SUMMER INTERNSHIP PROGRAM

at

NARAYANA INSTITUTE OF CARDIAC SCIENCES, BENGALURU

From 12/05/2025 to 25/07/2025

A REPORT BY

PRANAV M PADWALE

Master of Business Administration

MBA HOSPITAL AND HEALTH MANAGEMENT

Roll no. 2028

2024-26

Under the Mentorship of

Jagajeet Prasad Singh

Associate Professor

IIHMR University, Jaipur

Narayana Health

NH/HR/25/342

25th July 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Pranav M Padwale** student at **IIHMR University Jaipur** pursuing **Hospital & Healthcare Management** he has completed his internship at **NH-Bangalore Cardiac** from **12th May 2025** to **25th July 2025.**

During his internship period he was assigned in **Quality Department** in **Narayana Institute of Cardiac Science, Bangalore** he has made noteworthy contributions on the topic assigned.

We wish him good luck in her future endeavors.

For Narayana Hrudayalaya Ltd.

DEPARTMENT * NARAYANA HRUDAYALAYA *

Manu Thomas
Manager
Human Resources

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Pranav M Padwale** of academic year 2024-26 of the **Institute of Health Management Research** has prepared a poster with respect to his Summer Internship held during May-July 2025.

He has carried out work as per the guidelines. His Poster is approved for Presentation.

Date 29/07/2025

Jagajeet Prasad Singh

Dr. Jagajeet Prasad Singh

Professor

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Study On Patient Safety Protocol Adherence
Narayana Health, Bangalore[NICS-Quality]

IIHMR UNIVERSITY

University Mentor:
Dr. Jagajeet Prasad Singh

Presented by- Dr. Pranav M Padwale, MBA-HM 29
Roll No. : 2028

Narayana Health

Organization Mentor:
Ms Anjali Mishra

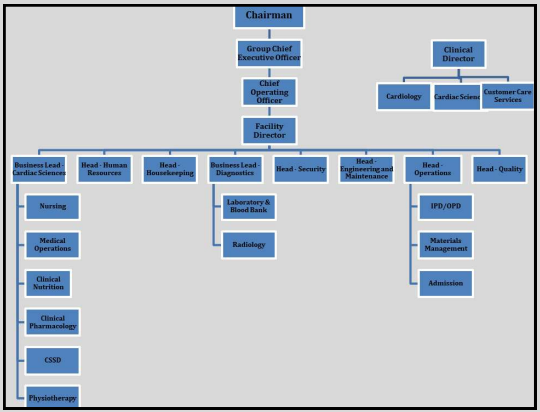
Hospital Overview

Narayana Health, founded in 2000 by Dr. Devi Shetty, is a leading healthcare group based in Bengaluru with multiple multi-specialty hospitals known for affordable, high-quality care. It is especially acclaimed for cardiac care and advanced medical services. The Narayana Institute of Cardiac Sciences (NICS) is its flagship center, specializing in complex cardiac surgeries and critical care services. The Hospital network is spread across the country with 23 hospitals, 7 heart centers & 19 primary care centers.

Vision : To provide high quality healthcare, with care and compassion, at an affordable cost on a large scale

Mission : Dream of making quality healthcare available to the masses worldwide

Organogram

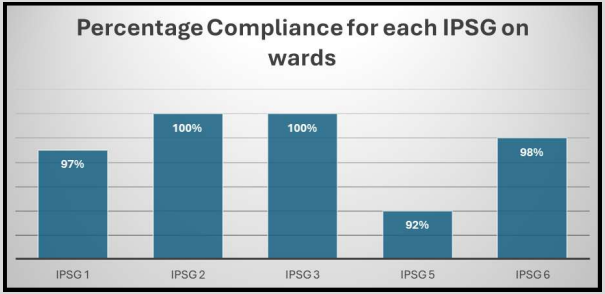


Objective :

"To evaluate the adherence to patient safety protocols in alignment with International Patient Safety Goals (IPSG), identify gaps in compliance, and recommend actionable strategies to enhance overall patient safety and quality of care."

Methodology :

- **Type of study:** Descriptive Observational Study
- **Areas/Departments covered:** General and Private In-patient wards
- **Sample Size :** 150 Patients
- **Tools used:** IPSG Audit Checklists, Direct Observations, nurse interviews.



