SUMMER INTERNSHIP PROGRAM

at

APOLLO INTERNATIONAL HOSPITAL LIMITED

From: 06/05/2024 to 05/07/2024

A REPORT BY

Dr. Khan Tabassum Jahan

Master of Business Administration

(Health and Hospital Management)

2023-25

Under the Mentorship of
Dr. Varsha Tanu
Associate Professor

Organization is Accredited
by Joint Commission International

Apollo HOSPITALS
TOUCHING LIVES

5th July 2024
AHIL/HR/INTERN/ST752/2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Tabassum Jahan Khan** student of **Indian Institute of Healthcare Management and Research; Jaipur** has successfully completed her internship/observation in **Medical Services Department.**

During her internship/observation period from **6th May 2024 to 5th July 2024**, she was found to be sincere and hardworking. She could understand the work assigned to her very well. Her ability to understand, grasp and analyze the problem is good.

We wish her best for her academics and future endeavors.

For Apollo Hospitals International Limited-Ahmedabad,

Balwinder Kaur.

Authorized Signatory
Human Resources

AHIL HR AHMEDABAD

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Tabassum Jahan Khan** of 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.

23/7/24

(Signature of Faculty Mentor)
Dr. Varsha Tanu
Associate Professor
IIHMR UNIVERSITY JAIPUR

Date: 23rd July 2024

PATIENT SAFETY: AN ANALYSIS OF INCIDENT REPORTING AT APOLLO INTERNATIONAL HOSPITAL LIMITED, GANDHINAGAR

ABOUT THE ORGANISATION

Founded in 1983 by Dr. Prathap C. Reddy, Apollo Hospitals revolutionized Indian healthcare as the first corporate hospital. Apollo Hospitals International Limited, Ahmedabad (AHIL), a JCI-accredited facility, is a premier medical centre in Gujarat, offering advanced services across multiple specialities with 289 beds. AHIL handles over 18,000 outpatient visits and 600 surgeries monthly. Notable for its robust organ transplant program and comprehensive cancer care in collaboration with CBCC USA, AHIL sets benchmarks in healthcare quality and innovation.

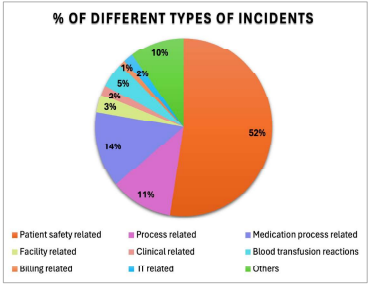
MISSION

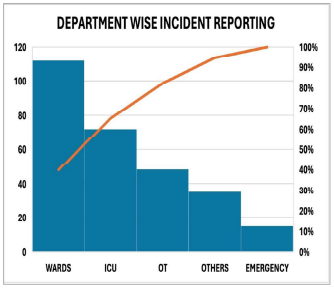
"Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity"

VISION

Apollo's vision for the next phase of development is to 'Touch a Billion Lives'.

ORGANISATION STRUCTURE





DIFFERENCE IN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

- Managed real-time issues such as slow HMIS servers, staff shortages, and emergency responses, requiring quick thinking and adaptability.
- Balanced multiple tasks, developing effective time management skills.
- Navigated ethical considerations in real-world scenarios, such as obtaining informed consent and handling patient confidentiality.
- Analysed real-time data for revenue generation, patient load, and consultant performance.
- Experienced working within resource constraints.

CHALLENGES

- Slow HMIS server causing delays in administrative tasks.
- Inadequate facilities affecting workflow efficiency.
- Managing workload due to staff shortages.
- Challenges in managing bed allotments during full occupancy.
- Managing urgent liver transplant cases under time pressure.

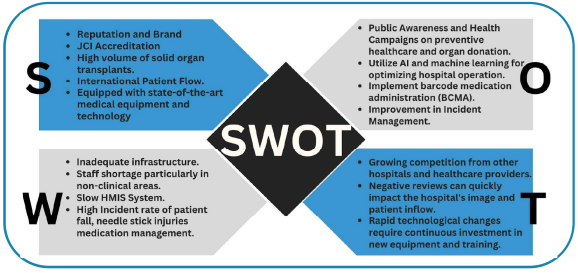
USEFULNESS

- Enhanced Practical Skills.
- Gained practical knowledge of patient safety standards and quality assurance through audits and tracer rounds.
- Exposure to Real-World Healthcare Management
- Enhanced communication skills through direct patient and family counselling.
- Bridged the gap between theoretical knowledge and practical application.

