SUMMER INTERNSHIP PROGRAM

at

APOLLO SPECIALITY HOSPITAL, JAYANAGAR, BANGALORE

From 12-05-2025 to 23-07-2025

A REPORT BY

MANISH KUMAR

MBA in Hospital and Health Management

Roll no 1991

2024-26

under the Mentorship of

Dr. Sandesh Kumar Sharma

Assistant Professor

IIHMR UNIVERSITY

Apollo HOSPITALS
TOUCHING LIVES

23rd July 2025

INTERNSHIP CERTIFICATE

This is to certify that **Mr. Manish Kumar** has successfully completed his **Internship** in the Department of **Human Resources & Quality** from **12th May 2025** to **23rd July 2025** in **Apollo Speciality Hospitals, Jayanagar, Bangalore.** He was diligently involved in the task assigned to him. During this period, we found him to be punctual, responsible, sincere and hard working.

We wish him all the best for his future endeavours.

For Apollo Speciality Hospitals, Jayanagar, Bangalore.

APOLLO HOSPITALS BANGALORE

Korivi Chennaiah
HR –Manager

Apollo Speciality Hospital, Jayanagar
(A unit of Apollo Hospitals Enterprise Limited).
Apollo Hospitals, New No. 2, Old No. 21/2, 14th Cross, 3rd Block, Near Madhavan Park, Jayanagar, Bengaluru - 560 011.
T : +91-80-46124444, +91-80-46504444 F : +91-80-46124666
bangalore.apollohospitals.com, www.apollohospitals.com, www.apollospecialityhospital.com
Regd.off : No.19 Bishop Garden, Raja Annamalai Puram, Chennai - 600 028. CIN - L85110TN1979PLC008035

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Manish Kumar** 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 : 28/07/2025

Dr. Sandesh Kumar Sharma

Assistant Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

A STUDY ON THE RATIONAL USE OF BLOOD AND ITS COMPONENTS IN COMPLIANCE WITH BLOOD BANK GUIDELINES IN TERITARY CARE HOSPITAL

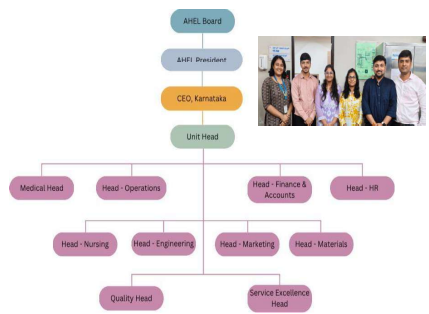
University Mentor: Dr. Sandesh Kumar Sharma
Organization Mentor: Ms. Pragathi Patil
Presented By: Manish Kumar (1991)
MBA, HM-29, IIHMR University, JAIPUR

ABOUT THE ORGANISATION: Apollo Specialty Hospital, Jayanagar is a **150-bed Super-Speciality tertiary care facility**, established in 2007 under the Apollo Hospitals Group, and built on over 30 years of clinical expertise. They are equipped with cutting-edge technology and led by experienced specialists to deliver high-quality, patient-focused care.

VISION: Apollo's vision is to **"Touch a Billion Lives"** by providing world-class, affordable, and accessible healthcare. The organization strives for **clinical excellence, advanced technology, and compassionate care** through a wide network of hospitals, telemedicine, education, and research.

MISION: "Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity."

ORGANISATION STRUCTURE:



OBJECTIVE:

- To identify the appropriate indication for using blood and blood products
- To help in allowing adequate resource allocation and an optimal standardized approach.
- To assess the optimal use of blood and blood products and transfusion management and could make clinicians aware optimal use.

SWOT ANALYSIS:

STRENGTH	WEAKNESS	OPPORTUNITIES	THREATS
Efficient utilization of whole blood by treating multiple patients.	Requires highly trained staff for correct usage and handling.	Advanced Equipments for better outcomes.	Residual risk of transfusion-transmitted infections despite screening.
Specific blood components can be used as per patient needs, improving outcomes.	Different storage conditions needed for each component.	Improved inventory tracking and logistics to supply components to remote hospitals.	Maintaining compliance with blood safety standards and audits can be difficult.

