SUMMER INTERNSHIP PROGRAM

at

Medanta-The Medicity, Gurugram

From 12th May 2025 to 18th July 2025

A REPORT BY

Apurva Bhagat

Master of Business Administration

Hospital and Health Management

1924

2024-26

under the Mentorship of

Dr. Deepti Sharma

Assistant Professor

Institute Of Health Management Research

IIHMR University

Global Health
Limited

Date: 18-July-2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Apurva Bhagat** has completed her internship in the department of **Quality** from 12-May-2025 to 18-July-2025 with Global Health Ltd. (GHL) Medanta – The Medicity.

We wish her all the best for her future endeavors.

For Global Health Ltd

MEDANTA, CITY
GHL
Gurugram

Ranshul Aggarwal
Deputy General Manager - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Apurva Bhagat** 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

Dr. Deepti Sharma

Associate Professor

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Strengthening Critical Alert Management Through Timely Action Aligned with JCI IPSG.2.2 Standards

By: Dr. Apurva Bhagat
Roll No- 1924 MBA HM - 29
University Mentor: Dr. Deepti Sharma
Organisation Mentor: Ms. Payal Thakur

ABOUT THE ORGANISATION

Medanta – The Medicity, founded by Dr. Naresh Trehan, is a 43-acre super-specialty hospital in Gurugram with 1,250 beds, 40 OTs, and 900+ doctors. Accredited by JCI, NABH, and NABL, it delivers high-quality, affordable care. Ranked India's best private hospital for six years, it is also among the world's top 250 hospitals.

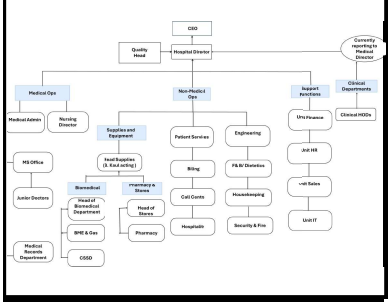
MISSION

Our mission is to deliver world-class health care services by creating institute of excellence in integrated medical care, teaching and research. We aspire to create an ethical and safe environment to treat all with respect and dignity.

VISION AND VALUES

The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

ORGANOGRAM



OBJECTIVE

To evaluate and compare the documentation practices of critical alerts by ICU and floor physicians, focusing on accuracy, timeliness, and completeness. The study aims to identify existing gaps, challenges such as communication delays and inconsistent protocols, and their impact on patient safety. By analyzing real-time documentation behavior, the project seeks to uncover systemic inefficiencies. The ultimate goal is to design and recommend JCI-aligned improvements under IPSG 2.2 standards to enhance compliance, strengthen communication, and ensure continuity of care across departments.

METHODOLOGY

1. Design: Cross- sectional Observational study and primary data collection
2. Duration: May and June 2025
3. Location: ICU and floor units
4. Sampling Method: Purposive Sampling
5. Tools Used:
   - Medical record audits and live data collection from patient files
   - Critical Alert Checklist

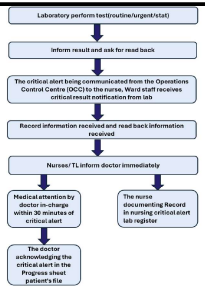
SUGGESTIONS

1. Introduce standardized alert stamps to simplify documentation and reduce physician burden.
2. Add a dedicated alert section in ICU and progress notes for clear, structured recording.
3. Implement EMR pop-ups to prompt timely physician response and enhance compliance.
4. Provide regular protocol-based training aligned with JCI IPSG.2 standards.
5. Introduced Critical Alert checklist and conduct monthly audits for improved adherence

MAJOR LEARNING DURING INTERNSHIP

1. Gained hands-on experience in clinical and quality audits aligned with JCI standards.
2. Strengthened data analysis and reporting skills using Excel and HIS.
3. Understood hospital workflows across ICUs, MRD, OPDs, and specialty units.
4. Applied classroom concepts to real-world hospital projects and challenges.
5. Improved communication, teamwork, and problem-solving through daily coordination with staff and mentors.

CRITICAL ALERT PROTOCOL



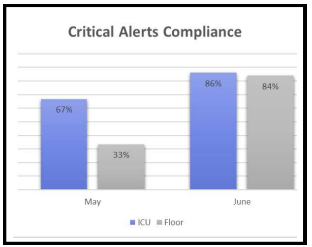
THEORETICAL LEARNINGS

1. Communication Planning- Understood the importance of effective communication in healthcare settings
2. Organisation Behaviour- Learned the role of teamwork and collaboration in hospital environments.
3. Research Methodology- Gained knowledge of observational study design and data collection
4. Hospital Services-Studied ICU and ward structure and their operational protocols

PRACTICAL LEARNINGS

1. IPSG Goal 2-Applied IPSG Goal 2 to improve communication of critical alerts
2. Interdepartmental Coordination- Observed interdepartmental coordination between lab, nurses, TLs, and doctors
3. Study Design & Data Analysis- Conducted an observational study and analyzed documentation practices
4. Critical Alert Reporting- formats in ICU and ward settings reviewed

SWOT



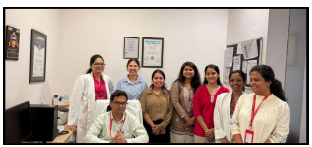
FINDINGS

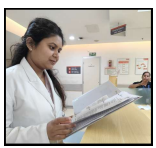
OBSERVATIONS-

1. ICU units had higher compliance (67%) than floor units (33%), showing the impact of structured protocols and the need for targeted training in floor areas.
2. Post-intervention compliance in Floor rise from 33% to 84% and in ICU rise from 67% to 86% , proving that focused training and team reinforcement significantly improve documentation behavior.
3. A higher number of verbal orders without written documentation were observed in the pre-intervention phase.
4. Timely clinical intervention was often done but not properly recorded in progress notes.

