

## Organization History, Vision & Mission

### History

Omega Hospitals is one of the India's premier cancer care centers, founded by Dr. Ch. Mohana Vamsy, Chief Surgical Oncologist. Omega Hospitals focuses on bringing advanced care closer to patients- minimizing the need for long - distance travel and ensuring timely , accessible and compassionate treatment.

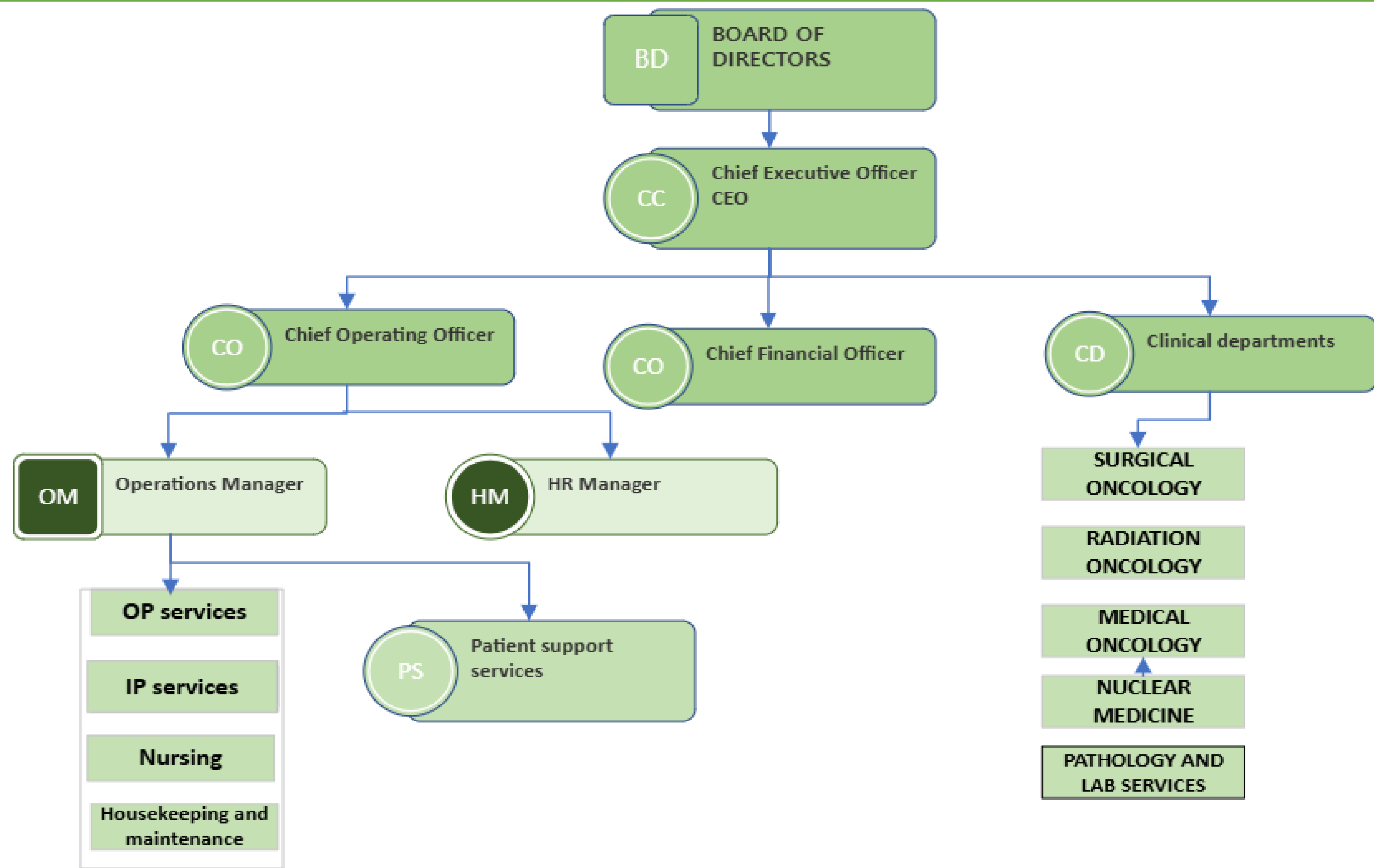
### Vision

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate care .

### Mission

Preserve and protect life at all cost, to provide advance cures and means of prevention for diseases, including cancer, through research and treatment so that we can protect and preserve life.