METHODOLOGY:

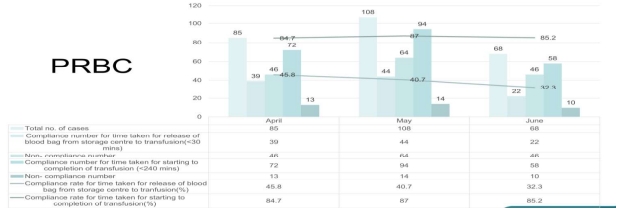
- **Study design:** Observational study
- **Duration of the Study:** April 2025 – June 2025
- **Type of Study:** Retrospective study
- **Data Collection:** Data collection was done from the Medical Records
- **Sampling & Sample Size:** All blood transfusions happened in the month from April 2025 – June 2025, and the sample size was 422
- **Inclusion criteria**: Blood transfusion done in the hospital from April 2025 – June 2025
- **Exclusion criteria:** Other than blood products like urine samples were excluded

FINDINDS:

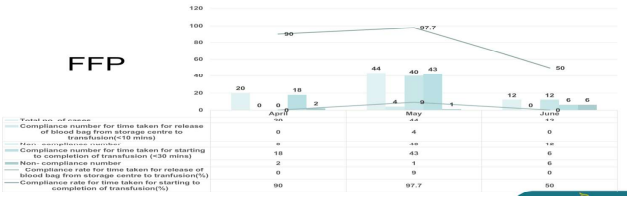
- Documentation error.
- Wrong recording of issue time.
- The issue time in case sheet and the TAT sheet from Blood Bank were not matching.
- Same transfusion start time for FFP with two different bag numbers.
- Transfusion of PRBC done but FFP sticker was stuck in transfusion sheet.
- In few transfusion sheets, blood component sticker was not stuck.

CHALLENGES FACED:

- It was a challenge to monitor the TAT sheets from the blood bank.
- To identify the proper timings in the blood transfusion sheets of the patients.
- Lack of communication gap with the blood bank team and language barriers with staff.
- Improper timings being mentioned in the register as well as on the transfusion sheets.



COMPLAINCE AND NON-COMPLIANCE OF PACKED RED BLOOD CELLS



COMPLIANCE AND NON-COMPLIANCE OF FRESH FROZEN PLASMA

LEARNINGS:

- Learned about the Quality Department's structure, auditing procedures, and conducting mock drills.
- Learning the onboarding process, job journey, interview process, and employee documentation in HR Dept.

RECOMMENDATIONS:

- They should provide regular training sessions for the nursing team as well as Blood Bank team to avoid the documentation errors.
- Using of the digitalized software for better understanding of the patient's reports to reduce the usage of time.

USEFULNESS OF THE INTERNSHIP:

- Helped to understand the different aspects in a hospital setting and how to identify gaps in various departments.
- I have learned to apply theoretical knowledge in practical situations.
- It gave me confidence in decision-making, analysis and technical skills.

CONCLUSION: During this summer internship, I have gained insights into the appropriate use of blood component therapy and its role in enhancing patient care. The audit revealed key gaps in documentation and protocol adherence, highlighting the need for regular audits and staff training to ensure safe and effective transfusion practices.

Reporting Format (Weekly)

Name of the Organisation: Apollo speciality hospitals, Jayanagar Bangalore

Area/ Department/ Project of Summer Internship Program: HR department and quality

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 1 From : 12-05-2025 to 18-05-2025

Activity Done	• Created employee IDs using the software "Oracle AA" for fresh staff members.
	• Entered detailed employee data involving a two-part process with 15 and 23 steps, respectively.
	• Worked on preparing a project report related to the quality protocol known as the Pink Code.
	• In the quality segment, prepared a Clinical Pathway for Stroke Patients, outlining step-by-step treatment and care processes.
	• Visited the In-Patient Department (IPD) and gained insights from the Head Nurse on interpreting patient reports and documentation.
	• Collected feedback from ICU and IPD patients regarding:
	  o Kindness and behaviour of doctors and nursing staff.
	  o Satisfaction with the overall treatment process and the facilities provided.

Linking theory (Classroom learning) with practice at your organisation	• The concepts of HR operations, such as employee data management and HRIS (Human Resource Information Systems), learned in the classroom were directly applied while working with Oracle AA software. • The knowledge from quality management modules, especially around patient feedback systems, clinical pathways, and code protocols, helped in understanding and contributing to quality initiatives such as Pink Code documentation and stroke pathway creation.

