SUMMER INTERNSHIP PROGRAM

at

CK Birla Hospital, Gurugram

From **12-05-2025 to 15-07-2025**

A REPORT BY

Sonal Gurjar

Master of Business Administration

(Hospital and Health management)

2024-26

under the Mentorship of

Dr. Swapnil Gadhave

CK BIRLA
HOSPITAL®

CKBH/Intern/2025/012

July 14, 2025

To Whomsoever It May Concern

This is to certify that **Sonal Gurjar** has done her internship with CK Birla Hospital, Gurugram, from May 12, 2025 to July 15, 2025 in the department of Medical Services.

During her tenure, we found her to be sincere and hardworking towards the duties assigned to her.

For CK Birla Hospital, Gurugram.

Regards,

Monika Kapoor Singh
General Manager – People & Culture

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IIHMR UNIVERSITY

IIHMR UNIVERSITY Faculty Mentor Approval

This is to certify that **Ms. Sonal Gurjar of** academic year 2024-26 of **Institute of Health Management Research, IIHMR University, Jaipur** 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: 29/07/2025

Dr. Swapnil Gadhave

Assistant Professor

IIHMR University, Jaipur

INTERNATIONAL PATIENT SAFETY GOAL

Assessment CK BIRLA Hospital, Gurugram

CK BIRLA HOSPITAL

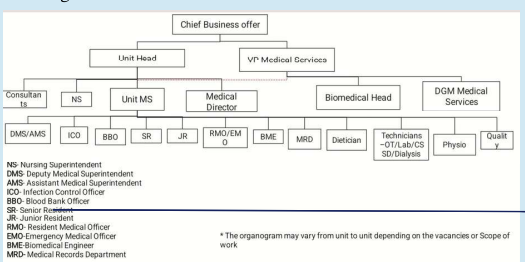
IIHMR UNIVERSITY

01. History or Introduction

The Gurugram location was established in 2017 by Avanti Birla, under the umbrella of the CKA Birla Group (formerly CK Birla Group), drawing on over 150 years of healthcare and business legacy .
It was conceived as a women-first, multispecialty hospital, designed with global clinical protocols and a strong emphasis on compassionate, patient-centered care, inspired by the UK's NHS system .

Vision	To transform the future of healthcare through outstanding clinical outcomes, research, education and compassionate care
Mission	To bring global standards of clinical expertise and care to patients and their families
Their Proposition	***Deliver global standards of clinical excellence*** ***A promise of trust, empathy and continuity of care*** ***Integrity in healthcare delivery***

02. Organisation Structure



NS- Nursing Superintendent
DMS- Deputy Medical Superintendent
AMS- Assistant Medical Superintendent
ICO- Infection Control Officer
BBO- Blood Bank Officer
SR- Senior Resident
JR- Junior Resident
RMO- Resident Medical Officer
EMO-Emergency Medical Officer
BME-Biomedical Engineer
MRD- Medical Records Department

* The organogram may vary from unit to unit depending on the vacancies or Scope of work

03. SWOT Analysis

1. Strengths (Internal, Positive)
- Dedicated and trained staff
- Existing policies and protocols aligned with IPSG
- Strong leadership commitment to patient safety
- Regular audits and monitoring systems.

2.Weaknesses (Internal, Negative)
- Staff shortages and burnout Inconsistent adherence to protocols.
- Communication gaps (handovers, documentation).
- Insufficient or infrequent staff training.
- Outdated equipment or ininfrastructure.

3.Opportunities (External, Positive)
- Advancements in healthcare technology.
- Collaboration with other institutions for best practices.
- Governmental/regulatory incentives for patient safety.
- Increased public awareness and demand for safety.

4. Threats (External, Negative)
- Changing healthcare regulations.
- Economic downturns or funding cuts.
- Increased competition from other providers.
- Emergence of new pathogens/diseases.

