SUMMER INTERNSHIP PROGRAM

at

NH MMI Narayana Superspeciality Hospital, Raipur

From 01st May 2024 to 30th June 2024

A REPORT BY

Mansi Gupta

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Arindam Das, PhD, Professor

IIHMR UNIVERSITY

Narayana Health

NHMMI/HR/2024/0153

Date: 29/06/2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Mansi Gupta** from IIHMR University, Prabhu Dayal Marg, Jaipur has completed the Internship in **Quality Department** from NH MMI Narayana Superspeciality Hospital, Dhamtari Road, Lalpur, Raipur (C.G.), from 01/05/2024 to 29/06/2024.

She worked well as part of the team during her tenure. We take this opportunity to thank & wish her all the best for her career.

For, MMI Narayana Superspeciality Hospital, Raipur
(A Unit of Narayana Hrudayalaya Ltd.)

29/06/2024

MMI NARAYANA HRUDAYALAYA HOSPITAL NH RAIPUR (C.G.)

Authorized Signatory
HR Department

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Our Accreditations

NABH NABH

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Mansi Gupta** of the academic year 2023-25 of **Institute of Health Management Research** has prepared a poster concerning her summer internship held from 1st May – 29th June 2024.

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

Date: 20/07/2024

Arindam Das

Arindam Das, PhD
Professor

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Assessment of IPSG Compliance and Knowledge among the Nursing Staff of NH MMI Narayana Superspeciality Hospital, Raipur

Submitted by – Dr. Mansi Gupta
Roll no. – 1744
Batch – MBA HM 28

University mentor– Arindam Das, PhD
Organization mentor – Mr. Prashant Mishra
and Dr. Garima Mishra

BRIEF HISTORY AND DESCRIPTION

Dr. Devi Shetty founded Narayana Hrudalaya (NH) in the year 2000 with a 280-bed heart hospital in Bangalore. It has a network of 23 multispecialty and superspeciality hospitals with 7 heart centers spread across 18 locations in India and 1 in Cayman Islands. NH MMI of Raipur has 250 in patient beds and 26 bed dialysis unit with fully equipped ICU facilities, cath labs, specialty clinics and diagnostic services.

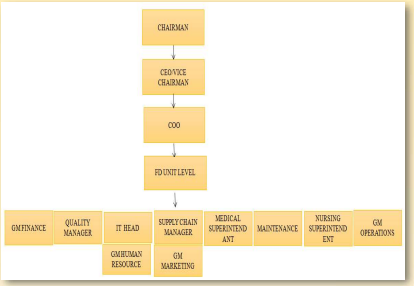
VISION

To provide high quality healthcare, with care and compassion, at an affordable cost, on a large scale.

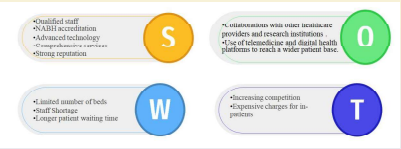
MISSION

The core values represented as I-CARE which encompasses Innovation and efficiency, Compassionate care, Accountability, Respect for all and Excellence as a culture.

ORGANISATION STRUCTURE



SWOT ANALYSIS



CHALLENGES FACED DURING INTERNSHIP

- During the initial days, data collection was difficult due to the busy schedule of the nursing staff. As time progressed, it was resolved.
- Adapting to a new work environment & culture.
- Lack of regular communication with the industry mentor.

RESEARCH QUESTION

How much does the nursing staff adhere to and are aware about the International Patient Safety Goals (IPSGs)?

ABOUT THE PROJECT

The International Patient Safety Goals (IPSG) were developed in 2006 by the Joint Commission International (JCI) to promote specific improvements in patient safety worldwide. There are 6 IPSGs:

1) Identify patients correctly.
2) Improve effective communication.
3) Improve the safety of high alert medications.
4) Ensure safe surgery.
5) Reduce the risk of health care-associated infections.
6) Reduce the risk of patient harm resulting from falls.

