# SUMMER INTERNSHIP PROGRAM

**at**

## Medanta-The Medicity, Gurugram

From 12th May 2025 to 18th July 2025

A REPORT BY

**Vinal Bhati**

Master of Business Administration

Hospital and Health Management

2111

**2024-26**

under the Mentorship of

**Dr. Sarthak Sengupta**

Assistant Professor

Institute Of Health Management Research

IIHMR University

Global Health
Limited

Date: 18-July-2025

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Dr. Vinal Bhati** has completed her internship in the department of **Quality** from 12-May-2025 to 18-July-2025 with Global Health Ltd. (GHL) Medanta – The Medicity.

We wish her all the best for her future endeavors.

**For Global Health Ltd**

MEDANTA, THE MEDICITY
GHL
Gurugram

**Ranshul Aggarwal**
**Deputy General Manager - Human Resources**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

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

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

Date: 25/07/2025

**Dr. Sarthak Sen Gupta**

Assistant Professor

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# Alarm Management in Intensive Care Unit: A Quality Improvement Approach


**BY Dr. VINAL BHATI**
**Roll No - 2111 MBA - HM 29**
**University Mentor - Dr. Sarthak Sengupta**
**Organisation Mentor - Ms. Payal Thakur**



## ABOUT

Medanta – The Medicity, founded by Dr. Naresh Trehan, is a 43-acre super-specialty hospital in Gurugram with 1,250 beds, 40 OTs, and 900+ doctors. Accredited by JCI, NABH, and NABL, it delivers high-quality, affordable care. Ranked India's best private hospital for six years, it is also among the world's top 250 hospitals.

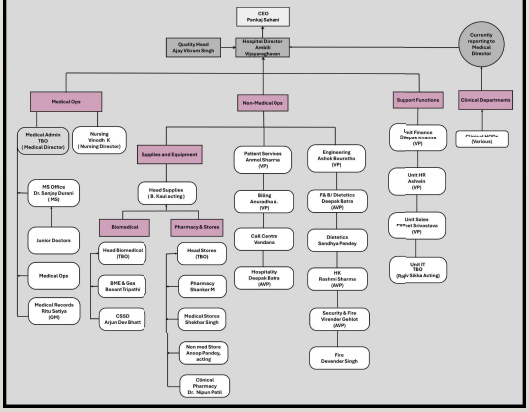
## MISSION

Our mission is to deliver world-class health care services by creating institute of excellence by integreted medica care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.

## VISION AND VALUES

The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

## ORGANOGRAM




## SWOT


## OBJECTIVE

This study aims to understand how nurses respond to clinical alarms in the Neuro ICU, focusing on how quickly and effectively they act when alarms go off. It explores the challenges they face—like alarm fatigue and rigid settings—and how these factors affect their response times. By observing real-time behavior and identifying where current alarm management falls short, the goal is to recommend practical, safety-focused improvements.

## THEORETICAL LEARNING

- Communication in Healthcare – Understood structured communication planning for timely clinical responses (Ch. 2).
- ICU Operations – Learned ICU workflows, team roles, and monitoring systems (Ch. 9, Essentials of Hospital Services).
- Organizational Behaviour – Studied group problem-solving and coordination in high-pressure healthcare settings.
- Research Methodology – Gained knowledge in study design, sampling, and data analysis for hospital-based audits.

## PRACTICAL LEARNING

- IPSG 2.2 Application – Assessed nurse response times to alarms, aligning with patient safety standards.
- COP.2 Integration – Identified care delays due to poor alarm management and linked it to care standards.
- Team Coordination – Applied OB concepts to analyze doctor-nurse collaboration during interventions.
- Research Execution – Used observational design, event-based sampling, and Excel tools for compliance analysis.

## FINDINGS

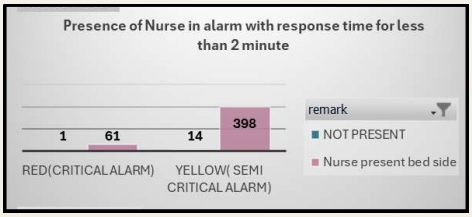
**OBSERVATIONS-**

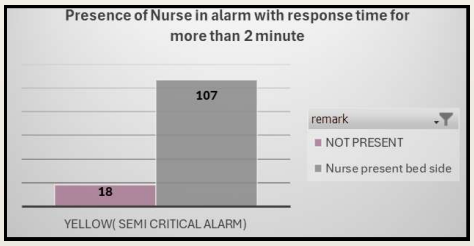
1. **Efficient Response to Critical Alarms (RED)**:
- Most RED alarms were responded to in under 2 minutes, reflecting strong emergency responsiveness in high-risk situations.
2. **Slower Response for Semi-Critical Alarms (YELLOW)**:
- A noticeable portion of YELLOW alarms had delayed nurse responses (>2 minutes), highlighting a potential gap in semi-critical alarm prioritization.
3. **Nurse Presence is High but May Not Reflect Timeliness**:
- While nurse presence at the bedside was high for YELLOW alarms, response delays suggest that presence does not always equate to immediate action.

