SUMMER INTERNSHIP PROGRAM

AT

FORTIS ESCORT HOSPITAL, JAIPUR

From 12th May to 21st July

A REPORT BY

Monica Kujur

Master of Business Administration

2024-26

Under the Mentorship of

S.P CHATTOPADHYAY

IIHMR UNIVERSITY

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Date:21-July-2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Monica Kujur** has worked as a trainee under **Dr. Ranjana Rathore** in the department of **Quality** from **12-May-2025 to 21-July-2025.**
Her performance during the period was found good.

We wish her all the best in her future endeavours.

For Fortis Escorts Hospital, Jaipur

Authorised Signatory

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Monica Kujur,** of academic year 2024-26, of the **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: 28/7/2025

Name: Mr. S P Chattopadhyay

Designation: Assistant Professor

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OPEN FILE AUDITS IN A HOSPITAL SETTING

MONICA KUJUR| ROLL NO: 1996|FACULTY MENTOR- S.P CHATTOPADHYAY|ORGANISATION MENTOR- DR. RANJANA RATHORE

ABOUT FORTIS ESCORT HOSPITAL, JAIPUR

Fortis Hospital Jaipur is a 275-bed NABH-accredited multi-specialty hospital in Rajasthan, offering advanced medical care across specialties like cardiology, neurology, oncology, and critical care. Known for its patient-centric approach and clinical excellence, it combines modern technology with compassionate care.

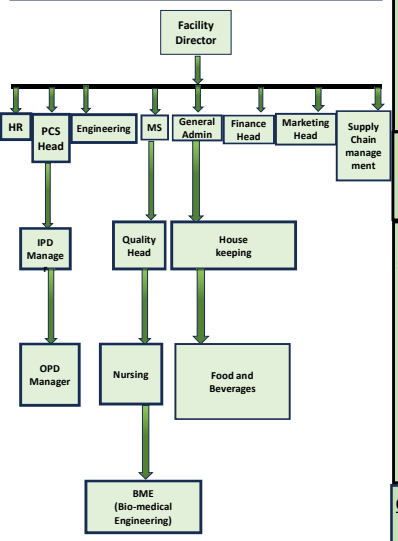
VISION

- To become globally respected healthcare organization known for clinical excellence and distinctive patient care.

MISSION

- Saving and enriching lives

ORGANISATION STRUCTURE



FACULTY MEMBER

ABOUT THE PROJECT

AIM:

To conduct a NABH aligned live file audit of 100 inpatient records, verify accreditation standards compliance, fill in any gaps, and ensure documentation completeness

OBJECTIVE:

1. Real time-gap detection.
2. On going quality improvement support.
3. Team Accountability.
4. Lowering the risk of associated with medico-legal documentation

METHODOLOGY:

1. Study design- Consecutive Sampling
2. Sample Size- 100
3. Inclusion Criteria- Active inpatient file only.
4. Exclusion Criteria- Discharged Patient File.
5. Data Collection Method- Prospective Clinical Audit of live inpatient records.
6. Tool Used- NABH- aligned audit checklist.

STRUCTURE-PROCESS-OUTCOME FRAMEWORK

- **STRUCTURE:** Fortis Jaipur, 4th and 5th floors audit team, NABH-aligned checklist.
- **PROCESS:** Live audit of 100 files, checklist scoring, gap identification.
- **OUTCOME: %** Compliance per form , medico-legal risk reduction.

SWOT ANALYSIS

STRENGTH

- The NABH complaint auditing tool
- Using real-time AI to ensure accuracy
- Integrated feedback loop for employees

WEAKNESSES

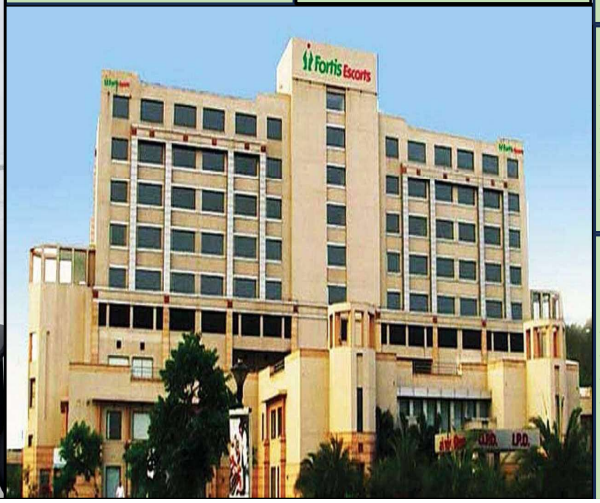
- The amount of manual labor
- Possible incomplete files or data mistake
- Variability in Record Quality

OPPORTUNITIES

- Electronic instruments and format
- Cooperation among institution (CQI)
- Publication and benchmarking on possible.

