Medical record keeping standards in Hospital

A dissertation submitted in partial fulfillment of the requirements

For the award of

Post Graduate Diploma in Hospital and Health Management

By

Dr. Kirti Bansal



International Institute of Health Management Research

New Delhi-110075

May,2010

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Under the guidance of

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Addl.MS
Sri Action Balaji Medical Institue

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IIHMR, New Delhi



International Institute of Health Management Research

New Delhi-110075

May,2010

Certificate of Internship Completion

Date…

TO WHOM IT MAY CONCERN

This is to certify that Dr.Kirti Bansal has successfully completed her 3 months internship in our organization from **February 1, 2010 to April 30, 2010**. During this internship she has worked on the project titled **'**Medical record keeping standards in hospital' under my guidance and with my team at Shri Action Balaji Medical Institute.

We wish him good luck for her future assignments

(Signature)

_____ (Name)

_____Designation

Certificate of Approval

The following dissertation titled **"Medical record keeping standards in a hospital "** is hereby approved as a certified study in management carried out and presented in a manner satisfactory 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 dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	**Signature**
_____	_____
_____	_____
_____	_____

Certificate from Dissertation Advisory Committee

This is to certify that Dr.Kirti Bansal, a participant of the Post- Graduate Diploma in Health and Hospital Management, has worked under our guidance and supervision.She is submitting this dissertation titled " Medical record keeping standards in a hospital " in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital 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.

Faculty Advisor –Dr. Dharmesh lal	**Organizational Advisor-Dr.Pinky Yadav**
Designation- Professor	**Designation- Addl MS**
IIHMR New Delhi Institute,	**Organization-SriAction Balaji Medical Delhi**

Date- 14th May 2010

ACKNOWLEDGEMENT

On completion of this project as I look back on the experience from its inception, I feel humbled. All along I was assured of the presence of God to who goes all the glory and honor for the successful completion of this project.

I am very grateful and indebted to my guide Dr.Pinky Yadav (Addl.MS ,Sri Action Balaji Medical Institute) who immensely helped and rendered her valuable advice, precious time, knowledge and information regarding the organization.

I also want to express gratitude to Dr.Dharmesh Lal (Professor) of International Institute of Health management and research, for his assistance and guidance which has enlightened me on this topic of Medical record keeping standards in a hospital. It has been a great experience working under his supervision. I am really grateful to him for his untiring efforts in helping me to complete the project.

My sincere thanks to all the participants and staff members in Action Balaji hospital and IIHMR Delhi for their help and cooperation.

Dr.Kirti Bansal

IIHMR, Delhi

Abstract

Medical record keeping standards in hospital

The Medical Records Department is responsible for maintaining medical records in a standardized and professional manner in order to protect patient confidentiality while allowing adequate access to providers in order to promote quality patient care.

Transcription, diagnosis ,coding, and release of information are some of the major duties performed in the Medical Records Department. Also information is gathered and sent to state agencies concerning Traumas, Births, and Deaths.

It is so essential for a hospital to ensure proper up gradation and maintenance of these files at proper intervals.

Medical Records related to different departments and healthcare services should be managed in an effective way.

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PART 1

INTERNSHIP REPORT

INTRODUCTION

Organization profile

Sri Balaji Action Institute is a world class hospital promoted by Lala Munni Lal Mange Ram Charitable Trust of Action Group of Companies. The infrastructure, equipment and technology have been integrated to provide globally compatible health care. The Institute offers medical facilities in all specialities and super -specialities. Its highly qualified doctors, trained nurses and dedicated para-medical staff provide quality health care services round-the-clock.With a strength of 400 beds, all medical services are available under one roof.

- 11 State of art operation theatres with stainless steel cladding on walls and epoxy coating on floors for infection-free environment.
- Hi-tech critical care units of ICU, ICCU, Neonatal ICU with motorized beds.
- Complete Cardiology services including heart surgery, angiography, angioplasty, TMT, Stress echo and a dedicated Heart Command unit for cardiac emergencies.
- Mother and child complex with single room maternity care concept, Gastroenterology services including ERCP, GI Endoscopy, Liver Clinic and Neuro Sciences unit.
- Complete Urology and Nephrology services including Dialysis unit.
- Full backup of Laboratory services and Blood Bank with 24 hours services.
- Advanced imaging and Radio diagnostics including X-ray, Ultrasound, Fluroscopy, Bone Densitometry, Mammography, 64 side CT Scan, MRI.

Registered with the Directorate of Health Services, Delhi Administration vide Certificate No.668 dated 01.09.2009, the Institute is approved under the Income Tax Act u/a 172(2)(ii)(b) for exemption of medical benefits for perquisites values in respect of medical treatment. The Institute is on panel of a number of Government of India and other Public Sector Undertakings and the medical expenses incurred are reimbursable by the organisations.

Mission

Sri Balaji Action Balaji Institute has been established with a mission to provide world-class 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.

Vision

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

Quality policy

The Institute is committed to improve the health and satisfaction level of the patients by ensuring continual improvement by –

- Providing high quality care according to the health needs of the patients
- Facilitating patient satisfaction by 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 of staff.

HISTORY

In 1980 Lal Muni Lal Mange Ram Charitable Trust started a small 25 bed hospital at their native place at Hisar, Haryana and now it has taken the shape of modern 80 bedded multi- speciality hospital and thereafter an OPD clinic at Shazada Bagh in West Delhi. The major thrust in healthcare services came in 2005 with the opening of Sri Balaji Action Medical Institute at Paschim Vihar, New Delhi. It was inaugurated on 10th April, 2005 by former hon'ble Vice President of India, Shri Bhairon Singh Shekawat.

