

Summer Internship

At

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A Report

By

TRIPTI TYAGI

Post-graduate Diploma in Hospital and Health Management

2019-2021



ACKNOWLEDGMENT

This report has been supported by many people whose advice and encouragement were critical and I am indebted to all of them. I express my deep sense of gratitude to my 37 professors for their valuable contribution, guidance and tremendous encouragement and especially to my mentor Ms. Divya Agarwal without whom these tasks would not have been a success.

My heartfelt support also goes for the commendable cooperation provided to me by my friends and family who has been source of inspiration.

TRIPTI TYAGI

DECLARATION

I Tripti Tyagi, hereby declare that this Internship Assignments entitled a. Fortis Hospital, Mohali - case study b. Organizational roles and responsibilities c. Comparative study- PRESENT SITUATION OF INFECTION PREVENTION AND CONTROL d. literature review based study – COMPARISON BETWEEN DIGITAL AND FACE TO FACE DOCTOR PATIENT CONSULTATION is the outcome of my own study undertaken under the guidance of Ms. Divya Agarwal, IIHMR-New Delhi. It has not previously formed the basis for the award of any degree, diploma, or certificate of this Institute or of any other institute or university. I have duly acknowledged all the sources used by me in the preparation of this field internship report.

Date: 4/07/2020

Sign:

Postgraduate Diploma in Hospital and Health Management

International Institute of Health Management Research

New Delhi

CERTIFICATE OF COMPLETION

The certificate is awarded to Ms. Tripti Tyagi, PG/19/096 in recognition of having successfully completed her Projects on: A. FORTIS HOSPITAL, MOHALI - case study B. Organizational roles and responsibilities C. Comparative study-PRESENT SITUATION OF INFECTION PREVENTION AND CONTROL . literature review based study – COMPARISON BETWEEN DIGITAL AND FACE TO FACE DOCTOR PATIENT CONSULTATION.

Date: 04-07-2020

Organisation: International Institute of Health Management Research

She has found to be a committed, sincere and diligent student who has a strong drive & zeal for learning.

We wish her all the best for future endeavors

Dean- Academics & Student Affairs

Mentor Name & Signature

CERTIFICATE OF APPROVAL

The following Summer Internship Project titled “**FORTIS HOSPITAL, MOHALI - case study B. Organizational roles and responsibilities C. Comparative study- PRESENT SITUATION OF INFECTION PREVENTION AND CONTROL D. literature review based study – COMPARISON BETWEEN DIGITAL AND FACE TO FACE DOCTOR**

PATIENT CONSULTATION ” at “INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH” 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.

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FEEDBACK FORM

Name of the Student: Tripti Tyagi

Summer Internship Institution:International Institute of Health Management Research

Area of Summer Internship:

Attendance:

Objectives met:

Deliverables:

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date:

Place:

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CASE STUDY

FORTIS HOSPITAL,MOHALI

Fortis healthcare is considered as one of the largest healthcare organization in India.Started by 2 brothers Mr.Shivinder Mohan Singh and Mr.Malvinder Mohan Singh in 1996,it is now operating in all over India having 28 hospitals.These hospitals are capable of providing multi-

surgery facilities, heartcare, neurosciences, oncology, orthopaedics, gastroenterology, and maternity care, etc.

Fortis Hospital Mohali (FHM) has been recognized by NABH and JCI. It is also a super speciality center of excellence across the country. It is the best cardiac center in the region with 348 beds.

Established in 2001, FHM is capable of providing world class facilities and high end procedures like Transcatheter Aortic Valve Implantation (TAVI), Left Ventricular Assist Device (LVAD), Right Ventricular Assist Device (RVAD), Minimally Invasive Direct Coronary Artery Bypass Surgery.

