# SUMMER INTERNSHIP PROGRAM

**At**

**Medanta- The Medicity**

From **12th May 2025 to 18th July 2025**

A REPORT BY

**NIKKI TYAGI**

Master of Business Administration

**Hospital & Health Management**

Roll No. **2009**

**2024 – 2026**

Under the Mentorship of

**Dr. Sarthak Sengupta**

Assistant Professor

IIHMR University, Jaipur

Global Health Limited

Date: 18-July-2025

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Dr. Nikki Tyagi** has completed her internship in the department of **Quality** from 12-May-2025 to 18-July-2025 with Global Health Ltd. (GHL) Medanta – The Medicity.

We wish her all the best for her future endeavors.

**For Global Health Ltd**

MEDANTA, THE MEDICITY GHL Gurugram

**Ranshul Aggarwal**
**Deputy General Manager - Human Resources**

IIHMR UNIVERSITY

# IIHMR University Faculty Mentor Approval

This is to certify that **Dr. NIKKI TYAGI** 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: 28/7/25

Dr. Sarthak Sen Gupta
Assistant Professor

# Streamlining Restricted Drug Justification and De-escalation in Tertiary Care: JCI Standard MM.09.01.01

BY Dr. NIKKI TYAGI (2009) HM 29
University Mentor - Dr. Sarthak Sengupta
Organisation Mentor - Ms. Payal Thakur

## ABOUT

Medanta – The Medicity in Gurugram was founded by renowned cardiac surgeon Dr. Naresh Trehan and focuses on delivering advanced yet affordable medical care. Situated on a 43-acre campus, the hospital boasts over 1,391 beds (including 270+ ICU beds), 40 operation theatres, and a team of 900+ doctors across 30+ specialties. It is fully accredited by JCI, NABH, and NABL, reflecting its commitment to quality and safety. For six consecutive years (2020–2025), Medanta Gurugram has been named "Best Private Hospital in India" and is ranked among the top 250 hospitals globally by Newsweek. The infrastructure aligns with American Institute of Architects healthcare guidelines, underscoring its world-class design and capabilities

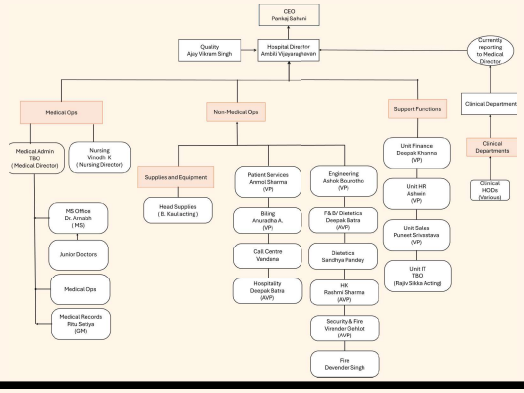
## MISSION

Our mission is to deliver world-class health care services by creating institute of excellence by integrated medica care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.

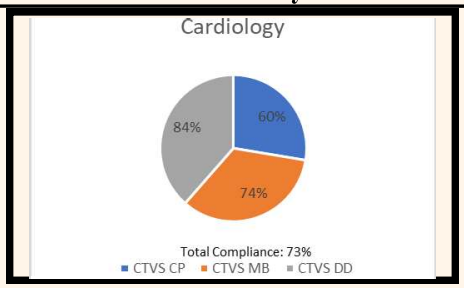
## VISION

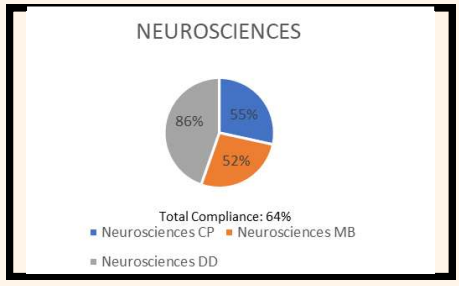
The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

