SUMMER INTERNSHIP PROGRAM

at

KIMS-KINGSWAY HOSPITALS

QUALITY DEPARTMENT

From 2ND May 2024 to 29st July 2024

A REPORT BY

Ritika Ritesh jaiswal

Master of Business Administration

Hospital and Health Management -28

2023-25

under the Mentorship of

Dr. (Col) Mahender Kumar

PROFESSOR

IIHMR UNIVERSITY

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. Ritika R. Jaiswal of MBA-HM-28 (batch) of IIHMR University, Jaipur (Name of the department/institute) has worked with our organization for his/her summer internship from 2nd May 2024 to 30-June-24 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 29/6/24

(Signature of organization Mentor)

Name: Dr. Deepak Dongre

Designation: Quality Head

Seal/Stamp of the Organization

Dr. Deepak Dongre
Medical Administrator
Kingsway Hospitals
(A Unit of SPANV Medisearch Lifesciences Pvt. Ltd.)

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ritika Ritesh Jaiswal** of the 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 her work as per the guidelines. Her poster is approved for presentation.

Date: July 22, 2024

Dr. (Col) Mahender Kumar
Professor
IIHMR University Jaipur

Clinical Audit on "Door to Balloon Time" in Cath lab of KIMS-Kingsway Hospital

Presented by- Ritika Ritesh Jaiswal

Batch : HM-28 Roll no. 1798

University Mentor: Dr. Mahender kumar

Organisational mentor: Dr. Deepak Dongre

ABOUT THE ORGANISATION

- KIMS-Kingway Hospital, Nagpur was established in 2022.
- 300+ bedded multispecialty and NABH accredited hospital with over 47 specialties including neurosciences, Cardiac Sciences, oncology, Orthopaedics, Obstetrics and Gynaecology, and pulmonology among several others.
- Features a 600+ seat auditorium, multipurpose hall, and ample parking; centrally located near Nagpur Railway Station

VISION AND MISSION

- VISION:-

To be the most preferred healthcare services brand by providing affordable care and the best clinical outcomes to patients. And to be the best place to work for doctors and employees.

- MISSION

Providing affordable quality care to our patients with patient-centric systems and processes.- Enable clinical outcome-driven excellence by engaging modern medical technology & provide a strong impetus for doctors to pursue academics and medical research.

AIM

- Evaluate and improve the Door to balloon time performance at KIMS-Kingsway hospitals.

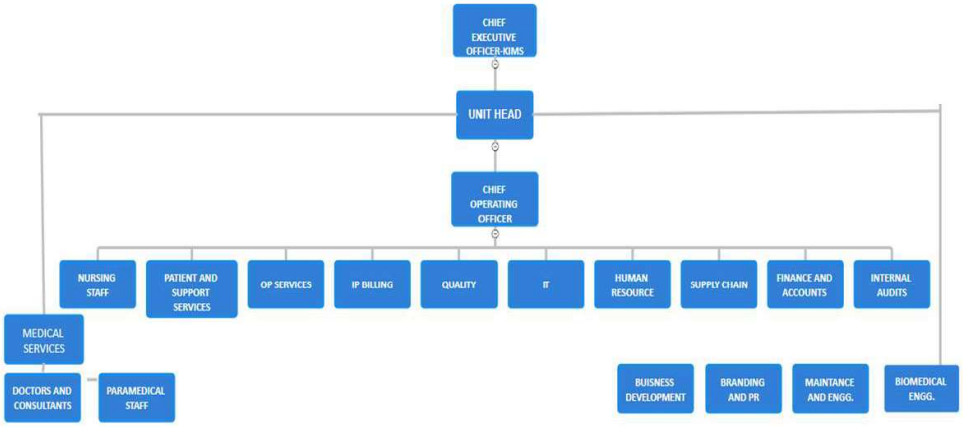
OBJECTIVES

- To Assess the Door-to-Balloon (D2B) Time efficiency and determine the compliance rate with the recommended 90-minute threshold for Percutaneous Coronary Intervention(PCI) in ST-Elevation Myocardial Infarction (STEMI) patients.
- To Identify cases with delayed D2B Times, analyze contributing factors, and assess variability in performance across surgeons, genders, and admission types.