Key Findings :

- Most staff used two identifiers (name & MRN/DOB) consistently before procedures/medication.
- Wristbands were checked before sample collection, medication administration, and patient transfers
- Crash carts checked and signed daily with expiry dates and drug availability verified.
- 5 Moments of Hand Hygiene compliance was inconsistent among some nursing staff.
- Vacutainers were labeled after collecting samples instead of before — a non-compliance.
- Orientation of patients/families on call bell use, handrails, and safety belts at time of admission.
- Fall incident reports reviewed regularly by Quality Department for root cause analysis.

Suggestions:

- Conduct periodic training and re-orientation sessions for staff, freshers and support team, to reinforce IPSG policies and procedures.
- Conduct routine surprise audits with immediate feedback to staff.
- I recommend training nurses to label vacutainers immediately before sample collection to minimize the risk of incorrect labelling.

SWOT ANALYSIS

Strength

- Well-defined standard operating procedures (SOPs) and accreditation frameworks (e.g., NABH, JCI)
- Strong focus on patient safety initiatives (IPSG, MVPI, Haemovigilance).

Weakness

- Limited manpower leading to overdependence on a few quality personnel.
- Resistance from clinical departments towards quality interventions.

Threat

- Increasing regulatory and accreditation demands adding pressure.
- Budget limitations for quality improvement initiatives.

Opportunities

- Expansion of patient engagement programs (feedback systems, grievance redressal).
- Collaboration with clinical departments to strengthen interdisciplinary quality culture.

Theoritical Understanding

- Gained understanding of the Quality Department's role in patient safety, hospital audits, and accreditation compliance.
- Gained knowledge of incident types, and importance of continuos quality improvement

Practical Learning

- Actively participated in quality rounds, audit observations, and data collection activities, contributing to identification of process gaps.
- Participated in Code Yellow and Code Hazmat mock drill and gained knowledge about emergency response and risk management

Challenges faced:

- Some nursing and clinical staff were hesitant or too busy to participate in interviews or answer audit-related questions.
- Balancing multiple responsibilities like audits, presentations in a given time frame.

Learnings and Usefulness

- Improved knowledge on clinical documentation and audit processes.
- Strengthened knowledge about emergency response and risk management
- Gained hands on experience on oprations anc quality management of hospitals bridging the gap between theoritical learning and real world application

Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

Week no: 1 **From: 12th May to 17th May**

Activity Done	➢ Observed patient flow and administrative processes in: • General OPD • Executive OPD • Paediatric Cardiology OPD • Estimation Department ➢ Understood how cost packages for cardiac surgeries are planned and presented. ➢ Noted the use of technology like HIS (Hospital Information System) and EMRs in daily operations.
Linking theory (Classroom learning) with practice at your organisation	➢ Practical exposure to digital health records and the hospital's use of cloud-based HIS platforms. ➢ Healthcare Finance theories applied in cost estimation and billing workflows.
Gaps identified on the working area.	➢ Paediatric patients in the OPD face long waiting times for echocardiography. ➢ First-time patients often get confused about where to go, as they are required to undergo medical history and BP screening before registering themselves at the kiosk.
Suggestions for improvement	➢ Increase awareness about the NH Care app, as most of the hospital processes are done through it. ➢ Expand the waiting area in Paediatric department.

Plan for the next week	➢ To Observe and understand the process of TPA, Quality Department, Radiology Department.

Signature of the Student: Dr. Pranav M Padwale

Approved by the IIHMR University's Mentor :

Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

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

Activity Done	• Conducted a STEMI Pathway Analysis to assess compliance with clinical timelines. • Performed a passive audit of Medical Records Department (MRD) focused on myocardial infarction (MI) patients. • Evaluated various documentation checklists, including doctor's assessment, nurse's assessment, anaesthesia checklist, general consent, ICU consent, and dietician consent. • Additionally, I gained an understanding of the basic operational functions of the Quality Department, including data handling, audit protocols, and compliance monitoring.
Linking theory (Classroom learning) with practice at your organisation	• The STEMI pathway analysis helped me understand how important it is to give treatment on time and follow a fixed process for emergency cases. • The MRD (Medical Records Department) audit showed me how proper and complete documentation by doctors, nurses, and dieticians is crucial for quality care and NABH compliance. • I also saw how data is collected, checked, and used by the Quality Department to find problems and improve patient care.
Gaps identified on the working area.	• Dietary counselling not documented in the patient medical records, indicating poor adherence to documentation protocols. • Lack of monitoring or accountability for multi-disciplinary contributions (e.g., dietician, physiotherapy, counselling).
Suggestions for improvement	• Include dietician notes as part of weekly MRD audits to track compliance. • Conduct more training sessions for clinical and support staff on the importance of complete documentation.

