SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Gujarat

From 6th of May 2024 to 5th of July 2024

A REPORT BY

Shah Riyaben Rakeshkumar

Master of Business Administration

(Hospital & Health management)

2023-25

under the Mentorship of
Dr. Susmit Jain (Associate Professor)

IIHMR UNIVERSITY

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

Certificate of Internship

This is to certify that ~~Mr./Miss.~~ Dr. Shah Riyaben. R student of IIHMR University, Jaipur has successfully completed the Internship of MBA (Hospital and Health Management) from 06.05.2024 to 05.07.2024 at HPCIM, NHM Bhavan, Gandhinagar.

During the period of ~~his~~/her internship programme with us, ~~He~~/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish ~~him~~/her every success in life & career.

Mrs. K.M. Sheth, GAS
Programme Officer(Admin)
National Health Mission,Gujarat

Remya Mohan, IAS
Mission Director,
National Health Mission,Gujarat

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shah Riyaben Rakeshkumar** 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.

Susmit Jain 22.07.2024

Date: 22/07/2024

(Signature of Faculty Mentor)

Name: Dr. Susmit Jain
Designation: Associate Professor

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NHM, Gujarat: Hospital & Patient Care Improvement Mission (HPCIM)

Enhancing maternal & child health facilities in DH of Gujarat

Presented By: Dr. Riyaben Shah ; Roll no: 1821

University Mentor: Dr. Susmit Jain ; Organisation Mentor: Mrs. Yashaswini Jethva

Brief History

The **National Health Mission (NHM) Gujarat, launched in 2013**, integrates the National Rural Health Mission and National Urban Health Mission to provide accessible, affordable, and quality healthcare. It focuses on strengthening health systems, improving maternal and child health, and addressing diseases. NHM Gujarat emphasizes decentralization and community participation to enhance service delivery.

Mission & Vision

The **Government of Gujarat launched- Hospital & Patient Care improvement Mission in 2022**, to enhance patient care in secondary and tertiary public health facilities, aligning with the National Health Policy 2017's goal to increase public health facility utilization by **50% by 2025**. This initiative focuses on identifying and addressing gaps, mobilizing resources & building staff capacity.

Vision: The mission aims to create state-of-the-art public healthcare facilities that provide patient care at par with the private sector, **achieving quality accreditation through NABH and NQAS** programs. Efforts include ensuring chaos-free entrances, encroachment-free campuses, and patient-centric, respectful care.

Organisation Structure

- Hon'ble Minister, MoHFW, Gujarat
- Principal secretory
- Commissioners
- Mission Director
- Conveyor/ Addl Director
- State Coordinators
- District Liasons & Co ordinators
- SDH(CDMO)/ MCH(MS)

Mission Objectives

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Continuity of care and smooth transitions
- Involvement and support for family and carers
- Clear information, communication and support for self care
- Involvement in decisions and respect for preferences
- Emotional support, empathy & respect
- Attention to physical & environmental needs

Theoritical v/s Practical Exposure

Theoritical learnings

- Procedures and processes appear straightforward and quick.
- Learned about different Quality accreditation(NQAS, LaQshya, MusQan, SaQushal) to improve the services.
- Gained Knowledge about EHRs
- Theoritical knowlege provide foundation to work more efficiently on field.

Practical Exposure

- Implementation Phase is time comsuming and have extensive discussions.
- Observed that staff is planning facilities per the checklist, but maintenance of standards post-accreditation is uncertain.
- On ground there are challenges for EHRs as boarding data entry operator, monitors of upgraded version, connectivity issues, adaptability by professionals.

SWOT Analysis of DH under HPCIM

STRENGTHS

- Strong **government backing.**
- **Existing network** of district government hospitals across Gujarat.
- **Potential for leveraging** digital technologies and telemedicine.
- Availability of **skilled healthcare professionals** in the region.

WEAKNESS

- **Aging infrastructure & equipment** in some government DH.
- **Limited budgets** and resources for continuous improvement initiative.
- **Inconsistent quality of care** and patient experience across different hospitals.
- Lack of robust **data management** and performance tracking systems.

OPPORTUNITIES:

- Expanding the use of **telemedicine** and remote monitoring technologies
- **Collaborating** with private healthcare providers and NGOs to share best practices
- Leveraging government schemes and funding for hospital upgrades and modernization

THREATS

- **Resistance to change** among some healthcare providers and administrators
- **Competing priorities** and limited government funding for the healthcare sector
- Potential **disruptions** caused by natural disasters or fire emergencies.
- Concerns about data privacy and **cybersecurity** in the digital health ecosystem

Challenges Faced

- Hospital's quality circle being unavailable whenever in need.
- Travelling 134 kms for two weeks in an extreme hot weather.
- Difficult to visit other health facilities and departments in such short period of 2 months.
- Need to navigate government internal dynamics to get the work done.

