SUMMER INTERNSHIP PROGRAM

at

CK BIRLA HOSPITAL

From 12th May 2025 to 15th July

A REPORT BY

Palak Jaggi

Master of Business Administration

(Hospital and Health Administration)

Roll no 2016

2024-26

under the Mentorship of

DR. Sanjay Gupta

IIHMR UNIVERSITY, JAIPUR

CK BIRLA
HOSPITAL

CKBH/TC/2025/03

July 15, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Palak Jaggi has successfully completed her training from May 12, 2025, to July 15, 2025, in Medical Services of CK Birla Healthcare, Corporate Office.

During the period of her training with us, her performance was good and she was found punctual, hardworking, and inquisitive. She was present every day during her training in Corporate Office.

Any information used to complete the project is the intellectual property of CK Birla Healthcare Pvt. Ltd. and hence should not be used for any other purpose.

We wish her all the very best for her future endeavors.

For, **CK Birla Healthcare Pvt. Ltd.**

Jalaj Mittal
Deputy General Manager - Human Resources

Palak Jaggi

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CIN No. U74140DL2014PTC272562

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Dr. Palak Jaggi 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: 28-07-2025

Dr. Sanjay Gupta
Dean, IIHMR

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Building and Auditing Clinical Protocols: A Documentation Compliance Study

Dr. Palak Jaggi, Dr. Sanjay Gupta
IIHMR, Jaipur

Organization History

CK Birla Healthcare is a venture designed to transform the provision and culture of healthcare in India. It is a chain of world-class hospitals focused on the healthcare needs of the family delivered with warmth, responsiveness and sensitivity. Their hospitals include state-of-the-art facilities that offer exceptional clinical care in an ethical, compassionate and patient-led environment.

Vision and Mission

Vision

To transform the future of healthcare through outstanding clinical outcomes, research, education and compassionate care

Mission

To bring global standards of clinical expertise and care to patients and their families

Introduction

In the healthcare sector, clinical documentation serves as a cornerstone for ensuring patient safety, continuity of care, and compliance with national accreditation standards. High-quality documentation not only reflects the accuracy and accountability of healthcare services but also plays a crucial role in medico-legal protection and hospital quality assessments.

This internship project was undertaken at **CK Birla Hospital, Punjabi Bagh,** Delhi, a multi-specialty institution committed to delivering ethical, patient-centric care.

Over the course of the internship, a comprehensive audit was conducted across **15 clinical specialties, reviewing 322 patient files against 18 key documentation parameters**.

Objective

1. To assess department-wise compliance with hospital documentation practices in alignment with NABH standards

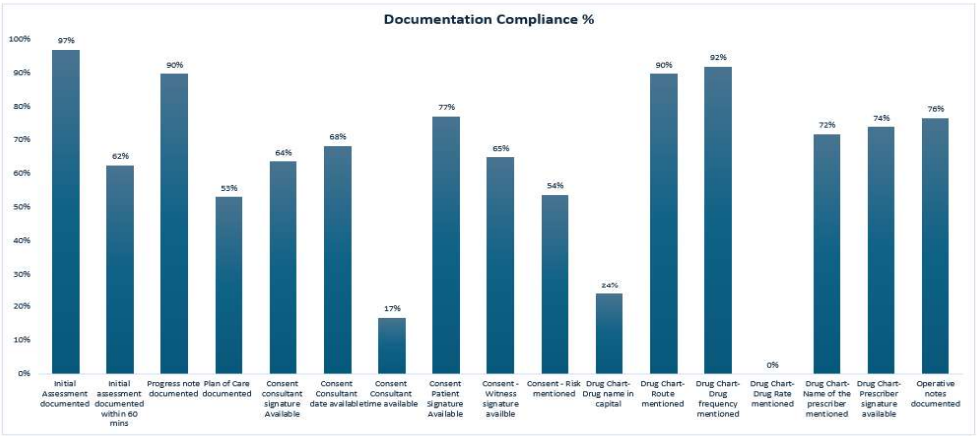
2. Identify strengths, gaps, and areas needing immediate intervention across specialties

Organization vs. Theoretical Learning

Aspect	Theoretical Learning	Organizational (Practical) Learning
Source	Textbooks, lectures, classroom instruction	Real-time hospital environment, hands-on exposure
Focus	Ideal standards, protocols, academic frameworks	Practical constraints, real-life documentation practices
Documentation Standards	NABH/NABL guidelines studied in theory	Varied compliance, operational workflows, staff constraints
Feedback Cycle	Assessment-based (quizzes, exams)	Continuous, experience-based (supervisors, audits)
Outcome	Knowledge acquisition	Skill development, problem-solving, adaptability

Results and Insights (Major Learnings)