THREATS

- Employee opposition for NABH
- Standard charges for NABH
- Postponed accreditation due to legal pressure.



GAP ANALYSIS

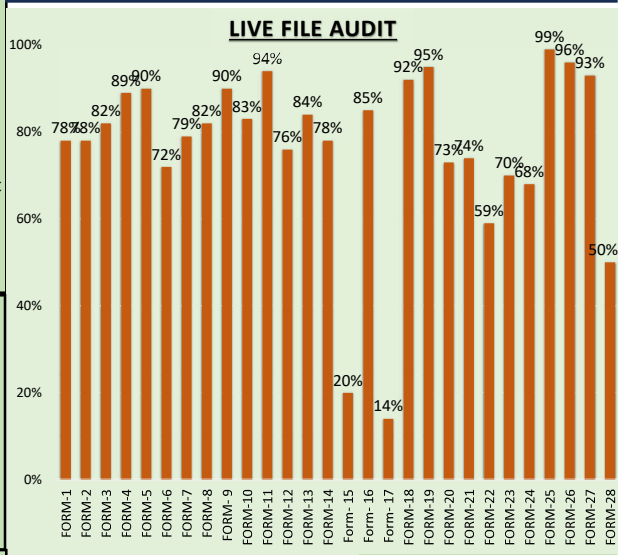
DOCUMENTATION COMPLIANCE

- NABH requires at least 90% completeness but found only 60% completeness
- Major gaps in forms 22 & 28

(40% below target)

- Minor gaps in form scoring 72-89%

(example- Form 6,7,16,20 etc)



1. FORM 1 – Prescription
2. FORM 2 – Admission
3. FORM 3 – Triage Doctor Assessment
4. FORM 4 - Doctor Initial Assessment
5. FORM 5 – Treatment Sheet (Hand- Written)
6. FORM 6 – Process Note
7. FORM 7 – Pre-Operative Anesthesia
8. FORM 8 – Anesthesia Record
9. FORM 9 – Surgical Safety Checklist as per WHO
10. FORM 10 – OT Notes
11. FORM 11 – Consent Form
12. FORM 12 – Triage Nursing Assessment
13. FORM 13 – Nursing Admission Assesment
14. FORM 14 – Daily Nusing Assesment
15. FORM 15 – Growth & Development Chart
16. FORM 16 – In-House Transfer Form
17. FORM 17- Home Medication Declaration Form
18. FORM 18 – Patient & Family Education Form
19. FORM 19 – Dept. of critical care relative communication
20. FORM 20 – Blood Transfusion Monitoring Form
21. Blood Transfusion Consent- Name and Quantity of component
22. FORM 22 – Restrain Consent
23. FORM 23 – Cath lab procedure notes
24. FORM 24 – Bundle of care checklist
25. FORM 25 – Nutrition assessment is done within 24 hours of admission
26. FORM 26 – Physiotherapy assessment is perfomed by physiotherapist where applicable
27. FORM 27 – Physiotherapy care pathway
28. FORM 28 – Discharge Summary

CHALLENGES FACED

- Extensive manual review
- Verifying quality of documentation
- A feedback loop that is delayed
- Staff resistance and engagement

USEFULNESS OF THE INTERNSHIP

- A practical introduction to clinical audits
- Gaining proficiency in data collecting and analysis
- A deeper comprehension of accreditation requirement
- Growth on both a professional and interpersonal level
- Long- term effect and preparedness for job

SUGGESTION

- Promote timely Point-of-care Documentation
- Introduce peer review and feedback mechanism
- Strengthen Staff Competency and Engagement
- Implement Ongoing Training Programs

Weekly Report -1

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 1 From 12th May 2025 to 17th May 2025

Activity Done	● Given a short brief about the work of quality department. ● Provided the sample paper for the audit of MRD files ● Practically done audit on ICU department
Linking theory (Classroom learning) with practice at your organisation	● Applied knowledge of healthcare quality standards and auditing procedures learned in class to real hospital settings through MRD files audit and ICU quality assessments
Gaps identified on the working area.	● Incomplete of the paper works unfiled columns in quality checks in ICU like DVT paper missing. ● Limited understanding among staff about audit process ● Lack of consistent documentation in MRD files
Suggestions for improvement	● Conduct regular training session on documentation standards and audit protocols. ● Implement a checklist system for quality audits to ensure consistency. ● Encourage staff participation in quality meetings for better awareness.
Plan for the next week	● Assist in auditing another department. ● Review closed MRD files for compliance.

