Summer Placement

In

Medanta the Medicity

Sector 38, Gurgaon, Haryana

(APRIL 1 – MAY 31, 2014)

A Report

Dr. Namrata Gupta

MBAHM- 19TH Batch

Post Graduate Programme in Hospital Management

2014-16

Institute of Health Management Research, Jaipur

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Ms Namrata Gupta** has undergone her Summer Training at **Medanta the Medicity Hospital, Gurgaon** from 9 th April 2015 to 9th June 2015 and has done projects on-"Compliance Audit for IPSG 1 – Correct Patient Identification" and "Audit , Plan and Implement Compliance to Facility Safety".

The candidate herself carried out all the studies related to her Summer Training. Her approach to the study has been scientific and analytical. The summer training is in partial fulfilment of the course requirement recommended for the award of Master of Business Administration-Hospital & Health Management.

I wish her success in all her future endeavours.

Col. (Dr.) Ashok Kaushik,
Dean (Academic and Student Affairs)
IIHMR University, Jaipur

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IIHMR University, Jaipur

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Global Health
Private Ltd.

Date 08.06.15

INTERNSHIP COMPLETION LETTER

This is to certify that Dr. Namrata Gupta, student of MBA (Major in Hospital & Healthcare Management), Batch 2014 -16 Institute of Health Management Research, Jaipur has successfully completed her internship with us.

- Project Title - 1. Reinforcing correct patient identification
  2. Assess, plan & implement compliance to facility safety
- Project Duration - 09th April 2015 to 09th June 2015

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

For **GLOBAL HEALTH PVT LTD**

Monica

MONICA MUDGAL
SENIOR VICE PRESIDENT & HEAD - HUMAN RESOURCES

Acknowledgement

I, Dr Namrata Gupta, a student of MBAHM 19 at IIHMR Jaipur, would like to sincerely express my heartfelt gratitude to:

- Mr. Pankaj Sahni, Chief Operating Officer, Medanta the Medicity, for granting me the opportunity for training.
- Mr. Arun Datta, Senior Vice President, Medanta the Medicity, for granting me the opportunity for summer training and assigning me my projects in the Human Resources Department.
- Dr. Awadhesh Kumar Dubey, Medical Superintendent, Medanta the Medicity, for granting me the opportunity for training.
- Mrs Sunaina Singh, Senior Manager, Corporate, Medanta the Medicity, for being my mentor and project guide for the entire period of my training, for helping me improve the quality of my work and for helping me identify areas where I lack and what characteristics I must develop in myself for a future as a hospital administrator for my project in the Patient Safety .
- Dr. Tanjul Saxena, my mentor at IIHMR Jaipur, for his support and guidance, without which this training would not have been possible.
- Dr. Ashok Kaushik, Dean, Academic and Student Affairs, for his invaluable inputs and guidance for my projects, as they helped me to develop a line of thought for how to shape my project.
- Mr. Dalbir Singh, Placement Officer, IIHMR Jaipur, for facilitating my training at Medanta the Medicity.
- Lastly, I would like to thank my college, IIHMR Jaipur, for providing me with an opportunity to learn from and work with the best personnel in the Hospital Industry, and for helping me gain an appreciation of where I currently stand as an administrator and how much work I would need in order to meet the quality specifications that the hospital industry seeks.

Table of Contents

1. Acronyms/Abbreviations

- BP: Blood Pressure
- CABG: Coronary Artery Bypass Graft
- Cath Lab: Catheterization Laboratory
- DSA Lab: Digital Subtraction Angiography Lab
- ERCP: Endoscopic Retrograde Cholangio Pancreatography
- EUS: Endoscopic Ultra Sound
- GHPL : Global Health Care Private Limited
- Hb : Haemoglobin
- IPD : In- Patient Department
- IPSG : International Patient Safety Goal
- MLC : Medico-Legal Cases
- OPD: Out-Patient Department
- OT : Operation Theatre
- POCU: Pre Operative Cardiac Unit
- PTCA: Per Cutaneous Transluminal Coronary Angioplasty
- RH +ve : Rhesus Factor Positive
- RH -ve : Rhesus Factor Negative
- RBC : Red Blood Cell
- UG Floor: Upper Ground Floor
- WB: Whole Blood
- RFA: Request For Admission
- TPA: Third Party Administration
- ACR: Admission Control Room
- ST : Staircase Number

2. Observation Learning

2A. Introduction

The summer training is an integral part of the course curriculum of PGDHM at IIHMR Jaipur. As part of the course, students at the end of their first year are required to undergo training of two months to get an in-depth exposure to the various departments in the organization, as well as take up projects as per the requirements of the organization where the students get training. What is most crucial is to build a base of knowledge about the structure and functioning of the hospital, which can be used to understand and apply concepts in the subsequent study tenure at IIHMR Jaipur.

During my summer at Medanta – The Medicity, Gurgaon, there were numerous learning experiences. These were enhanced due to the projects undertaken at the hospital, which are listed as follows:

- '*Compliance audit for IPSG-1 Correct patient Identification*
- *'Audit , Plan and Implement compliance to facility safety*

A brief report of the training of two months is presented below with the details of tasks undertaken and lessons learnt during the training.

2B. Organization Profile

Medanta the Medicity, a multi-super-specialty hospital, is one of India's largest healthcare projects in multi-specialty tertiary care medical treatment, and has been envisioned as an institute that will redefine standards of excellence in healthcare delivery by bringing together the best of infrastructure, technology, training, education and medical intelligentsia. With an investment of over $350 million, Medanta the Medicity aims to create a world class education and training centre backed by remarkable infrastructure, futuristic technology and the extraordinary vision of the eminent cardiac surgeon, Dr Naresh Trehan – Chairman and Managing director of Global Health Private Limited (GHPL).

Located across 43 acres, Medanta is the new international healthcare destination in the National Capital Region of New Delhi – Gurgaon. Medicity is a 1250 bed medical institute at par with world standards. The objective of the Medicity is to bring in global healthcare delivery standards at affordable prices, while firmly placing India on the international

roadmap as a premier destination for healthcare services, medical research and high-end medical diagnostics.

Specialties covered

Medanta provides integrated primary, secondary and tertiary care services spanning over 29 super specialties and high-end services covering every aspect of human health, housing 10 Institutes, 8 Divisions and 11 Departments.

- Institutes
  - The Medanta Heart Institute.
  - The Medanta Institute of Neurosciences.
  - The Medanta Bone & Joint Institute.
  - The Medanta Kidney & Urology Institute.
  - The Medanta Cancer Institute.
  - The Medanta Institute of Digestive & Hepatobiliary Sciences.
  - The Medanta Institute of Minimally Invasive Surgeries.
  - The Medanta Institute of Transplant & Regenerative Medicine.
  - The Medanta Institute of Critical Care & Anaesthesiology.
  - The Vattikuti Institute of Robotic Surgery.
- Departments
  - Department of Clinical Immunology & Rheumatology.
  - Department of Pathology & Laboratory Medicine.
  - Department of General Surgery.
  - Department of Internal Medicine.
  - Department of Dental Surgery.
  - Department of Physiotherapy & Sleep Medicine.
  - Department of Transfusion Medicine (Blood Bank).
  - Department of Pediatric Gastroenterology, Hepatology & Liver Transplantation.
  - Department of ENT & Head Neck Surgery.
  - Department of Physiotherapy & Rehabilitation.
  - Department of Ophthalmology.
- Divisions
  - Division of Endocrinology & Diabetes.
  - Division of GI & Bariatric Surgery.
  - Division of ENT & Head Neck Surgery.
  - Division of Peripheral Vascular & Endovascular Sciences.
  - Division of Gynaecology & Gynaec-oncology.
  - Medanta Breast Services.
  - Division of Plastic, Aesthetic and Reconstructive Surgery.
  - Division of Radiology & Nuclear Medicine

What is unique about Medanta the Medicity?

