SUMMER INTERNSHIP PROGRAM

at

Fortis Hospital, Manesar, Gurugram

From 12th May 2025 to 19th July 2025

A REPORT BY

Divya Gupta

Master of Business Administration

Hospital and Health Management

Roll no: 1943

2024-26

under the Mentorship of

Dr. Vidya Bhushan Tripathi

Assistant Professor,

IIHMR University,

Jaipur

IIHMR UNIVERSITY

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July 19, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Divya Gupta** D/o **Mr. Dhruv Kumar Gupta** has completed her Internship in the department of **Medical Administration** at Fortis Hospital, Manesar, Gurugram from **May 12, 2025** to **July 19, 2025.**

We wish her all the best in her future endeavors.

For **Fortis Hospital,Manesar,Gurugram,**

Rahul Khandelwal
Head Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Divya Gupta** of academic year 2024-26 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May 2025 - July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 25/07/2025

25/07/2025

Dr. Vidya Bhushan Tripathi

Assistant Professor,

IIHMR University,

Jaipur

Enhancing Process Efficiency in ICU: A Data-Driven Audit Approach

Faculty Mentor: Dr. Vidya Bhushan Tripathi **Presented By: Divya Gupta(1943) Batch: HM-29** **Organisation Mentor: Dr. Priyanka Kundrai**

1. HISTORY & DESCRIPTION OF ORGANISATION

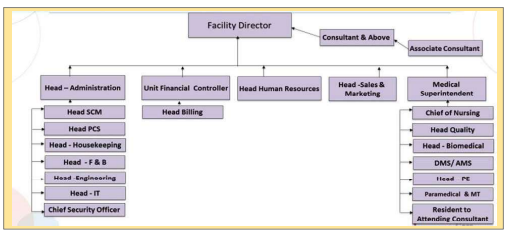
Fortis Hospital Manesar, Gurugram, is a multi-speciality hospital located in Sector 5, Manesar, with a maximum bed capacity of 350 beds. Fortis Healthcare Limited, part of IHH Healthcare Berhad, is a leading provider in India with 28 facilities, 4500+ beds, 400+ diagnostics centers in India, UAE, Nepal, and Sri Lanka. Listed on the BSE and NSE, Fortis focuses on delivering world-class patient care and upholding ethical medical practices, employing approximately 23,000 people and offering a comprehensive range of healthcare services.

2. VISION & MISSION

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

Mission: To be a globally respected healthcare organization known for Clinical excellence and Distinctive Patient Care.

3. ORGANISATION STRUCTURE



4. THEORETICAL EXPOSURE VS. PRACTICAL EXPOSURE

1. Gained theoretical knowledge of ICU protocols, audits, and efficiency metrics.
2. Learnt how to calculate Quality indicators like ALOS, occupancy, and SMR through examples.
3. Studied standard protocols from textbooks or models.

1. Real-time observation of how ICU procedures and processes are being implemented.
2. Actual computation & interpretation of ICU-specific indicators based on hospital data.
3. Active involvement in formulating the ICU SOP manual and aligning with ground realities
4. Direct interaction with hospital stakeholders for data validation and approvals.

PROJECT

OBJECTIVES:

- To understand ICU quality indicators for performance monitoring.
- To Audit documentation and continuity of care during patient transfers.
- To assess the timeliness of critical lab value communication to the ICU and other locations.
- To contribute to ICU SOP formulation to enhance patient safety and operational efficiency.