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report- 2

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 Stream: MBA- Hospital and Health Management

Week no: 2 From 12th May 2025 to 17th May 2025

Activity Done	• Orientation of TPA • Front office of TPA • Back office of TPA
Linking theory (Classroom learning) with practice at your organisation	• Applied communication and customer service skills while handling front desk operation • Used knowledge of health insurance procedures to process and verify claims • Understood data entry protocols and confidentiality policies learned in class while handling records and backend processing
Gaps identified on the working area.	• Limited awareness among client about documents required for claim processing, causing delay • Need for clearer standard operating procedure (SOPs) in back-office task.
Suggestions for improvement	• Conduct orientation session for client regarding claim submission. • Develop step by step guide for back office claim processing task.
Plan for the next week	• Assist in claim submission audits to learn end to end processing • Prepare a checklist for clients to streamline documents submission

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report- 3

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996

Stream: MBA- Hospital and Health Management

Week no: 3 From 23 May 2025 to 28 May 2025

Activity Done	● Tracked medicine indent and delivery time across floor. ● Monitored discharge process. ● Checked daily communication entries in patient file.
Linking theory (Classroom learning) with practice at your organisation	● Applied operations and time-motion study concepts to analyze process delays ● Used quality monitoring and audit skills to track discharge and pharmacy timelines ● Practiced record-keeping protocols and communication documentation
Gaps identified on the working area.	● Delay in medicine delivery from pharmacy to floors ● Discharge summary not ready on time, delaying patient discharge ● Communication notes often missing or incomplete in patient files
Suggestions for improvement	● Set standard timelines and digital tracking for pharmacy indent and delivery ● Ensure doctor signs discharge summary early, with nurse coordination ● Implement a checklist for communication entries in patient files.
Plan for the next week	● Assist in claim submission audits to learn end to end processing ● Prepare a checklist for clients to streamline documents submission

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report – 4

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 4 From 2ND JUNE 2025 to 7th JUNE 2025

Activity Done	Conducted VTE audits and HAPI audits in ICU, SICU, and NGW. Later part of the week was spent auditing radiology TAT for x-ray, USG, CT, and MRI
Linking theory (Classroom learning) with practice at your organisation	Applied concept of clinical quality indicators, infection control, and turnaround time (TAT) tracking as learned in quality management.
Gaps identified on the working area.	Non- compliance in documentation prophylaxis and repositioning. Delay in TAT in radiology, especially in USG
Suggestions for improvement	Regular monitoring of compliance sheets, refresher training of documentation, and optimization of radiology slot scheduling.
Plan for the next week	Will continue audits of discharges on next week and observe the TAT of the discharges

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report - 5

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 5 From 9th JUNE 2025 to 14th JUNE 2025

Activity Done	Observed Discharge TAT (Turn-Around-Time) process for the hospital during the past week. Analyzed total discharges, TPA and Cash/Govt cases, average discharge time, and percentage discharged within 4 hours (240 minutes).
Linking theory (Classroom learning) with practice at your organisation	This activity directly relates to Quality Improvement practices we learned in class. Measuring TAT helps identify bottlenecks and inefficiencies in the patient discharge process and guides improvement initiatives.
Gaps identified on the working area.	•TPA average discharge time is 4 hours 36 minutes, exceeding the 4-hour benchmark. •Only 35.1% of TPA cases were discharged within 4 hours. •There may be bottlenecks in final billing and medication reconciliation for TPA cases.
Suggestions for improvement	•Develop a Discharge Checklist to streamline communication between departments. •Monitor TPA cases more closely and implement process controls to reduce delays. •Provide training to the team to improve coordination and reduce waiting time.
Plan for the next week	Monitor TAT daily and track progress against the 4-hour benchmark.

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report- 6

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 6 From 16th JUNE 2025 to 21stJUNE 2025

Activity Done	Organized and supervised a preventive health check-up involving some participants. Managed patient registration, test coordination (USG, X-Ray, ECG, Echo, DEXA, TNT, HB A1c, PFT, Dental, ENT, CT), and ensured complete test execution for all
Linking theory (Classroom learning) with practice at your organisation	Applied theoretical knowledge of preventive health screening protocols and patient flow management in a real-world setting. Ensured proper interpretation and preliminary verification of results (e.g., ECG and X-Ray) before expert evaluation.
Gaps identified on the working area.	Minor delays observed in scheduling DEXA and CT scans due to equipment availability. PFT room lacked sufficient privacy partitions. Dental unit had limited appointment slots, leading to crowding during peak hours.
Suggestions for improvement	Implement a digital appointment and queue-management system to reduce wait times. Install temporary screens for PFT privacy. Stagger dental and ENT appointments to avoid overlap and improve patient experience
Plan for the next week	Conduct the audit in radiology tat time as per every department X-ray, USG, CT-Scan, Blood sample,MRI