Plan for the next week	• Perform active MRD audits to assess real-time documentation compliance. • Finalize the topic for my project based on observed gaps and scope. • Begin preliminary data collection and problem analysis for the project. • Participate in ongoing quality activities to further strengthen understanding of accreditation and compliance standards.

Signature of the Student: Dr. Pranav M Padwale

Approved by the IIHMR University's Mentor:

Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

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

Activity Done	➢ Code Blue Running Sheet Analysis of April cases, analyzing data points like EF, response times (T1, T2, T3), resuscitation outcome, defibrillation, airway management, drugs used, etc. ➢ Active IPSG Auditing in wards – checking patient files, verifying documentation for patient ID, procedure verification, communication, medication safety, and infection control.
Linking theory (Classroom learning) with practice at your organisation	➢ Theory on IPSG goals and NABH standards was directly applied in checking compliance during patient care documentation. ➢ Classroom knowledge of CPR protocols, ACLS, and quality indicators (TAT, ROSC rate, etc.) helped interpret real-time code blue data and patient outcomes.
Gaps identified on the working area.	➢ Incomplete documentation in some cases (e.g., missing response time for chest compression and recognition of the event that is T1/T2, outcome, ETCO2). ➢ Delay in team arrival in a few instances. ➢ Some of the nursing staff weren't having the complete knowledge of various IPSG standards.
Suggestions for improvement	➢ Regular mock drills to improve team response time ➢ Emphasize complete and real-time documentation during code events. ➢ Conduct a refresher session for nursing staff on IPSG documentation.

Plan for the next week	➢ To enter additional Code Blue patient data, analyze trends and outcomes, and identify gaps in response times, documentation, and clinical management to support quality improvement initiatives. ➢ To conduct more IPSG audits in wards to collect data and use it for my project.

Signature of the Student : Dr. Pranav M Padwale

Approved by the IIHMR University's Mentor.

Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 Stream: MBA-HM

Week no: 4 From: 2nd June to 6th June

Activity Done	➢ During this week of internship in the Quality Department, I conducted active auditing in the Medical Records Department (MRD) by physically visiting various wards and verifying the completeness and accuracy of documentation, including anaesthesia checklist, monitoring checklists, nursing notes, and consent forms. Additionally, I was involved in conducting IPSG (International Patient Safety Goals) audits, focusing on patient identification, effective communication, and medication safety practices across departments
Linking theory (Classroom learning) with practice at your organisation	➢ From classroom sessions on NABH standards, IPSG goals, and clinical documentation protocols, I could directly relate the importance of accurate and timely documentation to patient safety and hospital accreditation
Gaps identified on the working area.	➢ Incomplete documentation in several MRD files, especially missing doctor or nurse signatures. ➢ Some files lacked proper consent forms or medication administration records.
Suggestions for improvement	➢ Regular sensitization sessions for clinical and nursing staff regarding documentation standards and IPSG guidelines. ➢ Develop a standardized checklist for ward nurses to verify documentation at the end of every shift ➢ Implement a feedback mechanism post-audit to ensure continuous improvement.

Plan for the next week	➢ To continue with the MRD audits and collect data for my projects. ➢ Participate in Code Blue audits and analyse documentation against protocol.

Signature of the Student : Dr. Pranav M Padwale

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Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

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

Activity Done	➢ Audited MRD and IPSG compliance in the paediatric ward ➢ Observed operational workflows such as bed side radiography and echography procedures, crash cart maintenance ➢ Visited CSSD and understood sterilization and inventory flow processes ➢ Checked compliance with patient identification, fall risk assessment, and high alert medication protocols
Linking theory (Classroom learning) with practice at your organisation	➢ Used Classroom understanding of hospital documentation, crash cart protocols and emergency response audits in code blue cases. ➢ Linked the classroom learning of the CSSD flow process while inspecting it in real-time. ➢ Applied theoretical knowledge of IPSG goals in audits.
Gaps identified on the working area.	➢ Code blue files lacked proper documentation of: • Time of event recognition • Code blue activation • EF before arrest ➢ Lack of proper labelling on food trays in the paediatric ward ➢ Some nurses were unaware of all the IPSG goals
Suggestions for improvement	➢ Conduct IPSG refresher training for ward nurses ➢ Coordinate with dietary services to implement a standardized food tray labelling system ➢ Improve Code blue documentation using standardized forms and designate a documentation assistant during emergencies

