

Summer Internship Report

At

Sitaram Bhartia Institute of Sciences and Research

(April 22nd to June 21st , 2024)

A Report

By

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Acknowledgement

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Sincerely,

CHAHAT

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ABBREVIATIONS

BMW	Bio -medical waste
CCTV	Closed circuit televisions
CME	Continuing medical education
CSSD	Central Sterile Supply Department
DM	Department manual
DVR	Digital video recorder
EWS	Economically weaker section
F&B	Food & Beverages
F.F.	First floor
FL	File
G.F.	Ground floor
GM	General manager
HOD	Head of department
ICU	Intensive care unit
IPD	In- patient department
IT	Information technology
LDR	Labour, delivery & recovery room
MR	Medical representatives
NICU	Neonatal intensive care unit
NVR	Network video recorder
OB-GYN	Obstetrics and gynecology
OPD	Out -patient department
OT	Operation theatre
PAC	Pre- anesthesia checkup
PHC	Preventive health checkup
PS	Patient services
REG	Register
SB	Sitaram Bhartia
SBISR	Sitaram Bhartia Institute of Sciences and Research
SEC	Security
SOPs	Standard operating procedures
V.I.P.	Very important person

OBSERVATIONAL LEARNING:

ORGANIZATION PROFILE:

Sitaram Bhartia Institute of Science and Research is a multi-specialty hospital located in New Delhi's Qutab Institutional area established in the year 1990. They have a strong emphasis on ethical medical practice that always puts the interest of the patient first.

Sitaram Bhartia's research focuses on collecting health-related data for our population, developing quality improvement interventions, and highlighting neglected aspects of medical care. Some of the active areas of research are diabetes, general medicine, obstetrics and gynecology, reproductive medicine and psychiatry.

Core purpose:

To serve society as a well-spring of excellence in healthcare delivery, research and education.

Core Ideology:

- Putting the interest of the patient first
- Treating others as you would want to be treated yourself
- Continuous learning and improvement
- Institution building

Mission:

They want to be a prolific medical centre that will be known for its commitment to practicing evidence- based medicine and providing world-class care, have well established research programs that will focus on gaining a better understanding of the health care needs in our communities and developing practical solutions for addressing those needs.

“We aspire to do the right things, in the right way, for the right reason”

Facilities available:

Operation theatres (OT)	Weight management program
Intensive care units (ICU)	Preventive health check-ups
Emergency	Diabetes centre
Birthing program	Special care centre and programs
Laboratory	Birthing complex and neonatal intensive care unit
Inpatient room	Infertility and IVF services
Radiology	
Cardiopulmonary investigations	

During my internship, I conducted an audit to evaluate compliance with several key protocols.

A). **Assessing lab coat compliance among doctors**

For identification, to maintain infection control & uphold professional standards all doctors are required to wear white lab coat during their duties except surgeons who can wear scrub and paediatric team can have stethoscope in absence of white coat.

Observation period:

Observations were recorded daily and summary report was prepared at around 15 days interval.

	<u>Summary report 1</u>	<u>Summary report 2</u>
Observation period	25/04/24 – 06/05/24	07/05/24 – 23/05/24
No. of doctors observed	24	22
% of doctors maintained a compliance rate of 90 - 100%	50%	63.6%
% of doctors maintained a compliance rate of 60 – 89%	8.3%	4.5%
% of doctors maintained a compliance rate of below 60%	41.6%	31.8%

Conclusion:

The audit showed that doctors generally adhered well to lab coat regulations, though compliance rates varied. This indicates that while most doctors follow the policy, there is potential for improvement to achieve consistent adherence.

B). **Doctors time availability in OPD**

Ensuring that doctors are available in the OPD at their scheduled times is critical for timely patient care & efficient hospital operations.

Observations: Based on the observations conducted over the study period, it was found that the majority of doctors adhered to the scheduled timings for their OPD sessions, however a small number of doctors (one or two) were observed to be consistently late by approximately 10-15 minutes.

C). **IPD patient room readiness:**

Ensuring that IPD rooms are prepared and compliant with discharge room checklists is crucial for patient safety and care quality.

Observation Period:

The audit was conducted from April 27, 2024, to May 20, 2024. However, observations were made on random days within this period, on around 12 days.

Data Collection:

Observations were recorded for IPD rooms that were prepared for new patients after discharge on the basis of a predefined checklist.

Checklist Items:

The checklist included criteria such as cleanliness, (room and washroom), availability of necessary equipment and accessories, readiness of bed and linens etc.

High Compliance Areas:

Certain checklist items consistently met compliance, such as cleanliness (room and washroom), equipment and accessories are clean and in working condition.

Areas for Improvement:

Repeated issues were noted such as missing patient dress, dust on TV remote and lack of shower curtain.

Conclusion:

The audit of IPD room readiness revealed a generally high level of adherence to the discharge room checklist, with certain areas requiring improvement. Addressing these issues can enhance patient satisfaction as well as operational efficiency.

Annexure - B

D). OPD Drs. Room compliance:

In this I learnt that what it takes to make a room an OPD room and check the OPD room's compliance against their defined checklist.

Observation period:

The audit was conducted from May 13, 2024 to May 30, 2024 covering 15 OPD rooms.

Checklist items:

The checklist includes some fixed items which should be present in an OPD room and some additional items.

Observations:

Compliance rate of the fixed items w.r.t. to the predefined checklist

ITEM NAME:	COMPLIANCE (%)	ITEM NAME	COMPLIANCE (%)
Table	100	Keyboard	100
Doctor chair	100	Mouse	100
Visitor chairs	100	Examination Couch	93.3
Patient stool	73.3	Foot stool	86.6
X-ray View Box - LED	100	Curtain for couch	66.6
Telephone	100	Couch paper roll	73.3
Computer with CPU	100	Soft notice board	86.6
OPD/Doctors name plate	100	Dustbin - Blue (general waste)	86.6
Wall clock	53.3		

Conclusion:

The overall compliance rate across the 15 OPD rooms were high showing a well maintenance and organized system with a few lapses which has been escalated to concerned department Head for correction.

E). CODE RED (MOCK DRILL)

The primary purpose of the Code Red mock drill was to simulate a fire emergency scenario in the hospital to evaluate the preparedness and response of the staff.

This drill aimed to test the efficiency of the emergency protocols, the coordination among various departments, and the overall readiness of the hospital to handle such situations.

Observation period:

Mock drill on CODE- RED was conducted on 1 may 2024, at the IT Server room.

Observations:

- 1) Start time: 4:15 pm
- 2) First observer informs Tel exchange at 4:17 pm.
- 3) Tel exchange declares code red on PA system at 4:18 pm
- 4) Within 1 minute security supervisor arrives at the fire site and looks for the damage.