Activities Done by me under HPCIM

- Conducted a **gap analysis for MusQan accreditation** at the GMERS-attached General Hospital in Gandhinagar.
- Performed **root cause analysis** and surveyed key factors influencing women's perspectives on childbirth-related facilities in tertiary care government hospitals, at GMERS-attached General Hospital in Himmatnagar.
- Suggested **CAPA** to improve Gynae department at DH in Himmatnagar.
- Held discussions on **Telemedicine, ABDM** (Ayushman Bharat Digital Mission), LaQshya and SaQushal initiatives.

Artifacts

Learnings

- Gained insights to **effectiveness** of Quality improvement initiatives by MoHFW, GOI.
- **Operational Insights** as hospital management, staff workflows, objectives of higher authorities.
- Understood **patient's needs.**
- Acquired more knowlwge about **ABHA and telemedicine.**

Usefulness of internship- Value additions

- **Networking** with the higher authorities of MoH of Gujarat.
- Got an **opportunity to work in new mission.**
- **Real life experience** to deal with challenges faced by administrative personnels and learnings from mentors.
- My resume will have **NHM tag.**

Suggestion to organisation

- **Feedback-Based Incentives**: Implement a feedback-based incentive system to reduce staff's harsh behavior.
- Dignity Seminars: Conduct seminars to treat patients with **dignity and respect.**
- Foster a **collaborative environment** where the entire hospital ecosystem works as one team with mutual respect.
- **Patient Counselling**: Organize a counselling room with CCTV for procedure explanations.
- Streamlined Processes: Streamline planning and implementation phases to reduce time.
- Implement digital health records and increase telemedicine outreach.

WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 1 **From:** 6th May 2024 **To:** 11th May 2024

Activity Done	• Orientation with the mission goals andactivities done till date under HPCIM. • Gap analysis for MusQan Certification in SNCU, of GMERS attached general hospital, Gandhinagar.
Linking Theory (classroom learning with practice at organization)	Missions were taught under module: National Health Programs. (CC-618); IEC materials: Business communication
Gaps identified on working area	Gaps are written below in table.
Suggestions for improvement	Display/ stick banners of, Mission Indradhanush, (SUMAN) Handwash, JSSY,RBSK, etc. Add signages in NICU, maintain record books, sop for quality improvement.
Plan for next week	Complete tour of GMERS attached general hospital, Gandhinagar, to analyze area for improvement.

GAP ANALYSIS OF THE DEPARTMENT OF PEDIATRICS AT THE GMERSMEDICAL COLLEGE ATTACHED HOSPITAL FOR NATIONAL MUSQAN ACCREDITATION

Ref. No.	Gap Identified
	Area of concern A: Service provision
ME A2.3	No separate KMC unit; lack of KMC chairs
	Area of concern B: Patient rights
ME B1	Missing signage: buffer zone- do not enter without permission signs, unit labels Missing displays: Information regarding entitlements available under carious schemes, IEC/BCC displays, IYCF practices, hand washing technique
ME B3	Screens or partitions not provided for privacy during feedingPatient records found lying outside nursing room
ME B4	Patient records had unsigned consent forms No grievance redressal system (complaint box) in place
	Area of concern C: Inputs
ME C1.1	Inadequate space between SNCU beds (should be 4 ft)No designated MNCU

ME C1.2	Well-equipped waiting area with toilet, drinking water, TV, tea/coffee vending machine not available
ME C1.3	No system in place to call mother for feeding (names are called out in the corridor in an undignified manner) No designated dining area KMC and step down unit should be amalgamated as part of MNCU
ME C2.3	Power audit not documented
ME C2.4	Floors of SNCU should be made of anti-skid material
ME C4.1	At least one pediatrician should be available per shift
ME C4.4	Data entry operator currently unavailable
ME C7	Records of staff competency assessments and trainings need to be maintained
	Area of concern D: Support services
ME D1.1	Maintain records of equipment testing and phototherapy intensity measurements
ME D3.2	Visitor policy should allow one trained female family member to stay with the newborn in step down after undertaking precautions
	Area of concern E: Clinical services
ME E4.3	KMC done in the step down area; KMC chairs are not used and mothers sit on the floor
ME E6	Standard treatment guidelines should be available at the point of use
ME E7	No documented SoP available for safe drug administration procedures
ME E10.3	No documented criteria for endotracheal intubation
ME E16.1	No private area available for doctor-guardian communication
	Area of concern F: Infection control
ME F1.3	No documentation or reporting of HAIs
ME F3.2	Some mothers were allowed into the SNCU without gowning
ME F5.4	No isolation ward for babies with diarrhoea, pyoderma, and other contagious diseases
ME F6.2	No documentation of needle stick injuries and PEP
	Area of concern G: Quality management
ME G1	Quality circle to be instituted and review meetings to be held periodically
ME G2	Patient satisfaction surveys to be conducted regularly with a minimum sample size of 30, followed by analysis to identify gaps and subsequent improvement activities
ME G3	Establish internal and external quality programs
ME G4.3	No work instructions/clinical protocols are displayed
ME G6	No documentation of action plans and corrective action to be undertaken prepared after medical and death audits. No action plan in place following gaps identified during district and state accreditation for MusQan.
	Area of concern H: Outcome
ME H2.1	No register to record critical equipment down time
ME H3.1	No register to record percentage of newborn deaths among inborn weighing 2500g or more.

