Summer Internship Program

at

Medigence Levitating Healthcare

From 12th May 2025 to 12th July 2025

A REPORT BY

Nagrecha Jay Jeetendrabhai

Master Of Business Administration

Hospital & Health Management

Roll No: 1999

2024-2026

Under the Mentorship of

Dr. Vinod Kumar SV (Professor, IIHMR University)

medigence
SOLUTIONS PVT LTD

Date: 12 July, 2025

To Whom It May Concern

This is to certify that **Dr. Jay Nagrecha** has successfully completed his internship at **Medigence Solutions Pvt Ltd** from **12/5/2025** to **12/7/2025.**

During this period, he undertook and completed a project titled "**NABH : Challenges to get entry level certification to small healthcare Organization**", under the guidance of **Meeta Patel** and displayed professionalism, a proactive approach to learning, adaptability throughout the internship period and gained valuable practical experience.

We thank **Jay** for his contributions and wish him continued success in future academic and professional endeavors.

Meeta

Authorized Signatory

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Nagrecha Jay Jeetendrabhai** of the academic year 2024-26 **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: 28/07/2025

Dr Vinod Kumar SV

Professor, IIHMR University

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Challenges in Implementation of NABH Certification for Small Health Care Organizations (SHCOs)

Presented By: Nagrecha Jay
Roll No:1999
Stream: Hospital And Health Management

University Mentor :Dr.Vinod Kumar SV

Organization Mentor: Meeta Patel

DESCRIPTION OF ORGANIZATION

Medigence Solutions Pvt. Ltd., established in **2015** by Urvish Patel and headquartered in **Ahmedabad, Gujarat**, is a healthcare consultancy firm dedicated to improving the quality and compliance standards of healthcare organizations. The firm works with hospitals, clinics, laboratories, and diagnostic centers to elevate their operational effectiveness and patient safety outcomes.

Service Areas

1) NABH and Quality Consulting
2) Hospital Planning and Designing
3) Clinical Research Services

VISION

Levitate the healthcare to the next level through strategic consultancy and impactful partnerships

MISSION

To be world's leading healthcare consulting company, through continuous innovation , high ethics , latest technology and great relationships

SWOT ANALYSIS

Strengths

- Defined structure via SHCO 3rd Edition standards
- Emphasis on patient safety, documentation, and staff training
- Increasing recognition as a quality benchmark by insurance and government schemes

Weaknesses

- Inadequate HR and quality-trained personnel .
- Poor SOP documentation and inactive statutory committees
- Lack of regular internal audits and patient feedback .

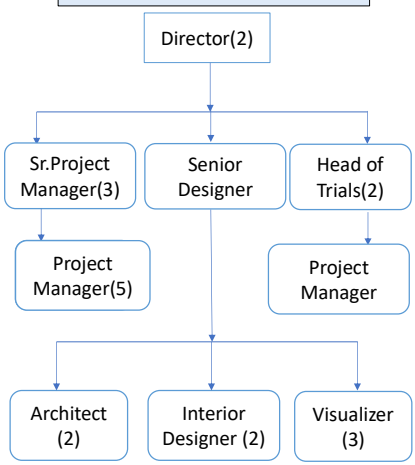
Opportunities

- Capacity building through modular training programs
- Use of digital SOPs, checklists, and auto-generated audit reports
- Entry-Level NABH certification enables SHCOs to qualify for government schemes.

Threats

- Resistance to change unwilling to adapt new protocols
- High Staff Turnover : Frequent exits disrupt quality continuity
- Budget limitations restricting structural upgrades and See this as a documentation burden

ORGANIZATION STRUCTURE



PROJECT

NABH accreditation process

Application Submission

Assessment Review by NABH and Recommendation by committee

Approval for Accreditation and Issue of Certificate (Valid for 4 years)

Surveillance Assessment (14-18 Months)

Objective

- **To identify key challenges faced by SHCOs in implementing NABH Entry-Level Certification**
- **To assess documentation, internal audits, and quality practices through field visits.**

Methodology & Data Collection

On Site Visits : Saffron Hospital, Pramukh Hospital, and Siddhivinayak Hospital (Ahmedabad).
Internal Audits : using NABH SHCO 3rd Edition standards and self-assessment checklists.
Interviews : Of hospital staff to understand awareness and implementation gaps.
Documentation Review : SOPs and Committee records for compliance

