SUMMER INTERNSHIP PROGRAM

at

NOBLE HEART & SUPER SPCEIALITY HOSPITAL

From 02/05/2024 to 28/06/2024

A REPORT BY

SAIYADA NAUSHEEN ALI

Master of Business Administration

HOSPITAL & HEALTH MANAGEMENGT

2023-25

under the Mentorship of

DR ANOOP KHANNA

IIHMR UNIVERSITY

NOBLE HEART
& SUPER SPECIALITY HOSPITAL
A FULL NABH ACCREDITED HOSPITAL

Plot No. 2, Raj Garden, Delhi Bye-Pass Chowk, Near Apsara Café,Rohtak-124001
Tel: +91 - 82220 90034, 82220 90035

NHH/HR/IC/2024/02

Date- 28.06.2024

Internship Completion Certification

This is to certify that Ms. Saiyada Nausheen Ali student of MBA (Hospital and Health Management) of IIHMR University has completed her summer internship in our organization from 02nd may 2024 to 28th June 2024.

She has worked in Quality & Operation Department both clinical & non clinical. Her contribution in NABH Audit is Commendable as trainee.

Her overall performance during the period was excellent. This certificate is being issued to meet the requirements of IIHMR University.

28.6.24

Signature (organization mentor)

Name: Dr. Ritu

Designation: Admin & Quality Head
(Noble Heart & Super Specialty Hospital)

Noble Heart & Superspeciality Hospital
A Unit of Panacea Health Services
Plot No. 02, Raj Garden, Delhi Bye Pass
Chowk, Rohtak-124001

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Saiyada Nausheen Ali 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:22/07/2024

(Signature of Faculty Mentor)

Dr. Anoop Khanna

Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
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DISCHARGE PROCESS IN HOSPITAL

NOBLE HEART SUPER SPECIALITY HOSPITAL
Experience Quality Care

IIHMR UNIVERSITY

ABOUT HOSPITAL

Noble Heart is one of Rohtak's leading & NABH accredited super specialty hospital. It is a multi-specialty hospital providing comprehensive, seamless and integrated world class healthcare services in Rohtak. With a team of professional doctors the hospital offers treatment in different medicines and surgery under one roof.The hospital has well trained and experienced doctors & nurses who are committed to provide high standards

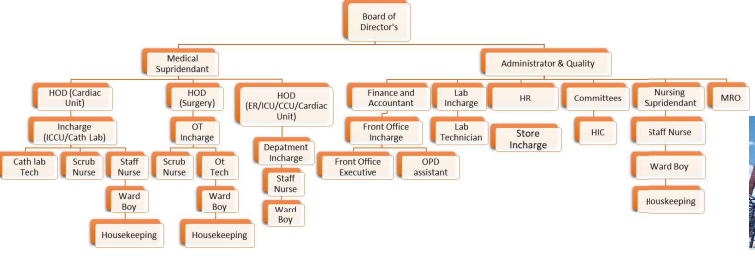
VISION & MISSION

VISION- To Evolve as a Benchmark in Quality Healthcare Available to One and all

MISSION - To provide affordable quality healthcare by compassionate medical professionals with special attention to clinical excellence , patient safety and patient satisfaction

SWOT ANALYSIS

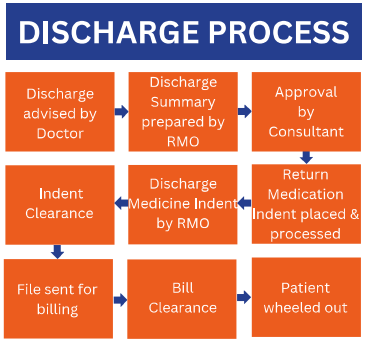
ORGANIZATION STRUCTURE



OBJECTIVE

- To study the hospital discharge process
- To find the average discharge turnaround time
- To identify the reasons contributing to delay in discharge process

DISCHARGE PROCESS

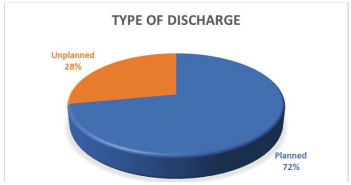


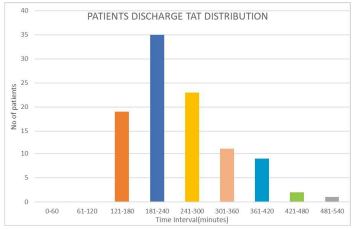
METHODOLOGY

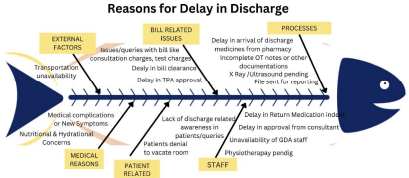
Data Collection - Real time data collected based on direct observation
Data Type – Primary Data
Sample Size – 100
Inclusion Criteria
IPD- Patients admitted in GW-1,GW-2, Private & Semiprivate ward
Exclusion Criteria
Patients admitted to critical care units: CCU/ICU/HDU
Patients who left against medical advice (LAMA).
Patients transferred to other healthcare facilities
Patients who expired during their hospital stay

