Summer Training at
Fortis Hospital, Noida
(April 4th- May 31st, 2011)

Project Title
Audit of Documentation of Medical Records

By
Pankhuri Sharma
Ana Rehmani

Under the guidance of
Dr. P.R. Sodani

Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
Jaipur
2012

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Certificate

This is to certify that Dr. Pankhuri Sharma from Institute of Health Management Research, Jaipur has undergone Summer Training in Fortis Hospital, Noida from 4th April, 2012 to 30th May, 2012.

The candidate herself carried out the project. Her approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement recommended for the award of post graduate diploma in health and hospital management.

I wish her success in all her future endeavors.

Dr. P. R. Sodani
Dean (Academic and Students Affairs)
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Dr. Seema Mehta
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July, 2012

Fortis
HOSPITAL
Noida

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Manpower Development Programme

This certificate is awarded to

Pankhuri Sharma

In recognition of having successfully completed her Internship in the department of

Quality

From

April 4th, 2012 –May 30th, 2012

At Fortis Hospital, NOIDA

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors

Smita Angrish
Training & Development

Alfons Madoc
Head- Human Resources

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This is to certify that Ms. Ana Rehmani from Institute of Health Management Research, Jaipur has undergone Summer Training at Fortis Hospital, Noida from 4th April, 2012 to 31st May, 2012.

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I wish her success in all her future endeavors.

Dr. (Brigg.) S.K. Puri
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ACKNOWLEDGEMENT

Any attempt at any level cannot be a success without the support and direction of learned people. A heartfelt gratitude to Mr. Sukhmeet Sandhu (Zonal director,) and Dr. Akash Sud (Medical Superintendent), at Fortis Hospital, Noida, for giving us the golden opportunity to work with the India's leading health care provider. We would like to express our immense gratitude to Mr. Jatin Kumar (Head Quality Department) for providing support and guidance for our learnings as well as the project in the hospital and for directing our goals and objectives towards the attitude that derives to achieve and other aspects that one needs to be acquainted with.

Our heartfelt gratitude to Ms. Alfons Madoc (Head HR) and Ms. Smita Roy Angrish (HR Manager) for showing keen interest in our training, helping us to plan our agenda and guide us despite their busy schedule. We would also thank Mr. B.K. Kachroo (Head MRD) and the staff who helped us for our project studies. Other professionals to whom we would like to extend our gratefulness, for helping and guiding us, are Mr. M.C. Sharma (OT) Ms. Hari Atwal (OT), Ms. Tarannum (Quality Nurse) and various other employees from other departments.

We are glad to acknowledge Dr. S.D. Gupta (Director- IHMR,Jaipur), Dr. (Brig.) S.K. Puri (Dean and Mentor), and Ms. Seema Mehta (Mentor) for incorporating right attitude in us towards learning and for supporting us whenever required. We are thankful to them for giving us an opportunity to learn administrative styles, so that we come to know about how a hospital functions and provides quality treatment to its patients.

TABLE OF CONTENTS

ABBREVIATIONS

- BPO- Business Process Outsourcing
- CCTV- Close Circuit Television
- CME- Continuing Medical Education
- CSSD- Central Sterile Services Department
- CT- Computerized Topography
- CTVS- Cardio Thoracic and Vascular Surgery
- ECG- Electrocardiogram
- ENT- Ear Nose Throat
- ER- Emergency Room
- F&B- Food & Beverages
- GI- Gastrointestinal
- HR- Human Resource
- ICD- International Classification of Diseases
- ICU- Intensive Care Unit
- IPD- In-patient Department
- IPID- In-patient Identification
- IRDA- Indian Regulatory Development Authority
- ISDN- Integrated Services Digital Network
- IT- Information Technology
- LIS- Laboratory Information System
- MRI- Magnetic Resonance Imaging
- NABH- National Accreditation Board for Hospitals and Healthcare
- OBG- Obstetrics and Gynecology
- OPD- Out-patient Department
- OT- Operation Theatre
- PMS- Provincial Medical Service
- RIS- Radiation Information System
- SOP- Standard Operating Procedure
- SRL- Super Religare Laboratories
- TPA- Third Party Administrator
- UHID- Unique Hospital identification
- VIP- Very Important Person

Introduction

Summer Training is an integral part of the Post Graduation Diploma in Hospital Management (PGDHM). We have completed our first academic year and as a part of the curriculum, the students are supposed to undergo a two months training in a hospital. The main purpose is to get an orientation towards the layout, operations and workflow of the hospital.

We have got the golden opportunity to work in Asia's leading Healthcare provider, Fortis Group of Hospitals. We have joined Fortis Hospital, Noida, from 4th April, 2011 for summer internship.

Objectives:

1. To get an overview and develop understanding of the hospital's functioning.
2. To gather knowledge about the process flows of major clinical and non clinical departments in a hospital.
3. To help the management study and address some issues/problems associated with some specific operational area/department.

Section-A

“An Introduction to the Hospital”

1.0 History:

Fortis Healthcare Limited was established in 1996 by its founder, Late Dr. Parvinder Singh. His vision of medical care was,

"To create a world class integrated Health Care delivery system in India, entailing the finest medical skills combined with compassionate patient care."

Fortis took its first step towards becoming a world-class provider of integrated healthcare delivery in India by setting up its first hospital at Mohali, Punjab.

Fortis Hospital, Noida was inaugurated on 7th November 2004, which is a centre of excellence in Orthopedics and Neuroscience with additional focus on Cardiac Sciences, Minimally Access Surgery and Oncology. The hospital has a built over area of 5.53 acres and the allocation of space far above the current Indian norm of 800-900 sq.ft/bed. The total build up areas is 2.20,000 sq. ft with patient centric design by Kaplan Mc Laughlin Diaz (KMD) USA (award winning designers for FHI & MSH) This allows for flexibility to adapt and accommodate future trends of patient care.

The Fortis Hospital at Noida, near Delhi, is a centre of excellence in Orthopedics and Neuroscience with additional focus on Cardiac Sciences, Minimally Access Surgery and Oncology. It is a hub where some of the best medical professionals provide quality medical treatment catering to the special needs of patients and their families. The hospital has been designed and developed to deliver patient care with maximum ease warmth and effectiveness.

Fortis Hospital Noida has also achieved many first to its name:

- 1st NABH Accredited Hospital in U.P.
- 1st NABH Accredited Blood Bank in U.P.
- 1st NABL Accredited Lab services in U.P.

1.1 The Fortis Logo:

Every entity, human or corporate, has a hallmark, a signature that identifies it. The hallmark of Fortis Hospitals, distinguishing them from their contemporaries, is the element of "Patient Centricity" in hospital designs, services, programs and most significantly, in the caring approach of its medical and non-medical people. This is also very well depicted by Fortis Logo.

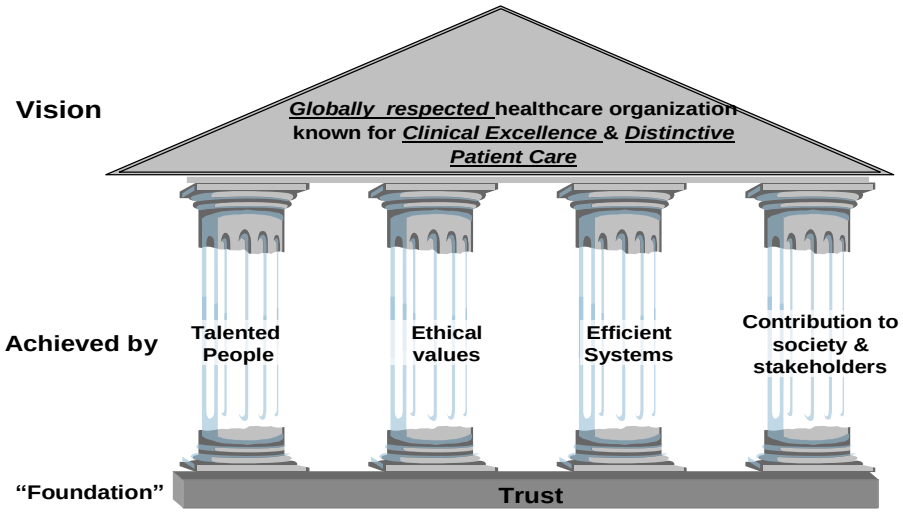
The two hands that fuse seamlessly with a human form, express the reassuring approach to healthcare. A constant reminder to all that Patient Centric care is fundamental to Fortis ethos. Green is the color of healing and is symbolic of the steadfast focus: to ensure the health and well being of those it ministers to. Red is an expressive of the dynamic zeal with which it strives to make it a reality.

1.2 Mission:

- To become an Integrated Healthcare delivering organization guided by quality, excellence, technology and compassionate patient care.
- To establish Fortis Hospital Noida as a major corporate hospital in healthcare delivery system the region.

1.3 Vision*:*

Globally Respected Health care organization recognized for *Clinical Excellence* and *Distinctive Patient Care*.



1.4 Values:

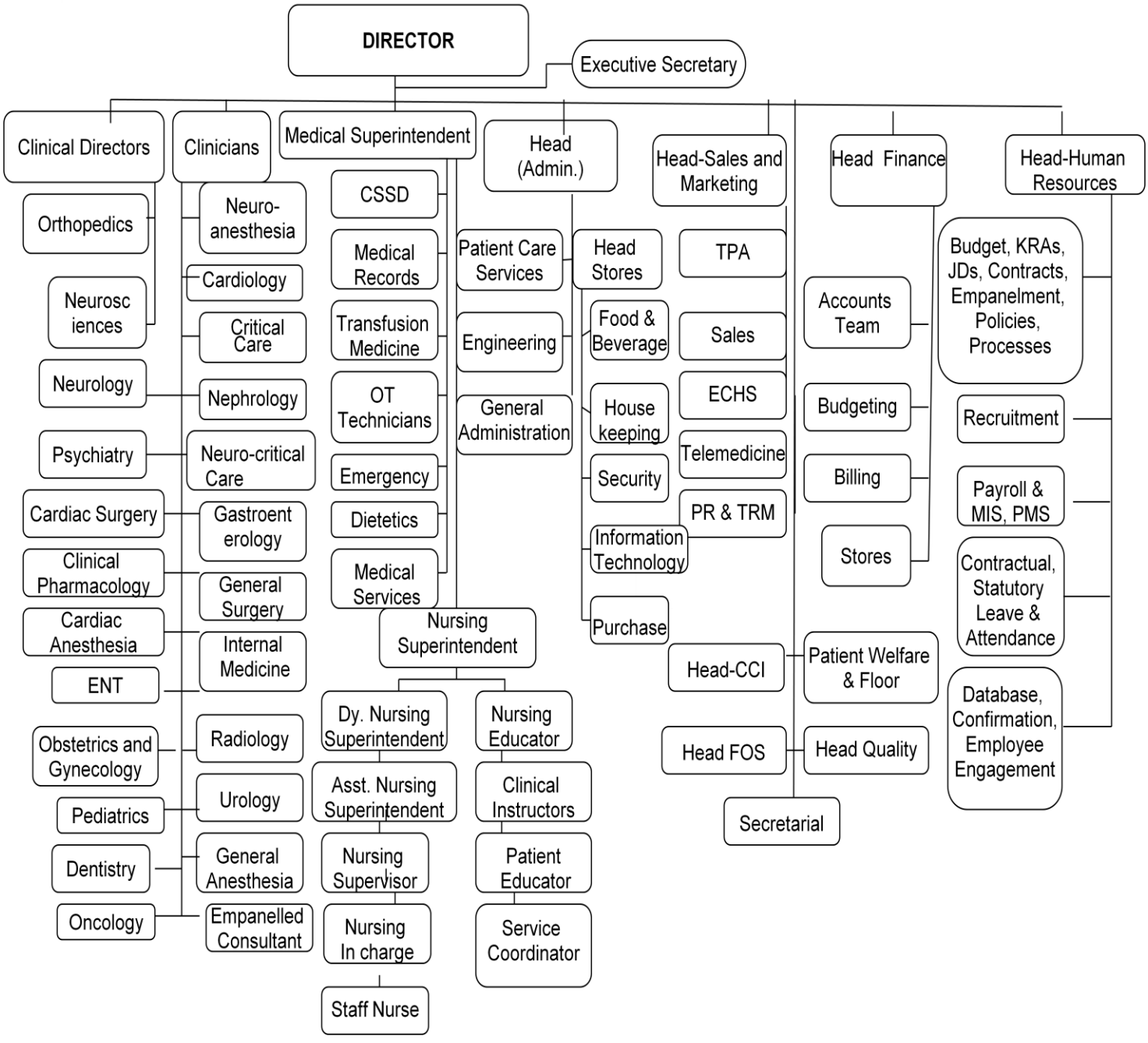
They serve as a guideline for the routine conduct of each Fortisian. The core values of Fortis Healthcare are:

1. Patient Centricity
2. Integrity
3. Ownership
4. Teamwork
5. Innovation

1.5 Committees in the Hospital:

1. Quality Steering Committee
2. Hospital Infection Control Committee
3. Safety Committee
4. Sentinel Events Committee
5. Blood Transfusion Committee
6. Code Blue Committee
7. Pharmacy and Therapeutic Committee
8. Medical Audit Committee
9. Research and Ethics Committee
10. OT Committee
11. MRD Committee
12. Morbidity and Mortality Committee
13. CME Committee
14. Purchase Committee
15. Condemnation Committee
16. Credentialing and Privileging Committee
17. Sexual Harassment Committee

1.6 Organogram



1.7 Infrastructure:

The hospital offers world class infrastructure. It is designed as a green building to allow natural light into almost all parts of the building especially patient care areas. The architecture allows conservation of energy. The building is earthquake resistant. CFL lights have been used, thereby reducing power consumption. The space provided in the various departments is sufficient to move freely. CCTVs installed all over the building act as digital watchmen and help in security services. An efficient Hospital Information System is used to store all medical records.

The Hospital is equipped with:

- 250 bedded hospital with 191 beds currently in use.
- 8 ICUs with 63 beds: Medical, Surgical, Liver Transplant, Kidney Transplant, Cardiac, Neuroscience, CTVS and Neonatal ICU.
- 7 OTs
- 2 Cath Labs (Neuro Cath Lab and Cardiac Cath Lab)
- 4 bed -Triage & 6 observation beds -ER
- 11 bedded Dialysis centre equipped with modern dialysis machines like SLED (sustained low efficiency dialysis machine) and providing 24 hrs. coverage.
- Diagnostic facility comprising of 1.5 Tesla MRI scanner, 64 slice CT scan, 4 X-Ray units, 3 Ultrasound units, 1 Mammography machine and 1 Bone dexa scan machine.
- All laboratory services of world class standard like histopathology, microbiology, biochemistry and hematology are present.
- Ambulances which transport patients to the hospital emergency.

Awards won:

- FICCI Healthcare Award for Operational Excellence, Oct' 2011
- 2nd prize in National Energy Conservation Award across India, Dec'2011

1.7.1 Super specialty

Anesthesia	Neuro Critical Care
Blood Bank	Neurology
Cardiology	Neuro Surgery
Critical care	Oncology
Dentistry	Ophthalmology
Dermatology	Orthopedics
Emergency Medicine	Pediatrics
ENT	Physiotherapy
Endocrinology	Plastic Surgery
Fortis Bloom Fertility Centre	Psychiatry
Gastroenterology	Psychology
GI Surgery	Pulmonology
General Surgery	Radiology
Gynecology and Obstetrics	Rheumatology
Internal Medicine	Speech Therapy
Music Therapy	SRL Laboratory
Neonatology	Thoracic Surgery
Nephrology and Dialysis	Urology and Andrology

1.7.2 Hospital Layout

S.No	LOCATION	AREA
1	**Atrium Area**	Main Reception, Billing, Cashier, Travel Desk, Counsellor Office, Café 24, TPA Cell. WH Smith, Telemedicine
2	**Basement**	Administration department, Blood Bank, IP Pharmacy, Religare lab, IVF Centre, Staff cafeteria, CSSD, Purchase Dept., Nutrition, Mortuary, Security, Information centre, Engineering, Food & Beverage, Housekeeping. General store.
3	**IPD Block - Ground Floor**	International patient services, Waiting Area, Attendants Baggage Deposit Area, Diagnostic Reception, Radiology Department (Ultra Sound, CT, X-ray Dexa Scan, MRI, Mammography, PACS), PET CT Scan, Emergency (from gate No. 5), Training room in emergency area. Prayer room (near gate no.2)
4	**IPD Block - First Floor**	Chief of Nursing / Deputy chief of Nursing Office, Patient Rooms, HDU, Sleep lab, Epilepsy lab, Video EEG Lab.
5	**IPD Block - Second Floor**	Intensive Care Units - CTVS, MICU, NSICU, SICU, TICU, LTICU, ICU waiting Lobby, Counseling room
6	**IPD Block - Third Floor**	Patient Rooms, Labor Room, Neo-Natal ICU (NICU), Nursery, Obstetrics & Gynecology Ward, FOS, Clinical Pharmacology, Pediatric ICU
7	**IPD Block - Fourth Floor**	Patient Rooms, Cath Lab, CCU
8	**IPD Block - Fifth Floor**	Patient Rooms, Presidential Suite, BMT

9	**OPD Block - Ground Floor**	OPD Reception, Cardiology, Cardiac Surgery, Dietetics, ECG, ECHO, TMT, Holter, Endocrinology, Family Health Management Lounge, Pulmonology, Mama's Room, Obstetrics & Gynecology, Plastic Surgery, Internal Medicine, Endocrinology, Pediatrics, Dietician, Sample collection room, General Surgery, Cardiology, Cardiac surgery, Procedure room, Physiotherapy, Orthopedics, Splint room, Rheumatology, ECHS Help Desk, Report Collection, Breast Surgery, Head PCS Office.
10	**OPD Block - First Floor**	OPD Reception, Patient Welfare Department, Transplant Coordinator, Dialysis, Ophthalmology, Dental, Dental Surgery, Dermatology, ENT, Audiometry Nephrology, Urology, Gastroenterology, Endoscopy, Neurosurgery, Liver Transplant, GI Surgery, Psychiatry, Psychology, Day Care, Play Area, ECHS Cell, EEG, EMG, Neurology, Oncology.
11	**OPD Block Second Floor**	Operation Theaters, PAC Room, Neuro Cath Lab,
12	**Oncology Building- Basement**	MRD, Radiation oncology,
13	**Oncology Building Ground Floor**	New Ward, Innovative & Prosthesis , OPD Pharmacy, Kwality Restaurant , Bon-Ton shop, WH Smith
14	**Oncology Building First Floor**	Onco OPD, Chemotherapy, Onco Day care, Onco pharmacy
15	**Oncology Building Second Floor**	Administration Block, Auditorium

2.0 Departmental Profile:

2.1 OPD

Functions:

- Reception/Information
- Appointment
- Registration-OPD, Diagnosis
- Billing-OPD, Diagnostics, Emergency
- Report/Document delivery
- Customer Feedback

2.2 IPD

Functions:

- Reception/Information
- Appointment
- Admissions- IPD services(including DayCare)
- Report/Document delivery
- Customer Feedback
- Processing of TPA and corporate patient files

2.3 Human Resource Department:

Functions:

- Development of HR policies and strategies
- Manpower Planning
- Recruitment and Selection
- Employee Training
- Salary Determination
- Performance Appraisal
- Personnel Data entry and record maintenance
- Consultation and Advisory services to management and employees
- Grievance Handling

2.4 Marketing Department:

Functions:

- Branding and Promotion
- Online marketing through website
- Corporate link-ups
- TPAs
- Prepare brochures and pamphlets

2.5 Dietary and Nutrition (Food and Beverages)

Functions:

- To ensure that PMS is done according to F & B service standards
- Outpatient Diet counseling
- To educate all inpatients during hospitalization and at the time of discharge for therapeutic diet requirement
- To ensure proper room service to the attendants.
- To check the quality of grocery items as per the approved brand list and standard specifications
- Food services to consultants, doctors, and rest of the staff
- Food services extended during guest visit, CME, workshop and other important meeting.

2.6 Housekeeping

Functions:

- Sanitation and Hygiene
- Odor control
- Waste disposal
- Pests, rodents and animal control
- Interior decoration
- Infection control

2.7 CSSD

The objective of establishing this department is to make reliably sterilized articles available at the required time and place for any agreed purpose in the hospital as economically as possible.

Functions:

- It receives stores, sterilizes and distributes to all departments including the wards, OPD and other special units.
- It processes and sterilizes syringes, rubber goods (catheters, tubing etc.), surgical instruments, treatment trays and sets, dressing etc.
- It ensures economic and effective utilization of equipment resources of the hospital under controlled supervision.

2.8 TPA

TPA companies are BPO of insurance companies and are responsible for coordinating all aspects of claims arising due to health insurance policies. These companies are licensed by IRDA.

2.9 Store and Purchase

Stores receives all equipments, instruments and items of raw material, consumables, printing and stationary, medicines and other essential goods required by the hospital.

Functions:

- Procurement of stores through indigenous and foreign resources
- Checking of requisition and purchase indents
- Negotiating contracts
- Issue of purchase order
- Follow up of purchase orders for delivery in time
- Serving as an information centre on the materials' knowledge.

2.10 Engineering and Maintenance

Functions:

- To maintain electric and water supply
- Air conditioning and refrigeration
- Intramural transportation

2.11 Finance

Functions:

The functions of the financial departments are interlinked with the functioning of practically all other departments. The primary and essential functions of this department are:

- To maintain financial records
- To make payments of bills and expenses on time
- To collect accounts due
- To monitor the cash flow/ funds
- To make payments of wages and salaries
- To provide information regarding financial condition to managers and decision makers of the hospital

2.12 Medical Records Department

Functions:

- Proper storage and maintenance of medical records
- Maintenance of integrity and confidentiality of medical records
- Submission of required data to government
- Classify the medical files as per ICD-10
- Obtaining missing patient files

2.13 Security

Security services ensure the total safety and security of the internal as well as external customers.

Functions:

- To secure the infrastructure and hospital property
- Safety of patients
- Control of flow of visitors
- VIP security
- Parking management

2.14 Telemedicine

Setting up a Tele-medicine department has taken Fortis Hospital, Noida a step further in its social charter. It provides super specialty services to places where specialist doctors are not available. So, Fortis Healthcare has selected small hospitals, nursing homes, clinics and diagnostic centres in small towns to set up Tele medicine or Tele ECG centres. They are linked to Fortis Healthcare specialist centres through ISDN or normal telephone lines. Through this the residents of these small towns are able to access world class diagnostic facilities and consultations from highly acclaimed specialist doctors at a low cost.

2.15 IT Department

Functions:

- Maintenance of all the softwares in the hospital.
- Modifications of the softwares as per the requirements of the department.
- It covers the following modules:
    - IPD Billing
    - OPD Billing
    - Administration
    - House keeping
    - Ward/Nursing

- Diet
- Visitor's pass
- Stores
- Purchase
- LIS
- RIS

3.0 Community Initiatives: Reaching Out…. Touching Lives

3.1 PAN AFRICAN NETWORK – A Unique Telemedicine Project Overview

Inspired by recent advances in the provision of healthcare and medical education through the use of Information and Communication Technology, noting India's long history of assisting Africa in capacity building programmes and recognizing that Africa-India cooperation can play a major role in harnessing the benefits of globalization for mutual advantage, the former President of India Dr. A. P. J. Abdul Kalam, during the inaugural session of the Pan-African Parliament held in Johannesburg on 16th September 2004, proposed in his address to connect all the 53 nations of the African Union by a satellite and fiber optic network that would provide effective communication for Tele-education, Tele-medicine, Internet, Videoconferencing and VoIP services and also support e-Governance, e-Commerce, infotainment, resource mapping, meteorological services etc.

As a follow up of the initiative of Dr. Kalam, the Ministry of External Affairs, Govt. of India proceeded to set up an e-Network now called Pan-African e-Network.

Within a short span the hospital has created an indelible niche in the highly competitive super specialty hospitals in the NCR area. We are approaching the completion of five exhilarating years of Community Service. From a humble beginning of commencing operations in November 2004, the hospital has come a long way in providing high quality health services at affordable cost.

3.2 Fortis Foundation

3.3 Mother & Child Care

3.4 Nanhi Chaan

3.5 Camps of various specialties across Delhi/ NCR, U.P.

3.6 Celebrating Various days like World Health day, Women's day, Epilepsy Day, AIDS day, etc

4.0 Patient Care Initiatives:

4.1 Yoga Classes for Attendants

4.2 Menu for International Patients

4.3 Human Cornea Retrieval Program

4.4 Bravery Certificate to Children below 15yrs undergoing surgery

4.5 Bravery Certificate To Patients undergoing Chemotherapy

4.6 Patient's Anniversary & Birthday Celebration

4.7 Attendant Engagement: Spandan, Car Cleaning.

4.8 Post Discharge Education / Care Programs

- **SAARTHAK – Cancer Awareness Program**
- **FRIENDS OF FORTIS**
- **SAHAYAK – Awareness Program For Dialysis Patients**

Section – B

Project

On

“Audit of documentation of medical records”

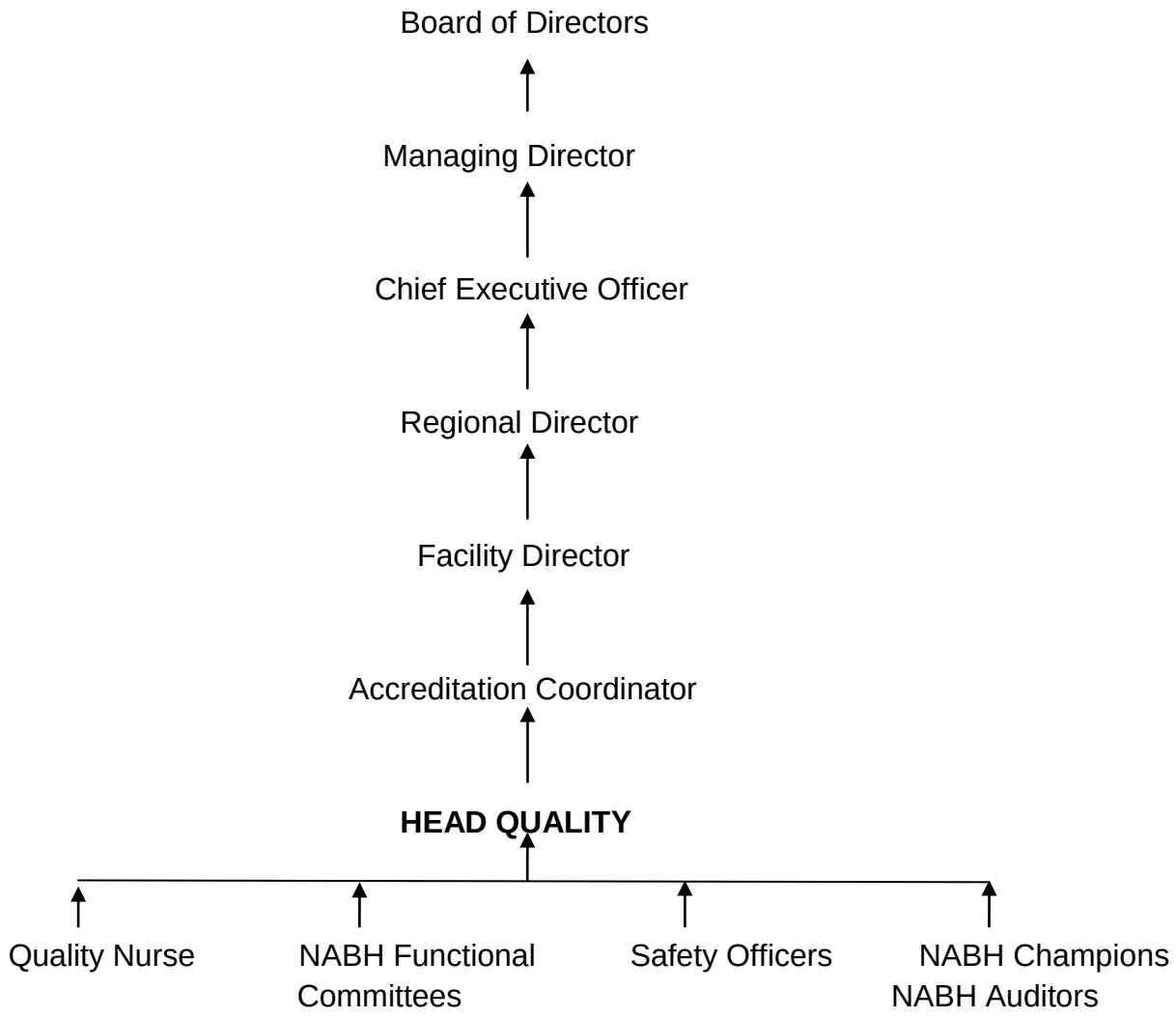
1.0 Introduction

According to ISO 9000, “Quality is degree to which a set of inherent characteristic fulfills requirements”. The standard defines requirement as need or expectation.

Quality of a product or service refers to the perception of the degree to which the product or service meets the customers expectations.

