SUMMER INTERNSHIP PROGRAM

at

WOCKHARDT HOSPITALS, NAGPUR

From 06TH MAY 2024 to 05th July 2024.

A REPORT BY

Bhavika Satish Vidhwani

Master of Business Administration

Hospital and health management.

2023-2025

Under the mentorship of

Mr. Vinod Kumar SV

Professor

WOCKHARDT HOSPITALS | LIFE WINS

CERTIFICATE

This is to certify that **Dr. Bhavika Satish Vidhwani** of **MBA in Hospital and Health Management-28** of **IIHMR, Jaipur** has worked with our organization for her summer internship in Quality Department from **06th May 2024 to 05th July 2024.** The overall performance shown by her during the period was good. This certificate is being issued to meet the requirements of the IIHMR University.

Date:- 05-07-2024

Name:- Mr. Abhijeet Pagade

Designation: HR Manager

Seal/Stamp of the Organization:

WOCKHARDT HOSPITALS LTD. NAGPUR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **DR. BHAVIKA SATISH VIDHWANI** 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

Dr. Vinod Kumar SV

Professor

IIHMR University Jaipur

ENHANCING PATIENT SAFETY: EVALUATING IPSG GOAL 1 COMPLIANCE IN MICU, SICU, AND GENERAL WARDS.

NAME- DR.BHAVIKA VIDHWANI
ROLL NO. 1883
BATCH- HM 28/ SECTION B
FACULTY MENTOR- MR. VINOD KUMAR SV
ORGANISATION MENTOR- MS. AYESHA ABBAS

VISION

"Wockhardt hospitals will thrive with excellence to fulfill the needs of community in it's chosen field of medical treatment."

MISSION

"To serve and enrich the quality of life of patients suffering from diseases, through the efficient deployment of technology and human expertise, in a caring and nurturing environment with the greatest respect for human dignity and life."

ORGANISATION STRUCTURE

- MD
- CEO/ COO
- CENTER HEAD

HEADS:

- QUALITY
- MEDICAL AND NON-MEDICAL ADMIN
- IT
- MARKETING
- MAINTENANCE
- NURSING
- F&A
- MATERIALS
- HR
- PHARMACY
- BIOMEDICAL




PROJECT OVERVIEW

INTERNATIONAL PATIENT SAFETY GOAL-1: 'IDENTIFY PATIENTS CORRECTLY'.

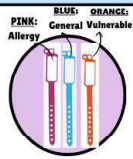
IPSG 1 standardizes implementation of a process to improve accuracy of patient identifications in the hospital.
-Use of Two Identifiers.
-Inconsistent Identifiers cannot be used.

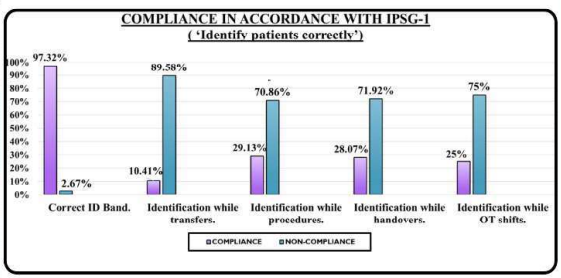
OBJECTIVES: Evaluate and enhance patient identification processes to ensure correct treatment, reduce misidentification, and improve patient safety.

METHODOLOGY: 262 PATIENTS IN MICU, SICU AND WARDS WERE EVALUATED BASED ON THE CRITERIA : WHETHER THE PATIENT IS,

- Wearing an appropriate ID band that includes all necessary details according to their condition.
- Correctly identified during procedures, assessments, medication administration, investigations or transfers.
- Identified during handovers by doctors or nurses, as well as before operating theatre (OT) procedures.

TIME PERIOD- 1 MONTH. TYPE- OBSERVATIONAL.





RECOMMENDATIONS

- Training and Education of staff.
- Standardization of protocols.
- Advanced technology.
- Reminders.
- Regular evaluation and feedback.
- Awareness posters in the premises.

SWOT ANALYSIS

S STRENGTHS

- Comprehensive patient identification protocols established.
- Electronic health records enhance accuracy and reduce identification errors.
- Compliance with healthcare accredition standards.

W WEAKNESSES

- During high workload staff may lapse the patient identification process.
- Inefficiency in interdepartmental communication.
- Human errors in manual identifications.
- Resource constraints may hinder advanced ID technology implementation.

O OPPORTUNITIES

- Upgrading to RFID and biometric systems.
- Investing in research can yield innovative methods.
- Collaborating with tech firms.
- Educating patients to participate in the identification process.

T THREATS

- Technological dependence risks.
- High staff turnover.
- Regulatory changes.
- Cyber threats risk. compromising EHR.