Findings

Observational Findings: Inactive quality committees, and poor patient feedback systems.
Internal Audit Results: Partial Compliance NABH SHCO 3rd Edition standards, especially in HR files, SOPs, and facility safety.
Staff Interviews: Limited awareness and training , Documentation is a burden for staff. They don't see this as a quality improvement

Theory vs Practical Exposure

-**Theory** focus on standard and ideal compliances and Suggest that one size fit all protocols
- **Exposure** shows difficulty of implementation , Gaps in compliances and Each SHCOs has unique challenges

Challenges Faced During Internship

Limited Cooperation from Hospital Staff during audits and Coordinating between multiple SHCOs for parallel assessment

Key learnings

-Hands on experience of NABH SHCO 3rd Edition.
- How consultancy bridges gap in healthcare facilities by improving their model and Quality

Suggestion to SHCOs

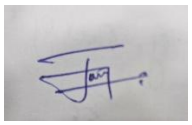
-Regular Staff training
-Conduct Internal Audits
-Establish proper patient feedback process for better insights
-To keep medical record department up to date as per the guidelines

Weekly Report

Name Of the Organization	Medigence Solutions Pvt. Ltd.
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	01
from	12/05/2025 to 17/05/2025

Activity Done	During my first week at Medigence solutions , I was placed under the Quality Accreditation department , where I got the brief framework regarding some major accreditations like NABH, JCI and NABL. Gained an overview of the changes introduced in NABH's 6th edition by reviewing and comparing it with the 5th edition. Assisted the team regarding some basic formatting regarding the SOPs and Process related documentation. Meanwhile spent some time observing the work culture and how the employee performances are tracked and reviewed
Linking theory (Classroom learning) with practice at your organization	As per what I observed during my first week , there is a proper and professional planning regarding the workflow , communication structure which aligns with the **"Communication Planning and Management**" The department is mainly driven towards the Quality accreditation which does show somewhat of commitment towards ethical healthcare practices

	which aligns with the **UHVE** The way company tracks employee's performance and reward the deserving ones . This aligns with the **Organisation Culture and HR management**
Gaps Identified on the working area	Lot of documentation part to be done by the project managers which includes preparing assessment files, maintaining compliance records, coordinating submissions , and managing follow-ups. Some miscommunication has been observed primarily from the hospital staff's side, particularly regarding understanding of the policy requirements , timelines , and completeness of document submissions. These gaps sometimes result in delays or repeated clarifications. Introducing structure communication.
Suggestions for Improvement	Regarding a single member handline multiple projects at a time can cause overlapping of tasks and burnout so there must be some balance regarding the work assigned and that can improve efficiency too .
Plan for the next week	For the next week , gaining the knowledge regarding the roadmap of NABH certification for Small HealthCare Organization .



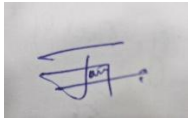
Student's Signature

Weekly Report

Name Of the Organization	Medigence Solutions Pvt. Ltd.
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	02
from	19/05/2025 to 24/05/2025

Activity Done	In my 2nd week of internship , I have taken two SHCOs for learning which I selected based on the relevancy of interests . Where I have been going on the visits with the project manager , the whole week was about the learning process regarding the documentation requirement for the Entry level certification in NABH accreditation for SHCOs Also attended the seminar regarding the NABH 6th edition (Transition from 5th edition to 6th edition) which was conducted by MEDIGENCE itself. My role was to support and managing the human resources also helping the candidates in registration process .
Linking theory (Classroom learning) with practice at your organization	**Hospital Services and Quality Management :** Preparing the documentation regarding the scope of services and also declaration form.

	Human Resource Management : There are several necessary trainings defined by NABH , helping the Hospitals to fulfil the training records and completing those trainings as per the guidelines.
Gaps Identified on the working area	- At these SHCOs most of the staff were unaware regarding policy requirements and documentations. - Lack of clarity on how to fill the forms properly.
Suggestions for Improvement	- A clear need of hands on training for the hospital staff regarding the basic policies and documentations.
Plan for the next week	- There will review of the NABH forms of both of these SHCOs and will go through the whole Portals of both the SHCOs



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Weekly Report

Name Of the Organization	Medigence Solutions Pvt. Ltd.
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	03
from	26/05/2025 to 31/05/2025

