Summer Internship Program

at

Fortis Hospital

From **12 May 2025** to **19 July 2025**

A Report By

Prerna Pal

Masters of Business Administration

Hospital & Health Management

Roll no:2038

2024- 2026

Under the Mentorship of

Dr. Mahender Kumar

Professor

Fortis
HOSPITAL
Manesar, Gurugram

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July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Prerna Pal** D/o **Mr. Anil Kumar** has completed her Internship in the department of **Medical Administration** at Fortis Hospital, Manesar, Gurugram from **May 12, 2025** to **July 19, 2025.**

We wish her all the best in her future endeavors.

For **Fortis Hospital,Manesar,Gurugram,**

Rahul Khandelwal
Head Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Miss. Prerna Pal** of academic year 2024-26 of **Institute of Health Management Research** 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

Dr. Mahender Kumar
Professor
IIHMRUniversity

Enhancing Inpatient Safety: Analysis of Clinical Record and Nursing Care

Presented By: Prerna Pal
Roll No:2038
Stream: Hospital And Health Management

University Mentor: Dr. Mahender Kumar

Organization Mentor: Dr. Priyanka Kundrai

DESCRIPTION OF ORGANIZATION

Established in 2024, Fortis Hospital, Manesar is a modern, multi-specialty hospital focused on delivering high-quality, patient-centered care.
Key Features:

- 350 beds (including 95 ICU beds)
- 9 advanced operation theatres
- 2 Cath Labs for heart procedures
- Specialized units: Neuro ICU, NICU (for newborns), and Dialysis

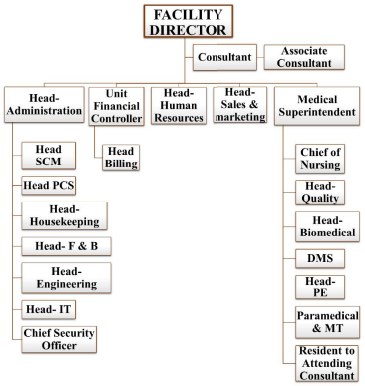
VISION

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

ORGANIZATION STRUCTURE



SWOT ANALYSIS

SWOT

STRENGTH

- Strong focus on patient documentation and SOP-based care
- Use of EMR systems for documentation and tracking
- Active efforts in quality assurance and documentation auditing
- Multidisciplinary learning and collaboration across departments

WEAKNESSES

- Non-compliance with SOPs (e.g., delayed initial assessments by physicians and nurses)
- Staff shortage, especially GDA staff, affecting patient flow and care quality
- Documentation errors (e.g., incorrect or missing signatures, incomplete transfer forms)
- Poor communication and coordination among staff

OPPORTUNITIES

- Implement real-time EMR alerts/reminders for pending assessments and VTE form
- Conduct structured training programs for nurses, GDAs, and physicians
- Introduce motivation programs to enhance employee engagement
- Introduce recognition and motivation programs to enhance employee engagement

THREATS

- Continued non-compliance could affect patient safety and accreditation standards
- Low employee satisfaction and poor motivation may result in higher staff turnover
- Delays in patient treatment due to incomplete documentation
- Poor interdepartmental coordination can increase patient risk and reduce overall experience

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

- Theoretical learning presents an ideal setup, but real hospital settings revealed practical challenges like delays, gaps, and staff-related issues.
- Theoretical concepts are well-organized, but actual hospital operations are influenced by human behavior and limited resources.

METHODOLOGY AND DATA COLLECTION

❑**Nature of Data**:

- Primary data was collected of 204 IPD patients by tracking new admissions from their arrival on the floor till they received their first medication.
- Audited active files which included new admissions and ICU to ward transfers for incomplete consents.

