SUMMER INTERNSHIP PROGRAM

at

FORTIS MEMORIAL RESEARCH INSTITUTE

From 12th MAY to 21ST JUNE 2025

A REPORT BY

SANJANA JAIN

Master of Business Administration

Hospital and Health Management

2024-26

under the Mentorship of

Swapnil Gadhave

Assistant Professor

IIHMR UNIVERSITY

JAIPUR

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21st July, 2025

To Whomsoever It May Concern

This is to confirm that **Dr. Sanjana Jain** had been an **Intern** from **May 12th, 2025** to **July 21st, 2025** at **Fortis Memorial Research Institute** in the **Quality** department.

During her training she exhibited a high level of professionalism and a tremendous zest for learning.

We wish **Dr. Sanjana Jain** all the best in her future endeavor's.

For Fortis Hospitals Limited

Shalini Vij
Training and Development
Senior Manager - HR

Head of Department

Dr. [illegible] (PhD)
Head - Quality Department
Fortis Memorial Research Institute
Sector-44, Gurugram-122 002, Haryana

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Sanjana Jain** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May- June 2025.

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

Date: 29/07/2025

(Signature of Faculty Mentor)
Name: Swapnil Gadhave

Designation: Assistant Professor

Fortis MEMORIAL RESEARCH INSTITUTE GURGAON

IIHMR UNIVERSITY

Name: Dr. Sanjana Jain; Roll no.: 2069; HM-29

Faculty Mentor: Swapnil Gadhave
Industry Mentor: Dr. Monika Patni

Impact of AMS Programme in reducing DRI

DESCRIPTION OF ORGANIZATION:

Situated in the centre of Gurgaon, the Fortis Memorial Research Institute (FMRI) is a monument to cutting-edge medical treatment and quality.

Established in 2013, FMRI was designed as a premier multi-specialty quaternary care hospital, completely equipped with cutting-edge technology, world-class infrastructure and a team of highly skilled medical professionals.

FMRI, which occupies a spectacular 11-acre campus, is built to offer comprehensive care in a variety of medical specialities. The hospital has 330 operating rooms in total, which includes 25 emergency room beds and 99 intensive care unit beds. FMRI guarantees that patients receive the best surgical care possible thanks to its 15 cutting-edge operating rooms.

The hospital has received various accreditations, including Joint Commission International (JCI), National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the NABL for its laboratory and Blood Bank.

Vision: *To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.*

Mission: *To be a globally respected healthcare organization known for Clinical excellence and Distinctive [patient care.*

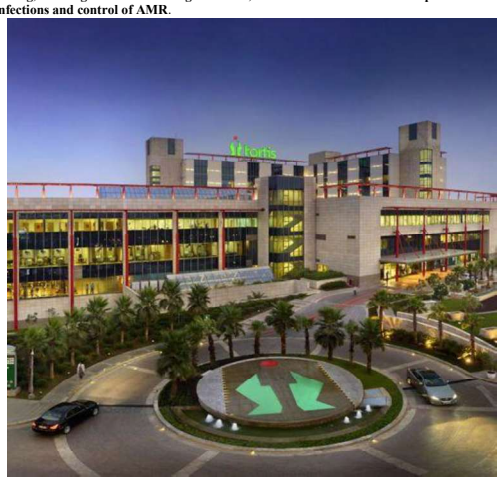
Core Values: *Patient Centricity*
Integrity
Teamwork
Ownership
Innovation

INTRODUCTION TO THE PROJECT

It is well-known fact that microorganisms are developing resistance to antimicrobial drugs, which has become a great public health concern among the scientific fraternity globally. Resistance has emerged even to newer antimicrobial agents which are being rendered ineffective in a short span of few years. In hospital setting, creating awareness among clinicians, nurses and other health care providers is necessary as they are in direct contact with the patients and eventually responsible for preventing transmission of infections and control of AMR.

OBJECTIVES

- **To compare the effectiveness, appropriateness and outcomes of empirical antibiotic therapy (initiated without culture results) vs. definitive therapy (initiated or modified on the basis of culture and sensitivity patterns or reports) and assess their compliance with AMS guidelines.**



METHODOLOGY AND DATA COLLECTION

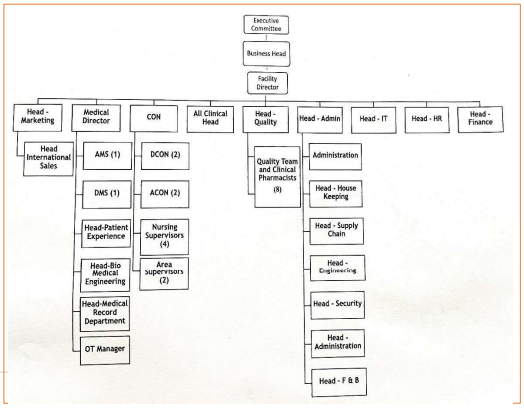
- **Study Design**: - A before after study design was adopted to conduct the study.
- **Study Population:** - All IPD patients including ICUs and wards from Fortis Memorial Research Institute, Gurugram, Haryana during the study duration.
- **Pre- Audit: -**
  - Period: - 13th May 2025 to 10th June 2025 (30 days)
  - Sampling: - Random sampling was used (In-Patient who received antibiotics)
  - Sample Size: - 150