Overall compliance rates



Compliance rates by Department

Speciality	# files audited	Initial Assessment documented	Initial assessment documented within 60 mins	Progress note documented	Plan of Care documented	Consent consultant signature Available	Consent Consultant date available	Consent Consultant time available	Consent Patient Signature Available	Consent - Witness signature availble	Consent - Risk mentioned	Drug Chart- Drug name in capital	Drug Chart- Route mentioned	Drug Chart- Drug frequency mentioned	Drug Chart- Drug Rate mentioned	Drug Chart- Name of the prescriber mentioned	Drug Chart- Prescriber signature available	Operative notes documented
ENT	4	100%	75%	100%	50%	50%	75%	25%	75%	50%	50%	25%	100%	100%	0%	100%	100%	100%
Gastroenterology	6	100%	50%	100%	50%	67%	83%	33%	83%	67%	67%	0%	83%	100%	0%	83%	83%	100%
General Surgery	12	100%	75%	100%	50%	75%	83%	17%	92%	92%	58%	42%	92%	92%	0%	83%	75%	83%
GI Surgery/GI Oncology/HPB Surgery	20	100%	70%	90%	60%	65%	75%	30%	85%	75%	70%	40%	90%	95%	0%	75%	75%	94%
ICU	6	100%	83%	100%	67%	0%	0%	0%	0%	0%	0%	0%	83%	83%	0%	67%	100%	-
Internal Medicine	26	100%	65%	96%	38%	19%	23%	19%	27%	31%	23%	46%	85%	100%	0%	85%	77%	-
Neonatology and Pediatrics	17	59%	53%	47%	41%	6%	24%	18%	24%	24%	12%	18%	47%	53%	0%	35%	41%	20%
Nephrology	5	100%	100%	100%	40%	40%	60%	20%	60%	60%	60%	20%	100%	100%	0%	80%	60%	75%
Neurosurgery	2	100%	50%	100%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	0%	100%	50%	-
Obstretics and Gynaecology	77	100%	61%	90%	62%	82%	86%	17%	96%	90%	75%	13%	96%	94%	0%	64%	75%	96%
Orthopaedics	94	99%	55%	96%	51%	79%	83%	16%	94%	76%	57%	21%	93%	90%	0%	72%	78%	93%
Plastics and Aesthetics	5	100%	60%	60%	20%	100%	80%	0%	100%	60%	80%	60%	80%	100%	0%	40%	100%	100%
Pulmonology	7	100%	71%	100%	57%	43%	43%	0%	43%	14%	29%	29%	100%	100%	0%	86%	71%	33%
Surgical Oncology	26	92%	69%	81%	50%	42%	46%	12%	65%	38%	38%	23%	88%	96%	0%	88%	65%	63%
Urology	11	100%	73%	91%	64%	82%	73%	27%	64%	45%	45%	36%	91%	100%	0%	73%	73%	100%
Others	4	100%	50%	75%	100%	100%	75%	0%	100%	75%	50%	50%	100%	100%	0%	75%	50%	100%
Weighted average	322	97%	62%	90%	53%	64%	68%	17%	77%	65%	54%	24%	90%	92%	0%	72%	74%	76%

SWOT Analysis

Strengths	Weaknesses
- High compliance in key areas (Initial Assessment, Drug Route, Progress Notes)	- Poor compliance in certain consent fields (consultant time, risk mention)
- NABH-aligned culture of quality and safety	- Lack of standard templates across departments
- Strong performance in departments like Ortho and Gynae	- Drug rate documentation missing (0%) across the board
Opportunities	**Threats**
- Introduce digital EMR prompts & auto-validating templates	- Resistance to change due to high workload in clinical teams
- Training programs tailored to departments with lower compliance	- Audit fatigue or underreporting if not incentivized properly

Challenges in Compliance

1. Lack of Standardization Across Specialties: Variation in practices even within surgical departments—causes inconsistencies and errors
2. Awareness and Training Gaps - Staff may not be fully trained or updated on evolving NABH requirements
3. Time Constraints and Workflow Pressures
4. Accountability & Monitoring Deficits - No routine feedback loop or enforcement for poor compliance
5. Incomplete Adoption of Digital Tools - Lack of integrated Electronic Medical Records (EMR) or prompt-based systems

Recommendations

Training & Sensitization

- Regular workshops on NABH documentation requirements
- Specialty-wise audit feedback sessions

Standardization & Digital Templates

- Use of pre-designed templates for consent, care plan, drug chart entries
- EMR systems to prompt mandatory fields

Monitoring & Accountability

- Monthly compliance dashboard per specialty
- Documentation compliance KPIs integrated into appraisal

Snapshots from Internship

Prepared by: **Dr. Palak Jaggi** (Roll no: **2016**)
Stream: **MBA Hospital and Health Management**

Summer Internship Project (SIP) Report

Title: Documentation Compliance Audit Report – CK Birla Hospital
Prepared by: Dr. Palak Jaggi
Institution: IIHMR University
Location: CK Birla Hospital, Punjabi Bagh, New Delhi

1. Introduction

This Summer Internship Project aimed to evaluate and enhance clinical documentation practices at CK Birla Hospital, Punjabi Bagh, in accordance with the NABH (National Accreditation Board for Hospitals) standards. The documentation audit covered multiple specialties to identify strengths, critical gaps, and opportunities for process improvement.

