SUMMER INTERNSHIP PROGRAM

at

APOLLO HOSPITAL, SHESHADRIPURAM, BANGALORE

From 13/05/2025 to 23/07/2027

A REPORT BY

Dr. SHUBHI BHATI

Master of Business Administration

(Health and Hospital Management)

2091

2024-26

under the Mentorship of

Dr. PIYUSHA MAJUMDAR

(ASSOCIATE PROFESSOR)

IIHMR UNIVERSITY

23th July 2025

INTERNSHIP CERTIFICATE

This is to certify that **Dr. Shubhi Bhati** has successfully completed her **Internship** program in the **Department of Quality** from **13th May 2025 to 23th July 2025** in **Apollo Hospitals, Sheshadripuram, Bangalore**. She was diligently involved in the task assigned to her. 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.**

Usharani N
Senior Manager - Human Resources

Apollo Hospitals
(A unit of Apollo Hospital Enterprises Limited)
New No. 1, Old No. 28, Platform Road, Near Mantri Mall, Sheshadripuram, Bengaluru - 560 020
Phone : +91.80.46688999, 46688888
Regd. Off : No. 19, Bishop Garden, Raja Annamali Puram, Chennai - 600 028. CIN- L85110TN1979PLC008035.
www.apollohospitalsbangalore.com, www.apollohospitals.com

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shubhi Bhati** of the academic year **2024–2026** of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during **13th May to 23rd July 2025**.

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

Date: 28/7/2025

Piyush 28/7/2025

Dr. PIYUSH MAJUMDAR

(ASSOCIATE PROFESSOR)

Quality And Safety In Healthcare:
Incident Analysis From Apollo Hospital, Sheshadripuram, Bangalore

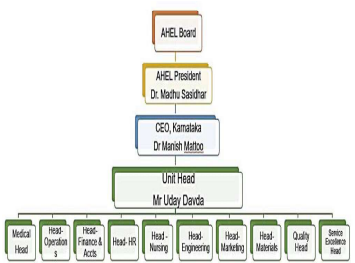
Organization Mentor : Manasa B K (Assistant Quality Manager)
University Mentor : Dr. Piyusha Majumdar

Presented by: Dr. Shubhi Bhati (2091)
MBA HM-29, IIHMR University, Jaipur

Introduction

Apollo hospital Sheshadripuram was started on 1st August 2015 in the heart of the garden city of Bangalore, is a NABH-accredited, multi-specialty facility , Offering advanced medical services across key specialties with over 200 beds, it caters to a high volume of outpatient visits and surgical procedures each month. The hospital is known for its robust emergency care, state-of-the-art technology, and skilled medical professionals. With a focus on clinical excellence and patient-centerd care, Apollo Sheshadripuram sets benchmarks in quality, safety, and healthcare innovation.

Organisation Structure



Mission

Apollo's 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.

Vision

Apollo's vision for the next phase of development is to *Touch a Billion Lives*."

Swot Analysis

Strength
- Strong adherence to NABH standards.
- Use of AIRS (Apollo Incident Reporting System) promotes proactive incident reporting.
- Structured internal audits and active file reviews.
- Digital tools for KPI monitoring and compliance tracking. Well-trained quality team with defined SOPs and checklists.

Weakness
- Incomplete or delayed documentation in some departments.
- Documentation errors during peak hours
- Dependence on manual processes in some areas.
- Limited integration of data between departments causing data discrepancies.

Opportunities
- Implementation of real-time dashboards and analytics.
- Regular training and sensitization sessions to improve quality culture.
- Use of automation (e.g., common integrated portal for all the departments reducing data discrepancies).
- Patient feedback integration to guide quality improvement plans.

Threats
- High competition from other NABH-accredited hospitals in the area
- Poor documentation may lead to compliance risks.
- Staff burnout or turnover affects continuity in quality efforts.
- "Breach of patients' trust in the hospital's quality standards due to delayed incident closures or inconsistent care."

Key Learnings

- Gained hands-on experience in monitoring quality indicators such as patient falls, medication errors, and near misses.
- Observed the complete incident reporting and root cause analysis process.
- Participated in internal audits, mock drills, and quality review meetings to understand real-time compliance practices.
- Involved in **pulse checks** and **clinic audits**, helping assess compliance with SOPs and service delivery standards.
- Participated in **ICQUA audit** of other departments, offering broader insight into quality practices hospital-wide.
- Joined **quality review meetings** to discuss reported incidents, analyze contributing factors, and suggest preventive measures.
- Analyzed quality dashboards and KPIs to connect theoretical indicators with practical data interpretation

Difference between Practical exposure at SIP Organization and theoretical understanding from IIHMR University

- Observed interdepartmental coordination challenges, gaining insights into the importance of teamwork in hospital operations.
- Understood the impact of patient behavior and expectations on service delivery, beyond what textbooks cover.
- Applied theoretical concepts like NABH standards and quality indicators in a real hospital setting.
- Gained exposure to hospital policies, SOPs, and compliance audits, bridging academic learning with regulatory practices.
- Witnessed the role of technology integration and its limitations in real-time healthcare settings.

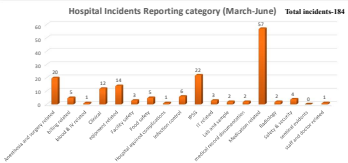
Objective

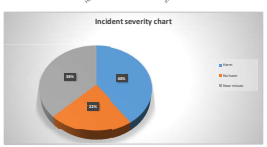
To study hospital-reported incidents by category and assess the severity of events (harm, no-harm, and near misses) in order to identify key areas for patient safety improvement.