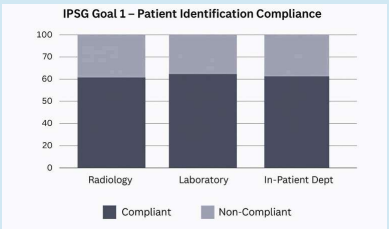
04. Project on IPSG GOAL's

AIM: The International Patient Safety Goals (IPSGs) were developed by the Joint Commission International (JCI) to encourage specific improvements in patient safety by focusing on key problematic areas in healthcare.
The overarching aim of the IPSGs is to reduce the risk of harm to patients and improve the quality of care provided in healthcare organizations worldwide. They serve as a set of guidelines and standards that healthcare providers are encouraged to adopt and implement in their daily practices.

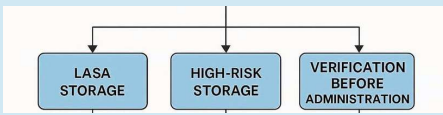
The six International Patient Safety Goals (IPSGs) are:
1. Identify patients correctly.
2. Improve effective communication.
3. Improve the safety of high-alert medications.
4. Ensure safe surgery.
5. Reduce the risk of health care-associated infections.
6. Reduce the risk of patient harm resulting from falls.

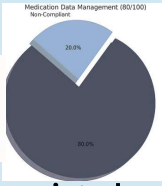
Identify Patients Correctly:

- Use of two Identifiers:
  - Patient Name
  - UHID (Unique Hospital Identification Number)/IP No.
- Mentioned on Patient Identification Band for in-Patients



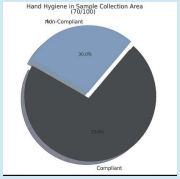
Improve the safty of high-alert medication:

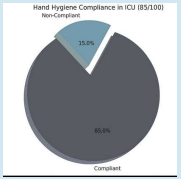




Reduce the risk of health care-associated infection:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Environmental cleaning and disinfection
- Safe injection practices
- Catheter and device care
- Antibiotic stewardship





05. Learning During Internship

1. Standardizes processes for patient identification, communication, and treatment.
2. Aligned with WHO and NABH safety standards.
3. Ensures correct patient, procedure, and medication through verification steps.

06. Theoretical VS Practical

1. Learned to use two identifiers (name and MRD number) before any treatment.

2. Understood that high-alert drugs must be double-checked by two nurses.

3.Learned that hand hygiene is essential to prevent infections.

1. Observed staff checking wristbands and verbally confirming name before giving medication.
2. Saw nurses performing double checks before administering insulin and chemotherapy.
3. Observed staff using hand sanitizer before & after contact.

07. Challenges During Internship

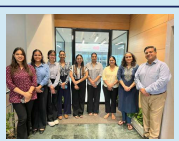
1. Staff were often busy, and direct observation was difficult without interrupting their workflow.
2. Access to ICU and medication storage was restricted, limiting exposure to real-time processes.
3. Strict hygiene protocols in areas like ICU made observation challenging, and staff behavior changed during audits, reducing visibility of actual practices.

08. Usefulness of Internship

1. Understood how patient identification is verified before treatment in real-time.
2. Observed medication safety practices, including double-checking of high-alert drugs.
3. Learned about infection prevention measures, including hand hygiene compliance.

09. Suggestion for improvements

1. Conduct regular training sessions on patient identification protocols.
2. Standardize double-check procedures for high-alert
3. Increase hand hygiene audits and real-time monitoring.
4. Display more visual reminders for infection control practices.
5. Allow supervised intern access to observe safety practices.
6. Promote staff feedback sessions to identify safety improvement areas.



Organisation mentor:-Dr. Sakina Sheikh,Dr. Dimple Zutshi

SUMMER INTERNSHIPSHIP PROGRAM 2025

University mentor :- Swapnil Gadhave

Presented by :- Sonal Gurjar
Roll no. :- 2095

Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services **Name of the Student: Sonal Gurjar**