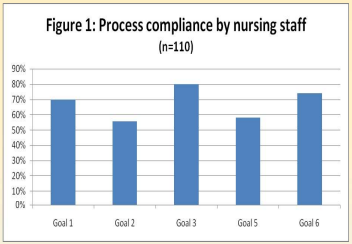
OBJECTIVES

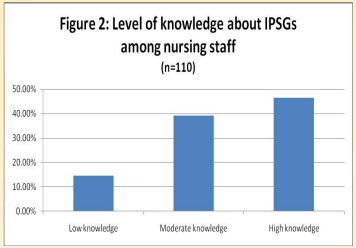
- To observe the compliance of International Patient Safety Goals individually among the nursing staff.
- To assess the level of knowledge on patient safety among nursing staff.
- To find out the association between level of knowledge and compliance of IPSG.
- To provide recommendations to improve compliance with IPSG among nursing staff.

METHODOLOGY AND DATA COLLECTION

Study design: Observational cross-sectional study.
Study duration:
The study was conducted for a duration of 1 month and was divided into 2 sections,
•Observation of process compliance- 20/5/2024 to 28/5/2024
•Knowledge assessment and analysis - 31/5/2024 to 22/6/2024
Sample : 110 nursing staff of critical & non-critical areas. Convenience sampling.
Collection tool: **Checklist** for process observation (5 indicators) and **google forms** for knowledge of the nursing staff (22 questions).
Data analysis tool: Microsoft Excel , SPSS
For assessing the knowledge level of the staff, construction of knowledge scale was done. With the help of 22 questions, a composite scale for knowledge was constructed. It was divided into 3 categories namely, low (scores 8 to 12), moderate (scores 13 to 18) and high knowledge (scores 19 to 22). To check the reliability of the scale, analysis was carried out. The value for cronbach's alpha was 0.81.

RESULTS



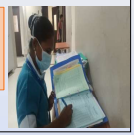


DISCUSSION

•Highest process compliance was found for Goal 3 (80%, 88 out of 110 individuals), while lowest compliance was observed for Goal 2 (56%, 61 individuals).
•Low knowledge was found among around 15% of the nursing staff (16 individuals), while nearly 39% (43 individuals) had moderate knowledge and around 46% (51 individuals) found having high knowledge of the IPSGs.
•A chi-square test was performed to find significant association between level of knowledge and process compliance of the nursing staff in the studied hospital. It emerged out from the analysis that there was a statistically significant association between level of knowledge and process compliance with regard to Goal 2. The other goals did not have any statistically significant association with the level of the knowledge of the staff nurse.

A staff nurse following hand hygiene. (IPSG 5)

A staff nurse filling fall risk assessment form. (IPSG 6)



SUGGESTIONS

- **Training & Workshops:** Organizing comprehensive training sessions and workshops to educate the nursing staff about the IPSGs.
- **Supervision:** Shift incharge and senior nursing staff should continuously supervise the junior staff to assure the compliance of IPSG guidelines.
- **Regular audits:** Implementation of regular audits to monitor compliance according to IPSG.
- **Online resources:** Develop an online repository of IPSG guidelines, FAQs, and video tutorials accessible to all staff.

LEARNINGS DURING INTERNSHIP

- Understood the work culture of a hospital.
- Understood the IPSGs and its significance.
- Learnt about the discharge process of a hospital.
- Got to know about auditing in a hospital.
- Understood the process followed during any emergency code announcement.
- Learnt how to communicate effectively with the patients as well as the hospital staff of different levels.
- Data analysis in excel.

USEFULNESS OF THE INTERNSHIP

- Gaining valuable experience and confidence.
- Industry exposure.
- Networking with healthcare professionals.
- Great learnings of discipline, communication skills and time management.

