assessment Standard to provide self assessment report in the format 'Self Assessment Standards' given below. All the entries are to be properly filled up. Regarding scoring following criteria would be applicable.

Compliance to the requirement: 10

Partial compliance to the requirement: 5

(if any of the sample is found to be non complying out of total samples selected)

Non-compliance to the requirement: 0

Not Applicable: NA

Evaluation Criteria during final assessment:

- No individual standard should have more than one zero to qualify.
However, no zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

Section – (ii) Mode Of Data Collection (Research Methodology):-

Location – Narayana Multispecialty Hospital, Jaipur

Duration – 2 months (April 1 to May 31st, 2016)

Study Type – Documentation of Checklist of mandated Assessment Standards
as required with various Measurable Elements.

Study Areas – Quality Department,

Sample Size - J.C.I. laid guidelines given in various Chapters in the form of
various Standards with various measurable elements under each chapter as
per J.C.I. 5th Edition.

Primary Data -

Sources of Data: Joint Commission International Mandated Standards with
various measurable elements under each chapter as per J.C.I. 5th edition
manual.

Section – (iii) Data Compilation & Interpretation:-

The Checklist is prepared as per J.C.I. Guidelines by compiling various Self Assessment Standards on Various Topics as given in various Chapters of J.C.I. manual with various Measurable Elements under each Chapter.

A Scoring is provided against the Parameters of measurable Elements of each Chapter.

The Data Compilation of various Self Assessment Standards on Various Topics as given in various Chapters of J.C.I. manual with various Measurable Elements under each Chapter is as follows :-

TOPIC – 1

JCI ASSESSMENT OF CARE OF PATIENT (COP)

Self Assessment Standards

Organisation is required to provide self assessment report in the format 'Self Assessment Standards' given below. All the entries are to be properly filled up. Regarding scoring following criteria would be applicable.

Compliance to the requirement: 10

Partial compliance to the requirement: 5 (if any of the sample is found to be noncomplying out of total samples selected)

Non-compliance to the requirement: 0

Not Applicable: NA

Evaluation Criteria during final assessment:

- No individual standard should have more than one zero to qualify.
However, no zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

SELF ASSESSMENT STANDARDS

Elements	Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)	REMARK
Chapter 1: Care Delivery for All Patients					
Standard COP.1 Uniform care of all patients is provided and follows applicable laws and regulations					
Measurable Elements of COP.1					
1. The hospital's department/service leaders collaborate to provide uniform care processes.					
2. The provision of uniform care reflects local and regional laws and regulations.					
3. Uniform care is provided that meets requirements a) through e) in the intent.					
Standard COP.2 There is a process to integrate and to coordinate the care provided to each patient.					
Measurable Elements of COP.2					
1. Care planning is integrated and coordinated among settings, departments, and services.					

2. Care delivery is integrated and coordinated among settings, departments, and services.				
3. The results or conclusions of any patient care team meetings or other collaborative discussions are documented in the patient's record.				
Standard COP.2.1 An individualized plan of care is developed and documented for each patient.				
Measurable Elements of COP.2.1				
1. The care for each patient is planned by the responsible physician, nurse, and other health care practitioners within 24 hours of admission as an inpatient.				
2. The plan of care is individualized based on the patient's initial assessment data and identified needs.				
3. The plan of care is updated or revised and reviewed by the multidisciplinary team based on the reassessment of the patient by the health care practitioners.				

4. The initial plan of care and any revisions to the plan of care are documented in the patient's record.				
5. The plan of care for each patient is reviewed when initially developed and when revised based on changes in the patient's condition by the multidisciplinary team and documented in the patient's record.				
6. The planned care is provided for each patient and documented in the patient's record by the health professional providing the care.				
Standard COP.2.2 The hospital develops and implements a uniform process for prescribing patient orders.				
Measurable Elements of COP.2.2				
1. The hospital develops and implements a uniform process for prescribing patient orders.				
2. Diagnostic imaging and clinical laboratory test orders include a clinical indication/rationale when required for interpretation.				

3. Orders are prescribed only by those qualified to do so.				
4. Orders are found in a uniform location in patient records.				
Standard COP.2.3 Clinical and diagnostic procedures and treatments performed, and the results or outcomes, are documented in the patient's record.				
Measurable Elements of COP.2.3				
1. Procedures and treatments performed are documented in the patient's record.				
2. The person requesting, and the reason for requesting, the procedure or treatment are documented in the patient's record.				
3. The results of procedures and treatments performed are documented in the patient's record.				
Chapter 2: Care of High-Risk Patients and Provision of High-Risk Services				
Standard COP.3 The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, laws, and regulations.				
Measurable Elements of COP.3				

1. Hospital leadership has identified the high-risk patients and services.				
2. When high-risk services are provided by the hospital, leadership establishes and implements guidelines and procedures for those services and for the care of high-risk patients, for at least a) through i) of the intent.				
3. Staff have been trained and use the guidelines and procedures for care.				
4. Hospital leadership identifies additional risks that may affect high-risk patients and services.				
5. Evaluation of the high-risk services is included in the hospital's quality improvement program.				

Chapter 3: Recognition of Changes to Patient Condition

Standard COP.3.1 Clinical staff are trained to recognize and respond to changes in a patient's condition.

