SUMMER INTERNSHIP PROGRAM

FORTIS ESCORTS HOSPITAL, JAIPUR

From MAY 01, 2024 to JUNE 30, 2024

A REPORT BY

Dr. PRACHI NAGAR

Roll no. - 1757

Master of Business Administration

HOSPITAL & HEALTH MANAGEMENT

2023-25

Under the Mentorship of

DR. NUTAN P. JAIN

PROFESSOR

Fortis Escorts

Fortis Escorts Hospital
Jawahar Lal Nehru Marg, Malviya Nagar,
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Website : www.fortishealthcare.com

02TH July, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Prachi Nagar has worked as a Trainee with us in the Dept. of Quality from 01 May, 2024 to 29 June, 2024 for the period of Two Months.

Her performance during the period in the department was Good.

We wish Her the best for all her future endeavors.

For Fortis Healthcare Limited.

Fortis Hospital Limited JAIPUR

Authorized Signatory

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr PRACHI NAGAR of MBA-HOSPITAL and HEALTH MANAGEMENT 2023-25 of IIHMR UNIVERSITY, JAIPUR has worked with our organization for her summer internship from 01/05/2024 to 30/06/2024. The overall performance shown by 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

Name: Dr Ranjana Rathore

Designation: Quality Assurance

Seal/Stamp of the Organization FORTIS ESCORTS HOSPITAL
Jawahar Lal Nehru Marg,
Malviya Ngar, JAIPUR-302017

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Date: 19/07/2024

Dr. Nutan P. Jain

Professor

IIHMR University Jaipur

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IIHMR UNIVERSITY

SUMMER INTERNSHIP PROGRAM

OUTPATIENT DEPARTMENT CONSULTATION TURNAROUND TIME

Fortis HOSPITALS

FACULTY MENTOR: DR. NUTAN P. JAIN

ORGANISATION MENTOR: Dr. RANJANA RATHORE

ABOUT THE ORGANISATION

FORTIS ESCORTS HOSPITAL JAIPUR is a 275-bed, National Accreditation Board for Hospital in Rajasthan. This hospital has established itself as one of the best tertiary care centers in the region. The hospital has been accredited four times by NABH at the interval of two years tentatively. It is multi-specialty hospital and also the only Indian Hospital to feature among the world's top five destinations for medical tourism by Medical Travel Quality Alliance.

According to the hospital website (www.fortishealthcare.com).

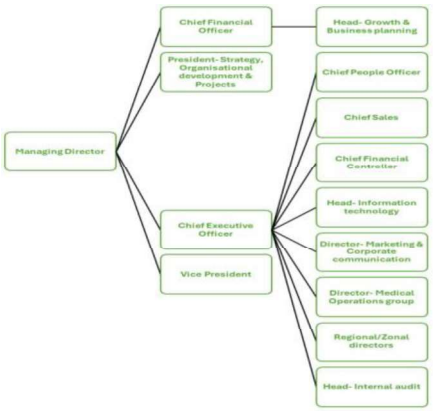
MISSION

"To be a globally respected healthcare organization known for clinical excellence and distinctive care."

VISION

"To create a wo... integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care."

ORGANISATIONAL STRUCTURE



LEARNINGS DURING INTERNSHIP

- Learnt about medication, admission, consultation, nutritional assessment, discharge, step down and documentation process of the patient.
- The safety codes used in the organization (BLUE, PINK, RED, GREY, ORANGE, YELLOW, PURPLE)
- Different policies and services provided by the organization.
- NABH process of accreditation for different quality indicators of the organization.

Aim

Enhancing patient care, improve overall patient outcomes and increase patient satisfaction in the hospital.

Objective

To analyze and monitor the OPD consultation turnaround times (TAT) for Gynecology, Orthopedics, Gastroenterology and Neurology out-patient departments

METHODOLOGY

- OPD: Gynecology, Orthopedics, Gastroenterology and Neurology.
- 50 observations from each OPD during 10:00-18:00 hours.

