

SUMMER INTERNSHIP PROGRAM

at

APOLLO HOSPITAL, DELHI

From 14th May 2024 to 11th July 2024

A REPORT BY

Shaineela Siddiqui

**MBA- Hospital and Health
Management**

Hospital and Health Management

2023-25

under the Mentorship of

DR. Sandesh Kumar Sharma (Associate Professor)



Completion Certification from the Organization

CERTIFICATE

This is to certify that Miss Shaineela Siddiqui of MBA- Hospital and Health Management (MBA- HM 28) of IIHMR UNIVERSITY has worked with our organization (Apollo Hospitals, Delhi) for her summer internship from 14th May 2024 to 11th July 2024.

The overall performance shown by her during the period was excellent/good/average.
This certificate is being issued to meet the requirements of the IIHMR University.

Date: 11. 7. 24



(Signature of organization Mentor)

Name: Yogamaya Nayak

Designation: DGM

Seal/Stamp of the Organization

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Shaineela Siddiqui** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 23/7/24

A handwritten signature in blue ink, appearing to read 'Dr. Sandesh Kumar Sharma'.

Dr. Sandesh Kumar Sharma

Assistant Professor

IIHMR University Jaipur

Optimizing Hospital Operations Through identifying bottlenecks by Time Process Mapping

BRIEF HISTORY OF ORGANIZATION

•Apollo Hospital Indraprastha, located in New Delhi, is a premier healthcare institution renowned for its state-of-the-art facilities and comprehensive medical services. Established in 1983 by Dr. Prathap C Reddy, Apollo Hospitals is celebrated as the architect of modern healthcare in India, initiating the country's private healthcare revolution.

•Accredited by the Joint Commission International (JCI)

•Indraprastha Apollo Hospitals is a multi-specialty tertiary acute care hospital with 710 beds

VISSION AND MISSION

- To 'Touch a Billion Lives'.
- To bring healthcare of International standards within the reach of every individual



OBJECTIVE

Enhance hospital workflow by effectively identifying and mitigating bottlenecks using time process mapping (tpm).

METHODOLOGY

Method used – Observational study
Sample size – 60
Departments under study – Orthopaedics, Internal medicine, gynecology.
Data Collection method
Primary data through direct observations and interviews with staff was conducted.
Observation type - used is non participant observation
Inclusion criteria - Patients visiting the Orthopaedics, Gynecology and Internal medicine OPD and medical staff directly involved in the patient care.
Exclusion criteria - Patient not visiting the orthopaedic, gynecology, internal medicine OPD.
Data analysis : Quantitative data like average process time, average wait time, average footsteps was used.

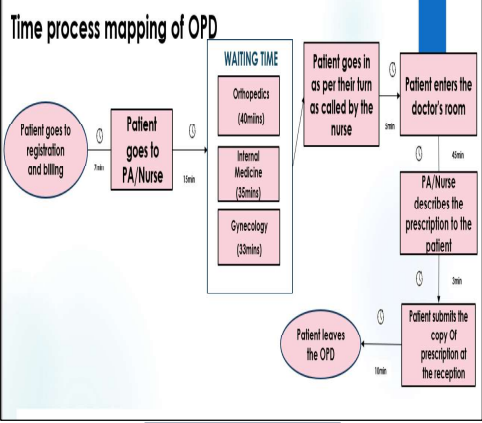
Strengths:	Weaknesses:
Comprehensive data-driven approach	Resistance to change among staff.
Potential for significant efficiency gains	Resource-intensive process.
	Optimized workflows.

SWOT

Opportunities:	Threats:
Enhanced Patient Care	Operational disruptions
Reduced costs through	Data accuracy challenges.

OBSERVATIONS

- Average footsteps - 125
- Average process time (arrival to departure)- 3 hour
- Average waiting time- 145mins
- Touch points - 7 to 9
- Average billing time - 10 mins
- Registration and billing on same counter so creates long queue and chaos.



SUGGESTIONS

- Implement continuous monitoring of processes to sustain improvements.
- Establish a feedback system for staff to provide insights and suggestions for improving processes.

THEORITICAL VS PRACTICAL UNDERSTANDING

- Understanding time process mapping (TPM) theoretically through classroom modules provides foundational knowledge of process analysis and improvement strategies.
- Applying TPM practically in hospital settings allows for hands-on experience in identifying bottlenecks, implementing solutions, and adapting strategies to enhance operational efficiency and patient care outcomes.

