**SUMMER INTERNSHIP PROGRAM**

at

# CLOUDNINE HOSPITAL

From 15th May to 15th July 2025

A REPORT BY

Praful Bedsur

Master of Business Administration

Roll no 2025

**2024-26**

under the Mentorship of

**Dr. Mahender Kumar**
**Professor**

IIHMR UNIVERSITY

**Date: 17th July 2025**

## TO WHOM SO EVER IT CONCERN

This is to certify that **Mr Praful Bedsur** has worked in our organization as **"Intern" in "Opertions Department" from 15th May 2025 to 15th July 2025.**

We thank him for his contribution and wish him all the very best for his future endeavors.

**For Cloudnine**
**(A Unit of Kids Clinic India Ltd.)**

**Shirly S**
**Executive - People Department**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Praful Bedsur** of academic year 2024-26 **of 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: 29/07/25

**Dr. Mahender Kumar**
**Professor**
**IIHMR UNIVERSITY, JAIPUR**

# Assessment of IPSG Compliance and Knowledge among the Nursing Staff of Cloud Nine, Sarjapur, Bangalore

Submitted by – Mr. Praful Bedsur
Roll no. – 2025
Batch – MBA HM 29

University mentor– Dr. Mahender Kumar
Organization mentor – Mr. Gautham B

## BRIEF HISTROY AND DESCRIPTION

Cloudnine Group of Hospitals founded in 2007 by renowned neonatologist Dr. R. Kishore Kumar in partnership with Sequoia and True North , has grown to provide top-tier maternal ,gynaecological, fertility, neonatal and paediatric care across India. Cloud nine's proactive approach is reflected in their comprehensive maternity programs including Prenatal Workshops ,the award winning management of Baby Affairs program, Prenatal Yoga &Aerobic sessions, and Baby Shower celebrations. These initiatives offer expectants mothers premium professional guidance and care, essential for a healthy pregnancy.

Cloud nine Hospital, Sarjapur Road in Bangalore, offers top-tier maternal, gynaecological, fertility, neonatal and paediatric care. Key features include 10 Level 3 NICU, 3 daycare beds, 2 operation theatre, 1 Lamaze room, and 3 Presidential suites and 4 suite rooms. Services include comprehensive prenatal and postnatal care, high- risk pregnancy management, advanced gynaecological treatments, and specialized paediatric care. The facility also offers state-of-the-art fertility treatments and cutting-edge radiology services. Cloud nine's unique programs, such as the management of Baby Affairs, prenatal workshops, lactation consultations and baby shower celebrations ensure premium guidance and care for expectant mothers.

## VISION

To be the kind of leader in the space of women and child health that India has not witnessed yet, by providing premier quality healthcare to women and children.

## MISSION

Our aim is the pursuit of excellence in providing the best maternal and neonatal care by setting higher standards for ourselves and striving constantly to achieve them

## CHALLENGES FACED DURING INTERNSHIP

- During the initial days, data collection was difficult due to the busy schedule of the nursing staff. As the time progressed, it was resolved.
- Adapting to a new environment and culture.
- Lack of regular communication with the industry mentor

## RESEARCH QUESTION

How much does the nursing staff adhere to and are aware about the International Patient Safety Goals(IPSG)?

## ABOUT THE PROJECT

The International Patient Safety Goals (IPSG) were developed in 2006 by the Joint Commission (JC1) to promote specific improvements in patient safety world wide. There are 6 IPSG:

1. Identify patients correctly.
2. Improve effective communication.
3. Improve the safety of high alert medications.
4. Ensure safe surgery.
5. Reduce the risk of Healthcare associated infections
6. Reduce the risk of patient harm resulting from falls.

## OBJECTIVES

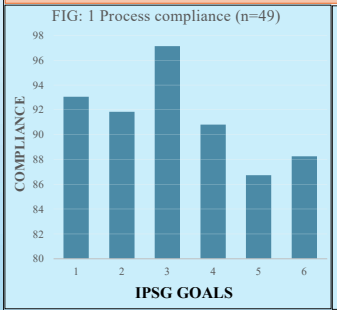
1. Assessing the current level of IPSG knowledge among nursing staff using a structured questionnaire.
2. Monitor and document compliance with IPSG standards through direct observation.
3. To find out the association between level of knowledge and compliance of IPSG.
4. Recommend training sessions or policy changes to improve compliance.