ANALYSIS AND OBSERVATION

- OUT OF 262 PATIENTS,
- 97.32% patients were wearing appropriate ID band that included all necessary details according to their condition.
- 10.41% patients were unidentified during transfers in the hospital.
- Only 29.13% were correctly identified during procedures, assessments, medication administration, or investigations.
- 28.07% compliance was observed Identified during handovers by doctors or nurses.
- 25% patients were not identified before operating theatre (OT) procedures.

INTERNSHIP

LEARNINGS

- UNDERSTANDING QUALITY STANDARDS AND MANAGEMENT.
- INTERDISCIPLINARY COLLABORATION AND PROFESSIONAL DEVELOPMENT.
- PROJECT MANAGEMENT: LEADING QUALITY IMPROVEMENT PROJECTS:
  - Challenges in OPD leading to prolonged patient waiting times.
  - Analysis of inpatient records in the medical records department.
  - Time and motion study in billing and operations.
  - Adherence to patient safety protocols in radiology.

CHALLENGES

- BALANCING INTERNSHIP RESPONSIBILITIES AND MULTIPLE PROJECTS .
- NON-COMPLIANCE OF STAFF TO THE REGULATORY GUIDELINES.
- INSUFFICIENT TIME TO IMPLEMENT NECESSARY LONG-TERM IMPROVEMENTS.
- MANAGING A SIGNIFICANT VOLUME OF FILES WITHIN THE MRD.

USEFULNESS

- HANDS-ON EXPERIENCE.
- SKILL DEVELOPMENT.
- REGULATORY UNDERSTANDING.
- PROBLEM-SOLVING.
- TEAM COLLABORATION.
- INDUSTRY INSIGHTS.
- CAREER PREPARATION.

PRACTICAL EXPOSURE	VS	THEORETICAL UNDERSTANDING
Hands-on experience and a problem-solving mindset, combined with the opportunity for effective team collaboration.		Grasping the theoretical and conceptual aspects of practical experience.

Reporting Format (Weekly-06/05/2024 to 11/05/24)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality.
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 01 From: 06/05/2024 to 11/05/2024

ACTIVITY DONE	I. Induction and orientation with the hospital rules and regulations. II. Study on the ongoing project of 'Time and motion study in Billing and operation's department. III. Observation and data collection in Central Government Health Scheme department, billing, admission and discharge department. IV. Analysing the data collected in the form of day wise table. V. Observing OPD problems and challenges. VI. Studying International Patient Safety Goal-1: 'Identify patients correctly' in ward. Maintaining data through google forms.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. The practical applications can be related to the principles of operations in theory. Efficient operations ensure timely patient care, effective resource allocation, and cost management, all essential components of providing high-quality healthcare services. II. By studying time and motion, hospital administrators can identify bottlenecks, streamline processes, and improve overall performance, ultimately contributing to better patient outcomes and financial sustainability. III. Aligning principles of operations with IPSG Goal 1 in a hospital involves standardizing patient identification processes, optimizing workflows, educating staff, fostering continuous improvement, and integrating technology to ensure accurate patient identification throughout their hospital stay, thus enhancing patient safety and quality of care.
GAPS IDENTIFIED ON THE WORKING AREA.	I. Congested working and seating area which leads to increased time in completion of work. II. Slow servers causing delayed portal functioning ending up in low efficiency of the workers. III. Circulation of files is conducted in unorganised manner which prolongs the time of task completion.
SUGGESTIONS FOR IMPROVEMENT	I. Correct space management and clearance of unwanted objects to make the functioning easy. II. Adding more storage to the space or shifting of few workers to another room. III. Improved servers. IV. Updating the software to the latest versions.

PLAN FOR THE NEXT WEEK	I. Starting of new project which would deal with reasons in delay and prolonged waiting period for the patient in OPD.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Weekly- 13/05/24 to 18/05/24)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality.
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 02 From: 13/05/2024 to 18/05/2024