THEORETICAL UNDERSTANDING VS PRACTICAL EXPOSURE

THEORETICAL UNDERSTANDING	PRACTICAL EXPOSURE
• Got to know about the quality parameters of a hospital in the class. • Emergency codes were introduced in the class through a case study. • Theoretical foundation helped me in understanding the concepts of quality in the hospital, and principles related to hospital management.	• Observed the compliance of the quality parameters during various audits. • When mock drills were conducted on various emergency codes, got to know the procedure that must be followed in real time. • Had direct interaction with patients, medical staff, and hospital administration. • Interacted with a multidisciplinary team, including doctors, nurses, technicians, and administrative staff.

Weekly Report

(Week 1)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 01
From:……01/05/24……to……04/05/2024……..

Activity Done	• Orientation to hospital floors and departments • Was a part of Internal Audit of 5 departments • Data entry
Linking theory (Classroom learning) with practice at your organisation	• Linked quality procedures taught in classroom to the organisation. • Linked "hospital services" (of classroom) to the organisation.

Gaps identified on the working area.	• Delays in discharge process
	• Gaps identified in patient record files such as
	  ➢ Absence of reconciliation data in medical records.
	  ➢ Documentation gaps
	• Calibration stickers of some machines were missing.

Suggestions for improvement	• Proper maintenance of patient record files and medication records. • Proper documentation • Maintenance of calibration stickers and monitoring of expity dates of machines.
Plan for the next week	• Further internal audit of remaining departments. • Further understanding of discharge process.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 2)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 02

From:……06/05/24……to……11/05/2024……..

Activity Done	• Part of internal audit of various departments. • Visits to wards to understand the discharge procedure. • Data entry and preparation of presentation for CQI committee meeting.
Linking theory (Classroom learning) with practice at your organisation	Linked quality guidelines and Key Performance Indicators taught in the classroom with the organization.
Gaps identified on the working area.	Reasons for delays in discharge procedure.
Suggestions for improvement	Need to understand the procedure further for recommendations for improvement
Plan for the next week	Understanding the discharge procedure and identifying gaps and reasons for delay.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 3)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 03

From:……13/05/24……to……18/05/2024……..

Activity Done	• Data collection for the study on discharge procedure of deluxe ward, semi private ward and private ward. • Communicating with floor coordinator and patients about the delays in the process. • Data entry and data analysis of Active File Audit.
Linking theory (Classroom learning) with practice at your organisation	Understanding discharge process.
Gaps identified on the working area.	Delay in some steps of discharge process due to less staff.
Suggestions for improvement	Increase workforce in wards.
Plan for the next week	• Data collection on discharge procedure as a study. • Recognizing gaps and interacting with patients and coordinator about the reasons of gaps.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 4)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 04

From:……20/05/24……to……25/05/2024……..

Activity Done	• For the summer internship main project - Observation of the nursing staff regarding process which they follow with respect to IPSGs. • Prepared a checklist for the observation procedure. • Communicating with floor coordinator and patients about the delays in the process. • Data entry and data analysis of Passive File Audit(2024).
Linking theory (Classroom learning) with practice at your organisation	• Importance of IPSGs. • Identifying delays in the discharge process.
Gaps identified on the working area.	Identifying gaps during observation in the performance of nursing staff with respect to the correct implementation of IPSGs**.**
Suggestions for improvement	• Training for the nursing staff on IPSGs. • Increase in number of staff as well as summary of unplanned discharges to be published without much delay.
Plan for the next week	• Sample collection for awareness of IPSGs in nursing staff. • Interacting with patients and coordinator about the reasons of delays in the discharge process.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 5)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 05

From:……27/05/24……to……01/06/2024……..

