INTERNSHIP REPORT

Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of

the degree of Master of Business

Administration (MBA)

in

Hospital and Health Management

by

Dr Riddhi Jasrotia

INTRODUCTION

Internship is a window between the college and professional journey of a student. It provides a practical experience in a professional role to a beginner in his/her interest area. During the course of internship, an intern gets to learn a lot about the culture of the organisation, the workflow and functioning of various departments, what he/she should expect after stepping into certain job roles and what all will be expected from him/her.

Hospital internships are specifically more challenging and have a lot of opportunities to learn because a hospital contains various departments and staff from diverse fields, hence, observing and interacting with them itself gives you various life lessons.

I pursued my Internship in the Quality Departments of an esteemed hospital in Ahmedabad, Gujarat where I got the opportunity to apply my skills and learnings and also work closely with the top management on various projects during the course of 3 months. I also attended various high-profile meetings, CMEs and events in the hospital and got the opportunity to interact with the employees from various departments and grow professionally. My theoretical knowledge about the functioning of the departments in the hospital, communication skills and data analysis skills gave me an edge as an intern and helped me undertake various projects and responsibilities.

OBJECTIVES OF THE INTERNSHIP

- To learn and understand the organization’s culture, vision, mission and core values.
- To observe various departments and understand their workflow and staffing
- To read various standard operating procedures and observe the functioning accordingly
- To learn about various NABH standards being followed in the hospital
- To get well versed with the functioning of Quality department

ORGANISATION PROFILE

Kusum Dhirajlal (KD) Hospital is a 300+ beds super speciality/multi-speciality, NABH accredited hospital located in one of the most esteemed areas of Ahmedabad Gujarat. The hospital is incorporated with Shri Harihar Maharaj Charitable Trust and has around 45 specialities spread over a 6 acre campus, comprsing of 2 buildings of 6 floor each.

It is one of the first hospitals in Gujarat having 6 NABH accreditations and is amongst the only 2 hospitals in India to achieve NSCI Safety Award.

Vision

Ensuring ‘well being’ as a humane commitment to enliven humanity.

Mission

The ‘well being’ ensured by extension of Available, Accessible, Affordable, Safe, Efficacious, Professional and Ethical comprehensive healthcare through state-of-art facilities.

Core Values

- Team work
- Integrity
- Responsibility
- Compassion

- Ethics

SERVICES PROVIDED BY THE HOSPITAL

Super Speciality Services	**Clinical Services**	**24 hour Services**	**Support Services**
• Anaesthesiology • Bariatric Surgery • Cardiac Surgery • Endocrinology • Gastro Surgery • General Surgery • Orthopaedic Surgery • Plastic surgery • Spine Surgery • Vascular & Thoracic Surgery	• Breast Clinic • Cardiology • Dermatology & Cosmetology • ENT • Foetal Medicine • Gastroenterology • General Dentistry & Implant Care • Gynaecology • Heart Valve Clinic • Internal Medicine • Fertility Clinic • Medical Oncology • Neonatology & Paediatrics • Nephrology & Dialysis Centre • Neurology	• ER, CCU & ICU • Radiology • Laboratory & Pathology • Pharmacy • Ambulance • Blood Bank	• Health check-up package • Immigration Visa Health Check-up • Pain clinic • Physiotherapy • Sleep Clinic • Telemedicine • Home Health Care • Diet & Nutrition

	• Obstetrics • Ophthalmology • Psychiatry • Surgical Oncology		

KEY PROJECTS/ACTIVITIES UNDERTAKEN OTHER THAN DISSERTATION

1. **Analysis of IP Feedback collected in the past one year (from April 2021 to March 2022) and giving recommendations on the same**