## METHODOLOGY

- **Design:** Observational study and primary data collection
- **Duration:** May and June 2025
- **Location:** Neuro ICU
- **Sampling Method:** Event Based Sampling
- **Tools Used:**
- Medical record audits and live data collection from patient files






## CHALLENGES FACED

1. **Time management** while juggling multiple projects, audits, and reporting responsibilities across departments.
2. **Adapting to a clinical environment and** understanding complex hospital workflows and terminologies as a non-clinical observer.
3. **Technical challenges** in using hospital information systems (HIS) and advanced Excel tools for data compilation and analysis.
4. **Coordinating with clinical staff** who were often busy or unavailable for interviews or clarifications.

## Suggestions:

- Regular alarm management training for ICU staff.
- Alarm escalation protocols to be visibly displayed.
- Assign authority to senior nurses for adjusting parameters.
- Periodic audits of alarm settings and nurse responses.
- Reduce non-actionable alarms by customizing thresholds.

## MAJOR LEARNING DURING INTERNSHIP -

1. Gained hands-on experience in clinical and quality audits aligned with JCI standards.
2. Strengthened data analysis and reporting skills using Excel and HIS.
3. Understood hospital workflows across ICUs, MRD, OPDs, and specialty units.
4. Applied classroom concepts to real-world hospital projects and challenges.
5. Improved communication, teamwork, and problem-solving through daily coordination with staff and mentors.



# 1st Week Report

**Name of the Organisation:** Medanta – the medicity, Gurugram

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

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 1 **From:** 12/05/25 to 17/05/25

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| **Activity Done** | • Attended induction program on Quality, patient safety and emergency protocols including many other in first two days.<br>• Audited lung transplant clinical procedure form and dialysis endorsement form.<br>• Analysed 30-day post CABG re admission KPI via HIS.<br>• Revised Emergency SOP document.<br>• Conducted ICU Apache score audit and observed code blue drill. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Used business communication skills for clear audit reporting and teamwork.<br>• Applied Organisational behaviour to enhance staff cooperation during audit.<br>• Practiced excel learning in data evaluation. |
| **Gaps identified on the working area.** | • Endorsement forms lacked some information which needed to be there.<br>• Irregular use and documentation of Apache score form in ICU patient files. |
| **Suggestions for improvement** | • Conduct refresher training sessions for clinical staff on SOP and documentation compliance.<br>• Introduce mandatory digital validation fields in HIS to ensure complete form filing.<br>• Schedule regular internal mock audits to maintain readiness and compliance. |
| **Plan for the next week** | • Continue audits of ICU, ward documentation and consent forms.<br>• Observe hospital workflow and infrastructure for better system understanding.<br>• Explore different functions to identify my area in interest. |

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| | • Advance excel skills by working on data compilation tasks. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 2nd Week Report

**Name of the Organisation:** Medanta – the medicity, Gurugram

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

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 2 **From:** 19/05/25 to 23/05/25

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| **Activity Done** | • Conducted ICU mock audits on APACHE score compliance across multiple ICUs.<br>• Observed ICU patient file documentation to understand structure (progress notes, diet charts, consent forms).<br>• Tracked ICU admissions to understand patient flow and documentation.<br>• Evaluated KPIs related to readmission of OBGY patients within 7 days using HIS data.<br>• Reviewed MRD files for discharge summaries and assessment forms.<br>• Compiled Excel data for ICU patient transfers and conducted data cleaning using filters, sorting, and duplicate removal. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Used Healthcare Quality module insights while auditing APACHE score compliance.<br>• Applied Excel skills learned during coursework to perform data analysis and clean HIS datasets.<br>• Practiced Hospital Operations theories while observing patient flow and admission processes.<br>• Incorporated Organisational Behaviour and Communication Skills to coordinate with staff during mock audits and observations. |
| **Gaps identified on the working area.** | • APACHE score documentation inconsistencies across ICU files; some fields left incomplete or missing.<br>• Irregular use and documentation of Apache score form in ICU patient files. |

