SUMMER INTERNSHIP PROGRAM

at

Medanta-The Medicity, Gurugram

From 12th May 2025 to 18th July 2025

A REPORT BY

Anushree Mishra

Master of Business Administration

Hospital and Health Management

1910

2024-26

under the Mentorship of

Dr. Tripti Bisawa

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. Anushree Mishra** 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 GHL Gurugram CITY

Ranshul Aggarwal
Deputy General Manager - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Anushree Mishra** 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. Tripti Biswa

Professor

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Improving Sedation Safety in Endoscopy and Bronchoscopy Units as per JCI ASC 02.02

University Mentor- Dr. Tripti Bisawa | By- Dr. Anushree Mishra | Roll no.- 1910 | MBA HM-29 | 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.

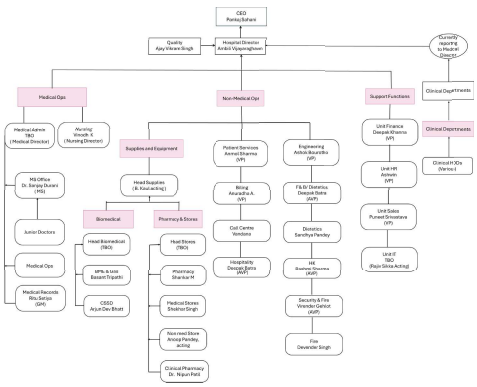
MISSION

Our mission is to deliver world-class health care services by creating institute of excellence by 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.

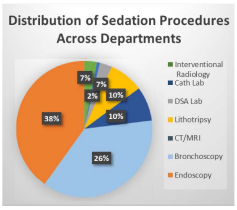
ORGANOGRAM



OBJECTIVE

This audit aimed to assess compliance with JCI standard ASC.02.02 in the endoscopy and bronchoscopy units by evaluating sedation monitoring and discharge processes. The objective was to identify gaps in intra- and post-procedure monitoring, complication assessment, and discharge criteria, with the goal of improving patient safety and aligning practices with international quality standards.

NEED FOR STUDY



During the initial phase of the internship, audits were conducted across several procedure areas including Interventional Radiology, DSA Lab, Cath Lab, Lithotripsy, CT/MRI, Endoscopy, and Bronchoscopy. Among these, Endoscopy and Bronchoscopy involved more frequent sedation use and revealed greater variability in monitoring and discharge documentation, making them the most suitable focus areas for in-depth compliance analysis.

METHODOLOGY

- Study Type: Observational Audit
- Duration: May–June 2025
- Procedure Areas: Endoscopy and Bronchoscopy
- Sampling Method: Purposive sampling of sedated procedure cases
- Data Collection: Real-time audit of same-day patient files
- Tool Used: Checklist based on JCI Standard ASC.02.02

SWOT ANALYSIS

STRENGTH

- Structured protocols already in place as it's a tertiary care hospital.
- SOP revisions and training improved June compliance.
- Trained sedation team and anesthetists follow rules properly.
- Availability of sedation checklist facilitated audits and compliance monitoring.

WEAKNESS

- New or rotating staff lack familiarity with protocols.
- Limited space in bronchoscopy raises safety risks during peak hours.
- Available fields often left blank due to time pressure or habit.
- No dedicated sedation team in bronchoscopy affects compliance.

OPPORTUNITY

- Upcoming JCI Accreditation encourages stronger compliance, training, and documentation standards across all departments.
- Dedicated procedure areas support smoother workflows and better patient experience.
- Existing HIS system can be used to automate compliance tracking.
- Skilled sedation team can train other staff for better compliance.

THREAT

- Staff keeps changing, which makes it hard to keep practices consistent.
- Limited cross-training means only specific staff know documentation requirements.
- Too many patients at once can make it hard to monitor everyone properly.
- Lack of regular audits delays identification of ongoing gaps.

Theoretical Learning

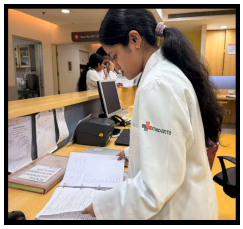
- Learned about Pre-Anaesthetic Care Rooms and their role in patient preparation in Essentials of Hospital Services.
- Studied teamwork and interdepartmental collaboration in Organizational Behaviour
- Learned about observational study designs in Research Methods.
- Understood how awareness and reinforcement drive habit formation in Behaviour Change Communication.

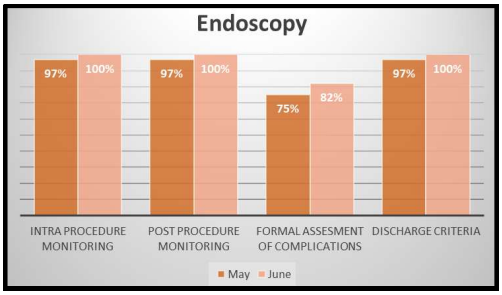
Practical Observation

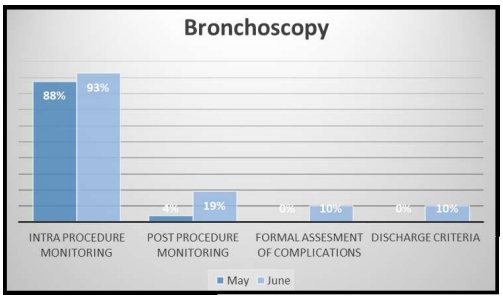
- Observed pre-procedure monitoring rooms in Endoscopy and Bronchoscopy used for vitals and RBS checks.
- Observed active coordination among sedating physician, procedure doctor, and nurse during sedation.
- Conducted a real-time observational audit of sedation and discharge documentation.
- Observed improvement in documentation compliance after doctors and nurses received targeted training and sensitization.

