Summer Internship Report
at
CK Birla Hospital, Gurgaon

(April 22 nd to June 21st, 2024)

A Report

By
Dr Alisha Shandilya

PGDM (Hospital and Health Management)

2023-2025

International Institute of Health Management Research,
New Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. Alisha Shandilya

Summer Internship Institution:
CK Birla Hospital, GAN

Area of Summer Internship:
Medical Services

Attendance:
100%

Objectives met:
→ All tasks given by Quality & Med. Admin team → Data analysis & KPI Data collection
→ Participated in Mock Drills, Report preparation

Deliverables:
→ Project on Initial Assessment, Error prone abbreviations, Active file audit

Strengths:
Obedient, hardworking, Smart working, Well behaved,

Suggestions for Improvement:

Dr. Sakina Mohammad Faheem Shaikh
Deputy Medical Superintendent
CK Birla Hospital
J Block, Mayfield Garden, Sector-51,
Gurgaon, Haryana-122018

A. Sharma (Dr. Abhishek)
(Dr. Sakina)

Signature of the Officer-in-Charge (Internship)

Date:
Place:

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: ALISHA SHANDILYA

Summer Internship Institution: CK BIRLA HOSPITAL, GURUGRAM

Area of Summer Internship: MEDICAL SERVICES

Attendance:

Objectives met: Yes

Deliverables: Yes

Strengths:

Suggestions for improvement:

Date:

Place:

Signature of the Officer in charge

(Internship)

Certificate of Approval

The Summer Internship Project of titled "**OBSERVATIONS AND ANALYSIS OF ACTIVE FILES AUDIT**" at **"CK BIRLA HOSPITAL,GURGAON"** 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.

Dr. Sumesh Kumar
Associate Professor & Dean-Academics
IIHMR, Delhi

(Completion of Summer Internship from respective organization)

The certificate is awarded to

Dr Alisha Shandilya

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

Medical operations

and has successfully completed her Project on

Observation and analysis of active file audits

21 JUNE ,2024

CK Birla Hospital

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

A. Sharma (Dr. Abhishek)

Organization Supervisor

Dr. Sakina Mohammad Faheem Shaikh
Deputy Medical Superintendent
CK Birla Hospital
J Block, Mayfield Garden, Sector-51,
Gurgaon, Haryana-122018

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Deputy Medical Superintendent
CK Birla Hospital
J Block, Mayfield Garden, Sector-51,
Gurgaon, Haryana-122018

Head-HR/Department Head

CK BIRLA HEALTHCARE PVT. LTD. (BRAND CK BIRLA HOSPITALS) J BLOCK, MAYFIELD GARDEN, SECTOR-51 GURGAON-122018

ACKNOWLEDGEMENT

I would like to extend my heartfelt gratitude to the esteemed mentors at CK Birla Hospital, whose unwavering support and invaluable guidance have been instrumental in the successful completion of this study. Their expertise and dedication have truly enriched my learning experience and shaped the outcome of this presentation.

Firstly, I express my sincere appreciation to Dr. Akriti Sharma from the Operations Department. Dr. Sharma's insights and mentorship have provided me with profound understanding and practical perspectives, which have significantly contributed to the depth and quality of this study.

I am also deeply grateful to Dr. Sakina Shaikh for her invaluable guidance and support throughout the duration of this project. Her expertise and encouragement have been invaluable in navigating the complexities of the study, and her mentorship has been a constant source of inspiration.

Furthermore, I extend my heartfelt thanks to Dr. Abhishek Sharma from the Quality Department. Dr. Sharma's profound knowledge and attention to detail have been invaluable assets, enriching the quality and credibility of this study. His mentorship has been pivotal in refining the methodologies and ensuring the integrity of the research process.

In conclusion, I extend my deepest gratitude to Dr. Akriti Sharma, Dr. Sakina Shaikh, and Dr. Abhishek Sharma for their unwavering support, invaluable guidance, and profound contributions throughout this journey. Their mentorship has been truly transformative, and I am profoundly grateful for the privilege of learning from their expertise and experience.

