SUMMER INTERNSHIP PROGRAM

at

Eternal Hospital, Sanganer

From May 12, 2025, to July 21, 2025

A

Report by

Archana Singh

Master of Business Administration

(Health & Hospital Management)

Roll no-1913

2024-26

Under the mentorship of

Dr. Seema Mehta

Professor (SDG-SPH)

IIHMR UNIVERSITY

ETERNAL HOSPITAL *Sanganer*

TO WHOMSOEVER IT MAY CONCERN

Date: 21st Jul 2025

This is to certify that **Dr. Archana Singh** student of **IIHMR University, Jaipur** has completed her internship in the department of **Operations & Quality** at **"Eternal Hospital Sanganer (A Unit of Eternal Care Foundation)"** from **12th May 2025 to 21st Jul 2025**.

The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

For **ETERNAL HOSPITAL SANGANER**
(A UNIT OF ETERNAL CARE FOUNDATION)

Dr. Priyanka Maan
Head Medical Administration

Head-Medical Administration
Eternal Hospital Sanganer
(A unit of Eternal Care Foundation)

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

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

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

Seema Mehta

Date: 28/07/25

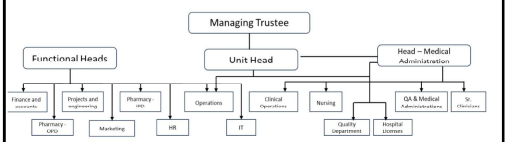
Dr. Seema Gupta
Professor (SDG-SPH)

A Study on Compliance with NABH Standard PRE.4: Evaluation of Informed Consent Documentation in ICU Files at Eternal Hospital, Sanganer.

ABOUT:

Eternal Hospital Sanganer, a 100+ bedded facility under Eternal Care Foundation, extends high-quality, accessible healthcare to the Sanganer region. Backed by the expertise of Eternal Hospital Jaipur, it features advanced infrastructure including ICU beds, modular OTs, and general to deluxe wards. The hospital offers comprehensive services across different departments.

ORGANIZATION STRUCTURE:



OBJECTIVES:

- To assess the compliance of informed consent documentation with NABH Standard PRE.4 in closed ICU files at Eternal Hospital.
- To evaluate the completeness and procedural accuracy of the informed consent process.

SWOT

STRENGTHS:

- Established brand reputation
- Strong patient satisfaction
- Skilled doctors
- Robust staff training programs
- High-quality facilities

WEAKNESSES:

- Limited physical infrastructure.
- Poor floor management.
- Inconsistent interdepartmental communication.
- Insufficient patient counselling.
- Limited option of digital health records.

OPPORTUNITIES:

- Growing healthcare demand
- Enhanced telemedicine services
- Strategic partnerships
- Scope for PPP and clinical collaboration.

THREATS:

- Rising expectations among patients.
- Increasing competition
- Staff dissatisfaction
- Dissatisfied patients
- Health policy shifts.

METHODOLOGY

- **Study Design**: Descriptive, retrospective closed-file audit
- **Setting:** IPD files from CTVS (25 CABG cases) and MICU (75 OT procedures) at Eternal Hospital, Sanganer
- **Study Duration:** April 2025 (discharged cases)
- **Sample Size:** 100 patient files (25 CTVS + 75 MICU)
- **Sampling Technique:** Purposive sampling from OT procedure files

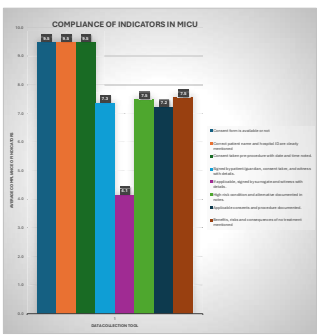
DATA COLLECTION TOOL

NABH PRE.4-based checklist covering:

- Availability of consent form.
- Correct patient name and hospital ID.
- Procedure consent with date and time.
- Signatures from the patient/guardian, the doctor, and the witness.
- Surrogate consent with reason when applicable.
- Risks, benefits, and alternatives clearly explained.
- Documentation of high-risk conditions and applicable procedures.