CHALLENGES FACED

1. Frequent patient transfers between departments disrupted alert tracking and continuity.
2. Difficuity in locating patient fiies, especially during high-volume, emergency situations and doctor's clinical round
3. Maintaing work life balance.
4. Quickly learn and adapt to new concepts, methodologies and tools





WEEKLY REPORT – WEEK 01

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 01 From:13-05-2025 to 17-05-25

Activity Done	• Induction Program on the first two days on following sessions: • Quality and patient safety-NABH, NABL and JCI. • IPSG goals 1-5 • Infection Prevention and Control • Basic life support, Emergency codes and Disaster Management • Learnt about: • IPSG Goal 2 and Critical Alert(CA) Value • CA in the Radiology • CA in the Diagnosis • Strategies for managing CA in the MEDANTA Hospital and Worldwide. • APACHE Score to assess the mortality of the terminally ill patients and URO score to assess severity in urological condition. • Conducted Audit on all the floors and ICUs to cross- verify the critical alert values in both the critical alert value register and progress report of the patients file to assess the timely intervention • and immediate action taken in the life-threatening condition. • Documented the collected data in the excel sheet for analysing the protocol adherence of the Critical Alert Value.
Linking theory (Classroom learning) with practice at your organisation	• Effective communication in the hospital settings from the business communication module • Hospital system and ICU structure from the essentials of hospital services • Collaboration and teamwork from organization behaviour module • Ethics in organization behaviour module • Hospital Information System and real-time data management.
Gaps identified on the working area.	• Strengthen the documentation of the critical alert values in the progress report across the departments. • Improving the alignment between the nurses and doctors documentation. • Poor Adherence of the critical alert value protocols by the staff.

Suggestions for improvement	• Integration of the standardized process and clarity in the documentation process of the information. • Providing training sessions to the staff for the standardized procedure for following the protocol • Critical Alert Value checklist to ensure the documentation is complete timely. • Improve the current system with the help of building the strong, technological alert tracking system through EMR and HIS
Plan for the next week	• Continue the audits in the surgical departments, radiology, high- dependency wards and emergency wards • Learn more about point of care testing. • Managing the floor for the different assigned task by the mentors • Coordinating with the Quality department for JCI mock audit • Learn about Corrective Action and Preventive Analysis and Root Cause Analysis. • Documentation of the data collected in the excel sheet for future analysis

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – WEEK 02

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 02 From:19-05-2025 to 24-05-25

Activity Done	• Conducted Audit on all the floors and ICUs to cross-verify the critical alert values in both the critical alert value register and progress report of the patients file to assess the timely intervention and immediate action taken in the life-threatening condition. • Conducted Audit to cross-check the accuracy of the Pre-Operative and Post-Operative notes recorded by the doctor in the progress sheet of patient's file. This was done to verify the presence of required documentation for the procedure. Additionally, review the presence of the OT notes documented by the doctor in the progress sheet and HIS system. • Review the newly admitted patients file to check documentation related to patient arrival record, initial assessment, drug prescription and drug administration time. This was done to evaluate the TAT. • Learned the importance of the Spirometry exercise in the CABG patients for improving the lung capacity before the surgery. • Documented the collected data from the audit in the excel sheet for analysing the protocol adherence by the staff of the hospital during the procedure in all the above conditions.
Linking theory (Classroom learning) with practice at your organisation	• Simulation of Code Blue Mock Drill and learnt about emergency codes from Essentials of Hospital Services module • Conflict Management from Organization behaviour module. • Our Mentors provide us Training which was learnt in the Human Resource Management module. • Methods of Data collection from Research Methods module • Role of Hospital Administrator from Essentials of Hospital Services.

Gaps identified on the working area.	• Strengthen the documentation of the critical alert values in the progress report across the departments. • Enhanced the use of the HIS system for Operation notes documentation by the staff of the hospital. • Strengthen the accuracy and consistency of the pre-op and post-op notes by standardized documentation protocol. • Improving the documentation related to the spirometry exercise in the CABG patients.
Suggestions for improvement	• Integration of the standardized process in the documentation. • Providing training sessions to the staff for following the standardized protocol. • Pre-op and Post-op checklist to ensure the documentation are completed timely and accurately. • Improve the current system with the help of training regarding documentation, EMR and HIS. • Training Videos on how to use HIS for the hospital staff.
Plan for the next week	• Continue the audits on: • Critical Alert Values • Pre-Operative and Post- Operative notes documentation • TAT between Drug Prescription and Drug Administration • The extent of Spirometry exercise administered in the CABG patients • Compiling the collected data into the excel sheet. • Time of reporting and action taken for the critical alert from Laboratory to the Doctors and Nurses • Importance of Critical Alert in the Neurodiagnostic.

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WEEKLY REPORT – WEEK 03

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 03 From:26-05-2025 to 31-05-25

Activity Done	• Continued audit of Critical Alert (CA) values across all floors and ICUs for protocol compliance and to assess the timely intervention and immediate action taken in the life-threatening condition. This aligns with IPSG Goal 2 that improve effective communication. Conducted Audit to assess the compliance of surgical documentation practices to ensure safe surgical procedure. This directly support IPSG goal 4 that is ensure safe surgery. So, I learned about IPSG goal 4was done to verify the presence of pre-op and post op notes and checklist. • Checked the files from MRD department for compliance of the documentation of spirometry exercise records in CABG patient's pre-op and post-op check for intubation and extubating date and time. All this was cross verified according to the JCI standard protocol. • Worked on sorting, filtering & analysing of 4000+ patient records in Excel for Critical Alert compliance. • Attended mock drills of Code Blue and Code Orange and observed emergency response team and their standard protocols. • Make the ppt and delivered the presentation in front of the Quality department HOD and other members on the insights of activity done and learnings in the last 15 days.
Linking theory (Classroom learning) with practice at your organisation	• Essentials of Hospital Services: Understood emergency codes and role of emergency response team. • Communication Planning & Management: Enhanced public speaking and presentation skills • Biostatistics: Applied data handling and sampling while analysing Critical Alert patient data. • Research Methods: Performed audit and primary data collection Organization Behaviour: Observed inter-departmental coordination in critical care and emergency drills.

Gaps identified on the working area.	• Emergency response system is effective and can further improve with regular simulation drills. • Opportunity to build automated dashboards for tracking CA compliance across departments. • Presentation feedback showed scope to incorporate more visual insights and clinical impact during reporting.
Suggestions for improvement	• Recommend monthly Code Blue/Orange drills with interdisciplinary participation and feedback sharing. • Use of stamps to record critical alert values can save doctors time and reduce their efforts. • Conduct peer-to-peer feedback sessions post presentations to refine data presentation, reporting and our performance assessment which has areas for improvement.
Plan for the next week	• Continue the audits on: • Critical Alert Values • Pre-Operative and Post- Operative notes documentation • The extent of Spirometry exercise administered in the CABG patients • Studying Critical Alert in depth with the literature review, Root Cause analysis of this CA to find appropriate solution. • Compiling the collected data into the excel sheet. • Learn something new related to the Quality department.