Measurable Elements of COP.3.1

1. The hospital develops and implements a systematic process for staff recognition of and response to a patient whose condition appears to be worsening.				
2. The hospital develops and implements documented criteria describing early warning signs of a change or deterioration in a patient's condition and when to seek further assistance.				
3. Based on the hospital's early warning criteria, staff seek additional assistance when they have concerns about a patient's condition.				
4. The hospital informs the patient and family how to seek assistance when they have concerns about a patient's condition.				
Chapter 4: Resuscitation Services				
Standard COP.3.2 Resuscitation services are available throughout the hospital.				
Measurable Elements of COP.3.2				

1. Resuscitation services are available and provided to all patients 24 hours a day, every day, throughout all areas of the hospital.				
2. Medical technology for resuscitation and medications for basic and advanced life support are standardized and available for use based on the needs of the population served.				
3. In all areas of the hospital, basic life support is implemented immediately upon recognition of cardiac or respiratory arrest, and advanced life support is implemented in fewer than 5 minutes.				
Standard COP.3.3 Clinical guidelines and procedures are established and implemented for the handling, use, and administration of blood and blood products.				
Measurable Elements of COP.3.3				
1. An individual with education, knowledge, and expertise oversees the administration of blood and blood products.				
2. Clinical guidelines and procedures are established and implemented for the handling, use, and administration of blood and blood products.				

3. Clinical guidelines and procedures address the processes for a) through e) in the intent.				
Chapter 5: Food and Nutrition Therapy				
Standard COP.4 A variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, is available.				
Measurable Elements of COP.4				
1. A variety of food choices or nutrition, consistent with the patient's condition, care, and needs, is regularly available.				
2. Prior to patients being fed, all inpatients have orders for food in their records.				
3. The order is based on the patient's nutritional status and needs.				
4. The distribution of food is timely, and special requests are met.				
5. When families provide food, they are educated about the patients' diet limitations.				
Standard COP.5 Patients at nutrition risk receive nutrition therapy.				
Measurable Elements of COP.5				

1. Patients assessed at nutrition risk receive nutrition therapy.				
2. A collaborative process is used to plan, to deliver, and to monitor nutrition therapy.				
3. The patient's response to nutrition therapy is monitored and documented in the patient record.				
Chapter 6: Pain Management				
Standard COP.6 Patients are supported in managing pain effectively				
Measurable Elements of COP.6				
1. Based on the scope of services provided, the hospital has processes to identify patients in pain.				
2. When pain is an expected result of planned treatments, procedures, or examinations, patients are informed about the likelihood of pain and options for pain management.				
3. Patients in pain receive care according to pain management guidelines and according to patient goals for pain management.				

4. Based on the scope of services provided, the hospital has processes to communicate with and to educate patients and families about pain.				
5. Based on the scope of services provided, the hospital has processes to educate staff about pain.				
Chapter 7: End-of-Life Care				
Standard COP.7 The hospital addresses end-of-life care.				
Measurable Elements of COP.7				
1. Staff are educated about the unique needs of patients and their families at the end of life.				
2. End-of-life care provided by the hospital addresses dying patients' needs, at least including evaluation of elements a) through e) in the intent.				
3. The quality of the end-of-life care is evaluated by family and staff.				
Standard COP.7.1 Care of the dying patient optimizes his or her comfort and dignity.				
Measurable Elements of COP.7.1				

1. Interventions are taken to manage pain and primary or secondary symptoms.				
2. Symptoms and complications are prevented to the extent reasonably possible.				
3. Interventions address patient and family psychosocial, emotional, and spiritual needs regarding dying and grieving.				
4. Interventions address patient and family religious and cultural concerns.				
5. The patient and family are involved in care decisions.				
Chapter 8: Hospitals Providing Organ and/or Tissue Transplant Services				
Standard COP.8 The hospital's leadership provides resources to support the organ/tissue transplant program.				
Measurable Elements of COP.8				
1. Trained staff are available to provide safe, high-quality care to the organ/tissue transplant program.				
2. The hospital's leadership allocates resources for the organ/tissue transplant program.				

3. Information management systems are used to support the quality of the organ/tissue transplant program.				
Standard COP.8.1 A qualified transplant program leader is responsible for the transplant program.				
Measurable Elements of COP.8.1				
1. One or more individuals oversees the organ/tissue transplant program.				
2. The individual(s) is qualified for the program's scope and complexity.				
3. The individual(s) fulfills the program's oversight responsibilities as defined by the transplant program.				
Standard COP.8.2 The transplant program includes a multidisciplinary team that consists of people with expertise in the relevant organ-specific transplant programs.				
Measurable Elements of COP.8.2				
1. The transplant program documents the composition of the tissue/organ-specific transplant team.				
2. The transplant program documents the team members' responsibilities.				

3. Based on the services provided by the transplant team, the team includes individuals experienced in medicine, nursing, nutrition, pharmacology, social services, psychological services, and transplant coordination.				
4. The transplant program evaluates team members for qualifications, training, and experience at the time each individual is being considered for the transplant team.				
Standard COP.8.3 There is a designated coordination mechanism for all transplant activities that involves physicians, nurses, and other health care practitioners.				
Measurable Elements of COP.8.3				
1. The individual responsible for the coordination of the live donor's and transplant recipient's care is identified and available through all phases of transplant care.				
2. The clinical transplant coordinator facilitates continuity of care for transplant patients (candidates and recipients) through the pre-transplant, transplant, and discharge phases of transplantation.				

3. The clinical transplant coordinator facilitates continuity of care for living donors during evaluation, donation, and discharge phases of donation.				
4. The coordination of organ/transplant activities is communicated to all staff involved in the transplant program activities.				
Standard COP.8.4 The transplant program uses organ-specific transplant clinical eligibility, psychological, and social suitability criteria for transplant candidates.				
Measurable Elements of COP.8.4				
1. The transplant program documents organ-specific candidate selection criteria.				
2. The results of a medical evaluation are included in the determination of suitability for transplantation.				
3. The transplant program documents organ compatibility confirmation in the transplant candidate's medical record.				
Standard COP.8.5 The transplant program obtains informed consent specific to organ transplantation from the transplant candidate.				
Measurable Elements of COP.8.5				

1. The transplant program follows the hospital's policy when obtaining informed consent from transplant candidates.				
2. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective transplant candidate of potential psychosocial risks.				
3. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective transplant candidate of organ donor risk factors that could affect the success of the graft or the candidate's health as a recipient, including, but not limited to, a) through d) of the intent.				
4. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective transplant candidate of the transplant center's observed and expected one-year survival rate.				

5. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective transplant candidate about immunosuppressive drugs and potential associated costs				
6. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective transplant candidate of alternative treatments.				
Standard COP.8.6 The transplant program has documented protocols (or procedures) for organ recovery and organ receipt to ensure the compatibility, safety, efficacy, and quality of human cells, tissues, and organs for transplantation.				
Measurable Elements of COP.8.6				
1. The transplant team follows written organ recover protocols, which include reviewing the donor data, receipient blood type, and other vital data to ensure compatibility before organ recovery takes place.				
2. The transplant surgeon is responsible for confirming, in writing, the medical suitability of donor organs for transplantation into the recipient.				

3. When an organ arrives at the transplant center, the transplanting surgeon and at least one other licensed health care professional at the transplant center verify that the donor's blood type and other vital data are compatible with the recipient prior to transplantation.				
4. The transplant surgeon is responsible for confirming that donor evaluation and donor testing for infectious diseases and malignancy have been completed before organ recovery and organ transplant occur.				
5. When an organ arrives at the transplant center, the transplanting surgeon and at least one other licensed health care professional at the transplant center verify that evaluation and testing of the donor organ shows no evidence of disease and the condition of the organ is suitable for transplant.				
Standard COP.8.7 Individualized patient care plans guide the care of transplant patients.				
Measurable Elements of COP.8.7				
1. The transplant program has documented organ-specific clinical practice guidelines for the pre-transplant, transplant, and discharge phases of transplantation				

2. Each transplant patient is under the care of a multidisciplinary patient care team coordinated by the patient's primary transplant physician throughout the pre-transplant, transplant, and discharge phases of transplantation.				
3. Transplant candidates are evaluated for the suitability of other medical and surgical therapies that may yield short and long term survival rates comparable to transplantation.				
4. Transplant candidates receive a psychological evaluation.				
5. The transplant program updates clinical information in the transplant patient's medical record on an ongoing basis.				
Chapter 9: Transplant Programs Using Living Donor Organs				
Standard COP.9 Transplant programs that perform living donor transplantation protect the rights of prospective or actual donors.				
Measurable Elements of COP.9				

1. The living organ donor has the right to make a decision about donation in a setting free of coercion and pressure.				
2. An individual with knowledge of living organ donation, transplantation, medical ethics, and informed consent is identified as an advocate for the living donor.				
3. The individual appointed as the living donor advocate is not involved in routine transplantation activities.				
4. The individual appointed as the living donor advocate informs, supports, and respects the living donor in a culturally appropriate manner during decision making.				
Standard COP.9.1 Transplant programs performing living donor transplants obtain informed consent specific to organ donation from the prospective living donor.				
Measurable Elements of COP.9.1				
1. Informed consent for living donation is obtained by trained staff and is in a language the prospective living donor can understand.				

2. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective living donor of potential psychosocial risks of donation.				
3. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective living donor of potential complications and risks associated with living organ donation.				
4. In addition to the information provided to any surgical patient as part of the informed consent process, the transplant program informs the prospective living donor of potential future health problems.				
5. The transplant program informs the prospective living donor of alternative treatments for the transplant candidate.				
6. The transplant program informs the prospective living donor of the donor's right to opt out of donation at any time during the donation process.				
Standard COP.9.2 Transplant programs that perform living donor transplants use clinical and psychological selection criteria to determine the suitability of potential living donors.				

Measurable Elements of COP.9.2				
1. The transplant program documents defined organ-specific living donor selection criteria.				
2. The transplant program's living donor selection criteria are consistent with laws and regulations and the principles of medical ethics.				
3. The results of a medical evaluation related to the living donor's own physical health are included in the determination of suitability for donation.				
4. The results of a medical tests identifying infectious diseases or malignancies are included in the determination of suitability for donation.				
5. The results of a psychological evaluation are included in the determination of suitability for donation.				
6. The transplant program documents organ compatibility confirmation in the living donor's medical record.				
Standard COP.9.3 Individualized patient care plans guide the care of living donors.				
Measurable Elements of COP.9.3				

1. Transplant programs performing living donor transplants are guided by documented living donor guidelines for care in the evaluation, donation, and discharge phases of donation				
2. Transplant programs performing living donor transplants provide multidisciplinary care by a team coordinated by a physician to each donor throughout the donor evaluation, donation, and discharge phases of donation.				
3. The living donor candidate receives ongoing psychological support following donation.				

TOPIC – 2

JCI ASSESSMENT OF ANESTHESIA AND SURGICAL CARE (ASC)

Self Assessment Standards

Organisation is required to provide self assessment report in the format 'Self Assessment Standards' given below. All the entries are to be properly filled up. Regarding scoring following criteria would be applicable.

Compliance to the requirement: 10

Partial compliance to the requirement: 5 (if any of the sample is found to be noncomplying out of total samples selected)

Non-compliance to the requirement: 0

Not Applicable: NA

Evaluation Criteria during final assessment:

- No individual standard should have more than one zero to qualify.
However, no zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

SELF ASSESSMENT STANDARDS					
Elements	Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)	REMARKS
Chapter 1: ORGANIZATION AND MANAGEMENT (ASC)					
Standard ASC.1 Sedation and anesthesia services are available to meet patient needs, professional standards and applicable local and national standards, laws, and regulations.					
Measurable Elements of ASC.1					

1) Sedation and anesthesia services meet professional standards and applicable local and national standards, laws, and regulations.					
2) Sedation and anesthesia services are available to meet patient needs.					
3) Sedation and anesthesia services are available for emergencies after normal hours of operation.					
4) Outside sedation and anesthesia sources are selected based on the recommendations of the leader of sedation and anesthesia services, acceptable records of performance and compliance with applicable laws and regulations.					
5) There is a contract for outside sedation and anesthesia services					

Standard ASC.2 A qualified individual is responsible for managing the sedation and anesthesia services.

