# SUMMER INTERNSHIP PROGRAM

**at**

## Artemis Hospitals, 51 sector, Gurugram

From 2nd may 2024 to 1st July 2024

IIHMR UNIVERSITY

A REPORT BY

Name of the student - Saniya. Ahmad

Master of Business Administration

Hospital and Health management

**2023-25**

under the Mentorship of

**Dr. Tripti Bisawa**

Dated: 01st July, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Saniya Ahmad** has successfully completed her internship in the Department of Quality & Systems, Gurugram from **02nd May, 2024 till 01st July, 2024**.

During this internship, she was found to be sincere and hardworking.

We wish her all the best for future.

For Artemis Medicare Services Ltd,

Flt. Lt. Saras Malik
(Chief People Officer)

Dr Jeetendra Sharma
(Chief – Critical Care (Unit II) &
Chief Medical Quality

Dr. Jeetendra Sharma
MBBS, MD, IDCC, IFCC (Critical Care Medicine)
PGCC (Cardiology), PGCC (Diabetes)
Chief-Critical Care (Unit-II)
& Chief Medical Quality
Artemis Hospitals
Sector-51, Gurugram-122 001, Haryana
HMC Regn. No.: 004467

Artemis Medicare Services Ltd.

IIHMR UNIVERSITY

## IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Ahmad Saniya Jameel** of the academic year 2023-25 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2024.

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

Date: 23rd July 2024

(Signature of Faculty Mentor)

**Dr. Tripti Bisawa**
(Professor)

**IIHMR University Jaipur**

# SUMMER INTERNSHIP PROGRAM
# IIHMR UNIVERSITY, JAIPUR
# (2023-25)

ARTEMIS HOSPITALS

IIHMR UNIVERSITY

## BRIEF HISTORY

Established in 2007 by the Apollo Tires Group, Artemis Health Institute is a leading healthcare provider in Gurgaon. It was the first hospital in the region to receive Joint Commission International (JCI) accreditation in 2013, highlighting its commitment to global healthcare standards. Within three years, Artemis also achieved National Accreditation Board for Hospitals & Healthcare Providers (NABH) accreditation, reinforcing its dedication to quality care. Known for its advanced medical technology and skilled professionals, Artemis offers specialized services in cardiology, oncology, orthopedics, neurology, and more. The hospital emphasizes patient-centric care, innovation, and excellence, continually setting new benchmarks in the healthcare industry.

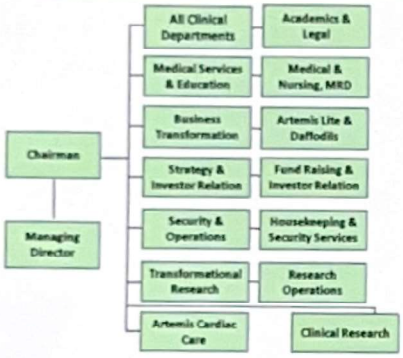
**VISION**

- "To create an Integrated World Class Healthcare System, Fostering, Protecting, Sustaining and Restoring Health through Best in Class Medical Practices and Cutting Edge Technology developed through in depth Research carried out by the World's Best Scientific Minds"

**MISSION**

- "To provide exceptional outcome for patient and families by providing excellent nursing care services through evidence based practices, cutting edge technology & compassionate care"

## ORGANISATION STRUCTURE




## SWOT ANALYSIS

**STRENGTH**
- Strong reputation as well as expertise providing high-quality medical care.
- Partnerships and collaboration with multinational healthcare networks.
- Advanced healthcare technology.

**WEAKNESS**
- High expenses for services
- limited utilization of new technologies to improve healthcare standards.

**OPPORTUNITIES**
- Expansion of organization and increasing bed capacity
- Growing medical tourism in India
- Increasing Healthcare Market

**THREAT**
- Regulatory change in healthcare
- Rapid expansion in a highly competitive market
- Slow integration of IT systems

## PROJECT ON EFFECTIVE COMMUNICATION- EFFECTIVE HANDOVER AND CRITICAL RESULT (IPSG 2)

**AIM:**
To define a safe process to convey critical information about a patient's care when transferring care responsibilities from one physician to another, one nurse to another, from one level of care to another level of care, from in patient units to diagnostic or other treatment departments and monitor the procedure for reporting of critical results of diagnostic tests

**METHODOLOGY**
**Study Design**- Descriptive cross-sectional study as it describes the current status of IPSG Compliance, Non-Compliance and Partial Compliance in the hospital.
**Sample size**: For IPSG 2- Effective Communication- Effective Handover – 30
For IPSG 2.1 Critical Alerts- 20
**Scope**: Wards, ICU, Emergency.

