

**GUJARAT FORENSIC SCIENCES UNIVERSITY  
INSTITUTE OF MANAGEMENT AND TRAINING**



**MASTER OF BUSINESS ADMINISTRATION  
IN  
HOSPITAL AND HEALTHCARE MANAGEMENT**

**REPORT FOR INTERNSHIP AT ZYDUS CANCER CENTRE**

**SUBMITTED TO:**

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**SUBMITTED BY:**

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Zydus Cancer Centre is one of the healthcare endeavours dedicated for treatment of cancer patients. It is a 107 bedded hospital consisting of OT, ICU, BMT, Daycare and many other special amenities dedicated for the treatment of cancer patients. I have been selected to be a quality assurance intern for 3 months.

I am currently posted in Radiology department. Following are the scope of Services available:

- Xrays
- Ultrasound Examinations including abdomen, pelvis, breast, Thyroid-neck, Small parts such as eyeball, scrotum etc.
- Doppler such as Arterial, Venous, Scrotal, Abdomenal-Renal dopplers.
- CT scan – Brain, thorax, neck, abdomen etc.
- MRI – Brain, Neck, Thorax, Joints, Spine, Liver etc.
- Mammography
- Biopsy – USG and CT guided biopsies
- RFA of malignant lesions
- Pigtail insertions

#### Radiology Faculty and Staff

- Consultant radiologist MD
- Radiology technicians
- Staff nurse
- Medical transcriptionists
- Attendants

Audits done are:

1) TAT – Turnaround Time

Turnaround time in Radiology Department is basically a parameter to monitor the efficiency of radiological services, defined as time between ordering the test/performing the test till the time results are made available.

Following are the TAT for scans:

X-ray, Mammography	60 minutes
USG and Doppler studies	45 minutes
CT scan	120 minutes
MRI	120 minutes

TAT is one of the main indicator to be done on monthly basis.

At Zydus Cancer Centre, in order to prevent the delay of results, to ensure that proper interpretation and timely analysis is available, reduce the complaints and waiting time for the patients, this is one of the most important quality indicator in the radiology department. I have been collecting samples in the radiology department in which I check from their system as to when the patient has arrived for billing at the reception, when patient is taken inside the scanning room and when the results are made available. Right now, almost 95% compliance is observed for USG, Doppler, Mammography and X-rays but there has been delay in reporting time in CT scan and MRI scan, hence quality manager and floor managers are working in order to reduce the non-compliance.

- 2) Along with this, double verifying sub-store for necessary high risk and emergency medications in the department. Occasionally, I do help in managing the patients, explaining relatives and coordinating with other departments and checking whether the efficiency is getting maintained or not.
- 3) I have also been auditing for the safety in the radiology department to see whether the compliance is there or not on the factors such as whether the staff is wearing TLD badge, lead aprons, standing behind lead shields while doing x-rays, putting gloves and masks while interacting with the patient, using proper handwashing techniques are implemented or not, cleanliness is maintained in the department or not, cleanliness is maintained in the procedures rooms. From the data, almost 95% compliance is observed.

- 4) MEWS score – Modified Early Warning Score – MEWS score is calculated in order to avoid the situation of Code Blue for the ward patients. In this, In-patients respiratory rate, pulse, systolic BP, Temperature, SpO2 are checked on the scale given according to standards. The nursing staff at regular intervals check the above parameters of their designated patients and enter into the files of the patients and determine the MEWS score so while auditing random samples are taken from files and the score is charted. Here, after taking samples, errors are to be notified to the quality manager and nursing in charge and superintendent. Hence proper training for 100% compliance will be given based on the data collected.