LEARNINGS DURING INTERNSHIP

- Enhanced understanding of workflow dynamics and operational inefficiencies.
- Improvement in communication skills through interactions with healthcare professionals and patients
- Improved ability to identify bottlenecks and areas for process improvement.

CHALLENGES DURING INTERNSHIP

- Adapting a new work environment and culture
- Working with diverse teams and personalities.
- Managing time amidst varied responsibilities.

USEFULNESS OF INTERNSHIP

- Developing skills in data analysis and process improvement.
- Enhancing communication and teamwork abilities.
- Practical application of process mapping techniques to real-world healthcare challenges.

Reporting Format

(Week-1)

Name of the Organisation: Apollo Hospital, Delhi

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Health Management

Week no: 1

From: 14/05/2024 to 19/05/2024

Activity Done	Introduction to various department of the hospital. Time process mapping in the cardio diagnostics department for the patients coming for tests like stress echo, echo, TMT, ECG. This involved observing the patient journey from arrival, waiting, diagnostic testing to check out. Time is meticulously calculated and these findings were noted for analysis.
Linking theory (Classroom learning) with practice at your organisation	TIME PROCESS MAPPING – This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks. JCI GUIDELINES- Accurate patient identification using multiple identifiers, efficient communication protocols, strict medication management procedures to prevent errors, extensive infection control measures, fall prevention programmes, and the use of surgical safety checks to prevent errors during operations are all part of the International Patient Safety Goals (IPSG) implementation.
Gaps identified on the working area.	Less staff at certain areas in the department. Waiting area is not properly maintained and lacks comfortable seating. Some staff members are overworked.
Suggestions for improvement	Develop multitasking skills in current staff members to enable more flexible staffing during peak hours. Make sure there is enough seating in the waiting area, educational displays, and amenities like water dispensers. To more evenly distribute the workload among employees, evaluate and reallocate tasks.
Plan for the next week	To conduct time process mapping in the radiology department to identify any inefficiencies and bottlenecks in the processes of radiology department.

Signature of the Student

Approved by the IIHMR university's mentor

Reporting Format

(Week-2)

Name of the Organisation: Apollo Hospital, Delhi

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no:1822

Stream: MBA Hospital and Health Management

Week no: 2

From: 20/05/2024 to 26/05/2024

Activity Done	Time process mapping in the radiology department of the hospital in which x ray, ultrasound, CT scan, MRI scan was covered. Observation and time tracking of each step of the patient journey from arrival to check out and report collection. The data was then analyzed to calculate time taken during the whole process and to find out the inefficiencies and gaps during the process after which solutions were proposed.
Linking theory (Classroom learning) with practice at your organisation	TIME PROCESS MAPPING– This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks. JCI GUIDELINES- Accurate patient identification using multiple identifiers, efficient communication protocols, strict medication management procedures to prevent errors, extensive infection control measures, fall prevention programmes, and the use of surgical safety checks to prevent errors during operations are all part of the International Patient Safety Goals (IPSG) implementation.
Gaps identified on the working area.	Long waiting line in ultrasound. Waiting area is small. Some staff members are overworked.
Suggestions for improvement	Simplify the scheduling process, extend the imaging slots, and enhance the check-in processes. Provide different options for patients to wait, enhance patient flow, and make sure the waiting area is cozy with sufficient seating and educational displays. Assess workload thoroughly in order to determine tasks that should be fairly redistributed. Use technology to automate monotonous work and optimise procedures for increased productivity.
Plan for the next week	To conduct time process mapping in internal medicine, gynecology and orthopaedic department and collect data by observing the patient from check in to check out from the department while simultaneously tracking the time of each step.

Signature of the Student

Approved by the IIHMR University's mentor

Reporting Format

(Week-3)

