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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

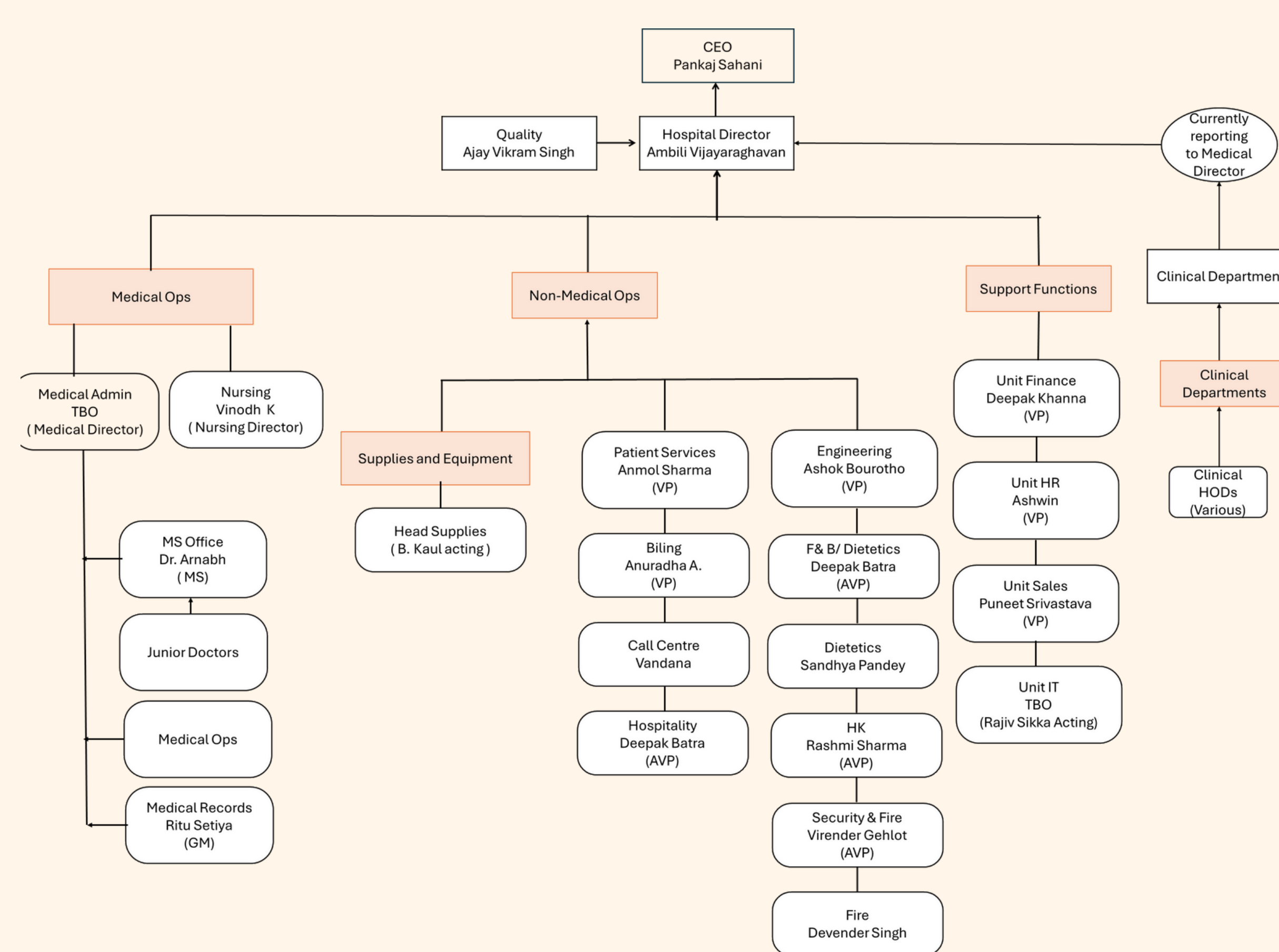
MISSION

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