Methodology

•Study Design:
This was an **observational study** conducted over a 4-month period (March to June). It involved the review and analysis of reported hospital safety incidents.
•Data Sources:
•Primary data: Real-time incident reporting process observations, on-site audit(e.g. Active file audits, safety checks and document reviews, notes from daily rounds and safety meetings)
•Secondary data :
Incidents were categorized by type (e.g., medication errors, surgery-related, facility issues), and each was assessed based on severity—classified into harm, no-harm, or near-miss categories. The closure rate and resolution timelines of incidents were also analyzed.
•Tools Used:
Tools used: **Active file audits**, **observation checklists**, and the **AIRS (Apollo Incident Reporting System)**.
Data was categorized and analysed by type, severity, and resolution timeline. Confidentiality of patient and staff data was maintained throughout the study. No individual identifiers were used

Analysis and Results





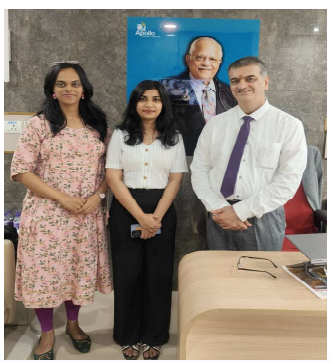
- From march to June out of 187 reported incident cases medication-related incidents accounted for the highest number of reports (57 cases), signaling significant issues in the prescribing, dispensing, and administration processes. Other notable categories included IPSG related (22) surgery and anaesthesia related incidents (20), facility safety (14), and clinical equipment-related issues (12). The consistently high number of medication errors emphasizes the urgent need for targeted interventions to improve medication safety protocols across the hospital
- Out of all reported incidents, 40% resulted in actual harm, while 22% were no-harm cases and 38% were near misses. The high percentage (60%) of non-harmful events suggests a proactive reporting culture, which is a positive sign of safety awareness.
- Out of 184 incidents, nearly all were closed—showing strong follow-up. However, only 69% were resolved within 7 days, which is a key benchmark for timely action. This suggests a need to strengthen internal processes to ensure quicker resolution and maintain momentum in patient safety efforts.

Challenges Faced During Internship

- Slow HMIS system led to delays in administrative tasks and patient processing.
- Incomplete incident descriptions making RCA difficult.
- Delayed response from clinical and non-clinical staff in providing justifications for reported incidents hampers timely investigation and closure.
- Discrepancies observed between data provided by various departments and that collected independently by the Quality Department, leading to challenges in ensuring data accuracy and consistency.
- Observed challenges in effective communication between staff and patients, impacting patient understanding and satisfaction

Suggestions

- Upgrade HMIS infrastructure to improve processing speed and efficiency.
- Implement token-based systems and optimize appointment scheduling for better patient flow.
- Strengthen e-prescriptions, barcode verification, staff training, and double-checks to reduce medication errors
- Conduct regular training sessions on communication skills and local language basics.
- Increase frequency of housekeeping rounds and perform routine hygiene audits.
- For IPSG, ensure proper ID band use, clear communication (SBAR), time-outs, and regular safety drills.



Reporting Format (Weekly)

Name of the Organization: Apollo Hospital, sheshadripuram, Bangalore

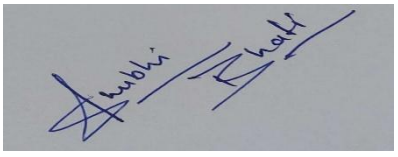
Area/ Department/ Project of Summer Internship Program: Quality department

Name of the Student: SHUBHI BHATI

Roll no:2091 **Stream: Hospital and health management**

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

Activity Done	Visited all the relevant departments of hospital for observation and was given induction on safety and all hospital protocols. Observed in dept. for safety procedures, NABH guidelines being followed, services provided gaps in departments.
Linking theory (Classroom learning) with practice at your organisation	Classrooms learning about NABH guidelines ad key performance indicators, hospital policies and SOPs, basic documentation and file audits, incident reporting and root cause analysis.
Gaps identified on the working area.	-poor signage and patient navigation -Hygiene and maintenance issues -Lack of digital compliance -Long patient waiting time Absence of fall prevention
Suggestions for improvement	-Install clear, color-coded directional signage -Create a daily housekeeping checklist -Reduce patient waiting time - Place fall- risk signage near beds and on patient ID bands
Plan for the next week	Practicing file auditing in a hospital and the project title to carry on with the internship and project.



Signature of the Student

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

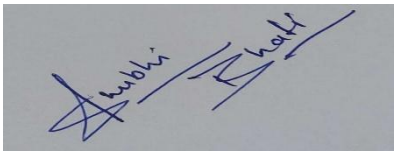
Area/ Department/ Project of Summer Internship Program: Quality department

Name of the Student: SHUBHI BHATI

Roll no:2091 **Stream: Hospital and health management**
Week no: 2 **From- 19/05/25 to 24/05/25**

Activity Done	Visited the emergency department and observed workflow, triage system, patient flow, documentation process, communication between staff, and infection control practices.
Linking theory (Classroom learning) with practice at your organisation	Applied knowledge from hospital operations and quality management to understand real time triage categorization, time- motion studies, and SOPs. Concepts like 6 sigma and NABH standards helped in assessing ED efficiency and compliance.
Gaps identified on the working area.	1. delayed initial triage during peak hours. 2. Lack of proper signage for patient guidance. 3.delay in putting wrist identification bands on patients.
Suggestions for improvement	1. Implementing mandatory wrist identification bands upon registration for all patients. 2.strengthen triage protocol during peak hours with added staff. 3.place clear, multilingual signage for better navigation.

