SUMMER INTERNSHIP PROGRAM

at

SANTOKBA DURLABHJI MEMORIAL HOPSITAL, JAIPUR

From MAY 12, 2025 to JULY 21, 2025

A REPORT BY

Dr. Aayushi Sharma

Master of Business Administration

Hospital and Health Management

Roll no: 1890

2024-26

under the Mentorship of

Dr. Dhirendra Kumar

Santokba Durlabhji Memorial Hospital
cum Medical Research Institute

sdmh
the hospital that cares
Bhawani Singh Marg, Jaipur-302015

Our Ref. :

Date.....

No. 1526

21.07.2025

TO WHOMSOEVER IT MAY CONCERN

This certificate is awarded to Dr.Aayushi Sharma in recognition of having successfully completed her Internship in the Quality Department of this hospital for the period from 12.05.2025 to 21.07.2025

During the period of her internship programme with us she was found to be punctual, hardworking, and a keen learner.

We wish her all the best for her future endeavors.

Dr. Kriti Tambi
Head-Quality

Santokba Durlabhji Memorial Hospital
Bhawani Singh Marg, Bapu Nagar
JAIPUR Rajasthan-302015 INDIA

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Aayushi Sharma** of academic year 2024-26 of **Institute of Health Management 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.

Date: 25/07/2025

Dr. Dhirendra Kumar

Professor

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ASSESSMENT OF QUALITY AND SAFETY AUDIT PRACTICES IN INPATIENT AREAS TO ASSURE QUALITY PATIENT CARE: A STUDY AT SDMH, JAIPUR

IIHMR UNIVERSITY

Presented by- Aayushi Sharma
Batch : HM-29
Roll no.:1890

sdmh the hospital that cares

University Mentor: Dr. Dhirendra Kumar
Organisation Mentor: Dr. Kalpana Bindal

VISION

SDMH shall be an integrated quaternary healthcare hub for delivery of affordable quality medical care in an economically viable, regionally, nationally and internationally positioned institutional environment.

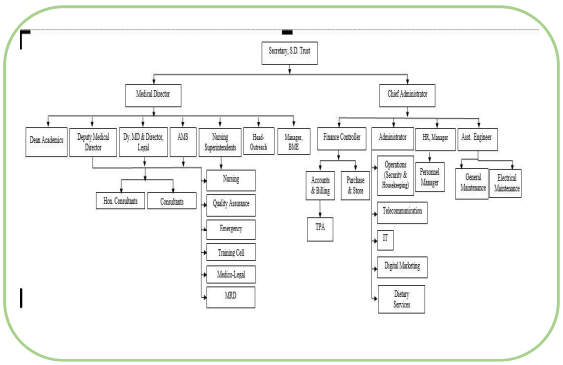
MISSION

SDMH is committed to providing high quality healthcare at the most affordable rates, ensuring that all sections of society regardless of caste, creed or color have access to compassionate care. We dedicate our energy and efforts to making this a reality, keeping the well-being of our patients as our highest priority.

BRIEF HISTORY AND DESCRIPTION

SDMH, Jaipur, was established in 1971 by Padma Shri Khail Shankar Durlabhji in memory of his mother, Santokba and was inaugurated by the then Prime Minister, Smt. Indira Gandhi. At the time the hospital was dedicated to armed forces as the country was engaged in war. SDMH is a private, trust-managed, autonomous, fee-for-service, not-for-profit hospital. With 525 beds, it offers multidisciplinary, tertiary care services. It houses several wards, operation theaters, ICUs, laboratories and utility services. Notably, it boasts one of the best blood banks in the country. SDMH has remained committed to affordable healthcare through philanthropic initiatives like Avedna Ashram, Rehabilitation and Limb Fitting Center, Project Prayatna and Little Heart to reduce human suffering.

ORGANISATION STRUCTURE



AIM

To evaluate compliance with clinical and safety protocols in wards, ICUs, and rooms through checklist-based audits to assure quality of patient care at SDMH, Jaipur.

OBJECTIVE

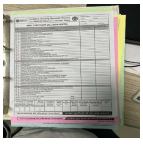
- To analyze compliance level of different clinical and safety parameters in different inpatient areas.
- To compare compliance levels of the standards of different areas (wards, rooms, ICUs)
- To highlight gaps in compliance that require specific quality improvement interventions.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

THEORETICAL LEARNING	PRACTICAL LEARNING
• Learnt about how communication and ideal teamwork function in work settings.	• Faced challenges due to different and busy schedules of staff and stratification of staff that cause hindrance in teamwork and communication.
• Learnt about the NABH guidelines and SOPs that are to be followed in hospital.	• Observed some variations in implementation of NABH standards and guidelines in real life hospital settings.
• Familiarized with the tools and checklist that must be set up for the audit.	• Tools and Checklist must be adjusted and acquainted according to the real-life settings.
• Got an insight of patient care practices	• Observed real time patient care and staff management in situations.
• Learnt about the protocols and working of different departments in hospitals.	• Observed the real time complexities in ICUs, OPD, IPD, OT and wards and how staff with cooperated efforts managed it.

