SUMMER INTERNSHIP PROGRAM

at

Apollo Hospital, Bannerghatta Road, Bangalore

From 12-05-25 to 21-07-25

A REPORT BY

Khushi Garg

Master of Business Administration

Hospital and Healthcare Management

Roll no: 1975

2024-26

under the Mentorship of

Alok Kumar Mathur, Retired Associate Professor

IIHMR UNIVERSITY

Apollo HOSPITALS
TOUCHING LIVES

21st July 2025

INTERNSHIP CERTIFICATE

This is to certify that **Ms. Khushi Garg** has successfully completed her **Internship and Project** in the **Department of Quality** from **12th May 2025** to **21st July 2025** in **Apollo Hospitals, Bannerghatta, Bangalore**. She was diligently involved in the tasks assigned to her.

During her internship she successfully completed the following project:

- **Major Project: "Safe to Speak" – An Initiative to enhance staff awareness regarding the hospital's incident reporting portal and to promote a culture of patient safety.**
- **Minor Project: "Department- Specific Educational Awareness on JCI for the Endoscopy Unit" – Focused on enhancing staff understanding of JCI standards applicable to the endoscopy and bronchoscopy units.**

During her period of stay with us, we found that she was dedicated, hardworking, loyal and sincere.

We wish her all the best for her future endeavours.

For Apollo Hospitals Bangalore,

APOLLO HOSPITALS ☆ BANGALORE-560076 ☆

O. Deepti

Ms. Deepti Oleti
Assistant Manager – Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr Khushi Garg** of the academic year 2024-26 **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 28/07/2025

Dr Alok K Mathur

Associate Professor

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Summer Internship at Apollo Hospital, BG road, Bangalore

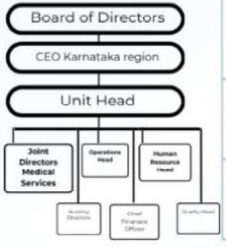
Khushi Garg
MBA-HM, 1975
University Mentor: Alok Kumar Mathur
Organisation Mentor: Rekha Chakrabarti

Apollo Hospitals, founded in 1983 by Prathap C. Reddy, is a leading integrated healthcare provider in Asia. It began as India's first corporate hospital and is credited with revolutionizing private healthcare in the country.

VISION: 'TOUCH A BILLION LIVES'

STRENGTH	WEAKNESS	OPPORTUNITIES	THREAT
• Strong brand and market leadership • Comprehensive network and services • Cutting-edge technology and skilled staff	• Uncoordination among departments. • Nonchalance by the non-clinical staff . • Time constraints and overworked staff.	• Expansion through telemedicine and digital health. • Leveraging medical tourism. • Integration of preventive and primary care.	• Rising costs and regulatory pressures. • Intense competition. • Cybersecurity and data risks.

Mission: "Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity"



	STRENGTH	WEAKNESSES
OPPORTUNITIES	• Leveraging network and services through expansion or telemedicine and medical tourism. • Extend leadership in network and service by cutting-edge technology.	• Enhance employee coordination through preventive care. • Integration of clinical and non-clinical staff to reduce workload.
THREAT	• Use the comprehensive network to counter competition. • Use skilled staff and cutting-edge technology to improve security.	• Improve operation efficiency to cut costs. • Improve security of digital health systems.

Theoretical	Practical
Taught survey design and analysis.	Conducted audits, surveys and drills.
Studied mock codes and disaster management.	Observed gaps in documentation, communication and staff engagement.
Academic exposure to EMRs, and HIS.	Recognized gaps in HIS integration across departments.

KEY LEARNINGS:

1. Practical application of JCI standards.
2. Audit and compliance skills.
3. Incident reporting and patient safety culture.
4. department specific quality interventions
5. communication and training delivery
6. teamwork and interdepartmental coordination
7. reporting and documentation
8. professional ethics and documents.

MAJOR CHALLENGES:

1. Co-ordination across departments.
2. Data Collection challenges.
3. Adapting to hospital culture.
4. Limited engagement from Non Clinical Staff
5. Operational and scheduling constraints

Suggestions:

1. Daily audits by nursing heads.
2. Modular microlearning.
3. Simplify access to AIRS.
4. Initiatives such as "Quality champions".
5. Regular department briefings

Key Activities Performed:

- JCI training- Department specific educational intervention.
- AIRS (Apollo Incident Reporting Portal)- Staff training for promoting SAFE reporting culture.

Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 1 From: 12-05-25 to 17-05-25

Activity Done	-During the six-day duration, we engaged in hospital facility tours and quality audits, allowing us to get practical experience with JCI accreditation standards and International Patient Safety Goals (IPSG). -We witnessed the audit process, evaluated HAZMAT safety, and employed compliance checklists of hygiene, waste disposal, and equipment. -We visited multiple hospital departments to gain an insight into infrastructure and integration of safety, reworked IPSG in detail, and participated in a viva and facility rounds to see real-time application. -We also performed independent audits with the help of IPSG checklists, communicated with healthcare staff to gain an understanding of their knowledge regarding safety protocols, and participated in cross-verification of previous rounds. -Along the way, we supported fieldwork with thorough reading of JCI guidelines.
Linking theory (Classroom learning) with practice at your organisation	-The concepts of Principles of management helped in understanding the practicality of an organizations functions and culture.
Gaps identified on the working area.	-There is non-compliance from the nursing staff related to some of the quality indicators.
Suggestions for improvement	-More number of workshops conducted for the nursing department to have a detailed knowledge of the protocols.
Plan for the next week	- Go with the team for OT quality audit. - Finalise the topic for project. - Learn more about JCI.

Signature of the Student **Approved by the IIHMR University's Mentor**

Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta Road

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: MBA-HM

Week no: 2 From: 19-05-2025 to 24-05-25

Activity Done	• Went on hospital audits as facility rounds in OT and ICUs. • Learned about documentation audits. • Explored topics for projects.
Linking theory (Classroom learning) with practice at your organisation	• Finding QPI (quality performance indicators).
Gaps identified on the working area.	• Non-adherence to the policies implemented. • staff education requires some work.
Suggestions for improvement	• regular staff education programmes. • Policy awareness campaigns.
Plan for the next week	• Cover remaining ICUs.

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta Road

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: MBA-HM

Week no: 3 From: 26-05-2025 to 31-05-25

Activity Done	• Hospital Audits and Rounds: -Conducted facility audits in MICU and nursing stations; identified several non-compliances. • JCI Preparation: -Created and enhanced multiple presentations with graphics for JCI audit. -Engaged in extensive JCI reading and understanding of standards. -Continued daily efforts toward improving JCI readiness. • Quality Initiatives: -Explored potential Quality Performance Indicators (QPIs) for the Physiotherapy Department. -Developed a staff awareness form on quality norms for the endoscopy Unit. • Other Activities: -Participated in a Code Silver mock drill (bomb threat scenario). - Participated in a Code Purple mock drill (internal disaster)
Linking theory (Classroom learning) with practice at your organisation	• Finding QPI (quality performance indicators). • Various codes in a hospital and their importance.
Gaps identified on the working area.	• Non-adherence to the policies implemented. • staff education requires some work. • Lack of staff awareness on JCI guidelines.
Suggestions for improvement	• regular staff education programmes. • Policy awareness campaigns. • Provide materials for better understanding.
Plan for the next week	• Explore topics for project • Do a survey in endoscopy unit regarding JCI awareness.

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 4 From: 02-06-25 to 07-06-25

Activity Done	• Rounds at different levels including OPDs, emergency department, sample collecting unit, radiology, ambulance, outpatient pharmacy etc. • The local mentor has asked us to do a project which is useful for them for the upcoming JCI audit. • Finalised the topic for that and prepared a questionnaire.
Linking theory (Classroom learning) with practice at your organisation	• Studied hospital layouts, infection control protocols, and patient flow. • Gained knowledge on identifying quality improvement areas and conducting needs assessments. • Explored patient journey, outpatient care, and triage systems • Learned academic writing, research design, and proposal structuring. • Studied research methodology, survey design, and data collection ethics.
Gaps identified on the working area.	• Lack of Staff Awareness on JCI Standards • Incomplete or inconsistent documentation • Limited incident reporting culture • Communication gaps between departments • Inadequate supervising and real-time monitoring
Suggestions for improvement	• Enhance staff training on JCI • Strengthen incident reporting culture • Optimize OPD workflow • Increase supervisory oversight • Improve interdepartmental communication
Plan for the next week	• Implementing the project in both endoscopy unit and OPDs

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 5 From: 09-06-25 to 14-06-25