- Medanta aims to functionally integrate within one campus and one management, the facilities of medical care, teaching as well as research and development.
- It also offers to explore the possibility of integrating knowledge of traditional and alternative medicine with modern medicine, through means of scientific research.
- Medanta the Medicity is led by Dr Naresh Trehan, one of the leading luminaries in the medical world. Dr Trehan is a recipient of various national and international awards for excellence, including the highest national awards, Padma Shri and Padma Bhushan, in recognition of his distinguished service to the nation.
- Dr. Trehan has also served as the personal surgeon of the President of India since 1991 and was formerly the President of the International Society for Minimally Invasive Cardiac Surgery (ISMIC)
- The Medicity team has attracted some of the most distinguished names in medical and non-medical fields from all over the world.

Infrastructure

Medanta-The Medicity is spread across 43 acres, has 45 operating theatres, 1250 beds and over 350 critical care beds

Education

An initiative is currently underway of building a full-fledged medical college, the objective of which will be to produce highly competent general physicians and specialists who would be socially sensitive and fully committed to the principles of medical ethics. This establishment would also make every attempt to erase the dividing line between clinical and non clinical areas.

Research and Development

The Medicity will have a state-of-the-art research and development centre integrated with the hospital and the teaching establishment. It is planned to be one of the best funded, staffed and managed medical R&D centre in the country. Its Research Advisory Committee will consist of 12 members from amongst the best known names in modern biology, including various areas of medicine.

Traditional Medical practices

An important objective of Medicity is to validate - and integrate with modern medical system – those medical practices in our traditional and complimentary systems of medicine such as Ayurveda, Unani, Siddha, Tibetian and Tribal Systems that are compatible with science.

Vision and Values

'The Institution is governed under the guiding principles of providing affordable medical services to patient with care, compassion and commitment

Technology

- 256 Slice CT

- Brain Suite, Intra-Operative Imaging Operating Theater
- Da Vinci Robot for Minimal Invasive Surgery
- Artis- Zeego Endovascular Surgical Cath Lab
- 4 Linear Accelerators (provision for IGRT/ IMRT) (Radiation Surgery)
- Tomotherapy
- Integrated Brachytherapy Unit with remote controlled HDR
- 3.0 Tesla MRI
- PET CT
- Gamma Camera
- Digital X-Ray, Fluoroscopy, Bone
- Densitometry
- 3D and 4D Ultra Sound
- Digital Mammography

Affiliations

- Medanta the Medicity has entered into a corporate alliance with 'Duke Medicine' with the objective of providing a platform for high end research practices and clinical trials.
- The Medanta Duke Research Institute (MDRI is a world class early phase clinical research facility at Medanta the Medicity. MDRI guarantees to offer an environment conducive for exploring the technologies of traditional medicines in synchronization with modern medicine aids for research and development in the areas of healthcare and health recovery.
- It is proposed to be a 60-bedded facility built in an area of 27,000 sq. ft. within the premises of Medanta. To unlock its potential, MDRI will be undertaking immediate early phase clinical studies in three countries with diverse populations.
- The results of such a research will be paramount for all subsequent studies that can play a decisive role in changing the face of healthcare across the world.

2C. Data Collection

- With permission from the Senior Vice President of Medanta the Medicity, Mr. Arun Datta, and the Medical Superintendent, Dr. Awadhesh Kumar Dubey, we created a schedule, which we have followed in order to observe and learn the functioning of all the departments of the hospital. This task was made difficult due to the scale of operations being conducted at Medanta the Medicity, as we realized that a significant amount of time would have to be invested in each department in order to glean as much information as possible.
- After permission was secured and a schedule was made to observe the various departments of the hospital, we went and sought appointments from the concerned personnel in the various departments.

- Once these permissions were obtained, we got the details of personnel who would guide us in these departments.

3. Specific Project Learning

These projects were assigned to me by Dr Sunaina Singh, the Senior Manager corporate office of Medanta as a part of the Admission department's requirements for the improvement of patient's experience.

PROJECT: Compliance Audit for IPSG 1- Correct Patient Identification

RATIONALE:

Between November 2003 and July 2005 ,United Kingdom National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or ones with incorrect information. Patient misidentification was cited in more than 100 individual cause analysed by United States Department of Veterans Affairs National Centre for Patient Safety from January 2000 to March 2003

OBJECTIVES:

- To understand the International Patient Safety Goal 1 - Correct Patient Identification
- To identify problem areas in IPD and OPD
- To provide solutions for the problems identified

METHODOLOGY:

Study type-

- Descriptive

Study area-

- IPDs and OPDs ,Medanta –The Medicity , Gurgaon

Study duration-

- Two months

Data Collection-

- Primary Data collection is done through staff interviews and observation check

Sampling method-

- Purposive sampling

Sample size-

101 staff interview and observation check in IPD and 97 staff interview and observation check in OPD

The procedure followed is enumerated below:

1) Understanding the IPSG 1

2) Drafting the checklist

3) Conducting audits

4) Formulating compliance dashboard

5) Designing the training policy and material

6) Making video for patients as partners in healthcare

1) UNDERSTANDING IPSG 1

Standard IPSG.1
The hospital develops and implements a process to improve accuracy of patient identifications

Measurable Elements of IPSG.1

1. Patients are identified using two patient identifiers, not including the use of the patient's room number or location

2. Patients are identified before providing treatments and procedures

3. Patients are identified before any diagnostic procedures

2) DRAFTING THE CHECKLIST

IPD CHECKLIST

I. Documentation check

a) Every patient file has correct patient label?

b) The blood and blood product transfusion record is complete?

c) The blood & blood products transfusion record is countersigned by Doctor & TL/Head nurse?

d) Barcode is placed over vacutainer/container before collecting sample (if sample collection is being done)?

e) The high alert medications in MAR are countersigned by TL?

f) There are no wrong reports filed in the patient file. (check patient details on all reports and match with patient UHID)?

II. Observation check

a) Does the patient have ID band on the wrist?

b) The ID band is clean & information is clear?

c) The patient details are same after verification from the admission sheet/Billing Sheet?

III. Situation observation

Did nurse verified by asking your full name & checked the wrist ID/UHID before:

- administering medication
- administering blood/blood product
- nursing procedure (cannulation, suction, dressing change,etc)
- bedside procedure (diagnostics etc)
- collecting sample
- transferring to another unit
- providing restricted diet? (If patient is on restricted diet)

IV. Staff interview

a) Which are the two patient identifiers?

b) What is the color of ID band for IPD and daycare patients?

c) Which color ID band is used for patients of Emergency, Endoscopy and Dialysis?

d) When should you use the two patient identifiers?

e) Why UHID is used as one of the patient identifier?

f) Can you identify the patient using room no. & location?

