SUMMER INTERNSHIP PROGRAM

at

KIMS-KINGSWAY HOSPITALS

From 2nd May 2024 to 6th July 2024

A REPORT BY

Uttara Vijay Jangade

Master of Business Administration

Hospital and Health Management -28

2023-25

under the Mentorship of

Mr. Ashish Bandhu

Assistant Professor

IIHMR UNIVERSITY

Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. Uttara Jangade of MBA HM 28 (batch) of Institute of Health Management Research (Name of the department/institute) has worked with our organization for his/her summer internship from 02nd May 2024 to 06th July 2024 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 06th July 2024

(Signature of organization Mentor)

Name: Dr. Deepak Dongre

Designation: Med. Admin and Quality Head

Seal/Stamp of the Organization

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

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Uttara Vijay Jangade** of the academic year 2023-25 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: 22 July, 2024

(Signature of faculty Mentor)

Mr. Ashish Bandhu
Assistant Professor
IIHMR UNIVERSITY JAIPUR

DESCRIPTION

300+ beds: Multispecialty hospital with 80+ critical care beds.

Advanced facilities: 9 modular OTs, high-end Cath lab, state-of-the-art diagnostics.

Specialties: Cardiology, Neurology, Critical Care, Endocrinology, Nephrology, Urology, Obstetrics, Pediatrics, Orthopedics, Medicine, Pulmonology, Psychiatry, Surgery, Oncology, Cosmetic Surgery, Dentistry, Physiotherapy.

Services: Palliative care, home-based care, preventive check-ups.

Amenities: 600+ seat auditorium, multipurpose hall, ample parking.

Location: Near Nagpur Railway Station.

Technology & Expertise: Latest technology and top medical expertise for patient safety and comfort.

VISION

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

MISSION

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

KIMS-KINGSWAY HOSPITALS

IIHMR UNIVERSITY

Name – Dr . Uttara Jangade
Roll no. – 1722
Batch – MBA HM 28 (2023-2025)
Organisation Mentor – Mr. Ashish Bandhu

PROJECT

Clinical audit on effectiveness of respiratory physiotherapy in reducing ventilator – associated Pneumonia (VAP) in ICU patients.

PURPOSE OF PROJECT

Measure the incidence of VAP in patients receiving respiratory physiotherapy.
Compare the incidence of VAP in patients who did not receive respiratory physiotherapy.
Identify areas for improvement in the application of respiratory physiotherapy to reduce the incidence of VAP.

ANALYSIS

Out of 15 ventilated patients, only 2 (13.33%) developed VAP due to poor physiotherapy and other clinical factors . This suggests that when physiotherapy is correctly administered, it can prevent VAP in the majority of cases, as evidenced by the 86.67% of patients who remained VAP-free. This highlights the critical role of diligent and effective respiratory physiotherapy in improving patient outcomes and reducing the incidence of VAP in ICU settings.

SWOT Analysis

Strengths

- Accredited to national and international healthcare standards with an experienced and dedicated quality management team.
- Utilizes advanced quality monitoring tools and strong leadership committed to continuous improvement and patient satisfaction.

Weaknesses

- Limited budget and resources for quality initiatives and inconsistent training programs for staff.
- Occasional inter-departmental communication issues and resistance from some staff to adopt new protocol

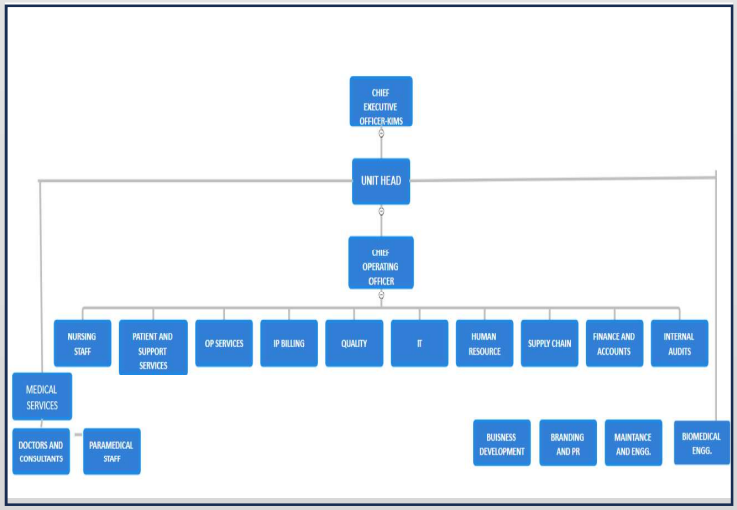
Opportunities

- Leveraging new healthcare technologies, data analytics, and collaborations with other organizations.
- Enhancing patient engagement and education programs and capitalizing on regulatory incentives for high-quality standards.

