

SUMMER INTERNSHIP PROGRAM

at

PARAS HEALTH, UDAIPUR

From 1st MAY, 2024 to 1st JUNE, 2024

A REPORT BY

Dr. Sakshi

MBA Hospital & Healthcare
2023-25

under the Mentorship of

Dr. Dhirendra Kumar



Completion Certificate from the Organization

CERTIFICATE

This is to certify that **Dr. Sakshi** of 2023-25 batch of MBA Hospital & Health Management, IIHMR University has worked with Paras Health for her summer internship **from 1st May 2024 to 30th June, 2024**. The overall performance shown by her during the period was excellent. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 29/06/2024



(Signature of organization Mentor)

Name: Dr. Hitesh Raj Singh

Designation: Asst. Medical Superintendent

Stamp of the organization



Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr. SAKSHI of 2023-25 batch of MBA Hospital and Health Management, IIHMR University has worked with our organization for her summer internship from 1st May 2024 to 30th June 2024. The overall performance shown by her during the period was excellent. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 29/06/2024


(Signature of organization Mentor)

Name: Dr. Hitesh Raj Singh

Designation: Asst. Medical Superintendent

Stamp of the organization



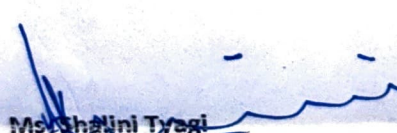
PHPL/HR-Rel./2024/00182

29th June 2024**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Dr. Sakshi Rana has completed her Internship at Paras Hospitals, Udaipur from 01-May-24 to 29th-June-24 under the supervision of Dr. Hitesh Singh AMS at Medical Administration Department.

The Management acknowledges & appreciates her contributions to the Organization during her tenure and wishes her all the best for her future endeavours.

For Paras Health, Udaipur


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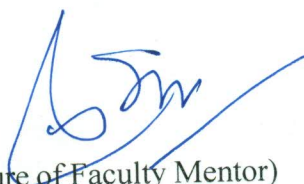
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IIHMR University Faculty Mentor Approval

This is to certify that **Dr Sakshi.** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared poster with respect to her summer internship held during 1st May 2024 to 30th June 2024.

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

Date – 02/08/2024

A handwritten signature in blue ink, appearing to be 'D.K.', written over a horizontal line.

(Signature of Faculty Mentor)

Dr Dhirendra Kumar
Professor
IIHMR UNIVERSITY JAIPUR

About the organization

Paras Healthcare Pvt. Ltd. is a chain of hospitals founded in 2006, with centers in Gurgaon, Chandigarh, Panchkula, Darbhanga, and Patna, Udaipur totaling 730 beds. It offers specialized tertiary medical care through Paras Hospitals and Paras Bliss, focusing on multispecialty and mother-and-child care respectively. Expansion plans include new centers in Uttar Pradesh.

Visison

Stepping Closer with every phase of developing healthcare provisions available for one and all, anywhere and everywhere with a futuristic advancement. Alongside channelizing and widening the horizons of PARAS HEALTH as a Centre of Excellence

Aim of Study

Implement standardized surgical bundles to streamline resource management, lower costs, and enhance patient safety and operational efficiency at Paras Health Udaipur.

Objective

Optimize resource utilization and reduce waste, lower the cost of goods sold (COGS) through accurate inventory management, enhance workflow efficiency by minimizing setup time and delays, improve patient safety with consistent availability of sterile supplies, and increase staff satisfaction by simplifying preparation processes.

Research Methodology

- Data Collection:** Data from OT consumables bills and PMR sheets for various surgeries of following departments were collected:

1. Obs. & Gynae: LSCS & D&C
2. Orthopaedic: TKR, Robotic TKR & THR
3. General Surgery: Appendectomy, Lap chole &
4. Neurosurgery: TILF, Craniectomy, MLD & EVD.
5. Cardiology: CAG & CAG+PTCA.
6. Urology: PCNL, URSL, DJ Stenting & Removal.

- Data from six prior cases for each surgery was taken to understand consumable usage comprehensively.

- Data Entry:** The extracted data was entered into a spreadsheet, with separate sheets for each surgery type and surgeon. Each sheet include Item Name, Qty. Used, Average usage & Qty. Suggested by Surgeon.

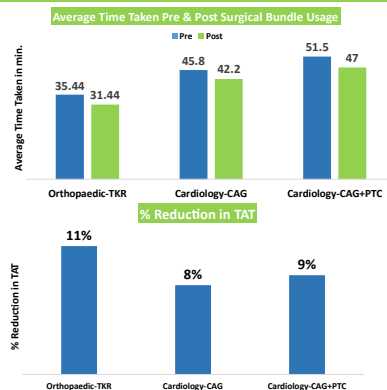
- Data Analysis:** For each consumable item, the average quantity used across the six cases was calculated. This average was then presented to the respective surgeons for review and feedback.



Research Methodology

- Surgeon Review:** Surgeons reviewed the average quantities and suggested adjustments based on their experience and preferences. This feedback helped us in finalizing the quantity of each consumable item for the surgical bundles.
- Final Bundles Preparation:** Based on the surgeon's input, they fixed quantities for each consumable, so as to ensure a balance between requirement and consumption.

Results



Findings

- The implementation of surgical bundles significantly reduced the average time taken for procedures across all departments: Orthopaedic-TKR decreased by 3.56 minutes, Cardiology-CAG by 3.6 minutes, and Cardiology-CAG+PTCA by 4.5 min.
- The implementation of the surgical bundle resulted in a reduction in TAT by 11% in Orthopaedic-TKR, 8% in Cardiology-CAG, and 9% in Cardiology-CAG+PTCA.
- Detailed cost data related to the surgical items and used in these procedures is confidential and cannot be disclosed publicly due to confidentiality agreements.

Challenges

- Lack of teamwork and coordination among staff hindered process implementation.
- Communication gaps between departments caused delays and misunderstandings.
- Resistance from staff when introducing new clinical pathways and surgical bundles.
- Budget constraints limited the scope of improvements.
- Challenges in involving doctors in clinical pathway development.
- Difficulties in collecting accurate data for projects like optimizing ALOS and preparing surgical bundles.

PRACTICAL EXPOSURE V/S THEORETICAL UNDERSTANDING

Practical Understanding at Paras Health	Theoretical Understanding at LIHMR University
➤ Operational, hands-on experience in healthcare management.	➤ Academic focus on healthcare systems and management theories.
➤ Real-world hospital setting, exposure to daily operations.	➤ Classroom-based, lectures, case studies, and discussions.
➤ Project management, data analysis, quality improvement.	➤ Strategic planning, policy analysis, leadership skills.
➤ Implementing practical healthcare guidelines and standards in real-world settings.	➤ Application of theoretical frameworks to analyze and address healthcare scenarios.

Usefulness of SIP

The internship provided practical experience to apply academic knowledge in real-world settings. Skills such as communication, teamwork, problem-solving, and time management were honed through hands-on tasks. Exposure to industry practices allowed for exploration of career interests and networking with professionals contributed to personal growth, fostering confidence and readiness for future endeavors.

