

Summer Internship Report

At



RAJIV GANDHI CANCER INSTITUTE
& RESEARCH CENTRE

(April 18th to June 18th 2022)

A Report on

A Retrospective Study on Shadowing of Active and Passive Patient Files Syncing with Cloud Storage at A Tertiary Care Health Facility

**Organizational curtesy: Rajiv Gandhi Cancer Institute and Research Centre
New Delhi.**

By:

Dr. Dimple Bhargava

Post-graduate Diploma in Hospital and Health Management

2021-2023



International Institute of Health Management Research,
New Delhi

ACKNOWLEDGEMENT

- With great pleasure, we would like to extend our sincere gratitude and thanks to our parents for their sincere support they have given us.
- Any attempt at any level, cannot be satisfactorily completed without the support and the guidance of learned people. We owe an outstanding debt to all the professionals at Rajiv Gandhi Cancer Institute and Research Centre, New Delhi, for sharing generously their knowledge and time that inspired us to do our best during the summer internship.
- We would like to express our sincere gratitude to **Dr. Pinky Yadav (Chief Operations & Medical Superintendent)** and **Dr. Charu Sachdeva (DM-Operations & CO-Convener-IRB);** our mentor in RGCIRC, for their continuous guidance who despite being busy with their duties, tooktime to hear us and guide us and gave helpful advice and constructive comments throughout the project. Their valuable inputs made this project possible.
- We are glad to acknowledge **Dr. Sumesh Kumar, Associate Dean, Academics & Student Affairs** IIHMR Delhi who is our mentor for incorporating the right attitude into us towards learning and for helping and supporting us whenever required.

Certificate of Approval

The Following Summer Internship Project titled “A Retrospective Study on Shadowing of Active and Passive patient files syncing with Cloud storage at a tertiary care health facility at “Rajiv Gandhi Cancer Institute and Research Centre” 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’s understood that by this approval the undersigned does not necessarily endorse or approve any statements made, opinion expressed or conclusion drawn therein but approves the report only for the purpose it is submitted.

Name of the Mentor: Dr Sumesh Kumar

Designation: Associate Dean, Academics &

Student Affairs

IIHMR, DELHI



**Rajiv Gandhi Cancer Institute
and Research Centre**

Ref: HR/22

17/06/2022


TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Dimple Bhargava**, from IIMR Delhi, has completed her internship on the topic of **'Shadowing of Active & Passive Patient files to get Synced on Cloud'** in the department of Patient Care Services from 18th April 2022 to 17th June 2022.

During the above period, her performance was good.

We wish her all the best for her future endeavor.


Jeevan Singh
Manager -HR


Dr. Pinky Yadav
Chief of operations &
Medical Superintendent
Dr. Pinky Yadav
Chief of Operations & Medical Superintendent
Medical Administrations
R.G.C.I. & R.C., Sec.-5, Rohini, Delhi
DMC No.: 1030

FEEDBACK FORM

(Organization Supervisor)

Name of the Student:

Dr. Dimple Bhargava

Summer Internship Institution:

Rajiv Gandhi Cancer Institute &
Research Center (Rohini) New Delhi.

Area of Summer Internship:

OPERATIONS (Patient Care Services)

Attendance: 100%

Objectives met:

day to day rounds of hospital facility &
better understanding of our IT systems helped them
drafting out final project.

Deliverables:

meeting staff department wise & her good communication skills
helped fetching out data & compiling it to the end.

Strengths:

Hardworking & very much patient centric approach.

Suggestions for Improvement:

Can work on academic skills.

Signature of the Officer-in-Charge (Internship)

Institutional Review Board
RGCI & RC
Sector V, Rohini
New Delhi 110085

Date:

17th June 2022

Place:

RGCI RC

FEEDBACK FORM

(IHMR MENTOR)

Name of the Student:

Dr. Dimple Bhargava

Summer Internship Institution:

Rajiv Gandhi Cancer Institute &
Research Centre (RCI-RC)

Area of Summer Internship:

Operations (Patient Care Services)

Attendance:

100%.

Objectives met:

Yes

Deliverables:

100%. [Report Submitted & poster, presentation made].

Strengths:

Sincere and hardworking overall good learning attitude.

Suggestions for Improvement:

-



Signature of the Officer-in-Charge (Internship)

Date: 17/6/2022

Place: Delhi

Completion of Summer Internship from Rajiv Gandhi Cancer Institute and Research Centre

The certificate is awarded to

Dr. Dimple Bhargava

In recognition of having successfully completed his/her
internship in the department of

Operations (Patient Care Services)

and has successfully completed his Project on


**An Analytical Study on Shadowing of Active and Passive patient file to get uploaded on
the Server at RGCIRC.**

From 18th April to 18th June 2022

Rajiv Gandhi Cancer Institute and Research Centre, Rohini, New Delhi

She comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish ~~her~~ all the best for future endeavors


Internal Review Board
RGCIRC-RC
Rohini
New Delhi-110025
Organization Supervisor


Head-HR/Department Head

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ABBREVIATIONS

CR No.: Central Registration Number

CSSD: Central Sterile Service System

DS: Discharge Summary

HIS: Hospital Information System

OT: Operation Theatre

JMS: Joint Medical Superintendent

SICU: Surgical Intensive Unit

TAT: Turnaround Time

TPA: Third Party Administrator

MRD: Medical Record Department

PT: Patient

SECTION -1

OVERVIEW OF HOSPITAL

RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE



INTRODUCTION

- The "Rajiv Gandhi Cancer Institute & Research Centre" (RGCI & RC) has access to cutting-edge technologies because it is a prominent cancer facility in Asia. "NABH" (National Accreditation Board for Hospitals and Healthcare) and "NABL" (National Accreditation Board for Laboratories) have accredited the Institute because of the services it provides (National Accreditation Board for Testing and Calibration Laboratories). The "Indraprastha Cancer Society and Research Centre" has a visionary concept that aims to offer patients with the care they need. According to the "society registration act," this group was formed in 1994. Despite the fact that society views patient care as its primary goal, it also seeks to investigate the occurrence, distribution, symptoms, and etiology of disease.
- July 1, 1996 marked the beginning of the institute's operations, with "Honorable Smt. Sonia Gandhi" presiding over the ceremony.
- Other dignitaries joined President "Dr Shankar Dayal Sharma" for India's formal inauguration on "the 20th August 1996. Treatments available at the Radiation Group Clinic and Radiation Center include medicinal, surgical, and radiation-related therapies.
- There are 27 beds in the surgical ICU and 11 beds in the medical ICU at the hospital. Services like "Renal Replacement Therapy" are accessible for those who need them.
- It is a great example of how a "not for profit" organization may complement government initiatives in the healthcare sector.

VISION, MISSION AND VALUES

- **VISION: -**

- To Provide Affordable Oncological Care of International Standard and Help to Eliminate Cancer from India Through Research, Education, Prevention & Patient care.

- **MISSION**

- To be India's leading cancer care provider, with patients, caregivers, faculty, and students choosing us above others.
- By Offering comprehensive services at an affordable price
- And the excellence of our personnel leveraging the best technology

- **VALUES**

- We hold our patients in high esteem and work with ethics and compassion
- We care and function with mutual respect, trust and transparency
- We deliver accurate diagnosis, correct advice and effective treatment.