## ORGANIZATION STRUCTURE



**Introduction:** This project assesses staff knowledge and response capabilities regarding hospital emergency codes and procedures

**Objectives – Primary Goal:** Improve and evaluate staff preparedness for hospital emergencies using targeted training and evaluation.

**Key Focus:** Code identification, practical drills, and ongoing learning.

Evaluate the baseline knowledge of participants

Assess real-time emergency response

performance through mock drills

Provide actionable recommendations for further improvements.

**Scope:** Training + Drill assessment

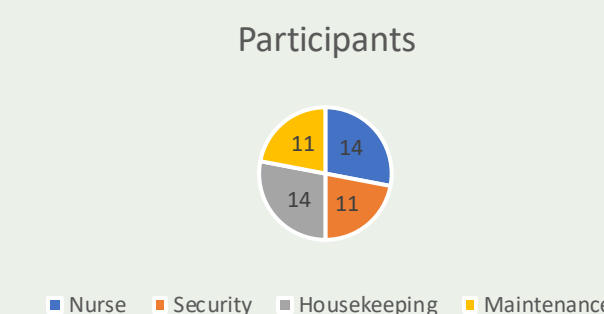
**Study Design:** Descriptive Cross-Sectional Study (with elements of a Pre-Post Intervention Evaluation)

**Study Location:** OMEGA HOSPITALS, BANJARAHILLS, HYDERABAD

**Inclusion :** The study was conducted among 50 staff in hospital including Nurses and Support staff who are Security staff, Maintenance, Housekeeping.

**Tools used:** Structured questionnaires, observation checklists, feedback forms.

**Methodology overview:** Pre-training Quiz → Training sessions → Post-training Feedback → Mock Drill → Evaluation.



### Pre-Training Knowledge Assessment

#### BASED ON THE QUIZ CONDUCTED TO ASSESS THEIR KNOWLEDGE:

- 50 participants from security, housekeeping, maintenance and nurses were chosen for this study.
- Nurses identified all the emergency codes efficiently, demonstrating their knowledge with protocols.
- Findings from support staff(Security & Housekeeping):
  - 80% correctly identified Codes RED, BLUE, BLACK.
  - 60% showed confusion between codes YELLOW, PINK.
  - 75% failed to identify code orange
- Confusion often stemmed from less frequent exposure to these codes.
- Established benchmark for future comparison.

### Training Intervention

- Frequency:** Sessions conducted weekly or biweekly, based on staff availability.
- Contents Covered:**
  - Code definitions and scenarios
  - Immediate response protocols
  - Communication pathways and reporting
- Format:** Interactive talks, Q&A, scenario-based role plays

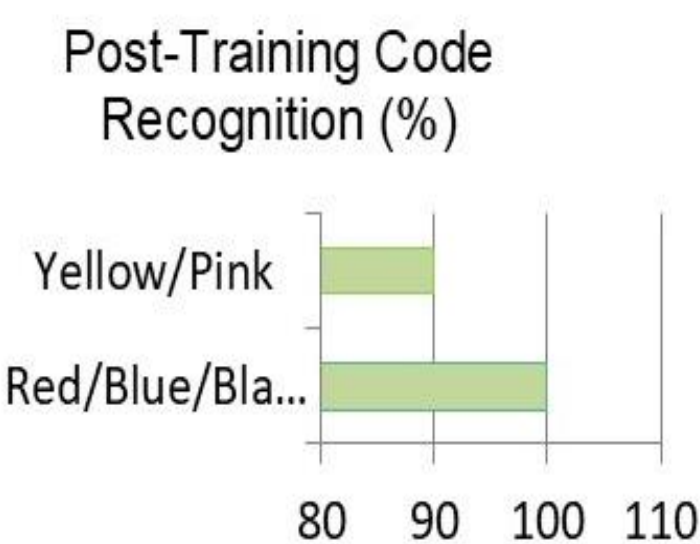
### Mock Drill Execution

- Mock drills were conducted as per the NABH guidelines and evaluation was done for codes Red & Blue, Support Staff played role of a patient and sessions were conducted, the respective roles were specified for the staff.
- A checklist was prepared for identifying all the key metrics needed during a mock drill.

### Post-Training Evaluation

#### Based on the Questionnaire prepared to Assess the training sessions knowledge:

- There is a whopping 100% accuracy with the codes among Codes Red, Blue, Black, Orange.
- About 10% Staff have confusion among codes Yellow, Pink.
- Feedback on training sessions was collected via structured questionnaire.