- High-Quality Medical Services
- Experienced Medical Staff
- Advanced Medical Equipment
- Strategic Location
- Strong Brand and Expansion



- Resource Constraints
- Staff Resistance to Change
- Communication Gaps
- Limited Involvement of Doctors in Administrative Decisions
- High operational cost



- Growing Healthcare Demand
- Investment in New Facilities
- Partnerships and Collaborations
- Training and development
- Technology integration

- Competition
- Regulatory compliance
- Pandemic and Health Crises

Learnings

- Developed skills in data analysis for ALOS and Surgical Bundle projects, using data to improve efficiency and patient care.
- Created standardized clinical pathways for surgeries, integrating guidelines and monitoring systems.
- Developed adaptability and problem-solving skills in a dynamic healthcare environment.
- Executed and managed multiple projects, acquiring valuable experience in project management while successfully accomplishing set objectives.
- Learned quality assurance through audits and training, identifying non-compliance, and proposing corrective actions.

Suggestions

- Conduct training sessions about the importance and benefits of compliance with EMR
- Develop personalized care plans to address individual patient needs, improving patient satisfaction and outcomes
- Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions.
- Conduct regular audits and compliance checks to ensure adherence to clinical standards and protocols.
- Standardize communication among OT managers and doctors to streamline surgical item procurement and reduce delays.

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Introduction:

This report details my summer internship experience at Paras Health, where I worked as an intern in the Medical Administration Department. Leading Indian healthcare provider Paras Health is well known for its dedication to high-quality patient care and safety. My internship, which ran from 01/05/24 to 30/06/24, provided me with a priceless chance to obtain firsthand knowledge of the complex inner workings of hospital quality management.

One of the significant projects I undertook was developing standardized surgical bundles at Paras Health Udaipur. This involved analyzing historical data, consulting with experts, and creating bundles to improve operational efficiency, reduce costs, and enhance patient safety. Additionally, I worked on optimizing inventory management and gathering feedback for continuous improvement. This project was instrumental in laying a strong foundation for setting new standards in surgical care quality and efficiency.

Another significant project I undertook was optimizing the Average Length of Stay (ALOS) at Paras Health. This involved comprehensive data collection on LOS, variances, reasons for extended stays, billing packages, and patient remarks. I analyzed the data to identify trends and areas for improvement, and proposed targeted strategies to reduce ALOS, enhance patient care, and cut costs. This project was crucial in preparing for process improvements and operational efficiency initiatives.

My final project in the organization was developing clinical pathways for Total Knee Replacement, Myocardial Infarction, and Neurosurgeries. This involved integrating NICE guidelines, collaborating with stakeholders, and defining each step of the care process, including assessments, investigations, and discharge planning. I created detailed checklists to ensure consistent application and monitored the implementation to enhance patient outcomes. This project was essential in standardizing care and improving operational efficiency within the organization, making it a pivotal part of my internship experience.

During my internship, I also collaborated with the Quality Department to conduct internal audits and open file audits, ensuring compliance with established standards and identifying areas for improvement.

My summer internship at Paras Health's Medical Administration Department has significantly enhanced my understanding of healthcare management. This report provides a comprehensive overview of my experiences, insights, and contributions during the internship. It illustrates how I effectively applied theoretical knowledge to practical situations and developed essential skills for a career in healthcare management.

Background

As part of the MBA Hospital and Health Management program at IIHMR University, I undertook an eight-week summer internship with Paras Health. This internship was a pivotal part of the MBA curriculum, designed to bridge the gap between theoretical knowledge and practical application. The experience proved to be an enriching journey that significantly enhanced my understanding of the healthcare industry and honed my managerial skills.

During the internship, I was immersed in the day-to-day micro-level operations and management within a hospital setting. This first-hand exposure was invaluable as it allowed me to witness the intricacies of hospital management, from patient care to administrative functions. I had the opportunity to work closely with various departments, gaining a holistic view of how a healthcare facility operates.

One of my primary projects was developing standardized surgical bundles. This task involved extensive research, collaboration with surgical teams, and understanding best practices to ensure patient safety and improve surgical outcomes. I analysed current procedures, identified inefficiencies, and proposed standardized protocols to streamline the surgical process. This project not only deepened my knowledge of surgical operations but also taught me the importance of teamwork and effective communication in a clinical setting.

Another significant project was optimizing the average length of stay (ALOS) for patients. I conducted data analysis to identify factors contributing to extended hospital stays and worked on developing strategies to reduce ALOS without compromising patient care quality. This project required a thorough understanding of patient flow, resource allocation, and the impact of various clinical pathways. The experience taught me how to balance operational efficiency with high-quality patient care, a crucial aspect of healthcare management.

Creating clinical pathways was another critical aspect of my internship. I collaborated with multidisciplinary teams to develop evidence-based protocols for specific medical conditions. This involved reviewing clinical guidelines, consulting with healthcare professionals, and ensuring that the pathways were practical and aligned with the hospital's capabilities. The project underscored the importance of evidence-based practice in improving patient outcomes and enhancing the efficiency of healthcare delivery.

In addition to these projects, I worked closely with the Quality Department on internal audits and open file audits. This collaboration involved reviewing patient records, assessing compliance with clinical guidelines, and identifying areas for improvement. The experience provided me with a comprehensive understanding of quality assurance processes in healthcare and the critical role of audits in maintaining high standards of care.

Throughout the internship, I identified various gaps, issues, and problems associated with operational areas and programs. This critical analysis was instrumental in developing my problem-solving skills and ability to think strategically. I was empowered to provide valuable suggestions to address these challenges, contributing to the hospital's continuous improvement efforts.

One of the most rewarding aspects of the internship was the opportunity to connect theoretical concepts learned in class with practical experiences. For instance, I applied my knowledge of healthcare management principles to real-life situations, such as optimizing resource allocation, improving patient care processes, and enhancing overall hospital efficiency. This application of theory to practice not only solidified my understanding of key concepts but also enhanced my confidence in my ability to contribute effectively to the healthcare industry. The internship also provided a platform for potential pre-placement offers, highlighting its significance for career development. The exposure to industry practices, coupled with the opportunity to demonstrate my skills and capabilities, positioned me well for future employment opportunities. The experience was instrumental in shaping my career aspirations and providing a clear direction for my professional growth.

By the end of the internship, I had developed a solid understanding of management issues related to patient care and healthcare administration. The hands-on experience allowed me to apply my academic knowledge to real-life work environments, enhancing my ability to contribute effectively to the field. The internship was completed with dedication and greatly valued for the exposure and learning it provided.

Objectives of Summer Internship

The primary objective of my internship at Paras Health was to develop standardized surgical bundles. This involved analyzing historical data on surgical procedures and consumables, consulting with surgical experts to determine the optimal contents of the bundles, and creating standardized bundles to enhance operational efficiency and reduce costs. Implementing these bundles and gathering feedback for continuous improvement was a crucial part of this objective.

Another significant objective was to optimize the Average Length of Stay (ALOS). This required collecting comprehensive data on length of stay metrics, including variances and reasons for extended stays, and analyzing this data to identify trends and areas for improvement. By proposing and implementing strategies to reduce ALOS without compromising patient care, I aimed to enhance patient care and reduce costs. Evaluating the effectiveness of these strategies was essential to ensure sustained improvements in operational efficiency.

