

**“A Study on the Compliance Assessment: Documentation of Non-
Operating Room Invasive Procedure at Sri Balaji Action Medical Institute,
Paschim Vihar”**

**A dissertation submitted in partial fulfilment of the requirement for
the award of**

Post-Graduate Diploma in Health and Hospital Management By

DR. Leepika Sharma

ENROLLMENT NO: PG/22/049



**International Institute of Health Management Research, New Delhi 2022-
2024**

Internship Training at
Sri Balaji Action Medical Institute, Paschim Vihar

“A Study on Compliance Assessment: Documentation of
Non-Operating Room Invasive Procedure “

By

Dr. Leepika Sharma
(PG/22/049)

Under the guidance of Dr.
Sukesh Bhardwaj

PGDM (Hospital and Health Management)
2022-24



International Institute of Health Management Research New Delhi

Dissertation Certificate



SBAMI/HR-TR/2024/188

Date: 26th June 2024

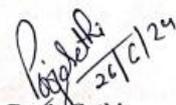
To Whomsoever It May Concern

This is to certify that Dr. Leepika Sharma D/o Mr. Suresh Kumar Sharma, student of IIMR University , has undergone 3 months internship program in the Department of Medical Administration at Sri Balaji Action Medical Institute (which is a part of her course curriculum in PGDM Hospital and Health Management) with effect from 26thMarch 2024 to 26thJune 2024.

Her performance during internship period was found to be satisfactory.

We wish her success in all her future endeavors.


Dr. Sunil Sumbli 26/6/24
Medical Superintendent


Pooja Sethi
Dy. Manager –Training&HR

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Leepika Sharma student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Sri Balaji Action Medical Institute, Delhi from 26-03-2024 to 26-06-2024.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements. I

wish her all success in all her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
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The following dissertation titled “**compliance assessment: Documentation of Non-OR invasive Procedure**” at “**Sri Balaji Action Medical Institute**” 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 **PGDM (Hospital and Health 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 dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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This is to certify that **Dr. Leepika Sharma**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled “**A Study on Compliance Assessment: Documentation of Non- Operating room Invasive Procedure**” at “**Sri Balaji Action Medical Institute**” in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Handwritten signature in blue ink, appearing to be 'Muk' with a date '18/7/2024' written below it.

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Assistant Professor,

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FEEDBACK FORM

Name of the Student: Dr. Leepika Sharma

Name of the Organization in Which Dissertation Has Been Completed: Sri Balaji Action Medical Institute

Area of Dissertation: Medical Administration

Attendance: Regular

Objectives achieved: A Study on Compliance Assessment: Documentation of Non- Operating room Invasive Procedure

Deliverables:

Strengths:

Suggestions for Improvement:

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)

Date: 18. July. 2024

Place: Sri Balaji Action Medical
Institute, Paschim Vihar
New Delhi.

Handwritten signature and date: 18/7/2024

ACKNOWLEDGEMENT

- Above all and everyone, I thank the almighty, my husband and my parents for their love, support and everything.
- Any attempt at any level, cannot be satisfactorily completed without the support and the guidance of learned people. I owe a great debt to all the professionals at Sri Balaji Action Medical Institute, New Delhi, for sharing generously their knowledge and time that inspired me to do my best during the summer internship.
- I would like to express my sincere gratitude to **Dr. Sunil Sumbli (Medical Superintendent)** and **Dr. Meenakshi Mittal (Deputy Medical Superintendent)**, my mentors (**Dr. Aarti Lalchandani, Dr. Aditi Dhankar, Dr. Richa Sharma, Ummay Habiba, Ms. Taranpreet Kaur**) in Sri Balaji Action Medical Institute, New Delhi, for their continuous guidance who in spite of being busy with their duties, took time to hear me and guide me and gave helpful advice and constructive comments throughout the project. Their valuable input made this project possible.
- I am glad to acknowledge **Dr. Sukesh Bhardwaj**, Associate Professor, IIHMR Delhi, my mentor for incorporating right attitude into me towards learning and for helping and supporting whenever required.

Abstract

Background –

The process of abiding by the laws, rules, and regulations established by the governing organizations is known as compliance. Every activity performed on the patient's behalf at the hospital needs to be recorded for their protection. When patient safety is at risk, some procedures are vital and must be performed even outside of an operating room. The increasing demand for less intrusive interventions and technological developments have led to an increase in the frequency of invasive procedures outside of the operating room. These techniques include electrophysiologic cardioversion and cardiac ablation, non-invasive diagnostic methods, and invasive operations for severely unwell children. Research has demonstrated the efficacy of instituting surgical safety check protocols and checklists for non-operative invasive procedures, resulting in enhanced patient safety and heightened adherence to safety precautions.

Methodology –

A cross-sectional study was carried out for a period of 2 month from 15 April2024 to 15 May 2024 in ICUs of Sri Balaji Action Medical Institute, Paschim Vihar New Delhi. This study was a time and motion study; the total sample size 100 patients was collected. The sampling methodology is purposive sampling

Result –

The study was able to map the whole process of documentation and identify the various inconsistencies in documentation process of invasive procedures outside operating room.

Overall compliance rate of documentation of procedure is 50%. The staff compliance rate is better than doctors' compliance rate. Here staff include nursing staff and doctor includes RMO and DNB.

According to the study 80% of cases either have missing date or missing time and 14% of cases has missing relationship with attendant. Doctors' compliance rate is lowest in some procedures like CVP line, Arterial line, intubation, that is 10%. Respiratory procedures like bronchoscopy have 54% compliant rate. The maximum compliance rate for the procedure is in neuro department but also neuro department have less cases than others.