2. Organization Overview

CK Birla Healthcare is a network of hospitals focused on ethical, patient-centered care. The Punjabi Bagh unit is known for its high clinical standards and offers services in neonatology, orthopaedics, obstetrics, gastroenterology, and more. The hospital has featured prominently in Times Health Rankings and emphasizes quality and compassionate care.

3. Objective and Methodology

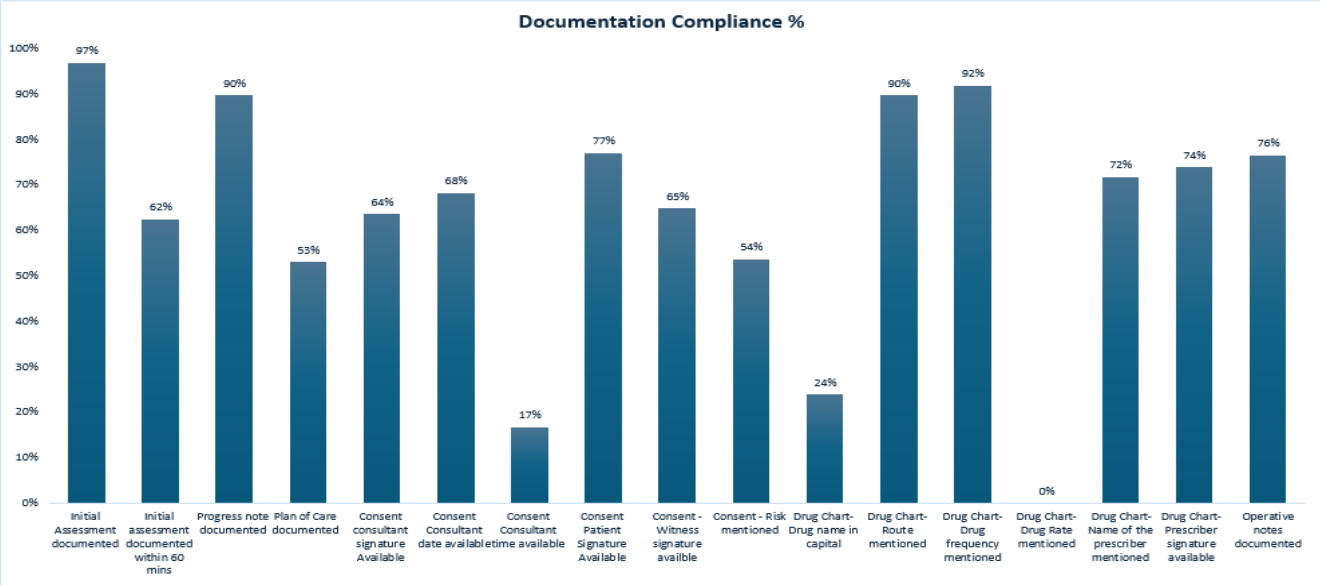
The core objective of this project was to assess department-wise compliance with documentation standards in alignment with NABH requirements. A structured audit was conducted across 15 specialties covering 322 patient files. Eighteen key documentation parameters were evaluated, and compliance was calculated using weighted averages to normalize sample size differences.

4. NABH Documentation Standards

Documentation standards audited include:
- Initial Assessment (within 60 mins of admission)
- Progress Notes (daily clinical updates)
- Consent Forms (consultant/patient/witness signatures, date, time, risk)
- Drug Charts (name in caps, route, frequency, prescriber info)
- Operative Notes (post-surgery details including plan and complications)

5. Key Findings

High compliance was observed in Initial Assessment (97%), Drug Chart Frequency (92%), and Progress Notes (90%). However, significant gaps included:
- Drug Rate Mentioned: 0%
- Drug Name in Capitals: 24%
- Consent Consultant Time: 17%
These gaps pose both clinical and medicolegal risks and were more prominent in Neonatology, Pediatrics, and Internal Medicine departments.