- 5) Maintenance supervisor switch off the AC and power at 4:19 pm
- 6) Declaration of code green at 4:26 pm.

Detailed observations are given in the annexure (Mock drill assessment record)

Annexure A (page-40)

PROJECT REPORT

SECURITY SYSTEM IN A HOSPITAL

BACKGROUND:

Hospitals are vital public institutions that provide essential medical care and services to diverse populations. The open and accessible nature of hospitals is crucial for delivering immediate healthcare services and fostering a supportive environment for patients and their families.

Within hospitals, staff members and visitors frequently share common spaces such as waiting rooms and hallways.

Patients interact with a multitude of hospital personnel, including doctors, nurses, housekeeping staff, food & beverage personnel, billing and administrative staff, technicians & vendors, MRs also visits this place. Each of these roles requires specific access to patient areas, creating a complex web of interactions that must be carefully monitored and managed.

Furthermore, patients come into contact with their attendants and visitors, who play a crucial role in their emotional and physical well-being. While these interactions are beneficial, they must be managed carefully.

Given the extensive network of contacts within a hospital, ensuring safety is a multifaceted challenge. Additionally, securing the hospital's infrastructure and staff-only areas is essential to prevent unauthorized access to sensitive information and critical systems.

INTRODUCTION:

"Security" is the watchdog of the organization. Healthcare security can be best defined as a 'system of safeguards for ensuring the safety and security of everyone and infrastructure of the hospital, while maintaining a welcoming environment. It is designed to protect physical property of the facility and to achieve relative safety for all persons interacting within the organization and its environment.

AIM:

To study the security services at the SBISR and to measure its compliance against current SOPs and recommend/ implement changes for improvement.

OJECTIVES:

- To study the SOPs of security services.
- Measure its compliance with the current SOPs.
- Recommend / implement changes for improvement of security services.

MODE OF DATA COLLECTION:

Tools and techniques used in compliance measurement were examining the SOPs, reviewing the documents, observations, brainstorming, checklist, gap analysis and interview of the staff.

OVERVIEW OF SECURITY SYSTEM:

A). ENTRY AND EXITS OF HOSPITAL:

There are two gates that serves as both entry and exit points for premises.

There are 9 gates for entry and exit within the building out of which 8 are present at the ground floor and 1 is present at the first floor.

S.NO.	GATE	SECURITY PERSONNEL	PURPOSE OF GATE	DEFICIENCY	JUSTIFICATION
1	Gate that opens from cafeteria to lawn. Gate no: G-1	Not deployed	Provides access from cafeteria to lawn.	There is no CCTV coverage of this gate.	This gate remains closed from 9:00 pm to 7:00 am.
2	PHC gate Gate no: G-2 Gate coverage by CCTV: camera no-18(NVR-2)	Not deployed	This gate could facilitate the delivery and installation of large equipment such as CT-Scan, which can't easily pass through standard doors.	Gate remains closed.	The door is not regularly used since patients, after undergoing tests, are typically referred to a doctor for further examination instead of leaving immediately.
3	Gate near CT scan Gate no:G-3	Not deployed	Used as fire exit.	Gate remains closed, which is not a correct deployment as a fire exit. There is no CCTV coverage of this gate.	
4	Near emergency Gate no: G-4 Gate coverage by CCTV : camera no-4(DVR)	Deployed (security guard)	This gate is used for patients requiring emergency care to ensure rapid access to nearby emergency facilities.	This gate is operational 24*7 but security guard is from 8:00 am to 8:00 pm.	Guard who is posted at stairs (G.F.) at night sits near this door only, providing effective coverage to both posts.

5	<p>Glass door (main entry)</p> <p>Gate no: G-5</p> <p>Gate coverage by CCTV: camera no. 3(DVR) & 27(NVR-02)</p>	<p>Deployed (security guard)</p>	<p>Used exclusively for patients and their attendants.</p>	<p>Operational timings are from 7:30 am to 7:30 pm, but guard is from 9:00 am to 5:00 pm.</p>	<p>As this gate is mainly for patients, the OPD timings are from 9:00 am to 5:00 pm.</p>
6	<p>Near maintenance office</p>	<p>Not deployed</p>	<p>Primarily for the maintenance staff, as it provides close access to their work area.</p>	<p>Gate no. is missing.</p> <p>There is no CCTV coverage of this gate.</p>	<p>This gate remains closed from 5:00 pm to 7:00 am.</p>
7	<p>Fire exit door</p> <p>Gate no: G-7</p>	<p>Not deployed</p>	<p>It is a fire exit door.</p>	<p>But being used as EWS gate.</p> <p>There is no CCTV coverage of this gate.</p>	<p>Because EWS doctor sits there and this gate remains closed from 5:00 pm to 7:00 am.</p>
8	<p>Gate near security office</p> <p>Gate no: G-8</p>	<p>Deployed (security supervisor)</p>	<p>To be used by staff, vendors and MRs.</p> <p>This gate is open from 7 am to 9 pm.</p>	<p>The gate can't be locked as lock is broken.</p> <p>There is no CCTV coverage of this gate.</p>	<p>This gate remains closed from 9:00 pm to 7:00 am.</p>

9	Gate that opens from kitchen to IPD area directly. (first floor) Gate coverage by CCTV: camera no. 2(NVR-02)	Not deployed	F&B staff can provide food directly from kitchen to patients bypassing the usual route.	Gate no. is missing	This gate is operational 24*7
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B). COVERING AND MONITORING THROUGH CCTV:

- Currently there are 47 cameras within the building (+1 in room 110 for PAC with separate DVR + voice recording).
- The live view of cameras is available at the security office and the head- security office with the security supervisor keeping a watch round the clock.
- The following CCTVs are there within the building which is given in the tabular form.

S.NO.	LOCATION	CAMERA NO. (NVR-1) 10 CAMERAS
1	Emergency lobby	1
2	OB-GYN 28	2
3	Accounts corridor	3
4	Nursing station	04(F.F.)
5	OT outside	5
6	Nursing station (2nd floor)Side B	6
7	Main gate	7

8	OB-GYN OPD side B (Basement)	28
9	Inside OT (Corridor)	9
10	CSSD	10

S.NO.	LOCATION	CAMERA NO. (NVR-2) 30 CAMERAS
1	Towards kitchen from room no.108 (kitchen ramp)	1
2	Toward room no. 108 from kitchen (kitchen ramp)	2
3	Kitchen serving area	3
4	Kitchen office	4
5	Kitchen dining area	5
6	Kitchen washing area	6
7	Kitchen cooking area	7
8	Near BMW area	8
9	Coffee shop counter	9
10	Near maintenance control room	10
11	Coffee shop dining area	11
12	G.F. orthopedic OPD	12