Developing clinical pathways for Total Knee Replacement, Myocardial Infarction, and Neurosurgeries was also a key objective. This project involved integrating NICE guidelines, collaborating with stakeholders to define each step of the care process (including assessments, investigations, and discharge planning), and creating detailed checklists to ensure consistent application. Monitoring and evaluating the implementation of these clinical pathways was critical to enhance patient outcomes and improve operational efficiency.

Conducting internal and open file audits in collaboration with the Quality Department was another important objective. This involved ensuring compliance with established standards and protocols, identifying areas for improvement, and recommending necessary actions. Documenting and reporting findings to Quality Manager was crucial for maintaining high standards of care and operational efficiency.

Closing non-conformities (NCs) related to NABH standards, particularly in Access, Assessment and Continuity of Care (AAC) and Chapter 2 (Care of Patient) of Medical Administration, was a critical objective. This required addressing and resolving NCs, implementing corrective actions to ensure compliance, and collaborating with relevant departments to facilitate the closure of NCs.

Designing and implementing pilot testing for surgical bundles for LSCS and TKR, and collecting and analyzing data related to key performance indicators (KPIs) for surgical bundles, was another objective. Using this data to refine and improve the surgical bundles, and presenting findings and recommendations to department heads for evaluation and approval, were essential steps in this process.

Applying quality management and process improvement techniques, such as PMBOK techniques in clinical pathway development and surgical bundle pilot testing, was also a significant objective. Utilizing TQM principles and quality assurance strategies to improve processes, employing Six Sigma tools like DMAIC to streamline clinical pathway processes and identify non-conformities, and using research methodologies and healthcare analytics to investigate and validate improvements were all part of this objective.

Lastly, enhancing my professional skills and knowledge was a fundamental objective of the internship. This involved gaining practical experience in healthcare management and quality assurance, developing essential skills for a career in healthcare management, and applying theoretical knowledge to real-world healthcare settings.

These objectives provided a structured framework for my internship, enabling me to contribute meaningfully to Paras Health's mission of delivering high-quality patient care while enhancing my professional growth and understanding of healthcare management.

Overview of Organization

Paras Health is a leading corporate hospital chain in India that aims to provide affordable, accessible, and high-quality healthcare services to communities across the country. Founded in 2006, the company has grown to a network of 8 hospitals in Northern India, with a total of over 2,000 beds as of 2023.

Paras Health's mission

To make affordable and quality tertiary healthcare accessible to underserved communities. The company's visual identity emphasizes its four core values: Compassion, Accessibility, Affordability, and Quality. By staying abreast with the latest developments in the medical field and combining cutting-edge technology with renowned medical expertise, Paras Health has been delivering world-class clinical outcomes.

Paras Health specializes in key areas such as Cardiac Sciences, Neuro Sciences, Orthopedics, Oncology, and Gastroenterology. The Organization aims to become the largest private healthcare provider in North India by 2031, with an ambitious plan to expand to a network of over 9,000 beds. This expansion will be driven by both organic growth and acquisitions, with a planned addition of more than 2,000 beds by the fiscal year 2028 through new hospitals in Kanpur, Srinagar, and Panchkula.

The flagship hospital of Paras Health is located in Gurugram, where the company recently began construction on a new 300-bed facility, set to be completed by 2026. Upon completion, the Gurugram hospitals will collectively offer 600 beds, positioning Paras Health as one of the largest healthcare providers in the National Capital Region. This new hospital will feature advanced medical technologies such as robotic and navigation systems and will cater to both international and domestic patients. It will also expand its service offerings to include organ transplant programs for lungs and livers, in addition to the existing kidney and bone marrow transplant programs.



Activities undertaken during the internship

Induction and Training

The initial phase of my internship involved thorough induction into the organization. I was introduced to various departments and key personnel, which helped me understand the operational dynamics of the hospital. I attended a quality training program, which provided me with a comprehensive understanding of the hospital's quality standards and protocols. This foundation was crucial for my subsequent projects and activities. This initial phase allowed me to understand the hospital's operations and familiarize myself with critical information, including medical records, emergency department data, total number of patients in IPD, patient flow in OPD, and patient discharge files. Additionally, I attended a quality training program to better understand the standards and protocols followed by the hospital.

Surgical Bundle Project

I participated in discussions and meetings regarding the upcoming surgical bundles project and began working on the Surgical Bundle Project. I designed the framework for the surgical bundles by gathering secondary data from Perioperative Management Record sheets and identifying commonly performed surgeries at Paras Health. Through extensive discussions with doctors and the OT manager, I gained a detailed understanding of commonly used items in surgeries such as LSCS, D&C, TAH, and TKR (Unilateral & Bilateral), Urology (RIRS, PCNL With laser, DJ stenting and DJ Removal, Neurology (TILF, MLD, EVD, Cranioplasty, Craniectomy, General surgery (laparoscopy, Lap chole, Appendectomy, fistulectomy), Cardiology (CAG, CAG + PTCA). I analyzed secondary data to identify gaps and ongoing requirements for commonly performed surgeries, and engaged in discussions with doctors and their assistants about consumable items required in their surgical bundles. I collected data on consumables used in OT by Dr. Ashish Singhal for TKR, THR, and robotic surgeries, and Dr. Rahul Khanna for THR surgeries, Dr Hitesh Yadav for CAG, CAG + PTCA), Dr Mukesh Sehvaag for Urology surgeries, Dr Ajit Singh for Neurology surgeries, Dr Richa Kamboj for dermatological procedures (Vampire Facial, Molluscum Needling with TCA applicator, Comedone Extraction, and Peels) and Dr Abhishek Vyas for General surgeries. This analysis helped in identifying the specific needs of consultants and their assistants. I discussed and finalized the surgical bundles for pilot testing with the Facility Director. The surgical bundles for TKR, CAG and CAG + PTCA were approved by respective consultants Dr. Ashish Singhal and Dr. Hitesh Yadav, thus finalizing the surgical bundles for pilot testing.

ALOS Project

I started working on the ALOS Project by engaging in discussions and meetings to understand the issues related to the length of stay of patients in various departments. I collected primary data on the average length of stay (ALOS) of patients across various departments to study variances and reasons for extended stays. My focus was on reducing the Cost of Goods Sold (COGS) by analyzing length of stay data. Through continued work on the ALOS Project, I identified key areas for improvement and proposed strategies to enhance patient care and reduce operational costs.

Clinical Pathway Process

I had numerous discussions and meetings regarding clinical pathways to standardize care processes. I conducted ground research about clinical pathways, their benefits, and standardized protocols for specific patients. I discussed the entire process with Dr. Ashish Singhal, focusing on the clinical pathway from admission to discharge of a Total Knee

Replacement patient, and completed the step-by-step clinical pathway process for TKR, which was approved by Dr. Ashish Singhal. I also collaborated with Dr. Rameshwaram and Dr. Ajit Singh to develop clinical pathways for neurology patients, completing the process for Cranioplasty, Craniotomy, EVD, MLD, and TLIF. Dr. Ajit Singh approved these pathways. Additionally, I worked with Dr. Hitesh Yadav on the clinical pathway for myocardial infarction, which was also approved by Dr. Ajit Singh.