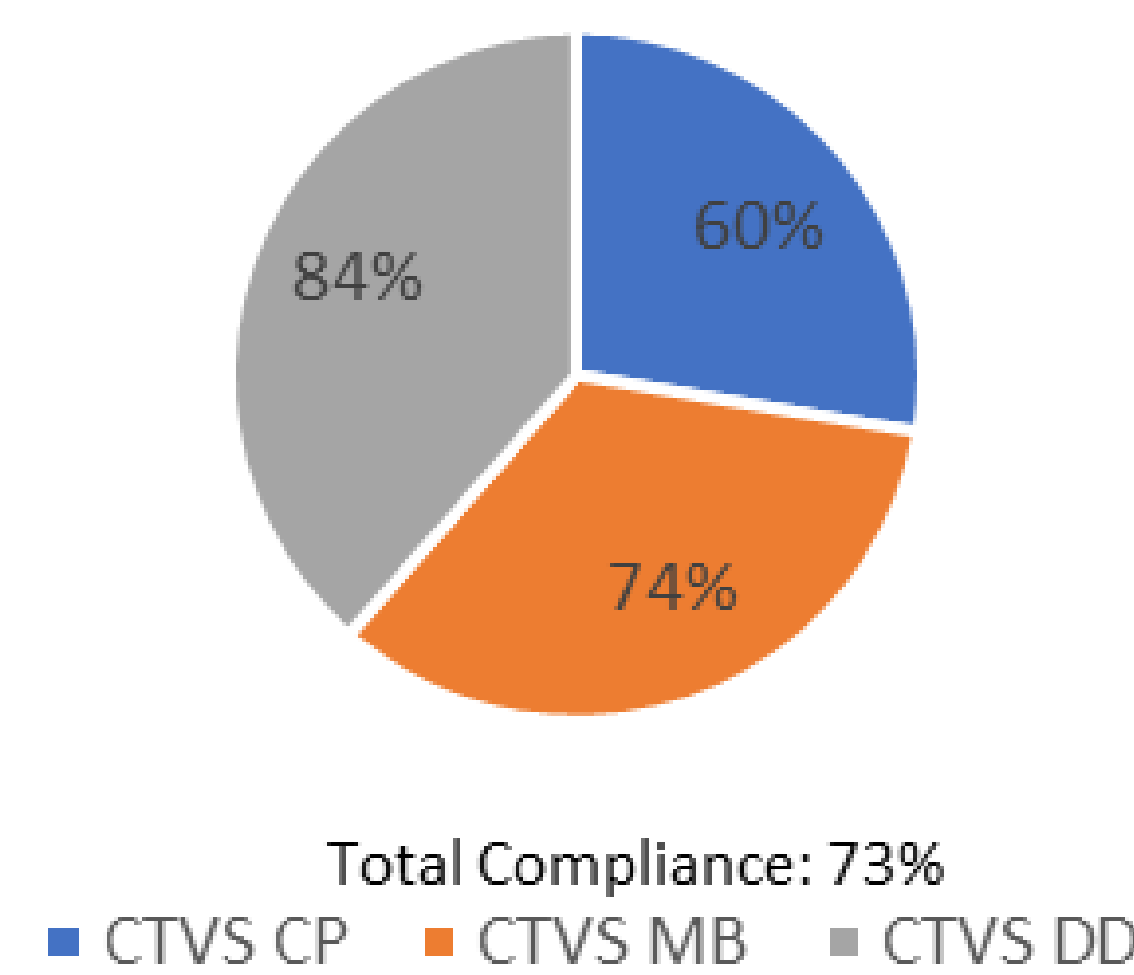
VISION

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