PROCESS FLOW

Arrival of patient in OPD

↓

Patient registered in hospital information system

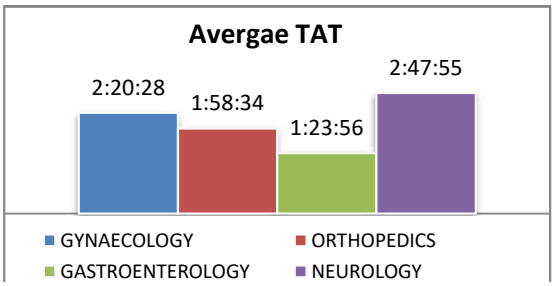
↓

Patient in waiting area

↓

Patient consultation

	RESULTS			
OPD	GYNAECOLOGY (LAFEMME OPD) n=50	ORTHO-PAEDICS (OPD 1) n=50	GASTRO ENTERO-LOGY (OPD 2) n=50	NEURO-LOGY (OPD 3) n=50
Below the standard time	22 (44%)	20 (40%)	26 (52%)	17(34%)
Standard time / benchmark (within one hour)	1:00:00 (60-70 Min)	1:00:00 (60-70 Min)	1:00:00 (60-70 Min)	1:00:00 (60-70 Min)
	0	0	0	0
Above the standard time	28 (56%)	30 (60%)	24 (48%)	33 (66%)



SWOT

STRENGTH
- Quality of care
- Experienced Doctors
- Robotic orthopedics surgery.
- Tie up with the government scheme

WEAKNESS
- Only focus in India
- Less social media engagement.
- Expensive services

OPPORTUNIT
-Rowing healthcare market.
-Medical Tourism
-Technological Advancement

THREAT
Competition such as Narayana ,Ehcc ,CK Birla
Regulatory challenges
Prohibitive health cost

PRACTICAL EXPOSURE

- Regulatory Standards
- Quality improvement (QI) theories.
- Healthcare Accreditation

THEORITICAL UNDERSTANDING

- Conducting Audits
- Implementing QI Projects
- Data collection and analysis
- Problem Solving

CHALLENGES FACED DURING

- Initially, collecting data in such a big organization was difficult.
- It took a lot of time to get familiar with organization.
- Communication gap with new staff.

USEFULLNESS OF INTERNSHIP

- Improve essential skills such as communication, problem solving, time management and team work.
- Gain hands on experience in healthcare quality management.
- Observed all the department , learned about their function ,management and coordination and connected this practical experience with my classroom learning.

SUGGESTION

- Evaluate the need to augment human resources to meet increasing demands, ensuring adequate support for all hospital functions
- Implement Electronic Medical Records (EMR)/Electronic Health Records (EHR) systems to modernize patient data management
- Introducing evening OPD services to accommodate patients' schedules and enhance accessibility to healthcare services.

Submitted By: Dr. Prachi Nagar

Roll No: 1757

Batch: MBA-HM-28 (2023-25)

Annexure-E

Reporting Format

(Week-1)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. Prachi Nagar

Stream: Hospital and health management

Roll no: 1757

Week no: 1

From 1st May to 5thMay

Activity Done	1. Documentation, Verification of all interns and orientation. 2. Introduction to quality assurance department. (Mentor- **Dr. Ranjana Rathore**) 3. Explored the streamlined process of patient registration and admission. 4. Explored OPD Billing, RGHS admission, MICUs, emergency department. 5. Recorded TAT (turnaround time) of medication dispensing in CCU. 6. Conducted fire safety inspections across all nine floors, meticulously checking fire exits and stairs, verifying the presence of RACE and PASS boards complete with fire extinguishers, and ensuring each floor's in-charge details and contact numbers were prominently displayed for enhanced safety measures. 7. Organized a stimulating MOCK DRILL for CODE PINK scenarios (missing child situations), thoroughly examining the streamlined process for swiftly resolving CODE PINK alerts. Documented a detailed report on the findings. 8. Updated the UNIT BINDER for different departments with content like policies, scope of services, interpreter list, pastoral list, staff list and standard operating procedures.