Name of the Organisation: Apollo Hospital

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Health Management

Week no: 3

From: 27/05/2024 to 1/06/2024

Activity Done	In the outpatient departments (OPDs) of internal medicine, orthopaedics, and gynecology, time process mapping was done. This involved observation of patient journey from check in, consultation and check out. It involves time tracking of the steps in the patient journey while documenting it to analyze the findings later to identify any inefficiency. Process map will be created to visually represent each step of patient journey and average footsteps, average process time and average wait times will be calculated.
Linking theory (Classroom learning) with practice at your organisation	TIME PROCESS MAPPING– This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks.
Gaps identified on the working area.	• Differences in procedure: Various methods for registering and welcoming patients. • Inadequate staffing: When there is a shortage of workers, especially during busy times, lines may form at registration. • Poor communication between medical staff and doctors when making appointments, which causes patients to have long wait times and other issues.
Suggestions for improvement	• Standardize the opd process to ensure uniformity across all departments and smooth patient flow. • Adequate resource allocation to ensure equal distribution of work among staff. • Establish communication channels among staff and doctors to reduce communication gaps through shared scheduling systems.
Plan for the next week	Conducting a time process mapping in the orthopaedic, internal medicine and gynecology department and making a process map with all the observations and data and analyzing that data to find any inefficiency.

Signature of the Student

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Reporting Format (Week-4)

Name of the Organisation: Apollo Hospital

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Health Management

Week no: 4

From: 01/06/2024 to 09/06/2024

Activity Done	Briefing about the environment of care and a safety incident report was documented. In the outpatient departments (OPDs) of internal medicine, orthopaedics, and gynecology, time process mapping was done. This required keeping track of how long it took for each stage of a patient visit, including check-in, testing, consultation, and registration. The objective is to pinpoint areas where patient flow efficiency can be improved, cut down on wait times, and ultimately improve the patient experience in these outpatient departments.
Linking theory (Classroom learning) with practice at your organisation	· Ensuring reduction of environment risks and hazards by preventing falls, while maintaining adequate ventilation system to stop the spread of infection. · Avoiding accidents and injuries by keeping well trained staff to tackle any hazardous incident and preventing any injury to the patient. · Keeping safe environment for patients, visitors, and staff. This includes keeping the hospital clean and dry and proper procedure for handling hazardous situations. TIME PROCESS MAPPING – This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks.
Gaps identified on the working area.	• Differences in procedure: Various methods for registering and welcoming patients. • Inadequate staffing: When there is a shortage of workers, especially during busy times, lines may form at registration. • Poor communication between medical staff and doctors when making appointments, which causes patients to have long wait times and other issues.

Suggestions for improvement	• Standardize the opd process to ensure uniformity across all departments and smooth patient flow. • Adequate resource allocation to ensure equal distribution of work among staff. • Establish communication channels among staff and doctors to reduce communication gaps through shared scheduling systems
Plan for the next week	Time process mapping to be conducted in the endoscopy department in which patient journey from arrival to check out will be observed and time tracking will be done. The observations will be documented and a process map will be created to outline each step and to analyze the findings to identify any gaps.

Signature of the Student

Approved by the IIHMR University's mentor

Reporting Format

(Week-5)

Name of the Organisation: Apollo Hospital

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Health Management

Week no: 5

From: 17/06/2024 to 22/06/2024

Activity Done	Time process mapping in the endoscopy department to identify any gaps or inefficiency in the workflow of the department. Observation of each step in the journey of patient from arrival, pre procedure, endoscopy procedure to post procedure and simultaneous time tracking each step. Documentation of all the findings and creating a visual process map which will include nonvalue added steps. Through the process map average process time and footsteps, touchpoints will be created.
Linking theory (Classroom learning) with practice at your organisation	TIME PROCESS MAPPING – This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks.
Gaps identified on the working area.	- Excessive noise outside the procedure room which affects the focus of the doctors and can cause risk to patient safety. - Less number of waiting chairs in the waiting room. - The consent forms were not timely filled by the nurse.
Suggestions for improvement	Implement strict rules regarding noise level to keep the area outside procedure room chatter free and quiet. Redesign the space and add extra chairs to accommodate patients and visitors. Assign task to specific member in staff to check timely completion of the consent form to ensure accountability.
Plan for the next week	Developing a process map of endoscopy department which will include all the observations and information like average footsteps, average wait time and average process time taken for a patient in the department. The details will be then analyzed to find any inefficiency in the department workflow and changes will be proposed to reduce these inefficiencies. Creating Ppt of all the process maps and observations.

