SUMMER INTERNSHIP PROGRAM

at

Fortis Memorial Research Institute,Gurugram

From 4st May 2024 to 30th June 2024

A REPORT BY

Name of the student – Vishal Chauhan

Master of Business Administration

Hospital and healthcare management

2023-25

under the Mentorship of

Dr. Arindam Das

Fortis MEMORIAL
RESEARCH INSTITUTE
GURUGRAM

FORTIS MEMORIAL RESEARCH INSTITUTE
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Website : www.fortishealthcare.com

30th June 2024

To Whomsoever It May Concern

This is to certify that **Mr. Vishal Chauhan** has undergone Training Course as an **Intern** in the department of **Quality** from **04-May-2024** From **30-Jun-2024** at **Fortis Memorial Research Institute.**

During his training he exhibited a high level of professionalism and a tremendous zeal for learning.

We wish **Mr. Vishal Chauhan** all the best in his future endeavors.

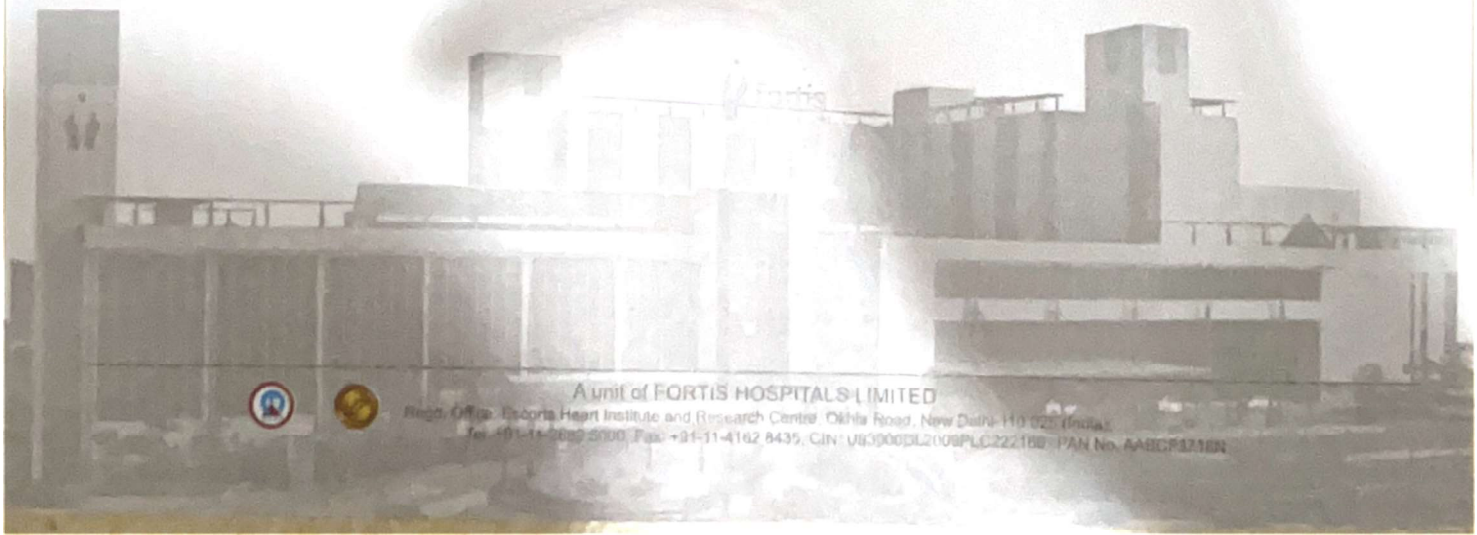
For Fortis Hospitals Limited

Shivani Dhir
SBU Head
Learning & Development

Fortis Hospitals Ltd. Gurgaon

Head of Department
Quality

Dr. Monika Patr...
Head - Quality Departm...
Fortis Memorial Research Institute
Sector-44, Gurugram-122002, Haryana



Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Mr. Vishal Chauhan of 28th (2023-25) (batch) of Hospital And Health Management (Name of the department/institute) has worked with our organization for his/her summer internship from 4th May to 30 June (date).

The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 30th June 2024

(Signature of organization Mentor)

Name: DR. MONIKA PATNI

Designation: HEAD - QUALITY

Seal/Stamp of the Organization

Dr. Monika Patni (PhD)
Head - Quality Department
Fortis Memorial Research Institute
Sector-44, Gurugram-122002, Haryana

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Vishal Chauhan** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESERACH** has prepared poster with respect to his summer internship held during 4th May- 30th June 2024.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date-22 July,2024

Arindam Das.

