Summer training

at

Bhagwan Mahaveer Cancer Hospital and Research Centre

From 17.05.2021 to 10.07.2021

A report

by

Dr. Prerna Soni

Guided by :- Dr. Susmit Jain

MBA HHM

2020-2022

Bhagwan Mahaveer
Cancer Hospital & Research Centre
(Managed By K. G. Kothari Memorial Trust)

BMH/HRD /2021/ 712 **Date: July 10th, 2021**

To whomsoever it may concern

This is to certify that **Dr. Prerna Soni,** MBA Hospital and Healthcare Administration student from **IIHMR University, Jaipur** has completed her internship program form **17th May 2021 to 10th July 2021.**

During the tenure of her internship she has assisted the hospital operation team in NABH preparation as per 5th edition guidelines.

She has done her work satisfactorily during internship period.

We wish her all the best for her future endeavors.

Bhattacharya

Tapti Bhattacharya

Head HR & Training

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Acknowledgement

At the start, I want to refer this project report as small journey , it was a remarkable learning experience for me. The completion of this report successfully is only due to the extraordinary ,guidance , support, motivation and counselling from my respectable professors of IIHMR university and Bhagwaan Mahveer Cancer Hospital and Research centre , Jaipur which was my organization .

This journey couldn't be done without the guidance or support of my family and friends. I want to express my deep gratitude to my mentor **Dr. Susmit Jain** (Associate professor, IIHMR University) for providing me support .

I extend my gratitude's to my hospital/organization mentor **Dr. Sonal Rai** (HOD Quality Department), organization staff, my friends and colleagues for their guidance and support and helping in completion the project report .

Regards :- Dr. Prerna Soni
Roll no. - 1161

Table of contents

Abbreviations used

OT :- Operation theatre

NABH :- National Accreditation Board for hospitals

MRD :- Medical record department

OPD :- Out patient department

IPD :- In patient department

ICU :- Intensive care unit

MD :- Markdown

Observational Learning

Introduction :-

BMCHRC :- It was established with the mission to provide best and advanced medical services to the patients of cancer in an environment that has built around humanity ,conerns and compassion .

BMCHRC , Jaipur , a NABH accredited institution ,was established in 1997 as a cancer speciality hospital offering cancer prevention and treatment . It was started with just 50 beds at the initial stage and then grew into a super speciality ,.

Now it is 300 bedded hospital ,housing housing several wards , great hospitality .

From a 50 bedded to 300 bedded , this hospital come a long waywith adequate patient care .

Mission :-

To provide ‘ affordable care with human touch ‘ to all the sectionsof the society irrespective of economic considerations .

Vision :-

To make BMCHRC a comphrensive world class cancer treatment hospital .

Values :-

- Ethical practice .
- Teamwork
- Patient centric approach
- Integrity
- Clinical excellence
- Loyalty

Service Standards

- Professionalism
- Communication
- Priority customer service
- Respecting Privacy

