SUMMER INTERNSHIP PROGRAM

at

PARAS HEALTH

From 1ST MAY to 30th JUNE 2024

A REPORT BY

AKHIL SONI

Master of Business Administration

Hospital And Health Management

2023-25

under the Mentorship of

Dr. Alok Kumar Mathur

Associate Professor

IIHMR UNIVERSITY

JAIPUR

Completion Certification from the Organization

CERTIFICATE

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

Date: 29/06/2024

(Signature of organization Mentor)

Name: Ms. Nilanjana Sen

Designation: Senior Manager Patient Care Service

Stamp of the organization

PARAS HEALTHCARE PVT. LTD. ★ PARAS HOSPITAL UDAIPUR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Dr. Akhil Soni of 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:

(Signature of Faculty Mentor)

Name: Dr. Alok Kumar Mathur

Designation: Associate Professor

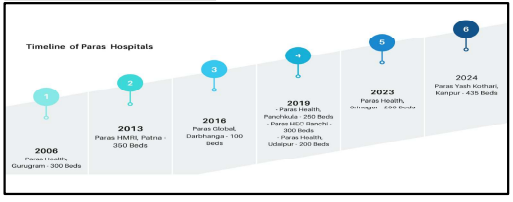
SUMMER INTERNSHIP PROGRAMM
IIHMR UNIVERSITY
PARAS HEALTH, UDAIPUR

University Mentor- Dr. Alok Kumar Mathur Sir

Organisation Mentor- Ms. Nilanjana Sen Ma'am

1. BRIEF HISTORY AND DESCRIPTION ABOUT ORGANISATION

Paras Health, Udaipur stands as a beacon of excellence in the healthcare landscape, celebrated for its state-of-the-art infrastructure and steadfast commitment to patient welfare. Equipped with 200 beds and cutting-edge facilities including a Cath lab, MRI, CT scanners, and modular OTs, we provide superior medical services. Our comprehensive care extends to ICU facilities and dialysis units, ensuring holistic patient management.



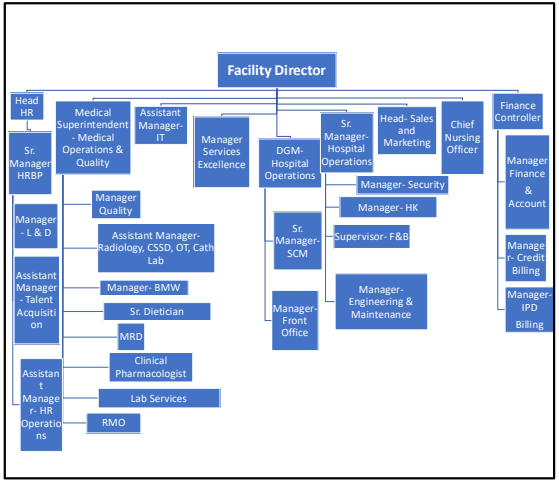
2. VISION

At Paras Health, our vision is driven by four fundamental pillars: **compassion, affordability, accessibility, and quality**.

3. MISSION

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

4. ORGANISATION STRUCTURE



5. SWOT ANALYSIS

6. THEORITICAL

1.Modules helped me learned about various departments and their functioning in hospital.
2.Modules helped me learned about concepts of management.

7.PRACTICAL

1.Practical exposure me understand ground issues in hospital system.
2.Dealt with different stakeholders which possess different challenges .

8. LEARNINGS DURING INTERNSHIP

- Learned advocacy and conflict resolution in real world
- Learned effective communication and counselling
- Learned about importance of strategic management
- Learned working under stress along with team collaboration

9. USEFULNESS OF INTERNSHIP

- Provide platform to apply academic knowledge
- Help in learning skills like teamwork, effective communication, time management and decision making
- Personal growth and understanding own strength and weakness.
- Patient interaction and handling

10. CHALLENGES FACED DURING INTERNSHIP

- Data collection from different stakeholder
- Managing different projects at same time
- Managing multiple task and adherence to deadlines
- Coordination with other stakeholders

11. SUGGESTIONS FOR IMPROVEMENT

- Regular training session should be taken
- Sufficient manpower should be needed for effective hospital operations
- Implementation of new technology should be helpful in proper documentation
- Enhance communication between different stakeholders

Submitted By – Akhil Soni Batch- MBA HHM (2023-25) Roll No- 1670

IIHMR UNIVERSITY

WEEK-1st REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

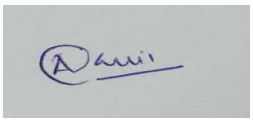
Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

Week no: 1 **From: 1ST May 24 to 4TH May 24**

Activity Done	**1ST MAY-24** • Had a board meeting with all the department heads. • Mentor allotment. • Mentor-mentee interaction and discussion. • Hospital department visits and navigation of all departments • Detail description of the Guest Relation Department (roles and responsibility of Guest Relation Executives) • Orientation along with team meeting in the afternoon • OPD, accident and emergency department round and observation. **2ND MAY-24** • IPD rounds at floor-4,5,6(Inpatient department). • IPD patients' orientation after bed allotment. • Guiding patients for their feedback and quality of care. • Patients' escorting from lobby to OPDs and IPDs. • Observing the conflict management by GRE (Guest Relation Executive) regarding wrong X-ray taken by technician and refund process. • Observing GRE advocating (CCU admitted patient's) attendant and providing her a discounted package of treatment that she could afford by interacting with different departments (CCU supervisor, CCU surgeon, billing dept.) **3RD MAY-24** • Observing discharge process of IPD patients. • Recording the time taken at each step of discharge-way of the patient (from nursing clearance to patient out from the hospital). • Recording and observing the amount of delay in time or reasons for discharge delays (such as software glitch at pharmacy clearance). • Time taken for approval of discharge at every stage of clearance i.e. nurse clearance, pharmacy clearance, billing clearance etc. • Observing the case of refusal of treatment and payment refusal by assault patient (along with attendants) in emergency department.

	• Attending NABH seminar by quality department in the afternoon. • Learning and education regarding NABH standards and safety codes. **4TH MAY-24** • Assisting GRE with vacant IPD room list making. • Assisting IPD patient admissions and orientation. • Monitoring and observing PHC (preventive healthcare center) sessions at OPD. • Creating excel format for Discharge TAT Analysis. • Induction session by HR Ma'am (Mrs. Khyati Trivedi)
Linking theory (Classroom learning) with practice at your organisation	• Learning roles and responsibilities of guest relation executives in assisting, guiding, navigating and educating the patient in the hospital premises. • Monitoring or surveillance of patient's treatment in the hospital • Ensuring the patient's smooth and satisfactory experience while availing the services at the hospital • Conflict management with co-ordination and inter-departmental collaboration • Collecting feedback and complaints/grievances from patients and resolving / managing them
Gaps identified on the working area.	• Lack of GRE manpower. • Lack of corporation among departments. • Poor Time Management.
Suggestions for improvement	• Allot GRE floor wise helps in increasing efficiency of GRE team. • Counseling of staff by department head to increase cooperation with another department.
Plan for the next week	• Start Discharge TAT project. • Performing role of GRE.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-2nd REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

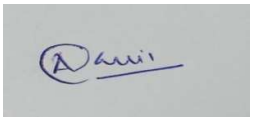
Roll no: 1670 **Stream: MBA-HHM**

Week no: 2 **From: 6TH May 24 to 11TH May 24**

Activity Done	**6TH MAY-24** • Start working on Patient Discharge TAT Analysis project Assigned by organization's mentor. • IPD rounds for discharge confirmation on 1st, 4th, 5th, and 6th floor. • Checking preparedness of discharge summary draft, pharmacy return, pharmacy dispatch and availability of bed side medicine. • Observing discharge summary draft of every doctor and clinical department. • Observing data of pharmacy return from IP pharmacy. • Observing data of pharmacy dispatch from IP pharmacy. • Evaluating the turnaround time from discharge initiation, followed by nursing clearance, then pharmacy clearance, then billing clearance, then approval form insurance company in case if insured patient and lastly financial clearance before the patient leaves the hospital on HIS (my Healthcare portal). • Collect patients and attendant's complaints and feedback on tablet and link. • Discussion with mentor regarding checklist for data collection. **7TH MAY-24** • Patient Escorting from Admission counter to allotted rooms. • IPD rounds, checking discharge summary drafts, pharmacy returns, pharmacy dispatch and availability of bed side medicine. • Collecting data of doctor's approval time, nursing clearance time and time of discharge initiation manually. • Assessing the turnaround time for different payor categories (Ex-Cash, RGHS, ECHS, CGHS etc.) • Channelizing the reasons for pharmacy return and dispatch delays and billing delays. • Evaluating the time form mark from discharge on system and actual time of patients leaving the room. • Evaluate preparation time of discharge room by GDAs for receiving new patient. • Observing and analyzing the possible reasons for the discharge delays. • Discussion with mentor regarding project and complaints and