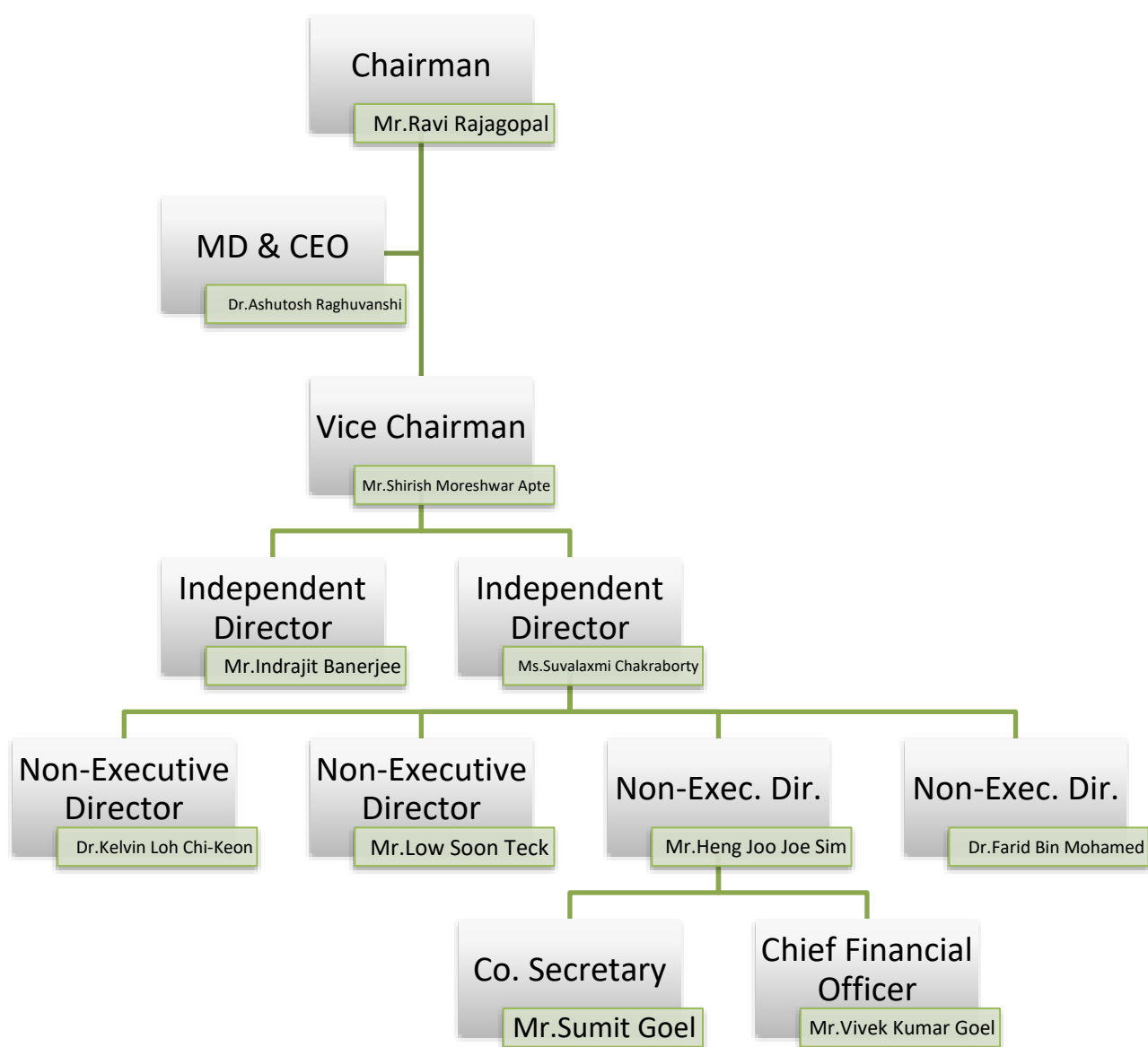
VISION

“To be a globally respected healthcare organization known for clinical Excellence and Distinctive Patient care”

MISSION

“Saving and Enriching Lives”

MANAGEMENT



SERVICES PROVIDED

- Psychotherapy
- Counselling
- Drug Abuse and De-Addiction Therapy
- Migraine Treatment
- Maternal ICU
- Diagnostic Pathology
- ICU
- Blood Bank
- Thyroid
- Vascular Bypass Surgeries
- Cardiac Bypass Surgeries
- Kidney Transplant
- Ambulance
- NICU
- Lung and Heart Transplant
- Coronary Angiography
- Lumpectomy

HUMAN RESOURCE POLICIES

All Fortisians independent of the representative sections, job, geologies not just show commendable mental fortitude and flexibility in face of troublesome and violent occasions yet in addition exhibit confidence and live the fundamental beliefs. They keep on putting their attention on our most esteemed asset, our workers. Through a distinctive set of integrated strategies, activities, projects and practices, individuals' capacities are reliably utilized and created. The commitment and engaged talent kept driving greatness and conveying a value to the patients, partners and the network.

1. Recruitment and Selection Policy-

The enlistment happens as per the necessity of the hospital.

There are many nursing colleges and the hospital nurses who have completed certified course of GNM (General Nursing Midwifery) which is a 3 year course.

The hospital also takes nurses who have completed a certified course in ANM (Auxiliary Nurse Midwifery) which is a 2 year course along with a work experience of 3-4 years.

The appointments of the doctors are headed by the higher authority of the hospital.

2. Training and Development-

There are different sorts of preparing given after the choice of the medical attendants.

There are team of nurses and doctors who train the nurses.

Once the training is over 3-4 months is done on their performance giving them scope to improve and correct themselves.

3. Harassment Policy-

For badgering issues there is a disciplinary board of trustees in the hospital, a set of rules which are to be trailed by everybody working in the clinic.

- First of, a grumbling is enrolled to the advisory group the HR dept and the analyst.
- Confirmation of the objection is done whether the grievance is a phony one or a genuine one.

There are 3 stages at which the choices are taken

- i. Verbal admonition is given
- ii. Composed admonition is given
- iii. Termination

The discipline relies upon the wrongdoing just as and afterward moves are made as needs be.

4. Exit Policy-

The leave approach in the hospital is exceptionally private.

The standards before leaving the hospital are

Before leaving the working environment a notification ought to be given a month prior.

In the event that the representative is great, at that point association attempts to hold them from leaving.

There is a form given by the hospital which is secret in nature, in that the representative writes about his grievances, which the association attempts to enhance.

5. Compensation Review Policy-

Compensation Review at Fortis are represented by the arrangements of the Pay Audit Strategy, which is discharged by the HR every year. The strategy is drafted by the C&B group, looked into by Head - HR and approved by Official Panel (EXCO) before a last endorsement from Selection and Compensation Board of trustees. Compensation policy gives subtleties w.r.t. the qualification and quantum of compensation review at different execution levels across Worker jobs/groups.

Compensation Structure-

Remuneration depends on job and level of the Representative. It comprises of fixed and variable parts. Variable remuneration could comprise of money or investment opportunities

or both. Pay is organized by the neighbourhood laws and the predominant statutory rules of the state/nation.

6. Family and Parenting-

- Work from Home
- Childcare
- Unpaid extended leave
- Maternity and paternity leave
- Reduced or flexible hours

7. Professional Support-

- Diversity Program
- Apprenticeship program
- Job training and tuition

8. Talent Management-

Many changes were done at corporate office level for enhancing the association configuration to make a higher performing workforce.

Ability maintenance turned testing for them anyway the brand esteem helped them to connect with key potential contracts.

The concentrated on upgrading their Employee Value Proposition all through the representative's life cycle helped them to draw in and connect with best of their ability.

Their purpose in creating abilities of their representatives to arrive at their latent capacity stayed enduring with advancement activities being made accessible to all fragments of the workforce.

9. Putting people first-

In accordance with their people focused methodology, they kept on strengthening worker correspondence and coordinated effort stages. Various stages for e.g. Hum Tum Milnge(HTML), Townhall, Coffee with HR head, Fortis Swachh Abhiyaan, Sparkle, Long service awards were upgraded.

'Working environment by Facebook', the computerized stage, additionally encouraged between departmental and cross-land streams and coordinated effort.

ROLES AND RESPONSIBILITIES

Patient and Attendant Responsibilities

- For keeping arrangements, being on schedule for arrangements, and calling your doctor/hospital in the event that can't be hold fast to the arrangement timing.
- For giving total and precise data, including complete name, address, phone number, date of birth, points of interest of closest relative and insurance agency/TPA/boss, past ailment, and drug subtleties any place required.
- For effectively taking an interest in the treatment plan and to keep primary care physicians and medical caretakers educated regarding the adequacy of the treatment.
- For assets. It would be ideal to bring vital things.
- For treating all medical clinic staff, different patients and guests with graciousness and regard; keep the emergency clinic rules and wellbeing guidelines; be thoughtful of commotion levels, security and number of guests; and conform to the 'No Smoking' arrangement.
- For seeing all guidelines before marking the assent structures.

CORPORATE SOCIAL RESPONSIBILITY-

As a capable organization, sparing and advancing lives, helping and dealing with the soundness of its clients and serving the network all unite to characterize the motive of Fortis' center business. Drawing from its vision and mission declaration, through CSR Fortis tries to take charge to draw in with society by working with networks to upgrade their prosperity in a merciful and delicate way. Fortis looks to acquire center to network government assistance Social insurance.