METHODOLOGY:

An Observational and Audit-Based Study Using Mixed Methods, i.e., Qualitative and Quantitative, to Evaluate ICU Documentation, Communication, and SOP Compliance

ICU QUALITY INDICATORS

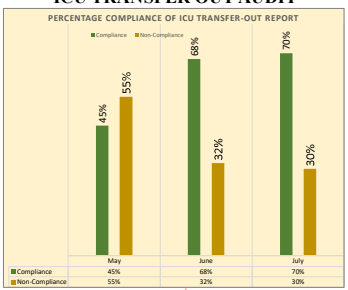
Compliance

- ALOS — Achieved: 2.17 days; Target: < 3-5 days
- ICU Mortality Rate — Achieved: 6%; Target: <10%
- Standardised Mortality Rate — Achieved: 0.39; Target: <1(good)

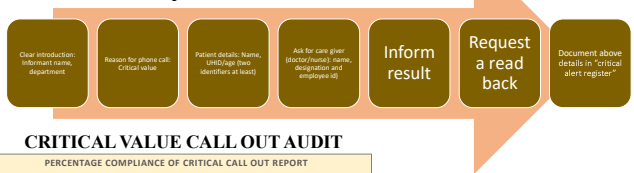
Non-Compliance

- ICU Occupancy Rate — Achieved: 65%; Target: 80-85%
- LAMA Rate — Achieved: 8%; Target: <2%
- Pressure Injury Incidences — Occurred: 4; Target: Zero

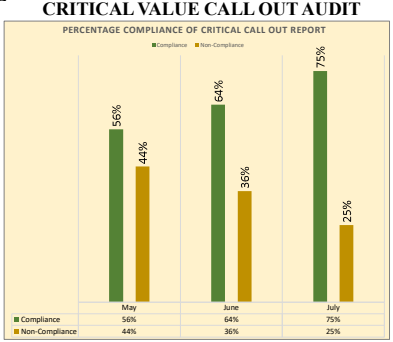
ICU TRANSFER OUT AUDIT



Procedure for telephonic information of Critical Values



CRITICAL VALUE CALL OUT AUDIT



SOP CONTRIBUTION

- SOPs for ICU Admission, LAMA, Death, MLC protocols, Transfers
- Involved in designing **ICU Quality Indicator Framework**, covering: Structure, process, outcome, safety, and managerial indicators
- Handover logs and consent protocols

References: Quality indicators for ICU: ISCCM guidelines for ICUs in India, https://pmc.ncbi.nlm.nih.gov/articles/PMC11077517/

5. GAPS IDENTIFIED

- No signature on the in-house transfer forms
- Non-completion
- wait in multiple cases to transfer the patient
- Miscommunication between duty doctors and nursing staff
- Critical value registers were not getting updated
- Critical values were not transmitting properly to the departments

6. SWOT ANALYSIS

Strengths
- Expert Doctors
- specialized codes (STEMI/FAST)
- Wide range of services

Weaknesses
- Incomplete documentation
- High attrition
- Untrained staff

Opportunities
- Capability to expand
- Tech-advanced services
- Nearby catchment monopoly

Threats
- Perception of high cost
- Rise in Competitors

7. CHALLENGES FACED DURING INTERNSHIP

- Convincing staff to follow documentation standards
- Delays due to RMO/GDA non-availability
- Time-bound data collection of multiple audits

8. LEARNING DURING INTERNSHIP

- Understand the problem quickly and come up with a solution
- Exposure to corporate work ethics
- Necessity of coordination among various departments
- Way of communicating what you want them to do.

9. SUGGESTIONS

- Regular Training for the Nursing staff, for improving process compliance
- Focus on avoiding the doubling of documentation
- Proper integration of digital platforms like EHR and HIS with the processes
- Strengthen shift coordination (nursing & GDA) through hiring
- Allocate SOP champions to ensure policy adherence by doing daily audits

Reporting Format (Week 1)

