

SUMMER INTERNSHIP PROGRAM

at

APOLLO HOSPITAL, DELHI

From 14th May 2024 to 11th July 2024

A REPORT BY

Sakshi Verma

Master of Business Administration

MBA- Hospital and Health Management

2023-25

under the Mentorship of

Dr. Anupam Mehrotra



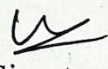
Completion Certification from the Organization CERTIFICATE

This is to certify that Miss Sakshi Verma 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: 11.07.24


(Signature of organization Mentor)

Name: Yogamaya Nayak

Designation: DGM

Seal/Stamp of the Organization

IIHMR University Faculty Mentor Approval

This is to certify that Miss Sakshi Verma of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-July 2024.

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

Date: ~~24~~ 22/7/24

(Signature of Faculty Mentor)

Name: Dr. Anupam Mehta

Designation: Asst. Prof.

Name: Sakshi Verma; 1808; HM-28

Faculty Mentor: Dr. Anupam Mehrotra
Organization Mentor: Miss. Yogamaya Nayak

Organization History, Vision & Mission

HISTORY

- Delhi's Apollo Hospital, founded in 1995, belongs to India's pioneering corporate healthcare chain, Apollo Hospitals. Renowned for super-specialty care and international accreditation.

VISION AND MISSION

- Vision:** Apollo Hospitals' overall vision is likely "To Touch a Billion Lives".
- Mission:** Their mission statement is most likely "To bring healthcare of international standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity".

Objective

- Identify bottlenecks
- Reduce wait times
- Boost efficiency
- Enhance patient care
- Improve communication
- Prioritize improvements

Methodology

- TIME PROCESS MAPPING (TPM):**
- Mapping the Flow
 - Data Analysis
- VALUE STREAM MAPPING (VSM):**
- Define the Value Stream
 - Identify Waste

SWOT Analysis

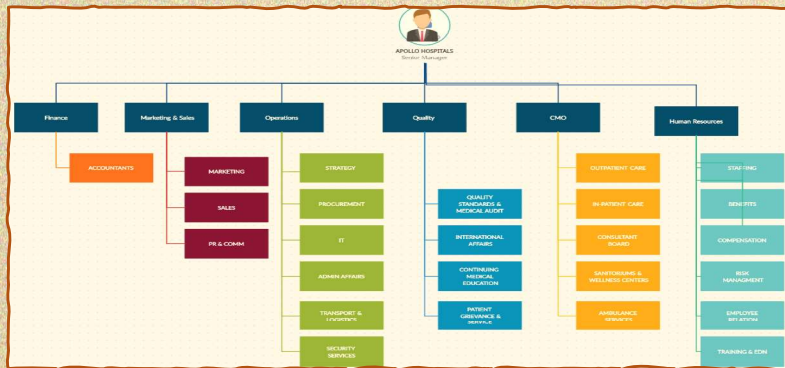
- Strengths**
- Improved Efficiency and Throughput
 - Enhanced Patient Care
 - Standardized Procedures
 - Potential cost savings
- Opportunities**
- Continuous Improvement Culture
 - Scalability and Sustainability
 - exploring new technologies and workflows

- Weakness**
- Data Collection Challenges
 - Initial investment
 - Relies on accurate data collection

- Threats**
- Lack of Follow-up
 - Data Security Concerns
 - Resistance to Change



Organizational Structure



Theory Understanding VS Practical Exposure

- Identifying and eliminating waste (Muda) in a process.
- Emphasize the 7 wastes -TIMWOODS: Transport, Inventory, Motion, Waiting, Overproduction, Defects, Overprocessing, Skills.
- Applying theory to real-world situations - Measuring cycle times, identifying bottlenecks, tracking defect rates.

Implementing Theoretical Knowledge To Enhance Practical Exposure

- Leveraging time process mapping theory, identified inefficiencies in the hospital's patient's entrance in the department to exit from the department process.
- By collaborating with colleagues, we mapped the workflow and implemented the 5S (Sort, Set in order, Shine, Standardize, Sustain)- framework to streamline procedures. This resulted in reduced wait times highlighting the value of TPM for enhanced hospital efficiency and patient care.