Signature of the Student



Reporting Format (Weekly)

Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

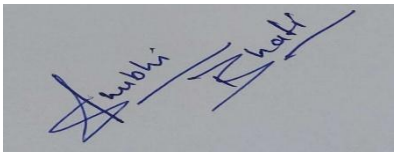
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:3 **From: 26/5/2025 to 31/5/2025**

Activity Done	• Monitored and recorded the time gap between patient arrival and emergency registration. • Checked compliance of patient identification through ID band verification. • Ensured proper labelling of containers before blood sample collection. • Audited ambulance checklists, including availability of equipment, oxygen cylinders, and emergency medications. • Monitored and documented refrigerator temperature in the medication storage area. • Initiated daily active file audits. • Understood the functionality and usage of the Apollo Incident Reporting System (AIRS). • Attended training sessions on International Patient Safety Goals (IPSG).
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of patient safety protocols and quality indicators in real-time clinical settings. • Used concepts from classroom sessions on NABH standards and IPSG during audits and training. • Understood the practical application of hospital incident reporting systems, aligning with topics covered in healthcare operations and quality management courses. • Applied analytical skills learned during coursework to identify compliance gaps and suggest process improvements.
Gaps identified on the working area.	• Delay observed between patient arrival and registration in the emergency department. • Inconsistent adherence to ID band application and verification protocols. • Instances of improper or missing labelling of sample containers. • Incomplete documentation in ambulance checklists. • Fluctuations in refrigerator temperatures and inconsistent logging.
Suggestions for improvement	• Implement standard turnaround time monitoring for emergency registration. • Reinforce staff training on patient identification protocols.

	• Introduce a standardized checklist to ensure correct labelling of sample containers. • Conduct regular training and mock drills for ambulance staff to ensure compliance with equipment checklists. • Digitize temperature monitoring records for better tracking and accountability.
Plan for the next week	• Begin compiling data for a project report focused on AIRS-related incidents. • Participate in reviewing quality indicators related to emergency and lab services. • Observe and support IPSG compliance monitoring during medication administration. • Assist in the implementation of IPSG checklist audits across selected departments.



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Name of the Organisation: Apollo Hospital, Sheshadripuram,Bangalore

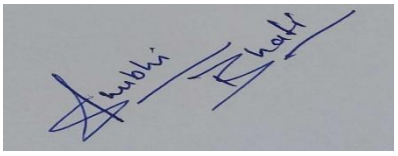
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:4 **From: 2/6/2025 to 7/6/2025**

Activity Done	• Acquired practical exposure to the **Pulse Check Audit** process and conducted audits across the Emergency Department, Pharmacy, and Outpatient Department. • Participated in the **Weekly Quality Review Meeting** attended by all unit heads, where a presentation was delivered on incident trends and findings from active file audits. • Gained introductory knowledge on **Hospital-Acquired Infections (HAIs)** and identified a **near-miss incident** during clinical observation. • Identified key issues during audit rounds, including understocking and overstocking of medications, expired gauze packs, and unlabeled medications in various clinical areas. • Received hands-on training on **incident reporting** through the **Apollo Incident Reporting System (AIRS)** and understood various incident categorization protocols. • **Worked on the Safe@Six initiative**, which involved monitoring and recording events such as adverse drug reactions (ADR), blood transfusion reactions, and reintubation cases. •
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical concepts from modules on **patient safety**, **risk management**, and **quality assurance** during audit and reporting processes. • Gained practical insight into hospital governance structures by attending interdisciplinary quality meetings. • Understood the relevance of **incident reporting mechanisms** and **root cause analysis**, in alignment with academic learning. • Reinforced classroom understanding of **medication safety** and **inventory control** through field audits and interaction with pharmacy staff.
Gaps identified on the working area.	• Significant discrepancies in medication inventory management, including both overstock and understock issues. • Discovery of expired sterile supplies (e.g., gauze packs), indicating lapses in stock rotation practices.

	• Non-compliance with medication labelling protocols in multiple clinical units. • Limited awareness among staff regarding the identification and reporting of near-miss events.
Suggestions for improvement	• Implement routine inventory audits with predefined thresholds to manage stock levels efficiently. • Reinforce **First-Expiry-First-Out (FEFO)** policy for all consumables and medications. • Establish mandatory compliance checks for proper labelling of all stored and administered medications. • Conduct focused training sessions to enhance staff awareness and compliance with near-miss and incident reporting systems.
Plan for the next week	• Continue Pulse Check audits in remaining departments and prepare a summary of findings. • Monitor follow-up actions initiated for stock and safety issues identified during audits. • Support HAI surveillance activities and further understand infection control protocols. • Assist in developing an incident categorization dashboard using AIRS data. • Contribute to the compilation and analysis of **monthly quality indicators** for departmental review.



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Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

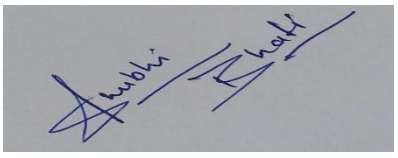
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:5 **From: 9/6/2025 to 14/6/2025**

Activity Done	• Gained detailed exposure to the handling and documentation of **Discharge Against Medical Advice (DAMA)** cases, including identification of patterns and quality concerns. • Worked on **Operating Theatre (OT) performance analysis**, covering key indicators such as: • OT utilization rates • Percentage of surgeries exceeding scheduled time by more than 30 minutes • Rates of surgery rescheduling and cancellations • Cases of delayed postoperative recovery (more than 2 hours) • Continued conducting **daily active file audits** to monitor compliance with documentation standards and patient safety protocols. • Carried out **Pulse Check audits** in the **Physiotherapy** and **Blood Bank** departments, focusing on infrastructure readiness, stock status, and infection control practices. • Participated in interdepartmental discussions related to OT performance trends and contributed to the preliminary data compilation for monthly reports. • Visited **Dell company** as part of an external initiative to conduct **Basic Life Support (BLS) training and CPR awareness sessions**, educating staff on emergency response techniques and the importance of timely intervention during cardiac events .
Linking theory (Classroom learning) with practice at your organisation	1. Applied academic understanding of **clinical audit methodology**, **operating room efficiency**, and **patient safety standards** in a real-time hospital setting. 2. Integrated principles from hospital operations, data analytics, and quality assurance into OT performance review. 3. Reinforced learning on patient rights and medico-legal aspects while reviewing DAMA cases and related documentation. Gained hands-on experience with **KPIs (Key Performance Indicators)** used in hospital quality dashboards.