MAJOR LEARNINGS DURING INTERNSHIP

- Hands-on experience with JCI standards through audits, tracer rounds, and compliance checks.
- Developed auditing and documentation skills across sedation and surgical safety.
- Strengthened communication by coordinating with doctors, nurses, and floor managers.
- Analyzed real-time data and created structured reports of clinical and non-clinical audits.
- Observed live procedures to bridge theoretical concepts with hospital practices.







FINDINGS

- Endoscopy showed high compliance due to a dedicated sedation team and well-defined pre/post-procedure areas.
- In bronchoscopy, the same doctor often handled both sedation and procedure, lacking a proper sedation team.
- Bronchoscopy had limited infrastructure and staff, unlike endoscopy, which had more space and personnel.
- Compliance improved in June after training sessions for pulmonologists and nurses and revised SOP of anesthesia.

SUGGESTIONS FOR IMPROVEMENT

- Department-wise training for sedation documentation.
- Introduce a structured sedation team in bronchoscopy similar to endoscopy (sedating physician, proceduralist, trained nurse).
- Use health information system of the hospital to introduce automated sedation checklists.
- Suggest sedation compliance as a tracked monthly Key Performance Indicator.

CHALLENGES FACED DURING INTERNSHIP

- Real-time auditing in procedure areas sometimes clashed with clinical workflow, making it difficult to gather immediate data or ask clarifying questions.
- Balancing multiple audits, observations, and documentation within limited timeframes.
- Quickly learning different digital tools and interpreting varied audit data was initially challenging.
- Variability in formats used for documentation across units made comparison difficult.

Weekly Report (Week 1)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management (Sec

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

Activity Done	• Attended a 2-day induction program and which included learning about: • Quality and patient safety • International Patient Safety Goals (5 IPSGs) • Hospital emergency codes and drills. • Learnt about the handling of critical alerts in clinical settings. • Audited multiple patient files across departments for: • Informed consent for medical management and surgery • Initial assessment records, progress sheets, and cross consultation forms. • Compiled audit data of device and non-device Hospital Acquired Infections (HAIs). • Compiled data of Inflammatory Arthritis Rheumatology.
Linking theory (Classroom learning) with practice at your organisation	• AIDET model and SPIKES protocol learnt in Behaviour Communication. • Structure of the hospital and working of hospital system learnt in essentials of hospital services. • Ethics and protocols learnt in organisation behaviour.
Gaps identified on the working area.	• Incomplete patient documentation in several files: • Missing signatures in informed consent forms • Missing or incomplete bronchoscopy and endoscopy documentation. • Incomplete airway assessment and ASA grading in procedure sheets.
Suggestions for improvement	• Training sessions can be conducted for the staff to learn about these formalities and their importance.

	• A pre-discharge checklist can be introduced to ensure the documentation is complete before the patient is discharged.
Plan for the next week	• Auditing additional in-patient files for quality compliance. • Compiling the data collected from audited files. • Learning about procedure rooms in the hospital. • Checking to see the difference in compliance between different procedures conducted.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 2)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

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

Activity Done	• Audited documentation for bronchoscopy, lithotripsy, interventional radiology, digital subtraction angiography and cardiac catheterization laboratory. • Assessed forms like procedure sheets, informed consent for anaesthesia and informed consent for surgery. • Evaluated medical records for parameters like initial assessment, medical management, cross-consultation, ICU Counselling, Transfer and progress notes for compliance and non-compliance metrics. • Analysed pain assessment trends in rheumatoid arthritis patients according to the Wong Baker pain scale through the hospital information system. • Evaluated files in the medical records department including mortality files with code blue running sheets to better understand the workflow in case a code blue occurs.
Linking theory (Classroom learning) with practice at your organisation	• Quality assurance and IPSG goals learnt in essential of hospital services and health and development module helped me in understanding and evaluating the parameters and then differentiating them according to compliance and non-compliance metrics. • Emergency codes learnt in essential of hospital services equipped me with the knowledge to better understand code blue. • The methods of analysing large datasets learnt in demography helped me in better analysis of data. • Learning about Electronic Health Information System in Health and Development and National Health Programme module helped me in understanding the mechanism of hospital information system.

