Summer Internship

at

Fortis Memorial Research Institute, Gurugram
(04 April 2022 to 17 June 2022)

A Report

By

Dr. Aakanksha Popli

Post-graduate Diploma in Hospital and Health Management (2021-2023)

IIHMR DELHI

International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENTS:

A successful project is a combination of our efforts, encouragement, guidance from the experienced people. I would like to pay my sincere humble gratitude to **Dr. Savitaa Sharma**, Head of Quality Department, **Mr. George Thomas**, Quality Nurse, for their guidance to complete my project title, '**TO STUDY THE RATE OF COMPLIANCE OF MEDICAL RECONCILIATION IN ALL PATIENTS**. I will always be grateful for their encouragement and invaluable assistance which helped me gain up so much knowledge about the organization.

I am also highly obliged to **Ms. Shivani Dhir**, Head of learning and development, Human Resources for giving me the platform to undergo my 2.5 months internship at FMRI. I'm also very thankful to all the other staff members of FMRI, without whom, I would not be able to complete my project and internship.

I would also like to thank my mentor, **Dr. Nikita Sabherwal** for their continuous support and guidance during my internship period.

Declaration:

I hereby declare that all the information furnished in this project, is my original work done by using the actual data collected from the hospital, containing authentic facts. This work is only being submitted to **INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT AND RESEARCH, DELHI**.

Dr. Aakanksha Popli

June 17, 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Aakanksha Popli** has undergone an internship in the "**Department of Quality**" from **April 04, 2022** to **June 17, 2022** at Fortis Memorial Research Institute, Gurgaon.
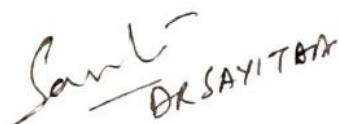
During this period, she exhibited a high level of professionalism and a tremendous zest for learning.

We wish **Dr. Aakanksha Popli** all the best in her future endeavors.

With Best Wishes,

Shivani Dhir
SBU Head-Learning & Development

DR SAYITRA
Head of Department
QUALITY

Fortis Hospitals Ltd.
Gurgaon

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: DR. AAKANKSHA POPLI

Summer Internship Institution: FORTIS MEMORIAL RESEARCH INSTITUTE, GURUGRAM

Area of Summer Internship: QUALITY AND PATIENT SAFETY DEPARTMENT

Attendance: 60/64 DAYS.

Objectives met: Yes.

Deliverables: QUALITY IMPROVEMENT PROJECT - MEDICAL RECONCILATION.
- MRD AUDITS
- PRESCRIPTION AUDITS
- IPSG AUDIT
- PATIENT SAFETY SURVEY.

Strengths:
- Enthusiastic, Disciplined and Dedicated
- Eager to learn

Suggestions for Improvement:
- Presentative
- Excell.
-

DR. SAVITA.

Signature of the Officer-in-Charge (Internship)

Date: 20/5/22
Place: Gurgaon.

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Certificate of Approval

The Summer Internship Project of titled " **Medical Reconciliation** " at "**Fortis Memorial Research Institute ,Gurugram**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted.

It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Name of the Mentor

Designation :

IIHMR, Delhi

Name of the Student: Dr Aakanksha Popli

Summer Internship Institution: Fortis Memorial Research Institute, Gurugram.

Area of Summer Internship: Quality And Patient Safety Department.

Attendance: Regular & Punctual.

Objectives met: Yes.

Deliverables: - MRD Audit
- Patient safety Survey
- IPSG Audit
- Quality improvement project - Medical Reconciliation
- Prescription Audit

Strengths:

Suggestions for Improvement: Keep exploring better data analysis and learn from it

Signature of the Officer-in-Charge (Internship)

Date:

Place

Aakankasha Popli report

TABLE OF CONTENT

ABBREVIATIONS USED

1. FMRI – Fortis Memorial Research Institute.
2. NABH- National Accreditation Board of Hospitals.
3. JCI- Joint Commission International.
4. MRD- Medical record department
5. ADEs - Adverse drug events
6. NABL - National Accredation Board For Testing And Calibration Laboratories
7. ISO - international organization for standardization
8. IPSG - International Patient Safety Goal
9. MAR- Medication Administration Record
10. BPHM - Best Possible Medication History
11. MABGIS - Minimal Access Bariatric and Gastrointestinal Surgery
12. ICU - Intensive Care Unit

OBSERVATIONAL LEARNING

INTRODUCTION:

An exceptional international faculty, renowned physicians, including super-sub-specialists and specialty nurses, can be found at the multi-super specialty, Quaternary care Fortis Memorial Research Institute (FMRI) in Gurugram. It aspires to be the "mecca of healthcare" for the Asia Pacific region and beyond. It is a premier referral hospital. This "Next Generation Hospital" is situated on a sizable 11-acre site and has 285 operating beds. It is based on the four solid pillars of talent, technology, service, and infrastructure. The extensive medical programme of Fortis Memorial Research Institute is led by renowned physicians, super-sub-specialists, and nurses who are dedicated to fusing their great medical knowledge with cutting-edge technology and innovation to provide the best therapies.

AFFILIATIONS AND ACCREDIATION:

The accreditation of hospital programme and divisions, in FMRI's perspective, is yet another significant accomplishment that strengthens the institute's position in the healthcare industry and will further its exceptional quality medical services.

The Joint Commission International (JCI) and National Accreditation Board for Hospitals and Healthcare Providers (NABH) have granted Fortis Memorial Research Institute accreditation. The institute abides by the board's policies in order to meet patients' needs and raise the bar for healthcare quality. On the other hand, the FMRI blood bank has considerable service delivery in the relevant domain, earning it accreditation from NABH. The NATIONAL ACCREDATION BOARD FOR TESTING AND CALIBRATION LABORATORIES (NABL), which collaborates with the government, regulators, and industry through a programme, also accredits laboratory services.

MISSION:

To provide Quaternary care to the community in a compassionate, dignified and a distinctive manner.

VISION:

To be the healthcare destination- 'Mecca of Medicine'.

MEANING OF LOGO OF FORTIS HOSPITAL:
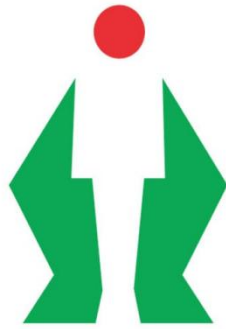
Human values like trust, ethics, service, and quality are represented by the Fortis brand's logo. Fortis's route to healthcare is symbolized by the joining of green-colored hands and a red dot. The colour green is a symbol for compassion, nurturing, generosity, well being, and health. The red dot represents energy, spirituality, courage, and luck.

