

SUMMER INTERNSHIP PROGRAM

at

FORTIS ESCORTS HOSPITAL, JAIPUR

From Date 01/05/2024 to Date 30/06/2024

A REPORT BY

Ayush Tiwari

Master of Business Administration

(Hospital and Health Management)

2023-25

UNDER THE MENTORSHIP OF

DR. SEEMA MEHTA

Professor

Faculty In charge (Master of Public Health Program)

(Johns Hopkins University (USA) & IIHMR University Cooperative Program)



02TH July, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Ayush Tiwari has worked as a Trainee with us in the Dept. of Medical Admin from 01 May, 2024 to 29 June, 2024 for the period of Two Months.

His performance during the period in the department was Good.

We wish Him the best for all his future endeavors.

For Fortis Healthcare Limited.

Authorized Signatory



IIHMR University Faculty Mentor Approval

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

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

Date: 22 July, 2024

A handwritten signature in blue ink, appearing to be 'Seema Mehta'.

DR. Seema Mehta

Professor

IIHMR UNIVERSITY JAIPUR

“Factors Affecting Inpatient Admission Turnaround Time in a Multispecialty Hospital”

Name: Ayush Tiwari
Roll No.: 1692
Batch: 28th Batch

Faculty Mentor: DR. Seema Mehta

Organisation Mentor: Dr. Parul Dutt

Fortis Escorts Hospital, located in Malviya Nagar, Jaipur, is a leading multi-specialty tertiary care hospital established in 2007. As part of the Fortis Healthcare network, it offers a wide range of advanced medical services across various specialties, including cardiology, orthopaedics, neurology, oncology, gastroenterology, paediatrics, urology, and gynaecology. Accredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH), Fortis Escorts Jaipur adheres to high standards of healthcare services. The hospital is also involved in community health initiatives, providing free health camps, awareness programs, and preventive health check-ups.

LEARNINGS DURING INTERNSHIP

- Improved teamwork and problem-solving skills through collaborative efforts.
- Developed effective verbal and non-verbal communication skills through extensive interaction with colleagues.
- Strengthened proficiency in accurate data collection, utilization of HMIS (Hospital Management Information Systems), and skills in data analysis.
- Participated in audits, gaining insights into NABH compliance requirements.
- Acquired strategies to optimize patient satisfaction.

ABOUT THE PROJECT

Admission turn-around-time is the duration from a patient's arrival to their formal admission and bed assignment, measuring the efficiency of the hospital's admission process.

OBJECTIVES

- Understand the inpatient admission process.
- Analyze admission turn-around time.
- Identify the major reasons affecting the admission process.
- Recommend strategies to enhance the patient experience during the admission process.

METHODOLOGY

- Study Design:** Observational descriptive study of in-patient admission turn-around time, measured from the receipt of the admission request form to the completion of the admission process (target: <30 mins).
- Target Population:** Patients admitted for surgical or medical management.
- Sampling Technique:** Purposive sampling.
- Sample Size:** 251 patients (May 2, 2024 - May 24, 2024).
- Data Collection:** Primary data via observation.
- Data Analysis:** Average admission turn-around time was 30.08 minutes.

CHALLENGES FACED

- Overcoming communication barriers in a diverse team environment.
- Managing and resolving conflicts within a team setting.
- Ensuring accurate and timely data entry and collection in a fast-paced clinical environment.
- Adapting to updates and changes in HMIS software or technology.
- Addressing non-compliance issues during audits and implementing corrective actions.
- Developing and implementing effective strategies to address patient dissatisfaction and improve satisfaction scores.

THEORITICAL LEARNING

- Understanding of OPD management principles for different departments.
- Knowledge of healthcare billing systems for various patient categories (RGHS, CGHS, ECHS, TPA, Cash).
- Preparation for NABH audits and compliance with healthcare standards.
- Understanding medication and prescription error prevention strategies.
- Importance of organized Medical Record Department (MRD) filing systems.

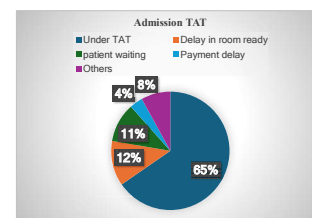
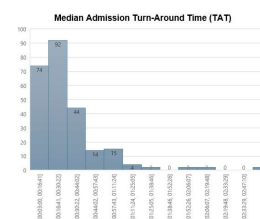
Practical Exposure

- Implementation of dedicated OPDs and their operational challenges.
- Practical experience with different billing counters and patient categories.
- Hands-on experience with HMIS for patient care and administrative tasks.
- Participation in NABH audits and practical compliance actions.
- Handling medication and prescription errors in clinical settings.
- Organizing and managing files in MRD according to practical needs.