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

healthcare 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

LOCATION

FC-34, A-4,Paschim Vihar

New Delhi -110063

Tel.: 011-42888888

Fax.: 011-25270725

Website : www.actionhospital.com

AWARDS

Sri Balaji Action Medical Institute is a multi-super speciality an ISO 9001:2000 certified hospital with NABL accredited laboratory. The benchmark of hospital quality NABH accreditation is in progress.

SPECIALITIES AND SUPER SPECIALITIES

The Institute has over 35 medical specialities and over 10 special clinics. It has admitted more than 60,000 inpatients while 6 lacs have availed OPD facilities and 20,000 patients have undergone successful surgery procedures.

LIST OF SPECIALITIES AND SUPER SPECIALITIES

Anaesthesiology	Neurosurgery	Cardiothoracic Vascular Surgery
Densitry	Opthalmology	Ear, Nose and Throat
Endocrinology	Plastic Surgery	Gastroentrology Surgery
Neurology	Rheumatology	Paediatric Medicine
Podiatry	Orthopedics	Paediatric Cardiology
Rehabilitation	Psychiatry	Respiratory Medicine
Urology	Gasrtrentrology	Obstetrics and Gynaecology
Cardiology	General Surgery	Occupational Therapy
Dermatology	Pediatric Surgery	Internal/General Medicine
Neprology	Clinical Psychology	
Oncology	Gynae Oncology	

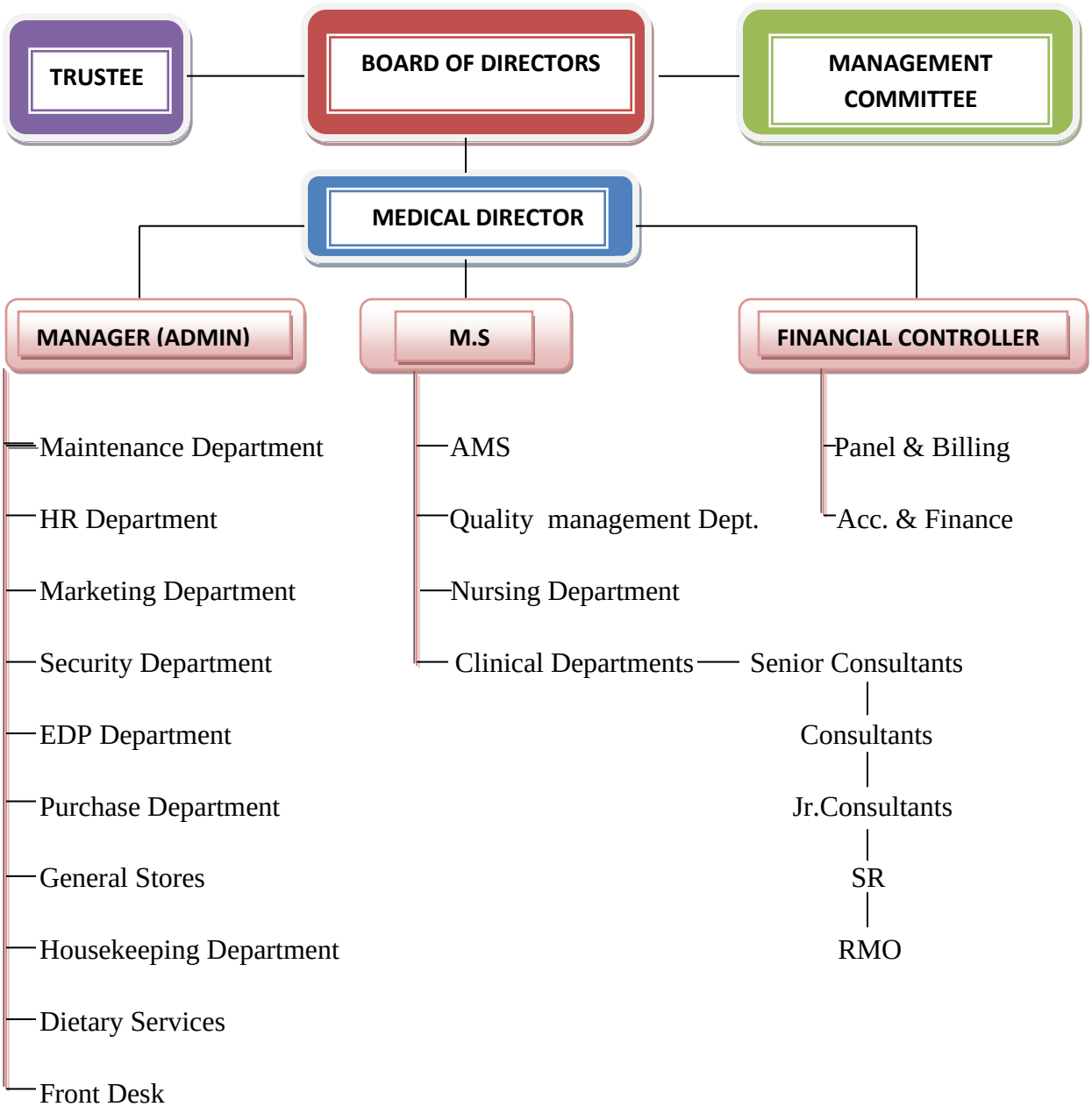
SPECIALITY CLINICS

Liver Clinic	**Spine Clinic**
Knee Clinic	**Interventional Radiology**
Pancrato-Biliary Clinic	**Endocrine Surgery**
Breath Easy Clinic (Asthma)	**Diabetic Foot Care**
Teenage/Obesity/Short Stature Clinic	**Pain Clinic**
Child Development Clinic	**Strokes Clinic**
Arthritis & Sports injury Clinic	**Lactation Clinic**
Vitreo-Retina Clinic	

