

# **Internship Report**

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**Roll No.: 1613**

**Batch: MBA-HM 27**

**Duration: 19<sup>th</sup> March To 19<sup>th</sup> June (3 months)**

**Organization: Wockhardt Hospitals, Nagpur**

**Guided by – Mr. Anoop Khanna**

**Mrs. Ayesha Abbas**

## **A. Introduction**

The healthcare industry plays a pivotal role in ensuring the well-being of individuals and communities. Wockhardt Hospitals, a leading provider of healthcare services in India, is committed to delivering quality care with a focus on patient safety and satisfaction. This internship report details my experience working within the Quality /Operations Department at Wockhardt Hospitals. During this period, I gained valuable insights into the department's functions, its role in upholding quality standards, and its contribution to the overall success of the hospital.

## **B. Objectives of Internship**

The primary objectives of my internship at Wockhardt Hospital were:

1. To gain a comprehensive understanding of hospital management practices and departmental functionalities.
2. To observe and analyze the processes involved in patient care delivery.
3. To develop critical skills in areas like communication, problem-solving, and time management within a healthcare setting.
4. To contribute meaningfully to departmental operations through assigned projects and tasks

## **C. Organization profile**

Wockhardt Hospital's existence is the result of a 50-year tradition of caring and innovation nurtured by Wockhardt Ltd, India's 5th largest Pharmaceutical and Healthcare company with a presence in 20 countries across the globe.

Within a short period since its inception, Wockhardt Hospitals has become a leading health service provider with its strong presence in the western parts of the country i.e. Mumbai, Nagpur, Rajkot. This group of 4 hospitals fulfills the need of the community in its chosen field of super specialty like Cardiology, Orthopedics, Neurology, Gastroenterology, Urology, Aesthetics and Minimal Access Surgery.

They follow process driven quality systems that adhere to international standards of clinical care, safe environment, infection control and respect for patient rights & privacy. With state-of-the-art multi-disciplinary capabilities and world-class infrastructure and technology, they enrich the quality of life of every patient in a caring and nurturing environment and greatest respect for human dignity and life. Many of the Wockhardt group of hospitals have accreditation of the NABH (National Accreditation Board of Hospitals & Healthcare), the highest and the most stringent quality standards institution in India and the National authority in healthcare accreditation, and our flagship hospital in Mumbai Central is also accredited by JCI (Joint Commission International) which is the gold standard in the global healthcare community. To meet these standards the hospital needs to have a quality-driven approach right from the patient registration, admission, pre-surgery & post-surgery protocols, discharge from the hospitals to follow-ups after discharge. Wockhardt group of hospitals in India is a preferred destination for patients from Europe, USA, Africa, Middle East and South Asia. Most of the doctors/surgeons have been trained or worked extensively at some of the best medical institutions in US, Europe and other advanced countries.

Wockhardt Super Speciality Hospital, Nagpur, is equipped with the following:

- 118 patient beds (33 Critical Care Beds)
- SICU with 10 Beds as Backup
- Laminar flow assembly with a separate AHU system
- Four state-of-the-art Operation Theatres
- Complete Karl Storz Laparoscopy system with a 3-chip high-resolution camera processor system for Minimal invasive procedures.
- CUSA & dedicated Bipolar Cauterization system to have precision during electro-surgical cutting & coagulation & tumour breakage & aspiration.
- Carl Zeiss HD Neuro microscope system with Neuro endoscopy system for Minimal invasive spinal surgeries.
- Stryker has two Ortho-surgical systems for performing all kinds of Ortho-surgical procedures.
- System of navigation for more efficient and quicker planning of joint replacement surgeries.

## **D. Service provided**

### **Specialist**

- Aesthetic & Reconstructive Surgery
- Bariatric & Metabolic Surgery
- Cardiac Surgery
- Cardiology
- Colorectal Surgery
- Critical & Intensive Care
- Dental Clinic
- Dermatology
- Diabetic Foot Ulcer
- Diabetology
- Endocrinology
- ENT
- Gastroenterology & Digestive Care
- General & Laparoscopic Surgery
- Gynecology & Obstetrics
- Haematology
- Hair Transplant Surgery
- Internal Medicine
- Kidney Transplant Surgery
- Laparoscopic Surgery
- Liver Transplant Surgery
- Nephrology
- Neurology & Neuro Surgery
- Oncology & Onco Surgery
- Ophthalmology
- Orthopaedics & Joint Replacement
- Pediatric And Neonatology
- Pulmonology
- Rheumatology
- Robotic Hip Replacement Surgery
- Spine Surgery
- Sports Medicine
- Urology
- Vascular Surgery