Inside this broad Policy, the organization will actualize its CSR inventiveness ,under the accompanying standards:

- Take on "Mother and Child" as the essential concentration for CSR involvement. Beginning with healthcare, extra time the territories could incorporate training, condition and limit building for continued prosperity.
- The activities will be focused to the requirements of the "burdened, disadvantaged and marginalized" areas of society.
- Cost effectiveness, manageability and importance will be driving standards everything being equal.
- Inclusive and community oriented investment (inner and outer) would frame the base of all CSR activities and projects. Include the formation of representative commitment chances to help, energize and implant social awareness and build up a vibe decent factor in their expert life.
- Build and influence associations with likeminded People, Corporates and Establishments for accomplishing constructive change.

CSR Activities

1.Educational Awareness-

Promoting preventive healthcare

- Building a repository of fitness recognition and schooling content
- Building applicable channels for verbal exchange of such content material
- Promoting public policy platforms to focus on health associated troubles.

2. Target (Mother and Child) Centric Intervention Programs-

- Promoting preventive healthcare
- Design and execute intervention applications in regions assessed for impact wherein well timed intervention can permit for a near normal return to health for recipient.
- Rehabilitation programs to assist medically assisted children enter returned into society.

3. Improving Access to Basic Healthcare Facilities-

- Measures for improving get admission to to primary healthcare centers for socially and economically backward agencies
- Running Preventative and Diagnostic health take a look at camps to raise awareness and make sure an early prognosis.
- Develop and assist generation structures that help enhance get entry to to basic healthcare offerings.
- Support

4. Disaster and Emergency Medical Assistance-

- Help the general public efforts in getting ready for and responding too disaster situations with scientific useful resource.
- Promote training in fundamental and advanced life assist.
- Assess and equip skilled people for well timed response to scientific emergencies
- Develop and help era platforms that aid first responder applications

5.Capacity Building in the arena of Health-

- Employment enhancing Vocational skills

- Livelihood enhancement
- Empowering women
- Promoting preventive healthcare
- For armed forces veterans, war widows and their dependents
- Rural development projects

PROGRAMS

Fortis CSR Foundation ('FCSRF') is a completely possessed auxiliary of Fortis Healthcare Limited, a Company constrained by shares not-for-benefit, enrolled under Section 8 of the Companies Act, 2013.

These substances work in a collaborative and inclusive manner to adjust and synergise the social undertaking work of the gathering organizations yet in addition to extend their hover of associations with Government, Non-Government Organizations (NGOs), different corporates and people.

Working with a committed group of representatives and Volunteers, FCSRF centers around four programmes to be specific: AANCHAL, CHHAYA, SAVERA and SEWA. These projects move in the direction of:

1. AANCHAL-

AANCHAL is a child prosperity program, which strives to guarantee a more advantageous beginning to a child's life. To drive a more deeper effect, Aanchal has distinguished objective intercession territory under its "Umeed-Dhadkan" Activity which supports the treatment of children experiencing innate heart defects.

2. CHHAYA-

CHHAYA is intended to give essential and fundamental social insurance administrations to individuals in need. The treatment is given through charitable Centers and clinics set up across various locales. As of now they run 7 charitable dispensaries and 3 effort centers.

a) Charitable Dispensaries-

Every dispensary has a specialist, medical caretaker and paramedic staff. The dispensaries give free access to essential primary healthcare service for routine ailments and are open for six days of the week.

Fortis CSR Establishment has treated more than 67,000 individuals through its charitable dispensaries in the 1st October 2018 to 31st March 2019

1. Golden Temple Dispensary, Amritsar

- All India Women Conference (AIWC)

2. Birla Mandir Dispensary, New Delhi

3. Durgiana Temple Dispensary, Amritsar

- Rag Pickers School, Amritsar

4. Aggarwal Dharamshala Dispensary, Bhogal, New Delhi

5. Ramakrishna Ashram Dispensary, Dehradun

- Purukul School for Underprivileged, Dehradun

6. Anubhavi Ashram Dispensary, Haridwar period.

7. Gurudwara Sach Khand Darbar Dispensary, Udaipur

b) Health Camps-

The initiative teams up with a few similar partners to direct health camps for monetarily more weaker segments of society.

Number of patients who profited through charitable dispensaries in FY 2018-19: 1.23 lakhs

3. SAVERA-

SAVERA with its emphasis on "Health Education and Preventive Healthcare" makes mindfulness on medical problems by utilizing on various channels of communication. The reason for the program is to configuration models on health data dispersal to reach to vulnerable section of the network.

In accordance with India's Sustainable Development Goal of 'good health and well-being,' SAVERA program looks to give a stage to make mindfulness on medical problems and influence on various channels of communication. The goal is to design models on wellbeing data spread to reach the weaker segments of the community.

SAVERA, which centers around 'Health Education and Preventive Healthcare,' has recognized two target areas on preventive wellbeing and wellbeing training:

- First Aid and Basic Life Support (BLS) Training
- Awareness of health and hygiene amongst children

4. SEWA-

SEWA is a program that means to give crisis medical relief in a composed and time delicate way to individuals influenced by calamities. SEWA's center responsibility is to help the government in giving clinical relief during a disaster.

When Kerala was ravaged by terrible flood a year ago, a 21-member SEWA Volunteer Group drawn from different Fortis emergency clinics across India (counting specialists, attendants, paramedics and advisor) connected with 2,774 beneficiaries and led clinical help tasks in Wayanad and Alappuzha, Kerala.

Key drivers of Kerala -Disaster Relief Initiative are:

- Volunteerism
- Payroll giving and donation program
- Partnerships with NGOs and Wellbeing Department,Kerala
- Powerful communication channel that helps to develop a culture of giving

INITIATIVES/INNOVATIONS

➤ Path-breaking 12-hour CPR Relay at Fortis Mohali

Date: March 23, 2016

Many workers, and eager specialists of patients, participated in 12-hour continuous activity held on March 23,2016,Mohali to spread mindfulness about hands-only CPR to save lives of heart failure patients in a crisis circumstances.

Giving a further lift to Fortis Hospital Mohali's mission quickly spread open mindfulness about hands-only CRP to save lives of heart failure patients in a crisis circumstance, several employees participated in a path breaking 12-hour CPR Relay in the IPD Entryway. They participated in learning the specialty of CPR by enthusiastic attendants of people admitted in hospital.

➤ Fortis Hospital Mohali Observes Nutrition Week

Date : September 09, 2017

In an undertaking to spread mindfulness with respect to the significance of nutritious meal for one's prosperity, Fortis Hospital, Mohali observed the National Nourishment Week from 1st

to 7th of September 2017 . The fundamental target of the series of events was to underscore the significance of a solid eating routine for great wellbeing, prevention of sicknesses or diseases, and control mal-nutrition. The interest group included youngsters, grown-ups and the old.