Threats

- Potential threats are the hospital which provides same services as KIMS – Kingsway Hospital.
- Wockhardt Hospital
- Alexis Hospital
- Care Hospital
- Orange City Hospital
- Seven Star Hospital

101Planners.com



Differences between theoretical and practical learning understanding

1. Practical exposure in hospital management focuses on real-world application, skill development, and experiential learning.
2. Theoretical understanding provides a foundational knowledge base, frameworks, and analytical tools essential for effective decision-making and strategic planning in healthcare settings .

Challenges faced during hospital internship

1. Understanding complex healthcare systems.
2. Ensuring clear communication among diverse teams.
3. Balancing multiple tasks and deadlines.
Developing solutions for unexpected issues.
Adapting to rapidly changing situations.
Adhering to healthcare laws and regulations

Usefulness of hospital internship

1. Understanding how different departments collaborate for smooth operations and efficient healthcare delivery.
2. Exposure to quality metrics, accreditation processes, and continuous improvement practices. Experience in team management, project coordination, and decision-making.
3. Enhanced communication skills and understanding of patient needs.

LEARNINGS DURING INTERNSHIP

- Understanding hospital regulations and standards by participating in NABL audits .
- Participated in mock drills conducted on code black , red, yellow, pink.
- Using data for decision-making and improving patient outcomes.
- Collaborating across departments to implement quality initiatives.
- Participating in quality audits including external & internal facility round and in different clinical departments to assess compliance and areas for improvement.
- Focusing on enhancing patient satisfaction and outcomes.
- Engaging in hand hygiene workshops and mentoring for professional development.
- Understanding ethical principles which includes different consent forms priorly taken before any procedure from patients.

SUGGESTIONS

- Implement robust data analytics tools for continuous monitoring and analysis of quality metrics.
- Simplify and standardize the implementation of quality improvement methodologies.
- Foster stronger collaboration between hospital departments for integrated quality improvement efforts.
- Develop additional patient safety protocols and initiatives.
- Conduct regular external audits and benchmarking to identify best practices.
- Provide ongoing training and professional development for staff.
- Improve communication channels between frontline staff, management, and quality department.

Briefing of Code Black Mock Drill

Week no: 1

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

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

Activity Done	• Understanding roles and responsibilities of hospitals of all departments as a quality department. • Worked on making of word files regarding previous policies and meeting records of different programs. • Taking daily MRD audits. • incident site visit at radiology department. • excel entries of collected hospital data
Linking theory (Classroom learning) with practice at your organisation	• Classrooms excel and word skills made me do this work more efficiently. • Previous hospital visits for our college gave me prior information of the departments in the hospital which made me easy to recognize the specific departments.
Gaps identified on the working area.	• Incomplete patient records lead reporting errors for KPI . • Wastage of manpower due to lack of technological equipments. • Lack of trained staff in radiology department.
Suggestions for improvement	• Enhance documentation recording system. • Ensure adherence to protocol. • Improve communication between staff.

Plan for the next week	• Promote quality improvement initiatives • Conduct quality audits • Assisting in NABH audit work. • Preparing KPI • Seek feedback • Working on SOP for NABH audit.

