# SUMMER INTERNSHIP PROGRAM

**at**

## Max Super Speciality Hospital, Saket

From 2nd May 2024 to 1st July 2024

A REPORT BY

**Dr Shivani Dixit**

**Master of Business Administration**

**2023-25**

under the Mentorship of

**Dr Goutam Sadhu**

**Professor & Proctor**

**IIHMR University**

Certificate No – 2024/16934

# CERTIFICATE
## OF ACHIEVEMENT

MAX Healthcare

**Max Institute of Medical Education**

Certifies that

# Dr. Shivani Dixit

has completed Internship in the department of

**Quality**

at Max Super Speciality Hospital, Saket, New Delhi

from 02nd May 2024 to 01st July 2024

Head of the Department

Dr. Prabhav Shankar
Medical Superintendent
Max Super Speciality Hospital
1-2, Press Enclave Road, Saket
New Delhi-110 017

Dr Vinitaa Jha
Director - Research & Academics
Max Healthcare Institute Ltd

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **DR. SHIVANI DIXIT** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 22/07/2024

G. Sadhu

**Dr. Goutam Sadhu**

**Professor and Proctor**

**IIHMR University Jaipur**

# SUMMER INTERNSHIP PROGRAM
# IIHMR UNIVERSITY, JAIPUR

## IMPLEMENTATION OF INFORMED CONSENT CHECKLIST TO MAINTAIN COMPLIANCE RATE
## MAX SUPER SPECIALITY HOSPITAL, SAKET

ORGANISATION MENTOR- DR MONICA MANON
UNIVERSITY MENTOR- DR GOUTAM SADHU

## BRIEF HISTORY

Max Healthcare was founded by Mr Analjit Singh in 2006 and is one of India's largest healthcare organizations that operate 20 healthcare facilities (4300+ beds), 30+ specialities and 5000+ clinicians across the NCR Delhi, Haryana, Punjab, Uttarakhand Maharashtra and Uttar Pradesh.

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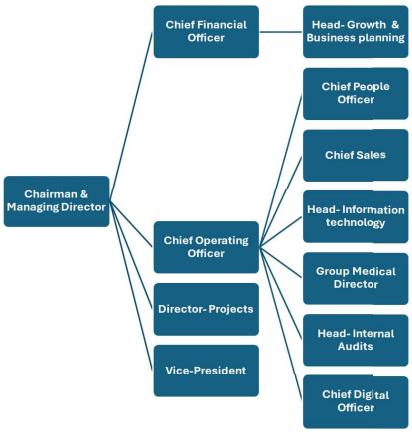
To honour a higher purpose - To serve. To excel.

## VALUES

- Compassion
- Excellence
- Efficiency
- Consistency

## ORGANISATION STRUCTURE




## LEARNINGS DURING INTERNSHIP

- Conducted different types of audits and analysed gaps
- Learned about key quality indicators
- Participated in Quality Improvement Projects to ensure Improved compliance
- Conducted wards rounds with the floor manager and helped in resolving patient's issues as well as learned how to calculate different TAT

## Quality Improvement Project on - Implementation of Informed Consent Checklist to maintain compliance rate

- Study Design-This study uses Cohort study design to assess the parameter wise compliance.
- Sampling Technique- Convenience sampling
- Sampling Size- Pre-Intervention Phase- 101 cases
  Post-Intervention Phase- 102 cases
- Data Analysis - Total compliant cases/total no. of cases*100
- Root Cause Analysis tool- Fishbone Analysis

The study was conducted in three phases,

1. Pre- Intervention phase, where Checklist with 18 parameters was implemented and regular audits were conducted across different specialities and data analysis was done. Two tools that were used under this study was PDCA (Plan, Do, Check, Act) and FISHBONE ANALYSIS to analyse gaps

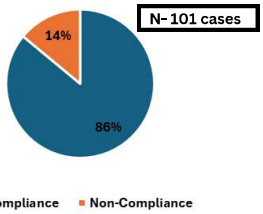



fig. 1.1
Pre-Intervention
Compliance- 86%
Non- Compliance- 14%

2. During Intervention phase, collaborated with Doctors, floor managers & nursing staff to ensure improvement in compliance and committee meetings were conducted which emphasized on the importance of Informed Consent parameters