ACTIVITY DONE	I. Observation of the problems and challenges faced by the patients in the OPD leading to prolonged waiting time. II. Understanding the working process and management of the OPD. III. Analysing other reasons like issues at the investigation departments which are contributing to increased waiting time. IV. Observing other complaints by the patients apart from the factors that elevate waiting time. V. Rectifying the problems with suggestions for correction. VI. Studying the IPSG Goal-1, 'Correct identification of patient' in the ICUs.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. Operations Management techniques for efficient resource allocation and eliminating process inefficiencies. II. The importance of effective communication, staff training, and continuous improvement in mitigating waiting times and improving overall patient care in hospitals.
GAPS IDENTIFIED ON THE WORKING AREA.	I. The patients wait for the doctor in the OPD, but the wait is longer than expected due to the doctor's medical rounds. II. The patient is unaware of the visiting hours for the on-call doctors. III. The unavailability of replacement doctors during emergency cases. IV. Doctors are arriving late from the scheduled reporting time V. Inefficient counselling of the patient's problems by the OPD receptionist.
SUGGESTIONS FOR IMPROVEMENT	I. Sensitizing about the Appointment Scheduling System II. Enhancing Triage Systems III. Assigning patient care coordinator
PLAN FOR THE NEXT WEEK	I. Starting of patient safety-based project based on protocols. II. Continuing the study of the IPSG Goal-1, 'Correct identification of patient' in the ICUs.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Weekly- 20/05/24 to 25/05/24)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality.
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 03 From: 20/05/2024 to 25/05/2024

ACTIVITY DONE	I. Study and observation on IPSG goal-1 'Identifying Patients correctly' in the the Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), and general wards on total of 102 patients. II. Observing and data collection on whether - A. The patient is wearing appropriate (vulnerable & other) id band with patient's full name and UHID clearly. B. The patient is identified while transferring (intra/inter). C. The patient is identified by nurse and doctors before doing any procedures. D. The patient is identified during handovers. E. The patient is identified before shifting to OT or for any procedure. III. Evaluating the non-compliance and compliance in the departments. IV. Suggestion on ways of improving the IPSG goal-1.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. IPSG Goal 1 focuses on correctly identifying patients to ensure they receive the intended treatment and avoid medical errors. II. Hospital Management and Administration: Emphasizes patient flow management and creating efficient identification processes. III. Healthcare Quality and Safety: Covers patient safety principles and compliance with standards like JCI, which includes patient identification. IV. Healthcare Information Systems: Involves training on EHR and informatics systems that use multiple identifiers to ensure accurate patient records. V. Healthcare Laws and Ethics: Focuses on legal and ethical aspects of patient safety, including proper identification. VI. Clinical and Support Services Management: Ensures clinical staff adhere to identification protocols, especially in medication management and high-risk procedures.

GAPS IDENTIFIED ON THE WORKING AREA.	I. Staff uses bed numbers to refer the patients in majority of the instances. II. Even the heads and consultants use the bed numbers for referring the patient. III. Lack of awareness regarding the importance of IPSG goal-1.
SUGGESTIONS FOR IMPROVEMENT	I. Re-Sensitising the staff regarding the IPSG Goal-1 of 'Identifying Patients correctly'. II. Imposing strict rules to follow the rules so that patient safety increases.
PLAN FOR THE NEXT WEEK	I. Implementing ways to improve the IPSG Goal-1 of 'Identifying Patients correctly'. II. Inspecting other departments for patient safety criteria.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY 's MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Week- 27/05/24 to 01/06/24)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 04 From: 27/05/2024 to 01/06/2024

ACTIVITY DONE	I. Observing and understanding the functioning of Medical Records department. II. Poster making for displaying in the hospital premises for awareness regarding IPSG goal-1- 'Identify patients correctly'. III. Maintaining closed audit of the Medical Records Department which includes the errors made by the staff in documentation of the patient information. IV. Data collection on the IPD documents for the study of forms and documents used in the hospital for patient data assessment and maintenance.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. Regulatory Compliance-Verifying records comply with these regulations through audits. II. Risk Management- Using audits to identify and correct risks in medical records. III. Healthcare Quality Management- Designing and implementing audit processes to ensure high-quality records.
GAPS IDENTIFIED ON THE WORKING AREA.	I. Non- compliance in the form filling especially the consent forms. II. Time and signatures were not carefully maintained. III. Lack of manpower in the Medical Records Department.
SUGGESTIONS FOR IMPROVEMENT	I. Re-Sensitising the staff regarding the criteria of form filling. II. Strictly entering all the required data in the consent form correctly.
PLAN FOR THE NEXT WEEK	I. Implementing ways to improve the IPSG Goal-1 of 'Identifying Patients correctly'. II. Inspecting other departments for patient safety criteria. III. Report making of the Medical Records Department study.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Week- 03/06/2024 to 08/06/2024)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 05 From: 03/06/2024 to 08/06/2024

