SUMMER INTERNSHIP PROGRAM AT KIMS-KINGSWAY HOSPITAL

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UNDER THE GUIDANCE OF DR. KUNAL RAWAL (UNIVERSITY MENTOR) &
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ABOUT ORGANIZATION

Dr. Bhaskara Rao Bollineni founded KIMS Nellore in 2000 to provide affordable, high-quality healthcare in Andhra Pradesh. Under his and Dr. Abhinay Bollineni's leadership, KIMS expanded to nine cities in Andhra Pradesh and Telangana, acquiring Sunshine Hospitals in Hyderabad and Kingsway Hospitals in Nagpur in 2021 and 2022. KIMS-Kingsway Hospitals in Nagpur is a 300+ bed multispecialty facility offering advanced tertiary care, including critical care, modular OTs, and a high-end Cath lab. The hospital specializes in Cardiology, Neurology, Surgery, and Oncology, and also provides palliative, home-based care, and preventive health check-ups.

VISION

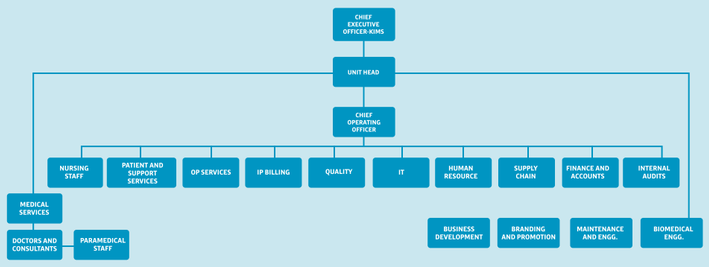
To be the top healthcare brand with affordable care, best clinical outcomes, and a great workplace for doctors and employees.

MISSION

Deliver affordable, quality care with patient-centric systems, modern medical technology, and support for academics and research.

ORGANIZATION STRUCTURE

Deliver affordable, quality care with patient-centric systems, modern medical technology, and support for academics and research.



PROJECT 1

Mortality Rate Evaluation Based on APACHE II Scores in the ICU

OVERVIEW : Analysing ICU patient data from KIMS-KINGSWAY HOSPITAL, including demographics, APACHE 2 scores, and survival outcomes, to improve ICU care.

OBJECTIVES: Assess APACHE 2 score distribution, correlate scores with outcomes, perform root cause analysis of mortality, and provide care improvement recommendations.

METHODOLOGY :-

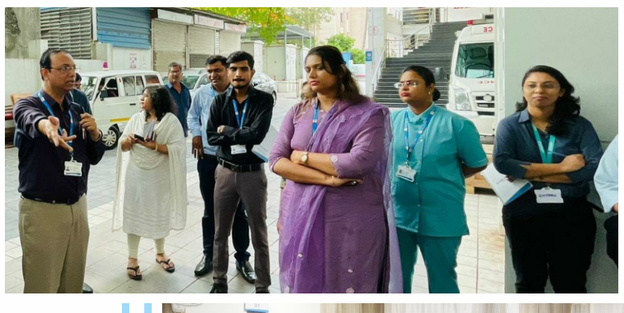
Study Type : Prospective study

Sample Size : 75 patients that came in emergency.

Data Collection : Collected from ICU on regular basis, key variables include name, age, gender, date of admission, UHID and APACHE 2 SCORES.

Results : Higher mortality associated with high APACHE 2 scores, delays in interventions, and comorbidities. Patients with scores below 25 had higher survival rates.

Recommendations : Early identification/intervention for high-risk patients, staff training, regular ICU audits, and use of predictive analytics for tailored care.



PROJECT 2

Clinical Audit on Compliance of Consent at the Radiology Department at KIMS-Kingsway Hospitals

Overview : Evaluates adherence to informed consent procedures in the radiology department to identify compliance gaps and propose improvements.

Objectives : Assess compliance with consent-taking procedures for MRI, X-Ray, USG, and CT Scan to ensure thorough patient understanding.

METHODOLOGY :

1.PARAMETERS EVALUATED

- Total number of patients
- Consents taken vs not taken
- Completeness of consent forms
- Presence necessary details (N,S,D,T) Name , Signature, Date, Time.
- Consistency in ink color and language used

2.AUDIT TOOL

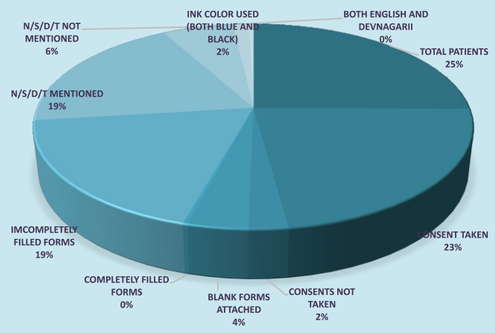
- Data was collected from consent forms for patients undergoing MRI, X-Ray, USG, and CT Scan procedures.

Results : MRI and X-Ray showed poor compliance with many incomplete or missing forms. USG and CT Scan had excellent compliance.