3. Post- Intervention phase, where audits were conducted again to ensure improved compliance.

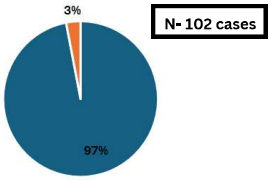



fig. 1.2
Post-Intervention
Compliance- 97%
Non- Compliance- 3%

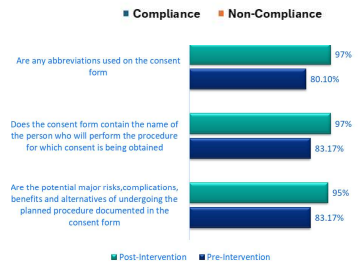



fig. 1.3 Parameters that showed Major Improvement in Compliance

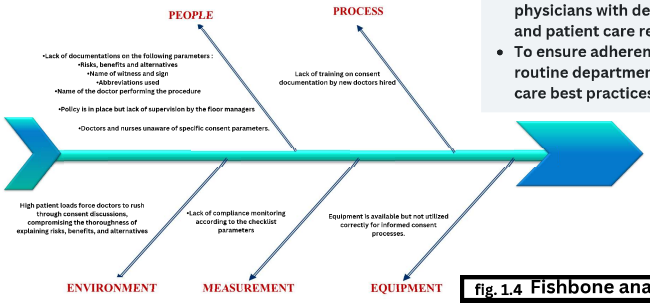



fig. 1.4 Fishbone analysis

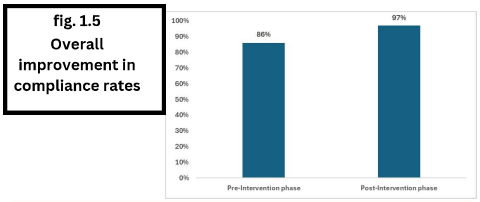
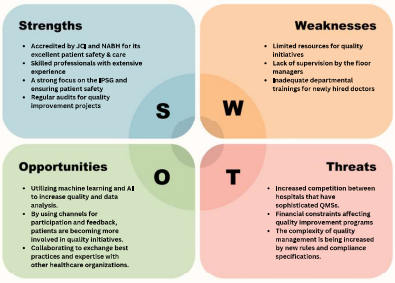



fig. 1.5
Overall improvement in compliance rates




| THEORETICAL | PRACTICAL |
|---|---|
| ✓Quality management principles | ✓Various Quality audits (open file, closed file, crash cart & PCPNDT audits) |
| ✓Infection control measures | ✓To maintain safe & hygienic environment |
| ✓Data analysis | ✓Root cause analysis tools & CAPA |
| ✓Primary data collection | ✓Quality Improvement Projects |
| ✓Team building & work division | ✓Worked in collaboration with Doctors, Floor Managers, Quality, Managers & Co-Interns |

## CHALLENGES FACED

- Balancing multiple tasks and deadlines, often without a clear sense of priority
- To tackle uncooperative staff
- Staying motivated during repetitive or less engaging tasks.

## USEFULNESS OF INTERNSHIP

- Exposure to real field of work and learned work ethics
- Improvements in skill set
- Networking with the experienced people in the industry

## SUGGESTIONS FOR IMPROVEMENT

- Incorporate thorough training programs to enable nursing personnel to recognize and convey deficiencies in patient care and protocols.
- Organize frequent training sessions with a focus on legal compliance and protocol to guarantee accurate and comprehensive patient documentation.
- Create procedures that allow physicians and floor managers to work together seamlessly to maximize patient care and uphold procedural compliance.
- Provide specific training programs to acquaint newly hired physicians with departmental policies, hospital regulations, and patient care requirements.
- To ensure adherence to procedures and guidelines, conduct routine departmental audits with an emphasis on patient care best practices and ongoing improvement.

SUBMITTED BY- DR SHIVANI DIXIT
MBA HM 28 (2023-25)
Roll no. 1834

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# ABBREVIATIONS

- IPD- Inpatient department
- MRD- Medical Record Documentation
- PCPNDT-Pre-Conception and Pre-Natal Diagnostic Techniques Act
- CPR- Cardiopulmonary Resuscitation
- PASS- Pull, Aim, Squeeze, and Sweep
- RACE- Rescue, Alarm, Confine, Extinguish
- BLS- Basic life support
- AED- Automated external defibrillator
- OPD- Outpatient department
- UHID- Unique Health Identification Number
- TAT- Turnaround time
- TPA-Third Party Administrator
- NABH- National Accreditation Board for Hospitals & Healthcare Providers
- PPE- Personal protective equipment
- ICU- Intensive care unit
- IPSG- International Patient Safety Goals
- OT- Operation theatre
- EMR- Electronic medical record
- EHR- Electronic Health Record
- CPRS- Computerized Patient Record System
- COM- Clinical outcome measure
- HIS- Hospital Information System
- QIP- Quality Improvement Project

# COMPILED REPORTING FORMAT

**Name of the Organization**: Max Super Speciality Hospital, Saket

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

**Name of the Student:** Dr Shivani Dixit

**Roll no**:1834 **Stream:** MBA (Hospital and Healthcare Management)

## ACTIVITY DONE DURING THE INTERNSHIP

### Introduction

I had a great deal of educational experience working in the quality department. I learned about various types of audits, conducted mock drills, and participated in the Medical Administration department as well.

### Types of Audits

#### 1. Open File Audit

**Goal:** To review the records of IPD patients who are receiving therapy currently**.**
**Procedure:** The audit is carried out using a checklist that is customized for each hospital. The parameters on the checklist include consent documents, treatment records, patient identity information, and medication administration. To make sure that the documentation is correct, compliance with certain parameters is checked.

#### 2. Closed File Audit

**Goal:** To examine the Medical Records Department's (MRD) files of patients who have been released from treatment.

**Procedure:** Patient files are forwarded to the MRD 48 hours following discharge to give time for any outstanding paperwork to be completed. These files are kept for five years by the MRD. During the audit, the correctness and completeness of the records are checked, and it is made sure that all required documentation is there.

### 3. Safety Rounds Audits

To verify the paperwork and procedures in such areas, ad hoc visits are performed to different wards or departments. Photographs are used as documentation and proof of noncompliance. Every time a safety round occurs, a report is written outlining the problems that were discovered and given to the mentor for action.

### 4. Crash Cart Audit

**Goal:** To confirm that the crash cart's emergency supplies and medications are in working order.

**Procedure:** The audit includes verifying that the equipment is sterile and packaged correctly, and that all required medications are present and have not expired. To make sure that the supplies and medications are prepared for usage in an emergency, their expiration dates are also checked.