	4. Implemented **theoretical training in BLS and CPR** by conducting real-time sessions and demonstrations at an external corporate site, bridging academic knowledge with community health outreach.
Gaps identified on the working area.	• High incidence of surgeries being rescheduled or cancelled due to non-clinical factors such as coordination issues and patient preparedness. • Cases of **delayed post-operative recovery** exceeding the standard time window. • Incomplete documentation in several patient records, particularly in progress notes and consent forms. • Gaps in stock maintenance and labelling practices noted during Pulse Check in support departments.
Suggestions for improvement	• Strengthen pre-operative assessment and coordination among surgical, nursing, and anesthesia teams to reduce avoidable delays and cancellations. • Monitor delayed recovery cases for patterns linked to procedural or patient-specific risks and escalate them for clinical review. • Conduct regular refresher training for staff on clinical documentation and informed consent protocols. • Implement department-wise tracking of stock and compliance metrics through monthly internal audits.
Plan for the next week	• Conduct trend analysis of DAMA cases to identify common causes and potential intervention strategies. • Support the preparation of the **monthly OT utilization report** and suggest process improvements based on audit findings. • Expand Pulse Check audits to other key departments, such as ICU and CSSD. • Participate in quality department review meetings and assist in developing quality improvement action plans.



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Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

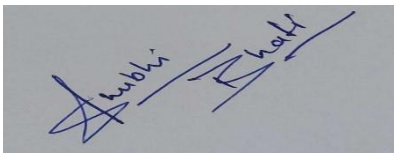
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:6 **From: 16/6/2025 to 21/6/2025**

Activity Done	• Reported and documented an incident of **Code Grey** due to a short circuit occurrence within the hospital premises. • Identified and flagged **expired endoscopy equipment** during a department-level audit, and escalated the issue for necessary action. • Continued **daily file audits** to ensure proper documentation, compliance, and safety practices were being followed. • Participated in the **weekly quality review meeting**, contributing observations and audit findings from assigned departments. • Actively contributed to the development of a **presentation** focused on quality initiatives and departmental findings. • Attended **multiple fire safety mock drills**, enhancing readiness for fire emergency response. • Conducted **Pulse Check audits** across other departments including bronchoscopy and Orthopaedics to assess safety practices, hygiene, and documentation standards.
Linking theory (Classroom learning) with practice at your organisation	• Applied academic training in **risk management and emergency preparedness** while participating in mock drills and incident reporting. • Implemented knowledge of **clinical equipment lifecycle management** while identifying expired instruments during audits. • Reinforced learning on **healthcare quality indicators and compliance frameworks** during weekly review meetings and departmental evaluations. • Leveraged skills in **audit methodology and data validation** for real-time assessment of documentation accuracy and infrastructure safety across departments.
Gaps identified on the working area.	• Safety hazard due to poor maintenance in electrical fittings, leading to a short circuit. • Lapses in biomedical equipment tracking, resulting in continued presence of expired devices.

	• Inconsistencies in record-keeping during documentation review, especially in consent and nursing notes. • Departments not fully prepared in mock drills, highlighting the need for regular emergency training.
Suggestions for improvement	• Conduct periodic checks on electrical systems and update facility maintenance logs to mitigate fire/electrical risks. • Establish a **standardized tracking system** for endoscopy and other biomedical instruments with defined expiry management. • Reinforce staff training on **comprehensive documentation practices**. • Improve **mock drill participation and departmental coordination** through structured pre-drill briefings and post-drill feedback
Plan for the next week	• Assist in developing an **incident root cause analysis (RCA)** report for the Code Grey event. • Participate in a **gap assessment of expired equipment tracking protocols**. • Expand the **Pulse Check audits** to include departments like Cath Lab and CSSD. • Continue contributing to **quality department presentations** and assist with audit data compilation.



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Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

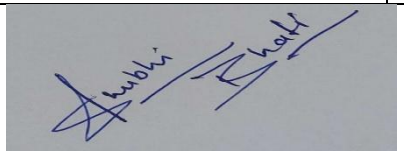
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:7 **From: 30/7/2025 to 5/7/2025**

Activity Done	• Organised and conducted **Fire Safety Week**, which included a **quiz competition**, **awareness stall**, and an **interactive workshop** for hospital staff and visitors to promote fire emergency preparedness. • Created and distributed **informational handouts** and visual aids to educate attendees on the use of fire extinguishers and evacuation protocols. • Coordinated with the fire safety team for **live demonstration of fire response tools** during the workshop. • Participated in **incident root cause analysis (RCA)** for the previously reported Code Grey event; documented contributing factors and preventive measures. • Actively supported **incident reporting** by reviewing new entries in the system, verifying details, and escalating critical ones to the appropriate authority. • Conducted **Pulse Check audits** in **Cath Lab and CSSD**, focusing on hygiene practices, biomedical equipment, and compliance with SOPs. • Reviewed and compiled audit data for the **quality department's ongoing performance presentation**. • Continued **file audits**, reviewing patient records for gaps in documentation and compliance. • Attended the weekly **quality review meeting** and contributed findings from Pulse Check and file audits.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of **disaster management and communication** while planning and executing Fire Safety Week. • Used **quality assurance principles** during Pulse Check audits and data analysis of documentation practices. • Implemented **root cause analysis tools and frameworks** learned in class to assess the Code Grey incident. • Demonstrated understanding of **hospital safety protocols and staff engagement strategies** during the educational events. • Utilized classroom training on **incident reporting frameworks** while assisting in report verification and escalation.