6. Departmental Insights

Best Performers:
- Orthopaedics: High scores in consent (75%+), operative notes (93%), and progress notes (96%)
- Obstetrics & Gynecology: Strong compliance in consent and operative documentation

Low Performers:
- Internal Medicine: Poor plan of care (38%) and consent (below 25%)
- Neonatology & Pediatrics: Low scores across all documentation parameters including consultant time (6%) and operative notes (20%)

7. Challenges in Compliance

- Lack of standardization across departments
- Insufficient training for junior staff on NABH nuances
- High workload in critical care units leading to delayed or retrospective documentation

- Limited EMR adoption resulting in errors and missing fields
- Weak accountability due to absence of audit-linked KPIs

8. SWOT Analysis of Documentation Practices

Strengths: Strong baseline documentation culture, responsive admin teams
Weaknesses: Incomplete fields, lack of digital integration
Opportunities: Implement EMR prompts, role-based training, audit-linked KPIs
Threats: Legal risks from incomplete consent and medication documentation

9. Recommendations

- Department-specific training on documentation standards
- Implementation of digital tools and checklists (EMR prompts)
- Monthly feedback loops tied to clinical KPIs
- Introduce documentation accountability in performance reviews

10. Conclusion

While the hospital has a strong foundation for documentation compliance, critical areas such as consent forms and drug chart accuracy need focused attention. With structured training, EMR optimization, and regular monitoring, the hospital can move toward full NABH compliance.

Weekly Report I

Name of the Organisation: CK BIRLA DELHI
Area/ Department/ Project of Summer Internship Program: Quality
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: HM 29
Week no: 1 From: 12/05/2025 to 17/05/2025

Activity Done	• Attended an orientation session on Day 1 conducted by the **Quality and HR departments at CK Birla Hospital, Delhi**, introducing the hospital's vision, structure, and internship expectations.
	• Took part in a detailed hospital tour covering major service areas including:
	  o **CSSD (Central Sterile Supply Department)** – observed sterilization protocols and workflow.
	  o **Emergency Department** – understood emergency triage, patient flow, and coordination mechanisms.
	• Participated in a one-on-one session with **Dr. Anupriya Sharma (Deputy Medical Superintendent)**:
	  o Received a detailed briefing on the SIP structure and expectations.
	  o Discussed potential areas for project selection and narrowed down focus.
	• Attended an interactive meeting with **Dr. Meenakshi Mittal (Medical Superintendent)**:
	  o Gained insights into hospital operations, patient safety, and department-wise performance indicators.
	• Visited the **Outpatient Department (OPD)** and **Obstetrics & Gynaecology Department**:
	  o Observed patient registration, consultation, admission, billing, and Third Party Administrator (TPA) processes.
	• Presented the preliminary overview of my SIP project to the **DMS** for suggestions and feedback.
	Learned about Emergency Room (ER) zoning, triage system, and Turnaround Time (TAT) metrics.

Linking theory (Classroom learning) with practice at your organisation	• **Organisational Behaviour:** Observed team dynamics, leadership styles, and interdepartmental coordination in practice. • **Human Resource Management:** Evaluated job roles, hierarchy, and departmental responsibilities during staff interactions.

	• **Essentials of Hospital Services:** Applied theoretical knowledge to real-time hospital processes like patient admission, discharge, infection control, and clinical workflow analysis.
Gaps identified on the working area.	• Feedback forms were either missing or inconsistently filled in some OPDs. • Vitals (blood pressure, temperature, etc.) were not regularly assessed or documented in certain OPDs. • Absence of uniform protocol for quality checks in documentation practices.
Suggestions for improvement	• Implement a **standard operating procedure (SOP)** for recording **vital signs** across all OPDs at CK Birla Hospital. • Designate a **quality audit team** to conduct weekly feedback form reviews and ensure proper documentation. • Use **digital dashboards or tracking tools** to monitor compliance with documentation and patient feedback protocols.
Plan for the next week	• Deep-dive into the finalized SIP topic with focused research and literature review. • Continue visiting other Inpatient Departments (IPDs) and specialty OPDs for observational learning. • Begin data collection related to process gaps and potential quality improvement areas.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT II

Name of the Organisation: CK BIRLA DELHI
Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES
Name of the Student: PALAK JAGGI
Roll no: 2016 Stream: MBA HM
Week no: From: 19-MAY-2025 to 24-MAY-2025

Activity Done	• Observed daily hospital operations including admissions, discharge planning, and patient flow coordination. • Shadowed the nursing supervisor and floor coordinator to understand nurse-patient allocation, handover communication, and critical case management. • Was included in a hospital-wide project analyzing surgical outcomes for Robotic vs Laparoscopic vs Open procedures, and underwent a 2-day training to understand key data metrics and methodology. • Initiated groundwork for my internship report project focusing on documentation compliance audit and root cause analysis based on NABH standards. Began reviewing sample records and department-wise checklist formats.
Linking theory (Classroom learning) with practice at your organisation	• Used principles from Organisational Behaviour to analyze how different departments coordinated under varied leadership styles during daily rounds and meetings. • Understood hierarchical structure and team roles in different departments through the lens of Human Resource Management, especially while observing shift handovers and role-based responsibilities. • Observed the practical impact of communication channels and decision-making flow, aligning with classroom learnings on organisational culture and systems thinking.
Gaps identified on the working area.	• Delay in discharge summary completion, particularly during weekends. • Occasional mismatch in dietary instructions due to delayed diet order updates. • Lack of standard documentation practices between departments for consent forms and clinical notes. • Need for centralized tracking of surgical outcome metrics across units.