Gaps identified on the working area.	• Incomplete documentation in patient entries regarding the Wong Baker pain scale. • Missing discharge criteria and handover notes in patient files. • All documents and laboratory reports are not uploaded duly in the hospital information system. • Incomplete informed consent sheets were often found in case of procedures.
Suggestions for improvement	• Conduct routine awareness sessions with doctors and nursing staff on importance of documentation. • Including mandatory fields in digital formats in the hospital information system that restrict uploading unless completed. • Creating simplified checklists for nurses and junior staff for correct flow of documentation. • Organizing code blue mock drills to help train the junior staff on how to react in case a situation like this occurs.
Plan for the next week	• Continue with the audit of surgical procedure and sedation procedure forms of various procedural departments. • Understanding the documentation standards of ICU and other high dependency areas in comparison to other areas of the hospital. • Assist in finalizing and compiling audit reports for the department. • Start collecting and compiling data for a quality improvement project.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report (Week 3)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

Week no: 3 **From:** 26th May 2025 to 31st May 2025

Activity Done	• Continued assessment of clinical documentation focused on sedation practices across a range of procedural areas. • Started assessment of clinical documentation focused on surgical safety across a range of procedural areas. • Evaluated the availability of critical equipment and essential pre and post procedural criteria in various procedure environments. • Observed alarm response behaviour in critical care areas to understand safety practices related to monitoring systems. • Supported the team in identifying key non-compliance trends and compiling findings into a compliance report.
Linking theory (Classroom learning) with practice at your organisation	• Quality assurance and IPSG goals learnt in essential of hospital services and health and development module helped me in understanding and evaluating the parameters and then differentiating them according to compliance and non-compliance metrics. • Interdisciplinary coordination learnt in organisation behaviour and business communication helped me in understanding the role of Quality Department during the audits of other departments and how everything works in coordination.
Gaps identified on the working area.	• Alarm fatigue causes the nurses delay in response to semi critical alarms as they become desensitised to it due to its frequency in critical care units. • Limited availability of essential equipment in some procedure rooms due to less chances of complications affects the preparedness of the procedure rooms.

Suggestions for improvement	• Standardise procedure room setups to ensure uniform access to equipment and forms. • Enhance training on alarm management and establish response time benchmarks in monitored areas.
Plan for the next week	• Expand the audit to learn behavioural aspects of not filling documentation. • Auditing other procedural areas where procedures are done under sedation like CT/MRI and Lithotripsy.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly report (Week 4)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

Week no: 4 **From:** 2nd June 2025 to 7th June 2025

Activity Done	• Conducted Audits of Sedation Procedure areas like interventional radiology, bronchoscopy, DSA lab and cath lab to check for availability of crash cart and emergency drugs in case complications occurs. • Continued audit of procedure sheets of procedure areas through live data collection and checking the completeness of procedure sheets for each patient. • Collected data from CT/MRI procedure areas to assess their adherence to sedation protocols. • Checked for encounter ids of all the procedures of CT/MRI that were done under sedation through the hospital information system. • Conducted a clinical alarm audit in ICU to assess nurse response time to critical and semi-critical alarms aligning with JCI standards.
Linking theory (Classroom learning) with practice at your organisation	• Quality assurance and IPSG goals learnt in essential of hospital services and health and development module helped me in understanding and evaluating the parameters and then differentiating them according to compliance and non-compliance metrics. • Interdisciplinary behavioural science studied in organisation behaviour helped me in studying the behaviour of different people in a department to keep it working. • Collaboration studied in organisation behaviour helped me gain insights into how the transport team, floor mangers of the ward and the administration team of the procedure areas collaborate with each other to ensure safe handover of patient from diagnostic to treatment area and vice versa. • Service profit chain studied in principles of management in Control helped me understand how to look at medical staff and patients both as customers of

	the hospital and how to receive feedback from them and understand their problems to better implement and create quality standards in the hospital.
Gaps identified on the working area.	• Alarm fatigue causes the nurses delay in response to semi critical alarms as they become desensitised to it due to its frequency in critical care units. • Limited availability of essential equipment in some procedure rooms due to less chances of complications affects the preparedness of the procedure rooms. • Different sedating practitioners instead of a team of anaesthesiologists doing sedation procedures leads to non-uniformity in adherence to following the sedation protocols. • Lack of coordination between handover teams sometimes leads to confusion regarding the whereabouts of the patient file.
Suggestions for improvement	• Standardise procedure room setups to ensure uniform access to equipment and forms. • Enhance training on alarm management and establish response time benchmarks in monitored areas. • Handovers between different areas should be mandatorily noted down either in patient files or in the hospital information system. • Training of all the sedating practitioners be it nurses, anaesthesiologists or doctors in procedure areas regarding sedation protocols.
Plan for the next week	• Auditing other procedural areas where procedures are done under sedation like CT/MRI and Lithotripsy. • Creating a project based on the Anaesthesia and Surgical Care standards of JCI and IPSG Goal 2. • Checking files of CT/MRI, Lithotripsy and DSA lab in the Medical Records Department to do a retrospective study of the procedures done under sedation. • Compile all the data in one file to check for trends in adherence to sedation protocol.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 5)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

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

Activity Done	• Continued with audit of procedure areas where sedation is used to check if airway assessment and ASA grading are being documented. • Observed Digital Subtraction Angiography procedure in the procedure area and pre procedure and post procedure protocols being followed there. • Learnt about the intricacies of Bronchoscopy Procedures and sedation techniques being used in patients. • Learnt the importance of airway assessment in patients while sedating them since in moderate to deep sedation they lose the ability to maintain their airway. • Went to Central Sterile Services Department to learn how the reusable instruments in procedures are sterilised. • Observed how reusable instruments like bronchoscope are sterilised in the procedure area. • Learnt about waste segregation for medical bio waste management and observed how it is done in procedure areas. • Observed different patient identification bands. • 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.
Linking theory (Classroom learning) with practice at your organisation	• The working of Central Sterile Services Department learnt in Essential of Hospital Services helped me in understanding the services provided in CSSD. • Waste segregation learnt in Essential of Hospital services was helpful in observing the disposal of used consumable items in procedure area.