	feedback. **8TH MAY-24** • Monitor the planned and unplanned discharges process. • Escorting new IP patients to their rooms. • Giving orientation to newly admitted patients regarding hospital services and patient rights. • Surveillances (floor rounds) for gathering and advocating for patients and their attendants for any inconvenience. • Following planned discharge steps and evaluating the path barriers that leads to delay in the process. • Assessing the reasons for the high unplanned discharges and their TAT evaluation along with planned ones. • Evaluation of common complaints and perform RCA. • Discussion with mentor on project. **9TH MAY-24** • Monitor the planned and unplanned discharges process. • Collecting information regarding vacant rooms in every floor with checklist. • Collecting the occupied rooms list along with planned discharge list of the patients. • Perform Bed management procedure. • Collecting data from IPD pharmacy regarding the pharmacy return, dispatch, and pharmacy clearance of the planned discharge. • Escorting new admission of patients post lunch. • Collection of registration time and room check in time for admission TAT analysis. • Discussion with mentor on project updates and complains received. **10TH MAY-24** • Escorting emergency patients to the OT, ICU, and wards. • Counselling the patients regarding the services and how to avail the services. • Coordinating with the front office (admission counter) regarding the availability of rooms on each floor (IPD) • Tracking the patients discharge progress on HIS and compare with manual data collection. • Attending NABH and IPSG programs at hospital auditorium regarding patient safety. • Emergency code mock drill practices at hospital premises. • Discussion with mentor on project. **11TH MAY-24** • Monitor the planned and unplanned discharges process and data collection.

	• Compiling the data (collected) on the excel sheet. • Evaluating the discharge TAT data. • Escorting new admission of patients post lunch. • Discussion with mentor on poster /presentation topics. • Attended program on International Nurse Day at hospital auditorium.
Linking theory (Classroom learning) with practice at your organisation	• Practicing GREs responsibilities and understanding the gravity of the role. • Effective communication for extracting data from the respective staff (nurses, at pharmacy dept, billing dept.) • Time management for allocation of bed.
Gaps identified on the working area.	• Delayed Doctors round. • Stocking up on uncleared pharmacy approvals. • Lack of coordination among GDAs leads to delays in transport of pharmacy return, pharmacy dispatch and documents. • Multiple roles of GDA leads to delay on documents transfer. • Non availability of bedside medicine. • Complaints regarding haphazard parking.
Suggestions for improvement	• Biometric and attendance record keeping of all staff including doctors. • Allocation of GDA's to departments and floors wise. • Checking of bedside medicine before discharge counselling. • Assigned parking facilities for staff and patient separately.
Plan for the next week	• Gathering data for the admission and discharge process of the patients in the hospital.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-3RD REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

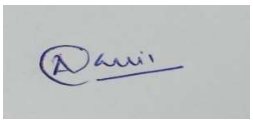
Week no: 3 **From: 13th May to 18th May 2024**

Activity Done	
	13th MAY-2024 • Monitoring the planned discharge process of patients. • Evaluation of numbers of unplanned discharges and tracking the (unplanned) discharge process. • Collecting information regarding vacant rooms on each floor • OPD and emergency department rounds were taken. • Escorting new admissions of patients and evaluating their TAT. • Collecting data from IP pharmacy and IP billing department for both planned / unplanned patients discharges. • Counselling the patients and attendants & collect their feedback and during hospital stay. • Data collection form TPA and RGHS department. • Discussion with mentor on project and the data (collected). • Collect physical patient discharge time mentioned on financial clearance slip from Time office. **14th MAY-2024** • Conducting floor rounds in IPD. • Collecting information regarding vacant rooms in IPDs floors • Supervised bed management procedure. • Collecting the planned discharge list that was prepared on previous day. • Evaluating unplanned discharges along with the planned discharges on each floor (IPDs). • Noted doctors round time. • Escorting new admissions of patients post lunch. • Collecting pharmacy and billing clearance TAT. • Collected TPA document upload and approval TAT for insurance patient. • Discussion with mentor on project updates and evaluation of the collected data. • BLS (basic life support) training program attended at hospital auditorium for the upcoming visit of NABH. • Collect physical patient discharge time mentioned on financial clearance slip from Time office.

	15th MAY-2024 • Starting with OPD and emergency rounds. • Collecting planned discharged lists from GREs. • Collecting information regarding vacant rooms on each floor (IPD) • Escorting new admission patients to their allotted rooms. • Orientation of the room and floor services was given to the new admission patient. • Recording the doctor's round. • Monitoring doctors/discharged authorization for planned/unplanned patients. • Collecting data from IPD pharmacy, billing for discharged patients • Tracking the patients discharge progress on HIS and comparing it with manual data. • Discussion with mentor on projects data and evaluation of data is done. • Collect physical patient discharge time mentioned on financial clearance slip from Time office. **16th MAY-2024** • IPD and OPD rounds conducted. • Collected planned discharged list from GREs. • Collected vacant and occupied room lists of floors from GREs. • Tracking the number of unplanned discharges and its progress on HIS and manually. • Collecting data from housekeeping department regarding room vacated by patient and time required by housekeeping to prepare the same room for new admission patients. • Escorting newly admitted patients post lunch. • Collecting data from TPA and billing department regarding the discharges. • Discussion with mentor regarding discharge process TAT analysis. • Collect physical patient discharge time mentioned on financial clearance slip from Time office. **17th MAY-2024** • Conducted IPDs floor rounds. • Collected planned discharged lists from GREs. • Surveillance of a case under mentors' supervision. • Escorting new admission patients and handing them over to the respective floor GREs. • Managing the crowd in the lobby area. • Proper management of registration and pharmacy ques to avoid havocs. • Ensuring the lobby and porch services (like stretcher,

	wheelchair) to needed patients. • Ensuring the delivery of and maintenance of porch and lobby standards up to time and need of hour. • Data collection from pharmacy i.e. pharmacy return received, and pharmacy return accept and pharmacy dispatch, billing, TPA and RGHS and PSU credit and physical patient discharges from time office for discharge TAT. • Discussion with mentor regarding some problems that are being encountered to fulfill the GREs roles and responsibilities. **18th MAY-2024** • Conducting OPDs and emergency rounds • Navigating OPD patients to their respective consultation rooms. • Maintaining the OPD crowd and IPD attendants in the lobby area. • Maintaining the registration ques and pharmacy ques in order. • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail those services. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Data collection from pharmacy, billing, TPA and RGHS and PSU credit and physical patient discharges from time office for discharge TAT. • Discussion with the mentor regarding the collected data.
Linking theory (Classroom learning) with practice at your organisation	• Practicing GREs responsibilities and understanding the gravity of the role. • Stakeholders' management at hospital premises for effective data record keeping. • Effective communication with other stakeholders for proper time management. • Resourceful and informative management among staff, GREs, and patients/attendants • Effective communication for extracting data from the respective staff (nurses, at pharmacy dept, billing dept.) • Time management for allocation of bed, OPD to IPD shifting, ER to IPD shifting. • Witness financial management as decision science to make better decision and service excellence. • Learn management of brought dead patient and death at hospital legal requirements.
Gaps identified on the working area.	• Not mentioning time of receiving the documents from other department and blaming other department for delay. • Difficult to differentiate between the patient and attendants while entering in the hospital.

