Internship Report

Submitted to

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in

Hospital and Health Management

by

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INTERNSHIP REPORT

Introduction

Internships are a requirement of any MBA programme. This internship allowed me to use all my theoretical knowledge from the curriculum in a practical setting, allowing me to observe, analyze, and assist in the hospital's day-to-day activities and processes. It provided me with the opportunity to see and experience things firsthand. It demonstrates a method for sharing our thought process and brainstorming how simple managerial procedures can lead to exciting results and greatly simplify things. The duration of my internship was from 21 March 2022 to 18 June 2022 (3 months) at Apex hospitals Pvt.Ltd.Malviya Nagar, Jaipur which is a 200 bedded NABH accredited hospital chain in Rajasthan.

I got a chance to work in the Quality Department of the hospital. I got to learn how to monitor the performance of the quality management system by producing data and reporting on performance, measuring against set standards, to implement the highest standards and patients receive the highest level of care.

Organizational Profile

About Apex Hospitals

Apex Hospitals is a NABH accredited chain of hospitals across the state of Rajasthan concerning to develop top quality healthcare services. Apex Hospitals provide holistic healthcare services with

a brilliant team of experienced doctors and trained staff, leading and advanced medical technology and state-of-the-art infrastructure.

Apex hospitals aims at not only proving healthcare services to residents of cities, but also to people living in remote locations, with perseverance, dedication and compassion. Apex Hospitals is a chain of multi-specialty hospitals in Rajasthan with its branches present in Malviya Nagar, Mansarovar, Sawai Madhopur , Jhunjhunu and Bikaner at present.

They are one of the fastest growing hospitals in Rajasthan. The quality, reach, experienced doctors and facilities aiming to serve people with best of advanced medical technology and unswerving compassion that has made Apex Hospital provide top-quality and patient-focused healthcare services since 1994.

Vision

To provide quality aware and technology-driven contemporary healthcare across segments in an atmosphere that is geared toward the needs of patients and staff, with all efforts to provide ongoing education and training for multi-faceted personal and linear organizational progress.

Mission

With perseverance, devotion, and compassion, delivers holistic quality care at a low cost in a clean atmosphere.

Quality Policy

Apex Hospitals Pvt Ltd is dedicated in providing timely and adequate care to its patients through processes managed by well-trained and capable personnel.

Services offered

Apex Hospitals is dedicated in providing high-quality health care services through state-of-the-art facilities, including the following:

- 24 Hrs. Emergency and trauma facilities.
- 24 Hrs. medical shop, ambulance and laboratory services.
- Super deluxe and deluxe Rooms
- State of the art advance hybrid Cath lab.
- Telemedicine facilities.
- Completely equipped cardiac and CTVS ICU.

- 10 bedded neuro ICU with best-in-class ventilators.
- Speciality ICUs including cardiac, neuro, medical, surgical and transplant ICU.
- Dedicated and trained nursing staff.
- Specialized treatment for major neurological conditions.
- State of the art operation theatre.

Company's USP

- 1st hospital in Rajasthan to get Emerald Certificate in Emergency.
- 1st hospital in Rajasthan to have a COVID triage with blue, white, red zones.
- Highest number of V-MAT radiation cancer treatment in Rajasthan.
- Highest ever weight loss surgery (269 kg) in Rajasthan.
- 1st hospital in India to do successful kidney Tumor Surgery extended through heart.
- 1st hospital in state & 3rd in India to get Hybrid Cath Lab.
- Introduced 1st Cath Lab in Sawai Madhopur.

Brief report on managerial tasks done and assisted by me

- Assisted with Desktop Surveillance of NABH
- Biomedical waste annual report renewal for hospital
- Clinical establishment form submission
- Academic approval from NAT Board for DNB
- Responsible for documentation and compliance standards as per the guideline of NABH.
- Arranging different organizational meetings and presenting data.
- Collecting incident reports and preparing corrective & preventive actions of the incidents and circulate report to all concerned Head of departments and management.
- Taking rounds of wards and ICU and circulating the areas of improvement and corrective and preventive actions to concerned Head of Departments.
- Indenting of stationary and different forms.
- Co-ordinate training and education of all employees about quality standard (NABH)
- CQI reports and presentations.
- Conducting committee meetings as per calendar and preparing minutes of meeting and circulating to concerned members within a stipulated time frame.
- Making monthly board review presentation.

- Preparing the standard operating procedure and flow process for different departments in the hospital
- Monitor performance of all departments through “Quality Indicators” set and agreed beforehand for each department.
- Audits and rounds which includes patient files, medication management, facility rounds, HIRA, DAMS etc.
- Regular organization of mock drills on disaster management and preparing reports along with corrective action.

