SUMMER INTERNSHIP PROGRAM

At

CK Birla Hospitals, JAIPUR

Date: 01 May 2024 to 01 July 2024

A Comprehensive Audit of High-Risk Medication Management Process in Multi-Specialty Hospital

A Report

By

Mr. Siddhartha Kale

MBA Health and Hospital Management

2023-25

Under The Mentorship of

Mr. S. Chattopadhyay

IIHMR UNIVERSITY

CK BIRLA HOSPITALS | RBH

RBH/2024/Jul/HRD/6162

Date: 01 Jul 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Siddhartha Kale** has successfully completed his training in Quality Department from 01 May 2024 to 01 Jul 2024.

We found him sincere, punctual & hardworking. We wish him every success in his future and career.

For **CK Birla Hospital - RBH**

Raju Kumar
Unit Head - HR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **MR. KALE SIDDHARTHA PRAVIN** of the academic year 2023-25 of Institute of Health Management Research has prepared a poster concerning his summer internship held from 1st May – 01st July 2024.

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

Date: 22/07/2024

Mr. S.P. Chattopadhayay
Assistant Professor

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A Comprehensive Audit on High-Risk Medication Management in A Multi-Specialty Hospital

IIHMR UNIVERSITY

Presented by- Siddhartha Kale

Batch : HM-28 Roll no. 1725

CK BIRLA HOSPITALS
RUKMANI BIRLA HOSPITAL

University Mentor: S. Chattopadhyay

Organisational Mentor: Dr. Kriti Tambi

ABOUT THE ORGANISATION

- Rukmani Birla Hospital (RBH), Jaipur established in 2016
- RBH is a multi-specialty hospital with a capacity of 230 beds. It is designed to offer comprehensive inpatient and outpatient services, ensuring a broad spectrum of medical care
- The hospital houses 24 specialized healthcare departments. These include Cardiology, Neurology, Endocrinology, Dermatology, Pediatrics, Gynecology, Ophthalmology, Gastroenterology, Critical Care Medicine, Internal Medicine, Orthopedics, and General Surgery, among others.

VISION AND MISSION

- **Vision:**

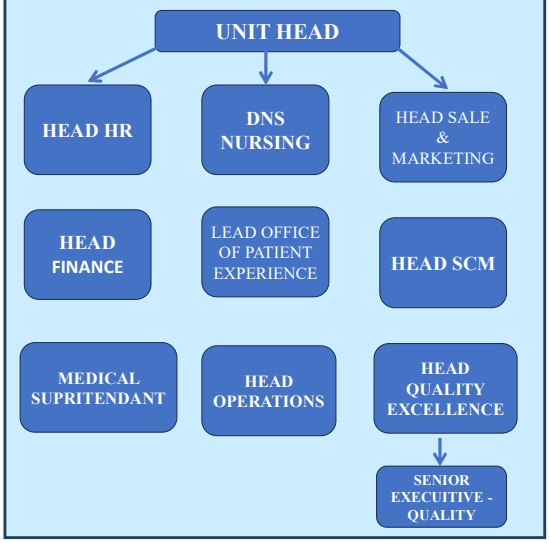
To provide the best of patient service and clinical excellence, ensuring top-quality healthcare through a patient-centric approach and state-of-the-art technology.

- **Mission:**

The mission of RBH is to create Clinical Centers of Excellence supported by robust research, academic programs, and evidence-based medical practices to ensure the best clinical and patient outcomes.

- **Key Principles:**
  - Clinical Excellence
  - Ethical Conduct
  - Patient Centric

ORGANISATION STRUCTURE



AIM AND OBJECTIVE

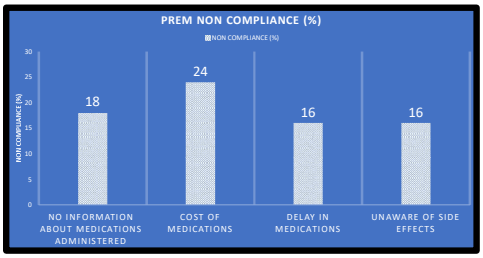
- **Aim:**

To Conduct A Comprehensive Audit Of High-risk Medicines Management in a Multi specialty Hospital

- **Objectives:**
  - The Objective Of This Study Is To Observe/Monitor Safe Handling & Administration High-risk Medicines For IP Patients.
  - Also Do To Focus Study On Process On Management Across All The Stakeholder And Suggest Compliance To Adherence To The SOP"s.

RATIONALE

- Identified a knowledge gap among patients regarding information about medicines they were receiving (18%) and their potential side effects (16%) during PREM medication safety survey.
- Patients relied completely on medical staff for medicine management leaving them vulnerable.
- Focused on High risk medicine management compliance due to possible fatality caused in case of negligence.

