

Assessing Safety and Emergency Preparedness Using HIRA: A Study at NHMMI



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Development Management 04

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Unit History

Narayana Health took over MMI in 2011 to provide affordable and quality health care to the people of Raipur with state-of-the-art infrastructure and a bed capacity of 265, and 35 OPD Consultation chambers providing exceptional care in areas like cardiology, neurology, and especially nephrology with 26 dialysis beds, one of the largest in the state.

Mission

To make healthcare affordable to all

Vision

High-quality health care with care & compassion at an affordable cost on a large scale

Study objectives

- To identify potential hazards in clinical areas
- To categorize risks that are identified
- To know the risk levels of the potential hazards identified and prioritize risks based on their severity
- To suggest controls for the identified hazards, both preventive and corrective

Study design

This research project is a descriptive cross-sectional study conducted in the clinical areas of the MMI Narayana Health Super Specialty Hospital, namely

- 1) General wards
- 2) Critical areas
- 3) Labs
- 4) Dialysis
- 5) OT

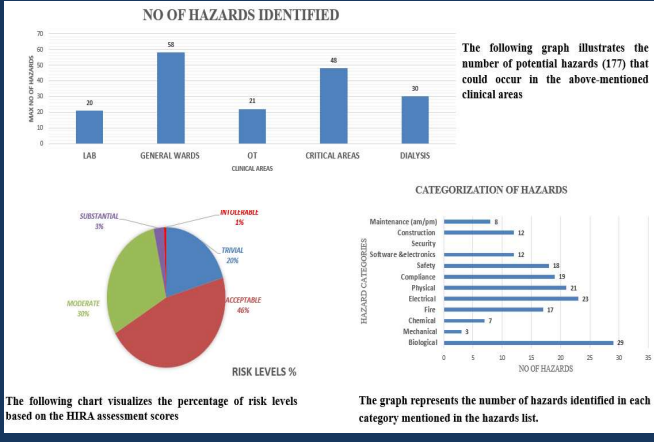
SWOT Analysis

FOR PROJECT				FOR HOSPITAL	
Strengths	Weakness	Opportunities	Threats	S	W
- Proactive Risk Management - Department-specific Control - Clear Risk Categorization	- Short Duration of Study (8 days) - Focus on Clinical Areas Only - Resource Limitations	- Integration into Hospital SOPs/NABH Standards - Training Programs - Scaling to Non-Clinical Areas	- Budget Constraints - Complacency - Post Initial Assessment- Unforeseen Emergencies	- Strong ESG and Compliance - Patient-Centric Digital Systems - Green and Sustainable Retrofitting - Expansion of CSR Initiatives	- Lack of Ethical Procurement Practices - Inefficient Resource Use in Some Areas - Compliance Risks - Staff Burnout
				O	T

Unit level Organogram



Study findings



Challenges while conducting a Study

- Effective risk mitigation requires cooperation from staff. However, many are not aware of HIRA or perceive it as an added burden
- Coordination between teams became difficult without a centralized reporting and accountability structure in the assessment process.

Controls & Recommendations suggested

- Establish dedicated HIRA teams in each department. Assign clear roles: team lead, hazard identifier, assessor, and closure in-charge to ensure accountability and faster response.
- Conduct monthly or quarterly HIRA walkthroughs in high-risk zones
- Allocate budgets and timelines based on risk category (intolerable > substantial > moderate, etc.)

Internship learnings

- Participated in audit processes (BMW, MRD, general consent) and learned to identify documentation gaps, preparing audit summaries
- Gained hands-on experience conducting HIRA and HVA assessments across multiple clinical and non-clinical departments.
- Practiced reporting errors, applying fishbone diagrams, and QMS principles like RCA and CAPA for continuous improvement