Suggestions for improvement	• Recommend real-time dashboards for documentation compliance monitoring. • Propose daily documentation review by unit in-charges to avoid backlog. • Standardize templates for post-op recovery documentation across surgery types. • Recommend quick audits with immediate feedback for infection control practices during rounds. • Digital integration of dietician instructions with F&B services.
Plan for the next week	• Visit Gurgaon unit for surgical outcome project data collection and inter-unit comparison. • Deep-dive into MRD processes and NABH documentation requirements. • Develop framework and methodology for documentation compliance audit project.

Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEKLY REPORT III

Name of the Organisation: CK BIRLA DELHI
Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES
Name of the Student: PALAK JAGGI
Roll no: 2016 Stream: MBA HM
Week no: From: 26-MAY-2025 to 31-MAY-2025

Activity Done	• Travelled to the **Gurgaon unit** to observe OT workflows, collect data on surgical outcomes, and interact with their Quality and Clinical teams. • Reviewed Robotic, Laparoscopic, and Open surgery data points such as ICU stay, wound complications, and hospital stay duration. • Observed inter-unit differences in clinical documentation, patient management protocols, and post-op care practices. • Participated in data collection and preliminary analysis for Robotic, Laparoscopic, and Open surgeries (e.g., length of stay, ICU transfers, recovery trends). • Worked with the Medical Records Department (MRD) to review physical and electronic records and assess documentation compliance gaps. • Reviewed nursing notes, consent forms, pre-op assessments, and discharge summaries for completeness and standardization.
Linking theory (Classroom learning) with practice at your organisation	• Observed the application of Organisational Behaviour in managing multi-disciplinary coordination across nursing, medical, and admin teams in a high-paced hospital setting. • Evaluated HRM elements such as role clarity, departmental responsibility sharing, and employee training systems through interaction with HR and Nursing departments.
Gaps identified on the working area.	• Non-uniform documentation formats between units and consultants. • Incomplete nursing care plans and patient education records. • Lack of clarity among junior staff on NABH documentation requirements. • Biomedical complaints not closed within timeline and no escalation mapping.

Suggestions for improvement	Clinical Documentation: • Recommend refresher training sessions for nurses and junior doctors to improve compliance with NABH documentation standards. Training & HR Initiatives: • Suggest creating a feedback dashboard summarizing training impact and linking it to departmental KPIs. • Encourage regular short knowledge quizzes post-CMEs or training to measure knowledge retention.
Plan for the next week	• Begin preparing baseline report for my SIP on **documentation compliance**. • Support Quality Department in creating audit tools and sample file review plans. • Assist Operations in evaluating bottlenecks in discharge processes and OT scheduling.

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WEEKLY REPORT IV

Name of the Organisation: CK BIRLA HOSPITAL
Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES
Name of the Student: PALAK JAGGI
Roll no: 2016 Stream: MBA HM
Week no: From: 2-Jun-2025 to 7-Jun-2025

Activity Done	• Participated in daily morning rounds and observed how real-time documentation was handled during shift transitions. • Attended a session on hospital infection control protocols and noted documentation practices related to HAIs. • Shadowed Infection Control Nurse (ICN) during scheduled rounds. Observed compliance with hand hygiene, biomedical waste segregation. • Continued the clinical documentation compliance audit of inpatient files for June. • Covered additional departments this week, including Paediatrics and Orthopaedics. • Shadowed a Floor Coordinator to understand the operational side of patient movement, discharge, and inter-departmental coordination. • Reviewed a sample set of TPA files to assess completeness of pre-authorization forms, discharge summaries, final bills, and insurance communication.
Linking theory (Classroom learning) with practice at your organisation	• Integrated HR and Organizational Behaviour learnings while understanding team dynamics, responsibility distribution, and motivation levels influencing compliance.
Gaps identified on the working area.	• Documentation gaps due to time constraints and staff shortages, especially in high-dependency units and during night shifts.
	• Inconsistent knowledge among staff about documentation protocols mandated by NABH, particularly among new recruits.

	• Variability in biomedical waste segregation practices in some departments.
Suggestions for improvement	• Propose periodic refresher trainings for nursing and junior staff on documentation and infection control standards. • Recommend creating a real-time discharge dashboard visible to ward in-charges and operations managers.
Plan for the next week	• Conduct focused re-audits in departments with previously identified documentation gaps to assess short-term improvements post-feedback. • Assist in analysis and presentation of surgical outcome data comparing Robotic, Laparoscopic, and Open surgeries. • Draft initial framework for SIP report including literature review, methodology, and audit tool summary. • Continue interdepartmental visits, especially to ICU and NICU, to study documentation, infection control, and patient care workflows.