Gaps identified on the working area.	• Limited awareness among some hospital staff regarding fire extinguisher handling and emergency response roles. • Incomplete or inconsistent entries in the patient documentation system during random audits. • Storage of biomedical items in Cath Lab lacked standard labelling and expiry visibility. • Observed delays in RCA completion and action implementation timelines. • Some incidents were **under-reported or lacked follow-up documentation**, indicating a need for better reporting culture.
Suggestions for improvement	• Arrange **mandatory refresher training** on fire safety protocols for all departments. • Implement **real-time digital alerts** for biomedical equipment nearing expiry. • Standardize **nursing documentation templates** to reduce inconsistency and improve compliance. • Establish a fixed turnaround timeline for RCA report submission and implementation of preventive action. • Promote a **stronger incident reporting culture** by conducting training sessions and ensuring timely feedback on reported cases.
Plan for the next week	• Collaborate with the biomedical team to update the inventory list and conduct a mini audit. • Assist in finalizing the quality presentation slides and incorporate feedback from the review meeting. • Conduct random spot-check audits in support services departments (e.g., laundry, dietary). • Participate in planning for an upcoming **internal quality audit**. • Continue monitoring and supporting the **incident reporting and follow-up process**



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Reporting Format (Weekly)

Name of the Organization: Apollo Hospital, Sheshadripuram, Bangalore

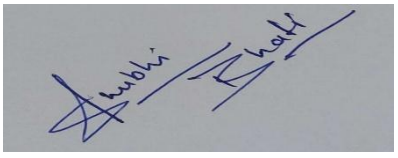
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:8 **From: 30/7/2025 to 5/7/2025**

Activity Done	Conducted a clinical audit in the Surgery Department, covering: • **Preoperative Period:** Audits focused on verifying informed consent (including HIV consent), site marking, NPO status, preoperative checklist completion, PAC evaluation, DVT risk scoring, and timely completion of investigations. • **Intraoperative Period:** Reviewed compliance with antibiotic prophylaxis timing, adherence to aseptic techniques, accurate instrument and sponge counts, and completeness of operation notes. • **Postoperative Period:** Assessed VTE prophylaxis, pain management, early mobilization, postoperative reviews, Aldrete scoring, ICU transfers, and response to Code events. • **Outcomes Monitored:** Included surveillance of surgical site infections (SSI), unplanned returns to OT, 30-day readmissions, and DAMA/DNR cases. • **Extended Audits:** Pulse Check audits were conducted in NICU and CSSD to evaluate compliance with SOPs and infection control standards. • **Standards & Methodologies:** NABH guidelines, perioperative safety protocols, and clinical audit frameworks were utilized. • **Quality Improvement:** Surgical outcomes and compliance levels were reviewed using root cause analysis and other quality improvement tools. • **Training & Capacity Building:** Applied training in incident reporting, infection control, and patient safety during audit activities

Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of **NABH standards**, clinical auditing, and perioperative safety protocols. • Used **root cause analysis** and **quality improvement tools** in reviewing surgical outcomes and compliance levels. • Leveraged training in **incident reporting**, **infection control**, and **patient safety** during audit activities.
Gaps identified on the working area.	• **Pain assessment** not documented in some files. • **DVT scoring** missing in a few pre-op evaluations. • **HIV consent** forms unsigned in some cases. • Incomplete pre-op checklists. • Delayed post-op documentation.
Suggestions for improvement	• Reinforce pre- and post-op documentation protocols. • Mandatory DVT risk scoring and HIV consent verification. • Refresher sessions on pain management and aseptic technique compliance.
Plan for the next week	• Follow up with departments on audit findings. • Conduct file audits in ICU/HDUs. • Support incident tracking and quality dashboard finalization.



Signature of the Student

Reporting Format (Weekly)

Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

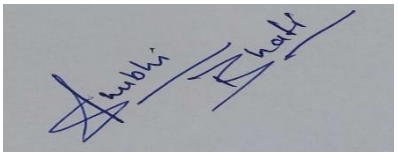
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:9 **From: 7/7/2025 to 12/7/2025**

Activity Done	• Carrying out clinical audits for the months of April, May, and June in the General Surgery Department related to perioperative implications of the critical indicators of quality. • A PowerPoint presentation was made summarizing the audit analysis, outlining key data-based trends, highlight of areas of improvement, and recommendations for strategy. • Entered all Pulse Check parameters into the Apollo Quality Portal after verification and cross-checking with clinical departments. • Worked alongside the nursing staff and junior doctors in order to clarify issues with documentation and ascertain data accuracy. • Supportive of the identification of recurring compliance issues mainly regarding pain assessment, checklist completion, and intra-op documentation.
Linking theory (Classroom learning) with practice at your organisation	•Applied principles of clinical governance along continuous quality improvement. •Used knowledge from NABH 5th Edition and hospital audit standards to assess compliance and identify improvement areas. •Using Excel tools and presentation skills for data, converted raw data into useful insights.
Gaps identified on the working area.	• The Inconsistencies in Documentation: A few surgical case files revealed delayed or partial entries into intra-op and post-op notes. This gave rise to ambiguity in the timeline of patient care. •Non-standardized: There were noted variations in the documentation of informed consent or site marking done by different surgeons. This merits the creation of a standard format. •Non-Compliance of Units with Pulse Check Implementing Protocols: Probably in a few units, outdated or incomplete entries were kept on the Pulse Check dashboard, and this could undermine the reliability of quality reporting data.
Suggestions for improvement	• Use standardized templates for consent and site marking. • Conduct quick refresher sessions on key documentation (DVT score, pain assessment). • Implement structured handoff tools like SBAR for nursing shifts. • Add file-based reminders for incomplete documentation.

