INTERNSHIP REPORT

SAKET HOSPITAL

A Unit of Saket Medicare & Research Center Pvt. Ltd.

INTERNSHIP REPORT

Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Dr. Akshita Sharma

Organization: Saket Hospital, Jaipur.

2022

INTERNSHIP COMPLETION CERTIFICATE

SAKET HOSPITAL
(A Unit of Saket Medicare & Research Centre Pvt. Ltd.)

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Date .....

S.H./E 2022-2023/07

TO WHOM SO EVER IT MAY CONCERN.

This is to certify that **Ms. Akshita Sharma** in partial fulfillment of the requirement for the award of the degree of MBA (Hospital and Health Management) from IIHMR University, Jaipur has successfully completed her internship at Saket Hospital Jaipur during March 21 , 2022 to June 19, 2022.

For Saket Hospital, Jaipur

SAKET MEDICARE & RESEARCH CENTRE PVT. LTD. SAKET HOSPITAL JAIPUR

Renu Pareek
Manager - HR

Place: Jaipur
Date: 23rd June, 2022

TABLE OF CONTENTS

1) INTRODUCTION

1.1 About us

Saket Hospital in Jaipur is a medical facility that provides complete healthcare solutions by utilising the most skilled clinical personnel and the most recent developments in medical technology.

Visionary Dr. Praveen Manglunia, a well-known family physician in Jaipur, founded Saket Hospital, a multispecialty 200 bed tertiary care hospital. The hospital is one of the most reasonably priced in this area, with ultra-modern equipment and the newest technology available for the patients.

The facility initially had 50 beds and a team of 10 doctors when it opened in 2002, but it has since grown to 200 beds, more than 55 doctors, and 350 paramedical employees. The hospital has built a new Women and Child Wing with 100 beds that has all the amenities needed to offer comprehensive healthcare for mother and child care under one roof.

They strive to revolutionise healthcare at Saket Hospital Jaipur and value excellence in all that we do. To ensure that it fulfils its obligations, Saket Jaipur has established the Standards for Employees, which are intended to express the moral principles that form the basis for the organization's operations - its principles, philosophies, mission, and vision and explain how they influence the workforce's day-to-day actions and behaviours. Along with their physical issues, we work hard to meet our patients' emotional and social requirements.

They made investments in cutting-edge technology, followed up on ongoing medical research and advancements, developed a rapport with patients, and assessed the requirements of the communities they serve.

They provide family medicine services, health screenings, emergency care available around-the-clock, and numerous multi-disciplinary specialty clinics. Beautifully decorated wards, day surgery, angiography, delivery suites, modular operating rooms, an intensive care unit, and a neonatal intensive care unit are all included in its amenities. Additionally, it has its own radiology, clinical lab, pharmacy, dietetics, and rehabilitation departments.

1.2 Vision

- Achieve professional excellence in quality healthcare care
- To ensure accessible and affordable care to all the community
- Adhere to the best patient centric quality standards in healthcare
- Ensure care with Integrity, Honesty , Equality and Ethics

1.3 Mission

To create a patient centric affordable tertiary care hospital focusing on best patient care services, utilizing modern available technologies with a human touch to the community.

1.4 Values

SAKET

S-Safe

We're committed to setting ambitious goals to provide safe & secure healthcare environment to our society.

A-ACCESSIBLE

We want to be a prominent healthcare provider which is known to serve the needs of the entire community through incomparable patient care at affordable prices.

K-KIND

We foster an atmosphere of trust, collegiality, collaboration, openness and cooperation at all levels

E-Excellence

We are committed to our standards of service and dedicated to exceed the expectations of whom we serve.

T-Teamwork

We promote an atmosphere of trust, collegiality, collaboration and openness .

1.5 Quality Policy

At Saket Hospital, we are compassionate about delivering the highest standard of clinical care with best doctors, cutting-edge technology, state-of-the-art infrastructure and best nursing care.

2) OBJECTIVES OF INTERNSHIP

1) To comprehend the organisational structure and work flow of Saket Hospital in Jaipur.

2) Ensure that the assigned tasks and audits are functioning properly in order to finish them on schedule.

3) To comprehend how the operations and quality control departments work.

4) To develop a professional persona in the healthcare industry.

5) To make recommendations for the best ways hospital staff can gain trust in and confidence in the functioning of systems.

6) To comprehend the underlying motivations for the usage of digital health tools in patient care.

3) ORGANIZATIONAL PROFILE

3.1 Infrastructural Profile

1) 200 beds in a cutting-edge, 1,50,000 square foot super specialised hospital that offers the full complement of modern medical, surgical, and diagnostic facilities all under one roof.

2) Advanced ventilators, defibrillators, multi-parameter monitors, and other critical care equipment are backed by an emergency department and five different ICUs for different facilities, as well as round-the-clock postgraduate doctors on duty.

3) Highly skilled experts in the medical and surgical fields.

4) A hospital that has central air conditioning, all the latest imported technology, and modular operating rooms with HEPA filters and laminar air flow. Round the clock facilities for Angiography, Angioplasty, CCU, Dialysis & Trauma.

5) A centre of referral for all patients from the JAIPUR Region who require high-end medical care.

6) Trained nurses and support workers to treat patients round-the-clock with dedication, compassion, and pleasant service.

7) Radiology and Imaging Department with CT Scan Facilities, as well as Biochemistry, Haematology, Microbiology, Histopathology, and Immunology Laboratory Services available around-the-clock.

8) Dedicated intensive care units, patient rooms, and post-operative wards are listed as number four.

9) Physical therapy services that include pre- and postnatal exercise equipment.

10) A 24-hour pharmacy with options for home delivery.

11) Restrooms and cafeteria for attendants.

12) Free patient pickup and drop-off service.