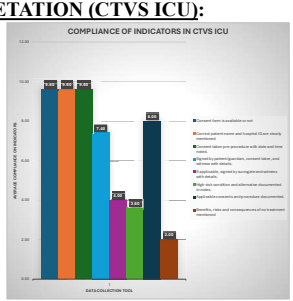
ANAYLSIS AND INTREPRETATION (MICU):

95% Compliance: Forms had correct details and timing.
73% Signatures: Some gaps in required signatories.
41% Surrogate Consent: Poor documentation in applicable cases.
75% Content Coverage: Most included risks, benefits, and procedure info.



ANALYSIS AND INTERPRETATION (CTVS ICU):

96% Compliance: Forms had correct patient details, timing, and availability.
80% Accuracy: Applicable procedure and consent type were correctly documented.
74% Signatures: Some missing signatories across forms.
Low Surrogate & Risk Info: Only 40% noted surrogate consent; 36% mentioned high-risk or alternatives.
Poor risk disclosure: Just 20% included benefits, risks, and consequences — indicating need for better communication.



FINDINGS:

- **High Procedural Compliance**: 95–96% compliance in form availability, patient ID, and timely consent.
- **Moderate Signature Compliance**: 73–74% compliance in obtaining signatures from patient/guardian, consent taker, and witness shows room for improvement.
- **Poor Surrogate Consent Documentation**: Low compliance (40–41%) reveals gaps in handling non-autonomous patients ethically and legally.
- **Inconsistent Content Disclosure**: Significant variation (20%–75%) in documenting risks, benefits, alternatives, and high-risk conditions points to inconsistencies across departments.

RECOMMENDATIONS:

- **Consent Champions**: Trained staff in each unit to ensure compliance.
- **Digital Integration**: HIS-based forms with mandatory fields and alerts.
- **Monthly Audits**: Routine audits with departmental feedback.
- **Staff Training**: Regular sessions on consent standards and surrogate cases.
- **Colour-Coded Forms**: Standardized forms with checkboxes for high-risk, surrogate, and risk-benefit info.

CHALLENGES:

- Coordination issues between hospital staff.
- Limited data accessibility.
- Lack of Awareness and Training
- Incomplete documentation.
- Limited Monitoring and Feedback Mechanisms

KEY LEARNINGS:

- Gained understanding of hospital departments and their interconnections.
- Applied theoretical concepts to real hospital scenarios.
- Improved communication and interpersonal skills with healthcare staff.
- Learned about NABH and quality audit standards in hospital settings.
- Gained awareness of public health and hospital management challenges.

Presented By: Dr. Archana Singh
Under the Guidance (approved by) :
Dr. Seema Mehta

COMPREHENSIVE SUMMARY OF THE SUMMER INTERNSHIP.

The initial week of the internship was dedicated to a wide and structured orientation program, which provided a basic understanding of hospital functioning. I was introduced to the layouts and functional dynamics of various departments within the eternal hospital, including both clinical and non-clinical units. These included intensive care units (ICU), Outpatient Department (OPD), Operation Theatre (OTS), inpatient department (IPDs), emergency services, clinical services, human resources (HR), marketing, front office, finance, biomedical, and supply chain management.

Orientation offered an overall perspective on mutual activity between departments and gave me insight into the patient flow process - from entry to discharge. During this week, observation quality assurance practices, importance of standardized communication between departments and focusing around the real -sexual challenges faced by healthcare workers. I saw the application of hospital management principles in areas such as patient registration, triage system, infection control, waste management and documentation protocols.

Thus, the orientation not only introduced me to hospital procedures, but also created a strong base for the Audit Quality Improvement Work in the case-of-the-week.

In the second week, internal audit and quality monitoring activities were converted into hands with general orientation. I actively participated in a closed file audit of Deep vein thrombosis (DVT) risk evaluation in the Department of IPD. This included reviewing clinical documentation for perfection, accuracy and rearing for NABH-Recommended DVT screening practices.