ACTIVITY DONE	I. Poster making for displaying in the hospital premises for awareness regarding IPSG goal-1- 'Identify patients correctly'. II. Report making of the study on the analysis of inpatient department documents in the medical records department. III. Observation of the improvements in IPSG goal 1 in MICU. IV. Compliance with the patient safety criteria in radiology department of the hospital. V. Report making of the MICU IPSG goal 1 compliance. VI. Data management for NABH audit.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. IPSG Goal 1 focuses on correctly identifying patients to ensure they receive the intended treatment and avoid medical errors. II. Hospital Management and Administration: Emphasizes patient flow management and creating efficient identification processes. III. Healthcare Quality and Safety: Covers patient safety principles and compliance with standards like JCI, which includes patient identification. IV. Healthcare Information Systems: Involves training on EHR and informatics systems that use multiple identifiers to ensure accurate patient records. V. Healthcare Laws and Ethics: Focuses on legal and ethical aspects of patient safety, including proper identification. VI. Clinical and Support Services Management: Ensures clinical staff adhere to identification protocols, especially in medication management and high-risk procedures.
GAPS IDENTIFIED ON THE WORKING AREA.	I. Staff uses bed numbers to refer the patients in majority of the instances. II. Safety criteria in the radiology department were not carefully followed.
SUGGESTIONS FOR IMPROVEMENT	I. Re-Sensitising the staff regarding the IPSG gaol 1. II. Strictly following the patient safety rules in the radiology department.
PLAN FOR THE NEXT WEEK	I. Implementing ways to improve the IPSG Goal-1 of 'Identifying Patients correctly'. II. Inspecting other departments for patient safety criteria.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘s MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Week- 10/06/2024 to 15/06/2024)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 06 From: 10/06/2024 to 15/06/2024

ACTIVITY DONE	I. Observation and data collection of the improvements in IPSG goal 1 in MICU and wards. II. Poster submission for displaying in the hospital premises for awareness regarding IPSG goal-1- 'Identify patients correctly'. III. Compliance with the patient safety criteria in radiology department of the hospital. IV. Report making of the MICU IPSG goal 1 compliance. V. Awareness poster making for preventing fall risk in the hospital.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. IPSG Goal 1 focuses on correctly identifying patients to ensure they receive the intended treatment and avoid medical errors. II. Hospital Management and Administration: Emphasizes patient flow management and creating efficient identification processes. III. Healthcare Quality and Safety: Covers patient safety principles and compliance with standards like JCI, which includes patient identification. IV. Healthcare Information Systems: Involves training on EHR and informatics systems that use multiple identifiers to ensure accurate patient records. V. Healthcare Laws and Ethics: Focuses on legal and ethical aspects of patient safety, including proper identification. VI. Clinical and Support Services Management: Ensures clinical staff adhere to identification protocols, especially in medication management and high-risk procedures.
GAPS IDENTIFIED ON THE WORKING AREA.	I. Staff uses bed numbers to refer the patients in majority of the instances. II. Safety criteria in the radiology department were not carefully followed. Lead apron isn't worn by the staff regularly.
SUGGESTIONS FOR IMPROVEMENT	I. Re-Sensitising the staff regarding the IPSG goal 1. II. Strictly following the patient safety rules in the radiology department. III. Displaying of the awareness poster in the premises.
PLAN FOR THE NEXT WEEK	I. Continuing the IPSG Goal-1 of 'Identifying Patients correctly' study. II. Inspecting radiology departments for patient safety criteria.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘S MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Week- 17/06/2024 to 22/06/2024)

Name of the organisation: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of summer internship program: Quality
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 07 From: 17/06/2024 to 22/06/2024

ACTIVITY DONE	I. Observation and data collection of the improvements in IPSG goal 1 in MICU and wards. II. Compliance with the patient safety criteria in radiology department of the hospital. III. Report making of the MICU, wards for IPSG goal 1 compliance. IV. Report making for radiology department compliance with patient safety guidelines. V. Submission of awareness poster for preventing fall risk in the hospital.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. IPSG Goal 1 focuses on correctly identifying patients to ensure they receive the intended treatment and avoid medical errors. II. Hospital Management and Administration: Emphasizes patient flow management and creating efficient identification processes. III. Healthcare Quality and Safety: Covers patient safety principles and compliance with standards like JCI, which includes patient identification. IV. Healthcare Information Systems: Involves training on EHR and informatics systems that use multiple identifiers to ensure accurate patient records. V. Healthcare Laws and Ethics: Focuses on legal and ethical aspects of patient safety, including proper identification. VI. Clinical and Support Services Management: Ensures clinical staff adhere to identification protocols, especially in medication management and high-risk procedures.
GAPS IDENTIFIED ON THE WORKING AREA.	I. There is a significant improvement in the compliance with the IPSG but there is still a gap in identifying patients.
SUGGESTIONS FOR IMPROVEMENT	I. Continuous reminders and training programs for the staff regarding the IPSG goal 1. II. Strictly following the patient safety rules in the radiology department. III. Displaying of the awareness poster in the premises. IV. Awareness and accountability for patient safety in the hospital.
PLAN FOR THE NEXT WEEK	I. Compiling the entire IPSG Goal-1 of ‘Identifying Patients correctly’ study data and drawing conclusions.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘S MENTOR

On the last day of every week report in the above format should be submitted to the faculty mentor. Submission of total 8 reports in 8 weeks is compulsory. Each report should not be more than 2 pages.