ACCREDITATION: -

The Institute is accredited by

- NABH
- NABL
- Green OT
- Nursing Excellence Certifications

HOSPITAL MANAGEMENT

<u>Designation</u>
Chief Executive Officer
Medical Director and Chief of Uro -Gyne Surgical Oncology
Medical Superintendent
Joint Medical Superintendent
Chief Financial Officer
Chief Information Officer
Sr. GM - Materials
Head Operations - RGCIRC, Nitibagh
Director Nursing
Chief Security Officer
DGM - MRD
Legal Consultant
Head - Public Relations & Protocol
Medical Director, Nitibagh and Director Pediatric Hematology & Oncology”
DGM - F&B and Housekeeping
Chief Medical Physicist & Radiation Safety Officer (RSO)
GM - Human Resources
Chief Radiotherapy Technologist

SERVICES

- Physiotherapy
- Palliative
- Day Care
- Emergency
- Counselling
- Telemedicine
- Pharmacy
- Prevention
- Preventive
- Physiotherapy
- Palliative

Treatment of Cancer

- “Blood Cancer Treatment”
- “Bone Cancer Treatment”
- “Bone Marrow Transplant”
- “Breast Cancer Treatment”
- “Cervical Cancer Treatment”
- “Head & Neck Cancer Treatment”
- “Liver Cancer Treatment”
- “Lung Cancer Treatment”
- “Pancreatic Cancer Treatment”
- “Pediatric Cancer Treatment”
- “Prostate Cancer Treatment”

- “Mouth Cancer Treatment”
- “Throat Cancer Treatment”
- “Urinary Bladder Cancer Treatment”
- “Brain Tumor Surgery”

Path Breaking Initiatives

- The "Nano knife," a minimally invasive cancer treatment, was introduced by RGCI&RC. Using the Nano knife, radiologists can treat cancers that were previously impossible to treat because of their location. A senior consultant and "The Nano knives target tumors that are small, say less than 5 cm in size, and tumors that are difficult to remove due to their precise location, or tumors that have not demonstrated any progress to traditional treatment," said the RGCI &RC's chief of GI Once Surgery & Liver Transplant Services, Dr. Shivendra Singh.

Summary

RGCI & RC is an institution in Northern India that specializes in cancer care and is unique in that it is able to diagnose and treat every subtype of the disease. The highly qualified doctors and staff members, in addition to an experienced management team, are what set this hospital apart from others in the area. Its research programme helps to the ongoing improvement of treatment, and it provides care for patients of all different kinds.

Their management and administrative staff are able to successfully remedy any circumstance or problem that the patient may be experiencing. Both the environment of the hospital and the care that is given to the patient are of the highest quality.

SECTION -2

DEPARTMENT WISE OBSERVATION

1. OPERATIONS DEPARTMENT:

Operational processes are handled by this department in order to ensure that both clinical and non-clinical departments run smoothly at the hospital.

Responsible for maintaining compliance with all hospital policies and procedures as well as resolving any instances when the hospital falls short of those standards.

Clinical and administrative tasks are all part of the overall operation of health systems and patient care.

2. FRONT DESK:

Patients and guests are greeted by the receptionists in the main office. In addition to taking phone calls and responding to enquiries, they also assist patients with the completion of paperwork.

Prior to treatment, patients register at this desk, where staff check to see if the treatment, they require is available and save and retrieve patient records.



Front Desk



3. IPD DEPARTMENT:

Patients are admitted to an IPD, or inpatient department, when they have medical issues that necessitate specialised treatment. Beds, medical equipment, and highly trained doctors and nurses are all available around the clock at this facility.

In RGC I we observed the following IPD Features that the RGC I'S Hospital Software Managing: and, such characteristics unquestionably characterise successful IPD management software.

- **Admission of Patients.**
- **Bed Management**
- **OT Schedule & Consent Form**
- **Round Notes of the Doctor**
- **Operative Notes**
- **Discharge Details**

4. OPD DEPARTMENT:

Alternatively, OPD can be abbreviated as OPD. In a medical department, an OPD serves as the principal point of contact between patients and medical staff. When a patient initially arrives at the hospital, they are taken to OPD, where the OPD determines which unit they will be transferred to.

In, RGCIRC OPD is situated at ground floor, first floor and second floor where: we observed the following robust OPD **Features that the RGC I'S Hospital Software Managing:**

- Patient Registration
- Appointment Scheduler.
- Visit Details of the Patients
- Quick Entry Access
- Prescription Details
- Billing Information
- Certificates

5. BILLING DEPARTMENT:

- As a point of contact between the company's upper management and its customers, the billing department is critical. The primary goal of the hospital billing process is to collect payment for the services and supplies that the hospital has delivered to its patients.
- Hospitals transmit medical claims to our billing department via scanned papers that include all of the above-mentioned records and information, as well as information from the patient's insurance company.

6. THIRD-PARTY ASSURANCE (TPA):

- An entity that handles Mediclaim insurance claims is called the Mediclaim Claims Processing Centre. As a rule, these administrators are independent, although they might also be owned by the insurance company. Insurance Regulatory IRDAI grants licences to these organisations.
- TPAs serve as a go-between for policyholders and their insurance providers, mostly handling the back-end work involved in settling claims.
- Prior to receiving cashless hospital services, policyholders must present their TPA ID cards to the hospital authorities.
 - The following are some of the steps in claim processing and settlement:
 - Accepting signals
 - Acceptance of cashless claims
 - Paying out the claims
 - Utilization analysis
 - Supplier network
 - Enrolment
 - Superior selection
 - Cashless transactions (if and when a policyholder is admitted to a listed hospital of an insurance provider, the latter pays the bill)
 - Services with added value like the following:
 - Medical services
 - Consultation with a specialist

- Beds are available.
- 24/7 toll-free assistance lines
- Management of lifestyle
- Wellness initiatives
- Prescription drugs
- Medical facilities
- Upkeep of databases

7. INFORMATION TECHNOLOGY DEPARTMENT -

- By managing clinical software and other processes that help administrative staff members keep patient records and admittance systems up to date, the IT department at this hospital plays a crucial part in the efficient operation of the medical wards, operating rooms, and emergency departments.
- Only two of the many tasks performed by a hospital's IT department include managing health information and ordering and receiving test results.
- This is in addition to the typical responsibilities of a hospital's IT department, such as setting up and maintaining the network, ensuring IT security, administering Cloud Servers, and so on.
- The help desk and desktop support are also within the purview of this division.
- It is the responsibility of the Rajiv Gandhi Cancer Institute & Research Centre's Information Technology Department (RGCIR-RC) to manage and deliver the best IT services possible to the organisation, utilising an integrated healthcare information system (PARAS), a product of the SRISHTI software suite (A Bengaluru based IT company).
- Currently, the P4 version of PARAS is being practised in RGCIRC which deals with:
 - Health Care Delivery Platform
 - Super Specialty Solution
 - eHealthcare Framework
 - eClaim Management
 - Laboratory Information System
 - MRD with Disease Registry

- TeleMediCare/ Tele Radiology Solution
- Emergency Care Solutions.

UPCOMING Version of PARAS-4 is in process and can be updated soon and will be named **PARAS 7**

The updated version will be more advanced and promising having new features and advanced technology for better and enhanced performance for efficient delivery of healthcare services.

DATA RETRIEVAL AND BACK UP IN RGCI-RC:

In this Hospital and Research Center IT Department without fail backs up all the data **twice a day** to keep it secure they use databases and applications as well.

They have **DISASTER RECOVERY CLOUD SERVICES** as well in which they share their real-time data with the HYDERABAD Branch/Portal through which they are able to retrieve and recollect all the data in case of any disaster.

ABOUT SRISHTI SOFTWARE:

A piece of software that offers cutting-edge healthcare solutions and makes your job easier.

This HIS has been adopted by more than 234 hospitals across the country.