Organogram

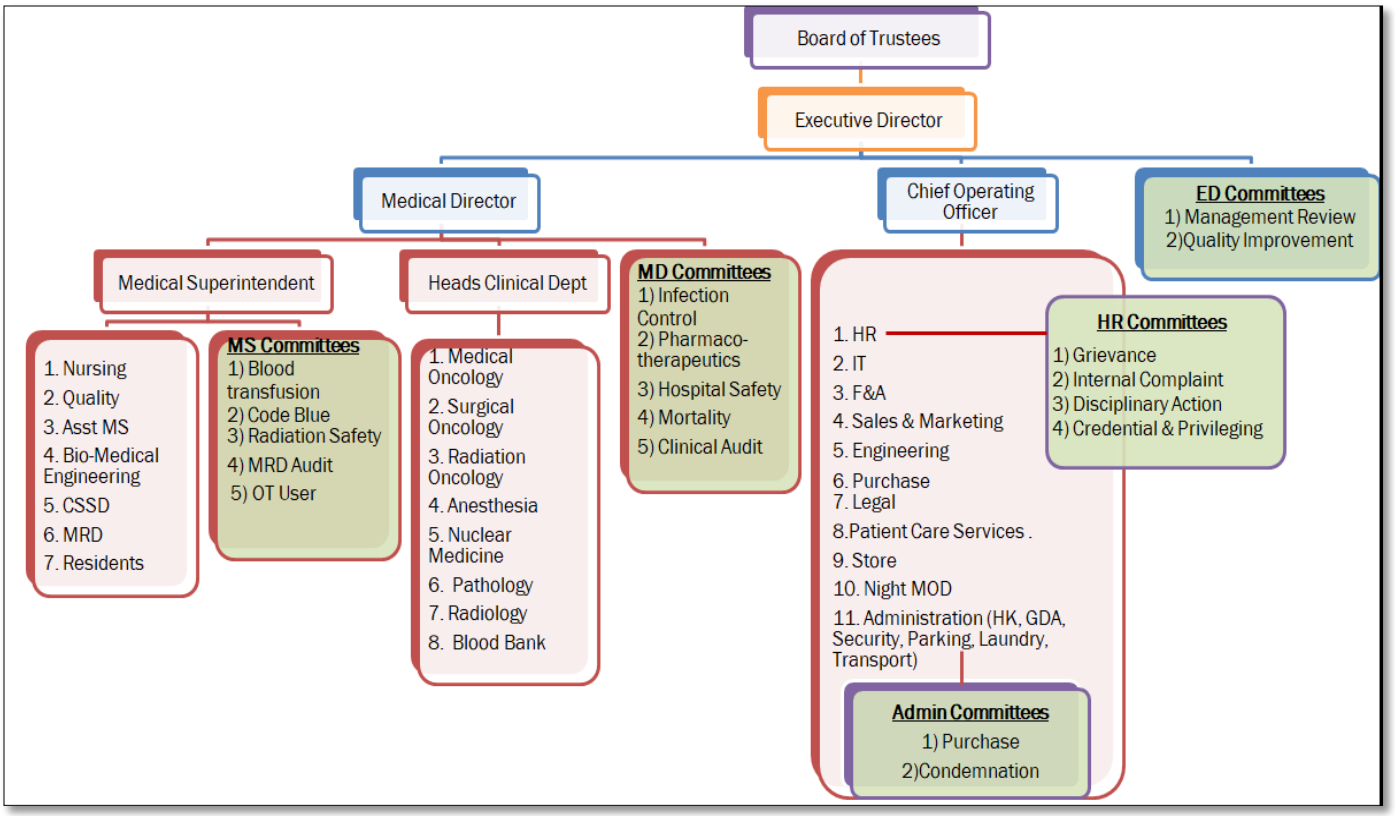

Fig .1 :- Organogram of organization

Mode of data collection :- The data and information about the organization are collected by observation and the BMCHRC website and through the respective departments .

General findings on learning :-

Hospital Services:

- Clinical unit
- Clinical support unit
- Clinical admin units
- Administrative/ Non- clinical unit

CLINICAL UNIT:

- **Medical oncology :**

- Hepatobiliary and pancreatic cancer,
- Oesophageal cancer
- Prostatic, urinary bladder, and kidney cancer

- **Surgical oncology:**

  Surgical Oncology Department has a dedicated team of highly skilled surgeons with extensive experience in delivering comprehensive treatment of cancer.

- **Radiation oncology:**

  The Radiation Oncology department at BMCHRC is well equipped in delivering precision treatment with the use of the latest technology like 3DCRT, IMRT, IGRT and Rapid Arc. The treatment planning is carried out with customized immobilization device, followed by imaging on a wide-bore CT scanner. In house PET scan is available for PET based RT planning.

- **Anesthesiology department:**

  The Department of Anesthesiology at BMCHRC comprises of a team of experienced consultants and excellent support staff.

The department also handles a 15-bed SICU (Surgical Intensive Care Unit) in joint management with Surgeon & Critical Care Experts (Doctors & Nurses). The beds are fully equipped to handle a number of different treatments.

Also under the Anesthetic department is the 8-bed MICU (Medical Intensive Care Unit)

- **Nuclear Medicine:**

  BMCHRC is the first comprehensive cancer institute to have PET-CT Scan & Gallium in Rajasthan.

- **Neuro Onco surgery:**

  The Department of Neuroonco Surgery is fully functional since May 2019 to offer the best and affordable treatment to patients of the region. It started all major and minor Neuroonco Surgical Procedures.

  Facilities available:

- Surgery for all benign and malignant brain and spine tumors
- Awake craniotomy for lesions in crucial brain areas
- Endoscopic surgeries
- Pediatric neurosurgeries
- Surgery for difficult skull-base tumors/ vascular lesions
- Spine surgery.

- **OPD:**

Ground and first floor. OPD consultation facility is provided to all patients from 9am - 5pm where patients and attendants are counseled as per the requirements and are encouraged for regular follow-ups. Diet charts are given as per requirement to the patients.

- **IPD:**

IPD billing on the ground floor. All IPD patients are initially assessed at the time of admission and further reassessed on regular basis for any other health problem. Regular counseling to the patient and attendants are provided along with diet chart made for them.

- **ICU:**

  The ICU is a department where critically ill patients are admitted for intensive care and specialised care.

  There are 2 types of ICU's in the hospital – SICU, MICU. MICU is located on the first floor, and SICU is located on the second floor.

- **OT Complex:**

  It is located on the first and second floor.

  The aim of the department of OT and Anaesthesiology is to provide the highest quality of care for the patients undergoing various types of surgeries.

CLINICAL SUPPORT UNIT:

- **Radio Diagnosis Department:**

  The radiology department at BMCHRC offers patients diagnostic services as advanced as anywhere in the world.

- **Pathology department:**

  The pathology department houses an integral part of the hospital; the Hospital Based Registry which comes directly under the National Cancer Registry. This is where the patients diagnosed with cancer and admitted to the hospital are all registered.

- Surgical pathology including frozen section, histopathology and IHC

- Cytology including FNAC, fluid cytology, cytospin preparation, cell block
- Haematology including CBC, PBF, Bone marrow aspiration & Biopsy, and cytochemistry
- Biochemistry including RFT, LFT enzymes, lipid profile and electrolytes
- Microbiology
- Serology & immunology including tumour markers, HIV & HBsAg, Hormone & anaemia profile by chemiluminescence
- Flow cytometry
- Molecular Pathology (RT PCR)

Palliative care department:

The department aims to provide the best quality of life. The goal is to ease the suffering of cancer patients.

