Apollo Speciality Hospital, Jayanagar

ADHERENCE TO ADMISSION AND DISCHARGE CRITERIA IN ICU in Super Speciality Hospital

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Organization Overview

Apollo Hospitals was established in 1983 by Dr. Pratap C Reddy, renowned as the architect of modern healthcare in India. As the Nation's first corporate hospital, Apollo Hospitals is acclaimed for pioneering the private healthcare revolution in the country.

Apollo Hospitals' Jayanagar branch is part of the Apollo Hospitals chain, located in the Jayanagar area of Bangalore, Karnataka.It is a 150 bedded Hospital. It is a multi-specialty hospital that provides advanced medical care and treatment to patients from all over the country and abroad. With multiple centers of excellence, chief among them- institutes of orthopedics, institute of neurosciences, institute of spine, institute of pulmonology, and critical care, are perhaps the advanced medical center in South India. It's a fully equipped center with a modern technology consisting of modern emergency room, state-of-the-art operating theatres, and ICUs with round the clock monitoring. It also has specialty clinic services in pain management, bone health, uro-nephro care, general surgery and general medicine. Emergency department are specialized in handling cardiac emergencies, stroke, road accidents and trauma.

Accreditations

NABH

NABL
Accredited Laboratory
Certificate number TC-8930

VISION

"Touch a Billion Lives".

MISSION

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

S	W	O	T
• Strong Brand and reputation	• Staff Shortage	• Trusted Brand name	• Local competition
• Experienced medical staff	• Long waiting time	• Medical Tourism	• Outflow of Skilled Professionals
• Advanced Technology	• Long Billing time	• Telemedicine	• Patient trust
• Hospital Location	• Weak interdepartmental communication	• Community Outreach	• Low cost other medical facilities
		• Patnership with Corporate bodies	

Challenges

- Language Barrier
- Inter departmental communication gap.
- Managing two department work parallely.
- Collection of data from MRD.

Organizatinal Structure

Unit Head
(Dr. Yatheesh)

- Medical Head
- Head Operations
- Head Finance & Accts
- Head HR
- Head Nursing
- Head IT
- Head Marketing
- Head Inventory
- Head Quality
- Head Service Excellence

Usefulness of Internship

1. In the Quality Department:

- I have gained knowledge of NABH compliance, patient safety requirements, and hospital quality checklist.
- It learned how to collect data from MRD, what documentation is required for patients, and how to conduct internal audits in various departments of the hospital.
- Obtained hands-on experience monitoring and evaluating KPIs (Key Performance Indicators).
- Attended monthly review meetings with zonal head.
- Recognized the structure and significance of SOPs, particularly in the areas of drug handling, fire safety, patient care, and infection control.
- Learned how to document, examine, and investigate incidents, raising the bar for patient care and hospital safety.
- Learned how to conduct mock drills and to prepare reports for the same.
- Conducted various event like fire safety month, employee safety month.

2. In the Human Resources (HR) Department:

- I took part in employee induction, interview scheduling, and resume shortlisting.
- Took basic inteview, performed job search and journey of new employees.
- Learned the hiring process for administrative, medical, and nursing personnel.
- Recognized how training raises hospital quality ratings and staff performance.
- Observed HR's involvement in internal communication, conflict resolution, and employee satisfaction surveys.

TOPIC : ADHERENCE TO ADMISSION AND DISCHARGE CRITERIA IN ICU IN SUPER SPECIALITY HOSPITAL

OBJECTIVE:

- To avoid increased length of stay for the patients in ICU, avoid nosocomial infections and to avoid uneventful incidents in the ward.
- To assess compliance rate of admission and discharge criteria for all the ICU patient
- The project will help in allowing adequate resource allocation and an optimal standardized approach which will eventually reflect to improve patient outcomes and decrease length of hospital stay

INCLUSION CRITERIA : Sample size taken of ICU admissions (Emergency & Ward) and discharges (Direct and Transfer Out to Ward)

EXCLUSION CRITERIA: Transfer to ICU from post OT, Cathlab, DAMA, Declared cases etc.

METHODOLOGY:

- Duration of Study: April to May 2025
- Sampling & Sample Size: Ramdom Sampling & Sample size of 275 ICU patients
- Type of Study: Retrospective study
- Data Collection: Data collection was done from Medical Records from MRD.

ADMISSION CRITERIA

Month	April 2025	May 2025	June 2025
Need invasive mechanical ventillator	23	13	7
Requiring >2hrs on Non-invasive Ventillator	32	48	32
O2 Saturation <90%	7	7	4
Pulse rate< 45 or >125 beats / min	9	6	7
SBP <90 or >180	7	11	3
Respiratory rate <9 or > 25	16	15	5
Altered Consciousness	9	3	3
Abnormal ABG (pH <7.3 or >7.45)	42	41	21
Abnormal ABG (Lactate > 2mm)	57	54	34

DISCHARGE CRITERIA

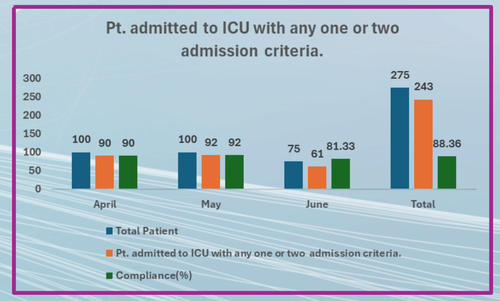
Month	April 2025	May 2025	June 2025
O2 Saturation >= 90%	100	100	75
Pulse rate >= 45 or <= 125 beats / min	100	99	73
SBP >= 90 or <= 180	100	100	75
Respiratory rate >= 9 or <= 25	92	94	69
Abnormal ABG (pH >=7.3 or <= 7.45)	64	72	22

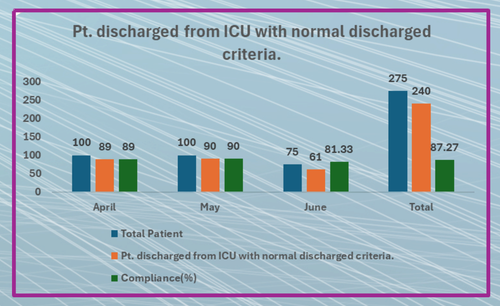
Outcome Admission in ICU

- 88.36 % Compliance with hospital policy for Admission in ICU.
- Strong adherence to standardized admission parameters: ABG (pH & Lactate), O2 saturation,Pulse , SBP, Respiratory Rate NIV statu
- Rest 11.5 % patient are admitted to ICU for various reason other than standadized admission parameter are as follow:
  - Road traffic accident
  - Covid
  - Comorbitity patient.
  - MLC cases
  - GI Bleed
  - Renal failure etc.

Outcome Discharge from ICU

- 87.27% Compliance with hospital policy for ICU discharges
- Strong adherence to standardized discharge parameters: The patients were Haemodynamically stable during discharge few were discharged with 2L of O2 support.
- This project reveals effective policy implementation and safe patient management
- Plans for follow-up audits to ensure continued adherence.





Recommendation

- ABG should be recorded in the MICU Flowchart during the discharge of the patient from ICU.
- Proper documentation should be done for all patients.
- Cannulation and invasive or non invasive mechanical ventilator starting time should also noted on emergency sheet.
- Discharge or Shifting of Patient from ICU to ward should be mentioned in the MICU Flowchart.
- Regular clinical audits for continued adherence to admission & discharge criteria of ICU.