### 5. PCPNDT Audit

**Goal:** To verify the compliance with record-keeping, reporting, and procedural requirements under the PCPNDT Act.

**Procedure:** The audit involves verifying hospital registration details under the Act, confirming the correct category of registration, and ensuring proper registration of doctors involved. It includes reviewing the maintenance and preservation of records pertaining to ultrasound procedures and compliance with Form F requirements for reporting. The audit aims to uphold legal standards and prevent misuse of diagnostic technologies for sex determination.

## Mock Drill Code Audit

**Code Blue:**

**Activation:** Triggered in response to a specific medical emergency, like a cardiac arrest.

**Response:** After assessing the patient's level of responsiveness, the in-charge notifies higher authorities if the patient is not responding. When the code is disclosed, the location is promptly responded to by the relevant authorities. The crash cart is carried to the patient in order to administer any essential equipment or medications, and CPR is started. After the patient regains consciousness, the code is disabled.

**Code Red:**

**Activation:** Set off in the case of a catastrophic fire.

**Response:** The person in charge initiates the code and contacts the relevant authorities. Personnel who are relevant report to the scene and take the required measures to put out the

fire. The PASS technique (pull the pin, aim the nozzle, squeeze the handle, sweep side to side) and the RACE protocol (rescue, alarm, confine, extinguish/evacuate) are used. When the fire is out, the code is turned off. The fire department is contacted in dire circumstances.

**Code Orange:**

**Activation:** Set off when more than 30 milliliters of hazardous material leak.

**Response:** To clean the area, the cleaning team is called in. Cleaning for spills under thirty milliliters is the responsibility of the affected department's housekeeping staff. For just such situations, every department has a hazmat kit on hand.

## Training Received:

**Basic Life Support (BLS):** Acquired knowledge of how to identify the warning indications of a heart attack, stroke, sudden cardiac arrest, and foreign body airway blockage. Trained in performing CPR and using an automated external defibrillator (AED).

## Process and TAT

**Consultation Process and TAT**

**Description:** The consultation process involves patients seeking medical advice at the hospital's outpatient department (OPD), starting from registration to meeting the doctor.

**Steps:**

Registration and UHID Allocation

Token Collection and Waiting

Consultation with Doctor

**Benchmark TAT:** 30 minutes

**Discharge Process and TAT**

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

**Steps:**

Discharge Instructions

Departmental Clearances (Nursing, Pharmacy)

Billing and Payment Processing (TPA or Cash)

Discharge Summary prepared

**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.

**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.

## QUALITY IMPROVEMENT PROJECT

**Topic-** Implementation of Informed Consent Checklist to maintain compliance rate

**Aim –**

To enhance and sustain informed consent compliance through the implementation of a comprehensive checklist, achieving and maintaining high compliance rates.

**Objective-**

**Improve Compliance:** Achieve and maintain a high level of compliance with informed consent protocols.

**Ensure Patient Understanding:** Ensure that patients fully comprehend the risks, benefits, and alternatives of proposed treatments or procedures before giving consent.

**Enhance Awareness:** Increase understanding among healthcare providers about the importance and content of informed consent forms.

## Methodology

Study Design-This study uses Cohort study design to assess the parameter wise compliance.

Sampling Technique- Convenience sampling

Population and Sample -The study include all the cases including Informed Consent.

Sampling Size- Pre-Intervention Phase- 101 cases

Post-Intervention Phase- 102 cases

Data Analysis - Total compliant cases/total no. of cases*100

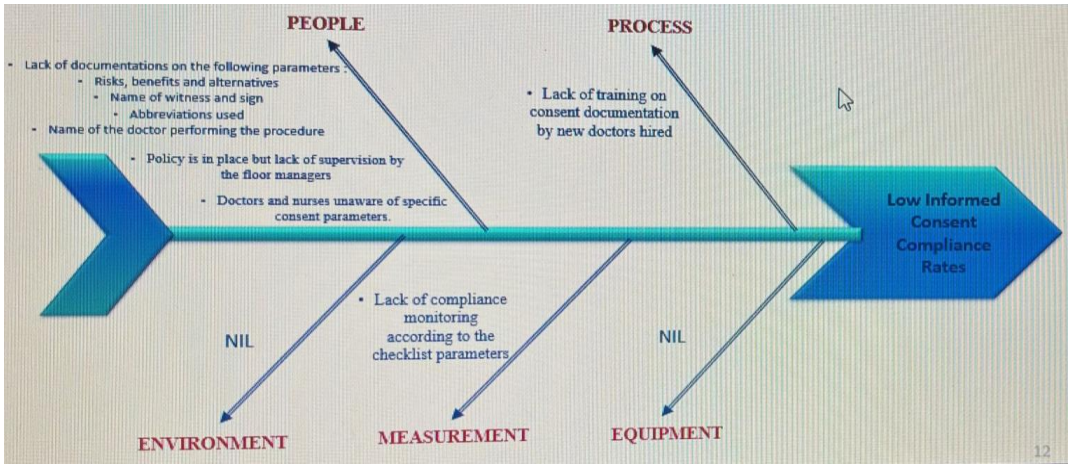
**PHASES**-

PRE- INTERVENTION PHASE

INTERVENTION

POST- INTERVENTION PHASE

Root Cause Analysis tool- **Fishbone Analysis**



## Fig 1

Fig 1: depicts fishbone analysis which was used to find out the root cause of the low informed consent compliance. It is divided into five main factors:

In the "People" category, the problems are the lack of documentation of key parameters such as risks, benefits, alternatives, name and signature of the witness, abbreviations used and the name of the doctor performing the procedure. Additionally, even when policies are in place, floor managers lack oversight and physicians and nurses are often unaware of specific consent parameters.

