Compliance of Active Medical Records as per JCI specifications with drill down study on Consultant non-compliance .

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INTRODUCTION

It is the evaluation of medical care in retrospect through analysis of medical records , thereby provides review of professional work done in hospitals or in other words quality of medical

Objective Of Project

- To analyse the steps involved in audit process and compare the working of medical staff as per

Project Design

Period of study – 15days
Study Design- Observational Study

Sampling unit- Narayana Multispeciality Hospital, Jaipur

Sampling technique- Simple Random Sampling

Sample size – 160 active files of inpatients

Methodology - Daily Audits & documentation of 12 Active Medical Records on an average per day.

FINDINGS: Compliance rate

Consultants

1.Counter sign ,date , time on history sheets -19%

2.date, time, sign on progress notes-33%

Nutrition form

1.Admission form-96%

2.Daily nutritional reassessment – 77%

Nursing

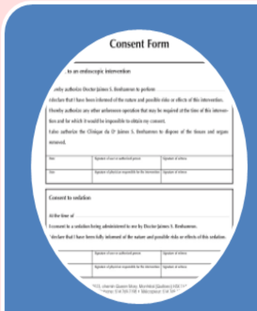
1. date, time,sign on nursing progress notes-44%

2. Completeness of nursing form- 94%

Medicine card

1. Orders dated, time,sign- 66%

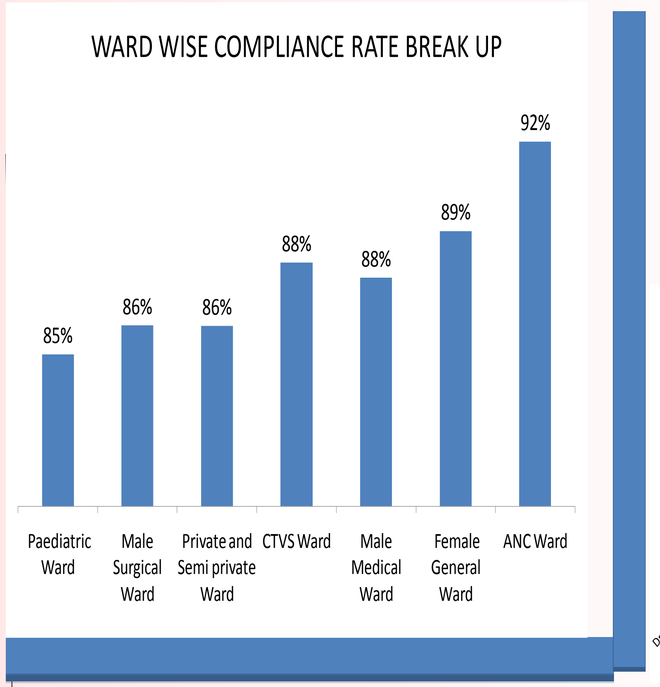
2.SOS drugs with indication – 87%



Consent form

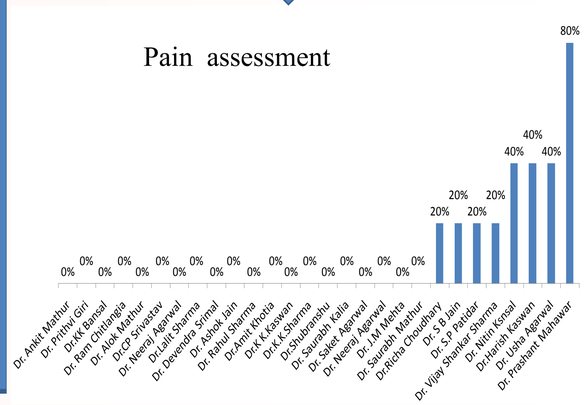
1.Completeness of consent form-96%

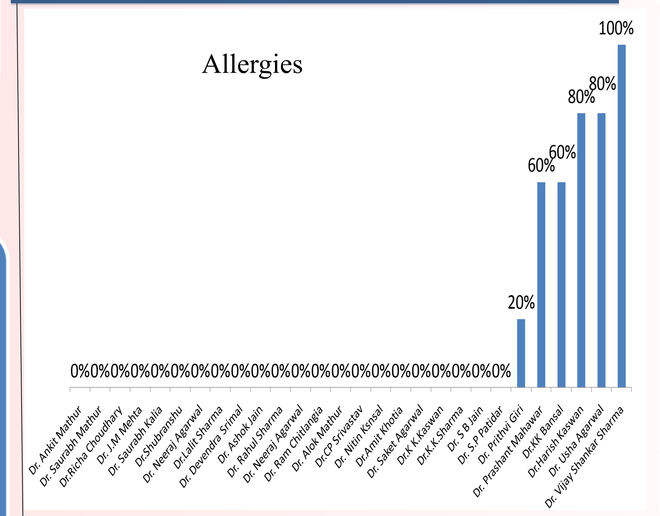
2.Completeness of anesthesia form- 95%

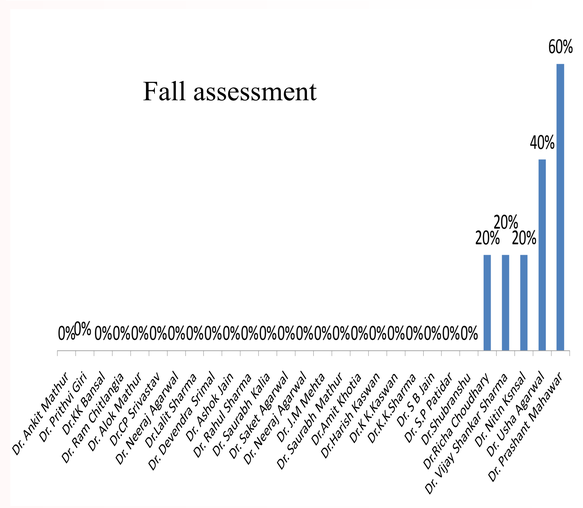


Drill down study of consultant's OPD Records:

- Methodology: A qualitative study of 160 OPD assessment sheets to check the compliance of consultants on the basis of 5 parameters that includes: Name, MRN, Allergies, Pain and Fall assessment of the patients.