### **Procedures**

- Acute Respiratory Distress
- Adjustable Gastric Band
- Appendectomy
- AVM Surgery
- Bone Fracture Surgery
- Bronchial Asthma Treatment
- Caesarean Section Delivery
- Cardiac Pacemaker Surgery
- Chemotherapy
- Cholecystectomy

- Coronary Angiography
- Coronary Artery Bypass Grafting Surgery
- Cranioplasty & Craniotomy Surgery
- Deep Vein Thrombosis DVT
- Elbow Replacement Surgery
- Endoscopic Sinus Surgery
- Heart Valve Surgery
- Hemato Oncology
- Hormone Therapy
- Hysterectomy
- Infertility Treatment
- Interventional Radiology
- Kidney Dialysis
- Limb Lengthening Surgery
- Liver Cancer Treatment
- Lumbar Decompression Surgery
- Lung Cancer
- Minimal Invasive Spinal Surgery
- Myomectomy
- Myringotomy Surgery
- Neck Surgery Cervical Spine
- Neuroendoscopy
- Radiology
- Spinal Cord Injury Treatment
- Spine Cancer
- Total Hip Replacement
- Total Knee Replacement
- Surgical Oncology
- URO Oncology

## **Project 1 : Analysing Delay Factors in Health Check-Up Department**

### **A. Department Overview :**

The Health Checkup Department within a hospital plays a vital role in promoting proactive healthcare and early disease detection. It functions as a dedicated unit focused on preventive measures rather than reactive treatment. The department provides a range of health checkup packages, catering to different age groups, medical histories, and specific needs. Wockhardt hospital has MoU with different companies like Bank of Baroda, Nagpur metro etc , this companies employee to the hospital yearly for health check up .They have different package like executive , basic, gastro, gyneac depending on the terms of MoU and paying capacity of cash patient .These packages typically include a combination of following services

Laboratory- Blood tests, urine analysis , lipid profile , Blood glucose test

Diagnostic imaging – X-ray , USG, ECHO,TMT,ECG

Dentist

Dietician

Physiotherapy

Physician Consultation

#### B. **Benefits:**

- **Early Detection of Diseases:** Regular checkups can help identify health concerns at their earliest stages, allowing for prompt intervention and improved treatment outcomes.
- **Preventive Measures:** By identifying risk factors, lifestyle modifications or early treatment can be initiated to prevent future complications.
- **Improved Well-being:** Gaining insights into overall health status empowers individuals to make informed choices about their health and lifestyle.

#### C. **Methodology –**

- A total of 65 patients were studied
- Duration – 2 weeks
- Data collection was done through observation
- Inclusion Criteria – Patient coming in Health check-up department
- Exclusion criteria – Patient who do not have ECHO/TMT, USG in their package
- Study Design – Prospective
- Data was collected through patient tracking

#### D. **Data Collection tool**

| Turn Around Time | Elaboration          | Data Collection Tool |
|------------------|----------------------|----------------------|
| TAT 1            | Registration         | Observation          |
| TAT 2            | Fasting blood sample | Observation          |
| TAT 3            | Breakfast            | Observation          |
| TAT 4            | ECG                  | Observation          |
| TAT 5            | XRAY                 | Observation          |
| TAT 6            | USG                  | Observation          |
| TAT 7            | ECHO                 | Observation          |

|               |                                      |             |
|---------------|--------------------------------------|-------------|
| <b>TAT 8</b>  | Post meal                            | Observation |
| <b>TAT 9</b>  | Consultation with<br>Physiotherapist | Observation |
| <b>TAT 10</b> | Consultation with<br>Dentist         | Observation |
| <b>TAT 11</b> | Consultation with<br>Dietician       | Observation |
| <b>TAT 12</b> | Consultation with<br>Physician       | Observation |