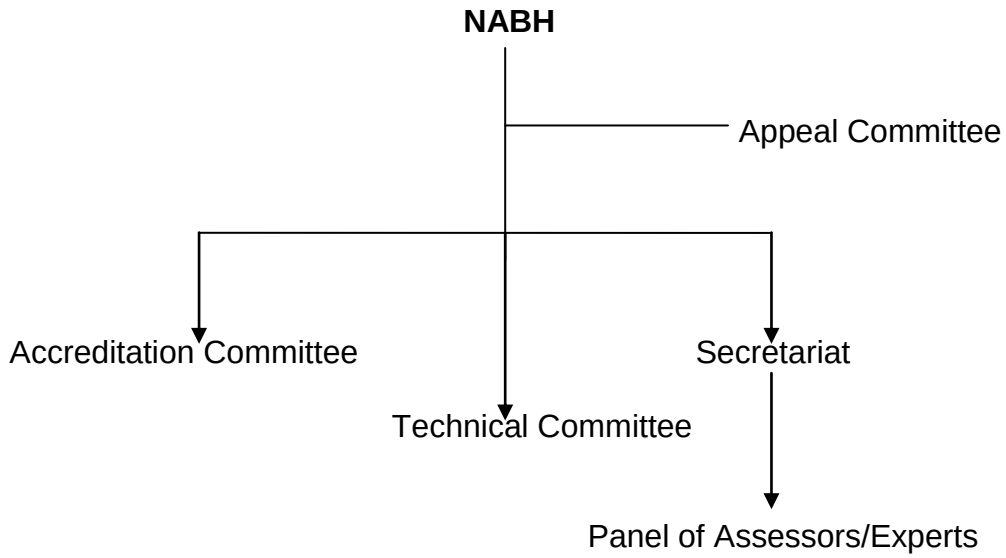
1.1 Quality department: It is responsible for leading all activities related to tracking, defining and measuring the quality indicators thereby continuously improving the quality and performance of the clinical staff in the hospital.

Communication flow for quality management:



1.2 NABH- National Accreditation Board for Hospitals and Healthcare Providers

It is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater too much desired needs of the consumers and to set benchmarks for progress of health industry.
Its hierarchy is as follows:



As per NABH 3rd edition, there are 10 chapters, 102 standards and 636 Objective Elements. Out of the 10 chapters, 5 are Patient-centric and 5 are Management-centric, which are as follows:

a) PATIENT CENTRIC:

1. Access, Assessment and Continuity of care (ACC)
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Hospital Infection Control (HIC)

b) MANAGEMENT CENTRIC:

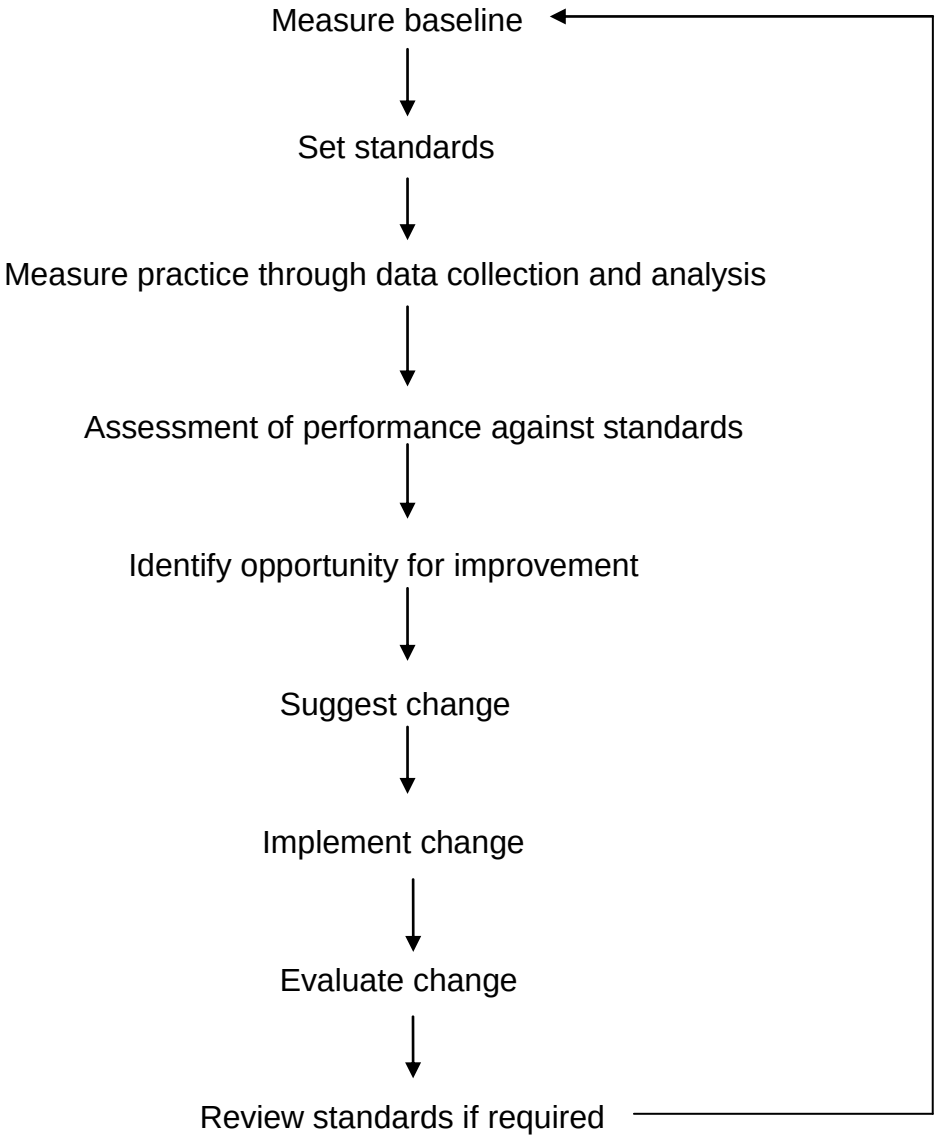
6. Continuous Quality Improvement (CQI)
7. Responsibility of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)

1.3 The Audit Process

An audit process is a planned program which monitors and evaluates the clinical performance of all medical and paramedical staff, identifies opportunities for improvement and provides mechanism through which action is taken to make and sustain those improvements.

Primary Aim: To improve the quality of healthcare services provided to the patients.

Audit Cycle:



2.0 The Project

2.1 Aim:

- To assess whether the existing documentation procedure is in accordance with the SOP established by the hospital.
- To identify the lacunae in the same and to propose some possible solutions.

2.2 Rationale:

During our summer training, we did orientation of various departments so as to get acquainted with their functioning, manpower, patient flow and documentation required. During the same, we also went to the MRD, which is primarily responsible for proper storage and maintenance of the medical records according to SOPs laid down by the organization. The staff over there explained the procedure of how a patient's file is maintained and also showed some of the records in which it was found that some documents were either missing or incomplete in those files, which captured our attention.

Documentation by clinical staff (doctors and nurses) is an integral part of practice to ensure safe and high quality care of the patient. Also, it is necessary for the hospital to maintain properly documented records from the point of view of medico-legal issues. An effective documentation system requires regular review and revision. So, being the interns in Quality department, we took medical audit as our project so as to ensure that the documentation is being done in accordance with the standard protocols of the hospital.

2.3 Objectives:

- To assess whether the documentation is being done as per the SOPs of the hospital.
- To recommend effective solutions wherever required.

2.4 Research Methodology:

2.4.1 Study Design

It is a Non interventional descriptive study as we have only observed and analyzed the situation but have not intervened in the process. We have also described certain parameters during our audit that was preplanned and structured.

It is a retrospective study as we have analyzed the data of previous months i.e. Dec.-11 to April-12.

2.4.2 Study Area

Fortis Hospital, Noida

2.4.3 Sampling Method

We applied Simple Random and Systematic random probability sampling, so that every discharge file has an equal probability of getting selected with minimum biasness. The first file was chosen as the starting point and then every nth number of the file was retrieved.

2.4.4 Sample Size

Month	No. of discharge files
December	155
January	155
February	145
March	155
April	150
Total	**760**

2.4.5 Procedure

Firstly, we took total number of patients discharged in the respective year and calculated the average for per month and per day. Then randomly selected 10% of the daily average and multiplied it with the total number of days in a month to get the required sample size. To make it easier, we applied systematic random sampling to calculate the interval (total number of files/sample size). Thus, we selected every nth file to get our sample size.

(For calculations refer to annexure-1)

For example, total discharges in 2011= x

Therefore, Avg. Discharges/month= x/12=y

Avg. Discharges/ day=x/365= z

Now, taking 10% of the z * no. of days/month=N

And, interval= y/ N

2.4.6 Data collection

The type of data collected was primary and the source was the discharge files of the respective months available in the MRD. The approach used for data collection was quantitative as we have studied the manifested behavior/level of actions of clinical staff. The techniques applied were survey and observation.

A structured questionnaire (audit tool) was developed (Refer to Annexure-3) keeping few of the quality indicators as the benchmark (Refer to Annexure-2). The highlighted area in the tool denotes the forms referred and the staff responsible for filling it.

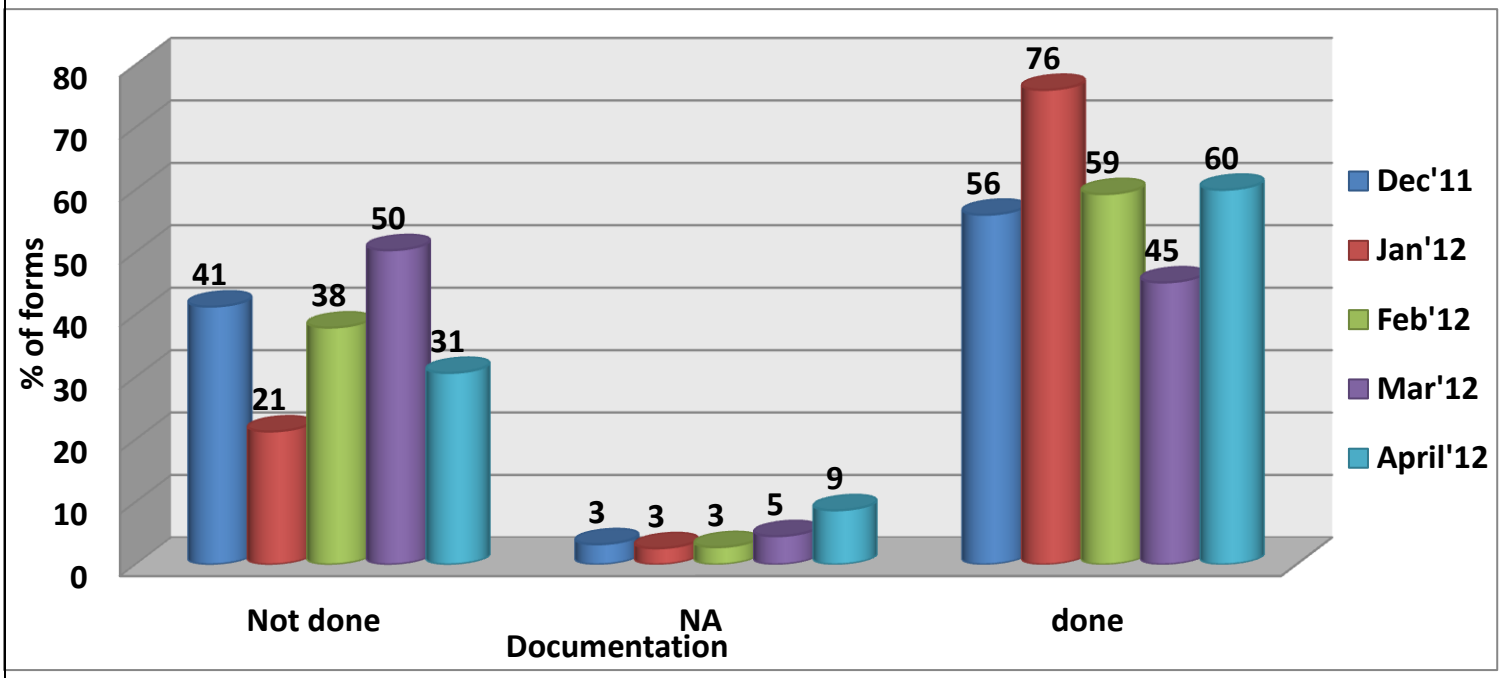
2.4.7 Data Analysis

First of all, we did an overall monthly analysis of the collected data. Then, we categorized the data according to various departments, for e.g. medical oncology, urology, nephrology, OBG etc. All the respective questionnaires were numbered separately. Then, the data was processed manually as well as with the help of computers. It included coding, categorizing and summarizing the data in MS Excel. (Refer to Annexure-4)

2.4.7a Overall Analysis

1.0 NURSING ADMISSION ASSESSMENT FORM

1.a Initial assessment documented in the patient's record within the prescribed time (4 hours)



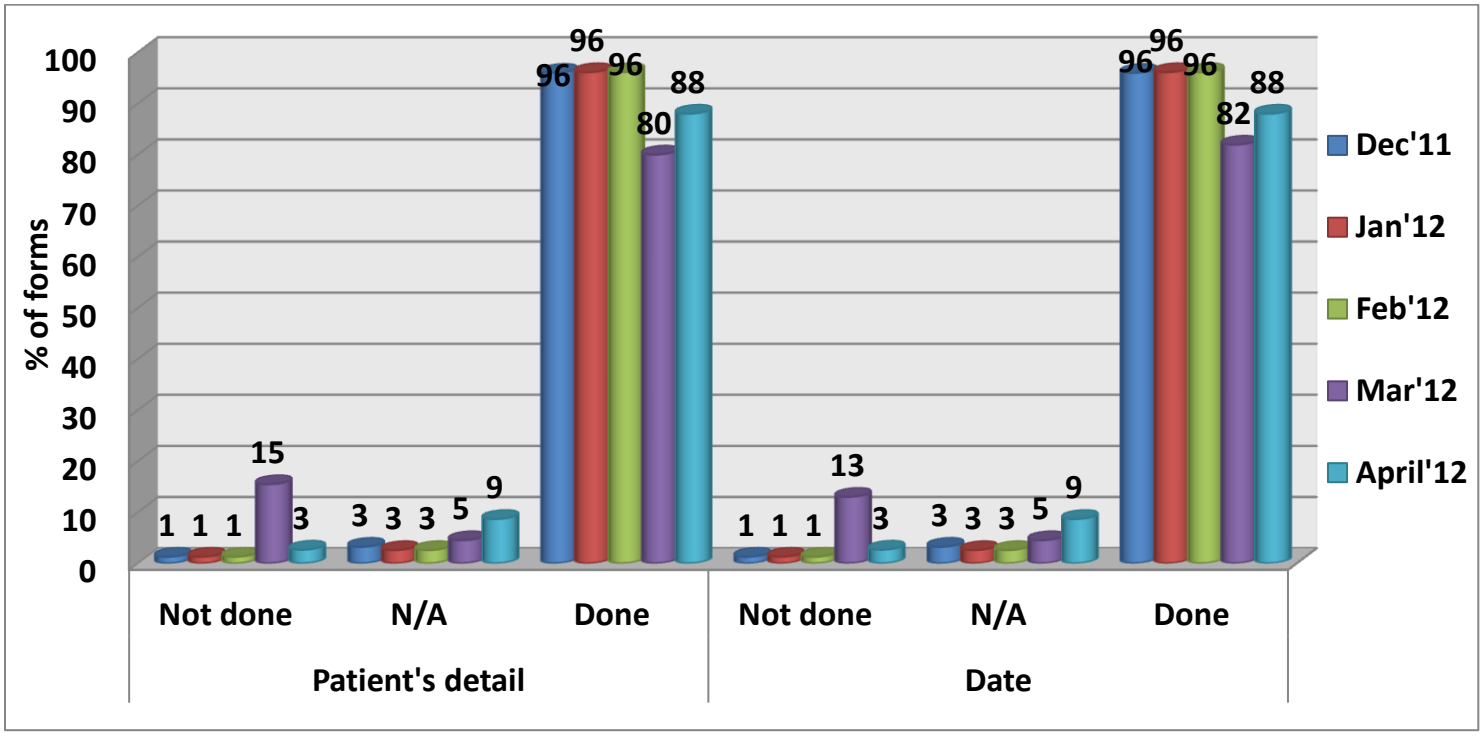
S. No.	Remarks	Dec'11	Jan'12	Feb'12	Mar'12	Apr'12
1	Form not attached	1	2	1	3	0
2	Form not documented within 4 hours	7	8	5	3	2
3	Arrival time of patient not mentioned	5	1	8	37	10
4	Completion time of assessment not mentioned	20	15	20	49	14
5	Time of arrival and completion of assessment are same	28	5	21	14	21
6	Inappropriate time	3	2	6	6	7
7	Not applicable	5	4	4	7	12
	Total	155	155	145	155	150

Analysis:

In spite of rise in Jan., the documentation has again declined markedly in Feb. & March. However, it has shown improvement in April which is still not satisfactory.

1b1. Proper filling up of patient's details

1b2. Date

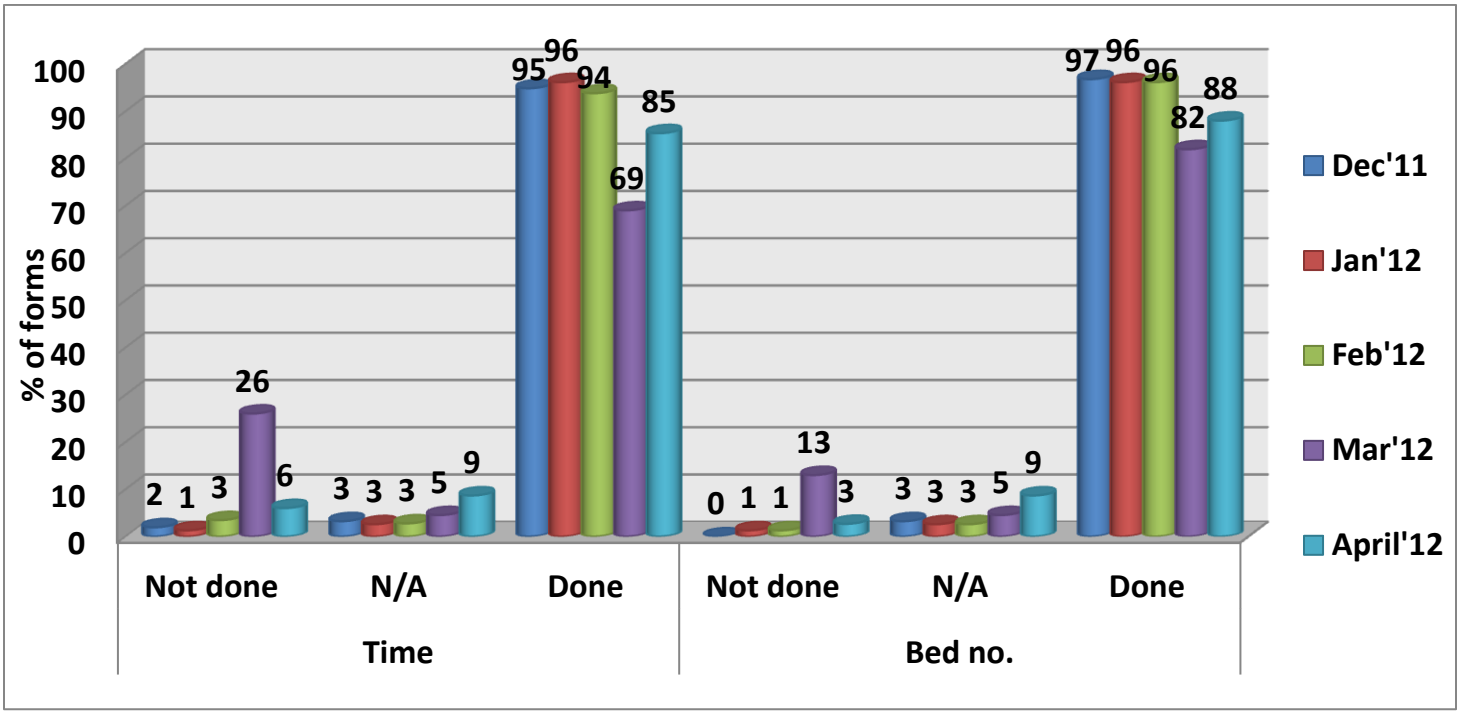


Analysis:

Both the columns were being filled properly from Dec. to Feb. However in March, there is a sudden rise in non documentation of these parameters in the form. But in April, there is again an improvement in their documentation.

1b3. Time

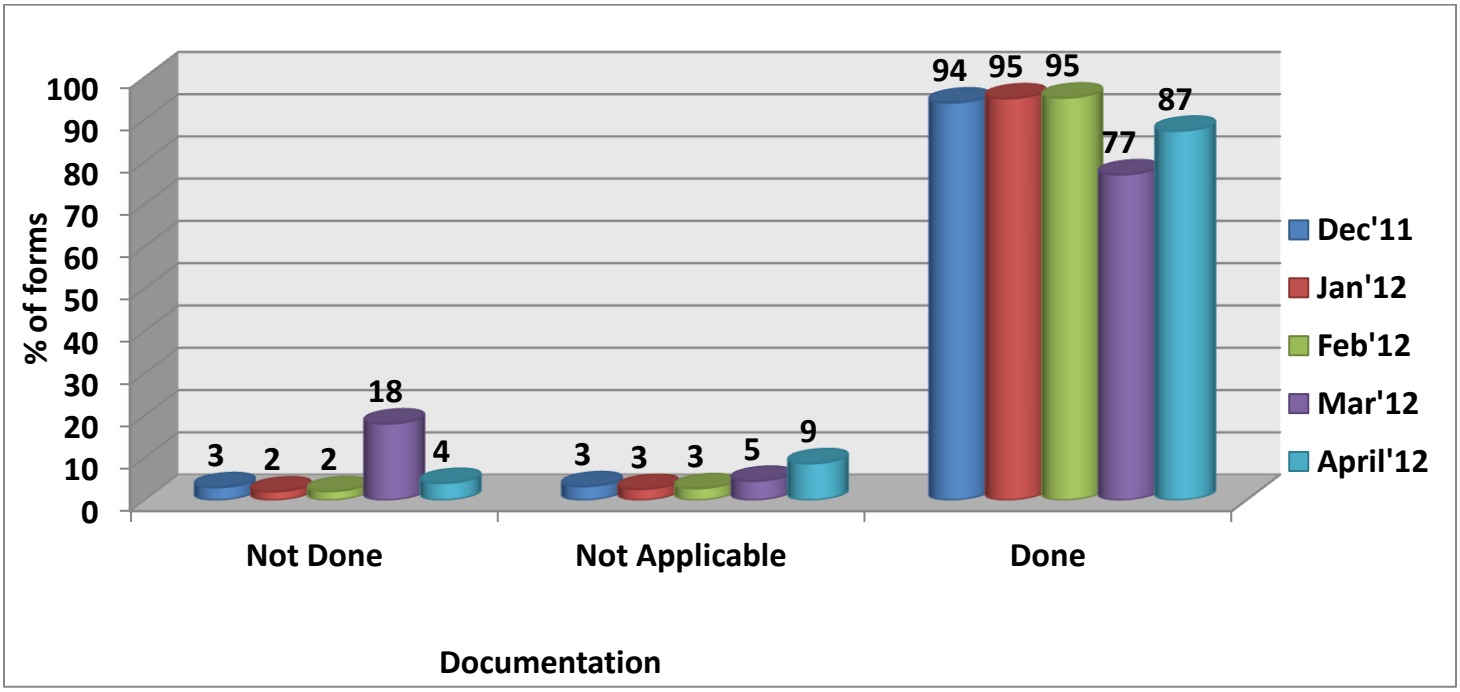
1b4. Bed number



Analysis:

The documentation was done as required in the months of Dec., Jan. and Feb. But in March, there is a significant fall. In April, though the situation improved but still there a scope for progress.

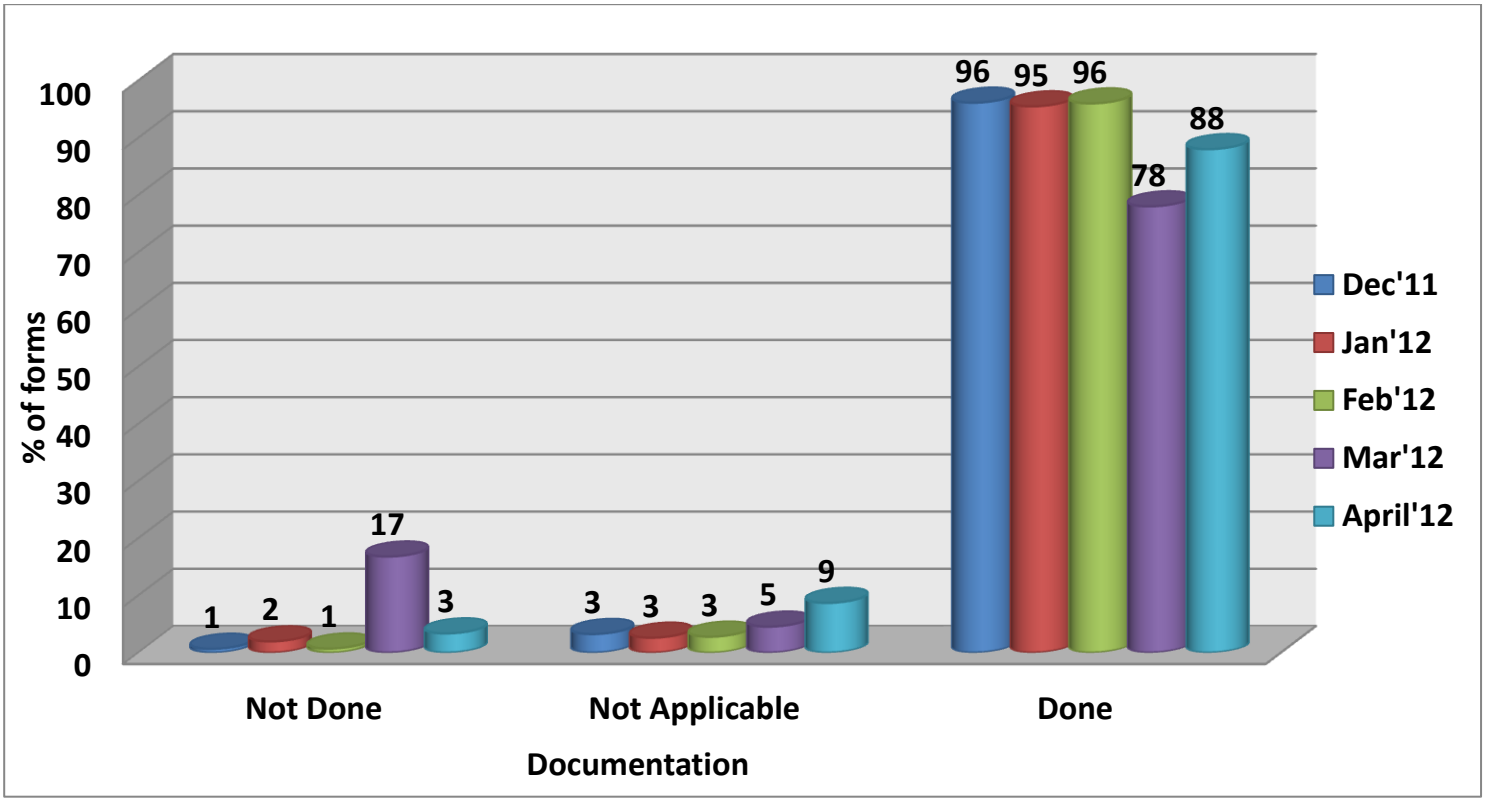
1.c Patient Orientation



Analysis:

Although the patient orientation was done in a proper manner in previous months but it has significantly declined in March. However, an increase is seen in April.