Arindam Das, PhD

Professor

Fortis MEMORIAL RESEARCH INSTITUTE GURGAON

IIHMR UNIVERSITY

Name : Vishal Chauhan ; Roll no. : 1886 ; HM-28

Faculty Mentor : Arindam Das, PhD
Industry Mentor : Dr. Monika Patni

COMPLETENESS OF COMPLIANCE DURING DISCHARGE: AN OBSERVATIONAL STUDY

DESCRIPTION OF ORGANIZATION :

Fortis Memorial Research Institute (FMRI), established in 2012 with goal of bringing world class healthcare to people in India, is a 330-bedded Super Specialty Hospital. A part of the larger Fortis Healthcare network, FMRI is the Flagship hospital of the group.

- *Equipped with state-of-the-art infrastructure, Cutting Edge medical technologies and a highly skilled and renowned team of doctors, it was ranked 29th Position in the list of "World's best smart hospitals 2023 (Newsweek Survey)"*
- *It is also the only ELSO Certified Training Centre for training in ECMO program in the country.*
- *The hospital has received various accreditations, including Joint Commission International (JCI), National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the NABL for its laboratory and Blood Bank.*

VISION : Is to be a leading healthcare organization by fostering medical research, advancing medical education, and offering first-rate patient care. FMRI seeks to improve healthcare standards.

MISSION : The goal is to offer patients kind and individualized healthcare, seeks to achieve clinical excellence through a patient-centred approach.

CORE VALUES : Innovation
Ownership
Teamwork
Integrity
Patient Centricity

INTRODUCTION TO THE PROJECT

It is important to inform patients regarding their disease and medications, how to reduce fall risks with appropriate precautions, enhancing knowledge of infection control, advising when and how to seek urgent care, improving patient quality of life by identifying warning signs, and emphasizing the importance of diet to prevent food-drug interactions during the discharge from any hospital. This approach empowers patients for better health outcomes and lead a quality life at their home after discharge from hospitalization.

OBJECTIVES

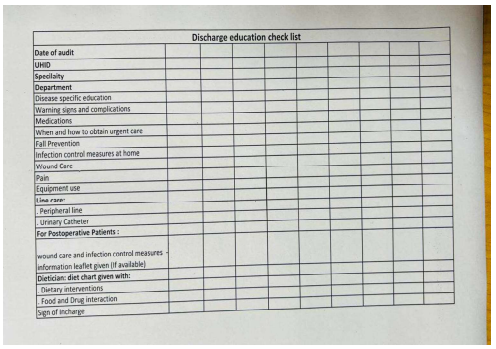
- To observe the difference in the completeness of compliance during discharge before and after training of staff nurses

METHODOLOGY AND DATA COLLECTION

- Study Design :- A before after study design was adopted to conduct the study.
- Study Population :- All IPD patients discharged from Fortis Memorial Research Institute, Gurugram, Haryana during the study duration
- Pre- Audit :-
  - Period :- 4th May 2024 to 28th May 2024 (25 days)
  - Sampling:- Convenient sampling was used to select the discharge files
  - Sample Size :- 100

  Three days orientation was given to the staff nurses to fulfil the criteria for compliance
- Post-Audit :-
  - Period :- 1st June 2024 to 25th June 2024 (25 days)
  - Sampling:- Convenient sampling was used to select the discharge files
  - Sample Size :- 100
- Selection Criteria :-
  - Inclusions – Ward
  - Exclusion – ICU and OPD

AUDIT TOOL



Discharge education check list

Date of audit									
UHID									
Speciality									
Department									
Disease specific education									
Warning signs and complications									
Medications									
When and how to obtain urgent care									
Fall Prevention									
Infection control measures at home									
Wound Care									
Pain									
Equipment use									
Line care:									
Peripheral line									
Urinary Catheter									
For Postoperative Patients :									
wound care and infection control measures - information leaflet given (if available)									
Dietician: diet chart given with:									
Dietary interventions									
Food and Drug interaction									
Sign of incharge									

DATA ANALYSIS

PARAMETER	OBSERVATION
Peripheral line	Peripheral line removal was completed but not documented
Urinary Catheter	Urinary Catheter removal was completed but not documented
Fall Prevention	Final risk assessment score not mentioned
Infection control measures at home	Specified instructions on infection control are not documented
Wound Care	Wound care instructions not mentioned
Pain	Proper documentation of pain assessment not present
Equipment use	Proper documentation on extraction of equipment's not mentioned
Sign of Incharge	Cross verification documentation by superiors not present
Warning signs and complications	Warning signs and complications not documented