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| **Suggestions for improvement** | • Regular mock audits and refresher trainings to reinforce proper APACHE score documentation practices.<br>• Introduce validation fields in HIS to prevent incomplete entries.<br>• Standard operating formats for MRD documentation with checklist-based validations.<br>• Cross-checks for readmission records to ensure complete clinical information is available<br>• Schedule regular internal mock audits to maintain readiness and compliance. |
| **Plan for the next week** | • Continue ICU and ward file audits, focusing on consent form documentation.<br>• Observe workflows in MRD and Emergency Department.<br>• Understand the role of JCI standards in documentation audit.<br>• Will be doing one more audit with the continuous one. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 3RD WEEK REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram

**Area/ Department/ Project of Summer Internship Program:** QUALITY

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 3 **From:**26.05.2025**……To……**31.05.2025**…….**

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| **Activity Done** | • Continued work on APACHE score form compliance in ICUs.<br>• Monitored ICU admission records to ensure accurate documentation.<br>• Initiated a new audit in the ICU to evaluate nurse response times to clinical alarms by<br>➢ Reviewing central monitor alerts.<br>➢ Observing and recording nurse actions in response.<br>• Reviewed patient files in the MRD to identify qualitative non-compliance in the Adult Assessment Form (doctor's section).<br>• Enhanced Excel skills by:<br>➢ Creating sheets to compile and analyse collected data.<br>➢ Using features like conditional formatting, COUNTIF, compliance calculation, and data analysis tools.<br>• Cross-checked the critical lab result register maintained by nurses with patient files to verify proper documentation.<br>• Also, on the last day of the week we were asked to make a Ppt to present our 15-day work progress and learnings gained in front of the whole team of Quality department including the HOD. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Worked closely with ICU and MRD, understanding real-time hospital operations, clinical protocols, and patient safety documentation—reinforcing SOPs and quality assurance practices connecting it to the **essentials of hospital services.**<br>• Engaged with nurses and MRD teams, practicing effective communication, coordination, and stakeholder handling—essential for smooth audit execution which I learned in **communication planning and management.**<br>• Utilized Excel for data analysis using COUNTIF, conditional formatting, and compliance rates— |

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| | translating raw data into actionable insights learned in **biostatistics, demography assignments.**<br>• Auditing documentation practices revealed on-ground gaps in policy adherence, highlighting challenges in implementing clinical guidelines effectively which was a major part of **Health Policy and Health Care Delivery module.** |
| **Gaps identified on the working area.** | • Nurse actions in response to clinical alarms were often undocumented or delayed, indicating a gap in adherence to ICU monitoring protocols.<br>• Discrepancies were found between the nurse-maintained critical lab register and actual documentation, highlighting a gap in communication and record reconciliation.<br>• Many APACHE score forms were either partially filled, missing key physiological parameters, or not updated in real-time.<br>• This compromises the accuracy of severity scoring, affecting clinical decision-making and ICU performance evaluation. |
| **Suggestions for improvement** | • Place reminder posters or laminated SOP cards near central monitors to reinforce immediate response protocols and documentation steps for clinical alarms.<br>• Implement Regular Training and Refresher Sessions for ICU Staff. |
| **Plan for the next week** | • Will be working on the same two audits for the next whole week with might be increased specificity of the clinical alarm audit.<br>• Hope to finalise my project for the poster. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 4th WEEKLY REPORT

**Name of the Organisation:** Medanta – The Medicity, Gurugram
**Area/ Department/ Project of Summer Internship Program:** QUALITY
**Name of the Student:** Dr. Vinal Bhati
**Roll no:** 2111 **Stream:** MBA-HM
**Week no:** 4 **From:**2.06.2025**……To……**7.06.2025**…….**

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| **Activity Done** | • Continued work on APACHE score form compliance in ICUs.<br>• Monitored ICU admission records to ensure accurate documentation.<br>• Initiated a new audit in the ICU to evaluate nurse response times to clinical alarms by:<br>➢ Reviewing central monitor alerts.<br>➢ Observing and recording nurse actions in response.<br>• Enhanced Excel skills by:<br>➢ Creating sheets to compile and analyse collected data.<br>➢ Using features like conditional formatting, COUNTIF, compliance calculation, and data analysis tools.<br>• Cross-checked the critical lab result register maintained by nurses with patient files to verify proper documentation. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Worked closely with ICU and MRD, understanding real-time hospital operations, clinical protocols, and patient safety documentation—reinforcing SOPs and quality assurance practices connecting it to the **essentials of hospital services.**<br>• Engaged with nurses and MRD teams, practicing effective communication, coordination, and stakeholder handling—essential for smooth audit execution which I learned in **communication planning and management.**<br>• Auditing documentation practices revealed on-ground gaps in policy adherence, highlighting challenges in implementing clinical guidelines effectively which was a major part of **Health Policy and Health Care Delivery module.** |
| **Gaps identified on the working area.** | • Nurse actions in response to clinical alarms were often undocumented or delayed, indicating a gap in adherence to ICU monitoring protocols.<br>• Discrepancies were found between the nurse-maintained critical lab register and actual documentation, |