### Drill Performance Findings

- Efficient communication is observed from the participants.
- Delay in response in remote areas (Code Blue), as we cannot assess where Code Blue can happen, Response mobilization is good in central zones.
- Patient evacuation process during Code Red was delayed as there was only a single evacuation zone.
- Need for structured debrief post-event



## Checklist & Metrics Used

- Alert protocols and PA announcements
- Individual department notifications
- Patient evacuation and Response team mobilization
- Post-event review and communication analysis

CHECKLIST: Code Red

| Observation Point                                                | Yes                      | No                       | Comments |
|------------------------------------------------------------------|--------------------------|--------------------------|----------|
| Alerted promptly by alarm/system                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Reached incident area quickly                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Attempted fire suppression if safe (extinguisher used correctly) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Helped in evacuation (patients/staff)                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Secured fire exits/lift access                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Maintained calm, prevented crowding                              | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Recommendations

- Short Term:**
  - Quarterly refresher sessions for all departments
  - Visible posters for emergency codes in critical areas
- Medium Term:**
  - Make BLS and ACLS training mandatory for all hospital personnel to enhance emergency response capabilities
  - Review and update training materials every 6 months
- Long Term:**
  - Integrate code knowledge in induction for all new joiners
  - Expand mock drills to include multi-department scenarios

### SMART Goals

- Specific:** Train 100% of frontline and support staff in all hospital codes.
- Measurable:** Achieve ≥90% accuracy in post-training quizzes and drills.
- Achievable:** Sessions scheduled to avoid shift overlaps; materials in local language.
- Relevant:** Focused on codes most frequently encountered in recent incidents.
- Time-bound:** Full implementation and first round of evaluations within 2 months.

### Difference between practical exposure at SIP organization and theoretical understanding from IIHMR University

#### IIHMR-U

- Theoretical understanding of the healthcare and hospital setting.
- Decision making is based on theoretical models.
- Theoretical knowledge about Root Cause Analysis

#### OMEGA HOSPITAL

- Practical exposure about actual work in departments.
- Quick decisions based on available information and organizational constraints.
- Practical application about the Root Cause Analysis



**Name:** Kuppa Satya Sai Indra Abhiram Sastry  
**Roll No:** 1986

**University Mentor:** Dr. Deepthi Sharma

**Batch:** MBA HM 29

**Organisation Mentor:** Mr. Sai teja Sampath

## Organization History, Vision & Mission

### History

Omega Hospitals is one of the India's premier cancer care centers, founded by Dr. Ch. Mohana Vamsy, Chief Surgical Oncologist. Omega Hospitals focuses on bringing advanced care closer to patients- minimizing the need for long - distance travel and ensuring timely , accessible and compassionate treatment.