13) uninterruptible power supply

Fig 1: Operation Theatre

Fig 2: Central Store

Fig 3: Maternity Ward

Fig 4: Radiology Lab

Fig 5: NICU

Fig 6: ED entry

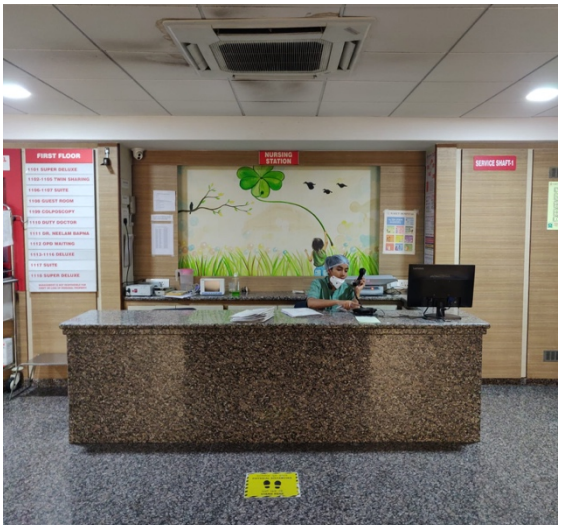


Fig 7: Nursing Station

Fig 8: Front Desk/ Reception

Fig 9: Emergency Department

Fig 10: Canteen

Fig 11: Ramps, Wing-B

Fig 12: Ambulance Service

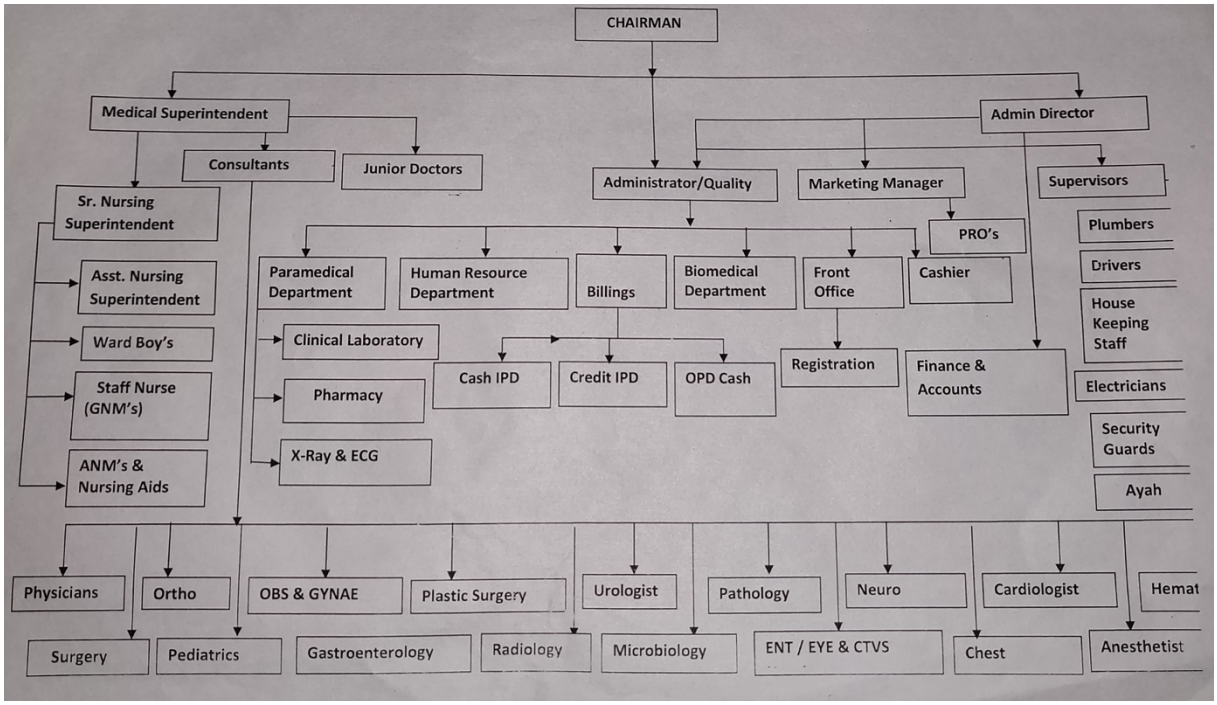
Fig 13: Laboratory

Fig 14: Linen and Laundry

Fig 15: CSSD

Fig 16: ICU

3.2 Organogram



4. SERVICES PROVIDED BY ORGANIZATION

4.1 Various Services

- Myocardial Infarction (Heart Attack)
- Angiography and Angioplasty
- 2D ECHO
- TMT
- 24 hour Holter monitoring

- Pacemaker Implantation
- Repair of ASD, VSD etc
- Valvuloplasty
- Diagnostic upper Gi endoscopy, Sigmoidoscopy, Colonoscopy.
- Endoscopic removal of foreign bodies.
- Endoscopic treatment of bleeding ulcers and varices.
- Endoscopic dilation for strictures.
- Endoscopic removal of bile duct stones.
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- Hernia:- Inguinal or groin, incisional, hiatus and umbilical hernias
- SILS (Single Incision Laparoscopic Surgery): Gall Bladder, Appendix, Hernia, Splenectomy and more.
- Stapled haemorrhoidectomy
- Open Surgeries for Piles/Fissure/Fistula/Rectal and Anal Tumours/Tuberculosis of Digestive Tract.
- Colorectal Diseases: Piles, Anal Fissure, Fistula, Colonic Polyps, Colorectal Cancer, Rectal Prolapse, Diverticular Disease, Inflammatory Bowel Diseases (Ulcerative Colitis, Chrons disease), Irritable Bowel Syndrome.
- Trauma
- Surgical Emergencies (i.e. intestinal obstruction, peptic ulcer and intestinal bleeding)
- Gallstone Diseases Surgery
- Cancer Surgery
- Hernia Correction
- Infection and Metabolic Diseases Surgery

- Ischemia and Gangrene of Limbs Surgery
- Diseases of Pancreas, Thyroid, Liver and Spleen Surgery
- Exploratory Laparotomy
- Appendectomy
- All types of fevers
- Infectious diseases including tropical diseases like Malaria, Typhoid fever, Tuberculosis, HIV, Dengue fever etc.
- Anaemia
- All metabolic diseases and endocrine diseases such as diabetes, thyroid, cholesterol, obesity.
- Blood pressure, liver, kidney problems etc.
- Comprehensive geriatric assessment, nutrition advice and care.
- Nutritional Disorders :- Anaemia, Vitamin and trace element deficiency diseases
- Women's Health
- Adult Vaccination
- Preventive health check-up programs.
- Palliative care & rehabilitation services.
- Systematic management of lifestyle diseases.
- 24×7 Coverage for Emergency Patients
- Executive Health Check-up
- Speciality Clinic like Geriatrics, Fever
- EEG: Electroencephalography
- Video EEG: Video Electroencephalography.
- EMG: Electromyography

- NCV: Nerve conduction velocity
- VEP: Visual evoked potential
- Phacoemulsification cataract surgery.
- medical and surgical treatment of vitreoretinal diseases, keratoplasty and other advanced corneal surgeries,
- Oculoplastic procedures and complex orbital surgeries are done.
- Neuro-ophthalmology
- Dry eye management
- Retinal laser photocoagulation
- Refractory errors
- Paediatric Orthopaedics
- Paediatric Surgery
- Paediatric neurology
- EGG Donation
- Semen freezing
- Embryo Freezing
- PESA
- Intrauterine Insemination (IUI)
- Testicular sperm Extraction (TESE)
- Intra cytoplasmic sperm injection (ICSI)
- IVF-ET
- Therapeutic Donor insemination (TDI)
- Endoscopic- Hysteroscopy & laparoscopy

- Sperm Retrieval procedures
- Gastrointestinal Radiology
- Neuro-Radiology
- Uro Radiology
- Cardio Thoracic Radiology
- Obs & Gynae Radiology (Level -2)
- ENT – Radiology
- Colour Doppler studies (full range)
- Musculoskeletal Ultrasound
- Echocardiography
- Image intensifier TV
- Portable US
- X-Ray
- Pathology
- Biochemistry
- Microbiology
- Serology
- Haematology

5) KEY ACTIVITIES/ PROJECTS UNDERTAKEN OTHER THAN DISSERTATION

5.1 Key Activities

4) Conducted training on Informed Consent Documentation for Nursing and Resident doctors with the Head of Quality Assurance and Operations (My Mentor).

5) Designed the training module on Grooming and Soft Skills for Patient Facing staff with the HR.

6) Conducted training on Basic Nursing Protocols with the Matron.

7) Conducted training on NABH refresher session with the Head of Quality Assurance and Operations (My Mentor).

8) Coordination of mock drills

9) Conducted training on Patients' Rights and Education for the staff with the Head of Quality Assurance and Operations (My Mentor).