Suggestions for Improvements:

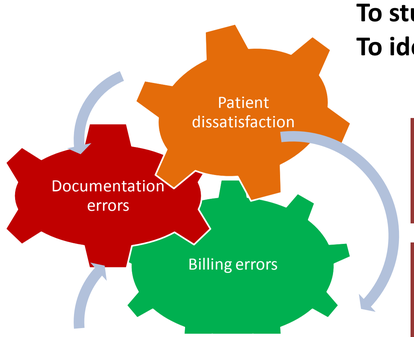
- Accountability of nursing incharge, floor co-ordinators, medical officers should be emphasized for the closure of files during consultant rounds.
- Organisation can appoint a quality doctor very similar to quality nurse ,who is having same or equivalent designation to consultant and would be responsible for maintaining doctors record compliance.
- Doctor's progress notes sheet(s) should have printed date and time twice (top and middle) on each page so that these parameters can be documented (reminder) in the notes.
- Bar Coding of all the IPD documents and further scanning would help to keep documentation check of all the records as these cannot be altered.
- Timely reminders should be given to clinical staff regarding the documentation process.
- Intra departmental appreciation by nursing incharge and shift incharge should be a regular practise.
- Performance appraisal to the staff for proper documentation of medical records as per JCI standards should include title as **star employee of month** for all the wards.
- Photograph of all star employee of month should be displayed on the notice board in OPD lobby as well outside their respective departments.

. Star employee of month batch should be first given by Medical Superintendent and later on by the previous month's winner .Cash award for respective winners according to their designation not the materialistic gifts. Refreshment party of these winners every month with MS,DMS,GM,FD.

PATIENT FRIENDLY FINANCIAL COMMUNICATION.

Introduction: DAMS(Daily Audit Monitoring System) is an initiative started by Narayana Multispeciality Hospital, Jaipur in June 2013 is a practical tool to aid effort in streamlining and optimizing payment functions.

