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BRIEF HISTORY

The Ruby Hall Clinic started in 1959. Founded in 1959 by Dr. K.B. Grant. It Runs Under Grant Medical Foundation

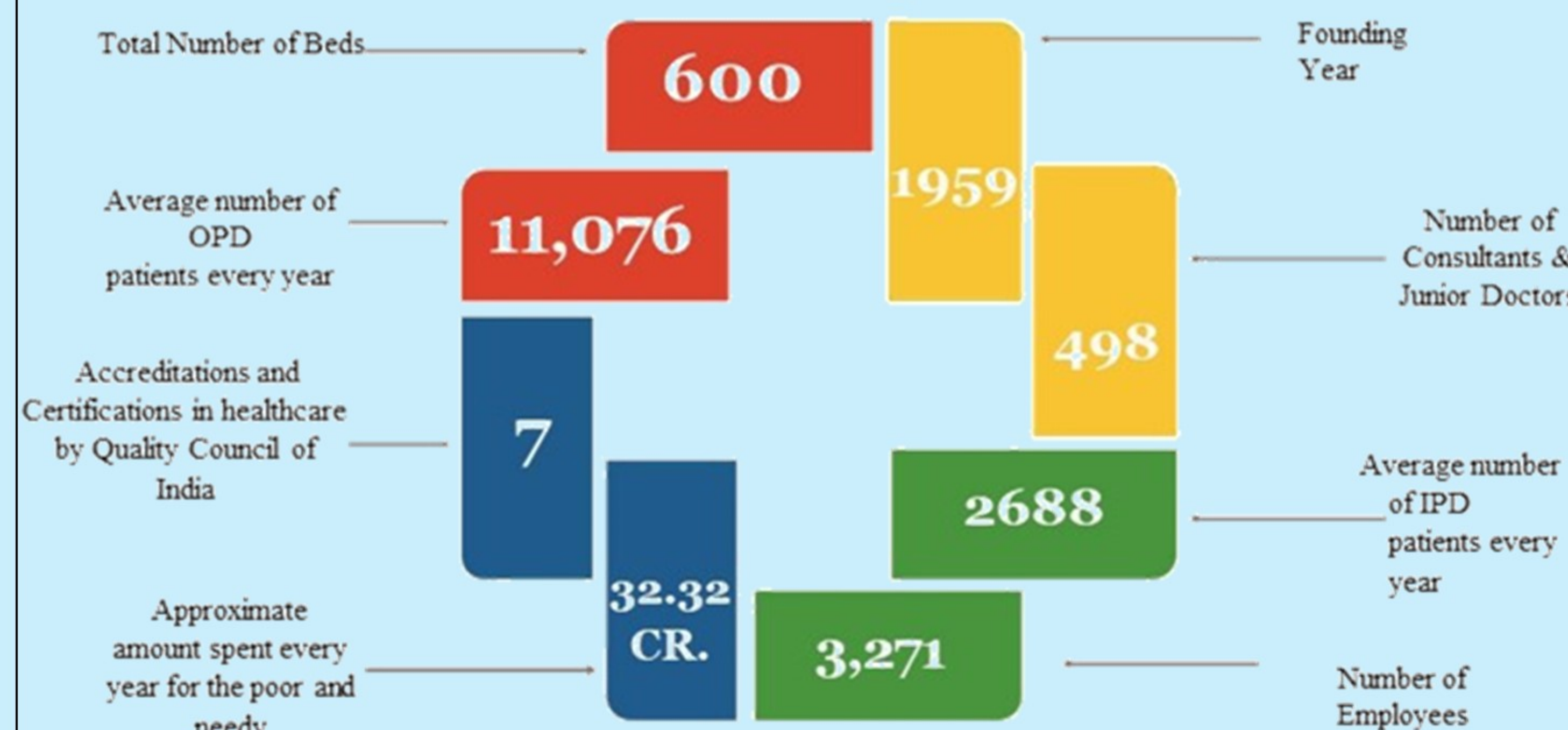
VISION

“To be a healthcare destination where high-end technology and medical expertise blend with compassionate and personalized care, to meet the health needs of all our patients whose care is our primary purpose and mission.”