	• Assign unit-level leads to monitor and validate Pulse Check entries.
Plan for the next week	• Present general surgery audit findings to the Quality Team and Surgical Unit. • Support CAPA (Corrective and Preventive Action) planning based on audit gaps. • Assist in compiling the hospital-wide monthly Quality Dashboard.



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Reporting Format (Weekly)

Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

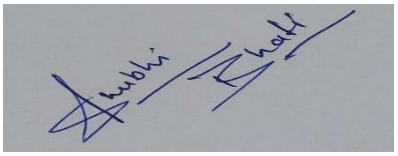
Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream: Hospital and Health Management**
Week no:10 **From: 14/7/2025 to 19/7/2025**

Activity Done	○ • Conducted Root Cause Analysis (RCA) for a patient fall incident during the Treadmill Test (TMT) and created a Fishbone Diagram to identify contributing factors. • Compiled and analysed data on cancellation and rescheduling of surgeries, focusing on trends, causes, and department-wise distribution. • Participated in KPI data collection related to clinical and operational quality indicators. • Attended the ICQUA audit, observing compliance checkpoints, audit tools, and interactions between internal auditors and clinical departments.
Linking theory (Classroom learning) with practice at your organisation	• Applied quality tools like **RCA** and **Fishbone analysis**, as taught in patient safety and hospital operations modules. • Understood audit frameworks and practical applications of **internal quality assessments (ICQUA)** aligned with NABH standards. • Used MS Excel for organizing and interpreting KPI and surgical rescheduling data.
Gaps identified on the working area.	• RCA revealed issues in **communication during patient transfer** and gaps in **environmental safety** during the TMT procedure. • Identified absence of **procedure-specific consent** before the TMT test, raising concerns about patient rights and medico-legal compliance. • Lack of a defined **rescheduling protocol**, leading to inconsistent documentation and data tracking. • KPI data often lacked **timely updates** from departments, affecting dashboard accuracy.

Suggestions for improvement	• Install **bedside safety checklists** and patient risk signage to prevent falls. • Ensure **procedure-specific consent forms** are taken before diagnostic tests like TMT to meet legal and ethical standards. • Develop a **standardized form** for surgery cancellations with defined reasons and responsible departments. • Schedule periodic **KPI update reminders** to ensure timely data submission.



Signature of the Student

Compiled Reporting Format

Name of the Organisation: Apollo Hospital, Sheshadripuram, Bangalore

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Shubhi Bhati

Roll no:2091 **Stream:** Hospital and Health Management (Section B)

Activity Done	**Week 1** **Departmental Observations & Induction** • Visited all key clinical and non-clinical departments to observe operations, patient care processes, and departmental coordination. • Attended hospital induction sessions covering safety protocols, infection control measures, and quality standards including NABH guidelines. **Week 2** **Emergency Department Workflow Analysis:** • Observed the functioning of the triage system, patient flow, registration timelines, communication among staff, and documentation practices. • Monitored time intervals between patient arrival and emergency registration • Checked compliance of patient identification through ID band verification. • Observed infection control measures and availability of essential resources. **Week 3** • Monitored and documented the period between patient arrival and emergency registration • Verified patient identification via ID bands. • Ensured containers were properly labelled before collecting blood samples.

	• Monitored and recorded refrigerator temperature in medication storage area. Conducted daily active file audits. • Audited ambulance checklists for equipment, oxygen, and emergency drugs. • Understood Apollo Incident Reporting System (AIRS) functionality and usage. • Attended training seminars on International Patient Safety Goals **Week 4** • Conducted Pulse Check Audits in the Emergency, Pharmacy, and Outpatient departments to get practical experience • Attended weekly Quality Review Meeting with all unit heads, presenting on incident trends and findings from active file audits. • Acquired basic knowledge of Hospital-Acquired Infections (HAIs) and detected a near-miss incidence during clinical observation. • Identified drug concerns during audit rounds, such as understocking and overstocking, expired gauze packs, and unlabelled medications in several clinical locations. • Received hands-on training on incident reporting using the Apollo Incident Reporting System (AIRS) and learned incident classification protocols. • Contributed to the SafeSi@x project by monitoring and recording adverse drug reactions (ADR), blood transfusion responses, and reintubation incidents. **Week 5** • Acquired indepth knowledge of how Discharge Against Medi cal Advice (DAMA) cases are handled and documented, includ ing how to spot trends and quality issues. • Contributed to an analysis of operating theater (OT) performa nce, focusing on important metrics like rates of overtime utilization

	• The proportion of surgeries that take longer than 30 minutes t o complete; • The rates of surgery cancellations and rescheduli ng • Situations where recovery from surgery is delayed (greater th an two hours) • Performed daily active file audits to ensure adherence to patie nt safety procedures and documentation standards. • Performed Pulse Check audits in the blood bank and physioth erapy departments, concentrating on infection control procedur es, stock status, and infrastructure preparedness. • Contributed to the first data collection for monthly reports an d took part in interdepartmental discussions about OT performa nce trends. **Week 6** Described and recorded a Code Grey incident that occurred on hospital property as a result of a short circuit. During a department-level audit, I found and marked expired endoscopic equipment and raised the matter for the appropriate action. • Performed daily file audits to make sure that safety procedures, compliance, and appropriate documentation were being followed. • Contributed observations and audit results from designated departments to the weekly quality review meeting. • Contributed actively to the creation of a presentation that highlighted departmental findings and quality initiatives. • Participated in several fire safety simulated exercises, which improved preparedness for responding to fire emergencies. • Performed Pulse Check audits in orthopaedics and bronchoscopy, among other departments, to evaluate documentation standards, safety procedures, and hygiene. **Week 7**

