SUMMER INTERNSHIP PROGRAM

At

KIMS-KINGSWAY HOSPITALS

From 6TH May 2024 to 6TH July 2024

A REPORT BY

SAYALI ANAND BHALERAO

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Kunal Rawal

IIHMR UNIVERSITY

KIMS-KINGSWAY HOSPITALS

Ref: IC/2024 – July

Date: 11th July 2024

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Sayali Bhalerao** has successfully completed an internship **(**i.e. from **06th May 2024** to **06th July 2024)** in **"Medical Services Department"** as *"Intern"* at **KIMS Kingsway Hospitals** (A Unit of SPANV Medisearch Lifesciences Pvt. Ltd).

During the period of her internship program, she was found punctual and hardworking.

We wish her every success in life.

For SPANV Medisearch Lifesciences Pvt.Ltd

SPANV Medisearch Lifesciences Pvt. Ltd. KIMS Kingsway Hospitals

Ganga Swamy Mudliar
Dy. Manager – Human Resources

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Sayali Anand Bhalerao** 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.

23/7/24

Date: 24.07.2024

Dr. Kunal Rawal

Associate Professor
IIHMR University, Jaipur.

SUMMER INTERNSHIP PROGRAM AT KIMS-KINGSWAY HOSPITAL

PRESENTED BY DR. SAYALI BHALERAO (HM-28, ROLL NO 1694)
UNDER THE GUIDANCE OF DR. KUNAL RAWAL (UNIVERSITY MENTOR) &
DR. DEEPAK DONGRE AND AFSHAN SIDDIQUE KHAN (ORGANISATION MENTOR)

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

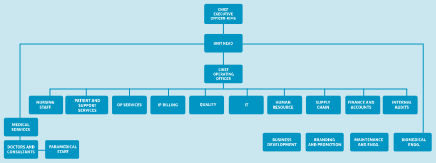
To be the top healthcare brand with affordable care, best clinical outcomes, and a great workplace for doctors and employees.

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

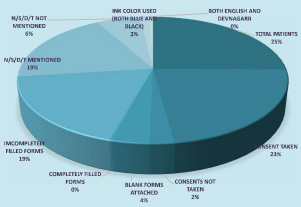
2.AUDIT TOOL
- Data was collected from consent forms for patients undergoing MRI, X-Ray, USG, and CT Scan procedures.

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

DATA ANALYSIS :-

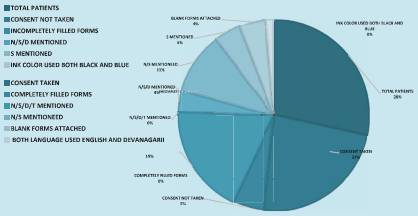
· MRI: Significant non-compliance with completely filled forms, with only 7 forms fully completed out of 610 patients. 59 patients had no consent taken, and 91 forms were blank. Ink color and language inconsistencies were also noted.

MRI CONSENT ANALYSIS



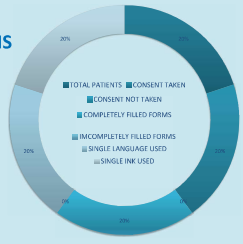
X-Ray: Complete lack of fully filled consent forms. A large number of incomplete forms and several instances where consent was not taken (127 patients). Multiple forms were attached blank.

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.

WEEKLY REPORT

Name Of the Organisation: KIMS- Kingsway Nagpur

Area/Department/Project of Summer Internship Program: Medical Operations

Name of the Student: Dr. Sayali Anand Bhalerao

Roll no: 1694 **Stream:** MBA-HM 28

Week no: 01

From:06-05-2024 to 11-05-2024

ACTIVITY DONE	• Getting to know my roles and responsibilities in hospital for all departments as medical operations intern. • Commenced work on creating presentation for clinical audits. • Clinical audits in medical departments. • Incident site visit at radiology department.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Classrooms MS office skill made me do this work more efficiently. • Idea about departments and standards theory taught in classroom helped me apply practically in real life.
GAPS IDENTIFIED ON THE WORKING AREA	• Wastage of manpower due to lack of technological equipment's. • Lack of trained staff in radiology department.
SUGGESTIONS FOR IMPROVEMENT	• Ensure adherence to protocol. • Improve communication between staff.
PLAN FOR THE NEXT WEEK	• Conduct clinical audit. • Assisting in NABH audit work. • Seek feedback. • Working on SOP for NABH audit.