As a part of the weeklong event, a slogan composing challenge on 'A Healthy Food for a Healthy Body' was sorted out for 140 students of schools. Madhu Sharma, President IDA Chandigarh Section and Ms. Harjot Kaur, HOD Department of Nutrition, MCM College, Chandigarh, were the main chief guests for the event. Ms Sharma urged the crowd to follow good dieting practices and adjust an inappropriate eating habits at home for better nourishment and strength of the whole family. The students were approached to take pledge to eat healthy food.

➤ **Catheter Reprocessing System(CRS)**

Catheter Reprocessing System (CRS) is a programmed Computer guided Catheter cleaning machine with inbuilt self-testing and adjustment which guarantees appropriate cleaning of catheter. It decreases cost of catheter by 99%. CRS has inbuilt PC which stringently screens and viably cleans catheters with exactness and precision which is beyond the imagination with traditional strategy. It likewise dispenses with all sort of human blunder.

It was invented by Mr. Vikram Goel, Biomedical Engineer at Fortis and was awarded with “Best Innovative Medical Product of the Year” award in 2016.

AWARDS and ACCOLADES

Set on sprawling 8.22 sections of land, Fortis Hospital, Mohali has won a few honors:

➤ National Award for Excellence in Energy Management-

Fortis Hospital Mohali, won the 2nd prize at the CII 19th National Awards for Excellence in Energy Management in the Building Category.

- Fortis Mohali wins 2 awards at 6th MT India Healthcare Awards 2016
- AHPI Award for Best Green Hospital- 2016, 2018
- AHPI Award for Quality Beyond Accreditation - 2015, 2017 & 2018
- 12th DL Shah Quality Awards 2018
- North-West Qual-Tech Quality Innovator Award 2018
- No. 1 Private Multispecialty Hospital in Chandigarh – The Week - Neilsen Best Hospitals Survey
- Times of India - All India Critical Care Hospital Ranking Survey 2017 – Mar’17.

FORTIS HOSPITAL, MOHALI

Case Study

Role in preventing Hepatitis B & C

Hepatitis is a swelling of the liver. The condition can act naturally restricting or can advance to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis infections are the most widely recognized reason for hepatitis in the world however different infections, poisonous substances (for example liquor, certain medications), and immune system maladies can likewise cause hepatitis.

There are 5 principle hepatitis infections, alluded to as types A, B, C, D and E. These 5 sorts are of most greatest concern in view of the burden of illness and demise they cause and the potential for outbreak and pandemic spread. Specifically, types B and C lead to chronic disease in a huge number of individuals and, together, are the most widely recognized reason for liver cirrhosis and cancer.

Hepatitis B infection (HBV) is transmitted through exposure to infective blood, semen, and other body liquids. HBV can be transmitted from tainted moms to newborn children at the hour of birth or from relative to baby in youth. Transmission may likewise happen through transfusions of HBV-polluted blood and blood items, sullied infusions during clinical methods, and through infusion sedate use. HBV additionally represents a hazard to health workers who continue inadvertent needle stick wounds while caring for contaminated HBV patients. Safe and effective immunizations are accessible to prevent HBV.

Hepatitis C infection (HCV) is for the most part transmitted through introduction to infective blood. This may occur through transfusions of HCV-tainted blood and blood items, polluted infusions during clinical methodology, and through infusion of drug use. Sexual transmission is likewise conceivable, yet is significantly less common. There is no vaccine for HCV.

With 1.5 lakh deaths every year and about 60 million Indians influenced, Viral Hepatitis keeps on being a genuine general wellbeing concern. A large portion of the mortality because of Viral Hepatitis is credited to Hepatitis B and C, which are otherwise called silent killer as over 80% of the infected don't know about their contamination.

Hepatitis B and C infections can stay asymptomatic for a considerable period of time, even decades, gradually harming the liver.

It is estimated that 4 crore individuals are experiencing Hepatitis B and 0.6-1.2 crore individuals are experiencing Hepatitis C in India.

India is among the 11 nations carrying almost half of the worldwide weight of chronic hepatitis. Understanding the threats of hepatitis B specifically, in the year 2004, about 1.2 million Indian kids were immunized with three dosages of Hepatitis B under a pilot project. From that point, in 2007-08, our government included Hepatitis B vaccine under the extended All Universal Immunization Program. Further, during the 12th Five Year Plan, GoI launched the National Viral Hepatitis Surveillance Programme.

National Viral Hepatitis Control Program(NVHCP)

The ‘National Viral Hepatitis Control Program’ has been launched by Ministry of Health and Family Welfare, Government of India on the occasion of the World Hepatitis Day, 28th July 2018. It is an integrated initiative for the prevention and control of viral hepatitis in India to achieve Sustainable Development Goal (SDG) 3.3 which aims to ending viral hepatitis by 2030. This is a comprehensive plan covering the entire gamut from Hepatitis A, B, C, D & E, and the whole range from prevention, detection and treatment to mapping treatment outcomes. Operational Guidelines for National Viral Hepatitis Control Program, National Laboratory Guidelines for Viral Hepatitis Testing and National Guidelines for Diagnosis and Management of Viral Hepatitis were also released.

Aim

- Combat hepatitis and achieve country wide elimination of Hepatitis C by 2030
- Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer)
- Reduce the risk, morbidity and mortality due to Hepatitis A and E.

Key Objectives

- Improve community awareness on hepatitis and lay stress on preventive measures among overall public particularly high-hazard gatherings and in hotspots.
- Give early diagnosis and the management of viral hepatitis at all degrees of healthcare.
- Create standard diagnostic and treatment protocols for the management of viral hepatitis and its difficulties.
- Reinforce the current framework offices, fabricate limits of existing HR and raise extra HR, where required, for offering complete types of assistance for the executives of viral hepatitis and its inconveniences in all locale of the nation.
- Create linkages with the current National projects towards awareness, avoidance, diagnosis and treatment for viral hepatitis.
- Build up an electronic "Viral Hepatitis Information and Management System" to keep up a registry of people influenced with viral hepatitis and its sequelae.

Mohali, July 28, 2017: To imprint the event of World Hepatitis Day, Fortis Medical clinic, Mohali organized a wellbeing screening camp. More than 200 people were checked for Hepatitis B or C contamination. Dr Arvind Sahni, Executive, Gastroenterology, Fortis Hospital, Mohali, who initiated the camp, additionally talked about the different viewpoints about this feared sickness.

