| Quality Management Department | | | | | | | | | | | | | | |
|-------------------------------|------------------------|---|--------|--------|--------|--------|--------|--------|--------|---------------|--------|--------|--------|--------|
| | | Open Audit Documentation Compliance - Medicine Department | | | | | | | | | | | | |
| | | MONTH | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| NO | CRITERIA | ADMISSION ASSESSMENT IN ICIS | | | | | | | | | | | | |
| 1 | PC.9 | Medical assessments is completed and documented within the first 24 Hours of admission for routine elective cases. | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 2 | PC.10.1.1 | Main complaints | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 3 | PC.10.1.2 | Details of the present illness | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 4 | PC.10.1.3 | System Review | 60% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 5 | PC.10.1.4 | Past history including previous admission and surgeries | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 6 | PC.10.1.5 | Allergies and prior adverse drug reactions | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 7 | PC.10.1.7 | Family History | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 8 | PC.10.1.8 | Psychological Assessment: (Ref: AOP.1.1) : The psychosocial assessment determines the patient's emotional status (for example, if he or she is depressed, fearful, or belligerent and may harm himself or herself or others) | 20% | 20% | 40% | 0% | 20% | 60% | 20% | 40% | 0% | 20% | 80% | 40% |
| 9 | PC.10.1.8 | Social History : (Ref: AOP.1.1) Gathering social information on a patient is not intended to "classify" the patient. Rather, a patient's social cultural, spiritual, family, and ecomomic contexts are important factors that can influance his or her responce to illness and treatment | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 1 00 % | 100% | 100% | 100% | 100% |
| 10 | PC.10.1.9 | Economic Factors: Economic factors are assessed as part of the social assessment or assessed seperately when the patient and his family will be responsible for the cost of all or a portion of the care while an inpatient or following discharge | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 80% |
| 11 | | Physical Examination | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 80% | 100% |
| 12 | PC.16.8 | The plan of care includes a provisional date of dischage set within 24 hours of admission (Plan od care including length of stay (LOS/ Discharge Planning) documented | 100% | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 13 | PC.6.5 | Impression/diagnosis | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 14 | PC.7.3 | Pain Screening documented followed by assessment if required | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 15 | PC.7.3 | Pain assessment is performed when applicable (Location, severity,character,pain management history) | 40% | 100% | 100% | 100% | 100% | 100% | 100% | NA | NA | NA | 100% | 100% |
| | PROGRESS NOTES IN ICIS | | | | | | | | | | | | | |
| 16 | PC.16.6 | The plan of care is reviewed by the most responsible physician on a daily basis | 100% | 100% | 100% | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

| | | Medical reassessment must be performed at least | | | | | | | | | | | | |
|--|-----------|---|-------------|------|------|------|------|-------------|-------------|------|------|------|-------------|------|
| 17 | PC.17.2 | once daily, including weekends and holidays, and in response to any signficant change in the patient's | 100% | 100% | 100% | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | | condition | | | | | | | | | | | | |
| VTE SCREENING - POWER ORDER | | | | | | | | | | | | | | |
| 18 | PC.26.1 | Patients are screened for the risk of developing venous thromboembolism | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| CONSULTATION -ICIS | | | | | | | | | | | | | | |
| 19 | PC.36.1.4 | Urgency of consultation- when a consultation is required an order shall be placed in ICIS (Power Chart) | 33% | 100% | 66% | 0% | 66% | 100% | NA | 100% | 75% | 50% | 0% | 100% |
| 20 | PC.36.1.5 | Case summary | 33% | 100% | 66% | 0% | 66% | 100% | NA | 100% | 75% | 50% | 0% | 100% |
| 21 | PC.36.1.6 | Rationale for consultation | 33% | 100% | 66% | 0% | 66% | 100% | NA | 100% | 75% | 50% | 0% | 100% |
| 22 | PC.36.1.4 | Consultation shall be attended to and documented on the consultation requestr in ICIS within 8 hrs for non- urgent | UTM | 100% | UTM | UTM | UTM | 100% | NA | 100% | UTM | UTM | UTM | 100% |
| 23 | PC.36.1.4 | Consultation shall be attended to and documented on the consultation requestr in ICIS within 2 hrs for urgent | UTM | NA | UTM | UTM | UTM | 100% | NA | 100% | UTM | UTM | UTM | 100% |
| 24 | PC.36.2.3 | Opinion and recommendations, including the need to transfer the patient under his name | UTM | 100% | UTM | UTM | UTM | 100% | NA | 100% | UTM | UTM | UTM | 100% |
| PFE DISCHARGE NOTE - ICIS | | | | | | | | | | | | | | |
| 25 | PFE.5.12 | The hospital ensured that the patient has his follow up clinic appoinments (Discharges Notes) | 0% | 0% | 20% | 0% | 0% | 0% | 20% | 0% | 0% | 0% | 0% | 0% |
| GRAND TOTAL | | 77% | 9 1% | 88% | 78% | 87% | 94% | 92 % | 93 % | 87% | 84% | 80% | 93 % | |
| * UTM - Unable to monitor | | | | | | | | | | | | | | |
| * NA - Not Applicable | | | | | | | | | | | | | | |
| * DNS - Data Not Submitted | | | | | | | | | | | | | | |
| Compliance Rate : ≤ 75% = Severe Deficiency ; ≥ 90% = Compliant; 76 % to 89% = Areas for Improvement | | | | | | | | | | | | | | |