Activity Done	• Incident Reporting System Project**:** Distributed staff questionnaires, sent reminders, reviewed related research, created an Excel analysis template, and began developing intervention materials. • FMS Rounds**:** Rechecked two hospital floors for compliance as part of Facility Management System rounds. • AIRS Dashboard**:** Created a 3-month data dashboard for the Apollo Incident Reporting System to track trends and incidents. • JCI Preparation**:** Compiled necessary documentation for JCI standards in the Endoscopy Unit.
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like Health Research Methods, Biostatistics, and Hospital systems was effectively applied in real-world settings.
Gaps identified on the working area.	• Key gaps observed included low staff participation in surveys, limited awareness about the incident reporting system, inconsistent JCI documentation, irregular FMS follow-ups, fragmented AIRS data, and lack of PROM awareness among physiotherapy staff.
Suggestions for improvement	• enhance staff training, especially on incident reporting and PROMs, and increase engagement through awareness sessions. Standardizing JCI documentation, improving follow-up on FMS rounds, and developing dashboards for AIRS data will streamline processes and promote a culture of quality and safety across departments.
Plan for the next week	• prepare the interventional material and get it cross-checked.

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 6 From: 16-06-25 to 21-06-25

Activity Done	• Incident Reporting System Project**:** analysed staff questionnaires, sent reminders, reviewed related research, analysed an Excel analysis template, and completed developing intervention materials for clinical staff, non-clinical staff and support staff • FMS Rounds**:** Rechecked two hospital floors for compliance as part of Facility Management System rounds. • PROM Project: Continued the physiotherapy department's PROM. • JCI Preparation**:** created material for JCI standards in the Endoscopy Unit.
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like Health Research Methods, Biostatistics, and Hospital systems was effectively applied in real-world settings.
Gaps identified on the working area.	• Incident Reporting: Low non-clinical staff participation, unclear understanding of reporting categories, and need for department-specific examples. • FMS Rounds: Inconsistent compliance across floors and lack of staff accountability. • PROM Project: Limited patient involvement and underutilization of collected data. • JCI Preparation (Endoscopy Unit): Non-standardized documentation and incomplete staff training on updated guidelines.
Suggestions for improvement	• Incident Reporting: Use role-specific training, simplify categories, and assign unit champions. • FMS Rounds: Define responsibilities and use checklists for follow-up. • PROM Project: Educate patients and integrate data into care discussions. • JCI Preparation: Standardize documents and conduct regular staff training.

Plan for the next week	• Conduct on ground intervention for the AIRS project. • Contact endoscopy unit for further plans. • Complete periphery rounds of the hospital.

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 7 From: 23-06-25 to 28-06-25

Activity Done	• AIRS PROJECT: Presentation submitted for all the departments (clinical staff, non-clinical staff, & support staff) • PULSE CHECK SURVEY: Conducted a pulse check survey specifically for the dialysis unit. Collected feedback regarding incident reporting awareness, participation levels, and system usability. • SURVEY REPORT PRESENTATION: Compiled and prepared a comprehensive report based on the pulse check survey findings. Highlighted key observations, staff engagement levels, and areas for improvement • ENDOSCOPY PRESENTATION: Currently working on creating an educational and standards-based presentation for the endoscopy unit. Incorporating patient safety, JCI standards, and unit-specific protocols.
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like Health Research Methods, Biostatistics, and Hospital systems was effectively applied in real-world settings.
Gaps identified on the working area.	• AIRS Project: o Inadequate awareness and participation in incident reporting among non-clinical and support staff. o Fear of blame and lack of trust in anonymous reporting. • Pulse Check Survey – Dialysis Unit: o Medication errors found in dispensing of correct dosage. • Survey Report Findings: o Lower incident reporting from specific staff categories like support and junior staff. o Lack of clarity on what types of incidents should be reported. o Insufficient feedback provided to staff after reporting incidents. • Endoscopy Presentation**:** o Need for standardized safety checklists and improved staff training. o Gaps in awareness regarding JCI safety protocols and correct patient/site verification.

Suggestions for improvement	• AIRS Project: Conduct refresher training for staff. Promote anonymous reporting to reduce fear. • Pulse Check Survey – Dialysis Unit: provide checklists and staff education for dispensing the correct dosage.
Plan for the next week	• Conduct on ground intervention for the AIRS project. • Contact endoscopy unit for further plans. • Complete periphery rounds of the hospital. • Conduct PULSE survey for different departments.