The World Health Organization (WHO) announced 'Eliminate Hepatitis' as the subject during the year. Addressing the participants of the camp, Dr Arvind Sahni accentuated on the need to eliminate hepatitis by undergoing regular steps to recognize and moderate dangers related with the illness. He said, "World Hepatitis day offers a chance to different partners to be a part of elimination of this malignant growth causing sickness. The topic urges everybody not to just spread mindfulness about hepatitis, yet additionally to make way of life changes to forestall the illness itself."

Talking about the different preventive measures, Dr Arvind Sahni further included, "It is pivotal to experience proper testing of these infections in certified blood banks, avoid abuse of intravenous medications, avoid getting tattoos, practice safe sex and make sure that you use cleaned needles and syringes. It's anything but a smart thought to undergo a blood transfusion where the blood has not been tried for these viruses. The signs and symptoms of liver ailment caused because of Hepatitis B and C show up late. Blood Test is the main clear approach to recognize these infections. That is the reason we offered free testing for Hep B and C today in the IPD Hall, so relatives of patients and our staff could profit by this action."

The most widely recognized illnesses that Hepatitis B and C can cause are liver cirrhosis and liver cancer. Hepatitis C is a liver ailment and is brought about by Hepatitis C infection. It can cause both intense and chronic hepatitis that can range over from seven days to one's whole lifetime. The infection is a blood borne infection and, as WHO recognized, it might occur through injection drug use, dangerous injection practices, unsafe medical services and transfusion of unscreened blood and blood products. Globally about 325 million people are living with chronic hepatitis in 2015. India is fourth among 11 countries which carry almost 50% of the global burden of chronic hepatitis. It is also alarming that the hepatitis deaths are increasing as almost 1.34 million died in 2015. Certain areas in Punjab and Haryana have alarmingly high rate of Hepatitis C disease at 3.2 – 5.2%. Males between 20 – 35 years of age are at most extreme risk of being contaminated with Hepatitis C.

The main objective of organizing this camp was to create awareness among the community about the disease and aware them about the prevention of this disease.

This camp was one of the major effort undertaken to contributing to the NVHCP.

Improved and extended provider education efforts are essential to arriving at the Program's objectives, however to effectively reduce viral-hepatitis-related wellbeing disparities in India, the practices must be complimented by active efforts intended to teach community about the burden of viral hepatitis in the India and the advantages of viral hepatitis anticipation, screening, care, and treatment. More awareness about how to prevent, analyze, and treat viral hepatitis is basic among the overall population and particularly among people in priority

population . As confirm by a few researches, levels of information and mindfulness are low among those populaces generally influenced by hepatitis B and C. An education technique that incorporates focused on effort to population at most risk can bring issues to light of viral hepatitis as a significant wellbeing concern, increased information with respect to the advantages of prevention and care, and urge population to look for and accept vaccination, testing, care, and treatment.

Public education and testing campaigns and other awareness activities are key strategies for improving public understanding and influencing health behaviors among populations most impacted by viral hepatitis.

SAVERA Program by Fortis

In accordance with the developing requirement for better social insurance administrations, particularly to the underprivileged, Fortis Establishment has likewise been enthusiastic in its journey to do its part in facilitating to ease the pain and burden, physically and financially, of those requiring help, in this way giving them a new lease of life. The work of the foundation is supported and executed by two substances The Fortis Charitable Foundation (FCF)- a Trust arrangement in 2005 and The Fortis Foundation (FF)- a Section 8 company set up in 2013. The Establishment was shaped with the expect to give preventive and remedial medicinal services to the unprivileged areas of society. The way of thinking of the Establishment spins around building associations with other similarly invested associations and individuals which support sustainable, versatile and high effect programs. There are three projects which work under the ambit of the Fortis Establishment: Aanchal, Sewa and Savera.

SAVERA

Savera is a program that centers around creating, ordering and giving access to healthcare data. It use various channels of communication children's books, sound visuals, banners, and social media to make mindfulness on nourishment, wellbeing and cleanliness. It seeks to give a stage to start and offer research to make mindfulness on basic medical problems and work towards driving opinion and open approach around feasible alternatives. Savera aims to make a solid knowledge repository of disease related data under an open stage for sharing. Various parts of wellbeing are amazingly valuable guaranteeing that there are higher possibilities that the correct advances will be taken to guarantee a healthy life.

Savera has likewise distinguished objective intervention regions working with partners concentrating on mindfulness about tobacco control with specific focus on educational establishments and a Foundation for First Aid and BLS training.

The program is additionally a stage to impart about the establishment's work, thoughts, funds and accomplice ecosystem.

SAVERA has distinguished objective mediation regions concentrating on:

- Tobacco Control
- Skill Improvement - Medical aid/Basic Life Support(BLS) Training
- E-Learning Stage for Wellbeing Information

In the previous year SAVERA has advanced mindfulness through the dispersion of 59950 health publications, started the procedure of social change through distribution of 19709 illustrative books to childrens concentrating on cleanliness and sustenance through 90 NGOs.

Tobacco Control

SAVERA worked together with Sambandh Health Foundation to launch a campaign on Tobacco Control in Haryana. In the previous year, more than 2000 police authorities from 7 areas, 1800 authorities from the training division have been made mindful about COTPA (Cigarettes and Other Tobacco Products Act) together with more than 1000 challans in Gurugram.

First aid And Basic Life Support Preparing

Under this activity, preparing on First aid and Basic Life Support (BLS) is given to recipients empowering them to turn out to be specialists on call for handle incidents that can be handled with basic yet compelling medical aid, subsequently sparing lives if there should arise an occurrence of crisis circumstances. A portion of the key subjects secured under the 2.5 hours preparing program are gagging, nose dying, swooning, creepy crawly nibbles, wounds, cuts and wounds, and Cardiopulmonary Resuscitation (CPR). The members are given Emergency treatment Guide and a First aid Kit alongside certification.

Attention to wellbeing and cleanliness among children

The goal is to raise the mindfulness on wellbeing and cleanliness among youngsters by creating illustrated information material and work on the capacity building of partners working with under priveleged children.

Preventive Health Awareness

Everybody ought to have the right to a healthy life. To accomplish this objective there is an expanding need not exclusively to give medicinal human services benefits but to teach individuals and create awareness and bring focus to preventive wellbeing mindfulness, particularly to the individuals who have constrained financial resources. These activities go from communication focused at individual members of society helping them keep up a solid way of life and to the individuals who are vulnerable to unique medical problems, helping them deal with these dangers in an increasingly educated way. Making data and information

accessible in a straightforward way would help address these issue as well as diminish confusions and myth made through ignorance.