In the Process category, the biggest problem identified is the lack of training on consent documents for newly hired doctors.

No problems detected in the "Environment" and "Devices" categories (marked as NIL). Finally, the "Measurement" class lacks conformance monitoring for control parameters. These combined problems of categories lead to low compliance agreement.

## COMPLIANCE RATE BEFORE AND AFTER INTERVENTION

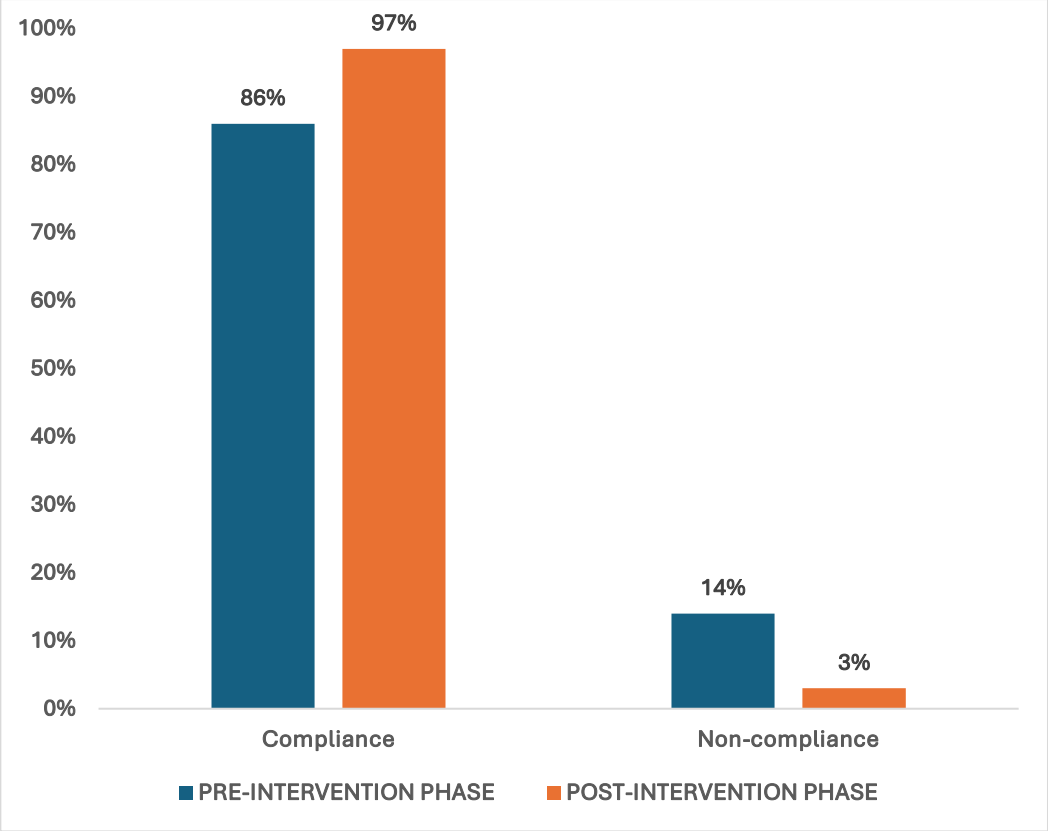


**Fig 2**

Fig 2 depicts that Compliance improved significantly after intervention, increasing from 86% before intervention to 97% after intervention. An 11% increase in compliance indicates that the intervention was very effective. At the same time, non-adherence decreased from 14% to 3%, further demonstrating the success of the intervention in promoting better adherence behavior.