Activity Done	• For the summer internship main project - Prepared a questionnaire and created google form for staff awareness on International Patient Safety Goals. • Data analysis of the collected sample of the discharge process • Data audit for Active File by collecting data from patient files.
Linking theory (Classroom learning) with practice at your organisation	Importance of International Patient Safety Goals.
Gaps identified on the working area.	Less nursing staff awareness on International Patient Safety Goals
Suggestions for improvement	Suggestions can be given after further analysis of the scores scored by the nursing staff in the questionnaire.
Plan for the next week	• Data collection on IPSG awareness questionnaire. • Complete the presentation on discharge procedure after analysis. • Further data audit on patient's documents for Active File Audit.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 6)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 06

From:……03/06/24……to……08/06/2024……..

Activity Done	• Data collection of IPSG awareness of the nursing staff. • Preparation of presentation on discharge procedure. • Data collection for Active File Audit (May 2024) • Went on rounds for regular audit of crash cart, medications, fridge, patient file completeness, medication card and lock system of high alert. • Prepared questionnaires on Patient transfer, IPSG 1 and Phelibitis.
Linking theory (Classroom learning) with practice at your organisation	Significance of International Patient Safety Goals.
Gaps identified on the working area.	• Lack of awareness among the nursing staff on International Patient Safety Goals. • Incomplete patient files and medication cards.
Suggestions for improvement	• Training on IPSGs can be given to the nursing staff. • Proper filling of patient files and medication card.
Plan for the next week	• Further preparation of presentation on discharge process. • Analysis of the scores obtained from the nursing staff on IPSG questionnaire. • Medication card audit.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 7)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 07

From:……10/06/24……to……15/06/2024……..

Activity Done	• Data collection for nursing staff awareness on IPSG knowledge. • Data entry and analysis of Active File Audit 2024. • Was part of 3 mock drills of emergency codes - Blue, Omega and HAZMAT. • Prepared reports on the mock drills. • Medication card audit.
Linking theory (Classroom learning) with practice at your organisation	Significance of emergency codes in the hospital.
Gaps identified on the working area.	• Lack of awareness among the nursing and housekeeping staff on about the process that must be followed during the emergency codes of the hospital. • Incompleteness of medication cards.
Suggestions for improvement	• Training can be given to aware the staff about the process that must be followed during the emergency codes. • Appropriate filling of medication cards.
Plan for the next week	• Further analysis of IPSG awareness.

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 8)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 08

From:……17/06/24……to……22/06/2024……..

Activity Done	• Went to rounds to all the critical and non-critical areas to check quality parameters. • Analysis and report preparation of the project on IPSG awareness. • Was a part of mock drills on code Red and Blue
Linking theory (Classroom learning) with practice at your organisation	• Importance of emergency codes in the hospital. • Quality parameters
Gaps identified on the working area.	• Gaps related to inappropriate filling of medication cards and patient files. • Overcrowding during mock drills.
Suggestions for improvement	• Appropriate filling of medication cards. • Training can be given for emergency codes.
Plan for the next week	• Report preparation and submission in the hospital. • Completion of the project

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Weekly Report

(Week 9)

Name of the Organisation: MMI Narayana Superspeciality Hospital Raipur, C. G.

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

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream: MBA HM (Hospital)**

Week no: 09

From:……24/06/24……to……29/06/2024……..

Activity Done	• Report preparation and submission of the project report in the hospital. • Went on rounds to all the critical and non-critical areas to check quality parameters.
Linking theory (Classroom learning) with practice at your organisation	• Quality parameters
Gaps identified on the working area.	• Gaps of inappropriate filling of patient files.
Suggestions for improvement	• Appropriate filling of medication cards.
Plan for the next week	-----

Signature of the Student : Dr. Mansi Gupta

Approved by the IIHMR University's Mentor:

Compiled Report

Name of the Organisation: NH MMI Narayana Superspeciality Hospital, Raipur

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

"**Assessment of IPSG Compliance and Knowledge among the Nursing Staff of NH MMI Narayana Superspeciality Hospital, Raipur**"

Name of the Student: Dr. Mansi Gupta

Roll no: 1744 **Stream:** MBA (Hospital and Health Management)