#### **E. Results :**

| <b>TAT</b>          | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b> |
|---------------------|----------------|----------------|-------------|
| <b>TAT 1</b>        | 1 MIN          | 8 MIN          | 3 MIN       |
| <b>TAT 2</b>        | 1 MIN          | 19 MIN         | 3 MIN       |
| <b>TAT 3</b>        | 25 MIN         | 2 HR           | 1 HR        |
| <b>TAT 4</b>        | 2 MIN          | 43 MIN         | 20 MIN      |
| <b>TAT 5</b>        | 1 MIN          | 24 MIN         | 9 MIN       |
| <b>TAT 6(USG)</b>   | 13 MIN         | 48 MIN         | 28 MIN      |
| <b>TAT 7 (ECHO)</b> | 0 MIN          | 1 HR 33 MIN    | 40 MIN      |
| <b>TAT 8</b>        | 1 MIN          | 30 MIN         | 7 MIN       |
| <b>TAT 9</b>        | 1 MIN          | 27 MIN         | 7 MIN       |
| <b>TAT 10</b>       | 1 MIN          | 20 MIN         | 5 MIN       |
| <b>TAT 11</b>       | 0 MIN          | 20 MIN         | 5 MIN       |

|                    |    |       |             |        |
|--------------------|----|-------|-------------|--------|
| TAT<br>(Physician) | 12 | 2 MIN | 1 HR 31 MIN | 45 MIN |
|--------------------|----|-------|-------------|--------|

- The ECHO department is taking the maximum time of 1 hour 33 min while the average time taken was 40 min
- The consultation with the physician is also takes longer time with an average 45min of waiting time and a maximum 31 min

## **F. Observation :**

1. The OPD and ward currently rely on a single technician for ECHO procedures. This staffing constraint can lead to extended wait times for patients requiring this vital diagnostic test
2. Limited operating hours for USG services contribute to extended turnaround times. Investigating the feasibility of extending operating hours, particularly when patient demand is high (e.g., mornings), could improve efficiency
3. The afternoons witness a surge in OPD patient volume, resulting in longer waiting times for physician consultations compared to mornings.
4. Observations suggest a lack of active patient delegation within the OPD. Instances of patient groups moving together can overload specific departments while others experience lower patient volumes
5. There have been instances of vulnerable patients becoming disoriented within the hospital due to communication gap

## **G. Suggestion**

1. To optimize patient flow and reduce wait times, exploring additional staffing options for ECHO services may be beneficial.
2. Additionally, exploring the possibility of scheduling radiologist consultations earlier in the day to align with peak patient arrival times could further streamline the USG process.
3. Strategies to better distribute the patient load throughout the day could be explored. This might involve implementing appointment scheduling systems or offering extended consultation hours in the mornings
4. Implementing a patient flow management system or an executive to coordinate between departments and track patients could ensure a more balanced distribution of patients across departments, minimizing wait times and optimizing resource allocation.
5. Enhancing communication protocols and providing clear directions like bilingual signage and pictograph form with clear instructions of departments and flow can significantly improve patient experience and safety, especially for vulnerable individuals.

## **Project 2: Hazard Identification and Risk Assessment at Wockhardt Hospitals, Nagpur**

### **A. Overview :**

1. RA is a process by which companies can identify and prepare for potential risks in order to avoid catastrophic consequences down the road and keep their personnel safe. It aims to identify, analyse and evaluate risks that may have a negative influence on the quality and safety of the care delivered
2. Risks includes wrong medication, delayed discharge, patient claims, and failure to comply with requirements.
3. Hazard identification is a thorough look at the workplace and processes to identify those things, situations, processes that may cause harm, particularly to the working force and nearby population.
4. After identification of the potential hazards, one has to evaluate its potential to cause harm and then decide what type of control measures shall be taken to control it from the happening.
5. Hazard identification is a very important tool as it is an integral part of a good occupational health and safety management plan.
6. The aim of the hazard identification process is to reduce level of risk by taking precautions or initiating control during project execution.
7. The purpose of a Hazard Identification and Risk Assessment (HIRA) is to understand what risks or threats to public safety, property or the environment exist

### **B. Methodology**

Personal interviews were carried out with heads of the following departments

1. Clinical Pharmacy
2. Pharmacy
3. Billing
4. Blood bank
5. Bio medical engineering
6. Call centre
7. Cath lab
8. CSSD
9. Customer Care
10. Dietetics
11. ER
12. F& B
13. Finance
14. HR
15. ICU
16. IT
17. LAB
18. Maintenance
19. MRD
20. Physiotherapy
21. Public Relation
22. Radiology

23. SICU

24. Store



Step 1 –

Identify the hazard in the department no matter how unlikely, provided a greater than zero chance

Step 2 –

Rate the probability, chance of occurring the hazard/risk from 1 to 5 with 1 being the lowest and 5 being the highest

Step 3 –

Rate the anticipated impact from a given event in a worst-case scenario. This measure is based upon the logic that it is always preferable to over-respond to an emergency. Rating is done from 1 to 5 with 1 being the lowest and 5 being the highest