Gaps identified on the working area.	1. Admission forms only available in Hindi create obstacles for international patients, making the process less efficient. 2. Challenges of limited staff for prompt medication delivery post-order processing across departments. 3.Discovered a process gap during the safety code mock drill, prompting targeted enhancements for protocol effectiveness.
Suggestions for improvement	1. Provide multilingual admission forms, including English and other commonly spoken languages among international patients. 2. Optimize workflow processes to reduce medication delivery time, such as utilizing automated dispensing systems or implementing efficient medication transport protocols. 3. Consider hiring additional staff or redistributing responsibilities to ensure timely medication delivery without overburdening existing resources. 4. Provide training sessions and workshops for staff to improve their understanding and response during safety drills, ensuring protocols are followed effectively.
Plan for the next week	Mock drills for other safety codes and educating staff members on safety code.

Signature of the Student: **Dr. Prachi Nagar**

Approved by the IIHMR University's Mentor: DR. NUTAN P. JAIN

Reporting Format

(Week-2)

From 6thMay to 11thMay

Activity Done	1. Compiled information on the turnaround time for OPD Consultation TAT across various OPD departments. 2. Conducted training sessions for hospital staff on a variety of emergency codes, including RED, BLUE, PURPLE, ORANGE, GREY, YELLOW, and PINK. 3. Participated in basic life support training. 4. Conducted an audit of the wards on the third and fourth floors. 5. Inspected the NABH corner in various departments for the proper display of look-alike medicine, sound-alike medicine, high risk medication, IPS goals, POSH committee, needle stick injury etc. 6. Collected and entered the data of APACHE forms from all 4 MICUs. 7. Conducted an open file audit in CCU.
Gaps identified on the working area.	1. There is delay (2-3hour) in the consultation time after the registration time from the OPD Department. 2. Staffs are not properly aware of safety codes, IPS goals, fire RACE and PASS. 3. Some Patient files were not properly filled according to the checklist.
Linking theory (classroom learning) with practice at your organization	Hospital Safety codes- Essentials of hospital Services
Suggestions for improvement	1. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 2. Consider implementing a tracking system to monitor the progress of medication orders from departmental indentation to dispensing. 3. Conduct regular training sessions for all staff members on safety codes such as IPS goals, fire RACE (Rescue, Alarm, Contain, Extinguish) and PASS (Pull, Aim, Squeeze, Sweep).

	4. Implement a digital filing system or electronic health record (EHR) to facilitate easy access to patient information and reduce the risk of missing or incomplete files.
Plan for the next week	Open file and live audits in different departments. Updating files of different department

Signature of the Student: **Dr. Prachi Nagar**

Approved by the IIHMR University's Mentor: DR. Nutan P. Jain

Reporting Format

(Week-3)

From 1st MAY to 30th JUNE

Activity Done	- Did live audits in ICU - Did open file audits (5-10 files) - Did closed file audits (5-10 files) - Completed different tasks (update unit binders, prints , excel) assigned by my mentor in the institution fir NABH audit
Linking theory (Classroom learning) with practice at your organisation	- This week NABH audit took place in my organisation and as we have studied they investigate and check compliance of everything that is related to improving the quality of the hospital. - NABH audit took place in each and every department of the hospital.
Gaps identified on the working area.	- Every human resource is important in the hospital especially doctors but it is difficult to deal with some of them. - While doing the file audit I observed that the doctors forget to mention things like time, name, and signature which are important for the purpose of documentation and for better assessment in some cases.
Suggestions for improvement	- Training sessions for doctors regarding the importance of filling the patients record completely.
Plan for the next week	- Work on my project (OPD consultation turnaround time).

