SUMMER INTERNSHIP PROGRAM

at

SRI BALAJI ACTION MEDICAL INSTITUTE

PASCHIM VIHAR, NEW DELHI

06 May, 2024 to 05 July, 2024

A REPORT BY

Pallavi Mishra

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Dr. Varsha Tanu

Associate Professor

IIHMR UNIVERSITY

Sri Balaji
Action Medical Institute
Multi Speciality Hospital

SBAMI/HR-TR/2024/204

Date: 08th July 2024

To Whomsoever It May Concern

This is to certify that **Dr. Pallavi Mishra** D/o Mr. Ashish Mishra, student of IIHMR University , has undergone **2 months** internship program in the Department of Quality at Sri Balaji Action Medical Institute (which is a part of her course curriculum in MBA in Hospital and Health Management Program) with effect from **06th May 2024 to 05th July 2024**.

Her performance during internship period was found to be satisfactory.

We wish her success in all her future endeavors.

8/7/24

Dr. Sunil Sumbli
Medical Superintendent

Pooja Sethi 8/7/24

Pooja Sethi
Dy. Manager –Training&HR

A-4, Paschim Vihar, New Delhi-110063
Tel.: 011-42-888-888, 45-666-666 E-mail: info@actionhospital.com, Website: www.actionhospital.in

IIHMR UNIVERSITY

IIHMR UNIVERSITY FACULTY MENTOR APPROVAL

This is to certify that Ms. **PALLAVI MISHRA** of the academic year 2023-25 of **INDIAN INSTITUE OF HEALTH MANAGEMENT RESEARCH, JAIPUR** has prepared a poster with respect to her summer internship held from 6 May 2024 to 05 July 2024.

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

22/7/24

Date: _____

(Signature of Faculty Mentor)

Name: **DR. VARSHA TANU**

Designation: **ASSOCIATE PROFESSOR**

A Critical Analysis of the Rising Incidences of Needle Stick Injuries (NSIs) Among Healthcare Workers (HCWs) at Sri Balaji Action Medical Institute

Sri Balaji Action Medical Institute
Multi Speciality Hospital

IIHMR UNIVERSITY

ORGANIZATION INTRODUCTION

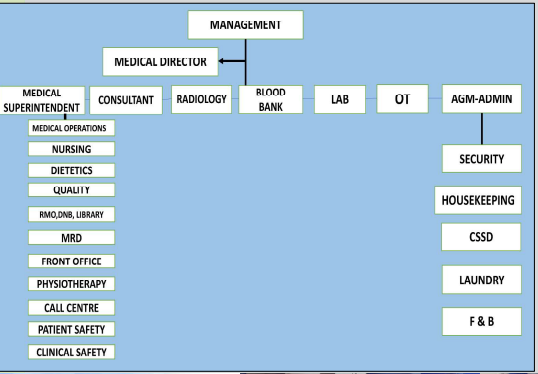
Sri Balaji Action Medical Institute(SBAMI) is the dream and vision of great philanthropist Sri Lala Mange Ram Aggarwal. The logo of this institute symbolizes its philosophy. Spread across 6 acres of landscaped ground, this 275 beds, centrally air conditioned hospital, is 3 lakh sq. ft. of medical mastery. State of the art infrastructural equipment and a highly specialized team of medical professionals make this one of Delhi's best hospitals.

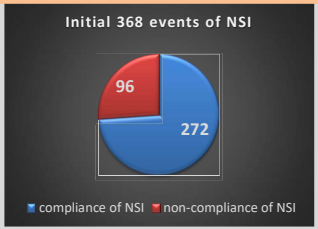
Hospital boasts a comprehensive array of medical specialties, including over 30 specialties & more than 15 super specialties, proudly hold the prestigious NABH certification, a testament to its world class infrastructure.

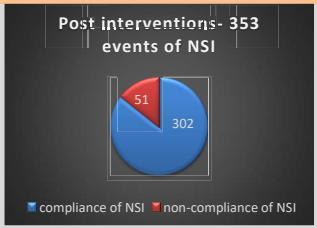
Mission: SBAMI was established with a mission to provide world-class affordable healthcare facilities to all sections of the society with a humanitarian touch, whilst maintaining high standards of ethical practices and professional competency with emphasis on training and education leading to research.

Vision: To become the largest healthcare provider with a human touch.

ORGANIZATION STRUCTURE







LEARNING AND VALUE ADDITION

- Communication and collaboration is necessary for improvement.
- Building rapport is crucial for get the work done.
- Learnt about underlying causes of quality problems, allowing for target solutions.
- Understanding compliance requirements in hospital.