10) Analysing Key Performance Indicators in accordance to NABH

11) Analysed the Patient Flows in the hospital

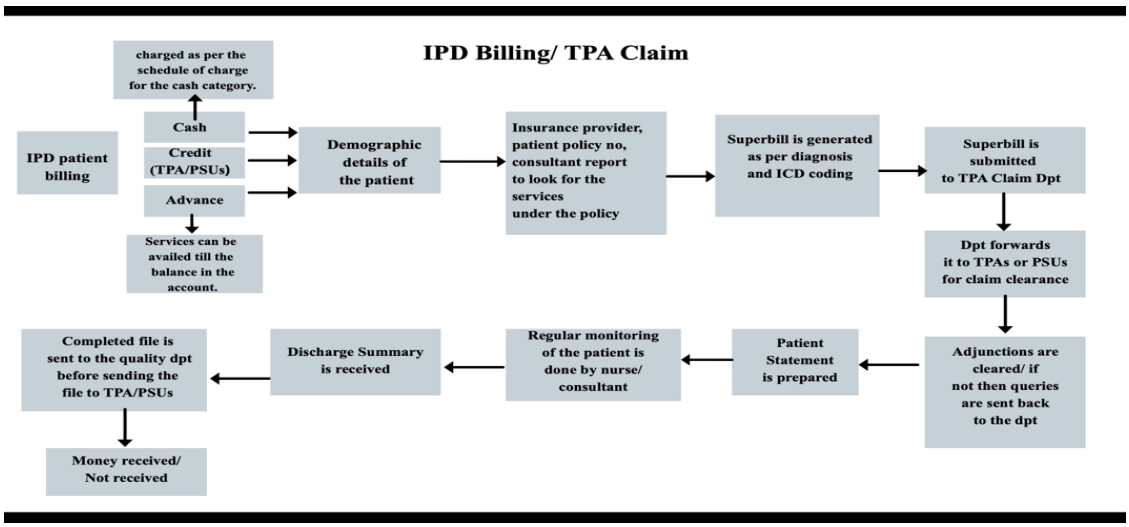


Fig 17: IPD Patient Flow

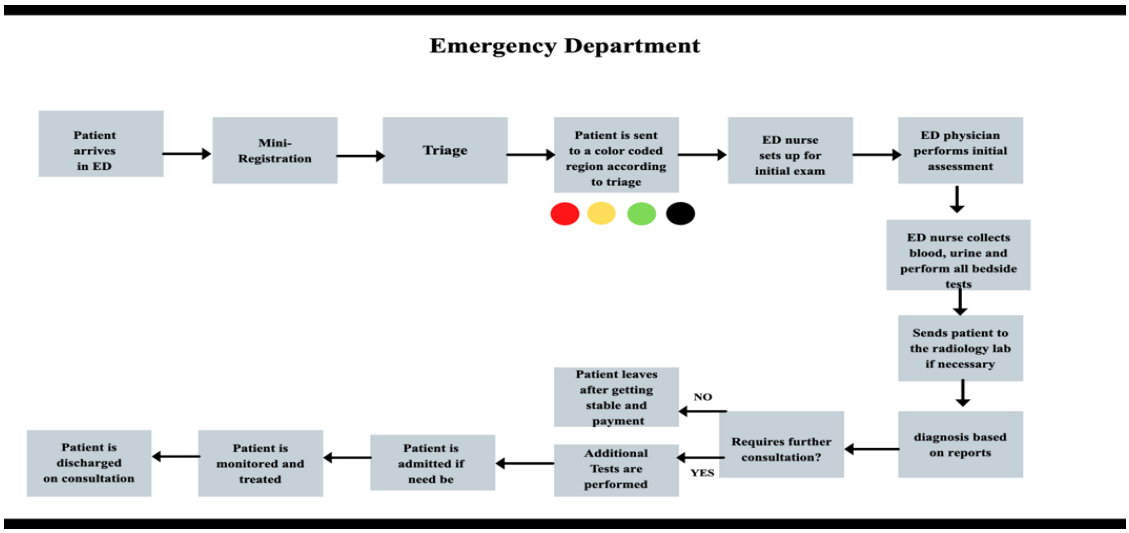


Fig 18: ED Patient Flow

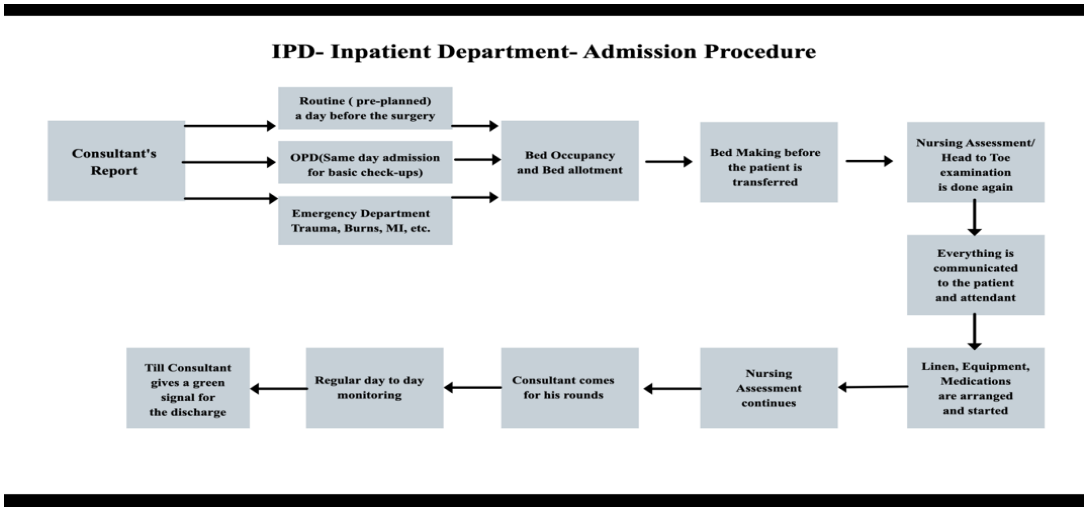


Fig 19: IPD Patient Flow

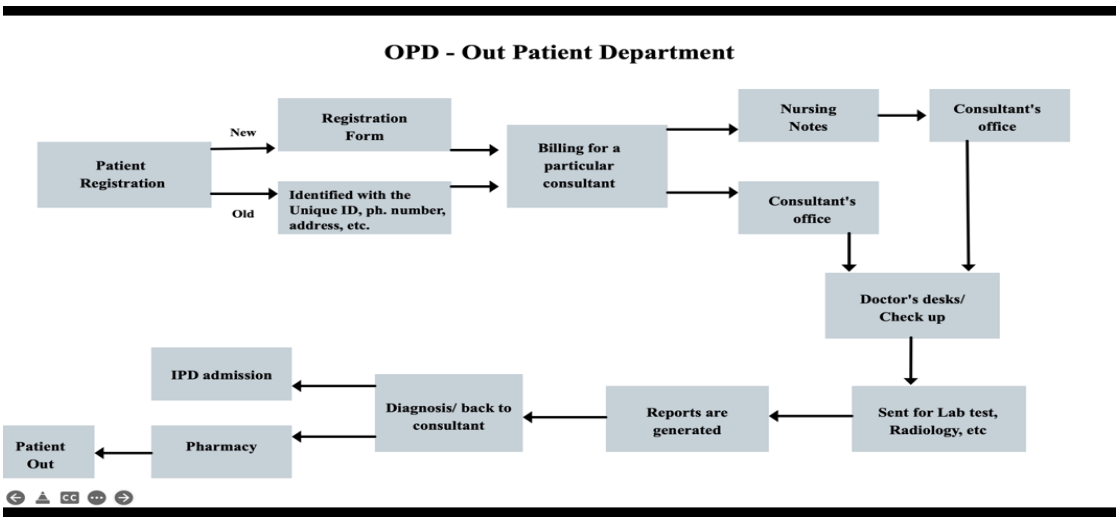


Fig 20: OPD Patient Flow

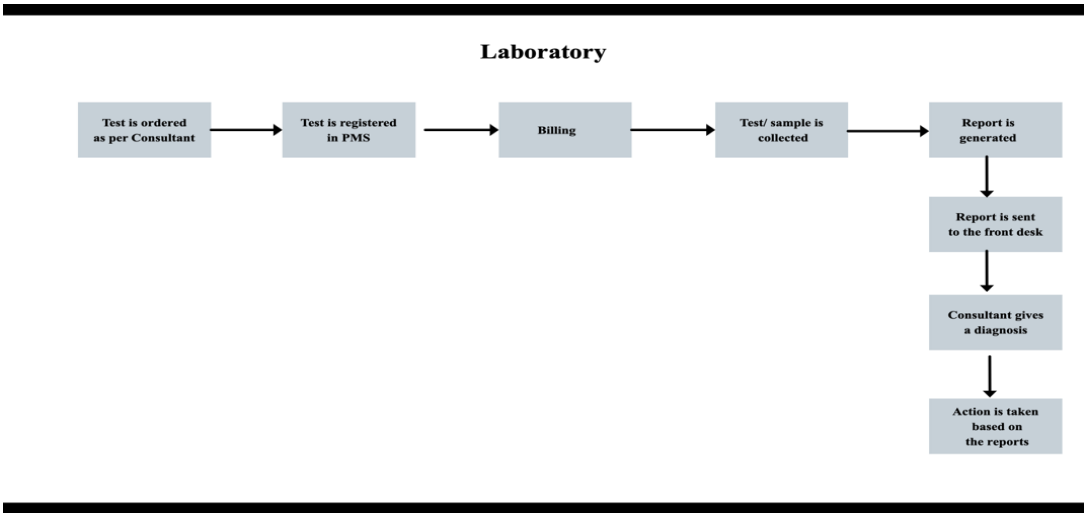


Fig 21: Laboratory Patient Flow

5.2 Project

The hospital is NABH 4 accredited. The NABH 5 is the most recent, as is well known. So I conducted the gap analysis in all departments, and depending on the findings, I either suggested corrections or gave training.

5.2.1 Introduction NABH 5

The International Society for Quality in Health Care has accredited NABH standards (ISQUa). In the ever-changing healthcare environment, NABH standards place a strong emphasis on patient safety and the calibre of hospital service delivery. The objective components remain informational without prescribing how the organisation should conduct its business with an emphasis on patient safety.

There are 651 Objective Elements in total, of which 102 are in the core category that must be evaluated as part of each assessment, 459 are in the commitment category that must be evaluated as part of the final assessment, 60 are in the achievement category that must be evaluated as part of the surveillance assessment, and 30 are in the excellence category that must be evaluated as part of the re-accreditation.

5.2.2 Process for Gap Analysis

The organisation currently holds NABH 4 accreditation. As a result, I made the decision to do a gap analysis using NABH 5 with my mentor. The steps I took were as follows:

a) Determined the region to be examined and the objectives for each department in accordance with NABH 5. divided the hospital's total services into support, clinical, and utility categories.

b) Determine the department's ideal future condition based on where it is now and where it may be improved based on NABH 4 and NABH 5.

c) Using the NABH checklist, I assessed the existing situation. Each and every department has its own checklist.

d) Contrasted the situation now with what would be ideal.

e) Identified the distance and calculated the difference.

