Summer Training at

All India Institute of Dental Sciences
New Delhi

By
Manisha Narang

Under the guidance of
Prof. Vijay Pratap Raghuvanshi

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. Manisha Narang has undergone summer training at All India Institute Of Medical Sciences Hospital, New Delhi from 9th April to 1st June 2012.

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

I wish her success in all future endeavors.

Dr.P.R.Sodani
(Dean Academics and Student Affairs)

Prof. Vijay Pratap Raghuvanshi
(Associate professor, IHMR Jaipur)

Department of Hospital Administration
All India Institute of Medical Sciences, New Delhi-110029

Certificate

This is to certify that the Project entitled "**To study the contents of Discharge Summary of various specialities at Main AIIMS, to do the gap analysis and to suggest a Standard Discharge Summary Format**" is the bonafide work of **Dr. Manisha Narang** and was conducted under our direct supervision and guidance to our satisfaction at All India Institute of Medical Sciences, New Delhi.

During the training period from 9th April 2012 to the 1st of June 2012, her performance was satisfactory.

Dr. Shakti Kumar Gupta
Head, Department of Hospital Administration,
Medical Superintendent
Dr.R.P Centre for Ophthalmic Sciences & JPNATC
AIIMS, New Delhi

Dr. Sidhartha Satpathy
Professor, Department of Hospital Administration
AIIMS, New Delhi

Dr. Shradha Sharma
Senior Resident, Department of Hospital Administration
AIIMS, New Delhi

Acknowledgement

"The journey is more important than the destination. Excellence is a journey not a destination"

To traverse on the virtuous path of excellence, it required a great passion to pursue the performances of my desire and the path was illuminated by many a person of importance to whom I owe whatever I have been able to accomplish.

For this excursion to the growth , learning and exposure to the hospital industry I am indebted to Dr. S. D. Gupta(Director), Mr.Prahalad Sodani (Dean student and academic affairs) and my mentor Dr.Vivek Bhandari.

I would like to convey my heartfelt gratitude to Dr. Shakti Kumar Gupta, HOD, Department of Hospital Administration, AIIMS who is a visionary and it was his idea that had bloomed into this project which had been assigned to me. I would also like to thank Dr.Sidharta Satpathy, Prof., Department of Hospital Administration, AIIMS who had been there to guide me all along the course of completion of the project.

I would also like to thanks to Dr. Shradha Sharma, Senior Resident, Department of Hospital Administration, AIIMS who had been beside me as a co-guide at all times and moreover she was our training coordinator, who has designed our training schedules and all the assignments. Further, I'd like to thank all my friends, the Senior and Junior Residents of the Department of Hospital Administration, and all others who have contributed immensely in my project.

I would like to bow down my head in front of the Almighty for his invisible hand always behind my destiny.

Finally, I'd like to acknowledge my beloved parents and family, who had been there always for me with all the support I required.

I owe this project to you all……

Dr.Manisha Narang

IIHMR, Jaipur

Abbreviations

AIIMS: All India Institute of Medical sciences

CNC: Cardio Neurosciences Centre

IRCH: Institute of Rotary Cancer Institute

R.P.C: Rajendra Prasad Centre

OPD: Out Patient Department

E.H.S: Employee Health scheme

CTC: Cost to company

MRI: Magnetic Resonance Imaging

ABOUT SUMMER TRAINING

The Post Graduate Diploma in Hospital and Health Management (PGDHM)of Institute of Health management and Research aims at preparing professionally trained managers of health care organizations and hospitals to meet the increasing need for managerial skills .

It involves a seven week summer placement for the first year students to provide them with a firsthand experience of the hospital systemor environment.

As a part of this programme ,I had the privelage to undergo my practical training at AIIMS,New Delhi to get a firsthand knowledge and experience about the functioning of the hospital.I worked all through under the Hospital Administration department from 9th April to 1st July.

Objective:

1. To understand and learn day to day operational management of a Hospital and its service centres,
2. To study identified issues/ problems associated with some specific operational area /programme.
3. Work on the specific issue/ project work assigned by the hospital management.

Introduction to Organization

All-India Institute of Medical Sciences was established in 1956 as an institution of national importance by an Act of Parliament with the objects to develop patterns of teaching in Undergraduate and Post-graduate Medical Education in all its branches so as to demonstrate a high standard of Medical Education in India; to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in Post-graduate Medical Education.

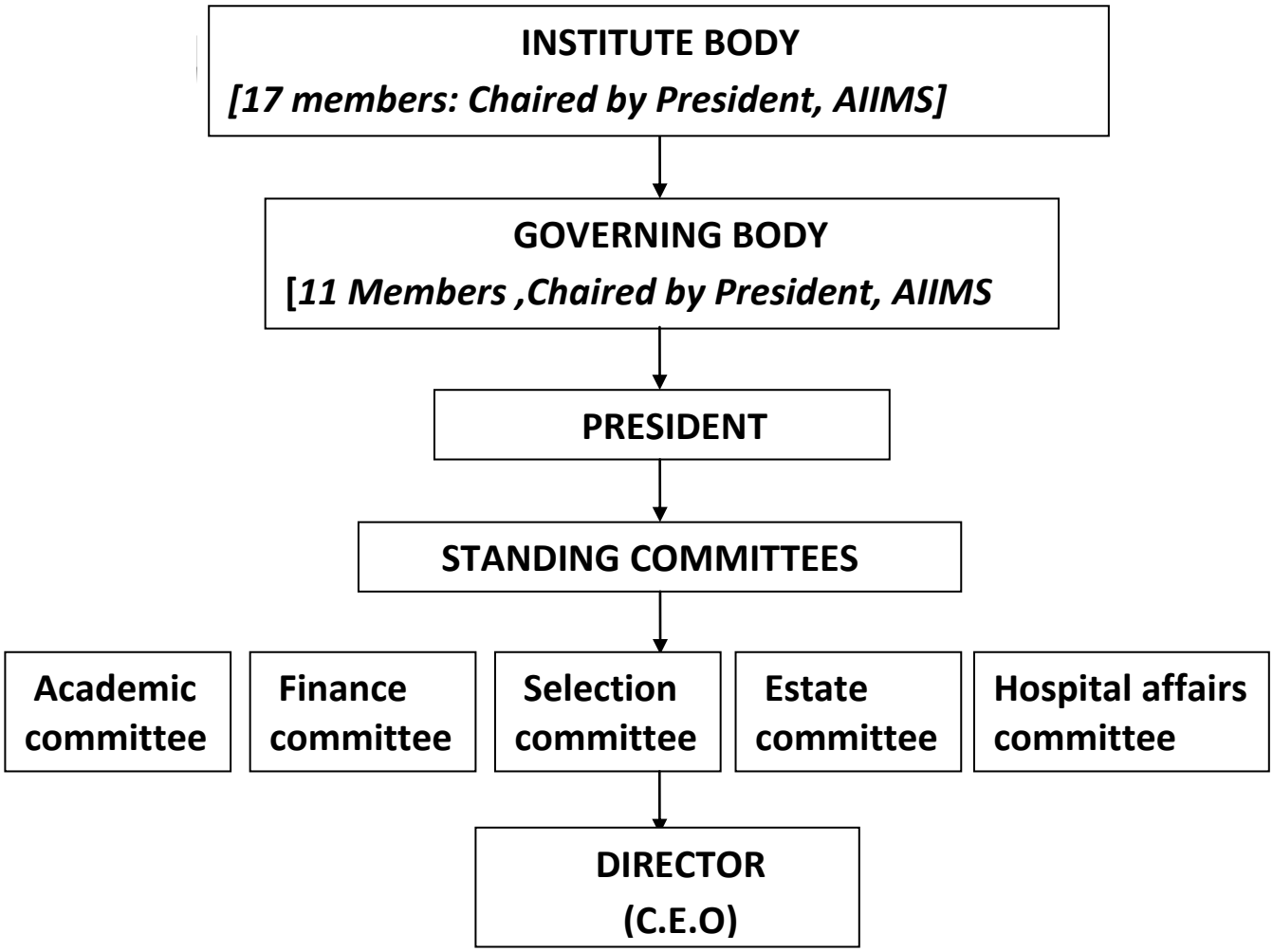
Over the last few years patient care has assumed equal importance in objectives of institute. The main hospital is spread over 9 floors in 3 different wings i.e. AB, C & D. The patient who require admission to different disciplines and super-specialties of the hospital are admitted in these three wings, while the patient of Cardiology, Cardiac surgery, Neurology and Neurosurgery are catered by CN Centre, patients suffering from ophthalmic ailments go to R.P. Centre while the patients suffering from different malignancies are catered by I.R.C.H. centre. The patients are admitted either through outpatient departments (OPDs) or through casualty.

These different outpatient departments are present in Rajkumari Amrit Kaur OPD Block which is a five storied building with regular OPDs for different discipline at different levels (Floors) in the morning hours and the super-specialty clinics in the afternoon hours. The centers have their own outpatient departments. Another route of admission is through Emergency Department (Casualty) which functions round the clock. All type of emergencies is first received by the Emergency Department barring that of ophthalmology which is taken care of by R.P.Centre having its own Emergency Department. The emergency cases of other centers also report to the main casualty, from where these cases are then transferred to the respective departments or the centers.

The patients, once admitted receive all these facilities almost free of cost, except for the nominal fee of Rs.350/- at the time of admission. No fee on account of routine

investigations is charged form the patients except for special investigations for which a nominal fees has to be paid. Medicines, disposable items and other medical, surgical and general store items which are available in the hospital stores are provided free of cost to the patient.

Governing structure



Observational learning

GENERAL OUTPATIENT DEPARTMENT (OPD)

Location: Rajkumari Amrit Kaur OPD Block (AIIMS Main building)

There are total of 21 counters out of which 5 counters are dedicated for token, 13 counters are dedicated for issuing the registration card and 2 counters are dedicated for token server system.

Patient Flow

Information slip issued to patient

↓

Information slip filled by the patient

↓

Token numbers are issued according to the particulars filled in the Information slip

↓

Patient waits for their token number to be displayed on the screen

↓

Patient goes to the registration counter after the token number has been displayed

↓

OPD registration card is issued

↓

Sub registration is done in the respective OPD's

Functioning

The patients treated in the OPD are usually ambulatory and with minor ailments. In the OPD, a short clinical work up is done and documented on the OPD card. It includes a clearly written provisional or definitive diagnosis as well as the advice and treatment given to the patient. A list of investigations planned may also be written on the card for convenience of the patients.

Specialty clinics

Most of the specialty clinics are held in the outpatient departments in the afternoons some are also held in the mornings. Their main purpose is to treat patients with similar diseases, the best

possible ambulatory care which a specialist can give. The reference to these clinics comes from two sources.

Firstly, patients having seen in general OPD, having an obvious problem belonging to a specialty, may be referred to these clinics for further follow up and management.

Secondly, at the time of their discharge from the hospital, the in-patients may be asked to report to a specialty clinic for follow up treatment. The registration for these clinics is done on the floors where the clinics are held. Patients can also have specialty consultation by taking prior appointment at the respective departmental office.