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 8 From: 30-06-25 to 05-07-25

Activity Done	• PULSE CHECK SURVEY: Conducted a pulse check survey for general wards, endoscopy unit, bronchoscopy unit and MICU. Collected feedback regarding documentation, patient safety practices, and staff adherence to protocols. • SURVEY REPORT PRESENTATION: Compiled and prepared a comprehensive report based on the pulse check survey findings. Highlighted key observations. • ENDOSCOPY PRESENTATION: Created a safety checklist for the endoscopy unit. Incorporated patient safety, JCI standards, and unit-specific protocols.
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like Health Research Methods, Biostatistics, and Hospital systems was effectively applied in real-world settings.
Gaps identified on the working area.	• Pulse Check Survey**:** o Consent forms are not being filled properly. o Doctors' signatures are missing from many documents.
Suggestions for improvement	• Pulse Check Survey **:** o Provide hands-on training to resolve technical issues. o Doctors to be trained on documentation norms.
Plan for the next week	• Conduct on ground intervention for the AIRS project. • Contact endoscopy unit for further plans. • Complete periphery rounds of the hospital. • Conduct PULSE survey for different departments.

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Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 9 From: 07-07-25 to 12-07-25

Activity Done	• PULSE CHECK SURVEY: Conducted a pulse check survey for pharmacy, ICUs, laboratories, physiotherapy department, radiology unit and chemotherapy. Collected feedback regarding documentation, patient safety practices, and staff adherence to protocols. • SURVEY REPORT PRESENTATION: Compiled and prepared a comprehensive report based on the pulse check survey findings. Highlighted key observations. • ENDOSCOPY PRESENTATION: Conducted training sessions in bronchoscopy unit regarding upcoming JCI audit. • AIRS training: Conducted training for OT staff, housekeeping department and nursing staff including pain management nurses.
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like Quality Management, Health Research Methods, Biostatistics, and Hospital Operations was effectively applied in real-world settings.
Gaps identified on the working area.	• Pulse Check Survey**:** o Consent forms are not being filled properly. o Doctors' signatures are missing from many documents.
Suggestions for improvement	• Pulse Check Survey **:** o Provide hands-on training to resolve technical issues. o Doctors to be trained on documentation norms.
Plan for the next week	• Wrap up on ground intervention for the AIRS project. • Contact endoscopy unit for further plans. • Complete periphery rounds of the hospital. • Conduct PULSE survey for different departments.

Signature of the Student **Approved by the IIHMR University's Mentor**

Weekly Report

Name of the Organisation: Apollo Hospital, Bannerghatta

Area/ Department/ Project of Summer Internship Program: Quality dept

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Week no: 10 From: 14-07-25 to 19-07-25

Activity Done	• Facility Round Re-evaluation Conducted a re-evaluation round of hospital facilities focusing on compliance with quality and patient safety standards. • Departmental Communication & Checklist Sharing Shared the finalized checklists for the Endoscopy and Bronchoscopy units with the respective departments to ensure standardization and JCI compliance. • Preparation of Project Summaries (7-Pagers) Prepared concise 7-page summaries highlighting key elements of the Endoscopy Project including objectives, scope, process gaps, interventions, and outcomes. • Pulse Survey in Wards: Conducted a pulse check survey across various hospital wards to assess staff awareness regarding patient safety protocols and adherence to standard procedures. • Report Compilation for Organization Mentor Compiled a comprehensive report summarizing ongoing project activities, survey findings, and departmental feedback for review by the organizational mentor.
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like Health Research Methods, Biostatistics, and Hospital systems was effectively applied in real-world settings.
Gaps identified on the working area.	• Documentation gaps in wards: Pulse survey findings revealed incomplete or inconsistent documentation practices in some wards, especially concerning patient safety protocols. • Lack of Standardized Communication of Protocol Updates**:** Departments showed variations in how protocol changes or checklist updates were communicated and implemented within teams. • Limited Staff Engagement in Quality Initiatives: Some departments exhibited low engagement or passive participation in surveys and feedback mechanisms.
Suggestions for improvement	• Documentation gaps in wards: Implement regular documentation audits and introduce standardized checklists with training. • Limited staff engagement in quality initiatives: Involve staff in planning phase and recognize and reward active participation while collecting feedback sessions post-initiatives.

Plan for the next week	• Collect my internship completion certificate on Monday.