SUGGESTIONS

- Introduce a centralized and more digitalized mode of working and recording the data.
- Upgrade general facilities like canteen and washrooms services in the hospitals.
- Regular staff training and sensitization program, conducting wellness workshops and relaxation training to the staff.



SWOT ANALYSIS

S STRENGTH

- Recognized Legacy and Reputation of hospital. First private hospital
- SDMH has trained nursing staff, aware of basic protocols and responsive to trainings.
- Good compliance in some clinical areas.
- Quality dietician and nutritionist maintaining records as per the protocols and standards.
- Regular Staff relaxation and informative programs and sessions.

W WEAKNESS

- Limited digitalization, more of paperwork
- Inconsistent Documentation.
- Irregular application of guidelines across different wards.
- Limited and insufficient feedback mechanism.
- Compromised application of critical values from laboratories.

O OPPORTUNITY

- Establishing proper and regular training schedule for the staff.
- Investing and Upgrading the use of digital records and AI technology.
- Aiming towards getting accreditations from more national and international boards like JCI.
- Improvising telemedicine services.
- Organized feedback and training post audits

T THREATS

- Resistance of some staff to change.
- Restricted interdepartmental coordination leading to quality gaps..
- More dependency on paper based audits and training.
- Migration of more enhanced and trained staff to corporate hospitals for better opportunities.

CHALLENGES FACED

- Insufficient exposure to OPD services and operations.
- Heavy workload on nurses in certain departments leads to less interaction with the staff and patients.
- Most of the tasks included the documentation and checklist-based audits, had less interaction with patients and other administrative staff, so had limited insight of real time patient satisfaction and service delivery sessions

LEARNING AND VALUE ADDITION

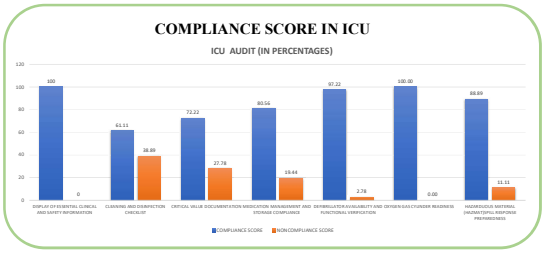
- Got familiarized with the quality standards that must be followed in hospitals, understanding NABH standards and their implementation.
- Gain an understanding about how to use compliance indicators, ward audit checklist, medical record checklist and medication use.
- Learned how interdepartmental co-ordination is done in providing efficient services to the patient.
- Got insight on how to develop communication with the staff to gather information and provide them with constructive feedback to correct their errors.

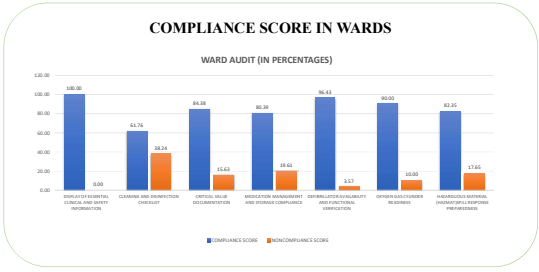
STUDY METHODOLOGY

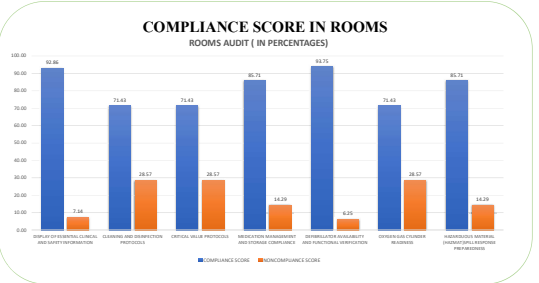
Study Setting – Inpatient areas at SDMH, Jaipur
Study Type – Observational Study
Sampling Method
Sample size and Settings – 17 Wards, 7 Rooms and 9 ICUs in SDMH, Jaipur
Data collection tool- Standardized Audit Checklist based on NABH Guidelines with scoring system as 10 for compliant, 5 for partial compliance and 0 for non- compliance.
Data collection method – On- Site observational audits using the standardized ward audit checklist
Parameters observed- In standardized quality and safety audit checklist based on NABH guidelines there were 68 parameters to be evaluated. The 61 parameters were satisfactory compliant across the units and the following 7 criteria showed variability in compliance which had used for the study.