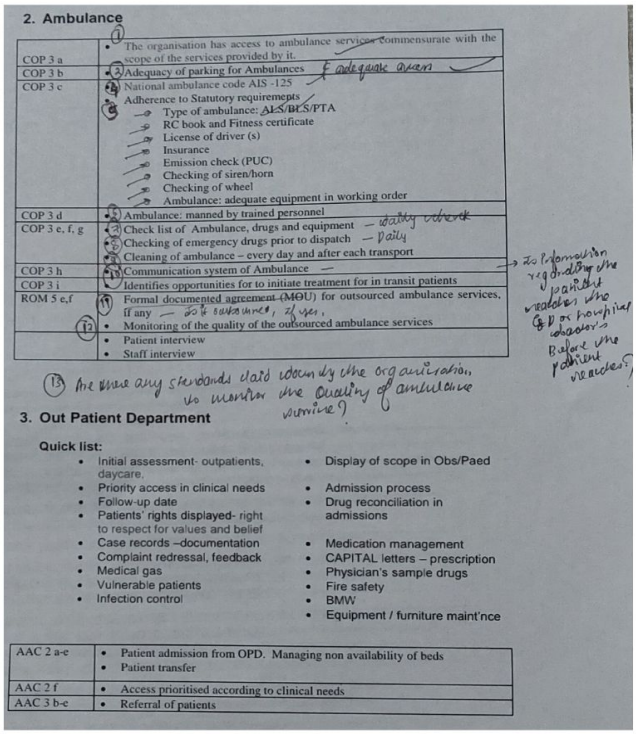
f) Created a plan to remedy the gaps and summarised the recommendations.

g) Based on the gaps, the organisation was advised to make certain purchases, given guidance on specific hospital designs in accordance with hospital planning and designing, and finally taught their employees as needed.

5.2.3 Materials and Method

Internal audits were conducted in the departments using the Checklist tool. I was able to mark examinations, readings, or other tasks that the department required me to accomplish as significant or mandatory.

For analysis and conformity with the NABH 5 requirements, the activities were recorded in Microsoft Excel.



2. Ambulance

COP 3 a	The organisation has access to ambulance services commensurate with the scope of the services provided by it.
COP 3 b	Adequacy of parking for Ambulances
COP 3 c	National ambulance code AIS -125 Adherence to Statutory requirements Type of ambulance: ALS/BLS/PTA RC book and Fitness certificate License of driver (s) Insurance Emission check (PUC) Checking of siren/horn Checking of wheel Ambulance: adequate equipment in working order
COP 3 d	Ambulance: manned by trained personnel
COP 3 e, f, g	Check list of Ambulance, drugs and equipment Checking of emergency drugs prior to dispatch Cleaning of ambulance – every day and after each transport
COP 3 h	Communication system of Ambulance
COP 3 i	Identifies opportunities for to initiate treatment for in transit patients
ROM 5 e,f	Formal documented agreement (MOU) for outsourced ambulance services, if any Monitoring of the quality of the outsourced ambulance services
	Patient interview Staff interview

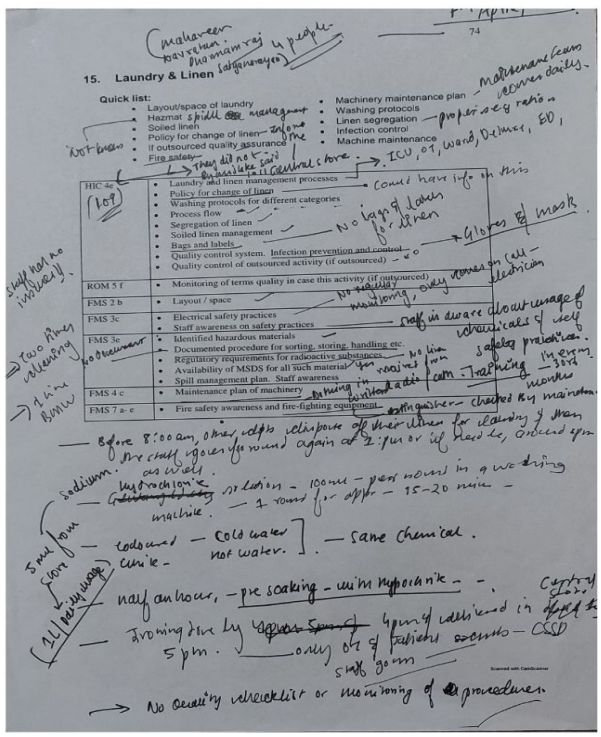
3. Out Patient Department

Quick list:

- Initial assessment- outpatients, daycare.
- Priority access in clinical needs
- Follow-up date
- Patients' rights displayed- right to respect for values and belief
- Case records –documentation
- Complaint redressal, feedback
- Medical gas
- Vulnerable patients
- Infection control
- Display of scope in Obs/Paed
- Admission process
- Drug reconciliation in admissions
- Medication management
- CAPITAL letters – prescription
- Physician's sample drugs
- Fire safety
- BMW
- Equipment / furniture maint'nce

AAC 2 a-e	Patient admission from OPD. Managing non availability of beds Patient transfer
AAC 2 f	Access prioritised according to clinical needs
AAC 3 b-e	Referral of patients

Fig 22: Ambulance and OPD Checklist



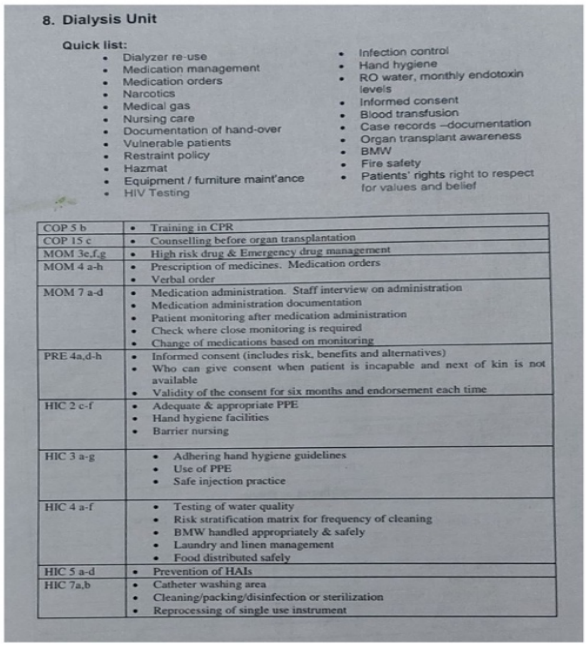
15. Laundry & Linen

Quick list:

- Layout/space of laundry
- Hazmat
- Soiled linen
- Policy for change of linen
- If outsourced quality assurance
- Fire safety
- Machinery maintenance plan
- Washing protocols
- Linen segregation
- Infection control
- Machine maintenance

HIC 4e	Laundry and linen management processes Policy for change of linen Washing protocols for different categories Process flow Segregation of linen Soiled linen management Bags and labels Quality control system. Infection prevention and control Quality control of outsourced activity (if outsourced)
ROM 5 f	Monitoring of terms quality in case this activity (if outsourced)
FMS 2 b	Layout / space
FMS 3c	Electrical safety practices Staff awareness on safety practices
FMS 3e	Identified hazardous materials Documented procedure for sorting, storing, handling etc. Regulatory requirements for radioactive substances Availability of MSDS for all such material Spill management plan. Staff awareness
FMS 4 c	Maintenance plan of machinery
FMS 7 a- e	Fire safety awareness and fire-fighting equipment

Fig 23: Laundry and Linen Checklist



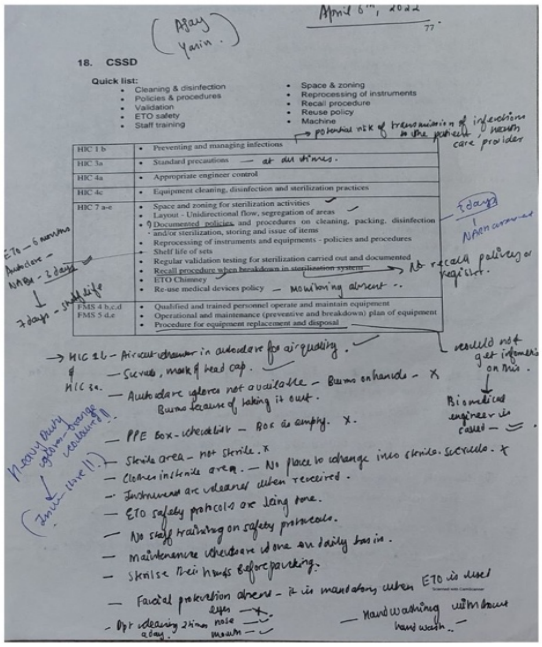
8. Dialysis Unit

Quick list:

- Dialyzer re-use
- Medication management
- Medication orders
- Narcotics
- Medical gas
- Nursing care
- Documentation of hand-over
- Vulnerable patients
- Restraint policy
- Hazmat
- Equipment / furniture maint'ance
- HIV Testing
- Infection control
- Hand hygiene
- RO water, monthly endotoxin levels
- Informed consent
- Blood transfusion
- Case records –documentation
- Organ transplant awareness
- BMW
- Fire safety
- Patients' rights right to respect for values and belief

COP 5 b	• Training in CPR
COP 15 c	• Counselling before organ transplantation
MOM 3e,f,g	• High risk drug & Emergency drug management
MOM 4 a-h	• Prescription of medicines. Medication orders • Verbal order
MOM 7 a-d	• Medication administration. Staff interview on administration • Medication administration documentation • Patient monitoring after medication administration • Check where close monitoring is required • Change of medications based on monitoring
PRE 4a,d-h	• Informed consent (includes risk, benefits and alternatives) • Who can give consent when patient is incapable and next of kin is not available • Validity of the consent for six months and endorsement each time
HIC 2 c-f	• Adequate & appropriate PPE • Hand hygiene facilities • Barrier nursing
HIC 3 a-g	• Adhering hand hygiene guidelines • Use of PPE • Safe injection practice
HIC 4 a-f	• Testing of water quality • Risk stratification matrix for frequency of cleaning • BMW handled appropriately & safely • Laundry and linen management • Food distributed safely
HIC 5 a-d	• Prevention of HAIs
HIC 7a,b	• Catheter washing area • Cleaning/packing/disinfection or sterilization • Reprocessing of single use instrument

Fig 24: Dialysis Unit Checklist



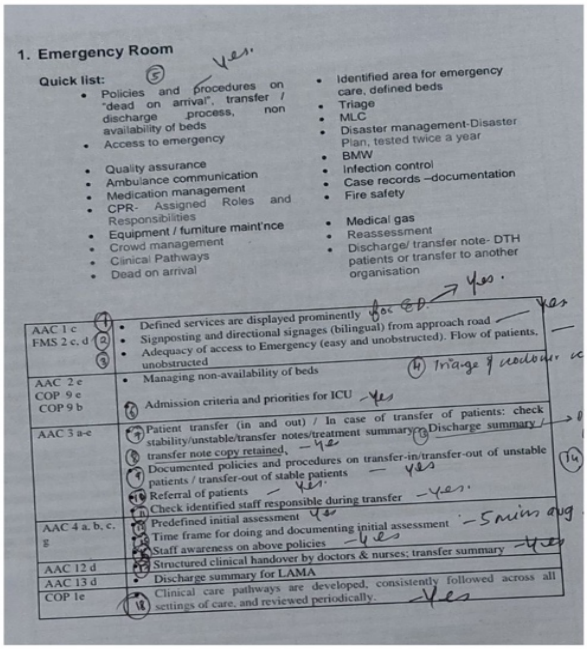
18. CSSD

Quick list:

- Cleaning & disinfection
- Policies & procedures
- Validation
- ETO safety
- Staff training
- Space & zoning
- Reprocessing of instruments
- Recall procedure
- Reuse policy
- Machine

HIC 1 b	• Preventing and managing infections
HIC 3a	• Standard precautions
HIC 4a	• Appropriate engineer control
HIC 4c	• Equipment cleaning, disinfection and sterilization practices
HIC 7 a-e	• Space and zoning for sterilization activities • Layout - Unidirectional flow, segregation of areas • Documented policies and procedures on cleaning, packing, disinfection and/or sterilization, storing and issue of items • Reprocessing of instruments and equipments - policies and procedures • Shelf life of sets • Regular validation testing for sterilization carried out and documented • Recall procedure when breakdown in sterilization system • ETO Chimney • Re-use medical devices policy
FMS 4 b,c,d FMS 5 d,e	• Qualified and trained personnel operate and maintain equipment • Operational and maintenance (preventive and breakdown) plan of equipment • Procedure for equipment replacement and disposal

Fig 25: CSSD Checklist



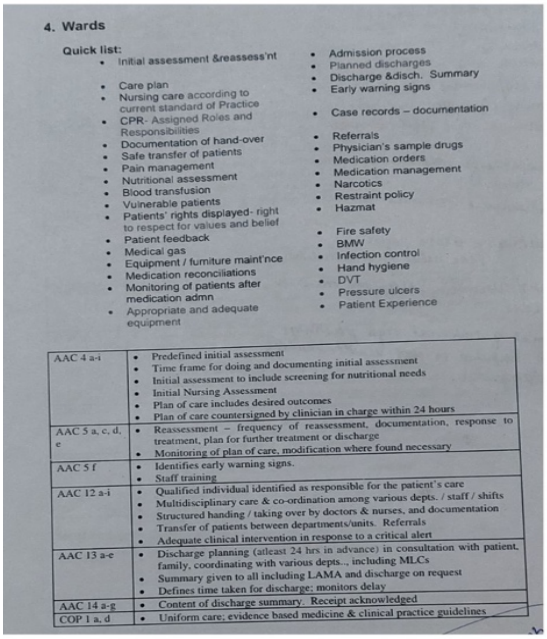
1. Emergency Room

Quick list:

- Policies and procedures on "dead on arrival", transfer / discharge process, non availability of beds
- Access to emergency
- Quality assurance
- Ambulance communication
- Medication management
- CPR- Assigned Roles and Responsibilities
- Equipment / furniture maint'nce
- Crowd management
- Clinical Pathways
- Dead on arrival
- Identified area for emergency care, defined beds
- Triage
- MLC
- Disaster management-Disaster Plan, tested twice a year
- BMW
- Infection control
- Case records –documentation
- Fire safety
- Medical gas
- Reassessment
- Discharge/ transfer note- DTH patients or transfer to another organisation

AAC 1 c FMS 2 c, d	• Defined services are displayed prominently • Signposting and directional signages (bilingual) from approach road • Adequacy of access to Emergency (easy and unobstructed). Flow of patients, unobstructed
AAC 2 e COP 9 e COP 9 b	• Managing non-availability of beds • Admission criteria and priorities for ICU
AAC 3 a-e	• Patient transfer (in and out) / In case of transfer of patients: check stability/unstable/transfer notes/treatment summary, Discharge summary / transfer note copy retained. • Documented policies and procedures on transfer-in/transfer-out of unstable patients / transfer-out of stable patients • Referral of patients • Check identified staff responsible during transfer
AAC 4 a, b, c, g	• Predefined initial assessment • Time frame for doing and documenting initial assessment • Staff awareness on above policies
AAC 12 d	• Structured clinical handover by doctors & nurses; transfer summary
AAC 13 d	• Discharge summary for LAMA
COP 1e	• Clinical care pathways are developed, consistently followed across all settings of care, and reviewed periodically.

Fig 26: ED Checklist



4. Wards

Quick list:

- Initial assessment &reassess'nt
- Care plan
- Nursing care according to current standard of Practice
- CPR- Assigned Roles and Responsibilities
- Documentation of hand-over
- Safe transfer of patients
- Pain management
- Nutritional assessment
- Blood transfusion
- Vulnerable patients
- Patients' rights displayed- right to respect for values and belief
- Patient feedback
- Medical gas
- Equipment / furniture maint'nce
- Medication reconciliations
- Monitoring of patients after medication admn
- Appropriate and adequate equipment
- Admission process
- Planned discharges
- Discharge &disch. Summary
- Early warning signs
- Case records – documentation
- Referrals
- Physician's sample drugs
- Medication orders
- Medication management
- Narcotics
- Restraint policy
- Hazmat
- Fire safety
- BMW
- Infection control
- Hand hygiene
- DVT
- Pressure ulcers
- Patient Experience