INPATIENT DEPARTMENT

WARD MANGAEMENT

FUNCTIONING OF THE WARDS

A patient who gets an admission slip for admission in any particular ward, reports to Central Admission and Enquiry Office for making the 'Face-sheet' which contains the patients' demographic details on payment of requisite amount to hospital cashier.

Along with the face sheet and one attendant pass, patient reports to the ward at the nursing station where he is handed over patients' instruction form. The treatment of the patient starts as per instructions of consultant/senior resident, which is duly noted down in the 'Instruction Book' of the Nursing staff for compliance.

Most drugs and consumables are available in wards and a 'Drug Formulary' containing a list of medicines available in hospital stores is present at the nursing station. In case of non-available medicines for indigent patients or E.H.S. beneficiaries, local purchase is being done on recommendation by consultant and assessment of economic status of patients by medical social service officer (only for poor patients).

CASE SHEET MAINTENANCE

Case sheet is an important document for patient care, medical records and medico legal purposes. Case sheet is the property of the hospital. It has to be maintained properly. The final responsibility for the case sheet upkeep is that of Senior Resident.

The following sequence has to be adhered to in arranging the case sheet:-

(a) Face sheet
(b) Consent form
(c) Current treatment orders
(d) Old treatment orders
(e) Progress notes (including transfer notes)

(f) History and physical examination

(g) Investigation.

(h) Notes of JR In charge of bed and Senior Resident

(I) Instructions of Consultant In charge

(j) Opinion of other consultants.

MANAGEMENT OF INDOOR PATIENTS

For the purpose of management of indoor patients beds are generally divided among the Junior Resident for the purpose of treatment and monitoring under the direct supervision of the Senior Resident. Senior Resident is responsible for overall supervision of all patients.

ACCIDENT AND EMERGENCY (CASUALTY) SERVICES

INTRODUCTION

Accident and Emergency services are rightly considered as the "shop window" of a hospital and because of the real or perceived "emergency"; everyone demands prompt action. Hence it is of utmost importance that doctors posted in the casualty should be calm and composed, and give their best effort as quickly as possible. The objective of this department is to provide medical care to the patient as quickly as possible; thus increasing the patient's chances of survival.

LOCATION

The Accident and Emergency department is located on the ground floor of the AB wing and the approach is by crossing the main hospital "street". It is open on all days and provides round the clock services. However, as per the policy of the Institute; all burn cases are sent to Safdarjung Hospital and cases of infectious diseases are sent to Infectious Disease hospital.

REGISTRATION AND MEDICAL RECORDS OF PATIENTS IN CASUALTY

All the patients attending casualty are to be registered after a quick preliminary assessment of the medico-legal status and severity and urgency of their ailment by the resident staff posted there. A casualty ticket is then made in duplicate (using carbon paper) for entering demographic data like name, age, sex, address, date and time of arrival; a casualty registration number (CS number) is allotted and provisional diagnosis is clearly written on it.

A summary of all the relevant clinical findings along with the medical aid given, consultations and the progress of the patient is t noted down on it by the attending doctor/doctors before she/he is referred to general OPD, specialty clinic, admitted or discharged to take medicines at home.

The original casualty ticket is handed over to the patient at the time of final disposal; the carbon copy is kept in the casualty record.

PATIENTS REQUIRING RESUSCITATION

Cubicle No. 1 is reserved for this purpose. As one of the major responsibilities of any casualty department is resuscitation, it is mandatory on the part of the Casualty Medical Officer to check all the equipments required for resuscitation and their proper functioning at the beginning of each shift. The Assistant Nursing Superintendent also has the responsibility for sending the equipment Checklist of Casualty for Medical Superintendent.

PATIENTS REQUIRING AMBULATORY CARE

Patients needing only ambulatory care should be given necessary first-aid treatment and sent home with appropriate advice written on the casualty ticket. If they are referred to any OPD or specialty clinic, the days, timing and location must be properly explained to the patient and written down on the casualty ticket.

PATIENTS REQUIRING SHORT-PERIOD OBSERVATION

Patients requiring a few hours of close observation (generally, less than 6 hours) to determine the further line of management are to be kept on observation beds in the casualty. These patients remain the responsibility of the CMO and his team of doctors.

PATIENTS REQUIRING HOSPITALIZATION FROM CASUALTY

Patients considered for hospitalization directly from casualty are only those who are critically ill and cannot wait for the regular out-patient clinic and are not benefited by the ambulatory care available in the casualty.

Patients needing hospitalization from casualty directly are first registered at the casualty and preliminary treatment is started by the CMO and his team. The Senior Resident of the concerned unit-on-call under whose care the admission is contemplated is called on telephone or via radio-paging system. Before calling the Senior Resident for admission, the CMO enquires if any bed is vacant either in emergency ward or in the ward of the unit-on call. The patient is kept waiting for the arrival of the Senior Resident of the unit-on-call if a bed is available for admission. Otherwise there is no need to keep the patient waiting for hours to be told later that there is 'no bed vacant'.

It is also expected that each and every patient visiting the casualty must be seen by the concerned CMO, depending on the nature of the patient's illness, of the Medical or surgical speciality, at least once, before the patient is finally disposed of.

Under no circumstances the CMO sends these patients to the wards or the operation theatre without their first having been seen or advised by the Senior Resident or Faculty member of the concerned unit-on-call.

DR. B.R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL

INTRODUCTION

The IRCH is one of the four Centres in AIIMS and has been developed as a Regional Cancer Centre for Northern India. It started functioning in 1983-84 with 35 beds & infrastructure of 2 floors & was converted into a 182 bedded, 7 floor building on 5th Oct, 2003.

- Current bed capacity = 182 (167 Gen. + 15 Pvt.)
- General Beds:-
    - Day care unit beds = 22
    - Intensive care unit beds =6
    - Palliative care unit beds =6
    - Rest are in Medical Radiation and Surgical Oncology
    - Minor OT

Its departments/Units provide specialized state-of-the-art management of cancer patients which include:

- Surgical Oncology
- Radiation Oncology
- Medical Oncology
- Laboratory Oncology
- Anaesthesiology
- Radio diagnosis
- Medical Physics
- Preventive and community oncology

Indicators:

- Bed occupancy rate 80.7 %
- Average length of stay = 5.5 days
- Net death rate =2.7 %
- Crude infection rate =8.69 %

OPD

The IRCH OPD's / clinics are run both independently by the various departments/units of IRCH as well as in conjunction with some departments of AIIMS Main Hospital. The OPD registration counter is located along with IRCH Admission counter on the ground floor of the IRCH building. Patients may register in the IRCH OPD if they have been referred from any department of AIIMS or from outside. The registration fee for those referred from outside is Rs. 10/. For cases referred from AIIMS Main Hospital there is no separate registration fee.

DAY CARE

Patients needing infusion of chemotherapeutic drugs or other treatment lasting a few hours are admitted in the day care service. All patients are discharged by 8 PM the same day.

INDOOR ADMISSION

The Indoor Admission Counter is located along with the OPD registration on the ground floor of the IRCH building. Patients get admitted to the IRCH wards through IRCH OPD or through direct transfer from one of the wards of AIIMS. Arrangements for the latter type of admission are worked out between the treating unit in AIIMS main hospital and appropriate department of IRCH.

PATIENT ASSISTANCE

Medical Social Service Officer

Medical Social service officers are available at a counter in the ground floor of IRCH. Exemption of treatment charges and railway concession for poor cancer patients (plus one attendant) are available through this.

Trellis and wheel chairs are available at the IRCH entrance.

Ambulance is available round the clock to take IRCH patients to other areas within AIIMS if required and if advised by the treating doctor.

Inquiry counter located on the ground floor.

Payments

Payment for OPD registration is done at the OPD registration counter.
Payment for indoor patients including day care admission is made at IRCH
Office cash counter.

Exemption of payment

Exemption of payment is done for poor patients. For this, the Medical Social Service Officer should be contacted. Exemption of Hospital charges (Admission & Investigation) is authorized
By the consultants of the concerned unit or Chief or Consultant Hospital Administration.
Exemption of Radiotherapy is done by a Committee. The Medical Social Service Officer is contacted for the same.

DR. RAJENDRA PRASAD EYE CENTRE, AIIMS

Dr. Rajendra Prasad Centre for Ophthalmic Sciences, named after the first President of India, Dr. Rajendra Prasad was established in 1967 as a National Centre of Ophthalmic Sciences :-

CENTRE AS AN APEX ORGANISATION

Dr. Rajendra Prasad Centre for Ophthalmic Sciences has been recognized as the Apex Organisation by the Government of India under the National programme for the Control of Blindness. The Centre also assists the Ministry of Health in short term and long term planning and evaluation of the programme. It also undertakes and plans epidemiological investigations and provides technical leadership to the entire nation in the field of eye care.

SUB-DIVISIONS OF THE CENTRE

The major sections of Dr. Rajendra Prasad Centre for Ophthalmic Sciences comprise of:

a) Clinical Section
b) Supportive Clinical and Para clinical section.
c) Community Ophthalmology
d) Faculty and Resident Training

A. CLINICAL SECTION

There are **six clinical sections,** each catering to general ophthalmic care and having subspecialties under each

Section I

(i) Retina

(ii) Medical Ophthalmology including laser.

(iii) Urea

Section II

(i) Vitreoretinal Surgery

Trauma

(c) Section III

(i) Eye Bank including Keratoplasty

Section IV

(i) Contact lens and cornea

(ii) Refractive corneal surgery

(iii) Glaucoma

Section V

(i) Paediatric Ophthalmology

(ii) Ophthalmoplasty and Tumours

Section VI

(i) Squint

(ii) Neuro Ophthalmology

(iii) Glaucoma

B. VARIOUS CLINICAL AND PARACLINICAL SECTIONS

Presently the centre has the following sections:

(a) Clinical disciplines of Ocular Anaesthesia and Ophthalmic Radiology

(b) Para clinical disciplines of

- Ocular Pathology
- Ocular Microbiology
- Ocular Biochemistry
- Ocular Pharmacology

C. COMMUNITY OPHTHALMOLOGY

A special cell has been created to serve the community needs and to organize Mobile Comprehensive Eye Health Care Camps. The community Ophthalmology section is providing comprehensive eye care services at 10 slum areas and another P.H.C. at Dakshinpuri, Trilokpuri. Also the District of Gurgaon (Haryana) has been adopted to eradicate backlog of cataract and to control eye diseases.

R.P. Centre has separate OPD n IPD Block. OPD block is a two floor building with ground floor and 1st floor. Whereas, IPD block has total of seven floors

O.P.D. AND SPECIALTY CLINICS

OPD (10 Registration Counters)

- New cases
- Old cases
- EHS patients
- Physically challenged patients
- Reimbursement forms & Medical certificate

Daily more than forty cabins are run to provide the ophthalmic services in the Out Patient Department. A special cell for refraction provides prescription for glasses. The special feature of the O.P.D. is an appointment system. Every patient is given an approximate appointment time for examination, and allotted to a doctor for advice and follow up.