DATA ANALYSIS & RESULTS

- **Incident Reports:** 282 incidents in the last 6 months.
- **June Peak:** Highest incidents reported in June.
- **Recent Increase:** Incident reporting gradually increased in last 2 months due to AIRS awareness and staff training.

- **Top Areas:** Wards had the most incidents: patient falls, wrong patient identification, biomedical waste mismanagement, needle stick injuries, and medication errors.
- **Safety Concerns:** Patient safety and service quality was most compromised in wards, followed by ICU and OT.



SUGGESTIONS

- Expand quality improvement initiatives to reduce incident rates.
- Upgrade HMIS Server Infrastructure and schedule regular maintenance
- Develop detailed training programs for both clinical and non-clinical staff focusing on patient safety, compliance, and efficient use of HMIS.
- Facility Upgrades including waiting areas and hygiene facilities, to enhance patient and staff comfort.

NAME: DR. TABASSUM JAHAN KHAN
STREAM: MBA-HM. BATCH: 28
MENTOR : DR. VARSHA TANU

LEARNINGS

- Gained hands-on experience in patient flow, managing hospital occupancy and coordinating patient transfers.
- Hospital Layout and Departmental Operations.
- Data analysis and performance metrics.
- Liver transplant - clinical and legal coordination.
- Conducted pre-transplant workups of 21 donors and recipients. Witnessed 4 successful liver transplants.
- Participated in audits to ensure JCI standard compliance in different wards and departments.

WEEKLY REPORT- 1

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED

Department of Summer Internship Program: Operations Department

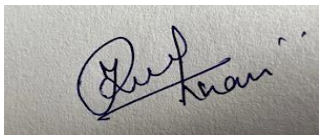
Name of the Student: Dr**.** Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 1st **From :6th May to 11th May**

Activity Done	Understanding the Basic working of Departments: • Floor orientation of the entire hospital • Outpatient Department guidance for various doctor consultation (Lily, Sunflower, E-Block, Oncology OPD W-wing). • Help patients to register them using the registration kiosk or by scanning the QR code of the registration link. • Understand the procedure of **CGHS, TPA and PMJAY** regulatory compliance for admission. • Understand **the Admission Department's** working and room selection counselling. • Provision of Pathology reports and billing for CGHS and Referral patients. • Streamlining the admission process using the Hospital Management Information system **(HMIS)- MEDMANTRA**
Linking theory (Classroom learning) with practice at yourorganization	• Patient flow management • Healthcare information technology adoption model. • Compliance with regulatory standards of insurance schemes. • Lean management theory. • Billing, reimbursement, and revenue optimization theory.
Gaps identified on the workingarea.	• A help desk is not available at the entrance. • Patients **face difficulty in registering themselves on the registration kiosk or using the QR codes.** • **Slow HMIS server** leading to delay in the admission process. • **Toilets** should be more hygienic. • **No adequate seating arrangements for the patient and their relatives in the reception area.**
Suggestions for improvement	• There should be Wi-Fi availability for patients. • A separate help desk needs to be setup. • Staff assistance for patients facing difficulties with registration. • Maintain and regularly update a dedicated doctors list in the hospital. • Improve hygiene standards. • Expand seating arrangements in the reception area.

Plan for the next week	Explore the Other Departments and finding out the gaps.



Signature of the Student
Dr. Tabassum Jahan Khan

Approved by the IIHMR University Mentor : Dr. Varsha Tanu (Associate professor)

WEEKLY REPORT- 2

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED.

Department of Summer Internship Program: Operations Department

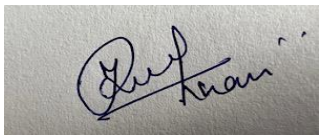
Name of the Student: Dr**.** Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 2nd **From :13th May to 18th May**