Additionally, I audited the critical value register for both IPD and ICU units. This register is important to record any important laboratory values, which may require immediate clinical attention, and its proper maintenance is necessary to ensure the safety of the patient. During this audit, I evaluated whether significant results were recorded, accepted, and work was done within the appropriate time frame.

This week also provided meaningful risk to the National Recognition Board for hospitals and healthcare providers (NABH) standards. Through the audit observation and interaction of the employees, I began to understand how hospitals are evaluated against specific benchmarks for quality care, safety and compliance. I reviewed NABH related policy documents and audit checklists and learned about internal audit preparations, interval analysis, corrective functions and cyclic process of documents.

When doing these tasks, I focused on some recurring documentation intervals, such as missing or incomplete DVT assessment records and irregularities in the important value logs. Of these, inconsistency was indicated how employees understood and executed NABH analog practices. Experience highlighted the need for continuous training and use of standard operating procedures (SOPs) to ensure uniformity.

In the third week, my approach deepened quality guarantee activities through a wide audit of the emergency response protocol, especially around the cases of blue code. I audited all the work done during the CPR execution sheet (cardiopulmonary rescue), Code Blue Events. These execution sheets must review the event related to the Renaissance practices and improve quality.

This task included the examination for the completion of essential areas such as the beginning of CPR, administered medications, managed medications, reaction and patient results. I observed many discrepancies in the documentation, including missing data on entrances and incomplete time intervention, to comply with the importance of standardized emergency documents.

In addition to the CPR audit, I compiled audit data related to lumbar and Ascites puncture processes, focusing on whether the patient's consent forms were signed correctly and the procedure record was updated

precisely. This experience thanked me how many consent processes are associated with patient safety, moral standards and legal compliance.

Together with this, I had the opportunity to work on documents related to the Nabh Hospital committees, including the Blue Code Committee, the Infection Control Committee and the Quality Committee. My work was to help mines, action reports and assistance sheets in Probation and activism required for internal rules.

One of this week's important contributions was to prepare and send the Blue Code indicator report according to NABH guidelines. This analysis required the CPR data that I checked, summarizing the performance trends, the identification of gaps and the preparation of recommendations to improve quality.

During the fourth week of internship, my responsibilities focused on improving clinical documentation and processes standardization, two crucial elements in hospital quality management. The week began with an intensive review and presentation of standard operational procedures (SOP) and manuals in several hospitals departments. These SOP are vital not only for internal standardization, but also serve as evidence during NABH inspections to demonstrate that processes are constantly followed.

At the same time, I made the audit of the doctor’s handover register for the month of May. The audit focused on two key areas of hospitals: the Medical Intensive Care Unit (MICU) and the Patient Department (IPD). Delivery records are essential to maintain continuity of attention, especially during shift changes. These records document the patient's critical information, waiting for research, changes in treatment and urgent clinical concerns. However, the audit revealed multiple documentation gaps, such as incomplete entries, missing companies and inconsistency in updating the patient's condition and the care plan.

The week offered a practical understanding of how even apparently routine documentation practices are critical for patient safety, communication and legal protection. I observed that the lack of a standardized format for transfers created the space for ambiguity, especially in critical care environments such as MICU, where patients are often unstable and multiple interventions are carried out.

In addition to the audit, I played an instrumental role in the compilation, organization and digitalization of SOP files for several departments, including emergency, laboratory, radiology and nursing. This activity improved my familiarity with the interdepartmental workflow.

Week five marked a fundamental academic transition, when I began to lay the foundations for my internship research project. The main approach was to formulate clear and processable research objectives aligned with the objectives of the Quality Department and the NABH accreditation framework. After discussions with the hospital mentor and reviewing preliminary audit experiences, the title of the final project became:

"A study on compliance with NABH Standard Pre.4: Evaluation of the documentation of the consent informed in the ICU consent forms in the departments of CTVS ICU and MICU."

With the framework of the established project, I dedicated a substantial moment to carry out an in -depth literature review. This included reviewing research articles, policy documents, NABH guidelines and case studies from other accredited hospitals. The objective was to understand the best practices and common difficulties in consent documentation, especially in surgical and intensive care environments.

In the process, I identified several essential audit parameters, which include:

• Complete the consent form.