E-Learning Information Platform

Over the years, network of Fortis Hospitals, diagnostic labs and retail drug stores has created an immense quantum of data on preventive wellbeing and cure. The SAVERA program plans to build up a stage for grouping, facilitating and sharing this information, productions, and various media content that will be effectively available. The thought is to make a credible information repository that can be used for wellbeing research including activities, for example, analyzing various health patterns and shifts that can fill in as an early warning system to help start important policies.

A sound understanding of disease terminology, side effects and medication utilization standards can likewise help encourage better organization of treatment pathways and decreasing odds of mistake and risks. In coordinated effort with our accomplices, SAVERA tries to make a library of such literature which is easy to comprehend, in different languages and address the literacy and understanding degrees everything being equal. While made with clinical sources of info, the target it to demystify the content and convert the same into a language and style which guarantees clarity in understanding.

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Title: Present situation of Infection Prevention and Control in hospitals

Objective: To analyse and do a comparative study of implementation of infection control in different countries

Methodology:

- **Research Design-**Literature Review Based Study
- **Search Strategy** Databases searched- PubMed, JPAM
- **Keywords-** Hospital acquired infection, infection prevention and control program, CLABSI, Multi-drug resistant organisms(MDROs), Electronic surveillance system, CLABSI.

Research:

The 5 articles selected were based on geographical locations across the globe. The studies that included the infection prevention and control in various hospitals and the way they are being implemented were considered.

Variables: Structure and management of IPC guidelines, Training and education of staff, Policies, Practices, Statistical data, Financial ratios, Multidrug resistance organism, Staffing, Resources, Infection Rate.

Discussion:

CHINA

This orderly audit was following the “Preferred Reporting Items for Systematic Review and Meta Analysis” rules. Explored PubMed, the "Chinese National Information Framework" information. Likewise, searched for rules on NHCPRC and the provincial Services of Wellbeing in China.

The search terms tended to the three IPC zones determined by the NHCPRC for intense consideration clinics:

1. Organization, association and the board of IPC;
2. Instruction and preparing ; and
3. Observation of procedure and result measure applicable.

Inclusion

Article was incorporated when accompanying measures were present:

1. Utilization of a measurable data, subjective or consolidated (blended techniques) strategy;
2. Giving an account of one of the essential and additionally auxiliary results;
3. Publications in the middle of Jan 2012 and Oct 2017; and
4. Distribution in English and Chinese.

Exclusion

1. Gathering publications and papers.
2. Copied outcomes;
3. Hazard element examination without data on the utilization of any IPC practice;
4. Non-intense medicinal services setting; or
5. Flare-up examinations.

Essentially progressively secondary/tertiary consideration medical clinics offered standard, postgraduate IPC preparing compared with essential consideration emergency clinics. However, the review reports didn't portray details on track populace, preparing substance, or frequency of preparing exercises.

Gaps of the three NHCPRC center regions –

1. Structure, association and the board of disease anticipation and control
- Restricted IPC financing plan of IPC programs;

- Excessive IPC staff turnover, especially among IPC specialists;
- Restricted acknowledgment by administration;
- Restricted response of the outcomes to human services experts.

2. Information and training in disease avoidance and restriction

- Constrained assets for IPC preparing
- Less involvement in group and engagement learning, or shared instructing training;
- Little involvement in execution systems;

3. Reconnaissance of result and procedure markers

- Scarcely any planned rate surveillance programs
- Minimal antimicrobial programs in primary care clinics;
- Less exertion to focused MDRO screening of patients.

USA

All hospitals, with the exception of Veterans Affairs Hospitals, tried out the NHSN were qualified to participate. It included:

1. Fulfillment of a study that surveyed presence of proof based prevention arrangements
2. Connecting with NHSN group. Descriptive study were processed.

This gives a depiction of contamination control programs in 1,000 intense care hospitals in the country over just as the procedure and adherence to these procedures in ICUs. Impressive variety in the association and structure of disease anticipation and restriction programs was discovered in the country.

In connection to staffing, it was found that over a third of the hospitals were not having validated IPs and the staffing ratio was 1.2 per 100 beds. It was recommended 1 IP with every 250 beds by SENIC study 1985.

Furthermore, an association was found in the presence of a gauranteed IP and the use of policies for reducing CLABSI. The non presence of HE in 50% of the hospitals is also worrying.

In this study, disease counteraction program qualities, existence of strategies and clinician accordance were not connected to real HAI rates.

In any case, results recommend that decrease in CLABSI rates might be a consequence of the development of contamination counteraction and manage programs in their ability to completely execute proof found care, for example, packed care strategies, to lower CLABSI and VAP rates.

KOREA

A multicenter cross-sectional study was directed in Korea. Basic data of 100 emergency clinics participating in the national observation programs for MDROs was acquired from the Korean Association of Infection Control Nurses. Just 1 individual in every establishment took part in the survey.

An adjusted study structure was created based on the survey utilized in the SENIC Project. The study comprised of 140 systematized network based surveys.

There was huge variety in the educating and experience of ICNs. Until this point in time, there is no official guarantee procedure to evaluate the act of ICNs and guarantee a base degree of skill. The Korean Society for Healthcare-related IPC has recently aimed to give a official information procedure to the refreshed application for disease elimination and restriction. Encouraging the education and arrangement of specialists to help and grow disease anticipation and restrict projects ought to be the progressing focus of successful policy directed administration. The development of a profoundly licensed workforce ought to be founded on the governmental help of constant manpower advancement.

SAUDI ARABIA

A form was sent to 607 health laborers which included physicians [n = 133], nurses [n = 162], laboratory staff [n = 233] and other staff [n = 79] in ministry medical clinics, privatized clinics.

Responses recommended that there is higher degree of vulnerability with health workers over a scope of contamination avoidance and restriction problems issues, including management issues, observation and describing measures, and availability and ability to execute arrangements and react to flare ups. There was proof to recommend that staff in privatized emergency clinics and sisters were most sure than other manpower types. Inattention of health workers was the main element adding to reasons for flare-ups [65.7% of total groups], emergency clinic framework and plan was the top-referred to element adding to extension of contamination in the medical clinic [54.2%], accompanied intently by need and lack of manpower [53.71%] and non disease restriction preparing plan [51.73%]. An electronic monitoring structure was considered the best by manpower [81.22%].

INDIA

Care hospital, Hyderabad has always been a spearheading foundation for contamination restriction in the nation. This existing descriptive study included execution and observing of

the contamination restriction exercises to restrict hospital obtained diseases through 2010 to 2017.

In this investigation, a contamination pace of 26.5% was recorded in the year 2010 which was diminished to 8.82% for a time of 7 years. Prior to and after execution of a disease restriction plan found a comparable decrease in disease rates 6.8% from 11.7%.