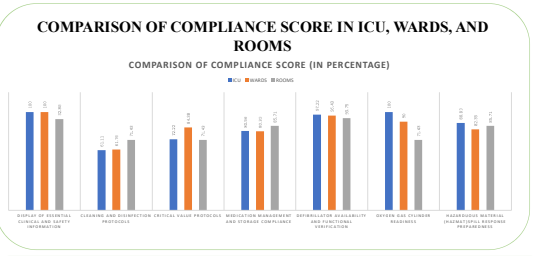
- Display of essential clinical and safety information
- Cleaning and Disinfection Checklist
- Critical Value Documentation
- Medication management and storage compliance
- Defibrillator availability and functional verification
- Oxygen Gas Cylinder Readiness
- Hazardous Material Spill (HAZMAT) Response Preparedness

FINDINGS









STUDY RESULTS

- ICUs and Wards showed 100% compliance in Display of essential clinical and safety information.
- Defibrillators were well maintained in all three units.
- Oxygen gas cylinder protocols are well maintained in ICUs and Wards than in rooms.
- The Medication management area was scored erratically, with better scores in ICUs and rooms than in Wards.
- The study brought to sight that domains like cleaning and disinfection protocols, critical value protocols and HAZMAT Spill Kit Preparedness require improvements.

CONCLUSION

The clinical Audit brought to sight that inpatient areas showed up high compliance with clinical and safety protocols but also brought to fore certain domains like cleaning and disinfection protocols, critical value protocols and HAZMAT Spill Kit Preparedness require attention and quality enhancement methods.

WEEKLY REPORTS (1-10)

Weekly Report – 1

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 **Stream: MBA (Hospital and Health Management)**

Week no: **From: 12/05/2025** **to 17/05/2025**

Activity Done	• Orientation with Quality Assurance team. • Guided tours of IPD and OPD blocks of hospital. • Routine observation across various departments on safety procedures, documentation, emergency readiness & SOP compliance. (e.g., Ward hygiene) • Visited multiple departments & performed ward audit with checklist in G4 Maternity & RCHS ward.
Linking theory (Classroom learning) with practice at your organisation	• Implementation of quality management concepts (NABH standards & KPI assessments) • Observation and analysis through tools such as checklist • Patient security, infection control, documentation systems & complaint tracking & Bio-medical waste disposal.
Gaps identified on the working area.	• Poor nurse to patient ratio • Fewer computerized records, more paper documents. • Poor housekeeping and disinfection records. • Delayed discharge processes.

Suggestions for improvement	• Maintain and regulate cleaning and disinfection records by the housekeeping. • Enhance computerization of patient & ward records. • Enhance staff to care for patients more efficiently.
Plan for the next week	• Make weekly KPI based performance reports for various departments • Detailed discussion on NABH standards

Weekly Report - 2

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 **Stream: MBA (Hospital and Health Management)**

Week no: **From: 19/05/2025** **to 23/05/2025**

Activity Done	• Semi-Deluxe Rooms, Plastic Surgery Room, and Pediatrics Ward were visited. • Medical record audit checklist and ward audit were conducted. • Patient files were examined for quality of documentation and adherence to safety procedures. • Inspection of oxygen cylinders and drug trolleys was conducted. • Patient Acuity Checklist and nurse-patient ratios were observed.
Linking theory (Classroom learning) with practice at your organisation	• The application of quality management principles to the assessment of checklist usage and standards of documentation. • View of the NABH-related standards in the context of maintaining ward hygiene, updating records, and staff training. • Review of safety audit and infection control as taught in healthcare quality modules.
Gaps identified on the working area.	• A few columns in the nurse care plan were left unfinished. • Improperly maintained files or discharge summaries that are missing. • A few documents lack the doctor's signature. • Drugs like cefotaxime that had expired were found in the crash cart. • There were no maintenance checklists for oxygen cylinders. • Medications that have expired are not updated in registers. • Delays in updates and inconsistent documentation. • A low ratio of nurses to patients.

Suggestions for improvement	• Make sure that every field in patient files is promptly documented. • Keep checklists for oxygen cylinders and drugs up to date. • Make sure crash carts are routinely checked for expiration. • Put in place digital systems to maintain records in real time. • Based on patient acuity, the number of nurses on staff is increased. • Frequent audits to make sure NABH standards are being followed.
Plan for the next week	• Continue auditing the wards and medical records in the general and intensive care units. • Pay attention to assessing infection control procedures. • In critical care units, start gathering data for KPI performance metrics.