BOARD OF MEMBERS

Lala Mange Ram Agarwal	:	Chairman
Shri Nand Kishore Agarwal	:	Vice Chairman
Shri Raj Kumar Gupta	:	President
Shri R. C. Chharia	:	General Secretary
Shri Laxmi Naraian Goel	:	Board Member
Shri Subhash Chander Agarwal	:	Board Member
Shri B.P. Jain	:	Board Member
Shri Naresh Kumar Agarwal	:	Board Member
Dr. Y.P. Bhatia	:	Board Member
Shri Hari Krishan Agarwal	:	Board Member
Shri O. P. Gupta	:	Board Member
Shri Anil Kumar Agarwal	:	Board Member
Dr. Deepika Singhal	:	Member of Management
Mrs. Shallu Agarwal	:	Member of Management
Mr. Raj Kumar Gupta (Bauji)	:	Member of Management

ORGANOGRAM


TRUSTEE
BOARD OF DIRECTORS
MANAGEMENT COMMITTEE
MEDICAL DIRECTOR
MANAGER (ADMIN)
M.S
FINANCIAL CONTROLLER
Maintenance Department
HR Department
Marketing Department
Security Department
EDP Department
Purchase Department
General Stores
Housekeeping Department
Dietary Services
Front Desk
AMS
Quality management Dept.
Nursing Department
Clinical Departments
Senior Consultants
Consultants
Jr.Consultants
SR
RMO
Panel & Billing
Acc. & Finance

DEPARTMENTS

GROUND FLOOR

OPD

General OPD in all major specialties and super specialties is conducted by the institute. OPD cards are deposited in the respective OPD.

General OPD: timings for specialties are daily from 9am 11am. OPD cards are made from 8:30am to 10:30am. Timings for super specialties are daily from 12:00noon to 1pm. OPD cards are made from 11:30 am to 12:30pm. General OPD registration charges are Rs 5/- and consultation is Rs 10/- per visit. All investigations are billed by the OPD counter in the main lobby and the payment taken there itself.

Panel OPD: (Registration)

Specialty: 10:45am – 11:15am

Super specialty: 12:45pm – 1:15pm

Private OPD: schedule of timing for private OPD can be collected from the reception.

Timing: 9am – 7pm

Location: ground floor

EMERGENCY

Location : at ground floor in north wing. Services are provided 24x7hrs

A team of experts from all the disciplines are available round the clock, with attached emergency OT and critical observation ward. Cardiac ambulance and normal ambulance is available round the clock for the pick up and drop facility of the patients and transfer to other centers.

Staffing:

- Morning: 2 CMOs
- Evening: 2 CMOs
- Night: 2 CMOs

Nursing staff-

- Morning: 6 nursing staff
- Evening: 6 nursing staff
- Night: 4 nursing staff

SAMPLE COLLECTION ROOM

Location : ground floor north wing. Lab facilities are located centrally, and has high tech investigation equipment for accurate and reliable result with patient friendly sample collection system. Services are offered 24x7 hrs

PLASTER ROOM

Location: north wing ground floor. Services are offered 24x7 hrs.

1 technician in each shift and 1 orthopaedic surgeon 24 x 7 hr

MINOR OT

Located : at north wing ground floor, services are offered 24x7hrs.

Staffing: 1 male nurse + 1 female nurse – 9am – 5pm

(evening and night coverage is given by emergency nursing staff)

MANAGEMENT ROOM

Located at west wing ground floor, timings are 9am – 6pm

ECHO/TMT

Located at ground floor west wing, Echo and TMT services are offered from 9am – 5:30pm and have 1 technician, 1 staff nurse and 1 cardiologist

HEALTH CHECK-UP

Located in west wing ground floor, various packages offered are:

- ✓ Action preventive health check up
- ✓ Action executive health check up
- ✓ Action heart health check up
- ✓ Action comprehensive health check up
- ✓ Action well women check up
- ✓ Action child health check up
- ✓ Action general health check up
- ✓ Action comprehensive cardiac health check up

NEURO ICU

Located at west wing ground floor. Services are offered 24 x 7 hrs. It has 1 doctor and 8 nursing staff in every shift, back up provided by anesthetist. **Capacity**- 12 beds.

EEG/ PFT

Located at west wing ground floor. Services are offered 9am- 5pm with 1 technician and 1 staff nurse and team of doctors.

GASTRO DEPARTMENT

Located in west wing ground floor. Services are offered 9am-5pm with 1 technician and gastroenterologist.

FRONT DESK

Located at south wing ground floor, in the main lobby of ground floor . Enquiries regarding patient, status etc can be made here on phone and in person. Round the clock admission facility is available through emergency and OPD.

Staffing: morning: 3 staff for reception and 2 staff for call center

Evening; 2 staff for reception and 2 staff for call center

Night; 1 staff for reception and 1 staff for call center

BILLING

Located at south wing ground floor. Services are offered 24 x 7 hrs.

Staffing: morning: 6 billing executives

Evening: 4 billing executives

Night: 1 billing executive

AMS ROOM

Located at south wing ground floor. Services are offered 24x 7 hrs, any body can approach AMS if he/she is facing any problem in the hospital.

PANEL DESK

Located at south wing ground floor. Services are offered 9am-5:30pm.

Staffing: 1 panel incharge + 1 asstt. Panel incharge + 4 panel executives

RADIOLOGY

Located at south wing ground floor. Services are offerd 24 x 7 hrs.

Staffing; morning; 5 technician

Evening: 2 technician

Night: 2 technician

Radiologist present 24x 7 hrs

OPD PHARMACY

Located at south wing ground floor. Services are offered 9am-7pm. With 1 pharmacist.