Reporting (Week- 24/06/2024 to 29/06/2024)

Name of the organization: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of the summer internship program: Quality
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management
Week no: 08 From: 24/06/2024 to 29/06/2024

ACTIVITY DONE	I. Data compilation of the IPSG 1 of 262 patients from MICU, wards and SICU. II. Compliance and non-compliance percentage of the IPSG 1. III. IPSG 6 compliance in the wards and MICU. IV. Report making of the MICU, wards for IPSG goal 1 compliance.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	I. IPSG Goal 1 focuses on correctly identifying patients to ensure they receive the intended treatment and avoid medical errors. II. Clinical and Support Services Management: Ensures clinical staff adhere to identification protocols, especially in medication management and high-risk procedures. III. IPSG Goal 6 Reduce the Risk of Patient Harm Resulting from Falls.
GAPS IDENTIFIED ON THE WORKING AREA.	I. Non-compliance in safety and daily fall risk assessment IPSG Goal 6 Reduce the Risk of Patient Harm Resulting from Falls. II. Gap still exists in patient identification.
SUGGESTIONS FOR IMPROVEMENT	I. Continuous reminders and training programs for the staff regarding the IPSG goal 1 and goal 6. II. Displaying of the awareness poster on the premises. III. Awareness and accountability for patient safety in the hospital.
PLAN FOR THE NEXT WEEK	I. Compiling the SIP reports. II. Poster making for the presentation.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY ‘S MENTOR

COMPILED REPORT

Name of the organization: WOCKHARDT HOSPITALS, NAGPUR
Area/department/Project of the summer internship program: Quality.
Name of the student: Dr. Bhavika Satish Vidhwani
Roll no.: 1883
Stream: MBA in hospital and health management

ACTIVITY DONE	• On May 6, 2024, the Summer Internship at the hospital commenced. The initial activities included meeting with the organization mentor and administrative office staff and completing the necessary documentation. This was followed by participation in an orientation and induction program, which encompassed a comprehensive tour of the hospital premises and a thorough briefing on its rules and regulations. • Gaining insights into the hospital's vision, mission, and history, as well as understanding its organogram. • **'The Time Motion Study in the IPD Billing Department.'** • The ongoing study in the IPD billing department was initially introduced and explained. The study focused on 'The Time Motion Study in the IPD Billing Department.'. • Starting with the Central Government Health Scheme section, an in-depth review of the CGHS and time motion study techniques was done to gain a thorough understanding of the project. The staff provided an introduction to the basic functioning of the website and the formalities required to complete the CGHS processes. Carefully observing the staff and their operations was conducted to effectively continue the project, 'The Time Motion Study in the IPD Billing Department.' • As part of the ongoing project 'The Time Motion Study in the IPD Billing Department,' another section related to Admission, Billing, and Discharge was observed. A concise understanding of the section's operations was gained to accurately document activities. Comprehensive observation of staff and their procedures was also conducted. • The project commenced with the implementation of the observational technique in time-motion studies. Staff performance was closely monitored to evaluate efficiency based on time allocation. Tasks and their durations were meticulously documented to analyse and pinpoint areas for operational improvement. • For analysis, a table with the following criteria was created and the collected data was organized in a segregated manner.

SR. NO.	AREA	STAFF	NO. OF FILES	TIME/FILE (IN MINS)

TOTAL TIME TAKEN (IN MINUTES)	IN HOUR	MAN HOURS	DIFFERENCE (MAN HOURS-WORK COMPLETION TIME)

- Data spanning one week was recorded, analysing the variance between man-hours and completion times to assess efficiency. Meetings were held to discuss ways to enhance workflow.

- **"Challenges Leading to Prolonged Waiting Times for Patients in OPD"**

- Another project commenced in the hospital's Outpatient Department (OPD). This project, titled “Challenges Leading to Prolonged Waiting Times for Patients in OPD” examined the patient's journey from arrival to consultation with the specialist. Areas contributing to delays in this process were observed, and various reasons were documented for data collection purposes.

- Engaging in individual discussions with patients about the challenges they have encountered during the day, which have consumed and wasted their time.

- This observation was conducted over a week, culminating in the creation and analysis of a weekly report. The heads convened to discuss the identified issues and received instructions to enhance overall functioning.

