Summer Training at
Fortis Memorial Research Institute, Gurgaon
(April 3 to June 2, 2017)

Study on Standardized Shift Handover Communication Compliance for Doctors

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2017

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(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Dr. Jyoti Yadav has undergone summer training in Fortis Memorial Research Institute, Gurugram from 3rd April to 2nd June 2017.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

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2nd June, 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Jyoti Yadav** has undergone a voluntary internship in **"Quality Department"** from **3rd April to 2nd June 2017** at **Fortis Memorial Research Institute, Gurgaon**.

During this period she exhibited a high level of professionalism and a tremendous zest for learning.

We wish a **Dr. Jyoti Yadav** all the best in her future endeavours.

With Best Wishes,

Shivani Dhir

Head of Training and Development

Dr Jyoti

Head of Department

Quality

Acknowledgements:

I am immensely grateful to **Dr. Savitaa Sharma** (HOD, Quality) and **Ms. Shivani Dhir** (HR Training and Development) at FMRI, Gurgaon for their appreciation and continuous support in summer training. I am thankful to **Mr. Hem K Bhargava** (Dy.Registrar (Academics) & Placement In-charge) for giving me the opportunity to work at one of the Asia's leading healthcare provider, Fortis Memorial Research Institute, Gurugram. I was fortunate enough to work under guidance of experienced professionals.

I owe thanks to **Dr. Ashok Kaushik** (Dean, Academics and Student Affairs) and **Dr. Susmit Jain** (Assistant Professor and Mentor) at IIHMR, University, Jaipur for their valuable support and guidance during my summer training.

At last I would thank my family and friends who encouraged me to complete this project.

Thank you**,**
Dr. Jyoti Yadav
Roll no. 0430

Table of Contents:

Table :1.1 Table of Contents

Serial No.	Topic	Page No.
1.	Acronyms/ Abbreviations……	5
2.	*SECTION 1* 1.1 Introduction……..... 1.2 Objectives…….	 5 5
3	*MAIN TEXT*: *SECTION-A* Hospital Orientation & Departmental Study **1.1** Introduction……..... **1.2** Values of FMRI……..... 1.2 a) Specialties……..... 1.2 b) Super specialties……... 1.3 Management……... 1.4 Affiliations and Accreditations……..... 1.5 FMRI general outlay……... *SECTION 2: Mode of Data Collection* 2.1 Introduction……..... *SECTION 3: Department Profile* 3.1-3.13……..……..... *Activities*……	 6 7-8 8 8 8-9 9 9 9 10-12 12-18 19-20
4	*SECTION – B Project Report* Section 1: 1.1 Introduction……..... 1.2 Literature Review……. 1.3 Research Question…… 1.4 Objectives…….. Section 2: 2.1Methodology…… Section 3 Data Analysis…….	 20-21 22 22 23 23 24-27
5	Section 4: Recommendation & Conclusion…… Section 5: References & Annexure……	28 29-33

Acronyms/Abbreviations**:**

FMRI- Fortis Memorial Research Institute

ED- Emergency Department

CSSD- Central Sterile Supply Department

CT- Computerized Topography

ECG- Electrocardiogram

FMS- Facility Management and Safety

HR-Human Resources

ICUs- Intensive Care Units IPD - Inpatient division

IT - Information innovation

MICU - Medical emergency unit

OPD-Outpatient Department

OT-Operation Theaters

DICOM - Digital imaging and correspondence in solutions

RFID - Radio Recurrence Identification

CPOE - Computerized Physician arrange passage

EMR - Electronic Medical record

MRD - Medical record department

Section -1:

1.1 Introduction:

I joined Fortis Memorial Research Institute, Gurgaon, from 3rd April 2017 for summer internship. The duration for summer training is of two months i.e. 3rd April to 2nd June 2017.

1.2 Objectives:

The overall objectives of the summer training are: -

(a) To understand and learn day to day micro level operational management of a hospital/health care organisation.

(b) Information about the how the clinical and non-clinical departments of the hospital works.

(c) Observe identified issues associated with some specific operational areas/programmes

Main Text

SECTION A- HOSPITAL ORIENTATION

ORGANIZATIONAL PROFILE: FORTIS HEALTH CARE LIMITED

1.1 Introduction:

FORTIS HEALTHCARE LIMITED is one of the main incorporated medicinal services specialist co-op in India. The social insurance basically includes doctor's facilities, diagnostics and day mind claim to fame offices. In a worldwide review among 30 most innovatively propelled healing centers on the planet, its leader, the Fortis Memorial Research Institute (FMRI), positioned No.2. by topmastersinhealthcare.com.

Fortis Memorial Research Institute:

Fig.1.1 Emergency gate of FMRI

FMRI is a multi-super-claim to fame, quaternary care healing facility. It incorporates global personnel, rumored clinicians, including super-sub-authorities and claim to fame medical attendants who are bolstered by driving edge innovation.

A top referral clinic, it attempts to be the' Mecca of Healthcare' for Asia Pacific and past. Built up on an extensive 11-section of land grounds with 288 operational beds with a capability of approx. 1000 beds

Logo:

- Vision of FMRI is to save and enrich lives.
- Mission of FMRI is to provide quaternary care to the community with compassion, dignity, and an individual manner.

  ” MECCA OF HEALTHCARE” (Name given by the healthcare seekers and benefitted ones)

1.2 Values of FMRI: The core values of fortis are:

Table 1.2- values of fortis

• Centricity of patient	• Integrity	• Teamwork
• Ownership	• Innovation	

1.2 a) Specialties:

Table:1.3 Specialties at FMRI

Anesthesiology	Family Medicine	Ophthalmology	Radiology
Dermatology	General Medicine	Otorhinolaryngology	Psychiatry
Dental Sciences	General Surgery	Pediatrics	Respiratory Medicine
Emergency & Trauma	High risk Obstetrics and Gynecology	Pediatric Orthopedics	

1.2 b) Super Specialties:

Table 1.4 –Super-specialties offered at FMRI

Cardiology/Cardiothoracic	Neurology
Clinical Hematology	Neuro-Radiology
Endocrinology	Neurosurgery
Hepatology	Nuclear Medicine
Hepato-pancreato-biliary surgery	Oncology-Medical Gynecological, Oncology, Surgical, Radiation
Medical Gastroenterology, Robotic Surgery	Orthopedic & Joint Replacement
Neonatology	Pediatric gastroenterology
Nephrology	Pediatric Cardiology
Pediatric Cardio-Thoracic Vascular Surgery	Transplantation Services-Kidney, Liver, Heart, Corneal
Pediatric Hematology and BMT	Rheumatology
Pediatric Surgery	Surgical Gastroenterology
Plastic & Reconstructive Surgery	Urology
Pulmonology	Pediatric Neurology
In Vitro Fertilization	Thoracic Surgery

1.3 Management:

Dr.Simmardeep Gill:

(Zonal Director)

⇩

Dr.Vijay Sethi:

(In Hospitality)

⇩

Dr. Deepak Sanan:

Head Finance;(Chartered Accountant)

⇩

Ritu Verma:

(Head Human Resources)

1.4Affiliations/Accreditations:

FMRI convictions that the accreditation of doctor's facility's projects and division's is a major achievement that lifts the foundation's position in the human services area and will add to its prestigious nature of restorative administrations

FMRI is NABH accredited. It set quality benchmarks in healthcare industry. FMRI laboratory is also accredited by National Accreditation Board for Laboratory.