Week no: 2

From: 13 May 2024 to 18 May 2024

ACTIVITY DONE	• Internal audit at pathology, central drug store. • Facility round of basement and medical record department. • Uploading all the improvement and gap points from audit in system for further analysis and improvisation.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• All information taught in classroom about various departments in hospital made me understand about various things such as process flow, functions, roles and responsibility of staff of various department made easy in participating in audit and asking questions.
GAPS IDENTIFIED ON THE WORKING AREA	• No standardized or streamline procedure awareness among staff in case of Spill management. • Lack of knowledge among staff about fire type and fire plan to be used in different situations. • SOPs manual not present and handy for all personnels.
SUGGESTIONS FOR IMPROVEMENT	• Trainings for Fire plan, Spill management.
PLAN FOR THE NEXT WEEK	• Working on NABH assessment • Collecting evidence for ensuring quality in whole hospital. • Facility round.

Week no: 3

From: 20 May 2024 to 25 May 2024

ACTIVITY DONE	1. Collected evidence for NABH assessment application regarding chapter (COP) Care of Patient. 2. Collected data from departments regarding following points: - • Emergency department – ED footfall daily, • Blood storage unit- MOM of BT committee, blood transfusion records and issue register, • OT- daily records of temperature, humidity, pressure differential and monitoring its efficacy, • Fall risk scoring sheet, • Bradden score sheet, • End of life assessment. • And many more… 3. Calculated TAT for ER blood and blood component. 4. Collaborating with the team for modification of the new SOPs.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	Essentials of hospital services- found link in Quality chapter covered. Swot analysis- learnt in POM class.
GAPS IDENTIFIED ON THE WORKING AREA	Errors are seen in while documenting the record of OT environment logs. Also, assessment like end-of-life form is not enforced from the concern department and personnels.
SUGGESTIONS	Aware the nurses and intern nurses about the norms and standards of documenting the record of patient. Also tell them the seriousness of not reporting the documents properly when any legal action is taken.
PLAN FOR THE NEXT WEEK	Assisting in NABH application filling Program for hand hygiene. Help in completing task as NABH is going to come in next month for rectifying the standards for physical assessment.

Week no: 04

From: 27 May 2024 to 01 June 2024

ACTIVITY DONE	• **Started working on projects namely-** 1. Clinical audit of compliance of consent procedure in radiology department. That included X-ray, CT, MRI. 2. Peer Review of CT, MRI (1% sample monthly of last 6 months). 3. Clinical Co-Relation of (CT, MRI) Matching Radiology reports with Histopathology reports. 4. Evaluation of SOFA and APACHE 2 scores in ICU patients to determine Mortality rates of patients. **Activities:** Data Collection and Analysis Review of Protocol Staff Training Quality Assurance Measures Patient Monitoring Working on data collection and evidence for upcoming NABH audit in the hospital. I have been assigned to collect all data regarding COP (CARE OF PATIENTS) for NABH purpose.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Research Skills: - Could enhance in sourcing and verifying data. • Epidemiology: - Few terminologies were helpful. • Essentials of hospital services- found link in Quality chapter covered. • Swot analysis- learnt in POM class. • Data Management: - Proficiency in organizing and updating datasets.
GAPS IDENTIFIED ON THE WORKING AREA	This week no gaps were seen as per the work given to me as my evaluation is yet to be done.
SUGGESTIONS	• Staff Compliance • Data Accuracy • Patient Variability • Resource Allocation
PLAN FOR THE NEXT WEEK	✓ Try to complete the data collection by this week. ✓ Start analysis as well. ✓ Complete the NABH application form. ✓ Any internal audit can be there.