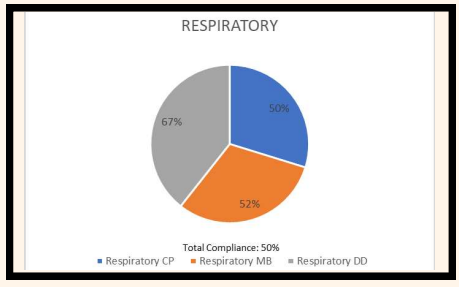
## ORGANOGRAM



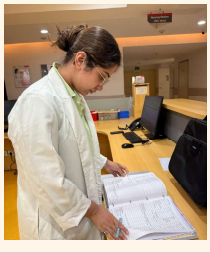




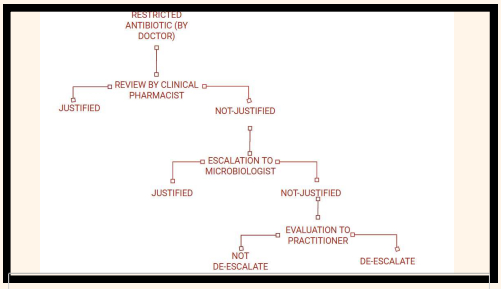




| THEORETICAL LEARNING | PRACTICAL LEARNING |
|---|---|
| - Organisational Behaviour: studied group problem solving and coordination in high pressure healthcare settings.<br>- Communication in Healthcare: understood structured communication planning for restricted drugs prescription protocol.<br>- Research Methodology: gained knowledge in study design, sampling and data analysis for hospital based audits. | - Inconsistencies in documentation of restricted drugs justification and escalation pathways across specialities<br>- Collaboration between pharmacists and microbiologists improved review cycles and escalation accuracy.<br>- High value areas identified for standardizing workflows: initiation criteria, consent tagging and de-escalation triggers. |



## OBJECTIVE

This study aims to define how a structured stewardship pathway—mandating clinical pharmacist justification and microbiologist review—impacts the consistency of restricted antimicrobial documentation, the quality of interprofessional decision-making, and the appropriateness and timeliness of drug de-escalation in tertiary care settings.




**Strengths:**

· Neurosciences and CTVS achieve high de-escalation compliance (85.9% and 84.2% respectively), demonstrating strong follow-through once culture results are available.

· CTVS leads in microbiologist sign-off (73.9%), indicating effective expert engagement in antibiotic decisions

**Weaknesses:**

· Clinical pharmacist (CP) justification compliance remains low (50–60%) across all three specialties, leaving large gaps in documented rationale.

· Manual data entry discrepancies (up to 15%) undermine the reliability of trend analyses.

**Opportunities**

· Train nursing and therapy champions to flag unjustified antibiotic use at the bedside, reinforcing a culture of timely de-escalation.

· Embed automatic CP/MB justification prompts and "time-to-de-escalation" alerts into the e-prescribing system to boost compliance.

**Threats:**

· Rising antimicrobial resistance in critical care areas may outpace current stewardship efforts

· Supply chain disruptions for key restricted agents risk forcing off-guideline antimicrobial substitutions.

## CHALLENGES FACED

- Incomplete or inconsistent documentation missing indications, unclear stop-dates or vague de-escalation rationale often require back and forth validation.
- Competing Priorities and Time Constraints Balancing routine clinical duties, audit deadlines, and real-time stewardship reviews often leads to shifting priorities and potential backlogs.

## LEARNINGS

Strengthened data analysis and reporting skills using Excel and HIS.

Understood hospital workflows across ICUs, MRD, OPDs, and specialty units.

Applied classroom concepts to real-world hospital projects and challenges.

Gained hands-on experience in clinical and quality audits aligned with JCI standards.

# INTERNSHIP REPORT COMPILED

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009** **Stream: MBA HM**

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| **Activity Done** | • HR Induction & Core Training Modules<br>➢ HR-guided onboarding on hospital procedures and policy compliance<br>➢ Documentation Training on patient record accuracy and regulatory standards<br>➢ Departmental interactions to understand leadership roles and multidisciplinary collaboration<br>➢ Fire Safety Training: evacuation drills, extinguisher usage, and emergency protocols<br>➢ Disaster Management briefing: mass casualty response and crisis coordination<br>➢ Basic Life Support (BLS) Training: CPR, airway management, and resuscitation procedures<br>• Patient Readmission Analysis<br>➢ Extracted post-discharge readmission data (April cohort)<br>➢ Structured Excel database using HIS records for audit and trend identification<br>• Compliance Audits & Documentation Reviews<br>➢ **ICUs Audited**:<br>➢ ICU 4, 9, 12: Records audited for protocol adherence, counselling form completeness, critical alerts<br>➢ **Departmental Rounds Conducted In**:<br>➢ Nephrology, Paediatrics, ENT, Chest & Lung, CTVS, Internal Medicine, Gastroesophageal, Gynae-Oncology, Vascular Surgery, Neurosciences, Medical Oncology, Respiratory & Sleep Medicine, Non-Invasive Cardiology<br>➢ **Common Non-Compliance Identified**:<br>➢ Incomplete or missing assessment forms<br>➢ Prescription documentation errors<br>➢ Protocol deviations and poor documentation of critical alerts<br>➢ Gaps in documentation for frequently transferred patients<br>➢ Lack of stakeholder feedback and follow-up audits<br>➢ **Restricted Antibiotics Monitoring**:<br>➢ Developed tracking system in Excel to separate justified/unjustified use<br>➢ Analysed and categorized antibiotic errors across the year (2023–2024)<br>➢ **KPI Documentation Audits**:<br>➢ Initiated KPI reviews in:<br>➢ Interventional Cardiology<br>➢ Critical Care<br>➢ Urology<br>➢ Liver Transplant<br>➢ Blood Bank<br>➢ Anaesthesia<br>➢ Radiation Oncology |