HOSPITAL SPECIALITY:

One of Haryana's top multi specialty hospitals, Fortis Memorial Research Institute [FMRI]-Gurugram, offers the following specialties:

- Cardiology
- Organ transplantation
- Robotic surgery
- Renal sciences
- Oncology
- Bariatric & metabolic surgery
- Orthopaedics
- Obstetrics & gynaecology are among the fields represented.

SPECIFIC OBJECTIVES:

To learn about the functioning of department.

- Medical record audit
- Prescription audit
- IPSG audit (GOAL 1)
- Patient safety survey

MEDICAL RECORD AUDIT

INTRODUCTION - Any information on a patient who is released from the hospital after treatment is kept in a medical records department. A medical records department's primary responsibility is to keep track of the medical information or treatment files of patients who are either inpatients or need emergency care.

MODE OF DATA COLLECTION:

Medical record checklist was used for the collection of data and was analyzed in microsoft excel sheet.
Sampling method- simple random sampling method
Sample size - 50.

Frequency of audit- Monthly

MRD CHECKLIST

- Bed No.
- UHID
- Date of audit
- Specialty
- General Consent
- Procedural Consent
- Blood and Blood Products Consent
- High-Risk Procedures and Treatments Consent
- Anesthesia Consent Form
- Consent of Surgery
- Consent on Sedation
- Other Specific Consents
- Doctors admission assessment
- Doctor's daily progress notes
- Nursing admission assessment
- Daily nursing flow sheet and Nursing Care Plan
- Physiotherapist notes
- Critical care flow sheet
- Approved Abbrevations
- Medication order and administration chart
- High alert medication monitoring form
- Diabetic chart
- Input Output chart
- Vital chart
- Preoperative checklist
- Pre-anesthesia assessment
- Procedure/ Surgical Safety Checklist
- Operation Theatre notes
- Sedation Evaluation form
- Patient and family education form
- In house transfer form
- Cross Referral Records if any
- VTE
- Transplant Checklist
- MTP Checklist
- Nursing handover communication
- Doctor Handover communication
- OPD Records

SCORING
- 0 (for blank, missing or forms with minimal relevant information)
- 5 (partially filled)
- 10 (completely filled form)
- Comments (for 0 or 5 scoring, need to write the deficiency)
- NA (not applicable, will not be counted in final scoring as well)

OBSERVATION AND FINDINGS:

Bar chart comparing APRIL (blue) and MAY (orange) percentages across documentation categories:

Category	APRIL	MAY
General Consent	94%	100%
Procedural Consent	100%	100%
Blood and Blood Products Consent	73%	100%
Anesthesia Consent Form	88%	93%
Consent of Surgery	100%	75%
Consent on Sedation	100%	100%
Doctors admission assessment	47%	46%
Doctor's daily progress notes	65%	83%
Nursing admission assessment	84%	98%
Daily nursing flow sheet and Nursing Care Plan	21%	12%
Critical care flow sheet	29%	33%
Medication order and administration chart	10%	7%
Diabetic chart		17%
Input Output chart	44%	58%
Vital chart	86%	100%
Preoperative checklist	85%	78%
Pre-anesthesia assessment	73%	81%
Procedure/ Surgical Safety Checklist	100%	96%
Operation Theatre notes	100%	93%
Sedation Evaluation form	75%	80%
Patient and family education form	54%	10%
In house transfer form	42%	25%
VTE	71%	89%
Nursing handover communication	33%	45%

MAJOR CONCERNS:

- Medication order and administration chart - Prescriber's name, sign, time and date.

- Daily nursing flow sheet and Nursing Care Plan- outcome/evaluation

- Diabetic Chart- Fixed dose insulin, sliding scale

- Critical care flowsheet- progress notes, consultant and team.

- Doctors admission assessment- Prescriber's name, sign, time and date

- Input output chart- balance

- Patient and family education form-Learning record, barrier to learning, plan to address factors

- Nursing handover communication- Shift notes

PRESCRIPTION AUDIT TOOL

S.NO.	
UID	
Speciality	
Location	
Dose, Route, Dosage Form, Frequency mentioned in history sheet (Prev meds)	
Dose, Route, Dosage Form, Frequency mentioned in MAR (Prev meds)	
Allergies / Sensitivities Mentioned?	
Mention of Date	
Mention of Time	
Is the Rx Legible?	
Use of Capital alphabets	
Is the Drug appropriate?	
Dosage form/ Dose/ Route/Frequency:	
Use of Abbreviations	
Weight based dosing considered?	
Note of any potential organ toxicity:	
Mention of Dr. Name	
Mention of Dr. Sign	
Serious Drug – Drug / Drug - Food Interactions(if any)	
Drug Duplication	
Therapeutic Duplication	
Irrational Combination	
Labelling on infusions & multi use vials	
Counter check on HIGH RISK drug	
HIGH RISK LABEL on high risk drug	
If high risk medication is being prescribed, then its monitoring is done?	
3 or more Anti Biotics continued for 3 & More days	

Any home medication taken by patient
Home medication Documentation mentioned in PROGRESS SHEET
Medication received from store in TAT
Transcription error(insulin order/Stat orders/ Infusions or drug details)
Documentation of verbal orders (if any)

INTERNATIONAL PATIENT SAFETY GOAL 1

Identify patients correctly.

INTENT OF IPSG GOAL 1

This purpose has two objectives:

- To accurately identify the person as the one for whom the service or treatment is intended.

- To customize the service or treatment for that person.

The hospital needs two identifiers, such as the patient's name, identification number, birth date, a bar-coded bracelet, or another method, to identify a patient. It is not possible to identify the patient by room number or location.

Labeling the food trays, mother's milk that is extracted and kept on hand for hospitalized babies, and other treatments made especially for the patient.

MEASURABLE ELEMENTS OF IPSG.1

- Patients are identified before performing diagnostic procedures, giving treatments, and carrying out other procedures.

- At least two patient identifiers, excluding the use of the patient's room number or location in the hospital, are used to identify the patient and to label components of the patient's care and treatment plan.

- In special cases, such as with a comatose patient or a newborn who is not immediately named, the hospital makes sure that patients are correctly identified.

MODE OF DATA COLLECTION

Auditing was done with the help of IPSG 1 audit tool

Sample size – 22.