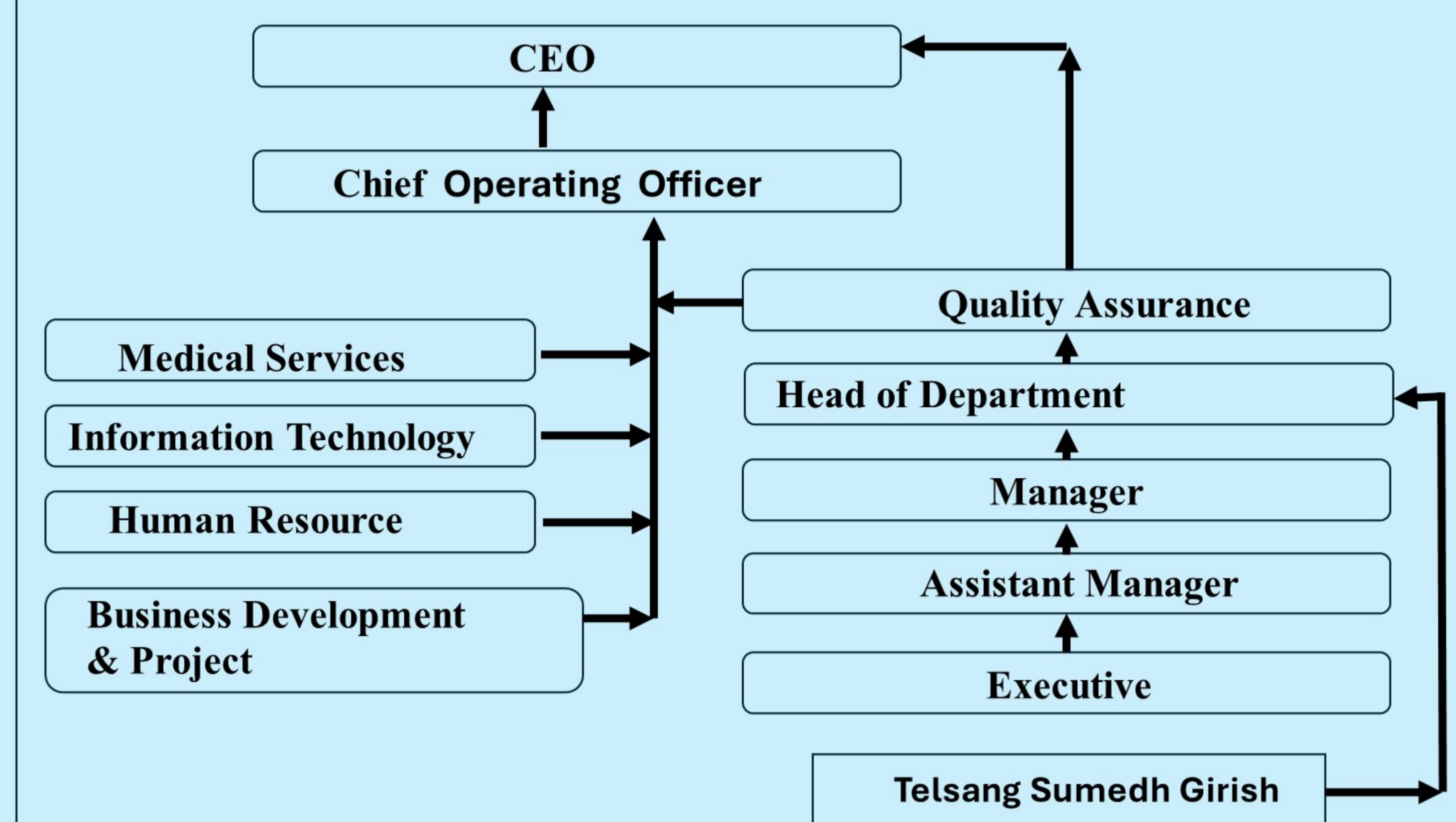
MISSION

“It is both our aspiration and commitment to place our values in everything we do, deliver the best outcomes everyday while building a positive, healing environment and patient-focused culture.”

AT A GLANCE



Organizational Structure



AIM

To enhance staff awareness and reporting of all incidents, improving hospital safety and quality of care, and fostering a culture of transparency and continuous improvement

OBJECTIVE

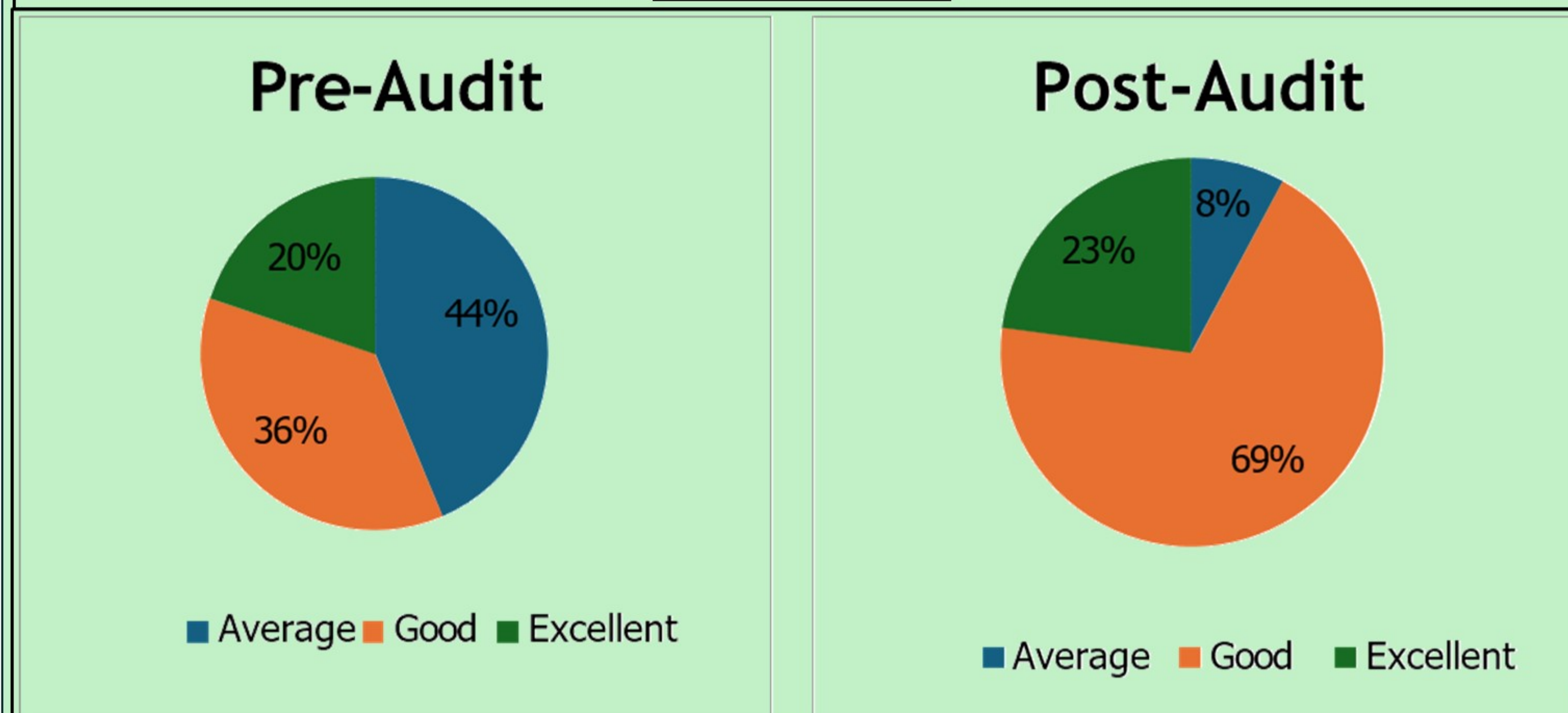
- To improve the awareness of incident reporting among hospital's Clinical & Non-Clinical staff.
- To encourage staff to report all types of incidents, including actual, near-miss, major, or minor incidents.
- To enhance the overall safety and quality of care by identifying hazards and implementing corrective actions.

INTERVENTIONS

- Conducted pre-tests and post-test via Google forms to assess staff knowledge on incident reporting
- Engaged clinical and non-clinical participants in training sessions
- Reinforced learning with activities like case study identification & dumb charades
- Edutainment activities 'Arrange the Process' and 'Spin the Wheel'

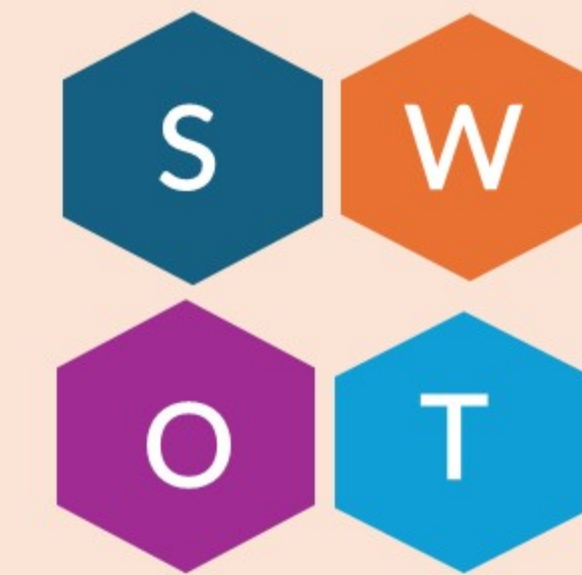


RESULTS



SWOT ANALYSIS

- Accredited Excellence
- Expert Team
- Patient Centered care
- Strong Protocols



- Resource Limits
- Resistance to Change
- Communication Gaps
- Data Management

- Technological Advancements
- Partnerships & Collab
- Community Engagement

- Regulatory Changes
- Competition
- Tarnishing of Hospital Reputation by localities.

USEFULNESS OF INTERNSHIP

- Networking
- Mentorship
- Patient interaction
- Real time Data Analysis
- Utilization of Practical tools
- Professional Development

LEARNING DURING INTERNSHIP

- Departmental Overviews
- Medical Record Audits (MRA)
- Facility Rounds
- Mock Drills
- NABH Surveillance Audit
- Project Mapping and Planning

CHALLENGES FACED DURING THE INTERNSHIP

- Steeper learning curve: complex terms, new systems
- High pressure: performance, quality standards, deadlines
- Data management: overload, accuracy
- Interpersonal challenges: communication, collaboration Adapting to work culture: environment, professionalism
- Handling feedback: criticism, continuous improvement

THEORITICAL AND PRACTICAL OBSERVATIONS

- As We learned in the module of Essential Of Hospital Services about the Structure of Hospitals & its settings that are Observed during this internship.
- Observed How Quality Assurance Department works in Hospital.
- Application of NABH Standards & Protocols.

SUGGESTION

- Increase Manpower: Hire additional skilled staff.
- Collaborate with Quality Councils: Partner with quality assurance organizations.
- Staff Training by Quality Professionals: Conduct training sessions led by industry experts.
- Invest in Advanced Systems: Enhance data management with advanced technology.