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| | highlighting a gap in communication and record reconciliation.<br>• This compromises the accuracy of severity scoring, affecting clinical decision-making and ICU performance evaluation. |
| **Suggestions for improvement** | • Place reminder posters or laminated SOP cards near central monitors to reinforce immediate response protocols and documentation steps for clinical alarms.<br>• Implement Regular Training and Refresher Sessions for ICU Staff. |
| **Plan for the next week** | • Will be working on the same two audits for the next whole week with might be increased specificity of the clinical alarm audit.<br>• Hope to finalise my project for the poster. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 5th WEEKLY REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram

**Area/ Department/ Project of Summer Internship Program:** QUALITY

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 5 **From:**07.06.2025**……To……**14.06.2025**…….**

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| **Activity Done** | • Continued work on APACHE score form compliance in ICUs.<br>• Monitored ICU admission records to ensure accurate documentation and to map Apache compliance in the respective ICU.<br>• Working on my new audit adhering to the JCI standard CARE OF PATIENT under the heading of clinical alarm in NEURO PT. ICU.<br>➢ Reviewing central monitor alerts.<br>➢ Observing and recording nurse actions in response.<br>• Worked on MRD records for documentation compliance.<br>• Observed CSSD centre.<br>• Presented our weekly progress presentation with my fellow colleagues. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Worked closely with ICU and MRD,CSSD understanding real-time hospital operations, clinical protocols, and patient safety documentation—reinforcing SOPs and quality assurance practices connecting it to the **essentials of hospital services.**<br>• Engaged with nurses, Team leader and wared secretory practicing effective communication, coordination, and stakeholder handling—essential for smooth audit execution which I learned in **communication planning and management.**<br>• Auditing documentation practices revealed on-ground gaps in policy adherence, highlighting challenges in implementing clinical guidelines effectively which was a major part of **Health Policy and Health Care Delivery module.** |

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| **Gaps identified on the working area.** | • Nurse actions in response to clinical alarms were often undocumented or delayed, indicating a gap in adherence to ICU monitoring protocols.<br>• Lack of training with the new joined staff for the proper action against clinical alarm.<br>• This compromises the accuracy of severity scoring, affecting clinical decision-making and ICU performance evaluation. |
| **Suggestions for improvement** | • Proper training classes for nurses to adhere to JCI standards for clinical alarm.<br>• Posters in the hospital regarding patient safety. |
| **Plan for the next week** | • Will be working on the same two audits for the next whole week with might be increased specificity of the clinical alarm audit.<br>• Hope to finalise my project for the poster. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 6th WEEKLY REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram

**Area/ Department/ Project of Summer Internship Program:** QUALITY

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 6 **From:**16.06.2025**……To……**21.06.2025**…….**

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| **Activity Done** | • Conduced my daily audit of Apache score form in ICUS<br>• Finished of my clinical alarm audit in neurology ice in compliance of JCI standards of Care of Patient.<br>• Conducted audit of transfer out form ice to ward for compliance<br>• Worked on readmission of chest surgery patient by documenting data from eHIS by finding out the first visit parameters and mapping the cause by tracing the readmission diagnosis, reason, treatment.<br>• Audited paediatric patient file for compliance of each document as per the JCI standard.<br>• Went on a non- clinical audit of laundry department and learned about the process of it. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Leveraged Business Communication skills for clear audit reporting and documentation.<br>• Connected learnings from Hospital Information Systems to extract and analyse patient data via eHIS in digital health.<br>• Demonstrated **effective communication and reporting** skills gained from Business Communication during audit presentations and documentation.<br>• Observed hospital systems in action, aligning with theoretical learnings from **Essentials of Hospital and Organizational Behaviour**.<br>• Applied Excel-based data compilation techniques taught in **Research Methods** audit tracking. |
| **Gaps identified on the working area.** | • Lack of proper orientation to doctors regarding proper documentation of Apache form in ICU |