	• JCI standards learnt in Essential of Hospital Services helped me in identifying Anaesthesia and Surgical Care standards regarding sedation procedures. • The importance of signage learnt in Essentials of Hospital Services guided me in audit of signage in washrooms.
Gaps identified on the working area.	• Incomplete documentation of ASA grading and airway assessment in procedure areas where sedation is done. • While anaesthesiologists are trained in ASA grading and airway assessment procedures in regular intervals, other practitioners and nurse are not. • Due to high inflow of patients, the protocol of waiting 20 minutes before the next patient is taken in the procedure area is not followed as efficiently. This gives less time to sterilise and disinfect the procedure area. • The pre procedure checklist that has to be filled by ward nurses is usually incomplete before being sent for procedures.
Suggestions for improvement	• Enforcement of filling the pre procedure checklist in wards before being sent to procedure areas. • Training of nurses and other practitioners regarding ASA grading and airway assessment. • A standardised handover protocol that follows SBAR (Situation-Background-Assessment-Recommendation) should be implemented either verbally or in written form in progress sheets or in Hospital Information System. • Protocols for each procedure area should be introduced separately.
Plan for the next week	• Auditing patient files of different areas regarding surgical safety. • Complete the sedation audit by filling data in the report.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 6)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

Week no: 6 **From:** 16th May 2025 **to** 21st May 2025

Activity Done	• Conducted audits on procedure areas like bronchoscopy, endoscopy, interventional radiology, Cath lab procedures and Digital Subtraction angiography and audited the various parameters documented in procedure sheets procedures for checking compliance of Anaesthesia and Surgical standards of JCI. • Learnt about the various pre procedural monitoring that takes place before endoscopy. • Observed how digital subtraction angiography, bronchoscopy and endoscopy procedures are done. • Learnt about the contents of crash cart in ICUs and wards. • Audited documentation of various forms and sheets according to JCI protocols in various speciality wards like: 1. Neonatal Intensive care unit 2. Cardiology 3. Liver Transplantation 4. Respiratory and sleep medicine • Learnt about the variability of documentation in these speciality wards. • Learnt how to check procedure orders on the hospital information system. • Conducted non-clinical audits of Central Sterile Supply Department and Laundry. • Conducted audit of post procedure complications of Endoscopic Retrograde Cholangiopancreatography to check the key performance indicators of Gastroenterology ward. • Made summary report on liver transplant audit.

Linking theory (Classroom learning) with practice at your organisation	• Communication in healthcare setting helped me in observing the various communication transactions that happen in a hospital setting and the problems faced by the patient while communicating in a new setting like hospital. • Applied excel based data compilation techniques learnt in Research Methods and Essentials of Demography. • Connected learnings of the hospital information system in health and development and digital health. • Observed interdepartmental coordination in wards learnt in organisation behaviour. • Observed real time conflict management in nursing stations of wards learnt in organisation behaviour.
Gaps identified on the working area.	• Incomplete documentation in various files. • Incomplete procedure orders in the hospital information system. • Fatigue of staff in filling all the documentation along with managing patients. • Lack of acknowledgement by doctors taking handovers.
Suggestions for improvement	• Enforcing filling of documentation through training sessions conducted floor wise or speciality wise. • Training of anaesthesia and surgical standards of all the staff.
Plan for the next week	• Auditing the orders of the procedures of all the samples collected in the hospital information system. • Analysing the data of key performance indicators of various departments.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 7)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

Week no: 7 **From:** 23rd June 2025 **to** 28th June 2025

Activity Done	• Conducted internal audits in areas of the hospital for checking JCI preparedness of different areas like: 1. Gastroenterology and Endoscopy area 2. Lung Transplant and Bone Marrow Transplant area 3. Operation Theatres of Gastrointestinal, Urology, Head and Neck and Plastic Surgery. • Interviewed staff to assess their knowledge regarding JCI standards. • Observed Code blue mock drill in floors. • Compiled findings of the internal audits into reports. • Made a presentation on audits of Department of Cardiology for the financial year of 2025. • Made a detailed excel report on audit findings and summary report of the findings of audits conducted in Interventional cardiology.
Linking theory (Classroom learning) with practice at your organisation	• Communication planning and management helped me in communicating effectively with the staff members during staff interviews. • Quality learnt in Essentials of hospital services helped me in understanding the working of quality department and conducting audits. • Emergency codes learnt in essentials of hospital services helped me in better understanding the flow of Code blue mock drill.
Gaps identified on the working area.	• Incomplete documentation in various files. • Lack of knowledge of JCI standards amongst the staff and about key performance indicators. • The code blue team nurse's response was according to the mock drill and not according to the real situation like not opening crash cart drawers when

	orders to administer adrenaline were given since they knew it was a mock drill. • Crash cart had missing items in certain floors like paediatric kits.
Suggestions for improvement	• Training of staff regarding certain JCI standards and parameters. • Restocking the crash cart with missing items and ensuring that paediatric kits are present wherever paediatric patients are present.
Plan for the next week	• Going on internal audits of other floors and specialities. • Learning more about JCI standards and parameters while auditing. • Compiling the findings and making report on internal audit findings. • Going for more audits of documentation in certain specialities to check their compliance.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 8)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