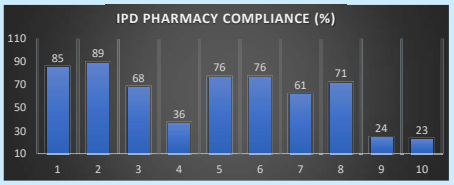


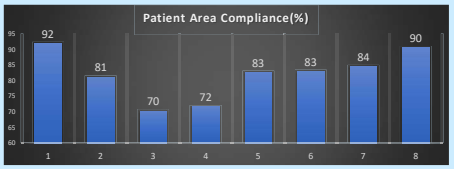
TEAM QUALITY

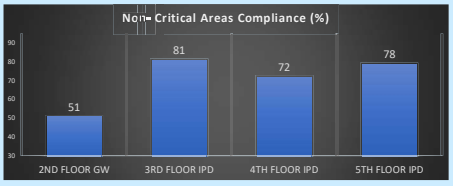
STUDY METHODOLOGY

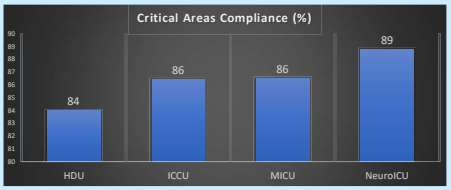
- Study Area: - CK BIRLA HOSPITAL(RBH), JAIPUR
- Study Design- Cross Sectional
- Study period: - 13th MAY- 20TH JUNE
- Tool: - Self designed audit sheet for high risk medication management.
- Sample size: - 200
- Study Population: - Patients from critical and non critical areas
- Critical Areas: - MICU, NeuroICU, ICCU, HDU
- Non Critical Areas: - 2ND,3RD,4TH,5TH IPD Patient areas

FINDINGS









STUDY RESULTS

- IPD Pharmacy non compliance was found in lack of separate packaging and failure to cross sign of second pharmacist.
- The second floor general ward's compliance (51%) is significantly below the overall area compliance, indicating a need for substantial improvement.
- The average compliance in critical care areas is high at 86%, showcasing effective adherence to safety protocols.
- A notable reductions in compliance rate was observed for having high-risk medications in patient medication drawers, leading to 24% non compliance
- The HDU unit shows a slight deficiency in compliance, suggesting room for improvement despite being close to the overall average compliance rate.

SUGGESTIONS

- Implementing stringent separate packaging and double verification signature on issue slip policy for high risk medicines and also educating the staff about importance of the same.
- Posting of one clinical pharmacologist in IPD Pharmacy to ensure proper guidelines are followed
- Frequent audits of non critical areas to improve their adherence to guidelines and training healthcare staff to document all the administration.
- Use of Red ink for High Risk Medication Stamp.
- Avoiding mixing of high risk medicines with other medicines in patient side medicine cabinets to eliminate the possibility medication errors.
- Patient education regarding High risk medications during administrations.

CHALLENGES FACED

- Keeping track of vast data across various departments.
- Dealing with staff who refrained from communicating.

THEORETICAL UNDERSTANDING

- Learnt about data collection tool and methods in Research Methodology.
- Studied about different study types in Epidemiology.
- Studied various quality parameters in Hospital services.
- Learnt about professional conversation in organizational behaviour.

PRACTICAL EXPOSURE

- Conducted data collection of patients from critical and non critical areas using audit sheets.
- Conducted cross sectional study on 200 patients.
- Implemented various parameters while designing the audit sheets.
- Interviewed staff across various department while conducting data collection for the project.

SWOT ANALYSIS

STRENGTH

- In accordance to IPSG Goal 3
- Comprehensive coverage of all the medicine management areas
- .Data oriented approach

WEAKNESS

- Auditors biasness.
- Resistance to change approach by staff.

THREATS

- Evolving Regulations
- High turn over of staff due to frequent audits.

OPPORTUNITIES

- Interdepartmental learning and collaborations
- Benchmarking the performance metrics

LEARNING AND VALUE ADDITION

- Learnt about various quality requirements under NABH 5th edition and IPSG Goals.
- Conducted various patient surveys through quality tools like PREM and PROM.
- Conducted and learnt designing and implementing auditing tools.
- Learnt about workings of various departments and hospital as a whole.
- Learnt about professional communications and etiquettes
- .Exposure to studying various patient related documents and guidelines which ,must be followed regarding those.

Annexure-E

Reporting Format (Weekly)

Name of the Organisation:

Area/ Department/ Project of Summer Internship Program:

Name of the Student:

Roll no: **Stream:**

Week no:
From……to……..