ORGANIZATION STRUCTURE

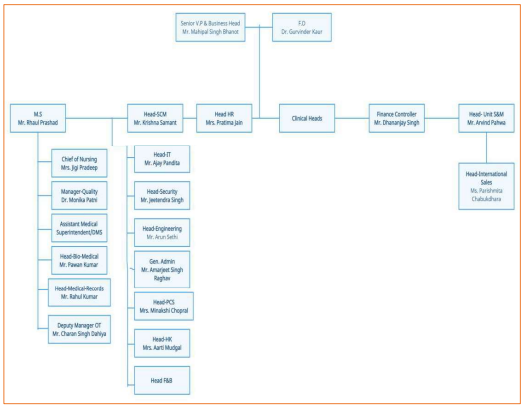
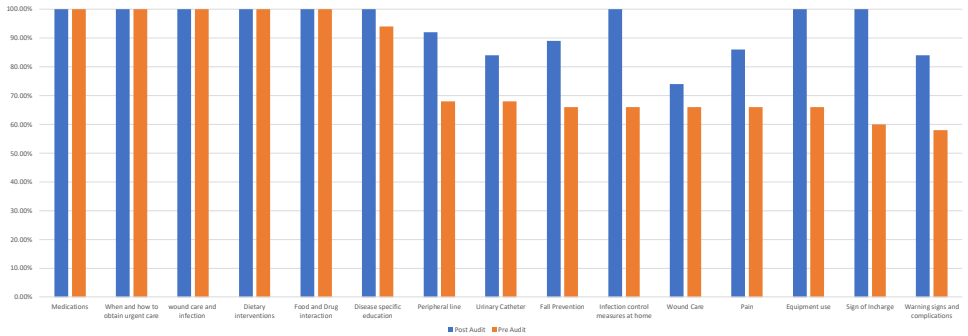


Fig1: Comparison between Pre and Post Audit



FINDINGS

- Improved compliance rates.
- Complete Compliance was seen amongst the files of 48 patients, i.e., around 48% in Pre Audit, whereas the same was around amongst the files of 84 patients, i.e., around 84%
- It was observed that after training, 100% compliance was seen in 4 new parameters namely, Infection control measures at home, disease specific education, equipment use and Sign of In charge. Before training complete compliance was seen in 5 parameters, whereas after training, complete compliance was observed in 9 parameters out of 15 parameters.
- Nurses were unaware of who typically fills out the discharge checklist and had no knowledge about the contents of the checklist and also how to properly fill it out.

SUGGESTIONS FOR THE ORGANIZATION

- Continuous training and refresher training of nurses and healthcare professionals for updated knowledge.
- Communication with team leader should be more effective.
- Regular Audits in ward to look at the completeness of compliance during discharge.

S.W.O.T ANALYSIS

STRENGTH :

Good reputation and expertise in providing high quality medical care.

Collaboration and partnerships with international healthcare networks.

Advance medical technology.

WEAKNESS :

High cost of services.

Apart from medical technology, minimal use of emerging technologies for improving healthcare standards.

OPPORTUNITIES :

Expansion of organization and increasing bed capacity.

Reevaluate the process to provide economic medical care.

Increase medical tourism.

THREATS :

Availability of services at a reduced cost in other healthcare organizations.

Constantly upgrading healthcare standards in vicinity.

LEARNING AND VALUE ADDITIONS DONE DURING INTERNSHIP:

- Learnt about the various processes in the hospital, CSSD Lab, Blood Bank and Quality department.
- It gave me a different perspective to view the Discharge process in a hospital setting.

USEFULNESS OF INTERNSHIP

- Exposure to the working environment of a hospital setting.
- Learn the challenges faced while implementing protocols and how to overcome them.

CHALLENGES FACED DURING INTERNSHIP

Nurses were reluctant to have new ideas from the intern.

Due to less exposure in a hospital setting, it was initially difficult for the intern to submit daily report. However, after a few days of work, the intern submitted the reports on time.

DIFFERENCE IN PRACTICAL EXPOSURE AND THEORETICAL WORK:

- Implement Pre Post study practically. Learn the same theoretically in class room.

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no: 1st From: …4st May 2024…to…30th June…..

