SUMMER INTERNSHIP AT FORTIS ESCORTS HOPITAL, JAIPUR, RAJASTHAN

NAME: ISHA AGARWAL; 1719;HM-28

FACULTY MENTOR: Dr. DHIRENDRA KUMAR

ORGANIZATION MENTOR: Dr. RANJANA RATHORE

VISION

SAVING AND ENRICHING LIVES

MISSION

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

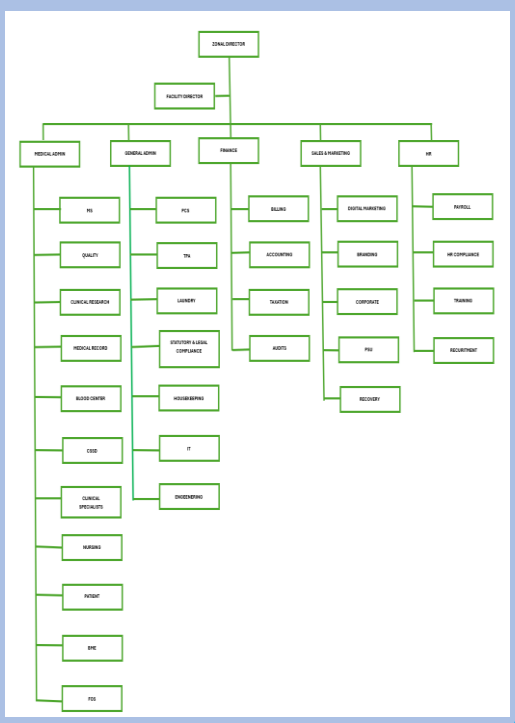
VALUES

PATIENT CENTRICITY
OWNERSHIP
INTEGRITY
TEAMWORK
INNOVATION

ORGANISATION BRIEF HISTORY AND DISCRIPTION

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

ORGANIZATIONAL STRUCTURE



THEORITICAL LEARNING AND PRACTICAL EXPOSURE

THEORITICAL LEARNING	PRACTICAL EXPOSURE
1. Theoretical knowledge encompasses concepts, principles, and ideas, providing a foundation for understanding and exploring the world. 2. Theoretical understanding introduced to the framework of hospital operations. 3. Theoretical understanding develops critical thinking, analytical and problem-solving skills.	1. Practical exposure provides a deeper understanding of the day-to-day operations, workflows, and dynamics within a healthcare setting. 2. How theoretical concepts are implemented in real healthcare scenarios. 3. Practical exposure enhances communication, teamwork and empathy, co-ordination and co-operation.

LEARNING

- Observed all the departments, learned about their functions management and coordination, and connected this practical experience with my classroom learning.
- Developed my communication skills, teamwork abilities, professionalism, and overall behaviour.
- Gain hands-on experience in healthcare quality management.

USEFULLNESS OF INTERNSHIP

- Learnt about medication, admission, consultation, nutritional assessment, discharge, step down and documentation process of the patient.
- Learnt about the safety codes used in the organisation (BLUE, PINK, RED, GREY, ORANGE, YELLOW, PURPLE)
- Learnt about different policies and services provided by the organisation.
- Learnt about the **NABH** process of accreditation for different quality indicators of the organisation.
- Got Training of BMW and BLS.

CHALLENGES

- Initially, collecting data in such a large organization was challenging.
- Initially the staff hesitated to coordinate due to unknown identity
- Managing the emotional impact of critical care patient, particularly in critical and end-of-life situations.

SWOT ANALYSIS

STRENGTH

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

WEAKNESS

Only focus in India
Expensive services
Lack of human resources

OPPORTUNITIES

Growing healthcare market
Corporate tie ups
Medical tourism
Technological advancement

THREATS

Competition such as NARAYANA, EHCC, C.K BIRLA
Regulatory challenges
Prohibitive health cost

INITIAL ASSESSMENT OF PATIENT IN IN-PATIENT DEPARTMENT BY DOCTOR AND NURSE TURNAROUND TIME

The initial assessment of a patient admitted to the Inpatient Department (IPD) is crucial for determining the appropriate care plan and ensuring patient safety. This assessment involves a comprehensive evaluation performed by both doctors and nurses to gather critical information about the patient's health status.