- Pain and Symptom Management
- Symptom control : fatigue, nausea, wound care, loss of appetite
- End of life or Hospice care
- Home based care
- Psycho Social support
- Care Giver Support

Dietetics department:

Nutrition is as important as everything else when it comes to cancer treatment. The dietician and dietary experts at the BMCHRC provide special counselling to all cancer patients, so they eat the right kind of food during and after their treatment.

The main areas of dietetic intervention include:

- Clinical nutrition servives

- Nutritional education
- Nutritional research services
- Dietetic internship
- Dietary supplements

- **Pharmacy department:**

24 hour availability of medicine in BMCHRC at reasonable rates.

- **Blood bank department:**

24 hour, 365 days availability (All fractions of blood)

BMCHRC has maintained its own blood bank that registers and provides services to the patients and donors as per the rules set up by the Drugs & Cosmetics Act of India.

- Irradiated Blood & Component
- Packed Cells (PRC)
- Fresh Frozen Plasma (FFP)
- Single Donor Platelet By Apheresis (SDP)
- Random Donor Platelet‘s (RDP)
- Cryoprecipitate (Factor 8 Conc.)

CLINICAL ADMIN UNIT

- **Patient Experience Department:**

The objective of PED are to:

- Handle in-house public relations with patients and relatives and other visitors.
- Ensure that our processes are ‘customer centric’.
- Ensure these are followed
- Create a pleasant experience for the patients and their attendants.

- **Bio-medical department:**

  The main objective of the department is to facilitate the usage of the latest technologies in the diagnosis, treatment and care of patient. It is responsible for proper usage and quality performances of these costly equipments and tools inside the hospital. The department performs the following functions:

  - Records of the hospital equipments.
  - Ensuring smooth functioning of the equipments.
  - Facilitation and identification of equipment requirements.
  - Conduct preventive maintenance servicing for all the installed equipment.

- **Medical Record department:**

  Following are the functions of MRD in BMCHRC

  - Proper maintenance and storage of medical records
  - Maintenance of integrity and confidentiality of medical records.
  - Submission of required data

- **CSSD:**

  The objective of establishing this department is to make reliably sterilized articles available at the required time and place for any agreed purpose in the hospital as economically as possible.

  Functions of this department are:

- It helps in reducing hospital's surgical infections and ensures patients safety.
- For preparing medical/ surgical supplies and equipment so that they are sterile and ready for use in patient care.

  It has three zones:

  - Decontaminated area
  - Cleaning zone
  - Sterilized zone

  Protocol followed as follows:

- Prewashed: all the instruments are prewashed at their respective depts. Before they are sent to CSSD
- Decontaminated zone: instruments are received, checked, sorted according to checklist.
    - ✓ Automatic washer
    - ✓ Large ultrasonic washer with air gun
    - ✓ Small ultrasonic washer
- Cleaning zone: after washing, the instruments are carried to the clean zone. The packing of instrument is done in the zone in linen.
    - ✓ Autoclave (750lit)
    - ✓ Autoclave (250 lit)
    - ✓ Boiler
- Sterilized zone: all the sterilized instruments are kept in this zone and from here they are sent to OT and ICU through dumbwaiter.
- Quality indicators: chemical and biological tests, strip test, autoclave tape, Bowe Dick indicator. The infection control department team comes for monthly audits to collect swab and make culture reports.

Infection Control department:

Infection Control department of BMCHRC organized "Infection Prevention and Control Week" from 19th to 23rd Oct 2020. Under this various activities were organized such as infection prevention and control awness training: Break the chain of Infection, Trained the trainers and quiz compaction. DNB students, Residents doctors, nursing staff and other medical service providers participated in the activities.

ADMINISTRATION UNIT

Human Resource department:

Objective: to do the wellness of the people and create a happy work force.

HOD'S Accountability:

- To assist in the selection of the staff
- Taking disciplinary action as per the organisation of the management.
- Attending HOD's meeting as per schedule.
- Presenting monthly report to the department in review meeting.
- To control and coordinate the activities of the department and the staff.
- To allocate work to all the staff in the department.
- Policy preparation.
    - Regarding wages structure
    - Rules and regulations of the employees
    - Work force analysis department
    - Recruitment
    - To assist the deputy manager in conduction performance appraisal.

Quality Assurance department

Activities performed in this department include

- Drafting of various clinical and non0clinical policies for the hospital.
- Facilitating accreditation programmes like NABH.
- Identifying quality indicators.
- Formulating annual quality assurance programmes
- Making training calendar with respect to quality assurance.
- Conduct random audits in various departments.
- Facilitate hospital community meetings.

Components of their plan include:

- Patient safety
- Staff safety
- Environment safety

Conclusion learning :- The observation in this organisation helped make me learn how to improve the quality and adequate patient care , how to manage the working in hospitals . I observed different deparments' functioning .

Limitations :- The organization in which I am working from last two months is the best cancer hospital in rajasthan .But I observed some of the weakness or the concerns which needs improvement like when I worked in quality department I found some non compliances which are of major concerns . Then I worked in patient care and safety I observed that patient have to wait more than normal in front of the consultants room , for registration and billing counters .

Suggestions :- The suggestions I want to recommend for the hospital to reduce the non compliances and other weaknesses .

In case of non compliances in quality parameters we can reduce it by giving trainings to the medical staff and nursing staffs . And in case of patient care what I suggest is to do all the registration and billing procedures digital to make it easy and to reduce the waiting time .