- To promote specific improvements in patient safety
- Highlight problematic areas in health care
- Describe evidence-and expert-based consensus solutions to these problems

**There are 6 IPSG in total, as follows:**
Goal 1. Identify Patients Correctly
Goal 2. Improve Effective communication- 2 Critical results
2.1 Effective Handover
Goal 3. Improve the Safety of Medications
Goal 4. Ensure Safe Surgery
Goal 5. Reduce the Health Care Associated Infections
Goal 6. Reduce patient risk from Fall

**IPSG 2: EFFECTIVE HANDOVER**
**Hospital Policy**
To define a safe process to convey important information about a patient's care when transferring care responsibilities from one physician to another, one nurse to another, or among personnel, or when a patient leaves Artemis Hospital for another site of care.

**CRITICAL RESULT**
**Hospital Policy:** To ensure the effectiveness and timeliness of Critical results reporting in hospital within defined timelines.

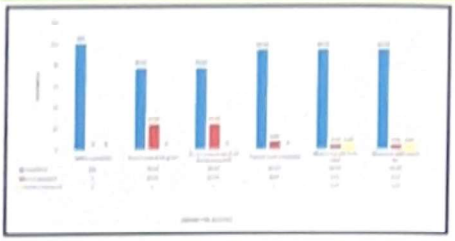
## CHALLENGES FACED

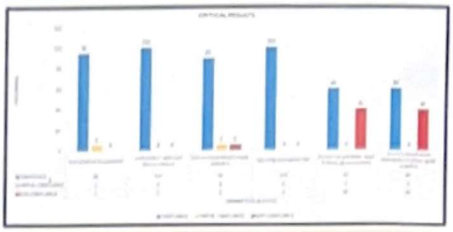
- Navigating Complex Organizational Structures
- Adapting to Technological Systems
- Balancing Multiple tasks and completing them at a given time
- Variability in the level of engagement and commitment from different stakeholders.

## LEARNINGS DURING INTERNSHIP

- Gained hands-on experience in applying quality improvement tools such as Cause and Effect analysis, RASI matrix, Brainstorming, Pareto chart
- Gained insights into healthcare regulatory requirements and accreditation standards, and how they influence quality management practices
- Witnessed the Quality Department's role in maintaining high hospital standards
- Assisted in different mock drills (Code Black, Code blue, Code Pink, Code Orange)
- Explored NABH and JCI audits, from preparation to action, ensuring top-notch quality

## DATA ANALYSIS AND FINDINGS





**PARAMETERS FOR EFFECTIVE HANDOVER**
1. SBAR documented
2. Doctor's Handover given
3. Doctor's Handover done during every shift
4. Transfer form completed
5. When is Transfer form used (staff knowledge)
6. What does SBAR stands for (staff knowledge)

**PARAMETERS FOR CRITICAL RESULTS**
1. Details documented in the critical value register: Date, time, values reported and Name of the person who informed it
2. Confirmation of critical order is done with 'Read Back procedure
3. Is the reporting done within defined TAT? (Lab - within 15 mins, Radiology - 30 mins)
4. Doctors documented critical value in the progress note/ HIS.
5. Doctors documented intervention in the progress note/ HIS

1. After a thorough analysis it was found that Effective Handover had 23% Non-Compliance in the parameter "Doctor's Handover" not documented properly in HIS
2. In Critical Result 40% Non Compliance was seen in "Doctor's Documented Critical value and Intervention" in progress note in HIS

Theory Into Practice

| THEORETICAL | PRACTICAL |
|---|---|
| ✓ Regulatory Standards | ✓ Problem solving |
| ✓ Quality Improvement (QI) Theories | ✓ Conducting audits |
| ✓ Healthcare Accreditation | ✓ Use of Quality Improvement Tools |
| | ✓ Implementing Quality Improvement projects |

## USEFULNESS OF INTERNSHIP

- Exposure to the working environment of the hospital setting
- Learn the challenges faced while implementing protocols and how to overcome that
- Developed skills and confidence, equipping for future challenges and opportunities

## SUGGESTIONS FOR IMPROVEMENT

- Proper documentation of patient file record to fulfil potential gaps and safety of patients.
- Implement mandatory training on the use of Electronic Health Records (EHR) for all staff.
- Conduct timely training sessions on IPSG requirements and ensure all staff are familiar with the hospital policies.
- Evaluate the need to augment human resources to meet increasing demands, ensuring adequate support for all hospital functions


UNIVERSITY MENTOR: DR. TRIPTI BISAWA
ORGANISATION MENTOR: DR. AVIK SHARMA

Submitted by- SANIYA AHMAD
Roll no.- 1667
Batch- MBA HM-28 (2023-25)