Around fifteen specialty clinics are run in the afternoon, which cater to the specific problems of cases requiring investigations and eye care. In these clinics patients are examined, investigated and treated for the specific diseases related to subspecialties. Here, every patient gets the advice of an expert in that field of ophthalmology. After the treatment, patients are referred back to Their treating doctor.

INPATIENT DEPRTMENT

- Total 7 seven floors
- 302 beds
- 36 beds in each ward
- 1,2,3,4 wards
    - In each ward there is 1 ANS, 2 Nurses in-charge & 8 staff nurses.
- EHS community ward – 28 beds
- 2, 3- private wards – 11 beds

A wing exclusively meant for paediatric patients is on the 4th floor.

OPERATION THEATRES

The Centre has a minor operation theatre for O.P.D. and 9 main operation theatres for ward patients. The main operation theatres are equipped with all types of specialised instruments for surgery including keratoplasty, retinal detachment, ophthalmoplasty, squint, besides glaucoma, cataract etc.

The operation theatre is equipped with operating microscopes and is fitted with a closed circuit T.V. system. Besides other operative appliances, it is also Dr. Rajendra Prasad Centre for Ophthalmic Sciences equipped for vitrectomy and lensectomy operations. Phacoemulsification is being used for cataract surgery.

Pharmacy at the Centre dispenses drugs to the patients admitted in wards and to the out patients. The Pharmacy Manufacturing Section manufacturer's eye drops under strict quality control measures using the modern technology of micropore filtration.

MEDICAL RECORDS SECTION

The work of this section has been divided basically into the sections (i) Indoor records (ii) O.P.D. records including speciality clinics.

The Record section is following the unitary method, i.e., awarding of a single number to the patient attending the O.P.D. and the speciality clinics so that all the records are found in one life.

CLINICAL INVESTIGATIVE LABORATORIES

The Centre is running a central investigative laboratory where various sophisticated investigations are made available to the patients. Located in the O.P.D. block, these services have been divided into various specialised laboratories.

SANITATION AND SECURITY SERVICES

Sanitation and Security services are outsourced (to *BVG and GoodYear respectively)*

CARDIAC & NEUROSCIENCES CENTRE, AIIMS

INTRODUCTION

Cardio Thoracic & Neuro science centre is a super speciality centre situated within the AIIMS Complex. Cardio Thoracic centre includes Cardiology & Cardio Thoracic Surgery, with 180 beds & Neuro Sciences Centre also with 180 beds for Neurology & Neurosurgery.

The OPD is situated at the ground floor of CN centre & is common to both Neuro & Cardiac Sciences. The first to sixth floor of the centre house the ICU's OT's, general wards & private Wards while the offices of Cardiology, Cardio Thoracic Surgery, Cardio Thoracic anaesthesia, Neurology, Neurosurgery & Neuro anaesthesia departments are located on the seventh floor.
The Centres are under the direct control of the Chiefs, and is assisted through the Hospital Management Board for the functioning of the various common services & broad policy matters. The Chiefs are delegated with all the powers of administration & financial management of their respective areas by the Director.

CENTRAL ENQUIRY & ADMISSION OFFICE

This facility is shared with the main hospital. Central enquiry and admission office is located near Aurobindo Marg entrance. The main entrance of the CNC has another enquiry counter located at the ground floor which is manned by a receptionist and is functional round the clock.

ACCIDENT & EMERGENCY SERVICES OF CNC

These services are also shared with the main hospital and are located at the department of emergency medicine at AIIMS. Senior & junior residents of all clinical disciplines are available round the clock for emergency consultations. Facilities for diagnosis and emergency surgery are available round the clock.

The Department of Neurosurgery has a large component of Casualty and Emergency Services given its strong commitment to neurotrauma. The Department has a policy of keeping aside 20 beds for neurotrauma cases, and additional beds as and when required are provided by Emergency Services Department for severe head-injured patients. There is one senior resident on round the clock duty for the casualty services (first on call) and another for the inpatients services (second on call).

OPD SERVICES & SPECIALITY CLINICS

CNC is a super speciality health care facility. Only referred patients are registered for OPD consultations. The OPD registration counter is located at the ground floor of CNC. The registration fees for those referred from outside is Rs. 10/- but for cases referred from AIIMS Main Hospital there is no separate registration fee. Cardio Neuro OPD & Clinic services run in morning as well as in the afternoon from Monday to Friday.

CASH COUNTER

The Cash Counter is located in the OPD Complex of CNC next to the OPD registration counter. The cash payment for various investigations and diagnostic procedures is made at Cash Counter

PATIENTS' ASSISTANCE

1. Medical Social Service Officer

MSSO's are available at OPD, ground floor of CNC. Exemption of treatment charges and railway concessions for poor patients are available through MSSO counter.

2. Exemption of Payment

The exemption of payment is done for poor patients, for this, the MSSO should be contacted.

MEDICAL RECORDS DEPARTMENT

It is stationed in the basement of CNC. It has one of the best preserved hospital archives in India. The medical records of CT Centre & NS Centre are maintained separately. Records of each & every patient visiting the CNC OPD since its inception is maintained manually as a file, by a comprehensive process of collection, collation & compilation of data.

CARDIO THORACIC CENTRE

The centre incorporates the departments of cardiology, cardio thoracic & vascular surgery, cardiac anaesthesia, cardio-radiology, cardio biochemistry & cardiac nuclear medicine.

IN PATIENT SERVICES

The Cardio Thoracic Centre has 180 beds.
The charges for private ward admission are Rs. 1200/day + Rs. 100/day as dietary charges. There is one deluxe room with charges of Rs. 1800/ day + Rs 100/day as dietary charges.
Admissions to the private wards are generally elective in nature and are advised by the respective consultants & the room is allotted by Senior Administrative Officer

Admissions to the general wards of CTC are either through the OPD or through one of the departments of AIIMS Main Hospital. The admission charges are Rs. 35/- per day which is the same as AIIMS Main Hospital. At the time of admission the patient is expected to pay Rs. 375/- as an initial deposit.

Departments in CTC:

- Cardiology
- Cardiac Anesthesiology
- Cardiac Pathology
- Cardiac Radiology
- Cardio Thoracic & Vascular Surgery
- Cardiac Biochemistry

Specialty clinics

- Arrhythmia/pacemaker clinic
- Hypertension clinic
- Coronary/prosthetic valve clinic
- Heart transplant/Heart Muscle

DEPARTMENT OF NEUROSURGERY

INTRODUCTION

The Department of Neurosurgery is performing a large number of varied surgical procedures of brain, spine and peripheral nerves. Operating more than 3000 cases annually, today it is considered one of the best neurosurgical centres in Asia, with all the modern facilities. The Department has 2 clinical units.

DAY CARE

Day Care services are at present provided to only few patients requiring either Gamma Knife, diagnostic evaluations such as DSA, or very minor operative interventions, such as aspiration/removal of reservoirs or release of flexor retinaculum for Carpal Tunnel Syndrome. Other procedures requiring local anaesthesia such as biopsies of intracranial lesions are admitted for a day.

INDOOR ADMISSIONS

There are facilities for admission into General or Private Wards.
The procedure of General Ward admissions is for the patient to attend OPD and take a date for admission after advice by the treating Consultant. This date is based on the disease and admission category, which is decided by the treating Consultant on the basis of need for urgency.

DEPARTMENT OF NEUROLOGY

OUT PATIENT DEPARTMENT

The OPD is located in the ground floor in the OPD wing in the C.N. Centre. The Department runs an OPD every day of the week.

Days Speciality Clinic
There are many speciality clinics run by the Neurology Department

Wednesday: Cognitive disorder clinic, intractable epilepsy Clinic, Stroke clinic.
Saturday: Movement disorders clinics, Neuro-Immunology and Neuromuscular disorder Clinic and stroke clinic.
Tuesday: Sleep disorders clinic.

DAY CARE

Patients requiring muscle biopsy and short term care for intrathecal injections are evaluated with only a short admission.

INPATIENT ADMISSION

The patients are given date of admission from the OPD and admitted on priority depending on the urgency of the clinical situation and bed vacancy. Generally a uniform pattern is adhered to. There is often a backlog to be cleared and is a constant source of enhancing performance. The private ward admission are done by the Office of Chief, Neuro-Sciences Centre. Admissions into the ICU are carried out from the casualty directly or from the ward.

INVESTIGATIVE AND DIAGNOSTIC PROCEDURES

These are performed by the Department of Electrophysiology (Neurology), Electromyography (EMG), Electroencephalography (EEG), Video EEG, Evoked potentials (EP), i.e. Visual EP and anqitory EP are performed.

Nerve conductions are performed routinely. Special investigation like intrancranial magnetic stimulation, are done as research tools. An autonomic function lab is also being set up. Neuroradiology department assists in radiographs, ultrasounds, Doppler, CT Scan, MRI,etc.) and Neurochemistry with biochemistry tests, hormonal evaluations, dry levels, etc.

Special activities carried out are:

1. Botox injections: Every Friday afternoon in NS-5 ward for patients with movement disorder.
2. Deep brain stimulation for selected cases with movement disorders.
3. Epilepsy surgery for intractable surgically remediable epilepsies.
4. Code red for acute stroke within three hours.

CN Tower

It is of seven floors, connected to Cardio Neuro thoracic centre at 1st floor & 3rd floor, having 63 private rooms.

1st to 6th floor—private wards (each floor has 11 rooms)

- 2nd & 4th floor for cardiac patients only
- 5th & 6th floor for Neuro patients only

7th floor houses four Neurology OTs

Nursing Personnel

Cardio thoracic center

377 (sanctioned 419) includes staff strength of CN tower

Bed strength =180

Neuro Surgery center

311 (sanctioned 405)

Bed strength =180

SUPPORT SERVICES

LAUNDRY

Laundry in AIIMS is Semi outsourced/ partially outsourced. Collection, Sorting, Washing and Hydro Extraction is done by the contract workers whereas Drying, Ironing, Folding and distribution did by the hospital employees. The equipments and machines belong to the hospital though the annual maintenance of machines is the responsibility of the company that has contract with the hospital for maintenance of the machines.

Process flow

At the entry point, 2 vans and a truck are used for supply.

- The soiled/ Infected Linen are sorted by a worker (Worker wears necessary rubber gloves, mask and plastic apron).
- Sorted linen sent for Sluicing, Washing & Hydro Extraction.
- Washing is done on 1st floor of the building in 12 machines of 100 kg and50 kg capacity.
- Steam required for washing done at 70^0 C for 45 mins.
- 1st step rinsing is done around 2 to 3 times with plain water.
- 2nd step wash with detergents and drain.
- 10% sodium hypochlorite added washing is done.
- After washing, linens are checked for stains. If stains are found, then they are washed again.
- After washing is done, linen is sent to Hydro extractor to squeeze out water. (Total 9 hydro extractors)
- After water is removed, clothes are sent for drying in dryers on 1st floor (Total 6 dryers).
- There, the hospital employees take over.