	• Communication and interpersonal skills emphasised in classroom learning were crucial during patient feedback collection and coordination with nursing staff.
Gaps identified on the working area.	• Limited automation in data entry processes; employee data creation still involves multiple manual steps. • Feedback collection is paper-based and lacks a real-time digital interface, which may affect timely analysis. • Staff seemed to have minimal awareness about how the feedback loop contributes to quality improvement.
Suggestions for improvement	• Implement partial automation in the HR onboarding process to reduce time and human error. • Introduce digital platforms (such as tablets or mobile feedback apps) for real-time collection and processing of patient feedback. • Conduct periodic sensitisation and training sessions for staff on how patient feedback contributes to hospital quality and service enhancement.
Plan for the next week	• Assist in auditing patient feedback and preparing analysis reports. • Support the HR team in the induction process of new employees. • Continue observing and documenting clinical quality protocols across other departments (e.g., Red Code, Yellow Code). • Participate in a session on NABH standards and how they are implemented at Apollo Hospitals.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo super speciality hospital, Jayanagar, Bangalore

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 2 From: 19-05-2025 to 24-05-2025

Activity Done	• Visited the CSSD department for observation of sterilisation protocols. • Visited IPD wards and ICU to verify patient records and ensure proper documentation. • Checked whether vitals and medications were administered on time. • Participated in a hand hygiene awareness project titled "It might be gloves; it's always hand hygiene" along with the HR and Quality team. Presented the project in the boardroom in front of doctors and nurses, where our team secured third position. • Audited bronchoscopy and pharmacy departments, checking for file completeness and compliance. • Noted incomplete nurse progress reports and missing labelling on the spill kit. • Found discrepancies in the temperature checklist — entries were pre-filled 3–4 hours in advance. • In the pharmacy department: double-checked bills, found misplacement of medicines, checked for expired medications, and found that the hazmat cupboard was left unlocked. • Assisted in conducting personal interviews for freshers and carried out filing and documentation tasks. • Audited dialysis and emergency departments — found incomplete patient files and improper labelling of boxes. • In the emergency department, saw that the MICU file and financial clearance form were missing form numbers. • Initiated a quality department project on "Adherence to Patient Admission and Discharge Process." Collected patient files from MRD and began analysing them.

Linking theory (Classroom learning) with practice at your organisation	• Applied quality assurance principles from classroom learning to real-time audits in departments such as bronchoscopy, pharmacy, and dialysis. • Used HR concepts while conducting personal interviews and handling documentation. • Implemented patient safety and hospital operations knowledge through cross-verification of vitals, medication charts, and admission-discharge files. • Infection control practices learned in theory were applied practically through the hand hygiene campaign, reinforcing behavioural safety among healthcare staff.
Gaps identified on the working area	• Nurse progress reports were often incomplete or delayed. • Improper or no labelling on spill kits and storage boxes. • Temperature checklists were pre-filled, violating process integrity. • Medication storage and expiry checks were inconsistent; hazmat cupboard was left unlocked. • Incomplete documentation in MICU and emergency department files (e.g., missing form numbers). • Gaps in proper adherence to admission and discharge protocols.
Suggestions for improvement	• Regular training and sensitisation for nursing staff on correct and prompt documentation. • Implementation of random audits to ensure real-time data entry, especially for vitals and temperature logs. • Ensure all emergency kits and spill kits are properly labeled and compliant with SOPs. • Secure storage practices should be strictly followed, especially for hazardous materials. • Conduct refresher sessions for staff on the importance of form completeness in patient files.

Plan for the next week	• Continue working on the "Adherence to Patient Admission and Discharge Process" project by analysing collected MRD files. • Conduct follow-up audits in departments with noted gaps to check for improvements. • Support ongoing HR operations and assist in conducting induction for new joiners. • Coordinate with nursing staff to address incomplete documentation through on-ground feedback sessions. • Assist the quality department in initiating a mini root cause analysis for repeated documentation issues.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Super Speciality Hospitals, Jayanagar

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in hospital and health management

Week no: 3 From: 26-05-2025 to 31-05-2025

Activity Done	• Filling of patient records and documentation work. • Continued working on the project focusing on adherence to patient admission and discharge protocols. • Monitored clinical parameters such as SPO2, respiratory rate, BP, and pulse rate; verified reasons for ICU admission. • Prepared a detailed report on the mock drill activities conducted in the basement, control room, LMO area, Operation Theatre, and managed the Code Grey response. • Conducted audits in the Radiology Department (X-ray, MRI, CT-scan, Dexa scan) including checks on medication storage and usage. • Observed and reported missing room temperature checklists in specific diagnostic areas. • Identified lack of essential supplies in the Ultrasound Scan Department. • Reported a broken handle of the X-ray machine as part of the physical audit. • Completed HR documentation and filing work. • Participated in mapping the job journey of a newly joined employee. • Our team secured third place in the Hand Hygiene Project and was awarded recognition for our efforts.
Linking theory (Classroom learning) with practice at your organisation	• Quality Assurance and Audits: Practical application of hospital quality standards during audits in radiology and diagnostic departments. • Operations Management: Monitored critical patient parameters and assessed procedural adherence in ICU admissions and discharges.