Quality Policy of SRISHTI SOFTWARE:

- With the goal of meeting the most stringent safety and health standards for patients and staff, our company's mission is to provide "Development, Implementation and Support Services" for PARAS products in the healthcare sector.
- With the help of our suppliers, our industry leadership, and the active participation of everyone in the organisation at all levels, we are confident that we can achieve this goal.
- HMIS software is our goal, and we want to be the world's leading supplier by 2024-25.
- Mission
- By 2024-25, we want to be the world's leading provider of HMIS software, with 3000+ customers, INR 500 crores in revenue, and a 35% EBITDA margin.
- Values
- The utmost level of honesty and professionalism.
- It is our goal to build a Temple of Ethics in our Organization.
- It is important to show respect for human values and to be sensitive to the demands

of the customers.

- a sincere desire to fulfil the needs of others
- Vendors are seen as co-workers in the development process
- The company's most significant asset is its workforce.

About PARAS:



A healthcare delivery system that puts the patient first, is comprehensive and integrated, and adheres to the industry's best clinical and administrative practises. Using enterprise-class systems, PARAS covers the entire range of patient care. Healthcare facilities of all types can use it, including hospitals, clinics, laboratories, child care facilities, and diagnostic facilities. This contributes to the creation of a profitable and market-competitive paperless and filmless hospital.

Features of PARAS HMIS Includes:

- Health Care Delivery Platform

Comprehensive and integrated health care management information system of the highest calibre.

- Super Specialty Solution

PARAS has a variety of specific solutions to fulfil the needs of specialty and super-specialty hospitals.

- eHealthcare Framework

Allow for a gradual rollout of diagnostic and treatment information for better illness management.

- eClaim Management

Facilitates the smooth running of the claims approval/denial process while also reducing the burden on payers in terms of accuracy improvement and non-tolerance.

- Laboratory Information System

To assist healthcare organisations in designing and implementing business-specific workflows that are easily integrated with existing equipment and business systems via a web-based system,

- MRD with Disease Registry

Using PARAS MRD with the Disease Tracking System, you may gather all of a person's medical records and track their results based on the information they've provided.

- TeleMediCare/ Tele Radiology Solution

The PARAS TeleMedicare Solution Communication and Information Technology are being leveraged for real-time direct patient care.

- Emergency Care Solution

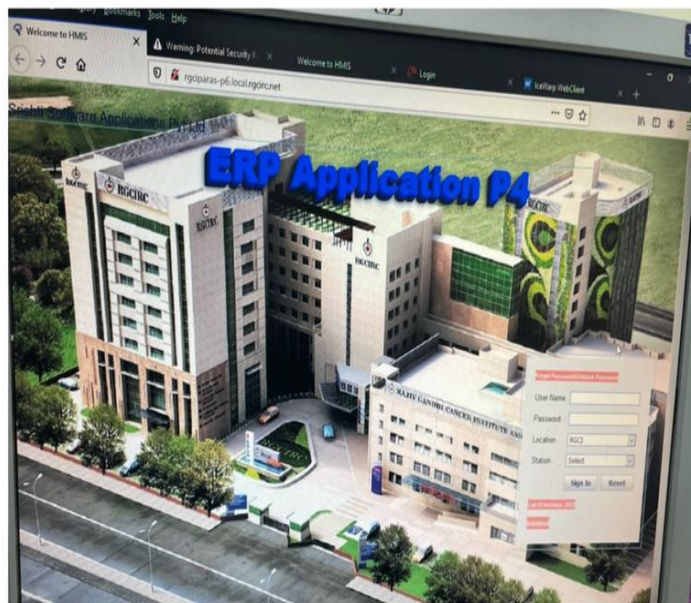
The PARAS Healthcare Platform is able to manage information at the patient and service levels, allowing for a smooth transition between patient statuses, including OP, Day Care, Emergency Care, ICU care, etc.

FEATURES OF PARAS ERPS INCLUDES:

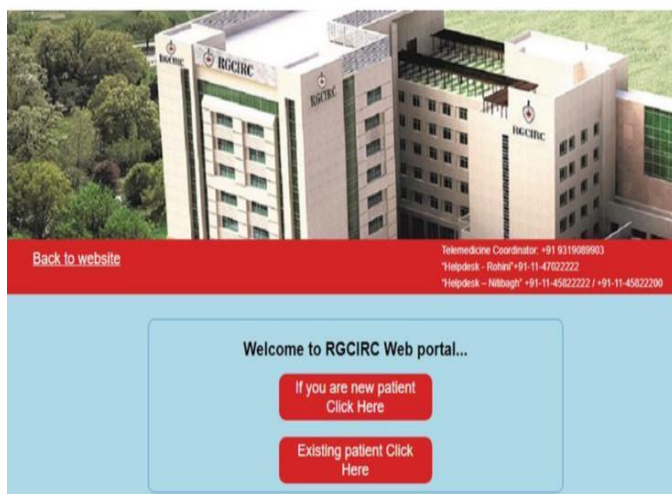
- Srishti Software Applications Private Limited created PARAS ERP as a user-centric, comprehensive, and integrated ERP delivery platform that adheres to industry best practises.
- With enterprise-class solutions that are completely integrated, PARAS covers the entire range. A wide range of service and manufacturing firms can use it. We assist in the creation of a profitable and market-competitive organisation that is completely paperless and filmless.
- operations and the finance procedures in a streamlined manner and in real time.
- This application was developed with a strategy that prioritized mobile devices and cloud storage from the beginning.



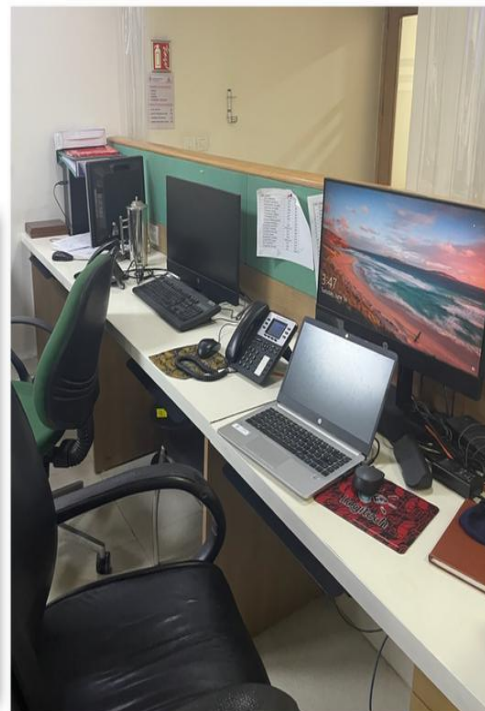
I.T. DEPARTMENT



Online portal (PARAS)