- **"Enhancing Patient Safety: Evaluating IPSG Goal 1 Compliance in MICU, SICU, and General Wards"**

- A new project was initiated to address International Patient Safety Goal-1, "Identify patients correctly," focusing on enhancing patient safety within the hospital. To gain a comprehensive understanding of the topic, relevant articles were reviewed. The findings suggested that patients should be identified using their names and dates of birth rather than bed or file numbers, as the latter methods can lead to errors.

- Evaluation criteria were established to ensure proper patient identification, including:

  - Whether the patient is wearing an appropriate ID band that includes all necessary details according to their condition.
  - Whether the patient is correctly identified during procedures, assessments, medication administration, or investigations.
  - Whether the patient is identified during handovers by doctors or nurses, as well as before operating theatre (OT) procedures.

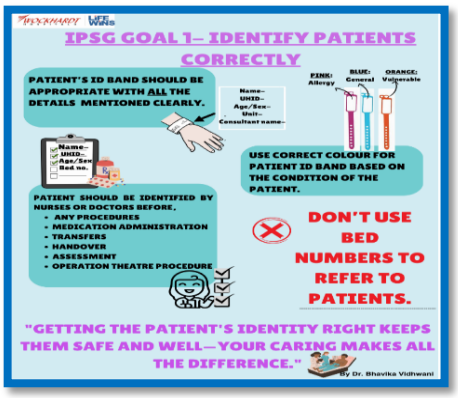
- These criteria were assessed to determine the level of patient safety in the wards, Medical Intensive Care Unit (MICU), and Surgical Intensive Care Unit (SICU) by patient identification guidelines.

- A sample of 102 patients was observed and data was collected over a week to evaluate the established criteria.

- The areas of compliance and non-compliance were identified, and a weekly report was created. This report included graphs and charts to better visualize and understand the errors.

- Re-sensitization of the staff was conducted, emphasizing the importance of patient safety. A meeting was held to convey the seriousness of the issue and to highlight areas of non-compliance, aiming to drive improvements. A few days were allotted to allow for improvements in compliance and adherence to the guidelines.

- A poster was created for the awareness regarding the IPSG goal -1.



- Following the initial gap, a subsequent assessment was conducted on 160 patients using the same criteria to determine the compliance and non-compliance percentage. This re-evaluation revealed a significant improvement in staff performance concerning IPSG-1. Additionally, other areas were examined namely the radiology department, focusing on its adherence to radiology safety protocols and precautions.

- **‘An analysis of inpatient department documents in the medical records department.’**

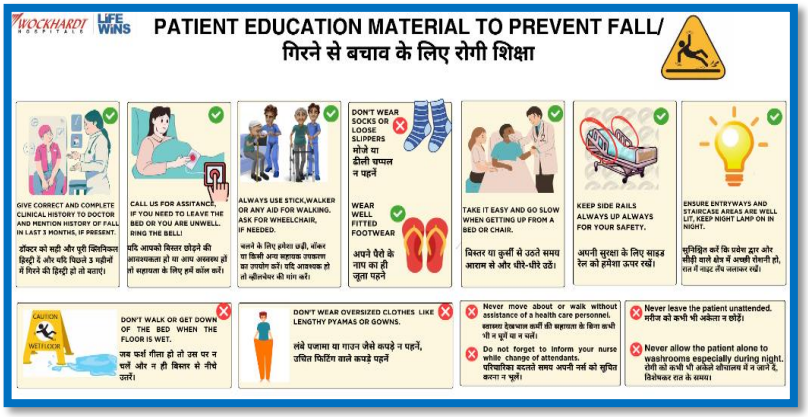
- During the period of improvement in IPSG compliance, attention was directed towards the Medical Record Department (MRD). This involved gaining a basic understanding of its operations and ensuring closed audit maintenance. Additionally, a study was conducted on the forms and documents used by the hospital for inpatient departments (IPD), focusing on their contents and usage.

- The study included a review of articles on consent and their importance. Additionally, a theoretical analysis was conducted

on the documents used in the inpatient department within the medical records department (MRD). These efforts significantly enhanced understanding of hospital operations.