	• Delayed doctors' round in IPD leads to delay in discharge process. • Unavailability of GDAs on each floor. • Overworking GDAs at each floor. • Overcrowding in front of sample collection area (no sitting space and manual calling system of patients for sample collection) • Charging investigation in bill which are not per performed.
Suggestions for improvement	• Time column should be separated from date column which helps in developing habit of mentioning time. • Patient band should be helpful if used at hospital entry. • Visitors pass and attender pass should be checked on entry and limit the crowd at entry level to prevent chaos at lobby and there should be different entries point for OPD and IPD patients. • Biometric system for the doctors and other staff. • Work management training and proper communication and separate GDAs for separate work can be appointed. • Digitalized token system should be used to properly align the patient's appointment / turn. • Routine billing and accounts helpful in filling gaps in billing.
Plan for the next week.	• Evaluating the discharge process TAT. • Assessing the admission process for patients.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-4TH REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

Week no: 4 **From: 20th May to 25th May 2024**

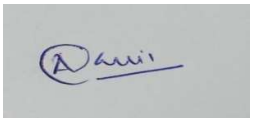
Activity Done	
	20th MAY-2024 • Conducted IPD rounds. • Collected lists of vacant and occupied rooms from GRE. • Navigating OPD patients to their respective doctor's consultation rooms. • Maintaining proper pharmacy and registration ques. • Managing crowd in the lobby area. • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant ladies, elderly person, or children). • Managing proper seating/ waiting area place for patients and their attendants. • Escorting newly admitted patients to their respective rooms. • Collecting information/ data regarding both planned/unplanned discharges from nursing station, IPD pharmacy and billing department. • Collecting financial clearance slip with receiving time on it from the guards when the patients leave the hospital to collect patient physical out time. • Discussion with mentor about the challenges/obstacles faced in collecting the data and how to overcome the challenges as a team. **21ST MAY-2024** • Conducted rounds in both IPD and OPD. • Collected the planned patient discharge list from the respective floor GREs. • Noting the doctor's consultation round(time) in IPD. • Collecting planned discharge list from GRE. • Collecting information about the doctor's round in IPD. • Collected lists of vacant and occupied rooms from GRE. • Monitoring the unplanned discharges after the doctor's round. • Evaluating the discharge summary time and nursing clearance update on HIS. • Collecting TAT of discharged files reaching from each nursing station to pharmacy department (for pharmacy return and clearance) and billing department (for clearance). • Collecting data from the pharmacy and billing department about

	the receiving and clearance of the patients discharge formalities. • Discussion with mentor related to the observations and data obtained on the discharge project. **22ND MAY-2024** • IPD rounds for collecting information regarding doctor authorization and mark for discharge and discharge summary draft readiness. • Collected planned discharged lists from GREs. • Collected vacant and occupied patients lists of the IPD. • Maintaining the lobby crowd. • Ensuring proper ques formation and smooth working of ques at pharmacy and registration counter. • Along with security officer ensure proper parking of patient vehicle and staff vehicle and provide solutions. • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant ladies, elderly person, or children). • Navigating patients to their respective doctor's consultation room, to sample room, to RGHS counter or to report collection desk. • Escorting newly admitted patients to their respective IPD rooms. • Collecting TAT of newly admitted patients. • Noting time of doctors and dieticians round on IPD floors • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Discussion with mentor regarding the data collected for discharges and admission TAT. **23RD MAY-2024** • IPD rounds conducted. • Collected planned discharged lists from GRE. • Collected vacant and occupied rooms list from GREs of their respective IPD floors. • OPD and lobby round conducted. • Collect timing of doctor's and dietician's round on each IPD floor. • Evaluating the unplanned discharge process on each IPD floor after doctor's round. • Caught promoter of fashion company and handover to CSO (chief security officer). • Navigating the OPD patients to their respective doctor's consultation room. • Managing the lobby standard of working and maintenance. • Escorting newly admitted patients to their respective IPD rooms. • Collect data from housekeeping of room readiness time.

	• Collecting TAT of newly admitted patients. • Discussion with mentor regarding the collected data on admission TAT. **24TH MAY-2024** • IPD rounds conducted. • Vacant /occupied rooms list were collected from the respective GREs of the respective floors. • Collected planned discharged lists from GRE. • Collect timing of the doctors and dietician's rounds on each IPD floor. • Evaluating the discharge process of unplanned patients after doctors' round. • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Collecting financial clearance slip along with mentioned time of patient leaving the hospital. • Discussion with mentor related to the observations and data obtained on the discharge project. • Night round with Manager on Duty to learn handling emergencies in night. **25TH MAY-2024** • IPD rounds conducted. • Collected planned discharged lists from GRE. • Collected vacant and occupied room lists from GREs of respective IPD floors. • Collect timing of the doctor and dietician rounds. • OPD and lobby area standard maintenance. • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail them of those services. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Data collection from pharmacy i.e. pharmacy return received, and pharmacy return accept and pharmacy dispatch, billing, TPA and RGHS and PSU credit and physical patient discharges from time office for discharge TAT. • Discussion with mentor regarding some problems that are being encountered to fulfill the GREs roles and responsibilities. • NABH inspection preparation with mentor and GRE team. • Learn how to calculate patient satisfaction score and quality score and other KPI.
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with other stakeholders for proper time management. • Practicing GREs responsibilities and understanding the gravity of the role.

	• Effective communication for extracting data from the respective staff (nurses, pharmacy department, billing department, time office) • Stakeholders' management at hospital premises for effective data record keeping. • Time management for allocation of bed, OPD to IPD shifting, ER to IPD shifting. • Managing proper OPD standards in the lobby and porch area and maintaining checklist. • Providing patient/ attendants advocacy regarding admission, consultation, discharge and navigating around the hospital premises. • Providing transparent information regarding treatment, fees and procedure helps build trust and leads to increased patient satisfaction.
Gaps identified on the working area.	• Long waiting hours for patients as doctors are not available in OPD at their respective given time. • Delays in doctor's IPD rounds are also seen frequently. • Dieticians do not regularly take IPD rounds of admitted patients. • Unavailability of pool GDA (transporter) • Overworking GDAs on each floor. • Overcrowding in front of sample collection area (no sitting space and manual calling system of patients for sample collection) • Not to mention the time of receiving the documents from other department and blaming other department for delay. • Difficult to differentiate between the patient and attendants while entering the hospital. • Improper collection of pharmacy returns and delivery at IPD pharmacy leads to missing of return and delivery paper. • Not taking Aadhar card for registration of patient. • No bed manager.
Suggestions for improvement	• Biometric system for the doctors and other staff (such as dietician) • Visitors pass and attender pass should be checked on entry and limit the crowd at entry level to prevent chaos at lobby and there should be different entries point for OPD and IPD patients. • A digitalized token system should be used to properly align the patient's appointment / turn. • Time column should be separated from date column which helps in developing habit of mentioning time in the discharge register.

	• Telling the importance of physical pharmacy return sheet to staff leads in development of separate box for return and delivery sheet. • Proper instruction for the admission desk for entering demographic data from ID cards (Aadhar). • Need timely meetings with admission desk regarding bed management. • Pneumatic shoot (capital intensive idea) can help in transportation.
Plan for the next week	• Evaluating the discharge process TAT. • Assessing the admission process for patients. • Collecting vacant room data, manually and from computer. • NABH inspection preparation.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-5TH REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

Week no: 5 **From: 27th May to 2nd June 2024**

Activity Done	**27TH MAY 2024** • Collected planned discharged data and tracked discharge process. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • OPD and lobby round conducted for patient feedback and complaints. • Collected timing of doctor's and dietician's round on each IPD floor. • Ensuring proper ques formation and smooth working of ques at pharmacy and registration counter. • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant ladies, elderly person, or children). • Navigating patients to their respective doctor's consultation room, to sample room, to RGHS counter or to report collection desk. • Escorting newly admitted patients to their respective IPD rooms. • Collecting TAT of newly admitted patients. • Reading material shared by mentor on patient rights and education for upcoming NABH inspection. • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Collecting financial clearance slip along with mentioned time of patient leaving the hospital. • NABH inspection preparation with mentor and GRE team. • Discussion with mentor regarding challenges faced while collecting the data. **28TH MAY 2024** • Collected planned discharged data and tracked discharge process. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Collect timing of the doctor and dietician rounds. • OPD and lobby area standard maintenance. • Monitoring the unplanned discharges after the doctor's round.