TABLE OF CONTENTS

ABBREVIATIONS

NABH	National Accreditation Board for Hospitals
IT	Information Technology
SCM	Supply Chain Management
HIS	Hospital Information System
NC	Non-Compliance
C	Compliance
PC	Partial Compliance
MAR Sheet	Medication Administration Record
KPI	Key Performance Indicator
RMO	Resident Medical Doctor

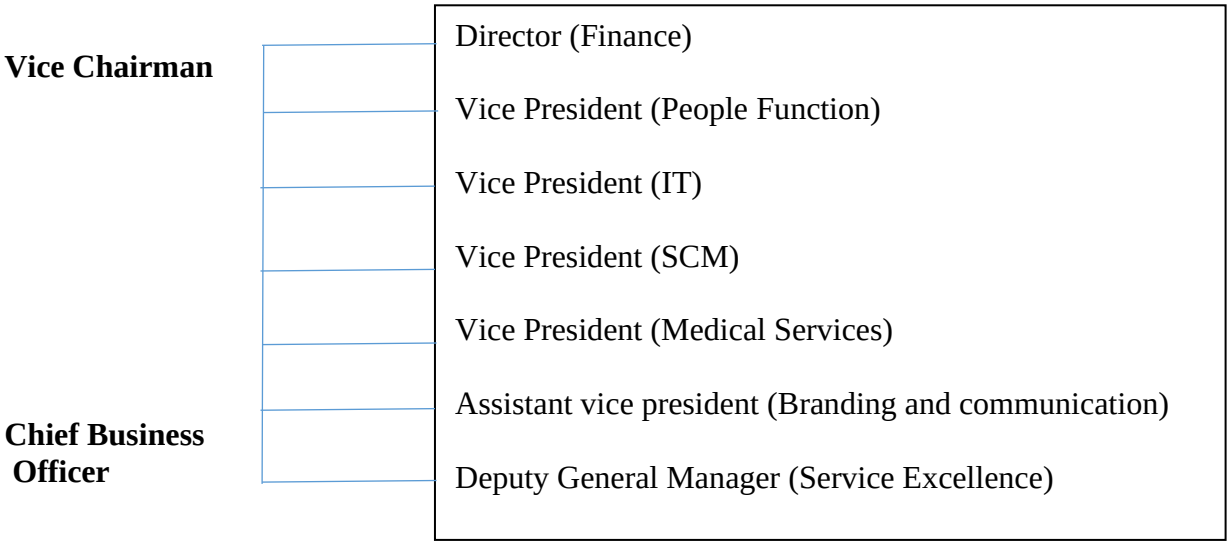
INTRODUCTION

The CK Birla Hospital is a NABH accredited, multi-speciality hospital located in Gurgaon. It is a proud part of the $2.8 billion diversified CK Birla Group that has also been serving India's healthcare needs for over 50 years.

The Gurgaon hospital is led by an experienced team of over 100 specialists. They are a proud partner to thousands of happy families & patients and continue to offer international standards of clinical care with a robust focus on safety, integrity and compassion. They rely on both international and national guidelines & protocols of healthcare delivery and bring world-class care closer to home.

Their state-of-the-art technology and facilities enable real-time communication and seamless collaboration across caregivers to ensure accuracy and the best possible results. They see our patients as our partners and cater to their diverse healthcare needs across all stages of life. Our designated 'care team' approach allows our patients to be actively involved in their clinical decision making and access multi-skilled caregivers for well-rounded advice and treatment.

ORGANIZATION STRUCTURE



VISION

Aspire to transform the future of healthcare through outstanding clinical outcomes, research, education and compassionate care.

MISSION

We are committed to bringing global standards of clinical expertise and care to patients and their families.

PROPOSITION

1. Deliver global standards of clinical quality.
2. A promise of service excellence.
3. Integrity in healthcare delivery.

ROJECT REPORT

During the course of my summer internship, I had the opportunity to delve into three distinct projects that have significantly contributed to my understanding and skill development in the field of medical services. These projects focused on critical aspects of data analysis, process optimization, patient safety to count a few. Each project provided valuable insights into the complexities and nuances involved in operations and quality departments of CK Birla Hospital, Gurgaon, demanding meticulous attention to detail and a methodical approach to problem-solving.