Weekly Report- 3

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 **Stream: MBA (Hospital and Health Management)**

Week no: **From: 26/05/2025** **to 31/05/2025**

Activity Done	• Visited and audited pediatric, Pulmonary, Cardiac, Maternity, Royal Suite, and Gastroenterology wards. • Conducted medical record audits and ward audits in multiple units. • Checked oxygen cylinders, drug trolleys, and crash carts for documentation and expiry. • Reviewed documentation standards, patient safety indicators, and infection control protocols. • Observed cleanliness, equipment readiness, and patient consent/documentation gaps
Linking theory (Classroom learning) with practice at your organisation	• Practical exposure to NABH standards in medical record keeping, infection control, and audit procedures. • Applied knowledge of hospital quality management systems and documentation audits. • Observed real-world issues with discharge summaries, consent forms, and biomedical waste protocols. • Understood the challenges of staff compliance and how theory translates into on-ground execution.
Gaps identified on the working area.	• Discharge summaries were not signed by doctors in several wards. • Expired medications and open vials found in crash carts and trolleys. • Incomplete or missing nurse documentation and critical observation sheets. • Nurse-to-patient ratio was low in multiple departments. • Incomplete forms like family education, newborn checklist, and consent sheets. • Oxygen cylinder maintenance logs were not consistently available.

Suggestions for improvement	• Ensure that all discharge summaries and medical documentation are signed and dated. • Conduct routine audits of crash carts and remove expired drugs. • Emphasize thorough nurse documentation and maintain regular monitoring sheets. • Fill gaps in patient education and consent documentation, especially in maternity and pediatric wards. • Maintain a digital checklist for oxygen cylinder inspection and other critical equipment. • Hire more nursing staff in high-acuity wards to ensure better care and documentation.
Plan for the next week	• Conduct medical record and infection control audits in ICU and emergency areas. • Evaluate biomedical waste management systems. • Begin KPI tracking for staff performance and department compliance.

Weekly Report - 4

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 Stream: MBA (Hospital and Health Management)

Week no: From: 02/06/2025 to 07/06/2025

Activity Done	• I had the opportunity to visit and conduct an audit of Medical Ward II, the MICU, the Recovery Room, and the Pulmonary Isolation Unit. During my inspection. • checked the clean utility areas, crash carts, and made sure the medical refrigerators were being monitored for temperature. • review the documentation, consent forms, and ensure that infection control protocols were being followed properly. • audited the segregation of biomedical waste, the disposal of syringes, and assessed the emergency readiness in both the ICU and the wards.
Linking theory (Classroom learning) with practice at your organisation	• Hands-on experience with NABH infection control and documentation practices. • Assessment of biomedical waste management procedures that tie back to what we've learned in class. • Use of monitoring tools for ICU audits, as discussed in our healthcare quality modules. • Gaining insight into the real-world challenges staff face in sticking to SOPs and hygiene protocols.
Gaps identified on the working area.	• Some wards haven't been keeping up with refrigerator temperature logs. • We noticed that the supervisor and in-charge nurse signatures are missing from the crash cart checklists. • The Material Safety Data Sheets (MSDS) aren't visible in all medication storage areas. • There are still some expired drugs hanging around in the crash carts. • In certain units, syringe bins aren't labelled correctly, and needle disposal practices could use some improvement. • A few nurses seem to be unaware of the emergency protocols. • The monitoring of biomedical waste disposal isn't happening as frequently as it should.

	• There's been a delay in recording temperatures, and we also lack calibration logs.
Suggestions for improvement	• Make sure to monitor and document the daily temperatures of all medical storage units. • Regularly have the supervisor and charge nurse sign off on crash cart audits. • Keep MSDS sheets in clear view near all storage areas. • Get rid of expired medications and make sure the color-coded bin system is being used properly. • Provide regular training for staff on infection control, syringe handling, and emergency response. • Set up digital reminders and audit systems to ensure compliance with biomedical waste regulations. • Document every piece of medical equipment used in critical care areas properly.
Plan for the next week	• Begin ICU staff interview and feedback collection for patient safety KPIs. • Cross-verify infection control protocols in high-risk wards. • Analyze audit trends across previous weeks and prepare a consolidated quality report.