Activity Done	Understanding the Basic working of Departments: • Bed management and allotment in cases of full occupancy in the hospital. • Internal transfer of patients mainly from ICU to Wards or vice versa • TPA approvals and Mediclaim settlements • Implemented few interventions for optimizing the admission process leading to reduction in waiting time and provision of early treatment to the patient. • Newborn registration in Hospital Management Information system **(HMIS)- MEDMANTRA**
Linking theory (Classroom learning) with practice at yourorganization	• Queueing theory and capacity management • Six sigma and lean management. • Financial management and revenue cycle management • Operations management and process improvement. • HIS and technology management.
Gaps identified on the workingarea.	• Few pathological reports suggested by CGHS are not covered in the hospital and the patient must pay for it. • A medical counsellor for newly registered patients is not available. • Inadequate human resources in the hospital. • Inadequate training programs for non-clinical staff. • Infrastructural issues such as dirty utility room is situated along with the inpatient wards.
Suggestions for improvement	• Expand pathology services to cover all the pathological tests suggested by CGHS. • Upgrade HMIS Infrastructure including speed enhancement and reliability. • Medical counselling services should be provided. • Implement training programs and performance monitoring mechanisms. • Relocating dirty utility rooms away from IP wards • Maintain and regularly update a dedicated doctors list in the hospital. • Address staff shortages by recruiting more staff.

Plan for the next week	Explore the Other Departments and finding out the gaps.



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WEEKLY REPORT-3

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED

Department of Summer Internship Program: Medical Services Department

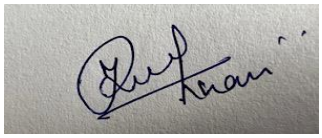
Name of the Student: Dr**.** Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 3rd **From :20th May to 25th May**

Activity Done	Understanding the Basic working of the Department: • Documentation and filing of onboarding consultants, junior doctors, and residents which includes: Application form, CV, educational certificates, professional certificate, joining report, appointment letter. • Training of onboarding consultants, and junior doctors and documenting the training records. • Organizing an interview between the director of medical services and committee members. • Induction and orientation assessment. • Conducting Pre-employment medical reports of onboarding doctors. • Provide a Letter of appreciation to the consultants for their performance and for enhancing patient satisfaction. • Creating a Duty roster of consultants, junior and senior doctors, residents, and medical officers weekly.
Linking theory (Classroom learning) with practice at yourorganization	• **Human Resource Management (HRM):** Training and development. • **Organizational Behavior:** Induction and orientation for integrating new staff into the organizational culture. • **Occupational Health and Safety:** • **Quality Management**
Gaps identified on the workingarea.	• Paperless documentation and filing of onboarding consultants, junior doctors, resident doctors and medical officers can be done.
Suggestions for improvement	• **Implement Electronic Document Management System (EDMS)**: Invest in an EDMS software that allows for the digitization, storage, retrieval, and management of documents. - Choose a system with features such as secure cloud storage, version control, and user permissions to ensure data integrity and confidentiality**.** • **Digitize Existing Documents**

Plan for the next week	Explore the Other Departments and find out the gaps.



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WEEKLY REPORT- 4

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED

Department of Summer Internship Program: Medical Services Department

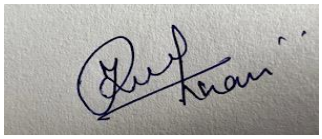
Name of the Student: Dr**.** Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 4th **From :27th May to 1st June**

Activity Done	Understanding the Basic working of the Department: • Data analysis of revenue generated by each consultant and their percentage of contribution in total revenue of their respective departments. • Analysis of several OP and IP patients admitted by each consultant and calculation of their patient load. • Giving scores to consultants based on their no. of OP and IP patients admitted, revenue generated, number of surgeries done, infection rates after surgeries etc. • Listing appraisals to each consultant based on their score.
Linking theory (Classroom learning) with practice at yourorganization	• Operations management principles in healthcare, including patient flow and capacity management. • Performance Management in Healthcare • Human Resource Management in Health Care • Healthcare analytics, including financial analytics.
Gaps identified on the workingarea.	• Lack of quality metrics such as patient outcomes, patient satisfaction scores, and clinical quality indicators for more comprehensive evaluation of consultant performance. • Metrics such as surgical complication rates, reoperation rates, and patient recovery times is not included. • **Absence of Comparative Benchmarking.**
Suggestions for improvement	• Incorporate quality metrics. • Expand the analysis of surgical outcomes beyond infection rates to include metrics such as complication rates, reoperation rates, length of hospital stay, and patient-reported outcomes. • Utilize data from external sources, such as healthcare quality organizations or research studies, to identify best practices and areas for improvement.

Plan for the next week	Explore the general working of transplant Department and find out the gaps.



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Approved by the IIHMR University Mentor : Dr. Varsha Tanu (Associate professor)

WEEKLY REPORT- 5

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED.