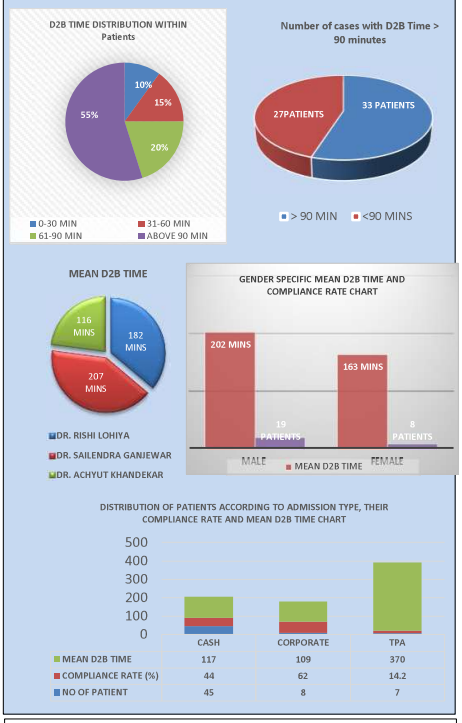
STUDY METHODOLOGY

- **Study Type:** retrospective study
- **Sample Size:** 60 patients diagnosed with STEMI and treated with PCI.
- **Sampling:** non –random convenience sampling
- **Period:** 2 months
- **Data Collection:** Extracted from hospital records, including patient arrival time, time of first medical contact, and time of balloon inflation.

ORGANISATION STRUCTURE



ANALYSIS



THEORITICAL UNDERSTANDING	PRACTICAL EXPOSURE
1. In Hospital Services we learnt the importance of surgical safety checklists.	**1.**Audited more than 100 surgical safety checklists.
2.In Epidemiology we studied about the types of studies.	**2.**The study done includes primarily retrospective study.
3.In Research Methodology we learned about the data collection tool format and how it has to made.	3.Conducted audit based on the data collection tool learned in research methodology.
In Communication Planning and Management Provides a framework and guideline for com. Flow.	Provides a structured framework for effective information flow, stakeholder engagement, and clarity in roles and responsibilities.

SWOT Analysis

STRENGTHS

- ❑ Centrally located in proximity to the railway station
- ❑ Established Brand with a Strong reputation and trust.
- ❑ Adherence to the WHO surgical safety checklist.
- ❑ Alignment with Regulatory Requirements of the Hospital.

WEAKNESS

- ❑ Insufficient resources during night shifts or peak times, impacting the efficiency of emergency responses and leading to increased d2b time.
- ❑ Changing the doctors attitude is not easy.

OPPORTUNITIES

- ❑ Excellent reputation and less competition.
- ❑ Growing healthcare market and medical tourism
- ❑ Technological advancement

THREATS

- ❑ Increased use OTC Drugs.
- ❑ Higher costs may drive patients to seek treatment at more affordable hospitals, impacting patient inflow.

LEARNINGS AND VALUE ADDITIONS

- NABH -Understanding the hospital quality requirement as per the accreditation.
- Audits of the laboratory,radiology, CDS, and MRD of the hospital
- Audited standard precautions and hand hygiene throughout the hospital.
- Department orientation of the hospital.
- Increased communication skills.

USEFULNESS OF INTERNSHIP

- Provided practical experience in quality management. Strengthened problem-solving and critical thinking skills

STUDY RESULTS

- The current compliance rate is significantly below the recommended threshold of 75% for a D2B Time within 90 minutes.
- The outliers had arrival times between midnight 12 AM to 3 AM, which contributed to longer door to balloon (D2B) times due to reduced staffing and availability of resources during these hours.
- Two of the outliers were admitted under insurance, which often involves additional administrative processes and approval delays, contributing to the extended D2B Times.

SUGGESTIONS

- Implement standardized training programs for staff, Enhance scheduling systems, regular equipment maintenance and Streamline incident reporting processes.