	• Human Resource Practices: Observed onboarding practices and document filing, linking with HR process mapping covered in theory. • Emergency Preparedness: Participation in mock drills reflected lessons from hospital safety and disaster management modules. • Infection Control: The hand hygiene project directly linked to classroom training on infection prevention and control practices.
Gaps identified on the working area.	• Room temperature checklists were not consistently maintained in some departments. • Essential supplies were missing in the Ultrasound department, which may impact service quality. • The X-ray machine had a broken handle, indicating delayed maintenance or lack of reporting.
Suggestions for improvement	• Ensure strict adherence to checklist maintenance protocols across all departments. • Regularly review and restock essential supplies to prevent interruptions in patient care. • A structured reporting mechanism for maintenance issues should be implemented, along with routine equipment inspections. • Continuous training for staff on quality and documentation practices can enhance compliance.
Plan for the next week	• Continue work on the patient admission and discharge adherence project. • Participate in internal audits in other clinical departments. • Assist in data collection for HR policy evaluation. • Observe patient feedback and grievance redressal mechanisms. • Contribute to documentation work for NABH compliance in HR and Quality departments.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Super Speciality Hospital

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 4 From: 02-06-2025 to 07-06-2025

Activity Done	• Conducted audits in the ICU; found that the pain assessment scale was not mentioned on time. • Found that pain assessment scores were not properly recorded. • Noticed that the MICU flow chart was incomplete. • Audited the IPD; saw that hourly recordings were entered before the actual time. • Found missing information in the nurse care record chart — date, time, and nurse's name were not recorded. • In HR, assisted with the resignation process by scanning and filing employee resignation letters. • Initiated work on the NABH Digital Accreditation project by preparing initial reports.
Linking theory (Classroom learning) with practice at your organisation	• The auditing process aligns with quality management systems taught in the Hospital Operations Management and Quality in Healthcare modules. • The concept of clinical documentation compliance and patient safety indicators was reinforced through real-time ICU and IPD auditing. • Exposure to HR documentation and resignation formalities reflected topics discussed in the Human Resource Management module, especially related to employee exit processes. • The NABH Accreditation work offered insights into the application of healthcare standards and policy frameworks taught in class.

Gaps identified on the working area.	• Pain assessment tools were not used consistently in ICU documentation. • MICU flowchart was incomplete, leading to potential workflow miscommunication. • Hourly documentation was pre-filled in IPD, compromising data authenticity. • Incomplete nurse records could lead to accountability issues. • Limited digital tracking of HR processes like resignations, relying heavily on manual procedures.
Suggestions for improvement	• Conduct refresher training for ICU staff on timely and accurate documentation of pain assessments. • Establish a checklist for MICU staff to ensure flowcharts are completed daily. • Implement spot-check audits and feedback systems to discourage pre-filled records in IPD. • Standardise nurse documentation protocols with proper checks and cross-verification. • Advocate for a digital HR management system to streamline processes like resignations and reduce paperwork dependency.
Plan for the next week	• Continue working on the NABH Digital Accreditation project; focus on compiling compliance checklists. • Observe nursing documentation practices across more departments for consistency. • Support the HR team in onboarding documentation and file management. • Attend departmental review meetings to understand how audit outcomes are discussed and actioned. • Begin preparing a presentation on initial findings for mid-internship review.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Speciality Hospital, Jayanagar

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 5 From: 09-06-2025 to 14-06-2025