Week no: 2

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 02 **From: 6 May 2024 to 11 May 2024**

Activity Done	• Daily MRD Audit • Internal audit at pathology, central drug store, facility round of basement, and medical record department. • Uploading all the improvement and gap points from the audit in the system for further analysis and improvisation • Processing KPI • Incident reporting
Linking theory (Classroom learning) with practice at your organization	• All information taught in classroom about varios departments in hospital made me understand about various things such as process flow, funtions , roles and responsibility of staff of various department made easy in participating in audit and asking questions.
Gaps identified on the working area.	• No standardized or streamlined procedure awareness among staff in spill management. • lack of knowledge among staff about fire type and fire plan to be used in different situations. • SOPs manual not present and handy for all personnels
Suggestions for improvement	• Trainings for Fire plan spill management . • Training for staff regarding employee righths and responsibilities • Also patient rights and responsibilities

Week no - 3

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 03 **From: 13nd May 2024 to 18th May 2024**

Activity Done	1. Collected evidence for NABH assessment application regarding chapters AAC and COP. 2. Collected data from departments regarding following points • Emergency department – ED footfall daily • Blood storage unit- MOM of BT committee, blood transfusion records and issue register • OT- daily records of temperature, humidity, pressure differential and monitoring its efficacy • Fall risk scoring sheet • Bradden score sheet • DVT assessment tool • End of life assessment 3. calculated TAT for ER blood and blood component 4. daily MRD audits 5. collaborating with the team for modification of the new SOPs.
Linking theory (Classroom learning) with practice at your organisation	• Essentials of hospital services- found link in Quality chapter covered. • Swot analysis- learnt in POM class
Gaps identified on the working area.	• Errors are seen while documenting the record of OT environment logs. • Also assessments like end of life form are not in force by the concern department and personnel.

Week no: 4

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 04 **From: 20th May 2024 to 25th May 2024**

Activity Done	• Daily MRD Audit: I conducted daily audits in the Medical Records Department (MRD). This involved checking the completeness and accuracy of patient records to ensure compliance with hospital standards and regulations. • NABH Form Filling:I worked on filling out NABH forms, specifically focusing on general information about the hospital. This task required gathering and verifying the qualifications and credentials of all the doctors to ensure they meet the NABH standards. • HR Department Audit: I performed an audit with the team in (HR) department, examining employee records, training documentation, and compliance with HR policies. • New Project – Clinical audit on effectiveness of respiratory physiotherapy in reducing ventilator – associated Pneumonia (VAP) in ICU patients**.**
Linking theory (Classroom learning) with practice at your organisation	• Linkage with Principle of Management and Organizational Behaviour Classes My activities during the internship have closely related to the principles of management and organizational behavior. • The daily MRD audits and NABH form filling required meticulous planning and organizing skills, reflecting the core principles of management. • The HR department audit emphasized the importance of systematic evaluation and continuous improvement, which are key aspects of organizational behavior. Understanding staff behavior and motivation was crucial, especially

Gaps identified on the working area.	• Gaps Identified During the NABH assessment, I observed a lack of cooperation among the staff. Many employees seemed indifferent to the organization's goals, focusing solely on their specific tasks without considering the broader mission and vision of the hospital. This lack of engagement can hinder the hospital's efforts to achieve accreditation and improve overall quality.
Suggestions for improvement	• Suggestions for Improvement To address the identified gaps, I suggest the following: • Staff Awareness Programs:** Implement programs to educate staff about the hospital's goals, mission, and vision. Emphasize the importance of each role in achieving these objectives. • Goal-Oriented Training: Conduct training sessions that align individual tasks with organizational goals, helping staff understand the impact of their work on the hospital's success. • Incentives and Recognition: Introduce incentive schemes and recognition programs to reward employees who demonstrate a commitment to organizational goals and excellence in their duties
Plan for the next week	• Data Collection: Collect data Clinical audit on effectiveness of respiratory physiotherapy in reducing ventilator – associated Pneumonia (VAP) in ICU patients. • Data Organization: Organize the collected data into an Excel spreadsheet for further analysis, which will be crucial for project.

Week no: 5

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 05 **From: 27th May 2024 to 1st June 2024**

Activity Done	• Started working on projects and data collection - • Clinical audit of physiotherapy and VAP incidences on mechanical ventilated patients in ICU • **Objective**: Evaluate physiotherapy's impact on reducing VAP in mechanically ventilated ICU patients. • **Activities:** • Data Collection and Analysis • Review of Protocols • Staff Training • Quality Assurance Measures • Patient Monitoring • Working on data collection and evidences for upcoming NABH audit in the hospital. • I have been assigned to collect all data regarding HIC (hospital infection control) for NABH purpose
Linking theory (Classroom learning) with practice at your organisation	• The research methods module was helpful. • Epidemiology- a few terminologies were helpful. • Essentials of hospital services- found link in Quality chapter covered. • Swot analysis- learned in POM class
Gaps identified on the working area.	• This week no gaps were seen as per the work given to me
Suggestions for improvement	• Staff Compliance • Data Accuracy • Patient Variability • Resource Allocation

Plan for the next week	• Complete the NABH application form. • Any internal audit can be there. • Do MRD checklist.