Few other analysis done by me

1.Hazard Identification and Risk analysis (HIRA)

Safety inside the hospital premises should be of the utmost importance be it for the hospital staff and workers or the patients. No compromise should be done with respect to it. The HIRA analysis as per NABH accreditation standard should be conducted by the hospital and so that all the hidden factors come into picture and necessary steps can be taken to eliminate or reduce such hazards and associated risks. It helps us to prepare for the worst and most likely hazards that could happen and allows us for rectification of the issues, creation and implementation of emergency plans, training and exercises to be performed when in need.

HIRA analysis for 3 departments (OT, Medical Ward and ICU) was done and following conclusions and suggestions were given: -

In the Operation theatre, 3 types of significant hazards that could happen were found

Significant Staff and Risk here	People at risk	Existing Controls	Further Controls Required
• Radiation hazards	Clinical Staff/ GDA	Shorter exposure time/longer distance from the source, dosimeter and lea d aprons are worn	Regular checking of lead aprons for cracks and quarterly checking of dosimeter

• Occupational Hazards	Clinical Staff/ GDA	Single shift duty, rest in between duty for 5-10 min and proper manpower planning	Proper manpower planning, fixed duty of staff especially clinical and GDA so that they can be oriented properly
• Manual Handling operators	Clinical Staff/ GDA	Teamwork in handling heavy equipment and lifting	Staff to get regular training of lifting and moving heavy loads with care to avoid musculoskeletal disorders (MSD) at work. Staff to be oriented with equipment and machinery by the in charge.

Table 1: HIRA in OT

In the Medical Ward 4 types of significant Hazards that could happen were found:

Significant Staff and Risk here	People at risk	Existing Controls	Further Controls Required
• Falling Material from insecure packaging	Nursing Staff+ GDA	Items are stored at height	Usage of staircase for taking or replacing materials kept at a height

• Condition of Building	Patient+ Nursing staff+ GDA	Fall ceilings are open above few patient beds	To complete the work of Fall ceiling
• Fire hazards	All	Only 1 fire extinguisher available	Placement of few more fire extinguisher equipment
• Electrical appliances	All	Electrical Box placed in front of the door	The box to be properly closed

Table 3: HIRA in medical ward

In the ICU, 6 types of significant Hazards that could happen were found:

Significant Staff and Risk here	People at risk	Existing Controls	Further Controls Required
• Radiation Hazard	All Staff	Staff are not aware of the radiational side effects	Organization of training staff on radiational hazards
• Hazardous substances	All Staff	Daily cidex being checked and sodium hypo chloride is being prepared but MSDS sheet not available	Hazardous material; once identified and labeled a Material Safety Data Sheet (MSDS) sheet is to be kept in the department
• Electrical equipment	All Staff	Daily/Weekly checkup of all	Daily checking of the electrical

		electrical equipment should be done	equipment to be done
• Occupational Stress	All Staff	Long working hours during long surgery	Training on ergonomics to be organized
• Fire Hazard	All Staff attendant	Fire hydrant water pressure not available because of fire pump work going on	Adequate fire extinguisher should be available
• Medical Gases	All Staff	Checking of medical gas line	Regular checking and a backup cylinder to be placed

Table 2. HIRA in ICU

2.Code Blue Form Analysis

"Code blue" is a commonly used hospital emergency code that alerts the emergency response team to any cardiorespiratory arrest. The patient and the type of the event are both elements that influence the outcome of an emergency. The goal of CB is to ensure that skilled resuscitators are deployed to the victim as soon as possible, without disrupting the hospital's usual operations.

When cardiopulmonary resuscitation (CPR), defibrillation, and advanced care are administered quickly, the majority of victims of cardiopulmonary arrest survive. To check the efficiency of the same an Analysis of code blue forms was done for the month of January and February.