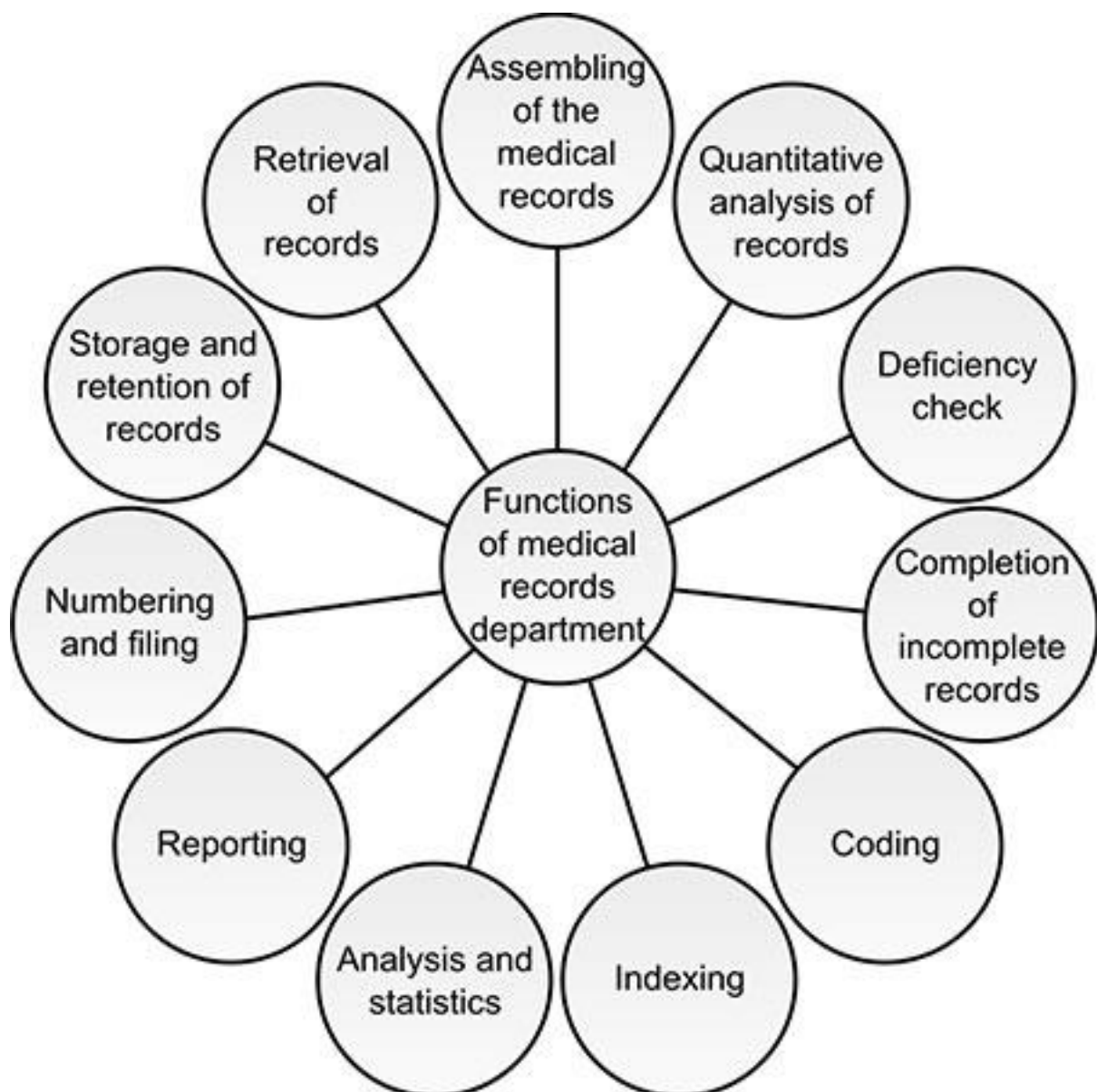
Online portal for Rgci patient registration



Working space

8. MEDICAL RECORD DEPARTMENT –

The patient's medical records include documentation of the patient's personal and social information, the history of his or her illness, clinical findings, investigations, diagnosis, treatment received, account of following up, and result. Additionally, the patient's medical records include an account of the patient's follow-up. These records are maintained in an organised and methodical fashion.



MRD Department of RGCIRC (Rohini, New Delhi)



MRD DEPARTMENT



Patient files arriving at MRD DEPARTMENT



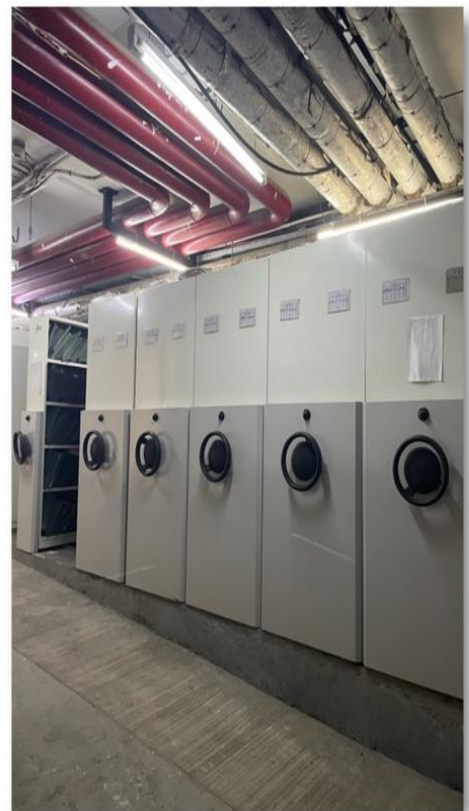
Patient file storage sections at MRD



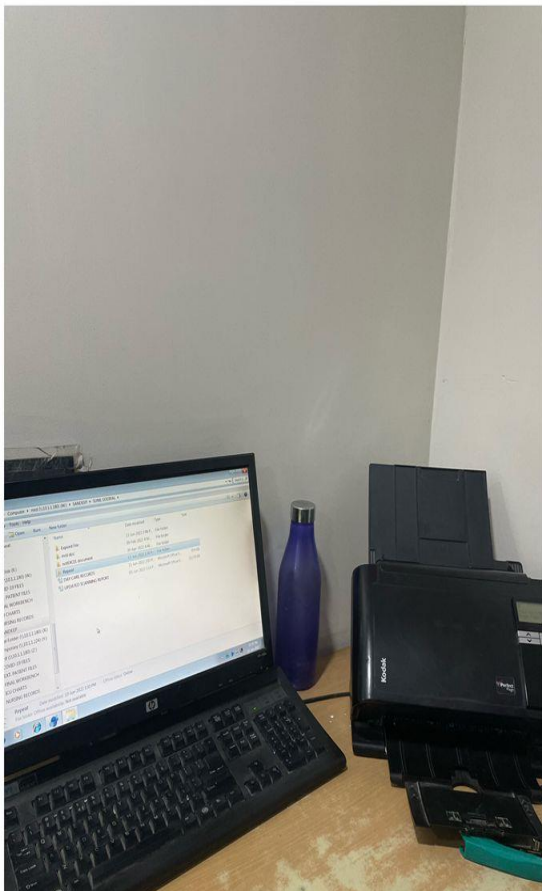
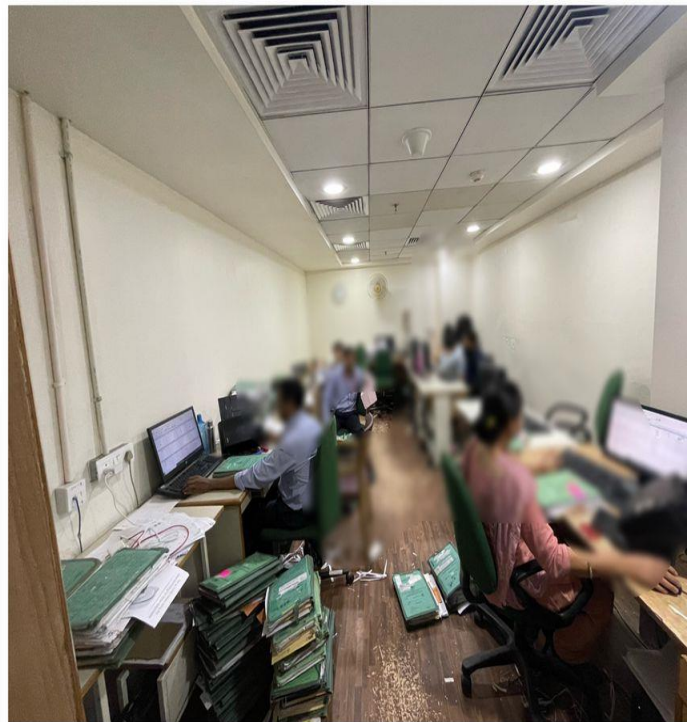
Waiting area at MRD Department