Weekly Report – 5

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 Stream: MBA (Hospital and Health Management)

Week no: 05 From: 09/06/2025 to 14/06/2025

Activity Done	• visited and examined the surgical recovery room, labor delivery room, and neurology intensive care unit. • noted findings regarding emergency preparedness, documentation accuracy, and the disposal of biomedical waste. • began working on the "Assessment of Ward Audit to ensure Quality Patient Care – A Study at SDMH, Jaipur" project. • gathered, arranged, and transferred field data into Excel sheets. • worked on data visualization, using audit data to create pie and bar charts. • conducted a SWOT analysis of the company and confirmed findings with the mentor.
Linking theory (Classroom learning) with practice at your organisation	• Applied quality management and audit techniques learned in class to a real hospital setting. • Used Excel and charting tools to display audit indicators and show compliance levels visually. • Used strategic management frameworks to create a SWOT analysis. • Assessed infection control and biomedical waste handling based on NABH standards.
Gaps identified on the working area.	• Crash cart seals were not intact and were not checked regularly. • Sterilized trays did not have labels with expiry and batch numbers. • Nurses in some wards were not aware of the proper documentation standards. • Biomedical waste bins were overflowing or not cleared on time. • There were gaps in signatures and documentation in labour and surgical recovery areas. • PPE compliance and hand hygiene practices were inconsistent.

Suggestions for improvement	• Ensure crash cart seals are replaced daily and checked during internal audits. • Mandate proper labeling of sterilization trays for traceability. • Hold regular refresher sessions on NABH-compliant documentation for nursing staff. • Ensure the scheduled and monitored disposal of biomedical waste. • Re-emphasize the use of PPE and enforce hand hygiene practices. • Display SOPs in all critical areas for easy staff reference.
Plan for the next week	• Complete Excel data entry and check the accuracy of audit responses. • Write the first section of the report and get feedback from your mentor. • Compare audit results by department and finalize the SWOT analysis. • Keep working on KPI-based visuals and complete the final dashboard charts.

Weekly Report – 6

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 Stream: MBA (Hospital and Health Management)

Week no: 06 From: 16/06/2025 to 21/06/2025

Activity Done	• continued working on the "Assessment of Ward Audit to ensure Quality Patient Care – A Study at SDMH, Jaipur" project. • gathered, arranged, and transferred field data into Excel sheets. • using audit data to create pie and bar charts. • Have analysed the compliance variation in audit in Wards, ICUs and Rooms. • Continued and added points to SWOT analysis of the company and confirmed findings with the mentor.
Linking theory (Classroom learning) with practice at your organisation	• Applied quality management and audit techniques learned in class to a real hospital setting. • Used Excel and charting tools to display audit indicators and show compliance levels visually. • I tried to apply knowledge of NABH and NABL to the real-life settings. • Assessed infection control and biomedical waste handling based on NABH standards.
Gaps identified on the working area.	• There was less compliance regarding the critical documentation, oxygen cylinder and cleaning and infection checklist. • There were gaps in signatures and documentation in the inpatient areas. • PPE compliance and hand hygiene practices were inconsistent.
Suggestions for improvement	• Ensure crash cart seals are replaced daily and checked during internal audits. • Mandate proper labelling of sterilization trays for traceability. • Hold regular refresher sessions on NABH-compliant documentation for nursing staff.

	• Increase the audits number in the wards and inpatient areas. • Display SOPs in all critical areas for easy staff reference.
Plan for the next week	• Complete the report and get feedback from your mentor. • Compare audit results by department and finalize the SWOT analysis. • Keep working on KPI-based visuals and complete the final dashboard charts. • Work on poster completion.

Weekly Report – 7

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 Stream: MBA (Hospital and Health Management)

Week no: 07 From: 23/06/2025 to 28/06/2025

Activity Done	• continued working on the "Assessment of Ward Audit to ensure Quality Patient Care – A Study at SDMH, Jaipur" project. • Covered 3 floors in OPD building to understand departmental layout and crowd flow. • Observed and analyzed the front desk counter in the OPD. • Observed and analyzed the enquiry department in the OPD and gathered information about how to handle the patient and what services are provided in the hospital. • Keenly observed the cash counter and diagnostic desk where all the laboratory diagnosis is done. I got information about how patients are transferred for the laboratory procedures and how their documents are maintained and stored in the information system.
Linking theory (Classroom learning) with practice at your organization	• How the front desk and billing sections work efficiently and ways that enhances their work. • Used Excel and charting tools to display audit indicators and show compliance levels visually. • Tried to apply knowledge of NABH and NABL to the real-life settings.
Gaps identified on the working area.	• There was rush on the enquiry counter , very disoriented counter. • OPD lifts are small and insufficient for the patients , they need to wait long time to get on the lift.

Suggestions for improvement	• should hire more staff to tackle patients in peak hours. • The hospital portal should be made more advanced to make work more efficient.
Plan for the next week	• Complete the report and get feedback from your mentor. • Will cover the rest of the floors in OPD to analyze and gather more information. • Will visit and gather knowledge about the blood bank in the OPD. • Work on poster completion.