Name of the Organisation: Fortis Hospital, Manesar

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

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital Management**

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

Activity Done	• Detailed observation of the whole hospital. • I got detailed information regarding the documents and registers in the ICU (Apache score, critical values, quality indicators in ICU. • Understood medical consent audit in MRD. • Understood VTE (Venous Thromboembolism) form Audit in MRD • Understood Critical Value audit among Lab, Radio, ICU • Had a meet with ICU in-charge, in which he explained all the ICU indicators in detail and finalised certain future work.
Linking theory (Classroom learning) with practice at your organisation	• Essential of hospital services helped in analysing the layout of the hospital. The placement of departments and the flow of patients. • Importance of standardization like SOPs for each department.
Gaps identified on the working area.	• Incomplete documentation in some ICU registers. • Lack of standardization in filling VTE forms. • Some files were having missing Consent forms
Suggestions for improvement	• Conduct refresher training sessions for ICU staff on documentation standards. • Introduce regular internal audits to track adherence to ICU protocols.
Plan for the next week	The plan is to retrieve the April data of the ICU and calculate the respective indicators along with the side work from the Quality Department, as there is soon going to be a NABH accreditation in the hospital.

Signature of the Student 

Reporting Format (Week 2)

Name of the Organisation: Fortis Hospital, Manesar

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

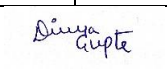
Name of the Student: Divya Gupta

Roll no: 1943 Stream: Hospital Management

Week no: 2 From: 19 May 2025 to 24 May 2025

Activity Done	• Continued Auditing for critical value reporting in order to find the gaps in the loop. • Evaluated the files of transfer-out patients from ICU in order to check the document completion. • Started working on the presentation for ICU Quality indicators. • Prepared an updated list of Laboratory critical values.
Linking theory (Classroom learning) with practice at your organisation	• Business Communication helped in understanding the way of communication among the hospital staff. • Organizational Behavior made us understand the concept of employee growth within the organization.
Gaps identified on the working area.	• Critical values were not recorded on a regular basis, which is a huge non-compliance. • Sign of doctors and nurses were missing on in house transfer summary which indicates document incompletion. • Many registers were not having the updated information due to which the real time incidence tracking cannot happen. • UHID is not recorded by the laboratory call out reports.
Suggestions for improvement	• Conduct refresher training sessions for ICU staff on documentation standards. • Try to complete the loop in order to tackle the situation by asking the respective person to correct the issue. • Introduce regular internal audits to track adherence to ICU protocols.

Plan for the next week	The plan is to complete the presentation and start working on the ICU SOP manual .

Signature of the Student 

Reporting Format (Week 3)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital Management**

Week no: 3 From: 26 May 2025 to 31 May 2025

Activity Done	• Continued Auditing for critical value reporting in order to find the gaps in the loop. • Evaluated the files of transfer out patients from ICU in order to check the document completion. • Completed ICU data calculation for April Month. • Working on the Hospital NABH Policies Continuity of patient care (COP) • Working on ICU manual and SOP
Linking theory (Classroom learning) with practice at your organisation	• Auditing helps in Quality assurance And Continuous quality improvement which is a part of Total Quality Management. • Documentation completion helps in Medical record management connecting well with the Hospital Information System. • Recording the indicators will help compare the rates with the set benchmarks and gives target to the department to perform better • Working on policies and SOP has helped me understand all the perspectives of the hospital and how everything has to be planned.
Gaps identified on the working area.	• Many Critical values were still not getting recorded regularly, • UHID and the Location of critical calls were not recorded in most of the laboratory call-out reports. • Lack of GDA staff leads to inconvenience in patient and file transfers. • ICU critical values registers are not updated.

Suggestions for improvement	• Special highlight needs to be given for the document completion. • Hospital needs to hire GDA staff. • Introduce regular internal audits to track adherence to ICU protocols.
Plan for the next week	Continue the critical value and ICU transfer audit, work on the ICU manual, Work on the hospital Policies, also will start working on the May month stats of the ICU to track the indicators.