CHALLENGES FACED

- Inconsistent documentation practices across departments.
- As an intern, cooperation from various departments to obtain information and data was tough

Week no -1

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 01 **From: 02-05-2024 to 05-05-2024**

Activity Done	• Getting to know my roles and responsibilities in hospital for all departments as a quality intern. • Commenced work on creating presentation for key performance indicators and making trends spanning Nov 23-April-24. • Daily MRD audits of OT and ICU patients. • Incident site visit at radiology department. • Witnessed crushing of narcotic ampules as a quality intern.
Linking theory (Classroom learning) with practice at your organisation	• Classrooms MS office skill made me do this work more efficiently. • Idea about departments and Quality standards theory taught in classroom helped me apply practically in real life.
Gaps identified on the working area.	• Incomplete patient records lead reporting errors for KPI . • Wastage of manpower due to lack of technological equipments. • Lack of trained staff in radiology department.
Suggestions for improvement	• Enhance documentation recording system. • Ensure adherence to protocol. • Improve communication between staff.
Plan for the next week	• Promote quality improvement initiatives • Conduct quality audits • Assisting in NABH audit work. • Preparing KPI • Seek feedback • Working on SOP for NABH audit.

Signature of the Student

Approved by the IIHMR University's Mentor

Week no- 2

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 2 **From: 6 May 2024 to 11 May 2024**

Activity Done	• Daily MRD Audit • Internal audit at pathology, central drug store, facility round of basement, and medical record department. • Uploading all the improvement and gap points from the audit in the system for further analysis and improvisation • Processing KPI • Incident reporting
Linking theory (Classroom learning) with practice at your organization	• All information taught in classroom about varios departments in hospital made me understand about various things such as process flow, funtions , 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 streamlined procedure awareness among staff in 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 . • Training for staff regarding employee righths and responsibilities and patient rights and responsibilities
Plan for the next week	• Working on NABH assessment • Collecting evidences for ensuring quality in whole hospital • Facility round • KPI follow-up

Signature of the Student

Approved by the IIHMR University's Mentor

Week no- 3

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no – 3 **From: 13nd May 2024 to 18th May 2024**

Activity Done	1. Collected evidence for NABH assessment application regarding chapters AAC and COP. 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 • DVT assessment tool • End of life assessment 3. calculated TAT for ER blood and blood component 4. daily MRD audits 5. 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 while documenting the record of OT environment logs. • Also assessments like end of life form are not in force by the concern department and personnel.
Suggestions for improvement	• Aware The nurses and intern nurses about the norms and standards of documenting the record of patients. 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 • MRD audit (daily) • Program for hand hygiene.

	• Help in completing task as NABH is going to come in next month for rectifying the standards.

Signature of the Student

Approved by the IIHMR University's Mentor

Week no- 4

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 4 **From: 20th May 2024 to 25th May 2024**

Activity Done	• Daily MRD Audit: I conducted daily audits in the Medical Records Department (MRD). This involved checking the completeness and accuracy of patient records to ensure compliance with hospital standards and regulations. • NABH Form Filling: I worked on filling out NABH forms, specifically focusing on general information about the hospital. This task required gathering and verifying the qualifications and credentials of all the doctors to ensure they meet the NABH standards. • HR Department Audit: I participated in an internal audit with the team in (HR) department, examining employee records, training documentation, and compliance with HR policies. • New Project - Door to Balloon Time: I began a new project focused on analyzing the "door to balloon time" for patients in the Cath Lab. This project aims to measure and improve the time taken from a patient's arrival to the initiation of treatment, which is critical for patient outcomes in cardiac emergencies.
Linking theory (Classroom learning) with practice at your organisation	• Linkage with Principle of Management and Organizational Behaviour Classes My activities during the internship have closely related to the principles of management and organizational behavior. • The daily MRD audits and NABH form filling required meticulous planning and organizing skills, reflecting the core principles of management. • The HR department audit and the new project on door to balloon time emphasized the importance of systematic evaluation and continuous improvement, which are key aspects of organizational behavior. Understanding staff behavior and motivation was crucial.
Gaps identified on the working area.	• Gaps Identified During the NABH assessment, I observed a lack of cooperation among the staff. Many employees seemed indifferent to the organization's goals, focusing solely on their specific tasks without considering the broader mission and vision of the hospital. This lack of engagement can hinder the hospital's efforts to achieve accreditation and improve overall quality.

Suggestions for improvement	• Suggestions for Improvement To address the identified gaps, I suggest the following: • Staff Awareness Programs: Implement programs to educate staff about the hospital's goals, mission, and vision. Emphasize the importance of each role in achieving these objectives. • Goal-Oriented Training: Conduct training sessions that align individual tasks with organizational goals, helping staff understand the impact of their work on the hospital's success. • Incentives and Recognition: Introduce incentive schemes and recognition programs to reward employees who demonstrate a commitment to organizational goals and excellence in their duties
Plan for the next week	• Data Collection: Collect data on the arrival time of patients from January to April in the emergency department and the corresponding Cath Lab in-time. • Data Organization: Organize the collected data into an Excel spreadsheet for further analysis, which will be crucial for the door to balloon time project.