Signature of the Student

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WEEKLY REPORT V

Name of the Organisation: CK Birla Hospital
Area/ Department/ Project of Summer Internship Program: Medical Services
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: HM 29
Week no: 5 From: 9 June 2025 to 14 June 2025

Activity Done	• Conducted in-depth audits of inpatient files in the Paediatrics, NICU, and Orthopaedics departments. • Evaluated completeness and compliance of nursing notes, consent forms, medication charts, discharge summaries, and TPA documents. • Initiated gap tagging and root cause identification process for documentation lapses. • Shadowed the Floor Coordinator to understand end-to-end patient flow from admission to discharge. • Identified causes of discharge delays, especially in TPA cases—missing doctor entries, final billing, or pending nursing documentation. • Accompanied the Infection Control Nurse (ICN) on rounds to observe hand hygiene audits, and BMW segregation documentation. • Participated in internal quality review meetings and contributed data from my ongoing audit work.
Linking theory (Classroom learning) with practice at your organisation	• Observed the practical application of Organizational Behaviour concepts in enhancing collaboration and communication among nursing, medical, and administrative teams within a fast-paced hospital environment.
Gaps identified on the working area.	• Lack of proactive documentation review during night shifts and holidays. • Variation in consent form templates across departments. • Biomedical waste bins not labelled in a few OPD areas. • Inconsistent **consent documentation.** • Nursing notes often missing during **night shifts and weekends.** • Documentation lapses not tracked with accountability—no real-time alerts. • No standardized discharge checklist across departments, affecting both TPA and cash patients.

Suggestions for improvement	• Conduct weekly interdisciplinary huddles involving nursing, doctors, TPA, and admin teams to review patient flow, address operational gaps, and align on discharge planning. • Use feedback from the TPA team to train clinical staff on insurance-sensitive documentation, improving reimbursement outcomes and reducing claim rejection rates.
Plan for the next week	• Begin detailed data visualization of audit results. • Assist OT scheduling team to study documentation delays in pre-operative checklists. • Visit TPA/Billing to assess how documentation affects reimbursement timelines. • Assist in analysis and presentation of surgical outcome data comparing Robotic, Laparoscopic, and Open surgeries. • Continue interdepartmental visits, especially to ICU and NICU, to study documentation, and patient care workflows.

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Weekly Report VI

Name of the Organisation: CK Birla Hospital
Area/ Department/ Project of Summer Internship Program: Medical Services
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: HM 29
Week no: 6 From: 16-June-2025 to 21-June-2025

Activity Done	• Conducted a structured OT audit focusing on: Frequency and duration of OT door openings during active procedures (linked to contamination risk). Incision delays — tracked time from patient arrival in OT to actual incision to identify workflow gaps. Surgical team readiness and checklist timing before procedure start. • Continued data collection for Robotic vs. Laparoscopic vs. Open surgeries across indicators: Length of Stay (LOS) Incision-to-closure time Post-op ICU requirement Infection rates and wound complications • Was called to present the previously collected data for the Delhi unit at an internal meeting for the hospital's surgical outcomes project, contributing to inter-unit comparison and discussion. • Conducted detailed file audits across key departments to review gaps in documentation compliance, using department-specific checklist formats aligned with NABH standards.
Linking theory (Classroom learning) with practice at your organisation	• Observed departmental structures and the distribution of responsibilities through the perspective of Human Resource Management, especially during shift handovers and routine operations. • Recognised how communication flows and decision-making processes shaped daily hospital functioning, reflecting key principles of organisational culture and systems thinking.
Gaps identified on the working area.	• Frequent delay in updating anaesthesia notes in OT cases. • High dependency units (ICU/NICU) face difficulty maintaining hourly records due to high patient load.

Suggestions for improvement	• Set up a pre-operative verification checkpoint managed by OT coordinators to ensure all forms (consents, pre-anaesthesia checkups, pre-op investigations) are completed before scheduling.
Plan for the next week	• Continue with audit work for the clinical documentation compliance project. • Analyse collected data and identify patterns or gaps in compliance. • Start preparing a brief presentation to summarize findings. • Conduct focused re-audits in departments that showed documentation non-compliance in earlier audits, with the aim of assessing immediate improvements made after feedback and intervention.