**Parameters that showed Major Improvement in Compliance**

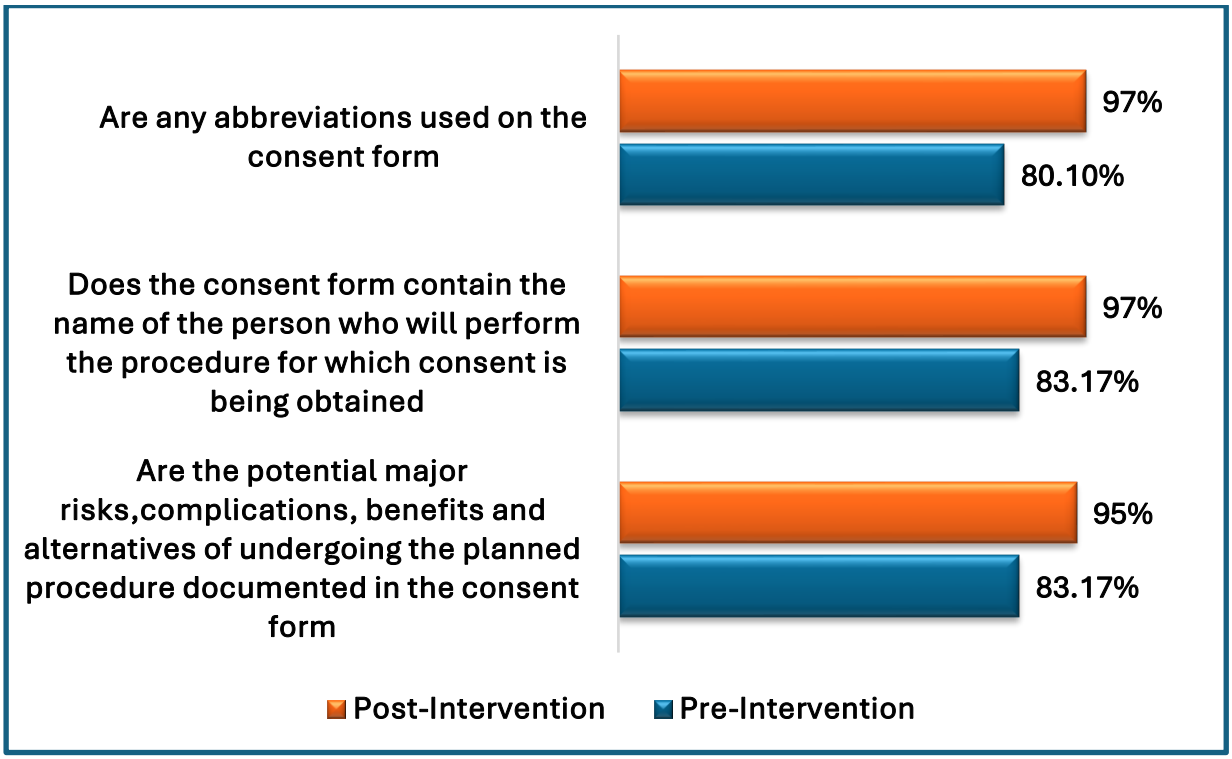



**Fig 3**

Fig 3 depicts that as a result of the intervention, all evaluated parts of the consent form improved significantly. The rate of use of form abbreviations increased from 80.10% pre-intervention to 97% post-intervention. Similarly, including the name of the person performing the procedure improved from 83.17% to 97%. Additionally, documentation of potential risks, complications, benefits and alternatives increased from 83.17% to 95%. These improvements indicate that the intervention was highly effective in achieving more thorough and accurate completion of consent forms.

# LINKING THEORY WITH PRACTICE AT YOUR ORGANISATION

During my internship, I had the opportunity to apply the knowledge gained from my classroom studies, particularly regarding the NABH survey and various aspects of hospital operations. The integration of theoretical learning with practical experience significantly enhanced my understanding and skills.

## 1. NABH Survey and Quality Audits

During my internship, I was able to carry out several activities based on what we learned in class regarding the NABH survey. This covered a range of audits, including crash cart, live, closed file, and open file audits. The principles of quality management that we studied in class have a direct connection to these exercises.

## 2. Infection Control Measures

During my internship, I had the opportunity to apply the infection control procedures that I had learned in class to real-world situations. These procedures were essential in maintaining a clean and safe environment in various healthcare departments. We adhered to strict protocols to prevent the spread of infections, ensuring both patient and staff safety. This included routine hand hygiene practices, the proper use of personal protective equipment (PPE), and the sterilization of medical instruments and surfaces.

In each department, we followed specific guidelines tailored to the unique needs and risks associated with different areas of care. For example, in the surgical department, we meticulously followed preoperative and postoperative infection control measures to minimize the risk of surgical site infections. In the intensive care unit (ICU), we were vigilant about preventing ventilator-associated pneumonia and catheter-related bloodstream infections by following evidence-based practices.

## 3. Operational Efficiency in OPD

During our classes, we learned about how the Outpatient Department (OPD) runs and how to cut down on consultation times. We performed a consultation Turnaround Time (TAT) analysis during my internship to see what was causing consultation times to increase and how to shorten them.

## 4. Safety Codes

Throughout my internship, the safety codes I acquired in the Essentials of Hospital Services module proved to be quite important. One of the key areas where these safety codes were essential was in emergency preparedness. The module had equipped me with knowledge on how to respond to various emergency situations, such as fire outbreaks, natural disasters, or medical emergencies. During my internship, I participated in several emergency drills and real-life scenarios where I had to quickly and effectively implement the safety procedures learned in class. This included knowing the locations of emergency exits, understanding

evacuation routes, and being familiar with the operation of fire extinguishers and other emergency equipment.

### 5. Data Analysis

I used what I learned in our Biostatistics class to analyse data in real-world situations. This involved gathering and analysing primary data for initiatives in order to enhance hospital operations.

### 6. 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.

### 7. 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. Working with co-interns on quality improvement projects taught me invaluable lessons in team building and the division of work. Collaborating closely with my peers, we learned to leverage each other's strengths, communicate effectively, and delegate tasks based on individual skills and expertise. This practical application of teamwork and structured division of responsibilities not only enhanced our efficiency but also underscored the importance of these concepts in achieving our project goals. Through this experience, I realized that successful quality improvement initiatives depend on cohesive teamwork, clear role assignments, and a shared commitment to the project's objectives.

### 8. 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. These goals provided a comprehensive framework to address common safety issues in healthcare settings and guided our daily practices to minimize risks and enhance patient outcomes.  we were able to systematically address key patient safety challenges. This not only improved the quality of care we provided but also fostered a culture of safety within the healthcare facility. The practical application of these goals during my internship underscored their importance and reinforced the need for continual vigilance and adherence to best practices in patient safety.

## GAPS IDENTIFIED

### 1. Inadequate Consent Process in Surgical Procedures:

In planned surgical or  invasive procedures, there was a consistent failure to obtain patient consent prior to transfer to the operating theatre (OT), indicating a critical lapse in patient rights and procedural protocol.

## 2. Accessibility Issues due to Lack of Ramps:

The absence of a hospital ramp necessitates the use of stairs or elevators, significantly prolonging transit times for patients and staff, potentially compromising urgent care delivery and emergency response efficiency. The absence of a hospital ramp necessitates the use of stairs or elevators, significantly prolonging transit times for patients and staff. This delay can potentially compromise the delivery of urgent care and emergency response efficiency. Without a ramp, patients with mobility issues, those in wheelchairs, or those being transported on stretchers face increased difficulty and delays in moving between floors. Similarly, staff members may take longer to reach critical areas, thereby impacting their ability to respond promptly to emergencies and deliver timely care, ultimately affecting overall patient outcomes and safety.

