



SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

CHIKKARAYAPURAM, NEAR MANGADU, CHENNAI – 600069

MEDICAL RECORD & CLINICAL AUDIT COMMITTEE

Chairperson:Dr Kasinathan B, Dean

Co-Chairperson:Dr Ganesan Muruga Perumal, Vice Principal

Co-ordinator:Dr. Raju, Associate Professor, Pediatrics

Role of Co-ordinator: To conduct periodic committee meeting and to maintain committee related documents including Minutes of Meeting (MOM).

Terms for Reference: The members are appointed for a period of 4 years from date of 1st committee meeting. Members will be rotated or replaced after the completion of 4 years or any other members retire or resign during their tenure.

This committee will function on monthly basis under the Chairperson and Coordinator. The Coordinator will be responsible for organizing the committee meeting and minutes recorded.

Frequency: Monthly once

Quorum: 50% of the members should be present for the Committee meeting

Introduction

A Medical Record Audit is a type of quality assurance task which involves formal reviews and assessments of medical records to identify where a medical organization stands in relation to compliance and standards. A medical record audit was not really a big deal several years back. Clinical documentation was originally meant for providers or physicians to access important patient details to identify medical solutions.

PURPOSE

- ❖ Identifying members and formation of a Committee.
- ❖ Process for Selection and review of medical records by the Audit Committee.
- ❖ To identify the gaps with respect to Standard protocols laid by Specialists.
- ❖ To suggest the corrective measures and preventive measures, in case of lacunae.

SCOPE

All types of medical records and related functions, including paper based and electronic.

RESPONSIBILITIES

Coordination and oversight of the organization's ongoing records review program includes:

- To provide guideline instructions for better management of patients medical records
- Committee periodically evaluates the medical records
- To review the completeness of patient records in the medical records
- To see that all records are dated, timed and legibly signed by the authorized personnel making the entries.
- Provides feedback and guidance to the departments, whose records were audited to facilitate correction of deficiencies.
- Completes audit cycle by review of practices.
- To nominate a team for regular conduct of mortality and morbidities review, once every fort night. It submits the report to the medical audit committee for corrective action.
- Sentinel events defined are intensively analyzed on periodic basis.
- Establishing the calendar for reviews
- Assisting with topic and indicator selection
- Establishing focused reviews
- Analyzing data from reviews, and taking action as soon as appropriate
- Conducting point of care reviews using the tracer methodology
- Reporting to appropriate organization and medical staff committees
- Review of the monthly delinquent record statistics and taking action as needed

- Other duties as relate to the documentation, use, and storage of medical records
- Review of medical records to ensure that they are accurate, clinically pertinent, Complete and readily available for continuing patient care and medico-legal requirements.
- Review of proper report of various report like notifiable disease ,birth report ,death report ,monthly delivery report ,vaccination report to government agencies
- Ensure that medical staff complete all the medical records of patients under their care by recording a discharge diagnosis and writing a discharge summary (where required) for each discharged patient within a specified period of time;
- Determine the standards and policies for the medical record and the medical record services of the health care facility;
- Recommend action when problems arise in relation to medical records and the medical record service;

Prioritizing medical records in terms of quality, compliance, and reliability can help a hospital become more flexible to whatever change or demands that may be implemented in the medical field. Quality problems can have a significant financial impact on an organization. Professional self- regulation provides clinicians with the opportunity to help set standards. The utility of audit and feedback has been reviewed by the Cochrane Collaboration.

COMMITTEE MEMBERS:

S.NO	NAME	DESIGNATION
1.	Chairperson: Dr KasinathanB	Dean
2.	Co-Chairperson: Dr Ganesan Muruga Perumal	Vice Principal
3.	Co-ordinator: Dr. Raju	Associate Professor, Pediatrics
4.	Dr Mohanambal	Medical Superintendent
5.	Dr.R.Sukumar	Professor & HOD, General Medicine
6.	Dr.Lakshmi Mani	CCMO and NABH Co-ordinator
7.	Dr G. Karunakaran	Professor & HOD, Paediatrics
8.	Dr. T.V.Asokan	Professor & HOD, Psychiatry
9.	Dr.P.Ramanujam	Professor & HOD, General Surgery
10.	Dr.K. Chandrasekaran	Professor & HOD, Orthopedics
11.	Dr.M.Sunitha	Professor & HOD, ENT
12.	Dr. Kumaravel.P	Professor & HOD, Ophthalmology
13.	Dr. S.Radha Bai Prabhu	Professor & HOD, OBG
14.	Dr E. Reyasudeen	Professor &HOD, Anesthesiology
15.	Dr. Karpagam	Professor &HOD, Radiology
16.	Dr.RaguGanesh.M	Professor&HOD, Dentistry
17.	Dr. K.Radha Raja Prabha.K	Associate Professor, Dermatology
18.	MrsThangamariyammal	NS
19.	Mr Arun	MRD in charge
20.	Mrs. Kalaivani	All nursing supervisors
21.	Mrs Lalitha	OT in charge
22.	All ward in charge staff nurses	