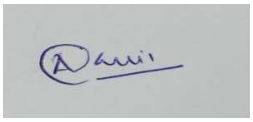
	• Collecting information from RMO (on duty) regarding reasons of unplanned discharges for patients on their respective IPD floors. • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail them of those services. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Evaluating the discharge summary time and nursing clearance update on HIS. • Collecting TAT of discharged files reaching from each nursing station to pharmacy department (for pharmacy return and clearance) and billing department (for clearance). • NABH inspection preparation and FAQs preparation with mentor and GRE team. **29TH MAY 2024** • Collected planned discharged data and tracked discharge process. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Navigating OPD patients to their respective doctor's consultation rooms. • Maintaining proper pharmacy and registration ques. • Managing crowd in the lobby area. • Board meeting held regarding upcoming NABH inspection (on 1st and 2nd June 2024) including all management interns headed by Quality and HR supervisors. • Guided and instructed all interns regarding the roles, responsibilities and how to communicate with higher management and how to help/ assist the staff during inspection. • Allocated the respective IPD and OPD floors to respective interns for NABH surveillance. • Ensuring the services/facilities such as wheelchair, stretcher to vulnerable patients (such as pregnant ladies, elderly person, or children). • Managing proper seating/ waiting area place for patients and their attendants. • Escorting newly admitted patients to their respective rooms. • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Collecting financial clearance slip along with mentioned time of patient leaving the hospital. • Discussion with mentor regarding the NABH board meeting and discussing roles, responsibilities and floors assigned to intern GREs in the meeting.

	30TH MAY 2024 • Collected planned discharged data and tracked discharge process. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Collected timing of the doctor and dietician rounds. • OPD and lobby area standard maintenance. • Navigating patients to their respective doctor's consultation room, to sample room, to RGHS counter or to report collection desk. • Escorting the patients from OPDs to IPD rooms and consulting the attendants regarding the services and facilities that are offered by the hospital and how to avail them of those services. • Ensuring proper file management and checking the crash cart location at every IPD floor. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Conducted as well as participated in mock drills for various code (alert codes) in hospital premises amid NABH inspection. • Data collection from pharmacy i.e. pharmacy return received, and pharmacy return accept and pharmacy dispatch, billing, TPA and RGHS and PSU credit and physical patient discharges from time office for discharge TAT. • Collect data from housekeeping of room readiness time. • Arranging all files and documents properly and systematically in the GREs office with mentor and GRE team. • Discussion with mentor related to GREs code and conduct for NABH inspection. • Assist mentor in documentation and paperwork. **31ST MAY 2024** • Collected planned discharged data and tracked discharge process. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Noting doctors and dieticians IPD round time. • Collecting data from housekeeping of first floor for the missing days • Participating in all mock drill practices of emergency codes. • Study FAQs related to NABH inspection. • Attending the meeting with mentor and GRE team. • Conducted as well as participated in mock drills for various code (alert codes) in hospital premises amid NABH inspection. • Collecting data from nursing stations, pharmacy, and billing departments for planned/ unplanned discharges. • Ensuring proper file, folder and register maintenance on every nurse station of IPD.

	• Collecting financial clearance slip along with mentioned time of patient leaving the hospital. • Discussion with mentor related to GREs code and conduct for NABH inspection. • Assist mentor in documentation and paperwork. **1ST JUNE 2024** • Attending opening meetings with NABH members and hospital administrative and authoritative members. • Assigned respective floors (5th and 6th) to each intern for surveillance. • Checking files for proper documentation and consents filled by patient/attendants and by staff. • Proper segregation of documents and forms in the patient files (like doctor's documents, admission /discharge documents, consent forms, nurse documentation, infection control documents, physiotherapy notes etc.) • Checking and inspecting a few patients' files and sending them for assessment to the administrative office. • Assuring the completion of unfilled forms in the patients filed by nurses. • Assessing the conduct and arrangement of floor nursing stations for proper maintenance of files, folders and registers. • NABH members conducted mock drills on the ground floor, basement and emergency departments. • Monitoring the arrangement of files, documents and registers (billing, blood transfer, patient transfer, RMO handover registers) at nursing station of assigned floors. • Providing data and files of the patients to the assessors on the IPD floors (5th and 6th) rounds. • Discussion with mentor and AHM about the NABH inspection and assessment that has been done by assessors on other floors / departments. **2nd JUNE 2024** • Through surveillance of the assigned floors done. • Checking files for proper documentation and consents filled by patient/attendants and by staff. • Assessing the conduct and arrangement of floor nursing stations for proper maintenance of files, folders and registers. • Monitoring the arrangement of files, documents and registers (billing, blood transfer, patient transfer, RMO handover registers) at nursing station of assigned floors. • Facility rounds taken by NABH assessors on the 5th and 6th floor.

Linking theory (Classroom learning) with practice at your organisation	• Acknowledging NABH rules and regulation(protocols). • Following proper NABH protocols. • Implementation of NABH guidelines on the hospital premises. • Managing proper OPD standards in the lobby and porch area and maintaining checklist. • Practicing GREs responsibilities and understanding the gravity of the role for NABH inspection. • Providing patient/ attendants advocacy regarding admission, consultation, discharge and navigating around the hospital premises. • Providing transparent information regarding treatment, fees and procedure helps build trust and leads to increased patient satisfaction. • Effective communication with other stakeholders for proper time management. • Time management for allocation of bed, OPD to IPD shifting, ER to IPD shifting.
Gaps identified on the working area.	• Lack of staff on daily basis/ regular basis (no RMO on duty in dialysis). • Signages were missing in some areas/ facility services. • Lack of skillful handling of emergency situations (NABH mock drills conducted which was not skillfully managed by the assigned team) • Unplanned discharges after doctor rounds are a continuous practice which often leads to delay in discharges process thus degrades the patient experience at hospital stay. • Delays in doctor's IPD rounds are also seen frequently. • Dieticians do not regularly take IPD rounds of admitted patients. • Unavailability of pool GDA (transporter). • Long waiting hours for patients as doctors are not available in OPD at their respective given time. • Lack of training session of departments.
Suggestions for improvement	• Proper inspection should be done by quality department on regular basis regarding the files, folder or register maintenance on each floor. • Frequent practices of mock drills and emergency codes in the hospital premises to train the staff for any mishappening / emergency. • One day prior Online/ offline doctors' authorization so that discharge summary along with medicine return performed day before the discharge itself thus reduces the inconvenience and time of patient and the staff. • Biometric system for the doctors and other staff's presence in

	the hospital premises. • Visitors pass and attender pass should be checked on entry and limit the crowd at entry level to prevent chaos at lobby and there should be different entries point for OPD and IPD patients. • Regular audit by hospital audit team to stick to the NABH protocols in the hospital premises to improve the quality of care. • A digitalized token system should be used to properly align the patient's appointment / turn. • Need timely meetings with admission desk regarding bed management.
Plan for the next week	• Evaluating the discharge process TAT. • Assessing the admission process for patients. • Continue to implement NABH guidelines and protocols in hospital settings.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-6TH REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICESs

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

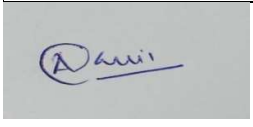
Week no: 6 **From: 3rd JUN 2024 to 8th JUN 2024**

Activity Done	**3RD JUNE 2024** • Performed rounds in the OPD and IPD for discharge summary authorization timings. • The doctor's consultation round time was noted in the IPD. • Gathering data on the doctor's round in the IPD. • Collected planned discharged data and tracked discharge process. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Following the doctor's round, keeping an eye on the unscheduled discharges. • Assessing the discharge summary time and the nursing clearance update on HIS Gathering information from the pharmacy and billing departments regarding the receipt and clearance of the patients' discharge paperwork. • Collecting TAT of discharged files that reach from each nursing station to the pharmacy department (for pharmacy return and clearance) and the billing department (for clearance). • Collect patients feedback regarding services of hospital. • Talking with the mentor about the data and observations from the discharge project. **4TH JUNE 2024** • Performed rounds in the OPD and IPD for discharge summary authorization timings. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Guiding OPD patients to the appropriate physician consultation rooms. • Maintaining appropriate pharmacy and registration lines. • Controlling the flow of people in the lobby area; ensuring that vulnerable patients such as expectant mothers, the elderly, or children have access to wheelchairs and stretchers. • Overseeing appropriate seating and waiting areas for patients and their attendants. • Taking recently admitted patients to their rooms. • Gathering information and data from the nursing station, IPD pharmacy, and billing department about both scheduled and unplanned discharges.