Signature of Student: Diya Shah

Signature of Organisation Mentor: Yashvi -

Signature of University Mentor:

WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 2 **From:** 13th May 2024 **To:** 18th May 2024

Activity Done	• Gap analysis for MusQan Certification in OPD, PW of GMERS attached general hospital, Gandhinagar. • Learned regarding digital payment plan for GMERS attached general hospital, Sola.
Linking Theory	NationalHealth Programs. (CC-618); Digital Health (CC-621)
Gaps identified on working area	• Lack of Identification Tags: Identification tags are not used for children under 5 years, and there is no system to verify patient identity before administering drugs • Verification of Orders: There is no procedure to ensure the accuracy of verbal or telephonic orders given by doctors. • Security Measures: No security measures are in place to prevent baby falls or other adverse events. • Timing of Medical Advice: Medical advice and procedures are not accompanied by a timestamp.
Suggestions for improvement	Implement protocol of using identification tags. Documentation of all orders. Electronic Health Record system for up to date medical record filing.
Plan for next week	Work upon: Identifying the women's perspectives on key factors for accessible dignified quality intrapartum healthcare services, so as to improve the preference of tertiary level public health institutes for childbirth-related services.

Signature of Student: Diya Shah

Signature of Organisation Mentor: Yashvi

Signature of University Mentor

WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 3 **From:** 20th May 2024 **To:** 24th May 2024

Activity Done	• Got oriented with administration department at GMERS attached general hospital, Himmatnagar. • **Synopsis** writing and literature review for : Key factors influencing women's perspective for child birth related facilities in tertiary care government hospitals. • Work under HPCIM: Collecting and compiling data of 11 Dept. under hospital.
Linking Theory (classroom learning with practice at organization)	Essentials of Hospital services (CC-615), Research methods (CC-613)
Gaps identified on working area	Poor communication linkage between secondary and tertiary healthcare workers.
Suggestions for improvement	Use EHRs for up-to-date medical records and for easy transfer of data to each level of health care service providers.
Plan for next week	Create survey questionnaire form; take survey of at least 20 women who have been transferred to Post natal care unit.

SYNOPSIS

TITLE: "Insights into Maternal Healthcare Preferences: Unveiling Factors Affecting Intrapartum Service Utilization at Public Health Institutes"

INTRODUCTION: Intrapartum care, which encompasses labor and delivery, stands as a crucial facet of maternal healthcare provision. The accessibility, dignity and quality of this care play pivotal role in enhancing maternal and neonatal health outcomes. Nonetheless, numerous women encounter obstacles impeding their access to and contentment with intrapartum services offered at tertiary level public health institutions. Gaining insights into women's viewpoints regarding these hurdles and the fundamental factors shaping their experiences can pave the way for targeted interventions aimed at improving service provision and fostering a preference for these facilities for childbirth-related services.

RESEARCH QUESTION: *What are the key factors influencing women's perspectives on accessible, dignified and quality intrapartum healthcare services and how can these factors be addressed to improve the preference for tertiary level public health institutes for childbirth-related services?*

OBJECTIVE: Overall aim of these research is to explore (identify, assess, evaluate and determine) key factors on accessing quality care in intrapartum & postnatal healthcare services; so as to improve tertiary care level services in public institutions.

HYPOTHESIS: Women's preference for tertiary level public health institutes for childbirth-related services is significantly influenced by their and their community's perspective on the accessibility and quality of intrapartum healthcare services provided. Along with they also aspect a dignified service.

MATERIAL AND METHODS:

- STUDY DESIGN: A study design combining quantitative surveys and qualitative feedback.
- SETTING: The study will be conducted in tertiary level public health institute – GMERS General Hospital, Himmatnagar, which provides comprehensive maternal and neonatal care service
- STUDY POPULATION :
  - Inclusion criteria: Women who have given birth at tertiary level public health institute in current month. Women who consent to participate in the study.
  - Exclusion criteria: Women with severe postpartum complications that would prevent them from participating. Women who delivered in private healthcare facilities.
  - Study tools: Questionnaires for qualitative data collection and fish bone diagram.
- DURATION OF STUDY: Start Date: 20/05/2024; End Date: 07/06/2024.
- SAMPLE SIZE: Quantitative: 50 women, Qualitative: 20 women
- SAMPLING TECHNIQUE: Simple Random Sampling
- DATA COLLECTION PROCEDURE: Questionnaires to eligible women during postnatal stays.

DATA ANALYSIS & IMPLEMENTATION PLAN: A structured approach addressing hospital improvement issues through problem identification, root cause analysis, brainstorming and then implementation of corrective and preventive actions.

ETHICAL CONSIDERATIONS: Obtained informed consent from all participants. Ensuring data privacy, security, and confidentiality.

IMPLICATIONS OF RESEARCH: It will provide valuable insights into the factors affecting women's experiences with intrapartum healthcare services to improve service delivery and increase the preference for tertiary level public health institutes for childbirth-related services.