❑**Study Design:** Observational, Descriptive and Cross-sectional study
❑Only new admissions between 9 am to 6 pm are considered for study.
❑**Duration**:60 days

OBJECTIVE

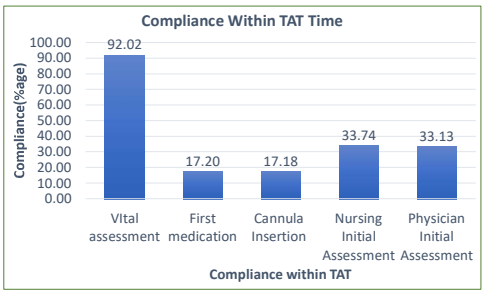
- To track patient journey from floor arrival to administration of first medication
- To assess clinical record of patient files for completeness

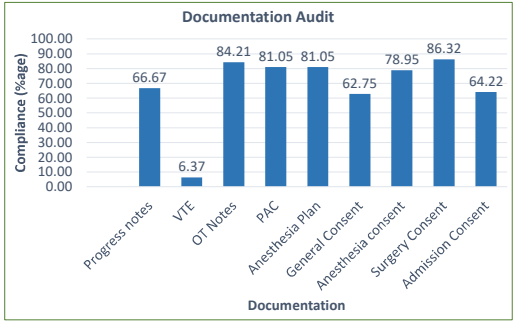
WORKFLOW PROCESS

Patient Admission
↓
Reception at Nursing Counter
↓
Initial Nursing Assessment
↓
Initial Physician Assessment
↓
Cannula Insertion
↓
Medication Indent And Dispensing
↓
First Medication Administration

DATA ANALYSIS

- 204 IPD patients are taken for study, the patient's initial nursing assessment, initial physician assessment, vital assessment, cannula insertion, medication indent and administration are observed.
- The new admissions were compared with standard TAT time i.e., 30 minutes for receiving first medication. Those exceeding 30 minutes are considered non-compliant.
- Patient files having incomplete clinical records are considered as non-compliant with organization's SOPs and guidelines.





SUGGESTIONS

- Use EMR-based alerts or reminders for pending initial assessments.
- Nurse patient ratio must be followed.
- GDA staff should be given proper training.
- The VTE Risk Assessment form should be included at the time of admission.

CHALLENGES FACED DURING INTERNSHIP

- Lack of Cooperation from Nursing Staff
- Limited Responsiveness from Physicians
- Repeated Errors by GDA Staff

KEY LEARNINGS

- Gained hands-on experience in auditing files, verifying consent forms, and tracking medication timelines.
- Learned how delays in assessment and medication can impact patient care quality.
- Saw how SOPs guide hospital operations, but are not always followed in practice.
- Identified gaps like poor coordination, staff shortages, and incomplete documentation.

Weekly Report

Name of the Organisation: Fortis Hospital, Manesar

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

Name of the Student: PRERNA PAL

Roll no:2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:1 **From: 12-05-2025 to 17-05-2025**

Activity Done	• I took a hospital tour. • Reviewed VTE forms manually and Initial Assessment (IA) forms using EMR • Gathered patient feedback. • Assigned to the second floor with dialysis, daycare chemotherapy, and wards.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of quality assurance, patient care protocols, and healthcare documentation by evaluating assessment forms and understanding patient feedback mechanisms. • Observed practical use of EMR systems and staff roles in inpatient care delivery.
Gaps identified on the working area.	• Shortage of GDA staff • Nurses lacking required skills and competencies • Lack of coordination at the nursing station; blame-shifting and communication issues among staff. • Received negative feedback about GDA services.
Suggestions for improvement	• Conduct skill enhancement training for nursing and GDA staff. • Improve staffing levels in high-demand areas. • Implement clear communication protocols and team-building exercises to reduce conflict and confusion. • Introduce periodic staff feedback sessions.
Plan for the next week	• Review and complete assessment forms for new admissions, including VTE, IA, nutritional assessment, and transfer forms based on patient data. • Evaluate form completeness and accuracy.