RECOMENDATIONS

- Ensure all admission counters are fully staffed.
- Establish a communication channel for efficient bed management.
- Use cash counting machines at admission desks.
- Counsel patients on payment policies and room availability.
- Allocate dedicated GDA staff for admission desk assistance.
- Train housekeeping to prioritize room preparation.
- Track and improve housekeeping turnaround time (TAT).

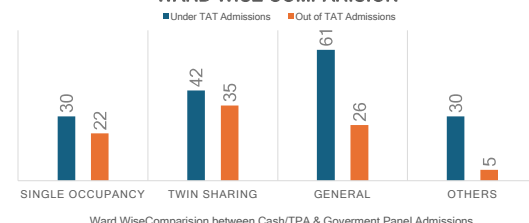
RESULT



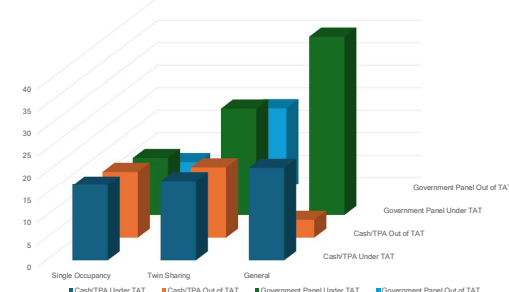
Total Out of TAT Admissions: 87		
	For Cash/TPA Patients	For Government Panel Patients
Delay in Room Ready	15	16
Patient Waiting	13	14
Payment Delay	6	3

Upon analysing the data, it was found that the median turn-around-time came to be **24 minutes**, out of **251** admitted patients, **164** admissions (**65.34%**) were completed within the given TAT of **30 minutes**, while the remaining **87** admissions (**34.66%**) exceeded the TAT.

WARD WISE COMPARISON



Ward Wise Comparison between Cash/TPA & Government Panel Admissions



ORGANOGRAM



STRENGTH

- Dedicated counters for government panels, and cash patients.
- Financial counselling before admissions.
- Already established reputation.

THREATS

- High price compared to nearby private hospitals.
- Staffs not motivated to work; may switch jobs.
- Non usability of EHR.

OPPORTUNITIES

- Focuses on cash patients mainly; hospital can be financially stable.
- Growing healthcare industry.

WEEKNESS

- Mismanagement during peak hours.
- Incoordination among staffs and departments.
- Patient dissatisfaction due to longer waiting time.

Week-1 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Week no: 01

From: 01/05/2024

To: 04/05/2024

Activity Done	- On day one observed the OPD area of the hospital. - Day 2 Patient care Services (PCS) department was allotted. There I was assigned to assess the Admission TAT. - On day 3 started collecting data for Admission TAT. - Day 4 continued for data collection along with that was assigned for patient shadowing, to understand the patient's experience during admission until he/she reach their respective allotted rooms.
Linking theory (Classroom learning) with practice at your organisation	- The layout of the OPD was very much similar to the layout Discussed in the class. - The role of a Medical Admin is much more vast than what was discussed. - Different OPD counters for different specialisation.
Gaps identified on the working area.	- Very few Staff to attend the patient's, leading to long queue during rush hours. - Lack of GDA staff leading to delay in taking the patient to their respective rooms. - Lack of communication during allocation of rooms.
Suggestions for improvement	- Better communication channels and practices to make patient experiences better. - A dedicated counter to help the patients (May I Help You). - Hiring more staff to manage the patient load.
Plan for the next week	- Continue with Data collection. - More of Patient Shadowing to know Patient experiences.

Ayush Tiwari

Dr. Ayush Tiwari.

Signature of the Student

Approved by the IIHMR University's Mentor

Week-2 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Week no: 02

From: 06/05/2024 **To:** 11/05/2024

Activity Done	- Continued with the data collection process. - Started analysing data. - Getting the data ready for further analysis. - Found few gaps in the Admission Process. - Reporting Daily to the Organisation Mentor regarding daily updates and receiving valuable feedback.
Linking theory (Classroom learning) with practice at your organisation	- All the processes in a Hospital does not follow theoretical knowledge, rather few improvisations are needed based on each situation. - The main focus of the manager in a Hospital should be on making the time spend in the Hospital by the patient comfortable. - A manager should be a part of the team rather than just ordering.
Gaps identified on the working area.	- Lack of manpower to fill Patient needs in the OPD area. - Lack of qualified and responsible person to attend the patient and guiding them with proper information.
Suggestions for improvement	- Training of non-managerial staff for better Patient experience. - Recruitment of more skill full members in the team to make the process easier for the patients.
Plan for the next week	- To continue with the data collection process. - Analyse the data for valuable outcome. - Observing more on how a hospital manager should work and behave with empathy with the patients.