Signature of the Student: Dr. Prachi Nagar

Approved by the IIHMR University's Mentor: DR. Nutan P. Jain

Reporting Format

(Week-4)

From 1st MAY to 30th JUNE

Activity Done	- Compiled information on the turnaround time for OPD Consultation TAT across various OPD Departments. (LAFFEME OPD , OPD 1 , OPD 2)
Linking theory (Classroom learning) with practice at your organisation	- Research Methodology (Data Collection , Data Analysis)
Gaps identified on the working area.	- There is delay in the consultation time after the registration time from the OPD department. - Waiting time is more due to lack of streamlining appointment scheduling.
Suggestions for improvement	- Process Optimization: Streamlining registration, consultation processes.
Plan for the next week	- Work on my OPD Consultation project. - Organisation Mentor Dr. Ranjana Rathore will take our session about open file audit.

Signature of the Student: Dr. Prachi Nagar

Approved by the IIHMR University's Mentor: Dr. Nutan P. Jain

Reporting Format

(Week-5)

From: 27th MAY to 01st June

Activity Done	1. Collected primary data for my project (OPD Consultancy turnaround time) 2. Open file audit for CCU and SICU 3. Prepared questionnaire for different safety codes (**PINK**, **BLUE**).
Gaps identified on the working area.	1. There is delay in the consultation time after the registration time from the OPD Department. 2. Waiting time is more due to lack of streamlining appointment scheduling. 3. Incomplete and unorganized patient files. 4. The questionnaires contained some incorrect responses.
Linking theory (classroom learning) with practice at your organization	Safety codes – Essentials of hospital services Data analysis- biostatistics
Suggestions for improvement	5. Process optimization: streamlining registration, consultation processes. 6. Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files. 7. Provide training to the staff about the safety codes.
Plan for the next week	Open file audit in different departments. Collecting more primary data for the project. Objective and methodology for quality improvement project in the organization.

Signature of the Student: **Dr. Prachi Nagar**

Approved by the IIHMR University's Mentor: DR. NUTAN P. JAIN

Reporting Format

(Week-6)

From 02nd June to 08th June

Activity Done	Collected primary data for my project (OPD consultation TAT). Conducted mock drill for **CODE BLUE** in chemo day care. Made report about the mock drill. Prepared a questionnaire about IPS goals for the nursing staff.
Gaps identified on the working area.	1. There is delay in the consultation time after the registration of patient from the OPD department. 2. The code BLUE team were not aware of the role assignment in the process.
Linking theory (classroom learning) with practice at your organization	Safety codes – Essentials of hospital services Data analysis- biostatistics
Suggestions for improvement	1. Process optimization: streamlining registration, consultation processes. 2. Conduct frequent mock code BLUE drills. These simulations can help team members practice their roles and improve their response time and coordination.
Plan for the next week	Open file audit in different departments. Collecting more primary data for the project. Administering a pre-test using the IPS Goals Questionnaire to the nursing staff for the quality improvement project in the organisation.

Signature of the Student: **Dr. PRACHI NAGAR**

Approved by the IIHMR University's Mentor: DR. NUTAN P. JAIN

Reporting Format

(Week-7)

From 10th June to 15th June

Activity Done	1. Prepared pre-test and post-test questionnaire on fire and non-fire emergency for engineering department staffs. 2. Conducted a training session on fire and non-fire emergency in Engineering department. 3. Done open and close file audit for consent forms in MRD.
Gaps identified on the working area.	1. Staffs in engineering department were not fully aware of the fire safety measures as per their test results. 2. Unorganized and incomplete consent forms in patient files. (Language issue- the form were in Hindi and it is filled in English and vice versa).
Linking theory (classroom learning) with practice at your organization	Safety codes – Essentials of hospital services
Suggestions for improvement	.1. Conduct frequent training sessions for staffs in hospital. 2. Training the nursing staff on the importance of consent forms.
Plan for the next week	Open file audit in different departments. Administering a pre-test using the IPS Goals Questionnaire to the nursing staff for the quality improvement project in the Organisation.

