SUMMER INTERNSHIP PROGRAM

at

FORTIS ESCORTS HOSPITAL, JAIPUR

From MAY 01 2024 to JUNE 30 2024

A REPORT BY

ISHA AGARWAL

Master of Business Administration

HOSPITAL & HEALTH MANAGEMENT

2023-25

under the Mentorship of

Dr DHIRENDRA KUMAR

PROFESSOR

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02TH July, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Isha Agarwal has worked as a Trainee with us in the Dept. of Quality from 01 May, 2024 to 29 June, 2024 for the period of Two Months.

Her performance during the period in the department was Good.

We wish Her the best for all her future endeavors.

For Fortis Healthcare Limited.

Authorized Signatory

Completion Certification from the Organization

CERTIFICATE

This is to certify that Ms. ISHA AGARWAL of MBA-HOSPITAL and HEALTH MANAGEMENT 2023-25 of IIHMR UNIVERSITY, JAIPUR has worked with our organization for her summer internship from 01/05/2024 to 30/06/2024. The overall performance shown by her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 29/6/24

Name: Dr Ranjana Rathore

Designation: Quality Assurance

Seal/Stamp of the Organization

FORTIS ESCORTS HOSPITAL
Jawahar Lal Nehru Marg,
Malviya Ngar, JAIPUR-302017

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. ISHA AGARWAL** 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. Dhirendra Kumar

Professor

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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

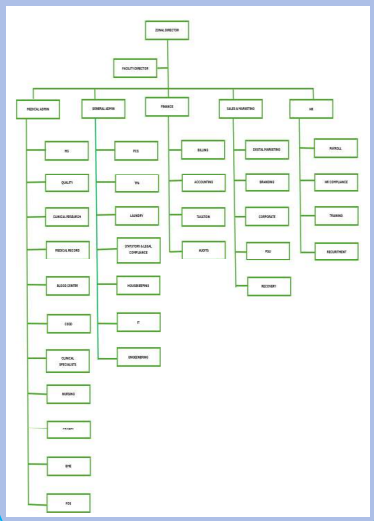
VALUES

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

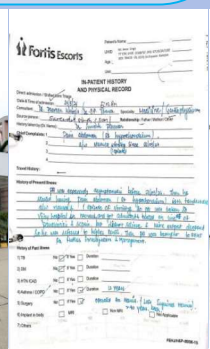
The initial assessment of a patient admitted to the Inpatient Department (IPD) is crucial for determining the appropriate care plan and ensuring patient safety. This assessment involves a comprehensive evaluation performed by both doctors and nurses to gather critical information about the patient's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

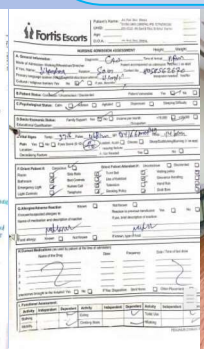
AIM AND OBJECTIVE

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).

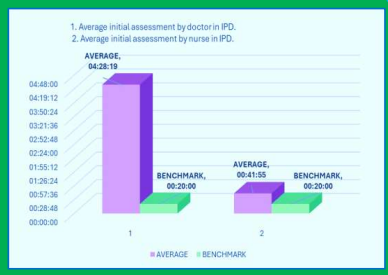
PROCESS ANALYSIS

- 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

WEEKLYREPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 1st

From: 1st May to 4th May

Activity Done	1. Learn admission process in OPD/IPD, RGHS/CGHS, Emergency. 2. Working on TAT medicine. 3. Updating Unit binders. 4. Mock drill on Code Pink.
Linking theory (Classroom learning) with practice at your organization	1. Classroom learning helps in understanding Hospital's 2. working environment. Knowledge about Codes.
Gaps identified on the working area.	1. Admission forms only available in Hindi create obstacles for international patients, making the process less efficient. 2. Challenges of limited staff for prompt medication delivery post-order processing across departments. 3. Discovered a process gap during the safety code mock drill, prompting targeted enhancements for protocol effectiveness.
Suggestions for improvement	Provide admission/consent form in English (as there was an unavailability of consent form in English for international patients which causes language barrier, staff has to explain each and every point to the patient/attendant and help in filling the form which causes unnecessary consumption of resources).
Plan for the next week	1. Mock drills on other Codes. 2. Teaching staff about Codes.