DATA ANALYSIS :-

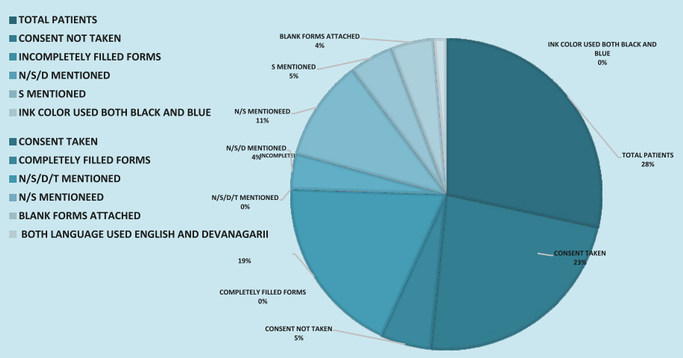
· **MRI:** Significant non-compliance with completely filled forms, with only 7 forms fully completed out of 610 patients. 59 patients had no consent taken, and 91 forms were blank. Ink color and language inconsistencies were also noted.

MRI CONSENT ANALYSIS



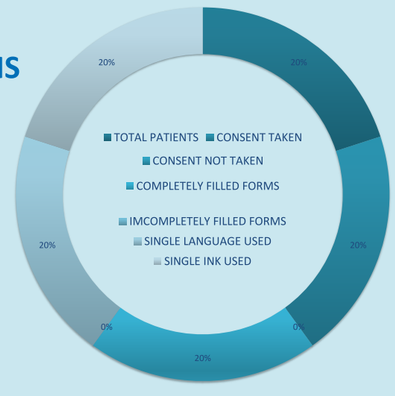
X-Ray: Complete lack of fully filled consent forms. A large number of incomplete forms and several instances where consent was not taken (127 patients). Multiple forms were attached blank.

X RAY CONSENT ANALYSIS



· **USG :** Demonstrated excellent compliance, with all forms completely filled, indicating effective consent-taking processes.

USG ANALYSIS



Root Cause Analysis : Issues included lack of training, process inefficiencies, time constraints, inconsistent use of materials, and insufficient monitoring.

Recommendations : Standardize forms, provide training, conduct audits, implement checklists, improve form availability, and engage patients.

SWOT ANALYSIS

S	W	O	T
Strengths	**Weakness**	**Opportunities**	**Threats**
Meeting national and international standards, skilled quality management team, advanced quality monitoring tools, strong leadership focused on continuous improvement and patient satisfaction.	Constrained budgets and resources, irregular staff training, inter-departmental communication issues, and resistance to new protocols.	Emerging healthcare technologies, advanced data analytics, strategic collaborations, improved patient engagement and education, and regulatory incentives for high-quality standards.	Evolving healthcare regulations, rising competition, financial constraints, and strain from ongoing and emerging health crises.

LEARNING DURING INTERNSHIP

- Gained understanding of hospital regulations and standards for quality care.
- Developed skills in infection control, medication safety, and managing adverse events.
- Applied data-driven approaches to enhance patient outcomes.
- Collaborated across departments for quality initiatives.
- Identified and managed risks to ensure safety and compliance.
- Contributed to clinical audits for compliance improvement. Focused on patient satisfaction and clinical outcomes.
- Participated in workshops and mentoring for professional development.
- Gained insight into ethical principles and NABH accreditation standards.
- Evaluated infection control practices and departmental orientations.

USEFULNESS OF INTERNSHIP

- Learned department collaboration for efficient healthcare delivery.
- Gained experience with quality metrics, data analysis, and accreditation.
- Developed team management, project coordination, and decision-making skills.
- Improved communication and understanding of patient needs.
- Applied academic knowledge to real-world hospital operations.
- Enhanced data management, communication, and project management skills.
- Gained insights into the hospital and diagnostics industry.
- Benefitted from professional interactions and key responsibilities.

SUGGESTIONS

- Implement advanced data analytics tools for continuous quality monitoring.
- Standardize and simplify quality improvement methodologies.
- Enhance collaboration across hospital departments for unified quality efforts.
- Develop and enforce additional patient safety protocols.
- Conduct regular external audits and bench marking to adopt best practices.
- Offer continuous training and professional development for staff. Improve communication channels between frontline staff, management, and the quality department.
- Ensure all quality improvement initiatives focus on patient-centered care.

CHALLENGES FACED DURING HOSPITAL INTERNSHIP

- Challenges Faced During Hospital Internship:
- Navigating intricate healthcare systems.
- Handling and interpreting large data sets. Maintaining clear communication across diverse teams.
- Juggling multiple tasks and meeting deadlines.
- Creating solutions for unforeseen problems.
- Adapting to fast-changing circumstances.

THEOROTICAL LEARNING V/S PRACTICAL EXPOSURE

- Classroom environments are formal and structured, while workplace settings are dynamic and demand adaptability.
- Academic assessments rely on exams and assignments, whereas practical experience offers immediate feedback from supervisors and colleagues.
- Theoretical learning sharpens analytical and conceptual abilities; practical experience cultivates hands-on skills and professional communication.
- Interaction in academic settings is primarily with professors and peers, whereas practical experience includes engagement with industry professionals and mentors.