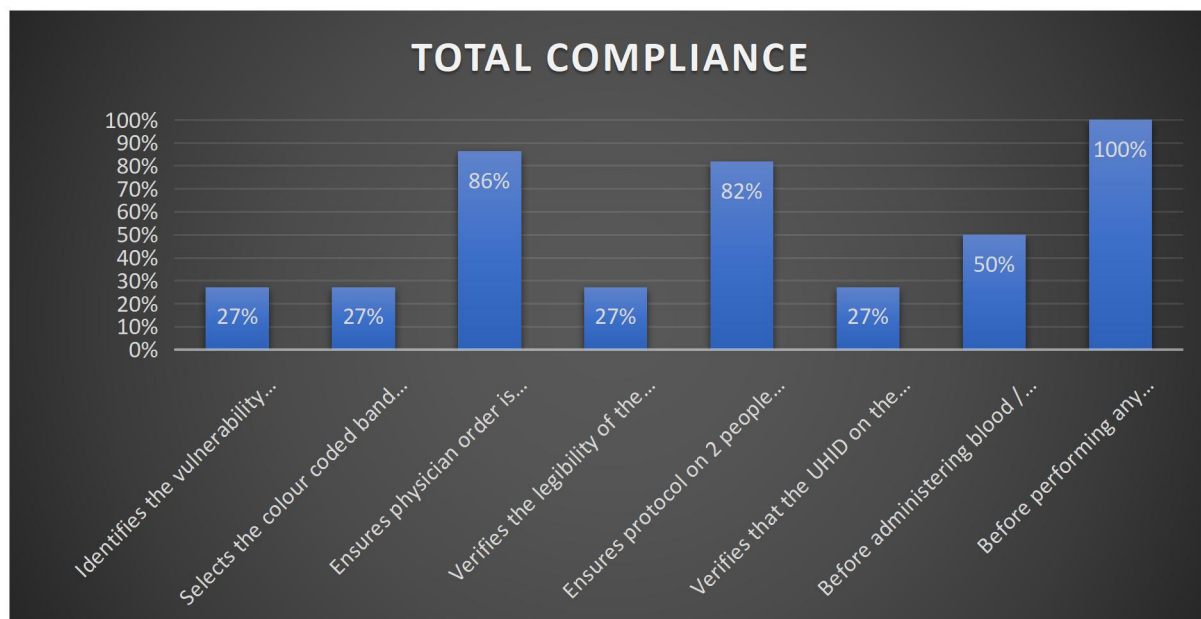Sampling method- simple random sampling method

SCORING

- YES for agreeing to the question.

- NO for disagreeing to the question.

- NA (not applicable, will not be counted in final scoring as well)

AUDIT TOOL FOR IPSG 1

Patient Name	
UHID	
Speciality	
AREA	

Patient Identification
Identifies the vulnerability status of patient
Selects the colour coded band based on policy
Ensures physician order is present and the reference document is with him/her. Eg Medication chart, lab order sheet, radiology request form etc.
Verifies the legibility of the armband. In case its unreadable, follows the steps of armbanding
Ensures protocol on 2 people verification of patient is done whereever applicable e.g high risk medication, blood transfusion, narcotic administration etc.
Verifies that the UHID on the armband matches the physician orders, medication administration record, request, etc..
Moments of Patient Identification Event
Before administering medication
Before administering blood / blood products
Before taking blood sample / any other sample for clinical testing
Before performing any treatment or procedure
Before shifting the patient from one unt to another
Mothers milk and dietary tray

OBSERVATIONS AND FINDINGS:

TOTAL COMPLIANCE FOR IPSG GOAL 1 AUDIT

TOTAL COMPLIANCE

Category	Compliance
Identifies the vulnerability...	27%
Selects the colour coded band...	27%
Ensures physician order is...	86%
Verifies the legibility of the...	27%
Ensures protocol on 2 people...	82%
Verifies that the UHID on the...	27%
Before administering blood / ...	50%
Before performing any...	100%

MAJOR CONCERNS:

- Orange bands missing in highly vulnerable patients

- Blood products were not labeled with patient's UHID and name.

- Arm band was missing due to which verification of UHID on the armband was not done and legibility cannot be defined.

PATIENT SAFETY SURVEY

Questions	Please tick one answer				
What is your department/unit in this hospital?					
People support one another in this unit	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When a lot of work needs to be done quickly, we work together as a team to get the work done	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In this unit, people treat each other with respect	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
We are actively doing things to improve patient safety	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff feel like their mistakes are held against them	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Mistakes have led to positive changes here	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It is just by chance that more serious mistakes don't happen around here	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When an event is reported, it feels like the person is being written up, not the problem	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
After we make changes to improve patient safety, we evaluate their effectiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
We work in "crisis mode" trying to do too much, too quickly	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Patient safety is never sacrificed to get more work done	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff worry that mistakes they make are kept in their personnel file	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Our procedures and systems are good at preventing errors from happening	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My supervisor/manager seriously considers staff suggestions for improving patient safety	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My supervisor/manager overlooks patient safety problems that happen over and over	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Hospital management provides a work climate that promotes patient safety	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Hospital units coordinate well with each other	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Things "fall between the cracks" when transferring patients from one unit to another	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There is good cooperation among hospital units that need to work together	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Important patient care information is often lost during shift changes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Problems often occur in the exchange of information across hospital units	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The actions of hospital management show that patient safety is a top priority	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Hospital management seems interested in patient safety only after an adverse event happens	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
We are given feedback about changes put into place based on event reports	Always	Never	Rarely	Sometimes	Most of time
Staff will freely speak up if they see something that may negatively affect patient care	Always	Never	Rarely	Sometimes	Most of time
We are informed about errors that happen in this unit	Always	Never	Rarely	Sometimes	Most of time
Staff feel free to question the decisions or actions of those with more authority	Always	Never	Rarely	Sometimes	Most of time
When a mistake is made, but is _caught and corrected before affecting the patient_, how often is this reported?	Always	Never	Rarely	Sometimes	Most of time
When a mistake is made, but has _no potential to harm the patient_, how often is this reported?	Always	Never	Rarely	Sometimes	Most of time
When a mistake is made that _could harm the patient_, but does not, how often is this reported?	Always	Never	Rarely	Sometimes	Most of time
Please give your work area/department/unit in this hospital an overall grade on patient safety.	Excellent	Very Good	Acceptable		
In the past 12 months, how many event reports have you filled out and submitted?	No event reported	1 to 2 event reported	3 to 5 event reported	6 to 10 event reported	More than 10
How long have you worked in this hospital?	Less than 1 year	1 to 2 year	2 to 3 year	More than 3 year	
Typically, how many **hours per week** do you work in this hospital?	Less than 16 hrs/week	16 to 32 hrs /week	33 to 48 hrs/week	49 to 64 hrs /week	65 hrs /week
What is your staff position in this hospital?					