Week no: 05

From: 03 June 2024 to 08 June 2024

ACTIVITY DONE	• **Continuing the project work** 5. Collected data for consent procedure in radiology department of 1 month, That included CT, MRI. 6. Working on Peer Review of CT, MRI (1% sample monthly of last 6 months). Collected the reports and mailed it to the main branch of KIMS KINGSWAY that is in Hyderabad. 7. Searching out on how to work for Clinical Co-Relation of (CT, MRI) Matching Radiology reports with Histopathology reports. 8. Evaluating daily SOFA and APACHE 2 scores in ICU patients. Collecting the daily records of the patients. **Activities:** Data Collection and Analysis Review of Protocol Staff Training Patient Monitoring Helping to make SOPs of different departments for NABH surveillance. Assisted for a round of CODE BLUE in hospital, checked the gaps and noted for improvement.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Research Skills: - Could enhance in sourcing and verifying data. • Essentials of hospital services- found link in Quality chapter covered. • Swot analysis- learnt in POM class. • Data Management: - Proficiency in organizing and updating datasets.
GAPS IDENTIFIED ON THE WORKING AREA	Code blue assistance can't be provided in some area of hospital and that needs to be done.
SUGGESTIONS	Resource Allocation
PLAN FOR THE NEXT WEEK	✓ Analyse the data. ✓ Work on projects given. ✓ Complete the NABH application form. ✓ Any internal audit can be there.

Week no: 06

From: 10 June 2024 to 15 June 2024

ACTIVITY DONE	• Completed the Care of Patient (COP) information collection. • Done with filling the COP on NABH portal. • Continued the project work. 9. Data collection for consent procedure in radiology department of 1 month, That included CT, MRI. 10. Collected specific patient data for Clinical Co-Relation of (CT, MRI) Matching Radiology reports with Histopathology reports. Took the reports of May month Patients mainly of biopsy. 11. Evaluating daily SOFA and APACHE 2 scores in ICU patients. Collecting the daily records of the patients. **Activities:** COP completion Data Collection and Analysis Review of Protocol Patient Monitoring Completed making SOPs of different departments for NABH surveillance. Prepared a report for round of CODE BLUE.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Research Skills: - Enhancement in sourcing and verifying data. • Data Collection and Management: - Proficiency in organizing and updating datasets.
GAPS IDENTIFIED ON THE WORKING AREA	No gaps were Founds
SUGGESTIONS	NIL
PLAN FOR THE NEXT WEEK	✓ Analyse the data. ✓ Work on projects given.

Week no: 07

From: 16 June 2024 to 22 June 2024

ACTIVITY DONE	**Ongoing Project work: -** 12. Analysing the data collected for consent procedure in radiology department for May month. That included CT, MRI, USG, X-ray. 13. Collecting and analysing specific patient data for Clinical Co-Relation of (CT, MRI) Matching Radiology reports with Histopathology reports. Took the reports of May month Patients mainly of biopsy. 14. Evaluating daily SOFA and APACHE 2 scores in ICU patients. Collecting the daily records of the patients. Analysing the mortality rate and will be preparing a report of the same. **New Projects are assigned: -** To take Clinical audits on medical topics in departments for NABH audit. **Activities:** Data Collection and Analysis Review of Protocol Patient Monitoring Compiling the data collected for projects given and analysing it.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Research Skills: - Enhancement in sourcing and verifying data. • Data Collection and Management: - Proficiency in organizing and updating datasets.
GAPS IDENTIFIED ON THE WORKING AREA	NIL
SUGGESTIONS FOR IMPROVEMENT	NIL
PLAN FOR THE NEXT WEEK	✓ Analyse the data. ✓ Work on projects given.