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Reporting Format (Week-6)

Name of the Organisation: Apollo Hospital

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Health Management

Week no: 6

From: 17/06/2024 to 22/06/2024

Activity Done	Time process mapping in the endoscopy department to identify any gaps or inefficiency in the workflow of the department. Observation of each step in the journey of patient from arrival, pre procedure, endoscopy procedure to post procedure and simultaneous time tracking each step. Documentation of all the findings and creating a visual process map which will include nonvalue added steps. Through the process map average process time and footsteps, touchpoints will be created.
Linking theory (Classroom learning) with practice at your organisation	TIME PROCESS MAPPING – This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks.
Gaps identified on the working area.	- Excessive noise outside the procedure room which affects the focus of the doctors and can cause risk to patient safety. - Less number of waiting chairs in the waiting room. - The consent forms were not timely filled by the nurse.
Suggestions for improvement	- Implement strict rules regarding noise level to keep the area outside procedure room chatter free and quiet. - Redesign the space and add extra chairs to accommodate patients and visitors. - Assign task to specific member in staff to check timely completion of the consent form to ensure accountability.
Plan for the next week	Visit to the CCU, ICU, NICU and getting information about the protocols in these departments, medication management and protocols of admitting patients and the discharge process were evaluated.

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Reporting Format (Week-7)

Name of the Organisation: Apollo Hospital

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Health Management

Week no: 7

From: 24/06/24 to 29/06/24

Activity Done	While at the Coronary Care Unit (CCU), Neuro Intensive Care Unit (Neuro ICU), and Stroke Intensive Care Unit (Stroke ICU), we witnessed ongoing patient monitoring and the use of advanced neuro-monitoring technologies like intracranial pressure monitors, along with other essential equipment to maintain patient stability. The procedures for admitting and releasing patients were reviewed, recognizing the comprehensive protocols implemented in each department. The examination of medication management showed organized protocols for giving and handling medications. Furthermore, the effectiveness of the rapid response team and the accessibility of emergency equipment were evaluated in relation to cardiac and neurological emergencies response protocols, emphasizing the readiness of all divisions to deal with critical situations efficiently. Multidisciplinary teamwork was noted during patient rounds and meetings to ensure thorough care and early rehabilitation planning for better patient results.
Linking theory (Classroom learning) with practice at your organisation	Several theoretical concepts from the classroom were put into practice and witnessed during visits to the Coronary Care Unit (CCU), Neuro Intensive Care Unit (Neuro ICU), and Stroke Intensive Care Unit (Stroke ICU). Continuous monitoring of patients is directly correlated with understanding vital sign tracking and patient stability. The assessment of admission and discharge procedures mirrored class conversations about patient movement, clinical judgment, and healthcare administration. The examination of drug management emphasized pharmacological safety guidelines.
Gaps identified on the working area.	Delays were noted in discharge procedures in the CCU, Neuro ICU, and Stroke ICU during the visits. These delays frequently resulted from various factors, such as difficulties in coordinating post-discharge arrangements and follow-up care among healthcare teams, patients, and their families. Medical clearance and final documentation delays caused some patients to be released later than expected.

Suggestions for improvement	• Using Technology: Employ electronic health records (EHRs) and discharge planning software to make documentation processes more efficient and automated, decreasing paperwork and administrative tasks while maintaining accuracy and thoroughness. • Improved Communication and Collaboration: Establishment of standardized communication protocols among healthcare teams, patients, and families to guarantee clear and timely exchange of information on discharge plans, post-care instructions, and follow-up appointments. • Begin discharge planning early in the patient's hospital stay to proactively handle possible logistical and medical clearance issues. This involves recognizing and dealing with obstacles to discharge in a timely manner.
Plan for the next week	Making a ppt of all the time process maps of cardio diagnostics, radiology, internal medicine, gynecology, orthopaedic, endoscopy and compiling all the findings and observations to find any inefficiency in the existing process in the departments through visual representation of processes by outlining points as nonvalue added and average waiting times, touchpoints etc.

Signature of the Student

Approved by the IIHMR University's mentor

Reporting Format (Week-8)

Name of the Organisation: Apollo hospital, Delhi

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA hospital and health management

Week no: 8

From: 01/7/2024 to 11/07/2024

Activity Done	Created a compiled power point presentation of the time process map of cardio diagnostics, orthopaedic, internal medicine, gynecology, radiology, and endoscopy department. The visual representation of the process map from arrival of patient to check out. Arrows are used to represent the next step of the process and circle indicate start and finish. Nonvalue added steps are shown through asterisks. Observations are also shown in these ppts which helped in identifying inefficiencies. Average waiting time and process time are written and the waiting room environment observation are being documented in these slides. Abstract is created on the topic reducing wait times and enhancing efficiency in outpatient services through the use of time process mapping finding.
Linking theory (Classroom learning) with practice at your organisation	TIME PROCESS MAPPING – This was studied in the module as a theory which described its methods and principles and now this theory is being applied in the organization practically, improving the efficiency of the cardio diagnostics department by identifying the bottlenecks.
Gaps identified on the working area.	• Overworked staff at some departments. • Lack of sufficient number of chairs in the waiting area. • Lack of engagement sources like magazines in the waiting area. • Long waiting lines due to walk in patients and appointment patient both.
Suggestions for improvement	• Redistribution of task among staff members through proper resource allocation. • Installation of more chair by redesigning the waiting area. • Installation of QR codes by scanning these audio books can be