Signature of the Student 

Reporting Format (Week 4)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital Management**

Week no: 4 From: 2 June 2025 to 7 June 2025

Activity Done	• Continued Auditing for critical value reporting in order to find the gaps in the loop. • Evaluated the files of transfer out patients from ICU in order to check the document completion. • Entered the data of VTE Audit for May files in the dashboard • Continued working on the Hospital NABH Policies of chapter AAC • Working on ICU manual and SOP
Linking theory (Classroom learning) with practice at your organisation	• Communicated with nursing staff and doctors to discuss the implementation of various processes in a certain manner, which was taught in business communication. • Recording the indicators will help compare the rates with the set benchmarks and gives target to the department to perform better • Working on policies and SOP has helped me understand all the perspectives of the hospital and how everything has to be planned.
Gaps identified in the working area.	• Patient attendants were having a lot of complaints with delay in patient shift to wards. • There were a lot of internal leakages happening in the building. • Many times, patients were roaming in the wards without any GDA staff.
Suggestions for improvement	• Proper staff coordination between departments is necessary for the smooth shifting of the patient. • Proper one-time investment permanent treatment must be done to prevent the leakages instead of multiple temporary treatments.
Plan for the next week	Continue the critical value and ICU transfer audit, work on the ICU manual, Work on the hospital Policies, also will start working on the May month stats of the ICU to track the indicators.

Signature of the Student 

Reporting Format (Week 5)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department

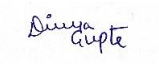
Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital & Health Management**

Week no: 5 From: 9 June 2025 to 14 June 2025

Activity Done	• Continued Auditing for critical value reporting in order to find the gaps in the loop. • Evaluated the files of transfer out patients from ICU in order to check the document completion. • Started calculating indicators of ICU for May month. • Working on the Hospital NABH Policies of chapter Management of Medication • Working on ICU manual and SOP
Linking theory (Classroom learning) with practice at your organisation	• Got to know about the various codes in the hospital
Gaps identified in the working area.	• Lack of digitalisation of ICU Data which takes up lot time to calculate the indicators. • Still some departments are not registering the critical values but other have started to update the data regularly. • Many registers were not having the updated information due to which the real time incidence tracking cannot happen. • UHID and Location are not recorded in the laboratory call out reports. • Floor critical values registers are not updated.
Suggestions for improvement	• We can suggest them to enter data directly on excel sheets to reduce errors in the calculation. • Introduce regular internal audits to track adherence to ICU protocols.

Plan for the next week	Continuing the critical value and ICU transfer audit, along with other tasks assigned by higher authorities, will involve analyzing and observing other departments to understand the overall functioning of the hospital.

Signature of the Student 

Reporting Format (Week 6)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department, Quality Department

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital & Health Management**

Week no: 6 From: 16 June 2025 to 21 June 2025

Activity Done	• Became a part of pre-audit in various departments like BME, Nursing, Pharmacy, MRD, and Chemo Day care to find out gaps . • Continued Auditing for critical value reporting in order to find the gaps in the loop. • Evaluated the files of transfer out patients from ICU in order to check the document completion. • Completed calculating the indicators of ICU for May. • Working on the Hospital NABH Policies for entry level official audit.
Linking theory (Classroom learning) with practice at your organisation	• Auditing helps in Quality assurance And Continuous quality improvement which is a part of Total Quality Management. • Documentation completion helps in Medical record management connecting well with the Hospital Information System. • Interaction with the officials to get to know about the audit. • Working on policies and SOP has helped me understand all the perspectives of the hospital and how everything has to be planned.
Gaps identified on the working area.	• Lack of training was clearly seen. • Different registers were not updated. • High-risk medications were kept in an unsafe manner. • Nurses were not knowing the proper steps of general procedures when asked to them.

Suggestions for improvement	• We can suggest them to enter data directly on excel sheets to reduce errors in the calculation. • Conduct fresher training sessions for ICU staff on documentation standards.
Plan for the next week	To update various SOPs for the NABH entry level Audit, Continue the critical value and ICU transfer audit, along with other work given by the higher authorities, will start to analyse and observe other departments in order to understand the overall working of the hospital.