Department of Summer Internship Program: Operations Department

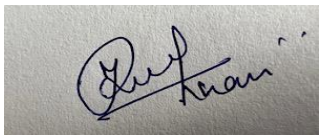
Name of the Student: Dr Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 5th **From :3rd June to 8th June**

Activity Done	Understanding the Basic working of liver transplant Department: • Pre transplant workup of patient which includes all the investigations, consultations to assess the severity of the patient. • **Calculating the MELD score of the recipient to assess the chances of getting a liver for transplant.** • Updating and registering the patient's clinical details/documents on website of STATE ORGAN AND TISSUE TRANSPLANT ORGANISATION, GUJARAT (SOTTO). • **Basic understanding of types of donors and their eligibility to donate.** • Pre transplant workup of donor which includes all the investigations, consultations to assess the compatibility of the donor's liver.
Linking theory (Classroom learning) with practice at your organization	• Total Quality Management (TQM) and Clinical Pathways • Healthcare statistics and predictive data analysis. • Understanding the ethical considerations and legal requirements for organ donation involves studying bioethics and healthcare. • Managing donor eligibility and the allocation of organs involves strategic planning and stakeholder management.
Gaps identified on the working area.	• Variability in the pre-transplant workup protocols followed by different clinicians, leading to inconsistent patient assessments. • Inefficiencies in obtaining and processing diagnostic tests causes delay the overall assessment process. • MELD scores cannot be updated in real-time, potentially affecting the prioritization of patients for transplant. • Patients and their families do not fully understand the significance of the MELD score and how it affects their transplant eligibility.
Suggestions for improvement	• Develop and implement standardized protocols for pre transplant assessment across all clinicians. • Streamline the diagnostic testing process to reduce delays. • Implement faster and more efficient diagnostic tools where possible. • Conduct regular training and awareness programs for staff and the public about donor eligibility and the importance of organ donation.

	• Use multimedia campaigns to reach a broader audience and encourage organ donation.
Plan for the next week	Conduct OP & IP based pre transplant workup and the legal compliance of the process.



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WEEKLY REPORT- 6

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED.

Department of Summer Internship Program: Operations Department

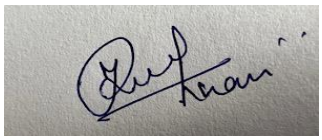
Name of the Student: Dr Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 6th **From :10th June to 15th June**

Activity Done	• Conducted a thorough assessment of the paediatric patient's condition (Acute liver failure due to Wilson's disease) upon arrival at the Emergency Room (ER) to determine the necessity for urgent liver transplantation. • Commenced the liver transplant workup immediately, including necessary diagnostics and laboratory investigations. • Provided detailed counselling to the patient's relatives regarding the critical nature of the situation and the possibility of a live liver donation. • Performed a comprehensive assessment of potential live liver donors, focusing on ruling out any complications or underlying diseases that could contraindicate donation. • Organized an emergency meeting with key stakeholders including advocates, the Joint Director of Medical Services, the transplant committee, senior consultants, and board members to discuss the case and proceed with the transplant. • Prepared all necessary legal documentation required for the liver transplant, ensuring compliance with regulatory requirements. • Submitted and notified the required documents on the government's official website. • Arranged for the consultants, including a paediatrician, hepatologist, and transplant surgeon, to counsel the patient's family about the operative process. • Obtained informed consent from the family, ensuring that they understand the risks and benefits of the procedure. Record the counselling session on video for legal and medical records. • Coordinated and onboarded a specialized team of doctors from Apollo Hospital, Delhi, to assist with the transplant procedure. • Successfully completed the liver transplant within 24 hours of the patient's admission to the hospital, ensuring all medical, legal, and ethical protocols are followed meticulously.

Linking theory (Classroom learning) with practice at your organization	• Understanding the workflow of patient assessment, triage, and decision-making processes in emergency settings. • Training on using advanced clinical decision support systems (CDSS) for making informed medical decisions. • Medical ethics, donor rights, and legal considerations in organ donation. • Communication strategies to ensure all relevant parties are informed and involved in the decision-making process. • **Patient Relations and Communication** • Understanding the ethical principles and legalities of obtaining informed consent.
Gaps identified on the working area.	• Liver volumetry report is calculated manually. So, in emergency cases it becomes very difficult for the radiologist to verify the reports in a short span of time.
Suggestions for improvement	• Volumetry calculating software must be used in hospital to reduce the time in case of emergency.
Plan for the next week	Explore working of other departments under medical services like OT, MRD etc.