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 1st (2nd May-24 to 5th May-24)** **From: …2nd May 2024…to…1st July 2024 ..**

| | |
|---|---|
| **Activity Done** | - Orientation about the department and hospital<br>- Observed the admission process of a patient to the hospital<br>- Observed IPSG audit |
| **Linking theory (Classroom learning) with practice at your organisation** | - N/A |
| **Gaps identified on the working area.** | - N/A |
| **Suggestions for improvement** | - N/A |
| **Plan for the next week** | - Medical record audit<br>- IPSG<br>- Quality improvement project |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 2nd (6th May-24 to 11th May-24)** **From: …2nd May 2024…to…1st July 2024 ..**

| | |
|---|---|
| **Activity Done** | - Conducted inpatient file audit (open file audit) to assess the quality and completeness of patient records.<br>- Worked on implementing and optimizing crucial components for ensuring the efficient organization storage retrieval and management of documentation related to quality processes and procedures (according to JCI and NABH).<br>- Engaged in understanding and implementing IPSG 2 (International Patient Safety Goals) to enhance patient safety protocols within the hospital |
| **Linking theory (Classroom learning) with practice at your organisation** | - Implemented theoretical knowledge of information management systems to develop and optimize evidence-based approach of quality processes at Artemis Hospital<br>- Utilized theoretical understanding of patient safety standards to enhance patient safety protocols within the hospital setting. |
| **Gaps identified on the working area.** | - Incomplete or inaccurate documentation in patient files, leading to potential gaps in patient care and safety.<br>- Inefficiencies in the existing file management system, such as absence of mandatory requirements according to JCI norms |
| **Suggestions for improvement** | - Establish regular training sessions for staff to improve documentation practices, ensuring accuracy and completeness of patient records, while conducting audits to monitor IPSG 2 to compliance and enhance patient safety protocols.<br>- Explore digital solutions for file management to streamline record-keeping processes and improve accessibility of patient information. |
| **Plan for the next week** | - Work on IPSG-Surgical safety<br>- Work on FMEA (Failure Mode and Effect analysis)<br>- Dietician records audit |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurugram**

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

**Name of the Student: Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 3rd (13th May-24 to 18th May-24)** **From: …2nd May 2024…to…1st July 2024 ..**

| | |
|---|---|
| **Activity Done** | - Conducted inpatient file audit (open file audit)<br>- Engaged in understanding and implementing IPSG 4 (International Patient Safety Goals)<br>- Observed process flow for surgical fire in operating room<br>- Mock drill for CODE BLACK<br>- Observed the process for Dietician record audit |
| **Linking theory (Classroom learning) with practice at your organisation** | - Medication Management: In class, we learned the importance of accurate medication records to prevent errors and enhance patient safety; this was reflected in the inpatient file audit, which ensured medication administration records were complete and accurate.<br>- Essentials of Hospital Services: Understanding the critical elements of hospital services, including emergency preparedness and patient safety protocols, was directly applied by participating in the CODE BLACK mock drill and assessing surgical safety practices to ensure readiness and safety. |
| **Gaps identified on the working area.** | - Incomplete or inconsistent documentation in patient records.<br>- Inconsistent training on surgical fire protocols across new employees.<br>- CODE BLACK Mock Drill: Gaps in communication during the drill. |
| **Suggestions for improvement** | - Provide training on proper documentation practices and use of standardized templates<br>- Surgical Fire Process Flow: comprehensive training on surgical fire protocols.<br>- CODE BLACK Mock Drill: Develop clear communication protocols and define roles and responsibilities. |
| **Plan for the next week** | - Conduct a thorough audit of hospital signage to ensure compliance with Joint Commission International (JCI) standards.<br>- Work on Quality Improvement Project: Identify a specific area within the hospital that requires quality improvement and develop a plan using quality management tools and techniques to address the identified issues. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 4th (20th May-24 to 25th May-24)** **From: …2nd May 2024…to…1st July 2024 ..**

| | |
|---|---|
| **Activity Done** | - Conducted a comprehensive audit of the crash carts to ensure they were fully stocked and that all equipment was functioning properly.<br>- Audited the time out and sign out forms used in surgical procedures to ensure compliance with safety protocols.<br>- Conducted an inpatient file audit to assess the quality and completeness of patient records.<br>- Organized and conducted a mock drill for Code Blue (cardiac arrest) scenarios to evaluate the readiness and response times of the medical team. |
| **Linking theory (Classroom learning) with practice at your organisation** | - Implemented theoretical knowledge of information management systems to develop and optimize evidence-based approach of quality processes at Artemis Hospital<br>- Utilized theoretical understanding of patient safety standards to enhance patient safety protocols within the hospital setting. |
| **Gaps identified on the working area.** | - Documentation Issues: Incomplete or inaccurate documentation in patient files, which could lead to gaps in patient care and safety.<br>- Inefficiencies in File Management: Identified inefficiencies in the current file management system, such as missing mandatory requirements according to JCI norms |
| **Suggestions for improvement** | - Establish training sessions for staff to improve documentation practices, ensuring accuracy and completeness of patient records, while conducting audits to compliance and enhance patient safety protocols.<br>- Explore digital solutions for file management to streamline record-keeping processes and improve accessibility of patient information. |
| **Plan for the next week** | - Open File Audit: Continue with the inpatient file audit to further assess and address documentation issues.<br>- Physiotherapy Record Audit: Begin auditing physiotherapy records to ensure they are complete, accurate, and meet hospital standards.<br>- Surgical Fire Process: Work on developing and optimizing the surgical fire safety process to prevent and manage surgical fires effectively |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 5th (27th May to 1st June)** **From: …2nd May 2024…to…1st July 2024**