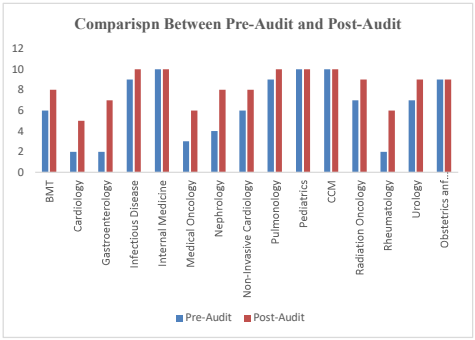
  10 days intervention plan was given to the involved health care provider and respective departments to fulfil the criteria for compliance
- **Post-Audit: -**
  - Period: - 21st June 2025 to 20th July 2025 (30 days)
  - Sampling: - Random sampling was used (In-Patient who received antibiotics)
  - Sample Size: - 150
- **Selection Criteria:**
  - Exclusion – OPD, Surgical cases
  - Inclusion – All IPD (wards, ICUs)

ANALYSIS

S.No.	Gap Analysis
1.	Non-Compliance was observed in several cases where baseline cultures were not sent before initiating antibiotics, primarily in the ER and wards and occasionally in ICUs.
2.	In some cases, cultures were not sent, and the justification provided by the team was that the patient was already on antibiotics at the time of admission; however, this was not documented in the patient history.
3.	Proper reconciliation of the patient was not documented properly.
4.	Non-Compliance was observed in several cases where cultures were not sent before changing the therapy.
5.	Inadequate documentation (required accurate history of patient regarding cultures and sensitivity pattern)

ORGANIZATION STRUCTURE





S.W.O.T ANALYSIS

STRENGTH:

Established AMS guidelines, AMS committee and infection control policies.

Regular audits and quality check.

Supportive hospital leadership.

WEAKNESS:

Lack of awareness among new residents.

Poor documentation practices.

OPPORTUNITIES:

Better patient outcomes.

Cost savings.

Alignment with NABH/JCI standards.

THREATS:

Resistance to change.

Increasing antibiotic resistance.

Lack of policy enforcement.

FINDINGS

- **Complete Compliance was seen amongst CCM, Internal Medicine and Pediatrics team.**
- **In some cases, cultures were not sent and the justification provided by team was that the patient was already on antibiotics at the time admission; however, this was not documented in the patient history.**
- **Major concerns with some team who initiates the antibiotic as prophylaxis to their patient without confirming is it sensitive or not.**
- **Inappropriate use of antibiotics (spectrum choice, duration and empiric therapy).**
- **Teams do not follow hospital AMS guidelines (for escalation and de-escalation).**
- **It was observed that after training, compliance was improved by 55% to 79.1%.**

SUGGESTIONS FOR THE ORGANIZATION

- **Involvement of Head of the medical départements to reduce the consumption of antibiotic and DRI.**
- **Train all clinical staff on AMS guidelines.**
- **Meeting with the major specialties which showed non-compliance on daily basis.**
- **New residents and intern often start with AMS induction.**

LEARNING AND VALUE ADDITIONS DONE DURING INTERNSHIP:

- **Involvement in AMS data collection, analysis and compliance reporting.**
- **Understood the rationale of antibiotics.**
- **Learned how hospital policies are implemented and monitored in real-time settings.**
- **Gained exposure to hospital information system (HIS) and electronic medical records (EMR).**
- **Got exposure to NABH/JCI standards and their implementation.**

USEFULNESS OF INTERNSHIP

- **Learn about the importance of AMS Programme and implementation of AMS guidelines and drug resistance index (DRI).**
- **Exposure to the working environment of a hospital setting.**
- **Learn the challenges faced while implementing protocols and how to overcome them.**

CHALLENGES FACED DURING INTERNSHIP

- **Clinicians were resistant to changing their prescribing habits.**
- **Improper documentation (medication, outside culture history of patient).**
- **Co-ordination issues between departments (delayed communication).**

DIFFERENCE IN PRACTICAL EXPOSURE AND THEORETICAL WORK:

- **Implement Pre Post study practically. Learn the same theoretically in class room.**

Compiled Report of SIP

Name of the Organization: Fortis Memorial Research Institute, Gurugram

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

Name of the Student: Dr. Sanjana Jain

Roll no: 2069 **Stream: Hospital and Health Care Management**

Activity Done	• Orientation about the quality department and hospital • Hospital departmental visit • Guide allotment by the HOD • Meeting with guide and briefing about the different processes • Discussion of quality department duties and responsibilities • Orientation with the team • Briefing about the different ongoing audits in the hospitals and QIP • Learning about the mandatory skills required to go in any department, ICUs and wards • Done audits of culture sensitivity at ER / wards • Done audit of F and B • Process audit • Making EMR report • Done audits of closed files at MRD • Audits done for initial assessment and re - assessment at different transition points. • Audits done for patient specific diet in ICUs • Audits done for initial assessment in ER • Studied about NABH chapter and standards • Audits done for narcotics drugs.