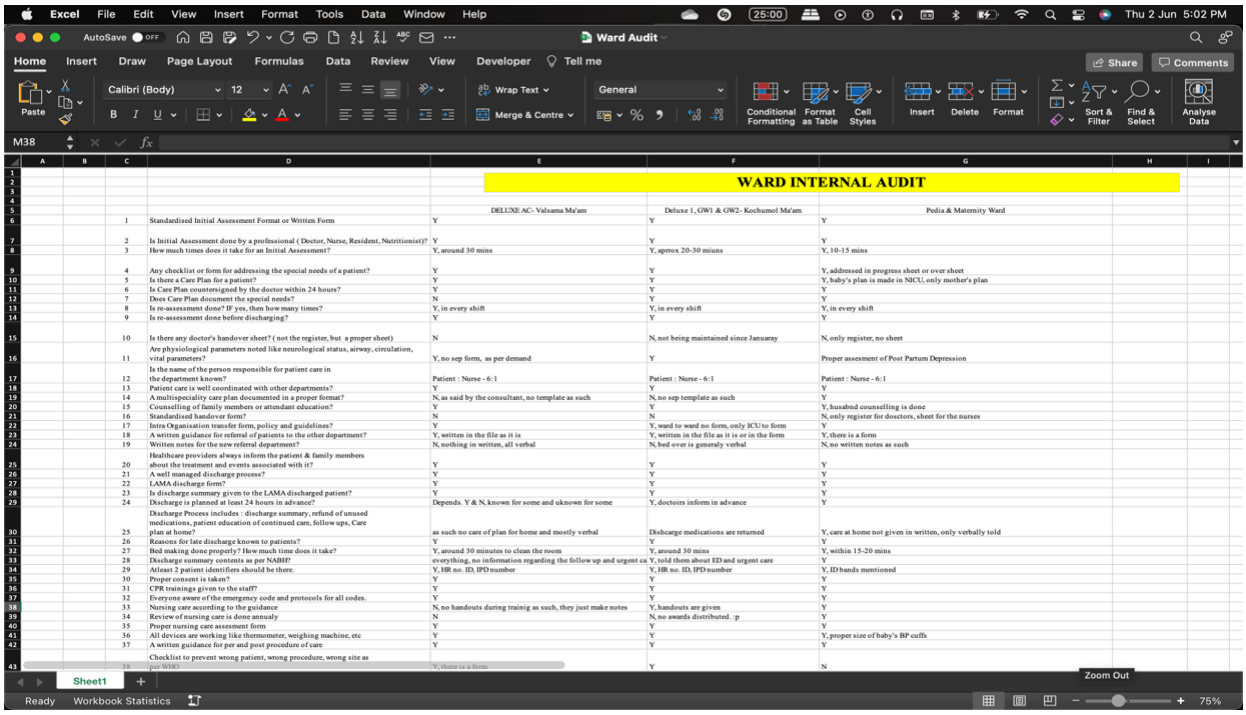
AAC 4 a-i	• Predefined initial assessment • Time frame for doing and documenting initial assessment • Initial assessment to include screening for nutritional needs • Initial Nursing Assessment • Plan of care includes desired outcomes • Plan of care countersigned by clinician in charge within 24 hours
AAC 5 a, c, d, e	• Reassessment – frequency of reassessment, documentation, response to treatment, plan for further treatment or discharge • Monitoring of plan of care, modification where found necessary
AAC 5 f	• Identifies early warning signs. • Staff training
AAC 12 a-i	• Qualified individual identified as responsible for the patient's care • Multidisciplinary care & co-ordination among various depts. / staff / shifts • Structured handing / taking over by doctors & nurses, and documentation • Transfer of patients between departments/units. Referrals • Adequate clinical intervention in response to a critical alert
AAC 13 a-e	• Discharge planning (atleast 24 hrs in advance) in consultation with patient, family, coordinating with various depts., including MLCs • Summary given to all including LAMA and discharge on request • Defines time taken for discharge; monitors delay
AAC 14 a-g	• Content of discharge summary. Receipt acknowledged
COP 1 a, d	• Uniform care; evidence based medicine & clinical practice guidelines

Fig 27: IPD Checklist

5.2.4 Analysis

Hospitals are more likely to succumb to non-compliance, corruption, and other violations of external compliance requirements without taking proactive steps from within the corporate system to be in compliance with all legal and ethical requirements. This will unquestionably harm the company's operations, productivity, and bottom line. If the internal, company-mandated requirements are not met during a compliance audit, the executive, managerial, and board staff are evaluated to determine the proper course of action, depending on the infraction(s) found. Depending on the seriousness of the compliance infringement, failing to comply with external regulatory compliance standards may have a variety of adverse "fallout" effects for the business.

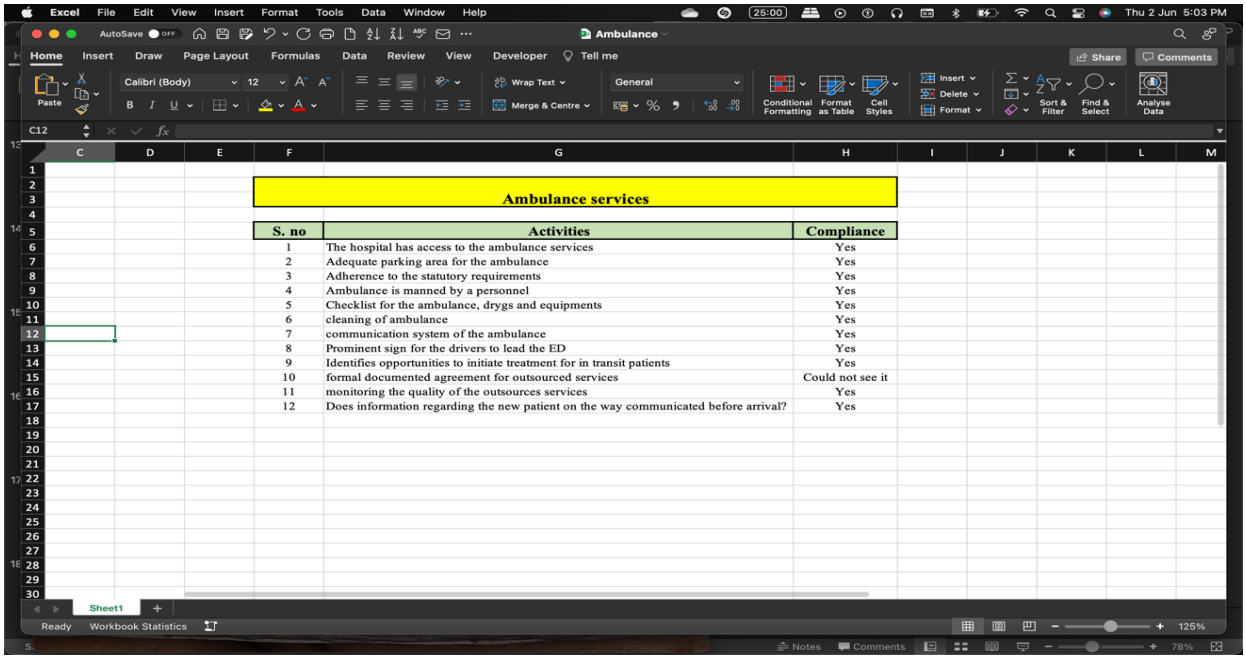
An overview page of the audit report includes the audit number, goals, name of the auditor, a list of checklist items that did not meet standards or expectations, and any pertinent observations and suggestions on how to address any lingering non-compliance. Ensure that the material is presented logically and in an easy-to-follow manner. For each transgression that is discovered, segregated, and placed in the high-medium-low order of priority and urgency, it is crucial to offer actionable plans.



WARD INTERNAL AUDIT

		DELUXE AC- Valsama Ma'am	Deluxe 1, GW1 & GW2- Kochumol Ma'am	Pedia & Maternity Ward
1	Standardised Initial Assessment Format or Written Form	Y	Y	Y
2	Is Initial Assessment done by a professional (Doctor, Nurse, Resident, Nutritionist)?	Y	Y	Y
3	How much times does it take for an Initial Assessment?	Y, around 30 mins	Y, aprox 20-30 miuns	Y, 10-15 mins
4	Any checklist or form for addressing the special needs of a patient?	Y	Y	Y, addressed in progress sheet or over sheet
5	Is there a Care Plan for a patient?	Y	Y	Y, baby's plan is made in NICU, only mother's plan
6	Is Care Plan countersigned by the doctor within 24 hours?	Y	Y	Y
7	Does Care Plan document the special needs?	N	Y	Y
8	Is re-assessment done? IF yes, then how many times?	Y, in every shift	Y, in every shift	Y, in every shift
9	Is re-assessment done before discharging?	Y	Y	Y
10	Is there any doctor's handover sheet? (not the register, but a proper sheet)	N	N, not being maintained since Januaray	N, only register, no sheet
11	Are physiological parameters noted like neurological status, airway, circulation, vital parameters?	Y, no sep form, as per demand	Y	Proper assesment of Post Partum Depression
12	Is the name of the person responsible for patient care in the department known?	Patient : Nurse - 6:1	Patient : Nurse - 6:1	Patient : Nurse - 6:1
13	Patient care is well coordinated with other departments?	Y	Y	Y
14	A multispeciality care plan documented in a proper format?	N, as said by the consultant, no template as such	N, no sep template as such	Y
15	Counselling of family members or attendant education?	Y	Y	Y, husabnd counselling is done
16	Standardised handover form?	N	N	N, only register for dosctors, sheet for the nurses
17	Intra Organisation transfer form, policy and guidelines?	Y	Y, ward to ward no form, only ICU to form	Y
18	A written guidance for referral of patients to the other department?	Y, written in the file as it is	Y, written in the file as it is or in the form	Y, there is a form
19	Written notes for the new referral department?	N, nothing in written, all verbal	N, bed over is generaly verbal	N, no written notes as such
20	Healthcare providers always inform the patient & family members about the treatment and events associated with it?	Y	Y	Y
21	A well managed discharge process?	Y	Y	Y
22	LAMA discharge form?	Y	Y	Y
23	Is discharge summary given to the LAMA discharged patient?	Y	Y	Y
24	Discharge is planned at least 24 hours in advance?	Depends. Y & N, known for some and uknown for some	Y, doctoirs inform in advance	Y
25	Discharge Process includes : discharge summary, refund of unused medications, patient education of continued care, follow ups, Care plan at home?	as such no care of plan for home and mostly verbal	Dsihcarge medications are returned	Y, care at home not given in written, only verbally told
26	Reasons for late discharge known to patients?	Y	Y	Y
27	Bed making done properly? How much time does it take?	Y, around 30 minutes to clean the room	Y, around 30 mins	Y, within 15-20 mins
28	Discharge summary contents as per NABH?	everything, no information regarding the follow up and urgent ca	Y, told them about ED and urgent care	Y
29	Atleast 2 patient identifiers should be there.	Y, HR no. ID, IPD number	Y, HR no. ID, IPD number	Y, ID bands mentioned
30	Proper consent is taken?	Y	Y	Y
31	CPR trainings given to the staff?	Y	Y	Y
32	Everyone aware of the emergency code and protocols for all codes.	Y	Y	Y
33	Nursing care according to the guidance	N, no handouts during trainig as such, they just make notes	Y, handouts are given	Y
34	Review of nursing care is done annualy	N	N, no awards distributed. :p	Y
35	Proper nursing care assesment form	Y	Y	Y
36	All devices are working like thermometer, weighing machine, etc	Y	Y	Y, proper size of baby's BP cuffs
37	A written guidance for per and post procedure of care	Y	Y	Y
38	Checklist to prevent wrong patient, wrong procedure, wrong site as per WHO	Y, there is a form	Y	N

