SUMMER INTERNSHIP PROGRAM

at

BLK MAX MULTI SUPER SPECIALITY HOSPITAL, DELHI

From 6 MAY 2024 to 2 JULY 2024

A REPORT BY

DEEKSHA BHARDWAJ

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

MAMTA CHAUHAN

PROFESSOR

BLK-MAX
Super Speciality Hospital

Dated: 03-07-2024

TO WHOMSOEVER IT MAY CONCERN

Sub: Internship Completion Letter

This is to certify that **Dr. Deeksha Bhardwaj** has completed Internship at BLK-Max Super Speciality Hospital from **6th May 2024 till 02nd July 2024** in the Department of **Medical Operations.**

During her tenure, her conduct was found to be excellent.

We wish her all the best for her future.

Yours Sincerely,
For Dr. B.L. Kapur Memorial Hospital,
A Unit of Lahore Hospital Society

For

Antra Pandita
Deputy Manager - Training & Development
Human Resources

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Sep 9, 2022 - Sep 8, 2026
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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Deeksha Bhardwaj** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT AND RESEARCH** has prepared a poster with respect to his/her summer internship held during May-June 2024.

He /she has carried out work as per the guidelines. His / Her poster is approved for presentation.

Date: 20/07/2024

(Signature of Faculty Mentor)

Mamta Chauhan
Professor
IIHMR UNIVERSITY JAIPUR

ANALYZING PRIMARY SOURCE OF DELAY IN THE PREAUTHORISATION PROCESS AT BLK MAX MULTI SUPER SPECIALITY HOSPITAL,NEW DELHI

NAME-DEEKSHA BHARDWAJ
ROLL NO-1698
STREAM-MBA (HM)
IIHMR UNIVERSITY JAIPUR
GUIDED BY – MAMTA CHOUHAN

HISTORY AND DESCRIPTION ABOUT ORGANISTAION

In 1930, a maternity hospital in Lahore gained recognition, especially for the poor. **DR. B L KAPUR** in 1939, re-established the hospital in Punjab after the 1947 partition and In 1959, Dr. Kapur founded a hospital in Delhi, with its foundation stone laid by Prime Minister Nehru. BLK-Max Multi Super Speciality Hospital has 650 beds, including 125 for critical care, and 20 modular operation theatres, providing integrated healthcare services.

VISION

To create a patient-centric, tertiary healthcare organization focused on non-intrusive quality care utilizing leading edge technology with a human touch

MISSION

- Quality care to all patients
- Ensure care Ethics
- Push frontiers of care through Research and Education
- Adhere to National and Global Standards in healthcare

SWOT ANALYSIS

• Strong brand • Super specialist talent pool & expertise • Comprehensive service lines • Accreditation • Technology advantage	• Over dependence on current markets • Limited geographical reach • Credit earnings to cash ratio is imbalanced
• Expansion into new healthcare segments or specialties. • Introduction of innovative healthcare technologies or treatment methods. • Targeting medical tourism to attract patients from abroad.	• Intense competition from other hospitals in the region. • Public health crises or epidemics leading to increased demand and strain on resources.

AIM

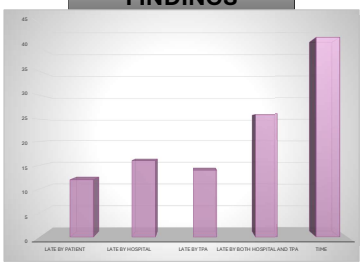
Analyzing the primary source of delays in the preauthorization process with Third Party Administrators (TPAs)

PRACTICAL EXPOSURE	THEORITICAL KNOWLEDGE
• I get practical experience in healthcare settings in medical • I faced real-time issues, learning to think quickly and solve problems in hospital	• I gained a deep understanding of healthcare management through courses and lectures. • I improved my analytical and critical skills by studying case studies, research papers

METHODOLOGY

STUDY DESIGN –Observational study for 15 days from 17 JUNE 2024 to 1JULY 2024
STUDY AREA-TPA DESK AT BLK MAX DELHI
SAMPLE SIZE- 110 patients (INSURED PATIENTS AND EMERGENCY CASES)
DATACOLLECTION- Primary Data Collection
Data collected through observation and REMIDINET

FINDINGS



INTERPRETATION

40% of cases received their initial approval responses on time, typically within 3-4 hours. However, 10% of cases experienced delays due to patients' late submission of pre-authorization forms. 12% of cases were delayed because the hospital was slow in sending the initial approval request. 13% of cases were delayed due to the TPA company's slow response. Finally, 23% of cases were delayed due to combined delays from both the hospital and the TPA.

CHALLENGES

•There was limited access to resources and tools.
•Adapting to the organizational culture in a short time was challenging.
•Understanding the complex hierarchy was difficult.
•Accessing data was not allowed.
•Some staff members were non-cooperative.

USEFULNESS

- Provided a comprehensive understanding of hospital operations.
- Offered knowledge about the functioning of IPD, ICU, OPD, and TPA.
- Enhanced communication and coordination skills by interacting with healthcare professionals and staff.

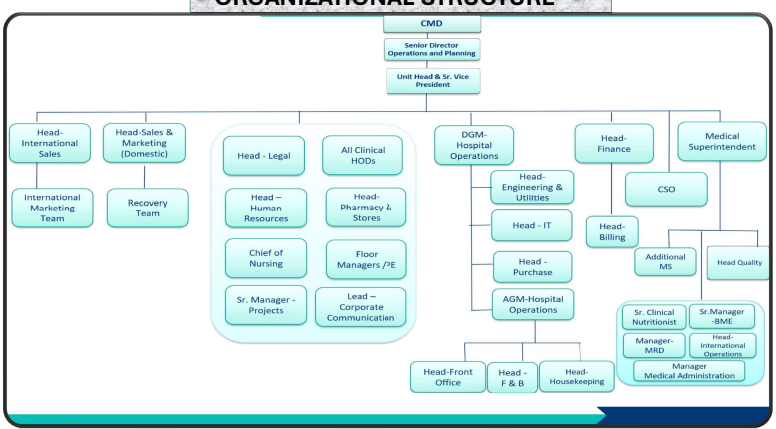
LEARNINGS

- Visited departments: OPD, IPD, ICU, TPA, IPD billing, dispatch, pharmacy, CSSD, and emergency and supported the process
- Assisted the floor manager during rounds to ensure patient satisfaction and care
- Became familiar with hospital systems such as EHR and HIS.
- Worked on TPA PROJECT and analyse the major causes in delay of initial approval

SUGGESTIONS

Color-Coded Charts: Display charts with color-coded steps and required documents at key locations to help patients understand the process.
Digital Preauthorization: Digitize the preauthorization process to reduce paperwork delays and waiting times
Increase Manpower: Hire more staff to manage workload effectively.
Dedicated Query Staff: Assign personnel to handle queries and emails for faster claim approvals.
Authorize Junior Doctors: Allow junior doctors to sign preauthorization forms when senior doctors are busy.
First-Come, First-Served: Process preauthorization forms in order of arrival to avoid backlogs, especially during lunch breaks.
Continuous TPA Desk Presence: Ensure staff are always available at the TPA desk, even during lunch breaks.
Patient Tracking Portal: Create a portal for patients to track their preauthorization and claims status.
Access to Reports: Grant TPA staff access to investigation reports to quickly resolve queries, saving patients time