Quality Assurance Department Work

In the Quality Assurance Department, I conducted internal and open file audits, completing 35 open file audits at Paras Health. I discussed consent forms, types of consent, and ISBAR, and worked on clinical audits of internal medicine and PTCA procedures. I conducted clinical audits of cases from January to April under the supervision of Dr. Sandeep Bhatnagar, Dr. Abhay Jain, and Dr. Madhu. I compiled collected data and reported to Quality Manager. I assisted in executing mock drills for Code Blue, Red, Purple, and Orange, and worked on closing non-compliances for medical operations and NABH Chapter 2 Care of Patient. I collaborated with the Quality Department on QIPs for NABH and contributed to the design of the Antenatal Card for Paras Health.

Methodology

During my summer internship, **Phase 1: Preliminary Phase** involved designing the surgical bundle framework and conducting an ALOS study, while **Phase 2: Working Phase** and **Phase 3: Concluding Phase** included data collection, analysis, pilot testing, and achieving reduced procedure times and cost savings.

Phase 1 Preliminary Phase	Phase 2 Working Phase	Phase 3 Concluding Phase
• Induction and training • Designed the surgical bundle framework • Conducted a retrospective study on ALOS to identify reasons for variance • Discussed the surgical bundle project with Dr. Ashish Singhal, Dr. Hitesh Yadav, and Dr. Mukesh Sehvaag	• Designed methodology for surgical bundles. • Collected data from OT consumables bills and PMR sheets for various surgeries, analyzing six prior cases for each type. • Calculated average quantities for each consumable item and reviewed with surgeons for feedback. • Gathered information from patient files for those with extended lengths of stay for the ALOS project.	• Analyzed ALOS across all departments; orthopedics showed higher variance due to patient severity and treatment type. • Conducted pilot testing of surgical bundles for TKR and CAG, noting reduced turnaround time from 35 to 28 minutes and • Achieved cost reduction by reducing waste and controlling pilferage • Closed non-conformities of medical administration.

Surgical Bundle Project

For the Surgical Bundle Project, I began by analyzing historical data on surgical procedures and consumables to identify patterns and requirements. I consulted with surgical experts to gather insights and ensure the bundles were designed according to the hospital's needs. Through discussions with doctors and the OT manager, I gained an in-depth understanding of the specific items required for various surgeries. I used this information to create a framework for the surgical bundles. The implementation phase involved continuous feedback and

adjustments to the bundles, ensuring they met the required standards and addressed any gaps identified through data analysis.

ALOS Project

To optimize the Average Length of Stay (ALOS), I collected primary data on patient stays, focusing on variances and reasons for extended stays. I engaged in discussions with department heads and staff to understand the underlying issues affecting ALOS. Through data analysis, I identified trends and proposed targeted strategies to reduce ALOS. My approach involved continuous monitoring and evaluation to ensure the strategies were effective and sustainable.

Clinical Pathway Process

Developing clinical pathways required extensive research and collaboration with healthcare professionals. I integrated NICE guidelines into the pathways and worked closely with doctors and nurses to define each step of the care process. Detailed checklists were created to ensure consistent application of the pathways. I monitored the implementation and gathered data on their effectiveness, making necessary adjustments to optimize patient outcomes. Approval from senior doctors was obtained to validate the pathways, ensuring they met the hospital's standards and improved operational efficiency.

Quality Assurance Department Work

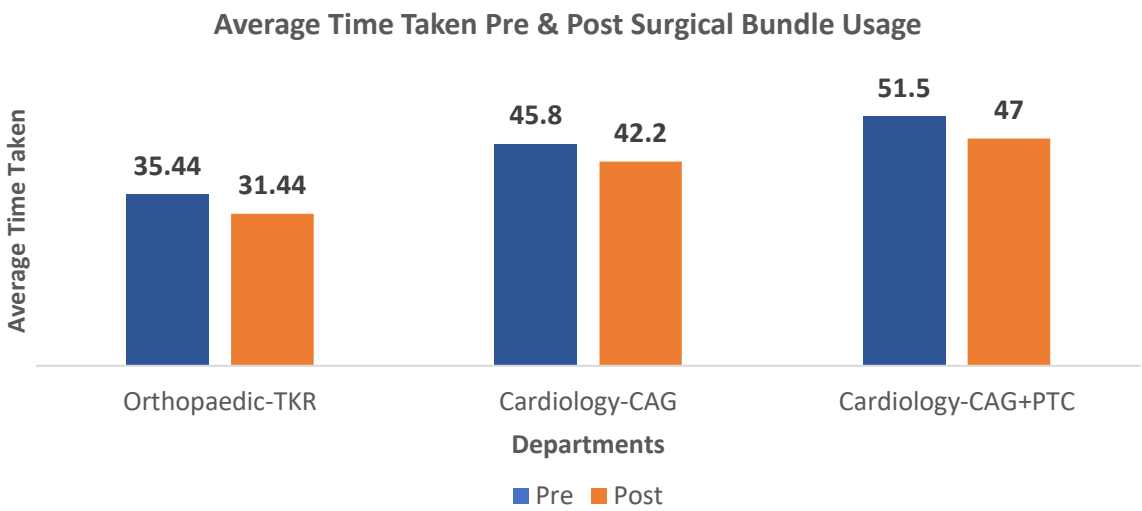
Conducting audits required a meticulous approach to ensure compliance with established standards. I participated in internal and open file audits, documenting findings and reporting them to relevant stakeholders. I engaged in discussions about consent forms and ISBAR protocols, which helped me understand the critical aspects of patient care and documentation. My work on clinical audits involved reviewing cases, compiling data, and providing insights for budgeting and operational improvements. I played a key role in organizing documentation for NABH audits and participated in mock drills to prepare for emergency situations. Collaborating with the Quality Department on QIPs and working on designing the Antenatal Card involved applying quality management principles to enhance patient care and operational efficiency.

RESULTS

SURGICAL BUNDLES

The implementation of surgical bundles significantly reduced the average time taken for procedures across all departments: Orthopaedic-TKR decreased by 3.56 minutes, Cardiology-CAG by 3.6 minutes, and Cardiology-CAG+PTCA by 4.5, indicating improved efficiency and streamlined processes

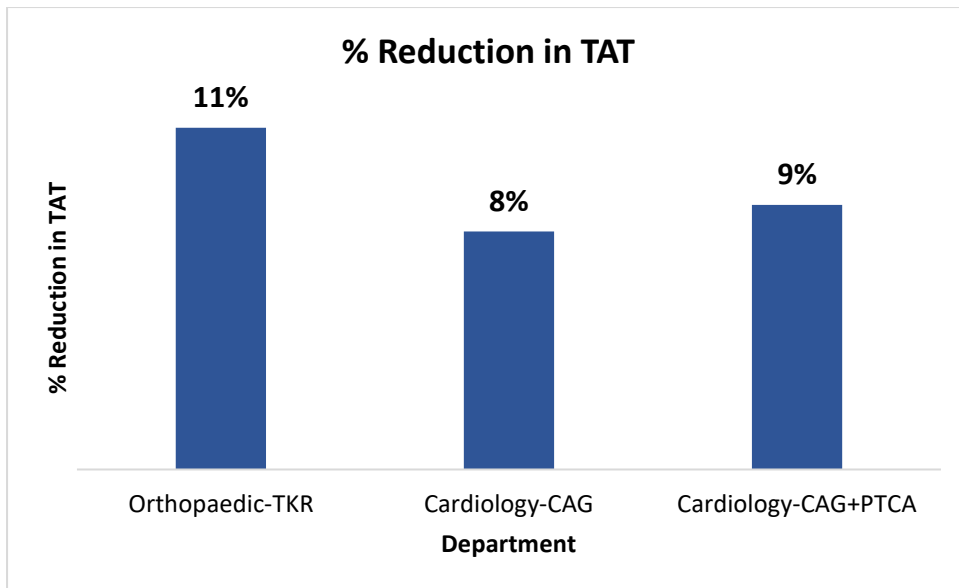
Department	Average time taken	
	Pre	Post
Orthopaedic-TKR	35.44	31.44
Cardiology-CAG	45.8	42.2
Cardiology-CAG+PTC	51.5	47



