SUMMER INTERNSHIP PROGRAM

at

From 1st May 2024 to 30th June 2024

A REPORT BY

ESHIKA JADON

Master of Business Administration

HOSPITAL AND HEALTH

MANAGEMENT

2023-25

under the Mentorship of

VINOD KUMAR SV

cloudnine

29th June 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Eshika Jadon** student of **IIHMR University, Jaipur** has completed her Internship in **Quality Department** with us from **01-May-2022 to 29th June 2024** under the guidance of **Ms. Radhika Govil, Head - Clinical & Medical Quality.**

We wish her good luck for her future endeavors.

For Cloudnine
(A unit of Kids Clinic India Ltd.)

KIDS CLINIC INDIA LTD. NOIDA

Trisha
Manager - People Department

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. **Eshika Jadon** 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: 19th July '2024

(Signature of Faculty Mentor)

Name: Dr. Vinod K. SV

Designation: Professor & Dean.

IIHMR UNIVERSITY

CLOUDNINE HOPSITAL - QUALITY DEPARTMENT

cloudnine

Eshika Jadon (1706, HM-28)
Mentor - Vinod Kumar SV

History of CLOUDNINE HOSPITAL

Founded in 2007 by Dr. R. Kishore Kumar in Bangalore, Cloudnine Hospital is renowned for its top-quality maternity, gynecology, fertility, and Paediatrics . With locations now in Chennai, Gurgaon, Pune, and Mumbai, Cloudnine excels in specialized newborn and fertility treatments. Dedicated to advancing maternal and child healthcare, Cloudnine consistently sets high standards across India.

VISION

To be the kind of leader in the space of women and child health that India has not witnessed yet, by providing premier quality healthcare to women and children.

MISSION

The pursuit of excellence in providing the best maternal and neonatal care by setting higher standards for ourselves and striving constantly to achieve them.

S

- Conducts comprehensive audits (IPD, PCPNDT, discharge summaries).
- Focuses on implementing and monitoring IPSG & NABH.
- Develops and implements QIPs to enhance healthcare delivery.

W

- High employee turnover disrupts quality improvement efforts.
- Inconsistent staff participation in training on emergency codes.
- Focus on maternity and pediatric care may overlook broader hospital needs.

O

- Employee training: quality standards and protocols
- Enhanced patient feedback systems
- Medicine delivery app: convenient access, better service

T

- Missing key meetings: fire safety, emergency codes, safety impact
- Regulatory changes: challenge standards
- Limited resources, budget constraints: hinder quality initiatives

Structure of The Organization

OBJECTIVE:

- To do the initial assessment of submissions by duty doctors for accuracy and compliance
- To conduct an audit of active IPD files for quality of care and documentation
- To do an audit of PCPNDT files for legal compliance and status of record keeping

METHODOLOGY:

- IPD Files Audit: Active files were reviewed and assessed against all criteria.
- Initial Assessment Audit: The "Lifetrenz" app was examined to confirm the upload status of initial patient assessments.
- PCPNDT Audit: Radiology department forms were collected and evaluated for compliance with documentation standards.

OBSERVATIONS:

Initial assessment audit obervations:

- The percentage of initial assessments recorded on the LT app was very low, as they were often taken on registers instead.
- Duty doctors frequently saved the initial assessment reports without submitting them, leading to low compliance on the system.

IPD files audit observations:

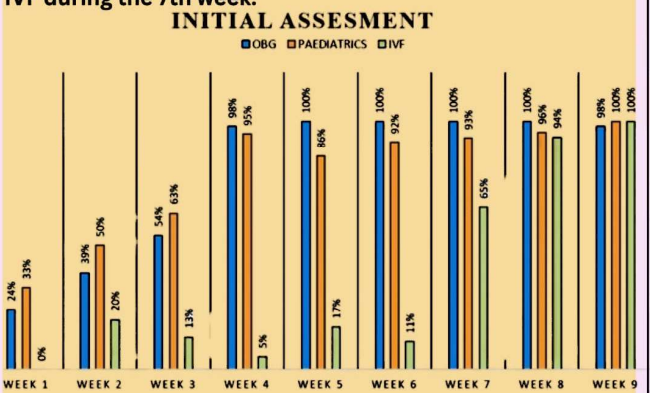
- Many IPD files lacked MPI numbers.
- Nurses' and staff's handwriting often illegible.
- High-risk and MTP consents documented on regular note sheets.
- Unauthorized doctor signatures observed.