Project Report

Study on compliance of active medical records

Introduction

Medical record audit is a structured assessment of the performance within a healthcare/hospital organization. Quality healthcare organization counts on correct and complete documentation within the medical records . The ideal way for improvement of the documentation process of the hospital/healthcare organization and livelihood of the healthcare organization is through records.

So this is important to determine areas that need improvements and corrections and the important purpose behind this audit is to assess the medical practices that are inconsistent or which requires improvement.

The audit procedure must have some basic features such as it need to be measurable , specific based on the data available in the records and it is very important to the efficacy of the hospital and the care of the patients .

Once the areas of weakness get identified by an audit then we can improve the weakness and identify opportunities for training in the healthcare organization. We can get a idea where we require the improvements and which requires more training.

A medical audit permits attention to the professional and staff to rearrange and live treatment of patient .

The entire medical record should be maintained is significant not entirely to suits licensing and enfranchisement wants, however additionally to change a tending supplier to ascertain that patient received adequate care.

The aim of clinical audit is continuous improvement of the quality of care through systematic and necessary review of current apply against specific criteria and additionally the implementation of modification if required.

The improvement in quality, method that effective to enhance patient care and outcomes through regular review of care against categorical way and additionally the implementation of modification.

Rationale

Medical record is necessary to find out that hospitals are working effectively and with efficiency. They follow the NABH guidelines. This study reveals the numerous significance and challenges of the medical record generally. This study identify the weakness or the findings that requires improvement and which parameters are required to be up to the point.

Good medical records can ensure the hospital by keeping storage areas easily accessible to find quickly by saving time and resource. The main aim of study is to identify the compliances of the active medical records.

Research question

How can we reduce the quality parameters' non compliances in hospital by active medical record file audits ?

Objective

- To identify whether the active file medical record documentation procedure in accordance with the NABH guidelines.
- To suggest measures for the improvement in accordance to the NABH guidelines.

Research Methodology

Study setting: Bhagwaan Mahaveer Cancer Hospital and Research Centre, Jaipur

Study design: Observational study and descriptive.

The active files were audited from their respective wards or from the nursing stations before the discharge of the patients.

Study duration: 1 month (17.05.2021 to 17.06.2021)

Sample size: 300 active files audited.

Data collection technique: The primary collection of data by auditing the active files at nursing stations or from their respective wards.

Method of collection of data: Standardized audit tool provided by the department.

Variable and their meaning: The study has two types of variables compliances and non-compliances. Compliances means as the name suggest whether the parameter matches the requirement. Non – compliances means when the parameters doesn't matches the parameter.

Data compilation ,analysis , and interpretation :-

OPD Assessment

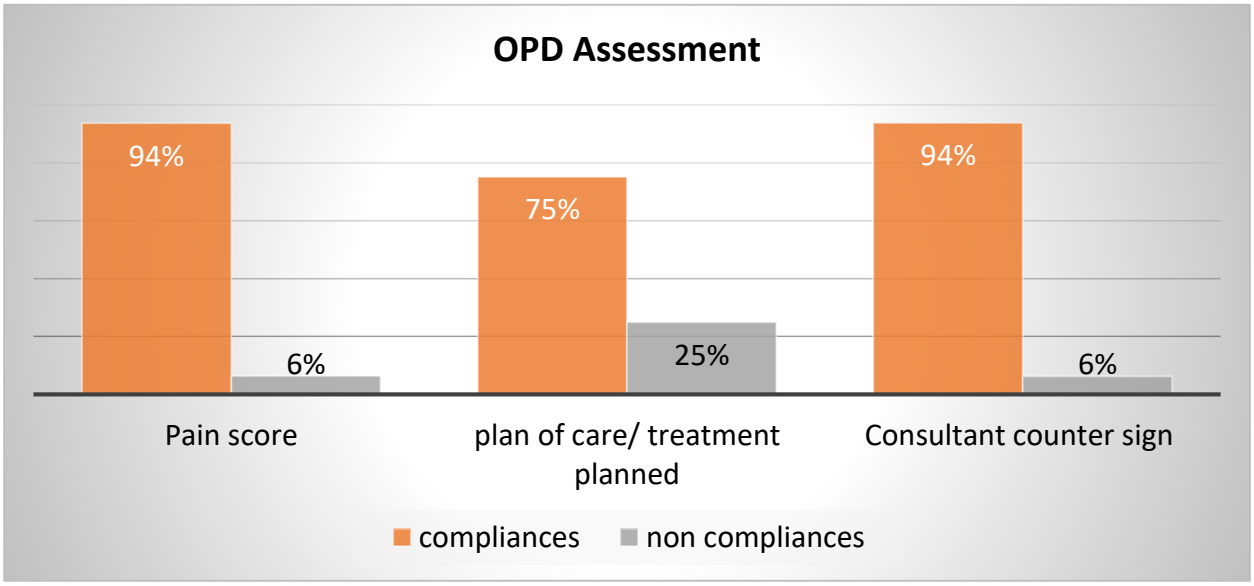

Fig . 2 : OPD assessment bar graph showing compliances and non compliances

OPD assessment	Compliances	Non compliances
Pain score	94%	6%
plan of care/ treatment planned	75%	25%
Consultant counter sign	94%	6%

Table 1 : OPD assessment showing compliances and non compliances in tabular form

Interpretation: As per the graph and table it was seen that significant non compliance in plan of care/ treatment planned, as this is the important parameter in the medical records, as it is related to patient care and treatment given by doctors.