	• Organised and conducted **Fire Safety Week**, which included a **quiz competition**, **awareness stall**, and an **interactive workshop** for hospital staff and visitors to promote fire emergency preparedness. • Created and distributed **informational handouts** and visual aids to educate attendees on the use of fire extinguishers and evacuation protocols. • Coordinated with the fire safety team for **live demonstration of fire response tools** during the workshop. • Participated in **incident root cause analysis (RCA)** for the previously reported Code Grey event; documented contributing factors and preventive measures. • Actively supported **incident reporting** by reviewing new entries in the system, verifying details, and escalating critical ones to the appropriate authority. • Conducted **Pulse Check audits** in **Cath Lab and CSSD**, focusing on hygiene practices, biomedical equipment, and compliance with SOPs. • Reviewed and compiled audit data for the **quality department's ongoing performance presentation**. • Continued **file audits**, reviewing patient records for gaps in documentation and compliance. • Attended the weekly **quality review meeting** and contributed findings from Pulse Check and file audits. . **Week 8** Conducted a clinical audit in the Surgery Department, covering: • **Preoperative Period:** Audits focused on verifying informed consent (including HIV consent), site marking, NPO status, preoperative checklist completion, PAC evaluation, DVT risk scoring, and timely completion of investigations. • **Intraoperative Period:** Reviewed compliance with antibiotic prophylaxis timing, adherence to aseptic techniques, accurate instrument and sponge counts, and completeness of operation notes. • **Postoperative Period:** Assessed VTE prophylaxis, pain management, early mobilization, postoperative reviews, Aldrete scoring, ICU transfers, and response to Code events. • **Outcomes Monitored:** Included surveillance of surgical site infections (SSI), unplanned returns to OT, 30-day readmissions, and DAMA/DNR cases.

	• **Extended Audits:** Pulse Check audits were conducted in NICU and CSSD to evaluate compliance with SOPs and infection control standards. • **Standards & Methodologies:** NABH guidelines, perioperative safety protocols, and clinical audit frameworks were utilized. • **Quality Improvement:** Surgical outcomes and compliance levels were reviewed using root cause analysis and other quality improvement tools. • **Training & Capacity Building:** Applied training in incident reporting, infection control, and patient safety during audit activities **Week 9** • Conducting clinical audits on the perioperative implications of the essential quality indicators in the general surgery department for the months of April, May, and June. •The audit analysis was summarized in a PowerPoint presentation that also highlighted areas for improvement, highlighted important data-based trends, and offered strategy recommendations. • After confirmation and cross-checking with clinical departments, all Pulse Check parameters were entered into the Apollo Quality Portal. • Collaborated with junior physicians and nursing personnel to resolve documentation concerns and ensure data accuracy. • Assists in identifying persistent compliance problems, namely with reference to intra-operative paperwork, pain evaluation, and checklist completion. **Week 10** • Conducted Root Cause Analysis (RCA) for patient fall during Treadmill Test (TMT) and developed a Fishbone Diagram to identify contributing causes. • Analyzed data on surgery cancellations and rescheduling to identify trends, reasons, and distribution by department. • Collected key performance indicators (KPI) for clinical and operational quality.

	• Observed ICQUA audit, including compliance checkpoints, tools, and interactions between auditors and clinical departments.
Linking theory (Classroom learning) with practice at your organisation	Week 1 • **Integrated NABH Guidelines & Quality Frameworks**: Applied classroom knowledge on NABH 5th Edition, IPSG standards, and hospital SOPs across departments for audits, compliance checks, and process evaluation. Week 2 • **Clinical & Documentation Audits**: Conducted documentation and file audits, assessed infrastructure safety, verified expired instruments, and evaluated clinical areas like OT and ED for adherence to protocols. Week 3 • **Hands-on with KPIs & Dashboards**: Gained experience with key performance indicators (KPIs), surgical rescheduling metrics, and used Excel tools for data validation, analysis, and reporting. Week 4 • **Triage & Time-Motion Studies**: Observed emergency department operations including triage categorization and time-motion studies to assess workflow efficiency. Week 5 • **Incident Reporting & RCA**: Participated in incident reporting processes and applied root cause analysis (RCA), fishbone analysis, and quality improvement techniques to assess and suggest corrective actions. Week 6 • **Mock Drills & Risk Preparedness**: Took part in mock drills, emergency preparedness activities, and practical application of risk management principles. Week 7 • **Governance & Interdisciplinary Meetings**: Attended quality review meetings to understand hospital governance, compliance tracking, and interdepartmental coordination.