Week no: 08

From: 24 June 2024 to 29 June 2024

ACTIVITY DONE	**Project work: -** 15. Done with the project for consent procedure in radiology department for May month. That included MRI, USG, X-ray. Made PowerPoint presentation for the same. 16. Done with Clinical Co-Relation of (CT, MRI) Matching Radiology reports with Histopathology reports. Took the reports of May month Patients mainly of biopsy. 17. Evaluating daily SOFA and APACHE 2 scores in ICU patients. Collecting the daily records of the patients. Analysing the mortality rate and will be preparing a report of the same. Made a powerpoint presentation but the analysis is yet to be done as I don't have the desired sample size.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Research Skills: - Enhancement in sourcing and verifying data. • Data Collection and Management: - Proficiency in organizing and updating datasets.
GAPS IDENTIFIED ON THE WORKING AREA.	• NIL
SUGGESTIONS FOR IMPROVEMENT	• NIL
PLAN FOR THE NEXT WEEK	• My internship tenure has completed. • Extending of 10 days as I want to complete my study.

COMPILED REPORT

Name Of the Organisation: KIMS- Kingsway Nagpur

Area/Department/Project of Summer Internship Program: Medical Operations

Name of the Student: Dr. Sayali Anand Bhalerao

Roll no: 1694 **Stream:** MBA-HM 28

ACTIVITY DONE	
	Role Familiarization and Orientation ***Objective:*** *Conducted a comprehensive orientation across hospital departments to grasp responsibilities.* **Details:** **Purpose:** To understand the process flows, functions, and staff roles across different hospital departments. **Activities:** Engaged in shadowing senior staff, attending departmental meetings, and familiarizing myself with daily operations. **Outcome:** Acquired a holistic view of hospital functions, facilitating active participation in audits and informed questioning during assessments. ***Presentation Preparation*** ***Objective:*** *Initiated crafting of clinical audit presentations.* **Details:** **Purpose:** To effectively communicate audit findings and recommendations to stakeholders. **Activities:** Compiled data created visual aids, and structured presentations to convey audit results clearly. **Outcome:** Enhanced communication skills and ability to present complex data in a concise and understandable format. ***Clinical Audits*** ***Objective:*** *Conducted audits throughout medical departments.* **Details** **Purpose:** To assess adherence to quality standards and identify areas for improvement. **Activities:** Conducted systematic reviews, interviewed staff, and reviewed patient records.

Outcome: Identified operational inefficiencies and recommended corrective actions to enhance patient care and operational efficiency.

Radiology Department Visit

Objective: *Conducted post-incident site visit to the Radiology department.*

Details:
Purpose: To evaluate incident response protocols and safety measures.
Activities: Inspected equipment, reviewed incident reports, and interviewed staff involved.
Outcome: Provided recommendations for improving incident response and patient safety in the Radiology department.

Internal Audits

Objective: *Assisted in auditing Pathology and Central Drug Store.*

Details:
Purpose: To ensure compliance with regulatory standards and internal policies.
Activities: Reviewed documentation, observed procedures, and conducted interviews with departmental staff.
Outcome: Identified areas of non-compliance and recommended corrective actions to enhance operational efficiency and regulatory compliance.

Facility Rounds

Objective: *Completed rounds of the basement and Medical Record department facilities.*

Details:
Purpose: To assess facility conditions and compliance with safety protocols.
Activities: Inspected physical infrastructure, reviewed maintenance records, and identified areas needing improvement.
Outcome: Addressed facility maintenance issues promptly to ensure a safe and conducive environment for patients and staff.

Audit Reporting

Objective: *Uploaded audit findings for systematic analysis and improvement.*

Details:
Purpose: To document audit results and initiate corrective actions.
Activities: Compiled audit reports, documented findings, and communicated recommendations to department heads.
Outcome: Facilitated data-driven decision-making and continuous improvement in hospital operations.