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| | • Internal Audits and JCI Compliance Checks<br>➢ Audits in: CSSD, BME, IT, IP Pharmacy, OPD (6th floor), IPD (11th floor)<br>➢ Tracer audits across clinical specialties using JCI standards<br>• Ongoing Professional Practice Evaluation (OPPE)<br>➢ Data compilation and validation in departments:<br>Internal Medicine<br>Neurosciences<br>Respiratory & Sleep Medicine<br>Head & Neck Oncology<br>• Presentations Delivered<br>➢ **Paediatrics Department**: Documentation & prescription gaps<br>➢ **Gastroesophageal Department**: Missing/incomplete forms & protocol deviations<br>➢ **Hemato-Oncology Department**: Compliance irregularities & corrective actions<br>➢ **CTVS Department**: Protocol deviations & incomplete documentation<br>➢ **Gynae-Oncology Department**: Prescription and documentation gaps<br>➢ **Nephrology Department**: Clinical documentation inconsistencies |
| **Linking theory (Classroom learning) with practice at your organisation** | • Organizational Behaviour<br>➢ Fostered team coordination and cross-functional collaboration during audits and compliance rounds.<br>➢ Communicated regularly with clinical staff to reinforce documentation standards and process alignment.<br>➢ Displayed leadership in structured departmental presentations, facilitating behavioural improvements.<br>➢ Conducted tracer audits that promoted role clarity and strengthened group dynamics.<br>➢ Applied behavioural change strategies to support a culture of accountability and continuous improvement.<br>• Human Resource Management<br>➢ Executed compliance checks and follow-ups that reflect HR functions: performance monitoring, accountability, and documentation accuracy.<br>➢ Contributed to process improvement initiatives by identifying non-compliance and suggesting corrective actions.<br>➢ Participated in hospital orientation and safety trainings, contributing to workforce readiness and capacity building.<br>• Health Economics<br>➢ Analysed patient readmission patterns and incomplete documentation to assess impact on resource utilization and cost containment.<br>➢ Supported optimization strategies tied to value-based care models and institutional cost-efficiency.<br>• Business Communication<br>➢ Communicated clinical gaps and compliance issues with clarity during presentations and audits.<br>➢ Used verbal and written formats to engage teams, influence corrective behaviour, and reinforce policy adherence.<br>➢ Structured reporting and strategic messaging in line with hospital guidelines and JCI standards. |