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ABBREVIATIONS

CR. No.: Central Registration Number

CSSD: Central Sterile Service System D\S: Discharge Summary

HIS: Hospital Information System

HC: Heart Command

DMS: Dep Medical Superintendent SICU: Surgical Intensive Unit TAT: Turnaround Time

TPA: Third Party Administrator

MTR: Medical Transcriptionist

CHAPTER-1

OVERVIEW OF HOSPITAL

Sri Balaji Action Medical Institute



INTRODUCTION

1. SRI BALAJI ACTION MEDICAL INSTITUTE

- Sri Balaji Action Medical Institute has been established with a mission to provide world class integrated healthcare facilities to all sections of the society with a humanitarian touch, while maintaining a high standard of ethical practice and professional competency with emphasis on training and education leading to research. "The Institute will impart free Medicare to the poor and needy people with an aim to run the institute on no profit no loss basis".
- "The Institute has been promoted by Lala Munni Lal Mange Ram Charitable Trust of Action Group of Companies. The chairman of the trust Lala Mange Ram Agarwal, a great philanthropist had a strong desire to build a hospital for the service of mankind".
- Equipment, facilities and nursing standards are all structured keeping patient welfare as the ultimate goal. The core catalyst of the hospital functions is patient welfare and recovery. For us, freedom from pain, restoration of perfect health and resumption of normal life with respect to the patient is of paramount importance and throughout the treatment process the mental and physical well-being of the patient is the main priority. We have thus encapsulated these work ethics in our motto "healing with a human touch" and strive to always uphold it.
- The Logo of the Institute portrays its philosophy; it consists of a hand embracing the flame of life with a sphere in the background. The Human Hand represents the healing touch and health care our dedicated teams of professional provide to brighten the lives of those who come to us. The Flame denotes the traditional values of honesty and selfless service towards our patients. The Sphere in the background reflects our commitment to maintain international standards of excellence.

2. ASSOCIATED HOSPITALS

- Action Cancer Hospital, Paschim Vihar, New Delhi
- Ginni Devi Action School of Nursing, Paschim Vihar, New Delhi

1. MISSION

Sri Balaji Action Medical Institute has been established with a mission to provide world class affordable health care facilities to all sections of the society with a humanitarian touch, whilst maintaining high standards of ethical practices and professional competency with emphasis on training and education leading to research.

2. VISION

- To become the largest healthcare provider NGO in the country with a human touch.

3. VALUES

- Providing patient care with a human touch
- Treating all the patients equally with respect and dignity
- Following ethical practices and acting with utmost integrity
- Emphasis on education and learning leading to research

4. GOALS

- Providing affordable healthcare
- Providing healthcare by professionally competent person in ethical way
- Patient safety is of utmost important while treatment
- Patient's satisfaction related to treatment and other services

10LAC +
Successfully Treated

250 +
Bedded

300 +
Doctors

40 +
Specialties

HOSPITAL MANAGEMENT- SBAMI

CHAIRMAN- MR. LALA MANGERAM AGGARWAL

VICE CHAIRMAN- MR. NAND KISHORE AGGARWAL

PRESIDENT- MR. RAJ KUMAR GUPTA

GENERAL SECRETARY- DR. DEEPIKA SINGHAL

MEDICAL DIRECTOR- DR. ANAND BANSAL

MEDICAL SUPRITENDENT- DR. SUNIL SUMBLI

ADDITIONAL MEDICAL SUPRITENDENT- DR. MEENAKSHI MITTAL

DEPUTY MEDICAL SUPRITENDENT- DR. RAJEEV KUMAR

NURSING SUPRITENDENT- LT. COL. SARITA

ACCREDITATION AND QUALITY

1. Quality Policy

- Providing high quality care according to the health needs of the patients.
- Facilitating patient satisfaction by exceptional service and ensuring the dignity and rights of patients.
- Providing a safe and conducive work environment for staff.
- Ensuring accountable, consultative and transparent management process.
- Providing basic and continuing education for staff.

2. Accreditations



The department of Lab Sciences is NABL (National Accreditation Board for Testing and Calibration Laboratories) accredited



National Accreditation Board of Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programs for healthcare organizations. The board is structured to cater to the much-desired needs of the consumers and to set benchmarks for the progress of the health industry.

POLICIES OF HR

- Employee can end any employee relationship whenever he/she wants
- Laws related to the non-discrimination can be formally forbidden
- Distinguishing the employee based on their working time
- Rules of the company like if an employee needs leave which is family related or the law
- Time the employee has been investing in the company which is accurate is taken into consideration
- Procedures which are urgent and are to be reported immediately
 - .
- Employee is supposed to follow the scheduled timings of reaching and leaving the place
- Forms which help to know whether the Candidates are qualified during the hiring process
- Request submission regarding the leaves
- Employees are set free regarding the accommodation which is reasonable
- Reviews of the employee annually
- Expenses which related to the business are to be submitted in written

EMERGENCY CODES

Code	Situation	Response team
Red	Fire	ERT
Pink	Child Abduction	ERT
Blue	CPR	ERT
Violet	Violence	ERT
Yellow	External Disaster	ERT
Black	Bomb Threat	ERT
Orange	Patient requiring intensive opinion in ward	ERT

ERT Team

- AMS on Duty, Security Supervisor, Fire Supervisor, Assistant Nursing Superintendent, Maintenance Executive, House Keeping Supervisor, Ward Boys and Plumber.