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

Activity Done	• Compiled data of Incidents reported in the hospital to identify the practitioners and specialities under which the incidents happened for further root cause analysis and Corrective and Preventive Action. • Went on JCI Chapter Tracer audit of Care of patient in Gastroenterology speciality. • Compiled data of complaints of patients from various platforms to analyse the gaps in various specialties of the Hospital. • Extracted and compiled data of various patient related forms and sheets from previous audits present in the hospital portal. • Went on Tracer audit of patient documentation in Gastroenterology floor and paediatric ICU to find gaps in documentation.
Linking theory (Classroom learning) with practice at your organisation	• Communication planning and management helped me in communicating effectively with the staff members during staff interviews. • Quality assurance learnt in Essentials of hospital services helped me in understanding the working of quality department and conducting audits.
Gaps identified on the working area.	• Incomplete documentation in various files. • Lack of knowledge of JCI standards amongst the staff and about key performance indicators. • Data missing of certain audits done in the portal.
Suggestions for improvement	• Training of staff regarding certain JCI standards and parameters. • Teaching the staff the importance of documentation for better flow of patient from area to another and for ensuring a smoother stay of the patient in hospital.

Plan for the next week	• Going on internal audits of other floors and specialities. • Going for more audits of documentation in certain specialities to check their compliance.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 9)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

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

Activity Done	• Audited patient files for tracer audit for checking JCI preparedness of cardiology and paediatric speciality especially post catheterization patients and paediatric ICU patients. • Compiled data of year-round data of audits conducted on the floors regarding IPSG Goal 1 that is Patient identification and reassessment of patients including cross consultation and ICU flow sheets in case the patient must stay in the ICU. • Learned about modified morse fall scale, an assessment tool that evaluates a patients risk of falling and the various ways a patient at high risk of falling can be identified like through patient identification band and signage on patient beds regarding high fall risk during clinical internal audit. • Learned the importance of time out and sign out before and after surgical procedures to ensure the safety of patients in Operation Theatres through clinical audits. • Learned about the importance of MSDS (Material Safety Data sheet) of the chemicals being used for cleaning Operation Theatres and calibration of medical equipment and machinery for ensuring safety of medical procedures through non-clinical audit of Operation Theatres. • Compiled data of device and non-device associated Hospital acquired infections of various specialities and doctors to find out the prevalence of hospital acquired infections through various specialities.
Linking theory (Classroom learning) with	• Quality assurance learnt in Essentials of hospital services helped me in understanding the working of quality department and conducting audits.

practice at your organisation	• Hospital Information system working learnt in Digital Health and Health and Development helped me in understanding the working of electronic medical records for compiling data regarding device and non-device associated hospital acquired infection. • Communication planning and management helped me while interviewing staff of the hospital. • Operation Theatres learnt in essentials of hospital services helped me in understanding the working of operation theatres practically during internal audit.
Gaps identified on the working area.	• Lack of knowledge of JCI standards and identification of high fall risks in patients. • Lack of documentation of IPSG Goal 2- addressing critical alerts in patient files. • MSDS of certain chemicals being used was missing and staff was not aware about their harmful effects and what to do in case of accidental exposure.
Suggestions for improvement	• Training of staff regarding certain JCI standards and parameters and IPSG goals and their practical application. • Using prevention bundles to prevent hospital acquired infections in high-risk areas. • Auditing patient files routinely to check and address certain common missing documentations. • Addressing the missing documentation and inefficiencies with the concerned specialities.
Plan for the next week	• Compiling the data of all the audits done till now for further analysis. • Working on analysis of intra and post procedure monitoring and discharge criteria of patients who have undergone sedation in bronchoscopy and endoscopy procedures.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report (Week 10)

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

Week no: 10 **From:** 14th July 2025 **to** 18th July 2025

Activity Done	• Compiled data of audited samples collected from endoscopy and bronchoscopy. • Analysed the parameters checked in sedation procedure areas to identify the key focus area of my project. • Went on internal audit of Bone Marrow Transplant and Liver Transplant speciality floor and audited crash carts as well as POCT (Point of Care Testing) registers. • Learnt about checking privileges of doctors to perform specific procedures for ongoing professional practice evaluation (OPPE) through internal audit. • Learnt about assessment tools used by occupational therapists in audit of Occupational Therapy area to assess severity of the patient like Mini-Mental State Examination used for cognitive assessment, Functional Independence Measure for functionality assessment, Fugl Meyer Assessment for stroke assessment and Pittsburgh agitation scale for patients who don't allow their treatment. • Compiled data of different kind of Initial Assessment forms by doctors through the health administration portal for quality analysis.
Linking theory (Classroom learning) with practice at your organisation	• Communication planning and management helped me while interviewing staff of the hospital. • Data analysis methods learnt in Research methods helped me in doing the analysis of the data.
Gaps identified on the working area.	• There were three glucometers present on the floor, two of them were being used in regular practice while one was present in the floor as backup. On