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|---|---|
| **Activity Done** | - Open file audit to assess the quality and completeness of patient records.<br>- Engaged in understanding and implementing IPSG 1 (International Patient Safety Goals) to improve accuracy of patient identification<br>- Physiotherapy record audit |
| **Linking theory (Classroom learning) with practice at your organisation** | - Implemented strategies learned in class to identify potential risks and enhance patient safety protocols.<br>- Applied knowledge of healthcare policies and regulations in assessing compliance with standards.<br>- Applied knowledge based on Quality Assurance and Quality Control as per Quality council of India. |
| **Gaps identified on the working area.** | - Instances of non-compliance with IPSG 1 protocols were observed, posing risks to patient safety.<br>- Incomplete information about patient progress on electronic Hospital information system.<br>- Incomplete physiotherapy assessment in certain files. |
| **Suggestions for improvement** | - Strengthen Patient Identification Protocols as per IPSG 1 Policy according to JCI and NABH norms.<br>- Regular physiotherapy documentation and training to staff<br>- Maintenance of patient record in file as well on electronic hospital information system. |
| **Plan for the next week** | - Work on IPSG 2 and 2.1<br>- Quality improvement programme<br>- Hazmat inventory checklist |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Dr. Saniya. Ahmad**

**Roll no: 1667** **Stream: Hospital and Healthcare Management**

**Week no: 6th (3rd June to 8th June)** **From: 1st MAY 2024…to…1st July 2024……..**

| | |
|---|---|
| **Activity Done** | - Work on IPSG 2 and 2.1<br>- Quality improvement programme<br>- Hazmat inventory checklist<br>- Did crash cart audit.<br>- Took training of the security staff for CODE PINK and prepared a report for the same.<br>- Collected data for my project. |
| **Linking theory (Classroom learning) with practice at your organisation** | - The difference between patient's medicine trolley that is kept near patient's bed and crash cart that is generally kept near the nursing station which contains medicines that are needed in case of emergency that can be observed in the organisation very well.<br>- Primary data collection which I am doing for my project. |
| **Gaps identified on the working area.** | - Some prescriptions are not written in capital letters whereas the policy suggests that it should be written in capital letters.<br>- Use of unapproved abbreviations while filling patient records. |
| **Suggestions for improvement** | - Regular audits should be done and report should be submitted and accordingly changes should be done for the above- mentioned issues.<br>- Staff feedback should be taken to know about the issues in the working of the hospital. |
| **Plan for the next week** | - Work on quality improvement project on "Compliance of IPSG goals"<br>- Crash cart audits**.** |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Dr. Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 7th (10th June-24 to 15th June-24)** **From: …2nd May 2024…to…1st July 2024.**

| | |
|---|---|
| **Activity Done** | - Open file audit<br>- Quality Improvement project on Needle stick injury and Medication administration errors<br>- IPSG 2 and 2.1<br>- Checked for signages in the Hospital (according to JCI norms) |
| **Linking theory (Classroom learning) with practice at your organisation** | - Linking theory with practice during my internship has provided a deeper understanding of how academic concepts translate into actionable strategies in a hospital setting.<br>- Theories about various quality tools under QCI helped me a lot and made it easier to apply practically. |
| **Gaps identified on the working area.** | - Inadequate signage in some areas.<br>- Delays in updating patient records, affecting continuity of care<br>- Incomplete files (open files) missing few necessary forms according to JCI checklist<br>- IPSG 2 and 2.1 not documented properly |
| **Suggestions for improvement** | - Develop a strong incident reporting system for medication errors, with a focus on root cause analysis and preventive measures.<br>- Use clear, multi-language signs to serve to the diverse patient population.<br>- Implement regular training sessions for staff on the importance of accurate and timely documentation |
| **Plan for the next week** | - Quality improvement project on Failure mode and effect analysis (surgical fire) preparation and ground work.<br>- Open file<br>- Clinical Pathway<br>- IPSG 3 and 4 |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Dr. Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 8th (17th June-24 to 22nd June-24)** **From: …2nd May 2024…to…1st July 2024.**