Activity Done	• Conducted and organised a session on hazardous fire safety, coordinated with Chief Guest Manjunath Sir and Yatish Sir. • Assisted in the job search process for a candidate. • Performed auditing in the IPD, observed that hourly rounding tracker sheets were filled in advance by nurses. • Collected real-time data from the ICU for quality monitoring purposes. • Continued project work on NABH Digital Accreditation. • Completed job journey documentation of candidates. • Initiated a new project titled "Evaluation of Blood Component Usage in Accordance with Clinical Guidelines" — collected files from MRD and entered data into the system.
Linking theory (Classroom learning) with practice at your organisation	• During this week, I was able to apply several concepts learned in the classroom such as quality indicators, audit procedures, accreditation standards (NABH), and operational workflows in hospitals. • Conducting fire safety training aligned with healthcare risk management modules taught in class. • Collecting ICU data and evaluating documentation practices connected with quality assurance frameworks, and the blood usage study linked with topics like clinical governance and patient safety.
Gaps identified on the working area.	• Hourly rounding sheets in the IPD were being filled out in advance, indicating a lack of real-time documentation.

	• The fire safety awareness level among staff varied significantly, highlighting the need for regular refresher training. • Incomplete or missing data in some MRD files may hinder the analysis of blood component usage. • Candidate job journey processes lacked proper tracking mechanisms before standardization.
Suggestions for improvement	• Enforce real-time documentation practices and conduct audits to ensure compliance. • Develop a structured fire safety training calendar and conduct periodic drills. • Implement a checklist-based MRD documentation system to improve accuracy. • Introduce a digital tracking mechanism for candidate job journeys for better HR oversight.
Plan for the next week	• Complete data collection for the blood component usage evaluation project. • Begin analysis phase and prepare preliminary findings. • Continue working on NABH accreditation project and documentation. • Conduct follow-up audits in the IPD for progress review. • Assist in preparing standard operating procedures (SOPs) for documentation practices.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Speciality Hospital

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 6 From: 16-06-2025 to 21-06-2025

Activity Done	• Entering the data on the project of Evaluation of blood components usage in accordance with clinical guidelines. • Completed the data entry of the month April. • Auditing was being done in the IP department, hourly rounding tracker of the patient was already early recorded. • Data collection in the ICU of real-time data; Braden pressure ulcer scale and hourly monitoring data were recorded early. • Auditing was done in the endoscopy department; vitals were not mentioned in the endoscopy sheet. • Minor spillage kit was not updated, and defects calibration staff sign was not present. • Auditing was done in the physiotherapy department; gloves weren't worn by the staff while performing activities. • Wax bath was not cleaned, records weren't maintained, and there was no proper linen storage area. IP initial assessment sheet not maintained.
Linking theory (Classroom learning) with practice at your organisation	• The internship provided practical exposure to quality assurance practices and standard operating procedures in hospital settings, which aligns with classroom subjects like **Healthcare Quality Management**, **Hospital Operations**, and **Clinical Services Management**. • The auditing process helped understand the application of **NABH guidelines**, infection control practices, and documentation standards taught during the academic sessions.

Gaps identified on the working area.	• Missing documentation in critical areas like IP initial assessment sheets and endoscopy vitals. • Non-compliance with hygiene and safety protocols (e.g., gloves not worn in physiotherapy, unclean wax bath). • Lack of proper record-keeping and storage in some departments. • Incomplete calibration documentation and missing staff signatures. • Delay or premature recording of patient data (ICU & IPD).
Suggestions for improvement	• Regular internal audits and staff sensitisation on documentation importance. • Training sessions on infection control and PPE compliance. • Appointing department-level quality coordinators for regular checks. • Implementing a checklist-based system for daily cleaning and linen storage. • Encourage timely and accurate data recording during patient care.
Plan for the next week	• Continue data entry and analysis for May month in the blood component usage project. • Follow-up audits in departments with observed non-compliances. • Assist in drafting corrective action reports for gaps identified. • Attend quality team meetings and understand incident reporting workflow. • Begin working on audit scorecards and compliance dashboards.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Speciality Hospital

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in hospital and health management

Week no: 7 From: 23-06-2025 to 28-06-2025

Activity Done	• Blood transfusion project data collection for the month of May was completed.
	• Conducted a fire safety quiz in the board room involving all nursing and medical staff.
	• Conducted an ICU audit and documented several findings:
	  ○ Hazmat cupboard contained only 1 iodine solution instead of 5.
	  ○ Acetone medicine container was improperly closed, resulting in spillage.
	  ○ Filled fentanyl injection vials were kept in an empty container (6 pcs).
	  ○ Morning data was missing from the monthly narcotics records.
	  ○ MICU flow chart lacked hourly monitoring and pain assessment scale entries.
	  ○ Frusemide injection was not stored with a protective cover.
	  ○ Isolation room with two patients was left open.
	  ○ Oxygen cylinder at 30 kg/cm² was not sent for refill.
	  ○ Pain assessment chart had doctor's signature, but no cauterisation time.
	  ○ In CSSD:
	  ▪ Equipment packaging and expiry details were not labeled.
	  ▪ Patient tag was missing.
	  ▪ One cauterisation set was found opened.
	  ▪ No suture removal set, kidney tray, and checklist were available in cupboard.