Activity Done	
Linking theory (Classroom learning) with practice at your organisation	
Gaps identified on the working area.	
Suggestions for improvement	
Plan for the next week	

Signature of the Student

WEEKLY REPORT – 1

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOSPITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 69

STREAM: - MBA HEALTH AND HOSPITAL MANAGEMENT

WEEK NUMBER: - 01

FROM: - 01/05/2024

TO: - 04/05/2024

ACTIVITY DONE	• Conducted OPD Pharmacy audit with KPI list of 28 parameters. • Conducted IPD Patient Medication administration and safety awareness survey using CAHO's PREMs tool with 50 patients. • Complied the findings of survey, prepared and submitted the report to Dr Kanika Sharma (Senior Quality Executive, RBH) • Attended Emergency codes training of OPD pharmacy staff conducted by Dr Kanika Sharma & Mr Kamal Shivhare (Clinical Pharmacologist, RBH) • Conducted a brief ICCU internal audit with 11 Indicators.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Observed ICU zoning, IPD ward's structure, Departmental Planning, various therapeutic processes taught in module of Hospital Services. • Used sampling techniques, data collection, data analysis processes taught in Research methodology module. • Implemented professional communication tools and process taught in Organizational Behaviour module.
GAPS IDENTIFIED ON THE WORKING AREA	• Observed gap in patient's knowledge on medication use and side effects which were administered to them. • Cost structure not clearly communicated with patients of government schemes and TPA. • Lack of Knowledge of newly joined staff on emergency codes. • Occasional negligence in filling information on time in patient files by healthcare staff.

SUGGESTIONS FOR IMPROVEMENT	• Communicating medication use and possible side effects to patients while administering medicines. • Frequently communicating cost structure of treatment to cash patients during their stay at hospital. • Training the newly appointed staff frequently to bridge knowledge gap. • Communicating importance of patient data to healthcare staff who are prone to make negligence or error.
PLAN FOR THE NEXT WEEK	• Finalizing and working on summer internship project topic. • Conducting Prescription audit.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 2

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HSOPITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HEALTH AND HOSPITAL MANAGEMENT

WEEK NUMBER: - 02

FROM: - 06/05/2024

TO: - 11/05/2024

ACTIVITY DONE	• Finalized Internship Project on "High Risk medication management in Hospital". • Conducted MICU Internal audit. • Conducted HIRA (Hazardous Incidents Risk Assessment) audit for multiple floors. • Designed Audit sheet for Internship project purpose. • Learned about admission and discharge process. • Learned about OT Utilization calculation process.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Designing methodology for conducting project learnt in Research methodology. • Observed various zoning of various ICU's learnt in Hospital services. • Learnt etiquettes of a professional meeting learnt in Principles of Management.
GAPS IDENTIFIED ON THE WORKING AREA	• Pharmacy department prone to error during various critical processes of medication management. • Occasional negligence by healthcare staff for filling Family consents in patient file and if done then negligence in filling. • Possibility of Hazardous Incidents by portable electric medical equipment's handling and transportation.
SUGGESTIONS FOR IMPROVEMENT	• Proper training of IPD Pharmacy especially of runners who are prone to make delays in medicine transfer. • Training and constant remainder system for medical staff for timely filling of patient's data in file. • Proper docking area for medical equipment regularly used in wards.

PLAN FOR THE NEXT WEEK	• Finalizing and getting approval of the audit sheet for Internship project. • Conducting primary data collection activities for the project.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 3

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 03

FROM: - 13/05/2024

TO: - 18/05/2024

ACTIVITY DONE	• Initiated primary data collection from IPD Pharmacy, Nursing Stations, Patient Areas for High-Risk medication management project completed 45 patients' data collection from various critical care areas out of sample size of 200. • Compiled HIRA survey and submitted to Senior Quality executive (Dr. Kanika Sharma). • Observed STEMI & BLUE and their compliance to set standard of Turn Around Time.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Sampling and data collection taught in research methodology. • Emergency area zoning taught in Hospital Services. • Professional communication taught in principles of management.
GAPS IDENTIFIED ON THE WORKING AREA	• Shortage on staff in dispensing area of IPD Pharmacy. • Delay in medicine delivery in critical areas even with priority level of STAT. • Negligence of cross sign on high-risk medicines prescription. • Negligence in filling high risk administered medicines in patient file in non-critical area such as general ward.
SUGGESTIONS FOR IMPROVEMENT	• Employ required number of staff in departments. • Focus on patient file information filling in non-critical areas. • Presence of enough high risk medicines in medication cabinets in critical areas.

PLAN FOR THE NEXT WEEK	• Complete 70 patients out remaining 155 patients sample size for project. • Complete assigned tasks.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 4

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 04

FROM: - 20/05/2024

TO: - 25/05/2024

ACTIVITY DONE	• Collected data from IPD Pharmacy, Nursing Stations, Patient Areas for High-Risk medication management project completed 60 patients' data collection from various critical and non-critical care areas. • Learnt about discharge process of IPD patients. • Learnt about inventory process and system in engineering department.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Sampling and data collection taught in research methodology. • Emergency area zoning taught in Hospital Services. • Professional communication taught in principles of management.
GAPS IDENTIFIED ON THE WORKING AREA	• Shortage on staff in dispensing area of IPD Pharmacy. • Delay in medicine delivery in critical areas even with priority level of STAT. • Negligence of cross sign on high-risk medicines prescription. • Negligence in filling high risk administered medicines in patient file in non-critical area such as general ward.
SUGGESTIONS FOR IMPROVEMENT	• Employ required number of staff in departments especially IPD Pharmacy. • Focus on patient file information filling in non-critical areas. • Presence of enough high-risk medicines in medication cabinets in critical areas.