OPD CHECKLIST

I. Documentation check

a) Patient Identifiers(full name, UHID) tally on file, receipt, reports

b) Name and UHID present on prescription paper

II. Observation check

a) Did staff identify patient using two identifiers before:

- billing & registration
- making opd file (at nursing counter)
- vitals check
- nursing procedure (e.g. injections, dressings)?

III. Staff interview

a) Which are 2 patient identifiers?

b) Why UHID is used as one of the patient identifier?

c) When should you use the two patient identifiers?

d) How will you identify the patients of Day care or dialysis?

e) What are other identifiers allowed in OPD?

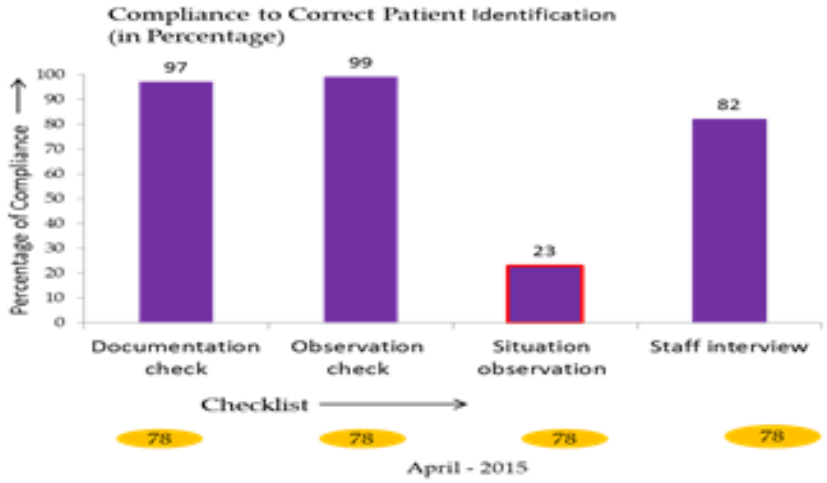
3) CONDUCTING AUDITS

Audits were first conducted in the IPD and OPD of the hospital first with the help of print out format and then with the Samsung tablets. The answers to questions in checklist were either yes , no or not applicable.

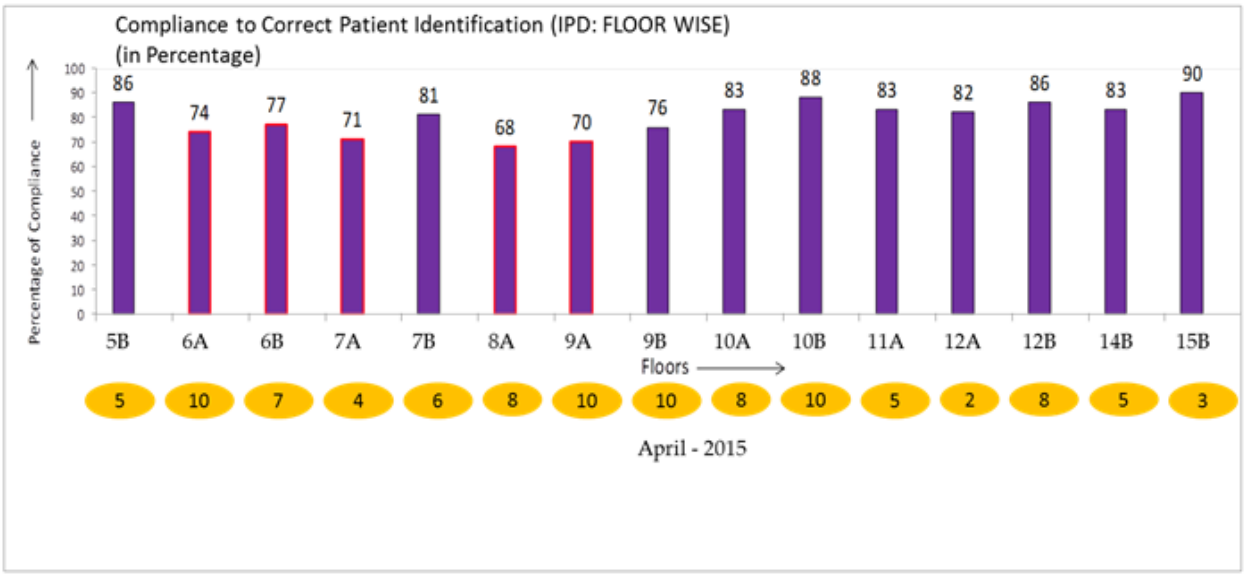
4) FORMULATING COMPLIANCE DASHBOARD

For IPD

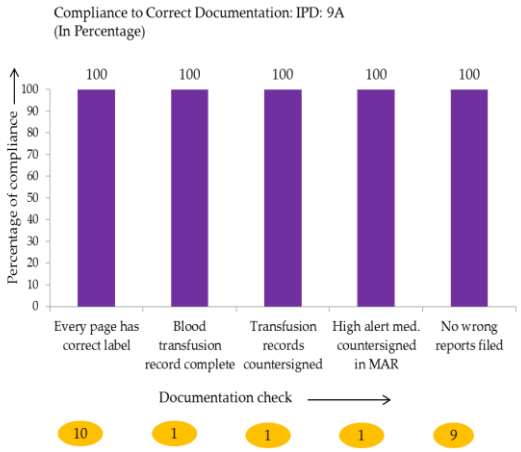
Analysis of parameters of checklist in all IPDs :-

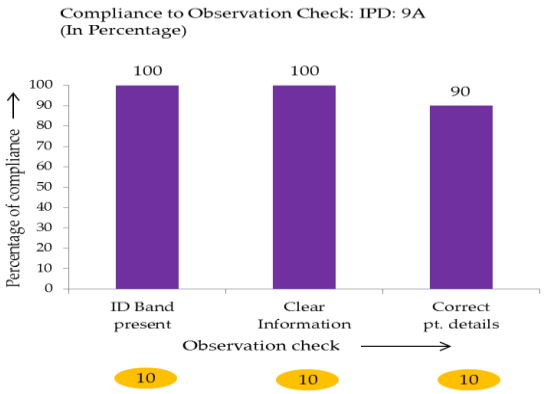


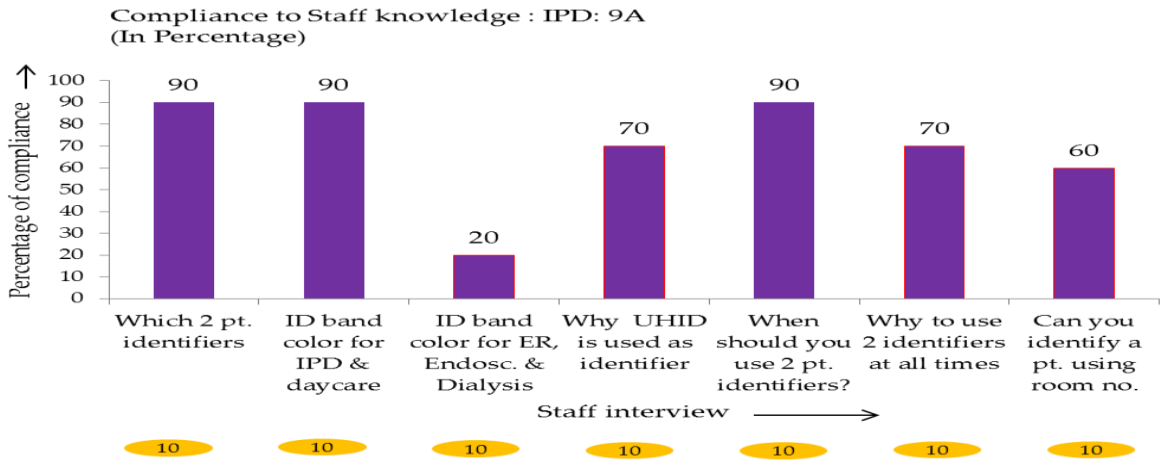
Analysis of overall correct patient identification floor wise:-