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:2 **From:19-05-2025 to 24-05-2025**

Activity Done	• Audited patient files and documentation • Visited the Emergency department and learnt about triage system • Visited IP pharmacy and learnt regarding recall items, near expiry items, high value items, medication error, medication dispensing method and quality indicators.
Linking theory (Classroom learning) with practice at your organisation	• Observed the practical implementation of triage systems as discussed in module "Essentials of hospital services". • Understood concepts of medication safety and inventory control in pharmacy linking them with medication management.
Gaps identified on the working area.	• Incomplete documentation in some patient files • Differences in real time assessment and time uploaded in EMR • Medication error in dispensing
Suggestions for improvement	• Conduct regular training sessions on documentation standards and error reporting. • EMR use on real time basis is required.
Plan for the next week	• Documentation audit • Patient experience and ward rounds

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:3 **From:26-05-2025 to 31-05-2025**

Activity Done	• Audited patient files and documentation • Conducted ward rounds to address patient issues and enhance patient experience.
Linking theory (Classroom learning) with practice at your organisation	• Learned about hospital documentation and quality standards in class, and used that to check patient files. • Understood how proper documentation helps improve patient care and safety. • Saw how good communication and teamwork during ward rounds improve patient experience.
Gaps identified on the working area.	• Incomplete documentation in some patient files • Differences in real time assessment and time uploaded in EMR • Admission consent lacked patient signature • Cannula insertion was not within half hour as it was not in stock • GDA related issues were there.
Suggestions for improvement	• Conduct regular training sessions on documentation standards and error reporting. • Training should be given to GDA staff • More GDA should be hired
Plan for the next week	• Documentation audit • Patient experience and ward rounds

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:4 **From:02-06-2025 to 07-06-2025**

Activity Done	• Audited patient files and documentation • Tracked patient from floor arrival till first medication
Linking theory (Classroom learning) with practice at your organisation	• Applied the knowledge of medication management and audited medication chart. • Linked organisation behaviour and role of motivation in enhancing staff efficiency.
Gaps identified on the working area.	• Physician initial assessment was not done within half an hour as per SOP. Most of them are not even aware regarding this rule. • Delay in cannula insertion due to delay in physician assessment. • GDA staff brings patient directly to room instead of first taking to nursing counter.
Suggestions for improvement	• GDA staff needs proper training and SOPs must be made clear to them. • Physician must be notified and must be informed regarding rules of doing initial assessment within half hour.
Plan for the next week	• Documentation audit • Patient tracking

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:5 **From:09-06-2025 to 14-06-2025**

Activity Done	• Tracked patients from floor arrival till they have received their first medication and checked compliance. • Audited patient files and completion of consents.
Linking theory (Classroom learning) with practice at your organisation	• Understood the importance of planning and timely decision-making in management while tracking delays in assessments and cannula insertion. • Saw the impact of leadership and staff behaviour (OB concepts) in how teams blamed each other instead of solving problems together.
Gaps identified on the working area.	• VTE forms was not filled and most physicians were not aware about it. • Nursing staff was not notified regarding new admission leading to delay in initial nursing assessment and vitals monitoring. • Physician initial assessment was not done within half an hour as per SOP.
Suggestions for improvement	• Admission department must notify nursing station regarding new admission to avoid delay. • GDA staff must bring patient to nursing station first for examination. • Physicians must be informed regarding VTE form filling.
Plan for the next week	• Documentation audit • Patient tracking

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:6 **From:16-06-2025 to 21-06-2025**

Activity Done	• **Monitored patient journey** from floor arrival to administration of first medication, ensuring timely care and process adherence. • **Conducted audits** of patient files to verify documentation completeness, with a focus on **consent forms** and compliance with hospital protocols.
Linking theory (Classroom learning) with practice at your organisation	• Understood how proper documentation helps improve patient care and safety. • Understood the practical importance of standard operating procedures (SOPs).
Gaps identified on the working area.	• VTE forms was not filled and most physicians were not aware about it. • Physician initial assessment was not done within half an hour as per SOP. • Nursing initial assessment was not done within half an hour as per SOP.
Suggestions for improvement	• Admission department must notify nursing station regarding new admission to avoid delay in initial assessment. • Physicians must be informed regarding VTE form filling.
Plan for the next week	• Documentation audit • Patient tracking

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:7 **From:23-06-2025 to 28-06-2025**

