SUMMER INTERNSHIP PROGRAM

at

ETERNAL HOSPITAL

From 6TH MAY 2024 to 5TH JULY 2024

A REPORT BY

DR SALONI SHARMA

Master of Business Administration

(Hospital and Health)

2023-25

under the Mentorship of

MR. ASHISH BANDHU

(Assistant Professor)

IIHMR UNIVERSITY

ETERNAL HOSPITAL
Sanganer

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Saloni Sharma has worked as a trainee with us in department of quality from 06th may 2024 to 05th July 2024 for the period of 2 months.

Her performance during the periods in the department was good.

We wish her the best for all her future endeavors.

Authorized Signatory

Eternal Hospital Sanganer

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
www.eternalhospital.com

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Saloni Sharma** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: 18th July 2024

Ashish
(Signature of Faculty Mentor)

MR. Ashish Bandhu

Assistant Professor

IIHMR UNIVERSITY JAIPUR

ETERNAL HOSPITAL, SANGANER

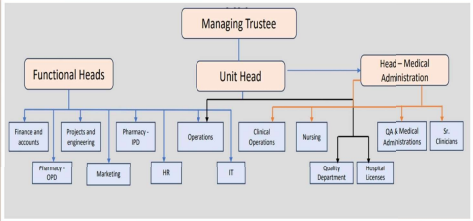
PROFILE INTRODUCTION

- Eternal Hospital (A unit of Eternal Heart Care Centre and Research Institute) is a state-of-the-art tertiary care hospital located in Sanganer, Jaipur city. This landmark is the result of the vision of Dr. Samin K. Sharma, world-renowned Interventional Cardiologist based at Mount Sinai Hospital, New York, USA.
- Eternal Heart Care Centre (EHCC) was founded in 2013, and its branch "ETERNAL HOSPITAL, Sanganer" (EHS) was founded in October 2019.
- EHCC main unit has the capacity of 250 beds, and EHS is 100 plus bed hospital, it is the only hospital of the state with JCI (Joint Commission International) and NABH (national accreditation board for hospitals & healthcare providers).

VISION: To provide high quality care and to touch the lives of the people through excellence in clinical care and affordable cost.

MISSION: To provide compassionate, accessible, high quality, patient centered, cost effective healthcare to one and all through best-in-class medical practices, technology and to work continuously to improve and sustain clinical outcomes, patient safety and satisfaction.

ORGANIZATION STRUCTURE



THEORY:

- Knowledge of organizational structure and behavior, communication planning, process improvement and recruitment etc.

PRACTICALS:

- Exploring hospitals organizational structure, professional behavior, interdepartmental communication, staff hiring and training etc.

SWOT

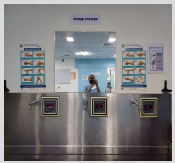
STRENGTHS
- Controlled environment with HEPA and AHU filters.
- Monthly audits to ensure compliance with Infection control.

WEAKNESSES
- Inadequate training for new and existing staff.
- Resistance to new infection control measures or update in protocols

S W O T

OPPORTUNITIES
- Strengthening protocols and policies based on guidelines.
- Adoption of new disinfectant and sterilizing techniques.

THREATS
- Competition from other hospitals poses a threat to a hospital.

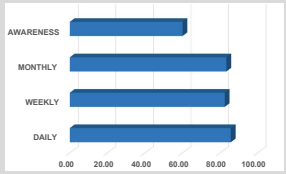


CHALLENGES:

- Professional development: balance between the requirement to show initiative, professionalism, and constant progress throughout the internship.
- Getting Used to the Healthcare Environment: Transitioning from academic learning to unpredictable healthcare environment

DAILY = 85.69 %
WEEKLY = 82.5 %
MONTHLY = 83.33 %
STAFF AWARENESS = 60 %

AVERAGE PERCENTAGE OF INFECTION CONTROL = 77.5%



USEFULLNESS OF INTERNSHIP:

- Industry Connections: Building networks with healthcare professionals.
- Skill development: communication skill etc.
- Understanding Workflow management of hospital.

LEARNINGS DURING INTERNSHIP:

- Interdisciplinary collaboration: working with healthcare professionals
- Healthcare Ethics and Regulations: Gaining insights into ethical considerations in healthcare.
- Financial Management: Understanding budgeting, cost management, and financial sustainability in hospital.

SUGGESTIONS:

- Staff training and development to ensure team work and upskill healthcare professionals.
- Recruitment of human resources
- Quality improvement : by creating measures to track and enhance clinical results, protocol compliance, and general quality of care.

