SUMMER INTERNSHIP PROGRAM

at

Paras Health, Udaipur

From 01/05/24 to 30/06/24

A REPORT BY

Pallabi Debnath

Master Of Business Administration

(Hospital And Health Management)

2023-25

under the Mentorship of

Dr Varsha Tanu

IIHMR UNIVERSITY

Narayana Health

CERTIFICATE

This is to certify that Mr. SOUMAK BANERJEE of 28 (batch) of IIHMR UNIVERSITY has worked with our organization for his summer internship from 06/05/2024 to 05/07/2024 (date). The overall performance shown by him during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 5th July 2024

Dr Sonal Rastogi

Name: Dr. Sonal Rastogi

Designation: Manager(Quality)

Narayana Hrudayalaya Limited
258/A, Bommasandra Industrial Area
Anekal Taluk, Bangalore - 560 099.

Seal/Stamp of the Organization

NARAYANA HRUDAYALAYA • H.R. DEPARTMENT •

05/07/2024

Mazumdar Shaw Medical Center
(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497
Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099 I Tel +91 80 712 22222 I Fax +91 80 2783 2648
Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099
Appointment 1800 309 0309
Email: info.msmc@narayanahealth.org

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IIHMR University Faculty Mentor Approval

This Is To Certify That Mr. Soumak Banerjee 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 2023.

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

Date: Jul 19, 2024

(Signature of Faculty Mentor)

Name: **Dr. (Col) Mahender Kumar**

Designation: **PROFESSOR**

Conducting a Gap Analysis on Compliance With International Patient Safety Goals(IPSG) Narayana Health Bangalore(MSMC – QUALITY DEPARTMENT)

Name-Soumak Banerjee ROLL NO-1851 MBA HM 28 Faculty Mentor -Dr Mahender Kumar Industry Mentor-Dr Sonal Rastogi

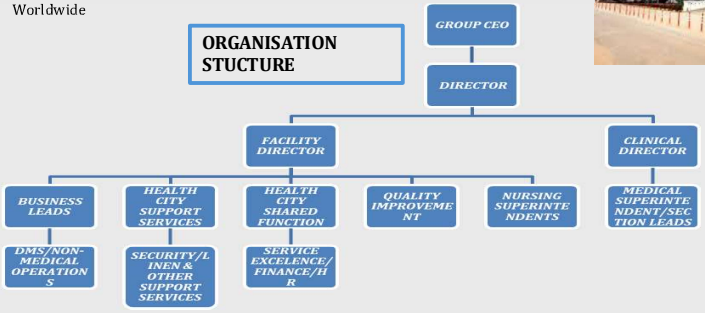
HOSPITAL OVERVIEW

Narayana Health is headquartered in Bengaluru, India, and operates a network of hospitals across the country, with a particularly strong presence in the southern state of Karnataka and eastern India, as well as an emerging presence in northern, western and central India. Mazumdar Shaw Medical Center (MSMC) was Narayana Health's largest multispecialty facility established in Bengaluru in 2009 with 1000 licensed beds. The hospital is located within the Health City campus, alongside Narayana Institute of Cardiac Sciences.
As a group, it has grown to 21 Hospitals + 1 Cayman Islands and 4 heart centers, 19 primary care facilities across India and an international hospital in the Cayman Islands.

VISION & MISSION

VISION-High Quality Healthcare with Care & Compassion at an Affordable cost on a large scale
MISSION- Dream of Making Quality Healthcare Available to the Masses Worldwide

ORGANISATION STUCTURE



SWOT ANALYSIS

STRENGTHS
Established protocols and processes for quality assurance, patient safety, and regulatory compliance.

WEAKNESS
Volume based challenges aligning to everyone vision

OPPORTUNITIES
Pursuing additional quality certifications to enhance the hospital's reputation and patient trust.