Activity Done	• Tracked each patient's process from arrival to first medication to ensure timely care delivery. • Audited patient files to check for completeness of consents.
Linking theory (Classroom learning) with practice at your organisation	• I understood how complete and correct documentation helps improve patient care and ensures patient safety. • I saw how following standard operating procedures (SOPs) keeps hospital work smooth and organized.
Gaps identified on the working area.	• The physician's initial assessment was not completed within 30 minutes of patient arrival, which is against the SOP. • Nursing staff also did not complete their initial assessment within 30 minutes, as per SOP.
Suggestions for improvement	• Remind doctors and nurses to complete assessments within 30 minutes as per SOP. • Set reminders in EMR for pending assessments.
Plan for the next week	• Documentation audit • Patient tracking

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:8 **From:30-06-2025 to 05-07-2025**

Activity Done	• I checked patient's file to ensure all the consents were complete. • I tracked patients from their arrival on floor till they have received their first medication. • Visited engineering department to gain insights.
Linking theory (Classroom learning) with practice at your organisation	• Understood how timely treatment improves patient satisfaction. • Missing forms can delay patient treatment. • Learned regarding key support service i.e. the engineering department.
Gaps identified on the working area.	• Documentation error was there as there was attender's sign in place of patient signature. • There is a delay in physician initial assessment and nursing initial assessment. • VTE forms are not being filled by physicians.
Suggestions for improvement	• Admission department must notify nursing station regarding new admission to avoid delay in initial assessment. • Physicians must be informed regarding VTE form filling. • Staff must ensure signature done by patient only wherever it is compulsory and can be done only by patient.
Plan for the next week	• Documentation audit • Patient tracking • Visiting CSSD department

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:9 **From:07-07-2025 to 12-07-2025**

Activity Done	• Checked patient files to ensure all required consent forms were completed and signed. • Tracked each patient from the time they arrived on the floor until they received their first medication to ensure timely care and identify any delays. • Visited CSSD department to gain insights.
Linking theory (Classroom learning) with practice at your organisation	• Ensuring complete consent forms helped me understand the legal and ethical importance of proper documentation in patient safety. • I observed how deviation from SOPs (like delayed initial assessment) can impact care quality and patient experience. • I learnt regarding the decontamination area, processing area, sterile area and dispensing area in CSSD.
Gaps identified on the working area.	• VTE forms are not filled and are not even present in some files. • Delay in physician assessment.
Suggestions for improvement	• Physicians must be informed regarding initial assessment within 30 minutes as per SOPs. • VTE forms must be present in all files and must be duly filled by physicians and files should be checked regularly.
Plan for the next week	• Documentation audit • Patient tracking • Visiting OT department

Weekly Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no: 2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Week no:10 From:14-07-2025 to 19-07-2025

Activity Done	• Tracked each patient from the time they arrived on the floor until they received their first medication to ensure timely care and identify any delays. • Checked patient files to ensure all required consent forms were completed and signed.
Linking theory (Classroom learning) with practice at your organisation	• I understood how complete and correct documentation helps improve patient care and ensures patient safety. • I saw how following standard operating procedures (SOPs) keeps hospital work smooth and organized.
Gaps identified on the working area.	• VTE forms are not filled and are not even present in some files. • Delay in physician initial assessment. • Delay in nursing initial assessment.
Suggestions for improvement	• Physicians must be informed regarding initial assessment within 30 minutes as per SOPs. • VTE forms must be present in all files and must be duly filled by physicians and files should be checked regularly.
Plan for the next week	• Data analysis for internship report • Compiled report and poster

Compiled Report

Name of the Organisation: Fortis Manesar

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

Name of the Student: PRERNA PAL

Roll no:2038 **Stream: MBA HOSPITAL AND HEALTH MANAGEMENT**

Activity Done	• Audited patient files and documentation. • Visited the Emergency department and learnt about triage system. • Visited IP pharmacy and learnt regarding recall items, near expiry items, high value items, medication error, medication dispensing method and quality indicators. • Conducted ward rounds to address patient issues and enhance patient experience. • Tracked patients from floor arrival till they have received their first medication and checked compliance. • Visited engineering department to gain insights. • Visited CSSD department to gain insights. • Checked patient files to ensure all required consent forms were completed and signed.
Linking theory (Classroom learning) with practice at your organisation	• Observed the practical implementation of triage systems as discussed in module "Essentials of hospital services". • Understood concepts of medication safety and inventory control in pharmacy linking them with medication management. • Applied knowledge of quality assurance, patient care protocols, and healthcare documentation by evaluating assessment forms and understanding patient feedback mechanisms. • Observed practical use of EMR systems and staff roles in inpatient care delivery. • I understood how complete and correct documentation helps improve patient care and ensures patient safety. • I saw how following standard operating procedures (SOPs) keeps hospital work smooth and organized. • Understood how timely treatment improves patient satisfaction. • Missing forms can delay patient treatment.