## 3. Understaffing in the Medical Quality Department:

The medical quality department faces a shortage of manpower relative to the extensive workload demands, resulting in delays in quality assurance processes, compliance monitoring, and timely corrective actions.

## 4. Absence of Pediatric Specialty Services:

The hospital lacks dedicated pediatric specialty services, thereby potentially limiting comprehensive pediatric care, specialized treatment options, and appropriate medical resources for pediatric patients.

## 5. Lack of Awareness Regarding Informed Consent Policy:

There is widespread unawareness among staff regarding the hospital's informed consent policy, highlighting a critical need for comprehensive training and dissemination of updated policy guidelines.

## 6. Incompleteness of Medication Reconciliation:

Initial assessments by doctors frequently demonstrate inadequate medication reconciliation practices, posing risks of medication errors, adverse drug interactions, and compromised patient safety during treatment initiation.

## 7. Delayed Documentation of Procedure Notes:

Post-procedure documentation by doctors consistently experiences delays of up to one to two days, potentially impacting continuity of care, clinical decision-making, and accurate medical record keeping.

## 8. Incomplete Parameters in Informed Consent Forms:

Informed consent forms consistently exhibit incomplete parameters, raising concerns about patient comprehension, legal compliance, and ethical adherence to informed consent principles. Informed consent forms consistently exhibit incomplete parameters, which raises several significant concerns regarding patient comprehension, legal compliance, and ethical adherence to the principles of informed consent. These incomplete parameters often include

missing information about the risks, benefits, and alternatives associated with medical procedures, as well as the absence of signatures from both the patient and a witness. Without comprehensive details, patients may not fully understand the potential outcomes and implications of their treatment options, leading to a lack of truly informed decision-making.

From a legal standpoint, incomplete consent forms can expose healthcare providers and institutions to liability risks. Legal requirements mandate that patients receive all pertinent information in a clear and understandable manner before consenting to any medical intervention. Failure to meet these requirements not only jeopardizes the validity of the consent but can also result in legal actions against the healthcare providers for negligence or malpractice.

# SUGGESTIONS FOR IMPROVEMENT

## 1. Nursing Staff Training:

Implement comprehensive training programs for nursing staff to empower them to identify gaps in patient care and procedural adherence. Encourage them to actively communicate these gaps to management for timely improvements.

## 2. Human Resource Allocation for Medical Quality Department:

Allocate adequate human resources to the medical quality department to address current workload demands effectively. This will enhance the department's capacity to conduct thorough quality assessments and implement necessary improvements.

## 3. Regular Training on Documentation for Doctors and Nursing Staff:

Conduct regular training sessions for doctors and nursing staff to ensure accurate and complete patient documentation. Emphasize adherence to protocols and legal standards to enhance patient safety and continuity of care.

## 4. Enhancing Doctor-Floor Manager Coordination:

Establish and enforce protocols to ensure seamless coordination between doctors and floor managers. This collaboration is crucial for maintaining compliance with procedural requirements and optimizing patient care outcomes.

## 5. Departmental Trainings for Newly Hired Doctors:

Implement specialized training modules for newly hired doctors to familiarize them with hospital protocols, departmental procedures, and patient care standards. This will facilitate their integration into the healthcare team and ensure consistent quality of care delivery.

## 6. Attendance of Required Staff in Weekly Safety Rounds:

Enforce mandatory attendance of all relevant staff members, including doctors, nurses, and department heads, in weekly safety rounds. These rounds are essential for proactive identification and mitigation of safety risks and quality improvement opportunities.

## 7. Regular Audits for Maintaining Compliance:

Conduct regular audits across departments to monitor and maintain improved compliance rates with established protocols and standards. Audits should focus on identifying areas for further improvement and ensuring sustained adherence to best practices in patient care and safety.

# POSTER

MAX Healthcare

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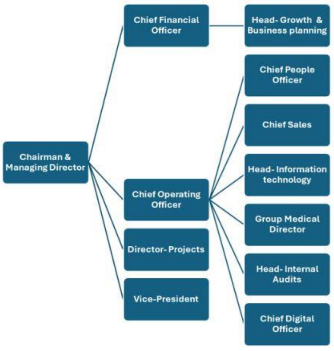


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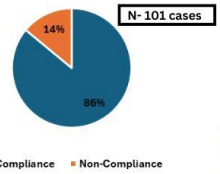


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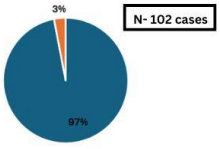
3. Post- Intervention phase, where audits were conducted again to ensure improved compliance.