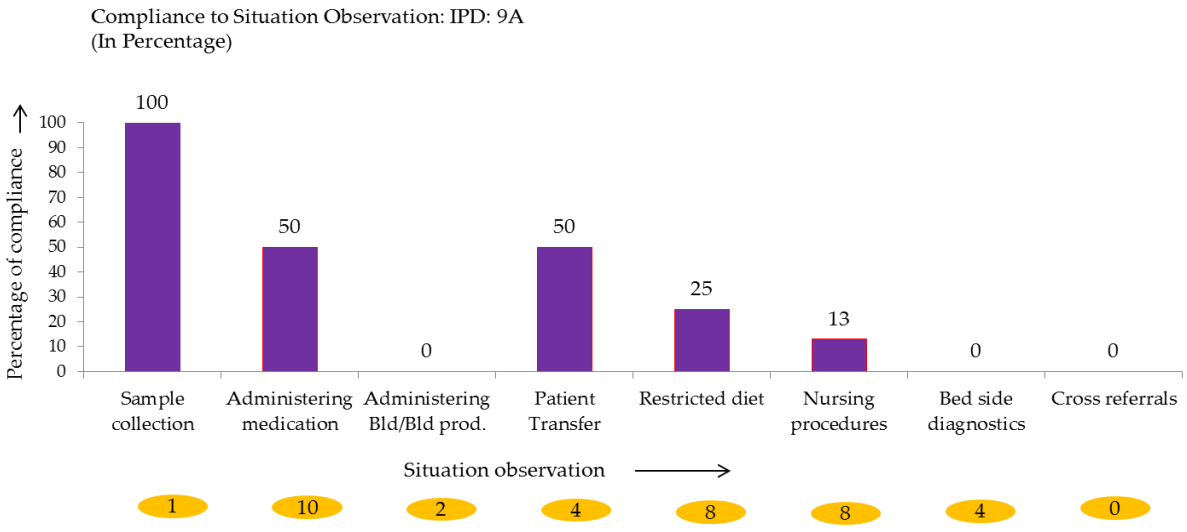


Following is the report prepared for 9th floor Awing, similar reports were prepared for all the floors



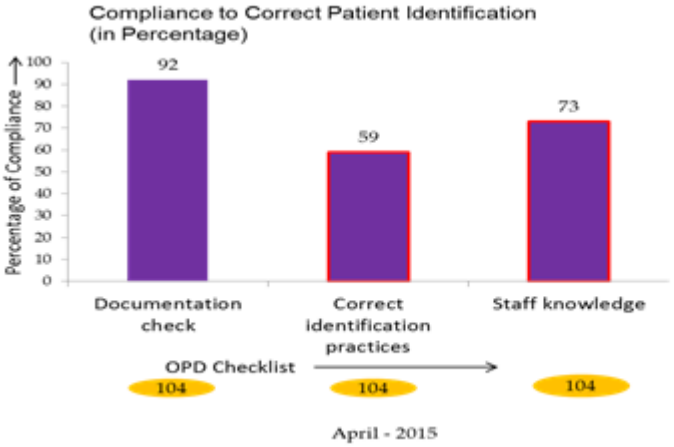




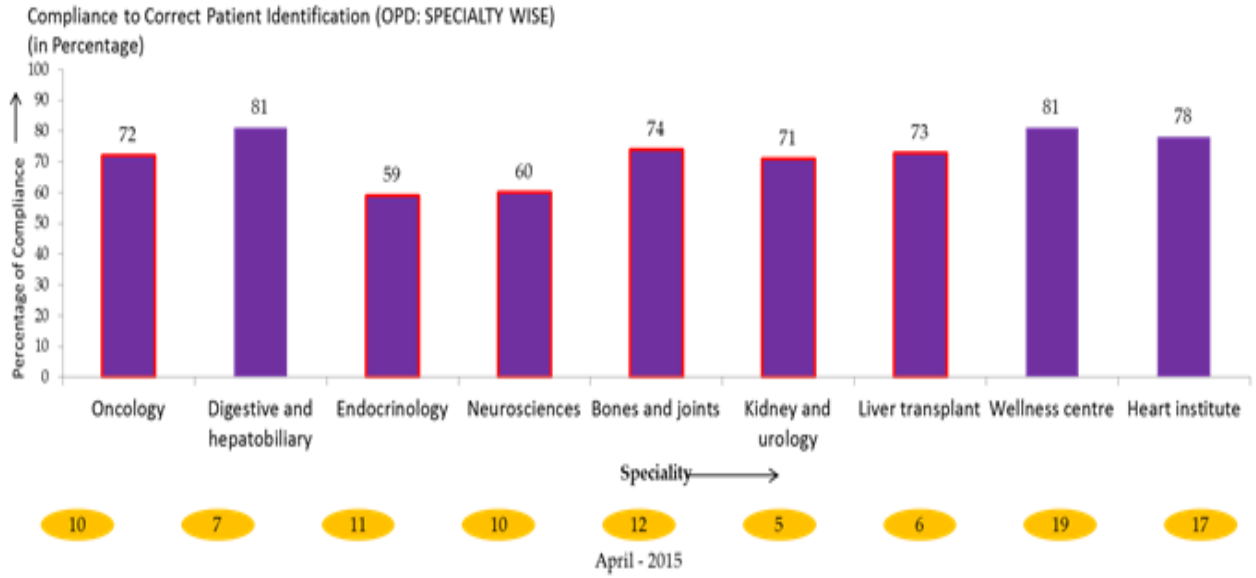


FOR OPD

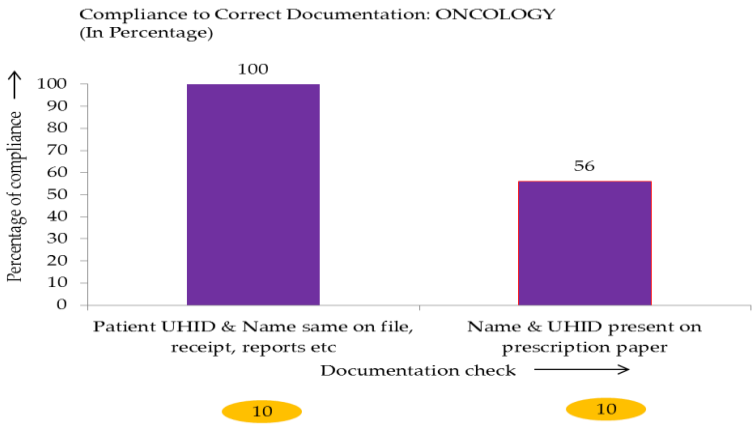
Analysis of parameters of checklist in all the OPDs:-