Signature of the Student

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Week no- 5

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 5 **From: 27th May 2024 to 1st June 2024**

Activity Done	• Progress and Completion of Door to Balloon (D2B) Time Project: This week, I focused on finalizing the D2B time project. I conducted a thorough data analysis, identifying key patterns and areas for improvement. Based on the findings, I suggested several interventions to reduce the D2B time, thereby enhancing patient outcomes • Project Report and Data Analysis: I compiled a comprehensive report on the D2B time project, detailing the data analysis process, findings, and recommended interventions. The report was structured to provide clear insights and actionable steps for the hospital to implement. • Project Presentation Preparation: I created a PowerPoint presentation summarizing the D2B time project. The presentation included key data points, analysis results, and proposed interventions, designed to communicate the project's outcomes effectively to hospital management and staff.
Linking theory (Classroom learning) with practice at your organisation	• The research methods module was helpful. • Epidemiology- a few terminologies were helpful. • Essentials of hospital services- found link in Quality chapter covered. • Swot analysis- learned in POM class
Gaps identified on the working area.	• While working on the D2B time project, a significant gap identified was the need for timely data entry and accurate record-keeping in the emergency and Cath Lab departments. Delays and inaccuracies in data entry can lead to misinformed decisions and hinder the hospital's ability to provide timely care.

Suggestions for improvement	• Staff Compliance • Data Accuracy • Patient Variability • Resource Allocation
Plan for the next week	• Complete the NABH application form. • Any internal audit can be there. • Do MRD checklist.

Signature of the Student

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Week no- 6

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 6 **From: 03 June 2024 to 15 June 2024**

Activity Done	• NABH Process Completion: This week, I completed the NABH (National Accreditation Board for Hospitals & Healthcare Providers) accreditation process, ensuring that all required documentation and standards were met. This involved final verification of general information about the hospital and confirming the qualifications and credentials of the medical staff. • KPI Development for Emergency and Blood Storage Units: I developed Key Performance Indicators (KPIs) for the emergency department and the blood storage unit. These KPIs will help in monitoring and improving the performance and efficiency of these critical hospital units. • Turnaround Time (TAT) for Blood Routine and Emergency: I measured and analysed the Turnaround Time (TAT) for routine and emergency blood tests. This analysis will aid in identifying bottlenecks and implementing strategies to reduce TAT, thereby improving patient care and service efficiency. • New Project - Compliance with Surgery Safety Checklist: I initiated a new project to analyze compliance with the World Health Organization (WHO) surgery safety checklist in the Cath Lab, Endoscopy, and Obstetrics & Gynecology (OBGYN) operating theaters (OT). The project started with the creation of a detailed checklist and the beginning of data collection to assess adherence to safety protocols.
Linking theory (Classroom learning) with practice at your organisation	• This week's activities were deeply intertwined with management principles and organizational behavior concepts. Completing the NABH process required meticulous planning, organizing, and attention to detail, reflecting core management practices. Developing KPIs and analyzing TAT involved strategic thinking and performance management. The new project on surgery safety compliance highlighted the importance

	of process adherence and quality management, key aspects of organizational behavior. Preparing the MoM for the BT Committee required effective communication and documentation skills, essential for maintaining organizational transparency and accountability.
Gaps identified on the working area.	• During the NABH process and the initial phase of the surgery safety checklist project, I observed the following gaps: • Inconsistent Documentation: There were inconsistencies in documentation and data entry practices across departments. • Lack of Awareness: Some staff members were not fully aware of the importance of adhering to safety checklists and other compliance requirements.
Suggestions for improvement	To address the identified gaps, I suggest the following: • Standardized Training Programs: Implement training programs to ensure consistent documentation practices across all departments. • Awareness Campaigns: Conduct awareness campaigns to educate staff on the significance of compliance with safety checklists and other standards. Highlight the impact on patient safety and quality of care. • Regular Audits: Establish regular audits to monitor adherence to documentation standards and compliance with safety protocols.
Plan for the next week	• Continued Data Collection and Analysis: Further data collection and analysis for the surgery safety checklist compliance project in the Cath Lab, Endoscopy, and OBGYN OT. • Implementation of Suggested Improvements: Start implementing the suggested improvements for documentation practices and staff awareness. • Ongoing MRD Audits: Continue daily audits in the Medical Records Department to maintain quality and compliance. • KPI Monitoring: Begin monitoring the newly developed KPIs for the emergency and blood storage units to assess their effectiveness.