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| | • Lack of training to given to new nurse about clinical alarm management in adherence to JCI standard<br>• Found non- compliance in transfer out form in icu. |
| **Suggestions for improvement** | • **Integrate automated alerts in eHIS** to flag incomplete APACHE entries or unsigned forms in real-time.<br>• **Develop department-wise compliance dashboards** to visually track and improve documentation standards.<br>• **Assign audit champions or quality liaisons** in each unit to ensure continuous adherence to clinical and non-clinical SOPs. |
| **Plan for the next week** | • Will continue my routine audit of Apache score form compliance.<br>• Would observe the working of ICUs and the staff and their role and various processes.<br>• Will work on CABG readmission as done for chest surgery this week. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 7th WEEKLY REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram
**Area/ Department/ Project of Summer Internship Program:** QUALITY
**Name of the Student:** Dr. Vinal Bhati
**Roll no:** 2111 **Stream:** MBA-HM
**Week no:** 7 **From:**22.06.2025**……To……**28.06.2025**…….**

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| **Activity Done** | • Conduced my daily audit of Apache score form in ICUs<br>• Audited Endoscopy department for patient file, staff list, IPD patient band, poster and bed signage for high fall risk.<br>• Audited Dialysis centre for checking the dialysing solution in two different machines<br>• Worked on readmission of CABG patient by documenting data from eHIS by finding out the first visit parameters and mapping the cause by tracing the readmission diagnosis, reason, treatment.<br>• Went for tracer audit of individual patient file in:<br>➢ Liver Transplant<br>➢ CTVS<br>➢ Med oncology and haematology |
| **Linking theory (Classroom learning) with practice at your organisation** | • Applied essentials of hospital services during ICU, endoscopy and dialysis audits to assess SOP compliance and patient safety protocols.<br>• Through digital health module where I learned about eHIS model, got to use it for CABG readmission tracking and analysing electronic patient record<br>• During APACHE score and tracer audit, I applied my Research Methodology skill to identify patterns in patient severity and documentation gaps. Also used excel skills like data categorization and trend analysis for interpretation pf the audit<br>• Also, while conducting my departmental audits, the various interaction with multiple staff teams also honed my skills I learned in my module of OB<br>• Ensured proper use of fall- risk posters, ID bands, AND safety signage reflected my knowledge of health policy and communication planning |

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| | • Learned about quantitative and qualitative non-compliance during my tracer audits |
| **Gaps identified on the working area.** | • **Non-compliance in Documentation during Tracer Audits**<br>– Several patient files lacked complete consent forms, and progress documentation, reflecting a gap in daily clinical record-keeping.<br>• **Documentation Templates Not Standardized Across Units**<br>– Different departments used varying formats for patient documentation, making it difficult to conduct uniform audits. |
| **Suggestions for improvement** | • Standardize documentation formats across all departments.<br>• Conduct regular training sessions on eHIS usage and clinical documentation.<br>• Ensure consistent placement and visibility of fall-risk signage and safety posters.<br>• Implement a feedback and corrective action loop post-audit. |
| **Plan for the next week** | • Will continue my routine audit of Apache score form compliance.<br>• Will be going on internal audit for JCI audit training<br>• Will be going on different department tracer audit<br>• Will be going in MRD for retrospective research of various documentation compliance<br>• Will be observing different code in hospital |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 8th WEEKLY REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram
**Area/ Department/ Project of Summer Internship Program:** QUALITY
**Name of the Student:** Dr. Vinal Bhati
**Roll no:** 2111 **Stream:** MBA-HM
**Week no:** 8 **From:**30.06.2025**……To……**05.07.2025**…….**

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| **Activity Done** | • Conduced my daily audit of Apache score form in ICUs.<br>• Went for tracer audit of individual patient file in:<br>  ➢ Gastro<br>  ➢ Cardio<br>• Also took part in internal audit for JCI training.<br>  ➢ Bronchoscopy<br>  ➢ IPD<br>  ➢ OPD od Ortho.<br>• Worked on for making the excel of the findings gathered by tracer and internal audit.<br>• Also compiled the findings of all the tracers.<br>• Observed code orange and code blue during the internal audit of IPD.<br>• Worked on SOP document of OBs and Gynae. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Understood documentation flow and coordination across departments and how it contributes to patient safety and continuity of care and connected it to my module of essentials of hospital.<br>• By my internal audit I gained an insight how the JCI standards are followed in a hospital<br>• I applied various things I learned in my excel as well as biostats module in me excel tasks.<br>• While going on tracer audits, I demonstrated my managerial and analytical skills to track the performance of various departments.<br>• Participated in JCI training sessions during internal audit Linked with: Health Policy & Health Development – Understood the importance of international accreditation standards in shaping hospital policies and development strategies. |

