

DR. BABA SAHEB AMBEDKAR HOSPITAL  
(GOVT. OF NCT OF DELHI)  
SECTOR VI, ROHINI, DELHI—85

F. No.16 (20)/2019/Misc correspondence/BSAH/Part File 1

Dated:

29/0  
CIRCULAR

14/02/2020

In order to improve the quality of healthcare services at the hospital, it is imperative that we conduct Mortality Review and Medical Record Audits at defined interval on regular basis, based on standard parameters (defined by NQAS) - Copy Annexed.

The Review Committees for the aforesaid purpose have been constituted. The terms of reference of both the committees have been attached for perusal and necessary compliance.

This issues with prior approval of MD.

*Jawal*  
13/02/2020  
Dr Ashok Jaiswal

Add. Medical Superintendent (I)

F. No.16 (20)/2019/Misc correspondence/BSAH/Part File 1

Dated:

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14/02/2020

1. PS to MD for information
2. AMS(A)/ AMS(I)/AMS(M)
3. MS (A&E)/ MS (Surg & Allied)
4. Quality Incharge
5. Chairman, Member Secretary & Members for both Committees
6. All Clinical HODs
7. MRD Incharge
8. Nodal Officer NQAS
9. DNS/ ANS & All Senior Nursing Officers
10. Suptd. Hospital Manager (Indoor)
11. Notice Board Display
12. Asstt. programmer to upload on hospital website
13. Guard File

*Jawal*  
13/02/2020  
Dr Ashok Jaiswal  
Add. Medical Superintendent(I)





## Dr.BABA SAHEB AMBEDKAR MEDICAL COLLEGE AND HOSPITAL

### MEDICAL AUDIT REVIEW COMMITTEE

**Purpose:** Medical Audit Review Committee at Dr BSA hospital is a quality improvement committee that seeks to improve patient care through systematic review of the medical records and ensuring that the medical records of patients are complete, accurate and clinically pertinent. The Committee recommends corrective and preventive action to bring upon improvement in the patient care documentation and monitors the results.

**Scope:** All the discharged patient's case files with minimum two days length of stay at Dr BSA Hospital.

#### **Functions:**

- To review the case sheets of discharged patients in the hospital on monthly basis.
- To ensure that ten case sheets are audited every month (i.e. two from each department namely Medicine, Surgery, Orthopaedics, Paediatrics, Obs & Gynae) by the Quality Champion Doctor in the Medical Audit Review Committee Meeting.
- To recommend actions based on the documentation review.
- To ensure that corrective and preventive action is taken as deemed necessary.
- To ensure that all the serious concerns pertaining to the patient care documentation are notified to the Medical Director by the Committee Members.

#### **Members:**

1. Chair Person: Dr Ashok Jaiswal (AMS- Indoor)
2. Member Secretary: Dr Rajender Kumar (Anaesthesia)
3. Members:

MRD Incharge (Dr Meenakshi Sirdhar)/Concerned MRO

Quality Champion- Medicine (Dr Harender Kumar/Dr Amit Johari)



**Dr.BABA SAHEB AMBEDKAR MEDICAL COLLEGE AND HOSPITAL**

**MEDICAL AUDIT REVIEW COMMITTEE**

Quality Champion - Surgery (Dr Jitender Kumar)

Quality Champion –Orthopaedics (Dr Ankit Khurana)

Quality Champion – Paediatrics (Dr Vikas Dabas)

Quality Champion - Obs & Gyane (Dr Shikha Chadha)

Quality Incharge

~~Quality~~ Nodal Officer – NQAS

Suptd. Hospital Manager- Indoor

**Meeting Frequency: Monthly**

**Responsibilities of Member Secretary:**

- To call all the meetings in consultation with the Chairperson.
- To ensure meetings are conducted on regular basis.
- To ensure that the minutes of the previous meetings and agenda of the next meeting are circulated at least one week prior to the next meeting.
- Assist the Chairperson in ensuring that corrective and preventive action is taken by the concerned.
- Shall preside over meetings in the absence of Chairperson.
- Keep Records of Documentation of meetings and recommendations.

- ❖ Participation from each department (as mentioned above) is mandatory. In case the designated member is unable to attend, representative from the same department must attend the meeting.
- ❖ Medical Record Audit Report for selected cases to be submitted at the end of the meeting in the standard format shared by DSHM (annexed) to the Chairperson/Member Secretary.
- ❖ The meeting will be conducted on 2<sup>nd</sup> Wednesday of every month. In case of holiday, the same shall be conducted on next working day.
- ❖ All the final records will be maintained by Member Secretary for record review at the time of NQAS assessment/any other official purpose.