THREATS
To maintain the standard of quality from other healthcare providers

PROJECT OBJECTIVE

To assess current compliance and identify specific gaps where the healthcare facility fall shorts to enhance patient safety

About IPSG

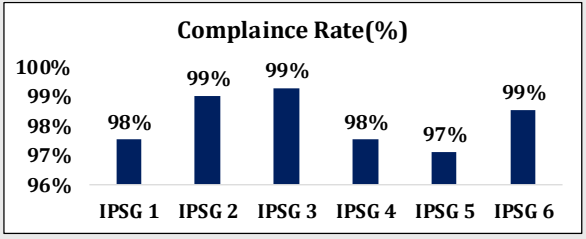
1.Identify Patient Correctly.
2.Improve Effective Communication.
3.Improve the safety of High Alert medication.
4.Ensure Safe Surgery
5.Reduce the risk of health care associated infection.
6.Reduce the risk of patient harm resulting from falls

DATA COLLECTION

For IPSG 1,2,4,6 data is collected by doing physical audit visiting various wards and OT in the two months internship period .
For IPSG 3 & 5 data is collected from Clinical Pharmacy and HIC as it is done by the particular departments according to hospital protocol

Sample Size

IPSG 1,2,4,6 total 1784 sample analysed.
IPSG 3 & 5 total 8927 sample analysed.



GAPS IDENTIFIED

Though there is a mere gap of 2% ,though following shortfalls were identified .
1.Less awareness among staff.
2. Newly joined nursing staffs
3.Deficiency in 5 moments of hand hygiene

Recommendation

1.Providing comprehensive training & eduactionon IPSG standards for all staff members.
2.Allocation of adquet resources.
3.Conduct regular audits & assessment to identify & address noncompliance.
4.Ensure strong leadership support and accountability for patient safety.

Learnings & Usefulness of Internship

During my summer internship, I acquired practical skills in my field, gained hands-on experience, and deepened my understanding of industry practices and challenges.

CONTENTS:

INTRODUCTION:

This report details my summer internship experience at Paras Health, where I worked as an intern in the Quality Department. Leading Indian healthcare provider Paras Health is well known for its dedication to high-quality patient care and safety. My internship, which ran from 01/05/24 to 30/06/24, provided me with a priceless chance to obtain firsthand knowledge of the complex inner workings of hospital quality management.

One of the significant projects I undertook was creating detailed reports on international patient safety goals. This involved analyzing data, identifying areas for improvement, and proposing actionable recommendations to enhance patient safety protocols. Preparation for the NABH inspection was another crucial aspect of my internship.

My understanding of healthcare quality management has greatly increased as a result of my enriching summer internship at Paras Health's Quality Department. This report offers a thorough overview of my experiences, insights, and contributions made throughout the internship. It highlights how I applied my theoretical knowledge in real-world settings and developed the critical abilities needed to pursue a career in healthcare management.

Name of the Organization: Paras Health, Udaipur
Area/ Department/ Project of Summer Internship: Quality Department
Name of the student: Pallabi Debnath
Roll no. 1772 Stream: MBA hospital and health Management

ACTIVITY DONE:

NABH Surveillance

I participated as a frontline quality department staff in NABH quality assurance surveillance held on 1st and 2nd June, 2024.

Department Checklists

I assisted in creating and updating checklists for various departments as per NABH 5TH edition standards. This involved verifying that all necessary items were included and ensuring compliance with safety and quality standards. I also participated in periodic reviews to ensure all departments were meeting their checklist requirements.

Signage

I assisted a comprehensive audit of the hospital's signage, ensuring that all signs were visible, correctly placed, and compliant with NABH standards. I also made recommendations for improving signage clarity and placement to enhance navigability and safety.

Emergency Codes & Mock Drills

- Code Red (Fire): Assisted in conducting mock drills, ensuring staff were aware of fire safety procedures and evacuation routes.
- Code Blue (Medical Emergency): Participated in drills to test and improve the hospital's response to medical emergencies.
- Code Pink (Infant Abduction): Helped organize drills to train staff on preventing and responding to infant abduction scenarios.
- Code Orange (Hazardous Material Spill): Engaged in simulations to handle hazardous material spills safely.
- Code Purple (Hostage Situation): Observed and evaluated drills to prepare staff for potential security threats.

Licenses & Agreements

I assisted in reviewing and updating the hospital's licenses and agreements, ensuring all were valid and complied with current regulations. This involved coordinating with various departments and external agencies to renew and validate necessary documents.

Policies and Manuals

I helped review and update various department policies and manuals as per NABH 5th edition standards, ensuring they were current and aligned with best practices. I also assisted in disseminating these documents to relevant departments and conducted training sessions to ensure staff were familiar with updated protocols.