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| **Gaps identified on the working area.** | • **Incomplete documentation** in patient files, including missing physician notes and consent forms during tracer audits.<br>• **Non-compliance with JCI standards**, especially in areas like hand hygiene audits, labelling of medications, and equipment sterilization.<br>• **Staff unawareness of emergency codes** (e.g., Code Orange, Code Blue) in some units, indicating a gap in training and preparedness. |
| **Suggestions for improvement** | • Standardize documentation formats across all departments.<br>• Regular Training and refresher sessions<br>• Proper orientation about the roles of everyone in the organization. |
| **Plan for the next week** | • Will continue my routine audit of Apache score form compliance.<br>• Will be working on my poster for the college.<br>• Will by working on health plug data retrieval for department pf complete year |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 9th WEEKLY REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram

**Area/ Department/ Project of Summer Internship Program:** QUALITY

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 9 **From:**14.07.2025**……To……**19.07.2025**…….**

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| **Activity Done** | • Worked on SOP document of OBs and Gynae.<br>• Attended monthly meetings with Obs gynae department HOD and other members to discuss the steps for improvement and important findings from tracer and internal audits for JCI.<br>• Worked on monthly compilation of MRD and IPSG goal data and its analysis from the health plug software.<br>• Once completion of monthly data, started compiling the data of same for year 2023 and 2024.<br>• Made a compiled tracer excel and summary report for interventional cardiology department. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Applied VLOOKUP function that I learned in my basic excel classes.<br>• **Essentials of Hospital Management** – Applied SOP development and departmental coordination to streamline clinical workflows.<br>• **Digital Health & Biostatistics** – Utilized Health Plug software for monthly data compilation and analysis, enabling informed decisions. |
| **Gaps identified on the working area.** | • **Incomplete documentation** finding found through tracer audit which was discussed during the monthly meeting with the individual department.<br>• Improper documentation of the complete year. |
| **Suggestions for improvement** | • Regularly updating the data.<br>• Proper orientation about the roles of everyone in the organization. |

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| **Plan for the next week** | • Will be mainly focused on completing my poster. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# 10th WEEKLY REPORT

**Name of the Organisation:** Medanta – the medicity, Gurugram

**Area/ Department/ Project of Summer Internship Program:** QUALITY

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

**Week no:** 10 **From:**14.07.2025**……To……**19.07.2025**…….**

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| **Activity Done** | • Went on tracer audit for individual file documentation compliance.<br>• Worked on data analysis of my project on clinical alarm.<br>• Worked on my poster preparation<br>• Complied my 10-week report. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Applied my learning from excel class to do my data analysis with the help of pivot and chart.<br>• With the help of MS Power point worked on my poster.<br>• Learned the importance of leadership skills from POM in the corporate world .<br>• Observed various department and their specifications which I learned in essentials of hospital module |
| **Gaps identified on the working area.** | • Incomplete documentation |
| **Suggestions for improvement** | • Standard documentation for all departments. |
| **Plan for the next week** | • Successfully completed my 10-week internship .<br>• Poster approval from university mentor and its presentation. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Compiled Reporting Format

**Name of the Organisation:** Medanta – the medicity, Gurugram

**Area/ Department/ Project of Summer Internship Program:** QUALITY

**Name of the Student:** Dr. Vinal Bhati

**Roll no:** 2111 **Stream:** MBA-HM

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| **Activity Done** | A] **Acclimatizing and understanding the hospital-**<br>• Observed the ICU floors, OPD, and IPD floors to understand the structure of the hospital.<br>• Learned about the working of the different staff involved in the daily routine activity of the ICU floors.<br>• Noted the hospital's different emergency codes and the mode of communication to inform about the occurrence of any codes, so that it can be announced in the hospital.<br>• Learned about the different services that are offered in the hospital.<br><br>B] **Apache Score II Form in ICUs –**<br>• I received a project on 'Apache Score II Form Documentation in ICUs' and performed the following activities under this project-<br>o Understood the meaning and importance of Apache Score II in ICU.<br>o Learned about the process for calculating Apache score.<br>o Conducted two phases of audits by performing a prospective study over a span of two months, reviewing individual patient files for proper documentation once patient was admitted in ICU.<br>o Compiled and analysed the audit data using Excel to generate regular reports reflecting compliance trends and gaps.<br>o Proposed actionable suggestions to improve documentation compliance and enhance the quality of record-keeping practices in the ICUs.<br><br>C] **Clinical Alarm in Neuro ICU-**<br>• I received a project on the 'nurse response time against the clinical alarm' in the neuro ICU and performed the following activities |