PLAN FOR THE NEXT WEEK	• Complete 80 patients remaining for the project data. • Complete assigned tasks. • Begin data analysis for the project.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 5

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 05

FROM: - 27/05/2024

TO: - 01/06/2024

ACTIVITY DONE	• Completed 200 patients' data collection for project on **"A Study on High-Risk medication management in Hospital"** from critical and non-critical areas, also completed 17 days audit for IPD Pharmacy and Nursing station for the project. • Learnt about discharge process of IPD patients. • Learnt about after discharge engineering maintenance process using checklist for the same.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Sampling and data collection taught in research methodology. • Emergency area zoning taught in Hospital Services. • Professional communication taught in principles of management.
GAPS IDENTIFIED ON THE WORKING AREA	• Shortage on staff in dispensing area of IPD Pharmacy. • Delay in medicine delivery in critical areas even with priority level of STAT. • Negligence of cross sign on high-risk medicines prescription. • Negligence in filling high risk administered medicines in patient file in non-critical area such as general ward. • Delay in medicine clean of nursing staff after patients discharge which further delays maintenance check and another admission.
SUGGESTIONS FOR IMPROVEMENT	• Employ required number of staff in departments especially IPD Pharmacy. • Focus on patient file information filling in non-critical areas. • Presence of enough high-risk medicines in medication cabinets in critical areas. • Presence of Thrombolytic medicines in non-critical areas in case of emergencies.

PLAN FOR THE NEXT WEEK	• Perform data analysis of the collected data for the project. • Work on Project report. • Complete assigned tasks.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 6

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 06

FROM: - 03/06/2024

TO: - 08/06/2024

ACTIVITY DONE	• Initiated data analysis for the project. • Attended CME session on Digitalization in Dental surgeries. • Witnessed and observed protocols for Pink, violet, orange, RRT emergency codes. • Conducted CAHO PREM survey for geriatric patient's care and safety. • Learnt about new advancements in physiotherapy equipment.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Data analysis taught in research methodology. • Emergency area zoning taught in Hospital Services. • Professional communication taught in principles of management. • Emergency codes procedures and standard TAT taught in Hospital services.
GAPS IDENTIFIED ON THE WORKING AREA	• Shortage on staff in dispensing area of IPD Pharmacy. • Delay in medicine delivery in critical areas even with priority level of STAT. • Negligence of cross sign on high-risk medicines prescription. • Negligence in filling high risk administered medicines in patient file in non-critical area such as general ward. • Occasional delay in fulfilling doctors' orders for catheter, medicine administration and general housekeeping.
SUGGESTIONS FOR IMPROVEMENT	• Employ required number of staff in departments especially IPD Pharmacy. • Focus on patient file information filling in non-critical areas. • Presence of enough high-risk medicines in medication cabinets in critical areas. • Presence of Thrombolytic medicines in non-critical areas in case of emergencies.

PLAN FOR THE NEXT WEEK	• Compile the data analysis findings for the project. • Work on summer internship project report. • Complete assigned tasks.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 7

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 07

FROM: - 10/06/2024

TO: - 15/06/2024

ACTIVITY DONE	• Completed data analysis for the project. • Conducted departmental audit for biomedical engineering department consisting of 15 audit points, • Conducted CAHO PREM survey for patients who received implants surgery. • Conducted 100 blood donor data feed in system after the occasion of World Blood donor day.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Data analysis taught in research methodology. • Professional communication taught in principles of management. • Emergency codes procedures and standard TAT taught in Hospital services. • Data collection tool designing taught in Research methodology.
GAPS IDENTIFIED ON THE WORKING AREA	• Shortage on staff in dispensing area of IPD Pharmacy. • Delay in promptness of GDA staff and assisting staff towards patient's complaints. • Negligence in filling high risk administered medicines in patient file in non-critical area such as general ward. • Occasional delay in fulfilling doctors' orders for catheter, medicine administration.
SUGGESTIONS FOR IMPROVEMENT	• Employ required number of staff in departments especially IPD Pharmacy. • Training of GDA and assisting staff for promptness of response on complaints received. • Focus on patient file information filling in non-critical areas. • Presence of enough high-risk medicines in medication cabinets in critical areas.