Roll no: 2095. **Stream: HM**

Week no: 1. **From: 12nd May to 17th May 2025**

Activity Done	In the first two days, we visited the corporate office and learned about the organization's basic operations. We also attended a POSH training session conducted by the HR team. From the third day onward, we were assigned to our respective hospital departments. I am currently working in the Medical excellence Department. Over the past week, we gained a comprehensive understanding of the Medical Services function within the hospital. This included insights into how the department supports and enhances day-to-day patient operations, ensuring the delivery of high-quality and efficient healthcare services.
Linking theory (Classroom learning) with practice at your organisation	Essentials of Hospital Services module was useful understanding the hospital departments and its different functioning.
Gaps identified on the working area.	Document compliance in different departments and appropriate collection of different data. We also noted that medication management and compliance have scope for improvement to enhance patient safety and operational efficiency.
Suggestions for improvement	We noted that medication management and compliance have scope for improvement to enhance patient safety and operational efficiency.
Plan for the next week	Next week we will be assigned projects where we will be working with different stakeholders and will be working collaboratively with different teams.

Signature of the Student

Approved by the IIHMR University's Mentor

Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services

Name of the Student: Sonal Gurjar

Roll no: 2095 **Stream: HM**

Week no: 2 **From: 19th May to 24th May 2025**

Activity Done	Reviewed the hospital's current active file record management system. Observed how patient records are stored, accessed, and maintained in the Medical Records Department (MRD). Attended orientation sessions with MRD staff to understand the classification and flow of records (inpatient, outpatient, emergency).
Linking theory (Classroom learning) with practice at your organisation	In the classroom, we learned about health information systems, medical records standards (ICD coding, data confidentiality, Retention periods), and the importance of structured record keeping. In the hospital, I observed these practices implemented through systematic filing, barcode tagging, and digital entry. I could relate the concepts of active vs. inactive files, and how regular audit ensures compliance.
Suggestions for improvement	Implement digital tracking for all active file movements. Conduct periodic audits to identify and archive inactive files. Introduce training sessions for MRD staff on complete documentation practices. Expand or reorganize physical storage for better accessibility and fire safety compliance.
Plan for the next week	Study the standard operating procedure (SOP) for file retention and archiving. Analyze the transition process from active to inactive file status. Compare digital and physical systems for record maintenance and suggest improvements. Begin preparing a short presentation on effective active file record practices for internal knowledge sharing.

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Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services

Name of the Student: Sonal Gurjar

Roll no: 2095 **Stream: HM**

Week no: 3 **From: 26th to 31st May 2025**

Activity Done	I am working in the Quality Department where I conducted an audit of active files with a focus on IPSG Goal 1: Identifying patient correctly. The audit involved checking for proper usage of two patient identifiers (such as name and UHID) across various forms, consent documents, and progress notes. Key issues identified included incomplete patient details, mismatched identifiers on ms, and lack of verification processes. I also reviewed WHO and NABH guidelines.
Linking theory (Classroom learning) with practice at your organisation	The Essentials of Hospital Services module helped meunderstand the significance of patient identification and its direct impact on patient safety. The theoretical knowledge about IPSG goals was applicable while auditing the hospital documentation and identifying gaps in patient identification practices.
Gaps identified on the working area.	There were lapses in following proper patient identification protocols use of only one identifier in several forms. Staff unaware of the two-identifier rule. Absence of re-verification before procedures. This indicated a lack of awareness and compliance with IPSG Goal 1, which could lead to serious medical errors.
Suggestions for improvement	Training programs on patient identification policies should beconducted for clinical and support staff. Implement checklists to verify identifiers before treatments. Display posters and reminders in all clinical areas about using twoidentifiers. Regular audits and feedback loops should be instituted.
Plan for the next week	Next week, I will work on developing an awareness campaign on IPSG Goal 1. I will also assist in preparing training material and Posters on patient identification protocols and will participate in follow-up audits to assess the improvement in compliance.

