SUMMER INTERNSHIP PROGRAM

Industry Mentor: Dr. Gaurav Sharma

SUKANYA TEWARI (MBA-HM 1420)

Faculty Mentor: Dr. Arindam Das

Industry Sector Profile

Brief History

An Endless Journey:

1969-1979

It was the first private hospital with the cutting edge facility in healthcare in Kolkata

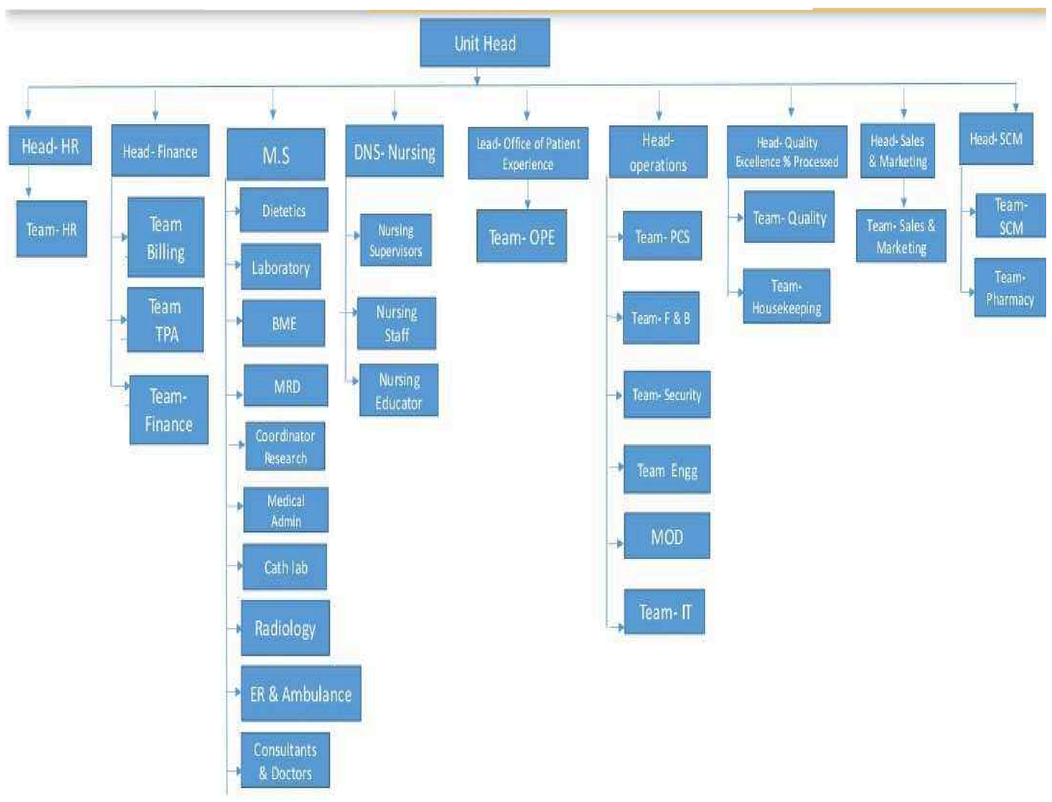
1989-1999

The journey to serve the community took a new direction with the establishment of a super specialty cardiac hospital — BM Birla Heart Research Center. It is the first hospital in India to receive the National Accreditation Board of Hospital award.

1999-2019

In 2016, the group launched the most progressive centre of the clinical care at Jaipur — The Rukmani Birla Hospital.

Organization Structure



Organization Vision & Mission

Vision: To provide best of Patient Service & Clinical Excellence

Mission: To create Clinical Centres of Excellence on a strong backbone of research, academics and evidence-based medicine for best clinical and patient outcome.

This hospital works on three key principles:

Clinical excellence

Ethical Conduct

Patient Centric

Organisation Description

The CK Birla group has different chains which includes hospitals in Gurugram(CK Birla), Jaipur(RBH), Kolkata(CMRI), Kolkata (BM Birla heart research centre). CK Birla hospital is a 230 bedded multi-speciality hospital in Jaipur. RBH has 24 hours specialised healthcare departments with highly trained doctors and nurses.