	• Learned regarding key support service i.e. the engineering department. • Understood the importance of planning and timely decision-making in management while tracking delays in assessments and cannula insertion. • Saw the impact of leadership and staff behaviour (OB concepts) in how teams blamed each other instead of solving problems together. • Applied the knowledge of medication management and audited medication chart. • Linked organisation behaviour and role of motivation in enhancing staff efficiency. • Saw how good communication and teamwork during ward rounds improve patient experience. • Ensuring complete consent forms helped me understand the legal and ethical importance of proper documentation in patient safety. • I observed how deviation from SOPs (like delayed initial assessment) can impact care quality and patient experience. • I learnt regarding the decontamination area, processing area, sterile area and dispensing area in CSSD.
Gaps identified on the working area.	• Shortage of GDA staff • Nurses lacking required skills and competencies • Lack of coordination at the nursing station; blame-shifting and communication issues among staff. • Received negative feedback about GDA services. • Physician did not fill VTE forms and forms are not even present in some files. • Documentation error was there as there was attender's sign in place of patient signature. • The physician's initial assessment was not completed within 30 minutes of patient arrival, which is against the SOP. • Nursing staff also did not complete their initial assessment within 30 minutes, as per SOP. • Nursing staff was not notified regarding new admission leading to delay in initial nursing assessment and vitals monitoring. • Delay in cannula insertion due to delay in physician assessment.

	• GDA staff brings patient directly to room instead of first taking to nursing counter. • Incomplete documentation in some patient files • Differences in real time assessment and time uploaded in EMR • Admission consent lacked patient signature • Cannula insertion was not within half hour as it was not in stock • GDA related issues were there. • Medication error in dispensing • Transfer forms are not present and patient was transferred without transfer form. • Transfer forms are not duly filled either receiving physician or receiving nursing signature is not present. • Employee satisfaction was below average.
Suggestions for improvement	• Conduct skill enhancement training for nursing and GDA staff. • Improve staffing levels in high-demand areas. • Implement clear communication protocols and team-building exercises to reduce conflict and confusion. • Introduce periodic staff feedback sessions. • Physicians must be informed regarding initial assessment within 30 minutes as per SOPs. • VTE forms must be present in all files and must be duly filled by physicians and files should be checked regularly. • Admission department must notify nursing station regarding new admission to avoid delay in initial assessment. • Staff must ensure signature done by patient only wherever it is compulsory and can be done only by patient. • Remind doctors and nurses to complete assessments within 30 minutes as per SOP. • Set reminders in EMR for pending assessments. • Physicians must be informed regarding VTE form filling. • GDA staff must bring patient to nursing station first for examination. • GDA staff needs proper training and SOPs must be made clear to them.

	• More GDA should be hired. • EMR use on real time basis is required. • Nurse patient ratio should be maintained in order to avoid pressure on nurse and to prevent delays in initial assessment. • There must be recognition programs and staff should be motivated in order to retain employees and enhance employee satisfaction.
Key Learnings	• Ensured all patient files were accurately filled and consent forms were signed, reinforcing the legal and ethical standards of hospital operations. • Learned how emergency cases are prioritized based on severity, improving decision-making and timely care delivery. • Understood the significance of tracking **near-expiry**, **recalled**, and **high-value medications**, and the need to minimize **medication errors** through proper dispensing systems. • Recognized the role of measurable indicators in ensuring medication safety, stock control, and process efficiency. • Saw how regular ward rounds contribute to early issue resolution and better patient satisfaction. • Realized the value of tracking patient movement and timely medication administration for operational efficiency and care quality. • Learned how the engineering team supports clinical operations through timely maintenance of medical equipment and facility management. • Gained practical knowledge on CSSD processes that ensure sterile instruments and reduce infection risks in patient care.