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| | • Communication Planning & Management<br>➢ Ensured precision in conveying audit findings, protocol deviations, and documentation gaps.<br>➢ Facilitated formal transmission of compliance results across departments.<br>➢ Strengthened hospital feedback mechanisms to support collaborative policy implementation.<br>• Essentials of Hospital Administration<br>➢ Audits and documentation reviews reflected core hospital administrative responsibilities.<br>➢ Demonstrated operational accountability through ICU rounds, protocol adherence, and performance evaluation.<br>➢ Supported antimicrobial stewardship and regulatory compliance initiatives across specialties.<br>➢ Actively contributed to governance frameworks and hospital readiness systems.<br>• Principles of Management<br>Applied key functions:<br>➢ **Planning**: Designed tracer methodology and audit flows<br>➢ **Organizing**: Streamlined departmental workflows<br>➢ **Leading**: Delivered presentations to Paediatrics, CTVS, Gynae-Oncology, and more<br>➢ **Controlling**: Implemented audit loops and continuous evaluation practices<br>Translated clinical data into action plans and strategic recommendations—embodying managerial discipline and systems thinking.<br>• Financial Management<br>➢ Linked documentation gaps and restricted antibiotic misuse to litigation, billing discrepancies, and reimbursement delays.<br>➢ By improving documentation quality, supported accurate coding and billing cycles—enhancing revenue integrity. |
| **Gaps identified on the working area.** | • Data Linkage & Readmission Prediction<br>➢ **Discharge–Readmission Disconnect**: Missing connections between discharge summaries and readmission data hinder preventable readmission analysis and trend tracking.<br>• Documentation Shortcomings<br>➢ **ICU Counselling & Consent Risks**: Incomplete documentation poses medico-legal vulnerabilities, particularly in high-acuity areas.<br>➢ **Inconsistent Department Standards**: Variation in documentation formats for alerts, progress notes, and prescriptions leads to miscommunication and potential errors.<br>➢ **Training Deficiencies**: Staff unfamiliarity with updated documentation standards results in persistent errors in assessments and prescriptions.<br>• Stakeholder Engagement Gaps<br>➢ Compliance reviews and presentations lack formal input or feedback from key stakeholders (clinical teams, nursing, department heads).<br>➢ Limited interdepartmental dialogue stalls behavioural and process change efforts.<br>• Follow-Up & Sustainability Challenges<br>➢ Lack of structured follow-up mechanisms undermines long-term resolution of compliance issues. |

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| | ➢ No systems in place to ensure continuity of corrective actions or re-audit validation.<br>• Clinical Protocol Deviations<br>➢ Deviations noted in infection control practices within **negative pressure rooms** and **CSSD sterilization processes**, affecting patient safety and regulatory compliance.<br>• Communication & Coordination Barriers<br>➢ Absence of centralized system to monitor and respond to compliance trends across departments.<br>➢ Disjointed communication delays implementation of corrective actions and policy updates.<br>• Operational Reporting Gaps<br>➢ Unstructured and inconsistent reporting processes lead to delayed response and hinder strategic compliance interventions. |
| **Suggestions for improvement** | • Policy & Protocol Development<br>➢ Design department-specific Standard Operating Procedures (SOPs)<br>➢ Implement checklist-based documentation protocols to ensure consistency<br>➢ Conduct quarterly mock drills to reinforce protocol adherence and emergency preparedness<br>➢ Organize **JCI compliance workshops** to align documentation standards with accreditation frameworks<br>• Audit & Accountability Frameworks<br>➢ Conduct **follow-up audits** to assess sustainability of corrective actions<br>➢ Introduce **Root Cause Analysis (RCA)** methodology for systemic issue identification<br>➢ Establish formal mechanisms for **measuring impact on patient care** after interventions<br>➢ Link audit findings to continuous quality loops and performance improvement plans<br>• Stakeholder Engagement & Training<br>➢ Develop structured **staff training programs** across departments<br>➢ Roll out ongoing **policy updates** with refreshers on documentation best practices<br>➢ Engage stakeholders (clinical staff, department heads) in audit discussions and improvement strategies<br>➢ Promote cross-functional feedback to enhance learning and accountability<br>• **Outcome Tracking & Metric Awareness**<br>➢ Establish centralized systems for **tracking documentation and compliance outcomes**<br>➢ Improve awareness and usage of **Ongoing Professional Practice Evaluation (OPPE)** metrics<br>➢ Facilitate **timely reporting and escalation** of critical alerts and protocol deviations<br>➢ Monitor resolution timelines for non-compliance issues |

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| **Key Learnings** | • Learned about hospital workflow procedure and various protocols.<br>• SOP-based workflows improved compliance and standardization.<br>• Identified frequent gaps in consent processes, restricted drug logs, and escalation protocols.<br>• Linked operational observations to actionable KPIs and dashboard development.<br>• Understood trend analyses on readmission rates, medication errors, and antimicrobial compliance.<br>• Learned how stewardship impacts patient safety, microbial resistance patterns, and cost-effectiveness.<br>• Learned how audits are performed and what all necessary criteria's are undertaken consideration for conducting a specific inspection as per JCI standards. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 1