13	Near generator room	13
14	IT corridor	14
15	Diagnostic	15
16	OT office(1 st floor)	16
17	Side A reception OPD basement	17
18	PHC lobby	18
19	Diabetes centre	19
20	Emergency	20
21	OPD billing counter (G.F.)	21
22	OT cupboard area	22
23	Lab reception	23
24	IPD admission & billing counter	24
25	Physiotherapy	25
26	Nursing changing room corridor (3 rd floor)	26
27	OPD counter(G.F.) Opp. glass door	27
28	OB-GYN OPD basement	28
29	Pharmacy	29
30	Stores (basement)	30

S.NO.	LOCATION	CAMERA NO. (DVR) 7 CAMERAS
1	Main gate (outside)	1
2	Staff gate	2
3	Glass door (main entry) Inside	3
4	Near lift (G.F.)	4
5	Outside emergency gate	6
6	IPD counter	7
7	OT gate (outside)	8

C).SECURITY POSTS AT SBISR:

There are 8 security posts at SBISR which are given in the tabular form.

S.N O.	SECURITY POST	OPERATIONAL TIMINGS	MANPOWER	TIMINGS OF SHIFT
1).	SECURITY OFFICE	24*7	3(SECURITY SUPERVISOR)	8 AM-4 PM 2 PM-8 PM 8 PM-8 AM
2).	MAIN GATE	24*7	3(SECURITY GUARD)	7 AM-2 PM 2 PM-9 PM 9 PM-7 AM
3).	SERVICE GATE	7 AM-9 PM	2(SECURITY GUARD)	7 AM-2 PM 2 PM-9 PM
4).	MAIN ENTRY (GLASS DOOR)	7 AM-7 PM	1(SECURITY GUARD)	9 AM-5 PM
5).	MAIN STAIRS	24*7	3(SECURITY GUARD)	7 AM-2 PM 2 PM-9 PM 9 PM-7 AM
6).	LIFT	24*7	3(SECURITY GUARD)	7 AM-2 PM 2 PM-9 PM 9 PM-7 AM
7).	OT GATE (LADY GUARD)	24*7	3(SECURITY GUARD)	7 AM-2 PM 2 PM-8 PM 8 PM-7 AM
8).	GATE NEAR EMERGENCY	24*7	1(SECURITY GUARD)	8 AM-8 PM

D) CHECKLISTS TO CHECK THE COMPLIANCE WITH THE CURRENT SOPs:

Checklist: A) Returnable gate pass

	Yes/No	Remarks
Documentation and authorization:		
<ul style="list-style-type: none">A1) Do all property (goods, equipments, materials, etc) taken out is documented and brought to the service gate?	No	Only the property taken out by vendors is documented, there is no record of property taken out by doctors and higher administrative staff.
<ul style="list-style-type: none">A2) Are all items going out, gets verified according to approved gate pass?	yes	
Security staff checks:		
<ul style="list-style-type: none">Does security staff record the following details for each item?		
<ul style="list-style-type: none">- A3) Name, mobile no, and department of the person taking out the property?	yes	
<ul style="list-style-type: none">- A4) Description and quantity of items taken out	yes	
<ul style="list-style-type: none">- A5) Signature of the authorized signatory(HOD of concerned department, HOD- materials, and HOD-security)	yes	
Gate pass entries:		
<ul style="list-style-type: none">A6) Do entries are made in the returnable gate pass register?	yes	
<ul style="list-style-type: none">A7) Does a copy of the returnable gate pass is retained?	yes	
Return process:		
<ul style="list-style-type: none">A8) Does return items are routed via the service gate?	yes	

<ul style="list-style-type: none"> • A9) Does security staff tally items brought back with the gate pass? 	yes	
<ul style="list-style-type: none"> • A10) Do they check for any shortages and note them on the gate pass? 	yes	
Monthly summary and reporting:		
<ul style="list-style-type: none"> • A11) Does the security supervisor prepare a summary of outstanding returnable gate passes on a monthly basis by the first week of the month? 	yes	
<ul style="list-style-type: none"> • A12) Does the summary is included in the monthly report? 	yes	
Follow-up on outstanding items:		
<ul style="list-style-type: none"> • A13) If items are not returned within a month, does the security supervisor discusses with the concerned department and notes on the back of the gate pass copy until the item is received or disposed of? 	yes	
Document references:		
<ul style="list-style-type: none"> • A14) Returnable gate pass (SB/FL/SEC/10) 	✓	
<ul style="list-style-type: none"> • A15) Returnable gate pass register(SB/REG/SEC/13) 	✓	

Checklist : B) Non-Returnable Gate Pass

	Yes/no	Remarks
General Compliance:		
<ul style="list-style-type: none">B1) Is the person taking out hospital property, goods, or material required showing the non-returnable gate pass at the service Gate?	No	Only the vendors are required to show the gate pass, as there are instances when items are taken out by the higher administrative staff without a gate pass.
Security Staff Checks:		
<ul style="list-style-type: none">B2) Does the security staff check the name, department, and company of the person taking out the property?	yes	
<ul style="list-style-type: none">B3) Does the security staff confirm the reason for taking out the property?	No	They just see on the gate pass, but don't confirm it.
Description and Quantity Verification:		
<ul style="list-style-type: none">B4) Does the security staff check the description and quantity of items on the gate pass and tally them on the ground?	No	They don't tally them on the ground, just see the gate pass and let them go.
Authorization Verification:		
<ul style="list-style-type: none">B5) Is the signature of the authorized signatory (HOD - Material, HOD Security, and HOD of the concerned department) present on the non-returnable gate pass?	yes	
Record Retention:		
<ul style="list-style-type: none">B6) Does the security staff retain one copy of the non-returnable gate pass?	yes	
Record Keeping:		

<ul style="list-style-type: none"> B7) Are necessary entries made in the non-returnable gate pass register? 	yes	
Document reference: <ul style="list-style-type: none"> B8) Non- returnable gate pass register SB/REG/SEC/30 	✓	

<u>Checklist :C) Pre-shift Briefing</u>	yes/no	Remarks
Pre-Shift Briefing Timings:		
<ul style="list-style-type: none"> C1) Are pre-shift briefings conducted 15 minutes prior to the commencement of each shift (morning, afternoon, evening)? 	No	It happens only in the morning.
Attendance:		
<ul style="list-style-type: none"> C2) Are all staff members in attendance at the pre-shift briefing? 	yes	
Deployment:		
<ul style="list-style-type: none"> C3) Is the deployment plan for the shift discussed and understood by all staff members? 	yes	
Log Book Points and Follow-Ups:		
<ul style="list-style-type: none"> C4) Are the points from the log book and any necessary follow-ups reviewed during the briefing? 	yes	
V.I.P Admitted and V.I.P Arrivals:		
<ul style="list-style-type: none"> C5) Are all V.I.P admissions and arrivals discussed to ensure awareness and preparedness? 	yes	
Total Number of Patients:		
<ul style="list-style-type: none"> C6) Is the total number of patients currently in the hospital reviewed and noted? 	yes	
CME/Functions of the Day:		
<ul style="list-style-type: none"> C7) Are the continuing medical education (CME) sessions or any special functions of the day discussed? 	yes	