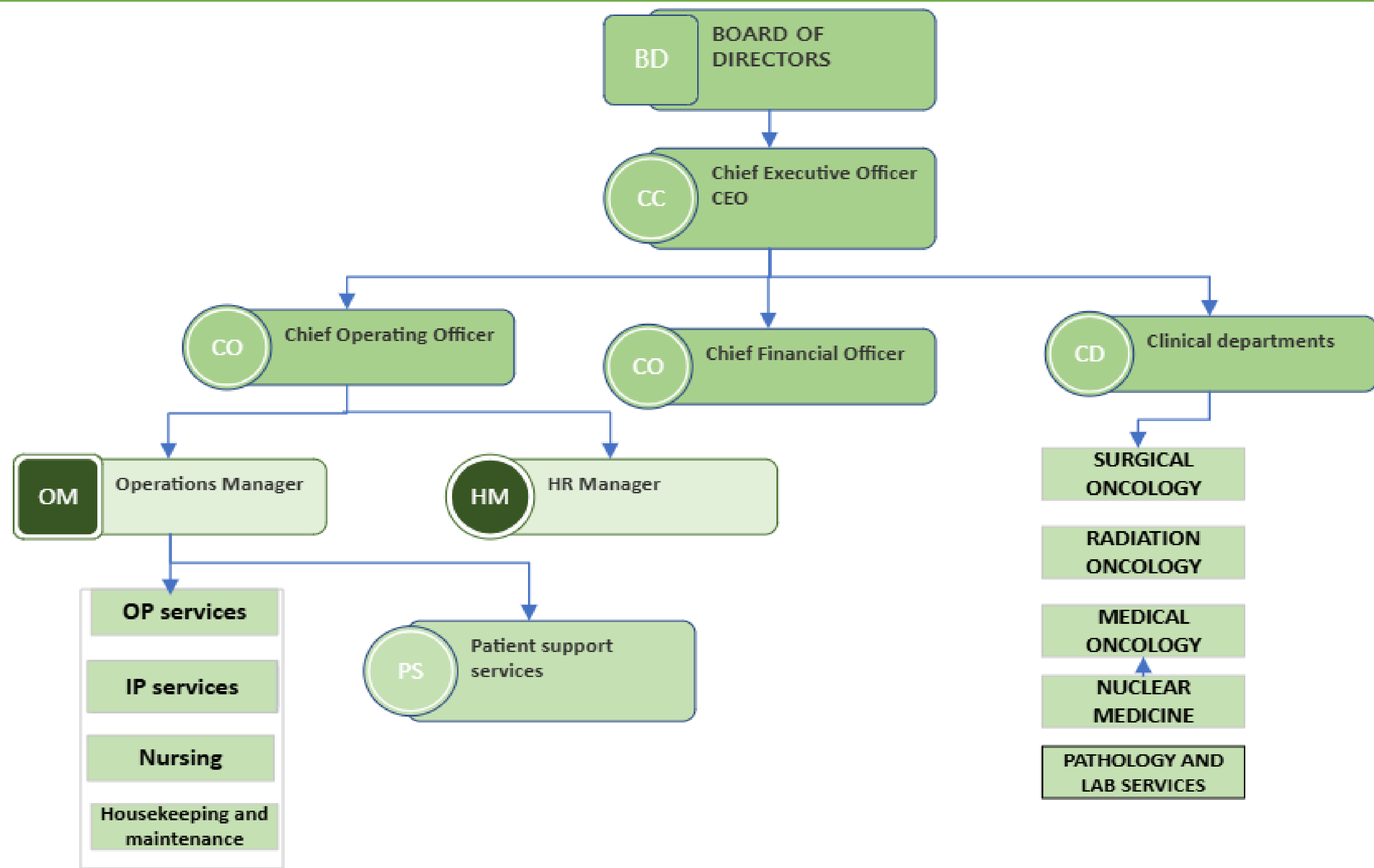
### Vision

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate care .

### Mission

Preserve and protect life at all cost, to provide advance cures and means of prevention for diseases, including cancer, through research and treatment so that we can protect and preserve life.

## ORGANIZATION STRUCTURE



**Introduction:** This project assesses staff knowledge and response capabilities regarding hospital emergency codes and procedures

**Objectives – Primary Goal:** Improve and evaluate staff preparedness for hospital emergencies using targeted training and evaluation.

**Key Focus:** Code identification, practical drills, and ongoing learning.

Evaluate the baseline knowledge of participants

Assess real-time emergency response

performance through mock drills

Provide actionable recommendations for further improvements.

**Scope:** Training + Drill assessment

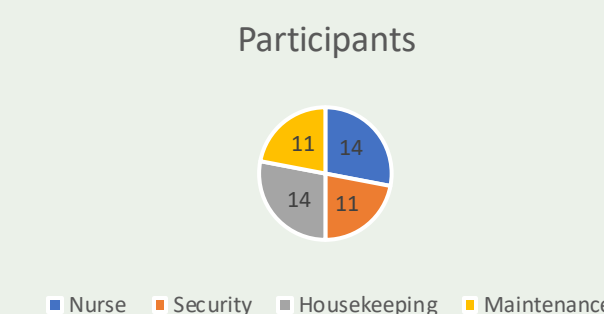
**Study Design:** Descriptive Cross-Sectional Study (with elements of a Pre-Post Intervention Evaluation)

**Study Location:** OMEGA HOSPITALS, BANJARAHILLS, HYDERABAD

**Inclusion :** The study was conducted among 50 staff in hospital including Nurses and Support staff who are Security staff, Maintenance, Housekeeping.

**Tools used:** Structured questionnaires, observation checklists, feedback forms.

**Methodology overview:** Pre-training Quiz → Training sessions → Post-training Feedback → Mock Drill → Evaluation.



### Pre-Training Knowledge Assessment

#### BASED ON THE QUIZ CONDUCTED TO ASSESS THEIR KNOWLEDGE:

- 50 participants from security, housekeeping, maintenance and nurses were chosen for this study.
- Nurses identified all the emergency codes efficiently, demonstrating their knowledge with protocols.
- Findings from support staff(Security & Housekeeping):
  - 80% correctly identified Codes RED, BLUE, BLACK.
  - 60% showed confusion between codes YELLOW, PINK.
  - 75% failed to identify code orange
- Confusion often stemmed from less frequent exposure to these codes.
- Established benchmark for future comparison.