DISCHARGE TAT

The average Discharge TAT is 4.03 hours (241.95 minutes)







LEARNING DIFFERENCE

THEORETICAL UNDERSTANDING-It provide comprehensive knowledge of management principles & framework. It involve learning using case studies, simulations & hypothetical scenarios.
PRACTICAL EXPOSURE- Offers the reinforcement & application of knowledge. Incorporates encountering & addressing real time challenges & dynamic situations.

SUGGESTION

- Implementing shift-end documentation reviews supervised by the Nursing Incharge or NS
- Advance scheduling of diagnostic tests based on anticipated discharge time
- Set specific time frames to complete diagnostic reports
- Immediate return indent processing after doctor advises the discharge
- Optimize staff scheduling

LEARNINGS DURING INTERNSHIP

- Gained valuable insights into hospital operations, quality standards & HR management
- Patient Safety Practices
- Data Management
- Emergency response coordination
- Compliance understanding
- Navigating organizational hierarchy

USEFULNESS OF INTERNSHIP

- Understanding of Hospital Dynamics
- Real-world Readiness
- Networking Opportunity
- Patient Interaction
- NABH Surveillance Exposure
- Adaptability & flexibility to work setting

CHALLENGES FACED DURING INTERNHIP

- Lack of cooperation from nursing staff during data collection
- Language barrier arose when staff frequently communicated in local Haryanvi language
- Limited task variety
- Unstructured task allotment

PRESENTED BY-
SAIYADA NAUSHEEN ALI
ROLL NUMBER-1805
BATCH-MBA HM 28

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 1 **From: 2/5/24 to 4/5/24**

Activity Done	• Underwent induction session • Interacted with Administrator & Quality Head Dr Ritu Pangal • Updated the checklist for employee personal files in accordance with the latest NABH standard • Noted NABH inspection scheduled on last week of May • Participated in training session on CPR techniques & code blue protocol
Linking theory (Classroom learning) with practice at your organisation	• Role of planning as studied in Principles of Management • Importance of employee training programmes for improved patient outcomes as learned in Human Resource management module.
Gaps identified on the working area.	• Few shortcomings in previous version of checklists. The documents in employee files and on checklist were not in accordance completely • Absence of code of conduct in employee personal file
Suggestions for improvement	• Periodically review and update the employee personal file checklist to reflect any changes in NABH standard
Plan for the next week	• Understanding of operations in MRD & Clinical Department

Signature of the Student

Approved by the IIHMR University's Mentor

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 2 **From: 6/5/24 to 11/5/24**

Activity Done	• Noted influx of patients with multiple health conditions to to ensure efficient operations & delivery of quality care tailored to the need of patients. • Actively engaged in daily rounds across multiple hospital wards. • Interacted with patient care coordinator Mrs Nisha & gained insights into the intricacies of the patient care coordination process. • Active involvement in feedback collection rounds across various wards to gather comprehensive feedback from patients
Linking theory (Classroom learning) with practice at your organisation	• Understanding of Hospital as a system learned in module of Essential of hospital services • Understanding the role & importance of effective communication
Gaps identified on the working area.	• Absence of bed rails & bed alarms in emergency ward beds posing significant risk to patient safety that could potentially lead to falls or other adverse events. • Lack of monitoring in emergency ward
Suggestions for improvement	• Implement systematic approach to ensure the availability of bed rails & bed alarms • Regular staff training emphasizing on proper use and importance of these safety measures
Plan for the next week	Quality assurance and patient care

Signature of the Student

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 3 **From: 13/5/24 to 18/5/24**