Step 4 – Calculate Risk

$$\text{Risk} = \text{Probability} * \text{Severity}$$

| Score    | Category      |
|----------|---------------|
| 1-4      | Low Risk      |
| 5-9      | Moderate Risk |
| 10-16    | High risk     |
| Above 16 | Extreme Risk  |

A master excel sheet was maintained for all department

### C. Results :

Heat diagram

| ICU | Cath lab | Pharmacy | CSSD | Radiology | Lab | ER | WARDS' |
|-----|----------|----------|------|-----------|-----|----|--------|
| 4   | 10       | 10       | 5    | 4         | 5   | 4  | 8      |
| 4   | 10       | 15       | 4    | 4         | 6   | 4  | 3      |
| 4   | 10       | 10       | 5    | 4         | 4   | 5  | 4      |
| 4   | 3        | 10       | 8    | 4         | 4   | 5  | 15     |
| 3   | 8        | 8        | 8    | 4         | 3   | 12 | 3      |
| 10  | 5        | 6        | 5    | 3         | 3   | 9  | 8      |
| 15  | 4        | 12       | 4    | 4         | 6   | 5  | 12     |
| 6   | 10       | 8        | 4    | 4         | 4   | 5  | 12     |
| 8   | 10       | 5        | 10   | 5         | 3   | 5  | 8      |
| 10  | 8        | 5        | 8    | 3         | 6   | 3  | 12     |
| 3   | 10       | 4        | 4    | 4         | 4   | 3  | 15     |
| 3   | 4        | 5        | 3    | 3         | 4   | 4  | 8      |
| 15  | 10       | 4        | 8    | 4         | 3   | 4  | 5      |
| 5   | 10       | 8        | 5    | 4         | 3   | 12 | 15     |
| 5   | 10       | 8        | 3    | 4         | 3   | 4  | 15     |
| 5   | 10       | 12       | 4    | 3         | 5   | 5  | 3      |
| 5   | 8        | 10       | 8    | 4         | 4   | 3  | 15     |
| 10  | 8        | 4        | 4    | 4         | 4   | 3  | 10     |
| 10  | 8        | 6        | 8    | 5         | 3   | 15 | 3      |
| 10  | 8        | 8        | 5    | 4         | 3   | 5  |        |
| 5   | 8        | 8        | 5    |           |     |    |        |
| 5   | 5        | 6        | 4    |           |     |    |        |
| 8   | 10       |          |      |           |     |    |        |
| 4   | 10       |          |      |           |     |    |        |
| 4   | 8        |          |      |           |     |    |        |
| 15  | 8        |          |      |           |     |    |        |
| 15  | 4        |          |      |           |     |    |        |
| 3   | 10       |          |      |           |     |    |        |
| 15  | 8        |          |      |           |     |    |        |
| 5   |          |          |      |           |     |    |        |
| 8   |          |          |      |           |     |    |        |
| 4   |          |          |      |           |     |    |        |

| Customer care | Physiotherapy | Blood bank | Dietitics | HR | Billing | Clinical pharmacy | Stores |
|---------------|---------------|------------|-----------|----|---------|-------------------|--------|
| 8             | 10            | 4          | 3         | 4  | 4       | 10                | 8      |
| 3             | 10            | 4          | 4         | 3  | 4       | 6                 | 2      |
| 8             | 5             | 8          | 3         | 8  | 8       | 8                 | 8      |
| 6             | 5             | 6          | 4         | 3  | 6       | 4                 | 4      |
| 6             | 8             | 4          | 3         | 2  | 8       | 8                 | 3      |
| 10            | 8             | 5          | 3         | 3  | 4       | 10                | 3      |
| 6             | 10            | 4          | 3         | 1  | 3       | 10                | 4      |
| 8             | 8             | 5          | 3         | 2  | 4       | 5                 | 3      |
| 6             | 10            | 4          | 3         | 1  | 8       | 10                | 8      |
| 6             | 6             | 4          | 2         | 2  | 8       | 4                 | 4      |
| 6             | 6             | 4          | 3         | 1  | 6       | 4                 | 3      |
| 6             | 3             | 3          | 3         | 1  | 4       |                   |        |
| 9             | 6             | 4          | 3         | 2  | 4       |                   |        |
| 6             | 9             | 4          | 2         | 2  | 8       |                   |        |
| 12            | 2             | 10         | 20        |    |         |                   |        |
| 3             | 10            |            |           |    |         |                   |        |
| 3             | 10            |            |           |    |         |                   |        |
| 3             |               |            |           |    |         |                   |        |