CHALLENGES FACED DURING INTERNSHIP

- Ensuring timely and clear communication to the staff can be challenging.
- Maintaining long-term improvements in audits requires ongoing monitoring, evaluation, and reinforcement of new practices.
- Introducing preventive measures may face resistance from staff.

USEFULNESS OF INTERNSHIP

- Helped me develop practical skills with respect to theoretical learnings.
- Improved collaborative and communication skills.
- Learnt about functioning of various departments in hospital and how their activities impact overall patient care.

LEARNING DIFFERENCE

THEORY	PRACTICAL
• Learnt about general quality principles, standards and regulations.	• Conducted audits for compliance, root cause analysis of quality incidents, participating in quality improvement projects.
• Gone through lectures, case studies , simulations.	• Worked alongside experience staff, developed practical skills for real-world application.

OBJECTIVES OF AUDIT

Objectives

- To establish a comprehensive NSI surveillance program that effectively identifies and analyze these incidents in order to prevent future occurrences.
- To identify pattern in NSIs over time including factors associated with increased risk.

Audit summary

- Audit is done to check for recapped syringes, open used needles.
- Audit population include nurses and supporting staff.
- Types of events includes iv cannulation trays, while cannula insertion, sample collection, dirty trays, patient's bedside.
- Department includes all ICUs and wards.

SWOT ANALYSIS OF NEEDLE STICK INJURIES AUDIT

Strengths

- Valuable data on the prevalence, types and circumstances on NSIs.
- Raise awareness among HCWs.
- Findings can inform the development and implementation of targeted interventions
- Demonstrate the hospital's commitment to HCW safety.

Weaknesses

- Fear of repercussions or lack of awareness.
- May only focus on specific departments.
- If data analysis is not thorough, key insights might be missed, hindering the effectiveness of the audit.

Opportunities

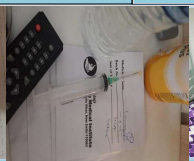
- Collaboration between infection control professionals and HCWs can lead to more comprehensive and effective interventions.
- Can guide the development of targeted training programs for HCWs on safe sharps handling and NSI prevention strategies.

Threats

- Excessive pressure to comply with safety protocols can lead to burnout and decreased vigilance.
- Failure to implement and monitor the effectiveness of interventions identified through the audit.

SUGGESTIONS

- Reinforcing training on safe sharps practices.
- Evaluating and improving sharps container placement.
- Enhancing communication and fostering a culture of NSI reporting.
- Enhancing communication and teamwork through clear communication protocols.



Name: Dr. Pallavi Mishra(PT)
Roll no: 1773/HM-28
Mentor's name: Dr. Varsha Tanu(Associate Professor, IIHMR University)
Project at : Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi
Organization mentor: Ms. Monika (Asst. Quality Manager)

Report-1

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 1 **From: 06 May,2024 to 12 May,2024**

Activity Done	❖ Learnt about NABH and its importance in hospital. ❖ Thoroughly gone through the glossary from NABH book. ❖ Comprehended about types of medication errors. ❖ Started data collection on active medical file audit.
Linking theory (Classroom learning) with practice at your organisation	❖ Improving Quality Of Care of Patients ❖ Patient Rights and Education: NABH standards focus on patient empowerment. Effectively learnt about communicating with patients, respecting their rights, ensuring they receive proper education about their care. ❖ Hospital Safety Measures: NABH cover aspects of hospital infection control, waste management, and fire safety protocols as outlined by NABH.
Gaps identified on the working area.	❖ Incomplete documentation: Incomplete progress notes and abbreviations that are not standardized. ❖ Communication and Collaboration: Lack of documentation regarding informed consent for procedures or medications.
Suggestions for improvement	❖ Standardized Documentation: Complete, accurate and timely documentation for optimal patient care. ❖ Missing Information Follow-Up: Identify and follow-up on missing information in Active Medical File Audit. ❖ Staff Training and Education: Reiterate the importance of accurate and complete Active Medical File documentation for patient care, legal compliance, and quality improvement initiatives.
Plan for the next week	❖ Gaining knowledge about Indicators of NABH ❖ Further data collection of medical file Audit ❖ Facilitate facility round in basement of hospital

Signature of the Student

Approved by the IIHMR University's Mentor

Report-2

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 2 **From: 13 May,2024 to 19 May,2024**