### Training Intervention

- Frequency:** Sessions conducted weekly or biweekly, based on staff availability.
- Contents Covered:**
  - Code definitions and scenarios
  - Immediate response protocols
  - Communication pathways and reporting
- Format:** Interactive talks, Q&A, scenario-based role plays

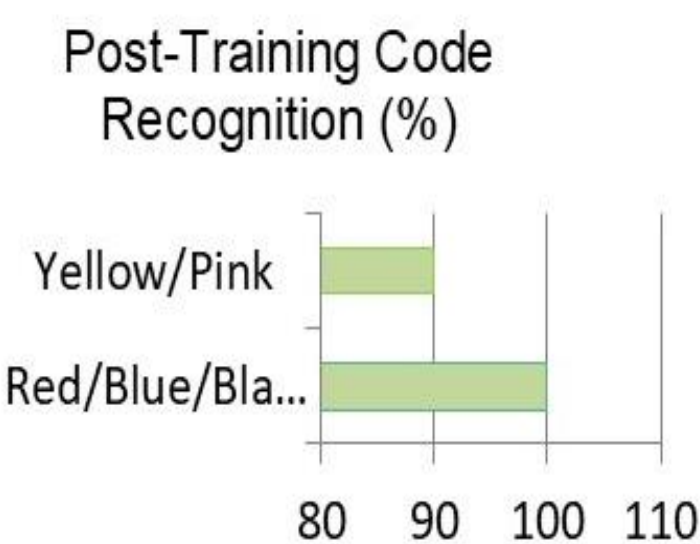
### Mock Drill Execution

- Mock drills were conducted as per the NABH guidelines and evaluation was done for codes Red & Blue, Support Staff played role of a patient and sessions were conducted, the respective roles were specified for the staff.
- A checklist was prepared for identifying all the key metrics needed during a mock drill.

### Post-Training Evaluation

#### Based on the Questionnaire prepared to Assess the training sessions knowledge:

- There is a whopping 100% accuracy with the codes among Codes Red, Blue, Black, Orange.
- About 10% Staff have confusion among codes Yellow, Pink.
- Feedback on training sessions was collected via structured questionnaire.



### Drill Performance Findings

- Efficient communication is observed from the participants.
- Delay in response in remote areas (Code Blue), as we cannot assess where Code Blue can happen, Response mobilization is good in central zones.
- Patient evacuation process during Code Red was delayed as there was only a single evacuation zone.
- Need for structured debrief post-event



## Checklist & Metrics Used

- Alert protocols and PA announcements
- Individual department notifications
- Patient evacuation and Response team mobilization
- Post-event review and communication analysis

CHECKLIST: Code Red

| Observation Point                                                | Yes                      | No                       | Comments |
|------------------------------------------------------------------|--------------------------|--------------------------|----------|
| Alerted promptly by alarm/system                                 | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Reached incident area quickly                                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Attempted fire suppression if safe (extinguisher used correctly) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Helped in evacuation (patients/staff)                            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Secured fire exits/lift access                                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Maintained calm, prevented crowding                              | <input type="checkbox"/> | <input type="checkbox"/> |          |

### Recommendations

- Short Term:**
  - Quarterly refresher sessions for all departments
  - Visible posters for emergency codes in critical areas
- Medium Term:**
  - Make BLS and ACLS training mandatory for all hospital personnel to enhance emergency response capabilities
  - Review and update training materials every 6 months
- Long Term:**
  - Integrate code knowledge in induction for all new joiners
  - Expand mock drills to include multi-department scenarios

### SMART Goals

- Specific:** Train 100% of frontline and support staff in all hospital codes.
- Measurable:** Achieve ≥90% accuracy in post-training quizzes and drills.
- Achievable:** Sessions scheduled to avoid shift overlaps; materials in local language.
- Relevant:** Focused on codes most frequently encountered in recent incidents.
- Time-bound:** Full implementation and first round of evaluations within 2 months.

### Difference between practical exposure at SIP organization and theoretical understanding from IIHMR University

#### IIHMR-U

- Theoretical understanding of the healthcare and hospital setting.
- Decision making is based on theoretical models.
- Theoretical knowledge about Root Cause Analysis

#### OMEGA HOSPITAL

- Practical exposure about actual work in departments.
- Quick decisions based on available information and organizational constraints.
- Practical application about the Root Cause Analysis