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Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services. **Name of the Student: Sonal Gurjar**

Roll no: 2095 **Stream: HM**

Week no: 4 **From: 02nd to 7th June 2025**

Activity Done	Reviewed the hospital's active file record management in the Medical Records Department (MRD). Observed file classification(inpatient, outpatient, emergency), storage, digital tracking, andaccess procedures.Simultaneously, tracked Blood Sampling Turnaround Time (TAT) for routine and emergency cases. Assessed stages from sample collection to reporting.
Linking theory (Classroom learning) with practice at your organisation	Classroom sessions covered medical record standards (ICDCoding, confidentiality, retention) and healthcare quality Indicators like TAT. Observed real-time file flow through barcode tracking and filing Systems, directly relating theory to MRD operations. For blood sampling, applied theoretical knowledge of TAT Monitoring, identifying delay patterns and benchmarking with Standard guidelines
Gaps identified on the working area.	Active File Record Gaps: Files not updated regularly; inactive files remained in active storage missing documents (e.g., consent forms). Limited physical space and lack of real-time tracking. Blood Sampling TAT Gaps: Delays noted in emergency sample processing due to Interdepartmental coordination. Lack of digital alert systems for delayed reports. No regular audits of TAT performance against set benchmarks.
Suggestions for improvement	Active File Management: Digital tracking for all file movements. Periodic audits to filter and archive inactive records. Staff training on documentation and digital tools. Improve storage layout for compliance and accessibility. Blood Sampling TAT: Implement real-time digital dashboards for TAT monitoring. Introduce auto-alerts for delay escalation. Regular review of emergency vs. routine sampling timelines. Inter-department training on timely handovers and sample Transport.

Plan for the next week	Study SOPs for file retention and sample handling. Begin gap analysis of current TAT tracking system versus best practices. Prepare a comparison chart of current vs. ideal active file record flow. Draft a presentation on improving blood sampling TAT and file management for internal training and awareness.

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Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services. **Name of the Student: Sonal Gurjar**

Roll no: 2095 **Stream: HM**

Week no: 5 **From:9th to 14th June 2025**

Activity Done	Reviewed a published article related to International Patient Safety Goals (IPSG) with a focus on goal-based implementation in Healthcare organizations. Started preparing the review of literature section by collecting and Analyzing relevant studies, guidelines (WHO, NABH, JCI), and case Reports on IPSG. Drafted the introduction part of the article, highlighting the Background, need, and objectives of IPSG in hospital safety protocols.
Linking theory (Classroom learning) with practice at your organisation	Classroom sessions covered patient safety concepts, WHO's safety goals, and NABH accreditation requirements. This theoretical knowledge helped in critically reading articles and understanding how goals like patient identification, medication safety, infection control, and communication are implemented in real hospital settings. The study also linked literature review techniques taught in class (like sourcing, citation, analysis) to actual academic writing practice.
Gaps identified on the working area.	Limited availability of updated or hospital-specific literature on IPSG practices in the Indian context. lack of integration between practical implementation data and academic literature. Difficulty in finding case-specific success stories or failures Documented in peer-reviewed foformats. Need for standard templates to guide IPSG Documentation and research writing.
Suggestions for improvement	Develop a centralized digital repository for IPSG-related hospital Policies, SOPs, and incident reports for easy access during Research. Encourage staff and students to document IPSG-related activities and outcomes for internal publication. Conduct workshops on academic writing and structured literature review for healthcare professionals. Collaborate with quality departments to collect real-time data and use it to support literature with current evidence.

Plan for the next week	Complete the review of at least 8–10 relevant articles (both National and international) on IPSG implementation. Finalize the introduction draft and align it with the objectives of the article. Begin outlining methodology and conceptual framework for the next section. prepare a presentation summarizing the review findings to Discuss with faculty or quality team for feedback.

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Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services. **Name of the Student: Sonal Gurjar**

