SUMMER INTERNSHIP PROGRAM

at

Grant Medical Foundation
Ruby Hall Clinic

RUBY HALL CLINIC, PUNE

MAHARASHTRA

From 1st May 2024 to 30th June 2024

A REPORT BY

TELSANG SUMEDH GIRISH

MBA (HOSPITAL AND HEALTH MANAGEMENT)

2023-25

under the Mentorship of

DR. VINOD KUMAR SV

Professor & Dean-in-Charge
SD GUPTA SCHOOL OF PUBLIC HEALTH.

IIHMR UNIVERSITY, JAIPUR

IIHMR UNIVERSITY

Grant Medical Foundation
Ruby Hall Clinic

National Accreditation Board For Hospitals & Healthcare Providers

DATE: - 8 July 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr Sumedh Girish Telsang** Student of **MBA– Hospital and Health Management** from **IIHMR,** Jaipur in recognition of having successfully completed his internship in **Quality Assurance Department**. Under the guidance of **Dr. SONIYA BHAGAT (Group Head Quality Assurance)** from **1st May 2024 to 29th June 2024** at **Ruby Hall Clinic Hospitals, Pune, India.**

Role during internship:

- Observed and assisted during the process of NABH surveillance audit.
- Assisted in Consent Drive - Pre - audit & Awareness.
- Assisted in Incident Reporting Awareness Drive
- Assisted Q.A. team in monthly facility & Safety rounds
- Coordinating with respective department stakeholders for submission of quality Indicators & committee meetings MOM and ATR.
- Data entry Analysis of incident reports received (Pressure Ulcer, NSI, Fall, Burn, Miscellaneous) and follow-up with respective stakeholders for appropriate corrective action &preventive action for the same.
- Attending daily rounds with Q.A executive for medical record audits.
- Participated in organizing Infection Prevention & Control (IPC) AMS Boot Camp Workshop.

Dr. Soniya Bhagat

Group Head – Quality Assurance

Ruby Hall Clinic

Pune

Dr. Prasad Muglikar

Director – Medical Services

Ruby Hall Clinic

Pune

GRANT MEDICAL FOUNDATION • RUBY HALL CLINIC • PUNE

PS-35-046

40, Sassoon Road, Pune - 411 001 (INDIA). Tel. : 020 - 6645 5100 (60 Lines), 2616 3391 (8 Lines)
Fax : 020 - 2616 4529 • E-mail : info@rubyhall.com • Website : www.rubyhall.com

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Mr. **TELSANG SUMEDH GIRISH** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT AND RESERACH** has prepared poster with respect to his summer internship held during May-June 2024.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date- 19 JUL 2024

(Signature of Faculty Mentor)

Dr. Vinod Kumar SV.

Professor & Dean-in-Charge
SD GUPTA SCHOOL OF PUBLIC HEALTH.
IIHMR UNIVERSITY JAIPUR

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Enhancing Patient Safety Through Comprehensive Incident Reporting: A 2024 Awareness Initiative at Ruby Hall Clinic

NAME- TELSANG SUMEDH G., ROLL NO 1874, MBA HM 2023-25 (28), ORGANIZATION MENTOR –Dr.Soniya Bhagat, COLLEGE MENTOR- Dr.Vinod Kumar S.V.

BRIEF HISTORY

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

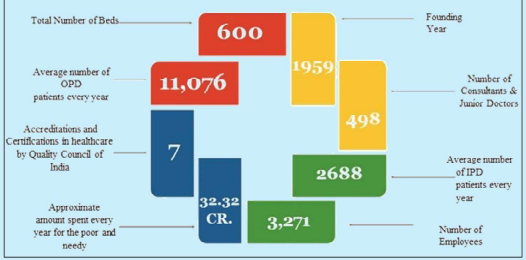
VISION

"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."