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Week-3 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Week no: 03

From: 13/05/2024

To: 18/05/2024

Activity Done	- Continued with the data collection process. - Checked NABH compliance in the whole hospital. - Assisted in completion of paperwork for NABH Audit. - Completed closed and open audit as per the checklist for various IPD & OPD files.
Linking theory (Classroom learning) with practice at your organisation	- NABH Audit is similar as discussed in the classroom. - Medication and prescription errors are similar as discussed in classroom
Gaps identified on the working area.	- Incomplete paperwork of various departments. - Incomplete clinical files. - Incompetent manpower.
Suggestions for improvement	- Should appoint skilled manpower. - Should be up to date with all the paper works clinical & non-clinical. - Should conduct regular internal audits to overcome the limitations. - Should conduct regular training programs.
Plan for the next week	- Continue with data collection for admission TAT. - Learn more about the paper works required in the hospital. - Learning more about the role of a manager in a hospital.

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Week-4 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

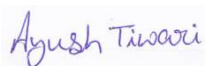
Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Week no: 04

From: 20/05/2024 **To:** 25/05/2024

Activity Done	• Continued with the data collection for Admission TAT. • Done Antimicrobial Stewardship Audit. • Done open & closed file audit. • Started analysis of collected data.
Linking theory (Classroom learning) with practice at your organisation	• Files in MRD are arranged as per discussed. • The wards in the hospital are similar with theory discussed.
Gaps identified on the working area.	• Incompletion of files. • Lack of skilful and experienced manpower. • Incoordination between various departments leading to hampering patient satisfaction.
Suggestions for improvement	• Should appoint skilled manpower. • Should be up to date with all the paper works clinical & non-clinical. • Should conduct regular internal audits to overcome the limitations. • Should conduct regular training programs.
Plan for the next week	• Continue with data collection for admission TAT. • Learn more about the paper works required in the hospital. • Learning more about the role of a manager in a hospital.



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Week-5 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

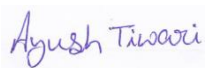
Stream: MBA Hospital and Healthcare Management

Week no: 05

From: 27/05/2024

To: 01/06/2024

Activity Done	• Collected Data for Admission TAT. • Data sorting for increasing the scope of analysis. • Analysis of the data. • Counselling file sorting for previous months. • AMS audit for May month.
Linking theory (Classroom learning) with practice at your organisation	• Data sorting and analysis is similar to as discussed. • The codes in hospital are similar to as discussed. • Various departments in a hospital work together in sync for smooth functioning of the hospital as a system.
Gaps identified on the working area.	• Counselling files missing of various patients. • Incompletion or improper filling of counselling files. • No proper coordination between departments. • Insufficient training of existing manpower.
Suggestions for improvement	• Training of Staff. • Proper documentation. • Proper channels for coordination among departments.
Plan for the next week	• Analysis of the data. • Continue with AMS audit. • Observing the gaps and suggesting acceptable improvement plan.



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Week-6 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

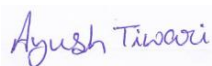
Stream: MBA Hospital and Healthcare Management

Week no: 06

From: 03/06/2024

To: 08/06/2024

Activity Done	• Department changed to Medical Records Department. • AMS audit for May month. • Prescription audit for May month. • Closed and open file audit. • Analysis of the data collected for SIP project.
Linking theory (Classroom learning) with practice at your organisation	• Flow of files in the department is similar as discussed. • The files in MRD are arranged as per the specification. • Medication and prescription errors are similar as discussed in classroom.
Gaps identified on the working area.	• Unhygienic workplace. • Missing details in the files like consent forms for anaesthesia etc. • Lack of manpower in the department. • There is significant amount of unfinished tasks in the department.
Suggestions for improvement	• Should appoint skilled manpower. • Should be up to date with all the paper works clinical & non-clinical. • Should conduct regular internal audits to overcome the limitations. • Should conduct regular training programs.
Plan for the next week	• Continuing with AMS, Prescription and Closed file audit at MRD. • Analysing the data collected and review for corrections from the industry mentor.



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Week-7 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Week no: 07

From: 10/06/2024

To: 15/06/2024

Activity Done	• Done Closed file and open file audit for may month. • Done AMS audit for may month. • Done prescription error audit for may month. • Done medication error audit for may month. • Suggestions from industry mentor upon the analysis of the SIP project data.
Linking theory (Classroom learning) with practice at your organisation	• Flow of files in the department is similar as discussed. • The files in MRD are arranged as per the specification. • Medication and prescription errors are similar as discussed in classroom.
Gaps identified on the working area.	• Unhygienic workplace. • Missing details in the files like consent forms for anaesthesia etc. • Lack of manpower in the department. • There is significant number of unfinished tasks in the department.
Suggestions for improvement	• Should appoint skilled manpower. • Should be up to date with all the paper works clinical & non-clinical. • Should conduct regular internal audits to overcome the limitations. • Should conduct regular training programs.
Plan for the next week	• Continue with auditing the files. • Getting the data and analysis ready for report writing.