PLAN FOR THE NEXT WEEK	• Integrating the data analysis finding into summer internship project report. • Complete the assigned departmental audits. • Complete assigned tasks.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 8

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 08

FROM: - 17/06/2024

TO: - 22 /06/2024

ACTIVITY DONE	• Edited the quality audit sheet for the MRD department and conducted the audit for same. • Designed the quality audit sheet for Dialysis unit audit and conducted the same with 28 parameters. • Designed audit sheet for Hospital store and awaiting approval. • Initiated Poster designing for summer internship. • Compiled and submitted report for CAHO's PREM on Geriatric care and safety.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Checklist designing taught in research methodology. • Data analysis taught in research methodology. • Professional communication taught in principles of management. • Emergency codes procedures and standard TAT taught in Hospital services. • Data collection tool designing taught in Research methodology.
GAPS IDENTIFIED ON THE WORKING AREA	• Cleanliness and other major operational gaps identified during dialysis unit audit. • Identified gaps in record recall system in MRD department during audit. • Occasional delay in fulfilling doctors' orders, medicine administration and post discharge housekeeping duties.
SUGGESTIONS FOR IMPROVEMENT	• Frequent audit for dialysis unit until major gaps are resolved. • Training of GDA and assisting staff for promptness of response on complaints received. • Presence of enough high-risk medicines in medication cabinets in critical areas where it is needed.

PLAN FOR THE NEXT WEEK	• Completing summer internship poster preparation. • Complete the assigned departmental audits. • Complete assigned tasks.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – 9

NAME OF THE ORGANISATION: - RUKHMANI BIRLA HOPSITAL, JAIPUR

DEPARTMENT FOR SUMMER INTERNSHIP: - QUALITY DEPARTMENT

NAME OF THE STUDENT: - SIDDHARTHA PRAVIN KALE

ROLL NO: - 1725

STREAM: - MBA HM 28

WEEK NUMBER: - 09

FROM: - 24/06/2024

TO: - 29 /06/2024

ACTIVITY DONE	• Designed Quality Audit sheet for departmental audit of IP Pharmacy and General store and conducted audit for the same. • Assisted in sorting out mortality files for monthly meeting. • Learnt about STP and ETP processes. • Learnt about Mortuary process and requirements.
LINKING CLASSROOM THEORY WITH PRACTICE AT ORGANISATION	• Checklist designing taught in research methodology. • Data analysis taught in research methodology. • Professional communication taught in principles of management. • Emergency codes procedures and standard TAT taught in Hospital services. • Data collection tool designing taught in Research methodology.
GAPS IDENTIFIED ON THE WORKING AREA	• Found absence of temperature and humidity monitoring in general store during audit. • Found mismatched drugs list on refrigerators and cabinets, over stacking of boxes in IP Pharmacy store during audit. • Occasional delay in fulfilling doctors' orders, medicine administration and post discharge housekeeping duties.
SUGGESTIONS FOR IMPROVEMENT	• Frequent audit for departments to resolve the gaps identified. • Training of GDA and assisting staff for promptness of response on complaints received. • Presence of enough high-risk medicines in medication cabinets in critical areas where it is needed.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation:

Area/ Department/ Project of Summer Internship Program:

Name of the Student:

Roll no: **Stream:**

Activity Done	
Linking theory (Classroom learning) with practice at your organisation	
Gaps identified on the working area.	
Suggestions for improvement	

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Rukmani Birla Hospitals, Jaipur

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Siddhartha Kale

Roll no: 1725 **Stream:** MBA Health and Hospital Management

ACTIVITIES DONE	• **Conducted an OPD pharmacy audit using a KPI list with 28 parameters to evaluate performance and compliance.**
	  • Implemented a comprehensive audit in the Outpatient Department (OPD) pharmacy, measuring performance against 28 key performance indicators (KPIs) to ensure compliance with set standards and identify areas for improvement.
	• **Administered a survey using CAHO's PREMs tool to assess medication administration and safety awareness among 50 IPD patients.**
	  • Conducted a Patient-Reported Experience Measures (PREMs) survey developed by the Consortium of Accredited Healthcare Organizations (CAHO) to evaluate how 50 inpatients perceive medication administration and their awareness of medication safety protocols.
	• **Compiled findings from the medication administration and safety survey and submitted a detailed report to Dr. Kanika Sharma, Senior Quality Executive at RBH.**
	  • Analysed the survey data, identified key trends and issues, and prepared a comprehensive report summarizing the findings. Submitted the report to Dr. Kanika Sharma, highlighting actionable insights and recommendations for improvement.
	• **Attended training sessions on emergency codes for OPD pharmacy staff, conducted by Dr.**