Roll no: 2095 **Stream: HM**

Week no: 6 **From: 16th to 21st June 2025**

Activity Done	Analyzed how active medical records (active files) are kept in the ICU with respect to documentation, accuracy, accessibility, and thoroughness. Monitored compliance by healthcare workers (HCWs) in the ICU with respect to hand hygiene to evaluate adherence to infection control standards under IPSG Goal 5 (Reduce the risk of healthcare-associated infections). Recognized the relationship between record keeping, hand hygiene and patient safety in critically important areas such as the intensive care unit.
Linking theory (Classroom learning) with practice at your organisation	The significance of the IPSG Goals was emphasized in class, particularly the importance of hand hygiene (Goal 5) and appropriate documentation (related to Goal 1: accurate patient identification). Applied what was learned in class to ICU observation, observing how patient safety is directly impacted by documentation and hygiene errors. Discovered how active file tracking promotes continuity of care and how WHO's "Five Moments for Hand Hygiene" and NABH audit standards are implemented in actual intensive care units.
Gaps identified on the working area.	Active File Gaps: A lag in patient file updates in real time. ICU treatment sheets occasionally have missing information. Tracking files by hand without integrating them with digital systems. Gaps in Hand Hygiene: Hand hygiene compliance is inconsistent during peak hours. Hand rubs are not widely available at all care points. Absence of systems for real-time hand hygiene adherence monitoring and feedback.
Suggestions for improvement	Active File Management: To ensure prompt and organized documentation, install an electronic medical record (EMR) system in the intensive care unit. To guarantee accuracy and completeness, audit active files every day. ICU staff should receive refresher training on documentation procedures in line with IPSG goals. Compliance with Hand Hygiene: Place hand rub dispensers at each intensive care unit bedside. Launch a system for anonymous

	observation and feedback on hand hygiene. Plan frequent events to raise awareness of hand hygiene and put up posters of WHO's Five Moments.
Plan for the next week	Review existing SOPs for active file documentation and infection control in the ICU. Compare hand hygiene compliance data with IPSG benchmarks and suggest audit tools. Conduct a focused group discussion with ICU staff to gather feedback on documentation and hygiene prpractices. Begin compiling data and images for a short awareness presentation on IPSG Goal 5 implementation in ICU.

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Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services **Name of the Student: Sonal Gurjar**

Roll no: 2095 **Stream: HM**

Week no: 7 **From:23rd to 28th June 2025**

Activity Done	I visited the hospital pharmacy and ICU to check compliance with IPSG Goal 5, which aims to reduce the risk of healthcare-associated infections, and Goal 3, which focuses on ensuring safety with high-alert medications. I observed hand hygiene practices among healthcare workers and pharmacy staff. I reviewed the handling and dispensing of medications, including labeling, storage, and dispensing of high-alert medications. I identified how proper hand hygiene and medication safety protocols help improve patient safety and infection control.
Linking theory (Classroom learning) with practice at your organisation	Classroom discussions highlighted the importance of IPSG Goal 5, which focuses on ensuring effective hand hygiene to prevent healthcare-associated infections, and Goal 3, which aims to improve the safety of high-alert medications. I applied what I learned by visiting the pharmacy and ICU. I observed real-time compliance with WHO's "Five Moments for Hand Hygiene" and NABH guidelines on medication safety. I saw how safety checks, labeling protocols, and hygiene practices directly impact patient outcomes in high-risk areas like the ICU and pharmacy.
Gaps identified on the working area.	Hand Hygiene Gaps: Irregular hand hygiene compliance, especially during busy hours. Limited placement of hand rub dispensers in the pharmacy and near ICU medication preparation zones. Inadequate monitoring and a lack of timely feedback on hand hygiene performance. Pharmacy Visit Gaps: No double-check system during the dispensing of high-alert medications. Sometimes missing or unclear labels on pre-packed medications. A manual inventory tracking system that is prone to errors.

Suggestions for improvement	Hand Hygiene Compliance: Make sure to install hand rub dispensers at all workstations in the pharmacy and ICU. Set up an anonymous hand hygiene observation system with regular feedback. Display the WHO's "5 Moments for Hand Hygiene" posters in important areas. Organize refresher training for staff on proper hand hygiene techniques. Pharmacy Safety Measures: Use barcode scanning and double-check protocols for high-alert medications. Ensure all medications are clearly labeled with the drug name, dose, and expiry date. Switch to a digital inventory system for accurate stock and expiration tracking. Conduct regular audits in the pharmacy to ensure safety and proper documentation.
Plan for the next week	Review SOPs related to hand hygiene and high-alert medication handling in the ICU and pharmacy. Compare hand hygiene compliance data with WHO and IPSG benchmarks. Start focused discussions with ICU and pharmacy staff to gather feedback on current practices and challenges. Prepare data and visuals for a short presentation on IPSG Goal 3 and Goal 5 implementation and compliance. Create a checklist for medication safety compliance and hand hygiene adherence audits.