Learnings

- Understanding Hospital Operations**
- Standardizing procedures and workflows** - Ensured consistency and reduced errors across different shifts and staff members
- Enhanced Problem-Solving Skills:** TPM strengthened my ability to analyze complex processes, identify root causes of issues, and develop data-driven solutions.

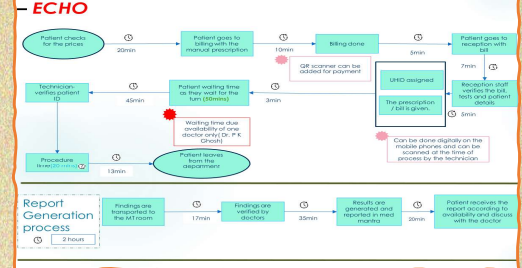
Usefulness

Team Formation

Process Selection

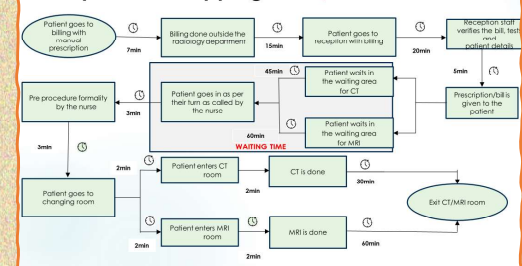
Data Gathering

Process Mapping of Cardio Diagnostics Department



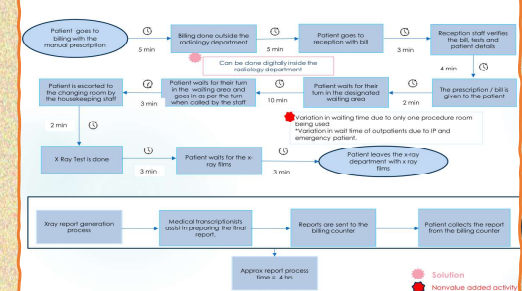
1. Cardio Diagnostics Department (ECHO)

Time process mapping of CT/MRI scan

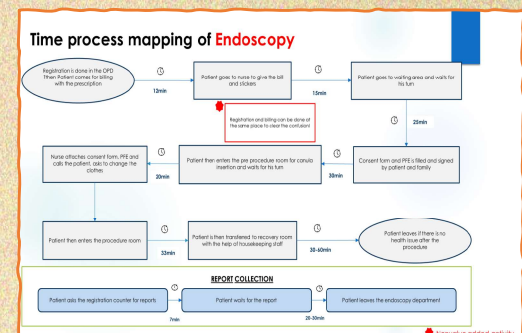


2. Radiology Department (CT/MRI)

Time process mapping of X-RAY



3. Radiology Department (X-Ray)



4. Endoscopy Department

Challenges

- Variability and Complexity:** Apollo Hospital Delhi likely has a diverse patient population with varying needs. This, combined with the size and potential departmental specializations, could make capturing the true variability of processes a challenge.
- Fragmented Technology Systems:** Hospitals often have a mix of old and new technology systems. This fragmentation can make it difficult to collect consistent time data across the entire process.

Suggestions

- Expand TPM & VSM to additional departments
- Staff training:
- Implement data dashboards or reports to track key performance indicators (KPIs) after TPM & VSM implementation.
- Establish a dedicated team or committee responsible for overseeing the ongoing implementation and refinement of TPM & VSM across the hospital