Signature of the Student: Dr. Prachi Nagar

Approved by the IIHMR University's Mentor: **Dr. Nutan P. Jain**

Reporting Format

(Week-8)

From 17th June to 22th June

Activity Done	**1.** Compiled and analyzed data for my project over two-month period. **2.** Conducted a gap analysis and provided suggestions based on the collected data. **3.** Prepared the project report. **4.** Performed a live audit of the nursing staff in relation to IPSG goals.
Linking theory (Classroom learning) with practice at your organization	1. IPSG goals– Essentials of hospital services 2. Data analysis- biostatistics 3. Research methodology 4. Report writing- Business communication.
Gaps identified on the working area.	1. Nursing staff doesn't have a complete knowledge about IPSG goals. 2. The average of my project data is far away from the ideal time given in hospital policy.
Suggestions for improvement	1. Proper training for nursing staff about IPSG goals. 2. Fill patient files properly.
Plan for the next week	1. Submitting the hard and soft copy of project report after approval. 2. Prepare excel file for IPSG goals audit of nursing staff.

Signature of the Student: Dr. PRACHI NAGAR

Approved by the IIHMR University's Mentor: DR. NUTAN P. JAIN

Reporting Format

(Week-9)

From 24th June to 29th June

Activity Done	1. Prepared a presentation about the project. 2. Modified the project report and got it approved by our organisation mentor. 3. Presented our project to the members of organisation-MD (Dr. mala Airun) DMS (Dr. Nimmi Thareswar) AMS (Dr. Jatinder Monga) quality department (Dr, Ranjana Rathore).
Gaps identified on the working area.	The average of my project (OPD consultation turnaround time) is way more than the ideal timing.
Linking theory (classroom learning) with practice at your organization	Data analysis- biostatistics Methodology for project-Research methodology Report writing- Business communication.
Suggestions for improvement	Streamlining the process of consultation and introducing the EHR in the organisation.
Plan for the next week	Collecting the summer internship completion certificate from the Organisation.

Signature of the Student: Dr. Prachi Nagar

Approved by the IIHMR University's Mentor: Dr. NUTAN P. JAIN

COMPILED REPORT

Name of the Organisation: FORTIS ESCORTS HOSPITAL, JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Prachi Nagar

Roll no: 1757

Stream: HOSPITAL & HEALTH MANAGEMENT

Activity Done	On the first day, we completed the necessary documentation and received an orientation about the rules and regulations of the organization. During my two-month internship, the organization underwent NABH audit. This experience provided me with a comprehensive understanding of the quality department and its crucial role in the audit process. Explored the streamlined process of patient registration and admission for IPD, EMERGENCY, and DAYCARE, which includes the facilities of government schemes like RGHS and CGHS. The registration process involves assigning every patient a unique hospital identification number (UHID) and recording their episodes. Patients are then admitted to different departments based on their needs and conditions. The admission process should take 30mins after the registration of patient. Explored the DISCHARGE process, the process begins when the consultant advice the patient for the discharge, discharge summary is given by the resident and the discharge was indented in the HIS. The radiology, pharmacy and blood bank clearance were given after the indent. Billing clearance was also given and after all these clearance patients got discharged from the hospital. The discharge process takes 90mins for cash patient and 240mins for government schemes and TPA. Explored the initial assessment process in which the initial assessment should be done under 30 minutes by doctors and nursing staff after the admission of patient. The initial assessment time can be collected from the patient files or by manual observation.