| Maintenance | IT | PR | MRD | Call centre | BME | F&B |
|-------------|----|----|-----|-------------|-----|-----|
| 5           | 10 | 5  | 5   | 5           | 5   | 4   |
| 5           | 10 | 5  | 5   | 3           | 4   | 4   |
| 5           | 10 | 10 | 4   | 9           | 3   | 4   |
| 5           | 6  | 4  | 3   | 6           | 5   | 4   |
| 5           | 3  | 10 | 4   | 9           | 3   | 4   |
| 5           | 3  | 6  | 5   | 6           | 3   | 4   |
| 5           | 4  | 9  | 3   | 8           | 3   | 4   |
| 4           | 4  |    |     |             |     |     |
| 3           | 8  |    |     |             |     |     |
| 3           |    |    |     |             |     |     |

Departments with high risk category were – ICU, Wards, Pharmacy, Dieticians,ER.

## **D. Observation –**

1. In ICU and wards the major risk factors were –
  - Incomplete documentation
  - Communication gap between doctor – patient – nurse.
  - Equipment failure like ventilator , air leak in nimbus ved
  - Patient fall
  - Patient Identification
  - Medication error
  - Violent patient
2. In ER
  - Flooding caused by water drainage system is the major risk
3. In pharmacy major risk factors were-
  - Chemical spill
  - Over-storage at the pharmacy.
4. In dietetics
  - Kitchen staff not wearing gloves & cap at the time of making food

## **E. Recommendations –**

1. Provide training on the importance of complete and accurate documentation for all staff.
2. Promote open communication through shift handover protocols and team briefings.
3. Educate staff on patient safety , medication safety
4. Training on IPST to staff
5. Enforce strict hygiene protocols for all kitchen staff, including mandatory use of gloves and caps while preparing food.
6. Conduct regular hygiene audits and provide ongoing training to staff on food safety practices.
7. Provide staff with training on handling hazardous materials and proper spill response procedures.

## Project 3 : Assessing Compliance with International Patient Safety Goal 6 (Reduce the Risk of Patient Harm Resulting from Falls)

### A. Overview :

Falls are a leading cause of patient harm in healthcare settings, particularly in tertiary care hospitals where patients are often sicker and more vulnerable. International Patient Safety Goal (IPSG) 6, established by the Joint Commission International (JCI), aims to "reduce the risk of patient harm resulting from falls

Patient falls can lead to serious injuries, prolonged hospital stays, increased healthcare costs, and psychological distress. Ensuring compliance with IPSG 6 is crucial for promoting patient safety and improving patient outcomes

This project is expected to Assess the current level of compliance with IPSG 6 and provide valuable insights into the current state of fall prevention practices and its adherence to IPSG 6.

### B. Methodology:

A review of 100 patient charts was conducted. The review focused on comparing the documented daily fall assessments and initial fall assessments against the patient's medical history and current condition, as reflected in the physician's notes. This comparison aimed to evaluate the alignment between documented fall risk assessments and the patient's actual risk factors.

Initial fall assessment

**NURSING ASSESSMENT**

Date: 29/5/24 Time: 4pm Admitted to: [Signature]

ALLERGIES: DRUG / FOOD / OTHER

Informant: ☒ Patient: ☐ Other: ☐ Relationship: ☐ Other: ☐  
Mode of access: ☐ Ambulatory ☒ WOC ☐ Stretcher: ☐ Other: ☐  
Transported with: ☐ Oxygen ☐ Monitor ☐ IV ☐ Other: ☐  
From: ☐ Home ☒ ER ☐ OPD

**FUNCTIONAL ASSESSMENT :**

ACTIVITIES OF DAILY LIVING :

|                         | Usual Level | Level on Admission | Score :                                                                |
|-------------------------|-------------|--------------------|------------------------------------------------------------------------|
| Can perform ADL         | 01          | 01                 | Level 0 - Independent, requires no supervision, assistance or teaching |
| Feeding                 | 01          | 01                 | Level 1 - Requires Supervision and / or teaching                       |
| Bathing                 | 01          | 01                 | Level 2 - Requires at least minimum assistance from another person     |
| Toileting               | 01          | 01                 | Level 3 - Is dependent and does not participate.                       |
| General mobility / Gait | 01          | 01                 |                                                                        |
| Dressing / Grooming     | 01          | 01                 |                                                                        |