Linking theory (Classroom learning) with practice at your organisation	• From classroom discussions on hospital quality assurance and safety standards, I applied concepts of clinical audits, hazard identification, and compliance documentation. • The importance of Standard Operating Procedures (SOPs) and the 5S methodology were reflected in the field during the audit process. Fire safety awareness also aligned with theoretical modules on risk management.
Gaps identified on the working area.	• Non-compliance with medication storage protocols. • Inadequate documentation in ICU and MICU monitoring charts. • Lack of inventory control in CSSD and isolation procedures. • Poor adherence to safety norms related to critical equipment like oxygen cylinders. • Missing tools and expired items found during audits indicating gaps in supply chain and inventory checks.
Suggestions for improvement	• Regular training and orientation for nursing and support staff on safety protocols. • Implementation of digital checklists for real-time ICU and CSSD monitoring. • Periodic audits to ensure timely identification and correction of non-compliances. • Establishment of a tracking mechanism for medical inventory and expiry control. • Introduce a weekly review mechanism with department heads to reinforce accountability.
Plan for the next week	• Continue audits in other clinical areas such as Emergency and OT. • Review and analyse blood transfusion data for trends and anomalies. • Assist in the preparation of safety compliance reports. • Design a feedback form for post-training evaluations on fire safety. • Start compiling a checklist for ICU safety protocols based on audit findings.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Speciality Hospital

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 8 From: 30-06-2025 to 05-07-2025

Activity Done	• Completing the project work data on blood transfusion. • Auditing in the IP Department revealed that hourly monitoring chart of the patients was not entered on time. • Documentation errors were found during the audit.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of hospital quality indicators and documentation standards learned in the Quality Management module. • Practical understanding of patient safety protocols and clinical audit processes. • Observed how theoretical principles of process improvement and compliance are implemented in a real hospital setting.
Gaps identified on the working area.	• Inconsistent and delayed entries in patient monitoring charts. • Lack of adherence to documentation protocols by nursing staff. • Limited accountability or follow-up mechanisms for errors in patient records.
Suggestions for improvement	• Conduct regular training sessions for nursing staff on documentation standards and the importance of timely record-keeping. • Introduce a checklist-based approach or reminder system to ensure timely entries in monitoring charts. • Implement a system of feedback and accountability for repeated documentation errors.

Plan for the next week	• Continue project work on blood transfusion analysis. • Attend orientation and review HR-related SOPs. • Participate in another department audit focusing on medication safety. • Begin preparing a draft of recommendations for improving quality documentation.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Speciality Hospital

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

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 9 From: 07-07-2025 to 12-07-2025

Activity Done	• Data entry of the June months blood transfusion project was done. • Begin with the analysis of the blood transfusion project. • IP department auditing was being done. • Hourly monitoring not done. • Done the filing work in the apollo health checkup. • Job journey was being done for a doctor.
Linking theory (Classroom learning) with practice at your organisation	• The theoretical knowledge of the Essentials of the hospital services, has been thought where can we identify the gaps. That made auditing easy by identifying the clinical services and all provided by the hospital. • Human Resources Management theory helped in the onboarding process of a candidate.
Gaps identified on the working area.	• The gaps are that the hourly monitoring of the patient was not done by the nurses on time. • Number of errors were found in the documentation of the patient's file.
Suggestions for improvement	• For the hourly monitoring they can implement a digital hourly monitoring system which will enhance the efficiency of the nurses. • Conducting weekly training sessions for the nurses to avoid the documentation errors and filing issues.

Plan for the next week	• Will Continue with the work of documentation and filing in the apollo health checkup. • Coordinate with the HR team for onboarding process of the candidates. • Continue with the in-depth analysis of the project.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Apollo Speciality Hospital, Bangalore

Area/ Department/ Project of Summer Internship Program: HR and quality

Name of the Student: Manish Kumar

Roll no: 1991 Stream: MBA in Hospital and Health Management

Week no: 10 From: 14-07-2025 to 19-07-2025

Activity Done	• Preparation for the quiz of employee safety program. • I had also coordinated in the Apollo Health Checkup for the corporate employees of (BEML Company). • Helping the patients and directing them towards their next procedures and tests to be conducted. • Conducted the quiz as well as treasure hunt for the employee safety program.