Main project:

Observation and analysis of active files audit.
The first project involved the observation and analysis of active files, requiring me to assess current practices and propose improvements to enhance efficiency and accessibility. This task not only honed my organizational skills but also deepened my understanding of the importance of streamlined document management in medical services.

Other projects:

Error prone abbreviations of drugs audit
The second project centered on auditing error-prone abbreviations of drugs, a critical endeavor in ensuring patient safety and compliance with regulatory standards. This project underscored the significance of accuracy and precision in healthcare documentation, highlighting the potential risks associated with ambiguous or incorrect drug abbreviations.

Doctor's initial assessment calculation

Lastly, the third project focused on calculating doctors' initial assessments, where I was tasked with developing a methodology to streamline assessment processes and improve overall efficiency. This project challenged me to apply quantitative analysis techniques and collaborate closely with medical professionals to achieve accurate and timely assessments.

Through these projects**, I gained hands-on experience in specific skills or techniques learned** like

- Acquired comprehensive training in using HIS.
- Learned to conduct active file audits to ensure compliance with NABH indicators.
- Gained expertise in auditing Dr. initial assessments.
- Developed skills in calculating and analyzing data from Dr.' initial assessments.
- Conducted audits to identify and mitigate the use of error prone abbreviations.

These experiences have equipped me with a solid foundation in hospital management, quality assurance and patient safety, preparing me for future roles in healthcare administration.

This report aims to document my findings, analyses, and recommendations from each project, providing a comprehensive overview of my contributions and insights gained during this enriching internship experience.

OBSERVATION AND ANALYSIS OF ACTIVE FILES AUDIT

Objectives:

- To assess whether the existing doccumentation procedure is in accordance with the policy established by the hospital (NABH).
- To identify the lacunae in the same and to propose some possible solutions.
- To determine the non-compliance rate of the doccumentation in the active in-patient files.

Methodology:

- Study design: Prospective observational study.
- Study area: CK Birla Hospital, Gurgaon which is a 70 bedded multispecialty hospital.
- Sampling method: Systematic random sampling.
- Sample size: (as per NABH) 225 files were analyzed across the following departments:

Departments	Number of files
Obstetrics and gynecology	59
Advanced surgical sciences	42
Orthopedics	40
Neonatology and pediatrics	21
Surgical and medical oncology	22
Gastroenterology	19
Urology	16
Internal medicine	6

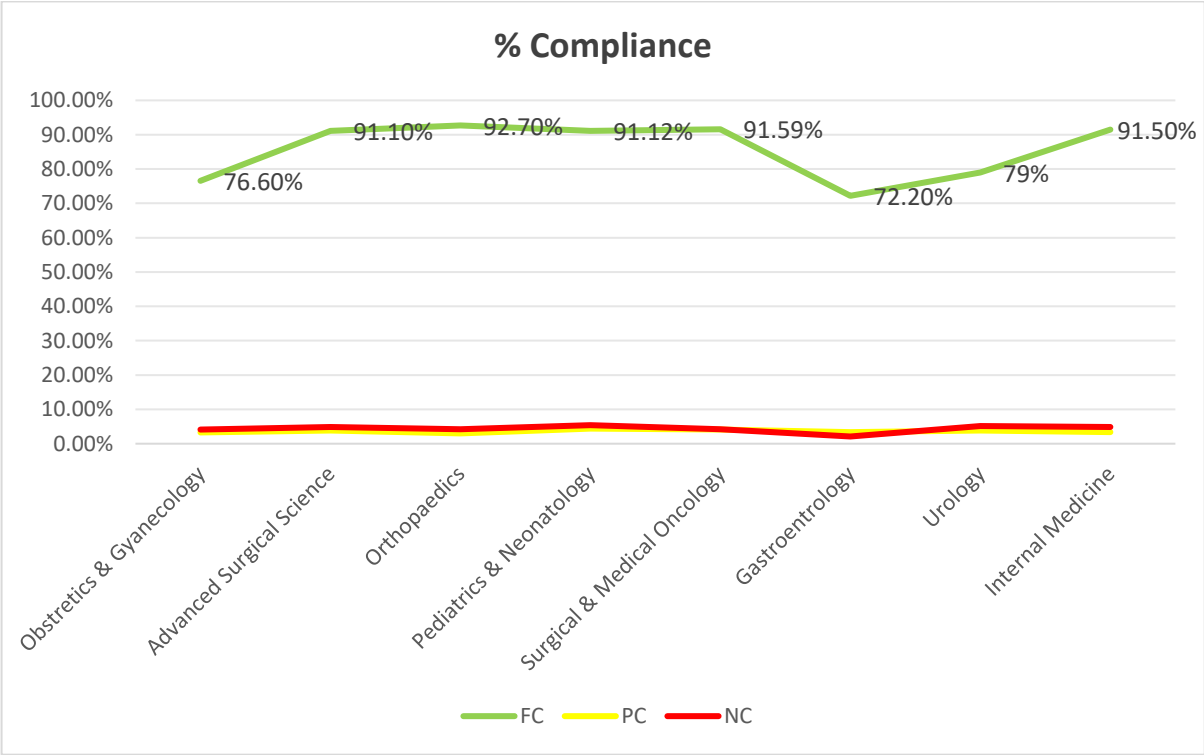
- A standardized quantitative tool (checklist) was used.
- To determine the sample size (as per NABH) statistical power of 44%, level of significance set at 0.05 with screening population of 500 were used.