Top quality and restrained anti-microbial utilization was additionally well organised in the hospital as a representation of the contamination restriction plan. Prescriptions were separated into clinical and medical procedure and the inspecting of the remedies was carried out to restrict the abuse of anti-microbials. Enhancement of the hand cleanliness supports to reduce nosocomial infection as suggested by the World Health Organization (WHO). Subsequently this promoted successful plans to boost hand cleanliness by arranging educational courses enclose by washing exercises. Hand cleaning resources were given in all basic intense care regions and nursing stations.

Author(s)	Country	Objectives	Methodology	Time
Didier Pittet, Walter Zingg, Jamie Bee Xian Tan, Stephen Harbarth, Jiancong Wang, Fangfie Liu	China	To estimate execution of the three important areas in China, and to differentiate the results.	Studied structure, administration, management, education and instruction, and observation of results and procedure measures in IPC.	11 th Feb 2019
E. Yoko Furuya, Andrew Dick, Carolyn T.A. Herzig, Lindsey M. Weiner, Monika Pogorzelska-Maziarz, Patricia W. Stone, and Elaine Larson	USA	To review implementation of IPC programs and processes across USA.	Web based survey by hospitals enrolled in NHSN group.	1 st Feb 2015
Min Ja Kim, Jang Wook Sohn, Jong Hun Kim, Kyung Sook Yang, Beom Sam Seo, Hyeon Jeong Kim, Young Kyung Yoon and Sung Eun Lee	Korea	To asses the current position of separate hospital-based IPC plans in Korea	cross-sectional study in 100 health centres.	31 st October 2016
Ali M. Bazzi, Ali A. Rabaan, Shamsah H. Al-Ahmed and Hatem M. Alhani	Saudi Arabia	To check out the viewpoint to, and mindfulness of, infection precaution and restriction plans and instructions amid health workers	Questionnaire-based study	16 th Feb 2017

T. Jayasree and Mustafa Afzal	India	To review the infection control guidelines.	Descriptive Study	14 th March 2019
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Comparison Between Digital versus Face-to-Face doctor patient consultation

INTRODUCTION

Nowadays, there are such a significant number of approaches to speak with your doctor, from in-person visits to video tests to texts. Having different passageways to your clinical expert is significant on the grounds that it makes social insurance more flexible, if you're ready to press in an advanced visit in the middle of tasks or gatherings at work, why not? In the event that you can find a brisk solution to an inquiry concerning drug by means of email without looking out for hold, is there any valid reason why you wouldn't? We're enormous defenders of new human services innovations and "webside way," however we likewise accept that the occasional in-person visit is essential to acceptable consideration, as well.

Communication is a fundamental part of medicinal services. Patient clinician conveyance is a key clinical ability. Generally, personal correspondence has been the essential methods for outpatient to communicate with social insurance suppliers. Conveyance that happens in

clinical experiences can grasp outpatient's needs, points of view and independent encounters, give chances to patients to take part in their consideration, and improve understanding supplier connections (Epstein and Street, 2007).

In the coming years, digital consultation will progressively supplant the customary personal contact in outpatient clinician connections. In spite of the fact that screen-to-screen contact among outpatient and wellbeing supplier (additionally alluded to as video conference, PC interceded discussion, or telecommunication) so far stays moderately phenomenal, there is generous proof that outpatients need approach to online correspondence with medicinal services suppliers contiguous the standard face to face counsels. New researches express that outpatients hold increasingly uplifting mentalities concerning online communication as a satisfactory mechanism for tolerant supplier correspondence than wellbeing experts do.

Access to computerized innovation using cell phones has on a very basic level changed who the predominant players are in these fields and how we get to administrations. We are seeing a move in a critical position of intensity from the conventional vendors to another advanced model whereby administrations are made increasingly accessible and progressively adaptable relying upon the requirements of the consumer. In healthcare we are starting to see these equivalent changes.

AIM

To examine preference between digital or interpersonal doctor outpatient communication among people.

REVIEW OF LITERATURE

Shaohai Jiang (2019) examined how the status of interpersonal communication with suppliers is related with their resulting internet use for patient clinician conveyance. Author did primary research in china based on survey including adults who aged 40 or more. He stated that "Patient satisfaction positively moderates the relationship between face-to-face and online patient-provider communication." He also expressed that interpersonal conveyance was better than the online communication.

Saskia Kanters, Kiek Tates, Marjolijn L Antheunis, Theodoor E Nieboer, and Maria BE Gerritse, (2017) explained how the interaction medium affects the behaviour of patients as well as doctors and also how it affects the satisfaction level of patients and doctors.

Questionnaire based study was done on 6 medical interns which performed both face to face and digital consultation. In their study it was found that there was no significant difference in both the platforms with respect to outcomes, satisfaction, relationship building, etc.

Mafruha Alam, Kamalini Lokuge, Cathy Banwell, Anna Olsen, (2019) examined the approach, appropriateness, usage, advantages, and disadvantages of a cellphone-based consultation service. A mixed method study was done in 2015 and interviewed doctors who provided online consultation. The consultation resulted to be dependable, cost efficient, and easy to use. The clinicians dismissed misunderstanding and supported better health care practices, orderly health check-ups, and better use of medicine.

Seendy Ramoutar, Trisha Greenhalgh, Satya Bhattacharya, Shanti Vijayaraghavan, Joe Wherton, Sara Shaw, Anna Collard, Desirée Campbell-Richards, Philippa Hanson, Charles Gutteridge, Isabel Hodgkinson, Emma Byrne, Joanne Morris (2014) stated better use and notify its effects with respect to clinician outpatient communication via Skype or any other digital media. A multilevel study was done with microlevel, mesolevel and macrolevel components in which they studied interactional changes through a multimodal data set on different consultations.

Swinglehurst stated that “The potential of video lies in its ability to access versions of conduct and interaction in everyday settings, explore how talk is inextricably embedded in the material environment and the bodily conduct of participants, and examine the ways in which objects and artefacts come to gain particular significance at particular moments—how material features are invoked, referred to, used, noticed, seen at particular moments for particular purposes.”⁴⁰ (article- virtual online consultations)

METHODOLOGY

A Systematic review on the basis of PRISMA guidelines was done.

Research Question

“What do patients as well as doctors prefer more- digital consultation or face to face consultation?” Articles based on the point of view of both patients as well as doctors were extracted. Also articles stating advantages and disadvantages of digital platform were extracted.

The secondary search method was adopted to review. The following databases were searched on: pub med-NCBI, Google scholar, BMJ and Research gate. The following terms were used to search the articles: digital health, face-to-face interaction, digital intervention. Patient satisfaction from digital health. For all the databases same strategy were used.