Signature of the Student 

Reporting Format (Week 7)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department, Quality Department

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital & Health Management**

Week no: 7 From: 23 June 2025 to 28 June 2025

Activity Done	• Started billing audit • Continued Auditing for critical value reporting in order to find the gaps in the loop. • Evaluated the files of transfer-out patients from ICU in order to check the document completion. • Actively involved in NABH entry-level audit held on 25th June 2025. • Interacted with the pharmacy to get the data for issued and return medicines.
Linking theory (Classroom learning) with practice at your organisation	• Auditing helps in Quality assurance And Continuous quality improvement which is a part of Total Quality Management. • Documentation completion helps in Medical record management connecting well with the Hospital Information System. • Financial management module taught us the money management concept which was applied in the billing audit.
Gaps identified on the working area.	• Many medication errors were detected in patient files • .Many patients were either undercharged or overcharged for the medicines.
Suggestions for improvement	• Daily random patient auditing is necessary for these errors. • And it's very important to highlight these matters in order to prevent these problems in the future.

Plan for the next week	Continue the critical value and ICU transfer audit, along with other work given by the higher authorities, Start with the MCF audit next week after gaining some knowledge about it.

Signature of the Student 

Reporting Format (Week 8)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department, Quality Department

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital & Health Management**

Week no: 8 From: 30 June 2025 to 5 July 2025

Activity Done	• Continuing with the billing audit of medications. • Continued Auditing for critical value reporting in order to keep a check on the process. • Evaluated the files of transfer out patients from ICU in order to check the document completion. • Completed the Veinous Thromboembolism (VTE) Form Audit for June files. • Visited the Chemo Daycare to check whether the processes are being followed or not.
Linking theory (Classroom learning) with practice at your organisation	• Principles of Management play a huge role in the working of any organisation. A good working environment is crucial for achieving good results. • Auditing helps in Quality assurance And Continuous quality improvement which is a part of Total Quality Management. • Documentation completion helps in medical record management connecting well with the Hospital Information System. • Having a culture of departmental problem sharing helps in overall growth or quality improvement.
Gaps identified in the working area.	• There was lack of cabinets in Chemo Daycare to put the high value medications. • IV lines were not properly covered when not in use which can lead to blood stream infections.
Suggestions for improvement	• Trainings must also be conducted to make them aware about the usage of the EHR systems.

	• Introduce regular internal audits to track adherence to protocols. • Quick resolution of small problems must be taken .
Plan for the next week	Continue the critical value and ICU transfer audit, along with other work given by the higher authorities, Will work on billing Audit in other areas also.

Signature of the Student 

Reporting Format (Week 9)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, ICU Department, Quality Department

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital & Health Management**

Week no: 9 From: 7th July 2025 to 12th July 2025

Activity Done	• Did the MCF audit, including the MTP Procedure, Narcotic Procedure, HIV compliance. • Had a talk with clinical Pharmacist to understand the indenting and return procedure of medication. • Was a part of medication error in ICU, like sound alike audit, Quantity differences, etc.
Linking theory (Classroom learning) with practice at your organisation	• Financial management is an important thing that hospital focuses on, be it what things are being charged to the patient, which leads to patient satisfaction. • The feedback mechanism is very important in order to find out gaps, from the patient side.
Gaps identified on the working area.	• Major gap is with the process follow up and document completion. • Nursing staff is stubborn and they don't want to change their processes and adapt to newer follow ups. • Mis-management at lower level i.e. nursing is creating a lot of mess and no actions are being taken on it.
Suggestions for improvement	• Chief Nursing Officer needs to be more stricter and organise regular meetings with the nursing in-charges, so that ground level things get improved. • Lack of nursing training is suggesting to implement more training and also to make sure, every staff of each shift attend that training sessions. • Patient counselling and addressing their issues should be seen quickly.

Plan for the next week	Plan is to bind up my both the audits, critical call out report, and transfer out report and to gain Knowledge about other possible things.