ORGANIZATIONAL STRUCTURE



WEEK 1

Name of the Organisation: BLK MAX HOSPITAL DELHI

Area/ Department/ Project of Summer Internship Program: Medical Operations

Name of the Student: Deeksha Bhardwaj Weekly report: 1

Roll no:1698 Stream: MBA(HM) From: 6 MAY 2024 to 11 MAY2024

Activity Done	Throughout this week, I dedicated time to immersing myself in the diverse environments of several Intensive Care Units within the hospital. This involved meticulously exploring the various departments and units and gaining insight into their operational procedures and patient care protocols. Furthermore, I actively engaged with patients admitted to the hospital's inpatient department, attentively listening to their concerns and the challenges they encountered during their stay My interactions with patients allowed me to empathize with their experiences and understand the practical implications of healthcare theories in delivering patient-cantered care.
Linking theory (Classroom learning) with practice at your organization	Patient-Centered Care: I learned how important it is to listen to patients and understand their needs to give them the best care possible. Learning by Doing: I learned a lot by being in the hospital and seeing how

	things work, instead of just reading about it in a classroom. Quality Management: By reflecting on my experiences, I contributed to making things better in the hospital, which is a big part of management. Building Relationships: Talking to patients helped me understand the importance of good communication and positive relationships, which are key in management.
Gaps identified on the working area.	Housekeeping and Food Services: There appears to be a gap in maintaining satisfactory standards of cleanliness and food quality, indicating potential shortcomings in the housekeeping and dietary department. Sitting arrangements outside the IPD department are inadequate, potentially leading to discomfort or inconvenience for patients and their families, highlighting a need for improved facility management.
Suggestions for improvement	Housekeeping and Food Services: Enhance training and supervision of housekeeping and dietary staff to ensure adherence to cleanliness and food quality standards and solicit regular feedback from patients to address concerns promptly. Additional sitting arrangement Sitting arrangements outside the IPD department by adding more comfortable seating options, ensuring adequate spacing,

Plan for the next week.	Data collection and outline for project report Ipd billing procedures

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 2

Name of the Organisation: BLK MAX DELHI

Area/ Department/ Project of Summer Internship Program: MEDICAL OPERATIONS

Name of the Student: DEEKSHA BHARDWAJ

Roll no: 1698 **Stream: MBA (HM)**

Week no: 2 **From: 13 MAY 2024 to 18 MAY 2024**

Activity Done	This week, I conducted an in-depth exploration of several key hospital processes: ICU Admission Process: I reviewed the detailed steps for admitting a patient to the ICU, including initial assessment, documentation, and placement. I also examined the procedures for handling a patient's body in case of death, ensuring compliance with protocols and respect for the deceased. Labour OT Structure: I explored the Labour Operating Theatre, understanding its various sub-departments and their specific functions within the surgical process. General Patient Admission: I analysed the patient admission process from start to finish, including the creation of a Unique Health Identification (UHID) number and the subsequent assignment of a room.

	Patient Categories by Payment Mode: I identified three main categories of patients based on their mode of payment: EWS (Economically Weaker Sections): Patients receiving financial assistance. Panel Patients: Patients covered by specific panel agreements. TPA or Cash Patients: Patients who pay through Third-Party Administrators (TPA) or direct cash payments.
Linking theory (Classroom learning) with practice at your organisation	This week, I explored several key hospital processes, linking practical insights with theoretical concepts from our classes: ICU Admission Process: Class Theory: We learned about patient triage and critical care protocols. This week's hands-on review of ICU admissions, from initial assessment to placement, patient monitoring, and adherence to critical care guidelines. Labour OT Structure: Class Theory: Our discussions on surgical procedures and operating theatre management provided a foundation for understanding the complexities within a Labour OT. General Patient Admission: Class Theory: The process of patient admission, from creating a Unique Health Identification (UHID) number to room assignment, aligns with our studies on hospital administration and patient flow management. Patient Categories by Payment Mode: Class Theory: The categorization of patients based on payment methods, such as EWS, panel agreements, and TPA/cash payments, ties into our coursework on healthcare economics and insurance systems.
Gaps identified on the working area.	During this week's exploration of hospital processes, I identified several gaps that could be addressed to improve efficiency and patient care: ICU Admission Process: There is often a delay in initial assessment due to limited availability of ICU beds and staff. Procedures Upon Death: Inconsistent documentation and communication protocols can lead to delays and potential distress for the family.

	General Patient Admission: The process from UHID creation to room assignment can be time-consuming due to manual paperwork and data entry. Patient Categories by Payment Mode: Patients from economically weaker sections (EWS) often face longer wait times for admission and treatment due to resource constraints. There is sometimes confusion among staff regarding the specific benefits and coverage for panel patients and TPA/cash patients.
Suggestions for improvement	ICU Admission Process: Implementing a more streamlined triage system and increasing ICU staffing could reduce admission delays. Procedures Upon Death: Standardizing documentation and improving staff training on end-of-life protocols can ensure more consistent and compassionate handling of deceased patients. Patient Categories by Payment Mode: Allocating specific resources and staff to manage EWS patient admissions more efficiently could improve equity in healthcare access. TPA/cash patients: Providing regular training sessions on insurance policies and payment modes can ensure staff are well-informed and can assist patients more effectively.
Plan for the next week.	Understand all types of discharges. Explore remaining ICUs. Start working on the project report.

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 3

Name of the Organisation: BL KAPOOR HOSPITAL

Area/ Department/ Project of Summer Internship Program: MEDICAL OPERATIONS

Name of the Student: DEEKSHA BHARDWAJ

Roll no: 1698 **Stream: MBA (HM)**

Week no: 3 **From:20 MAY 2024 TO 25 MAY 2024**

Activity Done	Exploration of Color-Coded Areas in the Accident and Emergency Department -Conducted a detailed exploration of the various color-coded zones within the Accident and Emergency (A&E) Department. Each zone is designated for specific types of medical emergencies and patient priorities. Completion of Inpatient Assessment Forms with Patient Signatures for JCI Counselling-Accurately completed inpatient assessment forms, ensuring each form was signed by the respective patient. This is in preparation for the Joint Commission International (JCI) counselling session scheduled for July. Understanding Quality Procedures for JCI Counselling Thoroughly reviewed and comprehended the quality assurance procedures and standards necessary for the upcoming JCI counselling. This includes familiarity with the guidelines and best practices set forth by JCI. Process of Admission in Accident and Emergency Department Gained a comprehensive understanding of the admission protocols in the A&E Department, particularly in scenarios involving accidents and disputes. This encompasses triage procedures, documentation, and immediate medical response.
Linking theory (Classroom learning) with practice at your organisation	-In healthcare management and emergency care courses, students learn about the principles of triage and patient prioritization. These theories emphasize the importance of categorizing patients based on the severity of their conditions to optimize resource allocation and ensure timely treatment.

