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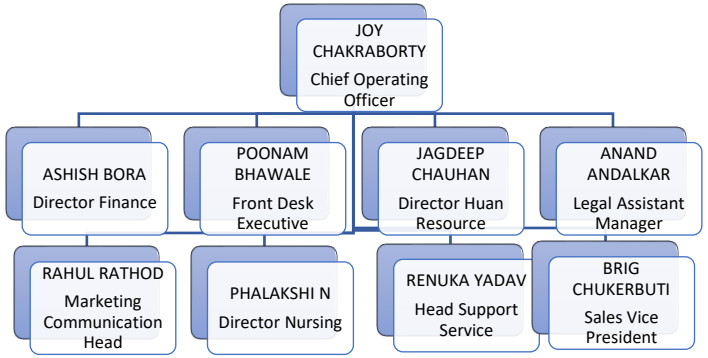
About the Organization:

Founded in 1951 by Shri P. D. Hinduja with a commitment to quality care for all, Hinduja Hospital has grown into a leading healthcare institution in India. For over seven decades, the hospital has remained dedicated to its founder's vision.

Mission: Hinduja Hospital aspires to global healthcare leadership through exceptional care, training, and research focused on India's needs.

Vision: Delivering high-quality, affordable, and ethical healthcare through innovation.



Practical vs Theoretical learning :

Theoretical:The gap between the theoretical concept of universal healthcare accessibility and affordability and its practical implementation is significant. To build a strong brand, quality is essential.

Practical: making the quality care affordable to all is essential . Even though healthcare is accessible greatly now but affordability is still a question. feedback mechanism and personal touch to all processes in hospital have a drastically impact on customers.

Door-to-Med Time for Sepsis, Stroke, ACS in First Hour

Aim :

Assessing the time lag between Patient's entry to 1st Administration of Medicine to the patients of sepsis, stroke & acute coronary syndrome (ACS) within first 60 mins of arrival in ER.

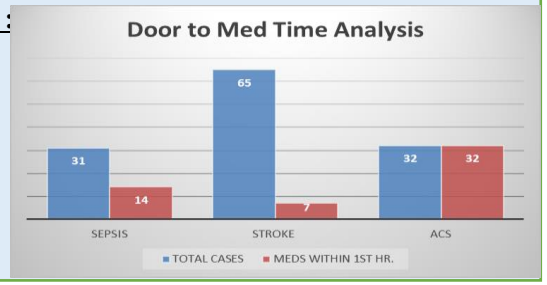
Objectives :

1) Percentage of Sepsis patients administered antibiotics with in 60 minutes of arrival in ER.
2) Door to Needle time for thrombolysis in ischemic stroke patients in ER.
3) Percentage of ACS patients receiving Aspirin.

Methodology:

It was an observational study. Sample size for each condition was 50.
Data Collection was done by observing ER patients whose complaints were related to ACS/Stroke/Sepsis. Sample was taken of IPD & ICU patients. Time of administration was noted and analysis was done.

Findings :



Conclusion:

Hinduja Hospital has a 100% compliance rate with Acute Coronary Syndrome (ACS) protocols. While 10% of stroke patients receive thrombolysis treatment, there's a need to actively promote the sepsis protocol to improve patient outcomes.

Strength :
1) Experienced & Skilled work force.
2) Advanced Technology .
3) Set protocol for managing different Emergencies .

Weakness :
1) Investigation delays.
2) Departmental disputes.
3) Absence of standardized patient severity assessment.

Threats :
1) Lower-cost alternatives for these services may exist elsewhere.
2) Outflow of skilled professionals to other places.

Opportunities :
1) Established brand name .
2) Trusted quality care .

Challenges :

1.Incomplete documentation.

2.Time taken for obtaining results of investigations .

Usefulness & Learning:

Practical exposure to the problems arising in the hospital on day to day basis. Understanding of hospital and its functions.

Suggestions :

1) Use of Checklist in ER for quick identification of condition & for strengthening documentation of ER for : Sepsis, Stroke and ACS .
2) Fastening the bed allotment process.
3) Another OPD type set up for non-emergency procedures like – chemo port removal, VAC dressing, vaccination, urinary catheter-related issues, etc.
4) Rapidly identify sepsis using q-SOFA, administer antibiotics within an hour, and employ sepsis resuscitation protocols to enhance patient outcomes. Validate early sepsis diagnosis with q-SOFA scores.

Sepsis Checklist with adherence to qSOFA Guidelines:

1) Conscious / Unconscious:
   -Drowsy / Confused /Disoriented /Difficult to Arouse/ Altered Sensorium
2) RR: _____BPM (>22 or equal to)
3) HR: _____BPM
   - Breathing difficulty: Yes/No
   - Supplemental Oxygen:
   - SPO_2 -
4) BP: _____mmHg (systolic<100mmHg)
5) Temp.: _____^{0}F
6) Generalized Weakness: Yes/No _____
7) Blood Sugar: _____
8) Creatinine level: _____
9) Urine output: _____
10) Pt. Signs and Symptoms:
    -Chief Complaints:
    - On Examination:
11) Skin Coloration: Normal/ Bluish discoloration
12) Blood / Urine Samples taken:
13) Time of Administration of Antibiotics & dosage:
    - _____
14) Antibiotic Delayed /On Hold: _____
15) Fluids Administered:
- Measure lactate level:
- Vasoactive agents administered:

➢ q-SOFA Score:
- GCS Score <15
- RR>22 bpm
- BP Systolic < 100 mm Hg