- After that the linen moved for press.
    - Calendaring machine present which irons the linen.
    - Steam presses present.
- After ironing, Folding is done.
- The laundry is then sent to the exit point from where the delivery van takes the linen to the hospital.

One boiler room is present where 2 electrical boilers are used alternatively. Another Diesel Boiler room is under construction.

Staffing

1 Laundry Manager

↓

4 Laundry Supervisors

↓

Laundry Attendants (Around 90 hospital employees + 30 Contract Worker)

BLOOD BANK

Blood bank is the department that deals with the collection, testing, processing (including component separation), storage, prescription & issue of blood & its products for safe transfusion to the patients as requisitioned by the physicians.

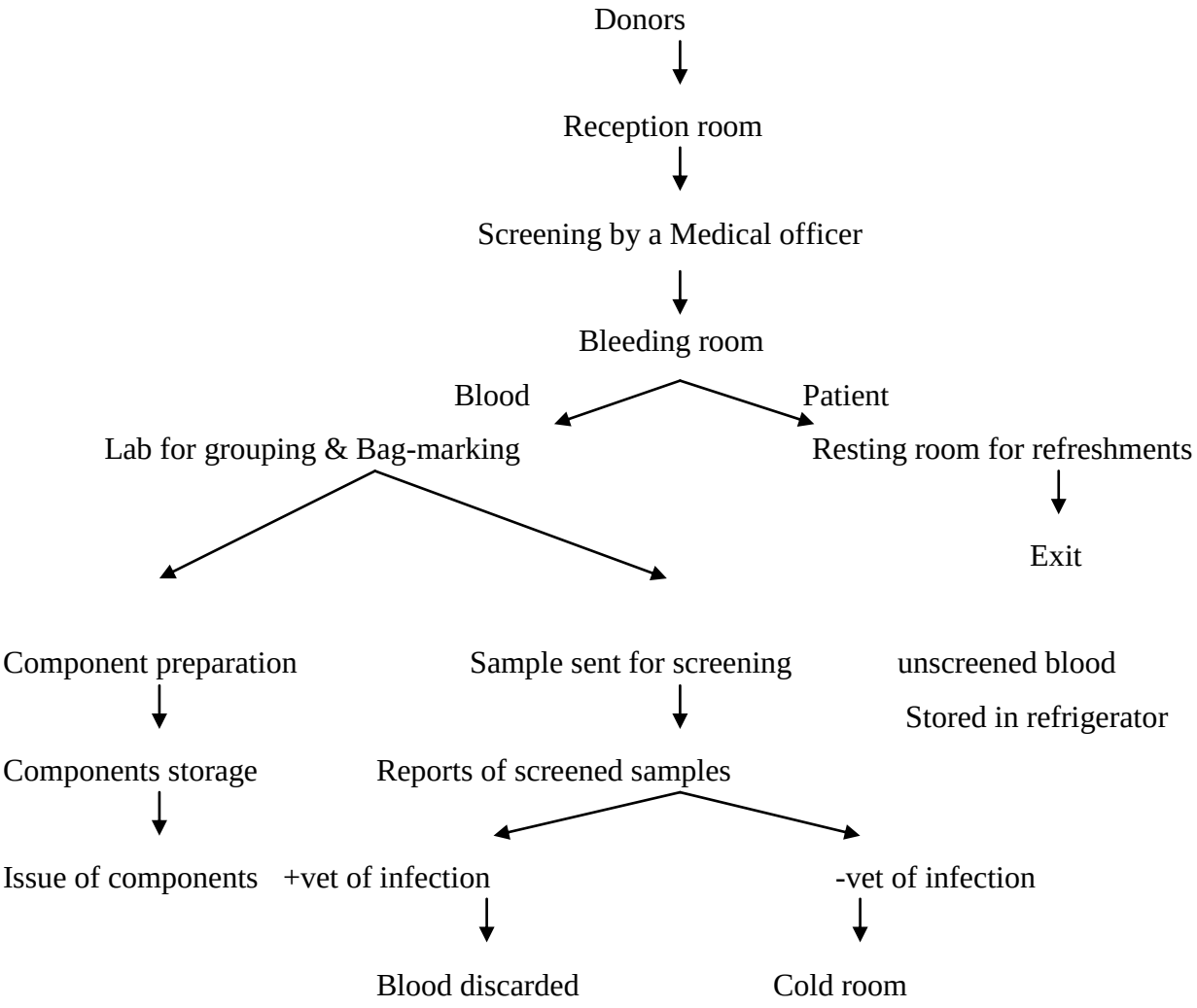
Location: Blood bank should be located at the ground floor near the emergency & OT and the area should have good hygiene & sanitation to have an infection – free environment.

In AIIMS, the Blood bank is located at the Ground floor of the D – Wing.

Entrance – guarded by a security man who has also being assigned the duty of distributing the form for blood donation.

Average donors daily = 150 donors

Work Flow of Blood Bank



Doctor conducts physical examination for anemia, jaundice or any infectious disease. CuSo4 (of 12.5 gravity) Test for Hb is done.
Then the eligible donor is registered on computer system. After clearance the donor proceeds to the bleeding room.

In bleeding room, there are 8 couches for donors where blood is procured in 350 (for females) & 450 ml (for males) bags & samples are sent to screening room for testing of blood.
3 samples taken are for:

1. Grouping
2. ELISA (HIV test)
3. NAT lab

The *Debanchi quarto machine* (ELISA machine) is capable to test 88 samples at a time & takes around three & a half hrs to complete the test. From here the samples are sent to Nucleic Acid Test (NAT) lab to confirm the test –ve samples.

Then the blood is sent to the Component room for processing and division into various components such as FPP (Frozen Plasma Precipitate), Cryoprecipitate, Platelet rich Plasma / Platelets, Packed RBCs.

Component room is that area of blood bank where some blood components are kept at optimum temperatures and suitable environment for future use.

Processes in component room:-

Blood bag comes from the bleeding room. This blood is put in bucket & is weighed. Then the blood is centrifuged to separate the components in the bag.
There are 2 types of movements in centrifuge – Hard spin & Light spin.
From the whole blood, plasma is separated 1st, then the platelets, and later the RBCs.

Storage criteria

- Platelet storage is of 2 types –
  - 1^{st} five days stored at $20^0 – 24^0$ C for instant use.
  - Fresh frozen plasma (FFP) is & stored at -20^0 C for a year.

- 4-Cryoprecipitate is kept for 1 yr at -20^0 C.
- The RBC life span is 42 days and is kept at $2^0 – 8^0$ C.

RBC is stored in a bag that includes 80 ml SAGM -2 solutions for the preservation of RBCs collected from human blood. Each 100 ml SAGM-2 solution contains:-

NaCl IP - 0.877 gm
Adenine IP - 0.030 gm
Dextrose Anhydrous - 0.90 gm
(equivalent to Dextrose monohydrate IP)
Mannitol IP -0.52g
Water (for injection) IP – 100 ml

Colour coding for different blood groups:-

A = Yellow
B = Red
O = Blue
AB = White

Aphaeresis room

There are 3 couches. It is meant for Single donor platelet (SDP) donor. 5-10 donors donate every day. One procedure takes 35 – 40 mins. Time schedule = 9:30 am – 5:00 pm (Sunday closed).

Storage room

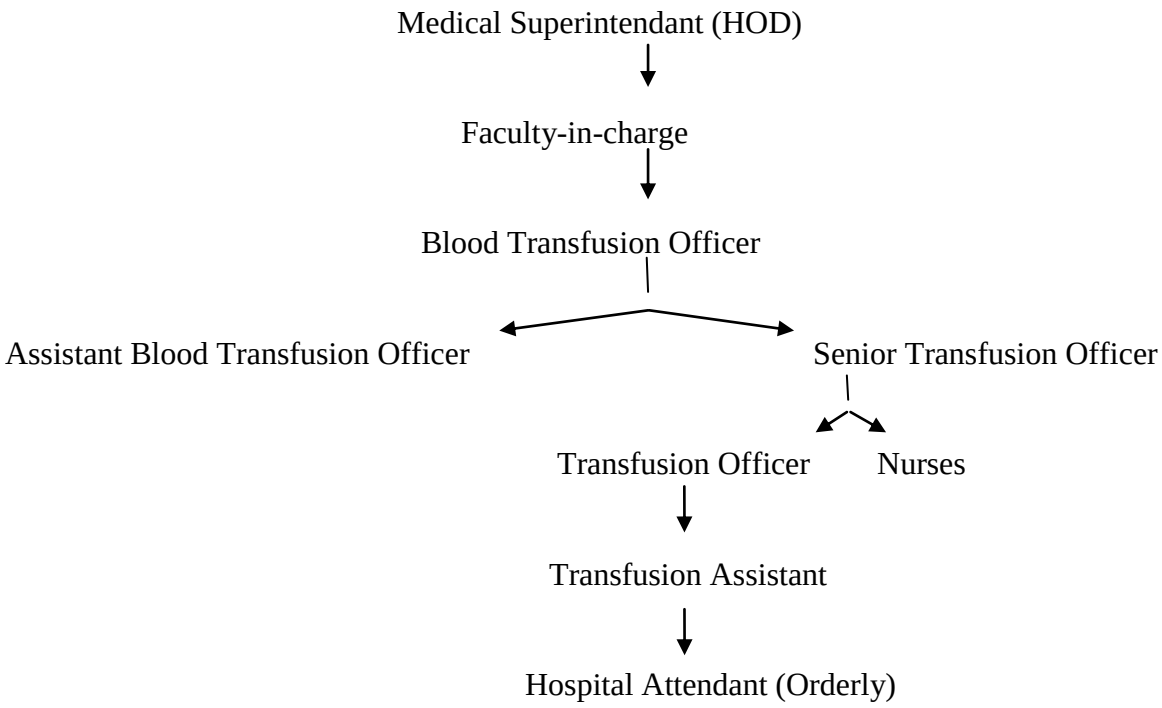
Here the blood is stored that is collected both from the blood bank as well as the camps.

100-125 blood bags are collected in a day by the camps.

The blood collected from camps comes to the storage room directly & not to the component room. Here it is tested for different blood groups and cross matching is also done.

Just adjacent to the storage room is the Blood Dispensing Unit from where the blood is issued.

Staffing pattern



MANIFOLD

- **Manifold**: A device for connecting one or more gas cylinders to the central piping system for a specific gas
- **Medical gases**: Any gaseous substance meeting medical purity standards and has application in a medical environment
- **AGSS** (Anaesthetic Gas Scavenging System): Excavate the remanant anaesthetic gases

Gases Used

- Liquid Oxygen
- Nitrous Oxide
- Nitrogen
- Compressed Air
- AGSS
- Vacuum

Use of Gases

- Oxygen – Ventilators and Anaesthesia
- Nitrous Oxide – Anaesthesia

Cylinders

Oxygen – Black cylinder with white top

Nitrous Oxide – Blue cylinder

Carbon Dioxide –Black cylinder with Grey top

Nitrogen – Black cylinder with silver top

- Main oxygen supply is through oxygen tank outside the manifold room with capacity of about 12000 litres.
- Liquid oxygen is stored in oxygen tank.
- Oxygen cylinders are now used as a backup or emergency measure
- They are used only to check their functionality.