	• Obtaining a financial clearance slip from the guards when the patient leaves the hospital. • Collect patients feedback regarding services of hospital. • Having a conversation with a mentor about the difficulties encountered in gathering the data. **5TH JUNE 2024** • Performed rounds in the OPD and IPD for discharge summary authorization timings. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Conducting the lobby and OPD rounds. • Recording the dietician's and doctor's rounds on each IPD floor. • Assessing the unplanned discharge procedure on each IPD floor following the doctor's round. • Leading patients from the outpatient department to their designated doctor's consultation room. • Overseeing the upkeep and operation of the lobby • Escorting recently admitted patients to their designated IPD rooms • Attended board meeting headed by FD of the hospital regarding mid-internship reviews and work progress. • Gathering the TAT of recently admitted patients. • Collect patients feedback regarding services of hospital. • Having a conversation with a mentor about the data gathered on admission TAT. **6TH JUNE 2024** • Performed rounds in the OPD and IPD for discharge summary authorization timings. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Conducting the lobby and OPD rounds. • Gathered lists of scheduled discharges from GRE Recording the rounds of physicians and dieticians on each IPD floor • Assessing the discharge procedure for patients who were not scheduled after the rounds of physicians • Gathering information from the nursing station, pharmacy, and billing departments regarding planned and unscheduled discharges. • Gathering the financial clearance slip and noting the patient's departure time from the hospital. • Meeting with Facility Director (Dr. Abel George) for review of the work done on the assigned projects. • Meeting with DGM operations (Mr. Nitin Suryan) regarding implication of solution on the discharge process project and discussion on opportunity cost of vacant room project. • Organizing the collected data into the excel sheet. • Collect patients feedback regarding services of hospital.

	• Talking with the mentor about the data and observations gathered for the discharge project. **7TH JUNE 2024** • Performed rounds in the OPD and IPD for discharge summary authorization timings. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Formation of appropriate lines and the efficient operation of lines at the pharmacy and registration desk. • Ensuring the provision of services and amenities, such as wheelchairs and stretchers, to vulnerable patients (e.g., pregnant women, elderly people, or children). • Guiding patients to their designated doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks. • Accompanying newly admitted patients to their designated IPD rooms; Gathering information from the nursing station, pharmacy, and billing departments regarding planned and unplanned discharges. • Collect patients feedback regarding services of hospital. • Having a conversation with a mentor regarding the data organised for the discharge TAT project. **8TH JUNE 2024** • Performed rounds in the OPD and IPD for discharge summary authorisation timings. • Collected vacant and occupied room data from floors and bed management portal for understanding actual position of rooms. • Gathered lists of occupied and unoccupied rooms from the GREs of the corresponding IPD floors. • Noting rounds by physicians and dieticians. • OPD and lobby area upkeep as usual. • Escorting patients from outpatient departments (OPDs) to intensive care units (IPDs) and interacting with attendants about hospital services and amenities, including how to use them. • Teaching the patients and those who accompany them about the hospital stay, the services and care they receive, and the comments they have left. • Data gathering from the pharmacy, such as pharmacy returns that are accepted and received, billing, TPA, RGHS, and PSU credit, as well as the physical patient discharges from the time office for the discharge target time. • Organizing the collected data into the excel sheet regarding pharmacy return generation and return acknowledgement • Collect patients feedback regarding services of hospital. • Discussion with a mentor regarding the data organized for the discharge TAT project.

Linking theory (Classroom learning) with practice at your organisation	• Good contact with various stakeholders involved to manage time well. • Practicing GRE duties and realizing how serious the position is. • Good staff communication to obtain data (nurses, pharmaceutical department, billing department) Management of stakeholders on hospital grounds for efficient data documentation. • Time management for bed assignment, ER to IPD, and OPD to IPD shifting. • Keeping the porch and lobby areas up to suitable OPD standards. • Advocating on behalf of patients and visitors for admission, consultation, discharge, and mobility within the hospital
Gaps identified on the working area.	• Doctors' IPD rounds are frequently delayed • Dieticians do not routinely take IPD rounds of admitted patients • Patients must wait for extended periods of time because doctors are not accessible in the OPD at their designated times. • GDAs are not available on every floor. • Delayed pharmacy return. • Overworking floor-by-floor GDAs. • Not specifying the time of receiving the paperwork from other departments and blaming other departments for delays • Overcrowding in front of the sample collection place (no seating room and manual calling mechanism of patients for sample collection). • It is challenging to tell the patient from the attendants when they first enter the hospital.
Suggestions for improvement	• There should be separate access points for OPD and IPD patients, visitors' and attendees' passes should be checked upon arrival to prevent pandemonium in the lobby. • Doctors and other staff members, including the dietician, should use biometric systems. • Time and date columns should be kept apart to encourage patients to make time entries in the discharge register. • A digital token system should be utilized to accurately align the patient's appointment and turn.
Plan for the next week	• Concluding and extracting findings of the TAT from the collected data on discharge process. • Evaluating the patient admission procedure. • Gap analysis on pharmacy return. • Opportunity cost of vacant rooms.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-7TH REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

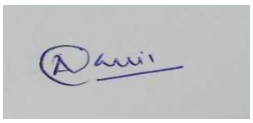
Week no: 7 **From: 10TH JUN 2024 to 15TH JUN 2024**

Activity Done	**10th JUNE 24** • Conducting rounds in the emergency room and OPD. • Navigating OPD patients to their respective consultation rooms. • Maintaining the OPD crowd and IPD attendants in the lobby area. • Maintaining the registration ques and pharmacy ques in order. • Ensuring that patients who are vulnerable (such as expectant mothers, elderly individuals, or children) receive services and facilities like wheelchairs and stretchers. • Escorting recently admitted patients to their appropriate IPD rooms. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Collecting the turnaround time (TAT) for patients undergoing financial counselling, followed by escorting them to their respective IPD room and providing care for their progress. • Solving patients' queries related to test refunds or corrections on the prescription page. • Directing patients and attendants to the emergency department for disease prognosis and to inform them of the required physician's name so their registration slip can be prepared. • Discussion with mentor regarding the patient's feedback and complaints registered by GREs in the lobby area. **11th JUNE 24** • Keeping the lobby's patronage steady. • Guiding OPD patients to their appropriate consultation rooms. • Keeping the OPD crowd and IPD attendants in the lobby area. • Directing patients and attendants to waiting area seats to prevent the lobby from becoming disorganized or crowded, thus maintaining lobby standards. • Keeping the pharmacy and registration lines organized. • Providing wheelchairs and stretchers to patients who are fragile (e.g., expectant mothers, elderly people, or toddlers) and ensuring that lines form properly and operate smoothly at pharmacies and registration counters. • Leading patients to the appropriate doctor's office, sample

	room, RGHS counter, or report collecting desk. • Escorting recently admitted patients to their appropriate IPD rooms • Managing proper seating/ waiting area place for patients and their attendants. • Gathering newly admitted patients TAT. • Discussion with mentor regarding the difficulties that GREs faces while maintaining the lobby crowd at OPD hours. **12th JUNE 24** • Completing rounds in the OPD and emergency room. • Transporting patients from the OPD to their designated consultation rooms. • Keeping IPD attendants and the OPD crowd in the lobby area. • Keeping the pharmacy and registration forms up to date. • Guaranteeing that patients who are susceptible (e.g., youngsters, elderly people, or expecting moms) receive resources and amenities such as wheelchairs and stretchers. • Taking freshly admitted patients to the proper IPD rooms. • Informing hospitalized patients and their companions about the standard of care and services received, as well as feedback and experiences throughout their hospital stay. • Gathering the turnaround time (TAT) from patients receiving financial counselling, bringing them to the appropriate IPD room, and seeing to their progress after that. • Addressing concerns raised by patients about test reimbursements or prescription adjustments. • Discussion with mentor regarding the collection of admission TAT of the patients. **13th JUNE 24** • Standard upkeep of the lobby area and OPD. • Supervising the maintenance and functioning of the lobby. • Guiding patients from the outpatient department to their assigned doctor's consultation room. • Keeping up proper registration and pharmacy lines. • Regulating the number of persons entering the lobby. • Escorting newly admitted patients to their assigned IPD rooms. • Ensuring proper facilitation of wheelchair and stretcher services for those in need. • Gathering the acknowledgement time of newly admitted patients from their respective nursing stations on the IPD floors. • Collecting the admission TAT for normal IPD patients, excluding those in oncology day care and dialysis. • Conversation on the most common difficulty we encounter carrying out our duties and responsibilities in the lobby area with our mentor and the GREs team.