	made available to the patient and their family members. • Proper scheduling of patient visits through shared appointment scheduling system with both staff and doctor.
Plan for the next week	Submission of finalized presentation of the process maps with all the data and observations including the inefficiencies identified during the observation and proposed solutions for reducing those gaps.

Signature of the Student

Approved by the IIHMR University's mentor

Compiled Reporting Format

Name of the Organisation: Apollo Hospital, Delhi

Area/ Department/ Project of Summer Internship Program: Quality and Operations

Name of the Student: Shaineela Siddiqui

Roll no: 1822

Stream: MBA Hospital and Management

Activity Done	Time Process Mapping in Cardio diagnostics Department Observation and Data Collection Began by getting to know layout and different areas of the cardio diagnostic department. This involved spending some time in department to know the patient movement pattern. Observation: Detailed observation of the patient from arrival, waiting, preparation, diagnostic test being done, report collection and check out in case of stress ECHO, ECG, TMT. This helped in knowing the pattern of patient movement in the department. Time tracking of the patient at each step including registration time, waiting time etc through use of stop watch or through stickers generated at the reception desk. Conducted interviews with staff members to gain insight about their experience, and better understand workflow process. Mapping Process Developed detailed process maps that outlined every step from when patients arrive to when diagnostic tests are completed. These maps included important actions like patient registration, wait times, prepping, tests, and recording results. This step pointed out unnecessary steps and identified repetitive tasks. Analysis Carried out a comprehensive review of the process maps in order to pinpoint bottlenecks and inefficiencies. Key points of interest included extended wait times prior to preparation and delays in starting procedures. Identified problems like inadequate staffing and communication breakdowns among team members. Examined gathered information to assess the repercussions of identified obstacles. Determined average wait times and procedure durations to offer a comprehensive view of present performance. Evaluated the total patient flow and pinpointed high congestion times and periods of low utilization, offering insights into scheduling inefficiencies. Time Process Mapping in Radiology Department Observation and Data Collection First Evaluation: At first, the procedure started with gaining an understanding of the overall functioning of the Radiology Department. This required becoming acquainted with the various imaging services offered, such as X-rays, CT scans, MRIs, and ultrasounds.
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Observed the entire patient journey, monitoring patients from their arrival to their departure, including scheduling, check-in, waiting times, imaging procedures, and the generation of the final report. This thorough analysis assisted in pinpointing the flow and identifying any initial bottlenecks that were visible.

Thorough Time Monitoring: Every stage of the patient's journey was carefully logged with accurate time markers, detailing the time dedicated to arranging appointments, getting ready, performing scans, and producing reports.

Staff Interviews: Gathered detailed insights from radiologists, technicians, and administrative staff through interviews to identify pain points and understand workflow dynamics from various perspectives.

Data Compilation: Created an all-encompassing dataset by gathering information from manual logs and scheduling systems to provide a holistic and accurate assessment of the department's performance.

Mapping Process

Created in-depth process diagrams that visually depicted every stage of the radiology workflow. These maps encompassed all tasks, such as setting appointments, preparing patients, conducting imaging procedures, and creating reports.

Analysis

Inefficiencies: Thoroughly analyzed process maps to pinpoint inefficiencies and bottlenecks in the radiology workflow. Emphasizing important areas like patient waiting times, utilization of equipment, and lack of waiting space and engaging resources in waiting area.

Time Process Mapping in Outpatient Department

Observation and Data Collection

Initial observation: Dedicated the first few weeks to closely monitoring the behavior of patients in the outpatient clinic. This included watching patients from when they first came to the hospital until they completed their appointment.

Comprehensive Time Monitoring: Noting precise timings for each step, including registration, appointment wait time, consultation, tests, and discharge.

Mapping Process

Created intricate process diagrams that visually depicted every stage of the patient's experience. These maps comprised every step from the initial registration to the final discharge.