Storage space at MRD Department



Scanning Department RGCIRC (Rohini, New Delhi)



Scanning Department

SECTION -3

(DEPARTMENT WHICH WE OBSERVED & WORKED UPON)-

(MEDICAL RECORD DEPARTMENT)

A Retrospective Study on Shadowing of Active and Passive Patient Files Syncing with Cloud Storage at A Tertiary Care Health Facility

ABSTRACT

Recently, the Medical Records Department has become a crucial aspect of every health care organization or hospital, and this trend is expected to continue. "People forget, but records remember," says the saying. Because Medical Records has grown into a distinct sector of its own, those who work in the field, such as Medical Record Officers and Medical Record Technicians, are now recognized as experts. As a result, clinical staff and hospital administrators can assess the quality of medical care and the efficiency of the hospital's services by keeping a chronological record of patient care and treatment. The purpose of this study was to evaluate the efficiency of the current medical record keeping system, as well as the current medical record keeping system itself.

BACKGROUND:

In the last few years, the Medical Records Department has evolved into a vital aspect of any health care organisation or hospital. It's easy to forget things, but records are always there to help us out when we need them. Medical records have evolved into a unique branch of information management and technology, granting officers and technologists in that field the title of "specialist." Patients' care requires a chronological record of all treatments and services provided. This allows the clinical team and the hospital administrator to evaluate the quality of medical care and the effectiveness of the hospital's services. Second, this study sought to evaluate the current method for keeping medical records, which was the primary objective of this investigation.

REVIEW OF LITERATURE: -

1. (2013) [1] **Isfahani SS, Bahrami S, Torki S.** in a research paper “Job characteristic perception and intrinsic motivation in medical record department staff.”.
2. (2013) [2] **Al-Jafar E.** in the study titled “Exploring patient satisfaction before and after electronic health record (EHR) implementation: the Kuwait experience.” investigated patient satisfaction with the quality of services provided before and after the implementation of electronic health records (EHRs) at Primary Health Care Centres (PHCCs) in Kuwait.
3. (2009) [5] **Thomas Joseph** in his research publication in India and issues in negligence stated about various methods” stated various methods of record keeping.
4. (2009) [7] **Mestre Shashidhar C** in his study “Legal and ethical aspects of medical records – An Indian Perspective” stated that medical records are an index of a Health Institution and Medical Records department is the back bone of Health information system.
5. (2005) [10] **According to Delhi Health Government** Medical record is a systematic documentation of a patient personal and social data, history of his or her ailments, clinical findings, investigation, diagnosis and treatment given and an account of follow up and final outcome.

RESEARCH QUESTION: -

Q. What is the average turnaround time of patient files arriving at the MRD department and getting uploaded to the Cloud Server?

AIMS -

The Medical record department aims at the following:

- The department's duties include inpatient and outpatient record processing, record retrieval and storage, illness and procedure-specific coding, and indexing.
- Efficiency and effectiveness.
- The patient's medical records should be detailed enough to allow another doctor to continue the patient's care and treatment from where you left off, if necessary.

- The major goal of the Medical Records Department (MRD) is to expedite the transfer of patient medical records to the various hospital units, in order to assist clinicians, allied health professionals, and other hospital employees in providing high-quality treatment to patients.

OBJECTIVES: -

- To study, in a timely manner, the efficient operations of the workflow in the MRD department in order to precisely define the time it takes for the file to move.
- In order to determine whether or not there are any bottlenecks in the correct and efficient usage of the documentation system that is used by the MRD department, including their scanning and uploading workflow.
- To investigate and analyze the turnaround time of file IPD files arriving at the MRD department and getting uploaded on the Cloud Server.

RATIONALE: -

- Over the course of the past few decades, the Medical Records Department has evolved into an indispensable component of any hospital or other kind of health care facility.
- In this investigation, we will analyse and compute the typical turnaround time for INPATIENT Files to be processed from the time they are received at the MRD department, though the process of being uploaded into the online portal of the hospital, and finally into the Cloud Server. This will be accomplished by analysing and calculating the amount of time that passes between the point at which the files are delivered to the MRD department and the point at which they are uploaded.
- In addition to this, we will investigate the average amount of time required to process inpatient patient files based on the kind of payment that was received (cash, credit, or advance payment).
- Both the percentage of IPD files that were uploaded successfully and the percentage of files that were successfully returned to their original source will be revealed to us in this section

RESEARCH METHODOLOGY: -

- Study Design: Retrospective Study
- Study Participants / Population: Patients files (IPD Patient files specifically)
- Sample: 558 IPD Patient files.

- Sampling Method: Convenience sampling
- Data Collection Tool: Microsoft Excel
- Duration of Study: 40 days
- Exclusion Criteria: OPD and Day-care patient files, Sundays and gazette holidays excluded
- Inclusion Criteria: IPD Patient files.

The variables chosen were the discharged patient files arriving at the MRD department on actual time and date

OBSERVATIONS: -

- Location - At the basement-1 of B block, where a team of ten (in MRD) and team of eight (in SCANNING) Departments works everyday excluding Sundays and gazette holidays. (Operational timings: 9:00am to 5:30pm)
- Department is Concerned with Documentation
- Data collected from CPRS, Paras Portal in which all the information related to patient is available.
- Time period for preserving the records: Discharge: 5 years
- Death: 10 years
- Medico legal cases: 3 files, one to the police, second to the patient's attendant and third file remain in the MRD for a minimum of 30 years.
- Here, a 10-person team works in three spacious rooms with desks, file storage areas, and huge lockers/almirahs and racks for storing files.
- The MRD Department is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Sundays and gazette holidays are the only days the Department is closed.
- During our visit, we noticed that all of the patient records are maintained in a storeroom, which is regulated by MRD every day.
- This department takes care of all calls regarding patient files/records, both internal and external, and transfers them to the appropriate departments.
- Keeping track of a patient's medical history.
- Providing the Department of Health and Hospital Executives with statistics data.

- Ensuring the accuracy and completeness of patient records.
 - Maintaining the privacy and confidentiality of a patient's medical records by following strict criteria for information release and storing them in a secure location.
 - Clinical Coding
 - This group is in charge of overseeing all aspects of patient registration, health records management and archiving, and medical record documentation.
-
- For a complete week (16th may to 21st may) we had to observe: -
 - When a patient is discharged from the hospital, his medical records are transferred to the medical record department, where they are scanned and posted to the hospital's cloud server.
 - Several things and dynamics of file movement were noticed as part of this procedure, including: (IPD file, OPD file, Daycare file, Nursing records, Death files, new files, old files etc.)
 - From 16th May 2022 to 21st May 2022, we observed the entire procedure and recorded every file that arrived at our MRD department. 558 patient files were updated, and the average turnaround time for patient files arriving at the MRD department and being scanned and uploaded into the Cloud Server was computed.