Basement	Ground Floor	First Floor	Second Floor	Third Floor	Fourth Floor
Nursing School Administrative Office	Emergency Radio Imaging Dept.	North wing room no.1001 to 1019	North Wing 2001 to 2019	North Wing room No. 3001 to 3019	North Wing Room no. 4001 to 4015
CT Scan MRI	Minor-OT non- invasive cardiac lab	Respiratory Lab	Medical ICU Surgical ICU	Cath Lab Cath Recovery	South Wing Room No. 4051 to 4085
Physiotherapy	General OPD Private OPD	GI Surgery ICU 2	Urology Interventional Radiology	Heart Command ICU	
Blood Bank	Neuro ICU Spine and Rehabilitation	Neuro Surgery	Operation Theatre	Cardiac OT	
MRD	Billing TPA Admission Counter	Paediatrics ICU Mother Child Complex	South Wing Room No 2051 to 2061	South Wing Room no. 3051 to 3061	
HR Dept.	AMS Duty Room OPD Pharmacy	South Wing Room NO.1051 to 1061	Chemo day care ward	ICU 3	

Services and Departments

SERVICES

- Standards: International

- Emergency Department: Yes
- Bed Availability: 250+ (At Present)

CLINICAL DEPARTMENT

- Cardiology
 - Spine and Rehabilitation center
 - Neurology
 - Nephrology
 - General Surgery
 - Neurosurgery
 - Respiratory Medicine
 - Obstetrics and Gynecology
 - Psychology
 - GI Surgery
 - Orthopedics
 - Pediatrics
 - Physiotherapy and Rehabilitation
 - Ophthalmology
 - Plastic and Reconstructive surgery
 - Urology
 - Gastroenterology
 - Dermatology
 - Critical care
 - Emergency Medicine
 - Radiology
 - Laboratory Medicine
-
- Transfusion Medicine
 - Lactation counselling

SUPER SPECIALTY CLINIC

- Ano rectal Clinic
- Breast specialty clinic
- Child Asthma allergy chest clinic
- Cosmetic Clinic
- Retina clinic
- Shoulder Clinic
- Bariatric Clinic
- Child Development Clinic
- Cochlear implant clinic

DIPLOMATE OF NATIONAL BOARD (DNB) PROGRAM

- DNB courses are recognized by National Board of Examination (NBE), Ministry of Health and Family Welfare Govt. of India. NBE conducts CET for admission to DNB courses. Admission is done through CET merit-based counseling which is held by NBE at its office in Dwarka, New Delhi. Admissions to DNB Courses in Sri Balaji Action Medical Institute are done through the National Board of Examinations. For any further clarification please refer to NBE website (www.natboard.edu.in)

Sri Balaji Action Medical Institute is running DNB program in the following specialties:

- DNB - General Medicine
- DNB - Obst & Gynae
- DNB - Pediatrics
- DNB - Radio Diagnosis
- DNB - Anesthesia
- DNB - Orthopedics
- DNB - General Surgery
- DNB – Neurology
- DNB - Nephrology
- DNB – Gastroenterology

GENERAL WORKING OF DEPARTMENTS

Administration - To enhance the hospital staff's ability to manage and organize the hospital effectively and professionally.

HRD - HR managers oversee employee administrative affairs in organization. Arrange training programs for the staff.

Finance Dept. - This dept. monitors and controls the hospital finances and setting of budgets on an annual basis.

In-patient reception - After being seen by a physician, the patient or their proxy must fill out an admission form at this reception as directed by the physician.

CSSD - The department of CSSD works 24 hrs. shifts every 365 days. All the processes of cleaning, disinfection and sterilization are done under total aseptic condition in house.

Medical Records - Documentation of a single patient's medical history and care across time within the jurisdiction of a single health care practitioner.

Staff canteen/F&B - Includes the hospital food & beverage. Hospital kitchen prepares patient's meal as per dietician's recommendations, while it constantly calculates the material requisition for cafeteria, fast food center, kitchen etc. it effectively tracks the required stock such as utensils, cutlery.

Medical coordinators - Following the physician's indication that the patient is ready for discharge, coordinating patient discharge planning and after-care services.

Admission center - Obtain basic information, provide vital information about your hospital stay, and respond to your questions before scheduling your doctor's appointment.

Linen/Laundry - Linen management has a significant impact on patient satisfaction, infection rates, and operating expenses, as well as physician satisfaction.

CT scan - Each check-up is tailored to the patient's unique needs, and radiation exposure is minimized thanks to the staff's efforts.

Quality Department - At the departmental level, ensure that duties and team expertise are clear.

OT - An operating theatre, often known as an operating room (OR), or operating suite, is a medical facility where surgical procedures are performed in a sterile environment

Information & Technology - Using the most advanced and relevant information technology to provide you with the highest and most complex level of care possible.

Reception - Through the welcome counter and 'MAY I HELP YOU' desks, the reception serves as the initial point of contact for patients and their attendants in need of assistance.

Registration - Patient registration specialists gather information about patients and execute a variety of administrative tasks, such as verifying insurance and completing admissions, transfers, and discharge procedures.

Cash counter - All cash and credit bills of hospital cash account management will be centralized controlled and settled by the cash counter module. It increases financial discipline and successfully creates checks and balances to control all cash activities connected to receipts and payments, obviating the possibility of hospital finance manipulation.