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Kaur J, Franzen SRP, Newton-Lewis T, Murphy G. Readiness of public health facilities to provide quality maternal and newborn care across the state of Bihar, India: a cross-sectional study of district hospitals and primary health centres. BMJ Open. 2019 Jun 6;9(6) ; Reference link: https://pubmed.ncbi.nlm.nih.gov/31362965/

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Valente EP, Barbone F, de Melo E Lima TR, de Mascena Diniz Maia PFC, Vezzini F, Tamburlini G. Quality of maternal and newborn hospital care in Brazil: a quality improvement cycle using the WHO assessment and quality tool. BMJ Open Qual. 2021 Mar 4;10(1) Reference link: https://pubmed.ncbi.nlm.nih.gov/33619561/

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Signature of Organisation Mentor: Yashvi

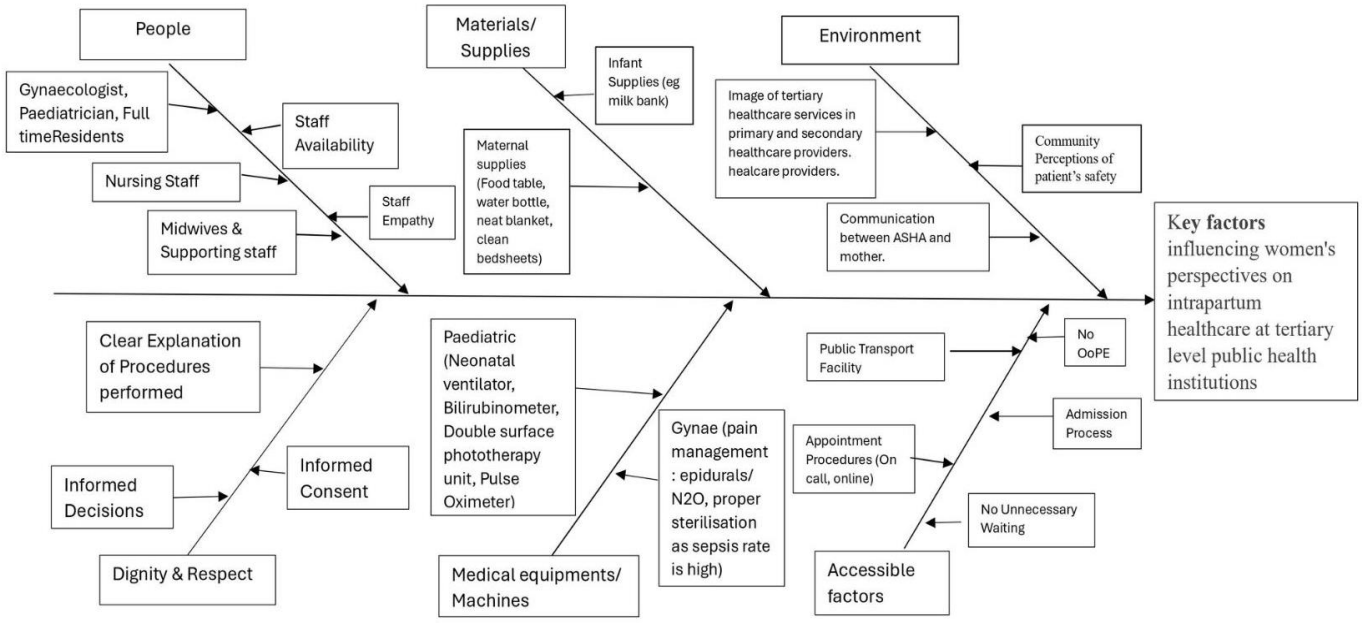
Signature of University Mentor:

WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 4 **From:** 27th May 2024 **To:** 1st June 2024

Activity Done	• Designed **fishbone diagram and Questionnaire** • Feedback Survey with patients. • Analyzed the feedback received.
Linking Theory (classroom learning with practice at organization)	Epidemiology, Research methods, Business communication, Hospital Services
Gaps identified on working area	Gaps are written below in table.
Suggestions for improvement	SOPs are well framed but there are loop holes on field.
Plan for next week	Work on filing LaQshya accreditation at GMERS attached general hospital, Himmatnagar.

Fishbone Diagram



GMERS General Hospital, Himmatnagar, SK, Gujarat.

FEEDBACK FORM FOR PATIENT

Section 1: Demographic Information

1) Age:
   ☐ Below 18 ☐18-24 ☐ 25-30 ☐ 31-35 ☐ 36-40 ☐ 41 & above
2) Education Level:
   ☐ No formal education ☐ Primary education ☐ Secondary education ☐ Higher education ☐ Graduation
3) Employment Status:
   ☐ Employed full-time ☐ Employed part-time ☐ Unemployed ☐ Student ☐ Homemaker
4) Number of Children before this:
   ☐ None ☐ One ☐ Two ☐ Three ☐ Four or more
5) Parity (No. of Live births): _____

Section 2: Accessibility and Availability of Services

6) How far is the nearest tertiary level public health institute from your home?
   ☐ Less than 5 km ☐ 5-10 km ☐ 11-20 km ☐ More than 20 km
7) What is your primary mode of transportation to the healthcare facility?
   ☐ Walking ☐ Public transport ☐ Private vehicle ☐ Other (please specify)
8) How would you rate the convenience of accessing the healthcare facility?
   ☐ Very convenient ☐ Convenient ☐ Neutral ☐ Inconvenient ☐ Very inconvenient
9) What are the major barriers you face in accessing intrapartum healthcare services? (Select all that apply)
   ☐ Distance ☐ Transportation ☐ Financial constraints ☐ Lack of information
   ☐ Family responsibilities ☐ Other: _____
10) Did long wait times or limited appointments pose any difficulties for your prenatal care?
11) Did you feel you had a choice in selecting the healthcare provider who delivered your baby?