	Kanika Sharma and Mr. Kamal Shivhare, Clinical Pharmacologist at RBH. • Participated in training sessions focused on the protocols and procedures for emergency codes such as STEMI, BLUE, Pink, Violet, Orange, and Rapid Response Team (RRT), enhancing readiness and response capabilities in emergency situations. • **Conducted an internal audit of the Intensive Coronary Care Unit (ICCU) using 11 specific indicators to ensure quality and safety standards.** • Performed a detailed audit in the ICCU, utilizing 11 indicators to assess compliance with quality and safety standards, identifying potential areas for enhancement in patient care. • **Finalized a comprehensive project on managing high-risk medications in the hospital setting.** • Completed an extensive project focused on the management of high-risk medications, detailing protocols, risk mitigation strategies, and best practices to ensure patient safety and effective medication administration. • **Performed an internal audit of the Medical Intensive Care Unit (MICU) to evaluate adherence to medical protocols and safety measures.** • Conducted an audit within the MICU to verify adherence to established medical protocols and safety measures, ensuring high standards of patient care and identifying areas for process improvement. • **Conducted a Hazardous Incidents Risk Assessment (HIRA) audit across multiple hospital floors to identify and mitigate potential risks.** • Implemented a HIRA audit on various hospital floors to identify potential hazards and risks, developing strategies and recommendations to mitigate identified risks and enhance patient and staff safety.

	• **Designed an audit sheet tailored for the internship project on high-risk medication management.** • Created a specialized audit sheet to systematically collect and analyse data for the internship project on high-risk medication management, ensuring thorough and accurate data capture. • **Learned the procedures involved in patient admission and discharge to enhance understanding of hospital operations.** • Acquired detailed knowledge of the hospital's patient admission and discharge processes, including documentation, patient handling, and coordination with different departments. • **Gained insights into the process of calculating operating theater (OT) utilization rates.** • Learned the methodology for calculating the utilization rates of operating theaters, understanding how to assess efficiency and optimize OT scheduling and usage. • **Initiated primary data collection from IPD pharmacy, nursing stations, and patient areas. Completed data collection for 200 patients from various critical and non-critical care areas.** • Started and completed the collection of primary data from IPD pharmacies, nursing stations, and patient areas, gathering information from 200 patients across critical and non-critical care units to support the high-risk medication management project. • **Compiled and submitted the HIRA survey report to Senior Quality Executive Dr. Kanika Sharma.** • Analysed data from the HIRA survey, compiled findings, and submitted a detailed report to Dr. Kanika Sharma, outlining key risks and recommended mitigation strategies.

	• **Observed and evaluated compliance with set standards for Turn Around Time (TAT) during STEMI and BLUE code emergencies.** • Monitored and assessed the hospital's adherence to established TAT standards during STEMI (ST-Elevation Myocardial Infarction) and BLUE code (cardiac arrest) emergencies, identifying any deviations and suggesting improvements. • **Learned about the inventory management process and system used in the hospital's engineering department.** • Gained an understanding of the inventory management processes and systems employed in the engineering department, including procurement, storage, and maintenance of medical equipment and supplies. • **Initiated and completed data analysis for the high-risk medication management project.** • Began and finalized the analysis of collected data for the high-risk medication management project, identifying key patterns, risks, and areas for improvement. • **Attended a Continuing Medical Education (CME) session focused on the digitalization of dental surgeries.** • Participated in a CME session that covered advancements in the digitalization of dental surgeries, learning about new technologies and their applications in improving dental care. • **Witnessed and observed protocols for handling various emergency codes, including Pink, Violet, Orange, and Rapid Response Team (RRT).** • Observed the implementation and adherence to protocols for different emergency codes, gaining insights into the hospital’s emergency response mechanisms.

	• **Conducted a CAHO PREM survey specifically focused on the care and safety of geriatric patients.** • Administered a CAHO PREM survey to evaluate the care and safety measures provided to geriatric patients, collecting feedback to improve services for elderly patients. • **Learned about new advancements and innovations in physiotherapy equipment.** • Acquired knowledge about the latest advancements in physiotherapy equipment, understanding how these innovations can enhance patient rehabilitation and care. • **Conducted a departmental audit for the biomedical engineering department, covering 15 specific audit points.** • Performed a detailed audit of the biomedical engineering department, assessing 15 specific criteria to ensure compliance with standards and identify areas for improvement. • **Conducted a CAHO PREM survey targeting patients who had undergone implant surgeries to assess their care and safety.** • Conducted a survey using CAHO PREMs to gather feedback from patients who received implant surgeries, evaluating the quality of care and safety protocols in place. • **Entered data for 100 blood donors into the system following World Blood Donor Day.** • Managed the data entry process for 100 blood donors, ensuring accurate and efficient recording of information in the hospital system following World Blood Donor Day. • **Edited the quality audit sheet for the Medical**