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WEEKLY REPORT – WEEK 04

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 04 From:02-06-2025 to 07-06-25

Activity Done	• Learned about Root Cause Analysis (RCA) and in-depth retrospective and prospective study of the critical alert value and Corrective Action and Preventive Action (CAPA) • Timely intervention and immediate action taken place in CAV patients • Audited the files of patients to assess active intervention taken place by nurses and doctors after reporting of Critical Alert Value patients. • Observed the inter-departmental coordination between doctors, nurses, support team and security guard for shifting patient from Ward To OT. • Observed the physiotherapist teaching the technique of spirometry exercise to the pre-op CABG patients. • Observed the nurse performing bedside procedure for patient comfort and nurses conducting POCT for timely assessment of the diabetic patients. • Continued Audit of the following: • Critical Alert (CA) in patients • Spirometry exercise in CABG patients • PRE-OP and POST-OP Surgical documentation to ensure safe surgery • Review the files in MRD Department to check compliance of the documentation of pre-op spirometry exercise records in CABG patient's and review the intubation and extubating date and time. • Worked on Hospital Information System for gathering patient related data.
Linking theory (Classroom learning) with practice at your organisation	• Medical Records Department functions, administrative issues and statistics generated from department from Essentials OF Hospital Services module. • Organisation Culture and the Environment from Principles of Management module. • Managerial Interpersonal Styles from Organisation Behaviour module. • Telehealth and E-Health services provided by MEDANTA from Digital Health module.

Gaps identified on the working area.	• Integration of automatic reminders in HIS for better tracking of records related to CA. • Strengthening the regular structured handover between physiotherapist and nurses could improve continuity of care. • Centralize documentation in MRD Department have improved data traceability. • Mock Drills have revealed that Clarity of roles and interdisciplinary communication during emergencies can be improved in order to provide patient care.
Suggestions for improvement	• Recommend monthly Code Blue/Orange drills with interdisciplinary participation and feedback sharing. • Use of stamps to record critical alert values can save doctors time and reduce their efforts. • Conduct peer-to-peer feedback sessions post presentations to refine data presentation, reporting and our performance assessment which has areas for improvement.
Plan for the next week	• Working on HIS of MEDANTA • Continue the audits on: • Critical Alert Values • Pre-Operative and Post- Operative notes documentation • The extent of Spirometry exercise administered in the CABG patients • Studying Critical Alert intervention in depth with the retrospective study, literature review, Root Cause analysis of CA. • Compiling the collected data into the excel sheet. • Learn something new related to the Quality department.

Signature of the Student

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WEEKLY REPORT – WEEK 05

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 05 From:09-06-2025 to 14-06-25

Activity Done	• Observed the physiotherapist performing the spirometry exercise in the pre-op and post-op CABG patients. • Observed the physiotherapist performing technique of back tapping and clapping in the Post-op CABG patients from POD 3rd • Learned about the importance Clinical Pathway Sheet in the Coronary Artery Bypass Graft surgery Patients. • Learned about the different types of Chest physiotherapy techniques and exercises like Incentive Spirometry, Diaphragmatic breathing, medial sternal breathing, segmental and Thoracic expansion that are performed in the pre-op and post-op CABG patients according to the AARC guidelines. • Witnessed the Critical Alert in the patient and observed the immediate intervention and timely action taken by doctor and nurse to stabilise his condition. • In the non-clinical department, audited to assess the compliance of the patient safety posters in the IPD washrooms. • Observed and learned about the discharge process in the post-op patients who underwent angiography, angioplasty and pacemaker placement patients. • Gained insights on working of TPA (Third Party Administrator) and CGHS Insurance work in the discharge process. • Observed the roles and responsibilities of the different working hospital staff professionals like Doctors, Physicians, Consultant doctors, Dieticians, TL, nurses, Transport team etc. • I was posted on the hospital floor for 2 days during which I gained insights into the functioning of the medical operations and role of floor manager. • Worked on the data of OPD Analysis and Appreciation for the FEBRUARY month and made report of it. • Conducted the Audit in the Cardiology Department to check the compliance of CTVS Notes in the patient files. • Completed the Proofreading of the JCI Handbook for MEDANTA.

	• Continued the Audits I had been conducting over past 4 weeks: • Critical Alert (CA) in patients • Spirometry exercise in CABG patients • PRE-OP and POST-OP Surgical documentation practices.
Linking theory (Classroom learning) with practice at your organisation	• Role of Hospital Administrator from Essentials OF Hospital Services module. • Hospital System framework from Essentials OF Hospital Services module. • Report Writing from Communication Planning and Management module. • Cohort studies of Critical Alert Value from Essentials of Epidemiology module.
Gaps identified on the working area.	• Delayed discharge due to TPA queries, long wait time for completing the discharge procedure and high TAT. • Lack of self- practice of spirometry exercise by post-op patients leads to prolonged stays in hospitals, increased readmission and higher post-op complications. • Improve of protocol adherence during Doctors Handover for better continuity of care. • Opportunity to optimize workload distribution and enhance support for nursing staff.
Suggestions for improvement	• Increasing Patient Discharge Before 12 pm and Midnight • Doctor's Rounds with Discharge Focus. • Motivating patients to practice spirometry independently promotes faster recovery and reduces hospital stay. • Conducting training sessions for Doctor's to standardize and strengthen the handover process.
Plan for the next week	• I will be working in the Non- clinical role of the Quality Departments. • Continue the past audits • I will learn something new related to the Quality department.

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WEEKLY REPORT – WEEK 06

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 06 From:16-06-2025 to 21-06-25

Activity Done	• Conducted non- clinical audit in the laundry and CSSD (Central Sterile Supply Department) and understood the working process of the same ➤ Importance: Ensures infection control through sterilization and delivery of sterile items to all hospital units. • Conducted tracer audit in pediatric patients to understand the importance of early identification and risk classification in line with JCI standards • Learned how these forms help in ensuring continuity of care and documentation from admission according to the standardized protocol of JCI in patient care • Learned about the Crash Cart in ICUs and Wards of the hospital. • Conducted the audit to Assess the compliance of the transfer protocol form in Head & Neck Surgery and ICUs to mapped its alignment with JCI patient care and patient transfer standards. • Reviewed MRD files of Head and Neck Surgery patients to evaluate the usage and documentation quality of transfer protocol and analysed pattern of form completion and documented transition of care. • Audited the presence of emergency call bells and posters for high risk of fall patients with information on use of grab bars, call bell and accompaniment of attendant in washrooms for handicapped patients in floors. • Cross-checked 30 patient records in HIS system post-biopsy to check for documented complications to investigated signs of hematoma, haematuria, blood transfusion need, and angio-embolism and reviewed discharge summary and doctor's notes regarding post-procedural management. • Conducted thorough tracer audit of Liver Transplant, Nephrology, and Urology patients. • Non-drug orders, MAR, progress sheet Evaluated according to JCI's Patient Care, Staff Qualification, and Environmental Care standards. • Compiled 4-month data (Feb–May) from ZIKAR software of Medanta regarding feedback and query resolution. • Understood integration of feedback with PREM (Patient Reported Experience Measures) and PROM (Patient Reported Outcome Measures) and identified closure patterns, escalation metrics, and

