



SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

(Affiliated to the Tamil Nadu Dr.M.G.R. Medical University)

Chikkarayapuram, Near Mangadu, Chennai - 600069

Ph: 044 - 66344044, 66344000 Fax: 66344055, 66344050

E-Mail : smmchri2009@gmail.com, smmchri@yahoo.com

Website : www.smmchri.res.in

MEDICAL RECORD & CLINICAL AUDIT COMMITTEE

Chairperson :DR. Jayanthi Rangarajan, Dean

Co-Ordinator: Dr.V. Raju, 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 5 years from date of 1st committee meeting. Members will be rotated or replaced after the completion of 5 years or any other members retire or resign during their tenure. This committee will meet three months once under the Chairperson and Coordinator. The coordinator will be responsible for organizing the committee meeting and minutes recorded.

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.



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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 patient's 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



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- 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.



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MRD COMMITTEE MEMBERS- 2024-25 (UPDATED)

S.NO	NAME	DESIGNATION	POSITION
1.	Dr. Jayanthi R	Dean	Chairperson
2.	Dr. V.Raju	Professor, Pediatrics	Coordinator
3.	Dr Ugananth Subash	Deputy Medical Superintendent	Member
4.	Dr. RajaLakshmi	Professor & HOD, General Medicine	Member
5.	Dr.Lakshmi Mani	CCMO and NABH Co-ordinator	Member
6.	Dr P.S.Muralidharan	Professor&HOD, Paediatrics	Member
7.	Dr. T.V.Asokan	Professor&HOD, Psychiatry	Member
8.	Dr.P.Ramanujam	Professor & HOD, General Surgery	Member
9.	Dr.ManiRamesh	Professor&HOD, Orthopedics	Member
10.	Dr.M.Sunitha	Professor & HOD, ENT	Member
11.	Dr.Malarvizhi	Professor & HOD, Ophthalmology	Member
12.	Dr. S.SampathKumari	Professor & HOD, OBG	Member
13.	Dr E. Reyasudeen	Professor&HOD, Anesthesiology	Member
14.	Dr. Karpagam	Professor&HOD, Radiology	Member
15.	Dr.Hameed Fathima	Associate Professor, Dentistry	Member
16.	Dr. K.Radha Raja Prabha.K	Professor, Dermatology	Member
17.	MrsThangamariyammal	NS	Member
18.	Mr Arun	MRD in charge	Member
19.	Mrs.Gayathri	nursing supervisors	Member
20.	Mrs.Lalitha	OT in charge	Member

Review and Revision



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Periodically review the SOP to ensure its relevance and effectiveness.

Revise the SOP as needed to accommodate changes in the policies or institutional goals.

Approval

This SOP is approved by the Dean and will be reviewed annually or as needed.

S. H. M.

IQAC COORDINATOR

[Handwritten Signature]

DEAN

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