Section 3: Quality of Services

12) How would you rate the quality of care provided during your intrapartum period at the healthcare facility?
    ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor
13) How satisfied are you with the availability of medical staff (doctors, nurses, midwives) during childbirth?
    ☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very dissatisfied

14) Were you satisfied with the equipment and resources available during your delivery?
    ☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very dissatisfied

15) Did you feel comfortable asking questions and raising concerns during your stay?
    ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐Never
16) Were you offered various birthing positions or birthing plans to promote a positive birth experience?
    ☐ Yes, completely ☐ Yes, partially ☐ No, not at all
17) Were you adequately informed and involved in decisions about your childbirth process, before taking your consent?
    ☐ Yes, completely ☐ Yes, partially ☐ No, not at all ☐Consent is not taken
18) How would you rate the cleanliness and hygiene of the healthcare facility?
    ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor

Section 4: Dignity and Respect

19) Did you feel respected and treated with respect and dignity throughout your labor and delivery process?
    ☐ Yes ☐ Sometimes ☐ No
    If no, please specify the type of disrespect or abuse experienced (e.g., verbal, physical, neglect).

20) How important is it for you to have a female healthcare provider during childbirth?
☐ Very important ☐ Important ☐ Neutral ☐ Not important ☐ Not at all important

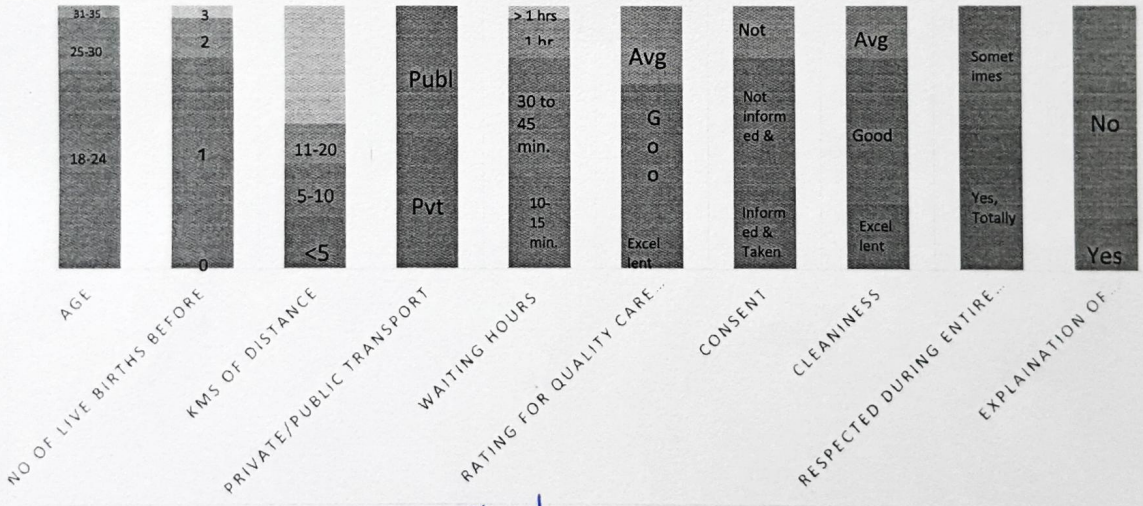
Section 5: Recommendations for Improvement

- What do you believe are the most important factors in providing quality intrapartum care? (Select up to 3)
  ☐ Skilled medical staff ☐ Respectful treatment ☐ Clean and hygienic facilities
  ☐ Availability of pain relief options ☐ Involvement in decision-making ☐ Short waiting times
  ☐ Emotional support and counselling ☐ Adequate postnatal care
- What changes would make you more likely to choose a tertiary level public health institute for childbirth-related services in the future?

  _____
  _____
- Any additional comments or suggestions regarding your intrapartum care experience?

  _____
  _____

FEEDBACK DATA



Signature of Student: Diya Shah

Signature of Organisation Mentor: yashi

Signature of University Mentor:

WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 5 **From:** 3rd June 2024 **To:** 7th June 2024