Activity Done	• Orientation to the hospital floors and various departments. • Was part of the Internal audit of various departments: 1. Radiation oncology 2. Kitchen and canteen 3. Blood bank 4. Pathlab 5. Operation theatre 6. Dialysis ward 7. General store 8. Central store 9. IP Pharmacy 10. All wards (General ward, Private ward, semiprivate ward, deluxe ward and super-deluxe ward). • Data entry of Active file Audit of the months april, may and june. • Data analysis of the active files – Determining the compliance rates of various clinical and non-clinical indicators by filtering speciality wise. • Prepared checklists for audits – kitchen checklist, PROM checklist to carry out the audit according to the checklist and identify gaps in the departments. • Got oriented with the IP pharmacy under the guidance of the clinical pharmacologist – got to know about the color coding of medications and storage of narcotics. • Initially got oriented with patient files and medication cards and later on conducted independent file audits for the same to check the completion and appropriateness of the documents. This data was also used in the active file audit for the month of May.

	• As a part of a small study to submit in the hospital - Observed the discharge process closely to clearly understand the delays in the discharge procedure. • Collected data for patients being discharged which included the time stamps in which their different steps of the discharge process were completed. • For collecting this data, visited wards and understood the gaps in the procedure of discharge. • Interacted with the floor coordinator and also the patients and relatives to determine the causes for delays in the process. • Analysed the data collected for the discharge process to track the delays and identify gaps in the procedure. • Analysis included segregating the data under various steps of the process and calculating TAT for every patient to identify the most time-taking step. • For the internship project – Prepared a checklist for observation of the nursing staff with respect to adhering to the International Patient Safety Goals in all wards, MICU, CICU, NHDU and HDUs. • After analysis from the observation procedure and scoring of the checklist, prepared a questionnaire for the nursing staff to understand their level of awareness about the IPSGs. • Distributed the questionnaire online via google forms and collected data. • Analysed the collected data through google forms and identified areas of lowest compliance as well as the goal with the lowest compliance. • Recommended measures to increase the knowledge awareness of the IPSGs for increasing patient safety. • Data entry and preparation of a presentation on CQI committee meeting which included various key performance indicators for the month of April. • Data analysis of Passive File audit for the month of May 2024 to calculate the compliance rates of various clinical and non-clinical indicators of different specialities. • Reviewed the internal audit unit closure report tracker to filter out department wise and area wise. • Also suggested action plans for a few of the non-compliances. • Went on regular rounds to all the critical and non-critical areas of hospital (sometimes independently and other times with senior executive) to monitor basic quality parameters: 1. Medication fridge temperature. 2. Expiry of the medications. 3. Medication inventory check. 4. Oxygen cylinder checklist. 5. Proper disposal of bio medical waste (color coding wise).

	6. Crash cart lock date and time. 7. Safe locking of high alert medications. 8. Patient files completion. • Attended training sessions on: 1. Quality aspects in Hospital 2. Fire Safety in hospital 3. Basic Life Support (BLS) • Prepared questionnaires on 3 topics as a part of action plan after the internal audit: 1. Patient transfer 2. IPSG 1 3. Risk of Phlebitis • Independently conducted Medication cards audit in the critical and non-critical areas to check for the appropriateness and completion of the cards and reported the gaps to the clinical pharmacologist. • Was part of several mock drills on emergency codes. Observed the drills and understood the processes: 1. Code blue 2. Code red 3. Code omega 4. Code HAZMAT • Prepared reports for the mock drills of: 1. Code omega 2. Code HAZMAT • Analysed the data of emergency time tracker for : 1. ER Boarding time 2. ER initial assessment **Internship project- "Assessment of IPSG Compliance and Knowledge among the Nursing Staff of NH MMI Narayana Superspeciality Hospital, Raipur"** **Objectives:** • To observe the compliance of International Patient Safety Goals individually among the nursing staff. • To assess the level of knowledge on patient safety among nursing staff. • To find out the association between level of knowledge and compliance of IPSG. • To provide recommendations to improve compliance with IPSG among nursing staff. **Process Observation:** Observation of proper adherence to IPSGs among the nursing staff was done and 110 samples for IPSG 1, 2, 3, 5 and 6 were observed. A checklist was prepared and scoring was done during the observation process. The checklist was prepared on following parameters:

1. Does the nursing staff use two patient identifiers before administering any medication? (Y/N)
2. During handovers, does the staff follow ISBAR format? (Y/N)
3. Is the cupboard of the high-alert medications locked?(Y/N)
4. Is the staff following the hand-hygiene steps in proper sequence?(Y/N)
5. Is the staff documenting the fall risk of patients correctly based on the given parameters?(Y/N)

Knowledge Awareness: Due to gaps which were identified during the observation procedure, assessment of knowledge about the IPSGs among the nursing staff was done through a questionnaire. The questionnaire constituted of 22 questions which are distributed as follows:

- IPSG 1 - 3 questions
- IPSG 2- 4 questions
- IPSG 3 - 5 questions
- IPSG 4 - 2 questions
- IPSG 5 - 4 questions
- IPSG 6 - 4 questions

Methodology and Data Collection:

- **Study design:**
  This study is an observational cross-sectional study done among the nursing staff in NH MMI Super speciality Hospital, Raipur.
- **Nature of Data:**
  - Primary data was collected by observation of the nursing staff and scoring was done in a checklist.
  - Primary data was collected by scoring obtained from the questionnaire about the knowledge awareness of IPSGs.
- **Study Setting:**
  - **Target sample:** Nursing staff of critical and non-critical areas.
  - **Target area:** Private ward, semi-private ward, deluxe ward, super deluxe ward, MICU, CHDU, NHDU, general ward and HDU.
- **Study duration:**
  The study was conducted for a duration of 1 month,
  - Observation - 20/5/2024 to 28/5/2024
  - Knowledge assessment and analysis - 31/5/2024 to 22/6/2024
- **Sample size:**
  - Sample of 110 nursing staff was observed to assess adherence to IPSG guidelines.
  - Sample of 110 nursing staff was taken to analyse the knowledge awareness regarding IPSGs.

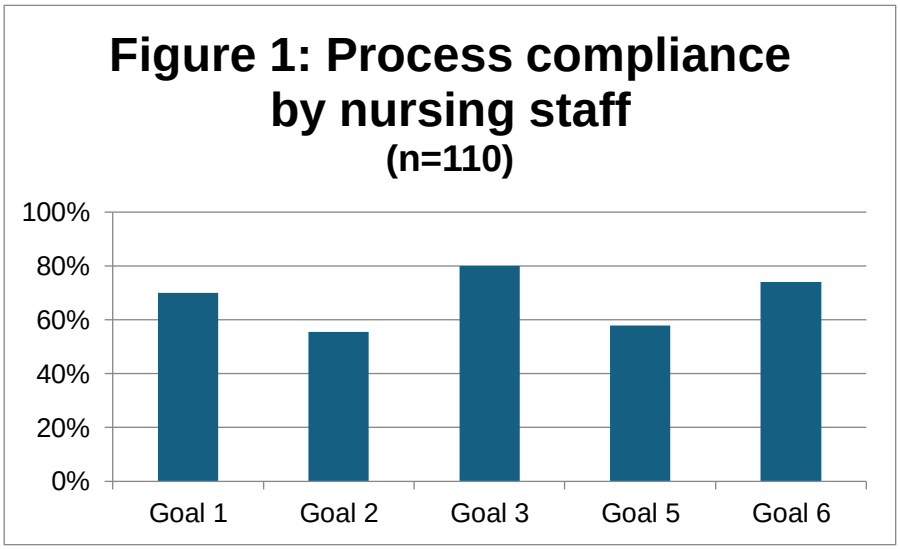
- **Study tool:**
  - A checklist was prepared for the observation procedure.
  - Google forms was used as a tool for distributing the questionnaire to the nursing staff.