Activity Done	• Observed and analysed the process of Biomedical waste management adhering to regulatory standards ensuring segregating, handling & disposal of various categories of biomedical waste • Ensuring Patient Safety – Patient Identification (a)Patient band with correct patient details (b) IPD files cross check • Understanding IPSG and its implementation within hospital • Understanding tool used for audit • Training on Code Red • Training on Hand Hygiene
Linking theory (Classroom learning) with practice at your organisation	• Non verbal communication & 7 Cs of Effective communication used in print material and public posters
Gaps identified on the working area.	• Several posters containing information about BMW management segregation were either torn out or missing near the colour coded dustbin thereby increasing risk of non-compliance with safety standards.
Suggestions for improvement	• Establishing routine audit process to check the condition of the posters & adherence to waste management protocol. • Use of more durable material such as laminated sheets that can withstand wear & tear.
Plan for the next week	Preparation of Active audit IPD files

Signature of the Student

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 4 **From: 20/5/24 to 25/5/24**

Activity Done	• Conducted an active audit of the IPD files • Understanding of IPD patient files - focused on verifying the accuracy and completeness of documentation • reviewed various registers maintained in the CCU and the HDU wards. • Updating HR files in accordance to checklist as per latest NABH standards
Linking theory (Classroom learning) with practice at your organisation	• Formal & informal groups within the organization studied in organization behaviour.
Gaps identified on the working area.	• No speaker or intercom system installed in the HR & MRD room for announcement of emergency codes thereby posing a significant risk as personnel in this area may not receive timely information during emergency situations such as code blues, fire alerts, or other critical incidents • The isolation ward which contains only one bed is separated from the ICU ward by a partition. However the door of the isolation bed opens directly into the ICU ward and is often left partially open as patient complains of suffocation • Patient identification bands are not being used consistently across the hospital.
Suggestions for improvement	• Recommended to install a speaker or intercom system in the HR room to ensure that emergency codes and important announcements are heard • Revaluate the design & instalment of ventilation systems • Ensure procedures for the issuance & application of patient identification bands upon admission to the hospital & conduct regular audit to monitor compliance with the use of patient identification band across all wards & departments.
Plan for the next week	NABH Inspection on 27th & 28th May

Signature of the Student

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 5 **From: 27/05/24 to 01/06/24**

Activity Done	• Understanding of different panels for payment (Cash, ECHS, Haryana Govt, CGHS, Ayushman Bharat) • Understanding of Planned & Unplanned Discharge • Understanding about Discharge TAT • Identified issues in patient files during morning rounds
Linking theory (Classroom learning) with practice at your organisation	• Ayushman Bharat Pradhan Mantri Jan Arogya Yojna – Studied in National Health Policies & Digital Health
Gaps identified on the working area.	• In consent form in patients file only signature were taken, filling of other details were pending • In progress reports doctors sign & time were not mentioned
Suggestions for improvement	• Ensure all sections of the consent form, including patient details, procedure details, and dates, are filled out completely before obtaining signatures. • Establish clear communication channels between the quality department and healthcare providers to address documentation issues promptly. • Conduct regular audits to ensure compliance with documentation standards & just not only at the time of NABH inspection. • Provide regular training to relevant staff on proper documentation practices &emphasize the importance of complete and accurate documentation.
Plan for the next week	Discharge TAT

Signature of the Student

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 6 **From: 03/06/24 to 08/06/24**

Activity Done	• Collection of data for discharge turnaround time • Recorded metrics such as IPD no, department, mode of payment, discharge time advice by doctor, type of discharge (planned or unplanned) at round time, discharge prepared time by RMO, discharge approval time by consultant, return medication indent time, time of discharge medicine indent by RMO, time of indent clearance, time of file sent to billing, patient bill clearance time, bed vacant time and total time. • Collecting and filling patient feedback and experience forms for in-patient department (IPD) patients upon their discharge. The feedback forms covered various parameters including admission service, medical service, nursing service, support services, and the discharge process. • Assisted patients in filling out the forms, ensuring clarity and completeness of responses
Linking theory (Classroom learning) with practice at your organisation	• Primary data collection, Descriptive study – Research Methods
Gaps identified on the working area.	• Observed few instances where there appeared to be a gap in the monitoring of patients by nursing staff • Patient feedback & experience forms were being filled only in English thus causing language barrier for patients who are not proficient in English
Suggestions for improvement	• Periodic checks by supervisors or designated quality assurance teams as well as soliciting feedback from nursing staff regarding any challenges or obstacles they face in fulfilling their monitoring responsibilities. • Patient feedback and experience form should be offered in Hindi also
Plan for the next week	Discharge TAT

Signature of the Student

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 7 **From: 10/06/24 to 15/06/24**