Weekly Report – 8

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 **Stream: MBA (Hospital and Health Management)**

Week no: 08 From: 30/06/2025 to 05/07/2025

Activity Done	• Visited floors in OPD section- token system, Vitals, and Admission Process. • Observed and analyzed general medicine section, orthopedic section and minor OT with in it in OPD. • Observed crowd flow and management, other facilities provided and nursing support. • Keenly observed blood bank section. All the process flows from blood taking to processing to supplying the blood. • Observed TPA
Linking theory (Classroom learning) with practice at your organization	• How the front desk and billing sections work efficiently and ways that enhances their work. • Applied digital health and HIS concept from health IT lectures in understanding SDMH's HIS. • Tried to apply knowledge of NABH and NABL to the real-life settings and blood bank.
Gaps identified on the working area.	• There was rush on the enquiry counter , very disoriented counter. • OPD lifts are small and insufficient for the patients , they must wait long time to get on the lift. • Manual documentation still in practices in some areas of blood bank.
Suggestions for improvement	• should hire more staff to tackle patients in peak hours. • The hospital portal should be made more advanced to make work more efficient. • Regular tech check for number display system. • Regular staff training on OPD digital workflows and updates.

Plan for the next week	• Will visit medical record department and endoscopy Department to have an insight of the management procedures and protocols. • Continue working on the report and get feedback from your mentor.

Weekly Report – 9

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 Stream: MBA (Hospital and Health Management)

Week no: 09 From: 07/07/2025 to 12/07/2025

Activity Done	• Reviewed and rechecked multiple departments based on the ward audit and medical record audit that was done in previous weeks. • Identified whether the gaps that were found were rectified and improvised or not. • Trained the staff regarding the proper maintenance of the department and record file according to protocols based on quality parameters. • Prepared form for survey - Survey: Quality assessment and Patient delight experience. • conducted this survey in different wards with different patients to assess the service quality and took feedback from patients
Linking theory (Classroom learning) with practice at your organisation	• Applied tools of like Feedback analysis and patient satisfaction surveys to access quality assurance. • Used frameworks and protocols of NABH to identify the gaps in departments. • Used the knowledge of digital tools to conduct feedback surveys.
Gaps identified on the working area.	• Some cleaning and disinfection checklist were not rechecked by in charge nurses and supervisors even after doing the ward audit. • While conducting survey it was difficult to make some patients understand the questions and answer them properly • Some patients answered reluctantly and improperly. • Individual LASA drugs were still not labelled in the medication cabinet.

Suggestions for improvement	• Regular staff training to make them clearer about the quality protocols. • Make in charge nurse and supervisors signature mandatory. • Conduct more frequent audits in the different IPD areas and wards.
Plan for the next week	• Will visit medical record department and endoscopy Department to have an insight of the management procedures and protocols. • Continue the work of patient survey and ward checklist reviews. • Continue working on the report and get feedback from your mentor.

Weekly Report 10

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 Stream: MBA (Hospital and Health Management)

Week no: 10 From: 14/07/2025 to 19/07/2025

Activity Done	• Conducted quality assessment and patient delight experience survey across IPD wards and rooms through the google forms created previous week. • Visited the MRD department for observation. • Collected patient data of waiting time for CT scan and MRI scan and calculate the average waiting time for these reports.
Linking theory (Classroom learning) with practice at your organisation	• Applied tools of like Feedback analysis and patient satisfaction surveys to access quality assurance. • Applied the general administrative and operations knowledge to calculate the CT and MRI scan. • Used the knowledge of digital tools to conduct feedback surveys. • Applied general communication skills while communicating to the patients regarding feedback.
Gaps identified on the working area.	• Few patients were not satisfied by the discharge procedure and the taste of the food that is made available to them. • Long Waiting time for the CT scan and MRI scan.
Suggestions for improvement	• Implementation of real time digital tracking system for the patient. • Introduce the slot-based appointment scheduling to manage peak time loads.

	• Should start making appointments for CT and MRI online and allot time to patient to reduce the waiting time. • Establish a standardized and regular feedback system from patients and acknowledge the feedback to make unnecessary changes. • Conduct monthly food taste surveys and inspections to improve patient satisfaction.