| | |
|---|---|
| **Activity Done** | - Open file audit<br>- QIP project on IPSG 2 and 2.1<br>- Procedure form audit<br>- Clinical pathway<br>- FMEA ground work |
| **Linking theory (Classroom learning) with practice at your organisation** | - Applied the principles of Total Quality Management (TQM) learned in class of Essentials of Hospital services.<br>- Implemented Lean and Six Sigma methodologies to identify and eliminate waste, streamline processes, and enhance quality learned in the value-added course, Lean management. This value- added course of lean management has helped me a lot while doing internship in quality department. |
| **Gaps identified on the working area.** | - Noted instances of incomplete or missing documentation in patient files and procedure forms.<br>- Identified variability in adherence to clinical pathways and safety protocols.<br>- Found a lack of standardization in procedure forms in certain departments where procedures occur at bedside. |
| **Suggestions for improvement** | - Conduct regular training sessions for staff on the importance of complete and accurate documentation.<br>- Implement tools such as checklists to improve communication during patient transitions.<br>- Establish a routine audit schedule with feedback to continuously monitor and improve compliance with standards. |
| **Plan for the next week** | - IPSG 3<br>- Crash cart audit analysis<br>- And finalization of QIPs to submit to the senior management. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Annexure-E

# Reporting Format

# (Weekly)

**Name of the Organisation: Artemis Hospital, Gurgaon**

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

**Name of the Student: Dr. Saniya. Ahmad**

**Roll no:1667** **Stream: Hospital and Healthcare management**

**Week no: 9th (24th June-24 to 29th June-24)** **From: …2nd May 2024…to…1st July 2024.**

| | |
|---|---|
| **Activity Done** | - IPSG 2 QIP<br>- Internal audit analysis and closure reports with evidence<br>- Finalization of quality tools for Quality improvement project to be presented during JCI audit<br>- Crash cart analysis |
| **Linking theory (Classroom learning) with practice at your organisation** | - Essentials of Hospital services has helped me a lot while doing internship in hospital<br>- Theoretical knowledge on quality tools and information about Quality Council of India made easy for me to work in the department of Quality and System. |
| **Gaps identified on the working area.** | - Constant use of Fishbone diagram for representing gaps in area of improvement in every quality improvement project<br>- High risk medication was not labelled with red dot stickers and nearly expired medications were not removed from the cart<br>- Doctor's Handover not present on electronic health information system<br>- During internal audit it was found out that newly joined staff were not aware of policies and SOPs |
| **Suggestions for improvement** | - Conduct regular training sessions to ensure all staff members are up-to-date with new procedures and standards.<br>- Implement a standardized documentation process for crash cart checks and other critical procedures to ensure consistency<br>- Ensure that the necessary resources and materials for quality improvement projects are readily available and accessible. |
| **Plan for the next week** | - Completion of Internship |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Name of the Organisation: Artemis Hospitals, Sector 51, Gurugram**

**Area/ Department/ Project of Summer Internship Program: Department of Quality and Systems**

**Name of the Student: Saniya. Ahmad**

**Roll no: 1667** **Stream: MBA-Hospital and Health Management**

| | |
|---|---|
| **Activity Done** | During my internship at Artemis Hospital Gurgaon, I participated in a wide range of activities that gave me with a thorough grasp of the operational dynamics inside the Department of Quality. The journey began with an overview of the department and the hospital. This initial phase featured in-depth discussions on the hospital's goal, vision, and fundamental values, as well as a review of the organizational structure and departments. Understanding the hospital's operating architecture was critical since it set the stage for the future hands-on experiences.<br>I was introduced to the Quality Department's main personnel and given an overview of the department's core tasks and current initiatives.<br>This orientation also covered the hospital's quality management systems and the requirements established by accrediting authorities such as the Joint Commission International (JCI) and the National Accreditation Board for Hospitals and Healthcare Providers (NABH). This underlying information was critical for comprehending the context and significance of the challenges I would face. I received tremendous and instructive knowledge by learning about various sorts of audits, conducting mock drills, and participating in training sessions.<br><br>**Various Hospital Audits Conducted During Internship:**<br>**1. Open File Audit:**<br>• The main Purpose of this audit is to check the documentation of IPD patients currently undergoing treatment.<br>The audit is conducted based on a checklist that varied from organization to organization according to NABH and JCI norms. It includes |