Signature of the Student **Approved by the IIHMR University's Mentor**

Compiled Reporting Format

Name of the Organisation: Apollo Hospital, BG road, Bangalore

Area/ Department/ Project of Summer Internship Program: Quality Department

Name of the Student: Khushi Garg

Roll no: 1975 Stream: HM

Activity Done	1. Orientation & Training • Participated in hospital facility tours and quality audits during the initial week to understand practical applications of JCI Accreditation Standards and International Patient Safety Goals (IPSG). • Engaged in documentation audits, HAZMAT safety evaluations, and hygiene compliance checks across various departments. • Explored potential project topics and attended orientation rounds in key areas such as OTs, ICUs, OPDs, emergency department, radiology, and pharmacy. 2. JCI Preparation & Documentation • Conducted extensive readings of JCI standards to support audit preparation. • Created and improved multiple JCI-related presentations using visuals and graphics. • Compiled required documentation for JCI compliance in the Endoscopy Unit. • Finalized and shared safety checklists for the Endoscopy and Bronchoscopy units to ensure protocol standardization. • Prepared concise 7-page summaries covering objectives, process gaps, interventions, and expected outcomes for the Endoscopy project. 3. Facility Rounds & Compliance Audits • Conducted independent and supervised audits using IPSG checklists. • Carried out facility rounds in MICU, nursing stations, and other hospital zones to assess safety, documentation, and staff awareness. • Rechecked hospital floors for Facility Management System (FMS) compliance. • Performed cross-verification of audit data from previous rounds. 4. Surveys & Staff Awareness Activities • Designed, distributed, and analysed staff questionnaires for incident reporting awareness. • Conducted multiple Pulse Check Surveys in areas including: • General wards

	• MICU • Endoscopy and Bronchoscopy units • Dialysis unit • Pharmacy • ICUs • Laboratories • Physiotherapy department • Radiology • Chemotherapy • Compiled and presented survey findings, focusing on documentation practices, protocol adherence, staff engagement, and patient safety awareness. 5. Quality Improvement Projects a. Incident Reporting System (AIRS) • Collected and analysed responses from clinical, non-clinical, and support staff. • Created a 3-month AIRS data dashboard to track trends. • Developed intervention materials and conducted training sessions for OT staff, housekeeping, and nursing staff (including pain management nurses). b. Endoscopy Unit Project • Created educational presentations focused on JCI standards, patient safety, and unit-specific protocols. • Conducted training sessions in the Bronchoscopy Unit ahead of the JCI audit. 6. Emergency Preparedness Drills Participated in: • Code Silver Mock Drill – Bomb threat response scenario. • Code Purple Mock Drill – Internal disaster preparedness drill. 7. Project & Report Compilation • Finalized a project beneficial for the hospital's JCI preparation efforts. • Compiled reports summarizing project activities, survey findings, compliance gaps, and departmental feedback for organizational review
Linking theory (Classroom learning) with practice at your organisation	• During the internship, theoretical knowledge from subjects like: 1. Health Research Methods, 2. Biostatistics, 3. Essentials of Hospital services, 4. Organizational behaviour, 5. Human resource management

	6. Principle of management was effectively applied in real-world settings.
Gaps identified on the working area.	1. Documentation Gaps: • Incomplete or inconsistent patient records in general wards and MICU. • Missing checklist signoffs in high-risk areas (e.g., endoscopy, bronchoscopy). • Variation in documentation formats across departments (non-standardized forms). • Lack of real-time updating of patient files, especially during shift changes. • Medication charts missing high-alert drug labelling or secondary verification. 2. Communication & Staff Awareness Gaps: • Lack of standardized communication protocol for updates in clinical SOPs. • Limited staff awareness of International Patient Safety Goals (IPSG), especially in non-clinical teams (e.g., housekeeping, support services). • Passive participation in quality initiatives and feedback mechanisms in some departments. • Confusion among staff about reporting hierarchy for incidents (AIRS). • Limited understanding among junior staff on mock drill codes and response roles. 3. Compliance & Safety Gaps: • Safety checklists not routinely used in endoscopy and bronchoscopy units before your intervention. • Non-uniform use of personal protective equipment (PPE) across departments. • Missing signage or faded caution labels in HAZMAT storage zones. • Equipment cleaning and maintenance records not consistently updated in some units (e.g., dialysis, physiotherapy). • Incomplete compliance to hand hygiene protocols during facility rounds. 4. Incident Reporting System (AIRS) Gaps: • Staff hesitant to report near misses due to fear of blame or punitive action.