Signature of the Student

Approved by the IIHMR University's Mentor

Week no- 7

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 7 **From: 17 June 2024 to 22 June 2024**

Activity Done	• I closely observed the NABL (National Accreditation Board for Testing and Calibration Laboratories) assessment process. • I worked on updating Standard Operating Procedures (SOPs) to meet NABL standards. • I created PowerPoint presentations outlining NABL mandatory indicators, which were used for staff training and assessment readiness. • New Project - Tubing Disconnection Data Analysis: I initiated a project to analyze tubing disconnection incidents from the past year. Data Collection: Collected and compiled data related to tubing disconnections to identify trends and potential causes. • Surgical Safety Checklist Compliance: Data Collection and Survey: Conducted data collection and surveys to assess compliance with the WHO surgical safety checklist in the Cath Lab, Endoscopy, and OBGYN OT. Evaluated the adherence to the checklist and identified areas needing improvement. • Daily MRD Audits and Data Entry • Incident Report. Trend Analysis: Assisted in analyzing incident data to identify patterns and recommend preventive measures
Linking theory (Classroom learning) with practice at your organisation	• Over the past eight weeks, my activities have consistently linked theory with practice: • NABL and SOPs:Updating SOPs and preparing NABL presentations involved detailed planning, organization, and strategic communication, reflecting key management principles. • Tubing Disconnection Project: The analysis project required critical thinking and data analysis skills, which are essential in management practices.
Gaps identified on the working area.	• Inconsistent Compliance: Variable adherence to the surgical safety checklist across departments. • Documentation Discrepancies: Inconsistencies in documentation practices in MRD and other departments.

Suggestions for improvement	• Enhanced Training Programs: Implement comprehensive training sessions to ensure consistent compliance with the surgical safety checklist and proper documentation practices. • Standardized Documentation Protocols: Develop and enforce standardized protocols for documentation across all departments. • Streamlined Incident Reporting: Simplify the incident reporting process to encourage timely and accurate reporting. Introduce anonymous reporting options to increase reporting frequency.
Plan for the next week	• Tubing Disconnection Project: Continue the analysis of tubing disconnection data, identify root causes, and propose interventions. • Implementation of Improvements: Work on implementing the suggested improvements for compliance, documentation, and incident reporting. • Ongoing Audits and Assessments: Maintain daily MRD audits and support ongoing NABL and surgical safety checklist assessments. • KPI Monitoring: Begin tracking the newly developed KPIs to evaluate their effectiveness and impact on department performance

Signature of the Student

Approved by the IIHMR University's Mentor

Week no- 8

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Week no: 8 **From – 24 June 2024 to 30 June 2024**

Activity Done	1. Tubing Disconnection Analysis: • Project Wrap-Up: Completed the analysis of tubing disconnection incidents from the past year. • Data Analysis and Interpretation: Finalized the data analysis, identifying key trends and root causes. • Recommendations: Formulated and documented intervention strategies to address the identified issues. 2. Surgical Safety Checklist Compliance: • Project Wrap-Up: Completed the data collection and analysis for the audit on compliance with the WHO surgical safety checklist in the Cath Lab, Endoscopy, and OBGYN operating theaters. • Data Analysis and Interpretation: Analyzed the collected data and interpreted the results to identify compliance levels and areas needing improvement. • Recommendations: Developed recommendations to enhance compliance with the surgical safety checklist. 3. RCA for Delay in Cath Lab and Underutilization: • Root Cause Analysis (RCA): Conducted a comprehensive RCA to understand the reasons behind delays and underutilization in the Cath Lab. • Data Collection: Collected and reviewed data on patient arrival times, procedure scheduling, and resource allocation. • Findings: Identified key factors contributing to delays, such as scheduling inefficiencies, equipment availability, and staff readiness. • Recommendations: Suggested process improvements to optimize scheduling, enhance equipment maintenance, and improve staff coordination. 4. Daily MRD Audits and Data Entry: • Routine Audits: Maintained daily audits in the Medical Records Department (MRD) to ensure accuracy and completeness of patient records.