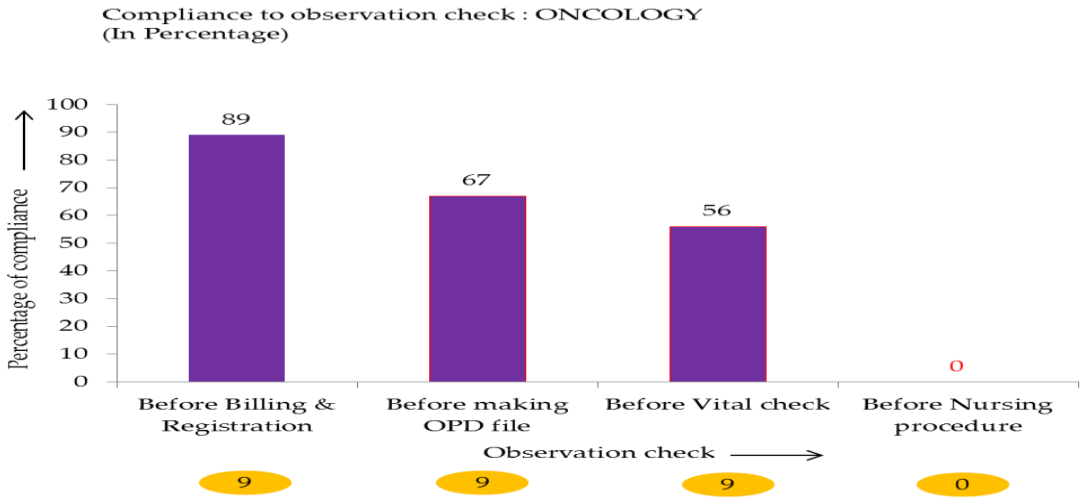


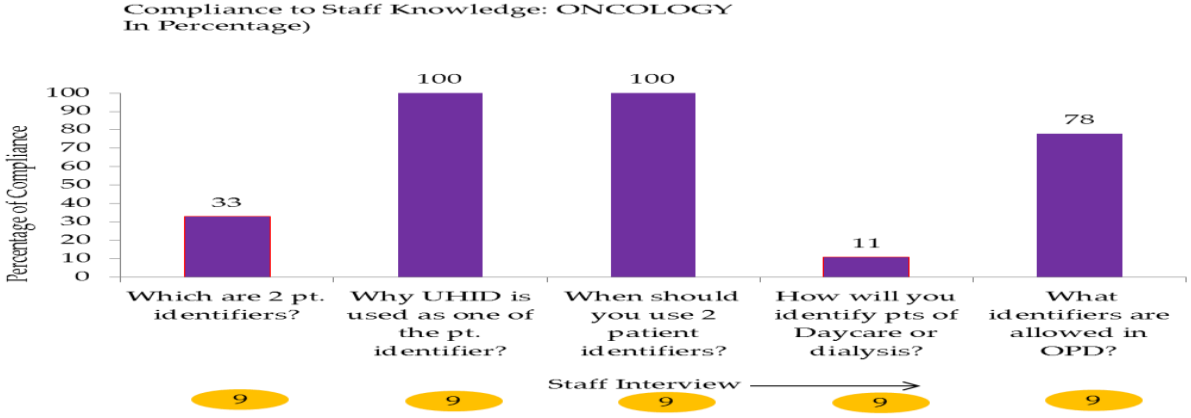
Analysis of overall correct patient identification speciality wise:-



Following is the report prepared for Oncology department , similar reports were prepared for all the specialities :-





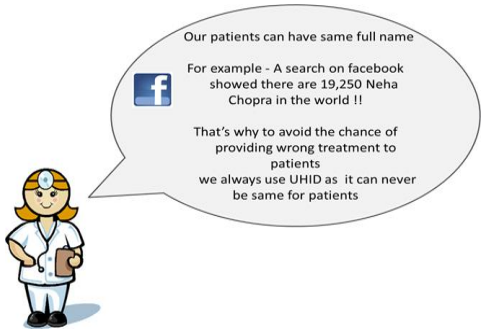


5) DESIGNING THE TRAINING POLICY AND MATERIAL

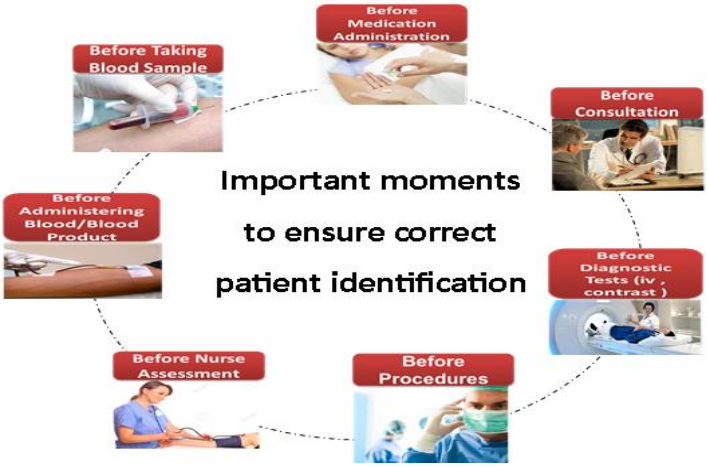
A training policy was designed along with the training material for the nursing staff.

HOW?

WHY?



WHEN?



6) MAKING VIDEO FOR PATIENTS AS PARTNERS IN HEALTHCARE

Worked on the concept of making videos to be displayed at OPD screens to educate the patients and get involved in their healthcare. Currently being worked upon in the hospital as "A Patient Awareness Initiative".

FINDINGS

In IPDs low compliance was found in situation observation check due to the negligence of nursing staff as they had enough knowledge but were not applying it.

In OPDs low compliance was found to be in

a) correct patient identification practice check due to missing UHIDs in hand written prescription papers
b) staff knowledge

RECOMMENDATIONS

1) Uniform implementation of use of e- prescriptions by doctors as hand written prescriptions lacked UHIDs of the patients also it will reduce the additional responsibility of doctors
2) Periodic training of the nursing staff
3) Frequent audits
4) Involve patients as partners in healthcare

CONCLUSION

To err is human but medical error is against humanity. We need to recognise the crucial role of nursing staff and train them. Strict implementation of well-defined policies throughout hospital is also needed.