The implementation of the surgical bundle resulted in a reduction in TAT by 11% in Orthopaedic-TKR, 8% in Cardiology-CAG, and 9% in Cardiology-CAG+PTC departments. Indicating a significant improvement in operational efficiency across these departments.

Detailed cost data related to the surgical items and used in these procedures is confidential and cannot be disclosed publicly due to confidentiality agreements

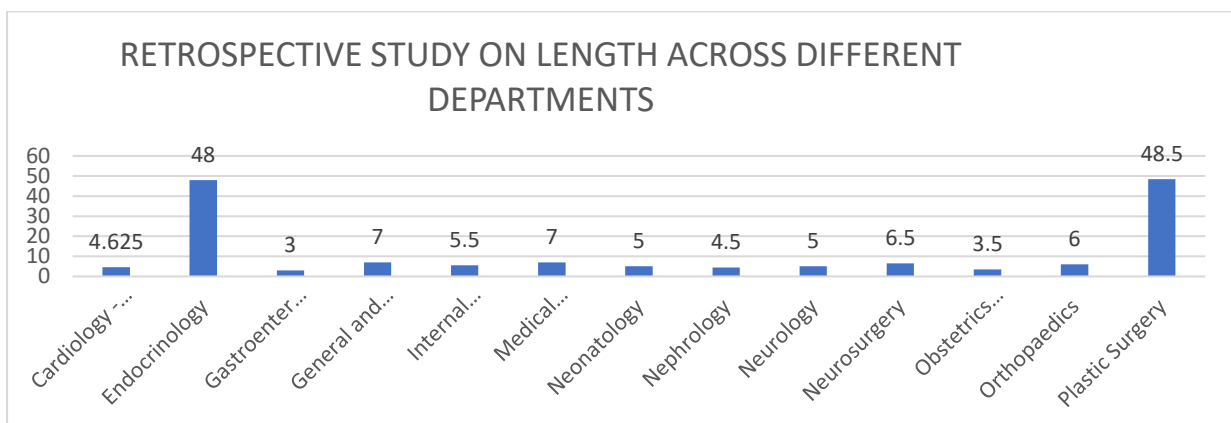
Department	% Reduction in TAT
Orthopaedic-TKR	11%
Cardiology-CAG	8%
Cardiology-CAG+PTC	9%



ALOS PROJECT

Through ALOS Project I tried to identify factors and common variances leading to prolonged hospital stays. This retrospective study indicates significant variance observed in the length of stay across departments.

- Gastroenterology and Plastic Surgery departments were the outliers in the study as they had the highest average lengths of stay at 48 and 48.5 days respectively due to chronic condition and major reconstructive changes.
- Cardiology, General and Minimal Access Surgery, Internal Medicine, Medical Oncology, Neonatology, Nephrology, Neurology, Neurosurgery, Obstetrics and Gynaecology, and Orthopaedics departments had comparatively lower average lengths of stay, ranging from 3 to 7 days.
- Cardiology had the shortest ALOS at 4.625 days.



Learning in the Organization

Quality Management and Assurance

I learned the importance of maintaining high-quality patient care through attending quality training programs and conducting internal and open file audits. This experience enhanced my ability to identify non-compliance, document findings, and propose corrective actions. Participating in mock drills and working on quality improvement projects (QIPs) for NABH deepened my understanding of quality assurance processes.

Data Analysis and Process Optimization

Working on the ALOS project and the Surgical Bundle Project honed my skills in data collection and analysis. I learned how to use data to identify trends, gaps, and areas for improvement, and to propose targeted strategies for enhancing operational efficiency and patient care.

Clinical Pathway Development

Developing clinical pathways for Total Knee Replacement, Myocardial Infarction, and Neurosurgeries taught me the importance of standardizing care to improve patient outcomes. I learned to integrate evidence-based guidelines, collaborate with stakeholders, and create detailed care processes, including checklists and monitoring systems.

Collaboration and Communication

I had numerous opportunities to collaborate and communicate with healthcare professionals across different departments. Engaging in discussions with doctors, nurses, and administrative staff provided diverse perspectives on patient care and hospital operations, enhancing my collaborative and communication skills.

Project Management and Implementation

Managing and implementing multiple projects simultaneously taught me valuable project management skills. From designing surgical bundles to proposing strategies for reducing ALOS, I learned to handle complex projects, set objectives, timelines, and deliverables, and coordinate with various teams to ensure successful execution.

Adaptability and Problem-Solving

Working in a dynamic hospital environment required adaptability and strong problem-solving skills. Addressing non-conformities, adjusting projects based on feedback, and refining clinical pathways in real-time prepared me to handle complex challenges in healthcare settings.

Suggestions for Improvement

- Implement cross-training for doctors and nursing staff on patient daily report filing.
- Encourage open communication and collaboration among all departments.
- Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns.
- Establish a feedback mechanism for doctors to voice their concerns and suggestions regarding surgical bundle compliance and other procedural changes.
- Conduct training sessions about the importance and benefits of compliance with EMR and other guidelines.
- Monitor EMR usage and provide individualized support or additional training where compliance is lacking.
- Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions.
- Develop personalized care plans to address individual patient needs, improving patient satisfaction and outcomes.
- Schedule regular meetings between departments to ensure clear communication, align goals, and foster teamwork.
- Address internal conflict resolution among the management department.
- Encourage inclusivity of doctors in management decisions.
- Improve responsiveness and participation of doctors in project implementation.
- Conduct regular audits and compliance checks to ensure adherence to clinical standards and protocols.
- Use data-driven strategies to ensure optimal allocation of resources, reducing delays and improving patient care.
- Encourage a culture where staff at all levels are motivated to contribute ideas for continuous improvement in processes and patient care.
- Implement a bed management system for real-time tracking to optimize bed availability and revenue generation.
- Standardize communication among OT managers and doctors to streamline surgical item procurement and reduce delays.

Conclusion

Overall, my internship at Paras Health was a comprehensive learning experience that allowed me to apply theoretical knowledge to practical situations. The diverse projects and responsibilities I undertook provided valuable insights into healthcare management and quality assurance. Through meticulous data analysis, collaboration with healthcare professionals, and continuous monitoring and evaluation, I was able to contribute meaningfully to the organization's mission of delivering high-quality patient care.