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report - 7

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 7 **From 23rd JUNE 2025 to 28th JUNE 2025**

Activity Done	Collected and analysed TAT (Turnaround Time) data for different imaging modalities – X-Ray, CT-Scan, MRI, USG – in the Radiology Department. Recorded test arrival time, start time, and calculated TAT for each case. Segregated data by modality and summarized with total number of tests, average TAT, and number of cases under TAT benchmark.
Linking theory (Classroom learning) with practice at your organisation	Applied knowledge of healthcare quality indicators and benchmarking. Used Excel for time-stamped data analysis, which relates to classroom training in hospital information systems and quality monitoring. Understood real-time delays and workflow inefficiencies as per Lean Six Sigma tools.
Gaps identified on the working area.	MRI and USG showed the highest average TAT (1 hour 29 minutes), indicating potential delays. Only 6 MRI and 7 USG cases were completed under the defined TAT, which is significantly low. Uneven distribution of workload and resource utilization may be contributing to delays in MRI/USG compared to X-Ray. Lack of real-time monitoring and alerting system for long waiting times
Suggestions for improvement	Implement digital dashboards for live monitoring of TAT status. Schedule time slots more efficiently to reduce MRI/USG bottlenecks. Assign dedicated staff to track pending imaging cases to ensure timely scanning. Increase awareness among staff about importance of meeting TAT targets.

Plan for the next week	Conduct mock drill “CODE YELLOW”. Live file audit will be done in every floor

Signature of the Student: Monica Kujur

Approved by the IIHMR University’s Mentor

Weekly Report - 8

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 8 **From 30th JUNE 2025 to 04th JULY 2025**

Activity Done	• Participated in Yellow Code Mock Drill. • Conducted DVT file audit across selected departments. • Conducted Open File Audit to check documentation and compliance.
Linking theory (Classroom learning) with practice at your organisation	• Applied theoretical knowledge of emergency codes (Yellow Code) in a live drill scenario. • Utilized understanding of NABH standards during DVT and Open File audits. • Correlated classroom learning on documentation, patient safety, and quality indicators with real hospital practices.
Gaps identified on the working area.	• Delayed response time during Yellow Code mock drill in some departments. • DVT assessment forms were incomplete or not filled in many files. • Open files lacked nursing notes, consent forms, or checklist signatures. • Lack of awareness among some staff regarding proper audit requirements.
Suggestions for improvement	• Conduct regular mock drills with proper timing and evaluation. • Provide hands-on training to staff on DVT prophylaxis documentation. • Display quick-reference SOPs for emergency codes and documentation in nursing areas. • Assign file audit responsibilities to specific quality personnel for routine checks.
Plan for the next week	• CSSD observation • Clinical round -Hazard Identification and risk assessment.

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report - 9

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 9 (from 7th July to 11th July)

Activity Done	● Orientation to CSSD (Central Sterile Supply Department) ● Observed sterilization cycle and workflow ● Clinical rounds for Hazard Identification and Risk Assessment (HIRA) on 5th, 6th, and 7th floors
Linking theory (Classroom learning) with practice at your organisation	● Applied theoretical knowledge of infection control and sterilization ● Understood SOPs related to sterilization techniques and equipment ● Identified real-time risks during clinical observation in patient care areas
Gaps identified on the working area.	● Used injection is not discarded. ● Emergency exit key not present ● Clothes on floor ● Gloves are outside because of overload of dustbin
Suggestions for improvement	● Provide training on proper disposal procedures ● Conduct regular checks to ensure the key is present and functional ● Ensure gloves are disposed of in designated biohazard or waste containers
Plan for the next week	● Clinical round for hazard identification and risk assessment (HIRA) on 4th,3th,2th and 1th floor

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Weekly Report - 10

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream: MBA- Hospital and Health Management**

Week no: 10 from 14th JUNE 2025 to 19th JULY 2025

Activity Done	● Made the report of entire internship. ● Taken 100 random samples to analysis and identified the gap of the open file audit ● Provided suggestion to the team for improving documentation compliance.
Linking theory (Classroom learning) with practice at your organisation	● Research method helped me the time of analysing the data of my project.
Gaps identified on the working area.	● Incomplete documentation in most of the patient records. ● Missing signature from consultants and nursing staff.
Suggestions for improvement	● Regular internal audits to monitor documentation compliance. ● Conduct training sessions for staff on the importance of proper documentation.
Plan for the next week	● To make a poster which will be totally based on the open file audit where I'll be providing the gaps and SWOTS.