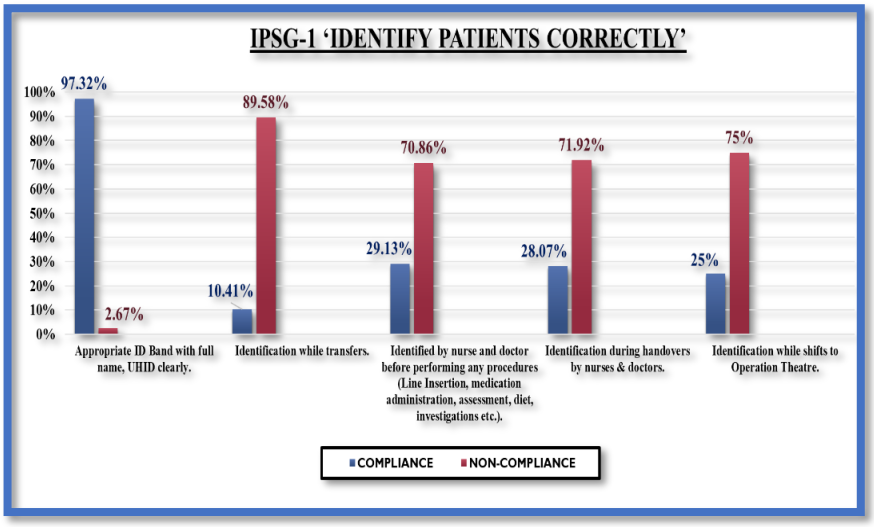
- Furthermore, audits were completed over five days to fulfil the requirements for the NABH inspection.

- An awareness poster titled "Patient Education Material to Prevent Fall" was created.



- IPSG-6 was evaluated in the wards and the MICU, focusing on compliance with safety assessments and daily fall assessments.

- The IPSG-1 data compilation project involved collecting data for the entire study, creating graphs, and maintaining an Excel sheet to organize information for 262 patients.
- Drawing conclusions based on the percentage of compliance and non-compliance in the MICU, SICU and wards.



- Creating a compiled report and poster for the presentation and mentor approval.
- Completing the certification formalities and obtaining SIP diary signatures in the hospital from the mentor.

LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION	• **Operational Efficiency and Patient Care**: Practical applications of operational principles ensure timely patient care, effective resource allocation, and cost management. These are essential for delivering high-quality healthcare services. • **Time and Motion Studies**: By analysing time and motion, hospital administrators can identify bottlenecks, streamline processes, and enhance overall performance, ultimately leading to better patient outcomes and financial sustainability. • **Aligning Operations with IPSG Goal 1:** Standardise patient identification processes, optimize workflows, educate staff, foster continuous improvement, and integrate technology to ensure accurate patient identification throughout hospital stays. This alignment enhances patient safety and quality of care. o Hospital Management and Administration: Prioritize patient flow management and create efficient patient identification processes to optimize hospital operations. o Healthcare Quality and Safety: Implement patient safety principles and comply with standards like JCI, which include strict patient identification protocols. o Healthcare Information Systems: Train staff on electronic health records (EHR) and informatics systems that use multiple identifiers to ensure accurate patient records. o Healthcare Laws and Ethics: Address the legal and ethical aspects of patient safety, including proper patient identification to prevent medical errors. o Clinical and Support Services Management: Ensure clinical staff adhere to identification protocols, especially in medication management and high-risk procedures, to maintain patient safety. • **Operations Management Techniques:** Utilize operations management techniques to efficiently allocate resources, identify and eliminate process inefficiencies, and improve hospital performance. • **Communication and Training:** Emphasize the importance of effective communication, staff training, and continuous improvement to reduce waiting times and improve overall patient care in hospitals. • **Regulatory Compliance**: Verify that medical records comply with regulatory requirements through regular audits. • **Risk Management**: Use audits to identify and correct risks in medical records, thereby enhancing patient safety and compliance.

	• **Healthcare Quality Management:** Design and implement audit processes to ensure high-quality medical records and continuous improvement. • **Documentation Importance:** Emphasize the critical role of documentation in legal protection, patient safety, quality of care, and regulatory compliance, making it indispensable for effective healthcare management and legal defence. • These concepts facilitate a deeper understanding of hospital functions and processes. By correlating practical experience with theoretical knowledge, we can identify areas of error and pinpoint opportunities for improvement.
GAPS IDENTIFIED ON THE WORKING AREA.	• The gaps contribute to areas of error, resulting in inefficiency and ineffectiveness in hospital operations. Identified across various departments during different projects, these gaps are detailed as follows: 1. **'The Time Motion Study in the IPD Billing Department.'** 2. In the IPD billing section gaps identified were: 3. A congested working and seating area leads to increased time required for task completion. 4. Slow servers cause delayed portal functioning, resulting in reduced worker efficiency. 5. The health information system operates slowly. 6. File circulation is disorganized, prolonging task completion times. 7. **“Challenges Leading to Prolonged Waiting Times for Patients in OPD”** 8. Gaps identified in the OPD were: 9. The patients wait for the doctor in the OPD, but the wait is longer than expected due to the doctor’s medical rounds. 10. The patient is unaware of the visiting hours for the on-call doctors. 11. The unavailability of replacement doctors during emergency cases. 12. Doctors are arriving late from the scheduled reporting time. 13. Inefficient counselling of the patient's problems by the OPD receptionist.

