

**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:

23/5/19

31/9/19

CIRCULAR

In pursuance to NQAS standards and in order to maintain complete documentation of medical records for the **better delivery of patient care**, the documentation process needs to be improved; not only for maintaining the records but these records also serve as a **documentary piece of evidence during litigation** in case of medico legal/medical negligence.

Medical Record Audit for Paediatric Ward (42) of randomly selected case files was conducted in the month of August, 19.

The findings of the audit report are appended for subsequent corrective action to be taken by Clinicians and Nursing Staff.

Following shortcomings were observed:

1. Admission Summary:

- Unapproved Abbreviations used (e.g GDD , Sz & Dsr).
- Admission Summary not signed by Head of Unit/department.
- ICD code not mentioned in some case files.

2. Initial Assessment (Doctors):

- Not countersigned by consultant within 24 hours.
- Plan of care not mentioned.

3. Initial Assessment (Nurses), Intake Output record, TPR chart:

- Not documented/evidenced in most of the files.

4. Doctor's Progress notes:

- Illegible in some of the case files.
- Not signed by Consultant in some of the files.

5. Treatment Orders:

- Illegible in some case files.
- Unapproved abbreviations used in most of the case files.
- Medication Orders are not written on the standard treatment chart.

6. Consent Forms:

General Consent on the admission summary does not have signatures of witness and date.

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7. Handovers (Doctors and Nurses):

Signatures of person giving and taking handover not evidenced.


8. Discharge Summary:

- Not Signed by In-charge /HOD in most of the files.
- Emergency contact number not mentioned.
- Unapproved abbreviations used

Apart from correcting above deficiencies, it is requested that all the medical records have

- CR number and name of patient.
- Signatures with Name of Doctor/Stamp and date.

*All Clinical HODs and Senior Nursing Officers must ensure the usage of standard formats of all forms and proper documentation to improve quality of patient care.


Dr Ashok Jaiswal
Add. Medical Superintendent(I)

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

Dated: 3/9/19

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Copy to:-

1. PS to MD for information
2. AMS(I) & AMS (A)
3. HOD - Paediatrics
4. Nodal Officer NQAS & Nodal Officer NABH
5. MRD Incharge
6. DNS/ ANS
7. Sr. Nursing Officer (Ward 42) through DNS
8. Hospital Manager (Indoor)
9. Notice Board Display
10. Asst. programmer to upload on hospital website
11. Guard File


Dr Ashok Jaiswal

Add. Medical Superintendent(I)

"AUDIT - STEP TOWARDS CONTINUOUS QUALITY IMPROVEMENT"