Link of the form: https://forms.gle/XNn1i2bG4jgFhusX8

- **Data analysis tool:** Microsoft Excel , SPSS

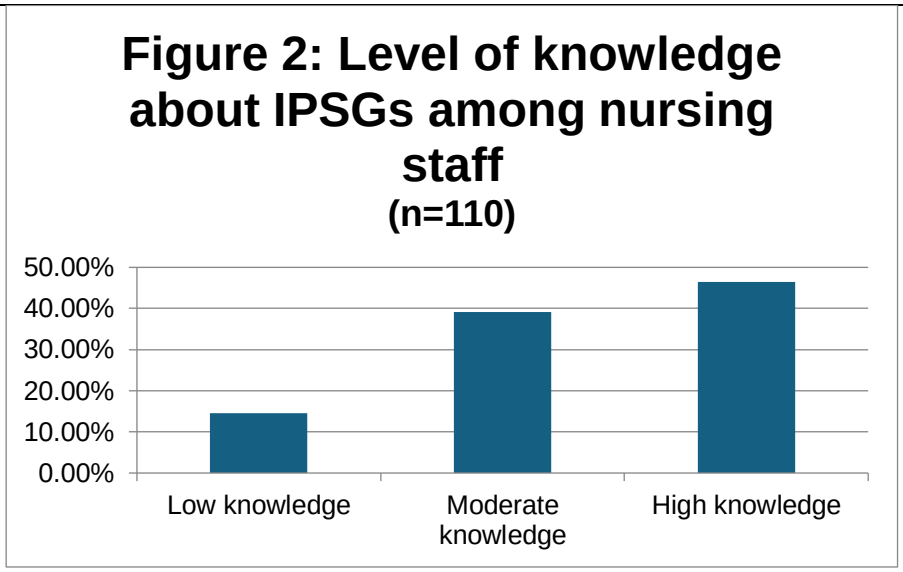
For assessing the knowledge level of the staff, construction of knowledge scale was done. With the help of 22 questions, a composite scale for knowledge was constructed. It was divided into 3 categories namely, low (scores 8 to 12), moderate (scores 13 to 18) and high knowledge (scores 19 to 22). To check the reliability of the scale, analysis was carried out. The value for cronbach's alpha was 0.81.

Results:



On observation of the nursing staff to check whether they are correctly following the IPSG guidelines, following gaps were identified:

- Using only patient name as an identifier to identify the patients.
- Lack of knowledge about the ISBAR handover format.
- Cupboard of high-alert medications was unlocked. Although this happened very rarely.
- Incorrect sequence of hand hygiene steps.
- Partial documentation in the fall risk assessment.



Discussion:

- Highest process compliance was found for Goal 3 (80%, 88 out of 110 individuals), while lowest compliance was observed for Goal 2 (56%, 61 individuals).
- Low knowledge was found among around 15% of the nursing staff (16 individuals), while nearly 39% (43 individuals) had moderate knowledge and around 46% (51 individuals) found having high knowledge of the IPSGs.
- A chi-square test was performed to find significant association between level of knowledge and process compliance of the nursing staff in the studied hospital. It emerged out from the analysis that there was a statistically significant association between level of knowledge and process compliance with regard to Goal 2. The other goals did not have any statistically significant association with the level of the knowledge of the staff nurse.

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Recommendations:

- **Training & Workshops:** Organizing comprehensive training sessions and workshops to educate the nursing staff about the IPSGs.
- **Supervision:** Shift incharge and senior nursing staff should continuously supervise the junior staff to assure the compliance of IPSG guidelines.
- **Regular audits:** Implementation of regular audits to monitor compliance with IPSG.
- **Online resources**: Develop an online repository of IPSG guidelines, FAQs, and video tutorials accessible to all staff.