	response timelines.
Linking theory (Classroom learning) with practice at your organisation	• Essentials of Hospital Services: Understood sterilization workflow, significance of CSSD in infection prevention, and its impact on quality indicators. • Patient Safety & Quality Management: Gained insight into how standardized assessment and transfer protocols ensure safety and continuity of care. • Biostatistics & Health Informatics: Applied analytical thinking while studying feedback trends and post-biopsy complications using HIS data. • Strategic Management: Observed how structured documentation aligns with compliance goals (JCI) and improves organizational outcomes. • Communication Planning & Service Excellence: Learned how structured feedback closure (PREM & PROM) enhances hospital accountability and patient trust.
Gaps identified on the working area.	• Opportunity to improve completion rates and clarity in neonatal and pediatric initial assessment forms to strengthen early risk identification. • Transfer protocol forms, though used, have potential for better cross-verification and timely documentation, especially in ICUs. • Post-biopsy complication notes often lacked standard keywords and may benefit from a structured format in HIS. • Some files showed incomplete anaesthesia/sedation consent forms or misplacement of medication charts—highlighting the need for checklist usage. • Feedback closures on ZIKAR revealed scope to categorize queries more effectively for quicker turnaround.
Suggestions for improvement	• Recommend periodic form-wise audits in pediatrics and ICUs with feedback loops for improved form completion compliance. • Encourage the use of EMR-based mandatory fields for post-procedural complications to ensure traceability. • Standardize transfer protocol fields across specialties and promote interdepartmental handover templates. • Develop mini training capsules for nursing and clinical staff focusing on documentation completeness. • Use dashboards for ZIKAR feedback analysis – highlighting PREM and PROM closure trends monthly.
Plan for the next week	• Continuation of the audit of various speciality on different floors. • Continuation of the post kidney biopsy complications occurring in CKD patients from the HIS system

Signature of the Student

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WEEKLY REPORT – WEEK 07

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 07 From:22-06-2025 to 28-06-25

Activity Done	• Conducted individual patient audit according to the JCI standards audit methodology called TRCER AUDIT for versatile departments as follows: • Liver Transplant, Bone Marrow Transplant, Obstetrics and Gynaecology, Nephrology and Neurology, Internal Medicine • Conducted Critical Alert Audit according to the specialities and departments as follows: • Nephrology and Urology, Heart station, Obstetrics and Gynaecology, Liver Transplant, Neurodiagnostic • Conducted Audit among staff members to assess their awareness regarding POSH policy and gathered information about the members of hospital's Internal Complaint's Committee. • Learned about the following policies of MEDANTA regarding various departments as follows: • Complete Prescription guidelines, Labelling of drugs and high-risk drugs,6 Rights of Medication Administration, Medication Errors • 4 types of Pain Assessment scales • Visited MRD to review patient files related to the post- liver transplant complications and major incidents like death in Liver donor and recipient after the liver transplant surgery by examining the discharge summary, progress sheet and OT notes. • Worked on the HIS system to analyze post kidney biopsy complications in patients discharge summary focusing on the major incidents like haematuria, hypertension, CT Angio embolism, blood loss and requirement of blood transfusion. • Reviewed the OT notes in HIS for Liver transplant cases to assess the documentation of surgical details as per JCI documentation standards like surgical prophylaxis and Key performance indicators related to the documentation accuracy, drain output and timeliness of the OT notes completion. • Checked the OT records in HIS system to identify the compliance of documentation in the surgeons who perform liver transplant surgery. • Attended MOCK DRILL for CODE BLUE in the neonatal patients to assess the performance of the staff and preparedness in the department

	• Interacted with the cardiologist to understand real time code blue process and role of each team member during actual emergency. • Learned about the CRASH-CART and the instrument in the cart which are needed in the code blue • Compiled the data of the tracer audit in the excel and made the summary report in the CTVS patients
Linking theory (Classroom learning) with practice at your organisation	• Essentials of Hospital Services: Emergency codes, Nursing station, MRD, Medication Management. • Digital Health – Hospital Information System • Principles of Management - POSH policy • Communication Planning and management – Interdepartmental Coordination • Organization behaviour and Principles of management Leadership, role of leaders and types of leaders. Team leader in emergency situations like CODE BLUE
Gaps identified on the working area.	• Opportunity to improve the inter- departmental coordination. • Training the staff for the preparedness and emergency codes situations • Strengthening the IPSG goal 2 that is improve effective communication between the staff for emergency preparedness • Incomplete documentation in thew patient records
Suggestions for improvement	• Recommend periodic form-wise audits in paediatrics' and ICUs with feedback loops for improved form completion compliance. • Standardize documentation protocol across specialties and promote interdepartmental handover templates. • Providing the training sessions for nursing and clinical staff focusing on documentation completeness. • Training the staff about IPSG goals
Plan for the next week	• Continuation of the individual patient tracer audit of multiple speciality departments to track the care of continuity in patients. • Will visit the OT for the internal audit for JCI preparedness • Continue the MRD audit to assess the post liver transplant complications in the recipient • Start new tracer audit in the Lung and Chest department • Will start critical alert audit according to the departments which includes heart stations, neurodiagnostic, Stress test, ECHO, pulmonary function test and blood bank

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WEEKLY REPORT – WEEK 08

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 08 From:30-06-2025 to 05-07-25