**SAFETY ASSESSMENT**

Oriented to Patient Unit: ☒ Yes ☐ No Call Bell in reach: ☒ Yes ☐ No ☐ N/A (35)

| Score:                              | Daily fall & Vulnerable Assessment |                                                  |    |
|-------------------------------------|------------------------------------|--------------------------------------------------|----|
| Confused -disoriented hallucinating | 20                                 | Post-op condition -sedated                       | 10 |
| Unstable gait, weakness             | 20                                 | Drug or alcohol withdrawal                       | 10 |
| Hx of syncope or seizures           | 15                                 | Use of walker, cane crutches etc.                | 10 |
| Recent Hx of falls                  | 15                                 | Postural hypo tension                            | 10 |
| Age 12 or younger                   | 15                                 | Poor eyesight                                    | 10 |
| Paralysis / hemiplegia / stroke     | 15                                 | New medications (i.e. sedative antihypertensive) | 15 |
|                                     |                                    | Narcotics, diuretics, antihypertensives etc.     | 10 |
|                                     |                                    | Bowel, bladder urgency-incontinence              | 5  |
|                                     |                                    | Age 70 or more                                   | 5  |
|                                     |                                    | Uncooperative, impaired judgement                | 5  |
|                                     |                                    | Language barrier                                 | 5  |
|                                     |                                    | Poor hearing                                     | 5  |
|                                     |                                    | Pregnant Woman                                   | 5  |
|                                     |                                    | Pt. on Life Support / Dialysis / ICU             | 5  |

If the score is > 25 - fall prevention initiated

Plan of action: ☐ Physical restraint ☐ Chemical restraint ☐ Others (explain)

Initial fall assessment is done by nursing while admission of the patient

If the score is above 25 plan of action to prevent fall is to be taken to prevent fall

### Daily Fall assessment –

**Wockhardt Hospitals, Nagpur**  
1643, North Ambazari Road,  
Nagpur - 440033  
1st Nationally Accredited (Gold Standard - NABH)  
Hospital of Central India

DAYCARE 206  
Age/Gender : 64 Yrs / Male  
Adm : 23/05/2024 12:02PM  
Dr. NITIN TIWARI  
Wockhardt Cash

**DAILY FALL & VULNERABLE PATIENT ASSESSMENT**

| Sr. No             | Criteria                                          | Yes | No | Score | Date |      |      |      |      |      |      |     |     |
|--------------------|---------------------------------------------------|-----|----|-------|------|------|------|------|------|------|------|-----|-----|
| 1                  | Confused-Disoriented, Hallucinating               |     |    | 20    | 25/5 | 26/5 | 27/5 | 28/5 | 29/5 | 30/5 | 31/5 | 1/6 | 2/6 |
| 2                  | Unstable gait, weakness                           |     |    | 20    |      |      |      |      |      |      |      |     |     |
| 3                  | History of Seizures or Syncope                    |     |    | 20    |      |      |      |      |      |      |      |     |     |
| 4                  | Recent history of fall                            |     |    | 15    |      |      |      |      |      |      |      |     |     |
| 5                  | Age 12 or younger                                 |     |    | 15    |      |      |      |      |      |      |      |     |     |
| 6                  | Paralysis / Hemiplegia / Stroke                   |     |    | 15    |      |      |      |      |      |      |      |     |     |
| 7                  | New medication (i.e. sedatives, antihypertensive) |     |    | 15    |      |      |      |      |      |      |      |     |     |
| 8                  | Post operative condition- Sedated                 |     |    | 15    |      |      |      |      |      |      |      |     |     |
| 9                  | Drug or Alcohol withdrawal                        |     |    | 10    |      |      |      |      |      |      |      |     |     |
| 10                 | Use of walker/ cane/ crutches                     |     |    | 10    |      |      |      |      |      |      |      |     |     |
| 11                 | Postural hypotension                              |     |    | 10    |      |      |      |      |      |      |      |     |     |
| 12                 | Poor eye sight                                    |     |    | 10    |      |      |      |      |      |      |      |     |     |
| 13                 | Narcotics, diuretics, antihypertensives, etc.     |     |    | 10    |      |      |      |      |      |      |      |     |     |
| 14                 | Bowel/ Bladder urgency or incontinence            |     |    | 10    |      |      |      |      |      |      |      |     |     |
| 15                 | Age 70 or more                                    |     |    | 5     |      |      |      |      |      |      |      |     |     |
| 16                 | Uncooperative/ Impaired Judgment                  |     |    | 5     |      |      |      |      |      |      |      |     |     |
| 17                 | Language Barrier                                  |     |    | 5     |      |      |      |      |      |      |      |     |     |
| 18                 | Poor Hearing                                      |     |    | 5     |      |      |      |      |      |      |      |     |     |
| 19                 | Pregnant woman                                    |     |    | 5     |      |      |      |      |      |      |      |     |     |
| 20                 | Patients on life support / dialysis / ICU         |     |    | 5     |      |      |      |      |      |      |      |     |     |
| <b>Total Score</b> |                                                   |     |    |       | 10   | 30   | 45   | 50   | 50   | 45   | 45   |     |     |
| <b>Sign</b>        |                                                   |     |    |       |      |      |      |      |      |      |      |     |     |