NABH Revision held at FMRI on 27-28 April 2017. FMRI Celebrated 4 years of excellence.

1.5 FMRI General Outlay:

- No. of floors - 9
- No. of staircase -10
- No. of lifts – 10
- No. of operational beds – 288
- Area of hospital – 11 Acres
- Height of hospital – 27.95 meters
- Entry & Exit points – 4
- Build up area – 7,50,000 sqft
- MGPS - Medical Gas Pipeline System

Section-2: Mode of Data Collection:

Observational study

Interviews

Questionnaire

2.1 Infrastructure:

Table:1.5- Infrastructure of FMRI

FLOOR	AREAS
Basement	Engineering (Chiller Plants, UPS Room, PTS Blower Room)
	Biomedical Engineering
	Medical Records Department
	Radiation Oncology

	Contractual Staff Dining
	Mortuary
	Stores (General, F&B, Medical)
	Materials & Purchase
	Nursing Training Room
	Parking for Staff & Visitors
Lower Ground Floor	OPD
	Radiology
	SRL's Open Laboratory
	Nuclear Medicine
	Emergency & Minor OT
	Day Care
	Whole Food Outlet
	Non-Invasive Cardiology
	Pediatrics
	Physio First
	Mamma Mia
	Laundry
	CSSD
	Doctor's Library
	Fortis Totipotent RX
	Costa Coffee & Gelato Vinto Outlets
	Chemo Day Care Lounge
Upper Ground Floor	Forti Bake
	Forti Plex (36 seater)
	International Patient Lounge
	Health 4 U (PHC)
	Chai Thela
	Tummy Luck (Joost, Haldiram's, The Crunch Box, Subway, Whole Food, Baskin Robbins)

	Retail Outlets (Medi Rent, Being Human, Titan Eye Care, Fila, Chicco, Bouncing Babies, Baby Oye)
	ATMs (Axis & Yes Banks)
	Fortis Bloom IVF Centre
	Fortis Bone & Joint Institute
	OBS & Gynae OPD
	Religare Wellness Pharmacy
	VIP Lounge
	Radiance (Dermatology & Cosmetic)
	Inpatient & Discharge Lounge
	Administrative Offices
	Kitchen
	Prayer Room
1st Floor	Mind Café
	Meditorium
	Dialysis
	Rest & Relax Lounge (Proposed BMT ICU)
	Blood Bank
	Clinical Laboratory
	NICU
	Well Baby Nursery
	PICU
	LDR
	Labor Rooms (1 & 2)
	Nightingale Ward-1,2,3
2nd Floor	ICU – 1-9
	CATH Lab
	Pre/Post Cath Bed
	Pre/Post Endoscopy Beds
	Endoscopy Suite
	OR Complex; OT 1-14

3rd Floor	Insignia Rooms
	Orthopedics Ward
4th Floor	Executive Rooms
5th Floor	Deluxe Suite
	Executive Suite
	Maharaja Suite
	Presidential Suite
	Signature Suite

Section -3 Departments Profile:

3.1 OPD: -Functions**:**

- Enlistment Procedure of OPD:

- Quiet goes into the doctor's facility
- Ways to deal with the OPD
- At that point fills the registeration frame
- His data is gone into the healing center
- Quiet ID is given
- Handling of bill.

3.2 HR Department**: -**

Capacities:

- Development of HR approaches and strategies
- Planning Manpower
- Recruitment, determination
- Employees training
- Salary determining
- Performance examinations
- Personnel information section, record maintenance
- Consultation and counselling administrations to administration and employees
- Grievances dealing with

3.3 Medical Record Department**:**

Functions:

Confidentiality of medical records are maintained and required data is submitted to govt.

3.4 IT Department**: -**

Functions:

Software's of the hospital are maintained and modified as per the requirements of different departments of the hospital

3.5 Accident/Emergency Department: At FMRI the ED is having 6beds with 8beds in observational room. There is a strategy space for leading straightforward surgical technique.

The TRIAGE example of FMRI is as per the following:

- 1 red bed for class 1patients who are fundamentally sick.
- yellow beds for class 2 patients who should be conceded.
- Remaining; classification 3 patients are kept in perception room.

Code blue group is chosen which includes: Basic care group

- Emergency group
- Cardiology group
- Anesthetist group

3.5 Blood Bank:

Blood bank comprises of blood components and collected from blood donation which is stored and preserved in accordance for future usage.

3.6 License**:**

The blood bank of FMRI, Gurugram is situated on first floor. It is NABH and NACO accredited and could get the accreditation within six months of the functioning of the hospital. Central Drugs Standard Control Organization (CDSCO) has given license to blood bank and Drug Controller General (INDIA) has approved it. The blood bank is run by the FMRI to provide blood and blood components to its patients and is licensed by Drug Controller of India.

3.7 Laboratory: -

Laboratory of Fortis was outsourced from SRL Labs and all routine investigation are carried out at SRL. Samples were received from IPD and OPD patients. Test was gotten in boxes from offices and the house holding staff conveys back the same. For crisis examinations, a red seal was set apart on the example to give it need. Additionally, all the hardware's in the lab are mechanized i.e. they are connected to the PCs thus all the test outcomes are consequently moved in the PC and report is created. The lab has LIS. It is attached to the HIS of the hospital, in which the entire information like- patient.

3.8 CSSD: -

CSSD is the office which is exclusively in charge of the sanitization of the considerable number of instruments utilized completely in the doctor's facility.