	14th JUNE 24 • Emergency and OPD rounds were conducted. • Sustaining the lobby audience. • Assuring that lines form properly and run smoothly at the pharmacy and registration desk. • Arranging seats for attendants or patients to sit and wait, maintaining the decorum of the lobby and hospital by keeping the noise level down and preventing chaos. • Providing vulnerable patients with services and amenities like wheelchairs and stretchers. • Leading patients to the appropriate doctor's office, sample room, RGHS counter, or report collecting desk. • Escorting recently admitted patients to their appropriate IPD rooms • Collected newly admitted patients TAT. • Discussion with mentor regarding how to manage the patients and attendants in the waiting area of the lobby. **15th JUNE 24** • Conducting the OPD and lobby round. • Overseeing the lobby's upkeep and standard of operation. • Keeping the masses in the entrance hall ensuring that the lines at the pharmacy and registration desk are organized appropriately and run smoothly. • Making sure vulnerable patients (older adults, pregnant women, and children) receive services and facilities like wheelchairs and stretchers. • Frequently receive queries about why patients with appointments do not receive any advantages during registration compared to those without appointments, which can be disheartening for them. • Directing patients to the appropriate doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks. • Escorting recently admitted patients to their appropriate IPD rooms • Gathering TAT from recently admitted patients. • Had a conversation with a mentor about the data gathered on admission TAT.
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with all stakeholders to effectively manage time. • Getting used to GRE duties and appreciating the gravity of the role • Effective staff communication to collect data (from front office, GREs of respective floors etc.) • Stakeholder management within hospital premises to ensure

	effective data documentation. • Managing time for bed assignment, transferring from ER to IPD, and from OPD to IPD. • Maintaining appropriate OPD standards in the lobby and porch spaces. • Speaking out for patients and guest's rights to admission, consultation, discharge, and hospital mobility • Close analysis of common reasons for the most frequently occurring problems in admission process
Gaps identified on the working area.	• Patients must wait for extended periods of time because doctors are not accessible in the OPD at their designated times. • GDAs are not available in porch and lobby area. • Overworking OPD and pool GDAs. • Overcrowding in front of the sample collection place (no seating room and manual calling mechanism of patients for sample collection). • There is no advantage for patients who have taken an online appointment at the front office; they still must wait in the queue for registration alongside non-appointment patients. • It is challenging to tell the patient from the attendants when they first enter the hospital. • There is no facility such as a lost and found area to help people search for their belongings. • Due to the lack of a cloakroom or locker room, patients and attendants usually leave their belongings at their seats in the lobby area, which may result in lost items.
Suggestions for improvement	• To avoid chaos in the lobby, special entrance points for OPD and IPD patients should be provided, and visitor and attendee passes should be checked upon arrival. • Biometric systems should be used by medical professionals and other employees • People should have access to a locker room or other space where they can store their possessions rather than leaving them there. • To precisely match the patient's appointment and turn around, a digital token system should be used. • There should be arrangements for a separate counter for online appointment patients so that they don't have to wait in the queue with non-appointment patients for registration. • There should be a lost and found counter or helpline to assist attendants in locating their belongings.
Plan for the next week	• Data collection and analysis of admission TAT for IPD patients. • Data collection and analysis of pharmacy return TAT. • Data collection and analysis of pharmacy delivery TAT for new admission medicine, stat medicine and routine medicine.



Signature of the Student **Approved by the IIHMR University's Mentor**

WEEK-8TH REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA-HHM**

Week no: 7 **From: 17th JUNE 2024 – 22nd JUNE 2024**

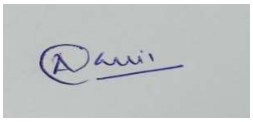
Activity Done	**17th JUNE 24** • Conducting rounds in the Emergency room and OPD. • Navigating OPD patients to their respective consultation rooms. • Maintaining the OPD crowd and IPD attendants in the lobby area. • Maintaining the registration ques and pharmacy ques in order. • Ensuring that patients who are vulnerable (such as expectant mothers, elderly individuals, or children) receive services and facilities like wheelchairs and stretchers. • Escorting recently admitted patients to their appropriate IPD rooms. • Educating the patients and their attendants regarding the feedback and hospital stay experience, quality of care and services that are provided to them in the hospital. • Gathering Newly Admitted Patients TAT. • Data collection and analysis of Pharmacy Delivery TAT for First order, Urgent medicine and Routine medicine. • Discussion with mentor regarding the Pharmacy Return and Delivery TAT project and new admission TAT project. **18th JUNE 24** • Guiding OPD patients to their appropriate consultation rooms. • Keeping the OPD crowd and IPD attendants in the lobby area. • Directing patients and attendants to waiting area seats to prevent the lobby from becoming disorganized or crowded, thus maintaining lobby standards. • Keeping the pharmacy and registration lines organized. • Providing wheelchairs and stretchers to patients who are fragile (e.g., expectant mothers, elderly people, or toddlers) and ensuring that lines form properly and operate smoothly at pharmacies and registration counters. • Leading patients to the appropriate doctor's office, sample room, RGHS counter, or report collecting desk. • Escorting recently admitted patients to their appropriate IPD rooms • Managing proper seating/ waiting area place for patients and

	their attendants. • Gathering Newly Admitted Patients TAT. • Data collection and analysis of Pharmacy Delivery TAT for First order, Urgent medicine and Routine medicine. • Discussion with mentor regarding the Pharmacy Return and Delivery TAT project and new admission TAT project. **19th JUNE 24** • Completing rounds in the OPD and emergency room. • Transporting patients from the OPD to their designated consultation rooms. • Keeping IPD attendants and the OPD crowd in the lobby area. • Keeping the pharmacy and registration forms up to date. • Guaranteeing that patients who are susceptible (e.g., youngsters, elderly people, or expecting moms) receive resources and amenities such as wheelchairs and stretchers. • Taking freshly admitted patients to the proper IPD rooms. • Informing hospitalized patients and their companions about the standard of care and services received, as well as feedback and experiences throughout their hospital stay. • Gathering the turnaround time (TAT) from patients receiving financial counselling, bringing them to the appropriate IPD room, and seeing to their progress after that. • Addressing concerns raised by patients about test reimbursements or prescription adjustments. • Gathering Newly Admitted Patients TAT. • Data collection and analysis of Pharmacy Delivery TAT for First order, Urgent and Routine medicine. • Discussion with mentor regarding the Pharmacy Return and Delivery TAT project and new admission TAT. **20th JUNE 24** • Standard upkeep of the lobby area and OPD. • Supervising the maintenance and functioning of the lobby. • Guiding patients from the outpatient department to their assigned doctor's consultation room. • Keeping up proper registration and pharmacy lines. • Regulating the number of persons entering the lobby. • Escorting newly admitted patients to their assigned IPD rooms. • Ensuring proper facilitation of wheelchair and stretcher services for those in need. • Gathering the acknowledgement time of newly admitted patients from their respective nursing stations on the IPD floors. • Collecting the new admission TAT for normal IPD patients, excluding those in oncology day care and dialysis. • Conversation on the most common difficulty we encounter carrying out our duties and responsibilities in the lobby area with our mentor and the GREs team. Gathering newly admitted

	patients TAT. • Data collection and analysis of pharmacy delivery TAT for first order, urgent medicine and routine medicine. • Data collection and analysis of Pharmacy Delivery TAT for First order, Urgent and Routine medicine. • Discussion with mentor regarding the Pharmacy Return and Delivery TAT project and new admission TAT. **21st JUNE 24** • Emergency and OPD rounds were conducted. • Sustaining the lobby audience. • Assuring that lines form properly and run smoothly at the pharmacy and registration desk. • Arranging seats for attendants or patients to sit and wait, maintaining the decorum of the lobby and hospital by keeping the noise level down and preventing chaos. • Providing vulnerable patients with services and amenities like wheelchairs and stretchers. • Leading patients to the appropriate doctor's office, sample room, RGHS counter, or report collecting desk. • Escorting recently admitted patients to their appropriate IPD rooms • Gathering Newly Admitted Patients TAT. • Data collection and analysis of Pharmacy Delivery TAT for First order, Urgent and Routine medicine. • Discussion with mentor regarding the Pharmacy Return and Delivery TAT project and new admission TAT. • Closely follow real time code blue protocol during code blue at floor. • Discussion with mentor regarding how to manage the patients and attendants in the waiting area of the lobby. **22nd JUNE 24** • Conducting the OPD and lobby round. • Overseeing the lobby's upkeep and standard of operation. • Keeping the masses in the entrance hall ensuring that the lines at the pharmacy and registration desk are organized appropriately and run smoothly. • Making sure vulnerable patients (older adults, pregnant women, and children) receive services and facilities like wheelchairs and stretchers. • Frequently receive queries about why patients with appointments do not receive any advantages during registration compared to those without appointments, which can be disheartening for them. • Directing patients to the appropriate doctor's consultation rooms, sample rooms, RGHS counters, or report collection desks.