Plan for the next week	➢ Continue the code blue audits ➢ Observe nursing rounds to assess IPSG compliance

Signature of the Student : Dr. Pranav M Padwale

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Reporting Format (Weekly)

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

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

Activity Done	➢ Participated in Code Yellow mock drill: • Attended and observed a mock drill conducted for Code Yellow (Infectious Disease Outbreak) as part of emergency preparedness. • Observed the activation process of Code Yellow—including who initiates the code and how the hospital command center is mobilized. • Monitored the communication flow between departments (nursing, infection control, security, housekeeping, lab) once the code was announced. • Watched the isolation protocols being followed, including donning and doffing of PPE, transfer of the suspected patient, and cordoning off the affected area. • Noted the role of the Infection Control Nurse (ICN) in identifying the suspected infectious case, reporting, and triggering containment measures. • Checked the signage and barriers placed for infection control zones (e.g., isolation ward, donning/doffing areas) and reviewed whether they were clearly marked. • Saw how public announcements and alerts were made to relevant staff while maintaining patient privacy. ➢ Conducted IPSG audits in various wards: • Audited compliance with key IPSG goals such as correct patient identification, handover communication, and fall risk assessments. • Reviewed documentation of high-alert medications, surgical safety checklist, and infection control practices. • Identified wards where nurses were unaware of some IPSG elements or documentation was incomplete or outdated. ➢ Initial steps in STEMI and TAVI clinical pathway analysis

Linking theory (Classroom learning) with practice at your organisation	➢ Used knowledge of emergency response documentation and resuscitation workflows. ➢ Linked clinical pathway concepts from hospital operations coursework with real case reviews.
Gaps identified on the working area.	➢ Incomplete documentation of patient ID checks, fall risk assessments not always updated, staff unaware of a few IPSG protocols. ➢ Delays in staff mobilization, lack of clarity in role assignment observed in mock drill.
Suggestions for improvement	➢ Conduct periodic hands-on training and dry runs. Display flowcharts for role-based actions in emergency zones. Reinforce triage protocols with staff.
Plan for the next week	➢ Continue IPSG audits to increase sample size for pathway adherence project. ➢ Deepen STEMI and TAVR pathway analysis using larger patient data sample.

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Reporting Format (Weekly)

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 Stream: MBA-HM

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

Activity Done	➢ **Code HAZMAT Mock Drill (Histopathology Department – Alcohol Spillage)** • Participated in planning and conducting a Code HAZMAT mock drill based on an alcohol spillage scenario. • Observed and recorded response time, including time taken to raise the code and arrival of the maintenance team. • Monitored the entire spillage handling process as per safety protocols. • Noted procedural errors, staff responses, and communication gaps during the drill. ➢ **Supply Chain Department Visit (Pharmacy & OT Stores)** • Observed medicine storage protocols in the main pharmacy and OT pharmacy. • Understood the process of stock management, including monitoring of expiry dates and batch records. • Learned about the classification of drugs, narcotic storage, and temperature-sensitive medicine handling. • Observed documentation practices for inventory tracking, indenting, and issuance of medicines. ➢ **Code Blue Running Sheet Analysis (May Data)** • Reviewed Code Blue forms for the month of May. • Analysed completeness and accuracy of documentation. • Identified common errors such as missing presenting complaints and incorrect time entries for event onset and chest compressions. • Compared documentation practices with NABH standards and Code Blue protocols.

Linking theory (Classroom learning) with practice at your organisation	➢ Applied knowledge of emergency codes, disaster management, and mock drill procedures learned in classroom. ➢ Applied Code Blue protocol knowledge, documentation standards, and importance of time-sensitive interventions learned in class.
Gaps identified on the working area.	➢ Gaps identified in Code Hazmat Mock drill: 1.Staff unaware of code HAZMAT protocol. 2. Didn't know how to raise the code. 3. Hand-over sheet was not filled before procedure. ➢ Gaps identified in Code blue running sheets: 1. Presenting complaints missing in several sheets. 2. Incorrect time documentation for event and chest compressions
Suggestions for improvement	➢ Conduct regular training sessions and mock drills for staff on code HAZMAT protocols. ➢ Ensure hand-over sheets are mandatory before starting the procedure.
Plan for the next week	➢ To continue my project on IPSD and to do STEMI pathway analysis.