It has three zones:

- Dirty zone.
- Clean zone
- Sterile zone

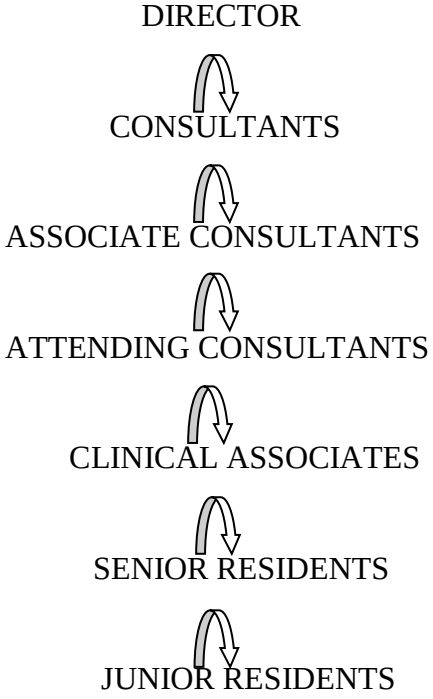
3.9 ICU: -

ICU is situated at the second floor of the IPD building and make it available to every one of the administrations like lab, diagnostics and so forth.

There are SEVEN unique sorts of ICU's in the healing center which are as per the following:

Neurology, orthopaedic, polytrauma	Cardiology and Transplant	CTVS	Medical ICU
Bone Marrow Transplant	Paediatrics ICU	NICU	

Organogram of ICU: -



3.10 Operation-Theaters:

The multispecialty OT are arranged on the second floor of the OPD building having direct network with ICU.

At FMRI, there are 14 OT's.

ZONING: - It

- DIRTY ZONE: outside corridor, changing rooms.
- CLEAN ZONE: supply store; clean territory; pre-operation room.
- ASEPTIC ZONE: operation theater; sterile planning.

This zoning is extremely essential in OT's, it anticipates disease

3.11 Dialysis:

- Duration of dialysis -4 hour
- Patient footfall in a day – approx.38-42
- 15 dialysis machines are there
- 14 beds for dialysis at present
- Procedure: Catheterization

  Biopsy Kidney

  Internal jugular/femoral catheterization

  BCM
- Normal charge of dialysis – 3200 Rs

3.13. Quality Department**:**

Introduction:

Quality department includes following quality parameters:

CQI

Audits

AMS

SOP

Quality indicators

Motto: "BEST IS THE LEAST WE CAN DO"

Quality Policy:

FMRI is committed to treat all patients and caregivers with compassion, integrity, teamwork and honesty. We endeavor to achieve high values of medical care through a continuous quality improvement system. We continuously strive to improve and sustain

patient satisfaction, patient safety and clinical outcomes.

Quality Objectives:

Hone quiet driven approach

Guarantee wellbeing of patients, workers and other specialist co-ops.

Screen, measure, evaluate and enhance our execution to accomplish benefit and clinical magnificence and patient fulfillment.

Give a stage to ceaseless learning at all levels of the association.

Enable and include all representatives in constant quality change.

Accreditations and Type:

"A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level

of performance in relation to the standards".

ACCREDITATION: NATIONAL-NABH

: INTERNATIONAL-JCI

NABH 4 EDITION:

10 Chapters

105 Standards

683 objectives

Patient Safety Goals:

1. Patient Identification
2. Improve Effective Communication & Handover
3. Surgical Safety
4. Medication Safety
5. Decrease the Risk of Healthcare Associated Infections
6. Patient Fall Prevention
7. Implement Rapid Response Team

Section-4: Conclusion, Limitation, Recommendation**:**

- FMRI is a very well-equipped healthcare setting.
- It has best healthcare facilities and professionals.
- Hospital don't have burn unit.
- The cost of treatment to be made affordable to everyone.
- Can work upon installation of Burn unit at FMRI.
- Reduce patient waiting time.
- Doctor's to be with patient during patient transfer.
- Prescription to be written in capital letter.

PARTICIPATION IN HOSPITAL ACTIVITIES:

- Participation in **Hand Hygiene Day**.

Fig.1.2 Hand Hygiene Day Celebration

- Participation in **Nurses Week Celebration,** won 1st prize in sports.

Fig.1.3 Nurses Week Celebration

Fig.1.4 Code Red Mock Drill

- Participated in **NABH Surveillance audit**

OTHER PROJECTS DONE:

1. Clinical audit for orthopedics for TKR cases:

   Done retrospective study of TKR cases for January, February, march.

   Clinical registration form filled by Dr. Vivek dahiya (orthopaedician).

   Talked to physiotherapist Dr. Alok.

   Extra home visits given to patients who get discharge with AROM<5-85 dgr.

   Reasons they told is patient deformity condition.

2. NABH internal audit FAQ basis.

   FAQ asked to staffs.

   Training done and taught the answers of FAQ.

   After many training compliances increased and staff became aware of FAQ.

4. Anesthesia plan audit.

   Data collected of post - operative elective surgery.

   Compliance was very poor.

   Talked to quality head and planned for trigger tool of anesthesia plan.

   Head talked to doctors in meeting.

   Data collected again and some improvement seen in anesthesia plan.

SECTION-B PROJECT REPORT

A STUDY ON STANDARDIZED SHIFT HANDOVER COMMUNICATION COMPLIANCE FOR DOCTORS

Section-1

1.1 Introduction:

Fig.1.5 Handover Communication

One of the main sources for therapeutic mistakes is a breakdown in correspondence. Late patient wellbeing writing and there was expanding understanding that compelling patient handover is basic for patient security by guaranteeing able coordination among human services suppliers and progression of care .It has consistently been called attention to that an absence of formal preparing and formal frameworks for patient handover ruin the great practice important to keep up elevated requirements of clinical care .Hence ,persistent handover have been characterized an examination need for patient wellbeing, and research in this field is expanding quickly. In perusing the ebb and flow condition of research and change, key regions for future research have been distinguished.

It alludes to exchange of expert duty and responsibility for a few or all parts of care of a patient, or gatherings of patients, to someone else or proficient gathering on brief or lasting premise". Handovers saturate the medicinal services framework and can happen at move changes, when clinicians enjoy reprieve, when patients are exchanged inside and amongst doctor's facilities and amid confirmation, referral or release. Crosswise over various social

insurance settings current handover procedures are exceptionally factor and conceivably inconsistent. Thus, persistent handover has been perceived globally as a high-hazard range for patient wellbeing. In 2007, compelling correspondence amid handover has been recorded as one of the National Patient Safety Goals by the Joint Commission on Accreditation of Healthcare Organizations.

