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

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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.

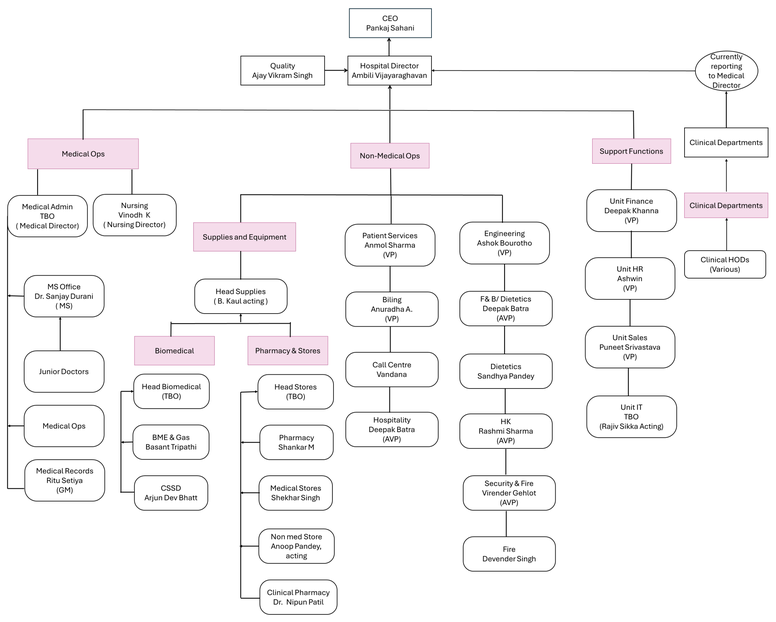
MISSION

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



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

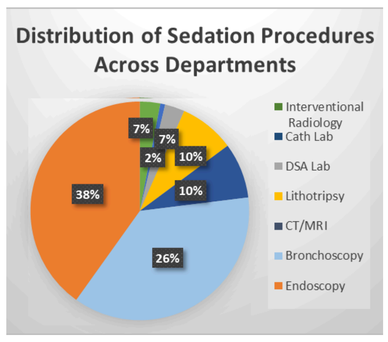
- Observed pre-procedure monitoring rooms in Endoscopy and Bronchoscopy used for vitals and RBS checks.
- Observed active coordination among sedating physician, procedure doctor, and nurse during sedation.
- Conducted a real-time observational audit of sedation and discharge documentation.
- Observed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

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

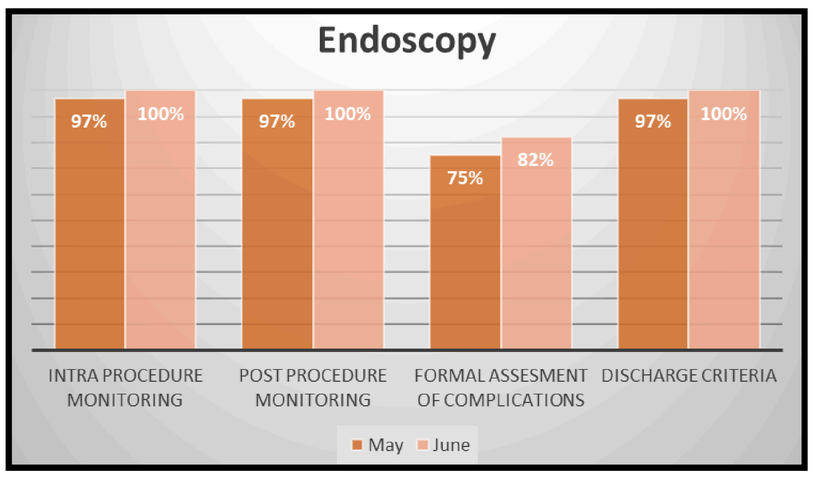
- Upcoming JCI Accreditation encourages stronger compliance, training, and documentation standards across all departments.
- Dedicated procedure areas support smoother workflows and better patient experience.
- Existing HIS system can be used to automate compliance tracking.
- Skilled sedation team can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

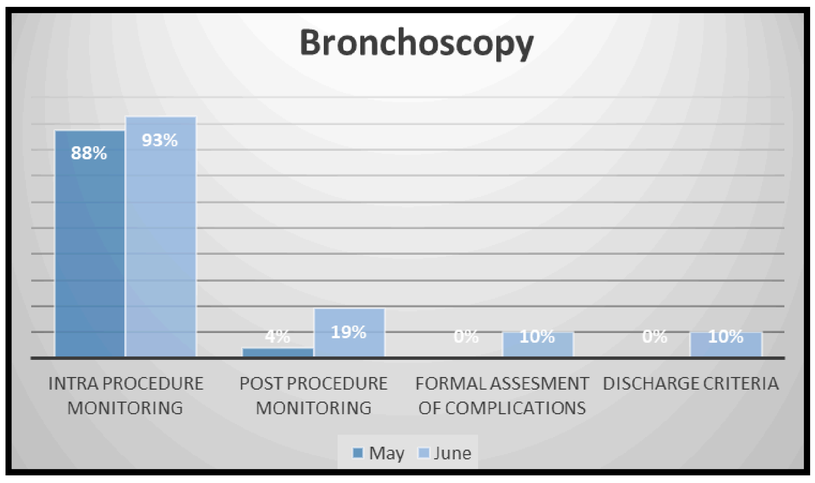
THREAT

- 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.

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.