Week no: 6

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 06 **From: 03 June 2024 to 15 June 2024**

Activity Done	• NABH Process Completion: This week, I completed the NABH (National Accreditation Board for Hospitals & Healthcare Providers) accreditation process, ensuring that all required documentation and standards were met. This involved final verification of general information about the hospital and confirming the qualifications and credentials of the medical staff. • KPI Development for Emergency and Blood Storage Units: I developed Key Performance Indicators (KPIs) for the emergency department and the blood storage unit. These KPIs will help in monitoring and improving the performance and efficiency of these critical hospital units. • Turnaround Time (TAT) for Blood Routine and Emergency: I measured and analysed the Turnaround Time (TAT) for routine and emergency blood tests. This analysis will aid in identifying bottlenecks and implementing strategies to reduce TAT, thereby improving patient care and service efficiency.
Linking theory (Classroom learning) with practice at your organisation	• This week's activities were deeply intertwined with management principles and organizational behavior concepts. Completing the NABH process required meticulous planning, organizing, and attention to detail, reflecting core management practices. Developing KPIs and analyzing TAT involved strategic thinking and performance management. Preparing the MoM for the BT Committee required

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

Week no: 7

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 07 **From: 17 June 2024 to 22 June 2024**

Activity Done	• I closely observed the NABL (National Accreditation Board for Testing and Calibration Laboratories) assessment process. • I worked on updating Standard Operating Procedures (SOPs) to meet NABL standards. • I created PowerPoint presentations outlining NABL mandatory indicators, which were used for staff training and assessment readiness. • Working on ongoing project on clinical audit of physiotherapy outcomes and VAP incidences. • Helped with the completion of HIC chapter along with the collections of evidences asked by the NABH portal • Participated and helped in code blue and pink mock drill.
Linking theory (Classroom learning) with practice at your organisation	• Over the past weeks, my activities have consistently linked theory with practice: • NABL and SOPs:Updating SOPs and preparing NABL presentations involved detailed planning, organization, and strategic communication, reflecting key management principles.
Gaps identified on the working area.	• Code blue and pink mock drill was not successful because of the less knowledge among the staff.
Suggestions for improvement	• Enhanced Training Programs:* Implement comprehensive training sessions to ensure consistent compliance with the surgical safety checklist and proper documentation practices.

	• Standardized Documentation Protocols: Develop and enforce standardized protocols for documentation across all departments. • Streamlined Incident Reporting: Simplify the incident reporting process to encourage timely and accurate reporting. Introduce anonymous reporting options to increase reporting frequency.
Plan for the next week	• Implementation of Improvements: Work on implementing the suggested improvements for compliance, documentation, and incident reporting. • Ongoing Audits and Assessments: Maintain daily MRD audits and support ongoing NABL and surgical safety checklist assessments. • KPI Monitoring: Begin tracking the newly developed KPIs to evaluate their effectiveness and impact on department performance

Week no: 8

Name of the Organisation: KIMS- Kingsway Nagpur

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA-HM 28**

Week no: 08 **From – 24 June 2024 to 6 July 2024**

Activity Done	KPI Development for Emergency and Blood Storage Units: • I developed Key Performance Indicators (KPIs) for the emergency department and the blood storage unit. These KPIs will help in monitoring and improving the performance and efficiency of these critical hospital units. Turnaround Time (TAT) for Blood Routine and Emergency: • I measured and analysed the Turnaround Time (TAT) for routine and emergency blood tests. This analysis will aid in identifying bottlenecks and implementing strategies to reduce TAT, thereby improving patient care and service efficiency. • Project – clinical audit of physiotherapy outcomes on ventilated patients • Done with the data collection and made a analysis based PPT of the project and presented it to my department head and took his approval regarding the project and its outcomes. • Minutes of Meeting (MoM) for Blood Transfusion (BT) Committee: • I prepared the minutes of the meeting for the Blood Transfusion (BT) Committee, documenting discussions, decisions, and action points. This record will ensure that all committee members are informed and aligned on the next steps.
Linking theory (Classroom learning) with practice at your organisation	• Project Wrap-Up and Analysis: Finalizing projects on tubing disconnection and surgical safety checklist compliance required project management, critical thinking, and data analysis skills.