Methodolgy

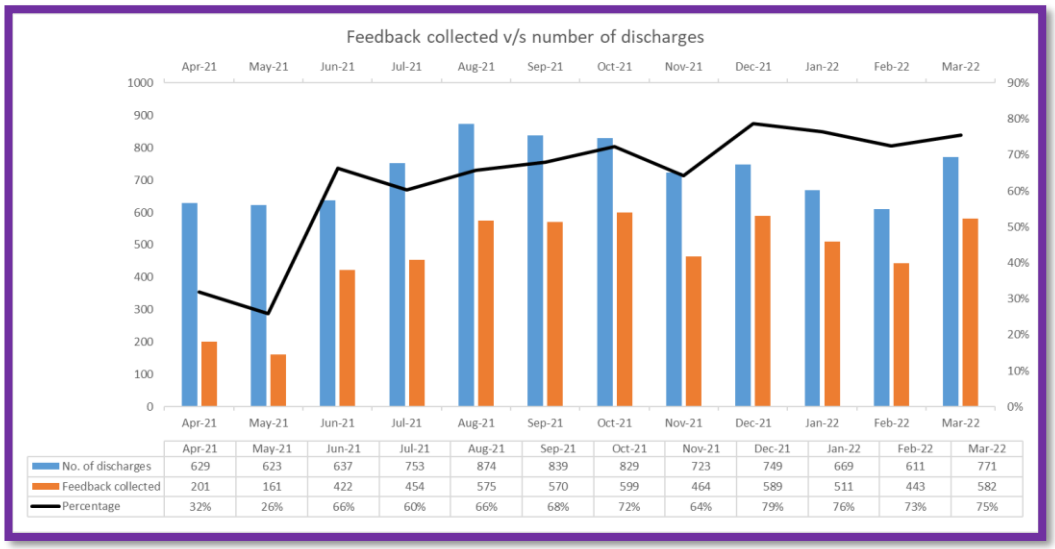
Research design: A retrospective observational study of feedbacks collected from IP patients.

Sample Size: 5571 feedbacks were collected from April 2021 to March 2022

Inclusion Criteria: All IP discharged patients feedback collected through feedback forms were included in this study

Exclusion Criteria: LAMA and death patients were excluded.

Results:



Total number of discharges: 8707

Total feedback received: 5571

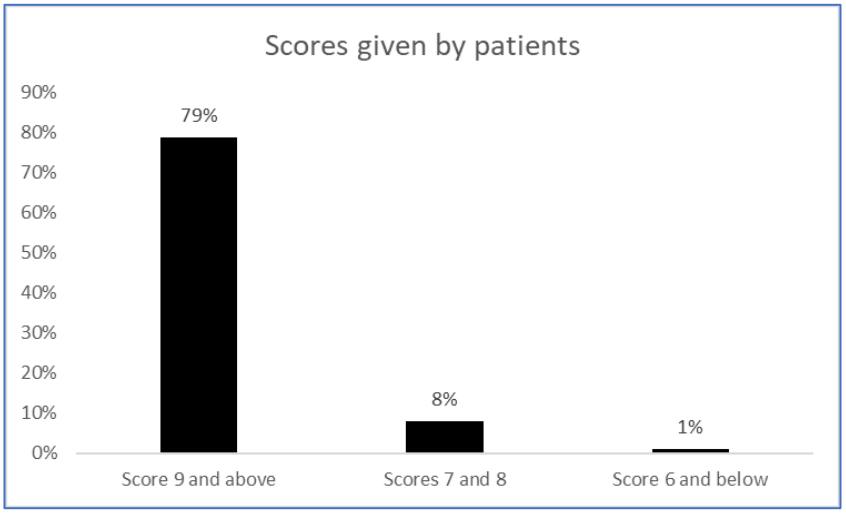
Percentage of feedback: 64%

Ratings given by the patients

Criteria	Percentage of Average	Percentage of Good	Percentage of Nil/NA	Percentage of poor
1. Registration and Enquiry Service	4%	83%	9%	1%
2. Clinical services and Treatment	2%	86%	9%	0%
3. Nursing care & Promptness	4%	84%	9%	1%
4. Staff attitude in terms of Dignity, Confidentiality	3%	84%	10%	0%
5. Investigation services	5%	81%	12%	1%
6. Adequacy of information	7%	76%	14%	1%
7. Dietician visit	7%	75%	15%	2%
8. Pharmacy Services	6%	76%	15%	1%
9. Physiotherapy services	3%	61%	33%	0%
10. Floor manager	3%	83%	11%	0%
11. Billing Counselling	7%	70%	19%	2%
12. Maintenance service	5%	79%	13%	1%
13/A. Admission process	3%	62%	32%	1%
13/B. Insurance process	7%	59%	29%	2%
13/C. Billing process	11%	65%	19%	2%
13/D. Discharge process	10%	65%	20%	3%
14/A. Cafeteria	7%	74%	14%	3%
14/B. Housekeeping	4%	80%	13%	1%
14/C. Attendant/PCA	4%	80%	14%	1%

*Any criteria that has received more than 1% poor rating is highlighted in yellow while any criteria that has received more than 2% poor rating is highlighted in Red colour.

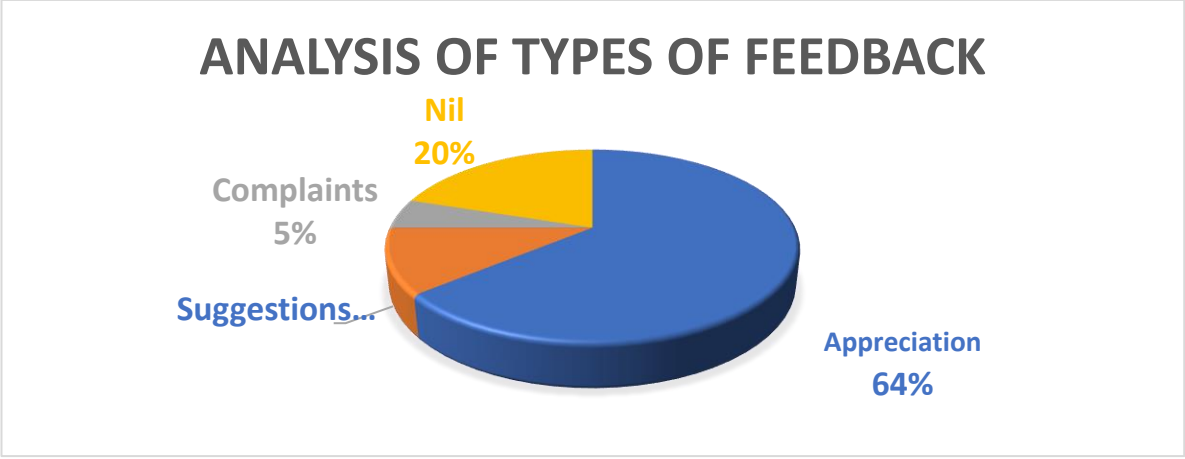
Scores given by the patients



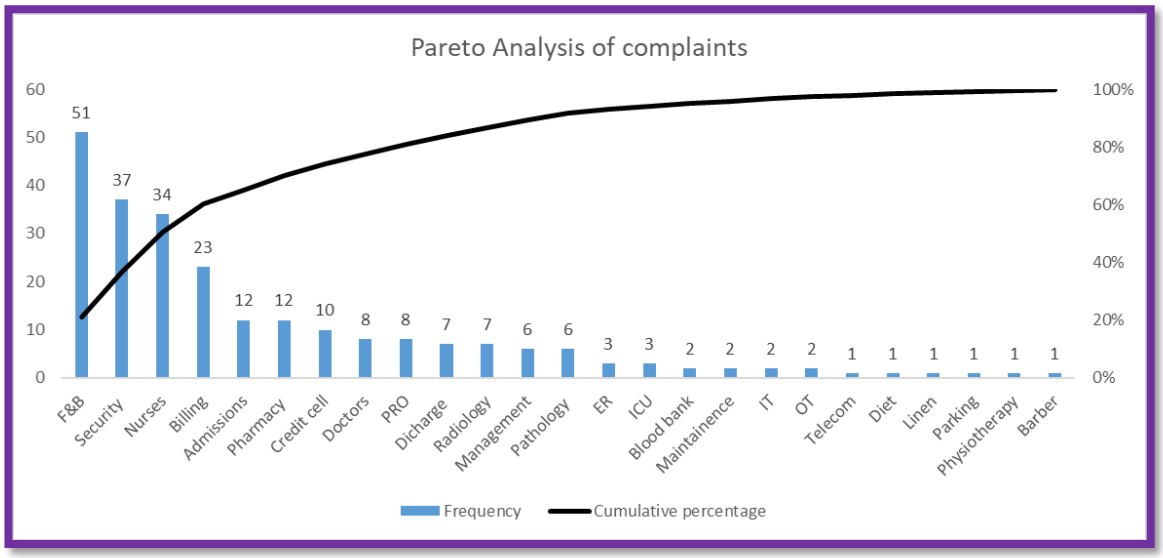
Scoring criteria used:

1	2	3	4	5	6	7	8	9	10
Poor						Average		Best	

Overall Analysis of the type of feedback received



Analysis of Complaints:



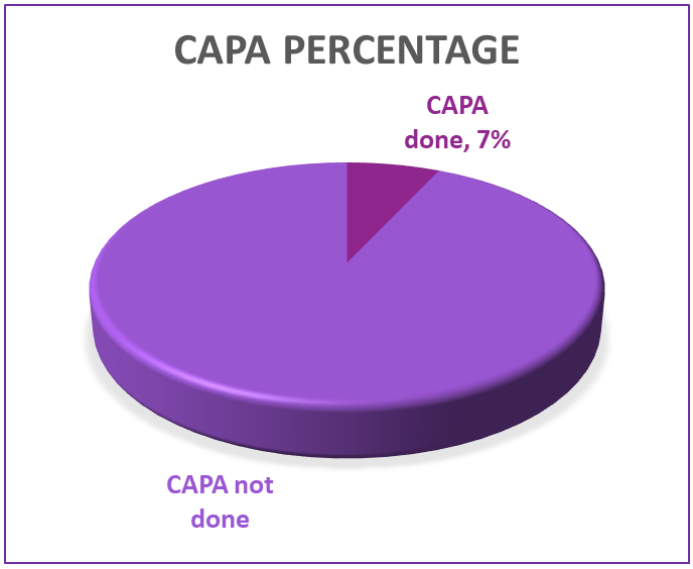
Total number of complaints received: 244

Corrective and Preventive Action Analysis

Out of 244 complaints received through IP feedback form, CAPA was done for only 16 complaints

19 complaints were received through mail/official website/complaint forms which are not present in the feedback data but CAPA was done.

3 complaints were received through feedback forms whose CAPA was done but the complaints were not present in IP feedback form data.



Recommendations & Conclusion

- PROs can collect the IP feedback digitally on tablets
- Digital feedback collection machines can be installed at all floors
- A system should be set up where concerned departments receive notifications about their concerned complaints as and when the complaints are entered in the software.

- QR codes can be printed on medical bills or put up in the hospital reception area. Scanning the QR code directs the respondent to the survey page. The patient can fill it and submit the responses.
- Healthcare providers should be not only scientifically knowledgeable, but also humanistic caring.
- Rigorous and regular analyses of patient feedbacks will help to identify problems in patient care
- Hence, feedback analysis should be done monthly and corrective actions should be taken for all the complaints.
- The corrective actions should also be communicated to the patients to restore their trust on the hospital.

2. Analysis of 47 NC closures done for NABH

Methodology: Information was collected by taking face to face interviews of various employees from different departments and through direct observations

Results:

Out of the 47 NCs, 2 could not been checked. Out of the 45 NCs that were checked, only 13 were compliant; rest 32 were still non compliant.