• Presence of patient and witness signatures.

• Clear mention of the procedure and associated risks.

• Inclusion of the date, time and name of Dr. Who performs.

In addition, I noticed a significant gap in the literature published in the hospital on compliance with informed consent in Indian environments. Most of the available studies were international, focusing on Western health systems with different regulatory frameworks. This realization highlighted the importance of improving the specific research of the institution's research, especially in Indian private hospitals seeking NABH or JCI accreditation.

In the sixth week, I made one of the most critical components of the internship project: the audit of the OT consent forms and the records of medication errors. The audit covered multiple departments, including MICU 1, MICU 2, CTVS ICU and IPD surgical units. My goal was to assess whether these forms adhered to the NABH PRE.4 standard, which requires patients to be completely informed and provide their consent for procedures in a documented and legally valid format.

The audit process implied a meticulous review of more than one hundred forms of OT consent. The key findings included:

• Incomplete documentation of patient identifiers (such as hospital identification or age).

• Absence of witness signatures, especially in emergency procedures.

• Lack of clear mention of the risks or benefits of the procedure.

• Missing or inconsistent time marks, particularly in micu forms.

These findings reflected a lack of standardization and monitoring mechanisms for consent documentation, despite their legal and ethical importance. According to the results of the audit, I proposed to incorporate documentation audits before downloading and developing a real -time compliance verification list for nursing staff and OT coordinators.

Simultaneously, I made an audit of the registration of medication errors, focusing on whether the orders coincide with the administration records and if the documentation was consistent with real interventions. This audit discovered cases in which the time of the administration of medicines was undocumented or did not coincide with the order times. These failures can compromise patient safety and complicate medical-legal responsibility. And I made a visit to the EHCC hospital for supply chain management learning visit.

In the seventh week of my internship, the approach changed decisively towards the collection of primary data for the central project. I audited a closed collection of patient records in the ICU of cardiothoracic and vascular surgery (CTVS), with a specific approach for the forms of theatre consent (OT) of operation. This task means verifying each form against NABH Pre.4 Criteria for compliance with moral standards of integrity, clarity and informed consent.

I systematically reviewed several dimensions of the consent process, which include:

• If the consent was taken before the procedure.

• The presence of the company, patient and witness of a doctor.

• Clear mention of the process and its risks.

• Use of favorable language for the patient to communicate the process.

• Complete fields such as date, time and identity of the patient.

This week was intensive in labour and required a lot of attention to expansion. Many reviewed forms were complex high strength surgery, such as CABG (coronary artery bypass grafting), thoracic valves and processes. Given the high nature of such surgery, the importance of solid consent processes cannot be exaggerated.

The findings indicated a non -society pattern in several indicators. For example, the ICU CTVS often remembered time tickets or details of incomplete witnesses. In emergency cases, the interpretation of the risks of the process was often abandoned or left completely.

Parallel to the audit, I began to cover data using a structured spreadsheet and crossed each consent form with NABH Pre.4 requirements. The objective was to determine compliance trends and prepare for the analysis of the main performance indicators (KPI) in later weeks.

In the eighth week, I extended the archive audit to the Medical Intensive Care Unit (MICU), where I reviewed the AT consent forms for medical procedures that require sedation, placement of the central line, tracheotomy and minor surgeries. The complexity of the consent in MICU is unique because many patients are unconscious or ventilated, which requires that family members or legal guardians sign the consent in their name.

The audit revealed the following key problems:

• Frequent lack of a clear mention of the relationship between the patient and the signer.

• Justification of incomplete consent for high -risk emergency interventions.

• Preproceptive templates used without customization, reducing the individualization of patient care information.

• Consent forms sometimes lacked risk dissemination, a critical legal and ethical requirement.

In the light of these observations, I began discussions with nursing units in charge and quality coordinators to understand existing practices. This interaction helped me suggest possible interventions, including the use of bilingual consent templates, provision of explanatory SOP and implementation of real -time compliance verification lists.