HELPLINE

Located at south wing ground floor. Services are offered 9am-5:30pm. It has 1 PRO to help people out and to take their suggestions and their grievances.

FIRST FLOOR

North Wing

- It has 10 private beds and 10 semi-private beds.
- There is centrally located Nursing Station and Pantry

South Wing

- It has 48 economy beds.
- HDU unit

West Wing

1. Dialysis Unit

It is a well equipped unit with 16 beds and 16 dialysis machines with patient input of 50-60 patients per day.

Staffing

Technical Staff- 2 Senior technician, 3 Junior technician

Nursing staff-(8 Junior sisters & 1 sister Incharge)

The staff works in 3 shifts

- 7:30am to11:30am
- 12:00 noon to 4:30pm
- 5:00pm to 9:30pm

All Patients are received according to their appointments (twice a week or thrice a week) SBAMI also has 4 beds reserved for BPL patients.

2. Mother and child complex

It takes care of the new borns, pre-term and critically sick babies with well equipped NICU, nurseries (Observation nursery, Infected patients nursery), nutrition clinic, immunization clinic, and well baby clinic.

It is equipped with:

a. electronic labor table latest monitors,
b. cardiotocograph for external fetal monitoring,
c. Hi-tech Neo-natal resuscitation unit beside facilities of Servo control warmers,
d. latest generation ventilators,
e. transport incubators,
f. multi-para monitoring,
g. double surface photo therapy

For the first time in Delhi the complex offers facility of latest international concept of natural child birth in a **single room maternity care (SRMC)** with special birthing bed. Mother and Child Complex has 12 beds (SRMC-2 beds, Private-2 beds ,Semi Private-2 beds,Economy-6beds)

STAFFING

HOD-Dr.Ruby Sehra

Sister Incharge - Sister Solly

Senior Residents -4 working in 3 shifts

Sisters - 9 working in 3 shifts

3. Heart Command-1

Staffing - 22 sisters on shift duties with 1 Sister Incharge in morning hours. The cardiac center provides immediate intensive care to the critical patients. It is equipped with sophisticated investigative facilities and crucial decisions involving Intra-Aortic Balloon Pump, Ventilator, Pacing, Angioplasty or Bypass are taken without delay. The intensive care units provide constant monitoring and critical care to the post operative patients.

SECOND FLOOR

North Wing

- It has 10 private beds ,6 semi-private beds,3 economy and Day care beds.
- There is centrally located Nursing Station and Pantry

South Wing

- It has 12 economy beds, 9 beds in general ward,15 beds for EWS patients, and 6 bedded HDU.
- There is centrally located Nursing Station and Pantry
- It also has a Bronchoscopy room.

West Wing

1. OT Complex

- At SBAMI has **11 state of the art Operation Theatres (O.T.)** . These OT'S are designed as per international standards with central supply and laminar airflow , stainless steel cladding on walls and epoxy coating on the floor for electro static and infection free environment and is equipped with specialized electrically operated tables, operating lights and anesthesia machines.
- Washable anti static and conductive flooring resistant to mechanical stress and dynamic loads
- Each theatre with 4 air exhausts outlets one at each corner near floor is provided with HEPA filters and a central plain air covered with hand woven perforated polyester sheet. All combined together give the air flow a laminar pattern with 20 air changes per hour of fresh air to minimize the surgical site infections (SSI)
- The ceiling mounted laminar flow friendly Operating Lights emitting white and shadow less light.
- All theatres are provided with continuous central supply for Oxygen, Nitrous Oxide, high and low pressure air at required flow and pressures. 6 theatres are fitted with extra ceiling
- mounted endoscopic pendants with central supply of Carbon Dioxide for Laparoscopic surgeries
- Regular electricity supply through UPS is ensured in the theatres

ICU

Intensive Care Unit is an integeral part of the hospital for the management of critically ill patients.

Location: intensive care unit is located on the 2rd floor of the hospital. It is a 13-bedded each divided into 2 Sub-units - Medical ICU and Surgical ICU. The unit handles more than 1200 admissions annually.

Staffing:

- A dedicated team of a ICU in-charge (Medical officer) , 7 residents (on rotation basis),
- 1 Intensivist each and 35 nurses on rotation basis and 1 sister incharge in each ICU.
- Anaesthesiologists and Physicians present in the ICU with attending Cardiologist, Chest physician and Nephrologist provide multidisciplinary care to the patients.

THIRD FLOOR

North Wing

- It has 10 private beds and 10 semi-private rooms.
- There is centrally located Nursing Station and Pantry
- Patients after their condition is stable in CTVS-Recovery are shifted to semi-private rooms

South Wing

- It is not operational at present
- There is a CTVS-dressing room

West Wing

1. **Cath Lab**
    - The procedures done in Cath Lab are : Angiography,Angioplasty,Temporary Pacemaker Implatation (TPI),Pulmonary Pacemaker Implatation (PPI) and IABP
    - Staffing: HOD – Dr.Amar Singhal

      Morning : 7:00 a.m - 3:00 p.m (3 nursing staff)

Evening : 3:00 p.m - 11:00 p.m (2 nursing staff)

- Reception staff – Prepares reports of the patients who have undergone Angiography/Angioplasty. Also, prepares discharge summary of the patients admitted to Heart Command-1 and 3.

2. **Cath Recovery :** It is divided into Pre-Angio ward (3 beds) and Post- Angio ward (2 beds).The patients before and after Angiography/Angioplasty are kept here for observation and medication.