Turnout Check:		
<ul style="list-style-type: none"> • C8) Is a turnout check conducted to ensure all staff is in proper uniform and prepared for their duties? 	yes	
Special Instructions:		
<ul style="list-style-type: none"> • C9) Are any special instructions or specific tasks for the shift clearly communicated to the staff? 	yes	
Documentation and Record-Keeping:		
<ul style="list-style-type: none"> • C10) Is the pre-shift briefing properly documented, including attendance and points discussed? 	No	Only the attendance is noted, but there is no such documentation of other points discussed. Only verbal discussion takes place.

<u>Checklist : D) Visiting Hours & Outside Food Policy</u>		
	Yes/No	Remarks
Attendant and Visitor Pass Policy Compliance:		
<ul style="list-style-type: none"> D1) Are all attendants and visitors issued passes according to the Patient Service Manual SB/DM/NCL/PS/09? 	yes	
<ul style="list-style-type: none"> D2) Is an "Attendant pass" issued at the time of admission for attendants to stay with the patient for 24 hours as per IPD policy? 	yes	
Paediatric Patient Passes:		
<ul style="list-style-type: none"> D3) Are 2 passes issued to attendants of pediatric patients up to 12 years of age? 	yes	
Visiting Hours Enforcement:		
<ul style="list-style-type: none"> D4) Are only two visitors, other than the attendant, allowed during visiting hours? 	No	Sometimes more than 2 visitors also go during the visiting hours.
<ul style="list-style-type: none"> D5) For Nursery/NICU, are two visits per day allowed, preferably by the mother? 	No	The no. of visits depends upon the nurses calling the mother to feed the baby; it is not just two visits.
Ward Visiting Hours:		
<ul style="list-style-type: none"> D6) Are visiting hours for Wards (except NICU) strictly enforced from 10 am to 11 pm and 6 pm to 7 pm? 	No	Visitors often goes 5 minutes early before the scheduled starting visiting time, and came back 15-20 min late after the end of the visiting hours.
ICU Visiting Hours:		

<ul style="list-style-type: none"> D7) Are visiting hours for ICU (except NICU) strictly enforced from 10:30 am to 11 am and 6 pm to 6:30 pm? 	yes	
Outside Food Restrictions:		
<ul style="list-style-type: none"> D8) Is no outside food allowed beyond the entry gate unless authorized by a doctor? 	No	If outside food is clearly visible to guard, then it is not allowed. Otherwise it depends on the visitor's declaration as frisking is not allowed.
Flower Restrictions:		
<ul style="list-style-type: none"> D9) Are no flowers allowed beyond the ground floor lobby? 	yes	
Child Visitor Restrictions:		
<ul style="list-style-type: none"> D10) Is no child below 12 years of age allowed except during designated visiting hours? 	No	Some security guard doesn't confirm the age of the child either from the parent or the child. Even if they have the attendant pass, they are allowed to go.

Checklist : E) vehicle movement control inside the institute

Yes/No	Remarks	
Main Gate Security:		
<ul style="list-style-type: none">E1) Does the main gate security guard allow only authorized cars inside the Institute	No	Patient cars are also allowed inside the institute, but after dropping off the patient, these cars are instructed to park outside the institute in the parking area.
Restrictions on Vehicles:		
<ul style="list-style-type: none">E2) Are Lorries and trucks not allowed inside except those carrying biomedical waste, biomedical gas, and diesel?	No	Trucks carrying milk, kitchen materials, oxygen and other materials as per hospital requirements are also allowed inside the institute.
<ul style="list-style-type: none">E3) Are these Lorries and trucks carrying these items allowed only during routine times and outside of OPD hours?	No	It is not like that they will not be allowed after the OPD hours.
Patient Transport:		
<ul style="list-style-type: none">E4) If a car with a patient enters the institute, is it taken out by the parking area/main gate guard after the patient is moved to emergency?	yes	
Parking Area Guard Duties:		
<ul style="list-style-type: none">E5) Does the parking area guard follow vehicles entering the Institute to guide them in reversing and parking outside?	yes	

<u>Checklist : F) Incoming Material Control</u>		
	Yes/No	Remarks
Notification and Confirmation:		
<ul style="list-style-type: none"> F1) Are security personnel informing the material department about the incoming material? 	No	They do inform the material department in case of hospital related material, but if it like kitchen materials (milk, vegetables) then they don't inform the related kitchen/material department.
<ul style="list-style-type: none"> F2) Is the entry for the received material made only after the material department's confirmation? 	No	According to the security guards these items (kitchen) came regularly, so no such regular confirmation is required.
Material Entry Details:		
<ul style="list-style-type: none"> F3) Are security personnel making an entry for the material with the quantity of items, name of the vendor, and date at the Service Gate in the Material Register? 	Yes	
Challan and Documentation:		
<ul style="list-style-type: none"> F4) Is an In-Stamp put on the Challan? 	Yes	
<ul style="list-style-type: none"> F5) Is a serial number from the material register and date mentioned in the stamp? 	Yes	
Vendor Guidance:		
<ul style="list-style-type: none"> F6) Is the vendor guided to the stores (basement) for material receipt? 	Yes	
Handling Unsuitable Material:		
<ul style="list-style-type: none"> F7) If material is unsuitable or needs to be returned to the vendor, is a reverse entry made with a proper non-returnable gate pass? 	Yes	

Receiving of Material – Returnable		
Declaration at Service Gate		
<ul style="list-style-type: none"> F8) For material-in movements of returnable items, is staff or suppliers declaring the same at the Service Gate? 	Yes	
Returnable Material Entry:		
<ul style="list-style-type: none"> F9) Are security personnel at the Service Gate making an entry in the Material In-Returnable, Article Register, and Demo Register as required? 	Yes	
Material Exit Authorization:		
<ul style="list-style-type: none"> F10) Is only after the entry in the register, the material allowed to leave the hospital premises? 	Yes	
Document reference:		
<ul style="list-style-type: none"> F11) Material Register (Goods received) SB/REG/SEC/09 F12) Article Register (Contractual/ SBISR) SB/REG/SEC/02 F13) Materials Demo Register SB/REG/SEC/11 	✓ ✓ ✓	