Nitrous Oxide

- Used as anaesthetic
- Primary supply is through the cylinders

Compressed air

- Mechanism
- A compressor is present that generates continuous pressure.
- Used to clear Field View during surgery
- Alarm systems present
- Emergency release valves present

Medical Vacuum

- Not a medical gas but an essential part of Manifold
- Used in Surgeries, ICU and recovery
- Source – Two Vacuum pumps

Gas	Flow rate	Pressure
Oxygen	40	4 bars
Nitrous Oxide	15	4 bars
Medical Air	50	4 bars
Surgical Air	250	7 bars
Vacuum		.53 bar

Colour of Pipes

Yellow with white - Oxygen

Yellow with Blue – Nitrous Oxide

Sky Blue with White and Black – Medical Air

Sky Blue and Black - Vacuum Pipe

PROJECT

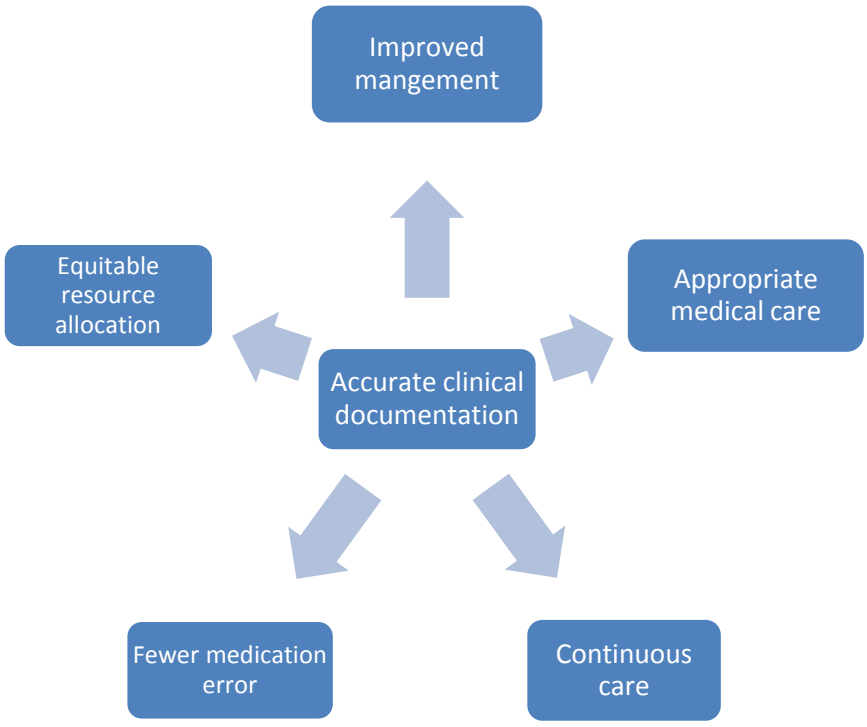
To study the contents of Discharge Summary at AIIMS Main hospital, to do the Gap Analysis and to suggest a Standard Discharge Summary Format.

Introduction

Overview

Good patient care and health outcomes are dependent on accurate, clear, complete and timely documentation of a patient's medical record. The medical record is a multifunctional document that includes information gathered during a patient's visit to a health care facility. Health care professionals rely on these documented records for pertinent patient information in order to direct care. A well-managed medical record is crucial to provide quality patient care, both during the visit and in the event when the patient returns. [1]

Benefits of complete and accurate documentation in health record. [4]



Discharge summary is one of the various medical record documents, which summarizes all needed information for patient upon discharge when the patient returns.

A Discharge summary is a collection of information about events during care by a provider or organization. Its purpose is to provide both clinical and administrative information about patient hospital stay such that health care provider in the community can maintain continuity of care. [2]

Definition and Importance of Discharge Summary

Definition

"A clinical report prepared by a physician or other health professional at the conclusion of a hospital stay or series of treatments. It outlines the patient's chief complaint, the diagnostic findings, the therapy administered and the patient's response to it, and recommendations on discharge."

Mosby's Medical Dictionary,

" A document prepared by the attending physician of a hospitalized Pt that summarizes the admitting diagnosis, diagnostic procedures performed, therapy received while hospitalized, clinical course during hospitalization, prognosis, and plan of action upon the Pt's discharge with stated time to followup"

McGraw-Hill Concise Dictionary of Modern Medicine.

Importance of Discharge summary: [3]

- It is an important and useful communication tool.
- It ensures effective continuity of care in the community.
- A key document in processing the claim.
- It is useful for healthcare providers to effectively implement the treatment strategies planned during admission.
- It serves as documented proof in case of any legal issues regarding the quality of treatment or negligence arise.
- It forms reliable and easily accessible data sources for health policy planning.
- It can be referred to years later to provide a quick summary of an

Admission.

- The risk of re-hospitalization decreases when patients are assessed for follow-up by a physician who receives a discharge summary

Rationale for study

In order to provide appropriate and correct treatment for the patients and ensure patient safety, effective communication between the different levels of care is crucial.
Hospital Discharge Summaries are the tool used to communicate information of hospital stay, when transition occur between different levels of care.

It has been observed in AIIMS Main Hospital, that various specialities are using their own discharge summaries customized in their own way. Moreover some departments modify their discharge summaries as per their requirement.

So, there are chances of omission of important information and inclusion of inaccurate information in discharge summaries.

This makes the standardization of Discharge Summary in a health care setting. Imperative to ensure that all the required mandatory information regarding patient stay is ensured.

Standardisation of contents and structure of discharge summaries is an important quality parameter of discharge summary record keeping.

Importance of standardisation is:

- reduces ambiguity and potential omissions in data entry,
- ensures completeness,
- increases patient safety and quality of care, and
- supports health professional in best practice.

Aim

To study the Contents of Discharge Summaries of various specialities at AIIMS Main hospital, to do the gap analysis and to suggest a Standard Discharge Summary format.

Objectives

- To study the relevant Standard guidelines for Discharge Summary
- To study the contents of Discharge Summaries of various clinical disciplines at Main AIIMS
- To compare the findings and to identify the gaps, if any
- To Suggest a Standard Discharge Summary Format based on study findings.

Review of literature

Previous studies of discharge summaries have concentrated on various aspects including its content, accuracy and timeliness of delivery.

A number of authors have identified a range of items deemed as necessary for

Inclusion in a discharge summary. It is notable that not all items are identified by all authors as critical. Some of the most common items identified as necessary include: [5,6,7,8]

- Accurate primary diagnosis and relevant secondary diagnoses
- Physical examination findings and laboratory results
- Investigations
- Procedures
- Complications and drug allergies
- Hospital follow up arrangements
- Medical and/or including social issues requiring follow up
- discharge medications
- Dates of admission and discharge.

The above items are all included in the National E-Health Transition Authority's (NEHTA's) discharge summary .

NEHTA's discharge summary requires information to be provided in the broad categories of event; medications; health profile; and plan, with the facility for reports and additional documents to be included as necessary. [9]

In some jurisdictions, there are standards in place which specify the required content items for inclusion in the discharge summary. Broadly, these tend to represent only a subset of the items identified above, or more general items which may or may not include the above items.

For example, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards require the following elements to be included: [10]

- Reason for hospitalization
- Procedures performed

• Care, treatment and services provided
• Patient's condition at discharge
• Information provided to the patient and family

According to NHS report on Discharge policy, there are certain discharge standard. [11]
Patient's and Career's Discharge Standards, which includes rights which patients have while being discharged,
(The highlighted points are those pertaining to discharge summary).

Patients being discharged from hospital have the right:

1. **to full information on their diagnosis and the assessment of their health and social needs in preparation for discharge.**

2. To be fully involved in planning their own discharge, together with a relative, career or friend as appropriate.

3. for the discharge plan to start on or before admission where possible.

4. to full information on the services available in the community relevant to their care.

5. To full information on short or long-term nursing or residential care, including financial implications.

6. **To be given an appropriate contact number where they can get help or advice on discharge**.

7. **To be given a clear, legible discharge letter detailing the support services provided for them (where appropriate).**

8. **to full information on health authority eligibility criteria for continuing care.**

9. **The discharge planning team to be available as a point of contact to offer support and advice to patients, careers, statutory and voluntary agencies.**

10. Information on PALS and advocacy support

11. To have access to the trust complaints procedure and any complaint regarding their discharge arrangements investigated and a full explanation given.

12. If still not satisfied, then be given access to the health service commissioner, in line with the Trust Complaints Policy.

A discharge summary is one of the clinical records produced within hospital care settings. Clinical records are defined as:

"any information relating to the physical or mental health or condition of an individual that has been made by or on behalf of a health professional in connection with the care of that individual"

("Data Protection Act 1998," Section 68)

A discharge summary facilitates the transfer of responsibility for a patient's care from hospital to general practisoner. The completion of a discharge summary is part of patient discharge process. Ideally, patient discharge should be managed as an ongoing process and planned as soon as, or even prior to the patient being admitted to hospital (Department of Health, 2003). The generic medical record keeping standard, standard number 11, published by the Royal College of Physicians(RCP) in England, mandates that the discharge summary record to be commenced at the time the patient is admitted to hospital (Carpenter et al., 2007**)**

A previous study, which addressed medication errors caused by insufficient
transfer of information when changing care level, showed that information on every fifth medication was transferred erroneously .At admission to hospital, 29 of 34 patients had at least one medication error and corresponding results at discharge from hospital to community health

care showed 19 of 35 patients with errors .As a consequence of the study, a discharge summary with a medication report was developed at Lund University Hospital to reduce transfer errors.

In Sweden, as in many other parts of the world, each care level does not always possess the complete information on a patient's medical history, as many care units have their own medical records. The risk of medication errors
Occurring, and thus morbidity as a consequence of medication errors, is therefore high. Risks of reduced patient safety as a consequence of poor communication are well documented and reported. A step towards
improved patient safety is harmonising the use of medical records so that the hospital and primary care can access the same information .

Krippalani et al , in his study on communication and information transfer between hospital-based and primary care physicians, identified that the important information from discharge summary was perceived to be omitted, that can be associated with negative consequences for patients. Further, the frequency of these omissions was not ameliorated by direct communication with Practitioners. [12]

Similarly, Perren et al (2008) evaluated 622 discharge summaries finding there were drug omissions affecting 251 (40 percent) patients, 32 percent of which were considered to be potentially harmful. [13]

Walraven and Rokosh (1999) conducted 100 surveys of hospital-based and
primary care physicians to identify the essential elements of a high quality discharge summary. Both process and content factors were considered. Overall, there was significant consensus amongst physicians that summaries that were short, contained pertinent information and were delivered quickly, were of high quality .[14]

Methodology

Study setting: AIIMS Main Hospital.

Study Period: Three weeks (6th May-27th May)

Study design: Descriptive and cross-sectional

Study Population: Discharge Summaries forms of various specialties.