   Staffing: 1 Sister Incharge for Cath Lab and Cath Recovery

   Morning : 8:00 a.m - 4:30 p.m (3 nursing staff)

   Evening : 1:00 p.m - 9:00 p.m (2 nursing staff)

3. **Heart Command-3** - It is the cardiac ICU having 15 beds. The There is a centrally located Nursing Station headed by Sister Incharge .It provides 24x7 hours services and is well equipped to provide high quality care to critically ill patients. Visiting hours are 10:00 a.m. to 11:00 a.m.

   Staffing : Morning : 8:00 a.m – 2:00 p.m (7 nursing staff + 1 Sister Incharge)

   Evening : 2:00 p.m - 8:00 p.m (8 nursing staff)

   Night : 8:00 p.m - 8:00 a.m (8 nursing staff)

4. **CTVS-OT**

Coronary Bypass Grafting (CABG) and surgery for Heart Valve problems, both these conditions are very common in India and they are treated very successfully by a highly skilled surgical team of CTVS-OT. **Operating room** is spacious, easy to clean, and well equipped. Electricity support has backup systems in case of a black-out for Stable & uninterrupted supply of power.

5. **CTVS-Recovery**

After surgery, patients are admitted to CTVS-Recovery for post-operative care .The Nurse to patients ratio: 2:1. Visiting hours for attendants are 11:00 a.m. to 11.15 a.m. and 6.00 p.m. to 6.15 p.m.

FOURTH FLOOR

North Wing

- It has 11 deluxe rooms, 2 suite rooms and 1 super deluxe suite
- Nursing Station and Pantry are centrally located.
- Joint replacement unit is also there, where patients after joint surgery are admitted.

South wing

- It has 20 semi-private beds.
- It has Administration Block , HR department , Marketing department and Meeting room

Job Responsilbilities and reflective learning

I am appointed as Assistant Medical Superintendent in Shri Balaji Action Medical Institute.

My job responsibility is to :

- Admit BPL patients in hospital according to the status of EWS category.
- To facilitate Doctors, Nurses, Health care providers in smooth working of the hospital.
- To be there on the spot if any codes announced in hospital e.g. Code Blue, pink, red, black, violet.

PART – II

DISSERTATION REPORT

CHAPTER 1

Introduction.

Medical records is defined simply as a systematic documentation of a patient's personal and social data, history of his or her ailment, clinical findings,investigations,diagnoses,treatment given and an account of follow-up and final outcome. A medical record is a systematic documentation of a patient's individual medical history and care.

The term 'Medical record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents which are stored with utmost care .The information contained in the medical record allows health care providers to provide continuity of care to individual patients. The medical record also serves as a basis for planning patient care, documenting communication between the health care provider and any other health professional contributing to the patient's care, assisting in protecting the legal interest of the patient and the health care providers responsible for the patient's care, and documenting the care and services provided to the patient. In addition, the medical record may serve as a document to educate medical students/resident physicians, to provide data for internal hospital auditing and quality assurance, and to provide data for medical research. The Medical Record can be used:

1) **For patients**
   - Helps in legal matters
   - For getting insurance claims
   - Maintaining continuity of care.
   - For retrieving family history & personal history of patient.
   - Patient information can be extracted eg. A medical certificate of his stay, diagnosis.

2) **For Doctors**
   - Practice of scientific medicine based on recorded facts.
   - As a means of communication for medical team.

- Evaluation of his own capabilities and short comings.
- Continuity of medical care.
- Doctors may not remember details of previous hospitalization, he or she may ascertain by referring to record of the hospital.

3) **For hospital**

- General hospital statistics
- Teaching and research
- Planning of services
- Improving quality of care
- Safeguard in TORTsuits(6)

Process of Medical Record Keeping:

1) Medical record maintenance process

Step 1) – Files are **brought** by ward boys in MRD after the death or discharge of patient.

-files are put in files receiving rack.

- each set of files accompanied by a ward register, indicating to which ward they belong.

Usual timing of this step is after 2 pm onwards.

Step2) Collection or receiving of files

- Files are picked up from the racks and are checked for any deficiency.
- If they are complete then they are received by putting receiving signatures in the ward register with date.
- If incomplete file in any send then a slip is put on the front cover and incomplete part is indicated on it and sent back with the register, to be completed by respective ward.
- **DISCREPENCY REGISTER** maintained for the incomplete files sent back to respective wards. Also reported to the higher authority.

Step 3) assembling of files

In this step all the documents attached are arranged in a prescribed manner by cross checking with a check list, which arranges the documents in such a way that a chronological sequence is created.

Step 4) coding

Each file is given a ICD-10 coding so that it can describe the type of disease the patient suffered from.

Step 5) entries into the computer excel sheet software program.

