SUMMER INTERNSHIP PROGRAM

at

FORTIS ESCORTS HOSPITAL, JAIPUR

From MAY 01, 2024, to JUNE 30, 2024

A REPORT BY

SHIVANGI PRIYA

Master of Business Administration

HOSPITAL & HEALTH MANAGEMENT

2023-25

under the Mentorship of

DR. MAMTA CHAUHAN

PROFESSOR

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02TH July, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Shivangi Priya has worked as a Trainee with us in the Dept. of Quality from 01 May, 2024 to 29 June, 2024 for the period of Two Months.

Her performance during the period in the department was Good.

We wish Her the best for all her future endeavors.

For Fortis Healthcare Limited.

Fortis Hospitals Limited JAIPUR

Authorized Signatory

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shivangi Priya** of the 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.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 22 July, 2024

Dr. Mamta Chauhan

Professor

IIHMR UNIVERSITY JAIPUR

SUMMER INTERNSHIP PROJECT

NAME:Dr.SHIVANGI PRIYA(MBA HHM/1831)
FACULTY MENTOR: Dr. MAMTA CHAUHAN

MISSION

TO BE A GLOBALLY RESPECTED HEALTHCARE ORGANISATION KNOWN FOR CLINICAL EXCELLENCE AND DISTINCTIVE PATIENT CARE.

VISION

SAVING AND ENRICHING LIVES

THEORATICAL UNDERSTNDING	PRACTICAL EXPOSURE
Regulatory standard Quality improvement theories Healthcare accreditation	Conducting audits Implementing QI projects Data collecting and analysis

ORGANISATION BRIEF HISTORY

- **Fortis** was established in 1996 and was founded by Shivinder Mohan Singh and Malvinder Mohan SIngh. Fortis Jaipur was set up in the year 2007.
- **Fortis Jaipur** is a pioneer in high-end procedures such as kidney transplants, total knee and hip replacement aided by robotic computer navigation, adult and pediatric cardiac surgery, and the treatment of congenital heart defects.
- **Fortis Escorts Hospital Jaipur** is a 275-bed, NABH accredited multi-super specialty hospital in Rajasthan. This hospital has established itself as one of the best tertiary care centers in the region.
- The hospital has been accredited **four** times by **NABH**. It is also the only Indian Hospital to feature among the world's top five destinations for medical tourism by

SWOT

STRENGTH
Established and reputed infrastructure
Focus on continuous improvement
Well trained and qualified professionals
Wide network of hospital
Tie up with the govt. schemes (RGHS, CGHS).

WEAKNESS
Only focus in India
Expensive services

OPPURTUNITY
Growing healthcare market
Corporate tie ups
Medical tourism
Technological advancement

THREATS
Competition such as NARAYANA, EHCC, C.K BIRLA
Regulatory challenges

LEARNINGS

Learnt about medication, admission, consultation, nutritional assessment, discharge, step down and documentation process of the patient.

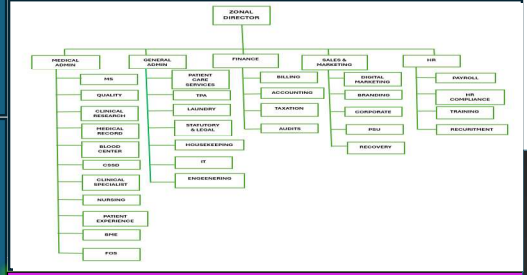
Learnt about the safety codes used in the organisation (**BLUE**, **PINK**, **RED**, **GREY**, **ORANGE**, **YELLOW**, **PURPLE**)

Learnt about different policies and services provided by the organisation.

Learnt about the **NABH** process of accreditation for different quality indicators of the organisation.

Got Training of HAZARDIOUS MATERIAL WASTE MANAGEMENT, HAND WASHING TECHNIQUE, BASIC LIFE SUPPORT AND CARDIOPULMONARY

ORGANISATION STRUCTURE



USEFULLNESS OF INTERNSHIP

Improve essential skills such as communication, problem-solving, time management, and teamwork.
Gain hands-on experience in healthcare quality management
Observed all the departments, learned about their functions, management and coordination, and connected this practical experience with my classroom learning.

CHALLENGES

Initially collecting data in such a big organization was difficult.
Initially the staff was hesitant of sharing any information.
Initially it took a lot of time to get familiar with the organisation.