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: Sakshi Verma

Roll no:1808

Stream: MBA Hospital and Health Management

Week no: 1

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

Activity Done	Introduction and adherence to JCI guidelines across the hospital's departments. In particular, the hospital's cardio-diagnostics department is integrated to track patients' arrival and departure times for a variety of cardio-diagnostic tests (ECG, TMT, Stress Echo, Echo). The steps from the beginning of discharge to the patients' check-out who are admitted to a certain floor are all included in the time span of the procedure of discharge.
Linking theory (Classroom learning) with practice at your organization	TIME PROCESS MAPPING: In the hospital heart diagnostics department, time process modelling is an invaluable tool for examining patient flow and pinpointing areas in need of improvement. Consider processes such as verification of insurance, testing preparation, image acquisition, post-test explanation, and pre-test consulting.
Gaps identified on the working area.	Inadequate personnel in several departments. The waiting room is not controlled appropriately. Insufficient clarification of methods, examination findings, or possible consequences.
Suggestions for improvement	Examine the flow of patients and assign work effectively. To improve worker utilization, think about cross-training them. Provide and distribute educational resources about heart health, particular ailments, and tests conducted. Establish a mechanism to get patient input and quickly resolve their issues.
Plan for the next week	Spend time observing nurses, technicians, and cardiologists as they perform various procedures, such as stress tests, ECGs, and echocardiograms. Take note of their procedures, methods for reaching decisions, and any obstacles that may arise. Establish trusting bonds with the cardiologists who use the department's resources. It is easier to properly customize quality efforts when you are aware of their requirements and expectations.

(Week-2)

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

Activity Done	To improve workflow efficiency, the radiology department conducted a time process mapping exercise. recorded every stage, from the patient's registration to the distribution of the imaging data. worked in tandem with technicians, radiologists, and administrative personnel to pinpoint obstacles and areas in need of enhancement. gathered and examined data to identify redundant information and bottlenecks. suggested specific ways to improve patient care and expedite procedures.
Linking theory (Classroom learning) with practice at your organization	TIME PROCESS MAPPING: I have studied and am currently trying time procedure mapping to implement in practice to enhance flow in the department of outpatients. Timing each stage of a process, noting how long it requires, and identifying any inefficiencies or obstacles are all part of time process mapping. JCI RULES: Accurate identification of patients using multiple identifiers, efficient communication protocols, strict medication management procedures to prevent errors, extensive surveillance for infections, fall-prevention initiatives, as well as the use of surgical security checklists to hinder errors during operations are all part of the International Goals for Patient Safety (IPSG) implementation.
Gaps identified on the working area.	Long lines of patients waiting for ultrasounds. There is no room for waiting. excessive burden for certain employees.
Suggestions for improvement	Simplify the scheduling process, add more imaging slots, or introduce check-in processes that are more effective. Offering other options for waiting, enhancing patient flow, and ensuring that the waiting room is welcoming with enough seats and educational exhibits. Assess the workload thoroughly to figure out whether activities should be redistributed fairly and automate repetitive work and <u>increase productivity by streamlining procedures and implementing technology.</u>
Plan for the next week	Keep track of the time spent on each step of the procedure while seeing and documenting the gynecology department's workflow. Examine the results to detect inefficiencies and get input from the personnel. Create and deliver suggestions to improve patient flow and operational efficiency.

(Week-3)

From: 27/05/2024 to 02/06/2024

Activity Done	In the outpatient departments (OPDs) of internal medicine, orthopedics, and gynecology, time process mapping was done. This required tracking how long it took for each stage of a patient visit—from checking in and taking vital signs to consulting, testing, and, at the end, checking out. To improve the patient's experience in these outpatient departments, it is intended to pinpoint areas for patient flow efficiency improvement and shorten wait times.
Linking theory (Classroom learning) with practice at your organization	TIME PROCESS MAPPING: To improve workflow in the outpatient department, I have researched and am currently learning times process mapping in practice. Time process mapping entails timing each step of a process, recording how long it takes, and finding any inefficiencies or bottlenecks. JCI GUIDELINES: The International Safety for Patients Goals (IPSG) are being implemented, and these include fall prevention programs, rigorous medication management procedures to prevent mistakes, precise identification of patients using multiple identifiers, efficient communication protocols, extensive infection control measures, and the use of surgical security checklists to prevent mistakes during operations.
Gaps identified on the working area.	Process irregularities: · Distinctions in methods: Various techniques for patient intake and registration. Limitations on Resources: · Inadequate workforce: A shortage of workers, especially during rush hours, may result in lines at registration. Inadequate communication between physicians and staff when making appointments results in lengthy wait times and issues for patients.
Suggestions for improvement	Standardizing OPD processes: To guarantee uniformity and effectiveness in patient care, all departments should develop and implement standardized workflows. Allocating resources as efficiently as possible: Examining personnel requirements and equipment usage might point out areas that need to be improved to effectively manage patient volume. Provide specific lines of communication for staff and physicians to use when arranging consultations. To ease effective information sharing, encourage the pre-scheduling of meetings or communication via internet channels.
Plan for the next week	Keep track of the time spent on each step of the gastrology and endoscopy procedure by seeing and recording it. Examine the results to detect inefficiencies and get input from the personnel. Create and deliver suggestions to improve patient flow and operational efficiency.