Activity Done	During the 3rd week of my internship , I have gone for the visits of 3 SHCOs , -At one SHCO most of the documentation was mostly complete and we just had to read and assess and some changes regarding the training sheets -On the other hand other two SHCOs , there were much documentation gap comparatively, some documentation formats were missing . Also at among these two staff from one was very supportive but a bit undertrained and others staff was quite disengaged and was mostly relied on us to fill up their documentation …..Despite all these we completed and uploaded most of the things with the only payment part left (NABH from submission)
Linking theory (Classroom learning) with practice at your organization	**OB (Organizational Behaviour) :** The difference among the staff and their initiative of all these 3 SHCOs highlights why and how organizational culture , motivation and leadership can affect the performance

	Hospital Services : The documentation and reviewing process shows the implications of hospital services **Human Resource Management :** Staff was a bit unprepared , and also the way other two SHCOs handled their responsibilities was not proper which shows how important human resource management is. **Communication Planning and Management:** Communication planning plays the vital role in management as we saw the difference between all the 3 organisations . The one where proper and clear structure mannered communication planning was done showed the rapid progress in completion of documentation
Gaps Identified on the working area	Staff of some organisations even the admin staff do lack the basic training on the compliance and formats related to NABH, at some SHCOs the staff is quite over reliable on external consultancies although staff could have done on their own some basic stuff.
Suggestions for Improvement	These organizations could maintain one common or centralized folder from where they can access all the documents related to file bunch (IPD, OPD , ER) Make a checklist for all the departments and departmental staff for assessment and monitoring the progress.
Plan for the next week	Completing the pending documentation or taking updates from these SHCOs, Payment submission as soon as they can do,

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Weekly Report

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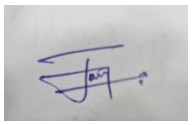
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	04
from	2/06/2025 to 7/06/2025

Activity Done	During the 4th week …I took the follow ups of SHCOs visited in previous days and reviewed their SOPs , Manuals , Other documents like HR trainings and formatting those SOPs and manuals according to the NABH guidlelines to keep up the Uniformity. Ensuring about the missing formats by coordinating with admin staff and follow up regarding the pending Payment pending of NABH registration.
Linking theory (Classroom learning) with practice at your organization	**Hospital Services** : Reviewing the SOPs and Policies majorly shows the importance of well and clearly defined hospital services and protocols **Human Resource Management :** The importance and need for Staff training became more evident during the documentation and policy reviews

Gaps Identified on the working area	Some of the SHCOs were lacking the SOP formats and manuals which causes the inconsistent documentation practice
Suggestions for Improvement	Internal audits should be conducted on the regular basis .
Plan for the next week	Finalise the formatting of SOP and Manuals Provide assistance to SHCO in preparing for internal audits and mock assessment



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Weekly Report

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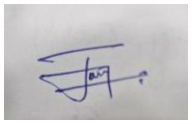
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	05
from	9/06/2025 to 14/06/2025

Activity Done	During the 5th week …The reviewing and formatting of Documents were still on process as per the NABH guidelines. Also provided the assistance in preparing the compliance checklists and conducted some internal audits.
Linking theory (Classroom learning) with practice at your organization	**Hospital Services** : The standardized operational procedures for the patient safety and efficiency of services.
Gaps Identified on the working area	The documentation process lacked the internal audits / reviews
Suggestions for Improvement	Mock assessments and Internal audits should be conducted on regular basis

Plan for the next week	Correct the non compliances if there is any …



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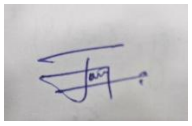
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	06
from	16/06/2025 to 21/06/2025

Activity Done	This week , I have attended the performance review meeting of employees and observed how they have been assessed , and how do they plan the next weeks' workload and distribution Assisted project manager and senior manager on a NABH mock assessment of Mult speciality Hospital, and reviewed and assessed the documents , sops and other compliances
Linking theory (Classroom learning) with practice at your organization	HR and Communication Management : attending the Performance review meeting was all about the how they manage their employees and acknowledge them also on other hand if they want to point out the mistakes they do have very subtle way to do that Hospital Services : Assisting the mock assessment of Hospital
Gaps Identified on the working area	When we did the mock assessment of that particular hospital , there were many departments still under maintenance . Some didn't have the documents

	properly filled up and even they were confused about some of the SOPs
Suggestions for Improvement	There should be structured tracking system in hospital by admin department which observes all the work efficiency and compliances of departmenrs
Plan for the next week	Assisting in further more visits and Internal audits



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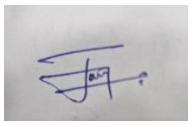
WEEKLY REPORT