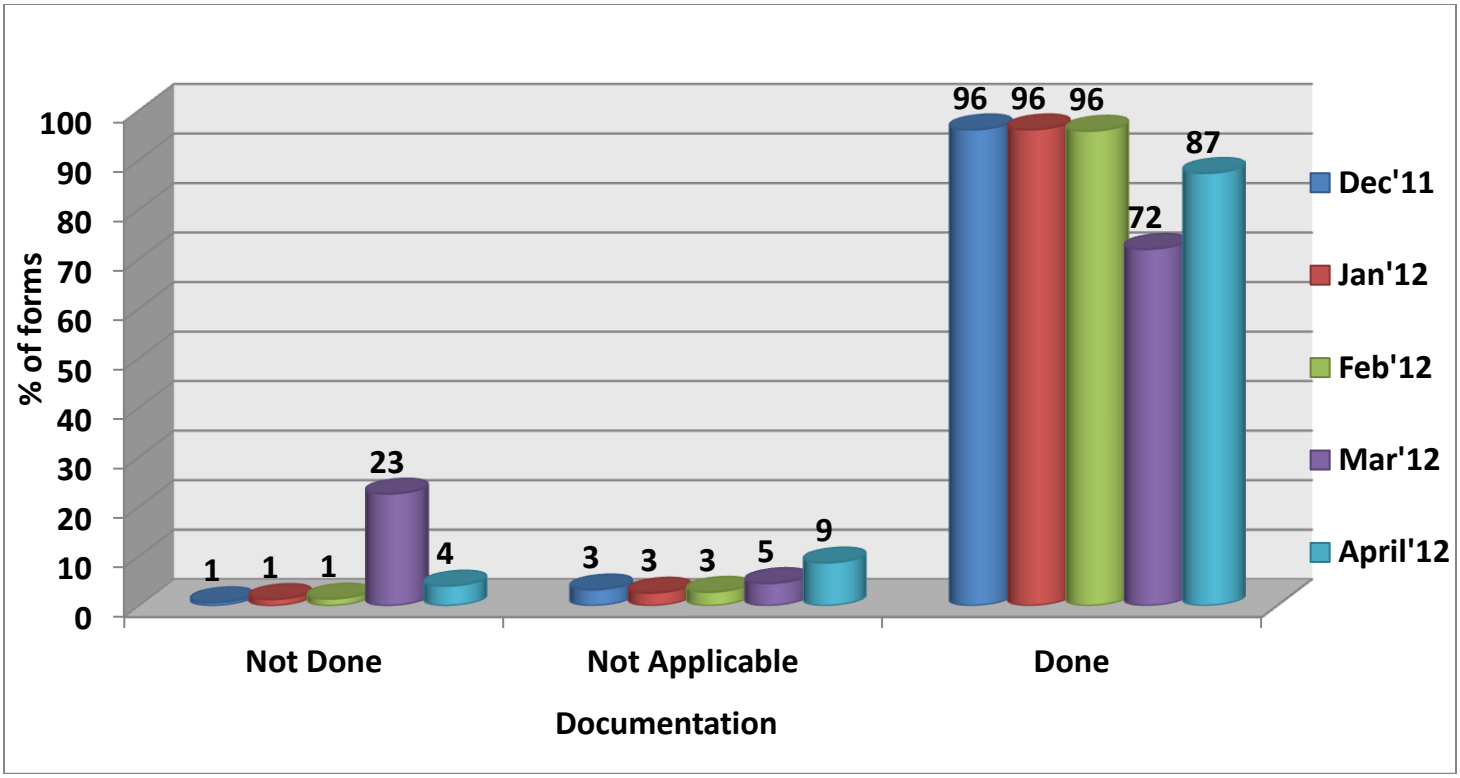
1.d Allergy Documentation



Analysis:

Although the allergy documentation was done in a properly in previous months but it has significantly declined in March, which has again increased in April.

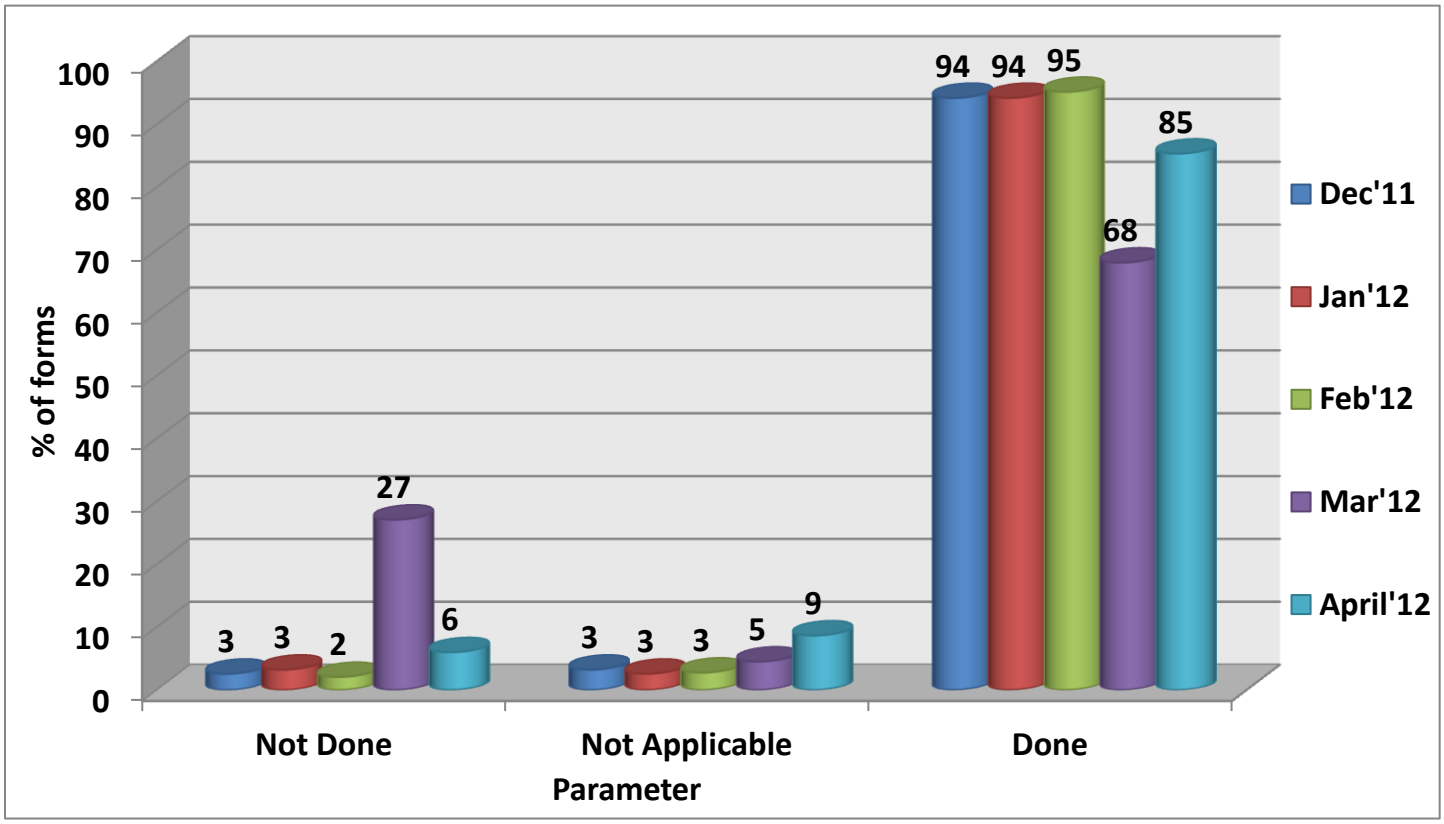
1.e Fall risk



Analysis:

The flow of assessment has improved from Dec. to Feb. but it has declined in March and again improved in April.

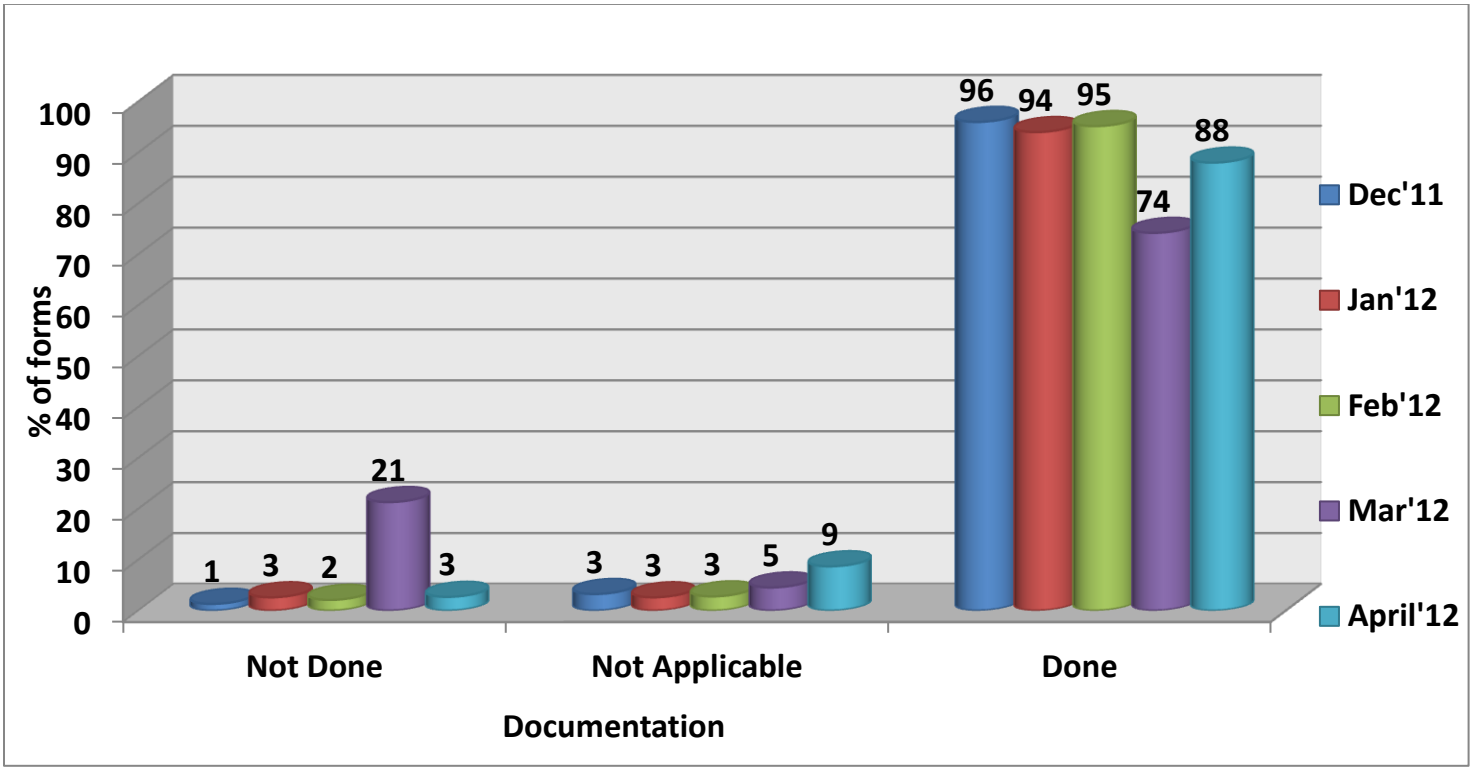
1.f Pain rating



Analysis:

The assessment of pain rating was consistent from Dec. to Feb. but has shown a steep fall in March which again increased in April.

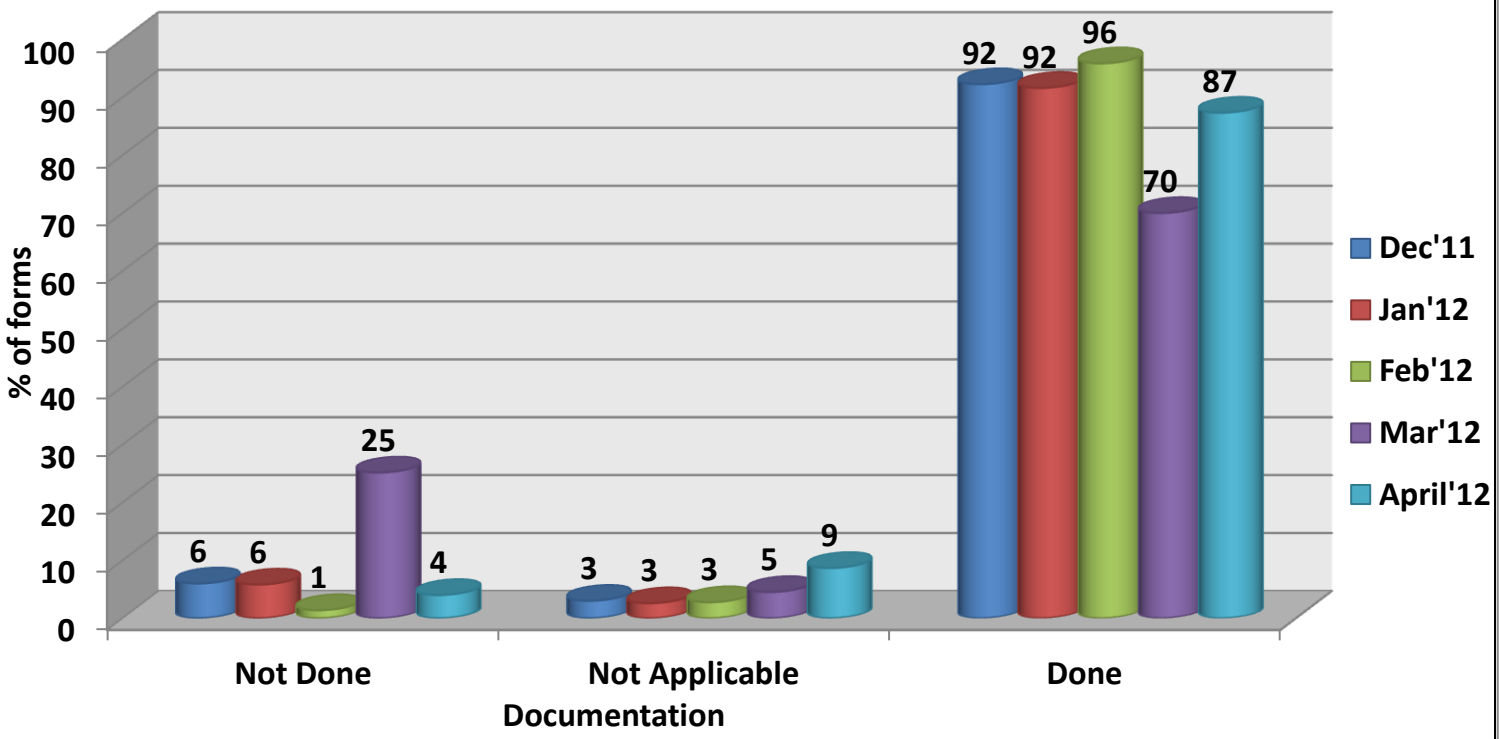
1.g Pressure Ulcer risk assessment



Analysis:

Instead of improving, documentation has declined by 21% in March, but has again increased in April.

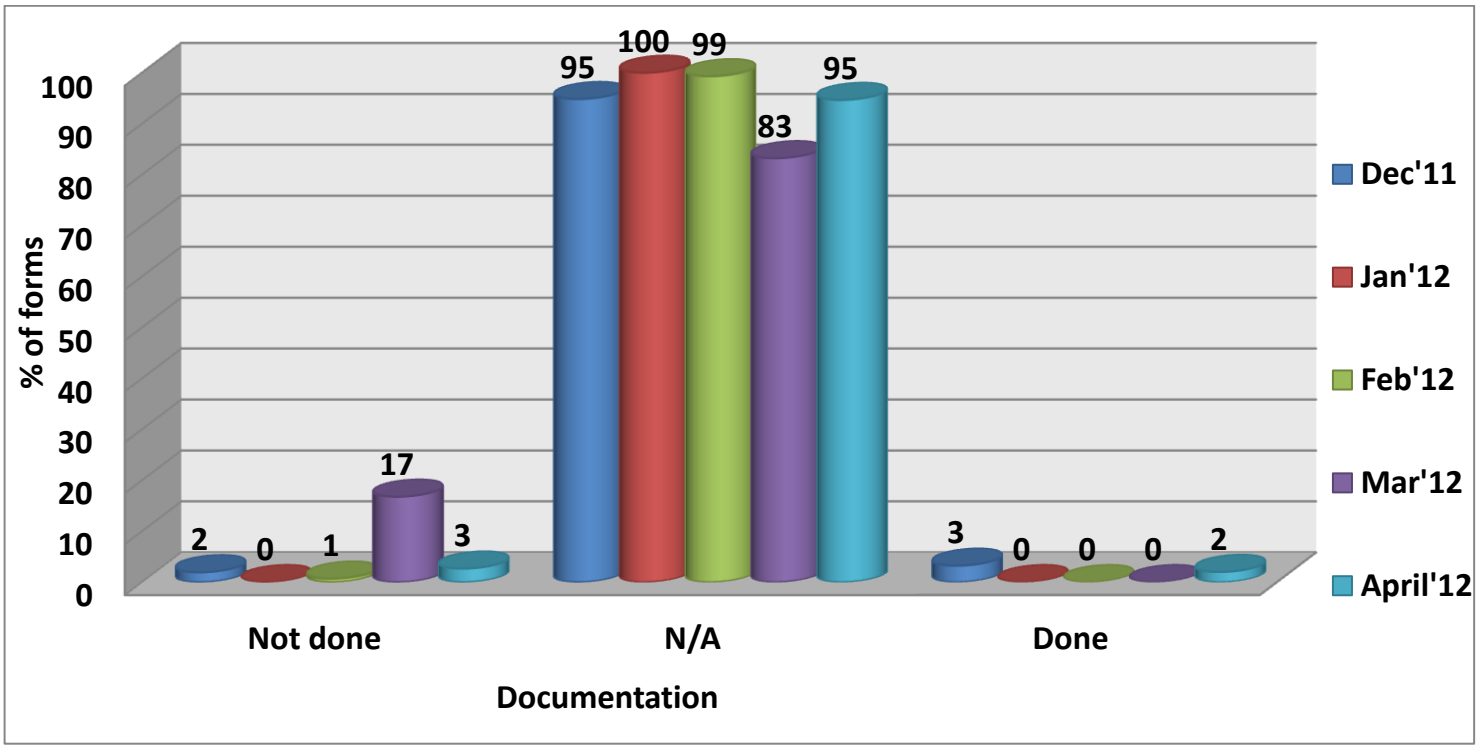
1.h Nutritional Assessment



Analysis:

There was an improvement in Feb., but has significantly declined in March and has again increased in April.

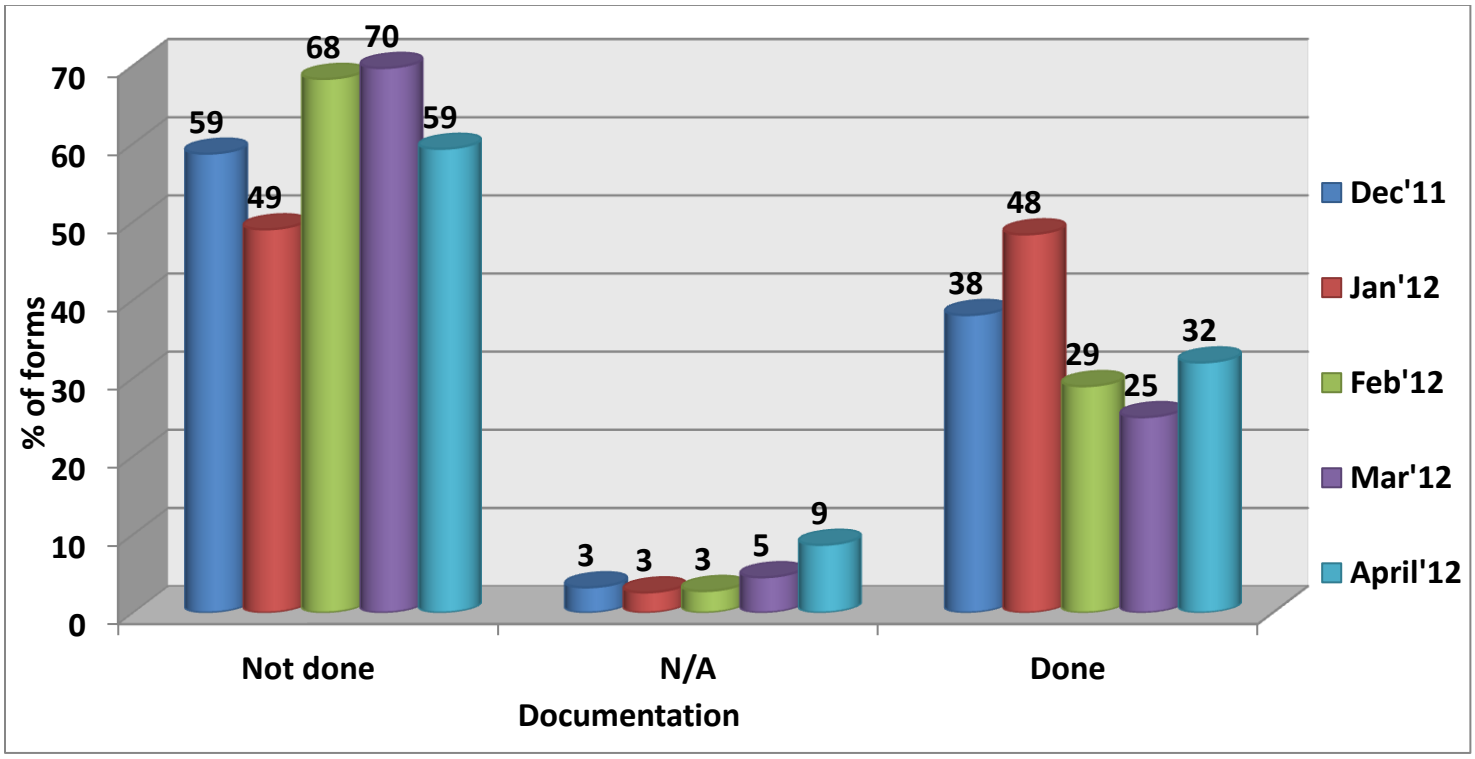
1.i Proper Disposition of Valuables of Patient



Analysis:

The documentation was done properly in the months from Dec. to Feb. But, there is a decline in documentation in March which again improves in April.

1.j Completion of Initial Assessment in 30 minutes



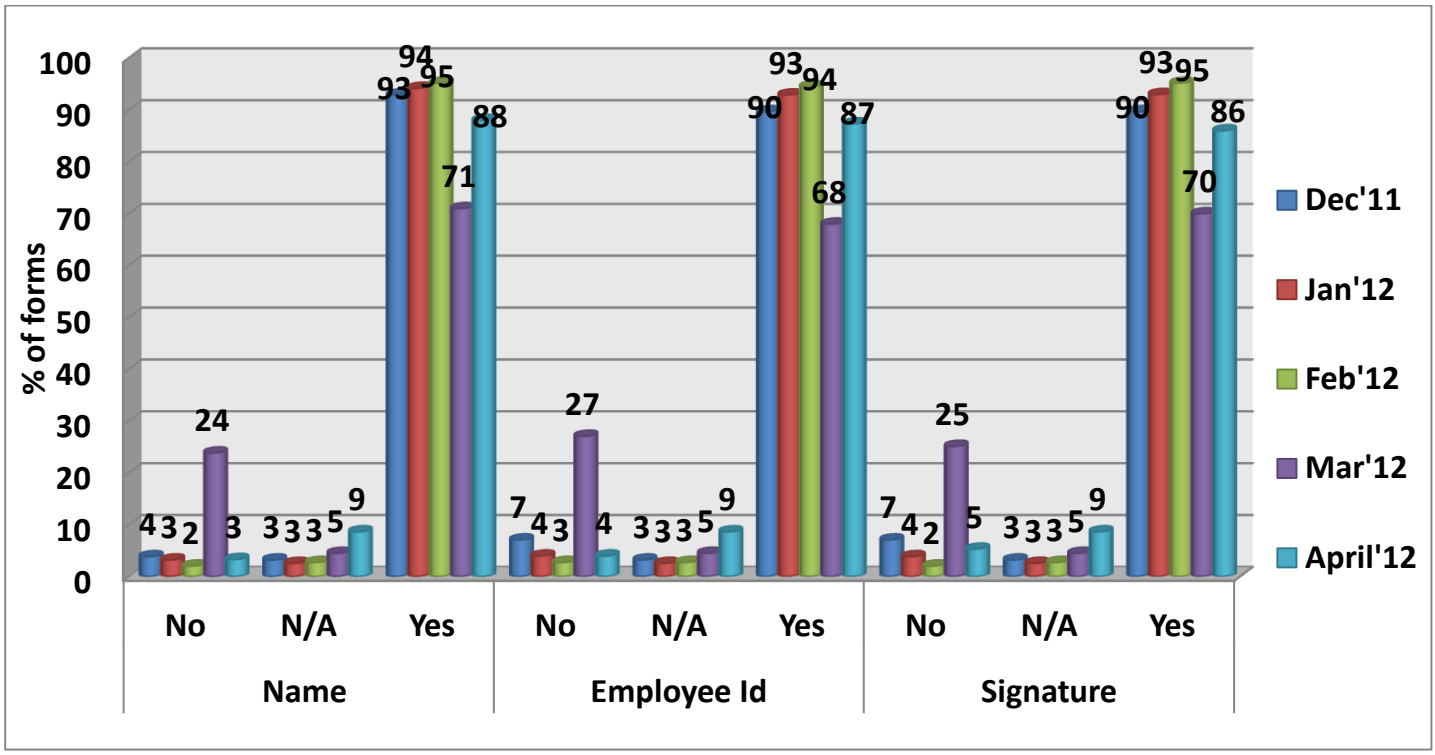
Analysis:

Though there is an improvement from Dec. to Jan, yet there is a significant decrease in Feb. which has further declined in March but has increased in April. The nurses are taking 45 mins., 2 or 4 hrs. to complete the assessment.

1k1. Name

1k2. Employee Id

1k3. Signature of the admitting nurse



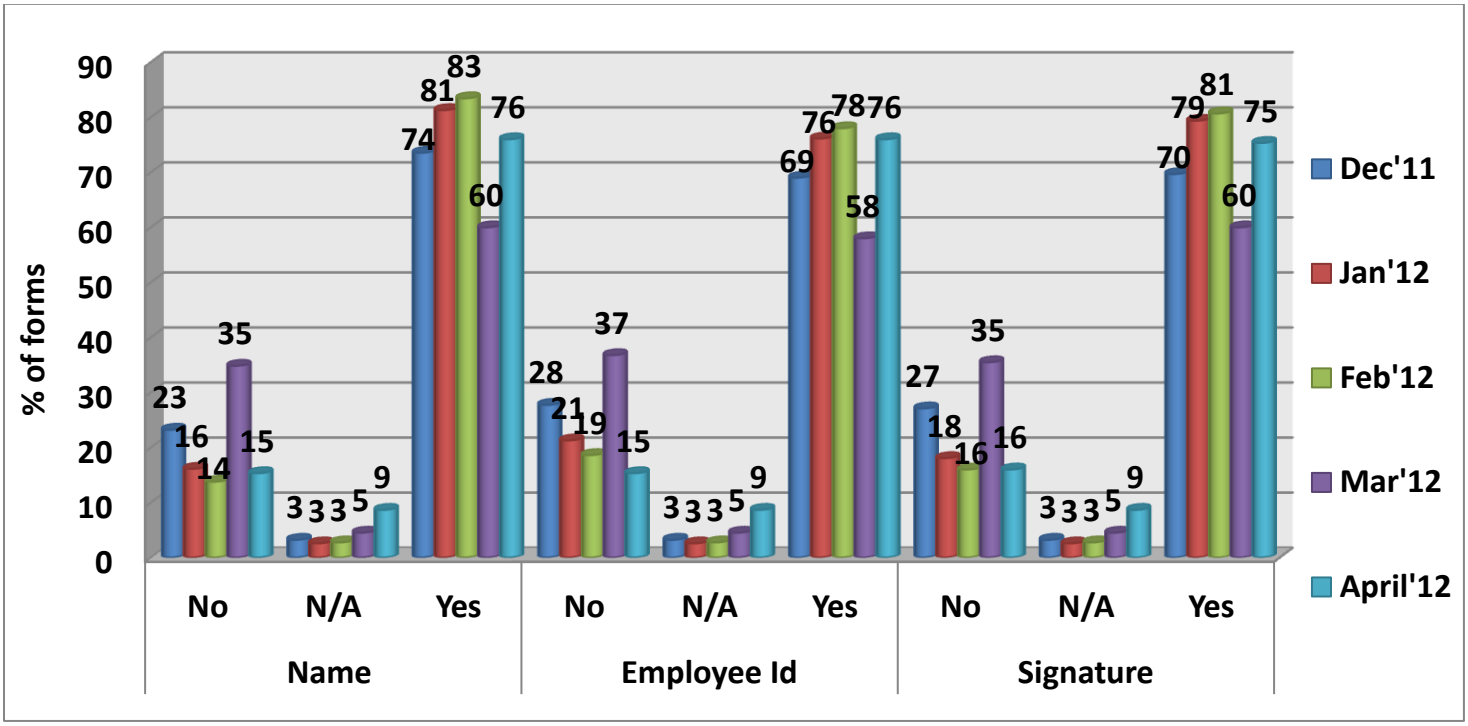
Analysis:

The situation has improved from Dec. to Feb. But in March, there is a remarkable decline in documentation which improves a little in April. Still in some cases the nurses have not completely filled their identity.