Activity Done	• Conducted an internal audit for JCI preparedness on the floor to assess staff awareness regarding JCI guidelines. • Evaluated the practical performance and knowledge of staff concerning the key performance indicators (KPIs) specific to their specialties and departments. • Organized a mock drill for CODE RED (Fire Emergency - 5555) to evaluate the fire response team's real-time performance and response time. • Conducted staff interviews to assess their knowledge of emergency codes and evaluate their response actions from code announcement to execution during CODE RED. • Performed a HAZMAT spill drill to assess duty staff's awareness and response, and to evaluate the response time of the designated spill team. • Participated in the internal JCI preparedness audit for the Obstetrics and Gynaecology Department, with a focus on identifying gaps in the Labour Room OT. • Conducted a CODE BLUE (Cardiac Arrest) drill in the NICU to assess real-time performance of doctors and nurses during neonatal cardiac emergencies, and reviewed time gaps in the response. • Executed a CODE PINK (Child Abduction) drill in the NICU to evaluate healthcare staff's response and the effectiveness of the CODE PINK team's actions during a critical situation. • Carried out tracer audits in the following departments: • Nuclear Medicine, Obstetrics and Gynaecology, Cardiology, Chest Department • Conducted a Medical Records Department (MRD) audit for liver transplant recipients to study KPIs related to clinical performance and to analyze the percentage of post-operative complications • Compiled the data of the Consent Forms to assess the documentation compliance percentage around the various departments and specialities of the hospitals
Linking theory (Classroom learning) with practice at your organisation	• Leadership Role from Principles of the Management • Operation Theatre from the Essentials of Hospital Services • Interdepartmental Co-ordination from Communication Planning and Management

	• Communication in Healthcare setting from Communication Planning and Management • Role of Hospital Administrator from Essential of Hospital Services
Gaps identified on the working area.	• Lack of awareness among the staff related to the JCI audit and its preparedness • Opportunity for improving the emergency response timing • Need for reinforcement of the protocol knowledge • HAZMAT awareness among the staff can be strengthened
Suggestions for improvement	• Staff training and re-education for JCI preparedness • Conducting staff interview mock session for improving the performance of the staff working in the hospital • Conducting the internal audit more often for preparing the staff for the JCI Audit
Plan for the next week	• Conducting the Internal Audit in the Operation Theatre for assessing the condition of OT • Compiling the data for the Internal Audits in the excel • Working in the non-clinical department of the hospital

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – WEEK 09

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 09 From: 07-06-2025 to 12-07-25

Activity Done	• Conducted Tracer audit for the Pediatric department to check the documentation according to the standard JCI protocol • Conducted the Tracer audit for Interventional Cardiology department to assess the various documentation like Initial assessment, Cath Lab procedure sheet, hematoma monitoring, high risk bleeding criteria checklist, progress sheet and transfer out form. • Conducted the Tracer audit for the Cardiology and CTVS department to assess the documentation compliance according to the JCI standard • Worked on monthly and yearly data compilation of MRD, IPSG Goals and Heath Plug • Worked on the analysis of the KPI data for financial year April-24 to March-25 on the various parameters which includes Nursing initial assessment within one hour, Hospital Acquired Pressure Ulcers, Rate of incidence of Phlebitis, Rate of incidence of fall risk assessment, Medication Error Assessment and Shifting Handover • Worked on the analysis of the KPI of hand hygiene compliance and BMW hand hygiene compliance for financial year April-24 to March-25 • And compared the data analysis with the last year • Revised the SOP manual of the Gynaecology and Gynaecology Oncology. • Conducted Internal Audit in the Labour Room OT
Linking theory (Classroom learning) with practice at your organisation	• Data analysis from Excel Class learnings • Data Compilation from Digital Health • IPSG goals from Quality Assurance and Essentials of Hospital Services • Interdepartmental coordination from Communication Planning Management • Collaboration From Organisation Behaviour Module
Gaps identified on the working area.	• Lack of documentation in the patient files • Missing data while working on the excel sheet • Lack of knowledge of Emergency codes and JCI standards • Lack of Knowledge related to the IPSG goals among the hospital staff

Suggestions for improvement	• Training session to the staff • Auditing the patient files routinely to check the missing documentation • Addressing certain missing documentation and insufficiencies with the certain specialities • Improving the KPI of the certain parameters within the hospitals
Plan for the next week	• I will be focused on completion of my poster and report • Analysis of the critical alert data

Signature of the Student

Approved by the IIHMR University's Mentor

WEEKLY REPORT – WEEK 10

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT
Week no: 10 From: 14-06-2025 to 19-07-25

Activity Done	• Worked on the data Analysis of the Critical Alert that is included in the IPSG goal 2 i.e. Improve effective communication • Worked on the completion of Poster and Report compilation of my topic • Conducted tracer audit in the Respiratory Medicine department to assess the documentation compliance according to the JCI standards • Understood the importance of checking privilege of doctor before doing surgery in JCI accredited hospitals for evaluation of OPPE (Ongoing Professional Practice Evaluation). • Worked on the MRD data for sorting and compilation • Staff interview for JCI preparedness
Linking theory (Classroom learning) with practice at your organisation	• Role of hospital administrator from Essentials of hospital services • Interdepartmental coordination from Communication Planning and management • Data compilation and analysis from Basics of Excel class • Data collection methods from Research Methodology
Gaps identified on the working area.	• Lack of documentation completion • Lack of knowledge related emergency codes of the hospital and when to activate it and how to activate it among the hospital staff • Lack of knowledge related to the protocols of JCI among the hospital staff who are newly appointed

Suggestions for improvement	• Training sessions for improvement related to the JCI standard protocol • Mock Drills for emergency codes to assess the performance of the staff during the codes • Routine Internal audit for the JCI preparedness of the staff
Plan for the next week	• Prepared a compiled report for SIP • Start working on SIP poster • Poster approval from University Mentor

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: MEDANTA
Area/ Department/ Project of Summer Internship Program: QUALITY
Name of the Student: APURVA BHAGAT
Roll no: 1924 Stream: MBA IN HOSPITAL AND HEALTH MANAGEMENT

Activity Done	**1.Acclimatizing and understanding the hospital:** In Induction Program on the first two days on following sessions: ➢ Quality and patient safety-NABH, NABL and JCI. ➢ IPSG goals 1-5 ➢ Infection Prevention and Control ➢ Basic life support, Emergency codes and Disaster Management ➢ AIDET and SPIKE models for Communication • Learning the importance of TREE OF LIFE where everyone prays in the hospital • Gained exposure to the discharge process of the hospital, including final documentation, medication reconciliation, discharge summary review, and patient counselling procedures. • Understanding the hospital structure and workflows across departments, particularly in ICU and inpatient floors, including coordination between medical, nursing, and administrative teams. **2.CRITICAL ALERT** • I Received the project on to assess the Critical Alert values written orders documentation in Critical alert register and progress sheet in the patient files • Understood the importance of the critical alert timely reporting • Learned about the reporting process of the critical alert (diagnostic test and results) from laboratory to doctors and nurses on single phone call. It should be addressed by doctors and nurses within 30 minutes, as Critical Alert is life- threatening condition of the patient which requires timely intervention and immediate action by the hospital staff • Conducted Tracer file audit on floors and ICUs to cross-check the critical alert documentation in both the critical value register and progress sheet in the patient file to assess the timely intervention and immediate action taken in the life-threatening conditions • Conducted a routine audit to identify gaps in the reporting of critical alerts, focusing on root cause analysis related to deficiencies in IPSG Goal 2 compliance. • Conducted a two-phase audit as part of a prospective study over a span of two months, reviewing individual patient files to assess the documentation of critical alerts for patients admitted to the ICU and