Activity Done	• Understanding & identifying steps involved in discharge process • Observed & recorded real time data for each step in discharge process • Identified the reasons for delay in discharge • Noted bottlenecks at specific steps • Collected the patient feedback & experience forms of IPD patients getting discharged and assisted them in filling it • Visited ICU and CCU wards daily to ensure the daily patient/family counselling forms were filled. • Identified and reported instances where the forms were not filled to the quality head as per the protocol. • Followed up to ensure that the forms were subsequently completed.
Linking theory (Classroom learning) with practice at your organisation	• Effective organizational communication studied in Business Communication • Incident Reporting studied in Essentials of Hospital Services
Gaps identified on the working area.	• Significant gap in patient safety and staff responsiveness observed this week. A patient reported slipping in the washroom while the GDA staff was standing outside. Despite being present at the scene, the GDA staff failed to intervene or assist the patient immediately and did not report the incident to the RMO or nursing staff. This incident underscores a critical issue: the lack of attentiveness and prompt action by the GDA staff, as well as a breakdown in the communication protocol for incident reporting.
Suggestions for improvement	• Implementing regular training sessions for GDA staff on patient safety and emergency response, reinforcing the importance of immediate assistance and timely incident reporting.
Plan for the next week	Continue data collection for Discharge TAT to ensure comprehensive dataset

Signature of the Student

Name of the Organisation: Noble Heart & Super speciality Hospital, Rohtak

Area/ Department/ Project of Summer Internship Program: Operations

Name of the Student: Saiyada Nausheen Ali

Roll no:1805 **Stream: MBA (Hospital & Health)**

Week no: 8 **From: 17/06/24 to 28/06/24**

Activity Done	• Continued the data collection of discharged patients for calculation of discharge turnaround time • Daily rounds in ICU/CCU to ensure patient/family counselling forms were filled • Collected the patient feedback & experience forms of IPD patients getting discharged and assisted them in filling it • Reported the bottlenecks & gaps in discharge process to Quality Head • Calculation of average discharge TAT for 1 month • Submission of data & report of Discharge TAT to organization mentor Dr Ritu • Extended my thanks to Dr Ritu, Dr Sandeep & HR Manager for their guidance & support throughout the internship
Linking theory (Classroom learning) with practice at your organisation	• Hospital as system & Patient expectations learned in Essential of Hospital Services • Dispension error learned in Medication Management
Gaps identified on the working area.	• Delay in arrival of discharge medicines from ipd pharmacy • OT notes incomplete resulting delay in discharge process • Observed dispension error • Delay in return medication indent resulting delay in discharge
Suggestions for improvement	• Return medication indent should be placed immediately after the discharge is advised • Recruitment of more GDA staff • GDA supervisor should ensure the availability of GDA staff to bring discharge medicines from ipd pharmacy, send files for billing, reporting & for the movement of discharge patients
Plan for the next week	-

Signature of the Student

CONTENTS

ACTIVITY DONE

(1) Induction and Orientation

- Underwent an induction session to understand the hospitals operational and quality standards
- Interacted with Admin and Quality Head Dr Ritu and HR Manager Miss Tripti and other members of the department

(2) Employee Files Management

- Updated the checklist for employee personal files in accordance with the latest NABH standard
- Reviewed & updated following documents in all the employee files
- Candidate Assessment Form
- Interview Assessment Form
- Resume /CV
- Photograph (4)
- Educational Qualification
- Professional Qualification
- Experience Certificate/Relieving Certificate and Salary slip
- Permanent
- Appointment Letter
- Job Description
- Employee Health Record
- Immunisation form
- Declaration form for all employees having no Criminal Case and Negligence case
- Background Check and Credential Verification
- Privileges of Clinical Staff & Paramedical Staff
- Performance Appraisal and Performance Agreement
- Training & Development Records
- Disciplinary Notice
- Benefit Records
- Code of Conduct
- Resignation letter or Termination documents
- No objection certificate
- Exit interview

(3) Salary Breakup & Payroll understanding

- Gained knowledge on various components of salary including Cost to Company (CTC), Gross Salary, In-hand Salary, and Basic Salary

- Understood how these components are calculated and their implications on overall employee compensation.