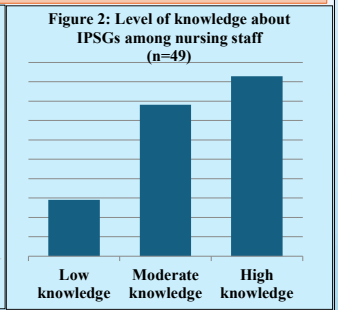
## METHODOLOGY AND DATA COLLECTION

**STUDY DESIGN:** Random Sampling.
**STUDY DURATION :** 1 Month
- Observation of process compliance – 15/06/2025 to 30/06/2025
- Knowledge assessment and analysis- 1/07/2025 to 15/07/2025

**SAMPLE: 49** Nursing staff of critical and non-critical areas.
**COLLECTION TOOL:** Checklist for process observation(5 indicators) and Microsoft forms for knowledge of the Nursing staff (25questions).
**DATA ANAYLSIS TOOL:** Microsoft Excel.

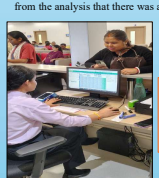
## RESULTS



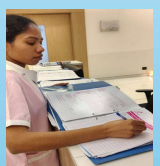




## DISSCUSSION

- Highest process compliance was found for goal 3 (97% 47 out of 49 Individuals), while the lowest compliance was observed for Goal 5(86% 42 out of 49 Individual).
- Moderate knowledge was found among around 23% (11 Individuals) and around 77% (38 Individual) found having high knowledge of the IPSG's.
- Find significant association between level of knowledge and process compliance of the nursing staff in the studied hospital. It emerged out from the analysis that there was a statistically significant association between level of knowledge and process compliance .



**Executive Following Effective Communication. (ISPG-2)**



**A Staff Filling Fall Risk Assessment Form. (IPSG-6)**

## SWOT ANALYSIS- CLOUDNINE SARJAPUR

### STRENGTH

- ✓ Strong brand reputation
- ✓ Specialized services in maternity, gynaecology, neonatology, fertility and paediatrics.
- ✓ NABH Accreditation.
- ✓ Well-trained and experienced clinical support teams :**Lactation, Consultants, Physiotherapists** and **Nutritionist.**

### WEAKNESS

- ✓ Nurse staff shortage..
- ✓ New hospital establishment.
- ✓ Limited bed capacity (25) restrict scaling of In-patient services.
- ✓ Compliance gaps in new staff.

### OPPORUNITY

- ✓ Expansion and growth region.
- ✓ Patient-centric innovations.

### THREATS

- ✓ High patient expectations from a premium brand—any minor lapse can impact loyalty.
- ✓ Intense competition from other maternity and multispecialty hospitals (e.g., Apollo Cradle, Motherhood).

## SUGGESTIONS

- **Training and workshops :** Organizing comprehensive training sessions and workshops to educate the nursing staff about the IPSG's.
- **Supervision:** Shift in-charge and senior nursing staff should continuously supervise the nursing staff to assure the compliance of IPSG Guidelines.
- **Regular audits:** Implementation of regular audits to monitor compliance according to IPSG.
- **Online resources:** Develop an online repository of IPSG Guidelines, FAQ's, and video tutorials accessible to all staff.
- **Increase staff.**

## LEARNING DURING INTERNSHIP

- Understood the work culture of the hospital .
- Understood the IPSG's and its significance.
- Learnt how to communicate effectively with the patients as well as the hospital staff of different levels.
- Data analysis in excel.
- Understood the process followed during the codes.
- Adaptability.

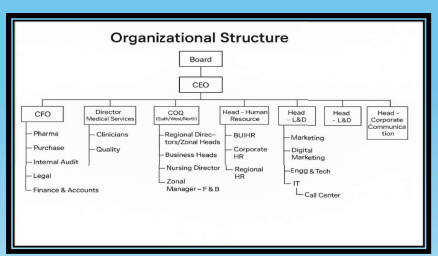
## LEARNINGS DURING INTERNSHIP

1. Industry exposure .
2. Great learnings of discipline, communication and time management.
3. Valuable experience and confidence.