	-Courses on healthcare administration and patient rights often cover the importance of accurate documentation, patient confidentiality, and informed consent. These elements are critical for legal compliance and quality assurance in healthcare settings. -Quality management and continuous improvement are key components of healthcare management education. Students learn about various quality frameworks, including those established by the Joint Commission International (JCI), which set global standards for patient safety and care quality.
Gaps identified on the working area.	1. Completion of Inpatient Assessment Forms with Patient Signatures for JCI Counselling-There may be instances where assessment forms are not fully completed, or critical patient information is recorded inaccurately. Additionally, obtaining patient signatures might be inconsistent, impacting legal compliance and patient care quality. 2. Understanding Quality Procedures for JCI Counselling-Lack of Familiarity with JCI Standards- Staff and students may lack a comprehensive understanding of the specific quality assurance procedures and standards set by JCI, which can hinder the hospital's ability to meet accreditation requirements. 3. Process of Admission in Accident and Emergency - The admission process may be inefficient, with delays in patient triage and assessment. Additionally, there might be inadequate procedures for managing disputes and legal issues that arise during patient admissions, potentially affecting patient satisfaction and legal compliance.
Suggestions for improvement	1. Completion of Inpatient Assessment Forms with Patient Signatures for JCI Counselling- Develop and enforce strict documentation protocols to ensure all forms are completed accurately and fully. Conduct regular training sessions to emphasize the importance of thorough and accurate documentation, as well as the legal implications of patient signatures. 2. Understanding Quality Procedures for JCI Counselling-Comprehensive Training on JCI Standards 3. Process of Admission in Accident and Emergency Department-Review and streamline the patient admission

	process to reduce delays and improve efficiency. Establish clear protocols for managing disputes and legal issues, and train staff on conflict resolution techniques to enhance patient satisfaction and compliance.
Plan for the next week.	Data collection and outline for project report Ipd billing procedures

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 4

Name of the Organisation: BL KAPOOR MAX HOSPITAL

Area/ Department/ Project of Summer Internship Program: MEDICAL OPERATIONS

Name of the Student: DEEKSHA BHARDWAJ

Roll no: 1698 **Stream: MBA (HM)**

Week no: 4 **From: 27 MAY 2024 to 1 JUNE 2024**

Activity Done	Role of the TPA Department in a Hospital: The Third Party Administrator (TPA) department in a hospital is responsible for facilitating the insurance claim process for patients. The process involves several steps and the coordination of various documents and approvals. Pre-Authorization Process: Submission of Pre-Authorization Form: The process begins with the submission of a pre-authorization form along with

	necessary documents such as KYC details, address proof, ID proof, and medical reports. Initiation via Remedinet System: The pre-authorization request is initiated through the Remedinet system, a digital platform used for insurance claims processing. Initial Approval: The initial approval of the estimated medical expenses typically takes between 4 to 24 hours. Resolution of Queries: If any queries arise during the approval process, they are addressed by the hospital's TPA department. Final Approval and Billing: At the time of discharge, the final bill, discharge summary, detailed bill, and documents related to the initial approval are sent for final approval. The billing team prepares the final bill once the approval is received, noting that non-consumable charges are to be paid by the patient. If the approved amount is less than the final bill amount, the patient is responsible for paying the difference. Claims Submission: Dispatch Team's Role: The dispatch team completes the patient's claim form, attaches the bills, and all other relevant documents, and submits these to the insurance company. Payment Receipt: The claim must be submitted to the insurance company within 7 days, and the payment is typically received within one month.
Linking theory (Classroom learning) with practice at your organisation	Insurance and Risk Management Theory: The role of The TPA department's activities, such as coordinating pre-authorization and claims submission, directly relate to managing and transferring the financial risk of healthcare costs from the patient to the insurance company. Operations Management: The detailed steps involved in the pre-authorization process and claims submission reflect principles of operations management, particularly process optimization and efficiency. Concepts such as workflow management, the use of digital platforms (e.g., Remedinet system), and quality control (resolving queries efficiently) are central to ensuring that the insurance claim process is smooth and timely, minimizing delays and errors. Financial Management: The steps involving the preparation of the final bill and the resolution of discrepancies between approved amounts and actual bills are practical applications of financial management theories. These include budgeting, cost control, and financial reconciliation. Understanding these financial dynamics is crucial for ensuring that the hospital's financial interests are protected while also managing the patient's financial liability.

	Customer Relationship Management (CRM): The interaction between the hospital's TPA department and patients, particularly in addressing queries and ensuring timely claims processing, is a direct application of CRM principles. Effective communication and resolution of issues enhance patient satisfaction and trust, which are key components of CRM strategies.
Gaps identified on the working area.	Incomplete information/documents being sent for claim processing" is the main reason for delays and queries. This happens because: Required documents are often missing. Patients aren't given enough information or aren't counselled properly about what documents they need to provide. Delays in addressing internal queries also contribute to the problem. After Receiving Pre-Authorization Forms: Nearly half the time, it takes more than 2 hours to send the necessary information internally to get the required documents. The main reason for this delay is that queries aren't updated promptly, causing TPA personnel to take extra time to forward the query for resolution. On the Day of Discharge: In more than half the cases, there is a delay of over 30 minutes in getting the final bill and discharge summary to the TPA department. This delay causes issues in the timely processing of final approvals and billing.
Suggestions for improvement	Digitalize the Pre-Authorization Process: Use digital forms for pre-authorization and improve communication with doctors to ensure they provide accurate information quickly. Include Supporting Documents: Send supporting documents like ER notes and OPD papers along with the pre-authorization form when a patient is being admitted from the ER or OPD. Dedicated Staff for Updates: Have a dedicated staff member to promptly handle update emails. Access to Patient Documents: Ensure TPA personnel have access to frequently needed patient documents like vitals, medication charts, and daily progress notes through the Hospital Information System (HIS). Encourage Planned Discharges: Promote more planned discharges and make this information available through the HIS to the TPA department, so running bills can be sent for enhancements or final approvals in advance. Promote Pre-Admission Requests:

	Encourage the practice of pre-admission requests to streamline the admission process.
Plan for the next week	Explore front office or opd department. Detailed investigation of biomedical waste department

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 5

Name of the Organisation: BL KAPOOR HOSPITAL DELHI

Area/ Department/ Project of Summer Internship Program: MEDICAL OPERATIONS

Name of the Student: DEEKSHA BHARDWAJ

Roll no: 1698 **Stream: MBA (HM)**

Week no: 5 **From: 3 JUNE 2024 to 8 JUNE 2024**

Activity Done	Billing Desk Processes Inpatient Department (IPD) Billing Process: Understand and observe the procedures involved in billing for inpatient services, including admission charges, daily hospital fees, treatment costs, and discharge billing. Cash Section Process:

	Examine the operations of the cash section, focusing on cash collection, handling payments, issuing receipts, and managing cash flow. Third Party Administrator (TPA) and Corporate Help Desk: Observe the functions of the TPA and corporate help desk, including processing insurance claims, coordinating with insurance companies, and assisting corporate clients. Financial Counselling: Review the financial counselling process provided to patients and their families, covering cost estimation, payment plans, and financial assistance options. Bill Dispatch Process: Analyse the bill dispatch process, from finalizing the bill to delivering it to the patient or their representatives, ensuring accuracy and timely distribution. <u>IPD Admission Process</u> Study the procedures for admitting patients to the inpatient department, including patient registration, bed assignment, initial assessment, and the documentation required. <u>IPD and OPD Pharmacy Processes</u> Drug Issuance: Review the process of issuing drugs to both inpatient (IPD) and outpatient (OPD) departments, ensuring proper documentation and adherence to prescription guidelines. Inventory Maintenance: Examine the inventory management system, focusing on stock levels, reorder processes, and inventory audits to ensure an adequate supply of medications. Timely Distribution: Observe the timely distribution of medications to wards for IPD patients, ensuring that patients receive their prescribed drugs promptly and accurately.
Linking theory (Classroom learning) with practice at your organisation	<u>1. Inpatient Department (IPD) Billing Process</u> Healthcare Finance Management: Understanding the principles of healthcare billing, including revenue cycle management, coding, and reimbursement processes. <u>2.IPD Admission Process</u> Hospital Operations Management: Processes involved in patient admission, including registration and bed management. Patient Documentation: Importance of accurate documentation for patient care and billing. <u>3. IPD and OPD Pharmacy Processes</u> Inventory Management: Techniques for managing pharmaceutical inventories, including stock levels and reorder processes.

	Supply Chain Management in Healthcare: Ensuring a continuous supply of medications.
Gaps identified on the working area.	1. Inpatient Department (IPD) Billing Process Delayed Billing: Lag in capturing daily charges and treatment costs, causing delays in final billing. Integration Issues: Lack of seamless integration between clinical and billing systems, resulting in discrepancies. Third Party Administrator (TPA) and Corporate Help Desk Claim Processing Delays: Lengthy and complex claim submission processes causing delays in claim approvals. Coordination Issues: Poor coordination with insurance companies and corporate clients, leading to miscommunication and delays. Financial Counselling Cost Estimation Accuracy: Inaccurate cost estimates provided to patients, leading to financial surprises. Lack of Awareness: Patients and families are often not fully aware of available financial assistance options. Inconsistent Counselling: Variability in the quality and thoroughness of financial counselling provided to patients. 2.IPD Admission Process Gaps: Registration Delays: Long wait times and delays in patient registration and bed assignment. Incomplete Assessments: Incomplete initial assessments due to time constraints or lack of information. Documentation Gaps: Missing or incorrect patient documentation, affecting subsequent care and billing. 3,IPD and OPD Pharmacy Processes Supply Chain Interruptions: Delays in drug issuance due to supply chain interruptions or stockouts. Inventory Maintenance: Stock Discrepancies: Inaccurate inventory records leading to overstocking or stockouts. Reorder Delays: Delays in reordering due to inefficient inventory management systems.
Suggestions for improvement	1. Inpatient Department (IPD) Billing Process Integrated Systems: Ensure seamless integration between EHR and billing systems to minimize discrepancies. Real-time Updates: Use real-time data entry and updates to avoid delays in billing processes. Third Party Administrator (TPA) and Corporate Help Desk Enhanced Coordination: Use collaborative software tools to improve communication and coordination with insurance companies and corporate clients.

	Training Programs: Regularly train staff on proper documentation practices to reduce errors. Financial Counselling Accurate Cost Estimation Tools: Use advanced software for more precise cost estimations. Awareness Programs: Develop educational materials and workshops to inform patients about financial assistance options. Standardized Counselling Protocols: Implement standardized protocols and training for financial counsellors to ensure consistency. 2.IPD Admission Process Comprehensive Initial Assessments: Develop thorough initial assessment protocols and ensure staff adherence. Complete Documentation: Implement electronic documentation systems with mandatory fields to ensure completeness. 3. IPD and OPD Pharmacy Processes Supply Chain Management: Strengthen relationships with suppliers and use inventory management software to anticipate and prevent stockouts. Inventory Maintenance: Demand Forecasting: Use demand forecasting tools to predict medication needs and prevent overstocking or stockouts.
Plan for the next week	Project making on Biomedical waste Data collection on patient satisfaction level

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 6

Name of the Organisation: BL KAPOOR HOSPITAL DELHI

Area/ Department/ Project of Summer Internship Program: MBA (HM)

Name of the Student: DEEKSHA BHARDWAJ

Roll no:1698 **Stream: MBA (HM)**

Week no: 6 **From: 10 JUNE 2024 to 15 JUNE 2024**

Activity Done	ICU During this week, an in-depth exploration was conducted on the criteria for ICU admissions, process of ICU admission, death policy, documentation and transfers. This involved understanding the protocols for determining which patients require ICU care, the conditions under which patients are transferred to and from the ICU, and the collaboration with other departments to ensure seamless transitions. Detailed assessments were made regarding patient severity scores, necessary interventions, and overall patient management strategies. Central Sterile Services Department (CSSD) ZONES – Dirty zone, Sterile zone, Ultrasterile zone The process from receiving dirty instruments sorting cleaning and decontamination, packing, sterilization, storage and issuance to different departments was closely examined. This involved observing and participating in the entire sterilization cycle, including the receipt of contaminated instruments, their cleaning and disinfection, proper segregation, sterilization, and finally, the distribution of sterile instruments back to different hospital departments.
Linking theory (Classroom learning) with practice at your organisation	The activities performed during the internship were directly linked to theoretical concepts learned in the classroom. For ICU admissions and transfer criteria, theoretical knowledge of patient assessment, critical care management, and interdepartmental communication were applied. The classroom teachings on pathophysiology, patient monitoring, and emergency interventions provided a solid foundation for understanding the practical aspects of ICU operations. In the CSSD, the principles of microbiology, infection control, and sterilization techniques were directly applied. Classroom lessons on the importance of aseptic techniques, the role of various sterilization methods, and the logistics of instrument management were instrumental in performing and understanding the tasks within the CSSD.

Gaps identified on the working area.	During the internship, several problems were identified in the ICU processes: Inconsistent Admission and Transfer Criteria: There are inconsistencies in the criteria used for ICU admissions and transfers, leading to potential delays or inappropriate placements. Inadequate Staffing: The ICU is sometimes understaffed, particularly during peak times, which can affect patient care and staff well-being. During the internship, several problems were identified in CSSD: Record Keeping: Proper written records of instruments are not maintained in various departments, leading to the misplacement of instruments. Autoclave Storage: The autoclave lacks proper racks, hindering the efficient organization and sterilization of instruments. Lift Location: The lift for transporting operating theater instruments is located outside the CSSD department, creating logistical inefficiencies. Sterilization Equipment: There is an insufficient number of sterilization machines, which slows down the sterilization process. Hot Air Oven: The absence of a hot air oven limits the sterilization options available, particularly for instruments that cannot withstand moist heat. Handling of Rejected Instruments: Broken or rejected instruments are improperly stored in the clean zone, posing a risk of contamination.
Suggestions for improvement	Standardize Admission and Transfer Criteria: Develop and implement a standardized set of criteria for ICU admissions and transfers to ensure consistency. Regularly review and update these criteria based on best practices and clinical outcomes. Increase Staffing Levels: Conduct a thorough assessment of staffing needs and ensure adequate staffing levels, particularly during peak times. To address the identified problems, the following recommendations are proposed IN CSSD:

	Record Keeping: Implement a standardized record-keeping system across all departments to ensure accurate tracking and accountability of instruments. This could involve digital tracking systems or detailed logbooks. Autoclave Storage: Install proper racks in the autoclave to enhance the organization and effectiveness of the sterilization process. Lift Location: Relocate the lift for operating theatre instruments to within the CSSD department to streamline the transportation and handling of sterile instruments. Sterilization Equipment: Increase the number of sterilization machines to meet the demand and improve the efficiency of the sterilization process. Hot Air Oven: Acquire a hot air oven to expand the range of sterilization options and accommodate instruments that require dry heat sterilization. Handling of Rejected Instruments: Establish a designated area for the disposal or repair of broken or rejected instruments, ensuring they are kept separate from the clean zone to maintain hygiene standards.
Plan for the next week	ACCIDENT AND EMERGENCY PATIENT SATISFACTION SURVEY

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 7

Name of the Organisation: BL Kapoor MAX Hospital Delhi

Area/ Department/ Project of Summer Internship Program: Medical Operations

Name of the Student: DEEKSHA BHARDWAJ

Roll no:1698 **Stream: MBA (HM)**

Week no: 7 **From:17 JUNE 2024 to 22 JUNE 2024**

Activity Done	Emergency and Acute Care Department is not an admitting section for elective cases. It is not an extension of the Department of Out-Patient Services or any hospital ward. Patient's stay is limited to 4-6 hours. Patient flow in ER -Primary assessment -Lifesaving procedures & stabilization of patient. -Registration & UHID (MAX ID) generation. -Imaging & lab investigations -Referral to other specialties. -Performing diagnostic & therapeutic procedure as required. --Writing prescription -Carrying out orders & Documentation 15 beds ER (4 beds in red triage, 3 in green triage, 5 in yellow triage 2 in black triage and 1 in emergency OT) Triage is the medical screening and classification of several patients to determine the priority of need for treatment and transportation. Staff - Two EMOs available in each shift - 6 nurses available in ER in each shift - Head Emergency 9.00-5:00 - Director Emergency 11:00-07:00 - 1 Front Office Staff - 1 Guard - 1 Minor O.T. Technician administrative problems In the emergency department, all cases involving road traffic accidents (RTAs), including physical assault, suicide attempts, fights, and accidents, must be documented in the medicolegal (MLC) book. The emergency room (ER) staff is required to notify the police and initiate a medicolegal case. Subsequently, the police must complete a medicolegal report (MLR) within 72 hours of the incident being reported. All RTA cases reported within 72 hours of treatment fall under the Delhi Arogya Korch (DAK) scheme, which

	provides free treatment for such cases. If a patient opts out of the DAK scheme and prefers to be treated as a regular patient, they must provide written consent. However, it remains mandatory for the hospital to prepare an MLC. -Collected project data by sitting in the TPA DEPARTMENT
Linking theory (Classroom learning) with practice at your organisation	Triage system: Triage theory prioritizes patient care based on severity to ensure critical cases receive immediate attention. It involves categorizing patients, using assessment tools, making rapid decisions, and training healthcare providers through practice and simulation Crisis Management: Focuses on preparing for, responding to, and recovering from emergencies.
Gaps identified on the working area.	Insufficient Manpower for Emergency Situations: The Emergency and Acute Care Department lacks adequate staffing levels to handle mass casualty incidents or sudden surges in patient volume, resulting in potential difficulties in maintaining optimal patient care standards during critical situations. Inadequate Sitting Area for Patient Attendants in the ER: The department lacks sufficient dedicated seating areas for patient attendants, leading to overcrowding and congestion in the emergency room. This overcrowding can impede the efficiency of medical staff and patient care delivery. Limited Bed Capacity: The department faces constraints due to a limited number of beds available, which restricts the ability to accommodate all patients requiring admission. This limitation affects the department's ability to provide timely care and appropriate treatment allocation. Complex Ward Shifting Procedures Due to Bed Shortages: The process of transferring patients to hospital wards becomes complicated due to frequent unavailability of beds. This situation disrupts patient flow from the emergency department, leading to delays in treatment and increased occupancy in the emergency area.
Suggestions for improvement	Increase Staffing Flexibility: Maintaining a pool of on-call staff or establishing agreements with nearby healthcare providers for emergency temporary situation. Provide cross-training opportunities for existing staff to handle multiple roles during peak periods, ensuring flexibility and efficiency in resource utilization. Sitting Area for Patient Attendants: Expand Waiting Areas: Modify the ER layout to include dedicated and comfortable waiting areas for patient attendants, separate from the treatment zones. This can help

	alleviate overcrowding and improve the overall patient and attendant experience. Bed Capacity Issues: Optimize Bed Management: Implement a robust bed management system that tracks bed availability in real-time and facilitates efficient patient transfers to appropriate wards or units. Enhance Discharge Planning: Improve discharge planning processes to expedite patient discharges and free up beds promptly for incoming emergency cases. Explore options for temporary bed expansions during peak periods, such as utilizing overflow areas or converting non-traditional spaces into patient care areas. Complex Ward Shifting Procedures: Streamline Bed Assignment: Establish clear protocols and communication channels between the emergency department and hospital wards to expedite bed assignments and transfers. Bed Prioritization: Implement a prioritization system for bed allocation based on patient acuity and clinical needs to ensure timely access to appropriate care settings.
Plan for the next week	Discharges Project report

Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 8

Name of the Organisation: BL KAPOOR HOSPITAL MAX DELHI

Area/ Department/ Project of Summer Internship Program: MEDICAL OPERATIONS

Name of the Student: DEEKSHA BHARDWAJ

Roll no:1698 **Stream: MBA (HM)**

Week no: 8 **From: 24 JUNE 2024 to 29 JUNE 2024**

Activity Done	Mode of Discharges • Planned Discharges • Leave Against Medical Advice (LAMA), • Death • Patient Transfer to other Hospital • Absconded Procedure Discharge Planning: • Doctor initiates the intimation for the discharge of the patient mentioning the date and time for the patient to be discharged with the active participation of patient/ attendants. • Post intimation, internal processes such as finalizing the discharges summary, advice on discharge, discharge medications • The tentative decision of discharging the patient is conveyed to the assigned nursing staff who informs the respective department's floor manager about the same. • A provisional discharge summary is made by the treating team member after the tentative decision to discharge the patient is undertaken. No abbreviations are allowed in discharge summary specifically in discharge instruction. • Any patient / attendant who want to discontinue the treatment in the hospital shall be asked to sign a form (Leave Against Medical Advice form) whereby the patient / attendant mentions that he / she is leaving the hospital on own risk. • The floor Managers collates all the tentative discharges for the next day and coordinates to all the stake holders like Nursing, billing department, Pharmacy, operation Theatre,

	Laboratory services, Diagnostic services, front office, housekeeping department, Food and beverages, etc. • The assigned nursing staff takes the provisional stock of medicines of the patient and as per the advice mentioned in the provisional discharge summary; the medicines for the patient are returned • The Laboratory and the diagnostic department will close any pending issues / reports while the billing department will update the provisional bill. • After the final decision of discharging the patient is undertaken, the primary physician or designated team member prepares and finalizes the content of discharge summary • The printout of the discharge summary and the investigation reports are collected and arranged in the file by the Ward secretary before the file is sent to medical record department Once clearance is obtained from the billing department, the patient / attendant is handed over the discharge summary and the investigation reports. • I was deputed to International Lounge where the international patients get special care. Their registration, billing for consultation or investigations etc take place at one counter in lounge itself. Each patient is provided with interpreters to operate as a single point of contact for them before, during and after the visit. The coordinator advocates for the patients and assist with all areas of his/her stay. The lounge has its own financial counselling desk, pharmacy, admission desk so that international patients don't have to go to other facilities. Payment methods for international patients are credit, cash and insurance. • New patients must fill the registration form which has to be verified along with passport verification. After verification the billing is done for consultation. • Then interpreter takes patient to doctor. • After that billing is done for investigation procedures or medications if prescribed. • In case of admission financial counselling is done. • Then in case of insurance, verification is done, otherwise patient is directed towards the bed allotment.