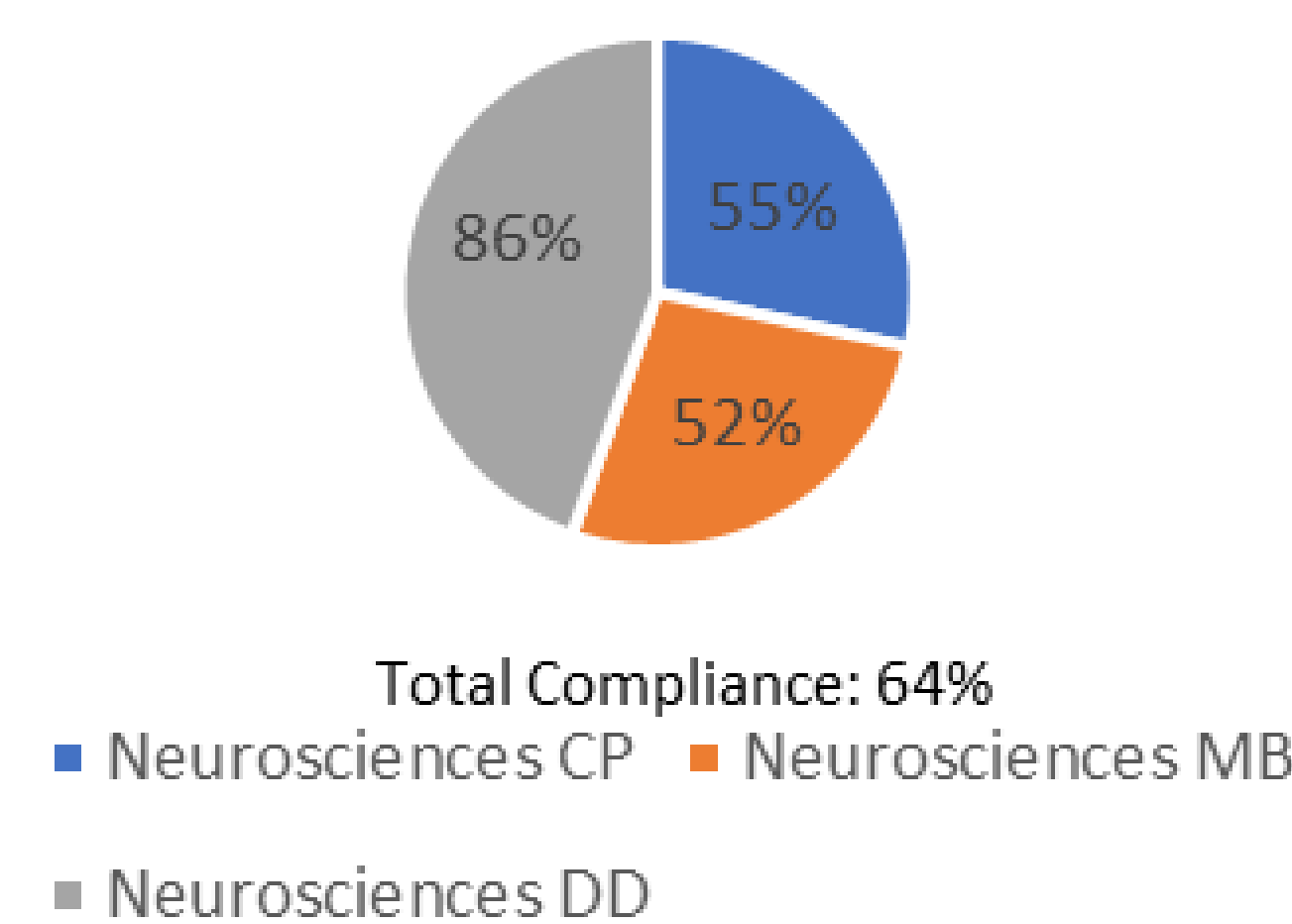
ORGANOGRAM



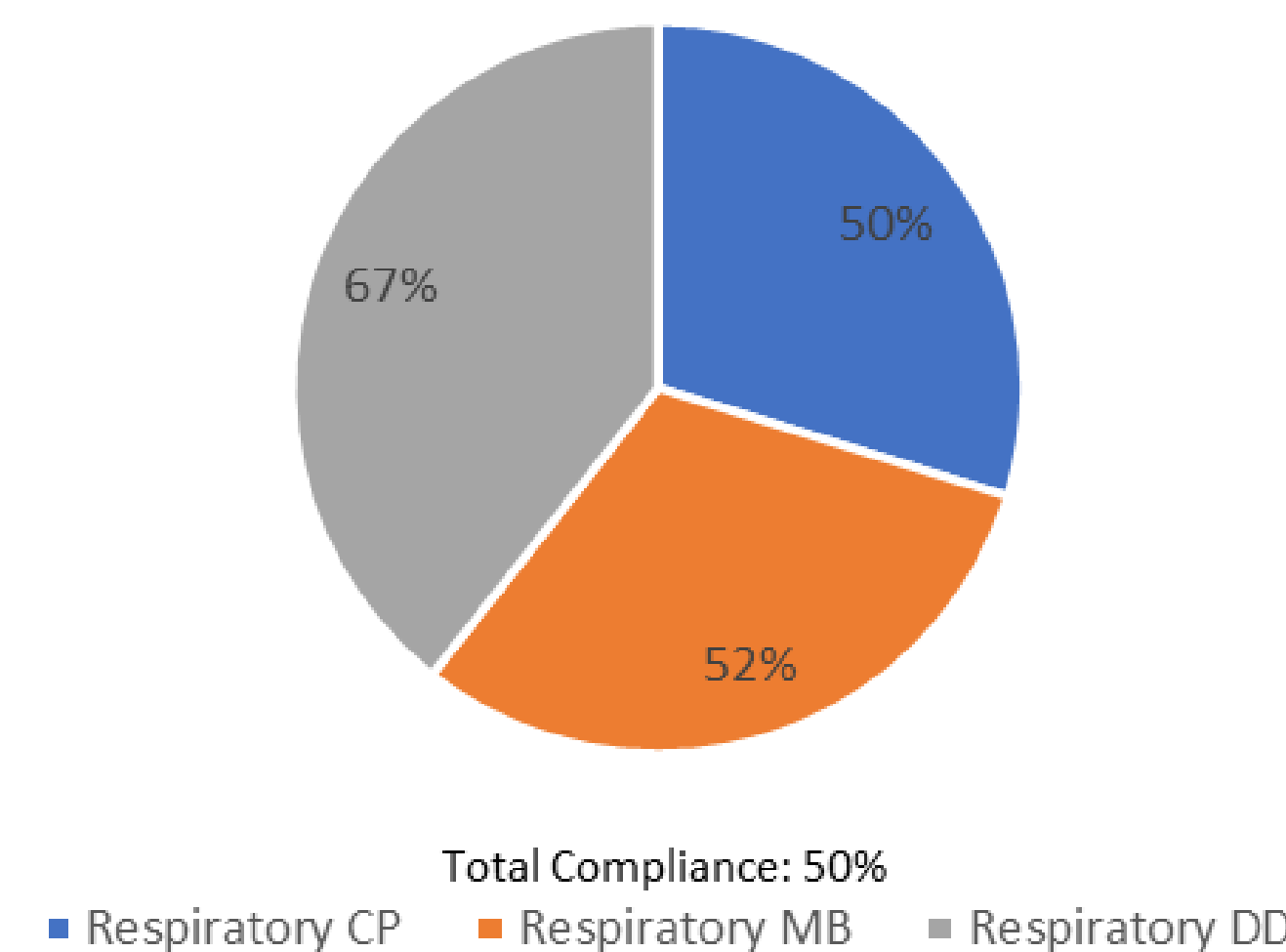
Cardiology



NEUROSCIENCES