## THEORTICAL UNDERSTANDING VS PRACTICAL EXPOSURE

| THEORETICAL UNDERSTANDING | PRACTICAL EXPOSURE |
|---|---|
| • Got to know about the quality parameters of a hospital in the class.<br>• Emergency codes were introduced in the class through a case study.<br>• Theoretical foundation helped me in understanding the concepts of quality in the hospital, and principles related to hospital management. | • Observed the compliance of the quality parameters during various audits.<br>• When mock drills were conducted on various emergency codes, got to know the procedure that must be followed in real time.<br>• Had direct interaction with patients, medical staff, and hospital administration.<br>• Interacted with a multidisciplinary team, including doctors, nurses, technicians, and administrative staff. |

## ORGANIZATIONAL STRUCTURE



# Reporting Format (Week-01)

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no:** 2025 **Stream:** MBA hospital and health management

**Week no:01** **From:** 15TH MAY to 17TH MAY

| | |
|---|---|
| **Activity Done** | • General orientation about hospital policies and quality standards.<br>• Observed the process of internal audit conducted by a QA team.<br>• Noted key parameter used for evaluating departments. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Gained an understanding of the role of internal audits in maintaining NABH standards.<br>• Learned hoe audit checklist are used.<br>• Understanding the importance of interdepartmental communication and its crucial role in quality improvement. |
| **Gaps identified on the working area.** | • Limited access to some departmental records due to confidentiality.<br>• Initial difficulty in understanding technical audit terminologies. |
| **Suggestions for improvement** | 1. Not suggested. |
| **Plan for the next week** | • Assist in preliminary data collection and analysis.<br>• Attending detailed sessions on NABH standards.<br>• Observe audits in specific departments. |

**Signature of the Student:** PRAFUL BEDSUR

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-02)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no:** 2025 **Stream:** MBA in health and hospital

**Week no:** 02 **From:** 19th MAY TO 24th MAY

| | |
|---|---|
| **Activity Done** | • Observations and geotagging for NABH accreditation, specifically focused on documentation related to NABH standards.<br>• Quality indicators monitoring<br>Observation of prescription audit checklist |
| **Linking theory (Classroom learning) with practice at your organisation** | • Gained an understanding of the role of internal audits in maintaining NABH standards.<br>• Monitoring quality indicators like CAUTI, VAP, SSI, NSI.<br>• Patient care documentation and medication. |
| **Gaps identified on the working area.** | • Limited access to some departmental records due to confidentiality.<br>• New patient registration and doctor consultation waiting time would impact patient satisfaction and operational efficiencies during peak hours. |
| **Suggestions for improvement** | • Digital dashboards for key quality indicators to enable staff to monitor performance continuously. |
| **Plan for the next week** | • Continue observing specific departmental operations, focusing on the patient's admission and discharge process.<br>• Analyze the data collected on quality indicators to identify trends and initial findings. |

**Signature of the Student:** PRAFUL BEDSUR

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-03)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no:** 2025 **Stream:** MBA in health and hospital management

**Week no:** 03 **From:** 26th MAY TO 31ST MAY

| | |
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| **Activity Done** | 1. Primary focus on observing and understanding the hospital's compliances to quality standards and patient safety protocols in relation to NABH and IPSG.<br>2. Reviewed chapters of NABH 1&2. Their objective elements and standards related to healthcare services, registrations, admissions, transfers, initial assessments, imaging services, and safe, effective, and quality care while protecting patient rights.<br>3. Observation of incident reporting practices. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Practical implementation of quality standards principles for continuous improvement and standardizations with compliance to IPSG. Emphasis on defines process for discharge, safety programmes, and incident reporting.<br>2. Patient centred care as a core principle reflected as in hospital focused on patient care, rights, communication protocols, safety initiatives and fall prevention. |
| **Gaps identified on the working area.** | 1. Interdepartmental communication is emphasised but leads to minor lag in information flow between highly interconnected departments. |
| **Suggestions for improvement** | 1. Ready quick accessible guides for all staff on frequently used safety protocols to enhance and reduce human error. |
| **Plan for the next week** | 1. Further reviewing of other remaining NABH chapters.<br>2. To observe and gain deeper understanding of patient floe and process of implementation |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-04)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no:** 2025 **Stream:** MBA in health and hospital management