	• Data Entry: Continued managing data entry tasks to keep records up-to-date. 5. Incident Reporting: • Incident Documentation: Documented and reported new incidents, participating in investigations and follow-up processes. • Trend Analysis Update: Updated the incident trend analysis with the latest data, refining recommendations for preventive measures.
Linking theory (Classroom learning) with practice at your organisation	• Project Wrap-Up and Analysis: Finalizing projects on tubing disconnection and surgical safety checklist compliance required project management, critical thinking, and data analysis skills. • RCA for Cath Lab Delays: Conducting the RCA involved problem-solving, process improvement, and strategic planning. • MRD Audits and Incident Reporting: Routine audits and incident reporting emphasized attention to detail, process optimization, and risk management.
Gaps identified on the working area.	• Scheduling Inefficiencies: Inefficiencies in Cath Lab scheduling leading to delays and underutilization. • Equipment Availability: Occasional unavailability of equipment affecting timely procedures. • Staff Coordination: Lack of coordinated efforts among staff members, contributing to delays
Suggestions for improvement	• Optimized Scheduling: Implement a more efficient scheduling system to reduce waiting times and enhance Cath Lab utilization. • Regular Equipment Maintenance: Ensure regular maintenance and timely availability of equipment to avoid delays. • Enhanced Staff Coordination: Foster better communication and coordination among staff to streamline procedures and reduce delays.
Plan for the next week	• My internship tenure is completed

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Ritika Jaiswal

Roll no:1798 **Stream: MBA-HM 28**

Activity Done	➢ NABL Assessment. • Observation and Participation Observed NABL (National Accreditation Board for Testing and Calibration Laboratories) audit closely and assisted with the preparation for the assessments by collecting required documentation and making sure it met standards. ➢ NABH Assessment. NABH Form Filling and Evidence Collection Form Filling: • Worked on filling out NABH forms, focusing on general information about the hospital. • Gathered and verified the qualifications and credentials of all doctors to ensure they meet NABH standards. Evidence Collection: • Collected evidence for the NABH assessment application, specifically regarding chapters AAC (Access, Assessment, and Continuity of Care) and COP (Care of Patients). • Collected data from various departments: • Emergency Department: Daily footfall data. • Blood Storage Unit: Minutes of BT committee meetings, blood transfusion records, and issue register. • Operating Theatres: Daily records of temperature, humidity, and pressure differential, and monitoring their efficacy. • Collected and analyzed Fall Risk Scoring Sheets, Bradden Score Sheets, DVT Assessment Tools, and End of Life Assessment documents. ➢ SOP Updates: • Developed standard operation procedures according to NABL and NABH which were required to be modify at time. ➢ Data Collection and Analysis:

- Performed data collection and surveys if ORs, Cath Lab, Endoscopy OBGYN operating theaters were compliant to the WHO surgical safety checklist
- Analyzed the processed data, providing results for metrics of compliance and identifying areas in need of improvement
- Developed recommendations to enhance compliance with the surgical safety checklist
- It had issued recommendations for improving compliance with the surgical safety checklist.

➢ MRD Audits i.e., Daily Basis with data entry

Routine Audits:

- Conducted Daily Audits in Medical Records Department (MRD) to ensure accuracy and completeness of patient records majorly focusing on OT & ICU patients.
- Managed data entry tasks to maintain accurate records.

➢ Report incidents - Investigate, and so on.

Incident Site Visits:

a) Carried out site visit along with the team to the radiology department to investigate the incident of machine damage because the patient carried a sandbag containing metal into the machine.

• Experienced in documenting newer incident Searching and filing down report

➢ Internal Audits:

- Conducted internal audits along with team quality in various departments, including pathology, central drug store, basement facilities, and the medical record department and human resource department.
- Collected and analyzed improvement and gap points from the audits for further analysis and process improvement.

➢ Turnaround Time (TAT) recording

- ER and routine Blood Component TAT:

Calculated the Turnaround Time (TAT) for blood and blood components in the hospital.

➢ Door to Balloon Time project

- project focused on analysing the "door to balloon time" for patients in the Cath Lab.
- The project aims to measure and improve the time taken from a patient's arrival to the initiation of treatment,

which is critical for patient outcomes in cardiac emergencies.