Signature of the Student 

Reporting Format (Week 10)

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Operations, CU Department, Quality Department

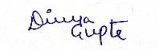
Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital & Health Management**

Week no: 10 From: 14th July 2025 to 19th July 2025

Activity Done	• Prepared an Excel sheet of the medication billing audit to be presented before the higher authorities. • Presented the final data in a formal presentation before the panel and discussed the suggestions.
Linking theory (Classroom learning) with practice at your organisation	• Presentation skills are very necessary in the corporate setting.
Gaps identified on the working area.	• There were a lot of medications that were either overcharged or undercharged on the patient leading to mismanagement of the pharmacy resources. • Emergency department medicine issuing must also be visible in the system, this is important because of this problem is arising in the checking of total quantity indented and issued.
Suggestions for improvement	• Daily audit needs to be conducted and addressed then and there to the staff so that quick actions can be taken.
Plan for the next week	It's the end week of the internship, so no further plans in the organisation.

Signature of the Student



Compiled Reporting Format

Name of the Organisation: Fortis Hospital, Manesar

Area/ Department/ Project of Summer Internship Program: Medical Operations

Name of the Student: Divya Gupta

Roll no: 1943 **Stream: Hospital and Health Management**

Activity Done	1) Detailed observation of the whole hospital. 2) Got detailed information regarding the documents and registers in the ICU (Apache score, critical values, quality indicators in ICU. 3) Got the information of various Consent forms attached in the patient files. 4) Did a medical consent audit in MRD. 5) Did VTE (Venous Thromboembolism) form Audit in MRD 6) Started Critical Value audit among Lab, Radio, ICU 7) Had a meet with ICU in-charge, in which he explained all the ICU indicators in detail and finalised certain future work. 8) Continued Auditing for critical value reporting in order to find the gaps in the loop. 9) Evaluated the files of transfer out patients from ICU in order to check the document completion. 10) Started working on the presentation for ICU Quality indicators. 11) Prepared an updated list of critical values. 12) Done with the calculations of April month presentation . 13) Worked on the Hospital NABH Policies of chapter Access, Assessment and Continuity of care. 14) Worked on the ICU manual and SOP in assistance with the Head of Critical Care Unit 15) Calculated ICU Indicators for April Data. 16) Working on the Hospital NABH Policies of Chapter Management of Medications. 17) Started calculating indicators of ICU for May month. 18) Working on the Hospital NABH Policies of chapter Care of patient services.

	19) Became a part of pre-audit in various departments like BME, Nursing, Pharmacy, MRD, and Chemo Day care to find out gaps. 20) Calculated indicators of ICU for May month. 21) Working on the Hospital NABH Policies of chapter Facility Management services. 22) Performed billing audit of medications charged to the patient in order to find the loophole. 23) Actively involved in NABH entry-level audit held on 25th June 2025. 24) Performed Venous Thromboembolism (VTE) Form Audit for June files. 25) Did the MCF audit, including the MTP Procedure, Narcotic Procedure, HIV compliance. 26) Had a talk with clinical Pharmacist to understand the indenting and return procedure of medication. 27) Was a part of medication error checking in ICU , like sound alike audit, Quantity differences, etc. 28) Prepared an Excel sheet of the medication billing audit to be presented before the higher authorities. 29) Presented the final data in a formal presentation before the panel to discuss the suggestions. 30) Learnt a way to formally talk to the hospital stakeholders like doctors and nursing staff to get the information.
Linking theory (Classroom learning) with practice at your organisation	1) Essential of hospital services helped in analysing the layout of the hospital. The placement of departments and the flow of patients. 2) Importance of standardization like SOPs for each department.. 3) Business Communication helped in understanding the way of communication among the hospital staff. 4) Organizational Behavior made us understand the concept of employee growth within the organization. 5) Auditing helps in Quality assurance And Continuous quality improvement which is a part of Total Quality Management. 6) Documentation completion helps in Medical record management connecting well with the Hospital Information System. 7) Recording the indicators will help compare the rates with the set benchmarks and gives target to the department to perform better