	NABH Assessment Preparation ***Objective:*** *Gathered evidence for NABH application, specifically focusing on Care of Patient criteria.* **Details:** **Purpose:** To prepare for NABH accreditation by demonstrating compliance with patient care standards. **Activities:** Collected and organized documentation related to patient care protocols and outcomes. **Outcome:** Strengthened hospital processes and preparedness for NABH assessment. ***Data Collection*** ***Objective:*** *Collected comprehensive departmental data including ED footfall, Blood Storage MOM, BT Committee records, OT conditions, Fall Risk Scoring, Braden Score, and End-of-life assessments.* **Details:** **Purpose:** To analyse operational metrics and patient outcomes for performance improvement. **Activities:** Collected data systematically, verified accuracy, and maintained detailed records. **Outcome:** Enabled data-driven decision-making and identified areas for operational enhancement. ***Turnaround Time Analysis*** ***Objective:*** *Calculated ER blood and blood component TAT.* **Details:** **Purpose:** To optimize efficiency in emergency response and patient care. **Activities:** Analysed turnaround times, identified bottlenecks, and recommended process improvements. **Outcome:** Enhanced emergency department operations and reduced patient waiting times. ***SOP Modification*** ***Objective:*** *Collaborated on refinement of Standard Operating Procedures (SOPs).* **Details:** **Purpose:** To standardize procedures and improve operational consistency. **Activities:** Reviewed existing SOPs, solicited feedback from stakeholders, and proposed revisions. **Outcome:** Implemented updated SOPs to streamline operations and ensure compliance with best practices. ***Project Initiatives***

Objective: *Launched projects including clinical audits in Radiology, peer review of CT and MRI, and clinical co-relation of Radiology reports with Histopathology.*

Details:
Purpose: To improve diagnostic accuracy and patient care outcomes in Radiology.
Activities: Designed project frameworks collected and analysed data and presented findings.
Outcome: Contributed to enhanced quality assurance measures and patient safety protocols.

ICU Patient Assessment

Objective: *Evaluated SOFA and APACHE 2 scores to determine mortality rates.*

Details:
Purpose: To assess critical care outcomes and optimize ICU management practices.
Activities: Collected patient data, calculated scoring metrics, and analysed trends over time.
Outcome: Informed clinical decision-making and contributed to improved patient outcomes in intensive care settings.

Staff Training

Objective: *Implemented quality assurance measures and conducted staff training sessions.*

Details:
Purpose: To enhance staff competencies and ensure adherence to best practices.
Activities: Developed training modules, conducted workshops, and provided ongoing support.
Outcome: Improved staff performance and compliance with quality standards, leading to enhanced patient care delivery.

Documentation for Compliance

Objective: *Compiled and organized COP information for NABH compliance.*

Details:
Purpose: To prepare documentation for regulatory audits and accreditation.
Activities: Gathered required documents, ensured completeness and accuracy, and maintained records.
Outcome: Facilitated successful NABH compliance audits and accreditation for the hospital.

Continued Project Work

Objective: Advanced ongoing projects with focused data collection and detailed analysis.
Details:

	Purpose: To sustain improvements and drive continuous quality enhancement initiatives. **Activities:** Conducted ongoing data collection, analysis, and monitored project milestones. **Outcome:** Ensured sustained improvements in hospital operations and patient care outcomes. ***Code Blue Preparedness*** ***Objective:*** *Assisted in Code Blue incident rounds and identified areas for improvement.* **Details:** **Purpose:** To enhance emergency response protocols and optimize patient outcomes during critical incidents. **Activities:** Participated in Code Blue drills, assessed response times, and provided feedback for improvement. **Outcome:** Strengthened emergency preparedness and response capabilities within the hospital. ***Completion Milestones*** ***Objective:*** *Successfully completed COP information collection and entries into the NABH portal.* **Details:** **Purpose:** To meet compliance requirements and prepare for regulatory audits. **Activities:** Organized and submitted required documentation within specified timelines. **Outcome:** Contributed to the hospital's readiness for NABH accreditation and ongoing compliance with regulatory standards. ***New Assignments*** ***Objective:*** *Undertook additional projects including further data collection in Radiology and mortality rate analysis in ICU patients.* **Details:** **Purpose:** To address specific areas for improvement identified through audits and assessments. **Activities:** Conducted targeted data collection, analysis, and presented findings to stakeholders. **Outcome:** Implemented initiatives aimed at enhancing operational efficiency and patient care quality. ***Ongoing Responsibilities*** ***Objective:*** *Continued to refine SOPs and support hospital-wide audits.* **Details:** **Purpose:** To maintain and improve operational standards and compliance. **Activities:** Reviewed and updated SOPs as needed, participated in audits, and implemented corrective actions.