Data collection:

- The data collected was primary and the source was the active case files and hospital HIS.
- Review period spanned from April 24 ,2024 to June 6, 2024 with an average of 10 files per day.

Observations and Data analysis:

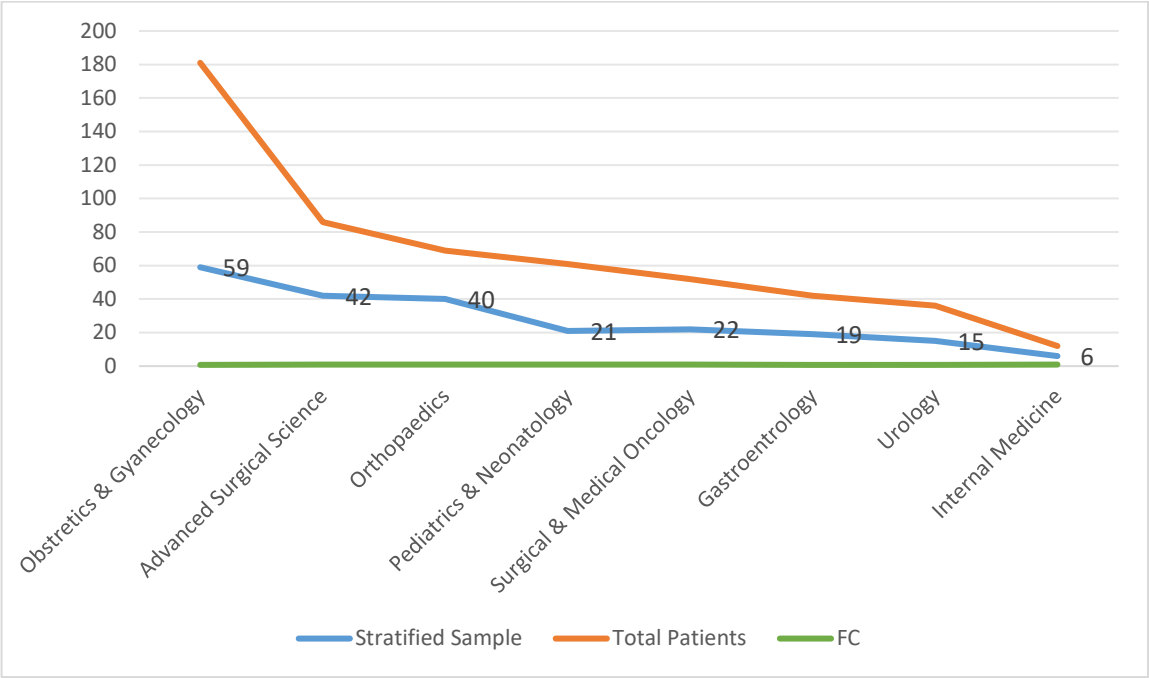
Department wise	Stratified Sample	Total Patients	FC	PC	NC
Obstretics & Gynaecology	59	181	76.60%	3.30%	4.10%
Advanced Surgical Science	42	86	91.10%	3.80%	4.90%
Orthopaedics	40	69	92.70%	3.00%	4.20%
Paediatrics & Neonatology	21	61	91.12%	4.40%	5.40%
Surgical & Medical Oncology	22	52	91.59%	4.10%	4.20%
Gastroenterology	19	42	72.20%	3.40%	2.10%
Urology	15	36	79.00%	3.80%	5.10%
Internal Medicine	6	12	91.50%	3.40%	4.90%



Explanation:

The graph above illustrates:

- **X axis: Departments analyzed**
- **Y-axis: % Compliance**
- The Orthopedics department demonstrates the highest compliance (92.70%), indicating robust adherence to established protocols and standards.
- In contrast, the Gastroenterology department exhibits lowest compliance (72.20%), suggesting areas where procedural adherence may need improvement.



The graph above illustrates:

- **X axis: Departments analyzed**
- **Y-axis: Compliance metrices**
- compares the total number of patients and the stratified sample for each department analyzed for the time span of April 24,2024 to June 15 2024.
- Variations in the orange and blue lines across departments highlights differences in patient volumes and sampling strategies for compliance assessment.

RECOMMENDATIONS:

ERRORS	CONSEQUENCES	RECOMMENDATIONS
Incomplete admission consent forms (attendant name, time, staff signatures)	• **Delays in treatment.** • **Potential legal issues if consent is challenged.** • **Difficulty tracking who witnessed consent.**	• **Develop a standardized consent form with clear instructions for completion.** • **Implement mandatory training on admission consent procedures.**
Missing clinical pathways in some documents	• **Patients may experience variations in treatment and care leads to suboptimal patient outcomes.** • **The intent of Clinical Pathway audit can't be**	• **Integrate clinical pathways into HIS for easy access.** • **Educate staff on importance of clinical pathways.**

	ruled out.	
Time not mentioned on anesthesia form and general procedures by the Doctor.	• **Reduced accountability and transparency of healthcare providers for their actions.** • **Could weaken the hospital's defense in a potential malpractice lawsuit.**	• **Educate anesthesia staff on the importance of accurate time documentation.**

ERROR PRONE ABBREVIATIONS OF DRUGS

Objectives:

- To check the completeness: for each drug w.r.t drug name, strength, dose, dosage form, frequency, duration.
- To minimize the risk of medication errors that could harm patients.
- Adherence to NABH guidelines.
- Clear and accurate communication among healthcare providers.
- Educating staff on proper abbreviation usage supports a culture of safety.
- To escape from legal issues and financial protection.

Methodology:

- Study design: Prospective observational study.
- Study area: CK Birla Hospital, Gurgaon which is a 70 bedded multispecialty hospital.
- Sampling method: Systematic random sampling.
- Sample size:

✓ Sample size of 220 files was analyzed.

✓ Total 8 drugs (4 drugs per chart) were considered per patient under the 4 parameters (Dr. progress notes, MAR sheet, Post op orders and discharge summary).

✓ To determine the sample size statistical power of 44%, level of significance set at 0.05 with screening population of 500 were used.

- Data collection:

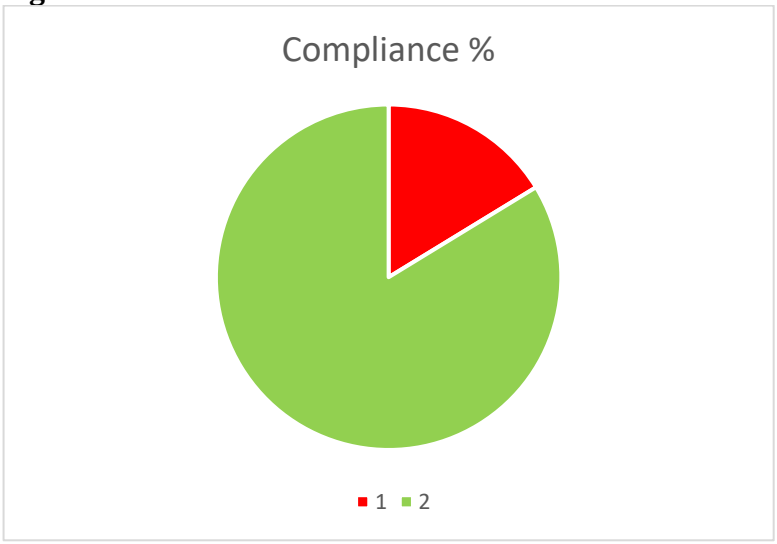
✓ Data was collected from both active and passive files and HIS.