	• Audits done for HRM at wards and ICUs • Studied about different NABH chapters and standards • Studied about different hospital policies • Audits done for open files • Add data to excel and create ppt • Discharge process audits • IPSG audits • Audits done for reconciliation of patient at different transition points. • Studied about different JCI standards and chapters • Studied about different hospital wide scopes • Documentation audits • IPSG audits • Studied OPD prioritization process and do audits • Studied about different JCI standards and chapters • Studied about different hospital wide scopes • Prescription appropriateness review • Studied about different JCI standards and chapters • Studied about different hospital wide scopes • PIL for discharge • CPR review • Studied about ADE tracing • Digitalization of AMS Programme to reduce DRI • IPSG Audits • Studies about Risk Assessments • JCI mandatory requirements and indicators of different departments • Making discharge PIL • Digitalization of different audits • Studies about CQI reporting • Studies about handling of narcotics in hospital • Studies about the process of pharmacy • JCI mandatory requirements and indicators of different departments

	• Making ppt of different audits • Digitalization of different audits • CSSD process flow • Blood Bank process • Laboratory process (from sending to receiving samples) • Studied about Code blue protocol • Binding of all ongoing audits and collects finding and make PPT • PPT of different audits • Approval by HOD and Mentor
Linking theory (Classroom learning) with practice at your organization	• studied in the classroom about the Quality department works, roles and responsibilities same process I found here • Studies about infection control measures and linked with classroom discussions • In the classroom we were taught about different safety codes about which we have learnt in module of essential of hospital services like code blue, code yellow, code red, etc. • The difference between patient medicine trolley that is kept near patient bed and crash cart that is generally kept near the nursing station which contains medicines that are needed in case of emergency that can be observed in the organization very well. • About the data analysis about which we have learnt in biostatics • While working with team in the quality improvement project, I was able to learn more about team building and division of work by doing it practically

	• As studied in the class about the NABH survey, there were many things that were that I was able to execute there • Pharmaceutical management and the errors related to it. • As studied in the class about the JCI survey, there were many things that were that I was able to execute there • Studied about LAMA process • As studied in the class about the internal audit survey to determine the different ongoing operations in hospital • Studied about OPD process and digitalization through EMR • As studied in the class about the JCI survey, there were many things that were that I was able to execute there (with hospital policies) • Studied about FMRI wide scopes • As studied in class, here practically observes the: • Importance of IPSG goals • Studied about Reconciliation at CDC and Dialysis • Studying regarding HRM policy. • Report writing which we have read in communication • Using the classroom knowledge of research methodology, prepared report of the project • Report writing which we have read in communication • Using the classroom knowledge of research methodology, prepared report of the project
Gaps identified on the working area.	• Lack of co-operation between different primary teams • Lack of staff awareness in respect to different policies and SOPs of hospital • Gaps between the kitchen and dietetics department. • Gaps in adopting EMR in OPDs • Gaps in closed file audits (like SNDT)

	• Culture was not sent before initiation of antibiotics. • Gaps in customized diet for different patients • Gaps in double verification of HRM • Open file audits gaps (not filled properly) • Gaps between the initial assessment and reassessment at ER • Consents not filled properly as per the hospital policy • Gaps in the reconciliation of patient at different transition points • IPSG goals gaps, some staff don't aware • Gaps in prioritization record of OPD • PIL not available • Documentation gaps in ADE tracing • Gaps between risk factors and prevention strategies • Lack of physician's involvement • Gaps in the reconciliation of patient at CDC and Dialysis • Delayed in the dispensing from pharmacy • Incomplete and unorganized patient files • New staff not aware about how to report CQI • Gaps between lab and wards (sending timing issue). • CSSD documentation require document control no. on some checklist
Suggestions for improvement	• Counselling of primary teams by the head • Regular classes and test arrange for the teams to learn about the hospital policies and SOPs • Training sessions for doctors regarding the importance of filling the patients record completely. • Training sessions for doctors regarding the AMS Programme. • Training for ER team regarding the requirement of sending culture from ER • Training of nursing staff about the mandates of

	medication administration. • F and B staff training on regular basis • Training of staff about HRM policies • Training of staff about HRM policies • Training for newly joined staff regarding proper filling of forms and consents • Training should conduct for OPD staff and make posters also to aware about prioritization. • Sessions for doctors regarding the importance DRI • Training sessions for staff regarding prescription appropriateness review • Training for staff to demonstrate the mandatory requirement of JCI • Make PIL • Proper documentation of ADE • Training sessions for doctors regarding the importance of DRI. • Training sessions for doctors' reconciliation of patients. • Training for ER team regarding the IPSG goals. • Making sure that the consent form is filled properly by asking the patient beforehand the preferred language and instructing to filled the consent properly • ng sessions for doctors regarding the digitalization of AMS Programme. • Training sessions for nursing about importance of sending sample to lab within time

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