	• RCA for Cath Lab Delays: Conducting the RCA involved problem-solving, process improvement, and strategic planning. • MRD Audits and Incident Reporting: Routine audits and incident reporting emphasized attention to detail, process optimization, and risk management.
Gaps identified on the working area.	• This week's activities were deeply intertwined with management principles and organizational behavior concepts. • Completing the NABH process required planning, organizing, and attention to detail, reflecting core management practices. Developing KPIs and analysing TAT involved strategic thinking and performance management. • Preparing the MoM for the BT Committee required effective communication and documentation skills, essential for maintaining organizational transparency and accountability.
Suggestions for improvement	• Optimized Scheduling: Implement a more efficient scheduling system to reduce waiting times and enhance Cath Lab utilization. • Regular Equipment Maintenance: Ensure regular maintenance and timely availability of equipment to avoid delays. • Enhanced Staff Coordination: Foster better communication and coordination among staff to streamline procedures and reduce delays.
Plan for the next week	• My internship tenure is completed

Compiled Reporting Format

Name of the Organisation: KIMS-Kingsway Hospitals

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

Name of the Student: Uttara Jangade

Roll no:1722 **Stream: MBA HM -28**

Activity Done	**1. Daily MRD Audit** The Medical Records Department (MRD) serves as the backbone of patient care documentation at Hospital. Our daily audits are meticulously designed to ensure the accuracy, completeness, and compliance of patient records with hospital standards. Each audit involves a systematic review of medical histories, treatment plans, and discharge summaries to uphold data integrity and support clinical decision-making. By conducting these audits consistently, we enhance patient safety, continuity of care, and regulatory adherence throughout the hospital. **2. NABH Assessment Preparation** The preparation for National Accreditation Board for Hospitals & Healthcare Providers (NABH) accreditation demands thorough documentation and adherence to stringent quality and safety standards. Our team meticulously collects and organizes evidence across all hospital departments to demonstrate compliance with NABH criteria. This preparation includes detailed assessments of AAC (Access, Assessment, and Continuity of Care) and COP (Continuity of Care and Patient Rights) chapters, ensuring that our practices meet the highest benchmarks of patient care and organizational excellence and also hospital infection control (HIC). **3. Data Collection and Documentation** Effective data management is foundational to informed decision-making and regulatory compliance within healthcare settings. At KIMS Kingsway , we employ comprehensive strategies for data collection and documentation from various departments:

	• Emergency Department (ED): We collect daily footfall data to analyze patient influx patterns, optimize staffing levels, and streamline resource allocation during peak hours. • Blood Storage Unit: Monitoring activities of the Blood Transfusion (BT) committee involves maintaining meticulous records of MOM (Minutes of Meeting), blood transfusion logs, and issue registers. This meticulous oversight ensures safe and compliant management of blood products, minimizing risks associated with transfusions. • Operating Theatre (OT): Daily monitoring of environmental parameters such as temperature, humidity, and pressure differential is critical for maintaining sterile conditions and preventing surgical site infections. These efforts uphold rigorous surgical safety protocols and contribute to positive patient outcomes. • Clinical Risk Assessments: Implementation and monitoring of standardized tools such as fall risk scoring sheets, Bradden score sheets, DVT (Deep Vein Thrombosis) assessment tools, and end-of-life assessments enhance proactive patient care strategies. Regular assessments mitigate risks, promote patient safety, and improve overall quality of care delivery. **4. Turnaround Time (TAT) Analysis** Timely diagnostic and therapeutic interventions are paramount to patient care outcomes. We conduct in-depth analyses of Turnaround Times (TAT) for emergency room (ER) blood tests and components, identifying operational bottlenecks and implementing targeted strategies for improvement. By reducing TAT, we enhance clinical efficiency, patient satisfaction, and treatment efficacy across the hospital. **5. Standard Operating Procedures (SOPs) Modification** Continuous improvement is ingrained in our operational ethos at KIMS Kingsway. Through collaborative efforts with departmental stakeholders, we regularly review, refine, and update SOPs to align with evolving best