Elements that may influence correspondence prepare:
Physical condition
Secrecy
Dialect
Authoritative culture
Specialized strategy
Documentation

Aftereffect of Ineffective Handover Communication:
Postponed or unseemly treatment
Antagonistic occasions
Exclusion of care
Expanded length of healing center stay, Avoidable readmission
Expanded expenses
Wastefulness from revise

Advantages of Good Handover to Patient:
Wellbeing is secured
Less brokenness of care
Diminished reiteration
Expanded administration fulfillment

Advantages of Good Handover to Doctor:
Instructive
Proficient insurance
Diminishment of stress
Work fulfillment

Hindrances for compelling correspondence:

Absence of time

Chains of importance, Fatigue, Conflict, Work

Protectiveness, Distraction

1.3 Literature Review:

Beforehand thinks about on the point trusted that healing facilities are sheltered locales for getting medicinal medications. (1) In 1990s, a review directed by Harvard University in UK spoke first about patient wellbeing. Comes about demonstrated that amid the review, 98000 patients experienced wounds as a result of medicinal mistakes. Fifty seven percent of these patients recuperated one month later, seven percent experienced entanglements, and fourteen percent passed on. The imperative reality was that 69% of these blunders were preventable. (2) Following this review, a report of the Institute of Medicine in 1999 shocked human services suppliers and customers extraordinarily. In this answer—'To fail is human": fabricating a more secure wellbeing framework'— it has been assessed that therapeutic mistakes cause 44000–98000 instances of in-doctor's facility passing in every year. (3) These reviews changed individuals' conduct towards the security of medicinal medications and activated numerous political attempts in the United States to discover the hazard variables for therapeutic mistakes and to enhance tolerant wellbeing. (1)

The reviews directed by the Joint Commission International uncovered that poor data correspondence is the fundamental hazard figure for relevant hazard calculate for 90% of sentinel events.(4) Information correspondence occurs among human services suppliers The objective of move handover is to impart the patients' clinical data and to give a sheltered and brilliant care; notwithstanding, poor data correspondence amid nonstandard and insufficient move handover may imperil persistent safety.(5) It has been seen that incapable move handover expands the danger of drug mistake and sentinel occasions, postpones the course of treatment, abatements understanding fulfillment, and draws out the length of healing facility remain. Then again it was accounted for that inadequate verbal and composed correspondences are in charge of all the social insurance errors.(6)To accomplish objective, various move handover configurations, for example, 'I PASS THE BATON', "SHARQ" (Situation, History, Assessment, Recommendations, Questions), '5 Ps' (Patients, Precaution, Plan, Problems, Purpose), and "SBAR" (Situation, Background, Assessment, Recommendation) were produced and utilized worldwide.(7) ICU patients more often than not will be not ready to take an interest in their self-mind exercises and along these lines are exceptionally defenseless against the restorative errors.(8)

1.3 Research Question:

- To measure the handover communication compliance at FMRI, Gurgaon.
- To observe the awareness of handover communication among the doctor’s.

1.4 Objectives:

- To measure the compliance of handover communication.
- To make the transfer of patient data in transparent and well documented.
- To increase the compliance of handover communication in the Fortis Memorial Research Institute, Gurgaon.

Section -2: Mode of data collection

2.1 Methodology:

- Research Design: Interventional Study
- Study Site: Fortis Memorial Research Institute, Gurgaon (Nightingale ward, ICU's, Insignia rooms , Executive rooms)
- Sample Size:
  Before intervention-60 shifts data
  After intervention- 60 shifts data
  Total sample-120 shifts data
- Sampling – Purposive sampling
- Sample Tool – Handover communication forms
- Duration of Study – 30 days
- For the handover communication, all the floors; Nightingale ward, ICUs,3rd FLOOR, 4th FLOOR covered.
- The handover form was checked on systems and doctors were asked regarding handover communication process.
- The Head of Quality department and the Medical Superintendent were involved.
- The compliance was measured, and the intervention was planned.
- Revised handover communication form was introduced for different floors.
- Handover communication forms were mailed to respective floor and were saved on system to be filled on every shift change.
- The compliance was again measured.