Services offered:

Paediatrics
Pulmonology
Anaesthesiology
Dental sciences
Dermatology
Diabetes and Endocrine Sciences
Dietetics
ENT
General Surgery
Internal Medicine
Interventional Radiology
Laboratory Medicines
Ophthalmology
Osteopathy
Pharmacology
Physiotherapy
Plastic , cosmetic and reconstructive surgery
Renal sciences
Neurosciences
Orthopaedics and joint replacement
Cardiac sciences
Obstetrics and Gynaecology
Gastro science

INTERNAL

Strengths

- **One of the best infrastructure.**
- **Innovative and upgraded medical equipment are available.**
- **Fast service to the emergency patients.**

Weakness

- **Staff Shortage.**
- **High operating expenses.**
- **High dependency on ground water**
- **No accommodation for attendants**

EXTERNAL

Opportunities

- **Have tie-ups with different healthcare industries.**
- **As Digital technologies is not yet available, the organisation can work more on implementing that.**

Threats

- **No scope of medical tourism.**
- **High Attrition rate.**

Recommendation:

- Based on the observations , the following suggestions can be taken up.
- It is essential to introduce EMR (electronic medical records) for the system to work more efficiently.
- The staffs should be trained and provide proper knowledge and education about the importance of complete documentation, to avoid inconvenient data.
- Weekly training sessions of staffs should be conducted.
- Should educate patients about the consent forms and the formalities to be done are ensured.
- Root cause are analysed to trace the reasons for incomplete documents.

Learning and Value additions

- I have worked on a project report which involves data validation of Quality Indicators in two departments includes Nursing and Blood bank department.
- Prepared data validation sheets of quality indicators of departments such as the Nursing, MRD, ER and blood bank ,then observed, and analysed how the raw data is taken from these departments through audit sheets in excel file.
- Visited MRD, checked the patient's file for the sign, date and time on important documents like consent forms, checking on nursing and nutritional assessments, care plans etc.
- Attended the training staffs for fire safety measures, HAZMAT, preparedness for NABH.

Difference between practical exposure and theoretical work:

In theoretical work : As per my knowledge, I was familiar with the hospital services (such as Essential services, Administrative services, supportive services, utility services) as well as hospital planning, designing, physical facilities.

I had some basic theoretical idea about NABH and its indicators.

In practical work: I have observed that these services are available here and the hospital planning has been followed.

As I was being posted in quality department , I got a great exposure on how to validate data. This organisation follows the NABH guidelines.

Challenges faced during internship:

There are some challenges I would like to discuss: *Heavy workload* on few departments which was a hindrance in collecting the data from department.

In Radiology department, a new co-ordinator was appointed who was not familiar with the proper organisation protocols, hence it was difficult to have an understanding about the department how it works and also retrieving proper data.

Usefulness of internship

- Knowledge of field and understanding the organization
- Gave recommendations to the organization which are to be improved.
- Gathered data from different departments and found out the gaps.
- In-depth knowledge of quality department of how it works.
- Have clear idea about the Organization culture.

DATA VALIDATION OF BLOOD BANK AND NURSING DEPARTMENT QUALITY INDICATORS

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INTRODUCTION

Quality Indicators (QIs) are standardized , Evidence- based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes. Quality indicator represents the extent to which set objectives are accomplished. The concept of indicator brings quality, efficiency and efficacy together. Efforts have been initiated to reduce the number of medical errors and improve the quality of healthcare delivery. Quality indicators helps to monitor, evaluate, and continuously improve service performance.

AIMS & OBJECTIVES

- The broad aim is to study and analyze quality indicators of two specific departments namely nursing and blood bank and identify the gaps (if any).

  Specific objectives of this study are given below.
- To check the consistency and accuracy of the indicators.
- To find the gaps in the indicators (if any) and suggest remedial measures for improvement.

METHODOLOGY

Study type: Retrospective cross sectional.

Sample Collection: February and March, 2022.

Sampling technique: Purposive random sampling .

Nature and Source of data: The secondary data collected from patient's file, the assignment registers of nurses, audit sheets, admission and discharge register. Besides, data is also collected from blood bank, the data is being validated by Cross match tag, transfusion reaction workup form, blood component preparation details record, discard/autoclave record, issue register, apheresis issue record,.

Study Duration: 1st May, 2022 to 30th May , 2022 .

Study Area: Nursing and Blood bank

Sampling tools: Data collected and validated in Microsoft Excel.