Challenges:



Objectives:

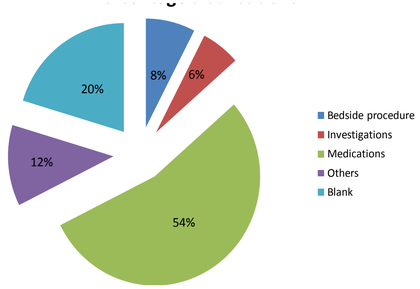
To study the impact of hospital wide improvement in cost and efficiency.

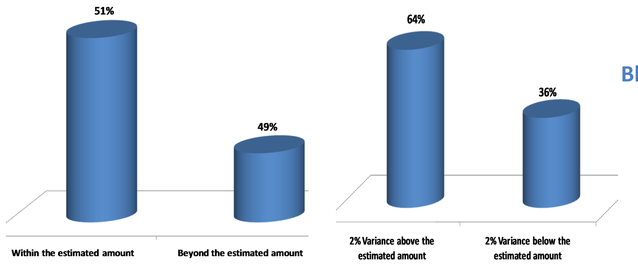
To identify the percentage of billing related errors.

Project - Design

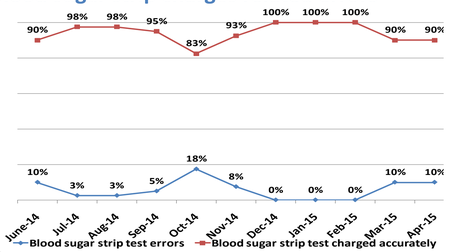
Period of study- 25 days	Study design- Retrospective study
Sampling technique- Simple Random Sampling	Sample size- 440 (average 40 files per month)

Disparity in Clinical Services

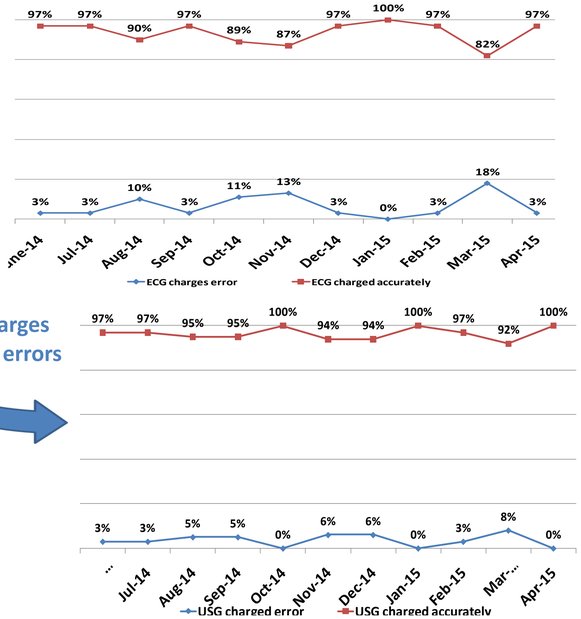




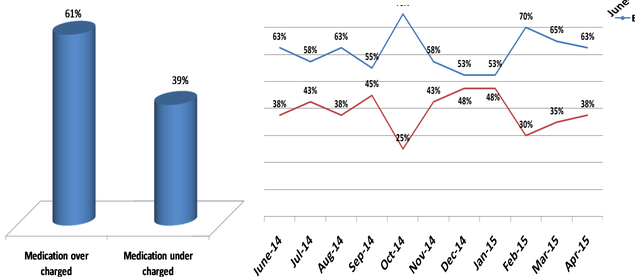
Blood sugar strip charges related errors



