

**Internship
at
Shalby Hospital,
Ahmedabad**

***By*
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*MBA Hospital and Health Management
2014-2016*

The logo for IIHMR University, featuring a stylized 'i' in a square followed by the letters 'IIHMR' in a large, bold, serif font, and the word 'UNIVERSITY' in a smaller, sans-serif font to the right.
**The IIHMR University, Jaipur
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SHALBY HOSPITAL

1. INTRODUCTION

Shalby hospital is one of the leading multi-speciality tertiary care healthcare institutions in Western India, with super specialisation in joint replacement.

Shalby began its Journey as a 30 bedded Joint Replacement Centre – single speciality hospital in 1994 by Dr. Vkram Shah. It has made tremendous progress in this field, as can be seen by the fact that the highest number of joint replacement surgeries done in a single hospital anywhere in the world are done in Shalby hospitals' S G road, Ahmedabad Unit (Main Branch). Till date, over 50,000 joint replacement surgeries of different types have been done by the in-house surgeons of Shalby Hospitals. Shalby hospital has later expanded into multispeciality hospital on SG unit, in 2007. Over the years, this esteemed organisation has succeeded in acquiring other hospitals.

Presence of Shalby hospital in India:-

- Shalby Hospitals, Ahmedabad
- Krishna Shalby Hospital, Ahmedabad
- Vijay Shalby Hospital, Ahmedabad
- Usha Shalby Hospital, Vapi
- Vrundavan Shalby, Goa
- Jabalpur Shalby
- Mohali Shalby
- Indore Shalby

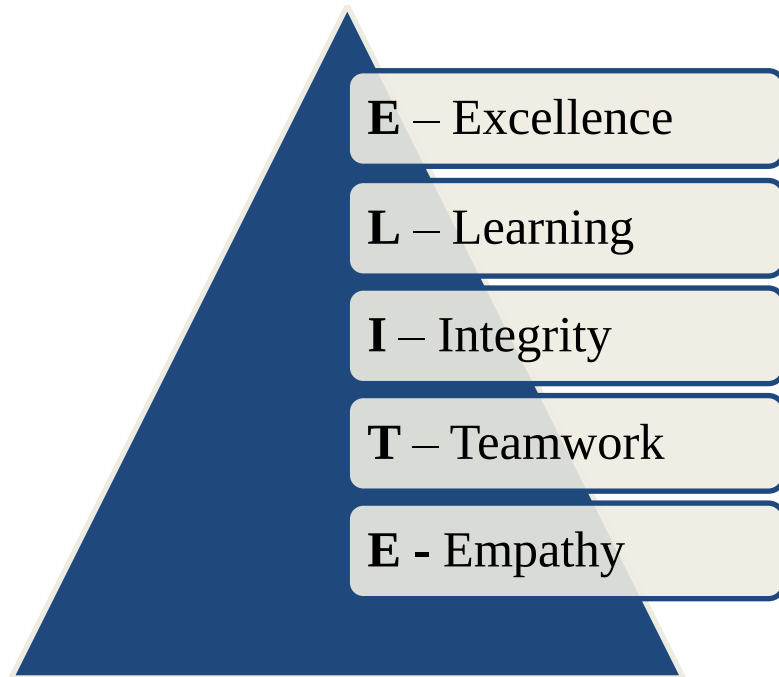
VISION

To be among the best joint replacement centres of the world, and a preferred medical institution for treatment of Cardiac, Spine, Oncology, Trauma and other medical conditions through world class technology, human expertise and highest professional standards at competitive costs

MISSION

To preserve and sustain quality human life as humanely as it can be done through painless processes, facilitation of speedy recovery, and indigenization of medical technology and to promote wellness and awareness through best practices at the highest value for all concerned

CORE VALUES



KEY FEATURES OF SHALBY HOSPITAL, SG UNIT

- Total beds – 200 beds
- Total Operational beds – 152 beds
- OT – 10 [Major : 8 & Minor : 2] ; ICU beds – 26
- Green and fire brick covered building
- Double glazed full sized windows, insulated and illuminated

SCOPE OF SERVICES

- Anaesthesia
- Arthroscopy
- Bariatric Surgery
- Cardio Thoracic Surgery
- Cosmetic Surgery
- Critical Care
- Dentistry
- Dermatology
- Diabetology
- Ear, Nose and Throat Surgery
- Endoscopy and Laparoscopy

- G. I. Surgery
- Gastroenterology
- General Surgery
- Gynaecology and Obstetrics
- Infectious Disease
- Internal Medicine
- Joint Replacement Surgery
- Kidney Transplant
- Minimal Invasive Surgery
- Nephrology
- Neurology
- Nutrition and Diet
- Onco Surgery
- Oncology
- Ophthalmology
- Orthopaedics
- Pain Clinic
- Physiotherapist
- Plastic Surgery
- Respiratory Medicine
- Rheumatology
- Spine Surgery
- Trauma Surgery
- Urology
- Vascular Surgery

FACILITIES AVAILABLE

- Administrative Services
- Ambulance Services
- Biomedical Engineering Services
- Biomedical Waste Management
- Central Store Services
- Clinical Research
- CSSD Services

- Emergency Services
- Hemo – Dialysis Services
- Hospital Infection Control
- Information Technology Services
- Kitchen & Cafeteria Services
- Linen Services
- Maintenance & Engineering Services
- Medical Gases Services
- Medical Records Department
- Mortuary Services
- Pathology Services
- Pharmacy Services
- Preventive Health Check Up
- Radiology Services
- Security Services

2. DEPARTMENT WORKED / VISITED

- I was posted as Management Trainee in Quality Department

TASKS THAT WERE ASSIGNED TO ME:-

- **NABH Re-accreditation Process -**
 - As during the month of February, 2016 (26th , 27th and 28th), there was NABH re-accreditation process in Shalby hospital (SG unit), based on NABH 3rd Edition. Related to that, I was assigned task to look after the quality indicators compliances.
 - Post NABH re-assessment process, I was given the task to complete the process for NABH Non-Compliance closure work.
- **Live File Audit -**
 - As per the CQI chapter in NABH guideline, there is need for the monitoring of initial assessment of patients by doctors, initial nursing assessment, nutritional screening, consent form completion, safety checklist completion, reassessment completion. The monitoring of all these parameters has been done by me on monthly basis in the form of “Live file Audit”.

- **Safety Adherence Monitoring – Radiology Department -**
 - So as to ensure the safety of staff in radiology department, safety adherence monitoring for radiology department, has been given to me on monthly basis.
- **Mega rounds and Facility Round –**
 - I was assigned the duty to take the Mega rounds along with the other members of the rounds every alternate day. Mega round is the round in which one representative from each department such as operations, clinical, hospitality, quality, dietetics, nursing, infection control team should be present and address the queries of the patients during round. Every department is given the particular day to prepare the MOM for the round and circulate the same to concerned departments. Quality department i.e my turn used to come every Thursday.
 - Facility round is the round in which Quality team takes the round so as to ascertain that everything is in place and according to the policy of hospital. I was assigned to take the facility round along with Quality Manager. The observational report for the same was also prepared by me and circulated to concerned department.
- **Observational Learning –**
 - As a part of my dissertation project, I was asked to observe the entire process flow of radiology department. My observations included the process flow, to observe the various modalities of radiology department and have in-depth knowledge of various diagnostic equipments.

Difficulty Faced :-

- All the staff were very cooperative and were ready to share their experiences. I didn't find any difficulty in working or completing my projects in the hospital. Although there was some reluctance in the staff related to our work, but when they came to know that we were there for improvement and not fault findings, then all staff started cooperating with us.