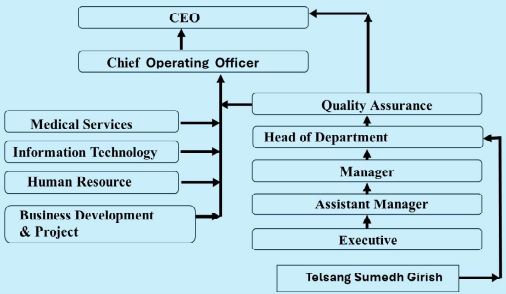
MISSION

"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

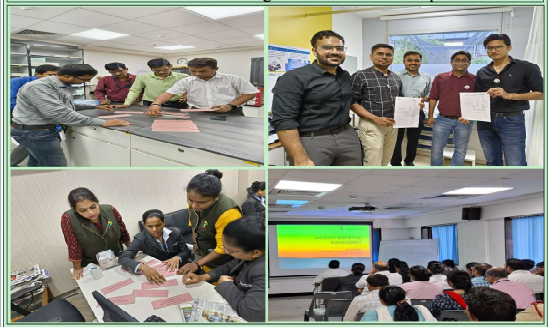
To enhance staff awareness and reporting of all incidents, improving hospital safety and quality of care, and fostering a culture of transparency and continuous improvement

OBJECTIVE

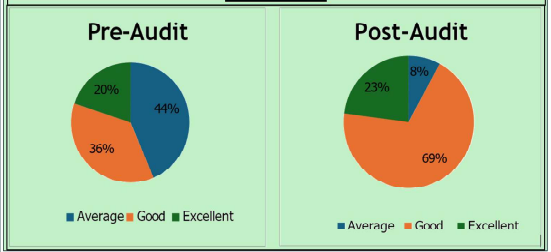
- To improve the awareness of incident reporting among hospital's Clinical & Non-Clinical staff.
- To encourage staff to report all types of incidents, including actual, near-miss, major, or minor incidents.
- To enhance the overall safety and quality of care by identifying hazards and implementing corrective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

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

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

Opportunities
- Technological Advancements
- Partnerships & Collab
- Community Engagement

Threats
- 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.

Reporting Format (Weekly-01/05/2024 to 11/05/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of the summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 01 From 01/05/2024 to 11/05/2024

ACTIVITY DONE	• Induction and orientation with the hospital rules and regulations. • Admission counter, billing department overview. • Observation of the Health Scheme department, billing, admission, and discharge department. • Observing OPD problems and challenges. • Medical Claim department observation. • The Public Relations Officers (PRO) department observes how they work. • All floor short orientation is done.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• The practical applications can be related to the principles of operations in theory. Efficient operations ensure timely patient care, effective resource allocation, and cost management, all essential components of providing high-quality healthcare services. • Aligning principles of operations with IPSG Goal 1 in a hospital involves standardizing patient identification processes, optimizing workflows, educating staff, fostering continuous improvement, and integrating technology to ensure accurate patient identification throughout their hospital stay, thus enhancing patient safety and quality of care.
GAPS IDENTIFIED ON THE WORKING AREA.	• Congested working and seating area which leads to increased time in completion of work. • Slow servers causing delayed portal functioning ending up in low efficiency of the workers. • Circulation of files is conducted in an unorganised manner which prolongs the time of task completion.
SUGGESTIONS FOR IMPROVEMENT	• Correct space management and clearance of unwanted objects to make the functioning easy. • Adding more storage to the space or shifting of few workers to another room. • Improved servers. • Updating the software to the latest versions.
PLAN FOR THE NEXT WEEK	Observation of the Medical Record Department (MRD) in detail for next week how they work and what role of the Quality Department is there in MRD.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

Reporting Format (Weekly-13/05/2024 to 18/05/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH
Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 02 From 13/05/2024 to 18/05/2024

ACTIVITY DONE	• Properly Analyze MRD in detail how they work in department.How they maintain patient records in MRD. • Proper Analyze what role of quality department role how they analize patient data • Overview of incident report in hospital when, how, why incident report is important in hospital • Medical Record Audits are conducted in specific departments to review patients' files and ensure that all parameters listed in the MRA checklist are properly documented.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• MRD was explained in short during the hospital and service module • In the hospital and service module, comprehensive instruction was provided on the full hospital infrastructure, detailing how hospital departments should be organized, including the waiting areas and all other aspects related to hospital services.
GAPS IDENTIFIED ON THE WORKING AREA.	• MRD department is on the second floor and all data file is on 6th floor • Many of the departments were under construction so there was no proper department signages in the hospitals to identify the departments • Going for MRA many of the files were incomplete and not done properly file identification
SUGGESTIONS FOR IMPROVEMENT	• Weekly medical record audits should be conducted thoroughly, ensuring that staff understand the importance and benefits of maintaining accurate and complete files. • The MRD department files should be kept in a designated area close to the MRD department.
PLAN FOR THE NEXT WEEK	Facility rounds and a mock drill for Code Blue are scheduled for next week.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

Reporting Format (Weekly-20/05/2024 to 25/05/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH
Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 03 From: 20/05/2024 to 25/05/2024