Activity Done	- **Orientation about the department and hospital** - **Observed the admission process of a patient to the hospital** - **Done audit of fall prevention** - **Done audit of bed sore patient**
Linking theory (Classroom learning) with practice at your organisation	- **As studied in the class about the NABH survey, there were many things that were that I was able to execute there** - **The infection control measures that should be taken in the hospital were also told to us and we were also taking those measures while visiting the departments.**
Gaps identified on the working area.	- **The red lines that should be present very promptly was distorted at some places making it difficult to maintain the infection control protocols there.** - **Daily progress report are not online**
Suggestions for improvement	- **There is room for improvement in infection control measures that should be taken.** - **All the data should be digital.**
Plan for the next week	- **Continue with fall prevention audit** - **Continue with bed sore audit** - **Start new audit AMS**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no: 2nd From: …4st May 2024…to…30th June…..

Activity Done	- **Done audit of fall prevention** - **Done audit of bed sore patient** - **Process audit** - **CSSD process flow** - **Blood Bank process**
Linking theory (Classroom learning) with practice at your organisation	- **In the class we were taught about OPD department works and to minimize the consultation time we even did consultation TAT to find out the issues that are responsible for longer consultation time and ways that it can be reduced**
Gaps identified on the working area.	- **Gap between risk factors and prevention strategies** - **limitations in staff education and training** - **lack of physician involvement**
Suggestions for improvement	- **Training sessions for doctors regarding the importance of filling the patients record completely.** - **Auditing on daily basis to find mistakes and rectify them.**
Plan for the next week	- **Continue with fall prevention audit** - **Continue with bed sore audit** - **Continue with Process audit** - **Process Radiology department**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no: 3rd From: …4st May 2024…to…30th June…..

Activity Done	- **Done audit of fall prevention** - **Done audit of bed sore patient** - **Process audit** - **Initial Assessment** - **Google form**
Linking theory (Classroom learning) with practice at your organisation	- **Safety codes about which we have learnt in module of Essentials of hospital services** - **About data analysis about which we have learnt in biostatistics**
Gaps identified on the working area.	- **Consent forms that are in English are filled in hindi and vice-versa** - **No defined checklist is followed for medicines that are to be kept on dressing trolleys.**
Suggestions for improvement	- **Consultation timing can be maintained by asking more patients to book appointment online through app and come around their designated time**
Plan for the next week	- **Continue with fall prevention audit** - **Continue with bed sore audit** - **Continue with Process audit** - **Discharge education audit** - **Discharge Process**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no:4th **From: …4st May 2024…to…30th June…..**

Activity Done	- **Done audit of fall prevention** - **Done audit of bed sore patient** - **Process audit** - **Discharge education audit**
Linking theory (Classroom learning) with practice at your organisation	- **The difference between patient's medicine trolley that is kept near patient's bed and crash cart that is generally kept near the nursing station which contains medicines that are needed in case of emergency that can be observed in the organisation very well.**
Gaps identified on the working area.	- **There is no ramp in the hospital. So for every thing either people use stairs or elevators that is very time consuming some work as a ramp would have made it easier.** - **If there had been a ramp connecting different floors with one another at least it could have been used for transporting heavy equipment and devices that cannot be carried away.**
Suggestions for improvement	- **Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care**
Plan for the next week	- **Continue with fall prevention audit** - **Continue with bed sore audit** - **Continue with Process audit** - **Discharge education audit** - **Discharge Process** - **NSI audit**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no:5th **From: …4st May 2024…to…30th June…..**

Activity Done	- **Done audit of fall prevention** - **Done audit of bed sore patient** - **Process audit** - **Discharge education audit** - **Initial Assessment**
Linking theory (Classroom learning) with practice at your organisation	- **While working with my co-interns in the quality improvement project I was able to learn more about team building and division of work by doing it practically.**
Gaps identified on the working area.	- **While doing the file audit I observed that the doctors forget to mention things like time, name, signature which are important for the purpose of documentation and for better assessment in some cases.**
Suggestions for improvement	- **Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files.**
Plan for the next week	- **Continue with fall prevention audit** - **Continue with bed sore audit** - **Continue with Process audit** - **Continue Discharge education audit** - **Continue Initial Assessment** - **Discharge Process**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no:6th From: …4st May 2024…to…30th June…..

Activity Done	- **Done audit of fall prevention** - **Done audit of bed sore patient** - **Discharge education audit** - **Initial Assessment**
Linking theory (Classroom learning) with practice at your organisation	- **Data analysis and representation of data in chart form.** - **Pharmaceutical management and the errors related to it.**
Gaps identified on the working area.	- **Patient feedback system is weak . It should be given more importance and from their feedback services can be made more efficient and effective.**
Suggestions for improvement	- **Making sure that the consent form is filled properly by asking the patient beforehand the preferred language and instructing to fill the consent form properly.**
Plan for the next week	- **Continue with fall prevention audit** - **Continue with bed sore audit** - **Continue Discharge education audit** - **Continue Initial Assessment** - **Discharge Process** - **Add data to excel and create ppt**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no:7th From: …4st May 2024…to…30th June…..