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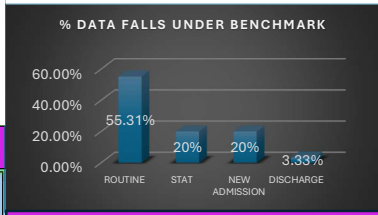
TOPIC: MEDICATION DESPENSING TURNAROUND TIME

OBJECTIVE: To analyse and monitor medication dispensing turnaround time (TAT) in critical units to enhance patient care and operational efficiency

SAMPLE SIZE :150 **INTERVAL**: 9:00 -16:00
POPULATION-PATIENTS OF MICU AND CCU
SAMPLING METHORD-RANDOMISED SIMPLE SAMPLING
AVERAGE TURNAROUND TIME-01:28:54

BENCHMARK:
ROUTINE- 2 HOURS
STAT-15 MIINUTES
DISCHARGE/NEW ADMISSION-30 MINUTES



GAP

Delay in Order Processing
Insufficient staffing
Technological Gaps

SUGGESTIONS

Streamline Order Entry and Processing
Adjust Staffing Levels
Optimize Pharmacy Workflow
Upgrade Technology(using ADC and BCMA)

SUMMER INTERNSHIP PROGRAM at FORTIS ESCORTS HOSPITAL JAIPUR

DEPARTMENT- QUALITY ASSURANCE

DURATION- 2 MONTHS (MAY-JUNE 2024)

COMPILED REPORT

(WEEK 1 TO WEEK 9)

Activity done:

On the first day, we completed the necessary documentation and received an orientation about the rules and regulations of the organization.

During my two-month internship, the organization underwent NABH audit. This experience provided me with a comprehensive understanding of the quality department and its crucial role in the audit process.

Explored the streamlined process of patient registration and admission for IPD, EMERGENCY, and DAYCARE, which includes the facilities of government schemes like RGHS and CGHS. The registration process involves assigning every patient a unique hospital identification number (UHID) and recording their episodes. Patients are then admitted to different departments based on their needs and conditions. The admission process should take 30 mins after the registration of patient.

Explored the DISCHARGE process, the process begins when the consultant advice the patient for the discharge, discharge summary is given by the resident and the discharge was indented in the HIS. The radiology, pharmacy and blood bank clearance were given after the indent. Billing clearance was also given and after all these clearance patients got discharged from the hospital. The discharge process takes 90 mins for cash patient and 240 mins for government schemes and TPA.

Explored the initial assessment process in which the initial assessment should be done under 30 minutes by doctors and nursing staff after the admission of patient. The initial assessment time can be collected from the patient files or by manual observation.

Explored the OPD consultation process in which the time taken from the registration of patient to the consultation should be within 45 mins for walk in patients and 15 mins for the patients who have online appointments.

Analysed all the above processes by calculating turnaround time to find the gap for the enhancement of patient satisfaction.

Explored all the departments, including 4 MICUs, 4 SICUs, 2 CCUs, NCU, PICU, LDU, HDU, 2 OTs, the General Ward, NICU, dialysis, endoscopy, radiology, oncology, and various wards. Additionally, we examined Patient Care Services, Patient Experience, Finance, Marketing, Human Resources, Quality, Supply Chain, Pharmacy, and MRD. This allowed us to gain a comprehensive understanding of the workings and management of these departments.

Attended training for BIOMEDICAL HAZARD CARE (Code ORANGE) and INFECTION CONTROL. We learnt about the handling of hazardous material like chemicals or bodily fluid(blood, urine etc),how to handle the spillage and surrounding area of spillage, how it will get cleaned, whom to call for the process of CODE ORANGE.

Also learnt about the waste management (colors of dustbin and the waste segregation according to the dustbin color).

In INFECTION CONTROL we learnt the handwashing technique in which learnt the 365 technique.

Provided training for safety codes in the hospital (**PURPLE**-fight or fight like situation, **PINK**-missing child, **ORANGE**-spillage, **RED**-fire, **BLUE**-individual disaster, GREAY-internal disaster, **YELLOW**-external disaster) to store staff, pharmacy staff, IT staff, engineering staff, floor staffs(3^{rd} -7^{th} floor).

Conducted mock drills for CODE ORANGE, CODE PINK, CODE BLUE, CODE YELLOW, CODE RED and CODE PURPLE.

Made report for all the SAFETY CODES with member of safety code team, time of every action taken, gap analysis and recommendations.