(Week-4)

From: 02/06/2024 to 09/06/2024

Activity Done	Hospital environmental care: The primary aim of environment of care, or EOC, is to establish a setting that is secure, restorative, and encouraging for all patients. In the outpatient departments (OPDs) of internal medicine, orthopedics, and gynecology, time process mapping was done. This required tracking how long it took for each stage of a patient visit—from checking in and taking vital signs to consulting, testing, and, at the end, checking out.
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Linking theory (Classroom learning) with practice at your organization	Lowering and managing risks and hazards related to the environment. This involves supporting functional fire detection and sprinkler systems, reducing tripping, falls, and slips, and making sure there is enough ventilation to stop the spread of infections. avoiding mishaps and injuries. This calls for having employees with the necessary training who are conscious of potential risks and how to avoid them. Value stream mapping: Improve outpatient department operations, I have researched and am currently studying time process mapping in practice. Time process mapping entails timing each step of a process, recording how long it takes, and finding any inefficiencies or bottlenecks.
Gaps found on the working area.	Staffing and communication shortages can negatively affect the hospital environment. Ineffective handoffs and overburdened staff can result in disorganized rooms, overlooked safety risks, and a tense environment that affects both patients and staff.
Suggestions for improvement	Standardizing OPD processes: Consistency and effectiveness in patient care can be ensured by creating and executing standardized workflows across all departments. Allocating resources as efficiently as possible: Examining personnel requirements and equipment usage might point out areas that need to be improved to effectively manage patient volume. Provide specific lines of communication for staff and physicians to use when arranging consultations. It is recommended to arrange meetings in advance or use online communication tools to ease effective information sharing.
Plan for the next week	Keep track of the time spent on each step of the gastrology as well as endoscopy processes by seeing and recording it. Examine the results to detect inefficiencies and get input from the personnel. Create and deliver suggestions to improve patient flow and operational efficiency.

(Week-5)

From: 10/06/2024 to 16/06/2024

Activity Done	Hospital environmental care: The primary aim of environment of care, or EOC, is to establish a setting that is secure, restorative, and encouraging for all patients. Strict adherence to safety precautions, procedural rules, and infection control techniques is needed when performing endoscopy. Create a methodical strategy to planning, conducting, and caring for patients after an operation to reduce risks and improve patient outcomes.
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Linking theory (Classroom learning) with practice at your organization	Value map streaming- I have studied and am currently learning time procedure mapping for streamlining workflows in the department of outpatients. Time process mapping entails timing each step of a process, recording how long it takes, and finding any inefficiencies or bottlenecks. Patient Education: Increase patient comprehension and compliance, provide educational programs and materials that tell patients about procedures, how to get ready for them, and what to do afterward. Patient Satisfaction: Track patient comments, respond to issues right away, and amend improve the general patient experience.
Gaps found on the working area.	Inadequate workforce: A shortage of workers, especially during rush hours, may cause lines at registration. Inadequate communication between physicians and staff when making appointments results in lengthy wait times and issues for patients.
Suggestions for improvement	Ensuring accuracy and effectiveness in patient care can be achieved by creating and implementing uniform workflows across all departments, including endoscopic processes. Allocating resources as efficiently as possible: Examining personnel requirements and equipment usage might point out areas that need to be improved to effectively manage patient volume. Provide specific lines of communication for staff and physicians to use when arranging consultations. Facilitate effective information sharing, encourage the pre-scheduling of meetings or online communication channels.
Plan for the next week	Keep track of the endoscopic workflow and record it, recording the time spent on each step of the procedure. Examine the results to detect inefficiencies and get input from the personnel. Create and deliver suggestions to improve patient flow and operational efficiency.