te: Fall Risk Assessment on admission and when clinical condition changes  
 tion plan: 1) If Score  $\geq 25$  fall prevention should be initiated.  
 2) If score  $\geq 5$  apply vulnerable ID BAND

All nursing staff on duty must complete a standardized fall risk assessment for each patient every day

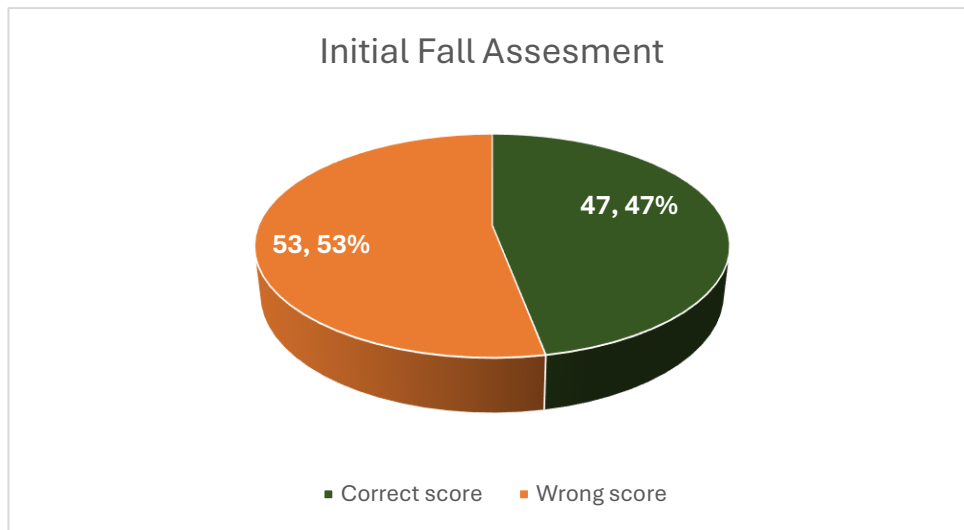
If a patient's fall risk score changes from the previous assessment, the reason for the change must be clearly documented in the patient's chart.

Patients with a fall risk score exceeding 40 points should be identified as "vulnerable to falls" using a standardized orange ID band

## C. Results

### 1)Initial Fall Assessment

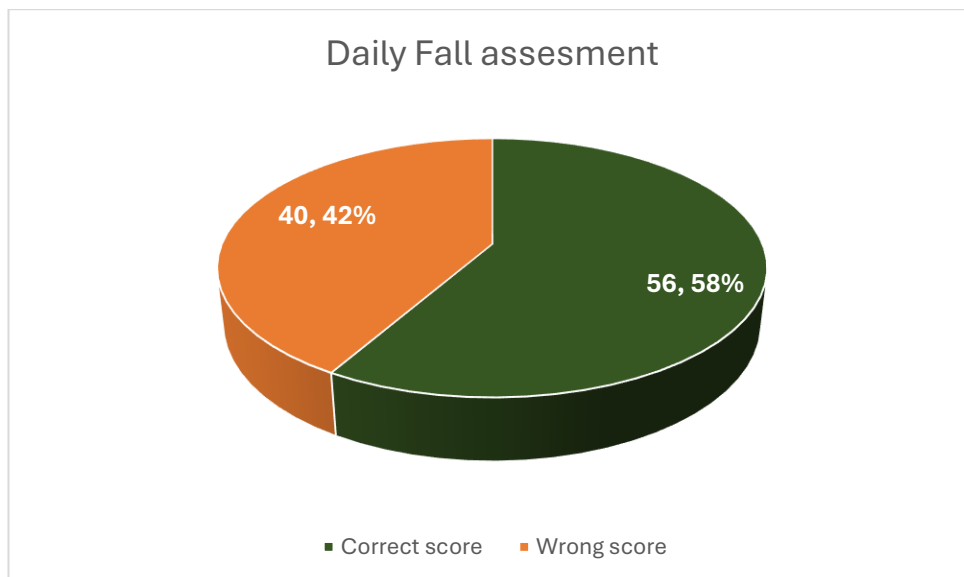
#### 3.1 Initial Fall Assessment



Out of 100 files over half of the initial fall assessments did not accurately reflect the patients' fall risk based on their medical history and current condition documented in the physician's notes.