Prepared pre-test and post-test questionnaire for the codes. Pre-test was administered to the staff before the training and after the mock drill were done. Post-test was administered after the training was given on the observed gap.

Conducted different audits like

LIVE AUDIT-includes checking the crash cart, medicine trolley, oxygen cylinder machine, nursing trolley, id band on patients, refrigerator, ABG machine, bio medication waste management, medicine unattended, proper functioning of remote beds, call bells at patient bed side, open vial protocol, hand wash availabilities, IV lines dates ,sterilized gauge piece availability with date, expiry of ETO items checked, calibration and PMS of equipment)

OPEN and CLOSE FILE AUDIT-open file audit is done on the present patient file and close file audit done in the files which are in the MRD. The checklist of audit includes UHID, consultant name, prescription by doctor, admission form, triage doctor assessment, doctors initial assessment, treatment sheet, progress notes ,pre/post anaesthesia record, surgical safety checklist, OT notes, consent forms, triage nursing assessment, nursing admission assessment, daily nursing assessment, growth and development charts,inhouse transfer form, home medication declaration form, patient and family education record, discharge summary.

Attended the Basic life support (BLS) training and learnt the cardiopulmonary resuscitation. BLS includes the following steps-

1.scene safety

2.check response

3. shout for help

4. check for pulse

5. call for help

6.start CPR

Collected primary data for project quality indicators (medication dispensing turnaround time) it includes the time taken by the IPD pharmacy to dispense the medicine after the indentation

of medication in the HIS system. specifically, the turnaround time from medication indentation in the Hospital Information System (HIS) to actual dispensing by the Inpatient Department (IPD) pharmacy. Efficient medication dispensing is crucial for patient care, reducing delays, and ensuring timely administration of treatments.

Linking theory (Classroom learning) with practice at your organisation

- Hospital Safety codes- Essentials of hospital Services
- Methodology (research design, data collection method, data analysis) – Research methodology
- Mean, median, mode - biostatistics
- IPSG goals– Essentials of hospital services
- Report writing- business communications
- Teamwork, communication skills – behavioural communication and principal of management.
- NABH accreditation – Essential of hospital services
- Government policies like RGHS, CGHS – health policy and healthcare delivery system
- Hospital Information System – Digital Health
- Triaging of patient – Essential of Hospital services

Gaps Identified:

- Admission forms only available in Hindi create obstacles for international patients, making the process less efficient. There are interpreters present for different languages in the hospital but it takes more time to complete the process, hence making the registration process troublesome.
- Safety codes were not clear to the staffs (nursing, GDA, housekeeping, store staff, pharmacy staff, IT staff etc).They don't know which number to dial or what things to say on the phone to explain the place of affected area.

- Staffs are not properly aware of safety codes, IPS goals, fire RACE and PASS.

- The turnaround time for consultation, discharge, initial assessment is more than the ideal time given in hospital policy.

- The medication dispensing turnaround time also do not follow the benchmark given in the standard operating process of pharmacy.
- Patient files were not properly filled and documented. Name, signature, global id, time and date were not properly filled.
- Consent forms are not properly filled as the forms are in Hindi but are filled in English language and vice versa.
- There is not proper communication between different departments which makes the process for patient care slow.
- There is a delay in processes due to outdate HIS system.
- There is only paper data records of patients, Electronic health records/ electronic medical records are not present.

Suggestions:

1. Admission Forms Only Available in Hindi:

Multilingual Forms: Provide admission forms in multiple languages, including English and other common languages of international patients.

Digital Translation Tools: Implement digital translation tools that can instantly translate the forms into the patient's preferred language.

Pre-arrival Form Completion: Allow patients to complete admission forms online before their arrival at the hospital, with language options available.

2. Safety Codes Not Clear to Staff:

Training Programs: Conduct regular training sessions to educate staff on safety codes, emergency numbers, and the correct procedure to report incidents.

Visual Aids: Display clear and visible posters or charts with safety codes, emergency numbers, and steps to follow in prominent areas within the hospital.

Regular Drills: Organize periodic emergency drills to ensure all staff members are familiar with safety procedures and codes.

3. Turnaround Time for Consultation, Discharge, and Initial Assessment:

Process Streamlining: Analyse and streamline the processes involved in consultation, discharge, and initial assessment to eliminate bottlenecks and inefficiencies.

Task Delegation: Delegate specific tasks to dedicated teams or staff members to speed up the process and reduce waiting times.