ANALYSIS

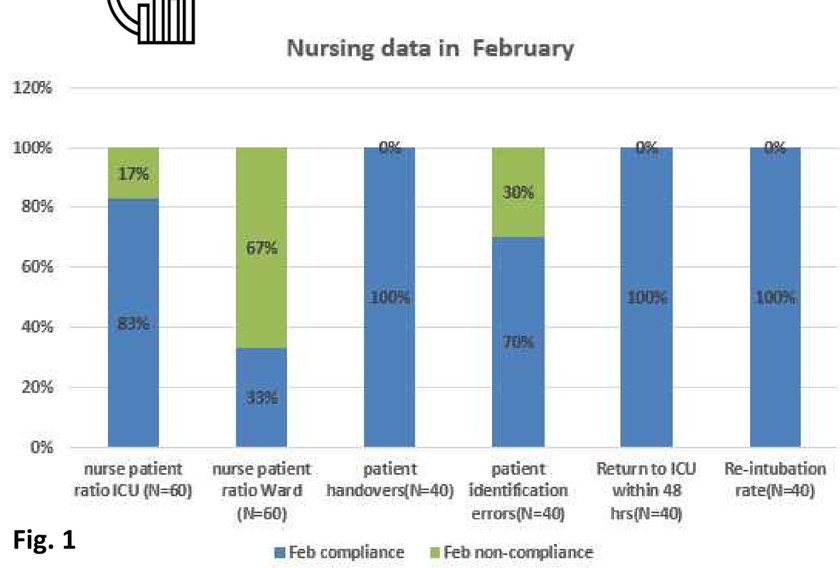

Fig. 1

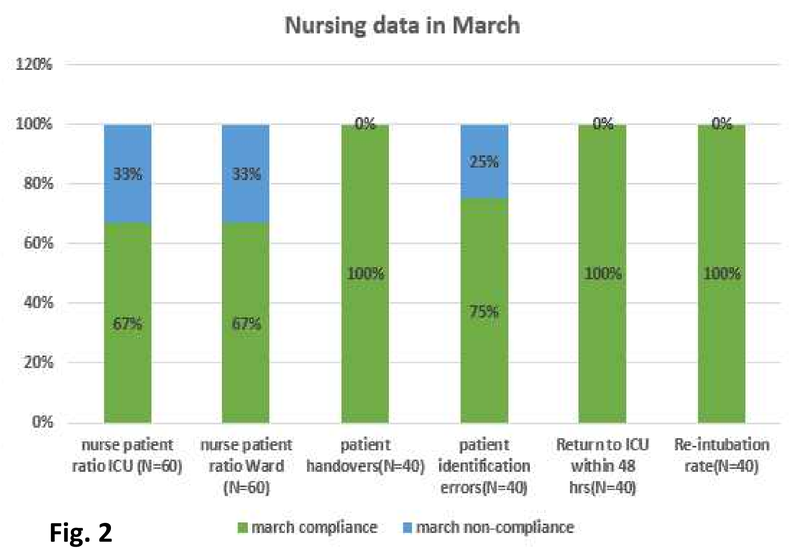

Fig. 2

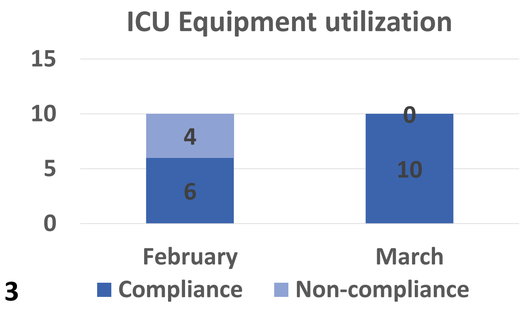

Fig. 3

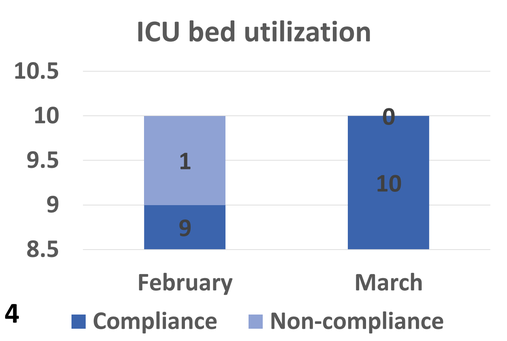

Fig. 4

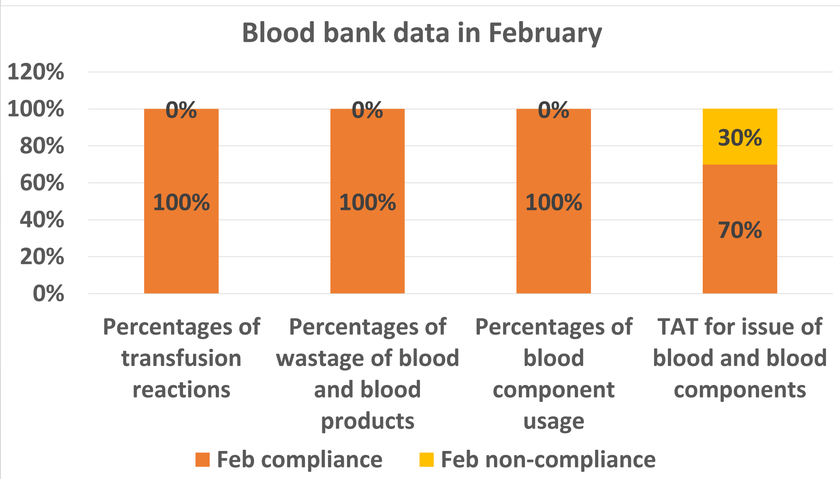

Fig.5

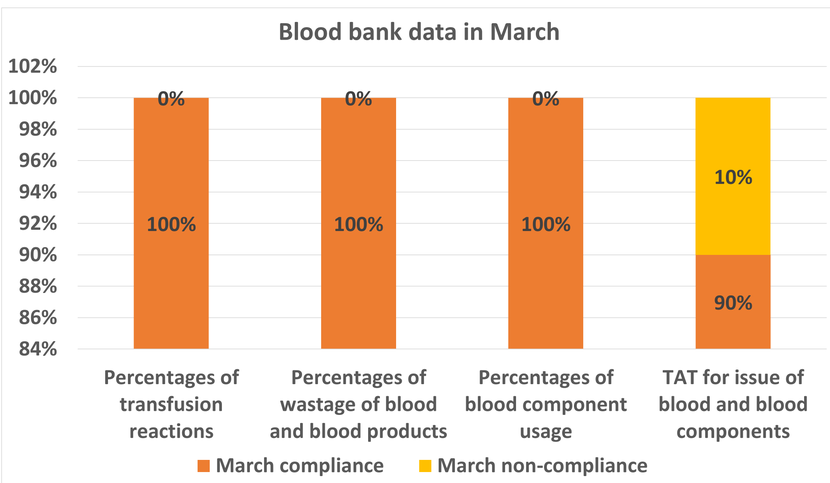

Fig.6

CONCLUSION

This study was conducted to understand and to validate the Quality Indicators of two specific departments- Nursing and Blood bank. Some indicators showed 100% compliance rate in both the months whereas some indicators are yet to be improved.

It is of concern that the documents of patients are properly filled and audits are to be improved in the upcoming months. In Nursing department, the compliance rate has to be improved due to various reasons. In Blood bank department, the compliance rate shows good results .

RECOMMENDATION

- The staffs should be taught the importance of sticking the patient ID to the respective documents to avoid any error.
- The nursing supervisor should focus on capturing their data correctly rather than putting wrong values in their audit sheets.
- They must highlight those patients who are returning to ICU within 48hours from those who have returned after 48 hours which makes a difference.
- Blood bank staffs should enter all the patient's data into the system whether the patient has gone through multiple transfusions provide all the data without creating any confusion.
- I would like to recommend that the nursing and the blood bank staffs should be trained and well aware of capturing and filling the documents properly

RESULTS & DISCUSSION

NURSING – The Nursing data in February (Fig.1) ,showed low percentage of compliance rates in few indicators, whereas in March (Fig.2) the data showed somewhat higher compliance rates .

In the indicator 'ICU Equipment utilization'(Fig.3) and 'ICU Bed utilization'(Fig.4), the sample size was 20. Hence the graph is showed in general numbers.

BLOOD BANK - In Fig.5 & Fig.6 , the TAT indicator showed improved compliance rates in March than it was in February.

Limitation: Due to time restriction, the sample size included in the study was small. So more time is required to complete the study and determine the fulfilment of all quality indicators as well as to determine the efficiency of the departments and conducting a thorough gap analysis.

Scope of Future Research: The organizations usually have the data set, analyse the data and appropriate corrective and preventive actions are taken. Validating the Nursing and Blood bank data with Quality data is one of the ways to check quality of care being rendered, to bring about changes for improving care and patient satisfaction.

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