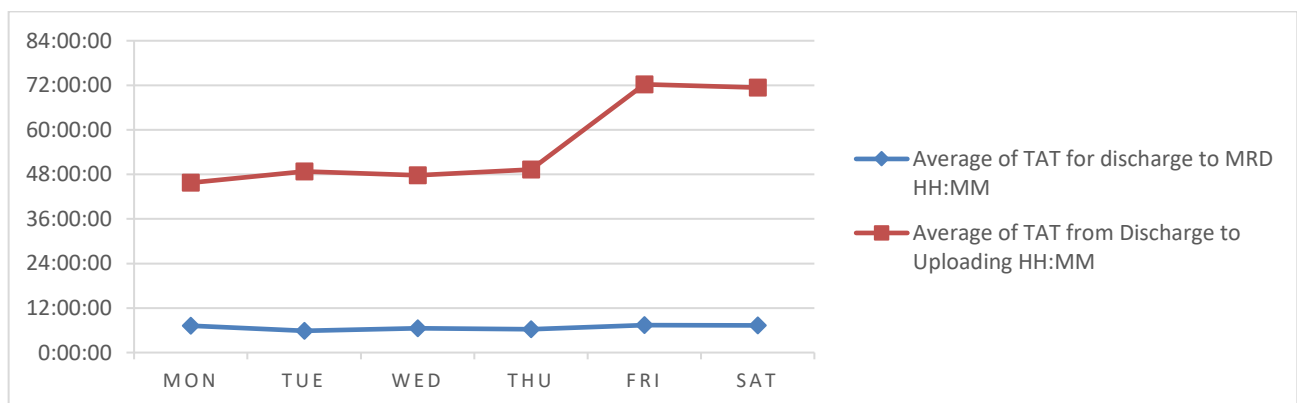
DATA ANALYSIS

▪ Combined Average Turn Around Time of Patient File (IP) from Discharge TO MRD and Discharge to Uploading (Observed for a Week)

In this case study of RGCIRC

- File Movement for IP Patient Files have been recorded for one week, beginning on the 16th till ending on the 21st of May 2022.
- TAT hours encompass the amount of time it takes for a file to transfer from the Discharge Department to the MRD Department and the Scanning Department, as well as the amount of time it takes per file to sort all documents in accordance with MRD norms.
- The number of hours required to scan each file varies from new file to old file, depending on the amount of work that has to be done and the quantity of documents contained in each file.

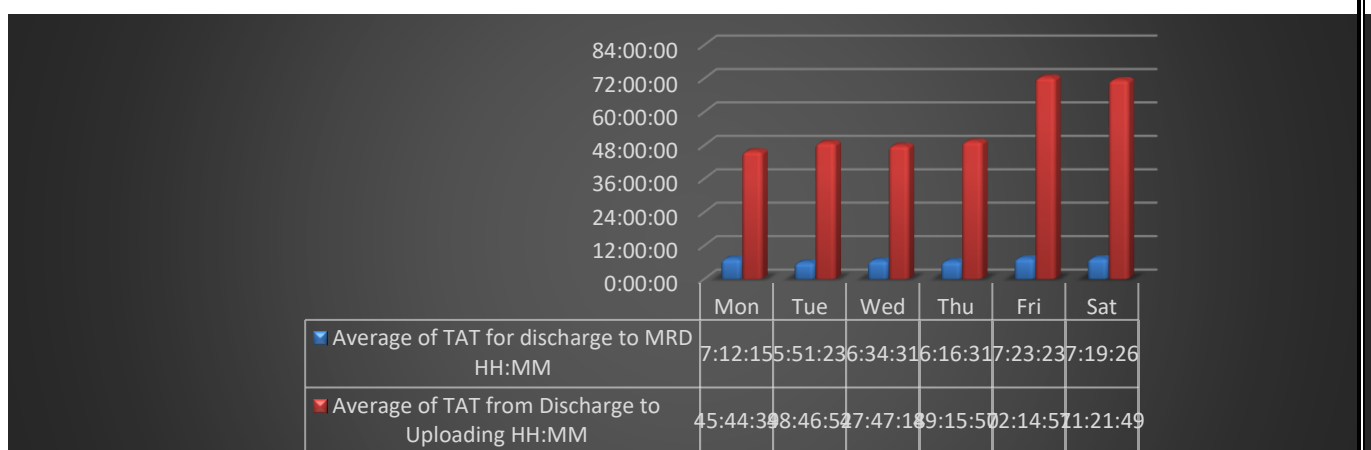
1. Average time from discharge to MRD and scanning for patient files



Days	Average of TAT for discharge to MRD HH:MM	Average of TAT from Discharge to Uploading HH:MM
Mon	7:12:15	45:44:39
Tue	5:51:23	48:46:52
Wed	6:34:31	47:47:18
Thu	6:16:31	49:15:50
Fri	7:23:23	72:14:51
Sat	7:19:26	71:21:49
Grand Total		
1	6:45:36	56:11:12

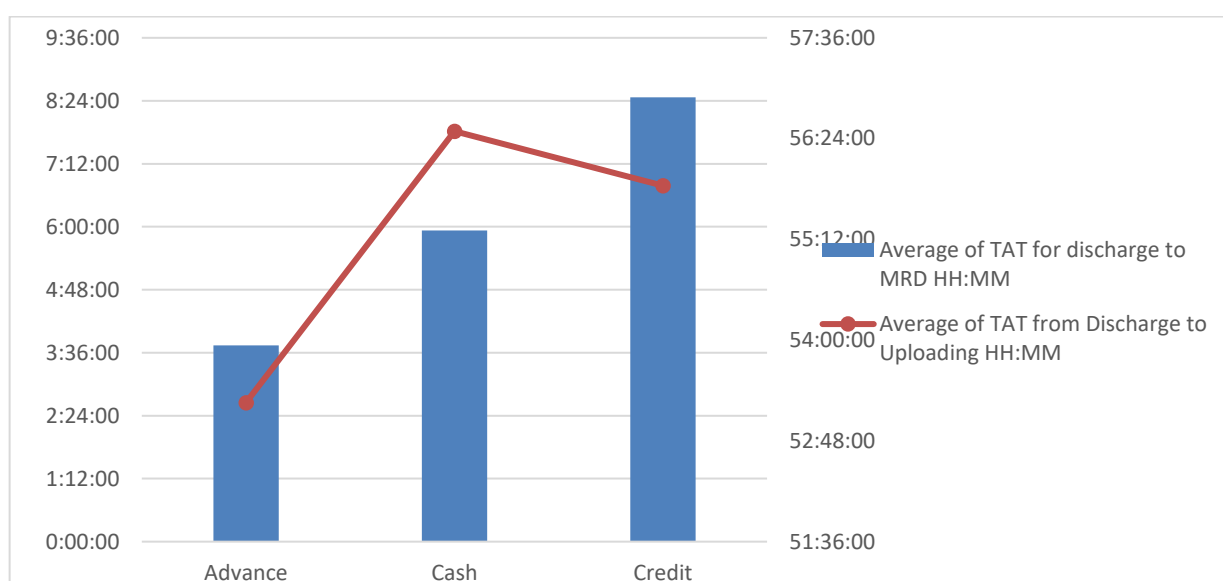
- On the bar graph below, the average duration of a Pt file is broken down into day-by-day categories.
- Arrived Pt Files are reconstructed in accordance with the Scanning Department norms, such as ICU charts and OPD cards and nursing records.
- Records are separated and scanned before being converted to a PDF document in one step and posted to the Cloud Server with their new file names as CR numbers

2. **Bar graph showing average time from discharge to MRD and file scanning**



3. Average Turn Around Time of Patient File (IP) from Discharge TO MRD and Discharge to Uploading on the basis of Billing Category