	Records Department (MRD) and conducted the audit. • Revised and updated the quality audit sheet for the MRD, then conducted an audit to ensure compliance with documentation standards and improve record-keeping practices. • **Designed and conducted an audit for the dialysis unit using a quality audit sheet with 28 parameters.** • Created a detailed audit sheet with 28 parameters for the dialysis unit, conducting an audit to assess the unit's adherence to quality and safety standards. • **Designed an audit sheet for the hospital store and submitted it for approval.** • Developed an audit sheet to evaluate the operations of the hospital store and submitted it to relevant authorities for approval. • **Initiated the design of a poster to summarize and present the summer internship activities and findings.** • Started designing a poster to visually summarize and present the activities, achievements, and findings from the summer internship. • **Compiled and submitted a report based on the CAHO PREM survey findings related to geriatric care and safety.** • Compiled data from the CAHO PREM survey focused on geriatric care and safety, prepared a comprehensive report, and submitted it to senior quality management for review and action

LINKING THEORY WITH PRACTICAL EXPOSURE	**Observed ICU zoning, IPD ward's structure, Departmental Planning, various therapeutic processes taught in the module of Hospital Services.** • Gained practical insights into the zoning of Intensive Care Units (ICUs), the structural organization of Inpatient Department (IPD) wards, departmental planning, and various therapeutic processes as taught in the Hospital Services module. • **Used sampling techniques, data collection, and data analysis processes taught in the Research Methodology module.** • Applied sampling techniques and data collection methods to gather research data, followed by data analysis processes to interpret and present findings, as instructed in the Research Methodology module. • **Implemented professional communication tools and processes taught in the Organizational Behavior module.** • Utilized professional communication tools and strategies learned in the Organizational Behavior module to enhance interpersonal communication and organizational interactions. • **Designed methodology for conducting a project learned in Research Methodology.** • Developed a comprehensive methodology for conducting research projects, incorporating techniques and strategies taught in the Research Methodology module. • **Observed various zoning of ICUs as learned in Hospital Services.** • Applied theoretical knowledge of ICU zoning from the Hospital Services module to observe and understand the zoning practices in various Intensive Care Units. • **Learned etiquettes of a professional meeting as**

	taught in Principles of Management. • Acquired and practiced the etiquettes and protocols for conducting professional meetings, as instructed in the Principles of Management module. • **Applied sampling and data collection techniques taught in Research Methodology.** • Utilized the sampling and data collection methods taught in the Research Methodology module to gather and manage research data effectively. • **Learned about emergency area zoning taught in Hospital Services.** • Gained an understanding of the zoning principles for emergency areas, as detailed in the Hospital Services module. • **Practiced professional communication taught in Principles of Management.** • Implemented effective professional communication techniques in real-world scenarios, as taught in the Principles of Management module. • **Conducted data analysis as taught in Research Methodology.** • Performed data analysis using techniques learned in the Research Methodology module to interpret research findings accurately. • **Learned about emergency codes procedures and standard Turn Around Time (TAT) taught in Hospital Services.** • Studied the procedures for handling emergency codes and the importance of standard Turn Around Time (TAT), as taught in the Hospital Services module. • **Designed data collection tools as taught in Research Methodology.**

	• Created effective data collection tools, applying the design principles and techniques learned in the Research Methodology module. • **Developed checklists for research methodology.** • Designed checklists to ensure comprehensive data collection and adherence to research protocols, as instructed in the Research Methodology module. • **Observed the application of emergency codes procedures and standard TAT taught in Hospital Services.** • Monitored the practical implementation of emergency codes procedures and adherence to standard TAT in a hospital setting, utilizing knowledge from the Hospital Services module.

	• **Observed gap in patient's knowledge on medication use and side effects which were**

GAPS IDENTIFIED ON THE WORKING AREA	**administered to them.**
	  • Identified that patients often lack adequate knowledge about the medications they are administered, including potential side effects, indicating a need for improved patient education.
	• **Cost structure not clearly communicated with patients of government schemes and TPA.**
	  • Noticed that the cost structure of treatments is not effectively communicated to patients using government schemes and Third-Party Administrators (TPA), leading to confusion and dissatisfaction.
	• **Lack of knowledge of newly joined staff on emergency codes.**
	  • Found that newly joined staff members are not well-informed about emergency codes, highlighting a gap in their training and preparedness for emergencies.
	• **Occasional negligence in filling information on time in patient files by healthcare staff.**
	  • Observed instances where healthcare staff neglected to fill patient information in a timely manner, impacting the accuracy and completeness of medical records.
	• **Pharmacy department prone to error during various critical processes of medication management.**
	  • Identified that the pharmacy department is susceptible to errors during critical processes of medication management, necessitating stricter protocols and oversight.
	• **Occasional negligence by healthcare staff for filling family consents in patient files and if done then negligence in filling.**
	  • Noted occasional negligence by healthcare staff in obtaining and properly filling out

	family consent forms in patient files, which can lead to legal and ethical issues.
	
	• **Possibility of hazardous incidents by portable electric medical equipment's handling and transportation.**
	
	  • Recognized the potential for hazardous incidents due to improper handling and transportation of portable electric medical equipment, underscoring the need for better safety protocols.
	