	checking the POCT registers, it was found that the backup glucometer wasn't being tested regularly. • Junior doctors were not aware about the process of checking their privileges through the Hospital Information System. • Occupational Therapists don't have any separate documentation or separate section in Hospital Information system apart from the physiotherapy progress notes to document their progress on. • Year-round audits on the HealthPlug administration portal are maintained in a single sheet, unlike quality checklists which segregated according to parameters and roles.
Suggestions for improvement	• Training of staff regarding Point of care testing equipment. • Introducing a separate section or documentation for documenting the progress of occupational therapists. • Training the newly joined doctors regarding how to check their privileges for maintaining JCI standards. • Segregation of the sheets in year-round audits by floor managers form the beginning can help in faster analysis of data.
Plan for the next week	• Designing my poster for my summer internship project presentation. • Making the compiled report of my summer internship.

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: Medanta- The Medicity

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

Name of the Student: Anushree Mishra

Roll no: 1910 **Stream:** MBA in Hospital and Health management

Activity Done	A] Acclimatizing and understanding the hospital- • Attended a two-day induction program to learn athe working of the hospital and its structure. • Learned about the AIDET and SPIKE model of communication in the hospital. • Learned about the importance of SBAR (Situation-Background-Assessment and Recommendation) in healthcare settings. • Learned about IPSG goals and upcoming JCI Audit in Quality department. • Learned about emergency codes in the hospital. • Got acquainted with the floor wise plan of the hospital including the different specialities and ICUs. B] Audit of sedation practices in procedure areas • I was assigned a project to check the compliance of JCI standard ASC 02.02 in procedure areas where procedure under sedation is conducted. During the project I covered the following areas: • Endoscopy • Bronchoscopy • Interventional Radiology • DSA Lab • Cath Lab • Lithotripsy • CT/MRI • During the project I did the following activities: • Observed the variability in procedure sheets and parameters according to the location of the procedure conducted. • Audited the presence of sedation consent and surgery/procedure consent in the patient files of patients on whom the surgery was performed.

	• Audited the documentation of ASA grading and airway assessment in patients undergoing procedures under sedation. • Audited the documentation of Time out before procedure. • Audited the name of sedating physician, doctor performing the procedure and nurse present in the procedure to check their privilege to do the procedure. • Audited the documentation of intra procedure and post procedure monitoring. • Audited the documentation of sign-out after the procedure is done. • Audited the documentation of discharge criteria that is Aldrete's criteria and formal assessment of complications by the doctor after the procedure is done. • Audited the documentation of the doctor handing over the patient and the doctor receiving the handover. • Observed procedures in the Digital Subtraction Angiography Lab and Bronchoscopy procedure room. • Audited real-time documentation of parameters in the procedure sheet during and after the procedure. • Observed biomedical waste segregation in procedure areas to check compliance with color-coded disposal protocols. • Visited the Central Sterile Supply Department (CSSD) to understand instrument flow from collection to sterilization and redistribution in procedure areas. • Audited the presence of crash carts in the procedure areas. • Audited the presence of emergency drugs Flumazenil and Naloxone in procedure areas. C] Surgical Safety Documentation Audit (Non-Sedation Procedures) I was assigned a project on auditing the surgical safety of patients on whom procedure is done without sedation. These procedures may or may not be done in the presence of Local or General Anaesthesia. During the project I covered the following areas: • Interventional Radiology • Cath Lab • Orthopaedic ICU

	• Cardiology ICU During the project I did the following activities: • Audited the documentation of Time out before procedure. • Audited the name of sedating physician, name of the doctor performing the procedure and nurse present in the procedure to check their privilege to do the procedure. • Audited the presence of pre-operative evaluation form before procedures or surgery. • Audited the presence of cross-consultation forms to check if all the required clearances from respective specialities have been given before the surgery. • Audited the presence of post operative instructions in the patient files after the surgery. • Audited the documentation of intra-procedure and post-procedure monitoring during and after the procedure respectively. • Audited the documentation of sign-out after the procedure. • Audited the documentation of discharge criteria that is Aldrete's criteria and formal assessment of complications by the doctor after the procedure is done. • Audited the documentation of the doctor handing over the patient and the doctor receiving the handover. • Audited the presence of pre-anaesthetic record in case the procedure is done under general anaesthesia. • Audited the documentation of OT surgical safety checklist in case a surgery is done. D] Clinical alarm response monitoring in ICU I was assigned a project to monitor the response of nurses to clinical alarms in ICUs. During the project I did the following activities: • Monitored the response of nurses to critical and semi-critical alarms. • Observed the reasons for alarm fatigue and desensitisation of nurses towards semi-critical alarms. • Observed the reasons for alarms in the ICU. • Compiled the data of my findings that helped with changing the alarm settings of the neurology ICU as per each patient according to their condition.