Measurable Elements of ASC.2

1) Sedation and anesthesia services are uniform throughout the hospital				
2) Sedation and anesthesia services are under the direction of one or more qualified individuals.				
3) Responsibilities for recommending outside sources of sedation and anesthesia services are defined and carried out.				
4) Responsibilities for monitoring and reviewing all sedation and anesthesia services are defined and carried out.				

Chapter 2: SEDATION CARE (ASC)

Standard ASC.3 The administration of procedural sedation is standardized throughout the hospital

Measurable Elements of ASC.3

1) The administration of procedural sedation is standardized throughout the hospital.				
2) Standardization of procedural sedation includes identifying and addressing at least a) through e) in the intent.				
3) Emergency medical technology and supplies are readily available and customized to the type of sedation being performed and the age and medical condition of the patient.				
4) An individual with advanced life support training must be immediately available when procedural sedation is being performed.				
Standard ASC.3.1 Practitioners responsible for procedural sedation and individuals responsible for monitoring patients receiving sedation are qualified.				
Measurable Elements of ASC.3.1				

1) Health care practitioners responsible for providing procedural sedation are competent in at least a) through d) of the intent				
2) The individual responsible for patient monitoring during procedural sedation is competent in atleast elements e) through h) in the intent.				
3) Procedural sedation competencies for all staff involved in sedation are documented in the personnel files				
Standard ASC.3.2 Procedural sedation is administered and monitored according to professional practice guidelines.				
Measurable Elements of ASC.3.2				
1) There is a presedation assessment performed and documented that includes at least a) through e) to evaluate risk and appropriateness of procedural sedation for the patient.				
2) A qualified individual monitors the patient during the period of sedation and documents the monitoring.				

3) Established criteria are used and documented for the recovery and discharge from procedural sedation.				
Standard ASC.3.3 The risks, benefits, and alternatives related to procedural sedation are discussed with the patient, his or her family, or those who make decisions for the patient.				
Measurable Elements of ASC.3.3				
1) The patient, family, and/ or decision makers are educated on the risks, benefits, and alternatives of procedural sedation.				
2) The patient, family, and /or decision makers are educated about postprocedure analgesia.				
3) A qualified individual provides the education.				
Chapter 3: ANESTHESIA CARE (ASC)				
Standard ASC.4 A qualified individual conducts a preanesthesia assessment and preinduction assessment.				
Measurable Elements of ASC.4				
1) A preanesthesia assessment is performed for each patient.				

2) A separate preinduction assessment is performed to reevaluate patients immediately before the induction of anesthesia				
3) The two assessments are performed by an individual qualified to do so and documented in the patient record.				

Standard ASC.5 Each patients anesthesia care is planned and documented, and the anesthesia and technique used are documented in the patient's record.

Measurable Elements of ASC.5

1) The anesthesia care of each patient is planned and documented in the patient's record.				
2) The anesthesia agent, dose (when applicable), and anesthetic technique are documented in the patient's anesthesia record				
3) The anesthesiologist and/ or nurse anesthetist and anesthesia assistants are identified in the patient's anesthesia record.				

Standard ASC.5.1The risks, benefits, and alternatives related to anesthesia are discussed with the patient, his or her family, or those who make decisions for the patients.

Measurable Elements of ASC.5.1					
1) The patient, family, and/ or decision makers are educated on the risks, benefits, and alternatives of anesthesia.					
2) The patient, family, and /or decision makers are educated about postoperative analgesia.					
3) The anesthesiologist or another qualified individual provides and documents the education.					
Standard ASC.6 Each patient's physiological status during anesthesia and surgery is monitored according to professional practice guidelines and documented in the patient's record					
Measurable Elements of ASC.6					
1) The frequency and type of monitoring during anesthesia and surgery are based on the patient's preanesthesia status, the anesthesia used, and the surgical procedure performed.					
2) Monitoring of the patient's physiological status is consistent with professional practice.					

3) The results of monitoring are documented in the patient's record.				
Standard ASC.6.1Each patient's postanesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria. Measurable Elements of ASC.6.1				
1) Patients are monitored during the post anaesthesia recovery period.				
2) Monitoring findings are documented in the patient's clinical record.				
3) Patients are discharged from the post-anaesthesia unit (or recovery monitoring is discontinued) in accordance with the alternatives described in a) through c) in the intent.				
4) Time recovery is started and time recovery phase is complete are recorded in the patient's record.				
Chapter 3: SURGICAL CARE (ASC) Standard ASC.7Each patient's surgical care is planned and documented, based on the results of the assessment.				

Measurable Elements of ASC.7				
1) The assessment information used to develop and to support the planned invasive procedure is documented in the patient's record by the responsible physician before the procedure is performed.				
2) Each patient's surgical care is planned based on the assessment information.				
3) A preoperative diagnosis and the planned procedure are documented in the patient's record by the responsible physician prior to the procedure.				
Standard ASC.7.1 The risks, benefits and alternatives are discussed with the patient and his or her family or those who make decisions for the patient.				
Measurable Elements of ASC.7.1				
1) The patient, family and decision makers are educated on the risks, benefits, potential complications, and alternatives related to the planned surgical procedure.				
2) The education includes the need for, risk and benefits of, and alternatives to				

blood and blood-product use.				
3) The patient's surgeon or other qualified individual provides and documents the education.				
Standard ASC.7.2 Information about the surgical procedure is documented in the patient's record to facilitate continuing care.				
Measurable Elements of ASC.7.2				
1) Surgical reports, templates, or operative progress notes include at least a) through h) from the intent.				
2) The hospital identifies information that may routinely be recorded in other specific areas of the record.				
3) The surgical report, template, or operative progress notes is available immediately after surgery before the patient is transferred to the next level of care.				
Standard ASC.7.3 Patient care after surgery is planned and documented.				
Measurable Elements of ASC.7.3				

1) The post surgical care provided by medical, nursing, and others meets the patient's immediate postsurgical needs.				
2) The continuing postsurgical plans is documented in the patient's record within 24 hours by the responsible surgeon or verified by a co-signature from the responsible surgeon on the documented plan entered by the surgeon's delegate.				
3) The continuing postsurgical plan of care includes medical, nursing, and others as needed based on the patient's needs.				
4) When indicated by a change in the patient's needs, the postsurgical plan of care is updated or revised based on the reassessment of the patient by the health care practitioners.				