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Reporting Format (Weekly)

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

Week no: 8 **From: 30th June to 5th July**

Activity Done	➢ **Conducted facility rounds on the 7th floor** - Inspected nurse training room conditions - Checked biomedical storeroom arrangements - Visited pharmacy storage area - Noted down infrastructural and maintenance issues ➢ **Analysed employee survey data on safety culture** - Reviewed responses on teamwork, staffing, and safety - Created pie charts and graphs for analysis - Identified percentage of agreement/disagreement - Started interpretation for department-wise insights ➢ **Continued IPSG audits in inpatient wards** - Verified adherence to double patient identification - Checked for handover communication documentation - Assessed fall risk documentation - Cross-checked with IPSG guidelines ➢ **Audited Code Blue files for recent events** - Noted documentation completeness ($ETCO_2$, ROSC) - Checked team members listed and roles - Compared against ACLS protocol standards - Identified frequent documentation gaps
Linking theory (Classroom learning) with practice at your organisation	➢ Applied classroom knowledge of NABH guidelines, infrastructure safety, and biomedical equipment management. Recognized how theory relates to ensuring environmental and patient safety in real scenarios
Gaps identified on the working area.	➢ **In the facility rounds-** -Lack of maintenance - Refrigerator calibration due dates delayed - Poor ventilation - Unorganized PPE storage in Biomedical - Temperature logs not maintained in Pharmacy - Poor cleanliness ➢ **Analysis of Employee Survey on Culture of Safety-**

	-Some departments show low scores in staffing, teamwork, and incident reporting - Discrepancy in perception of safety culture across units
Suggestions for improvement	➢ **In the facility rounds-** - Immediate maintenance of electrical fittings - Schedule regular maintenance audits - Ensure all equipment have up-to-date calibration logs - Install exhaust fans/improve ventilation - Arrange and label PPE kits properly ➢ **Analysis of Employee Survey on Culture of Safety-** - Conduct focused group discussions to identify root causes - Plan targeted training on teamwork and communication - Encourage open incident reporting culture
Plan for the next week	➢ To start preparing report and analysing my findings for the college project.

Signature of the Student : Dr. Pranav M Padwale

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Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

Week no: 9 **From: 7th July to 12th July**

Activity Done	➢ **Assisted in Nursing KPI Manual Documentation** • Helped in compiling and organizing nursing-related Key Performance Indicators. • Verified KPI data entries and ensured they aligned with hospital benchmarks. • Analysed data like, needle stick injury, hand compliance. ➢ **Audited the Implementation of Digitalized Consent Forms** • Evaluated how the newly introduced digital consent process is being followed. • Checked completeness, readability, and digital signatures in selected sample files. • Noted staff compliance, gaps, and user-friendliness feedback from nursing teams. ➢ **Audited Code blue running sheets for the month of June** ➢ **Prepared Report on MVPI Implementation** • Referred to MvPI guidelines and reporting form versions (e.g., IPC PDF v1.2). • Assisted in preparing a baseline report on MVPI implementation to support the development of an internal policy.
Linking theory (Classroom learning) with practice at your organisation	➢ Digital health documentation supports clinical governance and aligns with ISMS (Information Security Management Standards) and legal compliance (e.g., NABH 5th Edition - Consent Management).

Gaps identified on the working area.	➢ Even after the implementation of digital consent forms , paper-based forms were used .
Suggestions for improvement	➢ Training implementation required for further digitalized process that will be incorporated in the hospital.
Plan for the next week	➢ Finalize my project on ipsg

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Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 Stream: MBA-HM

Week no: 10 From: 14th July to 19th July

Activity Done	➢ **Hemovigilance Report Preparation** • Reviewed national and institutional haemovigilance guidelines. • Interacted with the Blood Bank Manager to understand the **flow of adverse transfusion reaction (ATR) reporting**. • Mapped the reporting structure, including use of **TRRF forms** and escalation protocol. • Aimed to support **future policy formulation** based on the practical insights gathered. ➢ **Code Blue Data Analysis – June Month** • Collected and reviewed **Code Blue data from June** to identify patterns in emergency responses. • Noted variations in time-to-response and completeness of documentation. • Assessed the quality and standardization of current reporting format.
Linking theory (Classroom learning) with practice at your organisation	➢ Applied classroom learning on **emergency response protocols** and clinical audit interpretation.
Gaps identified on the working area.	➢ Lack of formal documentation flow clarity and standardized response timelines in reporting transfusion reactions.
Suggestions for improvement	➢ Create or revise a clear hospital policy draft for haemovigilance with defined responsibilities and timelines.

Plan for the next week	➢ Finalize and submit the haemovigilance report; assist in drafting policy framework if needed.