PROJECT

TO STUDY THE RATE OF COMPLIANCE OF MEDICAL RECONCILIATION IN ALL THE PATIENTS ADMITTED TO FMRI

ASTRACT:

The study is conducted in order to observe and analyse the compliance of Medical Reconciliation in all patients, at Fortis Memorial Research Institute Gurugram.

The entire procedure was carefully examined, and data was gathered using an audit tool and analyzed in Microsoft Excel. This project aims to prevent adverse drug events (ADEs) for all patients at all care interfaces (admission, transfer, and discharge), as well as to minimize purposeful and unintentional disparities that are not documented by reconciling all drugs at all care interfaces.

Primary data was collected from patient records and through proper observation, interacting with the patients. Measuring of the performance is essential to assess the effects of continuous efforts to ensure the pursuit of excellence in hospitals.

INTRODUCTION

WHAT IS MEDICAL RECONCILIATION?

The process of comparing the medical record to an external list of drugs obtained from a patient, hospital, or other provider to determine which list of all the medications the patient is taking is the most correct in terms of name, dosage, frequency, and route.

THE MEDICATION RECONCILIATION PROCESS

The following critical features are a part of the medication reconciliation process:

1. Compiling the most complete and accurate medication history feasible, often known as the patient's current list of regularly used medications (BPMH).

2. Creating medication orders for admission, transfer, and discharge while using the BPMH.

3. Verifying any discrepancies between the BPMH and the admission, transfer, or discharge medication orders, notifying the team of them, and, if necessary, amending the prescriptions and documenting all changes.

RECONCILIATION OF MEDICATIONS OCCURS AT TRANSITION POINTS OF PATIENT CARE

INTERPRETATION: Medication reconciliation is done to make sure that the patient's prescription list is accurate and current with regard to past clinical circumstances and the current care plan. When a patient is admitted, transferred from one ward setting or department to another, or discharged, the prescribed medications must be verified for accuracy at these transitional periods. During cross consultation, medication reconciliation is recommended. Reconciliation of prescriptions must be recorded. There is a framework in place for efficient communication regarding the reconciliation of medications during handover.

PURPOSE OF STUDY

To avoid undocumented purposeful disparities and inadvertent discrepancies by reconciling all drugs at all care interfaces in order to prevent adverse drug events (ADEs) at all care interfaces (admission, transfer, and discharge) for all patients.

RESERACH QUESTION

What is the percentage compliance of Medical Reconciliation in all the patients admitted to FMRI?

OBJECTIVES OF STUDY

- Define the components of an accurate medical reconciliation.

- Recognize gaps and inconsistencies in the medical reconciliation process.

- Identify next steps in the on going practices to improve medical reconciliation.

MODE OF DATA COLLECTION

The audit included all the patients admitted to Fortis Hospital, Gurugram. We have used Descriptive Cross Sectional Study Design and the data used was collected by creating different audit tools for all the transition points. This data is completely based on documented files.

SAMPLING METHOD - Simple random sampling method was used for auditing.

DATA ANALYSIS - Data collection and Analysis was done with the help of audit tool and analysis was done in Microsoft excel.

SAMPLE SIZE- 100 IN TOTAL (25 of each point)

TYPE OF DATA FOR THE PROJECT – Quantitative primary data

STUDY DESIGN - Descriptive Cross-Sectional study.

THE AUDIT TOOL WAS CATEGORISED INTO 4 CATEGORIES AS FOLLOWS:

1. **MEDICAL RECONCILIATION AT THE TIME OF ADMISSION**

PATENT'S NAME
UHID
DOCTOR'S NAME
DATE OF AUDIT
DIAGNOSIS
SPECIALITY
MEDICAL RECONCILIATION DONE AT THE TIME OF ADMISSION (YES/NO)
IF YES, LIST OF MEDICATIONS
MEDICAL RECONCILIATION DONE IN MAR SHEET (YES/NO) :
IF YES, LIST OF MEDICATIONS
REMARKS:

2. **MEDICAL RECONCILIATION AT THE TIME OF CROSS CONSULTATION**

PATIENT NAME
UHID
DOCTOR'S NAME

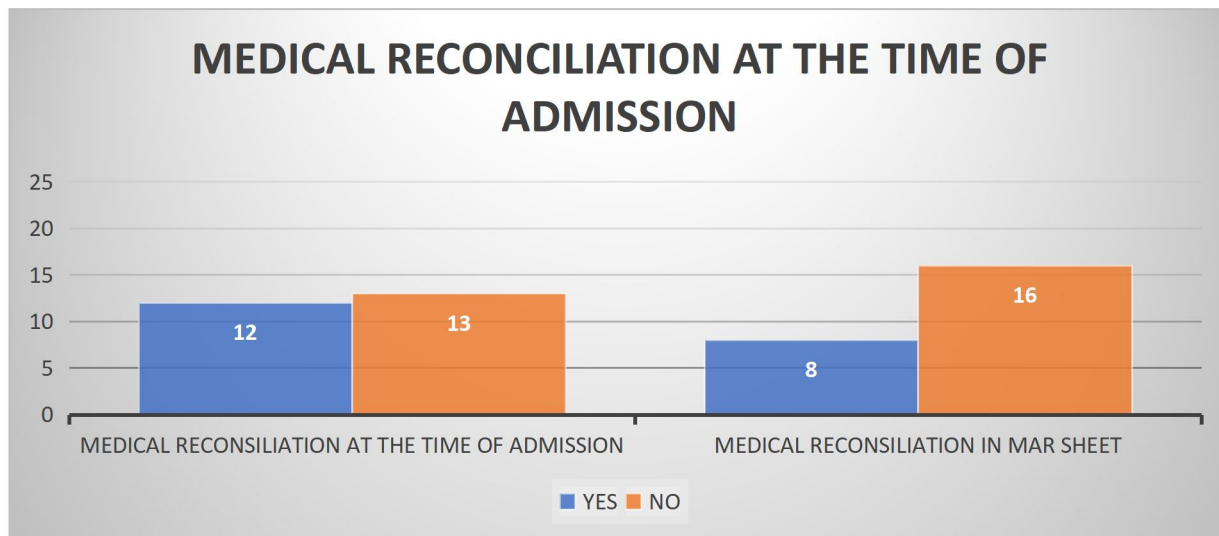| SPECIALITY |
|---|
| DIAGNOSIS |
| MEDICAL RECONCILATION DONE AT CROSS CONSULTATION (YES/NO) |
| DOCUMENTED (YES/NO) |
| IF YES, LIST OF MEDICATIONS |
| REMARKS : |