Study Sample: 13

(which is inclusive of single common Discharge Summary forms which are being used by all specialities and Twelve different discharge summary forms being created and used by various specialities)

The study was done in various stages. Initially, review of existing literature on Discharge summary contents and format was done. This included online journals and articles, discharge summary forms of some National & International Hospitals.

The guidelines for Discharge Summary being given by various international organizations were also studied along with guidelines given by National Accreditation Board for Hospitals and healthcare providers (NABH) . These included those adviced by:

- Joint Commission on Accreditation of Healthcare Organizations(JCAHO),
- National E-Health Transition Authority's (NEHTA's) and
- Health Level International seven (HL70. (HL7 is an internationally accepted health informatics standard.)

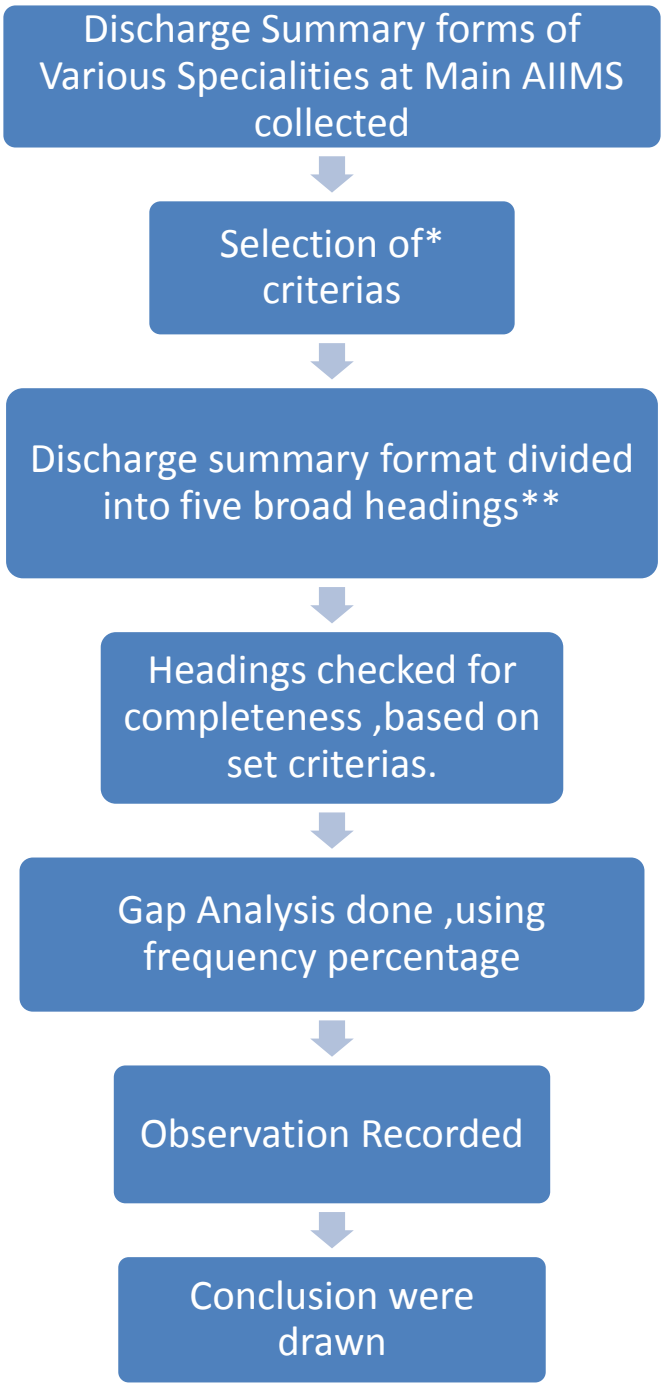
American Journal of medical Quality and Australian Commission on safety and Quality in Healthcare have also suggested elements, which should be the part of Discharge Summary.

However, in our study, guidelines of NABH have been followed as the standard for accessing and doing the Gap Analysis pertaining to Discharge Summary of varioust specialities at Main AIIMS:-

NABH guidelines(AAC15) states that following information should be included in a discharge Summary :

- Reasons for admission,
- Significant findings
- Diagnosis
- Investigation results
- Any procedure performed
- Medication and other treatment given
- Patient's condition at the time of discharge.
- Follow up advice,
- Medication and other instructions in an understandable manner including When and how to obtain urgent care.
- Contact number, so can be contacted in case of an emergency.

Study Process



 # Five Broad headings under which discharge summary format is divided:

- Demographic details
- Hospital details
- Case Details
- Discharge Plan
- Doctor's Details

Selection criterias:

For case details & Discharge plan-

NABH guidelines were followed.

(AAC15)

Organisation defines the content of the discharge summary as follows:

- **Objective elements**

a) Discharge summary is provided to the patients at the time of discharge

b) Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.

c) Discharge summary contains information regarding investigation results, any procedure performed medication and other treatment given.

d) Discharge summary contains follow up, advice, medication and other instructions in an understandable manner.

e) Discharge summary incorporates instructions about when and how to obtain urgent care

For Demographic Details and Hospital details –

Criteria were selected after reviewing various discharge summary forms of various specialities at Main AIIMS after considering the specific requirements of different specialites and information

necessary for maintaining records appropriately. (as no guidelines by NABH are given for the same.)

Headings under which completeness was checked:

Demographic details

- Name
- Age
- Sex
- Address

Hospital details

- Inpatient number
- Bed number,
- Date of admission,
- Date of discharge

Case details

- Reasons for admission
- Significant findings
- Diagnosis
- Investigation results
- Any procedure performed
- Medication and other treatment given
- Patient's condition at the time of discharge

Discharge Instructions/Plans

- Follow up
- Advice
- Medication and other instructions

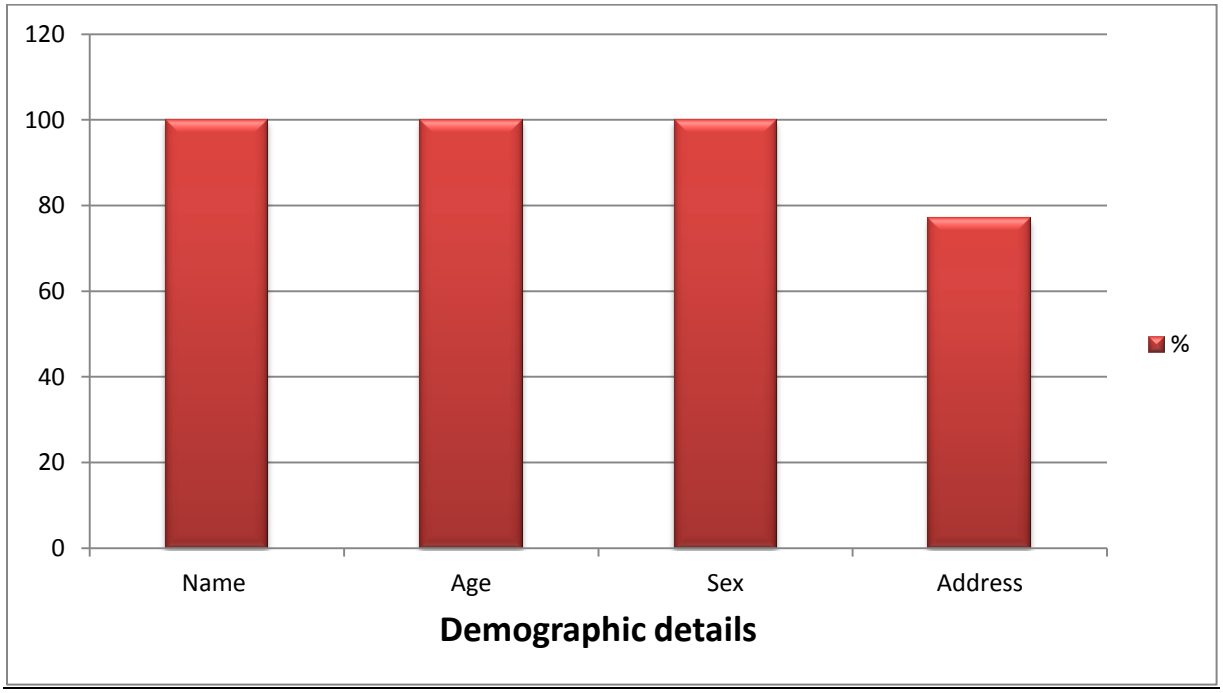
- When and how to obtain urgent care
- Contact number , so can be contacted in case of an emergency

Observations & Results

DEMOGRAPHIC DETAILS

Demographic Details	Frequency of Components present (%)
Name	100%
Age	100%
Sex	100%
Address	77%

Graph 1- **showing the percentage of components of demographic details present in discharge summary forms.**



Inference: Components of Name, Age, and Sex are presents in the Discharge summary forms of all the departments.

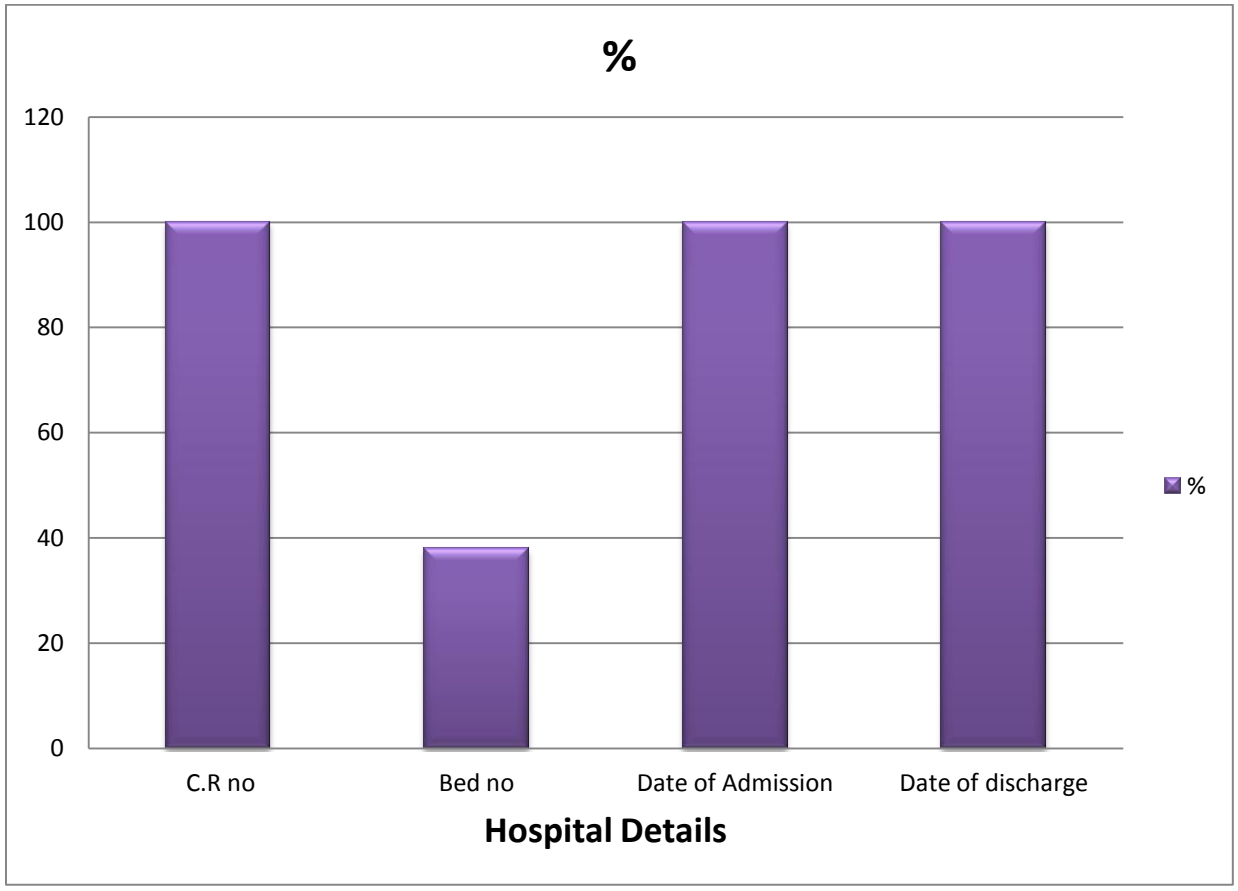
However, the fourth component, the Address, has not been maintained in 33% of cases. Because of which:

- Physician may miss the predisposing factors owing to geographical condition.
- Medicolegal cases may not be traced to their exact address owing to absence of field.
- It may be difficult to contact for follow up.