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLYREPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 2nd

From: 6th May **to** 11th May

Activity Done	1. Submit project proposal to Pinki ma'am. (Average time taken for initial assessment of patients admitted in IPD.) 2. Collecting project data. 3. Check fire security of all floors of the organisation and meet all the respected fire zone incharges. 4. Staff training regarding fire safety (RACE and PASS). 5. Done open file audit. 6. Done live audit.
Linking theory (Classroom learning) with practice at your organization	1. Classroom learning helps in understanding Hospital's working environment. 2. Knowledge about Fire safety norms like RACE and PASS.
Gaps identified on the working area.	1. Staff is not well known about fire safety rules. (RACE & PASS) 2. Errors found during open file audit.

Suggestions for improvement	1. **Conduct time to time safety codes training.** 2. **Conduct regular audit to maintain or improve the quality of patient care.**
Plan for the next week	**Preparation for NABH audit.**

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLYREPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 3rd

From: 12th May **to** 18th May

Activity Done	1. Collecting project data. 2. Staff training regarding fire safety (RACE and PASS). 3. Updating mock drill files. 4. Done live audit. 5. Done LAMA file audit. 6. Conducted the ward rounds for patient's rights and responsibilities.
Linking theory (Classroom learning) with practice at your organization	All the activities that I have done are discussed in class under the module Essentials of hospital services by Dr. Mahendra Kumar which gives me a basic knowledge about it that helps me to do the work efficiently and effectively.

Gaps identified on the working area.	1. **Staff is not clearly aware about fire safety rules. (RACE & PASS).** 2. **Errors found during open file audit.** 3. **Discovered a process gap during the safety code mock drill, prompting targeted enhancements for protocol effectiveness.**
Suggestions for improvement	1. **Important files should be well maintained. Conduct regular staff training.** 2. **Conduct regular audit to maintain or improve the quality of patient care.** 3. **Hospital should educate patient about their rights and responsibilities.**
Plan for the next week	**Collect data for project.**

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLY REPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 4th

From: 20th May **to** 25th May

Activity Done	1. Collecting project data. 2. Prepare and Submit project methodology to the organizational mentor. 3. Learn about six sigma concept. 4. Learn about the process and time frame for No compliance clearance.
Linking theory (Classroom learning) with practice at your organization	Prior knowledge gained from classes helps in efficient work.
Gaps identified on the working area.	Incomplete and unorganized patient files.
Suggestions for improvement	Patient file should be complete and organised in IPD.
Plan for the next week	1. Collect data for project. 2. Open file audit.

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLY REPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 5th

From: 1st June **to** 6th June

Activity Done	1. Collected and compiled primary data for project. 2. Open file audit for CCU and NCU. 3. Mock drill for different safety codes (PINK, BLUE). 4. Prepare Questionnaire for ER and IPSG goals.
Linking theory (Classroom learning) with practice at your organization	1. Safety codes – Essentials of hospital services 2. Data analysis- biostatistics
Gaps identified on the working area.	1. The doctors and nurses do not properly document the time of the assessment. 2. Incomplete and unorganized patient files. 3. The questionnaires contained some incorrect responses.
Suggestions for improvement	1. Develop standard operating procedures to streamline the initial assessment process to eliminate inefficiencies. 2. Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files. 3. Provide training to the staff about the safety codes.
Plan for the next week	1. Collect data for project. 2. Open file audit.

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLY REPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 6th

From: 2nd June **to** 8th June

Activity Done	1. Collected and compiled primary data for project. 2. Open file audit for CCU and NCU. 3. Mock drill for different safety codes (PINK, BLUE). 4. Prepare Questionnaire for ER and IPSG goals.
Linking theory (Classroom learning) with practice at your organization	1. Safety codes – Essentials of hospital services 2. Data analysis- biostatistics
Gaps identified on the working area.	1. The doctors and nurses do not properly document the time of the assessment. 2. Incomplete and unorganized patient files. 3. The questionnaires contained some incorrect responses.
Suggestions for improvement	1. Develop standard operating procedures to streamline the initial assessment process to eliminate inefficiencies. 2. Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files. 3. Provide training to the staff about the safety codes.
Plan for the next week	1. Collect data for project. 2. Open file audit.

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLY REPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 7th

From: 10th June **to** 15th June

Activity Done	1. Collected and compiled primary data for project. 2. Open file audit for general ward. 3. Training for fire safety in engineering department. 4. Prepare Questionnaire for fire and non-fire emergencies.
Linking theory (Classroom learning) with practice at your organization	1. Safety codes – Essentials of hospital services 2. Data analysis- biostatistics
Gaps identified on the working area.	1. Date and time of initial assessment are not mentioned properly. 2. Incomplete and unorganized patient files. 3. The questionnaires contained some incorrect responses.
Suggestions for improvement	1. Develop standard operating procedures to streamline the initial assessment process to eliminate inefficiencies. 2. Develop and enforce standardized documentation procedures to ensure consistency and completeness in patient files. 3. Provide training to the staff about fire and non fire emergencies.
Plan for the next week	1. Collect data for project. 2. Open file audit.