1l1. Name

1l2. Employee Id

1l3. Signature of the Unit In-charge

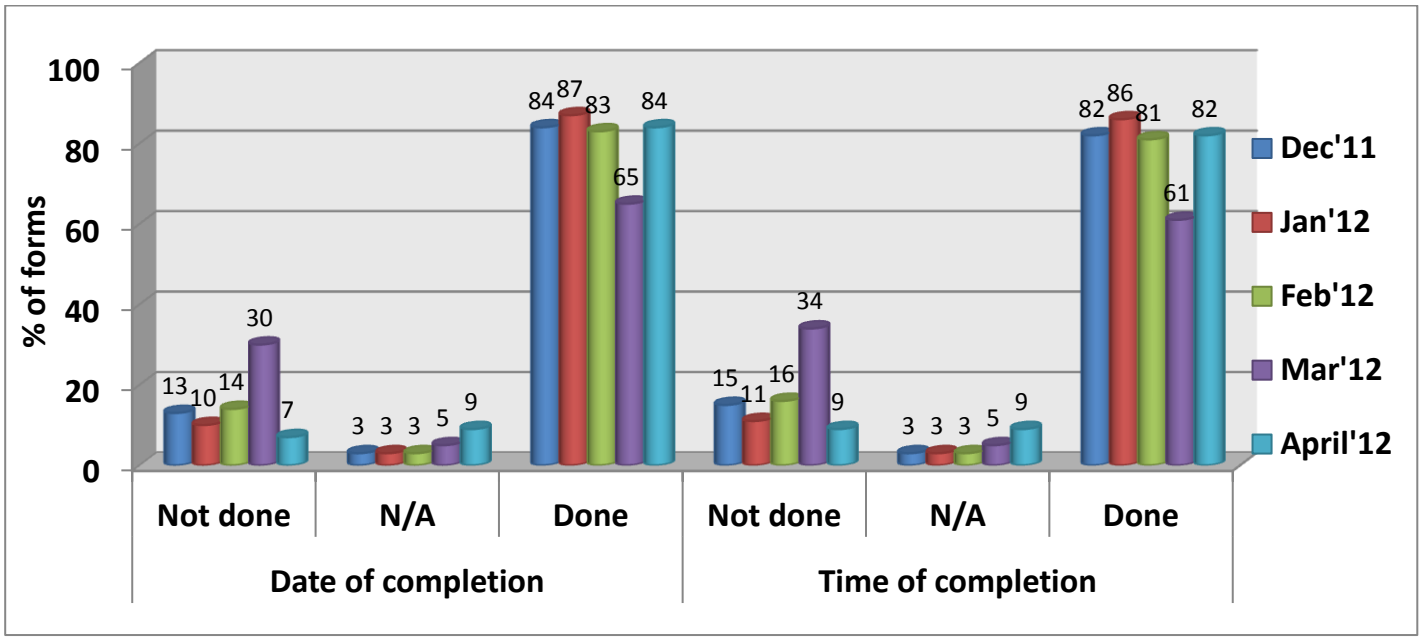


Analysis:

There is a significant increase in the filling up of details by the Unit In-charge from Dec to Feb. But a decline is seen in March which again increases in April. But, still there is lot to improve upon.

1l4. Date

1l5. Time

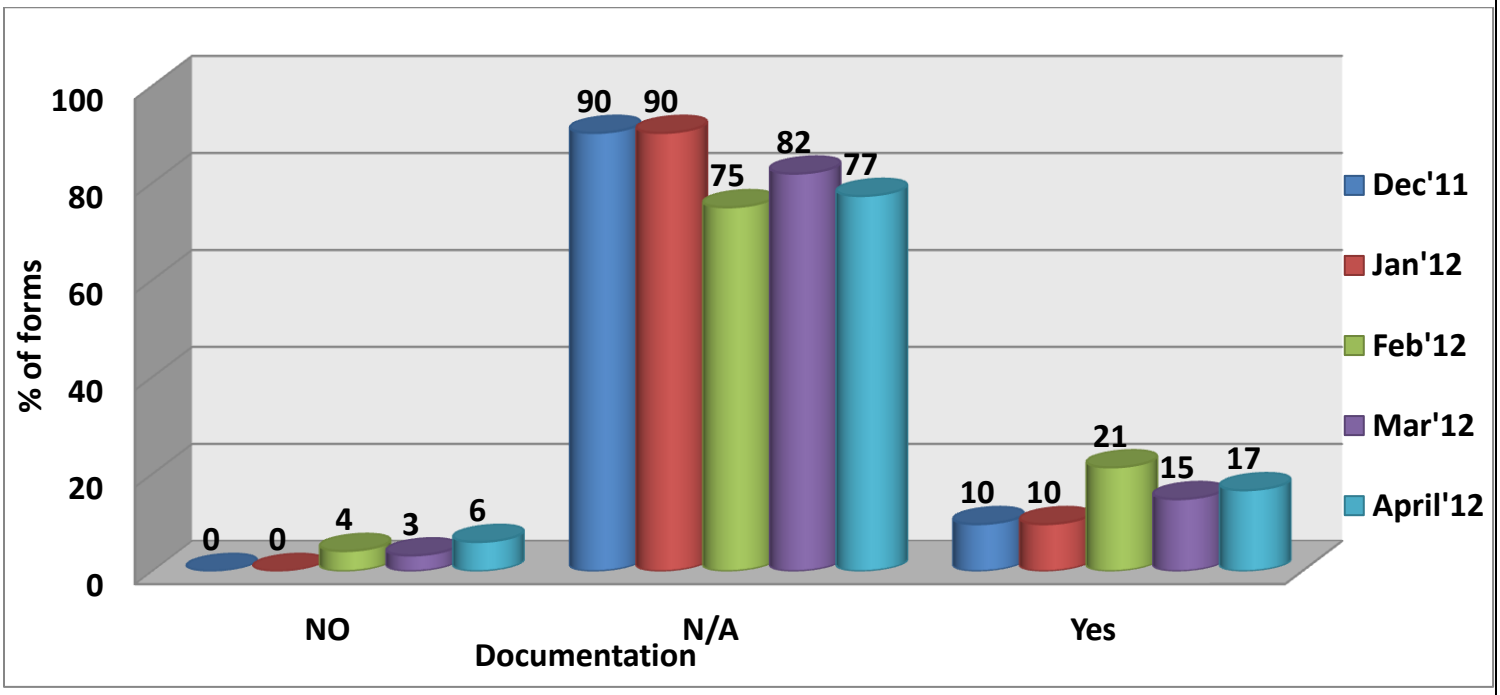


Analysis:

The results are not satisfactory in all the five months. The Unit In-charges are not filling them up properly.

2.0 Emergency First Assessment Form

2.a Documentation

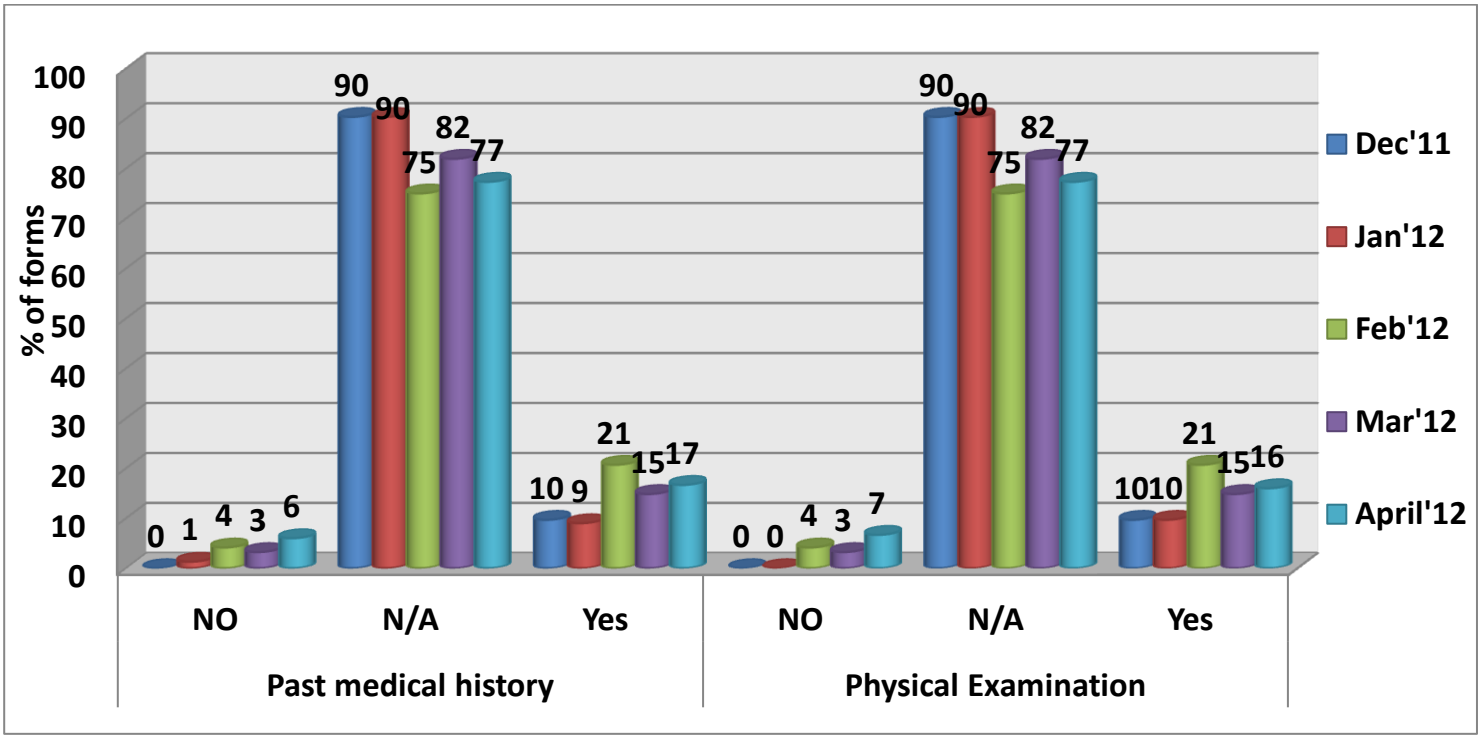


Analysis:

The documentation of the form was being done properly in Dec. and Jan. But then in Feb., March and April, either the nurses or the doctors were not doing it properly.

2b1. Past Medical History

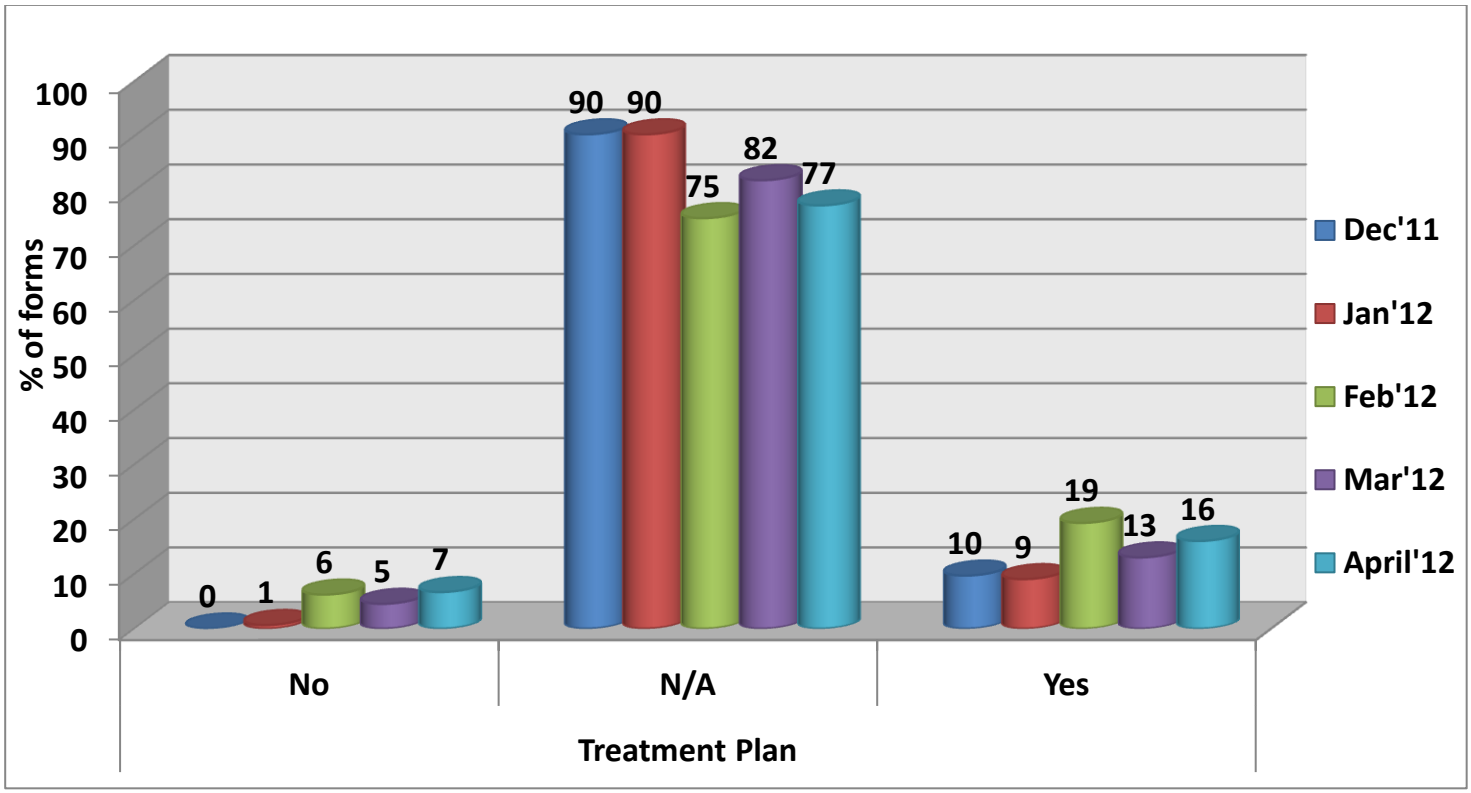
2b2. Physical Examination



Analysis:

Although, the documentation was done as required in Dec. and Jan. But in Feb. to April, it declined. The parameters were not filled properly.

2b3. Treatment Plan

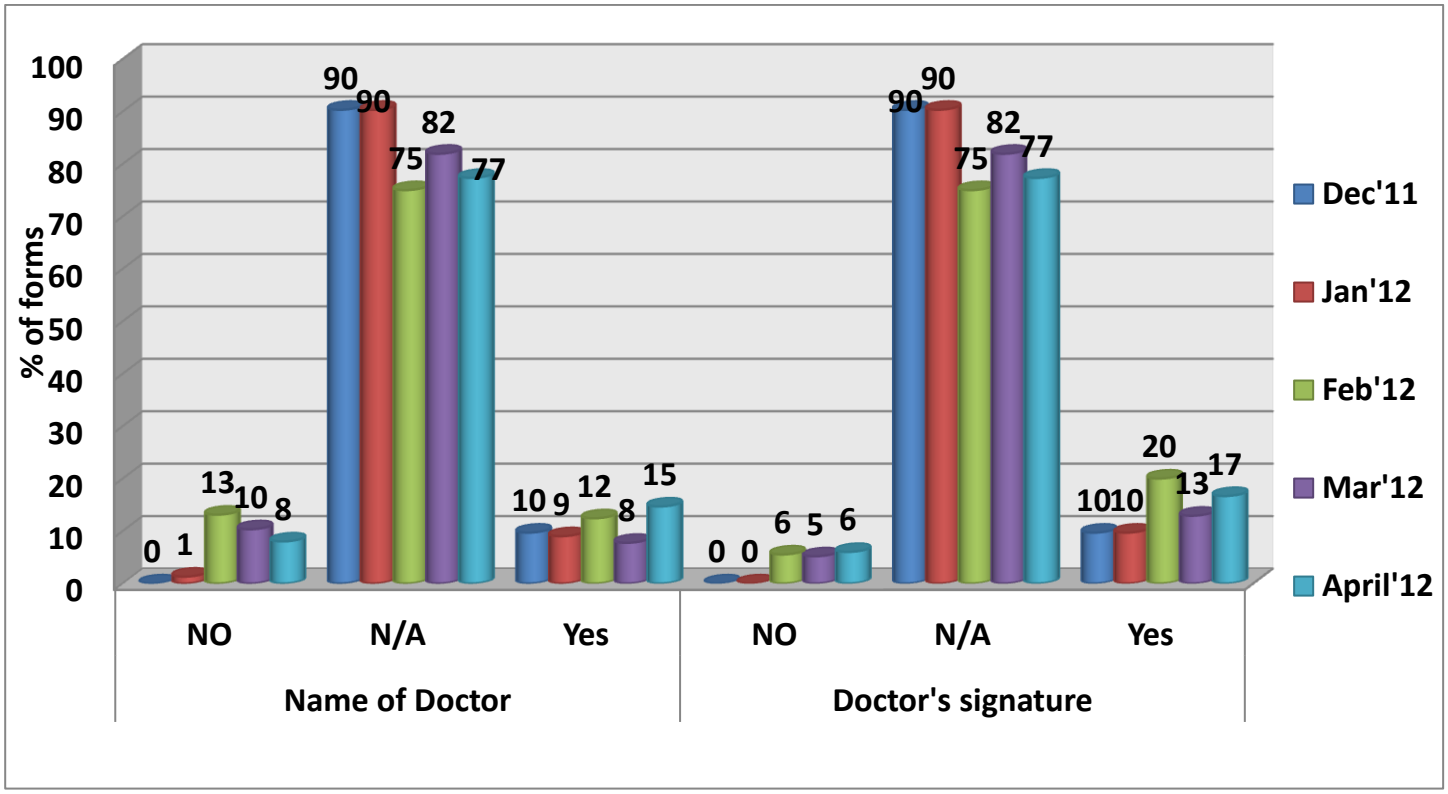


Analysis:

Although, the documentation was done as required in Dec. and Jan. But in Feb. to April, it declined. The parameters were not filled properly.

2b4. Name

2b5. Signature of the doctor



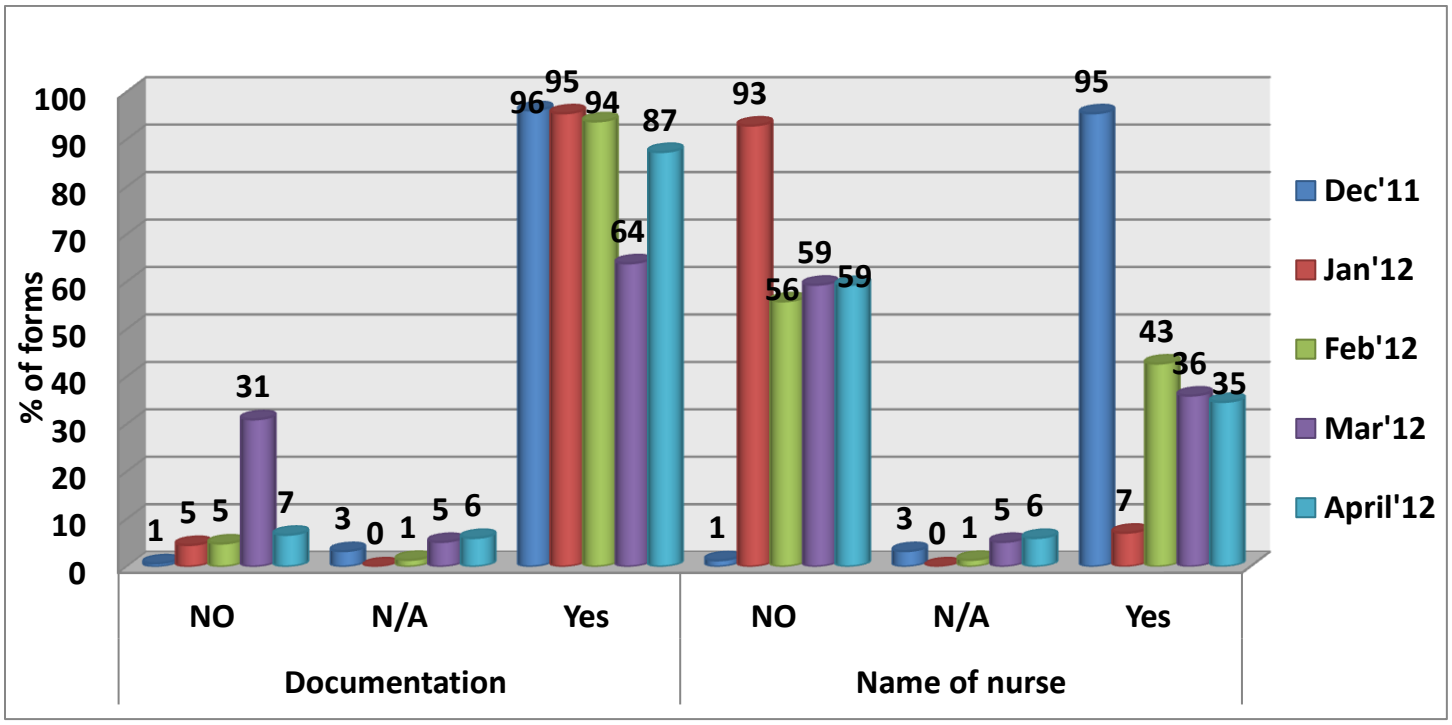
Analysis:

The Doctor's are not filling up their columns properly. They are not writing their names along with their signature.

3.0 Daily Nursing Care Plan

3a. Documentation of form

3b1. Nurse's name



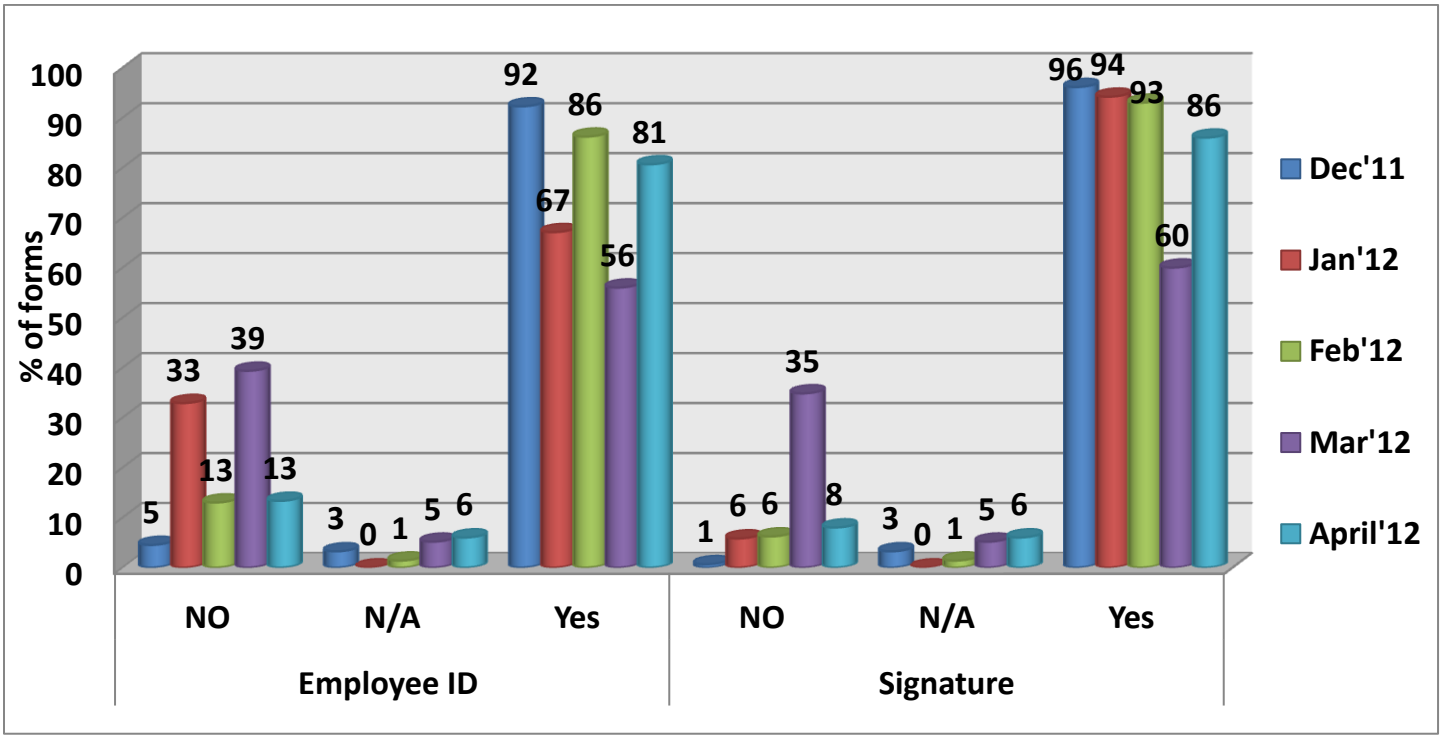
Analysis:

The situation was good in Dec. But in Jan. and Feb. there is a little decline in documentation which declines markedly in March and then improves in April.

However, in case of writing their names, the nurses are not doing well. From Jan. onwards the situation is not satisfactory and there is a lot to improve upon.

3b2. Employee Id

3b3. Signature of the nurse



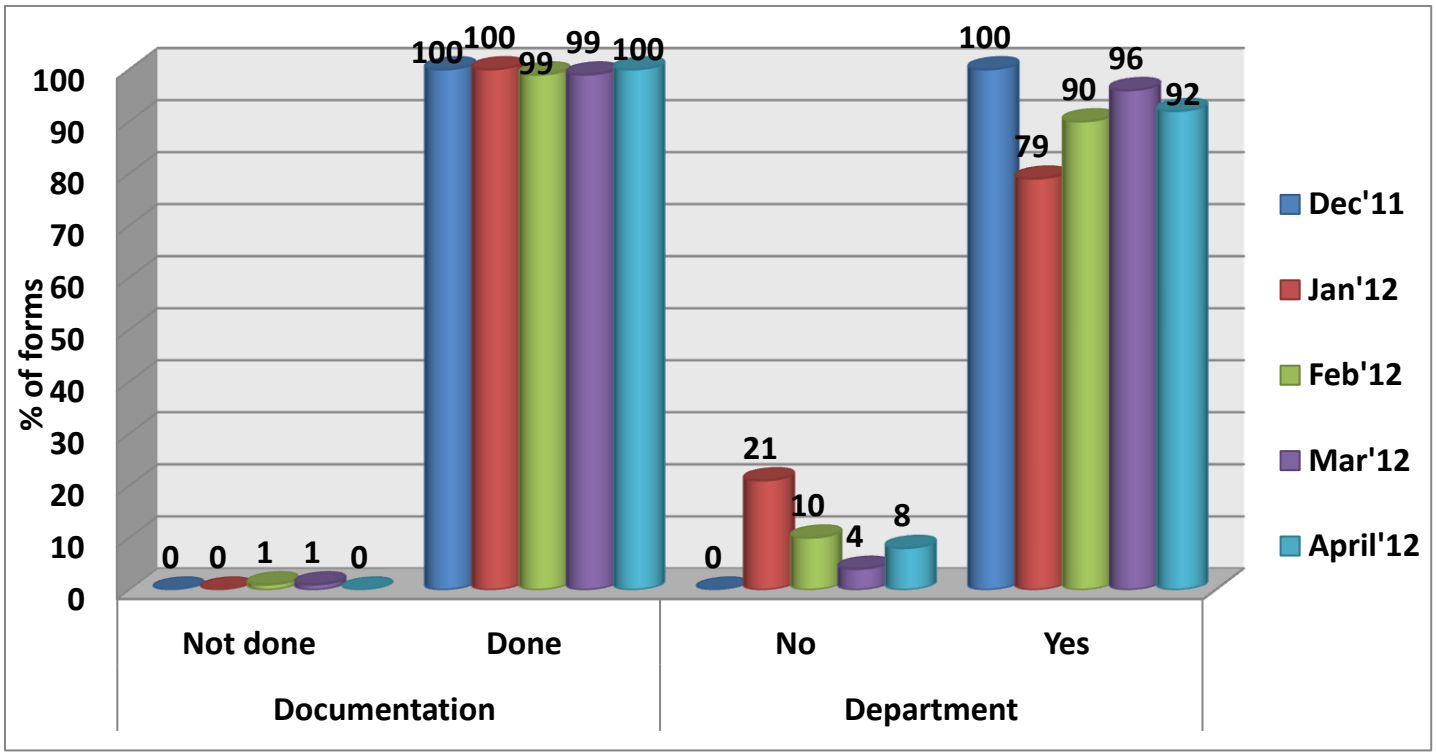
Analysis:

The nurses are not writing their Emp. Id along with their signatures especially in the months of Jan. and March. However, they are signing it but again the statistics are not satisfactory.