ACTIVITY DONE	• Conducted facility rounds to ensure all areas are in compliance with safety and operational standards and prepare reports for facility rounds and find areas and gave for closures to respective departments. • Organize a mock drill for Code Blue to practice emergency response procedures. • Last week MRA sheet analysis was done as per teach by mentor
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• In the hospital and service module, we were taught about patient safety, satisfaction, and maintaining good facility standards. During the facility rounds, conducted in accordance with these teachings, I gained valuable insights into improving operational efficiencies and enhancing patient care. • Theories about various quality tools under QCI helped me a lot and made it easier to apply practically.
GAPS IDENTIFIED ON THE WORKING AREA.	• Inadequate signage in some areas. • Delays in updating patient records, affecting continuity of care • In MRA analysis files were not properly filled incomplete files were there consent was not filled properly sighns and other things was there. • Code blue was performed properly but staff did not have BLS & ALS training properly.
SUGGESTIONS FOR IMPROVEMENT	• Use clear, multi-language signs to serve to the diverse patient population. • To enhance awareness and improve patient care in our hospital, it is essential to provide staff with comprehensive training in Basic Life Support (BLS) and Advanced Life Support (ALS).
PLAN FOR THE NEXT WEEK	In preparation for the upcoming NABH audit next week, our mentor has encouraged us to actively participate and learn from the process. This audit is a comprehensive review that covers all aspects of our operations throughout the year, providing a valuable opportunity for us to gain insights and improve our practices.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

Reporting Format (Weekly-27/05/2024 to 01/06/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH
Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 04 From: 27/05/2024 to 01/06/2024

ACTIVITY DONE	• Assist in organizing and reviewing necessary documentation to ensure compliance with NABH standards. • Assist in organizing and delivering training sessions for staff on NABH standards and audit preparedness • Provide logistical and administrative support during the actual audit, including coordinating meetings and preparing documents for auditors. • Participate in quality control checks and ensure all processes are in line with NABH guidelines.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• The hospital and services module meticulously teaches NABH standards, patient safety goals, and patient satisfaction measures, which are instrumental in excelling during the NABH audit. This comprehensive approach ensures that our hospital consistently delivers exceptional quality of care, safeguarding patient well-being and enhancing their overall experience
GAPS IDENTIFIED ON THE WORKING AREA.	• Documents not regularly reviewed and updated to reflect current practices and standards • Some documents might not be updated regularly, causing them to be outdated or irrelevant according to current NABH standards. • The training materials may not be comprehensive enough to cover all aspects of NABH standards • There was a lack of proper communication during the NABH audit, leading to misunderstandings and inefficiencies in the audit process.
SUGGESTIONS FOR IMPROVEMENT	• Conduct pre-audit meetings to align all team members on the audit process, roles, and expectations to minimize misunderstandings and inefficiencies • Provide ongoing training and resources to staff involved in quality control to keep them informed of the latest standards and best practices

PLAN FOR THE NEXT WEEK	In the NABH closure meeting, we meticulously addressed the non-conformities identified, ensuring comprehensive resolutions, while also executing a code Red mock drill to validate our emergency preparedness and response protocols for next week.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

Reporting Format (Weekly-02/06/2024 to 08/06/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of the summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH
Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 05 From 02/06/2024 to 08/06/2024

ACTIVITY DONE	• Completed the NABH closure meeting and commenced addressing non-conformities (NC) for resolution. • Open file audit to assess the quality and completeness of patient records. • Engaged in understanding and implementing IPSG 1 (International Patient Safety Goals) to improve the accuracy of patient identification • Understood process flow of incident reporting. • Medical record audit. • Did Mock drill -code Red with Quality Assurance team.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Implemented strategies learned in class to identify potential risks and enhance patient safety protocols. • Applied knowledge of healthcare policies and regulations in assessing compliance with standards. • Applied knowledge based on Quality Assurance and Quality Control as per Quality council of India.
GAPS IDENTIFIED ON THE WORKING AREA.	• Incomplete information about patient progress on electronic Hospital information system. • Incomplete doctors' handover in EMR. • Found few staff without ACLS & BLS training at the time of mock drill. • Incomplete documents in Patient files.
SUGGESTIONS FOR IMPROVEMENT	• Strengthen Patient Identification Protocols as per IPSG 1 Policy according NABH norms. • Regular physiotherapy documentation and training to staff • Maintenance of patient record in file as well on electronic hospital information system.
PLAN FOR THE NEXT WEEK	• Engaged in project work focusing on incident and consent management • Conducted for facility rounds. • MRA audit and calculations. • To begin For Project Incident Reporting Drive