	Outcome: Ensured ongoing adherence to best practices and sustained improvements in hospital operations.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	During my internship at the hospital, I effectively applied theoretical knowledge gained from academic studies to practical situations within various hospital departments. This application was instrumental in enhancing my understanding of healthcare operations and contributing meaningfully to the hospital's objectives. ***Comprehensive Department Orientation*** A significant component of integrating classroom learning was conducting comprehensive orientations across hospital departments. These sessions provided me with a detailed insight into the operational workflows, roles and responsibilities of staff members, and the overall functions of each department. By immersing myself in these environments, I gained practical knowledge that enabled me to participate actively in audits, ask insightful questions, and contribute to discussions on departmental processes and improvements. ***Integration of Quality Chapter Essentials*** The theoretical insights from the Quality chapter of my academic curriculum proved invaluable during my practical experiences at the hospital. Understanding the principles of quality assurance enabled me to critically assess and enhance operational efficiencies within different hospital departments. This integration helped in ensuring adherence to standards of patient care and operational excellence throughout my internship. **Application of Analytical Techniques** Drawing from my academic coursework, particularly in Principles of Management, I utilized analytical tools such as SWOT analysis to evaluate departmental strengths, weaknesses, opportunities, and threats. This structured approach facilitated a comprehensive assessment of departmental performance and enabled me to formulate strategic recommendations for process improvements. By applying these techniques, I contributed to enhancing efficiency and effectiveness across various hospital functions. ***Enhanced Research and Data Management Skills*** My internship provided extensive opportunities to enhance research and data management skills essential for conducting thorough audits and analyses within the hospital setting. I improved proficiency in sourcing, validating, and organizing data, ensuring accuracy and reliability in compiling datasets for decision-making purposes. These skills were particularly crucial in supporting evidence-based practices and driving continuous improvement initiatives across departments. ***Application of Epidemiological Concepts*** Applying epidemiological concepts learned in academic settings enabled me to interpret healthcare data and trends effectively during audits. This knowledge deepened my understanding of patient care outcomes and facilitated informed decision-making in healthcare

	management. By analysing epidemiological data, I could identify patterns, assess risks, and recommend interventions to optimize patient care delivery. The practical application of classroom learning during my internship at the hospital has been pivotal in broadening my understanding of healthcare operations and developing essential skills in quality assurance, data management, and strategic analysis. These experiences have prepared me to contribute effectively to healthcare settings by ensuring high standards of patient care, operational efficiency, and continuous improvement. Moving forward, I am eager to apply these skills and knowledge gained to address challenges and contribute positively to healthcare delivery and management.
GAPS IDENTIFIED ON THE WORKING AREA.	Critical Gaps in Hospital Operations **1. Operational Inefficiencies Stemming from Technological Equipment Shortages: -** **Issue:** Certain hospital departments are grappling with operational inefficiencies due to inadequate access to essential technological equipment. **Impact:** The shortage of necessary technology results in prolonged wait times for patients, delays in diagnostic procedures, and increased workload on staff. These inefficiencies not only strain resources but also compromise the quality and timeliness of patient care. Recommendations: Strategic Equipment Investments: Allocate resources for acquiring crucial technological infrastructure to streamline operations. Training and Integration: Conduct comprehensive training programs to ensure staff proficiency in utilizing new equipment effectively. Continuous Assessment: Implement regular audits to identify equipment needs and opportunities for technological upgrades. **2. Skill Gaps in Radiology Department Staff** **Issue:** Staff within the radiology department lack sufficient training and expertise, impacting the delivery of high-quality diagnostic services. **Impact:** Inadequate training can lead to misinterpretation of imaging results, delayed diagnoses, and compromised patient outcomes. Moreover, it contributes to inefficiencies within the department and undermines overall service delivery standards. **Recommendations:** **Structured Training Programs:** Develop and implement tailored training modules focusing on advanced imaging techniques and equipment operation. **Certification Requirements:** Establish certification standards to ensure staff competency and adherence to best practices.