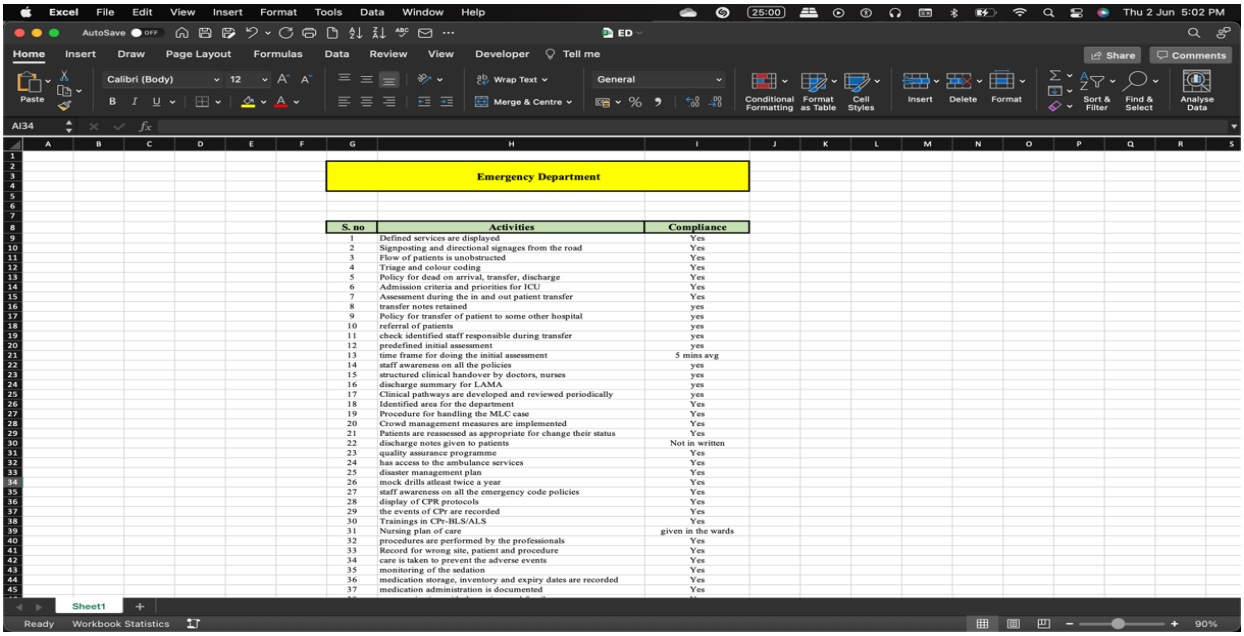
Fig 28 IPD Audit Analysis



Ambulance services

S. no	Activities	Compliance
1	The hospital has access to the ambulance services	Yes
2	Adequate parking area for the ambulance	Yes
3	Adherence to the statutory requirements	Yes
4	Ambulance is manned by a personnel	Yes
5	Checklist for the ambulance, drygs and equipments	Yes
6	cleaning of ambulance	Yes
7	communication system of the ambulance	Yes
8	Prominent sign for the drivers to lead the ED	Yes
9	Identifies opportunities to initiate treatment for in transit patients	Yes
10	formal documented agreement for outsourced services	Could not see it
11	monitoring the quality of the outsources services	Yes
12	Does information regarding the new patient on the way communicated before arrival?	Yes

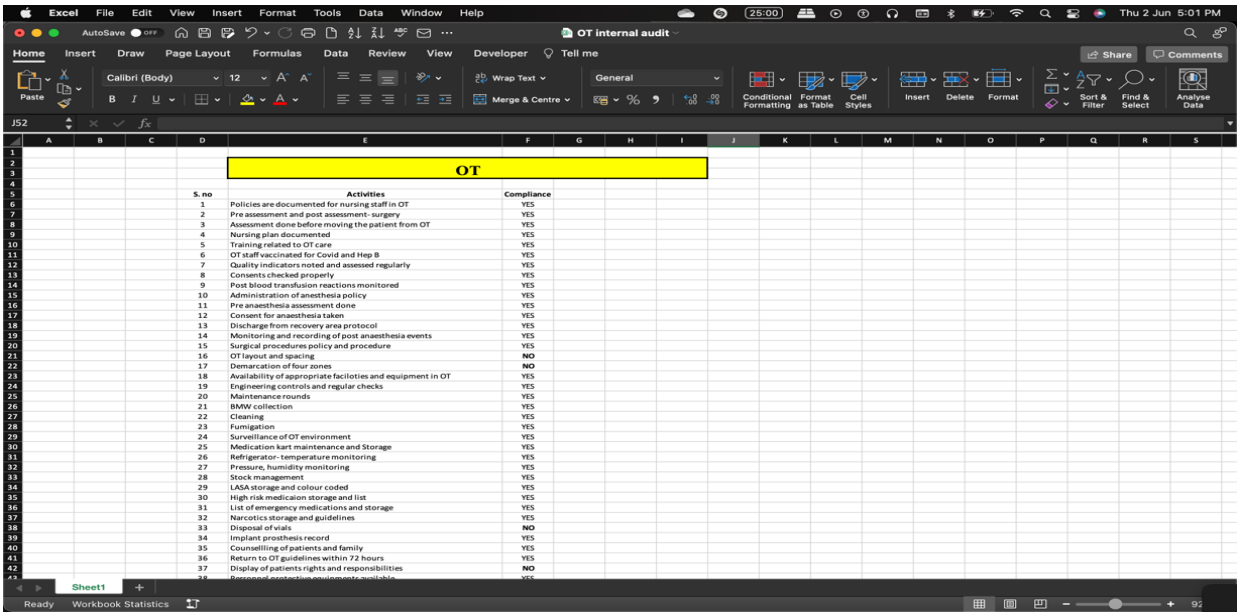
Fig 29: Ambulance Audit Analysis



Emergency Department

S. no	Activities	Compliance
1	Defined services are displayed	Yes
2	Signposting and directional signages from the road	Yes
3	Flow of patients is unobstructed	Yes
4	Triage and colour coding	Yes
5	Policy for dead on arrival, transfer, discharge	Yes
6	Admission criteria and priorities for ICU	Yes
7	Assesment during the in and out patient transfer	Yes
8	transfer notes retained	yes
9	Policy for transfer of patient to some other hospital	yes
10	referral of patients	yes
11	check identified staff responsible during transfer	yes
12	predefined initial assessment	yes
13	time frame for doing the initial assessment	5 mins avg
14	staff awareness on all the policies	yes
15	structured clinical handover by doctors, nurses	yes
16	discharge summary for LAMA	yes
17	Clinical pathways are developed and reviewed periodically	yes
18	Identified area for the department	Yes
19	Procedure for handling the MLC case	Yes
20	Crowd management measures are implemented	Yes
21	Patients are reassessed as appropriate for change their status	Yes
22	discharge notes given to patients	Not in written
23	quality assurance programme	Yes
24	has access to the ambulance services	Yes
25	disaster management plan	Yes
26	mock drills atleast twice a year	Yes
27	staff awareness on all the emergency code policies	Yes
28	display of CPR protocols	Yes
29	the events of CPr are recorded	Yes
30	Trainings in CPr-BLS/ALS	Yes
31	Nursing plan of care	given in the wards
32	procedures are performed by the professionals	Yes
33	Record for wrong site, patient and procedure	Yes
34	care is taken to prevent the adverse events	Yes
35	monitoring of the sedation	Yes
36	medication storage, inventory and expiry dates are recorded	Yes
37	medication administration is documented	Yes