Standard ASC.7.4 Surgical care that includes the implanting of a medical device is planned with special consideration of how standard processes and procedures must be modified.

Measurable Elements of ASC.7.4

1) The hospital's surgical services define the types of implantable devices that are included within its scope of services.				
2) Policies and practices include a) through g) in the intent.				
3) Medical device implants are included in the department's monitoring priorities.				

TOPIC – 3

JCI ASSESSMENT OF ASSESSMENT OF PATIENTS (AOP)

Self Assessment Standards

Organisation is required to provide self assessment report in the format 'Self Assessment Standards' given below. All the entries are to be properly filled up. Regarding scoring following criteria would be applicable.

Compliance to the requirement: 10

Partial compliance to the requirement: 5 (if any of the sample is found to be Non complying out of total samples selected)

Non-compliance to the requirement: 0

Not Applicable: NA

Evaluation Criteria during final assessment:

- No individual standard should have more than one zero to qualify.
However, no zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

SELF ASSESSMENT STANDARDS					
Elements	Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)	REMARKS
Chapter 1: ASSESSMENT OF PATIENT (AOP)					
Standard AOP.1 All patients cared for by the hospital have their healthcare needs identified through an assessment process that has been defined by the hospital.					
Measurable Elements of ASC.1					

1) The minimum content of assessment for inpatients is defined for each clinical discipline that performs assessments and specifies the required elements of the history and physical examination 2) The minimum content of assessment for outpatients is defined for each clinical discipline that performs assessments and specifies the required elements of the history and physical examination 3) Only qualified individuals permitted by licensure, applicable laws and regulations or certification perform the assessment 4) The hospital identifies the information to be documented for the assessments.				
Standard AOP.1.1 Each patient's initial assessment includes an evaluation of physical, psychological, social, and economic factors, including a physical a examination and health history.				
Measurable Elements of ASC.1.1				
1) All patients and outpatients have an initial assessment that includes a health history and physical examination consistent with the requirements defined in hospital policy 2) Each patient receives an initial psychological assessment as indicated by his or her needs. 3) Each patient receives an initial social and economic assessment as indicated by his or her needs. 4) The initial assessment results in an initial diagnosis				
Standard AOP.1.2 The patients medical and nursing needs are identified from the initial assessments, which are completed and documented in the clinical record within the first 24 hours after admission as an inpatient or earlier as indicated by the patients condition.				
Measurable Elements of ASC.1.2				

1) The initial medical assessment, including health history, physical exam, and other assessments required by the patient's condition, is performed and documented within the first 24 hours of admission as an inpatient or sooner as required by patient condition. 2) The initial medical assessment results in a list of specific medical diagnosis that includes primary and associated conditions requiring treatment and monitoring. 3) The initial nursing assessment is performed and documented within the first 24 hours of admission as an inpatient or sooner as required by patient condition. 4) The initial nursing assessment results in a list of specific patient nursing needs or conditions that require nursing care, interventions, or monitoring.				
Standard AOP.1.2.1 The initial medical and nursing assessments of emergency patients are based on their needs and conditions.				
Measurable Elements of ASC.1.2.1				
1) The medical assessment of emergency patient is based on their needs and condition and documented in the patient record 2) The nursing assessment of emergency patients is based on their needs and condition and documented in the patient record.				

3) Before surgery is performed, there is a brief note and preoperative diagnosis documented for emergency patients requiring emergency surgery.				
Standard AOP.1.3 The hospital has a process for accepting initial medical assessments conducted in a physician's private office or other outpatient setting prior to admission or outpatient procedure.				
Measurable Elements of ASC.1.3				
1) Initial medical assessments conducted prior to admission to inpatient status or prior to an outpatient procedure in the hospital are less than or equal to 30 days old. 2) For assessments less than or equal to 30 days old, any significant changes in the patient's condition since the assessment are documented in the patient's record at the time of admission as an inpatient or prior to an outpatient procedure. 3) If the medical assessment is greater than 30 days old, at the time of admission as an inpatient or prior to an outpatient procedure, the medical history must be updated and the physical examination repeated. 4)The findings of all assessments performed outside the hospital are reviewed and/ or verified at the time of admission to inpatient status.				
Standard AOP.1.3.1 A preoperative assessment is documented before anesthesia or surgical treatment and includes the patient's medical, physical, psychological, and spiritual/ cultural needs				

Measurable Elements of ASC.1.3				
1) Patients for whom surgery is planned have a preoperative assessment performed before the surgery.				
2) The preoperative assessment includes the patient's medical, physical, psychological, spiritual/ cultural, and discharge needs.				
3) The preoperative assessment of surgical patients is documented in the patient record before the surgery.				
Standard AOP.1.4 Patients are screened for nutritional status, functional needs, and other special needs and are referred for further assessment and treatment when necessary.				
Measurable Elements of ASC.1.4				
1) Qualified individuals develop and implement criteria to identify patients who require further nutritional assessment.				
2) Patients at risk for nutritional problems receive a nutritional assessment.				
3) Qualified individuals develop and implement criteria to identify patients who require further functional assessment.				
4) Patients in need of a functional assessment are referred for such an assessment.				