HOSPITAL DETAILS

Hospital details	Frequency of Components present (%)
Inpatient No.	100%
Bed No.	38%
Date of Admission	100%
Date of Discharge	100%

Graph-2 **showing the percentage of components of Hospital details present in discharge summary forms of AIIMS.**



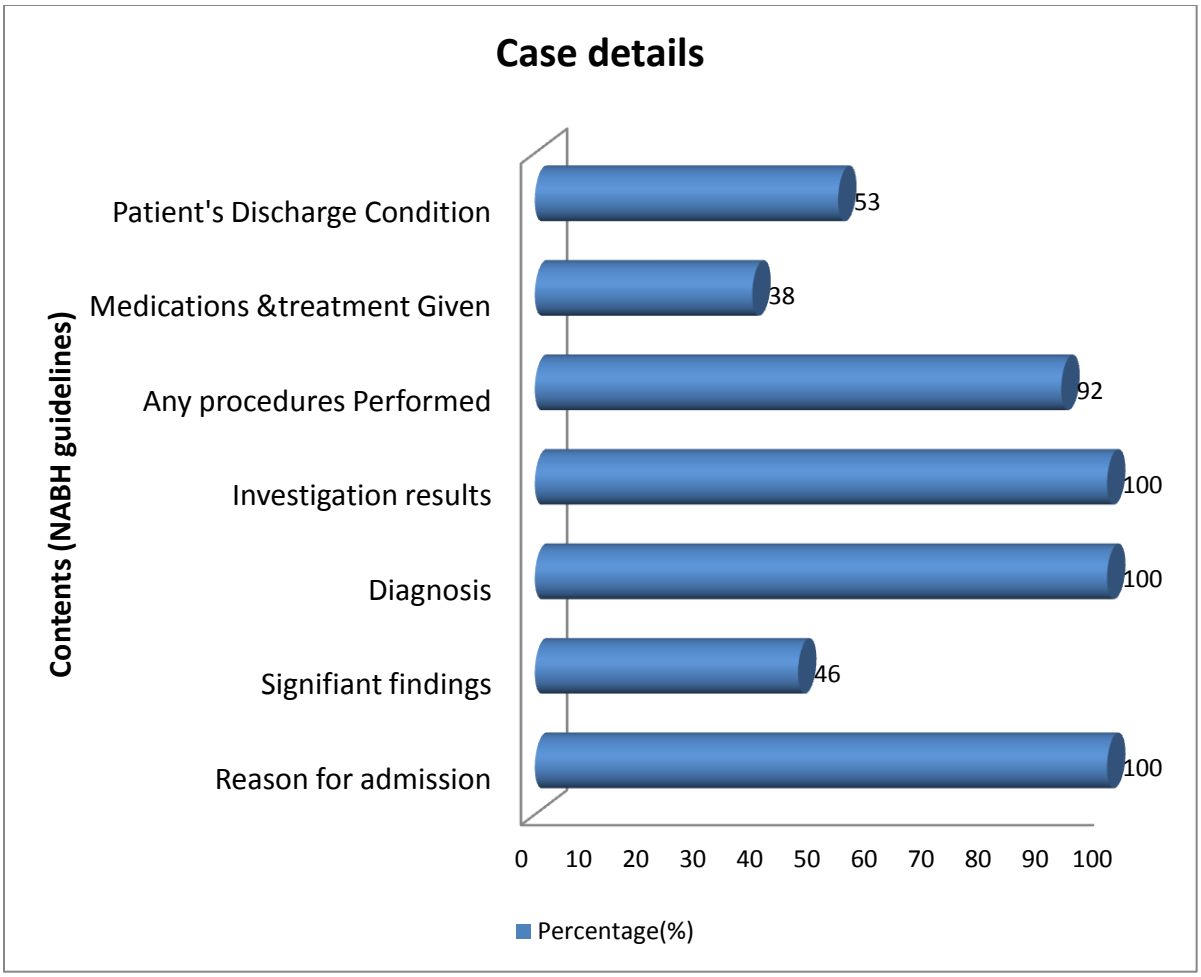
Inference: Components of Inpatient no, Date of Admission and Date of discharge are present in the Discharge summary forms of all the departments.

However, the fourth component, the Bed no, has not been maintained in 62% of cases. Not of much significance, but can act as a tracer for medical record keeping.

CASE DETAILS

Case Details	**Frequency of Components present (%)**
Reasons for admission	100%
Significant findings	46%
Diagnosis	100%
Investigation results	100%
Any procedure performed	92%
Medication and other treatment given	38%
Patient's Discharge condition.	53%

Graph-3 **showing the percentage of components of Case details present in discharge summary forms.**



Inference: All the departments record details pertaining to reason for admission, Diagnosis and Investigation results.

92% of the discharge summary forms record the details pertaining to procedure/s performed or 8% of the sample do not have heading for the same, which if not captured, there are chances of missing lot of needed information which can have a bearing on outcome of patients condition.

Many departments ignore the importance of maintaining the details of Medication & Treatment given, which is evident from the fact that 62% of sampled forms were found to be lacking in that. Which means, treatment followed cannot be ascertained during re-hospitalization. Further medico legal negligence cannot be investigated. To add on, Mortality and Morbidity reviews cannot be done.

Also 54% of all the forms considered for the sample were found to be without the heading for significant findings, so we may miss co-morbidities, if any, and that can exacerbate the present illness. Moreover there can be the need to modify the present treatment plan.

It was found that 47% of forms did not maintained the appropriate section for patient's condition at discharge i.e., no record of patient's improvement or deterioration of health condition during the hospital stay or there was no information on how the patient responded to treatment when a new hospital or doctor read the summary.

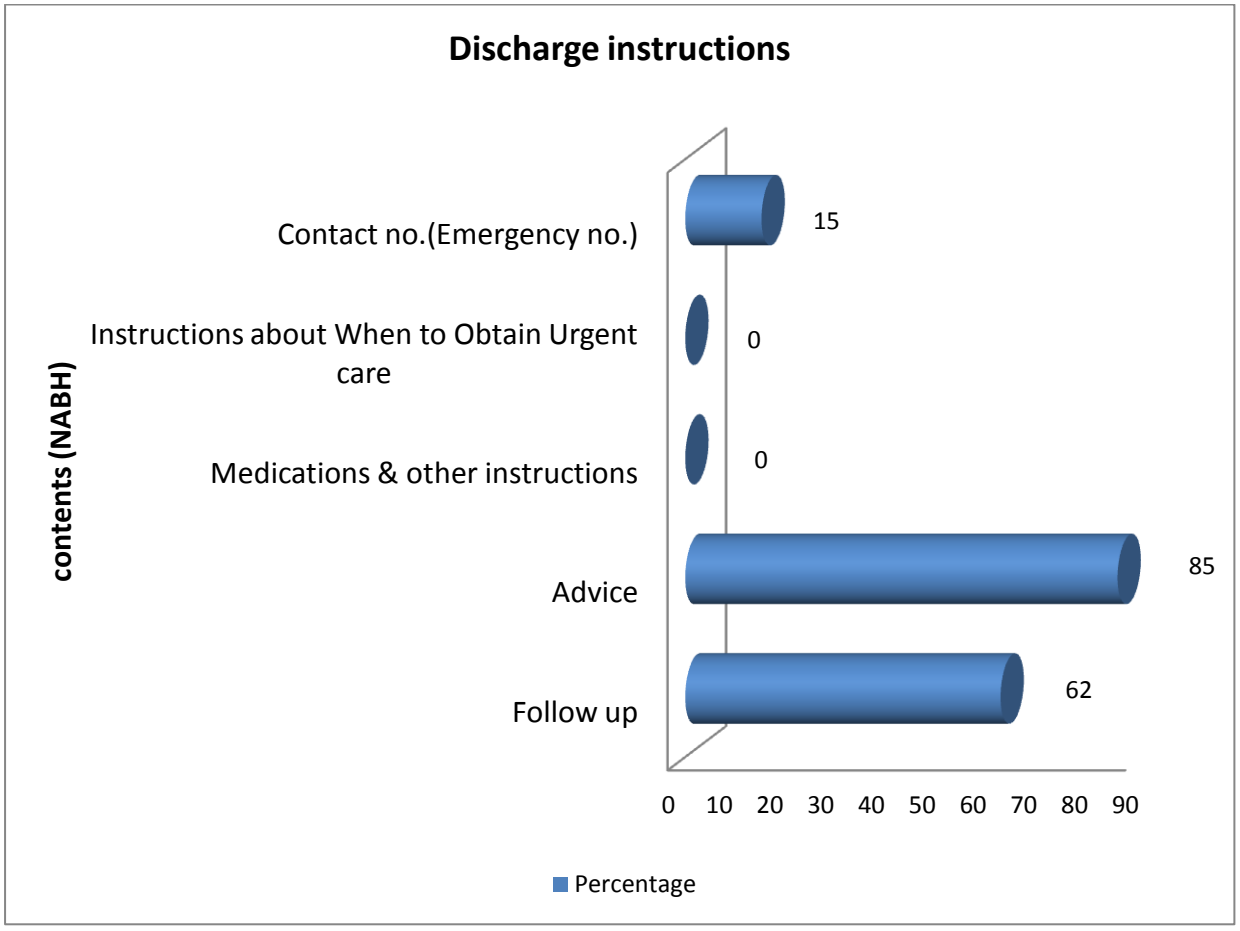
It is of considerable significance in medico legal cases. It helps to prevent any legal hastles in case a stable patient deteriorates after discharge from hospital.

Further treatment prognosis cannot be studied and to add on, there will be problem in rehospitalisation or referral owing to unknown condition at discharge.