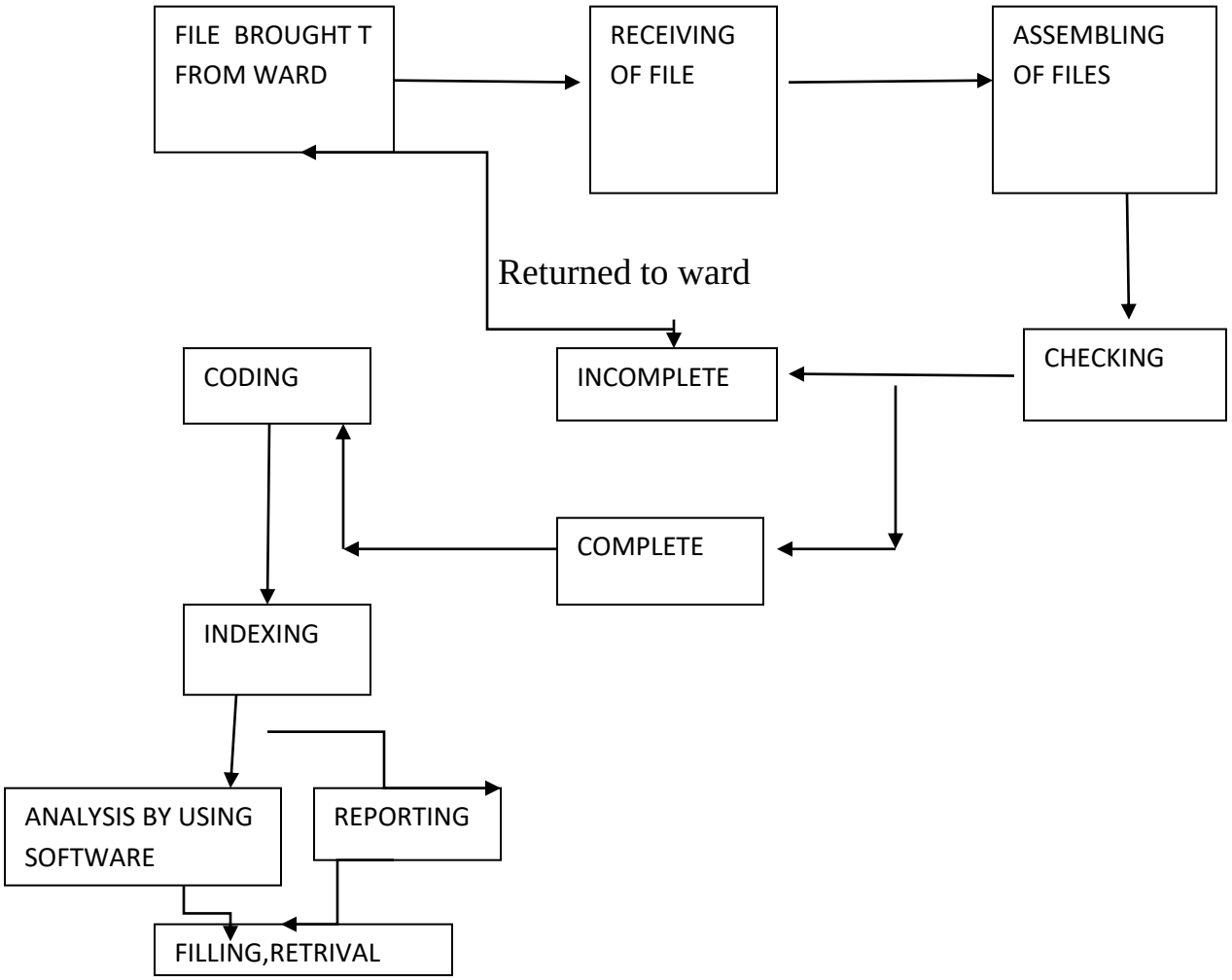
Now all the entries are put in the computer software program like what are the documents, time of receiving file, reports of blood and radiology, MLC reports etc.

Step 6) indexing

In this step coding are entered into the computer software and an index of patients of particular disease is created by using ICD-10 Codings.

Step7) filing

Here the files are arranged in the racks by using serial method.
Each rack can have 80 files. Slip is pasted on the rack to indicate IP number for easy access to files.



FLOW DIAGRAM OF WORKING OF MRD

2) Retrieval process

Whenever patient or his relative comes to see information about his treatment with IPno.

Firstly the details are checked in the computer and information is given.

- If the patient demand the documents then

File is retrieved from the rack, now three conditions arise

1) **If it is a cash file** , then all the original reports are given on request and deposit of prescribed fee. But the photocopies are kept . signature and receiving information is taken on the file.
2) **If it is a credit file**, the only photocopies are provided and originals are kept until the payments are received.
3) If **it is a MLC case file**, no original documents given, only photocopies of reports provided on written request application forwarded by higher authority. In case of claims processing only reports can be given on special request but films of reports are kept in originals.

- **Tracer cards** are put at the place of file to indicate the file is out of MRD and entry is made in **loan register** also. (7)

The medical record department takes care of summons to hospital authority. It takes out the needed documents and make call to the concerned person reminding of the date and time of hearing of court.

Present documents in the court themselves if needed and questions are answered also by staff .

Vital statistics

MRD deptt. Medical record officer make entries of all the births and deaths into the MCD site and take out the reference slip, which to be collected by the related person to get the birth and death certificate from MCD.

Infectious disease notification

All the infectious diseases are notified to the govt. health site monthly or half monthly basis.

Census

Every day in the morning the census is prepared by the medical record officer, of last day.

Census describes the total dynamics, which happened last day, like Admissions, discharge, deaths, births, bed occupied, bed occupancy rate, credit patients ,cash patients, new cases, repeat cases, GOPD, POPD, PENAL OPD, EWS. Census copies sent to concerned authorities.

Stamps or attestation work:- putting the stamps for various doctors on the documents brought by patient or attendants.
MLC files are kept in the locked almirah.

Medical Record Keeping Standards

A medical record documents a Member's medical treatment, past and current health status, and treatment plans for future health care and is an integral component in the delivery of quality health care.

We should regularly assess compliance with these standards and monitor the processes and procedures physicians' offices use to facilitate the delivery of continuous and coordinated medical care. We should have established a performance goal of 90 percent compliance with our medical record standards. The standards are as follows:

Medical Record Content

1. A current medication list.
2. Medication allergies and adverse reactions .
3. Past medical history (for patients seen three or more times) is easily identified and includes serious accidents, operations, and illnesses. For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations, and childhood illnesses.
4. presenting complaints.
5. Working diagnoses .
6. Treatment plans .
7. Clinical evaluation and findings are documented for each visit.
8. An immunization record for children is up to date or an appropriate history is made in the medical record for adults.