OPD - A consultant clinic's outpatient department is a department dedicated to allowing consultants and members of their teams to see outpatients. It consists of one or more consulting rooms, as well as supporting facilities such as a nurse's station, treatment rooms, and waiting areas.

ECHO/ECG/TMT - An electrocardiogram (ECG) is a test that looks for issues with your heart's electrical activity.

X-ray - The Radiology Department uses X-rays and Ultrasound scans to provide a high-quality diagnostic service to in-patients, out-patients, day care, and emergency patients. These radiological services produce images that can help with patient diagnosis and therapy.

Specimen collection - The process of gathering tissue or fluids for laboratory analysis or near-patient examination is known as specimen collection. It's frequently the initial step toward selecting a diagnosis and treatment plan.

Cath lab - A catheterization laboratory, often known as a Cath lab, is a room in a hospital or clinic equipped with diagnostic imaging technology for visualizing the arteries and chambers of the heart and treating any stenosis or abnormalities discovered.

Emergency - An emergency department (ED), also known as an accident and emergency department (A&E), emergency room (ER), or casualty department, is a medical treatment facility that specializes in emergency medicine, or the acute care of patients who arrive without an appointment, either on their own or via ambulance.

ICU - Patients that require constant monitoring are admitted to the Intensive Care Unit (ICU). Patients may be extremely ill as a result of an acute illness or have been involved in an accident that resulted in major and life-threatening injuries.

Pharmacy - In comparison to community pharmacies, pharmacies typically stock a wider selection of pharmaceuticals, including more specialized and exploratory medications (medicines that are being tested but have not yet been approved). It usually solely delivers pharmaceuticals to hospitalized patients and is not a retail store.

General ward - When medical staff determines that patients no longer require such close monitoring and one-on-one care, they are transferred from the critical care unit to a normal ward. For many people, this is a vital stage in their journey from critical illness to recovery.

Ward (Semi-private) - A very basic curtain that is somehow filled with the magic of privacy creates privacy. But this room is the temporary home for two patients—you and a 14-year-old stranger who is also recuperating, together with their medical team and any entourage they bring with them.

Dietician - A dietician (or dietitian) is a professional who specializes in dietetics, or human nutrition and diet regulation. A dietician adjusts a patient's diet based on their medical condition and unique requirements. Dietitians are the only certified healthcare practitioners who can examine, diagnose, and treat dietary issues.

Physiotherapy - Physical therapies such as massage, heat treatment, and exercise, rather than medications or surgery, are used to treat sickness, injury, or deformity.

Infection control & Prevention - Infection control is a practical (rather than academic) sub-discipline of epidemiology focused with preventing nosocomial or healthcare-associated infection. It's an important aspect of the health-care infrastructure that's often overlooked and underfunded.

Conclusion

Sri Balaji Action Medical institute is well renowned hospital in northern India, capable of treating all kinds of disease. The hospital's distinguishing feature is its highly qualified doctors and employees, as well as an experienced management team. Their management / administration team eases out every situation / issue faced by the patient effectively. Ambience of the hospital, services provided to the patient is excellent.

CHAPTER-2

PROJECT OUTLINE

COMPLIANCE ASSESSMENT: DOCUMENTATION OF NON-OPERATING ROOM
INVASIVE PROCEDURE

INTRODUCTION

1. WHAT IS COMPLIANCE?

Compliance is the process of following rules, regulations, and laws set by the governing bodies. For the patient's safety, every action taken for them in the hospital must be documented. Certain procedures are crucial for a patient and must be carried out even outside of an operating room when patient safety is at risk.

Invasive procedures outside the operating room are becoming more common due to advancements in technology and increased demand for less invasive interventions. These procedures include non-invasive diagnostic procedures, electro physiologic procedures for cardioversion and cardiac ablation, and critically ill children undergoing invasive procedures. Studies have shown the effectiveness of implementing surgical safety check policies and checklists for invasive procedures outside the operating room, leading to improved patient safety and increased compliance with safety checks.

2. List of some of Invasive Procedures:

CVP Line: A central line is a type of catheter (flexible tube) that allows fluids to flow in and out of your body. It is placed in a large vein so blood can be drawn, and various intravenous (IV) fluids can be delivered directly into a vein

Arterial Line: Arterial lines are most used in intensive care medicine and anesthesia to monitor blood pressure directly and in real-time and to obtain samples for arterial blood gas analysis

Tracheostomy: A tracheostomy (also called a tracheotomy) is a procedure where a hole is made at the front of the neck. A tube is inserted through the opening and into the windpipe (trachea) to help patient breathe.

Intubation: Intubation-Intubation is a procedure that can help save a life when someone can't breathe. A healthcare provider uses a laryngoscope to guide an endotracheal tube (ETT) into the mouth or nose, voice box, then trachea. The tube keeps the airway open so air can get to the lungs. Intubation is usually performed in a hospital during an emergency or before surgery

Lumbar Puncture: During a lumbar puncture (also known as a spinal tap), a small amount of cerebrospinal fluid is extracted from the spinal canal using a special needle.