| | |
|---|---|
| | parameters such as Identification of patient details, treatment, medication administration, and consent forms. Compliance with these parameters is verified to ensure proper documentation.<br>**2. Crash Cart Audit:**<br>• To verify the readiness of emergency medicines and equipment in the crash cart. The audit involves checking that all necessary medicines are present, not expired, and that the equipment is sterilized and properly packed. The expiry dates of both medicines and equipment are also verified to ensure they are ready for use in emergency situations and whether the highly risk medications are marked with red stickers indication High risk medications.<br>**3. Mock Drills:**<br>• The purpose of Mock drills is mainly to prepare for disaster or emergency situations and scenarios to improve co-ordination among different departments.<br>• Mock drills for various emergency codes were conducted, including Code Black, Orange, Blue. The drills simulate the response to these situations and identify potential errors and risk and to enhance co-ordination.<br>**4. International Patient Safety Goals (IPSG):**<br>• IPSG is an essential JCI requirements for enhancing patient safety. The aims identify issues in healthcare and propose evidence-based solutions based on expert consensus.<br>• There are 6 IPSG in total. Every IPSG delivers a significance and serves as a foundation of an evaluation process. Audit is conducted with a checklist verified according to JCI norms to make sure that the hospital is well assess and equipped with the safety protocols for International as well as national patients.<br>**5. Hazmat Inventory:**<br>• Learned the handling and cleaning procedures for hazardous material spills. Trained on using the hazmat kit and the appropriate response for spills of various sizes. Learned about various Hazardous materials according to an Inventory |

| | |
|---|---|
| | which helps to maintain control of hazardous materials by detailing the types, quantities, and locations of such hazardous materials.<br>**6. Hospital Signage Audit:**<br>Conducting a thorough audit of hospital signage to ensure compliance with JCI standards was another key activity. Proper signage is essential for guiding patients and visitors effectively, ensuring they can navigate the hospital premises without difficulty. This task involved checking for adequate and clear signage throughout the hospital, including directional signs, department labels, and safety signs.<br>**7. Quality Improvement Projects:**<br>In addition to these activities, I was involved in a quality improvement project focused on reducing needle stick injuries, medication administration errors, Housekeeping, FMEA i.e. Failure Mode and Effects analysis in case of surgical fire in operating room. This project aimed at identifying and mitigating risks associated with these critical areas. My role involved collecting and analysing data on incidents of needle stick injuries and medication errors, identifying root causes, and developing strategies to prevent these incidents.<br>**8. Facilities Management and Safety:**<br>• FMS is related to Identify and reduce hazards and risks. Maintain safe conditions.<br>• Ensure compliance with legal requirements, hospital policies, standards, and procedures. Establish safety and environmental goals and assign responsibilities to attain them. Facility rounds were done in order to check the functionality and working of every equipment and procedures with proper documentation in order to provide proper facilities to patients as well safety of patients and staff attending them.<br>**9. Procedure form Audit:**<br>• Procedure forms are mandatory to make sure proper documentation related to procedures that a patient is undergoing whether in OT as well as on bed side.<br>• Procedure forms for procedures done with sedation and without sedation were checked |

according to the requirements of JCI to maintain proper documentation of a patient in IPD and OPD. The procedure forms help in monitoring the patient while undergoing any treatment that requires sedation and without sedation.

## 10. Culture of Safety Survey Session:

- Culture safety sessions were conducted in which seminars encourage staff to report errors and discrimination towards them by their team leaders, colleagues while working in a hospital setting leading to improved patient safety, satisfaction and outcome.

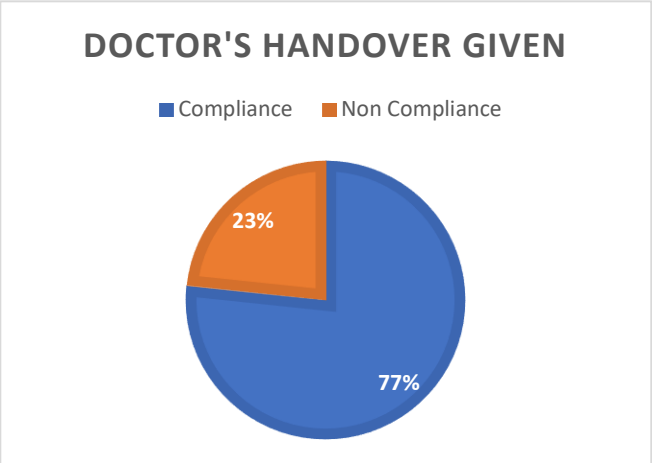
## PROJECT:

**Topic**- International Patient Safety Goals (IPSG 2 and 2.1)

**Aim** - The International Patient Safety Goals are intended to inspire specific improvements in patient safety. The aims are to identify problem areas in health care and give evidence- and expert-based consensus solutions to these concerns.