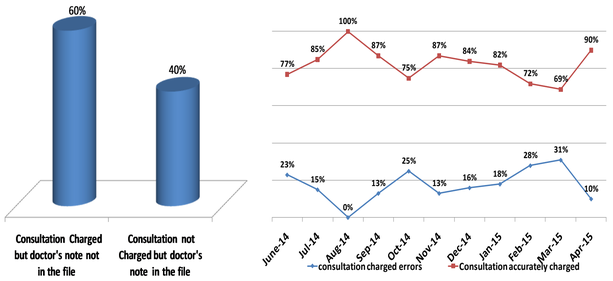
ECG charges related errors



Financial Counseling



Medications charges related errors

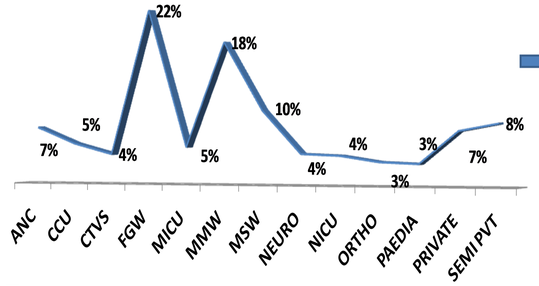


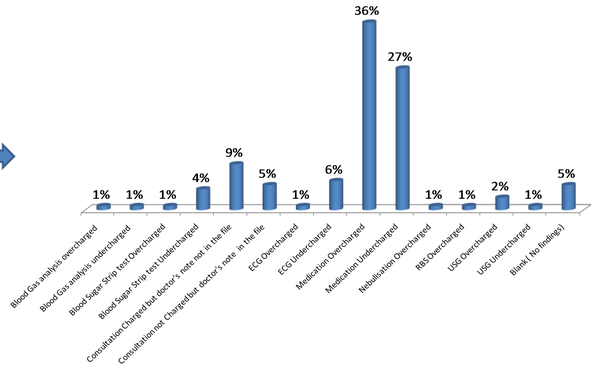
USG charges related errors

Consultants charges related errors

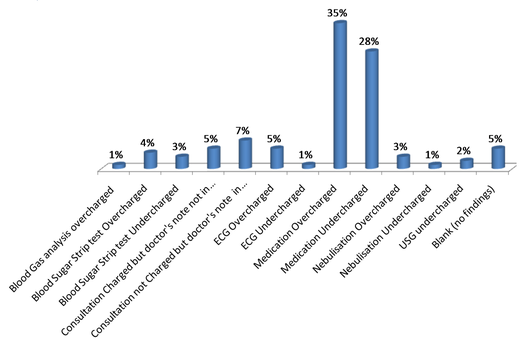
Dr Shetty says *"the next big thing in health care is not going to be a magical pill or a faster scanner or a new operation, instead it will be innovation in processes through use of software"*

Ward Wise Distribution Of DAMS Findings

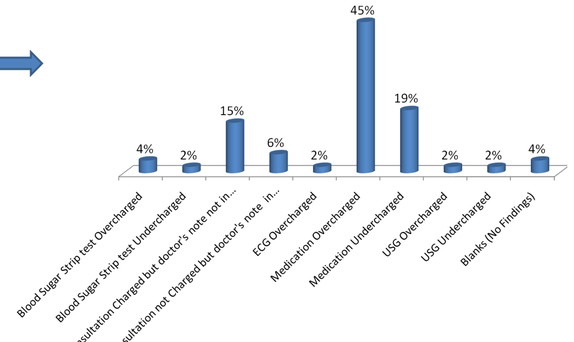




MALE MEDICAL WARD



FEMALE GENERAL WARD



MALE SURGICAL WARD

Immediate Suggestions for Improvement:

In order to reduce medication related errors medicine card and the billing should be cross checked by Floor co ordinator or nursing incharge.

DAMS auditing teams should be provided a reference list consisting of medicines with their specified generic and brand names.

Documentation of DAMS findings should be done in properly designed format containing specific billing parameters.

Clinical pharmacist should indent the medications in their generic name in HINAI.

Surprise audit from the billing department together with the nursing incharge

Upcoming Suggestions for Improvements:

- Errors can be witnessed at any stage of medication process : at dispensing and administration level, so the implementation of technological features will help in continuous quality improvement. It consist of multidisciplinary system approach- Failure Mode Effects Analysis (FMEA) – in combination with emerging technology such as Decision support system (DSS); Electronic medical mode (EMR); Computer physician order entry (CPOE); Bar coding tracker; Automated dispensing machine (ADM) cabinets; Infusion auto pump programming through bar code scanning .
- To reduce the consultation related errors, hospital should incorporate a new software which will be both patient and doctor friendly thereby help in better hospital management . Currently undergoing trials in Bangalore , the ipads are designed to be placed at each patients bedside and will be wirelessly connected to the central server.
- Cross consultation related errors can also be further reduced by installing biometric reader in all the wards and linked to HINAI for the timely update of consultant(s) visits .