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

SUMBE AJIT BHAUSAHEB

MBA (HOSPITAL AND HEALTH MANAGEMENT)

2023-25

under the Mentorship of

Mr. S.P. CHATTOPADHYAY
Assistant professor

IIHMR UNIVERSITY

Grant Medical Foundation
Ruby Hall Clinic

DATE: - 8 July 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr Sumbe Ajit Bhausaheb** 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

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. SUMBE AJIT BHAUSAHEB** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a 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 3/8/2024

(Signature of Faculty Mentor)

Mr. S. P. Chattopadhyay
Assistant professor

IIHMR UNIVERSITY JAIPUR

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Compliance rate of consent policy at Ruby Hall Clinic Hospital Sasson Road, Pune.

ABOUT THE ORGANISATION

Ruby Hall Clinic, founded in 1959 by Dr. K.B. Grant, operates under the Grant Medical Foundation. It has 600 beds, 498 doctors, and treats 11,076 OPD and 2,688 IPD patients annually. With seven accreditations from the Quality Council of India, it spends 32.32 crores yearly on the poor and needy, supported by 3,271 employees

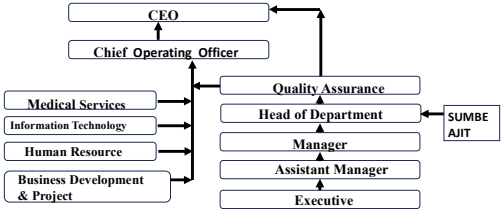
VISION

"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."

ORGANISATION STRUCTURE



SWOT Analysis

STRENGTH

- Accredited Excellence: NABH
- Expert Team
- Strong Protocols
- Continuous Improvement

WEAKNESS

- Resource Limits
- Challenges in implementing new policies.
- Communication Gaps:
- Continuous Improvement

OPPORTUNITIES

- Technological Advancements
- Partnerships and collaborations
- Community Engagement
- Market Expansion

THREATS

- Regulatory Changes: Evolving requirements
- Competition
- Cybersecurity Risks
- Health Crises

AIM

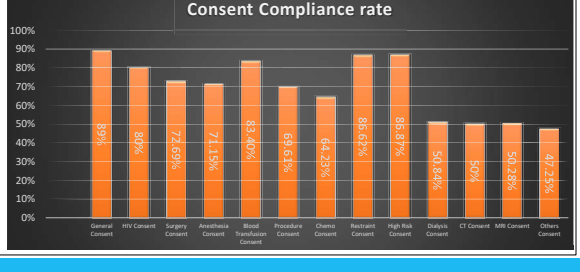
Study the compliance rate of consent policy at Ruby Hall Clinic Hospital Sasson Road, Pune.

OBJECTIVES

- To Assess the current consent compliance rates and identify prevalent mistakes.
- Implement a consent awareness campaign to educate and train hospital personnel.
- Improve adherence to informed consent protocols to enhance patient satisfaction and legal compliance

WHY THIS PROJECT?

- Adhering to consent policies builds patient trust and upholds their autonomy
- Consistent compliance enhances care quality and clinic reputation.
- Adherence mitigates legal risks and protects the Hospital and staff.
- High compliance rates boost the hospital's reputation for ethical, quality care.



Consent Awareness Drive Edutainment Activities

THEORETICAL UNDERSTANDING	PRACTICAL EXPOSURE
In Research Methodology, we learned how to create data collection tools	Conducted an audit using the data collection tool learned in Research Methodology.
In Hospital Services, we learned the importance of a consent policy.	Audited over 200 consent forms to ensure compliance rate of consent.

LEARNINGS AND VALUE ADDITIONS

- Observed and assisted during the process of NABH surveillance audit.
- Learn FMEA (Failure Modes and Effects Analysis) tool
- Attending daily rounds with Q.A. executive for MRA.
- Assisted Q.A. team in monthly facility & Safety rounds
- Mock drills to practice emergency response procedures.
- Conduct Awareness Drives (Consent & Incident)
- Participated in Infection Prevention & Control Boot Camp.

USEFULNESS OF INTERNSHIP

- The Internship enhanced my understanding of Quality Assurance protocols and teamwork, with hands-on experience in FMEA, NABH audits, and organizing IPC workshops.

SUGGESTIONS

- ❑ Increase manpower by hiring additional skilled staff and partner with quality assurance organizations.
- ❑ Conduct training sessions led by industry experts and form MOUs with educational institutions.
- ❑ Invest in advanced systems for data management and implement change management training

CHALLENGES FACED

- ❑ organizational hierarchy and obtaining necessary approvals slowed down the process during project work
- ❑ Establishing a rapport with people was difficult.
- ❑ As an intern, I found it challenging to get work done efficiently

Presented by: SUMBE AJIT , **Batch**: HM-28 Roll no. 1858 , **University Mentor:** Mr. S.P Chattopadhyay , **Organizational mentor**: Dr. Soniya Bhagat

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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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. • Develop an FMEA (Failure Modes and Effects Analysis) tool
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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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.

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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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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.
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.

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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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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.
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.

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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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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 time of mock drill.
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.

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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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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 consent compliance, focusing on selected parameters.
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 the latest consent policies leading to inconsistent compliance. • Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. •
SUGGESTIONS FOR IMPROVEMENT	• Implement comprehensive training for hospital staff on the latest consent policies to ensure consistent compliance. • Ensure meticulous completion of consent parameters in records to enhance data accuracy and consistency. • Organize a sophisticated consent 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 consent policy compliance with mentor approval, starting gathering information and reviewing hospital policies, and commenced data collection on selected consent compliance parameters.