In addition to the audit, I began writing the initial sections of my internship report, particularly the methodology, the departmental context and part of the interpretation of the data. Using NABH Pre.4 as a reference point, I classified findings on issues such as signature omissions, content integrity and legal validity. I also created basic data images (bars graphics and cake graphics) to admit numerical analyzes.

This week he taught me how to mix qualitative observations with quantitative metrics, an essential skill in health management.

The last week of the internship marked the culmination of the entire audit and interpretation of the data. I completed the final tabulation of all forms of consent of OT audited in the departments of CTV and MICU, ensuring that each form is classified to meet the NABH pre.4 standards.

I concentrated on calculating compliance percentages and developing key performance indicators (KPI) for both units. Some KPI include:

• Percentage of forms with the three companies present.

• Percentage of forms with complete explanations of the procedure.

• Percentage of signed forms before the date/time of the procedure.

• Number of forms with identity and relationship of witnesses documented with the patient.

My analysis revealed that although the general awareness of the use of the form of consent was high, the fulfillment of the documentation standards was between 65% and 75%. The most common failures included fields of missing witnesses, inconsistent time marks and lack of dissemination of risks, indications that could compromise both the patient's autonomy and the legal defensibility.

I used NABH verification lists to verify cross documentation standards and compiled a mapping of the compliance matrix of the practices observed to the required elements. This allowed me to visually demonstrate areas of non -complement with the hospital quality team, which found processions.

The week also involved finishing the first complete draft of my internship report, which includes:

• Research methodology.

• Audit results with respect to the department.

• Interpretation of findings.

• Tables and graphs that summarize compliance scores.

• Recommendations for the improvement of the process.

The tenth and last week of the internship marked the phase of completion and consolidation of all my summer internship project. It was a culmination of the audits, analysis and interpretation of the data that had been made systematically during the previous weeks. The project, entitled:

A study on compliance with the NABH PRE.4 Standard: Evaluation of the documentation of the consent informed in the ICU consent forms in the departments of CTVS ICU and MICU.

It was finished both in document and in the form of presentation.

The week began with a final quality review of all the components of the report, ensuring that each section was complete, consistent and aligned with NABH's expectations. The finished key sections include:

• Introduction: Describe the background, justification and objectives of the study.

• Methodology: details the audit design, sample size, covered departments, audit tools used and data collection procedures.

• Data analysis: Cuantitative breakdown of compliance with the consent form between the departments, backed by graphics and tables.

• Interpretation: Trend analysis, non -competence patterns and possible root causes.

• Recommendations: Processable suggestions to improve consent documentation processes, including training and implementation interventions of the verification list.

• Conclusion: Summarize the key findings and reflect on the impact of documentation practices on patient safety and preparation for hospital accreditation.

I also created final visual presentations, including circular graphics, bars graphics and compliance matrices, to show the audit results effectively. These images illustrated compliance percentages of the department, comparative graphics between MICU and CTVS ICU units.

Reporting Week-1

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	Completed a comprehensive orientation program in all departments, including clinical, non-clinical and operation.
Linking theory (Classroom learning) with practice at your organisation	During orientation, I observed practical applications of hospital management principles, including quality management practices, patient care protocols and marketing strategies to increase hospital outreach. This linkage strengthened my theoretical understanding of hospital operations and quality assurances in healthcare management.
Gaps identified on the working area.	• Lack of stability in documentation in the departments. • Inadequate coordination between departments. • 3. Lack of adequate space in the waiting area.
Suggestions for improvement	• Establishment of better communication channels. • Upgradation of infrastructure .
Plan for the next week	Participate in the quality audit process to gain insights into hospital quality assurance.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-2

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• I made a closed DVT report audit (deep vein thrombosis) in IPD patients. • Completed the critical value registration audit on IPD and ICU. • I learned about the processes and the framework involved in the NABH Audit (Accreditation of the National Board of Hospitals) through the Practical Exhibition.
Linking theory (Classroom learning) with practice at your organisation	Theoretical concepts of quality indicators, audit mechanisms and recognition standards were observed in action. Understanding aspects of documentation and compliance of NABH standards helped to be related to educational learning for practical operation of the hospital. The significant value registration audit strengthened the importance of timely communication in the clinical security protocol.
Gaps identified on the working area.	• Lack of consistency in documentation across departments. • Some IPD files had missing or improperly documented DVT risk assessments.
Suggestions for improvement	• Establishment of better communication channels. • Implement a checklist for DVT documentation in IPD files to ensure consistency. • Conduct orientation sessions on NABH protocols for staff from all departments, especially nursing and clinical support.
Plan for the next week	• Participate in the quality audit process to learn insights into hospital quality assurance. • Assist in internal audit preparation for NABH. • Participate in data entry and analysis of quality metrics.