5) When the need for additional specialized assessments is identified, patients are referred within the hospital or outside the hospital. 6) Specialized assessments conducted within the hospital are completed and documented in the patient's record.				
Standard AOP.1.5 All inpatients and outpatients are screened for pain and assessed when pain is present.				
Measurable Elements of ASC.1.5				
1) Patients are screened for pain. 2) When pain is identified from the initial screening exam, a comprehensive assessment of the patient's pain is performed. 3) The assessment is recorded in a way that facilitates regular reassessment and follow-up according to criteria developed by the hospital and the patient's needs.				
Standard AOP.1.6 The hospital conducts individualized initial assessments for special populations cared for by the hospital.				
Measurable Elements of ASC.1.6				
1) The hospital identifies, in writing, those special patient groups and populations it serves that require modifications to its assessment. 2) The assessment process for special - needs patient populations is modified to reflect their needs.				

3) The modified assessment process is consistent with local laws and regulations and incorporates professional standards related to such populations.				
Standard AOP.1.7 Dying patients and their families are assessed and reassessed according to their individualized needs.				
Measurable Elements of ASC.1.7				
1) Dying patients and their families are assessed and reassessed for those elements in a) through i) of the intent, according to their identified needs. 2) Assessment findings guide the care and services provided. 3) Assessment findings are documented in the patient record.				
Standard AOP.1.8 The initial assessment includes determining the need for discharge planning.				
Measurable Elements of ASC.1.8				
1) There is a process to identify those patients for whom discharge planning is critical. 2) Planning for discharge for these patients begins soon after admission as inpatients. 3) Discharge planning includes identifying special educational needs and developing and implementing a plan to address those needs.				

Standard AOP.2 All patients are reassessed at intervals based on their condition and treatment to determine their response to treatment and to plan for continued treatment or discharge.

Measurable Elements of ASC.2

1) Patients are reassessed to determine their response to treatment and plan for continued treatment and or discharge.

2) Patients are reassessed at intervals based on their condition and when there has been a significant change in their condition, plan of care, or individual needs.

3) A physician reassesses patients at least daily, including weekends, during the acute phase of their care and treatment.

4) For non-acute patients, the hospital defines, in writing, the circumstances in which, and the types of patients or patient populations for which, a physician's assessment may be less than daily and identifies the minimum reassessment interval for these patients.

5) Reassessments are documented in the patient record.

Standard AOP.3 Qualified individuals conduct the assessments and reassessments.

Measurable Elements of ASC.3

1) Individuals qualified to conduct patient assessments and reassessments are identified and have their responsibilities defined in writing. 2) Only those individuals permitted by licensure, applicable laws and regulations, or certification perform patient assessments. 3) Emergency assessments are conducted by individuals qualified to do so.				
Standard AOP.4 Medical, Nursing, and other individuals and services responsible for patient care collaborate to analyze and integrate patient Assessments and prioritize the most urgent/important patient care needs.				
Measurable Elements of ASC.4				
1) Patient assessment data and information are analyzed and integrated. 2) Those responsible for the patient's care participate in the process. 3) Patient needs are prioritized based on assessment results.				
Chapter 2: Laboratory Services				
Standard AOP.5 Laboratory services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.				
Measurable Elements of ASC.5				
1. Laboratory services meet applicable local and national standards, laws, and regulations.				

2. Laboratory services are available to meet the needs related to the hospital's mission and patient population, the community's health care needs, and emergency needs, including after normal hours. 3. Experts in specialized diagnostic areas are contacted when needed. 4. Outside sources are selected based on an acceptable record and compliance with laws and regulations. 5. Patients are informed about any relationships between the referring physician and outside sources of laboratory services.				
Standard AOP.5.1 A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service.				
Measurable Elements of AOP.5.1				
1. The clinical laboratory, and other laboratory services throughout the hospital, are under the direction and oversight of one or more qualified individuals. 2. Responsibilities for developing, implementing, and maintaining policies and procedures are defined and carried out. 3. Responsibilities for administrative oversight are defined and carried out. 4. Responsibilities for maintaining quality control programs are defined and carried out.				

5. Responsibilities for recommending reference (contract) laboratory services are defined and carried out. 6. Responsibilities for monitoring and reviewing all laboratory services within and outside the laboratory are defined and carried out.				
Standard AOP.5.2 All laboratory staff have the required education, training, qualifications, and experience to administer and perform the tests and interpret the results.				
Measurable Elements of AOP.5.2				
1. All laboratory staff have the required credentials to administer, perform, and interpret tests. 2. Staff performing point-of-care testing have the required qualifications and training to administer point-of-care tests. 3. A staffing program is implemented that allows staff to perform tests promptly and to provide staffing during all hours of operation and during emergencies. 4. Laboratory supervisory staff are identified and have the proper qualifications and experience.				
Standard AOP.5.3 A laboratory safety program is in place, followed, and documented, and compliance with the facility management and infection control programs is maintained.				
Measurable Elements of AOP.5.3				
1. A laboratory safety program addresses potential safety risks in the laboratory and other areas outside the laboratory where laboratory services are provided.				

2. The program is part of the hospital's facility management and infection control programs and reports to the hospital safety structure at least annually and when any safety events occur. 3. Identified safety risks are addressed by specific processes and/or devices to reduce the safety risks. 4. Laboratory staff are oriented to safety procedures and practices and receive ongoing education and training for new practices and procedures.				
Standard AOP.5.3.1 -The laboratory uses a coordinated process to reduce the risks of infection as a result of exposure to biohazardous materials and waste.				
Measurable Elements of AOP.5.3.1				
1. The laboratory has a defined process for reducing the risks of infection. 2. Infections acquired in the laboratory are reported, as defined in the policy, and in compliance with applicable laws and regulations. 3. The laboratory follows biosafety rules for relevant practices addressed in elements a) through g) in the intent. 4. When problems with practice are identified, or accidents occur, corrective actions are taken, documented, and reviewed.				
Standard AOP.5.4 Laboratory results are available in a timely way as defined by the hospital.				
Measurable Elements of AOP.5.4				
1. The hospital has established the expected report time for results.				

