



# VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE MADURAI - 625009

7.2.1

## Institutional Best Practices

### Title of the Practice -1

Velammal community service & Quality care at affordable cost.

#### Objectives.

- Identify medical needs of community
- Provide preventive, promotive & curative health services free of cost.
- Identify and enrol critically ill patients through door-to-door health surveys.
- Provide free-of-cost treatment at VMCH&RI.
- Quality care at affordable cost.

### The Context

Velammal community service was initiated in January 2018 to provide both ambulatory primary medical care through mobile health camps & specialist/in-patient care by referral to VMCH&RI to the rural community. Majority of services such as doctor consultations, basic drugs & investigations are offered free of cost. Other services at subsidized rates.

### The Practice

- Members of Panchayath Raj are involved for arranging a place.
- Community receives free primary health care and screening for common chronic health conditions like Diabetes & Hypertension, etc.
- Essential medicines and drugs for Diabetics and hypertension, etc. given free of cost to increase compliance.
- Patients requiring further specialist care, investigations, treatment or surgery referred to VMCH&RI with free transportation facility.
- Other benefits:
  - ✓ Basic laboratory tests like Complete Blood Count, Serum urea and creatinine provided free of cost
  - ✓ Other investigations at subsidized rates.
  - ✓ Angiogram is free of cost for needy patients.
  - ✓ Surgery at concession rates.
  - ✓ Free in-patient stay in general wards and food.

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- ✓ Dedicated team of doctors and staff nurses.
- ✓ Mobile medical team visits them periodically for follow up.
- Quality care at affordable cost initiative is to mainly increase drug adherence and proper follow up of patients by prescribing generic drugs, which are priced far below market rates. Drugs which are essential and basic drugs costing less than Rs.3 are given free of cost to all patients
- Surgery procedure charges are 50% less to other private medical colleges. To reduce maternal mortality rate, Velammal offers both normal labour and caesarean section at free of cost. Public transport facility is available.

## Evidence of Success

- 131 camps were conducted in 105 communities serving a total of 19,379 patients. They have received specialist care and treatment free of cost/subsidized rates by referral to VMCH&RI.
- Around 250 members are benefitted every month.
- Many people are provided primary medical care through mobile health camps.
- Cost of medications at Velammal are less compared to the market pharmacies.

Year wise consolidated list, Cumulative list of referral patients and date wise list of Camps provided as document.

## Problems Encountered and Resources Required:

- Inordinate delay in permission from panchayatraj.
- Logistics is a challenge in sensitive/remote areas.
- Inadequate pre-camp publicity by community.
- People perception of poor quality of medical care when given at their door steps.
- Bringing people together from different socio-economic groups/ religions and introducing health as a priority in their lives
- Patients not coming for follow up
- Keeping Faculty and staff motivation high.

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- Wrong perception of Generic drugs being of low quality.
- Initiative is made known to many people.

**Resource required-**Mobile Medical Team, Camp Van, Medical Equipment's, Basic Drugs, IEC Materials, Human Resources, Material, Logistics and Finance.

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#### Title of the Practice -2

"Clinical Audit for Continuous Improvement of Service Beyond Professional Responsibilities"

#### Objectives:

- Assess clinical processes of VMCH&RI on a Continuous basis.
- Administer health care interventions to transcend health status of patients.
- Acclimatize Medical Students and Interns about the requisites.

#### Context:

- Clinical audit, being a proven method of quality improvement involves systematic way of implementing clinical processes to increase health quotient of society.
- It enables execution of planned processes, and incorporation of changes for improved patient care.

#### Practice:

VMCH&RI has implemented Clinical Audit in all 15 departments. Modus operandi

- Every Department audit team consists of three/four Doctors.
- It will have its own schedule/checklist for collection of data.
- Inpatient files are primary source of information. (Normally one-month files perused).
- Based on observations compliance done in the right earnest.

#### Outcome of clinical audits:

- Training of Interns and Staff.
- Educating referral centres for timely referral of cases.
- Educating billing section, front desk, ER staff, lab, PRO and Radiology for providing quick and efficient service.
- Department wise improvements

**Ophthalmology:** Only 2 had vision less than 6/24 which was 6 out of 55.

**Cardiology:** Cardiac team involved general physicians and other specialists to provide quality care to patients with multiple comorbidities during hospital stay.

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**Cardiothoracic Surgery:** Sheathed technique preferred for IABP insertion resulting 0% cases of acute limb ischemia intraoperatively.

**Dermatology:** Strict glycaemic control and early IV antibiotics were planned after departmental consensus obviating chronic infection in inpatient leprosy patients.

**Neurology:** Code Stroke created and patients treated with emergency care, early thrombolysis and Physiotherapy resulting <1 % incidence of delayed recovery.

**Obstetrics & Gynaecology:** Importance of prophylaxis was stressed and all mothers (if not emergency) received tocolyses till completion of prophylaxis.

**Paediatrics:** Nutritional advice is added to discharge checklist.

**Urology:** Earlier (5%) operated patients developed UTI in a month. Now it's "NIL".

**Vascular Surgery:** Compliance to standard care increased to >90% from earlier 70%.

**Emergency Room:** A decrease of waiting time in ER by 1 hour.

**Gastroenterology:** Now no patient develops aspiration or other complications.

**Intensive Care Unit:** Now all patients get assessment and predictions done on time.

**General Medicine:** MEWS scoring, code blue reported zero.

**Oncology:** Double checking of orders ensured before drug administration.

**Respiratory Medicine:** Adherence to NTEP for TB treatment has improved significantly to >95%.

## **Evidence of success:**

Clinical audits are implemented in VMCH&RI across all departments and findings are complied with for continuous clinical quality improvement for high standard of patient care. This process promotes clinical services with interdisciplinary institutional approach. It inculcates values of "Service Beyond Self" in Students, Faculty and Staff.

It has helped to retain trust and respect of patients and public apart from being a quality improvement tool in health service at VMCH&RI.

  
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**Problems encountered and resources required:**

Patients' priorities differ significantly from those of clinicians. Ensuring healthcare staff to learn art of clinical audit.

Clinical audits have equipped VMCH&RI to embrace changes ensuring improved patient care.

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