Signature of the Student: Monica Kujur

Approved by the IIHMR University's Mentor

Complied Reporting Format

Name of the Organisation: Fortis Escort Hospital, Jaipur

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

Name of the Student: Monica Kujur

Roll no: 1996 **Stream:** MBA- Hospital and Health Management

Activity Done	• Orientation of TPA • Tracked medicine indent and delivery time across floor. • Monitored discharge process. • Checked daily communication entries in patient file • Conducted VTE audits and HAPI audits in ICU, SICU, and NGW. • Audit radiology TAT for x-ray, USG, CT, and MRI • Observed and collected data from the Preventive Health Check-up (PHC) department • Participated in Yellow Code Mock Drill. • Conducted Open File Audit to check documentation and compliance. • Orientation to CSSD (Central Sterile Supply Department) • Clinical rounds for Hazard Identification and Risk Assessment (HIRA) on 5th, 6th, and 7th floors • Check bed availability on every ward and ICU • Participated in orange code mock drill • Ambulance audit • Observe the admission process • Practically done audit on ICU department • Observed sterilization cycle and workflow on OT equipment. • Conducted DVT file audit across selected departments.
Linking theory (Classroom learning) with practice at your organisation	• Applied the knowledge of NABH standards and hospital documentation processes learned in class to practical auditing of patient file. • Applied communication and customer service skills while handling front TPA desk operation • Used knowledge of health insurance procedures to process and verify claims • Applied operations and time-motion study concepts to analyse process delays • Used quality monitoring and audit skills to track discharge and pharmacy timelines • Practiced record-keeping protocols and communication documentation

	• Understand the importance of systematic audits ensuring quality healthcare delivery through hand-on practice. • Applied theoretical knowledge of preventive health screening protocols and patient flow management in a real-world setting. Ensured proper interpretation and preliminary verification of results (e.g., ECG and X-Ray) before expert evaluation. • Applied theoretical knowledge of infection control and sterilization • Understood SOPs related to sterilization techniques and equipment • Identified real-time risks during clinical observation in patient care areas • Applied theoretical knowledge of emergency codes (Yellow Code) in a live drill scenario. • Utilized understanding of NABH standards during DVT and Open File audits. • Correlated classroom learning on documentation, patient safety, and quality indicators with real hospital practices.
Gap identified on the working area	• Incomplete documentation in various patient records. • Missing signature from consultants and nursing staff. • Incomplete of the paper works unfiled columns in quality checks in ICU like DVT paper missing. • Limited understanding among staff about audit process • Lack of consistent documentation in MRD files • Limited awareness among client about documents required for claim processing, causing delay • Need for clearer standard operating procedure (SOPs) in back-office task. • Non- compliance in documentation prophylaxis and repositioning. • Delay in TAT in radiology, especially in USG • TPA average discharge time is 4 hours 36 minutes, exceeding the 4-hour benchmark. • •Only 35.1% of TPA cases were discharged within 4 hours. • •There may be bottlenecks in final billing and medication reconciliation for TPA cases. • Delayed response time during Yellow Code mock drill in some departments. • DVT assessment forms were incomplete or not filled in many files. • Open files lacked nursing notes, consent forms, or checklist signatures. • Lack of awareness among some staff regarding proper audit requirements.

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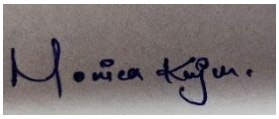
Suggestions for improvement	• Regular internal audits to monitor documentation compliance. • Conduct regular training session on documentation standards and audit protocols. • Implement a checklist system for quality audits to ensure consistency. • Encourage staff participation in quality meetings for better awareness. • Set standard timelines and digital tracking for pharmacy indent and delivery • Ensure doctor signs discharge summary early, with nurse coordination • Implement a checklist for communication entries in patient files. • Provide training on proper disposal procedures • Conduct regular checks to ensure the key is present and functional • Ensure gloves are disposed of in designated biohazard or waste containers • Conduct regular mock drills with proper timing and evaluation. • Provide hands-on training to staff on DVT prophylaxis documentation. • Display quick-reference SOPs for emergency codes and documentation in nursing areas. • Assign file audit responsibilities to specific quality personnel for routine checks.
Key Learnings	Understanding Quality Standard and accreditation • Data collection and analysis • Interdepartmental coordination • Training and awareness • Real time challenges vs. theory • Patient safety Initiatives • Process improvement • Audit process and their importance

Signature of the Student 

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