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Dr. Tabassum Jahan Khan

WEEKLY REPORT- 7

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED.

Department of Summer Internship Program: Quality Department

Name of the Student: Dr Tabassum Jahan Khan

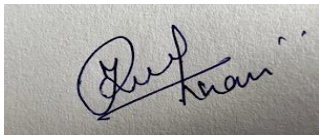
Roll no: 1729 **Stream:** MBA – HM

Week no: 7th **From :17th June to 22nd June**

Activity Done	*1. International Patient Safety Goals (IPSG) Compliance* To ensure adherence to 6 IPSGs, unannounced audits are conducted across different wards and departments. These audits aim to: • Verify compliance with established patient safety standards. • Identify areas requiring improvement. • Ensure that staff are following safety protocols. *2. Apollo Quality Plan (2023-34)* The Apollo Quality Plan for the years 2023 to 2034 includes a series of monthly focused activities and workshops aimed at monitoring various areas for quality assurance and Annual Operating Plan (AOP) compliance. Key activities include: • **Monthly Focused Activities:** Specific areas within the hospital are targeted each month to monitor and improve quality standards. • **AOP Compliance Activities:** Regular evaluations to ensure that all departments are in alignment with the Annual Operating Plan. • **Workshops:** Educational sessions and training programs for staff to enhance their understanding and implementation of quality and safety standards. *3. Apollo Incident Reporting System (AIRS)* The AIRS is a crucial component of our quality improvement framework. It involves: • **Training:** Staff are trained on the use of AIRS through Quality Toolbox Talks (QTBT). These sessions cover the incident reporting process and how to properly document and close incidents. • **Modified Process:** The incident reporting and closure process has been streamlined for efficiency and effectiveness.

	4. Tracer Rounds Tracer rounds are conducted twice a week in different wards to ensure adherence to policies and standards set by the Joint Commission International (JCI). These rounds involve: • **Policy and Standard Checks:** Evaluating if the wards meet the required policies and standards. • **Gap Identification:** Identifying gaps and areas for improvement during the rounds. • **Reporting:** Presenting findings from tracer rounds and creating reports that outline identified gaps and recommended actions. ***5. Monthly Audits*** Conducted on the 9th, 19th, and 29th of each month, these audits focus on incident reporting, IPSG compliance, near-miss events, and medication standardization compliance.
Linking theory (Classroom learning) with practice at your organization	• **Total quality management**: TQM focuses on continuous improvement in all aspects of an organization. The monthly focused activities and AOP compliance efforts reflect TQM principles by striving for incremental improvements in quality across various departments. • **AIRS (Apollo Incident Reporting System):** Lean management aims to reduce waste and improve efficiency. • Regular audits help measure and control quality standards, ensuring that processes meet **Six Sigma's** high standards for minimizing errors. • **Lewin's Change Management Model**: Lewin's model involves unfreezing, changing, and refreezing. Training staff on AIRS can be seen as 'unfreezing' existing habits, while the actual use and adaptation of the new system represent the 'change' phase, and continuous use and normalization of the system represent 'refreezing'. • **Contingency Theory** suggests that the best way to manage an organization depends on the specific circumstances. Unannounced audits allow the hospital to adapt its quality assurance processes based on real-time, situational factors.
Gaps identified on the working area.	• Insufficient utilization of automated tools for data analysis and reporting. • Inconsistent attendance and participation in training sessions. • Lack of a formalized follow-up process for addressing gaps identified during tracer rounds.
Suggestions for improvement	• Increase the frequency and randomness of audits to capture a more comprehensive picture of incident reporting and compliance.

	• Develop a standardized follow-up protocol to ensure timely resolution of identified issues and continuous improvement. • Implement mandatory training sessions with attendance tracking and follow-up assessments to ensure participation and comprehension. • Implement advanced analytics and reporting tools to enhance data-driven decision-making and identify trends more effectively.
Plan for the next week	Explore working of other departments under medical services like OT



Signature of the Student

Dr. Tabassum Jahan Khan

Approved by the IIHMR University Mentor : Dr. Varsha Tanu (Associate professor)

WEEKLY REPORT -8

Name of the Organization: APOLLO HOSPITAL INTERNATIONAL LIMITED.