IPD Assessment

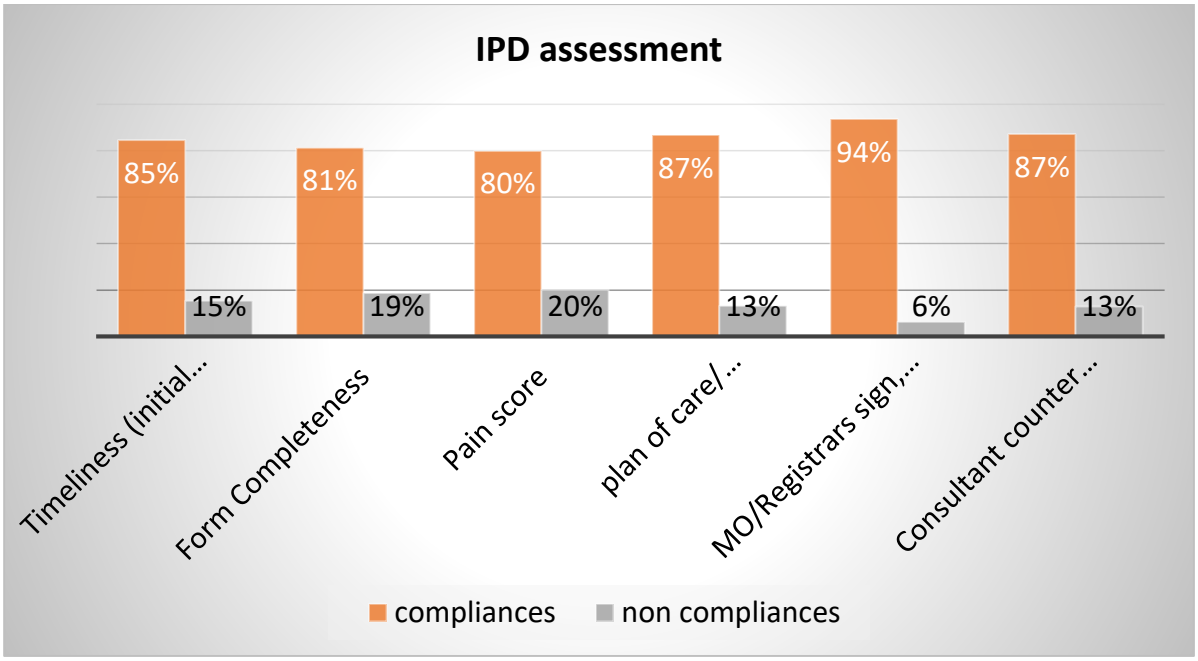

Fig. 3 : IPD assessment bar graphs showing compliances and non compliances

IPD assessment	compliances	non compliances
Timeliness (initial assessment within 60 mins)	85%	15%
Form Completeness	81%	19%
Pain score	80%	20%
plan of care/ treatment planned	87%	13%
MO/Registrars sign, date, time	94%	6%
Consultant counter sign	87%	13%

Table 2 : IPD assessment showing compliances and non compliances in tabular form

Interpretation: As per the above graph, it was seen that significant non –compliances in IPD forms.

Nursing admission assessment:

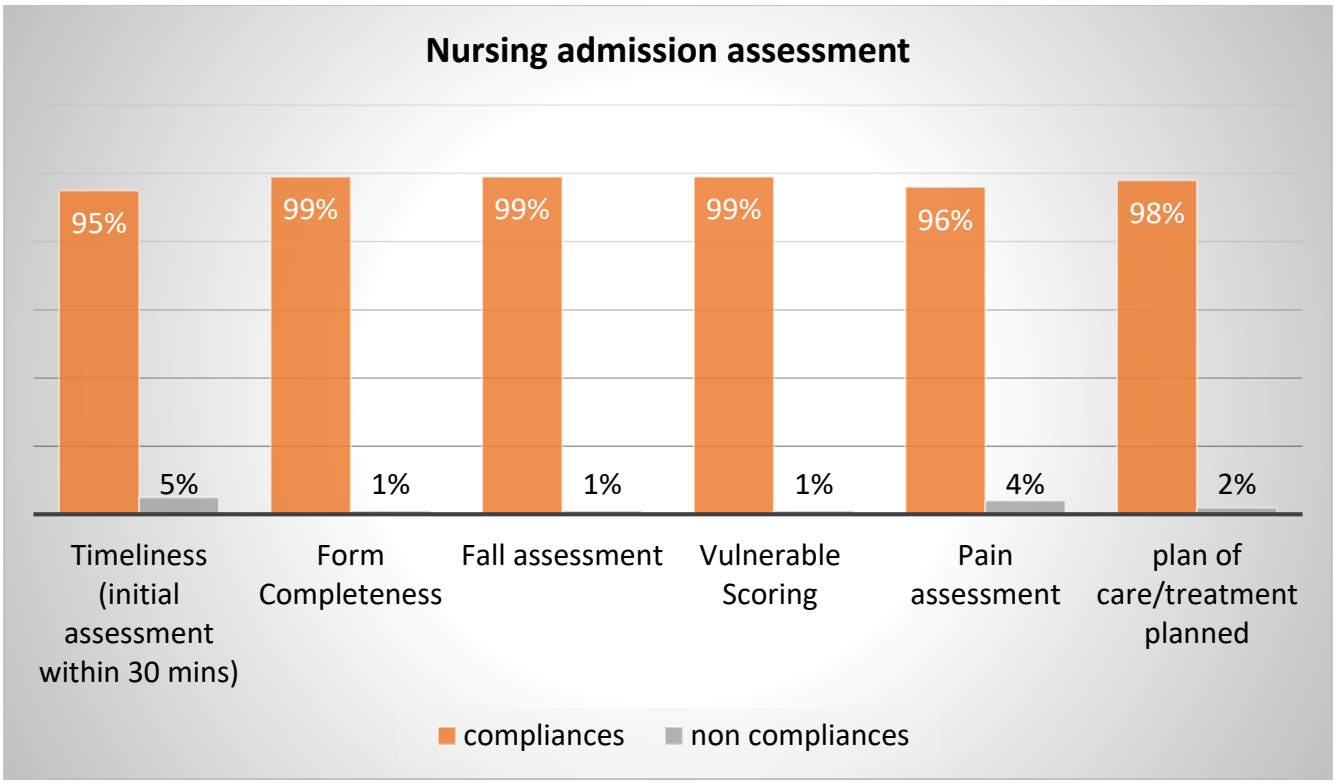

Fig. 4 : Nursing admission assessment bar graphs showing compliances and non compliances

Nursing admission assessment	compliances	non compliances
Timeliness (initial assessment within 30 mins)	95%	5%
Form Completeness	99%	1%
Fall assessment	99%	1%
Vulnerable Scoring	99%	1%
Pain assessment	96%	4%
plan of care/treatment planned	98%	2%

Table 3:-Nursing admission assessment showing compliances and non compliances

Interpretation: As per the above graph, it was seen that not any significant non compliances, nursing record was up to the point.

Other assessments:

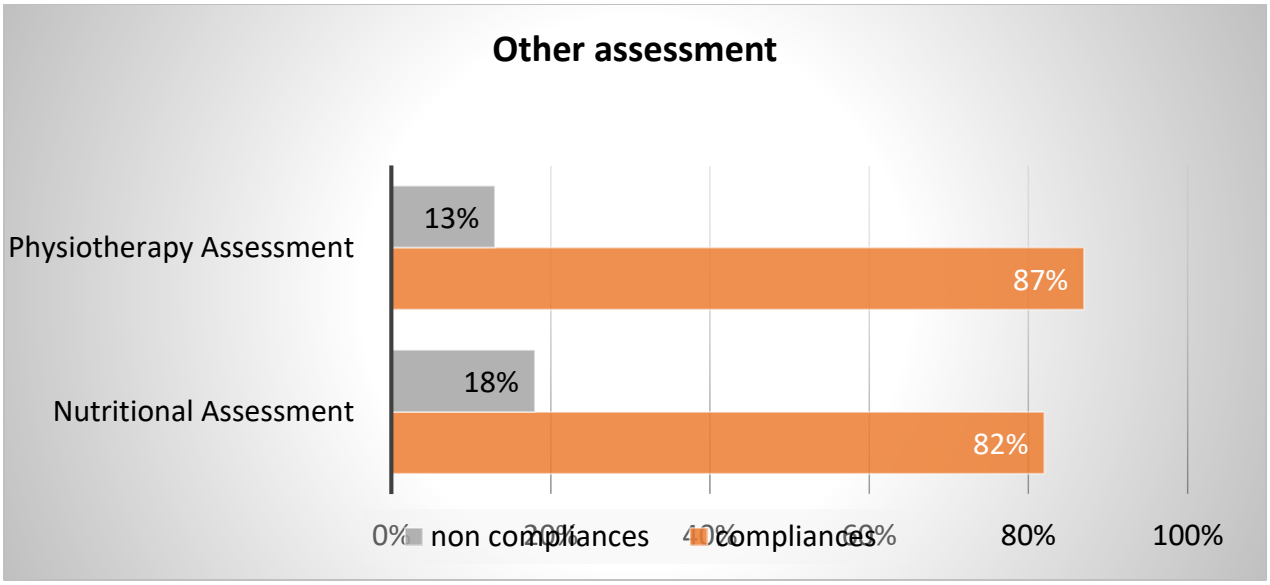

Fig .5 Other assessment bar graph showing compliances and non compliances

Other assessment	compliances	non compliances
Nutritional Assessment	82%	18%
Physiotherapy Assessment	87%	13%

Table 4 :- Other assessment showing compliances and non compliances in tabular form

Interpretation: As per the above graph there was significant non compliance in nutritional and physiotherapy assessment.