Name Of the Organization	Medigence Solutions Pvt. Ltd.
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	07
from	23/06/2025 to 28/06/2025
Activity Done	This week I had the visit of Pluto Hospital Where we had to do Departmental internal audits , documentation , Checking the MOUs , and Services provided , Declaration Form . Details of the staff
Linking theory (Classroom learning) with practice at your organization	Hospital Services : In the internal audit of the hospital we checked how many beds are sectioned and how many are operational , Details of staffing such Nurse : Patient ratio in wards
Gaps Identified on the working area	Meanwhile the visit of the hospital , there are various departments where staff is not maintaining the registers of the entries , or the details of the procedures , there are some missing details in several consent forms of various procedures .
Suggestions for Improvement	Staff needs some training regarding the Consent Forms , Regarding the Punctuality , These all should be done from HR and Quality Department or coordinator

Plan for the next week	Checking the status of Pramukh and Saffron hospital's NABH forms if there is any updates. Couple of healthcare organisation are scheduled to visit.



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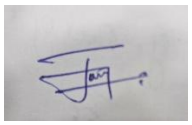
WEEKLY REPORT

Name Of the Organization	Medigence Solutions Pvt. Ltd.
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	08
from	30/06/2025 to 05/07/2025

Activity Done	Completing the entry of pending data in Forms of NABH application for SHCOs and HCOs , which includes details such as clinical services offered . Completing the Self Assessment toolkit . Also visited the Laxmi Hospital , applying for the full NABH accreditation .Provided them the assistance organizing the required documentation
Linking theory (Classroom learning) with practice at your organization	HR : Hiring the proper staff who has at least some knowledge of the clinical things , Procedures also who can manage the some workloads. Communication Management : It is important in doing the team work, following the orders , completing the tasks as per the due dates
Gaps Identified on the working area	Hospital seems to have some lacking in new and updated formats and documents .
Suggestions for Improvement	One major suggestion is to conduct regular trainings for the staff as per the NABH standards .

Plan for the next week	For now as such there is no particular plan but it will be scheduled as per the hospital's requirement of data completion.



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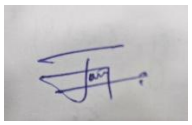
WEEKLY REPORT

Name Of the Organization	Medigence Solutions Pvt. Ltd.
Department of the Summer Internship Program	Quality Accreditation
Name of the Student	Dr. Jay Nagrecha
Roll No	1999
Stream	MBA – Hospital and Health Management
Week no.	09
from	07/07/2025 to 12/07/2025

Activity Done	Completing the MOM of various hospitals and Also making the calendar regarding the training schedules…Completed the CAPA sheets of both the SHCOs (pramukh and Saffron hospital). They have been cleared from all the NCs. Gave the brief regarding the whole internship project to the HR and my project manager
Linking theory (Classroom learning) with practice at your organization	Organisation Behaviour : the culture of the organization is important for the employees to carry out the multiple projects at the same time without getting overstressed
Gaps Identified on the working area	There are many areas where Quality and HR department need to focus regarding the documentation and staff knowledge improvement as per the departments
Suggestions for Improvement	They need to conduct proper trainings and mock drills

Plan for the next week	As for now Nothing is decided



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Compiled Report

Activity Done	• **Better Understanding of NABH Accreditation:** I learned how hospitals get ready for NABH accreditation by completing documents, following guidelines, and fixing issues to meet the required standards.
	• **Hands-On Practice with SOPs and Hospital Documents:** I got good experience in reading, editing, and creating SOPs, manuals, and staff training records as per NABH rules. I now understand how important proper documents are in hospital work.
	• **Experience with Audits and Mock Checks:** I took part in internal audits and mock assessments where I helped check files, forms, and department readiness. This taught me how hospitals prepare for official inspections.
	• **Understanding of Staff Behaviour and Teamwork:** I noticed how staff motivation, team culture, and leadership styles affect hospital progress. It showed me why teamwork and good communication are so important.
	• **Improved Communication Skills:** I improved my way of talking professionally. I also learned how to follow up properly with hospital staff and managers.
	• **Problem Solving in Real Situations:** I learned how to find issues in documents, suggest better ways to do things, and help hospitals improve their work step-by-step.