	• Then bed is allotted, and patient is admitted. • After full treatment, full settlement of bills is done at the billing desk in lounge.
Linking theory (Classroom learning) with practice at your organisation	Language Skills Language Courses: Students studying languages can practice their skills with non-English-speaking patients, improving their ability to communicate effectively in a healthcare setting Patient Feedback: Gathering feedback from international patients to understand their experiences and improve care practices. Reflective Practice: Encouraging students to reflect on their experiences, discuss challenges, and learn from their interactions with patients. Team-Based Learning: Encourage students from different healthcare disciplines (e.g., nursing, social work, pharmacy) to work together on discharge planning, reflecting the collaborative nature of real-world practice.
Gaps identified on the working area.	-Noticed a lot of rush between 11am to 1pm and due I to shortage of staff there was a lot of waiting time. And everything from registration to billing is done at one counter only so rush is more. -Sometimes I also noticed communication barrier which have led to irritation in the patients. Poor communication between hospital staff, primary care providers, and patients can lead to misunderstandings and errors in post-discharge care. High rates of readmission often indicate issues with the initial discharge planning and post-discharge care.
Suggestions for improvement	There should be at least 1 or 2 extra staff at international lounge counter which can be called from other OPD which are not that busy during rush hours. Suggestion: Analyse readmission data to identify common causes and develop targeted interventions to address them, such as enhanced patient education and follow-up care. Suggestions for Improving Discharge Planning Early Planning: stablish clear communication channels and use electronic health records (EHRs) to share discharge plans with all relevant parties.
Plan for the next week	REPORT FINALIZATON

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: BL KAPOOR HOSPITAL MAX

Area/ Department/ Project of Summer Internship Program: MEDICAL OPERATIONS

Name of the Student: Deeksha Bhardwaj

Roll no:1698 **Stream: MBA (HM)**

Activity Done	During my internship, I worked in the In-Patient Department (IPD) and went on rounds with the Guest Relations Executives (GRE) of each floor and department. I worked on resolving patient complaints in the IPD. The GRE is responsible for overall patient care from admission to discharge, including housekeeping, diet, etc. They resolve all the complaints or problems faced by patients. I helped in the resolution of patient problems and made their stay comfortable Each floor is divided into four blocks, with each block containing 10-15 rooms. Each block has a nursing station staffed by 3-4 nurses and a team leader. The hospital employs two systems for patient management: CPRS and HIS. CPRS is used for recording patient data, notes, and discharge summaries, while HIS is used for billing and information management I explored the overall patient admission and discharge processes. I examined three categories CATEGORY A EWS (economically weaker section) CATEGORY B Panel CATEGORY C Pure cash or TPA Also I went in different departments and understand and carry out different process in different department:

	Patient Admission Process -Patient approaches Admission counter with admission request form issued by the Treating doctor. -Patient guided to take financial counselling. -Patient also informed of other essential details like billing policy, TPA protocols, visiting hours, refund policy and other such inpatient Information required during the stay. - Availability of desired room category is checked from the HIS and clearance is taken from - Advance taken from the patient in cash / by card as per advance policy or the estimated cost. - Patient details entered in HIS as per details provided by the patient on registration form. Face sheet, General Consent Form and IP number generated -Valuable form explained to the patient and signature on undertaking taken. -Passes (Hard Copy / Bar Code) are issued to the patient as per visitor policy. - Patient's documents sent to the wards along with a GDA. Discharge Process • After the final decision of discharging the patient is undertaken, the primary physician or designated team member prepares and finalizes the content of discharge summary • Discharge planning at the time of discharge is documented in the discharge summary which includes the need of both support services and continuing medical needs. The tentative decision of discharging the patient is conveyed to the assigned nursing staff who informs the respective department's floor manager about the same. • Any patient / attendant who want to discontinue the treatment in the hospital shall be asked to sign a form (Leave Against Medical Advice form) whereby the patient / attendant mentions that he / she is leaving the hospital on own risk. • The floor Managers collates all discharges for the next day and coordinates to all the stake holders like Nursing, billing department, Pharmacy, operation Theatre, Laboratory services, Diagnostic services, front office, housekeeping department, Food and beverages, etc. • The assigned nursing staff takes the provisional stock of medicines of the patient and as per the advice mentioned in the provisional discharge summary; the medicines for the patient are returned back •Patient attendant is sent for bill settlement.

	• Once clearance is obtained from the billing department, the patient / attendant is handed over the discharge summary and the investigation reports. •Patient attendant is sent for bill settlement. • The team member of the treating team or the nursing staff explains the patient / attendant about how to use the medication and other supplementary advises • The transportation needs of the patient such as wheelchair, stretcher, walker or a need of ambulance is assessed during Discharge. <u>OUTPATIENT DEPARTMENT</u> During my visit to the OPD department, I explored various processes I focused on efficiently managing the crowds in the OPD and encountered several aggressive patients, learning how to handle them with patience. Major processes involved are: OPD Process Admission Process Ambulance Process Preventive Health Check-ups Call Centre <u>OPD Patient Registration, Consultation, Diagnostic & Treatment Process</u> -Patient visits the facility and is guided to the OPD counter for -Registration process (invoice generation) -Patient Details entered in HIS and Registration number is generated for new patient. -Patient fixes up an appointment for OPD Consultation or -At the End of shift, FOE takes out cash scroll from HIS and submits the same to their manager on shift. -Patient Consult / Diagnosis & Treatment - Invoice handed over to the patient and guided to the Nursing counter. -Nurse records patient's vitals which is followed by consultation with doctor. -Patient visits Labs/ Pharmacy / Admission counter -Patient visits various Diagnostic departments if referred for investigations and the same are carried out after invoice generation - Patient is informed about the date of collecting the Report. - Patient visits pharmacy if Drugs prescribed by doctor. Patient visits Admission counter in case referred admission by doctor (refer admission process) <u>ICU - INTENSIVE CARE UNIT</u> -Patient will come to ICU from OT, ER, Floor and admission to be shown in ICU through HIS -Nurse in-turn would inform the ICU doctor.