PCPNDT files audit observations:

- Many reports either missed scan descriptions, lacked doctor's name and signature, or contained a different doctor's name.
- Five reports were signed by unauthorized individuals.
- Two reports had incorrect patient ID and two recorded incorrect scan dates.
- One form was missing and three forms had duplicate numbers.

RESULT:

1. The submission of initial assessments by duty doctors on the Lifetrenz app was monitored. A significant increase in the submission of Paediatrics and OBG initial assessments was observed starting from week 4. Notably, there was a substantial rise in the submission of initial assessments for IVF during the 7th week.



Challenges Faced During Internship

- Misplaced OT register in IPD highlighted document management issues.
- Initial data collection was challenging without staff assistance but improved over time.
- Duty doctors and scanning staff failed to properly complete Lifetrenz app assessments and PCPNDT forms despite multiple visits.
- Inconsistent data entries in child registers and discharge summaries.
- Fire drill showed nursing staff were unprepared and delayed lift shutdown, indicating a need for better emergency training.
- Low training attendance required multiple reminders.

Suggestions

- Guide duty doctors in submitting initial assessments and transitioning their register online.
- Implement regular OT and MRD reconciliation to ensure accurate delivery documentation.
- Standardize documentation templates.
- Conduct regular audits to verify documentation standards and compliance with PCPNDT guidelines.
- Implement incentives encourage thorough & accurate documentation.
- Train housekeeping staff on the benefits of heavy-duty gloves and enforce their usage.
- Enhance fire emergency drills with mandatory participation and regular sessions.

Usefulness of Internship

- Proficient in patient needs, resolving queries.
- Extensive experience in corporate and patient care.
- Leveraged internships for networking.
- Understanding of corporate dynamics.
- Engage with experts, continual learning.
- Enhanced skills through internships.

Learnings

- Knowledge of IPSG goals, NABH accreditation, facility and fire safety audits.
- Experience in prescription, IPD file, and PCPNDT audits.
- Conducted mock drills, handled emergencies.
- Insights into Pediatrics, OBG, IVF through data compilation.
- Mastered workload management, quality standards.
- Learned assessment procedures, discharge summary processes.

Week Report -1

Name of the Organization: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 1 **From:** 1st May 2024 to 5th may 2024

Activity Done	▪ Studied the Medical Termination of Pregnancy Act for legal regulations. ▪ Initiated an audit of IPD active files for April 30th, May 1st, and May 2nd. ▪ Conducted a quarterly check of the child register for April. ▪ Participated in a hospital tour to understand infrastructure and operations. ▪ Engaged in a Code Pink training check round for emergency preparedness. ▪ Attended a meeting with HR and quality departments to discuss improvement strategies. ▪ Visited the medical record department to review documentation practices.
Linking theory (Classroom learning) with practice at your organization	▪ Applied knowledge of the Medical Termination of Pregnancy (MTP) Act in ensuring compliance with legal regulations during patient care. ▪ Applied theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management and communication.
Gaps identified on the working area.	▪ Unauthorized signatures by doctors. ▪ Missing MPI numbers in IPD files. ▪ Illegible handwriting by nurses and staff. ▪ Gaps in child register documentation, including missing sex information and incorrect numbering.
Suggestions for improvement	▪ Implement protocols requiring only authorized personnel to sign documentation. ▪ Ensure MPI numbers are consistently recorded through electronic prompts or mandatory fields. ▪ Provide training to improve handwriting legibility or transition to electronic documentation systems.
Plan for the next week	▪ Audit IPD files from May 3rd to 8th, 2024, for accuracy and completeness. ▪ Complete and verify the child register for March 2024, fulfilling quarterly check requirements.

Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 2

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 2 **From:** 6th May 2024 to 12th may 2024

Activity Done	▪ Initiated an IPD audit (May 3rd-9th) for accuracy and completeness. ▪ Completed a PCPNDT audit (May 1st-8th) to ensure compliance with sex-selective abortion prevention regulations in India. ▪ Developed and presented an emergency codes presentation for hospital staff. ▪ Conducted training sessions on emergency protocols and procedures. ▪ Studied quality tools, including Ishikawa diagrams and Pareto charts. ▪ Created patient literature on safe parenting practices. ▪ Reviewed the March child register for accuracy and compliance. ▪ Attended HR and quality department meetings.
Linking theory (Classroom learning) with practice at your organization	▪ Utilized theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management and communication. ▪ Applied quality tools like histograms and scatter charts for process improvement.
Gaps identified on the working area.	▪ Noted missing child weights in the register. ▪ Found a missing test report in the PCPNDT audit. ▪ Discovered a test report discrepancy in PCPNDT files. ▪ Identified incomplete IPD files for mothers. ▪ Found unauthorized signatures on behalf of doctors. ▪ Observed missing doctors' names in documentation. ▪ Noted illegible handwriting in patient records.
Suggestions for improvement	▪ Implement training sessions for nursing staff on accurate IPD documentation. ▪ Establish standardized IPD templates with designated spaces for names and signatures. ▪ Encourage legible handwriting or use electronic systems for clarity in patient records. ▪ Conduct regular IPD audits to monitor compliance and provide feedback and training.
Plan for the next week	▪ Audit IPD files from May 10th for accuracy. ▪ Continue PCPNDT audit for ongoing compliance. ▪ Complete February 2024 child register, verify data integrity.

Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 3

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 3 **From:** 13th May 2024 to 19th May 2024

Activity Done	▪ Evaluated IPSG compliance in kitchen and housekeeping. ▪ Inspected facility safety per NABH standards. ▪ Compiled monthly statistics for OBG department. ▪ Audit IPD from May 10th-15th for accuracy. ▪ Completed PCPNDT audit from May 9th-16th. ▪ Reviewed February child register for accuracy and compliance.
Linking theory with practice at your organisation	▪ Utilized theoretical understanding of Operating Theater (OT) and In-Patient Department (IPD) from the hospital services module. ▪ Implemented the LT app as a digital service within the hospital, enhancing efficiency in patient management and communication. ▪ Integrated theoretical knowledge gained from classroom instruction into real-world scenarios through the execution of a study on International Patient Safety Goals (IPSG).
Gaps identified on the working area.	▪ Discovered a discrepancy in recorded deliveries between the OT register and MRD data for the OBG department's perinatal meeting, revealing an omitted entry by MRD. ▪ Identified inconsistencies in the PCPNDT audit, including missing doctor signatures and duplicated form numbers. ▪ Found gaps in IPD file completion and documentation by nursing staff, such as unauthorized signatures and missing doctor names, impacting record accuracy. ▪ Discovered illegible handwriting in patient records, posing challenges to comprehension and potentially compromising patient care and safety.
Suggestions for improvement	▪ Establish regular reconciliation procedures between OT register and MRD to ensure accurate delivery documentation and minimize discrepancies. ▪ Implement standardized protocols for PCPNDT audits to ensure thorough documentation, including verifying doctors' signatures and preventing duplicated form numbers. ▪ Provide comprehensive training for nursing staff on IPD file completion and documentation, emphasizing proper procedures, prohibition of unauthorized signatures, and inclusion of doctor names. ▪ Implement guidelines and training programs to improve handwriting legibility in patient records, enhancing comprehension and ensuring accurate documentation for improved patient care and safety.
Plan for the next week	▪ Conduct an audit of IPD files from May 16th, 2024, to ensure accuracy and completeness of documentation. ▪ Continued PCPNDT audit from May 17th onwards to ensure ongoing compliance ▪ Complete the child register for January 2024, verifying data integrity and fulfilling quarterly check requirements.

Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 4

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 4 **From:** 20th May 2024 to 26th May 2024

Activity Done	▪ Prepared monthly statistical data for Pediatrician, Anesthesia, and Neonatal departments for the April perinatal meeting. ▪ Presented at and attended the April perinatal meeting. ▪ Audited IPD files from May 16 to 23 for accuracy and completeness. ▪ Completed a PCPNDT audit from May 17 to 23 to ensure regulatory compliance. ▪ Reviewed the January child register for data accuracy and compliance. ▪ Evaluated IPD patients' initial assessments for April, reviewing duty doctors' evaluations.
Linking theory with practice at your organisation	▪ Utilized theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management & communication.
Gaps identified on the working area.	▪ Found discrepancies in the PCPNDT audit, including missing doctor signatures and duplicated form numbers. ▪ Identified missing baby weights and details during the January birth register audit. ▪ Noted gaps in IPD file documentation by nursing staff, such as unauthorized signatures and missing doctor names, affecting record accuracy and clarity. ▪ Discovered illegible handwriting in patient records, compromising comprehension and potentially patient care and safety.
Suggestions for improvement	▪ Implement dualverification for signatures and use a digital system to prevent duplicate form numbers. ▪ Enforce SOPs for mandatory fields, conduct regular training, and perform periodic audits. ▪ Train staff on proper documentation, emphasize authorized signatures, and introduce peer reviews. ▪ Transition to electronic medical records or provide training on legible handwriting with periodic checks.
Plan for the next week	▪ Audit IPD files from May 23, 2024, for accuracy and completeness. ▪ Continue PCPNDT audit from May 23, 2024, for ongoing compliance.

Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 5

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 5 **From:** 27th May 2024 to 2nd June 2024

Activity Done	▪ Created a PCPNDT process flowchart for patient education. ▪ Completed a thorough facility fire safety evaluation covering 63 checklist criteria. ▪ Evaluated IPD patients' initial assessments for May, reviewing duty doctors' evaluations. ▪ Audited IPD from May 24 to 30 for accuracy. ▪ Completed a PCPNDT audit from May 24 to 30, ensuring compliance with regulations.
Linking theory with practice at your organisation	▪ Applied theoretical knowledge of OT and IPD from hospital services module. ▪ Implemented LT app to enhance patient management and communication efficiency.
Gaps identified on the working area.	▪ Noted discrepancies in the PCPNDT audit, including missing doctor signatures, incorrect personnel signing, and duplicated form numbers. ▪ Observed varying initial assessment completion rates among different departments: OBG patients had 100%, Pediatric patients had a lower rate, and IVF patients had the lowest completion rate. ▪ Identified gaps in IPD file completion and documentation by nursing staff, such as unauthorized signatures and missing doctor names, affecting record accuracy and clarity. ▪ Discovered illegible handwriting in patient records, posing challenges to comprehension and potentially compromising patient care and safety.
Suggestions for improvement	▪ Schedule appointments with available duty doctors to demonstrate correct assessment techniques and gather their feedback. ▪ Foster open communication to identify and address any obstacles or issues encountered by duty doctors during patient evaluations. ▪ Conduct training sessions on proper documentation practices, emphasizing the importance of authorized signatures, and introduce peer review processes. ▪ Implement a transition to electronic medical records or provide training on legible handwriting with regular checks
Plan for the next week	▪ Audit IPD files from May 30, 2024, to ensure accuracy and completeness of documentation. ▪ Continue PCPNDT audit from May 30, 2024, onwards to ensure ongoing compliance. ▪ Proceed with the ongoing initial assessment audit of IPD patients, analyzing duty doctors' assessments for April and progressing towards completion.

Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 6

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 6 **From:** 3rd June 2024 to 9th June 2024

Activity Done	▪ Prepared comprehensive monthly statistical data for the OBG department for May's perinatal meeting. ▪ Conducted a quarterly check of the child register in May to verify data integrity. ▪ Developed patient information literature on blood donation. ▪ Evaluated IPD patients' initial assessments for May, reviewing duty doctors' evaluations. ▪ Conducted an audit of IPD from May 31 to June 7 for accuracy and completeness. ▪ Completed a PCPNDT audit from May 31 to June 7
Linking theory with practice at your organisation	▪ Utilized theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management and communication.
Gaps identified on the working area.	▪ Identified child register gaps, including missing child weights. ▪ Found discrepancies in PCPNDT audit: missing doctor signatures, incomplete scan details, incorrect patient IDs. ▪ Observed varied initial assessment completion rates: OBG patients 100%, Pediatric patients lower, IVF patients lowest. ▪ Identified IPD file gaps by nursing staff: unauthorized signatures, missing doctor names. ▪ Discovered illegible handwriting in patient records, compromising comprehension and patient care safety.
Suggestions for improvement	▪ Schedule appointments with duty doctors to demonstrate assessment techniques and gather feedback. ▪ Standardize templates for child registers and OPD prescriptions, and train on accurate documentation practices. ▪ Foster open communication to address obstacles in duty doctors' patient evaluations. ▪ Train staff on proper documentation, emphasize authorized signatures, ▪ Transition to electronic medical records or provide training on legible handwriting with regular checks.
Plan for the next week	▪ Prepare comprehensive monthly statistical data for pediatrics, neonatal, anesthesia, and triage departments for the perinatal meeting. ▪ Audit IPD files from June 7, 2024, to ensure accuracy and completeness. ▪ Continue PCPNDT audit from June 7 onwards for ongoing compliance. ▪ Proceed with ongoing initial assessment audit of IPD patients ▪ Conduct fire emergency mock drill for staff.

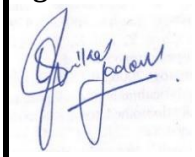
Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 7

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 7 **From:** 10th June 2024 to 16th June 2024

Activity Done	▪ Compiled monthly statistical data for pediatrics and neonatal departments for may. ▪ Conducted discharge summary audits across seven Cloudnine units, evaluating OBG, Pediatrics, and Fertility departments. ▪ Led fire emergency mock drills with nursing and security staff. ▪ Evaluated IPD patients' initial assessments for June. ▪ Audited IPD from June 7 to June 14 for accuracy. ▪ Completed PCPNDT audit from June 7 to June 14
Linking theory with practice at your organisation	▪ Utilized theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management and communication.
Gaps identified on the working area.	▪ OBG patients had a 100% initial assessment completion rate, while Pediatric and IVF patients had lower rates. ▪ During a fire drill, nurses hesitated initially, arrived late when called, and faced delays in fire personnel arrival. The fire extinguisher wasn't used, and procedures for evacuating the dummy patient were not followed. ▪ Discharge summary audit revealed low compliance in IVF departments across units, data unavailability for Thanisandra and Chennai, missing discharge summaries for IVF patients, and incorrect file placements. ▪ Identified IPD file completion gaps by nursing staff, including unauthorized signatures and missing doctor names, impacting record accuracy. ▪ Discovered illegible handwriting in patient records, posing comprehension challenges and risks to patient care and safety.
Suggestions for improvement	▪ Schedule appointments with available duty doctors to demonstrate correct assessment techniques and gather input. ▪ Improve fire emergency drill training by ensuring mandatory participation and conducting regular drills and training sessions. ▪ Notified the HIS team about server data unavailability and requested rectification.
Plan for the next week	▪ Compile comprehensive monthly statistical data for the anesthesia and triage department for the perinatal meeting. ▪ Audit IPD files from June 15, 2024, to ensure accuracy and completeness. ▪ Continue PCPNDT audit from June 15 onwards for ongoing compliance. ▪ Proceed with ongoing initial assessment audit of IPD patients, analyzing duty doctors' assessments for May towards completion. ▪ Continue discharge summary data collection for the remaining units.