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WEEKLY REPORT VII

Name of the Organisation: CK Birla Hospital
Area/ Department/ Project of Summer Internship Program: Medical Services Intern
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: HM 29
Week no: 7 From: 23-June-2025 to 28-June-2025

Activity Done	• Started compiling data into a structured summary including department-wise compliance rates, common gaps, and patterns. • Coordinated with Nursing and MRD teams to verify and resolve incomplete or inconsistent entries. • Supported visualization and presentation development for audit findings using charts, graphs, and narrative summaries. • Observed ongoing infection control rounds and updated data logs for post-operative wound infections. • Continued data collection for Robotic vs. Laparoscopic vs. Open surgeries across indicators: Length of Stay (LOS) Incision-to-closure time Post-op ICU requirement Infection rates and wound complications • Identified causes of discharge delays, especially in TPA cases—missing doctor entries, final billing.
Linking theory (Classroom learning) with practice at your organisation	• Observed how HR principles such as performance management, team motivation, and communication protocols influence staff adherence to documentation and quality policies. • Understood organizational behaviour dynamics through interactions among nurses, doctors, and administrative teams—particularly how leadership styles and inter-team trust impact compliance and accountability.
Gaps identified on the working area.	• Pre-operative processes often delayed due to late availability of investigations and missing consent forms. • Inconsistent documentation of intra-operative events in robotic surgeries.

	• Delay in discharge summaries leading to patient waiting time post clinical clearance.
Suggestions for improvement	• Organise weekly interdisciplinary huddles involving nursing, TPA, consultants, and quality staff to proactively address bottlenecks in patient flow, infection control, and case management. • Develop a performance dashboard for support departments (MRD, housekeeping, billing, TPA) with KPIs related to file closure times, patient query resolution, and feedback response time. • Incorporate simulation-based training for high-risk areas like code blue management, OT turnover, and ICU infection control.
Plan for the next week	• Finalize the SIP report and prepare a structured presentation with visual data and departmental comparisons. • Conduct final re-audits in key departments like NICU and Orthopedics to assess changes made. • Begin drafting executive summary and recommendations for hospital-wide implementation.

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WEEKLY REPORT VIII

Name of the Organisation: CK BIRLA HOSPITAL
Area/ Department/ Project of Summer Internship Program: Medical Services
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: HM 29
Week no: 8 From: 30 June 2025 – 5 July 2025

Activity Done	• Conducted focused re-audits in departments with earlier documentation non-compliance (NICU, Orthopaedics, and Paediatrics). • Finalised SIP data dashboard summarising compliance indicators and key departmental gaps. • Participated in interdepartmental validation meetings where audit outcomes were shared with Unit Heads and departmental coordinators. • Reviewed robotic and laparoscopic surgical data with clinical quality team and provided tabular insights for internal benchmarking.
Linking theory (Classroom learning) with practice at your organisation	• Applied Human Resource Management concepts by evaluating how departmental leadership, training, and monitoring influence documentation performance. • Observed elements of Organisational Behaviour in action—specifically how motivation, team alignment, and real-time feedback contribute to process improvement.
Gaps identified on the working area.	• Despite previous feedback, some gaps persisted in timely documentation of operative notes, especially for emergency cases. • Discharge summary preparation still delayed during weekends due to limited consultant availability. • Lack of digital alerts or reminders for pending documentation tasks, leading to delays in file closures.
Suggestions for improvement	• Buddy System for New Joiners: Implement a mentoring system for new nurses or junior doctors to accelerate onboarding and ensure protocol adherence from Day 1. • Feedback Mechanism for Staff: Establish anonymous or open feedback channels (digital or dropbox) for staff to report challenges in documentation, patient care processes, or workflow inefficiencies—closing the loop with management.

Plan for the next week	• Complete the final SIP report and executive summary for submission. • Deliver the presentation to the hospital quality team and academic mentor. • Submit final recommendations in written format to the hospital's Quality Head. • Reflect on learning outcomes and summarise overall impact of the internship.

Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEKLY REPORT IX

Name of the Organisation: CK BIRLA HOSPITAL
Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: MBA HM
Week no: 9 From: 7 July 2025 to 12 July 2025

Activity Done	• Finalized the SIP audit dashboard summarizing department-wise compliance rates. • Completed focused re-audits in Paediatrics, ICU, and Orthopaedics. • Collaborated with MRD and nursing teams to validate corrected files and confirm documentation closures. • Participated in data validation meetings to finalize presentation content and recommendations. • Drafted the executive summary and key findings to be submitted to the Quality Head.
Linking theory (Classroom learning) with practice at your organisation	• Gained firsthand insight into how Organizational Behaviour principles—such as team dynamics, interprofessional communication, and leadership styles—play a critical role in fostering coordination between nursing, medical, and administrative teams in a high-pressure hospital environment.
Gaps identified on the working area.	• Although documentation improved post-audit, emergency and high-volume cases still had delayed or missing intra-operative notes. • Inconsistencies in pre-operative checklist completion, especially during night or weekend admissions. • Lack of central coordination between departments during discharges creates last-minute chaos and patient dissatisfaction. • No structured orientation on hospital quality goals for new staff.
Suggestions for improvement	• Create a real-time discharge coordination platform (even Excel-based) shared between billing, doctors, and nurses. • HR should implement department-specific SOP orientation modules for new joiners, not just general hospital induction.