Performance Evaluation: Conduct regular assessments to identify training needs and monitor skill development among radiology personnel.

3. Deficiencies in Spill Management Protocols

Issue: There is a lack of standardized protocols for managing spills within the hospital environment.
Impact: The absence of clear guidelines for spill response increases the risk of contamination, infection, and environmental hazards. Inconsistent procedures hinder prompt containment efforts, posing significant safety risks to patients, staff, and visitors alike.
Recommendations:
Development of Comprehensive Protocols: Formulate detailed protocols outlining procedures for immediate spill response, containment, and cleanup.
Staff Training and Awareness: Conduct regular training sessions to educate personnel on spill management protocols and emphasize the importance of swift and effective responses.
Drills and Simulation Exercises: Organize periodic drills to evaluate staff readiness, refine protocols, and enhance overall spill management preparedness.

4. Knowledge Gaps in Fire Safety Preparedness

Issue: Hospital staff lack adequate knowledge and training regarding fire safety protocols and emergency response procedures.
Impact: Insufficient awareness of fire types and appropriate safety measures can lead to delayed responses during emergencies, exacerbating risks to patient and staff safety. This knowledge gap heightens the potential for injuries, property damage, and operational disruptions.
Recommendations:
Mandatory Fire Safety Training: Implement mandatory training programs to educate all hospital personnel on fire safety principles, evacuation procedures, and equipment usage.
Emergency Response Plans: Develop and disseminate clear protocols for different fire scenarios, ensuring staff familiarity and readiness.
Regular Fire Drills: Conduct frequent fire drills to assess staff preparedness, identify areas for improvement, and reinforce adherence to safety protocols.

5. Accessibility Challenges with SOPs Manuals

	Issue: Standard Operating Procedures (SOPs) manuals are not easily accessible to all hospital personnel, hindering consistent adherence to established protocols. **Impact:** The lack of readily available SOPs contributes to variability in clinical practices, operational inefficiencies, and potential non-compliance with regulatory standards. This inconsistency jeopardizes patient safety and quality of care delivery. **Recommendations:** **Digital SOPs Repository:** Establish a centralized digital platform or intranet system for easy access to SOPs across departments. **Training and Familiarization:** Conduct regular training sessions to familiarize staff with SOPs and ensure comprehensive understanding of operational procedures. **Revision and Update Protocols:** Implement procedures for timely updates and revisions of SOPs, ensuring alignment with current best practices and regulatory requirements. **6. Conclusion** Addressing these critical gaps through targeted interventions and sustained efforts is imperative for enhancing operational efficiency, optimizing patient care outcomes, and maintaining compliance with industry standards. By prioritizing training, establishing clear protocols, and leveraging technological advancements, the hospital can mitigate risks, improve safety measures, and foster a culture of excellence in healthcare delivery. Continuous monitoring and adaptation of strategies will be essential in achieving sustainable improvements and ensuring a safe environment for all stakeholders.
SUGGESTIONS FOR IMPROVEMENT	**Elevating Documentation Practices** 1. **Training for Precision Documentation**: Develop and implement comprehensive training modules tailored to different healthcare roles (e.g., nurses, physicians) covering key aspects such as initial assessments, progress notes, and discharge summaries. These modules ensure that all staff members have the necessary skills to document patient care accurately and thoroughly. 2. **Collaborative Quality Assurance**: Introduce a peer review system where colleagues regularly review each other's documentation. This process not only ensures compliance with regulatory standards and clinical best practices but also fosters a culture of continuous improvement through constructive feedback and shared learning. 3. **Leadership in Documentation Excellence**: Appoint documentation champions in each department who will serve as mentors and advocates for best documentation practices. These champions will lead training sessions, provide ongoing support, and monitor adherence to documentation standards to maintain consistency and excellence across the organization. 4. **Efficiency through Standardization**: Implement standardized documentation templates and care plans aligned with clinical

pathways. This approach simplifies documentation processes, improves clarity and completeness of records, and enhances overall care coordination and patient outcomes.