Signature of the Student **Approved by the IIHMR University's Mentor**



Week Report- 8

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 8 **From:** 17th June 2024 to 23rd June 2024

Activity Done	▪ Compiled monthly statistical data for anaesthesia and triage departments. ▪ Developed a Quality Improvement Plan (QIP) to switch housekeeping staff from latex to reusable heavyduty gloves, improving costeffectiveness and safety. ▪ Conducted comprehensive discharge summary audits across seven Cloudnine units. ▪ Evaluated June IPD patient initial assessments conducted by duty doctors. ▪ Initiated and completed audits for IPD from June 15 to June 22. ▪ Completed a PCPNDT audit from June 16 to June 21.
Linking theory with practice at your organisation	▪ Utilized theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management and communication.
Gaps identified on the working area.	▪ OBG patients had a 100% initial assessment completion rate, while Paediatric patients had a lower rate, and IVF patients had the lowest completion rate. ▪ Housekeeping staff predominantly use latex examination gloves instead of more costeffective, reusable heavyduty gloves offering superior protection. ▪ Identified compliance issues in discharge summary audits, particularly in the IVF department; incomplete data noted for units on Golf Course Road and Bellandur. ▪ Noted gaps in IPD file completion and documentation by nursing staff, including unauthorized signatures and missing doctor names. ▪ Discovered instances of illegible handwriting in patient records, which could hinder comprehension and compromise patient care and safety. ▪ Found cases where no discharge summaries were available for IVF/Fertility patients, and incorrect insertion of OBG patient files into Fertility patient records.
Suggestions for improvement	▪ Schedule appointments with available duty doctors to demonstrate correct assessment techniques and gather their feedback. ▪ Train housekeeping staff on heavy-duty gloves for cost-effective, superior protection. Ensure easy access and regular inventory checks for smooth supply management. ▪ Reported data unavailability on the server to the HIS team. ▪ Implement training on legible handwriting or transition to electronic medical records, with periodic assessments to ensure compliance.
Plan for the next week	▪ Continued implementation of the Quality Improvement Plan (QIP) ▪ Conducted an audit of IPD files starting from June 23, 2024. ▪ Continued the PCPNDT audit from June 22 onwards . ▪ Continued the ongoing initial assessment audit of IPD patients

Signature of the Student **Approved by the IIHMR University's Mentor**

Week Report- 9

Name of the Organisation: Cloudnine Hospital, Noida
Area/ Department/ Project of Summer Internship Program: Quality department
Name of the Student: Eshika Jadon
Roll no: 1706 **Stream:** Hospital and Health Management
Week no: 9 **From:** 24th June 2024 to 30th June 2024

