SUMMER INTERNSHIP PROGRAM

at

FORTIS ESCORTS, JAIPUR

From May 01, 2024 to June 30, 2024

A REPORT BY

Arunima Tah

Master of Business Administration

(Hospital and Health Management)

2023-25

Under the Mentorship of

Dr. Sandesh Sharma, Associate Professor

IIHMR UNIVERSITY

Fortis Escorts

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02TH July, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Arunima Tah 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.

Her performance during the period in the department was Good.

We wish Her the best for all her future endeavors.

For Fortis Healthcare Limited.

Authorized Signatory

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Arunima Tah** of the academic year 2023-25 of I**NSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: July 22, 2024

Dr. Sandesh Sharma
Associate Professor
IIHMR University, Jaipur

IDENTIFYING KEY OBSTACLES FOR NON CONVERSION OF PATIENTS IN TERTIARY CARE HOSPITAL

FORTIS ESCORTS

Fortis Healthcare was founded by brothers Shivinder Mohan Singh and Malvinder Mohan Singh. Fortis started its health care operations in Mohali, Punjab and later it expanded to various cities of India.
Fortis Escorts Hospital, Jaipur, is a 275-bed NABH accredited multi-super specialty hospital in Rajasthan. This hospital has established itself as one of the best tertiary care centers in the region.

Vision: To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care
Mission : To be a globally respected healthcare organization known for Clinical Excellence and Distinctive Patient Care.

Objective: To calculate the rate of conversion and identify the reasons for non conversion of patients from OPD to IPD.

ORGANIZATION STRUCTURE

Name- Dr. Arunima Tah
HM- 1689
Mentor- Dr. Sandesh Sharma, Associate Professor

THEORETICAL LEARNING

- Learnt about various areas in OPD such as billing, waiting area etc.
- Learnt about hospitals using management system technology to ease up registrations and other process.
- Learnt about medication and prescription errors.
- Importance of organized filing system in MRD.

PRACTICAL EXPOSURE

- Implementation of dedicated OPDs as well for government panels.
- Practically observed and used HMIS for data collection.
- Done audit for medication error and prescription error while preparing for NABH audit.
- The files in MRD are arranged as per practical needs of the hospital such as neonatal, death, medico-legal cases, etc.

CHALLENGES FACED

- Irregularity in collection of data on daily basis.
- Staffs are not transparent about the process flow, neither they follow any SOPs.
- Patient encounters; asking about various departments and related stuffs.
- Language barrier while talking to few patients over call.

LEARNINGS DURING INTERNSHIP

- Developed teamwork, problem solving abilities.
- Enhanced verbal and non verbal communication skills via thorough interactions with co-workers.
- Improved efficacy in using HMIS and data analysis.
- Participated in audits and learned about various pre-requisites for NABH compliance.
- Learned strategies to improve patient satisfaction.

STRENGTH

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

WEAKNESS

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

THREATS

- High price compared to nearby private hospitals.
- Staffs not motivated to work; may switch jobs.
- Non availability of HER for prescription

OPPORTUNITIES

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

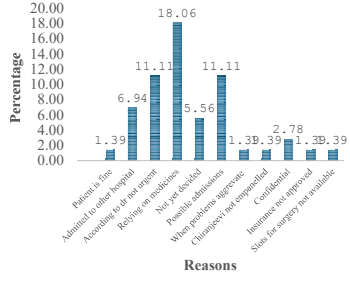
ABOUT PROJECT

WHAT IS PATIENT CONVERSION?

The process of transforming patients from OPD to IPD via admissions, typically known as Patient Conversion, contributing to improved patient care and financial stability to a hospital.

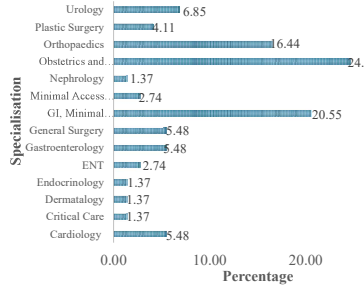
243 patients were taken into the study out of which 171 got admitted who were either paying the whole bill as out of pocket or via third party insurance in hospital rates and have been advised for admissions.
The patients were called to know the reason behind their non-admissions.

FINDINGS



The rate of non- conversion of patients from OPD to IPD is 70.37%.

- Most of the non-admitted patients are relying on medications i.e., 18.06%.
- Followed by patients who were being advised but was not urgent as per doctor are 11.11%.
- Admissions to other hospital were mainly due to high charges..



- The department of obstetrics and gynaecology has highest percentage of non-conversion i.e., 24.66%.
- Followed by GI, minimal access, and bariatric surgery (20.55%), orthopaedics (16.44%), urology (6.85%).

GAPS

- Staffs not updated with latest information of the hospitals.
- Doctors not writing demographic details completely.
- OPD coordinators are unable to understand medical languages; less capturing of data.
- Illegible writing of doctors, not mentioning generic names.
- Lack of coordination among departments.
- Longer waiting time; has to go through various check points to ensure admissions.
- Lack of staff in cash counters even though the hospital mainly focuses on cash patients.