<u>Checklist : G) Security Deposit for Visitor/Medical Representative Pass</u>		
	Yes/No	Remarks
<ul style="list-style-type: none"> G1) Is the security deposit (money or identity) requested when issuing visitor/MR passes to visitors/medical representatives? 	Yes	
<ul style="list-style-type: none"> G2) Is the identity and security deposit money returned when the passes are given back to the security guard? 	Yes	
<ul style="list-style-type: none"> G3) In case some money or identity is not taken back, is it deposited to the accounts department? 	No	No it is kept in the cupboard at the service gate only.
<ul style="list-style-type: none"> G4) Is an entry made in the gate pass register and included in the monthly report? 	No	Entry is made in the register but not mentioned in the monthly report.
Document References:		
<ul style="list-style-type: none"> G6) Visitor Register (Supplier/Med. Rep etc.) SB REG/SEC/16 G7) Visitor Register Night (Main Gate) SB REG/SEC/17 	<div>✓</div> <div>✓</div>	

<u>Checklist: H) OT/LDR area gate safety lock</u>		
	Yes/No	Remarks
Electronic Safety Lock Installation		
<ul style="list-style-type: none"> H1) Is an electronic safety lock installed at the main door of the OT/LDR area? 	yes	
Operation of Door:		
<ul style="list-style-type: none"> H2) Is the emergency opening of the door handled by the security guard at the OT gate area? 	yes	
Entry Recording:		
<ul style="list-style-type: none"> H3) Does the entry of persons entering with the help of the OT guard be endorsed in the register by the guard? 	yes	
System Failure Protocol		
<ul style="list-style-type: none"> H4) Is there a protocol in place to disable the lock by switching off the power supply to the lock by the maintenance department in case the system fails? 	yes	

Checklist: I) Departmental induction training

	Yes/No	Remarks
Training content:		
• I1) Are job responsibilities clearly defined in the induction training?	Yes	
• I2) Does the orientation include the organization's vision, mission, and values?	Yes	
• I3) Are employee and patient rights and responsibilities covered in the training?	Yes	
• I4) Is training on disaster codes, including fire and non-fire emergencies and CPR (Cardiopulmonary Resuscitation), provided?	Yes	
• I5) Are risk, occupational hazards, and safety aspects included in the training?	Yes	
Training Frequency		
• I6) Is training on the above topics provided at regular intervals?	Yes	
• I7) Is there a maintained schedule for periodic training updates?	Yes	
Documentation and Record-Keeping		
• I8) Are all training sessions documented?	Yes	
• I9) Are attendance records for each training session kept?	Yes	
Document References		
• I10) Departmental Training File (SB/FL/SEC/05)	✓	
• I11) Training File for Contractual Company (SB/FL/SEC/16)	✓	

Checklist: J) Terrace entry

	Yes/No	Remarks
• J1).Are all access doors to the terrace kept locked at all times?	No	There are a few times that gate is not locked.
• J2) Is there a procedure in place to draw the key from the security office for terrace access?	Yes	
• J3) Is any person required to go to the terrace accompanied by a security guard?	No	In house maintenance staff is not accompanied by the security guard, but a vendor is accompanied by the guard.
• J4) Is the security guard arranged by the security office for any terrace access requests?	Yes	

Checklist: k) Lost and Found policy

	Yes/No	Remarks
• K1) Are all security personnel aware of the procedure for handling unclaimed items?	No	They just know that they have to deposit any unclaimed item at the security office.
• K2) Is there a system in place to ensure that security personnel reach the area and check the item upon receiving information about an unclaimed item?	Yes	
Transporting to Security Control:		
• K3) Are unclaimed items promptly brought to Security Control?	Yes	
• K4) Is an entry made in the Lost & Found register with all necessary details?	Yes	
Handling Valuable Items:		
• K5) Are valuable items sealed and tagged in the presence of the founder, HOD/Supervisor, and security?	Yes	

<ul style="list-style-type: none"> • K6) Are valuable items handed over to accounts in written form? 	Yes	
Storing Non-Valuable Items:		
<ul style="list-style-type: none"> • K7) Are non-valuable items tagged and kept in the Security Office/Housekeeping department? 	Yes	
<ul style="list-style-type: none"> • K8) Is proper verification of ownership done before handing over the lost and found items? 	Yes	
Claiming Items:		
<ul style="list-style-type: none"> • K9) Are items handed over to claimants only after proper verification? 	Yes	
<ul style="list-style-type: none"> • K10) Are claimants required to provide signatures and details such as address and telephone number in the Lost and Found File? 	Yes	
Handling Unclaimed Valuable Items:		
<ul style="list-style-type: none"> • K11) Are non- valuable items handed over to the Material Department after 1 month for auction? 	No	They keep lying at the security office for months & material dept (HOD) said that it is not our domain to auction the patient lost items. We can just auction the items which are purchased by the hospital against the purchase bill only.
<ul style="list-style-type: none"> • K12) Is a proper list prepared for items meant for auction? 	No	No such items are sent to material dept and they are also not accepting it.
Post-Auction Process:		
<ul style="list-style-type: none"> • K13) Are items that are not auctioned for any value scrapped appropriately? 	No	-----
<ul style="list-style-type: none"> • K14) Is the entry in the Lost & Found register updated after the auction? 	No	
Monthly Audit:		
<ul style="list-style-type: none"> • K15) Is an audit of unclaimed items conducted every month? 	No	No such audit is conducted.
<ul style="list-style-type: none"> • K16) Are the results of the audit included in the monthly report? 		Monthly report includes that in that

		month only how many items are reported to be lost and found, how many are claimed and how many are left unclaimed. No mention of previous unclaimed items.
Documentation and Record-Keeping:		
<ul style="list-style-type: none"> K17) Are all entries in the Lost & Found register complete and accurate? 	Yes	
<ul style="list-style-type: none"> K18) Are records of all transactions (claims, auctions, scrapping) properly maintained? 	No	There are entries about claims, but not for auctions and scrapping as it is not in practice.
<ul style="list-style-type: none"> K19) Are monthly audit reports filed and reviewed by the appropriate authorities? 	No	
<ul style="list-style-type: none"> K20) Lost and found file (SB/FL/SEC/12) 	Yes	

Checklist: L) Computer system facility		
	Yes/No	Remarks
Gate pass generation:		
<ul style="list-style-type: none"> L1) Is the gate pass being generated from the computer as specified in the policy? 	No	Acc to HOD security, they are not equipped with hardware because of limited utilization.
<ul style="list-style-type: none"> L2) Are all gate passes printed in 3 copies as required? 	No	
Visitor and Attendant Passes:		
<ul style="list-style-type: none"> L3) Are the visitor, attendant, and NR passes generated from the computer according to the policy? 	No	
<ul style="list-style-type: none"> L4) Is the purpose of the visit being filled? 	No	

• Indent and Authorization:		
• L5) Is the indent process followed for each gate pass issued?	No	
• L6) Are all gate passes authorized by the required authority?	No	
• Issuance and Collection:		
• L7) Are non-returnable gate passes issued correctly?	No	
• L8) Are gate passes collected and recorded when visitors or items leave the premises?	No	

<u>Checklist: Frisking of Contract Staff</u>		
	✓/x	Remarks
Frisking of Contract Staff		
• M1) Are all contract staff of F&B and Housekeeping frisked while leaving the institute at the service gate?	Yes	
Frisking of General Staff:		
• M2) Are all staff members, except HODs and doctors, frisked while leaving the main OT (Operating Theatre) gate?	Yes	
Procedure Following Theft or Emergency:		
• M3) Is any staff member frisked after an incident of theft or emergency?	No	There were such instances of theft but no frisking occurs.
• M4) Is the frisking of staff after such incidents conducted with the prior concurrence of the General Manager - Operations or the Medical Director?	No	No frisking occurs.