SI.	Non-Compliance Observation	Compliance/Non Compliance
1	Staff working in emergency area is not aware about scope of services	Non Compliance
2	Access to the healthcare services in the organisation is prioritized according to the clinical needs of the patient in OPs was not evident.	Non Compliance
3	The initial assessment resulting in documented care plan and the same is reflecting in to desired results of treatment, care or service and countersigned by clinician in charge was not evident in few sampled files.	Non Compliance
4	There is a mechanism to address recall/amendment of reports whenever applicable was not evident. HCO previous reports are not filed (actually destroyed) as stated by Radiologist during CQI presentation.	Non Compliance
5	Structured handover by Doctors during each staffing shift and transfer between units are not evidenced uniformly.	Non Compliance
6	Referrals of patients to other department or specialties are not graded as immediate, urgent, priority or routine category and whether it is for opinion, co-management or takeover.	Non Compliance

7	Discharge summary does not contain information regarding investigation results. e.g. Ophthalmology Department	Could not check as MRD files are sent for scanning in PupleDocs
8	There is no documentary evidence to suggest that medication used in ambulance is topped up in real time.	Compliance
9	The protocol of CPR is not prominently displayed in all the critical care areas such as Emergency and ICU. During mock drill, first respondent nurse could not demonstrate basic life support techniques. On arrival, the Code Blue team did not follow the standard/accepted protocols. Team members were not clear about their roles.	Non Compliance
10	A post event analysis (with reference to initiation of CPR, time of arrival of team, availability of suitable resources, recording of sequence of events and overall condition) of all cardio pulmonary resuscitation is done by a multi-disciplinary committee was not evident.	Non Compliance
11	Assignment of patient care is done as per current good practice guidelines laid down by the regulatory and professional bodies was not evident. For e.g. Nursing staff without adequate experience are providing chemotherapy to the Cancer patients.	Non Compliance
12	Documented procedures do not exist to prevent adverse events like a wrong site, wrong patient and wrong procedure in Endoscopy department.	Could not check as MRD files are sent for scanning in PupleDocs
13	Staffs are not adequately trained to take care of vulnerable group of patients with reference to identifying and meeting their needs.	Non Compliance
14	The organization displays whether high risk obstetric cases can be cared for or not was not evident.	Compliance
15	There is no documentary evidence to suggest that assessment, immunization, diet counselling and frequency of visits in ante natal card uniformly.	Non Compliance: No patient from OPD C is sent to the dieticians for diet counselling; only IP patients are conselled
16	Staff are adequately trained to prevent neonate abduction and implement defined process for rapid response in case of child abduction was not evident during mock drill.	Non Compliance

17	Informed consent for administration of anesthesia (as per statutory requirements) is obtained by the anesthesiologist was not evident in sampled case sheets.	Non Compliance
18	Informed consent taken prior to any surgical procedure (as per statutory requirements) is obtained by the operating surgeon was not evident in uploaded case sheets.	Non Compliance
19	Surgical Safety Check list (with reference to time out and other necessary details) was not properly filled in sampled case sheets.	Non Compliance
20	A quality assurance program is followed for the surgical services (with reference to appropriate antibiotic for prophylaxis and humidity) was not evident.	Non Compliance
21	The organization takes measures to create awareness regarding organ donation was not evident.	Compliance but blood dontion awareness display is only present in OPD area
22	Patients with pain undergone detailed assessment (including intensity, pain character, frequency, location, duration, referral and/or radiation) in an objective manner and regular reassessment was not evident in none of the sampled active and MRD case files.	Non Compliance
23	Medication orders are not named and signed uniformly. Medication orders were not written in capital letters. Route of administration, dosage (in ml/mg) and frequency/time was not evident in many sampled medical records.	Non Compliance
24	Reconciliation of medications at transition points of patient care, where appropriate, was not evident in sampled case sheets.	Non Compliance
25	Chemotherapy drug is not prepared in a safe manner. Bio safety cabinet was kept in pantry on the 5th floor without proper installation. As hood of cabinet is not connected to the exterior.	Non Compliance
26	Patient and family are educated regarding benefits/risks of chemotherapy, precautions to be taken and possible adverse reactions was not evident.	Non Compliance
27	The batch and serial number of the implanted prosthesis is not evident in discharge summary of sampled case sheets.	Non Compliance
28	Patient and family rights including privacy during examination is not maintained. CCTV cameras are installed in various inpatient care areas of the hospital like ICU and wards.	Non Compliance: Patients can be seen on CCTV footage of ICU 1 and ICU 3