(4) HR Policies

- Gained insights on various HR policies and procedures, including:

- Recruitment process and strategies
- Grievance handling mechanisms
- Policy on disciplinary action
- Guidelines on the performance appraisal system
- Job responsibilities for different positions

(5) **Training and Development**

- Participated in training session on CPR techniques & code blue protocol
- Training on Code Red
- Training on Hand Hygiene

(6) Patient Safety and Quality Assurance

- Ensured patient safety through patient identification (bands, IPD file cross-check)
- Observed and analysed the process of Biomedical waste management
- Conducted active audit of the IPD files
- Understanding IPSG and its implementation
- Daily rounds in ICU/CCU for patient/family counselling forms
- Noted the absence of bed rails & bed alarms in emergency ward beds
- Identified lack of monitoring in emergency ward
- Visited ICU and CCU wards daily to ensure the daily patient/family counselling forms were filled.
- Identified and reported instances where the forms were not filled to the quality head as per the protocol.
- Followed up to ensure that the forms were subsequently completed.

(7) Patient Feedback and Experience

- Actively engaged in feedback collection rounds across various wards

- Collected and filled patient feedback and experience forms for in-patient department (IPD) patients upon discharge
- Collecting and filling patient feedback and experience forms for in-patient department (IPD) patients upon their discharge. The feedback forms covered various parameters including admission service, medical service, nursing service, support services, and the discharge process.
- Assisted patients in filling out the forms, ensuring clarity and completeness of responses

(8) Discharge TAT

- Understanding of Planned & Unplanned Discharge
- Understanding about Discharge TAT
- Collection of data for discharge turnaround time
- Observed & recorded real time data for each step in discharge process
- Recorded metrics such as IPD no, department, mode of payment, discharge time advice by doctor, type of discharge (planned or unplanned) at round time, discharge prepared time by RMO, discharge approval time by consultant, return medication indent time, time of discharge medicine indent by RMO, time of indent clearance, time of file sent to billing, patient bill clearance time, bed vacant time and total time.
- Understanding & identifying steps involved in discharge process
- Observed & recorded real time data for each step in discharge process
- Identified the reasons for delay in discharge
- Noted bottlenecks at specific steps

(9) Project on Discharge Turnaround Time

INTRODUCTION

The discharge process in a hospital is an important aspect of patient care that directly impacts efficiency of hospital. Discharge turnaround time is defined as the total time taken from when the discharge is advised by the doctor to when the patient vacates the hospital bed. Discharge TAT is a crucial indicator of hospital performance and has several implications:

- Patient Satisfaction: Efficient discharge process is appreciated by patients since delay in discharge results in inconvenience and dissatisfaction of patients & their family members
- Bed Management: Timely discharge will result in earlier availability of beds to admit other patients thereby enhancing bed turnover & thus improving patient flow.
- Financial Implications: Early & timely discharge can also reduce hospital costs since bed & other resources will not get occupied for long period.
- Clinical outcomes: Timely discharge can help in reducing the risk of hospital acquired infections & other complications as patient doesn't have to stay in the hospital longer than necessary

The scope of this project includes:

- A detailed observation of the discharge process, including all steps and stakeholders involved.
- Calculation of discharge turnaround time for a sample of IPD patients to determine the average time taken for the discharge process.
- Identification and analysis of factors contributing to delays in the discharge process.
- Collection of data from various hospital departments including nursing, pharmacy & billing to get a broad understanding of the discharge process.

Steps involved in discharge process:

- **Discharge Advice:** Given by the treating doctor when a patient is ready for discharge.
- **Preparation:** RMO prepares discharge summary and relevant documents.
- **Approval:** Consultant reviews and approves the discharge summary.
- **Medication:** Return medication indent placed and processed.
- **Billing:** Discharge file sent to billing for final clearance.

- **Clearance:** Patient clears the bill and receives discharge medications.
- **Final Steps:** Patient vacates the bed, and bed is prepared for the next patient

OBECTIVE

To understand the various steps involved in the discharge process for IPD patients.

To calculate the discharge TAT for IPD patients over a specified period.

To identify the reasons for delays in the discharge process

METHODOLOGY

Data Collection – Real time data collection based on direct observation

Data Type – Primary Data

Sample Size – 100

Benchmark – For Non TPA patients: 2 hrs

For TPA patients: 4 hrs

Stakeholders Involved – Consultants, RMOs, Nursing staff, Patients & their families, Billing Department, Pharmacy staff & GDA staff