	• AIRS awareness limited mainly to senior nursing staff; junior and support staff under-informed. • Misconception that only adverse events should be reported; near misses often ignored. • Lack of regular feedback loop on reported incidents—staff unaware of corrective actions taken. 5. Facility Management System (FMS) Gaps: • Fire extinguishers not tagged with last inspection dates in certain zones. • Non-functional emergency exit lights and expired safety instructions in back corridors. • Biomedical waste bins color-coded incorrectly or without lids in some areas. • Storage rooms overfilled, leading to blocked access in certain OT support zones. 6. Survey Findings – Pulse Check Specific Gaps: • Varied understanding of JCI standards across departments. • Poor knowledge of mock code meanings (e.g., Code Purple, Code Silver) in pharmacy and radiology. • Lack of clarity on who should initiate incident reporting in the department. • Staff showed limited knowledge of department-specific safety indicators. • Low engagement from paramedical and diagnostic teams in training sessions. 7. Training & Education Gaps: • Infrequent refresher training sessions in high-turnover departments (e.g., emergency, housekeeping). • JCI-related training modules not localized to department needs (e.g., endoscopy staff unaware of sedation safety protocols).
Suggestions for improvement	1. Documentation Practices: • Standardized forms and checklists • Daily audit of records 2. Communication and awareness: • Regular department briefings • Visual SOP boards • Feedback channels 3. Training and education: • Modular microlearning • Induction programs • Refresher training calendar 4. AIRS- Incident reporting culture: • Promote a “Safe to Speak” culture. • Simplify access

	• Recognition and learning loop 5. Facility management and safety: • FMS rounds checklists • Mock drill evaluation • Signage and visual aids 6. Quality and compliance monitoring: • Quality champions • Department scorecards • Use of audit trends
Key learnings	1. Practical Application of JCI and IPSG Standards: • Understood how JCI accreditation standards are implemented at the ground level, especially through checklists, documentation audits, and departmental compliance monitoring. • Learned to assess departments using the International Patient Safety Goals (IPSG) framework, linking theoretical knowledge with real-time observations. 2. Audit & Compliance Skills: • Gained hands-on experience conducting facility rounds and internal audits, identifying gaps related to hygiene, documentation, and safety protocols. • Became familiar with audit tools, compliance checklists, and how feedback from audits translates into departmental corrective actions. 3. Incident Reporting & Patient Safety Culture: • Learned the structure and functioning of the AIRS (Apollo Incident Reporting System**)** and the importance of a non-punitive culture in encouraging reporting. • Developed skills in survey design and data analysis to assess staff awareness and engagement with incident reporting systems. 4. Department-Specific Quality Interventions: • Designed and implemented targeted educational interventions for Endoscopy and Bronchoscopy units to prepare them for JCI audits. • Developed department-specific 7-pager reports identifying objectives, gaps, actions, and outcomes—strengthening strategic thinking. 5. Research & Data Handling: • Applied concepts of research methodology while designing staff surveys, collecting feedback. • Used qualitative and quantitative data to measure staff awareness, documentation gaps, and protocol compliance. 6. Communication & Training Delivery:

	• Enhanced presentation and interpersonal communication skills through the delivery of multiple training sessions to clinical and support staff. • Learned to create educational material (visual aids, PPTs, posters) suited to different staff categories for better knowledge retention. 7. Emergency Preparedness & Risk Management: • Gained exposure to mock drills (Code Purple and Code Silver) and understood the protocols involved in internal disasters and threat responses. • Identified gaps in preparedness and the importance of assigning clear roles and training to all levels of staff. 8. Teamwork and Interdepartmental Coordination: • Collaborated with multiple departments (pharmacy, ICU, radiology, endoscopy, emergency) and understood the value of interdisciplinary coordination in delivering quality care. • Learned how feedback and audit results are communicated across departments and used for continuous improvement. 9. Reporting and Documentation: • Developed competency in preparing structured project reports, compliance summaries, and management-level presentations. • Learned how to present audit findings and survey insights in a clear, actionable format for stakeholders. 10. Professional Ethics and Attitude: • Understood the role of ethics, confidentiality, and professionalism in hospital quality processes and interactions with staff and patients. • Developed a sense of accountability, attention to detail, and proactive behaviour—essential traits in healthcare management roles.

Signature of the Student **Approved by the IIHMR University's Mentor**