REVIEW OF LITERATURE

- According to Parth Shah; Imani Thornton; Danielle Turrin; John E. Hipskind -Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The Joint Commission requires documentation of all the elements of informed consent "in a form, progress notes or elsewhere in the record Physician-patient relationship is the key-point for an optimal management of any medical procedure. Before performing any diagnostic or therapeutic procedure, clinical communication with patients is necessary. It should regard the nature and purpose of a proposed procedure including potential risks and benefits. Thus, a complete physician-patient clinical communication is the basis of "shared decision-making" and plays a clinical-therapeutic role in the informed consent process to improve patient care
- According to Van Ruiswyk J, Erdmann M.-Documentation of the decision-making process leading up to an outcome of procedures is essential for assessing quality of patient care, supporting reimbursement determination of appropriate utilization, and discernment of practitioner competence. Currently, doctors document interventions conducted outside the operating room in narratives within the daily progress notes. The free-form narrative typically includes the practitioner directly involved, procedure performed, technique used and outcomes. While hospitals encourage conformity to these documentation standards, the quality and content of the narratives vary greatly by practitioner, frequently leaving significant information missing. Therefore, to improve both quality of documentation in procedure notes and ease of monitoring non-operating room procedures, we developed a multicopy standardized procedure note. The form contains lines for recording the type, location, indication, anaesthesia, findings, and complications of the procedure, plus the persons performing, supervising and undergoing the procedure.
- According to Cleary R, Beard R, Coles J, Devlin B, Hopkins A, Schumacher D, Wickings I.-The existing hospital systems extracted insufficient detail from case notes to conduct clinical comparative analyses for medical and surgical cases. The research abstractors at least doubled the diagnostic codes extracted. Interabstractor agreement of about 70% was obtained for primary diagnosis and assignment to diagnosis-related group. These data were sufficient to create a comparative database and apply high level quality indicators designed to flag topics for further study. For obstetric-specific indicators the rates were comparable for abstractors and the hospital information systems, which in each case was a departmentally based system (SMMIS) producing more detailed and accessible data.

RATIONALE AND OBJECTIVE

1. RATIONALE-

This study aims to enhance the quality and authenticity of documentation for invasive procedures performed outside the operating room. It will investigate the percentage of staff and attendants who conformed to hospital's predetermined process and policies for documentation.

2. OBJECTIVE-

- To assess the compliance rate with established policies and procedures for documenting invasive procedures performed outside the operating room
- To analyze gap and scope of operation improvement in the documentation

RESEARCH METHODOLOGY

- Study Design: Descriptive, Cross-Sectional Study
- Source of data: Patient's Case file
- Study Participants / Population: All patients admitted in ICUs
- Sample size: 100 Patients
- Sampling Method: Purposive sampling
- Data Collection Tool: Checklist
- Duration of Study: 60 days
- Exclusion Criteria: Procedure that are performed in nights
- Inclusion Criteria:

The Variables were chosen From ICUs (HDU, MICU, SICU, Neuro) Gastro room, Respiratory room .All invasive procedure performed in these areas are taken in study.

Study Location

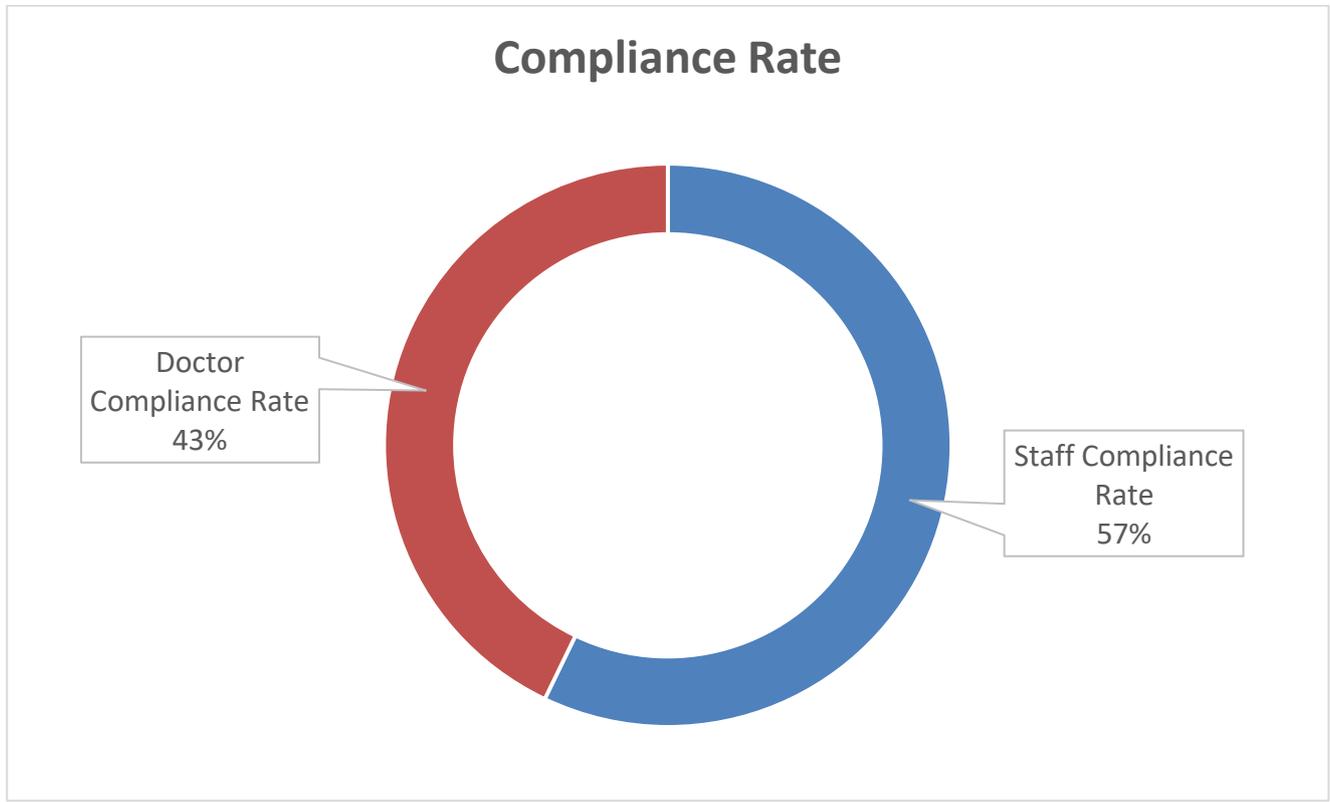
This study moves abreast with time, and data was collected from the samples known as descriptive study done from 15 April to 15 June at Sri Action Balaji Medical Institute.