	Conclusion: In conclusion, the project demonstrates that increasing awareness of International Patient Safety Goals (IPSGs) among nursing staff is crucial for enhancing patient safety and care quality. By enhancing educational initiatives and providing regular updates on IPSGs, nursing staff can be better equipped to uphold patient safety standards. Sustained efforts in education and awareness are key to ensuring long-term adherence to these goals.
Linking theory (Classroom learning) with practice at your organisation	• Hospital services were introduced in the class which helped in getting oriented to and understanding the functioning of various departments in the hospital. • Emergency codes that are used in the hospital were introduced in the class through a case study. By solving the case study we got to know about the usefulness of emergency codes. During the internship, I was a part of various mock drills on the emergency codes (Code Blue, Code Red, Code Omega and Code HAZMAT). Earlier theoretical knowledge helped me to understand the procedure that must be followed during announcements of these codes. • In the class we were taught that in many hospitals discharge has always been a weak area. During the internship I got to know about various reasons which lead to delays in the discharge process. • The learning of Microsoft Excel was helpful in analysis and compilation of the collected data for the project.

Gaps identified on the working area.	• The nursing staff of the hospital is not fully aware and do not completely adhere to the International Patient Safety Goals (IPSGs). This can lead to risky situations for patients and can put their safety at stake. • The completion of discharge process for any patient takes a lot of time. There are various steps in the discharge process which when not handled properly, leads to delays in the process This increases patient dissatisfaction and also leads to delayed admissions in the wards. • Medication cards of the patients have a column called "Medicine Reconciliation". It should be filled with the names of the medicine that the patient has been taking in his/her lifetime. Most of the times, this column was left unfilled. • Patient files were not completed appropriately. In some files, signatures of the doctor was missing, while in some signatures of the patient's relatives was missing. Some had incomplete "Patient Family Education" forms, while in some "Fall Risk Assessment" was done in every shift. Verbal orders were not signed within 24 hours by the consultant in some of the doctors notes. • Physiotherapy initial assessment forms were not being filled by the physiotherapists that were assigned to the patients. • The medication fridge in the wards contained medicines of even those patients which were discharged 4-5days earlier. • Due to housekeeping staff shortage and their busy schedule, many patients had to wait longer than expected for transportation, transfer of patient files during the discharge process and room / washroom cleaning. • Staff (nursing and housekeeping) was not fast in case of mock drills and often gave delayed responses. • High alert medications, which need to be locked in a single lock in the critical and non-critical areas, were sometimes found in an unlocked cupboard.

Suggestions for improvement	• To reduce the delays in the discharge process: ➢ Financial counseling of patient's relatives can be done on D-1 instead of just before the discharge, so that they are prepared beforehand for paying the bill. ➢ To reduce the delay in vacating due to transportation issues, the relatives must be counseled prior the discharge about the approximate time when the transport will be needed. ➢ Define TAT for each step of discharge that will set a time and help them to complete the individual process in that certain time along with emergence of pop-up notification if the defined TAT is crossed. ➢ Coordination with consultants for timely preparation of discharge summary of unplanned discharges. • Proper filling of the medication cards with special attention to the reconciliation column must be done. • Appropriate and complete filling of various documents in the patient files must be taken care of to avoid any issues. • The initial assessment of Physiotherapy forms must be completed whenever the physiotherapy sessions start. • Medications of the discharged patients must either be discarded within 24 hours or returned to the pharmacy at the time of discharge only. • Increase availability of number of housekeeping staff for timely carrying out the respective process. • Proper training must be given to the staff for quick response at the time of emergency codes announcement. • To ensure safety of high alert medications, it should be locked in a locker without fail and must be checked by the shift incharge in every shift.

Signature of the Student – Dr. Mansi Gupta

Approved by the IIHMR University's Mentor

Report should be maximum of 10-12 pages