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009** **Stream: MBA HM**

**Week no:1** **From:13-05-25……to…17-05-25…..**

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| **Activity Done** | ➢ HR Induction Program<br>• Participated in formal HR-guided onboarding sessions cantered around hospital procedures and compliance.<br>• Participated in Documentation Training on upholding precise, comprehensive patient records according to hospital guidelines.<br>• Met with Department Heads to identify leadership positions and cross-functional cooperation within a multidisciplinary environment.<br>• Completed Fire Safety Training, including emergency evacuation, extinguisher operation, and emergency exercises.<br>• Participated in Disaster Management Session detailing hospital-wide crisis response, mass casualty, and emergency coordination.<br>• Practiced hands-on skills in Basic Life Support (BLS) Training, such as CPR and airway management.<br><br>➢ Patient Readmission Analysis<br>• Compiled database of April patient readmissions post-discharge.<br>• Extracted and structured data from Hospital Information System (HIS) into Excel for analysis.<br>➢ Compliance Checks & Audits<br>• Audited ICU 4 patient records for protocol adherence. |
| **Linking theory (Classroom learning) with practice at your organisation** | **Organisational Behaviour:**<br>Activities involved team coordination, communication with clinical staff, and leadership during presentations—key aspects of organizational behaviour in healthcare.<br><br>**Human Resource Management:**<br>Compliance checks and performance follow-ups reflect HR functions like monitoring, accountability, and process improvement. |
| **Gaps identified on the working area.** | • Missing links between discharge summaries and readmission data reduce the ability to predict preventable readmissions.<br>• Lack of documentation in ICU counselling and surgical consent forms in some cases could risk medico-legal accountability. |

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| **Suggestions for improvement** | Design department-specific SOP's, conduct quarterly mock drill, implement checklist-based documentation protocols |
| **Plan for the next week** | Working on to finalise the project for my poster. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 2

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009 Stream: MBA HM**

**Week no:2 From:19-05-25……to…23-05-25…..**

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| **Activity Done** | • Conducted intensive audit of nephrology patient records, with a focus on consent form compliance.<br>• Verified and compiled noncompliance data for detailed reporting.<br>• Organized Healthcare Associated Infection (HAI) records to support in-depth analysis.<br>• Performed documentation rounds on Chest and Lungs floor for protocol verification.<br>• Audited ICU 9 & 12 counselling forms and verification signatures for completeness.<br>• Reviewed HAI records to identify documentation irregularities.<br>• Created Excel tracking system for restricted medications to separate justified and unjustified cases.<br>• Conducted audit rounds on Hemat-oncology patients and special population documentation.<br>• Led development of revised documentation forms aligned with Key Performance Indicators (KPIs).<br>• Delivered review presentation to Gastroesophageal Department on clinical documentation and prescription practices. |
| **Linking theory (Classroom learning) with practice at your organisation** | **Health Economics**<br>• Identifying readmission trends and incomplete documentation → Ties into cost-impact analysis, resource optimization, and value-based care principles.<br>**Organizational Behaviour**<br>• Interdepartmental rounds and collaboration with clinical teams → Highlight group dynamics, role clarity, and cross-functional communication. |
| **Gaps identified on the working area.** | **Lack of Outcome Tracking:**<br>• While compliance issues were identified, it's unclear if corrective actions were implemented or if improvements were tracked post-presentation.<br>**Limited Stakeholder Feedback:**<br>• There's no mention of feedback or input from clinicians, nurses, or department heads after compliance reviews or presentations. |

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| **Suggestions for improvement** | Implement Follow-Up Audits, Introduce Root Cause Analysis (RCA, Engage Stakeholders, Develop Training Interventions, Measure Impact on Patient Care |
| **Plan for the next week** | Working on to finalise the project for my poster. |

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# INTERNSHIP REPORT WEEK 3

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009 Stream: MBA HM**

**Week no:3 From:26-05-25……to…31-05-25….**

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| **Activity Done** | Conducted routine compliance rounds in:<br>• Paediatric wards and ICU<br>• Chest and lung floor<br>• Gastroesophageal floor<br>• Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>Verified documentation for patients frequently transferred between ward and ICU<br>Conducted compliance check for Hemato-Oncology patients, including:<br>• Special population forms<br>• Critical alert documentation and doctor interventions<br>• Compiled and categorized yearly **medication error data** into quarterly segments using Excel<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>Delivered structured review presentations for:<br>• **Paediatric Department** – on documentation and prescription gaps<br>• **Gastroesophageal Department** – on missing/incomplete forms and protocol deviations<br>• **Hemato-Oncology Department** – on documentation non-compliance and corrective measures |
| **Linking theory (Classroom learning) with practice at your organisation** | **Organisational Behaviour:**<br>Activities involved team coordination, communication with clinical staff, and leadership during presentations—key aspects of organizational behaviour in healthcare.<br>**Human Resource Management:**<br>Compliance checks and performance follow-ups reflect HR functions like monitoring, accountability, and process improvement. |