Progress notes:

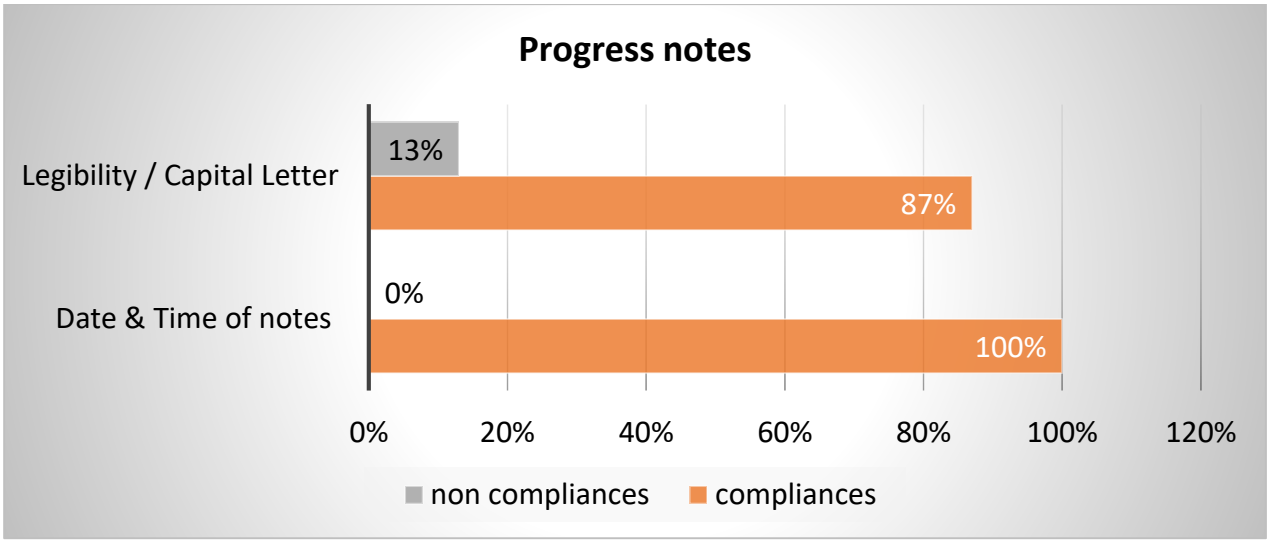

Fig. 6 :- Progress notes bar graphs showing compliance and non compliance

Progress notes	compliances	non compliances
Date & Time of notes	100%	0%
Legibility / Capital Letter	87%	13%

Table 5 :- Progress notes showing compliance and non compliance

Interpretation: As per above graph there was significant non compliance in legibility /capital letter.

Drug order sheet:

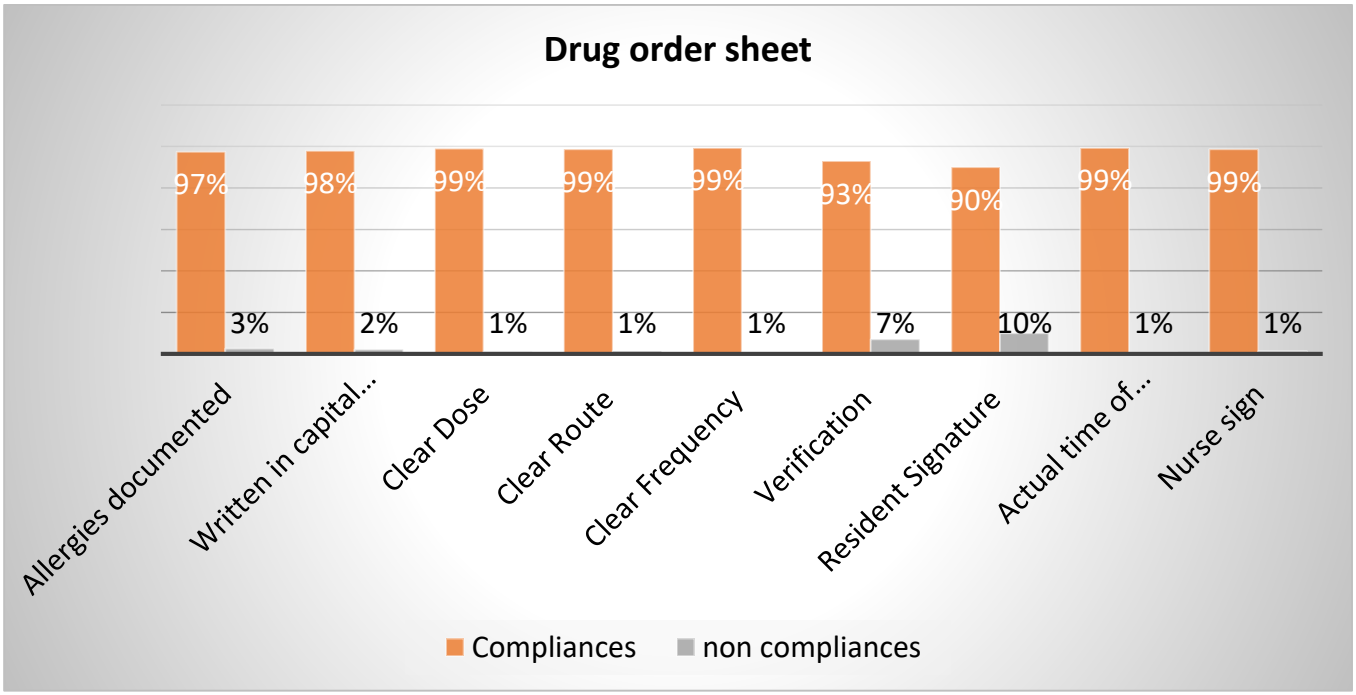

Fig. 7 :- Drug order sheet bar graphs showing compliance and non compliances

Drug order sheet	Compliances	non compliances
Allergies documented	97%	3%
Written in capital letter	98%	2%
Clear Dose	99%	1%
Clear Route	99%	1%
Clear Frequency	99%	1%
Verification	93%	7%
Resident Signature	90%	10%
Actual time of administration	99%	1%
Nurse sign	99%	1%

Table 6:- Drug order sheet showing compliance and non compliance in tabular form

Interpretations: As per above graph not any significant non compliances.