**Dr Ashok Jaiswal**  
**Add. Medical Superintendent (I)**



MEDICAL AUDIT FORM

149/C

**I - PERSONAL PARTICULARS**

1. Ref ID of the Patient File:		
2. MRD reference No:		
3. Age & Sex	.....	Male/Female
4. Religion:		
5. Category	APL/ BPL/ Others (Please specify)	
6. Name of Ward/Department:		
7. Admitted through OPD/EMERGENCY (Please tick appropriate box)	OPD	Emergency
8. Date of Admission & time	dd/mm/yy	----- hrs
9. If referred from another Health Facility (Please tick appropriate box)	Yes	No
10. Name of the Hospital (if transferred-in from another Health Facility)		
11. General condition at time of admission	Critical/ Poor/ Fair/ Stable	
12. Name of Treating Physician/Surgeon:		
13. Provisional Diagnosis on Admission:		
14. Final Diagnosis (Preferably with ICD No.)		
15. Date of Discharge/Transfer-out:		
16. If transferred out, please state the reason		

**II ADEQUACY OF DOCUMENTATION:**

Sr No.	Document	Not Available (Score - 0)	Available (Score - 1)
1.	Case Sheet		
2.	Investigation Reports		
3.	TPR Chart		
4.	Input/output Chart		
5.	Consent Form		
	Average Score		

1 Not to be initiated for Medico-legal cases

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### III. RECORD KEEPING: <sup>2</sup>

Sr No.	Notes	0	1	2	3	4	5
1.	Personal Particulars						
2.	Notes on Admission						
3.	Records of daily round by doctor (with date and time)						
4.	Pre Anesthetic Check up (If applicable <sup>3</sup> )						
5.	Operation Notes (If applicable)						
6.	Post Operative Note (If applicable)						
7.	Discharge/Referral Summary						
8.	Follow up instructions						
	Total						
	Average Score						

<sup>2</sup> Quality of Inputs/ Clinical note writing (Excellent – 5, Very good – 4, Good – 3, Fair – 2, Satisfactory-1, Poor-0).

<sup>3</sup> If Not applicable please leave this row as blank. Please do not enter '0', If this is not applicable.

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#### IV. ADEQUACY OF CLINICAL CARE:

Sr No.	Notes	0	1	2	3	4	5
	Time-lag between admission and specialist consultation (if indicated)						
	Period between admission and availability of Investigation reports						
	Adequacy of Investigations						
	Time-lag between presumptive diagnosis and final diagnosis						
	Prescription of Generic Drugs						
	Blood transfusion (any delay)						
	Timeliness of decision for discharge/ transfer - out						
	Total						
	Average Score						

#### V. OVERALL SCORE:

	Average Score	Weightage	Formula	Total
1. Adequacy of Documentation		15%	Average Score x15/5	
2. Record Keeping		20%	Average Score x20/5	
3. Clinical Care		65%	Average Score x65/5	
Score Percentage				

#### VI. Recommended actions –

#### VII. Signatures of Audit Committee Members –

*[Signature]*  
6/2/2020

*[Signature]*





## Dr.BABA SAHEB AMBEDKAR MEDICAL COLLEGE AND HOSPITAL

### MORTALITY REVIEW COMMITTEE

**Purpose:** Mortality Review Committee at Dr BSA hospital is a quality improvement committee that seeks to improve patient care through systematic review of the deaths occurred at hospital and subsequently taking necessary steps to help reducing the same.

**Scope:** All the deaths occurred at Dr BSA Hospital.

#### **Functions:**

- To review all the deaths occurred in the hospital on monthly basis.
- To monitor the mortality rate of the hospital.
- To ensure that two cases are presented every month (one each from Medical & Surgical Department) in the Mortality Review Committee Meeting.
- Case Selection for presentation is to be made by the Chairperson.
- To ensure that corrective and prevention action is taken as deemed necessary.
- To ensure that all the serious concerns pertaining to the clinical practice are notified to the Medical Director by the Committee Members.