Section-3*:* Data compilation, analysis and interpretation

3.1 Data Analysis:

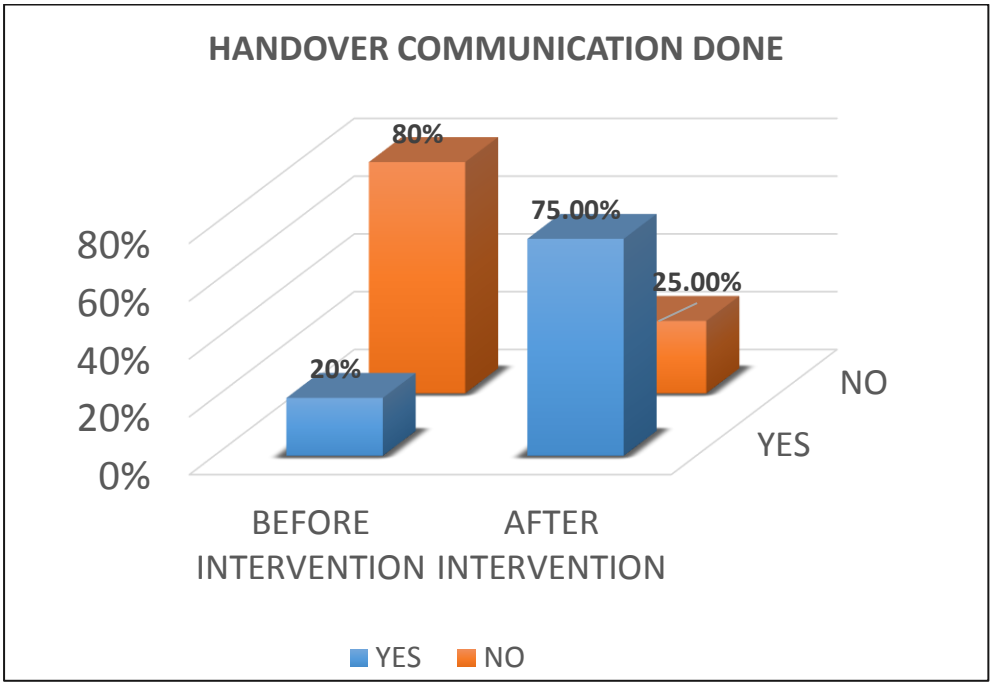


Fig.1.6 Handover communication done

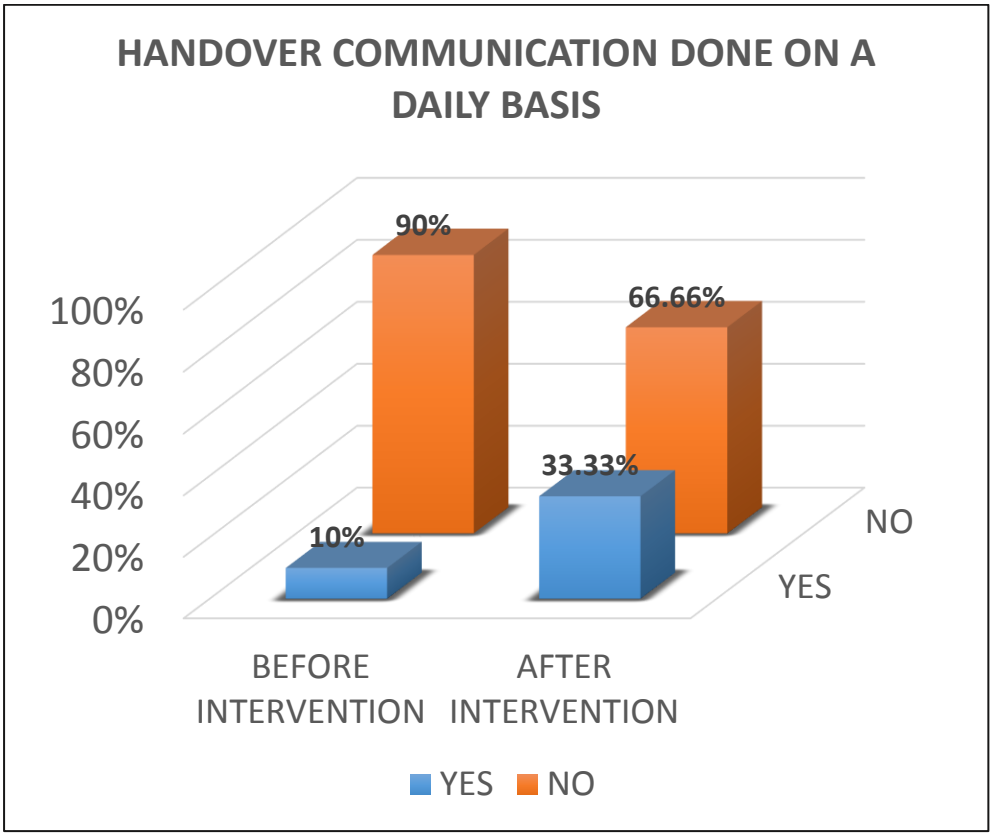


Fig.1.7 Handover communication done on daily basis

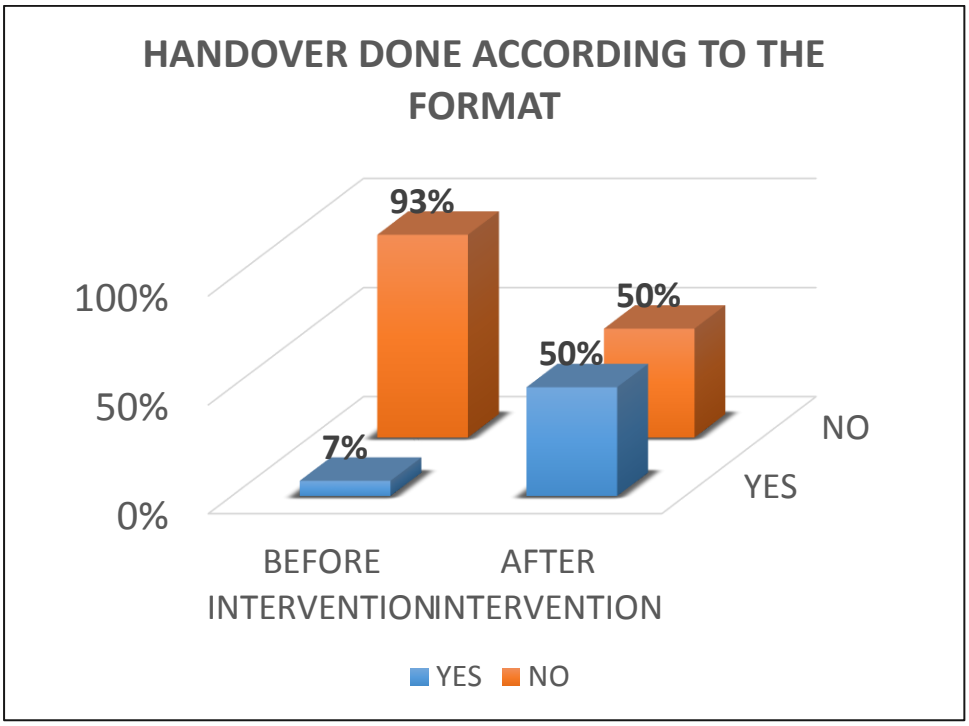


Fig.1.8 Handover done according to the format

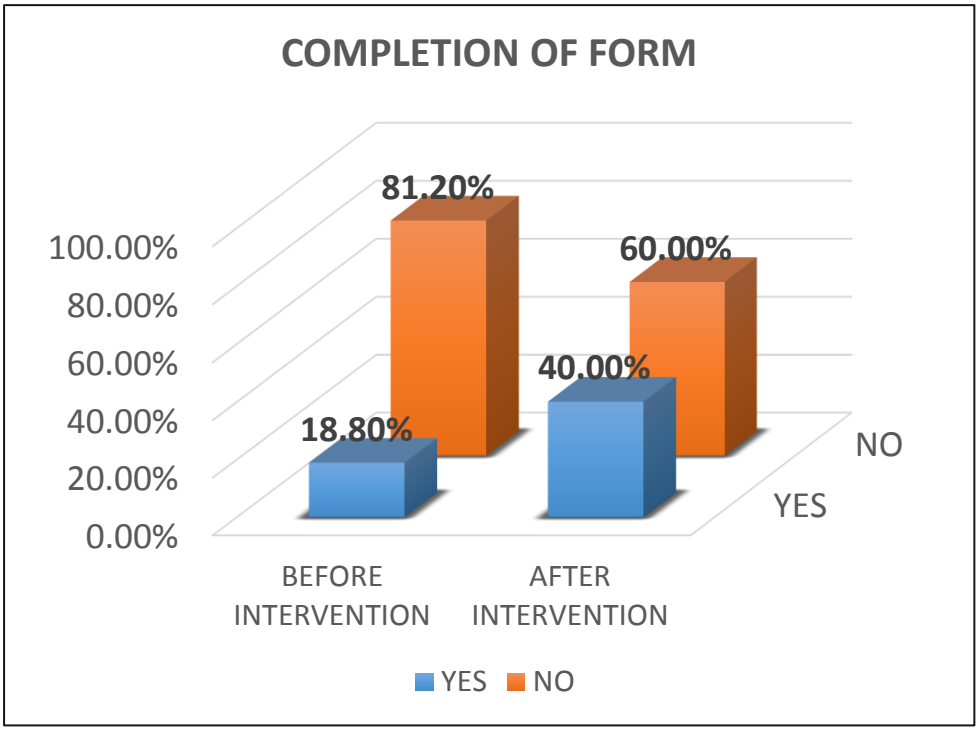


Fig.1.9 Completion of form

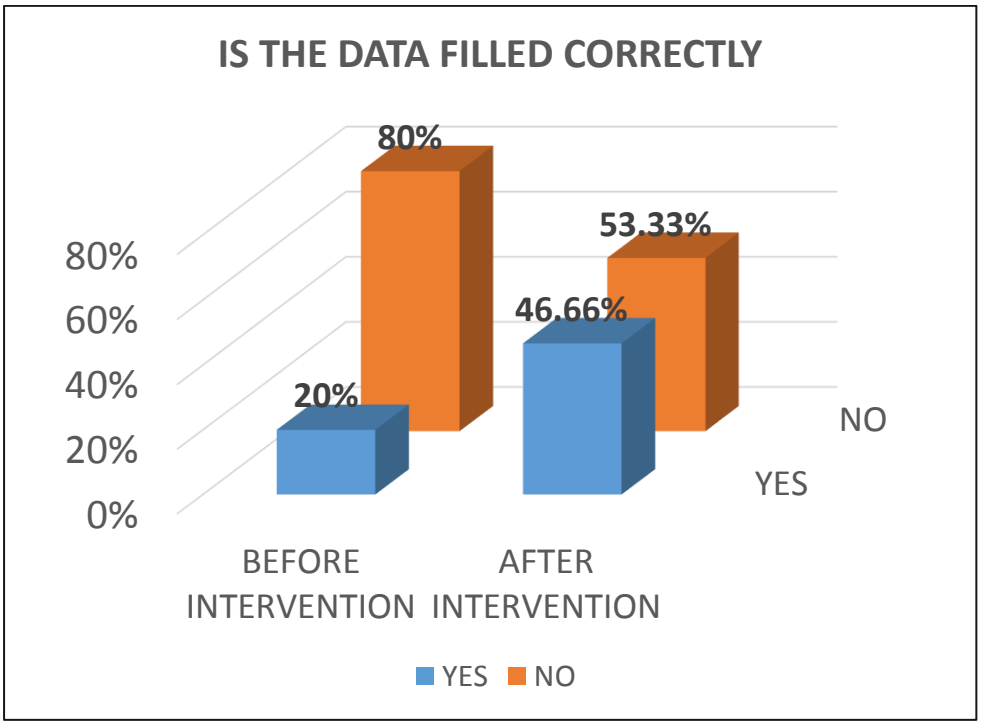


Fig.1.10 Is the data filled correctly

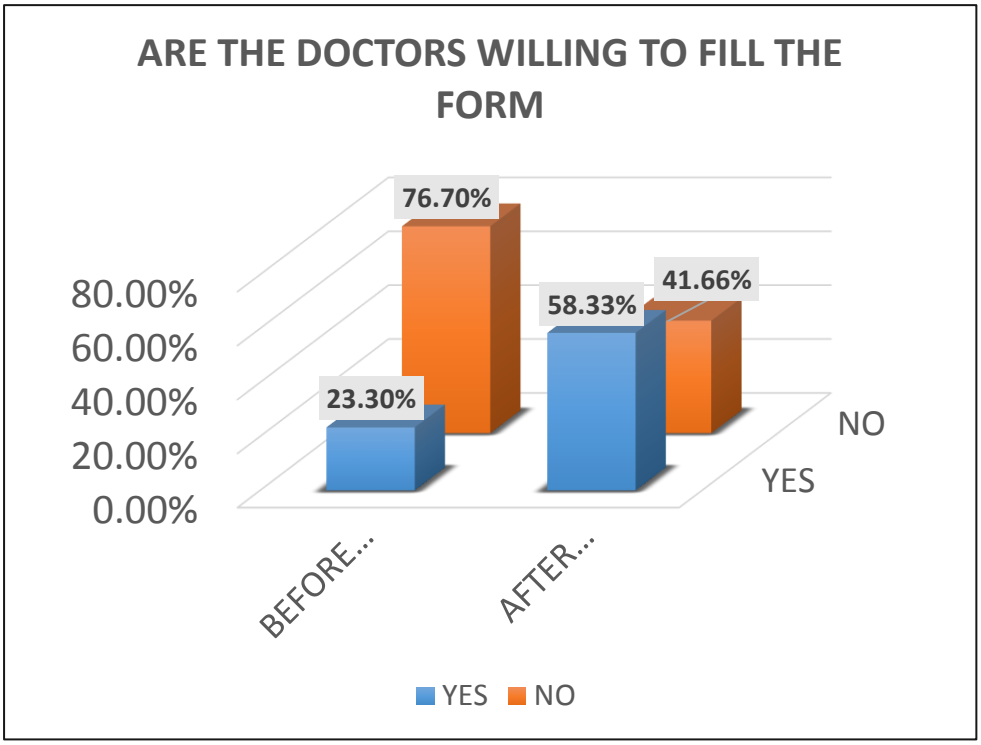


Fig.1.11 Are the doctors willing to fill the form

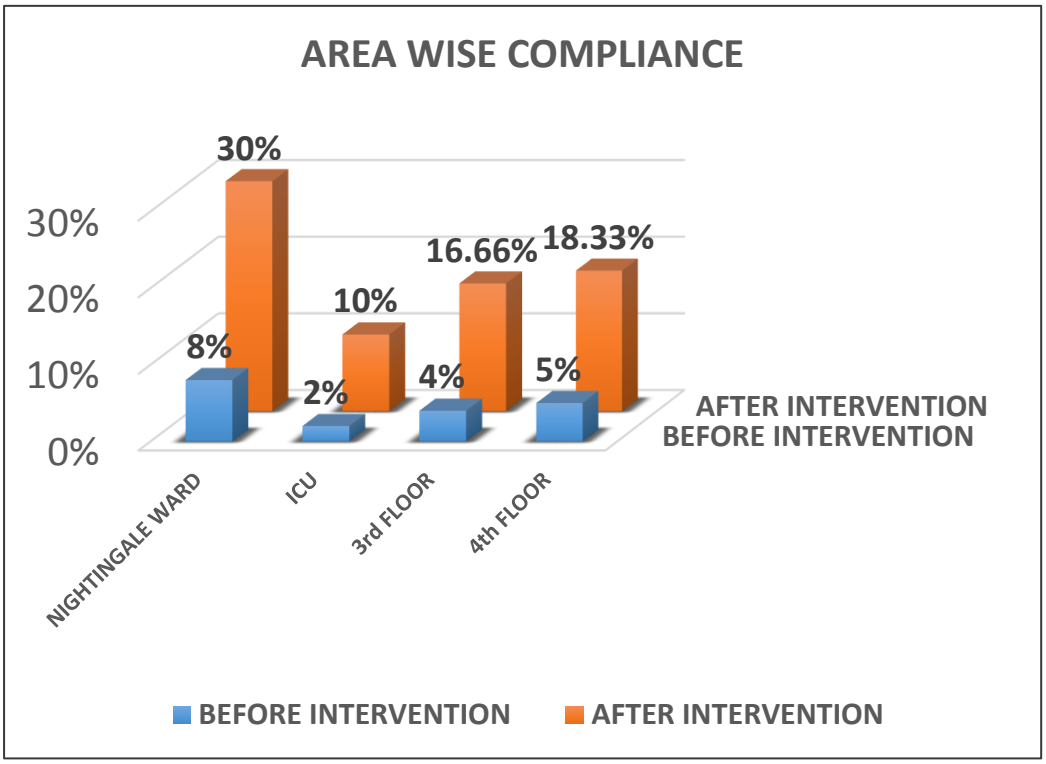


Fig.1.13 Area wise compliance

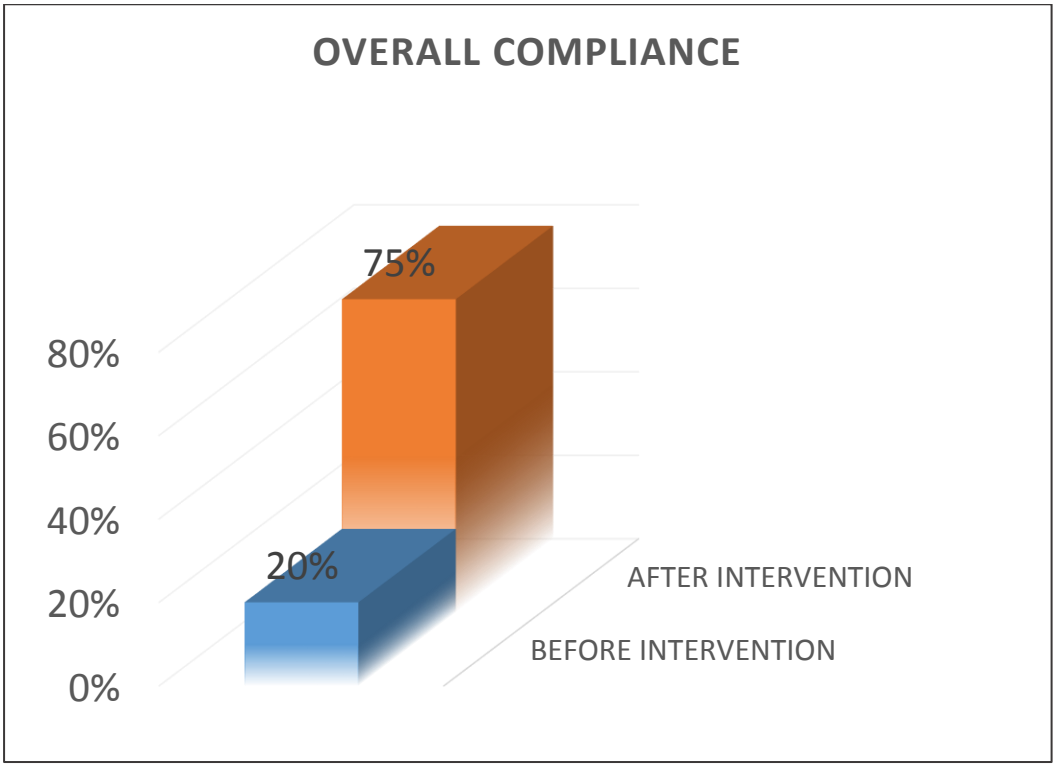


Fig.1.14 Overall compliance

Section-4: **Recommendations and conclusion**

4.1 Recommendation:

- Handover communication is very important in-patient safety**.**
- Awareness to be created among the doctors.

4.2 Conclusion:

Before intervention:

Handover communication at FMRI was very low.

Doctors were not willing to do written handover in a format.

Handover communication form was cross filled at different floors.

Handover communication was not including;

SBAR- Situation, Background, Assessment, Recommendation.

Intervention**:**

Seeing the existing scenario of handover communication**.**

Intervention included Head of Quality and Medical Superintendent.

Digitalized daily reporting of handover communication form through mail to Medical Superintendent.

After Intervention:

It was found that handover communication compliance has improved.

Handover communication form filled correctly.

Doctors show responsibility to fill the form.

Handover communication form filled on daily basis

It was noticed by HOD Quality that in FMRI Gurgaon, the handover communication of doctors was not efficient. The handover communication was done more verbally than in written. No format was followed.

So, an intervention was planned to improve the compliance of handover communication to 75%. A meeting was done with quality head and medical superintendent to inform the doctors the importance of handover communication in relation to patient safety and quality

of care. Finally, after the intervention it was found that the handover communication was improved and the target of 75% was achieved.