- The Observed ICUs and Gastro room, respiratory room.
- ICU (HDU)-West Wing 1st Floor.
- SICU, MICU-West wing 2nd floor
- Neuro ICU-East wing, ground floor.
- Gastro Room - West wing 1st Floor.
- Respiratory Room –North Wing 1st floor.

STUDY DURATION

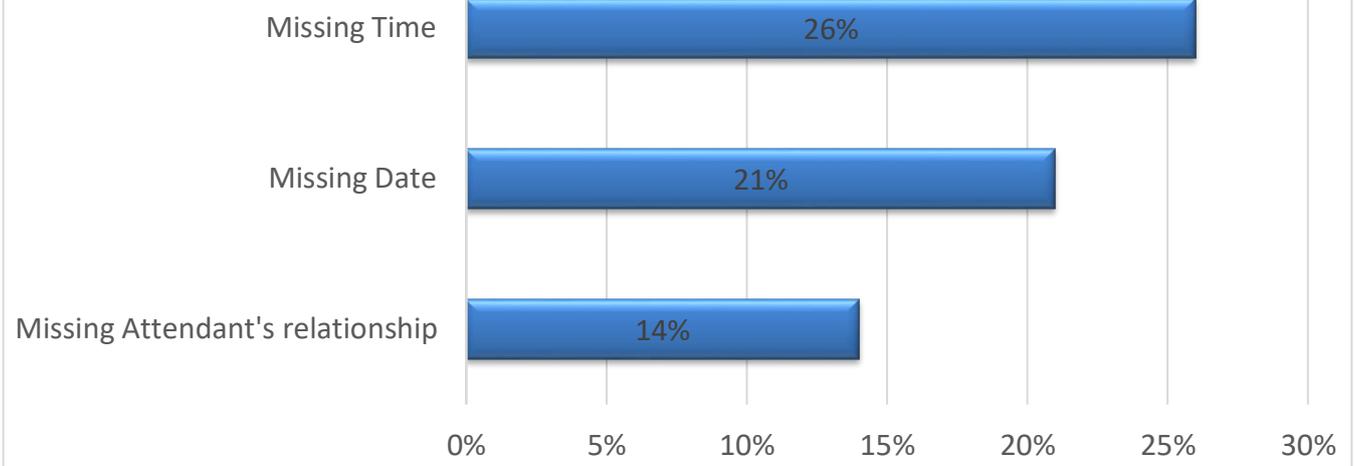
This Observation lasted 60 days in ICU (MICU, SICU, Neuro ICU) and Gastro room, Respiratory room of the Hospital

OBSERVATIONS AND FINDINGS



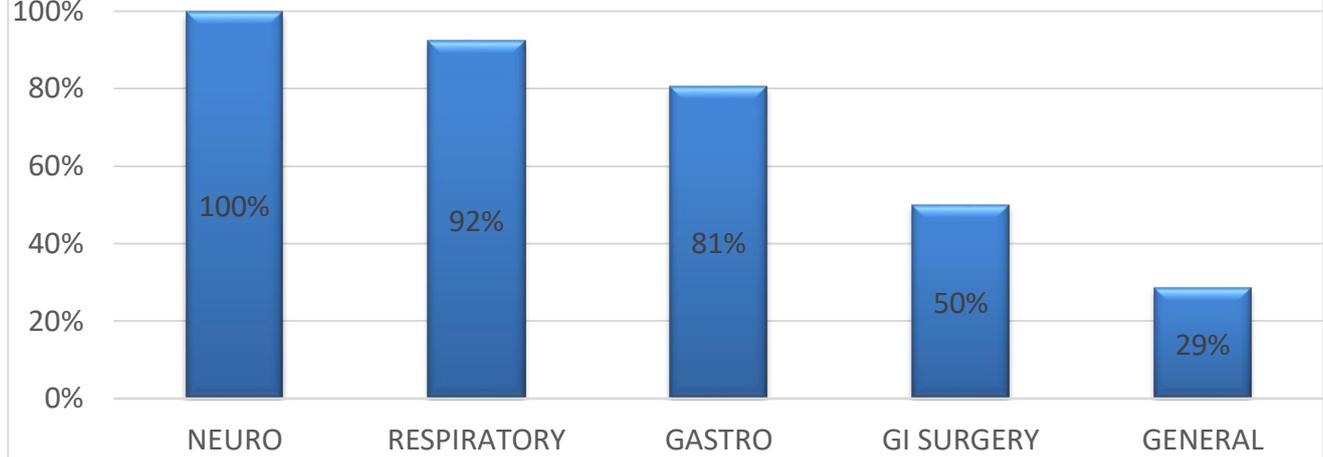
- Overall Compliance Rate of documentation for Invasive Procedures is 50%
- Staff Compliance Rate is better in comparison to Doctor Compliance Rate but still Compliance Rate of both Doctor and Staff is way below than the benchmark of 95% Compliance Rate