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| **Gaps identified on the working area.** | **Lack of Outcome Tracking:**<br>• While compliance issues were identified, it's unclear if corrective actions were implemented or if improvements were tracked post-presentation.<br>**Limited Stakeholder Feedback:**<br>• There's no mention of feedback or input from clinicians, nurses, or department heads after compliance reviews or presentations. |
| **Suggestions for improvement** | Implement Follow-Up Audits, Introduce Root Cause Analysis (RCA, Engage Stakeholders, Develop Training Interventions, Measure Impact on Patient Care |
| **Plan for the next week** | Working on to finalise the project for my poster. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 4

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009** **Stream: MBA HM**

**Week no:4** **From:02-06-25……to…07-06-25….**

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| **Activity Done** | Conducted routine compliance rounds in:<br>• Nephrology<br>• ENT<br>• Paediatric wards and ICU<br>• Chest and lung floor<br>• Gastroesophageal floor<br>Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>Verified documentation for patients frequently transferred between ward and ICU<br>• Worked on restricted antibiotics data for reviewing and analysing the yearly documentation.<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>Delivered structured review presentations for:<br>• **Nephrology Department** – on documentation and prescription gaps<br>• **Gastroesophageal Department** – on missing/incomplete forms and protocol deviations |
| **Linking theory (Classroom learning) with practice at your organisation** | **Business Communication:** Communicated compliance issues with clarity and professionalism to ensure corrective action. Used both verbal and written communication to influence behaviour and support policy enforcement.<br>**Financial Management:** Indirect link: Non-compliance in restricted antibiotic use or documentation can lead to litigation risks, billing issues, and reimbursement delays. By improving documentation quality, you support accurate coding and billing, impacting hospital revenue cycles. |
| **Gaps identified on the working area.** | **Lack of Outcome Tracking:**<br>• While compliance issues were identified, it's unclear if corrective actions were implemented or if improvements were tracked post-presentation. |

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| | **Limited Stakeholder Feedback:**<br>• There's no mention of feedback or input from clinicians, nurses, or department heads after compliance reviews or presentations. |
| **Suggestions for improvement** | Implement Follow-Up Audits, Introduce Root Cause Analysis (RCA, Engage Stakeholders, Develop Training Interventions, Measure Impact on Patient Care |
| **Plan for the next week** | Working on to finalise the project for my poster. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 5

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009 Stream: MBA HM**

**Week no:5 From:9-06-25……to…14-06-25….**

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| **Activity Done** | Conducted routine compliance rounds in:<br>• Nephrology<br>• ENT<br>• Paediatric wards and ICU<br>• Chest and lung floor<br>• Internal Medicine<br>Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>• Worked on restricted antibiotics data for reviewing and analysing the yearly documentation of the year 2023-2024<br>Delivered structured review presentations for:<br>• **Paediatric Department**– on documentation and prescription gaps<br>• **CTVS department** – on missing/incomplete forms and protocol deviations |
| **Linking theory (Classroom learning) with practice at your organisation** | **Essentials of Hospital Administration:** The performed tasks directly reflect the operational and administrative aspects of hospital management. By ensuring adherence to clinical protocols, reviewing documentation accuracy, and monitoring antimicrobial stewardship, it demonstrates a strong focus on quality assurance and patient safety and highlights the ability to maintain regulatory compliance, improve hospital workflows, and contribute to better healthcare delivery.<br>**Principles of Management:** The work aligns with key management functions like planning, organizing, leading, and controlling. Conducting compliance checks and preparing structured reviews requires planning and organization, while delivering presentations to Paediatrics and CTVS departments showcases the leadership and communication skills. |
| **Gaps identified on the working area.** | **Inconsistent Documentation Standards**: |

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| | • Variability in how different departments document critical alerts, progress notes, and prescription details, leading to potential miscommunication or errors.<br><br>**Follow-Up Mechanisms**:<br><br>• Lack of structured follow-up processes to ensure that identified non-compliance issues are resolved and sustained over time. |
| **Suggestions for improvement** | Standardize Documentation Practices, Strengthen Training Programs, Establish Outcome Tracking Mechanisms |
| **Plan for the next week** | Working on to finalise the project for my poster. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 6

