

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 specialties. 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



MISSION



VISION



VALUES

Impact of AMS Programme in reducing DRI

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

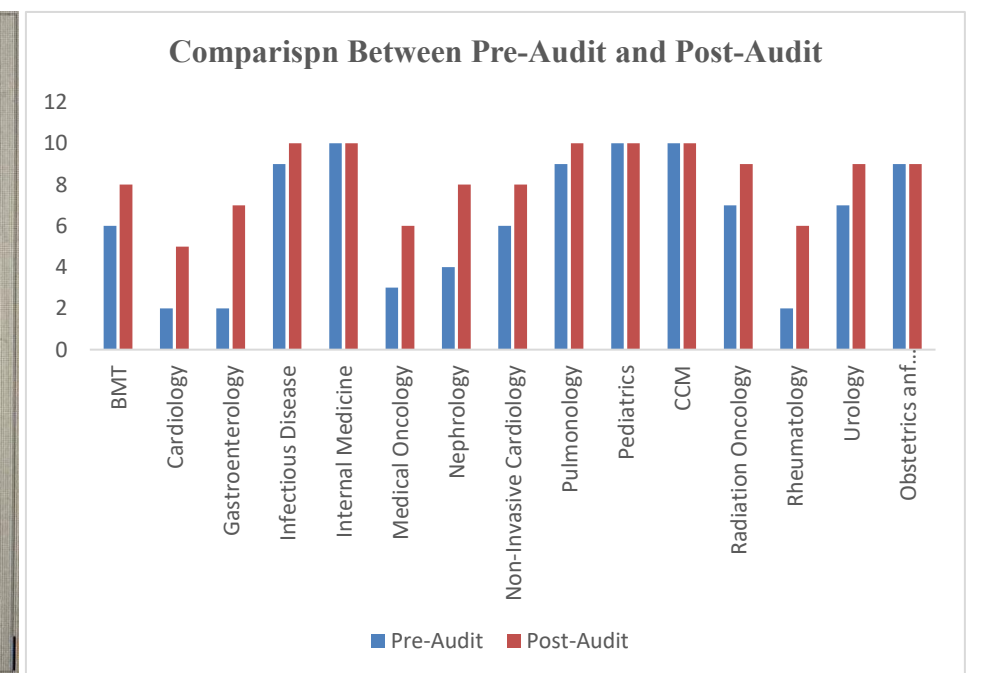
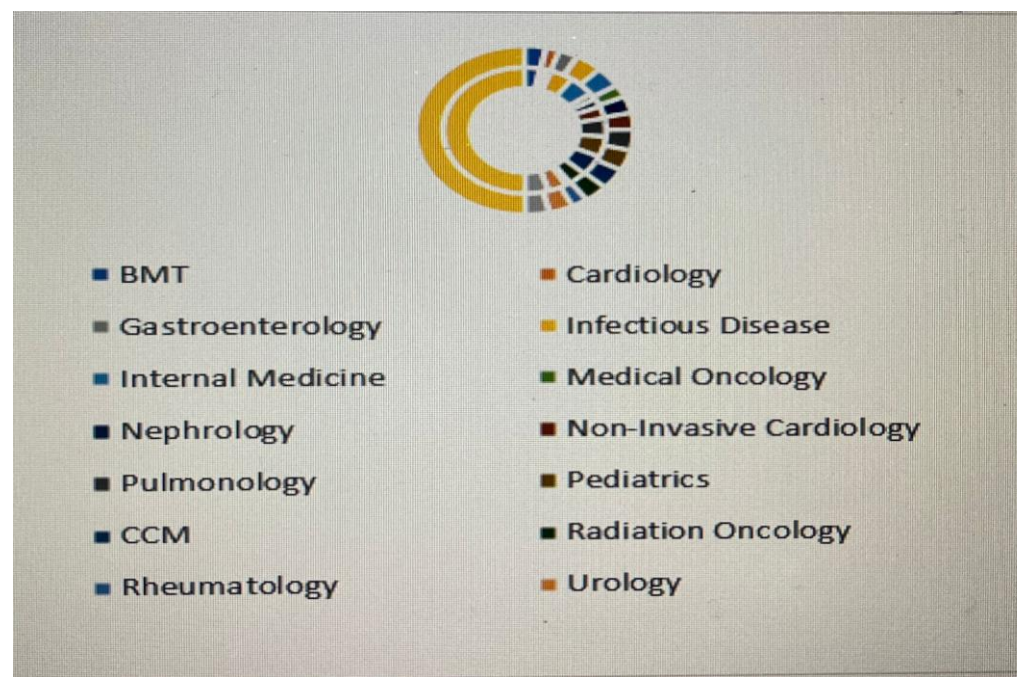
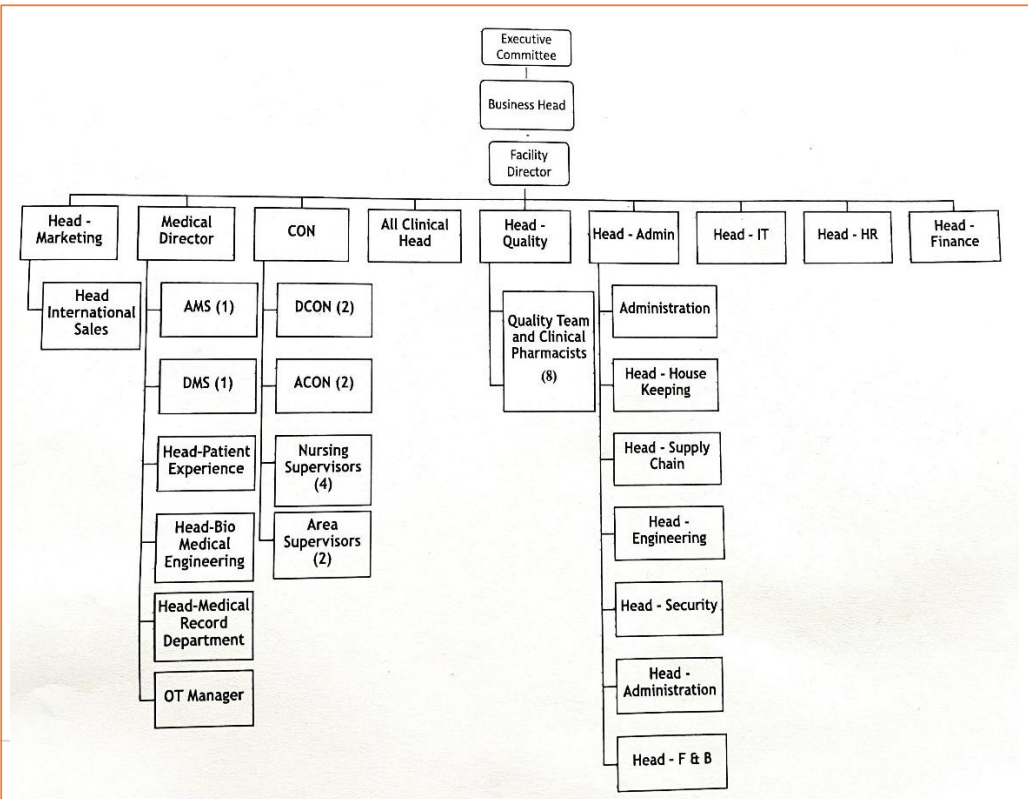
- Study Design:** - A before after study design was adopted to conduct the study.
- Study Population:** - All IPD patients including ICUs and wards from Fortis Memorial Research Institute, Gurugram, Haryana during the study duration.
- Pre-Audit:** -
 - Period: - 13th May 2025 to 10th June 2025 (30 days)
 - 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



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.

S.W.O.T ANALYSIS

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%.

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.

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).

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.

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.

DIFFERENCE IN PRACTICAL EXPOSURE AND THEORETICAL WORK:

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