Analysis

Identifying where bottlenecks occur: Analyzed process maps extensively to pinpoint crucial areas causing delays and inefficiencies. This involved long waiting times before appointments, packed waiting room, and insufficient comfortable seating.

Evaluated the gathered data to measure how these obstacles affect the overall flow and satisfaction of patients. This involved computing mean wait times, recognizing times of highest congestion.

	Time Process Mapping in Endoscopy Department Observation and Data Collection Monitoring the Endoscopy Process: First Step: Watched the entire endoscopy procedure to fully comprehend the patient experience. This involved monitoring patients from the time they first arrived and got ready, all the way through the endoscopy procedure, and ultimately to the recovery phase. Thorough Time Monitoring: Accurate time stamps documented for every stage of the endoscopy procedure, from pre-procedure preparation, through the endoscopy itself, to the recovery period afterwards. It was essential to have this thorough time tracking in order to pinpoint precise areas where delays happened. Mapping Process Creating Process Flowcharts: Created thorough process maps to illustrate the complete flow of patients in the endoscopy department from start to finish. The maps detailed each stage of the patient's experience, from check-in and preparation to the procedure and recovery. Analysis Finding Inefficiencies and Delays: Identifying Delays: Process maps were examined in order to identify particular areas that saw delays and inefficiencies. The length of the endoscopy procedure, the recovery period following the procedure, and the patient preparation times were important areas of focus,
Linking theory (Classroom learning) with practice at your organisation	The practice of utilizing principles and methods to ensure the successful delivery of healthcare services is referred to as healthcare operations management. Improving process design: • Theory focuses on developing efficient processes and continually improving them to increase both productivity and quality. • Application: Healthcare process design ensures efficient patient flow from admission to discharge by streamlining pathways, minimizing wait times, and improving overall flow of patients. Lean and Six Sigma are both methods for continuous improvement that aim to enhance processes and reduce waste.
Gaps identified on the working area.	• Less staff at certain areas in the department. • Waiting area is not properly maintained and lacks comfortable seating. • Some staff members are overworked. • Long waiting line in ultrasound. • Waiting area is small. • Some staff members are overworked • Differences in procedure: Various methods for registering and welcoming patients. Inadequate staffing: When there is a shortage of workers, especially during busy times, lines may form at registration. Poor communication between medical staff and doctors when making appointments, which causes patients to have long wait times and other issues.

	• Excessive noise outside the procedure room which affects the focus of the doctors and can cause risk to patient safety. • Less number of waiting chairs in the waiting room. • The consent forms were not timely filled by the nurse • Delays were noted in discharge procedures in the CCU, Neuro ICU, and Stroke ICU during the visits. These delays frequently resulted from various factors, such as difficulties in coordinating post-discharge arrangements and follow-up care among healthcare teams, patients, and their families. Medical clearance and final documentation delays caused some patients to be released later than expected.
Suggestions for improvement	• Develop multitasking skills in current staff members to enable more flexible staffing during peak hours. • Make sure there is enough seating in the waiting area, educational displays, and amenities like water dispensers. • To more evenly distribute the workload among employees, evaluate and reallocate tasks. • Simplify the scheduling process, extend the imaging slots, and enhance the check-in processes. • Provide different options for patients to wait, enhance patient flow, and make sure the waiting area is cozy with sufficient seating and educational displays. Assess workload thoroughly in order to determine tasks that should be fairly redistributed. Use technology to automate monotonous work and optimize procedures for increased productivity. • Standardize the opd process to ensure uniformity across all departments and smooth patient flow. • Adequate resource allocation to ensure equal distribution of work among staff. • Establish communication channels among staff and doctors to reduce communication gaps through shared scheduling systems. • Implement strict rules regarding noise level to keep the area outside procedure room chatter free and quiet. • Redesign the space and add extra chairs to accommodate patients and visitors. • Assign task to specific member in staff to check timely completion of the consent form to ensure accountability. • Using Technology: Employ electronic health records (EHRs) and discharge planning software to make documentation processes more efficient and automated, decreasing paperwork and administrative tasks while maintaining accuracy and thoroughness. • Improved Communication and Collaboration: Establishment of standardized communication protocols among healthcare teams, patients, and families to guarantee clear and timely exchange of information on discharge plans, post-care instructions, and follow-up appointments.

Signature of the Student

Approved by the IIHMR University's mentor