### 2. Daily Fall Assessment

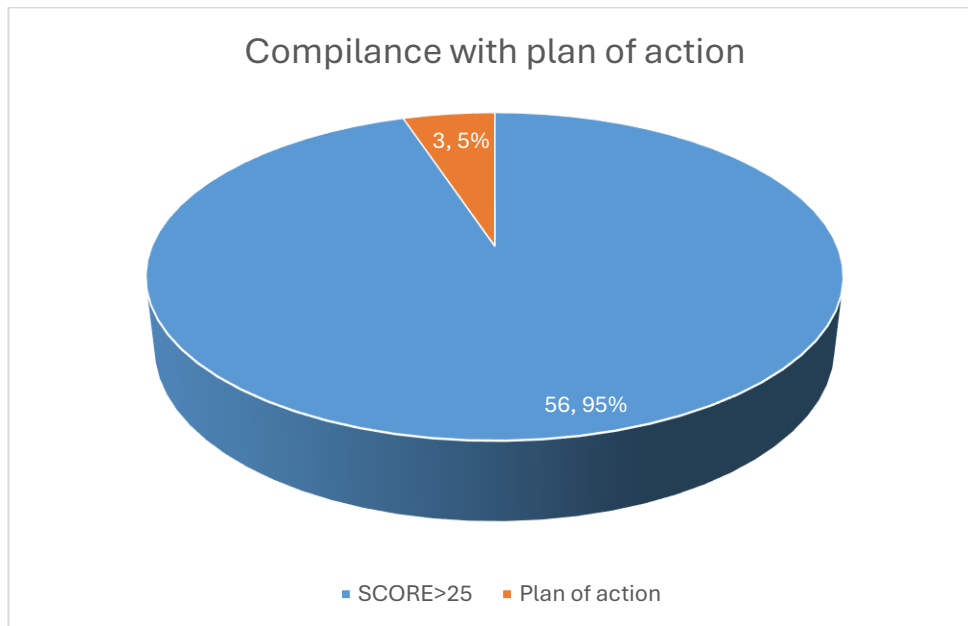
#### 3.2 Daily Fall Assessment



The review identified discrepancies between documented daily fall assessments and the patients' medical history and current condition as reflected in physician notes in 42% of the reviewed charts

### 3. Plan of Action

#### 3.3 Compliance with plan of action



Out of 100 cases 59 patient had more than 25 score on initial assessment but 95 % of the cases did not have any plan of action

### D. Observation :

**Crucial details potentially missed :** In some cases, the patient was on antihypertensive medication, a vital factor in fall risk, which was not documented in patient histories. This suggests a lack of comprehensive history-taking

**Inconsistent scoring:** A safety checklist score was given to a patient with no documented confusion or hallucinations (according to both ER and admission history). This raises questions about whether the scoring system was followed correctly.

**Data entry errors:** A patient's age was incorrectly entered as 12 years old but the actual age was 58, indicating a basic data entry error.

**Outdated Scores for Transferred Patients:** Fall risk assessments for patients transferred from ICU to wards remained unchanged, despite potentially significant changes in their condition. This suggests a failure to update assessments

**Missed Medication Impact:** For example, patients placed on diuretics (medication known to increase fall risk) still had the same fall risk score. This indicates a potential lapse in assessing the impact of new medications on fall risk

In some cases, patients exhibiting clear signs of confusion and disorientation, a major fall risk factor, were not flagged as such. This suggests a complete lack of attentiveness or a disregard for established assessment protocols

### E.Recommendation – Staff training of patient safety and re-assessment

## **Key Learnings –**

- **Analytical Skills:** Analysing data helped me to identify common themes and pinpoint specific issues that needed addressing. This process improved my critical thinking and problem-solving abilities and thereby developing actionable solutions
- Understood the pre - pre-authorization process firsthand and gained insights into the Operations Department
- Learned about the importance of timely and accurate documentation, adherence to protocols, and the implementation of appropriate treatment protocols to ensure optimal patient outcomes by working on checking IPSG goal 6 compliance
- Learn about how risk assessment is done to ensure patient , staff and environment safety .

The diverse activities and responsibilities allowed me to develop a thorough understanding of hospital operations, patient care processes, quality management, and the importance of meticulous documentation and infection control.