4.0 Doctor's Progress Sheet

4a. Documentation

4c. Department

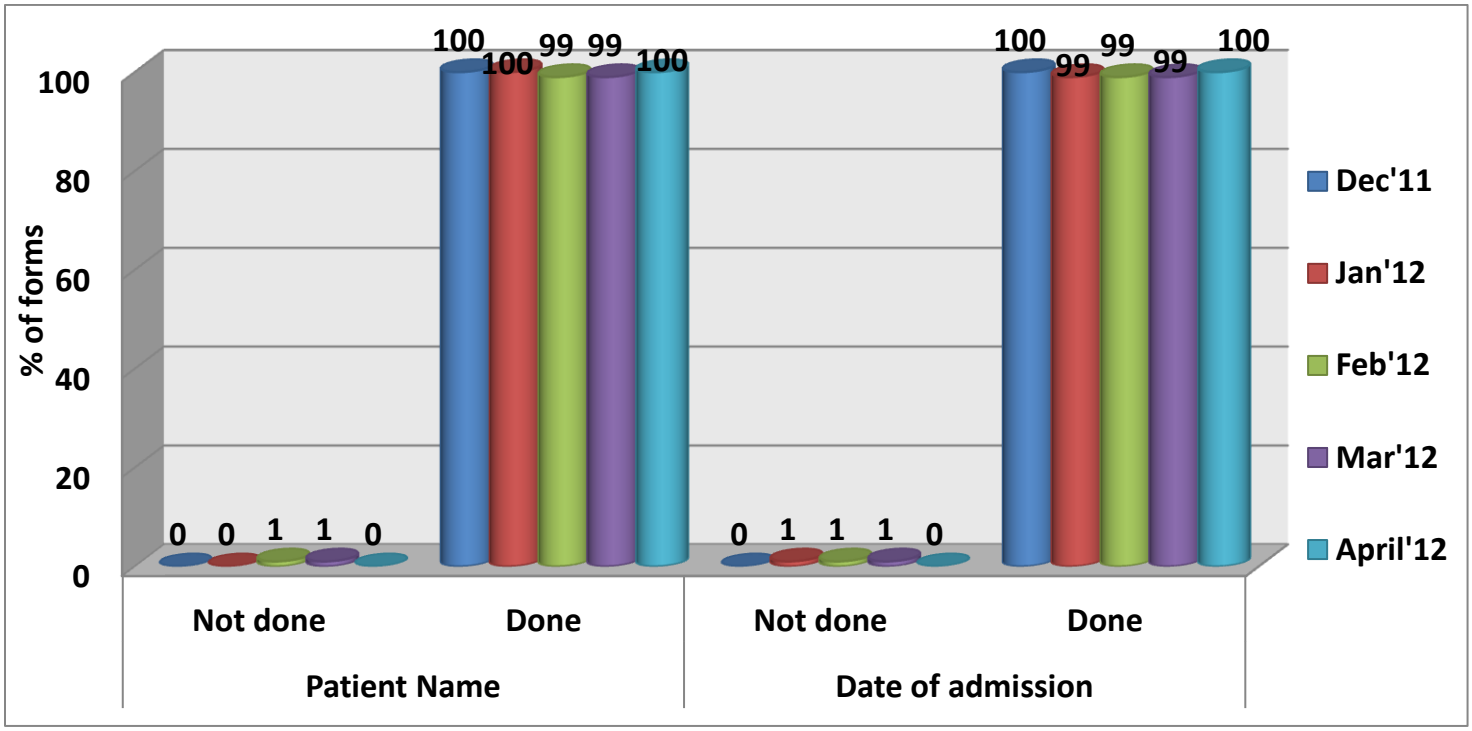


Analysis:

The documentation is satisfactory in all the months. There is a significant decline in the entries of the name of departments in January, but again it has improved in Feb.& March with a slight decline in April.

4a. Patient name

4b. Date of admission

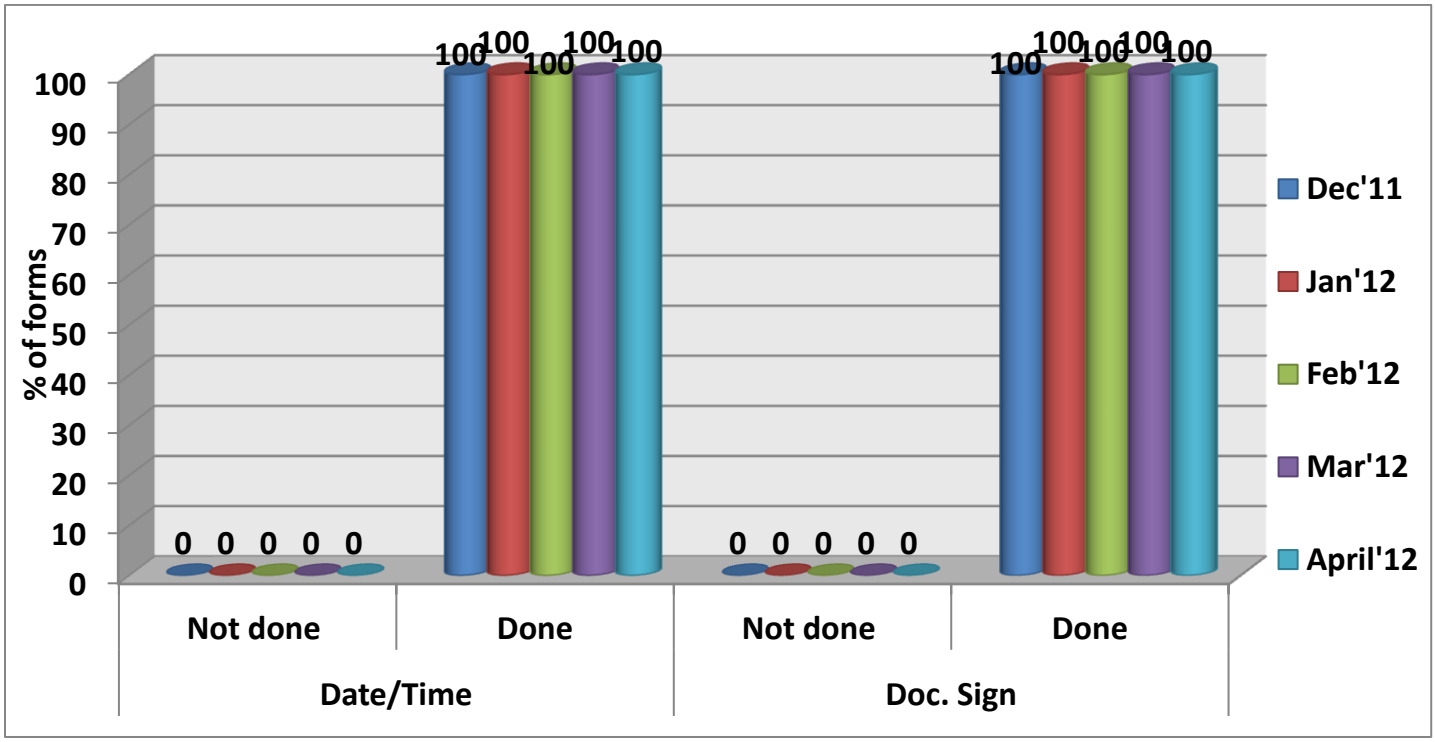


Analysis:

The columns are filled properly by the doctors in all the months.

4e. Date/Time

4f. Doctor's signature

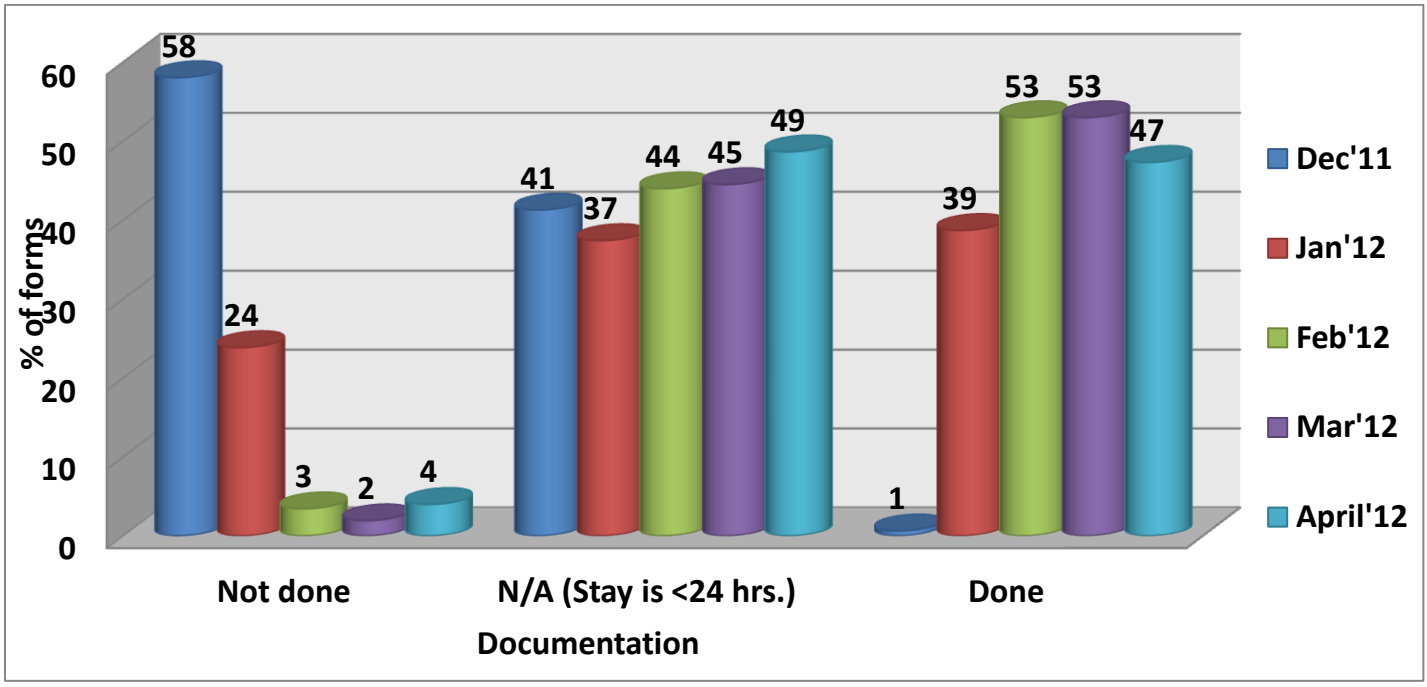


Analysis:

The columns are filled properly by the doctors in all the five months.

5.0 Nutritional Assessment Form

5.a Documentation



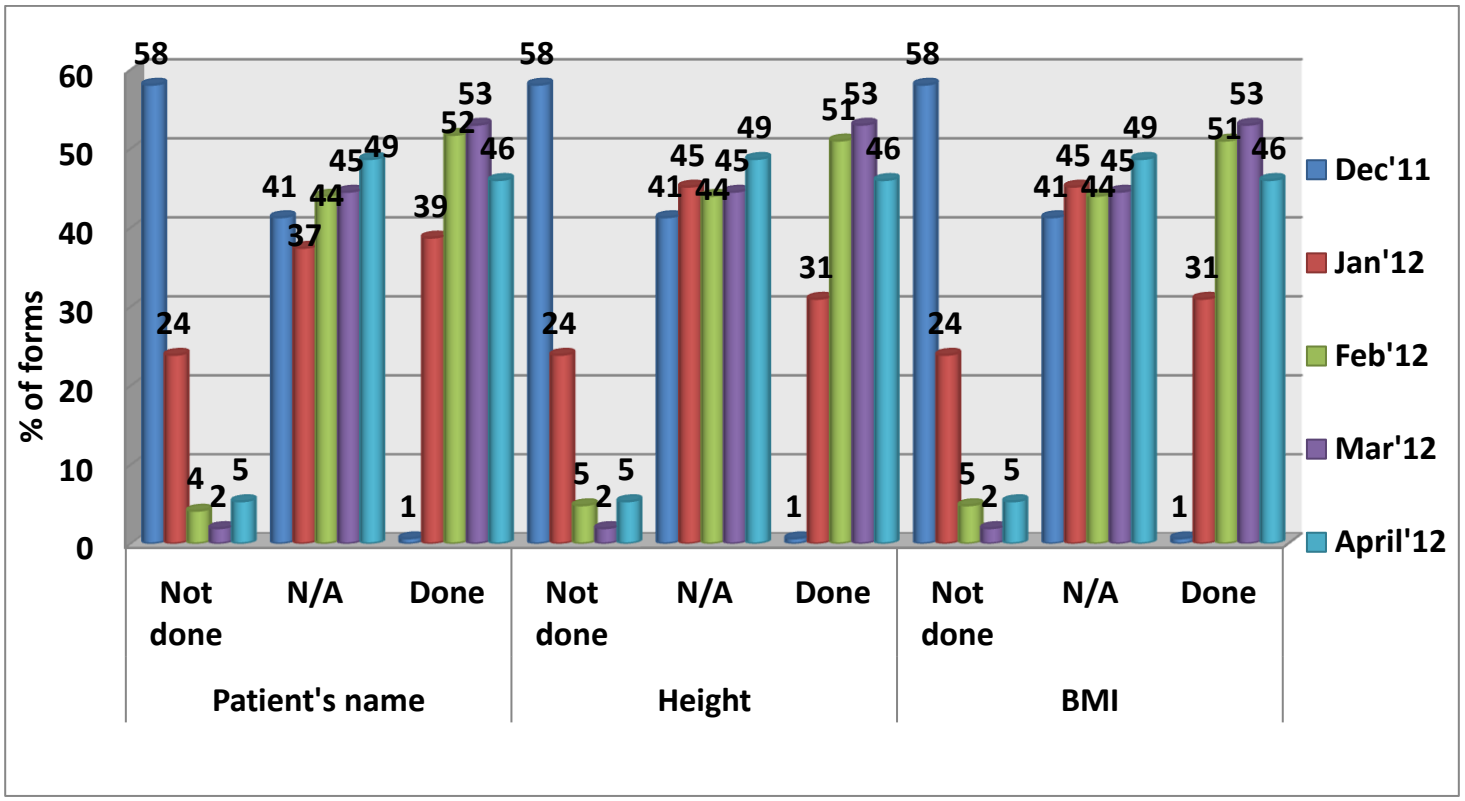
Analysis:

There is a significant rise in the documentation from Dec. to March but has again decreased in April.

5b1. Patient's name

5b2. Height

5b3. BMI

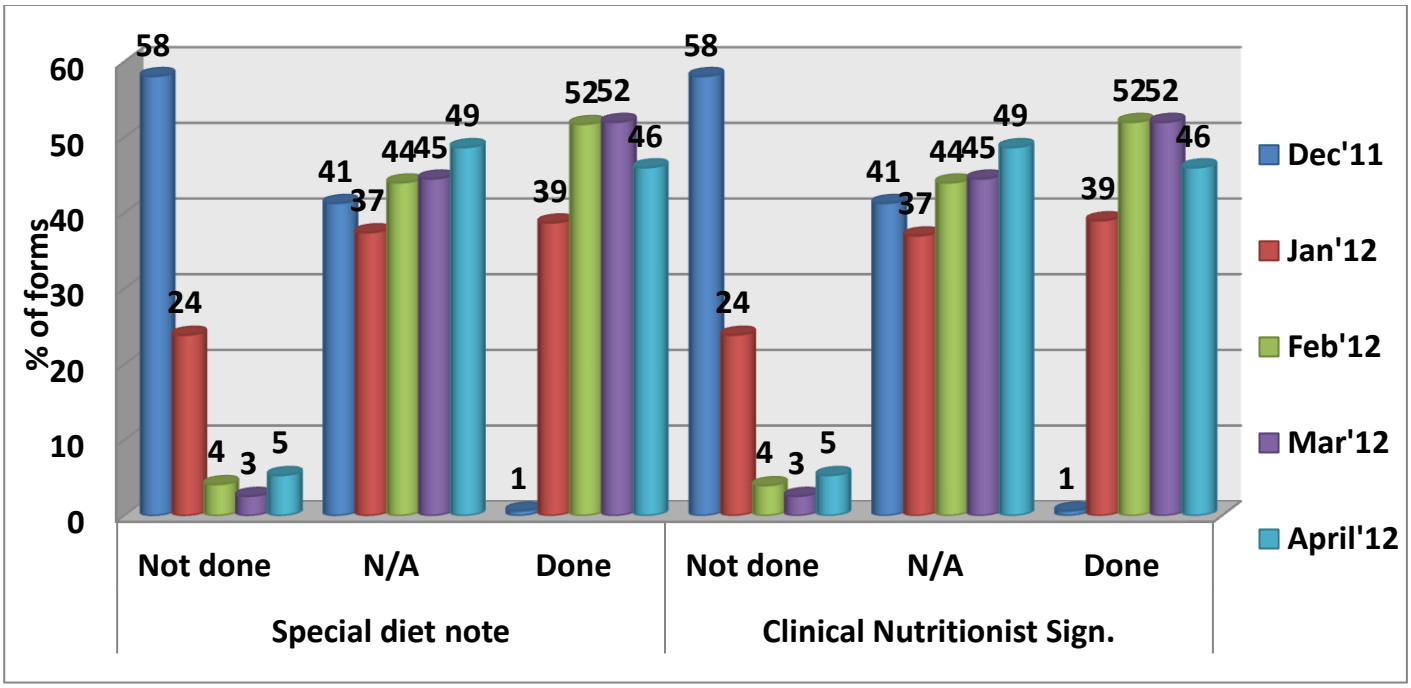


Analysis:

In Dec. the forms were not documented at all. But eventually the condition got better from Jan. to March which slightly falls down in April.

5b4. Special Diet note

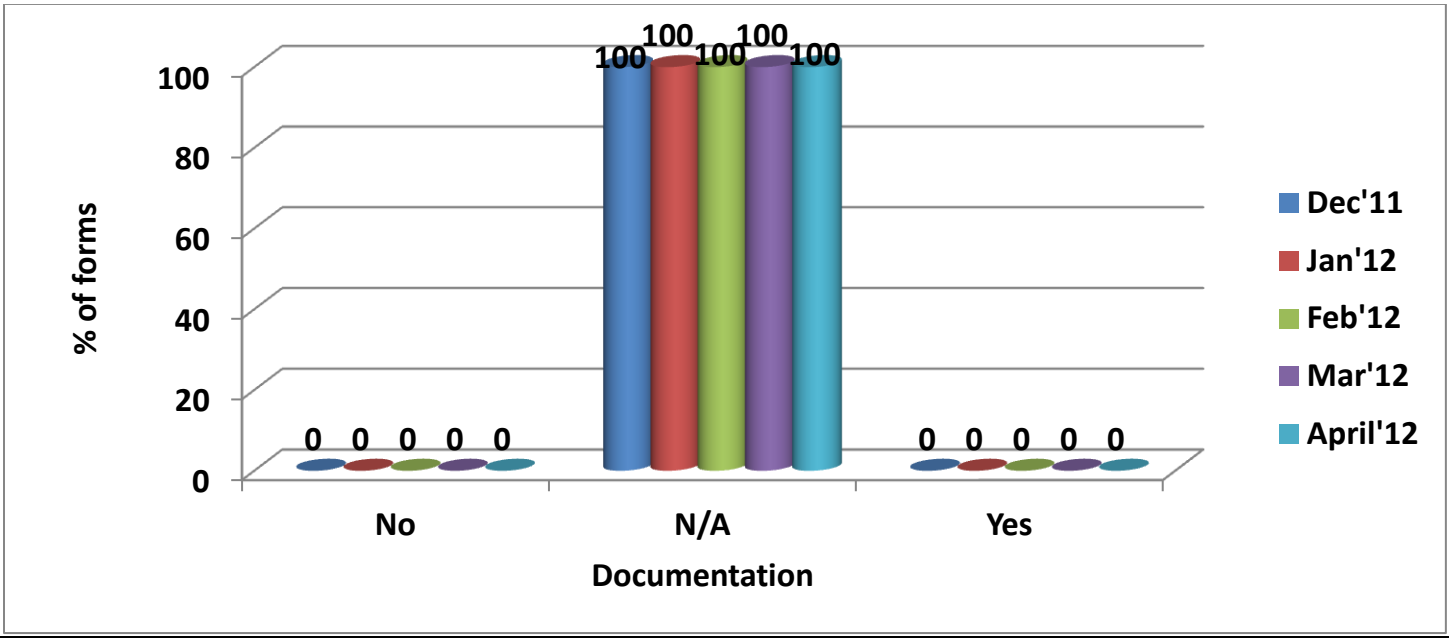
5b5. Clinical Nutritionist Signature



Analysis:

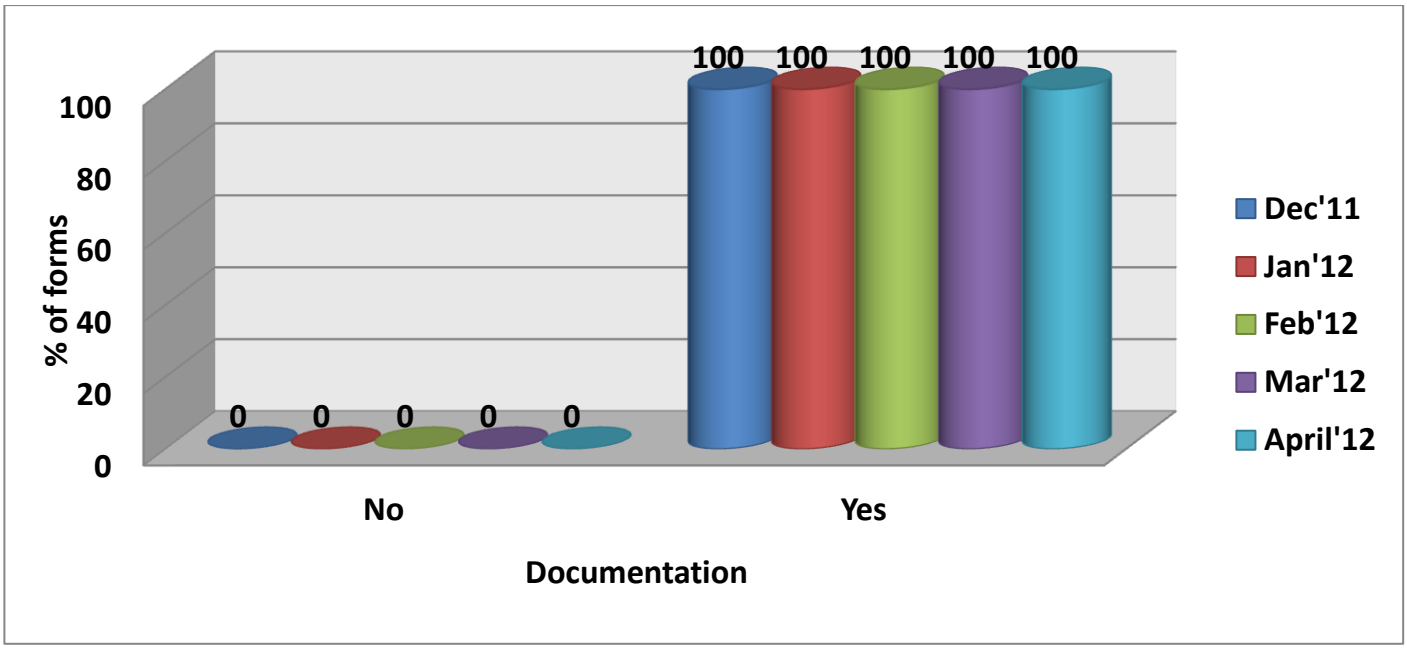
In Dec. the forms were not documented at all. But eventually the condition got better from Jan. to March which slightly falls down in April.

6.0 Diet Progress sheet



6.0 Discharge summary

7.0 Documentation



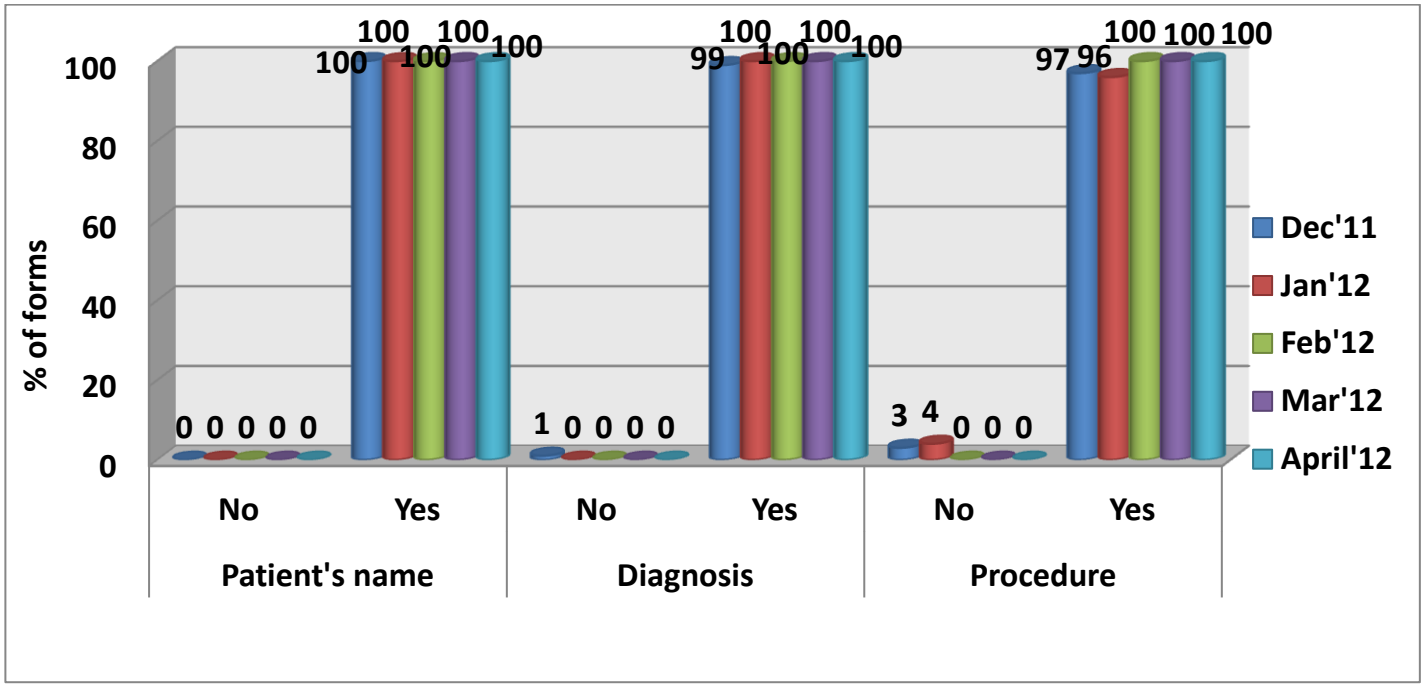
Analysis:

The documentation is done properly throughout

7.a Patent's name

7.c Diagnosis

7.d Procedure



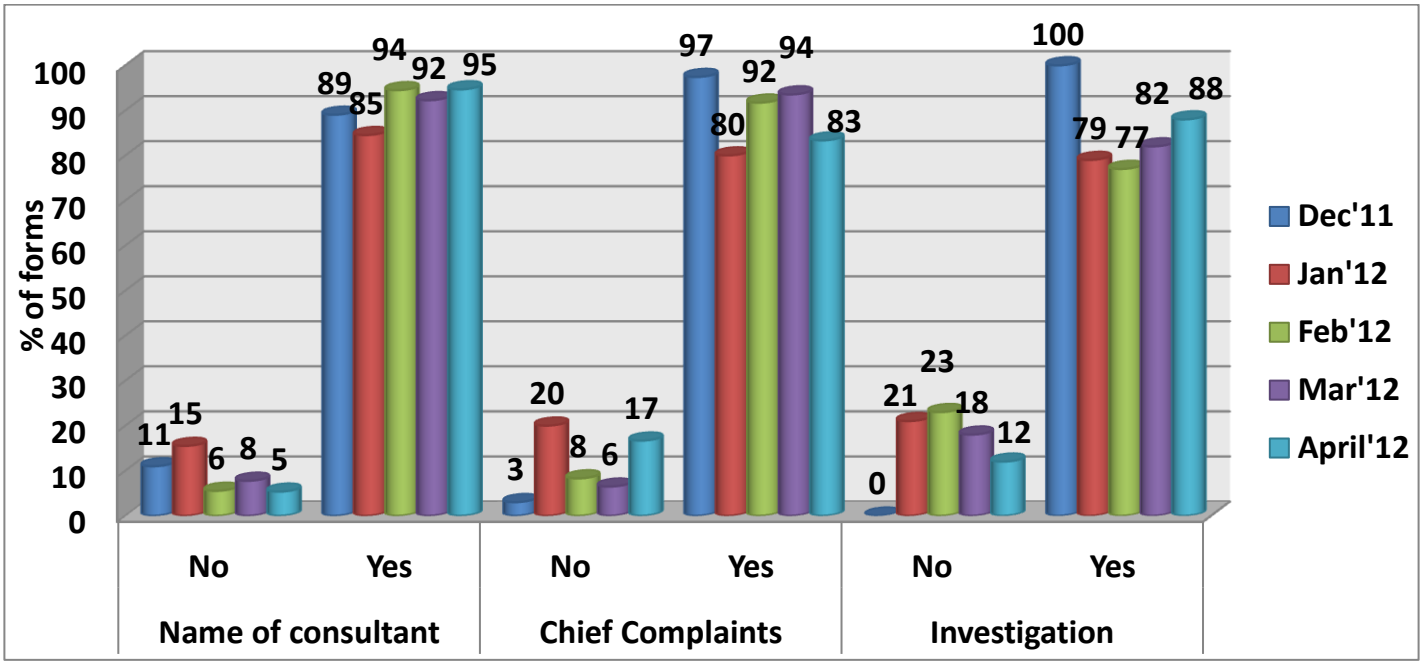
Analysis:

All the entries are being done properly in all the months

7b. Name of Consultant

7e. Chief Complaints

7i. Investigation

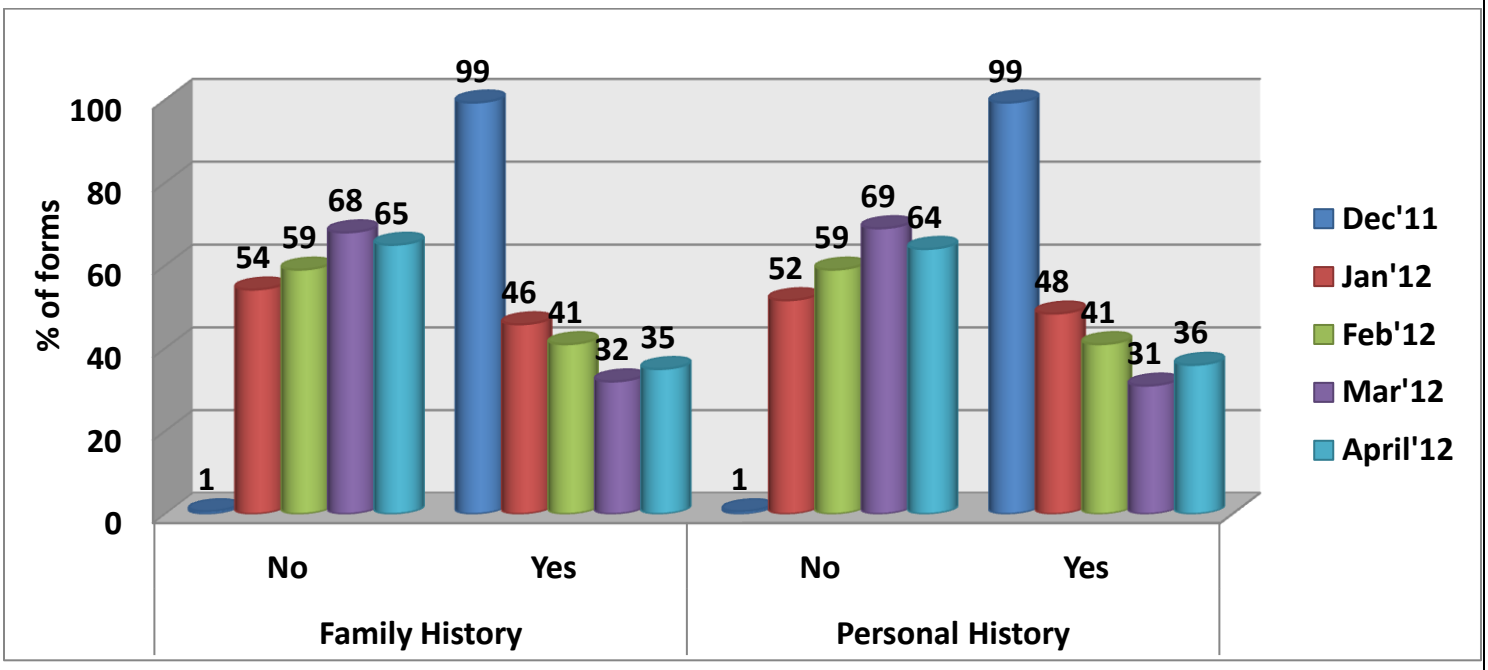


Analysis:

Instead of consultant's name, either the unit's name or nothing is mentioned. Chief complaint and investigations are not documented in some of the forms.