	IPD floors. • In Phase 1, data was collected on whether appropriate clinical interventions were taken in response to critical alerts. • In Phase 2, the focus was on newly admitted and post-operative surgical patients, specifically tracking the occurrence and documentation of critical alerts. • Observed the Point of Care Testing (POCT) procedure conducted at the bedside which provides timely results • Gained understanding of the JCI guidelines to be followed as per the revised IPSG Standard 2. • Suggested improvements to ensure accurate documentation of critical alerts and strengthen overall record-keeping compliance. **3. PRE-OP AND POST-OP** • I Received the project to assess the accuracy and completeness of Pre-Operative and Post-Operative notes documented by doctors in the patient progress sheets and in the HIS system • Understood the significance of maintaining complete and timely documentation related to surgical procedures as per JCI guidelines. • Learned about the documentation requirements checklist for operative procedures, including the presence of OT notes in both the progress sheet and the HIS system. • Conducted a tracer audit on surgical patient files to verify the presence of required pre-op and post-op notes with appropriate instructions, and cross-checked the OT documentation in both files and HIS. • This activity was closely aligned with IPSG Goal 4, which emphasizes effective communication and documentation during patient care transitions. • Conducted a routine audit to identify gaps in the documentation of pre-operative and post-operative notes, with the objective of understanding underlying issues to know the root cause in depth for supporting effective Root Cause Analysis and CAPA implementation. • Suggested actionable improvements to enhance the accuracy and completeness of surgical documentation and ensure better compliance with JCI standards for operative and post-operative care. • Understood the importance of utilizing standardized pre-operative and post-operative checklists as mandated by JCI standards and Clinical Care of Patients (COP) guidelines to ensure surgical safety, reduce risks, and promote effective communication among surgical teams. **4. Pre-op spirometry exercise in CABG patient** • I Received the project to assess the documentation of pre-operative physiotherapy counselling and spirometry exercises in CABG patients in the progress sheets of patient files and HIS. • Conducted a tracer audit to assess the implementation of pre-operative physiotherapy counselling and spirometry exercises in CABG patients.

	• Understood the importance of pre-op spirometry exercises in reducing post-operative atelectasis, pulmonary infections, minimizing hospital length of stay, and lowering readmission rates in CABG patients • Observed the physiotherapist guiding pre-op CABG patients on correct spirometry techniques as part of surgical preparedness. • Monitored inter-departmental coordination among doctors, nurses, physiotherapists, support staff, and security personnel during patient transfer from ward to OT to ensure safe and timely handover. • This activity aligns with JCI standards under AOP (Assessment of Patients), COP (Care of Patients), and IPSG (International Patient Safety Goals), specifically promoting surgical safety, patient education, and multidisciplinary coordination for better clinical outcomes. • Observed cases of surgical site infections and post-operative complications in CABG patients, and analysed contributing factors to understand the root cause in depth and support the development of effective corrective actions • Observed physiotherapists guiding post-operative CABG patients through spirometry exercises to support recovery and reduce pulmonary complications. • Suggested actionable improvements to enhance the accuracy and completeness of surgical documentation for CABG patients, ensuring better compliance with JCI standards for pre-operative and post-operative care. **5. TAT of DRUG administration** • I Received the project to assess the process of drug prescription and administration upon patient admission and arrival on the floor • Understood the importance of timely medication administration and its impact on patient safety and treatment effectiveness. • Learned about the MOM (Medication Order Management) process, including the flow of medication orders from prescription by the physician to indentation from the pharmacist to the administration by the nursing staff. • Assessed the Turnaround Time (TAT) of drug administration post-admission to ensure timely delivery of prescribed medications. • Conducted tracer audits to evaluate documentation accuracy in drug charts, progress sheets, and electronic records, ensuring compliance with medication safety protocols under IPSG Goal 3. • Identified gaps in timely medication administration and proposed actionable recommendations to improve coordination between prescribers, pharmacists, and nursing staff. • Aligned the audit findings and improvement suggestions with JCI standards related to medication management and use (MMU) and International Patient Safety Goal 3: “Ensure the safety of high-alert medications. **6. Tracer Audit in various specialities**

	• I was assigned a task to go for 'tracer audit' for various departments as follows- ➢ CTVS, Cardiology, Interventional Cardiology ➢ BMT ➢ Liver Transplant ➢ Paediatrics and NICU ➢ Obstetrics and Gynaecology ➢ Chest ➢ Nephrology Urology • I understood the types of tracers and their importance for identifying the gaps in documentation inefficiencies. • I was assigned the responsibility to conduct a daily tracer audit for recording the documentation non-compliance. • Then forming the excel report of the findings collected during the tracer. • At last was responsible to make the summary report for all the departments separately to identify the gaps in documentation of all the patient record. • Then took part in meetings held with the members of each department for discussing the findings and their solution with the mentor of my organization. **7. Internal Audit** • I received the opportunity to gain the rewarding experience, to participate in the internal audits conducted across departments like respiratory and internal medicine, Labour OT room, Cath Lab and DSA for the upcoming JCI accreditation. • I took part in routine internal audit where I was given the responsibility to interview various staffs of various departments, check for various quality protocols, mandatory posters and awareness about various emergency codes. • Witnessed mock drill for emergency codes such as Code blue, Code orange, Code Red and Hazmat Spill management. • I was assigned the task of consolidating audit findings collected by all internal audit team members across different departments. • I prepared a comprehensive summary report, which was later presented by my mentor and HOD during weekly review meetings with the CEO to identify and discuss improvement areas. **8. Utilized Hospital Administration Portal for Data Compilation and Reporting** • I was assigned a task for 'compiling the June month floor audit form the portal for MRD and IPSG goals audits' and did the following things for the task: • First, I compiled the data for the whole month for all the MRD audit and IPSG goals audit. • Next, I analyzed the data with the help of a pivot table. • Then, finally, I updated the dashboard for the monthly update. • Then I was assigned to compile the year-round data for the same for