Nursing Part:

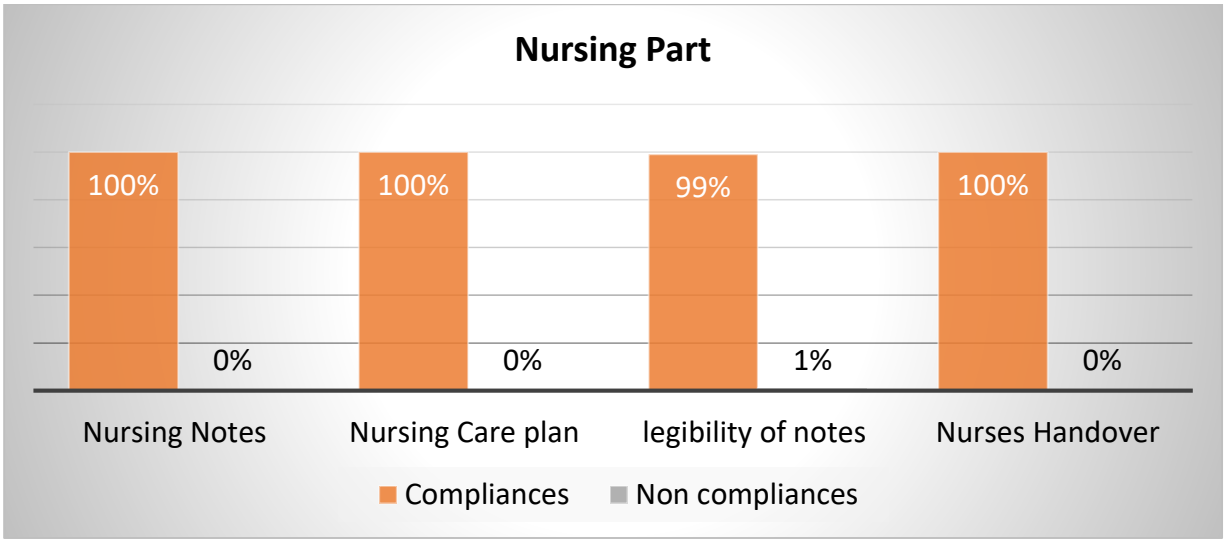

Fig . 8:- Nursing part bar graphs showing compliance and non compliance

Nursing Part	Compliances	Non compliances
Nursing Notes	100%	0%
Nursing Care plan	100%	0%
legibility of notes	99%	1%
Nurses Handover	100%	0%

Table 7:- Nursing part showing compliance and non compliance in tabular form

Interpretation: As per above graph, it was seen that not any significant non compliance.

Conclusion:

- The medical record should be complete and maintained and this is necessary not only for licensing purpose and accredition comply requirement purpose but also it is necessary to provide the proof that the patient received adequate care in the hospital .
- The record should also be maintained for the medical record document , which has become an essential and important department of every hospitals .
- The records or the documents are used to maintain and achieve regulatories and information presentation and standardized in the records .
- This report highlights the areas of medical documents or records in the hospital where there requires more attention and concern .
- The non compliances that were significant or highlighted should be improved or managed .

S**uggestions:**

- Doctor need to be sensitized about filling the documents.
- Active files should be given preference if they should be up to date there would be no discrepancies.
- Open file audit should be conducted regularly or once in 3 months.
- Advanced trainings should be given to the nursing staff for filling the forms or marking the files.
- Written orders should be passed by the authorities regarding the filling of the file.
- Maintain the current documentation process.

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Annexure :-

S. no.	Name of the department	Date of visit	% of time spent	Interacted with (Name and designation)
1	Quality Assurance Department	17.05.2021	25 days	Dr. Sonal Rai(HOD)
2	Operation theatre	12.06.2021	6 days	Dr. Renu Joshi
3	Patient care and safety	19.06.2021	5 days	Ambika Verma (HOD)
4	Medical administration	26.06.2021	5 days	Dr. Subha Pathaniya (MS)
5	CSSD	07.06.2021	1 day	Mohammad Khalid(HOD)
6	Central store	08.06.2021	1 day	Anil Kumawat (HOD)
7	Blood bank	09.06.2021	1 day	Dr. K.C. Lokwani (HOD)
8	Engineering depatment	10.06.2021	1 day	Shankar Kumar Jha (HOD)
9	MRD	11.06.2021	1 day	Radha Mohan Sharma (HOD)
10	Support services	26.06.2021	1 day	Manish Goswai (HOD)
11	IT	27.06.2021	1 day	Deepak Taulakdar (HOD)
12	Marketing	28.06.2021	1 day	Siddharth Verma
13	Clinical research	29.06.2021	1 day	
14	Pharmacy	30.06.2021	1 day	Praful Golechha (HOD)
15	Bio- Medical engineering	01.07.2021	1 day	Manendra Belle (HOD)
16	Surgical OPD	05.07.2021	3 days	Miss Komal (Floor manager)
17	Quality Assurance	08.07.2021	3 days	Dr. Sonal Rai

	Department			(HOD)

Thank You