Staff Non-Compliance Root Causes



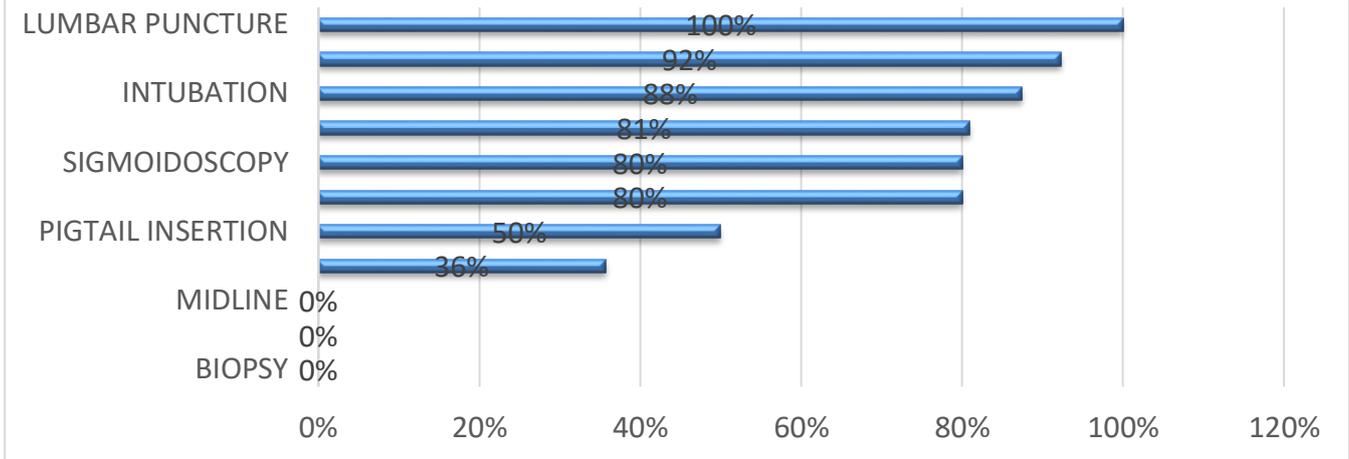
- Approximately in 50% of the cases there is either Missing Time or Date or both within Informed Consent form contributing majorly towards overall Non-Compliance by Staff
- In 14% of the cases, there is Missing relationship of Attendant

Department-wise Staff Compliance Rate



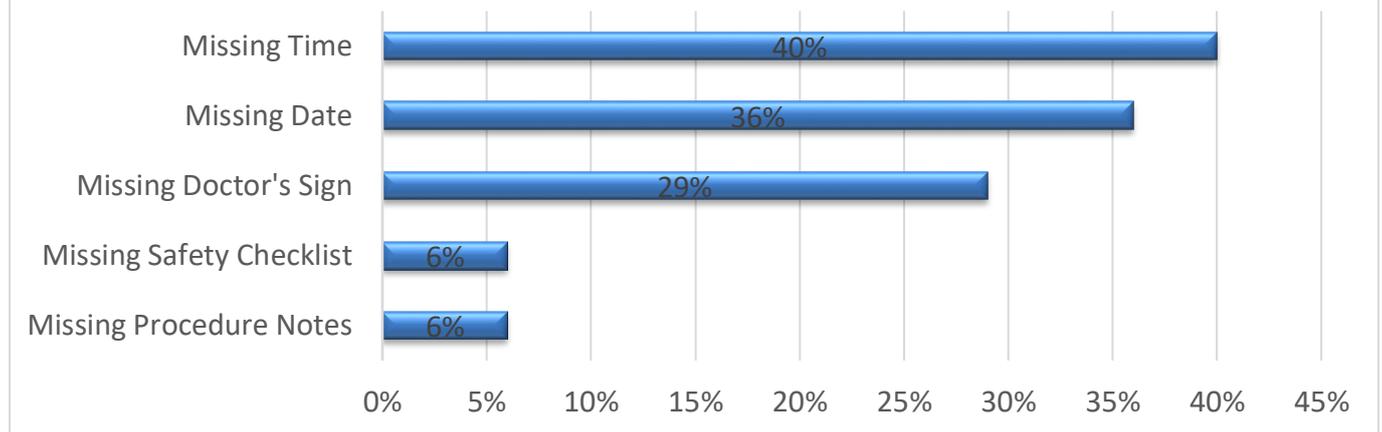
- Staff Compliance Rate is lowest (29%) for all department agnostic procedures such as CVP LINE, INTUBATION, ARTERIAL LINE and MIDLINE
- Staff Compliance Rate is 50% in GI Surgery department