	8) Working on policies and SOP has helped me understand all the perspectives of the hospital and how everything has to be planned. 9) Communicated with nursing staff and doctors to discuss the implementation of various processes in a certain manner, which was taught in business communication. 10) Got to know about the various codes in the hospital. 11) Interaction with the officials to get to know about the audit. 12) Financial management module taught us the money management concept which was applied in the billing audit. 13) Principles of Management play a huge role in the working of any organisation. A good working environment is crucial for achieving good results. 14) Having a culture of departmental problem sharing helps in overall growth or quality improvement. 15) The feedback mechanism is very important in order to find out gaps, from the patient side, or between levels of management. 16) Presentation skills are very necessary in a corporate setting.
Gaps identified on the working area.	1) Incomplete documentation in some ICU registers. 2) Lack of standardization in filling VTE forms. 3) Some files were missing various consent forms. 4) Critical values were not recorded on a regular basis, which is a huge non-compliance. 5) Signatures of doctors and nurses were missing on in in-house transfer summary, which indicates document incompletion. 6) Many registers did not have the updated information, due to which the real-time incidence tracking cannot happen. 7) UHID and location is not recorded by the laboratory call-out reports. 8) ICU critical values registers are not updated. 9) Lack of GDA staff leads to inconvenience in patient and file transfers. 10) Lack of digitalisation of ICU Data which takes up lot time to calculate the indicators. 11) Floor critical values registers are not updated. 12) Lack of training among nursing staff was clearly seen. 13) Different registers were not getting updated.

	14) High-risk medications were kept in an unsafe manner. 15) Many files were having VTE forms absent in them. 16) Staff don't want to adapt to changes quickly. 17) The hospital has a very complex system of HER, HIS as well as manual documentation due to which there is an overlapping of forms and documents which is not only creating problem but making the MRD work more hectic and prolonged. 18) There were no incident forms raised for the pressure injuries in the ICU, which was a non-compliance. 19) Mis-management at lower level i.e. nursing is creating a lot of mess and no actions are being taken on it. There were a lot of medications that were either overcharged or undercharged on the patient leading to mismanagement of the pharmacy resources. 20) Emergency department medicine issuing must also be visible in the system, this is important, because of this, problem is arising in the checking of total quantity indented and issued from the pharmacy.
Suggestions for improvement	1) Conduct refresher training sessions for Nursing staff on documentation standards. 2) Introduce regular internal audits to track adherence to ICU protocols. 3) Try to complete the loop to tackle the situation by asking the respective person to correct the issue then and there. 4) The hospital needs to hire GDA staff. 5) We can suggest In charges to enter data directly on Excel sheets to reduce errors in the calculation. 6) Training must also be conducted to make them aware of the usage of the EHR systems. 7) The Chief Nursing Officer needs to be stricter and organize regular meetings with the nursing in-charges, so that ground-level things get improved. 8) Lack of nursing training suggests implementing more training and also to make sure, every staff of each shift attends those training sessions. 9) Query solving issue is a bit slow, which causes a delay in the vacancy of bed.

	10) Patient counselling and addressing their issues should be done quickly. 11) Staff should enter the right values for the various assessments of the patients on the systems as it will also be reflected to other authorities.
Key Learnings	1) Learnt to be in a corporate setting. 2) Learnt how to interact formally with the higher authorities. 3) Got the knowledge of various kinds of audits that are performed in a hospital setting. 4) Gained Knowledge about the different procedures like MTP procedure, Narcotic licensing, Chemo Daycare procedure, Various documentation involved in a patient file. 5) Got to learn about the various types of Quality indicators specific to ICU specially on which the project is based. 6) How APACHE scoring is done. 7) Got to know about the Critical value call out procedure. 8) Got to know about the procedure for MLC cases. 9) Got the knowledge of various tasks done by the MRD officials like registration for birth and death certificates, filing a complaint for missing files, File coding, etc. 10) Got the knowledge of other types of scoring used for the severity check of patients in the ICU.

Signature of the Student

Approved by the IIHMR University's Mentor