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLY REPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 8th

From: 17th June **to** 22nd June

Activity Done	1. Compiled and analyzed data for my project over two-month period. 2. Conducted a gap analysis and provided suggestions based on the collected data. 3. Prepared the project report. 4. Performed a live audit of the nursing staff in relation to IPSG goals.
Linking theory (Classroom learning) with practice at your organization	1. IPSG goals– Essentials of hospital services 2. Data analysis- biostatistics 3. Research methodology 4. Report writing- Business communication.
Gaps identified on the working area.	1. Nursing staff doesn't have a complete knowledge about IPSG goals. 2. The average of my project data is far away from the ideal time given in hospital policy.
Suggestions for improvement	1. Proper training for nursing staff about IPSG goals. 2. Fill patient files properly.
Plan for the next week	1. Submitting the hard and soft copy of project report after approval. 2. Prepare excel file for IPSG goals audit of nursing staff.

Signature of the Student: 

Approved by the IIHMR University's Mentor:

WEEKLY REPORT

Name of the Organization: FORTIS HOSPITAL, JAIPUR

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

Name of the Student: Isha Agarwal

Roll no: 1719

Stream: Hospital and Health Management

Week no: 9th

From: 24th June **to** 29th June

Activity Done	1. Modified the project report and got it approved by our organization mentor. 2. Prepare a presentation about the project. 3. Presented our project to the members of organization- MD (Dr. Mala Airun), DMS (Dr. Nimmi Thadeshwar), AMS (Dr. Jatinder Monga) and other executives.
Linking theory (Classroom learning) with practice at your organization	1. Data analysis- Biostatistics 2. Methodology of project- Research methodology 3. Report writing- Business communication.
Gaps identified on the working area.	The average of my project is way more than the benchmark.
Suggestions for improvement	Proper documentation of initial assessment sheets (both doctor and nurse).

Signature of the Student: 

Approved by the IIHMR University's Mentor:

Name of the Organisation: FORTIS ESCORTS HOSPITAL, JAIPUR

Department of Summer Internship Program: QUALITY ASSURANCE

Name of the Student: ISHA AGARWAL

Roll no: 1719 **Stream: HOSPITAL & HEALTH MANAGEMENT**

Activity Done	On the first day, we completed the necessary documentation and received an orientation about the rules and regulations of the organization. During my two-month internship, the organization underwent a NABH audit. This experience provided me with a comprehensive understanding of the quality department and its crucial role in the audit process. I explored the streamlined process of patient registration and admission for IPD, EMERGENCY, and DAYCARE, which includes the facilities of government schemes like RGHS and CGHS. The registration process involves assigning every patient a unique hospital identification number (UHID) and recording their episodes. Patients are then admitted to different departments based on their needs and conditions. The admission process should take 30 minutes after the registration of the patient. I examined the discharge process, which begins when the consultant advises the patient for discharge. A discharge summary is provided by the resident, and the discharge is entered into the HIS. Clearances from radiology, pharmacy, and the blood bank are obtained, followed by billing clearance. Once all clearances are secured, patients are discharged from the hospital. The discharge process takes 90 minutes for cash patients and 240 minutes for those under government schemes and TPA. I studied the medication dispensing TAT process, which includes the time taken by the IPD pharmacy to dispense medication after it is indented in the HIS system. The pharmacy prioritizes dispensing based on the type of request:

	stat, new admission, discharge, and routine. The dispensing times are as follows: for stat medications, it is 15 minutes; for new admissions and discharges, it is 30 minutes; and for routine medications, it is 1 hour and 30 minutes. I analysed the OPD consultation process, noting that the time from patient registration to consultation should be within 45 minutes for walk-in patients and 15 minutes for patients with online appointments. I explored various departments, including 4 MICUs, 4 SICUs, 2 CCUs, NCU, PICU, LDU, HDU, 2 OTs, the General Ward, NICU, dialysis, endoscopy, radiology, oncology, and various wards. Additionally, I examined Patient Care Services, Patient Experience, Finance, Marketing, Human Resources, Quality, Supply Chain, Pharmacy, and MRD, gaining a comprehensive understanding of the workings and management of these departments. I attended training for Biomedical Hazard Care (Code ORANGE) and Infection Control. We learned about handling hazardous materials like chemicals or bodily fluids (blood, urine, etc.), managing spills and the surrounding area, cleaning procedures, and the process for Code ORANGE. We also learned about waste management, including the colours of dustbins and waste segregation according to bin colour. In Infection Control, we learned the 365-handwashing technique. I provided training on hospital safety codes (PURPLE - fight or flight situation, PINK - missing child, ORANGE - spillage, RED - fire, BLUE - individual disaster, GREY - internal disaster, YELLOW - external disaster) to store staff, pharmacy staff, IT staff, engineering staff, and floor staff (3rd-7th floors). I conducted mock drills for Code ORANGE, Code PINK, Code BLUE, Code YELLOW, Code RED, and Code PURPLE. I created reports for all safety codes with the safety code team, detailing the time of every action taken, gap analysis, and recommendations. I prepared pre-test and post-test questionnaires for the codes, administering the pre-test before training and after mock drills, and the post-test after addressing the observed gaps. I conducted various audits, including: • **Live Audit:** Checking the crash cart, medicine trolley, oxygen cylinder machine, nursing trolley, ID

	bands on patients, refrigerator, ABG machine, bio-medication waste management, unattended medicine, proper functioning of remote beds, call bells at the patient bedside, open vial protocol, hand wash availability, IV line dates, sterilized gauze piece availability with date, expiry of ETO items, and calibration and PMS of equipment. • **Open and Close File Audit:** Open file audit is conducted on current patient files, while closed file audit is done on files in the MRD. The audit checklist includes UHID, consultant name, doctor's prescription, admission form, triage doctor assessment, doctor's initial assessment, treatment sheet, progress notes, pre/post-anaesthesia record, surgical safety checklist, OT notes, consent forms, triage nursing assessment, nursing admission assessment, daily nursing assessment, growth and development charts, in-house transfer form, home medication declaration form, patient and family education record, and discharge summary. I attended Basic Life Support (BLS) training and learned cardiopulmonary resuscitation (CPR). BLS includes the following steps: 1. Ensure scene safety 2. Check for a response 3. Shout for help 4. Check for a pulse 5. Call for help 6. Start CPR I collected primary data for the project on quality indicators, focusing on the initial assessment of patients in the Inpatient Department (IPD). The initial assessment of a patient admitted to the 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. The initial assessment TAT (Turnaround Time) includes the time taken by the doctor and nurse for the first evaluation of the patient after admission to the IPD. The initial assessment should be completed within 20 minutes in ICUs and 30 minutes in wards. After collecting the data, I analysed the process by calculating turnaround time to identify gaps and enhance patient satisfaction.

Linking theory (Classroom learning) with practice at your organisation	Hospital Safety codes- **Essentials of hospital Services** Methodology (research design, data collection method, data analysis) – **Research methodology** Mean, median, mode – **Biostatistics** IPSG goals– **Essentials of hospital services** Report writing- **Business communications** Teamwork, communication skills – **Behavioural communication and principal of management.** NABH accreditation – **Essential of hospital services** Government policies like RGHS, CGHS – **Health policy and healthcare delivery system** Hospital Information System – **Digital Health** Triaging of patient – **Essential of Hospital services**
Gaps identified on the working area.	Admission forms only available in Hindi create obstacles for international patients, making the process less efficient. There are interpreters present for different languages in the hospital, but it takes more time to complete the process, hence making the registration process troublesome. Safety codes were not clear to the staffs (nursing, GDA, housekeeping, store staff, pharmacy staff, IT staff etc). They don't know which number to dial or what things to say on the phone to explain the place of affected area. Staffs are not properly aware of safety codes, IPS goals, fire RACE and PASS. The turnaround time for consultation, discharge, medication dispensing in IPD is more than the ideal time given in hospital policy. The initial assessment turnaround time also do not follow the benchmark given in the Hospital policy of Assessment of patient.

	Patient files were not properly filled and documented. Name, signature, global id, time and date were not properly filled. Consent forms are not properly filled as the forms are in Hindi but are filled in English language and vice versa. There is not proper communication between different departments which makes the process for patient care slow. There is a delay in processes due to outdated HIS system. There are only paper data records of patients, electronic health records/ electronic medical records are not present.
Suggestions for improvement	**1. Admission Forms Only Available in Hindi:** **Multilingual Forms:** Provide admission forms in multiple languages, including English and other common languages of international patients. **Digital Translation Tools:** Implement digital translation tools that can instantly translate the forms into the patient's preferred language. **Pre-arrival Form Completion:** Allow patients to complete admission forms online before their arrival at the hospital, with language options available. **2. Safety Codes Not Clear to Staff:** **Training Programs:** Conduct regular training sessions to educate staff on safety codes, emergency numbers, and the correct procedure to report incidents. **Visual Aids:** Display clear and visible posters or charts with safety codes, emergency numbers, and steps to follow in prominent areas within the hospital. **Regular Drills:** Organize periodic emergency drills to ensure all staff members are familiar with safety procedures and codes.