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Week-8 Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

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

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Week no: 08

From: 17/06/2024

To: 22/06/2024

Activity Done	• Done Closed file and open file audit for June month. • Done AMS audit for June month. • Done prescription error audit for June month. • Done medication error audit for June month. • Suggestions from industry mentor for report writing of the SIP project data.
Linking theory (Classroom learning) with practice at your organisation	• Flow of files in the department is similar as discussed. • The files in MRD are arranged as per the specification. • Medication and prescription errors are similar as discussed in classroom.
Gaps identified on the working area.	• Unhygienic workplace. • Missing details in the files like consent forms for anaesthesia etc. • Lack of manpower in the department. • Cross verification of file not done properly.
Suggestions for improvement	• Should appoint skilled manpower. • Should be up to date with all the paper works clinical & non-clinical. • Should conduct regular internal audits to overcome the limitations. • Should conduct regular training programs.
Plan for the next week	• Continue with auditing the files. • Report writing and submission of the report to the organisation.

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Signature of the Student

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Compiled Report

Name of the Organisation: Fortis Escorts Hospital, Jaipur

Department: Medical Admin (Patient Care Services & Medical Records Department)

Project of Summer Internship Program: Admission Turn Around Time for IPD Patients (Patient Care Services)

Name of the Student: Dr. Ayush Tiwari

Roll no: 1692

Stream: MBA Hospital and Healthcare Management

Activity Done	• Observation of OPD and IPD area layout. • Allotment of department, i.e. – PCS, under Dr. Parul Dutt, HOD and observation of the process flow. • Collecting primary data for Admission TAT. • Reporting daily about daily updates of Admission TAT • Observation of financial counselling process and admission TAT. • Checked NABH compliance in the whole hospital. • Assisted in completion of paperwork for NABH Audit. • Closed and open audit as per the checklist for various IPD & OPD files. • Files sorting of financial counselling reports. • Open and close audit of IPD files • Done anti-Microbial Stewardship Audit. • Done prescription audit for May month. • Learning of various aspects of analysis. • Analysis of Admission TAT data. • Changing of department to Medical Records Department. • Done medication error audit for may month. • Suggestions from industry mentor upon the analysis of the SIP project data. • Report writing and taking guidance from organisation mentor.
Linking theory (Classroom learning) with practice at your organisation	• Dedicated OPDs for different departments. • Waiting area of OPD is large and can be convertible in case of disaster management and other mass management. • Dedicated counters for RGHS, CGHS, ECHS, TPA, pure Cash patients. • Proper codes being followed; immediate actions are being taken. • HMIS is being utilised efficiently. • NABH Audit is similar as discussed in the classroom. • Medication and prescription errors are similar as discussed in classroom

	- Files in MRD are organised as discussed in class. - The wards in the hospital are similar with theory that was discussed in classroom. - Data analysis is like what has been discussed in class. - The variables which can be used in analysis are as per discussed in class. - Flow of files in the department is similar as discussed. - Separate coloured files for Death, Medico legal cases and neonatal. · Files in MRD have proper number for identification.
Gaps identified on the working area.	24*7 not mentioned in Emergency. - Less number of staffs, leading to bottlenecks during peak hours. - Communication gap; not updated with the latest information. - Lack of GDA staff leading to delay in taking the patient to their respective rooms. - Lack of communication during allocation of rooms. - Incomplete paperwork of various departments. - Incomplete clinical files. - Incoordination among various departments. - Missing counselling files of various patients. - Missing of counter signs in History and Progress report sheet. - Missing Face sheet (consent forms) - Lack of skilled manpower.
Suggestions for improvement	- Requirement of quality enriched staffs. - Better communication channels and practices to make patient experiences better. - A dedicated counter to help the patients (May I Help You). - Hiring more staff to manage the patient load. - Training of non-managerial staff for better Patient experience. - Maintaining proper communication channels and be responsible for the information to be circulated - Should be up to date with all the paper works clinical & non-clinical. - Should conduct regular internal audits to overcome the limitations. - Filling of manual counselling forms with proper details. - Should conduct regular training programs. - Adoption of Electronics Health Records.

Ayush Tiwari

Dr. Ayush Tiwari

Signature of the Student

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