- To Assess the Door-to-Balloon (D2B) Time efficiency and determine the compliance rate with the recommended 90-minute threshold for Percutaneous Coronary Intervention (PCI) in ST-Elevation Myocardial Infarction (STEMI) patients.

➢ Staff Training and SOP Modifications

Training and Collaboration:

- Collaborated with the team for modifying and updating SOPs.
- Assisted in organizing and conducting training sessions to improve compliance and incident reporting practices.

➢ Mock Drills for Emergency Codes

- Code Pink (Child Abduction):
- Observed the action of staff after announcing code across various area of hospital in the mock drills for Code Pink to ensure the hospital staff is prepared for potential child abduction scenarios.
- Evaluated staff response time and adherence to protocols during the drill.
- Made report of mock drill.

- Code Yellow (Disaster):
- Conducted mock drills for Code Yellow to test the hospital's disaster preparedness plan.
- Monitored the coordination between different departments and the effectiveness of the disaster response procedures.

- Code Violet (Violent Individual):
- Participated in drills for Code Violet to assess the hospital's readiness to handle situations involving violent individuals.
- Observed and made report of the drill on how various staff member involved and responded to code.

- Code Black (Bomb Threat):
- Involved in mock drills for Code Black to test the hospital's response to bomb threat scenarios.
- Assessed the evacuation procedures, suspicious item search by security and communication strategies during the drill.

	Code Red (Fire): • Conducted mock drills for Code Red to evaluate the hospital's fire emergency preparedness. • Observed the staff's adherence to fire evacuation protocols and the functionality of fire safety equipment.
Linking theory (Classroom learning) with practice at your organisation	• The internship activities were deeply intertwined with principles of management and organizational behavior. Key aspects included: • Planning and Organizing • NABL and NABH Assessments: Required meticulous planning, organization, and attention to detail. • Project Management: Initiating and wrapping up projects such as tubing disconnection analysis and surgical safety checklist compliance involved detailed planning and strategic thinking. • Data Analysis and Critical Thinking • Data Collection and Analysis: Both tubing disconnections and surgical safety checklist compliance required thorough data analysis and critical thinking. • Turnaround Time (TAT) Calculation: Involved data analysis to identify areas for improvement in emergency room operations. • Quality Management • Internal Audits: Conducting internal audits and identifying gaps emphasized the importance of quality management and continuous improvement. • Incident Reporting and Investigations: • Participating in incident reporting and investigations reinforced concepts of risk management and safety protocols. • Communication and Collaboration • Staff Training: Organizing and conducting training sessions required effective communication and collaboration with the hospital staff. • Presentation Preparation: Creating presentations for NABL, KPIs, and NABH forms involved strategic communication skills.
Gaps identified in the working area.	• During my internship, the following gaps were identified: • Documentation and Compliance Inconsistent Documentation: Inconsistencies in documentation practices across departments. • Variable Compliance: Inconsistent adherence to the surgical safety checklist across different departments. Operational Inefficiencies

	• Scheduling Inefficiencies: inefficiencies in Cath Lab scheduling lead to delays and underutilization. • Equipment Availability: Occasional unavailability of equipment affecting timely procedures. • Incident Reporting Reporting Delays: Delays and underreporting in incident reporting, potentially impacting timely resolution and preventive measures. • Staff Awareness Lack of Awareness: Some staff members were not fully aware of the importance of adhering to safety checklists and other compliance requirements.
Suggestions for improvement	To address the identified gaps, the following improvements are recommended: • Standardized Training Programs Training: Implement comprehensive training sessions to ensure consistent compliance with the surgical safety checklist and proper documentation practices. • Enhanced Scheduling and Equipment Maintenance • Optimized Scheduling: Implement a more efficient scheduling system to reduce waiting times and enhance Cath Lab utilization. • Streamlined Incident Reporting Reporting Incentives: Simplify the incident reporting process and introduce incentives and anonymous reporting options to encourage timely and accurate reporting. • Staff Awareness Campaigns Awareness Campaigns: Conduct awareness campaigns to educate staff on the significance of compliance with safety checklists and other standards, highlighting the impact on patient safety and quality of care.

Signature of the Student

Approved by the IIHMR University's Mentor