	• Resolve patient TPA issue by communication and delivering complete information and assistance with help of TPA staff. • Escorting recently admitted patients to their appropriate IPD rooms • Gathering Newly Admitted Patients TAT. • Data collection and analysis of Pharmacy Delivery TAT for First order, Urgent and Routine medicine. • Discussion with mentor regarding the Pharmacy Return and Delivery TAT project and new admission TAT.
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with all stakeholders to effectively manage time. • Getting used to GRE duties and appreciating the gravity of the role • Effective staff communication to collect data (from front office, GREs of respective floors etc.) • Stakeholder management within hospital premises to ensure effective data documentation. • Managing time for bed assignment, transferring from ER to IPD, and from OPD to IPD. • Maintaining appropriate OPD standards in the lobby and porch spaces. • Speaking out for patients and guest's rights to admission, consultation, discharge, and hospital mobility • Close analysis of common reasons for the most frequently occurring problems in admission process.
Gaps identified on the working area.	• Patients must wait for extended periods of time because doctors are not available in the OPD at their designated times. • Shortage of GDA staff to assist patient at lobby. • Overcrowding in front of the sample collection place (no seating room and manual calling mechanism of patients for sample collection). • There is no advantage for patients who have taken an online appointment at the front office, they still must wait in the queue for registration alongside non-appointment patients. • Nursing staff does not acknowledge medicine received at nursing station responsible for poor patient care and may lead to wrong medicine delivered. • IP Pharmacy does not acknowledge medicine delivered only acknowledge OT medicine and Sale to patient medicine not IP medicine. • Nursing intern does not check medicine return before discharge of patient lead to conflict.
Suggestions for improvement	• To avoid chaos in the lobby, special entrance points for OPD and IPD patients should be provided, and visitor and attendee passes should be checked upon arrival. • Biometric systems should be used by medical professionals and

	other employees • People should have access to a locker room or other space where they can store their possessions rather than leaving them there. • To precisely match the patient's appointment and turn around, a digital token system should be used. • There should be a lost and found counter or helpline to assist attendants in locating their belongings. • Trained staff regarding pharmacy return and pharmacy delivery acknowledgment leads to streamline process and reduce wrong delivery and return of medicine.
Plan for the next week	• Presentation preparation which should be performed at organization. • General duties of patient relation department.



Signature of the Student **Approved by the IIHMR University's Mentor**

IIHMR UNIVERSITY

WEEK-9TH REPORT

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

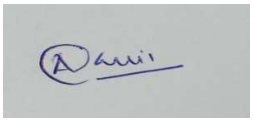
Roll no: 1670 **Stream: MBA - HHM**

Week no: 9 **From: 24 JUNE 2024 to 29 JUNE 2024**

Activity Done	**24th JUNE 24** • Performed routine duties of public relation departments. • Completing conversion of manual collected data into excel form of gap analysis in discharge TAT project. • Completing conversion of manual collected data into excel of gap analysis in admission TAT project. • Completing conversion of manual collected data into excel sheet of gap analysis in medication dispensing TAT project. • Completing conversion of manual collected data into excel workbook of gap analysis in medication return TAT project. • Discussion with mentor regarding the current working situation on project and working on suggestions provided by mentor. **25th JUNE 24** • Performed routine duties of public relation departments. • Completing data analysis of excel data of gap analysis in discharge TAT project. • Completing data analysis of excel data of gap analysis in admission TAT project. • Completing data analysis of excel data gap analysis in medication dispensing TAT project. • Completing data analysis of excel data gap analysis in medication return TAT project. • Discussion with mentor regarding the current working situation on project and working on suggestions provided by mentor. **26th JUNE 24** • Performed routine duties of public relation departments. • Completing comparison of collected excel data with HIS excel data to find more gaps in discharge TAT project. • Completing comparison of collected excel data with HIS excel data to find more gaps in admission TAT project. • Completing comparison of collected excel data with HIS excel data to find more gaps in medication dispensing TAT project. • Completing comparison of collected excel data with HIS excel data to find more gaps in medication return TAT project. • Discussion with mentor regarding the current working situation on project and working on suggestions provided by mentor.

	27th JUNE 24 • Performed routine duties of public relation departments. • Start presentation preparation on discharge TAT project. • Start presentation preparation on admission TAT project. • Start presentation preparation on medication dispensing TAT project. • Start presentation preparation on medication return TAT project. • Discussion with mentor regarding the current working situation on project and working on suggestions provided by mentor. **28TH JUNE 24** • Performed routine duties of public relation departments. • Completed presentation preparation and get approved by mentor and DGM hospital operation on discharge TAT project. • Completed presentation preparation and get approved by mentor and DGM hospital operation on admission TAT project. • Completed presentation preparation and get approved by mentor and DGM hospital operation on medication dispensing TAT project. • Completed presentation preparation and get approved by mentor and DGM hospital operation on medication return TAT project. • Performed all the changes and suggestion provided by mentor and DGM sir. • Discussion with mentor regarding the current working situation on project and working on suggestions provided by mentor. **29TH JUNE 24** • Completed task of delivering the presentation with fellow colleagues to all the HODs. • Attending interaction ceremony with all HODs. • Attend gratitude ceremony.
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with all stakeholders. • Understanding organization behavior and organization culture. • Understanding hospital services and functioning of hospital. • Understanding different point of view of different stakeholder for the betterment of organization. • Understanding different government policies like MMCSBY, RGHS etc. for fostering the better healthcare delivery. • Understanding delivery of different services under wide scope of services at hospital. • Working with colleague and other stakeholder help in learning power of team work.
Gaps identified on the working area.	• Identify gap in HIS, not capturing pharmacy return data in IP ISSUE RETURN REPORT.

	• No acknowledgment of indents delivery by IP pharmacy and no acknowledgment by nursing staff leads to hamper patient care. • Weak support system of nursing intern to experienced nursing staff. • Poor que management and improper behaviors by security guards with patient's attenders.
Suggestions for improvement	• Regular checking of HIS report's availability. • Proper training of Nursing interns to support limited experienced nursing staff to overcome staff shortage and effective working of nursing station. • Training of security guards to inculcate paras health culture. • Adherence to TAT of different process in hospital contribute to service excellence.
Plan for the next week	• Report compilation and submission to university mentor. • Poster preparation and approval of final poster by university mentor.



Signature of the Student **Approved by the IIHMR University's Mentor**

IIHMR UNIVERSITY

COMPILED REPORT OF SIP

Name of the Organisation: PARAS HEALTH

Department: PATIENT CARE SERVICES

Name of the Student: Akhil Soni

Roll no: 1670 **Stream: MBA- HHM**

Activity Done	• **Performed daily duties of Patient Care Services Intern.** ▪ Follow and observe GREs (Guest relation executives). ▪ Meeting and greetings to the patient. ▪ Assisting patients with registration process. ▪ Assisting patients with OPD consultation. ▪ Assisting patients with IPD admission. ▪ Assisting patients with Emergency admission. ▪ Crowd management at porch area, lobby area, emergency room (ER) area, OPD area, IPD floors for efficient working of hospital. ▪ Escorting of patient to OPD rooms and IPD rooms. ▪ Room orientation of patients regarding the facilities provided within the room and educating patients regarding their rights and responsibilities. ▪ Assisting patients and attenders in case of any need during their stay at hospital. ▪ IPD rounds of 1^{st},4^{th},5^{th},6^{th} of patients to improve overall patient satisfaction. ▪ Coordination between different stakeholders like RMO (resident medical officer), nursing staff, GDAs (general duty assistant), etc. for streamline admission process, discharge process, insurance process, billing process, etc. ▪ Provide information of LAMAs (leave against medical advice) from ER and IPD to AMS and other stakeholders. ▪ Patient feedback Collection regarding services provided during stay of patient via link sent on registered number or on tablets on medblaze Infini portal. ▪ Complaint analysis and transfer to the respective HOD for resolution. ▪ Adherence of policy and procedure. ▪ Supervision of all processes. ▪ Conversion of patient into IPD from OPD and ER in case of need of IP treatment and conversion of discharge medicine from hospital OP pharmacy. ▪ Upselling of discount packages offers made for attender including investigation, consultation, etc.