Signature of the Student

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Reporting
(Weekly)

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship Program: Medical Services. **Name of the Student: Sonal Gurjar**

Roll no: 2095. **Stream: HM**

Week no: 8 **From: 30th june to 06th July 2025**

Activity Done	This week, I dedicated my time to gathering information about Restricted Medicines in the hospital, making sure it aligned with the International Patient Safety Goal (IPSG) standards. My goal was to take a closer look at how these restricted medicines are stored, tracked, and administered in various departments. I worked closely with the pharmacy and nursing teams to get a clear picture of the compliance measures in place, like proper labeling, segregation, access control, and the double-checking process before any administration. We also took the time to review documentation practices and safety protocols to ensure that restricted medicines are managed according to the established guidelines.	
Linking theory (Classroom learning) with practice at your organisation	The Medication Management and Hospital Safety modules really helped me grasp how to handle restricted medicines and why they're so important. This understanding was crucial for evaluating the medication safety standards related to IPSG in the hospital.	
Gaps identified on the working area.	It was noted that although there are protocols in place for handling restricted medications, some areas had incomplete or non-standardized documentation. Additionally, there seemed to be a lack of regular audits and a general unawareness among staff regarding the updated lists of restricted drugs.	

Suggestions for improvement	It's important to hold regular training sessions for staff on the protocols for restricted medications, conduct periodic audits, and digitize medicine tracking logs. These steps will help enhance compliance and ensure patient safety in line with IPSG standards.	
Plan for the next week	Plan to assist the Quality and Pharmacy departments in designing an awareness campaign for healthcare staff regarding restricted medicine handling and to participate in a mock audit preparation related to medication safety. Submission of final report and prepare the presentation for hospital mentor about the internship.	1.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: CK Birla Hospital

Area/ Department/ Project of Summer Internship program:

Medical Services4 **Name of the Student: Sonal Gurjar**

Roll no: 2095. **Stream: HM**

Activity Done	1. Gained a solid understanding of IPSG goals through careful orientation and observation. 2. Took a close look at the patient identification process (Goal 1). 3. Reviewed the handling of LASA and high-risk medications (Goal 3). 4. Kept an eye on infection control practices (Goal 5). 5. Carried out mini audits on patient files and medication safety. 6. Joined in on verification rounds and the sterilization review. 7. Gathered feedback from the nursing staff. 8. Compiled the data and put together a report for each department. 9. Delivered the final presentation and shared what I learned during my internship. 10. Submitted the final summary report.

Linking theory (Classroom learning) with practice at your organisation	1. I took what I learned in the classroom about IPSG goals and applied it in a real hospital environment. 2. During patient rounds, I made sure to use the two-patient identifier concept (Goal 1). 3. I followed drug safety protocols for Look-Alike Sound-Alike (LASA) medications and high-alert drugs (Goal 3). 4. I put into practice the infection prevention steps I learned about in theory (Goal 5). 5. I utilized auditing tools, communication strategies, and skills in Excel and PowerPoint that I picked up during my studies.

Gaps identified on the working area.	1. There are some issues we need to address: - We haven't fully implemented two identifiers (Goal 1). - LASA medicines are stored together without proper labeling (Goal 3). - Hand hygiene practices are inconsistent, and our sterilization logs are incomplete (Goal 5). - We also lack a system for tracking compliance by department. - Lastly, awareness of IPSG is quite low among our junior staff.

Suggestions for improvement	1. Put up IPSG awareness posters and make sure to have SOP checklists handy. 2. Clearly separate and label LASA medications. 3. Make sure sanitizer stations are refilled daily. 4. Set up compliance dashboards and designate IPSG champions. 5. Regularly conduct IPSG training and assessments for the staff.

Signature of the Student

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