	• **Shortage of staff in dispensing area of IPD Pharmacy.**
	
	  • Identified a shortage of staff in the IPD pharmacy dispensing area, which affects the efficiency and accuracy of medication dispensation.
	
	• **Delay in medicine delivery in critical areas even with priority level of STAT.**
	
	  • Observed delays in the delivery of medicines to critical areas despite being marked as STAT (immediate priority), compromising patient care.
	
	• **Negligence of cross sign on high-risk medicines prescription.**
	
	  • Noticed that healthcare staff sometimes neglect to place a cross sign on prescriptions for high-risk medicines, which is crucial for indicating special handling.
	
	• **Negligence in filling high-risk administered medicines in patient file in non-critical areas such as the general ward.**
	
	  • Found that there is negligence in recording the administration of high-risk medicines in patient files, particularly in non-critical areas like the general ward.
	
	• **Delay in medicine cleaning of nursing staff after patients discharge which further delays**

	maintenance check and another admission. • Observed delays in the cleaning of medicines by nursing staff after patient discharge, which subsequently delays maintenance checks and the admission of new patients. • **Occasional delay in fulfilling doctors' orders for catheter, medicine administration, and general housekeeping.** • Noted occasional delays in fulfilling doctors' orders related to catheter placement, medicine administration, and general housekeeping tasks, affecting patient care and hospital operations. • **Delay in promptness of GDA staff and assisting staff towards patient's complaints.** • Identified a lack of promptness among GDA and assisting staff in addressing patient complaints, impacting patient satisfaction and care. • **Cleanliness and other major operational gaps identified during dialysis unit audit.** • Detected significant cleanliness and operational issues during an audit of the dialysis unit, highlighting the need for immediate corrective actions. • **Identified gaps in record recall system in MRD department during audit.** • Found gaps in the record recall system within the Medical Records Department (MRD) during an audit, indicating a need for system improvements to ensure efficient record management. • **Occasional delay in fulfilling doctors' orders, medicine administration, and post-discharge housekeeping duties.** • Noted occasional delays in fulfilling doctors' orders, administering medicines, and completing post-discharge housekeeping

	duties, affecting the overall efficiency and quality of patient care.

SUGGESTIONS FOR IMPROVEMENT	**Communicating medication use and possible side effects to patients while administering medicines.** • Ensured patients were well-informed about their medications, including usage instructions and potential side effects, to promote safe and effective medication adherence. • **Frequently communicating cost structure of treatment to cash patients during their stay at hospital.** • Regularly provided detailed information on the cost structure of treatments to cash-paying patients, ensuring transparency and helping them manage their finances during their hospital stay. • **Training the newly appointed staff frequently to bridge knowledge gap.** • Conducted regular training sessions for newly appointed staff to address knowledge gaps and ensure they are well-equipped with necessary skills and information. • **Communicating importance of patient data to healthcare staff who are prone to make negligence or error.** • Emphasized the significance of accurate patient data entry to healthcare staff, particularly those prone to negligence or errors, to improve data reliability and patient care quality. • **Proper training of IPD Pharmacy especially of runners who are prone to make delays in medicine transfer.** • Provided focused training to IPD Pharmacy runners to minimize delays in medication transfer, ensuring timely delivery and administration of medicines. • **Training and constant reminder system for medical**

	staff for timely filling of patient's data in file. • Implemented a training and reminder system for medical staff to ensure timely and accurate filling of patient data in files, enhancing record-keeping efficiency. • **Proper docking area for medical equipment regularly used in wards.** • Established designated docking areas for frequently used medical equipment in wards to ensure organization and quick access when needed. • **Employ required number of staff in departments.** • Ensured that each department was staffed with the necessary number of personnel to maintain smooth operations and high-quality patient care. • **Focus on patient file information filling in non-critical areas.** • Prioritized accurate and thorough information filling in patient files in non-critical areas to maintain comprehensive medical records. • **Presence of enough high-risk medicines in medication cabinets in critical areas.** • Ensured that medication cabinets in critical care areas were sufficiently stocked with high-risk medicines to meet patient needs promptly. • **Presence of Thrombolytic medicines in non-critical areas in case of emergencies.** • Maintained a supply of thrombolytic medicines in non-critical areas to handle emergencies effectively. • **Training of GDA and assisting staff for promptness of response on complaints received.** • Trained General Duty Assistants (GDA) and assisting staff to respond promptly and effectively to complaints, improving patient satisfaction and care.

	• **Frequent audit for dialysis unit until major gaps are resolved.** • Conducted regular audits of the dialysis unit to identify and address any major gaps, ensuring continuous improvement in service quality. • **Presence of enough high-risk medicines in medication cabinets in critical areas where it is needed.** • Verified that critical areas had an adequate supply of high-risk medicines to ensure readiness for any patient emergencies.

Signature of the Student : Mr Kale Siddhartha Kale Pravin

Approved by the IIHMR University's Mentor : Mr S. P. Chattopadhayay