Activity Done	- **Done audit of fall prevention** - **Done audit of bed sore patient** - **Discharge education audit** - **Initial Assessment** - **Update data in excel** - **Create ppt and excel of 5 quality indicators** - **IPSG audit**
Linking theory (Classroom learning) with practice at your organisation	- **Report writing which we have read in communication.** - **Using the classroom knowledge of research methodology, prepared report of the project.**
Gaps identified on the working area.	- **There is delays in the dispensing of medicine after the indentation of medication from department.** - **Incomplete and unorganized patient files.**
Suggestions for improvement	- **Help desk can be installed where staff are designated to help the patients and solve their queries regarding the services** -
Plan for the next week	- **IPSG audit** - **NABH chapters** - **Projects Ppt**

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format

(Weekly)

Name of the Organisation: Fortis Hospital, Gurugram

Area/ Department/ Project of Summer Internship Program: Department of Quality

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream : Hospital and Healthcare management**

Week no:8th **From: …4st May 2024…to…30th June…..**

Activity Done	- **IPSG audit** - **Create ppt of discharge education** - **Create ppt of bed sore** - **Create ppt of fall prevention** - **Approve by HOD and TL in hospital**
Linking theory (Classroom learning) with practice at your organisation	- **IPSG goals** - **While doing projects at my organisation I have learnt and collected primary data for the project about which we have already discussed in the classroom.** -
Gaps identified on the working area.	- **Gap between risk factors and prevention strategies** - **limitations in staff education and training** - **lack of physician involvement** - **limited involvement of unlicensed nursing staff**
Suggestions for improvement	- **Human resources can be increased at billing counter as limited staff faces workload and burnout which affects their working capacity**
Plan for the next week	-

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Fortis Memorial Research Institute, Gurugram

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Vishal Chauhan

Roll no:1886 **Stream: MBA (Hospital and Healthcare Management)**

Activity done	During my internship, I engaged in several key activities. As a part of the quality department, I gained immense and informative experience. I learned about various types of audits and survey. **Types of Audits** 1. **Open File Audit**: o **Purpose**: To check the documentation of IPD patients currently undergoing treatment. o **Process**: The audit is conducted based on a checklist that varies from organization to organization. The checklist includes parameters such as patient identification details, treatment records, medication administration, and consent forms. Compliance with these parameters is verified to ensure proper documentation. 2. **Closed File Audit**: o **Purpose**: To review the files of discharged patients in the Medical Records Department (MRD). o **Process**: Files of patients are sent to the MRD 48 hours after discharge, allowing time for the completion of any remaining documentation. The MRD maintains these files for five years. Before destroying documents that are beyond this period, a notice is published in the newspaper. The audit involves checking the completeness and accuracy of the records and ensuring all necessary documentation is included. 3. **Live Audits**: o **Purpose**: To ensure real-time compliance with documentation and procedures. o **Process**: Random visits are made to various wards or departments to check the documentation and operations in those areas. Non-compliance issues are documented with photographs as evidence. A report is prepared for each live

audit, highlighting the issues found and presenting them to the mentor for corrective action.

4. **Crash Cart Audit**:
    - **Purpose**: To verify the readiness of emergency medicines and equipment in the crash cart.
    - **Process**: The audit involves checking that all necessary medicines are present, not expired, and that the equipment is sterilized and properly packed. The expiry dates of both medicines and equipment are also verified to ensure they are ready for use in emergency situations.

5. IPSG Audit:
    - **Purpose**: The primary purpose of the International Patient Safety Goals (IPSG) audit is to ensure that healthcare facilities comply with established safety standards aimed at minimizing risks and improving patient care outcomes
    - **Process**: Evaluate the collected data against IPSG standards, focusing on specific goals such as:
      Goal 1: Identify patients correctly.
      Goal 2: Improve effective communication.
      Goal 3: Improve the safety of high-alert medications.
      Goal 4: Ensure correct-site, correct-procedure, correct-patient surgery.
      Goal 5: Reduce the risk of healthcare-associated infections.
      Goal 6: Reduce the risk of patient harm resulting from falls

Process and TAT

1. Admission Process and TAT
Description: Patients admitted to the hospital through the OPD or emergency department undergo formalities and bed allocation.
Steps:

- Admission Desk Procedures
- Documentation and ID Verification
- Bed Allocation and Patient Counseling

Benchmark TAT: 30 minutes

2. Initial Assessment Process and TAT
Description: Assessment procedures differ between Emergency Department (ED) and ward admissions for triage and initial medical evaluation.
Steps:

- **Emergency Department (ED):**
    - Triage Assessment
    - Doctor Evaluation
- **Ward Admission:**
    - Comprehensive Assessment

- Diagnostic Tests (if required)

Benchmark TAT: Varies by department and urgency

3. Discharge Process and TAT

Description: The discharge process ensures patients safely transition out of hospital care, including medical summary and financial settlement.