Data compilation, analysis and interpretation:

To evaluate the compliance with the SOPs, a scoring method is used. Each question in the checklist is assigned a score based on the response.

- Yes = 1 point
- No = 0 point

The total score is calculated by summing the points for all questions with the maximum possible score being equivalent to the total no. of questions in the checklist and then obtaining their % to calculate the compliance with the SOPs.

$$\text{Compliance \%} = \frac{\text{Total score obtained}}{\text{Maximum possible score}} \times 100$$

Compliance category	Compliance (%)
High compliance	80-100
Medium compliance	50-79
Low compliance	0-49

Checklist: A). Returnable gate pass			
Question ID	Response (a)	Weight (b)	Score (a*b)
A1	No	1	0
A2	Yes	1	1
A3	Yes	1	1
A4	Yes	1	1
A5	Yes	1	1
A6	Yes	1	1
A7	Yes	1	1

Checklist: B). Non- returnable gate pass			
Question ID	Response (a)	Weight (b)	Score (a*b)
B1	No	1	0
B2	Yes	1	1
B3	No	1	0
B4	No	1	0
B5	Yes	1	1
B6	Yes	1	1
B7	Yes	1	1

A8	Yes	1	1
A9	Yes	1	1
A10	Yes	1	1
A11	Yes	1	1
A12	Yes	1	1
A13	Yes	1	1
A14	Yes	1	1
A15	Yes	1	1

B8	Yes	1	1
----	-----	---	---

Compliance % = $5/8 \times 100 = 62.5\%$

Medium compliance

Compliance % = $14/15 \times 100 = 93.3\%$

High compliance

Checklist: C) Pre-shift briefing			
Question ID	Response (a)	Weight (b)	Score (a*b)
C1	No	1	0
C2	Yes	1	1
C3	Yes	1	1
C4	Yes	1	1
C5	Yes	1	1
C6	Yes	1	1
C7	Yes	1	1
C8	Yes	1	1
C9	Yes	1	1
C10	No	1	0

Checklist: D). Visiting hours & outside food			
Question ID	Response (a)	Weight (b)	Score (a*b)
D1	Yes	1	1
D2	Yes	1	1
D3	Yes	1	1
D4	No	1	0
D5	No	1	0
D6	No	1	0
D7	Yes	1	1
D8	No	1	0
D9	Yes	1	1
D10	No	1	0

Compliance % = $8/10 \times 100 = 80\%$

High compliance

Compliance % = $5/10 \times 100 = 50\%$

Medium compliance

Checklist : E). Vehicle movement control			
Question ID	Response (a)	Weight (b)	Score (a*b)

Checklist: F). Incoming material control			
Question ID	Response (a)	Weight (b)	Score (a*b)

E1	No	1	0
E2	No	1	0
E3	No	1	0
E4	Yes	1	1
E5	Yes	1	1

Compliance % = $2/5 \times 100 = 40\%$

Low compliance

F1	No	1	0
F2	No	1	0
F3	Yes	1	1
F4	Yes	1	1
F5	Yes	1	1
F6	Yes	1	1
F7	Yes	1	1
F8	Yes	1	1
F9	Yes	1	1
F10	Yes	1	1
F11	Yes	1	1
F12	Yes	1	1
F13	Yes	1	1

Compliance % = $11/13 \times 100 = 84.6\%$

High compliance

Checklist: G) Security deposit for pass			
Question ID	Response (a)	Weight (b)	Score (a*b)
G1	Yes	1	1
G2	Yes	1	1
G3	No	1	0
G4	No	1	0
G5	Yes	1	1
G6	Yes	1	1

Compliance % = $4/6 \times 100 = 66.6\%$

Medium compliance

Checklist: H) OT/LDR area gate safety lock			
Question ID	Response (a)	Weight (b)	Score (a*b)
H1	Yes	1	1
H2	Yes	1	1
H3	Yes	1	1
H4	Yes	1	1

Compliance % = $4/4 \times 100 = 100\%$

High compliance

Checklist: I). Departmental induction training			
Question ID	Response (a)	Weight (b)	Score (a*b)
I1	Yes	1	1
I2	Yes	1	1
I3	Yes	1	1
I4	Yes	1	1
I5	Yes	1	1
I6	Yes	1	1
I7	Yes	1	1
I8	Yes	1	1
I9	Yes	1	1
I10	Yes	1	1
I11	Yes	1	1

Checklist: J). Terrace entry			
Question ID	Response (a)	Weight (b)	Score (a*b)
J1	No	1	0
J2	Yes	1	1
J3	No	1	0
J4	Yes	1	1

Compliance % = $\frac{2}{4} \times 100 = 50\%$

Medium compliance

Compliance % = $\frac{11}{11} \times 100 = 100\%$

High compliance

Checklist: K). lost & found policy			
Question ID	Response (a)	Weight (b)	Score (a*b)
K1	No	1	0
K2	Yes	1	1
K3	Yes	1	1
K4	Yes	1	1
K5	Yes	1	1
K6	Yes	1	1
K7	Yes	1	1
K8	Yes	1	1
K9	Yes	1	1
K10	Yes	1	1
K11	No	1	0

K12	No	1	0
K13	No	1	0
K14	No	1	0
K15	No	1	0
K16	No	1	0
K17	Yes	1	1
K18	No	1	0
K19	Yes	1	1
K20	No	1	0

Compliance % = $12/20 \times 100 = 60\%$

Medium compliance

Checklist: L). Computer system facility			
Question ID	Response (a)	Weight (b)	Score (a*b)
L1	No	1	0
L2	No	1	0
L3	No	1	0
L4	No	1	0
L5	No	1	0
L6	No	1	0
L7	No	1	0
L8	No	1	0

Compliance % = $0/8 \times 100 = 0\%$

Low compliance

Checklist: M). Frisking of contract staff			
Question ID	Response (a)	Weight (b)	Score (a*b)
M1	Yes	1	1
M2	Yes	1	1
M3	No	1	0
M4	No	1	0

Compliance % = $2/4 \times 100 = 50\%$

Medium compliance

OVERALL COMPLIANCE:

This is obtained by dividing the total score obtained across all checklists to the total maximum possible score which is equal to the total no. of questions in all checklists.