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009 Stream: MBA HM**

**Week no:6 From:13-05-25……to…17-05-25….**

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| **Activity Done** | ➢ HR Induction Program<br>• Participated in formal HR-guided onboarding sessions cantered around hospital procedures and compliance.<br>• Participated in Documentation Training on upholding precise, comprehensive patient records according to hospital guidelines.<br>• Met with Department Heads to identify leadership positions and cross-functional cooperation within a multidisciplinary environment.<br>• Completed Fire Safety Training, including emergency evacuation, extinguisher operation, and emergency exercises.<br>• Participated in Disaster Management Session detailing hospital-wide crisis response, mass casualty, and emergency coordination.<br>• Practiced hands-on skills in Basic Life Support (BLS) Training, such as CPR and airway management.<br><br>➢ Patient Readmission Analysis<br>• Compiled database of April patient readmissions post-discharge.<br>• Extracted and structured data from Hospital Information System (HIS) into Excel for analysis.<br>➢ Compliance Checks & Audits<br>• Audited ICU 4 patient records for protocol adherence. |
| **Linking theory (Classroom learning) with practice at your organisation** | **Organisational Behaviour:**<br>Activities involved team coordination, communication with clinical staff, and leadership during presentations—key aspects of organizational behaviour in healthcare.<br><br>**Human Resource Management:**<br>Compliance checks and performance follow-ups reflect HR functions like monitoring, accountability, and process improvement. |
| **Gaps identified on the working area.** | • Missing links between discharge summaries and readmission data reduce the ability to predict preventable readmissions.<br>• Lack of documentation in ICU counselling and surgical consent forms in some cases could risk medico-legal accountability. |

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| **Suggestions for improvement** | Design department-specific SOP's, conduct quarterly mock drill, implement checklist-based documentation protocols |
| **Plan for the next week** | Working on to finalise the project for my poster. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 7

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009** **Stream: MBA HM**

**Week no:7** **From:23-06-25……to…28-06-25….**

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| **Activity Done** | Conducted routine compliance rounds in:<br>• Chest and Lung<br>• CTVS<br>• Gynaecology & Gynae-Oncology<br>• ICU's<br>Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>Delivered structured review presentations for:<br>• **Gynaecology & Gynae-Oncology Department**– on documentation and prescription gaps<br>• **CTVS department** – on missing/incomplete forms and protocol deviations<br>Internal Audits done in the following departments: CSSD, BME, IT, IP Pharmacy, OPD 6th floor, IPD 11th floor ( JCI Rules and Regulations) |
| **Linking theory (Classroom learning) with practice at your organisation** | **Communication Planning and Management:** Highlighting structured information flow and strategic messaging between departments. Audits and presentations involve effective communication techniques to provide precision in reporting document gaps, protocol deviations, and compliance issues. A synchronization of audits with JCI guidelines strengthens the role of formal communication, policy transmission and feedback mechanism.<br>**Organisational Behaviour:** Conducting audits across departments requires effective communication, leadership, and behavioural change strategies to foster a culture of compliance and continuous improvement. The structured reviews and adherence to JCI regulations demonstrate both operational efficiency and institutional policy enforcement, reinforcing key principles of hospital administration and management. |

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| **Gaps identified on the working area.** | **Clinical Protocol Deviations**:<br>• Deviation from infection control measures, particularly in negative pressure rooms and CSSD sterilization processes.<br><br>**Operational & Communication Gaps**:<br>• Lack of structured reporting mechanisms for compliance findings, leading to delays in corrective actions. |
| **Suggestions for improvement** | Continuous Staff Training & Policy Updates , Standardize Documentation Practices, JCI Compliance Workshops Establish Outcome Tracking Mechanisms |
| **Plan for the next week** | Working on to finalise the project for my poster. |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 8

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009 Stream: MBA HM**

**Week no:8 From:30-06-25……to…05-07-25….**

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| **Activity Done** | Conducted departmental audits in departments for detailed tracers:<br>• Vascular surgery<br>• ENT<br>• Gynaecology & Gynae-Oncology<br>• CTVS<br>• Neurosciences<br>Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>• ICU rounds for compliance check<br>• Ongoing professional practice evaluation data compilation :<br>➢ Internal Medicine<br>➢ Neurosciences<br>➢ Respiratory and sleep medicine<br>➢ Head and Neck Oncology |
| **Linking theory (Classroom learning) with practice at your organisation** | **Essentials of Hospital Administration**<br>The tracer audits and ICU compliance rounds demonstrate the grasp of hospital-wide operational accountability. From protocol adherence to performance data compilation, each audit reflects the role in reinforcing governance frameworks, institutional policies, and readiness systems. These activities mirror administrative responsibilities such as resource coordination, audit loop creation, and quality assurance integration—fundamental tenets of efficient hospital administration.<br>**Principles of Management**<br>The entire audit process is a practical expression of the management cycle: planning the tracer methodology, organizing departmental workflows, directing compliance initiatives, and controlling through continuous evaluation. By translating gaps into action plans and linking clinical findings with strategic metrics, we apply classic management functions to elevate healthcare performance. |