REFERENCES

Joint Commission International Accreditation Standards for Hospitals 5th Edition

The Essentials of Patient Safety by Charles Vincent

Patient Safety Systems

Patient Safety Handbook by Barabara J. Youngberg

PROJECT: AUDIT, PLAN AND IMPLEMENT COMPLIANCE TO FACILITY SAFETY

OBJECTIVES:

- To identify problem areas in facility safety
- To plan and implement compliance to facility safety

METHODOLOGY:

Study type-

- Descriptive

Study area-

- IPDs , Medanta –The Medicity , Gurgaon

Study duration-

- Two months

Data Collection-

- Primary Data collection is done through observation check

IPD CHECKLIST

I) Corridors

a) All Electrical panels are covered

b) Electrical panels are locked

c) Key for MCB is with security

d) Smoke detector light blinks every 7 secs

e) CCTV functional

f) Emergency keybox (1 per floor) present with 4 keys

II) Nursing station

a) Signage "6666" is pasted properly

b) Glow fire exit signage is available

c) Patient board having list of patient on oxygen

d) Evacuation plan is pasted appropriately

e) Sprinklers are obstruction free

f) Smoke detector light blinks every 7 secs

III) Refuge area

a) Signage is present

b) Is it locked?

c) Is key with security?

IV) Fire exit

a) Mention the ST no.

b) Is Signage present?

c) Is door latched properly?

d) Is exit way clear?

e) Is fire exit sounder properly installed?

V) Fire Extinguisher

a) Is Date of refilling/checking written

b) Is next checking due date written?

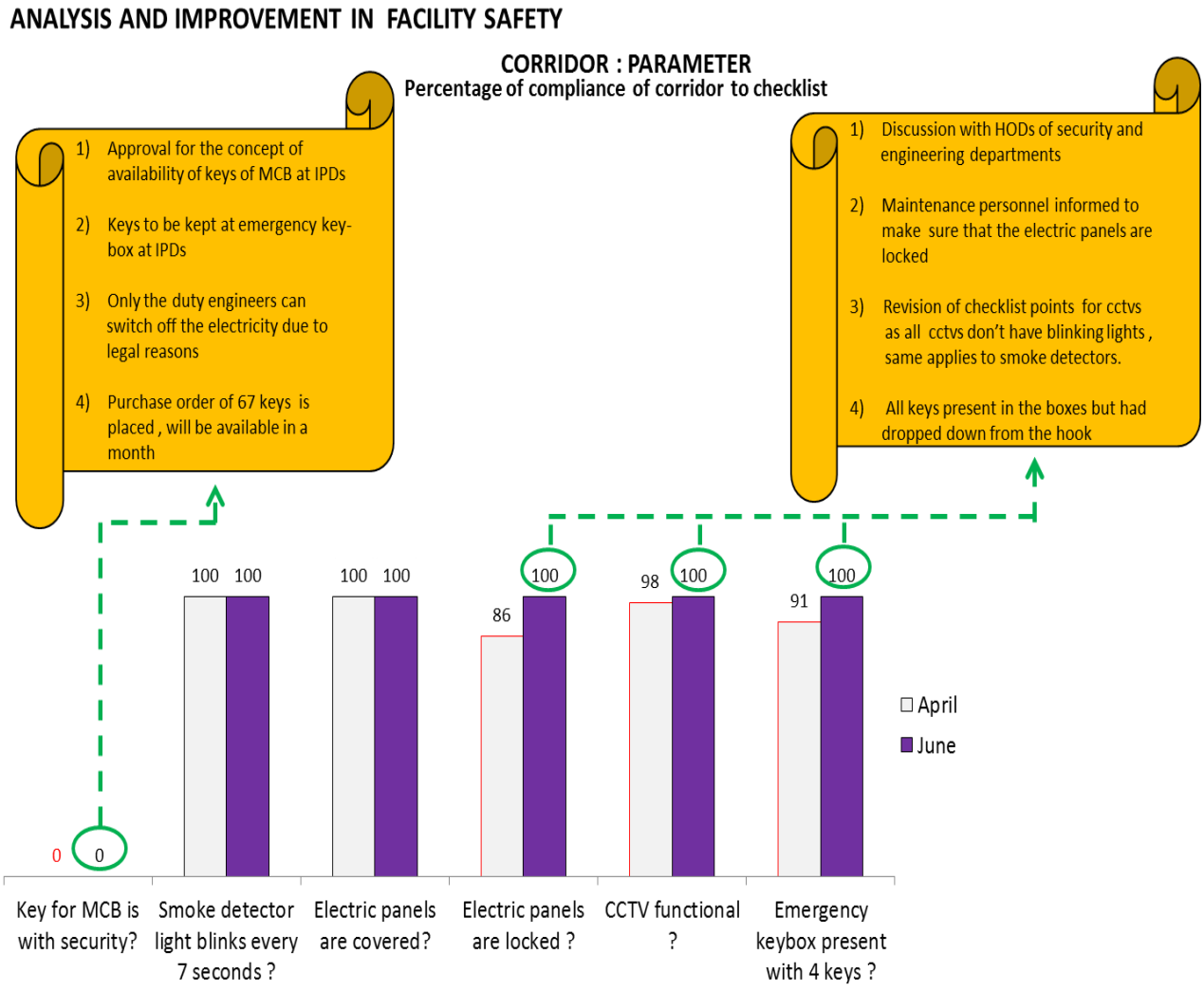
c) Is fire extinguisher usage poster available next to it?

CONDUCTING AUDITS

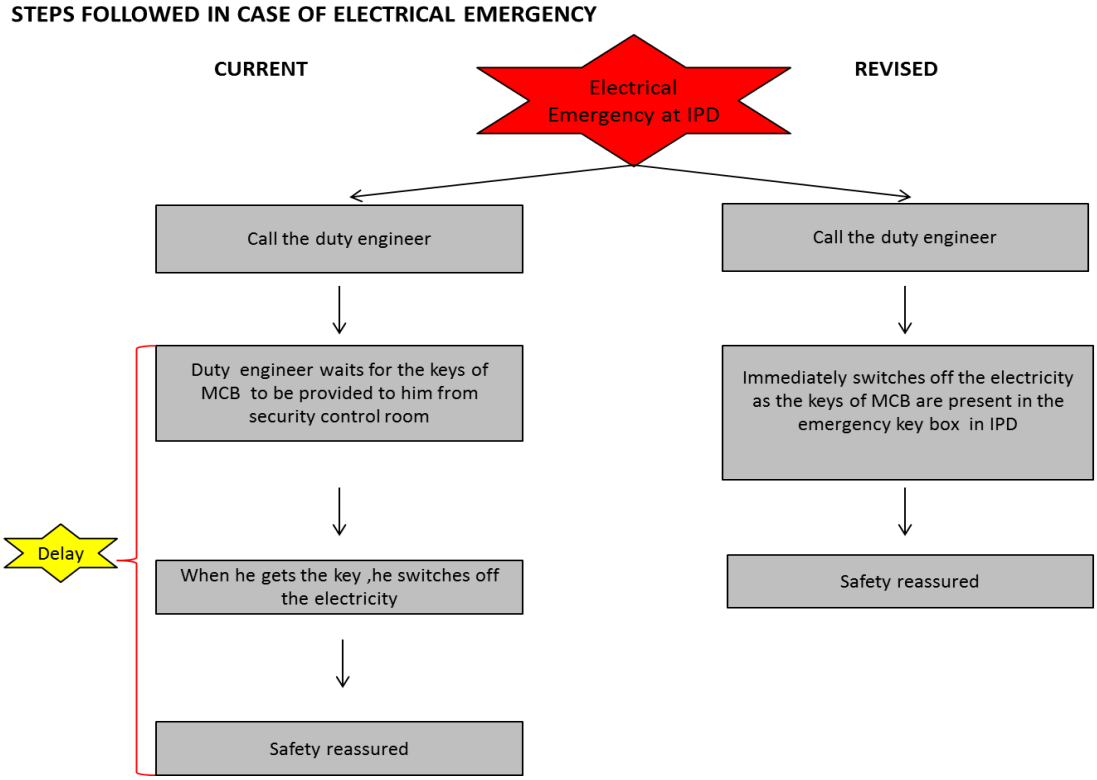
Audits were first conducted in the IPD and OPD of the hospital first with the help of print out format and then with the Samsung tablets. The answers to questions in checklist were either yes , no or not applicable.