Activity Done	▪ Proposed a Quality Improvement Plan (QIP) for consistent patient follow-up. ▪ Conducted a thorough ambulance audit. ▪ Initiated an IPD audit from June 23rd to June 27th. ▪ Completed a PCPNDT audit from June 16-21. ▪ Evaluated June IPD patient initial assessments conducted by duty doctors.
Linking theory with practice at your organisation	▪ Utilized theoretical knowledge of OT and IPD from the hospital services module. ▪ Implemented the LT app to enhance patient management and communication.
Gaps identified on the working area.	▪ Observed that while OBG (Obstetrics and Gynecology) patients had a 100% initial assessment completion rate, the Paediatric patients had a lower rate, and the IVF (In Vitro Fertilization) patients had the lowest completion rate. ▪ It was observed that PPE kits were missing goggles, and staff had not received training in spill management. ▪ Identified gaps in IPD file completion and documentation by nursing staff, including unauthorized signatures and missing doctor names, highlighting potential issues with accuracy and clarity in patient records. ▪ Discovered instances of illegible handwriting in patient records, posing challenges to comprehension and potentially compromising patient care and safety.
Suggestions for improvement	▪ Implement comprehensive spill management training for all relevant staff members and ensure that PPE kits are fully equipped. ▪ Arrange appointments with duty doctors who are free to illustrate correct assessment techniques and collect their input. ▪ Provide training on proper documentation, emphasize authorized signatures, and introduce peer reviews. ▪ Transition to electronic medical records or provide training on legible handwriting with periodic checks
Plan for the next week	▪ - Audit IPD files from May 16, 2024, for accuracy and completeness. ▪ - Continue PCPNDT audit from May 17, 2024, for compliance. ▪ - Complete and verify the child register for January 2024 to meet quarterly check requirements.

Signature of the Student **Approved by the IIHMR University's Mentor**

Compiled Reporting Format

Name of the Organisation: Cloudnine Hospital, Noida

Department of Summer Internship Program: Quality Department

Name of the Student: Shrey Mahajan

Roll no: 1837 **Stream: HM-28**

Activity Done	• Conducted an in-depth study of Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) regulations for the month of May and June. • Completed IPD audit project from April 29th till June 28th. • Initiated a thorough initial assessment audit of In-Patient Department (IPD) patients, evaluating the duty doctors' assessments for the month of April, May and June. • Conducted a quarterly check of the child register for January, February, March, April and May to verify data integrity. • Created patient information literature emphasizing safe parenting practices and blood donation. • Developed and presented a comprehensive emergency codes presentation for hospital staff, followed by conducting training sessions to educate staff on emergency codes, protocols, and procedures. • Performed a thorough facility safety inspection checklist following the guidelines outlined by the National Accreditation Board for Hospitals & Healthcare Providers (NABH). • Prepared comprehensive monthly statistical data for the Obstetrics and Gynaecology (OBG) , Paediatrician, anaesthesia, and neonatal, triage department department, ensuring it is ready for presentation at the monthly perinatal meeting for April and May • Assessed adherence to International Patient Safety Goals (IPSG) 1-6 in both the kitchen and housekeeping departments. • Developed a detailed flowchart to educate patients on the PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques) procedure. • Performed a comprehensive discharge summary audit for 13 Cloudnine units evaluating the Obstetrics and Gynaecology, Paediatrics , and Fertility departments. • Conducted fire emergency mock drills in collaboration with nursing and security staff. • Executed a comprehensive fire safety audit of the facility, covering 63 specific checklist points, and performed a detailed ambulance audit assessing critical aspects of the vehicle and its equipment. • Developed and started implementation of a Quality Improvement Plan (QIP) to transition housekeeping staff from using latex examination gloves to heavy-duty gloves, which are reusable, more cost-effective, and provide better protection