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY 's MENTOR

Reporting Format (Weekly-10/06/2024 to 15/06/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of the summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH
Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 06 From 10/06/2024 to 15/06/2024

ACTIVITY DONE	• This week, we completed the project mapping and planning stages successfully. • We have chosen to embark on an insightful project focused on analyzing the compliance rate of consent policies and taken approval from the org. mentor. • We have begun gathering information and reviewing hospital policies to analyze consent practices, ensuring compliance with the relevant acts. • We have initiated the data collection process on incident drive which is my project
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• The principles of management module provided invaluable insights int organizational management, facilitating effective project execution wit organizational settings. • The organizational behaviour module imparted essential knowledge on professional conduct within organizational contexts.
GAPS IDENTIFIED ON THE WORKING AREA.	• Most of clinical and non clinical have inadequate knowledge about incident reporting • Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. • staff don't know about what incidents have to be reported and which they don't have. i.e classification
SUGGESTIONS FOR IMPROVEMENT	• Implement comprehensive training for hospital staff on incident reporting process. • Ensure meticulous completion of consent parameters in records to enhance data accuracy and consistency. • Organize a sophisticated incident awareness campaign aimed at staff, doctors, consultants, and residents.
PLAN FOR THE NEXT WEEK	For next week, we are starting project mapping and planning, initiated an insightful project on incident reporting with mentor approval, starting gathering information and reviewing hospital policies, and commenced data collection on incident reporting process.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY 's MENTOR

Reporting Format (Weekly-17/06/2024 to 22/06/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of the summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH Roll no.: 1874

Stream: MBA in hospital and health management
Week no: 07 From 17/06/2024 to 22/06/2024

ACTIVITY DONE	• This week, we completed the project mapping and planning stages successfully. • We have chosen to embark on an insightful project focused on analyzing the incident awareness amongst the hospital staff and taken approval from the org. mentor. • We have begun gathering information and reviewing hospital process to analyze incident reporting process practices, ensuring compliance with the relevant acts. • We have initiated the data collection process of incident reporting process amongst the all hospital staff. • Started for pre-audit for incident awareness drive/project.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• The principles of management module provided invaluable insights into organizational management, facilitating effective project execution within organizational settings. • The organizational behavior module imparted essential knowledge on professional conduct within organizational contexts.
GAPS IDENTIFIED ON THE WORKING AREA.	• Inadequate training of hospital staff on incident reporting in hospital . • Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. • It becomes comes to know that why staff is not reporting incident hospital. i.e. blame, fear of job loss.
SUGGESTIONS FOR IMPROVEMENT	• Implement comprehensive training for hospital staff on the incident reporting process flow. • Organize a sophisticated awareness campaign for staff, doctors, consultants, and residents.
PLAN FOR THE NEXT WEEK	For next week we will start with a incident awareness drive incorporating edutainment activities and pre-test and post-tests among staff, doctors, and residents, as well as with non-clinical staff while simultaneously beginning the final report preparation for the organization and university poster and report work

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

Reporting Format (Weekly-24/06/2024 to 29/06/24)

Name of the organization: Ruby Hall Clinic
Area/department/Project of the summer internship program: Quality Assurance.
Name of the student: Mr TELSANG SUMEDH GIRISH
Roll no.: 1874
Stream: MBA in hospital and health management
Week no: 08 From 24/06/2024 to 29/06/2024

ACTIVITY DONE	• Initiate a hospital-wide incident awareness drive featuring engaging edutainment activities, involving all quality department staff • Conduct pre-tests and post-tests among staff, doctors, and non-clinical staff during activity. • Compile all collected data on consent compliance and create a comprehensive final report • Done with the final report for the organization. • working on the university poster and report. • Consent Awareness Drive done.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• Applied the principles of Total Quality Management (TQM) learned in class of Essentials of Hospital services. • Implemented Negotiation and conflict management tools which was taught us in value added course by Dipti Sharma mam. i.e any conflict situation happened in hospital how to solve it. • How to grab attention of staff during any activity. E.g. EDUTAINMENT
GAPS IDENTIFIED ON THE WORKING AREA.	• During the incident awareness drive, staff were occupied with their duties, requiring additional time to effectively conduct the drive • Insufficient knowledge in hospital staff on incident process flow to how to report any error. • There was a lack of seriousness among certain staff members during the awareness drive.
SUGGESTIONS FOR IMPROVEMENT	• Allocate dedicated time slots or integrate awareness activities into staff schedules to ensure active participation during the incident reporting drive. • Implement regular training sessions and workshops to keep hospital staff aware about incident reporting.
PLAN FOR THE NEXT WEEK	• NA