	3. Turnaround Time for Consultation, Discharge, and Medication dispensing: **Process Streamlining:** Analyze and streamline the processes involved in consultation, discharge, and medication dispensing to eliminate bottlenecks and inefficiencies. **Task Delegation:** Delegate specific tasks to dedicated teams or staff members to speed up the process and reduce waiting times. **Performance Monitoring:** Implement a monitoring system to track turnaround times and identify areas needing improvement, ensuring adherence to hospital policies. **4. Initial Assessment of patient in IPD Turnaround Time:** **Standardize Assessment Protocols:** Implement standardized protocols for initial assessments to reduce variability and ensure consistency across all staff. Develop checklists and guidelines for different patient conditions to streamline the assessment process. **Enhance Resource Allocation:** Use real-time tracking systems for medical resources to quickly identify and allocate necessary equipment and personnel. Establish a centralized coordination team to manage resource distribution and address shortages promptly. **Improve Data Management:** Implement electronic health records (EHR) systems to ensure accurate and complete data recording. Train staff on proper data entry techniques and the importance of maintaining comprehensive patient records. **Optimize Workflow Processes:** Conduct workflow analysis to identify inefficiencies and redundancies in the current assessment process.

	Redesign workflows to eliminate unnecessary steps and streamline patient assessments and resource allocation. **Enhance Staff Training and Awareness:** Provide regular training sessions for staff on the importance of timely assessments and efficient resource use. Develop continuous education programs to keep staff updated on best practices and new protocols. **Implement Performance Monitoring:** Establish key performance indicators (KPIs) to monitor assessment times and resource allocation efficiency. Use data analytics to identify trends and areas needing improvement and adjust processes accordingly. **Foster Interdepartmental Communication:** Improve communication channels between departments to ensure seamless coordination during patient assessments. Hold regular interdepartmental meetings to discuss challenges and share solutions for better patient care. **Utilizing Technology:** Utilize technology solutions like automated scheduling and alert systems to enhance the responsiveness of the assessment process. Implement telemedicine options for initial consultations to expedite the assessment process for certain patient conditions. **Engage in Continuous Improvement:** Conduct periodic audits to assess the effectiveness of implemented changes and make necessary adjustments. **Strengthen Patient Education and Support:** Provide patients with clear information about the assessment process and expected timelines to manage their expectations. **5. Patient File Documentation:**

	Standardized Templates: Use standardized templates for patient files that prompt for necessary information like name, signature, global ID, time, and date. **Training and Audits:** Provide training on proper documentation practices and conduct regular audits to ensure compliance. **Electronic Health Records (EHR):** Implement EHR systems to reduce errors and ensure that all necessary information is properly documented. 6**. Consent Forms Language Discrepancies:** **Bilingual Forms:** Ensure that consent forms are available in both Hindi and English, and that patients are given the form in their preferred language. **Interpreter Assistance:** Utilize interpreters to assist patients in understanding and completing consent forms in their preferred language. **Form Review:** Implement a review process to check for language consistency and completeness before the forms are accepted. **6. Communication Between Departments:** **Interdepartmental Meetings:** Schedule regular interdepartmental meetings to improve communication and collaboration. **Unified Communication System:** Implement a unified communication system (e.g., internal messaging platform) to facilitate seamless communication between departments. **Standard Operating Procedures (SOPs):** Develop and enforce clear SOPs for interdepartmental communication to ensure everyone is on the same page. **8. Delay Due to Outdated HIS System:**

	System Upgrade: Upgrade the Hospital Information System (HIS) to the latest version with enhanced features and better performance. **Staff Training:** Provide comprehensive training to staff on using the updated HIS efficiently. **Regular Maintenance:** Schedule regular maintenance and updates for the HIS to ensure it remains current and functional. **9. Lack of Electronic Health Records (EHR):** **EHR Implementation:** Invest in and implement an EHR system to digitize patient records and improve data accessibility. **Data Migration:** Develop a plan to transfer existing paper records to the new EHR system systematically. **Training and Support:** Provide training and ongoing support for staff to ensure a smooth transition to using the EHR system.

Signature of the Student: Isha Agarwal

Approved by the IIHMR University's Mentor: