

SUMMER INTERNSHIP REPORT
AT
RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE, ROHINI

(APRIL 18TH TO 17TH JUNE, 2022)

A REPORT ON
SAFETY OF VULNERABLE PATIENTS

BY
Dr. SHIVI SABBARWAL

PGDM (HOSPITAL AND HEALTH MANAGEMENT)

2021-2023



International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENT

Summer training is a golden opportunity for learning and self-development. We consider ourselves fortunate for having been provided with an opportunity to undergo our summer training at Dr. Rajiv Gandhi Cancer Institute and Research Centre, Rohini, New Delhi.

In this institute we have had the privilege to get to know many people who generously shared their experiences and knowledge with me.

We would like to express our sincere gratitude to **Mrs. Renu Choudhary (Quality-Head)** and **Dr Pinky Yadav (Chief of Operations and Medical Superintendent)** in Quality Department for their continuous guidance, who in spite of being busy with their duties, took time to hear and guide us, gave helpful advice and constructive comments throughout the project. Their valuable input made this project possible.

We would like to thank IIMR Delhi for this opportunity and **Dr. Sumesh Kumar** for his valuable guidance to complete this project under his mentorship.

We are also very thankful to all the staff of Rajiv Gandhi Cancer Institute and Research Centre for their attention to our work and helping us, which greatly added to our project. The administrative staff of the hospital has been very helpful to us and We would like to express our deep gratitude to all.

Dr. Shivi Sabbarwal

(Completion of Summer Internship from respective organization)

The certificate is awarded to

Ms. Megha Goud
Dr. Ruchi Jangra
Dr. Sarvesh Gupta
Dr. Shivi Sabbarwal

In recognition of having successfully completed his/her Internship in the
department of Quality

On topic **Safety of Vulnerable Patients**
and has successfully completed her Project on

17th June 2022

At RGCIRC, Rohini, New Delhi

She comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish her all the best for future endeavors



Organization Supervisor



Head-HR/Department Head





**Rajiv Gandhi Cancer Institute
and Research Centre**

Ref: HR/22

17/06/2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Shivi Sabbarwal** from IIHMR Delhi, has completed her internship on the topic of **'Safety of Vulnerable Patients'** in the department of **Quality** from **18th April 2022 to 17th June 2022**.

During the above period, her performance was good.

We wish her all the best for her future endeavor.


Jeevan Singh
Manager - HR



Renu
Head- Quality

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Anshivi Sabharwal

Summer Internship Institution: Rajiv Gandhi Cancer Institute & Research Centre

Area of Summer Internship: Quality & Operations

Attendance: Satisfactory

Objectives met: Satisfactory

Deliverables: Satisfactory

Strengths: Communication

Suggestions for Improvement: Compilation & Data analysis



Signature of the Officer-in-Charge (Internship)

Date: 16/06/2022

Place: Delhi

FEEDBACK FORM

(IHMR MENTOR)

Name of the Student: Dr. Shivi Sabbarwal.

Summer Internship Institution: RGCI (Rajiv Gandhi Cancer Institute
& Research Centre)

Area of Summer Internship: Quality Operations.

Attendance: Satisfactory

Objectives met: Yes, Satisfactory

Deliverables: Satisfactory

Strengths: Communication

Suggestions for Improvement: Compilation & Data Analysis.



Signature of the Officer-in-Charge (Internship)

Date: 18/6/22
Place: Delhi

Certificate of Approval

The Summer Internship Project of titled "Safety of Vulnerable Patients " at " Rajiv Gandhi Cancer Institute and Research Centre ,Rohini, New Delhi" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted.

It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



Name of the Mentor *Dr. Sumesh Kumar.*

Designation : *Academics Dean.*

IIHMR, Delhi

TABLE OF CONTENTS

ACRONYMS/ABBREVIATIONS.....

Chapter 1- INTRODUCTION.....

About Rajiv Gandhi Cancer Institute and Research Centre

Vision, Mission and Values

Departments in RGCIRC

Services at RGCIRC

Emergency Codes

Chapter 2- - PROJECT.....

Introduction

Mode of Data Collection

Data compilation, analysis and interpretation

Recommendations and conclusion

Chapter 3- SPECIFIC FINDINGS.....

Introduction

Observation

Recommendation and Interventions

Chapter 4- **OBSERVATIONAL LEARNING.....**

Department-wise Learning

REFERENCES.....

ANNEXURE.....

ABBREVIATIONS

ABBREVIATION	MEANING
1. RGCIRC	Rajiv Gandhi Cancer Institute and Research Centre
2. IPD	In-Patient Department
3. OPD	Out-Patient Department
4. ICU	Intensive Care Unit
5. MICU	Medical Intensive Care Unit
6. SICU	Surgical Intensive Care Unit
7. MRD	Medical Records Department
8. ER	Emergency Room
9. TAT	Turnaround Time
10. TMS	Time Motion Study
11. PICC line	Peripherally Inserted Central Catheter
12. TPA	Third Part Administration
13. IP Billing	In-patient Billing

CHAPTER-1



INTRODUCTION TO RGCIRC



With the extra benefit of cutting-edge technologies used by renowned super-specialists, Rajiv Gandhi Cancer Institute & Research Centre is currently one of Asia's most prestigious cancer institutes. Patients not only in India but also in the SAARC nations and internationally receive top-notch cancer care thanks to this potent human-machine team.

We have had the honor of providing care for more than 2 lakh patients since our founding in 1996. The Institute offers dedicated Site-Specific teams for its super-specialized tertiary care services in Medical, Surgical, and Radiation Oncology. The Super Specialists at RGCIRC employ a comprehensive strategy for organ-specific cancer diagnosis and treatment.

The Tumor Board functions as a second opinion clinic for situations that are more urgent than others. RGCIRC is one of the biggest tertiary cancer care facilities on the continent, with a current capacity of 500 beds and an area of approximately 2 lakh square feet. Three floors of well-designed Radiation Therapy areas and 57 consultation rooms contain the Institute's outpatient services. In addition to two Minor Operation Theatres for Day Care Surgeries, RGCIRC features nine cutting-edge modular operation rooms with three-stage air filtering and gas scavenging systems. There are 11 beds in the medical ICU and 27 beds in the surgical ICU at the Institute. At RGCIRC, there is a separate Thyroid Ward and a dedicated Leukemia ward.

- The Institute also runs a bone marrow transplant program that holds the distinction of being the first to perform transplants using unrelated donors, MUDs, and stem cells.
- RGCI&RC offers two minor operation theatres for day care surgeries in addition to nine cutting-edge modular operation theatres with three-stage air filtration and gas scavenging systems. There are 11 beds in the medical ICU and 27 beds in the surgical ICU at the Institute.
- The RGCI&RC has its own bone marrow transplant program, which is credited with being the first to do unrelated donor transplants, MUD transplants, and stem cell transplants. The Institute also has its own leukemia ward and a separate thyroid ward available.

HIGHLIGHTS:

- RGCI&RC is committed to provide state-of-the-art technologies to its patients.
- The Institute offers cutting-edge treatments like whole-body robotic surgery, intra-operative brachytherapy, True Beam (next-generation image guided radiation therapy), high-frequency ultrasound, and tomosynthesis (a first-of-its-kind revolutionary 3D mammography machine), as well as cutting-edge diagnostic and imaging technologies like PET CT, Circulating Tumor Cell Testing, and Next Generation CT Scanning.
- Thomas Jefferson University is one of the organizations that RGCI&RC has partnered with on a strategic level. As a result, RGCI&RC has gained recognition as one of the top hospitals in the world for developing cutting-edge apps.

RGCI&RC has consistently been ranked among India's Best Oncology Hospitals (Week – Nielsen Survey 2014, 2015, 2016) and has received prestigious awards for its services, including Best Oncology Hospital in India (2014), Healthcare Leader Award (2014), and India's Most Trusted Cancer Hospital (2016).

VISION, MISSION and VALUES

VISION

To Provide Affordable Oncological Care of International Standard and Help to Eliminate Cancer from India Through Research, Education, Prevention & Patient Care.

MISSION

To be the premier cancer care provider in India and be the preferred choice of Patients, Care Givers, Faculty and Students

- By Offering comprehensive services at an affordable price
- And excellence of our personnel leveraging best technology

VALUES

- We hold our patients in high esteem and work with ethics and compassion.
- We care and function with mutual respect, trust and transparency.
- We deliver accurate diagnosis, correct advice and effective treatment.

OBJECTIVE

RGCIRC's mission is to deliver the best cancer treatment services to those in need. RGCIRC provides cancer therapy using cutting-edge and latest technologies, as well as top specialists. It offers patients in India and the SAARC countries world-class cancer therapy. This centre has saved the lives of around 2.75 lakh people since 1996.

A surgical ICU with 51 beds and a medical ICU with 21 beds are available at RGCIRC. A separate leukemia, thyroid, and 22-bed bone marrow transplant ward are available. Renal replacement therapies and a variety of endoscopies, such as EBUS and Endoscopic Ultrasound, are also available.

ESTABLISHED

The society was established in 1994 under the Society Registration Act of 1860. The Institute began operations on July 1, 1996, with Sonia Gandhi performing a soft opening. It was formally launched on August 20, 1996, by the then-President of India, Shankar Dayal Sharma, in the presence of Sonia Gandhi and others. It began as a 152-bed hospital and has since grown to 500 beds.

DEPARTMENTS AND FACILITIES

The medical center is two hundred thousand square feet in size and has a capacity of 500 beds. The institute's 57 consultation rooms are situated across three floors. It contains 14 cutting-edge modular Operation Theatres with three-stage air filtration and gas scavenging systems, as well as two minor Operation Theatres for Day Care Surgeries. There are 51 beds in the surgical ICU and 21 beds in the medical ICU. There is a Leukemia Ward, a Thyroid Ward, a Bone Marrow Transplant Unit, a MUD Transplant Unit, and a stem cell transplant unit at the institute. Renal Replacement Therapy and different endoscopies are available.

Departments

CLINICAL DEPARTMENTS	NON-CLINICAL DEPARTMENTS
Surgical Oncology	Dietary
Radiology and Imaging	Medical Record Department
Medical Oncology	CSSD
Pediatric Hematology Oncology	Pharmacy
Radiation Oncology	Physiotherapy
Nuclear Medicine	Ambulance
Pathology and Transfusion Services	
Stem Cell and Bone Marrow Transplantation	
Anesthesiology	

EMERGENCY CODES



Rajiv Gandhi Cancer Institute
and Research Centre

EMERGENCY CODES

Call **2003** from nearest intercom or dial:
011-47022003 from your mobile phone

SITUATIONS	CODES
INDIVIDUAL DISASTER	BLUE
FIRE	RED
MISSING PERSON	PINK
EXTERNAL DISASTER	YELLOW
BOMB THREAT	BLACK
DANGEROUS PERSON	PURPLE

CHAPTER- 2

PROJECT

TITLE- Ensuring the safety of vulnerable cancer patients in In-patient department and Out-patient department at Rajiv Gandhi Cancer Institute & Research Centre.

INTRODUCTION-

RATIONALE- Vulnerable patients are individuals who, for whatever reason, are unable to protect or care for themselves from exploitation or damage. Such patients are vulnerable to a variety of dangers in the hospital, including falls, injuries, neglect, abuse, medical errors, and infection. A patient's vulnerability can be owing to his or her age, physical or mental condition. The hospital's responsibility is to identify such patients and give them with the appropriate support so that they are safe in the hospital environment.

The purpose of this research is to look at the level of adherence of safety protocols and guidelines in the In-patient department and Out-patient department of Asia's one of the largest medical centers for cancer treatment. A study was conducted to identify and fill gaps in following the safety measures and guidelines for care of vulnerable cancer patients in order to provide an appropriate patient friendly environment at RGCI RC, Rohini, New Delhi.

RESEARCH QUESTION- What is the safety level of vulnerable patients and adherence of safety protocols and guidelines in the In-patient department and Out-patient department of Rajiv Gandhi Cancer Institute and Research Center, New Delhi, during the month of May 2022?

AIM- The purpose of this research is to look at the level of adherence of safety protocols and guidelines in the In-patient department and Out-patient department of Asia's one of the largest medical centers for cancer treatment.

OBJECTIVE- To study the protocols and safety measures followed for the care of vulnerable cancer patients in In-patient department and Out-patient department of RGCI RC, Rohini, New Delhi.

MODE OF DATA COLLECTION- As a study aid, a checklist was prepared which included all the parameters concerned with the patient safety. Interviewing of attendants and some patients were also used as a part of the study.

METHODOLOGY-

Study Design- Prospective study

Study Population- All vulnerable patients in the in-patient and out-patient departments of RGCI & RC, Rohini, New Delhi, are included in the study population.

Study Duration- The study duration was of one month.

Selection Criteria- All vulnerable patients in the IPD and OPD departments were included in this study, while all other patients who can care for themselves were excluded.

Study Tool- As a study aid, a checklist was prepared which included all the parameters concerned with the patient safety. Interviewing of attendants and some patients were also used as a part of the study.

Sample size- Sample size of 200 patients (100 IPD and 100 OPD) was taken.

Sampling technique- Random sampling method was used.

Data Collection- Differences between variables and graphs were used to analyze the data collected.

Ethical consideration- All data was gathered under the supervision of the Quality Department. The study had no effect on patient treatment and caused no harm to patients' feelings.

RESULT-

The analysis of Out-patient and In-patient department was done. As shown in Figure 1 mentioned below, few parameters such as presence of vulnerable band, working of call bell, call bell within reach, presence of- anti-slip mats, side rails, grab bars, patient dressed, anti-slip footwear, staff assistance and display board showed slight non-compliance in the In-patient department of the RGCI & RC, Rohini, New Delhi.

The following were the areas where there was minor non-compliance:

1. The presence of vulnerable band-
 - 3rd floor D block in room numbers 3367, 3368
 - 4th floor D block in room number 3464
 - 6th floor C block in room number 2650
 - 6th floor D block in room number 3654

2. Working of call bell- Two rooms in which had call bells that were not functional are B/2451 and 3462 (washroom).

3. Call bell within reach- Areas where the call bells were not in reach of the patients are: -
 - 3rd floor C block in room numbers 2354, D/2352, H/2351, I/2351, O/2351, P/2351.
 - 3rd floor D block in room numbers 3361, 3362, A/3365, B/3365.
 - 4th floor C block in room numbers E/2451, Q/2451, R/2451, U/2451.
 - 4th floor D block in room numbers 3458, 3459, A/3465, D/3467, A/3469.
 - 6th floor C block in room numbers T/2650, V/2650.

4. Presence of Anti-slip mats- The sections where there was no anti-slip matting are: -
 - 3rd floor C block in room number 2354, C/2352, D/2352, I/2352, J/2352, D/2351, F/2351, H/2351, I/2351, M/2351, N/2351, O/2351, P/2351, Q/2351
 - 4th floor C block in room numbers A/2451, B/2451, E/2451, F/2451, H/2451, I/2451, M/2451, Q/2451, R/2451, U/2451

5. Side Rails placement- Areas where side rails were down are: -
 - 3rd floor C block in room numbers 2354, C/2352, H/2351.
 - 4th floor C block in room numbers B/2451, D/2451, F/2451, H/2451, Q/2451, U/2451, 2542.
 - 4th floor D block in room number C/3467.
 - 5th floor C block in room numbers 2554, 2557, 2558.
 - 6th floor C block in room numbers E/2650, K/2650, Y/2650.

6. Presence of grab bars in washrooms- Areas where grab bars were not present in the washrooms are: -
 - 3rd floor D block in room numbers 3355, A/3364, B/3364, B/3366.
 - 4th floor D block in room number B/3464.

7. Patient dressed- Areas where patients were not dressed in hospital uniform are: -
 - 6th floor D block in room number B/2650, K/2650, L/2650, V/2650, X/2650.
 - 4th floor D block in room numbers 3462.
 - 6th floor D block in room number E/3656.

8. Display board showing number of vulnerable patients in wards- The wards where there were no display board: -
 - 3rd floor C block
 - 6th floor D block

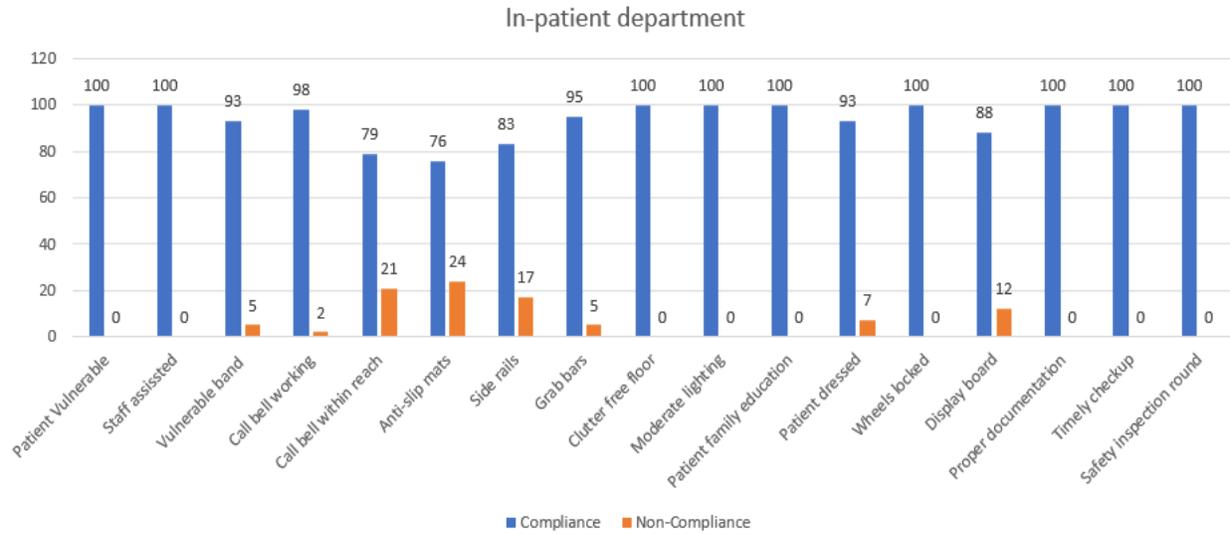


Figure 1: Compliance and Non-compliance in IPD Department

When the analysis of Out-patient department was done, it was found out that the parameters such as seat belt worn, presence of side rails, staff assistance, rusted wheels (7,28, 49, 24), wheels locked, presence of handicapped friendly toilet on every floor, and patient family education showed slight non-compliance as mentioned below in figure 2.

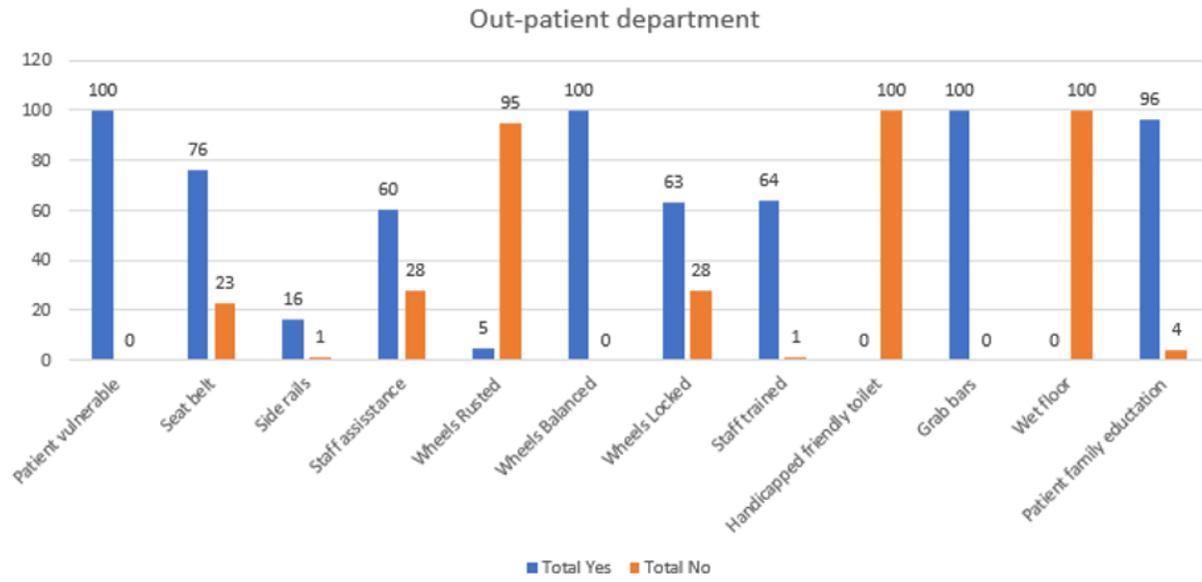


Figure 2: Compliance and Non-compliance in OPD Department

DISCUSSION-

An inpatient department, often known as an IPD, is a section of a hospital or healthcare facility where patients are admitted for medical disorders that require special care. The hospital's Inpatient Department is equipped with beds, medical equipment, and doctors and nurses available around the clock. Apart from the non-compliance of some safety parameters, patients also showed their dissatisfaction with the working of air conditioners in some wards, proper cleaning of private rooms, unaware of using call bells.

Whereas, in the OPD, apart from the non-compliance of few safety parameters, few vulnerable people were noticed not being assisted with wheel chairs and walking on their own. The OPD department have handicapped-accessible restrooms, but they are not operational currently, the single functioning toilet is located on the ground level, directly in front of reception. Many attendants were seen dragging the wheel chairs of the patients. Even after complaining, a few patients complain about not being assigned a ward boy.

Therefore, this study was conducted in order to increase the safety of vulnerable patients.

STRENGTHS AND LIMITATIONS-

My study's strength is that by performing such a survey, we can assist hospitals in identifying the gaps in patient safety, particularly for vulnerable patients, thereby reducing the incidence of overall patient falls and enhancing their safety.

In terms of the study's limitations, it was difficult to take patient follow-ups in the Out-patient department due to rush, and some patients in the In-patient department were unavailable during study rounds since they were undergoing their respective procedures.

RECOMMENDATIONS-

The Rajiv Gandhi Cancer Institute and Research Center in Rohini complies with NABH standards and runs efficiently. Doctors and nurses diligently observe all rules and regulations, and patients are really pleased with the staff's conduct and services. Things I would like to recommend are: -

- Just as RGC I has its own policy for the safety of vulnerable patients in the In-patient department, Out-patient department should have one as well.
- Handicapped friendly toilets are only functional on the ground floor; however, the other ones should be made operational.
- Every month, a safety inspection round should be performed to ensure that the call bells are in good working order.
- Proper training sessions should be conducted for staff to handle the vulnerable patients safely.

CONCLUSION-

Vulnerable patients are those who are weak and without protection, with the result that they are easily hurt physically or emotionally. Despite of the fact that there are safety protocols and guidelines for vulnerable patients, still there are many loopholes and leniency present while taking care of them. Such studies and adherence of different policies can be used as an intervention to improve the quality and safety of vulnerable patients.

ANNEXURE 1

Vulnerable Patient Safety Checklist																							
S.No.	Bed No. and Room No.	CR No.	Patient Vulnerable	Staff assisted	Vulnerable band present	Disabled friendly environment							Patient family education	Patient dressed	Bed position	Ambulatory patient			Wheels locked	Display board	Proper documentation	Timely checkup	Safety inspection round
						Call bell working	Call bell within reach	Anti-slip mats	Side rails	Grab bars	Clutter free floor	Moderate lighting				Anti slip footwear	Staff assisted	Seat belt					
1	2354	305685	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Low	-	-	-	Yes	No	Yes	Yes	Yes
2	C/2352	305911	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Low	-	-	-	Yes	No	Yes	Yes	Yes

Vulnerable Patient Safety Checklist for IPD

ANNEXURE 2

	Patient Vulnerable	Staff assisted	Vulnerable band	Call bell working	Call bell within reach	Anti-slip mats	Side rails	Grab bars	Clutter free floor	Moderate lighting	Patient family education	Patient dressed	Bed position	Anti-slip footwear	Staff assisted	Seat belt	Wheels locked	Display board	Proper documentation	Timely checkup	Safety inspection round
Compliance	100	100	93	98	79	78	83	95	100	100	100	93	-	-	-	-	100	83	100	100	100
Non-Compliance	0	0	5	2	21	22	17	5	0	0	0	7	-	1	1	-	0	17	0	0	0

Total Compliance and Non-Compliance found in IPD

ANNEXURE 3

Vulnerable Patient Safety - OPD												
S. No.	Patient Vulnerable	Ambulatory patients			Wheels			Staff trained	Handicap ped friendly toilets	Washroom		Patient family education
		Seat belt	Side rails	Staff assistance	Rusted	Balanced	Locked			Grab bars	Wet floor	
1	Yes	Yes	NA	No	No	Yes	No	NA	No	Yes	No	Yes
2	Yes	Yes	NA	No	No	Yes	Yes	NA	No	Yes	No	Yes

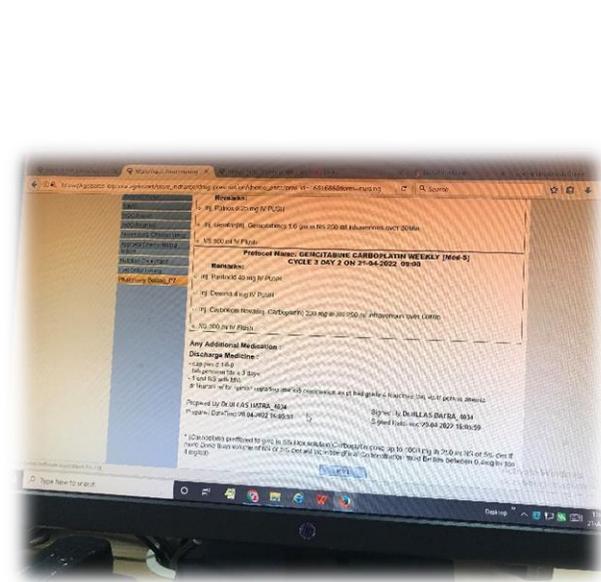
Vulnerable Patient Safety Checklist for OPD

ANNEXURE 4

	Patient vulnerable	Seat belt	Side rails	Staff assistance	Wheels Rusted	Wheels Balanced	Wheels Locked	Staff trained	Handicapped friendly toilet	Grab bars	Wet floor	Patient family education
Total Yes	100	76	16	60	5	100	63	64	0	100	0	96
Total No	0	23	1	28	95	0	28	1	100	0	100	4

Total Compliance and Non-Compliance found in OPD

ANNEXURE 5



IPD Ward and Paras Software working in IPD

CHAPTER-3

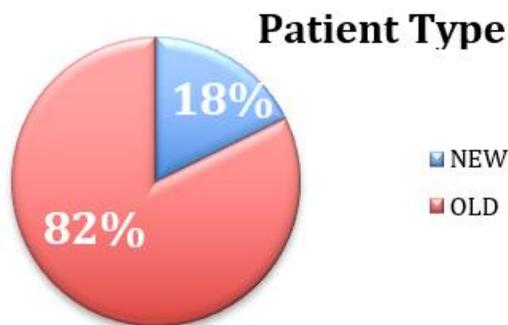
SPECIFIC FINDINGS

1. Effective & Efficient OPD management & to Encourage Usage of RGC CARE app among patients-

As the point of interaction between the hospital and the community, outpatient services are the most significant service provided by all hospitals. The OPD is frequently referred to as the "shop window" because it is often where patients get their initial impression of the hospital. Aside from the caliber of the staff and the facilities, patients' basic perceptions of the hospital are mostly based on the human element and the concern, sympathy, and understanding shown by hospital staff. In healthcare settings, the problem of ensuring quick and secure patient movement through the hospital system is ongoing. Hospital overcrowding and service delays can result from inefficiencies and flaws in the delivery of healthcare as demand and patient complexity increase.

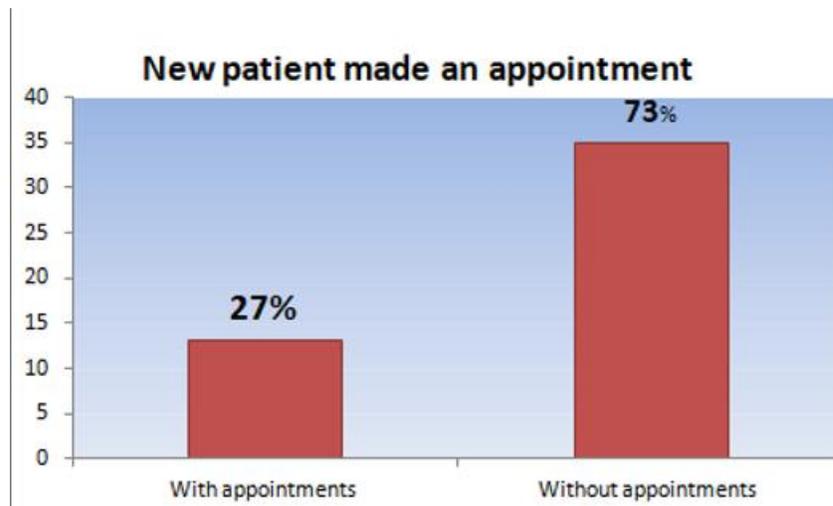
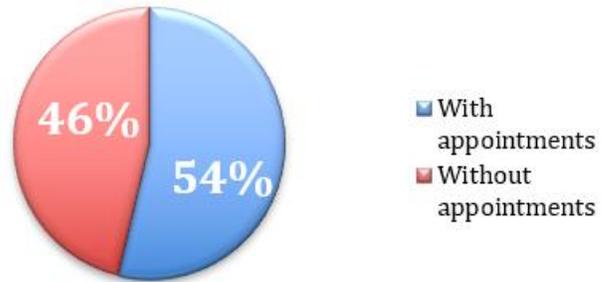
Result-

- Of the 270 participants in the trial, 48 were new and 222 were repeat patients.

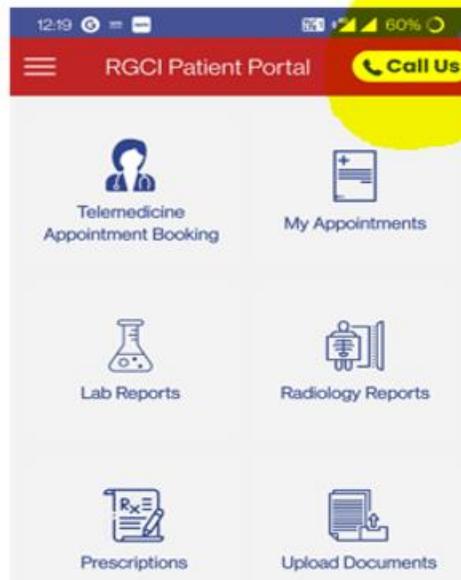
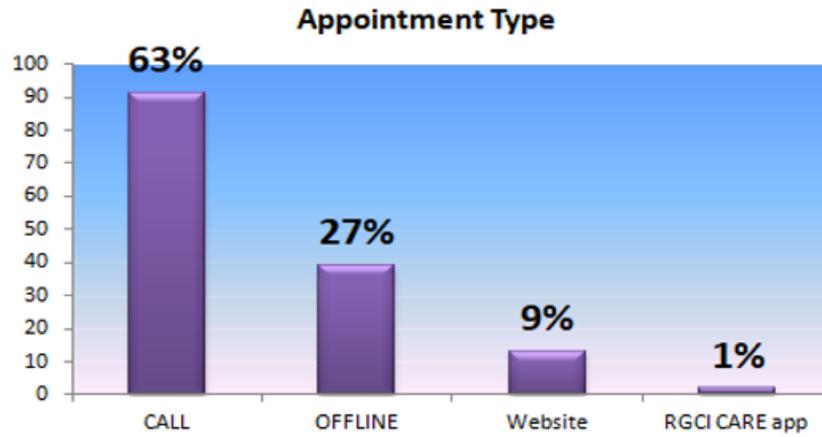


- 145 of the 270 individuals in the research had appointments, while 125 did not. Out of 48 new patients, 13 chose to make an appointment, and 35 did not.

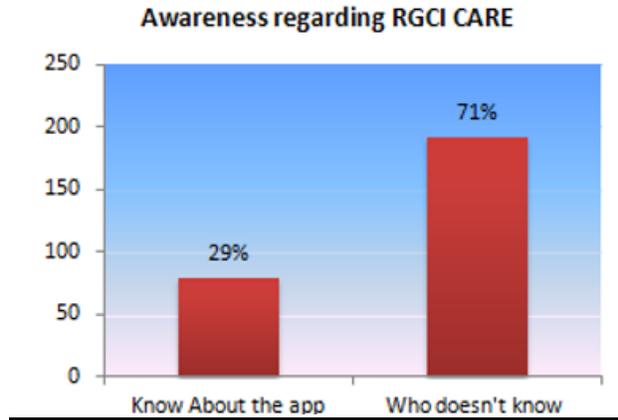
Scheduled Appointment in Advance



One percent of the 145 patients who scheduled appointments chose to use the RGC CARE app, while 9 percent used the website, 63 took appointment via call, and 27 percent went to the reception. To make an appointment, Call Us option can be used.



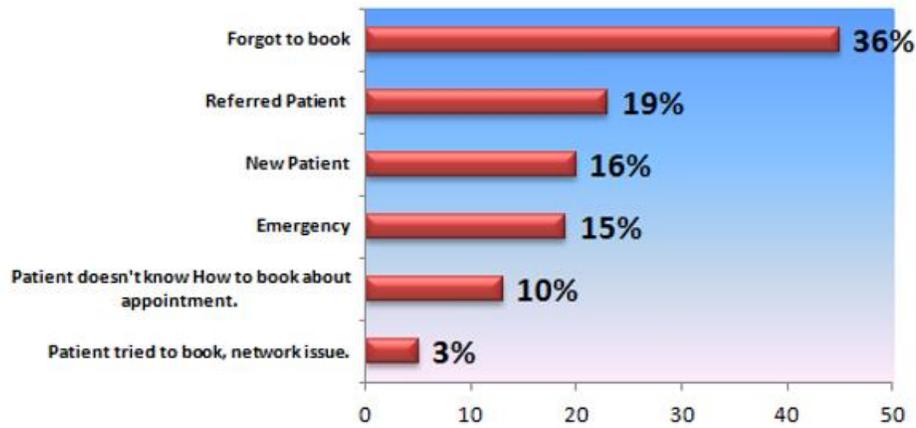
- Among 270 patients 29% (77 Patients) knew about the app and 71% does not know about the app.



- Among the 125 non-appointments, the following were the reasons for not booking an appointment-

Reason for non appointment	No. of Patients
Patient attempted to contact the team, no response was received.	5
Patient does not know How to book appointment	13
Emergency Cases/ Situations (Felt by Patients)	19
New Patient	20
Referred Patient (Considered as Non appointment)	23
Forgot to book Due to traveling, or some unavoidable condition	45

Reasons For Non Appointment

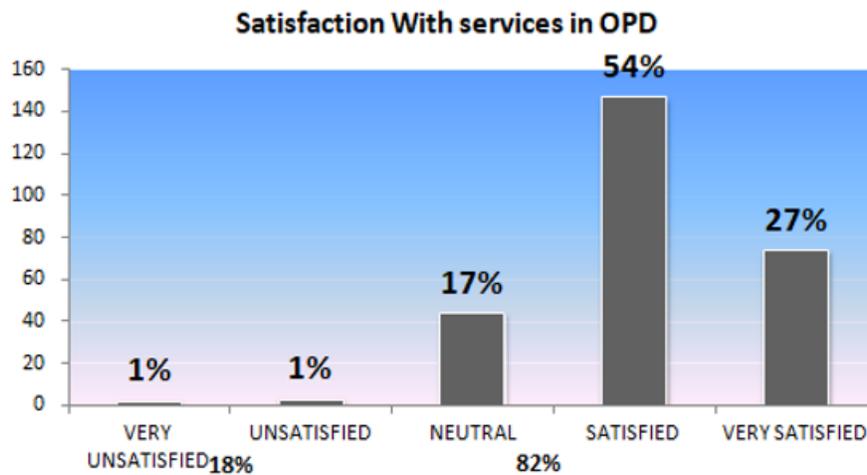


- Feedback about RGC CARE app was taken from patients (77) who knew about the RGC CARE app as follows: -

Peoples View on the app	No. of Patients
Patient prefer Call or offline registration	3
Satisfied with app	4
No option to book appointment	5
Patient uses an app to know lab results.	14
Good App	23
App is not working properly	28

Various OPD configurations are active at the institution. OPDs covering all specialties are staffed by highly qualified medical professionals.

After conducting interviews with all 270 patients, it was discovered that 82% of them were happy with the OPD's services. Additionally, OPD treatments are unsatisfactorily rated by patients (18%).

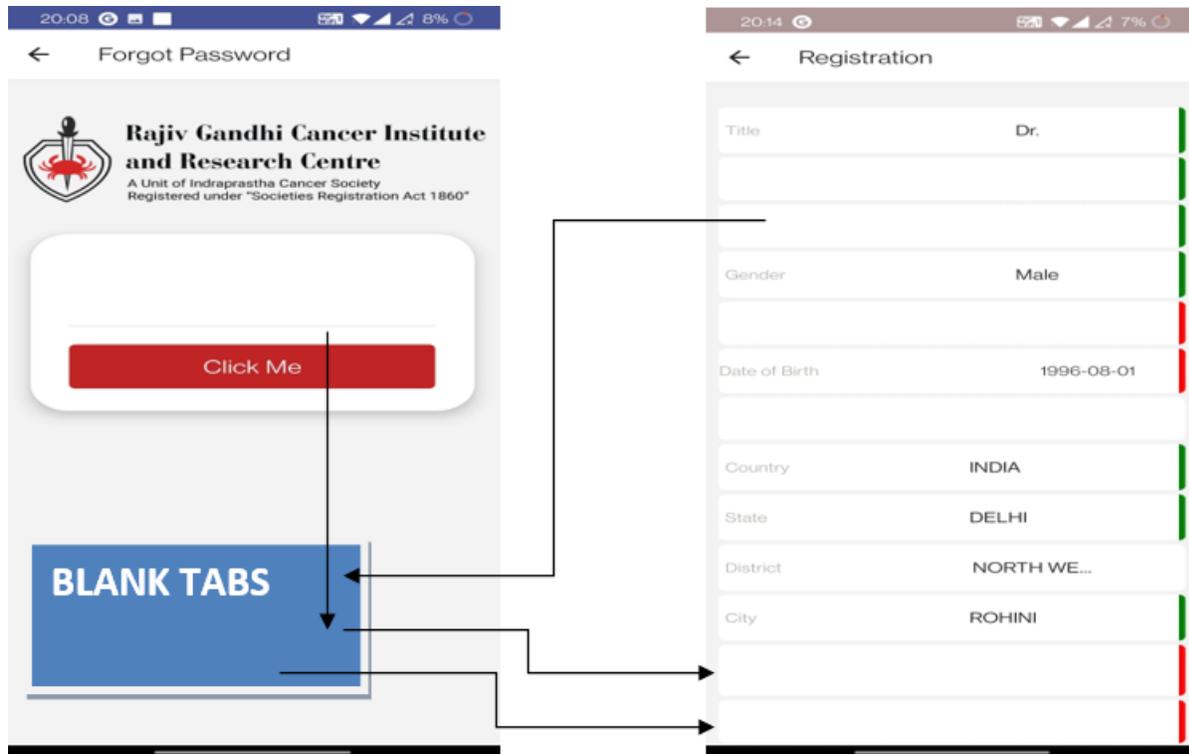


Reasons for Dissatisfaction are as follows: -

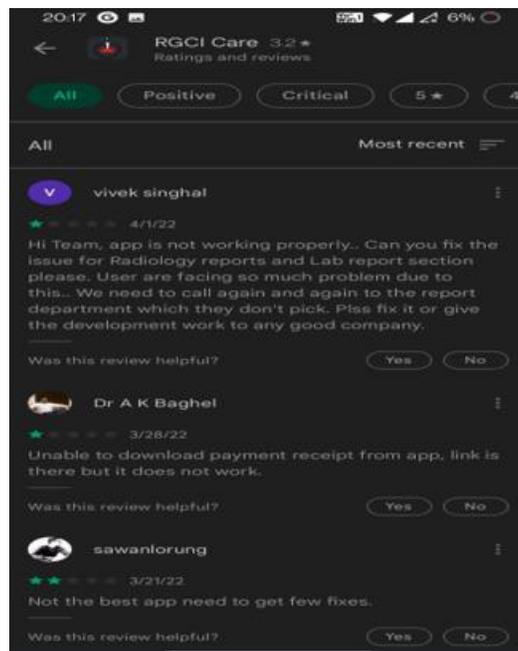
1. Dissatisfaction regarding the RGCI CARE app

- There is no option to book appointment using the RGCI CARE app, and it was found that patients are demanding for that.
- App user interface is very juvenile; app is not updated time to time. App is not optimized; it hangs a lot.
- Patients are not able to see their Lab reports and previous bills.

Due to these observed defects in RGCI CARE App patients are opting for offline/reception appointment over the online appointment.



Reviews regarding app on Google Play store & 3.2 STARS RATING out of 5. A total Number of 121 reviews are recorded on the Google Play store



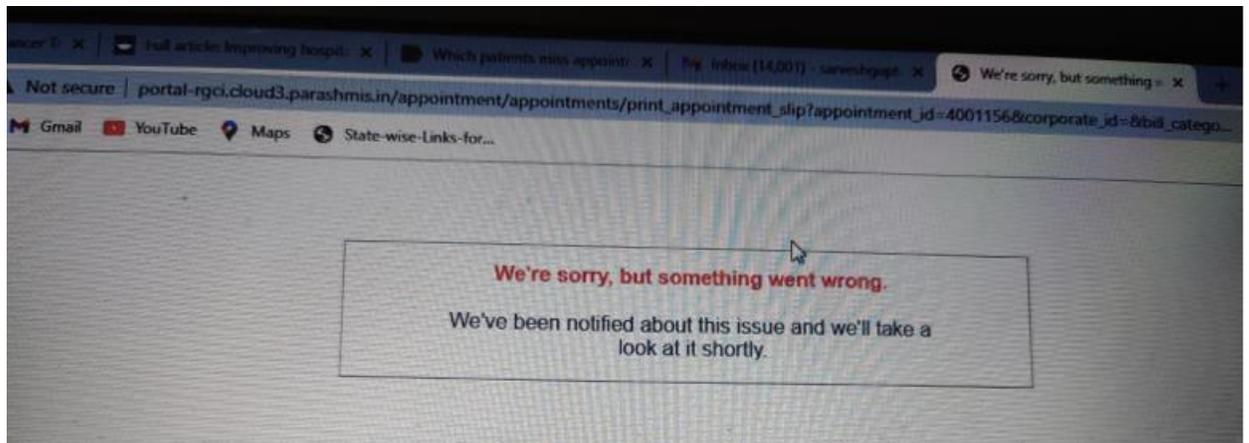
2. Dissatisfaction regarding RGCI.org (WEBSITE): -

There is no way to change the appointment; you can only do one of two things: cancel it or it won't happen. If patients are given this option, it may reduce the number of missed visits.

Sl No	App Ref Id	Doc Name	App. time	Status	Name	Payment status	Mobile No
Data not found							
Inperson Appointments							
Sl No	App Ref Id	Doc Name	App. time	Status	Name	Payment status	Mobile No
1	4002469	Dr. A.K Dewan/ Vikas/ Vishal/ Ghanshyam .	27-05-2022 16:15	Provisional	SARVESH GUPTA	Pending	7899059405
2	4001155	Dr. D.C Doval/ Pankaj Goyal/ Srujana .	28-04-2022 11:30	Cancelled	SARVESH GUPTA	Pending	7899059405
3	4001156	Dr. D.C Doval/ Pankaj Goyal/ Srujana .	28-04-2022 11:35	Cancelled	SARVESH GUPTA	Pending	7899059405
4	4002468	Dr. D.C Doval/ Pankaj Goyal/ Srujana .	27-05-2022 11:00	Cancelled	SARVESH GUPTA	Pending	7899059405
5	4001157	Dr. Nitin Bansal .	28-04-2022 09:00	Cancelled	SARVESH GUPTA	Pending	7899059405
6	4001202	Dr. L M Darlong .	02-05-2022 10:00	Cancelled	SARVESH GUPTA	Pending	7899059405



Server issues were seen, it hangs a lot and many times it fails to accept appointments.



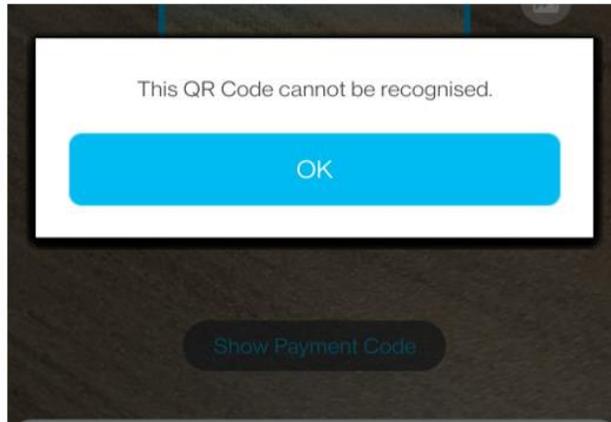
3. Dissatisfaction with Telephone services with respect to Appointment on Call: -

- Many times, there is no answer from the backhand team. Patient keeps on calling.
- Network disconnections are very common.
- Call appointments won't be available at that time if there is a gazette holiday or RH since there is no back-hand team help.

4. Many times, it was observed that patient wanted to pay via PAYTM but QR code was not working or it was not registered.



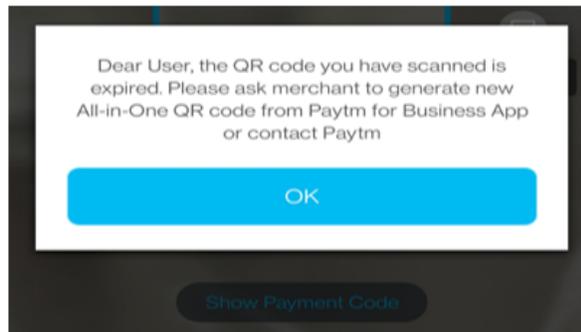
Old Paytm QR Code at
Counter B Ground Floor



Error shown on the Old QR



New Paytm QR code at Counter B Ground



Error shown on the New QR Code

5. Dissatisfaction due to the long Waiting Time-

Long waiting time for consultations. Doctors arriving late, Doctors in procedure rooms, Doctor's in emergencies increases the waiting time. Some Physicians don't use Token system, less usage of monitor at the OPD

- a. Display screen not utilized by the patients for monitoring their turn for consultation.
- b. Display screen not utilized by the staff at nursing stations for guiding patients.

ANNEXURE 1

Appointment System & Awareness Regarding RGC CARE app											
S. No.	CR. No.	Patient Name	Age	Gender	Doctor's Name	No. of appointments	Have you scheduled an appointment	Reason for non appointment	Appointment Type	Are you aware about the RGC CARE app If Yes, then Your views	Are you satisfied with services in OPD?
3	1	305013 Mohd. Ana	30	M	Dr A.k.Devan	2	1	NA	4	1 app doesnot work at all	
4	2	296806 Kamlesh ar	67	M	Dr Pankaj goyal	2	1	NA	4	1 App is not optimised to lab reports are not available on time	
5	3	302529 Suman dev	52	F	Dr Pankaj goyal	2	1	NA	4	1 app is not optimised, sluggish, some function does not work	
6	4	278748 Meera mist	49	F	Dr Pankaj goyal	2	1	NA	4	1 Interface of the app is very juvenile.	

Conclusion-

Out of the 270 individuals in the Study, 145 had appointments and 125 have come without appointment. - Among the 145 patients who made appointments, 1% used the RGC CARE app, 9% used the website, 63% used the Call Appointment system, and 27% used the offline mode or reception. All 270 patients were interviewed, and 82% of them expressed satisfaction with the OPD services. Furthermore, 18% of patients are dissatisfied with OPD services. There is no Option to book appointments via the RGC CARE app, even though people have requested it.

There is no Procedure to modify the appointment; you can either cancel it or it will be canceled on the Website. Consultations have a long wait period. Better and earlier triage of patients while giving appointment, this would reduce demand on appointments and redirect people to the right service faster.

2. Medical Record Audit-

The purpose of this study is to check the completeness of medical records in oncology hospital in order to monitor and promote continuity of care among health care providers also to know about what, why and how to deliver clinical care to patients and compliance to NABH standards.

In the ever-changing healthcare environment, NABH standards place a strong emphasis on patient safety and the quality of hospital service delivery. The objective components remain informational without prescribing how the firm should conduct its business with an emphasis on patient safety.

Having the appropriate information available to the relevant person at the appropriate time is the IMS (Information Management System) objective. Information management encompasses all ways of communicating used to convey information to staff, patients, visitors, and the community at large. It also includes management of the hospital's information system.

Result-

- All medical professionals have a major duty to keep crisp, accurate patient records that are accurate. Effective healthcare is made possible by patient records. In a medicolegal environment, they serve to show professional integrity and support what doctors perform by describing the course of treatment and its result.
- The ability to serve more patients per day and improve the quality of medical records is aided by EMR. Improvement in management and patient care, as well as a decrease in errors.
- EMR improves patient and provider interaction and communication, as well as healthcare convenience. Making prescribing safer and more reliable. Helping to promote legible, complete documentation and accurate billing. Increasing the privacy of patient data.
- Paper records need more storage to space, paper records are more time consuming and prone to error.
- Following the auditing of 188 records, the following results were obtained:

PURPOSE OF ADMISSION

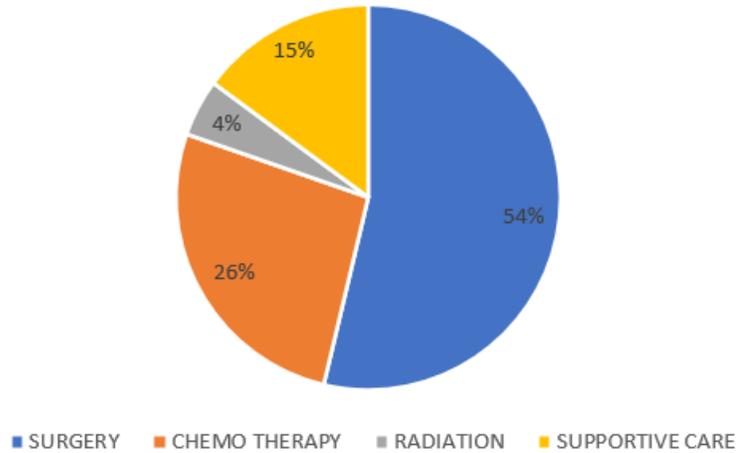


Figure 1: Purpose of Admission of Patients

Figure 1 shows the purpose for patient's admission to the hospital. The patients were undergoing radiation, surgery, chemotherapy, or supportive care. A total of 188 files were audited, with surgery accounted for 54%, chemo for 26%, radiation therapy for 4%, and supportive care for 15%.

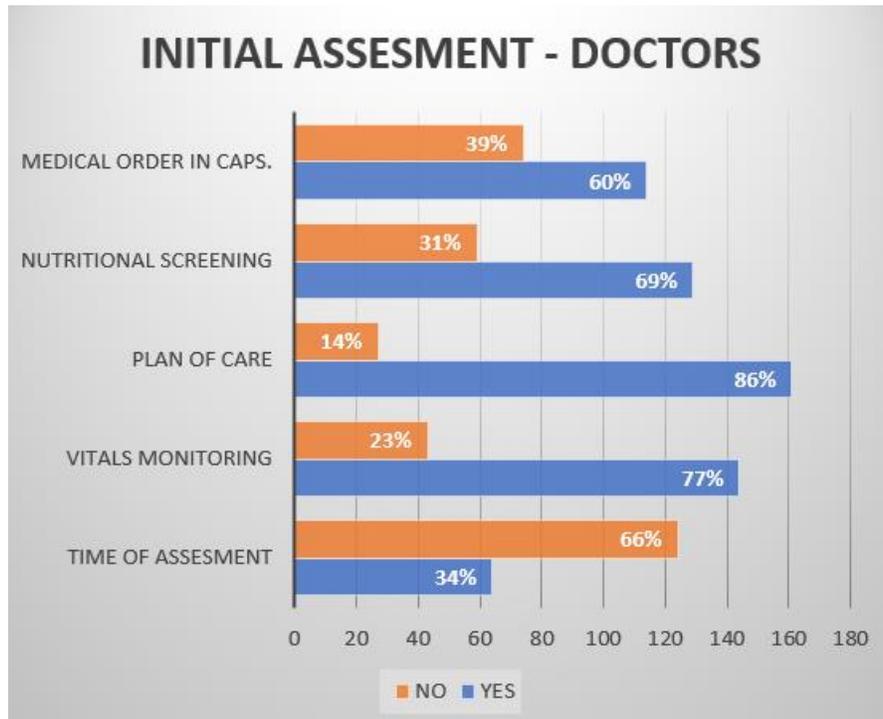


FIGURE 2: COMPLIANCE AND NON- COMPLIANCE IN INITIAL ASSESMENT – DOCTORS

Figure 2. shows Initial assessment demonstrate partial compliance with medical orders in caps., nutritional screening, plan of treatment and vitals monitoring, but further evaluations reveal a high percentage of non -compliance i.e.,66% in time of assessment, that has to be improved.

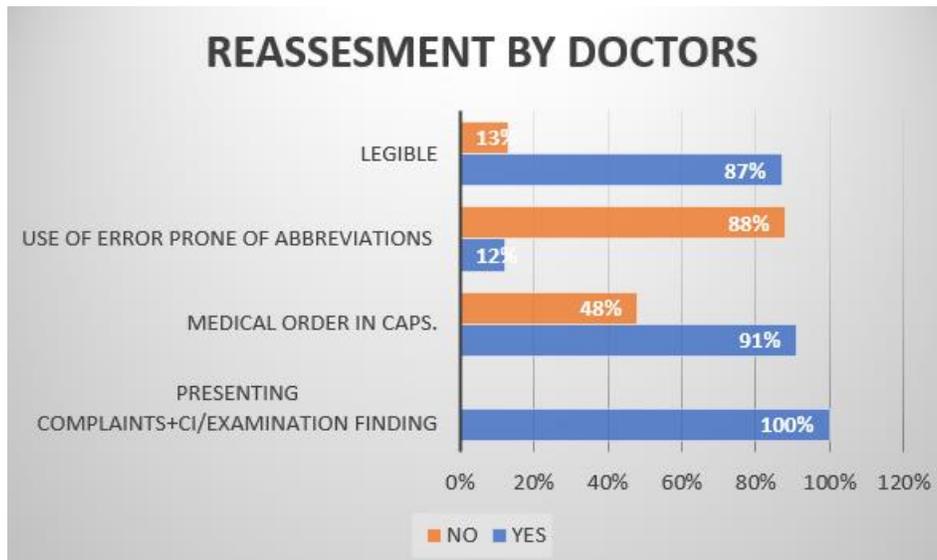


FIGURE 3: COMPLIANCE AND NON- COMPLIANCE IN REASSESSMENT BY DOCTORS

Figure 3. shows 100% compliance when it comes to presenting complaints and examination findings, but satisfactory level of compliance when it comes to medical orders in caps, legible notes, and the use of errors. The overall outcome of the reassessment is good.

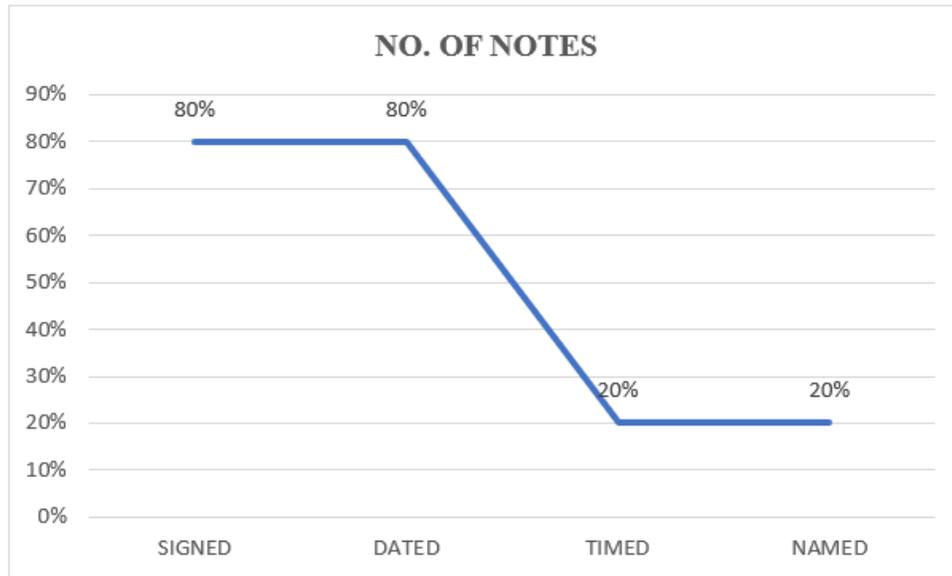


FIGURE 4: NUMBER OF NOTES IN MEDICAL RECORDS

Figure 4. shows the percentage of notes that were named, dated, timed, and signed accordingly. 20% of the 188 notes were named, 80% were dated, 20% were timed, and 20% were named. Overall, the outcome was satisfactory, but the number of timed notes and named indicates a high level of noncompliance that has to be corrected.

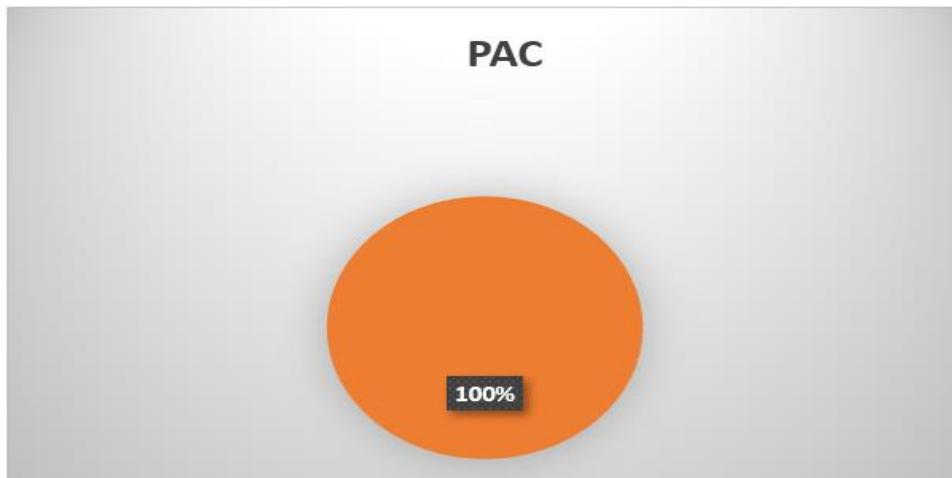


FIGURE 5: COMPLIANCE AND NON – COMPLIANCE IN PAC

Figure 5. shows, there is 100 percent compliance, and the PAC result is favourable. PAC was recorded in all medical records.



FIGURE 6. COMPLIANCE AND NON- COMPLIANCE IN CONSENT FORMS

Figure 6. Consent forms shows 100 percent compliance, which is the most important aspect and has resulted in a good outcome. Consent forms were properly named and signed by the doctors in all 188 records. Patient attendant sign, patient attendant name and a consent form that were recorded properly in all records.

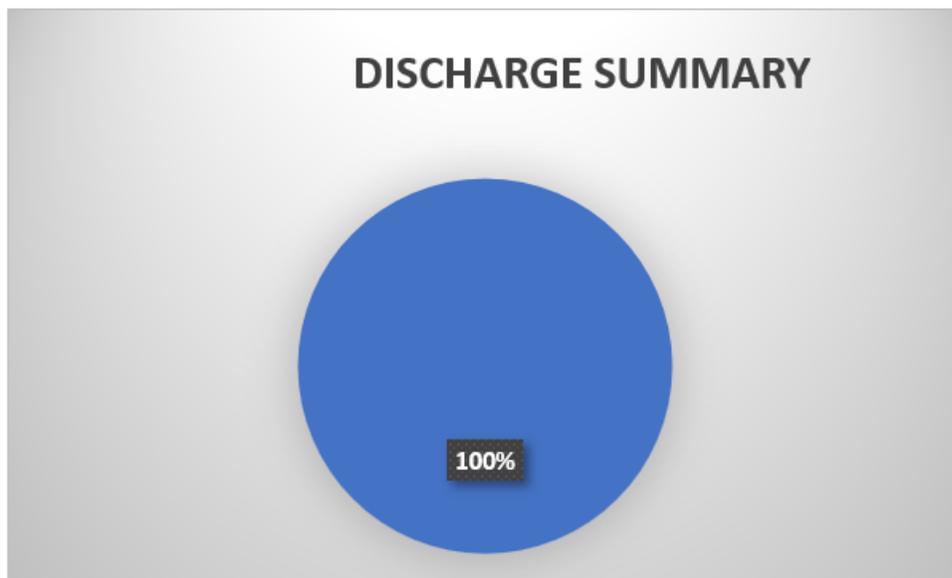


FIGURE 7: COMPLIANCE AND NON- COMPLIANCE IN DISCHARGE SUMMARY

Figure 7 shows all audited records include a discharge summary that includes all of the information that must be included in the discharge sheet. Every record has a discharge summary that was appropriately kept in the patient's file. 100% compliance was observed on discharge summary.

ANNEXURE 1

Sr. No.	PATIENT DETAILS					INITIAL ASSESSMENT- DOCTOR						REASSESSMENT BY DOCTOR								
	C.R NO.	TREATING UNIT	PURPOSE OF ADMISSION	ADMISSION DATE	TIME OF ADMISSION	TIME OF ASSESSMENT	PRESENTING COMPLAINTS +CI/EXAMINATION FINDING	VITALS MONITORING	PLAN OF CARE	NUTRITIONAL SCREENING	MEDICAL ORDER IN CAPS.	PRESENTING COMPLAINTS +CI/EXAMINATION FINDING	MEDICAL ORDER IN CAPS.	USE OF ERROR PRONE OF ABBREVIATIONS	LEGIBLE	NO. OF NOTES	NAMED	DATE	TIMED	SIGNED
1	288074	Dr. sudhir	SX	19-04-2022	7:34 AM	12:55	Ca Cervix	YES	YES	YES	NO	YES	YES	NO	YES	10	10	10	10	10

ANNEXURE 2

PAC	SURGICAL SAFETY CHECKLIST			DISCHARGE SUMMARY	CONSENT FORMS							REMARKS
	DOCTOR	ANAESTHETICS			CONSENT	PATIENTS DETAILS	PATIENT ATTENDANT(NAM E)	PATIENT ATTENDANT(SIGN)	DOCTOR SIGN	DOCTOR NAME	DATED	
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	26-04-2021	NUTRITIONAL SCREENING NOT MENTIONED

Conclusion-

There was complete compliance in PAC, consent forms, and discharge summary. The consent form demonstrates 100 percent compliance, indicating a more compassionate aspect that has resulted in a positive outcome. All audited records include a discharge summary with all of the information required on the discharge sheet. Every record contains a discharge summary, which was properly stored in the patient's file. On the discharge summary, there was total compliance. Medical records are an extremely important and vital document in a

hospital. These documents are required for both legal purposes and future hospital medical care planning. All reasonable efforts should be made to keep hospital medical records organized and systematic. Periodic audits of medical records can assist in identifying potential deficiencies in record keeping, which the hospital can address and improve

3. Wrong signages spotted at RGCIRC

Introduction-

On a daily basis, hospitals require upgrades. Due to the continuous changes in the hospital, many things such as signs, boards, and banners must be managed. If signs are not updated to reflect the new modifications, it causes annoyance for patients who are already unable to locate locations. In hospitals such as RGCIRC, where the majority of the patients are vulnerable, it is crucial to make the journey as comfortable as possible for them and their attendants, so that they are not misdirected or misled to another location.

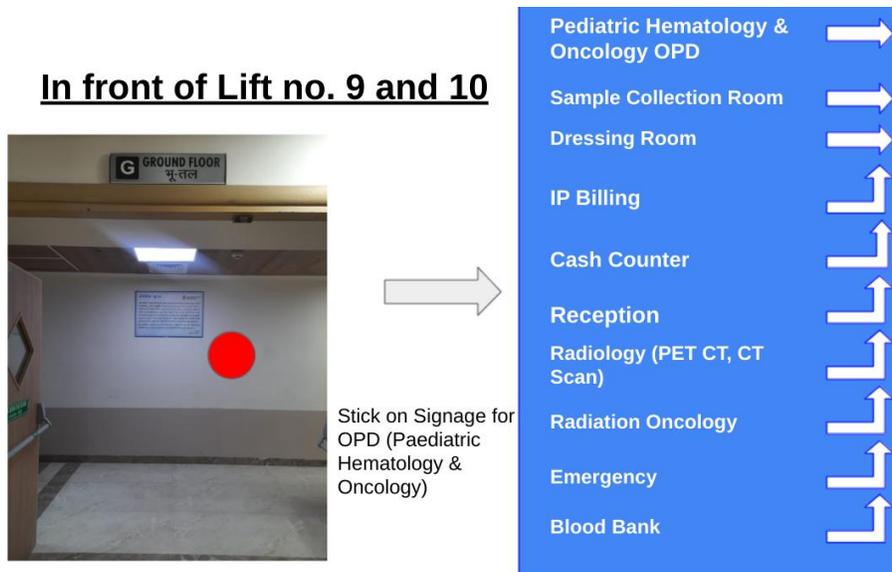
So, a small study was conducted which I was a part of along with my batchmate, Megha Goud, in which all the signages present at RGCIRC were checked and changed (in case required) under the guidance of Mrs. Renu Choudhary (Quality- Head)

Mode of Data Collection- Survey

Observation-

After taking rounds on all the floors and departments (OPD, IPD, Emergency, Reception, Billing, etc.), it was observed that there was various signages which were not properly placed or incorrect or missing. All the observations were noted down and reverified with the Quality Department in order to discuss the faults. After taking rounds, few signages were reverified in order to avoid the confusion.

Signages of Washroom, drinking water, OPD, Reception, Day Care, Nuclear Medicine, Cafeteria, Lift Lobby, Staircase and many more were suggested to add to the respective floors.



Above is an example of one recommended signage on an empty wall of the Ground Floor near OPD as it was needed to guide the patient in the right direction and avoid confusion.

A PowerPoint presentation was prepared to present it to the department and we suggested a few changes (like the one in the example above) and the presentation was approved by the Quality Department. It was handed over to the department to be supplied to the vendors for the creation of new signs.

Recommendation-

All the suggestions were made via the PowerPoint presentation and submitted to the Quality Department and were taken into serious consideration for the replacement of signages as per the changes in the hospital.

This will not only help the patients or attendants but beneficial for all the staff working in the hospital. Bad signages can lead to frustrated patients and ultimately lead to chaos in the hospital.

To avoid this, replacement of signages is important and should be done as soon as possible.

4. Discharge Tracker Data Collection

When the treatment of the patient is completed, the final process sets in which is the discharge process. Doctors take rounds in between and decide whether the patient needs to be discharged or not. If the discharge is announced, the file of the patient is sent to the summary room. It takes approximately 2 hours to make the summary of the patient and verification of the summary by the respective doctor is done within this time. After the summary is received, the indent for discharge medicine is sent and medicines are received. Then the file is sent for billing. When the billing is completed, the patient is physically discharged. In case of the delay in discharge, the reason for being late is mentioned.

In this data collection, time was noted for every activity happening in the discharge process in the IPD wards.

S. NO.	DATE	CR NO.	CASH/CREDIT	DOCTOR	PURPOSE OF ADMISSION	WARD/ROOM NO.	TIME DISCHARGE ANNOUNCED	TIME TREATMENT COMPLETED	TIME FILE SENT FOR SUMMARY	TIME SUMMARY RECEIVED	TIME INDENT SENT FOR DISCHARGE MEDICINE	TIME MEDICINE RECEIVED	TIME FILE SENT FOR BILLING	PHYSICAL DISCHARGE TIME
1	18-05-2022	238533	CREDIT	SWARUPA MITRA	RADIATION	201A	12:00	13:00	10:00	12:30	13:00	14:00	14:15	15:00
2	18-05-2022	366592	CASH	DR ULLAS BATRA	CHEMO	215B	12:00	12:00	12:15	13:45	NA	NA	13:50	14:00
3	18-05-2022	302386	CASH	DR ULLAS BATRA	CHEMO	215G	11:20	9:00	11:30	12:20	NA	NA	12:30	13:00

5. Disturbance level in the IPD wards

Disturbance and noise levels in the IPD were tracked through a checklist. The checklist includes serial number, floor (area), ward no., cause of noise, if the noise is repetitive or not, and if the noise is low, moderate or high.

Up to 50% of cancer patients experience sleep issues. Insomnia and an irregular sleep-wake cycle are the sleep problems that cancer patients are most prone to experience. A cancer patient may have problems sleeping for a variety of reasons, including: physical changes brought on by the illness or surgery.

The data was collected for 2 consecutive days to check the actual cause of disturbance in the IPD. The disturbance in the IPD can lead to irritated and frustrated patients which can cause restlessness and harm to their health.

S. No.	Floor	Ward No.	Source of noise	Repetitive	Level of Noise
1	5th	D block	Staff (Wardboy + House Keeping)	Yes	Moderate
2	6th	C block 2654	Nursing Staff	Yes	High

6. Tumor Board Medical Record Audit

The tumor board of the Rajiv Gandhi Cancer Institute and Research Centre was reviewed. Patients' situations are discussed with a panel of qualified experts on the tumor board at RGCIRC, and their treatment plans are finalized. These choices are based on the greatest feasible treatment outcome and a desire to improve one's health.

This audit was focused on whether the treatment that was advised was followed through.

Other aspects of the audit were observed, such as whether the documentation was complete or not. All the points were verified to see if the doctors had written them down (demographics, diagnosis, reason for presentation, discussion, treatment plan and signature)

Quality Department Tumor Board									
S. No.	CRN	Name of the patient	Demographics	Diagnosis	Reason for Presentation	Discussion (Optional)	Tumor Board Decision/ Treatment Plan	Signature	Treatment Done
1	288071	Santosh Pandey	Y	Y	Y	N	Y	Y	Y
2	300166	Mohd Fazil	Y	Y	Y	N	Y	Y	N
3	300699	Roshan Lal	Y	Y	Y	Y	Y	Y	Y
4	287541	Ankush Poonia	Y	N	N	Y	Y	Y	Y
5	288505	Apoorva	Y	Y	Y	Y	Y	Y	Y

7. Prescription Audit-

The audit's section that focuses on monitoring, evaluating, and, if required, suggesting changes to medical practitioners' prescribing practices is known as the prescribing audit. The goal of prescription audit is to enhance patient care through quality improvement. It helps medical practitioners ensure that their patients receive the best care possible.

The following are possible benefits of prescription audits:

1. Identify and promote positive actions
2. Raise professional standards of practice
3. Encourages staff and organizational learning and development
4. Identify and get rid of the bad or inadequate practice
5. Encourage working with multidisciplinary teams by identifying and eliminating waste
6. Promote working with multidisciplinary teams
7. Distribute resources (both human and financial) to deliver improved patient care
8. Create chances for investigators to share their findings with pertinent professors and encourage

Sample Size - Random sampling of 50 Prescriptions

Statistical Tools- Checklist, Bar Graph, Pie chart.

Data Collection- Data was collected through direct observation & patients were interviewed.

Results and out-comes: -

1. A study with a sample size of 50 prescriptions is done. Age and sex were not indicated on 54 percent of the prescriptions out of 50.
2. Diagnosis was not mentioned on 62 percent of prescriptions.
3. Allergy Documentation was not stated in all 50 prescriptions.
4. Only 36% prescriptions had the drug's name written in capital letters.
5. Food-drug interactions and drug-drug interactions were discovered to be unmentioned on the prescription. A complete lack of compliance.
6. Dose and Route were stated in 94% of prescriptions. Only 6% of prescriptions did not include Dose and Route.
7. Handwritten prescriptions accounted for 72% of all prescriptions, while printed prescriptions accounted for 28%.
8. Prescriptions for the drug stated had a duration of 92 percent of the time.
9. Only 30 handwritten prescriptions were legible.
10. The physician had named 64 percent of the prescriptions out of all the prescriptions.
11. Date was mentioned on 90 percent of prescriptions.
12. 92 percent of all prescriptions were timed.
13. A total of 96 percent of all prescriptions were signed by the physician.

ANNEXURE 1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	SNo.	C.R.No.	Doctor's Name	Age/Sex	Diagnos is	Allergy documen tation	Name of the drug in capitals	Food- Drug Interactio n,if any?	Drug Interactio n,if any?	Dose	Route	Duration	Legible	Named	Date	Time	Sign	
2	1	296711	Dr Himanshu rohilla	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Printed
3	2	301096	Dr Kinshuk jain	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Printed
4	3	306679	Dr Sumit Goyal	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Printed
5	4	283238	Dr Ullas Batra	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Printed
6	5	296396	Dr Rajiv Goyal	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Printed

8. A turnaround time study of patients presenting at the Emergency Department of Rajiv Gandhi Cancer Institute and Research Center (RGCIRC), Rohini-

This study is primarily focused on the Emergency department of Rajiv Gandhi Cancer Institute and Research Center Delhi which includes data from the arrival of patients to the discharge or transfer of the patients to the referred departments. Consultant in time, doctor's or nurses' assessment time with initial care assessment filled by doctors and nurses were also included. Emergency Room/ Casualty plays a crucial part in any hospital. Emergency medical care can cut down fatality rates, improve treatment outcomes, reduce rehabilitation time, and optimize treatment costs for many patients. That is why an emergency room or ER is an indispensable part of any reputed, optimally sized hospital. The Emergency Room of an Oncology-specialized hospital is primarily focused on the patients who are suffering from cancer or had cancer in previous years. Doctors specialized in oncology are available 24 hours in the ER and nurses are given proper training to treat patients suffering from cancer. To improve and evaluate the functioning of the Emergency Room, this topic was chosen.

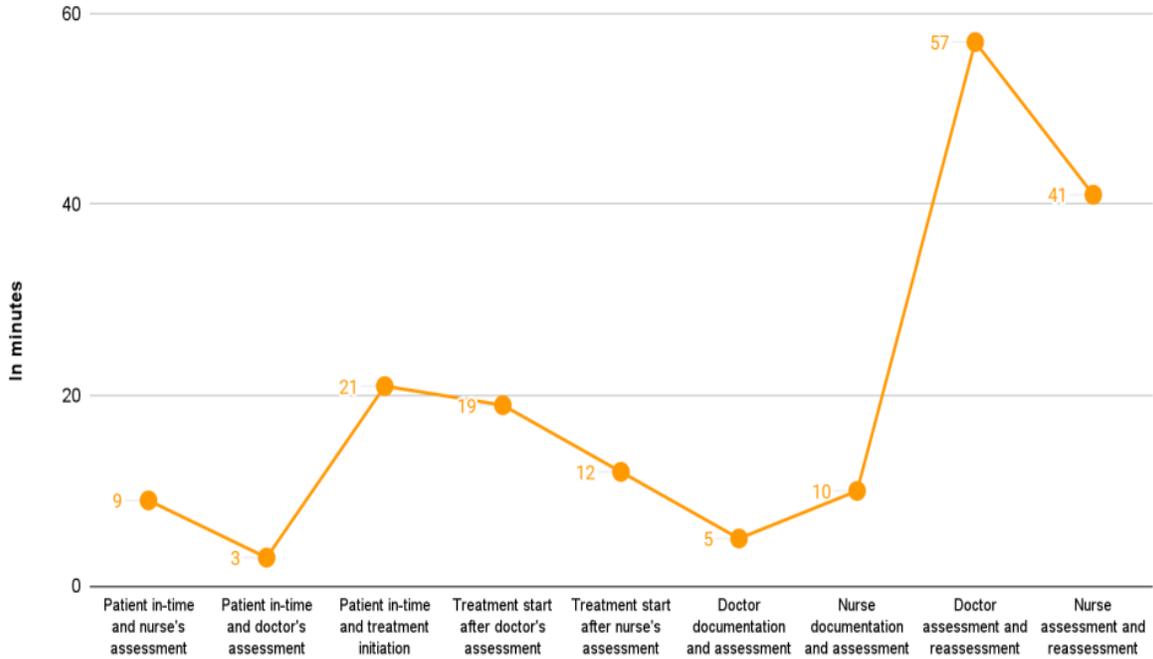
Result-

During the time period of 10 days in the Emergency Room of Rajiv Gandhi Cancer Institute and Research Centre, Rohini, a study on time and motion was conducted and the following are the observations

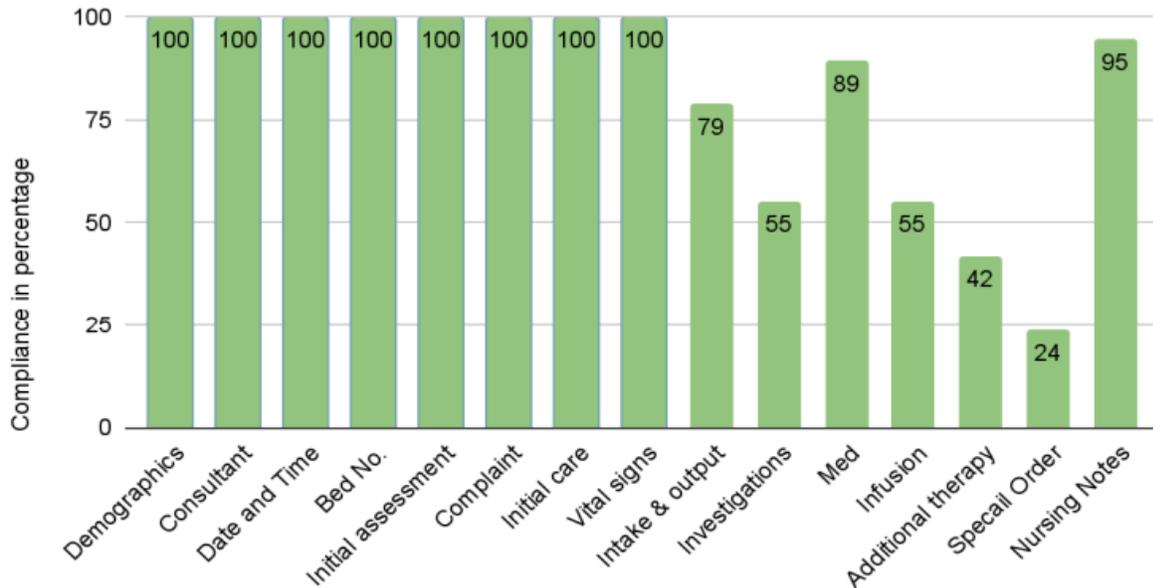
1. The average time difference between patient's in time and nurse's assessment is 9 minutes with a minimum of 0 minutes and a maximum of 32 minutes (It took 32 minutes because her medical team's specialist was coming to assess her, and she willingly waited.)
2. The average time difference between patients in time and doctor's assessment is 3 minutes with a minimum of 0 minutes and a maximum of 25 minutes (It took 25 minutes due to rush in emergency and this patient was not in any danger according to triage)
3. The average time difference between treatment initiation and patients in time is 21 minutes with a minimum of 10 minutes and a maximum of 1 hour (It took 1 hour due to extended assessment duration)

4. The time taken to start the treatment after the doctor's assessment took on average 19 minutes with a minimum of 1 minute and a maximum of 2 hours and 15 minutes (It took 2 hours and 15 min as reduced compliance with the attendants regarding the treatment)
5. The time taken to start the treatment after the nurses' assessment took on average 12 minutes with a minimum of 0 minutes and a maximum of 53 minutes (Due to reduced compliance with the attendants, it took 53 minutes)
6. The average time difference between a doctor's assessment and doctor's documentation is 5 minutes with a minimum of 0 minutes and a maximum of 2 hours 5 minutes (It took 2 hours and 5 minutes due to rush in the Emergency room but vital details were noted during the assessment)
7. The average time difference between a nurse's assessment and nurses' documentation is 10 minutes with a minimum of 0 minutes and a maximum of 2 6 hours 6 minutes (It took 2 hours and 6 minutes to completely fill the documentation due to rush in the emergency but the assessment details were noted at the time of assessment)
8. The average time difference between a doctor's assessment and reassessment is 57 minutes with a minimum of 3 minutes and a maximum of 1 hour 42 minutes.
9. The average time difference between a nurse's assessment and reassessment is 41 minutes with a minimum of 2 minutes and a maximum of 2 hours 40 minutes.
10. Every time a patient was discharged, a discharge summary was issued and given to the patient, otherwise sent to the referred department.
11. Whenever a patient was admitted to the Emergency Room, a nurse's initial assessment sheet and doctor's initial assessment sheet were filled out to keep records.

Average time taken per task



Nursing Documentation



4. Interpretation

INTERPRETATION									
	TIME TAKEN TO START THE TREATMENT AFTER DOCTOR'S ASSESSMENT	TIME TAKEN TO START THE TREATMENT AFTER NURSES' ASSESSMENT	TIME DIFFERENCE BETWEEN DOCTOR DOCUMENTATION AND ASSESSMENT	TIME DIFFERENCE BETWEEN NURSE DOCUMENTATION AND ASSESSMENT	TIME DIFFERENCE BETWEEN DOCTOR ASSESSMENT AND RE-ASSESSMENT	TIME DIFFERENCE BETWEEN NURSE ASSESSMENT AND RE-ASSESSMENT	TIME DIFFERENCE BETWEEN PATIENT'S IN TIME AND NURSE'S ASSESSMENT	TIME DIFFERENCE BETWEEN PATIENT'S IN TIME AND DOCTOR'S ASSESSMENT	TIME DIFFERENCE BETWEEN TREATMENT INITIATION AND IN TIME OF THE PATIENT
Average	0:19	0:12	0:05	0:10	0:57	0:41	0:09	0:03	0:21
MAX	2:15	0:53	2:05	2:06	1:42	2:40	0:32	0:25	1:00
MIN	0:01	0:00	0:00	0:00	0:03	0:02	0:00	0:00	0:10

5. NABH Guidelines for Emergency Department

- a. There shall be an identified area in the organization which is easily accessible to receive and manage emergency patients, with adequate and appropriate resources.
- b. Prevention of patient-overcrowding is planned, and crowd management measures are implemented
- c. Emergency care is provided in consonance with statutory requirements and in accordance with written guidance.
- d. The organization manages medico-legal cases in accordance with statutory requirements.
- e. Initiation of appropriate care is guided by a system of triage.
- f. Patients waiting in the emergency are reassessed as appropriate for the change in status.
- g. Admission, discharge to home, or transfer to another organization is documented.
- h. In case of discharge to home or transfer to another organization, a discharge/transfer note shall be given to the patient.
- i. The organization shall implement a quality assurance programme.
- j. The organization has systems in place for the management of patients found dead on arrival and patients who die within few minutes of arrival.

CHAPTER –4

OBSERVATIONAL LEARNING

DEPARTMENT -WISE LEARNING

1. DAYCARE

Daycare at RGCIRC has total

50 beds.

Located on the 2nd Floor C and D block, it is easily accessible through lifts as well as stairs. Located adjacent to the OPD area makes it easy for the patients to consult the treating unit first and then move on to Daycare for getting the procedure done.

The patient arrives at the daycare for chemotherapy which was advised by the doctor during the consultation in OPD. The doctor's advice is checked and the patient is registered for the treatment. After this, an estimate of the bill is given to the patient and the patient/attendant gets the billing done. After this, the ward is checked for availability of beds and the pharmacist indent the drugs (drugs are dispensed in daycare). If a bed is available, the patient is given the bed otherwise he/she has to wait until a bed gets vacant.

The vitals of the patients are checked after admission and treatment is started. Vitals are checked again before the discharge of the patient. The discharge summary is handed over to the patient and the doctor explains the medicines. Patient is discharged after completing all the formalities.

2. TPA

At RGCIRC, patients are provided with insurance services for the payment of the treatment. For this benefit, the doctor's documentation is submitted at the TPA counter and through TPA

Services, documentation is applied in the insurance company. Through this, the source of payment is received via the respective company to the hospital.

RGCI has the facility of both government and private insurance for the ease of patient in the payment for treatment.

3. OPD

An outpatient department or outpatient clinic is the part of a hospital designed for the treatment of outpatients, people with health problems who visit the hospital for diagnosis or treatment, but do not at this time require a bed or to be admitted for overnight care. Here, at RGCIRC, the workflow of OPD starts when a patient has made an appointment via phone call or Paras app. The patient arrives at the hospital at the time of appointment and deposits the fee after the final registration. Then the patient is called to IAU (Initial Assessment Unit) for the assessment of vitals right before meeting the Doctor.

In IAU, History taking of the patient along with vitals is recorded and the file of the patient is updated. Then the file is sent to the doctor's cabin and the patient meets the doctor.

4. Emergency

Emergency rooms (ER) are an integral part of hospitals and medical practices and provide the best medical or surgical care to patients arriving in need of immediate care. ERs are the most critical and active department of a hospital with a constant flow of incoming patients suffering from either acute illness or injury. It consists of nurses, doctors, and physicians, who address a wide range of medical issues such as cardiac arrests, stroke, fatal injuries, complications, etc. But in a hospital-like Rajiv Gandhi Cancer Institute and Research Center which specializes in oncology, emergencies related to patients who have cancer are given the priority. If any patient with other emergencies like RTA reports to the Emergency room, he/she has been stabilized and referred to other multi specialized hospitals.

5. MRD

The Medical Records Department (MRD) is an important element of a hospital or healthcare facility that primarily holds records of patients who have been treated in the hospital's Outpatient Department, Inpatient Patient Department or Emergency Unit.

Patients require a medical records department to obtain any past medical records in the event of damage or loss, or for future treatment/opinion, and medical practitioners require a medical records department to study various diseases and their recovery.

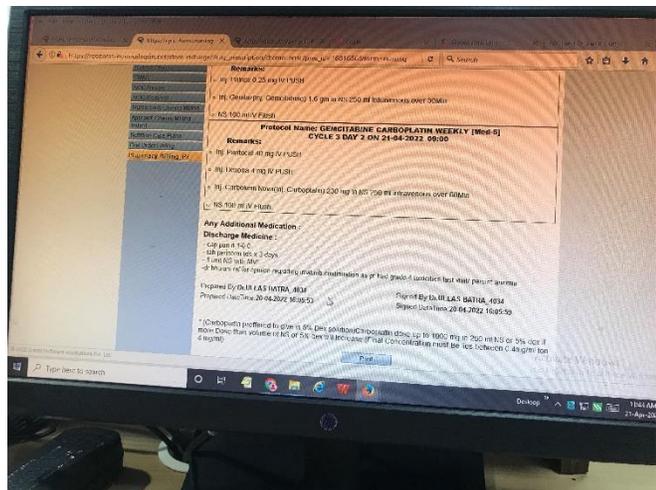
A medical records department is the repository for all information about a patient who has been discharged from the hospital following treatment. A medical records department's primary responsibility is to store the medical records or treatment files of patients who are treated in the inpatient or emergency departments.

6. IPD

In the in-patient department, patients get admitted for various reasons, like surgery, chemotherapy, supportive and palliative care and various other reasons. The treatment is given to the patient as consulted by the doctor and after the completion of the treatment, it is made sure that the patient is stabilized. The discharge process begins right after this which includes writing of the discharge orders and finalizing of discharge summary. Next step includes billing as per cash/credit category. After all the documents are finalized and bills are paid, discharge summary and reports are handed over to the patient. Patient leaves the hospital.

Photographs

IPD ward and Paras software in the IPD



REFERENCES / REVIEW OF LITERATURE

1. <https://bmcrenotes.biomedcentral.com/articles/10.1186/1756-0500-4-421>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3037121/>
3. <https://pubmed.ncbi.nlm.nih.gov/33812297/>
4. https://nabh.co/Images/PDF/Emergency_Brochure.pdf
5. https://nabh.co/Emergency_Intro.aspx
6. https://www.researchgate.net/publication/328583208_Healthcare_Signage_Design_A_Review_on_Recommendations_for_Effective_Signing_Systems
7. https://www.ijcmr.com/uploads/7/7/4/6/77464738/ijcmr_2135.pdf