**Week no:** 04 **From:** 2ND JUNE TO 7TH JUNE

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| **Activity Done** | **1.** Reviewed NABH chapter 3. Their objective elements and standards related to the safe and rational use of medication in the hospitals. Process including around procurement, storage, dispensing, administrating, and monitoring of medications. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Practical observations of 6 rights of medications administration taught in class.<br>2. Classroom discussion on medication errors. |
| **Gaps identified on the working area.** | 1. Occasional lapses in cold storage temperature. |
| **Suggestions for improvement** | 1. Not suggested |
| **Plan for the next week** | 1. Further reviewing of other remaining NABH chapters.<br>2. Observations of emergency codes induction. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-05)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no:** 2025 **Stream:** MBA in health and hospital management

**Week no: 05** **From:** 9TH JUNE TO 14TH JUNE

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| **Activity Done** | 1. Reviewed chapters 5 to 8 NABH accreditation. Which involves in understanding of the hospital infection control, patient safety and quality improvement, responsible of management and facility management and safety.<br>2. Initiated summer internship main project including observation. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Importance of IPSG's<br>2. Goals of NABH and steps to maintaining the standards |
| **Gaps identified on the working area.** | **1.** Not found |
| **Suggestions for improvement** | 1. Not suggested |
| **Plan for the next week** | 1. Preparing a questionnaire and project plan<br>2. Observation checklist preparation required for the project research. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-06)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no: 2025** **Stream:** MBA in health and hospital management

**Week no: 06** **From:** 16TH JUNE TO 21ST JUNE

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| **Activity Done** | 1. Prepared the project plan for the topic about IPSG compliance.<br>2. Discussed and prepared the questionnaire for the assessment the compliance among the nurses with the help of organization mentor.<br>3. Continued the reviewing of NABH chapters and associated doubts with the mentor. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. NABH accreditation standards, quality indicators, and patient safety protocols in class.<br>2. research methodology, data collection tools, and questionnaire design<br>3. International Patient Safety Goals |
| **Gaps identified on the working area.** | 1. Some departments follow NABH rules, while others lag in minor duties due to workload. |
| **Suggestions for improvement** | 1. Review feedback in quality committee meetings. |
| **Plan for the next week** | 1. Reviewing the Reponses got from the nurses through the prepared questionnaire. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-07)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no: 2025** **Stream:** MBA in health and hospital management

**Week no: 07** **From: 23RD JUNE TO 28TH JUNE**

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| **Activity Done** | 1. Assessment of fall risk and method used for evaluation<br>A) Humpty Dumpty paediatric scale.<br>B) Morse fall adult scale.<br>1. Reviewed intervention effectiveness<br>2. Thermohygrometer observation.<br>A) Functionality check.<br>B) Calibration status verification.<br>3. Crash cart medication audit<br>A) Verified quantity displays.<br>Identified medications expiring within 3 months. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Risk management.<br>2. Quality audits.<br>3. Patient safety, hospital quality indicators, biomedical equipment management, and audit process.<br>4. NABH standards and quality audits. |
| **Gaps identified on the working area.** | Not suggested |
| **Suggestions for improvement** | 1. Not suggested |
| **Plan for the next week** | 1. Reviewing the responses of the questionaries provided to the nurses for assessment of the compliance of ISPG and knowledge.<br>2. Reviewing NABH chapters. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-08)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no: 2025** **Stream:** MBA in health and hospital management

**Week no: 08** **From: 30TH JUNE TO 5TH JULY**

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| **Activity Done** | 1. Preparation of report of observations at the time of rounds.<br>2. Observations of crash cart medication checklist.<br>3. Daily PA checklist observation.<br>4. Mock drill of code pink observations. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Quality indicators and NABH standards.<br>2. Medication safety and rights of medication administration.<br>3. Disaster management and hospital incident commanding systems. |
| **Gaps identified on the working area.** | 1. Communication during code pink between the departments were slight delayed. |
| **Suggestions for improvement** | 1. Education on roles and responsibilities during the codes.<br>2. Conduct codes as per defined schedules. |
| **Plan for the next week** | 1. Preparing a report for project.<br>2. Observations of checklist for rounds. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