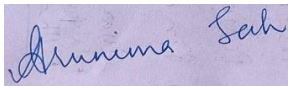
SUGGESTIONS

- Printed prescriptions for all doctors, making compulsory for doctors to fill the necessary details such as age, UHID, date, sex.
- Regular meetings to stay updated with new changes and information and mail the same.
- Training of OPD coordinators; getting accustomed with the medical terminologies.
- Hiring staffs for the dedicated cash counter to ease up the process and reduce delay during peak hours.
- Adopting EHR would bridge the gap in flow process, reduce human error increase sustainability.

WEEK 1 REPORT

Name of the Organization: Fortis Escorts, Jaipur
Department: Medical Admin [Patient Care Services (PCS)]
Project of Summer Internship Program: Patient Conversion
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 1 **From: May 01, 2024 to May 05, 2024**

Activity Done	• Observation of OPD and IPD admissions layout. • Allotment of department, i.e. – PCS, under Dr. Parul Dutt, HOD and observation of the process flow. • Cross checking of primary data collected by hospital in OPD 3. • Cross checking of primary data collected by hospital in OPD 1.
Linking theory (Classroom learning) with practice at your organization	• 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 OOPE patients.
Gaps identified on the working area.	• 24*7 not mentioned in Emergency. • Less number of staffs , leading to mismanagement during peak hours. • Communication gap; not updated with the latest information. • Some of the doctors are not mentioning the patient UHID on the prescription.
Suggestions for improvement	• Hiring of quality enriched staffs. • Printing of same prescriptions for all the doctors and making it compulsory for doctors to write the UHID and other details. • Maintaining proper communication channels and be responsible for the information to be circulated.
Plan for the next week	• Checking of the data in different OPDs. • Compilation of the primary data collected by hospital.



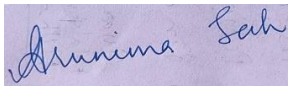
Dr. Arunima Tah
Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 2 REPORT

Name of the Organization: Fortis Escorts, Jaipur
Department: Medical Admin [Patient Care Services (PCS)]
Project of Summer Internship Program: Patient Conversion
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 2 **From: May 06, 2024 to May 11, 2024**

Activity Done	• Data compilation and called patient party who weren't admitted; reason noted • Observation of financial counselling process and admission TAT. • Called patient parties who have been counselled and consulted but not admitted; reasons noted. • Compilation of data and calling patient parties who weren't admitted and follow up of previous who didn't pick up calls.
Linking theory (Classroom learning) with practice at your organization	• Proper codes being followed; immediate actions are been taken. • HMIS is being utilised efficiently.
Gaps identified on the working area.	• Lack of management during peak hours. • Manipulation of data to get better score. • Data entry is not done timely.
Suggestions for improvement	• Hiring of staffs. • Following process timely, so that data does not have to get manipulated • Entering data simultaneously with other activities.
Plan for the next week	• Calling patients after analysing who were being advised to get admitted yet didn't.



Dr. Arunima Tah
Signature of the Student

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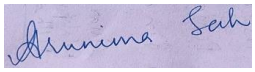
WEEK 3 REPORT

Name of the organization: Fortis Escorts Hospital, Jaipur
Department: Medical Admin [Patient Care Services (PCS)]
Project of Summer Internship Program: Patient Conversion
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 3 **From: May 13, 2024** **To: May 18, 2024**

Activity Done	• Cross checking the FOS entry in different OPDs. • Checked NABH compliance in the whole hospital. • Assisted in completion of paper work 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 paper work 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. • Learn more about the paper works required in the hospital. • Learning more about the role of a manager in a hospital.



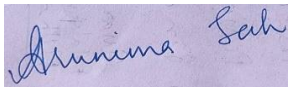
Dr. Arunima Tah.
Signature of the Student

Approved by the IIHMR University's Mentor

WEEK 4 REPORT

Name of the Organization: Fortis Escorts, Jaipur
Department: Medical Admin [Patient Care Services (PCS)]
Project of Summer Internship Program: Patient Conversion
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 4 **From: May 20, 2024 to May 25, 2024**

Activity Done	• Compiling data and calling patients. • Remarking the reasons , who are not admitted. • Files sorting of financial counselling reports. • Open and close audit of IPD files • Done anti-Microbial Stewardship Audit
Linking theory (Classroom learning) with practice at your organization	• Files in MRD are organised as discussed in class. • The wards in the hospital are similar with theory that we have studied.
Gaps identified on the working area.	• Lack of skilled manpower. • Incompletion of files. • Regular audits are not done. • Incoordination among various departments.
Suggestions for improvement	• Appointing skilled manpower. • Keeping staffs updated with latest clinical and non-clinical information of the hospital to minimise hassle. • Regular internal audits to overcome limitations.
Plan for the next week	1. Calling patients after analysing who were being advised to get admitted yet didn't. 2. Learning more about various paper works and get accustomed with the role of a manager. 3. Might go for internal audits of IPD files.