	-Patient is shifted to ICU bed in the. A detailed handover and takeover will be taken between ward nurse and ICU nurse respectively. -Vitals checked and recorded; monitors connected as per the requirement <u>Discharge to floor</u> -Inform front office staff -Avail suitable category bed -Communicate to floor nurse -Shift the patient only after clearance from the floor nurse -Discharge to home -By and large discharge directly to home should be discouraged -Return indents physically and entry made in the HIS -Complete the discharge summary -Complete the billing file and HIS entry and send the file to front office staff along with prepared discharge slip -Discharge entry made in the HIS <u>Left against medical advice (LAMA)</u> -Patient / family decides to take away patient against the physician advice -LAMA form to be signed by the patient / relative <u>Discharge on request (DOR</u> Is done when patient's general condition has deteriorated, and no active interventions are planned, and family wishes to take home. -DOR form to be signed by the relative <u>Emergency and acute care medicine</u> <u>Patient flow in ER</u> Primary assessment. Lifesaving procedures & stabilization of patient. Registration & UHID (MAX ID) generation. Imaging & lab investigations. Referral to other specialties. Performing diagnostic & therapeutic procedure as required. Writing prescription Carrying out orders & Documentation Operate a 24 x 7 unit that provides Emergency Medical <u>Triage</u> Understanding how to prioritize patients based on the severity of condition <u>OPERATION THEATERS</u> Dr. B. L. Kapur Memorial Hospital is a multispecialty hospital consisting of 20 operation theatres and 2 catheterisation labs. Zoning: OT Complex the OT complex is divided into various zones as follows:

	1. Principal accommodation -Aseptic zone 2. Ancillary accommodation -Clean zone -Protected zone -Dirty zone Process summary Operation Theatre Booking Hospital Information System (HIS) Pre anaesthesia check up Preparation for surgery Shifting Patient to OT Sister In charge IPD Receiving Patient in OT Sister In charge OT Intra operative process Primary Surgeon Operation notes completed and post operative instructions Primary Surgeon Preparing OT for next surgery OT OT sterilisation Billing process <u>BILLING DEPARTMENT</u> IPD BILLING & DISCHARGES CASH SECTION PROCESS TPA & CORPORATE HELPDESK PROCESS FINANCIAL COUNSELLING BILL DISPATCH PROCESS OT CLEARENCE Role of the TPA Department in a Hospital: The Third-Party Administrator (TPA) department in a hospital is responsible for facilitating the insurance claim process for patients.. Pre-Authorization Process: -Submission of Pre-Authorization Form: The process begins with the submission of a pre-authorization form along with necessary documents such as KYC details, address proof, ID proof, and medical reports. -Initiation via Remedinet System: The pre-authorization request is initiated through the Remedinet system, a digital platform -Initial Approval: The initial approval of the estimated medical expenses typically takes between 4 to 24 hours. -Resolution of Queries: If any queries arise during the approval process, they are addressed by the hospital's TPA department. -Final Approval and Billing: At the time of discharge, the final bill, discharge summary, detailed bill, and documents related to the initial approval are sent for final approval.

	The billing team prepares the final bill once the approval is received, noting that non-consumable charges are to be paid by the patient. If the approved amount is less than the final bill amount, the patient is responsible for paying the difference. -Claims Submission: Dispatch Team's Role: The dispatch team completes the patient's claim form, attaches the bills, and all other relevant documents, and submits these to the insurance company. -Payment Receipt: The claim must be submitted to the insurance company within 7 days, and the payment is typically received within one month <u>INTERNATIONAL LOUNGE</u> I was deputed to International Lounge where the international patients get special care. Their registration, billing for consultation or investigations etc take place at one counter in lounge itself. Each patient is provided with interpreters to operate as a single point of contact for them before, during and after the visit. The coordinator advocates for the patients and assist with all areas of his/her stay. The lounge has its own financial counselling desk, pharmacy, admission desk so that international patients don't have to go to other facilities. Payment methods for international patients are credit, cash and insurance New patients must fill the registration form which has to be verified along with passport verification. After verification the billing is done for consultation. Then interpreter takes patient to doctor. After that billing is done for investigation procedures or medications if prescribed. In case of admission financial counselling is done. Then in case of insurance, verification is done, otherwise patient is directed towards the bed allotment. Then bed is allotted, and patient is admitted. After full treatment, full settlement of bills is done at the billing desk in lounge. <u>CSSD Central Sterile Services Department (CSSD)</u> ZONES – Dirty zone, Sterile zone, ultra sterile zone The process from receiving dirty instruments sorting cleaning and decontamination, packing, sterilization, storage and issuance to different departments was closely examined. This involved observing and participating in the entire sterilization cycle, including the receipt of contaminated instruments, their cleaning and disinfection, proper segregation, sterilization, and finally, the distribution of sterile instruments back to different hospital departments. <u>IPD and OPD Pharmacy Processes</u>

	Drug Issuance: Review the process of issuing drugs to both inpatient (IPD) and outpatient (OPD) departments, ensuring proper documentation and adherence to prescription guidelines. Inventory Maintenance: Examine the inventory management system, focusing on stock levels, reorder processes, and inventory audits to ensure an adequate supply of medications. Timely Distribution: Observe the timely distribution of medications to wards for IPD patients, ensuring that patients receive their prescribed drugs promptly and accurately.
Linking theory (Classroom learning) with practice at your organisation	Teamwork Communication Time management in ER Emergency Management-Understanding the triage system to prioritize patient care based on severity. Familiarity with protocols for common emergencies (e.g., cardiac arrest, trauma). Strategies for managing mass casualty. Operations Theatre (OT)-Understanding the principles of maintaining a sterile environment. Strategies for scheduling surgeries and managing OT resources. Intensive Care Unit (ICU) -Understanding the care of critically ill patients, including ventilator management and monitoring. Inpatient Department (IPD)-Developing and implementing care plans for inpatients. Managing hospital beds and resources to ensure optimal patient care. Billing and TPA-Understanding the principles of healthcare finance, including billing and insurance. Knowledge of TPA processes and how they impact billing and reimbursements. Outpatient Department (OPD)-Strategies for managing large numbers of patients efficiently. Providing patients with information about their conditions, treatment plans, and follow-up care. Knowledge of electronic health records (EHR) and other healthcare technologies. Patient-Cantered Care: Focusing on patient needs and preferences, ensuring that care is respectful, responsive, and tailored to individual patients. Patient Appointment Systems: Understanding appointment scheduling to minimize congestion.
Gaps identified on the working area.	Key Issues Identified are as follows: Housekeeping and General Duty Assistant (GDA) Issues: Patients receiving old and defective clothes and dirty clothes. Clothes not being changed on time. Bedsheets not being changed on time. Problems with mosquitoes and flies.