Plan for the next week	• Deliver final presentation and submit all SIP documents. • Finalize executive summary and recommendation brief for circulation to leadership. • Document lessons learned, cross-functional insights, and reflections.

Signature of the Student

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Weekly Report X

Name of the Organisation: CK Birla Hospital
Area/ Department/ Project of Summer Internship Program: Medical Services Intern
Name of the Student: Palak Jaggi
Roll no: 2016 Stream: HM 29
Week no: 10 From: 14 July 2025 to 19 July 2025

Activity Done	• Delivered final SIP presentation to hospital leadership including key stakeholders from Medical Services, Quality, HR, and Operations. • Conducted a brief interactive discussion post-presentation where department heads provided feedback and explored real-time applications. • Submitted all key project outputs: • SIP Final Report • Department-wise Performance Summary • Participated in a feedback session led by the Quality Head where I received inputs on improving long-term integration of findings. • Compiled a reflection log capturing challenges, learnings, and potential research areas based on field exposure. • Informally mentored a new intern, sharing insights about workflows, interdepartmental communication, and managing field projects in hospitals.
Linking theory (Classroom learning) with practice at your organisation	• Observed how HR principles such as performance management, team motivation, and communication protocols influence staff adherence to documentation and quality policies.
Gaps identified on the working area.	• There's no platform where cross-departmental suggestions (like those from interns or juniors) are regularly reviewed or piloted. • Many performance metrics are reported retrospectively, but not used proactively to guide change or improvement.
Suggestions for improvement	• Introduce structured handover protocols between shifts to avoid information gaps. • Implement real-time task tracking tools for discharge and billing coordination.

	• Conduct focused refresher sessions for clinical staff on NABH documentation standards. • Use digital alerts for pending consultant notes or operative documentation. • Launch department-level dashboards to track compliance and performance indicators.
Plan for the next week	• Internship formally concluded; no new activities scheduled. • Awaiting formal evaluation from hospital mentor and faculty guide. • Prepare for final viva/presentation at university and consolidate documentation for portfolio use.

Signature of the Student

Approved by the IIHMR University's Mentor

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Compiled Reporting Format

Name of the Organisation: CK BIRLA

Area/ Department/ Project of Summer Internship Program: MEDICAL SERVICES

Name of the Student: PALAK JAGGI

Roll no: 2016 Stream: HM

Activity Done	• Observed hospital operations including admissions, discharge planning, OT scheduling, and documentation processes. • Shadowed nursing supervisors, floor coordinators, and infection control teams to understand day-to-day functioning. • Conducted extensive documentation compliance audits across departments (ICU, Paediatrics, Orthopaedics, Gynaecology etc.) as per NABH standards. • Analyzed data on Robotic, Laparoscopic, and Open surgeries in collaboration with the Clinical Quality Team. • Coordinated with Medical Records Department (MRD) to validate file documentation and assist in audit completion. • Participated in interdepartmental meetings, infection control rounds, and training sessions.
Linking theory (Classroom learning) with practice at your organisation	• Applied principles from Organizational Behaviour to understand team dynamics, leadership influence, and communication during shift transitions and crisis handling. • HRM concepts such as role clarity, performance feedback, and onboarding processes were used to analyze and recommend process improvements.

Gaps identified on the working area.	• **Documentation Gaps:** ➢ Delay in operative and discharge notes, especially on weekends and during emergencies. ➢ Inconsistent use of pre-operative checklists and consent forms. ➢ Lack of digital reminders for pending consultant notes or file closures. ➢ Variation in documentation practices across departments and between units (Delhi vs Gurgaon). • **Training & Knowledge:** ➢ Junior staff lacked clarity on NABH documentation standards. ➢ No structured orientation module covering hospital quality goals or SOPs for new recruits. • **Operational Bottlenecks:** ➢ Poor interdepartmental coordination at discharge leading to patient dissatisfaction. ➢ Biomedical complaints lacked follow-up and escalation protocol. ➢ No real-time task tracking or discharge coordination system.
Suggestions for improvement	• **Documentation & Digital Integration:** ➢ Implement real-time dashboards and alerts for pending notes. ➢ Standardize templates for surgical documentation. ➢ Introduce structured shift handover protocols. • **Training & HR:** ➢ Conduct refresher training for junior clinical staff on NABH and infection control. ➢ Develop buddy systems for new nurses/doctors. ➢ Include department-specific SOP modules in induction programs. • **Operations & Coordination:**

	➢ Create a real-time discharge coordination tool accessible by billing, nursing, and consultants.
Key Learnings	• The 10-week internship provided valuable insights into clinical, operational, and quality improvement aspects of hospital functioning. It strengthened analytical and communication skills, and enabled real-time application of academic theories in a dynamic healthcare environment. The documentation compliance project allowed for meaningful engagement with frontline staff and leadership, generating actionable recommendations to support NABH standards and operational excellence.

Signature of the Student

Approved by the IIHMR University's Mentor