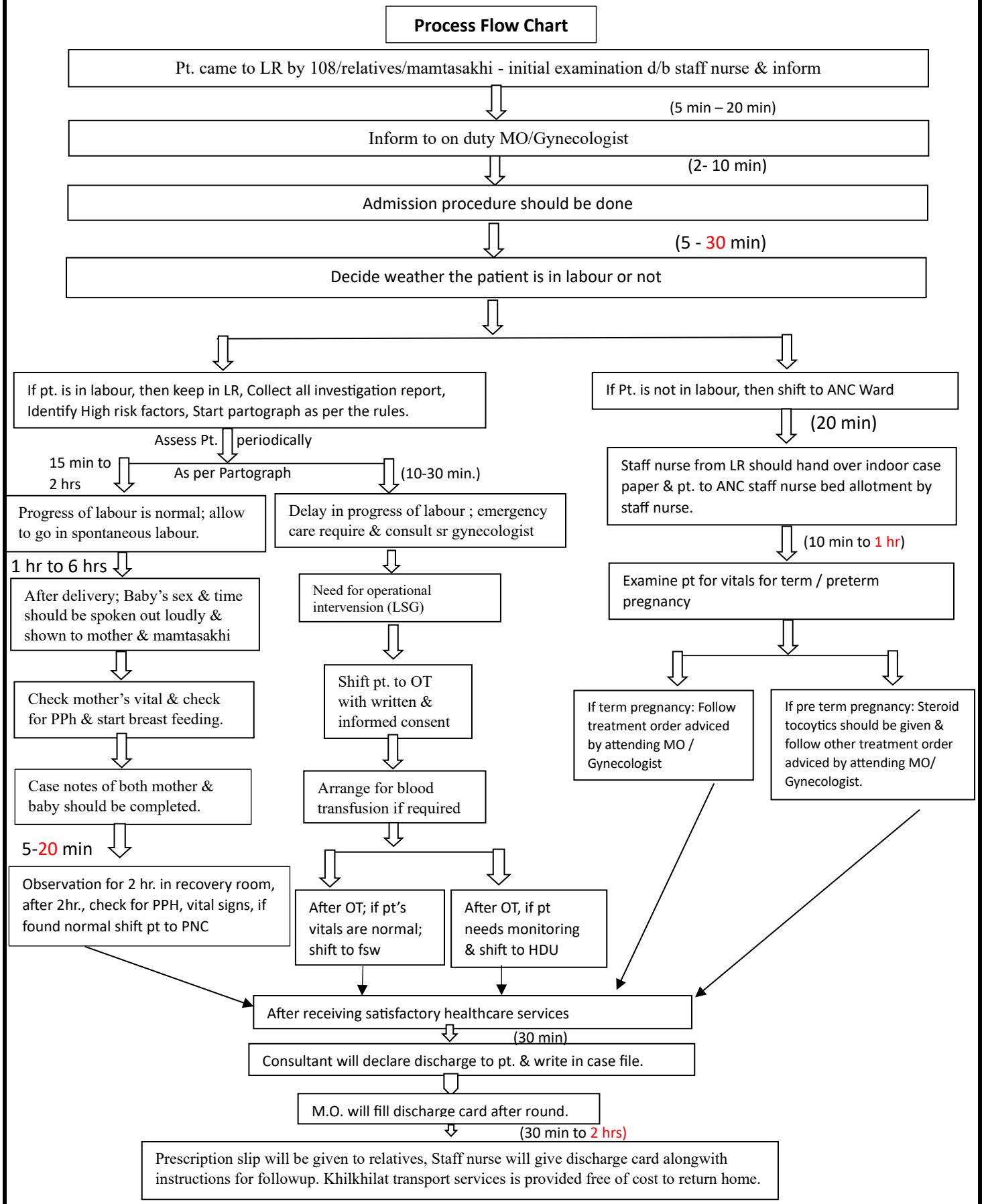
Activity Done	• Got introduced with current status of ABDM implementation in GMERS general Hospital, Himmatnagar. • Discussion with authorities regarding **feedback analysis, TAT**and other activities under HPCIM. (Attaching patient flow over next page.) • Studied regarding the Organization structure
Linking Theory (classroom learning with practice at organization)	Business Communication (CC-612), HRM (CC-610), Digital Health (CC-621), Essentials of Hospital services (CC-615)
Gaps identified on working area	Difference of opinion leading to tensions between medical hierarchy and administrative hierarchies.
Suggestions for improvement	Having mutual respect between each official and discussing the reasons behind their opinions, will have long lasting and stable organization and falsify ego clashes.
Plan for next week	Study SOPs

Signature of Student: Diya Shah

Signature of Organisation Mentor: yashvi

Signature of University Mentor:

Process Flow Chart



WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
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Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 6 **From:** 10th June 2024 **To:** 15th June 2024

Activity Done	• Framed CAPA. • Studied regarding SOP for development of District hospitals and sub-district hospitals. • Learned the future prospectus of telemedicine
Linking Theory (classroom learning with practice at organization)	Hospital Services, Digital Health, Business communication
Gaps identified on working area	SoPs are well framed, but a lot of time is consumed in implementing the same.
Suggestions for improvement	Increase workforce under HPCIM, who are dedicated towards single project.
Plan for next week	Look towards area for improvement under this project.

Corrective and Preventive Action (CAPA):

Issue 1: Hospital Facilities

Problem Statement: Need to improve hospital facilities such as clean bed sheets, blankets, food desks, water bottles, reduce waiting period and improve trust in child healthcare facilities.