Inclusion Criteria

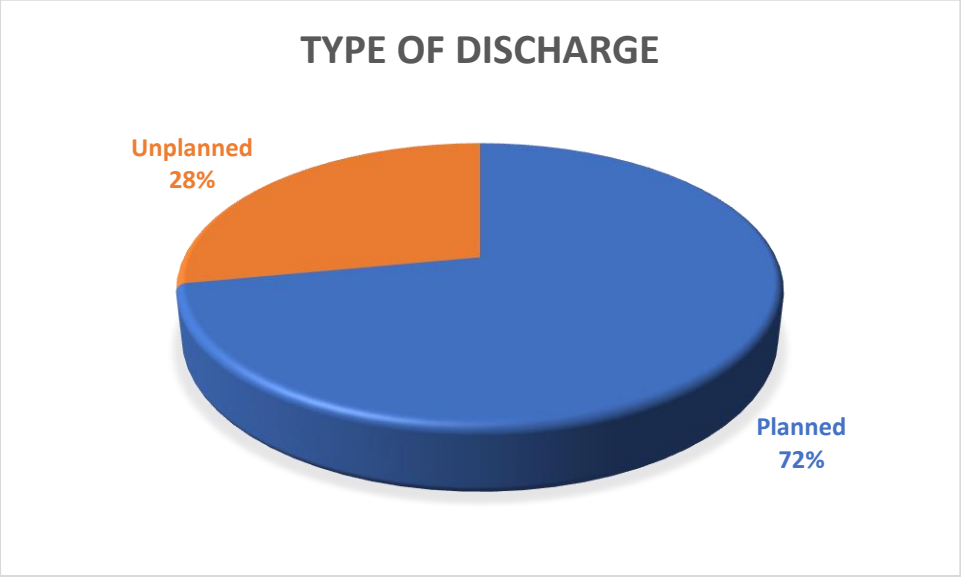
1. In-Patient Department (IPD) Patients: Patients admitted in General Ward 1, General Ward 2, Private Ward & Semi private Ward
2. Patients undergoing both planned and unplanned discharges.
3. Patients of all age groups and genders.
4. Patients who were discharged during the designated study period.

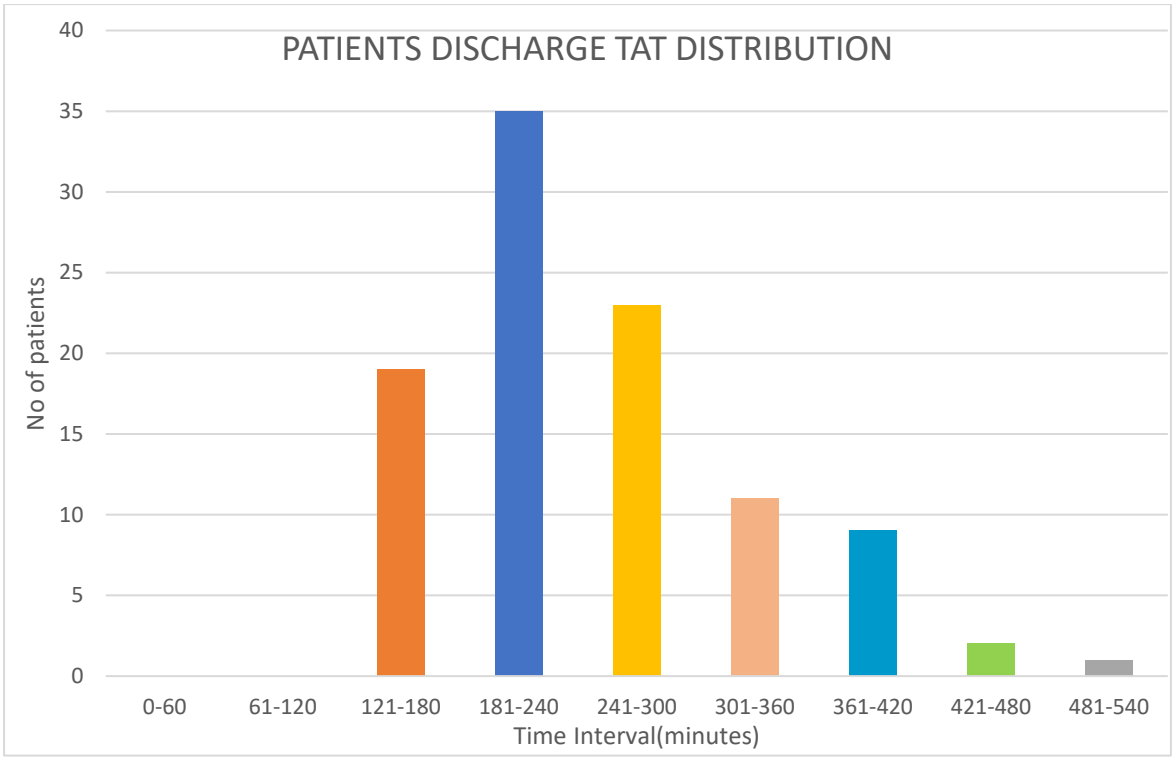
Exclusion Criteria:

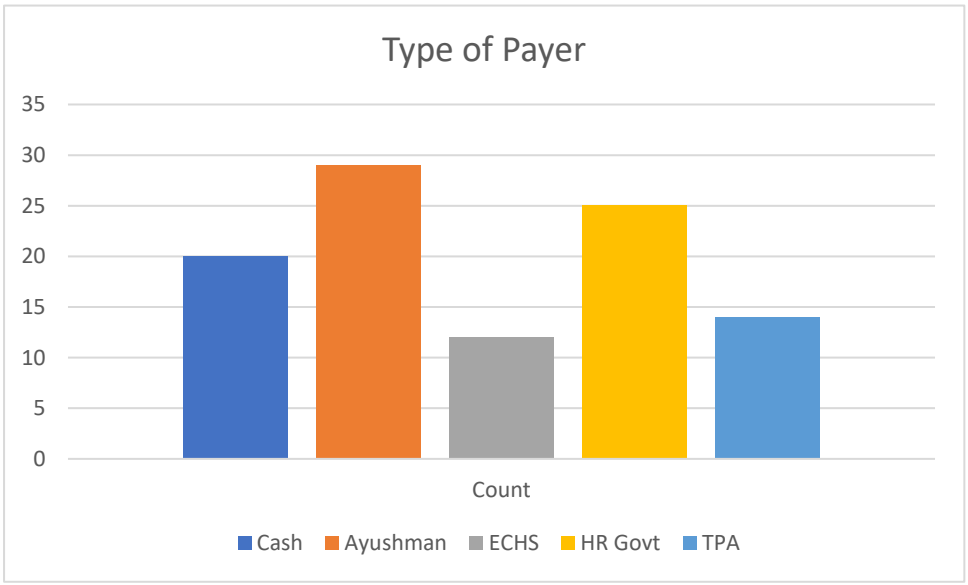
1. Patients admitted to critical care units: CCU/ICU/HDU
2. Patients who left against medical advice (LAMA).
3. Patients transferred to other healthcare facilities.
4. Patients who expired during their hospital stay.

Metrics Recorded - IPD number, department, mode of payment, discharge advice time by the doctor, type of discharge (planned or unplanned), discharge preparation time by RMO, discharge approval time by consultant, return medication indent time, time of discharge medicine indent by RMO, time of indent clearance, time of file sent to billing, patient bill clearance time, bed vacant time, and total time.