**Reporting Format (Week-09)**

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGLORE

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE

**Name of the Student:** PRAFUL BEDSUR

**Roll no: 2025** **Stream:** MBA in health and hospital management

**Week no: 09** **From: 7TH JULY TO 12 JULY**

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| **Activity Done** | 1. Preparation of report of observations at the time of rounds.<br>2. Observations of crash cart medication checklist and identifying the near expiry medications.<br>3. Daily PA checklist observation.<br>4. Report submission of the project to the organisation mentor.<br>5. Observation of surgical safety checklist and are followed as per the checklist parameters. |
| **Linking theory (Classroom learning) with practice at your organisation** | 1. Quality indicators and NABH standards.<br>2. Medication safety and rights of medication administration.<br>3. Disaster management and hospital incident commanding systems. |
| **Gaps identified on the working area.** | 1. Labelling of the medication was not up to standard.<br>2. Mock drills not conducted regularly.<br>3. Staff completely unaware of incident reporting. |
| **Suggestions for improvement** | 1. Education on roles and responsibilities during the codes.<br>2. Conduct codes as per defined schedules.<br>3. Sessions on clear and proper incident report to reduce errors. |
| **Plan for the next week** | 1. Preparing a report for project.<br>2. Observations of checklist for rounds. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Compiled Internship Report

**Name of the Organisation:** CLOUD NINE HOSPITAL, BANGALORE.

**Area/ Department/ Project of Summer Internship Program:** QUALITY ASSURANCE.

**Name of the Student:** PRAFUL BEDSUR

**Roll no:**2025 **Stream:** MBA in health and hospital management

**From:** 15th MAY 2025 to 15TH JULY 2025

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| **Activity Done** | 1. Orientation to the hospitals floors and various departments.<br>2. Observation of internal audit of various departments done by QA team.<br>**3. LDR department**<br>**4. IPD department**<br>**5. OPD department**<br>**6. Emergency department**<br>**7. Laboratory and scans**<br>**8. Nursing department**<br>**9. Pharmacy department**<br>**10. Dietary department**<br>**11. Housekeeping department**<br>**12. HR department**<br>**13. MRD department**<br>**14. Waste management**<br>**15. Biomedical department**<br>**16. Infection control department**<br>**17. CSSD department**<br>18. To understand about the uses of the crash cart and medication and identify the near expiry medications.<br>19. Daily observation of PA checklist, which is used in the hospital's internal loudspeaker system for making announcements that can be heard throughout the facility. This helps hospitals to use standardized color codes to quickly communicate about the various emergencies throughout hospital without causing panic among the patients or visitors. |

| | |
|---|---|
| | 20. Attended the trainings sessions on:<br>21. Quality aspects in hospitals<br>22. Fire safety in hospital<br>C)Emergency codes such as:<br>**23. Code blue: cardiac or respiratory arrest**<br>**24. Code red: fire or smoke**<br>**25. Code pink: infant or child missing**<br>**26. Code white: violent or aggressive person or behavior**<br>**27. Code black: bomb threat**<br>**28. Code orange: hazardous material spill**<br><br>**29.** Observed NABH documentation, quality indicators.<br>30. Monitoring prescription audit checklist.<br>31. Revived NABH chapters:<br>32. Access, assessment and continuity of care.<br>33. Care of patients.<br>34. Management of medication.<br>35. Patients' rights and education.<br>36. Hospital infection control.<br>37. Continuous quality improvement.<br>38. Responsibilities of management.<br>39. Facility management and safety.<br>40. Human resources management.<br>41. Information management system.<br><br>42. Observation of Incident reporting practices.<br>43. Observed admission procedures and patient management during labor and delivery.<br>44. Verification of documentation of consent forms.<br>45. Evaluate compliance with newborn safety protocols (baby tagging).<br>46. Verifying display of patient rights.<br>47. Triage process documentation.<br>48. Audit code blue mock drills and crash cart checklist.<br>49. Assisting about the importance of handover communication between emergencies and IPD/ICU.<br>50. Monitor control logs and equipment calibration.<br>51. Conduct IPSG knowledge assessment.<br>52. Audit nursing documentation, medication rights, crash cart maintenance.<br>53. Audit LASA drug storage and labelling.<br>54. Monitor cold storage temperature logs.<br>55. Observe food preparation and hygiene practices.<br>56. Audit PPE and biomedical waste segregation.<br>57. Check training records and staff induction files.<br>58. Verify emergency code training attendance.<br>59. Audit completeness of inpatient files.<br>60. Monitor autoclave log and treatment facility certificate.<br>61. Audit equipment calibration certificates and logs.<br>62. Monitor hand hygiene compliance audit.<br>63. Review sterilization logs and validation reports.<br>64. Monitor sterile supply chain to OT and wards.<br>65. Verify staff are trained in PPE use during induction and IC meetings. |