Root Cause: Neglect in maintaining basic hospital amenities and lack of patient-centric approach.

Corrective Actions:

1. Reduce Waiting time: Implement an efficient appointment scheduling system to manage patient flow and reduce waiting times.
2. Upgrade Amenities: Invest in upgrading hospital amenities including clean bed sheets (VIBGYOR), blankets, food desks, and water bottles.

Preventive Actions:

1. Expansion: Consider expanding the Khilkhilahat's capacity by increasing the number of vans.
2. Patient Satisfaction Surveys: Implement regular patient satisfaction surveys to gather feedback on hospital facilities and make improvements accordingly.
3. Trust-Building Initiatives: Organize community engagement programs and open houses to build trust in child healthcare facilities.

Issue 2: Informed Consent:

Problem Statement: Most consents taken from patient during delivery is not informed, like details are not shared by the medical/paramedical staff before obtaining signatures despite well documented SOPs.
Root Cause: Lack of proper communication protocols and training for staff on the importance of informed consent.

Corrective Actions:

1. Training: Conduct comprehensive training sessions for all medical and paramedical staff on informed consent procedures.
2. Audit and Monitoring: Regular audits to ensure compliance with informed consent protocols.

Preventive Actions:

1. Patient Education Materials: Create and distribute educational materials (brochures, videos) to inform patients about common procedures and consent process.
2. Feedback Mechanism: Establish a patient feedback system to monitor the effectiveness of informed consent procedures and address any gaps.

Issue 3: Explanation of Procedures

Problem Statement: Procedures performed on patients' bodies are not explained beforehand; staff directly operate without prior explanation.

Root Cause: Lack of standardized patient communication guidelines.

Corrective Actions: Pre-Procedure Briefing Protocol: Establish a mandatory pre-procedure briefing protocol where staff explain the procedure, benefits, risks, and alternatives to patients.

Issue 4: Coordination between Secondary and Tertiary Healthcare Providers

Problem Statement: Coordination between secondary and tertiary healthcare providers is not proper, resulting repeat of procedures.

Root Cause: Lack of integrated systems and communication channels between different levels of healthcare providers.

Corrective Actions:

1. Implement EHR System: Integrate an Electronic Health Record (EHR) system to streamline information sharing and coordination between secondary and tertiary healthcare providers.
2. Communication Protocols: Develop standardized communication protocols and handoff procedures for patient transfers between healthcare levels.

Preventive Actions:

1. Training on EHR Use: Provide training for all healthcare providers on the effective use of the EHR system.
2. Regular Coordination Meetings: Schedule regular coordination meetings between secondary and tertiary healthcare teams to discuss and resolve any issues.

Issue 5: High Sepsis Rate for Intrapartum Deliveries

Problem Statement: Sepsis rate is high for intrapartum deliveries, resulting in fear among the patient.

Root Cause: Increased sepsis risk due to usage of old instruments having rust.

Corrective Actions: Immediate replacement of rusted old instruments. Review sterilization and hygiene protocols in delivery rooms.

Preventive Actions: Procurement of high quality instrument & proper storage of sterilised instruments to prevent rust.

Signature of Student: Diya Shah

Signature of Organisation Mentor: Yashvi

Signature of University Mentor:

WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 7 **From:** 18th June 2024 **To:** 21st June 2024

Activity Done	• Discussed regarding development of dental wing under this mission in GMERS attached general hospital, Gandhinagar. • Studied organogram • Brainstormed the reason behind behaviour of paramedical staff towards patient.
Linking Theory (classroom learning with practice at organization)	Hospital Management, HRM, Organisation behaviour
Gaps identified on working area	NA
Suggestions for improvement	Can develop a scheme under which paramedical staff will receive incentives based on the star rating obtained in feedback, this will keep them motivated to work and treat patient with outmost respect.
Plan for next week	Discuss regarding prospects of HPCIM.

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WEEKLY REPORT

Name of the Organisation: NHM, Gujarat.
Project of summer Internship Programme: HPCIM (Hospital & Patient care improvement mission)
Name of the Student: Dr. Shah Riyaben Rakeshkumar
Roll No: 1821 **Stream:** MBA- Hospital & Health
Week No.: 8 **From:** 24th June 2024 **To:** 29th June 2024

Activity Done	• Learned regarding the current challenges and future plan in ABDM • Discussed the plan to make people adopt telemedicine services
Linking Theory (classroom learning with practice at organization)	Digital health
Gaps identified on working area	There is a plan to consolidate all digital services under single provider, rather than current situation of having multiple providers to reduce overall costs. But in this case it will be monopoly, and the efficiency in long run would degrade.
Suggestions for improvement	N/A

Signature of Student: Diya Shah

Signature of Organisation Mentor: Yashvi

Signature of University Mentor:

Compiled Report

Name of the Organisation: National Health Mission

Department/ Project of Summer Internship Program: HPCIM- Hospital & Patient care improvement mission