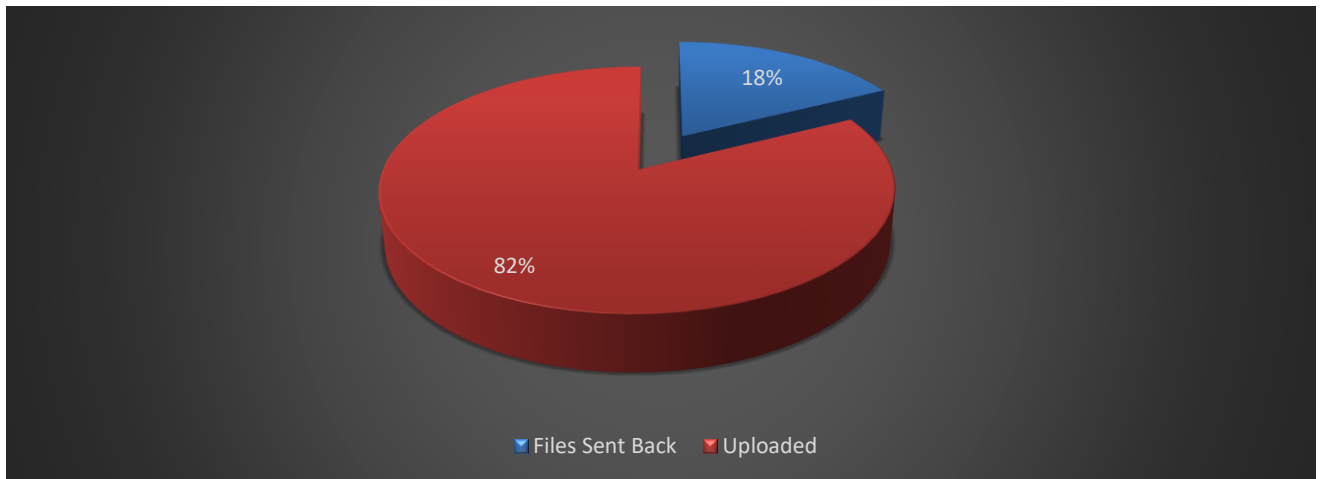
- There was a total of 557 Patient Files (IP) that were documented in accordance with the dates of their discharges, which ranged from Monday through Saturday.
- The analysis of the average duration of the Pt File (IP) was performed according to the bill category (Cash, Credit, and Advance) in the allotted period.



Bill Type	Average of TAT for discharge to MRD HH:MM	Average of TAT from Discharge to Uploading HH:MM
Advance	3:44:12	53:15:24
Cash	5:55:46	56:29:15
Credit	8:27:59	55:50:19
Grand Total	6:45:36	56:11:12

4. Percentage of IP files Sent for uploaded and files sent back (Noted for 7 Days)

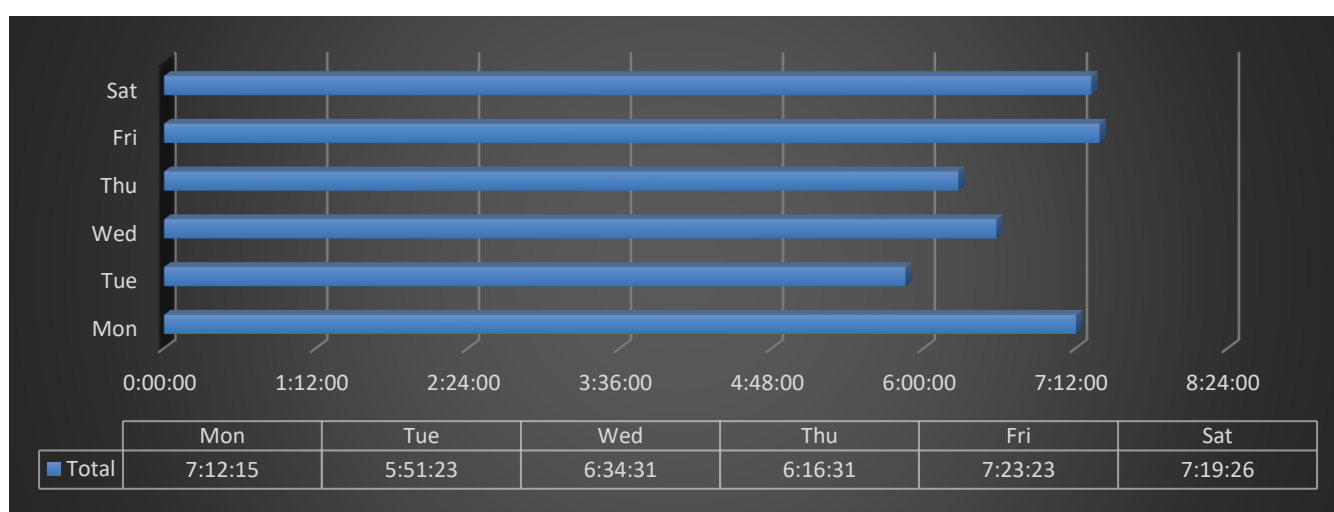
- The percentage of files that arrived at the scanning department after being recorded for our study was also examined as part of the total files that were recorded for the study.
- The percentage of files that were returned for any reason, including follow-ups, corrections, or readmission, was another factor that was evaluated.



File Status	Number of files	Percentage
Files Sent Back	98	17.59%
Uploaded	459	82.41%
Total	557	100.00%

5. Average Turn Around Time of Patient File (IP) from Discharge to MRD

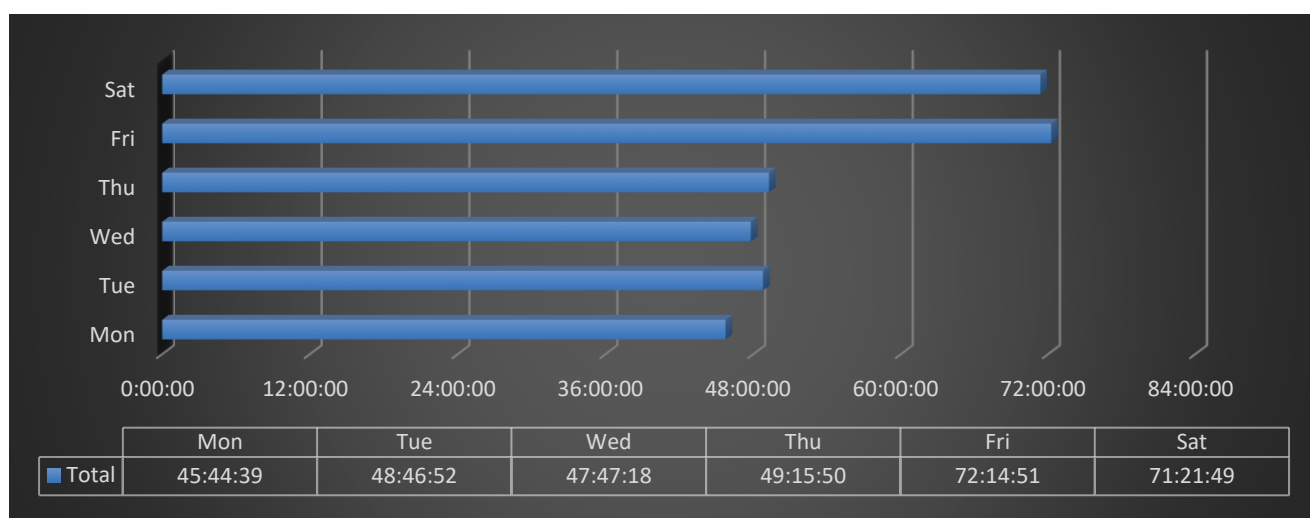
- Mention is made in this section of the Individual Representation of Patient Files that were recorded during our study.
- Morning and evening are the two time slots that the MRD department maintains for the arrival of patient files. Patients who are discharged before 9 a.m. have their files sent in the morning, when MRD staff is out for collection of files.
- Patients who are released between the hours of 9 AM and 5 PM will have their medical records transferred to the Medical Records Department (MRD) at 5 PM, which is the time that employees will once again start collecting patient records.