HOW MEDICAL RECORDS SHOULD BE MAINTAINED?

Medical Records related to different departments and healthcare services should be managed in an effective way.

1. **Well Planned:** This first consideration that one finds significant in the very context is related to planning which focuses one's attention on knowing about the records of different departments and making arrangements accordingly.
2. **Comprehensive:** Another quality is related to comprehensiveness which makes it essential that the management of records should speak everything in itself. The task of locating the required records should not be difficult. While managing records, one need to make suitable arrangements for records' scientific indexing and if computers are available, files are to be developed according to the requirements.

3. **Accuracy:** In the context of records management, one need to ensure that whatever the facts and figures, information made available is accurate and authentic. The accuracy and authenticity of medical records is required because it influences a number of policies and plans.

4. **Time Management:** Even in the context of records management, one needs to assign due significance to time management. It is quite natural that different persons, departments, agencies, organizations come to the records department for collecting the information and if they find it a time-consuming process, it would question the professional excellence of the organization.

5. **Well-classified:** For making records management ideal, effective and purposeful, it is pertinent that they are classified according to their utility.

Since it is inevitable that there are space constraints, thus it is essential that on the basis of the classification, necessary arrangements for their indexing, cataloguing and protection are made.

6. Economic: All the activities in the hospitals or healthcare organizations are required to be made cost-effective. It is in this context that one should focus on economy in the process of managing the hospital records. The motive is to protect them and locate them conveniently. It is essential that the Medical Record Officer has an in depth idea of their usefulness.

7. Technology-driven: In an age of information technology, the records management also needs to be well supported by computers. This would minimize the functional responsibilities related to documentation because computers would make possible proper storing. The process of making the management of records technology-driven would also be cost-effective, both in short term and long term. (5)

ELECTRONIC MEDICAL RECORD (EMR)/

A relatively and newer related concept to medical record is in health informatics, an Electronic Medical Record (EMR) or Electronic Health Record (EHR).

An **Electronic Medical Record** (EMR) is a medical record in digital format. In health informatics and most contexts, EMR and EHR (electronic health records) are used synonymously, but many people define an EMR as just the physician interface and EHR including both a physician and patient interface. EMR can be continuouslyupdated.(3)

An **Electronic Medical Record** includes:

- Patient demographics.
- Medical history, examination and progress reports of health and illnesses.
- Medicine and allergy lists, and immunization status.
- Laboratory test results.
- Radiology images (X-rays, CTs, MRIs, etc.)
- Photographs, from endoscopy or laparoscopy or clinical photographs.
- Medication information, including side-effects and interactions.
- Evidence-based recommendations for specific medical conditions
- A record of appointments and other reminders.
- Billing records.

ISSUES

As of 2006, adoption of EMRs and other health information technology, such as Computer Physician Order Entry (CPOE), has been minimal in the United States. Less than 10% of American hospitals have implemented health information technology, while a mere 16% of primary care physicians use EHRs. The vast

majority of healthcare transactions in the United States still take place on paper, a system that has remained unchanged since the 1950s.

PROBLEMS

- The selection, implementation and usage of an EHR system is expensive, time-consuming and burdensome

- Physicians find available health IT software frustrating due to its poor usability.

Rationale of the study

The healthcare industry is going through “basic demographic trends," particularly the increased education of more people, higher income levels, more time spent working, and the aging of the work force .Consumers are more knowledgeable, discerning, and demanding. Thus the industry needs to adapt to such changes and be prepared with information that a patient may like to seek later or required anywhere in court of law.

The healthcare organizations are service organization and treatment details of patients must be accessible and well maintained to enhance the quality of care that these hospitals provide.

This study analyses the medical record department in Balaji hospital and its working as per required regulations.

This will enable the hospital authorities to identify discrepancies and take corrective measures to ensure smooth working of this department.

Problem Formulation

This study is focused to deliver tangible inputs to the growth of healthcare infrastructure in India. It aims to provide valuable inputs to stakeholders in like patients ,hospitals and government.

GENERAL OBJECTIVE

To study the standards of medical record department in Shri Balaji Action Medical Institute, Delhi.

SPECIFIC OBJECTIVES

1. To study in the case files for their completion.
2. To perform the standards analysis
3. To study the storage system of MRD.
4. To suggest suitable measures for improvement of MRD Shri Balaji Action Medical Institute, Delhi.

Review Of Literature

This chapter reviews literature relevant to this study. The literature encompasses both theoretical and empirical works that bear on this study and the variables measured. An extensive literature search revealed no previous research utilizing the study's combination of variables.

In the 1960s, a physician named Lawrence L. Weed first described the concept of computerized or electronic medical records. Weed described a system to automate and reorganize patient medical records to enhance their utilization and thereby lead to improved patient care. (1.)

Weed's work formed the basis of the PROMIS project at the University of Vermont, a collaborative effort between physicians and information technology experts started in 1967 to develop an automated electronic medical record system. The project's objectives were to develop a system that would provide timely and sequential patient data to the physician, and enable the rapid collection of data for epidemiological studies, medical audits and business audits. The group's efforts led to the development of the problem-oriented medical record, or POMR. Also, in the 1960s, the Mayo Clinic began developing electronic medical record systems.

In 1970, the POMR was used in a medical ward of the Medical Center Hospital of Vermont for the first time. At this time, touch screen technology had been incorporated into data entry procedures. Over the next few years, drug information elements were added to the core program, allowing physicians to check for drug actions, dosages, side effects, allergies and interactions. At the same time, diagnostic and treatment plans for over 600 common medical problems were devised.(4.)