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| | under this project-<br>o Understood the two types of clinical alarm, namely critical and semi-critical alarm, in an ICU setting.<br>o Understood the working of the center monitor in an ICU and its function with respect to all the beds occupied.<br>o Understood the nurse's action towards the alarm and the complete cycle of the process if the alarm needs intervention.<br>o Learned about the JCI standard COP 02.00<br>o to be followed for the same under revised JCI 8th edition<br>o Did a prospective study to observe the nurse response time against the alarm for over the span of 15 days.<br>o Used to prepare excel report for the same to analyze the difference in response time against the alarm.<br>o I identified the gap and suggested different monitor settings for different diagnosis for more optimized response against the alarm.<br>o Compared the response time and intervention taken against the two types of alarm in two different neuro ICU after the implementation of the suggestion.<br><br>C] **Hospital Information System-**<br>• Worked on e hospital information system and performed the following activities-<br>o Understood the working of the system and the various information available in the system.<br>o Understand the use of the portal to extract various information regarding individual patients.<br>o Received mini projects on the following-<br>o To analyse the 30-day post-CABG readmission Key Performance Indicator (KPI) by using data from the Hospital Information System (HIS).<br>o To evaluate 7-day readmission KPIs for Obstetrics and Gynaecology patients through extracting details via HIS and mapping them to analyse the data.<br>o To review chest surgery patient readmissions by extracting first visit details and mapping the cause through diagnosis, treatment, and reasons documented in eHIS.<br><br>D] **Revision of Standard Operating Procedures [SOPs]**<br>• Worked under my organization mentor for revision of following SOPs-<br>o Pediatrics SOP |

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| | ○ Neonatology SOP<br>○ Trauma and emergency care SOP<br>○ Obs and Gynecology.<br>• Gained an understanding of a core function of the Quality Department — overseeing and formulating minor and major changes within the hospital system.<br>• Gained an understanding of the process of revising the document and getting it finalized.<br><br>E] **Close MRD [Medical Records Department]-**<br>• Assigned to work in MRD for the following tasks-<br>○ Assigned task for doing a retrospective study for gathering the information on documentation compliance of adult initial assessment form.<br>○ To review discharge summary assessment forms.<br>• Understood the workflow of the Medical Records Department (MRD) and learned how to review individual patient files to extract relevant clinical and administrative information.<br><br>F] **Quality Check: ICU to Ward Transfer Compliance-**<br>• I worked under my organization mentor for 'reviewing the transfer out form document compliance.'<br>• I was assigned to review the compliance of timely transfer out form documentation.<br>• Learned the process of transfer of patients from ICU to floor.<br><br>G] **Utilized Hospital Administration Portal for Data Compilation and Reporting**<br>• I was assigned a task for 'compiling the June month floor audit form the portal for MRD and IPSG goals audits' and did the following things for the task-<br>○ First, I compiled the data for the whole month for all the MRD audit and IPSG goals audit.<br>○ Next, I analyzed the data with the help of a pivot table.<br>○ Then, finally, I updated the dashboard for the monthly update.<br>• Then I was assigned to compile the year-round data for the same for the year 2023 and 2024 in excel.<br><br>H] **Tracer Audit-**<br>• I was assigned a task to go for 'tracer audit' for various departments as follows-<br>○ CTVS |

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| | ○ BMT<br>○ Liver Transplant<br>○ Cardiology<br>○ Gastroenterology and Endoscopy<br>○ Pediatrics<br>○ Neurology and Nephrology<br>• I understood the types of tracers and their importance for identifying the gaps in documentation inefficiencies.<br>• I was assigned the responsibility of conducting a daily tracer audit for recording the non-compliance documentation.<br>• Then form the Excel report of the findings collected during the tracer.<br>• At last was responsible for making the summary report for all the departments separately to identify the gaps in documentation of all the patient records.<br>• Then we took part in meetings held with the members of each department to discuss the findings and their solution with the mentor of my organization.<br>I] **Internal Audit-**<br>• I received the opportunity to gain the rewarding experience, to participate in the internal audits conducted across departments for the upcoming JCI accreditation.<br>• I took part in routine internal audit where I was given the responsibility to interview various staffs of various departments, check for various quality protocols, mandatory posters and awareness about various emergency codes.<br>• Witnessed mock drill for emergency codes such as code blue and orange.<br>• I was assigned the task of consolidating audit findings collected by all internal audit team members across different departments.<br>• I prepared a comprehensive summary report, which was later presented by my mentor and HOD during weekly review meetings with the CEO to identify and discuss improvement areas. |
| **Linking theory (Classroom learning) with practice at your organization** | • Exploring ICU, OPD, and IPD helped me connect with Essentials of Hospital Services by understanding hospital structure. Observing staff roles related to Organizational Behaviour, and learning emergency codes aligned with Communication Planning.<br>• Analysing nurse response time during my project of clinical alarm I used Research Methods and Biostatistics, while suggesting alarm optimization reflected Entrepreneurship and Innovation.<br>• Using HIS to analyse readmissions connected well with Health Economics, Hospital Services, and Research Methods. It gave me practical exposure to handling health data and KPIs. |