Name of the Student: Dr. Shah Riyaben Rakeshkumar

Roll no: 1821 **Stream:** MBA- Hospital & Health

Activity Done	• Orientation with mission o Studied goal, vision and objective of the mission. o Read MoM held till date and understood how they progressed in launching this mission. o Discussed regarding how it is currently integrated in the system. • Field Visit – GMERS attached general Hospital, Gandhinagar. • Comprehended Different Quality tools such as NQAS, MusQan, LaQshya & Kayakalp for betterment of Hospital Services. • Conducted Gap Analysis for MusQan accreditation in SNCU, OPD & PW of GMERS attached general Hospital, Gandhinagar. • Field Visit - GMERS attached General Hospital, Himmatnagar.: Got oriented with administration dept. • Worked on research topic: Key factors influencing women's perspective for childbirth related facilities in tertiary care government hospitals. o Synopsis writing o Questionnaire form creation and survey with patients o Fishbone diagram o CAPA • Administrative work: Collecting and compiling data of 11 Department of hospital such as ratio of bed allocation (male to female), paramedical staff allocation, Doctors to patient ratio, Mortality rate, peak hours and bottle neck areas in hospital. • Discussed regarding : E-Sarkar, ABDM plan & telemedicine implementation

Linking Theory (classroom learning with practise at organisation)	1. National Health Programmes 2. Organisation Behaviour 3. Hospital Services 4. Research Methods 5. Business Communication 6. Digital Health
Gaps identified on working area	**<u>GMERS attached General Hospital, Gandhinagar</u>**: • The person appointed for help desk service was present for day shift, so services was not available for night shift • Witnessed abrupt behaviour of nurse towards patient in OPD. • Public was carrying medicine in hands- no carry bag was provided from hospital's pharmacy • Unhygienic- poor maintained water drinking area for public in hospital premises. • <u>SNCU</u>: No separate KMC unit; lack of KMC chairs • Missing displays: Information regarding entitlements available under various schemes JSSK, RBSK, various IEC/BCC displays, hand washing technique. • Screens or partitions not provided for privacy during feeding • Patient records found lying outside nursing room • Patient records had unsigned consent forms • No grievance redressal system (complaint box) in place • Inadequate space between SNCU beds (should be 4 ft) • Well-equipped waiting area with toilet, drinking water, TV, tea/coffee vending machine not available • No system in place to call mother for feeding (names are called out in the corridor in an undignified manner) • Power audit not documented • Floors of SNCU are not made of made of anti-skid material • Data entry operator currently unavailable • Records of staff competency assessments and trainings need to be maintained. • No register to record critical equipment down time • No register to record percentage of newborn deaths among inborn weighing 2500g or more • No register to record antibiotic use rate • No register to record adverse events

	• Paediatric ward: • **Identification Tags**: Children under 5 years old do not receive identification tags, and there is no system to verify patient identity before administering medications or performing clinical procedures. • **Order Verification**: There is no process to ensure the accuracy of verbal or telephonic orders given by doctors. • **Security Measures**: There are no security measures in place to prevent baby falls or adverse events following drug or vaccine administration. • **Timestamping**: Medical advice and procedures are not recorded with time stamps. **GMERS attached General Hospital, Himmatnagar**: • Poor communication linkage between secondary and tertiary healthcare workers. • SoPs are well framed but there are major loop holes on field. The major reason for this is lacking of staff co ordination and motivation to adhere with the SoPs. • High sepsis rate in gynaecological department • Patient need to wait for nearly hours for khilkhilat facility. • Need to upgrade some of the basic hospital facilities such as bed sheets, quilt, food table, etc.
Suggestions for improvement	**GMERS attached General Hospital, Gandhinagar:** • To provide 24*7 help desk facility, appoint staff with multiple shifts. • Implement performance reviews and feedback mechanisms to address behavioural issues among hospital staff • Provide paper bag/ packet to carry all the medicines. • Install water drinking facility in way that it reduces the water spillage over the floor and ask housekeeping staff to maintain cleanliness over this area. • Display 'Patient rights' board in order to empower patients against any inappropriate/abrupt behaviour via medical/paramedical staff. • SNCU: Display/ Stick Banners of Mission Indradhanush, Handwash methods, etc. • Add signages in NICU • Maintain record books as per the guidelines • Create SOP for Quality improvement. • Appoint a new Data entry operator. • Designate a specific unit stating MNCU and make it fully operative.

	• Design a dedicated space for parents waiting near to NICU. • Paediatric Ward: Implementation of using identification tag. • Development and implementation of SOP for patient identification. • Documentation of all orders given on call. • Risk assessment & improvement. • Note time along with date while giving any medical advice. • Make paediatric ward children friendly: have wall cartoons, games, TV, etc **GMERS attached General Hospital, Himmatnagar**: • Use EHR system for up-to-date medical records and for easy transfer of data to each level of healthcare service providers. • Also ask data entry operator to manage entries and detail records of each patient. • Organise staff engagement activities • Motivate Staff to adhere with the SoPs. • Proper auditing of surgical instruments to be done. • Have feedback-based incentive scheme in hospital for paramedical staff in order to provide facility with dignity and respect towards patient.

Signature of Student: Diya Shah

Signature of Organisation Mentor: yashvi

Signature of University Mentor:

End of Report
Thank you !