Performance Monitoring: Implement a monitoring system to track turnaround times and identify areas needing improvement, ensuring adherence to hospital policies.

4. Medication Dispensing Turnaround Time:

Automated Dispensing Systems: Implement automated medication dispensing systems to reduce manual errors and speed up the dispensing process.

Inventory Management: Optimize inventory management to ensure that medications are always in stock and readily available for dispensing.

Pharmacy Workflow Optimization: Analyse and optimize the pharmacy's workflow to reduce turnaround times, including proper staffing and efficient processes.

5. Patient File Documentation:

Standardized Templates: Use standardized templates for patient files that prompt for necessary information like name, signature, global ID, time, and date.

Training and Audits: Provide training on proper documentation practices and conduct regular audits to ensure compliance.

Electronic Health Records (EHR): Implement EHR systems to reduce errors and ensure that all necessary information is properly documented.

6. Consent Forms Language Discrepancies:

Bilingual Forms: Ensure that consent forms are available in both Hindi and English, and that patients are given the form in their preferred language.

Interpreter Assistance: Utilize interpreters to assist patients in understanding and completing consent forms in their preferred language.

Form Review: Implement a review process to check for language consistency and completeness before the forms are accepted.

7. Communication Between Departments:

Interdepartmental Meetings: Schedule regular interdepartmental meetings to improve communication and collaboration.

Unified Communication System: Implement a unified communication system (e.g., internal messaging platform) to facilitate seamless communication between departments.

Standard Operating Procedures (SOPs): Develop and enforce clear SOPs for interdepartmental communication to ensure everyone is on the same page.

8. Delay Due to Outdated HIS System:

System Upgrade: Upgrade the Hospital Information System (HIS) to the latest version with enhanced features and better performance.

Staff Training: Provide comprehensive training to staff on using the updated HIS efficiently.

Regular Maintenance: Schedule regular maintenance and updates for the HIS to ensure it remains current and functional.

9. Lack of Electronic Health Records (EHR):

EHR Implementation: Invest in and implement an EHR system to digitize patient records and improve data accessibility.

Data Migration: Develop a plan to transfer existing paper records to the new EHR system systematically.

Training and Support: Provide training and ongoing support for staff to ensure a smooth transition to using the EHR system.

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 1 **From:1st may**

To:5th may

Activity Done	1. Documentation and orientation. 2. Introduction to quality assurance department. (Mentor- **Dr. Ranjana Rathore**) 3. Explored the streamlined process of patient registration and admission, crafting an engaging flow chart and comprehensive checklist along the way. 4. Explored OPD Billing, RGHS admission, MICUs, emergency department. 5. Made a checklist for RGHS registration and admission. 6. Recorded TAT (turnaround time) of medication dispensing in CCU. 7. Attended training for BIOMEDICAL HAZARD CARE (Code ORANGE) and INFECTION CONTROL. 8. Conducted fire safety inspections across all nine floors, meticulously checking fire exits and stairs, verifying the presence of RACE and PASS boards complete with fire extinguishers, and ensuring each floor's in-charge details and contact numbers were prominently displayed for enhanced safety measures. 9. Organized a stimulating MOCK DRILL for CODE PINK scenarios (missing child situations), thoroughly examining the streamlined process for swiftly resolving CODE PINK alerts. documented a detailed report on the findings. 10. Updated the UNIT BINDER for different departments with content like policies, scope of services, interpreter list, pastoral list, staff list and standard operating procedures.
Gaps identified on the working area.	1. Admission forms only available in Hindi create obstacles for international patients, making the process less efficient. 2. challenges of limited staff for prompt medication delivery post-order processing across departments. 3. Discovered a process gap during the safety code mock drill, prompting targeted enhancements for protocol effectiveness.
Suggestions for improvement	1. Provide multilingual admission forms, including English and other commonly spoken languages among international patients. 2.Optimize workflow processes to reduce medication delivery time, such as utilizing automated dispensing systems or implementing efficient medication transport protocols.

	3. Consider hiring additional staff or redistributing responsibilities to ensure timely medication delivery without overburdening existing resources. 4. Provide training sessions and workshops for staff to improve their understanding and response during safety drills, ensuring protocols are followed effectively.
Plan for the next week	Mock drills for other safety codes and educating staff members on safety code.