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 01

From:1/05/24 to 4/05/24

Activity Done	• Allotment of Department and Mentor • Induction and Introduction to organisation premises • Hospital round with mentor for detailed overview of the all departments • Discussion and meetings regarding upcoming project • Analysing and observing critical information like medical records, Emergency department, total number of patients in IPD, Patient flow in OPD, Patient discharge files • Attended Quality training program in the hospital
Linking theory (Classroom learning) with practice at your organisation	• Implement change management theories for effective organizational learning and adaptation. • Applied business communication principles to departmental rounds for clear and effective exchange of information with mentors and colleagues • Implemented 5S principles across departmental tasks, promoting efficiency and a culture of ongoing improvement within the hospital.
Gaps identified on the working area.	• Observed gap in MRD department between doctor and nursing staff in order to complete patient daily report files. • Shortage of Manpower in Emergency department.
Suggestions for improvement	• Implement cross-training for doctors and nursing staff on patient daily report filing. • Assign tasks related to reports to support staff to work more efficiently. • Recruiting GDAs and nursing staff for the ER. • Encourage open communication and collaboration among all departments
Plan for the next week	• Working with mentor for upcoming project. • Designing framework for the upcoming project. • In depth knowledge about the department with mentor and finding gaps between them

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 02

From:6/05/24 to 11/05/24

Activity Done	• Started working on Surgical Kit Project and ALOS Project • Designed framework for surgical Kit • Discussion with Doctors and OT manager for implementation of Surgical kit • Discussion and meetings regarding reducing length of Stay of patients in each departments • Gathered secondary data from Perioperative Management Record sheets • Identified surgeries commonly performed at PARAS HEALTH • Obtained detailed understanding of commonly used items in surgeries such as LSCS, Laparoscopic, TKR (Unilateral & Bilateral) • Analysed secondary data to identify gaps and ongoing requirements for general surgeries • Collected primary data for Average length of Stay of patients in Hospital across various department to study the variance in the LOS And collected reason for their extended length to stay for comparison
Linking theory (Classroom learning) with practice at your organisation	• Implemented the Surgical Kit Project, by utilizing insights from the Hospital Services module to improve surgical procedures and allocate resources more efficiently to meet patient needs.. • Engaged in discussions with Doctors and OT manager, applying principles of business communication to foster effective collaboration, address stakeholder concerns, and ensure successful implementation of project • Gathered secondary data from Perioperative Management Record sheets, utilizing research methods to analyse trends, identify areas for improvement, and inform evidence-based decision-making. • Collected primary data on patient length of stay variance to implement targeted interventions aimed at enhancing patient satisfaction, optimizing bed availability, and increasing revenue generation.
Gaps identified on the working area.	• Identified inefficiencies in file management procedures at the nursing station. • Noted communication breakdowns among OT managers regarding surgical item requirements.
Suggestions for improvement	• Implement bed management system for real-time tracking to optimize bed availability and revenue generation.

	• Standardize communication among OT managers and Doctors to streamline surgical item procurement and reduce delays. • Enhance discharge processes to expedite patient turnover and improve bed availability. • Utilize predictive analytics to forecast patient admissions and optimize resource allocation. • Provide staff training to enhance communication and problem-solving skills.
Plan for the next week	• Working with mentor on ALOS project. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 03

From:13/05/24 to 18/05/24

Activity Done	- Continued working on the Surgical Kit Project and ALOS Project. - Collected primary data for the Average Length of Stay (ALOS) of patients across various departments to study the variance and reasons for extended stays. - Focused on reducing the Cost of Goods Sold (COGS) by analysing length of stay data. - Engaged in discussions with doctors and their assistants about consumable items required in their surgical kits. - Collected secondary data on consumables used in OT by Dr. Ashish Singhal for TKR, THR, and robotic surgeries, and Dr. Rahul Khanna for THR surgeries. - Analysed secondary data to identify gaps and ongoing requirements for general surgeries. - Gained a detailed understanding of commonly used items in urology surgeries, specifically in RIRS, PCNL, URSL with laser, DJ stenting, and DJ removal, as well as commonly performed cardiac surgeries like CAG and CAG + PTCA. - Had discussions with Dr. Mukesh Sehvaag (Urologist) and Dr. Hitesh Yadav (Cardiologist) regarding the project. - Analysed surgeries from the past four months to determine consumable needs and create personalized kits.
Linking theory (Classroom learning) with practice at your organisation	- Applied knowledge of the Health Policies RGHS and Cheeranjeevi and Health Economics course to understand the financial implications of extended patient stays and resource allocation. - Implemented principles from the Business Communication and Negotiation Skills course to foster effective communication and negotiation. - Integrated concepts from the Essential of hospital services module to focus on reducing the length of stay while maintaining high standards of patient care. - Utilized analytical skills from the Research Methodology module to manage and interpret surgical data, and identify operational inefficiencies and areas for process improvement.
Gaps identified on the working area.	- Inefficiencies in file management procedures at the nursing station. - Communication breakdowns among doctors' assistants regarding surgical item requirements. - Reluctance among doctors to provide information about the variance in the length of stay. - Difficulty in data collection due to consumable item records being discarded every two months.
Suggestions for	Adopt an EMR system to ensure efficient and accurate tracking of patient health data

improvement	and consumables, thereby reducing the frequency of data loss . • Develop clear communication protocols to streamline surgical item procurement and enhance coordination. • Introduce digital tools for systematic real-time data collection on patient stays • Redesign workflows to minimize bottlenecks and delays in patient care. • Apply lean management and Six Sigma techniques to reduce the Average Length of Stay while maintaining high care standards.
Plan for the next week	• Working with mentor on ALOS project. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project • Discussion on Clinical audits

Signature of the Student : Sakshi Rana

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 04

From:19/05/24 to 25/05/24

Activity Done	• Had a discussion on open file audits and the checklist to conduct open file Audit • Completed 28 open file audits at Paras Health • Had a discussion on consent form, Types of Consent, ISBAR • Working on clinical audits of internal medicine and PTCA procedure • Continued working on the Surgical Kit Project and ALOS Project, collected primary data for the Average Length of Stay (ALOS) of patients across various departments to study the variance and reasons for extended stays while focusing on reducing the Cost of Goods Sold (COGS) by analysing length of stay data. • Follow up from Dr. Rahul Khanna for additional consumables items required during the Surgery in OT Dr. Rahul Khanna for THR surgeries. • Approved Surgical kit for CAG and CAG + PTCA by Dr. Hitesh Yadav. • Had discussions with Dr. Mukesh Sehvaag (Urologist) and Dr. Hitesh Yadav (Cardiologist) regarding the project and if they require additional consumables items during the Surgery. • Had a discussion with Dr. Richa Kamboj (Dermatologist) to determine consumable needs and create personalized kits for Dermatological procedures (Vampire facial, Molluscum Needling with TCA applicator, Comedone Extraction, Peels • Had a discussion on Clinical Audits and Studied the checklist required for clinical Audits • Conducted internal medicine clinical Audit of Dr. Sandeep Bhatnagar, Dr. Abhay Jain, Dr. Madhu Cases from January to April. • Compiled the collected data and reported to Shailesh Sir (Head of Supply chain management department) and Finance department for the budgeting process.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation and enhancing budgeting accuracy. • Implemented concepts from the Essential of hospital services module and learned about clinical audit processes and quality assurance, open file auditing procedures, patient rights and legal compliance. • Implemented principles from the Business Communication and Behavioural Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements.
Gaps identified on the working area.	• Inconsistent compliance among doctors in using the Electronic Medical Records (EMR) system. • The internal conflict between management and a few doctors over the perceived necessity of surgical kit compliance is hindering its implementation.