29	Informed consent includes name of the procedure to be done, risk, benefits and alternatives in a language patient or attendant can understand was not evident in many sampled files.	Non Compliance
30	Staffs are not adequately aware about what constitutes an unacceptable communication though they have been trained for the same.	Non Compliance
31	The organization follow safe injection and infusion practices was not evident during staff interview, case sheets and document review.	Non Compliance
32	An appropriate antibiotic policy is not established covering all common procedures/conditions and hence not implemented. There is no evident to suggest that the HCO monitors rational use of antimicrobial agents.	Compliance
33	Appropriate facilities for hand hygiene was not evidenced in BMW storage area. e.g. Wash Basin with elbow operated tap.	Non Compliance
34	Effectiveness of induction training on HIC was not evidenced during staff interview. e.g. Outsourced staff from CSSD.	Non Compliance: ICN does not have induction training record
35	HCO is providing IVF services since inception. Approval for ICMR for the same is awaited.	Compliance
36	Case sheets of patients underwent MTP were not stored as per the statutory requirements; kept in MRD with patient's details.	Compliance
37	Scope of each Clinical and non-Clinical department is defined was not evident.	Compliance
38	During CQI presentation it was evidenced that departmental leaders were not involved in quality improvement programme uniformly. Exception Pharmacy, Nursing, Critical Care Department and Microbiology.	Compliance
39	The functioning of various committees is reviewed for their effectiveness was not evident.	Compliance
40	During round safety rail was not evidenced on both roof of the tanks, grab bars were not evidenced in washroom (Male & Female) of ER. Safety grills were not evidenced on the windows of fire exit each floor. Radiation hazard symbols not evidenced outside operation room where C arm used. Stiff ramp without grab bars and step in main BMW storage area	Compliance

41	There is a procedure which addresses the identification and disposal of material not use in the organization was not evident for e.g. in parking space.	Non Compliance
42	Up to date drawings which details the site lay out, floor plans and fire escape routes was not evident.	Non Compliance
43	Signage of emergency was only in English language outside the Emergency entrance.	Non Compliance
44	Safe exit plan and signage (in case of fire and non-fire emergencies) is displayed close to all lifts was not evident.	Non Compliance
45	45. HRM 9a, f Medical professionals admit and care for patients as permitted by law, regulation and their privileging was not evident. Many non-allopathic /MBBS doctors are working as RMOs as evident in many sampled files and during staff interview.	Non Compliance
46	Though care and treatment orders are signed and dated, doctor's name and time was not mentioned in many MRD case files.	Non Compliance
47	Review of medical records is done in structured manner with reference to timeliness, legibility, completeness of medical records using adequate mix of both active and discharged case sheets to find out any deficiencies and CAPA in defined time was not evident.	Compliance

Other Projects that were undertaken

- Responsible for preparing the standard operating procedures for TeleICU
- Audited various departments of the hospital for Quality Assurance
- Created the quality indicator face sheet for various departments for ready reference of the hospital staff
- Participated in the book launch of '50 Inspiring Women of Gujarat' by Smt. Smriti Irani
- Worked under the guidance of the CEO and Director of Academics and fabricated a proposal for full time MBA Hospital and Healthcare Management along with the curriculum
- Worked under the guidance of Head of Ophthalmology Department to create a proposal for 'Project Disha' which was a CSR Activity undertaken by the Hospital
- Created the proposal for School Eye Health Program for the hopital

- Wrote the creative content for the Academics Website of the Hospital including the vision, mission, tagline and about the hospital

KEY LEARNINGS FROM THE INTERNSHIP

- Learnt the in-depth functioning of quality departments
- Learnt about the process of auditing various departments and making reports for the same
- Learnt about the 360 degree active and passive auditing of patient files
- Learnt about various types of patient safety events and their reporting
- Learnt about the International Patient Safety Goals (IPSG)
- Conducting various mock drills like code grey, code yellow, code blue, ICRA
- Coordinating with various departmental heads for implementation of projects