3. **MEDICAL RECONCILIATION AT THE TIME OF UNIT TRANSFER.**

PATIENT NAME
UHID
DATE OF AUDIT
DIAGNOSIS
SPECIALITY
DOCTOR'S NAME
MEDICAL RECONCILIATION AT UNIT TRANSFER (YES/NO)
DOCUMENTED (YES/NO)
IF YES, LIST OF MEDICATIONS

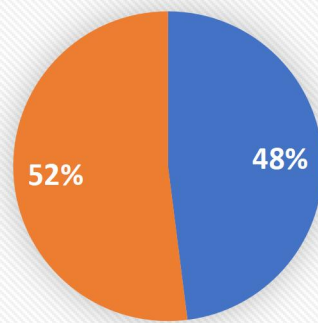## 4. **MEDICAL RECONCILIATION AT THE TIME OF DISCHARGE.**

PATIENT'S NAME
UHID
DATE OF AUDIT
DIAGNOSIS
SPECIALITY
DOCTOR'S NAME
MEDICAL RECONCILIATION AT THE TIME OF DISCHARGE (YES/NO)
IF YES, LIST OF MEDICATIONS
MEDICAL RECONCILIATION DONE IN PROGRESS NOTES
MEDICAL RECONCILIATION DONE FROM MAR SHEET
VERIFIED BY DOCTOR

OBSERVATION AND FINDINGS:

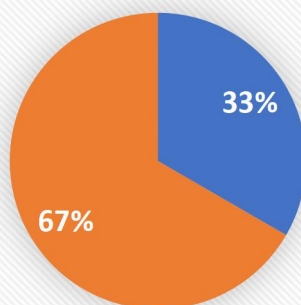## MEDICAL RECONCILIATION AT THE TIME OF ADMISSION

MEDICAL RECONCILIATION AT THE TIME OF ADMISSION

MEDICAL RECONCILIATION DONE AT THE TIME OF ADMISSION (YES/NO)


MEDICAL RECONCILIATION DONE IN MAR SHEET (YES/NO) :

PARAMETER	NON COMPLIANCE

At the time of admission	Out of 25, in 12 samples, medical reconciliation was done at the time of admission whereas in 13 samples medical reconciliation was not done. ● Admission assessment form was completely left unfilled in 11 samples. ● Current treatment column in admission form , not considered.
IN MAR SHEET	Out of 25, in 8 samples medical reconciliation was done whereas in 16 samples , medical reconciliation was done. ● Current treatment mentioned in admission form, but previous medication not correctly mentioned in MAR sheet. ● Previous medication column not considered.