	• Communication breakdowns among doctor's and assistants regarding surgical item requirements. • Reluctance among doctors to provide information about the variance in the length of stay.
Suggestions for improvement	• Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns. • Establish a feedback mechanism for doctors to voice their concerns and suggestions regarding surgical kit compliance and other procedural changes. • Training sessions about the importance and benefits of compliance with EMR and other guidelines. • Regular training and support for doctors to increase their comfort and familiarity with the EMR system • Monitor EMR usage and provide individualized support or additional training where compliance is lacking. • Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions.
Plan for the next week	• Working with mentor on ALOS project. • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project • NABH audit preparation by organizing documentation, conducting internal audits.

Signature of the Student : Sakshi Rana

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 05

From: 27/05/24 to 01/05/24

Activity Done	• Discussed NABH Audit roles and responsibilities; tasks were divided among the team. • Prepared for the NABH audit by organizing documentation and conducting internal audits. • Engaged in a brief discussion on NABH surveillance. • Assisted in executing mock drills for Code Blue, Red, Purple, and Orange. • Continued work on the Surgical Kit Project and ALOS Project. Collected primary data on the Average Length of Stay (ALOS) of patients across various departments to study the variance and reasons for extended stays, focusing on reducing the Cost of Goods Sold (COGS) by analysing length of stay data. • Followed up with Dr. Richa Kamboj regarding additional consumables required during dermatological procedures. • Created personalized kits for dermatological procedures such as Vampire Facial, Molluscum Needling with TCA applicator, Comedone Extraction, and Peels. • Collaborated with the Quality Department on Quality Improvement Projects (QIP) for NABH. • Discussed and studied the checklist required for conducting Clinical Audits. • Conducted an internal medicine clinical audit of cases from January to April under Dr. Sandeep Bhatnagar, Dr. Abhay Jain, and Dr. Madhu, alongside Dr. Hitesh (HOD Medical Operations AMS). • Completed the internal audit report for internal medicine and compiled it into a PowerPoint presentation with analytical visualizations of compliance and non-compliance of the clinical audit. • Consulted with Shailesh Sir (Head of Supply Chain Management Department) and the Finance Department regarding the budgeting process.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation and enhancing budgeting accuracy. • Implemented concepts from the Essential of hospital services module and learned about clinical audit processes and quality assurance, open file auditing procedures, patient rights and legal compliance. • Implemented principles from the Business Communication and Behavioural Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements.
Gaps identified on the working area.	• Non compliance of doctors in maintaining patient notes and consent forms regarding the procedures and surgeries. • Lack of team work and not having any proper channel of communication to get work done on time (documentation)

	• Identified gaps in floor management of the hospital, specifically miscommunication between the floor in charge and nurses • The internal conflict between management and a few doctors over the perceived necessity of surgical kit compliance is hindering its implementation. • Communication breakdowns among doctor's and assistants regarding surgical item requirements.
Suggestions for improvement	• Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns. • Proper communication between staff for completion of necessary documents required for NABH • Establish a feedback mechanism for doctors to voice their concerns and suggestions regarding surgical kit compliance and other procedural changes. • Conduct regular reviews of the collected ALOS data to identify trends and implement corrective actions.
Plan for the next week	• Continuous monitoring of the data (prospective study of ALOS) • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project

Signature of the Student: Sakshi Rana

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr. Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 06

From:3/06/24 to 09/06/24

Activity Done	• Discussion regarding non compliance and how to close the NC • Given responsibility to close Medical operations NC for closing • Had a discussion regarding the pilot testing of surgical kit with facility Director Dr. Abel George • Completed DR. Rahul Khanna surgical kit for pilot testing • Had a discussion with Mentor regarding the next project clinical pathways and its implementation • Had a discussion regarding clinical pathways to standardize care process • Did ground research about clinical pathways their benefits and standardized protocol for specific patients.
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of financial management focused on data-driven decision - making, optimizing resource allocation and enhancing budgeting accuracy. • Implemented concepts from the Essential of hospital services module and learned about clinical audit processes and quality assurance, open file auditing procedures, patient rights and legal compliance. • Implemented principles from the Business Communication and Behavioural Change for resolving communication breakdowns among doctor's assistants regarding surgical item requirements.
Gaps identified on the working area.	• Non compliance of doctors in maintaining patient notes and consent forms regarding the procedures and surgeries. • Lack of team work and not having any proper channel of communication to get work done on time (documentation) • Identified gaps in floor management of the hospital, specifically miscommunication between the floor in charge and nurses • The internal conflict between management and a few doctors over the perceived necessity of surgical kit compliance is hindering its implementation. • Communication breakdowns among doctor's and assistants regarding surgical item requirements.
Suggestions for improvement	• Schedule interdisciplinary meetings to discuss surgical item requirements and address any communication breakdowns. • Proper communication between staff for completion of necessary documents required as per NABH guidelines • Establish a feedback mechanism for doctors to voice their concerns and suggestions regarding surgical kit compliance and other procedural changes. • Conduct regular reviews of the collected ALOS data to identify trends and implement

	corrective actions.
Plan for the next week	• Continuous monitoring of the data (prospective study of ALOS) • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project • Discussion on implantation of clinical Audit

Signature of the Student: Sakshi Rana

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr Sakshi

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 07

From: 9/06/24 to 15/06/24

Activity Done	• Closed the NCs of medical operations • Had a discussion regarding the pilot testing of surgical kit with facility Director Dr. Abel George • Had a discussion with Mentor regarding the next project clinical pathways and its implementation • Had a discussion regarding clinical pathways to standardize care process • Did ground research about clinical pathways their benefits and standardized protocol for specific patients. • Had a discussion with Dr Ashish Singhal for clinical pathway implementation • Discussed the whole process with Dr Ashish about Clinical pathway from the admission till the discharge of Total knee replacement patient • Completed step by step clinical pathway process for TKR • Approved the clinical pathway process of TKR by Dr Ashish Singhal
Linking theory (Classroom learning) with practice at your organisation	• Applied Kotter's 8-Step Change Model to manage the introduction and implementation of the surgical kit project and clinical pathways • Used PMBOK (Project Management Body of Knowledge) Techniques for initiating, planning, executing, monitoring, and closing projects were utilized in the clinical pathway development and surgical kit pilot testing • Applied Six Sigma Tools and techniques like DMAIC (Define, Measure, Analyse, Improve, Control) to identify and close non-conformities in medical operations and to streamline the clinical pathway processes
Gaps identified on the working area.	• Lack of team work and not having any proper channel of communication to get work done on time (documentation) • Lack of responsiveness and participation of the doctors in implementation of the project. • Staff resistance to new processes and technologies, slowing down the implementation of improvements. • Financial constraints limiting the ability to implement necessary improvements or innovations • Insufficient involvement of doctors in decision-making processes and project implementations, leading to a lack of buy-in and support. • Insufficient communication between different levels of the organization, such as between senior management and frontline staff.
Suggestions for improvement	• Develop personalized care plans to address individual patient needs, improving patient satisfaction and outcomes.