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Approved by the IIHMR University's Mentor

Reporting Week-3

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• Conducted CPR sheet audit for blue code. • I explained the same data in the presentation in the blue indicator of the code according to NABH requirements. • I learned the presentation process for many NABH committees. • Compiled and audited consent form data related to lumbar puncture and ascites puncture processes. • I participated in the presentation and documentation of SOP for hospital departments.
Linking theory (Classroom learning) with practice at your organisation	Week activities provided practical risk to quality indicators and emergency response documents, as discussed in class sessions. Preparation of NABH indicator presentation on Code Blue helped to be related to audit findings for quality improvement processes. The understanding committee documents and SOP management strengthened theoretical learning about hospital rules and compliance.
Gaps identified on the working area.	• Lack of consistency in documentation across departments. • Committee records were not uniformly updated and required reorganization.
Suggestions for improvement	• Establishment of better communication channels. • Ensure timely updates on committee meetings. • Conduct orientation sessions on NABH protocols for staff from all departments, especially nursing and clinical support.
Plan for the next week	• Assist in internal audit preparation for NABH. • Continue with indicator-wise audits and presentations.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-4

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• Assistance in SOP presentation and documentation for hospital departments. • Audit of the Doctor's handover register for May in MICU and IPD. • 3. Presentation and documentation work for SOP and manuals of different hospital departments.
Linking theory (Classroom learning) with practice at your organisation	The activities of the week provided a practical exhibition to the quality and documentation response indicators, as discussed in the classroom sessions. Transfer records provided practical experience with clinical documentation and compliance. Understanding SOP management strengthened theoretical learning in governance and hospital realization.
Gaps identified on the working area.	• Lack of consistency in documentation across departments.
Suggestions for improvement	• Establishment of better communication channels. • Introduce a standardized format for handover documentation.
Plan for the next week	• Continue data compilation and quality analysis activities.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-5

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• I worked on the construction of research objectives for internship studies. • I started working on the literature review of different topics for choosing the topic for the project.
Linking theory (Classroom learning) with practice at your organisation	This week allowed me to learn about the research system taught to the class environment with practical quality applications related to hospital environment.
Gaps identified on the working area.	Limited availability of specific studies of the institution on selected subjects.
Suggestions for improvement	• Determine a central system for quality research and studies. • Promotes the departmental documentation of audit projects and previous QIs for future contexts.
Plan for the next week	• Continue data compilation and quality analysis activities.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-6

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• Audited consent forms and medication error records in MICU 1, MICU 2, CTVS ICU and IPD. • I visited the EHCC hospital to observe the management practices of the supply chain.
Linking theory (Classroom learning) with practice at your organisation	This week provided a valuable practical exposure to documentation audit processes, which reinforced theoretical learning about clinical compliance, legal validity of informed consent and medication safety protocols. The visit to the EHCC hospital improved the understanding of the processes of the supply chain in real time and how the flow of resources affects hospital operations, as studied in operational management courses.
Gaps identified on the working area.	• Some consent forms lacked complete signatures or timestamps. • A few documentation cases do not coincide between medication orders and administration records.
Suggestions for improvement	• Regular training and reminders for clinical and nursing staff on the consent documentation protocol. • Implement a verification step in the administration of medicines to avoid documentation gaps.
Plan for the next week	• Continue with consent and medication audits in other units. • Start drafting analysis and interpretation section of the internship report.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-7