✓ For the month of May 2024.

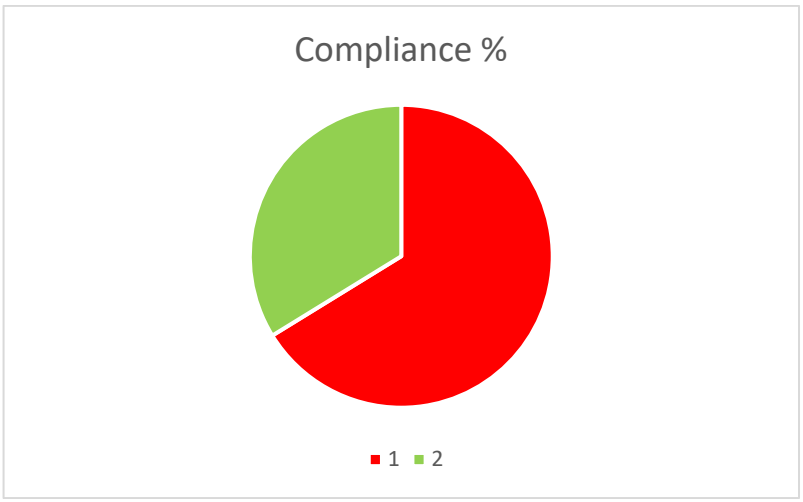
Observations and Data analysis:

Document Type	C (%)	NC (%)
Progress Sheet	84	16
MAR Sheet	34	66
Post Op Orders	35	43
Discharge summary	82.4	17.6

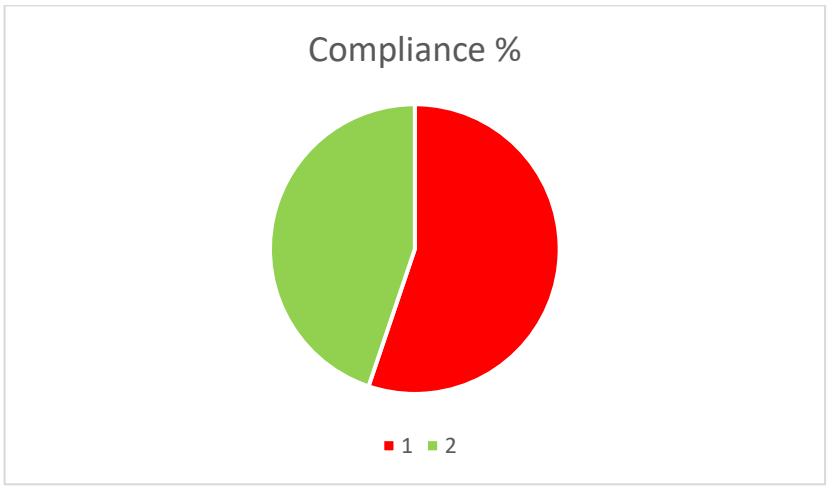
Progress Sheet:



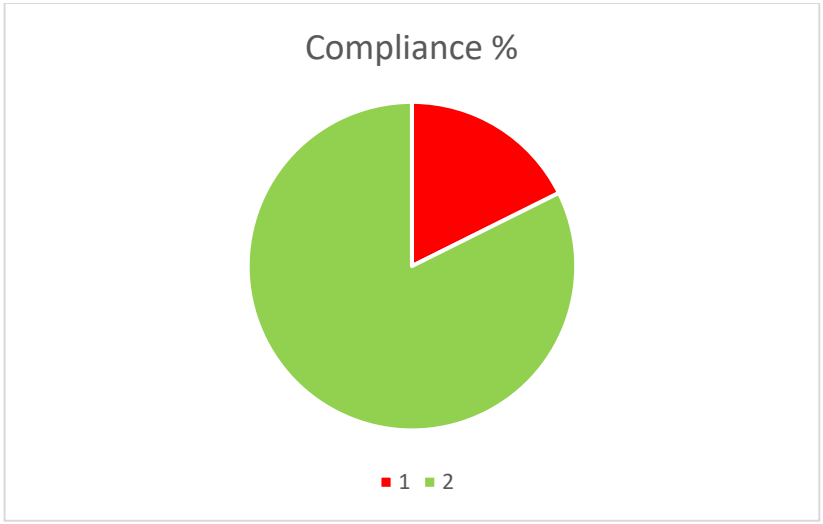
MAR Sheet:



Post Op Orders:



Discharge Summary:



Explanation:

- NC is presented as red color and C is presented as green color.
- The progress sheet showed the highest compliance rate among the documents analyzed, indicating strong adherence to standards.
- MAR sheet and Post op orders exhibited higher non-compliance percentages compared to discharge summary and progress sheet, suggesting areas for targeted improvement in these documents.
- These findings provide a basis for developing targeted interventions to reduce non compliance and improve patient safety.

RECOMMENDATIONS:

ERRORS	CONSEQUENCES	RECOMMENDATIONS
Drug abbreviations (paracetamol as PCM, twice a day as BD, once a day as OD, before breakfast as BBF etc.)	• **Medication errors due to misinterpretation.** • **Increased risk of adverse drug events.**	• **Educate staff on the approved list and encourage them to write the name to be full and clear.** • **Using HIS instead of doing manual entry.**
Abbreviations for frequency (4 hourly, 12 hourly)	• **Misinterpretation as an infusion of drug 'over 4 hrs.' as opposed to' every 4 hrs.'**	• **Eliminate abbreviations for dosing frequency and replace them with clear written instructions (e.g., "every 4 hours," "every 12 hours").** • **Educate staff on the importance of clear and unambiguous dosing instructions**
Abbreviations like "at" (@) and "potassium chloride" (KCl)	• **Potential for misinterpretation, especially for less common abbreviations.**	• **Educate the staff to write out terms in full and clearly whenever possible to avoid ambiguity.**

NOTES:

- **It was noted that some 'unapproved' frequency abbreviations are used by prescribers due to space constraint in MAR sheet.**
- **Also, the error prone abbreviations were also there in HIS.**
- **Not all Doctors/RMOs are aware about the intent of prescribing drug name in capitals.**

DR. INITIAL ASSESSMENT CALCULATION

Objectives:

- To identify bottlenecks or inefficiencies in the assessment process.
- To improved patient satisfaction by reducing waiting times and ensuring timely diagnosis and treatment initiation.
- To ensures that patients receive timely medical attention, which is crucial for delivering high-quality care and achieving positive health outcomes.
- For better allocation of resources.
- To save cost by reducing unnecessary delays.

Methodology:

- Study design: Prospective observational study.
- Study area: CK Birla Hospital, Gurgaon which is a 70 bedded multispecialty hospital.
- Sample size (As per NABH): 222 and Data collection (from HIS)