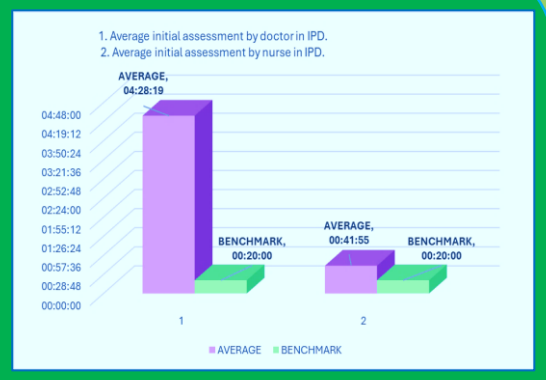
AIM AND OBJECTIVE

To improve the accessibility of medical resources in IPD on time and to provide a comprehensive understanding of the initial assessment process conducted by doctors and nurses for patients admitted to the Inpatient Department (IPD).

PROCESS ANALYSIS

- Visited the Inpatient Department (IPD) to review patient file.
- Collected the admission times from the admission and discharge sheets of the patients.
- Noted the initial doctor's assessment times from the inpatient history and physical records.
- Noted the nursing initial assessment times from the nursing assessment sheets.
- Identified and excluded patient files that lack time information.
- Applied the Lean Sigma rule to ensure only complete and accurate data is used.
- Compiled the collected times (admission, initial doctor's assessment, and nursing initial assessment).
- Organized the data in a structured format suitable for the initial assessment report.
- Used the accurate data to create the initial assessment report.
- Ensured the report is clear, comprehensive, and adheres to any required formats or standards.
- Sample size: 150
- Benchmark: 20 minutes
- Data collected from 9th May 2024 to 20th June 2024.

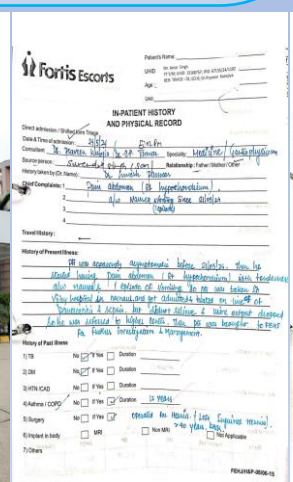
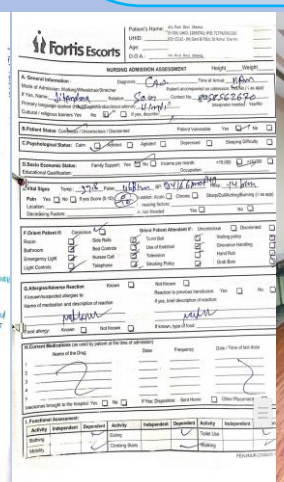
RESULT



The graph shows that the average time for doctor assessments is 4 hours, 28 minutes, and 19 seconds, while for nurse assessments it is 41 minutes and 55 seconds. Both averages significantly exceed the ideal benchmark of 20 minutes, highlighting substantial delays in the assessment process.

FINDINGS

- Variability in Assessment Times: There may be significant variability in the time taken for initial assessments due to differences in staff efficiency, patient condition severity, and availability of medical personnel.
- Resource Allocation Delays: Ensuring timely access to medical resources can be challenging due to logistical issues, resource shortages, or communication breakdowns within the hospital.
- Data Inconsistencies: Incomplete or inconsistent data recording can hinder accurate analysis of assessment times and resource allocation efficiency.
- Workflow Inefficiencies: Existing workflows may have inefficiencies or redundancies that contribute to delays in patient assessments and access to necessary resources.

RECOMMENDATIONS

- Standardize Assessment Protocols
- Enhance Resource Allocation
- Improve Data Management
- Optimize Workflow Processes
- Enhance Staff Training and Awareness
- Implement Performance Monitoring
- Foster Interdepartmental Communication