	14. **'Enhancing Patient Safety: Evaluating IPSG Goal 1 Compliance in MICU, SICU, and General Wards'.** 15. Staff frequently use bed numbers to refer to patients. 16. Even department heads and consultants refer to patients by bed numbers. 17. There is a lack of awareness about the importance of IPSG Goal 1. 18. Safety criteria in the radiology department are not consistently followed, with staff not regularly wearing lead aprons. 19. **'An analysis of inpatient department documents in the medical records department.'** 20. Non-compliance in form filling, particularly with consent forms. 21. Time and signatures are not meticulously maintained. 22. There is a lack of manpower in the Medical Records Department. 23. **Infrastructure and Facility Issues:** 24. The hospital layout is overcrowded, and the infrastructure requires renovation or modernization. 25. Inadequate facilities for patient comfort and accommodation, such as waiting areas or patient rooms. 26. **Staffing challenges:** 27. Staff shortage in the hospital leads to a lack of operational efficiency. 28. **Patient Feedback:** 29. Limited mechanisms for collecting and acting upon patient feedback to drive improvements. 30. Addressing these reasons would involve comprehensive strategic planning, investment in infrastructure and technology, improving manpower, and patient-centred care approaches.
SUGGESTIONS FOR IMPROVEMENT	• To enhance the hospital's operations, the following suggestions have been developed based on insights gained from working on various departmental projects: • **'The Time Motion Study in the IPD Billing Department.'** • **Enhance Space Management:** Enhance space management by clearing unnecessary objects to streamline operations.

	• **Increase Storage Capacity or Relocate Staff:** Increase storage capacity or relocate some staff to alternative rooms for improved efficiency. • **Upgradation:** Upgrade servers and software to their latest versions for enhanced performance. • **"Challenges Leading to Prolonged Waiting Times for Patients in OPD"** • **Improving Appointment Scheduling System:** Introduce an improved appointment scheduling system to optimize patient management and enhance operational efficiency. • **Enhance Triage Systems with Patient Care Coordinators:** Optimize triage systems by appointing patient care coordinators to ensure efficient and timely delivery of care. • Ensure timely assessment and prioritization of patient needs. • Facilitate seamless communication between triage staff, nurses, and doctors for swift and effective care delivery. • **'Enhancing Patient Safety: Evaluating IPSG Goal 1 Compliance in MICU, SICU, and General Wards'** • **Training and Education of staff:** Ensure staff undergo regular training sessions that highlight the criticality of accurately identifying patients. • Emphasize the necessity of employing a minimum of two patient identifiers, such as their name and date of birth, to confirm patient identity before proceeding with any procedures or medication administration. This approach reinforces patient safety protocols and reduces the risk of errors in clinical care. • **Standardization of protocols:** Develop and deploy uniform protocols for patient identification across all shifts and departments. • Ensure these protocols are comprehensively documented and readily accessible to all staff members. • **Advanced technology**: Utilize barcode scanning technology or RFID (Radio Frequency Identification) bracelets for precise patient identification purposes. • **Reminders:** Displaying posters and visual aids to remind staff of proper patient identification procedures. • Implement electronic reminders or alerts through the hospital's communication systems to prompt staff during essential procedures. • **Regular evaluation and feedback:** Create a feedback system to gather input from frontline staff on challenges and suggestions for enhancing patient identification practices. • Conduct regular audits and inspections to monitor adherence to IPSG Goal-1, offering constructive feedback to staff as required.

	• Engage staff in quality improvement initiatives focused on enhancing patient safety through better identification processes. • Promote a patient safety culture where team members are empowered to address and voice concerns regarding patient identification issues. • Strictly following the patient safety rules in the radiology department by continuous sensitization and training. • **'An analysis of inpatient department documents in the medical records department.'** • **Regular Audits and Reviews:** Conduct regular audits of medical records to identify documentation errors. • Schedule periodic reviews to ensure completeness, accuracy, and compliance with standards. • **Training and Education of staff:** Provide ongoing training to staff on proper documentation practices and regulatory requirements. • **Quality Assurance Protocols:** Establish clear quality assurance protocols for documenting patient information. • Implement standardized templates or guidelines to streamline documentation processes. • **Accountability and Monitoring:** Hold staff accountable for documentation accuracy through performance evaluations. • Monitor trends in documentation errors and implement corrective actions as needed. • To improve focus on enhancing patient experience, engaging with the community, promoting sustainability, supporting employee wellbeing, expanding advanced clinical services, encouraging research and innovation, and strengthening patient safety culture, these measures will lead to better patient care, increased efficiency, and overall hospital effectiveness.

SIGNATURE OF THE STUDENT

APPROVED BY THE IIHMR UNIVERSITY 'S MENTOR