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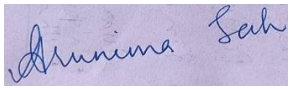
WEEK 5 REPORT

Name of the Organization: Fortis Escorts, Jaipur
Department: Medical Admin [Patient Care Services (PCS)]
Project of Summer Internship Program: Patient Conversion
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 5 **From: May 25, 2024 to June 01, 2024**

Activity Done	• Compiling data and calling patients. • Learning of various aspects of analysis. • Analysis of conversion data. • Done anti-Microbial Stewardship Audit.
Linking theory (Classroom learning) with practice at your organisation	• Data analysis is like what has been discussed in class. • The variables which can be used in analysis are as per discussed in class.
Gaps identified on the working area.	• Missing counselling files of various patients. • Incomplete filling of patient details and few paper are not signed. • Not updated with recent informations.
Suggestions for improvement	• Filling of manual counselling forms with proper details. • Training manpower . • Keep staffs notified with updated information.
Plan for the next week	4. Continue with AMS audit. 5. Analysis of data. 6. Observation of gap and suggesting corrective measures.



Dr. Arunima Tah
Signature of the Student

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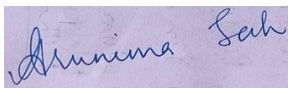
WEEK 6 REPORT

Name of the Organization: Fortis Escorts, Jaipur
Area/ Department/ Project of Summer Internship Program: Medical Admin (Medical Records Department)
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 6 **From: June 03, 2024 to June 08, 2024**

Activity Done	• Changing of department to Medical Records Department. • Done AMS audit for May month. • Done Prescription audit for May month. • Closed and open file audit. • Analysis of the data collected data.
Linking theory (Classroom learning) with practice at your organization	• 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.	• Missing of counter signs in H and P sheet. • 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 Prescription, AMS and open and close audit. • Analysis of collected data. • Observation of gap and suggesting corrective measures.



Dr. Arunima Tah
Signature of the Student

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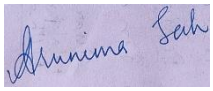
WEEK 7 REPORT

Name of the organization: Fortis Escorts Hospital, Jaipur
Area/ Department/ Project of Summer Internship Program: Medical Admin (Medical Records Department)
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 7 **From: June 10, 2024** **To: June 15, 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 organization	• 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.	• 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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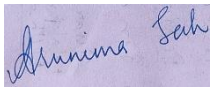
WEEK 8 REPORT

Name of the organization: Fortis Escorts Hospital, Jaipur
Area/ Department/ Project of Summer Internship Program: Medical Admin (Medical Records Department)
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA in Hospital and Health Management**
Week no: 8 **From: June 17, 2024** **To: June 22, 2024**

Activity Done	• Done Closed file and open file audit for may month. • Report writing and taking guidance from organisation mentor.
Linking theory (Classroom learning) with practice at your organisation	• Separate coloured files for Death, Medico legal cases and neonatal . • Files in MRD have proper number for identification.
Gaps identified on the working area.	• Missing Face sheet (consent forms) • Missing signature of doctors in history sheet. • Lack of skilled manpower.
Suggestions for improvement	• Should appoint skilled manpower. • Regular training programmes should be held. • Make it compulsory for doctors to sign. • Regular internal audits to be done.
Plan for the next week	• Continue with auditing the files. • Analysis of collected data. • Suggestions and corrections in report will be continued.



Dr. Arunima Tah
Signature of the Student

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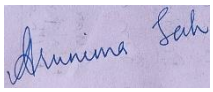
COMPILED REPORT

Name of the organization: Fortis Escorts, Jaipur
Area/ Department: Medical Admin (Patient Care Services and Medical Records Department)
Project of Summe Internship Program: Patient conversion from OPD to IPD (Patient Care Services)
Name of the Student: Dr. Arunima Tah
Roll no: 1689 **Stream: MBA Hospital and Health Management**

Activity Done	• Observation of OPD and IPD admissions layout. • Allotment of department, i.e. – PCS, under Dr. Parul Dutt, HOD and observation of the process flow. • Cross checking of primary data collected by hospital in various OPDs • Data compilation and called patient party who were not admitted; reason noted • Observation of financial counselling process and admission TAT. • Called patient parties who have been counselled and consulted but not admitted; reasons noted. • Follow up of previous who were not reachable. • Checked NABH compliance in the whole hospital. • Assisted in completion of paper work 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. • Learning of various aspects of analysis. • Analysis of conversion 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 organization	• 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 OOPE patients. • Proper codes being followed; immediate actions are been 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 we have studied. • 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 mismanagement during peak hours. • Communication gap; not updated with the latest information. • Some of the doctors are not mentioning the patient UHID on the prescription. • Data entry is not done timely. • Incomplete paper work of various departments. • Incomplete clinical files. • Incoordination among various departments. • Missing counselling files of various patients. • Missing of counter signs in H and P sheet. • Missing Face sheet (consent forms) • Missing signature of doctors in history sheet. • Lack of skilled manpower.
Suggestions for improvement	• Hiring of quality enriched staffs. • Printing of same prescriptions for all the doctors and making it compulsory for doctors to write the UHID and other details. • Maintaining proper communication channels and be responsible for the information to be circulated • Entering data simultaneously with other activities. • 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. • Make it compulsory for doctors to sign. • Adoption of Electronics Health Records.



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