Facility Rounds

I was a part of facility round team, inspecting various departments for compliance with safety and quality standards. This included checking for cleanliness, equipment functionality, and adherence to safety protocols.

HIRA (Hazard Identification and Risk Assessment) Study

I participated in a HIRA study, helping to identify potential risks in different areas of the hospital and suggesting mitigation strategies. This involved working with a multidisciplinary team to assess risks and develop comprehensive safety plans.

Outsource Audits

I assisted in conducting audits of outsourced services, such as cleaning, catering, and security. This involved reviewing contracts, inspecting service quality, and ensuring compliance with hospital standards.

Document Control

I helped in organizing and maintaining the hospital's document control system. This included ensuring that all documents were correctly filed, up to date, and accessible to authorized personnel.

Audits

Clinical Audit:

Audit on Medicine Department: Conducted an audit to evaluate the quality of care in the Medicine Department, reviewing patient records, treatment protocols, and compliance with clinical guidelines.

Audit on PTCA: Assisted in auditing the Percutaneous Transluminal Coronary Angioplasty (PTCA) procedures, focusing on patient outcomes, procedural compliance, and post-operative care.

Quality Improvement Projects (QIP)

Audit on IV Cannulation: Conducted an audit to evaluate and improve the practices related to IV cannulation, focusing on reducing complications and enhancing patient safety.

Audit on IPSG (International Patient Safety Goals): Assisted in auditing compliance with IPSG, identifying areas for improvement, and implementing corrective actions.

Patient Safety and Quality Improvement (PSQ) Indicators

I was involved in collecting and analysing data on various PSQ indicators, such as infection rates, patient falls, and medication errors. This data was used to identify trends, develop improvement strategies, and monitor the effectiveness of interventions.

Project On IPSG (International Patient Safety Goal): The IPSG project was a vital part of my internship, providing me with hands-on experience in implementing and monitoring patient safety

initiatives. It enhanced my understanding of the challenges and strategies involved in promoting patient safety within a healthcare setting.

Overview of International Patient Safety Goal Project:

INTRODUCTION: With the advent of advanced medical equipment, healthcare is changing quickly, making hospital operations more complex and patient safety more important. The World Health Organization reports that 10% of patients in wealthy nations and a greater percentage in underdeveloped nations experience injury while receiving medical care. A major focus of the 55th World Health Assembly was enhancing patient safety protocols. High-risk drugs, misidentification of patients, and poor communication are major problems. Correct patient identification, efficient communication, the safe use of high-alert drugs, appropriate surgical techniques, a decrease in infections linked to healthcare, and the prevention of patient falls are the main objectives of the IPSG. It is essential that healthcare professionals understand IPSG.

AIM And OBJECTIVE: To ascertain the hospital staff's awareness level and compliance with the IPSG at a tertiary care facility;
To identify any gaps and enhance IPSG compliance and knowledge.

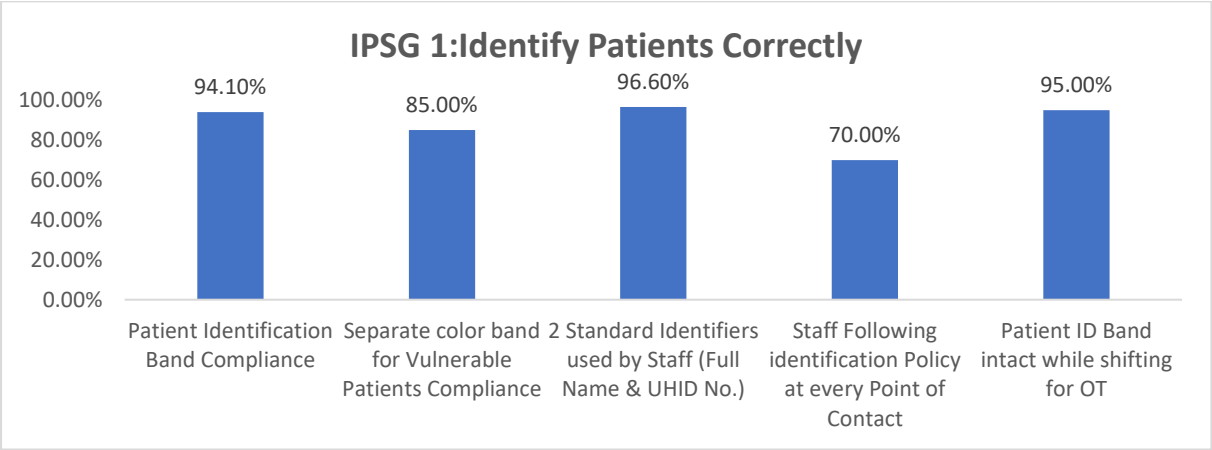
RESEARCH METHODOLOGY:

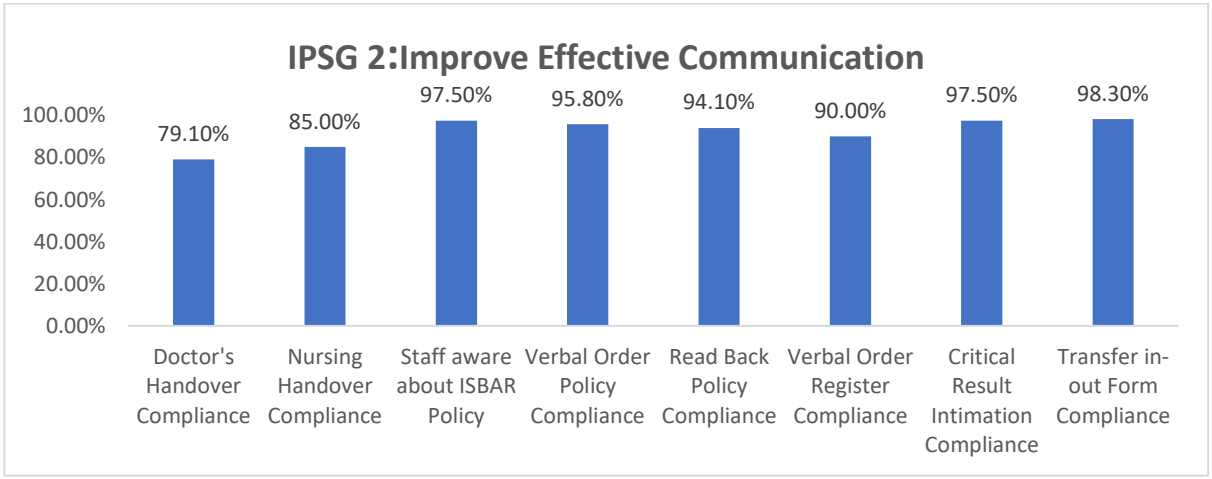
This study is based on: -

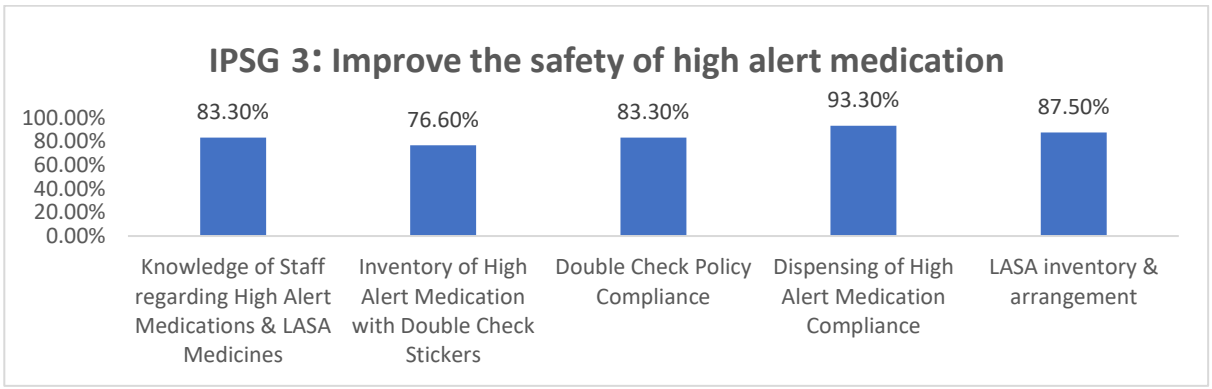
- **Research design:**
  Observational Study.
- **Method of data collection:**
  Data has been collected from IPD, Day Care & OTs of Paras Health for the period April & May (2024).
- **Evaluation techniques:**
  A method of scoring and then displaying the data as bar charts to determine non-compliance. Additionally, RCA has been completed using Fish Bone Diagrams.
- **Stakeholders involved in this study:**
  Patients, Nursing Staff, OT Staff, Consultants, RMOs.
- **Criteria for the study**
- **Inclusion Criteria**
- All the IPD, Day Care & OT Areas
- **Exclusion criteria**