2. The timeliness of reporting of urgent/emergency tests is measured.				
3. Laboratory results are reported within a time frame to meet patient needs.				
Standard AOP.5.5 All equipment and medical technology used for laboratory testing is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.				
Measurable Elements of AOP.5.5				
1. The laboratory develops, implements, and documents a program to manage laboratory equipment and medical technology.				
2. The program identifies how laboratory equipment and medical technology are selected and acquired.				
3. There is a documented inventory of all laboratory equipment and medical technology.				
4. Laboratory equipment and medical technology are inspected and tested when new and according to age, use, and manufacturers' recommendations thereafter and the inspections are documented.				
5. Laboratory equipment and medical technology are calibrated and maintained according to manufacturers' recommendations, and the calibration and maintenance are documented.				

6. The hospital has a system in place for monitoring and acting on laboratory equipment and medical technology hazard notices, recalls, reportable incidents, problems, and failures.				
Standard AOP.5.6 Essential reagents and other supplies are regularly available and evaluated to ensure accuracy and precision of Results.				
Measurable Elements of AOP.5.6				
1. Essential reagents and supplies are identified.				
2. Essential reagents and supplies are available, and there is a process to address when reagents are not available.				
3. All reagents are stored and dispensed according to manufacturers' directives or packaging instructions.				
4. The laboratory has and follows written guidelines for evaluation of all reagents to provide for accuracy and precision of results.				
5. All reagents and solutions are completely and accurately labeled.				
Standard AOP.5.7 Procedures for collecting, identifying, handling, safely transporting, and disposing of specimens are established and implemented				
Measurable Elements of AOP.5.7				
1. Procedures are established and implemented for the ordering of tests.				

2. Procedures are established and implemented for the collection and identification of specimens. 3. Procedures are established and implemented for the transport, storage, and preservation of specimens. 4. Procedures are established and implemented for the receipt and tracking of specimens. 5. The procedures are followed when reference (contract) laboratory services are used.				
Standard AOP.5.8 Established norms and ranges are used to interpret and to report clinical laboratory results.				
Measurable Elements of AOP.5.8				
1. The laboratory has established reference ranges for each test performed. 2. The range is included in the clinical record at the time test results are reported. 3. Ranges are furnished when tests are performed by reference (contract) laboratory services. 4. Ranges are appropriate to the hospital's geography and demographics. 5. Ranges are reviewed and updated as needed.				
Standard AOP.5.9 Quality control procedures for laboratory services are in place, followed, and documented.				
Measurable Elements of AOP.5.9				

1. The hospital establishes and implements a quality control program for the clinical laboratory. 2. The program includes the validation of test methods. 3. The program includes the daily surveillance and documentation of test results. 4. The program includes testing of reagents. 5. The program includes rapid correction and documentation of deficiencies.				
Standard AOP.5.9.1 There is a process for proficiency testing of laboratory services.				
Measurable Elements of AOP.5.9.1				
1. The laboratory participates in a proficiency-testing program, or an alternative, for all specialty laboratory services and tests. 2. For each specialty, subspecialty, analyte, or test, the laboratory's proficiency testing results meet satisfactory performance criteria in accordance with laws and regulations. 3. The laboratory maintains records of its participation in a proficiency-testing program.				
Standard AOP.5.10 Reference (contract) laboratories used by the hospital are licensed, accredited, or certified by a recognized authority.				
Measurable Elements of AOP.5.10				

1. The hospital maintains a copy of the license, from a recognized licensing authority, for all reference laboratories used by the hospital. 2. The hospital maintains a copy of the certificate or letter of accreditation or certification, from a recognized laboratory accreditation or certification program, for all reference laboratories used by the hospital. 3. The hospital maintains documentation that any reference laboratory used by the hospital participates in an outside proficiency-testing program.				
Standard AOP.5.10.1 The hospital identifies measures for monitoring the quality of the services to be provided by the reference (contract) laboratory.				
Measurable Elements of AOP.5.10.1				
1. The frequency and type of performance expectation data from reference laboratories are determined by the hospital. 2. The qualified individual responsible for the laboratory or a qualified designee reviews the performance expectation data from reference laboratories. 3. Quality control measures are in place for all blood bank and transfusion services and are established, implemented, and documented. 4. The blood bank and transfusion services comply with applicable laws and regulations and recognized standards of practice.				

Chapter 3: Blood Bank and/or Transfusion Services

Standard AOP.5.11 A qualified individual is responsible for blood bank and/or transfusion services and ensures that services adhere to laws and regulations and recognized standards of practice.

Measurable Elements of AOP.5.11

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| 1. A qualified individual is responsible for blood bank and/or transfusion services. | | | | |
| 2. The blood bank has established,Implemented, and documented processes for a) through e) of the intent. | | | | |
| 3. Quality control measures are in place for all blood bank and transfusion services and are established, implemented, and documented. | | | | |
| 4. The blood bank and transfusion services comply with applicable laws and regulations and recognized standards of practice. | | | | |

Chapter 4: Radiology and Diagnostic Imaging Services

Standard AOP.6 Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

Measurable Elements of AOP.6

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| 1. Radiology and diagnostic imaging services meet applicable local and national standards , laws, and regulations. | | | | |
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2. Adequate, regular, and convenient radiology and diagnostic imaging services are available to meet the needs related to the hospital's mission and patient population, the community's health care needs, and emergency needs, including after normal hours. 3. The hospital contacts experts in specialized diagnostic areas when needed. 4. Outside sources are selected based on recommendations of the laboratory leader and an acceptable record of timely performance and compliance with applicable laws and regulations. 5. Patients are informed about any relationships between the referring physician and outside sources of radiology and/or diagnostic imaging services.				
Standard AOP.6.1 A qualified individual(s) is responsible for managing the radiology and diagnostic imaging services.				
Measurable Elements of AOP.6.1				
1. Radiology and diagnostic imaging services are under the direction of one or more qualified individuals. 2. Responsibilities for developing, implementing, and maintaining policies and procedures are defined and carried out. 3. Responsibilities for administrative oversight are defined and carried out. 4. Responsibilities for maintaining quality control programs are defined and carried out.				

