SUMMER INTERNSHIP

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Industry Sector Profile

Brief History

Fortis Healthcare (FHL) incorporated in 1996; is engaged in running chain of hospitals. FHL started its hospital operations in 2001 through its flagship Mohali Hospital.

Organization Vision & Mission

"Saving & Enriching Lives"

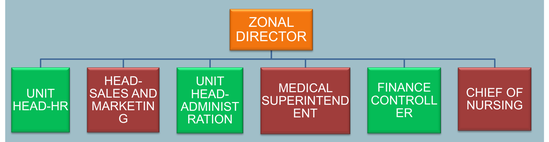
"To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care"

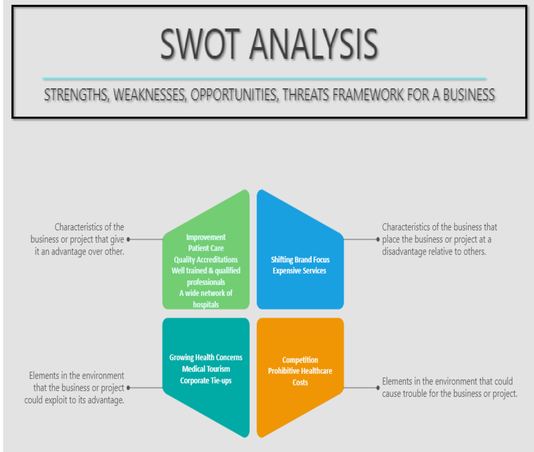
Brief Description About The Industry

Healthcare has become one of India's largest sectors, both in terms of revenue and employment.

India's healthcare delivery system is categorised into two major components public and private. The government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority of secondary, tertiary, and quaternary care institutions with major concentration in metros and tier-I and tier-II cities.

Organization Structure



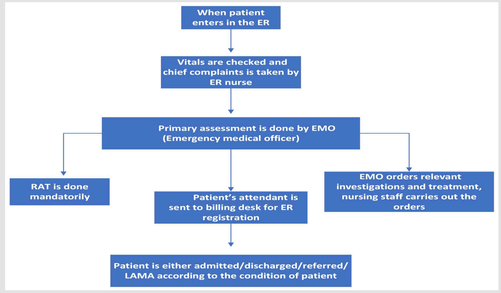


Learning And Value Additions Done During Internship

Emergency Department

- Observed admission form, triage sheet, triage H&P sheet, investigations all are sent to the respective department where the patient is transferred after admission.

How The ER Works



HR Department

- Absconding letter creation
- Maintained leave management sheets
- Hiring, offer letter creation, salary negotiations with doctors , salary decision of doctors, and the documents maintenance after hiring the candidates
- Learnt about Naukri.com for talent acquisition
- Accompanied deputy HR managers during grooming rounds for PCS (IPD and OPD staff), employ engagement (events, training, celebrations) like Employee of the month-Dil Jeet Liya card
- Personal file maintenance of employees with proper order of documents.

Medical Record Department

- Maintenance of records for IPD admissions and for medico legal cases
- Ensured that all the files are properly signed by doctors and staff.
- Observed the checklist which consists of all the necessary required documents for record purpose
- MRD sends the COVID data weekly to the government and specially in Delhi, the details of patients diagnosed with malaria/chikungunya/dengue is also sent to the government.
- MRD also ensures that the TAT is maintained after the discharge of patient which is of 48 hours
- It also helps the management for decision making for increasing the number of beds, man power etc by analysing the duration of stay of the patient.

PCS

- Knowledge about the whole hospital and the people working
- Improved communication skills

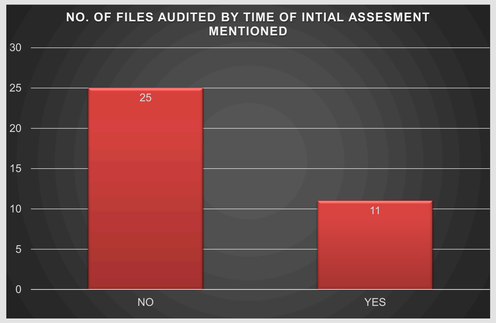
Medical Admin(Discharge)

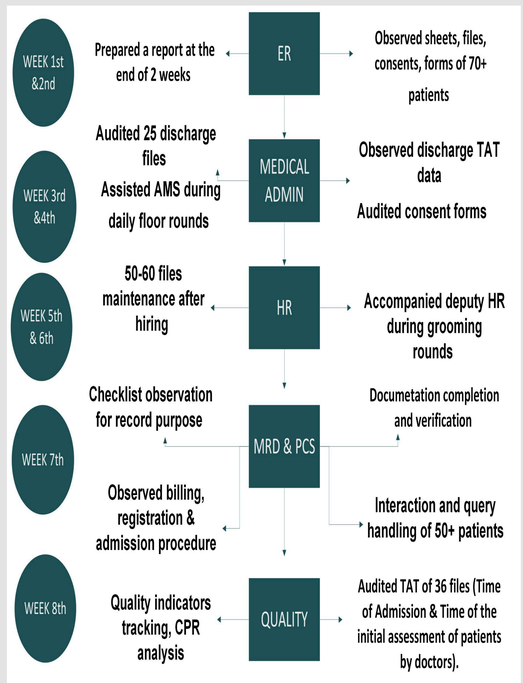
- Audited active patient files which included Time of initial assessment & counter signature by physician
- Observed discharge TAT data
- Observed discharge summary preparation
- Attended bio waste management classes and board meetings in where the monthly reports are discussed between doctors.
- Assisted AMS during daily rounds on the ward floors to check biowaste management
- Audited consent forms which included: Language medium of consent form, patient/witness/surrogate signature with date and time, Full name of procedure/surgery without any short name

Quality

- Maintenance of CQI forms of CPR, RRT, Return to ICU, Return OT, Reporting error, Medication error, OPU files
- Documentation audits of active & inactive patient files as per NABH Quality indicators
- Observed the Incidents root cause analysis (RCA) & corrective & preventive action (CAPA)
- Observed CPR analysis
- Attended monthly CPR meetings, analysed the CPR episode reports.
- Quality indicators tracking with more than 20 parameters and regularly entering the data in organisation's system

Quality Audit





Difference Between Practical Exposure & Theoretical Work

- Shifting patients directly to the ER for CPR instead of cardiac resuscitation room.
- Theoretically subjects are very crisp and compressed however; in reality every department is correlated to each other.

Challenges Faced During Internship

- Decreased interaction with department mentors due to their busy schedule and increased work load on them
- Limited access to confidential files
- Less number of days in some department lead to limited exposure
- Limited access to designated organization's applications

Usefulness of Internship

- Networking and building connections
- Overview of hospital industry
- How patient satisfaction is valued above everything
- Day to day working of a big hospitals
- Meetings with directors and senior consultants
- Improved communication skills
- Board meetings imparted a lot of knowledge and challenges faced in a hospital
- Understanding of NABH guidelines
- Understood the work profile of quality managers and their challenges

Suggestions For Organization

- Excess workload in quality department because only one staff handles everything, there should be team or intern assisting the quality head.
- In discharge department, only one administration manager handles the discharges, there should be separate team for assisting patients as there is too much miss communication between the hospital and TPA during bill settlement of which patients are unaware.
- There is no enquiry counter in the hospital where only patient queries are handled, usually these are resolved by the PCS team.
- There should be separate registration and billing counter for ER patients to decrease the delay in registration, investigations and discharge.