DISCHARGE INSTRUCTIONS

Discharge Instructions	Frequency of Components present (%)
Follow Up	62%
Advice	85%
Medication & other instructions	0%
When to obtain urgent care	0%
Emergency contact no.	15%

Graph 4- **showing the percentage of components of Hospital details present in discharge summary forms.**



Inference: A review of Discharge Instructions, brought to light that,

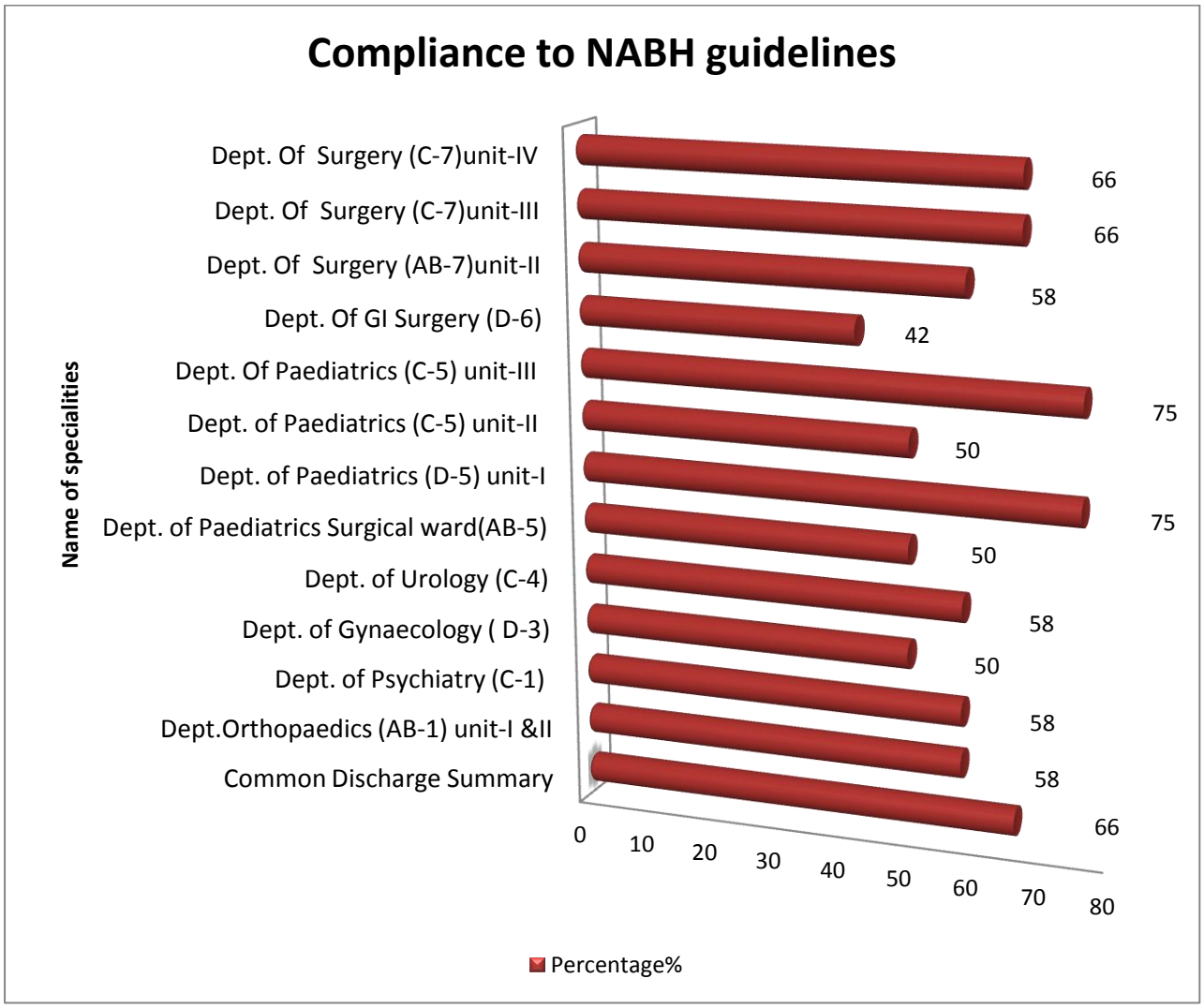
38% of forms do not have section for follow up &15% do not maintain the advice section.

Further, another observation was found to be that there is no record maintenance for medications & other instructions about when to obtain urgent care.

Lack of education hampers the patient to get continuous care after the discharge

And just 15% of the sampled forms conveyed the contact no. for emergency contact. This means that majority of the departments fail to assist the patients on reaching out for emergency care and consultation.

Graph-5 **showing the percentage of Compliance of contents of Discharge summary forms of various specialities of AIIMS (Main) Hospital s to NABH guidelines.**



Conclusion

The discharge summaries analyzed were seen to be inadequate especially in documenting course during the hospital stay & condition at discharge. Another component which is an essential part of a good discharge summary is discharge instructions which are not being recorded appropriately.

In view of the findings, a Standardized Discharge summary Format is being Proposed as an outcome of the study, which can cater to all the Specialities.

(Annexure-1)

Recommendations

Inclusion of under mentioned headings in Standardized discharge summary format.

- **Any history of Allergy/Drug reaction:**

  a) As it helps in preventing complications which could occur owing to its absence, thereby helping in better prognosis &/or treatment.

  b) In addition, information can also be used for research purpose.

- **Diet Instructions**

  As it plays a very significant role in faster recovery of the patient and moreover owing its absence can hamper the continuity of care.

(Included in recommended Standardized Discharge Summary format, Annexure -1)

Limitation of study

The fact that the study was entirely based on review of discharge summary forms of various specialities at main AIIMS hospital, and its compliance to the NABH guidelines, the study to scrutinize the quality of details written in discharge summary could not be done..

So there are chances that, information found to be missing heading wise, is being recorded in another heading.

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Annexure

All India Institute of Medical Sciences (AIIMS)

Ansari Nagar, New Delhi-110029

Discharge summary

Department of: **Unit:**

Demograhic Details	Hospital Details
Name :	**O.P.D. No :** **C.R No:**
Age : **Sex : M/F**	**Clinic No. :** **Prev C.R.No:**
Father's / Husband's / Guardian's Name :	**Bed No / Ward No :**
	Specific to Depts :e.g Arth No :
Contact Details –	**Folder No :**
Address :	**Other no:**
Tel no / Mob No. :	**Date of Admission :**
	Date of Operation :
Email / Fax no :	**Date of Discharge :**
Case detail	

Presenting complaints:

History of Present illness:

Past history:

Personal /Family History:

Any history of Allergy/drug reaction:

Rx History:

Significant Findings, if any:

Co-morbidities if any-

Physical Examination:

Diagnosis:

Risk factors:
Local-

Systemic-

Investigation Results*:

Hospital Course:

Pre-Op-

Post-Op-

Operation& Procedures:
(Operating Details/Anesthesia)

Medication & Treatment given:

Condition at Discharge:

* please use the last page for any additional information/note/diagram

Discharge Instructions

Follow –Up: **On:**

Advice:
(Diet instructions)

Medications & other Instructions:
Type Drug Dose Frequency Duration Remarks

Instructions about when to obtain Urgent care:

- **Vomiting of blood/blood in stool or black colour stool**
- **Any alteration in state of consciousness.**
- **Severe dizziness or fainting spells.**
- **Fever, new onset or worsening of abdominal pain.**
- **Worsening of jaundice.**
- **Severe nausea, vomiting.**
- **Any Other.....**

Doctor's details

Name of Treating faculty **Name of Senior/Junior Resident**
Contact No. **Contact No.**
Sign

Space for Additional Information/Notes/Diagram

***Investigations:**

Blood

HEMATOLOGIC					BIOCHEMICAL											
Date					Date					Date						
Hb (g %)					Sugar (mg %)					T. Bill (mg %)						
TLC (/comm.)					Urea (mg %)					D/Ind						
DLC					Creat (mg%)					T.Prot (g%)						
ESR (mm)					Na+ (mEq/l)					A/G						
PI (/cmm)					K+ (mEq/l)					SGOT (IU)						
PT (sec)					Ca+ (mg%)					SGPT (IU)						
Bl.Group					PO4- (mg%)					SALP (IU)						
Misc					Misc					Misc						

BLOOD

Date	IgM Anti DNA	HBV RNA	HCV HBc Ag	Anti HBe anti HBe Ag	IgM HEV IgM	IgM anti HEV	HIV ELISA	HIV Western Blot	Hydatid Srerology ELISA	Hydatid Serology IHA	Amebic serology

TUMOUR MARKERS

Date:

ABG INVESTIGATIONS

Date					BODY FLUID/PUS/WOUND SWAB/OTHER RELEVANT	
pH					Date	
pO2						
pCO2						
HCO3						
BE						
Sat						

URINE

Date					C/S		
Alb					Date	Organism	Sensitivity
Sugar							

RBC							
WBC							
Bact							
Casts							

Date	**24 hour urine**						
	Vol (ml)	**Alb (g)**	**Creat (mg)**	**Na (mEq)**	**K(mEq)**	**Others**	
Right:							
Left:							

CSF

Date	**Press**	**Sugar**	**Prot**	**Glob**	**RBC**	**WBC**	**C/s**

IMAGING

Date	**Type**	**Body part**	**No.**	**Report**	**Remarks**

RADIOISOTOPE

CT-PET

HISTOPATHOLOGY/ BIOPSY

UDS

AR MANOMETRY
24 h pH MANOMETRY
FISTULOGRAM **IVP**
Other reports **Date** **Type** **Number** **Report** **Remarks**

For Dept of Gynaecology:

LMP:

EDD:

PoG:

I/C for admission:

1st trimester	**IInd & IIIrd trimester**
Folic Acid:	**Fe/Ca:**
NT/NB scan:	**Inj. TT:**
Dual marker:	**Triple screen:**
Triple Test:	**Level II:**
HIGH RISK :	
O/H:	

Examination: **GC:** **PR:** **BP:**	**Per Abdomen:**	**P/S:** **P/V:**

Delivery details	**Baby Details**	
Vaginal: induced/spontaneous **Cesarean: elective/emergency**	**Sex:Male**	**GCA:**
MOD :	**Wt:**	**Placenta & memb:**
Date:	**A/S:**	**Time:**
Conducted by :	**Baby course:**	
1s stage -		
II stage-	**Operative findings:**	
III stage-		
INVESTIGATIONS		
BG:	**BS F / PP:**	
Hb:	**Level II:**	
VDRL:	**GTT:**	
HIV/HBsAG:	**TSH:**	
Urine RM:	**Urine CS:**	
USG:		

ADVICE: **Abstinence x 6 weeks** **T. Iron 1OD x 6mth** **T. Calcium 1BD x 6mth**	**Follow immunization schedule for baby** **Exclusive breast feeding x 6mth** **Follow for in FP OPD – Room No. 18** **Maintain perineal hygiene** **Avoid squatting x 6wk** **Perineal exercises** **Review C3LR – IIIrd floor – sos**