fig. 1.2 Post-Intervention Compliance- 97% Non- Compliance- 3%



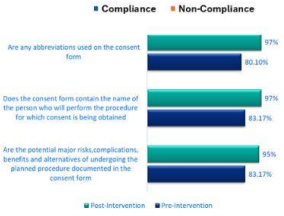




fig. 1.3 Parameters that showed Major Improvement in Compliance

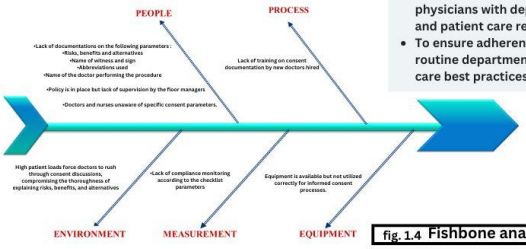
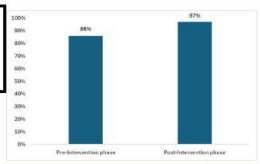
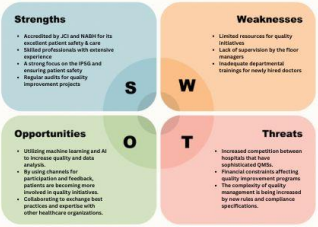



fig. 1.4 Fishbone analysis

fig. 1.5 Overall improvement in compliance rates




| THEORETICAL | PRACTICAL |
|---|---|
| ✓Quality management principles | ✓Various Quality audits (open file, closed file, crash cart & PCPNDT audits) |
| ✓Infection control measures | ✓To maintain safe & hygienic environment |
| ✓Data analysis | ✓Root cause analysis tools & CAPA |
| ✓Primary data collection | ✓Quality Improvement Projects |
| ✓Team building & work division | ✓Worked in collaboration with Doctors, Floor Managers, Quality, Managers & Co-Interns |

### CHALLENGES FACED

- Balancing multiple tasks and deadlines, often without a clear sense of priority
- To tackle uncooperative staff
- Staying motivated during repetitive or less engaging tasks.

### USEFULNESS OF INTERNSHIP

- Exposure to real field of work and learned work ethics
- Improvements in skill set
- Networking with the experienced people in the industry

### SUGGESTIONS FOR IMPROVEMENT

- Incorporate thorough training programs to enable nursing personnel to recognize and convey deficiencies in patient care and protocols.
- Organize frequent training sessions with a focus on legal compliance and protocol to guarantee accurate and comprehensive patient documentation.
- Create procedures that allow physicians and floor managers to work together seamlessly to maximize patient care and uphold procedural compliance.
- Provide specific training programs to acquaint newly hired physicians with departmental policies, hospital regulations, and patient care requirements.
- To ensure adherence to procedures and guidelines, conduct routine departmental audits with an emphasis on patient care best practices and ongoing improvement.

SUBMITTED BY- DR SHIVANI DIXIT
MBA HM 28 (2023-25)
Roll no. 1834

Certificate No – 2024/16934

# CERTIFICATE
## OF ACHIEVEMENT

MAX Healthcare

**Max Institute of Medical Education**

Certifies that

## Dr. Shivani Dixit

has completed Internship in the department of

**Quality**

at Max Super Speciality Hospital, Saket, New Delhi

from 02nd May 2024 to 01st July 2024

Head of the Department

Dr. Prabhakar Shankar
Medical Superintendent
Max Super Speciality Hospital
1-2, Press Enclave Road, Saket
New Delhi-110 017

**Dr Vinitaa Jha**
Director - Research & Academics
Max Healthcare Institute Ltd

# IIHMR University Faculty Mentor Approval

This is to certify that Dr./Mr./ Ms._____of academic year 2022-24 of_____(Name of the school) has prepared a poster with respect to his/her summer internship held during May-June 2023.

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

Date:

(Signature of Faculty Mentor)

Name:

Designation:

# WEEKLY REPORT-1

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 1 **From:** 02-05-2024 to 04-05-2024

## Activity Done-

- Received comprehensive introduction to hospital departments, personnel, policies, and procedures.
- Participated in daily floor rounds, gaining exposure to patient care practices and diverse medical cases.
- Learned how to operate the computerized patient record system.
- Assisted in medical record documentation audit.

## Linking theory (Classroom learning) with practice at your organization-

- The infection control measures that we learned in the classroom were properly followed at the hospital.
- As studied in the class about the EMR and EHR system, I could understand the functioning of CPRS system.

## Gaps identified on the working area-

- As informed consent was not included in the CPRS of the hospital, I had to manually extract hard copy from patient's file during MRD audit.

## Suggestions for improvement-

- Informed consent should be included in the CPRS of the hospital to reduce auditing time.

## Plan for the next week-

- Assist Head of Quality during the safety round & make report for the same
- Initiate my Quality Improvement Project.
- Conduct regular Open file audits

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-2

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 2 **From:** 06-05-2024 to 11-06-2024

## Activity Done-

- Conducted floor rounds along with Quality Manager
- Completed safety rounds and generated corresponding report.
- Executed MRD audit.
- Initiated data collection for ongoing project.

## Linking theory (Classroom learning) with practice at your organization-

- As studied in the class about the NABH survey, there were many things that were that I was able to execute there.
- Utilizing the hospital services checklist as discussed in class, I conducted safety rounds in accordance with the prescribed protocol.

## Gaps identified on the working area-

- In planned surgical or invasive procedures, consent was not obtained prior to the patient being transferred from the ward to the operating theater (OT)

## Suggestions for improvement-

- Nursing staff should be trained in such a way that they can identify gaps at their level and ask the management for improvement

## Plan for the next week-

- Learn about the NABH indicators
- Data collection for the Quality Improvement Project
- Conduct floor rounds individually and observe different activities on the floor

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-3

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 3 **From:** 13-05-2024 to 18-05-2024

## Activity Done-

- Assisted Quality Manager during the safety round audit
- Learned about safety codes.
- Prepared report of the safety round audit
- Learnt about NABH indicators in hospital.