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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 Sumbe Ajit Bhausaheb

Roll no.: 1858 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 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 consent compliance, focusing on selected parameters. • Started for pre-audit for consent data
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 the latest consent policies leading to inconsistent compliance. • Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. • The consent parameters have not been meticulously filled out in the records, leading to potential inaccuracies and inconsistencies in the data.
SUGGESTIONS FOR IMPROVEMENT	• Implement comprehensive training for hospital staff on the latest consent policies to ensure consistent compliance. • Ensure meticulous completion of consent parameters in records to enhance data accuracy and consistency. • Organize a sophisticated consent awareness campaign for staff, doctors, consultants, and residents.

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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 Sumbe Ajit Bhausaheb

Roll no.: 1858

Stream: MBA in hospital and health management

Week no: 08 From 24/06/2024 to 29/06/2024

ACTIVITY DONE	• Initiate a hospital-wide consent awareness drive featuring engaging edutainment activities, involving all quality department staff • Conduct pre-tests and post-tests among staff, doctors, and residents 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. • INCINDENT 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 Lean and Six Sigma methodologies to identify and eliminate waste, streamline processes, and enhance quality learned in the value-added course, Lean management. This value- added course of lean management has helped me a lot while doing internship in quality department.
GAPS IDENTIFIED ON THE WORKING AREA.	• During the consent awareness drive, staff were occupied with their duties, requiring additional time to effectively conduct the drive • Insufficient training for hospital staff on updated consent policies, resulting in inconsistent compliance.
SUGGESTIONS FOR IMPROVEMENT	• Allocate dedicated time slots or integrate awareness activities into staff schedules to ensure active participation during the consent drive. • Implement regular training sessions and workshops to keep hospital staff updated on evolving consent policies, fostering a culture of consistent compliance.
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

Area/department/Project of the summer internship program: Quality Assurance.

Name of the student: Mr Sumbe Ajit Bhausaheb

Roll no.: 1858 **Stream: MBA in 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. • Develop an FMEA (Failure Modes and Effects Analysis) tool to identify and mitigate risks associated with needlestick injuries (NSI) • Properly analyze MRD in detail how they work in the department. How they maintain patient records in MRD. • Properly analyze the quality department's role and how they analyze patient data. • Overview of incident reporting in the hospital, when, how, and why incident reporting is important in the 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 complied with safety and operational standards, prepared reports for facility rounds and found 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 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 the 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 consent compliance, focusing on selected parameters. • Started for pre-audit for consent data. • Initiate a hospital-wide consent awareness drive featuring engaging edutainment activities, involving all quality department staff. • Conduct pre-tests and post-tests among staff, doctors, and residents during the 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. • Incident Awareness Drive 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. • 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. • Applied the principles of Total Quality Management (TQM) learned in the Essentials of Hospital Services class. • Implemented Lean and Six Sigma methodologies to identify and eliminate waste, streamline processes, and enhance quality learned in the value-added course, Lean Management. This value-added course has helped me a lot while doing an internship in the quality department.
<u>GAPS IDENTIFIED ON THE WORKING AREA.</u>	• Congested working and seating area, leading to increased time in work completion. • Slow servers causing delayed portal functioning, resulting in low efficiency of workers. • Unorganized circulation of files, prolonging task completion time. • MRD department is on the second floor while all data files are on the 6th floor. • Many departments were under construction, so there was no proper signage in the hospital to identify departments. • Many files for MRA were incomplete and not properly identified.

	• Inadequate signage in some areas. • Delays in updating patient records, affecting continuity of care. • In MRA analysis, files were not properly filled; consents were not filled properly, and signatures were missing. • Code Blue was performed properly, but staff lacked proper BLS & ALS training. • Documents were 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. • Training materials may not be comprehensive enough to cover all aspects of NABH standards. • Lack of proper communication during the NABH audit led to misunderstandings and inefficiencies in the audit process. • Incomplete information about patient progress on the electronic Hospital Information System. • Incomplete doctors' handover in EMR. • Found a few staff without ACLS & BLS training at the time of the mock drill. • Incomplete documents in patient files. • Inadequate training of hospital staff on the latest consent policies, leading to inconsistent compliance. • Restrictions on accessing comprehensive data sets due to privacy regulations and hospital protocols. • Consent parameters were not meticulously filled out in the records, leading to potential inaccuracies and inconsistencies in the data. • During the consent awareness drive, staff were occupied with their duties, requiring additional time to effectively conduct the drive. • 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 facilitate smooth functioning. • Adding more storage space or relocating some workers to another room. • Improved server performance. • Updating software to the latest versions. • Conducting thorough weekly medical record audits to emphasize the importance of maintaining accurate and complete files. • Keeping MRD department files in a designated area near the MRD department. • Using clear, multi-language signs to cater to the diverse patient population.

	• Providing comprehensive training in Basic Life Support (BLS) and Advanced Life Support (ALS) to enhance awareness and improve patient care. • Conducting pre-audit meetings to align team members on the audit process, roles, and expectations, minimizing misunderstandings. • Providing ongoing training and resources to staff involved in quality control to keep them informed of the latest standards. • Strengthening Patient Identification Protocols as per IPSG 1 Policy in accordance with NABH norms. • Ensuring regular physiotherapy documentation and training for staff. • Maintaining patient records in files and on the electronic hospital information system. • Implementing comprehensive training on the latest consent policies to ensure consistent compliance. • Ensuring meticulous completion of consent parameters in records to enhance data accuracy. • Organizing a sophisticated consent awareness campaign for staff, doctors, consultants, and residents. • Allocating dedicated time slots or integrating awareness activities into staff schedules for active participation. • Implementing regular training sessions and workshops to keep hospital staff updated on evolving consent policies

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY 's MENTOR

(SP Chatterjee)