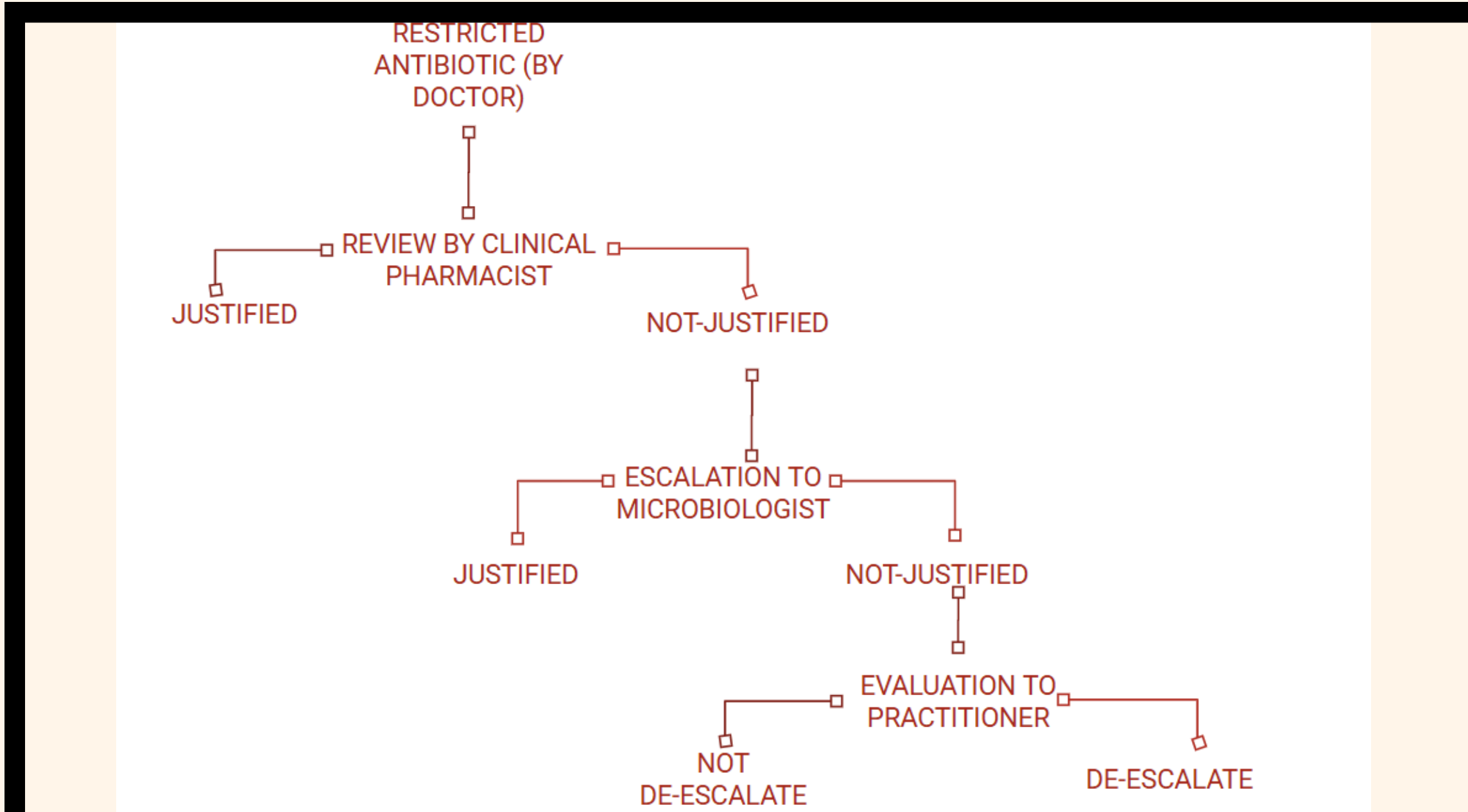


RESPIRATORY



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.