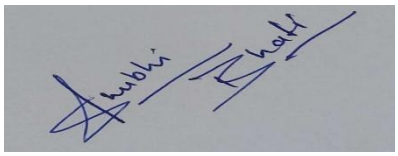
	Week 8 • **Patient Rights & Medico-Legal Documentation**: Reviewed DAMA (Discharge Against Medical Advice) cases and documentation practices to reinforce legal and ethical considerations in patient care. Week 9 • **Clinical Safety & Infection Control**: Audited infection control practices, perioperative safety protocols, and medication safety to ensure alignment with NABH and patient safety standards. Week 10 • **Training, ICQUA Audits & Outreach Activities**: Conducted BLS/CPR training at a corporate site, learned the framework and application of ICQUA (Internal Clinical Quality Assessment) audits, and supported quality awareness through staff training and departmental evaluations.
Gaps identified on the working area.	• **Patient Navigation & Signage Deficiencies:** Poor signage and the absence of navigation aids created confusion for patients and delayed access to services. • **Delays in Emergency Triage & Registration:** There were delays, most especially in peak hours, in triage and patient registration services for cases that had to be managed in a manner that provided timeliness in care. • **Lapses in Identification & Labelling Protocols:** Lapses in identification protocol occur with the irregular inscription of wristbands and sample labelling-one without verifying the patient's identification, creating risks to safety. • **Incomplete & Non-Standard Documentation:** Several files had missing pain scores, unsigned consent forms, incomplete pre-operation checklists, post-operation checklists, nursing notes, or progress notes. • **Medication & Inventory Management Issues:** There were instances of expired supplies, supplies stocked in violation of the first in-first out rule, and discrepancies in the

	stock of medications. • **Environmental & Equipment Safety Risks:** Maintenance of electrics, biomedical device safety, and equipment tracking were poorly undertaken to ensure safety. • **Lack of Compliance with Quality Protocols:** Most pulse check entry is incomplete or not updated; in some departments, the standard procedure for quality audit was not adhered to. • **Digital System Gaps:** Several units had minimal digital compliance, with late KPI updates and inconsistent input of data onto the dashboard. • **Training & Emergency Preparedness Deficiencies:** Mock drills had shown the staff to be inadequately prepared and thus highlighted the need for trainings and emergency simulations on a regular basis. • **Patient Rights & Legal Compliance Issues:** Missing the consent on the procedure-specific consent (e.g., for TMT), and unclear processes to reschedule reflected inadequacies in the medico-legal protection.
Suggestions for improvement	• **Strengthen Patient Safety Measures** Mandatory wrist identification bands for all patients Display fall-risk signage on patient beds and ID bands Install bedside safety checklists for fall and infection risk prevention • **Improve Emergency Department Efficiency** Reinforce triage protocols during peak hours Monitor and reduce turnaround time from patient arrival to registration • **Address Staff Shortage Issues** Identify staffing gaps, especially in high-traffic areas Reallocate or hire additional staff to meet patient care demands • **Bridge Staff Training Gaps** Conduct refresher sessions on documentation, consent, aseptic techniques, etc. Improve staff awareness and usage of the AIRS (Apollo

	Incident Reporting System) Provide training on near-miss reporting, Pulse Check, and safety protocols • **Enhance Navigation and Communication** Install clear, colour-coded multilingual signage for patient and visitor guidance Display procedure-specific instructions and reminders in diagnostic areas • **Ensure Hygiene and Facility Safety** Implement a daily housekeeping and cleaning checklist Conduct regular audits of electrical systems and fire safety measures • **Standardize and Strengthen Documentation Practices** Use uniform templates for DVT risk scoring, HIV consent, and site marking Add file-based reminders for incomplete documentation Reinforce pre- and post-op documentation protocols • **Optimize Inventory and Medication Management** Routine inventory audits with strict FEFO policy adherence Conduct compliance checks for labelling of all medications and consumables • **Implement Digital and Structured Monitoring Systems** Digitize temperature logs for better tracking Use structured handover tools like SBAR and track documentation gaps • **Improve Clinical Coordination and Procedure Flow** Standardize surgery cancellation forms with reasons and responsible units Strengthen coordination between surgical, nursing, and anaesthesia teams to avoid delay
Key Learnings	• Understood the vital nature of standardized safety measures such as patient ID bands, various forms of fall-risk signage, and bedside checklists-all key parameters in patient safety and clinical error reduction. • Gained further insight into AIRS and how creating a culture of transparency promotes the reporting of incidents by the staff so that the organization could address system issues and foster continuous improvement. • Learnt that effective signage, floor mapping, alongside communication systems based on SBAR, help internal and external navigation for patients and interdepartmental

	coordination internally, respectively. • Observed that hygienic protocols and scheduled maintenance checks are paramount in preventing infections, patient comfort assurance, and the environmental safety of clinical and non-clinical areas respectively. • Understood how things like digital documentation systems and standardized templates would reduce burdens across clinical workflows, enhance reduction in human errors, and duly claim for legal and medical documentation. • Understood the significance of inventory audits and the FEFO (First Expiry, First Out) policy in minimizing medication wastage, preventing stock-outs, and maintaining medication safety. • Learned how smooth interdepartmental coordination, especially between emergency, diagnostic, and surgical teams, contributes to improved procedural efficiency and better patient outcomes. • Recognized the importance of internal audits focusing on hygiene, documentation, equipment, and medication management, which help in assessing compliance with quality standards and identifying areas for corrective action. • Gained a basic understanding of incident categorization and Root Cause Analysis (RCA), observing how identifying contributing factors leads to preventive measures rather than assigning individual blame. • Participated in daily file audits and pulse checks, learning how regular monitoring of documentation accuracy and clinical workflows supports NABH compliance and promotes accountability. • the triage process and time-motion studies in the emergency department, appreciating how patient categorization and workflow analysis contribute to timely care delivery. • Developed a deeper understanding of NABH accreditation standards, including how quality indicators, SOPs, and safety protocols are structured to uphold consistent care delivery and risk mitigation. • Learned about the importance of proper lab sample labeling and verification protocols, and how lapses in these areas can lead to serious diagnostic and treatment errors.

	• Noted operational gaps such as inadequate signage and extended patient wait times, highlighting the need for better physical infrastructure and patient flow management. • Recognized how regular staff sensitization, awareness sessions, and hands-on training enhance adherence to hospital policies and promote a proactive quality and safety culture.



Signature of the Student

Approved by the IIHMR University's Mentor