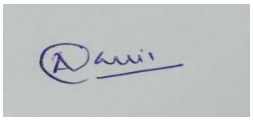
	▪ Handling and resolution of patients and attender's queries. ▪ Handling and resolution of other stakeholder queries like Doctor, Nursing staff, Para medical staff, etc. • **<u>Project 1</u>- <u>Gaps Analysis in Admission Process</u>** ▪ Performed Time motion study. ▪ Performed data collection, analysis followed by data interpretation and presentation of data in final presentation at hospital. ▪ Sitting at lobby and admission desk simultaneously to follow patient from the time of entry at the hospital lobby gate(T1), then reaching to admission desk(T2) till the time patient reaches the IP room(T3) after room allotment. ▪ Analyze TAT from the primary data collected. ▪ Adhere to the TAT fix by the organization perform comparative study. ▪ Identify Gaps and propose suggestions to the respected HODs during the final presentation at the hospital. • **<u>Project 2</u>- <u>Gaps Analysis in Discharge Process</u>** ▪ Performed Time motion study for discharge process. ▪ Data collection, data analysis, data interpretation and presentation of data in final presentation at hospital. ▪ IPD round- doctor rounds timing, discharge process authorization time, summary preparedness time, summary approval time. ▪ Nursing stations rounds- Pharmacy delivery and pharmacy return and nursing clearance timing. ▪ IP Pharmacy- Pharmacy clearance timing. ▪ Billing department- Billing sheet received, billing initiation and billing verified timings. ▪ TPA department- Collected data from TPA, TPA clearance. ▪ Finance department- Provide 2 copies of financial clearance ▪ Nursing station- 1st copy of financial clearance deposited at respected floor of nursing station with time and sign of nursing staff. ▪ Room Clerance- Collected time take to clean a room and make it ready for new admission. ▪ Time office/ guard office- collected 2nd copy of financial clearance with date and time for actual physical out of patient. ▪ Calculate TAT at every level of different departments in the process of discharge and stick to the TAT set by hospital and performed comparative study. ▪ Identify Gaps and propose suggestions to the respected HODs during the final presentation at the hospital.

	• **<u>Project 3</u>- <u>Gaps Analysis in Medication Dispensing (SCM)</u>** ▪ Time motion study ▪ Data collection, data analysis, data interpretation and data presentation at final presentation at hospital. ▪ Nursing station- Indents placed at nursing station with priority like routine, urgent and new admission. ▪ IP Pharmacy- Indents acknowledged at pharmacy and indent delivered to the nursing station. ▪ GDA(Transporter)- IP pharmacy to nursing station indents delivered. ▪ Nursing station- Indents acknowledged at nursing station and delivered to the patient. ▪ Calculated TAT and compare with the TAT decided by the hospital. ▪ Identify Gaps and propose suggestions to the respected HODs during the final presentation at the hospital. • **<u>Project 4- Gaps Analysis in Medication Return</u>** ▪ Time motion study ▪ Data collection, data analysis, data interpretation and data presentation at final presentation at hospital. ▪ Nursing station- Medication return placed at nursing station. ▪ GDA(Transporter)- Nursing station to IP pharmacy medication returned delivered. ▪ IP Pharmacy- Accept the returned medication. ▪ Calculated TAT and compare with the TAT decided by the hospital. ▪ Identify Gaps and propose suggestions to the respected HODs during the final presentation at the hospital.
Linking theory (Classroom learning) with practice at your organisation	• Effective communication with all stakeholders. • Health communication with patients and attenders about the importance of hospitals in healthcare delivery which include prevention, promotion, policy and how business of healthcare enhance quality of life. • Learning different models of communication in hospital. • Learn practice aspects of behavior change communication in hospital. • Learn practical importance of gender consideration in health intervention. • Learn the impact of organization culture & environment, organization structure on the employees. • Learn to focus on personal efficiency and effectiveness and creativity to perform different tasks easily. • Understanding organizational behavior.

	• Learn how human resource management contributes to continuous and efficient working of hospitals. • How important is to select the right human resource for the role. • Understanding hospital services and functioning of hospital. • Understanding different points of view of different stakeholders for the betterment of organization. • Understanding different government policies like MMCSBY, ABPMJAY, etc. and credit payors like ECHS, RGHS, NTPC, HINDUSTAN ZINC, etc. for fostering a better healthcare delivery system and financial support to the people. • Understand the need for and importance of delivery of different services under the same roof of hospital. • Working with colleagues and other stakeholders helps in learning power of teamwork. • Learning the importance of motivation and contributing to efficiency of employees. • Learn the importance of mock drills in hospital to check preparedness in disaster management. • Understand the process and importance of support services, utility services and administrative services and their contribution to efficient routine working of hospital. • Learn the importance of interpersonal and intrapersonal communication to perform the given task. • Learn the importance of effective daily meetings with an organization mentor. • Learning the importance of Time management. • Personality development and impact on other members. • Importance of Leadership skill in good team building. • Learn how decision-making ability is routine part of management. • Learn the importance of relationship management in image building of hospitals. • Learn how training skills are crucial to train the staff during NABH inspection and for routine tasks. • People management is most important in hospital setup. • Learning the importance of sampling and sample size to generate the best outcomes. • Role of data collection techniques in time saving. • Importance of data validation and reliability. • Learn the importance of analysis and presentation of data. • Learn the importance of different event celebration at the hospital and their impact on all stakeholders. • Understand role of marketing in growth of hospital.
Gaps identified on the working area.	• Delayed doctor rounds. • Lack of coordination among consultants and RMOs leads to delay discharge summary approval.

	• Lack of coordination among RMOs and nursing staff leads to delays in nursing clearance. • Lack of coordination among nursing staff and pharmacists leads to delays in pharmacy clearance. • Lack of coordination among within same department leads to delay at different level in discharge process • Lack of GDA staff and Over burden GDAs leads to delay in document transfer. • Lack of training among GDA, Nursing staff, Pharmacy staff. • Non availability of bedside medication which helps in discharge medicine conversion project. • Haphazard parking complains. • Identify gap in HIS, not capturing pharmacy return data in IP issue return report. • No acknowledgment of indents delivery by IP pharmacy and no acknowledgment by nursing staff leads to hamper patient care. • Weak support system of nursing intern to experienced nursing staff. • Poor people management and improper behavior by security guards with patient's attenders. • Not mentioning time at which documents received from another department. • Difficult to differentiate between the patient and attendants while entering in the hospital. • Charging investigation in bill which are not per performed. • Not taking Aadhar card for registration of patient. • No bed manager. • Due to the lack of a cloakroom or locker room, patients and attendants usually leave their belongings at their seats in the lobby area, which may result in lost items.
Suggestions for improvement	• Biometrics and attendance of every member of staff should be mandatory including doctor to provide best patient care. • Allocation of GDAs Department wise and floor wise. • Allocation of pool GDAs. • Check bedside medication availability on an hourly basis and floor wise. • Parking should be allotted to the staff of the hospital and the remaining unallotted parking space remains to the patient. • Regular checking of HIS report's availability to perform efficient • Proper training of Nursing Interns to support limited experienced nursing staff to overcome staff shortage and effective working of nursing station. • Training of security guards to inculcate hospital culture. • Adherence to TAT of different process in hospital contribute to service excellence. • Time column should be separated from date column which

	helps in developing habit of mentioning time. • Patient band should be helpful if used at hospital entry. • Visitors pass and attender pass should be checked on entry and limit the crowd at entry level to prevent chaos at lobby and there should be different entries point for OPD and IPD patients. • Digitalized token system should be used to properly align the patient's appointment / turn. • Routine billing and accounts helpful in filling gaps in billing. • Proper instruction for the admission desk for entering demographic data from ID cards (Aadhar). • Need timely meetings with admission desk regarding bed management. • Pneumatic shoot (capital intensive idea) can help in transportation. • Proper inspection should be done by quality department on regular basis regarding the files, folder or register maintenance on each floor. • Frequent practices of mock drills and emergency codes in the hospital premises to train the staff for any mishappening / emergency. • One day prior Online/ offline doctors' authorization so that discharge summary along with medicine return performed day before the discharge itself thus reduces the inconvenience and time of patient and the staff. • To avoid chaos in the lobby, special entrance points for OPD and IPD patients should be provided, and visitor and attendee passes should be checked upon arrival. • There should be a lost and found counter or helpline to assist attendants in locating their belongings.



Signature of the Student **Approved by the IIHMR University's Mentor**