	• **Use of Digital Tools and Portals:** I worked on NABH online forms, data entry, and file uploads. This helped me understand how digital systems are now part of hospital quality work.
	• **Time Management and Task Planning:** With many tasks and hospital visits, I learned how to manage my time well, set priorities, and finish work before deadlines.
	• **How Healthcare Consultancy Works:** By watching how Medigence supported different hospitals, I understood how consultancies help healthcare centers grow, fix issues, and meet standards.
	• **Personal Growth and Confidence:** Overall, I became more confident, professional, and ready to take on real hospital and health management responsibilities in the future.
Linking theory (Classroom learning) with practice at your organization	**Essentials of Hospital Services** My work around SOPs, patient service scopes, departmental audits, and operational assessments provided hands-on exposure to how **structured protocols and standardized practices** are crucial for efficient and safe hospital functioning. The alignment of hospital processes with NABH standards perfectly reflected this module's core teachings.
	Human Resource Management Involvement in preparing training records, monitoring staff readiness, and attending performance review meetings gave me insight into **real-time HR strategies** such as training evaluation, competency mapping, and role clarity. Observing HR gaps and supporting their resolution connected deeply with the HRM concepts taught in class.
	Organisation Behaviour The internship vividly brought to life how

		organizational culture, leadership, and staff motivation influence performance. The contrasting attitudes of various hospitals toward compliance and teamwork highlighted how behaviour and structure affect productivity and success in healthcare settings.
		Behaviour Change Communication (BCC) Many challenges during the internship were rooted in **ineffective communication**. The need for structured, timely, and clear instructions—especially during SOP follow-ups and audit preparations—reflected the application of **BCC techniques** to foster engagement, cooperation, and timely action among healthcare staff.
		Entrepreneurship and Innovations in Health Care Medigence consultancy model showcased how **innovation in service delivery**, customization, and scalable documentation solutions play a key role in supporting SHCOs. The way the company adapted strategies for different hospitals was a direct reflection of **entrepreneurial thinking in healthcare management**.
		Principles of Management Task delegation, project coordination, audit scheduling, and deadline tracking reflected foundational concepts of **planning, organizing, and managing teams**. The internship allowed me to understand how operational strategies are implemented in dynamic healthcare environments.
		Marketing Management NABH accreditation isn't just about compliance—it also enhances a hospital's image. Helping organizations organize documents that reflect service quality indirectly contributed to brand positioning and service marketing, illustrating how quality processes support patient trust and institutional reputation.
		Digital Health Engagement with **NABH portals**, online documentation, and format standardization offered a real-time understanding of technology-enabled quality

	management. The use of digital checklists, online submissions, and data dashboards showed how tech is transforming hospital operations and compliance workflows.
	Business Communication Drafting CAPA sheets, sending formal follow-ups, coordinating documentation with hospital staff, and briefing the project manager taught me the essence of professional communication—whether written or verbal—within a corporate consultancy setting. Precision, tone, and clarity were crucial throughout.
	Research Methods Reviewing compliance gaps, creating CAPA sheets, tracking audit findings, and assisting with self-assessment tools followed a research-oriented workflow—identifying problems, gathering evidence, recommending solutions, and documenting outcomes. It reflected the logical, data-driven process of applied operational research.
Gaps Identified on the working area	• **Lack of Awareness Among Hospital Staff:** Many hospital staff members, including those in administrative and clinical roles, were **unfamiliar with basic NABH documentation requirements**, such as SOP formats, declaration forms, and department-specific registers.
	• **Inconsistent Documentation Practices:** Several SHCOs lacked **uniformity in their SOPs and manuals**, with some using outdated formats or missing critical compliance components. This inconsistency often led to duplication of work or errors during mock assessments.
	• **Overdependence on External Consultants:** In some hospitals, staff were excessively reliant on the consultancy team to complete tasks they could manage internally—indicating

	a **training gap and lack of initiative** among in-house personnel.
	• **Inefficient Communication Channels:** Miscommunication between hospital departments and the consultancy team often delayed document submissions, feedback, and timely corrections. This highlighted the need for **structured internal communication systems**.
	• **Inadequate HR Training & Tracking Mechanisms:** There was a noticeable absence of **regular training schedules** and proper tracking of training records across departments. Many staff were unaware of the required NABH training modules and frequency.
	• **Missing Operational Registers & Incomplete Records:** During audits, several departments lacked **critical procedural registers**, or they were not properly maintained. Consent forms and incident records were often found **incomplete or incorrectly filled**.
	• **Gaps in Internal Audit and Self-Assessment Implementation:** Although internal audits are key for accreditation, many SHCOs either skipped them or conducted them informally, without structured feedback or corrective action documentation. This led to **non-compliance issues** during mock assessments.
	• **Poor Document Retrieval Systems:** Several organizations lacked **centralized or organized digital/physical storage** for key documents, making it time-consuming to locate required files during audits or accreditation submissions.