Signature of the Student: Aayushi Sharma

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organization: Santokba Durlabhji Memorial Hospital, Jaipur

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

Name of the Student: Aayushi Sharma

Roll no: 1890 **Stream: MBA (Hospital and Health Management)**

Activity Done	• **Orientation and Introduction** – o We introduced ourselves to the HR department and Quality Assurance department and met with all the staff of the department. o Guided tour to the OPD and IPD buildings of SDMH, Jaipur to get an overview of the department's location and how interdepartmental coordination works and flow of the services provided across various departments. o Visited individual wards, ICUs, rooms and Ots in the IPD block. o Got an idea how routine ward and medical record audit by the quality department is conducted. o Routine observation across various departments on safety procedures, documentation, emergency readiness & SOP compliance (e.g., Ward hygiene) and medication safety protocols. • **Ward and Medical record Audit based on checklist** o Gained insight about the checklist based on NABH guidelines and parameters and about the scoring system in the checklist: Full compliance, partial compliance and no compliance. o Visited all the wards, ICUs and rooms to conduct checklist-based audits. o Patient files were examined for quality of documentation and adherence to safety procedures and documentation accuracy. o Inspection of oxygen cylinders and drug trolleys was conducted; Patient Acuity Checklist and nurse-patient ratios were observed. o Reviewed documentation standards, patient safety indicators, and infection control protocols.

- Observed cleanliness, equipment readiness, and patient consent/documentation gaps
- Noted findings regarding emergency preparedness and the disposal of biomedical waste.
- Evaluated storage, labelling and maintenance and expiry of the crash cart, LASA and emergency drugs and availability of Material Safety Data Sheets (MSDS) and Hazmat Spill Kit.
- Observed noncompliance in maintenance of proper Hazmat Kit and defibrillator settings, absence of signatures on medical records and wards checklist.

- **Compliance Analysis and Project Report**
  - Prepared a comprehensive project on '*Assessment of quality and safety audit practices in inpatient areas to assure quality patient care: A study at SDMH*' under the guidance of mentor.
  - Compiled and gathered the data collected of different wards, ICUs and rooms on excel document.
  - Analysed and reviewed the audit scores of different IPD areas and compared them to identify the areas that require attention.
  - Presented the report and poster to the Dr. Kalpana Bindal Ma'am and quality department staff followed by the feedback session.
- **Observation and Visit to OPD areas and other administrative departments**
  - Acquired knowledge about the working of OPD to understand departmental layout and crowd flow.
  - Observed and analyzed the front desk counter, the enquiry department and gathered information about how to handle the patient and what services are provided in the hospital and the cash counter and diagnostic desk. I got information about how patients are transferred for the laboratory procedures and how their documents are maintained and stored in the information system.
  - Learned about the HIS used by the SDMH, Jaipur. How it functions and what features does it offers.
  - Routinely observed the OPD departments floor wise - token system, Vitals, and Admission Process, crowd flow management ,nursing support and other facilities provided
  - Gained knowledge about the procedures and workflow of the TPA or Mediclaim department and how the discharge procedure of patients with insurance and RGHS and Chiranjeevi scheme occurs.
  - Visited MRD department of hospital to track the procedure of storing the medical record data of patients of both IPD and OPD.

	○ Informative tour of blood bank- SDMH has one of finest blood banks of Rajasthan. What different procedures and high-tech machines are available in the bank. • **Follow- up Audits and Patient Satisfaction Survey** ○ Revisited the departments that were audited earlier and rechecked for the noncompliance areas that were found earlier. ○ Staff training was conducted in few areas where proper fulfilment of parameters was not found; staff was trained about the proper maintenance of the protocols. ○ A patient satisfaction survey was conducted by the Quality department. Collected information from patient and filled the data for survey. ○ Spotted language and literacy barrier while communicating to some patients. • **Measured the waiting time for CT scan and MRI Scan** ○ Calculate the average waiting time for CT scan and MRI scan for past 5 months. ○ Gathered data from the diagnostics department and calculated the average waiting time for both scans. ○ Analysed that the average waiting time for MRI scan increased gradually each month, ○ The data was not properly maintained which caused some difficulty to calculate the accurate time.
Linking theory (Classroom learning) with practice at your organization	• **NABH standards and Guidelines and its application** ○ View of the NABH-related standards in the context of maintaining ward hygiene, updating records, and staff training. ○ Practical exposure to NABH standards in medical record keeping, infection control, and audit procedures. ○ Assessed infection control and biomedical waste handling based on NABH standards. ○ Reviewed the medical records of patients to be aligned with the standards and rules of NABH. • **Quality management and audit technique** ○ Applied quality management and audit techniques learned in class to a real hospital setting. ○ Used the standards checklist based on protocols for auditing the wards, rooms and ICUs. ○ Applied quality principles learnt in classroom to audit the medical records and ward practices. ○ Applied the knowledge of different and relevant scoring techniques while doing the audit.