Activity Done	❖ Further Data Collection for Active Medical File Record Audit ❖ Done Facility Round ❖ NABH Indicators
Linking theory (Classroom learning) with practice at your organization	❖ Regulatory Compliance: Hospitals are required to comply with various regulations regarding medical record keeping. ❖ Improving Quality of Care: By identifying areas where record-keeping practices can be improved, audits can help hospitals to improve the quality of care they provide. ❖ Patient safety ❖ Staff Education: facility rounds can be used to educate staff on proper procedures, new equipment, and safety protocols.
Gaps identified on the working area.	❖ Cleaning and disinfection: Incomplete cleaning, present of visible dirt, dust. ❖ Maintenance: Lack of regular maintenance or calibration ❖ Communication Breakdowns: Lack of clear communication between departments or staff members can lead to missed tasks or incomplete procedures.
Suggestions for improvement	❖ Improved cleaning and sanitation protocols: This could include more frequent cleaning of high-touch surfaces, increased used of disinfectants, and ensuring proper waste disposal. ❖ Improved staff communication: Promote clear & efficient communication channels between staff members.
Plan for the next week	❖ To make the report for Active Medical File Audit, converting the data into excel file and then using the compliance percentages to draw graphs. ❖ Drafting Facility round report ❖ Working on one of the indicators of NABH doctor's handover register. ❖ Checking the compliance of Non-OT procedure safety checklist. ❖ Read about rising Needle Stick Injuries in hospital.

Signature of the Student

Approved by the IIHMR University's Mentor

Report-4

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 4 **From: 20 May,2024 to 26 May,2024**

Activity Done	❖ Ongoing Data collection on active medical file record audit. Checked each file according to SBAMI's Active Medical Files Audit. ❖ Started for its report on excel and checked its compliance. ❖ Done the Audit for doctor's handover register. ❖ Started Audit on Needle Stick Injury in Wards and ICUs.
Linking theory (Classroom learning) with practice at your organisation	❖ Improved Patient Safety: Reduces the risk of errors and omissions in patient care by highlighting potential issues and ensuring critical information is not missed. ❖ Medico- legal Documentation: Serves as a medico-legal document, providing a record of the patient's condition, treatment plan, and handover details. ❖ Continuity of Care: Ensure vital patient information is documented and communicated effectively between doctors involved in a patient's care.
Gaps identified on the working area.	❖ Lack of Awareness/Training: Doctors not fully aware of the proper procedures for handover documentation. ❖ Communication Issues: The handover focused on written entries without a clear verbal handover between outgoing and incoming doctors.
Suggestions for improvement	❖ Improved Communication: Promote a two-pronged approach with a standardized handover register complemented by a clear verbal handover summarizing key patient information. ❖ Reinforcing Awareness & Training: Regular training sessions on the importance and completion of handover registers, including clear instructions on proper documentation practices and available resources.
Plan for the next week	❖ Read about "Non-OT procedure safety checklist" and its importance outside operation procedure. ❖ Summarizing the report for doctor's handover register ❖ Starting audit on Non-OT Procedure Safety Checklist.

Signature of the Student

Approved by the IIHMR University's Mentor

Report-4

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 4 **From: 27 May,2024 to 2 June,2024**

Activity Done	❖ Started Audit on Non-OT procedure safety checklist. ❖ Collecting data for NSI audit. ❖ Educating staff nurses on NSI injuries, safety disposal of sharps, recapping of needles.
Linking theory (Classroom learning) with practice at your organization	❖ Understanding the prevalence of NSIs among healthcare workers in the hospital setting. ❖ Evaluating the effectiveness of existing NSI prevention programs. Various types of Non-OT procedures conducted in the hospital (ex-bedside procedures, diagnostic tests, injections)
Gaps identified on the working area.	❖ Training Gaps: Staff might not receive adequate training on the specific Non-OT procedures. ❖ Incomplete Understanding: Staff misunderstand certain steps in the checklist or their rationale.
Suggestions for improvement	❖ Providing staff with additional training on Non-OT procedures and checklist use. ❖ Enhancing communication and teamwork through clear communication protocols.
Plan for the next week	❖ Checking compliance for Non OT Procedure Safety Checklist after taking appropriate measures. ❖ Data collection for NSI audit.