	Patient food tables not being cleaned after patient had their meal. Food and Beverage (F&B) Department Issues: Patients receiving cold food. Meals being served late. If a patient requests food immediately, the requirement needs to be updated, and the patient receives the food after approximately 2 hours. Nursing Staff Issues: Nurses not responding promptly when called. Interns are being hired as nurses without receiving adequate training for treating and caring for patients. Rude and unprofessional behaviour towards patients Nurses are overburdened due to lack of manpower Admission and discharge delays Doctors being busy in the operating room causes delays in creating Discharge summaries., Delays the billing process due to incomplete documents, missing doctors sign late approval by company etc. Insured patients are often confused about the TPA (Third Party Administrator) process. Patients gets disturb because maximum staff of hospital knocks the door at unusual time Noticed a lot of rush between 11am to 1pm and due I to shortage of staff there was a lot of waiting time. And everything from registration to billing is done at one counter only so rush is more. Sometimes I also noticed communication barrier which have led to irritation in the patients. Poor communication between hospital staff, primary care providers, and patients can lead to misunderstandings and errors in post-discharge care. High rates of readmission often indicate issues with the initial discharge planning and post-discharge care. In CSSD: Proper written records of instruments are not maintained in various departments, leading to the misplacement of instruments. The autoclave lacks proper racks, hindering the efficient organization and sterilization of instruments. The lift for transporting operating theatre instruments is located outside the CSSD department, creating logistical inefficiencies. There is an insufficient number of sterilization machines, which slows down the sterilization process. The absence of a hot air oven limits the sterilization options available, particularly for instruments that cannot withstand moist heat. Handling of Rejected Instruments: Broken or rejected instruments are improperly stored in the clean zone, posing a risk of contamination. Insufficient Manpower for Emergency Situations: The

	Emergency and Acute Care Department lacks adequate staffing levels to handle mass casualty incidents or sudden surges in patient volume, resulting in potential difficulties in maintaining optimal patient care standards during critical situations. Inadequate Sitting Area for Patient Attendants in the ER The department lacks sufficient dedicated seating areas for patient attendants, leading to overcrowding and congestion in the emergency room. This overcrowding can impede the efficiency of medical staff and patient care delivery. The department faces constraints due to a limited number of beds available, which restricts the ability to accommodate all patients requiring admission. Inpatient Department (IPD) Billing Process Lag in capturing daily charges and treatment costs, causing delays in final billing. Third Party Administrator (TPA) and Corporate Help Desk Lengthy and complex claim submission processes causing delays in claim approvals. Poor coordination with insurance companies and corporate clients, leading to miscommunication and delays. Inaccurate cost estimates provided to patients, leading to financial surprises. Patients and families are often not fully aware of available financial assistance options. IPD Admission Process Long wait times and delays in patient registration and bed assignment. Incomplete initial assessments due to time constraints or lack of information. Missing or incorrect patient documentation, affecting subsequent care and billing. IPD and OPD Pharmacy Processes Supply Chain Interruptions: Delays in drug issuance due to supply chain interruptions or stockouts. Inaccurate inventory records leading to overstocking or stockouts. Delays in reordering due to inefficient inventory management systems. TPA Required documents are often missing. Patients aren't given enough information or aren't counselled properly about what documents they need to provide. Delays in addressing internal queries also contribute to the problem. After Receiving Pre-Authorization Forms Nearly half the time, it takes more than 2 hours to send the necessary information internally to get the required documents. The main reason for this delay is that queries aren't updated promptly, causing TPA personnel to take extra time to forward the query for resolution. On the Day of Discharge In more than half the cases, there is a delay of over 30 minutes in getting the final bill and discharge summary to the TPA department. This delay causes issues in the timely processing of final approvals and billing.

Suggestions for improvement	Addressing these issues requires a multifaceted approach focusing on staff training, process optimization, and regular monitoring. Here are some suggestions: Housekeeping and General Duty Assistant (GDA) Issues Clothing and Linens: Implement a regular schedule for changing clothes and bed sheets. Conduct regular inspections to ensure the quality of clothes provided to patients. Replace damaged clothes. Hygiene and Cleanliness: Establish a cleaning schedule for patient food tables and common areas. Use insect repellents and install screens or nets to control mosquitoes and flies and regular pest control services. Food and Beverage (F&B) Department Issues Food Temperature and Timeliness: Use insulated containers to keep food warm during delivery or provide separate oven on each floor Immediate Food Requests Implement a priority system for urgent food requests and Increase staffing during peak times to handle immediate needs. Nursing Staff Issues-Response Time and Training: Install a centralized alert system to ensure nurses are notified promptly when needed. Professionalism and Behaviour Conduct regular workshops on professional behaviour and patient care. Staffing Levels: Assess the current staffing levels and hire additional nurses if needed to reduce the burden. Admission and Discharge Delays Discharge Summaries: Allocate specific time slots for doctors to complete discharge summaries outside of surgery hours. Disturbance in wards: Set and enforce quiet hours, especially during nighttime. Use sound-absorbing materials in the construction of patient areas. Train staff on the importance of maintaining a quiet environment and how to minimize noise during their duties. Additional General Suggestions Staff Welfare: Ensure staff have access to regular breaks and stress management. Conduct a thorough assessment of staffing needs and ensure adequate staffing levels, particularly during peak times. Signage system should be improved to avoid unnecessary confusion for patients and attendants. cafeteria should be there at every floor and home cooked food should be allowed for attendants. Separate male and female washroom should be there on each floor IN CSSD: Record Keeping: Implement a standardized record-keeping system across all departments to ensure accurate tracking and accountability of instruments. This could involve digital tracking systems or detailed logbooks.

	Install proper racks in the autoclave to enhance the organization and effectiveness of the sterilization process. Relocate the lift for operating theatre instruments to within the CSSD department to streamline the transportation and handling of sterile instruments. Increase the number of sterilization machines to meet the demand and improve the efficiency of the sterilization process. Acquire a hot air oven to expand the range of sterilization options and accommodate instruments that require dry heat sterilization. Establish a designated area for the disposal or repair of broken or rejected instruments, ensuring they are kept separate from the clean zone to maintain hygiene standards. Maintaining a pool of on-call staff or establishing agreements with nearby healthcare providers for emergency temporary situation. Sitting Area for Patient Attendants: Expand Waiting Areas: Modify the layout to include dedicated and comfortable waiting areas for patient attendants, separate from the treatment zones on every floor. Enhance Discharge Planning: Improve discharge planning processes to free up beds promptly for incoming emergency cases. Explore options for temporary bed expansions during peak periods, such as utilizing overflow areas or converting non-traditional spaces into patient care areas. Inpatient Department (IPD) Billing Process Ensure integration between EHR and billing systems to minimize errors. Planned discharges bill to be made on prior basis to avoid delay in billing Coordination between wards, pharmacy, nursing, tPA to avoid delay in discharges IPD and OPD Pharmacy Processes manpower should be increased to control OPD pharmacy crowd. Strengthen relationships with suppliers and use inventory management software to anticipate and prevent stockouts. At OPD pharmacy employees should have pharmacy degree TPA Digitalize the Pre-Authorization Process for preauthorisation forms if doctor is unavailable junior doctor should give authority to sign the paper. Send supporting documents like ER notes and OPD papers along with the pre-authorization form when a patient is being admitted from the ER or OPD.Have a dedicated staff member to promptly handle update queries Promote more planned discharges and make this information available through the HIS to the TPA department, so running bills can be sent for enhancements or final approvals in advance. Use colour coded process chart for patients to understand the process of

	insurance claim Use online portals to improve communication and coordination with insurance companies and corporate clients with the hospital

Signature of the Student

Approved by the IIHMR University's Mentor