	• Develop and regularly update SOPs to ensure consistency and quality in patient care processes • Schedule regular meetings between departments to ensure clear communication, align goals, and foster teamwork • Internal conflict resolution among the management department • Inclusivity of doctors towards management decision • Responsiveness and participation of the doctors in implementation of the project • Conduct regular audits and compliance checks to ensure adherence to clinical standards and protocols
Plan for the next week	• Continuous monitoring of the data (prospective study of ALOS) • Analysing the primary data collected on length of stay with the aim of reducing the average length to 3 days while prioritizing quality of care. • Implementation and follow up on surgical kit project • Work on clinical pathway of Myocardial infarction

Signature of the Student: Sakshi Rana

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr Sakshi Rana

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 08

From:17/06/24 to 22/06/24

Activity Done	• Working on closing NCs of NABH chapter 2 Care of Patient • Working on pilot testing for TKR, CAG, CAG +PTCA • Had a discussion regarding clinical pathways to standardize care process for neurological surgeries • Did ground research about clinical pathways their benefits and standardized protocol for specific patients. • Had a discussion with Dr Rameshwaram and Dr Ajit Singh for clinical pathway implementation • Discussed the whole process with Dr Rameshwaram about Clinical pathway from the admission till the discharge of Neurology patient • Completed step by step clinical pathway process of Cranioplasty, Craniotomy, EVD, MLD, TLIF • Approved the clinical pathway process of Neurology by Dr Ajit Singh (Neurologist) • Had a discussion with Dr Hitesh Yadav for clinical pathway implementation • Discussed the whole process with Dr Hitesh Yadav and his assistant about Clinical pathway from the admission till the discharge of Neurology patient • Completed step by step clinical pathway process of myocardial infarction • Approved the clinical pathway process of Myocardial infarction by Dr Ajit Singh (Neurologist) • Worked on designing Antenatal Card for Paras Health
Linking theory (Classroom learning) with practice at your organisation	• Used PMBOK (Project Management Body of Knowledge) Techniques for initiating, planning, executing, monitoring, and closing projects were utilized in the clinical pathway development and surgical kit pilot testing • Applied TQM principles and quality assurance strategies for improving processes, adhering to set standards, and ensuring patient safety and satisfaction. • The principles of clinical pathway design and EBP (Evidence-Based Practice) were used to standardize care processes for neurological surgeries. This involved integrating best practices and evidence-based guidelines into clinical pathways to ensure consistent and high-quality patient care. • Research methodologies and healthcare analytics learning were employed to investigate clinical pathways, their benefits, and standardized protocols. • Applied Six Sigma Tools and techniques like DMAIC (Define, Measure, Analyse, Improve, Control) to identify and close non-conformities in medical operations and to streamline the clinical pathway processes
Gaps identified on	• Lack of team work and not having any proper channel of communication to get work

the working area.	done on time (documentation) • Lack of responsiveness and participation of the doctors in implementation of the project. • Staff resistance to new processes and technologies, slowing down the implementation of improvements. • Financial constraints limiting the ability to implement necessary improvements or innovations • Insufficient involvement of doctors in decision-making processes and project implementations, leading to a lack of buy-in and support. • Insufficient communication between different levels of the organization, such as between senior management and frontline staff.
Suggestions for improvement	• Develop personalized care plans to address individual patient needs, improving patient satisfaction and outcomes. • Use data-driven strategies to ensure optimal allocation of resources, reducing delays and improving patient care. • Encourage a culture where staff at all levels are motivated to contribute ideas for continuous improvement in processes and patient care. • Develop and regularly update SOPs to ensure consistency and quality in patient care processes • Schedule regular meetings between departments to ensure clear communication, align goals, and foster teamwork • Internal conflict resolution among the management department • Inclusivity of doctors towards management decision • Responsiveness and participation of the doctors in implementation of the project • Conduct regular audits and compliance checks to ensure adherence to clinical standards and protocols
Plan for the next week	• Implementation and follow up on surgical kit project • Closing NCs of NABH chapter 2 Care of Patient

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Weekly Report

Name of the Organisation: Paras Health, Udaipur

Department of Summer Internship Program: Medical Administration

Name of the Student: Dr Sakshi Rana

Roll no: 1806

Stream: MBA Hospital and Health Management

Week no: 09

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

Activity Done	• Closed all NCs of Medical administration • Started pilot testing for surgical bundles for LSCS and TKR • Reviewed the time taken pre the usage of surgical bundles and post the usage of surgical bundles to check the efficiency of surgical bundles to reduce the turn around time for OT preparation • Collected data for analysing the other KPIs for surgical bundles • Analysed KPIs to assess the effectiveness and efficiency of the surgical bundles. • Completed the final PowerPoint presentation of our project reports. • Presented the final report to the all the Head of the department for evaluation.
Linking theory (Classroom learning) with practice at your organisation	• Used PMBOK Technique to employ structured project management methods to plan, execute, and monitor projects efficiently, ensuring all steps are well-organized and completed on time. • Implemented Total Quality Management practices to maintain high standards of patient care and improve hospital operations through continuous improvement. • Gathered and analysed data to make informed decisions, using skills learned in research methodology to improve patient outcomes and hospital processes. • Utilized the DMAIC (Define, Measure, Analyse, Improve, Control) approach to identify and fix issues in medical operations, making processes more efficient and consistent. • Demonstrated leadership by working with senior management and department heads, presenting results, and seeking feedback to ensure continuous improvement. • Applied Six Sigma Tools and techniques like DMAIC (Define, Measure, Analyse, Improve, Control) to identify and close non-conformities in medical operations and to streamline the clinical pathway processes
Gaps identified on the working area.	• Inadequate allocation of resources such as time, staff, and equipment may hinder the smooth execution of projects. • Limited access to advanced analytical tools and software, restricting the depth and scope of data analysis. • Staff resistance to new processes and technologies, slowing down the implementation of improvements. • Financial constraints limiting the ability to implement necessary improvements or innovations • Insufficient involvement of doctors in decision-making processes and project implementations, leading to a lack of buy-in and support. • Insufficient communication between different levels of the organization, such as

	between senior management and frontline staff.
Suggestions for improvement	• Develop personalized care plans to address individual patient needs, improving patient satisfaction and outcomes. • Use data-driven strategies to ensure optimal allocation of resources, reducing delays and improving patient care. • Encourage a culture where staff at all levels are motivated to contribute ideas for continuous improvement in processes and patient care. • Develop and regularly update SOPs to ensure consistency and quality in patient care processes • Schedule regular meetings between departments to ensure clear communication, align goals, and foster teamwork • Internal conflict resolution among the management department • Inclusivity of doctors towards management decision • Responsiveness and participation of the doctors in implementation of the project • Conduct regular audits and compliance checks to ensure adherence to clinical standards and protocols
Plan for the next week	• Work on compiled report submission

Signature of the Student: Sakshi Rana

Approved by the IIHMR University's Mentor