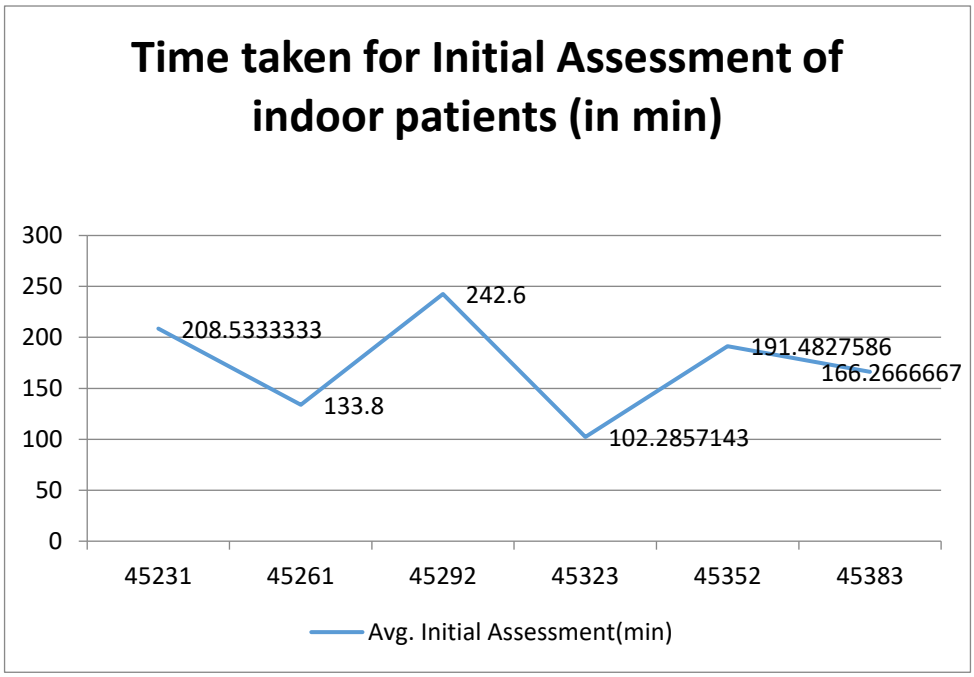
Month	Sample taken
Nov-2023	30
Dec-2023	30
Jan-2024	30
Feb-2024	31
Mar-2024	29
Apr-2024	30

Data collection:

- Data was collected through hospital HIS database.
- For the time span of November 2023 to April 2024.

Observations and Data analysis:

Initial Assessment (Wards)						
Sum of time taken for initial the assessment/Total number of admissions						
S. No	Month	Sum of time taken for initiate the assessment (mins)	Total number of admissions	Sample size (as per NABH)	Sample taken	Avg. Initial Assessment(min)
1	Nov-23	6256	503	222	30	209
2	Dec-23	4014	411	222	30	134
3	Jan-24	7278	381	222	30	243
4	Feb-24	2148	377	222	21	102
5	Mar-24	5553	435	222	29	191
6	Apr-24	4988	1001	286	30	166



Benchmark: 60 min

Explanation: The average initial assessment was calculated by formula (as per NABH):

$$\text{Time taken for initial assessment Of indoor patients (in min.)} = \frac{\text{Sum of time taken for initial assessment(min)}}{\text{Total number of admissions}}$$

- The graph above illustrates the time taken for the initial assessment of indoor patients.
- Blue line represents the average initial assessment for each month
- Average initial assessment was higher in the month of January and was minimum in the month of February.

RECOMMENDATIONS:

ERRORS	CONSEQUENCES	RECOMMENDATIONS
Turnaround Time (TAT) exceeding NABH standard of 60 minutes.	• **Delays in treatment initiation.** • **Increased patient waiting times hence potential for deterioration in patient condition.**	• **Standards and protocols for this KPI.** • **HIS improvement.** • **Task allocation for recording and analysis.** • **Training and follow ups.** • **Understaffed in terms of RMOs so hiring of RMOs.**

CONCLUSION

During my two-month internship at CK Birla Hospital, I undertook three significant projects: observation and analysis of active file audits, reviewing error-prone abbreviations of drugs, and calculating doctor initial assessment times. These projects revealed varying levels of compliance and identified areas needing improvement. Active file audits showed discrepancies in documentation quality across departments, with some departments excelling and others falling short of NABH standards. The review of error-prone drug abbreviations highlighted substantial non-compliance, especially in discharge summaries, posing risks to patient safety. The initial assessment time analysis indicated that several departments struggled to meet the 60-minute benchmark, suggesting inefficiencies in patient care processes. To address these issues, I recommend regular audits and monitoring, standardized training programs, process optimization, fostering a culture of continuous improvement, leveraging technology, interdepartmental knowledge sharing, and launching patient safety initiatives. Implementing these recommendations will enhance compliance, improve patient safety, and optimize operational efficiency, ensuring high-quality care at CK Birla Hospital.

Alisha Shandilya ST report

ORIGINALITY REPORT

10%	8%	0%	3%
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