During the 1970s and 1980s, several electronic medical record systems were developed and further refined by various academic and research institutions. The Technicon system was hospital-based, and Harvard's COSTAR system had records for ambulatory care. The HELP system and Duke's 'The Medical Record' are examples of early in-patient care systems. Indiana's Regen strief record was one of the earliest combined in-patient and outpatient systems.(2)

With advancements in computer and diagnostic applications during the 1990s, electronic medical record systems became increasingly complex and more widely used by practices. In the 21st century, more and more practices are implementing electronic medical records.(3)

CHAPTER 2

Research Methodology

SAMPLING METHOD: Simple random sampling technique was used to get desired sample size.

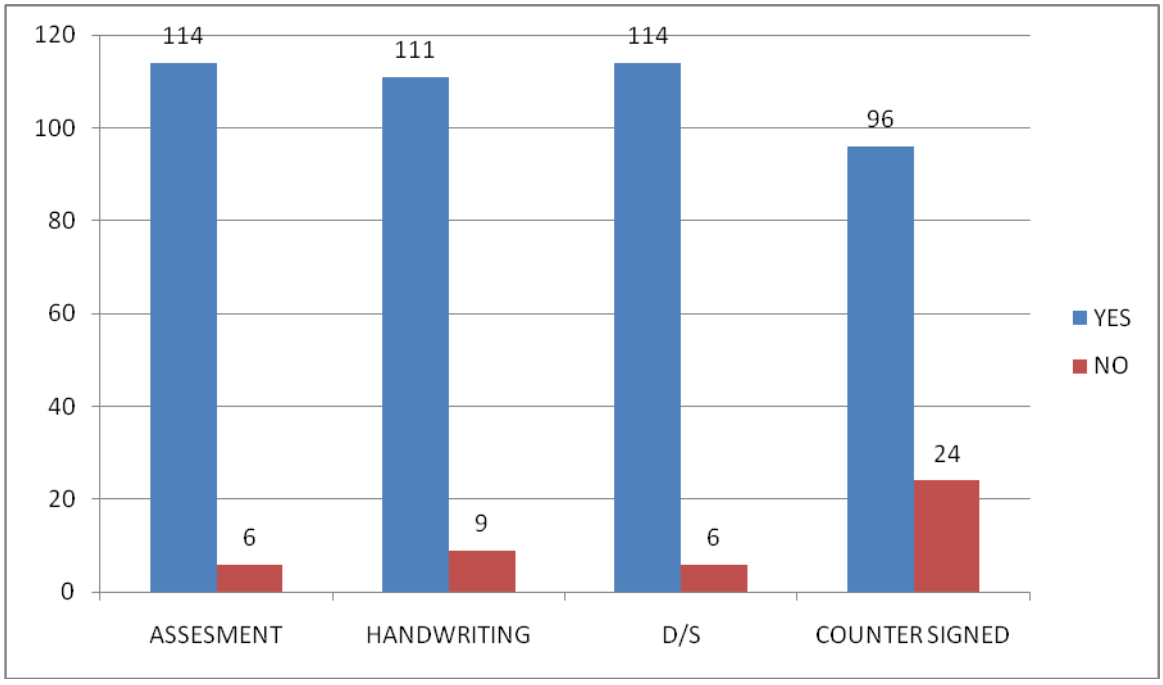
SAMPLE SIZE: 120 FILES WERE STUDIED AND ASSESED TO CHECK THE MRD STANDARDS.

TOOLS AND TECHNIQUES: EXPLORATIVE STUDY OF 4 VARIABLES SLECTED TO BE CHECKED IN THE FILES

CHAPTER 3

Results and findings

Data Analysis.



VARIABLES	YES	NO
ASSESMSENT	114	06
HANDWRITING	111	09
D/S	114	06
COUNTER SIGNED	96	24

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Conclusions:

MRD of SHRI BALAJI ACTION MEDICAL INSTITUTE is working smoothly and in a systematic manner. Medical records are stored in such a way that they can be retained whenever needed. MRD is utilizing all tools and techniques which are required to update and maintain medical records effectively.

RECOMMENDATIONS

STUDY AND OTHER PROPOSES

On an average 25-50 and some times more that that are issued for different studies, research and other proposes from MRD which are kept by RMOs/Consultant for the thesis / project (As the Institute is conducting DNB courses in all specialty. Some times it is seen that consultant keeps files in their chamber and locks in the night. To avoid the delay, such files must be returned on same day

CLINICAL TRIALS / RESEARCH

More than 200 patients are either in clinical trials or have completed the trials and the files of such patient are kept in clinical trial room under the supervision of the clinical head as per protocol. Sometimes it becomes cause of delay if patient comes in OPD.

This is temporary problem and can be solved as scanning of files has been started. Printout of scanned copy can be for Research purpose.

ADMISSION FILES

On an average 20-30 patients wait for admission and all files of these patients are kept in admission room as the patient can get admission at anytime. Files are retained in admission and in case patient comes in OPD, there may be some delay for delivery of files as initially files are searched in MRD .So, a proper record should be maintained in HIMS.

MOVEMENT OF FILE

If patient comes in OPD and file is in other department, there may be delay in delivery of file. For that OPD maintains Movement Register. But the process of searching for the files can be made faster if all data is made available in software and this will also reduce misplacement of files.

VENTILATION

Proper ventilation should be there as the department is situated in basement of building.

IPD FILES

Files of discharged patients returned from IPD are not properly arranged. So, files should be properly checked in IPD before handing to MRD.

SUPPORT

There is not very much support from EDP. In case any problem comes, like incomplete files complaint is attended but corrective action is taken too late after intervention of higher authorities. Doctor find it excess burden to complete files.

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