Signature of the Student : Dr. Pranav M Padwale

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Reporting Format (Weekly)

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

Week no: 11 **From: 21st July to 25th July**

Activity Done	➢ Prepared a detailed report on **Pharmacovigilance** by interacting with the Head Clinical Pharmacist and compiling guidelines from official documents. • Learned how ADRs are documented, assessed (including Naranjo causality assessment), and escalated internally. • Compiled the process along with official guidelines to prepare a comprehensive Pharmacovigilance report. ➢ **Code Blue Data Analysis – June Month** • Collected and reviewed **Code Blue data from June** to identify patterns in emergency responses. • Noted variations in time-to-response and completeness of documentation. • Assessed the quality and standardization of current reporting format.
Linking theory (Classroom learning) with practice at your organisation	➢ Applied classroom learning on **emergency response protocols** and clinical audit interpretation.
Gaps identified on the working area.	➢ Not all ADRs are reported to PvPI due to lack of cooperation from some doctors.
Suggestions for improvement	➢ Sensitize doctors on the importance of ADR reporting; propose **regular sensitization sessions** and consider implementation of a **centralized digital ADR tracking tool**.

Plan for the next week	

Signature of the Student : Dr. Pranav M Padwale

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Compiled Report

Name of the Organisation: Narayana Institute of Cardiac Sciences, Bengaluru

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

Name of the Student: Dr. Pranav M Padwale

Roll no: 2028 **Stream: MBA-HM**

Activity Done	➢ **Conducting Regular Audits in Wards for MRD and IPSG Compliance** ▪ As part of my internship, I was involved in conducting **regular ward audits** to assess compliance with **Medical Records Department (MRD)** and **International Patient Safety Goals (IPSG)** standards. ▪ The audits included checking **patient files** to ensure all mandatory forms were present – such as **informed consent, pre- and post-operative notes, transfer forms, nursing safety rounds, discharge summaries, and medication charts**. ▪ These audits helped identify **documentation gaps, non-compliances, and training needs**. ▪ Observations were documented and shared with the quality team for **follow-up actions and process improvement**. ▪ This activity enhanced my understanding of **how regular monitoring helps maintain quality standards**, reduce errors, and **improve patient safety outcomes**. ➢ **Participation in Code Hazmat and Code Yellow Mock Drills** ▪ I was actively involved in **mock drills** conducted for emergency preparedness – specifically **Code Hazmat** and **Code Yellow**. ▪ During the drill, I observed how the hospital follows a defined protocol for **area containment, staff protection (PPE usage), decontamination**, and **communication with safety and infection control teams**. ▪ It also showed how **roles and responsibilities are predefined** in such codes, and the role of the **quality and safety team in evaluating the effectiveness** of the hospital's emergency response. ▪ After the drill, a **post-drill debriefing** was conducted to review strengths and identify gaps, which is crucial for continuous improvement.

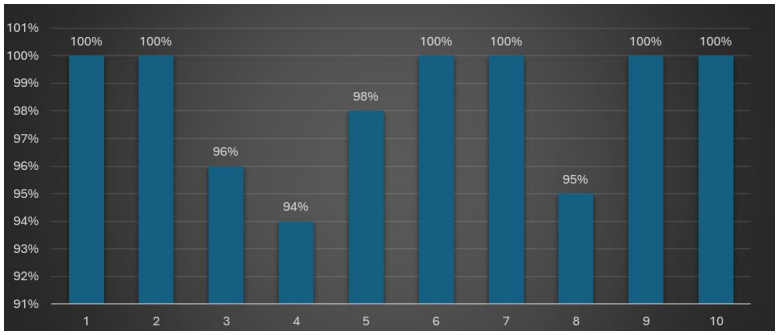
	➢ **Analyzing Nursing-Specific KPIs (Key Performance Indicators)** ▪ I understood the importance of nursing KPIs in assessing the quality, performance and safety of nursing services. ▪ I learned to review nursing dashboards and audit reports to identify trends and areas needing improvement. ▪ These KPIs help improve **patient care, staff efficiency, and overall service quality**. ▪ I have analysed indicators such as hand hygiene compliance, medication errors, bed sore rates, thrombophlebitis score, needle stick injury. ➢ **Participating in Facility Rounds** ▪ Facility rounds help observe real-time hospital functioning, staff behavior, and environmental safety. ▪ I checked for things like **cleanliness, equipment functioning, hand hygiene practices, patient feedback**, and documentation. ▪ This taught me how **theoretical knowledge is applied in practice**, and how minor details can affect overall quality. ➢ **My Projects and Recommendations** ➢ **IPSG Project:** ▪ Type of study: observational audit, retrospective file review, direct staff interviews, etc. ▪ Areas/Departments covered: General and Private In-patient wards ▪ Tools used: Checklists, SOPs, observation forms. **Key Findings :** ▪ Most staff used two identifiers (name & MRN/DOB) consistently before procedures/medication. ▪ Vacutainers were labeled after collecting samples instead of before — a non-compliance. ▪ Critical results were documented clearly and communicated to concerned departments timely. ▪ Crash carts checked and signed daily with expiry dates and drug availability verified. ▪ Color-coded labeling used for LASA drugs, minimizing dispensing errors. ▪ Some staff members unaware of updated infection control protocols under IPSG 5. ▪ Orientation of patients/families on call bell use, handrails, and safety belts at time of admission. ▪ **Suggestions:**