	• Entering the patient's summary in the system. • Registration and booking the appointment of the patients were done. • Documentation of the patients' reports were done. • Filing work was done as well as preparation of the patient's reports were done.
Linking theory (Classroom learning) with practice at your organisation	• From the module of essential of hospital services got to learn more about clinical processes. • Data entry and documentation procedures activities linking with the principles of management. • Quiz preparation and events organising was done with the theory-based concepts of human resource management and organisation behaviour.
Gaps identified on the working area.	• Manual procedures of filing and documentation resulting in the delay process in the patient flow. • Lack of communication in the interdepartmental itself while the corporate health checkup event occurred. • Lack of structured feedback collection.
Suggestions for improvement	• Implementation of the digital signages can help the patients in guiding themselves in the hospital itself. • Weekly organising the interdepartmental briefing sessions for the better coordination in a corporate health checkup. • Implementing the digitalised documentation to reduce the manual workload.
Plan for the next week	• Preparing a presentation of the learnings being done in the summer internship. • Preparing a report on the findings on the Apollo Health Checkup Camp.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: Apollo speciality hospitals, Jayanagar Bangalore

Area/ Department/ Project of Summer Internship Program: HR department and quality

Name of the Student: Manish Kumar

Roll no: 1991 **Stream: MBA in Hospital and Health Management**

Activity Done	1. Conducted multiple departmental audits (ICU, IPD, Pharmacy, Radiology, CSSD, Endoscopy, Physiotherapy, Emergency). 2. Created and documented employee IDs and resignation formalities using Oracle AA.

	3. Worked on multiple quality projects including Pink Code, NABH Digital Accreditation, and Blood Transfusion Evaluation. 4. Participated in mock drills, fire safety sessions, and hand hygiene awareness campaigns. 5. Collected and analyzed data from ICU and IPD departments. 6. Audited medication storage, patient documentation, infection control compliance, and equipment readiness. 7. Coordinated and assisted in Apollo Health Checkup Camps. 8. Monitored hourly patient rounding and assessed pain documentation practices. 9. Organized and presented employee safety programs (quizzes and treasure hunts). 10. Conducted personal interviews and documented candidate job journeys. 11. Supported HR in onboarding, filing, and documentation processes. 12. Verified nurse progress reports and patient file completeness. 13. Evaluated hospital operations based on NABH standards and SOP adherence. 14. Helped with registration, appointment bookings, and patient flow coordination. 15. Prepared presentations and final reports for internship review. 16. Contributed to drafting SOPs and compliance dashboards for quality assurance.

Linking theory (Classroom learning) with practice at your organisation	• Applied principles of Quality Management, Hospital Operations, and HRM directly to audits, accreditation work, and employee onboarding. • Infection control and safety measures (e.g., hand hygiene, fire drills) linked to modules on Risk and Safety Management. • Clinical documentation, patient safety audits, and feedback analysis connected with coursework in Clinical Governance and Healthcare Compliance. • Organizing events and handling recruitment aligned with Human Resource Development and Organizational Behavior theories. • Theoretical learning on hospital workflow, SOPs, and NABH compliance was reinforced through real-world observation and execution.
Gaps identified on the working area.	• Repeated documentation errors in patient files, hourly monitoring, and pain assessment. • Premature data entry in ICU/IPD records, affecting data authenticity. • Poor inventory management (e.g., unlabeled CSSD tools, missing suture sets). • Inconsistent compliance with safety and hygiene protocols (e.g., gloves not worn, wax baths uncleaned). • Lack of digital systems for feedback, job tracking, and documentation. • Communication gaps during corporate health checkups.

Suggestions for improvement	• Implement real-time, digital systems for patient documentation and feedback collection. • Conduct regular staff training and refresher sessions on documentation and infection control. • Develop department-specific SOPs and enforce checklist usage. • Introduce digital dashboards for compliance tracking and audit scorecards. • Improve interdepartmental communication via scheduled briefing meetings. • Digitize HR processes like onboarding, resignation, and job journey mapping.

Signature of the Student

Manish Kumar

Approved by the IIHMR University's Mentor