Procedure-wise Staff Compliance Rate



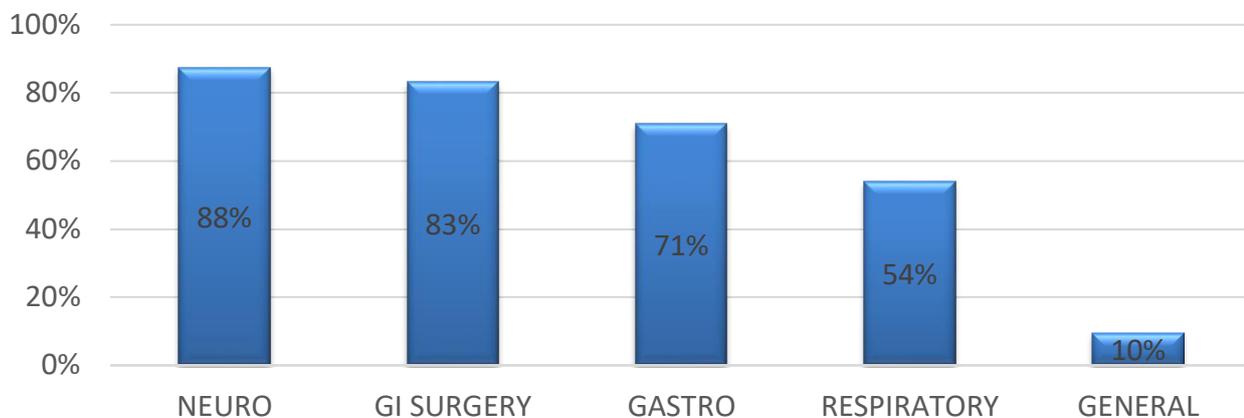
- Staff is not following the compliances within procedures like MIDLINE, CVP LINE, BIOPSY
- Staff Compliance Rate is less than 50% within procedure like PIGTAIL INSERTION AND ARTERIAL LINE

Doctor Non-Compliance Root Causes



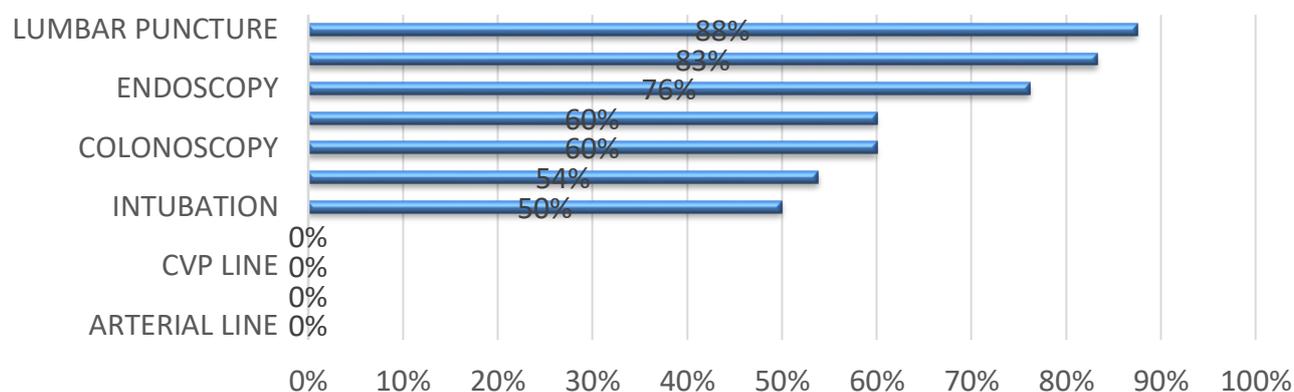
- Major factors contributing to the Non-Compliance by Doctors are Missing Time, Missing Date and Missing Doctor's Sign which collectively contributed to approximately 75% Non-Compliance

Department-wise Doctor Compliance Rate



- Doctor Compliance Rate is lowest (10%) for all department agnostic procedures such as CVP LINE, INTUBATION, ARTERIAL LINE and MIDLINE
- Doctor Compliance Rate is 54% within Respiratory department

Procedure-wise Doctor Compliance Rate



- Doctors are not following the compliances within procedures like MIDLINE, CVP LINE, BIOPSY and ARTERIAL LINE
- Doctors Compliance Rate is less than 60% within procedure like COLONOSCOPY, BRONCHOSCOPY AND INTUBATION

Root Cause Analysis

There are various reasons of not compliant documentation in ICU -

- Time Constraints: Sometimes doctors were very busy that's why they may not dedicate enough time for thorough informed consent discussions
- Emergency Situations: In life-threatening emergencies, there may not be enough time to sign the informed consent. Doctors will prioritize to perform the procedure rather than signing the form
- Communication barrier: Sometimes staff nurses do not explain the proper documentation of informed consent to the attendant
- Lack of understanding: Even after the staff members thoroughly explained the form many attendants are in rush and failed to fill it out properly
- Lack of knowledge: Since many staff nurses in the ICU are new hires, they may not be aware of all the documents that need to be filled out for the process, which might lead to the filling of the procedure notes and checklists on occasion.

Recommendations

- Develop and deliver targeted training programs: Design training specific to the documentation requirements for OOR procedures. This could include workshops, online modules, or In-service sessions
- Focus on clear communication: Train staff on effectively communicating with patients during the informed consent process and ensuring all necessary information is captured in the documentation
- Regularly update staff knowledge: Schedule periodic refresher training sessions to address any changes in protocols or documentation requirements

Annexure

NAME OF THE PATIENT	<patient 1>	<patient 2>
UHID		
DATE OF ADMISSION		
PROCEDURE PERFORMED		
A.) CONSENT FORM		
A.1 SIGN. OF ATTENDANT		
A.1.1 Relation with Patient		
A.1.2 TIMED		
A.1.3 DATED		
A.2 SIGN. OF DOCTOR		
A.2.1 TIMED		
A.2.2 DATED		
B.) PROCEDURE FORM FILLED		
B.1 TIMED		
B.2 DATED		
C) Safety Checklist		

Conclusion

The assessment identified a moderate level of compliance with documentation for invasive procedures outside the operating room. While most procedures are documented, there may be inconsistencies or missing information in some cases.

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