Signature of the Student

Approved by the IIHMR University's Mentor

Report-5

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 5 **From: 3 June,2024 to 9 June,2024**

Activity Done	❖ Checking compliance for Non OT Procedure Safety Checklist. ❖ Collecting data in NSI rounds. ❖ Working on Code Blue Awareness as a Hospital Project.
Linking theory (Classroom learning) with practice at your organisation	❖ Staff knowledge and understanding of the checklists. ❖ Safety and Risk reduction in Non-OT settings. ❖ Observation: Directly observe staff performing Non-OT procedures to assess checklist use and adherence. ❖ Communication: The need for clear communication and collaboration between team members during Non-OT procedures. ❖ Chain of Survival: Learn the critical steps in the chain of survival for cardiac arrest victims. ❖ Team Roles and Responsibilities: Identify the roles and responsibilities of each team member involved in a Code Blue.
Gaps identified on the working area.	❖ Ineffective Communication: Poor communication between team members during a Code Blue, leading to hesitation or inefficient performance. ❖ Lack of Team Training or Drills
Suggestions for improvement	❖ Reinforce clear and standardized code blue activation protocols. ❖ Conduct regular code blue drills and training for all staff. ❖ Improve communication and coordination among team members. ❖ Ensure proper equipment functionality and accessibility.
Plan for the next week	❖ Collection and making report on compliance of NSI audit. ❖ Calculating TAT of General OPD in SBAMI.

Signature of the Student

Approved by the IIHMR University's Mentor

Report-6

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 6 **From: 10 June,2024 to 16 June,2024**

Activity Done	❖ Calculated TAT for General OPD. ❖ Calculated compliance for NSI.
Linking theory (Classroom learning) with practice at your organization	❖ Enhanced Patient Care: Timely results and procedures lead to quicker treatment decisions and improved patient outcomes. ❖ Resource optimization: Analyzing TAT optimize resource allocation to minimize delays and improve overall workflow. ❖ Performance benchmarking: Hospitals can compare their TATs with industry standards or internal benchmarks to identify areas for improvement.
Gaps identified on the working area.	❖ Inadequate staffing ❖ Scheduling efficiency ❖ Inefficient communication between staff
Suggestions for improvement	❖ Implementing a well-organized appointment system to minimize waiting times. This could include online scheduling, appointment reminders. ❖ Dedicated staff: Allocate dedicated staff for registration, vitals check, and pre-consultation tasks to expedite patient intake and minimize bottlenecks. ❖ Foster clear communication and collaboration between physicians, nurses and administrative staff.
Plan for the next week	❖ Started working on Audit on verbal order.

Signature of the Student

Approved by the IIHMR University's Mentor

Report -7

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 7 **From: 17 June,2024 to 23 June,2024**

Activity Done	❖ Learnt about verbal order and its policies ❖ Read about emergency medicines in verbal order. ❖ Recorded events of NSI Audit.
Linking theory (Classroom learning) with practice at your organisation	❖ Regulations and guidelines: Review relevant regulations and guidelines governing verbal orders in hospital. ❖ Process for Verbal orders: learning the proper workflow for receiving, clarifying, documenting, and transcribing verbal orders. ❖ Timeliness of Transcription: Analyze adherence to established timeframe for transcribing verbal orders into physician's orders.
Gaps identified on the working area.	❖ Unsafe sharps practices: Lack of awareness or training on proper handling techniques. ❖ High workload leading to rushed procedures and increased risk of sharp injuries. ❖ Insufficient communication regarding NSI risks.
Suggestions for improvement	❖ Reinforcing training on safe sharps practices. ❖ Evaluating and improving sharps container placement. ❖ Enhancing communication and fostering a culture of NSI reporting.
Plan for the next week	❖ Auditing on verbal order of Midazolam and Alprax.

Signature of the Student

Approved by the IIHMR University's Mentor

Report -8

Name of the Organization: Sri Balaji Action Medical Institute

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

Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA-HM**

Week no: 8 **From: 24 June,2024 to 05 July,2024**

Activity Done	❖ Checking compliance for verbal order audit. ❖ Checking transcription on medication chart and prescription on progress notes. ❖ Noting it down and making excel sheet out of it for checking compliance.
Linking theory (Classroom learning) with practice at your organisation	❖ Timeliness of Transcription: Analyze adherence to established timeframe for transcribing verbal orders into physician's orders. ❖ Compliance with Regulations: Ensure verbal orders comply with existing regulations regarding types of medications, ordering limitations for specific healthcare professionals, and required documentation details.
Gaps identified on the working area.	❖ Communication Issues: Incomplete or unclear verbal order, miscommunication between healthcare staff. ❖ Documentation issues: inaccurate documentation, delayed transcription. ❖ Inadequate training
Suggestions for improvement	❖ Improved communication tools: Read back and verification ❖ Regular training for staff: Conduct regular training sessions for all healthcare professionals involved in the verbal order process. ❖ Standardization of documentation: Implement standardized forms for documenting verbal orders.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organization: Sri Balaji Action Medical Institute

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

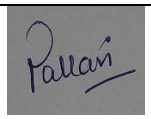
Name of the Student: Dr. Pallavi Mishra (PT)