**Methodology**

Study Design- Descriptive cross-sectional study as it describes the current status of IPSG compliance, Non-Compliance and Partial Compliance in the hospital.
Sample size: For IPSG 2- Effective Communication- Effective Handover – 30
For IPSG 2.1 Critical Alerts- 20



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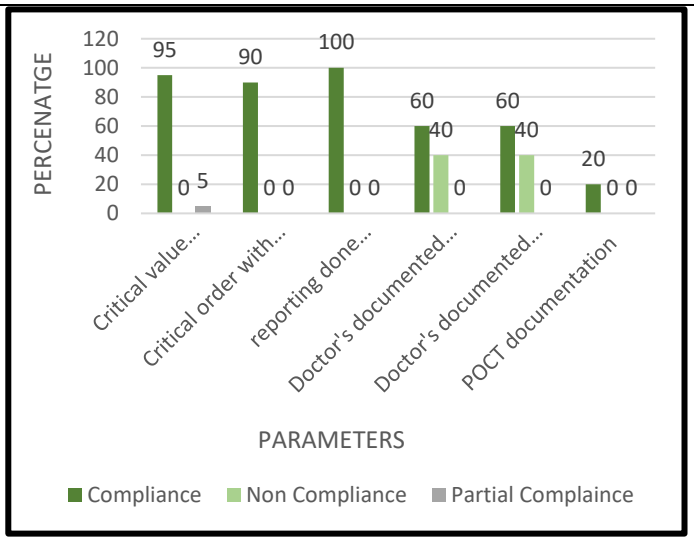
| |  |
| **Linking theory (Classroom learning) with practice at your organisation** | During my internship, I had the opportunity to apply the knowledge gained from my classroom studies, particularly regarding the NABH survey, Quality Council of India, and Joint Commission International and various aspects of hospital operations. The integration of theoretical learning with practical experience significantly enhanced my understanding and skills and made it easier for me to tackle the day-to-day work challenges thus improving my abilities and comprehension.<br><br>**(a)NABH (Survey) and Various Quality audit:**<br>Throughout my internship, I engaged in several activities related to the NABH and JCI survey, |

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| | including conducting open file, closed file, and crash cart audits. These tasks were directly linked to the quality management principles covered in our Essentials of Hospital Services course.<br>**(b) Implementation of Infection Control Measures:**<br>The infection control measures taught in class were implemented during my internship. By adhering to these measures while visiting various departments, we ensured a safe and hygienic environment.<br><br>**(c)Continuous training and learning:**<br>Continuous learning is vital for healthcare workers. I participated in and observed multiple training sessions on various topics. The nurse in charge frequently quizzed her staff on essential knowledge, emphasizing the importance of ongoing education.<br><br>**(d) Training for emergency situations:**<br>Training and development are integral to any institution's functioning. My role included training staff on various safety codes, such as blue, orange, and black, reinforcing the concepts learned in the Essentials of Hospital Services module.<br><br>**(e) Safety Codes:**<br>The safety codes we learned in the Essentials of Hospital Services module were crucial during my internship. Training staff on these codes ensured they were prepared to handle emergencies effectively.<br><br>**(f) Practical application of data Analysis:**<br>I applied my knowledge of data analysis from our Biostatistics class in practical settings. This involved collecting primary data for projects and analysing it to improve hospital operations<br><br>**(g) Observing Medication Management:**<br>We studied the difference between a patient's medicine trolley and a crash cart in class. Observing this in the organization, the crash cart, usually kept near the nursing station, contains emergency medicines, whereas the patient's medicine trolley is kept near the patient's bed.<br>**(h) Conducting Primary Data Collection:** |

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| | As part of my project work, I conducted primary data collection, a skill discussed in our classroom sessions. This hands-on experience was invaluable for my learning<br><br>**(i)Building Effective Team:**<br>Working with co-interns on quality improvement projects taught me about team building and the division of work. Practically applying these concepts helped me understand their importance in achieving project goals.<br><br>**(j) Ensuring Patient Safety through International Patient Safety Goals (IPSG):**<br>The IPSG goals we studied were a critical part of our work in ensuring patient safety and quality care during the internship.<br><br>**(k) Applying Lean Management Principles (Value added Course- Lean Management):**<br>The Lean Management course significantly aided my internship. Knowledge of combining lean and Lean Six Sigma approaches provided a powerful toolkit to eliminate wasteful resource use and defects in production processes, thereby improving employee and organizational performance.<br><br>Overall, my internship experience seamlessly blended classroom knowledge with practical application. This direct linkage between theoretical learning and real-world practice solidified my understanding and prepared me for future challenges in the healthcare field. |
| **Gaps identified on the working area.** | Gaps which I identified while working in the department of Quality are as follows:<br>1. **Incomplete documentation in patient file:**<br>• Few of the files had incomplete documentation leading to potential gaps in patient care and safety.<br>• **Non-compliance with Medication Administration record in patient file:** Prescriptions are not consistently written in capital letters, contrary to policy. |