MEDICAL RECONCILIATION AT THE TIME OF UNIT TRANSFER
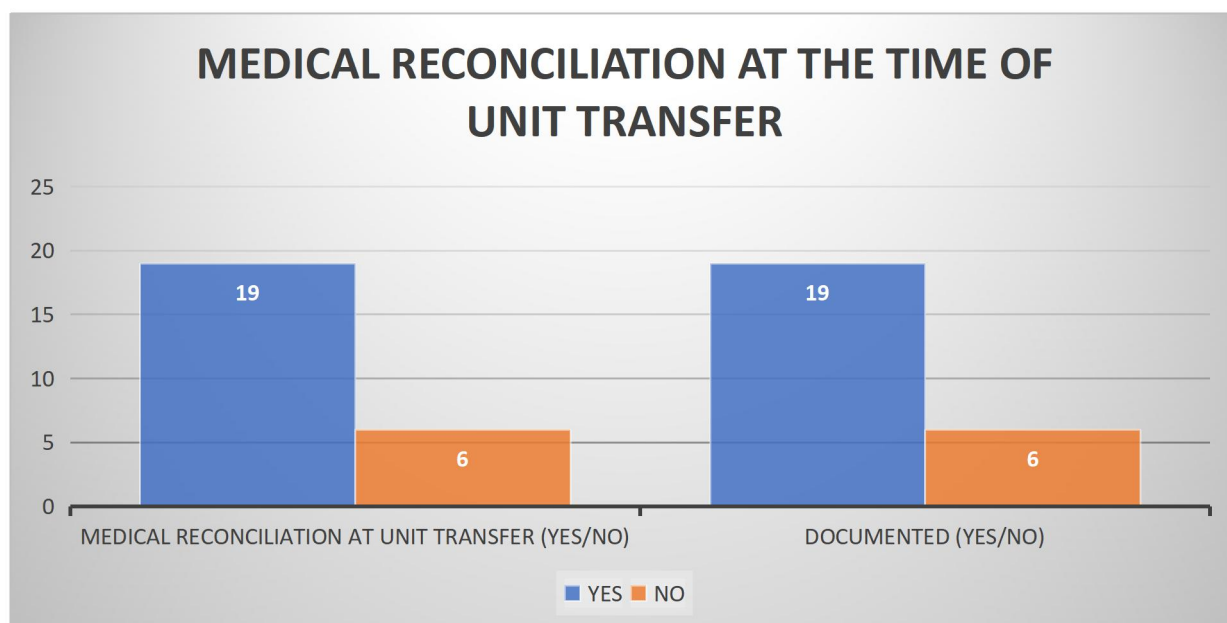
MEDICAL RECONCILIATION AT THE TIME OF UNIT TRANSFER
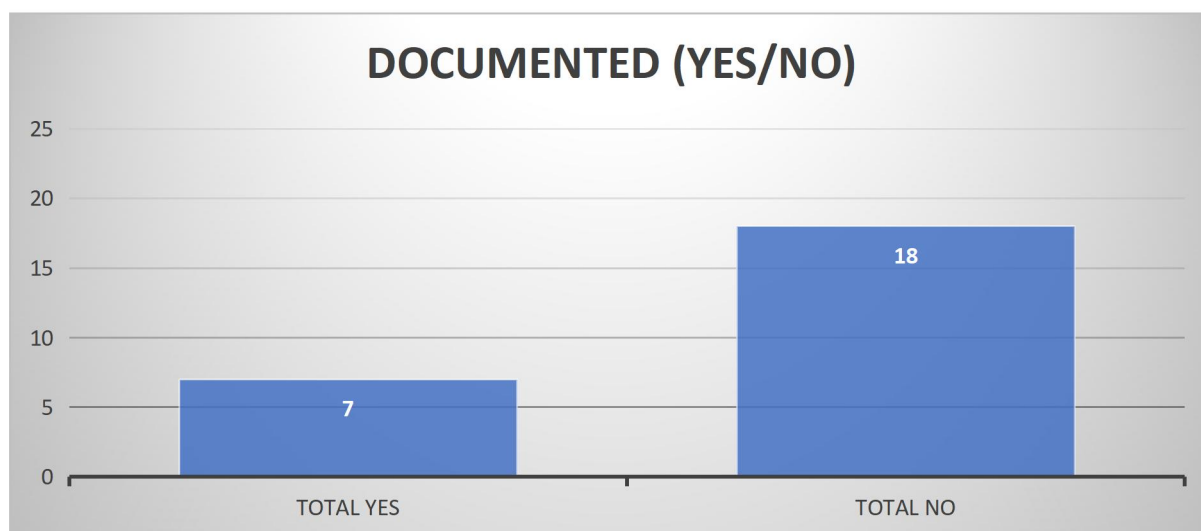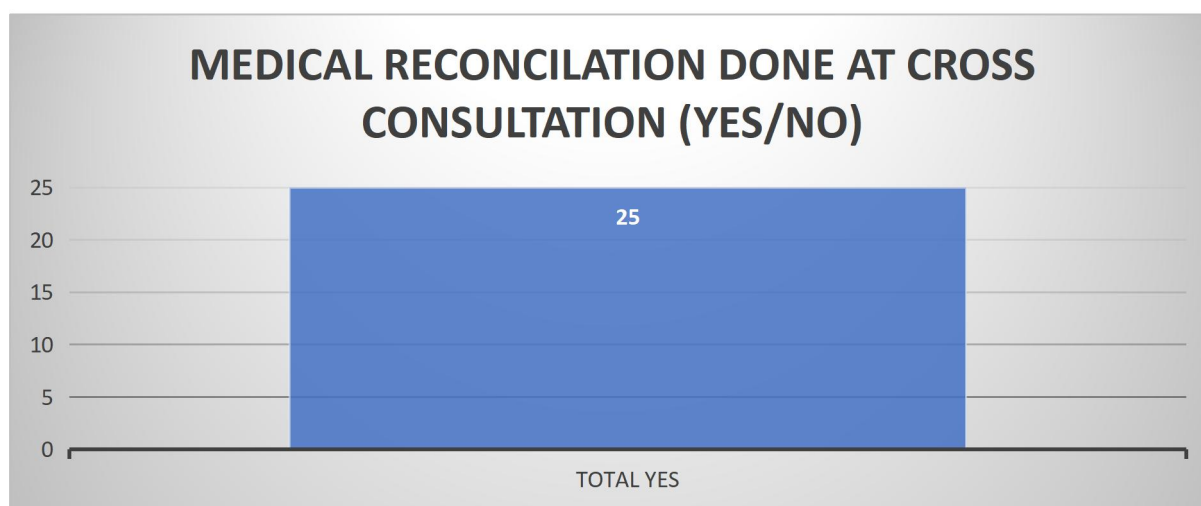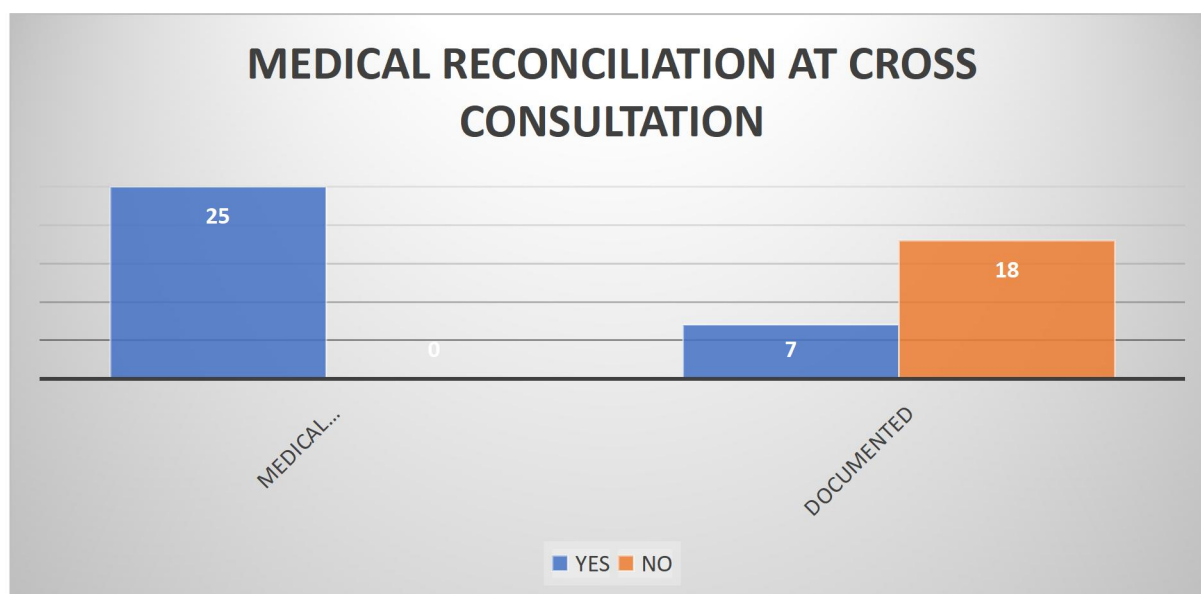
|	MEDICAL RECONCILIATION AT UNIT TRANSFER (YES/NO)	DOCUMENTED (YES/NO)
YES	19	19
NO	6	6

MEDICAL RECONCILIATION AT UNIT TRANSFER (YES/NO)