Steps:

- Medical Stability Assessment
- Discharge Instructions and Summary
- Departmental Clearances (Pharmacy, Blood Bank, Radiology)
- Billing and Payment Processing (TPA or Cash)

Benchmark TAT:

- Cash Patients: 90 minutes
- TPA Patients: 240 minutes

Discharge TAT is the difference between the beginning of the discharge process and its end that is physical movement of the patient from the bed.

4.Medication dispensing process and TAT

- **Prescription Submission**: Physicians submit prescriptions detailing medication, dosage, and frequency.
- **Pharmacy Verification**: Pharmacists verify prescriptions for accuracy and safety.
- **Medication Preparation**: Pharmacy staff prepare and label medications.
- **Dispensing and Delivery**: Medications are dispensed promptly and delivered to patients or nursing stations.
- **Documentation and Patient Education**: Pharmacists document dispensation and educate patients on medication usage.

Turnaround Time (TAT) Benchmark: The process aims for completion within 1-2 hours from prescription submission, ensuring timely access to medications.

PROJECT

Topic- Completeness of Compliance During discharge: an observational study

Aim - To ensure patients get a knowledge on self-care for smooth recovery post-hospitalization

Objective – To observe the difference in the completeness of compliance during discharge before and after training of staff nurses importance.

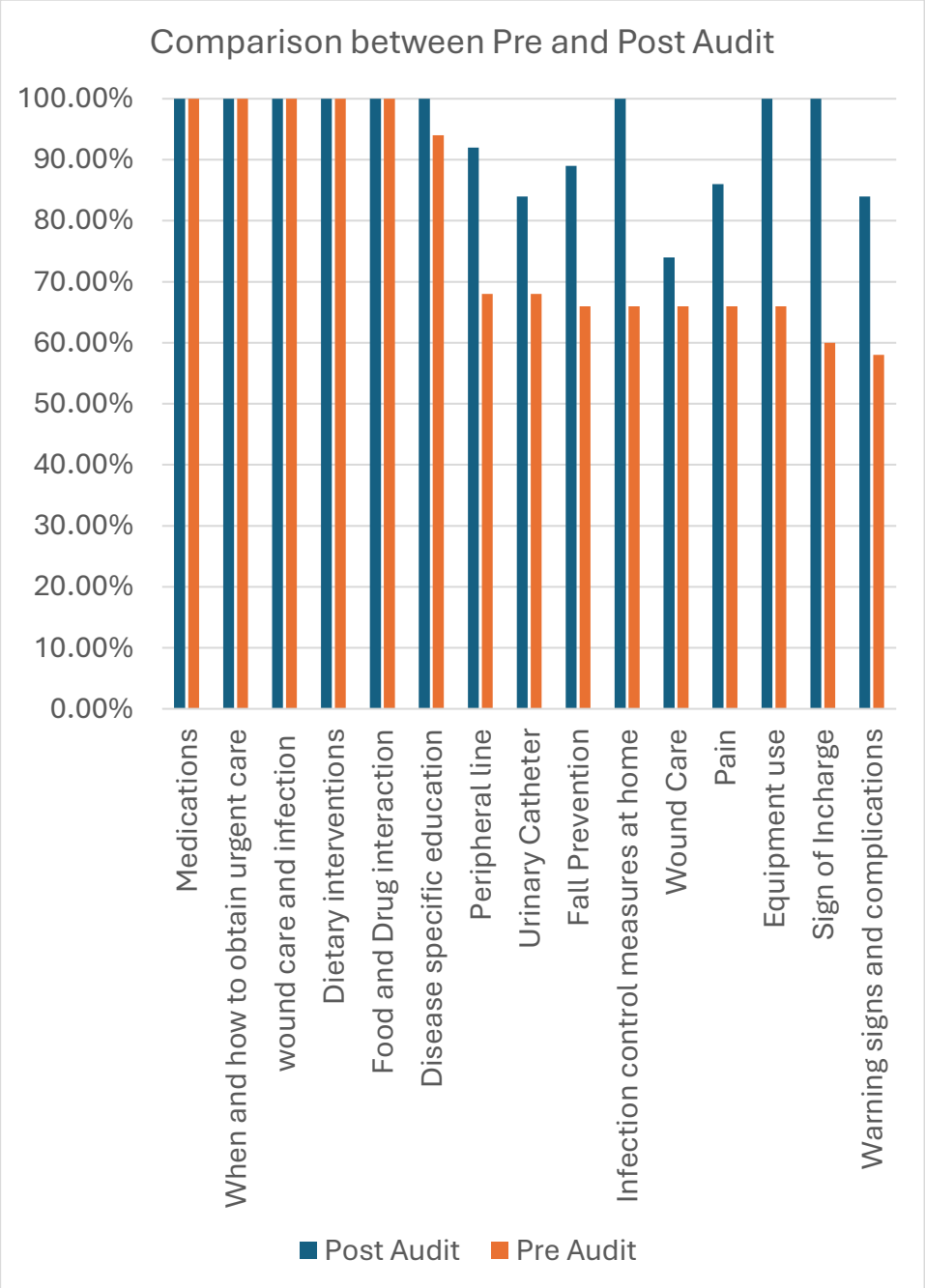
Methodology

- Methodology and data collection
- Study Design :- A before after study design was adopted to conduct the study.
- Study Population :- All IPD patients discharged from Fortis Memorial

Research Institute, Gurugram, Haryana during the study duration

- Pre- Audit :-
- Period :- 4th May 2024 to 28th May 2024 (25 days)
- Sampling:- Convenient sampling was used to select the discharge files
- Sample Size :- 100
- Three days orientation was given to the staff nurses to fulfil the criteria for compliance
- Post-Audit :-
- Period :- 1st June 2024 to 25th June 2024 (25 days)
- Sampling:- Convenient sampling was used to select the discharge files
- Sample Size :- 100
- Selection Criteria :-
- Inclusions – Ward

Exclusion – ICU and OPD



Linking theory with practice at your organisation	During my internship, I had the opportunity to apply the knowledge gained from my classroom studies and various aspects of hospital operations. The integration of theoretical learning with practical experience significantly enhanced my understanding and skills. **(a). Quality Audits:** I was able to execute many tasks during my internship. This included various audits such as open file audits, closed file audits, live audits, and crash cart audits. These activities directly correlated with the quality management principles we learned in class. **(b).Infection Control Measures:** The infection control measures taught in class were also implemented during my internship. We adhered to these measures while visiting different departments, ensuring a safe and hygienic environment. **(c). Continuous Learning and Training:** As we have studied in the class, learning is a continuous process for all healthcare workers. I observed and participated in multiple training sessions on different topics. The nurse in charge ensured that her staff was well-versed in