Department of Summer Internship Program: MEDICAL SERVICES

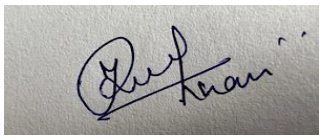
Name of the Student: Dr. Tabassum Jahan Khan

Roll no: 1729 **Stream:** MBA – HM

Week no: 8th **From :24th June to 29th June**

Activity Done	Quality Tracer Rounds: Emergency Ward and Endoscopy Room The tracer rounds focused on assessing compliance with established protocols and patient safety standards. Key activities included: • Observation of Patient Care Practices: Ensuring adherence to hygiene standards, proper use of personal protective equipment (PPE), and effective patient management. • Documentation Review: Evaluating the completeness and accuracy of medical records, including patient histories and treatment plans. • Staff Interviews: Engaging with nursing and medical staff to assess their understanding of protocols and areas for improvement. • The findings from the tracer rounds were presented to the heads of the respective departments. The presentation covered: Coordination for Liver Transplant Patients Coordination activities for liver transplant patients (both donor and recipient) included: • Scheduling Clinical Investigations: Arranging necessary tests and evaluations for transplant readiness. • Consultation Coordination: Ensuring timely consultations with multidisciplinary teams, including hepatologists, surgeons, and anaesthetists. Operating Theatre (OT) Complex: Operations General Briefing A comprehensive briefing was conducted on the operations of the OT complex, covering the following aspects: Patient Flow: **Arrival and Handover:** Patients are received and handed over to the OT nurse. **Preoperative Analysis:** The anaesthetist conducts a thorough preoperative assessment. **Shifting to OT:** Patients are moved to the designated OT, ensuring all necessary precautions are taken. Documentation and Record Keeping: **Patient Sign-in and Sign-out:** Accurate recording of patient entry and exit times. **Review of Documentation:** Ensuring all medical and nursing documentation is complete and accurate. Postoperative Process: **Shifting to Recovery Room:** Patients are monitored in the recovery room post-surgery. **Transfer to Wards:** After recovery, patients are transferred to their respective wards with detailed handovers.

	OT Room Management: **Booking and Scheduling:** Coordinating OT bookings based on availability and consultant schedules. **Emergency OT Management:** Ensuring readiness for emergency procedures. **OT Billing of patients.**
Linking theory (Classroom learning) with practice at your organization	• Operations management focuses on optimizing workflows and ensuring smooth transitions between processes. • Quality protocols and policy adherence asper JCI.
Gaps identified on the working area.	• Documentation in tracer round: Incomplete and inaccurate documentation. • Staff interview: Variability in staff knowledge and adherence to protocol. • Delays in scheduling and completing necessary tests. • Difficulty in coordinating consultations across multiple disciplines.
Suggestions for improvement	• Develop a continuous education program and protocol refreshers to maintain staff competency. • Streamline the scheduling process by using automated reminders and a centralized coordination system.
Plan for the next week	Explore OT complex more in the coming week.



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Approved by the IIHMR University Mentor : Dr. Varsha Tanu (Associate professor)

Compiled Report Of Summer Internship

Name of the Organisation: APOLLO HOSPITAL INTERNATIONAL LIMITED

Area/ Department/ Project of Summer Internship Program:
Operations & Medical Services (Quality, OT & solid organ transplant department)

Name of the Student: Dr. Tabassum Jahan Khan

Roll no: 1729 **Stream**: MBA- Health & Hospital Management

Activity Done	• Gain familiarity with the hospital's layout and outpatient departments, assist patients with registration via kiosks or QR codes, understand CGHS, TPA, and PMJAY admission procedures, and learn about the admission department and room selection. • Additionally, handle pathology reports and billing for CGHS and referral patients, and streamline the admission process using HMIS (MEDMANTRA). • Effective bed management and patient transfers (ICU to wards and vice versa) ensure optimal hospital occupancy and timely care. Additionally, TPA approvals, Mediclaim settlements, admission process improvements, and new born registration in HMIS (MEDMANTRA) to enhance operational efficiency and patient service delivery. • Manage documentation for onboarding consultants, junior doctors, and residents, including necessary forms and certificates. Conduct and document training sessions, organize interviews with the medical director, perform induction assessments, and handle pre-employment medical reports. Provide letters of appreciation for outstanding performance, and create weekly duty rosters for all medical staff. • Analyze revenue generated by each consultant and their contribution to departmental totals. Assess the number of outpatient (OP) and inpatient (IP) patients managed by each consultant to calculate patient load. Assign scores to consultants based on metrics like patient numbers, revenue, surgeries performed, and post-surgery infection rates. Use these scores to determine appraisals for each consultant. • Conduct pre-transplant workup for patients, including necessary investigations and consultations to assess severity, and calculate the MELD score to evaluate liver transplant eligibility. Register and update patient details on the STATE ORGAN AND TISSUE TRANSPLANT ORGANISATION, GUJARAT (SOTTO) website. Understand donor types and eligibility, and perform pre-transplant workup for donors, including compatibility assessments through investigations and consultations. • Upon the paediatric patient's arrival at the ER with acute liver failure due to Wilson's disease, a thorough assessment was conducted to confirm the urgent need for a liver transplant. The transplant workup, including diagnostics and