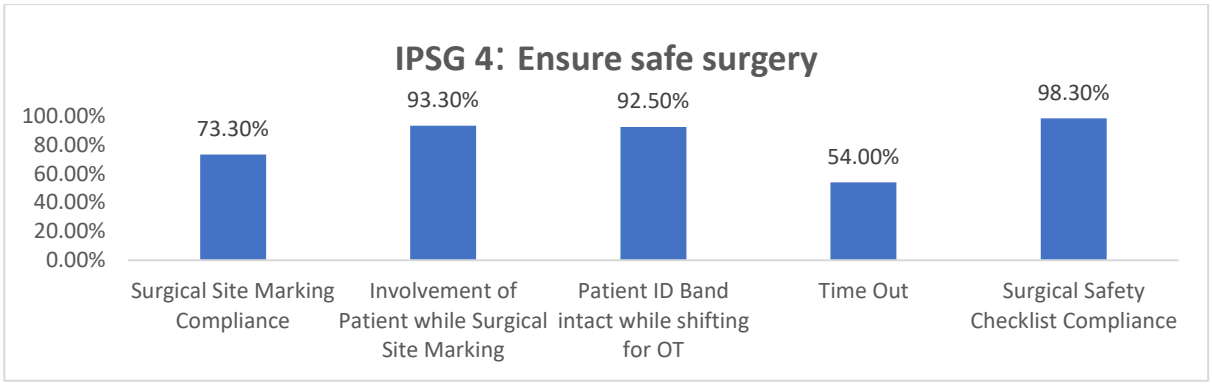
1. OPD
2. ER
3. Dialysis

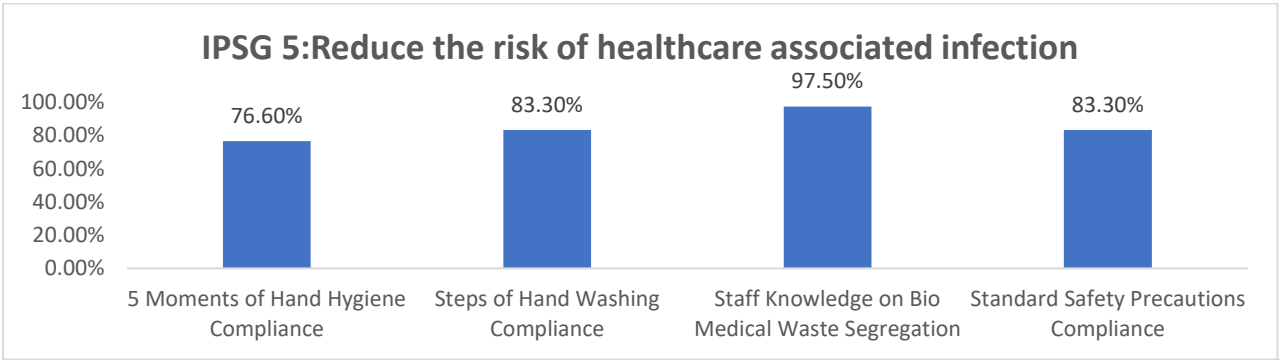
DATA ANALYSIS:

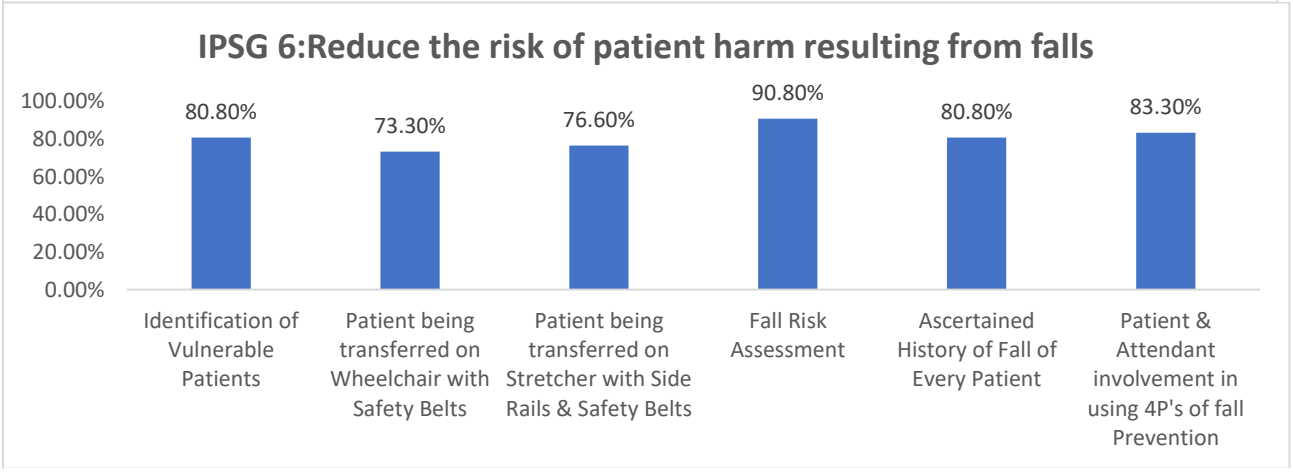












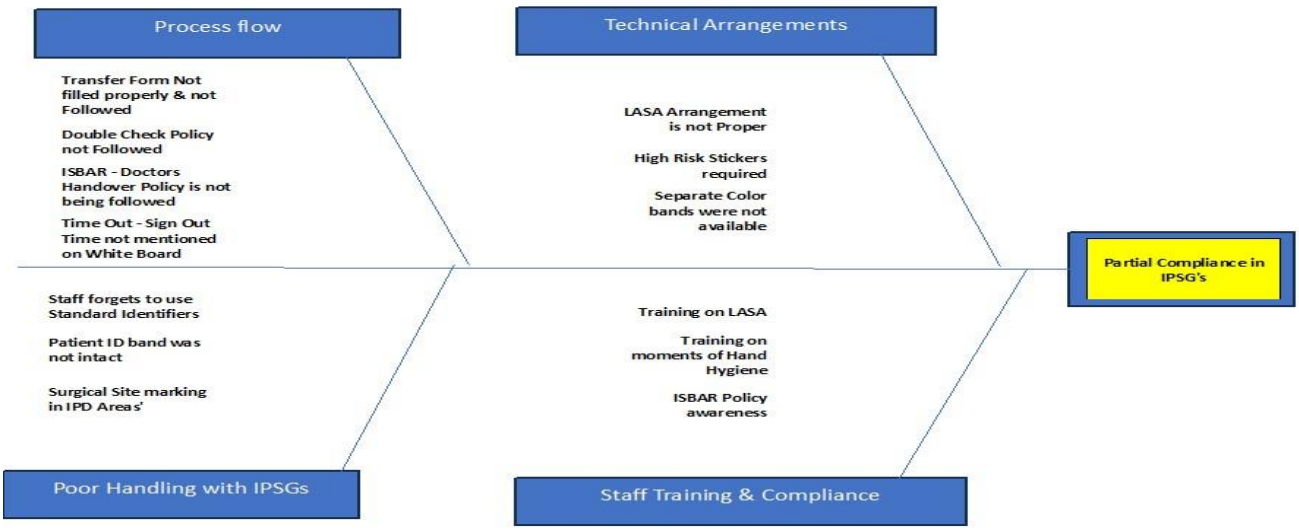


Fig: Fish Bone Analysis of RCA of IPSG compliance.