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

Compiled Reporting Format

Name of the Organization: Ruby Hall Clinic, Pune

Area/ Department: Quality Assurance & Patient Safety

Name of the Student: TELSAN SUMEDH GIRISH

Roll no: 1874 **Stream: MBA (HOSPITAL AND HEALTH MANAGEMENT)**

Activity Done	• Induction and orientation with the hospital rules and regulations. • Admission counter, billing department overview. • Observation of the Health Scheme department, billing, admission, and discharge department. • Observing OPD problems and challenges. • Medical Claim department observation. • The Public Relations Officers (PRO) department observes how they work. All floor short orientation is done. • Properly Analyze MRD in detail how they work in department. How they maintain patient records in MRD. • Proper Analyze what role of quality department role how they analyze patient data • Overview of incident report in hospital when, how, why incident report is important in hospital • Medical Record Audits are conducted in specific departments to review patients' files and ensure that all parameters listed in the MRA checklist are properly documented. • Conducted facility rounds to ensure all areas are in compliance with safety and operational standards and prepared reports for facility rounds and find areas and gave for closures to respective departments. • Organize a mock drill for Code Blue to practice emergency response procedures. Last week MRA sheet analysis was done as per teach by mentor • Assist in organizing and reviewing necessary documentation to ensure compliance with NABH standards. • Assist in organizing and delivering training sessions for staff on NABH standards and audit preparedness • Provide logistical and administrative support during the actual audit, including coordinating meetings and preparing documents for auditors. • Participate in quality control checks and ensure all processes are in line with NABH guidelines. • Completed the NABH closure meeting and commenced addressing non-conformities (NC) for resolution. • Open file audit to assess the quality and completeness of patient records.

	• Engaged in understanding and implementing IPSG 1 (International Patient Safety Goals) to improve the accuracy of patient identification • Understood process flow of incident reporting. • Medical record audit. • Did Mock drill -code Red with Quality Assurance team. • This week, we completed the project mapping and planning stages successfully. • We have chosen to embark on an insightful project focused on analyzing the compliance rate of consent policies and taken approval from the org. mentor. • We have begun gathering information and reviewing hospital policies to analyze consent practices, ensuring compliance with the relevant acts. • We have initiated the data collection process on incident drive which is my project • This week, we completed the project mapping and planning stages successfully. • We have chosen to embark on an insightful project focused on analyzing the incident awareness amongst the hospital staff and taken approval from the org. mentor. • We have begun gathering information and reviewing hospital process to analyze incident reporting process practices, ensuring compliance with the relevant acts. • We have initiated the data collection process of incident reporting process amongst the all hospital staff. • Started for pre-audit for incident awareness drive/project. • Initiate a hospital-wide incident awareness drive featuring engaging edutainment activities, involving all quality department staff • Conduct pre-tests and post-tests among staff, doctors, and non-clinical staff during activity. • Compile all collected data on consent compliance and create a comprehensive final report • Done with the final report for the organization. • working on the university poster and report. • Consent Awareness Drive done.

Linking theory (Classroom learning) with practice at your organization	The practical applications can be related to the principles of operations in theory. Efficient operations ensure timely patient care, effective resource allocation, and cost management, all essential components of providing high-quality healthcare services. Aligning principles of operations with IPSG Goal 1 in a hospital involves standardizing patient identification processes, optimizing workflows, educating staff, fostering continuous improvement, and integrating technology to ensure accurate patient identification throughout their hospital stay, thus enhancing patient safety and quality of care. • MRD was explained in short during the hospital and service module • In the hospital and service module, comprehensive instruction was provided on the full hospital infrastructure, detailing how hospital departments should be organized, including the waiting areas and all other aspects related to hospital services. • In the hospital and service module, we were taught about patient safety, satisfaction, and maintaining good facility standards. During the facility rounds, conducted in accordance with these teachings, I gained valuable insights into improving operational efficiencies and enhancing patient care. • Theories about various quality tools under QCI helped me a lot and made it easier to apply practically. • The hospital and services module meticulously teaches NABH standards, patient safety goals, and patient satisfaction measures, which are instrumental in excelling during the NABH audit. This comprehensive approach ensures that our hospital consistently delivers exceptional quality of care, safeguarding patient well-being and enhancing their overall experience • Implemented strategies learned in class to identify potential risks and enhance patient safety protocols. • Applied knowledge of healthcare policies and regulations in assessing compliance with standards. Applied knowledge based on Quality Assurance and Quality Control as per Quality council of India.