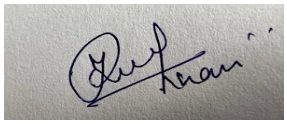
	laboratory tests, was initiated immediately. The patient's relatives were counselled about the critical situation and potential live liver donation. • A comprehensive assessment of potential live donors was performed to rule out complications. • An emergency board meeting with key stakeholders was organized to discuss and proceed with the transplant. All necessary legal documentation was prepared and submitted on the government's official website. • Consultants, including a paediatrician, hepatologist, and transplant surgeon, counselled the family, obtained informed consent, and recorded the session for legal records. A specialized team from Apollo Hospital, Delhi, was coordinated for the procedure. The liver transplant was successfully completed within 24 hours, adhering to all medical, legal, and ethical protocols. • Audits for IPSG Compliance: - Unannounced audits verify adherence to patient safety standards, identify improvement areas, and ensure staff follow protocols. • Adherence to Apollo Quality Plan (2023-24): - Monthly activities target specific hospital areas for quality improvement. - Regular evaluations ensure AOP compliance. - Workshops enhance staff understanding of quality and safety standards. • Apollo Incident Reporting System (AIRS) - Quality Toolbox Talks (QTBT) train staff on incident reporting. - Monthly analysis of all the incidents reported and • Tracer Rounds - Conducted twice weekly to check compliance with JCI standards. - Identify gaps and report findings for improvement. • Monthly Audits - Conducted on the 9th, 19th, and 29th to monitor incident reporting, IPSG compliance, near-misses, and medication standardization. • **Quality Tracer Rounds: Emergency Ward and Endoscopy Room** - Observation of Patient Care Practices**:** Ensure adherence to hygiene standards, PPE use, and patient management. - Documentation Review: Evaluate completeness and accuracy of medical records. - Staff Interviews: Assess staff understanding of protocols and identify areas for improvement. - Presentation of Findings: Report results to department heads. • **Operating Theatre (OT) Complex: Operations General Briefing** **Patient Flow:**

	- Arrival and Handover: Receive and handover patients to the OT nurse. **- Preoperative Analysis:** Conduct thorough assessments by the anesthetist. **- Shifting to OT:** Move patients to designated OTs with necessary precautions. • **Documentation and Record Keeping:** **- Patient Sign-in and Sign-out:** Record entry and exit times accurately. **- Review of Documentation:** Ensure completeness and accuracy of medical and nursing records. • **Postoperative Process:** **- Shifting to Recovery Room:** Monitor patients post-surgery. **- Transfer to Wards:** Move patients to wards with detailed handovers. • **OT Room Management:** **- Booking and Scheduling:** Coordinate OT bookings based on availability and schedules. **- Emergency OT Management:** Ensure readiness for emergency procedures. **OT Billing:** Handle patient billing efficiently.
Linking theory (Classroom learning) with practice at your organisation	• **Patient Flow Management:** Ensures efficient movement of patients through healthcare facilities to minimize delays and optimize resource use. • **Healthcare Information Technology Adoption Model:** Framework guiding the implementation and integration of technology in healthcare to improve patient care and operational efficiency. • **Compliance with Regulatory Standards of Insurance Schemes:** Ensures adherence to guidelines and regulations of insurance programs like CGHS, TPA, and PMJAY for patient admissions and billing.