PRESENTED BY :

DR SALONI SHARMA (ROLL: 1810)

MBA (Hospital and Health)

Under the guidance of MR. ASHISH BANDHU (University mentor and DR PRIYANKA MANN (Organization mentor)

COMPILED REPORT

Name of the Organisation: ETERNAL HOSPITAL

Area/ Department/ Project of Summer Internship Program: QUALITY (OPERATION THEATER)

Name of the Student: DR SALONI SHARMA

Roll no: 1810

Stream: MBA (hospital and health)

Activity done	**FROM: 06/05/24 TO 05/07/24** Day 1 • After an hour of acknowledgment, Orientation was started after doing all the formalities of filling of forms of admission to the internship, before introduction there was brief introductory session to the medical director and clinical operations manager, staff introduction was then after completed. • Medical director Advised to prepare a roster for a Brief Hospital visit, for the introduction to the hospital system and work flow. • Roster was prepared as guided by the clinical operations manager, 28 departments of hospital (clinical and non-clinical operations) where divided among the first 11 days of the visit. Day 2 • Detailed description of all the departments of The following departments covered on the second Day of the internship. • First Department visit of internship: Operation theatre. • Before visit of operating room, wearing scrubs were mandatory, operating room was divided into 3 zones: 1. Protective zone 2. Restricted zone 3. Sterile zone

	• In between protective zone and restricted zone there was doctor's lounge • After entering restricted area, wear scrubs and crocs. • Then comes the sterile zone, there were 3 operating room. • During exploring, observations done: 1. Operating room area 2. Inventory 3. Registers 4. Crash cart 5. High risk medicine cart 6. Equipment's on - floor, ceiling, and wall 7. Operating table 8. Beds for patient transfer 9. Recovery room 10. Scrub area 11. OT pharmacy 12. Sterile room for Lenin and CSSD sterile instruments. 13. Refrigerator for medications 14. Store room • Second department of the day was CSSD – Central sterile services department • Enter while wearing scrubs only, it was divided into 3 zone: 1. Dirty room (washing area) 2. Clean room (packing and sterilizing area) 3. Sterile room (supply and storage area) • Instruments are bought and taken away in trollies which are marked green (clean and sterile instruments) and red (dirty instruments / contaminated instruments / unsterile instruments) • Red marked trollies are bought from departments to CSSD to the dirty room where the instruments are cleaned with water jet gun, ultrasonic machine, then there is OPA solution used to instant sterile the instruments. • The through pass window the instruments are passed on to clean room. • In clean room there were two autoclave machines, one ETO (ethylene oxide) machine, linen packing, instrument packing, gauze packing. • The ETO and autoclave are done and stored in sterile room and then supplied to departments.

	Day 3 • FIRST department of the day was pharmacy. • In pharmacy the medications were arranged according to the brand names that sounded similar. • Then there were mother and child care products. • Then there were high risk medicines and narcotics medicines and high value medicines. • Narcotics drugs were kept in double locker and high value medicine were in single locker. • Refrigerator with temperature (2-8°C) for aesthetic drug, vaccines, and other medicines. • Sub centres or pharmacy are: OPD, IPD, OT, CATH LAB etc. • SECOND department general store, which contained all the consent forms and doctor's prescription pad, and other general items that are used in hospital. • THIRED department is engineering and bio medical engineering. • Engineering department maintains the water, air conditioner, fire system, infection control. • Records maintained are of: water, temperature, preventative, complies (air, water, electrical) and supplies. • Biomedical engineering department handles, radiology and labs, biomedical gas plants, equipment's maintenance, bio medical gases used in hospitals. • FOURTH department is IT, hospital information management system (EHCC – Akhil system) • Erp software which is patient centric, which contains registration, billing, ward details, admission forms, repots, patient information, discharge tickets etc. Day 4 • First department was HR (human resources), its functions are to support the organization's goals and vision and mission. • Zone of working was: 1. Recruitments and staffing 2. Employee relations 3. Staff training 4. Performance management 5. Employee engagement • SECOND department was MRD (medical records department), which plays a very important role in maintaining patient's information within hospitals, • Zone of working was: 1. Patient registration

	2. Record maintenance 3. Billings 4. Data recording and analysis 5. Transcription services 6. Archives Day 5 • FIRST department was housekeeping, infection control pest control maintenance, biomedical waste management, are the duties of this department. • Done both in day and night shift. • SECOND department was security, which deals with building, staff, doctor and patient safety, and their property safety, and theft control, disaster management. • Fire safety management, maintenance of codes. • THIRED department was hospital marketing, based on corporate, retails, digital, PR branding are the main working formats. Day 6 • FIRST department was EMERGENCY ROOM It is a separate department which is only used by patients for urgent care, and sometimes life-threatening conditions, triage, stabilization are also followed here. • SECOND department was OPD, provides care, diagnosis, consultancy, treatment, preventive care and educate patients about their conditions. • Here patient's complaint, vitals and histories are also recorded. Day 8 • FIRST department were ICU/NICU/SICU, patients who requires critical care, post operation care, ventilators, bed side procedures are done • SECOND department was LDR where the normal deliveries are taken care of, which also contains recovery bed and is situated near NICU. • THIRD department was blood bank, there was a centrifugal machine, plasma eradicating machine, blood storage machine, RBC's (stored under 2 to 8 °C) • Stored blood is bought from DURLAB JI hospital. Day 9 • FIRST department was Infection control, functions are records maintenance, NABH rule implementations, audits, infection control indicators applications, HAZMET spill management etc.