theory by randomly quizzing them on essential knowledge, emphasizing the importance of ongoing education. **(d).Training and Development:** This week, I observed that training and development are integral to the functioning of any institution. My role included training staff on various safety codes, such as blue, red, yellow, grey, orange, black, purple, and pink. This reinforced the concepts learned in the Essentials of Hospital Services module. **(e).Operational Efficiency in OPD:** In class, we were taught about the operations of the Outpatient Department (OPD) and methods to minimize consultation time. During my internship, we conducted a consultation Turnaround Time (TAT) analysis to identify issues prolonging consultation times and to find ways to reduce them. **(f).Safety Codes:** The safety codes we learned in the Essentials of Hospital Services module were crucial during my internship. Training staff on these codes ensured that they were prepared to handle various emergencies effectively.

	(g).Data Analysis: From our Biostatistics class, I applied my knowledge of data analysis in practical settings. This included collecting primary data for projects and analyzing it to improve hospital operations. **(h).Medication Management:** We studied the difference between a patient's medicine trolley and a crash cart in class. Observing this in the organization, the crash cart, usually kept near the nursing station, contains emergency medicines, whereas the patient's medicine trolley is kept near the patient's bed. **(i).Primary Data Collection:** As part of my project work, I conducted primary data collection, a skill discussed in our classroom sessions. This hands-on experience was invaluable for my learning. **(j).Team Building and Work Division:** Working with co-interns on quality improvement projects taught me about team building and the division of work. Practically applying these concepts helped me understand their importance in achieving project goals. **(h).International Patient Safety Goals (IPSG):** The IPSG goals we studied were a critical part of our work in ensuring patient safety and quality care during the internship. Overall, my internship experience was a seamless blend of classroom knowledge and practical application. The direct linkage between theoretical learning and real-world practice not only solidified my understanding but also prepared me for future challenges in the healthcare field.
Gaps identified	**(a).Inadequate Announcement Frequency During Drills**: During the drill, announcements were made only twice, whereas they should ideally be made at least three times. Additionally, the EPBXA team had to be called twice to make the announcements. **(b).Lack of Ramps:** • The hospital lacks ramps, resulting in reliance on stairs or elevators, which is time-consuming. • A ramp connecting different floors would facilitate the transportation of heavy equipment and devices that are difficult to carry. **(c).Absence of Electronic Health Records (EHR):** Despite advancements in technology, the hospital does not utilize EHR, which hinders efficient patient data management. (e)**Weak Patient Feedback System**: The current patient feedback system is inadequate. Enhancing this system could lead to more efficient and effective services based on patient input.