	• The principles of management module provided invaluable insights into organizational management, facilitating effective project execution within organizational settings. The organizational behavior module imparted essential knowledge on professional conduct within organizational contexts • The principles of management module provided invaluable insights into organizational management, facilitating effective project execution within organizational settings. The organizational behavior module imparted essential knowledge on professional conduct within organizational contexts. • Applied the principles of Total Quality Management (TQM) learned in class of Essentials of Hospital services. • Implemented Negotiation and conflict management tools which was taught to us in value added course by Dipti Sharma mam. i.e. any conflict situation happened in hospital how to solve it. • How to grab attention of staff during any activity. E.g. EDUTAINMENT

Gaps identified on the working area.	• Congested working and seating area which leads to increased time in completion of work. • Slow servers causing delayed portal functioning ending up in low efficiency of the workers. Circulation of files is conducted in an unorganized manner which prolongs the time of task completion. • MRD department is on the second floor and all data file is on 6th floor • Many of the departments were under construction so there was no proper department signages in the hospitals to identify the departments • Going for MRA many of the files were incomplete and not done properly file identification Inadequate signage in some areas. • Delays in updating patient records, affecting continuity of care • In MRA analysis files were not properly filled incomplete files were there consent was not filled properly signs and other things was there. • Code blue was performed properly but staff did not have BLS & ALS training properly. • Documents not regularly reviewed and updated to reflect current practices and standards • Some documents might not be updated regularly, causing them to be outdated or irrelevant according to current NABH standards. • The training materials may not be comprehensive enough to cover all aspects of NABH standards There was a lack of proper communication during the NABH audit, leading to misunderstandings and inefficiencies in the audit process. • Incomplete information about patient progress on electronic Hospital information system. • Incomplete doctors' handover in EMR. • Found few staff without ACLS & BLS training at the time of mock drill. Incomplete documents in patient files. • Most of clinical and non-clinical have inadequate knowledge about incident reporting • Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. staff don't know about what incidents have to be reported and which they don't have. i.e classification • Inadequate training of hospital staff on incident reporting in hospital.

	• Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. It becomes comes to know that why staff is not reporting incident hospital. i.e. blame, fear of job loss. • During the incident awareness drive, staff were occupied with their duties, requiring additional time to effectively conduct the drive • Insufficient knowledge in hospital staff on incident process flow to how to report any error. • There was a lack of seriousness among certain staff members during the awareness drive.
Suggestions for improvement	• Correct space management and clearance of unwanted objects to make functioning easy. • Adding more storage to the space or shifting of a few workers to another room. ▪ Improved servers, Update the software to the latest versions. • Weekly medical record audits should be conducted thoroughly, ensuring that staff understand the importance and benefits of maintaining accurate and complete files. • The MRD department files should be kept in a designated area close to the MRD department. • Use clear, multi-language signs to serve the diverse patient population. • To enhance awareness and improve patient care in our hospital, it is essential to provide staff with comprehensive training in Basic Life Support (BLS) and Advanced Life Support (ALS). • Provide ongoing training and resources to staff involved in quality control to keep them informed of the latest standards and best practices. • Conduct pre-audit meetings to align all team members on the audit process, roles, and expectations to minimize misunderstandings and inefficiencies • Strengthen Patient Identification Protocols as per IPSG 1 Policy according NABH norms. • Regular physiotherapy documentation and training for staff. • Maintenance of patient records in file as well as on electronic hospital information system. • Implement comprehensive training for hospital staff on incident reporting process. • Ensure meticulous completion of consent parameters in records to enhance data accuracy and consistency.

	• Implement comprehensive training for hospital staff on the incident reporting process flow. • Organize a sophisticated awareness campaign for staff, doctors, consultants, and residents • Allocate dedicated time slots or integrate awareness activities into staff schedules to ensure active participation during the incident reporting drive. • Implement regular training sessions and workshops to keep hospital staff aware of incident reporting.

Signature of the Student

Approved by the IIHMR University's Mentor