

Quality Management Department

Open Audit Documentation Compliance - Neuroscience 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	50%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	50%
5	PC.10.1.4	Past history including previous admission and surgeries	50%	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	50%	100%	100%	100%	100%	100%	50%	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)	0%	100%	50%	0%	0%	50%	100%	100%	100%	100%	50%	50%
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 economic contexts are important factors that can influence his or her response to illness and treatment	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%
10	PC.10.1.9	Economic Factors: Economic factors are assessed as part of the social assessment or assessed separately 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%	100%
11		Physical Examination	100%	100%	50%	0%	50%	0%	100%	100%	100%	100%	100%	100%
12	PC.16.8	The plan of care includes a provisional date of discharge set within 24 hours of admission (Plan of care including length of stay (LOS/ Discharge Planning) documented	100%	100%	100%	100%	50%	50%	100%	100%	100%	100%	50%	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)	NA	NA	100%	NA	NA	100%	100%	100%	NA	100%	100%	0%
		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%	100%	100%	100%	100%	100%	100%	100%	100%	100%
17	PC.17.2	Medical reassessment must be performed at least once daily, including weekends and holidays, and in response to any significant change in the patient's condition	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		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)	100%	0%	0%	0%	0%	0%	0%	100%	100%	0%	0%	100%
20	PC.36.1.5	Case summary	100%	0%	0%	0%	0%	0%	0%	100%	100%	0%	0%	100%
21	PC.36.1.6	Rationale for consultation	100%	0%	0%	0%	0%	0%	0%	100%	100%	0%	0%	100%
22	PC.36.1.4	Consultation shall be attended to and documented on the consultation request in ICIS within 8hrs for non-urgent	100%	UTM	UTM	UTM	UTM	UTM	UTM	100%	TBMS	TBMS	TBMS	TBMS
23	PC.36.1.4	Consultation shall be attended to and documented on the consultation request in ICIS within 2hrs for urgent	NA	UTM	UTM	UTM	UTM	UTM	UTM	0%	TBMS	TBMS	TBMS	TBMS
24	PC.36.2.3	Opinion and recommendations, including the need to transfer the patient under his name.	100%	100%	100%	100%	100%	100%	100%	100%	TBMS	TBMS	TBMS	TBMS
PFE DISCHARGE NOTE - ICIS														
25	PFE.5.12	The hospital ensured that the patient has his follow up clinic appointments (Discharges Notes)	50%	50%	0%	50%	0%	100%	100%	100%	50%	50%	50%	50%
GRAND TOTAL			86%	90%	78%	75%	73%	76%	88%	98%	97%	84%	79%	90%
* UTM - Unable to monitor														
* NA - Not Applicable														
* TBMS- To Be Measured Separately														
* DNS - Data Not Submitted														
Compliance Rate : ≤ 75% = Severe Deficiency ; ≥ 90% = Compliant; 76 % to 89% = Areas for Improvement														