- TOTAL YES
- TOTAL NO

24%

76%

DOCUMENTED (YES/NO)
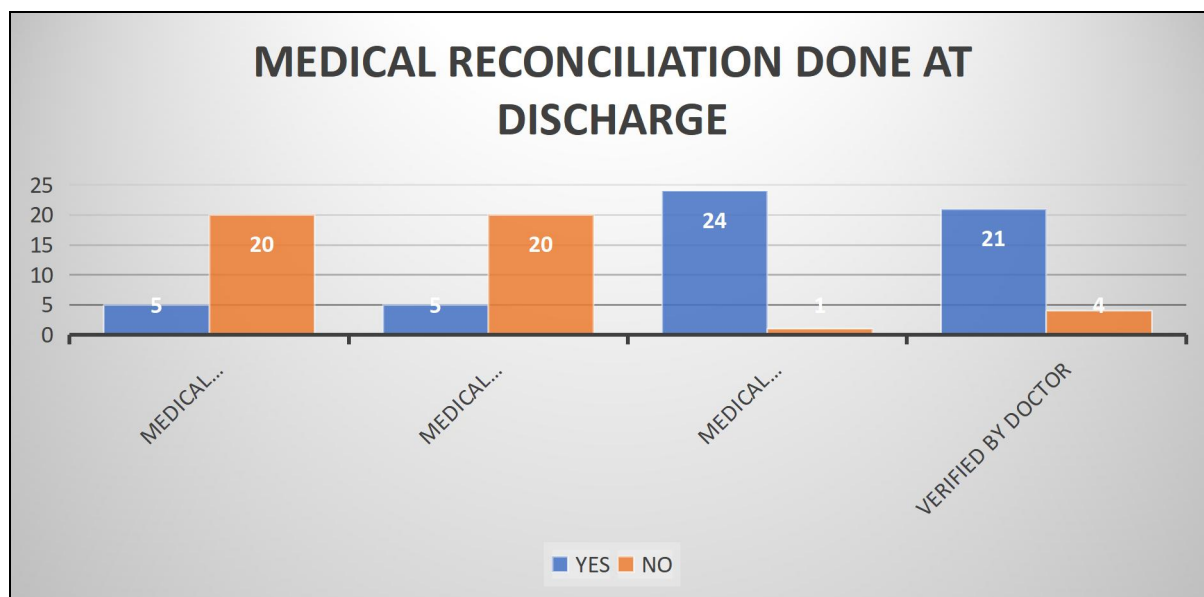

- TOTAL YES
- TOTAL NO

24%

76%

PARAMETER	NON COMPLIANCE
Medical reconciliation at unit transfer	Out of 25 samples, in 6 samples medical reconciliation was not done at the time of unit transfer and was not documented in progress notes.
DOCUMENTED (YES/NO)	Out of 25 samples, in 6 samples medical reconciliation was not done at the time of unit transfer and was not documented in progress notes

MEDICAL RECONCILIATION AT CROSS CONSULTATION

MEDICAL RECONCILIATION AT CROSS CONSULTATION

	MEDICAL…	DOCUMENTED
YES	25	7
NO	0	18

YES ■ NO

MEDICAL RECONCILATION DONE AT CROSS CONSULTATION (YES/NO)

TOTAL YES
25

DOCUMENTED (YES/NO)

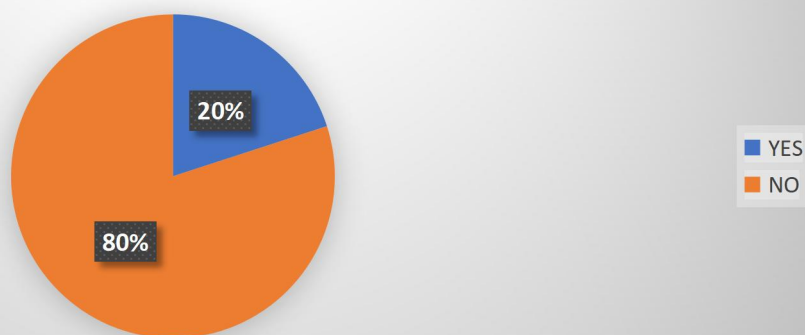| TOTAL YES	TOTAL NO
7	18

PARAMETER	NON COMPLIANCE
Medical reconciliation done at cross consultation is documented or not.	Out of 25, in 7 samples, it was documented whereas in 18 samples, it was not documented. Not documented but was considered in MAR sheet.

MEDICAL RECONCILIATION DONE AT DISCHARGE
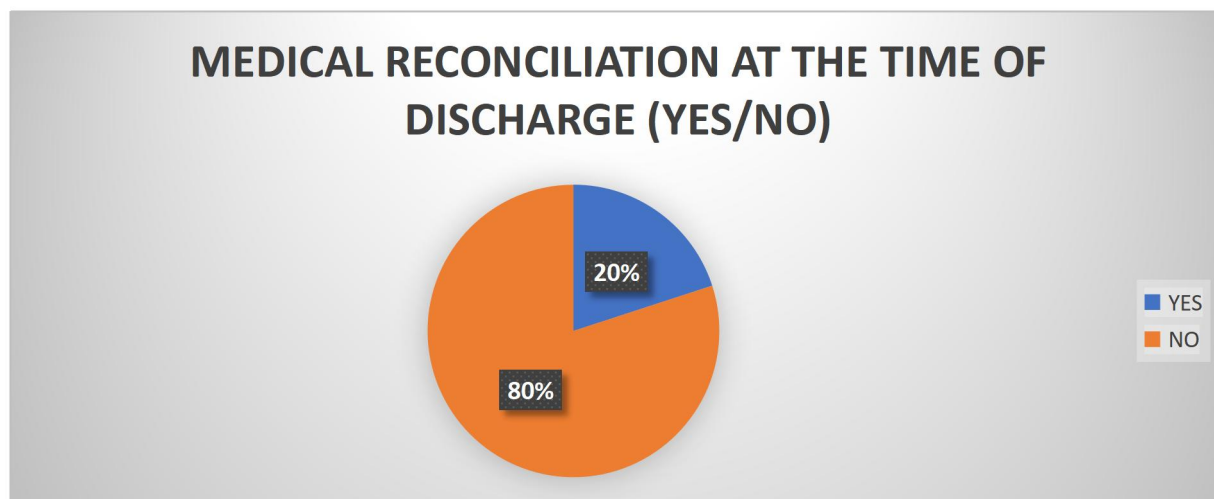
MEDICAL RECONCILIATION DONE AT DISCHARGE

MEDICAL RECONCILIATION AT THE TIME OF DISCHARGE (YES/NO)