(Week-6)

From: 17/06/2024 to 23/06/2024

Activity Done	Created a process flow diagram for the department of endoscopy. Time data was gathered and every step from patient arrival to discharge was seen, documented, and timed. a thorough process flow map was made once inefficiencies and bottlenecks were found to better visualize and streamline the workflow.
Linking theory (Classroom learning) with practice at your organization	Lean Management: Applied lean methods to reduce waste and boost productivity. The use of SWOT analysis facilitates a methodical assessment and resolution of the diverse internal and external elements that impact the endoscopy department's productivity.

Gaps found on the working area.	The surgery room staff's excessive chatting and noise. This interferes with the focus and concentration needed for procedures, which may jeopardize patient safety and the standard of care. There are not enough seats available for patients to wait after the pre-procedure phase. Consent forms are not completed on time.
Suggestions for improvement	Establish stringent guidelines about noise levels in working rooms, stressing the value of preserving a peaceful environment. · Buy extra seats to meet the volume of patients who usually wait during peak hours and reorganize the waiting area.
Plan for the next week	Make plans for the upcoming week. Time process mapping should be conducted across several departments to find operational inefficiencies and perfect procedures. Scheduling observation sessions, recording procedures, gathering time data, and interpreting results are among the tasks. Putting together a PowerPoint presentation with process flow diagrams from every department is another way to give stakeholders comprehensive knowledge and suggested enhancements.

(Week-7)

From: 24/06/2024 to 30/06/2024

Activity Done	Presentation that included a summary of each department's turnaround time (TAT) and important findings. The goal of this presentation is to serve as a starting point for conversation and teamwork about enhancing productivity and overall department performance. Department-Related Time Span: The mean turnaround times for each department's crucial processes are described in depth in this section. Important findings from the examination of the work processes in each department will be emphasized.
Linking theory (Classroom learning) with practice at your organization	Turnaround Time (TAT) is the overall amount of time needed in a healthcare facility to finish a particular process. It is an essential statistic for gauging effectiveness and pinpointing areas where the provision of patient care needs to be improved. Outpatient Division (OPD): TAT concentrates on the amount of time needed for patients to register, consult, and finish their testing. OPD TAT can be increased through effective appointment scheduling, shorter wait times, and streamlined administrative procedures.
Gaps found on the working area.	Silos of communication: Ineffective departmental communication causes difficulties in evaluation, treatment, and medication errors. Ineffective Departmental Coordination: This leads to voids in care transitions, which raises readmission rates and impedes follow-up treatment. Fragmented Resources: When staff, beds, or equipment are distributed unevenly throughout departments, backlogs and delays occur, which affects worker burnout and patient wait times.

Suggestions for improvement	Promote collaboration by communicating clearly and sharing patient information. Simplify care by using uniform procedures and effective staffing and equipment distribution that considers departmental demands. As a result, patient flow is enhanced, errors are decreased, and everyone is informed.
Plan for the next week	Give a summary of a few possible courses of action or initiatives for improvement reflecting around the TAT and findings. This shows initiative and extends an invitation to department heads to offer more suggestions. Putting together a PowerPoint presentation with process flow diagrams from every department is another way to give stakeholders thorough insights and suggested enhancements.

(Week-8)

From: 1/07/2024 to 11/07/2024

Activity Done	During visits to the Stroke ICU, Neuro ICU, and Coronary Care Unit (CCU), patients were observed to be continuously monitored. The evaluation of the patient admission and discharge protocols noted the comprehensive procedures implemented in every unit. To provide complete treatment as well as initial rehabilitation planning for better patient outcomes, collaboration between professionals was also seen, particularly throughout patient rounds and meetings.
Linking theory (Classroom learning) with practice at your organization	Several concepts from the classroom were observed and realistically applied throughout the visits in the Stroke, Neuro, and Coronary Care Units. Theoretical knowledge regarding tracking vital signs and patient stability is directly linked to the ongoing patient monitoring. Examining admission and discharge procedures reflected lectures on clinical decision-making, patient flow, and healthcare administration.
Gaps identified on the working area.	During the visits, there were noticeable delays in the discharge procedures seen in the critical care unit, Neuro the intensive care unit, and Stroke ICU. These delays were frequently caused by several things, such as difficulties in coordinating follow-up treatment and post-discharge plans between medical professionals, patients, and their families. There have been cases where the completion of final documentation and medical clearance took longer than expected, which affected patients' prompt release.
Suggestions for improvement	Technology Utilization: To simplify and streamline documentation procedures, reduce paperwork and administrative responsibilities while assuring accuracy and completeness, use health record systems (EHRs) and scheduling for discharge software. Improved Coordination and Communication: Establish consistent protocols for communication amongst medical staff, patients, and families. Planning for an Early Discharge: Plan the patient's discharge as soon as