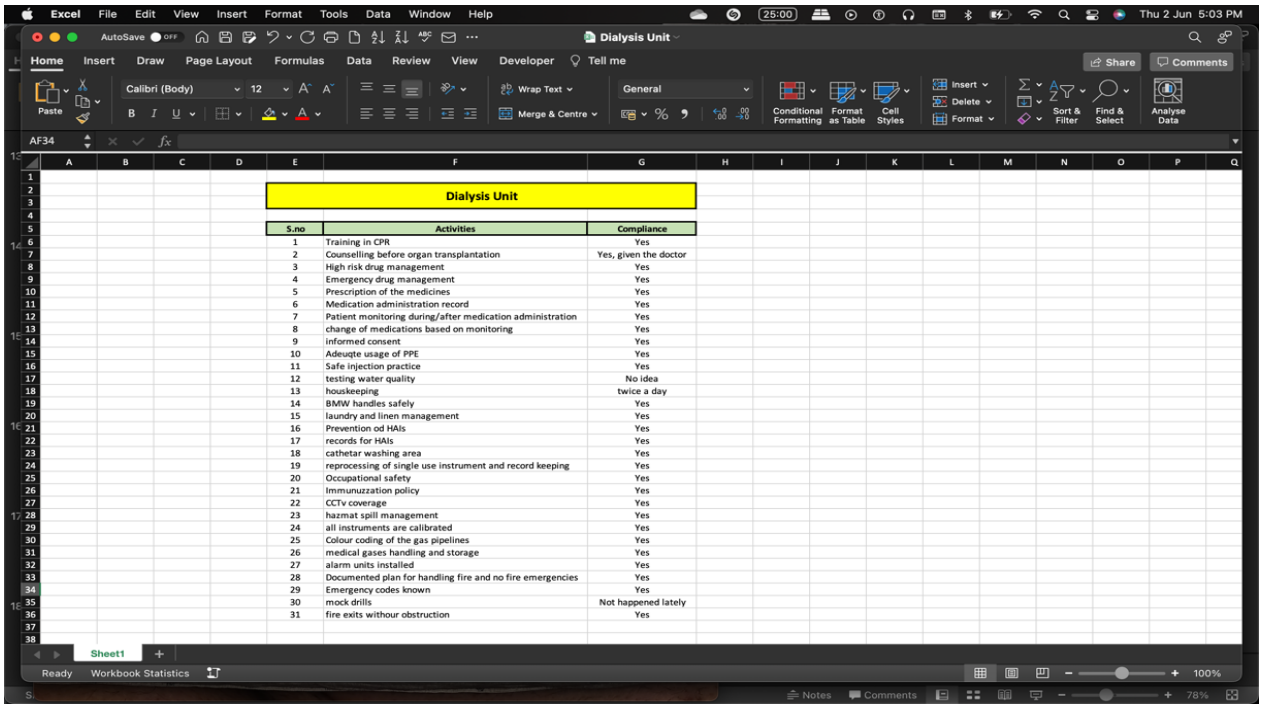
Fig 30: ED Audit Analysis



OT

S. no	Activities	Compliance
1	Policies are documented for nursing staff in OT	YES
2	Pre assessment and post assessment- surgery	YES
3	Assessment done before moving the patient from OT	YES
4	Nursing plan documented	YES
5	Training related to OT care	YES
6	OT staff vaccinated for Covid and Hep B	YES
7	Quality indicators noted and assessed regularly	YES
8	Consents checked properly	YES
9	Post blood transfusion reactions monitored	YES
10	Administration of anesthesia policy	YES
11	Pre anaesthesia assessment done	YES
12	Consent for anaesthesia taken	YES
13	Discharge from recovery area protocol	YES
14	Monitoring and recording of post anaesthesia events	YES
15	Surgical procedures policy and procedure	YES
16	OT layout and spacing	NO
17	Demarcation of four zones	NO
18	Availability of appropriate faciloties and equipment in OT	YES
19	Engineering controls and regular checks	YES
20	Maintenance rounds	YES
21	BMW collection	YES
22	Cleaning	YES
23	Fumigation	YES
24	Surveillance of OT environment	YES
25	Medication kart maintenance and Storage	YES
26	Refrigerator- temperature monitoring	YES
27	Pressure, humidity monitoring	YES
28	Stock management	YES
29	LASA storage and colour coded	YES
30	High risk medicaion storage and list	YES
31	List of emergency medications and storage	YES
32	Narcotics storage and guidelines	YES
33	Disposal of vials	NO
34	Implant prosthesis record	YES
35	Counsellling of patients and family	YES
36	Return to OT guidelines within 72 hours	YES
37	Display of patients rights and responsibilities	NO

Fig 31: OT Audit Analysis



Dialysis Unit

S.no	Activities	Compliance
1	Training in CPR	Yes
2	Counselling before organ transplantation	Yes, given the doctor
3	High risk drug management	Yes
4	Emergency drug management	Yes
5	Prescription of the medicines	Yes
6	Medication administration record	Yes
7	Patient monitoring during/after medication administration	Yes
8	change of medications based on monitoring	Yes
9	informed consent	Yes
10	Adeuqte usage of PPE	Yes
11	Safe injection practice	Yes
12	testing water quality	No idea
13	houskeeping	twice a day
14	BMW handles safely	Yes
15	laundry and linen management	Yes
16	Prevention od HAIs	Yes
17	records for HAIs	Yes
18	cathetar washing area	Yes
19	reprocessing of single use instrument and record keeping	Yes
20	Occupational safety	Yes
21	Immunuzzation policy	Yes
22	CCTv coverage	Yes
23	hazmat spill management	Yes
24	all instruments are calibrated	Yes
25	Colour coding of the gas pipelines	Yes
26	medical gases handling and storage	Yes
27	alarm units installed	Yes
28	Documented plan for handling fire and no fire emergencies	Yes
29	Emergency codes known	Yes
30	mock drills	Not happened lately
31	fire exits withour obstruction	Yes

Fig 32: Dialysis Unit Audit Analysis

5.2.4 Trainings based on the Gap Analysis

a. Asked the CSSD staff to let him change in the OT or the men's locker room in the parking lot because he had kept his items there.

b. Sought out the orange gloves for the CSSD staff by speaking with the shops.

c. They required two trolleys, but they only had one presently. increased interest in the second one.

d. I gave them the hand washing instruction again because I was concerned that they might not be using it.

e. Asked them to update the records for the temperature and pressure.

f. The OT staff received training on hospital acquired infections. told them how to cut back on them.

g. Told them about the OT items that can start a fire.

h. Taught them about the emergency codes, particularly code red.

i. I discussed with them the value of all four zones and the possibility of maintaining sterility.

j. Taught them the proper way to wash their hands.

k. Told them about patients' rights and how to treat patients with consideration for such rights.

l. Disclosed the emergency codes

m. We talked about ways to enhance and streamline patient handoffs.

n. Discussed the need to monitor antibiotic policy enforcement

o. Discussed the value of family counselling

p. Dialysis machine reuse policy

q. Updated the reception's out-of-date and dated hospital empanelment list.

5.2.5 Conclusion

Audits of compliance are a continuous activity. Follow-up audits are often necessary to determine whether or not the auditee business has appropriately rectified the areas of non-compliance identified by the main audit after the initial audit is done and its results are made public. The follow-up audits must be completed in accordance with the same standards and expectations as the initial audit in order to be as effective as possible (though the audit checklist does not have to same exactly the same).

To reduce risk, internal audit collaborates with a company's governance procedures and internal control framework. It is a valuable ally for enhancing governance, risk management, compliance, and internal control processes as well as for enhancing controls, compliance, and financial operations of a healthcare company.

6) KEY LEARNINGS FROM INTERNSHIP

- Application of NABH 5th edition guidelines
- Made recommendations and carried out the necessary follow-ups to address the inadequacies in the hospitals.
- Acquired knowledge of terminology used in the quality department
- Gained experience with internal audits
- Acquired knowledge of vendor and supply chain management
- Held a variety of training programmes.