5. Responsibilities for recommending outside sources of radiology and diagnostic imaging services are defined and carried out.				
6. Responsibilities for monitoring and reviewing all radiology and diagnostic imaging services are defined and carried out.				
Standard AOP.6.2 Individuals with proper qualifications and experience perform diagnostic imaging studies, interpret the results, and report the results.				
Measurable Elements of AOP.6.2				
1. Those individuals who perform diagnostic and imaging studies or direct or supervise the studies are identified.				
2. Staff with proper qualifications and experience perform diagnostic and imaging studies.				
3. Staff with proper qualifications and experience interpret study results.				
4. Properly qualified staff verify and report the results of studies.				
5. There is an adequate number of staff to meet patient needs.				
6. Supervisory staff have proper qualifications and experience.				
Standard AOP.6.3 Radiation safety program is in place, followed, and documented, and compliance with the facility management and infection control programs is maintained.				
Measurable Elements of AOP.6.3				
1. A radiation safety program is in place that addresses potential safety risks and hazards encountered within or outside the department.				

2. The safety program is part of the hospital's facility management and infection control programs, and the program provides reports to the hospital safety structure at least annually and when any safety events occur. 3. Identified radiation safety risks are addressed by specific processes or devices that reduce safety risks (such as lead aprons, radiation badges, and the like) 4. Radiology and diagnostic imaging staff are oriented to safety procedures and practices and receive ongoing education and training for new procedures, equipment, and medical technology.				
Standard AOP.6.4 Radiology and diagnostic imaging study results are available in a timely way as defined by the hospital.				
Measurable Elements of AOP.6.4				
1. The hospital has established the expected report time for results. 2. The timeliness of reporting of urgent/emergency studies is measured. 3. Radiology and diagnostic imaging study results are reported within a time frame to meet patient needs.				
Standard AOP.6.5 All equipment and medical technology used to conduct radiology and diagnostic imaging studies is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.				
Measurable Elements of AOP.6.5				

1. Radiology and diagnostic imaging develops, implements, and documents a program to manage equipment and medical technology. 2. The program identifies how radiology equipment and medical technology are selected and acquired. 3. There is a documented inventory of all radiology equipment and medical technology. 4. Radiology equipment and medical technology are inspected and tested when new and according to age,use, and manufacturers' recommendations. 5. Radiology equipment and medical technology are calibrated and maintained according to manufacturers' recommendations. 6. The hospital has a system in place for monitoring and acting on radiology equipment and medical technology hazard notices, recalls, reportable incidents, problems, and failures.				
Standard AOP.6.6 X-ray film and other supplies are regularly available.				
Measurable Elements of AOP.6.6				
1. Essential x-ray film, reagents, and supplies are identified. 2. Essential x-ray film, reagents, and supplies are available. 3. All supplies are stored and dispensed according to guidelines.				

4. All supplies are periodically evaluated for accuracy and results.				
5. All supplies are completely and accurately labeled.				
Standard AOP.6.7 Quality control procedures are in place, followed, and documented.				
Measurable Elements of AOP.6.7				
1. The hospital establishes and implements a quality control program for the radiology and diagnostic imaging services.				
2. Quality control includes validating test methods.				
3. Quality control includes daily surveillance and documentation of imaging results.				
4. Quality control includes testing reagents and solutions and documenting test results.				
5. Quality control includes rapid correction and documentation when a deficiency is identified.				
Standard AOP.6.8 The hospital regularly reviews quality control results for all outside sources of diagnostic services.				
Measurable Elements of AOP.6.8				
1. The frequency and type of quality control data from outside sources are determined by the hospital				
2. The qualified individual responsible for the radiology quality control or qualified designee reviews the quality control results from the outside source.				

3. The responsible individual or qualified designee takes action based on the quality control results.

4. An annual report of the quality control data from the outside source is provided to hospital leadership to facilitate management of contracts and contract renewal.

Section – 4 Conclusions:

Self Assessment Standards:-

Organisation is required to provide 'Self Assessment Report' in the format 'Self Assessment Standards' with various 'Measurable Elements' under it.

All the entries are to be properly filled up correctly which takes care of Quality Parameters related to Patient-Centered Standards.

It is necessary to prepare audit checklist of various chapters as per JCI guidelines to improve Patient-Centred Standards to help Improve Patient Satisfaction.

References

- i. Joint Commission International 5th Edition Journal

Annexure				
S. No.	Name Of Department	Date Of Visit	Time Spent	Interacted with Name & Designation
1	O.P.D.	5-4-2016	2 hrs	Mr Ashish Sharma, Incharge
2	O.T.	5-4-2016	2 hrs	Mr. Gaurav Shiva, Incharge
3	I.P. Services	5-4-2016	2hrs	Dr. Manikant Jain, Incharge
4	Hospital Services	5-4-2016	1hr	Ms Arpita
5	Quality	6-4-2016	2hr	Ms Nabanila Dutta
6	M.R.D.	6-4-2016	2hr	Mr. Nathulal Prajapati
7	Nursing	7-4-2016	4hr	Sis. Lyni
8	Dialysis	7-4-2016	2hr	Ms Nidhi Anand
9	P&SCM	8-4-2016	2hr	Mr Sanjay Agarwal
10	Cathlab	8-4-2016	2hr	Ms Priyadarshini
11	Cardiac Surgeon O.P.D.	11-4-2016	10mins	Dr.C.P.Shrivastav Incharge
12	General Medicine	11-4-2016	10mins	Dr. Arun Agarwal Incharge

13	Quality Department	4-5-2016	50 hrs	Nabolina Dutta Senior Manager
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