MEDICAL RECONSILIATION DONE IN PROGRESS NOTES

- YES: 20%
- NO: 80%

MEDICAL RECONCILIATION DONE FROM MAR SHEET

- YES: 96%
- NO: 4%

VERIFIED BY DOCTOR

- YES: 84%
- NO: 16%

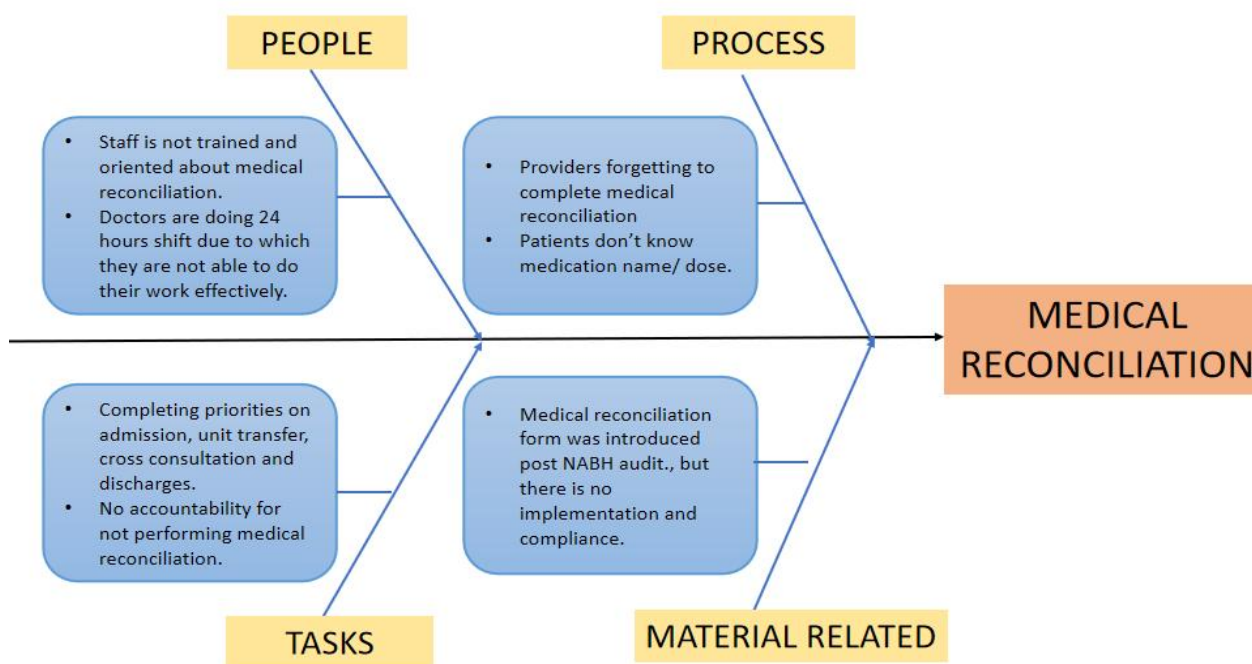| PARAMETER	NON COMPLIANCE
Medical reconciliation done at the time of discharge	Out of 25 samples, in 20 samples medical reconciliation was not done at the time of discharge and was not mentioned in progress notes.
Medical reconciliation done in progress notes	Out of 25 samples, in 20 samples medical reconciliation was not done at the time of discharge and was not mentioned in progress

	notes.
Medical reconciliation done from MAR sheet	Out of 25 samples, in 24 samples medical reconciliation was done from MAR sheet whereas in 1 patient nothing was mentioned in MAR sheet.
Verified by doctor	Out of 25 samples, in 4 samples discharge summary was not verified by doctor.

FISH BONE ANALYSIS

ANALYSIS

PEOPLE

- Staff is not trained and oriented about medical reconciliation.
- Doctors are doing 24 hours shift due to which they are not able to do their work effectively.

PROCESS

- Providers forgetting to complete medical reconciliation
- Patients don't know medication name/ dose.

MEDICAL RECONCILIATION

- Completing priorities on admission, unit transfer, cross consultation and discharges.
- No accountability for not performing medical reconciliation.

TASKS

- Medical reconciliation form was introduced post NABH audit., but there is no implementation and compliance.

MATERIAL RELATED

INVERTENTIONS/RECOMMENDATIONS:

- Introduction of EHR, for ease and accessibility of medical reconciliation done by doctors.
- adequately rostering of doctors, 6hr/8hr shift in a day.
- suggested increase in 1 doctor on floors so that one can look into medical reconciliation.
- training of doctors and nursing.
- Medication management plan can be introduced at the time of discharge to compare medicines

MEDICATION CHANGES DURING ADMISSION

COMMENTS (e.g. medication administration, liaison required, supply notes)

MEDICATION DISCHARGE CHECKLIST

☐ Reconciled on discharge   Sign: _____   Date: _____

☐ Own medicines returned   Sign: _____   Date: _____

☐ Permission for disposal of medicines   Sign: _____   Date: _____

☐ Medication supply   Sign: _____   Date: _____

☐ Dose administration aid   Type: _____

☐ Script given to patient (if applicable)

☐ Discharge Medication Record given/sent to: ☐ Patient ☐ GP ☐ Pharmacy ☐ Other: _____

     Sign: _____   Date: _____

☐ Consumer Medicine Information   Sign: _____   Date: _____

☐ Education provided   Sign: _____   Date: _____

☐ Recommend Home Medicines Review referral (see checklist below)? ☐ Yes ☐ No

RECOMMENDING A HOME MEDICINES REVIEW REFERRAL CHECKLIST

Consider recommending a Home Medicines Review referral because:

☐ Difficulty managing medicines   ☐ Taking more than 12 doses per day

☐ Suspected non compliance   ☐ Significant changes to medication regimen

☐ Medication requiring therapeutic monitoring   during admission

☐ Inability to manage drug related therapeutic devices

☐ Taking more than 5 medicines

☐ Other: _____

KEEP WITH ACTIVE MEDICATION CHART - DO NOT REMOVE   Page 4 of 4

BINDING MARGIN - NO WRITING

SMR130007

This form can contain a list of the patient's pre-admission medications for comparison at discharge the MMP :

- Capture medication changes during admission
- Capture comments e.g. medication administration and supply requirements
- Provide a discharge checklist
- Identify patients for home medicines review

REFERENCES :

https://www.ncbi.nlm.nih.gov/books/NBK2648/

https://www.bmj.com/content/356/bmj.i5336

http://www.ihi.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6432812/#:~:text=Prescription%20audit%20is%20a%20part,activity%2C%20and%20if%20regularly%20done%2C

ANNEXURE :

S.No	Name of the Department	Month of Visit	Interacted with
1	NIGHTINGALE WARD	APRIL-JUNE	DOCTORS
2	ICUs	APRIL-JUNE	DOCTORS
3	INSIGNIA ROOMS	APRIL- JUNE	DOCTORS
4	EXECUTIVE ROOMS	APRIL- JUNE	DOCTORS
5	ENDOSCOPY	MAY- JUNE	NURSING STAFF
6	BRONCHOSCOPY	MAY- JUNE	NURSING STAFF
7	CHEMO DAY CARE	APRIL- JUNE	NURSING STAFF
8	EMERGENCY	APRIL- JUNE	GROUND STAFF
9	OPD	APRIL- JUNE	SENIOR DOCTORS
10	MRD	APRIL- JUNE	GROUND STAFF
11	MABGIS	MAY- JUNE	DOCTORS
12	HEALTH 4 U	MAY- JUNE	ADMINISTRATIVE STAFF