	Explored the OPD consultation process in which the time taken from the registration of patient to the consultation should be within 45mins for walk in patients and 15mins for the patients who have online appointments. Analysed all the above processes by calculating turnaround time to find the gap for the enhancement of patient satisfaction. Explored all the departments, including 4 MICUs, 4 SICUs, 2 CCUs, NCU, PICU, LDU, HDU, 2 OTs, the General Ward, NICU, dialysis, endoscopy, radiology, oncology, and various wards. Additionally, we examined Patient Care Services, Patient Experience, Finance, Marketing, Human Resources, Quality, Supply Chain, Pharmacy, and MRD. This allowed us to gain a comprehensive understanding of the workings and management of these departments. Attended training for BIOMEDICAL HAZARD CARE (Code ORANGE) and INFECTION CONTROL. We learnt about the handling of hazardous material like chemicals or bodily fluid (blood, urine etc), how to handle the spillage and surrounding area of spillage, how it will get cleaned, whom to call for the process of CODE ORANGE. Also learnt about the waste management (colours of dustbin and the waste segregation according to the dustbin colour). In INFECTION CONTROL we learnt the hand washing technique in which learnt the 365 technique. Provided training for safety codes in the hospital(PURPLE-fight or fight like situation, PINK-missing child, ORANGE-spillage, RED-fire, BLUE-individual disaster, GREAY-internal disaster, YELLOW-external disaster) to store staff, pharmacy staff, IT staff, engineering staff, floor staffs (3^{rd} -7^{th} floor). Conducted mock drills for CODE ORANGE,CODE PINK, CODE BLUE, CODE YELLOW ,CODE RED and CODE PURPLE. Made report for all the SAFETY CODES with member of safety code team, time of every action taken, gap analysis and recommendations. Prepared pre-test and post-test questionnaire for the codes. Pre-test was administered to the staff before the training and after the mock drill were done. Post-test was administered after the training was given on the observed gap.

	Conducted different audits such as- **LIVE AUDIT**-includes checking the crash cart, medicine trolley, oxygen cylinder machine, nursing trolley, id band on patients, refrigerator, ABG machine, bio medication waste management, medicine unattended, proper functioning of remote beds, call bells at patient bed side, open vial protocol, hand wash availabilities, IV lines dates ,sterilized gauge piece availability with date, expiry of ETO items checked, calibration and PMS of equipment) **OPEN and CLOSE FILE AUDIT**-open file audit is done on the present patient file and close file audit done in the files which are in the MRD. The checklist of audit includes UHID, consultant name, prescription by doctor, admission form, triage doctor assessment, doctors initial assessment, treatment sheet, progress notes ,pre/post anaesthesia record, surgical safety checklist, OT notes, consent forms, triage nursing assessment, nursing admission assessment, daily nursing assessment, growth and development charts, in house transfer form, home medication declaration form, patient and family education record, discharge summary. Attended the Basic life support(BLS) training and learnt the cardiopulmonary resuscitation.BLS includes the following steps- 1.scene safety 2.check response 3. shout for help 4. check for pulse 5. call for help 6.start CPR Collected primary data for project quality indicators (medication dispensing turnaround time) it includes the time taken by the IPD pharmacy to dispense the medicine after the indentation of medication in the HIS system. The pharmacy dispenses the medication according to the priority i.e. routine, new admission, stat and discharge.
Linking theory (Classroom learning) with practice at your organisation	Hospital Safety codes- Essentials of hospital Services Methodology (research design, data collection method, data analysis) – Research methodology Mean, median, mode - biostatistics IPSG goals– Essentials of hospital services Report writing- business communications

	Team work, communication skills – behavioural communication and principal of management. NABH accreditation – Essential of hospital services Government policies like RGHS, CGHS – health policy and healthcare delivery system Hospital Information System – Digital Health Triaging of patient – Essential of Hospital services
Gaps identified on the working area.	Admission forms only available in Hindi create obstacles for international patients, making the process less efficient. There are interpreters present for different languages in the hospital but it takes more time to complete the process, hence making the registration process troublesome. Safety codes were not clear to the staffs (nursing, GDA, housekeeping, store staff, pharmacy staff, IT staff etc).They don't know which number to dial or what things to say on the phone to explain the place of affected area. Staffs are not properly aware of safety codes, IPS goals, fire RACE and PASS. The turnaround time for medication dispensing, discharge, initial assessment is more than the ideal time given in hospital policy. OPD Consultation turnaround time is more due to workflow inefficiencies that are causing delays in each department. These inefficiencies such as manual processes, lack of coordination. Patient files were not properly filled and documented. Name, signature, global id, time and date were not properly filled. Consent forms are not properly filled as the forms are in Hindi but are filled in English language and vice versa. There is not proper communication between different departments which makes the process for patient care slow. There is a delay in processes due to out dated HIS system.