5. **Continuous Improvement Initiatives**: Launch targeted improvement campaigns based on regular audits and staff feedback. These initiatives focus on specific areas identified for enhancement, such as medication reconciliation or patient assessments, ensuring that documentation practices evolve to meet changing healthcare needs and standards.

Ensuring Consistent Protocol Adherence

1. **Preparedness through Simulation**: Conduct simulation-based training sessions to prepare staff for executing critical protocols, including emergency response and infection control. These sessions simulate real-life scenarios, improving staff readiness and ensuring adherence to protocols during high-stress situations.
2. **Continuous Competency Development**: Implement regular competency assessments as part of professional development plans. These assessments evaluate staff proficiency in following protocols, identify areas for improvement, and support ongoing skill development to maintain high standards of protocol adherence.
3. **Enhanced Compliance with Automated Tools**: Integrate automated reminders within the Electronic Health Record (EHR) system to prompt staff to complete mandatory checklists and follow protocols during patient encounters. This automated support minimizes errors and ensures consistent adherence to protocols across all patient care settings.
4. **Safety Through Collaborative Review**: Conduct multidisciplinary patient safety rounds where teams review protocol adherence, identify potential risks, and collaborate on improvement initiatives. Benchmarking with peer institutions allows for sharing of best practices and ensures that our protocols align with industry standards for optimal patient safety.

Fostering Effective Communication

1. **Streamlined Team Communication**: Deploy secure communication tools, such as mobile apps or secure messaging platforms, to facilitate real-time information exchange among healthcare teams. These tools improve collaboration, decision-making, and overall care coordination while maintaining patient confidentiality.
2. **Smooth Patient Transitions**: Develop standardized protocols for patient handoffs between shifts or departments. Clear communication during these transitions ensures comprehensive information transfer, reduces errors, and enhances continuity of care for patients.
3. **Engaging Patients and Families**: Implement strategies to improve communication with patients and their families, including clear explanations of treatment plans, involving them in care decisions, and soliciting feedback on communication

	effectiveness. This patient-centered approach promotes trust, improves patient satisfaction, and enhances overall care quality. 4. **Interprofessional Collaboration**: Offer interprofessional education sessions where healthcare professionals learn about each other's roles, responsibilities, and communication styles. These sessions enhance teamwork, reduce communication barriers, and improve collaborative care delivery, ultimately benefiting patient outcomes. 5. **Cultural Competence in Care**: Provide ongoing training on language interpretation services and cultural competency to enhance communication with diverse patient populations. This training ensures that healthcare providers can effectively understand and address the unique needs of all patients, reducing disparities in care and improving patient-provider interactions. **Implementation Strategy and Evaluation** 1. **Structured Rollout Plan**: Develop a detailed implementation timeline spanning 12 to 18 months, outlining specific milestones for training sessions, system enhancements, and evaluation phases. This structured approach ensures that each component of the improvement plan is implemented effectively and on schedule. 2. **Cross-Functional Oversight**: Assign responsibilities to a cross-functional team comprising clinical leaders, quality assurance experts, IT professionals, educators, and patient advocates. This team will collaborate to oversee implementation, monitor progress, and address any challenges that arise, ensuring accountability and successful execution of the improvement strategies. 3. **Continuous Monitoring and Evaluation**: Establish regular evaluation points using performance metrics, staff surveys, patient outcomes, and compliance audits. These evaluations will measure the impact of the implemented strategies on documentation accuracy, protocol adherence rates, communication effectiveness, and overall healthcare quality. Based on evaluation findings, adjustments will be made to further optimize processes and ensure continuous improvement.

Signature of the Student

Dr. Sayali Anand Bhalerao

Approved by the IIHMR University’s Mentor