| | |
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| | 66. Project planning on IPSG compliance.<br>67. Designed questionnaire with mentor.<br>68. Fall risk assessment using morse and humpty dumpty scales.<br>69. Thermohygrometer checking and crash cart audits.<br>70. Prepared observation reports of the designed questionnaire.<br>71. Observation of crash cart checklist and PA system checklist.<br>72. Observation of code pink mock drill.<br>73. Reviewed surgical checklist and documentation.<br>74. Prepared the report of rounds of quality audit.<br>75. Final review and preparation of project on IPSG compliance and knowledge assessment among nurses.<br>76. Preparation and scoring done by preparing a checklist for observation process, and questionnaire are as follows:<br>77. Does the nursing staff use two patient identifiers before administering any medication? (Y/N)<br>78. During handovers, does the staff follow ISBAR format? (Y/N)<br>79. Is the cupboard of the high-alert medications locked? (Y/N)<br>80. Is the staff following the hand hygiene steps in proper sequence? (Y/N)<br>81. Is the staff documenting the fall risk of patients correctly based on the given parameters? (Y/N)<br>82. Microsoft forms were used as a tool for distributing the questionnaire to the nursing staff.<br>83. Prepared 25 questions according to the IPSG goals<br>84. Gained insights into pediatric care and emergency patient admission processes.<br>85. Learned about different levels of nurses and their responsibilities.<br>86. Observation of LASA medication and checklist in pharmacy department.<br>87. Gained insights in dietary requirements for various patient conditions.<br>88. Primary focus on observing and understanding the hospital's compliances to quality standards and patient safety protocols in relation to NABH and IPSG.<br>89. Observation of incident reporting practices.<br>90. Reviewed NABH chapter 3. Their objective elements and standards related to the safe and rational use of medication in the hospitals. Processes include around procurement, storage, dispensing, administrating, and monitoring of medications.<br>91. Reviewed chapters 5 to 8 NABH accreditation. Which involves in understanding of the hospital infection control, patient safety and quality improvement, responsibility of management and facility management and safety. |

| | |
|---|---|
| | 92. Assessment of fall risk and method used for evaluation<br>C) Humpty Dumpty pediatric scale.<br>D) Morse fall adult scale.<br>4. Reviewed intervention effectiveness<br>5. Thermohygrometer observation.<br>C) Functionality check.<br>D) Calibration status verification.<br>6. Crash cart medication audit<br>B) Verified quantity displays.<br><br>93. Identified medications expiring and audit of nearby expiring of medications within 3 months.<br>94. Observation of surgical safety checklist and are followed as per the checklist parameters.<br>95. Assisted in conducting infection control audits and implementing protocols.<br>96. Observed the importance of hygiene and sanitation in preventing infections. |
| **Linking theory (Classroom learning) with practice at your organisation** | • Gained an understanding of the role of internal audits in maintaining NABH standards.<br>• Learned hoe audit checklist are used.<br>• Understanding the importance of interdepartmental communication and its crucial role in quality improvement.<br>• Monitoring quality indicators like CAUTI, VAP, SSI, NSI.<br>• Patient care documentation and medication.<br>• Practical implementation of quality standards principles for continuous improvement and standardizations with compliance to IPSG. Emphasis defines process for discharge, safety programmers, and incident reporting.<br>• Patient centered care as a core principle reflected as in hospital focused on patient care, rights, communication protocols, safety initiatives and fall prevention.<br>• Practical observations of 6 rights of medications administration taught in class.<br>• Classroom discussion on medication errors.<br>• Importance of IPSG's<br>• Goals of NABH and steps to maintaining the standards.<br>• research methodology, data collection tools, and questionnaire design<br>• Risk management.<br>• Quality audits. |