	• SECOND department was wards, there were private, semiprivate, DELUX AND SUPRADELUX rooms and a nursing station. Day 10 • Visited preventive health checkups, radiology, and labs, observed the work flow and the radiological machines, and recorded the work flow Day 11 • Visited the billing area, RGHS counter, and got s brief about the quality management process Day 12 • Visited some of the departments in the EHCC (Jawahar circle). • The department visited were, TPA, supply chain and F and B Day 13 • It was a great learning today in hospital when the DR. Samin k Sharma sir came to hospital for patient assessment. • Got to work with the best health management professionals. Day 15 • After a brief hospital visit Department allotment is done of choice OT and CSSD. • Observation period started for a week in operating room. Day 16 • Introduction to the operating room and staff introduction done today. • Observation of work flow in operating room started. Day 17 • Identification of problem and Aim identification for the project and research paper. • Observation for the research topic and project topic. Day 18 • Topic for research and project Data observation for justification of the aim. • Abstract and literature review for the research paper and project completed. Day 19 • Checklist if formed for the project topic. Day 20 • Data collection started for the project. • Data collection to maintain the sterile field in the operation theatre. And Research paper work going on.

	Day 22 to Day 51 • Weekly analysis completed in OT • Observation and data collection continued in operation theatre. Day 52 • Checklist data collection completed and confirmed by organisation mentor. Day 53 • Project presentation in making. • Research paper writing started. • Data collection completed for the project and data entered in excel sheet. • Research paper compilation started. Day 54 to 56 • Presentation day in the organization • Presented in front of CEO of hospital, clinical and non-clinical medical director, clinical operation manager, general manager, and some trainee staff. • Completion of summer internship. • Completion certificate signed by CEO sir himself.
Linking theory (Classroom learning) with practice at your organisation	The link between classroom theory and practices can be done and relate to many departments in the hospital. • organization structure, such as, Hospital services, Human resources, marketing management, organizational behaviour etc. can be very well be linked. As studied in the hospital services module, we could relate to each and everything, from department to human resources, everything was as we studied earlier in the theory. • Operation theatre and CSSD was as it is as we had studied earlier in the hospital services • Interdepartmental working was nearly related to theory as we have studied. • Identifying process of the aim. • Relating the process of research and doing literature review. • Skills like project management, data collection, data analysis, decision making and leadership skills are applied here in the organization.

	• Also learned about the digital management going on in the hospital. • Inventory management and capacity planning, OT Scheduling. • Research paper writing and qualitative data collection carries resemblance to the theory we were taught. • Organisation behaviour in which development of attitude towards the patient and staff can be linked to the theory. • Work stress managements theory is well applied in the hospital environment.
Gaps identified on the working area	Gaps identified are: • No record of patient experience. • Shortage of human resources. • Lack of training • Housekeeping department is incompetent in some areas, Staff insufficiency • Long waiting time. • Waiting area is small Gaps in communication inter-department and intro-department: • Resource allocation in operation department during surgeries (had to go to CSSD department between surgeries to get the sterile instruments). • Found gaps in infection control. • Found expiry CSSD instruments in OT inventory • The most concerning gaps identified was the neglected infection control in operation theatre. • Communication gap and lack of human resource. • Work flow management is not smooth because of improper staff management and lack of communication skills between two departments • Improper infection control management and lack in observation and data collection.
Suggestions for improvement	Suggestions are according to gaps: • Feedback form should be introduced. • More requirements as per the requirements • Hire more of the qualified staff • Training of the staff on the regular schedule • More training required • Human resource recruitment

	• Improve scheduling • Implement triage systems • Standardize Communication Channels, Regular Meetings and Updates, utilize Technology, Upward Feedback Channels can be done. • Collaboration with Scheduling, Cross-Training Staff, Data-Driven Analysis can be done. • Infection control checkups should be done on regular bases and protocols to be followed. • Inventory checkups to be done on scheduled time. • Infection control protocols and staff training should be done for the operation theatre nurses. • More of female staff should be hired. • Training of staff, Standardized protocols, Regular meetings, Cross-training, improve Technology and technological training. • Strengthen protocols, Dedicated IPC team, Observation and Data Collection, Standardized observation tools, electronic data collection systems, staff surveillance, Invest in technology

Signature of the Student

Approved by the IIHMR University's Mentor

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