#### **Members:**

1. Chair Person: Dr Puneeta Mahajan (Obs & Gynae Department)
2. Member Secretary: Dr Vivek Rana (Medicine Department)
3. Members: AMS (Indoor)
  - HOD- Medicine
  - HOD- Surgery
  - HOD-Orthopaedics
  - HOD- Paediatrics
  - HOD- ENT
  - HOD-Anaesthesia & Critical Care
  - HOD- Obs & Gyane



**MORTALITY REVIEW COMMITTEE**

HOD- Ophthalmology

Quality Incharge

Quality Nodal Officer - NQAS

**Meeting Frequency:** Monthly

**Responsibilities of Member Secretary:**

- To call all the meetings in consultation with the Chairperson.
  - To ensure meetings are conducted on regular basis.
  - To ensure that the minutes of the previous meetings and agenda of the next meeting are circulated at least one week prior to the next meeting.
  - Assist the Chairperson in ensuring that corrective and preventive action are taken by the concerned.
  - Shall preside over meetings in the absence of Chairperson.
  - Keep Records of Documentation of meetings and recommendations.
- 
- ❖ All Department HODs to submit monthly Mortality data to the Chairperson by the 5<sup>th</sup> of every (following) month along with CR Number, Age/Gender and Diagnosis for selection of cases, to be presented in the Mortality Review Committee Meeting.
  - ❖ Death Audit Report for selected cases to be submitted before the meeting in the standard format shared by DSHM (annexed) to the Chairperson.
  - ❖ All the final records will be maintained by Member Secretary for record review at the time of NQAS assessment/any other official purpose.

**Dr Ashok Jaiswal**  
**Add. Medical Superintendent (I)**



**DR. BABA SAHEB AMBEDKAR HOSPITAL,  
ROHINI, DELHI-110085  
DEATH AUDIT FORM**

As per  
Annexure  
8

**1. Case Details-**

a) Ref. ID of the Patient:..... b) Age:..... c) Sex:.....  
d) Date of Admission:..... e) Time of Admission:.....  
f) Date of Death:..... g) Time of Death:.....  
h) Admitted through (Emergency/OPD).....  
i) Death Occurred At : (Ward/ OT/ Emergency/Labour Room/ICU/Other).....

**2. Cause of Death:**

	S.No.	Cause of Death	ICD 10 Code	Approximate interval between onset and death
<b>Underlying cause of death</b>				
Disease or condition directly leading to death	(a)	..... due to (or as a consequence of)		
Antecedent caused Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)	..... due to (or as a consequence of)		
	(c)	..... due to (or as a consequence of)		
<b>Contributory Conditions</b>				
Other Significant conditions contributing to the death but not related to the disease or condition causing it.		..... ..... .....		

\*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury or complication cause death.

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6/2/2020

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6/2/2020



Method used for confirming the Clinical Death :-

	Method	Yes	
(a)	No Pupillary reflex		
(b)	Pupils Fixed & Dilated		
(c)	No Peripheral or Central Pulsation felt		

4. Treatment Details :-

	Procedures	No	Yes	Details
(a)	History Taken			
(b)	Examination Done			
(c)	Provisional Diagnosis arrived			
(d)	Investigations Ordered			
(e)	Treatment/Instructions given			
(f)	Treatment/Instructions followed by nursing staff			
(g)	Time taken to start the treatment after arrival of patient/ Development of Complication			
(h)	Was there any delay in providing the treatment? If yes, elaborate the cause			
(i)	Was consent taken before Procedure/Treatment			
(j)	Was Police informed in Case of MLC			
(k)	Was MLC Documented			
(l)	Was Prognosis explained to the patient relatives			
(m)	Was CPR given			
(n)	Patient Records depict continuity of care			
(o)	Death notes written on BHT at the time of death			

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(p)	Was Patient referred from some other facility? If yes give the details.			
(q)	Was consultation taken from other specialists for treatment			
(r)	Was patient required referral to higher Center? If yes why patient couldn't			
(s)	Was treatment given appropriate according to Clinical Protocols			
(t)	Was there any misjudgement in diagnosis and deciding treatment line?			

5. Adherence to Death Protocol :-

	Procedure	Details
(a)	Who Declared Death	
(b)	Who among the next of kin was given information	
(c)	Body packed with hospital or patients linen	
(d)	Where body was kept before handing over to kin/police	
(e)	In the case of MLC, Body handed over to Police	

6. Root Cause Analysis :-

	Causes	Description	Explanation
	Man		Skill Gaps, Lack of Adequate Manpower, Lack of Coordination etc.
	Machine		Non availability of any equipment, equipments not working, obsolete equipment
	Method		SOPs, Protocols, Standard Precautions
	Material		Drugs, Medical Gas, Reagents, consumables
	Measurement		Any error in measurement, Diagnosis
	Environment		Physical environment, Patient relatives, any other outside intervention



7. Inference of Root Cause Analysis:-

143/C

8. Remarks for Improvement :-

9. Name & Signature of Members of Audit Committee:-

S.No.	Name	Signature
1		
2		
3		
4		

Date of Audit :- .....

Time:- .....

*[Signature]*  
6/2/2020

*[Signature]*