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| | • Use of unapproved abbreviations while filling patient records.<br>**2. Improperly Filled Consent Forms**: Few files had incomplete consent forms which can result into non compliance and can cause medico legal issue.<br><br>**3. No Inventory list for Crash cart**:<br>• There is no defined checklist for medicines on crash cart leading to inconsistencies.<br>• Crash cart had certain High-Risk Medication which were not labelled with Red Dot sticker which indicated high risk medication<br><br>**4. Human Resource Challenges:**<br>• Dealing with some doctors is challenging, despite their crucial role.<br>• During file audits, doctors often forget to mention important details like time, name, and signature, which are essential for documentation and assessment.<br><br>**5. Inadequate Announcement Frequency During Drills**: During the drill, announcements were made only twice, whereas they should ideally be made at least three times. Few of the nursing staff were not able to carry out proper<br><br>**6. Incomplete Documentation in Electronic Health records:**<br>• Many patient records on Electronic Health record had missing Admission notes, Progress Notes Initial assessment and Transfer Notes.<br>• Few files did not have proper Doctor's Handover according to the Policies and SOPs.<br><br>**7. No Variability in pointing out errors in the area of improvement in QIP:**<br>• Constant use of Fishbone analysis was done for every QIP including, Housekeeping, Medication Administration error, Needle stick Injury and Failure mode and Effects analysis in case of surgical fire. |

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| | **8. International Patient safety Goals:**<br>• IPSG were not documented properly. The policies according to JCI was not followed according to the requirements.<br>• IPSG 1 and 2 i.e. Patient identification and Effective communication-effective handover were not followed and important documents relating to the policies of the IPSG 1 and 2 were missing from patient record.<br><br>**9. Hospital Signages**<br>• Hospital Signages were missing in certain departments.<br>• Few of the departments had older version of signages and were not updated according to the updated policies.<br>• No Signages in any other common languages except for English which makes difficult for international patient as well as patients who doesn't understand English.<br><br>**10. Shortage of staff in Quality department**:<br>• Due to shortage of staff in the department the overall work creates a burden. Each staff handling multiple tasks makes harder for everyone to finish them on time.<br><br>**11. Inadequate training:**<br>• Few staff were unable to answer basic and necessary questions during audits<br>• Newly joined staff lack training on Policies of Hospital<br><br>**12. Clinical Pathways**:<br>• Absence of standardized clinical pathways for common conditions.<br>• Inconsistent adherence to evidence-based guidelines.<br><br>**13. Unco-operative staff:**<br>• Few staff were not co-operative and were not helping during the commencement of audit |

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| **Suggestions for improvement** | **1. Proper documentation**:<br>• Proper documentation of patient file record to fulfil potential gaps and safety of patients.<br><br>**2. Enhancing Infection Control Measures:**<br>• Improve infection control protocols to ensure patient and staff safety.<br><br>**3. Staff Training Programs:**<br>• Implement training for staff to prepare for challenging situations like mock drills (e.g., CODE BLUE, ORANGE).<br>• Provide additional training to staff and newly joined nursing staff on hospital policies.<br><br>**4. Hospital Signages:**<br>• Increase the number of easily interpretable signs throughout the hospital that will help for International as well as people who faces difficulty in reading English language<br>• Improve clarity and placement of signage, especially in the OPD section.<br><br>**5. Proper Prescription Policy in Medication Administration record:**<br>• Conduct mandatory training sessions for all Doctor's and Nursing staff on prescription policies. Implement a monitoring system to regularly audit prescriptions and provide feedback to ensure compliance.<br><br>**6. Consent Form Management:**<br>• Ensure consent forms are filled out correctly by asking patients their preferred language and providing instructions.<br><br>**7. Standardized Inventory checklist for Crash cart:**<br>• Develop a standardized inventory checklist for the crash cart. Ensure that all high-risk medications are labelled with red dot stickers and regularly audit the crash cart to maintain compliance.<br><br>**8. Human Resources Management:** |

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| | • Increase staffing at billing counters to alleviate workload and prevent burnout.<br>• Conduct orientation and training for housekeeping staff.<br><br>**9. Proper Training on Emergency situations:**<br>• Review and update the emergency drill procedures to ensure that announcements are made at least three times. Conduct regular drills and provide feedback to staff on performance.<br><br>**10. Proper Documentation in Electronic Health record:**<br>• Implement mandatory training on the use of Electronic Health Records (EHR) for all staff.<br>• Establish a monitoring system to regularly audit EHRs and ensure all necessary documentation is completed.<br>**11. International Patient Safety Goals (IPSG):**<br>• Conduct regular training sessions on IPSG requirements and ensure all staff are familiar with the policies. Implement a monitoring system to regularly audit patient records for compliance with IPSG 1 and 2. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**