

SUMMER INTERNSHIP
AT
IIHMR, DELHI (1st April- 31st May)

A REPORT
BY
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POST- GRADUATE DIPLOMA IN HOSPITAL AND
HEALTH MANAGEMENT

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Without support, guidance and patience this summer internship project would not have been completed, who deserve acknowledgement beyond words.

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Dr. Amardeep sirohi

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ABBREVIATIONS

1. JCI- Joint Commission International
2. ISO- International Organization for Standardization
3. NABH- National Accreditation Board for Hospitals & Healthcare Providers
4. OPD- Outpatient Department
6. CMD- Chief Managing Director
7. DOTS- Directly observed treatment, short-course

TASK -1 SUBMITTED BY DR AMARDEEP SIROHI PG/019/10

INTRODUCTION

- Max hospital Patparganj started its service in the year 2005
- This Hospital provides service in Aesthetic & plastic surgery, Cancer Care, biological science, heart surgery, far lot of.
- In max there are more than 30000 operations are carried out, including both basic and advanced surgeries
- There are some special clinics which are listed here like Pacemaker, Pain, Electrophysiology, Diabetic and Headache.
- Healthcare information and management systems society awarded Max stage 6 recognition and max become first to receive this recognition.
- The federation of India chambers of commerce and industry awarded max with operation excellence in the environment.
- Max is a NABH accredited hospital which provides best service to the patients.
- 24hours service of emergency, with the availability of blood bank.

VISION

Deliver international class of healthcare by creating best care of the patients and providing them to best service with excellence and also creating standard of knowledge regarding medical and scientific knowledge.

MISSION

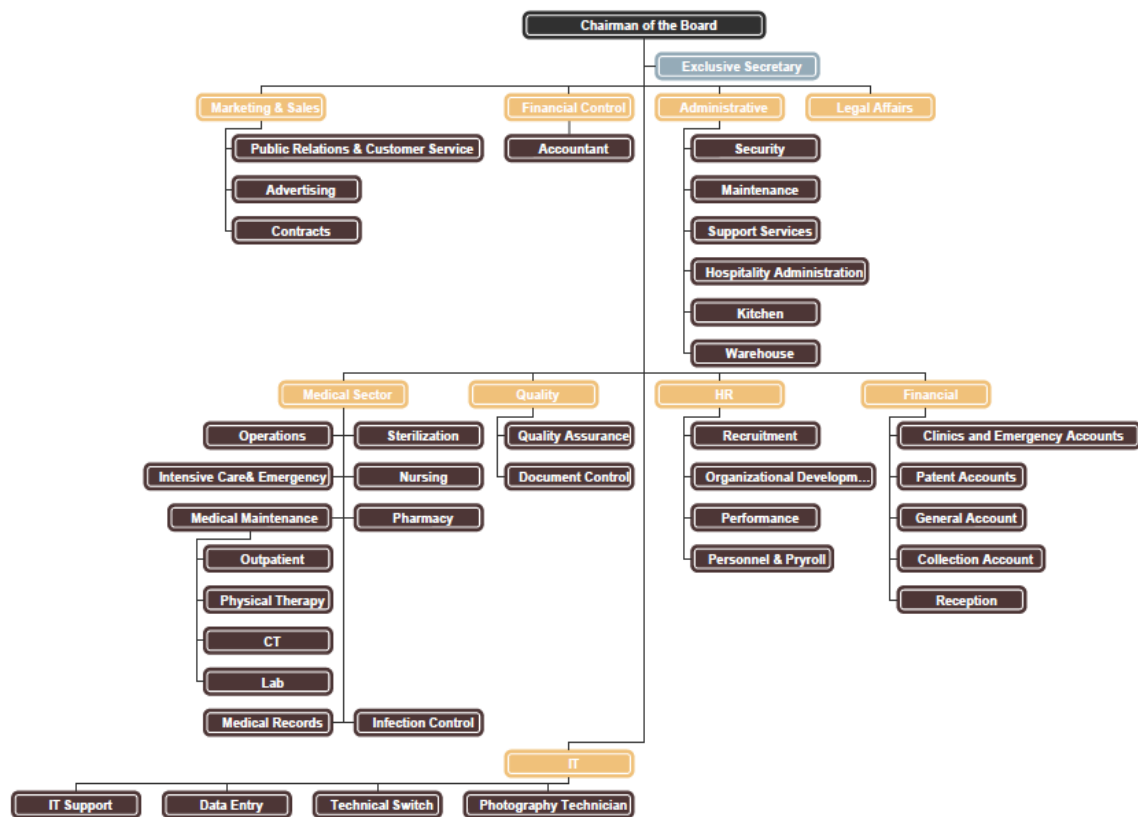
To maintain the reputation of the organization and to be the first choice for the customer shareholder, provides service which is right to the customer, to lead in the market both in the quality and the reputation.

TIMING

OPD Timing

- Monday - Sunday : 8 am to 8pm

ORGANOGRAM



LEADERSHIP

ABHAY SOI- Founder and CMD of radiant life care private limited and chairman of board and executives council of max health care india limited.

Mr. YOGESH – He is a chief financial officer at max healthcare and a senior director.

DR MRADUL KAUSHIK – He is a senior director of operation and planning, responsibility includes both clinical and non-clinical operations.

Vandana pakle- Designated as a senior director of corporate affairs.

Anas wajid- He is designated as a senior director sales and marketing.

Prashant singh- He is designated as a director of information and technology and chief information officer.

Umesh gupta- He is designated as director and chief people officer.

REPUTATED TEAM OF DOCTORS AT MAX PATPARGANJ.

- **DR HARIT CHATURVEDI** (CANCER CARE/ONCOLOGY)
- **DR.BALBIR SINGH** (CARDIAC SCIENCE)
- **DR.SANDEEP AGARWAL** (CANCER CARE/ONCOLOGY)
- **DR.NEERA AGGARWAL** (OBSTETRICS AND GYNAECOLOGY)
- **PROF (DR.) ANIL ARORA** (ORTHOPAEDICS&JOINT REPLACEMENT)
- **DR.SATISH CHANDRA CHHABRA** (NEPHROLOGY KIDNEY TRANSPLANT)
- **DR.P.K.DEWAN** (BARIATRIC SURGERY/LAPAROSCOPIC SURGERY)

NUMBER OF DOCTOR IN DEPARTMENT

- In the cardiology department there are 4 doctors.
- In the gastroenterology department there are 2 doctors.
- In the gynecology department there are 3 doctors.
- In the nephrology department there are 2 doctors.
- In the neurology neurosurgery department there are 4 doctors
- In the oncology surgery department there are 8 doctors.

INFRASTRUCTURE

1. 400+ bedded extremely advanced health care facility providing service across all medical discipline as well as oncology, cardiology, obstetrics, gynecology, orthopedics, urology, neurology.
2. Provides best services to the national as well as the international patients
3. 24hrs emergency service with blood bank medical store ATMs machine and a waiting room.
4. Availability of EHR(ELECTRONIC HEALTH RECORD)

HUMAN RESOURCE POLICIES

EQUAL OPPORTUNITY POLICY

Equal Opportunities without any discrimination on the ground of age, color, disability, origin

COMMUNICATION CHANNEL AND STRATEGIES

- To be effective communication within the healthcare scenario it needs to be clearly accepted.
- Clear and understandable communication help to improve the safety of the patient.
- There are many forms of communication channel in the hospitals like verbal communication, electronic communication and written communication
- Avoidance of the verbal orders for chemotherapy drugs.
- Reporting and defining of the critical test results within a defined time period.

SERVICES AND PROGRAM, INNOVATION AND PATH BREAKING INITIATIVES AND LOCAL AND GLOBAL REACH

Max is providing consistent, standardized healthcare action in India and offering treatment with a total network of 14 hospital with 29 specialties and more than 2300 leading doctors.it provides the excellent medical service, patient care and world class medical education.it is difficult to find the best treatment outside the home so at max , as max desperate to get at your home.

DOMESTIC PATIENT SERVICES

1. Immigration services

- Performing medical examination on patient having visa who have applied for medical treatment
- Offer a complete range of medical services like specialized doctor, immunization, pharmacy, pathology, radiology
- Services timing 9 am – 4pm
- Providing different mode of transportation through assistance within the city like shuttle, hiring a car
- Pick up and drop facility
- Air ambulance

2. Home healthcare

Introducing of providing services at home

- Critical care
- Physiotherapy
- Nursing care
- Sample collection
- Health attendant

3. Third Party Administration

- Cashless facility to the insured patient through associated like max bupa life insurance, bajaj allianz, medi assist

MAX LAB

- It is one of the largest healthcare providers of India and also the division of max healthcare.
- It consist of 10 laboratories which is operated 24 hours and 7 days in max hospitals
- Its aim of providing accuracy in test report for correct diagnosis and treatment
- Various package are available consistent with the requirement of the patient.

HOSPITAL FACILITIES

24 HOURS 7 DAYS AVAILABE

- Max chemist
- Emergency response system
- 3.5 tesla MRI unit
- 4 D echo
- ATMs and Parking.

OTHER FACILITY

- Blood bank
- Cafeteria
- Lab services

FUNDS FACILITY

1. Insurance coordination
2. Credit Card
3. Debit Card
4. Internet banking

TOP CLINICAL PROCEDURES

- Bariatric surgery
- Bone marrow transplant
- Biopsies
- Left ventricular assist device
- Kidney transplant
- Thoracic surgery
- Knee replacement

ADDRESS

108 A I P extension Patparganj

New Delhi pin code-11009

TASK – 2 SUBMITTED BY DR AMARDEEP SIROHI PG/019/10

ROLE OF MAX HOSPITAL IN PREVENTION OF NON COMMUNICABLE DISEASE (CANCER)

NON COMMUNICABLE DISEASE

NON COMMUNICABLE DISEASES ARE OF VARIOUS TYPES:

- CANCER
- DIABETES
- CARDIO VASCULAR DISEASE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE

RISK FACTORS ASSOCIATED WITH NON COMMUNICABLE DISEASE

- USE OF TOBACO
- INCREASE BLOOD PRESSURE
- LESS PHYSICAL ACTIVITY
- INCREASED CHOLESTROL LEVEL FROM NORNAL VALUE
- HIGH INTAKE OF ALCOHOL
- OBESITY

TYPES OF SYMPTOMS:

- Any family history.
- Lumps anywhere in the body.
- Any abnormal bleeding through cough or by vomiting or by stool,urine.
- Loss of weight.
- Decreased appetite.
- Soreness of mouth, lip, tongue.
- Harshness of throat for longer time

PREVETIVE PLAN BY MAX HOSPITAL FOR CANCER BY CANCER SCREENING PROGRAM

As we all know that cancer is known as the uncontrolled growth of the abnormal cells of the human body. Many patients doesn't show any symptoms of cancer in their daily routine life even if they visit to the physician, that is why the early detection program is needed to detect the early signs of cancer and so as to prevent the patient as early as possible. Early detection is becoming the prime option against cancer.

This program is started in max in the year of 2016 so as to achieve number of people should go for early detection or screening test for cancer as early as possible and specially for those who are more than 30 years of age.

This program includes the screening of the oral cavity, breast, cervix who are more than 30 years of age.

30percentage of cancer in India is of oral cancer breast cancer and cervical cancer so it is mandatory to go for screening of oral breast and cervix.

So the operational structure has announced prevention of these types of cancer as the priority of the public health.

STRATEGIES OF THE SCREENING PROGRAM

- CONDUCTING CAMPS FOR EARLY DETECTION OR SCREENING
- CONDUCTING LECTURES FOR AWARENESS

CAMPS FOR EARLY DETECTION OR SCREENING FOR CANCER: Camps is the best and advanced method for creating awareness as well as to screening cancer in the early stage because many types cancer doesn't show any symptoms for cancer in the early stage if not examine by a specialized doctor or physician.

There are some problem in conducting such camps as mostly patients are in asymptomatic conditions and they are not easily consult to doctor so what the organization do to make camps friendly to the patient so it easy to conduct the test for early detection of the cancer among the patient.

The test are done by the specialized team of doctors which includes DENTAL SURGEON for examine the early sign of oral cancer also includes the ENT SURGEONS for the same, GYNAECOLOGIST for detecting the early sign of cancer in the females by screening breast and cervix.

For oral cancer sign and symptoms which includes hairy and white patches in the oral mucosa which suggest the lesion of leukoplakia and leukoderma in the patient, oral sub mucous fibrosis includes difficulty in the opening of mouth burning sensation in the mouth, these signs and symptoms easily can detect in the camp which is a pre-cancerous lesion and easily stopped by medication and tell them to stop the habit such as smoking and chewing tobacco.

For cervical cancer the cell are scratch or scrap the cells from the cervix, it is a pain free procedure the send those cells for pathological finding which is detected by Pap smear, in the

pathological lab the cells are examined under the electronic microscope for any abnormality in the cells in the precancerous stage.

For breast cancer any discharge from the nipple shows the early signs of cancer and also take the sample and send it to lab for any dysplasia.

- **CONDUCTING LECTURES FOR AWARENESS**

Lectures are conducted for spreading knowledge and awareness among the patient, giving correct information is always useful to eradicate the disease as well as the awareness.

In the lecture the specialized team of doctors tell the patient about the risk factors associated with cancer who can we prevent it from spread or advanced stage, how a patient cooperate with the doctor for screening so as to prevent the cancer.

Cancer is a treatable disease what the basic idea of the conducting such lectures because many of the patients think it won't be treatable and doesn't prefer any treatment do spreading awareness and the correct information is the only basis idea for conducting such lectures.

VARIOUS EARLY DETECTION TEST OR SCREENING TEST

- **MAMOGRAPHY**- This is most effective method for early detection or screening of the breast, this help to detect the cancer in any stage and most effective in early stage so as to find the disease early and reduce the rate or mortality.
- **PAP SMEAR TEST**-any dysplasia or abnormality is detected by this test and can carry out from the age of 21 to 65, any abnormality can detect the early sign of cancer or can use it any stage of cancer. Most effective test to identify the cancerous cell easily.
- **COLONOSCOPY** – any abnormality in the colon and any kind of cyst or polyp can be detected by colonoscopy which can detect the sigh of cancer in the colon area and expert can diagnosis early with the help of this test. This can be done at the age of 50 to 75.
- **LOW DOSE HELICAL COMPUTED TOMOGRAPHY**- This test are usually done for detection of the cancer in the lungs, any patient who giving history of smoking for longer period this test is effective in those cases. This can be carry out from the age of 50 to 74 years of patient(can be used in younger patient also).
- **ORAL EXAMINATION**- This can be done mainly by **DENTIST OR ORAL SURGEON OR BY ENT SURGEON** in this the examination is carried out to evaluate any

abnormality like white patches or any lesion associate with cancer, any swelling in the mandibular area.

- **MRI OF BREAST-** This test is mainly done for detecting any kind of mutation in the gene like BRCA1 OR BRCA2, this kind of patient highly susceptible to carry breast cancer.
- **CA-125 TEST –** This test is usually conduct for detecting ovarian cancer by taking blood sample along with the transvaginal ultrasound, in this we can detect the sign of cancer in the female. This is test also used to detect any kind of recurrence of the cancer to the patient who are previously treated with cancer.
- **SKIN TEST –** As the name suggest this test is carry out for detecting the skin cancer in the patient, detection of any lump mole over the skin should have screening for cancer, these kind of test also be used for aware the patient to notice any kind of change is the skin or any change in the size of mole or lumps.
- **ULTRASOUND –** This test are mainly advised by the gynecologist to go for transvaginal ultrasound, this kind of ultrasound are usually used to detect any changes in the lining of vagina along with to identify the risk of ovarian cancer, these expert can give exact information along with the blood test

FACTOR AFFECTING THE SCREENING OF CANCER

There are many factors that affecting the screening or early detection of cancer in India is due the lack of infrastructure or we can say the inadequate space which results in the decreasing of such important program.

So the adequate spaces are constructed by the max hospital to conduct such program easily and to reduce the rate or mortality in the country and to reduce the case of cancer and May be in future make this nation a cancer free nation

TOPIC:- A comparative analysis of agents used in hand wash in reducing nosocomial infection in intensive care unit

AIM: - The main objective of this study to access the finding how different agent used in hand washing reduces the nosocomial infection in the hospital

OBJECTIVES: -

- To study the different agent used in ICU
- To study the findings in reducing the nosocomial infection

DESIGN

- Comparative analysis by reviewing the articles

Guided by: - Dr. Pankaj Talreja

Assistant professor & controller of examination

Submitted by: - Dr. Amardeep sirohi

PGDHM (2019-2021)

Key Words: -

- Infection control
- Gastrointestinal infection
- Nosocomial infection
- ICU(Intensive care unit)

Key Points: -

- There are many patients who are getting infection in the ICU department
- Every year there are many patient admitted in the ICU department and reported with the nosocomial infection major due to improper hand washing techniques or agent used by healthcare worker
- This may impact the financial status of the hospital due to longer stay of the patient in the hospital
- Proper hand wash technique or the effective agent used by health care worker in the ICU department shows the decline in the nosocomial infection.

Introduction

- There are cases increases year by year due to nosocomial infection in the ICU department
- Nosocomial infection are seen very commonly in ICU department but using different hand washing agent in the ICU reduced the nosocomial infection like : Alcohols (ethanol,propan-2-ol(isopropyl alcohol), Chlorhexidine ,Iodine(iodine , iodide , triiodide together),plain soap, Future agents (4%w/w hypochlorite solution)
- If the nosocomial infections not reported on time it will cause the patient to stay longer in the hospital which subsequently increases the financial burden on the hospital.

Infection agents

- Gram positive and Gram negative bacteria ,viruses , fungi
- Infectious agents: contact, direct, indirect, droplet, airborne.

Hand hygiene

- Different hand washing technique and different hand washing agents are useful to reduces the nosocomial infection in the ICU department.
- Different hand washing techniques are: - Rub palm to palm, Rub back of hands, Rub with fingers interlocking, Rub backs of fingers, Rub thumbs , Rub palm with fingers,

Variables: - Before and after intervention

Before the using alcohol and soap alone and after using soap followed by alcohol and Chlorhexidine together.

Result: - Initially there was a bigger number in the nosocomial infection in the ICU when hand washing agents was used only soap and alcohol alone.

There is a massive decline in a nosocomial infection in the ICU department with different hand washing agents which also decrease in the rate of mortality and decreased in the longer stay of patient in the ICU department due to hospital acquired infection.

Using disinfectant soap when the hand are soiled by blood and the body fluid, scrub the disinfectant soap at least for 15 sec with different technique as listed above. Cover all the surface of the hands and was with the water and dry with the disposable towel.

After wash with soap use of Chlorhexidine with ethanol in ratio of .5% of Chlorhexidine and ethanol 70% w/v which is very effective with gram positive as well as the gram negative bacteria, viruses and fungi.

There was massive reduction in the gastrointestinal infection when hand washing agent used as a Chlorhexidine instead of only alcohol and soaps.

Conclusion: - Different hand washing agents using as an antimicrobial agent reduces the nosocomial infection and are more effective the using only alcohol or soaps.

It is getting better when combining with Chlorhexidine.

TITLE- HEADACHE, DEHYDRATION, SKIN INFECTION ASSOCIATED WITH PPE KIT

INTRODUCTION: As we all know COVID-19 an pandemic disease which was first detected in the month of December 2019, it is highly infectious disease so the health care worker like doctors paramedical staff, nurses have to wear a PPE kit when handling a patient, I is the only barrier between them and the corona virus which is highly infectious and can be spread through the droplets and can easily be trapped through nostrils, eyes of the health care worker.

It is mandatory to wear a PPE kit by the entire health care worker who are handling the patient as well as the worker working in the laboratory; the PPE kit includes the gown, N95 mask, face shield.

During the working hours with PPE kits the healthcare worker experienced various conditions like headache, dehydration, skin infections.

OBJECTIVE: In this study we actually find the risk factors are actually associated with headache, dehydration, skin infection

METHODOLOGY: It is a observational study among the healthcare worker who work in these conditions with PPE kit. The entire healthcare workers are responded through telephonic questionnaire.

RESULTS: Total of 50 healthcare workers was participated in the study; age group is mostly healthcare worker in around 26-35 years which includes nurses [30%], Para medical staff [30%], dentist [22%], physician [18%] who participated in this study. The average duration of wearing PPE kit is 7hours by each participant. Each healthcare worker is having similar kind of condition like headache, dehydration, and skin infection. Out of 50 participants only few(9) are giving the past history of localized skin infection but subside by taking antifungal tablet and cream within 1-2days but after wearing PPE kits it goes longer and become generalized like skin rash, facial itching, generalized itching. History of headache was given by every participant by once or twice in a month but after wearing the PPE kit it become the part of their routine life with increased pulse rate, heart palpitation. None of the participants was giving the history of dehydration but after wearing the PPE kit all the participants experienced the similar conditions in their routine life like muscular cramps, difficulty in breathing anxiety, impaired vision for some time ,dry mouth, heart palpitation, weakness, delayed urination.

CONCLUSION: Most of the healthcare are experienced these conditions like headache, dehydration, skin infection when they are working with PPE kit so the condition like headache, dehydration , skin infection are associated with the PPE kit from the above evidence.

KEYWORDS: N95 mask, PPE (Personal protective equipment), face shield , headache, dehydration, skin infection, gown.

ANNEXURE

PLACE	AUTHOR	STUDY DESIGN	SAMPLE SIZE	VARIABLES	FINDINGS
MEERUT		Descriptive	50	Age, gender, experience	Total of 50 healthcare workers was participated in the study; age group is mostly healthcare worker in around 26-35 years which includes nurses [30%], Para medical staff [30%], dentist [22%], physician [18%] who participated in this study. The average duration of wearing PPE kit is 7hours by each participant. Each healthcare worker is having similar kind of condition like headache, dehydration, and skin infection. Out of 50 participants only few(9) are giving the past history of localized skin infection but subside by taking antifungal tablet and cream within 1-2days but after wearing PPE kits

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