	There are only paper data records of patients, Electronic health records/ electronic medical records are not present.
Suggestions for improvement	1. Admission Forms Only Available in Hindi: Multilingual Forms: Provide admission forms in multiple languages, including English and other common languages of international patients. Digital Translation Tools: Implement digital translation tools that can instantly translate the forms into the patient's preferred language. Pre-arrival Form Completion: Allow patients to complete admission forms online before their arrival at the hospital, with language options available. 2. Safety Codes Not Clear to Staff: Training Programs: Conduct regular training sessions to educate staff on safety codes, emergency numbers, and the correct procedure to report incidents. Visual Aids: Display clear and visible posters or charts with safety codes, emergency numbers, and steps to follow in prominent areas within the hospital. Regular Drills: Organize periodic emergency drills to ensure all staff members are familiar with safety procedures and codes. 3. Turnaround Time for Medication dispensing, Discharge, and Initial Assessment: Process Streamlining: Analyze and streamline the processes involved in consultation, discharge, and initial assessment to eliminate bottlenecks and inefficiencies. Task Delegation: Delegate specific tasks to dedicated teams or staff members to speed up the process and reduce waiting times.

	Performance Monitoring: Implement a monitoring system to track turnaround times and identify areas needing improvement, ensuring adherence to hospital policies. 4. OPD Consultation Turnaround Time: Streamline Appointment Scheduling: Online Booking Systems: Implement or enhance online appointment booking systems to reduce the load on administrative staff and allow patients to choose convenient times. Optimize Consultation Workflow: Pre-consultation Screening: Implement pre-consultation screening (e.g., filling out forms online before the visit) to reduce the time spent on initial assessments. Technological Enhancement: Electronic Health Records (EHR): Ensure that EHR systems are fully implemented and optimized for quick access to patient information. Integration of Systems: Integrate different IT systems (e.g., scheduling, EHR, diagnostic tools) to ensure seamless data flow and reduce redundant data entry. 5. Patient File Documentation: Standardized Templates: Use standardized templates for patient files that prompt for necessary information like name, signature, global ID, time, and date. Training and Audits: Provide training on proper documentation practices and conduct regular audits to ensure compliance. Electronic Health Records (EHR): Implement EHR systems to reduce errors and ensure that all necessary information is properly documented.

	6. Consent Forms Language Discrepancies: Bilingual Forms: Ensure that consent forms are available in both Hindi and English, and that patients are given the form in their preferred language. Interpreter Assistance: Utilize interpreters to assist patients in understanding and completing consent forms in their preferred language. Form Review: Implement a review process to check for language consistency and completeness before the forms are accepted. 7. Communication Between Departments: Interdepartmental Meetings: Schedule regular interdepartmental meetings to improve communication and collaboration. Unified Communication System: Implement a unified communication system (e.g., internal messaging platform) to facilitate seamless communication between departments. Standard Operating Procedures (SOPs): Develop and enforce clear SOPs for interdepartmental communication to ensure everyone is on the same page. 8. Delay Due to Outdated HIS System: System Upgrade: Upgrade the Hospital Information System (HIS) to the latest version with enhanced features and better performance. Staff Training: Provide comprehensive training to staff on using the updated HIS efficiently. Regular Maintenance: Schedule regular maintenance and updates for the HIS to ensure it remains current and functional.

	9. Lack of Electronic Health Records (EHR): EHR Implementation: Invest in and implement an EHR system to digitize patient records and improve data accessibility. Data Migration: Develop a plan to transfer existing paper records to the new EHR system systematically. Training and Support: Provide training and ongoing support for staff to ensure a smooth transition to using the EHR system.

Signature of the Student- Dr. PRACHI NAGAR

Approved by the IIHMR University's Mentor: Dr. NATUN P. JAIN