| | |
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| | • Patient safety, hospital quality indicators, biomedical equipment management, and audit process.<br>• Disaster management and hospital incident commanding systems. |
| **Gaps identified on the working area.** | • Some department records are not available to everyone because they are private. At first, it was hard to understand audit terms.<br>• Long waiting times during peak hours for registration and consultations.<br>• Minor delays in interdepartmental communication.<br>• Cold storage temperature not consistently maintained.<br>• Uneven NABH compliance across departments due to workload.<br>• Delayed communication during Code Pink drills.<br>• Medication labelling practices were not up to standard.<br>• Emergency mock drills not conducted regularly.<br>• Staff lacked awareness about the incident reporting system.<br>• Long waiting times and staff shortage.<br>• Shortage of nurses impacting patient care: patients often call for assistance, but due to shortage of nurses, their needs may go unmet.<br>• Patients face prolonged wait times, especially during peak hours, primarily due to insufficient costumer relations executives and guest relations executive. Conflicts arise as doctors frequently arrive late.<br>• Delays in reporting diagnostic test results.<br>• Untrained nursing staff<br>• Stockouts of essential medications.<br>• Need for improved inventory management practices.<br>• Inadequate staff training on hazardous waste disposal.<br>• Occasional lapses in cold storage temperature.<br>• Limited access to some departmental records due to confidentiality.<br>• New patient registration and doctor consultation waiting time would impact patient satisfaction and operational efficiencies during peak hours.<br>• patient files were not completed appropriately. In some files, doctors' signatures were missing, while in some signatures of patients' relatives were missing. Some had incomplete "patient family education" forms, while in some "fall risk assessment" was done in every shift. Verbal orders were not signed within 24 hours by the consultant in some of the doctor's notes.<br>• Staff was not fast in the case in the case of Mock drills and often gave delayed responses. |
| **Suggestions for improvement** | • Inadequate patient monitoring post-delivery: allocate additional nursing staff especially for post delivery monitoring to ensure continuous patient care.<br>• Recruit additional nursing staff to address patient needs promptly and enhance overall quality care.<br>• Implement nurse-to-patient ratio to optimize resource |

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| | allocation and improve patient satisfaction.<br>• Increase the number of CRE's and GREs to manage patient flow efficiently, especially during peak hours.<br>• Implementing stricter scheduling and punctuality policies for doctors to minimize appointments delays.<br>• Digital dashboards for key quality indicators to enable staff to monitor performance continuously.<br>• Interdepartmental communication is emphasized but leads to a minor lag in information flow between highly interconnected departments.<br>• Ready quick accessible guides for all staff on frequently used safety protocols to enhance and reduce human error.<br>• Review of feedback in quality committee meetings.<br>• Education on roles and responsibilities during the codes.<br>• Conduct codes as per defined schedules.<br>• Education on roles and responsibilities during the codes.<br>• Conduct codes as per defined schedules.<br>• Sessions on clear and proper incident reports to reduce errors.<br>• Conduct a regular maintenance schedule for scanning equipment to prevent breakdowns and ensure consistent availability.<br>• To reduce the delays in the discharge process. |
| **Key Learnings** | • Observed the compliance of the quality parameters during various audits.<br>• When Mock drills were conducted on various emergency codes, I got to know the procedure that must be followed in real time.<br>• Had direct interaction with patients, medical staff, and hospital administration.<br>• *I interacted* with a multidisciplinary team, including doctors, nurses, technicians, and administrative staff.<br>• Understood the IPSG's and its significance.<br>• Learnt how to communicate effectively with the patients as well as the hospital staff of different levels.<br>• Understood the process followed during the codes.<br>• Strengthened communication with multidisciplinary teams.<br>• Understood the hospital's emergency code protocols.<br>• Improved adaptability, time management, and discipline.<br>• Gained in-depth understanding of NABH accreditation.<br>• Understood all 6 international patient safety goals and their practical applications.<br>• Learned how to use and analyze checklists for audits.<br>• Identified quality gaps such as poor labelling, missed mock drills, cold chain lapses, And lack of incident reporting awareness. |

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| | • Understood workflow coordination and documentation standards across units.<br>• Used Microsoft forms for digital surveys and data collection. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**