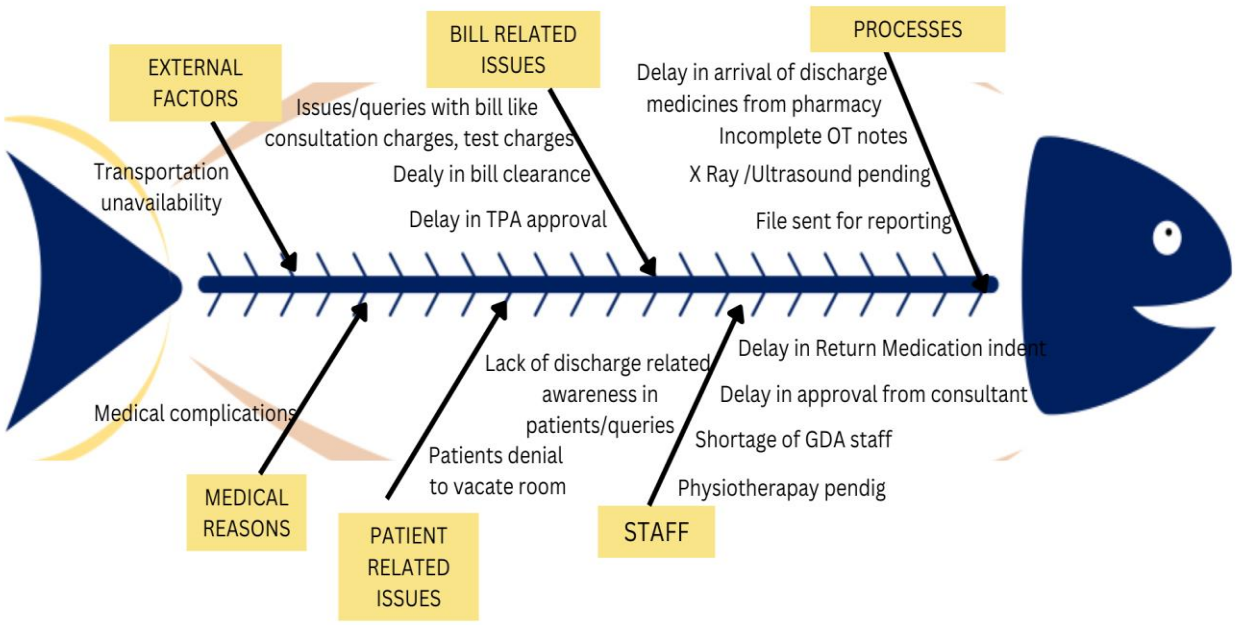
DATA ANALYSIS







The average Discharge turnaround time came to be 4.03 hrs (241.95 minutes)



LINKING WITH CLASSROOM THEORY

- **Principles of Management**: The importance of planning
- **Human Resource Management**: The significance of employee training program, talent retention, appraisals, employee benefits, HR policies & procedures
- **Essentials of Hospital Services**: Understanding of the hospital as a system & incident reporting
- **Business Planning & Communication**: Role & importance of effective organizational communication, Nonverbal communication & 7 Cs of Effective communication used in print material and public posters
- **Medication Management**: Knowledge of dispension errors and the importance of timely and accurate medication management.
- **National Health Policies & Digital Health**: Understanding Ayushman Bharat Pradhan Mantri Jan Arogya Yojna and its implementation.
- **Organizational Behaviour** – Formal & Informal groups within the organization

- **Research Methods** – Data collection method, Data type (primary data used in discharge), exclusion & inclusion

GAPS IDENTIFIED

- **Employee Files**: Incomplete employee files, checklist not in accordance with current NABH standards, absence of a code of conduct in employee personal files, employee health record not updated
- **Patient Safety in Emergency Ward**: Absence of bed rails and bed alarms, and lack of monitoring in emergency wards
- **Biomedical Waste Management**: Torn or missing posters containing information about BMW management segregation.
- **Documentation Issues**: Incomplete consent forms and progress reports; missing details in patient files.
- **Communication System**: No speaker or intercom system installed in the HR and MRD room for emergency announcements.
- **Patient Identification**: Inconsistent use of patient identification bands across the hospital. Patient identification bands only being used around NABH inspection days.
- **Discharge Process**: Delays due to incomplete OT notes, delay in return medication indent, delay in arrival of discharge medicine from IPD pharmacy due to unavailability of GDA staff. Nursing staff are completing case files just before they are required for billing, and diagnostic reporting (e.g., X-ray and ultrasound) is also being done at the last moment. This practice can cause significant delays in the discharge process and increase the turnaround time.
- **Patient Feedback Forms**: Language barrier for patients not proficient in English.
- **Incident Reporting**: Lack of attentiveness and prompt action by GDA staff in emergency situations & lack of compliance to incident reporting
- **Coordination**: Lack of inter & intra department communication & coordination

SUGGESTIONS FOR IMPROVEMENT

- **Checklist Updates**: Periodically review and update the employee files to reflect any changes in NABH standards.
- **Safety Measures**: Implement systematic approaches to ensure the availability of bed rails and bed alarms in the emergency ward.
- **Poster Durability**: Use more durable materials for posters to ensure compliance with safety standards.
- **Documentation Training**: Provide regular training to staff on proper documentation practices and emphasize the importance of complete and accurate documentation.
- **Communication Systems**: Install a speaker or intercom system in the HR and MRD rooms to ensure timely communication during emergencies.
- **Patient Identification**: Ensure procedures for the issuance and application of patient identification bands upon admission and conduct regular audits.
- **Discharge Process**: Implement strategies to reduce delays, such as immediate placement of return medication indent and recruitment of more GDA staff.

Encourage nursing staff to timely update the patient case files rather than delaying it to the last moment. Implement shift end documentation reviews to ensure all necessary updates in patients case files are made in real time. This can be supervised by Nursing Incharge or Nursing Superintendent.

Schedule diagnostic tests like X-rays and ultrasounds in advance based on the anticipated discharge date. Set specific time frames to complete diagnostic reports well before the anticipated discharge time.

- **Feedback Forms**: Offer patient feedback and experience forms in Hindi to overcome language barriers.
- **Incident Reporting Training**: Conduct regular training sessions for GDA staff on patient safety and emergency response, reinforcing the importance of immediate assistance and timely incident reporting.

Signature of the Student

Approved by the IIHMR University's Mentor