7.f Family History

7.g Personal History



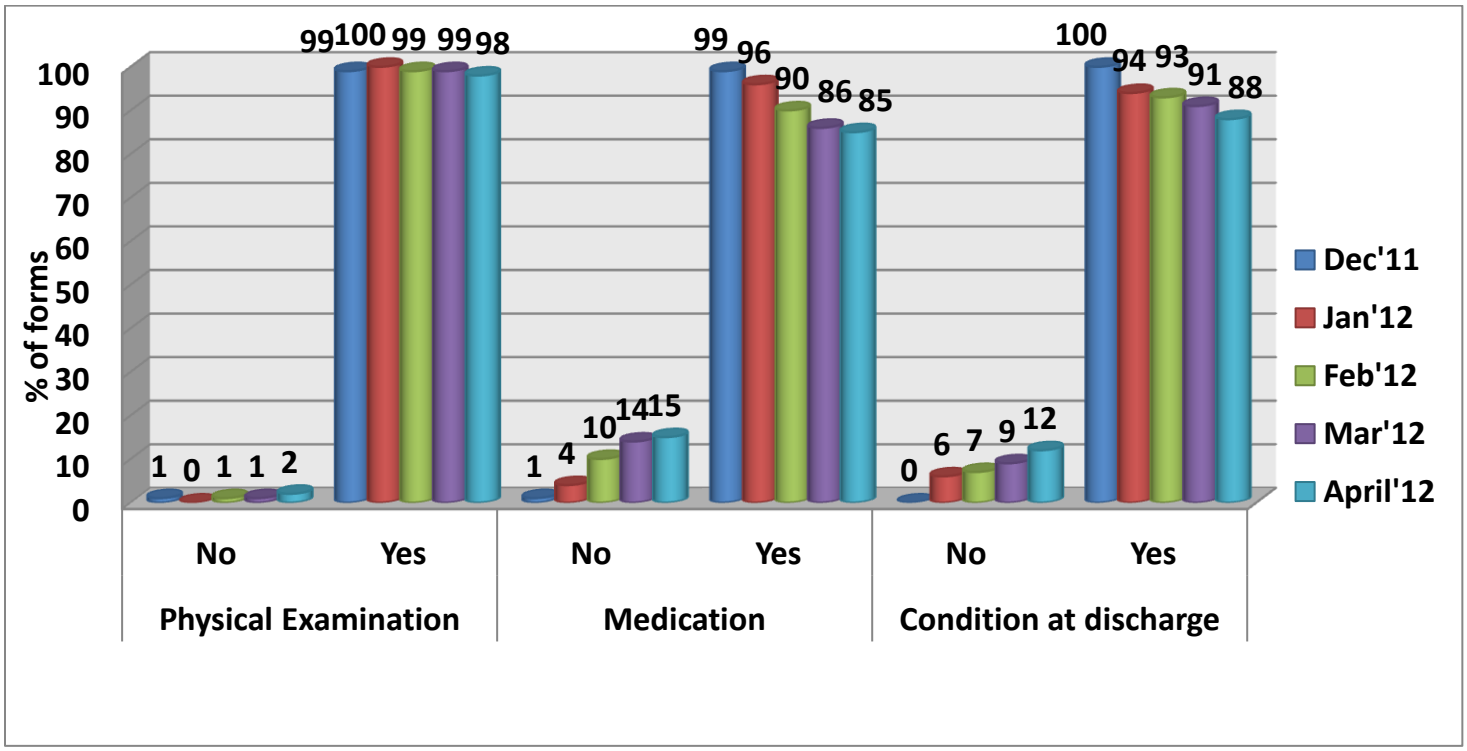
Analysis:

The %age of entries for Family and Personal history has constantly decreased till March but has shown a slight improvement in April. These parameters are not at all mentioned in these forms.

7.h Physical examination

7.j Medication

7.k Condition at Discharge



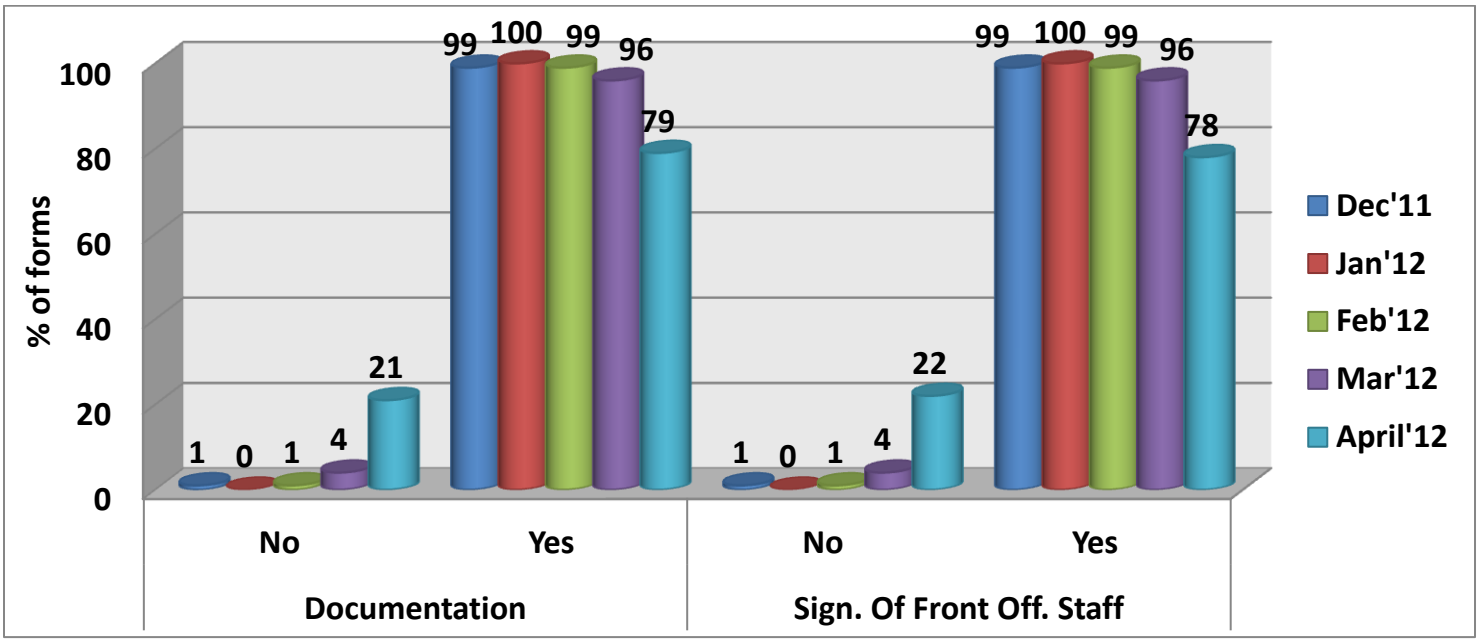
Analysis:

Physical examination is being done satisfactorily but entries for Medication and Condition at discharge have consistently declined from Dec to April.

8.1 General Consent Form

8.1a. Documentation

8.1h. Front Office Signature

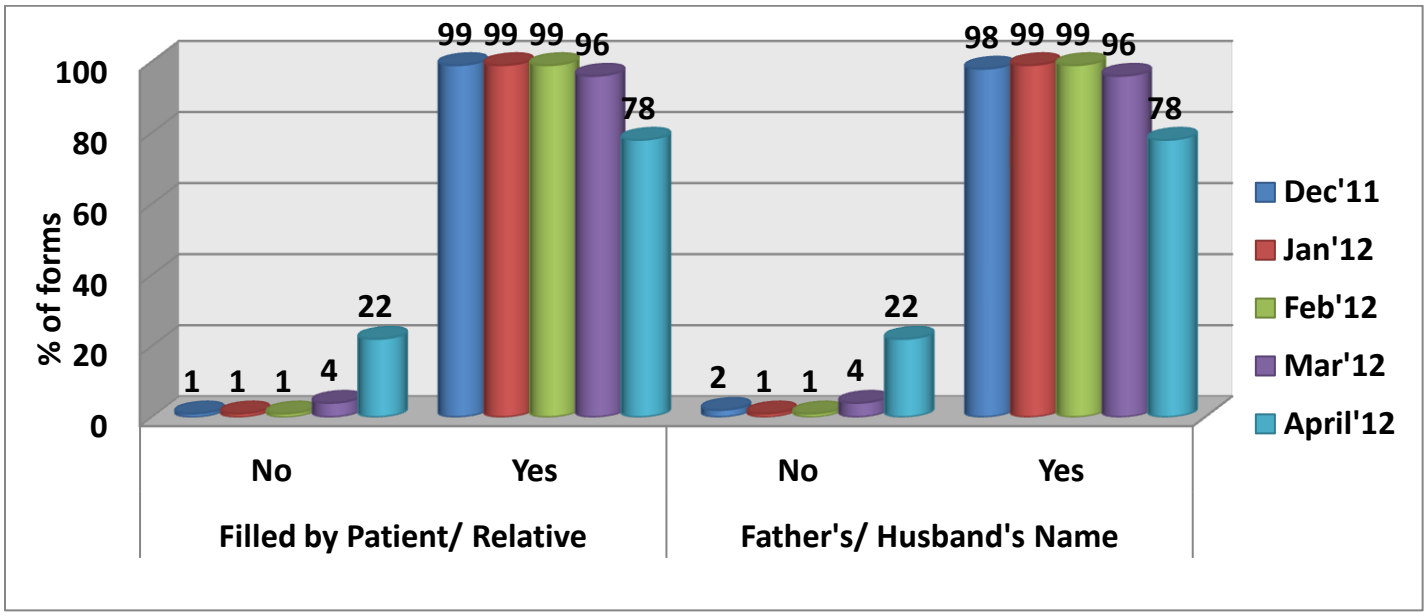


Analysis:

The documentation of these entries has markedly decreased in April.

8.1b. Patient's/Relative's name

8.1c. Father's and Husband's name

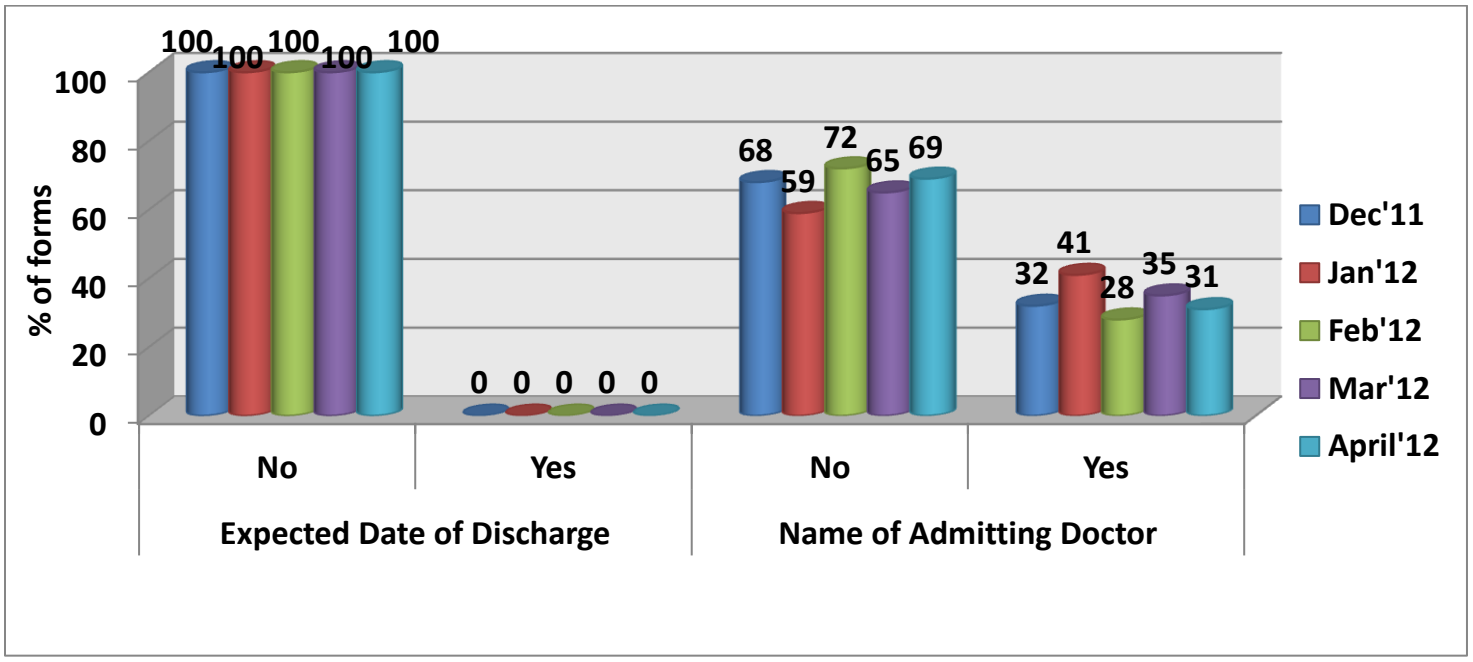


Analysis:

Entries for both the parameters have been consistent from Dec-Feb, have slightly declined in March but markedly in April.

8.1d. Expected date of Discharge

8.1e. Name of Admitting Doctor

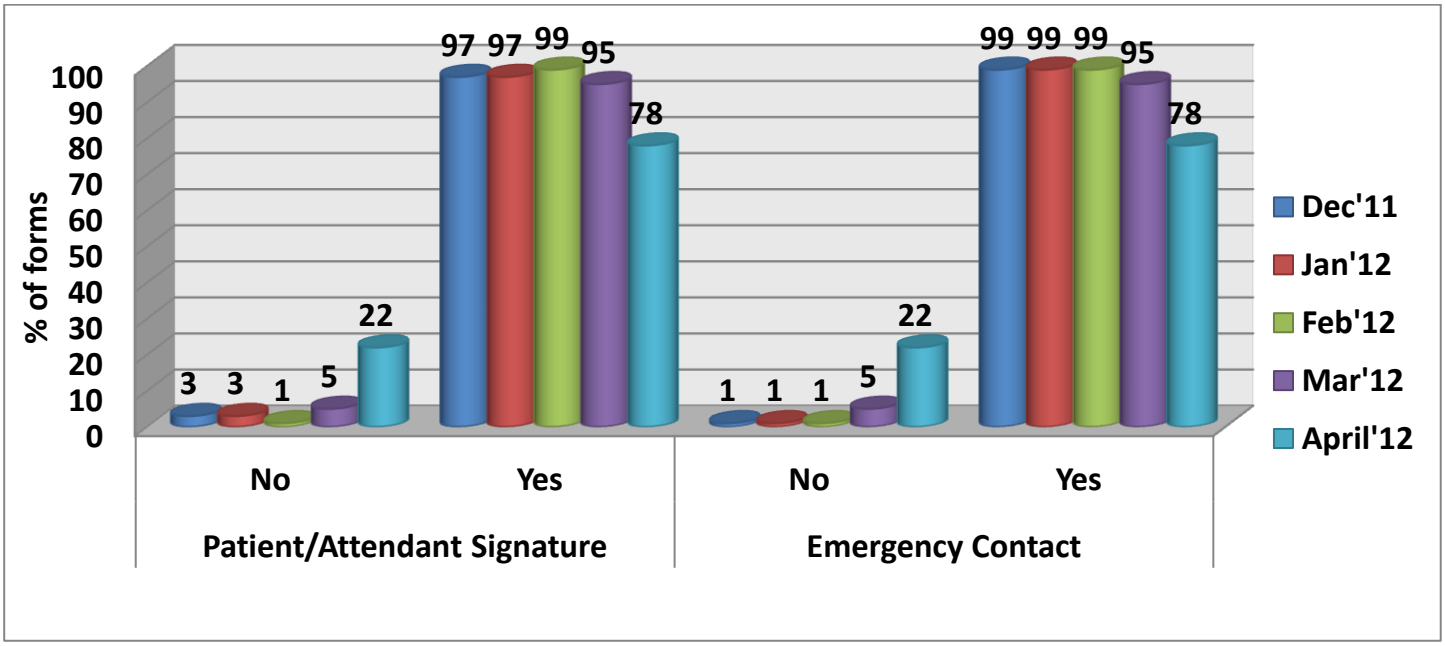


Analysis:

No entries for the Expected Date of Discharge are being made. And instead of Admitting Doctor's name, the unit's name is mentioned.

8.1f. Patient's/Attendant's Sign.

8.1g. Whom to contact in emergency

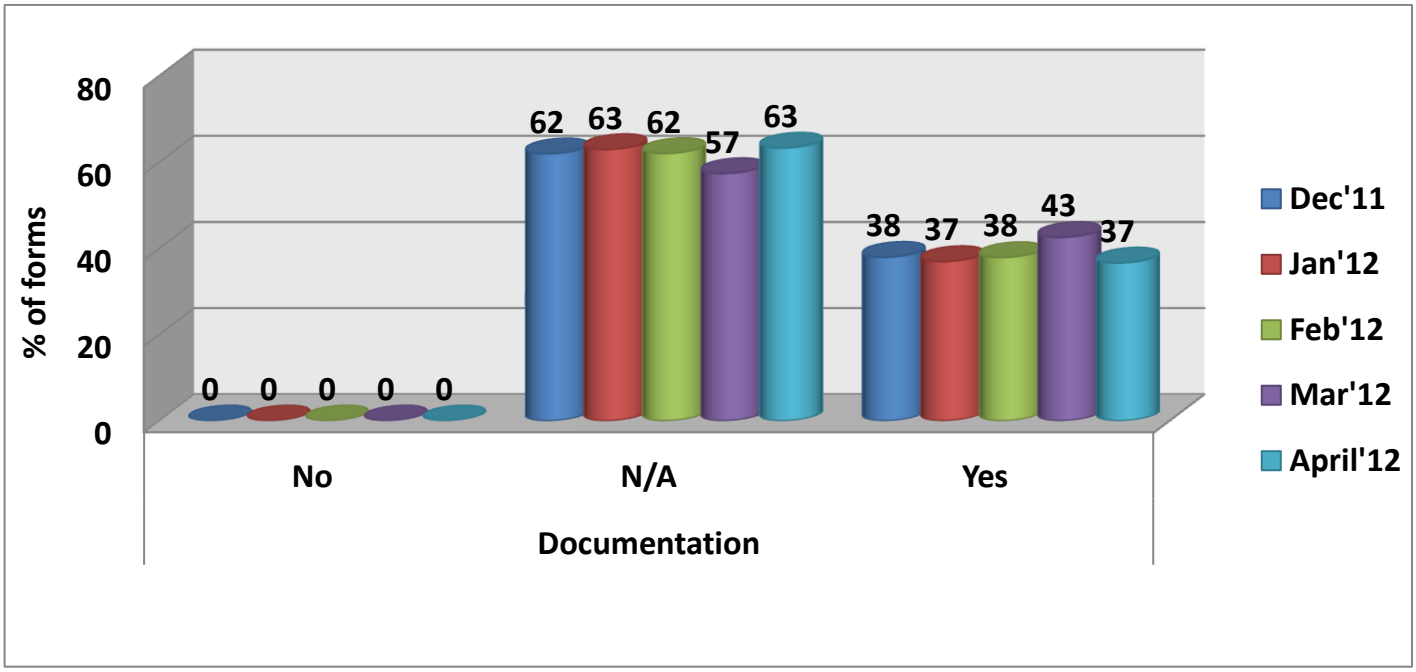


Analysis:

Although the entries are being made as required by the concerned person in previous months, yet there is a significant decrease in April.

8.2. Anesthesia Consent Form

8.2a. Documentation



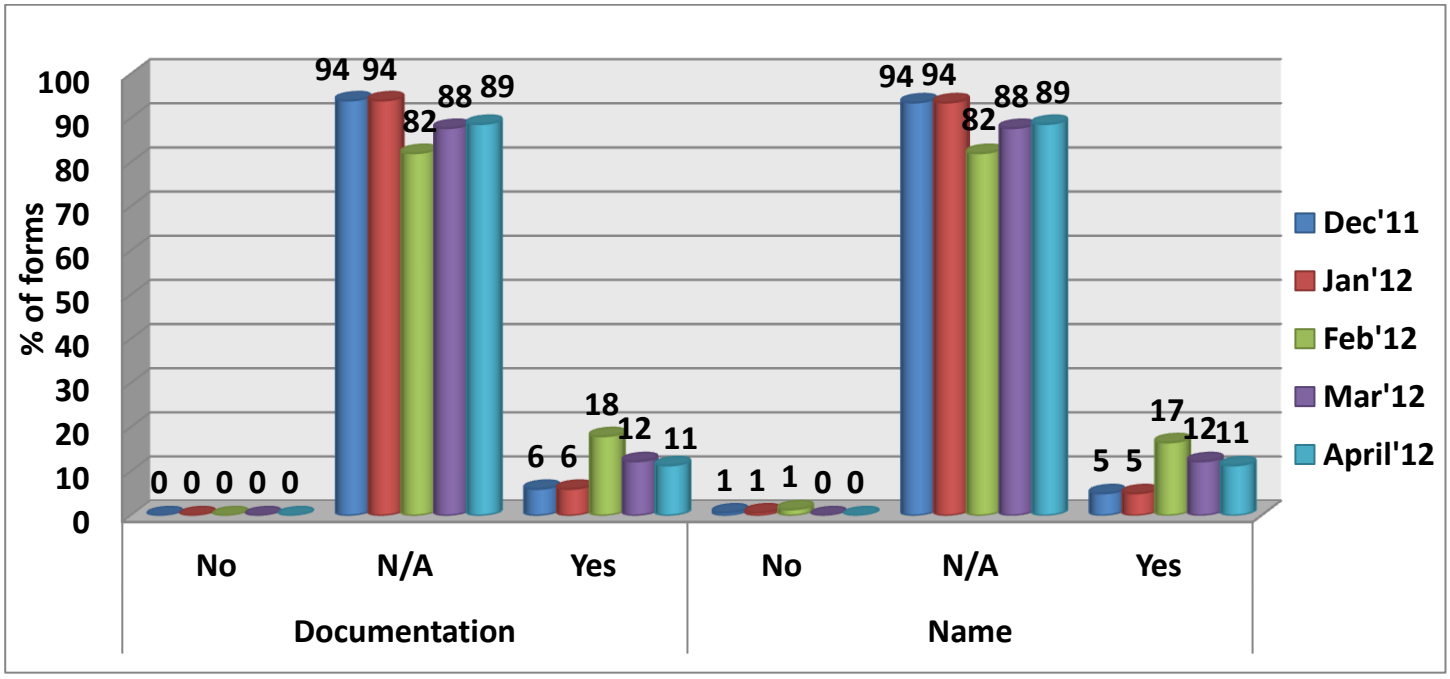
Analysis:

The form is being filled properly in all the months.

8.3. Blood Transfusion Consent form

8.3. Documentation

8.3a. Name



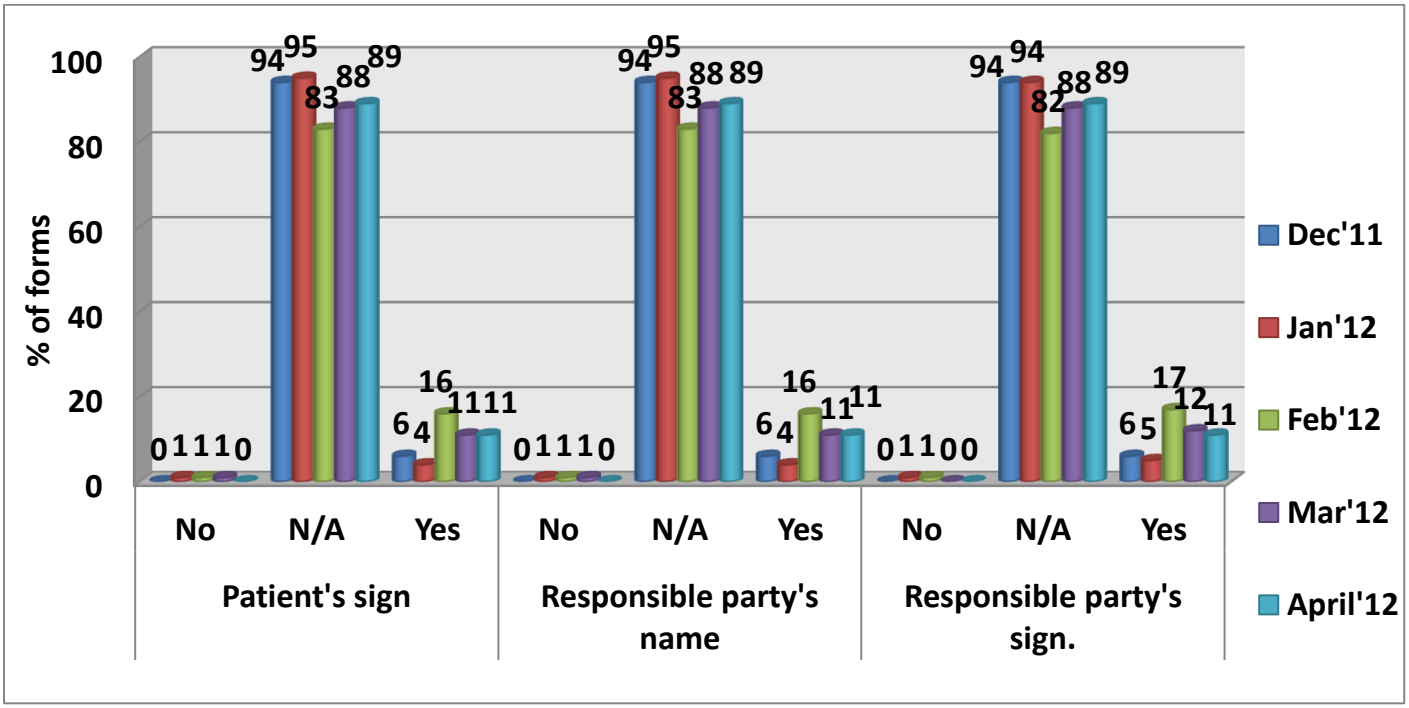
Analysis:

Both the documentation and entries of Patient's name are satisfactorily done in all the months.