Linking theory (Classroom learning) with practice at your organisation	**1) Emergency Codes Presentation and Training** • Emergency response protocols and hospital emergency codes. • Crisis management and communication. **2) Used the knowledge of international patient safety goals for audit.** **3) Ensured legal compliance using PCPNDT knowledge.** **4) Implemented the knowledge from college of the digital patient record system in lifeTrenz and DrX app.** **5) Facility Safety Inspection (NABH Guidelines)** • NABH guidelines for facility safety inspections. • Risk assessment and management in healthcare settings. • Safety protocols and compliance standards. **6) Monthly Statistical Data Preparation** • Data collection and statistical analysis methods. • Knowledge of IPD,OPD,OT and triage departments **7) Fire Emergency Mock Drills** • Applied fire safety principles during the audit • Collaboration strategies with nursing and security staff. **8) Quality Improvement Plan (QIP) for Glove Transition** • Quality improvement methodologies and plan development. • Benefits and safety standards for personal protective equipment (PPE). • Cost-benefit analysis and implementation strategies.
Gaps identified on the working area.	**1) CHILD REGISTER** • Uncovered audit issues in the birth register, including missing baby weights • Discovered discrepancies between OT register and MRD records resulting in a missed delivery entry. • Identified gaps in child register documentation, and incomplete birth details such as birth time. • Identified deficiencies in child register documentation, such as missing sex information and incorrect numbering. • Reason for emergency LSCS was not mentioned in many of the entries • An abortion case was mentioned as a still birth in the birth register **2) IPD FILES AUDIT** • Missing MPI numbers in IPD files. • Illegible handwriting by nurses and staff. • High risk consent and MTP consent was taken on a regular doctors note sheet in-spite of taking it on a standardized template • Unauthorized signatures by doctors. **3) PCPNDT AUDIT** • Identified discrepancies in PCPNDT audits, including missing test reports and duplicated form numbers. • Discovered discrepancies in PCPNDT audits including missing doctor's name and signature, incorrect personnel signing • Uncovered PCPNDT audit discrepancies such as unsigned reports, missing of stamp of the performing doctor and incorrect patient IDs. **4) INITIAL ASSESMENT AUDIT**

	• Observed low rates for OBG and Paediatrics, and lowest for IVF. - improved the OBG and paediatrics • Doctors were not following the procedure completely hence they weren't able to submit the report on LifeTrenz • The duty doctor in ivf was a BAMS, hence the rights were not given to them **5) DISCHARGE SUMMARY AUDIT** • Discharge summary audit issues: low IVF compliance, missing data for Thanisandra and Chennai unit, incomplete data for Golf Course Road and Bellandur unit. • Absence of IVF/Fertility discharge summaries, and misfiled records. **6) QIP** • Found that the housekeeping staff use latex gloves instead of more protective, cost-effective heavy-duty gloves. • Patients face challenges meeting doctors as scheduled due to unavailability in the allotted time and the high volume of patients, leading to delays and incomplete medical consultations. **7) OTHERS** • Fire emergency mock drill issues: late nurse participation, late arrival of fire personnel, no fire extinguisher use, and improper evacuation procedures. • Ambulance - PPE kit issues: missing goggles and lack of spill management training for staff.
Suggestions for improvement	**1) DISCHARGE SUMMARY AUDIT** • Regular checks by HIS team and immediate rectification of data unavailability issues. **2) QIP** • Conduct training for housekeeping staff on the benefits of heavy-duty gloves and enforce their usage. 3) **INITIAL ASSESMENT AUDIT** • Removal of duty doctors' register so that all the initial assessment documentation is done online • Guide the duty doctors through the process of submission of initial assessment as it was seen that the assessment was not properly submitted by the doctors. • Give were rights to the IVF duty doctor as suggested 4) **CHILD REGISTER** • Implement regular OT and MRD reconciliation for accurate delivery documentation. • Implement standardized templates for child registers • Improve documentation legibility and completeness through clear guidelines and training. • Develop and distribute detailed SOPs for recording birth details to ensure consistent protocols. 5) **PCPNDT AUDIT** • Provide training on accurate documentation practices. T • Conduct regular audits to ensure documentation standards. T

	• Conduct regular training on PCPNDT guidelines and emphasize accurate documentation. **6) IPD FILE AUDIT** • Implement protocols requiring only authorized personnel to sign documentation ensure MPI numbers are consistently recorded through electronic prompts or mandatory fields • Implement training for nursing staff on accurate IPD documentation • Encourage legible handwriting or use electronic systems for clarity in patients' records • Conduct regular IPD audits to monitor compliance and provide feedback and training **7) OTHERS** • Improve fire emergency drills with mandatory participation and regular sessions. • Implement comprehensive spill management training and ensure full PPE kit readiness.

Signature of the Student

Approved by the IIHMR University's Mentor