	possible after they are admitted to the hospital to avoid last-minute logistical and medical clearance problems.
Plan for the next week	It entails arranging and evaluating data from time-series mapping in the radiology, endoscopy, outpatient, and cardiology departments. To provide insights into how to enhance healthcare efficiency, conduct a thorough presentation to ensure that findings are in line with the findings.



Compiled Reporting Format

Name of the Organisation: Apollo Hospital, Delhi

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

Name of the Student: Sakshi Verma

Roll no:1808

Stream: MBA Hospital and Health Management

Activity done	Time-process mapping for monitoring and gathering data in the cardio diagnostics department first engagement: got to know the layout and daily schedule of the cardio diagnostics department. Comprehend the patient journey and flow, this required spending time in various departments within the organization. In-depth observation: I saw the whole procedure for different cardiology diagnostics, such as stress tests, echocardiograms, and electrocardiograms (ECGs). This involved keeping an eye on the procedure's performance, preparation, post-procedure procedures, and patient check-in. Time recording: precisely tracked the amount of time needed for every stage of the diagnostic procedure, noting any differences between peak and off-peak hours. Interviews with stakeholders: conducted casual conversations with administrative employees, technicians, and other staff members to learn more about their perspectives and pinpoint any perceived inefficiencies. Procedure for mapping making detailed process maps: I created comprehensive process maps that encompassed every stage, from the patient's arrival until the diagnostic tests were finished. Important tasks including patient check-in, waiting periods,
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planning, examinations for diagnosis, and result documenting were highlighted in these maps.

Examination

Analysed the process maps in detail to find inefficiencies and bottlenecks. Long wait times prior to preparing and inefficiencies in the start of procedures were critical areas of attention.

Identified problems like inadequate personnel and a lack of communication amongst team members.

Evaluated gathered information to calculate the effect of identified bottlenecks. Computed process durations and average wait times to give a comprehensive view of current performance. Evaluated the entire flow of patients, pinpointed periods of high traffic and low usage, and offered insights regarding inefficient scheduling.

Time-process mapping for data collection and observation in the radiology department

first evaluation: the initial stage in the process was to comprehend the general workings of the radiology department. This required getting acquainted with the various imaging services offered, such as ultrasounds, MRI's, CT scans, and x-rays.

Patient journey observation: patients were monitored from the point of entry to the point of departure, with attention paid to scheduling, check-in, waiting times, imaging procedures, and the creation of the final report. This thorough monitoring aided in determining the pace and any early bottlenecks that were apparent.

Meticulous time monitoring: all patient procedures were precisely timestamped and recorded, including the period spent on planning, getting ready, imaging, and producing reports.

Personnel and patient interviews: to obtain in-depth understanding of their experiences, highlighted areas of discomfort, and grasped workflow dynamics from few angles, interviews were conducted with radiologists, technicians, and administrative personnel.

Data compilation: to reflect the department's performance correctly and comprehensively, a complete dataset was compiled from manual logs and scheduling systems.

Procedure for mapping

created thorough process maps that illustrated every stage of the workflow in radiology. Every activity was covered by these maps, including making appointments, getting patients ready, doing imaging tests, and producing reports.

Analysis finding inefficiencies: to find bottlenecks and inefficiencies in the radiology workflow, a thorough examination of the process maps was conducted. Concentrated on key areas such as wait times for patients, the use of equipment, the scarcity of waiting rooms, and the absence of sources for interaction.