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• Project data collected through the audit of the IPD and ICU files. • I worked to compile and organize the data collected as part of the ongoing internship project. • Started data tabulation to align the findings with the NABH pre.4 indicators.
Linking theory (Classroom learning) with practice at your organisation	The data collection process for the project allowed the practical application of quality audit techniques learned in the classroom. The performance of the archive audit strengthened the understanding of compliance standards, documentation practices and their relevance for NABH's recognition criteria.
Gaps identified on the working area.	Some consent forms lacked complete signatures or timestamps.
Suggestions for improvement	Standardized consent form format to be used in the departments
Plan for the next week	• Continue with consent audits in other units. • Start drafting analysis and interpretation section of the internship report.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-8

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• Collected project data through a close file audit of IPD files in MICU. • Compiling and organizing the data according to the project framework • Started data tabulation and began aligning findings with NABH PRE.4 indicators. • Started drafting the initial sections of the report's.
Linking theory (Classroom learning) with practice at your organisation	The data collection process for the project allowed the practical application of quality audit techniques learned in class. The performance of file audits strengthened the understanding of compliance standards, documentation practices and their relevance for NABH accreditation criteria.
Gaps identified on the working area.	• Some consent forms lacked complete signatures or timestamps. • Many of the files were missing the surrogate signature reasons
Suggestions for improvement	• Standardized consent format should be implemented in the hospital. • Proper staff training to be given to the nursing staff about the columns to be filled in the form.
Plan for the next week	Start drafting the analysis and interpretation section of the internship report.

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-9

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

Week no: 9 From: July7, 2025, to July 12, 2025

Activity Done	• Continued working on the internship project: **"A study on the fulfilment of NABH Pre.4 Standard: evaluation of the documentation of the informed consent in the ICU consent forms in the departments of CTVS and MICU".** • Tabulation and classification of audit data of the CTVS ICU and MICU departments. • The calculation began with the percentage of compliance and performance indicators (KPI) based on NABH Pre.4 criteria. • Consent form verified with the NABH verification list to evaluate documentation standards.
Linking theory (Classroom learning) with practice at your organisation	This week's data interpretation phase demonstrated how quality indicators and reference points are derived from the gross audit findings, confirming the practical application of concepts in the classroom, such as KPI, compliance matrix and analysis of basic causes.
Gaps identified on the working area.	• Non-uniform documentation practices across departments. • Several consent forms were missing witness signatures or patient identifiers.
Suggestions for improvement	• Conduct training sessions on proper documentation of consent forms. • Develop a checklist-based monitoring tool to ensure real-time compliance. • Honest and real time audits to be conducted in the various departments.
Plan for the next week	Start drafting the analysis and interpretation section of the internship report and prepare the PowerPoint ppt for the mock presentation

Signature of the Student –

Approved by the IIHMR University's Mentor

Reporting Week-10

Name of the Organisation: Eternal Hospital, Sanganer

Area/ Department/ Project of Summer Internship Program: Quality

Name of the Student: Dr. Archana Singh

Roll no: 1913 **Stream: MBA (Hospital and Health Management)**

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

Activity Done	• Completed the name of the internship project: **"A study on compliance with NABH Pre.4 Standard: Informed consent documentation in ICU files ."** • All sections of the report are prepared, including introduction, operation, data analysis, interpretation, recommendations and conclusions. • Prepared final visual presentations, compliance graphics and intervention suggestions. • Presentation slides were reviewed and tested for final presentation.
Linking theory (Classroom learning) with practice at your organisation	Last week, it included all aspects of theory and behaviour, based on quality audit and interpretation of writing and communication data. General experience deepened the practical understanding of NABH standards and hospital documentation audit.
Gaps identified on the working area.	• Inconsistency in following NABH guidelines on informed consent in some departments. • Despite the SOP, the documentary protocols have not yet been implemented equally.
Suggestions for improvement	• Assign the documentation champion in the context of the department for verification of real-time compliance. • Response to the session after the quarterly hearing to maintain the quality of documentation.
Plan for the next week	• Deliver the final project presentation to the organization mentor on July 21, 2025. • Submit the final project report to IIHMR University post-approval from the organizational mentor.

Signature of the Student –

Approved by the IIHMR University's Mentor-