## Linking theory (Classroom learning) with practice at your organization-

- As we have studied in the class that learning is a continuous process for all the healthcare workers. I observed and participated in the training sessions on different topic.
- This week, I observed that training and development in any institution is an integral part of their working.

## Gaps identified on the working area-

- There is no ramp in the hospital. So, for everything either people use stairs or elevators that is very time consuming.
- 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-

- The number of signages should be increased as it is a bit confusing when you are in the OPD section, and you can't determine where you are and how you can reach your desired place

## Plan for the next week-

- Data collection for my project
- Conduct open and closed file audits

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-4

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 4 **From:** 20-05-2024 to 25-05-2024

## Activity Done-

- Did open file audits
- Did closed file audits
- Worked on my project and collected data for the same.
- Learned about Consultation TAT

## Linking theory (Classroom learning) with practice at your organization-

- 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-

- 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-

- 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-

- Learn about mortality audit checklist
- Learn about the importance of Clinical Outcome Measure in Quality department
- Data analysis of the pre-intervention phase of the project
- Prepare presentation for the open file audit observations

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-5

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 5 **From:** 27-05-2024 to 01-06-2024

## Activity Done-

- Conducted compliance assessment of active file audit and prepared a presentation.
- Completed pre-intervention phase analysis for my project, identified gaps, and devised steps for compliance improvement.
- Created presentation for the MRD committee meeting.
- Performed COM data validation.
- Initiated work on the mortality audit checklist.

## Linking theory (Classroom learning) with practice at your organization-

- Applied sampling techniques and study tools, as learned in research methodology class, to prepare the report for the pre-intervention phase of the Quality improvement project.

## Gaps identified on the working area-

- Shortage of manpower in medical quality department compared to the work being done in the department.

## Suggestions for improvement-

- Hiring of human resource for the medical quality department.

## Plan for the next week-

- Intervention phase- coordination with floor managers, doctors & nursing staff
- Learn about the Operation Theatre procedure
- Learn about discharge TAT

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-6

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 6 **From:** 03-06-2024 to 08-06-2024

## Activity Done-

- Started intervention phase of my quality improvement project
- Learned OT procedure
- Worked on executive dashboard data validation of monthly report
- Initiated discharge TAT procedure to find gaps

## Linking theory (Classroom learning) with practice at your organization-

- During my intervention phase, I coordinated with floor managers, doctors and nursing staff which I could link with the strategies learned in class for leading change, and effectively communicating within healthcare organizations

## Gaps identified on the working area-

- There is no separate pediatric specialty in the hospital
- Unawareness about the informed consent policy

## Suggestions for improvement-

- Regular trainings should be held for doctors and nursing staff to make sure patient's documentation is done right and complete.

## Plan for the next week-

- Post intervention data collection for my quality improvement project
- Learn how to operate Health Information System
- Assist floor manager during ward rounds

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-7

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 7 **From:** 10-06-2024 to 15-06-2024

## Activity Done-

- Started post intervention data collection for my quality improvement project
- Conducted radiology (PCPNDT) audit
- Conducted active file audit and measured compliance
- Did ward rounds with the floor manager
- Learned how to operate HIS

## Linking theory (Classroom learning) with practice at your organization-

- As learned in digital health about the EHR, electronic health records (EHR) systems cover the theoretical foundations and practical skills necessary for operating HIS.

## Gaps identified on the working area-

- Medication reconciliation was done by the doctors in the initial assessment of the patient.

## Suggestions for improvement-

- Regular trainings should be held for doctors and floor managers to make sure patient's documentation is done right and complete.

## Plan for the next week-

- Presentation of the project in front of the Quality Managers
- Ward rounds with the floor manager
- Learn about the admission process

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-8

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no:** 8 **From:** 17-06-2024 to 22-06-2024

## Activity Done-

- Presented my Project in front of the Quality Manager
- Made presentation for another QIP (Initial Assessment and Progress Notes)
- Did ward rounds with the floor manager
- Learned about the admission procedure

## Linking theory (Classroom learning) with practice at your organization-

- As we discussed about the NABH in the classroom, according to that I followed the NABH guidelines during the audits.

## Gaps identified on the working area-

- Procedure notes that are put by the doctor after any invasive procedure is done gets delayed by a day or two in some cases

## Suggestions for improvement-

- Regular trainings should be held for doctors and floor managers to make sure patient's documentation is done right and complete.

## Plan for the next week-

- Presentation of my project in front of the Medical Superintendent
- Conduct Open file and closed file audits
- Learn about the IPSG goals

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# WEEKLY REPORT-9

**Name of the Organisation:** Max Super Specialty Hospital, Saket

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

**Name of the Student:** Dr. Shivani Dixit

**Roll no:** 1834 **Stream:** MBA HM 28

**Week no: 9** **From:** 23-06-2024 to 01-07-2024

## Activity Done-

- Presented my Project in front of the Medical Superintendent
- Did ward rounds with the floor manager
- Assisted floor manager in making duty roasters of doctors
- Did open file and closed file audit
- Learned about the IPSG goals

## Linking theory (Classroom learning) with practice at your organization-

- As we discussed about the NABH in the classroom, according to that I followed the NABH guidelines during the audits.

## Gaps identified on the working area-

- Procedure notes that are put by the doctor after any invasive procedure is done gets delayed by a day or two in some cases
- Informed consent forms parameters were incomplete.

## Suggestions for improvement-

- Regular trainings should be held for doctors and floor managers to make sure patient's documentation is done right and complete.

## Plan for the next week-

- There's no plan further as this is my last week.

**Signature of the Student**

**Approved by the IIHMR University's Mentor**