Findings:

- Staff did not use Standard identifiers at every point of care
- Patient ID Bands were not proper, not present, not according to the Colour Coding.
- High Alert Medicines – Double check policy was not followed uniformly
- Transfer forms were incomplete
- Fall History of few patients was not recorded appropriately
- Time Out – Sign out time was not mentioned on OT 3 & 4's Patient Board.
- Time Out – 100 % Compliance is not observed.
- Staff awareness on LASA Drugs (arrangement & handling).
- Patient Education on 4Ps of Fall prevention was not proper. Staff was advised to educate patients on 4P's of Fall Prevention.
- Side rails were not used
- Safety belts were not used while transferring the Patients.

LINKING THEORY (Classroom learning) with practice at our organisation

- Health Systems and Policy: I participated in NABH inspection preparations, understanding policy application and compliance.
- Principles of Management theories, such as Fayol's Administrative Theory and Mintzberg's Managerial Roles, were utilized in committee meetings and department checklists to ensure effective team coordination.
- In Managing Hospital Services, I conducted facility rounds and mock drills, ensuring efficient service delivery.
- Biostatistics skills were applied in analysing patient safety data.
- Digital Health principles were utilized in document control and data management.
- I managed logistics during emergencies, reflecting Hospital Operations Management.
- Quality and Accreditation standards were applied during NABH inspection preparations.
- Health Economics and Financing concepts were explored through financial management tasks.
- Research Methods and Dissertation Writing skills were refined through data collection and report preparation.
- I also applied Human Resource Management principles in coordinating audits and training.

GAPS IDENTIFIED AT THE WORKING AREA:

• Fail to meet daily NABH criteria for work.
• The department staff's lack of cooperation with the quality department
• Hospital workers' ignorance of NABH standards.

• Despite the assistance of upper management, all stakeholders bear responsibility for maintaining quality standards, which is not being met.
• Following the schedule for closing non-compliances following the NABH surveillance audit.
• Failure to comply with medical record documentation.

SUGGESTIONS FOR IMPROVEMENT:

- **Being proactive**:

- **Willingness**: Demonstrate a readiness to engage in and improve hospital processes.
- **Knowledge**: Continuously update and expand knowledge relevant to quality and patient safety.
- **Zeal for participation**: Show enthusiasm and commitment to participating in quality improvement activities.
- **Active monitoring and follow-up**: Regularly check and follow up on the progress of implemented initiatives.

- **Top management support**: Secure commitment and backing from senior management for quality improvement initiatives.
- **Regular work status update and internal audits by the quality department**: Conduct frequent updates and internal audits to monitor progress and ensure compliance.
- Positive attitude toward safety of patient and quality of care: Promote an environment that places a premium on both.
- **Conducting regular trainings**: Organize ongoing training sessions to keep staff updated on best practices and safety protocols.
- **Simulation setups**:

- **Admission and discharge of patients**: Set up simulations to practice patient admission and discharge processes.
- **IPSGS**: Use simulations to train staff on International Patient Safety Goals.
- **Hospital infection control practices**: Implement simulation exercises to reinforce infection control measures.

- **Conducting mock drills**:

- **Emergency Codes**: Regularly practice response to various emergency codes to ensure preparedness.

- **Responsibility of management**:

- **Proactive risk analysis**: Conduct proactive assessments to identify and mitigate potential risks.
- **HIRA study**: Perform Hazard Identification and Risk Assessment studies to enhance safety.
- **Patient and staff safety measures**: Implement and monitor safety measures to protect both patients and staff.

- **Root Cause Analysis (RCA) and Corrective and Preventive Action (CAPA)**: Investigate challenges, determine root causes, and implement corrective and preventive actions.
- **Regular meetings**: Hold frequent meetings to discuss progress, challenges, and strategies.
- **Regular follow-up**: Consistently follow up on action items and improvements to ensure sustained progress.
- **Monitoring through open and closed file audits**: Conduct audits of both active and completed patient files to ensure continuous quality improvement.

CONCLUSION:

During my internship at Paras Health, I applied classroom theories in various projects and activities, enhancing my understanding of healthcare management. Projects included assessing compliance with International Patient Safety Goals (IPSG) and conducting audits and quality improvement projects. Activities involved department checklists, emergency code drills, and clinical audits. Suggestions for improvement emphasized proactive measures, top management support, regular updates, and audits to maintain high standards of patient safety. This experience has equipped me with practical skills and insights into healthcare operations, emphasizing the importance of continuous improvement for better patient outcomes.