8.3b Patient's sign

8.3c Responsible Party's name

8.3d Responsible Party's sign

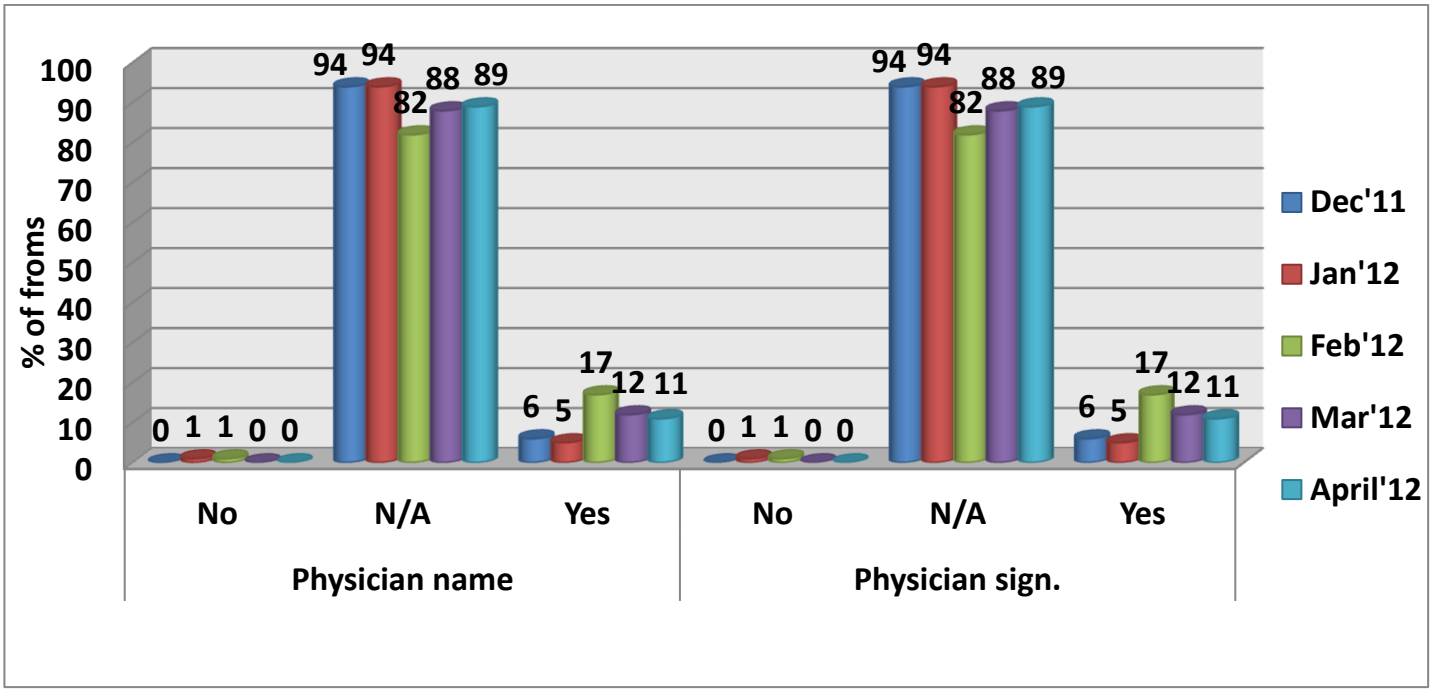


Analysis:

All the following entries are being made properly in all the months.

8.3e. Physician's name

8.3f. Physician's signature

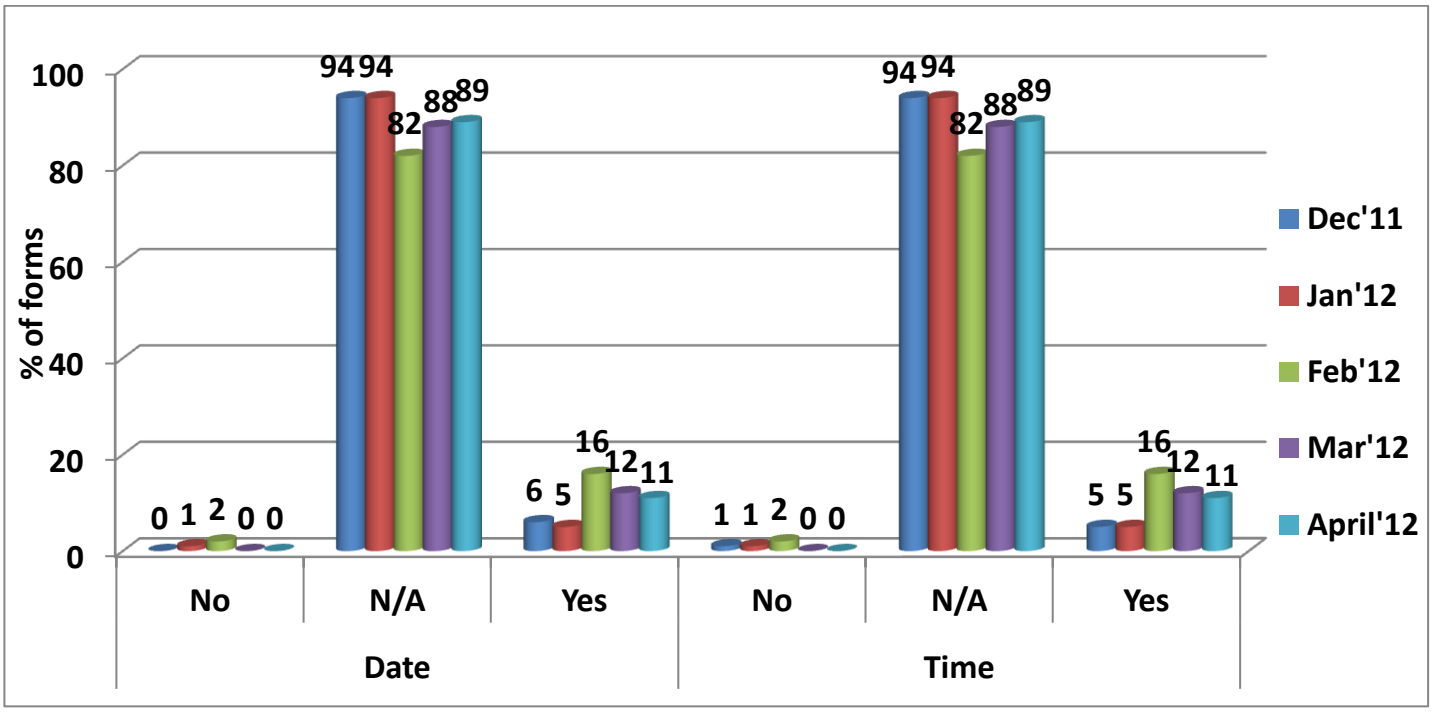


Analysis:

The following entries are being made properly in all the months.

8.3g Date

8.3h Time



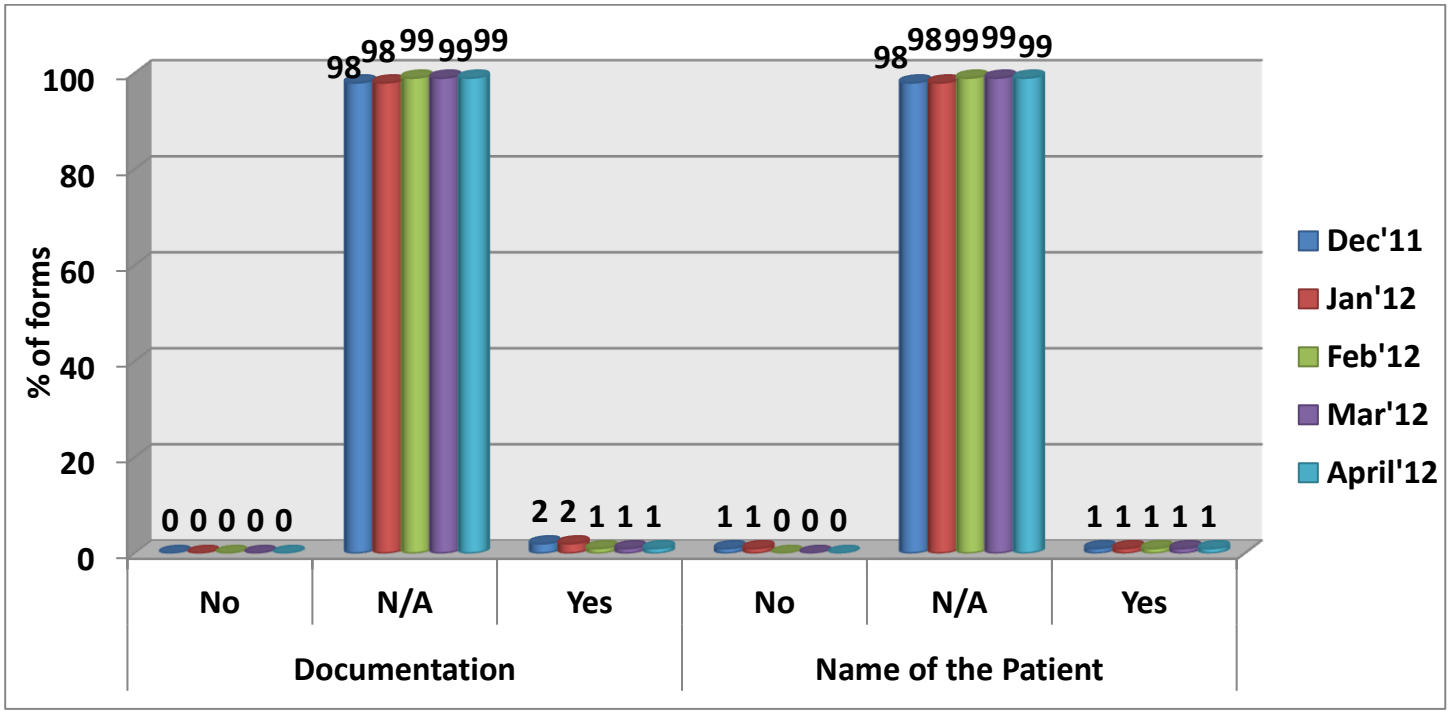
Analysis:

Entries for Date and Time are have been done properly throughout.

8.4 High Risk Consent Form

8.4 Documentation

8.4a. Name of patient

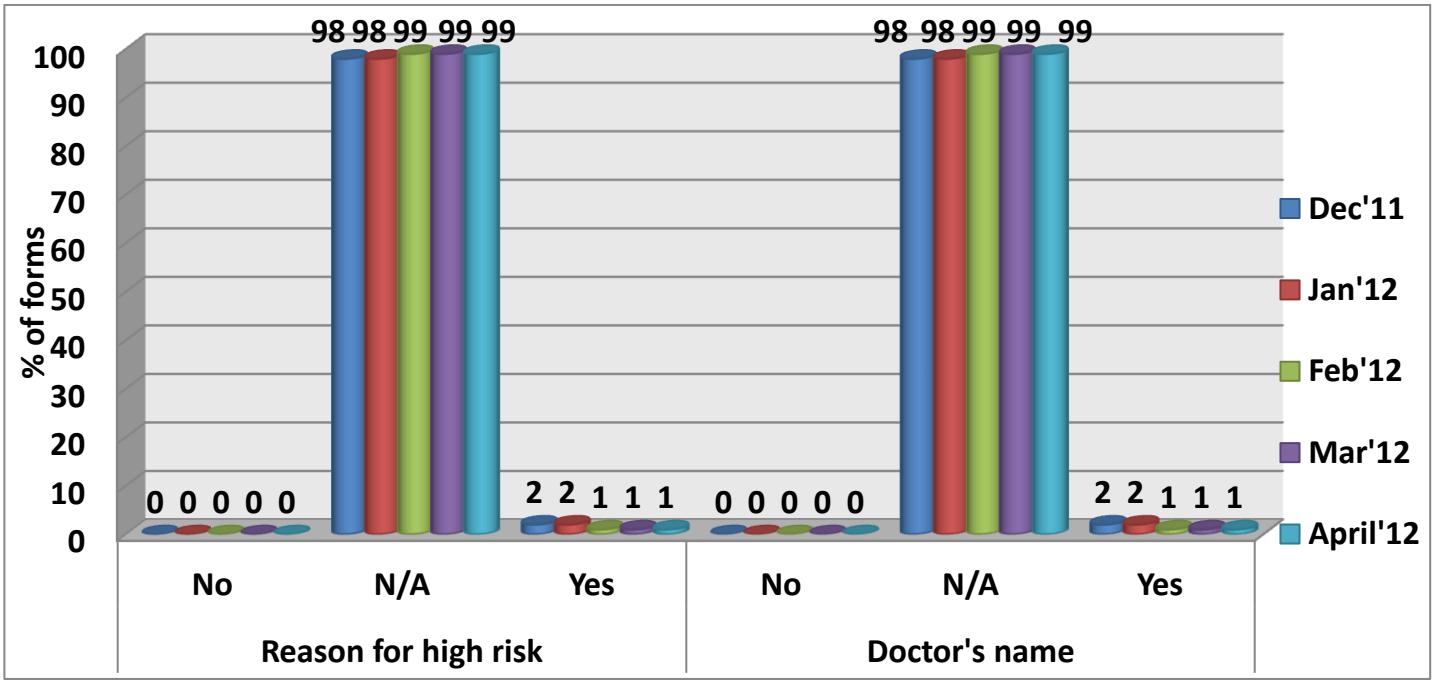


Analysis:

The documentation of the form was done properly in all the months. However, in Dec. and Jan. the name of the patient was not written in 1% of the forms which then was improved from Feb. to April.

8.4b. Reason for High risk

8.4c. Doctor's name

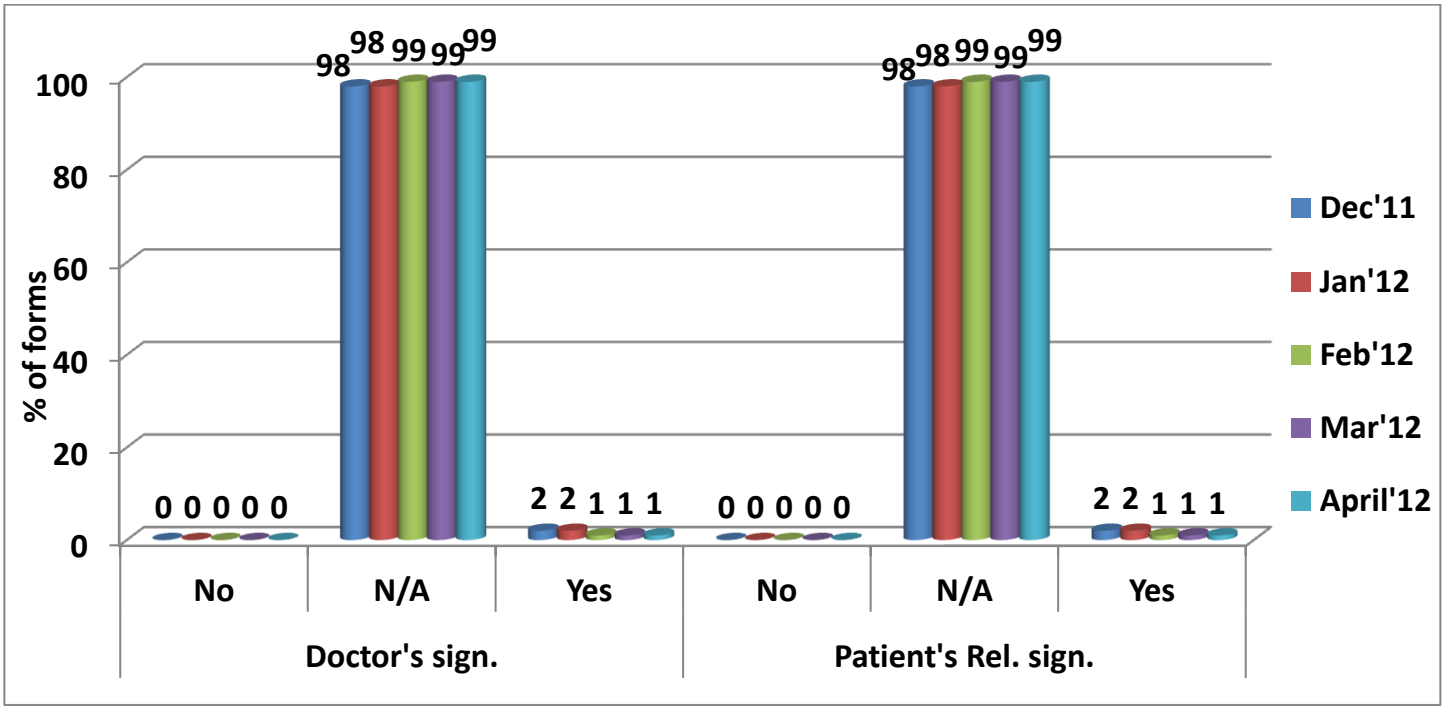


Analysis:

The columns are being filled properly in all the forms in all the months.

8.4d. Doctor's Signature

8.4e. Patient's Relative Signature



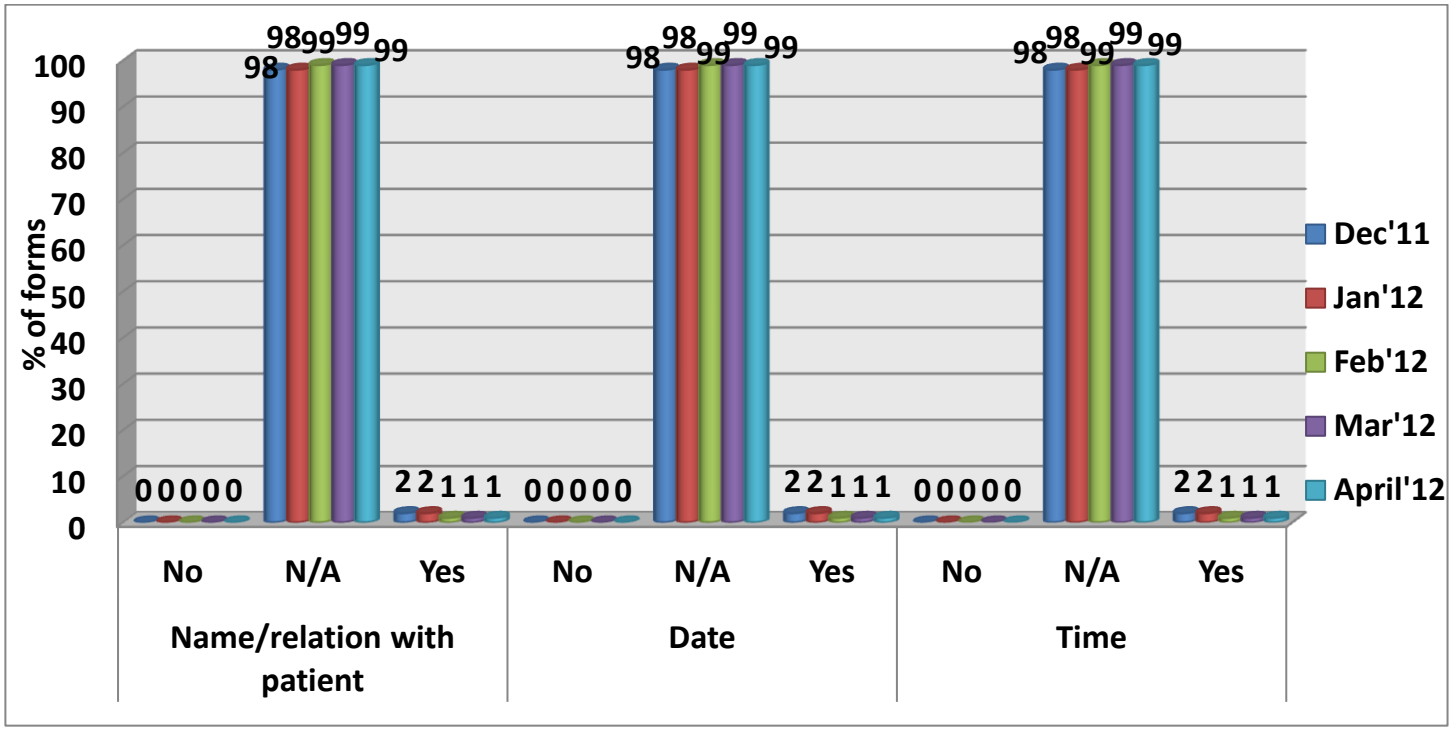
Analysis:

The columns are being filled up as desired in all the months.

8.4f. Name/relation with patient

8.4g. Date

8.4h. Time

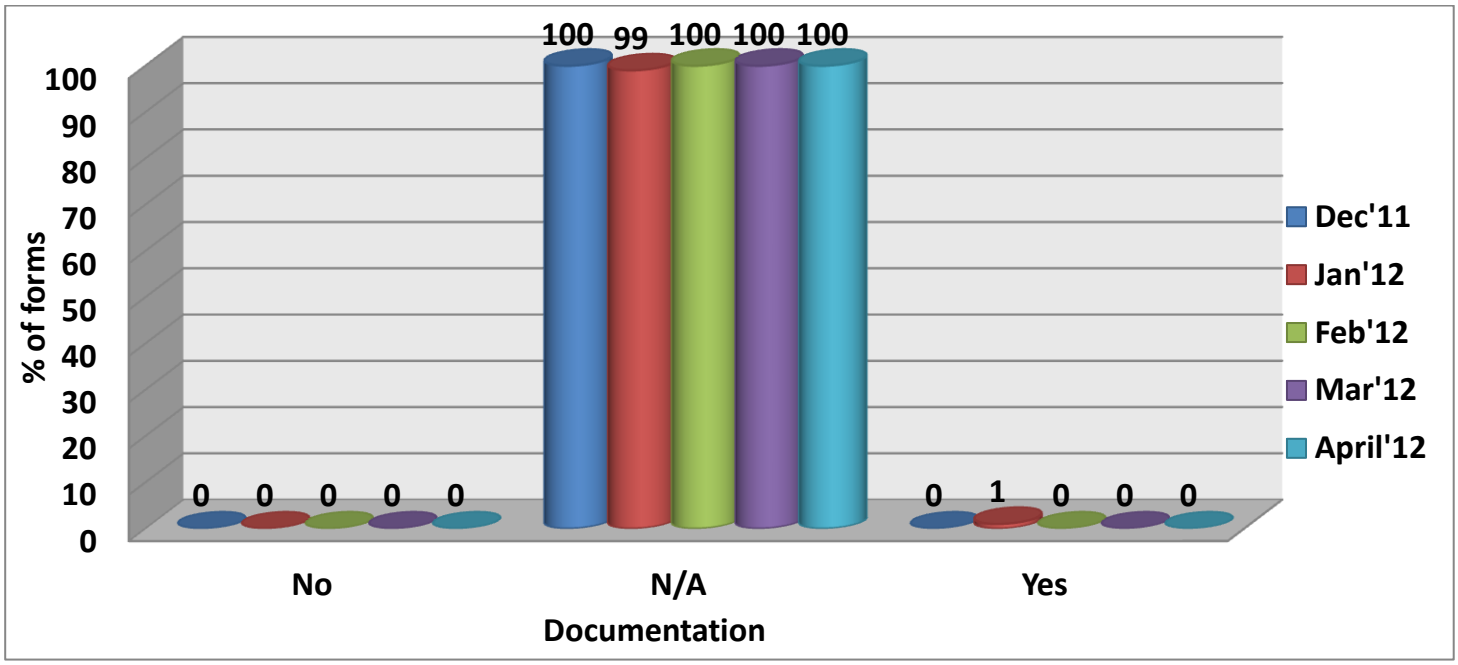


Analysis:

The columns are being filled properly in all the months.

8.5 HIV Consent Form

8.5a Documentation

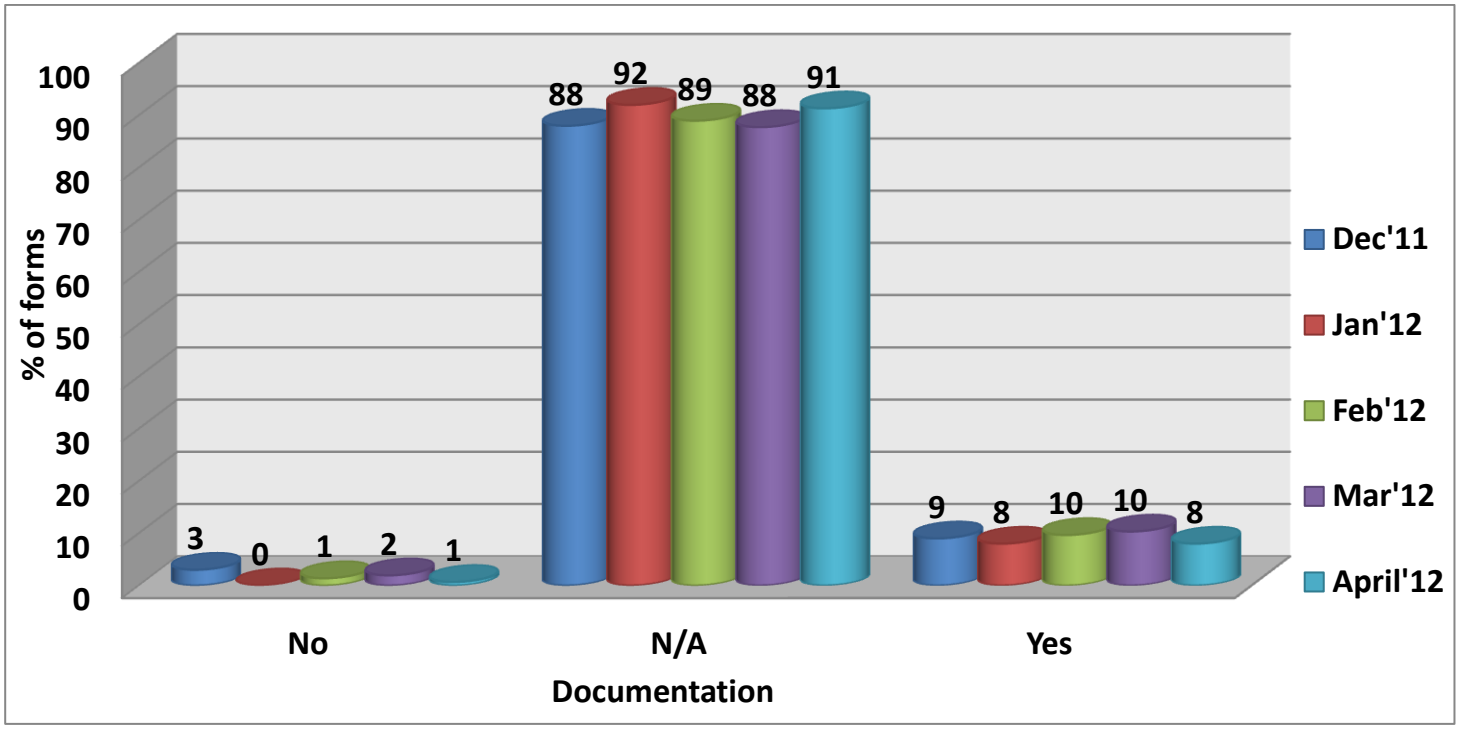


Analysis:

The forms are being documented properly in all the months.

9.0 In-House Transfer Summary

9.0 Documentation



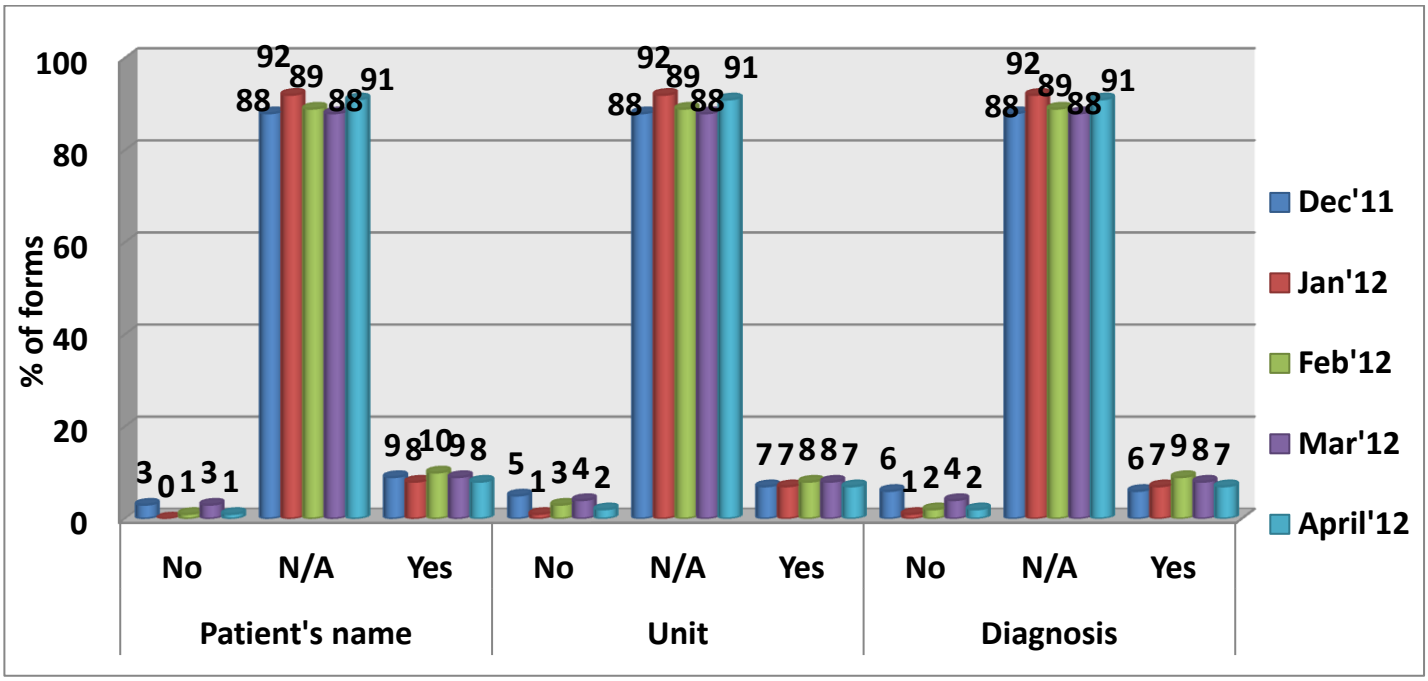
Analysis:

The condition was good in Jan. which showed a little dip in Feb. and March. But, it again improved in April.