(f). **Delays in Medication Dispensing**:

- There are significant delays in dispensing medication after indenting from the department.

(g**).Incomplete and Unorganized Patient Files:** Patient files are often incomplete and unorganized, which impacts the quality of care.

(h).**Incorrect Responses in Questionnaires**: Some questionnaires contain incorrect responses, indicating a need for review and correction.

(i).**Non-compliance with Prescription Policies:**

- Prescriptions are not consistently written in capital letters, contrary to policy.
- Use of unapproved abbreviations while filling patient records.

(j). **Chaotic Billing Counters:** Billing counters, especially those for government schemes, are often chaotic, causing confusion among patients.

(k**). Lack of Help Desk**: There is no help desk available, leaving patients clueless and without a designated place to ask questions.

(l**).Improperly Filled Consent Forms**: Consent forms that are in English are sometimes filled in Hindi and vice versa, causing confusion and potential legal issues.

(j**).No Checklist for Dressing Trolleys**: There is no defined checklist for medicines on dressing trolleys, leading to inconsistencies.

(k). **Reusable Shoe Covers**: The reuse of shoe covers, which sometimes get mixed with clean ones, increases the risk of infections.

(l)**Inaccessible Toilets for Physically Handicapped**: Toilets for physically handicapped individuals are not present on every floor.

(m**). Housekeeping Staff Management Issues**: There are significant management issues concerning housekeeping staff, affecting cleanliness and hygiene.

(n**). Human Resource Challenges:**

- Dealing with some doctors is challenging, despite their crucial role.
- During file audits, doctors often forget to mention important details like time, name, and signature, which are essential for documentation and assessment.

Suggestions for improvement	(a). **Enhancing Infection Control Measures:** • Improve infection control protocols to ensure patient and staff safety. (b).**Staff Training Programs:** • Implement training for staff to prepare for challenging situations like mock drills (e.g., CODE PINK). • Provide additional training to pharmacy staff on the importance of timely medication dispensing. (c).**Signage and Navigation:** • Increase the number of easily interpretable signs throughout the hospital. • Improve clarity and placement of signage, especially in the OPD section. (d**). Electronic Health Records (EHR):** • Implement EHR to facilitate easy access to patient data for concerned personnel. (e).**Appointment Management:** • Maintain consultation timings by encouraging online appointment bookings and timely arrivals. (f).**Documentation and Record-Keeping:** • Conduct training sessions for doctors on thorough and accurate patient record-keeping. • Develop and enforce standardized documentation procedures. (g**). Regular Audits and Feedback:** • Conduct regular audits and submit reports to address issues, making necessary changes based on findings. • Collect staff feedback to understand and address operational issues. (g).**Help Desk Installation:** • Install a help desk with designated staff to assist patients and address service queries. (h).**Human Resources Management:** • Increase staffing at billing counters to alleviate workload and prevent burnout. • Conduct orientation and training for housekeeping staff. (i). **Infection Control and Hygiene:** • Introduce disposable shoe covers to reduce infection risks.

	(j).**Consent Form Management:** • Ensure consent forms are filled out correctly by asking patients their preferred language and providing instructions. (h).**Facilities for Physically Handicapped**: • Designate toilets for physically handicapped individuals on each floor. (i).**Expand Tele health Services:** • Increase the availability of telehealth services to provide remote consultations, especially for chronic disease management. • Monitor patient outcomes and satisfaction with telehealth services to continuously improve offerings. **(j).Utilize Patient Flow Analysis:** • Analyze patient flow data to identify bottlenecks and inefficiencies in patient movement from admission to discharge. • Implement Lean Six Sigma methodologies to streamline processes and reduce patient wait times.

Signature of the Student

Approved by the IIHMR University's Mentor