	• **Digital Health and Information System** o Applied the knowledge of digital HIS system to understand the factual viability of this system in hospital setting. o Applied the understanding of EMR and EHR to be cognizant of ways medical records are maintained. o Used the academically learnt concept of health IT systems used in recording patient information, booking appointments, diagnostics and bill payments. • **Infection control and Biomedical waste management** o Used the NABH guidelines and biomedical waste management techniques learnt in classroom while auditing and training the staff found in noncompliant areas. • **Training and Interpersonal communication** o Employed theoretical learning of soft skills to training and SOPs implementation. o Motivated staff for proper and formal maintenance of all the records and regularly updating the critical value documentation.
Gaps identified on the working area.	• **Record keeping and documentation Gaps** o Missing Supervisors and in charge nurse signature on the checklist show that no routine supervision is done. o Absence of signatures on documents like admission form, medication Kardex and discharge form raises accountability issues. • **Manual documentation still in service** o SDMH still has most of its work done manually on paper. Staff are less acquainted with digital tools. o This causes more and delayed work by the staff. o Use of AI-enabled technologies in documentation can improve the efficiency of working, would be cost effective for the hospital and would attract new age people for taking treatment. • **Quality Mismanagement in In-patient department** o LASA drugs were not properly labelled in some areas. o Oxygen cylinder and defibrillator registers were not maintained regularly in some areas. o Cleaning and Disinfection checklist were not signed properly. o Open vials had no mention of Date of discard or date of opening on them.

	• **Physical Infrastructure limitations** o OPD lifts were small, patients had to wait a long time to get on the lift and there was a huge crowd near the lift of patients and visitors in the hospital. o Inappropriate signages and floor plans that instead of helping the visitors may confuse them. o The enquiry desk didn't have the proper queues for the patients. Patients must struggle to get their chance leading to clumsiness around the enquiry desk. • **IT and Digital System Limitations** o Critical value Portal has not been working in many wards and hence was not updated regularly by the staff. o Hospital portals and HIS used in hospital faced real time synchronization issues. o The token system in OPD outside the Doctor's cabin were not working in many areas which lead to confusion among the patients and more work for the nurse as they must call out to each patient
Suggestions for improvement	• **Increased used of Digitalization in Documentation** o Strengthen the Medical record documentation by incorporating more digital use. o Train the staff regularly to keep the medical records and other documents updated on digital portals. o Regular audit for having a check on optimized use of digital tools for maintaining patient and ward files. o Audits by the administrative departments should be done digitally rather than on paper to keep and regularly update the information on one single portal accessible to all the managers. • **Improvements in the Physical Infrastructure** o Large lifts in both IPD and OPD should be installed for ease of patients. o The parking area should be made more efficient and spacious to make parking less cumbersome for patients and staff. o The cafeteria should be enhanced and well-built so that visitors and attendants with patients are satisfied. o The waiting area in the IPD and OPD should be made more spacious and seats should be more to make it less tiring for the patients to wait for their turn. o In the front desk areas and enquiry counter, proper rows should be installed so that patients stay in the queue and decorum of the hospital is maintained.

	• **Improvement in IPD to ensure quality patient care** o Hold regular refresher sessions on NABH-compliant documentation for nursing staff. o Set up digital reminders and audit systems to ensure compliance with SOPs. o Hire more nursing staff in high-acuity wards to ensure better care and documentation. o Document every piece of medical equipment used in critical care areas properly.
Key Learnings	• **Practical Understanding of NABH Standards and Protocols** o Gained in-depth understanding of NABH guidelines that must be followed in ICUs, Wards and Rooms. o Got some knowledge on how implementation of these rules and regulations are done in real life settings to ensure good quality care for the patients. o Pondered over the gaps between policy and implementation and how these gaps should be worked upon considering the real-life settings by the managers. • **Experiential learning of conducting quality audits** o Got an insight into how to check and look for the audits parameters in the departments using the checklists. o How to identify the non-compliance and differentiate between noncompliance and partial compliance. o Learned to observe every minute details to look for inspecting the quality care. • **Upgradation of Communication and Soft skill** o Improved communication and verbal skills through interaction with the administrative, nursing and medical staff. o Interacted with different patients while doing surveys improvised the skills to communicate. o Understood the importance of empathy, patience, calm and composing while interaction which make the talk more interactive and understanding. • **Gained insight into Hospital Operations and other departments** o Getting exposed to various departments of administration had made me understand duties and responsibilities of various departments. o Got an insight about the working of the blood bank and what is process flow of the handling the blood.

	○ Understood the importance of interdepartmental coordination and workflow of them leading to effective outcome. ○ Got some knowledge about the workflow linkages that must be made without any hindrance to making different works at the same time. • **Analysis of Data and data processing** ○ Applied knowledge of KPI tracking and compliance evaluation on real time data collected through checklist. ○ Improvised mt skills to handle data and create excel sheets and charts to interpret the results that were found.

Signature of the Student – Dr. Aayushi Sharma

Approved by the IIHMR University's Mentor - Dr. Dhirendra Kumar

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