Date	Count of Pt files arriving in MRD
16-May	64
17-May	93
18-May	100
19-May	97
20-May	101
21-May	102
Grand Total	557

6. Average Turn Around Time of a Patient File (IP) from Discharge to Uploading

- This part focuses on the Individual Representation of Patient Files that were recorded throughout our investigation.
- Daily files are brought in Scanning department where Files are reconstructed in accordance with the Scanning Department norms, such as ICU charts and OPD cards and nursing records.
- This is the average file duration in weekdays, where 98 files are returned and the remainder are sent to be scanned.



Date	No of files Sent Back
16-May	6
17-May	12
18-May	16
19-May	18
20-May	16
21-May	30
Grand Total	98

FINDINGS & RESULT: -

The Average Turnaround time of patient file (IP) movement -

- **Average Turn Around Time of Patient File (IP) from Discharge to MRD** was calculated as 6 hours 45 minutes and 12 seconds from 16 to 21 May 2022
- **Average Turn Around Time of a Patient File (IP) from Discharge to Uploading MRD** was calculated as 56 hours 11 minutes and 36 seconds from 16 to 21 May 2022
- **The percentage of IP files Sent for uploaded and files sent back** was calculated as files sent back was 17.59% for 16th May to 21st May 2022 whereas uploaded files were 82.41%
 - 98 files were sent back during our study where 6,12,16,18,16,30 number of files were sent back respectively from 16-21st May 2022.
- **Average Turn Around Time of Patient File (IP) from Discharge TO MRD on the basis of Billing Category** was calculated as 3:44:12 for the advance mode of payment, 5:55:46 for Cash as billing category and 8:27:29 for credit as billing category during 16th May to 21st May 2022.
- **Average Turn Around Time of Patient File (IP) from Discharge to Uploading on the basis of Billing Category** was calculated as 53:15:25 for advance bill category, 56:29:15 for cash bill category and 56:11:12 for credit bill category from 16th May to 21st May 2022.

RECOMMENDATIONS / CAPA SUGGESTED: -

Medical records administration can be challenging in today's fast evolving healthcare industry.

Organizations can, however, take efforts to ensure patient privacy and compliance.

1. Create a System for the Management of Medical Records

First, an institution must clearly outline its rules and processes for ensuring the protection of medical records. The documented procedures must be in place and kept for a period of six years. Organizational changes that potentially influence how patient health information is handled or secured necessitate updates.

Organizational buy-in is essential to a medical records management program's success. In order to ensure that all bases are covered while writing processes, senior-level executives should solicit feedback from every department that generates or handles records.

2. Establish a Systematic Approach to Employee Education and Training

In addition to sophisticated hacking, some breaches are the result of poorly educated staff mishandling sensitive health records. A recent survey indicated that more than half of all cybersecurity issues at small and medium-sized organizations were caused by negligent employees.

The department's workflow and efficiency can be improved by increasing the amount of work space and the number of employees.

3. Effective Record Labeling

Organizations require a comprehensive taxonomy and indexing system that covers every type of record handled in order to efficiently monitor patient records from generation to deletion. As a result, retention plans are more easily adhered to, and searching is faster and less expensive.

4. Streamline Procedures

In the medical industry, human mistake is virtually unavoidable due to the complexities of state and federal regulations. Medical records management programs can improve patient safety and quality of care by automating tedious and time-consuming tasks.

5. Boost the safety of your data

Patient records must be protected at every stage of their lifecycle, from creation to destruction. As long as electronic records are in use, they should have a clear audit trail, and paper records should be kept in a safe location with limited access. Offsite storage of records must be done so in facilities that are both approved and climate-controlled.

6. Carry out Your Own Internal Audits

There are regular and thorough audits conducted to ensure that suitable privacy protections are in place. Performance and compliance monitoring together with frequent self-auditing should be implemented by enterprises so that penalties can be avoided.

It has been determined, on the basis of the findings and interpretations of the study, that certain adjustments should be taken into consideration in order to enhance the level of service provided by the Medical Record Department.

- ☐ The Medical Record Department must have a sufficient number of qualified and experienced staff members in order to produce a high-quality Medical Record. Consequently, the Medical Record Department of the hospital must have a sufficient number of skilled staff members because the current staffing level in the department is inadequate.
- ☐ The introduction of documentation for electronic health records is a potential.
- ☐ The forms that are included in the case sheets ought to be in the A4 format, since this would make scanning them easier.
- ☐ There is a lack of enough working area as well as storage space, and both of these should be expanded.
- ☐ To install a culture of learning and getting things done throughout the entirety of the medical setting

CONCLUSION

- ❖ The Medical Record Department's staff was seen to be serious and conscientious, and the department was digitized, allowing for the scanning of records, which will be beneficial. Medical Record Department staffs and officers were interviewed and observed to gain an understanding of the system's workings. As a result, the Medical Records Department's staff could be counted on to be truthful and self-aware.
- ❖ The results of the analysis also revealed that even while the department is operating quite effectively, there are still some areas that have room for significant development. It was felt that there was room for growth in terms of the number of staff members working in the Medical Record Department. The findings of this study also point to the fact that the current status of medical records implies that is beneficial, easily accessible, and inexpensive.
- ❖ As the Medical Record Department is the department that would benefit the most from being computerized. The majority of wealthy nations have used a system called Health Record. The staff members who work in the Medical Record Department responded that the computerization of the Medical Record department is necessary and helpful, and that the creation of daily statistics with the use of computers reduces the amount of work that needs to be done. Considering that the use of computers is quickly becoming an integral part of health information systems. When there is computerization, it is simple to access the information that is needed.

ANNEXURE-

S.no	Name of the Department	Date of Visit	No. of Days Spent	Interacted with (Name and Designation)
1	Operations Department	18/4/22	DAILY	Dr. Charu Sachdeva (DM-Ops)
2	Front Desk	20/4/22	5	Mr Sumit (Manager)
3	In-Patient department (IPD)	25/4/22	6	Ms. Nita In-charge Nursing Staff
4	Outpatient Department (OPD)	30/4/22	6	Ms. Deepika (OPD-Incharge)
5	Billing	5/5/22	4	Ms. Mita Ghosh (AGM- Billing)
6	Third Party assurance (TPA)	8/5/22	4	Dr. Preeti Prakash Se. Med Officer
7	Information Technology Department (IT)	10/5/22	12	Mr Deepak (IT-HEAD)
8	Medical Record Department (MRD)	20/5/22	15	Mr K.S Rana (MRD-DGM)

ANNEXURE -

DETAILS OF PATIENT
NAME OF PATIENT
CR NUMBER
AGE / SEX
ADMISSION DATE AND TIME
DISCHARGE DATE AND TIME
DATE AND TIME OF FILE RECEIVED AT MRD DEPARTMENT
DATE AND TIME OF PATIENT FILE UPLOADED ON SURVER
DOCTOR NAME
BILL CATEGORY
MRD DISCHARGE STATUS
MRD DESCRIPTION
FINDINGS: 1. Turnaround time of patient file movement from discharge to MRD department. 2. Turnaround time of patient file movement from discharge to uploading on Cloud Server. 3. Turnaround time of patient files on the basis of bill category (cash/credit) to MRD 4. Percentage of files sent back and Percentage of Patient files uploaded on Cloud Server

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