1. POLICY:

a) The medical records shall be reviewed and audited periodically and used as a tool for quality improvement of clinical services. A medical record audit committee is composed for this who shall audit the records on half yearly basis.
b) Appropriate sample of the medical records shall be selected for audit. The sample should be based on statistical principles and representative of all records. Adequate mix of active and discharge cases shall be kept in sample
c) The medical audit findings shall be kept confidential and circulated only to the care providers.
d) Patients and staff anonymity shall be maintained in medical audits
e) Based on the findings in medical audit, medical record audit committee shall take appropriate corrective and preventive actions.

2. PURPOSE:

a) To retrospectively evaluate clinician's conformance to the norms and standards of the modern medical practice.
b) To aid in improving quality of clinical care by highlighting opportunities for improvement.

3. DEFINITIONS:

Review of medical records is a process structured to check the completeness of the medical records according to a pre-defined sampling methodology such that the deficiencies in the medical records are identified and necessary corrective actions are taken to address the concerns identified during the medical review of the patient documentation records.

4. ABBREVIATIONS:

IPD: Inpatient department

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MRD: Medical Records department
IP: In Patient
MRMAC: Medical Records & Medical Audit Committee

5. SCOPE:

This procedure covers Medical Files of IPD patients of all specialties mentioned in scope of services of the hospital

6. RESPONSIBILITY:

Chairperson, Member Secretary and members of Medical record Audit Committee

S. NO.	ACTIVITY	RESPONSIBILITIES
1.	To conduct the open file medical records audit daily.	Quality
2.	To decide the number of files to be audited (Sample size) based upon following statistical process for monthly audit • Population size = Total patient treated or are being treated as in-patients in last one months • Sample size = 15 % of the population size (at least one file from each specialty shall be included) • Confidence level = 95 % • Systematic random selection: Through computer generated random numbers (selection on basis of IP numbers)	Chairperson of medical record audit committee
3.	Sample selection and stratification • Files of all the cases with death discharges (Not to be	Chairperson of medical record audit committee

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	included in sample size) • Files of all cases who underwent an adverse clinical event during the stay (Not be included in sample size) • 25% - Active files, 75% - Discharged files • At least 1 file from every specialty shall be included	
4.	No. of files in sample size is to be randomly selected and retrieved from MRD, and from inpatient areas in case of active files	Member secretary
5.	The files selected for audit shall be equally distributed to members of the committee or other consultants. Decision for distribution shall lie with chairperson. No auditors are allowed to audit their own cases.	Chairperson of medical record audit committee
6.	The audit checklist shall be distributed amongst members who have to audit the records	Member secretary
7.	Composition of audit team may be altered at the discretion of the chairperson to allow fair representation to all consultants	Chairperson of medical record audit committee
8.	The files to be audited as per the checklist and as per their own understanding of the case and medical practice	Members of medical record audit committee
9.	Following points shall also be checked during review • Completion of various components of medical files, i.e. whether all entries are made and all necessary forms are attached in the records	Members of medical record audit committee

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	• Proper endorsement of name, date, time and sign of the person who made entries • Legibility of the entries • Adequacy and fulfillment of minimum requirements of assessment notes as per the subjective, objective, assessment and plan (SOAP) note methodology.	
10.	Complete the medical audit checklist and write your remarks. Be elaborative while writing the audit observation. Justified and adequacy of treatment should be focused while auditing	Members of medical record audit committee
11.	Call the meeting of MRAC, to discuss the findings of audit and corrective/preventive measures.	Chairperson of medical record audit committee
12.	Each member shall present his/her audit findings in committee meetings. Based on this committee shall discuss and decide preventive actions or quality improvement actions Anonymity of the clinicians shall be maintained while presenting the audit findings	Members of medical record audit committee
13.	If all audit presentation cannot be completed, call for a second meeting. Do not compromise the functioning for time shortage	Chairperson, and Members of medical record audit committee
14.	Major findings of the audits of each case, brief description of the discussions and decision taken shall be recorded in minutes of meeting format	Member secretary

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15.	The minutes of meeting shall be reviewed and approved by chairperson before circulation	Member secretary, Chairperson of medical record audit committee
16.	Minutes shall be circulated to all the consultants and to medical director. The minutes shall be kept confidential and should not be revealed to any other	All members
17.	Completed checklist and a copy of the minute shall be kept in medical audit committee file as record	Member secretary
18.	A repeat meeting shall be called to monitor and to discuss the action taken on decisions	Chairperson of medical record audit committee

7. **DISTRIBUTION:** Deputy Medical Superintendent, Medical record audit team members

8. **REFERENCES:**
MCI guidelines with regards to the medical documentation process

9. **RECORDS AND FORMATS:**
Medical record audit review form

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