	practices and regulatory requirements. These proactive measures streamline workflows, optimize resource utilization, and ensure consistent adherence to high-quality care standards throughout the hospital. **6. Internal Audits and Incident Management** Regular internal audits are fundamental to maintaining operational excellence and regulatory compliance across critical hospital departments. Our audits encompass pathology, central drug store, and facility rounds, including the basement and MRD. These audits systematically identify non-conformities, assess adherence to established protocols, and recommend corrective actions to mitigate risks and enhance service delivery standards. Incident site visits, particularly in high-risk areas such as the radiology department, allow us to evaluate safety protocols, investigate incidents, and implement preventive measures to safeguard patient welfare and staff well-being effectively. **7. Project Involvement** Our department actively leads and supports strategic projects aimed at advancing clinical outcomes and operational efficiency: • Clinical Audit of Physiotherapy Outcomes and VAP (Ventilator-Associated Pneumonia) Incidences: This initiative evaluates the impact of physiotherapy interventions on reducing VAP in mechanically ventilated ICU patients. It involves comprehensive data collection, protocol review, staff training, quality assurance measures, and ongoing patient monitoring to optimize therapeutic outcomes and minimize complications. • Key Performance Indicators (KPIs) Development: We develop and implement customized KPIs for critical hospital units such as the Emergency Department and Blood Storage Unit. These metrics enable real-time monitoring of performance indicators, identification of operational efficiencies, and implementation of continuous improvement initiatives to enhance service delivery standards and patient care experiences.

	8. Compliance and Training Adherence to regulatory standards is paramount to our operational framework at KIMS Kingsway. Our team ensures strict compliance with NABH requirements by facilitating form completion, validating physician credentials, and maintaining meticulous records. Collaborative efforts with the HR department ensure adherence to employment regulations, training mandates, and HR policies, fostering a skilled and compliant workforce dedicated to patient-centered care and operational excellence. **9. Mock Drills** Preparedness and effective emergency management are critical components of our operational readiness at [Hospital Name]. We actively participate in and contribute to a range of simulated scenarios during mock drills, including code blue (cardiac arrest), code pink (pediatric emergency), code yellow (bomb threat), code red (fire), and code purple (hostage situation). These exercises simulate real-life emergencies, test response protocols, enhance interdisciplinary collaboration, and promote staff readiness to manage crises effectively, ensuring patient safety and continuity of care. **10. Meeting Documentation** Accurate and transparent documentation is essential for organizational accountability and regulatory compliance. We meticulously prepare detailed Minutes of Meetings (MoM) for various committees, including the Blood Transfusion (BT) Committee. These MoMs comprehensively capture deliberations, decisions, action points, and follow-up actions, ensuring clarity, alignment, and accountability among committee members and stakeholders. By maintaining robust meeting documentation practices, we uphold organizational transparency, facilitate continuous improvement initiatives, and strengthen stakeholder engagement across Hospital .

Linking theory (Classroom learning) with practice at your organisation	**Foundations of Hospital Services**: Insights from Quality Management chapters provided a comprehensive understanding of hospital operations, emphasizing the importance of quality assurance, patient safety, and regulatory compliance. **Practical Applications:** Applied knowledge from Quality Management facilitated the execution of daily MRD (Medical Records Department) audits and completion of NABH (National Accreditation Board for Hospitals & Healthcare Providers) forms. These tasks required meticulous planning, documentation, and adherence to stringent quality standards to ensure consistent and reliable patient care. **Impact:** The structured approach to quality management resulted in improved patient care protocols, streamlined operational processes, and enhanced adherence to regulatory requirements. By implementing systematic quality assurance measures, hospitals can mitigate risks, optimize resource allocation, and maintain high standards of healthcare delivery. **Operations Management Strategic Thinking:** Utilized SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and strategic planning methodologies to identify organizational strengths, capitalize on opportunities, and mitigate potential threats in hospital operations**.** **Performance Management**: Developed Key Performance Indicators (KPIs) for critical metrics such as Turnaround Time (TAT) and patient throughput. This enabled healthcare administrators to monitor operational efficiency, identify areas for improvement, and implement targeted strategies to enhance service delivery and patient satisfaction. **Organizational Behaviour and Human Resource Management:** Applied theories of motivation, job design, and organizational culture to enhance staff engagement, satisfaction, and performance during HR audits and daily operations. Effective human resource management practices fostered a positive work environment conducive to productivity and professional