Articles were chosen on the basis of pre-determined eligibility criteria. The inclusion criteria were: Papers that were published from 2014 to 2020 were only included; papers written in English and were available as full text form; articles which included comparison between digital and face-to-face and communication and impact of digital consultation on patient satisfaction were selected.

The exclusion criteria were: the papers that were published before 2014 were excluded; articles published on non-scientific websites were excluded; articles which were based on a specific disease were excluded.

Information was extracted from different articles and was studied in the matrix form which included: author’s information, Publication year, journal database, method that was adopted, and the result or conclusion. All the results of the studies were then compared.

RESULTS AND DISCUSSION

Authors	Place	Year of publication	Objective	Methodology	Conclusion
Shaohai Jiang	Singapore	2019	To examine how the standard of personal communication with clinicians is related with their subsequent Internet use for outpatient clinician communication.	Questionnaire based study was done through online survey on adults who were aged between 40 or more.	Chinese medicinal services framework is encountering the digitalization revolution. The present examination examined that the interaction of outpatient doctor correspondence in personal situations and connections factors (e.g., understanding trust and persistent fulfillment) can apply huge impacts in advancing eHealth appropriation.
Maria BE Gerritse, Theodoor E Nieboer, Marjolijn L Antheunis, Saskia Kenters, Kiek Tates	Netherlands	2017	To analyze 1. The effect of a counsel channel on specialists' and outpatient's behaviour in relation to data trade, interpersonal connection constructing, and shared dynamic and (2) the	An experimental study was done on 12 medical interns and 6 patients.	Specialists and stimulated patients were similarly happy with the two sorts of conference medium, and no distinctions were found in the way in which members saw open conduct

			arbitrate job of specialists' and outpatient's informative conduct on fulfillment with the two sorts of meeting channel.		during these meetings.
Kamalini Lokuge, Cathy Banwell, Anna Olsen, Mafruha Alam	Bangladesh	2019	To investigate the cellphone service to understand approach, appropriateness, usage, advantages, and disadvantages of a cellphone-based consultation service.	A mixed method study	Study discoveries propose that the specialists gave triage dependent on the seriousness of side effects, however came up short on an operative referral administration to help their choices, leaving outpatients to their own to discover a doctor or health facility.
Trisha Greenhalgh, Joe Wherton, Sara Shaw, Shanti Vijayaraghavan, Desirée Campbell-Richards, Joanne Morris, Satya Bhattacharya, Philippa Hanson, Emma Byrne, Seendy Ramoutar, Isabel Hodgkinson,	London, UK	2014	To know the benefits and disadvantages of video based consultations.	Multilevel study	New advancements that help choices to face to face and personal counseling are seen by policymakers as possibly improving the money related proficiency just as the clinical viability of administrations.

Charles Gutteridge, Anna Collard.					
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Based on the studies it was observed that there was a slight difference between the patients choosing face to face as well as online consultation. Some studies showed that there was no specific difference between both the platforms on the basis of satisfaction, perceived information exchange, interpersonal relationship building, and perceived shared decision making among the doctors and also among the patients with respect to satisfaction, perceived information exchange, interpersonal relationship building.

However, there are several demographic factors which were significant predictors of digital outpatient clinician communication. It can also be said that interpersonal outpatient clinician correspondence had a better relationship than with online patient clinician correspondence, proposing that various channels of patient-supplier correspondence can be incorporated into the medicinal services framework, performing integral capacities to one another. For instance, Tian and Robinson (2014) stated that American adult's health data looking for on the Internet was confidently connected with the utilization of different sources for wellbeing data (e.g., clinical visits). Likewise, in an investigation led in India, Lin and Dutta (2017) showed that an independent keen on wellbeing data would go to specialists, and furthermore expend such data on the Internet.

The people who were using a mobile- based application for health consultation and also who were provided phone consultations to providers stated both advantages and disadvantages of digital platform. The specialists dispersed misguided judgments and supported better health services rehearses, orderly check ups, and proper utilization of medication. They supported families comprehend the seriousness of ailments and advised them to look for care at wellbeing offices for urgent or earnest conditions. But the service were lacking a poor arrangement to help the subscribers from poor family units and a legitimate criterion framework to assist outpatients with finding the correct consideration at the correct facilities.

Phone counseling, it appears, requires impressive expertise and judgment, maybe due to absence of viewable signals. Qualitative studies utilizing discussion findings have discovered that comparison with customary personal counseling, phone conferences have a more straight pattern and focus on a straight range of already planned topics, with lesser chance for the outpatient to raise matter spontaneously. These rich subjective discoveries bring up the fascinating issue of whether the equivalent will be valid for skype meetings or whether the expansion of excellent video medium would copy the ethos of the personal communication.

DISCUSSION

This century has experienced an advanced transformation. Let alone in the previous year, over the previous decade, there has been a colossal increment in web clients, both more established and more youthful populaces!

Phone contact for intense ailment may permit minor issues to be managed without a face to face and personal visit (and some of the time with evident cost savings), it might miss uncommon however genuine state or potentially lead to high paces of personal visits in frequent days may be because when outpatients have been enough surveyed, they might be incompetently reassured. The communication using texts medium was mainstream with outpatients, who utilized it actively to send questions (an unexpected finding) just as latently (as envisioned) to get messages sent by wellbeing experts.

On the other hand, face-to-face understanding supplier correspondence stays a foundation what's more, a solid main thrust of Internet use for clinical communication. Along these lines, to urge patients to embrace eHealth

advances, social insurance suppliers should initially manufacture a patient-focused condition (e.g., reacting to patients' enlightening and enthusiastic necessities, drawing in patients in medical decision making).

As outpatients feel fulfilled and believe their clinicians, they would thus connect all the more effectively in clinical experiences, have better consistence with treatment suggestions after discussions, and look for additional specialists' thinking about their self administration (Lee and Lin,2008). In this manner, regardless of the mode of outpatient provider associations, connections matter. This outcome adds exact proof to the writing on the significance of connections impacts on clinical correspondence in eHealth development. To encourage outpatients to utilize recent advancements for conference, social insurance associations must take care of the improvement of confiding involved with their outpatients and the upgrade of value support to encourage faithfulness that prompts proactive outpatients who might keep on accepting human services administrations by means of the Internet.

Specialists and patients might be less reproachful of deficiencies in conveyance conduct while digital communications when contrasted with face with face discussions. The decrease of non verbal prompts and the lesser level of social presence in digital correspondence may along these lines change specialists' and outpatient's desires for the communication and thus their observation. This will infer that in online consultations less prompts are required than in interpersonal and personal discussions to accomplish a similar impact of apparent data exchange, saw relational connection establishment, and recognized shared decision making.

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