FORMULATING COMPLIANCE DASHBOARD

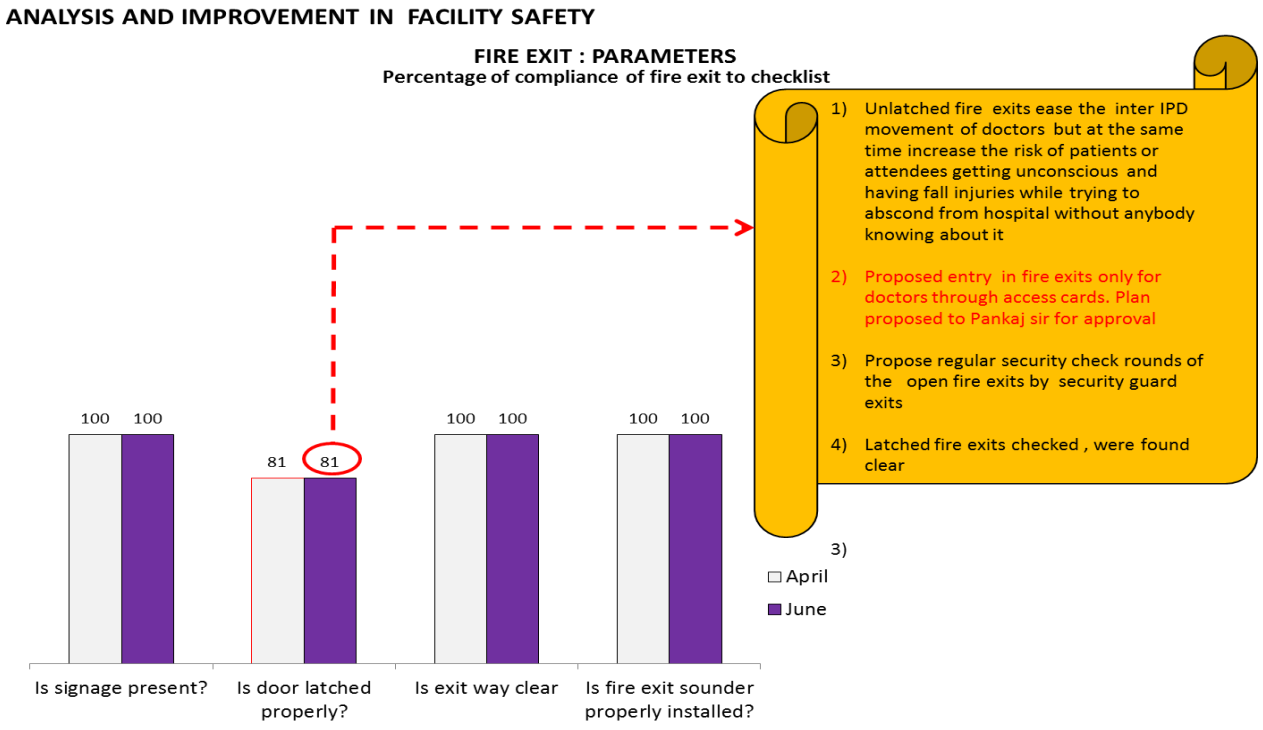
Corridors:-



Comparison of steps followed in case of electrical emergency in current and revised scenario:-