5. References:

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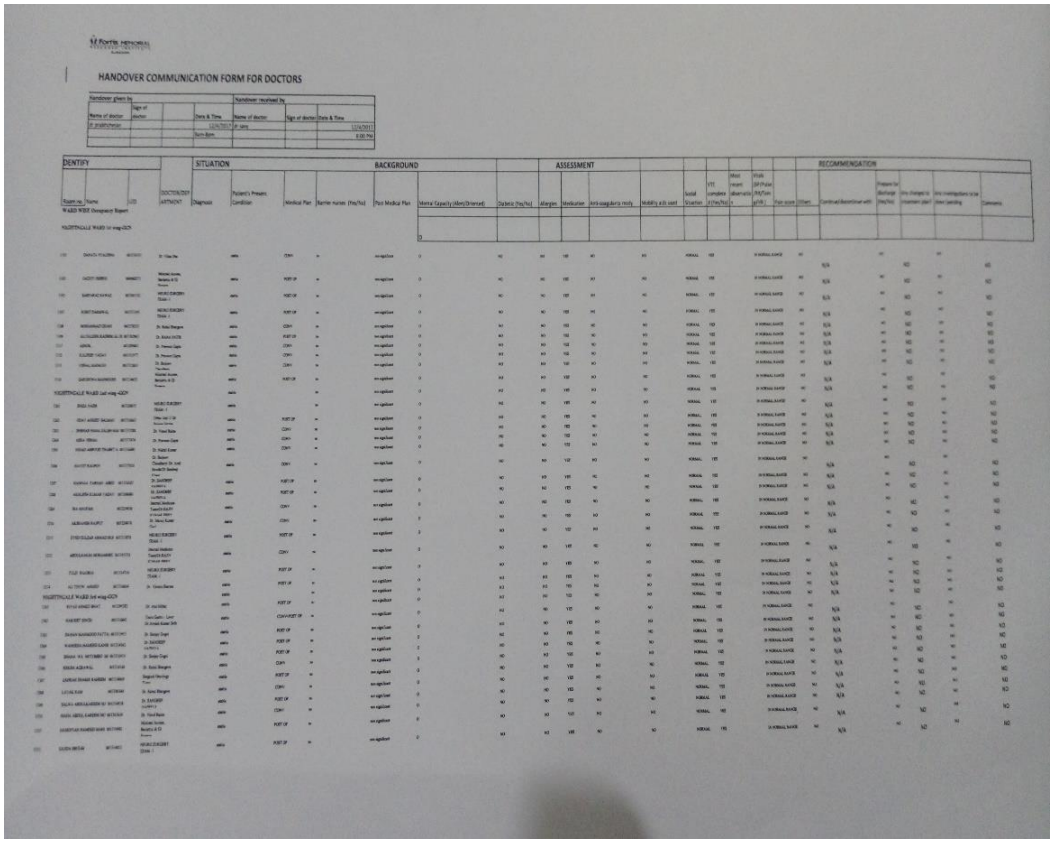
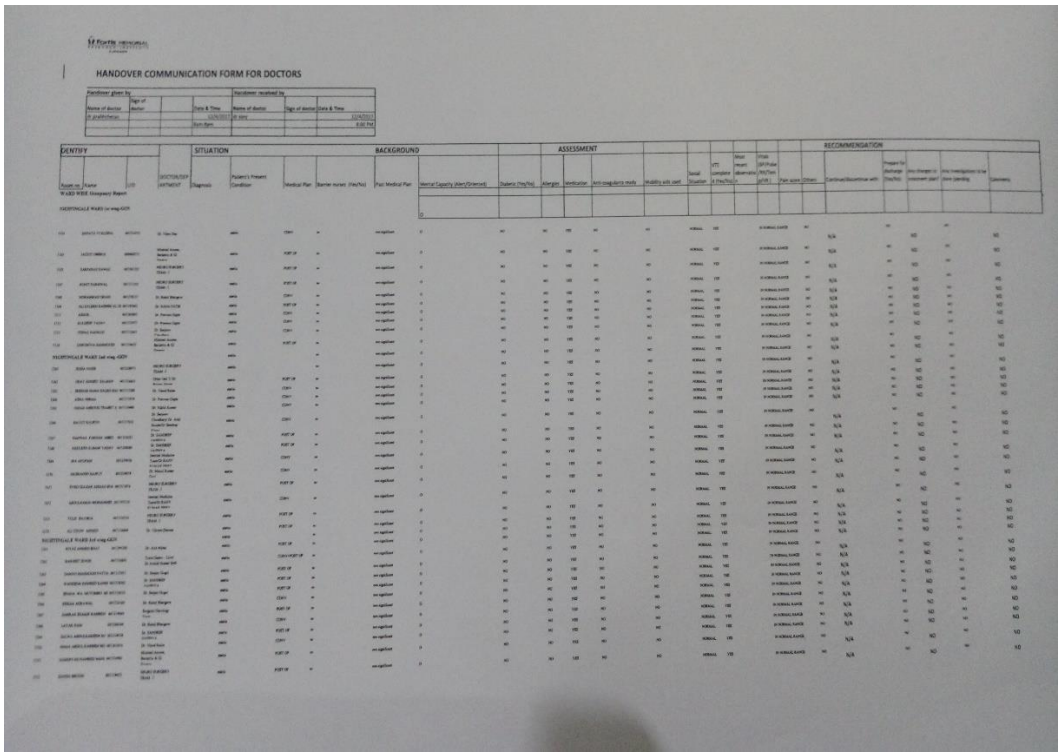
4.4 Annexure:



HANDOVER COMMUNICATION FORM FOR DOCTORS



HANDOVER COMMUNICATION FORM FOR DOCTORS

ICU HANDOVER FORM:			
Handover Given By:		Handover Received By:	
Doctor Name		Doctor Name	
Date		Date	
Time		Time	

FLOORS HANDOVER FORM:			
Handover Given By:		Handover Received By:	
Date		Date	
Time		Time	

Identify	Situation	Background	Assessment	Recommendation
Name, Room No., Doctor Department UID NO.	Diagnosis, Patients Present Condition, Medical Mgt., Mental capacity	Past Medical History	Allergy, VTE, Vitals	Continue medicine with, Comments

S. No	Name of the Department	Interacted with (Name and Designation)
1	ORTHOPAEDIC	DR VIVEK DAHIYA
2	ICU	DR MAHENDRA
3	NIGHTINGALE WARD	DR SAVY
4	MRD	MR.CL SINGH(HOD)

List of tables**:**

Table no.	Tittle	Page no.
1.1	Table of content	03
1.2	Core values of FMRI	07-08
1.3	Specialties offered at FMRI	08
1.4	Super-specialties offered at FMRI	09
1.5	Infrastructure of FMRI	10-14

List of Figures:

Figure no.	Tittle	Page no.
1.1	Emergency Gate View of FMRI	6
1.2	Hand Hygiene Day Celebration	18-19
1.3	Nurses Week Celebration	19
1.4	Code Red Mock Drill	20
1.5	Handover Communication	21
1.6	Handover Communication Done	25
1.7	Handover Communication Done on Daily Basis	25
1.8	Handover Done According to the Format	26
1.9	Completion of Form	26
1.10	Is the Data Filled Completely	27

1.11	Are the Doctors Willing to Fill the Form	27
1.12	Area wise Compliance	28
1.13	Overall Compliance	28