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| **Gaps identified on the working area.** | **Training & Competency Deficiencies**:<br>• Some staff unaware of updated documentation standards, leading to errors in assessment forms and prescription details.<br><br>**Communication & Coordination Challenges**:<br>• No centralized system to track compliance trends across departments, making it difficult to implement corrective actions. |
| **Suggestions for improvement** | Improve awareness of OPPE metrics, Timely reporting and escalation of critical alerts, Strengthen Training Programs, Establish Outcome Tracking Mechanisms |
| **Plan for the next week** | Tracer audits and project finalisation on AMS |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 9

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009** **Stream: MBA HM**

**Week no:9** **From:07-07-25……to…12-07-25….**

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| **Activity Done** | Conducted departmental audits in departments for detailed tracers:<br>• Chest and Lung<br>• Gastroenterology<br>• Gynaecology & Gynae-Oncology<br>• CTVS<br>• Non-Invasive cardiology<br>Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>• ICU rounds for compliance check<br>• KPI forms for various departments:<br>➢ Interventional Cardiology<br>➢ Urology<br>➢ Critical Care<br>➢ Liver Transplant |
| **Linking theory (Classroom learning) with practice at your organisation** | **Business Communication:** Communicated compliance issues with clarity and professionalism to ensure corrective action. Used both verbal and written communication to influence behaviour and support policy enforcement.<br>**Financial Management:** Indirect link: Non-compliance in restricted antibiotic use or documentation can lead to litigation risks, billing issues, and reimbursement delays. By improving documentation quality, you support accurate coding and billing, impacting hospital revenue cycles. |
| **Gaps identified on the working area.** | **Lack of Outcome Tracking:**<br>• While compliance issues were identified, it's unclear if corrective actions were implemented or if improvements were tracked post-presentation.<br>**Training & Competency Deficiencies**:<br>• Some staff unaware of updated documentation standards, leading to errors in assessment forms and prescription details. |

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| | **Communication & Coordination Challenges**:<br>• No centralized system to track compliance trends across departments, making it difficult to implement corrective actions. |
| **Suggestions for improvement** | Implement Follow-Up Audits, Introduce Root Cause Analysis (RCA, Engage Stakeholders, Develop Training Interventions, Measure Impact on Patient Care |
| **Plan for the next week** | Tracer audits and project finalisation on AMS |

**Signature of the Student**

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

# INTERNSHIP REPORT WEEK 10

**Name of the Organisation: Medanta Gurgaon**

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

**Name of the Student: Nikki Tyagi**

**Roll no: 2009 Stream: MBA HM**

**Week no:10 From:14-07-25……to…19-07-25….**

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| **Activity Done** | Conducted departmental audits in departments for detailed tracers:<br>• Medical Oncology<br>• Respiratory & Sleep Medicine<br>• Gynaecology & Gynae-Oncology<br>Checked for non-compliance in:<br>• Assessment forms<br>• Prescription documentation<br>• Clinical protocol adherence<br>• Reviewed documentation of **critical alerts** for accuracy in progress notes<br>• ICU rounds for compliance check<br>• KPI forms work :<br>➢ Blood Bank<br>➢ Anaesthesia<br>➢ Radiation Oncology |
| **Linking theory (Classroom learning) with practice at your organisation** | **Organisational Behaviour:**<br>Activities involved team coordination, communication with clinical staff, and leadership during presentations—key aspects of organizational behaviour in healthcare.<br>**Human Resource Management:**<br>Compliance checks and performance follow-ups reflect HR functions like monitoring, accountability, and process improvement. |
| **Gaps identified on the working area.** | **Communication & Coordination Challenges**:<br>• No centralized system to track compliance trends across departments, making it difficult to implement corrective actions.<br>• Lack of documentation in ICU counselling and surgical consent forms in some cases could risk medico-legal accountability. |
| **Suggestions for improvement** | Timely reporting and escalation of critical alerts, Strengthen Training Programs, Establish Outcome Tracking Mechanisms |

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| **Plan for the next week** | Project Completion |

**Signature of the Student**

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