	• Observed nurses' intervention when clinical alarm rings after revision of settings of vital monitors according to the patient in the ICU. E] Key Performance Indicator audits • Audited the assessment of pain reduction in rheumatoid arthritis patients in the subsequent follow-ups after the administration of intra-articular injection using the Wong-Baker Scale in Rheumatology department. • Audited complications in patients post-Endoscopic Retrograde Cholangiopancreatography such as pancreatitis and hepatic artery thrombosis (HAT). F] Supportive Quality Assurance Initiatives • Compiled annual device and non-device associated Hospital Acquired Infections (CAUTI, CLABSI, VAP, SSI) for OPPE support. • Downloaded, organized, and analysed data of year-round audits to support internal quality reviews through the administrative dashboard. • Sorted annual audit data of IPSG Goal 1, patient identification checklist audit and MRD reassessment data of cross consultation, ICU Counselling, Physiotherapy progress notes, blood transfusion monitoring and nutrition care plan. • Reviewed and categorized incident data to support Root Cause Analysis (RCA), focusing on medication errors, documentation lapses, and patient safety events. • Analysed patient complaints to identify themes aligned with Patient-Reported Experience Measures (PREM), including communication gaps, delays, and service dissatisfaction. G] Tracer audits for JCI preparedness I was given the task to go on tracer audits of the following specialities and areas: • Cardiology ICU and ward • Gastrointestinal Surgery • Liver Transplant • Gastroenterology • Cardio Thoracic and Vascular Surgery • Neonatal Intensive Care Unit

	• Orthopaedic Intensive Care Unit • Urology and Nephrology During the tracer audit I was assigned with the following tasks: • Auditing the patient files to check for the completeness of documentation in the patient file. • To trace the patient from their admission to discharge through the patient file and the hospital information system to check for any discrepancies or gaps. • To make a report on all the findings of the particular speciality. • Prepared individual specialty-wise reports summarizing audit findings, non-compliances, and improvement areas. • Compiled a final summary report for each department highlighting common gaps and associated clinicians, which was presented during departmental quality review meetings with the respective specialities. H] Internal audits for JCI preparedness As part of the upcoming JCI audit, the hospital conducted internal audits to check the staff members preparedness. I was a part of the internal team. As a team we conducted audits in the following areas: • Outpatient Department of Gastroenterology floor. • Endoscopy Area • Liver Transplant area • Bone Marrow Transplant area • Operation Theatres My roles and responsibilities included: • Interviewed clinical and non-clinical staff based on their job roles to assess their knowledge of JCI standards, emergency codes, and departmental protocols. • Conducted clinical and facility-based audits, checking for documentation compliance and process adherence. • Verified the validity of medical staff licenses and privileges to ensure regulatory compliance. • Ensured proper sterilization practices were being followed in designated sterile zones. • Checked whether calibration of biomedical equipment was updated and recorded.

	• Verified maintenance logs and performance checks of Point-of-Care Testing (POCT) devices. • Interviewed floor managers regarding departmental Key Performance Indicators (KPIs) and process monitoring. • Observed mock drills (e.g., Code Blue) to evaluate emergency response readiness of staff. • Participated in JCI chapter tracer audits across areas such as Care of Patient. • Audited operation theatre pharmacy to identify environmental and process-related gaps (e.g., expired medications, incorrect labelling, signage errors). • Recorded and compiled all findings and discrepancies. • Observed staff hand hygiene and PPE compliance • Reviewed logs for fridge temperature, humidity control, etc. • Checked for separation of clean utility and dirty utility items. • Checked for the functioning of disposal corridor and safety in waste management of workers especially while handling radioactive and biomedical waste. • Checked for availability of MSDS (Material Safety Data Sheet) where hazardous chemicals were used.
Linking theory (Classroom learning) with practice at your organisation	• Quality assurance learnt in Essentials of Hospital Services was applied during internal and tracer audits. • Functioning of Central Sterile Supply Department (CSSD) studied in Essentials of Hospital Services helped in understanding it's importance and working. • Emergency codes taught in Essentials of Hospital Services helped in evaluating mock drills (Code Blue). • Hospital Information System (HIS) understanding from Digital Health and Health and Development enabled efficient tracing of patient records, verifying privileges, auditing patient flow, and analysing infection trends. • Biomedical waste segregation learnt in Essentials of Hospital Services was observed in procedure areas for compliance with colour-coded bins. • Role of signage from Essentials of Hospital Services helped in evaluating placement of fall risk boards, emergency bells, and patient rights posters. • SBAR model taught in Business Communication and Behavioural Science was relevant in assessing

	communication during handovers between wards and procedural areas. • AIDET model from Business Communication was reflected during patient interactions and while observing staff communication in care settings. • SPIKES protocol from Behavioural Science helped in understanding structured communication with patients during ICU counselling and sensitive conversations. • Organisational hierarchy and interdepartmental coordination from Organisation Behaviour helped during tracer audits and while assessing procedural collaboration between teams. • Conflict management studied in Organisation Behaviour was observed in real-time at nursing stations and ICU floors. • Service-profit chain concept from Principles of Management helped me understand the dual customer model (patients and internal staff) in ensuring quality service delivery. • Communication planning and management from Business Communication enabled me to conduct staff interviews confidently. • Excel-based data compilation and visualisation techniques from Research Methods and Essentials of Demography were used in summarising internal audit findings, KPI analysis, and project reports. • Use of performance indicators learnt in Principles of Management helped in analysing compliance trends, HAI data, and operational benchmarks during quality assurance reviews. • Digital transformation in healthcare taught in Digital Health enabled better understanding of EMR usage, HIS-based documentation auditing, and system-based privilege validation. • Teamwork and collaboration learned in Organisation Behaviour helped me in working better as a part of the team in internal audits.
Gaps identified on the working area.	• Incomplete documentation in patient files including missing ASA grading, airway assessments, sedation consent, discharge criteria, time-out, and sign-out entries.