Time process mapping for data collection and observation in the outpatient department

first observation: I watched the outpatient department's patient flow very carefully for the first two weeks. This involved following patients around the hospital from the time they arrived until the end of their stay.

Precise time monitoring: accurately recorded the amount of time needed for every stage, such as registering, waiting for a consultation, having a

	consultation, getting any required diagnostic tests completed, and the discharge procedure. Procedure for mapping created thorough process maps that showed every stage of a patient journey graphically. Every action from the first registration to the last discharge was depicted on these maps. Finding bottlenecks: a detailed examination of the process maps was conducted to pinpoint the main locations of delays and inefficiency. This included long wait times prior to consultations, a packed waiting room, and uncomfortable sitting arrangements. Measured the effect of these obstructions on total flow of patients and satisfaction by analysing the data that was gathered. This involved figuring the peak congestion hours and average wait times. Tracking the endoscopy process: time process mapping in the endoscopy department observation and gathering of data. First observation: to obtain a thorough grasp of the patient's journey, the complete endoscopic procedure was observed. This involved following the patients from the time of their initial entrance and getting ready, all the way through the actual endoscopic surgery, and ending with the recuperation phase. Exact timekeeping: accurate timekeeping of all phases of the endoscopic operation, including preparation prior to the procedure, the length of an endoscopy and the recovery period following the treatment. It was essential to have this thorough time tracking to pinpoint the precise locations of delays. Process of mapping making process maps: to see the complete patient flow from beginning to end in the endoscopy department, comprehensive process maps were made. From the beginning of the check-in time and preparations to the actual treatment and the recovery phase, these maps covered every stage of the patient journey. Evaluation Delays and inefficiencies: identifying delays: to identify certain locations with delays and inefficiencies, the process maps were analysed. Time spent preparing the patient, the length of the endoscopic process, and the recovery period following the treatment were major areas of focus. EOC: the primary objective of the hospital's environment of care, or EOC, is to provide a setting that is secure, restorative, and encouraging for all patients.
Linking theory (Classroom learning) with practice at your organization	Applying concepts and procedures to guarantee the effective and efficient provision of healthcare services is known as operations management in the healthcare industry. • Process Improvement and Design: • Theory: Emphasizes creating effective workflows and enhancing them over time to raise output and quality. • Application: Process design in healthcare guarantees patient pathways that are streamlined from admissions to discharge, reducing wait times and enhancing patient flow. Processes are improved and waste is decreased through the application of continuous improvement approaches like Six Sigma and Lean.

Gaps identified on the working area.	Incoherencies: Differences in techniques: distinct methods for welcoming and registering patients. Restrictions on Resources: Not enough employees: Overcrowding during registration could result from a lack of staff, especially during busy hours. Extended wait times and issues for patients are caused by inefficient interaction among staff and doctors while making appointments. Extended wait times for patients in ultrasounds. The waiting area is not that large. Few employees are overworked. The surgery room was overly noisy and crowded with personnel chitchat. Because of this, patient safety and the standard of care may be jeopardized during procedures, which need focus and concentration. Patients' access to waiting seats following the pre-procedure stage is inadequate.
Suggestions for improvement	Facilitate smooth patient handovers, departments should establish standardized communication methods. Reduce delays and enable real-time updates by utilizing digital communication technologies. Enhancing the Flow of Patients: Create a more seamless check-in and discharge process by redesigning patient pathways to reduce wait times and prevent bottlenecks. Improve the overall satisfaction and efficiency of the appointment, assign specialized patient navigators to assist patients throughout. Redesign the waiting area and purchase extra seats to accommodate the number of patients who usually wait during peak times. Strictly enforce rules on noise levels in treatment rooms, stressing the value of keeping a calm environment. Guarantee accountability and prompt completion of permission forms, designate designated staff members with specific responsibilities. Standardizing OPD processes: Consistency and effectiveness in patient care can be ensured by creating and executing standard procedures across all departments. Allocating resources optimally can be achieved by examining personnel requirements and equipment usage, which can point out areas that need to be improved to manage patient volume.

Signature of the Student