	• **Lack of Updated Formats and Policy Templates:** Hospitals often continued using **outdated formats** or failed to adopt the NABH 6th edition templates, leading to non-alignment with current accreditation guidelines
Suggestions for Improvement	• **Conduct Regular Hands-On Training Programs:** Hospital staff should undergo **structured, periodic training sessions** focused on NABH documentation, policy implementation, and compliance requirements. This will reduce dependency on external consultants and build internal capacity.
	• **Implement Standardized and Centralized Documentation Systems:** Organizations must adopt **uniform templates** (as per NABH 6th edition) and maintain a **centralized digital repository** for all SOPs, manuals, and compliance records to improve accessibility and consistency.
	• **Establish Robust Internal Audit Mechanisms:** Conducting **scheduled internal audits and mock assessments** across all departments will help identify gaps proactively and prepare the organization for formal accreditation assessments.
	• **Enhance Communication Protocols Within Teams:** A clear and well-defined **communication structure** should be implemented between departments, especially for accreditation-related tasks, to minimize delays and miscommunication.
	• **Assign Dedicated Quality and Compliance Coordinators:** Each hospital should appoint a **designated**

		quality coordinator responsible for maintaining documentation, monitoring timelines, and ensuring departmental accountability.
		• **Use Compliance Checklists and Tracking Tools:** Introducing **checklists for each department** and using **progress-tracking tools** will simplify status monitoring and ensure nothing is overlooked in the accreditation journey.
		• **Focus on SOP Finalization and Format Alignment:** Hospitals must ensure that **SOPs and manuals** are not only complete but also formatted according to current NABH guidelines to ensure standardization across units.
		• **Improve HR Involvement in Accreditation Readiness:** HR departments should take active ownership in maintaining **staff files**, **training logs**, and **performance evaluations**, integrating quality indicators into the HR system.
		• **Conduct Periodic Mock Drills and Role-Based Simulations:** Mock drills for **emergency preparedness**, **infection control**, and **departmental processes** can help reinforce SOPs and improve real-time responsiveness among staff.
		• **Encourage a Culture of Ownership and Participation:** Fostering a workplace environment where staff feel **accountable and involved** in the accreditation process can lead to higher engagement, better documentation, and faster compliance.

Key Learnings	• **In-depth Understanding of NABH Accreditation Process:** I gained hands-on experience with both **entry-level and full-level NABH accreditation** requirements for SHCOs and hospitals, including documentation protocols, assessment tools, and compliance tracking.
	• **Proficiency in SOP Development and Quality Documentation:** Through regular formatting, reviewing, and standardizing of **SOPs, manuals, HR policies**, and service-related documents, I developed a strong command over healthcare documentation and the importance of **uniformity in quality records**.
	• **Exposure to Real-World Audit and Assessment Practices:** Participating in **internal audits, mock assessments**, and CAPA reviews enhanced my ability to **evaluate compliance gaps**, suggest improvements, and contribute to organizational readiness for official assessments.
	• **Application of HR and Organizational Behaviour Concepts:** By attending **performance review meetings** and interacting with varied hospital environments, I learned how **team dynamics, staff motivation, and leadership styles** influence compliance, accountability, and performance outcomes.
	• **Improved Communication and Coordination Skills:** Coordinating with hospital staff, consultants, and project managers helped me refine my **professional communication, follow-up discipline**, and ability to manage **multiple stakeholders** simultaneously.

	• **Problem Solving and Critical Thinking in Field Settings:** Identifying documentation errors, resolving process delays, and recommending workflow improvements strengthened my **analytical thinking** and **solution-oriented mindset**, especially in under-resourced healthcare environments.
	• **Digital Health Systems Exposure:** Working with **online portals, compliance dashboards**, and documentation tools familiarized me with the growing role of **digital health in quality management and accreditation**.
	• **Time and Task Management:** Managing timelines across multiple hospitals and balancing document reviews, training coordination, and field visits helped me develop a **structured, deadline-driven approach** to work.
	• **Consulting Perspective in Healthcare Management:** Observing how Medigence delivered tailored solutions to diverse clients gave me insight into the **role of healthcare consultants** in bridging operational gaps, training needs, and strategic alignment with national quality standards.