	• Missing informed consent forms for medical management, anaesthesia, and procedures in several cases. • Absence of cross-consultation forms and pre-operative evaluations before surgeries in some patient files. • Documentation of Aldrete's discharge criteria and post-procedure complication assessment often was often found missing. • Doctors not acknowledging handover in written or digital format, led to gaps in continuity of care of patients and miscommunication. • Handover-related confusion between patient transport teams and procedural units due to lack of standardised communication. • Non-uniform sedation practices across departments due to procedures being done by different types of practitioners (not always anaesthesiologists). • Inadequate training among nurses and junior staff regarding sedation protocols and airway assessments. • Gaps in pre-procedure checklist completion by ward nurses before patient transfer to procedure areas. • Nursing staff delays in responding to semi-critical alarms in ICUs and monitored areas due to alarm fatigue and desensitization. • Insufficient knowledge of JCI standards and IPSG goals among staff during interviews and internal audits. • Lack of awareness of privilege verification procedures among newly joined doctors. • POCT devices not regularly tested or documented, especially backup devices like glucometers. • Inconsistent calibration logs and maintenance records for POCT and biomedical equipment in audited departments. • Crash carts missing items like paediatric kits or AED cable. • Material Safety Data Sheets (MSDS) missing or not displayed near hazardous cleaning chemicals used in operation theatres. • Lack of signage such as high fall risk posters, patient rights boards, and emergency assistance instructions in some wards and OPDs.

	• Incomplete uploading of clinical forms and investigation reports on the Hospital Information System (HIS). • Occupational therapists not having a separate documentation section in the HIS, with their progress updates merged under physiotherapy notes. • Code Blue mock drills not executed realistically, with staff acting per the scenario rather than following actual emergency protocols. • Missing data from previously conducted audits in the administration portal during data compilation phases. • Year-round audits on the HealthPlug administration portal are maintained in a single sheet, unlike quality checklists which are role-wise segregated.
Suggestions for improvement	• Conduct mandatory training sessions for staff (nurses, doctors, technicians) on documentation protocols, especially focusing on ASA grading, airway assessments, sedation consents, and Aldrete's criteria. • Make essential fields mandatory in the Hospital Information System (HIS) to prevent incomplete uploads of procedure sheets, consent forms, and handover notes. • Develop and implement standardised pre-procedure checklists for ward nurses that must be completed before patient transfer to procedure areas. • Introduce the SBAR (Situation-Background-Assessment-Recommendation) protocol as a mandatory format for both verbal and written handovers to avoid miscommunication. • Train all sedating practitioners not just anaesthesiologists on sedation protocols to ensure protocol uniformity. • Schedule regular audits and restocking checks for crash carts, ensuring they include paediatric kits and all required emergency drugs with up-to-date expiry dates. • Implement a monthly testing protocol for POCT equipment, especially backup devices, with proper documentation in registers. • Introduce refresher courses for all staff on JCI standards, IPSG goals, infection control, incident reporting, and emergency protocols. • Introduce a dedicated section for occupational therapists in the HIS, enabling them to independently document assessments and progress notes. • Install proper signage in all patient care areas for high fall risk, patient rights and responsibilities, emergency bells, and call-for-assistance instructions.

	• Display Material Safety Data Sheets (MSDS) in cleaning areas of OTs and procedure rooms, and train staff on actions in case of accidental chemical exposure. • Enforce the use of prevention bundles in high-risk infection zones to reduce hospital-acquired infections (CAUTI, CLABSI, VAP, SSI). • Regularly audit the HIS portal content to ensure that no audit data or forms are missing from departmental folders.
Key Learnings	• The importance of ASA grading and airway assessment in sedation procedures. • The importance of intra-procedure and post-procedure monitoring in sedation procedures. • The significance of time out and sign out in surgical procedures to ensure patient safety. • The process of cleaning and sterilisation of endoscope and bronchoscope. • The various device and non-device associated hospital acquired infections and how to prevent them. • Excel related data compilation methods and data analysis. • The workings of hospital information system and electronic medical records to store information. • Learned about JCI's Care of patient through monitoring of clinical alarms and observing nurses' intervention in response to the alarm. • Learned about Anaesthesia and Surgical standards of JCI through my project on sedation and surgical safety. • Learned about radial endobronchial ultrasound in the hospital. • Learned about digital subtraction angiography procedures. • Learned about pre-procedure protocols and post operative care of patients. • Learned about various type of forms for documentation in a patient file from admission of patient to discharge. • Learned about tracer audits to trace the experience of care of patients assessing compliance with standards and quality of care. • Learned about the importance of calibration and testing of medical devices.

Signature of the Student

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