- **Regular Staff Training** – Keep updating doctors, nurses, and staff about IPSG rules through short training sessions and refreshers.
- Since there is a chance of wrong labelling after sample collection, I would recommend to advice and train nurses on labelling the vacutainers just before sample collection
- **Continuous Improvement** – Keep taking feedback and improving the system step by step.
- Perform surprise audits, for improving hand hygiene compliance and give constructive feedback to staff.

➢ **MRD AUDIT**

- Small non-compliances over operation consent, anaesthesia consent, blood transfusion consent, patient transfer form .
- Recommend proper training and knowledge to staffs for importance of proper documentation- in case if it is done in emergency ask for a further review and revision of the documents.

1. Anaesthesia record
2. General consent
3. Operation consent
4. Anaesthesia consent
5. Blood transfusion consent
6. Intake & Output chart
7. VIP Score
8. Patient transfer form
9. Patient and Family education
10. Nutritional Assessment & reassessment



Percentage compliance for several MRD sheets

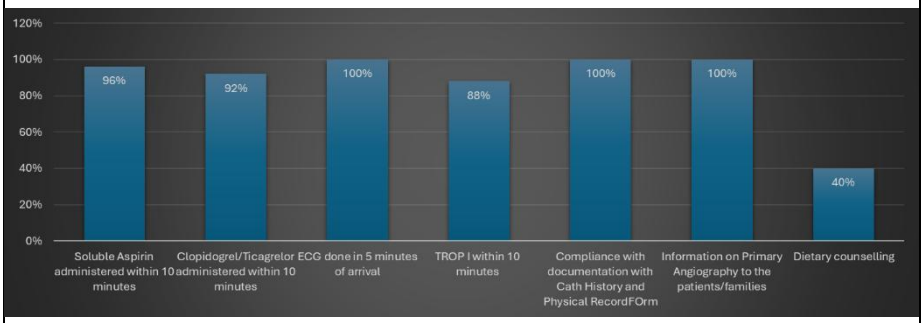
➢ **Code blue running sheet analysis**

I observed and participated in the analysis of Code Blue events during my internship, focusing on the response time, team coordination, documentation, and outcome of each case.

The analysis included reviewing:

- Time of activation and whether the emergency response team arrived promptly (within 1–3 minutes).
- CPR quality, including use of defibrillator, airway management, and drug administration.
- Roles of each team member (doctor, nurse, technician) during the resuscitation.
- Outcome of the event – whether the patient was revived or not.
- Documentation accuracy in the Code Blue form and patient file.

➢ **Clinical Pathway Analysis (STEMI-Pathway)**



➢ **Understanding and Reporting on Materiovigilance, Pharmacovigilance, and Hemovigilance**

- I gained knowledge about Pharmacovigilance (ADR reporting), Materiovigilance (medical device-related events), and Hemovigilance (blood transfusion reactions).
- Interacted with the clinical pharmacist and nursing staff to understand the reporting workflow.
- I compiled a brief report combining hospital practices and national guidelines (PvPI, MvPI, HvPI).
- This helped me understand how these vigilance programs support patient safety and align with NABH standards.

SWOT Analysis

Strengths	Weaknesses
Strong leadership support for quality initiatives	Variation in adherence to safety protocols
Established training modules and infrastructure	Limited periodic audits and digital monitoring
Reputed NABH-accredited hospital	Staff workload issues leading to lapses

Opportunities	Threats
Adoption of digital dashboards and AI-based monitoring	Increasing regulatory requirements on patient safety
Collaboration with accreditation bodies for best practices	Staff turnover affecting consistency
Scope for research in patient safety culture	Rising patient load leading to burnout

TOWS Strategy Matrix

	Opportunities	Threats
Strengths	SO: Use training and infrastructure to implement AI-based tools and collaborate with accreditation agencies.	ST: Leverage leadership and NABH reputation to ensure compliance with regulatory standards.
Weaknesses	WO: Introduce digital audits and frequent refresher training to reduce variation in adherence.	WT: Develop retention strategies and cross-training to reduce turnover and its effect on safety.