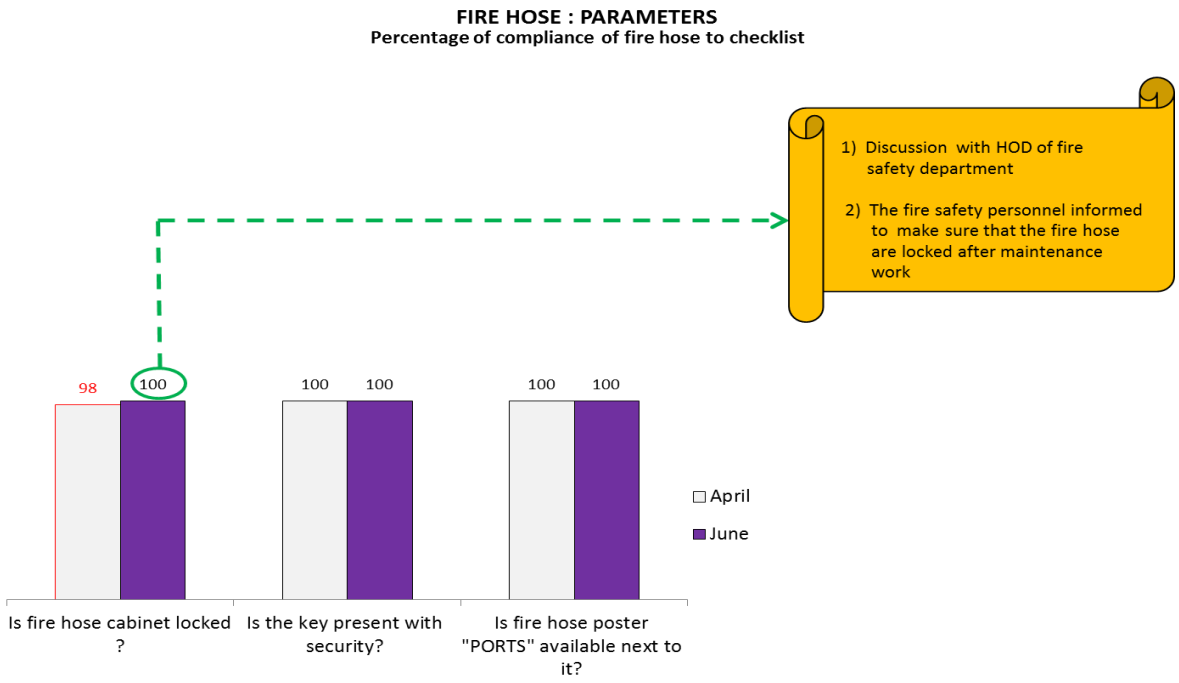


Fire Exits :-



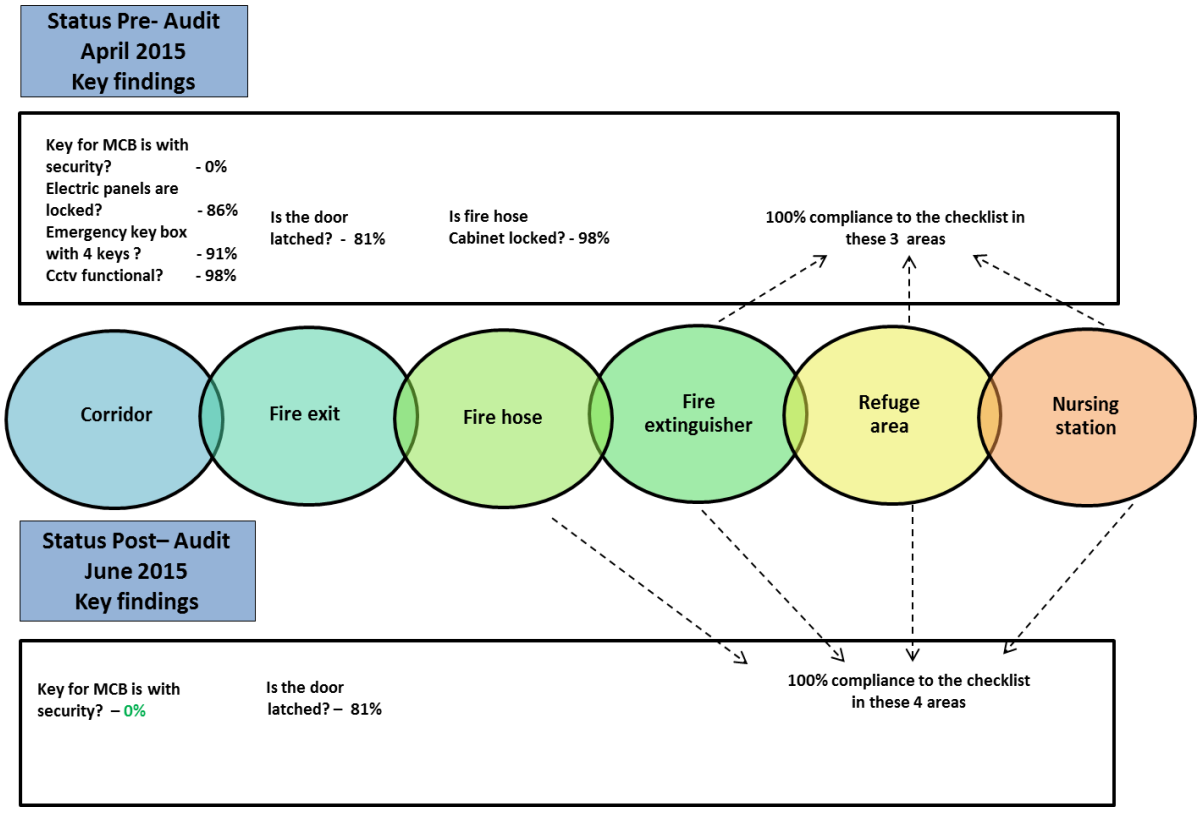
Fire Hose:-

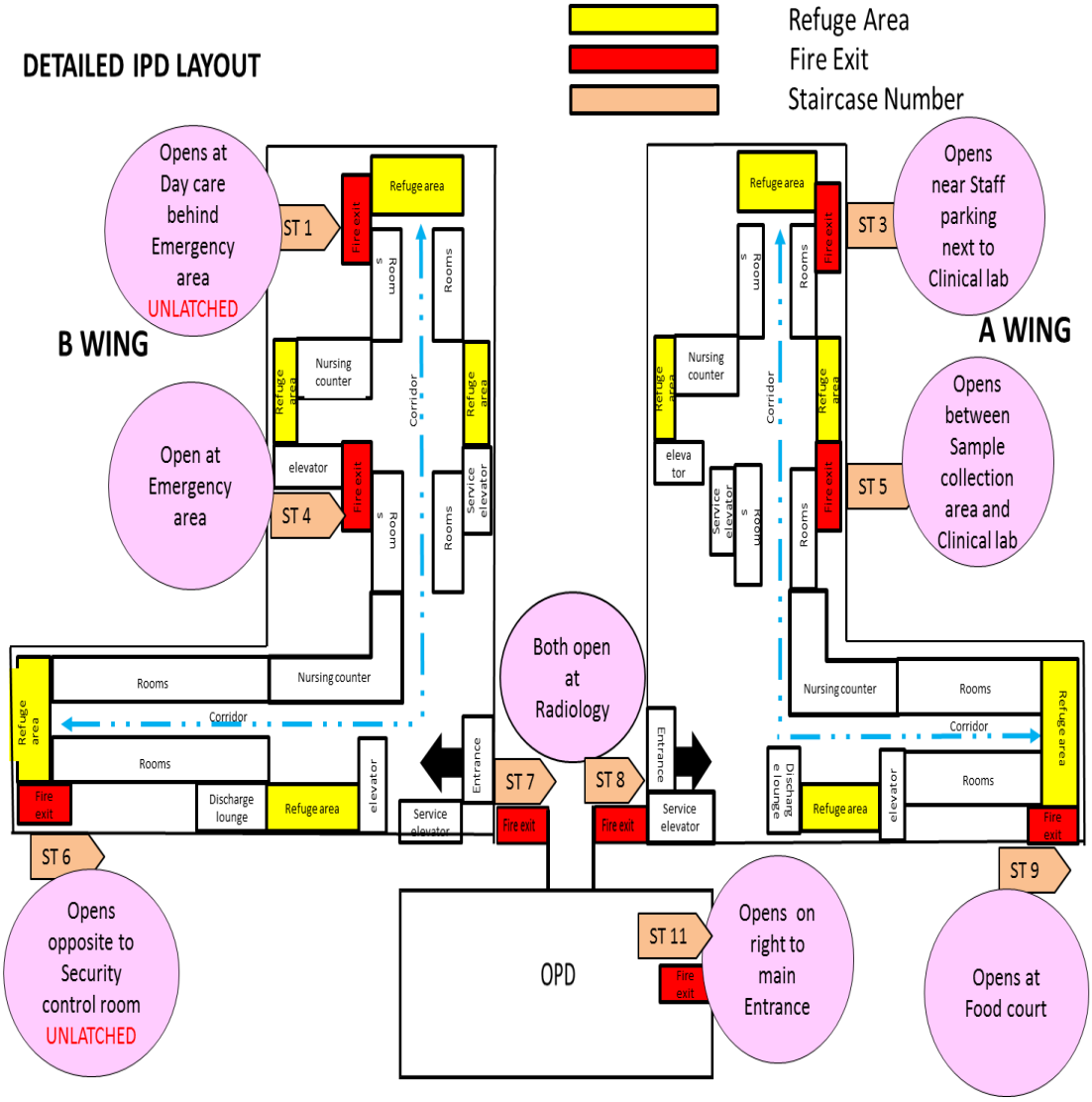
ANALYSIS AND IMPROVEMENT IN FACILITY SAFETY



FINDINGS

PRE AND POST AUDIT STATUS





RECOMMENDATIONS

a) Regular awareness drive for maintenance personnel

b) Frequent audits

c) Entry of doctors through access cards in unlatched fire exits

CONCLUSION

Coordinated actions of security, fire safety, engineering and administrative departments with regular training of personnel involved can lead to improved facility safety.

REFERNCES

Joint Commission International Accreditation Standards for Hospitals 5th Edition

Hospital/Medical Facility Safety Management

Safe Hospitals by WHO