Roll no: 1773 **Stream: MBA- HM**

Week no: 1-8 **From: 06 May,2024 to 05 July,2024**

Activity Done	❖ "Active Medical File" Audit: To compute the fulfilment of documentation as indicated by the hospital documentation standards by leading a Active Medical Files Audit along different parameters. ❖ "Non-OT Procedure Safety Checklist" Audit: To ensure patient safety during invasive procedures that are performed outside of the operating room setting. ❖ "Needle Stick Injury" Audit: To establish a comprehensive needle stick injuries surveillance program that effectively identifies, investigates, and analyze these incidents in order to prevent future occurrences. ❖ "Audit on Verbal Order": To assess the effectiveness of the organization's policies and procedures for verbal orders in ensuring patient safety and accurate communication. ❖ "Doctor's Handover Register" Audit: To ensure clear, concise, and accurate communication of essential patient information between doctors during shift changes or handovers.
Linking theory (Classroom learning) with practice at your organisation	❖ Understanding the prevalence of NSIs among healthcare workers (HCWs) in the hospital setting. ❖ Identifying factors contributing to NSIs, such procedures or work environment. ❖ Timeliness of Transcription: Analyze adherence to established timeframe for transcribing verbal orders into physician's orders. ❖ Compliance with Regulations: Ensure verbal orders comply with existing regulations regarding types of medications, ordering limitations for specific healthcare professionals, and required documentation details. ❖ Enhanced Patient Care: Timely results and procedures lead to quicker treatment decisions and improved patient outcomes. ❖ Resource optimization: Analyzing TAT optimize resource allocation to minimize delays and improve overall workflow. ❖ Performance benchmarking: Hospitals can compare their TATs with industry standards or internal benchmarks to identify areas for improvement. ❖ Improved Patient Safety: Reduces the risk of errors and omissions in patient care by highlighting potential issues and ensuring critical information is not missed. ❖ Medico- legal Documentation: Serves as a medico-legal document, providing a record of the patient's condition, treatment plan, and handover details. ❖ Continuity of Care: Ensure vital patient information is documented and communicated effectively between doctors involved in a patient's care.
Gaps identified on the working area.	❖ Improved Patient Safety: Reduces the risk of errors and omissions in patient care by highlighting potential issues and ensuring critical information is not missed. ❖ Medico- legal Documentation: Serves as a medico-legal document, providing a record of the patient's condition, treatment plan, and handover details. ❖ Continuity of Care: Ensure vital patient information is documented and communicated effectively between doctors involved in a patient's care. ❖ Cleaning and disinfection: Incomplete cleaning, present of visible dirt, dust. ❖ Maintenance: Lack of regular maintenance or calibration

	❖ Communication Breakdowns: Lack of clear communication between departments or staff members can lead to missed tasks or incomplete procedures. ❖ Lack of Awareness/Training: Doctors not fully aware of the proper procedures for handover documentation. ❖ Communication Issues: The handover focused on written entries without a clear verbal handover between outgoing and incoming doctors. ❖ Unsafe sharps practices: Lack of awareness or training on proper handling techniques. ❖ High workload leading to rushed procedures and increased risk of sharp injuries. ❖ Insufficient communication regarding NSI risks. ❖ Ineffective Communication: Poor communication between team members during a Code Blue, leading to hesitation or inefficient performance. ❖ Lack of Team Training or Drills
Suggestions for improvement	❖ Standardized Documentation: Complete, accurate and timely documentation for optimal patient care. ❖ Missing Information Follow-Up: Identify and follow-up on missing information in Active Medical File Audit. ❖ Staff Training and Education: Reiterate the importance of accurate and complete Active Medical File documentation for patient care, legal compliance, and quality improvement initiatives. ❖ Improved cleaning and sanitation protocols: This could include more frequent cleaning of high-touch surfaces, increased used of disinfectants, and ensuring proper waste disposal. ❖ Improved staff communication: Promote clear & efficient communication channels between staff members. ❖ Improved Communication: Promote a two-pronged approach with a standardized handover register complemented by a clear verbal handover summarizing key patient information. ❖ Reinforcing Awareness & Training: Regular training sessions on the importance and completion of handover registers, including clear instructions on proper documentation practices and available resources. ❖ Reinforce clear and standardized code blue activation protocols. ❖ Conduct regular code blue drills and training for all staff. ❖ Improve communication and coordination among team members. ❖ Ensure proper equipment functionality and accessibility. ❖ Reinforcing training on safe sharps practices. ❖ Evaluating and improving sharps container placement. ❖ Enhancing communication and fostering a culture of NSI reporting.



Signature of the Student

Approved by the IIHMR University's Mentor