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 2 **From:6th may**

To:11th may

Activity Done	1. compiled information on the turnaround time for medication dispensing across various departments. 2. conducted training sessions for hospital staff on a variety of emergency codes, including RED, BLUE, PURPLE, ORANGE, GREY, YELLOW, and PINK. 3. Participated in basic life support training. 4. Conducted an audit of the wards on the third and fourth floors. 5. Inspected the NABH corner in various departments for the proper display of look-alike medicine, sound-alike medicine, high risk medication, IPS goals, POSH committee, needle stick injury etc. 6. Collected and entered the data of APACHE forms from all 4 MICUs. 7. Conducted an open file audit in CCU.
Gaps identified on the working area.	1.There is delays in the dispensing of medicine after the indentation of medication from department. 2.staffs are not properly aware of safety codes, IPS goals, fire RACE and PASS. 3. Some Patient files were not properly filled according to the checklist.

Linking theory (classroom learning) with practice at your organization	Hospital Safety codes- Essentials of hospital Services
Suggestions for improvement	1. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 2. Consider implementing a tracking system to monitor the progress of medication orders from departmental indentation to dispensing. 3. Conduct regular training sessions for all staff members on safety codes such as IPS goals, fire RACE (Rescue, Alarm, Contain, Extinguish) and PASS (Pull, Aim, Squeeze, Sweep). 4. Implement a digital filing system or electronic health record (EHR) to facilitate easy access to patient information and reduce the risk of missing or incomplete files
Plan for the next week	Open file and live audits in different departments. Updating files of different department

Signature of the Student: Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 3 **From:12 MAY 2024**

To:18 MAY 2024

Activity Done	8. Compiled information on the turnaround time for medication dispensing across various departments. 9. Conducted training sessions for hospital staff in IT on a variety of emergency codes, including RED, BLUE, PURPLE, ORANGE, GREY, YELLOW, and PINK. 10. Compiled data on initial assessment of doctors of the GENERAL WARD. 11. Inspected the NABH corner in various departments for the proper display of admission and discharge criteria. 12. Performed an audit of patient files for those who left against medical advice (LAMA). 13. Updated various files for NABH audit.
Gaps identified on the working area.	1.There is delays in the dispensing of medicine after the indentation of medication from department. 2.staffs are not properly aware of safety codes, fire RACE and PASS.

	3. Some Patient files were not properly filled according to the checklist.
Linking theory (classroom learning) with practice at your organization	Hospital Safety codes- Essentials of hospital Services
Suggestions for improvement	5. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 6. Consider implementing a tracking system to monitor the progress of medication orders from departmental indentation to dispensing. 7. Conduct regular training sessions for all staff members on safety codes. 8. Implement a digital filing system or electronic health record (EHR) to facilitate easy access to patient information and reduce the risk of missing or incomplete files
Plan for the next week	Medication dispensing TAT data for project Try to collect data for writing review paper on NABH audit.

Signature of the Student:Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 4 **From:19th may**

To:25th may

Activity Done	1. Collected primary data for my project (medication dispensing turnaround time) 2. Submitted the methodology for the project to organization mentor.
Gaps identified on the working area.	1.There is delays in the dispensing of medicine after the indentation of medication from department. [benchmark- 30 mins (discharge medicine),30 mins (new admission medication), 2 hrs. (routine medication)]
Linking theory (classroom learning) with practice at your organization	1.Methodology (research design, data collection method, data analysis) – Research methodology
Suggestions for improvement	9. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 10. Consider implementing a tracking system to monitor the progress of medication orders from departmental indentation to dispensing.

	11. Increase human resource in In-patient pharmacy.
Plan for the next week	Open file audit in different departments. Collecting more primary data for the project.

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 5 **From:27th may**

To:01st June

Activity Done	3. Collected primary data for my project (medication dispensing turnaround time) 4. Open file audit for CCU and SICU 5. Prepared questionnaire for different safety codes (**PINK**, **BLUE**) 6. Learn about lean six sigma.
Gaps identified on the working area.	1.There is delays in the dispensing of medicine after the indentation of medication from department. [benchmark- 30 mins (discharge medicine),30 mins (new admission medication), 2 hrs. (routine medication)] 2.Incomplete and unorganized patient files. 3.The questionnaires contained some incorrect responses

Linking theory (classroom learning) with practice at your organization	Safety codes – Essentials of hospital services Data analysis- biostatistics
Suggestions for improvement	12. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 13. Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files. 14. Provide training to the staff about the safety codes.
Plan for the next week	Open file audit in different departments. Collecting more primary data for the project. objective and methodology for quality improvement project in the organization.