	growth. Leadership and Communication: Employed effective communication skills in preparing Minutes of Meetings (MoM) and promoting organizational transparency. Clear communication channels and transparent governance frameworks are essential for fostering trust, aligning stakeholders, and driving collective efforts towards organizational goals. **Change Management**: Utilized behavioural theories to navigate organizational change processes, including the adoption of new technologies, workflow redesign, and process improvements. Understanding the dynamics of organizational behavior facilitated smoother transitions, minimized resistance to change, and accelerated the adoption of innovative practices aimed at enhancing service delivery and operational efficiency. **Application in Hospital Audits Hands-on Experience:** Previous hospital visits provided practical insights into departmental functions, patient care workflows, and operational challenges. These firsthand experiences complemented classroom learning by offering real-world context and enhancing the ability to critically assess organizational processes during audits. **Integration of Learning**: Linked theoretical knowledge with practical audit skills to identify areas for improvement, implement best practices, and enhance operational efficiency. The integration of academic insights with hands-on experiences empowered healthcare professionals to contribute effectively to audits, quality improvement initiatives, and strategic planning processes.
Gaps identified on the working area.	**1. Incomplete Documentation of Patient Records:** Issue: Patient records frequently lack completeness, leading to potential errors in treatment and care. Impact: The consequences of incomplete patient records are severe and multifaceted. They compromise patient safety by hindering accurate diagnosis and treatment planning. Miscommunication among healthcare providers can arise, leading to fragmented care and compromised patient outcomes.

	Moreover, incomplete records increase the risk of medical errors such as medication discrepancies or improper treatment due to inadequate information. Examples: • Errors observed in documenting OT (Operating Theatre) environment logs could lead to inaccuracies in surgical records and potentially affect patient safety during subsequent procedures. • The absence of enforced assessment forms for end-of life care means that critical decisions may not be adequately documented or communicated, impacting the quality and continuity of patient care. **2. Wastage of Manpower Due to Lack of Technology:** Issue: The healthcare facility lacks technological integration, leading to inefficient use of manpower resources. Impact: Without adequate technological support, healthcare providers may spend excessive time on administrative tasks that could otherwise be automated. This inefficiency leads to increased operational costs, reduced productivity, and potential delays in patient care services. Moreover, the lack of technological tools for scheduling, resource management, and communication can hinder teamwork and coordination among healthcare teams. **3. Lack of Standardized Procedures for Spill Management:** Issue: There is no standardized procedure in place for spill management within the healthcare facility. Impact: The absence of clear guidelines and procedures for spill management poses significant health hazards to both staff and patients. Spills can lead to contamination, infection risks, and

	potential environmental hazards if not promptly and properly addressed. Without standardized protocols, there is a heightened risk of inconsistent responses and inadequate containment of spills, jeopardizing overall safety within the facility. **4. Lack of Fire Safety Knowledge Among Staff:** Issue: Healthcare staff lacks adequate knowledge about different fire types and appropriate fire safety plans. Impact: In the event of a fire emergency, delays in response due to inadequate knowledge can escalate the severity of the situation and increase risks to patient and staff safety. Without proper training and understanding of fire safety protocols, healthcare providers may struggle to take timely and appropriate actions, potentially leading to injuries, property damage, or even fatalities. **5. Absence of SOPs Manual Accessibility:** Issue: SOPs (Standard Operating Procedures) manuals are not easily accessible to all personnel within the healthcare facility. Impact: The lack of accessible SOPs manuals can lead to inconsistencies in clinical practices and operational procedures. This may result in errors, inefficiencies, and noncompliance with regulatory standards. Without standardized procedures readily available, there is a heightened risk of misunderstandings, deviations from best practices, and compromised patient care quality. **6. Errors in Documenting OT Environment Logs:** Issue: Errors have been observed in documenting OT environment logs within the healthcare facility.