	year 2023 and 2024 in the excel. **9. Close MRD [Medical Records Department] Data** • I was Assigned task for doing a retrospective study for gathering the information on documentation compliance for various parameters. • I was Assigned work in the Medical Records Department (MRD) to conduct a closed file audit focusing on documentation compliance and clinical indicators. • Performed a retrospective study to assess the completeness of the progress sheet, OT notes and reviewed discharge summaries for accuracy and adherence to clinical documentation standards. • Understood the workflow of MRD and learned how to navigate and review patient files to extract relevant clinical and administrative information. • Reviewed documentation in CABG patient files for compliance with intubation and extubating timing. • Assessed transfer protocol documentation in head and neck oncology cases to ensure proper handover and continuity of care. • Evaluated post-operative documentation in liver transplant cases, including discharge summaries, progress sheets, and OT notes, to identify complications and assess KPIs such as Hepatic Vein Thrombosis (HVT), Portal Vein Thrombosis (PVT), Hepatic Artery Thrombosis (HAT), and biliary complications**.** **10. HIS** • Gained hands-on experience working on the e-Hospital Information System (e-HIS), developing a comprehensive understanding of its structure, functionality, and the clinical and administrative data stored within the system. • Learned to efficiently navigate the portal to extract patient-specific information for clinical audits, quality improvement, and documentation compliance review. • Reviewed discharge summary parameters, including patient diagnosis, treatment given, investigations, course of hospital stay, follow-up instructions, and medication reconciliation, ensuring compliance with JCI standards for effective patient handover and continuity of care. • Assessed Liver Transplant OT note parameters to verify documentation of intraoperative events, complications, graft details, and post-operative care instructions, as per surgical safety protocols. • Received and completed multiple data-driven mini-projects using HIS to support KPI monitoring and quality audits: Post-Operative Kidney Biopsy Complications: Analysed post-op complications such as hypertension, haematuria, and CT angio-embolism to assess related KPIs through HIS records. **11.Revision of Standard Operating Procedures [SOPs]** • Worked under my organization mentor for revision of following SOPs-

	➢ JCI handbook 2025 ➢ Pediatrics SOP and Neonatal SOP ➢ Anaesthesia SOP ➢ Trauma and emergency care SOP ➢ Gynaecology and Oncology SOP • Gained an understanding of a core function of the Quality Department overseeing and formulating minor and major changes within the hospital system. • Gained an understanding of the process of revising the document and getting it finalized. **12.Patient Experience & Feedback Management** • I Received the project to compile and analyse 4-month data (Feb–May) from ZIKAR software related to patient feedback, complaint closures, and query resolution. • Understood the integration of feedback data with PREM (Patient Reported Experience Measures) and PROM (Patient Reported Outcome Measures) to assess patient-centric care quality. • Identified trends in complaint closure patterns, escalation metrics, and turnaround time for resolution to assess service responsiveness. **13.Key Performance Indicator (KPI) Analysis – FY April 2024 to March 2025** • Worked on the comprehensive analysis of KPI data for the financial year April 2024 to March 2025 across multiple quality and safety parameters, including: ➢ Nursing Initial Assessment within one hour ➢ Hospital Acquired Pressure Ulcers (HAPUs) ➢ Incidence Rate of Phlebitis ➢ Fall Risk Assessment ➢ Medication Error Rates ➢ Shift Handover Compliance • Analyzed infection prevention KPIs, focusing on **Hand Hygiene Compliance** and **Biomedical Waste (BMW) Handling Compliance**, based on data from the IPCT Audit. • Compared current year data with the previous year to evaluate performance trends, identify areas of improvement, and assess the impact of interventions on quality outcomes. • Proposed data-driven suggestions to improve patient satisfaction by strengthening hand hygiene compliance, nursing documentation, and communication during discharge and shift handovers, aligned with JCI standards for patient-centred care.
Linking theory (Classroom learning) with practice at your organisation	• **Essentials of Hospital Services** o Understood the hospital system framework, ICU structure, and the role of a hospital administrator. o Gained knowledge of emergency codes and the role of the emergency response team through Code Blue mock drill

	simulations. o Explored sterilization workflows and the significance of CSSD in infection prevention and quality indicators. o Learned about the functioning of the Medical Records Department (MRD), administrative tasks, and statistics generated. o Observed medication management and nursing station operations. o Studied post-operative complications and cohort studies through the lens of Critical Alert cases. o Understood OT protocols and discharge processes. • **Communication Planning and Management** o Developed effective communication skills in hospital settings, including public speaking and presentation. o Learned interdepartmental coordination and communication planning strategies. o Practiced report writing for audits and presentations. o Observed how structured feedback closure (PREM & PROM) enhances patient satisfaction and accountability. • **Organization Behaviour** o Understood collaboration, teamwork, and conflict management in a healthcare environment. o Studied organizational ethics, leadership styles, and the role of leaders during emergencies like Code Blue. o Observed real-time interdepartmental coordination in critical care settings. • **Principles of Management** o Learned about organizational culture and its influence on healthcare delivery. o Understood managerial interpersonal styles and leadership roles in hospital management. o Gained awareness of POSH policy and workplace ethics. • **Digital Health** o Explored the Hospital Information System (HIS) for real-time data extraction, documentation analysis, and tracking patient outcomes. o Understood telehealth and e-health services provided by hospital. o Worked on data compilation from HIS for performance metrics and quality indicators. • **Patient Safety & Quality Management** o Learned about IPSG goals and their role in ensuring patient safety.