	• **Lean Management Theory:** Focuses on reducing waste and improving efficiency in healthcare processes, enhancing overall productivity. • **Billing, Reimbursement, and Revenue Optimization Theory:** Strategies to maximize revenue through efficient billing practices and ensuring proper reimbursement from insurance providers. • **Queueing Theory and Capacity Management:** Utilizes mathematical models to optimize patient wait times and resource allocation, improving service delivery. • **Six Sigma and Lean Management:** Combines Six Sigma's focus on reducing variability and defects with Lean's emphasis on efficiency to enhance quality and performance in healthcare. • **Financial Management and Revenue Cycle Management:** Manages the financial operations of healthcare organizations, focusing on maximizing revenue and minimizing costs. • **Operations Management and Process Improvement:** Applies principles of operations management to streamline healthcare processes and improve patient outcomes. • **Health Information Systems (HIS) and Technology Management:** Manages the implementation and maintenance of HIS to support clinical and administrative functions. • **Human Resource Management (HRM):** Focuses on training and development to enhance staff skills and integrate new employees into the organizational culture. • **Organizational Behaviour:** Studies the behaviour of individuals within healthcare organizations to improve teamwork and productivity.

Gaps identified on the working area.	• A help desk is not available at the entrance. • Patients **face difficulty in registering themselves on the registration kiosk or using the QR codes.** • **Slow HMIS server** leading to delay in the admission process. • **Toilets** should be more hygienic. • **No adequate seating arrangements for the patient and their relatives in the reception area.** • Few pathological reports suggested by CGHS are not covered in the hospital and the patient must pay for it. • A medical counsellor for newly registered patients is not available. • Inadequate human resources in the hospital. • Inadequate training programs for non-clinical staff. • Infrastructural issues such as dirty utility room is situated along with the inpatient wards. • Paperless documentation and filing of onboarding consultants, junior doctors, resident doctors and medical officers can be done. • Lack of quality metrics such as patient outcomes, patient satisfaction scores, and clinical quality indicators for more comprehensive evaluation of consultant performance. • Metrics such as surgical complication rates, reoperation rates, and patient recovery times is not included. • **Absence of Comparative Benchmarking.** • Liver volumetry report is calculated manually. So, in emergency cases it becomes very difficult for the radiologist to verify the reports in a short span of time. • Variability in the pre-transplant workup protocols followed by different clinicians, leading to inconsistent patient assessments. • Inefficiencies in obtaining and processing diagnostic tests causes delay the overall assessment process. • MELD scores cannot be updated in real-time, potentially affecting the prioritization of patients for transplant. • Patients and their families do not fully understand the significance of the MELD score and how it affects their transplant eligibility. • Insufficient utilization of automated tools for data analysis and reporting. • Inconsistent attendance and participation in training sessions. • Lack of a formalized follow-up process for addressing gaps identified during tracer rounds. • Documentation in tracer round: Incomplete and inaccurate documentation. • Staff interview: Variability in staff knowledge and adherence to protocol. • Delays in scheduling and completing necessary tests. • Difficulty in coordinating consultations across multiple disciplines.

Suggestions for improvement	• There should be Wi-Fi availability for patients. • A separate help desk needs to be setup. • Staff assistance for patients facing difficulties with registration. • Maintain and regularly update a dedicated doctors list in the hospital. • Improve hygiene standards. • Expand seating arrangements in the reception area. • Expand pathology services to cover all the pathological tests suggested by CGHS. • Upgrade HMIS Infrastructure including speed enhancement and reliability. • Medical counselling services should be provided. • Implement training programs and performance monitoring mechanisms. • Relocating dirty utility rooms away from IP wards • Maintain and regularly update a dedicated doctors list in the hospital. • Address staff shortages by recruiting more staff. • Use of EDMS software that allows for the digitization, storage, retrieval, and management of documents. Choose a system with features such as secure cloud storage, version control, and user permissions to ensure data integrity and confidentiality. • Incorporate quality metrics. • Expand the analysis of surgical outcomes beyond infection rates to include metrics such as complication rates, reoperation rates, length of hospital stay, and patient reported outcomes. • Utilize data from external sources, such as healthcare quality organizations or research studies, to identify best practices and areas for improvement. • Streamline the diagnostic testing process to reduce delays. • Implement faster and more efficient diagnostic tools where possible. • Conduct regular training and awareness programs for staff and the public about donor eligibility and the importance of organ donation. • Use multimedia campaigns to reach a broader audience and encourage organ donation. • Increase the frequency and randomness of audits to capture a more comprehensive picture of incident reporting and compliance. • Develop a standardized follow-up protocol to ensure timely resolution of identified issues and continuous improvement. • Implement mandatory training sessions with attendance tracking and follow-up assessments to ensure participation and comprehension.



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