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| | • While revising SOPs for various departments, I connected the process to what I'd learned in Health Policy and Principles of Management. I understood how policies and procedures impact the daily operations of a hospital. The importance of proper communication within the team during the SOP finalization reflected theories from Organizational Behaviour and Communication Planning.<br>• In MRD, I reviewed clinical documentation, which made me appreciate the need for strong documentation standards as taught in Hospital Services. Doing a retrospective study helped reinforce concepts from Research Methods and Biostatistics.<br>• Auditing transfer form compliance related to Hospital Services the compliance review process tied back to Research Methods. It also showed how communication in handovers is critical, reinforcing the lessons from Communication Planning.<br>• Analysing the Compiling monthly and yearly data using pivot tables gave me hands-on application of Biostatistics and taught me how this data supports administrative decisions learning from Biostatistics and understands how to interpret data trends effectively.<br>• Participating in audit meetings and suggesting changes made me realize the value of teamwork, leadership, and practical innovation, which connects with Organizational Behaviour and Innovation topics. |
| **Gaps identified on the working area.** | • While reviewing ICU files, I noticed that the Apache Score II wasn't always filled out correctly or sometimes not at all. This made it harder to assess the severity of the patient's condition right from admission.<br>• During my observation in the Neuro ICU, I saw that nurses didn't always respond quickly to semi-critical alarms. Sometimes, they were already attending to another patient, or the alarm wasn't noticeable enough.<br>• Regardless of the patient's diagnosis, monitor settings remained the same, leading to frequent unnoticed alarms. This contributed to staff alarm fatigue, desensitization, and increased ICU noise and confusion.<br>• During my audit of ICU to ward transfer forms, I found major inefficiencies—forms were often filled before the actual transfer, violating protocol which states they should be completed only after the TPA team arrives and the patient is ready for transfer.<br>• The system had all the information we needed, but there was no proper structure to analyse 7-day or 30-day readmission trends without manual effort. A lot of time was spent extracting and mapping this data in Excel.<br>• While reviewing files in MRD, I noticed missing discharge summaries and incomplete assessment forms in several cases. These |

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| | are important documents and should ideally be double-checked before final submission.<br>• When I went for tracer audits in different departments, I found missing consent forms, unsigned charts, and inconsistent record-keeping in several cases. These small issues can affect both quality and accreditation scores.<br>• During internal audits, it became clear that some staff members didn't know what certain emergency codes meant or weren't aware of quality standards displayed around their departments. |
| **Suggestions for improvement** | • Implement a checklist or alert system to ensure timely documentation of Apache Score II within the 48 hours of ICU admission.<br>• Optimizing alarm settings based on each patient's diagnosis to reduce false alarms and minimize alarm fatigue among nursing staff.<br>• Regular training of staff for proper alarm management as per the JCI standards.<br>• Enhance HIS functionality by integrating filters and dashboards to monitor 7-day and 30-day readmissions.<br>• Regular staff orientation to ensure adherence to protocols and increase awareness of various hospital codes and procedures.<br>• Regular updating the data from dashboard of regular floor audits to keep regular check of the KPIs of specific department for identifying regular gaps. |
| **Key Learnings** | • I gained a strong foundational understanding of how different departments in a tertiary care hospital function, and how interdepartmental coordination ensures continuity of patient care.<br>• APACHE II is a scoring system used in ICUs to predict patient mortality based on vitals, labs, age, and health history. It helps guide clinical decisions and improve care. I learned its importance in timely assessment, accurate documentation, and ICU quality monitoring.<br>• I learned that customizing alarm settings and staff training reduce alarm fatigue and improve response. This aligns with JCI COP.02.00 and IPSG Goal 2 on alarm safety and communication. Assigning a dedicated nurse further improved ICU alarm management.<br>• Interacting with clinical and administrative staff during audits, SOP revisions, and tracer activities enhanced my interpersonal and communication skills, and gave me practical insight into hospital leadership and team dynamics.<br>• By identifying gaps like alarm fatigue and suggesting actionable improvements, I developed a solution-oriented mindset aligned with hospital operations and patient safety innovations. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**