Total score obtained	79
Maximum score	117
Compliance obtained	67.5%

Interpretation:

With an overall compliance score of 67.5%, the organization falls into the Medium Compliance category. This indicates that while a majority of compliance requirements are being met, there are some areas that require improvement to reach a higher level of compliance.

Recommendations:

- Please verify or update the lost and found policy as there are some discrepancies between the two departments understanding of the policy.
- Train the security staff how to use computers and give all other necessary training for successful implementation of the computer generated pass policy.
- CCTV should be installed at 1st floor from room no. 109 till stairs; the whole corridor including the lobby area is uncovered as it is crucial for the patient and staff safety.
- On 2nd floor in front of the nursing station (A side) only half of the patient waiting area is covered and all corridors should be covered as it is critical for both patients and staff security. 360 degrees camera should be there

Conclusion:

With an overall compliance score of 67.5%, the institute security system compliance with the current SOPs falls into the Medium Compliance category.

This indicates that while a majority of compliance requirements are being met, there are some areas that require improvement to reach a higher level of compliance.

By focusing on weak areas institute can aim to increase its compliance percentage to a higher level, ensuring better adherence to established standards and protocols.

References:

- Security manual of SitaramBhartia Institute of Sciences and Research.
- SitaramBhartiya institute of sciences and research website
<https://www.sitarambhartia.org/>
- Better health channel
<https://www.betterhealth.vic.gov.au/health/servicesandsupport/security-and-safety-at-hospital>

ANNEXURE A

Mock Drill Assessment Record		SITARAM BHARTIA Institute of Science & Research <small>where you learn to lead™</small>			
Mock drill on: Code Red		Date: 01-05-2024			
Actual Start Time: 4:15pm		Location: IT server room			
		Room No. NA			
S.No.	Steps	Standard/ Timeline	Put tick ✓ or X for compliance	Note time if applicable	Observer
0	Drill initiator' will identify the first responder at the site and will redirect him/her where the mock drill needs to be cond				
1	Fire on site (Initiation of mock)		✓	4:16 PM	
2	First observer informs Tel exchange '6006' about the fire at site (time to be noted)		X	4:17 PM	
3	Staff at site, knows about the location of nearest fire extinguisher		✓		
4	Staff at site knows how to operate fire extinguisher		✓		
5	Other staff in the vicinity, runs out towards ICC		✓		
6	Tel exchange declares code red on the PA system (time to be noted)		✓	4:18 PM	
7	Informs DMC list next, on declaration of Code Red (time to be noted)		✓		
8	Commander reports to ICC (if designated commander not present, then some one else be handed over the responsibility) (time to be noted)	within 3-5 mins of declaration of Code Red	✓		
9	IPD staff provide admission list to ICC Commander (if applicable)		✓		
10	ICC Commander make rescue teams as per requirement		✓		
11	Hospital staff from major areas reports to ICC/Emergency assembly area (especially nurses, doctors, paramedics)		✓		
12	Casualty/injured are (if any) transferred at emergency assembly area. Casualty attended by CMO/NS/Paramedical staff		✓		
13	Security Supervisor arrives at fire site and looks for the damage (time to be noted)		✓	4:19 PM	
14	Maintenance Supervisor switch off the AC and Power (time to be noted)		✓	4:19 PM	
15	Lift movement stopped for a while and same have been informed to the people in vicinity (if applicable)		✓		
16	Security team arrives at fire fighting site (time to be noted)	within 3-5 mins of declaration of Code Red	✓	4:19 PM	
17	Head- Security arrives at fire fighting site (time to be noted)		✓	4:19 PM	

18	HK team arrives at site, for clearing the area (time to be noted)	within 3-5mins of declaration of Code Red	✓	4:19 PM
19	First evacuation team arrives for medical rescue (time to be noted)	within 10 mins of declaration of Code Red	✓	4:24 PM
20	All the teams have Knowledge about their respective role (security & HK team)		✓	
21	Coordination of Commander with Head- Security, for status and rescue operation		✓	
22	Declaration of Code Green, after fire is under control and patients are rescued from the area (time to be noted)		✓	4:26 PM
23	Code Green announced for clearance of mock drill (time to be noted)		✓	4:26 PM

Note: The checklist is updated w.e.f November, 2019

CMO- Chief Medical Officer, DMC- Disaster management committee, DNS- Deputy Nursing Superintendent, HK- Housekeeping, HR- Human Resources, IC- Incident Command Center, IPD- Inpatient Department, PA- Public Announcement, NS- Nursing Superintendent








OBSERVATIONS:

- 1) First responder (IT head) doesn't know the emergency number '6006' for informing the telephone exchange. saved in her Mobile. However she was aware and had saved the emergency mobile number.
- 3) No announcement heard over the PA system in some parts of the hospital i.e. in emergency, purchase, accounts and cafeteria.
- 4) IT staff didn't try to open the lock of the IT server room, which is the fire site.
- 5) IT staff didn't use the CO2 based fire extinguisher present in IT room.

RECOMMENDATIONS:

- 1) Notice board should be present in IT head's room, displaying the safety codes and the emergency numbers.
- 2) IT to update their SOP (including backup plan if suppression system fails), clearly state the 'DO & DON'TS' in case of code red.

ANNEXURE B

SITARAM BHARTIA Institute of Science & Research <small>don't give the trust</small>		CAPA Report Safety Mock Drill			
Code: Red		Location: IT Server room		Observer: Himanshi and chahat	
Date of Mock Drill: 01/05/2024				Chairperson: Dr. Shubhra Verma	
#	Mock Drill Variations/ Observations	Proposed Corrective Action and Person Responsible	Target Date	Prevention Action and Person Responsible	Implementation status (To be checked by Observer at next mock drill)
1	First responder (IT head) was not aware of the disaster number '6006' for informing the telephone exchange. IT staff didn't try to open the lock of the IT server room and didn't use the fire extinguisher.			Staff training to be done. IT to update their SOP (including backup plan if suppression system fails), clearly state the 'DO & DON'T'S'. Responsibility: IT HOD	
2	No announcement heard over the PA system in some parts of the hospital i.e. in emergency, purchase, accounts and cafeteria.	Additional speakers are being installed across the building	30th May 2024	Announcement should be heard in all departments. Responsibility: Maintenance HOD	
Remarks (If Any):					
		2/05/2024		 	 
Sign of Chairperson	Sign of Secretary	Date	Sign of Observer	Sign of Person Responsible for Corrective Action	Sign of Person Responsible for Preventive Action