Linking theory (Classroom learning) with practice at your organisation	➢ **Linking Internship Experience with MBA Classroom Learning** • Applied concepts from **Quality Management and Hospital Operations** classes in real-time hospital settings. • Understood how **NABH standards** taught in class are implemented practically in departments. • Used classroom knowledge of **incident reporting, root cause analysis, and risk management** while assisting in audits. • Topics like **clinical pathways, patient safety (IPSG), SOPs, and mock drills** became clearer during fieldwork. • Applied **data analysis and interpretation skills** while working with KPIs and audit reports. • Improved my **report writing and communication skills**, which are part of academic assignments and presentations. • Facility rounds and code drills helped me understand concepts of **emergency preparedness and facility management** from class. • Internship gave a practical perspective to what we studied about **healthcare policies, quality indicators, and process improvement**.
Gaps identified on the working area.	• **Incomplete documentation** in patient files (e.g., missing signature in consent forms, missing in depth procedure details, missing receiving nurse and doctors name in transfer forms). • Inaccuracy in code blue documentation such as time of compression, team arrival, missing CO2 levels. • **Lack of awareness among some staff** about proper IPSG practices like patient identification and read-back of verbal orders. • **Inconsistent adherence to clinical pathways**, especially in documentation of time-sensitive steps in STEMI cases. • Low compliance of Hand hygiene observed among the technicians and the nurses. • **Medical records not updated promptly**, leading to delays in discharge summary preparation and file closure. • **Lack of regular staff training** or refreshers on incident reporting, code protocols, and documentation practices. • **Lack of awareness about code protocols** (like Code Yellow or Code Hazmat) among new or junior staff
Suggestions for improvement	• **Conduct regular training sessions** for staff on NABH protocols, IPSG practices, and proper documentation methods. • **Introduce monthly refresher drills** for all emergency codes (Code Blue, Code Yellow, Code Hazmat) to improve response times and awareness. • **Reinforce hand hygiene practices** using visual reminders, surprise audits, and feedback-based awareness campaigns. • Proper supervision and review of code blue sheet at the place of event should be done: A person from CPR or Code blue team or Head Nurse incharge may be given a responsibility of monitoring or

	reviewing it and make it documented properly at the place of event itself • **Ensure proper labeling and storage of high-alert medications**, with pharmacy and nursing team collaboration.
Key Learnings	➢ **Understanding the Role of the Quality Department** • The Quality Department ensures that all departments in the hospital follow standard procedures to provide **safe and effective, patient-centered care.** • It acts as a **monitoring and support system** to keep patient care consistent and up to national/international standards. • Quality teams conduct **audits, reviews, training sessions, and continuous monitoring** to ensure everything aligns with the hospital's goals. ➢ **Gaining Knowledge About NABH Compliance** • I have learned that **NABH** sets important **guidelines and quality standards** that hospitals must follow to ensure **safe, efficient, and patient-centered care**. It helps hospitals maintain consistency, improve services, and build patient trust.. • I learned about **various NABH chapters**, such as Care of Patients, Medication Management, Infection Control, and Continuous Quality Improvement (CQI). • NABH compliance helps hospitals gain **credibility, patient trust, and structured operations**. It also reduces clinical risks and legal issues. ➢ **Importance of Incident Reporting** • I learned that every error, near miss, or adverse event must be reported for analysis. • This creates a **culture of transparency and improvement**, rather than blame. • Incident reporting helps identify **patterns and root causes** of problems, allowing the hospital to **prevent future harm** and improve systems. ➢ **Understanding Continuous Quality Improvement (CQI)** ➢ I have learned that **Continuous Quality Improvement (CQI)** is a continuous process aimed at **improving patient care, safety, and hospital services** by using **data, audits, and feedback** to make meaningful changes over time. ➢ It involves **PDCA Cycle (Plan-Do-Check-Act)**, audits, training, and feedback systems. ➢ It ensures that improvement is **not one-time but continuous and evolving**.

Signature of the Student : Dr. Pranav M Padwale

Approved by the IIHMR University's Mentor