9a. Patient's name

9b. Unit

9c. Diagnosis

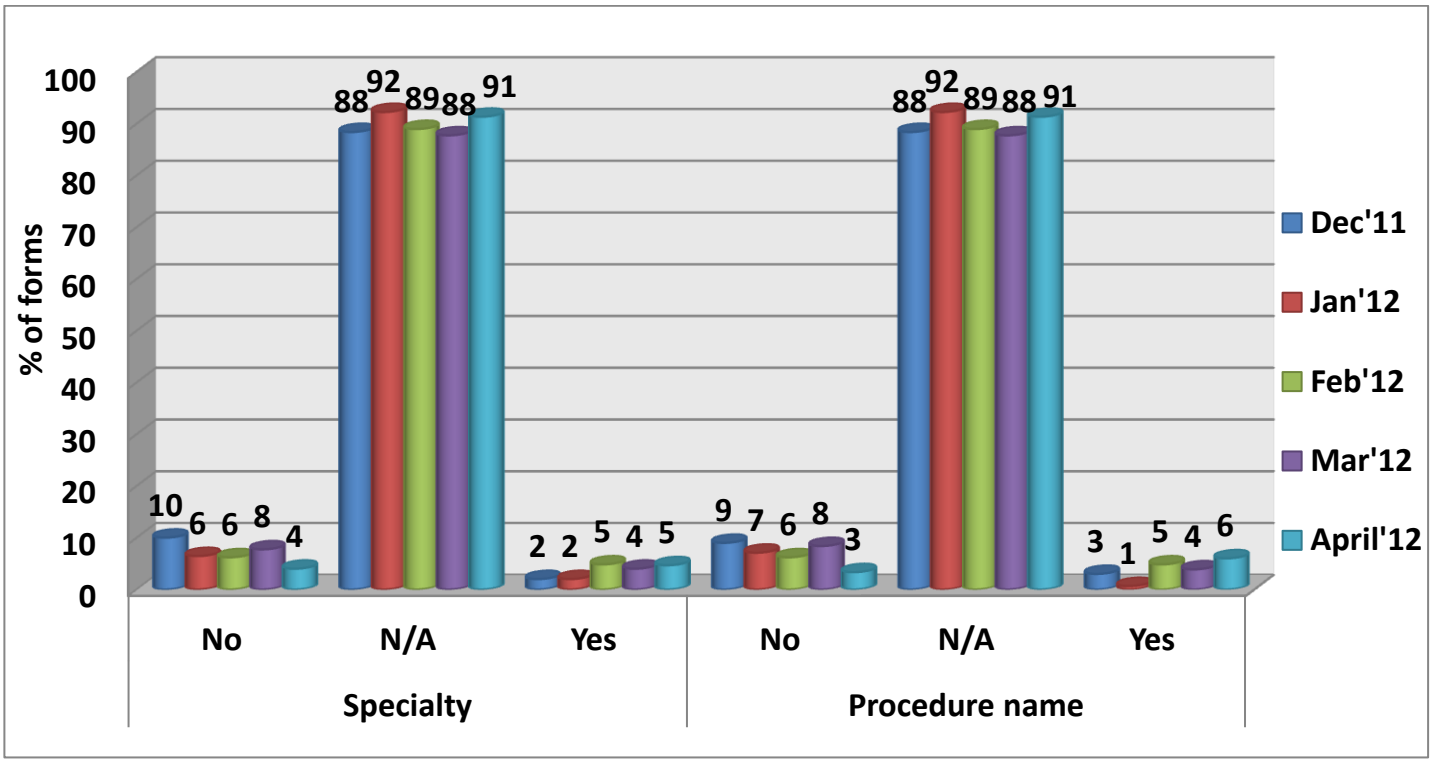


Analysis:

The documentation of these parameters improved from Dec. to Jan. which started declining till March. But again in April, an improvement is seen.

9d. Specialty

9e. Procedure name

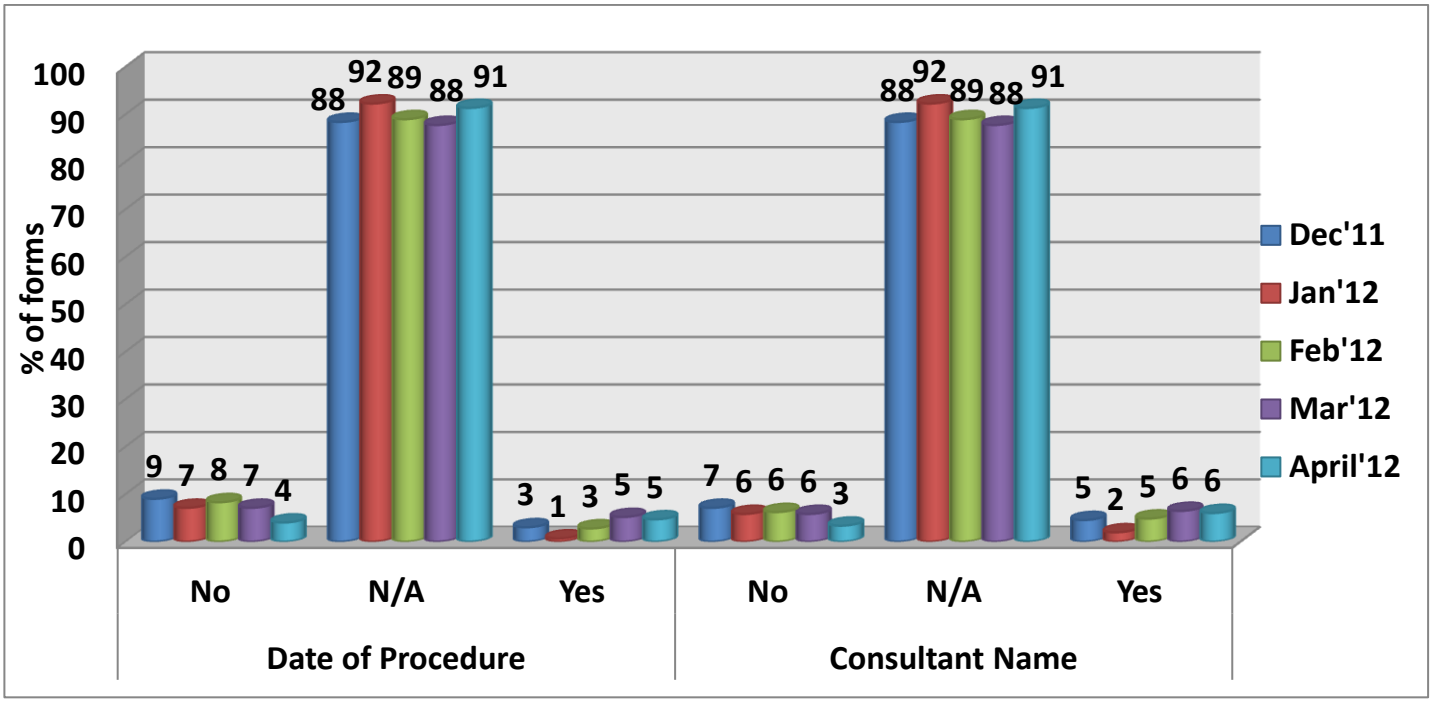


Analysis:

There was continuous increase in the entries being made for the respective parameters from Dec. to Feb. which decreased in March but again improved in April. Yet there is a scope for progress.

9f. Date of Procedure

9g. Consultant's name



Analysis:

Though there is a continuous rise in documentation seen from Feb to April, still there is a need for improvement.

Parameters	Percentage of forms not filled				
	Dec'11	Jan'12	Feb'12	Mar'12	April'12
9h. Latest Vital Signs	6	2	4	4	1
9i. CNS	6	5	6	6	7
9j. CVS	6	5	7	7	7
9k. Heart Sounds	6	5	7	7	7
9l. Respiratory System	6	5	6	7	7
9m. Abdomen	6	5	7	7	7
9n. Physician Focus	6	5	10	7	7

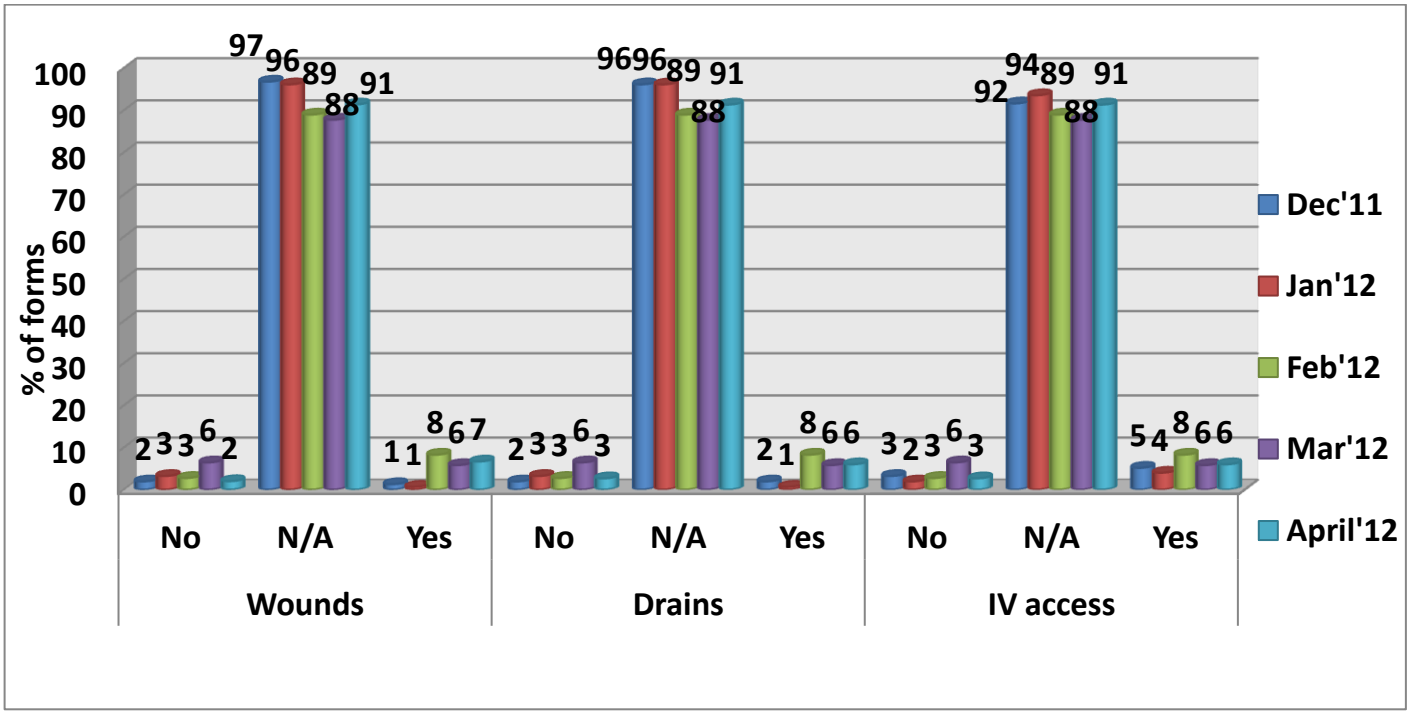
Analysis:

The concerned doctors and nurses are not filling up these entries properly.

9.o Wounds

9.p Drains

9.q IV access

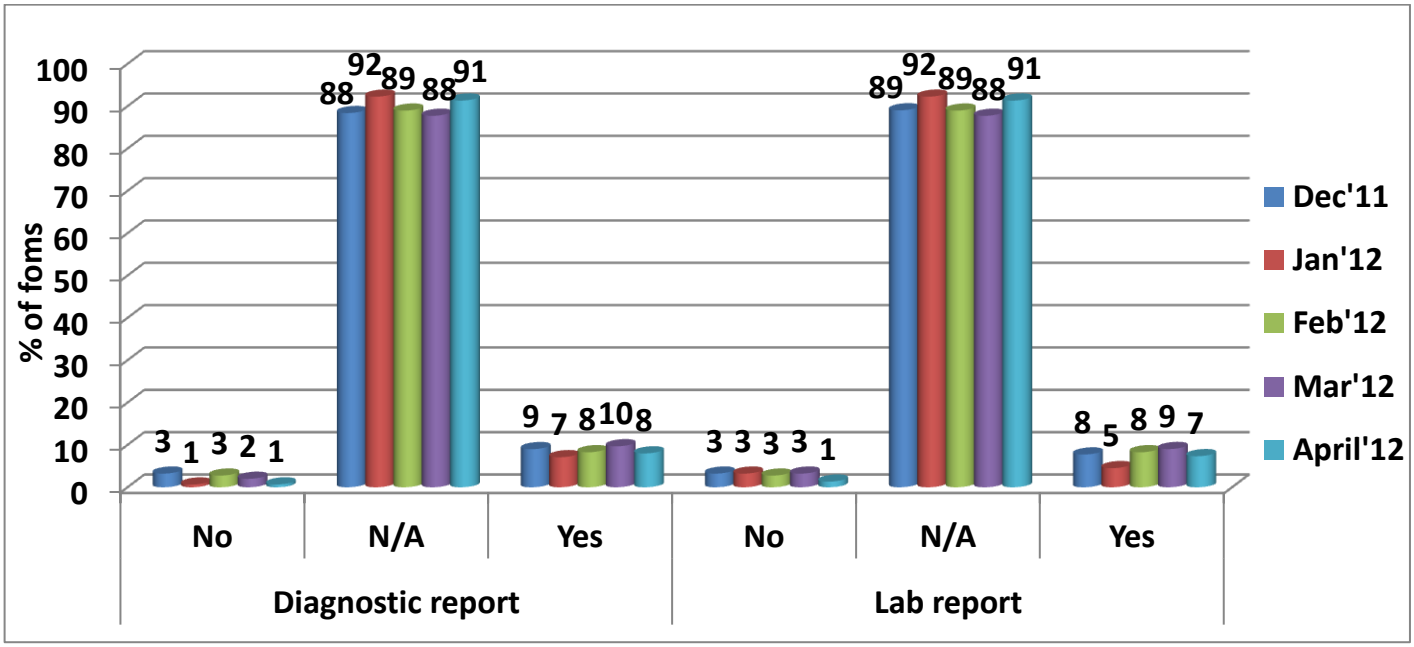


Analysis:

The documentation of following parameters have been done properly in December, but has declined from Jan. to March which again increased in April .

9r1. Diagnostic Reports

9r2. Lab reports

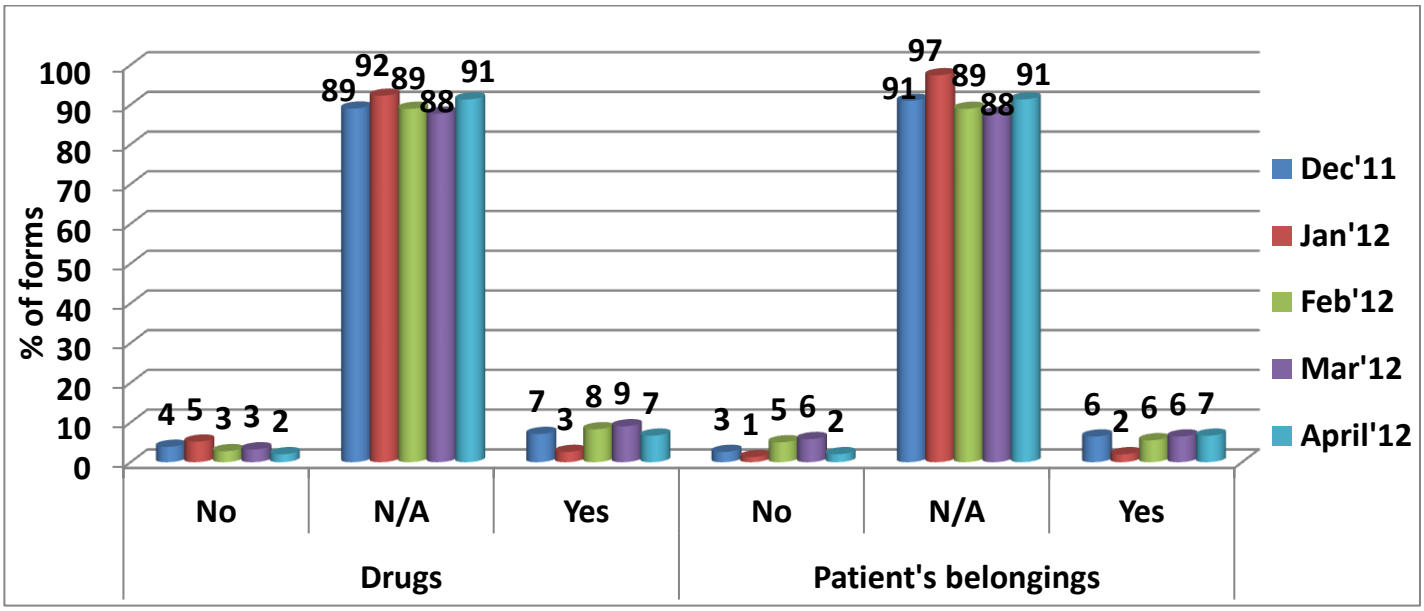


Analysis:

The condition improved from Dec. to Jan. which again deteriorates in Feb. However, an improvement was seen further.

9r3. Drugs

9r4.Patient's Belongings



Analysis:

There was an improvement in making the entries for drugs from Jan. To April. But in case of documentation of patient's belongings, the documentation is declining from Jan. to March which improves in April.

Parameters	Percentage of forms not filled				
	Dec'11	Jan'12	Feb'12	Mar'12	April'12
9s. Transferring Nurse's Name	4	1	5	3	2
9t.Transferring Nurse's Emp.ID	4	1	5	5	2
9u. Transferring Nurse's Signature	6	1	5	4	2
9v. Transferring Doctor's Name	8	5	8	8	6
9w. Transferring Doctor's Emp.ID	8	6	9	8	6
9x. Transferring Doctor's Signature	7	6	6	8	5

Analysis:

The concerned doctors and nurses are not filling up these entries properly.

2.4.7b. DEPARTMENT WISE ANALYSIS

Department wise forms:

Months	Sample size	Oncology	Nephrology	Urology	Gynecology	Misc.
Dec'11	155	39	5	8	12	91
Jan'12	155	57	11	4	10	82
Feb'12	145	46	5	7	6	81
Mar'12	150	56	5	7	9	78
Apr'12	155	39	7	5	7	92

A. Oncology Department

Months	Sample	Oncology Forms	Not present (Family & Personal History)	Present (Family & Personal History)
Dec'11	**155**	**39**	**39**	**0**
Jan'12	**155**	**57**	**57**	**0**
Feb'12	**145**	**46**	**46**	**0**
Mar'12	**155**	**56**	**56**	**0**
Apr'12	**150**	**39**	**39**	**0**

Analysis:

Family and Personal history is not documented at all in the forms.

B. Nephrology Department

Months	Sample	Nephrology Forms	Not present (Family & Personal History)	Present (Family & Personal History)
Dec'11	**155**	**5**	**5**	**0**
Jan'12	**155**	**11**	**11**	**0**
Feb'12	**145**	**5**	**5**	**0**
Mar'12	**155**	**5**	**5**	**0**
Apr'12	**150**	**7**	**7**	**0**

Analysis:

Family and Personal history is not documented at all in the forms.

C. Urology Department

Months	Sample	Urology Forms	Not present (Consultant's name)	Present (Consultant's name)
Dec'11	**155**	**8**	**8**	**0**
Jan'12	**155**	**4**	**4**	**0**
Feb'12	**145**	**7**	**7**	**0**
Mar'12	**155**	**7**	**7**	**0**
Apr'12	**150**	**5**	**5**	**0**

Analysis:

Instead of writing consultant's name, Urology Team is written.

D. Gynecology Department

Months	Sample	Gynecology Forms	Incomplete columns	Complete columns
Dec'11	**155**	**12**	**0**	**12**
Jan'12	**155**	**10**	**0**	**10**
Feb'12	**145**	**6**	**0**	**6**
Mar'12	**155**	**9**	**0**	**9**
Apr'12	**150**	**7**	**0**	**7**

Analysis:

The documentation of the form in this department is done in a proper manner and should be kept consistent.

2.5 Recommendations

- Sensitizing the clinical staff regarding the importance of proper documentation of the forms.
- Complete exclusion of the previously in-use forms from the Store and purchase Department.
- Hospital-wide standardization of the Discharge summary.
- Rewarding the best performing Department/Unit.
- Educating and training the responsible staff to make a record the BMI of every patient in the nutritional assessment form.
- Monthly audit of the documentation procedure**.**

2.6 References

- Guide book to NABH Standards for Hospitals (3rd edition)
- Following forms used in the hospital:
    1. Nursing Admission Assessment form
    2. Emergency First Assessment form
    3. Nursing Daily Care plan form
    4. Doctor's Progress sheet
    5. Nutritional Assessment form
    6. Discharge Summary
    7. General Consent form
    8. Anesthesia Consent form
    9. Blood Transfusion Consent form
    10. High Risk Consent form
    11. HIV Consent form
    12. In-House Transfer summary

ANNEXURES

Annexure-1 Quality Indicators

CQI 3a:

a. Time for initial assessment of indoor and emergency patients.
   The time shall begin from the time the patient has arrived at the bed of the ward/door of the emergency till the time that the initial assessment is completed by the doctor.

b. Percentages of cases (inpatients) wherein care plan with desired outcomes is documented and counter signed by the physician.
   It is the desired outcome which includes curative, preventive, rehabilitative etc.

c. Percentage of cases (in-patients) wherein screening for nutritional needs has been done.

d. Percentage of cases wherein nursing care plan is documented.
   Nursing care plan shall be the outcome of the nursing assessment done at the time of admission.

CQI 4g:

a. Percentage of Medical Records not having discharge summary.
   It is the summary of the patient's stay in hospital written by the attending doctor.

b. Percentage of Medical Records not having codification as per International Classification of Diseases (ICD).
   The ICD is the international standard diagnostic classification for all general epidemiological, many health management purposes and clinical use.

c. Percentage of Medical Records having incomplete/ improper consent.
   Consent is the willingness of the patient to undergo examination/ procedure/ treatment by a healthcare provider. Informed consent is the type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risks and benefits, alternative procedure so as to enable the patient to take an informed decision of his/her healthcare.

d. Percentage of Missing Records.
   A medical record is considered missing when the record could not be found in the MRD after the 72nd hour of the record request.

Annexure 2 - Calculation of sample size

S. No.	Month	Total Discharges per year(x)	Avg. Discharges per month(y)	Avg. Discharges per day(z)	10% of z (approx.)	Days/ month	Sample size(N)	Interval nth (approx.)
1.	Dec'11	17586	1465.5	48.18	5	31	155	9
2.	Jan'12	5456	1364	45	5	31	155	9
3.	Feb'12	5456	1364	45	5	29	145	9
4.	Mar'12	5456	1364	45	5	31	155	9
5.	Apr'12	5456	1364	45	5	30	150	9

Annexure 3 - Medical Audit Tool

MEDICAL RECORDS AUDIT INSTRUMENT

Medical Record No.	
UHID	
IPID No.	
Department/Unit	
Date of Discharge	

1. Nursing Admission Assessment Form	**By: Duty Nurse**
1. a Is the Initial Assessment at the time of admission documented in the patient's record within the prescribed time?	Yes/No/NA
1.b Are all the patient's details in appropriate areas of form? Date Time Bed No.	Yes/No Yes/No Yes/No Yes/No
1.c Patient Orientation	Yes/No
1.d Is allergy documented?	Yes/No
1.e Is the Fall Risk Assessment done?	Yes/No
1 .f Is Pain Rating done?	Yes/No
1. g Is Pressure Ulcer Risk Assessment done?	Yes/No
1. h Is Nutritional Assessment done?	Yes/No
1.i Is the disposition of values done properly?	Yes/No/NA
1.j Has the nurse completed the assessment within 30 minutes?	Yes/No
1.k Name of admitting nurse Employee ID Signature	Yes/No Yes/No Yes/No
1.l Name of Unit In-Charge Employee ID Signature Date Time	Yes/No Yes/No Yes/No Yes/No Yes/No

Remarks: _____

2. EMERGENCY FIRST ASSESSMENT FORM	By: Duty Nurse
2.a Is the form documented?	Yes/No/NA
2.b Are the following entries made? Past Medical History Physical Examination Treatment Plan Name of Doctor Doctor's Signature	 Yes/No Yes/No Yes/No Yes/No Yes/No

Remarks:_____

3. DAILY CARE PLAN FORM	By: Duty Nurse
3.a Are the nurses making entries in the care plan form daily?	Yes/No
3.b Name of the Nurse Employee ID Signature	Yes/No Yes/No Yes/No

Remarks:_____

4.DOCTOR'S PROGRESS SHEET	
4.a Patient's Name	Yes/No
4. b Date of Admission	Yes/No
4.c Department/Unit	Yes/No
4.d Date/ Time	Yes/No
4.e Signature of the Doctor	Yes/No

5. NUTRITIONAL ASSESSMENT FORM	By: Nutritionist
5.a Is the form documented?	Yes/No/NA
5.b Are the following entries made? Name of Patient Height BMI Special Diet Note Clinical Nutritionist Signature	 Yes/No Yes/No Yes/No Yes/No Yes/No

Remarks:_____

6. DIET PROGRESS SHEET	By: Nutritionist
6.a Is the nutritionist making entries daily in the progress sheet?	Yes/No

7. DISCHARGE SUMMARY	By: Doctor
7.a Patient's Name	Yes/No
7.b Name of Consultant	Yes/No
7.c Diagnosis	Yes/No
7.d Procedure	Yes/No
7.e Chief Complaints	Yes/No
7.f Family History	Yes/No
7.g Personal History	Yes/No
7.h Physical Examination	Yes/No
7.i Investigation	Yes/No
7.j Medication	Yes/No
7.k Condition at Discharge	Yes/No

Remarks: ----------

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8. CONSENT FORMS	By: Patient/ Patient's Relative		
8.1 General Consent Form		8.1.f Signature of patient or attendant	Yes/No
8.1.a Is the consent form available?	Yes/No	8.1.g Whom to contact in case of emergency	Yes/No
8.1.b Is the form filled by the patient or relative?	Yes/No	8.1.h Signature of Front Office Staff	Yes/No
8.1.c Father's/Husband's Name	Yes/No	**8.2 Anesthesia Consent Form**	**Yes/No/NA**
8.1.d Expected date of Discharge	Yes/No	8.2.a Is the form attached?	Yes/No
8.1.e Name of admitting doctor	Yes/No	**8.3 Consent To Receive Blood Transfusion**	**Yes/No/NA**
		8.3.a Patient's Name	Yes/No

8.3.b Signature of the patient	Yes/No	8.4.b Reason for high risk	Yes/No
8.3.c Responsible Party's name and relationship	Yes/No	8.4.c Name of the Doctor	Yes/No
8.3.d Signature of responsible party	Yes/No	8.4.d Signature of the Doctor	Yes/No
8.3.e Physician's name	Yes/No	8.4.e Sign of Patient's relative	Yes/No
8.3.f Signature of the physician	Yes/No	8.4.f Name/Relation with the patient	Yes/No
8.3.g Date	Yes/No	8.4.g Date	Yes/No
8.3.h Time	Yes/No	8.4.h Time	Yes/No
8.4 High Risk Consent Form	**Yes/No/NA**	**8.5 HIV Consent Form**	**Yes/No/NA**
8.4.a Name of the patient	Yes/No		

9. IN-HOUSE TRANSFER FORM	**By: Doctor and Nursing Staff**		**Yes/No/NA**
9.a Patient's Name	Yes/No	9.o Wounds	Yes/No
9.b Unit	Yes/No	9.p Drains	Yes/No
9.c Diagnosis	Yes/No	9.q Intravenous Access and Infusion/Transfusions	Yes/No
9.d Specialty	Yes/No	9.r Are the following Handover Details filled?	
9.e Procedure Name	Yes/No	9.r.1 Diagnostic Reports/Films	Yes/No
9.f Done on	Yes/No	9.r.2 Lab Reports	Yes/No
9.g Consultant	Yes/No	9.r.3 Drugs	Yes/No
9.h Latest Vital Signs	Yes/No	9.r.4 Patient Belongings	Yes/No
9.i CNS	Yes/No	9.s Transferring Nurse's Name	Yes/No
9.j CVS	Yes/No	9.t Transferring Nurse's Emp. ID	Yes/No
9.k Heart Sounds	Yes/No	9.u Transferring Nurse's Signature	Yes/No
9.l Respiratory	Yes/No	9.v Transferring Doctor's Name	Yes/No
9.m Abdomen	Yes/No	9.w Transferring Doctor's Employee ID	Yes/No
9.n Physician Focus	Yes/No	9.x Transferring Doctor's Signature	Yes/No