ANNEXURE C



SITARAM BHARTIA
Institute of Science & Research

9th May → No fee room

DISCHARGE ROOM CHECKLIST

Note: To be completed by supervisor- housekeeping and maintenance jointly within 120 mins of patient check out

Sheet cycle time - 7 am (Day 1) to 7 am (Day 2)

			Supervisor name	Housekeeping	Maintenance	Nursing	Date
			Morning shift				
			Evening shift				
			Night shift				
#	Area to check	Points to be checked	Room Number				
1	Main door	Polish/paint Chipping, handle/closure/hinges/lock	✓	✓	✓	✓	✓
2	Walls and ceiling	Cobweb Paint Corners - Dust-free, stain-free	✓	✓	✓	✓	✓
3	Patient bed	Dust free-bed wiping/Functionality Clean linen/mattress condition	✓	✓	✓	✓	✓
4	Water tray	Flask - Clean Glass/Tray clean and not chipped	✓	✓	✓	✓	✓
5	Phone	Dust-free, Functioning, Wire	✓	✓	✓	✓	✓
6	Cupboard	Polish, Paint, Condition Door hinges and knob/lock/hangers/clean locker / safe working Patient dress/attendant linen	✓	✓	✓	✓	✓
7	Food trolley/foot stool/side locker/bell	Clean-dust free/functioning	✓	✓	✓	✓	✓
8	Room window	Glass clean/edges/lock/window closed	✓	✓	✓	✓	✓
9	Sofa cum bed	Upholstery-condition, dust/dirt/mark free Working with all channels	✓	✓	✓	✓	✓
10	TV Set Top Box	Dust-free, Wire clipped, Remote	✓	✓	✓	✓	✓
11	Room curtain	Track smooth All hooks working/curtain clean	✓	✓	✓	✓	✓
12	Lights and switch	Working/clean and dust free	✓	✓	✓	✓	✓
13	Wall clock	Working, clean and dust free	✓	✓	✓	✓	✓
14	Dust bins	Garbage bag liner/clean inside-out side	✓	✓	✓	✓	✓
15	AC	Functional Testing Grills -clean and dust free	✓	✓	✓	✓	✓
16	Floor	Clean, Shining; Skirting - clean No spots	✓	✓	✓	✓	✓
17	Fire sprinkler	Working/no paint marks	✓	✓	✓	✓	✓
Washroom							
1	Door	Polish Chipping Handle/closure/hinges/lock	✓	✓	✓	✓	✓
2	Tiles	Clean No cracks	✓	✓	✓	✓	✓
3	Ceiling	Exhaust vent clean, Cobwebs, dirt free	✓	✓	✓	✓	✓
4	W.C	Clean rim inside and outside Clean seat and no crack Flush working/jet spray working and no leakage	✓	✓	✓	✓	✓
5	Wash basin	Clean Tap knob functionality Tap working	✓	✓	✓	✓	✓
6	Shower	Clean - no clogging of shower head Shower curtain clean & stain free (no odour) Tap knob functionality	✓	✓	✓	✓	✓
7	Mirror	Stain free/clean	✓	✓	✓	✓	✓
8	Lights and Switches	Clean & working (Working, but not clean)	✓	✓	✓	✓	✓
9	Floor	Slope towards drain Drain cover cleaned	✓	✓	✓	✓	✓
10	Fixture	Towel stand Grab bar Geyser Soap Dispenser Toilet roll holder/JRT dispenser	✓	✓	✓	✓	✓
11	Amenities	Towel - clean and soft Bucket, mug, stool clean Tissue and toilet roll/JRT roll Cake soap / liquid soap	✓	✓	✓	✓	✓
12	Dustbin	Lined with bag, clean inside and outside (No)	✓	✓	✓	✓	✓
Sign - Housekeeping department							
Sign-Maintenance department							
Sign - Nursing department							

SB/FR/HK/07

925 | 108 261 | 219 210

ANNEXURE D

OPD CHECKLIST				
OPD No. :-				Date:-
S.No.	Particular	Quantity	Yes/No	Remarks
Fixed Items				
1	Table	1		
2	Doctor Chair	1		
2	Visitor Chairs	2		
3	Patient Stool	1		
4	Xray View Box - LED	1		
5	Telephone	1		
6	Computer with CPU	1		
7	Key Board	1		
8	Mouse	1		
9	Examination Couch	1		
10	Foot Stool	1		
11	Curtain For Couch	1		
12	Couch Paper roll	1		
13	Soft Notice Board	1		
14	OPD/Doctors Name Plate - New SS	1		
15	Dustbin - Blue (general waste)	1		
16	Wall Clock	1		
Additional Items				
14	Printer			
15	Sofa For Visitors			
16	Center/Coffee Table			
17	Side table			
18	Wash Basin			
19	Soap Dispenser			
20	Tissue Dispenser			
21	Dustbins - Red/Yellow (BMW waste)			
22	Wall Paintings			

**(Completion of Summer Internship from Sitaram Bhartia Institute
of Sciences & Research)**

The certificate is awarded to

Dr. Chahat

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

Operations

and has successfully completed her Project on


Security System in a Hospital

18th June, 2024

Sitaram Bhartia Institute of Sciences & Research

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

We wish him/her all the best for future endeavours


Organization Supervisor




Head-HR/Department Head
Anitha Manoharan

Certificate of Approval

The Summer Internship Project of titled “**SECURITY SYSTEM IN A HOSPITAL**” at “**SITARAM BHARTIA INSTITUTE OF SCIENCES & 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.



Dr. Punit Yadav
Professor
IIHMR, Delhi

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Dr Chahat

Summer Internship Institution: Sitaran Bhartia Institute of
Sciences & Research

Area of Summer Internship: Security System

Attendance: Compliant

Objectives met: Yes

Deliverables: Project completed as per time lines and scope.

Strengths: Commitment & sincerity in approach

Suggestions for Improvement:



Signature of the Officer-in-Charge (Internship)

Date: 25 Jun 24

Place: New Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr Chahat

Summer Internship Institution: Sitaram Bhaartia Inst of
Science & Research, New Delhi

Area of Summer Internship: Security system - Hospital.
OPD area, IP Rooms, observations

Attendance: Compliant as per policy

Objectives met: Yes

Deliverables: Project completed as per timeline & Scope.

Strengths: Sincerity, Hardworking, Analytical approach

Suggestions for Improvement: She can learn more and more
statistical & management tool.

Shubh

Signature of the Officer-in-Charge (Internship)

Date: 19.6.24

Place: New Delhi