	Impact: Inaccurate documentation of OT environment logs can compromise surgical outcomes, patient safety, and regulatory compliance. OT environment logs are crucial for monitoring and maintaining sterile conditions, equipment functionality, and patient safety during surgical procedures. Errors in documentation may lead to procedural inconsistencies, equipment malfunctions, or compromised infection control measures. **7. Absence of End-of-Life Assessment Forms:** Issue: End of life assessment forms are not consistently enforced within the healthcare facility. Impact: The absence of standardized end-of-life assessment forms can result in inconsistencies in palliative care delivery and documentation. End-of-life care decisions and interventions may not be adequately documented or communicated, leading to potential misunderstandings, variations in care quality, and challenges in honoring patient preferences at the end of life. **8. Inadequate Preparedness for Code Blue and Pink Drills:** Issue: Mock drills for Code Blue (cardiac arrest) and Pink (pediatric emergency) were unsuccessful due to staff's lack of knowledge and preparedness. Impact: Ineffective mock drills undermine emergency response preparedness, potentially compromising patient outcomes in critical situations. Delayed or inadequate responses during Code Blue or Pink emergencies can lead to adverse clinical outcomes, including patient morbidity or mortality.
Suggestions for improvement	**1. Enhance Documentation Practices Action Steps:** • Comprehensive Training Modules: Develop and implement phased training modules covering

	different aspects of documentation (e.g., initial assessment, progress notes, discharge summaries) tailored to various roles (e.g., nurses, physicians, allied health professionals). • Peer Review Process: Introduce a peer review process where colleagues review each other's documentation periodically, providing constructive feedback and identifying opportunities for improvement. • Documentation Champions: Appoint documentation champions in each department who serve as mentors, conduct regular training sessions, and promote best practices among their peers. • Use of Clinical Pathways: Implement clinical pathways or care plans that integrate standardized documentation templates and guidelines for specific conditions or procedures. • Documentation Improvement Campaigns: Launch targeted campaigns focused on improving specific areas of documentation (e.g., medication reconciliation, patient assessments) based on audit findings and staff feedback. **2. Ensure Adherence to Protocols Action Steps:** • Simulation Training: Conduct simulation-based training sessions for critical protocols (e.g., emergency response, infection control) to enhance staff preparedness and adherence during real-life scenarios. • Regular Competency Assessments: Implement competency assessments related to protocol adherence as part of annual performance reviews or professional development plans. • Automated Reminders: Integrate automated reminders within EHR systems for staff to complete mandatory checklists and protocols during patient encounters.

	• Patient Safety Rounds: Implement regular patient safety rounds where multidisciplinary teams review. • Benchmarking with Peers: Participate in benchmarking initiatives with peer institutions to compare protocol adherence rates, share best practices, and identify opportunities for improvement. **3. Improve Communication Action Steps:** • Team Communication Tools: Deploy secure team communication tools (e.g., mobile apps, secure messaging platforms) to facilitate real-time communication among healthcare teams while ensuring patient information confidentiality. • Structured Handoff Protocols: Develop standardized protocols for patient handoffs between shifts or departments to ensure comprehensive information transfer and continuity of care. • Patient and Family Engagement: Implement strategies to improve communication with patients and their families, including providing clear explanations, involving them in care planning, and soliciting feedback on communication effectiveness. • Interprofessional Education: Offer interprofessional education sessions where different healthcare disciplines learn about each other's roles, responsibilities, and communication styles to enhance teamwork and collaboration. • Language and Cultural Competency Training: Provide ongoing training on language interpretation services and cultural competency to improve communication with diverse patient populations and reduce disparities in care. **Implementation Plan Timeline**: Roll out the strategies over a structured timeline with specific milestones for training, system enhancements, and evaluation phases

	spanning 12 to 18 months. Responsibility: Assign responsibilities to a cross-functional improvement team comprising representatives from clinical leadership, quality assurance, IT, education/training, and patient advocacy. **Evaluation and Monitoring:** Establish regular evaluation points to assess the impact of strategies on documentation accuracy, protocol adherence rates, and communication effectiveness. Use performance metrics, staff surveys, patient outcomes, and compliance audits to measure progress and make necessary adjustments. By implementing these comprehensive strategies, the organization can foster a culture of continuous improvement, enhance patient safety, ensure regulatory compliance, and improve overall healthcare quality and patient satisfaction.

Signature of the Student

Approved by the IIHMR University's Mentor