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 6 **From:02nd June**

To:08th June

Activity Done	7. Collected primary data for my project (medication dispensing turnaround time) 8. Conducted mock drill for **CODE BLUE** in chemo day care 9. Made report about the mock drill 10. Prepared a questionnaire about IPS goals for the nursing staff.
Gaps identified on the working area.	1.There is delays in the dispensing of medicine after the indentation of medication from department. [benchmark- 30 mins (discharge medicine),30 mins (new admission medication), 2 hrs. (routine medication)] 2.Incomplete and unorganized patient files. 3.The code BLUE team were not aware of the role assignment in the process.
Linking theory (classroom learning) with practice at your organization	Safety codes – Essentials of hospital services Data analysis- biostatistics

Suggestions for improvement	15. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 16. Conduct frequent mock code BLUE drills. These simulations can help team members practice their roles and improve their response time and coordination.
Plan for the next week	Open file audit in different departments. Collecting more primary data for the project. Administering a pre-test using the IPS Goals Questionnaire to the nursing staff for the quality improvement project in the organisation.

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 7 **From:10th June**

To:15th June

Activity Done	11. Collected primary data for my project (medication dispensing turnaround time) 12. Prepared pre-test and post-test questionnaire on fire and non-fire emergency for staff. 13. Conducted a training session on fire and non-fire emergency in Engineering department. 14. Done open and close file audit for consent forms.
Gaps identified on the working area.	1.There is delays in the dispensing of medicine after the indentation of medication from department. [benchmark- 30 mins (discharge medicine),30 mins (new admission medication), 2 hrs. (routine medication)] 2.staff in engineering department were not fully aware of the fire safety measures. 3. unorganized and incomplete consent forms in patient files. (language issue- the form were in Hindi and it is filled in English and vice versa)

Linking theory (classroom learning) with practice at your organization	Safety codes – Essentials of hospital services Data analysis- biostatistics
Suggestions for improvement	17. Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care. 18. Conduct frequent training sessions for staffs in hospital. 19. Training the nursing staff on the importance of consent forms.
Plan for the next week	Open file audit in different departments. Collecting more primary data for the project. Administering a pre-test using the IPS Goals Questionnaire to the nursing staff for the quality improvement project in the organisation.

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 8 **From:17th June**

To:22nd June

Activity Done	1.Compiled and analysed data for my project over two-month period. 2.Did gap analysis and provided suggestions based on the collected data. 3.Prepared the project report for the organisation 4.Performed a live audit of the nursing staff in relation to IPSG goals.
Gaps identified on the working area.	1.Nursing staff doesn't have a complete knowledge about IPSG goals. 2.The average of my project data is way more than the ideal time given in hospital policy.
Linking theory (classroom learning) with practice at your organization	Data analysis- biostatistics IPSG goals– Essentials of hospital services Methodology for project-Research methodology Report writing- Business communication.
Suggestions for improvement	1.Proper training for nursing staff about IPSG goals.

	2.staff training and streamline the process of medication dispensing according to priority.
Plan for the next week	1.Submitting the hard and soft copy of project report after approval. 2.Prepare excel file for IPSG goals audit of nursing staff

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN

Annexure-E

Reporting Format

(Weekly)

Name of the Organisation: FORTIS HOSPITAL JAIPUR

Area/ Department/ Project of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: Dr. SHIVANGI PRIYA

Roll no: 1831 **Stream: Hospital and health management.**

Week no: 9 **From:24th June**

To:29nd June

Activity Done	1.Prepared a presentation about the project. 2. Modified the project report and got it approved by our organisation mentor. 3.Presented our project to the members of organisation-MD (Dr. mala Airun) DMS (Dr. Nimmi Thareswar) AMS (Dr. Jatinder Monga) quality department head (Dr. Ranjana Rathore).
Gaps identified on the working area.	The average of my project (medication dispensing turnaround time) is way more than the ideal timing.
Linking theory (classroom learning) with practice at your organization	Data analysis- biostatistics Methodology for project-Research methodology Report writing- Business communication.

Suggestions for improvement	Provide additional training to pharmacy staff to ensure they understand the importance of timely medication dispensing and the impact on patient care.
Plan for the next week	Collecting the summer internship completion certificate from the Organisation.

Signature of the Student: Dr. Shivangi Priya

Approved by the IIHMR University's Mentor

Dr. MAMTA CHAUHAN