	○ Understood how standardized assessment and transfer protocols enhance safety and continuity of care. ○ Participated in analysis of KPIs such as nursing assessment, fall risk, HAPUs, phlebitis, and medication errors. • **Biostatistics & Health Informatics** ○ Applied data handling, sampling, and statistical thinking during KPI reviews and HIS-based audits. ○ Analyzed trends related to critical alert data, feedback responses, and post-biopsy complications. • **Research Methods & Epidemiology** ○ Learned methods of data collection and primary research during audits. ○ Applied cohort study methods in analyzing Critical Alert cases. ○ Conducted retrospective reviews and used data mapping techniques to identify clinical trends. • **Human Resource Management** ○ Underwent professional training and mentoring aligned with HRM concepts, including staff roles, delegation, and supervision. • **Strategic Management** ○ Observed how structured clinical documentation supports hospital compliance (JCI standards) and enhances operational efficiency. • **Basics of Excel** ○ Acquired skills in data analysis, compilation, and visual representation for audit reporting and KPI tracking.
Gaps identified on the working area.	• Strengthen the documentation of the critical alert values in the patient files and opportunity to build automated dashboards for tracking Critical Alert compliance across departments. • Integration of automatic reminders in HIS for better tracking of records related to critical alert • Improving the alignment between the nurses and doctors' documentation. And poor protocols Adherence of the critical alert value by the staff. • Enhanced the use of the HIS system for accurate documentation by the staff of the hospital. • Strengthen the accuracy and consistency of the documentation of pre-op and post-op notes by standardized documentation protocol. • Improving the documentation related to the spirometry exercise in the CABG patients and strengthening the regular structured handover between physiotherapist and nurses could improve continuity of care. • Emergency response system is effective and can further improve the

	response timing with regular simulation drills. • Mock Drills have revealed that Clarity of roles and interdisciplinary communication during emergencies can be improved in order to provide patient care. • Presentation feedback showed scope to incorporate more visual insights and clinical impact during reporting. • Centralize documentation in MRD Department have improved data traceability. • Delayed discharge due to TPA queries, long wait time for completing the discharge procedure and high TAT. • Opportunity to optimize workload distribution and enhance support for nursing staff. • Transfer protocol forms, though used, have potential for better cross-verification and timely documentation, especially in ICUs. • Post-biopsy complication notes often lacked standard keywords and may benefit from a structured format in HIS. • Incomplete documentation of anaesthesia/sedation consent forms or misplacement of medication charts highlighted the need for checklist usage. • Feedback closures on ZIKAR revealed scope to categorize queries more effectively for quicker turnaround. • Opportunity to improve the inter-departmental coordination. • Strengthening the IPSG goal 2 that is improve effective communication between the staff for emergency preparedness. • Lack of awareness among the staff related to the JCI standards, audit and its preparedness among the hospital staff • HAZMAT awareness among the staff can be strengthened. • Missing data while working on the excel sheet. • Lack of knowledge of Emergency codes and JCI standards. • Lack of Knowledge related to the IPSG goals among the hospital staff. • Lack of knowledge related emergency codes of the hospital and when to activate it and how to activate it.
Suggestions for improvement	• Training the staff for the preparedness and emergency codes situations. • Standardize documentation protocols across all departments. • Use stamps for critical alert entries to reduce doctor workload. • Implement periodic tracer and form-wise audits in ICUs and specialties. • Conduct peer-to-peer feedback sessions to improve reporting quality. • Train staff on IPSG goals, JCI protocols, and documentation standards. • Develop training capsules and videos for HIS and clinical documentation. • Regular mock drills for emergency codes with feedback sharing. • Strengthen EMR/HIS integration for real-time tracking and alerts. • Use dashboards to monitor PREM, PROM, and ZIKAR feedback

	trends. • Improve discharge planning with early rounds and patient counselling. • Promote spirometry practice in CABG patients to reduce complications. • Reinforce medication TAT monitoring from prescription to administration. • Audit pre-op and post-op notes for completeness and timely entries. • Standardize handover templates and transfer protocols across units. • Improve complaint closure time through better escalation tracking. • Compile audit findings department-wise and review with HODs regularly. • Suggest automation of critical fields in HIS to prevent omissions. • Revise SOPs with updated audit inputs and staff feedback. • Conduct staff interviews and mock sessions to enhance audit readiness. • Strengthen communication between doctors, nurses, and support staff.
Key Learnings	• I gained a strong foundational understanding of how different departments in a tertiary care hospital function, and how interdepartmental coordination ensures continuity of patient care. • Understood what qualifies as a critical alert in various departments: biochemistry, hematology, radiology, echo, POCT, cardiology, nephrology, and urology. • Learned identification and documentation of critical alerts. • Gained clarity on managing critical alerts in newly admitted and post-surgical patients. • Observed timely interventions within 30 minutes for critical alerts. • Studied SOPs and JCI guidelines for critical alert reporting. • Learned about the DID calling protocol for alert escalation. • Understood the value of pre-op and post-op spirometry in CABG patients. • Reviewed CABG-related surgical site infections from literature. • Analyzed readmission rates linked to unresolved critical alerts. • Observed post-op complications in CABG and contributing factors. • Learned documentation standards for CABG care under JCI. • Used pre-op and post-op checklists for surgical documentation. • Linked documentation flow to IPSG Goal 4 (handover communication). • Observed time gaps between admission, drug prescription, and administration. • Understood JCI standards under MOM for medication safety. • Learned the discharge process followed in a tertiary hospital. • Studied discharge protocols under JCI for completeness. • Became familiar with emergency codes as per JCI norms. • Observed coordination among departments during patient care.

	• Worked on Excel tools — VLOOKUP, sorting, pivot tables, and filtering. • Analyzed feedback using PREM and PROM indicators through ZIKAR. • Studied MRD documentation and transfer protocols in head & neck surgeries. • Reviewed KPIs like HAT, HVT, PVT, and biliary complications post-liver surgery. • Audited kidney biopsy complications using HIS. • Participated in internal audits for JCI accreditation readiness. • Understood tracer audit process and types under JCI. • Practiced AIDET and SPIKE communication models. • Understood the functioning of the hospital quality department. • Learned the clinical and non-clinical scope of quality teams. • Observed JCI/NABH/NABL compliance in a tertiary care hospital. • Understood the role of quality in accreditation and patient safety. • Analyzed KPIs for liver transplant, BMT, and nephrology departments. • Contributed to SOP revisions for pediatrics, NICU, anaesthesia, gynaecology, and emergency. • Developed strong communication and presentation skills. • Improved multitasking by handling audits, reporting, and departmental coordination. • Learned to work under pressure and meet deadlines in a hospital setting. • Built technical proficiency in HIS, Excel, and quality audit tools. • Strengthened interpersonal skills through interaction with multidisciplinary teams. • Gained confidence in documentation, reporting, and clinical process understanding. • Understood hospital workflows across clinical and administrative areas. • Learned the impact of effective communication on patient care delivery. • Practiced AIDET & SPIKE models for structured patient interaction. • Gained insight into non-clinical departments: laundry, CSSD, fire, engineering, food & beverages, and nutrition. • Observed how engineering supports equipment calibration and infrastructure safety. • Learned how food, nutrition, and F&B departments contribute to patient recovery and satisfaction. • Recognized the essential support non-clinical teams provide in maintaining hospital standards.

Signature of the Student

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