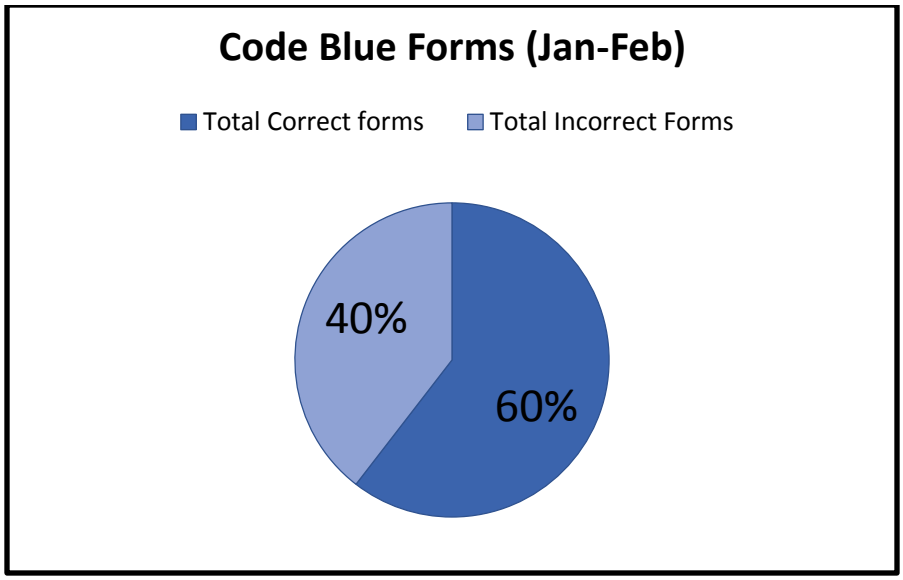

Figure 1: Correct v/s incorrect code blue forms

Code Blue Forms	Percentage
Total Correct forms	60.47%
Total Incorrect Forms	39.53%

Table 3: Correct v/s incorrect code blue forms

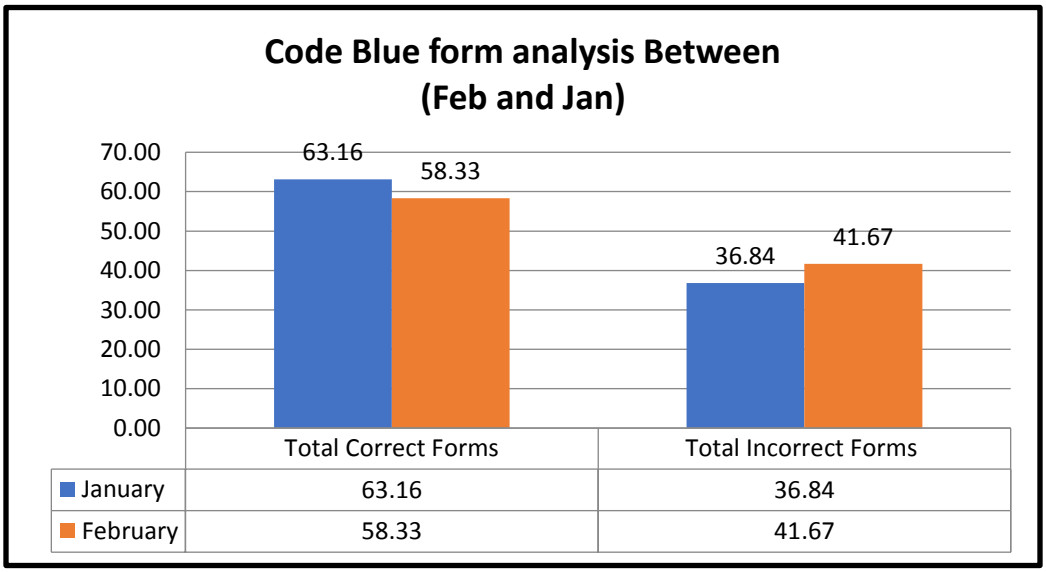

Figure 2: Code blue form analysis between Jan & Feb

Month	Total Correct Forms	Total Incorrect Forms
January	63.16	36.84
February	58.33	41.67

Table 4: Code Blue form Analysis between Jan & Feb

Incorrect details in the form	**16**
Correct details in the form	**23**
Total code Blue Conducted	**39**

Table 5: No of Correct and incorrect Code blue forms

The major issues with the incorrect forms were that details of patient, team arrival team, CPR time etc. were not filled. In few forms department and dates of code blue was also missing.

3.DAMS

Daily Audit monitoring sheet, it was an initiative started by the hospital to Improve the cost and efficiency of the hospital and its various processes. It aimed to look at both the financial and clinical aspect of the patient care services.

Every day one file had to be audited and checked, for the findings. Both financial about the billing part like bed charges, pharmacy charges, Nursing charges and the patient's clinical record which consisted of doctor's form, nursing form, surgical forms and consent, dietetics, admission and billing bill , investigation etc. were checked for accuracy and completeness.

The findings so collected were noted in the given format and mailed on daily basis to higher authorities, which were then acted upon. This process tool helped in strengthening up the sincerity amongst the staff from all the departments be it doctors, nursing staff, residents, pharmacy, billing department etc.